Dashboard Status

Activity Month: **Aug-08** ENCLOSURE

Sections Completed

Dept	Responsible	Completed By	Date completed
Informatics	Damon Harris	Damon Harris	11-Sep
HR	Estelle Carmichael	Richard Shaw	12-Sep
Finance	Jane Davidson	Tim Woods	
Patient Services	Christine Yarnold	Christine Yarnold	12-Sep
Maternity Services	Jenny Henry		
Theatres	Gael Peters	Gael Peters	10-Sep
Legal Services	Debra Barton	Christine Yarnold	12-Sep
Gynaecology	Jacky Cotton		
PALS	Sue Sargeant	Christine Yarnold	12-Sep
Clinical Genetics	Amanda Barry	Rose Cullen	

Guidelines on updating the dashboard

This document is used as a way of measuring key performance indicators on a

The file consists of 7 worksheets:

Status: Identifies list of authors and the date upon which they have finshed inpu
Guidelines on updating: Provides a user guide on how to use this document
Indicator Defnitions: Provides more description on the indicators and what crit
Dashboard: Provides a high level summary on the status of each dataset
Dataset Detail: Lists all indicator values for the current month along with assoc
Alert Report: For any indicators that are on alert status a graphical representat
Change control: Provides and audit on how this document has evolved and th

How to complete the worksheets

The first sheet to complete is the Dataset detail. Figures for the current month's
Once entered the user is required to examine the report from last month and en

Favourable Change
Adverse Change
No change

The next stage is fill the cell with the correct colour depending on the performan

GREEN	- Indicator is within identifed tolerances
AMBER	- Indicator is currently outside tolerenaces for current month, but wa
RED	- Indicator is currently outside tolerenaces for current month and wa

If you are completing the last indicator for a particular dataset, please ensure th
Using the criteria below

Dataset has no alerts

Dataset has only one alert

Dataset has more than on alert

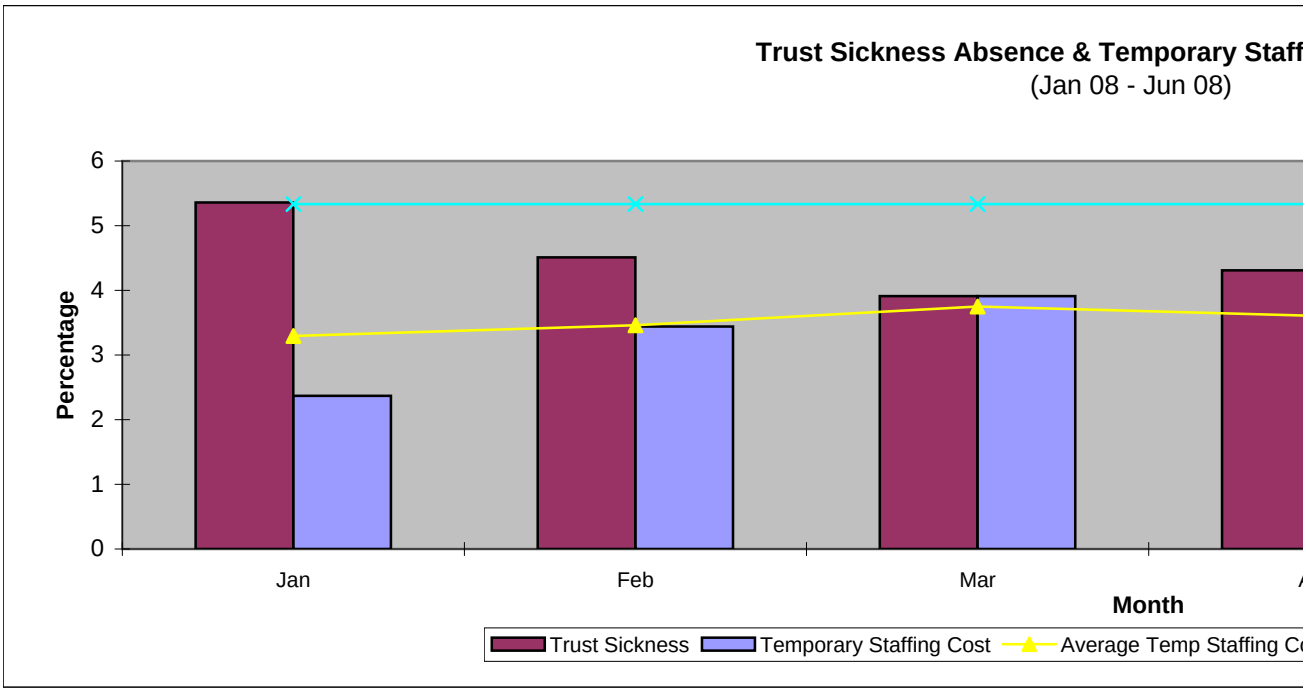
Benchmarks, Targets and Tolerances in Dataset detail need to be updated as a

Alert reports

An alert report will need to be created for every indicator that has been identifec
A summary table is required along with a graph showing the indicator's trend ov

Indicator	Target	Trend/actua	Commentary

Sickness Absence	4.0%	3.84%	The table highlights the trends in absence against the national average and also provided are the trends for temporary staffing levels in order to identify any correlation.



