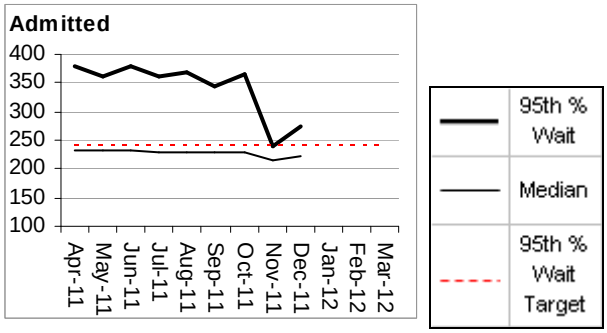
Whittington Health NHS

PERFORMANCE & QIPP DASHBOARD
December 2011

ICAM Feedback

Indicator: Total Time in ED for admitted patients	

Target: 95th percentile to be less than 240 minutes



Commentary & Action plan

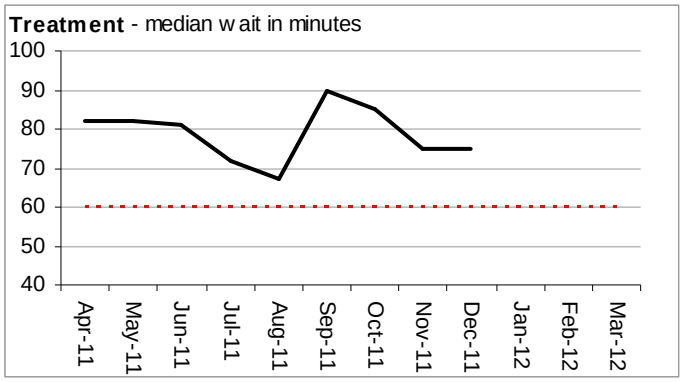
Improvement seen over recent months.
The main causes for remaining breaches are due to Mental Health key reason is repatriating patients to their borough of residence.
Meeting held in Dec 11 with C&I MHFT who will now provide a response on breaches as part of the breach analysis.
Discussions taking place with Planning and Performance Team to renegotiate the Camden and Islington Foundation Trust SLA. The 12/13 SLA will include explicit targets that reflect Quality indicators.

Update on Progress:

As above

Indicator: Urgent Care – Wait for Treatment

Target: Median wait to be less than 60 minutes



Commentary & Action plan

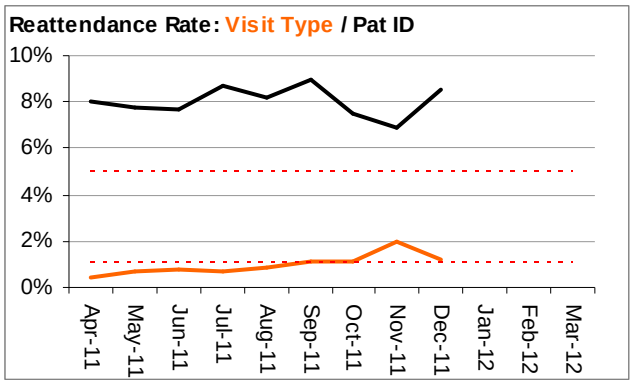
- Development of "pit stop" assessment of major patients to speed up diagnosis and clinical decision – commenced Nov 11
- Establish a dedicated team who would in busy periods be solely responsible for the initial assessment and treatment of LAS patients when they arrive in ED (bid submitted to NCL as part of NHS London ED Performance bids
- Escalation plan in place and ratified at EC
- In process of developing inter-professional standards for the ED clarifying expectations for joint working between ED and speciality teams

Update on Progress:

As above

Indicator: Urgent Care – Reattendance Rate

Target: To be between 1% and 5%



(Pat ID method used as more confident of the accuracy.
Expected to switch to visit type method from December 2011 reporting onwards.
Labour intensive as need to cross reference presenting attendance with previous attendance.
See Quality indicator action plan.

