

ITEM: 11/044
Doc: 9

Meeting: Trust Board
Date: 23 March 2011

Title: **Dashboard Report**

Executive Summary: In the CQC Quality and Risk Profile (QRP) report the indicator for suitability of staffing has changed from 'as expected' to 'excellent'. Ratings for each of the indicators is based on CQC measurement of our performance. Where the Trust's rating according to CQC is within confidence limits this is termed "as expected". Where above the upper limit this is termed "excellent" and if below the lower limit it would be reported as "poor".

Trust performance in February is as follows:

Clinical Quality

- There was one case of pre 48 Hour MRSA bacteraemia in February. Root cause analysis is being undertaken in community services. The Trust is still below its upper threshold limit of four for the year.
- There were 2 cases of C Diff in February both on the same ward. Investigation has not demonstrated any breach in trust procedure.

Patient Experience

The net promoter score is above the upper control limit and in the four key questions performance is at its highest since Jul 2009. This is contrasted however by a high number of complaints (40) received in February which is a short month. Analysis is underway to determine any trends in patient complaints.

Access and Targets

- The Trust has seen a continuous deterioration in the emergency department (ED) performance against the national target of 95% of patients seen and discharged/admitted within 4-hours. Year to date performance is currently above the required national standard. The external review of ED by an external ED consultant has now reported and action plans are being drawn up to ensure the Trust is taking every action required to ensure performance is maintained at the required level. A new set of national quality standards will apply from 1 April and significantly this includes time to initial assessment and time to treatment. A report on the action plan to address these new standards and the recommendations in the external report will be brought to Trust Board in April.
- Performance against the 62 day target for wait from GP urgent referral until treatment was 83.3% against the 85% standard. The trust's year end forecast indicates this target will be achieved.
- The target for maternity bookings within 12 wks and 6 days indicator is now known to be 90%. Performance is measured bi-monthly and performance in Jan was 79%. Considerable work is being targeted at improving trust performance. Performance has been improving through the year.
- NHS number completeness performance is red rated. From 1 April national KPIs will be introduced that may affect payment for patients who do not have an NHS number. Specific data quality resource has been redirected to improve data quality against this measure

Workforce & Efficiency (QIPP)

- Outpatient DNA rates were 11.5% and for the first time have achieved the

internal target of <12%

- **Sickness absence rates** – rose sharply in month and tripped the upper control limit. This follows the pattern of previous years where February demonstrates the highest rates. Sickness absence management continues with specific individualised management plans for staff triggering the upper threshold for their Bradford score.

Finance

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

Action: To discuss performance and consider changes proposed.

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

Sponsor: Fiona Smith
Director of Planning & Performance

Compliance with statute, directions, policy, guidance

Lead: All directors

Reference:

NHS Operating Framework
CQC Annual Assessment