Whittington Health NHS

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Whittington Health Trust Board

22 May 2013

Title:	Month 1 Performance and exception report		
Agenda item:	**13/073**	**Paper**	**4**
Action requested:	Trust Board to note performance		
Executive Summary:	**Selected areas of success** **Summary Hospital Mortality Indicator:** Whittington Health has won the CHKS Top Hospitals programme patient safety award 2013 with best SHMI score in the country. **Sickness absence and long term sick leave** – sickness absence is achieving target and the long term sick leave rate is at its lowest for more than one year. This is a result of focused case management supporting staff and managers to resolve sickness absences. **Inpatient Friends and Family Score** – we report high coverage (23.6%) and a high April score (71 in a range of -100 to +100) for our inpatient wards. **Community Quality** – all 15 community outcome measures reported met their targets in April. **Safety Thermometer** – acute and community implementation remains at 100% and has been for the whole of Q4 12/13. **Smoking Advice CQUIN** – the target for Q4 was exceeded and the practice of offering smoking advice is becoming embedded in hospital care, through a programme of training for staff and improvements to the information systems recording the data. **Areas that are improving** **Appraisal rates** – though still below target, there has been marked improvement and is now at 77% (from 71% the previous month) – we expect to achieve 90% by the end of June. This is timed to incorporate divisional and departmental objectives. **New Birth Visits within 14 days** – these have been sustained above or around 80% since August following intensive recruitment and process improvement work. A drop last month was partly due to bank holidays but further work is underway to understand reasons for late visits and new regular reports are being developed to support performance management. **Waiting times for Suspected Cancer**– performance against the 2 week wait standard has been improving and is now		

	meeting target, though the breast symptomatic target is at 88.9% within 2 weeks. Most patients who wait longer are *choosing* to wait beyond two weeks though this appears to have been improved by new scripts and training for booking staff. In addition we are implementing a plan to improve processes throughout our waiting list management (see below). **Community Physio Waits** – Backlog has now been cleared and current demand and capacity work is focusing on faster triage and more rapid 'opt in' appointments to reduce DNA rates. **<u>Focus areas for action</u>** **ED Access** – Prolonged high attendances (April 2013 was 11.5% higher than in April 2012 – on average 27 more patients each day) have affected performance. Winter arrangements are being reinstated and a new project to change initial assessment process is being piloted. **Referral to Treatment Waiting times management** – A revised Access policy will be in place by end of May. Patient cancellations and DNA rates are now being proactively managed with a team of staff calling patients every evening. New reports and processes are in place to support managers to ensure patients are seen in good time. **Community waiting times** – We need to assess how we can deliver reporting and managing against Referral to Treatment Standards which is mandated from April 2014. A review is underway with regard to access to community services. **Complaints response times** – these are still too long but actions are in place to achieve the standard by the end of June. **Mandatory Training** – we are steadily improving though still need to work to achieve 90% target (currently 84%) - expected by end of May. Child protection Training level 2 will take longer to achieve and is expected by September.
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:	
Date paper completed:	14 May 2013

Author name and title:		**Naser Turabi, Head of Performance**		**Director name and title:**		**Lee Martin, Acting Chief Operating Officer**	
Date paper seen		**Equality Impact**		**Risk**		**Legal advice**	

by EC	n/a	**Assessment complete?**	n/a	**assessment undertaken?**	Y	**received?**	n/a

Whittington Health Integrated Dashboard - October 2012 (September 2012 Data)

Whittington Health NHS

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

FINANCE - INCOME & EXPENDITURE SUMMARY

	Current Month			Year To Date			Annual Budget £'000
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Budget £'000	Variance £'000	
Total Income	23,336	23,336	0	161,016	159,600	1,416	275,067
Total Expenditure	21,679	21,693	13	151,633	150,145	(1,488)	257,536
EBITDA	1,657	1,643	14	9,383	9,455	(72)	17,531
Net Surplus/Deficit	497	478	19	1,231	1,269	(38)	3,120
Net Surplus/Deficit excluding PFI IFRS	544	525	19	1,440	1,477	(38)	3,562

SERVICE LINE REPORTING

	Women, Children & Families	IC & Acute Medicine	Surgery, Cancer & Diagnostics
Total Direct & Indirect Cost	31,208,588	37,187,106	21,404,797
Service Line Contribution Margin %	17.1%	17.4%	28.3%

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
Total	**13,100**	**0**	**0**	**(3,182)**	**cumulative % achieved against target**	69%	74%	80%	86%	86%	

Whittington Health Integrated Dashboard - May 2013 (April 2013 Data)

