Whittington Health NHS

Whittington Health Trust Board
25 September 2013

The Whittington Hospital NHS Trust
Magdala Avenue
London N19 5NF

Title:	Month 5 Performance report		
Agenda item:	**13/120**	**Paper**	**5**
Action requested:	• For Trust Board to note performance		
Executive Summary:	**Introduction** Following on from the improvements in the last Performance Report, additional indicators have been added from across the integrated care organisation. All the indicators have been mapped to the five trust aims on each slide. **Selected areas of success** **New investments in children's occupation therapy** - The Trust has invested in three new occupational therapists and one therapy assistant to deliver services for children and young people with autism spectrum disorder and sensory processing disorders. **Inpatient Friends and Family Test** – Our inpatients have rated our service at 62 on a scale of -100 to + 100, where + 100 is the best. **Community physiotherapy** - Waiting times in adult community physiotherapy have decreased significantly. Compared to June, 17.6% more patients are being seen within six weeks. **Areas that are improving** **Waiting times for suspected cancer**– We are now compliant on all cancer waiting time targets except for the 62 day referral to treatment target. This is expected to be compliant from October 2013. Performance against the two week wait standards was maintained above target (93%). **Response rates for Friends and Family Test in the Emergency Department** – This is now at 7.4% having increased from 5.4% last month. We expect to achieve the 15% target by the end of September. Those who did respond have rated the department highly in August: 51 on a scale of -100 to + 100, where + 100 is the best. **Complaints response times** – Response times have increased to 74% within 25 working days in August. The Trust expects to achieve the 80% standard by September. **Focus areas for action** **Emergency Department access** – The Trust saw 95.9% of patients within four hours in the Emergency Department in August (95% target). However performance continues to be challenging. Work is in progress as per the National Recovery plan to meet rising demand in the winter including more staff at the peak times and wider improvements to the patient pathway to free up beds for admissions. **Referral to Treatment (RTT) waiting times management** – The Trust continued to focus on treating long waiting patients. This has reduced our RTT under 18 weeks performance but we are on track to achieve the 92% of patients waiting less than 18 weeks target at the end of September.		
Summary of recommendations:	For Trust Board to note performance		

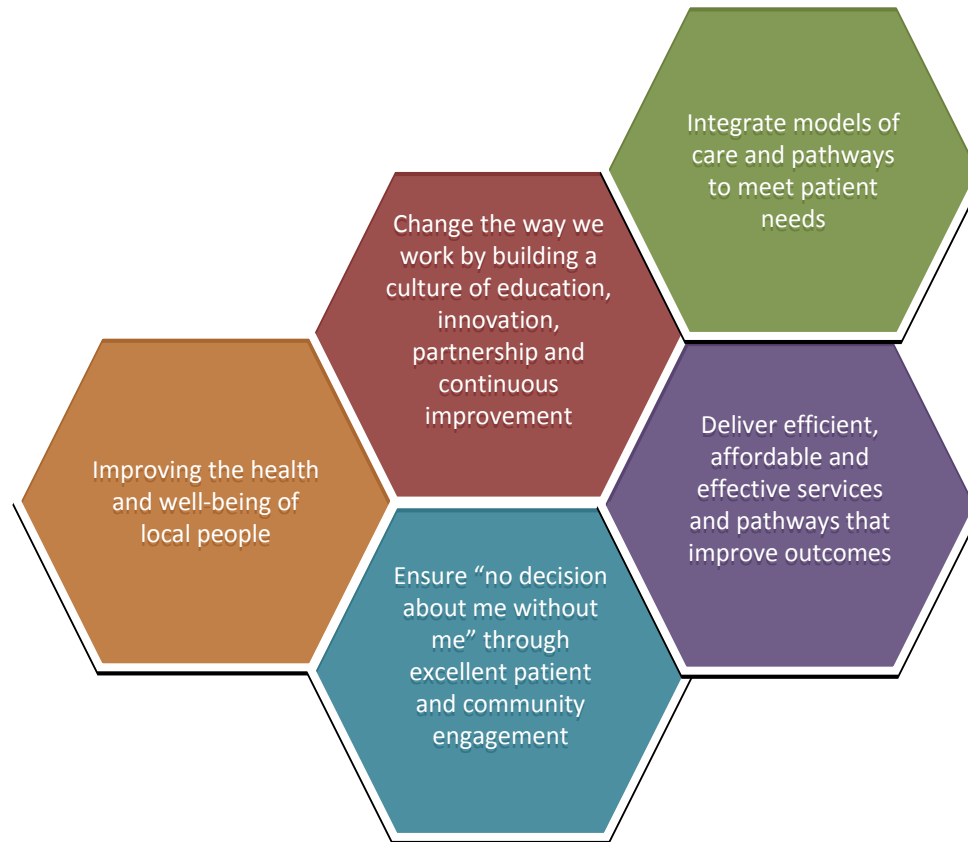| Fit with WH strategy:	The Performance Report is a key monitoring tool for achieving Whittington Health's strategic goals, especially goal three – Efficient and Effective Care.				
Reference to related / other documents:	In completing this report, we confirm that the implications associated with the proposed action shown above have been considered – any exceptions are reported in the supporting information.				
Date paper completed:	18th September 2013				
Author name and title:	Naser Turabi – Head of Performance Anita Garrick – Head of Information Caroline Angel – Head of Insight	**Director name and title:**		Sally Batley Director of Performance & Information	
Date paper seen by EC		Equality Impact Assessment complete?		**Risk assessment undertaken?**		**Legal advice received?**	

Trust Board Performance Report September 2013

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Success Highlights

Community Physiotherapy Waits: Community Physiotherapy have improved significantly. This is the impact of review of the processes within the service which then informed service redesign, and improved data quality.

Occupational Therapy: The Trust has invested in three new occupational therapists and one therapy assistant to deliver services for children and young people with Autism Spectrum Disorder and sensory processing disorders.

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Board Aims

Integrate models of care and pathways to meet patient needs

Change the way we work by building a culture of education, innovation, partnership and continuous improvement

Improving the health and well-being of local people

Deliver efficient, affordable and effective services and pathways that improve outcomes

Ensure "no decision about me without me" through excellent patient and community engagement

All indicators have been mapped to the Board Aims

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Outpatient First:Follow-Up Ratio

	Jun 13	Jul 13	Aug 13
Acute Trust Total	1.78	1.96	1.80

Ratio comparing the number of follow-up appointments seen in comparison to first appointments. For every first appointment, the ratio of follow-up appointments are seen.
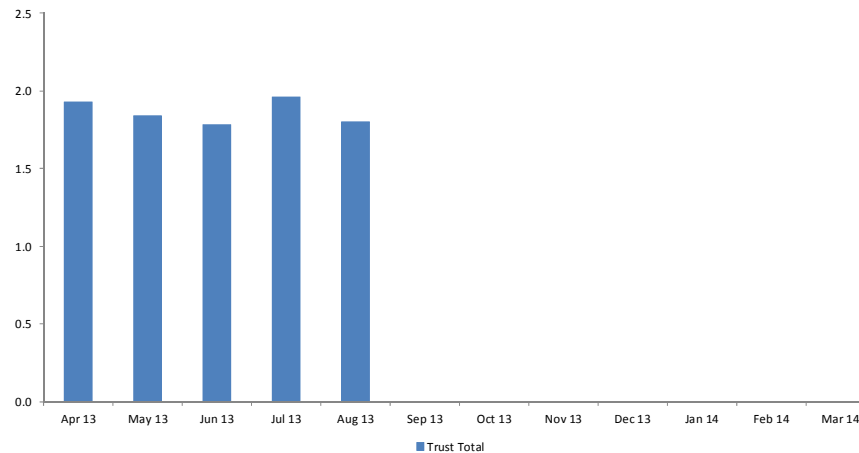
The Trust is seeing high numbers of longer waiting patients, resulting in a higher number of follow ups than usual. A gynaecology service review is currently underway that is developing actions to address first to follow up ratios in that specialty. Full implementation is due by March 2014. In paediatrics there has been an increase in diabetes follow up appointments to ensure we are meeting new national diabetes best practice guidance. Discussions are still ongoing with commissioners to agree new pathways for adult diabetes patients. In other specialties, ratios are being reviewed.

Theatre Utilisation
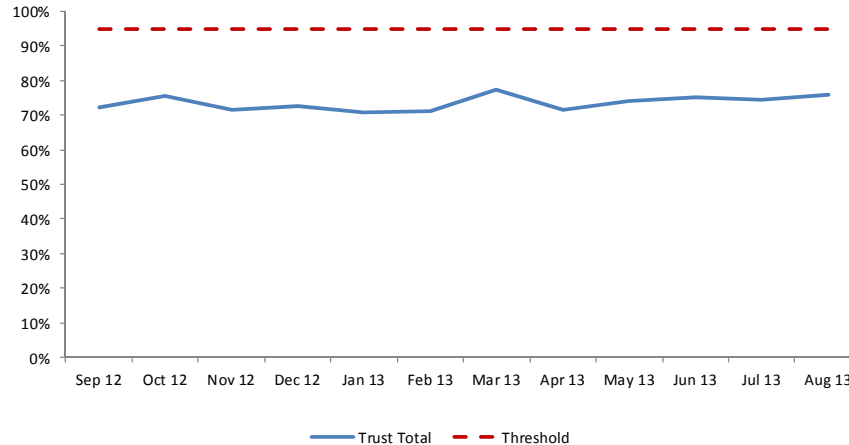
Theatre Utilisation is based on total time spent within the scheduled theatre session for each individual patient divided by the available session time. For example, during week ending 30/06/2013, 175 hours out of 233 hours scheduled time in theatres was utilised.

Trust Total — — Threshold

	Utilisation			Available Session Time (Mins)			Time Utilised (mins)		
	Jun 13	Jul 13	Aug 13	Jun 13	Jul 13	Aug 13	Jun 13	Jul 13	Aug 13
Local Threshold	95%			n/a			n/a		
Trust Total	75%	74%	76%	59,010	66,750	52,500	44,281	49,671	39,826

The holiday period reduced the time available for elective surgery. The theatres improvement plan is now being implemented and will continue until the end of the financial year in March. There is an incremental improvement trajectory agreed as part of that plan. The plan includes:
• Proactive scheduling to ensure lists are booked in advance and fully utilised, agreeing/signing off lists with clinicians and theatres a week before. List lock down principals implemented and policy in development to ensure workflow is planned and prepared for (staffing, equipment etc).
• Patients contacted 3 days before surgery to confirm attendance and fitness to minimise DNAs and cancellations on the day
• Fallow sessions are being offered to specialties for long waiting patients to improve overall utilisation in theatres
• Improvements have been made to pre-operative assessment (POA) pathway, additional capacity created, improvements in access
• Reviewing and reporting utilisation weekly to clinicians and responding proactively to feedback to ensure continuous improvement
• Clinical engagement in list planning

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Deliver

Hospital Cancellations - Acute

Percentage of total first and follow up outpatient appointments that the hospital cancels and the rebooked appointment results in a delay to the patient.

