

PERFORMANCE & QIPP DASHBOARD

December 2011

Women, Children & Families Feedback

| Indicator: 62 Day Cancer Referral/Upgrade to Treatment | |
|---|--|
| <p>Target: 86%</p> <p>November 2011: 2 treated / 1 breach</p> <p>2011/12 YTD: 9.5 treated / 5.5 breaches</p> <p>(Patients referred to Whittington Health but who are treated elsewhere count as 0.5 treated patients. If that patient breaches, both referring and treating Trust is attributed 0.5 breaches).</p> | |
| <p>Commentary & Action plan</p> <p>October breach previously discussed. This patient has been recorded as a 'reasonable' breach due to various investigations. This patient was referred to UCLH and therefore the breach is shared between the two sites.</p> <p>November breach was not reasonable and occurred as a result of a delay in the patient receiving a diagnostic procedure. The patient waited for 22 days for a hysteroscopy due to slots not being available. 4-5 target slots are now held for cancer patients on specific lists throughout the week to prevent this being a problem in the future and the MDT coordinator and waiting list coordinator now meet on a weekly basis to ensure these patients are booked appropriately. Cancer waiting list patients will now be reviewed at a high level at the division's monthly performance meeting so issues can be picked up and acted upon sooner.</p> | |
| <p>Update on Progress</p> <p>Score card is only reporting Nov data in this field. Awaiting confirmation of Dec data but appears no breaches so Dec should be Green which will also improve YTD position</p> | |

Indicator: Cancelled Operations for Non-Clinical Reasons

Target: <0.8% of elective admissions

December 2011 Gynaecology Cancellations Summary:

No op time/list overran = 2 cancellations

Commentary & Action plan

List overrunning is a problem with one consultant's list in particular due to the number of patients on the waiting list. Patients are being pooled to other consultant lists where possible and discussions have begun regarding a review of consultant theatre time and allocation of lists.

This target is now being monitored at the WCF monthly Performance Meeting and the Assistant Service Manager has been asked to work with the admissions team to understand the cancellation data in more detail.

Update on Progress

Too soon to see if actions above will be successful as lists booked 3 weeks in advance, however in Jan have had some cancellations due to no beds.

Indicator: Maternity bookings within 12 weeks 6 days

Target: 90%

| Month | Total Seen in 12 completed weeks | Total Bookings Received =< 12+6 | % of bookings received within 12+6 and booked within 12+6 |
|-----------|----------------------------------|---------------------------------|---|
| Dec | 294 | 327 | 89.9% |
| Total YTD | 2777 | 3090 | 89.9% |

Commentary & Action plan

Target has been met for October and November and is on trajectory to meet 90% YTD in December 2011.

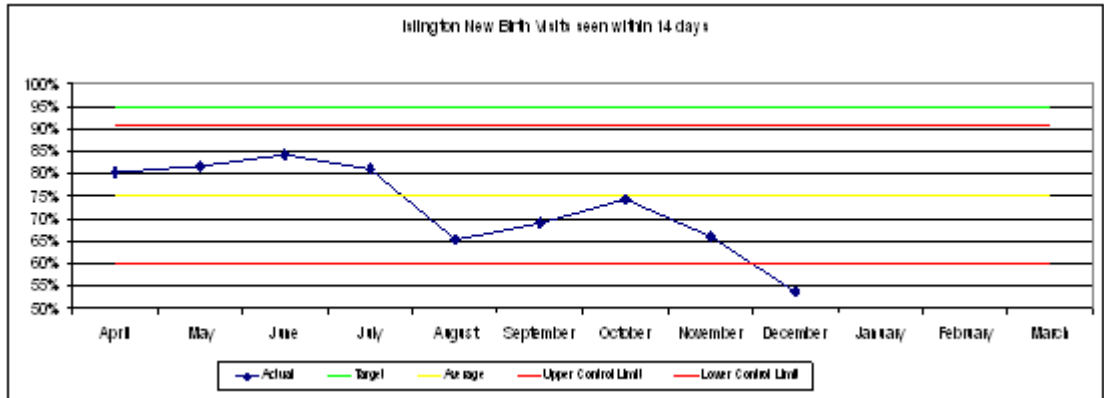
Update on Progress

Missed target by 1 patient, weekly monitoring and escalation system in place.

Indicator: New Birth Visits

Target: 95% within 14 days (Islington); 95% within 28 days (Haringey)

Islington:



Haringey:

| | October | November | December |
|-----------------|---------|----------|----------|
| Seen in 28 days | 79.18% | 76.64% | 81.3% |

Commentary & Action plan

The performance data has still problems with recording the information on RiO in particular in Islington. In addition high levels of Health visitor vacancies across both Haringey and Islington, action plan in place to aid recruitment

Update on Progress

Significant vacancies impeding progress, recent interviews have recruited 3 Health visitors start date to be confirmed

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

Target: to achieve median benchmark by March 21012 and upper quartile by March 2013

Exclusions: Obstetrics

| Specialty | Follow-Up Ratio | | | |
|-------------|-----------------|----------------|--------|------|
| | Median | Upper Quartile | Dec 11 | Q3 |
| Gynaecology | 1.17 | 0.95 | 1.49 | 1.62 |
| Paediatrics | 1.34 | 0.93 | 1.30 | 1.52 |

Commentary & Action plan

There is potential for Colposcopy and Fertility figures to be removed from the overall numbers as these are coded as separate specialties in other Trusts, including UCLH. However Colposcopy regular follow up appointments have also been altered to annually instead of 6 monthly to reduce follow ups and increase clinic capacity.

