...the hospital of choice for local people

PERFORMANCE DASHBOARD REPORT
Month: May 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	2.30	Amber
	Predicted	Good	Good		Green

Clinical Quality

Current Period	G
Forecast Outturn	G

Adverse Incidents	G
Never Events	
SMR 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	A
Single Sex Accommodation	G

Access and Targets

Current Period	A
Forecast Outturn	G

National Targets - Monitor/Prov Agency	G
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	A

Workforce & Efficiency

Current Period	A
Forecast Outturn	G

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

Finance

Year to date Period		R
Forecast Outturn		R

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

Clinical Quality

Adverse Incidents

Number of High Risk Incidents

Green: within normal SPC parameters AND benchmark is within national upper quartile

Amber: within normal SPC parameterAND benchmark is not above England

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

source: Safeguard

Target is to increase incident reporting to be in the top quartile of national benchmark performance

Never Events

detail to follow

Overall Mortality Rate

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

Standardised on total England data = 100, June 2007 - July 2008

Trust	2008 SMR	Trust	2008 SMR
North West London Hospitals	71.9	Lewisham University Hospital	97.6
The Whittington Hospital	73.1	Barnet & Chase Farm Hospitals	97.6
Imperial Healthcare	73.2	Whipps Cross University Hospital	98.2
Guy's & St Thomas'	75.3	West Middlesex University Hospital	98.5
Royal Free Hospital	78.4	Homerton University Hospital	99.2
St George's Healthcare	78.9	Kings College Hospital	100.6
Cheslsea & Westminster	84.1	Mayday Healthcare	103.2
Barts & The London	84.4	Queen Elizabeth Hospital Woolwich	104.5
University College London Hospital	86.1	Dartford & Gravesham	105.8
Ealing Hospital	86.8	Barking Havering & Redbridge Hospitals	107.4
Bromley Hospitals	89.8	North Middlesex University Hospital	107.5
Kingston Hospital	93.0	Newham University Hospital	114.7
Hillingdon Hospital	94.2	Queen Mary's Sidcup	118.1
Epsom & St Helier Univeristy Hospital	97.1		

Target to be less than 100

Against a Peer Group of similar London hospitals - last 12 months (Mar 08 - Feb 09)
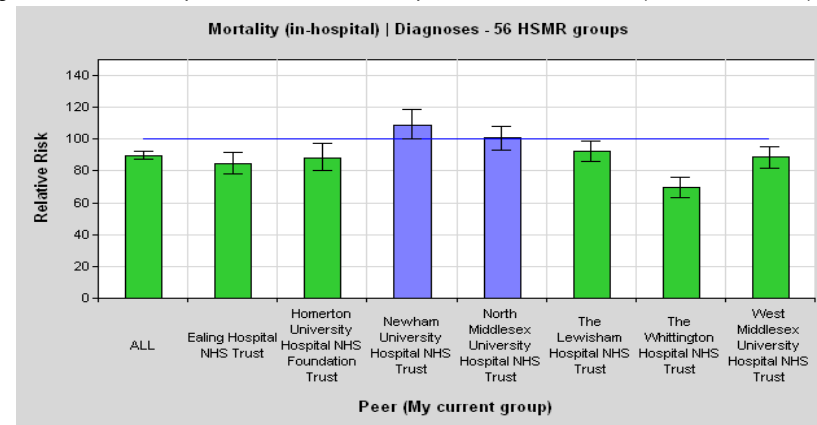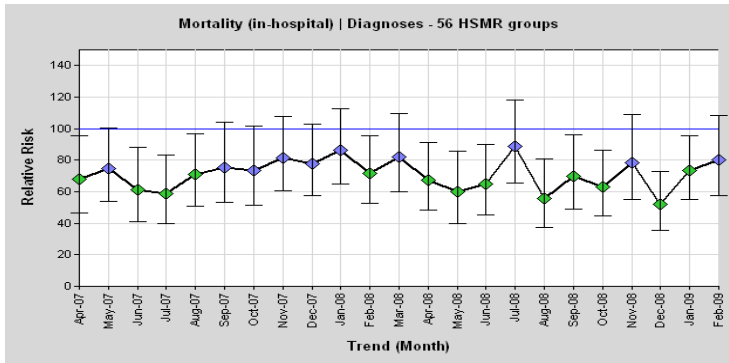

target: to be Blue/Green rated

note: no refresh of Dr Fosters available for March 2009. Trust data refreshed to April 2009

Mortality Rates (continued)

Mortality Rates over time   source: Dr Fosters


Mortality (in-hospital) | Diagnoses - 56 HSMR groups

target: to be Blue/Green rated

Avoidable Mortality (up to April 2009)

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
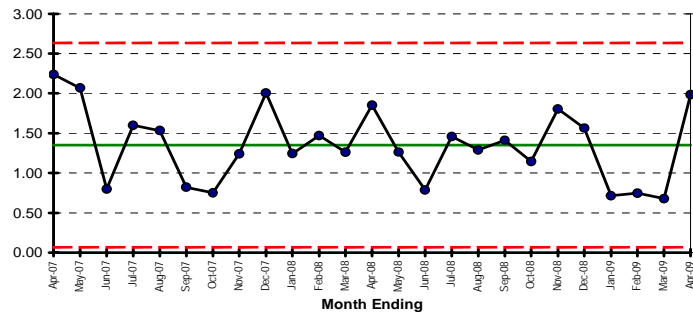
source: PAS data
Green: within normal SPC parameters AND less than the target
Red: above target or run of 8 points above centre line (average)
Target to be less than 2

Readmissions   source: Dr Fosters - three month lag in data

Benchmark - trend over time
Standardised against national data

Readmissions (28 days) | Diagnoses - RTM
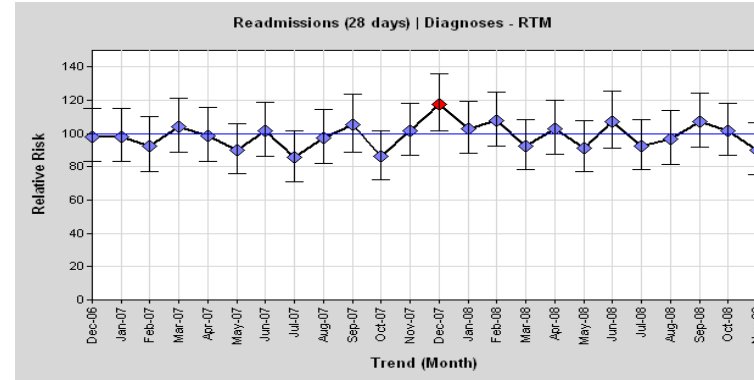
target: to be Blue/Green rated