Updating the indicator definitions

It is the responsibility of each indicator manager to ensure their indicators are e

monthly basis.

utting data for their indicators.

teria is used to create them

iated targets
ion of the data over a period of time is required
e individuals responsible for making admendments

s performance are required in column F and end of year forecasts in column I.
nter into column G whether the indicator has had a:

nce of the indicator against the targets using the criteria below:

as within tolerances last month
as also outside tolerance last month

at the corresponding Dataset 'lollypop' has been entered in sheet Dashboard.

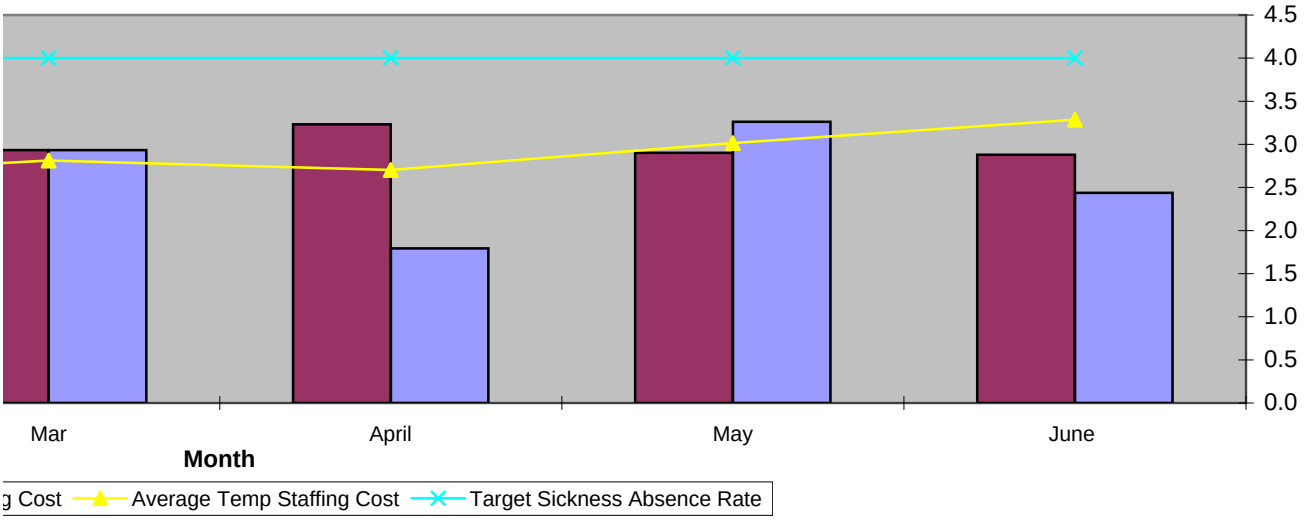
minimum on a yearly basis. Any targets/Benchmarks that are set Nationally need to be highligh

d as RED.
ver a period of time. An example is shown below.

Action	Completion date	Lead	Risk

Detailed reports have been provided to each directorate regarding sickness hotspots in order for relevant management to take place.	Monthly	Associate Director for HR	Cost/Morale / service Provision

s Absence & Temporary Staffing Comparison
(Jan 08 - Jun 08)

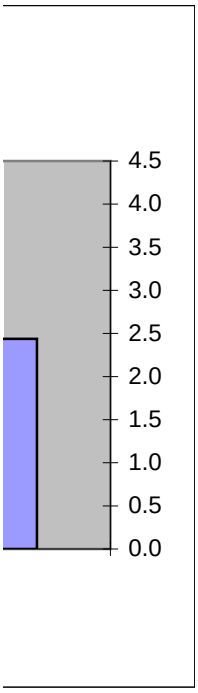


ntered accuratley and in a timely manner. The indicator definitions sheet has to be kept up to da

nted in GREY

Impact

Higher bank/ agency costs.



ıte with decriptions and criteria used.

