

External Assessments	Ratings	Annual health check		Risk Ratings	
		Use of Resources	Quality of Service	Financial	Non-Financial
	Current	Good	Good	2.9	Amber
	Predicted	Good	Good		

Clinical Quality

Current Period	G
Forecast Outturn	G

Adverse Incidents	G
Overall Mortality Rate	G
Avoidable Mortality	G
Readmission Rate	G

Patient Experience

Current Period	A
Forecast Outturn	A

Patients Survey	A
Complaints	G
Hospital Cancellations	A
Cleanliness	R

Access and Targets

Current Period	A
Forecast Outturn	G

National Targets - Monitor/Prov Agency	A
National Targets - Other	G
18 week Referral to Treatment (RTT)	G
Hospital Acquired Infections (MRSA/C.diff)	R

Strategy

Day Treatment Centre	
Additional activity against plan	G

Strategic Redevelopment Projects	
% Target progress to date	G

Market Share	
First Outpatient Activity	G
Non-Elective Activity	G
Day Case Surgery	G
Maternity Deliveries	G

Workforce & Efficiency

Current Period	A
Forecast Outturn	A

Length of Stay	G
DNA Rate	A
Surgical DC % Rate	A
Productivity Index/Activity per WTE	G
Theatre utilisation	A
OP Follow Up Ratio	G
Sickness Absence Rate	A
Turnover Rate	G
Vacancy Rate	A

Finance

Current Period	R
Forecast Outturn	G

Risk rating	R
Overall Income & Expenditure	G
Performance against SLA	G
Cost Improvement Plan	R
Cash position against plan	G
Order Book	G

Finance

Period: April 2008

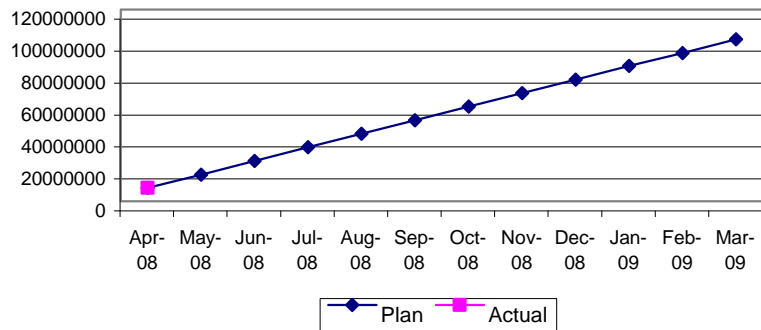
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Risk Rating

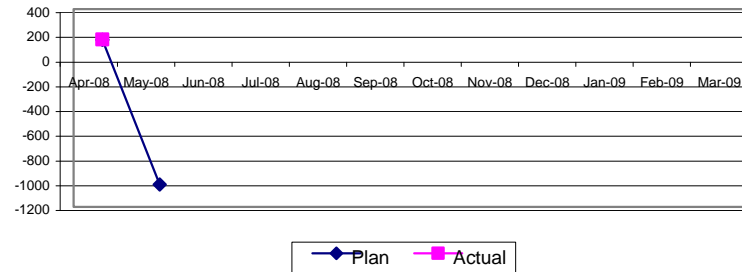
Risk Ratings - Monitor Methodology		Year to Date			Forecast Outturn			
Financial Criteria	Weighting	Metric description	Metric Value	Rating	Weighted Rating	Metric Value	Rating	Weighted Rating
Achievement of plan	10%	EBITDA achieved (% of plan)	95.23	4	0.40	100.00	5	0.5
Underlying performance	25%	EBITDA margin (%)	6.85	3	0.75	7.15	3	0.75
Financial efficiency	20%	Return on Assets (%)	0.42	2	0.40	5.24	4	0.8
Financial efficiency	20%	I&E surplus margin (%)	1.18	3	0.60	100.00	3	0.6
Liquidity	25%	Liquid. ratio (days)	17.527	3	0.75	17.404	3	0.75
Overall rating					2.90			3.40

