Whittington Health NHS

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Whittington Health Trust Board

Title:	Trust Board Performance Report Sept 2014 (August data)		
Agenda item:	**14/132**	**Paper**	**7**
Action requested:	For discussion and information		
Executive Summary:	The Trust Board Performance Report is designed to assure the Board that performance is on track within the organisation and, where performance is under agreed levels, what the services/division/organisation is undertaking to rectify. A Trust Board seminar was held to review the present performance report, the revised version attached has been updated following the board seminar and incorporating the 14/15 Trust Development Agency (TDA) assurance framework. The performance and delivery section of the Trust board meeting will include the following: • Performance dashboard • CIP and CQUIN report • Activity report • Workforce report • Finance report The revised performance dashboard and finance report are included as part of the September report, with activity, CIP and CQUIN and workforce delivered in October 2014. The Performance Dashboard has been broken down into the following; • Overall summary • Efficiency and productivity • Referral to Treatment • Cancer care • Emergency care • Maternity • Community • Infection prevention • Quality • Patient safety		

	• CQUINS • Patient experience • Human resources **Areas for focused improvement** **Hospital and service cancelations** – these measures include cancelations when a patient is rebooked and provided with an earlier appointment. Further work is underway in regard to improving consultant annual leave planning, with each request being agreed with the area Associate Director and checks in place to cancel and rebook appointment. A new appointment call centre has been established with the first stage to centralise all acute appointment making, paediatrics and community appointments will be integrated in the next four months. We will also be increasing choice and book appointments to six week availability once the present additional activity in August and September has been completed. Our focus is now on follow up appointments to manage timely follow up appointments. It is worthwhile stating that Whittington Health has a new to follow up ratio of 1.67 ratio, with a national average of 2.31 ratio. **DNA rates**– this indicator has been a concern for six months, with improvement pilots being undertaken to increase choice of appointment, improvement the information in the referral form from the GP, to make sure correct contact details are in place, and stream line reminder calls. During August reminder calls was streamlined to all acute patient appointments at seven days pre appointment, and a reminder text at two days before the appointment. The text message and reminder call have a process where the patient can inform WH that they will not be able to attend the appointment and rebook. The vacant appointment is then available for another patient. **Cancer two week waits –** cancer referrals have been increasing since January 2014, with a peak of referrals in June and July. The overall increase is 30 per cent on last year. Additional sessions have been planned and projections for August showing that the standard will be met. A review of the consultant cover is underway as this referral pattern does not seem to be decreasing and could be a sustained. **Serious Incident reporting –** the development of the quality standards and divisional safety and quality steering committees are providing a focus for raising quality incidents and learning within a quality framework. The increase in reporting is encouraged with development work focusing on root cause analysis, dissemination of learning and improvement. **Staff appraisals and mandatory training –** action plans have been developed for corporate and clinical division. Additional training is underway to ensure quality appraisals are delivered

	across the organisation. The national ESR tool for capturing appraisal information has been identified as an issue due to the complexity of entering information. A review of a consolidated list is underway to provide more accurate information.
Summary of recommendations:	That the board notes the performance plan and provides feedback
Fit with WH strategy:	All five strategic aims
Reference to related / other documents:	
Reference to areas of risk and corporate risks on the Board Assurance Framework:	
Date paper completed:	24 July2014

Author name and title:				**Director name and title:**		**Lee Martin, Chief Operating Officer**	
Date paper seen by EC		**Equality Impact Assessment complete?**		**Quality Impact Assessment complete?**		**Financial Impact Assessment complete?**	

Trust Board Performance Report

Whittington Health NHS

Effiecency and Productivity

Efficiency and productivity - acute	Threshold	May-14	Jun-14	Jul-14
First:Follow-up ratio - acute	2.31	1.78	1.67	1.67
Theatre Utilisation	95%	80%	79%	80%
Hospital Cancellations - acute - First Appointments	<2%	6.3%	5.0%	5.6%
Hospital Cancellations - acute - Follow-up Appointments	<2%	8.7%	8.9%	8.0%
DNA rates - acute - First appointments	8%	13.9%	13.6%	12.8%
DNA rates - acute - Follow-up appointments	8%	15.4%	14.2%	14.7%
Hospital Cancelled Operations	0.80%	0.3%	0.1%	0.3%
Cancelled ops rebooked < 28 days	0	0	0	0
Urgent procedures cancelled a second time	0	n/a	0	0

Effiecency and productivity - Community				
Service Cancellations - Community	2%	4.8%	4.5%	4.3%
DNA Rates - Community	10%	7.3%	7.8%	9.2%
Community Face to Face Contacts	-	63,292	61,908	62,908
Community Appointment with no outcome	0.5%	2.1%	4.1%	1.4%

Access Standards

Referal to Treatment	Threshold	May-14	Jun-14	Jul-14
Referral to Treatment 18 weeks - Admitted	90%	90.3%	87.4%	87.9%
Referral to Treatment 18 weeks - Non-admitted	95%	95.0%	95.1%	94.9%
Referral to Treatment 18 weeks - Incomplete	92%	-	90.2%	87.2%
Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	0
Diagnostic Waits	99%	97.8%	97.4%	98.5%

Cancer Access Stanards	Threshold	May-14	Jun-14	Jul-14
Cancer - 14 days to first seen	93%	91.5%	86.4%	arrears
Cancer - 14 days to first seen - breast symptomatic	93%	87.7%	83.3%	arrears
Cancer - 31 days to first treatment	96%	100%	100%	arrears
Cancer - 31 days to subsequent treatment - surgery	94%	100%	100%	arrears
Cancer - 31 days to subsequent treatment - drugs	98%	100%	100%	arrears
Cancer - 62 days from referral to treatment	85%	88.4%	87.5%	arrears

Maternity	Threshold	May-14	Jun-14	Jul-14
Women seen by HCP or midwife within 12 weeks and 6 days	90%	88.5%	83.7%	86.4%
New Birth Visits - Haringey	95%	88.2%	89.9%	arrears
New Birth Visits - Islington	95%	92.7%	92.0%	arrears
Elective Caesarean Section rate	14.80%	19.5%	21.8%	18.1%
Breastfeeding initiated	90%	91.2%	95.1%	86.3%
Smoking at Delivery	<6%	5.4%	4.3%	7.0%

Community Access Standards	Threshold	May-14	Jun-14	Jul-14
Community Dental - Patient Involvement	90%	98.0%	93.0%	94.0%
Community Dental - Patient Experience	90%	100.0%	99.0%	100.0%
District Nursing Waiting Times	-	97.8%	96.6%	98.1%
MSK Waiting Times - % waiting less than 6 weeks	-	93.66%	91.11%	93.16%
MSK Waiting Times - Consultant led (<18 weeks)	95%	89.73%	90.96%	91.52%
IAPT - patients moving to recovery	50%	82.0%	92.0%	arrears

Access Standards (continued)

Emergency and Urgent Care	Threshold	May-14	Jun-14	Jul-14

Quality	Threshold	May-14	Jun-14	Jul-14
SHMI	0.88	0.63	0.63	0.62

Emergency Department waits (4 hrs wait)	95%	96.3%	93.7%	96.4%
ED Indicator - median wait for treatment (minutes)	60	84	90	90
30 day Emergency readmissions	-	217	236	arrears
12 hour trolley waits in A&E	0	0	0	0
Ambulatory Care	TBC	TBC	TBC	TBC
Ambulance Handover (within 30 minutes)	0	11	6	n/a
Ambulance Handover (within 60 minutes)	0	0	0	n/a

Workforce

Human Resources	Threshold	May-14	Jun-14	Jul-14
Trust level total sickness rate	<3%	2.6%	2.8%	2.8%
Trust Turnover Rate	<13%	14.1%	14.0%	13.9%
Percentage of staff with annual appraisal	90%	40.0%	39.0%	45.0%
Mandatory Training Compliance	90%	77.0%	76.0%	76.0%
Staff who would recommend the trust as a place to work	TBC	TBC	TBC	TBC
Staff who would recommend the trust as a place for treatment	TBC	TBC	TBC	TBC
Total trust vacancy rate	<13%	14.2%	14.3%	14.1%

Quality and Safety

CQUINs

	Threshold	May-14	Jun-14	Jul-14
National -Dementia - sreen/assess/refer (3a)	-			
Integrated Care - Multidisciplinary work	-			
Prevention - Alcohol screening and intervention (5.2a)	-			
Value-based commissioning (6)	-	TBC	TBC	TBC
NHS England CQUIN - Awaiting agreement	-	TBC	TBC	TBC

