

EXECUTIVE SUMMARY

TITLE:	BOARD/GROUP/COMMITTEE:
Trust Board Performance Report – August 2009	Trust Board
1. KEY ISSUES:	REVIEWED BY (BOARD/COMMITTEE) and DATE:
<p><u>Executive Summary</u></p> <p>The performance report provides an analysis of performance against trajectory and Trust-wide targets for the following domains:</p> <ol style="list-style-type: none"> 1. Healthcare commission ‘Existing’ and ‘New’ national targets 2. Finance 3. Access and efficiency 4. Patient Experience 5. Workforce 6. Clinical Quality <p>BHRT achieved improvement in cancelled operations not readmitted within 28 days, MRSA bacteraemia episodes, MRSA screening, breast screening, delayed transfers of care, DNA rates on first appointments, outpatient and inpatient waiting lists, daycase rates and sickness absence.</p> <p>Both inpatients and outpatient 18 weeks RTT indicators continue to perform above target and performance rose slightly. There were no reported 13 week outpatient or 26 week inpatients.</p> <p>There was a decline in performance for A&E 4 hour waits, all four primary cancer indicators, Choose & Book slot issues, elective and non-elective length of stay, first to follow up ratios, readmission rates and staff turnover.</p> <p>This report includes the key actions that are being undertaken to bring performance back in line with trajectory or target.</p>	<input type="checkbox"/> S&SIB <input type="checkbox"/> EPB <input type="checkbox"/> FINANCE <input type="checkbox"/> AUDIT <input type="checkbox"/> CLINICAL GOVERNANCE <input type="checkbox"/> CHARITABLE FUNDS <input checked="" type="checkbox"/> TRUST BOARD <input type="checkbox"/> REMUNERATION <input type="checkbox"/> OTHER (please specify)
	CATEGORY:
	<input checked="" type="checkbox"/> NATIONAL TARGET <input type="checkbox"/> CNST <input type="checkbox"/> STANDARDS FOR BETTER HEALTH <input type="checkbox"/> HEALTH & SAFETY <input type="checkbox"/> ASSURANCE FRAMEWORK <input checked="" type="checkbox"/> TARGET FROM COMMISSIONERS <input type="checkbox"/> CORPORATE OBJECTIVE <input type="checkbox"/> OTHER (please specify)
	AUTHOR/PRESENTER:
	Presented by: Neill Moloney, Director of Planning and Delivery Authors: Lee Hyde
	DATE:
	21 st September 2009

2. FINANCIAL IMPLICATIONS/IMPACT ON CURRENT FORECAST:

Not applicable

3. ALTERNATIVES CONSIDERED/REASONS FOR REJECTION:

Not applicable

4. DELIVERABLES:

The delivery of the Trust wide objectives.

5. EVIDENCE :

The following table contains the indicators which show a material change in performance when compared to the previous monthly performance.

Indicator	Jun	Jul	Aug	Trend
Percentage of patients discharged within 4 hours in A&E	97.87%	98.81%	98.16%	Worse
Cancer Access - Urgent GP referrals seen within 2 weeks	99.90%	100.00%	98.46%	Worse
Cancer treatments started within 1 month of decision to treat	96.86%	96.67%	94.51%	Worse
Cancer treatments started within 2 months of urgent GP referral	82.50%	80.99%	77.08%	Worse
Cancer treatments 1 month subsequent treatment	91.84%	94.87%	87.80%	Worse
Delayed transfers of care	3.39%	4.50%	4.01%	Better
Average length of stay (Elective)	3.7	3.5	4.5	Worse
Average length of stay (Non-Elective)	5.9	5.5	5.8	Worse

6. RECOMMENDATION/ACTION REQUIRED:

Actions for the Trust Board
The Board is asked to note the content of the report and dashboard and the actions to bring the performance back in line with trajectory or target.

AGREED AT _____ MEETING **DATE: _____**
OR
REFERRED TO: _____ **DATE: _____**

REVIEW DATE _____
(if applicable)

BOARD PERFORMANCE REPORT

August 2009

1. Existing and New National Targets

ACCESS INDICATORS

- The Trust has reported no 13 week outpatient or 26 week inpatient breaches during August.
- Referral to Treatment targets continue to be reached for both Admitted and Non-admitted. 91.23% of Admitted patients and 96.20% of Non-admitted patients were seen within 18 weeks. The Trust has achieved both national targets continuously for an eight month period.
- The Trust continues to maintain its figure 100% of Direct Access to Audiology patients seen within 18 weeks.

DELAYED TRANSFERS OF CARE

- In August there were 4.01% delayed transfers of care (DTOCs) in comparison with the July figure of 4.51%. This is against a target of 2.5%.
- In July it was reported that the PCT has provided 20 nursing home beds to be used for discharging patients, but that BHRUT has only been able to fill 15 of these according to the criteria. This has now risen to the Trust being able to fill 17 of 20 beds, the remaining 3 of which are reserved for dementia patients.
- In an effort to bring the level of DTOCs back towards target, the Discharge Team agreed to a restructuring and patients are now prioritised according to those closest to discharge instead of being processed in a straight queue. To fully implement this change, further staff are required for which an advert has now been placed.
- Nursing needs assessments are now taking place in the community if patients are going into the pilot beds, however those patients who do not are still having their assessments completed by the Trust.
- Traditionally, discharge cover has not been provided during Bank Holidays. However it was agreed at the Whole Economy meeting that this would be provided and in August, it was in place for the first time. This had a positive effect on the rate of patient discharge.

- The Discharge Team Manager has formally raised concerns regarding the revised National Framework for Continuing Care with PCT chairs. This will require the multidisciplinary team to make the continuing care decision which splits the assessment into two documents rather than one and may increase workload. While the Trust has yet to receive training from the PCTs, the PCTs themselves have yet to receive their own training from the Department of Health. The Trust plans to implement the new framework in October 2009.

CANCER SERVICES

- All four primary cancer indicators reported to the Board experienced drops in performance during August however urgent GP referrals within 2 weeks continue to be close to within 100% and well above target. Of most concern is the decrease of close to 10% in 1 month subsequent treatment although this may be due to small numbers in the first place and the General Manager is verifying the figures used.
- The Trust is expected to be assessed as having significantly under achieved against Cancer 2 month GP referral to treatment. The Trust has attributed the drop in performance due to the following reasons:
 - Theatre capacity for some tumour sites, mainly Urology
 - Delays in pathways from one tumour site to another
 - Not able to adjust for patient choice and other medical conditions
 - Delays in patients being referred as Breast other Symptoms
 - Hospital cancellations of appointments, within the diagnostic or treatment stage
 - Delays in patients pathways when referred to a tertiary centre then back for treatment
- The DH are moving away from comparing Trust's to the National Performance to using the operational standards only.
- The London Cancer Networks recently met to discuss the reallocation of breaches for patients referred to a tertiary centre post day 62. Currently, the CQC advise that any patients referred post day 62 due to administrative errors can be reallocated to the referring Trust. This change in practice would go against CQC guidance and would have a big impact on the Trust and is therefore being challenged.

Actions

- Regular meetings are now taking place to review the action plan that has been drawn up to closely monitor the performance and review the actions for improvements. Individual breaches are monitored on a weekly basis.
- There are now 2 service improvement facilitators who have mapped pathways for each tumour group, identifying delays and remedial actions being taken by the General and service managers with remedial .
- The impact of the action plan and remedial actions will be plotted against the trajectory for each target to give assurance of when and how the impact will improve performance.
- A review of Multi-disciplinary team coordinators workload is being undertaken.