<3 = Red

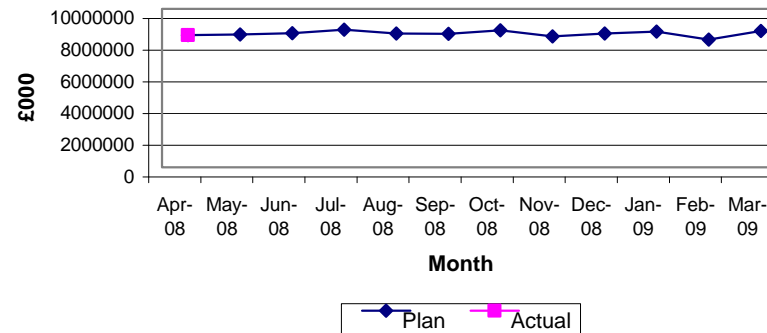
Cumulative performance against SLA



Cumulative I&E Surplus



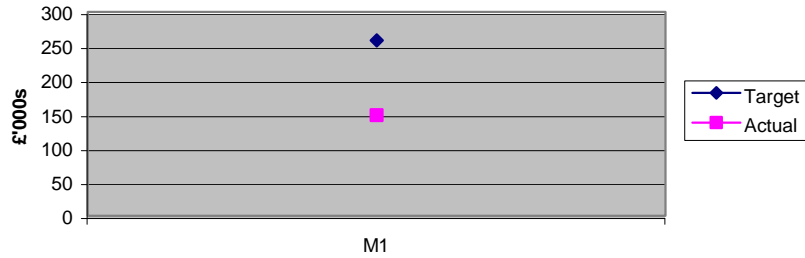
Performance against SLA - Monthly



Finance

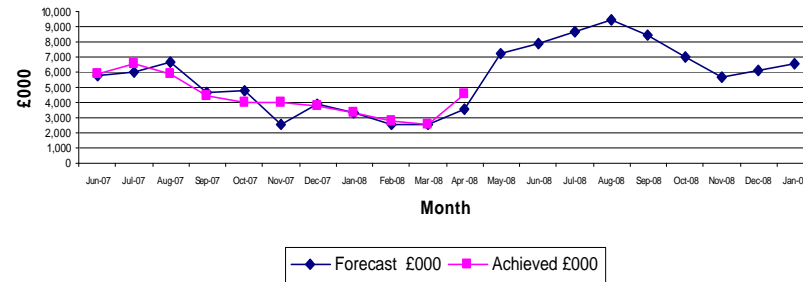
Period: April 2008

Cost Improvement Programme

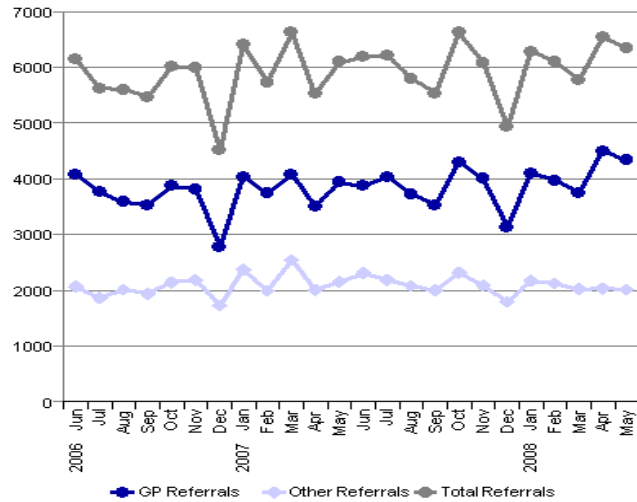


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Rolling Cashflow Forecast



Order Book = Outpatient referrals



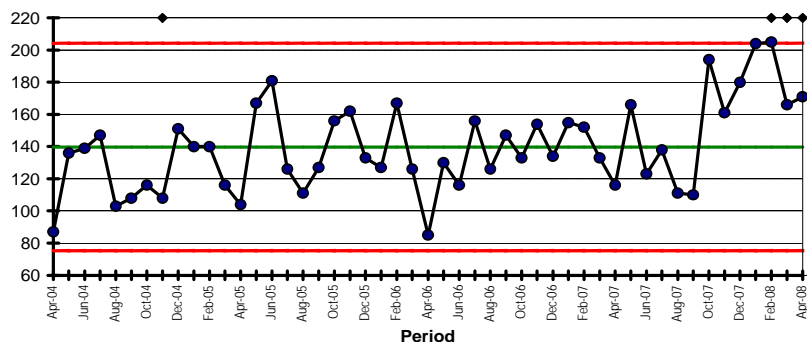
Clinical Quality

Period: April 2008

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Adverse Incidents

Total Reported Clinical Incidents by Month

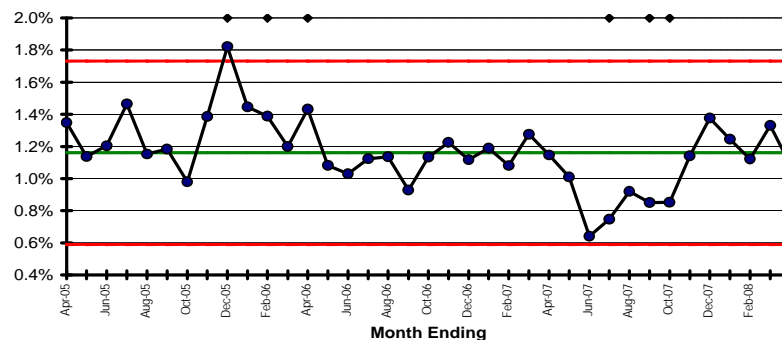


Benchmark information - not currently available

Green: within normal SPC parameter or positive test AND benchmark is better than England
 Amber: within normal SPC parameter or positive test AND benchmark is above England
 Red: adverse SPC statistical tests met

Overall Mortality Rate

Total MORTALITY Rate (% of all discharges)



Benchmark (Dr Fosters Intelligence. Standardised Mortality Rate, England, Annual)
 Standardised on total England data = 100

Trust	1 year SMR	Trust	1 year SMR
Royal Free Hospital	74	Newham University Hospital	100
St George's Healthcare	80	Barking Havering & Redbridge Hospitals	100
Homerton University Hospital	81	Whipps Cross University Hospital	101
Guy's & St Thomas'	82	Queen Elizabeth Hospital Woolwich	104
The Whittington Hospital	84	Dartford & Gravesham	104
Bromley Hospitals	88	West Middlesex University Hospital	105
Chelsea & Westminster	88	Epsom & St Helier University Hospital	105
Barts & The London	89	Barnet & Chase Farm Hospitals	106
North West London Hospitals	91	Ealing Hospital	107
University College London Hospital	92	Kingston Hospital	114
Hillingdon Hospital	93	Queen Mary's Sidcup	116
Kings College Hospital	94	North Middlesex University Hospital	123
Lewisham University Hospital	96	Basildon & Thurrock	126
Mayday Healthcare	97	Imperial Healthcare	n/a

Green: within normal SPC parameter or positive test AND benchmark is better than England
 Amber: within normal SPC parameter or positive test AND benchmark is above England
 Red: adverse SPC statistical tests met

Avoidable Mortality

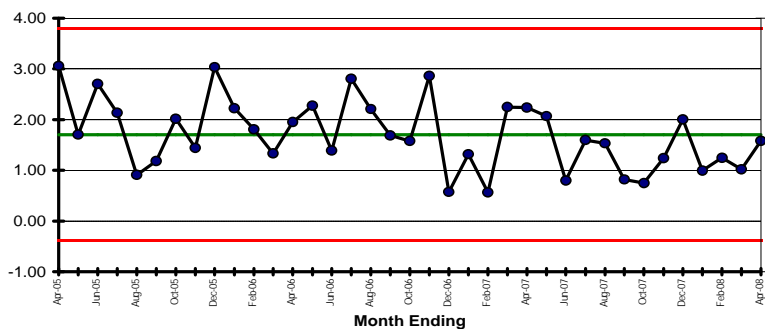
Readmissions

Clinical Quality

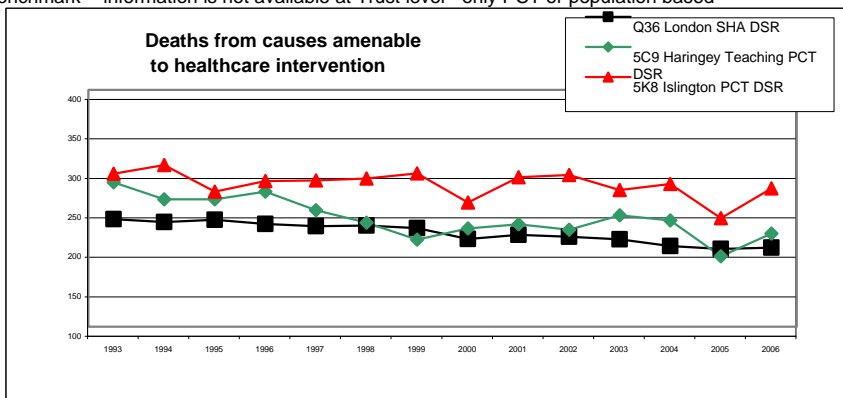
Period: April 2008

Defined as "deaths from causes considered amenable to health care... Healthcare intervention includes preventing disease onset as well as treating disease."

