

Executive Summary: At a Glance Performance Assessment June 2012



N.B. The current assessment of risk against key metrics will differ in some instances as the main colour is the dominant achievement. This is due to the summary incorporating a broad assessment of risk.

Executive Summary

Following discussion at the Board Seminar in June, the Performance Report is in a new format. It includes a local dashboard and one provided by CHKS that compares the Trust with an agreed peer group. The Executive Summary will now focus on exception reporting. Where appropriate the individual schedules have comment boxes to provide additional information.

Key Performance Indicators:- this now provides performance data for current and the previous 5 months together with a forecast outturn. The 62 day Cancer target for referral to screening was not met due to one patient deferring their screen for one month for personal reasons. Some 16 patients chose not to see a consultant within 14 days of referral for breast symptoms. In an effort to improve patient choice further an additional clinic has been put in place for Tuesday afternoons.

A and E:- the Service continues to be under significant pressure, although for June achieved 96.3% for the 4-hour target. However, the numbers leaving without treatment and median waits for treatment increased, some of which is a coding issue, this is being investigated.

Nursing Quality Indicator Scorecard:- discussions are on-going with the nursing team to finalise this and ensure there is no duplication with reports that they currently submit to the Board.

Contracting:- The Trust has admitted 749 more patients than were planned in the first quarter which in turn has generated both significantly increased revenue but also attendant costs. The increase in elective patients is partially due to the need to ensure that all specialties were treating within 18 weeks as per the national standard. Whilst at the end of March the Trust had met this target overall, it had not achieved it at specialty level (ENT, Orthopaedics, Pain and Gynaecology). As a result additional theatre lists have been run and patients outsourced and treated by our clinicians in the local private sector. Whilst there has been an increase of 34 non-elective patients treated, this does not reflect the true position. Overall the Trust has treated more than 400 emergency patients than planned for but fewer Maternity. This has created significant bed pressures for the Trust and the emergency workload continues unabated. The Trust make a large loss on emergency over performance as we are only paid at a marginal tariff of 30%. We continue to review with our host PCT in an attempt to agree a change in contract terms.

The overall impact is a contract income of £1.687m over plan (3.02%).

CQUIN:- THE Trust can earn 2.5% additional funding should it meet specific CQUIN targets to an agreed trajectory. In 2011-12, the Trust achieved 90% overall and is expecting to perform as well, if not better in 2012-13. For most of the targets, the first quarter is about planning etc and this is underway.

Jan Filochowski

July 2012

► WHHT Dashboard

Trust overview



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Comments

The CHKS rag ratings are based on their own parameters .

Efficiency:- the Trust Outpatient Tak Group is reviewing alternative methods of reminding patients of their appointments in an effort to reduce DNA rates.

The follow up ratio has been affected by GPs reducing the number of simple referrals that resulted in one or more likely no follow ups.

Surgery:- the red rating for punctures is being checked with CHKS because the Trust is on a par with its peer group and its performance has not got

Report: WHHT Dashboard > Efficiency

Hierarchy: Trust overview

Site time period: Jan 2012 to Jun 2012 Peer time period: Jan 2012 to Jun 2012

Description	Change	Value Current Period	Value Previous Period	Rating
Average Length of Stay (Spell)	Current period is 1% worse than previous period.	2.6	2.6	Amber
Delayed discharges (index)	Current period is 9% worse than previous period.	8.5%	7.8%	Green
Outpatient DNA Rate	Current period is 10% worse than previous period.	8.9%	8.1%	Red
Outpatient New to Follow-up Ratio	Current period is 0% better than previous period.	1 : 2.9	1 : 2.9	Red

Report: WHHT Dashboard > Safety

Hierarchy: Trust overview

Site time period: Jan 2012 to Jun 2012 Peer time period: Jan 2012 to Jun 2012

Description	Change	Value Current Period	Value Previous Period	Rating
% of patients with a fractured neck of femur that went to theatre within 24 hours for repair of the fractured femur	Current period is 21% better than previous period.	78.00%	84.60%	Green
Complication Rate Attributed	Current period is 28% better than previous period.	0.72%	1.00%	Amber
Complication Rate Treated	Current period is 13% better than previous period.	1.70%	2.00%	Amber
Decubitus ulcer	Current period is 27% better than previous period.	3.80%	5.20%	Red
Emergency readmissions within 28 days of discharge following hip fracture	Current period is 24% better than previous period.	12.60%	17.10%	Amber
Potential in hospital falls	Current period is 32% better than previous period.	0.11%	0.16%	Green
Rate of caesarean section deliveries	Current period is 3% worse than previous period.	28.60%	27.80%	Red
Readmissions 30 Days	Current period is 1% worse than previous period.	4.90%	4.90%	Green

