Whittington Health NHS

ITEM: 09
Doc: 05

Trust Board Meeting

DATE:	25 April 2012

TITLE:	**Performance Dashboard**

SPONSOR: Maria da Silva	**REPORT FROM:** Directors of Operations

PURPOSE OF REPORT:
This reports aims to inform the Board on Trust Performance for the month of February 2012 – National, SLA and Local Access Targets

EXECUTIVE SUMMARY:

Areas of performance where we have made significant progress

- **Consultant to consultant referrals** – all divisions meet this target now.
- **LOS reduction in all divisions** – improved discharge planning
- **Child health immunisations** achieved across both boroughs
- **18 weeks and Cancer Targets** sustainably met
- **Urgent care** – re-attendance rate significant progress on recording of the visit type as opposed to attendance type) This now stands at 3.2% which moves performance from red to green. There has been some ambiguity on type of recording. We have discussed with Sally Hearne, ENIST who has confirmed that 'visit 'type as opposed to 'attendance 'type is correct interpretation of this indicator.
- **Readmissions (non elective)** - Emergency readmissions are improving with only a couple off target for February. The impact of the ambulatory care service, although still at a very early stage, coupled with more intensive and joined up discharge planning by the FEDS team, has contributed to this positive move.

Areas of performance where we have concerns

- **1st to F/U** - ICAM is making progress in the first to follow attendance and the expectation is that with the two year block contract that we can continue to transfer (as part of transformation) some of the activity that has been identified as consultant led into community (e.g. intermediate diabetes activity) or primary care.

  Ophthalmology - Notes audit is under way and a number of patients

who have unnecessary follow-up have been discharged. Standing agenda item on ophthalmology department meetings to review progress relating to necessary follow-up reduction.

Trauma and Orthopaedics - Clinic lists for orthotics to be reallocated to appropriate specialty which is increasing orthopaedic f/up rates significantly and artificially- currently all flagged to orthopaedic clinic and Mr Sweetnam f/up ratios.

For all 1st to F/U reduction the potential loss of income associated with the reduction of appointments is being monitored to assess whether this is higher than the commissioning penalty.

- **Waiting times for out-patients appointments** in W,C& F Division particularly high because of medical staff shortage due to sickness.

- **Community children's RIO data outcomes** not recorded - working with 2e2 to improve remote connectivity.

- **Waiting times in out-patient clinics** – In S, C & D Division the overall data capture rates have improved since previous report and waiting times are now being captured for 91% of surgical outpatient appointments during the month. All clinics have active action plans in place which are being closely monitored.

  The impact of decentralising the out-patient service has impacted upon performance within ICAM. ICAM has the largest volume of out-patient activity. As bookings sit outside the division a pan divisional group has now been set up that will oversee the action plan to improve outpatient metrics

- **Adult services Community Waiting Times** - Although the Community average waiting time shows as green on the dashboard it does not reflect particular challenges in high volume services. Information shows that there are a number of services where patients have waited more than 6 weeks for their first appointment. A waiting time recovery plan has been developed with a trajectory to bring community waiting times within target for high volume services such as MSK and podiatry by June 2012. This is being monitored on a weekly basis by the service lead with report to the Director of Ops

- **Consultant 7 day ward rounds in S, C &D and ICAM Divisions** - Little progress has been made on this however EC has now approved business cases for both divisions and additional consultant cover has been agreed to meet acute commissioning standards. A plan with clear milestones on recruitment to key posts is in place. Locum cover is being sourced for the interim period.

PROPOSED ACTION: For discussion

APPENDICES: Performance Dashboard

DECLARATION
In completing this report, I confirm that the implications associated with the proposed action shown above have been considered – any exceptions are reported in the Supporting Information:

Implications for the NHS Constitution, CQC registration
Financial, regulatory and legal implications of proposed action
Risk management, Annual Plan/IBP
Moving Ahead – how does this report support any of the Trust's 5 Strategic Goals

PERFORMANCE DASHBOARD

FEBRUARY 2012

Whittington Health NHS

Domain (target)	Trust Summary		IC & Acute Medicine		Surgery & Diagnostics		Women, Children & Families	
National Targets	Feb-12	YTD	Feb-12	YTD	Feb-12	YTD	Feb-12	YTD
Urgent Care: Total Time in ED (95th % Wait < 240 mins)	250 min ↓	239 min	250 min	239 min				
Urgent Care: Total Time in ED - Admitted (95th % Wait < 240 mins)	384 min	353 min	384 min	353 min				
Urgent Care: Total Time in ED - Non-Admitted (95th % Wait < 240 mins)	238 min	236 min	238 min	236 min				
Urgent Care: Wait for Assessment (95th % Wait < 15 mins)	5 min	8 min	5 min	8 min				
Urgent Care: Wait for Treatment (Median < 60 mins)	96 min	80 min	96 min	80 min				
Urgent Care: Left Without Being Seen Rate (<5%)	4.9%	4.3%	4.9%	4.3%				
Urgent Care: Re-attendance Rate (>1% and <5%)	3.2% ↑	1.3%	3.2%	1.3%				
18 Weeks: Admitted (95th % Wait < 23 weeks)	20.4 wk	20.1 wk	23.5 wk	24.4 wk	20.2 wk	20.6 wk	19.4 wk	17.7 wk
18 Weeks: Non-Admitted (95th % Wait < 18.3 weeks)	14.6 wk	14.5 wk	13.5 wk	13.5 wk	15.6 wk	16.0 wk	13.3 wk	12.6 wk
18 Weeks: Incomplete Pathways (95th % Wait < 28 weeks)	17.0 wk	23.5 wk	18.6 wk	19.2 wk	15.9 wk	25.5 wk	15.4 wk	26.4 wk
Diagnostic Wait: % Seen within 6 weeks (>99%)	100%	99.6%	100%	98.8%	100%	99.7%	99.6%	99.7%
Cancer: 14 days from urgent GP/breast referral (93%) (Jan)	94.6%	95.5%	91.8%	92.6%	95.5%	96.1%	92.9%	95.1%
Cancer: 31 days from decision to treat to treatment (96%) (Jan)	100%	99.4%	100%	100%	100%	99.2%	n/a	100%
Cancer: 62 days from referral/upgrade to treatment (86%) (Jan)	90.6%	87.3%	88.9%	94.7%	93.0%	88.1%	0.0%	54.2%
Cancelled Operations (<0.8% of elective admissions)	0.1%	0.4%	0.0%	0.2%	0.1%	0.4%	0.0%	0.6%
Single-Sex Accommodation (0 mixed sex breaches)	0	9	0	9	0	0	0	0
Delayed Transfers of Care (<3.5% of beddays)	1.1%	1.7%						
Diagnostics: Cervical Cytology Turnaround Times (98% within 14 days)	100%				100%			
Maternity Bookings within 12 weeks 6 days (90%)	89.3%	89.5%					89.3%	89.5%
Maternity: 1:1 care in established labour (100%) (Jan 2012)	100%	100%					100%	100%
Maternity: Smoking in pregnancy at delivery (<17%)	7.1%	8.0%					7.1%	8.0%
Maternity: Breastfeeding at birth (90%)	87.8%	89.7%					87.8%	89.7%
Health Visits: Prevalance of breastfeeding at 6-8wks (74%) (Q3)	75%	74%					75%	74%
Health Visits: New Birth Visits (Islington, 95% within 14 days)	71.6%	72.6%					71.6%	72.6%
Health Visits: New Birth Visits (Haringey, 95% within 28 days)	86.6%						86.6%	
Child Health: Immunisations - Islington (80%) (Q3)	87.1%	84.9%					87.1%	84.9%
Child Health: Immunisations (Haringey) (80%) (Q3)	81.7%						81.7%	
GUM: Patients offered appointment within 2 days (100%)	100%	100%					100%	100%
IAPT: Number entering psychological therapies (Q3)	802	2111	802	2111				
IAPT: Number moving off sick pay & benefits (Q3)	20	125	20	125				
Monitor Community Services Governance Indicators: Referrals	8596	99133	6219	72067			2377	27066
Monitor Community Services Governance Indicators: Contacts	49124	536292	33380	378895			15744	157397

Above standard | near miss/at risk | below standard | not applicable

Arrows indicate an improvement/deterioration in performance determined by a change in RAG rating compared with the previous month (Trust level)