Hospital Standardised Mortality Ratio (HSMR)	<100	TBC	TBC	TBC
Number of Inpatient Deaths	-	22	20	30
Hospital Standardised Mortality Ratio (HSMR) - weekend	-	TBC	TBC	TBC
Hospital Standardised Mortality Ratio (HSMR) - weekday	95%	TBC	TBC	TBC
NHS number completion in SUS (OP & IP)	99%	98.3%	98.3%	98.5%
NHS number completion in A&E data set	95%	86.1%	87.8%	84.1%
Patient Safety				
Harm Free Care	95%	93.2%	93.2%	93.5%
VTE Risk assessment	95%	95.4%	96.1%	arrears
Medication Errors actually causing Serious/Severe Harm	-	0	0	0
Never Events	0	0	0	0
CAS Alerts (Central Alerting System)	-	5	5	7
Proportion of reported patient safety incidents that are harmful	-	38.5%	46.0%	52.7%
Serious Incident reports	-	15	11	9
Patient Experience				
Patient Satisfaction - Inpatient FFT Score	25	58.5	64	63.8
Patient Satisfaction - ED FFT Score	15	49.3	50.6	50.2
Patient Satisfaction - Maternity FFT Score	-	60.7	70.4	59.7
Mixed Sex Accommodation breaches	0	7	10	6
Complaints	0	26	28	31
Complaints responded to within 25 working day	80%	42%	25%	arrears
Patient admission to adult facilities for under 16 years of age	-	0	0	0
Infection Prevention				
Hospital acquired MRSA infection	0	0	0	0
Hospital acquired *C difficile* Infections	19	4	2	0
Hospital acquired *E. coli* Infections	-	3	0	2
Hospital acquired MSSA Infections	-	0	0	1
Flu vaccination (reporting starts in Oct)	75%	-	-	-
Ward Cleanliness	-	97.5%	97.6%	97.9%

Efficiency and productivity - acute

Whittington Health NHS

	Jul 2014				
	Threshold	Trust Actual	ICAM	SCD	WCF
First:Follow-up ratio - acute	2.31	1.67	1.95	1.74	1.18
Theatre Utilisation	95%	80.0%	95.0%	79.0%	85.0%
Hospital Cancellations - acute - First Appointments	<2%	5.6%	5.6%	7.6%	3.2%
Hospital Cancellations - acute - Follow-up Appointments	<2%	8.0%	7.4%	11.2%	4.4%
DNA rates - acute - First appointments	8%	12.8%	14.2%	14.4%	10.3%
DNA rates - acute - Follow-up appointments	8%	14.7%	15.3%	17.3%	11.0%
Hospital Cancelled Operations	0.80%	0.3%	0.0%	0.7%	0.5%

First: Follow-up ratio - acute

The new to follow up rate is continuing to have a steady improvement over time and is well under the national benchmark of 2.31. The Value Improvement Program for OPD will continue to monitor and improve new to follow up ratios by unit.

Theatre utilisation

Theatre utilisation has been reviewed and a more flexible theatre template implemented with shared lists and all day sessions. Lists are monitored six weeks from the operation day. Improvements include contacting patients to make them aware they are first on the theatre list to reduce DNAs and late starts; lists are signed off and 'locked down' by surgeons a minimum of seven days in advance which encourages lists to be booked more appropriately; and admin staff are checking completion of notes the day before surgery to help reduce delays if documentation is not available. Projection for Theatre utilisation for August is 91 per cent with the new theatre template. This will improve further in September.

Did not attend (DNA)

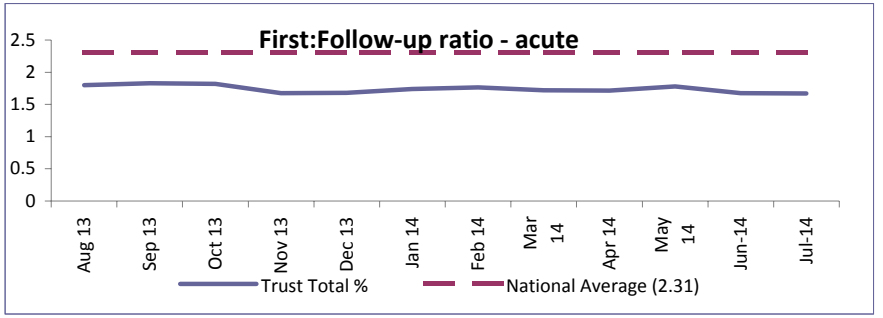
Did not attend rates are still high, improvement have been put in place and a slight improvement is starting to be seen. DNA rates by specialty are being monitored. A pilot underway in paediatrics is trialling different improvements that can be spread across all clinics.

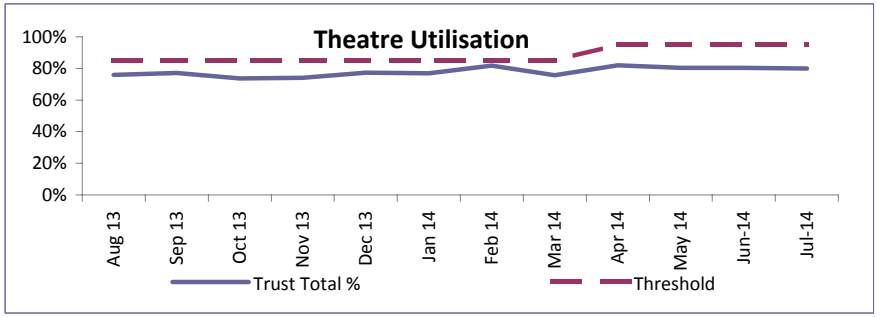
Hospital Cancellations - acute

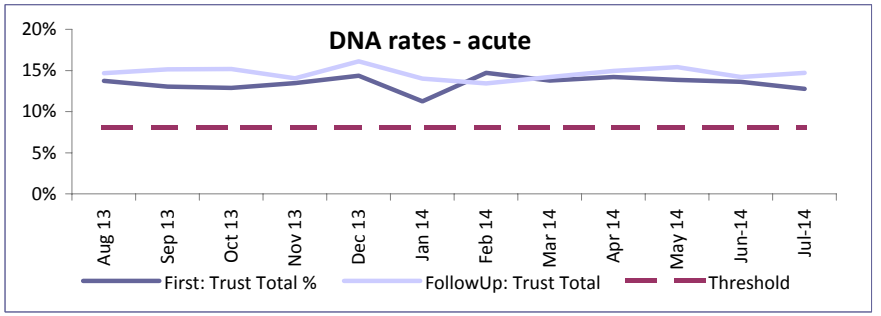
A high number of hospital cancellations will be seen as we move patients into earlier appointments, issues with recording consultant annual leave and aligning clinical cancelation has been identified. This is being addressed by a new process for receiving leave requests and checking clinic cancellations is in place.

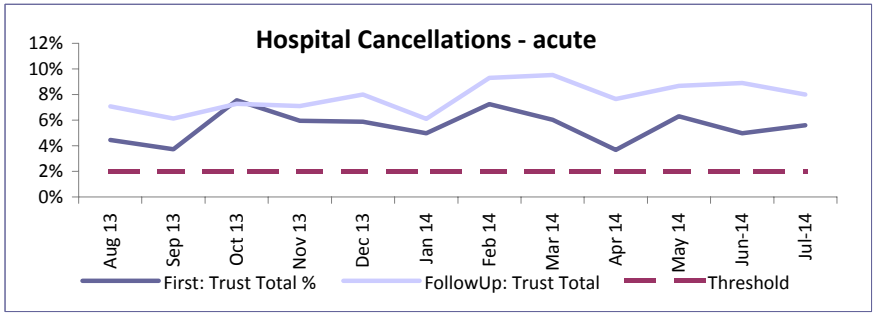
Hospital Cancelled Operations

There were two cancellations in June. One patient cancelled due to a delayed start and subsequent overrun. The issue has been raised at Surgical board. The other patient was a flexible cystoscopy patient









Efficiency and productivity - Community

Whittington Health NHS

	July 2014				
	Threshold	Trust Actual	ICAM	SCD	WCF
Service Cancellations - Community	2%	4.3%	4.5%	n/a	3.9%
DNA Rates - Community	10%	9.2%	8.5%	n/a	11.2%
Community Face to Face Contacts	-	62,908	46,247	n/a	16,661
Community Appointment with no outcome	0.5%	1.4%	1.3%	n/a	1.9%

Service Cancellations - Community

Performance remains almost 3 per cent above the local threshold of 2 per cent. Community activity is recorded on RIO and if an appointment is brought forward, it will be included in this cancellation rate. There is no current way to extract these cancellations.
The improvement plan for waiting list management in the community includes a review of all templates and an increase in filling unfilled late cancelations by patients. This has increased cancelation rates.