Dataset	Indicator
Market Trend Awareness/ Strategy	Total inpatient and daycase waiting list size
	Total Gynae outpatient waiting list size
	Referral Rates - Gynae
	Referral Rates - Maternity
	Referral Rates - Genetics
Core Standards	Safety
	Clinical & cost effectiveness
	Governance
	Patient focus
	Accessible & responsive care
	Care environment & amenities
	Public health
Developmental Standards	Safety
	Clinical & cost effectiveness
	Patient focus
	Public health
Productivity & Efficiency	
	Maternity LOS postnatal
	Gynae Length of Stay (exc daycases and emergencies)
	Daycase rate 1 - as % of all elective admissions
	Gynaecology Daycase Over Stay Rate
	Gynae Pre operative Avg Los
	Elective Admitted patients surgery within 2 days - no of breaches
	Theatre utilisation
	Gynae New to FU ratio
	Occupancy Rate - Neonatal ITU
	Genetics DNA Rate
	Stillbirth rate per 1000 live births
Clinical Quality (Quarterly)	Serious Untoward Incidents
	Litigation - New
	Litigation - Ongoing 06/07
Finance	Year to date I&E position
	Year to date I&E normalised
	In month run rate
	In month run rate normalised
	Year to date Ebitda
	Year to date Ebitda margin
	Year to date CIP performance
	CIP recurrent/non-recurrent delivery
Workforce	Contracted WTE
	Agency/Bank spend as a % of directorate paybill
	Sickness Absence Rate %
	Staff Turnover Rate %
	Employee Investigations
	KSF - Staff groups with Job Outlines %
	KSF - Staff who have received PDR %

	Pay as a % of Trust Income
	Consultant appriasal undertaken in previous 12 months %
	Consultants with revised job plan
HCC Access Targets	
	Cancer 2 week wait
	Cancer 1 month diagnosis to treatment
	Cancer 2 month GP urgent referral to treatment
	Cancelled Operations on day of surgery
	Cancelled Operations not admitted within 28 days
	Choice information in place
	Inpatient & outpatient booking
	Inpatients waiting >26 weeks
	Outpatients waiting >13 weeks
	Admittied patients seen within 18 weeks
	Non-admittied patients seen within 18 weeks
	Data quality on ethnic group
Vital Signs	Smoke free NHS
	PALS cases
	MRSA Bacteraemia
	CDIFF
	Waiting times for MRI & CT
	BreastFeeding initiated
	Smoking during pregnancy
	% of Women seen by 12 weeks
Patient Experience	Patient Written Complaints
	Complaint Written Response within 25 day deadline
	Compliment of service letters received By CEO
	PEAT annual inspection results
	Essence Of Care Indicators
	1 communication
	2 continence
	3 hygiene
	4 nutrition
	5 pressure ulcers
	6 privacy and dignity
	7 recordkeeping
	8 safety
	9 self care
	10 promoting health
	11 care environment
Foundation Status	Number of Members

Further Description including criteria used
Measurement of the Gynaecology elective inpatient waiting
Measurement of the Gynaecology outpatient waiting list siz
Number of referrals recieved for a New appointment
Number of referrals recieved for a New appointment
Number of referrals recieved for a New appointment
Measurement of compliance with HCC standards
Measurement of compliance with HCC standards
Measurement of compliance with HCC standards
Measurement of compliance with HCC standards
Measurement of compliance with HCC standards
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measurement of compliance with HCC standards
measurement of compliance with HCC standards
measurement of compliance with HCC standards
measurement of compliance with HCC standards
The average length of stay from the delivery's Admission D
The length of stay of a Gynaecology elective admission no
The number of daycases as a % of all elective admissions
The number of admissions that were intended to be a dayc
The average length of stay from the a Gyane's Admission I
Number of gnyae elective admissions whose LOS before c
Utilisation of session time
The number of follow up appointments as a ratio of the nur
The occupancy rate of the neonatal unit
The number of non attended appointments with no warning
The number of stillbirths as a rate of 1000 live births
The number in the previous month
New cases in month
On going cases from previous year

Number of cases in previous month
Number of cases in previous month
Number of cases in previous month

% achieved in last month
% recorded in last month
% achieved in last month

Complaints received in the last month
Deadline cahieved in last month
compliments received in last month