	First Appointments				Follow Up Appointments		
	Jun 13	Jul 13	Aug 13		Jun 13	Jul 13	Aug 13
Local Threshold	2%				2%		
Acute Trust Total	3.9%	3.6%	4.4%		6.8%	5.2%	7.1%

First

Follow Up
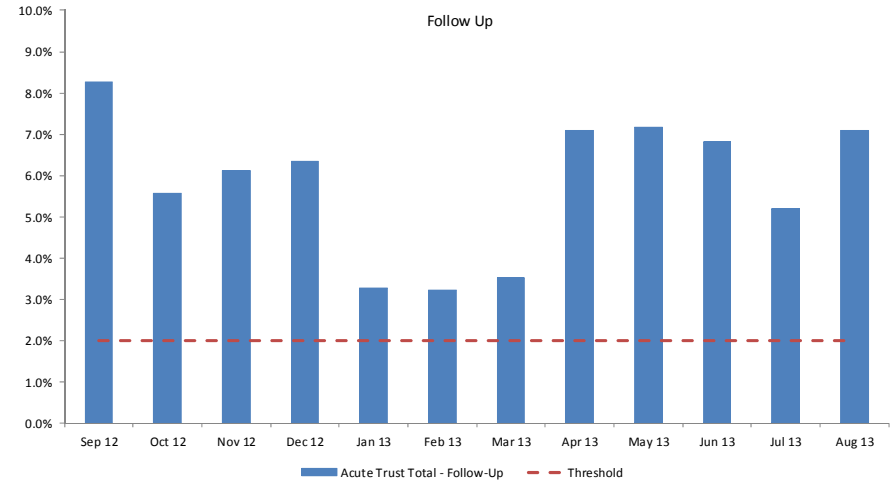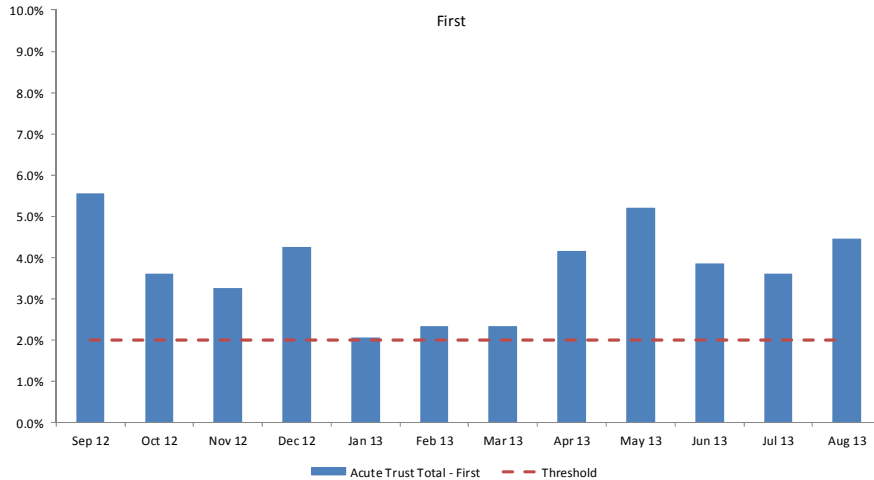
An increased number of cancellations in August is due to annual leave of clinicians. There is now an improved access policy and training in place for clinic staff to manage leave appropriately to result in fewer cancellations. In addition, we are prioritising patients in order of clinical priority which results in some cancellations (and rebooking) of shorter waiting patients. Job plans are being reviewed to ensure that a full service can be delivered with no cancellations.

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Service Cancellations - Community

The proportion of outpatient appointments that are cancelled by the Trust. Outpatient appointments are defined as all booked appointments including home visits in addition to those in a clinical setting.

	First + Follow-Up		
	Jun 13	Jul 13	Aug 13
Local Threshold	2%		
Community Trust Total	6.4%	5.2%	5.1%

Work is in progress to adapt elements of the acute access policy for community services to minimise cancellations. This work will be complete by November. Some cancellations in children's services were due to schools being closed as those services are delivered in a school setting.

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DNA Rates - Acute

Percentage of outpatient appointments where the patient does not attend without contacting the trust to cancel the appointment before the appointment time.

	First Appointments			Follow Up Appointments		
	Jun 13	Jul 13	Aug 13	Jun 13	Jul 13	Aug 13
Local Threshold	8%			8%		
Acute Trust Total	11.1%	12.3%	13.7%	13.1%	12.6%	14.7%
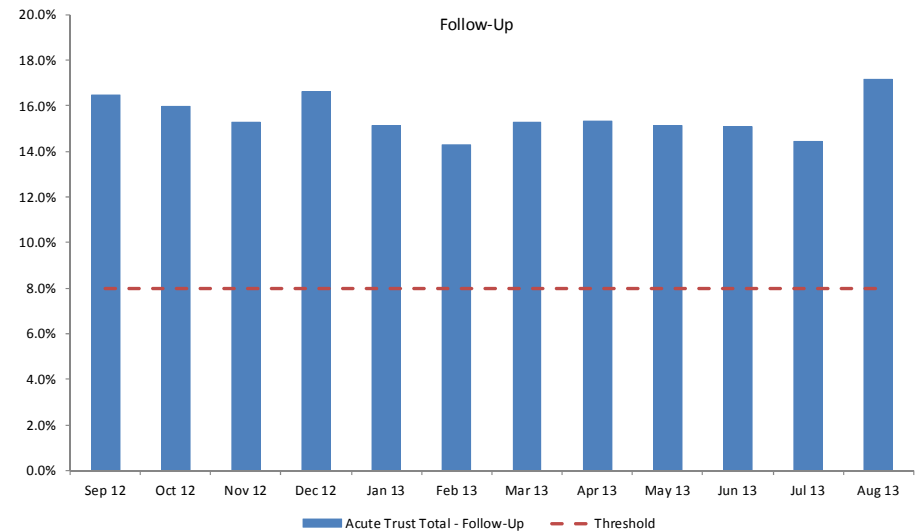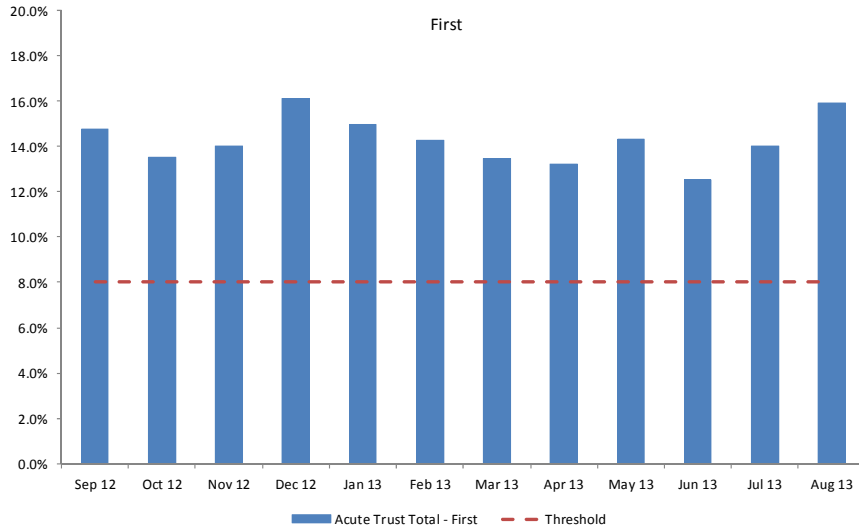
August performance was lower and this is thought to be due to high numbers of patients on holiday during this month. However a number of actions are in place to improve DNA rates:

•Progressive implementation of the new elective access policy - Commissioners have signed up to the policy, patients are being notified and staff are implementing the policy.

•Patient letters are consistent with DNA policy advising patients of relevant information

•Patients are being contacted 2 days before their appointment to confirm attendance and minimise DNAs

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DNA Rates - Community

The proportion of outpatient appointments that result in a DNA(Did Not Attend) or UTA (Unable to Attend). Outpatient appointments are defined as all booked appointments including home visits in addition to those in a clinical setting. DNA levels are a useful indicator of the level of patient engagement. High levels of DNAs impact on service capacity. UTAs reflect short notice cancellations by the patient where the appointment cannot be refilled.

	First + Follow-Up		
	Jun 13	Jul 13	Aug 13
Local Threshold	10%		
Community Trust Total	6.2%	6.8%	6.6%

Work is in progress to adapt elements of the acute access policy for community services to minimise DNA rates. For children's services it is thought that the DNA rate will decrease after the holiday period.

Community Face-to-Face Contacts

The number of attended 'Face to Face' Contacts that have taken place during the month indicated. First and follow up activity. Excludes non face to face contacts such as telephone contacts.

	Jun 13	Jul 13	Aug 13	2012/13 Apr - Aug	2013/14 Apr - Aug	Variation
Threshold	n/a			n/a		
Community Trust Total	59,584	60,536	50,378	256,802	288,169	11%
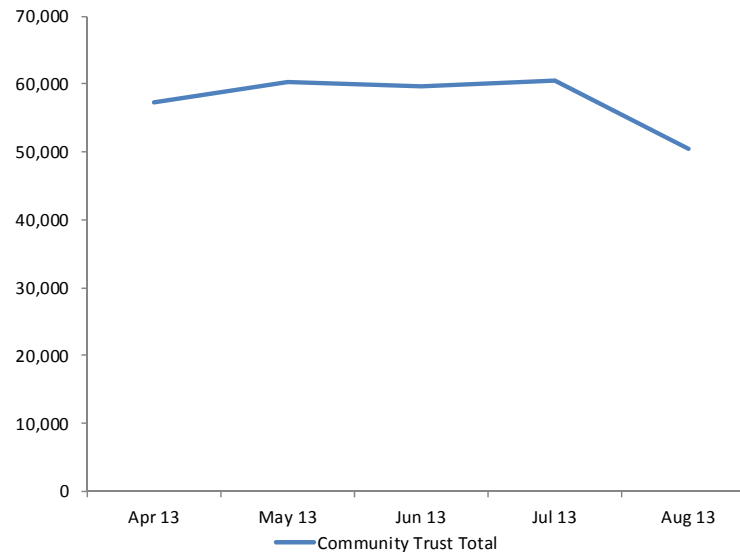
Activity is significantly lower as schools are closed and many children's services do not deliver services in August. In addition there is a reduction in activity due to the decommissioning of the obesity service. Some activity has been recovered as an additional nutritional support service in nursing homes has been commissioned.
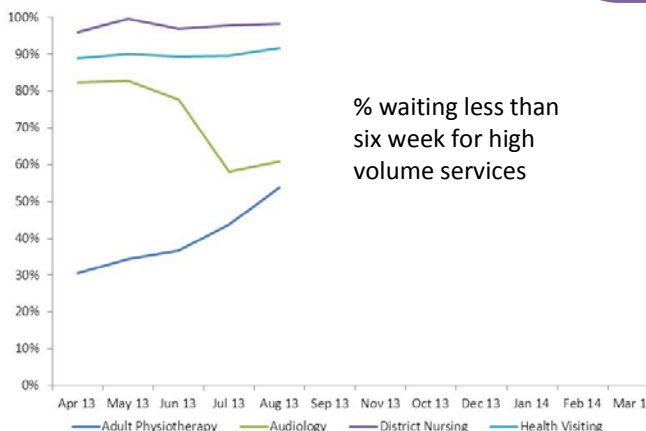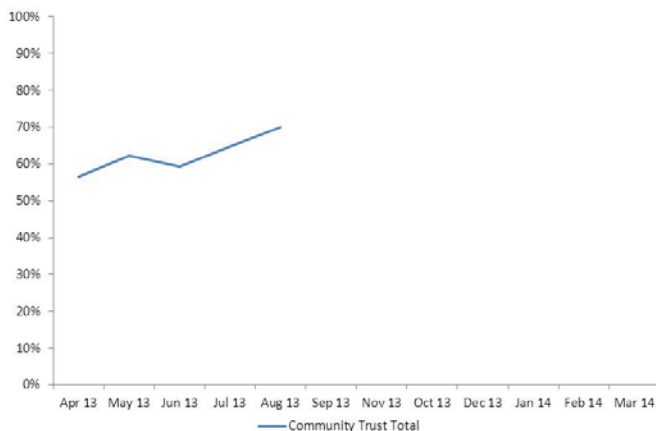
Community Waiting Times
% waiting less than 6 weeks

	Jun 13	Jul 13	Aug 13
Threshold	n/a	n/a	n/a
Adult Physiotherapy	36.6%	43.8%	53.9%
Audiology	77.7%	58.1%	60.8%
District Nursing	96.9%	97.9%	98.2%
Health Visiting	89.4%	89.5%	91.7%
Community Trust Total	59.3%	64.7%	69.9%

The percentage of patients waiting 6 weeks or more for attended 'Face to Face' initial appointments. The waiting time from the date the referral was received to the initial attended 'Face to Face' contact is measured for the month. Where patients DNA the waiting time is measured as the time between the DNA appointment and the initial attended 'Face to Face' contact.

% waiting less than six week for high volume services

A programme of work to improve data quality has been undertaken. This has resulted in changing from reporting average waiting times to the percentage seen within 6 weeks.

Operational managers have access to a suite of reports split by team and service. Managers are proactively moving and discharging patients using interactive work sheets. This ensures that slots are released for new patients. Waiting times have shown significant improvement for adult community physiotherapy services.

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Integrate

New Birth Visits

The proportion of new mothers and their babies visited by health visiting services between 10 and 14 days inclusive after birth in accordance with recommended best practice. There is a local target to achieve 95%.