DNA Rates - Community

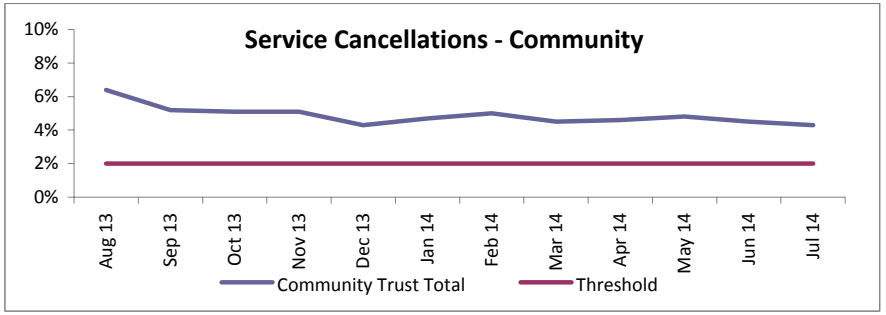
Community DNA rates remain well below the local threshold and the performance within Acute.
A pilot of improvement to reduce DNA appointments is being carried out in community paediatrics to check that the trust wide improvement will be transferable to community services. The pilot includes patient feedback.

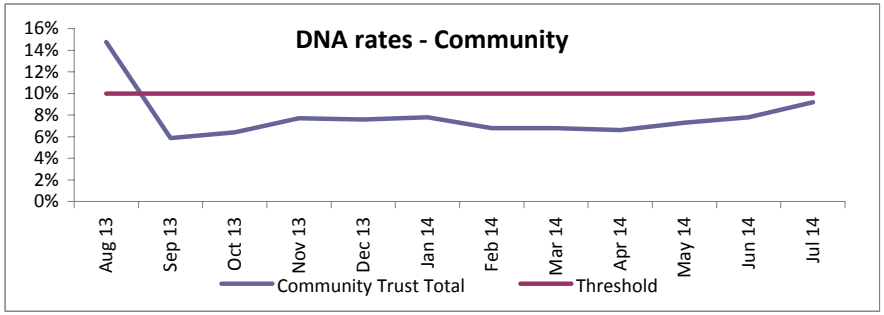
Community Face to Face Contacts

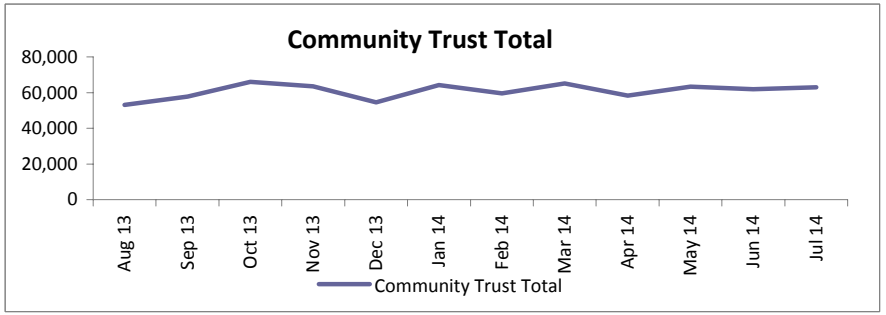
Community contacts saw an increase of almost 4 per cent for April to June 2014 compared to the same period in 2013, and an increase of 22 per cent compared to that period two years ago.

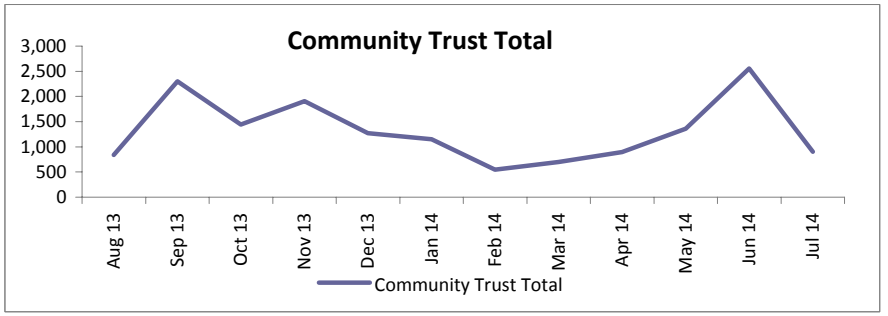
Community Appointment with no outcome

There has been a steep increase in community appointments with no outcome in May and June compared to April. However improvements are now in place to sustainability monitor and outcome appointments





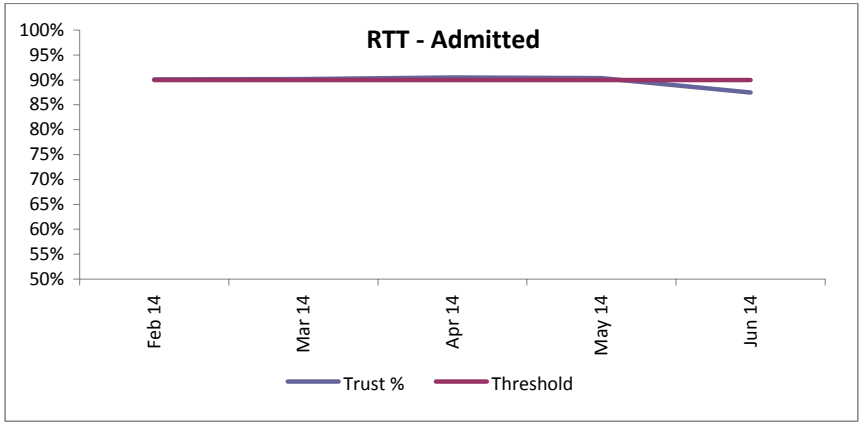


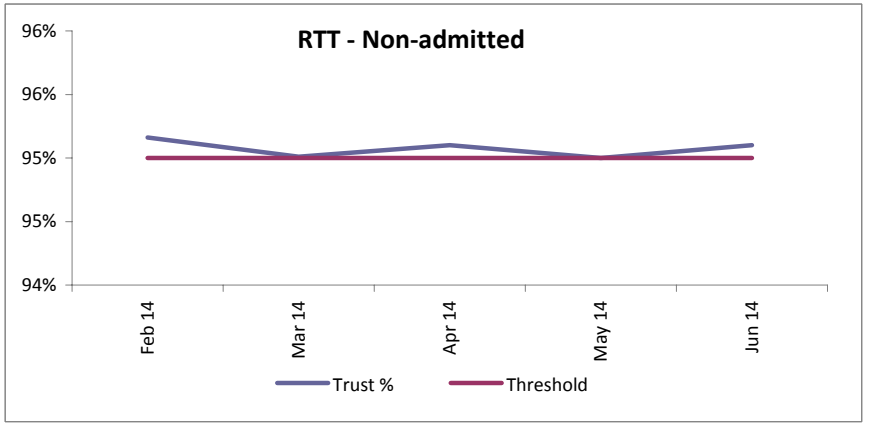


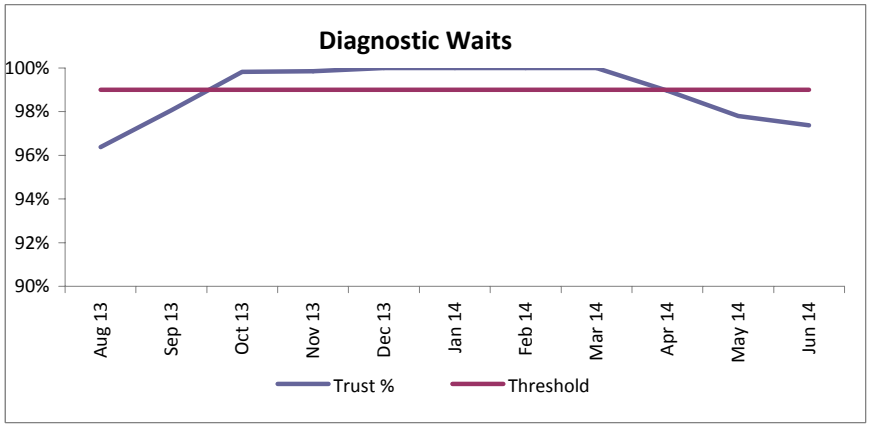
Referral to Treatment (RTT) and Diagnostic waits

Whittington Health NHS

	Jul 2014				
	Threshold	Trust Actual	ICAM	SCD	WCF
Referral to Treatment 18 weeks - Admitted	90%	87.9%	100.0%	85.2%	95.8%
Referral to Treatment 18 weeks - Non-admitted	95%	94.9%	94.3%	93.9%	98.2%
Referral to Treatment 18 weeks - Incomplete	92%	87.2%	92.4%	88.6%	90.0%
Referral to Treatment 18 weeks - 52 Week Waits	0	0	-	-	-
Diagnostic Waits	99%	98.5%	100.0%	100.0%	76.0%







RTT Pathway

Through July, August and September additional funding has been provided to increase the number of patients treated on the Referral to treatment (RTT) pathways. This will mean that the standards are not achieved while this work is carried out. However projections have been agreed to allow plans for additional capacity to be monitored. Whittington Health is achieving the projections.

Over the three months 900 additional patients will be treated in Out patients, day surgery or inpatient care. Additional activity is planned for Trauma and Orthopaedics, Urology, General Surgery and Gynae.

All clinics and theatre lists are being cross checked for maximising capacity and further controls put in place to deliver the revised targets.

Primary Target Lists (PTL) are in place for all admitted, non admitted and incomplete pathway patients.

Capacity and demand plans have been updated and the business cases submitted in regards to additional consultant cover for Trauma and Orthopaedics and General Surgery

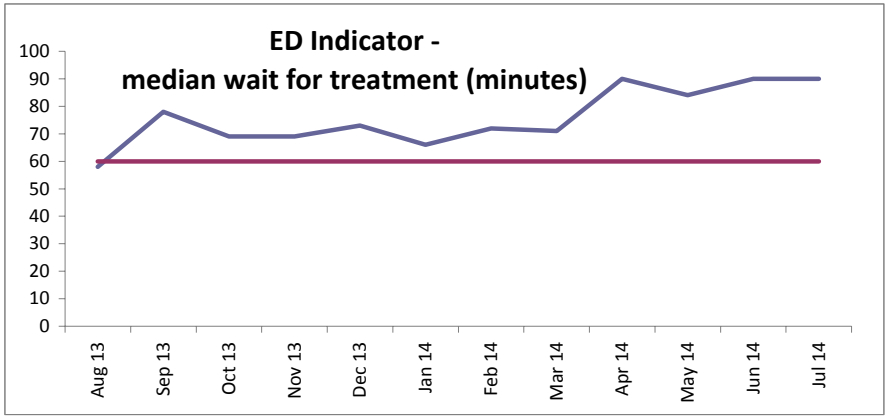
RTT Diagnostics

An increase in referrals for community audiology was seen in the June and July, referral pathways have been reviewed and an action plan put in place to deliver the standard in August.

Emergency Care

Whittington Health NHS

	Threshold	Jul 2014 Trust Actual	YTD
Emergency Department waits (4 hrs wait)	95%	96.4%	95.7%
Wait for assessment (minutes - 95th percentile)	<=15	14	14
ED Indicator - median wait for treatment (minutes)	60	90	88
Total Time in ED (minutes - 95th percentile)	<=240	240	240
ED Indicator - % Left Without Being seen	<=5%	6.4%	6.1%
12 hour trolley waits in A&E	0	0	0
Ambulance handovers 30 minutes	0	3	26
Ambulance handovers exceeding 60 minutes	0	0	0



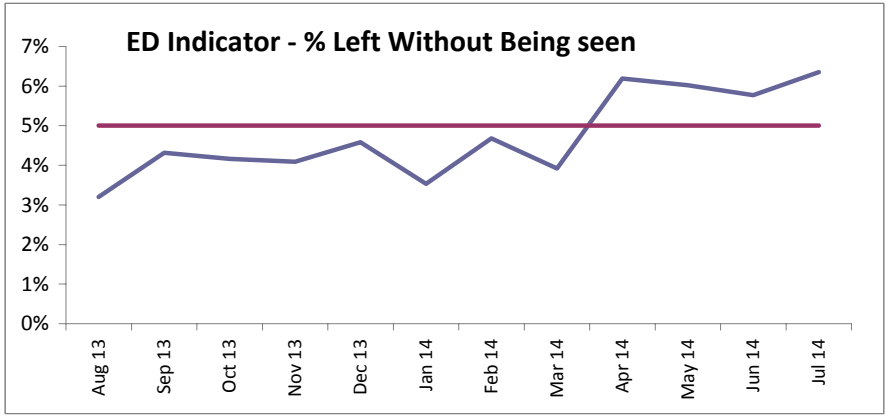
Emergency 4 hour wait standard.
The Emergency Department (ED) performance was achieved in July for the four hour national standard. Improvements in the median time to treatment are underway which include, a rebuild of the front entrance and treatment rooms space to allow early assessment and treatment in the first hour of the patient presenting to ED.

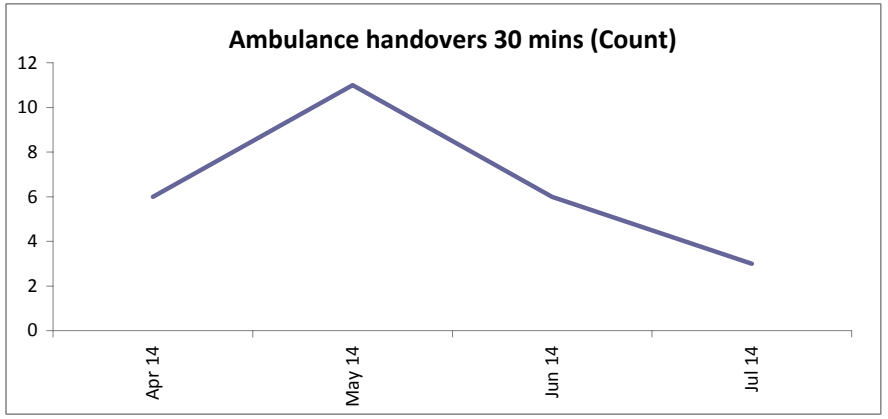
The total time patients spent in ED in July was achieved. Further work is underway to improve the communication and recording of patients who choose not to wait in ED.

Ambulance 30 and 60 minute handover times
The 30 minute and 60 minute ambulance standards have been reviewed and will improve when the space for handover is completed.

Patients left without seen
Additional communication posters are being placed in ED to remind patients to see the triage nurse if they decide to leave the department before being treated.

Two additional measures will be added in the next board report showing ED patients who are redirected to community services and the re-attendance rate to ED.





Cancer

Whittington Health NHS

	Threshold	Jun 2014 Trust Actual	ICAM	SCD	WCF	2014/15 Q1	Q2	Q3	Q4	YTD
Cancer - 14 days to first seen	93%	86.4%	75.4%	87.5%	90.5%	89.3%				89.3%
Cancer - 14 days to first seen - breast symptomatic	93%	83.3%	-	83.3%	-	83.7%				83.7%
Cancer - 31 days to first treatment	96%	100%	100%	100%	100%	100%				100%
Cancer - 31 days to subsequent treatment - surgery	94%	100%	100%	100%	100%	100%				100%
Cancer - 31 days to subsequent treatment - drugs	98%	100%	100%	100%	100%	100%				100%
Cancer - 62 days from referral to treatment	85%	87.5%	76.5%	90.7%	90.9%	91.5%				91.5%
Cancer - 62 days from consultant upgrade	-	100%	80.0%	71.4%	-	75.0%				75.0%

Cancer - 14 days to first seen
The 14 day target was not achieved due to an increase in demand, each referral was triaged and monitored to ensure no delays once capacity was available.

Cancer - 14 days to first seen - breast symptomatic
The redesign of this pathway has been completed and will be implemented for sustained improvement in August.

Cancer - 31 days to first treatment - Sustainably delivering 100 per cent compliance.

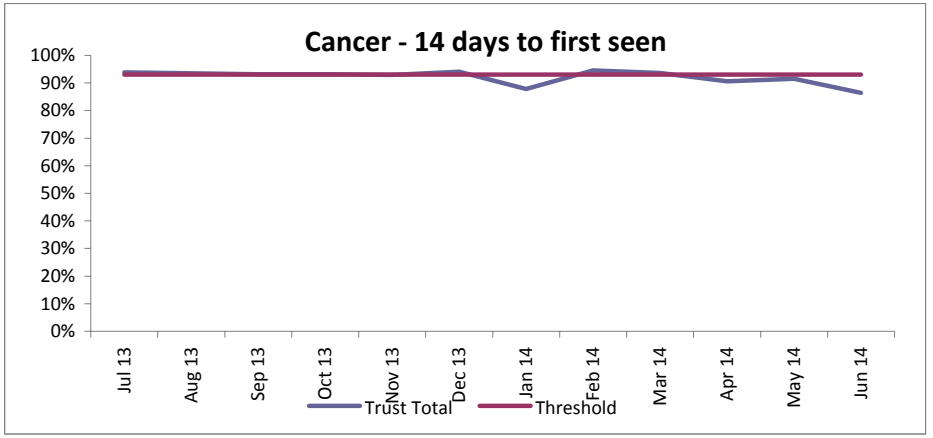
Cancer - 31 days to subsequent treatment - surgery - Sustainably delivering 100 per cent compliance.

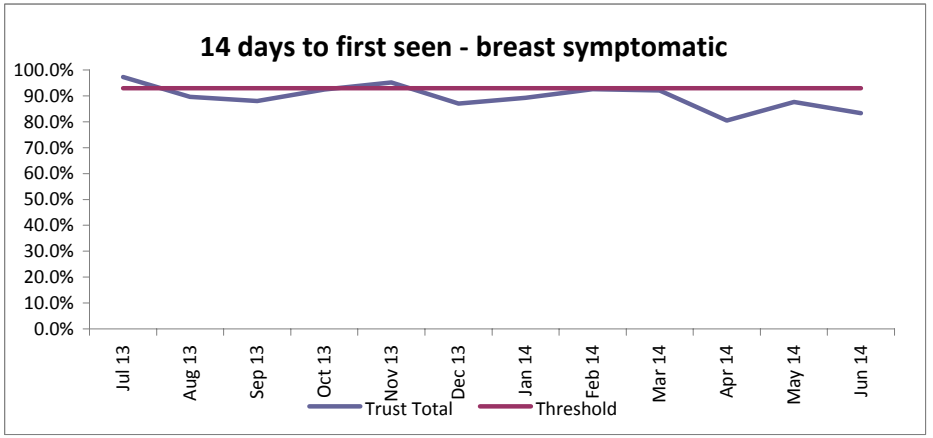
Cancer - 31 days to subsequent treatment - drugs - Sustainably delivering 100 per cent compliance.

