

ITEM: 10/102
Doc: 03

Meeting: Trust Board
Date: 22 September 2010

Title: Dashboard Report

Executive Summary:

The Dashboard report is presented in two parts:

- Part 1: The existing Dashboard for July 2010 performance
- Part 2: Proposals for updating the dashboard

The Trust Performance Dashboard for July 2010 is attached, with areas to be highlighted identified below.

Clinical Quality

- The **Standardised Mortality Rate (SMR)** is measured over a rolling 12 month period, and for the Trust is **69.3**.
 - The Trust is ranked fourth in London within the acute hospitals group.
 - The SMR for last four months have been significantly low (green rated) so over the coming months the 12 month SMR should start to fall.
- The **'Death in Low Risk Conditions'** is a new measure introduced this month utilising the Dr Foster patient safety indicator. There is currently not enough data for a graph. A process has been agreed to review the medical records of these cases to allow prompt identification of any issues.
- **Readmissions** within 28 days in the last 12 months for the Whittington is rated green when compared to our peer group.

Patient Experience

- **Single sex breaches** - the Trust had 10 single sex breach incidents in July due to extreme bed pressures, 2 on Mary Seacole in a 4 bedded bay. We are required to reimburse PCTs for the spell income for all patients in the bay during the period of the breach. The income associated with these patients is likely to be in the region of £22k.
- The **patient survey** graphs show no significant change.

Access & Targets

- All targets were met with the exception of **Breast 2WW cancer target**. During the month of June we had a large percentage of changed

appointments resulting from patient choice. Of the 17 breaches 12 were patients changing appointments that were originally booked inside the 2 week period, the remaining 5 requested dates outside the 2 weeks, including 2 patients that were referred but had informed the GP they were out of the country for the 2 following weeks. Additionally late May saw a surge in referrals that coincided with the late May bank holiday period and the reduced availability of choice during that period. This target is proving a challenge to meet on a month by month basis. Further work is underway to refine booking and escalation processes further, extend day of the week capacity, and liaise with GPs re patient communications.

Strategy

Outpatient market share – OPD first appointment referral numbers have returned to normal levels following a dip at the beginning of the calendar year. Market share for non elective activity is strong.

Workforce & Efficiency

- **DNA rates** continue to make a slow improvement but remain well above the 12% target. Consultants continued support is sought for reviewing all DNAs after clinic and discharging where appropriate.
- **First to follow up ratios** have shown some improvement, however this needs to be improved further to avoid financial penalties.
- **Sickness absence** remains below trajectory.
- **Vacancy rate** appears to be on the rise – and requires further investigation.

Finance

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

Proposed Changes to the Dashboard

The current dashboard has only had minor amendments since its inception. The environment and context within which the Trust now operates has changed and the dashboard is due for revision to reflect this.

The main drivers for change are as follows:

- The revised 2010/11 Operating Framework for the NHS
- Service Level Agreement issues – specifically the CQUINs and key performance indicators that have financial consequences
- The demise of the annual health check annual assessment
- The need to update a number of targets for this year and beyond

Part 2 of the paper proposes a number of changes that, if agreed, can be introduced immediately. A further analysis also needs to be undertaken to review the threshold definitions that determine the RAG rating on the summary sheet. For example complaints are currently showing as green rated due the measure of performance being the volume of complaints as opposed to other more meaningful measures such as, for example, satisfied/dissatisfied, and turnaround times. A review of the measures and thresholds for each domain will

be undertaken with the lead Director concerned and revised proposals brought to the Trust Board for agreement.

Action: For approval

Report From: David Emmerson
Assistant Director of IM&T (Information Services)

Sponsor: Kate Slemeck
Director of Operations

Financial Validation Lead: Director of Finance	Name of finance officer
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Compliance with statute, directions, policy, guidance Lead: All directors	Reference: Board assurance framework
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Compliance with Care Quality Commission Regulations / Outcomes Lead: Director of Nursing & Clinical Development	Reference:
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Compliance with Auditors' Local Evaluation standards (ALE) Lead: Director of Finance	Reference:
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