EMERGENCY CARE

- The Trust achieved the A&E 4 hour wait emergency care standard for August.
- Trust performance was 98.16%, however only King George achieved the target. In the previous month of July, both King George and Queen's met the standard for the first time in the year. In August, 99.19% of patients were seen within 4 hours at King George while the same indicator was only 97.14% at Queen's.
- Causes of breaches during the month have been due principally to delays in patients receiving their first assessment. Delayed A&E processes, waiting for a bed and waiting to see a specialist have caused delays to a lesser extent.
- Plans to redesign the acute assessment service at QH are close to fruition. Physicians met in August with the Divisional Director of Medicine to discuss the operational policy of the new Medical Assessment Unit (MAU). An operating plan was agreed and nursing rotas changed to the new working practices prior to going live. The new service became operational on 3 September 2009.
- The bed management function is being reviewed and is now led by Judith Douglas, Divisional, Nurse Clinical Support Division and a new project to fully embed the use of Jonah in the hospitals will lead to improvements in our length of stay and our ability to achieve the emergency care access target.

Actions

- The Trust's length of stay programme is being re-invigorated with new governance arrangements including the Director of Planning and Delivery as SRO and a new full time project manager. Key aims of this are to maximise admission avoidance as well as the establishment of a 'Cross Buffer' meeting.
- Clinicians have been tasked with clearly identifying patient pathways in the clinical notes and to identify an expected date of discharge at the point of admission to hospital.
- Planned implementation of 'Jonah team' of senior nursing staff to ensure Jonah is functional on a daily basis and to escalate delays. This will ensure that all wards utilise Jonah to expedite discharges. A major project to increase the use of the bed management tool (Jonah) at ward level is now in progress and this will maintain the focus around throughput and timely discharge to ensure sustainable improvements are seen.
- We are taking the opportunity of using the ONEL Community Services pilot of acute care out of hospital and our clinical links with B&D to drive admission avoidance at the front door (rapid assessment services based at QH A&E).
- Weekend handover is to be more thorough with a detailed review of every patient on a clinical list.
- Utilise community services such as Home IV antibiotics wherever possible to avoid admission;
- Improved access for Queen's inpatients for endoscopy & cardiac investigations.
- Increase discharges at weekends by initiating a programme to change medical practice.
- 10 week Havering pilot to expedite discharge of 200 patients by providing services in the community now in progress.

- Programme Director Emergency Care for the health economy – Lynn Mathews has now started.
- A combined swine flu and winter resilience plan is being prepared with local health economy partners. The aim will be to ensure that standards continue to be met throughout the winter period and take into account the requirement to meet the challenge posed by pandemic flu.

INFECTION CONTROL

- Figures from the Office of National Statistics show that, between 2007 and 2008, deaths due to MRSA in England dropped by more than 50 percent to 200. In the same period, deaths due to Clostridium difficile (CDiff) dropped by more than 40 percent to 2,298, the first fall since reporting began in 1999.
- Trust cases of both CDiff and MRSA bacteraemia continue to be within the stretch targets agreed with the PCTs, who are in turn monitoring our performance on a monthly basis.
- July's reported informed the Board that the calculation method for MRSA screening had previously included patients who were not having procedures that required screening, and so these figures were in the process of being recalculated. 82.52% of patients in August are reported as being screened for MRSA, using the number of screens against the number of admissions. This was under the original advice on measurement that was subsequently withdrawn. Although the new figures show a substantial increase since April this year, anecdotal evidence from nursing staff suggest that the figure should be much closer to 100% and so Performance has worked with Infection Control to measure these screens. The Trust will amend the TCI forms used in screening to audit from the direct numbers, and give a more accurate figure.

2. Finance

- See Finance report

3. Access & Efficiency

LENGTH OF STAY

- The downward trend in average Length of Stay (LOS) for elective surgery has not continued through to August. Elective LOS has risen from 3.5 days in July (the first time this year it was below target) to 4.5 days in August. The target is 3.5 days. Non-elective LOS has also risen from 5.5 days in July to 5.8 days in August. The target for non-elective LOS is 5 days.
- The rise in LOS can partly be explained seasonally through high levels of annual leave as a similar pattern was experienced between July and August in 2008/09 and a reduced level of services. However, it is still higher than expected and against target.

- The Surgical Assessment Unit (SAU) went live on 3 September. The process for Trauma & Orthopaedics surgical is under review to improve the pathway for patients and will be available next month.
- The Medical Assessment Unit (MAU) went live on the 3 September. It is expected that quick turnaround from speciality areas will aid the ability to discharge up to 60% of patients within 48 hours. The shorter available time to decide whether to admit or discharge ensures that discharge times will be more closely monitored. It is also expected that this will provide beds more regularly in MAU.

Actions

- LOS will now be managed under 5 project headings with the Head of Commissioning as Senior Responsible Owner (SRO) for the Programme and individual SRO being appointed for each project.
 - Hospital Admission Avoidance
 - MAU/SAU
 - Ward Performance
 - HRG LOS
 - Clinical Engagement
- Action plans for each division will be completed by 1 October in the revised programme headings.
- A programme manager has been assigned to LOS on a full time basis.

4. Patient Experience

- In August, there were no reported occurrences of mixed sex ward breaches. However, the Board will be aware that the first two breaches of the year were reported in July. Further investigation into mixed sex ward breaches has uncovered a further 13 breaches across May, June and July. All new breaches occurred in Sahara B. The importance of recording and reporting these breaches will be raised at the Matrons' Forum on 24 September, as well as at the Senior Sisters Meetings on 9 October.
- For the third month running, formal complaints have been at their lowest monthly level since the move to Queen's. Formal complaints are traditionally lower at this time of year but so far, they are running at 35% below the monthly average for 2007/8 against a target reduction of 40%. The August figure of 27 formal complaints is a substantial improvement on the 50 reported in July. For this to be wholly attributable to steps taken by the Trust, this improvement will be maintained over the autumn and winter periods.
- Response rates have risen from 76% in June to 82% in August which puts the Trust above the target of 80% for the first time this year.

OUTPATIENT IMPROVEMENT

Choose & Book

- As a part of the London Full Electronic Booking project, the Trust is working with the former NHSL and DH Choose and Book Lead in order to improve our slot availability issues that continue to remain outside of the 0.04 target. The August period saw seasonal fluctuations in line with the whole of London with a reduction of slot availability becoming apparent. The national indicator for Choose & Book (C&B) slot issues per successful booking has risen from 0.14 in July to 0.18 in August. This increase in the August figure has brought the Trust YTD closer to the national average of 0.19 and the London average of 0.18.
- BHRUT has successfully completed the revised Directory of Services using the SNOMED coding structure. The Trust has merged a number of specialties to improve slot availability.
- The former DH and NHSL lead for Choose & Book has been brought in by NHSL on a consultant basis to work with the Trust in identifying areas for improvement in our slot availability.

