

## Whittington HealthTrust Board meeting

**19 December 2012**

<b>Title:</b>	Month 8 Performance Dashboard		
<b>Agenda item:</b>	<b>10</b>	<b>Paper</b>	<b>E</b>
<b>Action requested:</b>	For discussion		
<b>Executive Summary:</b>	<p>The Performance Dashboard attached informs the Trust Board about performance at month 8 – November 2012 (or the latest month available).</p> <p>Due to the change in Trust Board date this month, it has not been possible to produce an exception report. However, below is a summary of the areas of performance that the Trust Board needs to pay attention to.</p> <p><b>Emergency Department</b> – the 4 hour target is green for the month of November, Q3 to date and year to date. We are on track to deliver the trajectory agreed with the commissioners in North Central London.</p> <p><b>12+6 maternity bookings</b> target achieved in November.</p> <p><b>Consultant presence every day 8 am to 8 pm</b> is now green following the implementation of the new rota in the ICAM Division.</p> <p><b>18 weeks admitted</b> – the October data was re-validated (and resubmitted) after the publication of the last dashboard. The performance was adjusted upwards to 90.2% and therefore green.</p> <p><b>18 weeks incomplete pathways</b> – the target for November was missed due to very high referral rate for spinal surgery and lack of capacity – Whittington Health employs a part-time spinal surgeon. However, with the redesign of MSK pathway it is envisaged that this target will become green in December 2012.</p> <p><b>Cancer access October</b>– two week wait, two week wait for Breast symptoms and 62 days referral to treatment targets were missed in November.</p> <p><b>Two weeks wait</b> – this is due to Endoscopy (increased capacity already. However, not enough and therefore a business case is being presented to EC in December for extra capacity) and Dermatology (growth in referrals – increased number of urgent slots already in place. Forecast to be green by December 2012.</p>		

		<p><b>Two weeks wait for breast symptoms</b> – CNS’s ringing patients to try to have them booked in clinics within the weeks as 85% of the breaches are due to women’s choice. Agreed with NCL to analyse demographics to see if there is a reason why women choose to be seen later than the two weeks.</p> <p><b>62 days referral to treatment</b> – WH has on average 20 referrals a month for cancer that require surgery. In October we had 14 referrals and therefore a very small number of breaches causes us missing the target. We had 4 breaches – 2 unavoidable due to clinical condition. Forecast to reach the target by year end.</p> <p><b>Cancelled operations</b> – November target missed due to power supply problems with laser equipment and the cancellation of a full list. Equipment has now been moved to another location in the Trust and therefore we forecast to go back to green in December.</p> <p><b>Complaints response times</b> – considerable drop in performance in October. There is a comprehensive action plan in place to improve performance. This has been discussed in all divisions and Trust Operational Board and therefore we expect a considerable improvement in the next two months.</p>					
<b>Summary of recommendations:</b>		For Trust Board to note.					
<b>Fit with WH strategy:</b>		The Performance dashboard is a key monitoring tool for achieving Whittington Health strategic goals, especially goal 3 – Efficient and Effective Care					
<b>Reference to related / other documents:</b>		<p>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:</p> <p>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</p>					
<b>Date paper completed:</b>		11 December 2012					
<b>Author name and title:</b>		Maria da Silva, COO		<b>Director name and title:</b>		Maria da Silva, COO	
<b>Date paper seen by EC</b>		<b>Equality Impact Assessment complete?</b>		<b>Risk assessment undertaken?</b>		<b>Legal advice received?</b>	

Please note that all data is dated November 2012 unless otherwise stated

## FINANCE - INCOME &amp; EXPENDITURE SUMMARY

	Current Month			Year To Date			Annual Budget £'000
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Budget £'000	Variance £'000	
Total Income	24,756	24,698	58	185,773	184,298	1,474	277,172
Total Expenditure	22,018	22,195	177	173,651	172,340	(1,311)	259,641
EBITDA	2,738	2,503	235	12,122	11,958	163	17,531
Net Surplus/Deficit	1,515	1,352	162	2,746	2,621	125	3,120
Net Surplus/Deficit excluding PFI IFRS	1,562	1,399	162	3,001	2,876	125	3,562

