Whittington Health NHS

Lee Martin
Direct Line: 020 7288 5436
www.whittington.nhs.uk

The Whittington Hospital NHS Trust
Magdala Avenue
London N19 5NF

Whittington Health Trust Board

27 March 2013

Title:	Month11 Performance Dashboard and Exception report		
Agenda item:	**13/044**	**Paper**	**5**
Action requested:	• For Trust Board to note performance		
Executive Summary:	The Performance Dashboard attached informs the Trust Board about performance at month 11 – February 2013 (or the latest month available). **Areas of concern:** a) **Emergency Department** – This is not in exception report as target was met in Feb and YTD at end of Feb, however it is included here as YTD performance is fragile (94.98% at 18th March). We need to average approximately 95.7% over March and we are currently at 95.1%. However week ending 17/3 performance was 96.4%, which, if maintained would meet 95% full year position. b) **Cancer access** – 85.8% of suspected cancer referrals and 79.7% of breast symptom referrals were seen within 2 weeks which does not meet the 93% national standard. All patients referred in January have now been seen and a cancer action plan is in place. The National Intensive Support team have undertaken a diagnostic visit and will be reporting at the beginning of April. We will be implementing their recommendations with their support. c) **Diagnostic Waits** – There is backlog of patients who had been waiting longer than six weeks for their endoscopy procedure. All patients in this backlog have now been booked and the procedures will be delivered by the end of March. d) **Complaints response times** – Performance is currently 51.2% after a low of 33% in Dec. However it is still well below target (80%). The Divisions and the Complaints team have reviewed and streamlined the response process. We forecast 65% by the end of March and 80% by the end of June. e) **Mandatory Training** – the 90% by end 2012 target was not met and was at 83% at end of Feb. IG training needs to be at 95% by end of May (revised from end of March) in line with IG Framework Level 2 accreditation. There are monitoring plans in place in each division. f) **Appraisals** – The recorded appraisal rates increased from 45% to 56% but still well short of target. The 90% target by		

	end of financial year is at risk. An action plan is place. The rates in the largest divisions are ICAM – 70%; SCD - 60%; WCF - 56%; Facilities - 65%. • **Community MSK Waits** – There is a backlog of 559 patients, to whom we have sent appointment letters who will be seen by the end of the 1st week in April.
Summary of recommendations:	• For Trust Board to note performance
Fit with WH strategy:	The Performance dashboard is a key monitoring tool for achieving Whittington Health strategic goals, especially goal 3 – Efficient and Effective Care
Reference to related / other documents:	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
Date paper completed:	18 March 2013

Author name and title:		**Naser Turabi Head of Performance**		**Director name and title:**		**Maria Da Silva, Chief Operating Officer**	
Date paper seen by EC	**-**	**Equality Impact Assessment complete?**	**n/a**	**Risk assessment undertaken?**	**N**	**Legal advice received?**	**N/A**

Whittington Health Integrated Dashboard - March 2013 (February 2013 Data)

Whittington Health NHS

KEY	
In month	**Colours**
Below target	→
At risk	→
On Target	→
No Target	→
	Direction
Inproving	↑
No change	→
Worsening	↓

Trust Board Performance Report includes data for February 2013, unless stated otherwise

"Q" denotes information only available quarterly

WORKFORCE AND MANDATORY TRAINING

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	YTD	Trend
Workforce	Vacancy Rates	**<12%**	14.2%	11.7%	12.6%	11.7%	12.6%	11.1%	11.1%	11.3%	11.7%	11.7%	12.4%	12.0%	↓
	Sickness Absence	**<3%**	2.8%	3.2%	3.1%	3.1%	2.8%	3.1%	3.5%	3.3%	3.2%	3.2%	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%	1.2%	1.2%	1.2%	1.3%	→
	Turnover	**<13% [2]**	10.1%	8.9%	11.2%	11.1%	11.0%	10.8%	10.9%	11.0%	10.8%	10.9%	10.9%	10.7%	→
	Staff in post	**-**	3662	3644	3606	3642	3607	3655	3651	3637	3640	3647	3621	3637	→
	Stability Level	**>80%**	80.3%	83.8%	82.9%	83.4%	83.7%	83.6%	83.2%	86.9%	83.1%	87.1%	83.1%	83.7%	↓
	Appraisals recorded on ESR	**90%**	-	0.0%	20.0%	20.0%	19.0%	20.0%	25.7%	29.0%	34.0%	45.0%	56.0%	56.0%	↑
	Number of case of bullying & harassment (cumulative)	**0**	1	1	1	1	1	3	3	4	4	5	6	6	→
	% of qualified to unqualified staff (nurses)	**70%**	77/23	76.0%	76.0%	77.0%	79.0%	79.0%	80.0%	80.0%	80.0%	79.0%	79.0%	78.0%	→
	Mandatory Training Compliance	**90% by Dec**	69%	69%	67%	68%	69%	70%	74%	79%	84%	84%	83%	83%	↓
	No. of staff activated on ESR	**95%**	6	638	652	665	680	687	698	711	724	731	742	742	→

[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

[2] Agreed change from <10% to <13% at January Trust Board

Whittington Health Integrated Dashboard - March 2013 (February 2013 Data)

