

**FINANCE - INCOME & EXPENDITURE SUMMARY**

Total Income	(22,548,074)	(22,532,531)	(15,543)	(68,413,310)	(68,089,487)	(323,823)	(274,201,566)
Total Expenditure	21,117,763	21,306,465	188,702	64,708,264	63,917,928	(790,336)	256,707,457
EBITDA	1,430,311	1,226,066	204,246	3,705,046	4,171,560	(466,513)	17,494,108
Net Surplus/Deficit	249,744	44,825	204,919	197,563	662,805	(465,242)	3,120,438
Net Surplus/Deficit excluding PFI IFRS	289,994	85,075	204,919	318,313	783,555	(465,242)	3,504,438

**SERVICE LINE REPORTING**

Total Cost	7,611,536	9,228,182	5,374,099
Service Line Profit Margin %	-10.8%	1.0%	4.6%

**CIP MONITORING**

<b>Total</b>	<b>13,100</b>	<b>(2,551)</b>	<b>(1,651)</b>	<b>(3,901)</b>
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**WORKFORCE AND STATUTORY TRAINING**

	Vacancy Rates							
	Sickness							
	Turnover							
	Absences							
<b>Workforce</b>	Bank & Agency Spend (£000)	n/a	2,028	2,588	1,960	6,576	6,576	6,576
	Appraisal							
	Number of case of bullying & harrasement							
	Ratio of qualified to unqualified staff							
<b>Training</b>	Mandatory Training	100%						
<b>Compliance</b>	Compliance							
<b>ESR</b>	Completed roll-out							

Commentry:

- The year to date performance shows a surplus of £198k, which is £465k worse than planned.
- This position includes £750k of non recurrent adjustments, without these adjustments the variance against plan would be worse than that reported, and significantly the financial position would show a year to date deficit.
- The key reason for the adverse performance against plan relates to slippage in achievement of CIP plans, the estimated shortfall on CIP for the first 3 months is £974k.

**NATIONAL INDICATORS - ACUTE SERVICES**

<b>ED Targets</b>	Patients in A&E under 4 hours	95%				
	Referral to Treatment - Admitted	90%				
<b>18 Weeks RTT</b>	Referral to Treatment - Non Admitted	95%				
	Referral to Treatment - Incomplete	92%				
	Diagnostic Waiting Times	99%				
	14 days GP referrals - 1st Outpatients	93%				
	14 days GP referrals - Breast symptoms	93%				
<b>Cancer Access</b>	31 days to First Treatment	96%				
	31 days to Second or Subsequent Treatment (Surgery)	94%	-	-		
	31 days to Second or Subsequent Treatment (drugs)	98%	-	-		
	62 days Referral to Treatment	85%				
	62 days Wait First Treatment from Cancer Screening	90%	-	-		
<b>Fractured Neck of Femur</b>	Fractured Neck of Femur operated within <36 hours	85%				
	Fractured Neck of Femur operated within <48 hours	85%				
<b>Cancelled Operations</b>	Cancelled Operations as percentage of elective admissions	<0.8%				
	Cancelled Operations Rescheduled within 28 days	0				
<b>Never Events</b>	Single Sex Accommodation	0				
<b>Transfer of Care</b>	% of Inpatients with Delayed Transfer of Care	<3.5%				
<b>Diagnostics</b>	Cervical Cytology turnaround times within 14 days	98%				
	% of women seen by HCP or midwife within 12 weeks and 6 days	90%				
<b>Maternity</b>	1:1 care in established labour	100%	-			
	Breast Feeding at Birth	90%				
	Smoking during pregnancy at time of delivery	<17%				

Comments:

**ED** - performance for June is above target.

**The 18 weeks RTT indicators** - are all above target. Long waits in sub-specialities such as bariatrics for General Surgery and Orthopedics are being addressed partly with the appointment of new surgeon. Spinal pathway is under review to divert suitable patients to physio services to relieve pressure on surgeon. Needs to be noted that the data for June is provisional and will be subjected to change once validation has taken place.