Commentary & Action plan

- Patients who re-attend ED within a week - lists to be monitored to establish if it is for the same condition and sent to IT – every Monday
- If patients re-attend within 1 week and this is identified at reception, this should be logged in EDIS as reattendance – ensure all receptionists are aware and audit.
- ED to link in with community projects that target patients with long-term conditions that may result in multiple ED attendances. Frequent attendees meeting held 8 weekly
- Review of patient information leaflets - patients to be given clear instructions on discharge what to do should their condition not improve
- Review of patients being brought back routinely by doctors and ENP's and ensure coded correctly as planned re:attendance

Update on Progress:

As above

Indicator: 18 Weeks: Admitted Clock Stops

Target: 95th percentile wait to be less than 23 weeks

December 2011 Performance by Specialty

Specialty	< 18wks	>18 wks	% within 18wks	95th percentile (wk)
Chest Medicine	3	0	100%	7.9
Haematology	1	0	100%	4.0
Rheumatology	1	0	100%	14.0
Pain Relief	10	3	77%	52.4

Commentary & Action plan

A review is taking place of the pain service. Training is taking place for staff on when to stop the clock as interrogation of the data has highlighted that this is not consistent.

Update on Progress:

NON REPORTED FOR DEC ON TRAJECTORY TO COME BACK ON LINE

Indicator: Diagnostic 6 Week Wait

Target: 99% seen within 6 weeks (NB target is for 2012/13; no official target for 2011/12)

1 breaches reported in Neurophysiology as at the end of December 2011

Commentary & Action plan

The main breaches has been from Neurophysiology. Consultant sessions have now been increased to deal with the breaches which should reflect an improvement from January.

Update on Progress:

MISSED BY 1 – ON TARGET TO MEET TARGET FROM JANUARY AS PER PLAN

Indicator: Cancer Two Week Wait	
Target: 93% 5 Upper GI and 2 Lung patients waited longer than 2 weeks (Patient choice cited as the reason in 6 cases. In the other case, the patient could not be contacted by phone.)	
Commentary & Action plan Confirmed with Mark Rose that only one patient – haematology.	

Indicator: Cancelled Operations	
Target: < 0.8% of elective admissions 4 Pain patients on the same list were cancelled as there was no surgeon (PAS reason)	
Commentary & Action plan CANCELLED 8 PATIENTS AND RESCHEDULED WITHIN APPROPRIATE TIMEFRAME- IN SOME CASES EARLIER THAN CANCELLED APPT	

Indicator: Follow-Up Ratio (Median & Upper Quartile)

Target: to achieve median benchmark by March 2012 and upper quartile by March 2013

Exclusions: Respiratory Medicine and Gastroenterology

	Follow-Up Ratio			
Specialty	**Median**	**Upper Quartile**	**Dec 11**	**Q3**
Cardiology	1.43	0.92	2.38	2.72
Diabetic Medicine	5.96	3.48	16.48	13.34
Endocrinology	2.96	2.46	3.43	3.28
Gastroenterology	1.79	1.51	1.93	2.43
General Medicine	2.66	1.52	9.48	7.85
Geriatric Medicine	2.16	1.37	3.25	2.95
Haematology (Clinical)	6.46	4.84	3.77	6.05
Nephrology	5.82	3.92	4.19	3.70
Neurology	1.20	0.89	0.84	0.89
Respiratory Medicine	2.23	1.72	1.97	2.00
Rheumatology	3.75	3.18	3.40	3.31

Commentary & Action plan

Cardiology
Cardiac Rehabilitation and Nurse Led Clinics are being moved and therefore should see an improvement in December report

Diabetes
A date is being set for a table top exercise. To include clinical lead, specialist nurse, within January.

Elderly Care
Incorrect procedure codes- including tissue viability sessions at Dorothy Warren Day Hospital. Action : data clean

Acute Medicine
JLM activity to be removed as agreed at ICAM board.

