

**Meeting:** Trust Board  
**Date:** 27 October 2010

**Title:** Dashboard Report

**Executive Summary:** The revised Dashboard report is presented having implemented the changes agreed at the last Trust Board. In addition the quarterly governance assessment for NHS London requires the Trust to indicate whether the board has received trend data on ED and first OP attendances in the last quarter. This information is now included in the strategy domain.

Performance in September is as follows:

#### **Clinical Quality**

- The **Standardised Mortality Rates (SMR)** is measured over a rolling 12 month period, and is **77** for the Trust compared with 69 last month. This is a technical adjustment as a result of Dr Foster recalculating the benchmarks. This change has the effect of increasing all hospital SMRs; however the Trust has maintained its fourth place ranking in London within the acute hospitals group.
- The **'Death in Low Risk Conditions'** is a new measure introduced last month utilising the Dr Foster patient safety indicator. There is currently not enough data to populate a graph. A process has been agreed by the medical director to review the medical records of these cases to allow prompt identification of any issues that may be resolved to prevent such cases re-occurring.

#### **Patient Experience**

- Single sex breaches - the Trust had no further single sex breach incidents in September after the five in August (due to a surge in activity and for patient comfort and safety reasons it was agreed to mix a bay on Mary Seacole for a short period of time). 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 £30k.
- The patient survey net promoter scores showed a slight improvement for inpatients. ED net promoter score deteriorated in the month.

#### **Access & Targets**

- The trust continues to be challenged in achieving the 2WW and Breast 2WW targets consistently. It is recognised that these targets are more challenging to meet during holiday periods as patients change appointments and are often not available to come in during the 2 week period. We continue to review and refine our booking and escalation processes, extend day of the week capacity (we currently only offer breast clinics on 2 days of the week), and liaise with GPs re patient communications.
- The 62 day referral to treatment was also breached in month.

**Strategy**

- **Outpatient market share** – has dipped for both Haringey and Islington PCTs. However the non elective market share for Haringey has grown significantly.

**Workforce & Efficiency**

- **DNA rates** rose slightly in August which is disappointing but perhaps expected due to it being a holiday month. We continue to work with clinic staff and consultants to apply the access policy fully. We are shortly to commence a visible leadership programme in outpatients to support application of this policy.
- **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 reducing after the rise a few months ago.

**Finance**

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

<b>Action:</b>	To discuss performance and consider changes proposed.
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<b>Report from:</b>	David Emmerson Assistant Director of IM&T (Information Services)
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<b>Sponsor:</b>	Fiona Smith Director of Planning & Performance
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<b>Compliance with statute, directions, policy, guidance</b>	<b>Reference:</b>
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Lead: All directors	NHS Operating Framework CQC Annual Assessment
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