NATIONAL INDICATORS - ACUTE SERVICES

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	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%	95.4%	94.9%	94.5%	95.8%	95.1%	↑
18 Weeks RTT	Referral to Treatment - Admitted	**90%**	93.1%	92.8%	92.6%	92.5%	90.0%	90.3%	90.2%	90.3%	91.4%	91.8%	91.0%	91.4%	↓
	Referral to Treatment - Non Admitted	**95%**	98.8%	98.8%	99.3%	99.0%	99.1%	98.4%	98.4%	98.7%	97.8%	98.1%	99.1%	98.7%	↑
	Referral to Treatment - Incomplete	**92%**	91.7%	96.2%	96.5%	95.5%	95.2%	92.8%	92.7%	93.5%	92.2%	92.5%	92.4%	93.7%	↓
	Diagnostic Waiting Times	**99%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.5%	99.8%	93.8%	93.3%	98.8%	↓
Cancer Access	14 days GP referrals - 1st Outpatients - **[1]**	**93%**	91.7%	93.6%	92.9%	92.6%	93.3%	92.2%	92.4%	92.7%	90.1%	85.8%		91.7%	↓
	14 days GP referrals - Breast symptoms **- [1]**	**93%**	95.6%	97.7%	90.7%	86.2%	94.3%	87.8%	87.1%	85.8%	87.2%	79.7%		89.8%	↓
	31 days to First Treatment **- [1]**	**96%**	100.0%	100.0%	100.0%	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],[2]**	**94%**	-	-	-	-	-	-	100.0%	100.0%	100.0%	100.0%		100.0%	→
	31 days to Second or Subsequent Treatment (drugs) **- [1],[2]**	**98%**	-	-	-	-	-	100.0%	100.0%	100.0%	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%	77.8%	93.9%	87.0%	92.0%		85.7%	↑
	62 days Wait First Treatment from Cancer Screening - **[1]**	**90%**	-	-	100.0%	100.0%	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%	87.5%	100.0%	91.7%	76.5%	85.7%	100.0%	91.6%	↑
	Fractured Neck of Femur operated within <48 hours	**85%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%	88.2%	92.9%	100.0%	96.9%	↑
Cancelled Operations	Cancelled Operations as percentage of elective admissions	**<0.8%**	0.0%	0.1%	0.2%	0.2%	0.3%	0.7%	0.7%	0.8%	0.2%	0.4%	0.6%	0.4%	↓
	Cancelled Operations not rescheduled within 28 days	**0**	0	0	0	0	0	0	1	0	0	0	1	2	↓
Single Sex Accomm.	Single Sex Accommodation Breaches	**0**	0	0	0	0	0	0	0	0	0	0	0	0	→
Transfer of Care	% of Inpatients with Delayed Transfer of Care	**<3.5%**	2.3%	1.2%	1.7%	2.0%	1.7%	3.5%	1.5%	2.1%	2.2%	3.7%	3.4%	2.3%	↑
Diagnostics	Cervical Cytology turnaround times within 14 days **[3]**	**98%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	→
Maternity	% of women seen by HCP or midwife within 12 weeks and 6 days	**90%**	88.3%	88.9%	87.9%	90.8%	89.4%	94.7%	88.2%	90.1%	90.6%	86.6%	85.8%	89.8%	↓
	1:1 care in established labour	**100%**	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	→
	Breast Feeding at Birth	**90%**	90.0%	92.0%	92.0%	90.0%	88.0%	92.0%	93.0%	92.0%	93.0%	90.0%	92.0%	92.0%	↑
	Smoking during pregnancy at time of delivery	**<17%**	6.0%	8.0%	5.0%	6.0%	8.0%	8.0%	8.0%	6.0%	7.0%	8.0%	8.0%	7.0%	→

[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 S*econd/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 - March 2013 (February 2013 Data)

QUALITY INDICATORS - INTEGRATED CARE ORGANISATION

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	YTD	Trend
Incident Reporting	Number of Serious Incidents	**n/a**	17	11	16	16	8	12	17	5	8	9	10	129	↓
	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	4.0	3.8	4.0	3.6	↓
	Number of Falls - **[2]**	**[2]**	35	20	25	26	23	27	26	33	30	39	22	306	↑
	Number of Falls Causing Severe Harm - **[2]**	**[2]**	0	0	0	1	0	0	0	0	1	0	1	3	↓
	Never Events	**0**	0	2	0	0	0	0	1	0	0	0	0	3	→
Clinical Effectiveness	Safety Alerts Compliance	**100%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	→
Patient Experience	Complaints Received	**n/a**	50	62	37	59	49	39	46	37	24	41	53	497	↓
	Complaints Responded to within specified timeframe **[3]**	**80%**	82.0%	66.1%	86.5%	62.7%	65.3%	64.1%	26.1%	40.5%	33.3%	51.2%		59.3%	↑

