

ITEM: 09/041

DOC: 5

**Meeting:** Trust Board  
**Date:** 18 March 2009

**Title:** Dashboard Report

**Executive Summary:** Performance exception report

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

- Hospital cancellations within the patient experience domain. There were an increased number of cancellations in February due to the two days of snow when hospital capacity came under severe pressure. This is also reflected in the access and targets domain detail report on 'other national targets' which shows that the percentage of elective admissions that were cancelled for non clinical reasons was 1.89% (up from 0.58% in January). The annual target for this standard <0.8%. Year to date performance for the Whittington is 0.5% (up from 0.38% in January) and forecasted at 0.5% (up from 0.4% in January). The effect of the snow can also be seen in the DNA rate for follow up out patient appointments within the workforce and efficiency domain where the percentage was above the upper control limit.
- Within the patient experience domain there have been breaches of the single sex accommodation standard within the month and although the performance run chart demonstrates some improvement since last month this KPI remains red rated. The Trust awaits the full detail of how the DH intends to measure this KPI. The trust has submitted a bid for approximately £840K against the £100M made available nationally from the DH to meet this standard. The Trust is developing an action plan to improve performance against this standard and a report will be brought to a future board outlining this.
- MRSA performance. Detail of this will be reported to the board in the infection control report.
- The year-to-date I&E variance from plan and the year to date cash position are red rated within the finance domain. Further detail will be presented to the Board in the finance report.

**Action:** To: note and discuss performance within the domains

**Report from:** Fiona Elliott, Director of Planning and Performance

**Sponsor:** David Sloman, Chief Executive

<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> Control of Infection
<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	Good	3.10	Amber
Predicted	Good	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	R
Cleanliness	G
Single Sex Accommodation	R

### 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	A
Turnover Rate	G
Vacancy Rate	G

### Finance

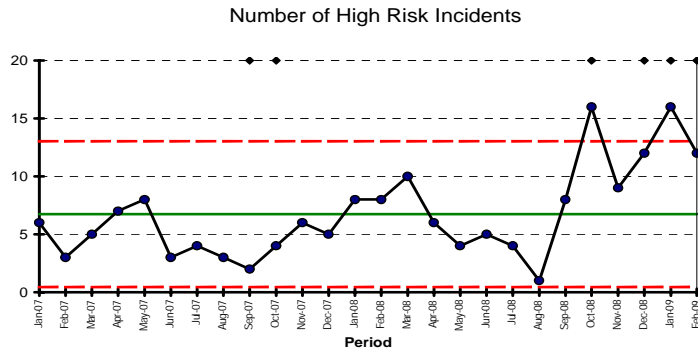
Year to date Period	G	
Forecast Outturn	G	
updated to October 2008		
	YTD	FC
Risk rating	G	G
I&E variance from plan	R	G
Actual I&E surplus/deficit	G	G
Performance against SLA	G	G
Cost Improvement Plan	G	G
Cash position against plan	R	G

# Clinical Quality

Period: February 2009

note: Dr Fosters data refreshed to December 2008 (exc Readmissions), Trust data to January 2009

## Adverse Incidents



Green: within normal SPC parameters AND benchmark is better than England  
 Amber: within normal SPC parameter AND benchmark is not above England  
 Red: upper control limit breach or run of 8 points above centre line (average)  
 source: Safeguard

Target under consideration

## Never events

To follow once KPIs determined

## Overall Mortality Rate

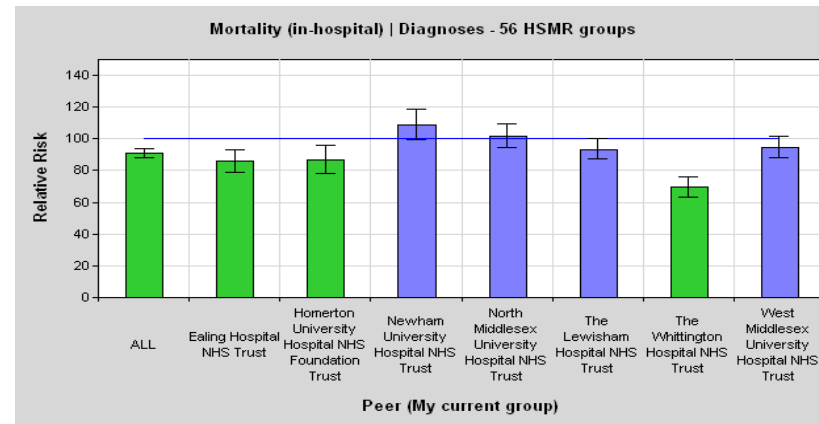
Benchmark (Dr Fosters Intelligence. Standardised Mortality Rate, England, Annual)

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

Target to be less than 100

Against a Peer Group of similar London hospitals - last 12 months (Jan -Dec 08))



target: to be Blue/Green rated

# Clinical Quality

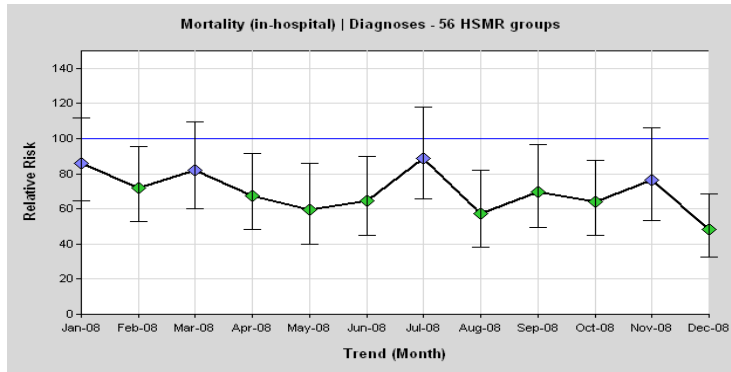
Period: February 2009

note: Dr Fosters data refreshed to December 2008 (exc Readmissions), Trust data to January 2009

## Mortality Rates (continued)

Mortality Rates over time

source: Dr Fosters



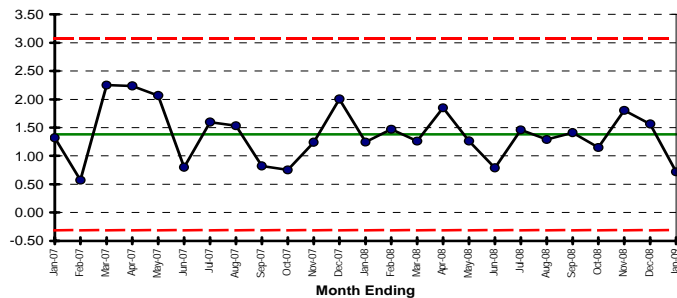
target: to be Blue/Green rated

## 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)

Avoidable Mortality - deaths per 1000 discharges



source: PAS data

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

Amber: within normal SPC parameter AND benchmark is not above England

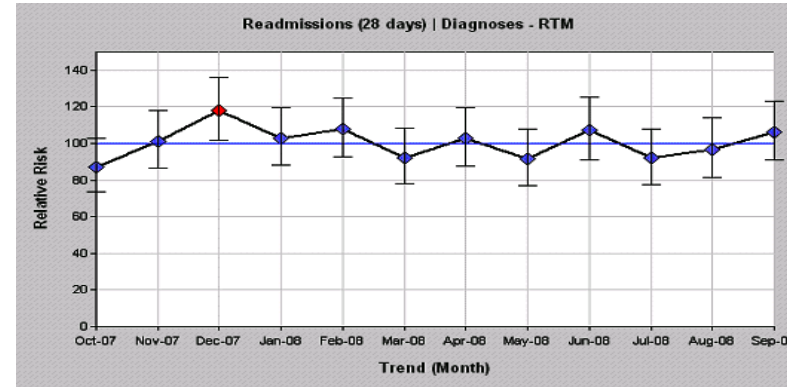
Red: upper control limit breach or run of 8 points above centre line (average)