Avoidable Mortality - deaths per 1000 discharges



Benchmark - information is not available at Trust level - only PCT or population based



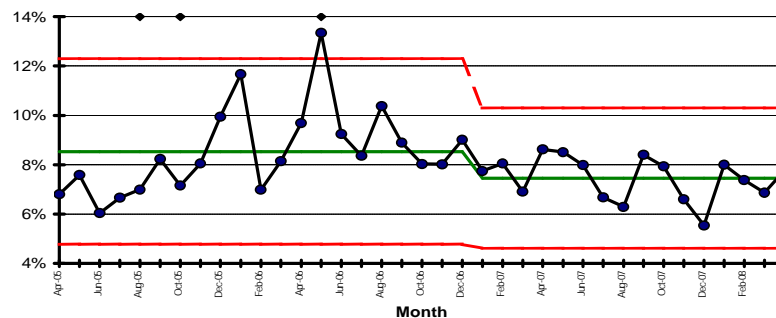
From Clinical and Health Outcomes Knowledge Base

Green: within normal SPC parameter or positive test AND benchmark is better than England
 Amber: within normal SPC parameter or positive test AND benchmark is above England
 Red: adverse SPC statistical tests met

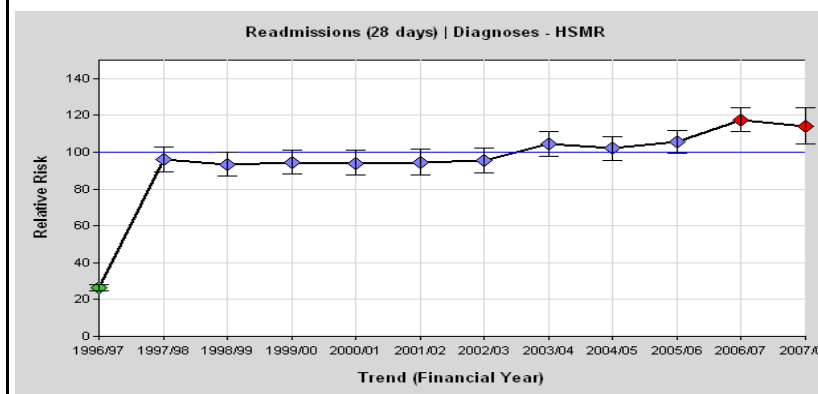
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source: PAS. Related Condition = same HRG chapter. Benchmark = mean over the period

Related Condition 28-day Redmission rate



Benchmark



source: Dr Foster Intelligence. Relative Risk = index. Benchmark Year=1997/98, England data

Green: within normal SPC parameter or positive test AND benchmark is better than England
 Amber: within normal SPC parameter or positive test AND benchmark is above England
 Red: adverse SPC statistical tests met

Access and Targets

Detail for the Access & Targets Domain

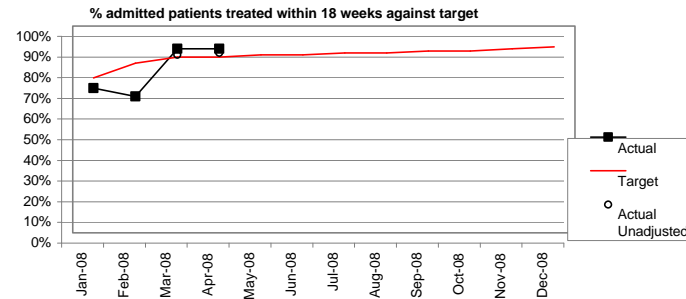
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National Target Indicators - reviewed by Monitor/Provider Agency				
Standard	Criteria	Target	Apr-08	YTD
Reducing Mortality from Cancer				
Wait from GP Referral until Seen	% seen within 14 days	98%	100%	100.0%
Wait from Decision to Treat until Treatment	% treated within 31 days	98%	100%	100%
Wait from GP Urgent Referral until Treatment	% treated within 62 days	95%	100%	100.0%
Inpatients waiting over 26 weeks				
		0	0	0
GP referred Outpatient waiting over 13 weeks				
		0	0	0
Reducing Infections (mandatory surveillance items)				
MRSA Bacteraemia Rates (1000 bed days)	London Benchmark	0.22	0.43	0.43
Number of MRSA Infections	60% Reduction from 06/07	12	4	4
Supporting patient choice and booking				
Choice of dates offered for Outpatient Appointments	% of new referrals	100%	100%	100%
Choice of dates offered for Elective Admission	% of decisions to treat	100%	100%	100%
ED Time :- Total treatment time in ED				
	% within 4 hours	98%	98.5%	98.5%
Ensuring patient right of redress following cancelled operations				
Operations cancelled for non-clinical reasons	% of elective admissions	<0.8%	0.73%	0.73%
Offers of new binding date	% within 28 days	95%	100%	100.00%
Delayed transfers of care				
Number of delayed bed-days			185	185
% delayed patients as a % of all patients		<=3.5%	2.5%	2.5%
Reducing Mortality from Heart Disease				
Wait from GP Referral until Seen in RACP Clinic	% seen within 14 days	100%	100%	100%
Each national core standard	number of standards failed	0		

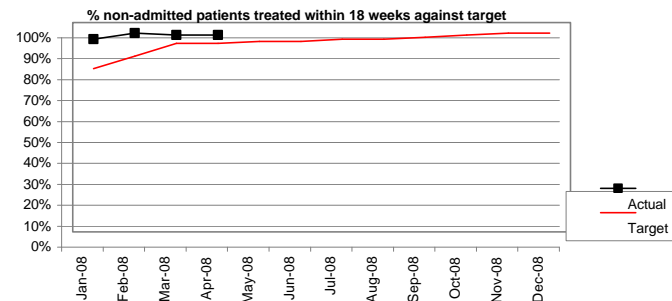
Other National Target Indicators - included within the Annual Health Check				
Standard	Criteria	Target	Apr-08	YTD
Clostridium Difficile				
	Meeting 4 DQ requirements	100%	-	-
Admitted Patients Ethnic Code				
	% of FCEs	95%	-	-
Drug misusers: information, screening and referral				
	Meeting 5 requirements	100%	100%	
Emergency bed-days				
Number of emergency bed-days		8074	8,457	8,457
% Drop from last year	5% Reduction by 2008		-1%	-1%
Patient Experience				
	Patient Surveys		n/a	n/a
Reducing inequalities in Infant Mortality				
Smoking in pregnancy at time of delivery	% of deliveries	<17%	10.5%	10.5%
Rate of Breastfeeding at birth	% of deliveries	78%	89.2%	89.2%
Obesity: compliance with NICE guidance 43				
			100%	
Participation in audits				
			n/a	
Referral to treatment times milestones for 18 weeks				
	see separate section			
Diagnostic Waits				
	see separate section			

