

ITEM: 10/063 Doc: 03

Meeting: Trust Board
Date: 23 June 2010

Title: Dashboard Report

Executive Summary:

The Trust Performance Dashboard for May 2010 is attached.

Clinical Quality

- The Standardised Mortality Rates (SMR) from Dr Foster have been refreshed to March 2010, including the table of acute London trusts. The SMR is measured over a rolling 12 month period, and for the Trust is 70.
 - The Trust is still ranked third in London within the acute hospitals group.
 - > The SMRs for last four months have been significantly low (green rated) so over the coming months the 12 month SMR should start to fall.
- The Avoidable mortality indicator has been removed and replaced by a new indicator using the Dr Foster "low mortality condition groups". The Care Quality Commission and Dr Fosters are still discussing the definition and publishing timetable for this indicator.
- Readmissions within 28 days in the last 12 months for the Whittington is rated green when compared to our peer group.

Patient Experience

The sample size for the local patient survey has been in excess of 900 patients for the last 6 months, which is demonstrating the benefit of the survey terminals.

- Hospital cancellations were higher than average in the months of April and May due to staff availability during the volcanic ash flying restrictions.
- Single sex breaches reduced to **zero** since mid April reflecting the change in priorities for the bed management team. In the 2010/11 SLA we get no income for any patient that breaches the single sex accommodation standard. However the patient survey questions on the issue of single sex indicate that some patients still have a perception of sharing bed areas and facilities with the opposite sex. The data may be distorted, as the sample size is only 50, and the survey may have covered areas where the standard does not apply, or the use of bathroom facilities by relatives and visitors, which may have affected the perception of respondents.
- Performance on the patient survey question about involving patients in decisions about their care has not improved. This is a question included within the 2010/11 CQUIN. The trust will need to undertake a focussed piece of work on this issue. The net promoter score in the emergency department has deteriorated. Further work with the department needs to be undertaken to understand the reasons for this in order to address the issues as a priority.



Access & targets

- The 2 week wait for all GP breast referrals was not achieved in May. This is due to having two bank holidays in the month which reduces choice for bookings (breast clinics run on Mondays) and during holiday periods it is more challenging to persuade patients to agree to short notice dates to come in.
- Referral to Treatment (RTT) information is available up to April. The Trust continues to meet the overall standards, although within one or two specialties there remain challenges in terms of pathway delays and capacity. Further improvement work is continuing in those specialties.
- There were no MRSA cases in April or May and the C.difficile numbers are below plan.

Strategy

Dr Foster data has been refreshed to March 2010 (time lag to allow all trusts to submit full data and for Dr Fosters to process the data). The general pattern of market share performance is unchanged with the following exceptions:

- Outpatient activity was lower in January and February partly because of the bad weather in the first two weeks of January that affected both activity and GP referrals, which had a knock-on effect on February and March activity. Referrals from March 2010 onwards have returned to normal levels.
- Maternity admissions from Islington after May 2009 were affected by the opening of the Elizabeth Garrett Anderson wing at UCLH. The increase in market share in February 2010 was significant and it is not known whether this is a result of genuine choice by mothers to select the Whittington or a lack of capacity at UCLH. Overall maternity activity is above plan
- Market share for day case surgery has not changed although volumes of patients seen in the DTC have increased.
- Market share for Non Elective admissions especially for Haringey patients continues to increase.

Workforce & Efficiency

- DNA rates continue to be high, although showing slight improvement. There was a certain amount of disruption in the early part of April and May due to Easter, School holidays and volcanic ash. All consultants have been written to regarding the high DNA rates seeking support for reviewing DNAs at the end of clinic and application of the trust Access policy. A more detailed report on progress to reduce trust DNA rates will be brought to the July Trust Board meeting.
- There is further work underway on reducing OP follow up appointments including a joint hospital/PCT audit to see what type and number of follow ups could be moved to primary care. The results of this audit will be available from July onwards.
- Sickness remains below target, however the vacancy rate has increased above the 3% target.

Finance

See the main Finance report for detail on the Trust's financial performance.

Action: To review and to note the Trust performance

Report		
from:	Assistant Director of IM&T (Information Services)	
	Assistant Director or livia (Informati	lion Services)
Sponsor:	Kate Slemeck	
	Director of Operations	
Financial Validation		Name of finance officer
Lead: Director of Finance		Guy Dentith
Compliance with statute, directions, policy, guidance		Reference:
Lead: All d	irectors	NHS Operating Framework CQC Annual Assessment