

ITEM: 09/077

DOC: 6

Meeting: Trust Board
Date: 20 May 2009

Title: Dashboard Report

Executive Summary: Attached is the M1 performance dashboard.

Clinical quality domain – The annual standardised mortality ratio has been published and this shows the Whittington has improved. The Whittington has the second best SMR in the country.

The Trust is working to increase the reporting of adverse incidents. Monthly Visible Leadership rounds by the Executive Directors from June, to discuss clinical risk and its management with clinical staff, will form part of the delivery of the patient safety campaign and will increase clinical risk reporting.

Patient Experience Domain – The ward cleanliness target has been increased from 90% to 95% for 2009/10. Performance is 96% in April.

Access and Targets Domain - Overall performance is amber rated due to two areas of under performance:

- Rapid access chest pain clinic (RACP) patient breaches in month - All patients referred to the RACP assessment must be seen within 14 days of the referral being received. An exception report is included here that details the cause of the breaches and the actions that have been put in place to prevent further breaches. There have been no further breaches.
- MRSA – there have been four MRSA bacteraemia cases in April against an annual target of 15. A detailed report is provided to the Board under separate cover at today's meeting.

The Board is advised that the Trust has not yet been notified of the cancer waits thresholds and therefore cannot calculate its performance against these targets.

Strategy Domain – Market share data has been updated following late data entry by all acute Trusts within the North Central sector. The Whittington's market share has remained constant for all elective activity including surgery, out patients and maternity. There has been growth above the median for six months in non elective admissions for both NHS Islington and Haringey PCT and two further months will result in a step change upwards indicating a sustained change in market share.

Workforce Domain – There has been a reduction in sickness absence and the rate is at its lowest since July 2007. The rate remains within normal variation and will need to be closely monitored to determine whether the current management strategy is having a lasting effect.

The vacancy rate has increased and tripped the upper control limit. This reflects the increase in establishments in ED nursing and midwifery in April 2009 which have yet to be fully recruited to. There is an action plan for the recruitment of nurses to ED, ITU, theatres and midwifery to rapidly reduce vacancy rates and the risk of agency spend. This is being monitored through the Executive committee.

Finance Domain - The dashboard reflects the Trust's financial position at end M1 – there are no finance KPI charts as these would show one data point only on each graph and this would not provide the Board with information other than what is already included in the finance report. KPIs will be included from M2 where performance comparisons can then be shown. Monitoring of performance against the SLA and CIP will be reported from M2 as this is reported once activity is fully coded which occurs two weeks after financial reports.

Action: To: note and discuss performance within the domains

Report from: Fiona Elliott, Director of Planning and Performance

Sponsor: David Sloman, Chief Executive

Financial Validation

Lead: Director of Finance

Tim Jaggard, Deputy Director of Finance

Compliance with statute, directions, policy, guidance

Lead: All directors

Reference:

"The Intelligent Board" Report

Compliance with Healthcare Commission Core/Developmental Standards

Lead: Director of Nursing & Clinical Development

Reference:

Control of Infection

Rapid Access Chest Pain (RACP) Patients

All patients referred to the Rapid Access Chest Pain (RACP) assessment must be seen within 14 days of the referral being received. There have been no breaches to this target for over four years.

In the past, all bookings were done by the Chest Pain Nurse. Since the Chest Pain Nurse recently left, the cardiology secretaries have been booking the RACP appointments and ensuring appointments are given within 14 days.

Due to secretarial annual leave the forms were sent to Appointments for booking. Appointments were unaware that referrals to Rapid Access Chest Pain (RACP) clinic are subject to a 14 day referral target as they have never previously been involved with these bookings. Therefore, appointments were booked outside of this target time causing three patients to breach.

All patients were seen within three weeks of referral.

Actions taken to prevent reoccurrence

Action	Completed
Cardiology secretaries will undertake all booking for RACP. Referral forms received by Appointments will be entered onto PAS and immediately sent to the cardiology secretaries.	07/04/09
RACP patients will be recorded on PAS as 'Target'. IM&T will produce weekly report to highlight patients who are going to breach, prior to its occurrence.	08/04/09
The new Chest Pain Nurse will start at the beginning of May 2009. Following this, the referral and booking process will be reviewed.	To be completed May 2009.



**PERFORMANCE
DASHBOARD REPORT**
Month: April 2009

The Whittington Hospital **NHS**
NHS Trust

External Assessments	Ratings	Annual health check		Risk Ratings	
		Use of Resources	Quality of Service	Financial	Non-Financial
	Current Predicted	Good Good	Good Good		Amber Green

Clinical Quality

Current Period	G
Forecast Outturn	G
Adverse Incidents	G
Never Events	
SMR Mortality Rate	G
Avoidable Mortality	G
Readmission Rate	G

Patient Experience

Current Period	G
Forecast Outturn	G
Net Promoter Score	G
Patients Survey Scores	G
Complaints	G
Hospital Cancellations	G
Cleanliness	G
Single Sex Accommodation	

Access and Targets

Current Period	A
Forecast Outturn	G
National Targets - Monitor/Prov Agency	A
National Targets - Other	G
18 week Referral to Treatment (RTT)	G
Hospital Acquired Infections - MRSA	R
Hospital Acquired Infections - C. diff	G

Strategy

Day Treatment Centre	
Additional activity against plan	A
Strategic Redevelopment Projects	
% Target progress to date	A
Market Share	
First Outpatient Activity	G
Non-Elective Activity	G
Day Case Surgery	G
Maternity Deliveries	A

Workforce & Efficiency

Current Period	A
Forecast Outturn	G
Length of Stay	A
DNA Rate	A
Surgical DC % Rate	G
Theatre utilisation	
OP Follow Up Ratio	G
Sickness Absence Rate	G
Turnover Rate	G
Vacancy Rate	R

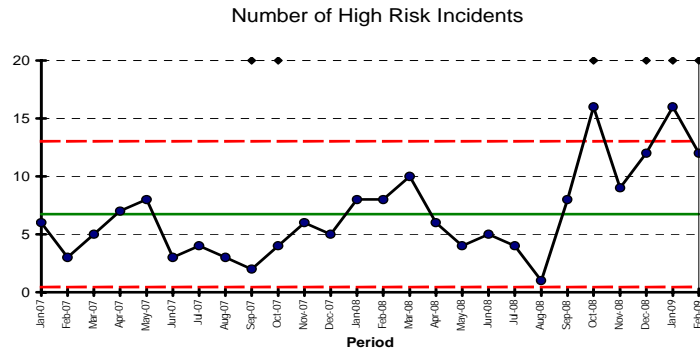
Finance

Year to date Period	R
Forecast Outturn	A
	YTD
Risk rating	R
I&E variance from plan	R
Actual I&E surplus/deficit	R
Performance against SLA	Not yet reported
Cost Improvement Plan	Not yet reported
Cash position against plan	R
Underlying financial position	R

Clinical Quality

note: Dr Fosters data refreshed to February 2009 (exc Readmissions), Trust data to March 2009

Adverse Incidents (February data)



Target is to increase incident reporting to be in the top quartile of national benchmark performance