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

Readmissions (28 days) | Diagnoses - RTM
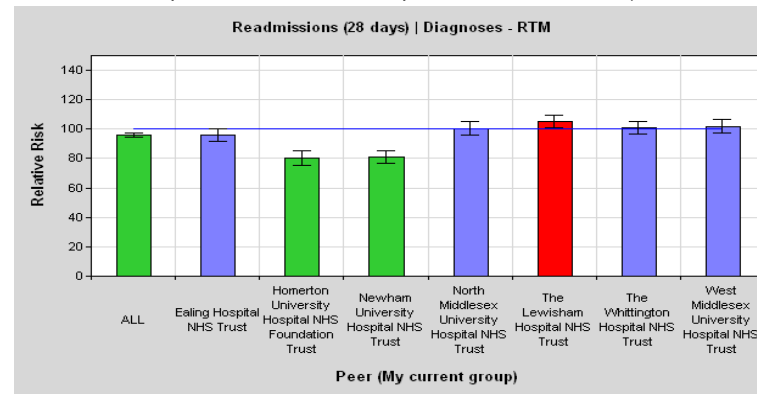
source: Dr Foster Intelligence. Relative Risk = index. Benchmark Year=2007/08
target: to be Blue/Green rated

Patient Experience

Period: May 2009

Net Promoter Score

Net Promoter Score
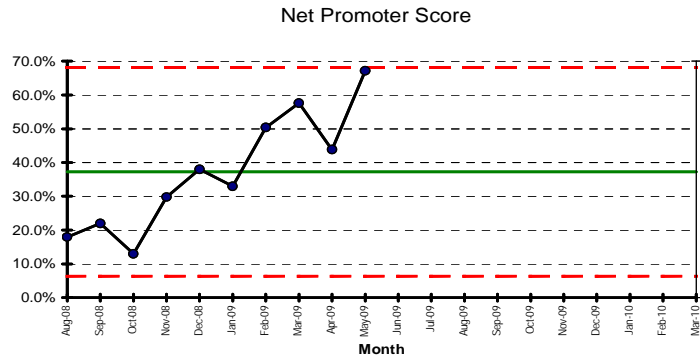
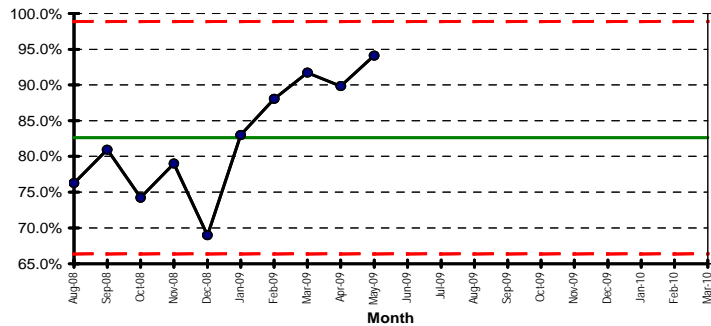source: internal Whittington surveys - target yet to be determined

Green: within normal SPC parameter AND consistent progress to improvement target

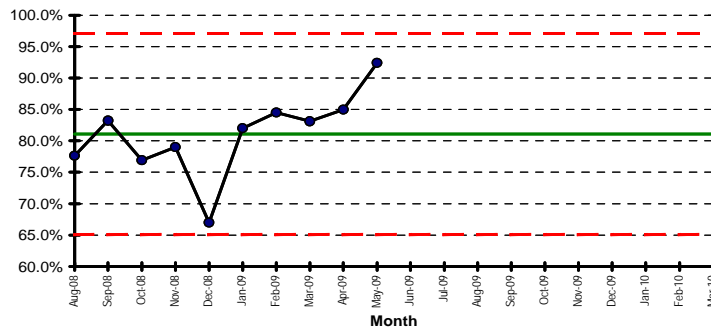Amber: within normal SPC parameters and no progress to target

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

Ward Cleanliness

Ward Cleanliness Score
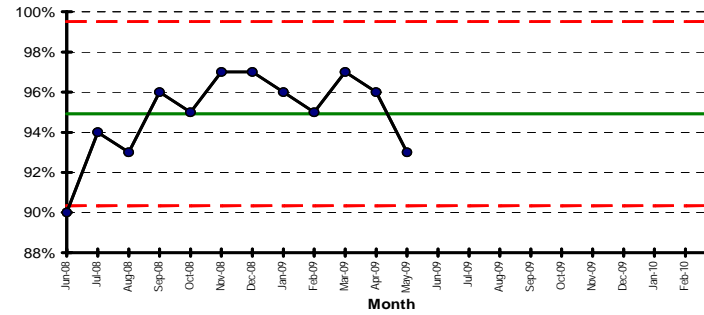
source: internal Whittington surveys (Maximiser)

Green: within normal SPC parameter AND consistent 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?

Were you involved in the decisions about your care?

Did you feel you were treated with dignity & respect?
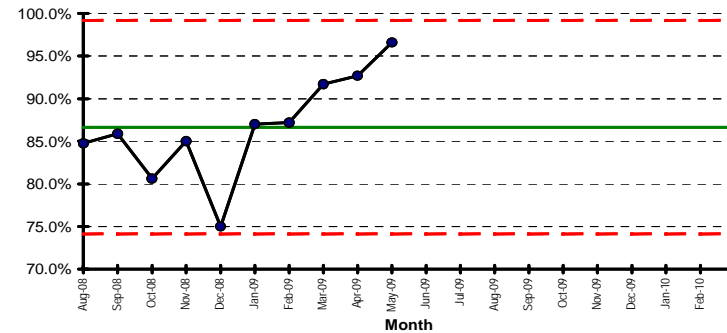
How clean was the hospital, room or ward you were in?

4

Complaints - numbers

Total Complaints Received by Month
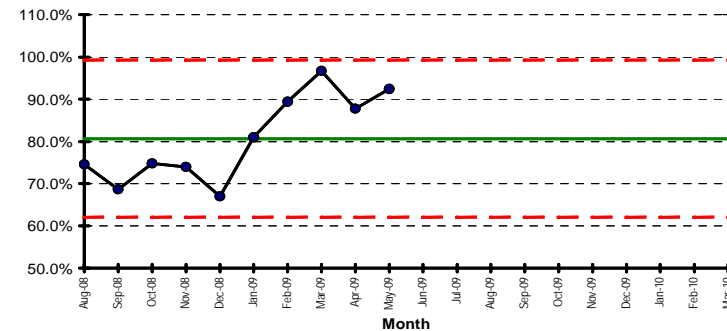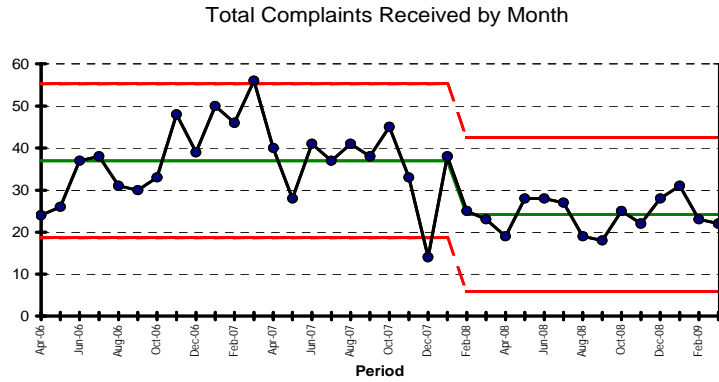