Audits completed by each clinical directorate

Source of indicator if required nationally	Individual/Department responsible
National mandadtory Korner returns	Damon Harris - Informatics
National mandadtory Korner returns	Damon Harris - Informatics
National mandadtory Korner returns	Damon Harris - Informatics
National mandadtory Korner returns	Damon Harris - Informatics
National mandadtory Korner returns	Damon Harris - Informatics
Datix	malcolm bowcock clinical governance
Datix	malcolm bowcock clinical governance
Datix	malcolm bowcock clinical governance
Datix	malcolm bowcock clinical governance
Datix	malcolm bowcock clinical governance
Datix	malcolm bowcock clinical governance
Datix	malcolm bowcock clinical governance
datix	malcolm bowcock clinical governance
datix	malcolm bowcock clinical governance
datix	malcolm bowcock clinical governance
datix	malcolm bowcock clinical governance
Local request	Damon Harris - Informatics
Local request	Damon Harris - Informatics
	Damon Harris - Informatics
	Damon Harris - Informatics
	Damon Harris - Informatics
PCT - Commissioning	Damon Harris - Informatics
ORMIS	Gael Peters
PCT - Commissioning	Damon Harris - Informatics
	Damon Harris - Informatics
g	
	Damon Harris - Informatics
Datix	Malcolm Bowcock clinical governance
	debra Barton legal services
	debra Barton legal services
	Tim Woods
	Tim Woods
	Tim Woods
	Tim Woods
	Tim Woods
	Tim Woods
	Tim Woods
	Tim Woods
	Director of workforce
	Director of workforce
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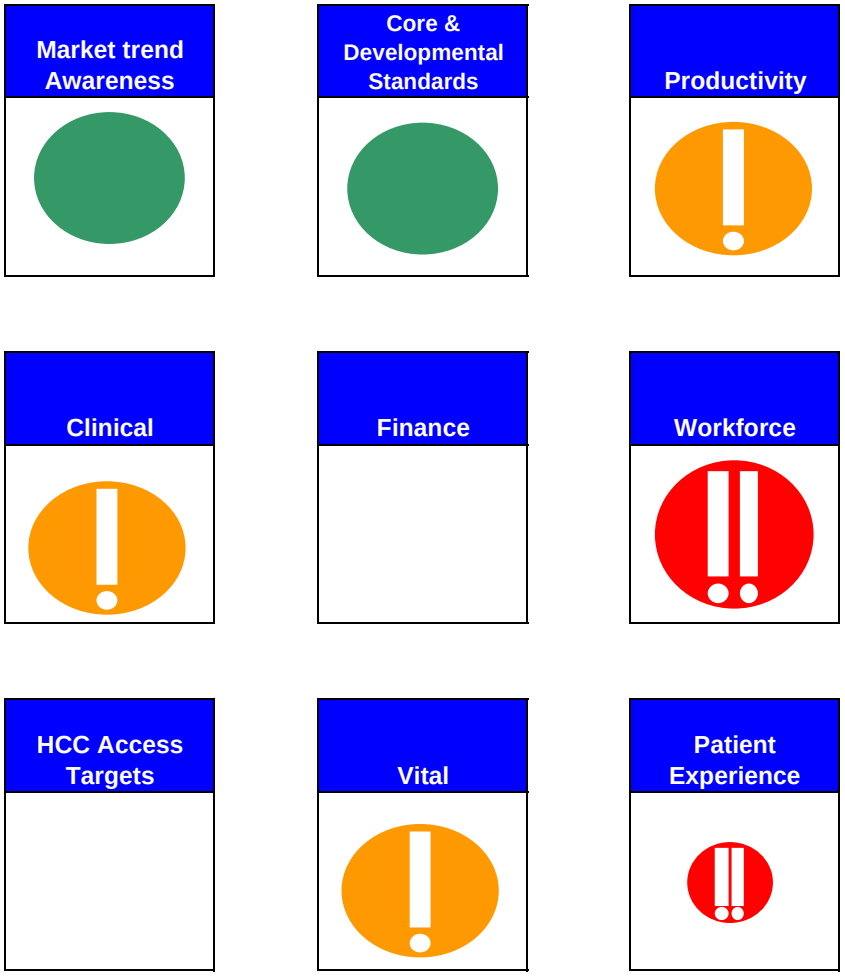
	Director of workforce
	Director of workforce

	Director of workforce Director of workforce Director of workforce Damon Harris - Informatics Damon Harris - Informatics Damon Harris - Informatics Damon Harris - Informatics Damon Harris - Informatics Damon Harris - Informatics Damon Harris - Informatics Damon Harris - Informatics Damon Harris - Informatics Damon Harris - Informatics Damon Harris - Informatics Damon Harris - Informatics Sue Sargeant/Datix
Reported nationally Reported nationally	Jim Gray Jim Gray Gary Cockayne Jenny Henry jenny henry Jenny Henry Christine Yarnold Christine Yarnold Christine Yarnold Pam Cooper Jenny Henry., Michelle Emery, Jacky Cotton, Ga Head of corporate affairs

ary Cockayne, amanda Barry

1) Performance Dashboard Aug 2008



Key:

No Alerts

Alert on 1 indicator

Alerts on more than 1 indicator

2) Key Performance Indicators - Aug 2008

Dataset	Indicator	Bench mark	Trigger	Target	Monthly Actual	Position against target(colour). Trend from previous month 'text'.	Detailed report	Forecast Year End Position
		National Benchmark						
Market Trend Awareness/ Strategy	Total inpatient and daycase waiting list size		>500	500	409	Favourable change		409
	Total Gynae outpatient waiting list size		>1500	1500	1168	Adverse change	Performance	1168
	Referral Rates - Gynae	1440	<1368 and >1512	1461	1429	Favourable change	Performance	1440
	Referral Rates - Maternity	1883	<1789 and >1977	1519	1810	Favourable change	Performance	1884
	Referral Rates - Genetics	587	<558 and >616	577	594	Adverse change	Performance	587
Core Standards	Safety	compliance	Breach	No lapses	compliant	no change	Clinical Governance	
	Clinical & cost effectiveness	compliance	Breach	No lapses	compliant	no change	Clinical Governance	
	Governance	compliance	Breach	No lapses	compliant	no change	Clinical Governance	
	Patient focus	compliance	Breach	No lapses	compliant	no change	Clinical Governance	
	Accessible & responsive care	compliance	Breach	No lapses	compliant	no change	Clinical Governance	
	Care environment & amenities	compliance	Breach	No lapses	compliant	no change	Clinical Governance	
	Public health	compliance	Breach	No lapses	compliant	no change	Clinical Governance	
Productivity & Efficiency	Maternity LOS postnatal	1.93		1.93	1.88	Favourable change	Performance	2.08
	Gynae Length of Stay (exc daycases and emergencies)	3.1		2.90	2.42	Adverse change	Performance	2.26
	Daycase rate 1 - as % of all elective admissions	50%		>50%	55%	Adverse change	Performance	51%
	Gynaecology Daycase Over Stay Rate	13.86%	>10%	5%	4.44%	Favourable change	Performance	8.00%
	Gynae Pre operative Avg Los	0.15			0.15	Adverse change	Performance	0.14
	Elective Admitted patients surgery within 2 days - no of breaches	0	>0	0	3	Adverse change	Performance	0
	Theatre utilisation	80%	<75	80%	87.0%	favourable change	Performance	
	Gynae New to FU ratio	1.40		<1.50	1.39	Favourable change	Performance	1.50
	Occupancy Rate - Neonatal ITU	80%	<76%	80%	98%	Favourable change	Performance	88%
	Genetics DNA Rate	11.00%	>11%	<11%				
	Stillbirth rate per 1000 live births	5.4	>7.4	<7.4	9.98	Adverse change		7.2
Clinical Quality (Quarterly)	Serious Untoward Incidents		>2		1			
	Litigation - New	2	>5		2	No Change		
	Litigation - Ongoing 06/07	77				Adverse Change		
Finance	Year to date I&E position	plan or >	off plan	£217K	£538K	Favourable change	Finance	£1.0-£1.5m
	Year to date I&E normalised	plan or >	off plan	£(281)K	£58K	Adverse change	Finance	N/A
	In month run rate	plan or >	off plan	£43K	£67K	Favourable change	Finance	N/A
	In month run rate normalised	plan or >	off plan	£(50)K	£(19)K	Favourable change	Finance	N/A
	Year to date Ebitda	plan or >	off plan	£2,310K	£2,357K	No change	Finance	£6,120K
	Year to date Ebitda margin	plan or >	off plan	7.3%	7.4%	No change	Finance	7.9%
	Year to date CIP performance	plan or >	off plan	£1,030K	£1,053K	No change	Finance	£2.5m
	CIP recurrent/non-recurrent delivery	plan or >	off plan	70/30	54/46	No change	Finance	60/40
Workforce	Contracted WTE	1277	>1285	<1277	1281.13	First Report	Head Count:1479	
	Agency/Bank spend as a % of directorate paybill	2.85	>2.85%	<2.85%	2.27%	Positive Change		3.00%
	Sickness Absence Rate %	4%	>4%	<4%	3.85%	Positive Change		4.20%
	Staff Turnover Rate %	14%	>14.10%	<14.10%	15.02%	Adverse Change	Leavers:48	14.10%
	Employee Investigations	4weeks	>4 weeks	<4 weeks	3	No Change		0