Target to be less than 2

## Readmissions

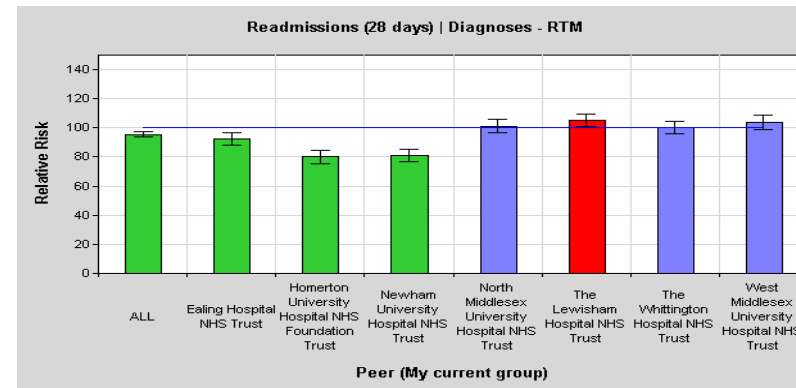
source: Dr Fosters - three month lag in data

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 (Oct 07 - Sep 08)



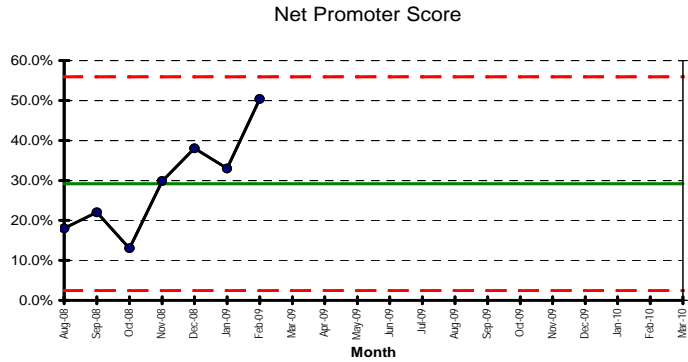
source: Dr Foster Intelligence. Relative Risk = index. Benchmark Year=2007/08

target: to be Blue/Green rated

# Patient Experience

Period: February 2009

## Net Promoter Score



source: internal Whittington surveys

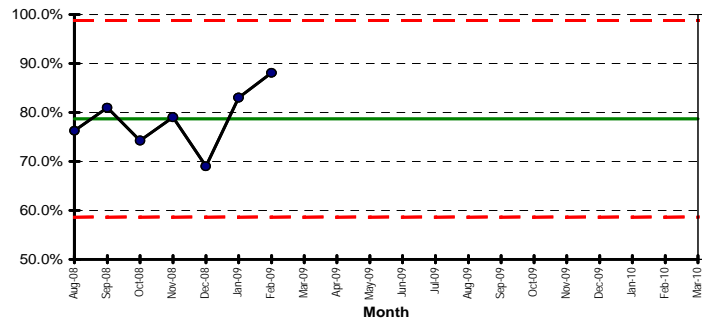
Green: within normal SPC parameter AND progress to target - to be agreed at Dec Trust Board

Amber: within normal SPC parameters and no progress to target

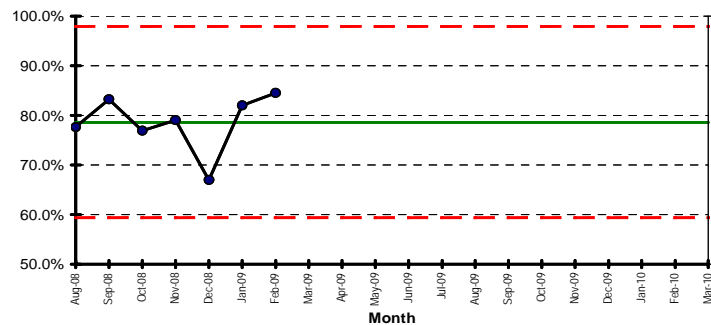
Red: lower control limit breach or run of 8 point below the centre line

## Patient Survey

Overall how would you rate the care you received?

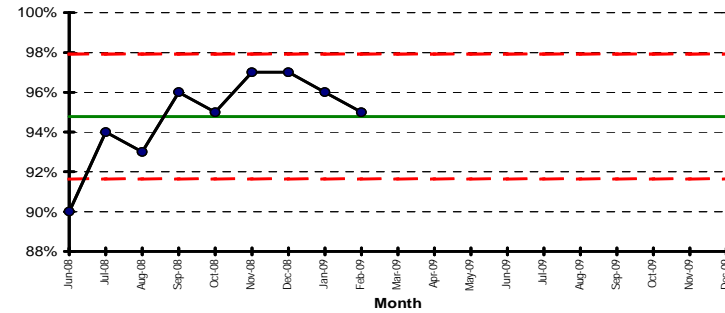


Were you involved in the decisions about your care?



## Ward Cleanliness

Ward Cleanliness Score



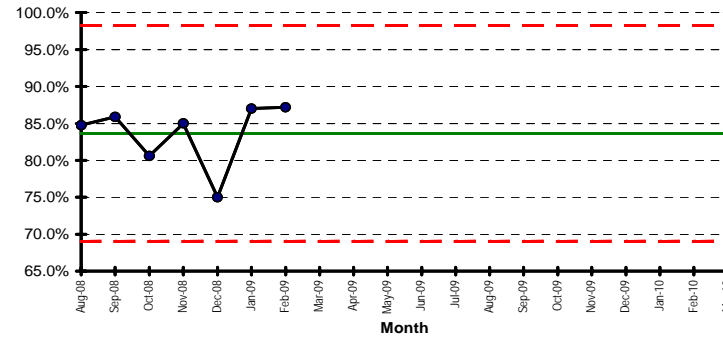
source: internal Whittington surveys

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

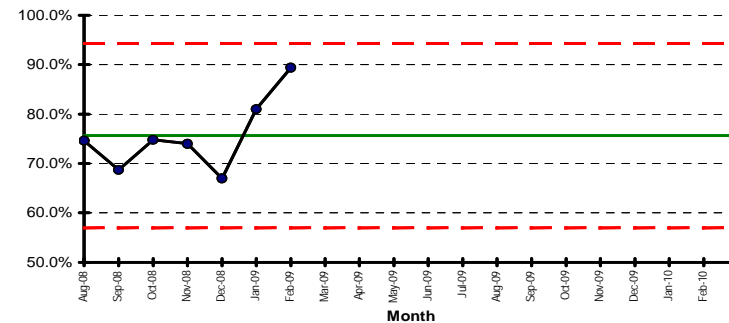
Amber: within normal SPC parameters and no progress to target

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

Did you feel you were treated with dignity & respect?

