The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

SUBMITTED BY:	**REPORT FOR:**		**IMPACT:**		
Barbara Cummings **Director of Performance and Informatics**	**Decision**		**High**	**Med**	**Low**
CONSULTATION:	**Information**	✓			
Director of Operations Chief Nurse Medical Director	**REPORT TYPE:**		**RELATED WORK:**		
	Strategic				
	Operational	✓			
	Governance	✓			

BAF ref:	✓
Monitor Compliance Framework:	✓
CQC Essential Standard Reference:	
NHSLA Standard Reference:	
Media / Communications:	

Meeting Date: **26th March 2012**
Report Title: **Integrated Dashboard up to February 2011**

Purpose: The paper provides Board members with an integrated performance dashboard which brings together reporting key Trust indicators on patient safety, patient experience, finance, and other operational key indicators.

Summary: As above

Financial Implications / Efficiency Savings / Quality Improvement:

Risk Assessment (cross-reference with Risk Register where appropriate):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
	✓		✓		✓

Recommendations:

The Board is invited to:
Board members are asked to approve the format and content of the report.

Author **Barbara Cummings**
Date **16th March 2011**

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Integrated Dashboard Feb 2012

Workforce

			Target	Forecast	Actual	Change to Prev Month
2.1	Sickness Absence Rate		3.7%	<3.7%	4.3%	↑
2.2	Staff Turnover Rate		10%	<10%	7.5%	↔
2.3	Appraisal Completeness %		90%	>90%	58.0%	↓
2.4	Mandatory Training	Fire	70%	70%	66.0%	↓
		Infection Control	70%	70%	64.9%	↑
		Resuscitation	70%	70%	79.1%	↓
		Safeguarding Children	80%	70%	82.5%	↑
		Safeguarding Adults	70%	70%	93.4%	↓
		Information Governance	95%	95%	74.9%	↑
2.5	Nurse Vancancies (as % of Nurse Posts)		N/A	N/A	4.8%	↑
2.6	Medical Vacancies (as % of Medical Posts)		N/A	N/A	3.8%	↓

Patient Experience

		Target	Forecast	Actual	Change to Prev Month
1.5	Observations - Completeness	100%	100%	100%	↑
1.6	Serious Medication Errors	0	0	0	↔
1.7	Falls resulting in a Serious Injury	0	0	1	↑
1.8	Pressure Ulcers Grade 3 (H.A)	0	0	1	↑
1.9	Pressure Ulcers Grade 4 (H.A)	0	0	0	↔
1.1	EMSA Breaches (No. of Occurences)	0	0	2	↓
1.11	Clincal Complaints	10% Reducation each Year	10% Reducation each Year	8	↑
1.12	Compliments	N/A	N/A	61	↓
1.13	Medical Outliers (As at Last Thurs of Month)	0	0	42	↓
1.14	Crude Mortality (Deaths per 1000 Pts)	N/A	N/A	19	↓
1.15	Early Warning Score	90%	90%	100.0%	↑

Financial

		Full Year Plan	Full Year Forecast	Forecast Vs Prev Month	YTD Plan	YTD Actual	Variance Change to Prev Month
3.1	Surplus (£000's)	2.0m	1.2m	N/A	1.3m	0.5m	N/A
3.2	EBITDA (£000's)	9.6m	8.2m	N/A	8.2m	6.9m	N/A
3.3	Cash Balance (000,000's)	6.3m	7.2m	N/A	6.7m	11.7m	N/A
3.4	TEP - Overall Position (£'s)	7.6m	5.6m	N/A	6.3m	5.3m	N/A