## SERVICE LINE REPORTING

	Women, Children & Families	IC & Acute Medicine	Surgery, Cancer & Diagnostics
Total Direct & Indirect Cost	£37,371,145	£44,679,738	£25,918,443
Service Line Contribution Margin %	16.9%	17.6%	26.5%

## CIP MONITORING

	2012/13 Target £'000	Forecast Variance £'000	Best Case Forecast Variance £'000	Worst Case Forecast Variance £'000		June	July	August	September	October	November
<b>Total</b>	<b>13,100</b>	<b>0</b>	<b>0</b>	<b>(2,680)</b>	cumulative % achieved against target	69%	74%	80%	86%	86%	88%



Trust Board Performance Report includes data for November 2012, unless stated otherwise

"Q" denotes information only available quarterly

KEY	
<b>In month</b>	<b>Colours</b>
Below target	→
At risk	→
On Target	→
No Target	→
	<b>Direction</b>
Improving	↑
No change	→
Worsening	↓

**WORKFORCE AND MANDATORY TRAINING**

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	YTD	Trend
Workforce	Vacancy Rates	<12%	14.2%	11.7%	12.6%	11.7%	12.6%	11.1%	11.1%	11.3%	12.0%	↓
	Sickness Absence	<3%	2.8%	3.2%	3.1%	3.1%	2.8%	3.1%	3.5%	2.8%	3.1%	↑
	Long Term Sick Leave	<1%	1.1%	1.3%	1.4%	1.3%	1.2%	1.2%	1.5%	1.3%	1.3%	↑
	Turnover	<10%	10.1%	8.9%	11.2%	11.1%	11.0%	10.8%	10.9%	11.0%	10.6%	↓
	Staff in post	-	3661.8	3644.3	3,606.3	3,569.2	3,606.8	3,654.7	3,651.3	3,636.9	3,638.0	→
	Stability Level	>80%	80.3%	83.8%	82.9%	83.4%	83.7%	83.6%	83.2%	86.9%	83.5%	↑
	Appraisals recorded on ESR	90%	-	-	20%	20%	19%	20%	26%	29%	29%	↑
	Number of case of bullying & harassment (cumulative)	0	1	1	1	1	1	3	3	4	4	↓
	% of qualified to unqualified staff (nurses)	70:30	77/23	76/24	76/24	77/23	79/21	79/21	80/20	81/19	78/22	↓
	Mandatory Training Compliance	90% by Dec	69%	69%	67%	68%	69%	70%	74%	79%	79%	↑
	No. of staff activated on ESR	95%	6.2	638	652	665	680	687	698	711	711	→

[1] Bank & Agency spend has been removed - see Section 6 on Expenditure Performance of the Trust Board Finance report for figures and appropriate context of overall spend against budget