Waiting Targets				
Standard	Criteria	Target	Apr-08	YTD
Referral to treatment times milestones for 18 weeks				
Admitted Care 18 week RTT		Overall	Green	
% Admitted Patients < 18 wks	85% for March 2008	85%	89%	
Non Admitted Care 18 week RTT		Overall	Green	
% Non Admitted Patients < 18 wks	90% for March 2008	90%	94%	
Inpatient		Overall	Green	
% Inpatient admissions < 11 wks			90.8%	
% Inpatient admissions < 20 wks		97%	98.7%	
26 week Breaches		0	0	0
Outpatient		Overall	Green	
% 1st GP Outpatients waits < 5 wks			87.0%	
% 1st GP Outpatients waits < 11 wks		97%	100%	
13 weeks Breaches		0	0	0
Diagnostic		Overall	Green	
Diagnostic Waits (non audiology)	% waiting within 13 weeks	100%	100%	
13 weeks Breaches		0	0	
Total diagnostic tests	% waiting within 6 weeks	-	100%	
Wait for MRI Scan appointment	% waiting within 6 weeks	-	100%	
Wait for CT Scan appointment	% waiting within 6 weeks	-	100%	
Wait for Ultrasound appointment (non-obstetric)	% waiting within 6 weeks	-	100%	
All other diagnostic tests (non audiology)	% waiting within 6 weeks	-	99.0%	

Admitted patients



Non Admitted patients



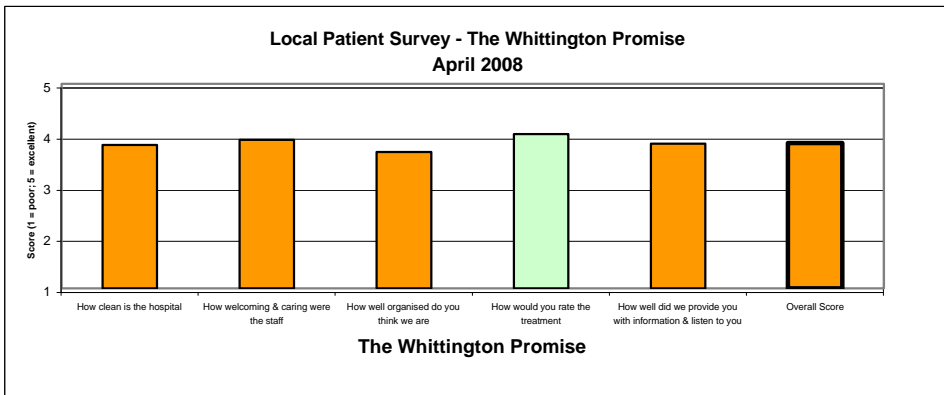
Patient Experience

Period: April 2008

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Patient Survey

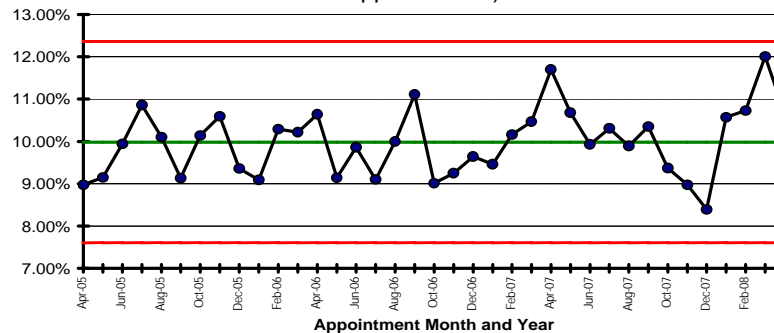
A summary scores has been calculated for each of the Whittington Promises



Green = score between 4 and 5
 Amber = score between 3.5 and 4
 Red = score below 3.5

Hospital Cancellations

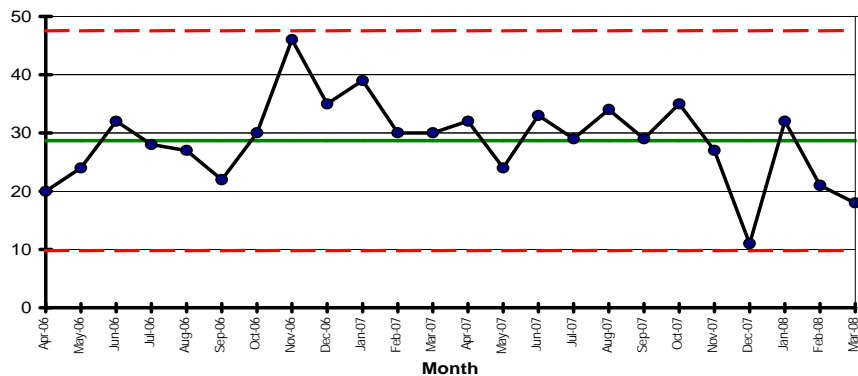
Cancellation Rate by Hospital (Total Outpatient Appointments)



Green: within normal SPC parameter or positive test AND progress to target (if specified)
 Amber: within normal SPC parameter or positive test AND no progress to target (if specified)
 Red: adverse SPC statistical tests met

Complaints - numbers

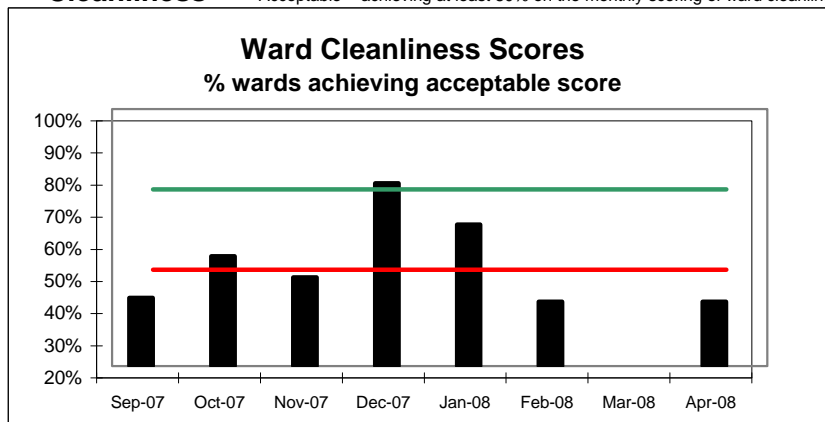
Number of Complaints



Green: within normal SPC parameter or positive test AND progress to target (if specified)
 Amber: within normal SPC parameter or positive test AND no progress to target (if specified)
 Red: adverse SPC statistical tests met