Key Performance Indicators

		Target	Forecast	Actual	Change to Prev Month
4.1	Monitor Compliance Framework Score	0			↔
4.2	18 Weeks - Admitted 95th Percentile Wait	23 Weeks	23.0	23.0	↓
4.3	18 Weeks - Non Admitted 95th Percentile	18.3 Weeks	18.3	16.3	↑
4.4*	Cancer - 31 Days Subsq Treatment - Surgery	94.0%	>94%	100%	↔
4.5*	Cancer - 31 Days Subsq - Drug Treatments	98.0%	>98%	100%	↔
4.6*	Cancer - 62 Days Referral to Treatment	85.0%	>85%	87.4%	↓
4.7*	Urgent GP Cancer - 2 Week Wait	93.0%	>93%	94.9%	↓
4.8*	Cancer - 31 Days Diagnosis to Treatment	96.0%	>96%	97.7%	↓
4.9	A&E 4 Hour Attendance	95.0%	>95%	94.7%	↑
4.1	MRSA Screening - All Elective Inpatients	100.0%	>100%	100.0%	↔
4.11	Choose + Book - Slot Utilisation	90%	>90%	68.0%	↓
4.12	Length of Stay - Elective	3	3.0	2.5	↓
4.13	Length of Stay - Non Elective	4.6	4.6	5.3	↑
4.14	Day Case Rate	82.3%	82.3%	86.2%	↓
4.15	DNA Rate	5.0%	5.0%	4.9%	↑
4.16	New to Review Rate	2.3	2.3	2.4	↑
4.17	HSMR	90	<100	83.5	↓
4.18*	Stroke - 90% of Stay on a Stroke Unit	80%	80%	80.9%	↑
4.19*	Stroke - High Risk TIA treated in 24 Hrs	60%	60%	50.0%	↑
4.20	Readmission Rate - Elective	4%	4%	3.0%	↑
4.21	Readmission Rate - Emergency	4%	4%	8.7%	↓
4.21	VTE Assessment Completeness*	90%	90%	96.4%	↓
4.22	MRSA Rates	1 (Full Year)	1 (Full Year)	0 (1 YTD)	↑
4.23	CDIFF Rates	37 (Full Year)	45 (Full Year)	5 (41 YTD)	↓
4.24	Cancelled Ops	N/A	N/A	37	↓

* All Cancer, Stroke, 18 Weeks & VTE Assessment figures are for the month preceeding the reporting month

Operational KPIs

1.1 Hospital Standardised Mortality Rate (HSMR) by Month
HSMR is the ratio of the number in the observed group divided by the risk adjusted expected group multiplied by 100. When we apply the HSMR Relative Risk to England a 100 is derived as it is the total data set divided by the expected which is itself i.e. 1/1 x 100 = 100. As a result when comparing local Relative Risk a figure of 100 would mea completely as expected compared to England. A Relative Risk figure more than 100 means the risk of the outcome is greater than expected. A RR figure less than 100 mear risk of the outcome is smaller than expected.

1.2 Crude Mortality (Deaths per 1000 Patients)
Count of the number of death occurences per 1000 admissions into the hospital in a month.

1.3 CDIFF
Colostrium Difficile – Number of cases reported in current Month

1.4 Norovirus (No. of symptomatic patients and staff by date the Outbreak ended)

1.5 Observations – Completeness
Compliance with Completeness of Observations

1.6 Medication Errors
Count of Errors in Medication causing serious harm to a patient

1.7 Falls Resulting in a Serious injury
Count of Falls resulting in a serious injury in a given month

1.8 Pressure Ulcers Grade 3 (Hospital Acquired)
Count within given month

1.9 Pressure Ulcers Grade 4 (Hospital Acquired)
Count within given month

1.10 EMSA
The Count of the number of Mixed-sec occurences in a given month
A mixed-sex occurrence is defined as:
The placement of a patient within a clinical setting where one or more of the following criteria applies:
a. The patient occupies a bed in a bay or room that is occupied by a patient of the opposite gender.
b. The patient occupies a bed that does not have access to co-located same-sex toilet and washing facilities.
c. The patient must pass through an area designated for occupation by members of the opposite sex to gain access to toilet and washing facilities.
d. The patient occupies a bed in a bay or room that is occupied by a patient of the opposite gender where a clinical justification previously applied is no longer applicable.