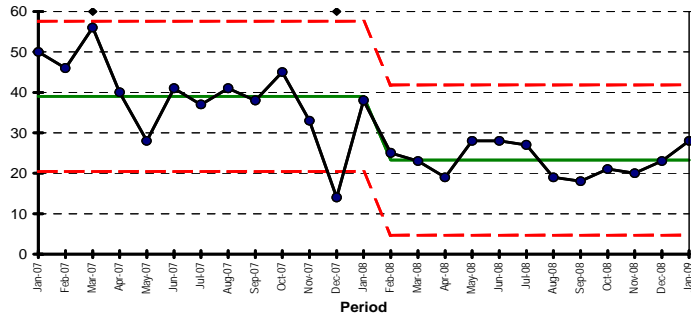


How clean was the hospital, room or ward you were in?



## Complaints - numbers

Total Complaints Received by Month



source: Safeguard

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

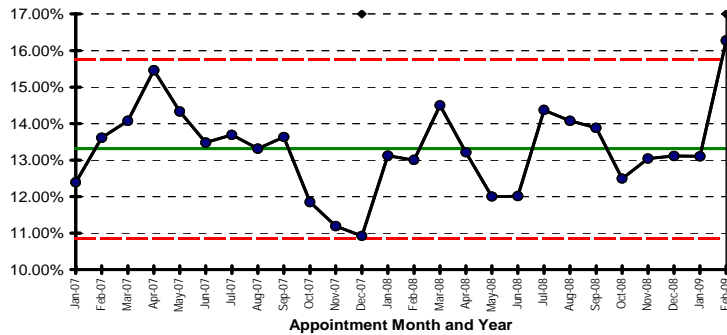
Amber: within normal SPC parameters and no progress to step change

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

## Hospital Cancellations

see Workforce & Efficiency section for DNA rates

Outpatient: Hospital Cancellation Rate



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

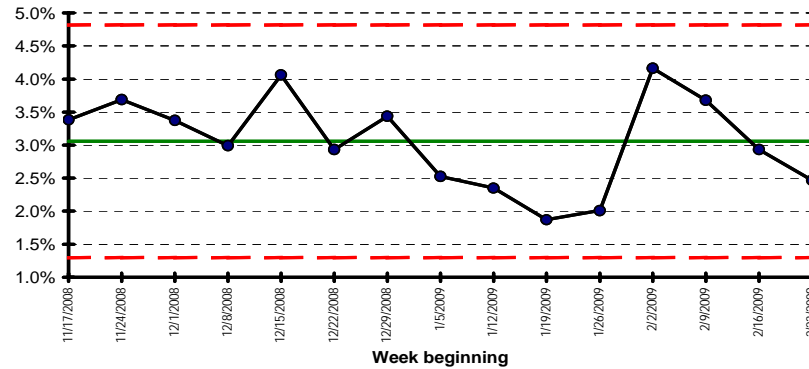
## Complaints - Dissatisfied

% 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.

% mixed sex breaches



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

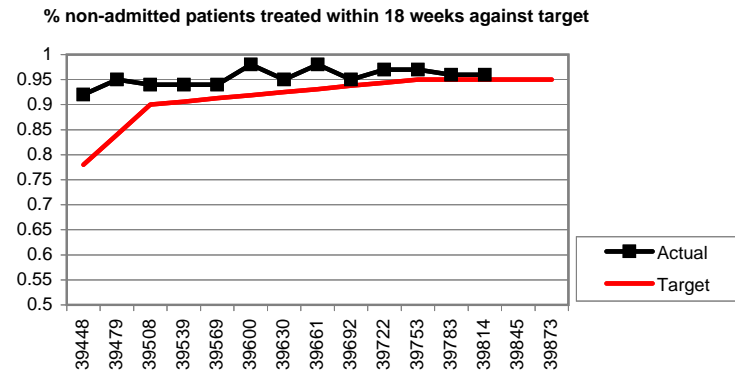
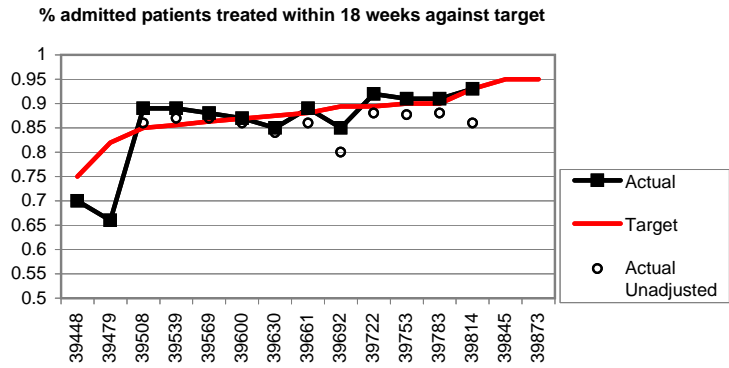
Target under consideration

# Access and Targets

## Priority Targets

18 weeks Referral to Treatment (RTT) January 2009

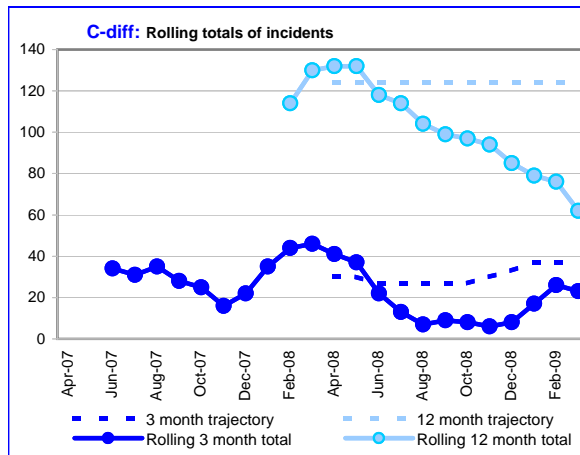
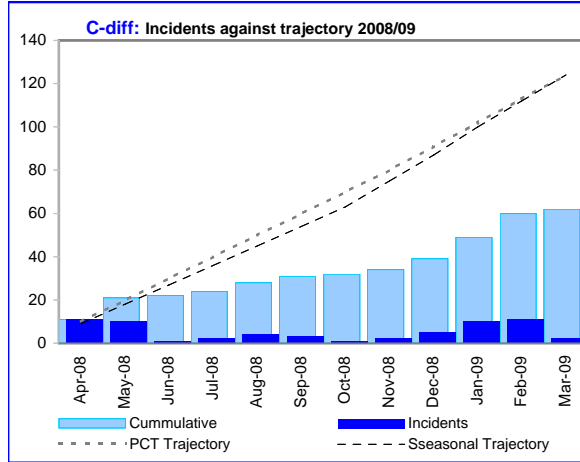
source: monthly 18 week report