Whittington Health NHS

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

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

"Q" denotes information only available quarterly

WORKFORCE AND MANDATORY TRAINING

Domain	Indicator	Target	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	13/14 YTD	Trend
Workforce	Vacancy Rates	**<12%**	11.7%	12.6%	11.7%	12.6%	11.1%	11.1%	11.3%	11.7%	11.7%	12.1%	11.7%	12.3%	12.3%	↓
	Sickness Absence	**<3%**	3.2%	3.1%	3.1%	2.8%	3.1%	3.5%	3.3%	3.2%	3.2%	3.2%	3.0%	2.2%	2.2%	↑
	Long Term Sick Leave	**<1%**	1.3%	1.4%	1.3%	1.2%	1.2%	1.5%	1.3%	1.2%	1.2%	1.2%	1..3%	1.0%	1.0%	↑
	Turnover	**<13% [2]**	8.9%	11.2%	11.1%	11.0%	10.8%	10.9%	11.0%	10.8%	10.9%	10.9%	10.4%	10.5%	10.5%	↓
	Staff in post	**-**	3644.3	3606.3	3642.3	3606.8	3654.7	3651.3	3636.9	3639.7	3646.7	3621.4	3638.4	3628.9	3628.9	
	Stability Level	**>80%**	83.8%	82.9%	83.4%	83.7%	83.6%	83.2%	86.9%	83.1%	87.1%	83.1%	84.0%	83.6%	83.6%	↓
	Appraisals recorded on ESR	**90%**	20%	20%	19%	20%	26%	29%	34%	45%	56%	71%	71%	77%	77%	↑
	Number of case of bullying & harassment (cumulative)	**0**	1	1	1	1	3	3	4	4	5	6	6	6	6	→
	% of qualified to unqualified staff (nurses)	**70%**	76.0%	76.0%	77.0%	79.0%	79.0%	80.0%	80.0%	80.0%	79.0%	79.0%	79.0%	79.0%	79.0%	→
	Mandatory Training Compliance	**90% by Dec**	69%	67%	68%	69%	70%	74%	79%	84%	84%	83%	84%	83%	83%	↓
	No. of staff activated on ESR		638	652	665	680	687	698	711	724	731	742	754	759	759	↑

[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 - May 2013 (April 2013 Data)

NATIONAL INDICATORS - ACUTE SERVICES

Domain	Indicator	Target	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	13/14 YTD	Trend
ED Targets	Patients in A&E under 4 hours	**95%**	93.8%	95.4%	95.2%	97.1%	94.0%	95.6%	95.4%	94.9%	94.5%	95.8%	95.7%	92.9%	92.9%	↓
18 Weeks RTT	Referral to Treatment - Admitted	**90%**	92.8%	92.6%	92.5%	90.0%	90.3%	90.2%	90.3%	91.4%	91.8%	91.0%	88.2%			↓
	Referral to Treatment - Non Admitted	**95%**	98.8%	99.3%	99.0%	99.1%	98.4%	98.4%	98.7%	97.8%	98.1%	99.1%	97.9%			↓
	Referral to Treatment - Incomplete	**92%**	96.2%	96.5%	95.5%	95.2%	92.8%	92.7%	93.5%	92.2%	92.5%	92.4%	92.5%			↑
	Diagnostic Waiting Times	**99%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.5%	99.8%	93.8%	93.3%	94.4%	95.5%	95.5%	↑
Cancer Access	14 days GP referrals - 1st Outpatients - **[1]**	**93%**	93.6%	92.9%	92.6%	93.3%	92.2%	92.4%	92.7%	90.1%	85.0%	88.3%	93.3%			↑
	14 days GP referrals - Breast symptoms **- [1]**	**93%**	97.7%	90.7%	86.2%	94.3%	87.8%	87.1%	85.8%	87.2%	79.7%	93.1%	88.0%			↓
	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%	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%	100.0%			→
	62 days Referral to Treatment - **[1]**	**85%**	78.4%	70.0%	85.3%	100.0%	90.0%	77.8%	93.9%	87.0%	92.0%	91.4%	82.8%			↓
	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%**	100.0%	87.5%	100.0%	100.0%	87.5%	100.0%	91.7%	76.5%	85.7%	100.0%	81.8%	91.7%	91.7%	↑
	Fractured Neck of Femur operated within <48 hours	**85%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%	88.2%	92.9%	100.0%	90.9%	100.0%	100.0%	↓
Cancelled Operations	Cancelled Operations as percentage of elective admissions	**<0.8%**	0.1%	0.2%	0.3%	0.5%	1.4%	1.2%	1.5%	0.5%	0.5%	0.8%	0.6%	0.1%	0.1%	↑
	Cancelled Operations not rescheduled within 28 days	**0**	0	0	0	0	0	1	0	0	0	1	0	0	0	→
Single Sex Accomm.	Single Sex Accommodation Breaches	**0**	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%**	1.2%	1.7%	2.0%	1.7%	3.5%	1.5%	2.1%	2.2%	3.7%	3.4%	2.5%	4.4%	4.4%	↓
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%	67.0%			↓
Maternity	% of women seen by HCP or midwife within 12 weeks and 6 days	**90%**	88.9%	87.9%	90.8%	89.4%	94.7%	88.2%	90.1%	90.6%	86.6%	85.8%	92.0%	84.8%	84.8%	↓
	1:1 care in established labour	**100%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.5%	95.0%	95.0%	↓
	Breast Feeding at Birth	**90%**	92.0%	92.0%	90.0%	88.0%	92.0%	93.0%	92.0%	93.0%	90.0%	92.0%	92.0%	91.0%	91.0%	↓
	Smoking during pregnancy at time of delivery	**<17%**	8.0%	5.0%	6.0%	8.0%	8.0%	8.0%	6.0%	7.0%	8.0%	8.0%	8.0%	7.0%	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 *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 - May 2013 (April 2013 Data)

QUALITY INDICATORS - INTEGRATED CARE ORGANISATION

Domain	Indicator	Target	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	13/14 YTD	Trend
Incident Reporting	Number of Serious Incidents	**n/a**	11	16	16	8	12	17	5	8	9	10	5	18	18	↑
	Timeliness of external SI Report submission	**Green**							**[1]**							
	Incident Reporting Rates per 1000 beddays / contacts -**[2]**	**[2]**	3.2	3.5	3.6	3.0	3.5	3.3	4.2	4.0	3.8	4.0	3.7	3.6	3.6	↑
	Number of Falls -**[2]**	**[2]**	20	25	26	23	27	26	33	30	39	22	30	30	30	→
	Number of Falls Causing Severe Harm -**[2]**	**[2]**	0	0	1	0	0	0	0	1	0	1	0	0	0	→
	Never Events	**0**	2	0	0	0	0	1	0	0	0	0	0	0	0	→
Clinical Effectiveness	Safety Alerts Compliance - Number Outstanding	**0**	0	0	0	0	0	0	0	0	0	0	1	1	1	→
Patient Experience	Complaints Received	**n/a**	62	37	59	49	39	46	37	24	41	54	34	39	39	↑
	Complaints Responded to within specified timefram**[3]**	**80%**	66.1%	86.5%	62.7%	65.3%	64.1%	26.1%	40.5%	33.3%	51.2%	37.0%	58.0%			↑

QUALITY INDICATORS - ACUTE SERVICES

Domain	Indicator	Target	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	13/14 YTD	Trend
Infection Prevention	MRSA Bacteraemia Cases	**1 (year)**	0	0	0	0	0	0	0	0	1	0	0	0	0	→
& Control	C.DIFF Cases	**10 (year)**	1	0	1	2	1	1	2	2	0	2	2	3	3	→
	E Coli Cases	**[2]**	1	1	1	1	1	2	1	2	1	3	2	2	2	↑
	MSSA Bacteraemia Cases	**[2]**	0	1	0	0	0	0	0	0	0	0	1	0	0	↓
	MRSA Screening - Elective Patients**[4]**	**95%**	96.7%	95.8%	96.4%	95.4%	96.8%	92.9%	96.6%	100.0%	97.6%	97.0%	97.0%			→
	Hand Hygiene Audit	**95%**	97.4%	97.4%	97.4%	97.4%	97.4%	97.4%	97.4%	97.4%	98.1%	97.0%	99.2%	93.0%	93.0%	↓
Incident Reporting	Pressure Ulcers - grade 3/4 (80% reduction from 2010/11 baseline)	**3/yr**	2	1	0	1	1	2	0	0	1	1	1	1	1	→
	VTE Assessment **[4]**	**95%**	95.1%	96.7%	95.3%	95.6%	95.8%	95.1%	97.1%	95.0%	96.2%	95.0%	95.3%			↑
	VTE Incidence - Hospital Acquired**[4]**	**[2]**	1	4	4	1	3	**Audit required**								↓
	Appropriate Prophylaxis for VTE**[4]**	**90%**	65.8%	94.3%	95.1%	99.2%	98.5%	94.4%	93.4%	97.8%	100.0%	92.1%	100.0%			↑
	Post Operative Sepsis **[5]**	**AE**	0	1	0	0	0	0	0	0	0					→
	Post Operative Sepsis - Hips **[5]**	**AE**	0	0	0	0	0	0	0	0	0					→
	Post Operative Sepsis - Knees **[5]**	**AE**	0	1	0	0	0	0	0	0	0					→
	Deaths After Surgery **[5]**	**AE**	1	2	0	0	3	1	0	0	0					→
	Deaths in Low Risk Conditions **[5]**	**AE**	0	2	1	0	3	1	0	0	0					→
	Deaths After Bariatric Surgery **[5]**	**AE**	0	0	0	0	0	0	0	0	0					→
	Hospital Level Mortality Indicator - Summary **[5]**	**<100**	80.8	91.0	80.5	74.0	62.6	58.5	66.5	72.3	62.3					↑
Clinical Effectiveness [7]	Emergency Admission Rate for LTC	**[6]**	149	127	157	141	172	187	166	147	154	120	149			↓
	Emergency Admission Rate Paediatric (asthma, epilepsy, diabetes)	**[6]**	15	7	27	10	17	14	12	6	16	21	7			↑
	Emergency Admission for VTE	**[6]**	6	8	8	9	19	9	7	5	6	9	8			↑
Patient Experience [8]	Friends & Family Test - Inpatient Coverage	**15%**	**New measure from November 2012**						12.4%	10.3%	14.0%	15.0%	23.0%	23.6%	23.6%	↑
	Friends & Family Test - Inpatient Response (Net Promoter Score)	**[7]**	**New measure from November 2012**						57	57	61	62	58	71	71	↑
	Friends & Family Test - Emergency Department Coverage	**15%**	**New measure from November 2012**						2.0%	1.0%	3.0%	5.0%	2.0%	5.7%	5.7%	↑
	Friends & Family Test - Emergency Department Response (Net Promoter Score)	**[7]**	**New measure from November 2012**						-2	16	-13	9	16	11	11	↓
PTO FOR NOTES	Cleanliness Audit	**>95%**	97.1%	97.1%		98.1%		97.3%	96.7%	96.7%	97.8%	97.9%				↓

Whittington Health Integrated Dashboard - May 2013 (April 2013 Data)

QUALITY INDICATORS - COMMUNITY SERVICES

Domain	Indicator	Target	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	13/14 YTD	Trend
Infection Prevention & Control	Dentistry Compliance with Infection Control Standard	**90%**	95%		96%			95%			97%			Q	Q	↑
Incident Reporting	Pressure Ulcers - grade 3/4 (30% reduction from 2011/12 baseline)	**21/yr**	6	6	7	7	3	6	6	4	5	6	4	6	6	↓
Patient Experience	Friends & Family Test (Net Promoter Score) **[8]**	**[8]**	**Under development**													→
	Dentistry - Patient Involvement	**90%**	95%	92%	90%	98%	95%	88%	87%	98%	94%	91%	88%	90%	90%	↑
	Dentistry - Patient Experience	**90%**	90%	100%	98%	100%	100%	100%	95%	98%	97%	97%	93%	97%	97%	↑
Clinical Effectiveness	Respiratory - number of admissions avoided	**25 / Qtr**	3	3	18	13	8	8	9	12	14	11	17	18	18	↑
	Diabetes - % of patients with at least a 1% reduction in HbA1c after 6 months	**60%**	83.0%	42.0%	80.0%	80.0%	68.8%	61.0%	65.0%	63.6%	52.2%	68.2%	50.0%	61.9%	61.9%	↑
	Diabetes - % of patients reporting confidence in managing their condition	**85%**	60.0%	100.0%	100.0%	71.0%	72.7%	100.0%	90.0%	80.9%	70.0%	50.0%	92.9%	92.3%	92.3%	↑
	Heart Failure / Cardiology - % of patients on optimum Ace Therapy	**80%**	90.0%	88.0%	90.0%	86.0%	85.0%	89.0%	83.0%	83.0%	85.8%	84.8%	84.9%	86.5%	86.5%	↑
	Heart Failure / Cardiology - % of patients on optimum Beta Blocker Therapy	**80%**	83.0%	84.0%	87.0%	86.0%	85.0%	85.0%	80.0%	83.0%	84.9%	83.3%	82.5%	83.8%	83.8%	↑
	Rehab Intermediate Care - % of patients with self-directed goals set	**70%**	75.0%	60.0%	71.0%	78.0%	73.0%	77.0%	74.1%	70.0%	71.4%	64.6%	73.3%	75.2%	75.2%	↑
	Rehab Intermediate Care - % of patients with improved or maintained function	**70%**	71.0%	67.0%	76.0%	80.0%	77.0%	90.0%	80.5%	90.8%	86.7%	88.1%	92.7%	83.6%	83.6%	↑
	MSK - % of patients who have completed the Patient Specific Functional Scale	**40%**	13.4%	14.3%	26.9%	47.3%	62.6%	45.1%	57.1%	63.2%	66.7%	54.5%	68.3%	67.9%	67.9%	↑
	MSK - % of patients completing their treatment on discharge	**40%**	48.4%	37.8%	37.2%	38.3%	38.7%	39.5%	34.9%	35.3%	33.1%	23.7%	37.6%	40.9%	40.9%	↑
	CAMHS - % of Cases where mental health problems resolved or improved	**60%**	73%		71%			67%			Q					↑
	CAMHS - % of Cases where severity of mental health at end of treatment is normal	**80%**	89%		87%			87%			Q					↑
	% of new patients with an HIV test within preceding 90 days	**60%**	84.1%	83.0%	85.1%	83.3%	83.0%	82.7%	85.1%	87.1%	88.5%	88.9%	89.9%	88.0%	88.0%	↑
	% of women 18 to 25 years old attending for contraception given LARC	**20%**	28.7%	25.5%	30.3%	31.5%	29.4%	28.1%	30.7%	29.3%	24.7%	30.1%	26.9%	28.6%	28.6%	↓
	% of new male patients who had an STI screen who were under 25 years	**20%**	30.2%	33.9%	31.1%	29.9%	30.3%	34.6%	28.6%	27.4%	32.8%	33.2%	30.7%	29.8%	29.8%	↓
	% of new female patients who had an STI screen who were under 25 years	**20%**	45.8%	46.7%	46.5%	43.2%	48.2%	46.3%	45.4%	46.4%	46.4%	47.2%	44.9%	47.1%	47.1%	↓

[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] MRSA and 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. May 2013 - February data not yet uploaded to Dr Foster tools. February and March data is expected to be refreshed at the end of May.