Update on Progress:

As above
Some movement in Elderly care as tissue viability clinics coded correctly.
JLM activity still include – if removed would achieve median
Diabetes and Cardiology (S Hardman) – plan to move clinics /table top exercise on track for both

Indicator: Consultant to consultant activity

Target: Median by March 2012 and Upper quartile by March 2013

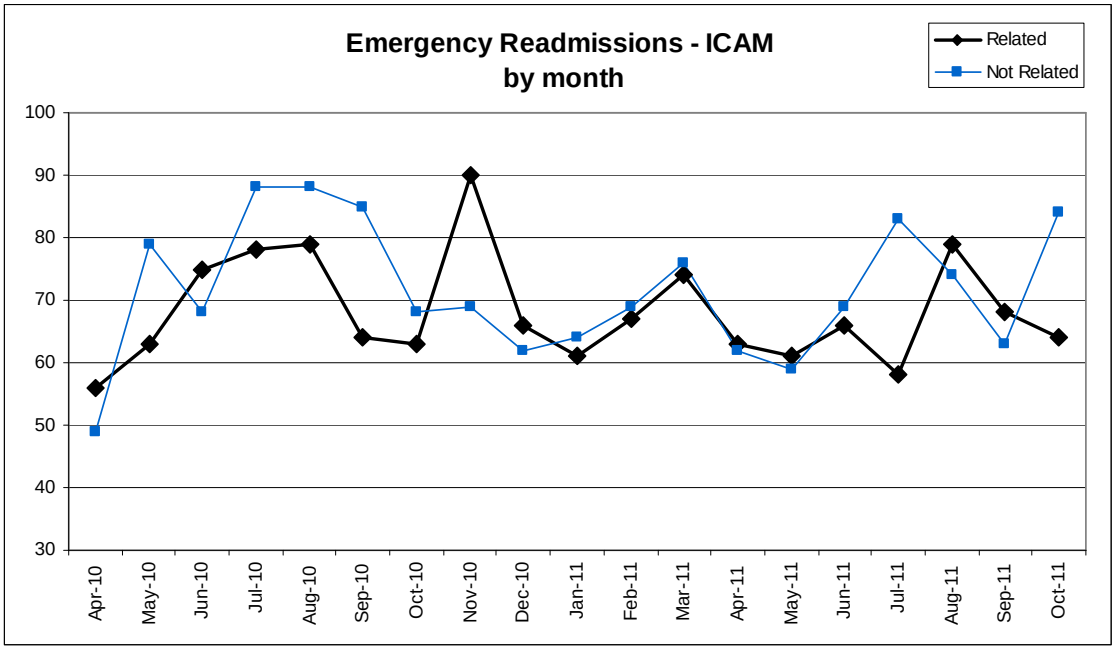
	Consultant to Consultant Activity			
Specialty	**Median**	**Upper Quartile**	**Dec 11**	**Q3**
Cardiology	36 %	24 %	14 %	17 %
Diabetic Medicine	30 %	18 %	22 %	28 %
Endocrinology	20 %	16 %	26 %	14 %
Gastroenterology	24 %	17 %	15 %	17 %
General Medicine	40 %	27 %	30 %	32 %
Geriatric Medicine	48 %	35 %	44 %	33 %
Haematology (Clinical)	35 %	27 %	15 %	16 %
Nephrology	29 %	21 %	6 %	19 %
Neurology	28 %	17 %	16 %	13 %
Respiratory Medicine	37 %	31 %	47 %	49 %
Rheumatology	17 %	14 %	28 %	27 %

Commentary & Action plan

All at median apart from Rheumatology – interrogating further as likely to be orthopaedic referrals – likely to be backwards and forwards.

Indicator: Emergency Readmissions

Target: to achieve a 25% reduction on 2010/11 levels



Commentary & Action plan

The flagging system for patients arriving in ED have been changed.

Links to 30 day readmissions to ambulatory care service.