Healthcare Acquired Infections

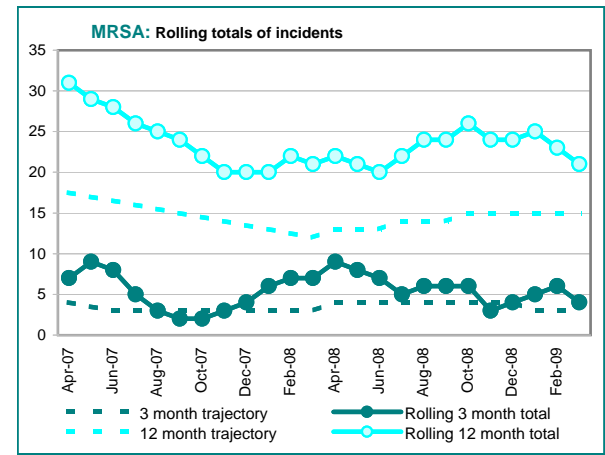
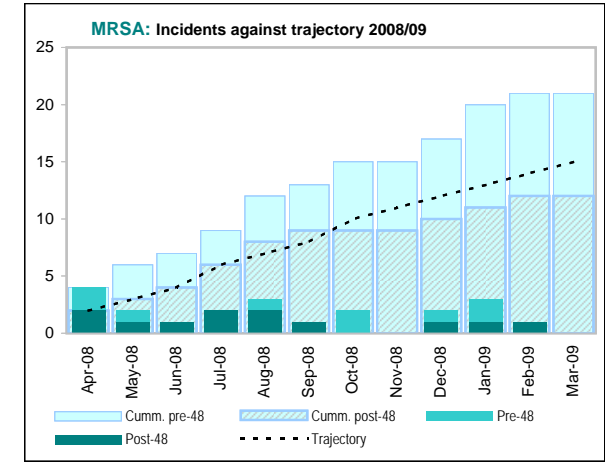
source: weekly Infection Control flash report

### Clostridium difficile



note: refreshed to first week of March 2009

### MRSA

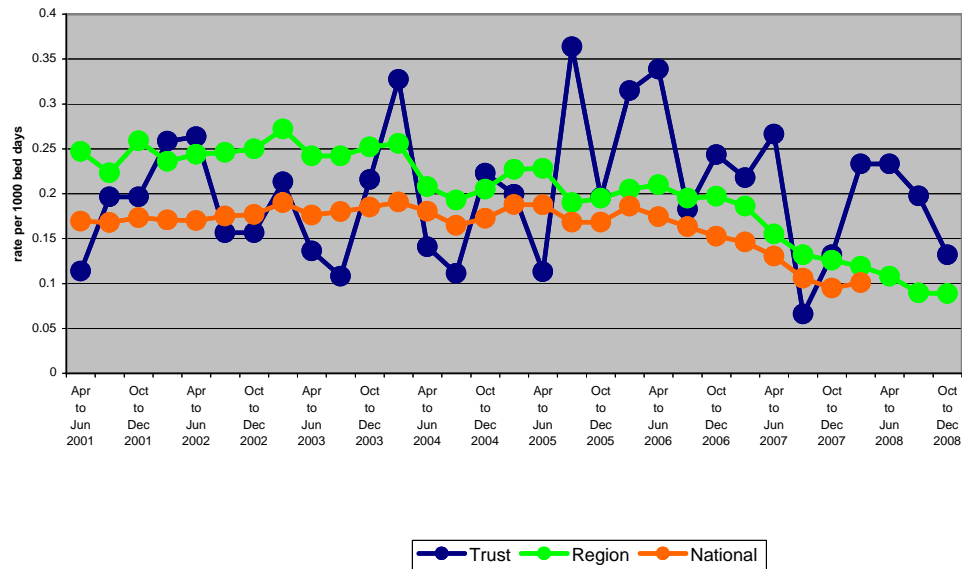




# Access and Targets

## Infection Control: Cases per bed day

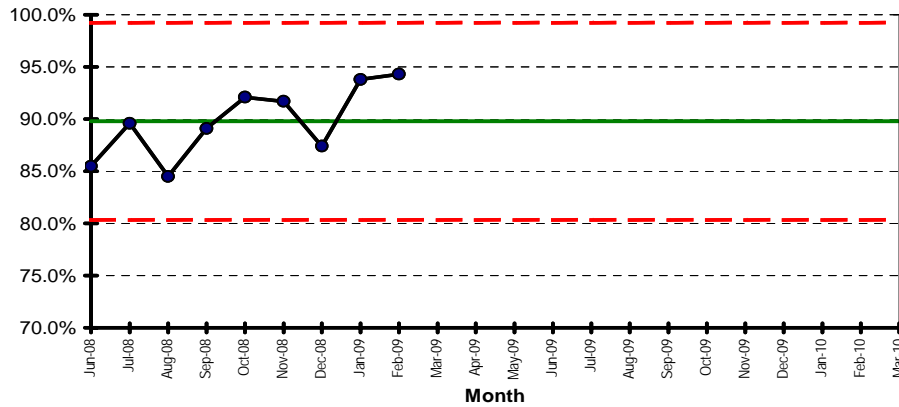
Comparison with national and regional trends for MRSA bacteraemia rate