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

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 - May 2013 (April 2013 Data)

NATIONAL INDICATORS - COMMUNITY

Domain	Indicator	Target	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	13/14 YTD	Trend
Health Visiting	Prevalance of breast feeding at 6-8 weeks	**74%**	76%		73%			77%			Q					↑
	New Birth Visits - Islington	**95% <=14 days**	55.8%	57.9%	67.5%	78.9%	78.6%	80.0%	87.3%	89.2%	85.1%	87.0%	77.3%			↓
	New Birth Visits - Haringey	**95% <=14 days**	22.8%	21.7%	41.0%	70.5%	83.5%	73.6%	78.6%	91.7%	83.1%	83.7%	75.9%			↓
Child Heath	% of Immunisation - Islington	**80%**	88%		89%			91%			Q					↑
	% of Immunisation - Haringey	**80%**	88%		87%			88%			Q					↑
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%	100.0%	→
	% positivity for all Chlamydia Screening	**5%**	10.6%	7.6%	14.8%	8.9%	7.3%	7.1%	9.0%	10.5%	6.6%	4.9%	3.8%	7.0%	7.0%	↑
	% of chlamydia screens that are males <25 years old	**[3]**	7.1%	11.1%	12.1%	11.3%	11.1%	12.6%	10.8%	10.4%	12.6%	11.9%	10.9%	10.6%	10.6%	↑
	% of chlamydia screens that are females <25 years old	**[3]**	47.9%	46.5%	28.4%	26.9%	30.0%	29.6%	28.5%	28.6%	28.5%	30.1%	29.0%	30.3%	30.3%	↑
Primary Care Psychology	IAPT - Number entering psychological therapies	**[4]**	466		251	348	325	354	404	257	373	270	283	Q	Q	↑
	IAPT - Number moving off sick pay and benefits	**90 per year**	23		13	9	19	9	15	11	22	16	31	Q	Q	↓
Stop Smoking	Actual 4 Week Quitters	**952 for Qtr 1 & 2**	594		432			Q			Q				1026	→
Dental	Units of Dental Activity	**90% of contract**	122.0%	95.5%	146.0%	116.0%	95.0%	123.0%	116.0%	84.0%	128.0%	117.0%	109.0%	98.0%	98.0%	↓
	Contacts	**90% of contract**	127.0%	99.0%	129.0%	111.0%	103.0%	108.0%	103.0%	82.0%	111.0%	109.0%	107.0%	101.0%	101.0%	↓
Drugs & Alcohol	% of Treatment Starts	**80%**	-	100.0%	100.0%	100.0%	90.0%	82.0%	82.6%	100.0%	100.0%	87.8%	100.0%	100.0%	100.0%	→
	% of treatment Reviews	**80%**	-	100.0%	96.0%	100.0%	92.0%	83.0%	80.4%	80.7%	93.5%	96.7%	93.0%	85.5%	85.5%	↓

Whittington Health Integrated Dashboard - May 2013 (April 2013 Data)

LOCAL INDICATORS - ACUTE

Domain	Indicator	Target	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	13/14 YTD	Trend
Inpatient	Consultant 7 Day Ward Rounds	**Y**	N	N	N	N	N	N	N	N	N	N	Y	N	N	↓
	Consultant presence every day 8am - 8pm (Acute Medicine)	**Y**	N	N	N	N	N	N	Y	Y	N	N	Y	N	N	↓
	Discharge Before 11am - Surgery / Medicine	**40%**	31.7%	19.4%	24.4%	26.0%	28.7%	25.6%	23.9%	19.4%	20.9%	19.5%	19.2%	17.0%	17.0%	↓
	Average Length of Stay - Medicine - **[1]**	**[1]**	8.2	7.1	8.3	7.2	7.2	7.0	6.8	6.9	6.9	7.0	7.5	8.1	8.1	↑
	Bed Days - Medicine - **[1]**	**[1]**	4953	4026	4965	4411	4560	4867	4794	4492	4872	4379	4876	4932	4932	↑
	Average Length of Stay - Surgery -**[1]**	**[1]**	4.8	3.9	4.0	3.3	3.0	3.8	3.9	5.0	4.3	4.0	3.7	3.9	3.9	↓
	Bed Days - Surgery - **[1]**	**[1]**	2155	1718	1917	1452	1395	1742	1787	1908	1893	1553	1490	1634	1634	↓
	Theatre Session Utilisation	**95%**	73.6%	74.2%	73.1%	71.7%	72.1%	75.4%	71.4%	72.4%	70.8%	71.3%	77.4%	71.5%	71.5%	↑
Outpatients	Number of First Appointments -**[2]**	**[2]**	5922	4826	5528	5077	4763	6092	5677	4382	5620	5110	5107	5551	5551	↓
	Number of Follow-Up Appointments -**[2]**	**[2]**	15046	11406	13299	13047	11686	13974	12953	9611	13031	11847	11414	11999	11999	↓
	DNA Rates - First Appointments	**8%**	12.2%	12.8%	12.5%	14.6%	12.9%	11.9%	12.3%	13.9%	13.2%	12.5%	11.9%	11.7%	11.7%	↑
	DNA Rates - Follow-Up Appointments	**8%**	13.3%	13.8%	13.5%	13.9%	14.1%	13.8%	13.2%	14.3%	13.3%	12.5%	13.5%	13.3%	13.3%	↑
	Hospital Cancellation Rate - First Appointments	**2%**	3.1%	3.6%	3.2%	4.0%	5.0%	3.1%	2.6%	3.2%	3.2%	3.8%	3.9%	3.8%	3.8%	↓
	Hospital Cancellation Rate - Follow-up Appointments	**2%**	4.1%	6.4%	7.0%	6.0%	6.9%	4.4%	5.0%	5.4%	5.4%	5.2%	5.6%	3.4%	3.4%	↑
	% Waiting less than 30 minutes in clinic	**90%**	83.6%	84.0%	85.9%	87.7%	85.8%	87.2%	85.7%	88.0%	85.0%	86.4%	83.8%	88.6%	88.6%	↑
Data Quality - Acute	NHS Number Completeness - Acute	**99%**	97.3%	96.8%	96.9%	96.6%	97.4%	97.3%	96.5%	95.9%	96.6%	96.3%	95.8%	95.6%	95.6%	↓
	Outcomes not recorded - Acute	**<0.5%**	0.0%	0.0%	0.4%	0.4%	0.4%	0.4%	0.9%	1.3%	0.8%	1.4%	1.3%	1.1%	1.1%	↓

[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 - May 2013 (April 2013 Data)

LOCAL INDICATORS - COMMUNITY

Domain	Indicator	Target	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	13/14 YTD	Trend
Access	DNA Rates - Community Adult Service	**10%**	8.3%	9.8%	11.0%	10.3%	10.4%	10.2%	10.5%	10.1%	10.7%	9.1%	8.1%	7.8%	7.8%	↑
	DNA Rates - Community Children Services	**10%**	11.6%	11.7%	12.0%	11.7%	9.0%	6.9%	10.1%	12.9%	10.7%	9.0%	7.0%	8.4%	8.4%	↓
	Community Average Waiting Times - Adults	**6wks**	6.6	7.5	6.2	5.5	5.7	5.8	5.8	5.5	5.8	5.7	6.1	6.4	6.4	↓
	Community Average Waiting Times - Children	**18 wks**	15.0	14.0	13.0	11.0	14.0	14.0	14.3	12.7	13.3	11.3	12.1	9.9	9.9	↑
Data Quality	NHS Number Completeness - Community	**99%**	99.9%	99.9%	99.8%	99.9%	99.9%	99.8%	99.8%	99.8%	99.7%	99.9%	99.9%	99.9%	99.9%	→
	Outcomes not recorded - Community**[2]**	**<0.5%**	0.6%	1.2%	1.0%	0.8%	1.2%	0.9%	1.2%	2.1%	2.6%	6.0%	2.9%	2.9%	2.9%	→

SLA INDICATORS

Domain	Indicator	Target	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	13/14 YTD	Trend
	Outpatient Follow-up Ratio - % excess follow-ups	**<1%**	28.4%	26.4%	25.3%	29.5%	32.1%	25.3%	27.6%	27.4%	24.9%	24.9%	24.9%	27.4%	27.4%	↓
	Consultant to Consultant Activity (Upper Quartile) - % excess firsts	**<1%**	2.0%	2.5%	1.4%	1.8%	1.7%	2.1%	3.0%	2.5%	2.7%	2.4%	1.4%	0..9%	0.9%	↑
	Emergency Readmissions - from original elective admissions	**[1]**	39	31	31	49	23	40	34	29	22	35	47			↓
	Emergency Readmissions - from original emergency admissions**[2]**	**[1]**	190	202	195	178	186	205	176	186	239	228	220			↑
	Excess Beddays **[2] [3] [4]**	**SLA Plan = 100%**	107.0%	82.0%	95.0%	97.8%	143.0%	69.7%	86.3%	68.1%	76.2%	94.3%	75.4%			↓

CQUIN 2012/13

Domain	Indicator	Target	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	13/14 YTD	Trend
CQUINS [5]	VTE 24 Hr Risk Assessment **[8],[6]**	**70% in Q4**	18%	17%	19%	25%	27%	21%	45%	53%	44%	55%				↑
	NHS Safety Thermometer for Acute **[6]**	**100%**	-	-	100.0%	100.0%	99.7%	100.0%	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%	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%	80.0%			↓
	COPD Care Bundle **[8],[6]**	**85%**	100.0%	93.8%	94.4%	94.4%	100.0%	100.0%	93.8%	100.0%	97.0%	94.0%	100.0%			↑

[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 12 – March 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	Mar 13	YTD	Target	Comment/ Description of issue	Actions planned/taken to achieve target	Target date / trajectory	Accntbl./Rspnsbl. Officer for Action
WORKFORCE							
Vacancy	**12.3%**	**12.3%**	**<12%**	See Below	See Below		
				Increase from 11.7% in March driven by increase in WCF (5.5% to 6.2%) which is still well within target. Overall vacancy rate still driven by ICAM though is decreasing in this division - 15.1% March to 14.6% in April.	1. Explore reasons for vacancy rate changes	31st May	Dir Ops
Appraisal	**77%**	**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. Current performance (10/5/13) is 76% as large numbers of appraisals become due at year end.	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 Following the development of divisional objectives and plans, these will form the basis of appraisals for 13/14. All to be complete by end of June.	End of March Complete 31st May	Div. Dirs. Operations Div. Dirs. Operations
Mandatory Training	**83%**	**NA**	90% (Dec'12)	See below	See below		
				Performance has not increased from March to April as large numbers of staff became due at year end. Staff turnover is accounted for by the 90% target. Deadline for IG Training compliance	1. Progress is being tracked at all management meetings 2. Specific areas of shortfall addressed through management action 3. Emails sent to all non-compliant staff by end of April requiring compliance	28th June 28th June End of April - complete	Dir Ops