QUALITY INDICATORS - ACUTE SERVICES

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	YTD	Trend
Infection Prevention	MRSA Bacteraemia Cases	**1 (year)**	1	0	0	0	0	0	0	0	0	1	0	2	↑
& Control	C.DIFF Cases	**21 (year)**	1	1	0	1	2	1	1	2	2	0	2	13	↓
	E Coli Cases	**[2]**	1	1	1	1	1	1	2	1	2	1	4	16	↓
	MSSA Bacteraemia Cases	**[2]**	0	0	1	0	0	0	0	0	0	0	0	1	→
	MRSA Screening - Elective Patients **[4]**	**95%**	98.5%	96.7%	95.8%	96.4%	95.4%	96.8%	92.9%	96.6%	100.0%	97.6%		96.7%	↑
	Hand Hygiene Audit	**95%**	97.4%	97.4%	97.4%	97.4%	97.4%	97.4%	97.4%	97.4%	97.4%	97.4%	97.4%	97.4%	→
Incident Reporting	Pressure Ulcers - grade 3/4 (80% reduction from 2010/11 baseline)	**3/yr**	1	2	0	1	1	1	2	0	0	1	0	9	↑
	VTE Assessment **[4]**	**95%**	95.4%	95.1%	96.7%	95.3%	95.6%	95.8%	95.1%	97.1%	95.0%	96.1%		95.7%	↑
	VTE Incidence - Hospital Acquired **[4]**	**[2]**	4	1	4	4	1	3	More recent data not available (audit)					17	↓
	Appropriate Prophylaxis for VTE **[4]**	**90%**	82.7%	65.8%	95.2%	95.1%	99.2%	98.4%	94.4%	93.4%	Requires audit			90.5%	↓
	Post Operative Sepsis **[5]**	**AE**	0	0	1	0	0	0	0	0	0			1	→
	Post Operative Sepsis - Hips **[5]**	**AE**	0	0	0	0	0	0	0	0	0			0	→
	Post Operative Sepsis - Knees **[5]**	**AE**	0	0	1	0	0	0	0	0	0			1	→
	Deaths After Surgery **[5]**	**AE**	1	1	2	0	0	3	1	0	0			8	→
	Deaths in Low Risk Conditions **[5]**	**AE**	0	0	2	1	0	3	1	0	0			7	→
	Deaths After Bariatric Surgery **[5]**	**AE**	0	0	0	0	0	0	0	0	0			0	→
	Hospital Level Mortality Indicator - Summary **[5]**	**<100**	81.0	80.8	91.0	80.5	74.0	62.6	58.5	66.5	72.3			73.6	↑
Clinical Effectiveness [7]	Emergency Admission Rate for LTC	**[6]**	152	149	127	157	141	172	187	166	147	153		1551	↓
	Emergency Admission Rate Paediatric (asthma, epilepsy, diabetes)	**[6]**	10	15	7	27	10	17	14	12	6	16		134	↓
	Emergency Admission for VTE	**[6]**	2	6	8	8	9	19	9	7	5	6		79	↓
Patient Experience [8]	Friends & Family Test - Inpatient Coverage	**15%**	**New measure from November 2012**							12.4%	10.3%	14.0%	12.0%	12.2%	↓
	Friends & Family Test - Inpatient Response (Net Promoter Score)	**[7]**	**New measure from November 2012**							57%	57%	62%	62%	62%	→
	Friends & Family Test - Emergency Department Coverage	**15%**	**New measure from November 2012**							1.4%	0.1%	1.1%	3.7%	1.5%	↑
	Friends & Family Test - Emergency Department Response (Net Promoter Score)	**[7]**	**New measure from November 2012**							-2%	16%	-13%	35%	35%	→
PTO FOR NOTES	Cleanliness Audit	**>95%**	96.1%	97.1%	97.1%		98.1%		97.3%	96.7%	96.7%	97.8%		97.2%	↑

Whittington Health Integrated Dashboard - March 2013 (February 2013 Data)

QUALITY INDICATORS - COMMUNITY SERVICES

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	YTD	Trend
Infection Prevention & Control	Dentistry Compliance with Infection Control Standard	**90%**	95%			96%			95%			Q		95%	↓
Incident Reporting	Pressure Ulcers - grade 3/4 (30% reduction from 2011/12 baseline)	**21/yr**	5	4	7	8	4	3	6	4	2	6	4	53	↓
Patient Experience	Friends & Family Test (Net Promoter Score) **[8]**	**[8]**	**Under development**												↑
	Dentistry - Patient Involvement	**90%**	90%	95%	92%	90%	98%	95%	88%	87%	98%	94%	91%	93%	↓
	Dentistry - Patient Experience	**90%**	97%	90%	100%	98%	100%	100%	100%	95%	98%	97%	97%	97%	→
Clinical Effectiveness	Respiratory - number of admissions avoided	**25 / Qtr**	9	3	3	18	13	8	8	9	12	14	11	108	↑
	Diabetes - % of patients with at least a 1% reduction in HbA1c after 6 months	**60%**	57.0%	83.0%	42.0%	80.0%	80.0%	68.8%	61.0%	65.0%	63.6%	52.2%	68.2%	66%	↑
	Diabetes - % of patients reporting confidence in managing their condition	**85%**	100.0%	60.0%	100.0%	100.0%	71.0%	72.7%	100.0%	90.0%	80.9%	70.0%	50.0%	81%	↓
	Heart Failure / Cardiology - % of patients on optimum Ace Therapy	**80%**	90.0%	90.0%	88.0%	90.0%	86.0%	85.0%	89.0%	83.0%	83.0%	85.8%	84.8%	87%	↓
	Heart Failure / Cardiology - % of patients on optimum Beta Blocker Therapy	**80%**	85.0%	83.0%	84.0%	87.0%	86.0%	85.0%	85.0%	80.0%	83.0%	84.9%	83.3%	84%	↓
	Rehab Intermediate Care - % of patients with self-directed goals set	**70%**	60.0%	75.0%	60.0%	71.0%	78.0%	73.0%	77.0%	74.1%	70.0%	71.4%	64.6%	70%	↓
	Rehab Intermediate Care - % of patients with improved or maintained function	**70%**	75.0%	71.0%	67.0%	76.0%	80.0%	77.0%	90.0%	80.5%	90.8%	86.7%	88.1%	80%	↑
	MSK - % of patients who have completed the Patient Specific Functional Scale	**40%**	1.7%	13.4%	14.3%	26.9%	47.3%	62.6%	45.1%	57.1%	63.2%	66.7%	54.5%	41%	↓
	MSK - % of patients completing their treatment on discharge	**40%**	48.0%	48.4%	37.8%	37.2%	38.3%	38.7%	39.5%	34.9%	35.3%	33.1%	23.7%	38%	↓
	CAMHS - % of Cases where mental health problems resolved or improved	**60%**	73%			71%			67%			Q		70%	↓
	CAMHS - % of Cases where severity of mental health at end of treatment is normal	**80%**	89%			87%			87%			Q		88%	→
	% of new patients with an HIV test within preceding 90 days	**60%**	84.9%	84.1%	83.0%	85.1%	83.3%	83.0%	82.7%	85.1%	87.1%	88.5%	88.9%	86%	↑
	% of women 18 to 25 years old attending for contraception given LARC	**20%**	28.4%	28.7%	25.5%	30.3%	31.5%	29.4%	28.1%	30.7%	29.3%	24.7%	29.4%	28%	↑
	% of new male patients who had an STI screen who were under 25 years	**20%**	29.6%	30.2%	33.9%	31.1%	29.9%	30.3%	34.6%	28.6%	27.4%	32.8%	33.2%	31%	↑
	% of new female patients who had an STI screen who were under 25 years	**20%**	45.5%	45.8%	46.7%	46.5%	43.2%	48.2%	46.3%	45.4%	46.4%	46.4%	47.2%	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.
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.
data was not available fo