Report: WHHT Dashboard > Surgical

Hierarchy: Trust overview

Site time period: Jan 2012 to Jun 2012 Peer time period: Jan 2012 to Jun 2012

Description	Change	Value Current Period	Value Previous Period	Rating
% of patients with a fractured neck of femur that went to theatre within 24 hours for repair of the fractured femur	Current period is 21% better than previous period.	78.00%	84.60%	Green
Accidental puncture or laceration	Current period is 0% better than previous period.	0.35%	0.35%	Red
Complication Rate Attributed	Current period is 28% better than previous period.	0.72%	1.00%	Amber
Deaths in hospital within 30 days of emergency admission for hip fracture	Current period is 22% worse than previous period.	7.20%	5.90%	Amber
Misadventure rate	Current period is 18% better than previous period.	0.11%	0.14%	Amber
Post-operative wound infection	Current period is 25% better than previous period.	0.00%	0.88%	Green
Rates of deaths in hospital within 30 days of Elective surgery	Current period is 45% better than previous period.	0.01%	0.02%	Green
Rates of deaths in hospital within 30 days of Non-elective surgery	Current period is 14% worse than previous period.	1.70%	1.50%	Amber

Key Performance Indicators

6 Month Trend

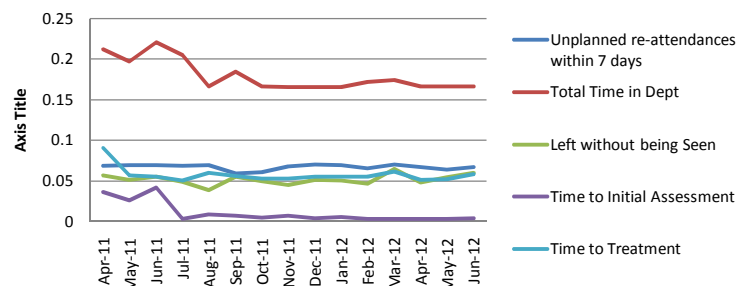
	TARGET	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Movement from last period	Forecast outcome	Comments
Cancer											
31 Day maximum wait for 2nd or subsequent treatment	>=96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	↔	100%	
62 Day max wait between 2WW referral and 1st treatment	>=85%	87.30%	96.10%	88.10%	89.50%	87.10%	94.30%	90.40%	↑	90%	
62 day maximum wait from referral from screening to 1st treatment	>=90%	100.00%	81.80%	100.00%	100.00%	100.00%	87.50%	94.88%	↓	95%	One patient
62 day wait from referral from consultant upgrade to 1st treatment	>=85%	no data	80.00%	100.00%	100.00%	100.00%	no data	95.00%	↔	95%	
14 day max wait from 2WW referral to 1st appointment	>=93%	98.50%	98.50%	97.50%	98.20%	97.80%	96.70%	97.87%	↓	96%	
14 day max wait from urgent referral with breast symptoms to 1st appointment	>=93%	93.90%	91.90%	90.00%	92.60%	96.40%	82.20%	91.17%	↓	93%	Patient choice
Cancer - 31 day maximum wait from decision to treat to 1st treatment (all cancers)	>=96%	100.00%	98.20%	98.80%	100.00%	97.70%	98.70%	98.90%	↑	97%	
Referral to Treatment Time (RTT)											
Maximum time of 18 wks from point of referral in aggregate by specialty (non admitted)	>=95%	98.00%	98.20%	98.70%	97.90%	98.40%	98.20%		↓	98%	
Maximum time of 18 wks from point of referral in aggregate by specialty (admitted)	>=90%	91.20%	88.90%	91.30%	91.90%	92.80%	92.60%		↓	92%	
Admitted 95th Percentile	<=23weeks	22.86	22	22	21.49	20.07			↑	21	
Pathway incomplete - 95th Percentile	<=28weeks	15.94	16	16.4	14.96	15.27			↑	16	
Non-admitted 95th Percentile	<=18.3weeks	14.98	15.1	14.2	14.2	14.56			↑	14.5	
Cancelled Operations											
Breaches of 28 day readmission guarantee as a percentage of cancelled operations	<=5%	7.10%	30.60%	13.80%	12.50%	0.00%	5.90%		↓	5%	Non-elective pressures at WGH are impacting adversely
VTE Assessment of admissions	100%	97.30%	98.30%	98.30%	98.40%	97.20%	94.50%		↓	98%	Short-stay admissions occasionally missed
Single sex accommodation breaches	Nil				0	0	0		↔	0	
Readmissions											
Following Elective Stay					64	57	63		↑		A joint review with the PCT of 2 weeks readmissions has been recently undertaken. A report will follow
Following Emergency Stay	Approx 173				271	294	289		↓		As above
Mortality											
11/12 Q1											
HSMR (Dr Fosters) Qtr update	<100	99			102				↑	<100	
11/12 Q2											
SHMI (CHKS)	Trust	76	75	72	75	63	85		↑	75	
	Peer	73	75	71	69	63	73				
Local Targets											
Patients receiving NOF surgery within 48 hours of admission		88.46%	88.00%	94.29%	96.97%	96.67%	93.33%		↓	96%	
STEMI Patients receiving angioplasty within 90 minutes (Door to balloon)						100%				100%	
STEMI patients seen by specialist						8					
Delayed Transfer of care - maintain at a minimum level	<=3.5%	5.60%	6.30%	5.40%	5.20%	4.50%	4.20%		↓	3.50%	A whole Economy working group is trying to improve performance against this metric
Stroke Care - Patients that have spent >90% of their stay in hospital in a dedicated stroke unit	>=80%	93.20%	81.30%	90.30%	85.40%	86.10%	93.20%		↑	90%	
Discharge Summaries - proportion sent to GPs electronically within 24 hrs (Inpatient)	>=95%	38.40%	34.7	33.3	28.30%	31.90%	28.50%		↓	70%	There is a project group in place to determine how to improve this poor performance. Pilot phase started w/c 7/9/12
Discharge Summaries - proportion sent to GPs electronically within 24 hrs (Daycases)	>=95%	44.10%	41	40.7	41.10%	34.20%	37.70%		↑	70%	As above
Smoking in pregnancy (% Known to Smoke)		8.8%	8.0%	10.3%	9.7%	8.2%	11.2%			8%	
Breast feeding		77.8%	76.5%	73.5%	75.6%	76.4%	80.0%			75%	