There was a data problem with the weekly telephone clinic appointments being booked incorrectly. This has now been rectified and all have been recorded as telephone bookings which should reduce the follow up figure for next month.

An additional telephone clinic has been set up to support the Women's Diagnostic Unit to prevent women returning for a face to face appointment if their results are normal or can be managed outside of the hospital setting.

Outpatient hysteroscopy has started at Hornsey Central. This clinic runs as a one-stop clinic and therefore reduces patient attendances by up to two appointments. This clinic is running as a pilot until April 2012. There are plans to convert the hospital based outpatient hysteroscopy service to the same model.

An audit of new to follow up ratio appointments is due to be presented for Gynaecology at the WCF Performance Meeting in January 2012. This will highlight additional areas where it may be possible to reduce the ratio. Neonatal follow up appointments and neurodevelopmental appointments should now be excluded from the overall figures and measured as a separate specialty.

Some previously hospital based community paediatrician clinics have been moved to the Northern Health Centre to reduce hospital recorded follow up.

An audit of general paediatric clinic appointments has been undertaken to show appointments/conditions that could have been managed in a different setting eg. Community clinic or GP surgery and this is due for presentation in January 2012.

Update on Progress

6 patients per week will now be reviewed in telephone clinic therefore reducing 6 follow up appoints in Gynae this will make an impact in February.

Indicator: Readmissions following elective admission

Target: 0

12 readmissions YTD (7 from original Gynaecology admission; 5 from original Paediatrics admission)

Commentary & Action plan

Plan to investigate once patient level detail provided to assess reason for readmission

Indicator: Discharges before 11am

Target: 50% by April 2012

December 2011 Betty Mansell ward: 21.2% before 11am

Commentary & Action plan

Missing EDD data significantly reduced. Raised profile of this target with Matron and ward manager.

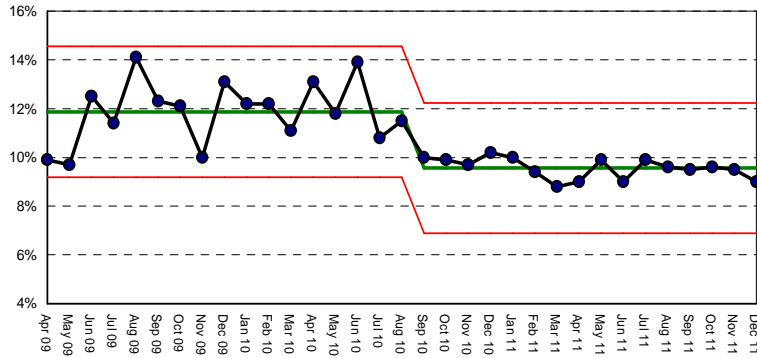
Concern that Obstetric and paediatrics included in CQUIN data but not reported here.

Exclusions not exempt from this report despite valid clinical reason not to be counted, e.g. TWOC patients.

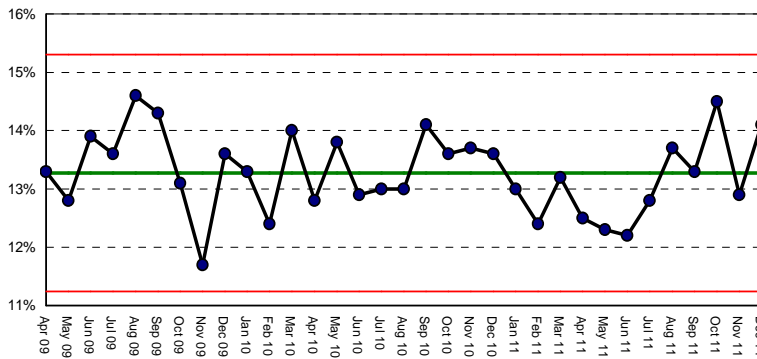
Indicator: DNA Rate - Acute

Target: <8%

First Attendances



Follow-Up Attendances



December 2011

| Specialty | Total Appointments | | |
|-------------------------|--------------------|------|-------|
| | Atts | DNAs | DNA % |
| Colposcopy | 268 | 39 | 12.7% |
| Gynaecology | 1263 | 133 | 9.5% |
| Maternity Ante-Natal Op | 3544 | 453 | 11.3% |
| Paediatrics | 910 | 212 | 18.9% |

Commentary & Action plan

Much work has been undertaken within Colposcopy to reduce DNA rates including patients being texted, telephoned and sent reminder letters and this has remained fairly low as a result.