Amber: within normal SPC parameter AND benchmark is not above England

Red: lower control limit breach or run of 8 points below centre line (average)

source: Safeguard

Never Events

detail to follow

Overall Mortality Rate

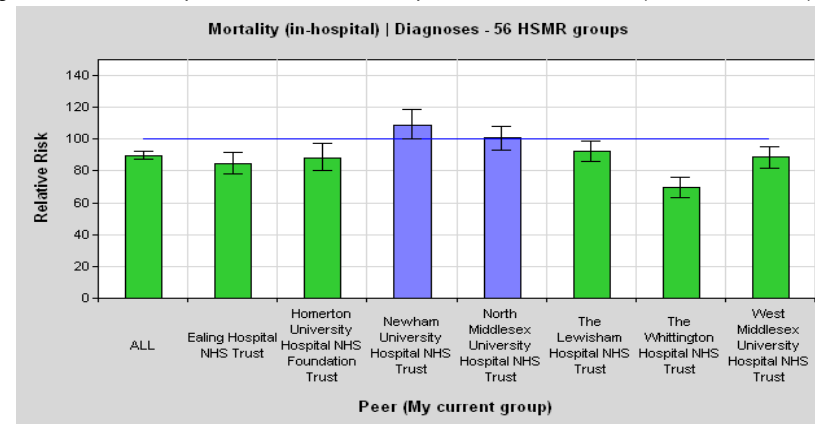
Benchmark (Dr Fosters Intelligence/NHS Choices. Standardised Mortality Rate, England, Annual)

Standardised on total England data = 100, June 2007 - July 2008

Trust	2008 SMR	Trust	2008 SMR
North West London Hospitals	71.9	Lewisham University Hospital	97.6
The Whittington Hospital	73.1	Barnet & Chase Farm Hospitals	97.6
Imperial Healthcare	73.2	Whipps Cross University Hospital	98.2
Guy's & St Thomas'	75.3	West Middlesex University Hospital	98.5
Royal Free Hospital	78.4	Homerton University Hospital	99.2
St George's Healthcare	78.9	Kings College Hospital	100.6
Chelsea & Westminster	84.1	Mayday Healthcare	103.2
Barts & The London	84.4	Queen Elizabeth Hospital Woolwich	104.5
University College London Hospital	86.1	Dartford & Gravesham	105.8
Ealing Hospital	86.8	Barking Havering & Redbridge Hospitals	107.4
Bromley Hospitals	89.8	North Middlesex University Hospital	107.5
Kingston Hospital	93.0	Newham University Hospital	114.7
Hillingdon Hospital	94.2	Queen Mary's Sidcup	118.1
Epsom & St Helier University Hospital	97.1		

Target to be less than 100

Against a Peer Group of similar London hospitals - last 12 months (Mar 08 - Feb 09)



target: to be Blue/Green rated

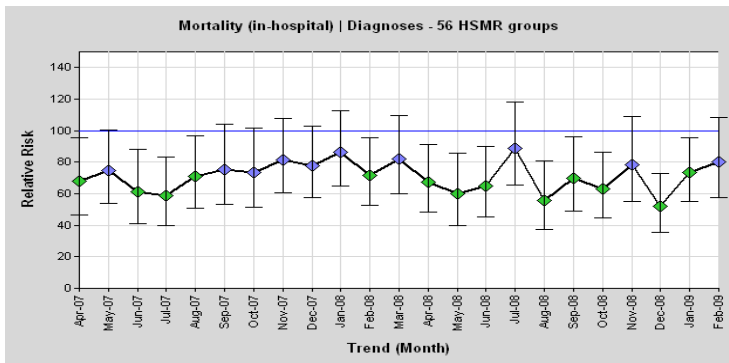
Clinical Quality

note: Dr Fosters data refreshed to February 2009 (exc Readmissions), Trust data to March 2009

Mortality Rates (continued)

Mortality Rates over time

source: Dr Fosters



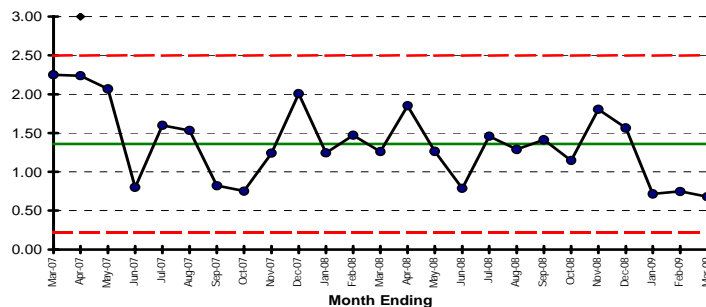
target: to be Blue/Green rated

Avoidable Mortality (up to March 2009)

Defined as "deaths from causes considered amenable to health care... Healthcare intervention includes preventing disease onset as well as treating disease."

Selected diagnoses and age band (excludes over 75 year old)

Avoidable Mortality - deaths per 1000 discharges



source: PAS data

Green: within normal SPC parameters AND less than the target

Red: above target or run of 8 points above centre line (average)

Target to be less than 2

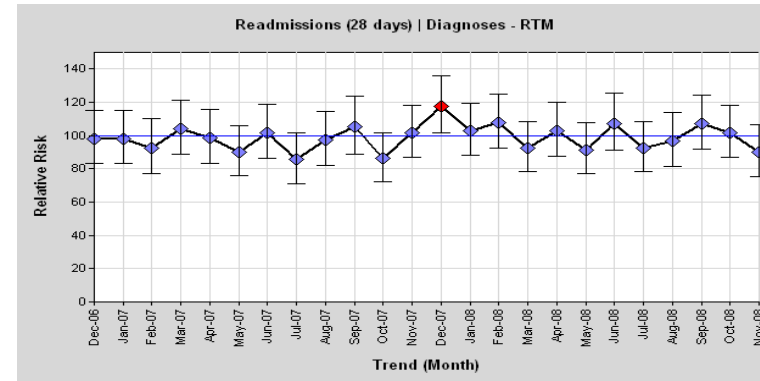
Readmissions

source: Dr Fosters - three month lag in data

Indication of whether patients being discharged too soon or with poor support arrangements

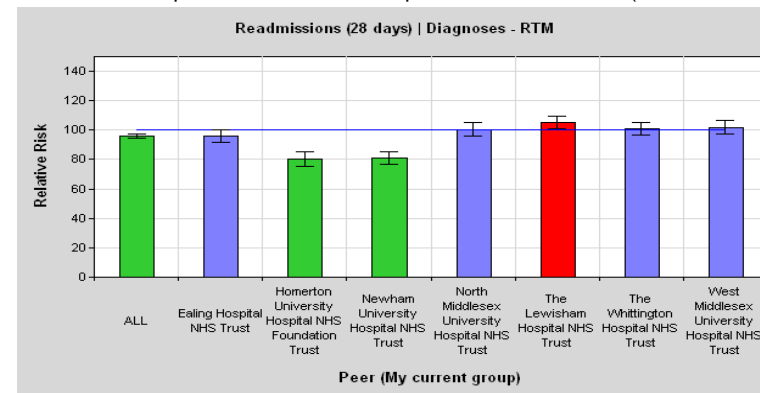
Benchmark - trend over time

Standardised against national data



target: to be Blue/Green rated

Against a Peer Group of similar London hospitals - last 12 months (Dec 07 - Nov 08)



