

ITEM: 10/151
Doc: 4

Meeting: Trust Board
Date: 15 December 2010

Title: Dashboard Report

Executive Summary: As requested by trust board interpretation of performance has been made clearer in the dashboard and target arrows inserted wherever possible. Performance in November is as follows:

Clinical Quality

- Due to the early reporting to Trust Board this month MRSA screening figures are not available – the infection control team does not anticipate performance will dip and November performance will be reported to trust board in January.

Patient Experience

- Ward cleanliness score has recovered from a significant dip in September when monitoring of out patients areas was included in the figures. Improved performance in October and November signifies an improvement in overall cleanliness including out patients.
- The overall net promoter score has seen performance remain above the upper control limit for a fourth successive month indicating a sustained improvement in overall patient satisfaction. Improved in-patient and out-patient satisfaction have contributed to this improved performance.
- Single sex breaches – the Trust has undertaken extensive capital and service redesign to ensure single gender accommodation and bathroom facilities are provided to our patients. Although trust monitored performance (seen in the access and targets domain) in relation to single sex accommodation is demonstrating 4 periods when there were breaches since July 2010 – the median % of patients reporting that they have not had to share accommodation and bathroom facilities with patients of the opposite sex remains at 80%. Work is underway to understand what is influencing patient perception and what actions the trust needs to take to address these and this will be reported to Trust Board in January.

Access & Targets

- The trust continues to maintain an internal target for the emergency department (ED) of 98% of patients seen and discharged/admitted within 4-hours. The national standard is 95%. ED performance in November was 97%. An exception report is included to outline the key issues and actions the trust is taking to ensure ED performance returns to 98%.
- Performance against the 14 and 62 day breast cancer targets has improved and the trust is on track to achieving the year end targets.
- The trust is now able to start reporting performance against maternity bookings within 12 weeks 6 days and 1:1 midwifery care in established labour standards although the year end threshold is yet to be announced
- NHS number completeness performance is red rated. Specific data quality resource has now been redirected to improve data quality against this measure

Strategy

- Haringey market share of both first out patient and non elective admissions continues to be below expected levels with a downward step change in out-patients predicted in December.

Workforce & Efficiency (QIPP)

- Theatre utilisation is now included in the dashboard. The data presented is a first cut of the figures available and further validation is underway. Refining the utilisation rates will reflect for example where a patient cancels on the day of planned surgery or DNAs. Further detail is available to the trust board today under the separate item 10/148
- **Sickness absence** remains below trajectory and the executive team is considering a revised target for this KPI as part of determining next years cost improvement target.
- **Vacancy and turnover rates** – the vacancy rate has breached the lower control limit and this coupled with a step change down in the turnover rate this month reflects the Whittington's success as becoming an employer of choice in both recruiting and retaining staff.

Finance

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

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

NHS Operating Framework
CQC Annual Assessment

Exception report

The trust continues to maintain an internal target for the emergency department (ED) of 98% of patients seen and discharged/admitted within 4-hours. The national standard is 95%. ED performance in November was 97%.

Analysis of performance indicates the following activity pressures that have caused difficulty in achieving the 98% target:

- Higher than expected attendances of paediatrics after 5pm
- Higher than expected attendances of surgical patients who required emergency admissions placing additional pressure on specialty review times
- A ward closed to enable the works to be completed to expand the medical admissions unit and open Mary Seacole South on 15 November. This negatively impacted on medical bed capacity.

Key initiatives to address performance include:

- Working with ED team to reduce time to first assessment of attending patients which reduced overall length of time in ED
- Working with orthopaedics and general surgery to improve response times in order to see and manage patients earlier in their stay in ED
- Allocation of additional paediatric Specialist Registrar onto evening shifts
- Allocation of additional middle grade ED shifts at peak evening/weekend times
- Successful recruitment of locum ED consultant
- Job planning extended hours of ED consultant supervision into the evenings
- Daily executive led breach review meetings with the ED team for sub 98% performance
- Hot floor imaging department is fully functional to support rapid diagnostics