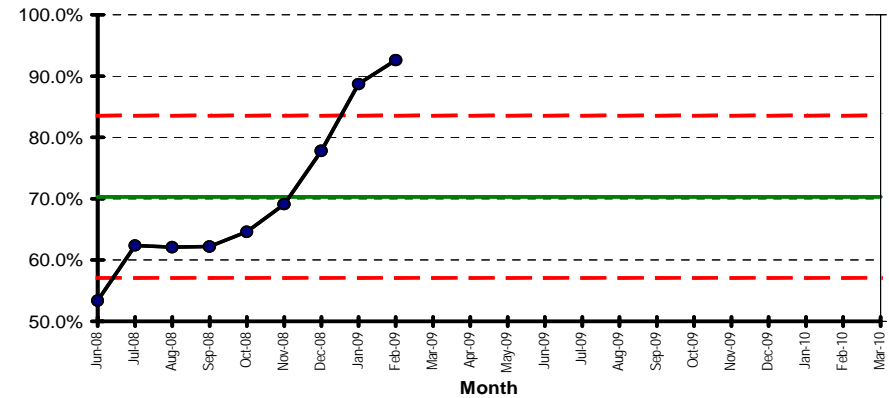
Source  
Health Protection Agency

Notes  
C-Diff data to follow

MRSA screening compliance: Elective Surgical Patients

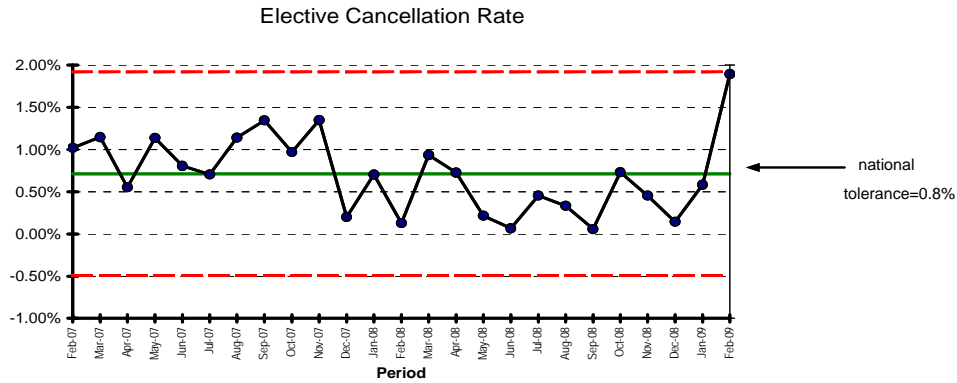


MRSA screening compliance: Emergency Patients



# Access and Targets

Cancelled Operations for non-clinical reasons: February 2009



source: PAS data

## Other national targets

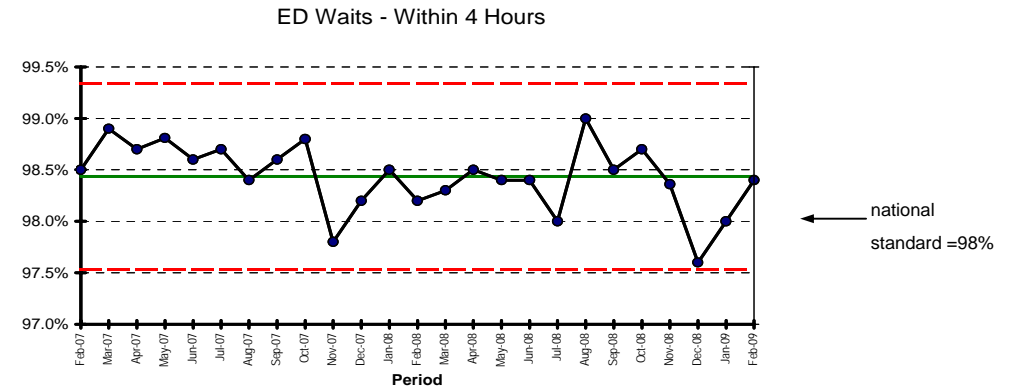
### National Target Indicators - reviewed by Monitor & Healthcare Commission

Standard	Criteria	Target	Feb-09	YTD	Forecast
<b>Reducing Mortality from Cancer</b>					
Wait from GP Referral until Seen	% seen within 14 days				
Wait from Decision to Treat until Treatment	% treated within 31 days				
Wait from GP Urgent Referral until Treatment	% treated within 62 days				
<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%	1.89%	0.50%	0.50%
Offers of new binding date	% within 28 days	95%	100%	100%	100%
<b>Delayed transfers of care</b>					
Number of delayed bed-days			167	1595	1,914
% delayed patients as a % of all patients		<=3.5%	1.8%	2.0%	<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			

## Cancer Waits:

New definitions and targets from January 2009 onwards  
 No standards or targets yet published  
 Data being validated - will be reported in future months

ED attendances: % treated within 4 hours: February 2009



source: EDIS data

### National Target Indicators - reviewed by the Healthcare Commission only (annual health check)

Standard	Criteria	Target	Feb-09	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	7,889	84,913	-
% Change from last year			1%	1%	-
<b>Drug misusers: information, screening and referr</b>					
Meeting 5 requirements		100%	100%		100%
<b>Reducing inequalities in Infant Mortality</b>					
Smoking in pregnancy at time of delivery	% of deliveries	<17%	11.7%	9.2%	<10%
Rate of Breastfeeding at birth	% of deliveries	78%	89.4%	88.7%	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		n/a		
<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%		