source: Dr Foster Intelligence. Relative Risk = index. Benchmark Year=2007/08

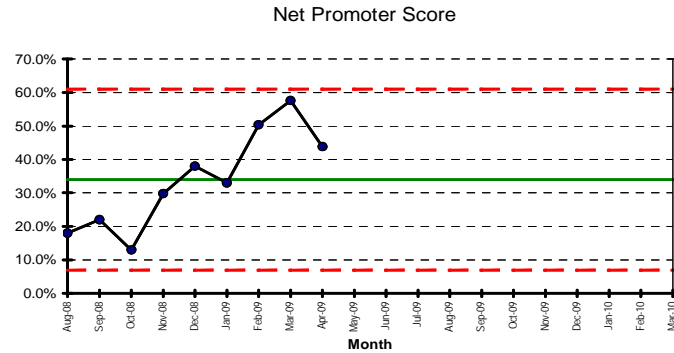
target: to be Blue/Green rated

Patient Experience

Period: April 2009

Source: internal Whittington surveys

Net Promoter Score



Target yet to be determined

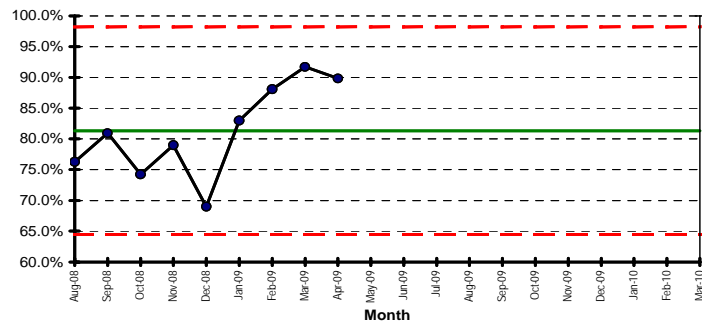
Green: within normal SPC parameter AND consistent progress to improvement target

Amber: within normal SPC parameters and no progress to target

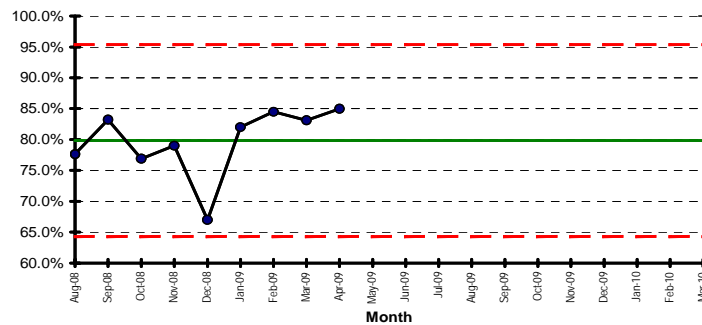
Red: lower control limit breach or run of 8 point below the centre line

Patient Survey

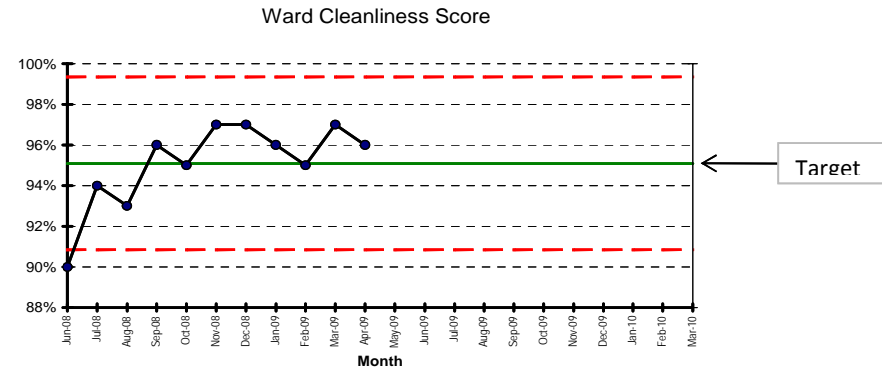
Overall how would you rate the care you received?



Were you involved in the decisions about your care?



Ward Cleanliness

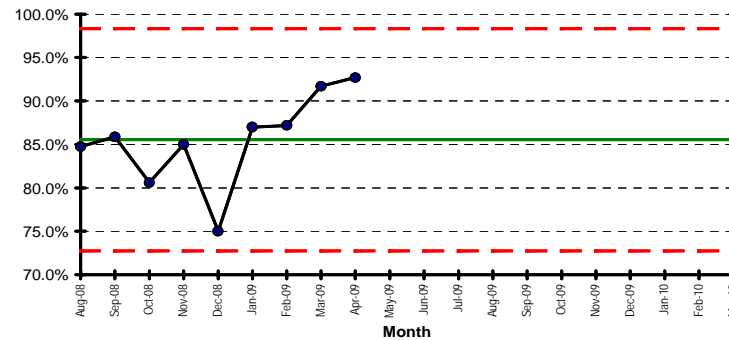


Green: within normal SPC parameter AND consistent progress to target (95%)

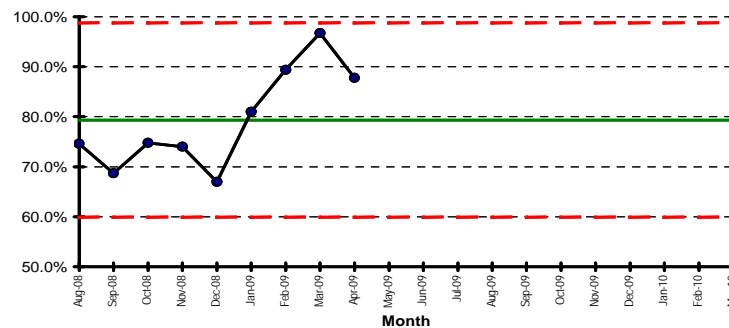
Amber: within normal SPC parameters and no progress to target

Red: lower control limit breach or run of 8 point below the centre line

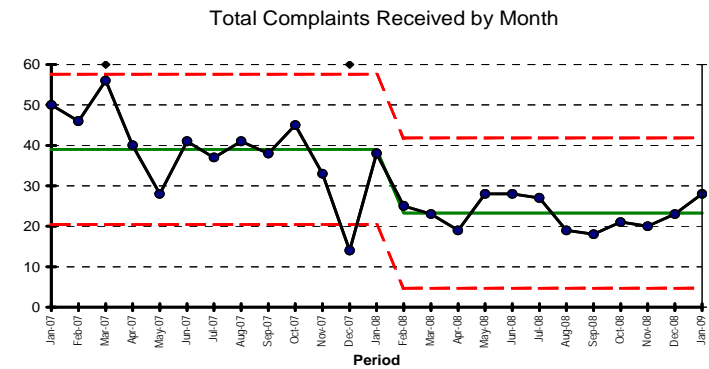
Did you feel you were treated with dignity & respect?



How clean was the hospital, room or ward you were in?



Complaints - numbers



source: Safeguard - reported quarterly
Green: within normal SPC parameter AND progress to downward step change
Amber: within normal SPC parameters and no progress to step change
Red: upper control limit breach or run of 8 point above the centre line

Complaints - Dissatisfied

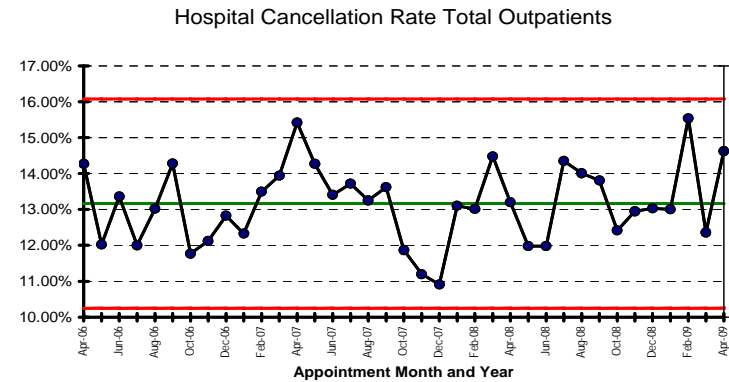
% Dissatisfied Complainants	17%	14%	8%	11%	4%
No of complaints referred to Healthcare Commission	2	11	13	1	2
No of complaints referred to Ombudsman	0	1	0	0	0

Single sex accommodation

Each patient counts as a breach for each day that the mixed sex breach occurs
Total breach days as a percentage of occupied bed days in week.

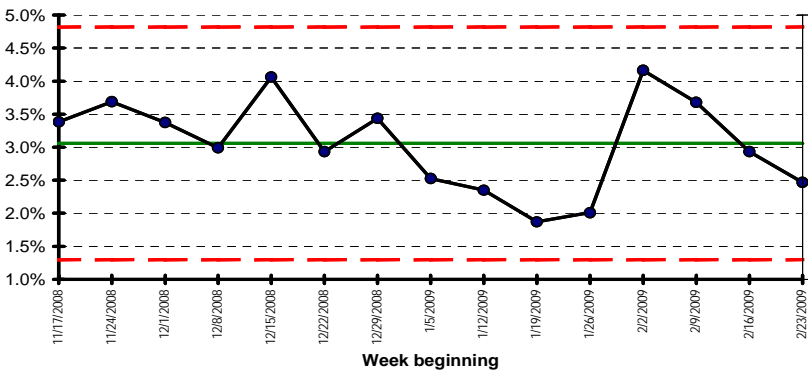
Hospital Cancellations

see Workforce & Efficiency section for DNA rates



source: PAS data
Green: within normal SPC parameter AND consistent progress to target (9.5%)
Amber: within normal SPC parameters and no progress to target
Red: Upper control limit breach or run of 8 point above the centre line

% mixed sex breaches



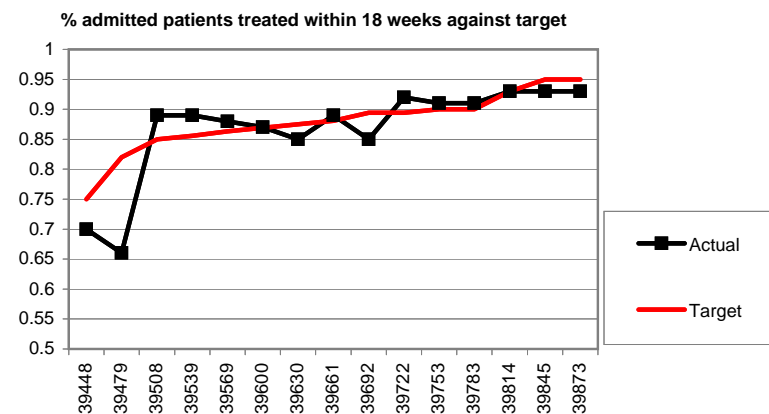
Source: Daily monitoring by bed managers
Green: within normal SPC parameter AND consistent progress to target
Amber: within normal SPC parameters and no progress to target
Red: upper control limit breach or run of 8 point above the centre line
Target to have zero breaches in in patient areas other than critical care and ED

Priority Targets

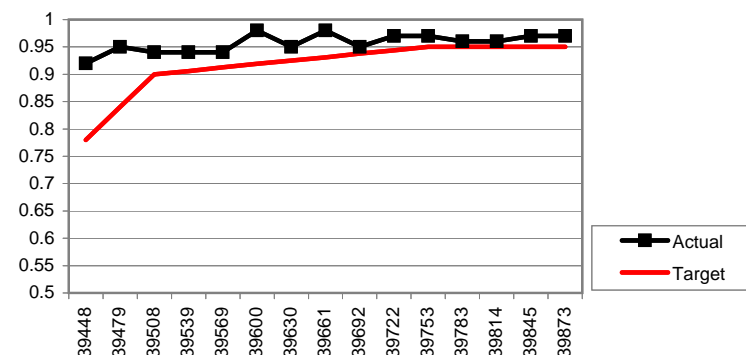
18 weeks Referral to Treatment (RTT) March 2009

(March data not ready - subject to validation)

source: monthly 18 week report



% non-admitted patients treated within 18 weeks against target

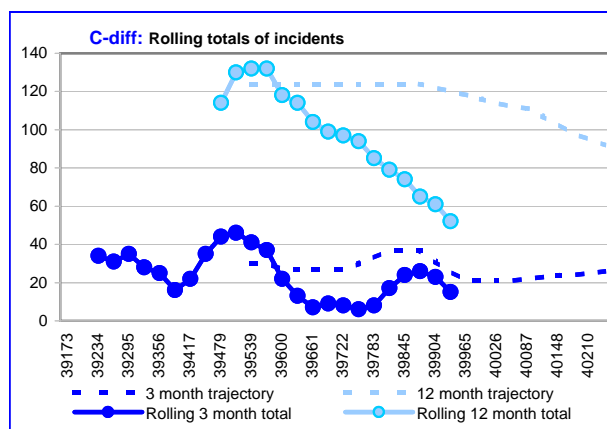
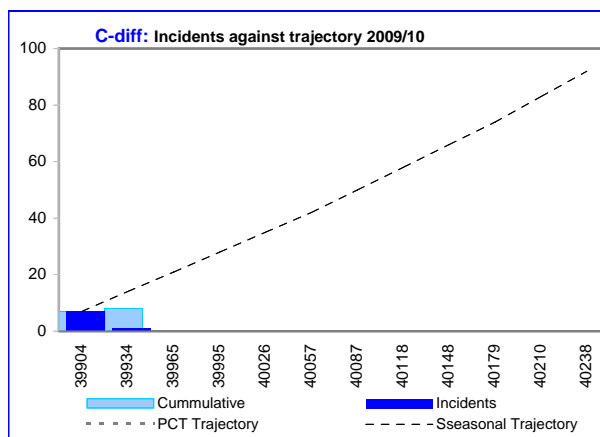