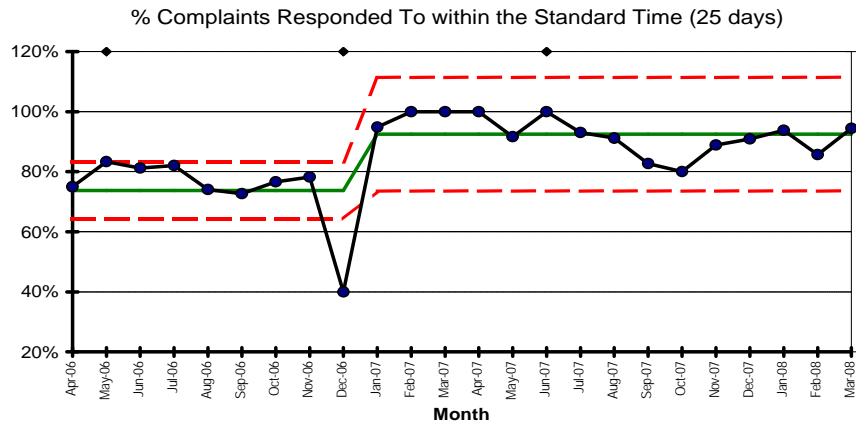
Cleanliness

Acceptable = achieving at least 80% on the monthly scoring of ward cleanliness



Green line = threshold between Green and Amber (75%)
 Green line = threshold between Green and Amber (75%)
 Red line = threshold between Red and Amber (50%)

Complaints - Response Times



Complaints - Dissatisfied

Escalation of Complaints	2004/05	2005/06	2006/07	2007/08
% Dissatisfied Complainants	17%	14%	8%	11%
No of complaints referred to Healthcare Commission	2	11	13	1
No of complaints referred to Ombudsman	0	1	0	0

Strategy

MARKET SHARE

Performance Thresholds

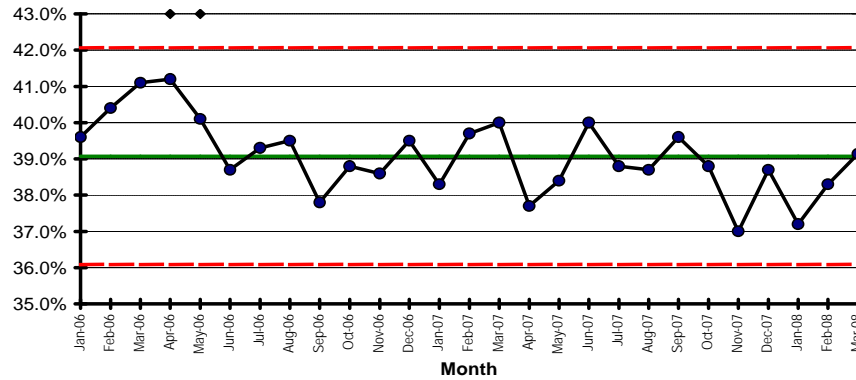
Green: within normal SPC parameter or positive test AND progress to target (if specified)

Amber: within normal SPC parameters and no progress to a target (if specified)