New to Follow-up ratios

- First to follow up (FFU) ratios increased from 2.64 in July to 2.65 in August which results in a year to date performance of 2.52 follow-up appointments for every first appointment.
- The Trust is liaising with the PCTs to identify services that may be provided either wholly or in part in the community – this should allow the Trust to reduce the follow-ups seen on in the acute setting.
- Short notice clinic cancellations have reduced circa 80% since June 2009 as a direct result of the revised short notice clinic changes policy and process.
- The aim is to achieve a 5% reduction in follow-ups during 2009/10. However, it has been agreed with the PCTs that Obstetrics does not have to be included in the follow-up reduction target due to increased follow up activity commissioned in this specialty by the PCTs. This indicator currently includes maternity activity and will be revised for the next board report.
- The Trust continues with plans to implement partial booking for follow-up appointments. Each specialty will be reviewed for appointments booked for more than six months into the future and an action plan will be developed to validate the patients listed, either by letter or telephone. An auto-discharge should then be set up for the validated specialty/clinic after 6 months.
- When implemented, the plan should reduce DNAs (as discussed below), patient/hospital cancellations, complaints and improve the patient choice & experience and increase outpatient capacity to achieve 18 RTT. Partial booking is also expected to improve cost efficiency – reducing the volume of staff resources required to cancel / change clinics. Ensure follow up patients are seen when clinically appropriate and in chronological order.
- This scheme has been introduced in other Trusts and appears to have proved successful – BHRUT will be visiting such a Trust to understand the benefits and constraints of the initiative. A draft implementation plan has been developed in August with details for specialties keen to pilot to be applied with an envisaged launch in October this year.

DNAs

- DNA rates for first appointments saw a reduction from 11.31% in July to 11.13% in August, however DNA rates for follow-up appointments saw a slight increase from 11.37% in July to 11.58% in August.

- Partial booking of follow-ups is still planned for implementation within ENT, Cardiology and Rheumatology and now in Loxford Polyclinic by the end of October 2009 with a view to rolling this out across the Trust, subject to the success of the pilot. There will be a visit to Kings Mill Trust in Nottingham in September to see the initiative in action and to understand the issues and lessons learned as a result of its implementation there.
- To improve patient access to the call centre until the new telephony system is in place, there will be a short term provision of an additional 3 staff to capture those calls currently unanswered due to the inefficient ICT infrastructure currently in place. It is envisaged that this short term solution will be until Jan 2010 at the latest.
- The costs for the new telephony system are in the process of being finalised – once agreed, the revised telephony system could be in place within 3 months.
- The online facility for patients to contact the Trust via the website continues to be used on average about once per day per calendar month. This facility is now advertised on text messages sent to patients as a part of the SMS Texting Pilot.
- Latest figures from the SMS texting pilot are showing that DNAs appear to reduce in line with those receiving text message reminders. It has been agreed at the OIB that the initiative is to be rolled out Trust-wide (with some exceptions where text reminders are not appropriate).

5. Workforce

Vacancies

- Vacancies as a proportion of budgeted staff establishment rose slightly from 15.6% in July to 15.8% in August.
- HR are continuing to work with Finance in order to isolate the funding which covers training, sickness, maternity/parental leave and increased workload within the budgeted establishment. Completion of this piece of work will facilitate more accurate reporting, thus enabling a better understanding of the vacancy factor and the contribution of temporary staff in bridging the gap between budgeted establishments and staff in post. It is envisaged that this piece of work will be completed within the next 2 months.
- Recruitment processes have been streamlined within the HR department. Introducing a tracking system has enabled the department to reduce general recruitment times from 26 to between 6 and 12 weeks. The benefits from this piece of work and the employment of the Head of Medical Workforce at the beginning of September will ensure a similar exercise is undertaken which streamlines the recruitment of Medical staff.
- Divisional HR managers are working within each Division in order to improve recruitment processes at operational level.

Bank and Agency Spend

- Bank and Agency spend rose slightly by £0.17 million in accordance with the increased level of vacancies.
- Divisional HR managers are utilising the reported bank and agency spend data provided by the Finance department in order to inform discussion and to challenge and identify actions within each division.

- HR have reinforced the message to managers that when posts become vacant, vacancy control panel (VCP) forms need to be completed for approval in a timely manner and recruitment process need to be initiated promptly.
- Job planning and sign off for medical staff is currently being scoped.
- A Strategic Outline Case (SOC) for implementing Health Roster (e-rostering) across the wider organisation has been approved and a project plan has been identified, and is awaiting executive sign-off. As discussed in July's report, improved rostering processes particularly within the clinical areas will facilitate the ability to report more effectively and in real time, which should actively contribute to reducing spend within these areas.

Turnover

- Annualised turnover for August is 1.8% above the NHS national average. Nevertheless, staff turnover rose from 12.5% in July to 13.8% in August – the highest level so far this year.
- Divisional HR managers are undertaking an exploration exercise in order to establish the relevant recruitment and retention issues at operational level.
- The need for managers to undertake exit interviews at the point of resignation has been emphasised. It is envisaged that this will provide a focus to issues that require further exploration, in addition to informing future retention strategies.

Sickness

- The peak in sickness rates during July has fallen from 6.88% to 6.41% in August. This is against a target of 4.00%.
- In order to instil more confidence in data and ensure accurate sickness absence reporting, HR have set a clear objective to ensure the existing weekly sickness absence reporting system is fit for purpose and that there is 100% compliance across the Trust. Weekly lists of those managers/supervisors who do not complete their absence returns within the timeframe specified will be generated and escalated to the Senior Divisional teams for performance management as well as into HR.
- HR will issue a communication brief reminding managers/supervisors of key Trust HR policies and the expected and mandatory absence reporting requirements. Additional training and support will be facilitated by HR to ensure that managers/supervisors complete the weekly returns correctly and that absences are closed.
- In order to improve the management of sickness absence across the Trust, high level HR support is being offered to managers throughout the divisions. This is evidenced by a demonstrable increase in the number of formal review meetings which are taking place.

6. Clinical Quality

Mortality

- Mortality rates for both elective and non-elective cases remain low and consistently below target. Elective mortality rose slightly to 0.04% in August from the previous month, where the target is 0.09%. Non-elective mortality fell slightly from 3.57% in July to 3.53% in August, below the target of 4.0%.
- The Trust dashboard previously reported on the percentage of deaths within 30 days from a pool of 210 nationally-identified operations. This was based on the grouping

software version HRG 3.5. The Trust has now upgraded to HRG 4 where the previous list of operations measured cannot be directly transferred. The Trust Medical Director has questioned the appropriateness of this indicator and so Performance are identifying new measures for mortality, potentially from sources such as Dr Foster to compare BHRUT against other Trusts. The outcome of this work will be reported to the Board in October.

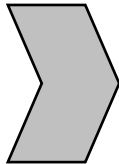
- The Trust was also identified as being an outlier for deaths from pneumonia and in partnership with NHS Barking and Dagenham has commissioned an external review. Price Waterhouse Cooper has been commissioned to carry out the review, the outcome of which will be shared with NHS London.

7. Other

Data Quality Issues

- The Trust is rated on its data quality by the Connecting for Health information governance regime. In order to raise our rating from 1 to 2, the Trust is required to report data quality issues from external sources to the Board. This will usually relate to any significant data quality issues which are returned to us following our upload to Secondary Uses Service (SUS). Therefore, the Trust dashboard now contains an indicator for this which can be found above the Workforce section.
- This indicator in August reports a figure of one significant issue. This reflects an error found in maternity reporting. BHRUT does not upload maternity data to SUS but data is shown for the Trust nonetheless. The Information Team do not believe this is an area for substantial concern and are liaising with the system suppliers, McKesson to rectify it.
- In order for the Trust to achieve the higher rating, the Board are asked to approve the reporting of significant data quality issues and for this to be noted in the minutes.