Access and Targets

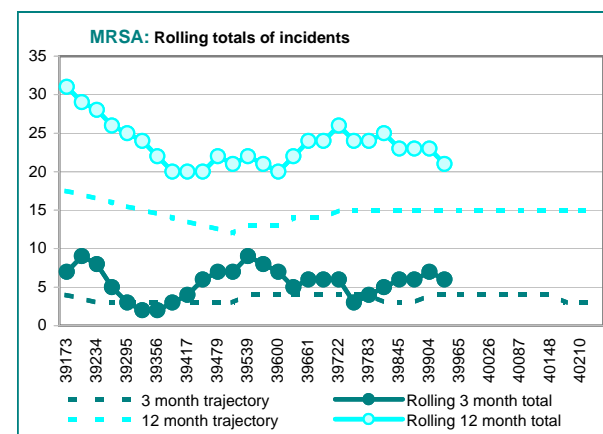
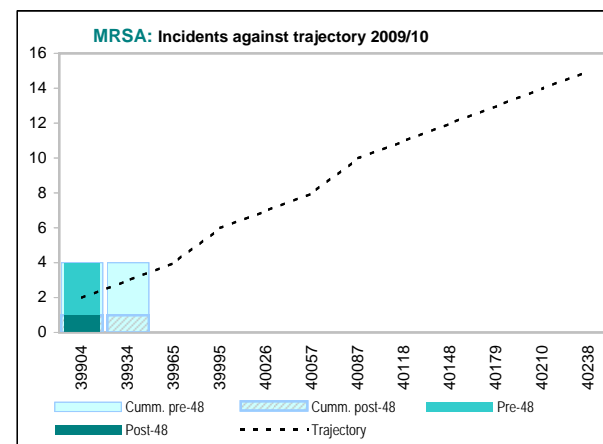
Healthcare Acquired Infections

source: weekly Infection Control flash report

Clostridium difficile



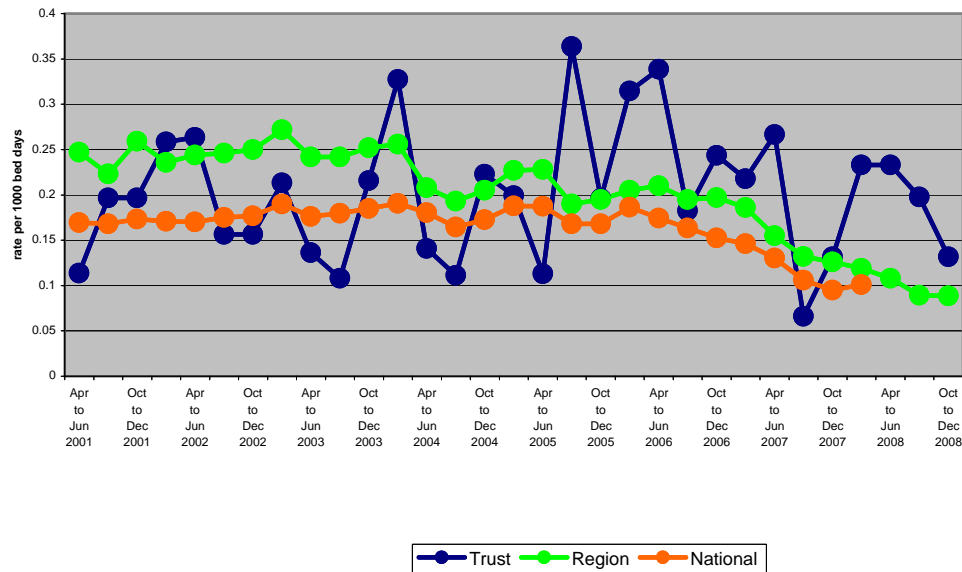
MRSA



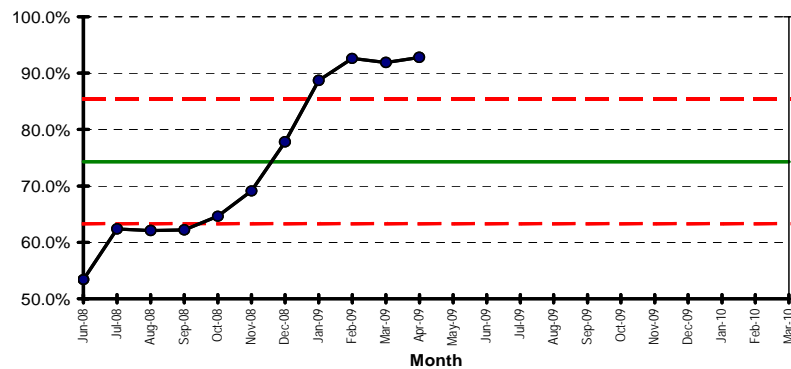
Access and Targets

Infection Control: Cases per bed day

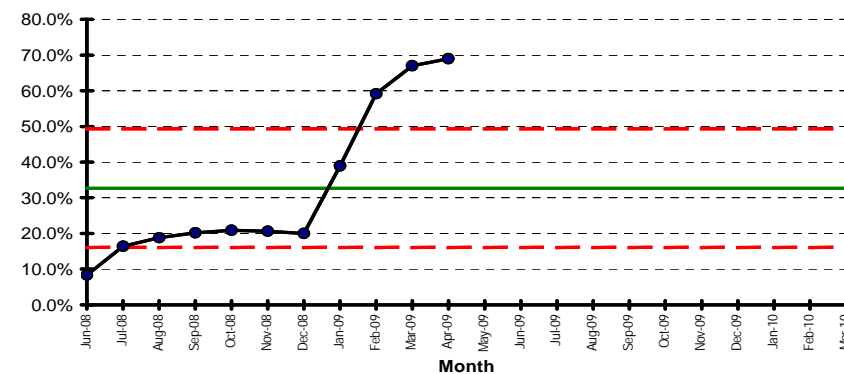
Comparison with national and regional trends for MRSA bacteraemia rate



MRSA screening compliance: Emergency Patients



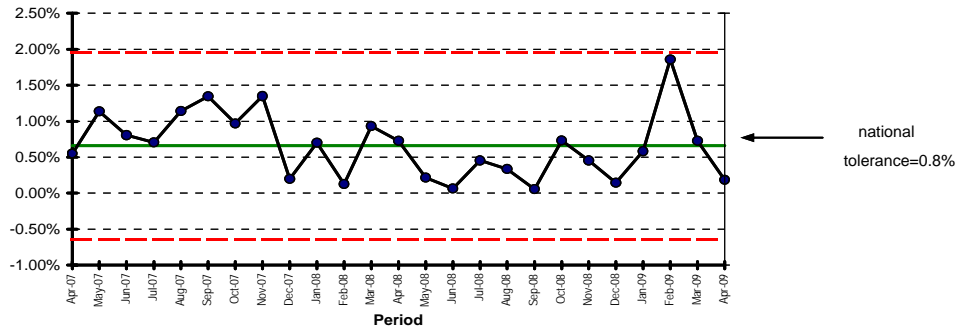
MRSA screening compliance: Elective Surgical Patients