## Whittington Health Integrated Dashboard - December 2012 (November 2012 Data)

### NATIONAL INDICATORS - ACUTE SERVICES

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	YTD	Trend
ED Targets	Patients in A&E under 4 hours	95%	94.7%	93.8%	95.4%	95.2%	97.1%	94.0%	95.6%	95.3%	95.1%	↓
18 Weeks RTT	Referral to Treatment - Admitted	90%	93.1%	92.8%	91.7%	92.5%	90.0%	90.3%	90.2%	90.3%	91.4%	↑
	Referral to Treatment - Non Admitted	95%	98.8%	98.8%	98.9%	99.0%	99.1%	98.4%	98.4%	98.7%	98.8%	↑
	Referral to Treatment - Incomplete	92%	91.7%	96.2%	92.2%	95.4%	95.2%	92.8%	92.7%	90.9%	93.9%	↓
	Diagnostic Waiting Times	99%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.5%	99.9%	↓
Cancer Access	14 days GP referrals - 1st Outpatients - [1]	93%	91.7%	93.6%	92.9%	92.6%	93.3%	92.2%	92.5%	-	92.7%	↑
	14 days GP referrals - Breast symptoms - [1]	93%	95.6%	97.7%	90.7%	86.2%	94.3%	87.8%	87.2%	-	91.0%	↓
	31 days to First Treatment - [1]	96%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-	100.0%	→
	31 days to Second or Subsequent Treatment (surgery) - [1]	94%	[2]					[2]	100.0%	-	100.0%	→
	31 days to Second or Subsequent Treatment (drugs) - [1]	98%						100.0%	100.0%	-	100.0%	→
	62 days Referral to Treatment - [1]	85%	90.9%	78.4%	70.0%	85.3%	100.0%	90.0%	78.6%	-	84.2%	↓
	62 days Wait First Treatment from Cancer Screening - [1]	90%	-	-	100.0%	100.0%	100.0%	100.0%	-	-	100.0%	→
Fractured Neck of Femur	Fractured Neck of Femur operated within <36 hours	85%	93.8%	100.0%	87.5%	100.0%	100.0%	85.7%	100.0%	90.9%	93.9%	↑
	Fractured Neck of Femur operated within <48 hours	85%	100.0%	100.0%	100%	100.0%	100.0%	100.0%	100.0%	90.9%	98.8%	→
Cancelled Operations	Cancelled Operations as percentage of elective admissions	<0.8%	1.2%	0.2%	0.2%	0.2%	0.3%	0.7%	0.7%	1.0%	0.6%	↓
	Cancelled Operations not rescheduled within 28 days	0	0	0	0	0	0	0	0	0	0	→
Single Sex Accommod.	Single Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	→
Transfer of Care	% of Inpatients with Delayed Transfer of Care	<3.5%	2.9%	1.3%	1.2%	2.1%	2.0%	3.6%	1.7%	2.3%	2.2%	↓
Diagnostics	Cervical Cytology turnaround times within 14 days	98%	100%	100%	100%	100%	100%	100%	100%	[3]	100%	→
Maternity	% of women seen by HCP or midwife within 12 weeks and 6 days	90%	88.3%	88.9%	87.9%	90.5%	89.7%	96.6%	88.2%	90.1%	89.7%	↑
	1:1 care in established labour	100%	100%	100%	100%	100%	100%	100%	100%	98.9%	99.9%	↓
	Breast Feeding at Birth	90%	90%	92%	92%	90%	91%	92%	93%	92%	92%	↓
	Smoking during pregnancy at time of delivery	<17%	6%	8%	5%	6%	8%	8%	7%	6%	7%	↑

[1] Finalised cancer access data is available 1 month in arrears of the current 7th working day reporting schedule: Data available on the 25th working day following month end.

[2] Data available from Sept only. No cases for Second/subsequent treatment (Surgery) in month.

[3] Cytology turnaround <14 days data is available 1 month in arrears of the current 7th working day reporting schedule: Data available on the 14th working day following month end.

[4] No Amber RAG rating for National Targets

## Whittington Health Integrated Dashboard - December 2012 (November 2012 Data)

### QUALITY INDICATORS - INTEGRATED CARE ORGANISATION

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	YTD	Trend
Incident Reporting	Number of Serious Incidents	n/a	17	11	16	16	8	12	17	5	102	→
	Timeliness of external SI Report submission	Green							[1]			→
	Incident Reporting Rates per 1000 beddays / contacts - [2]	[2]	3.2	3.2	3.5	3.6	3.0	3.5	3.3	4.2	3.5	→
	Number of Falls - [2]	[2]	25	50	35	26	21	27	26	33	168	→
	Number of Falls Causing Severe Harm - [2]	[2]	0	0	0	1	0	0	0	0	1	→
	Never Events	0	0	2	0	0	0	0	1	0	3	→
Clinical Effectiveness	Safety Alerts Compliance	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	→
Patient Experience	Complaints Received	n/a	49	62	37	59	49	41	48	35	269	→
	Complaints Responded to within specified timeframe	80%	76%	66%	86%	63%	65%	64%	26%	[3]	64%	↓