Month 12 – March 2013 Whittington Health Performance Dashboard Exception Report

Indicator	Mar 13	YTD	Target	Comment/ Description of issue	Actions planned/taken to achieve target	Target date / trajectory	Accntbl./Rspnsbl. Officer for Action
				has been extended to end of May Child protection training: Currently 84% trained in WH. Uptake of Level 2 places increased to 78% in April following Directors intervening to raise awareness. 1220 staff need to be trained at Level 2 as of April 2013. Approximately 50 staff a month come out of level 2 compliance and 2013 non-compliance figures will be higher as a large number of staff were trained in Haringey community in 2010. Issues on ESR remain with some difficulties reporting.	1. Poster/screensaver campaign May 2013 2. Re-attend DMT's May 2013 3. A new administrator now in place to help with booking and adding to ESR. 4. Continue to work with Learning and Development team to get accurate data into ESR. 5. Mandatory Training Policy implemented, especially no further training until all mandatory training is completed. 6. Bespoke sessions in hospital ward team meetings now offered.	30th August	
NATIONAL TARGETS							
ED 4hr wait	**92.9%**	**92.9%**					
				Prolonged high levels of activity have continued into April. There were 11.5% more attendances in April 2013 compared to April 2012. As we move out of the winter period and winter pressure funding, there are several actions being implemented to maintain performance. The department is preparing for a seven day PDSA project changing the initial assessment process and to include a doctor in this team. This is as part of the NHS England / McKinsey TTIV programme. Intended outcome is reduction in time to	1. Internal escalation plan implemented. 2. Daily review of breaches and 'bottlenecks' within ED patient flow system. 3. Regular bed meetings to support patient flow. 4. Pilot PDSA project (see comment) due to start 29th April 5. New Consultant rota will be launched and will provide an additional DCC most days. 6. Reinstated Q4 12/13 interim workforce plan pending outcome of modelling new ways of working.	Immediate Immediate Immediate 31st May 31st May	Carol Gillen

Month 12 – March 2013 Whittington Health Performance Dashboard Exception Report

Indicator	Mar 13	YTD	Target	Comment/ Description of issue	Actions planned/taken to achieve target	Target date / trajectory	Accntbl./Rspnsbl. Officer for Action
				treatment. The pilot is to commence on Monday 29th April. 'Tolerated' breaches for Q1 stand at 565 and actual breaches to date equals 878 so will be challenging to achieve performance target for Q1.			
Referral to Treatment	**-%**	**-%**	90%				
				There is a delay in producing these figures this month – they will be included in time for the Trust Board meeting.			
Diagnostic Waiting Times	**95.5%**	**95.5%**	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.	Endoscopy backlog is being cleared as per plan, though 122 patients have chosen to wait beyond the of March into May.	31st May	L. Martin
Cancer – 14 day breast (Mar)	**88.0%%**	**88.9%**	93%	See Below	See Below		
				- Management – there is now a dedicated cancer manager who is undertaking daily chasing of cancer pathway patients - Large numbers of patients are choosing to wait beyond 2 weeks compared to other tumour types. In March, 11 out of 14 2ww (breast) breaches were due to patients choosing to wait longer than 2 weeks.	- Review of capacity to ensure maximum flexibility in offering appointments.	28th June	L Martin
Delayed Transfers of Care	**4.4%**	**4.4%**	<3.5%				
				Significant increase from March to April (2.5% to 4.4%)	1. Report main reasons for delay to Intermediate Care Pooled	Bi-monthly onwards	Delia Thomas

Month 12 – March 2013 Whittington Health Performance Dashboard Exception Report

Indicator	Mar 13	YTD	Target	Comment/ Description of issue	Actions planned/taken to achieve target	Target date / trajectory	Accntbl./Rspnsbl. Officer for Action
				Islington: mainly due to waiting for intermediate care and residential placements. Haringey: one patient was waiting for a specialist neurological rehabilitation bed for whole month. Hackney: delays for intermediate care, approval for Continuing healthcare and equipment	Budget Steering Group, to identify actions to reduce delays for Islington patients 2. Pilot in-reach by Islington intermediate care team to assess patients on site. 3. Met with Hackney managers to ensure better understanding of each other's processes, and effective and timely communication for prompt decisions on funding.	31st May End of April (complete)	
Cytology	**67%**	**67%**	98%				
Cervical Cytology turnaround times within 14 days				Performance dropped after a combination of increased workload and staff leaving before recruitment was complete.	1. Replacement Band 6 scientist recruited; start date 2nd April 2013	Complete	Lee Martin.
Pregnant women seen within 12 wks and 6 days	**84.8%**	**84.8%**	90%				
				37 women were seen beyond 12 weeks and 6 days, of which 17 were chose to seen later.	1. Maternity now using new proactive reports to ensure that DNAs or cancelled patients are being actioned	End of April (complete)	Dee Hackett
1:1 care in established labour	**95.0%**	**95.0%**	**100%**				
				Comparative audit showed excellent achievements for WH compared to surrounding hospitals. Target too stringent as does not reflect acceptable exceptions to practice.	1. Change of targets to 90% to be proposed next month	May Board	Dee Hackett/Rosalind Basri
QUALITY							