PERFORMANCE DASHBOARD

FEBRUARY 2012

Whittington Health NHS

Domain (target)	Trust Summary		IC & Acute Medicine		Surgery & Diagnostics		Women, Children & Families	
SLA Indicators	Feb-12	YTD	Feb-12	YTD	Feb-12	YTD	Feb-12	YTD
Outpatient Follow-Up Ratio (Median) - % excess follow-ups (<1%)	17%		32%		5%		13%	
Consultant to Consultant Activity (Median) - % excess firsts (<1%)	<1%		0%		<1%		0%	
Emergency Readmissions - from original elective admission (0 allowed)	20	159	3	44	12	94	5	21
Emergency Readmissions - from original emergency admission (25% reduction from 2010/11)	80	922	56	734	12	179	12	79
Excess Beddays (against SLA plan)								
Local Targets								
Formal Complaints Response Times - % responded on time (85%) (Jan 2012 data)	85%		86%		86%		80%	
Consultant 7 Day Ward Rounds	N	N	N	N	N	N	Y	Y
Acute Medicine: Consultant presence 8am-8pm every day	N	N	N	N				
Surgery: Consultants with no elective work on call 7 days	N	N			N	N		
Discharge Before 11am (50% by Apr 12)	31.8%	22.3%	31.5%	24.1%	30.8%	19.5%	37.4%	22.0%
Average Length of Stay (1 day reduction by March 2013)	6.1	6.2	8.1	7.7	4.3	4.3		
Theatre Session Utilisation (95%)	81.2%	76.1%			81.2%	76.1%		
Outpatient DNA Rate - Acute (8%)	13.3%	14.0%	15.3%	15.8%	14.0%	14.9%	11.3%	11.9%
Outpatient DNA Rate - Community Adult Services (8%)	9.1%	9.1%	9.1%	9.1%				
Outpatient DNA Rate - Community Children's Services (8%)	13.8%	14.5%					13.8%	14.5%
Outpatient Clinics: % waiting less than 15 minutes (98%)	68.9%	65.5%	58.1%	61.1%	59.1%	57.6%	82.6%	75.7%
Outpatient Follow-Up Ratio (Upper Quartile) - % excess follow-ups (<1%)	32%		49%		20%		35%	
Consultant to Consultant Activity (Upper Quartile) - % excess firsts (<1%)	2.1%		<1%		3.7%		0%	
Community Average Waiting Times: Children (18 weeks)	13.9 wk	12.5 wk					13.9 wk	12.5 wk
Community Average Waiting Times: Adults (6 weeks)	5.5 wk	5.0wk	5.5 wk	5.0wk				
Drugs & Alcohol Service: 3 weeks waiting time (100%) (Q3)	100%	100%	100%	100%				
Drugs & Alcohol Service: % effective treatment (85%) (Q3)	84%	85%	84%	85%				
Drugs & Alcohol Service: planned discharges (85%) (Q3)	80%	84%	80%	84%				
Data Quality: NHS Number Completeness - Acute (YTD only to Jan 12)		97.2%						
Data Quality: NHS Number Completeness - Community	99.9%	99.9%						
Data Quality: Outcomes Not Recorded - Acute (<0.5%)	0.1%		0.3%		<0.1%		<0.1%	
Data Quality: Outcomes Not Recorded - Community (<0.5%)	6.1%		4.9%				8.7%	

Above standard | near miss/at risk | below standard | not applicable

Arrows indicate an improvement/deterioration in performance determined by a change in RAG rating compared with the previous month (Trust level)

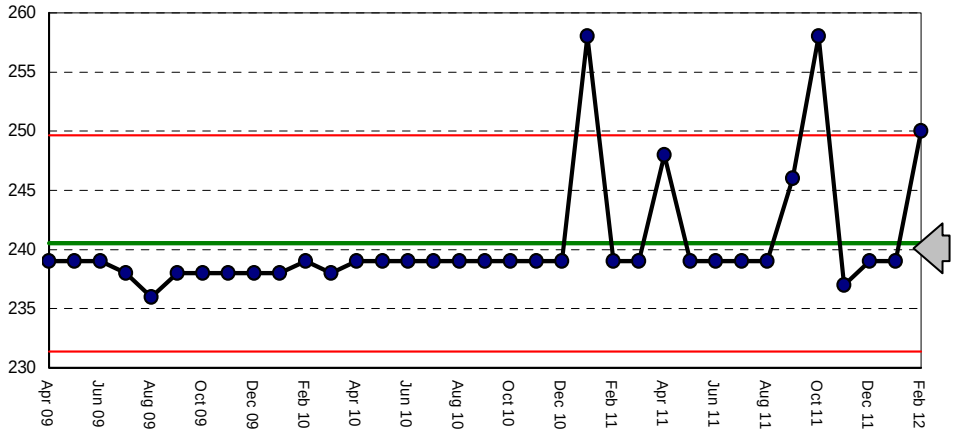
Whittington Health NHS

PERFORMANCE DASHBOARD
February 2012

ICAM Feedback

Indicator: Total Time in ED	**This Month**	
	Last Month	

Target: 95th percentile to be less than 240 minutes

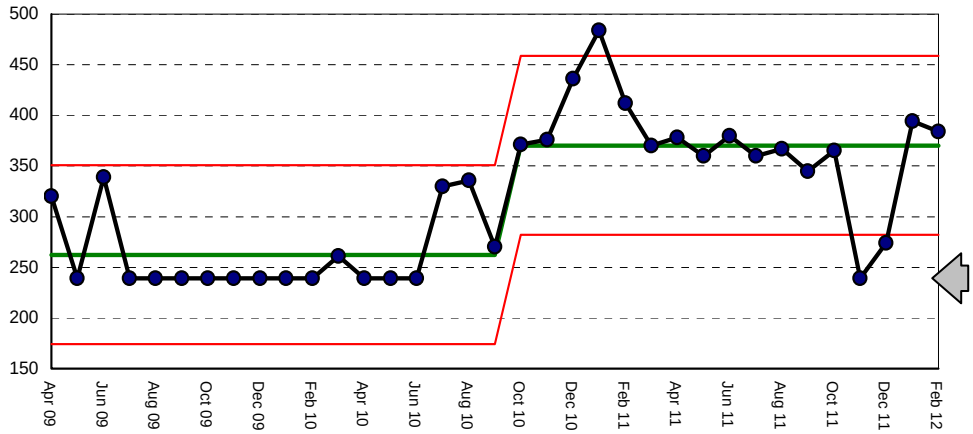


Commentary & Action plan

During February the Trust experienced bed capacity issues which impact upon this performance indicator. There are a number of initiatives which will help improve performance including pre 11am discharges, ambulatory care and the ED pit-stop.

Indicator: Total Time in ED for admitted patients	This Month	
	Last Month	

Target: 95th percentile to be less than 240 minutes



Commentary & Action plan

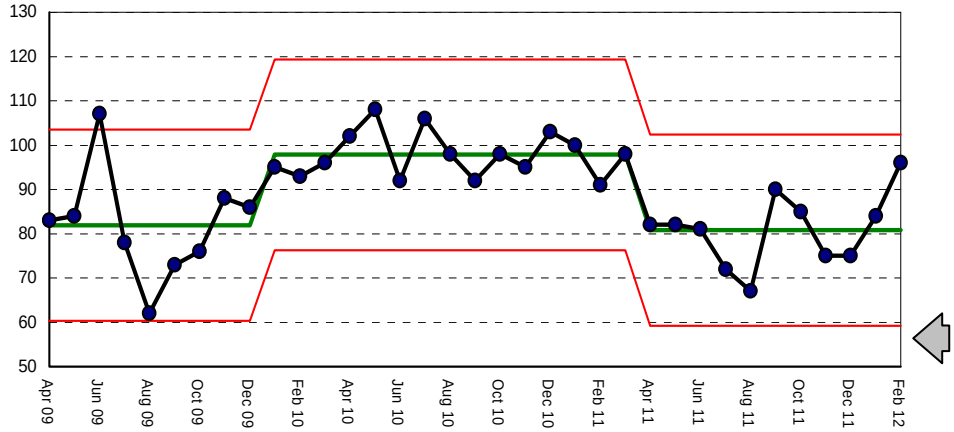
Improvement seen over recent months.
The main causes for remaining breaches are due to Mental Health key reason is repatriating patients to their borough of residence.
Meeting held in Dec 11 with C&I MHFT who will now provide a response on breaches as part of the breach analysis.
Discussions taking place 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:

During February the Trust experienced several episodes of intense bed pressures which have impacted upon total time for admitted patients.
Ambulatory Emergency Care had commenced offering an alternative to admission (impact of this currently being evaluated) it is anticipated that we will be preventing a significant number of short stay admissions and SPC run chart monitoring this trajectory.
Inter professional standards for the ED are now in place clarifying the expectations and response times for speciality teams admitting from ED.

Indicator: Urgent Care – Wait for Treatment	This Month	
	Last Month	

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:

Update on Progress:
Bed pressures impact on patient flow through ED
Piloting additional Consultant sessions in afternoons to increase "Pit stop" sessions
An audit has been undertaken to assess impact of the Pit stop the time to treatment during the hour of operation have been within the 60 minutes. Long waits in the evening from 20:00-00:00 are impacting on performance. The ED Board have agreed to review the medical staffing rota to increase capacity in the evening at 20:00 there is a significant reduction in medical staff that requires addressing.

Note: Nurse initiated treatment (pain relief, fluid challenges, diagnostics etc) not currently being captured. Therefore, performance is better than indicated. Currently the Trust is unable to change the SUS data report. Plan to capture data locally from April to measure correct performance.