### QUALITY INDICATORS - ACUTE SERVICES

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	YTD	Trend
Infection Prevention & Control	MRSA Bacteraemia Cases	1 (year)	1	0	0	0	0	0	0	0	1	→
	C.DIFF Cases	21 (year)	1	1	0	1	2	1	1	2	9	↓
	E Coli Cases - [2]	[2]	1	1	1	1	1	1	2	1	9	→
	MSSA Bacteraemia Cases - [2]	[2]	0	0	1	0	0	0	0	0	1	→
	MRSA Screening - Elective Inpatients	95%	98.6%	96.3%	94.2%	96.4%	95.5%	96.9%	93.0%		95.8%	↓
	Hand Hygiene Audit	95%	99.5%	93.3%	99.4%	97.9%	95.8%	100.0%	98.8%	99.1%	97.3%	↑
Incident Reporting	Pressure Ulcers - grade 3/4 (80% reduction from 2010/11 baseline)	3/yr	1	2	0	1	1	1	2	0	8	↑
	VTE Assessment	95%	95.4%	95.1%	96.7%	95.3%	95.6%	95.8%	95.1%		95.6%	↓
	VTE Incidence - Hospital Acquired	[2]	4	1	4	4	1	[4]		[4]	14	→
	Appropriate Prophylaxis for VTE	90%	82.7%	65.8%	95.2%	95.1%	99.2%	98.4%	94.4%		88.1%	↓
	Post Operative Sepsis	AE	0	0	1	0	0	0			1	→
	Post Operative Sepsis - Hips	AE	0	0	0	0	0	0			0	→
	Post Operative Sepsis - Knees	AE	0	0	1	0	0	0			1	→
	Deaths After Surgery	AE	1	1	2	0	0	3	[5]		7	↓
	Deaths in Low Risk Conditions	AE	0	0	2	1	0	3			6	↓
	Deaths After Bariatric Surgery	AE	0	0	0	0	0	0			0	→
	Hospital Level Mortality Indicator - Summary	<100	78.3	80.8	91.0	80.4	71.2	61.0			77.1	↑
Clinical Effectiveness [6]	Emergency Admission Rate for LTC	[6]	152	149	127	157	141	172	187		1085	→
	Emergency Admission Rate Paediatric (asthma, epilepsy, diabetes)	[6]	10	15	7	27	10	17	14	[6]	100	→
	Emergency Admission for VTE	[6]	2	6	8	8	9	19	9		61	→
Patient Experience [7]	Friends & Family Test - Inpatient Coverage	15%	New measure from November 2012							12%	12%	→
	Friends & Family Test - Inpatient Response (% likely to recommend)	[7]	New measure from November 2012							90%	90%	→
	Friends & Family Test - Emergency Department Coverage	15%	New measure from November 2012							1%	1%	→
	Friends & Family Test - Emergency Department Response (% likely to recommend)	[7]	New measure from November 2012							54%	54%	→
PTO FOR NOTES	Cleanliness Audit	>95%	96.1%	97.1%	97.1%		98.1%		97.3%	[8]	97.5%	↓