Assessment Area	Area Performance Against Target	Trust Assessment
Financial Performance	Red	Yellow
Operational Standards & Targets	Yellow	
Quality & Safety	Yellow	
User Experience	Green	



Note: The above R/A/G ratings are a combination of internal assessment and rating criteria from the NHS Performance Framework

A: FINANCE SUMMARY

Financial Performance	Current Month - Aug 09			Year to Date			Annual		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance
Income	(33,851,665)	(32,937,885)	(913,780)	(166,208,092)	(163,992,454)	(2,215,638)	(400,035,354)	(394,247,859)	(5,787,495)
Pay	22,701,898	21,712,329	989,569	114,436,293	108,740,049	5,696,244	265,088,910	255,650,701	9,438,209
Non-Pay	10,157,485	8,987,655	1,169,831	51,034,348	48,232,256	2,802,093	117,584,739	113,441,719	4,143,020
Depreciation	1,045,143	1,005,356	39,787	5,294,213	5,026,780	267,433	12,852,517	12,064,272	788,245
Impairments	-	-	-	13,909,689	13,889,689	20,000	13,909,689	13,889,689	20,000
Other Non Operating Items	1,760,765	1,991,789	(231,024)	9,825,969	9,958,945	(132,976)	23,984,442	23,901,479	82,963
Net (Surplus) / Deficit	1,813,626	759,244	1,054,382	28,292,420	21,855,264	6,437,156	33,384,944	24,700,001	8,684,943
CIP/ Turnaround Programme	1,573,797	3,297,113	(1,723,316)	5,767,904	10,988,181	(5,220,277)	23,905,441	35,868,792	(11,963,351)
Capital Expenditure	173,884	900,000	(726,116)	3,747,520	900,000	2,847,520	14,200,000	14,200,000	-

Monthly Trend	Target	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Yr to date	Trend
Net (Surplus) / Deficit (£m)	Month	2.128	18.439	2.042	4.334	1.664	1.814							28.292	Better
	Yr to date	19.785	18.439	20.481	24.815	26.479	28.292								N/A
	Full Year Forecast	24.700	24.700	32.771	32.771	33.381	33.385								N/A
Cash in bank, in hand and investment (£m)		1.329	1.820	1.217	2.358	1.740								N/A	Better
Borrowings		-	-	-	-	-								N/A	Same
CIP/ Turnaround savings to date (£m)		(0.563)	(1.341)	(2.652)	(4.761)	(5.768)								N/A	Better
Bad debt provisions (Non-NHS) (£m)		2.348	2.323	2.428	2.422	2.630								N/A	Same
EBITDA ² % achieved - Year to date (%)		(270.38)%	(1520.87)%	(83.84)%	(5.33)%	10.50 %								N/A	Worse
EBITDA ² margin Year to date (%)		(4.71)%	(0.59)%	(1.72)%	(0.19)%	0.44 %								N/A	Better
Return on assets (%)		(0.57)%	(0.56)%	(1.08)%	(1.06)%	(1.05)%								N/A	Same
I&E surplus - YTD (%)		(58.56)%	(31.39)%	(25.49)%	(20.01)%	(17.02)%								N/A	Better
Liquidity ratio (days)		385.2	401.6	394.5	370.3	382.1								N/A	Better

B: Financial Risk Rating & Auditor's Evaluation

		April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Overall Weighted Risk Score ³	Month	1.45	1.28	1.25	1.15	1.40	-	-	-	-	-	-	-
ALE ⁴ Rating	In Year	1	1	1	1	1							

C: Finance Processing Key Performance indicators

	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Average Debtor days	14.4	22.2	24.3	45.5	25.145							
Average Creditor days	215.7	150.8	88.6	130.8	42.731							
YTD PSPP by Volume - NHS	86.32 %	86.32 %	57.53 %	60.94 %	63.85 %							
YTD PSPP by Volume - Non NHS	92.62 %	88.63 %	88.17 %	85.13 %	85.37 %							
PO Invoices Received in Month %	24.200%	36.100%	36.100%	36.100%	32.900%							
Unallocated Cash - Volume	11.900%	13.300%	13.300%	11.110%	11.750%							
Unallocated Cash - Value £'k	220.00	203.00	203.00	230.00	62.00							
Contract Volumes - Annualised Volumes/Contract Volumes	116.900%	114.115%	114.115%	101.600%	103.700%							

¹ PSPP refers to Public Sector Payments Policy <http://www.info.doh.gov.uk/doh/finman.nsf/072561aa006322660725618c006b09a0/b66087b4fb6a2000802568ac00382291?OpenDocument>

² EBITDA means Earnings Before Interest, Tax, Depreciation and Amortisation

³ Overall Weighted risk score : Weighted score used by NHS London to monitor Trusts' overall financial risk. (1.0 is highest risk 3.0 is lowest risk) - (see accompanying sheet)

⁴ ALE rating :- Auditor's Local Evaluation, 1 = lowest rating ; 4= highest rating.

FINANCIAL RISK RATING : Detailed metrics and scores

<i>Initial Planning (5% weighting)</i>	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Risk Metric : Planned Deficit/Turnover %	-2.729%	-2.729%	-2.729%	-2.727%	-2.742%							
Raw Risk Score : Initial Planning (highest risk 1, lowest risk 3)	1	1	1	1	1							
Weighted Risk Score : Initial Planning (highest risk 0.05m lowest risk 0.15)	0.05	0.05	0.05	0.05	0.05							

<i>Year To Date (25% weighting)</i>	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Risk Metric : YTD Op surplus/ YTD Turnover %	-14.385%	-10.070%	-11.202%	-9.496%	-8.653%							
Risk Metric YTD EBITDA/YTD Turnover %	-4.710%	-0.591%	-1.716%	-0.193%	0.444%							
Raw Risk Score : Year to Date (highest risk 2, lowest risk 6)	2	2	2	2	2							
Weighted Risk Score : Year to Date (highest risk 0.25, lowest risk 0.75)	0.25	0.25	0.25	0.25	0.25							

<i>Forecast Out-turn Metrics (40% weighting)</i>	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Risk Metric : FOT Op surplus/ FOT Turnover %	-6.244%	-8.300%	-8.737%	-8.350%	-8.345%							
Risk Metric FOT EBITDA/FOT Turnover %	-6.359%	-4.386%	-4.012%	-4.300%	-4.340%							
Risk Metric : Mvt in Forecast Outturn in Mth £	0	-8,071,000	-1,858,000	1,247,893	-3,837							
Raw Risk Score : F'cast Out-Turn (highest risk 3, lowest risk 9)	4	3	3	3	4							
Weighted Risk Score : F'cast Out-Turn (highest risk 0.4, lowest risk 1.2)	0.55	0.40	0.40	0.40	0.55							