Indicator: 18 Weeks: Admitted Clock Stops	This Month	
	Last Month	

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

February 2012 Performance by Specialty

Specialty	Total Patients	95th % Wait	Patients waiting >18 wks
Haematology	4	4.8	0
Cardiology	3	15.9	0
Rheumatology	2	14.9	0
Pain Relief	35	26.3	4
Chest Medicine	6	23.7	2

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:

Two main issues relating to this month's report in that 3 episodes where included in the validation that were not correct, i.e. 2 chest which are on diagnostic pathways and 1 pain which was acupuncture and therefore should also have been excluded. Unfortunately these were included in sign off without having been validated and so the figures are incorrect. Discussions with IM&T have indicated that it is very difficult to retract this submission now and as the overall Trust figure is still within trajectory they should be absorbed. New instructions have been given to IM&T to automatically exclude all ICAM specialities apart from Pain from the 18 week admitted pathway as this is the only specialty with an admitted treatment pathway. All the other specialities are either for diagnostic are ongoing treatment such as sickle cell blood transfusion in haematology, bronchoscopy in chest, electrocardiology in Cardiology and injections in rheumatology.

The pain service saw good progress towards achieving 18 weeks and was show good trajectory in achieving this regularly. However the absence of one of the consultants on long term sick has put significant strain on capacity and has meant that two patients in this month were not treated within the required timeframe. Again as the numbers are very small in ICAM then it only takes a couple of breaches to completely skew the target for our division. However, it should be noted overall in the Trusts 18 week pathway this is not having a negative impact.

Indicator: Cancer Two Week Wait	Jan 2012	

Target: 93%

Breaches: 1 Haematology, 2 Upper GI, 2 Lung

Commentary & Action plan

Trust target is 93% and the reason for breaches is down to patient choice booking outside the 14 day target. Trust is achieving overall 93% and as there is few cancer pathways in ICAM that other areas then the denominator is small therefore only 1 or two patients choosing appointments outside the target can skew the figures for out division.

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

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**	**Feb 12**	**Q4**
Cardiology	1.43	0.92	2.05	2.17
Diabetic Medicine	5.96	3.48	11.95	13.85
Endocrinology	2.96	2.46	2.56	2.90
General Medicine	2.66	1.52	6.06	6.42
Geriatric Medicine	2.16	1.37	4.62	4.07
Haematology (Clinical)	6.46	4.84	7.58	6.86
Nephrology	5.82	3.92	3.97	4.30
Neurology	1.20	0.89	0.86	0.93
Pain Relief	1.82	1.42	2.37	1.97
Rheumatology	3.75	3.18	5.09	4.16

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:

Table top exercise have happened in both cardiology and diabetes which have identified a cohort of patients that should be transferred to community clinics. This transfer is currently underway, however, as advised by the finance team we have been advised that all activity should remain on PAS until the end of the financial year to ensure that SLA negotiations were not negatively affected as a result. General Medicine continues to include JML activity even though this has been highlighted for some months that should be desegregated to surgical division.

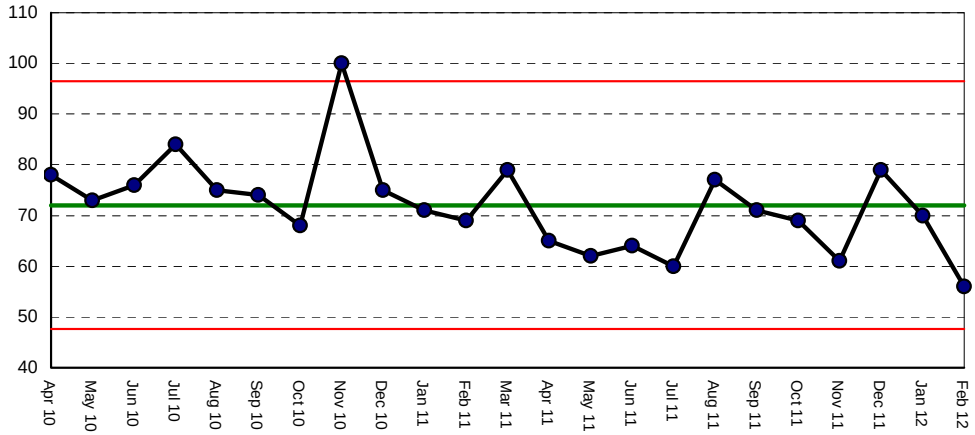
Haematology is showing as outlier this month and this is as a result of one of the consultants retiring at the end of March and therefore a large number of patients were brought back for follow up prior to his retirement for review. Rheumatology has also seen an increase this month which was unexpected and is currently being reviewed to identify cause for this becoming an outlier when tabletop excise has proved very successful in the speciality to date. Pain has experienced difficulties in capacity as a result of long term sickness and has resulted in a number of patients having to be rebooked into a mop up clinics in February.

Indicator: Emergency Readmissions	This Month	
	Last Month	

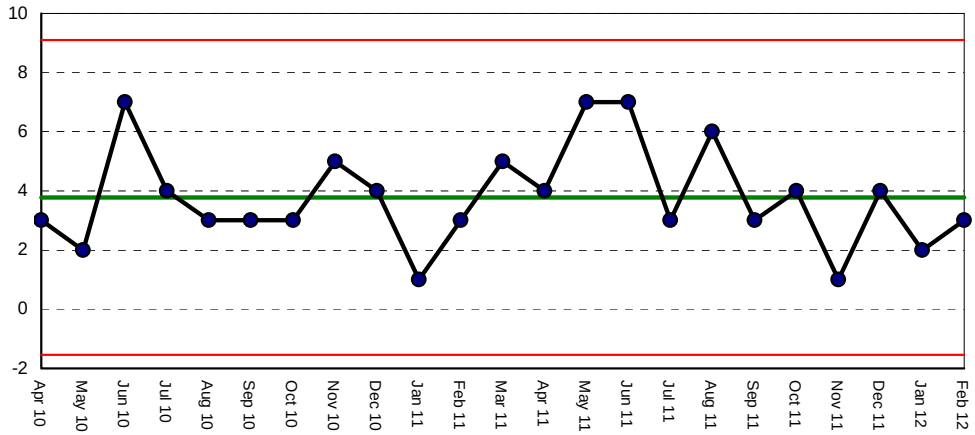
Target:
Following emergency admission: to achieve a 25% reduction on 2010/11 levels
Following elective admission: 0

Readmissions have been adjusted as per PbR guidance. Only readmissions relating to the same HRG chapter as the original admission are shown.

Emergency Readmissions (Initial Emergency Admission)



Emergency Readmissions (Initial Elective Admission)



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:

Emergency re admissions from an emergency admission continue to improve

Impact links to combination of ambulatory care, improvements to discharge panning processes and rapid access to community nursing. Reports on re admission rates by ward are currently being piloted.

Indicator: Consultant 7 day ward rounds	**This Month**	
	Last Month	

Commentary & Action plan

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

Indicator: Consultant presence 8-8 every day	**This Month**	
	Last Month	

Commentary & Action plan
As above.

Update on Progress:

Business case was presented to EC on 14 March and approved. We are now currently drafting proposed timetables and job plans for the new appointments and intend to recruit to two of the posts as locums as quickly as possible for six months to ensure that we have cover arrangements in place whilst the substantive recruitment, which takes longer, are put in place. ED consultant will be recruited to substantively within the next few weeks.

Indicator: Discharge before 11am	This Month	
	Last Month	

Target: 50% by April 2012

MEYRICK WARD	50%
CAVELL WARD	45%
MARY SEACOLE SOUTH	35%
CLOUDESLEY WARD	32%
MONTUSCHI WARD	31%
MERCERS	29%
MARY SEACOLE WARD	26%
NIGHTINGALE	10%
DIVISION TOTAL	**32%**

Commentary & Action plan

The performance by individual wards continues to fluctuate despite: -

- Consistent messages from the Heads of Nursing, who met with all ward managers in January
- The use of exception reporting
- Recording when discharge takes place after 11am but a day earlier than planned e.g. consultant review in afternoons.
- Use of daily board rounds in the JKU wards and Mercers

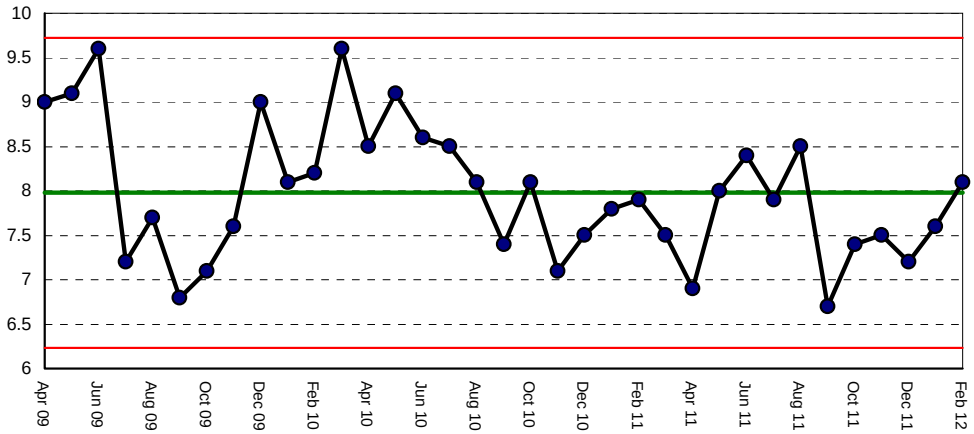
At the end of the week to 1.4.2012 two wards had exceeded the target, Mercers (54.5%) and Meyrick (69.2%)
Others that had been achieving the target at the end of December (Cloudsley and Montuschi) were below the target. Cavell was the only ward achieving over 50% at the end of February, but at the end of March was below the target at 33%.