	KSF - Staff groups with Job Outlines %	85%	<85%	>85%	65%	No Change		85%
	KSF - Staff who have received PDR %	50%	<50%	>50%	20.02%	Adverse Change	270/1348	80%
	Pay as a % of Trust Income	66.80%	>66.80%	<66.80%	63.37%	Positive Change	(Month 4 report)	
	Consultant appriasal undertaken in previous 12 months %	100%	<100%	100%	100%	No Change		100.00%
	Consultants with revised job plan	80%	<80%	>80%	85%	No Change		100
HCC Access Targets	Cancer 2 week wait	No lapses	Breach	No lapses	No lapses	No Change	Performance	No lapses
	Cancer 1 month diagnosis to treatment	No lapses	Breach	No lapses	No lapses	No Change	Performance	No lapses
	Cancer 2 month GP urgent referral to treatment	No lapses	Breach	No lapses	No lapses	No Change	Performance	No lapses
	Cancelled Operations on day of surgery	3	>3	<3	0	No Change	Performance	4
	Cancelled Operations not admitted within 28 days	No lapses	Breach	No lapses	No lapses	No Change	Performance	No lapses
	Choice information in place	implemented	Lapse	Implemented	Implemented	No Change	Performance	Implemented
	Inpatient & outpatient booking	100%	Breach	100%	100%	No Change	Performance	100%
	Inpatients waiting >26 weeks	0>standard	Breach	No lapses	No lapses	No Change	Performance	No lapses
	Outpatients waiting >13 weeks	0>standard	Breach	No lapses	No lapses	No Change	Performance	No lapses
	Admittied patients seen within 18 weeks			>90% by Dec 08	90.6%	Adverse change	Performance	
	Non-admittied patients seen within 18 weeks			>95% by Dec 08	88.4%	Adverse change	Performance	inc. genetics
	Data quality on ethnic group	100%	<95%	100%	95.0%	Favourable change	Performance	95.0%
Vital Signs	Smoke free NHS	Implemented	Lapse	Implemented		no change	Performance	
	PALS cases	20 cases	>25 cases	20cases	23	No Change	Quarterly Report to CGC	
	MRSA Bacteraemia	<6 cases	>0	0	0	No Change	Medical Director	
	CDIFF	0	>0	0	0	no Change		
	Waiting times for MRI & CT	0>	Breach	No lapses	0	No Change	Performance	
	BreastFeeding initiated	67%	>60%	67%	64.00%	No Change		
	Smoking during pregnancy	11%	13%	11%	14%	No change		
	% of Women seen by 12 weeks	80%	<78%	80%	88%	Adverse change		
Patient Experience	Patient Written Complaints	<5	6	<5	6	Favourable Change	Patient Experience	
	Complaint Written Response within 25 day deadline	95%	95%	95%	66%	Adverse Change	Patient Experience	
	Compliment of service letters received By CEO				2	Adverse Change	Patient Experience	
	PEAT annual inspection results			maintain excellent				
	Essence Of Care Indicators	Review standards annually	not achieved	Audit standards			Quarterly Quality Indicator Report	
				Neonates	Maternity	Gynae	Clincial Support	Genetics
	1 communication		not achieved	On going	Ongoing	Audited	in progress	Audited
	2 continence		not achieved	In Progress	In Progress	Audited	in progress	not relevant
	3 hygiene		not achieved	In Progress	Audited	Audited	not audited	not relevant
	4 nutrition		not achieved	In Progress	not audited	Audited	not relevant	not relevant
	5 pressure ulcers		not achieved	In Progress	not audited	Audited	in progress	not relevant
	6 privacy and dignity		not achieved	In Progress	Audited	Audited	in progress	Audited
	7 recordkeeping		not achieved	On going	Ongoing	Audited	audited	Audited
	8 safety		not achieved	In Progress	In progress	Audited	in progress	not audited
	9 self care		not achieved	In Progress	In progress	Audited	not relevant	not relevant
	10 promoting health		not achieved	In Progress	not audited	Audited	not audited	Audited
	11 care environment		not achieved	On going	Ongoing	Ongoing	in progress	Audited
Foundation Status	Number of Members	5000 by end of year	<120	150 increase per month				5000