<i>Underlying Financial Position (10% weighting)</i>	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Risk Metric : Underlying Deficit/ Underlying income %	-6.244%	-8.300%	-8.737%	-8.350%	-8.345%							
Risk Metric Underlying EBITDA/Underlying Turnover %	-6.359%	-4.386%	-4.012%	-4.300%	-4.340%							
Raw Risk Score : Underlying Position (highest risk 2, lowest risk 6)	2	2	2	2	2							
Weighted Risk Score (10%): Underlying Position (highest risk 0.1, lowest risk 0.3)	0.10	0.10	0.10	0.10	0.10							

<i>Finance Processes and Balance Sheet efficiency (20% weighting)</i>	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Risk Metric : Prompt Payment - all invs Value	96.285%	90.179%	85.417%	82.531%	82.193%							
Risk Metric : Prompt Payment - all invs Volume	92.449%	88.580%	87.403%	84.475%	84.741%							
Risk Metric : Current Assets/Current Liabs	118.249%	115.088%	100.362%	91.886%	93.227%							
Risk Metric : Debtor days	13.97	21.92	23.98	45.49	25.00							
Risk Metric : Creditor days	215.65	150.79	88.64	130.81	43.00							
Raw Risk Score : Balance Sheet (highest risk 5, lowest risk 15)	13	12	11	9	11							
Weighted Risk Score (20%) : Balance Sheet (highest risk 0.1, lowest risk 0.6)	0.50	0.48	0.45	0.35	0.45							

Overall Weighted Risk Score (100%) (highest risk 1.0, lowest risk 3.0)	1.45	1.28	1.25	1.15	1.40							
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The financial risk rating is a blended measure of overall risk taken across the above categories and weighted. The rating shown is that used by NHS London and the Department of Health to monitor the Trust's overall financial performance.

Trust Performance Dashboard August 2009

Operational Standards & Targets

Indicator	Performance Against Target	
Total time in A&E	Meeting, Stable	NHS Performance Framework
Cancelled Operations	Meeting, Stable	
Infection Control	Meeting, Stable	
18 Week Referral to Treatment times	Meeting, Stable	
Cancer Access	Failing, Of Concern	
Two Week Rapid Access to Chest Pain Clinic	Exceeding, Stable	
GUM Access	Meeting, Stable	
Delayed Transfers of Care	Failing, Stable	
Inpatient & Outpatient Access	Meeting, Stable	
Data quality on ethnic group	Meeting, Stable	
Patients waiting longer than three months (13 weeks) for revascularisation	N/A	
Call to Needle	Meeting, Stable	
Mortality Rates	Meeting, Stable	
Engagement in clinical audits	Exceeding, Stable	
Experience of patients - PROMs	No Data	Other BHRT Targets
Length of Stay	Failing, Stable	
First to Follow Up ratio	Failing, Of Concern	
DNA Rates	Failing, Stable	
Waiting Lists	Failing, Worsening	
Day Case Rates	Mixed, Stable	
Elective Admissions on Day of Surgery	Meeting, Stable	
Readmissions	Failing, Stable	
Workforce	Failing, Of Concern	

Note: The above R/A/G ratings are a combination of internal assessment and rating criteria from the NHS Performance Framework

Trust Performance Dashboard August 2009

Operational Standards & Targets

[Return to Op Standards & Targets](#)

[Return to Balanced Scorecard](#)

Indicator		Target	08/09		09/10												YTD
			Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
A&E	Total time in A&E	98.00%	98.24%	98.22%	98.00%	97.87%	98.81%	98.16%									98.23%
Cancelled Operations	Cancelled Operations - % Elective operations cancelled on or before day of operation	0.80%	0.73%	0.57%	0.70%	0.69%	0.70%	0.70%									0.67%
	Cancelled Operations - Cancellations not re-admitted within 28 days	5.00%	0.00%	3.57%	2.94%	0.00%	5.00%	3.13%									2.93%
Infection Control	Clostridium Difficile (CDIFF) Episodes - Excluding those not apportioned to Trust	12	6	6	4	8	6	7									31
	MRSA bacteraemia episodes - Excluding those not apportioned to Trust	2	1	2	2	2	2	1									9
	Total number of Clostridium Difficile (CDIFF) episodes reported to HPA	12	17	7	7	11	10	11									46
	Total number of MRSA bacteraemia episodes reported to HPA	3	1	2	4	3	2	2									13
	MRSA Screening	100%	11.05%	98.38%	95.92%	80.70%	81.64%	82.52%									87.83%
18 Weeks RTT	18 Weeks Referral to Treatment Times - Inpatients	90.00%	93.90%	92.30%	91.60%	93.10%	90.72%	91.23%									91.79%
	18 Weeks Referral to Treatment Times - Outpatients	95.00%	96.90%	97.90%	95.50%	96.10%	95.91%	96.20%									96.32%
	18 Weeks - Direct Access to Audiology	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%									100.00%
Cancer Access	Cancer Access - Urgent GP referrals seen within 2 weeks	93.00%	99.00%	99.80%	99.45%	99.90%	100.00%	98.46%									99.62%
	Cancer Access - Treatments started within 1 month of decision to treat	96.00%	95.38%	96.55%	95.93%	96.86%	96.67%	94.51%									95.80%
	Cancer Access - Treatments started within 2 months of urgent GP referral	85.00%	82.14%	80.00%	78.76%	82.50%	80.99%	77.08%									79.20%
	Cancer Access - 1 Month Subsequent Treatment	96.00%		97.78%	94.44%	91.84%	94.87%	87.80%									93.78%
	Breast Screening - number screened as percentage of number invited	90.00%	57.00%	65.00%	81.00%	74.00%	59.00%	65.00%									68.80%
RACP	Two Week Rapid Access to Chest Pain Clinic	98.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%									100.00%
GUM	GUM Access - Patients offered an appointment within 48 hours	98.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%									100.00%
DTOC	Delayed Transfers of Care - % of Inpatients with delayed transfers of care	2.50%	1.91%	1.67%	2.83%	3.39%	4.50%	4.01%									3.24%
Stroke	% Admitted Direct to Stroke Unit	95.00%	31.51%	47.21%	50.00%	35.09%	35.00%	38.64%									41.19%
	% Spending 90% of Time in Stroke Unit	TBC	58.90%	68.29%	69.23%	67.21%											68.24%
Inpatient & Outpatient Access	Outpatients waiting longer than 13 weeks	0	0	0	0	0	0	0									0
	Inpatients waiting longer than 26 weeks	0	1	0	0	1	0	0									1
	C&B Slot issues per successful DBS booking	0.04	0.33	0.22	0.12	0.18	0.14	0.18									0.17

NHS Performance Framework

Trust Performance Dashboard August 2009 Operational Standards & Targets

[Return to Op Standards & Targets](#)

[Return to Balanced Scorecard](#)