Cancer - 62 days from referral to treatment - Sustainably delivering 100 per cent compliance.

Cancer - 62 days from consultant upgrade - No national standard for this indicator.

Achievement of the standard will be seen in August.





	Threshold	Trust Actual Jun 2014	Trust Actual Jul 2014	YTD
Women seen by HCP or midwife within 12 weeks and 6 days	90%	83.7%	86.4%	86.6%
New Birth Visits - Haringey	95%	89.9%	arrears	88.9%
New Birth Visits - Islington	95%	92.0%	arrears	91.5%
Elective Caesarean Section rate	14.80%	21.8%	18.1%	TBC
Emergency Caesarean Section rate	-	7.4%	14.7%	TBC
Breastfeeding initiated	90%	95.1%	86.3%	90.4%
Smoking at Delivery	<6%	4.3%	7.0%	5.2%

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

Overall performance continues to be below the 90 per cent threshold. June's performance can in part be attributed to higher than normal DNA rates despite all 12+6 weeks booked in time, however this improved in July. Maternity is working to ensure each woman has one named midwife throughout pregnancy to give continuity of carer.

New Birth Visits

The improvement seen in Haringey in March (89.9 per cent) and April (91.3 per cent) has not been sustained in May (88.2 per cent), however performance remains above the previous six months. Islington have continued the improvement performance seen in April in May and are just over two per cent under the local threshold.

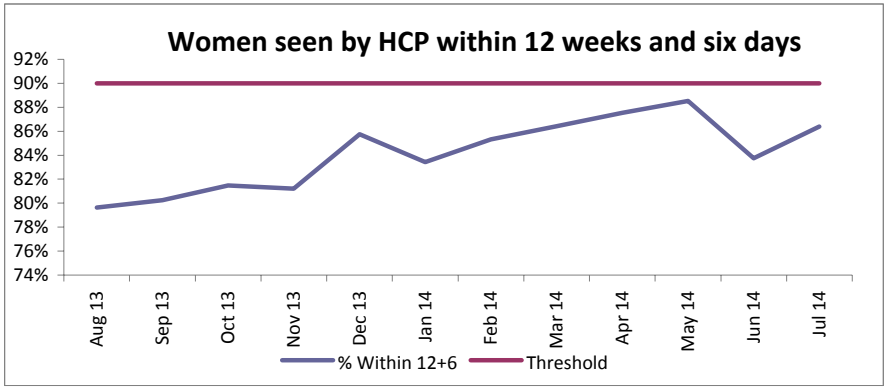
Caesarean Section rates

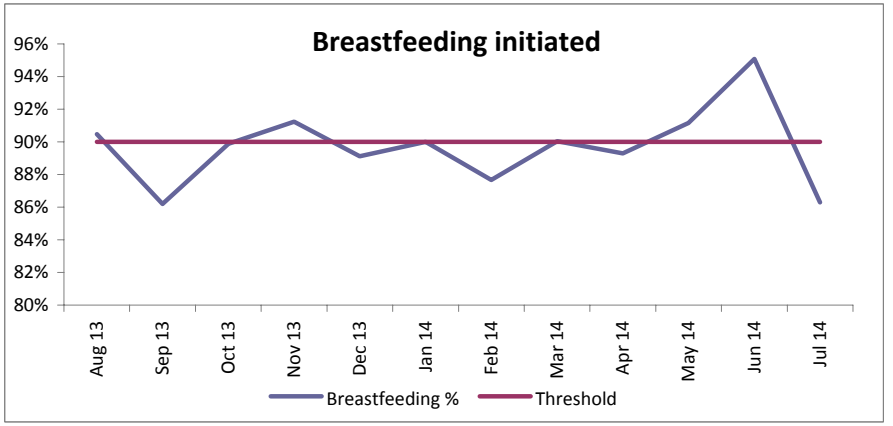
The elective c-section rate continues to be above the national average. Multiple workstreams are in place to help reduce rates including improved education for women

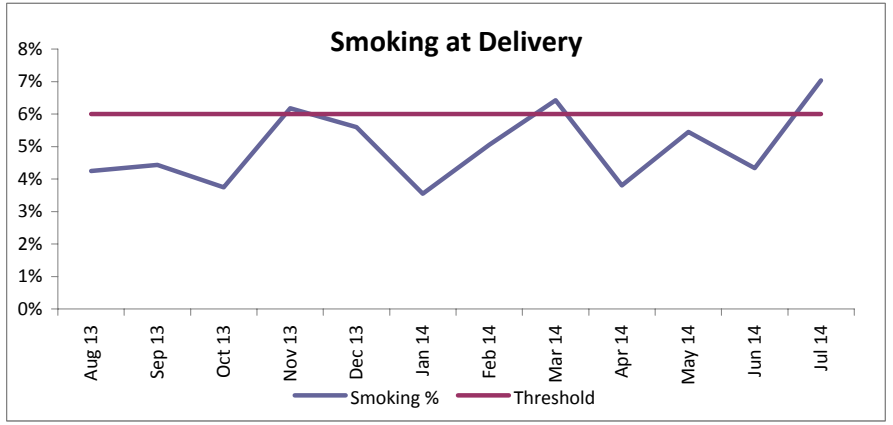
Breastfeeding and Smoking

Work continues on the Level 2 UNICEF Breastfeeding initiative and is due for completion in October.

Smoking at time of delivery remains at a compliant position and the Public Health Midwife is investigating how to introduce smoking cessation services for pregnant women.



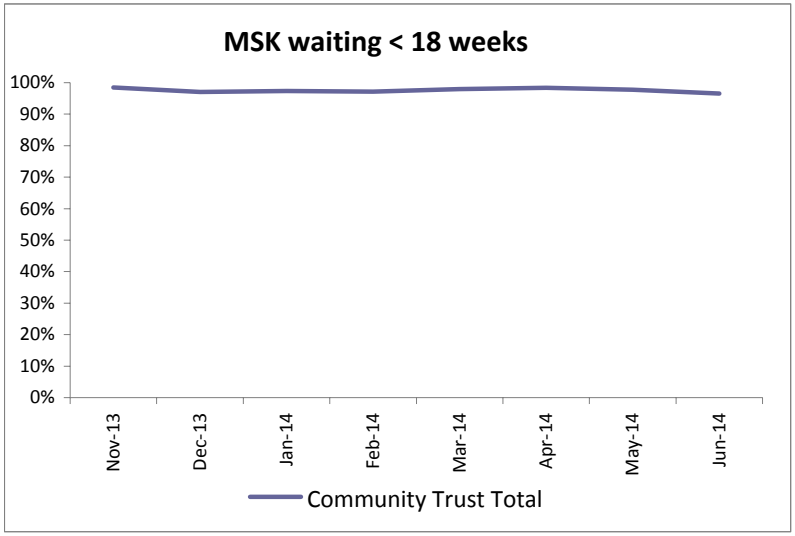




Community

Whittington Health NHS

	Threshold	Jul 2014 Trust Actual
Community Dental - Patient Involvement	90%	94.0%
Community Dental - Patient Experience	90%	100.0%
Community Dental - Quality & safety (Bi-annual)	90%	
District Nursing Waiting Times - 2hrs assessment	-	98.10%
District Nursing Waiting Times - 48 hrs for visit	-	
MSK Waiting Times - Routine MSK (<6 weeks)	-	93.16%
MSK Waiting Times - Consultant led (<18 weeks)	-	98.20%
IAPT - patients moving to recovery (KPI4)	-	arrears

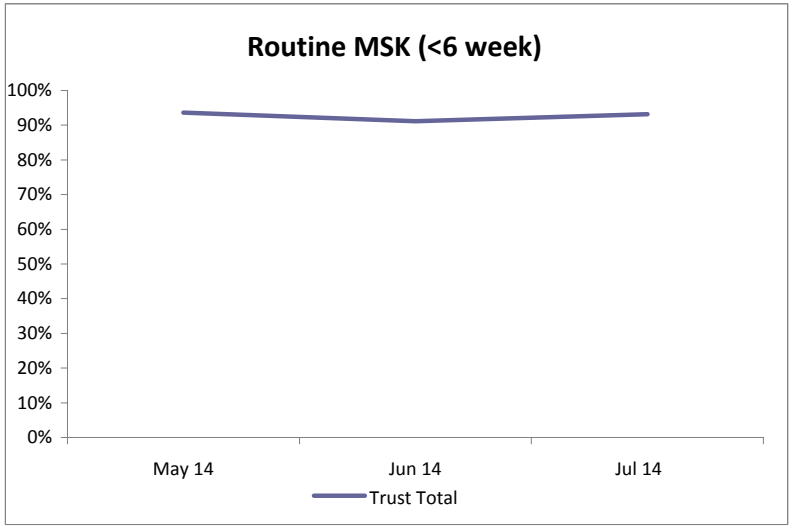


Community Dental
The community dental service is achieving the patient involvement and experience standard and is implementing further improvement to the service.

District Nursing (DN)
The two response times for DN- two hours for assessment and 48 hours - are both being met. The improvement plan is well underway and is delivering staff, process and patient experience improvements.

MSK
The six and 18 weeks standard is being met. The improvement plan is well underway and significant changes are being made. Further work on the waiting times for long waiters is underway and maximum wait times will be published soon.

All community services
Additional community measures will be included for all community services in the next board report.



Infection Prevention

Whittington Health NHS

	July 2014				
	Threshold	Trust Actual	ICAM	SCD	WCF
MRSA	0	0	0	0	0
E. coli Infections	-	3			
MSSA Infections	-	0	0	0	0
Ward Cleanliness	-	97.9			

	Threshold	Jul 14	YTD	Average (per month)
C difficile Infections	19 (Year)	0	8	2

Ward Cleanliness
Audit period

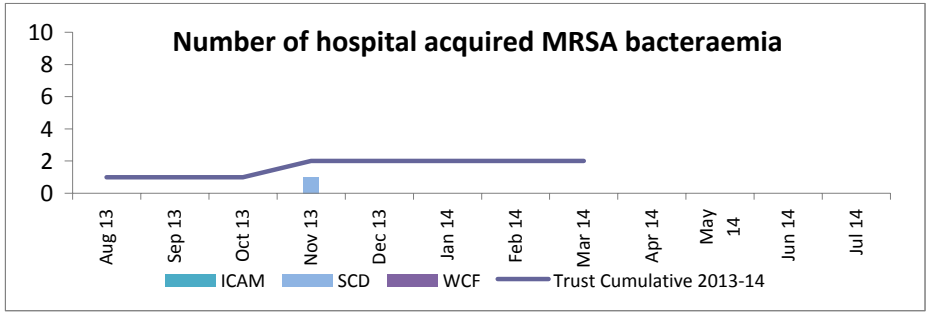
	22/11/13 to 17/01/14	01/02/14 to 09/04/14	04/03/14 to 03/04/14	09/05/14 to 12/06/14
Trust %	98.8%	97.5%	97.6%	97.9%

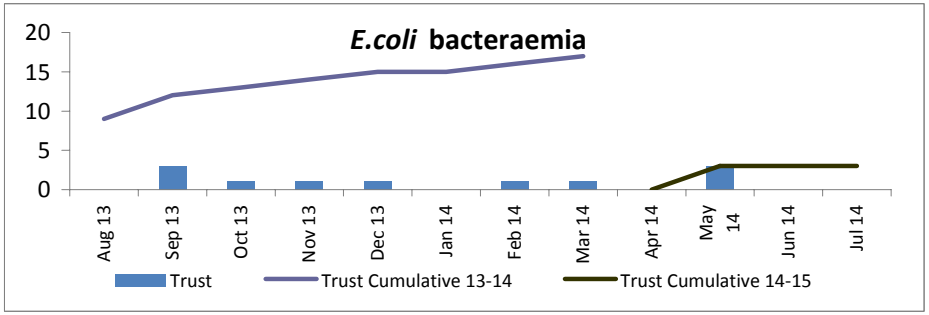
Commentary

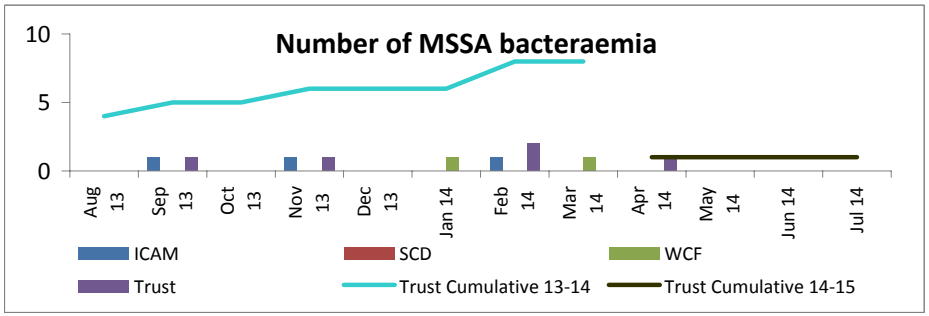
A detailed action plan is underway for infection prevention. Cleaning standands and audits are being carried out by estates and matrons to ensure standards are maintained.

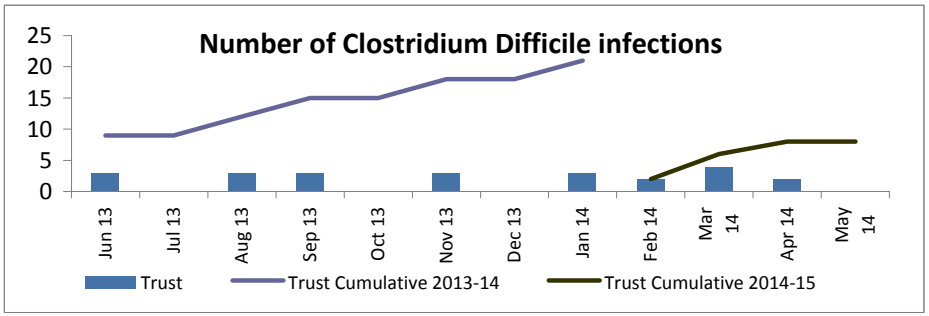
MRSA infections remain at zero.

C Difficile - 8 cases ytd - action plans in place following root cause analysis findings. As part of the ongoing HCAI assurance process for the TDA, a visit for the TDA infection control lead to the Trust has been arranged for 24 November.





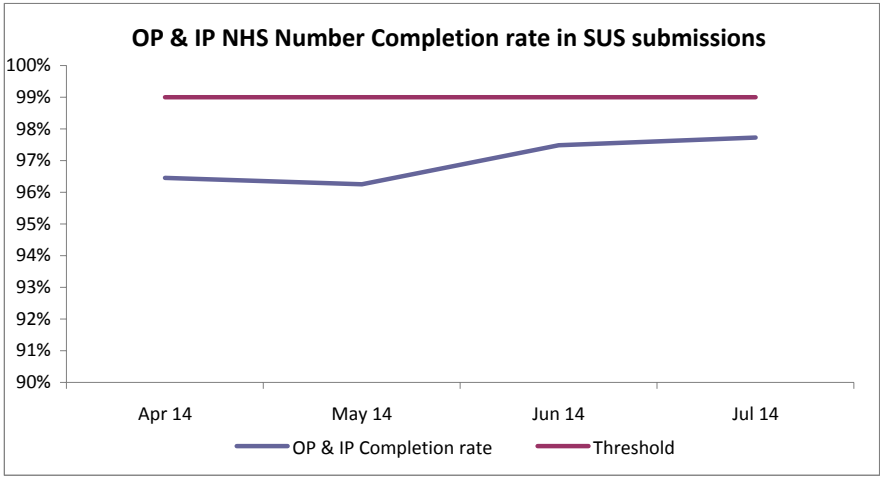


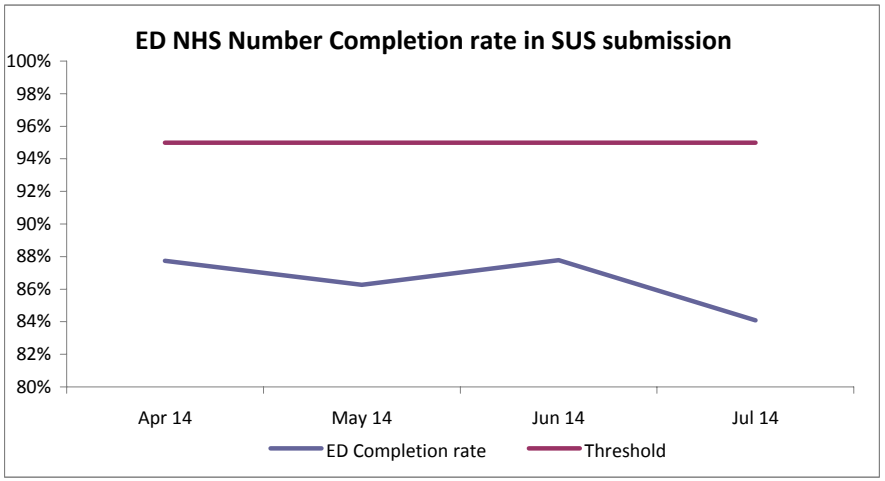


	Threshold	Jul 2014 Trust Actual
Number of Inpatient Deaths	-	30
Completion of a valid NHS number in SUS (OP & IP)	99%	98.5%
Completion of a valid NHS number in A&E data sets	95%	84.1%

		Jul-13	Aug-13	Sep-13
Hospital Standardised Mortality Ratio (HSMR)	<100	63.6	73.42	77.07
Hospital Standardised Mortality Ratio (HSMR) - weekend	-	TBC	TBC	TBC
Hospital Standardised Mortality Ratio (HSMR) - weekday	95%	TBC	TBC	TBC

		Lower Limit	Upper Limit	Jan - Dec 2013
Summary Hospital Mortality Indicator (SHMI)	Jan 2013 - Dec 2013	0.88	1.14	0.62
	Oct 2012 - Sep 2013	0.89	1.13	0.63
	Jul 2012 - Jun 2013	0.88	1.13	0.63
	Apr 2012 - Mar 2013	0.88	1.14	0.65
	Jan 2012 - Dec 2012	0.88	1.13	0.7





Commentary

A mortality and morbidity tool is in place and work is underway to embed within the new quality structure.