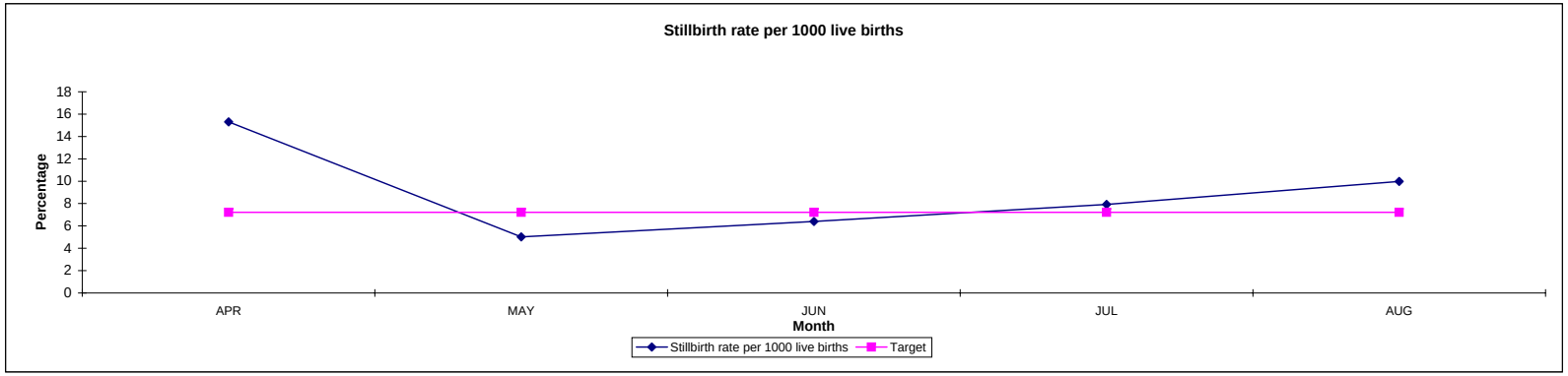
t on an individual basis

Market Trend Awareness

Core Standards

Productivity & Efficiency

Indicator	Target	Trend/actual	Commentary	Action	Completion date	Lead	Risk	Impact
Stillbirth rate per 1000 live births	<7.4	9.98%	1 linked to RTA, 2 due to fetal anomalies, 2 at term unexplained, 1 due to IUGR	cases reviewed by supervisors of midwives, none subject to root cause analysis	by the end of september	Karen Henson	loss of reputation	