Indicator		Target	08/09	09/10	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	
			Mar	Apr													
Ethnic Coding	Data Quality of Ethnic Group	95.00%	95.71%	96.31%	96.10%	95.48%	96.09%	96.48%								96.09%	Other CQC Targets
Revasc	Patients waiting longer than three months (13 weeks) for revascularisation	N/A														N/A	
Call to Needle	Call to Needle Emergency Thrombolysis	68.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%								100.00%	
Mortality	Mortality rate - non-elective cases (%)	4.00%	3.94%	4.35%	3.13%	3.65%	3.57%	3.53%								3.64%	
	Mortality rate - elective cases (%)	0.09%	0.60%	0.10%	0.04%	0.02%	0.02%	0.04%								0.04%	
Audits	Engagement in Clinical Audits	90.00%	98.00%	98.50%	98.88%	97.25%	99.13%	99.53%								98.66%	
Length of Stay	LOS Elective	3.6	3.6	4.3	3.7	3.7	3.5	4.5								3.9	Other BHRT Targets
	LOS Non-Elective	5.0	5.6	5.7	5.8	5.9	5.5	5.8								5.7	
FFU	First to Follow-Up Ratio	2.26	2.33	2.49	2.44	2.42	2.64	2.65								2.52	
DNA Rates	DNA First	9.70%	9.53%	10.43%	10.25%	10.66%	11.31%	11.13%								10.76%	
	DNA Follow-Up	10.30%	13.79%	12.39%	12.16%	12.33%	11.37%	11.58%								11.83%	
Waiting Lists	Outpatient Waiting Lists (% under 4 weeks)	100.00%	60.93%	56.85%	53.83%	58.50%	58.89%	51.20%								55.85%	
	Inpatient Waiting Lists (% under 7 weeks)	100.00%	73.67%	68.67%	70.29%	70.17%	70.42%	61.03%								68.12%	
Day Case Rates	Basket of 25 procedures	83.00%	67.98%	70.85%	70.76%	74.12%	71.20%	76.85%								72.72%	
	All procedures	75.00%	82.39%	84.30%	83.79%	85.78%	84.24%	84.90%								84.62%	
Admissions	Elective Admissions on Day of Surgery	85.00%	84.92%	88.04%	84.74%	85.70%	87.20%	87.25%								86.58%	
Readmissions	Readmission Rates	7.00%	7.81%	7.97%	7.23%	7.38%	7.67%									7.56%	
	Readmission Rates to same specialty	3.50%	3.89%	4.08%	3.59%	3.87%	4.03%									3.90%	
Data Quality	Significant SUS-SEM Data Quality Issues	0						1								1	
Workforce	Vacancies	0	14.9%	15.3%	15.4%	16.3%	15.6%	15.8%								0	
	Bank/Agency Spend (£mil)	-	£2.8	£3.1	£3.5	£4.0	£3.9	£4.0								£3.7	
	Staff Turnover	12.00%	11.80%	11.50%	12.70%	12.30%	12.50%	13.80%								12.56%	
	Sickness Absence (WTE days loss in month)	4.00%	5.67%	4.87%	3.74%	5.09%	6.88%	6.41%								5.40%	

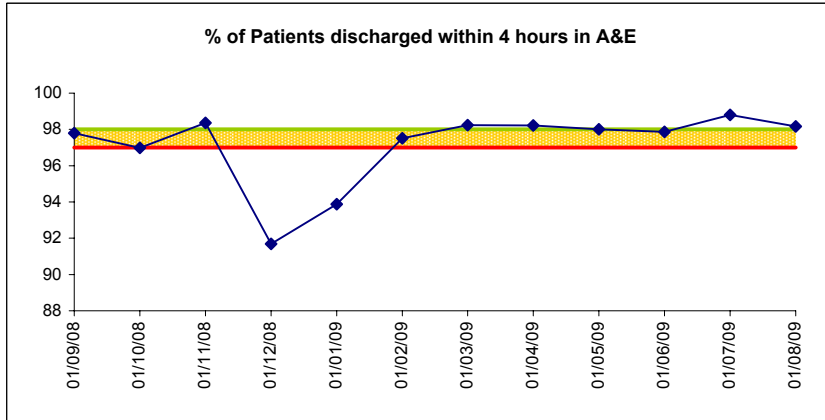
Note: The above R/A/G ratings are a combination of internal assessment and rating criteria from the NHS Performance Framework

Trust Performance Dashboard August 2009 External Indicators

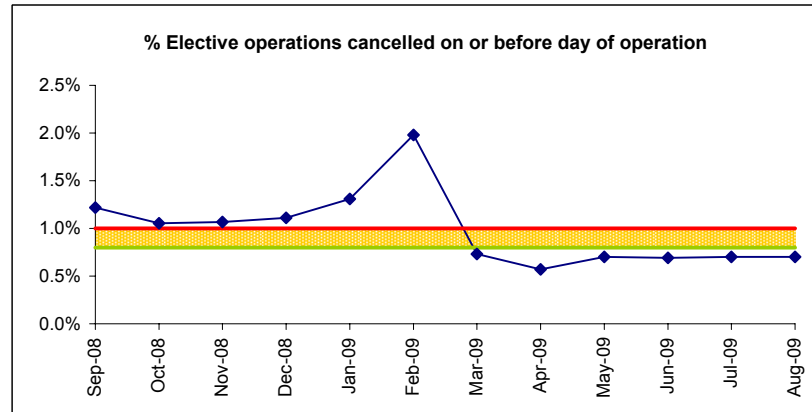


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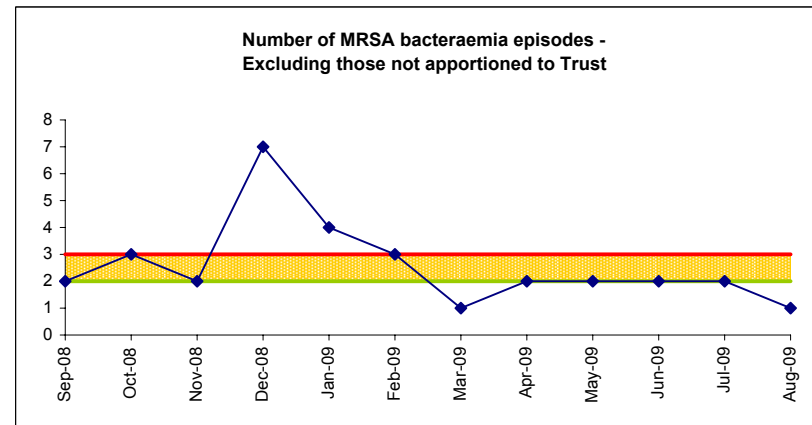
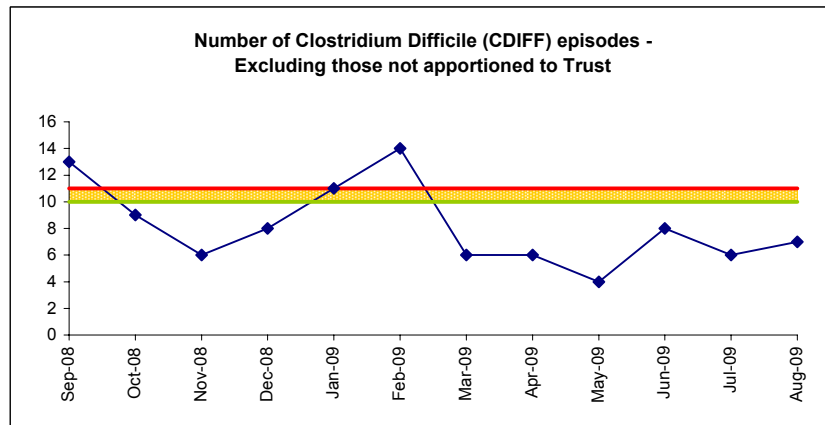
A&E Targets