**Cancer Access** - the June data for these indicators will be available in the August report due to the figures only be available after the 25th on the month. This data will be reported in two months in arrears

**Diagnostic Waiting Times / FNoF** - Data reported two month in arrears

**% of women seen by HCP or midwife within 12 weeks and 6 days** - weekly monitoring continues with additional clinics to meet demand. Performance for this indicator is reliant on patient choice and it is found that many women are leaving booking the appointment with the midwife at later stage.

**QUALITY INDICATORS - ACUTE SERVICES**

<b>Infection Prevention &amp; Control</b>	MRSA Bacteraemia Cases	1	1	0	0	1	1			
	MRSA Suppression	This indicator is currently being developed								
	C.DIFF Cases	1	1	1	0	2	2			
	E Coli Cases		8	6	8	22	22			
	MSSA Bacteraemia Cases		2	0	1	3	3			
	Hand Hygiene Audit	95%								
	Pressure Ulcers - grade 2	TBA	14	5			19			
	Pressure Ulcers - grade 3/4	TBA	1	2			3			
	VTE Screening	90%								
	VTE Rate - Hospital Acquired	0%	Data not currently available							
<b>Incident Reporting</b>	Appropriate Prophylaxis for VTE	90%								
	Post Operative Sepsis	This indicator is currently being developed								
	Post Operative Sepsis - Hips	Data not currentl available								
	Post Operative Sepsis - Knees	Data not currentl available								
	Number of Serious Incidents	TBA	29	60	44	133	133			
	Number of Falls	TBA	25	50	35	110	110			
	Number of Falls Causing Harm	Data not currently available								
	Deaths After Surgery	0%								
	Deaths in Low Risk Conditions	0%	These indicators are under development							
	Deaths After Bariatric Surgery	0%								
<b>Clinical Effectiveness</b>	Hospital Level Mortality Indicator - Summary	TBA								
	Safety Alerts Compliance	Data not currently available								
	Emergency Readmission Rates	TBA	210	227			437			
	Emergency Readmission Rate for LTC	TBA	152	148			300			
	Emergency Readmission Rate for Paediatric (asthma, epilepsy, diabetes)	TBA	10	14			24			
	Emergency Readmission for VTE	TBA	1	6			7			
	Incident Reporting Rates per 1000 admissions/ contacts	This indicator is currently being developed								
	Helping Older People Recover Independence After Illness or Injury	This indicator is currently being developed								
	Friends & Family Test (Net Promoter Score)		26%	Data not fully available				26%		
	Cleanliness Audit	This indicator is currently being developed								
<b>Patient Experience</b>	Complaints Received		49	62	37	155	155			
	Complaints Responded to within specified timeframe		37	41						

Comments:

**Hand Hgiene Audit** - Although current performance is below target, both theatres and DTC regularly acheive 95%. ITU had targeted training for all staff from the PDNs and Infection Control Team. A divisional action plan in ICAMs has been developed and is being implemented throughout the Division.

**Pressure Ulcers** - this data includes both acute and community. There has been 1 grade 3 pressure ulcer acquisition since March 2012 on the medical wards. Decrease overall for the surgical division with 2 grade 2 pressure ulcer acqusition and no grade 3/4 pressure ulcers.