source: Safeguard - reported quarterly

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

Cancellation Rate by Hospital (Total Outpatients)
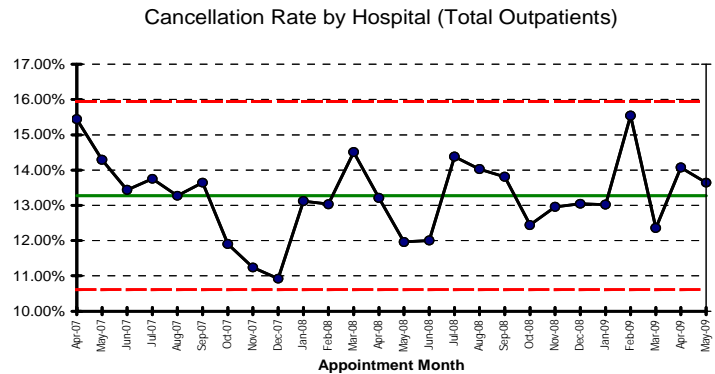
source: PAS data

Green: within normal SPC parameter AND consistent 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%	9%
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.

Data refreshed to March 2009

% mixed sex breaches
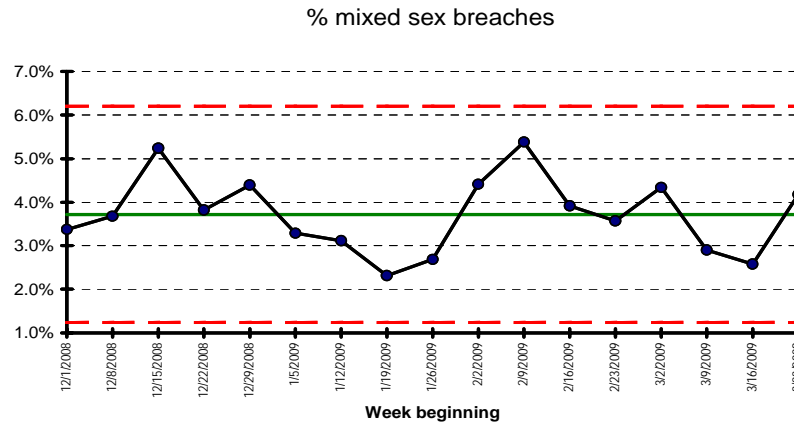
Source: Daily monitoring by bed managers

Green: within normal SPC parameter AND consistent 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
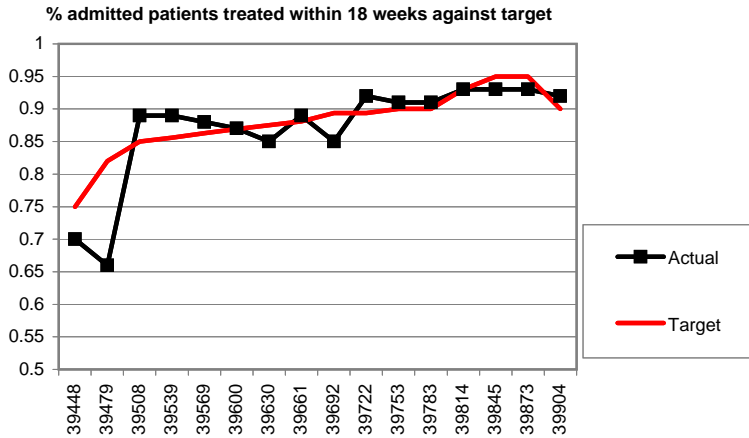
Target to have zero breaches in in patient areas other than critical care and ED
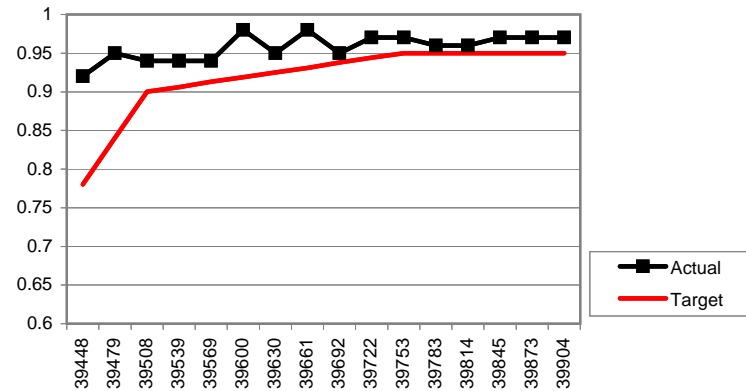
Access and Targets

Priority Targets

18 weeks Referral to Treatment (RTT) April 2009

source: monthly 18 week report

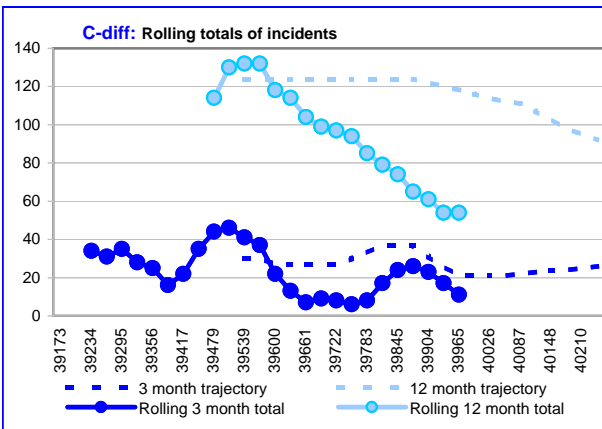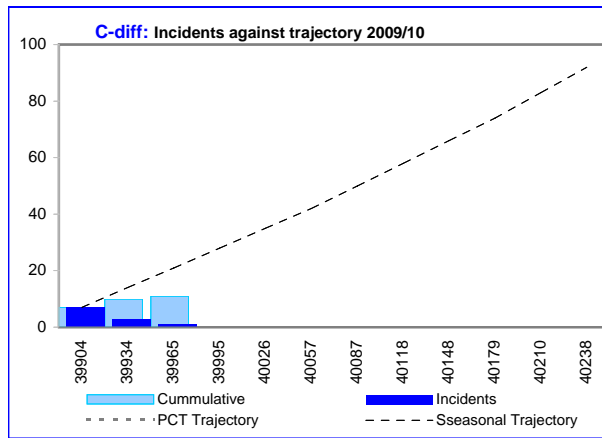**% admitted patients treated within 18 weeks against target**