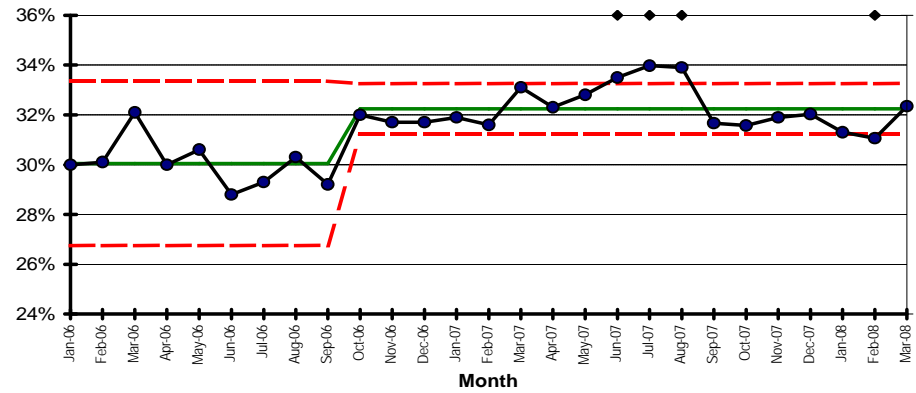
Red: adverse SPC statistical tests met

First Outpatient Attendances

Whittington: Islington First OP Attendances

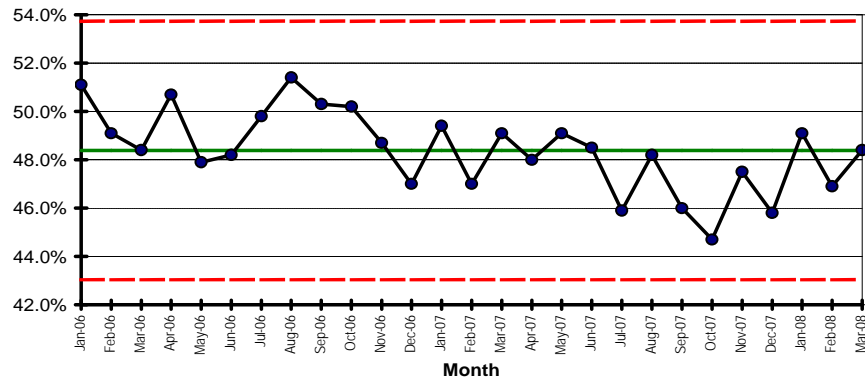


Whittington: Haringey First OP Attendances

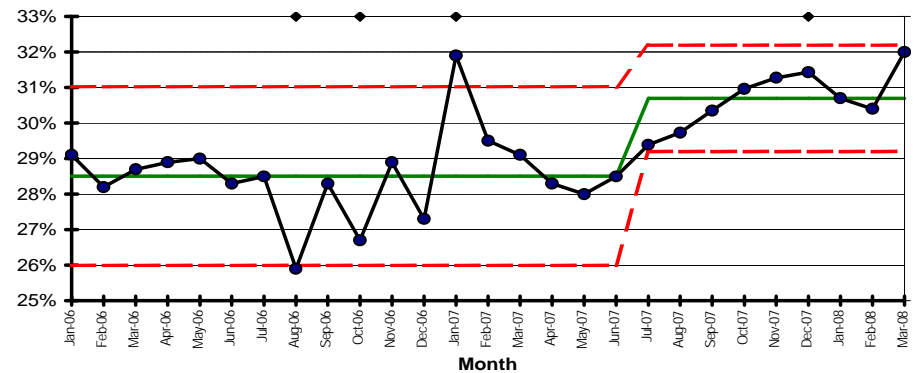


Non-Elective Admissions

Whittington: Market Share for Islington Non Elective Admissions



Whittington: Market Share for Haringey Non Elective Admissions

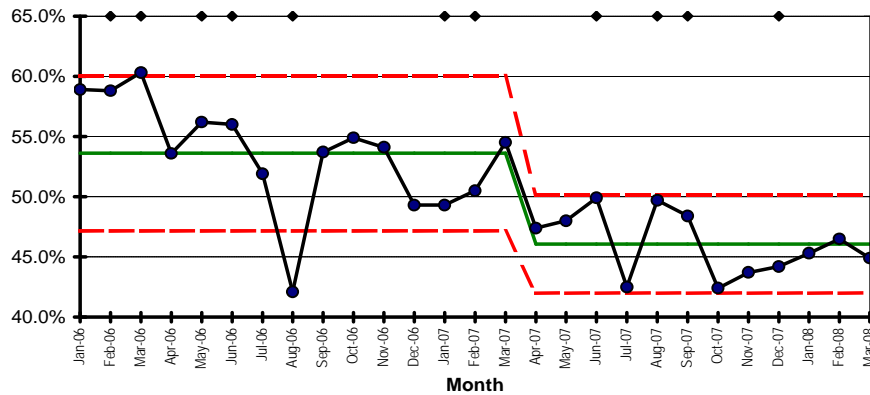


Strategy

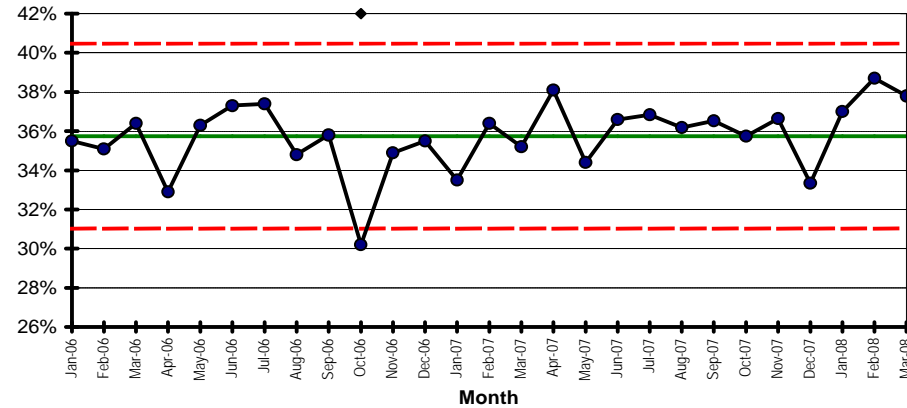
Day Case Surgery

(General Surgery, Orthopaedics, Urology, ENT, Gynaecology, Pain Management, Gastroenterology only)

Whittington: Market Share for Islington Day Case Surgery



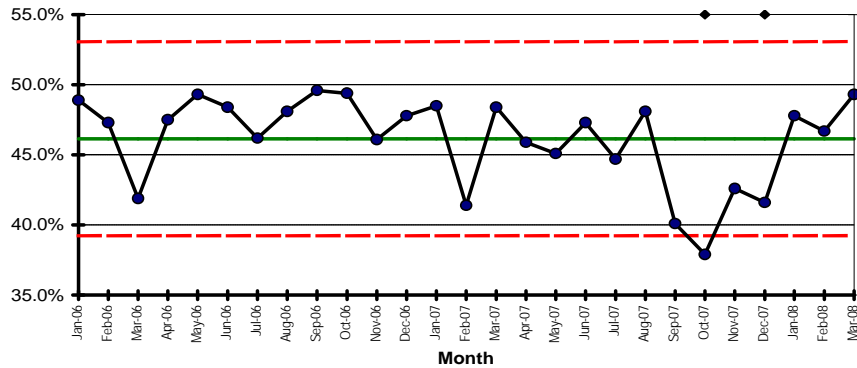
Whittington: Market Share for Haringey Day Case Surgery



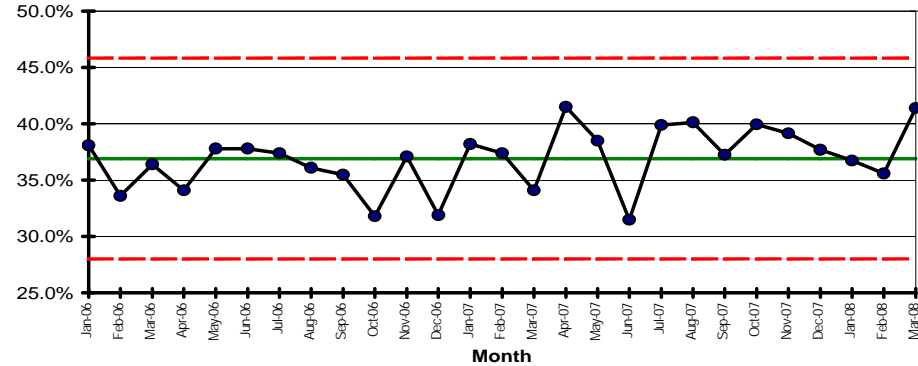
Note: Market distorted by University College Hospital and the Royal Free Hospital converting significant numbers of their Elective IP to Day Cases