Cancelled Operations



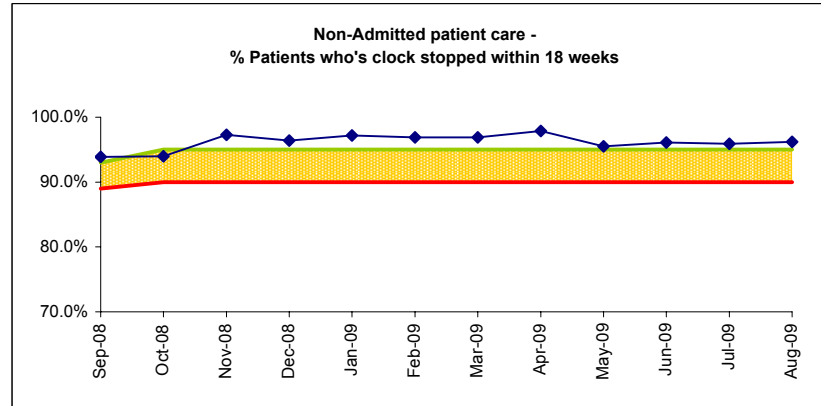
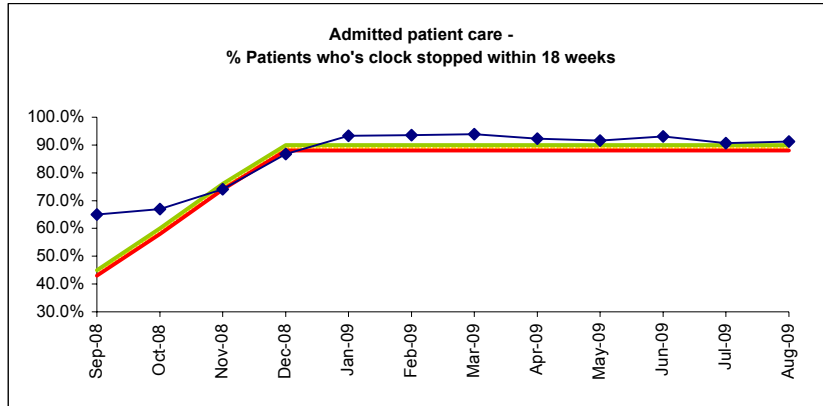
Infection Control



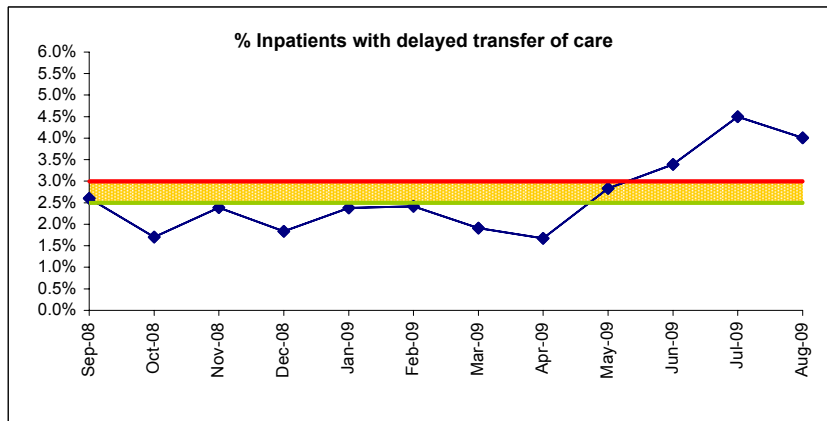


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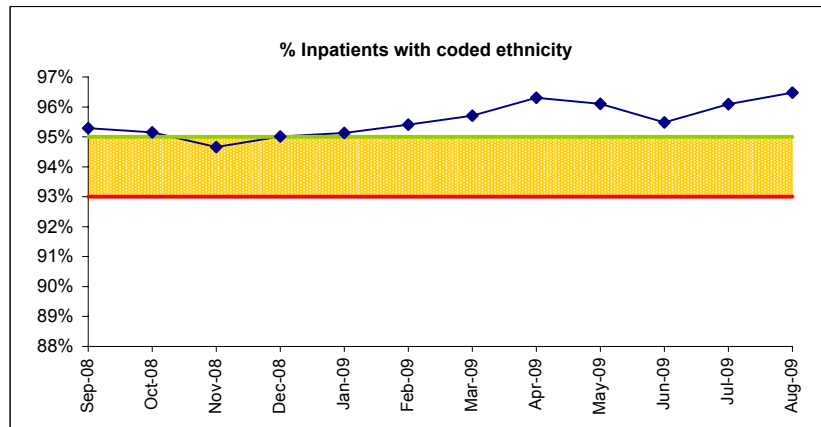
18 Week Milestones



Transfers of Care



Ethnic Coding

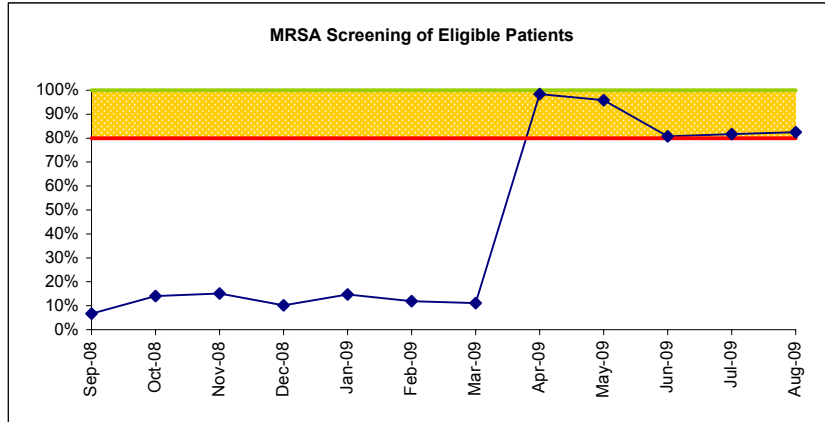


Trust Performance Dashboard August 2009 Internal Indicators

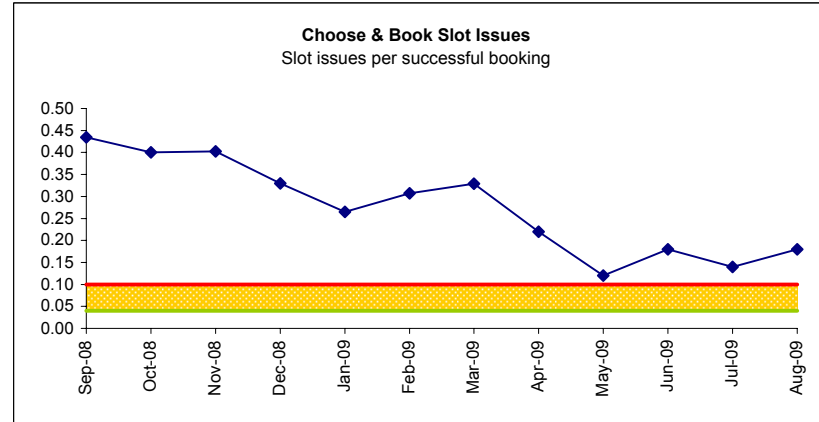


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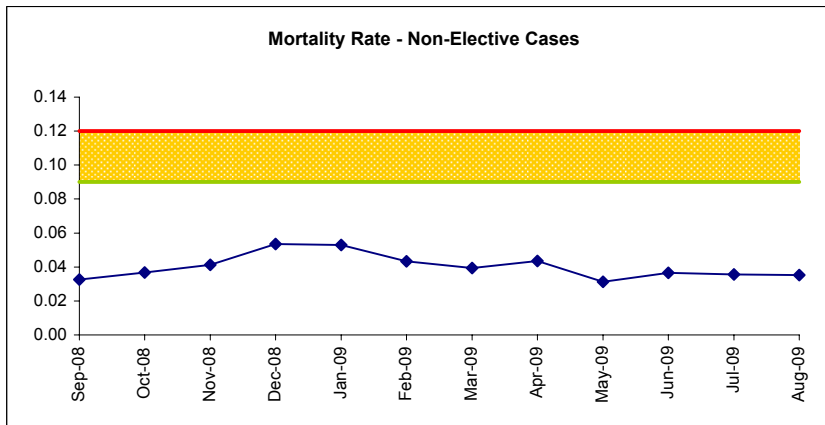
MRSA screening