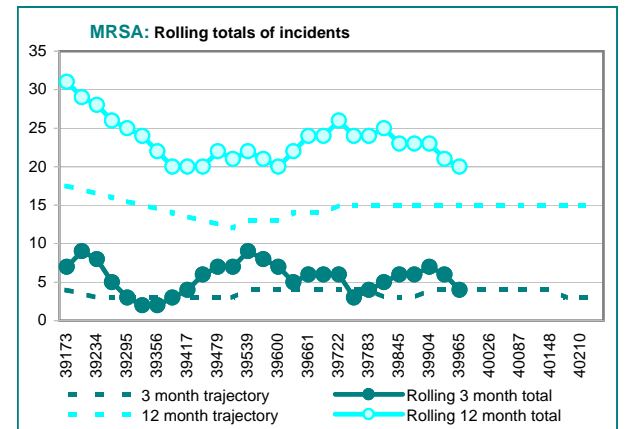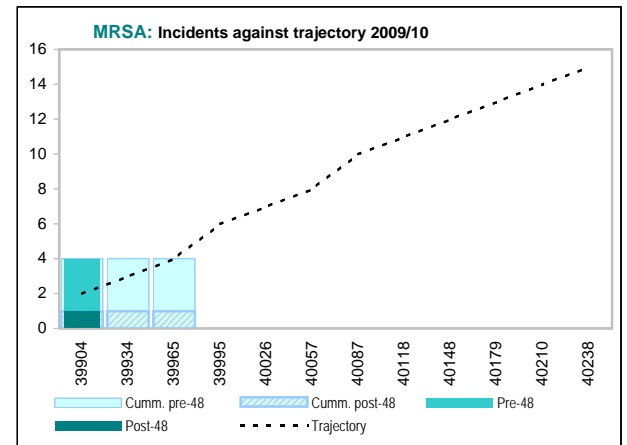**% non-admitted patients treated within 18 weeks against target**

Healthcare Acquired Infections

source: weekly Infection Control flash report (contains June data on a month to date basis)
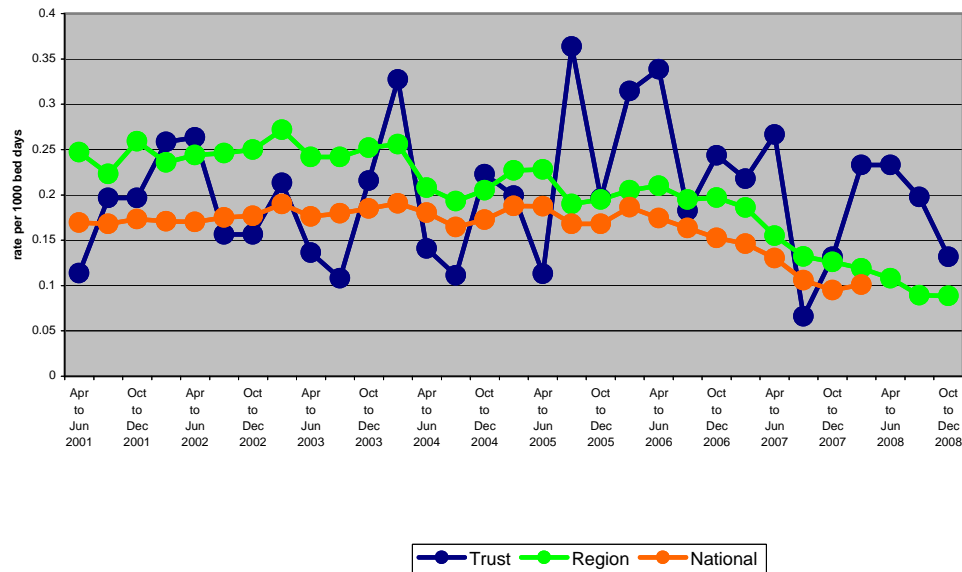
Clostridium difficile

C-diff: Incidents against trajectory 2009/10

C-diff: Rolling totals of incidents

MRSA

MRSA: Incidents against trajectory 2009/10

MRSA: Rolling totals of incidents

Access and Targets

Infection Control: Cases per bed day

Comparison with national and regional trends for MRSA bacteraemia rate
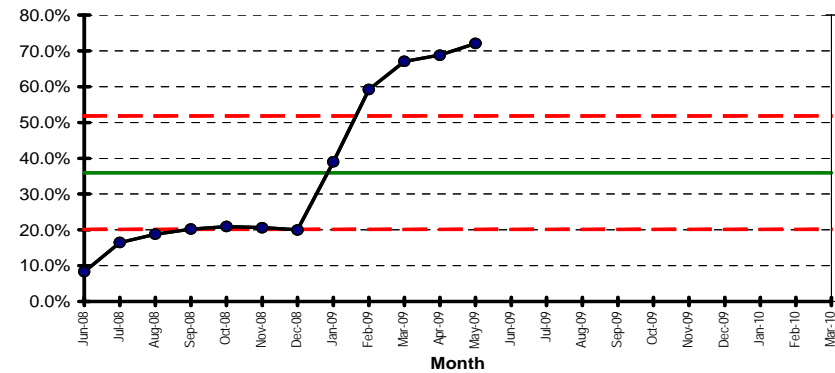

Legend: Trust — Region — National

Source
Health Protection Agency

Notes
C-Diff data to follow

MRSA screening compliance: Emergency Patients
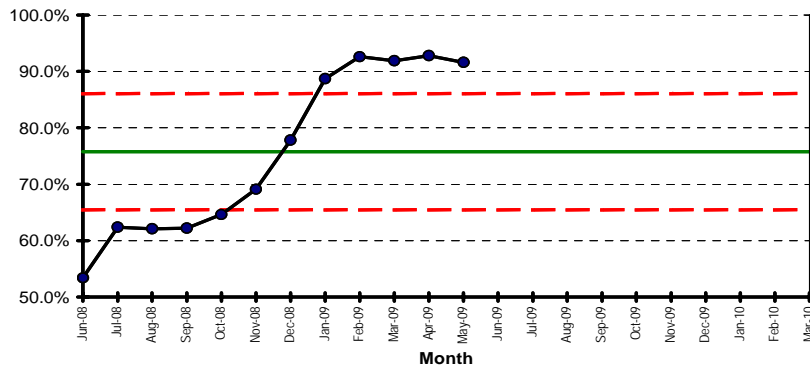
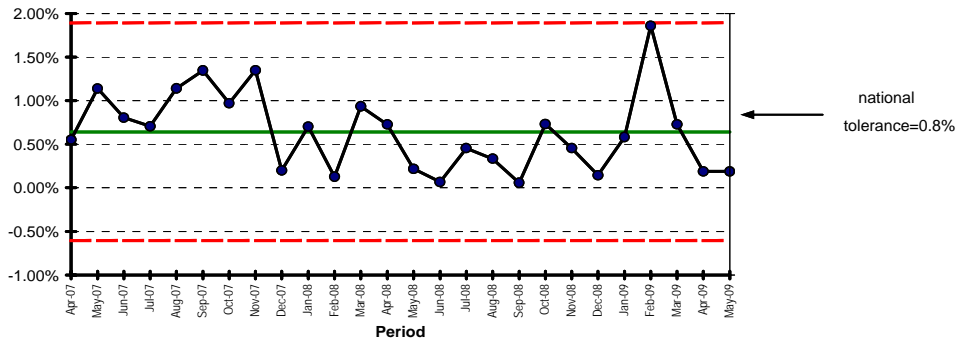MRSA screening compliance: Elective Surgical Patients