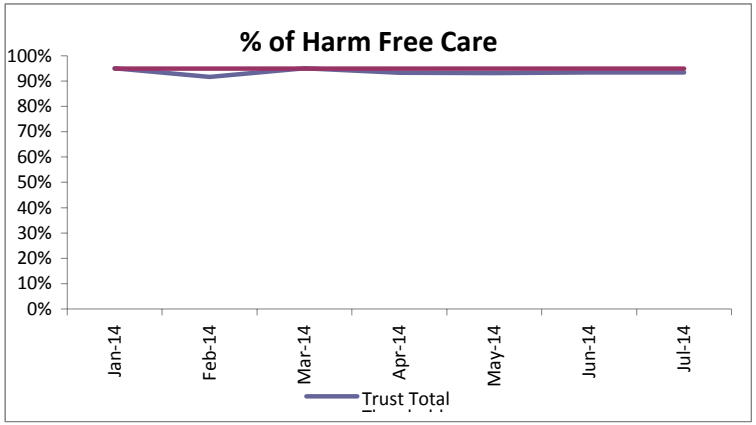
Completion of a valid NHS number in SUS - action plan are underway to record NHS numbers

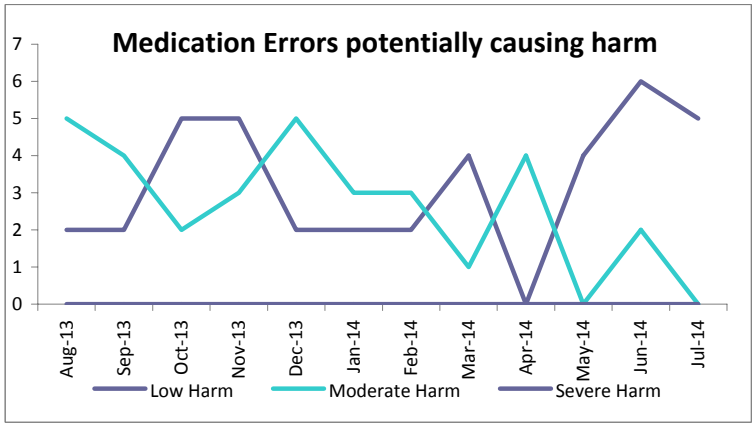
Completion of a valid NHS number in A&E data set - action plans are underway to record the NHS number in A&E data sets

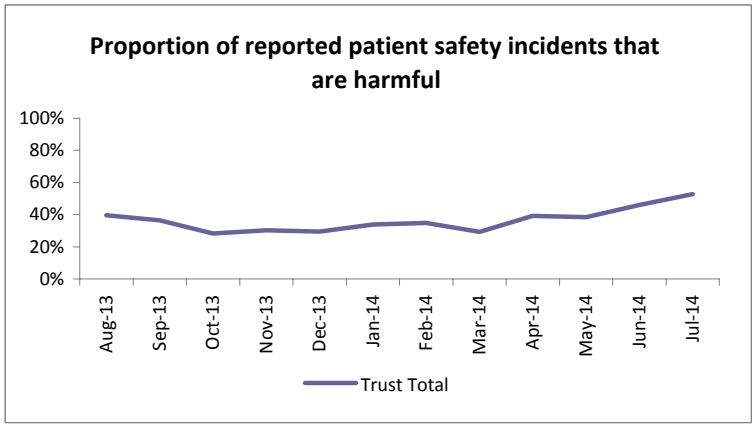
Patient Safety

Whittington Health NHS

	July 2014				
	Threshold	Trust Actual	ICAM	SCD	WCF
Harm Free Care	95%	93.5%	92.0%	97.3%	100.0%
Pressure Ulcers (prevalence)	-	5.92%	7.29%	1.37%	0.00%
Falls (audit)	-	0.29%	0.24%	1.37%	0.00%
VTE Risk assessment	95%	arrears	Reported one month in arrears		
Medication Errors actually causing **Serious** or **Severe** Harm	0	0	0	0	0
Medication Errors actually causing **Moderate** Harm	-	0	0	0	0
Medication Errors actually causing **Low** Harm	-	5	5	0	0
Never Events	0	0	0	0	0
CAS Alerts (Central Alerting System)	-	7	-	-	-
Proportion of reported patient safety incidents that are harmful	-	52.7%	TBC	TBC	TBC
Serious Incidents (Trust Total)	-	9	5	2	2







Commentary

Harm Free Care - detailed HFC monitoring is in place. The low score was due to pressure care incidents.

All other Patient Safety indicators are being monitored.

Divisional safety and quality reports are now in place and detailed monitoring and action plans are in place to further develop a safety and quality culture across the ICO

July 14

Compilation date: 11/08/2014

			Q1	Q2	Q3	Q4	Comment
NATIONAL	1	Friends & Family: IP & ED	2 3 3 3				
		Friends & Family: Other measures					
	2	ST: Pressure Ulcer Incidence					
		ST: Other measures					
	3	Dementia: Screen, Assess, Refer	3 3 3				
		Dementia: Other measures					

			Q1	Q2	Q3	Q4	Comment
INTEGRATED CARE	4.1	Multidisciplinary Work					
	4.2	Ambulatory Care					
	4.3	Locality Development					
	4.4	Integrated discharge etc					
	4.5	IT Systems - IDCR					

			Q1	Q2	Q3	Q4	Comment
PREVENTION	5.1	Smoking: IP Assess & Advice	3 3 3				
		Smoking: Other measures					
	5.2	Alcohol: Screen & Intervention	3 3 3 3				
		Alcohol: Other measures	1 1 1 1				
	5.3	Domestic Violence					

			Q1	Q2	Q3	Q4	Comment
Value-based Commissioning	6.1	Diabetes					
	6.2	Frailty					
	6.3	Mental Health					

			Q1	Q2	Q3	Q4	Comment
NHS England Specialist		Awaiting agreement and definition					

Commentary

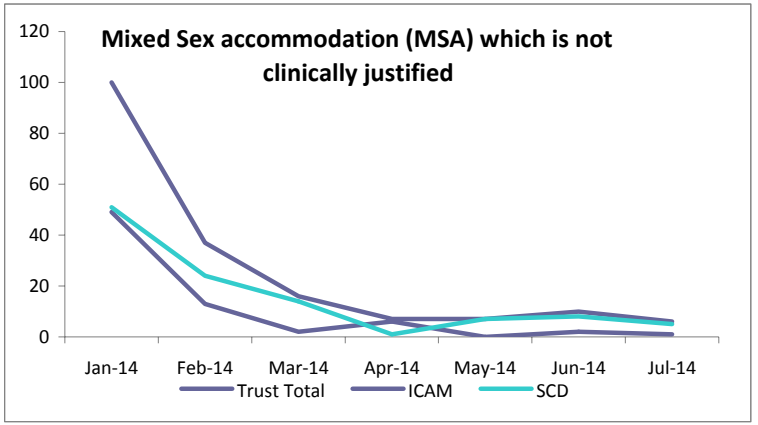
A steering committee is underway chaired by the Deputy Chief Operating Officer/ Director of Operations ICAM. Each CQUIN is led by a clinical and operational lead. The CQUIN team consists of a band 7 (in post), a band 6 (recruited), and admin support is provided from within ICAM to support the delivery of the CQUINs. The full range of CQUINs have been agreed with the working groups and commissioners with a few minor clarifications to resolve in regard to integrated care. the NHSE CQUIN is under negotiation following suggestions form Whittington Health.