Maternity Deliveries

Whittington: Market Share for Islington Maternity Deliveries



Whittington: Market Share for Haringey Maternity Deliveries

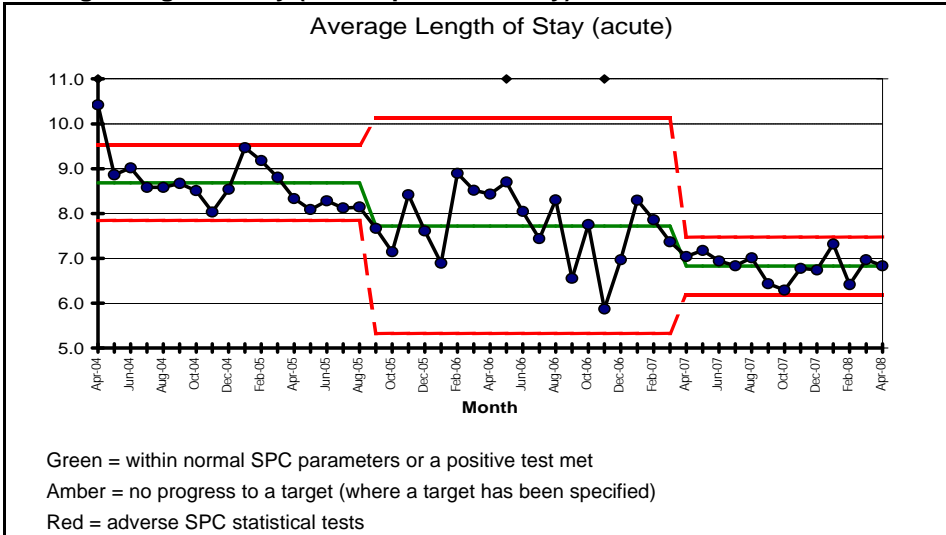


Workforce & Efficiency

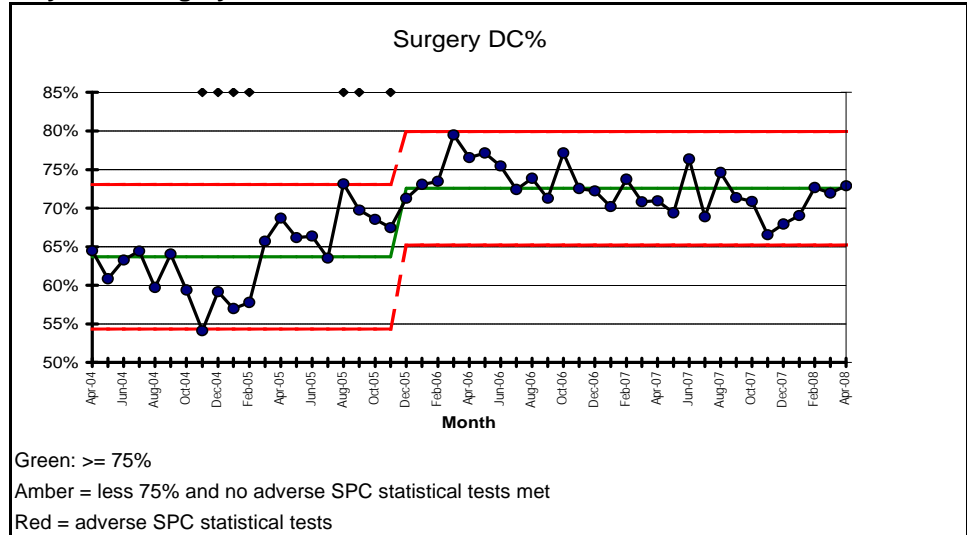
Period: April 2008

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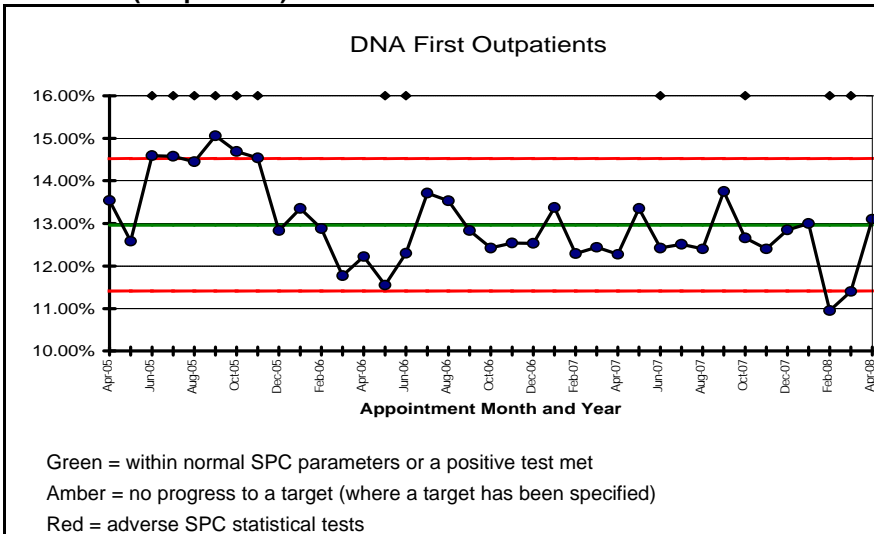
Average Length of Stay (acute specialties only)



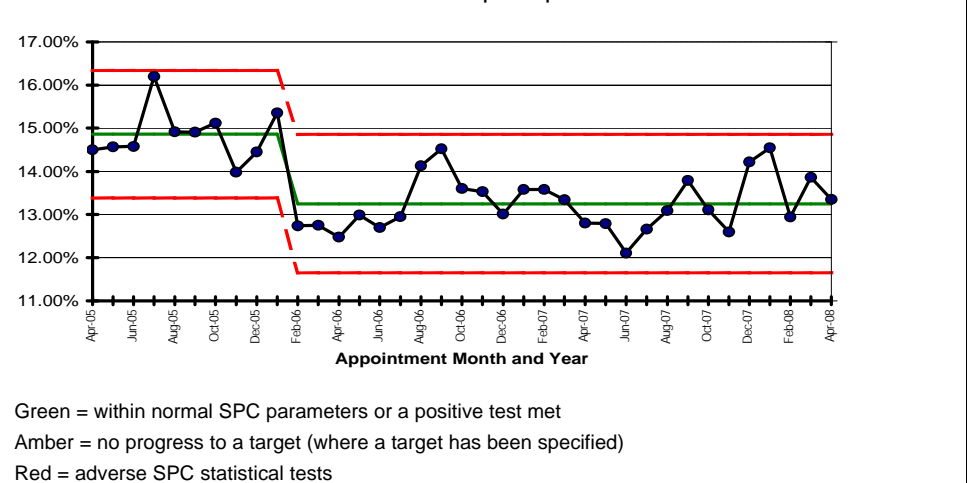
Day Case Surgery Rate



DNA Rate (Outpatients)