## Whittington Health Integrated Dashboard - December 2012 (November 2012 Data)

### QUALITY INDICATORS - COMMUNITY SERVICES

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	YTD	Trend
<b>Infection Prevention &amp; Control</b>	Dentistry Compliance with Infection Control Standard	90%	95%			96%			Q	96%	→	
<b>Incident Reporting</b>	Pressure Ulcers - grade 3/4 (30% reduction from 2011/12 baseline)	21/yr	5	4	7	8	4	3	6	5	42	↑
<b>Patient Experience</b>	Friends & Family Test - Community Services Response (% likely to recommend)	[7]	New measure in development									→
	Dentistry - Patient Involvement	90%	90%	95%	92%	90%	98%	95%	88%	87%	92%	↓
	Dentistry - Patient Experience	90%	97%	90%	100%	98%	92%	100%	100%	95%	97%	→
<b>Clinical Effectiveness</b>	Respiratory - number of admissions avoided	25 / Qtr	9	3	3	18	13	8	8	9	71	→
	Diabetes - % of patients with at least a 1% reduction in HbA1c after 6 months	60%	57%	83%	42%	80%	80%	69%	61%	65%	66%	→
	Diabetes - % of patients reporting confidence in managing their condition	85%	100%	60%	100%	100%	71%	73%	100%	90%	88%	↑
	Heart Failure / Cardiology - % of patients on optimum Ace Therapy	80%	90%	90%	88%	90%	86%	85%	89%	83%	88%	↓
	Heart Failure / Cardiology - % of patients on optimum Beta Blocker Therapy	80%	85%	83%	84%	87%	86%	85%	85%	80%	84%	↓
	Rehab Intermediate Care - % of patients with self-directed goals set	70%	60%	75%	60%	71%	78%	73%	77%	70%	71%	↓
	Rehab Intermediate Care - % of patients with improved or maintained function	70%	75%	71%	67%	76%	80%	77%	90%	67%	76%	↔
	MSK - % of patients who have completed the Patient Specific Functional Scale	40%	2%	13%	14%	27%	47%	63%	45%	57%	39%	↑
	MSK - % of patients completing their treatment on discharge	40%	48%	48%	38%	37%	38%	39%	40%	35%	39%	↔
	CAMHS - % of Cases where mental health problems resolved or improved	60%	73%			71%			Q	72%	↓	
	CAMHS - % of Cases where severity of mental health at end of treatment is normal	80%	89%			87%			Q	88%	↓	
	% of new patients with an HIV test within preceding 90 days	60%	85%	84%	83%	85%	83%	83%	83%	85%	84%	→
	% of women 18 to 25 years old attending for contraception given LARC	20%	28%	29%	26%	30%	32%	29%	28%	31%	29%	↑
	% of new male patients who had an STI screen who were under 25 years	20%	30%	30%	34%	31%	30%	30%	35%	29%	31%	↓
	% of new female patients who had an STI screen who were under 25 years	20%	46%	46%	47%	47%	43%	48%	46%	45%	46%	↓

[1] Data is produced quarterly as a RAG rating the from NHS London Organisational Health Intelligence report.

[2] Targets are not yet established - see exception report for detail

[3] Complaints response times data is available 1 month in arrears of the current 7th working day reporting schedule: Data available 25th working day following month end.

[4] VTE screening data available 1 month in arrears of the current reporting schedule: data derived from coding of clinical records, completed 10th day following month end. Hospital acquired VTE incidence requires detailed audit.

[5] Derived from the most recent available Dr Foster Intelligence. N.B The target for these indicators is a relative risk target: i.e. 'As Expected' (AE) or better.

[6] Clinical effectiveness data available 1 month in arrears: data derived from coding of clinical records, completed 10th day following month end.

[7] In line with national guidance, the Friends and Family test has replaced the Net Promoter Score from November 2012. The target for this test is due to be released by the DoH from April 2013. Due to technical issues, community data was not available for November 2012.

[8] Cleaning audit scores for November and December combined will be presented on the January Performance Report