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

[9] See end of exception report for proposed action re this target

Whittington Health Integrated Dashboard - March 2013 (February 2013 Data)

NATIONAL INDICATORS - COMMUNITY

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	YTD	Trend
Health Visiting	Prevalance of breast feeding at 6-8 weeks	**74%**	75.9%			72.8%			76.6%			Q		75%	→
	New Birth Visits - Islington	**95% <=14 days**	51.4%	55.8%	57.9%	67.5%	78.9%	78.6%	80.0%	87.3%	89.2%	83.1%		73.1%	↓
	New Birth Visits - Haringey	**95% <=14 days**	18.8%	22.8%	21.7%	41.0%	70.5%	83.5%	73.6%	78.6%	91.7%	85.1%		57.5%	↓
Child Heath	% of Immunisation - Islington	**80%**	88.5%			89.3%			Q			Q		88.9%	↑
	% of Immunisation - Haringey	**80%**	88.5%			87.3%			Q			Q		87.9%	↓
Community Sexual Health	GUM: Patients offered appointment within 2 days	**100%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	→
	% positivity for all Chlamydia Screening	**5%**	13.5%	10.6%	7.6%	14.8%	8.9%	7.3%	7.1%	9.0%	10.5%	6.6%	4.9%	8.9%	↓
	% 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%	10.4%	12.6%	11.9%	11.3%	↑
	% 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%	28.6%	28.5%	30.1%	31.7%	↓
Primary Care Psychology	IAPT - Number entering psychological therapies	**[4]**	466			251	348	325	354	404	257	373	270	3048	↓
	IAPT - Number moving off sick pay and benefits	**90 per year**	23			13	9	19	9	15	11	22	16	137	↑
Stop Smoking	Actual 4 Week Quitters	**952 for Qtr 1 & 2**	597			503			472			Q		1572	↑
Dental	Units of Dental Activity	**90% of contract**	92%	122%	96%	146%	116%	95%	123%	116%	84%	128%	109.0%	112.0%	↓
	Contacts	**90% of contract**	99%	127%	99%	129%	111%	103%	108%	103%	82%	111%	117.0%	108.0%	↑
Drugs & Alcohol	% of Treatment Starts	**80%**	-	-	100.0%	100.0%	100.0%	90.0%	82.0%	82.6%	100.0%	100.0%	87.8%	93.6%	↓
	% of treatment Reviews	**80%**	-	-	100.0%	96.0%	100.0%	92.0%	83.0%	80.4%	80.7%	93.5%	96.7%	91.4%	↑

Whittington Health Integrated Dashboard - March 2013 (February 2013 Data)