Data now includes day case screening performance

Access and Targets

Cancelled Operations for non-clinical reasons
Elective cancellation rate



source: PAS data

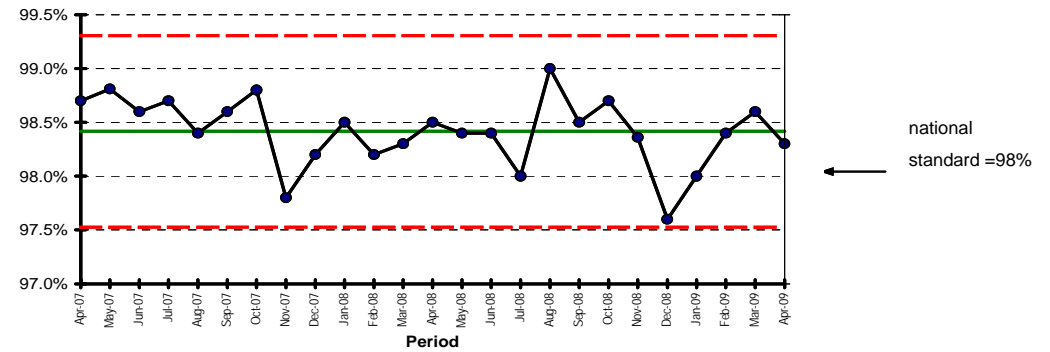
Other national targets

National Target Indicators - reviewed by Monitor & Healthcare Commission

Standard	Criteria	Target	Apr-09	YTD	Forecast
Reducing Mortality from Cancer					
Wait from GP Referral until Seen	% seen within 14 days				
Wait from Decision to Treat until Treatment	% treated within 31 days				
Wait from GP Urgent Referral until Treatment	% treated within 62 days				
Inpatients waiting over 26 weeks		0	0	0	0
GP referred Outpatient waiting over 13 weeks		0	0	0	0
Ensuring patient right of redress following cancelled operations					
Operations cancelled for non-clinical reasons	% of elective admissions	<0.8%	0.20%	0.20%	<0.5%
Offers of new binding date	% within 28 days	95%	100%	100%	100%
Delayed transfers of care					
Number of delayed bed-days			315	315	3,780
% delayed patients as a % of all patients		<=3.5%	3.3%	3.3%	<3.5%
Reducing Mortality from Heart Disease					
Wait from GP Referral until Seen in RACP Clinic	% seen within 14 days	100%	87%	87%	>98%
Each national core standard	number of standards failed	0			

Cancer Waits:
New definitions and targets from January 2009 onwards
No standards or targets yet published
Data being validated - will be reported in future months

ED attendances: % treated within 4 hours
ED Waits - % within 4 hours



source: EDIS data

National Target Indicators - reviewed by the Healthcare Commission only (annual health check)

Standard	Criteria	Target	Apr-09	YTD	Forecast
Supporting patient choice and booking					
Choice of dates offered for Outpatient Appointments	% of new referrals	100%	100%	100%	100%
Choice of dates offered for Elective Admission	% of decisions to treat	100%	100%	100%	100%
Emergency bed-days					
Number of emergency bed-days		7500	7,502	7,502	-
% Change from last year			1%	1%	-
Drug misusers: information, screening and referr					
Meeting 5 requirements		100%	100%		100%
Reducing inequalities in Infant Mortality					
Smoking in pregnancy at time of delivery	% of deliveries	<17%	7.7%	7.7%	8%
Rate of Breastfeeding at birth	% of deliveries	78%	90.0%	90.0%	90.0%
Obesity: compliance with NICE guidance 43					
			100%		100%
Participation in audits					
Stroke Care					
	new indicator-to be confirmed				
Data quality: ethnic coding					
	new indicator-to be confirmed				
Data Quality: maternity data					
	new indicator-to be confirmed				
Diagnostic					
Diagnostic Waits (non audiology)	Overall				Green
% waiting within 13 weeks		100%	100%		
13 weeks Breaches		0	0	0	0
Total diagnostic tests	% waiting within 6 weeks	-	100%		
Wait for MRI Scan appointment	% waiting within 6 weeks	-	100%		
Wait for CT Scan appointment	% waiting within 6 weeks	-	100%		
Wait for Ultrasound appointment (non-obstetric)	% waiting within 6 weeks	-	100%		
All other diagnostic tests (non audiology)	% waiting within 6 weeks	-	100.0%		

Strategy

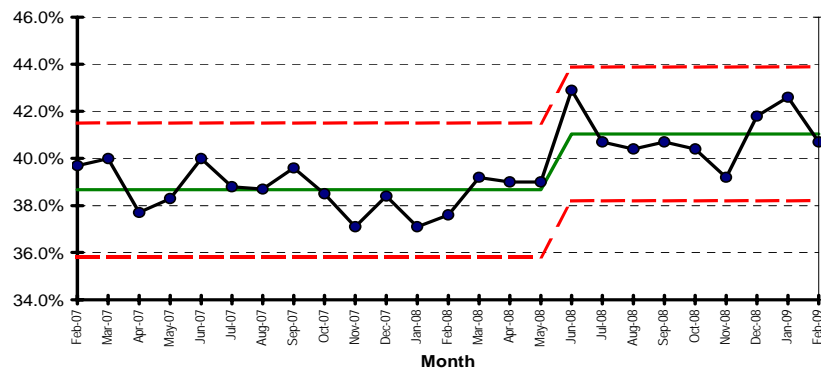
Dr Fosters data refreshed to February 2009