Data now includes day case sreening performance

7

Doc 03.4 Access & Targets June 2009.xls

Access and Targets

Cancelled Operations for non-clinical reasons

Elective cancellation rate

national tolerance=0.8%

source: PAS data

ED attendances: % treated within 4 hours

ED Waits - % within 4 hours

national standard =98%

source: EDIS data

Other national targets

National Target Indicators - reviewed by Monitor & Healthcare Commission

Standard	Criteria	Target	May-09	YTD	Forecast
Reducing Mortality from Cancer					
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				
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%	0.19%	0.19%	<0.5%
Offers of new binding date	% within 28 days	95%	100%	100%	100%
Delayed transfers of care					
Number of delayed bed-days			218	533	3,198
% delayed patients as a % of all patients		<=3.5%	2.9%	3.3%	<3.5%
Reducing Mortality from Heart Disease					
Wait from GP Referral until Seen in RACP Clinic	% seen within 14 days	>98%	100%	87%	>98%
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

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

Standard	Criteria	Target	May-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	7,502	7,502	-
% Change from last year			1%	1%	-
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%	11.5%	9.6%	8%
Rate of Breastfeeding at birth	% of deliveries	78%	88.2%	89.7%	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%		

Doc 03.4 Access & Targets June 2009.xls

Strategy

Dr Fosters data refreshed to March 2009

Performance Thresholds

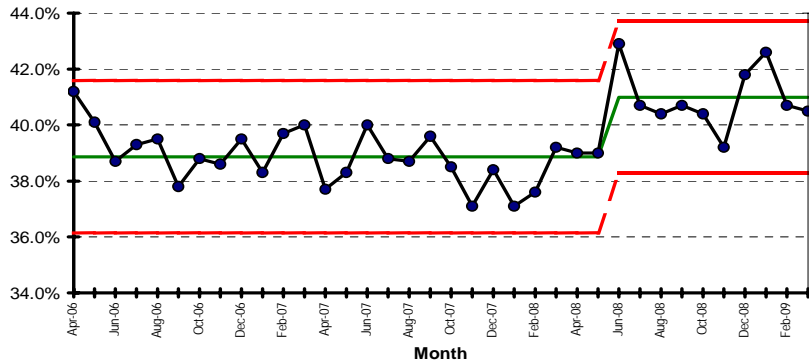Green: within normal SPC parameter AND consistent progress to target

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
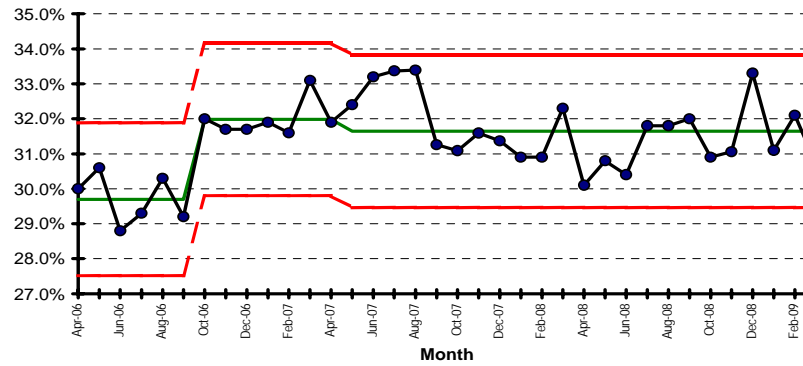
TARGET

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

MARKET SHARE

First Outpatient Attendances

Whittington: Islington First OP Attendances

Whittington: Haringey First OP Attendances

Non-Elective Admissions

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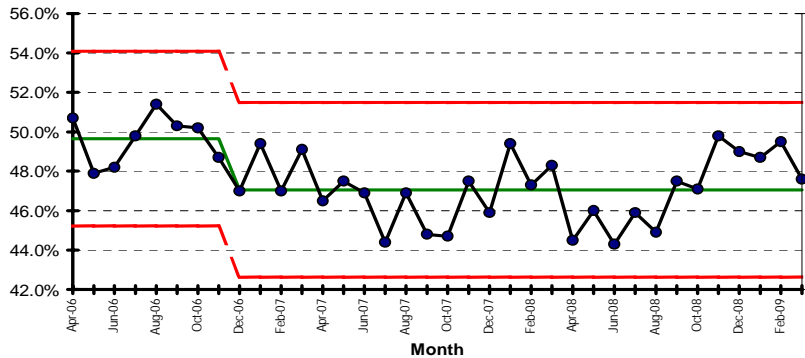
Whittington: Market Share for Haringey Non Elective Admissions

