

◆ No target

◆ Red

◆ Amber

◆ Green

The Lewisham Healthcare NHS Trust

Meeting of the Trust Board

TRUST BOARD Scorecard Report - May 2013 (MONTH 2)

Indicator Status	General Comments	Corrective Actions being taken
Red	<ul style="list-style-type: none">◆ Cancer: Patients with breast symptoms waiting no more than 2 weeks from urgent GP referral to first outpatient appointment for April is reported at 92.7% against the target of 93.0%. Out of 55 patients, 4 chose dates outside of the 14 day target time. ◆ Cancer: patients waiting no more than 62 days from urgent GP referral to treatment is reported at 82.0% for April against a target of 85.0%. Out of 35 Treatments a total of 7 breaches were shared with GSTT, with one whole breach with LHT (haematology). ◆ Cancer: patients waiting no more than 62 days for all referrals from NHS Screening programme to treatment is reported at 50% against the target of 85% for April. 2 patients were treated, 1 patient chose a later diagnostic date, which delayed the pathway by three weeks. Please see Appendix 1 for information on the current rolling year figures for Cancer. ◆ Complaints resolved within 25 days is reported at 47% for April, against the target of 70.0% or above, a decrease on the March figure of 64.0%. Complaints resolved within agreed timescales is reported at 64.0% for April against the target of 95.0%, a decrease on the March figure of 83.0%. ◆ The ratio of A&E attendances to A&E admissions for May stands at 17.6% against a target of at or below 16.0%. This is attributable to a continuing shift in volume and complexity which is evident in coding and the increase in the conversion rate.	<p>These breaches were due to patient choice. The department will continue close monitoring of the Cancer Waiting Time performance.</p> <p>All patients breached due to medically complex cases.</p> <p>Due to the inconsistency with achieving the screening target, an action plan is being developed to implement corrective action and improve performance. This will include closer working between the Bowel Cancer Screening Unit and the Cancer data office, best practice sharing with high performing Trusts within London Cancer Alliance, and weekly monitoring of performance results.</p> <p>The individual directorate response rates will differ to those of the overall complaints figures as multi directorate complex complaints are not included for the purpose of the directorate figures. Surgery are below target for the April reporting for directorate response rates. All other Directorates have met the targets for April.</p> <p>Directorate to continue to make efficient use of admission avoidance resources, community services and early supported discharge to avoid admissions. Upward trend expected to continue.</p>

	<ul style="list-style-type: none"> ◆ EDS completion –within 24 hours of discharge is reported at 85.8% for May, an increase on the April figure of 84.5%, against the target of 95.0%. ◆ The total number of deliveries for May was reported at 302 with 1.0% taking place outside an obstetric unit. This is below the planned target of 357 for May against a year end target of 4244. ◆ Agency spend for the month of May is £723k up on the figure of £625K reported for April. £23K of this relates to Integration Programme Board spend. 	<p>Upward trend expected to continue</p> <p>Bookings were down in October, November and December 2012. This could have been the TSA affect. Bookings for January, February and April 2013 are up on previous years.</p> <p>Further detail on Transition Costs are provided in Finance Board report. Further breakdown of agency/bank spend relating to integration will be provided for the July Board.</p> <p>All the winter schemes remain in place due to the pressures in the emergency pathway, which drives a significant portion of temporary staff spend.</p>
Amber	<ul style="list-style-type: none"> ◆ Theatre Utilisation (Elective) is reported at 82.7%, for May, against a target of 85.0%. ◆ Bank spend is at £628K for May, £8K over the target, but a reduction on the April figure of £708K. £4 relates to Integration Programme Board spend. ◆ PDR completion rate is reported at 78.3% for May with target of 90.0% for the full Year. 	<p>59 hours were lost due to short notice cancellations, patients being unwell or unfit for treatment, procedures being completed in less time than anticipated and under booked lists. 69 hours were lost due to on the day cancellations. Of these cancellations on the day 18 related to Patients under Pain specialty with 6.5 hours in total lost to this cohort.</p> <p>Further information on Transition Costs are provided in Finance Board report. Further breakdown of agency/bank spend relating to integration can be provided for the July Board.</p>
Green	<ul style="list-style-type: none"> ◆ The Trust's position in May against achieving the 4 hour A&E attendance target is reported at 95.6%, reaching the target of at or above 95.0%. ◆ There were no reported cases of MRSA bacteraemia in May, against a requirement for zero tolerance for 2013-14. ◆ The Trust has reported 1 case of C.Difficile year to date, against a planned target of a maximum of 10 cases for the full year. 	