**Falls** - number of fall incidents are down across all division for June.

**VTE Prophylaxis** - the actual performance will only be known once validation has been completed.

## QUALITY INDICATORS - COMMUNITY SERVICES

Infection Prevention & Control	Dentistry Compliance with Infection Control Standard	90%	-	-							
	MRSA Bacteraemia Cases	0									
	E Coli Cases	0									
Incident Reporting	Pressure Ulcers - grade 2										
	Pressure Ulcers - grade 3/4										
	Number of Serious Incidents										
	Number of Falls										
	Number of Falls Causing Harm										
	Friends & Family Test (Net Promoter Score)		45%	40%	28%	38%	38%				
Patient Experience	Dentistry - Patient Involvement	90%									
	Dentistry - Patient Experience	90%									
	Complaints Received										
	Complaints Responded to within specified timeframe										
	Community Matron Outcomes - % patients reporting confidence to manage their conditions	80%									
	Incident Reporting Rates per 1000 admissions/ contacts										
	Respiratory - number of admissions avoided	25 per Qtr									
Clinical Effectiveness	Diabetes - % of patients with at least a 1% reduction in HbA1c after 6 months	60%									
	Diabetes - % of patients reporting confidence in managing their condition	85%									
	Heart Failure / Cardiology - % of patients on optimum Ace Therapy	80%									
	Heart Failure / Cardiology - % of patients on optimum Beta Blocker Therapy	80%									
	Rehab Intermediate Care - % of patients with self-directed goals set										
	Rehab Intermediate Care - GAS scores pre and post treatment										
	MSK - % of patients who have completed Patient Specific Functional Scale	90%									
	MSK - % of patients completing their treatment on discharge	80%									
	CAMHS - % of Cases where mental health problems has been resolved or improved										
	CAMHS - % of Cases where severity of mental health at end of treatment is normal										

### Comments:

Diabetes % of patients with at least a 1% reduction in HbA1c after 6 months - June figurs are currently under validation and therefore subject to change and may not be a true reflection in the services performance. YTD performance is above target.























**NATIONAL INDICATORS - COMMUNITY**

<b>Health Visiting</b>	Prevalance of breast feeding at 6-8 weeks	74%	Quarterly Report				
	New Birth Visits - Islington	95% within 14 days					
	New Birth Visits - Haringey	95% within 14 days					
<b>Child Heath</b>	New Birth Visits - Haringey	95% within 28 days					
	% of Immunisation - Islington	80%	Quarterly Report				
<b>Community Sexual Health</b>	% of Immunisation - Haringey	80%	Quarterly Report				
	GUM: Patients offered appointment within 2 days	100%	Quarterly Report				
<b>Primary Care Psychology</b>	IAPT - Number entering psychological therapies	TBA	196	196	196		
	IAPT - Number moving off sick pay and benefits	90	Quarterly Report				
<b>Stop Smoking</b>	Actual 4 Week Quitters	TBA	Available September 2012				
	Projected 4 Week Quitters	TBA	Available September 2012				
<b>Dental</b>	Units of Dental Activity	90%	Quarterly Report				
	Number of patients receiving NHSprimary dental service	TBA	Quarterly Report				
<b>Drugs &amp; Alcohol</b>	% of Treatment Starts	80%	Quarterly Report				
	% of treatment Reviews	80%	Quarterly Report				













Comments:

**New Birth Visits** - data for this indicator is two month in arrears as cannot be extracted until 14 days after the end of the month. June data will be presented in the August report

**LOCAL INDICATORS - ACUTE**

Consultant 7 Day Ward Rounds		N	N	N	N	N		
Consultant presence every day 8am - 8pm		N	N	N	N	N		
Consultant with no elective work on call 7 days		N	N	N	N	N		
Discharge Before 11am - 40% by March 2013 - Surgery / Medicine	<b>Qtr 1 - 27%</b>	<b>26.8%</b>	<b>31.7%</b>	<b>20.2%</b>	<b>26.9%</b>	<b>26.9%</b>		
Average Length of Stay - Surgery / Medicine		6.7	6.7	5.8	6.4	6.4		
Bed Days - Surgery / Medicine		8145	8789	7337	24271	24271		
Theatre Session Utilisation	<b>95%</b>							
Number of First Appointments		4809	5796	4772	15377	15377		
Number of Follow-Up Appointments		10954	12969	10184	34107	34107		
DNA Rates - First Appointments	<b>8%</b>							
DNA Rates - Follow-Up Appointments	<b>8%</b>							
Number of Cancellations - First Appointments		<b>Methodology under revision to ensure accuracy and consistency of reporting</b>						
Number of cancellations - Follow-up Appointments		<b>Methodology under revision to ensure accuracy and consistency of reporting</b>						
% Waiting less than 15 minutes	<b>98%</b>							
NHS Number Completeness - Acute	<b>99%</b>	<b>97%</b>						
Outcomes not recorded - Acute	<b>&lt;0.5%</b>			<b>0.9%</b>				

