

Meeting: Trust Board
Date: 28 September 2011

Title: Dashboard report

Executive Summary **Month 4 July Review**
Trust performance in July is as follows:

Quality and Safety

- CQUINs for 2011-12 have been agreed with Commissioners and project groups are in place to implement each initiative. Data has been reported for the venous thrombo-embolism (VTE) and Out of ICU cardiac arrest indicators, which both show performance is on target for CQUIN payments.
- There have been 9 grade 3 and 4 pressure ulcers from April to July. Benchmarking of incidence on Dr Foster shows that the organisation's performance is within an expected range as follows:

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

- C. Diff – The Trust has now had 9 cases of C Diff to date with none reported in July. Investigation has not demonstrated any breach in trust procedure.
- HSMR – the Board will see that we have continued to use the Dr Foster data. The new national SHMI is under development and a 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

- There has been a drop in performance for the proportion of patient/service user complaints responded to in time, from 68% in May to 46% in July. This fall in performance is chiefly attributable to acute services. Work is underway led by the Chief Operating Officer, to improve the complaints management system and process to address both issues. Three complaints were sent to the Ombudsman in July – one each from acute services, Islington community services and Haringey community services.

Access, Targets and activity

- Out patient indicators reflect 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 the Trust is still somewhat off achieving these productivity metrics and the Board should note that work is being carried out for which the organisation will not be paid for by commissioners. Continued focussed work is underway in divisions to reduce activity to the benchmarked median for all specialities.
- ED targets – National Emergency Department Quality Indicators have been revised for 2011/12 and the implications for this are detailed in appendix 1. Performance for the four-hour total time in ED was on average at 96.6% for

July. Of the four new quality indicators, wait for treatment (target 60 minutes) will be the most challenging to achieve.

- Admitted patient indicators – Single sex accommodation, there were nine single sex accommodation breaches in June from three separate occasions on Mary Seacole, but none in July. The PCT is reviewing these cases to determine whether financial penalties will be applied. There have been no further breaches in July or August.

Readmissions within 28 days – The Trust’s relative risk rating for readmissions has improved and the Trust is now rated green.

- The Trust’s performance for maternity bookings within 12 wks and 6 days has improved and July’s performance of 91.0% has achieved the 90% standard. 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 has improved from 75.6% in May to 81.3% in July, against the 85% standard. Three patient breaches in July caused the 85% target to be missed; these have been investigated by the Division of Surgery, Diagnostics and Cancer to understand causes.

Finance

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

Action: ○ The Whittington Health Management 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	Name of finance officer
Lead: Director of Finance	Richard Martin

Compliance with statute, directions, policy, guidance	Reference:
Lead: All directors	

Compliance with Care Quality Commission Regulations / Outcomes	Reference:
Lead: Director of Nursing & Clinical Development	

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 July performance 9 minutes

Patient impact - left without being seen – target 5% or less - actual July performance 3.7%

Total time - standard 95th percentile wait under 240 mins – actual July 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.