

Meeting:	Trust Board
Date:	26 th October 2011

Title:	Dashboard report
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Executive Summary	<p>The report to the board this month provides both an update on progress with the development of the dashboard and Trust performance in month 5.</p> <p><u>Dashboard development</u></p> <p>Work has progressed on the development of the quality and safety dashboard. Appendix 1 provides the Board with the paper that will go for the first time to the Quality and Safety committee on 21st October. It is intended that if the format and content of this dashboard are approved by the committee, associated KPIs on the Trust Board dashboard will be removed with the Q&S providing performance assurance to the Trust Board.</p> <p>The Board will ratify the Trust's five year strategy today. Following this work will commence on developing KPIs to monitor progress in delivering the strategy.</p> <p><u>Month 5 August Review</u></p> <p>Trust performance in August is as follows:</p> <p>Quality & Safety:</p> <ul style="list-style-type: none">• NHS Quality and Risk profiles - The CQC have slightly changed the way they report the NHS Quality & Risk Profiles. This has been reflected in the dashboard where a new section has been added in the quality and safety domain. There are 21 outcomes in the profile. The Trust has been rated as "Excellent" or "As Expected" for each of these.• Pressure ulcer development – there were 7 grade 3 / 4 pressure ulcers reported in August. A pressure ulcer panel has been established that undertakes a case review of each grade 3 / 4 community developed pressure ulcer. This will report to the Quality & Safety committee. In addition a number of newly appointed District Nurse managers have taken up post and are leading on implementing action plans to reduce the incidence of pressure ulcer development in community patients.• MRSA screening – The y axis on the run chart now starts at 50% to show more clearly where performance does change each month. <p>Patient Experience</p> <ul style="list-style-type: none">• Complaints management - There has been a further deterioration in performance for the proportion of patient/service user complaints responded to in time, from 46% in July to 26% in August. 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. <p>Access, Targets and Activity</p>
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- Outpatient indicators reflect the performance against the QIPP metrics of consultant to consultant (C2C) referrals and first to follow up referrals and highlights specialities where activity is above the agreed metric threshold. There has been an improvement in productivity relating to C2Cs. However the Trust is still somewhat off achieving the F2F ratios. Continued focussed work is underway in divisions to reduce activity to the benchmarked median for all specialities.
- ED targets – Performance for the four-hour total time in ED reduced from 96.6% in July to 95.6% in August. Total time in ED - 95th percentile wait for admitted patients remains the significant outlying performance. Amongst many of the actions being taken in response to the Bedford Report Executive committee has now agreed a policy for admission rights by ED consultants directly to wards which will reduce the time admitted patients spend in the ED.

Finance

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

Action: ○ The Trust 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	