1.11 Clinical Complaints
The total number of Clinical Complaints for the trust for the given month

1.12 Compliments
Total number of compliments for the trust in the given month

1.13 Medical Outliers by Week
Is the number of Medical Patients admitted on a Non-Medical Bed as at a Thursday Night snapshot for the given week

1.14 Readmission Rate
Percentage of the number of Emergency readmissions within 28 days of a previous admission

1.15 VTE Assessment Completeness
Shows a percentage of patients admitted to hospital that have had a Venous thromboembolism assessment completed on admission (Excludes under 18 patients).

1.16 MRSA
MRSA Bacteraemia – Number of cases reported in current Month

2.1 Sickness Absence Rate
Percentage sickness absence for the month. Based on FTE days absent divided by FTE days available

2.2 Staff Turnover Rate
Number of leavers (HC) divided by average staff in post over the previous 12 months. Permanent staff only

2.3 Appraisal Completeness %
Percentage of staff (HC) including bank, who have had an appraisal within the previous 12 months

2.4 Mandatory Training (All)
Percentage of Staff (HC) that have completed all their mandatory training

2.5 Nurse Vacancies (as a % of total Nurse Posts)

2.6 Medical Vacancies (as a % of total Medical Post)

3.1 Surplus (£000's)
Total Trust Year to date Surplus

3.2 EBITDA (£000's)
Total Trust year to date EBITDA

3.3 Cash Balance (£000,000's)
Trust's total Cash Balance at the end of the given month

3.4 TEP - Overall Position (£'s)

4.1 Monitor Compliance Framework Score
Scoring Matrix based on achieving the Governance indicators set by Monitor

4.2 18 Weeks – Admitted
Percentage of the number of Admitted patient pathways that were completed within 18 Weeks.

4.3 18 Weeks - Non Admitted
Percentage of the number of Non Admitted patient pathways that were completed within 18 Weeks.

4.4 Cancer - 31 Days Subsq Treatment – Surgery
Percentage of above Cancer Pathway completed within 31 Days in a Given Month

4.5 Cancer – 31 Days Subsq – Drug Treatments
Percentage of above Cancer Pathway completed within 31 Days in a Given Month

4.6 Cancer – 62 Days Referral to Treatment
Percentage of above Cancer Pathway completed within 62 Days in a Given Month

4.7 Urgent GP Cancer – 2 Week Wait
Percentage of cancer patients first seen within 2 weeks in a Given Month

4.8 Cancer – 31 Days Diagnosis to Treatment
Percentage of above Cancer Pathway completed within 31 Days in a Given Month

4.9 A&E 4 Hour Attendance
Percentage of total A&E Attendances for a given month that are admitted or discharged within the 4 hour target.

4.1 MRSA Screening - All Elective Inpatients
Percentage completion of all Elective Admissions being screened for MRSA in a given month.

4.11 Early Warning Score
The Early Warning Score (EWSS) is used at ward level, it is a physiological scoring system developed to identify patients at risk of catastrophic deterioration. The aim is to ensure the timely recognition of all patients with impending or established critical illness who may be at risk of further deterioration by using routine physiological observations taken by nursing staff. The scores are aggregated and deviations above the set trigger score of 3 should be responded to promptly using the associated algorithm.

4.12 Choose + Book - Slot Utilisation
Percentage of total Slots available on the Choose & Book system for a given month that have been filled by patients using the Choose & Book system.

4.13 Length of Stay - Elective
The average length of stay for Elective Patients for their Entire Spell in Hospital

4.14 Length of Stay - Non Elective
The average length of stay for Non-Elective Patients from all sources of admission for their Entire Spell in Hospital

4.15 Day Case Rate
Percentage of Elective Activity that is Daycase

4.16 DNA Rate
Ratio between the total number of new and follow up appointment DNAs against the total number of Attendances and Dnas

4.17 New to Review Rate
Ratio of total follow-up attendances against the total number of new patient attendances for the given month

4.18 HSMR Year To Date
As Indicator 1.1 but calculated for the whole year to date rather on a month by month basis.