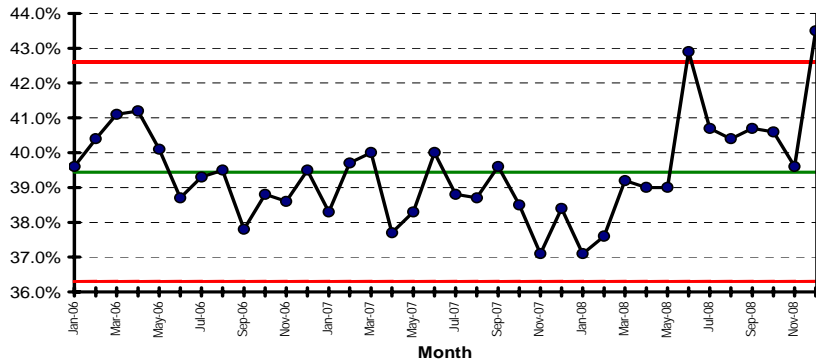
# Strategy

Dr Fosters data refreshed to December 2008

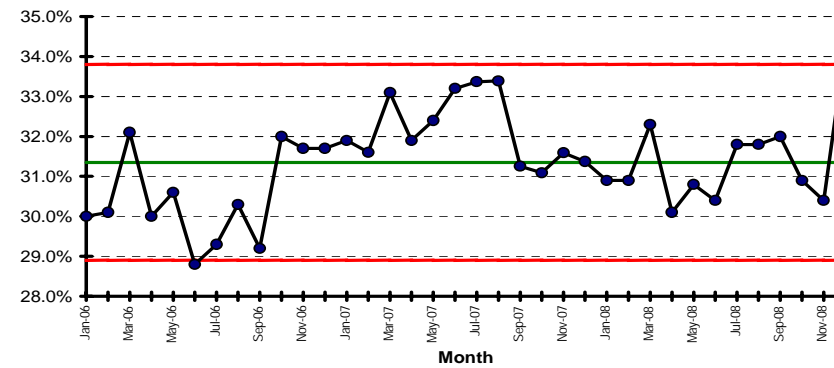
## MARKET SHARE

### First Outpatient Attendances

Whittington: Islington First OP Attendances

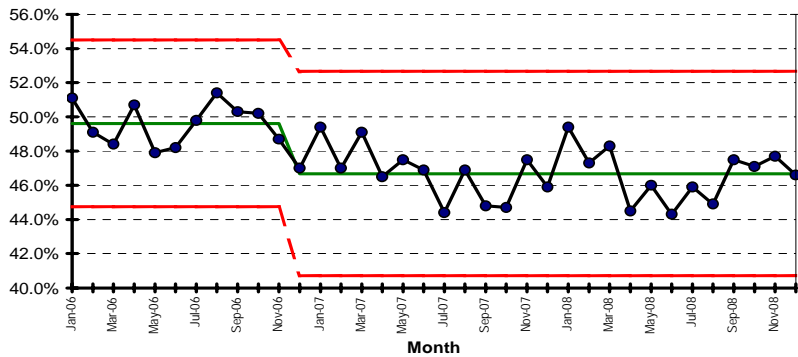


Whittington: Haringey First OP Attendances

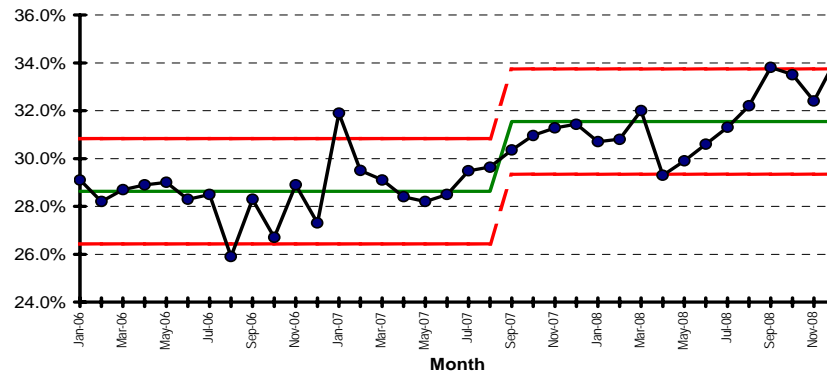


### Non-Elective Admissions

Whittington: Market Share for Islington Non Elective Admissions



Whittington: Market Share for Haringey Non Elective Admissions

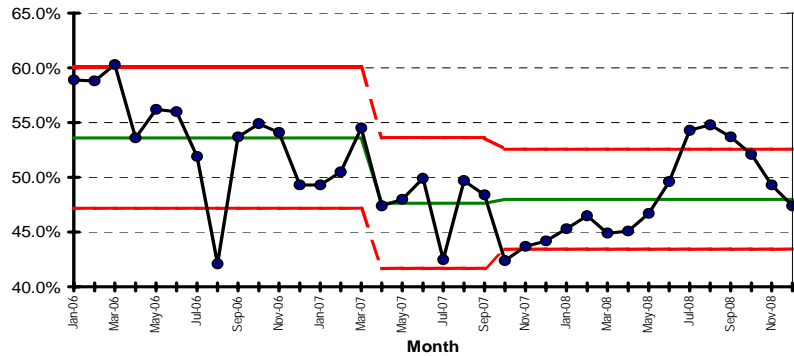


# Strategy

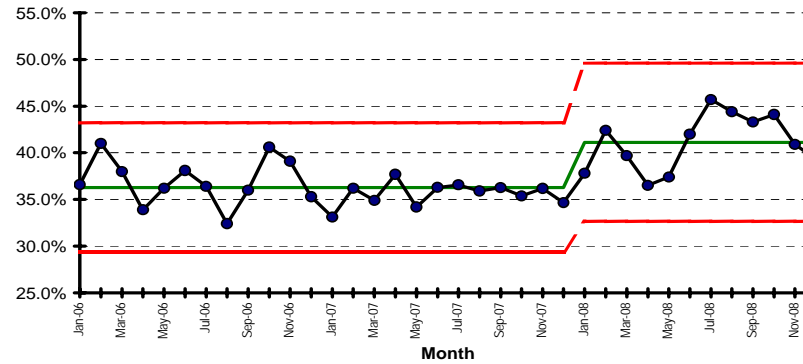
## Day Case Surgery

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

Whittington: Market Share for Islington Day Case Surgery



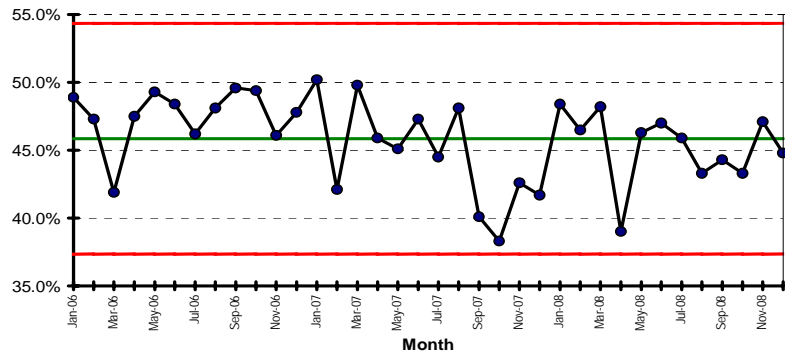
Whittington: Market Share for Haringey Day Case Surgery



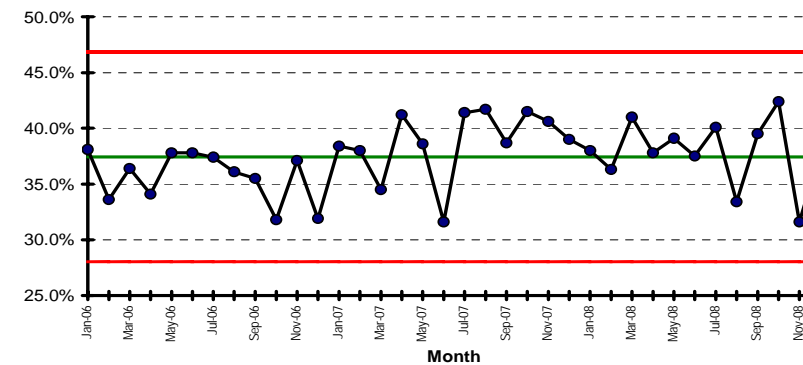
Note: Impact of the Day Treatment Centre starting to show

## Maternity Deliveries

Whittington: Market Share for Islington Maternity Deliveries



Whittington: Market Share for Haringey Maternity Deliveries

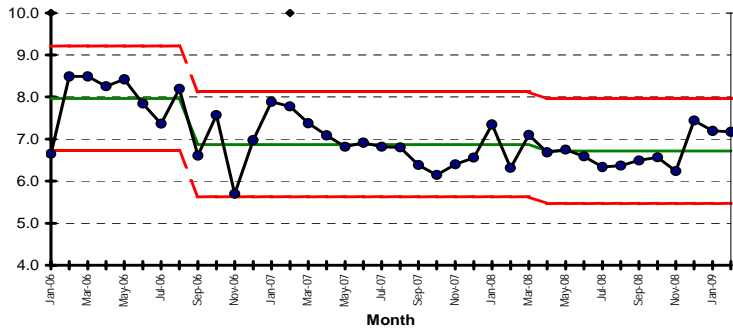


# Workforce & Efficiency

Period: February 2009

## Average Length of Stay (acute specialties only)

Average Length of Stay (acute)