	May 2013	Jun 2013	Jul 2013
Local Threshold	95%		
Haringey	88.8%	89.4%	87.6%
Islington	80.7%	83.7%	86.5%
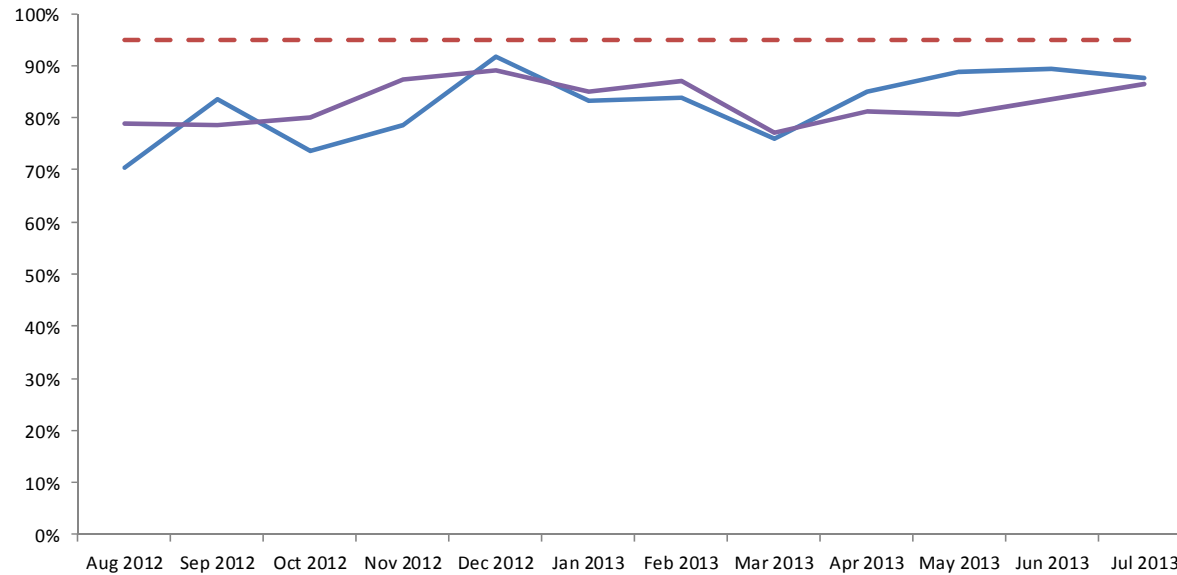
From last year to this year, there has been significant improvement but work is still ongoing to recruit more health visitors.

Women seen by HCP or Midwife within 12 weeks and 6 days

|	Threshold	Jun 2013	Jul 2013	Aug 2013
% Women seen by HCP or midwife within 12 weeks and 6 days	90%	82.7%	87.5%	79.6%
Total Number of Bookings	-	359	421	376
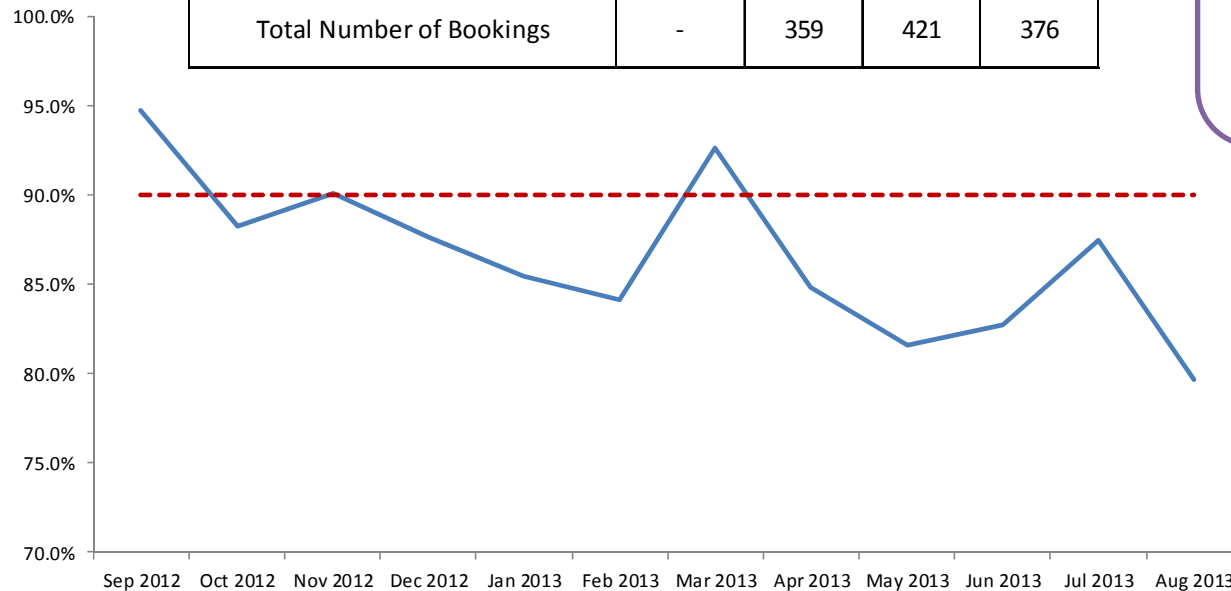
Percentage of pregnant women who have seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 weeks and 6 days of pregnancy

In August, there were 50 breaches of this target though 40 were due to women choosing to be seen later than the standard. The remaining 10 were breaches due to combination of late referrals i.e. after 84 days, admin team miscalculating gestation, and letters graded late by the admin team. The admin issues are being addressed by the management team.

Mandatory Training Compliance

Change

	Mandatory Training			Information Governance			Child Protection Level 2			Child Protection Level 3		
	Jun 13	Jul 13	Aug 13	Jun 13	Jul 13	Aug 13	Jun 13	Jul 13	Aug 13	Jun 13	Jul 13	Aug 13
Local Threshold	90%			95%			90%			90%		
Trust Total	80%	81%	81%	84%	82%	82%	44%	52%	58%	48%	55%	60%

Percentage of all outstanding training courses that have been completed. Includes: Child Protection L1; Child Protection L2; Child Protection L3;Equality & Diversity; Fire Safety; Health & Safety; Infection Prevention and Control; Information Governance; Moving & Handling; Resuscitation; Risk Management; Safeguarding Adults; Conflict Avoidance

Trust Total Mandatory Training — — Threshold
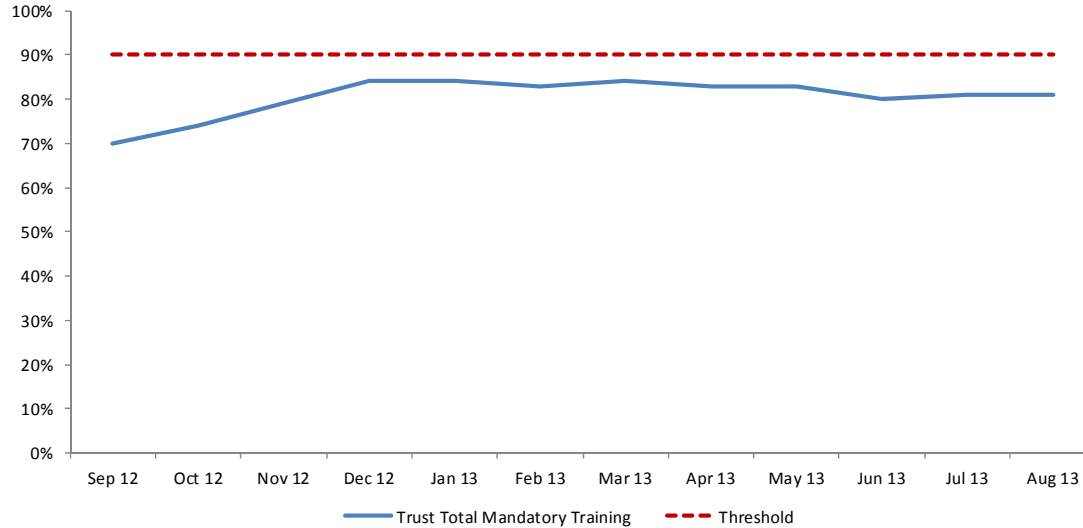
In addition to targeting staff who are overdue, operational managers and HR are working together to bring forward the outstanding training for those staff who will become due in November. Managers are being provided with forward planners to show the number of staff becoming due each month to plan forward more easily.
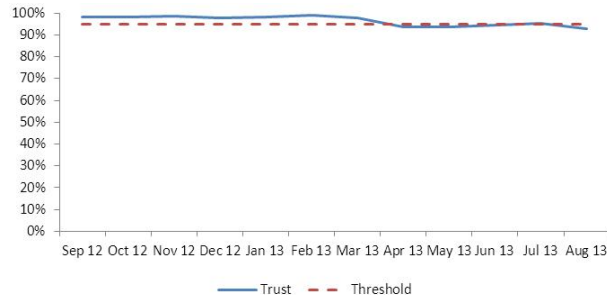
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Referral to Treatment 18 weeks

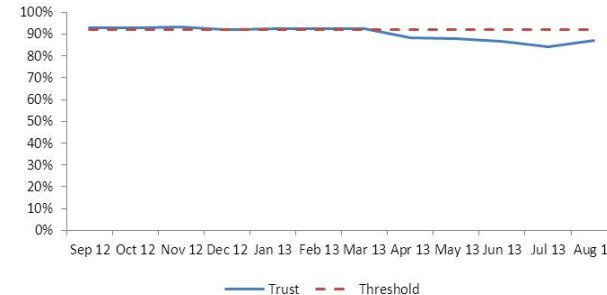|	National Threshold	Jun-13	Jul-13	Aug-13
Admitted	90%	85.6%	83.5%	82.3%
Non Admitted	95%	94.3%	95.3%	92.8%
Incompletes	92%	86.5%	84.0%	87.1%
52 Week Waits	0	23	41	22

Admitted
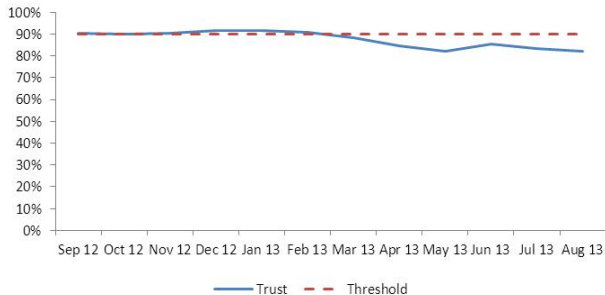
Non Admitted

Incompletes

An extensive action plan is in place to improve waiting times for patients and is on track to achieve the 'Incompletes' target (patients waiting for treatment) at the end of September. We are currently at 91.8% (18th September). A new Access Policy has been introduced which will improve the consistency of administrative processes and training for staff is being rolled out. The new Electronic Patient Record IT system will also support more efficient waiting list management. The Trust will have treated or discharged all patients waiting longer than 52 weeks by the end of September. The admitted and non-admitted targets have not been met while we treat long waiting patients in a limited set of specialties. A significant number of patients were added to the inpatient waiting list following endoscopies which increased time to treatment. Performance against the admitted and non-admitted targets will decrease in September as a result of treating patients in order of referral and clinical priority. We are on track to be compliant in October.

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Diagnostic Waits

Percentage of patients waiting for a diagnostic test who are seen within six weeks. There are 15 diagnostic tests in this cohort including endoscopy and imaging . excludes laboratory tests (pathology).

% Waiting <6 Weeks			
	Jun 13	Jul 13	Aug 13
National Threshold	99%		
Trust Total	95.5%	89.7%	96.4%

There is currently a backlog of patients waiting for paediatric audiology resulting in lower overall performance. These patients will all be seen by the end of September.

Intensive Support Team recommendations for imaging are being implemented and managed through the project management office with a project manager. The imaging waiting list reports have been improved and staff are being given further training in waiting list management.

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Hospital Cancelled Operations

	Number of Cancelled Operations			Cancelled Operations as % of Elective Admissions			Cancelled Operations not rescheduled within 28 days		
	Jun 13	Jul 13	Aug 13	Jun 13	Jul 13	Aug 13	Jun 13	Jul 13	Aug 13
National Threshold	-			0.8%			0		
Trust Total	17	21	13	0.6%	0.6%	0.5%	0	0	0

Improvements have been put in place to improve utilisation in theatres over the coming months which include:
•Proactive scheduling to ensure list are booked in advance and fully utilised, agreeing/signing off lists with clinicians and theatres in advance. List lock down principals implemented and policy in development to ensure workflow is planned and prepared for (staffing, equipment, pre operative assessment etc).
•Patients contacted 3 days before surgery to confirm attendance and fitness to minimise DNAs and cancellations on the day
•Improvements have been made to the pre-operative assessment (POA) pathway and additional capacity created
•Weekly review/report on theatre utilisation and cancellations reasons to clinicians/POA/Admin etc and responding proactively to feedback to ensure continuous improvement

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Emergency Department Waits

Patients waiting either 4 or 12 hours in the Emergency Department, from point of registration to either discharge or transfer to inpatient ward.
Wait for Treatment records the time between ED arrival and the time when the patient is seen by a "decision-making clinician".

	Jun 2013	Jul 2013	Aug 2013
National Threshold	95%		
4hr Waits	96.0%	95.0%	95.9%
12hr Waits	0	0	0
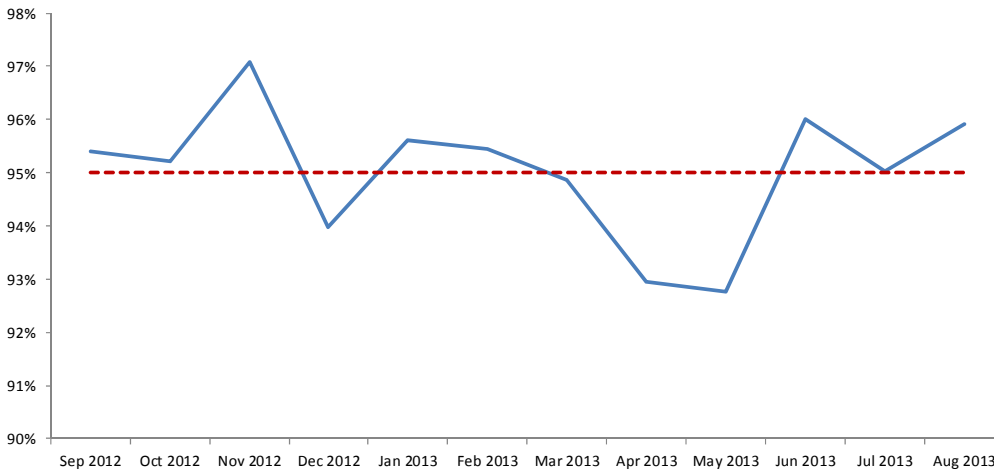
ED Clinical Quality Indicators	Jun 13	Jul 13	Aug 13
Total Time in ED (95th % Wait < 240 mins)	239	255	239
Total Time in ED - Admitted (95th % Wait < 240 mins)	377	388	377
Total Time in ED - Non-Admitted (95th % Wait < 240 mins)	237	238	235
Wait for Assessment (95th % Wait < 15 mins)	10	11	11
Wait for Treatment (Median <60 mins)	85	81	58
Left Without Being Seen Rate (<5%)	5.3%	4.8%	3.2%
Re-attendance Rate (>1% and <5%)	2.2%	2.2%	2.2%

Work is in progress as per the national recovery plan agreed with Islington Clinical Commissioning Group and North and East London Commissioning Support Unit. A twice weekly monitoring group meets and is overseen by the Chief Operating Officer and Director of Operations for Integrated Care and Acute Medicine. Plans are in place to meet rising demand in the winter including more staff at the peak times and wider improvements to the patient pathway to free up beds for admissions.
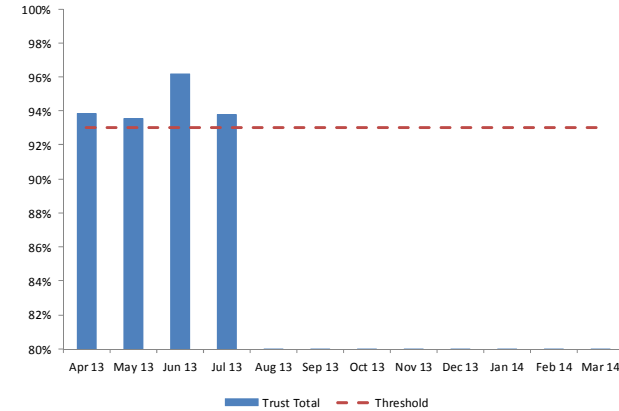
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Cancer – 14 Day Targets

Deliver

14 day targets relate to patients referred from GP to hospital on a suspected cancer or breast symptoms pathway, timed from date of receipt of referral.

14 Days to First Seen

	May 13	Jun 13	Jul 13		Q1	Q2 TD	Q3	Q4
National Threshold	93%				93%	93%	93%	93%
Trust Total	94%	96%	94%		95%	94%	-	-

14 Days to First Seen - Breast Symptomatic

	May 13	Jun 13	Jul 13		Q1	Q2 TD	Q3	Q4
National Threshold	93%				93%			
Trust Total	94%	96%	94%		88%	97%	-	-
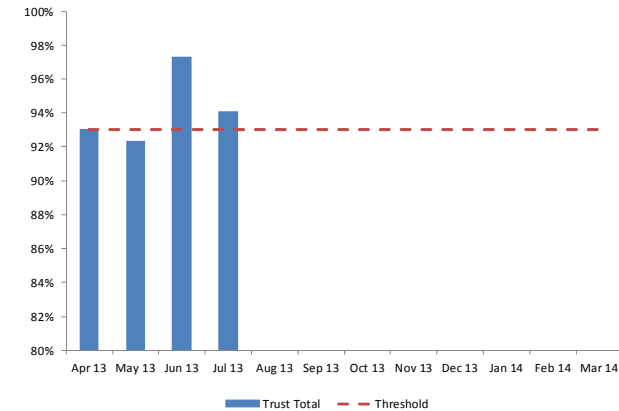
Data is 1 month in arrears, delayed by 62 day reporting
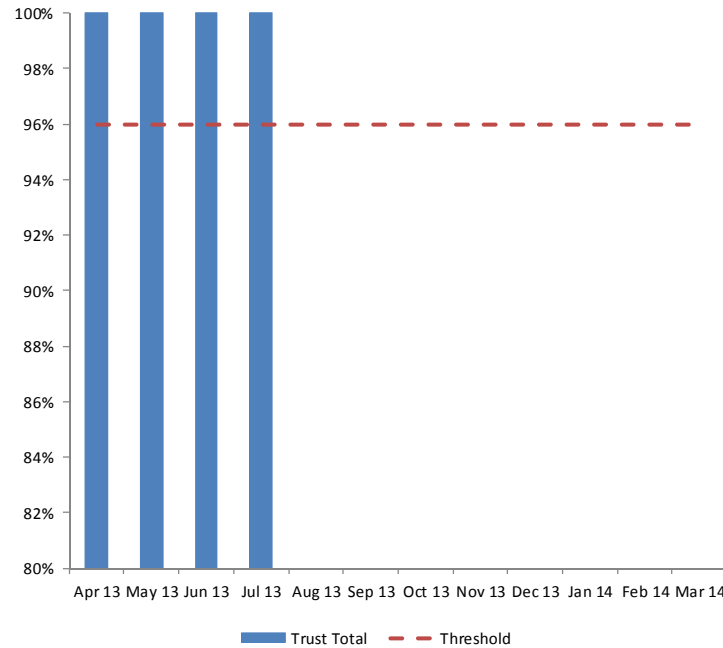The 14 days to first seen (2WW) standard continues to be sustainably delivered.
The '14 days to first seen – Breast symptomatic' has been compliant for the last two months however this is not yet sustainably being delivered as there is still a large cohort of patients who cannot attend within 14 days and we are working with the National Intensive Support Team and local commissioners on the cancer access policy to deliver this standard in a sustainable way.

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Cancer – 31 Day Targets

31 day target is timed from diagnosis to treatment.

31 Days to First Treatment

	May 13	Jun 13	Jul 13		Q1	Q2 TD	Q3	Q4
National Threshold	96%				96%			
Trust Total	100%	100%	100%		100%	100%	-	-

Data is 1 month in arrears, delayed by 62 day reporting
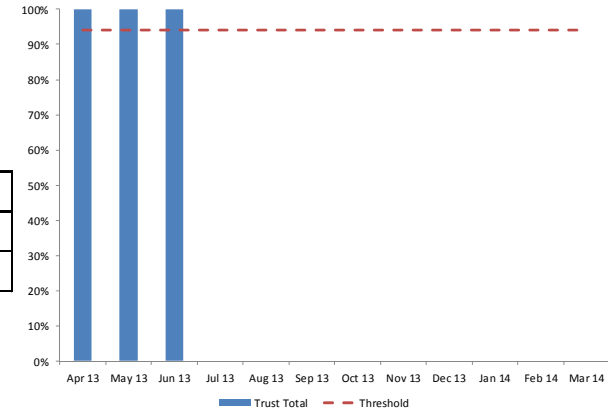This standard is sustainably delivered.

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Cancer – 31 Day Targets

31 Days to Subsequent Treatment - Surgery

	May 13	Jun 13	Jul 13		Q1	Q2 TD	Q3	Q4
National Threshold	94%				94%			
Trust Total	100%	100%	-		100%	-	-	-

31 Days to Subsequent Treatment - Drugs

	May 13	Jun 13	Jul 13		Q1	Q2 TD	Q3	Q4
National Threshold	94%				94%			
Trust Total	100%	100%	100%		100%	100%	-	-
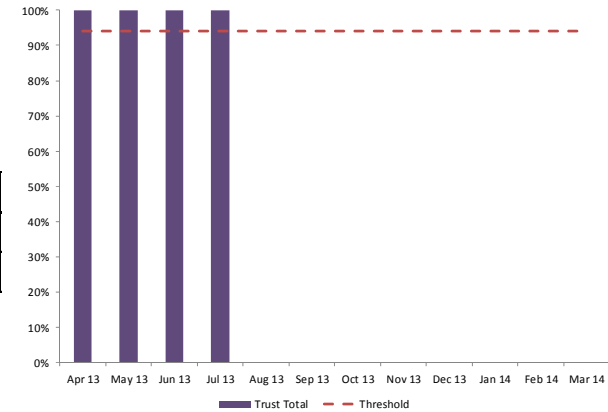
Data is 1 month in arrears, delayed by 62 day reporting
This standard is sustainably delivered.

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Deliver

Cancer – 62 Day Targets

The 62 day targets time of waits from referral to treatment.

62 Days from Referral to Treatment

	May 13	Jun 13	Jul 13		Q1	Q2 TD	Q3	Q4
National Threshold	85%				85%			
Trust Total	95%	84%	79%		84%	79%	-	-
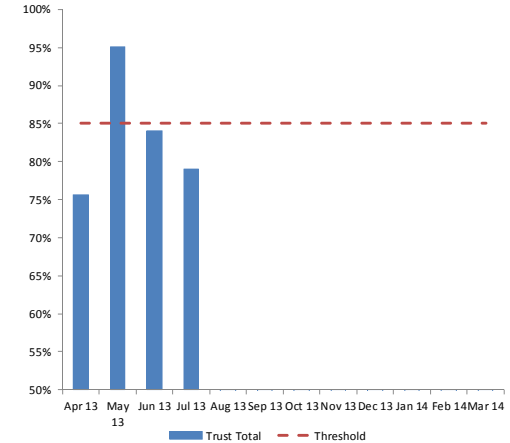
62 Days from Consultant Upgrade

	May 13	Jun 13	Jul 13		Q1	Q2	Q3	Q4
National Threshold								
Trust Total	75%	83%	80%		89%	80%	-	-
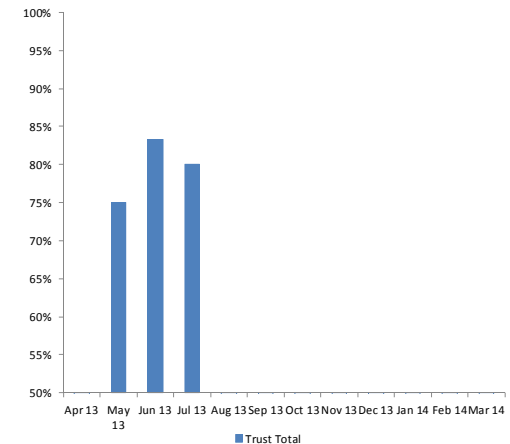
Data is 1 month in arrears, delayed by 62 day reporting.
The 62 day target has not been achieved in June or July 2013 as the backlog of patients who have already breached the standard are being prioritised for treatment. It is planned that the backlog will be cleared at the end of September 2013 and that 62 days will be compliant from October 2013.
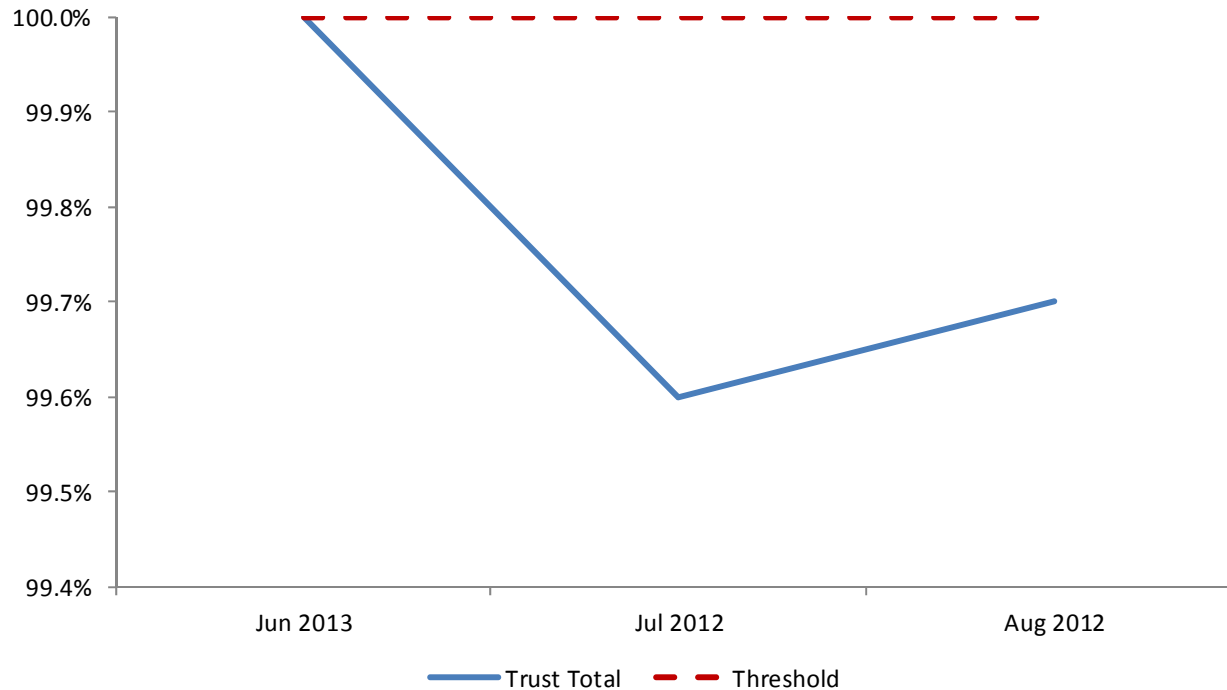
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Improving

Genito-Urinary Medicine

|	Threshold	Jun 2013	Jul 2012	Aug 2012
Trust Total	100%	100.0%	99.6%	99.7%

Sexual health has not met the 48 hour target for two months – this is due to staff annual leave and capacity issues within the service which are being addressed and will be compliant in September.

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Integrate

Delayed Transfers of Care

Patients with a delayed transfer of care to an intermediate setting as defined by discharge planning team. Shown as % of all inpatients at midnight snapshot.

Number of Days Delayed

	Aug 13		
	NHS Days	Social Services	Both
Trust Total	115	24	0

|	Jul 13	Aug 13	Sep 13
Local Threshold	3.5%		
Trust Total Delayed Transfers	3.0%	2.6%	2.5%
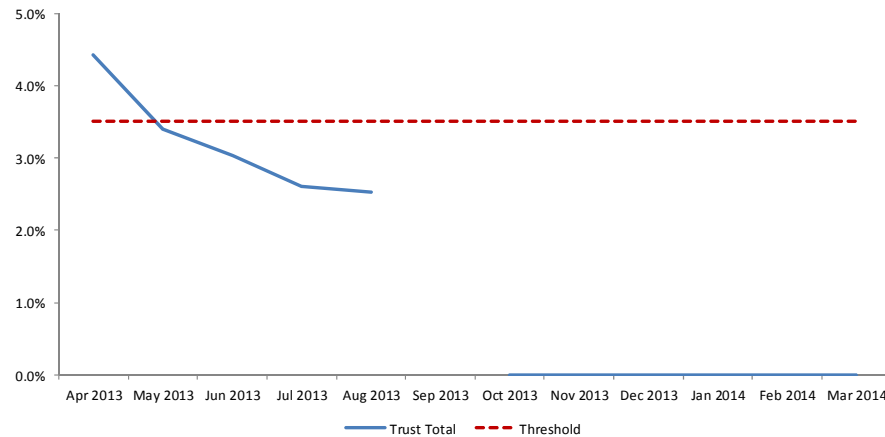
This standard is now compliant. There is proactive monitoring of potential delays and these are escalated as per escalation policy to the Director of Operations.

30 day Emergency Readmissions

	May 13	Jun 13	Jul 13
Trust Total	295	260	285

NB Data is 1 month in arrears due to requirement for cl
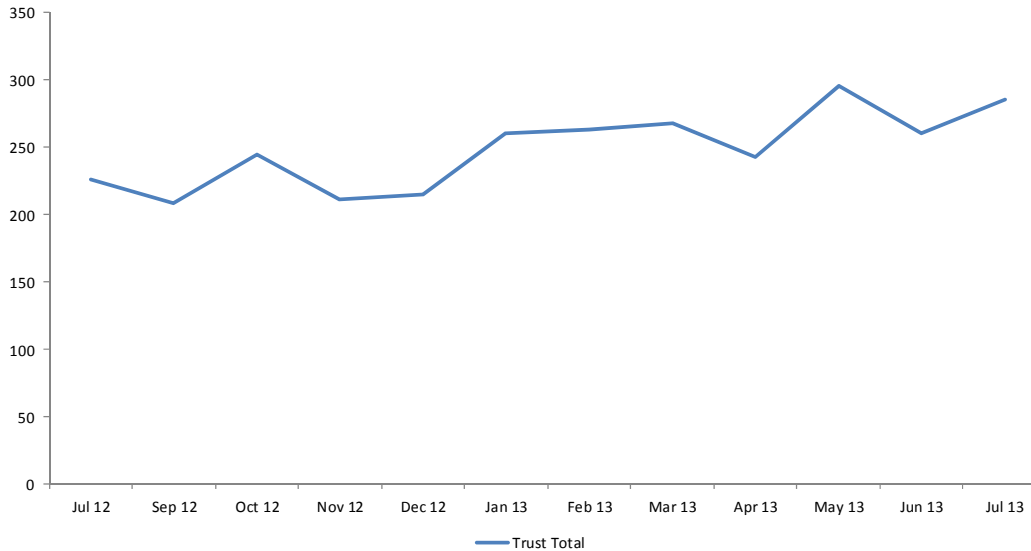
This is the number of patients readmitted as an emergency within 30 days of being discharged from an previous hospital admission. Certain groups are excluded from the measurement including patients with cancer, maternity patients and children under 4 years of age.

Each division has either completed or is planning audits of readmissions to check for any learning and improvement opportunities. Initial results of audits suggests that we may be recording appropriate readmissions through our ambulatory care unit as emergencies. This will be further explored and reported on in subsequent Board reports.
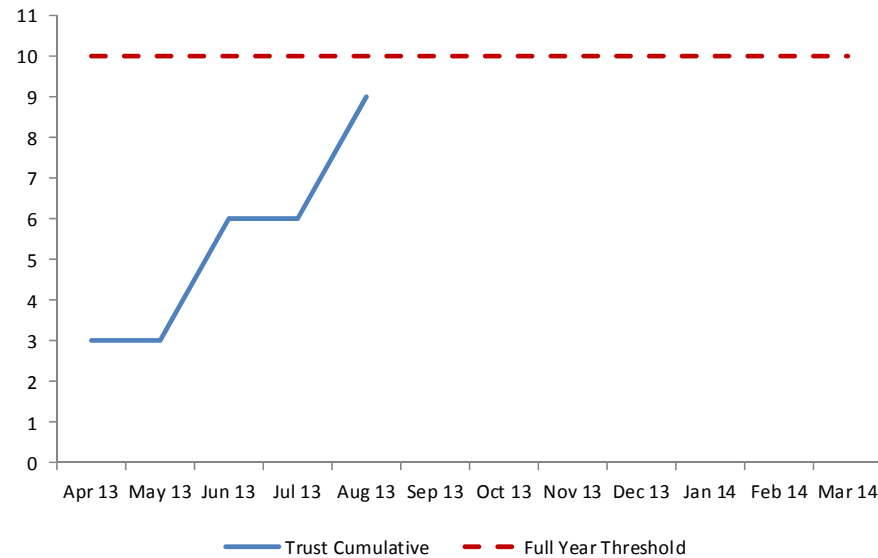
MRSA

	Full Year National Threshold	Jun 13	Jul 13	Aug 13	Apr 2013 - Aug 2013 YTD
Trust Total	0	0	0	0	1
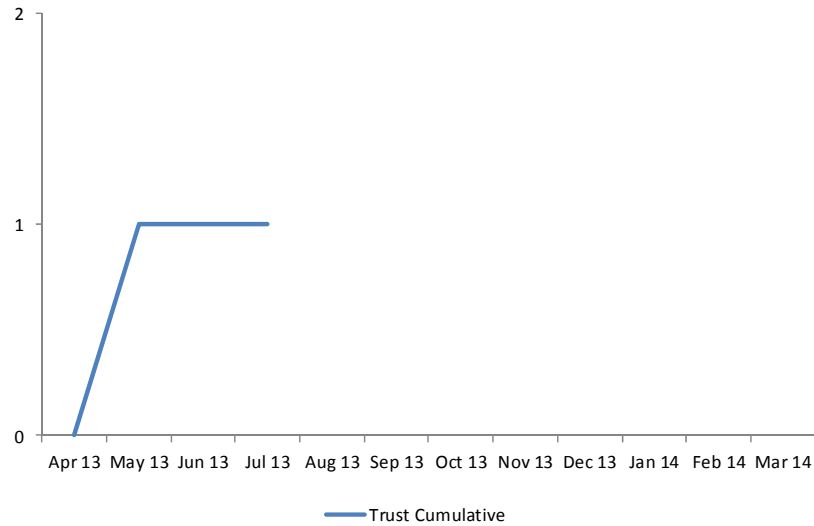
No cases of MRSA in August.

C Difficile Infections

	Full Year National Threshold	Jun 13	Jul 13	Aug 13	Apr 2013 - Aug 2013 YTD
Trust Total	<=10	3	0	3	9

Trust Cumulative — — Full Year Threshold

The Trust has had 9 cases of C Diff this financial year against a full year threshold of 10. A C Diff action plan has been developed by the Trust's infection control team and distributed to the clinical divisions. Actions are in place to improve speed of testing, speed of isolation of patients with suspected C Diff, and improving documentation about indication and duration of testing. This is monitored by the Trust's infection prevention and control group.

Whittington Health NHS

eColi & MSSA

Numbers of *E.coli* and
MSSA bacteraemia cases
(presence of bacteria in the
blood)

eColi	Threshold	Jun 13	Jul 13	Aug 13	Apr 2013 - Aug 2013 YTD
Trust Total	n/a	3	3	0	8
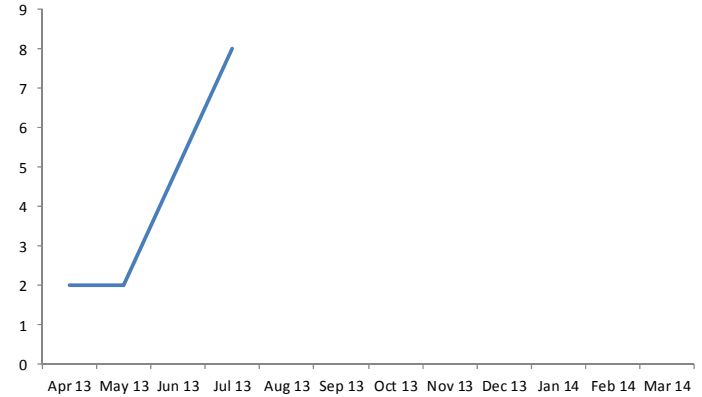
MSSA	Threshold	Jun 13	Jul 13	Aug 13	Apr 2013 - Aug 2013 YTD
Trust Total	n/a	3	3	0	3
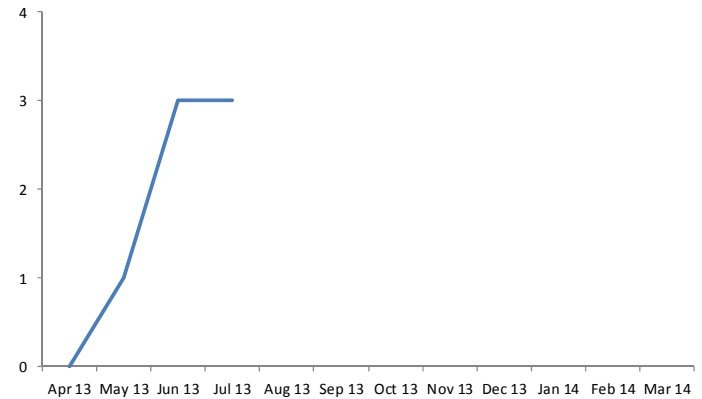
No cases in August.

Whittington Health **NHS**

Harm Free Care

	Contractual Threshold	Jun 13	Jul 13	Aug 13
% of Harm Free Care	95%	94.1%	92.8%	92.8%
Completeness of Safety Thermometer (CQUIN)	100%	100%	100%	100%

Aug 2013	Patients	Harm Free		Pressure Ulcers		Falls		Catheter & UTI		New VTE	
Trust Total	Number	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
	991	920	92.8%	59	6.0%	2	0.2%	10	1.0%	2	0.2%

Work in progress on reducing community acquired pressure ulcers focusing on areas that have seen higher rates. The hospital is making significant progress in reducing pressure ulcer incidence. All wards are using the 'SKINN' bundle which highlights the key elements of prevention. The Trust is also involved in the McKinsey facilitated national campaign with one ward and one community team taking part.

Whittington Health **NHS**

Deliver

VTE Risk Assessment

Venous Thromboembolism (VTE) is a condition in which a blood clot (thrombus) forms in a vein Risk assessment is for all inpatients to ensure they receive appropriate interventions if high risk.
Incidence is number of Deep Vein Thrombosis and Pulmonary Embolisms (blood clots) in month

VTE Risk Assessed (CQUIN)				VTE Incidence		
	May 13	Jun 13	Jul 13	May 13	Jun 13	Jul 13
CQUIN Threshold	95%			-		
Trust Total	95.9%	95.5%	95.8%	11	4	14

NB Data is 1 month in arrears due to requirement for clinical coded data

Trust Total — — Threshold
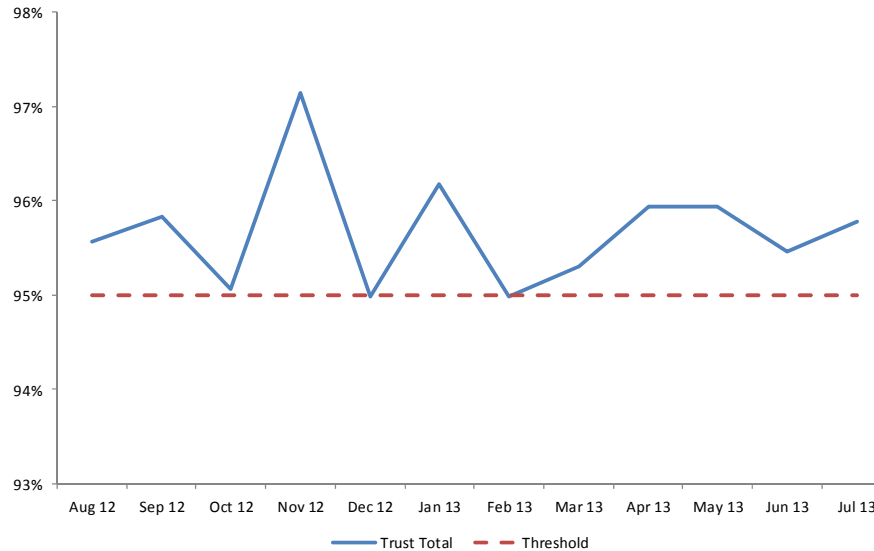
Targeted work from the lead nurse for VTE has helped maintain consistent performance. This was one of the first CQUINs to be introduced to the Whittington Hospital in 2010 and has proved to be very successful. It is reported by clinicians that clinical behaviour has changed and good practice has been embedded in relation to risk assessment and appropriate thromboprophylaxis. Root cause analysis is a new element of the 2013/14 VTE CQUIN and the VTE working group is implementing a reporting system to ensure this becomes a means of learning clinical lessons.

Whittington Health **NHS**

Serious Incidents

	Jun 2013	Jul 2013	Aug 2013
Trust Total	7	3	11
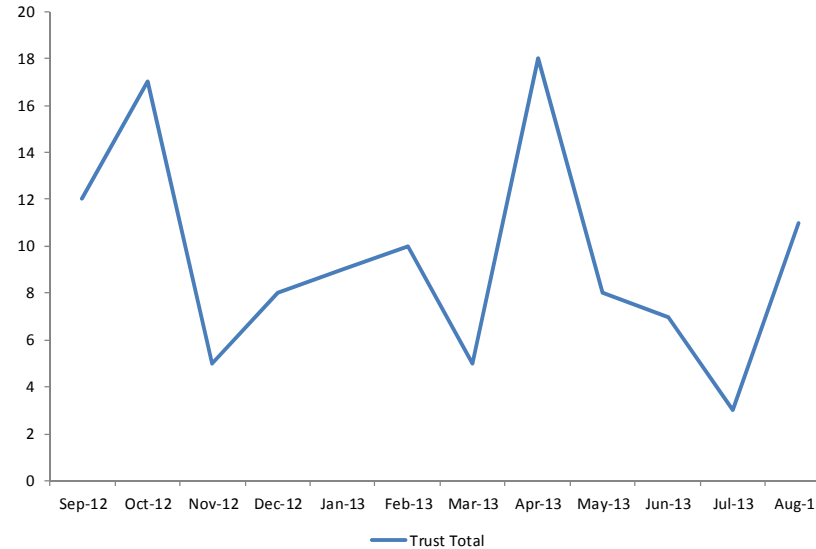
In August, ten of the eleven reported serious incidents were pressure ulcers and are being tackled through the Pressure Ulcer Strategy overseen by the Trust's Pressure Ulcer Steering Group. As of 18th September, there were three overdue serious incident reports which represents significant progress in reducing the number of incidents waiting for attention. The three overdue reports all relate to extended investigations of highly complex incidents. Immediate actions have been implemented in response to all serious incidents where appropriate.

Whittington Health **NHS**

Never Events

Zero Never Events since October 2012

CAS Alerts (Central Alerting System)

Month	MDA alerts issued	Number not relevant	Action completed	Action required/ongoing	Acknowledged /Still assessing relevance
August 2013	12	6	1	0	5
April to July 2013	40	30	9	0	1
Alert carried over from 2012/13	1	0	0	1	0

No open Medical Device alerts are overdue on CAS. The 7 open alerts on the CAS website are:

Reference	Alert Title	Issue Date	Response	Deadline
MDA/2013/070	Insulin infusion sets and reservoirs used with Paradigm ambulatory insulin pumps.	28-Aug-13	Acknowledged	02-Oct-13
MDA/2013/069	Vacutainer® Flashback blood collection needle 21G. Catalogue number 301746.	28-Aug-13	Acknowledged	25-Sep-13
MDA/2013/068	Single use syringes: PlastipakTM 50ml Luer Lok syringe – sterile. Manufactured by BD Medical.	21-Aug-13	Acknowledged	18-Sep-13
MDA/2013/067	Protect-A-Line IV extension set (supplied with vented caps) Product code: 0832.04	19-Aug-13	Acknowledged	16-Sep-13
MDA/2013/060	Wheeled and non-wheeled walking frames (all models). Manufactured by Patterson Medical.	01-Aug-13	Acknowledged	01-Nov-13
MDA/2013/057	Spectra series powered wheelchairs Manufactured by Invacare	25-Jul-13	Acknowledged	25-Oct-13
MDA/2013/019	Detergent and disinfectant wipes used on reusable medical devices with plastic surfaces.All manufacturers.	27-Mar-13	Action required: ongoing	26-Sep-13

NPSA Alerts
None issued since March 2012. There remains one open alert on CAS: **NPSA 2009/PSA004B** Safer spinal (intrathecal), epidural and regional devices - Part B **(Deadline 01/04/2013) This is now past the deadline. It is included on the Corporate Risk Register with mitigation.**
Estates and Facilities alerts
Five Estates and Facilities alerts were issued on CAS in August, all relating to various electrical switchgear hazards in high and low voltage equipment following 22 such alerts in July. All 27 have been closed on CAS within deadline. In only two cases, action was required.

Ward Cleanliness

Ward
Cleanliness
calculated as
actual score
against
possible score

	Aug 13
Trust Total	98.0%

Audits by the facilities directorate show excellent standards are being maintained. Ward Cleanliness audits are carried out on a six-weekly basis, to ensure robustness of the audit.
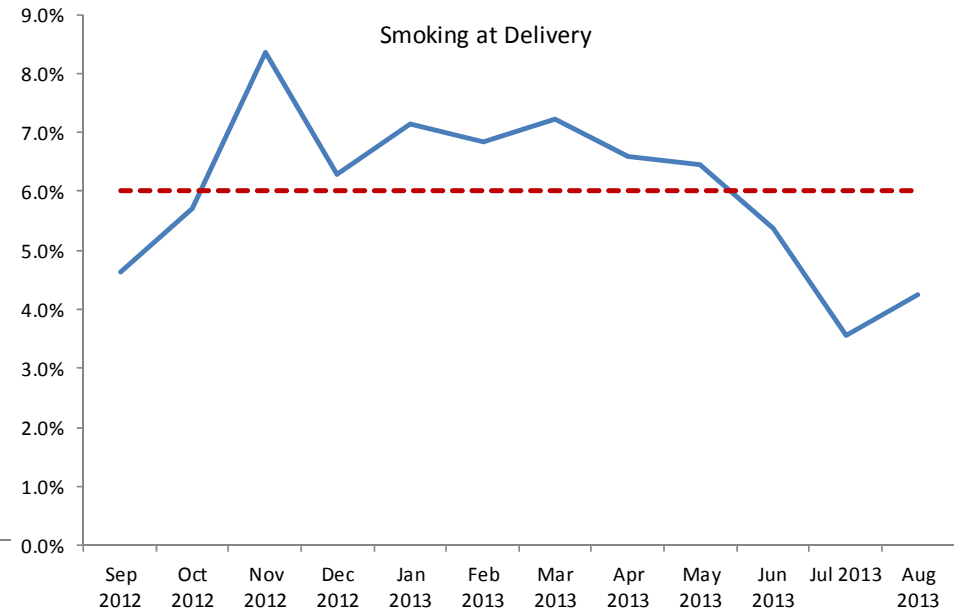
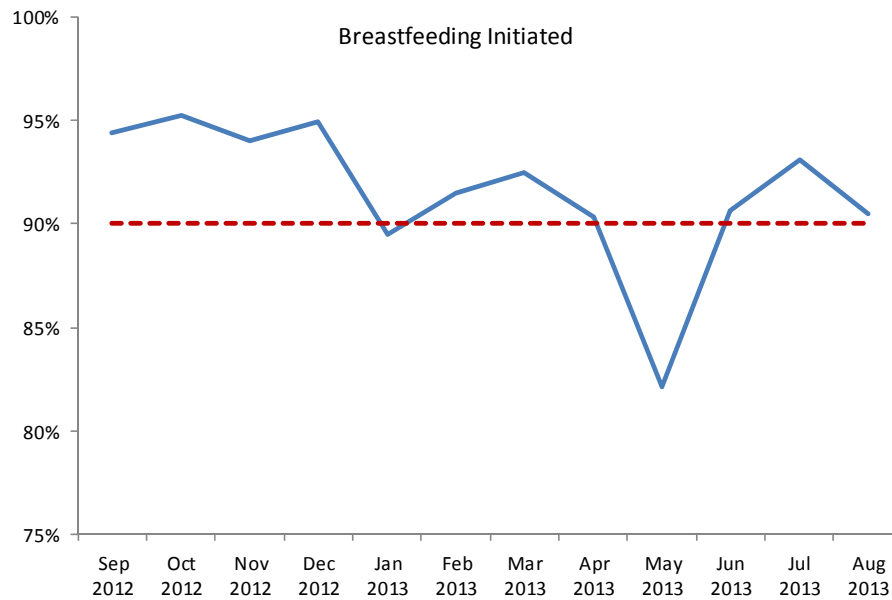Whittington Health **NHS**