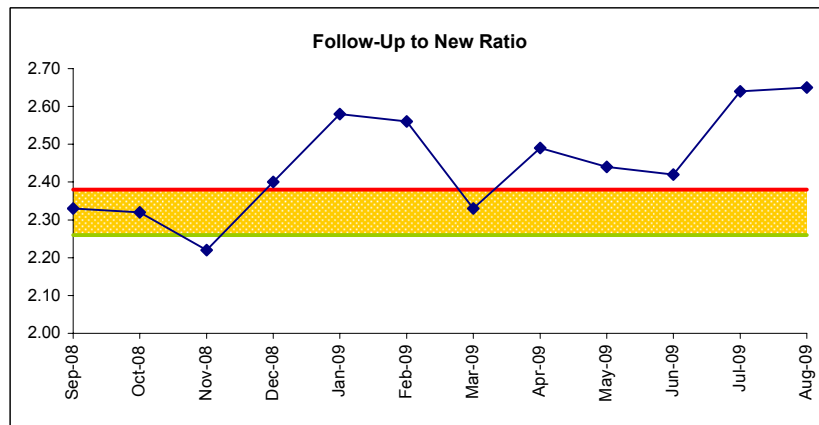
C&B Slot issues



Mortality



Follow-up to New ratio

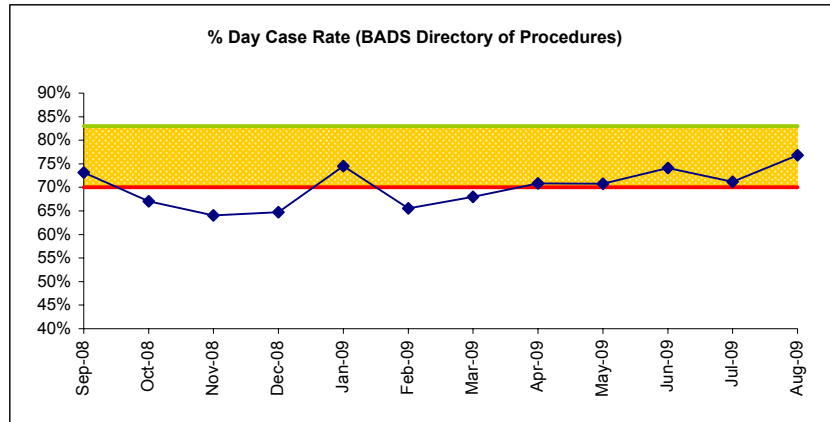


Trust Performance Dashboard August 2009 Internal Indicators

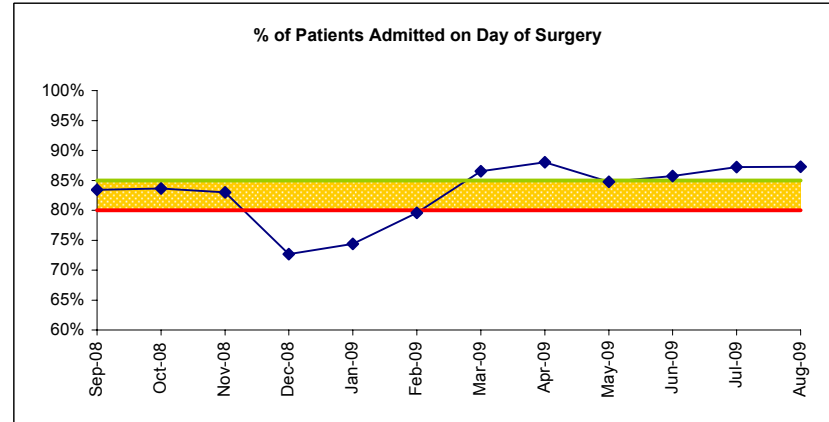


[Return to Op Standards & Targets Data](#)

Day Case Rate (Basket of 25)



Admitted on Day of Surgery



Trust Performance Dashboard August 2009 Quality & Safety

[Return to Balanced Scorecard](#)

			08/09	09/10												
Indicator		Target	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Incident Reporting	Safety - Incident reporting rate per 100 admissions	5.80%	4.50%	4.15%	4.60%	3.93%	6.00%									4.67%
	Safety - Proportion of incidents causing "severe" harm or worse	0.90%	1.19%	2.07%	1.90%	1.99%	1.65%									1.90%
Infection Control	Clostridium Difficile (CDIFF) Episodes - Excluding those not apportioned to Trust	12	6	6	4	8	6	7								31
	MRSA bacteraemia episodes - Excluding those not apportioned to Trust	2	1	2	2	2	2	1								9
	Total number of Clostridium Difficile (CDIFF) episodes reported to HPA	12	17	7	7	11	10	11								46
	Total number of MRSA bacteraemia episodes reported to HPA	3	1	2	4	3	2	2								13
	MRSA Screening	100.00%	11.05%	98.38%	95.92%	80.70%	81.64%	82.52%								87.83%

Quality & Safety within the NHS Performance Framework will be assessed using several criteria. Firstly, CQC's ongoing judgement as to compliance with HCIA's. This will be in addition with results of providers self-certification against relevant core standards in the Annual Health Check. As this is conducted on an annual basis, we are presenting figures which will give an indication of our performance in the meantime.

Trust Performance Dashboard August 2009 User Experience

Indicator		Target	08/09	09/10	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
			Mar	Apr												
Complaints	Complaint Numbers (excluding enquiries)	53	93	65	82	50	50	27								274
	Complaints responded to within 25 working days	80.00%	63.00%	67.00%	78.0%	76.0%	82.0%									75.75%
Mixed Sex Breaches	No. of patients on mixed sex wards	0	0	0	1	9	5	0								15
Patient Environment Action Team Assessments (PEAT) 2009	King George Hospital - Food				Acceptable											
	King George Hospital - Environment				Good											
	King George Hospital - Privacy and Dignity				Acceptable											
	Queen's Hospital - Food				Excellent											
	Queen's Hospital - Environment				Good											
	Queen's Hospital - Privacy and Dignity				Good											

User Experience within the NHS Performance Assessment Framework will be rated using indicators derived from five standard indicators in PSA19:

- Access and waiting;
- Safe, high quality coordinated care;
- Building closer relationships;
- Clean, friendly comfortable place to be; and
- Better information, more choice.

This will be in conjunction with Vital Signs around user experience and public confidence in the local NHS. We will present indicators to best show our performance in the meantime.