source: PAS data

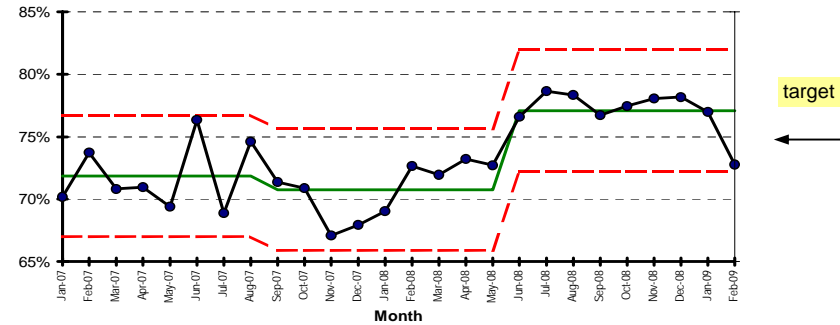
Green = within normal SPC parameters

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

Surgery DC%



source: PAS data

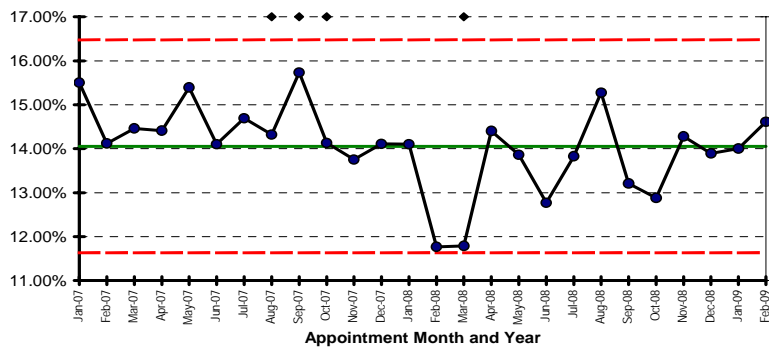
Green: achieving or above target  $\geq 75\%$

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)

DNA Rate First OP Appointments



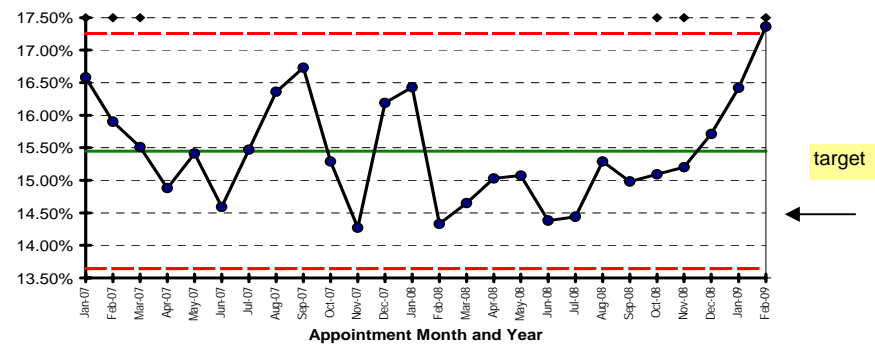
source: PAS data

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)

DNA Rate Follow up OP Appointments



source: PAS data

Green = within normal SPC parameters or a positive test met

Amber = no progress to target (14.5%)

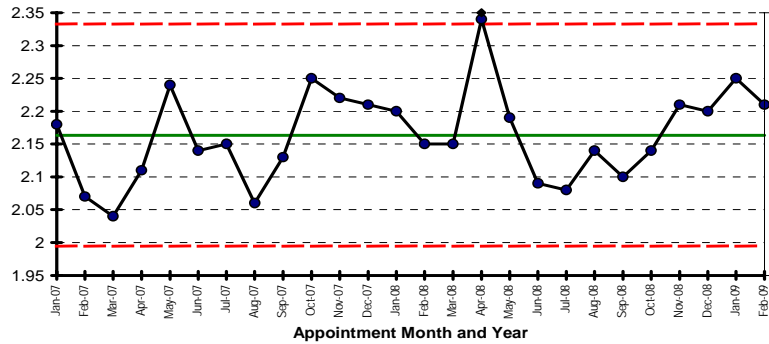
Red: upper control limit breach or run of 8 points above centre line (average)

# Workforce & Efficiency

## Outpatient Follow Up ratio

Target to be confirmed following SLA agreement with PCTs

### First Follow up ratio



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)

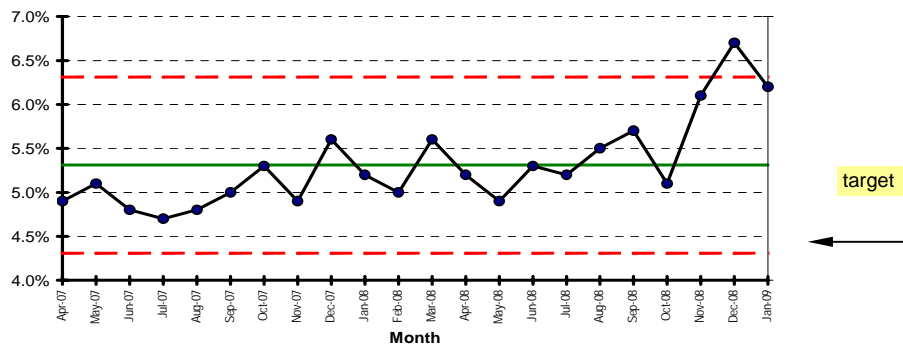
## Theatre Utilisation

Not updated - data not available

New Theatre Management System being installed in 2009

## Sickness Absence Rate

### Sickness Absence Rate



source: ESR

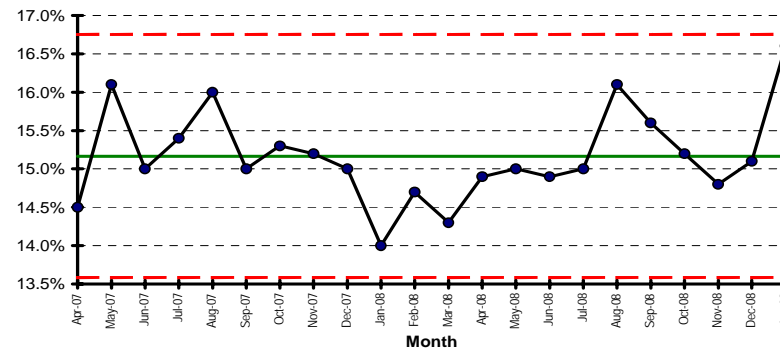
Green = within normal SPC parameters or a positive test met

Amber = no progress to target

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

## Vacancy Rate

### 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

### Turnover rate

Will commence reporting in the April dashboard

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

N/A

Monthly Performance

Year To Date Performance

Full Year Forecast Performance

Weighting	Metric Description	Metric Value	Rating	Weighted Value
10%	EBITDA achieved (% of plan)	93.07	4	0.40
25%	EBITDA margin (%)	6.29	3	0.75
20%	Return on Assets (%)	4.70	3	0.60
20%	I&E surplus margin (%)	1.18	3	0.60
25%	Liquid ratio (days)	24.43	3	0.75
<b>Overall rating</b>				<b>3.10</b>

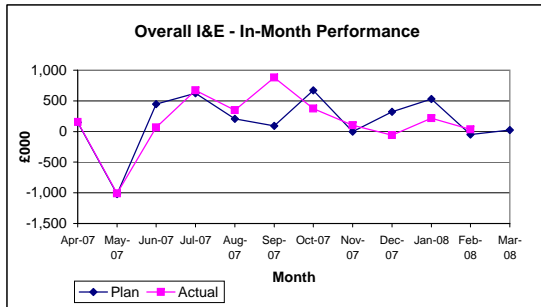
This is shown as GREEN in the dashboard as it is >= :