Advice from ENIST is to make the target achievable; to recognise and reward good performance for wards either hitting the target or which show the most improvement; and to continue proactive discharge planning by focussing on criteria-set EDDs, use of white boards and daily board rounds with senior medical input.

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

Indicator: Average Length of Stay reduction	This Month	
	Last Month	

Target: 1 day by March 2013



Commentary & Action plan

This will involve many of the actions referred 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

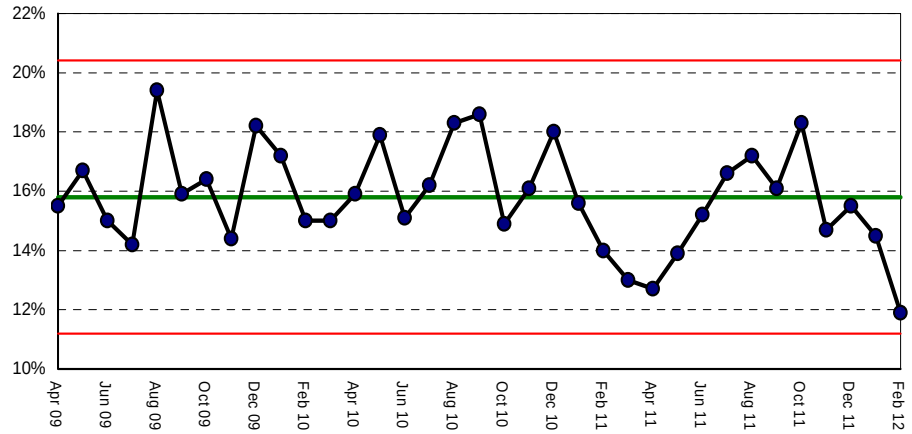
Update on Progress:

This will involve many of the actions referred 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

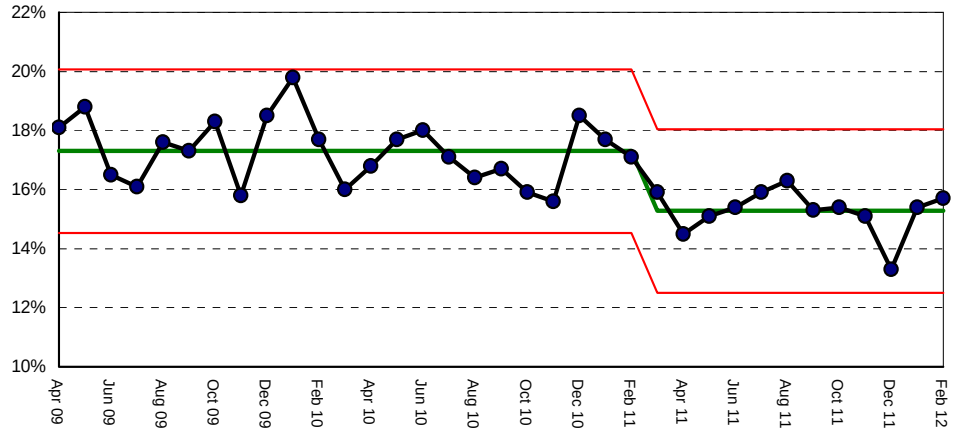
Indicator: DNA Rates – Acute	This Month	
	Last Month	

Target: <8%

First Appointments:



Follow-Up Appointments:



Commentary & Action plan

Pan divisional approach

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

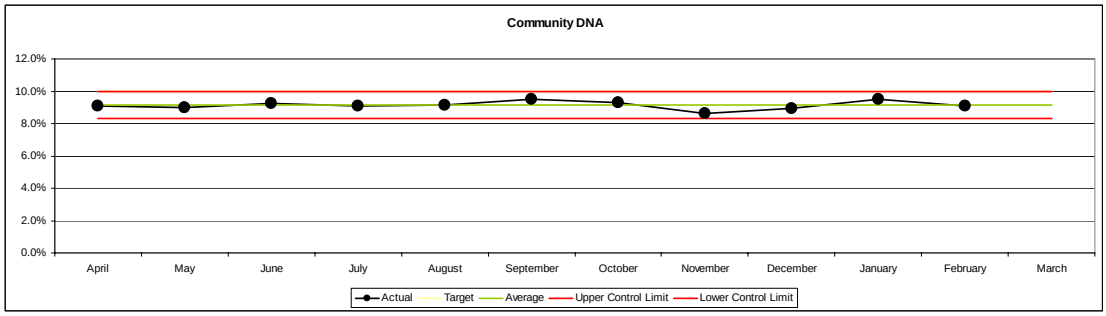
Update on Progress:

It is clear that the trajectory is heading in the right direction as current rag rating has improved. This has been as a result of more proactive approach to discharging patients after 1st DNA where appropriate and better slot utilisation within the clinics. However, there is still further work to be done is some of the specialities and we would now like to begin looking at partial booking for some of the long term conditions within the speciality. This would however need to be done in collaboration with some of the other divisions, specifically surgery, and would also form part of the

patient pathway service review. An outpatient steering group has now been set up which will address corporately whole system approaches to booking both new and follow up appointments (please see attached draft outpatient action plan).

Indicator: DNA Rates – Community	**This Month**	
	Last Month	

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:

Text messaging is proving successful and is now becoming imbedded within the services. The area that the is skewing the community data is the podiatry service which is currently running circa 14% and it should be noted that nationally the DNA rate for this service is on average 18-23%. However, we are continuing to ensuring that clinicians do not bring patients back inappropriately and therefore reducing the risk of DNAs.

Indicator: Waiting times in outpatient clinics	This Month	
	Last Month	

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

Specialty	Atts	% with valid times entered	% seen within 15 mins (apts with valid times)
Cardiology	531	89.8 %	73.2 %
Diabetics	522	49.8 %	73.1 %
Thoracic Medicine	560	93.9 %	69.0 %
General Medicine	372	1.6 %	66.7 %
Pain Relief/Anaesthetic	101	96.0 %	66.0 %
Neurology	206	22.8 %	61.7 %
Haematology (Clinical)	206	27.7 %	57.9 %
Nephrology	164	17.1 %	46.4 %
Rheumatology	494	39.5 %	41.5 %
Gastroenterology	687	91.8 %	35.8 %
Elderly Care	149	4.0 %	33.3 %
ICAM Total	**3,992**	**58.4 %**	**58.1 %**

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: Drug & Alcohol Service	This Month	
	Last Month	

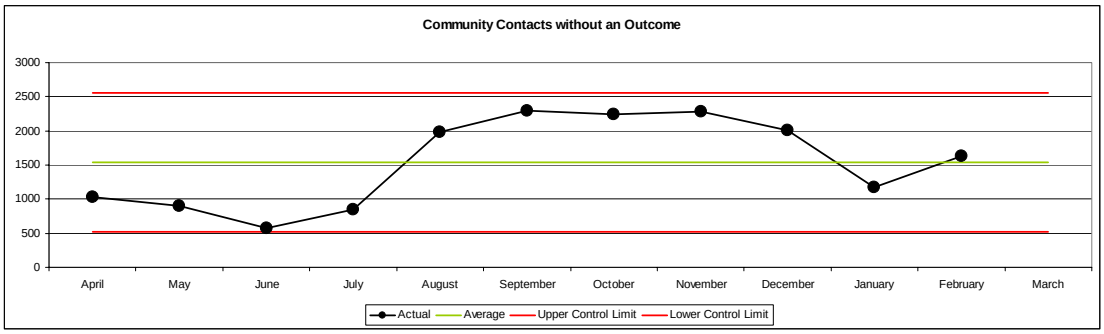
Target: 90% of patients seen within 15 mins (TBC)

Drugs & Alcohol Service: % effective treatment (85%) (Q3)
Drugs & Alcohol Service: planned discharges (85%) (Q3)

Commentary & Action plan

Indicator: Outcomes Not Recorded (Community)	This Month	
	Last Month	

Target: TBC



Commentary & Action plan

There has been a huge drive on community recorded outcomes with new standards set.

