

Trust name	The Whittington Hospital NHS Trust	
Trust type	Acute	
Trust service performance	1	
Trust risk rating on basis of this score	Amber	NB, Provider Agency will take other factors into account to determine risk rating

Target	Weighting	Thresholds	Monitoring period	Relevant trusts	Status	Score	Exclude? (specialist trusts only)	Rationale for excluding target	Notes
Clostridium difficile year on year reduction (to fit the trajectory for the year as agreed with PCT against national plan)	1.0	0	Year to date	Acute	No breach	0	No		
MRSA year-on-year reduction (year-end target)	1.0	0	Annual	Acute	Breach	1	No		Where trusts have less than 12 cases in a year, this target will not apply as long as there is no increase in the actual number of cases reported compared to the prior year
Maximum waiting time of 31 days from decision to treat (with subsequent treatments) to start of treatment extended to cover all cancer treatments	1.0	TBC**	From end of Dec 08 and monitored quarterly thereafter	Acute	No breach	0	No		This relates to surgery and chemotherapy only in 2008/09 (for subsequent treatments). By the end of 2010 this target will cover radiotherapy for subsequent treatments. This target differs from existing cancer targets as it covers subsequent treatments and the existing commitments cover time to first treatment.
Maximum waiting time of 62 days from all referrals to treatment for all cancers	1.0	TBC**	From end of Dec 08 and monitored quarterly thereafter	Acute	No breach	0	No		This will replace the 62 day cancer target (weighted 0.5) from 1 Jan 2009. This extends the existing 62 day cancer target to cover all referrals including screening services and consultant referrals.
Maximum waiting time of 6 months for inpatients	1.0	99.97%***	Month	Acute	No breach	0	No		
Maximum waiting time of 13 weeks for outpatients	1.0	99.97%***	Month	Acute	No breach	0	No		
18-week maximum wait by 2008-non-admitted	1.0	95%	Dec-08	Acute	No breach	0	No		Up to Dec 08 trusts monitored against agreed trajectory up to target with tolerance of 1% below trajectory provided no lower than 90%. After Dec 08 monitored each month against target
18-week maximum wait by 2008-admitted	1.0	90%	Dec-08	Acute	No breach	0	No		Up to Dec 08 trusts monitored against agreed trajectory up to target with tolerance of 1% below trajectory provided no lower than 85%. After Dec 08 monitored each month against target
Maintain level of crisis resolution teams set in 03/06 planning round (or subsequently contracted with PCT)	1.0	0	N/A	Mental health	No breach	Not relevant for this trust type	No		

Admissions to inpatient services had access to crisis resolution home treatment teams	1.0	90%	To be achieved from October 2008 and monitored quarterly thereafter	Mental health	No breach	Not relevant for this trust type	No		This applies to all admissions of working age adults, excluding transfers and Psychiatric Intensive Care Unit (PICU). As set out in the Guidance Statement on Fidelity and Best Practice for Crisis Services the crisis resolution home treatment team should: 1. provide a mobile 24 hour, seven days a week response to requests for assessments; 2. be actively involved in all requests for admission. For the avoidance of doubt, actively involved requires face to face contact unless it can be demonstrated that face to face contact was not appropriate or possible. For each case where face to face contact is deemed inappropriate, a self-declaration that the face to face contact was not the most appropriate action from a clinical perspective will be required; 3. be notified of all pending mental health act assessments; 4. be assessing all these cases before admission happens; and 5. be central to the decision making process in conjunction with the rest of the multidisciplinary team.
Minimising delayed transfers of care	1.0	No more than 7.5%	Annual	Mental health	No breach	Not relevant for this trust type	No		The definition of delayed discharge is set out in the National Institute for Mental Health in England (NIMHE) guidance http://www.nimhe.csip.org.uk/silo/files/delayed-transfers-final-guidance-1.doc.doc
100% enhanced Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from hospital	1.0	95%	Quarter	Mental health	No breach	Not relevant for this trust type	No		Follow up contact can include face to face or telephone contact. Guidance on what should and should not be counted when calculating the achievement of this target can be found on Unify2 and STEIS.
Maximum waiting time of 4 hours in A&E from arrival to admission, transfer or discharge	0.5	98%	Year-to-date	Acute	No breach	0	No		
Maximum waiting time of 2 weeks for rapid access chest pain clinics	0.5	98%	Annual	Acute	No breach	0	No		
Maximum waiting time of 2 weeks from urgent GP referral to first outpatient appointment for all urgent suspect cancer referrals	0.5	98%	Quarter	Acute	No breach	0	No		
Maximum waiting time of 3 months for revascularisation	0.5	99.9%	Annual	Acute	No breach	0	No		
Maximum waiting time of 31 days from diagnosis to treatment for all cancers	0.5	98%**	Quarter	Acute	No breach	0	No		This differs from the new 31 day cancer target as it covers first treatments.
Maximum waiting time of 62 days from urgent referral to treatment	0.5	95%**	Quarter	Acute	No breach	0	No		This will be replaced by the new 62 day cancer target from 1 Jan 2009.
Minimising delayed transfers of care by 2008	0.5	No more than 3.5%	Quarter	Acute	No breach	0	No		

Patients with operations cancelled for non-clinical reasons to be offered another binding date within 28 days	0.5	No more than 0.8% cancellations; no more than 5% breaches of 28 day standard	Quarter	Acute	No breach	0	No		
Sexual health - 48-hour access to GUM clinics by March 2008	0.5	98%	Month	Acute	No breach	0	No		
Respond to 75% of category A calls within 8 minutes (call connect)	0.5	75%	Month	Ambulance	No breach	Not relevant for this trust type	No		
Respond to 95% of category A calls within 19 minutes (call connect)	0.5	95%	Month	Ambulance	No breach	Not relevant for this trust type	No		
Respond to 95% of category B calls within 19 minutes (call connect)	0.5	95%	Month	Ambulance	No breach	Not relevant for this trust type	No		
Each national core standard	0.4	N/A	N/A	All	0 breaches	0	No		Either the trust or Healthcare Commission assessed as not met or having insufficient assurance

Notes

* Only a subset of targets may apply in specialist trusts

** For non-specialist trusts; specialist cancer trusts treating one tumour type will be subject to a threshold, based on tumour type's clinical exception rate for the relevant target

*** Subject to a minimum of 1 breach per month