Looking into referring patients to shop floor c. Plan is for ED consultants on shop floor to see patients who present as readmissions.
Meeting set up with CM to firm up plans on how patients when flagged are seen by Consultant (ambulatory care)

Update on Progress:

Locum post to backfill CM starts May – seeking agency
CM looking at registrar presence in EACS
Additional capacity in FEDS and DN – commenced
NR – commenced EAC clinics

Indicator: Consultant 7 day ward rounds	

Commentary & Action plan

Business case on ICAM consultant requirements to meet NHSL commissioning intents for acute emergency care to be presented to EC , 10 th January.

Indicator: Consultant presence 8-8 every day	

Commentary & Action plan
As above.

Update on Progress:

DRAFT ROTAs (3 groups) SEND OUT TO ALL ICAM CONSULTANTS.
Based on reduction in capacity in covering rota (prospective cover) additional capacity likely to be
10 PAS ED 8-8
20 PAs MAU 8- 8
10Pas 1 WEEKEND WORKING

BUSINESS CASE – TUESDAY 14th Feb

Indicator: Discharge before 11am	

Target: 50% by March 2012

CAVELL WARD	63.5%
CLOUDESLEY WARD	37.5%
MARY SEACOLE SOUTH	17.7%
MARY SEACOLE WARD	16.7%
MERCERS	23.3%
MEYRICK WARD	47.8%
MONTUSCHI WARD	47.6%
NIGHTINGALE	10.6%

Commentary & Action plan

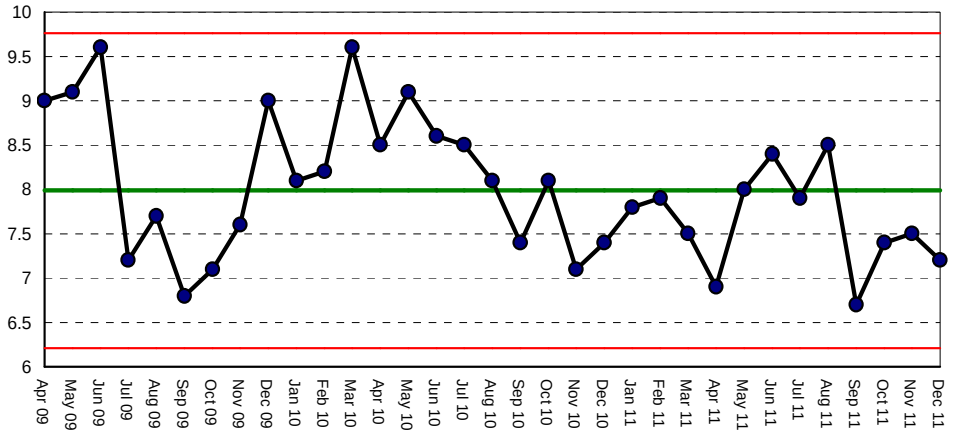
1 meet with all wards managers- January (both. Heads of nursing)
2 advice from ENIST -positive reinforcement- Meyrick , Cloudsley.
3 record when discharge takes place after 11 am but on previous day.(template)

Target: 75% by April 2012
95% by September 2012

Attached action plan _ SCD and ICAM

Indicator: Average Length of Stay reduction

Target: 1 day by March 2013



Commentary & Action plan
This will involve many of the actions referrered to above , inc,
Setting EDD at point of admission and one that is clinically owned.
Reaching 50% target of all discharges before 11am
Joined up discharge pathways- (from beginning of feb)
Targeted work on lengths of stay over 14 days
Proactive targeting of readmissions with rapid progressed discharge.
Daily ward/board rounds