Month 12 – March 2013 Whittington Health Performance Dashboard Exception Report

Indicator	Mar 13	YTD	Target	Comment/ Description of issue	Actions planned/taken to achieve target	Target date / trajectory	Accntbl./Rspnsbl. Officer for Action
Complaints response < 25 working days	**58.0%**	**57.1% (12/13)**	80%	See Below	See Below		
N.B Mar 13 DATA				Performance has continued to improve after a low of 33% in Dec. However it is still well below target. Complainants are now being routinely phoned early in process. Indications are that this is beneficial to swift resolution of complaints.	1. Completion of outstanding complaints responses	28th June	Div. Dirs. Ops
Friends & Family Test -	**5.7%**	**5.7%**	15%	See Below	See Below		
Emergency Department Coverage				There is now sufficient coverage of volunteers and admin capacity to support the process. Volunteers guiding patients to fixed kiosk and postcards. All staff have daily quota for completion Extra hand held with wifi in place	Dedicated admin staff time to work with staff and patients to get the postcards completed and subsequently updating the data to the website link Improved patient signage to complete the feedback is now in place Achievement of 10% target Achievement of 15% target	May (complete) May (Complete) 28th June 31st July	Carol Gillen / Paula Mattin
NATIONAL - COMMUNITY							
New Birth Visits Islington (Mar)	**77.3%**	**74.6% (12/13)**	95%	See Below	See Below		
Haringey (Mar)	**75.9%**	**61.1% (12/13)**	95%	See Below	See Below		
				Both Haringey and Islington teams have seen approx. 8-10% point drop thought to be partly due to Easter break falling at end of March. In addition both areas have had	Service manager requesting deep dive for late NBVs, particularly 'null' cases and those over 20 days (in hospital, difficult to locate etc.) To review action plan	31st May	Lynda Rowlinson

Month 12 – March 2013 Whittington Health Performance Dashboard Exception Report

Indicator	Mar 13	YTD	Target	Comment/ Description of issue	Actions planned/taken to achieve target	Target date / trajectory	Accntbl./Rspnsbl. Officer for Action
				some specific staffing issues (including a retirement and planned sick leave)	Two further reports being developed to monitor NBV: NBV by team and Tracking process (when put on by whom, etc.)		Hester de Graag
LOCAL TARGETS							
Discharge before 11am	**17.0%**	**17.0%**	40%	See Below	See Below		
				Performance appears to have slipped, and reasons for this need more detailed analysis. The Enhanced Recovery Programme (Better for You) programme will focus on this with work currently underway to look at how senior decision making can be achieved earlier in the day.	Detailed analysis of discharge performance through Enhanced recovery programme The bed bundles workstream has completed an audit of reasons for discharge after 11am for surgical wards, to be rolled out to medical wards. Service improvement team will now support senior nursing team to deliver improvements	31st May 31st May Started	Sally Herne Alison Kett, Delia Thomas, Holly Norman.
Theatre Utilisation	**71.5%**	**71.5%**	95%	See Below	See Below		
				Increased sessions to address delays in pre-operative assessment have affected overall efficiency.	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
Outcomes not recorded - Acute	**1.1%**	**1.1%**	<0.5%	See Below	See Below		
				There is a particular issue in Acute Paeds (2.9%). Cover for these posts has been challenging hence an increase in un-outcomed appointments.	1. Job to be advertised	End of May	Dee Hackett
Outcomes not recorded - Community	**2.9%**	**2.9%**	<0.5%	See Below	See Below		
				High numbers of un-outcomed appointments mainly driven by	1. Service manager to take to management meeting on 15/5/13	31st May	Lynda Rowlinson

Month 12 – March 2013 Whittington Health Performance Dashboard Exception Report

Indicator	Mar 13	YTD	Target	Comment/ Description of issue	Actions planned/taken to achieve target	Target date / trajectory	Accntbl./Rspnsbl. Officer for Action
				WCF (5.6%). Health Visiting and Child Development Services in Islington have the most un-outcomed appointments accounting for 54% of the un-outcomed appointments.	To work with Islington locality managers to establish reasons for this.		
SLA							
Acute Outpatients	**27.4%**	**27.4%**	<1%	See Below	See Below		
FOLLOW-UP RATIO – percentage excess follow ups				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. the new access policy will promote the discharge of patient by WH to primary care provider 2. New clinic form introduced to track patients outcomes from clinic	31st May 31st May	L Martin L Martin