January 2009 data revised after late data from the Royal Free

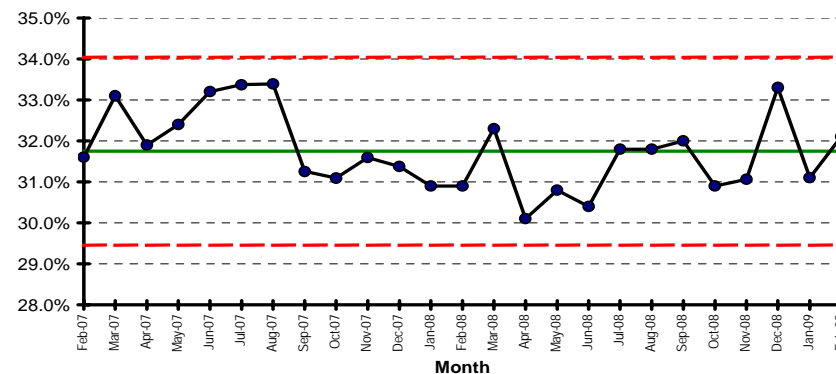
MARKET SHARE

First Outpatient Attendances

Whittington: Islington First OP Attendances

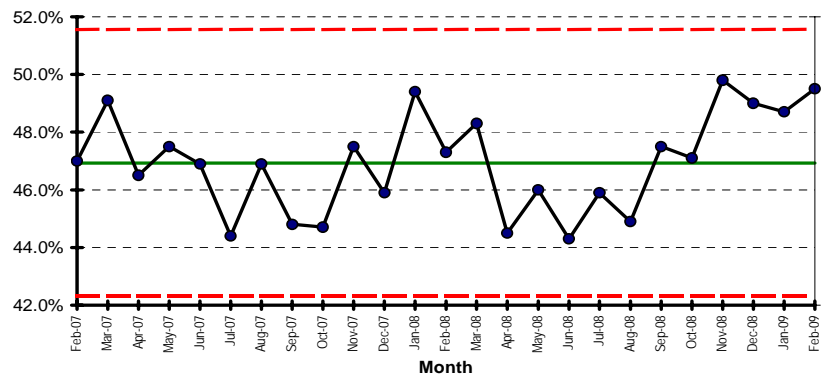


Whittington: Haringey First OP Attendances

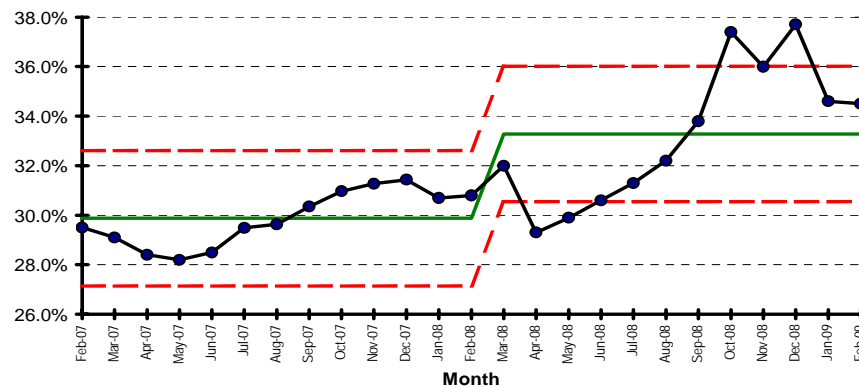


Non-Elective Admissions

Whittington: Market Share for Islington Non Elective Admissions



Whittington: Market Share for Haringey Non Elective Admissions

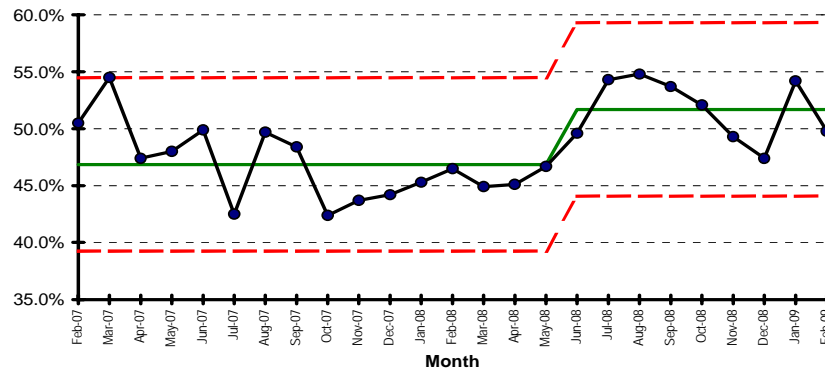


Strategy

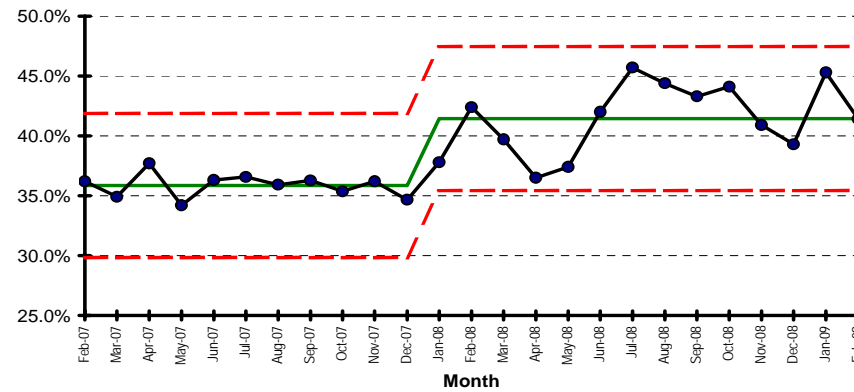
Day Case Surgery

(General Surgery, Orthopaedics, Urology, ENT, Gynaecology, Pain Management, Gastroenterology only)

Whittington: Market Share for Islington Day Case Surgery

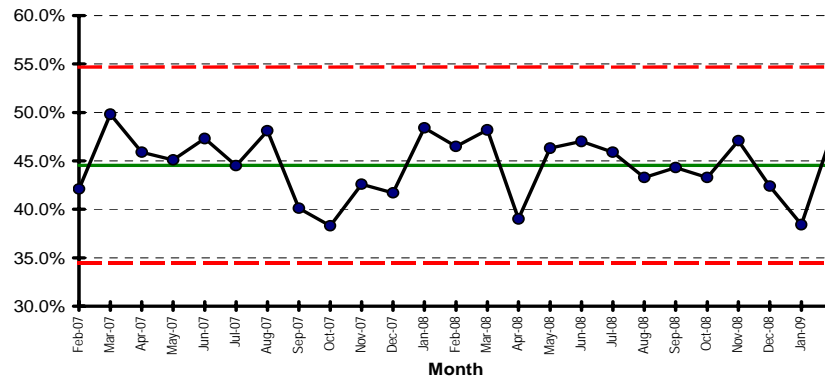


Whittington: Market Share for Haringey Day Case Surgery

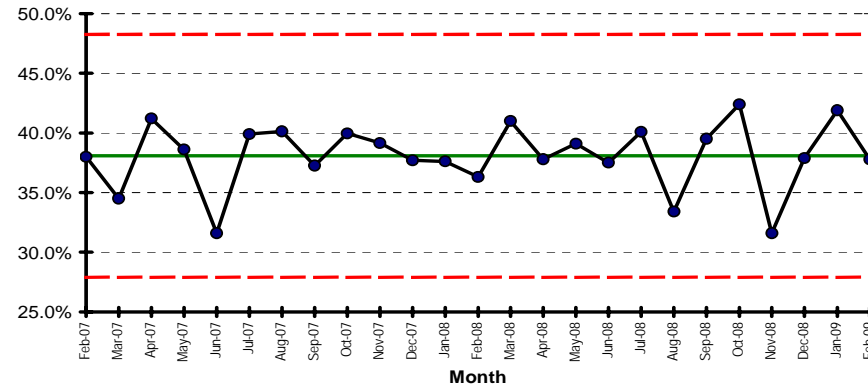


Maternity Deliveries

Whittington: Market Share for Islington Maternity Deliveries



Whittington: Market Share for Haringey Maternity Deliveries

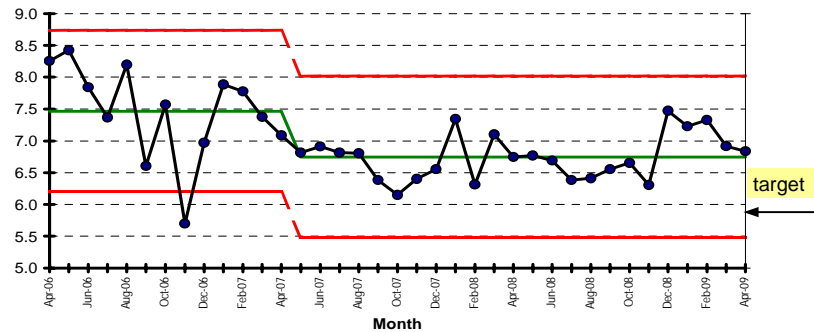


Workforce & Efficiency

Period: April 2009

Average Length of Stay (acute specialties only)