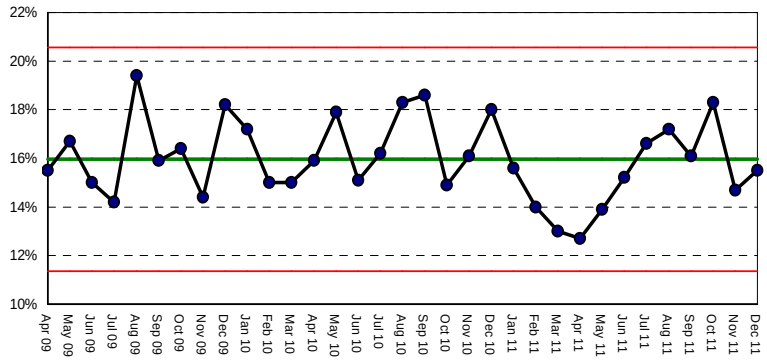
Update on Progress:

This will involve many of the actions referrered to above , inc,
Setting EDD at point of admission and one that is clinically owned.
Reaching 75% target of all discharges before 11am by April
Joined up discharge pathways- (from beginning of April – org change consultation)
Targeted work on lengths of stay over 14 days
Proactive targeting of readmissions with rapid progressed discharge.
Daily ward/board rounds

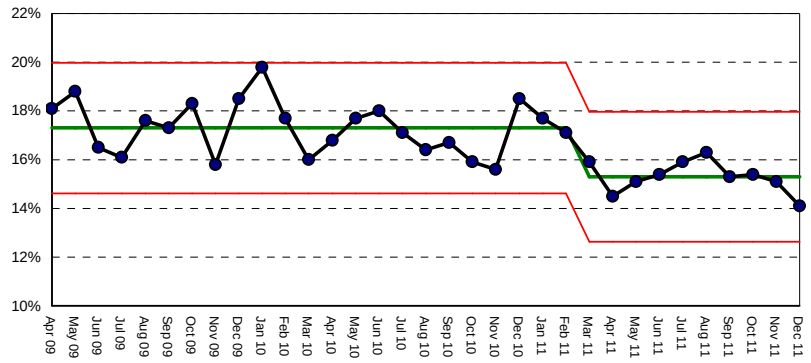
Indicator: DNA Rates – Acute

Target: <8%

First Appointments:



Follow-Up Appointments:



December 2011 (All Appointment Types):

	Total Appointments		
Month	**Atts**	**DNAs**	**DNA %**
Cardiology	391	44	10.10%
Diabetics	470	64	12.00%
Elderly Care	119	29	19.60%
Endocrinology	226	42	15.70%
Gastroenterology	479	84	14.90%
General Medicine	287	23	7.40%
Haematology (Clinical)	238	46	16.20%
Haematology (Sickle)	3	0	0.00%
Haematology (Thal)	93	0	0.00%
Nephrology	83	20	19.40%
Neurology	127	38	23.00%
Pain Relief/Anaesthetic	58	12	17.10%
Rheumatology	494	109	18.10%
Thoracic Medicine	421	56	11.70%

Commentary & Action plan

Pan divisional approach

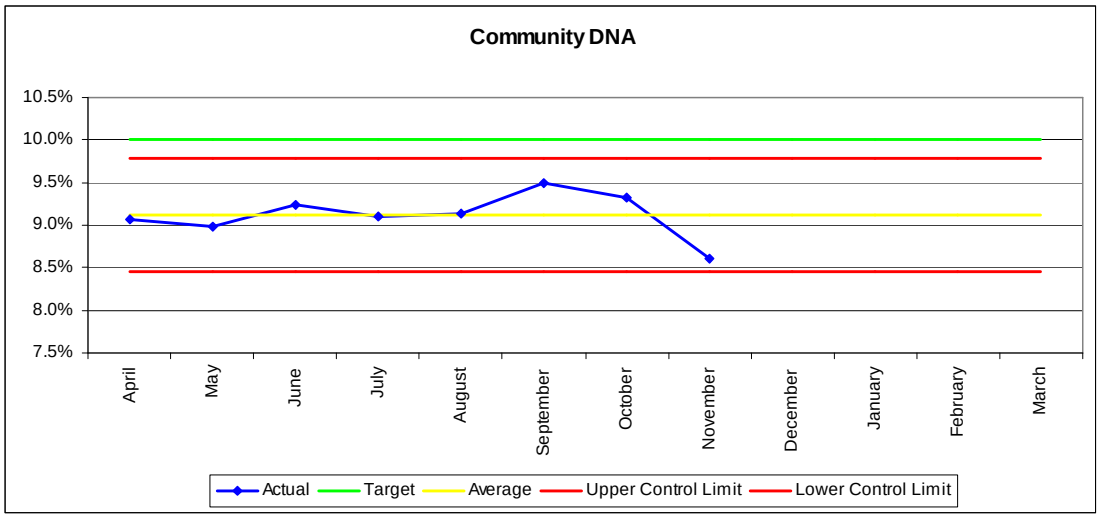
Further discussion on how this can be managed collaboratively - as with other outpatient kpis