LOCAL INDICATORS - ACUTE

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	YTD	Trend
Inpatient	Consultant 7 Day Ward Rounds	**Y**	N	N	N	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	N	N	N	→
	Discharge Before 11am - Surgery / Medicine	**40% by Mar '13**	27.1%	31.7%	19.4%	24.4%	26.0%	28.7%	25.6%	23.9%	19.4%	20.9%	19.5%	24.3%	↓
	Average Length of Stay - Medicine - **[1]**	**[1]**	7.9	8.2	7.1	8.3	7.2	7.2	7.0	6.8	6.9	6.9	6.9	7.3	↑
	Bed Days - Medicine - **[1]**	**[1]**	4754	4953	4026	4965	4411	4560	4867	4794	4492	4876	4371	51069	↑
	Average Length of Stay - Surgery - **[1]**	**[1]**	4.8	4.8	3.9	4.0	3.3	3.0	3.8	3.9	5.0	4.3	4.0	4.1	↓
	Bed Days - Surgery - **[1]**	**[1]**	1954	2155	1718	1917	1452	1395	1742	1787	1908	1894	1552	19474	↓
	Theatre Session Utilisation	**95%**	77.0%	77.2%	85.4%	86.9%	80.8%	83.5%	83.8%	82.2%	90.5%	83.2%	79.5%	82.8%	↓
Outpatients	Number of First Appointments - **[2]**	**[2]**	6834	8342	7004	8056	7664	7154	8715	8305	6641	8247	7470	84432	↓
	Number of Follow-Up Appointments - **[2]**	**[2]**	12736	15046	11406	13299	13047	11686	13974	12953	9611	13031	11847	138636	↓
	DNA Rates - First Appointments	**8%**	11.6%	12.2%	12.8%	12.5%	14.6%	12.9%	11.9%	12.3%	13.9%	13.2%	12.5%	12.7%	↑
	DNA Rates - Follow-Up Appointments	**8%**	13.4%	13.3%	13.8%	13.5%	13.9%	14.1%	13.8%	13.2%	14.3%	13.3%	12.5%	13.6%	↑
	Hospital Cancellation Rate - First Appointments	**2%**	3.3%	3.4%	4.1%	3.4%	4.3%	5.2%	3.3%	2.9%	3.6%	3.7%	3.9%	3.7%	↓
	Hospital Cancellation Rate - Follow-up Appointments	**2%**	6.1%	4.8%	7.0%	7.6%	6.6%	7.7%	5.0%	5.6%	5.9%	5.8%	5.4%	6.1%	↑
	% Waiting less than 30 minutes in clinic	**90%**	84.5%	83.6%	84.0%	85.9%	87.7%	85.8%	87.2%	85.7%	88.0%	85.0%	86.4%	85.8%	↑
Data Quality - Acute	NHS Number Completeness - Acute	**99%**	97.3%	97.3%	96.8%	96.9%	96.6%	97.4%	97.3%	96.5%	95.9%	96.5%	95.4%	96.7%	↓
	Outcomes not recorded - Acute	**<0.5%**	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.2%	0.7%	1.4%	0.2%	↓

[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 - March 2013 (February 2013 Data)

LOCAL INDICATORS - COMMUNITY

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	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%	10.1%	10.7%	9.1%	9.9%	↑
	DNA Rates - Community Children Services	**10%**	12.7%	11.6%	11.7%	12.0%	11.7%	9.0%	6.9%	10.1%	12.9%	10.7%	9.3%	10.8%	↑
	Community Average Waiting Times - Adults	**6wks**	4.1	4.0	4.1	3.8	3.3	3.7	3.4	4.0	3.2	3.2	3.8	3.7	↓
	Community Average Waiting Times - Children	**18 wks**	14.0	15.0	14.0	13.0	11.0	14.0	14.0	14.3	12.7	13.3	11.3	13.3	↑
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%	99.7%	99.9%	99.8%	↑
	Outcomes not recorded - Community	**<0.5%**	0.6%	0.6%	1.2%	1.0%	0.8%	1.2%	0.9%	1.2%	2.1%	2.6%	6.0%	1.7%	↓

SLA INDICATORS

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	YTD	Trend
SLA Indicators	Outpatient Follow-up Ratio - % excess follow-ups	**<1%**	29.8%	28.4%	26.4%	25.3%	29.5%	32.1%	25.3%	27.6%	27.4%	24.9%	24.9%	27.4%	↓
	Consultant to Consultant Activity (Upper Quartile) - % excess firsts	**<1%**	2.9%	2.0%	2.5%	1.4%	1.8%	1.7%	2.1%	3.0%	2.5%	2.7%	2.4%	2.3%	↑
	Emergency Readmissions - from original elective admissions **[2]**	**[1]**	33	39	31	31	49	23	40	34	29	22		331	↑
	Emergency Readmissions - from original emergency admissions **[2]**	**[1]**	178	190	202	195	178	186	205	176	186	239		1935	↓
	Excess Beddays **[2] [3] [4]**	**SLA Plan = 100%**	89.2%	107.0%	82.0%	95.0%	97.8%	143.0%	69.7%	86.3%	68.1%	76.2%		100.5%	↑

CQUIN 2012/13

Domain	Indicator	Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	YTD	Trend
CQUINS [5]	VTE 24 Hr Risk Assessment **[8],[6]**	**70% in Q4**	15.8%	17.9%	17.4%	19.4%	25.0%	26.5%	20.8%	45.1%	53.0%	50.9%			↓
	NHS Safety Thermometer for Acute **[6]**	**100%**	-	-	-	100.0%	100.0%	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%		→
	NHS Safety Thermometer for Community **[6]**	**100%**	-	-	-	95.1%	87.8%	86.7%	98.3%	100.0%	99.8%	100.0%	100.0%		→
	Smoking advice **[8],[6]**	**70% in Q4**	-	-	-	5.0%	47.0%	78.0%	77.0%	80.0%	84.0%	87.0%	87.0%	79.0%	↑
	COPD Care Bundle **[8],[6]**	**85%**	94.4%	100.0%	93.8%	94.4%	94.4%	100.0%	100.0%	93.8%	100.0%	97.0%		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. Outcome

[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] Four CQUINS have not been included in this report as they are too early in implementation phase to report.