Update on Progress:
Significant improvement in District Nursing. Performance management of staff in place. Regular audits taking place.
Haringey 167
Islington 22

Whittington Health NHS

PERFORMANCE DASHBOARD
February 2012

Surgery & Diagnostics Feedback

Indicator: Follow-Up Ratio (Median & Upper Quartile)	**This Month**	
	Last Month	

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

Exclusions: Oncology

	Follow-Up Ratio			
Specialty	**Median**	**Upper Quartile**	**Feb 12**	**Q3**
Dermatology	1.89	1.41	1.68	1.78
Ent	1.23	1.08	1.02	0.99
General Surgery	1.63	1.12	1.53	1.60
Medical Oncology	7.09	3.98	8.43	8.79
Ophthalmology	2.61	1.96	2.75	3.14
Plastic Surgery	1.36	1.05	0.40	0.56
Trauma & Orthopaedics	1.68	1.55	1.85	1.94
Urology	2.09	1.74	1.81	1.77

Commentary & Action plan

Ophthalmology and Trauma and Orthopaedics are particular target areas for surgical division.

Ophthalmology and orthopaedic coding being reviewed in conjunction with Performance and Planning as both include support staff run clinics (orthotics, optometrist).

In addition to reviewing the information and coding a clinical notes review is being undertaken by consultants in each of the service with aim of discharging patients with non-essential follow-up ratios.

Update on Progress

Ophthalmology

Large number of the follow-up patients are Diabetic Retinal Screening Patients with strict guidelines regarding their follow-up. Pathway has been agreed between Lead Clinician and DRS programme to ensure patients can be discharged from acute ophthalmology care but the required follow-up is continued under the Retinal Screening Programme.

Notes audit is under way and a number of patients who have unnecessary follow-up have been discharged. Standing agenda item on ophthalmology department meetings to review progress relating to necessary follow-up reduction.

As part of this process the potential loss of income associated with the clinic switch is also being reviewed to ensure that it is not higher than the potential penalty.

Trauma and Orthopaedics

Clinic lists for orthotics to be reallocated to appropriate specialty which is increasing orthopaedic f/up rates significantly and artificially- currently all flagged to orthopaedic clinic and Mr Sweetnam f/up ratios. As above the potential loss of income associated with the clinic switch is also being reviewed to ensure that it is not higher than the potential penalty.

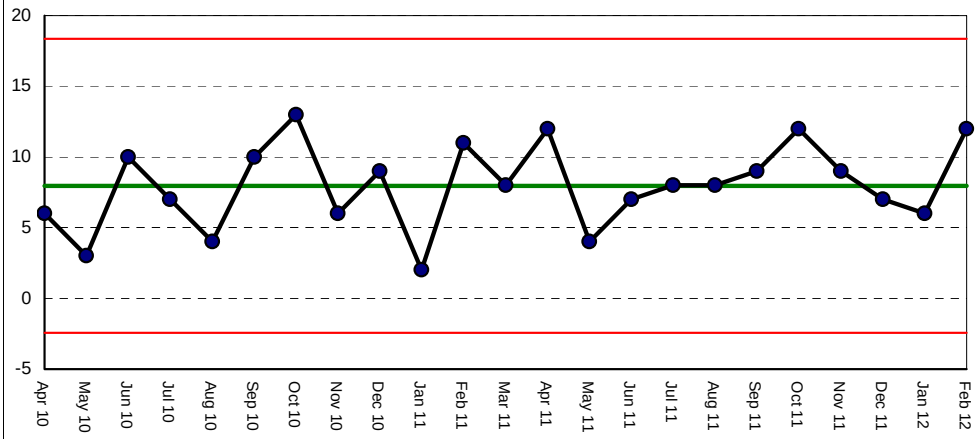
Other Specialities
Have met median follow-up ratio with ENT and urology already meeting upper quartile ratio.

Indicator: Emergency Readmissions	This Month	
	Last Month	

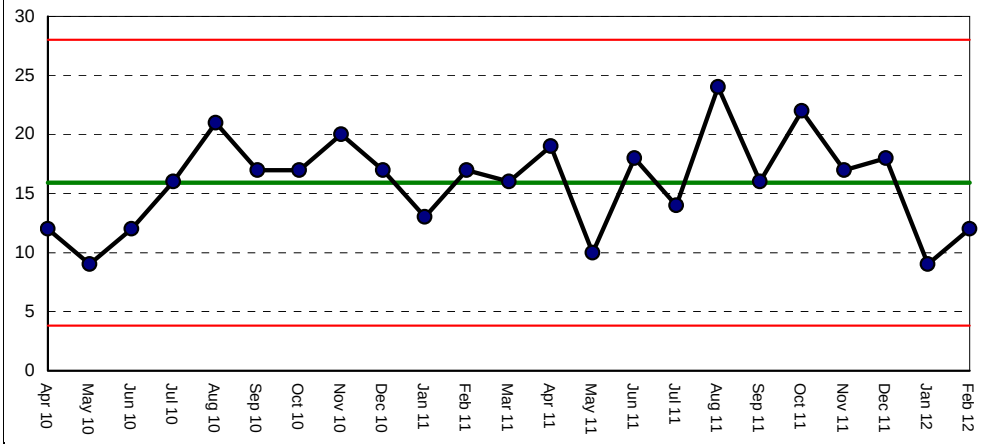
Target: 0 readmissions following elective discharge

Target: to achieve a 25% reduction on 2010/11 levels for readmissions following an emergency admission

Emergency Readmissions following Original Elective Admission



Emergency Readmissions following Original Emergency Admission



Only readmissions related to the original admission have been included (same HRG chapter). Exclusions as per PbR guidance.

General Surgery

Within General Surgery the department is currently submitting to the Executive Committee (20th December) proposals for expanding consultant general surgeon cover in line with emergency care standards in order to provide 12/7 consultant presence for Whittington Health. The Trust already has daily consultant input for the specialty but this will increase the coverage throughout the working week. This will enable 12/7 coverage to be provided when the 2 further posts are filled and will completely separate out elective and on-call commitment ensuring there is increased consultant presence throughout the week to manage emergency cases (highest

readmitting group) and also to ensure that consultant that are on-call do not have clashes with elective commitments.

In terms of supporting readmissions this will ensure that there is increased consultant presence throughout the week and increased proportion of consultant led procedures (as opposed to consultant supervised) will be increased. It will also enable more rapid access to theatre for complex cases admitted non-electively that require consultant input. The increased presence will also enable a more complete ward round of patients to be taken throughout the week and enable emergency admissions to be reviewed by a consultant throughout the working day over a 12 hour period. It is envisaged that this increased level of consultant input will facilitate improved decision making, support discharge and help to potentially reduce complications.

Enhanced Recovery

The roll out of enhance recovery for elective procedure is being used to support improved efficiency (length of stay), patient experience and the quality of the pre-assessment, procedure and discharge process. This has already been introduced over the last year across elective knee surgery and some hip surgery and is well established for colorectal patients. The advantage of the pathway is that is standardises care and reduces variation in terms of both potential length of stay and outcome/readmission risks. As part of this years divisional QIPP programme the full roll out of enhanced recovery for all hip surgery and gynaecology surgery is currently being implemented, with the aim of all elective patients going through an ER pathway by the end of quarter 4.

Orthopaedics

In addition to the enhanced recovery work described above the other area of potential readmission relates to emergency trauma patients who arrive with fractured neck of femur. Readmissions can be due to a range of potential issues including post surgical complications through to inadequate discharge planning and support

The main divisional QIPP programme this year covers the fractured neck of femur pathway. The aim of this particular programme of work is to improve the outcome, experience and quality of patients presenting with fractured neck of femur at Whittington Health and this should help to also support readmission work. The project is being led by Mary Jamal, Deputy Director of Operations and aims to deliver the following objectives.

- The pathway is co-ordinated and designed to reduce actual length of stay and to limit variation, reduce mortality and re-admissions
- Appropriate, medically fit patients receive surgery within 24 hours
- Patients are mobilised within 12-18 hours post op and receive therapy input over weekends Patients are discharged back to their usual address using a criteria based discharge process Health and social care multi agency teams are co-ordinated and integrated across the patient pathway

LOS is reduced from average of 21days (current) to 6 days (national best practice)

Urology

Urology readmission rates are the lowest of the surgical specialties. However, when reviewing the admission pathway through ED as part of the recent NHS Intensive Support Team Emergency Department programme it became clear that some of the urology admissions (and potentially readmissions) could be avoided by implementing a more ambulatory based model of delivery.

Mr Maneesh Ghei and Mr Barry Maraj, Consultant Urologists, are now leading on a piece of work of the back of this with Dr Carmichael, Consultant Emergency Department, to establish an ambulatory model for patients admitted for potential urological condition. This will enable a proportion of current admitted patients to be seen in fast track urology clinic slots preventing the need for any admission via the Emergency Department and ensuring the provision of a fast track clinic to ensure that there is a safe clinical model in place. The protocols should be completed by the end of January with the aim of going live with the model in March 2012. The model should lead to a reduction in emergency admissions for urology input and in turn will potentially reduce readmissions for the patients that are frequent re-attenders with urological problems.

Update on Progress

Update as above - in addition patient information leaflets for common procedures, including follow up procedures and support will be completed by the clinical nurse specialist forum and disctributed at the end of the month onwards.

Within ICAM additional suport is also being put in place to support the management of the emergency pathway and support the readmission pathway, which will include the relatively high group of patients with urological problems reattending.