9
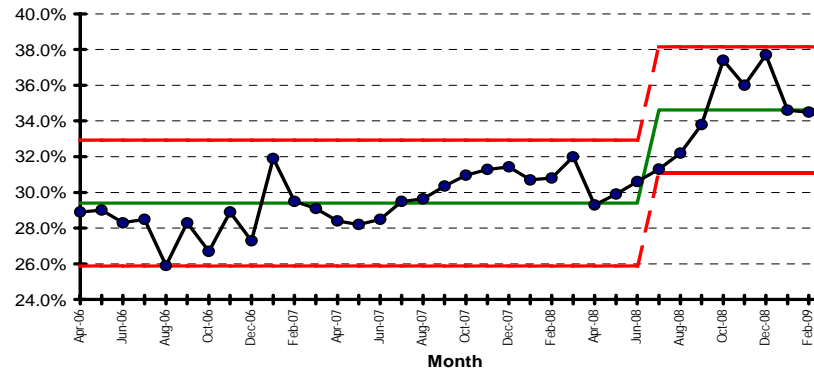
Strategy

Day Case Surgery

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

Whittington: Market Share for Islington Day Case Surgery
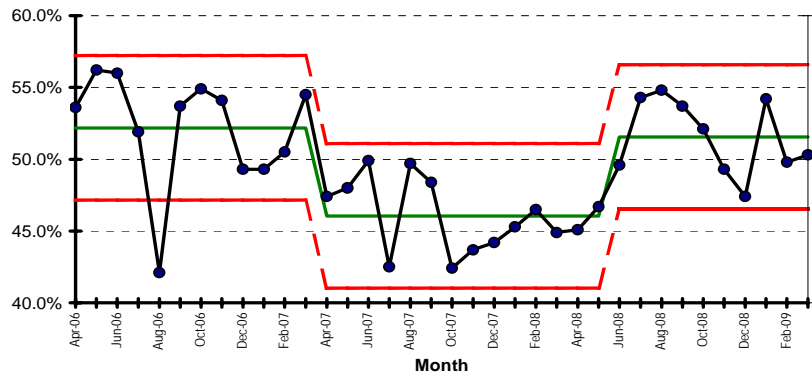
Whittington: Market Share for Haringey Day Case Surgery
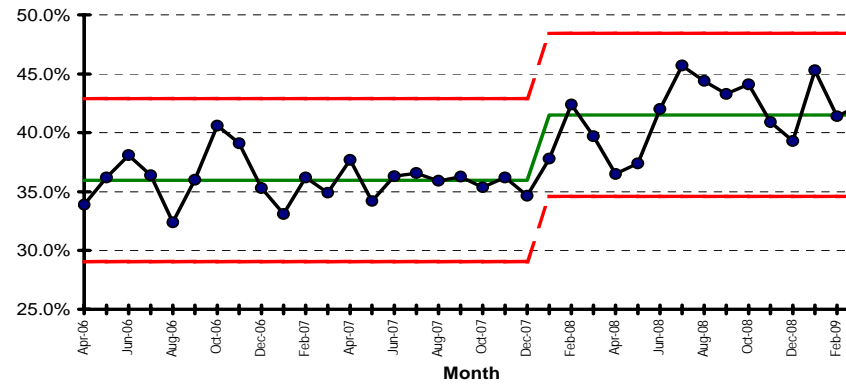
Maternity Deliveries

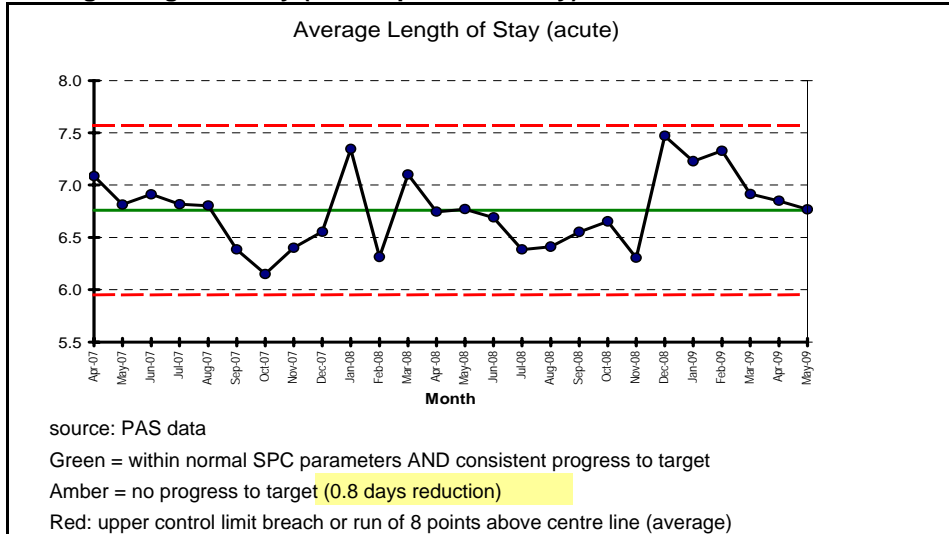### Whittington: Market Share for Islington Maternity Deliveries
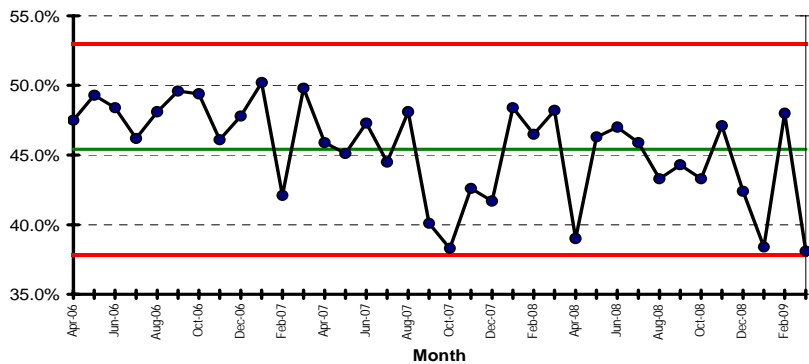
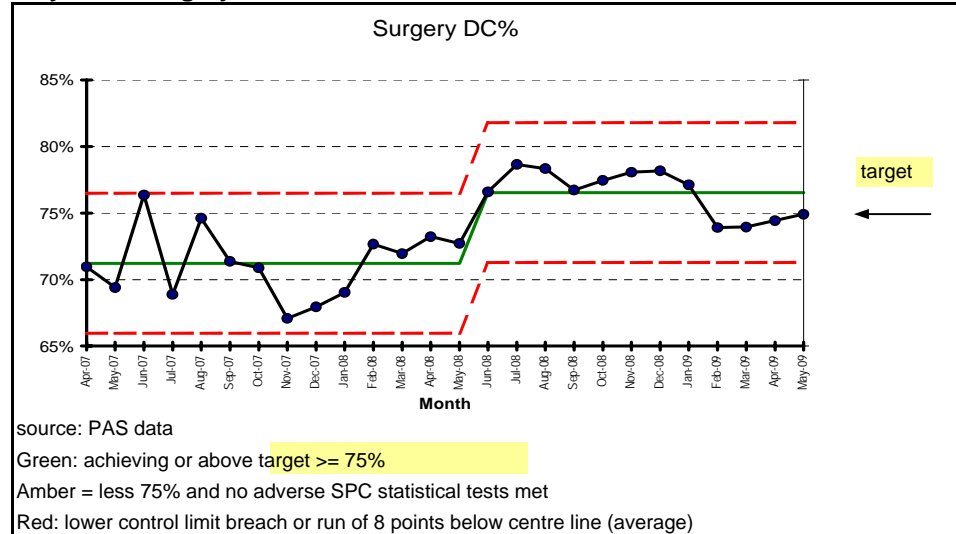### Whittington: Market Share for Haringey Maternity Deliveries
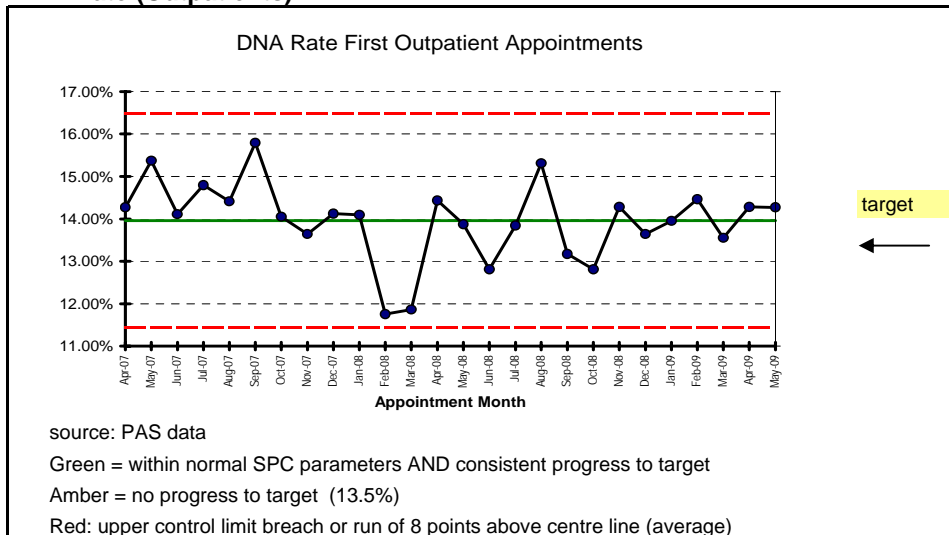