[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

Month 11 – Feb 2013 Whittington Health Performance Dashboard Exception Report

Rationale: RED YTD and/or RED in-month AND Data quality/development items are selected/referenced as an exception to Dashboard completeness below

Indicator	Feb 13	YTD	Target	Comment/ Description of issue	Actions planned/taken to achieve target	Target date / trajectory	Accntbl./Rspnsbl. Officer for Action
WORKFORCE							
Vacancy	**12.4%**	**12.0%**	**<12%**				
				We continue to hold vacancies to provide opportunities for at risk staff to be redeployed In addition some posts are being held for short term non recurrent CIPs towards the end of the financial year.	Review vacancy position and disaggregate posts held as part of transformation programme.	End of March	Paul Campbell / Margaret Boltwood
Sickness	**2.8%**	**3.1%**	**<3%**	See Below	See Below		
					All staff on long term sickness have actions to plans to enable them to return to work soon, or to look at alternative ways forward. Within areas of high Bradford scoring staff members are reviewing action plans with their operational manager and HR lead to address sickness rates.	End of March End of March	1. Paul Campbell DirOps/Heads of HR
Appraisal	**56.0%**	**NA**	90%	See Below	See Below		
				Target is based on appraisals recorded on ESR. The poor performance is due to a combination of reasons – in many cases appraisals are being carried our but not recorded. This process is now being closely performance managed with lists of ESR appraisal recording by line manager circulated to divisions. Target to achieve 90% by end of March In WCF in February 2013 a manual	Dirs. Ops. are ensuring that all data is up to date. ESR super users have been designated and trained in each division to support recording on ESR Learning and Development team have input any available backlog data on behalf of managers Multiple messages to all staff/managers have gone out reminding them of the requirement to complete their appraisal and ensure that it is recorded Similar approach to mandatory training in terms of emails sent to all staff showing appraisal status. Support for managers with very large numbers of staff (>15) to complete	End of March	Div. Dirs. Operations

Month 11 – Feb 2013 Whittington Health Performance Dashboard Exception Report

Indicator	Feb 13	YTD	Target	Comment/ Description of issue	Actions planned/taken to achieve target	Target date / trajectory	Accntbl./Rspnsbl. Officer for Action
				count of completed appraisals was done in WCF and showed 64% compliance. WCF are expecting all staff to have up to date appraisals by end of May 2013.	their appraisals Standing item at TOB for department level performance management		
Mandatory Training	**83%**	**NA**	90% (Dec'12)	See below	See below		
				Staff turnover is accounted for by the 90% target. Target for December 12 not met. Key gaps remain in Facilities directorate. Special training organised at night.	1. An e-learning suite of PCs has been opened for any member of staff to use at Crouch End and 2. Weekly information is made available to all staff and managers 3. All managers have been asked to ensure they are rostering training time for staff 4. Face to face training sessions have been held/are arranged to supplement the e learning available. Information is publicised through CEO briefing; Whittington Bulletin; screen savers; Learning and Development bulletin. 7 directorates are now over 90%. 5. Special evening and night time training for facilities staff. 6. Team level management of Mandatory Training recording with individual staff follow up. Monitoring at monthly management meetings and in 1:1s	All in place.	Paul Campbell Phil Ient
				Information Governance: 2. IG Training at 95% is a condition of level 2 of the Information Governance Toolkit	1. For those staff who are unable to complete their refresher Information Governance training on-line, a programme of face to	End of May	Dir Ops and Charlotte Johnson

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Indicator	Feb 13	YTD	Target	Comment/ Description of issue	Actions planned/taken to achieve target	Target date / trajectory	Accntbl./Rspnsbl. Officer for Action
				which is a prerequisite for achieving FT status. The deadline for achieving this is 28th March.	face training was rolled out from the 19th February 2013. The programme will cover 14 days with over 80 sessions (approximately 30 minutes per session) targeting employees who are out of compliance or will be out of compliance by 31st March. Publicity about these sessions through CEO briefing; Whittington Bulletin; screen savers; Learning and Development bulletin. 2. Line managers are being provided with lists of staff whose training is due twice weekly.		
NATIONAL TARGETS							
Diagnostic Waiting Times	**93.3%**	**98.8%**	99%				
% of pts waiting within 6 week standard for routine elective diagnostics)				Diagnostic waits are made up of fourteen specialties. Patients have been experiencing long waits in endoscopy which accounts for three of those specialties.	Backlog to be cleared by end of March except in cases where patients have chosen to wait beyond end of March	End of March	L. Martin
Cancer – 14 day 1st OP (Jan)	**85.8%**	**91.7%**	93%				
				Cancer waiting times have not been met due to a number of issues including patient choice to be seen beyond two weeks and capacity issues in endoscopy.	- Review arrangements for CNS cover to ensure capacity contact all patients - Audit skin referrals to decide whether to implement full grading of cancer referral letters. - Update Trust Access Policy to provide more stringent standard for consultant grading - The National Intensive Support	End of March End of April End of March Mid April	Mary Jamal Mark Rose Naser Turabi Maria Da Silva