- Ambulatory care clinic commences Feb 22nd
- Additional ED Consultant sessions provides more access to senior clinical input
- Community nursing to be part of 12 ED board round

Decrease has been seen in the number of re-admissions in January, particularly for related conditions.

Indicator: Consultant 7 day ward rounds

Commentary & Action plan

Business case taken to EC in December 2011. Approval gained for two additional general surgeons to support the split of emergency and elective work in general surgery. This recruitment will enable the general surgery consultant on-call to be free of elective commitments and undertake twice daily ward rounds.

Indicator: Consultants on call with no elective commitment	

Commentary & Action plan

Plan is detailed above – additional two general surgery consultant posts are currently out to advert. On-call and elective commitment rota being drafted to be implemented from April to enable twice daily consultant-led 7 day ward rounds.

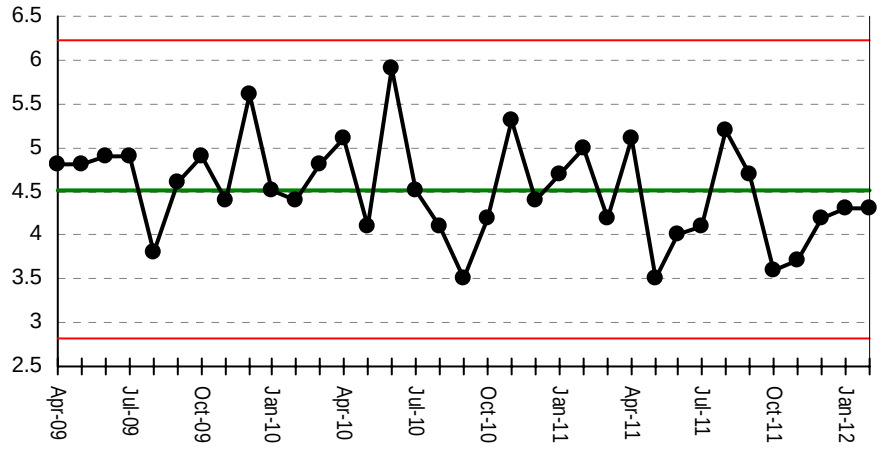
Update on Progress

Two general surgery consultant posts are currently out to advert with interviews being held at the end of April 2012.

Plans in place for a revised rota to enable split of elective and emergency work from April 2012 for general surgeons to allow consultant 7 day ward rounds and consultant on-call with no elective commitments.

Indicator: Average Length of Stay reduction	This Month	
	Last Month	

Target: Reduce by 1 day by March 2013



Commentary & Action plan

Length of stay has reduced as shown above.

A number of initiatives are underway to support the achievement of the reduction in length of stay by 1 day by March 2013. The recruitment of two additional general

surgery consultants will play an integral part in ensuring consultant-led emergency service provision within the surgical directorate. Ensuring that there is always a general surgery consultant who is free of elective commitments will result in a senior decision maker being more involved in care of all general surgery inpatients.

The roll out of enhanced recovery for all surgical patients is underway. A reduction in length of stay has already been demonstrated in colorectal and joint replacement patients using the principles of enhanced recovery and this has delivered significant length of stay reductions- now being rolled out for remainder of elective surgery.

There is also a project specifically focused on fractured neck of femur patients. This project involves all relevant stakeholders across the Trust with a key KPI of reducing the length of stay of this cohort of patients to upper quartile. The aim of this particular programme of work is to improve the outcome, experience and quality of patients presenting with fractured neck of femur at Whittington Health. The project is being led by Mary Jamal, Deputy Director of Operations and aims to deliver the following objectives.

- The pathway is co-ordinated and designed to reduce actual length of stay and to limit variation, reduce mortality and re-admissions
- Appropriate, medically fit patients receive surgery within 24 hours
- Patients requiring returns to theatre/washouts do not get delayed or cancelled
- Patients are mobilised within 12-18 hours post op and receive therapy input over weekends
- Patients are discharged back to their usual address using a criteria based discharge process Health and social care multi agency teams are co-ordinated and integrated across the patient pathway
- LOS is reduced from average of 21days (current) to 6 days (national best practice)

Update on Progress:

Several key projects underway across the division to support the reduction in LOS by one day by March 2013:

- Improvement of emergency surgical pathway – supported by the division of elective and emergency work for general surgery consultants.
- Roll-out of enhanced recovery programme to all surgical patients, which has demonstrated a reduction in LOS in colorectal and orthopaedic patients.
- Fractured Neck of Femur project being led by Deputy Director of Operations, with KPI of reduction in LOS to upper quartile.
- Estimated Date of Discharge plan led by Divisional Head of Nursing.

These projects are all underway to contribute to the achievement of reducing LOS for surgical patients by one day by March 2013.

Indicator: Discharges before 11am	This Month	
	Last Month	

Target: 50% by April 2012

February 2012 Surgical Wards:

COYLE WARD	26%
THOROGOOD WARD	29%
VICTORIA WARD	38%
DIVISION TOTAL	**31%**

Commentary & Action plan

Weekly monitoring of target.

Ward managers and Matrons have provided a list of issues that inhibit the discharge of patients by 11am and include:

- Delay in TTA prescribing by FY1. Generally due to workload.
- Delays from pharmacy supplying TTA
- Patients who require results from investigations before being discharged
- Patients admitted to the ward post op from recovery who make a quicker than expected recovery and are discharged late in the evening. This is also applicable for the elective joint patients
- Patients requiring trial without catheter – i.e. cannot be discharged until they have passed urine post removal of catheter. Patients need to void satisfactorily on a number of occasions and have a bladder scan. These are usually post op patients.
- Patients with high care needs at home requiring discharge after care package is activated. In many cases this can be after 4pm.
- Residential of nursing home request.

Kara Blackwell has devised a weekly “discharge breach” that WMs are completing weekly to help identify target areas and reasons for breaches.

Update on Progress:

Good improvement seen in January 2012 figures – 31.6% before 11am compared to 19.6% in December 2011.

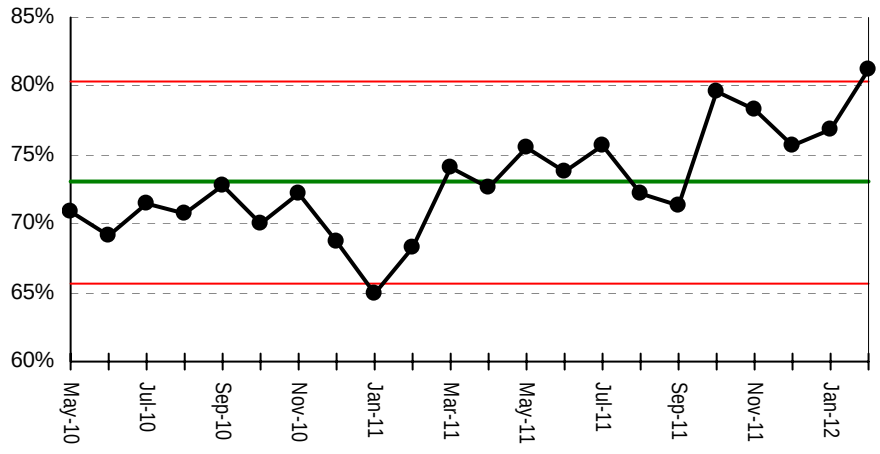
Focus being maintained on improving figures by Divisional Head of Nursing and Acting Matron for Surgery.

This work also links to the Estimated Date of Discharge action plan that has been developed by the Divisional Head of Nursing. This incorporates a number of key elements.

- Setting EDD at point of admission and one that is clinically owned and recorded on Bed Web
- Reviewing TTA process with Pharmacy team and ward managers
- Nurse-led protocol based discharge for weekends.
- Implementing revised transport requisition process to support effective discharge planning
- Ensure patients are informed of pre-11 discharge process at pre-assessment stage for elective patients
- Patient admission information booklets to include information for families and relatives on pre-11 process

Indicator: Theatre Utilisation	**This Month**	
	Last Month	

Target: TBC



Commentary & Action plan

The target for the first phase of the theatre utilisation project is 85% - this includes elective and emergency theatre utilisation. Importantly this is against funded sessional time.

The revised theatre timetable has been established by the project group and is implemented from January 2012 onwards to support the utilisation programme and the target reduction of 1 IP theatre.

Update on Progress

One inpatient theatre has now been closed since January 2012- supporting obstetric work- with no impact or current reduction in total operating workload carried out per work. The same volume of activity is running through one less inpatient theatre, which is supporting the efficiency programme and links to the CIP scheme on theatre utilisation for 2012/13.

A significant amount of work has been undertaken by the transformation team supporting the theatre programme to validate ORMIS theatre data and ensure accurate data capture of correct theatre utilisation times and down times.

Data has identified that turnaround times are to be audited and additional time savings / efficiencies will be identified from this piece of work.