**LOCAL INDICATORS - COMMUNITY**

DNA Rates - Community Adult Service	<b>8%</b>	<b>8.6%</b>	<b>8.3%</b>					
DNA Rates - Community Children Services	<b>8%</b>							
Service Cancellations - Community Adult	<b>2%</b>	<b>Methodology under revision to ensure accuracy and consistency of reporting</b>						
Service Cancellations - Children Services	<b>2%</b>	<b>Methodology under revision to ensure accuracy and consistency of reporting</b>						
Community Average Waiting Times - Children	<b>18wks</b>							
Community Average Waiting Times - Adults	<b>6 wks</b>							
NHS Number Completeness - Community	<b>99%</b>							
Outcomes not recorded - Community	<b>&lt;0.5%</b>							















Comments:

**DNA first appointment** - Policies regarding discharge of DNAs is to be relaunched as part of Outpatients Improvement Project. Also the appointment booking process is to be reviewed as part of UNIPART project.

**SLA INDICATORS**

Outpatient Follow-up Ratio (Upper Quartile) - % excess follow-ups - <1% by Qtr 4	29%	25%	29%	29%		
Consultant to Consultant Activity (Upper Quartile) - % excess firsts	<1%					
Emergency Readmissions - from original elective admissions	TBC					
Emergency Readmissions - from original emergency admissions	TBC					
Excess Beddays - against SLA plan						

**CQUIN 2012/13 - Reported from July 2012**

<b>VTE</b>	The number of risk assessments completed and repeated within the 24 hours	90%				
	Appropriateness of Prescribing	95%				
<b>ENHANCED RECOVERY</b>	The number of goal directed fluid for patients admitted for urgent or emergency abdominal.					
	Percentage of emergency laparotomy patients on the national emergency laparotomy audit					
	Reduce Length of Stay					
<b>COPD BUNDLE</b>	COPD Bundle completed which including patients with LoS >1day	85%				
<b>SAFETY THERMOMETER</b>	Recording of 4 or more incidences of VTE, Pressure Ulcers, UTI and Falls for all inpatient admissions and patient seen by District Nursing on one a month.	100%				
				<b>of all patients for 3 consecutive months</b>		
<b>ALCOHOL SCREENING IN ED</b>	Percentage of adult patients attending ED who have received alcohol screening.	70% by Qtr4				
<b>STOP SMOKING INTERVENTIONS IN ACUTE</b>	Percentage of adult admissions including day cases and maternity who smoke, have been offered advice, NRT and referral to stop smoking services	TBA against baseline audit				
<b>DEMENTIA SCREENING IN &gt;75 YR OLDS FOR ED ADMISSIONS</b>	Percentage of emergency admissions over the age of 75 years, who have been screened, had a diagnostic assessment and referral where appropriate.	90% over 3 consecutive months				
<b>CANCER STAGING</b>	Percentage of all cancer patients to have a staging completed					
<b>PATIENT EXPERIENCE</b>	Adult Inpatient Annual Survey - achieve 30% increase by Qtr 4 on Qtr 1 baseline	66% baseline, increase by 2%				
<b>COMMUNITY</b>						
<b>LONG TERM CONDITIONS TRANSFORMATION</b>		TBA - currently under development				
<b>PATIENT EXPERIENCE</b>	Children Community Services - achieve 30% increase by Qtr 4 on Qtr 1 baseline					

Comments:

**CQUINS** data will commence to be measured from July 2012.

**Follow-up Ratio** - Ophthalmology is working closely with clinicians to agree a pathway of complex patients. Urodynamics is investigating a new benchmark with commissioners due to the complexity of the service. The current benchmark against general medicine is not equivalent.