Month 11 – Feb 2013 Whittington Health Performance Dashboard Exception Report

Indicator	Feb 13	YTD	Target	Comment/ Description of issue	Actions planned/taken to achieve target	Target date / trajectory	Accntbl./Rspnsbl. Officer for Action
					Team will be reporting in April on recommendations for improvement		
Cancer – 14 day breast (Jan)	**79.7%**	**89.8%**	93%	See Below	See Below		
				- Capacity – the clinics were not set up optimally to ensure the most reasonable choice of days for appointments - Large numbers of patients are choosing to wait beyond 2 weeks compared to other tumour types; Analysis of reasons behind patient choice shows that 61% of patients cancelled a scheduled 2WW appointment and re-booked it outside of two weeks.	- A realignment of management supervisors will ensure that daily chasing of cancer pathway patients is completed. - The National Intensive Support Team will be reporting in April on recommendations for improvement	End of April Mid April	L Martin Maria Da Silva
Cancelled Operations not rescheduled within 28 days	**1**	**2**	0				
				-	1. A review of cancelation is underway, improvements in the pre-admission process have been identified and will be implemented. 2. A pre-admission model review and improvement plan will be developed in longer term to be implemented over the next 3 -4 months	April 2013 June 2013	L Martin L Martin
Pregnant women seen within 12 wks and 6 days	**85.8%**	**89.8%**	90%				
				We are currently counting all women who book including the	1. Work undergoing to review high numbers of pregnancies in	March 2013	Dee Hackett / Claire O'Connor

Month 11 – Feb 2013 Whittington Health Performance Dashboard Exception Report

Indicator	Feb 13	YTD	Target	Comment/ Description of issue	Actions planned/taken to achieve target	Target date / trajectory	Accntbl./Rspnsbl. Officer for Action
				women who book after 12.6. These women are making a conscious decision to book late.	month and actions to address fluctuations in demand		
QUALITY							
Complaints response < 25 working days	**51.2%**	**59.3%**	80%	See Below	See Below		
N.B Jan 12 DATA				Performance has begun to improve after a low of 33% in Dec. However it is still well below target. Ongoing capacity issues results in a slight decrease in response times in year to date. Reasons for this are unchanged and have a cumulative effect. In WCF: 60 % (3 out of 5) this month. Main reason for late responses was outside agencies were involved to reply to complaint and several dates were cancelled to meet with patient. SCD have reviewed outstanding complaints and each complaint has been allocated to a specific person for investigation and completion. Also the SCD Lead nurse will be receiving all complaints and allocating out to each manager with timescales and actions'	1. Extra focus and monitoring by divisions of timeliness and quality of responses 2. Further training to increase pool of responders. 3. Review of process to streamline and introduce phone call to complainant within 3 working days (to resolve some queries) 4. Completion of outstanding complaints responses	End of April End of march End of March End of June	Div. Dirs. Ops
Friends & Family Test -	**3.7%**	**1.5%**	15%	See Below	See Below		
Emergency Department Coverage				Significant increase in February expected as there had been an issue with the devices not uploading their locally held data.	Team of volunteers assisting staff and patients to deliver handhelds – started in late February	End of April	Carol Gillen / Paula Mattin

Month 11 – Feb 2013 Whittington Health Performance Dashboard Exception Report

Indicator	Feb 13	YTD	Target	Comment/ Description of issue	Actions planned/taken to achieve target	Target date / trajectory	Accntbl./Rspnsbl. Officer for Action
				There is a time lag in ED as many returns are completed on postcards. Confidence that 15% will be achieved April.			
Diabetes	**50.0%**	**81.0%**	85%				
% of patients reporting confidence in managing their condition				• Small cohort of patients included - 5 each from Haringey and Islington	• The review has shown that the cohort of patient and thus the denominator would still be quite small at present. • The Intermediate Diabetes Service to look at options measurement and present at Divisional board • Increase the number of patients that are sampled for this questionnaire. • From April we will start to use DH validated questionnaire LTC6 that measures patient confidence and experience.	End of March End of April	Fiona Yung
Rehab Intermediate Care	**64.6%**	**70.0%**	**70%**				
% of patients with self-directed goals set				• Staff turnover (maternity leave cover by locums) in both Haringey and Islington teams has led to a drop in percentage of patients who have goals set at start of treatment	• Ensure is included in inductions for new staff. • Use team meetings and supervision to remind staff of importance of setting goals with their patients. • Training on effective and patient led goal setting if required.	March 13	Delia Thomas
MSK	**23.7%**	**38%**	40%				
% of patients completing their treatment on discharge				• Issue identified where not all outcome data is captured in a way that can be extracted automatically.	• Audit of patient notes to assess real impact **ACTION PLAN:** 1. Live audit discharges January to March. 100 pt sample to be completed - all sites included.	End of April	Fiona Yung Beverleigh senior & Jackie Wilkinson