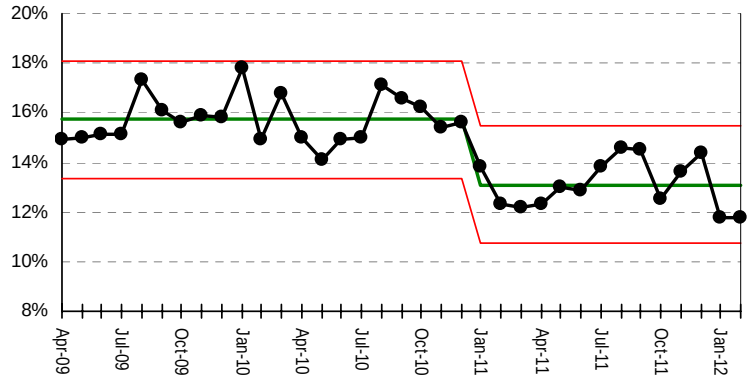
Support has been given to the Day Treatment Centre to ensure that the 1st patient on each operating list is prepared and ready for theatre promptly.

The team at the weekly TCI meeting also identify and action inefficiencies on theatre lists for example ensuring that the cohort mix of patients requiring GA/LA is appropriate.

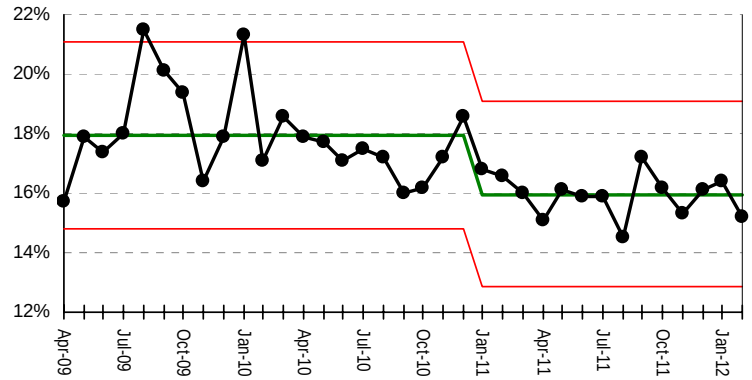
Indicator: DNA Rates – Acute	This Month	
	Last Month	

Target: <8%

First Appointments:



Follow-Up Appointments:



Commentary & Action plan

Roll out of partial bookings is underway within surgery. Ophthalmology, which has the highest DNA rate, is now using the partial booking system for patients who have a follow-up of more than 3 months away.

Improvement in the call handling of our hospital booking system also means that patients calling to cancel or change appointments are answered or now able to leave a message.

Work with the company who run Remind+ has also started to maximise the use and effectiveness of the system and review its current implementation.

Update on Progress

Surgical outpatient team are continuing with project work to review previous DNA patients in the worst offending areas. All previous DNA patients that needed rebooking (clinically requested and not suitable for discharge at appt no 1) are being telephone a week in advance to provide to a direct phone reminder of their forthcoming appointments and also informing them of the policy should they DNA for a second time. This is in addition to the Remind + text message system.

This project also links to the current work with regard to outpatient follow-up ratios to ensure that patients with unnecessary follow-ups are discharged.

The outpatient lead for surgery has set up a weekly meeting with clinic staff to action to review DNA patients and monitor compliancy with applying the DNA policy.

Partial booking is in place in ophthalmology and now being rolled out across ENT and Urology from February onwards. This is also now being implemented in orthopaedics, which is a high volume area.

Review of templates to maximise use of Choose and Book system also on-going.

Indicator: Waiting times in outpatient clinics	**This Month**	
	Last Month	

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

February 2012:

Specialty	Atts	% with valid times entered	% seen within 15 mins (apts with valid times)
Plastic Surgery	7	100.0 %	100.0 %
Ophthalmology	886	99.8 %	94.0 %
Dermatology	945	39.4 %	75.8 %
Trauma & Orthopaedic	2,012	99.9 %	66.0 %
Urology	690	90.0 %	45.7 %
General Surgery	1,159	86.7 %	32.8 %
Ear, Nose & Throat	475	92.6 %	22.0 %
Surgery Total	**6,174**	**86.5 %**	**59.1 %**

Commentary & Action plan

Outpatient teams are now working towards ensuring that 100% of patients have valid times seen entered. This will include agreeing methodologies for entering and capturing data across divisions - for example outpatient support is run by the IC&M division for dermatology.

Review of data has identified the specific clinics to be targeted with long waiting times and service manager has produced specific action plans for these clinics. Review of clinic templates also underway for all specialities in conjunction with clinical lead to ensure that current capacity is being maximised and that template times aim to reduce waiting.

Capacity problems are being flagged and capacity shortfall being reviewed by speciality. Business case approved for additional breast capacity which has a current shortfall of capacity. Breast clinics will be spread throughout the week and additional slots introduced following recruitment of new breast surgeon and extra sessions through agreement with Royal Free Hospital.

Delays in clinic are being escalated by the OP lead manager for surgery to the General Manager and Director of Operations in real time to ensure early resolution.

Update on Progress

Overall data capture rates have improved since previous report and waiting times are now being captured for 91% of surgical outpatient appointments during the month. (Dermatology data recording unfortunately remains poor – these clinics are administrated by IC&AM division who are currently reviewing their outpatient management's structure).

Urology, ENT and General surgery remain the three worst specialties for waiting times by performance.

The ENT service is provided via an SLA arrangement and the provider has changed to UCLH recently- the SLA is being reviewed and this will aim to include non-payment performance penalties for late consultant clinic/starts for services provided by UCLH.

In General Surgery capacity shortfalls are being address following the approved breast, bariatric and colorectal business cases that were approved and out to advert/ due to start in post. The use of pagers is in place across clinic 4a.

Urology templates are being reviewed for the oncology clinics, which are main delayed clinic sessions. Non-cancer patients are being identified and redistributed to other clinic sessions. Urology CNS post has also now started and will provide additional clinical capacity for urology OP sessions.

Ophthalmology has shown a good improvement in waiting times for January 2012 period.

Indicator: Consultant to consultant activity	This Month	
	Last Month	

Target: Upper quartile by March 2013

	UQ	Feb-12
Dermatology	4%	6%
Ent	12%	18%
General Surgery	14%	19%
Medical Oncology	60%	78%
Ophthalmology	16%	23%
Plastic Surgery	27%	80%
Trauma & Orthopaedics	42%	17%
Urology	20%	16%

Exclusions: Plastic Surgery

Commentary & Action plan

Surgical division have worked with IT department to mandate entry of referrer on PAS system to enable targeting of source of consultant to consultant referrals. Review of PAS data entry undergoing to ensure that high rates are not due to incorrect entering of data.

Ophthalmology and urology are target areas; consultants have been reminded to reject inappropriate referrals and raise to service manager to ensure that these are prevented.

Reduction in consultant to consultant referrals across surgery has reached median and majority of specialities have also reached upper quartile.

Update on Progress

Mandated from January 2012 the source of referrer, which is the prime driver for c to c referrals. This data is being reviewed in order to target source of referrals and identify appropriateness of the referral by specialty.

Specialties are on trajectory to achieve this March 2013 upper quartile target. SLA target of achievement of median target has been met.

Await data from Information Team regarding source of consultant to consultant referrals to tackle inappropriate referrals.

PERFORMANCE DASHBOARD
February 2012

Women, Children & Families Feedback

Indicator: Cancer Waits – 14 days from referral to first seen	
Target: 93%	
Commentary & Action plan Achieved 92.9% 3 breaches all patient choice	

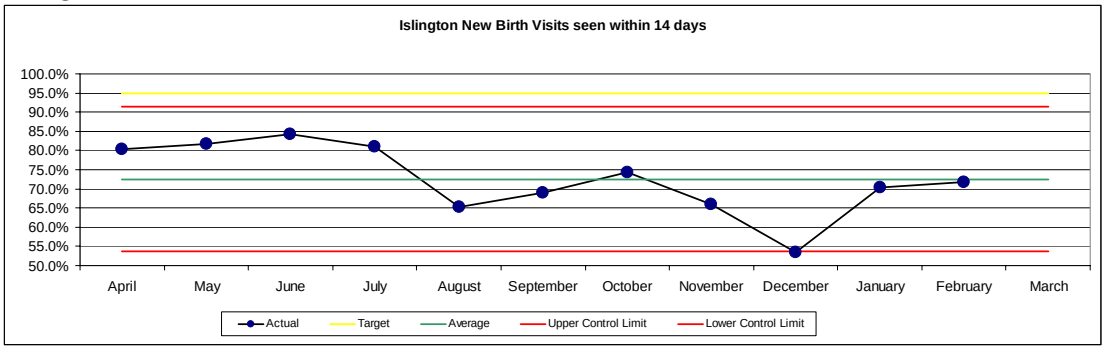
Indicator: 62 Day Cancer Referral/Upgrade to Treatment	
Target: 86% (Patients referred to Whittington Health but who are treated elsewhere count as 0.5 treated patients. If that patient breaches, both referring and treating Trust is attributed 0.5 breaches). **February 2012 data not yet available**	
Commentary & Action plan 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.	
Update on Progress **No Feb. data as yet**	