The Trust DNA policy has been adhered to strongly in Gynaecology and this is reflected in their low DNA rate. Maternity and Paediatric have a local policy due to safe guarding issues and therefore those who DNA are offered alternative appointments.

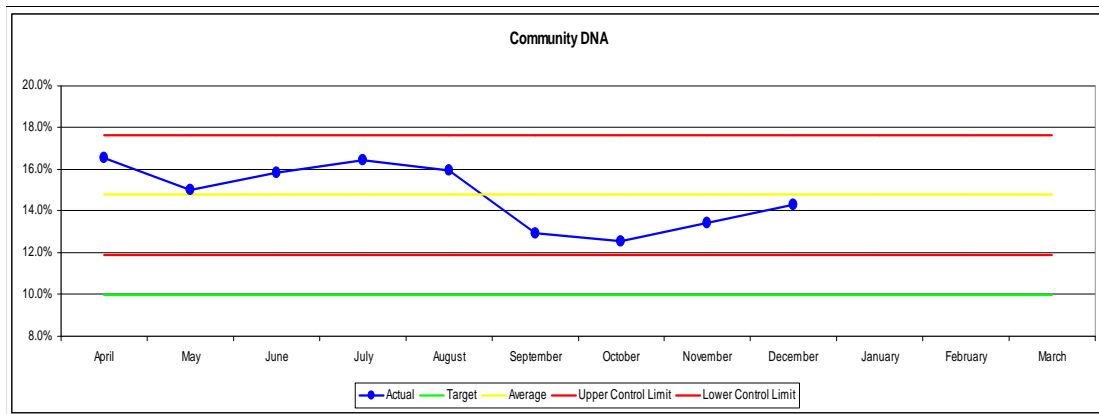
Both Maternity and Paediatric DNAs are reviewed by the relevant clinician and attempts are made to discover why the patient did not turn up and to re-book an appropriate appointment. This information is recorded in the notes.

Open appointments and annual follow ups have been reduced for all specialties, preventing appointments being missed due to patients no longer feeling unwell or forgetting the appointment had been booked.

Update on Progress

As above
 December historically see's higher DNA rate than other months

Indicator: DNA Rates - Community



| Service | Haringey | Islington |
|--------------------------------|----------|-----------|
| Audiology | 13% | 39% |
| Child Development Services | | 11% |
| Community Children's Nursing | | 3% |
| Community Paediatrics Services | 27% | 26% |
| Haematology Service | | 11% |
| Health Visiting | 14% | 10% |
| Looked After Children | 5% | 8% |
| Nutrition and Dietetics | 27% | |
| Occupational Therapy | 6% | 9% |
| Physiotherapy | 20% | 21% |
| Psychology Services | | 27% |
| School Nursing | 19% | 13% |
| Speech and Language Therapy | 17% | 15% |

Commentary & Action plan

DNA rates have significantly reduced in child development services, due to new texting system. In physiotherapy MSK services this still remains high and we are carrying out a telephone survey to look at reasons for this. SLT introducing texting in Nov so hope to see an improvement following this.

Update on Progress

Work continuing but children's services and in particular paediatric services are hard to engage, reviewing systems in audiology and spreading best practice

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) |
|-------------------------|-------|----------------------------|---|
| Colposcopy | 268 | 100.0 % | 87.3 % |
| Maternity Ante-Natal Op | 3,471 | 95.4 % | 79.6 % |
| Paediatrics | 871 | 21.2 % | 76.8 % |
| Gynaecology | 1,245 | 84.5 % | 66.0 % |

Commentary & Action plan

This data has not been available to managers previously and therefore is unvalidated. This target will be monitored at the monthly WCF Performance Meetings now that information is available.

Update on Progress

Increased Medical staff sickness in maternity and gynae impacting on waiting times
Staff in paedics will be reminded to input missing data

Indicator: Outcomes Not Recorded (Community)

Target: TBC

| | Area | December |
|--------------------------------|-----------|------------|
| Audiology | Haringey | 0 |
| Audiology | Islington | 2 |
| Child Development Services | Islington | 84 |
| Community Children's Nursing | Islington | 21 |
| Community Paediatrics Services | Haringey | 64 |
| Community Paediatrics Services | Islington | 4 |
| Haematology Service | Islington | 1 |
| Health Visiting | Haringey | 176 |
| Health Visiting | Islington | 192 |
| Looked After Children | Haringey | 0 |
| Looked After Children | Islington | 0 |
| Nutrition and Dietetics | Haringey | 7 |
| Occupational Therapy | Haringey | 1 |
| Occupational Therapy | Islington | 1 |
| Physiotherapy | Haringey | 25 |
| Physiotherapy | Islington | 3 |
| Psychology Services | Islington | 59 |
| School Nursing | Haringey | 0 |
| School Nursing | Islington | 12 |
| Speech and Language Therapy | Haringey | 46 |
| Speech and Language Therapy | Islington | 43 |
| Community Total | | 741 |

Commentary & Action plan

Ongoing issues with connectivity in community , Health visitors have manual records to demonstrate workload

Update on Progress

As above