10
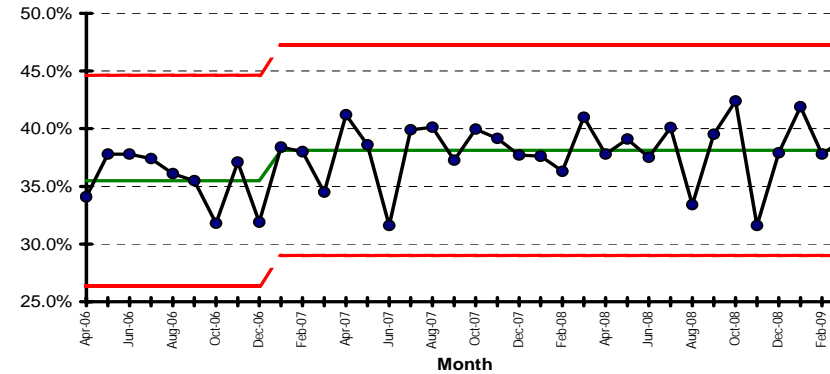
Workforce & Efficiency

Period: May 2009

Average Length of Stay (acute specialties only)

Average Length of Stay (acute)

source: PAS data
Green = within normal SPC parameters AND consistent progress to target
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%

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)

DNA Rate First Outpatient Appointments

target

source: PAS data
Green = within normal SPC parameters AND consistent progress to target
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 Outpatient Appointments

target

source: PAS data
Green = within normal SPC parameters AND consistent progress to target
Amber = no progress to target (14.5%)
Red: upper control limit breach or run of 8 points above centre line (average)

11
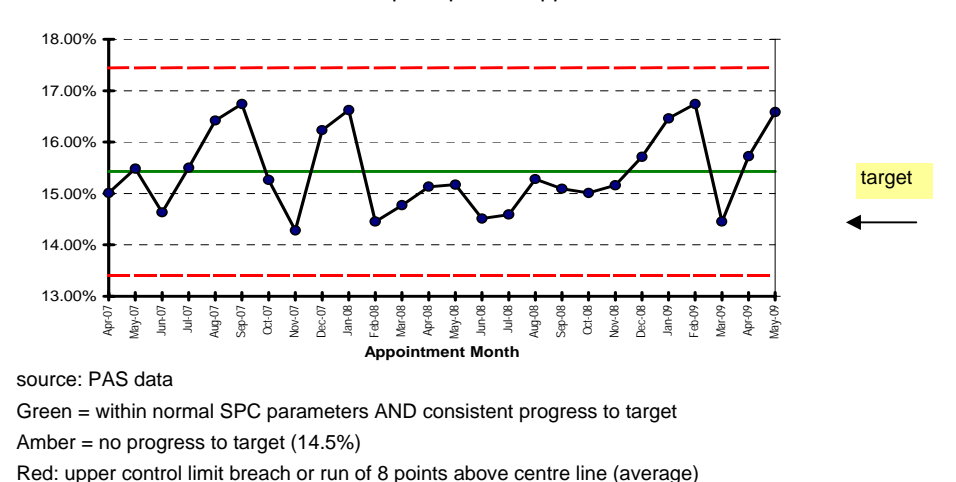
Workforce & Efficiency

Outpatient Follow Up ratio

Target to be confirmed following SLA agreement with PCTs

Outpatient Follow up ratio
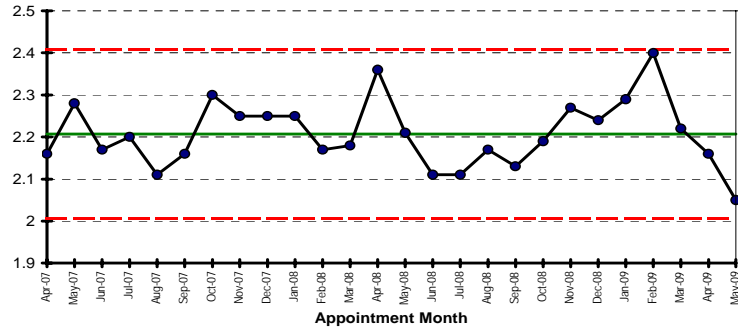
source: PAS data

Green = within normal SPC parameters

Amber = no progress to target - once agreed

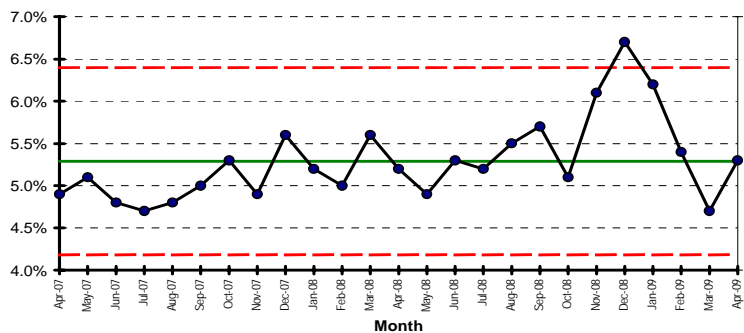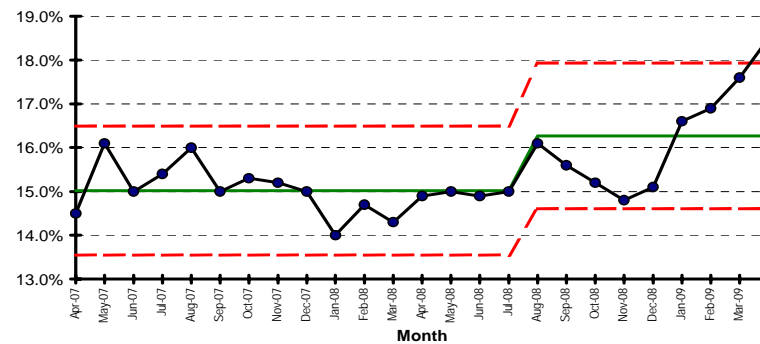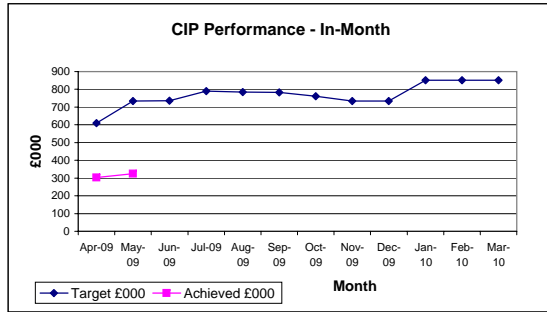Red: upper control limit breach or run of 8 points above centre line (average)