Average Length of Stay (acute)



source: PAS data

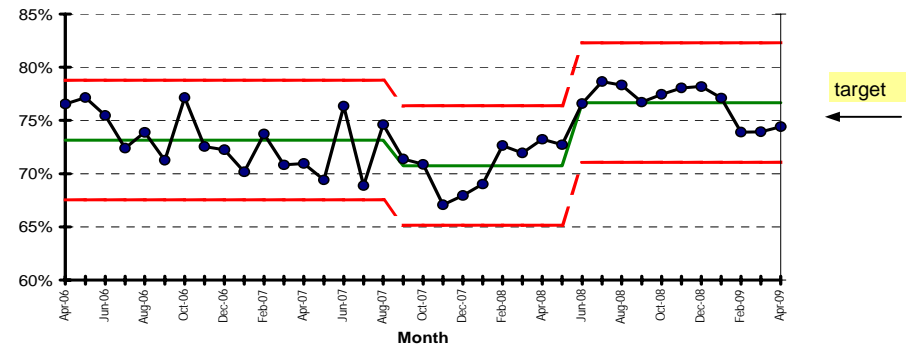
Green = within normal SPC parameters AND consistent progress to target

Amber = no progress to target (0.8 days reduction)

Red: upper control limit breach or run of 8 points above centre line (average)

Day Case Surgery Rate

Surgery DC%



source: PAS data

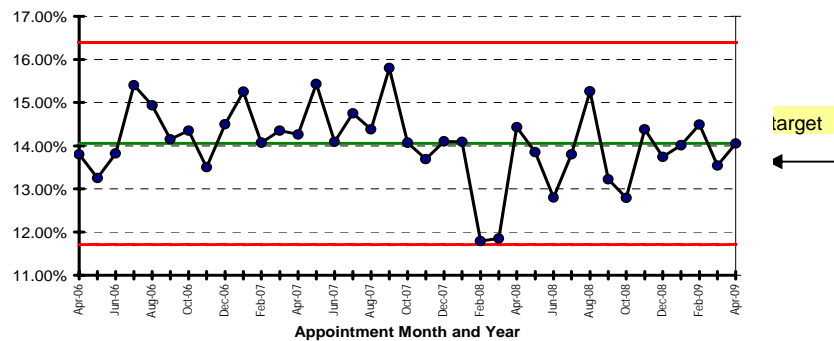
Green: achieving or above target $\geq 75\%$

Amber = less 75% and no adverse SPC statistical tests met

Red: lower control limit breach or run of 8 points below centre line (average)

DNA Rate (Outpatients)

DNA Rate First OP



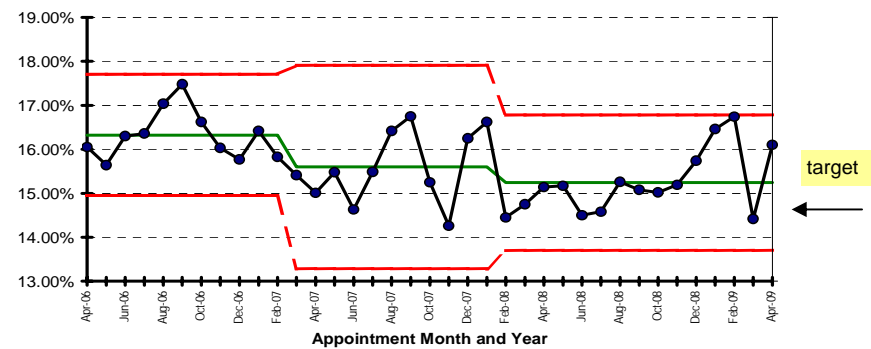
source: PAS data

Green = within normal SPC parameters AND consistent progress to target

Amber = no progress to target (13.5%)

Red: upper control limit breach or run of 8 points above centre line (average)

DNA Rate Follow up



source: PAS data

Green = within normal SPC parameters AND consistent progress to target

Amber = no progress to target (14.5%)

Red: upper control limit breach or run of 8 points above centre line (average)

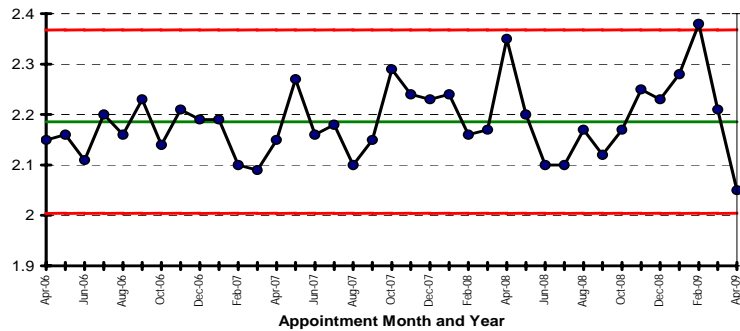
Workforce & Efficiency

Outpatient Follow Up ratio

Target to reduce new : FU ratios in certain specialities.

Overall New:FU rate shown here

OP follow up ratio



source: PAS data

Green = within normal SPC parameters

Amber = no progress to target - once agreed

Red: upper control limit breach or run of 8 points above centre line (average)

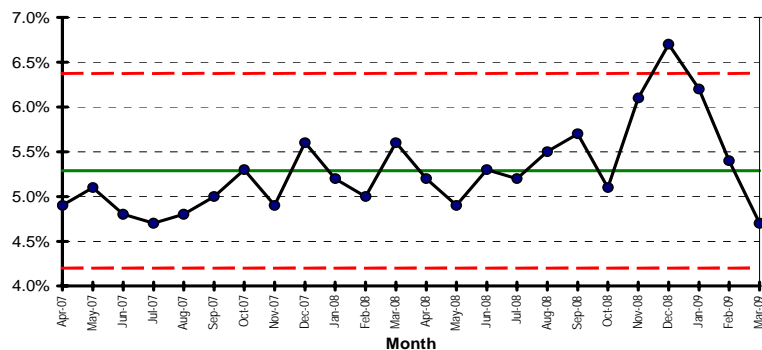
Theatre Utilisation

Not updated - data not available

New Theatre Management System being installed in 2009

Sickness Absence Rate

Sickness Absence Rate



source: ESR

Green = within normal SPC parameters AND consistent progress to target

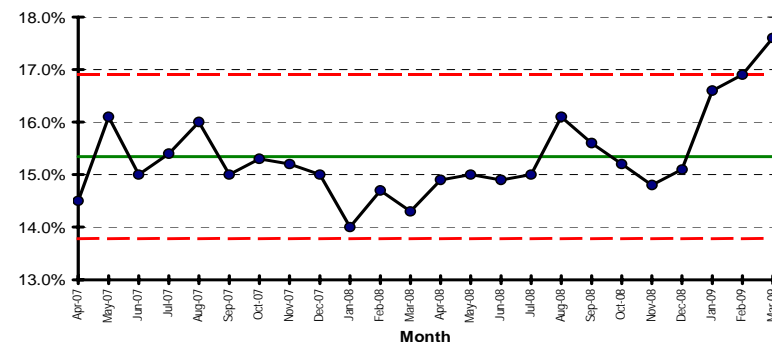
Amber = no progress to target

Red: upper control limit breach or run of 8 points above centre line (average)

Vacancy Rate

Target = 8% maximum

Vacancy Rate



source: ESR

Green = within normal SPC parameters AND consistent progress to target

Amber = no progress to target - target is an average 10%

Red: upper control limit breach or run of 8 points above centre line (average)

Workforce & Efficiency

Turnover