Indicator: Maternity bookings within 12 weeks 6 days	
Target: 90% Actual Feb 89% 435 bookings	
Commentary & Action plan Weekly monitoring in place additional clinics to meet spikes in demand when staffing permits	
Update on Progress Continue to see high booking numbers, average 312 per month Feb referrals 435	

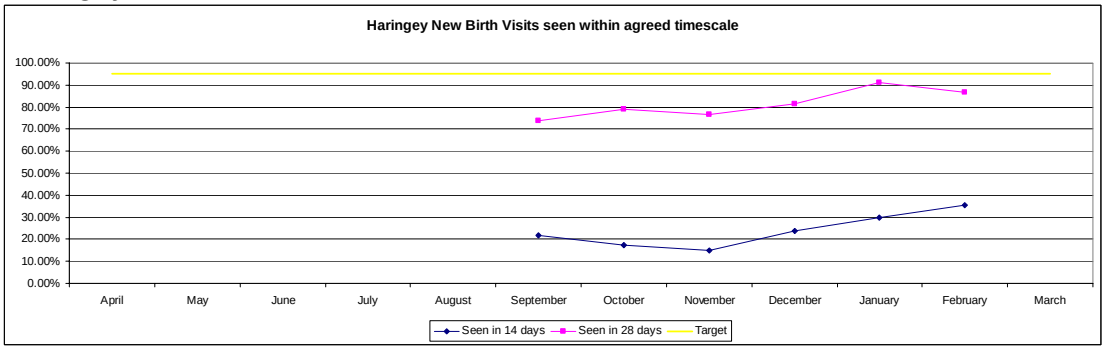
Indicator: New Birth Visits	**This Month**
	Last Month

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

Islington:



Haringey:



Commentary & Action plan

High levels of Health visitor vacancies across both Haringey and Islington, action plan in place to aid recruitment

Update on Progress
Maintained last months improved position despite vacancies in both Islington and Haringey.
3 new starters commenced work in Haringey and recent job offer to 4 more, start date pending

Indicator: Follow-Up Ratio (Median / Upper Quartile)	**This Month**	
	Last Month	

Target: to achieve median benchmark by March 2I012 and upper quartile by March 2013

Exclusions: Obstetrics

	Follow-Up Ratio			
Specialty	**Median**	**Upper Quartile**	**Feb 12**	**Q3**
Gynaecology	1.17	0.95	**1.51**	**1.62**
Paediatrics	1.34	0.93	**1.41**	**1.46**

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.

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. . There are plans to convert the hospital based outpatient hysteroscopy service to the same model.

Neonatal follow up appointments and neurodevelopmental appointments in the new financial year 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 e.g. Community clinic or GP surgery and feeding this back to the GP's should assist with managing inappropriate referrals.

Update on Progress

Improved position from last month particularly in Gynaecology which was 1.70 Consultants continuing to discharge back to GP's in all specialities

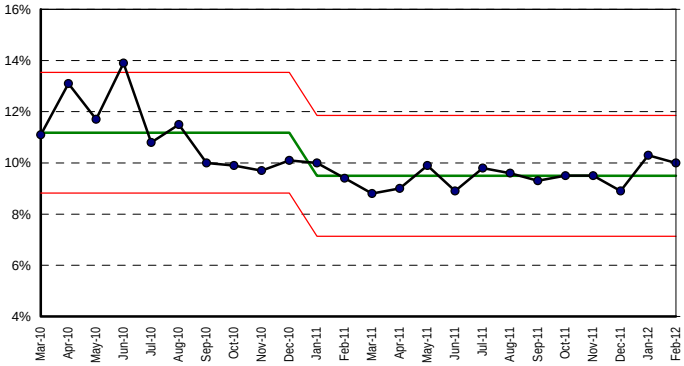
Indicator: Complaint response times	**This Month**	
	Last Month	
December 2011: 3 out of 5 responded to on time (60%) January 2012: 4 out of 5 responded to on time (80%) February 4 out of 5 responded to on time, late by 1 day (80%)		

Indicator: Discharges before 11am	**This Month**	
	Last Month	
Target: 50% by April 2012 February 2012: Betty Mansell ward: 37.4% before 11am (33.3% in January)		
Commentary & Action plan Missing EDD data significantly reduced. Raised profile of this target with Matron and ward manager. Exclusions not exempt from this report despite valid clinical reason not to be counted, e.g. TWOC patients. Majority of patients on Betty Mansell ward remain Jan Medical not Gynae which increases the difficulty of achieving this target, improvement since last month, however the target does not report patients who where discharge the day before EDD but after 11am		

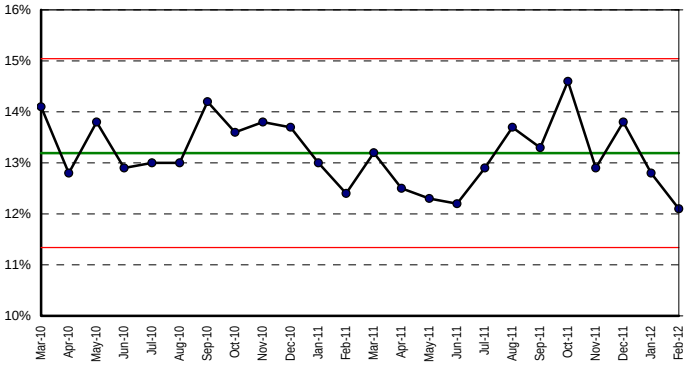
Indicator: DNA Rate – Acute	This Month	
	Last Month	

Target: <8%

First Attendances



Follow-Up Attendances



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.

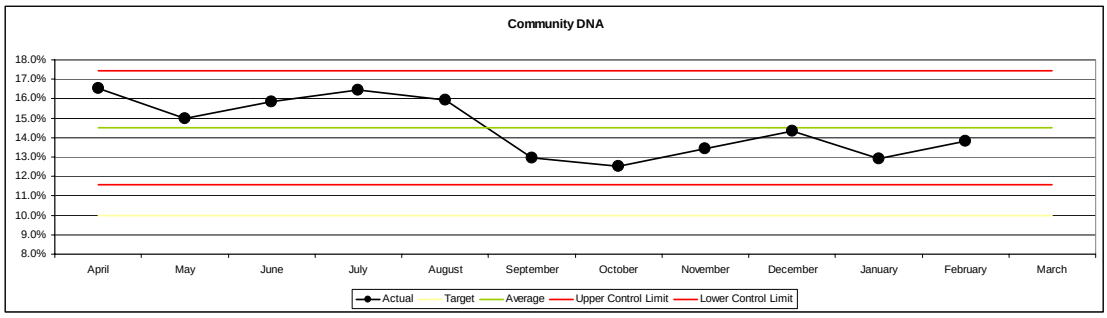
Both Maternity and Paediatric DNAs are reviewed by the relevant clinician and attempts are made to discover why the patient did not turn up and to re-book an appropriate appointment. This information is recorded in the notes.

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

Indicator: DNA Rates – Community	This Month	
	Last Month	



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	This Month	
	Last Month	

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

Specialty	Atts	% with valid times entered	% seen within 15 mins (apts with valid times)
Maternity Ante-Natal Op	3,929	96.2 %	85.9 %
Colposcopy	302	100.0 %	81.1 %
Gynaecology	1,543	87.4 %	75.1 %
Paediatrics	1,130	18.8 %	73.7 %
WCF Total	**6,904**	**81.8 %**	**82.6 %**

Commentary & Action plan

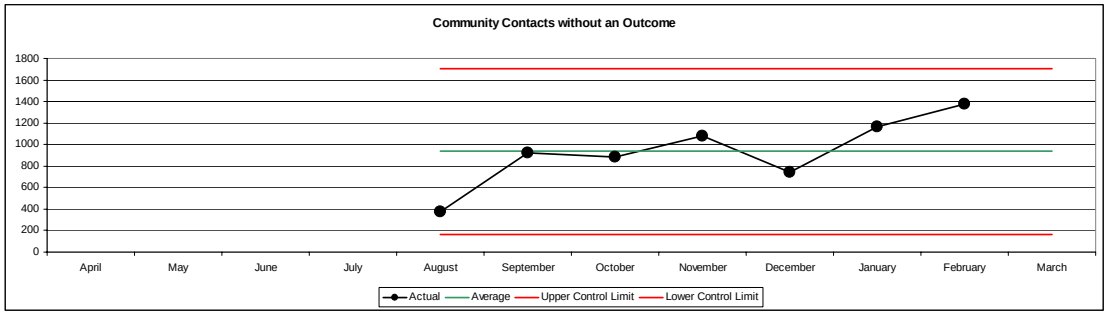
This target will be monitored at the monthly WCF Performance Meetings

Update on Progress

Continued Medical staff sickness in Obsterics and gynae impacting on waiting times
High sickness in junior Paediatric staff
Staff in paeds will be reminded to input missing data,

Indicator: Outcomes Not Recorded (Community)

Target: TBC



Commentary & Action plan

Ongoing issues with connectivity in community and staff vacancies

Update on Progress

Focussed piece of work to be undertaken to look at specific clinical staff groups and develop action plan. To be discussed at Divisional Board 16 April