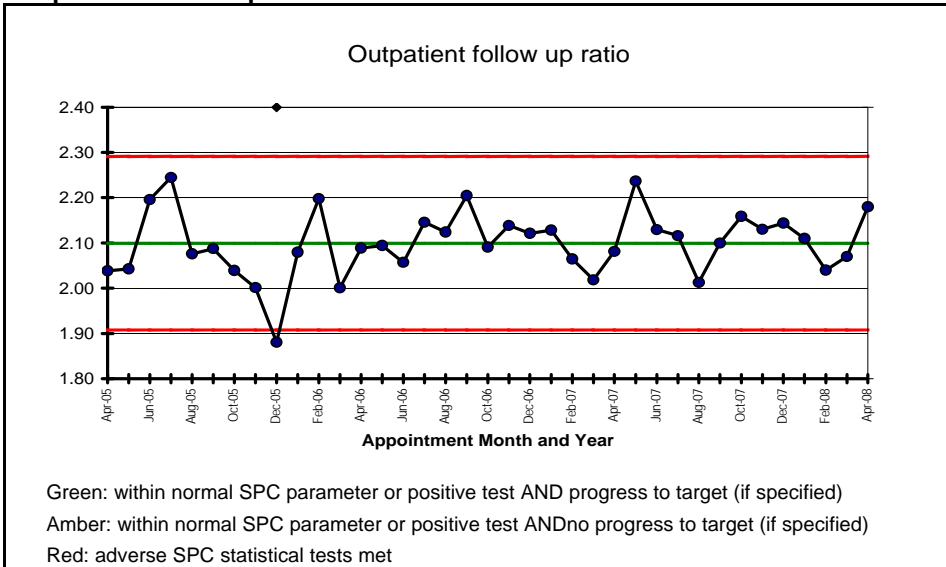


DNA Rate Follow up Outpatients

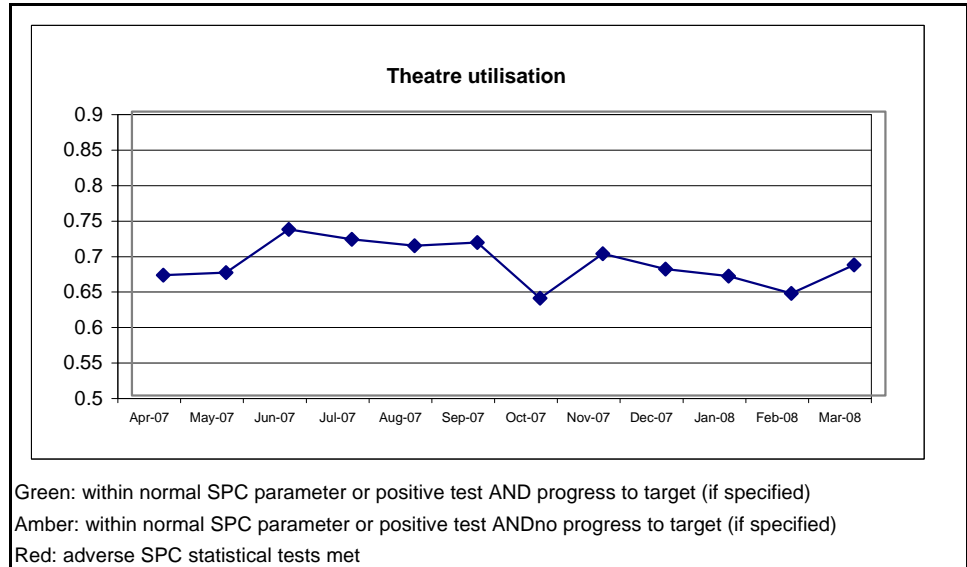


Workforce & Efficiency

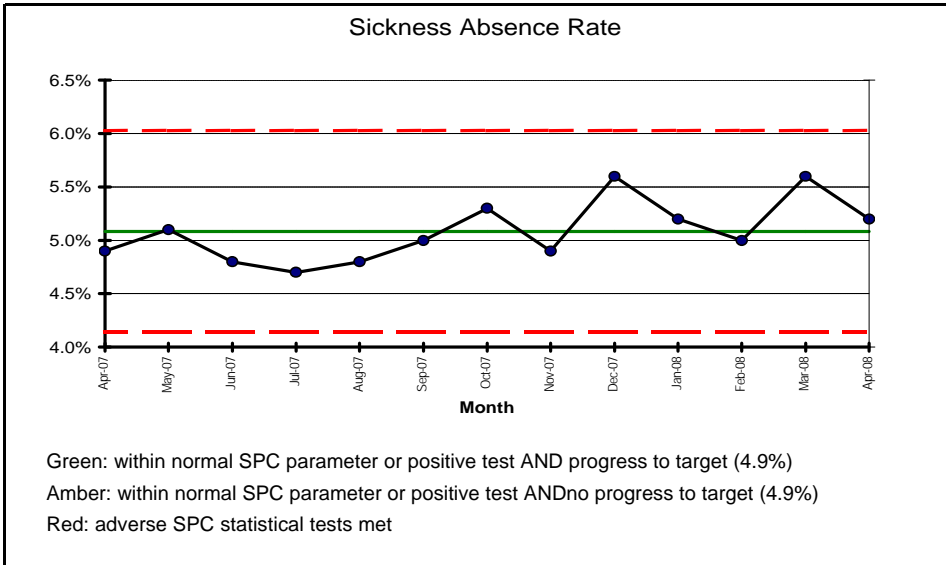
Outpatient Follow Up ratio



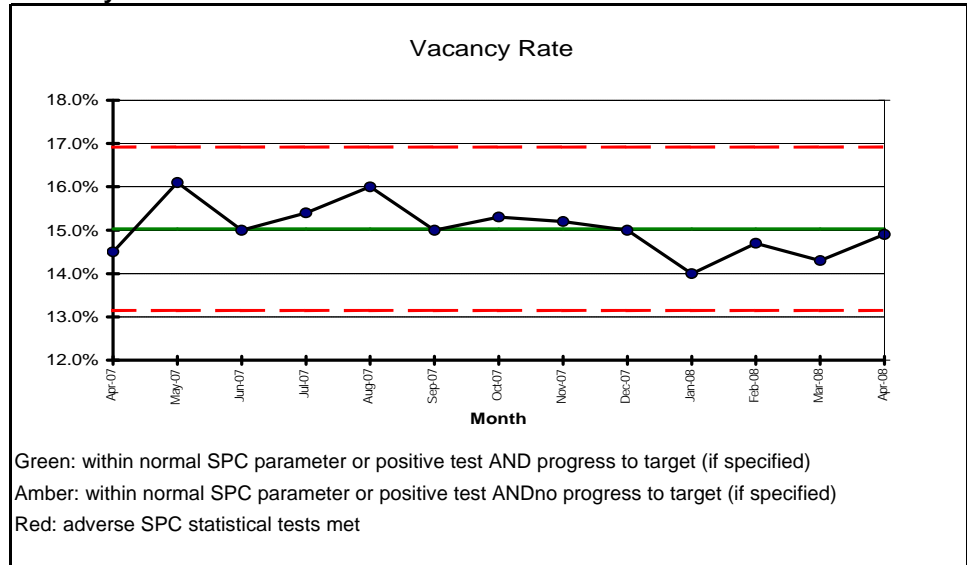
Theatre Utilisation



Sickness Absence Rate



Vacancy Rate



Workforce & Efficiency

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Workforce & Efficiency				
Standard	Criteria	Target	Apr-08	YTD
Length of Stay	LOS Project	6.8	6.8	6.8
Surgical DC % Rate	Trust Benchmark	75%	73.0%	73.0%
DNA Rate				
Elective Admission (IP/DC)	London Average	4.20%	n/a	n/a
First OP	London Average	12.00%	13.1%	13.1%
Follow Up OP	London Average	14.26%	13.4%	13.4%
Productivity Index/Activity per WTE against Plan				
Achievement against Plan (100)	achievement of IBP			110
Theatre Utilisation	Trust Benchmark	75%	68%	70%
Outpatient Follow up Ratios	Trust Benchmark	2.00	2.18	2.18
Sickness Absence Rate	Trust Benchmark	4.90%	5.2%	5.2%
Vacancy Rate	Trust Benchmark	n/a	14.9%	14.9%
Turnover Rate	Trust Benchmark	14%	12.6%	12.6%

Bed day Use - see HMB paper: Service Improvement (LOS)

DNA Rates: see Finance & Performance paper on Productivity measures

Surgical DC Rates: see Finance & Performance paper on Productivity measures

Productivity Index/Activity per WTE: see [no report currently available]

Theatre Utilisation: see Theatre User Group reports

Sickness Absence Rates: see HMB Paper - HR indicators

Vacancy Rates: see HMB Paper - HR indicators

Turnover Rates: see HMB Paper - HR indicators