Theatre Utilisation

Not updated - data not available

New Theatre Management System being installed in 2009

Sickness Absence Rate

Sickness Absence Rate

target

source: ESR

Green = within normal SPC parameters AND consistent progress to target

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 AND consistent progress to target

Amber = no progress to target - target is an average 10%

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

Workforce & Efficiency

Turnover

Turnover Rate

source: ESR

Green = within normal SPC parameters AND consistent progress to target

Amber = no progress to target - target to be determined

Red: upper control limit breach or run of 8 points above centre line (average)
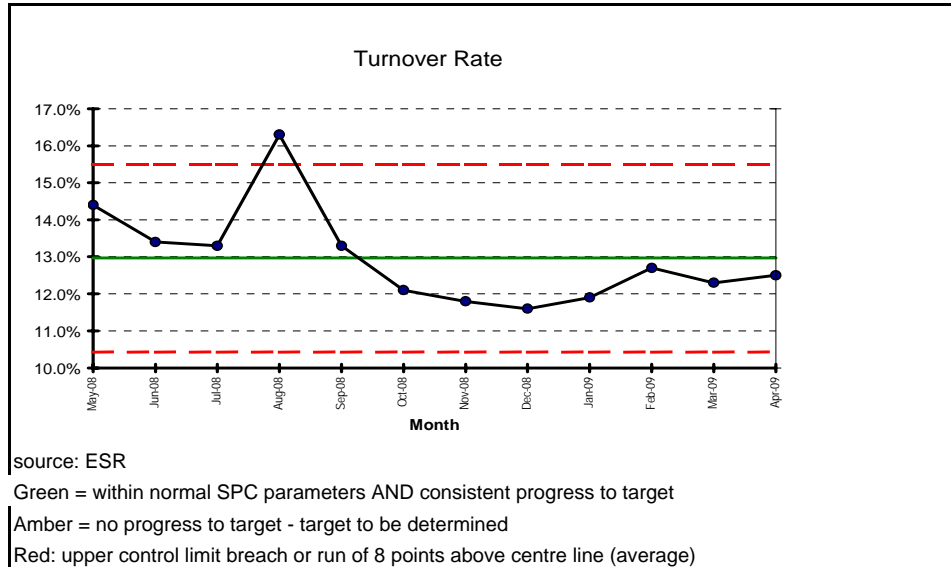
Appendix 1: Finance Charts detailing information included in dashboard

	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)	52.89%	2	0.20
25%	EBITDA margin (%)	4.02%	2	0.50
20%	Return on Assets (%)	-0.63%	2	0.40
20%	I&E surplus margin (%)	-4.19%	1	0.20
25%	Liquid ratio (days)	31.44	4	1.00
	Overall rating			**2.30**

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

Full Year Forecast Performance:

Weighting	Metric Description	Metric Value	Rating	Weighted Value
10%	EBITDA achieved (% of plan)	98.94%	4	0.40
25%	EBITDA margin (%)	8.12%	3	0.75
20%	Return on Assets (%)	3.10%	3	0.60
20%	I&E surplus margin (%)	0.00%	2	0.40
25%	Liquid ratio (days)	17.19	3	0.75
	Overall rating			**2.90**

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

Overall Income & Expenditure

Overall I&E - In-Month Performance

An in-month I&E deficit of £431k against a planned deficit of £30k giving an adverse variance of £401k in the month.
Within this, income is £109k above plan (including provision review) and expenditure is £503k above plan.

Overall I&E - Cumulative Performance

Cumulative I&E performance to May is a deficit of £1m against a planned deficit of £159k, giving an adverse variance of £1.2m to date.

Within this, income is £176k above plan and expenditure is £1.2m above plan.

Overall I&E - Cumulative Performance Forecast (Likely Case)

The likely case forecasst remains a break-even position for 2009/10. Achievement will be dependent upon recovery plans making the savings that they are projected to, and for other identified risks to not materialise.

Performance against Trust NHS Income Plan - 1 month lag

Performance against Internal Income Plan - In-Month

April NHS clinical income was £133k below the Trust's planned level.
This represented a £650k over-performance against SLAs.

Performance against Internal Income Plan - Cumulative

Internal Income Plan - Cumulative Performance Forecast (Likely Case)

Forecast performance against the Trust's income plan for the year is based upon April performance continuing for the remainder of the year - that is, a £133k monthly under-performance.
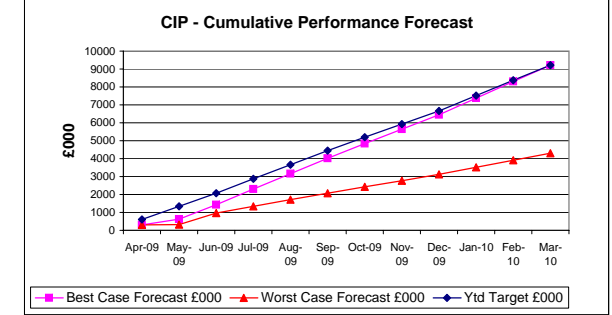
Cost Improvement Plan	

CIP Performance - In-Month

Validated achievement in May was £409k worse than planned. However, performance against some CIP targets has not yet been assessed due to a time lag in obtaining the relevant data.

CIP Performance - Cumulative
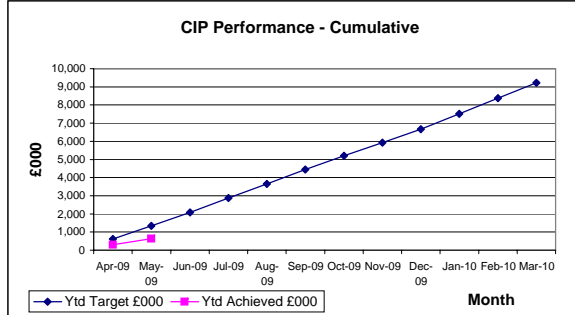
Cumulative validated CIP is £715k worse than planned at the end of May.

CIP - Cumulative Performance Forecast

The best case forecast assumes that the April and May shortfall against CIP targets will be offset by higher achievement in later months. The worst case forecast assumes April and May saving levels continue, with no further improvement.

Cash position against plan	

In-Month position for Month 2 (May 2009)

The closing Balance at the end of March was £1.1m. This is lower than previously forecast due to the Month 1 and 2 deficits. Over-performance cash relating to 2009/10 will start to be received from July onwards, leading to the projected rise in cash balance from August (when current creditor payments on hold will have been paid).

Rolling Cashflow Forecast