- ◆ Cancer: Patients waiting no more than 2 weeks from urgent GP referral to first Out Patient appointment – reported at 94.2% for April against a target of 93.0%
- ◆ Cancer: patients waiting no more than 62 days for all referrals from Consultant upgrades to treatment - is reported at 100.0% for April against a target of 85.0%.
- ◆ Operations cancelled by the Trust for non-clinical reasons on the day of surgery was reported at 0.78% against a target of 0.80% for May. A total of 14 operations were cancelled for non-clinical reasons. Further details in Appendix 1.
- ◆ All patients whose operations were cancelled by the Trust for non-clinical reasons were seen within 28 days for May.
- ◆ 18 week non-admitted performance remains comfortably above threshold of 95.0% at 99.0%. 18 week admitted performance is at 93.1% for May, and remains above the target of 90.0%. Incomplete pathways is reported at 95.2% against the target of at least 92.0%.
- ◆ Average Occupancy for May stands at 92.4% which is just within the target range of 85.0% - 92.4% for Green.
- ◆ Average Length of Stay is reported at 4.2 days, against the target of under 4.3 for May.
- ◆ DNA Rates – overall Acute DNA rates are reported at 11.7% for May, up slightly from the 11.0% reported for April, DNA rates for follow up appointments are reported at 12.1%, first appointments are reported at 11.2% within target range of 13.0%.
- ◆ Diagnostics waiting less than 6 weeks - Non-audiology is reported at 100.0% for May against a target of 99.0%.
- ◆ Ethnicity Monitoring – Community Services on Rio at first contact is reported at 91.3% for end of Q4, against a target of above 85%, increase against the Q3 position of 88.9%.
- ◆ NHS Number completeness for all patients excluding A&E stands at 98.6% for May, still

	<p>above the target of 95.0% plus.</p> <ul style="list-style-type: none"> ◆ A&E NHS number completeness was reported in May at 95.9% and remains above the target of at or above 88.0%. ◆ Unfilled posts FTE reported at 554 with the Unfilled posts rate reported at 17.4% for May. ◆ The sickness absence rate is reported at 3.3% in May, meeting the target of at, or below 4.3%. ◆ Mandatory training is reported at 75.0% for May, against target of 21.25% for Q1, with a target of 85.0% at year end. 	
No Target – Black	<ul style="list-style-type: none"> ◆ Number of days delayed where LHT/NHS was the reason for the delay, has increased slightly in May to 86 from 85 in April. Total of 2 patients whose transfer was delayed. ◆ There were 15 SIs reported in May, with 10 SIs reported as being stepped down ◆ There were 335 incidents reports in May. ◆ There were 36 complaints received in May and 15 compliments. ◆ Total admissions via A&E increased in May to 1706 (from 1646 in April). ◆ Key Indicators for Finance reporting have been developed with Chair of the Finance Committee and form part of Performance Framework for 13/14 and are reported through the Finance Committee. 	
Information not received	<ul style="list-style-type: none"> ◆ Day of Surgery Admissions (Surgical Specialties only) ◆ Rapid Access Chest Pain Clinic ◆ A&E Minors over 4 hours ◆ New to follow up ratio ◆ GP coding completeness ◆ Patient Postcode completeness ◆ Choose & Book, Services Live and directly bookable 	<p>Information not available at time of report</p> <p>Delay due to change in Commissioning arrangements and move to new data warehouse systems.</p> <p>Information will be available for next months' reporting</p> <p>Information not available from the National HSCIC Choose and Book reporting system at the time of the report.</p>

Appendix 1 – Trust Board Scorecard Report

Changes to Indicators included on the Trust Board Scorecard Report – May 2013

Additions/Further Information – May 2013

Target /Indicators	Current status	Rationale for Addition / alteration / Information
Non-Clinical on the day Cancellations for May – Total 14 No Surgeon available 5 Clinically difficult with other patients 3 List Over ran 2 To do this patient list would overrun 1 No equipment/Instruments 2 Unfit for surgery (surgical) 1	0.78% - Green	Clarification on detail of cancelled ops at the request of April Board Meeting
Cancer targets – figures for the rolling year May 2012 – April 2013 2 week wait (93%) 2 week wait Symptomatic Breast (93%) 31 day 1 st Definitive Treatment (96%) 31 Day Subsequent Treatment (Drugs) (98%) 31 day Subsequent Treatment (Surg) (94%) 62 Day Treatments (GP Ref) (85%) 62 Day Screening (90%) 62 Day Upgrades (routine referral consultant upgrade) (n/a)	93.99% - Green 92.93% - Red 100% - Green 100% - Red 98.14% - Green 87.37% - Green 70.00% - Red 78.18% - n/a	Rolling average to be included as part of the reporting going forward

Alterations – May 2013

Target /Indicators	Current status	Rationale for Addition / alteration
Change in Bank/Agency targets for 2013-2014	Bank – Green Agency - Red	Reviewed and rebased on 2012/13 actual spend. Workforce committee to review/ratify Bank and Agency spend targets

Removals – May 2013

Target /Indicators	Current status	Rationale for removal
General		
Target /Indicators	Current status	Rationale
<p>Areas shaded in Grey are reported in arrears.</p> <p>Areas shaded Grey pre April 2012 in the Quality & Patient Safety and Workforce Sections specifically, are indicators where information was not reported at that level of detail in previous years.</p> <p>Areas shaded Bright Blue is where information has not been available at the time of report.</p>		<p>Clarity on which areas are reported in arrears, and where information not available at the time of the report.</p>