Maternal Deaths

Any death of a woman which occurs during or within one year of pregnancy, childbirth, miscarriage or termination, from any cause related to or aggravated by the pregnancy or its management

Zero maternal deaths reported across the Trust

Breastfeeding and Smoking

	Threshold	Jun 2013	Jul 2013	Aug 2013
Breastfeeding Initiated	90%	90.6%	93.1%	90.5%
Smoking at Delivery	<6%	5.4%	3.6%	4.2%

Breastfeeding Initiated

Smoking at Delivery

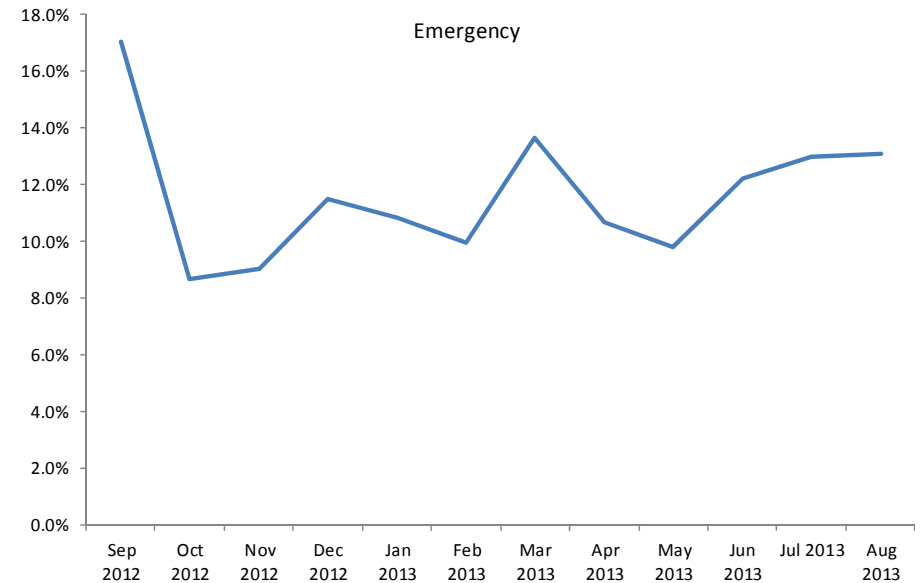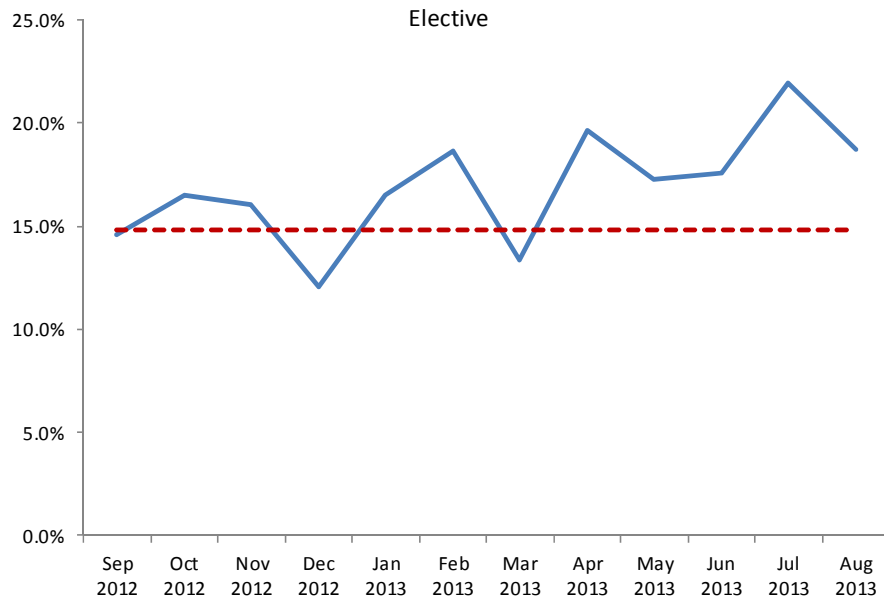Whittington Health is meeting both these targets and further information will be provided in subsequent Board reports.

Whittington Health **NHS**

Caesarean Section Rates

	National Average	Jun 2013	Jul 2013	Aug 2013
Elective C-Section Rate	14.8%	17.6%	22.0%	18.8%
Emergency C-Section Rate	-	12.2%	13.0%	13.1%

Our C-Section rates compare favourably with other London trusts however further information will be provided in subsequent Board reports.

Change

Medication Errors Causing Serious Harm

Zero errors reported across the Trust

Whittington Health **NHS**

SHMI

SHMI is Summary Hospital-level Mortality Indicator and measures whether hospital deaths are higher or lower than expected. Methodology varies from HSMR.

|	Threshold	Apr 11 - Mar 12	Jul 11- Jun 12	Oct 11 - Sept 12
SHMI	100	71.02	71.08	71.28

		Oct 11 - Sept 12
ICAM	Acute Myocardial infarction	105.99
	Cardiac Arrest and Ventricular Fibrillation	151.27
	Congestive Heart Failure, non hypertensive	83.42
	Pneumonia	74.58
	COPD and bronchiectasis	49.19
	Acute and unspecified renal failure	46.12
SCD	Fractured Neck of Femur	74.22
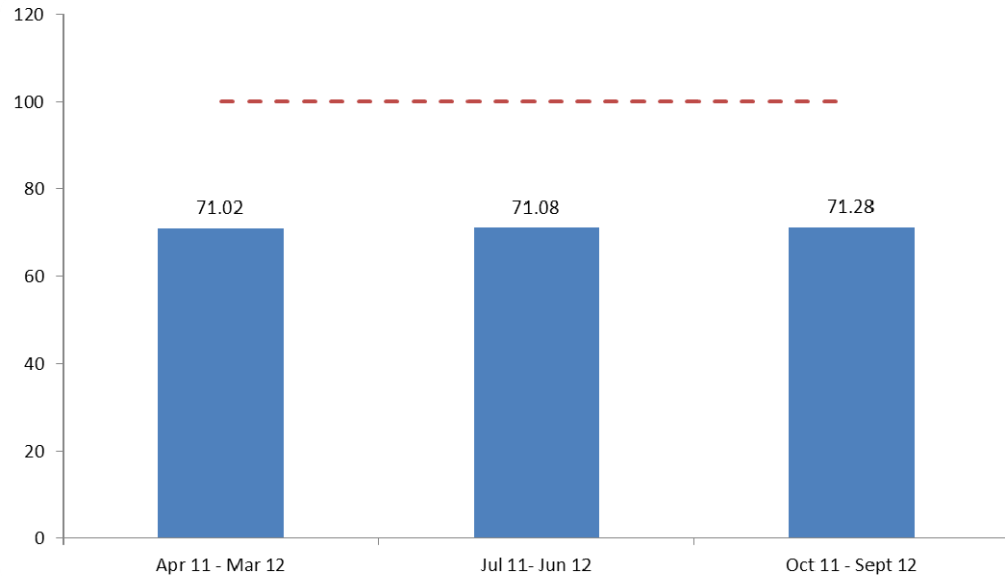
We remain a consistent high performer at Trust level against this indicator. Higher rates for cardiac arrest and ventricular fibrillation will be investigated and further information will be provided in subsequent board reports.

Change

HSMR

HSMR			
	Apr 2013	May 2013	Jun 2013
Local Threshold	<100		
Trust Total	83.1	67.3	86.85
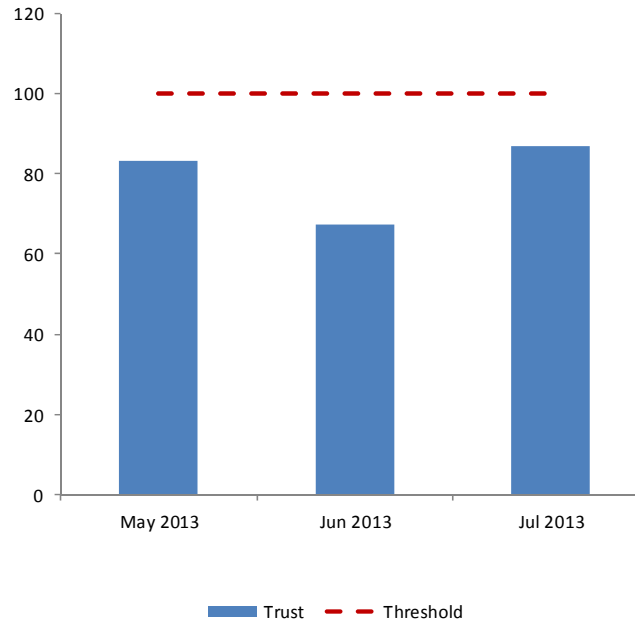
HSMR is Hospital Standardised Mortality Ratio and measures whether hospital deaths are higher or lower than expected. There is a significant time delay in data publication. Methodology varies from SHMI.

We remain a consistently high performer against this indicator.

Whittington Health **NHS**

Ensure

Patient Satisfaction (Friends & Family)

The Net Promoter Score (FFT) ranges from -100 to + 100 and the closer to +100, the better. Improvement is shown by the number being positive and getting higher

	Jun 2013	Jul 2013	Aug 2013
Total Coverage (CQUIN Threshold >= 15%)	9.1%	10.2%	12.6%
Inpatient Coverage	44.0%	36.0%	43.5%
Emergency Department Coverage	3.4%	5.4%	7.4%
Inpatient Net Promoter Score	67	66	62
Emergency Department Net Promoter Score	10	15	51

Key actions in the Emergency Department (ED) have seen improvement in coverage in August. These actions include heightened awareness and training among all staff and responsibility for giving cards to patients at the end of treatment. 'Smiley Blue Boxes' are now in place to capture response cards.
Inpatient coverage and scores remain high. The staff are making excellent progress in obtaining feedback from all the patients. Whittington volunteers are providing excellent support to ensure that we get responses from patients.
We expect that the Trust overall will be compliant as a result of the actions in ED.

Whittington Health NHS

Mixed Sex Accommodation

Zero breaches reported across the Trust

New guidance from the NHS Trust Development Authority has prompted a review of our current processes and we are examining how we apply the policy for patients in the Critical Care Unit and High Dependency Unit.

Change

Percentage of Registered Nurses

Registered Nurses
as a proportion of
Total Registered
Nurses and
Healthcare
Assistants

Percentage of Registered Nurses

	Threshold	Jun 13	Jul 13	Aug 13
Trust Total	n/a	79.1%	78.1%	77.4%
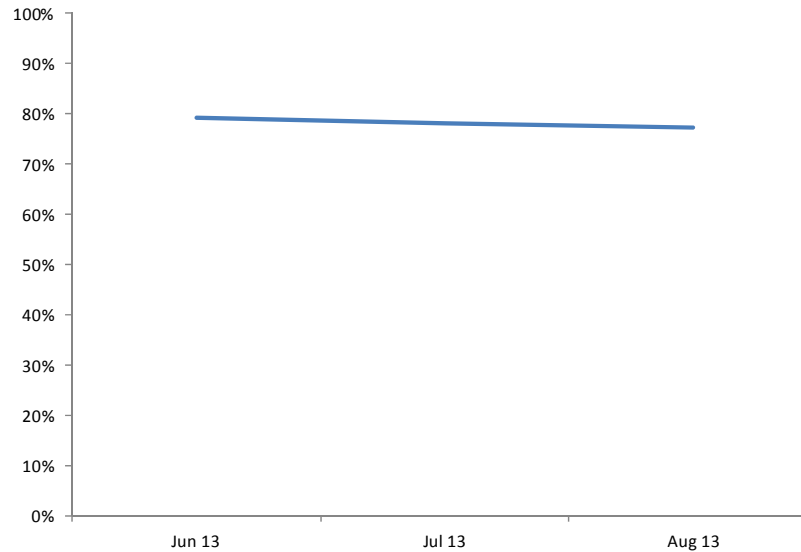
This variation is within expected parameters.