TARGET	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12		YTD	Movement from last period	Forecast outcome
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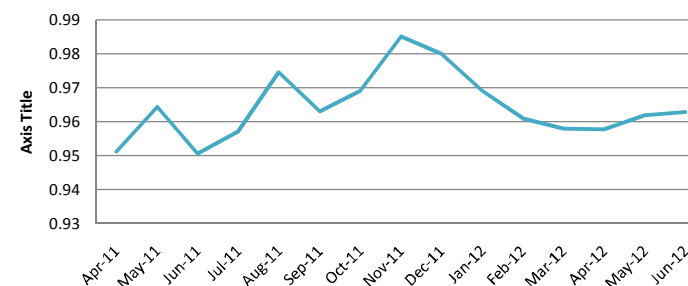
Accident and Emergency

Maintain 4hr maximum wait	>=95%	98.50%	98.00%	96.90%	95.80%	96.20%	96.30%		96.10%	↑	95%
Unplanned reattendance Rate	<=5%	6.82%	6.98%	6.91%	6.70%	6.40%	6.70%		6.60%	↑	6%
Left department without being seen	<=5%	4.53%	5.12%	5.04%	4.80%	5.40%	6.00%		5.40%	↑	5%
Time to initial assessment (95th percentile)	<=15mins	00:08	00:05	00:05	00:05	00:05	00:06		05:20	↑	00:05
Median time to treatment decision	<=60mins	01:19	01:19	01:28	01:14	01:15	01:24		01:17	↑	01:00

A&E Clinical Quality Indicators



% >4hr breaches WGH A&E



Comments:

The activity through A and E is 6.5% above plan and 8% above the same period last year. Despite this the Trust has managed to maintain the 4 hour target. The numbers of patients recorded as leaving without treatment is above the planned level of 5%. However it has become apparent that this may be a data quality issue and further work is being done to determine if this is correct.