## Whittington Health Integrated Dashboard - December 2012 (November 2012 Data)

### NATIONAL INDICATORS - COMMUNITY

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	YTD	Trend
Health Visiting	Prevalence of breast feeding at 6-8 weeks	74%	76%			73%			[2]	74%	↓	
	New Birth Visits - Islington	95% <=14 days	51.4%	55.8%	57.9%	67.5%	78.9%	78.6%	80.0%	[1]	68.9%	↑
	New Birth Visits - Haringey	95% <=14 days	18.8%	22.8%	21.6%	41.0%	70.5%	83.5%	73.6%	[1]	47.9%	↓
Child Health	% of Immunisation - Islington	80%	88.5%			89.3%			[2]	88.9%	→	
	% of Immunisation - Haringey	80%	88.5%			87.3%			[2]	87.9%	→	
Community Sexual Health	GUM: Patients offered appointment within 2 days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	→
	% positivity for all Chlamydia Screening	5%	13.5%	10.6%	7.6%	14.8%	8.9%	7.3%	7.1%	9.0%	9.8%	↓
	% of chlamydia screens that are males <25 years old	[3]	12.5%	7.1%	11.1%	12.1%	11.3%	11.1%	12.6%	10.8%	11.1%	→
	% of chlamydia screens that are females <25 years old	[3]	46.0%	47.9%	46.5%	28.4%	26.9%	30.0%	29.6%	28.5%	35.5%	→
Primary Care Psychology	IAPT - Number entering psychological therapies	[4]	466			251	348	325	354	404	2148	→
	IAPT - Number moving off sick pay and benefits	90 per year	23			13	9	19	9	15	88	→
Stop Smoking	Actual 4 Week Quitters	952 for Qtr 1 & 2	594			432			[2]	1026	→	
Dental	Units of Dental Activity	90% of contract	99%	127%	99%	129%	111%	103%	108%	103%	110%	→
	Contacts	90% of contract	92%	122%	96%	146%	116%	95%	123%	116%	113%	→
Drugs & Alcohol	% of Treatment Starts	80%	-	-	100%	100%	100%	90%	82%	83%	92%	↓
	% of treatment Reviews	80%	-	-	100%	96%	100%	92%	83%	80%	92%	↓

[1] New Birth Visits are reported 1 months in arrears of the current 7th working day reporting schedule: Data is available on the 14th working day after the end of the month

[2] This data is available quarterly

[3] There is currently no national target set for this indicator - see exception report for update

[4] Target was due to be released in October 2012



## Whittington Health Integrated Dashboard - December 2012 (November 2012 Data)

### LOCAL INDICATORS - ACUTE

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	YTD	Trend
Inpatient	Consultant 7 Day Ward Rounds	Y	N	N	N	N	N	N	N	N	N	→
	Consultant presence every day 8am - 8pm (Acute Medicine)	Y	N	N	N	N	N	N	N	Y	Y	↑
	Discharge Before 11am - Surgery / Medicine	40% by Mar '13	27.1%	31.7%	20.2%	25.4%	26.0%	28.7%	25.6%	23.4%	26.0%	↓
	Average Length of Stay - Medicine - [1]	[1]	7.9	8.2	7.1	8.3	7.3	7.3	7.0	6.9	7.5	→
	Bed Days - Medicine - [1]	[1]	4754	4953	4031	4979	4456	4527	4880	4918	37458	→
	Average Length of Stay - Surgery - [1]	[1]	4.8	4.8	4.0	4.0	3.2	3.1	3.7	3.8	3.9	→
	Bed Days - Surgery - [1]	[1]	1954	2155	1732	1902	1405	1395	1725	1766	14112	→
	Theatre Session Utilisation	95%	77.0%	77.2%	79.5%	77.9%	77.3%	82.7%	82.8%	82.0%	82.0%	↓
Outpatients	Number of First Appointments - [2]	[2]	4906	5922	4826	5528	5077	4763	6092	5677	42791	→
	Number of Follow-Up Appointments - [2]	[2]	12736	15046	11406	13299	13047	11686	13974	12953	104147	→
	DNA Rates - First Appointments	8%	11.6%	12.2%	12.8%	12.5%	14.6%	12.9%	11.9%	12.3%	12.6%	↓
	DNA Rates - Follow-Up Appointments	8%	13.4%	13.3%	13.8%	13.5%	13.9%	14.1%	13.8%	13.2%	13.6%	↑
	Hospital Cancellation Rate - First Appointments	2%	3.2%	3.4%	3.8%	3.3%	3.2%	6.1%	3.8%	3.2%	3.7%	↑
	Hospital Cancellation Rate - Follow-up Appointments	2%	7.0%	5.6%	7.9%	8.4%	5.7%	8.3%	5.5%	6.1%	6.8%	↓
	% Waiting less than 30 minutes in clinic	90%	85%	84%	84.0%	85.9%	87.7%	85.8%	87.2%	85.7%	85.6%	↓
Data Quality - Acute	NHS Number Completeness - Acute	99%	97%	97%	96%	94%	95%	96%	96%	95%	97%	↓
	Outcomes not recorded - Acute	<0.5%	0.2%	-	0.9%	0.4%	0.4%	0.4%	0.4%	0.9%	0.5%	↓

[1] LOS and Bed day targets are dependent upon modelling work - **see exception report** for an update

[2] Targets are not yet established - **see exception report for detail**

[3] Consultant with no elective work on call 7 days (General Surgery) removed as now part of the rota.