Weighting	Metric Description	Metric Value	Rating	Weighted Value
10%	EBITDA achieved (% of plan)	94.83	4	0.40
25%	EBITDA margin (%)	6.34	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)	17.72	3	0.75
<b>Overall rating</b>				<b>3.30</b>

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

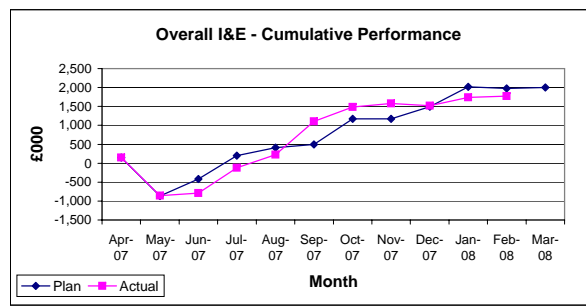
Overall Income & Expenditure

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



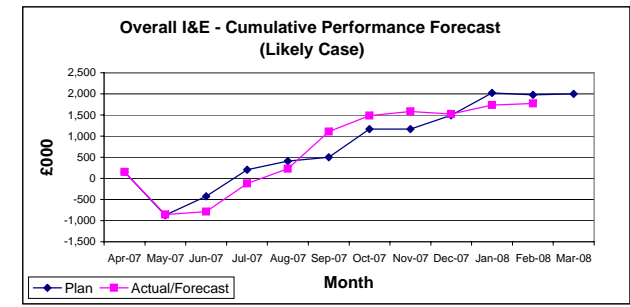
An in-month I&E surplus of £33k against a planned deficit of £48k giving a positive variance of £81k in the month.

Within this, income is £1.1m above plan (including provision review), expenditure is £951k above plan and depreciation is £61k above plan this month (due to non-recurrent impairment of assets)



Cumulative performance is a surplus of £1,769k against a planned surplus of £1,971k giving an adverse variance of £202k.

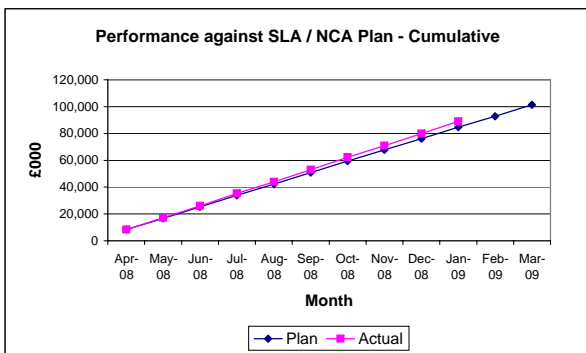
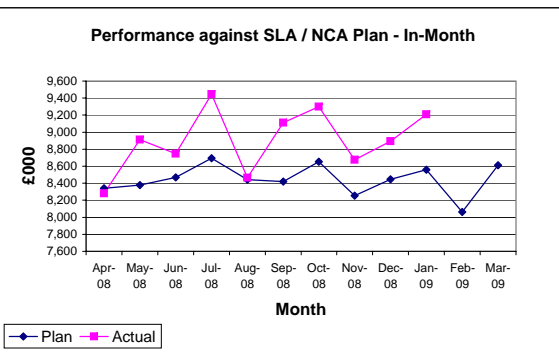
Within this, income is £2,530k above plan, expenditure is £3,235k above plan, and depreciation is £567k below plan to date



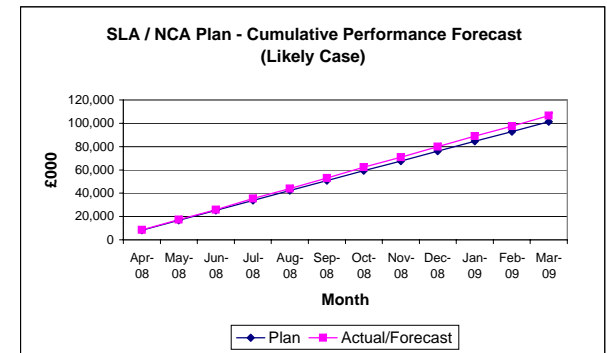
I&E forecast of £2m surplus, based on likely case. This is based on an updated 'bottom up' Month 11 forecast and is primarily due to a number of non-recurrent items such as depreciation savings, release of provisions no longer required and income from PCTs for maternity and reducing waiting lists.

Performance against SLA 1 month lag

January over-performance was £584k in-month against SLAs - this is before taking into account additional income targets, e.g. for DTC activity.



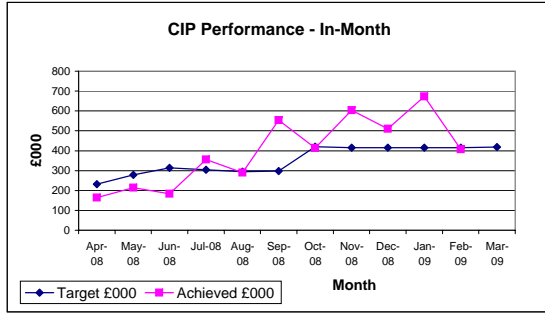
Activity is now £4.4m above SLA plans (exc. additional targets such as DTC activity) after 10 months



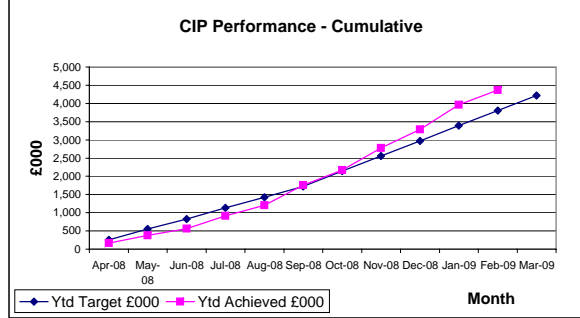
Forecast overperformance of £6m at year-end, primarily due to increasing DTC activity. However likely case forecast includes provisions for non-payment for follow-up outpatients above SLA target ratios, and for N12 maternity admissions that may require reimbursement.



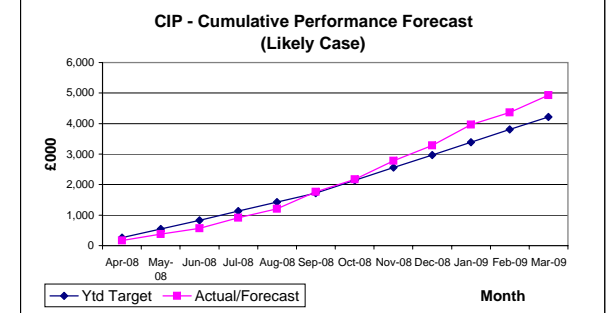
**Cost Improvement Plan**



CIP performance in January was on plan. As in previous months, this was 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 £0.7m 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 £130k above plan.

**Cash position against plan**

**In-Month position for Month 11 (February 2009)**

The closing Balance at the end of December was £3.2m which is lower than previously forecast by £0.8m, primarily due to delayed payment of estimated over-performance agreed with Islington PCT, and higher than expected payments relating to increased agency usage