Month 11 – Feb 2013 Whittington Health Performance Dashboard Exception Report

Indicator	Feb 13	YTD	Target	Comment/ Description of issue	Actions planned/taken to achieve target	Target date / trajectory	Accntbl./Rspnsbl. Officer for Action
					2. Collation and analysis beginning April. 3. Write up for end April		
NATIONAL - COMMUNITY							
Islington New Birth Visits (Jan)	**83.1%**	**73.1%**	95%	See Below	See Below		
Haringey (Jan)	**85.1%**	**57.5%**	95%	See Below	See Below		
				Continued improvement across Haringey and Islington due to improved information flow and re-focus of work on early intervention.	To monitor potential impact on child protection work through audit of practice and multi-agency working. Further investigating if a batch of late new births mid-January contributes to slight fall in new birth visits this month.	Ongoing End of March	Sam Page
MSK Community Waits			<6 weeks	See Below	See Below		
These are currently reported on the Trust dashboard as part of the overall community waits.				There are 559 patients who have waited longer than 6 weeks in Community MSK. Their invite letters have been sent out. There has been a redesign of the access pathway for Community MSK to prevent future problems.	1. Demand and capacity analysis for service. 2. Implemented a partial call waiting system at central booking 3. By the 25th March we will have 5 additional locums to help clear backlog and achieve steady state of 6 weeks. 4. Since the 4th March we have increase admin capacity in the central booking team to 4 admin staff to cope with additional demand and improving patient experience we have also increased admin capacity in the physiotherapy teams to ensure all clinic slots are fully utilised. 5. From the 16th March we have started to implement Saturday morning telephone triage.	8 April	Fiona Yung / Carol Gillen

Month 11 – Feb 2013 Whittington Health Performance Dashboard Exception Report

Indicator	Feb 13	YTD	Target	Comment/ Description of issue	Actions planned/taken to achieve target	Target date / trajectory	Accntbl./Rspnsbl. Officer for Action
					6. For March and April we have put on an additional 5 back school courses and backlog patient will be prioritised.		
LOCAL TARGETS							
Theatre Utilisation	**79.5%**	**82.8%**	95%	See Below	See Below		
				While there has been sporadic improvement, this has not been sustained and a more wide ranging plan is being developed.	1. A theatre improvement plan will be formed over the next month for full implementation by the end of July	End of July	L Martin
Hospital Cancellations (Follow ups)	**5.4%**	**6.1%**	**<2%**	See Below	See Below		
				A key issue is the management of clinics and it is expected that this will be improved through the new patient pathway coordinator role.	1. Transforming Patient Experience Patient Pathway Coordinator (PPC) aimed at improving patient communication, reducing patient handoffs between functions. implementation in progress 2. A Trust wide plan will be developed to address the high cancelations	April 2013 Full implementation by July	1. TPE project Lee Martin and Carol Gillen
Acute DNA Rates - First	**12.5%**	**12.7%**	<8%	See Below	See Below		
- Follow Up	**12.5%**	**13.6%**	<8%	See Below	See Below		
				Maternity and Paediatric have a local policy due to safeguarding issues and therefore those who DNA are offered alternative appointments.	1. Transforming Patient Experience Patient Pathway Coordinator (PPC) aimed at improving patient communication, reducing patient handoffs between functions. implementation in progress 2. All PPC post now in place, jobs are starting at the end of March 2013. Reviewing pathway	April 2013	2. TPE project

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Indicator	Feb 13	YTD	Target	Comment/ Description of issue	Actions planned/taken to achieve target	Target date / trajectory	Accntbl./Rspnsbl. Officer for Action
					process already done with prospective PPC, meeting every week. 3. Paeds pilot of text messaging in Allergy clinic and epilepsy successful reduced DNA by, now rolled out to all clinics. 4. A specific DNA reduction campaign will be initiated following a pilot to test which improvement works for the local population		Lee Martin and Carol Gillen
Outcomes not recorded - Acute	**1.4%%**	**0.2%**	<0.5%	See Below	See Below		
				There is a particular issue in Acute Paeds with 2 staff being investigated. Cover for these posts has been challenging hence an increase in un-outcomed appointments.	• Cross cover being arranged through extra training. Position expected to improve by Mid April	End of April	Dee Hackett
Outcomes not recorded - Community	**6.0%**	**1.7%**	<0.5%	See Below	See Below		
				WCF: we are targeting particular staff. Connectivity continues to be an issue in some sites. Laptops with aerials at the top of the laptop have been bought which will hopefully give better connectivity. Large numbers of 'un-outcomed' appts in District Nursing. Rio down x3 days and as DN work over weekend , we're not able to submit by Thursday cut off.	Implementation of new better connected laptops for mobile staff	End of March	Dee Hackett
SLA							
Acute	**24.9%**	**27.4%**	<1%	See Below	See Below		

Month 11 – Feb 2013 Whittington Health Performance Dashboard Exception Report

Indicator	Feb 13	YTD	Target	Comment/ Description of issue	Actions planned/taken to achieve target	Target date / trajectory	Accntbl./Rspnsbl. Officer for Action
Outpatients	**excess**	**excess**					
FOLLOW-UP RATIO				Clinical Directors and Divisional Directors working with individual clinical leads to continue to work reviewing pathway protocols to reduce towards upper quartile targets. 7 specialties accounted for 83% of excess follow ups	1. Reviewing each specialty with high new to follow up ratio for action	1. End of April	1. Dir Ops.
Consultant to Consultant Activity	**2.4%**	**2.3%**	**<1%**				
(Upper Quartile) - % excess firsts				There were a total of 82 'excess' appointments i.e. unpaid consultant to consultant referrals – 65 in ICAM and 17 in SCD. In ICAM the excess appts were in the following specialties: • Diabetic Medicine • Endocrinology • Nephrology • Respiratory Medicine • Rheumatology IN SCD the excess appts were in: • Urodynamics • Opthalmology	SCD and ICAM are reviewing their positions and developing action plans to reduce such referrals.	End of April	Carol Gillen and L. Martin.