Whittington Health **NHS**

Sickness Rate

| **Sickness**					**High Bradford Scores**		
	Local Threshold	Jun 13	Jul 13	Aug 13	Jun 13	Jul 13	Aug 13
Trust Total	<3%	2.6%	2.9%	3.0%	766	743	734
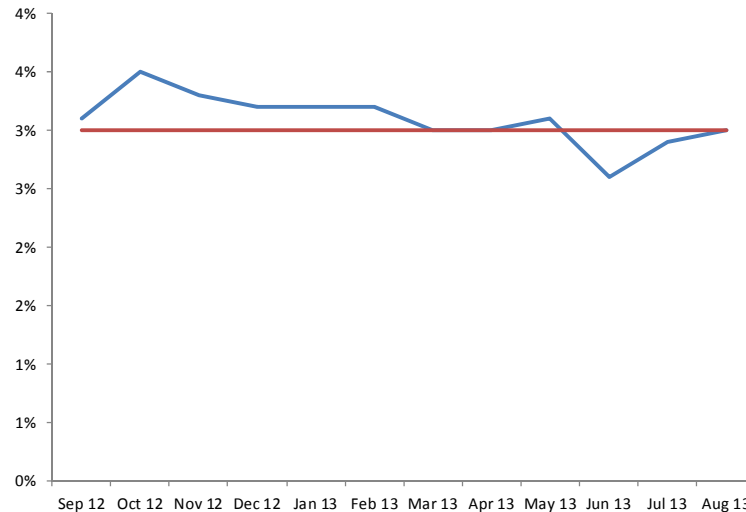
There is proactive management of sickness across the Trust with monthly Bradford Scores reports and rigorous application of the sickness policy. Management action is undertaken where required. Work is underway for all staff with a Bradford score higher than 128 to have an individual action plan in place to manage and monitor. Workshops have been arranged with the midwifery team to reinforce the processes for managing sickness and staff performance.

Whittington Health **NHS**

Change

Staff Turnover

Proportion of
workforce leaving in
a given period.

	Local Threshold	Jun 13	Jul 13	Aug 13
Trust Total	<13%	10.9%	16.4%	No data
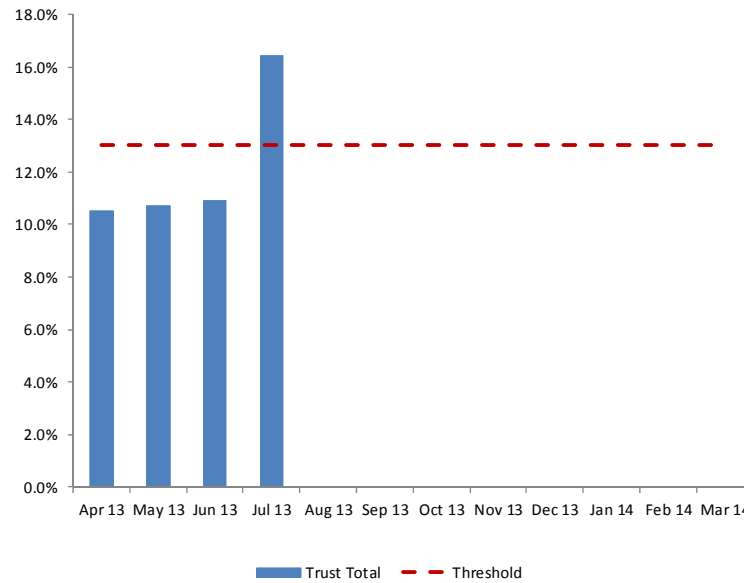
The increase in July is currently being explored and further information will be given in next month's Board report.

Whittington Health **NHS**

Staff Appraisal

% of substantive
staff members with
an up to date
appraisal recorded
on ESR.

|	Local Threshold	Jun 13	Jul 13	Aug 13
Trust Total	90%	75.0%	75.0%	76.0%
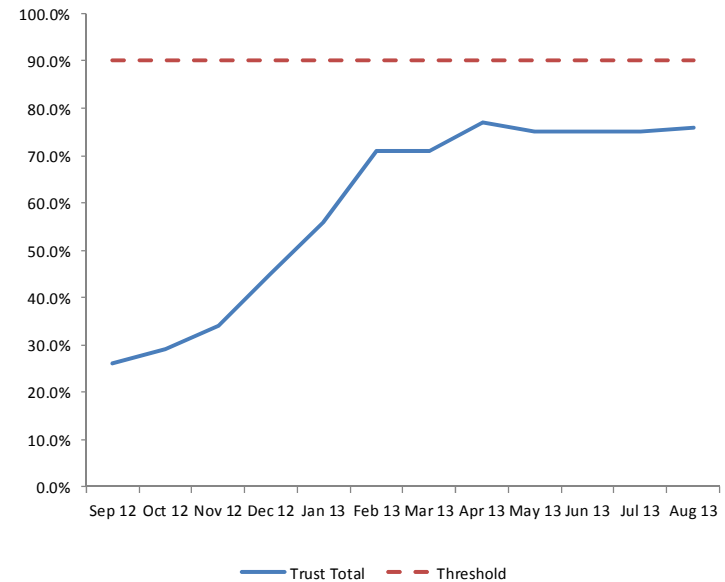
Monitoring remains in place to ensure that staff are appraised prior to expiry to ensure a trajectory to achieve the 90% compliance.

Whittington Health **NHS**

Complaints

Ensure

Formal complaints made about Trust services. The standard response time is 80% within 25 working days

Complaints					Responded to in 25 days			
	Jun 13	Jul 13	Aug 13		Threshold	Jun 13	Jul 13	Aug 13
Trust Total	38	34	29		80%	58%	74%	-

Quarterly compliments data to be added in October report
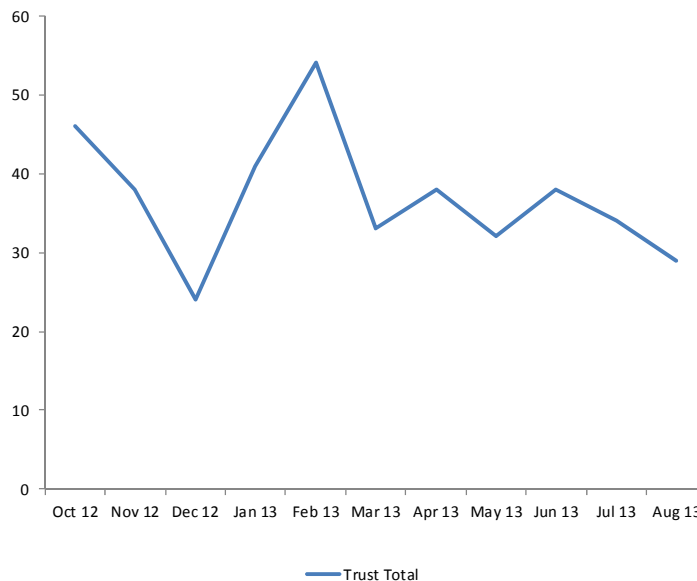
Weekly monitoring continues and any current themes are fed back to the divisional bBoards. A new process will be in place in October to enable increased ownership within the divisions to improve the performance management of complaints responses. We plan to meet the 80% threshold next month. This is designed to enable the central complaints team to focus on trend analysis and promoting learning from complaints.

Whittington Health **NHS**

Additional CQUINs

Integrate

Agreed target for screening, assessing and referring inpatients aged over 75 years.

Dementia

	Contractual Threshold	May 2013	Jun 2013	Jul 2013
Screening	90%	92%	97%	97%
Assessment	90%	100%	91%	100%
Referral	90%	81%	94%	100%
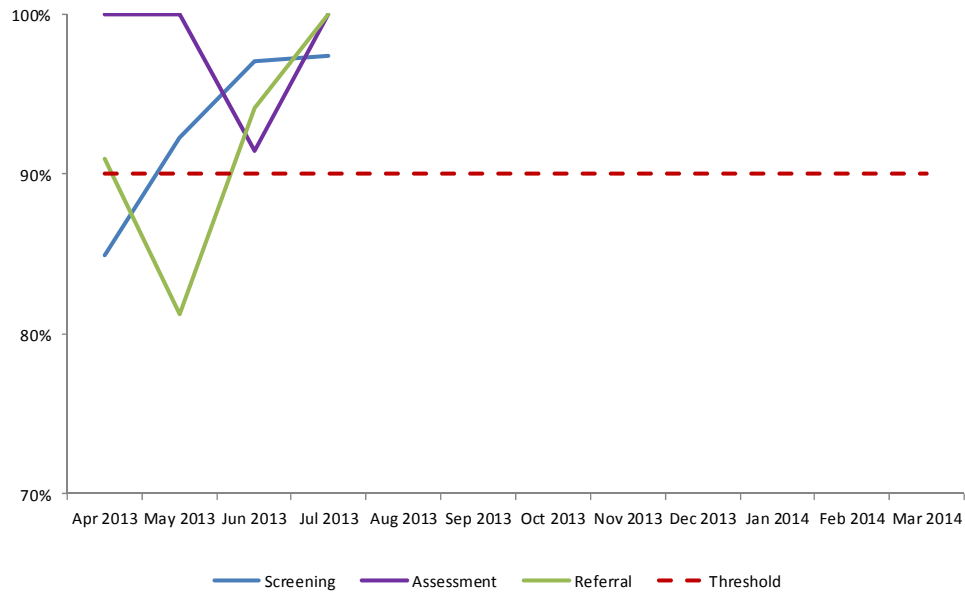
The Dementia CQUIN standard is now fully compliant.

Whittington Health **NHS**

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Additional CQUINs

| NICU	Year End Target	Q1	Q2
Improvement Access to Breast Milk in Preterm Infants	62%	75%	Awaiting Data
Timely Administration of Total Parenteral Nutrition in Preterm Infants	95%	94.7%	Awaiting Data

CAMHS	Year End Target	Q1	Q2
Optimising Pathways	-	Data not yet finalised	Data not yet finalised
Physical Healthcare	-	Data not yet finalised	Data not yet finalised

Further information on these CQUINs will be provided in next month's board report

Whittington Health **NHS**

Deliver

Average Length of Stay (days)

Average length of
stay for patients
within a specialty,
within a given
month

	Threshold	Jun 13	Jul 13	Aug 13
Trust Total (days)	tbc	3.94	3.91	3.53
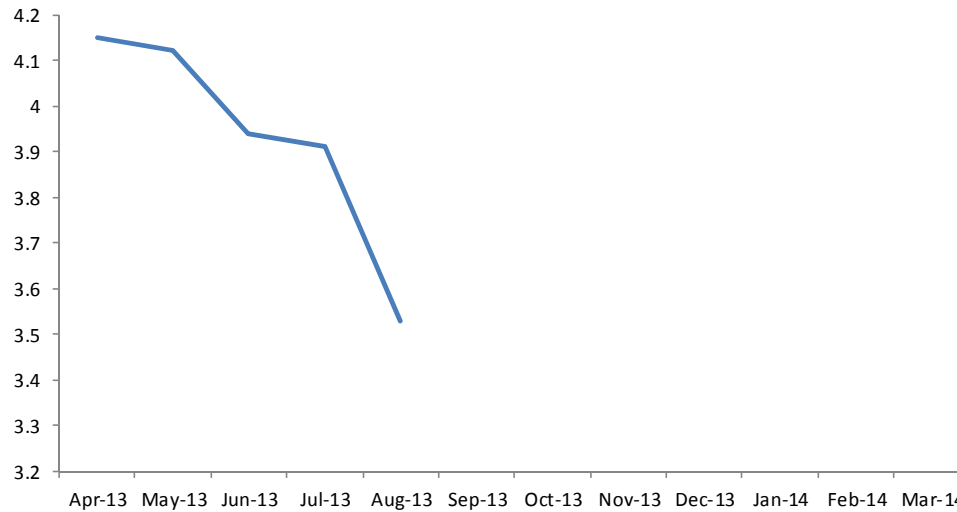
The average length of stay is decreasing in line with a wide ranging programme to improve patient flow within the Trust.

Whittington Health **NHS**

Activity

		Jul 13				YTD Jul 13			
		Actual	Plan	Variation (number)	Variation (%)	Actual	Plan	Variation (number)	Variation (%)
Trust Total	A&E Attendances	8,695	7,945	750	9%	33,317	31,289	2,028	6%
	Daycase	1,835	1,681	154	8%	7,189	6,363	826	11%
	Elective	255	234	21	8%	899	884	15	2%
	Non Elective	3,233	2,764	469	15%	12,387	10,563	1,824	15%
	Outpatient	25,581	20,596	4,985	19%	96,882	78,180	18,702	19%

Community contacts are detailed on a previous slide

Increases in daycase and outpatient activity can be partially attributed to increases in GP referrals but also the clearing a of a backlog of long waiting patients. ED attendances remain higher than expected.

Whittington Health **NHS**