Patient Experience

Infection Control	TARGET	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Movement from last period	Forecast outcome
Clostridium Difficile	33	2	3	3	1	2	4	7	↑	33
MRSA Bacteraemia	2	0	0	0	0	0	0	0	↔	2
MRSA Screening										
Elective	100%	98.30%	98.50%	98.40%	98.40%	98.60%	98.70%		↓	98.50%
Emergency	100%	93.80%	91.70%	92.70%	93.10%	94.10%	92.80%		↓	94%

Safety Thermometer

HA Pressure Ulcers	PU Grade 1	12	1	1	5	8	4
	PU Grade 2	26	16	24	23	16	18
Avoidable	PU Grade 3	1	2	2	0	4	4
Avoidable	PU Grade 4	0	0	0	0	0	0
Falls (over 65 per 100 bed days)		0.42	0.25	1	0.45	0.4	0.44

Friends and Family Score

END DATE	Week1	Week2	Week3	Week4	Week5
W/c 27/05/2012 to W/e 30/06/2012					
3.1 Total number of inpatients in period (number of defined DISCHARGES within the period)	1049	833	1013	963	992
3.2 Total number of responses in period (number of NPS responses from cohort in 3.1)	275	179	276	210	274
3.3 Number of promoters	180	106	165	134	193
4.0 Net Promoter Score					
4.1 Organisation NPS - weekly (automatically populates from data entered above)	59.63	55.3	51.81	55.23	64.59
Month Score	57.58				

Comments:

C-Diff in June was above the expected trajectory. If the first quarter performance was to continue, the target would not be met.

Nursing staff continue to be educated to distinguish between tissue damage caused by moisture and as a result of pressure on the skin

Net Promoter score is to be reported weekly but is fluctuating. The year end target is 60.

A comprehensive promotion that stroke patients go direct to the Stroke Unit and not AAU has significantly improved performance.

	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Patients Admitted Within 4 Hrs to Stroke Ward	93.20%	81.30%	90.30%	85.40%	86.10%	93.20%
Serious Incidents	3	4	9	5	5	7
Never Events	0	0	0	0	0	0

Nursing Quality Indicator Trend Scorecard **DRAFT**

[illegible]

Finance Risk Ratings

	<u>Metric</u>	<u>Weight</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>Risk rating</u>	<u>Forecast</u>
								<u>ytd</u>	<u>rating</u> <u>12/13</u>
Underlying Performance	EBITDA margin %	25%	11	9	5	1	<1	3	3
Achievement of Plan	EBITDA achieved %	10%	100	85	70	50	<50	4	5
Financial Efficiency	Return on assets%	20%	6	5	3	2	<-2	4	4
	I&E surplus margin %	20%	3	2	1	-2	<-2	3	3
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	3	3
Overall Rating	Overall Rating							3	4

Comments:

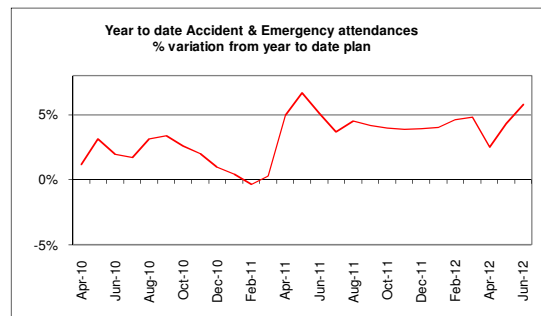
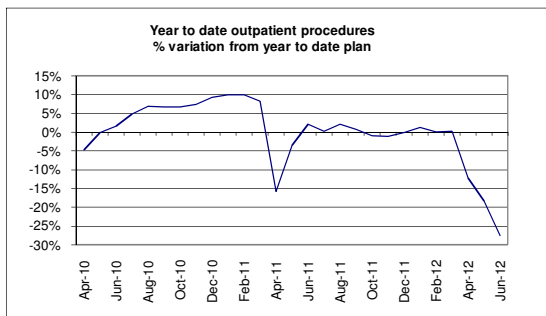
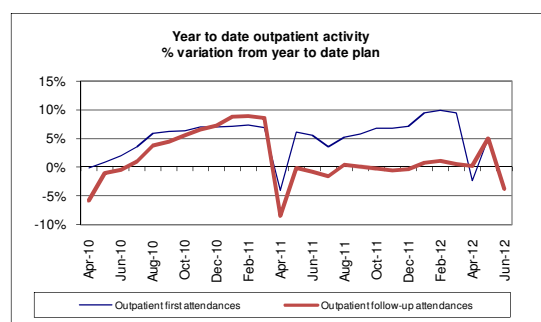
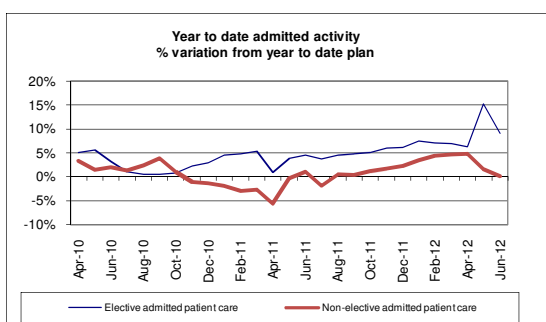
A detailed Finance report is provided separately.