## Whittington Health Integrated Dashboard - December 2012 (November 2012 Data)

### LOCAL INDICATORS - COMMUNITY

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	YTD	Trend
Access	DNA Rates - Community Adult Service	10%	8.6%	8.3%	9.8%	11.0%	10.3%	10.4%	10.2%	10.5%	9.7%	↓
	DNA Rates - Community Children Services	10%	12.7%	11.6%	11.7%	12.0%	11.7%	9.0%	6.9%	10.1%	10.3%	↓
	Community Average Waiting Times - Adults	6wks	4.1	4.0	4.1	3.8	3.3	3.7	3.4	4.0	3.9	↑
	Community Average Waiting Times - Children	18 wks	14.0	15.0	14.0	13.0	11.0	14.0	14.0	14.3	14.0	↓
Data Quality	NHS Number Completeness - Community	99%	99.8%	99.9%	99.9%	99.8%	99.9%	99.9%	99.8%	99.8%	99.8%	→
	Outcomes not recorded - Community	<0.5%	0.9%	2.0%	4.8%	5.7%	3.9%	4.0%	2.2%	2.3%	3.4%	→

### SLA INDICATORS

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	YTD	Trend
	Outpatient Follow-up Ratio - % excess follow-ups	<1%	30%	25%	25%	26%	32%	33%	24%	30%	28%	↓
	Consultant to Consultant Activity (Upper Quartile) - % excess firsts	<1%	3.1%	2.1%	2.4%	1.4%	1.6%	2.1%	2.4%	2.4%	2.3%	→
	Emergency Readmissions - from original elective admissions	[1]	32	38	31	31	49	23	16		220	↑
	Emergency Readmissions - from original emergency admissions	[1]	177	187	201	195	179	193	112	[2]	1244	↑
	Excess Beddays [3]	SLA Plan = 100%	89.2%	107.0%	82.0%	95.0%	97.8%	143% [4]	69.7%		95%	→

### CQUIN 2012/13

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	YTD	Trend
CQUINS [5]	VTE 24 Hr Risk Assessment	25%	15.8%	17.9%	17.4%	19.4%	25.0%	26.5%	20.8%	[8]	20.3%	↓
	NHS Safety Thermometer for Acute	100%	-	-	-	100.0%	100.0%	99.7%	100.0%	100.0%	[6]	→
	NHS Safety Thermometer for Community	100%	-	-	-	95.1%	87.8%	86.7%	98.3%	100.0%	[6]	↑
	COPD Care Bundle	85%	94.4%	100.0%	93.8%	94.4%	94.4%	100.0%	100.0%	[8]	97.0%	→

[1] Target to be set at end of year based on actual performance in preparation for post block contract.

[2] Emergency readmissions and excess bed day data is available 1 month in arrears of the current reporting schedule of the 7th working day: the data is derived from the coding of clinical records, completed on the 10th day following month end.

[3] Excess Bed days is now reported as percentage of SLA Plan target - where as close to 100% is most desirable.

[4] Please note that excess bed days in Sept was high as two children with very long lengths of stay were discharged in month. Underlying performance has not changed markedly.

[5] Some CQUINS agreed by WH are not included in this month's Trust Board report as they are either too early in the implementation phase to report meaningfully or are being reviewed. An update will be provided at the December Board.

[6] YTD not applicable. The target is for an individual month's completeness so a YTD figure would be misleading.

[7] Please note that VTE Risk Assessment and Appropriate Prophylaxis for VTE are also CQUINS but are reported in the Quality Indicators (acute) section above.

[8] Data available only 1 month in arrears of the current reporting schedule