Update on Progress:

Pan divisional approach – centralised approach to managing bookings
NEED TO HAVE CENTRALISED MEETING TO LOOK AT DNA AN DSLOT UTILISATION – WITH BOOKINGS TEAM.

Indicator: DNA Rates - Community

Target: <8%



Commentary & Action
N&D haringey -highest DNA were in GP surgeries. Now centralised into health centres and bookings managed centrally (as opposed to booking made by surgery staff)
MSK ,starting opt in pilot and if successful will roll to podiatry.
Respiratory service- working on integrated approach now under single mgt

Update on Progress:

Work in progress – as above

Indicator: Waiting times in outpatient clinics

Target: 90% of patients seen within 15 mins (TBC)

Specialty	Atts	% with valid times entered	% seen within 15 mins (apts with valid times)
Cardiology	387	74.2 %	66.2 %
Diabetics	470	48.3 %	70.0 %
Elderly Care	119	12.6 %	93.3 %
Gastroenterology	479	97.1 %	36.8 %
General Medicine	260	1.5 %	0.0%
Haematology (Clinical)	238	37.4 %	70.8 %
Nephrology	83	12.0 %	90.0 %
Neurology	127	35.4 %	77.8 %
Pain Relief/Anaesthetic	58	96.6 %	57.1 %
Rheumatology	494	38.9 %	46.4 %
Thoracic Medicine	569	74.3 %	70.2 %
	3,284	**55.2** %	**58.4** %

Commentary & Action plan

An action plan will be put into place on how this can be managed corporately.

Update on Progress:

An action plan will be put into place on how this can be managed corporately

Indicator: Outcomes Not Recorded (Community)

Target: TBC

	Area	December
Bladder And Bowel Management	Haringey	44
Bladder And Bowel Management	Islington	17
Cardiology Service	Haringey	6
Cardiology Service	Islington	57
Community Beds	Haringey	8
Community Matron	Haringey	4
Community Matron	Islington	0
Community Rehabilitation	Haringey	0
Community Rehabilitation	Islington	10
Diabetes Service	Haringey	13
Diabetes Service	Islington	30
District Nursing	Haringey	759
District Nursing	Islington	590
Intermediate Care	Islington	31
Lymphodema Care	Haringey	2
Lymphodema Care	Islington	2
Musculoskeletal Service	Haringey	237
Musculoskeletal Service	Islington	42
Nutrition and Dietetics	Haringey	7
Nutrition and Dietetics	Islington	23
Palliative Care Service	Haringey	0
Podiatry (Foot Health)	Haringey	18
Podiatry (Foot Health)	Islington	54
Respiratory Service	Haringey	26
Respiratory Service	Islington	1
Tissue Viability Service	Haringey	21
Tissue Viability Service	Islington	4
Wheelchair Service	Haringey	0
Community Total		**2006**

Commentary & Action plan

There has been a huge drive on community recorded outcomes with new standards set. Current DN are down to 1000 with the hope to be down to 400 by next week.

Update on Progress:

Work in progress – in particular in district nursing.