Jun-12

Contractual Risk Rating (SHA Governance Report)

Contract Performance

	YTD Plan	YTD Actual	Variance Number	Variance %
Admitted spells - elective	9,050	9,765	715	7.9%
Admitted spells - non-elective	11,458	11,492	34	0.3%
A&E Attendances	24,151	25,721	1,570	6.5%
Outpatient procedures	8,423	7,372	-1,051	-12.5%
Outpatient attendances - new	29,036	28,391	-645	-2.2%
Outpatient attendances - follow up	63,417	61,749	-1,668	-2.6%



Patients waiting

IP 11+ weeks
Diagnostics 6+ weeks
OP 5+ weeks

	At end May	At end June	Movement	%
IP 11+ weeks	394	381	-13	-3.3%
Diagnostics 6+ weeks	1	9	8	800.0%
OP 5+ weeks	1618	2265	647	40.0%

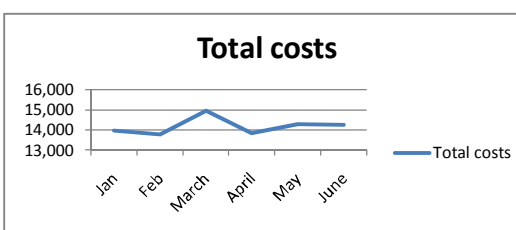
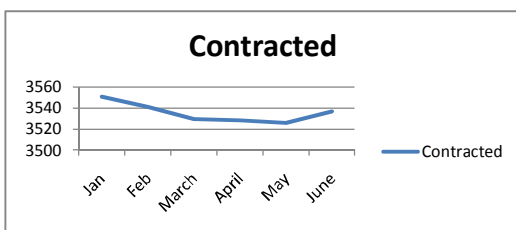
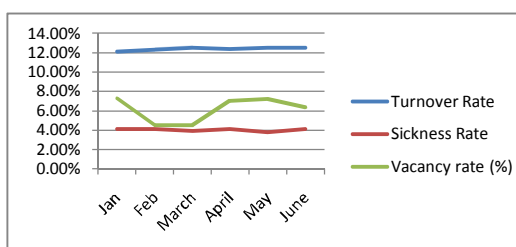
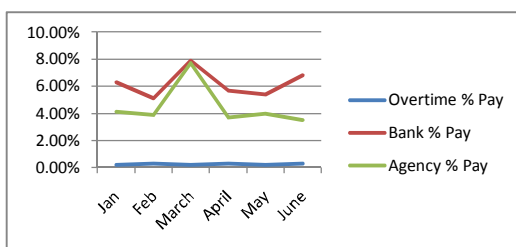
Comments:

Elective admissions are 7.9% above plan. This is due to the need to run additional lists to achieve 90% admissions within 18 weeks for all specialties. This was expected to have been achieved by March but the increase in non-elective admissions from December prevented it being achieved, so the Trust needed to catch up in the first quarter of this year. The shortfall in outpatient procedures is due to late recording and is expected to come back to planned levels.

Workforce

	Jan	Feb	March	April	May	June			
	WTE	WTE	WTE	WTE	WTE	WTE			
Contracted	3550.9	3541	3,529.80	3,528.50	3,525.90	3537.2			
Total costs	13,964	13,766	14,951	13,833	14,286	14,240			
Overtime % Pay	0.20%	0.30%	0.20%	0.30%	0.20%	0.30%			
Bank % Pay	6.30%	5.10%	7.90%	5.70%	5.40%	6.80%			
Agency % Pay	4.10%	3.90%	7.70%	3.70%	4.00%	3.50%			
Appraisal Rate	82%	90%	93%	93%	91%	88%			
Turnover Rate	12.10%	12.30%	12.50%	12.40%	12.50%	12.50%			
Sickness Rate	4.10%	4.10%	3.90%	4.10%	3.80%	4.10%			
Vacancy rate (%)	7.30%	4.50%	4.50%	7.00%	7.20%	6.40%			
Statutory Training	72%	74.30%	74.6	73.00%	73.00%	73.00%			
Mandatory Training	68.00%	69.90%	71.40%	73.00%	73.00%	73.00%			

	Target	Data Quality	
		H	
		H	
		H	
	3%	H	
	90%	M	
		H	
	<4%	H	
		M	
		M	
	100%	M	



Comments:

There were 2 Bank Holidays that were part of School half-term weeks and this caused a significant rise in annual leave resulting in higher bank costs

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