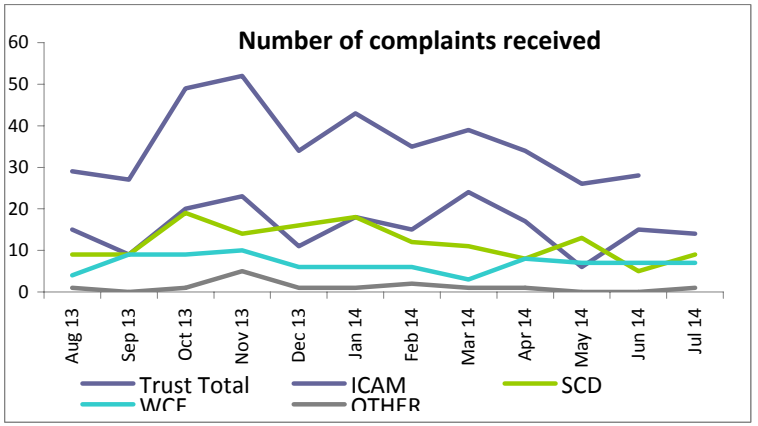
National CQUIN - on track
Integrated Care - on track with final definition agreement to be made
Prevention on track, Domestic violence data collection is being agreed due to multiple data capture points.
Value Based Commissioning - discussions underway and models under development
NHS England Specialist CQUIN - proposed and to be agreed within NHS England

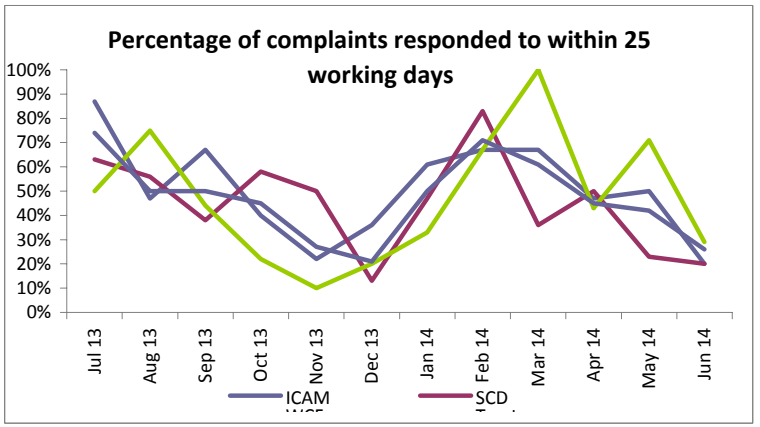
Patient Experience

Whittington Health NHS

	July 2014				
	Threshold	Trust Actual	ICAM	SCD	WCF
Patient Satisfaction - Inpatient FFT Score	25	63.8	-	63.8	-
Patient Satisfaction - Emergency Department FFT Score	15	50.2	50.2	-	-
Patient Satisfaction - Maternity FFT Score	-	59.7	-	-	59.7
Mixed Sex Accommodation (not Clinically justified)	0	6	1	5	0
Complaints	0	31	14	9	8
Complaints responded to within 25 working day	80%	arrears	Reported one month in arrears		
Patient admission to adult facilities for under 16 years of age	-	0	0	0	0







Commentary

Patient Safisfaction - Friends and Family Tests are now becoming embedded. "You said we did" is being spread across all services.

Mixed Sex Accommodation has been reduced month on month. A policy and process review is underway to further embed these processes.

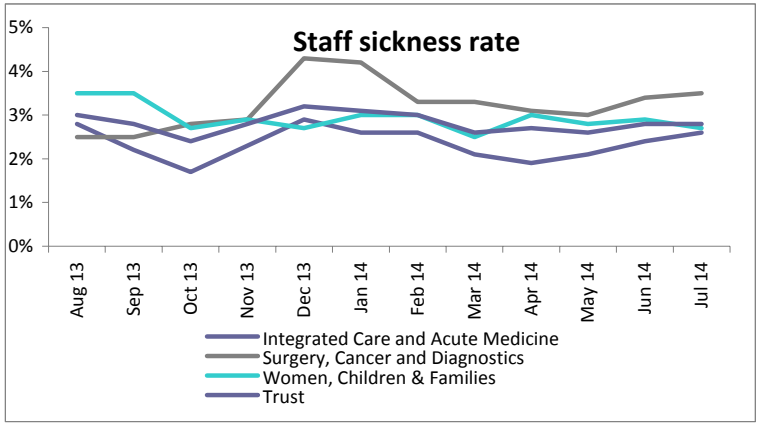
Complaints - An action plan is underway to reduce the time taken to complete complaint responses. Key themes have been identified with successes seen in the reduction of the number of complaints within the overall theme of appointment bookings. Divisions are nnow developing action plans for specific complaint themes. within specialites.

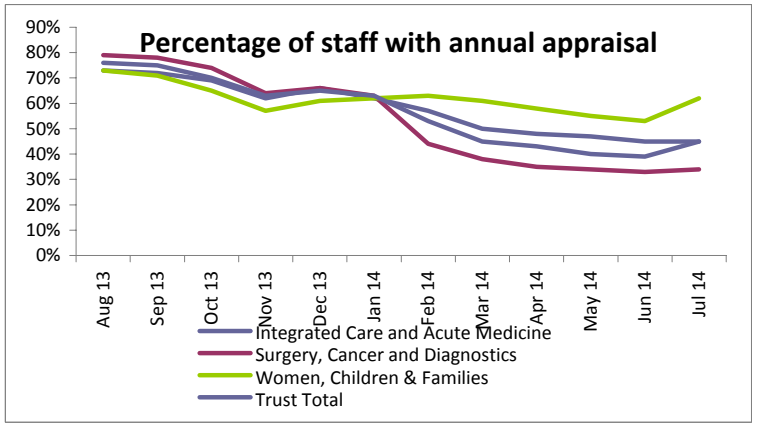
Focus has been made on identifying key themes and action plans.

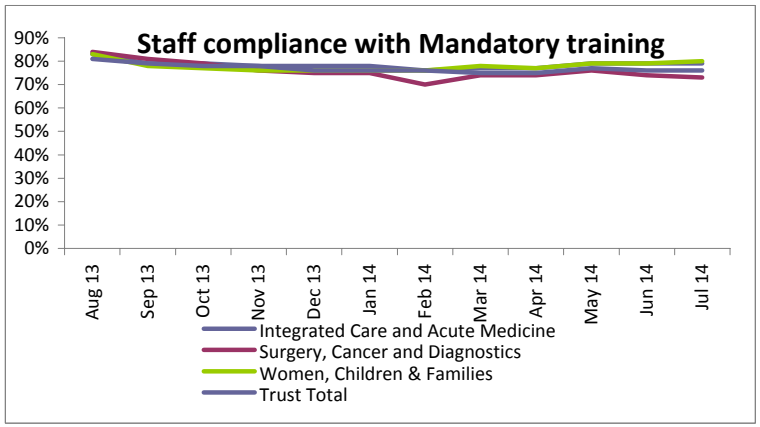
Human Resources

Whittington Health NHS

	July 2014				
	Threshold	Trust Actual	ICAM	SCD	WCF
Trust level total sickness rate	<3%	2.8%	2.6%	3.5%	2.7%
Trust Turnover Rate	<13%	13.9%	22.1%	8.1%	11.6%
Percentage of staff with annual appraisal	90%	45.0%	45.0%	34.0%	62.0%
Mandatory Training Compliance	90%	76.0%	79.0%	73.0%	80.0%
Staff who would recommend the trust as a place to work	TBC	TBC	TBC	TBC	TBC
Staff who would recommend the trust as a place for treatment	TBC	TBC	TBC	TBC	TBC
Total trust vacancy rate	<13%	TBC	TBC	TBC	TBC







Commentary

Trust Level Sickness rates

Sickness rates are below the threshold, however action plans have been formed to reduce the high Bradford score

Turn over rate

The high turnover rate include changes in workforce due to contracts and alignment of service between organisations

Appraisal

A detailed action plan is underway to improve the appraisal standard, however the ESR national system is not assisting as this is difficult to monitor

Mandatory training

The Trust compliance is high compared to other organisations of a similar size, action plans are in place and regular reviews of attendance

New indicators - staff recommendations

The staff Friends and Family test will allow for a number of new indicators

ED Indicator - median wait for treatment (minutes)

	Aug 13	Sep 13	Oct 13	Nov 13
median wait for treatment (minutes)	58	78	69	69
Threshold	60	60	60	60

ED Indicator - % Left Without Being seen

	Aug 13	Sep 13	Oct 13	Nov 13
% Left Without Being seen	3.2%	4.3%	4.2%	4.1%
Threshold	5%	5%	5%	5%

Ambulance handovers between 30 and 60 minutes

Ambulance handovers between 30 and 60 minutes	Aug 13	Sep 13	Oct 13	Nov 13

Dec 13	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14
73	66	72	71	90	84	90	90
60	60	60	60	60	60	60	60

Dec 13	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14
4.6%	3.5%	4.7%	3.9%	6.2%	6.0%	5.8%	6.4%
5%	5%	5%	5%	5%	5%	5%	5%

Dec 13	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14
				6	11	6	3