

Meeting: Trust Board
Date: 27 July 2011

Title: Dashboard report

Executive Summary

Month 2 Review

Trust performance in May is as follows:

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Quality and Safety

- In line with monitoring the performance priorities in the Trust's Quality Account this is the first month that Grade 3 & 4 pressure area development has been reported. Benchmarking of incidence on Dr Foster shows that the organisations performance is within an expected range as follows:

Provider	Observed	Expected	Banding
The Whittington Hospital NHS Trust	15	16.7	Within Expected Range

- MRSA – There was one pre 48 hour MRSA bacteraemia case. Root cause analysis is being undertaken by our community team.
- C Diff - There was 1 case of C Diff in May. Investigation has not demonstrated any breach in trust procedure.
- Summary hospital mortality indicator (SHMI) – the Board will see that we have continued to use the Dr Foster data to present May performance. The new Birmingham University SHMI is under development and preliminary assessment shows the organisation as having the lowest rate in England. The reporting infrastructure for this new indicator is not yet available and will be included once it is.

Patient Experience

This is the first month where patient experience data has been analysed using a similar format across the whole organisation. Of the service users who responded there was a range of 85 – 95% who reported that they were treated with dignity and respect. There was a range of 80 - 89% who rated their care or the service they received at satisfactory or very satisfactory and 79 - 90% who reported that they were involved as much as they wanted to be in decisions about their care. The intention is for this data to be broken down by division and included in the divisional dashboards so that managers can understand the patients experience in service areas and take action as required.

Access, Targets and activity

- Out patient indicators reflects the performance against the QIPP metrics of consultant to consultant referrals and first to follow up referrals and highlights specialities where activity is above the agreed metric threshold. Overall there has been a reduction in activity however managers are working with clinicians to reduce activity to the benchmarked median for all specialities.
- Referral to Treatment times - May performance against the median and 95th percentile wait for all untreated patients was above the maximum threshold. Work undertaken in May to address this has improved performance and early indicators are that the Trust achieved compliance with the maximum thresholds in June.

- On 23 June, the DH Director of Performance clarified the methodology for the monitoring of the Emergency Department Quality Indicators and the implications for this are detailed in appendix 1
- The Trust's performance for maternity bookings within 12 wks and 6 days was 89% against the 90% standard. This was due to the number of very late (at 12+ weeks gestation) booking by women. Considerable work is being targeted at early intervention so that women book before 12 weeks gestation and performance has been improving through the year.
- The Trust Performance against the 62 day target for wait from GP urgent referral until treatment cancer standard was 75.6% against the 85% standard. The trust's year to date performance is 85%. This relates to three urology patients whose care we share with UCLH. Although the Trust managed within the defined time thresholds UCLH did not and as the achievement of the performance standard is shared this affects the Trust's performance.
- The Trust Performance against the 14 day target for wait from symptomatic breast referral until being seen standard was 92.1% against the 95.2% standard. This relates to two patients choosing appointments after the 14 days because of personal plans over the bank holidays.

Finance

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

Action: ○ The Board is asked to examine trust performance and discuss areas of concern

Report From: Fiona Smith, Director of Planning & Programmes

Sponsor: Richard Martin, Director of Finance

Financial Validation

Lead: Director of Finance

Name of finance officer

Richard Martin

Compliance with statute, directions, policy, guidance

Lead: All directors

Reference:

Compliance with Care Quality Commission Regulations / Outcomes

Lead: Director of Nursing & Clinical Development

Reference:

Emergency Department Quality Indicators Revised methodology for Monitoring

On 23 June, the DH Director of Performance clarified the methodology for the monitoring of the Emergency Department Quality Indicators as follows:

"To judge compliance against the thresholds, the five indicators will be divided into two groups: timeliness (time to initial assessment, time to treatment and total time) and patient impact (left without being seen and re-attendance). Organisations will be regarded as achieving the required minimum level of performance where robust data shows they have achieved the thresholds for at least one indicator in each of the two groups. In other words, organisations not achieving at least one indicator under both patient impact and timeliness would be regarded as not achieving."

Additionally

"Given the timeliness of the data for performance management and the importance of maintaining grip in this critical year of transition compliance with the minimum threshold for total time in A&E will also be a given for each quarter in 2011/12. This means that we would add any organisation not achieving the minimum threshold to the group of organisations identified above as not achieving. This should avoid a deterioration in performance in total time."

Using the two groups the DH has defined the Trust achieved the QI thresholds for one indicator in each of the groups as follows:

Timeliness - time to initial assessment – target 15 minutes – actual May performance 9 minutes

Patient impact - left without being seen – target 5% or less - actual May performance 5%

Total time - standard 95th percentile wait under 240 mins – actual May performance 239 mins

It is recognised that the Trust needs to meet all of the quality indicators and work is underway to ensure this happens.