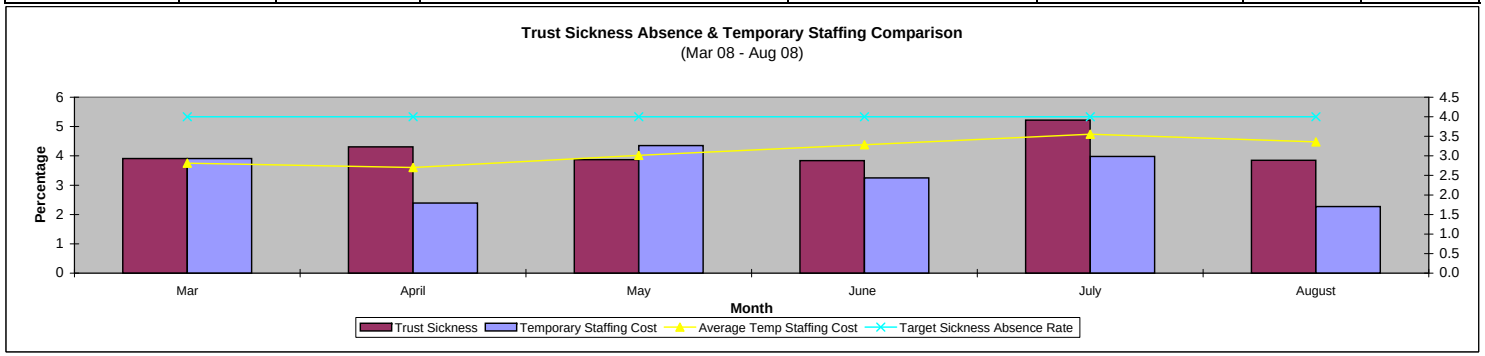
Clinical Quality

Finance

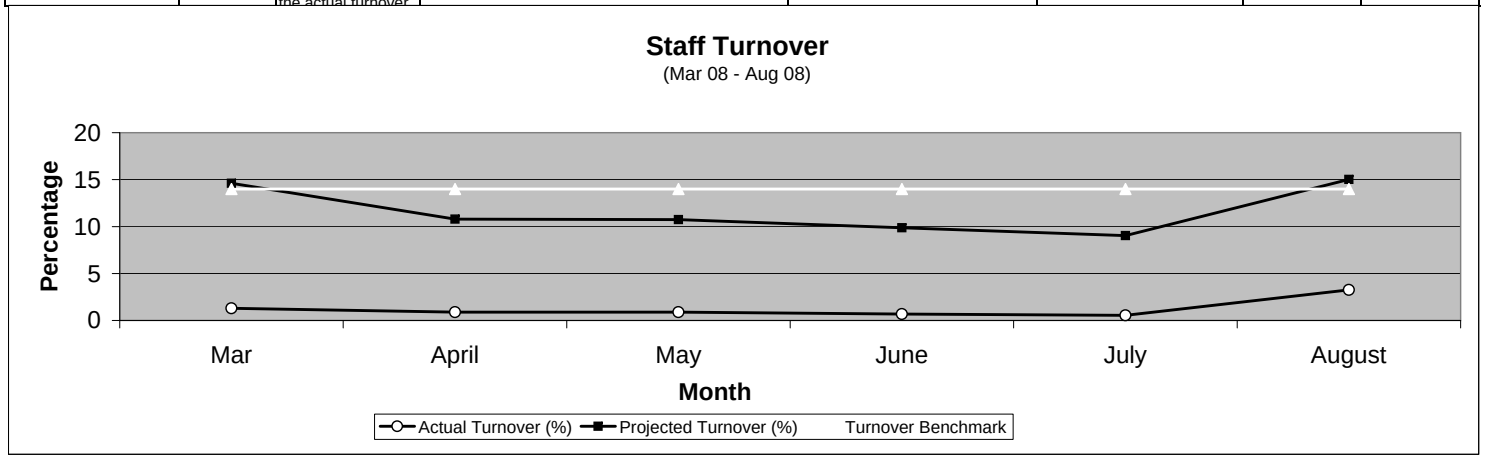
Workforce

Target	Trend/actual	Commentary	Action	Completion date	Lead	Risk	Impact

4.0%	TBC	The table highlights the trends in absence against the national average and also provided are the trends for temporary staffing levels in order to identify any correlation.	Detailed reports have been provided to each directorate regarding sickness hotspots in order for relevant management to take place.	Monthly	Associate Director for HR	Cost/Morale/ service Provision	Higher bank/ agency costs.



Target	Trend/actual	Commentary	Action	Completion date	Lead	Risk	Impact
14.0%	15.02%	The graph tracks the staff turnover rate since the start of the current financial year. The graph also shows the actual turnover	An exit interview survey is taking place to enable us to identify any specific reasons for staff leaving and highlight any specific concerns fro individual directorates.	Monthly	Associate Director for HR	Cost/Morale/ Service Provision	Increased temporary staffing costs/ Recruitment Costs

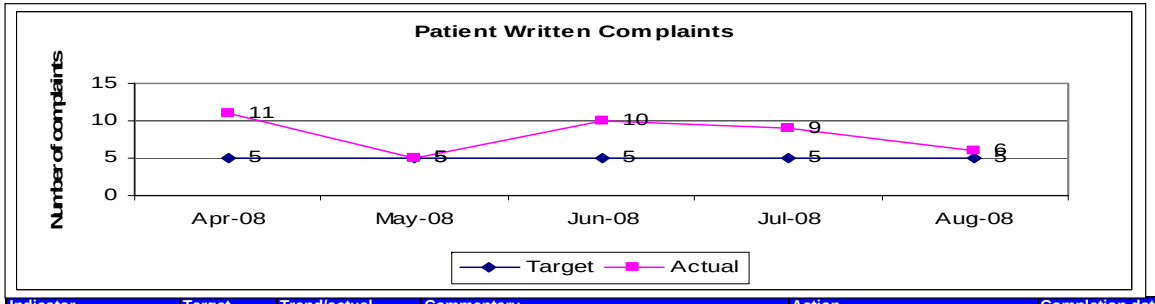


HCC Access Targets

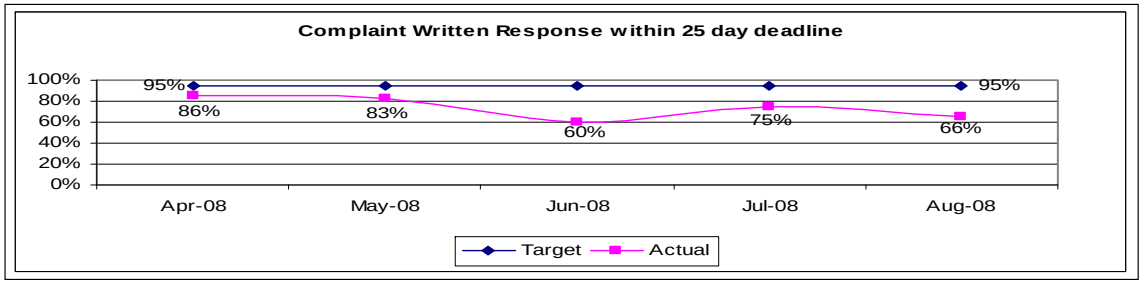
Vital Signs

Patient Experience

Indicator	Target	Trend/actual	Commentary	Action	Completion date	Lead	Risk	Impact
Patient Written	<5	6	complaints have increased nationally as well as	The trust is part of an early	on going	JO	Loss of	



Indicator	Target	Trend/actual	Commentary	Action	Completion date	Lead	Risk	Impact
Complaint written	95.0%	66%	Complaints are becoming more complex and	The early adopter programme can	on going	Jo	Failure to meet	



Date of change	Detail of change	Individual who carried out the change
31/07/2008	Worksheet Added - Guidlines on updating	Damon Harris
31/07/2008	Worksheet Added - Indicator Definitions	Damon Harris