

ITEM: 10/009
 DOC: 5

Meeting: Trust Board
Date: 20th January 2010

Title: Dashboard Report

Executive Summary: Clinical Quality

- The Board will recall discussions about the usefulness of Avoidable Mortality in determining the quality and safety of clinical services as this figure reflects more on global health care in the community rather than the hospital. At the January SLA Quality meeting with the PCT it was agreed that it would be more useful to measure "avoidable deaths" - the number of deaths within the hospital that might have been avoided divided by the total number of deaths in the hospital. It is suggested that this KPI within the dashboard therefore change to reflect this in future months.

Patient Experience

- Patient survey – completed responses are up from November from 684 to 917 in December. Data gathered in relation to out – patient’s perception of nurses is now incorporated into the total number presented in the report. There is an improvement in perception from the November report where 50 patients scored this KPI at 5 to 240 patients scoring this KPI at 5 in December. The proportion of net promoters to detractors has not changed between months.
- Single sex accommodation – The number of single sex accommodation breaches continues to fall as a result of the capital works undertaken on the wards over the summer. Patient perception is now being recorded and this will be reported to the March board.

Access & Targets

- Emergency bed days were higher than previously seen in the year and this is attributed to the long periods of restricted primary care access over the holidays resulting in patients deteriorating in the community and requiring admission.
- Performance against the “symptomatic breast referral until seen” waiting target is red rated in December. However the measurement of this target commenced officially on 1 Jan and will be calculated cumulatively for Q4. Performance has improved and currently is 80% for January. An action plan for the achievement of the target is being managed by the Director of Operations. The main risk to achieving this target is patient choice where patients are reluctant to be admitted for diagnostic investigations and surgery within two weeks of GP referral. A different approach to counselling of these patients has started and will be delivered by the clinical nurse specialists.

Strategy

- The market share data has not been refreshed due to technical difficulties at Dr Foster’s and therefore they are not reported on the dashboard. Dr Foster’s expects this to be corrected by 29 Jan when reporting will commence again.

Workforce & Efficiency

- There has been a step change upwards in the number of patients who DNA

on their 1st appointment. Work is underway to determine why patients are DNAing.

- There has been a step change downwards in sickness absence that reflects the improved performance.
- The vacancy rate continues to reduce and is now lower than target. The target will be reviewed and balanced against the need for flexibility in the workforce and containing costs.

Finance

Detail of financial performance will be presented in the finance report to the board.

Action: The Trust Board is asked to review Trust performance.

From: Fiona Smith, Director of Planning and Performance

**Compliance with Healthcare Commission
Core/Developmental Standards**

Lead: Director of Nursing & Clinical Development

Reference: