

Whittington Health Trust Board

5th November 2014

Title:	Trust Board Report November 2014 (September data)		
Agenda item:	14/161	Paper	6
Action requested:	For discussion and information		
Executive Summary:	<p>The Trust Board Report has been redesigned and this is the second iteration of the new format report.</p> <p>The report has now been split into the following sections:</p> <ul style="list-style-type: none"> • Performance and Quality • Workforce (new report) • Finance and Activity <p>Performance and Quality The aim of this section is 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.</p> <p>Highlights:</p> <ul style="list-style-type: none"> • First to Follow up ratio remain below national threshold • Hospital cancelled operations remains below national threshold • DNA rate in community remains below local target • RTT extra capacity work funding extended to December 2014 • Diagnostic Waits after 2 months back achieving target • Breast feeding Initiated and smoking at delivery achieving target • Complaints response within 25 days improving • Ward cleanliness improving • No MRSA to date • HSMR weekend and weekday figures now published in dashboard <p>Focus:</p> <ul style="list-style-type: none"> • DNA rate Acute, is reducing, but remains above local target • Cancer – 62 days from RTT achieving target this month, but monitored closely • Community Access Standards; MSK action plan to 		

	<p>achieve target in place.</p> <ul style="list-style-type: none"> Harm Free Care, failing target, detailed action plan for Pressure Ulcers in place, including working with other organisations in the community <p>Workforce The workforce monitoring report provides trend analysis of the workforce headcount by whole time equivalent giving a clear trajectory to the end of the financial year against the plan. The other HR metrics covering key performance indicators are broken down by division and corporate services, which in turn enables senior managers to focus their action plans in addressing those areas which are above the threshold for the Trust as a whole.</p>						
Summary of recommendations:	That the board notes the performance plan, activity, workforce and financial positions and provides feedback						
Fit with WH strategy:	All five strategic aims						
Reference to related / other documents:	N/A						
Reference to areas of risk and corporate risks on the Board Assurance Framework:	N/A						
Date paper completed:	23 October 2014						
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?	



Efficiency and Productivity

Efficiency and productivity - acute	Threshold	Jul-14	Aug-14	Sep-14
First: Follow-up ratio - acute	2.31	1.67	1.53	1.61
Theatre Utilisation	95%	80.0%	80.0%	84.2%
Hospital Cancellations - acute - First Appointments	<2%	5.6%	7.5%	6.3%
Hospital Cancellations - acute - Follow-up Appointments	<2%	8.0%	11.7%	9.3%
DNA rates - acute - First appointments	8%	12.8%	15.4%	13.3%
DNA rates - acute - Follow-up appointments	8%	14.7%	16.1%	15.1%
Hospital Cancelled Operations	0.80%	0.3%	0.1%	0.4%
Cancelled ops not rebooked < 28 days	0	0	0	0
Urgent procedures cancelled a second time	0	0	0	0

Efficiency and productivity - Community	Threshold	Jul-14	Aug-14	Sep-14
Service Cancellations - Community	2%	4.3%	5.1%	4.3%
DNA Rates - Community	10%	9.2%	8.0%	8.2%
Community Face to Face Contacts	-	62,908	49,901	62,980
Community Appointment with no outcome	0.5%	1.4%	3.5%	1.3%

Access Standards

Referral to Treatment	Threshold	Jun-14	Jul-14	Aug-14
Referral to Treatment 18 weeks - Admitted	Projected	72%	72%	72%
	Actual	87.5%	87.9%	78.2%
Referral to Treatment 18 weeks - Non-admitted	Projected	80%	80%	80%
	Actual	95.1%	94.9%	93.7%
Referral to Treatment 18 weeks - Incomplete	Projected	84%	84%	84%
	Actual	90.2%	87.2%	86.9%

Cancer Access Standards	Threshold	Jul-14	Aug-14	Sep-14
Cancer - 14 days to first seen	93%	88.2%	88.2%	arrears
Cancer - 14 days to first seen - breast symptomatic	93%	94%	94%	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%	81.6%	92.6%	arrears

Maternity	Threshold	Jul-14	Aug-14	Sep-14
Women seen by HCP or midwife within 12 weeks and 6 days	90%	86.4%	83.7%	86.4%
New Birth Visits - Haringey	95%	89.3%	90.4%	arrears
New Birth Visits - Islington	95%	91.7%	89.0%	arrears
Elective Caesarean Section rate	<14.8%	14.7%	8.4%	10.4%
Breastfeeding initiated	90%	86.3%	90.9%	91.6%
Smoking at Delivery	<6%	6.4%	5.1%	5.1%

Community Access Standards	Threshold	Jul-14	Aug-14	Sep-14
Community Dental - Patient Involvement	90%	94.0%	93.0%	98.0%
Community Dental - Patient Experience	90%	100%	97.0%	98.0%
MSK Waiting Times - % waiting less than 6 weeks	100%	93.2%	92.8%	94.7%
MSK Waiting Times - Consultant led (<18 weeks)	95%	91.5%	82.7%	arrears
IAPT - patients moving to recovery	50%	51.0%	44.0%	arrears
GUM - Appointment within 2 days	100%	100%	98.9%	arrears

Meeting threshold

Additional capacity funding

Failed threshold

October Trust Board Report (September)

Referral to Treatment	Threshold	Jun-14	Jul-14	Aug-14
Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	0
Diagnostic Waits	99%	97.4%	98.5%	100.0%

Emergency and Urgent Care	Threshold	Jul-14	Aug-14	Sep-14
Emergency Department waits (4 hrs wait)	95%	96.4%	96.4%	95.5%
ED Indicator - median wait for treatment (minutes)	60	90	70	84
30 day Emergency readmissions	-	254	213	arrears
12 hour trolley waits in A&E	0	0	0	0
Ambulatory Care	TBC	TBC	TBC	TBC
Ambulance Handover (within 30 minutes)	0	3	2	arrears
Ambulance Handover (within 60 minutes)	0	0	0	arrears

Patient Safety	Threshold	Jul-14	Aug-14	Sep-14
Harm Free Care	95%	93.4%	93.6%	93.6%
VTE Risk assessment	95%	95.9%	96.1%	arrears
Medication Errors actually causing Serious/Severe Harm	-	0	0	0
Never Events	0	0	0	0
CAS Alerts (Central Alerting System)	-	7	3	6
Proportion of reported patient safety incidents that are harmful	-	52.8%	50.4%	50.5%
Serious Incident reports	-	9	9	6

Quality (Mortality index)	Threshold	Oct 12 - Sep 13	Jan 13 - Dec 13	Apr 13 - Mar 14
SHMI	-	0.62	0.63	0.54


Number of Inpatient Deaths	-	30	31	31
NHS number completion in SUS (OP & IP)	99%	98.6%	98.4%	arrears
NHS number completion in A&E data set	95%	85.1%	75.2%	arrears

Patient Experience	Threshold	Jul-14	Aug-14	Sep-14
Patient Satisfaction - Inpatient FFT Score	-	63.8	59.6	49.8
Patient Satisfaction - ED FFT Score	-	50.2	60.1	56.6
Patient Satisfaction - Maternity FFT Score	-	59.7	57.3	TBC
Mixed Sex Accommodation breaches	0	6	0	0
Complaints	-	31	22	44
Complaints responded to within 25 working day	80%	46.7%	50.0%	arrears
Patient admission to adult facilities for under 16 years of age	-	TBC	TBC	TBC

Infection Prevention	Threshold	Jul-14	Aug-14	Sep-14
Hospital acquired MRSA infection	0	0	0	0
Hospital acquired <i>C difficile</i> Infections	19	0	2	1
Hospital acquired <i>E. coli</i> Infections	-	2	1	0
Hospital acquired MSSA Infections	-	1	0	0
Flu vaccination (starts in Oct)	75%	-	-	-
Ward Cleanliness	-	97.7%	-	98.2%

Quality (Mortality index)	Threshold	Mar-14	Apr-14	May-14
Hospital Standardised Mortality Ratio (HSMR)	<100	64.7	65.5	55.4
Hospital Standardised Mortality Ratio (HSMR) - weekend	<100	73.6	71.1	36.6
Hospital Standardised Mortality Ratio (HSMR) - weekday	<100	62.2	64.5	65.5

 Meeting threshold

 Failed threshold

	Threshold	Trust Actual		
		Jul-14	Aug-14	Sep-14
Number of Inpatient Deaths	-	30	31	31
Completion of a valid NHS number in SUS (OP & IP)	99%	98.6%	98.4%	arrears
Completion of a valid NHS number in A&E data sets	95%	85.1%	75.2%	arrears

	Standardised National Average	Mar-14	Apr-14	May-14
Hospital Standardised Mortality Ratio	<100	64.7	65.5	55.4
Hospital Standardised Mortality Ratio (HSMR) - weekend	<100	73.6	71.1	36.6
Hospital Standardised Mortality Ratio (HSMR) - weekday	<100	62.2	64.5	65.5

		Lower Limit	Upper Limit	RKE SHMI Indicator
Summary Hospital Mortality Indicator (SHMI)	Apr 2013 - Mar 2014	0.87	1.15	0.54
	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

Inpatient Deaths

The Medical Director is leading a process to embed inpatient death reviews across the organisation as part of the Whittington Quality Standards program

Completion of valid NHS number

Issue: SUS data showing just under the threshold and A&E data showing a sharp fall in compliance.

Action: Re-enforce policy and procedures on completing NHS number in EPR. Investigate A&E drop in NHS number completion.

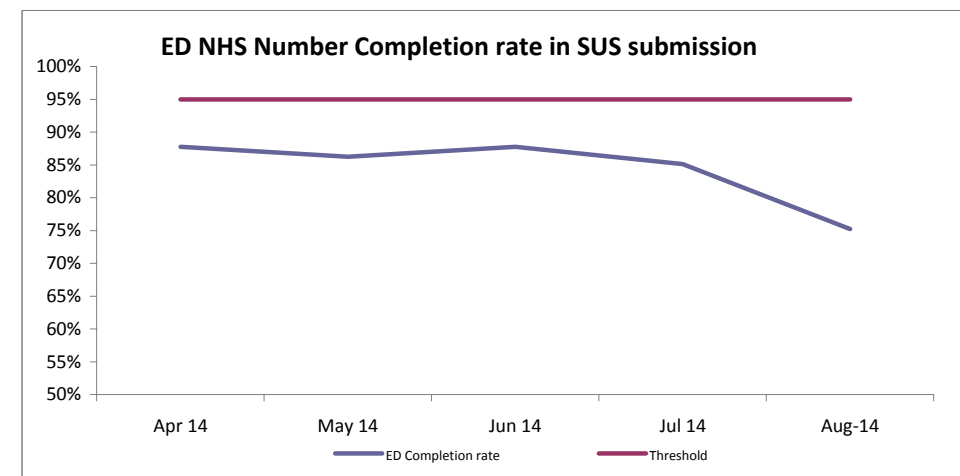
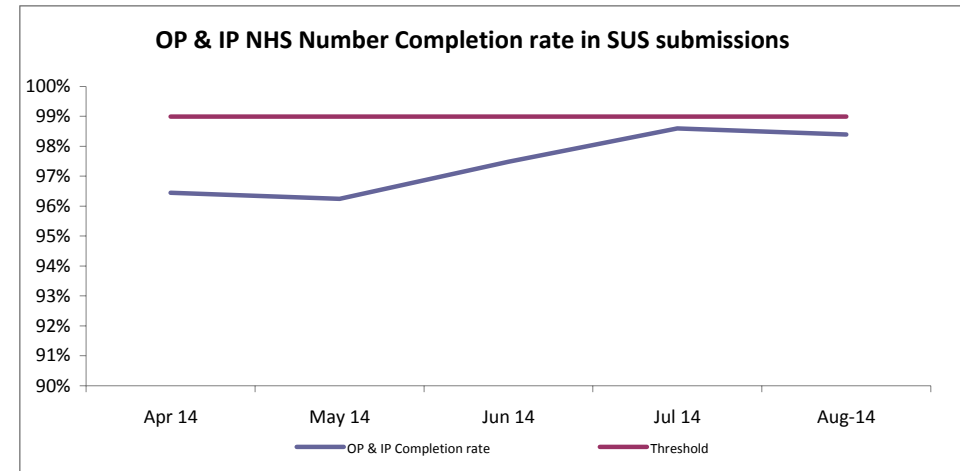
Timescale: Immediate

HSMR

Whittington Health is consistently reporting under the lower limit for Mortality rates.

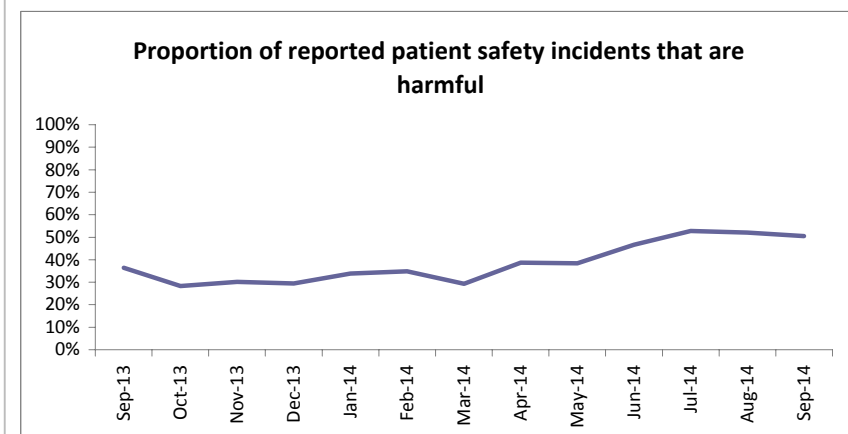
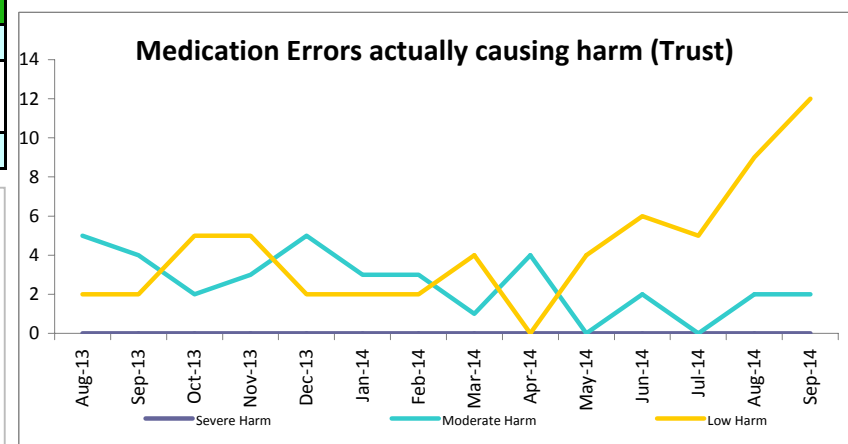
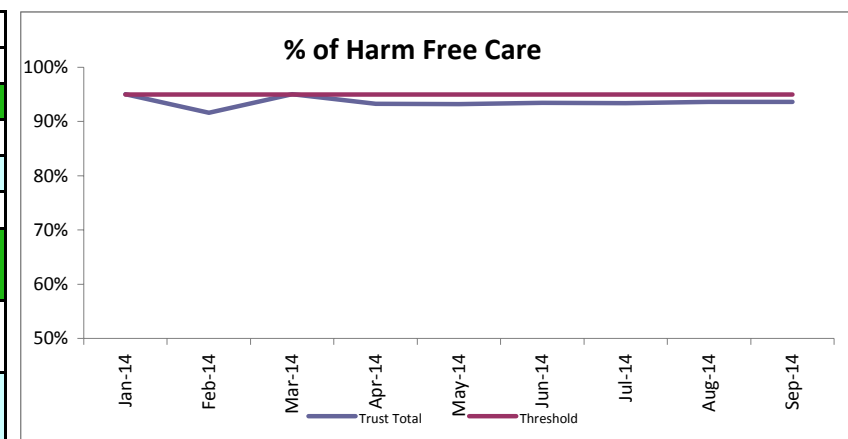
Action: A mortality and morbidity tool is underway as part of the quality standards program designed to embed within the new quality structure. Initial reports available for weekend and weekdays to be signed off by Medical director.

Timescale: November 2014



	Threshold	Trust Actual	
		Aug-14	Sep-14
Harm Free Care	95%	93.6%	93.6%
Pressure Ulcers (prevalence)	-	5.50%	4.26%
Falls (audit)	-	0.20%	1.74%
VTE Risk assessment	95%	96.1%	arrears
Medication Errors actually causing Serious or Severe Harm	0	0	0
Medication Errors actually causing Moderate Harm	-	2	2
Medication Errors actually causing Low Harm	-	9	12
Never Events	0	0	0
CAS Alerts (Central Alerting System)	-	3	6
Proportion of reported patient safety incidents that are harmful	-	52.1%	50.5%
Serious Incidents (Trust Total)	-	9	6

Sep-14		
ICAM	SCD	WCF
91.9%	100.0%	100.0%
5.39%	0.00%	1.09%
2.21%	0.00%	0.00%
Reported one month in arrears		
0	0	0
0	2	0
5	4	3
0	0	0
-	-	-
58.5%	33.3%	48.0%
3	1	2



Harm Free Care

Issue: The reduced compliance to the Harm Free Care standard is due to pressure care incidents.

Action: Detailed HFC monitoring and learning from reviews is in place. Three action plans in place working with other organisations in the community to reduce pressure ulcers, including London Nursing Homes

Timescale: On-going

Medication Errors

Issues; a increase in low harm medication errors has been reported, these are being investigated

All other Patient Safety indicators are being monitored.

	Threshold	Trust Actual		Sep-14		
		Aug-14	Sep-14	ICAM	SCD	WCF
Patient Satisfaction - Inpatient FFT Score	-	59.6	49.8	-	-	-
Patient Satisfaction - Emergency Department FFT Score	-	60.1	56.6	56.6	-	-
Patient Satisfaction - Maternity FFT Score	-	57.3	Not available	-	-	Not available
Mixed Sex Accommodation (not Clinically justified)	0	0	0	0	0	0
Complaints (incl Corporate)	0	22	44	18	15	9
Complaints responded to within 25 working day	80%	50.0%	arrears	83.3% *	28.6% *	100% *
Patient admission to adult facilities for under 16 years of age	-	TBC	TBC	TBC	TBC	TBC

* Complaints responded to within 25 working days are previous months figures (reported in arrears)

Patient Satisfaction

Issue: Friends and Family Tests score reducing over the last 3 months, from 63.8 in July, 59.6 in August and 49.8 in September.

Action: Responses to FFT are being analysed within services to support improvement.

Timescale: December 2014

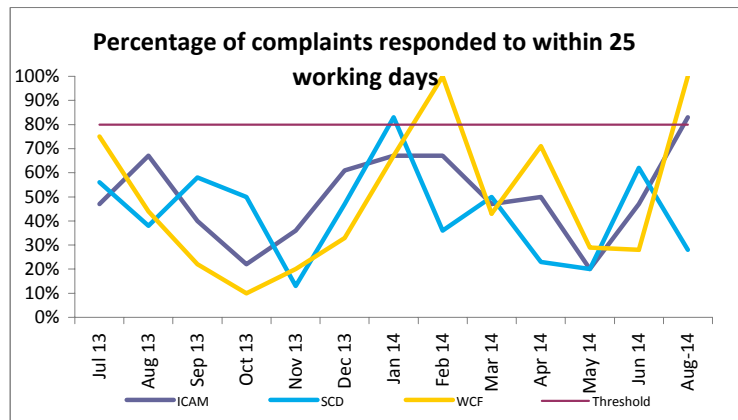
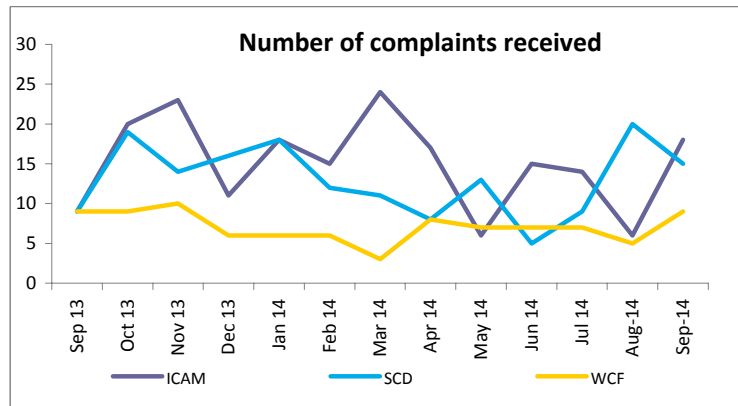
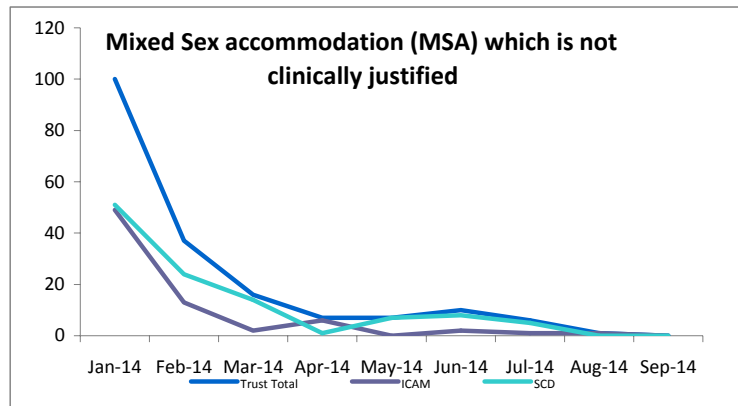
Mixed Sex Accommodation

A policy and processes embedded in the services and no breaches for 2 consecutive months.

Complaints

Issue: increase in complaints has been seen in September the the themes are being investigated

Action: An action plan is underway to reduce the time taken to complete complaint responses. Quarter one key Key themes have been identified and action plans developed by each area and division. the action plans are monitored at the divisional quality boards and CQRG and Trust board sub-committee on quality. **Timescale:** Immediate



	Threshold	Trust Actual	
		Aug-14	Sep-14
MRSA	0	0	0
E. coli Infections	-	1	0
MSSA Infections	-	0	0

Sep-14		
ICAM	SCD	WCF
0	0	0
0	0	0
0	0	0

	Threshold	Sep 14	YTD
C difficile Infections	19 (Year)	1	11

ICAM	SCD	WCF
1	0	0

Ward Cleanliness Audit period

	01/02/14 to 09/04/14	04/03/14 to 03/04/14	09/05/14 to 12/06/14
Trust %	97.5%	97.6%	97.9%

01/07/14 to 15/08/15	01/09/14 to 02/10/14
97.7%	98.2%

MRSA

Hospital acquired Bacteraemia remain at zero.

E.coli Infection and MSSA:

No new infections in September.

C Difficile -

Issue: 11 cases ytd

Action: Plans in place following RCA findings.

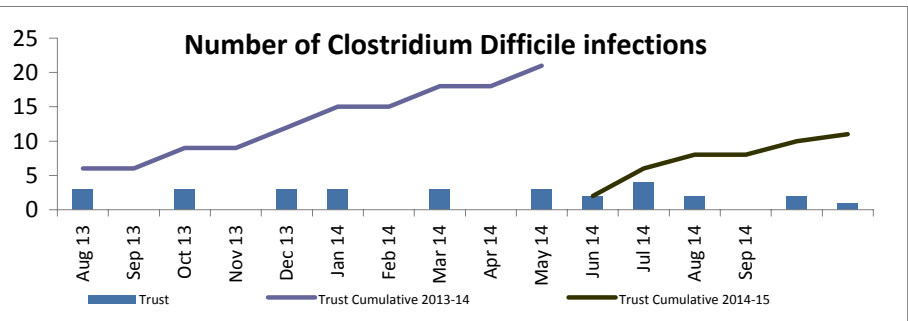
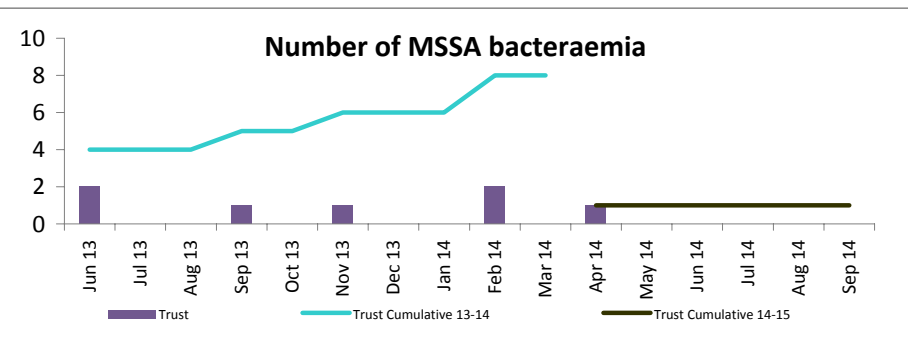
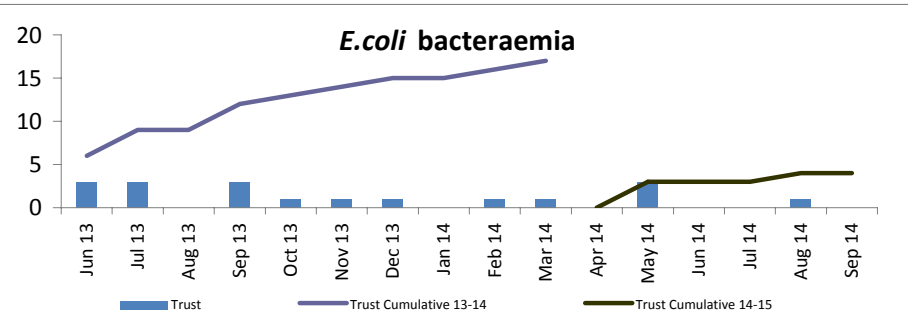
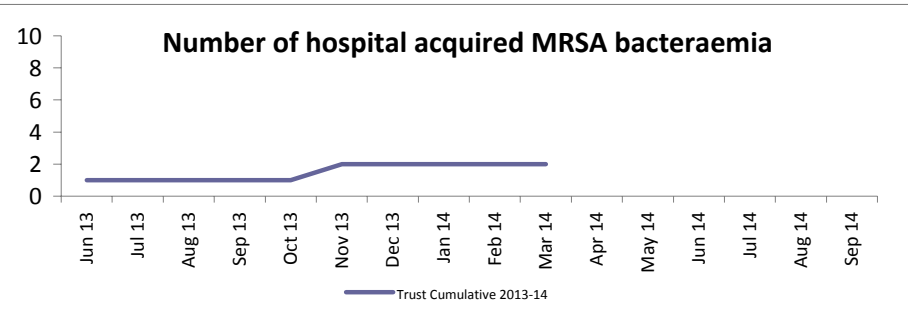
Timescale: As part of the on-going HCAI assurance, TDA have agreed a visit to WH, arranged for 24th November, to cross checked plans and processes.

Ward Cleanliness

Issue: Overall percentage increasing.

Action: A detailed action plan is underway for infection prevention, cleaning standards and audits are being carried out by Estates and matrons to ensure standards are maintained.

Timescale: In place.



	Sep-14				
	Threshold	Trust Actual	ICAM	SCD	WCF
First:Follow-up ratio - acute	2.31	1.61	1.83	1.61	1.34
Theatre Utilisation	95%	84.2%	77.9%	85.5%	86.0%
Hospital Cancellations - acute - First Appointments	<2%	6.3%	6.2%	9.8%	1.9%
Hospital Cancellations - acute - Follow-up Appointments	<2%	9.3%	12.0%	12.2%	2.7%
DNA rates - acute - First appointments	8%	13.3%	15.8%	14.3%	10.6%
DNA rates - acute - Follow-up appointments	8%	15.1%	16.1%	16.6%	12.4%
Hospital Cancelled Operations	0.80%	0.4%	0.1%	0.8%	0.4%

This indicator will deteriorate as we treat more patient in the additional capacity provided in August, September and October

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 is steadily increasing, each surgical unit now has a summary report on activity, waiting list and theatre utilisation. The new theatre scheduling and reporting is showing benefit in improvements in theatres.

Issue : Theatre utilisation was 84.2% for September. The target threshold is 95%.

Action : New methodology is to be written up on how we capture theatre utilisation looking at not just elective activity but trauma and emergency surgery. This is to be signed off at surgical board on Thursday 23rd October 2014. Then information will be retrospectively calculated for the month of September using this methodology. Review of each theatre list booking with surgeon and senior manager 3 weeks in advance.

Timescale: Completed end of October 2014

Hospital Cancellations - acute

Issue: A high number of hospital cancellations will be seen as we move patients into earlier appointments.

Action: Tracking and cancelling at Consultant level are being address.

Timescale: The threshold to be achieved after completion of additional capacity work in January 2015.

Did not attend

Issue: Did not attend have come down again after a spike in August , improvement have been put in place.

Action: DNA rates by specialty are being monitored. Learning from Paediatric pilot have been shared.

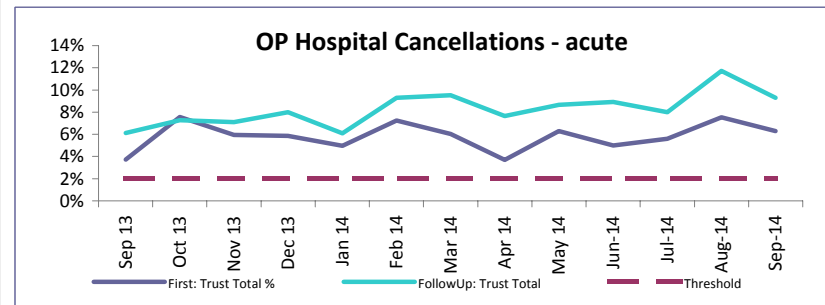
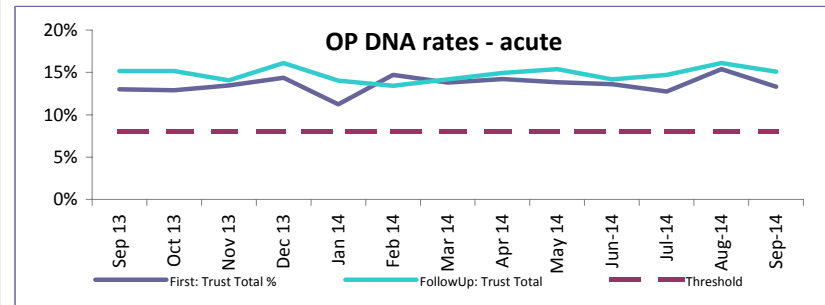
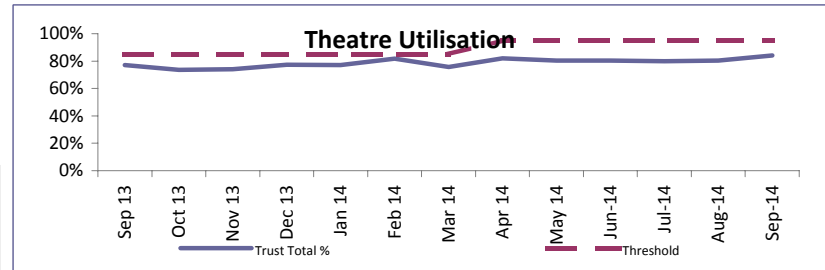
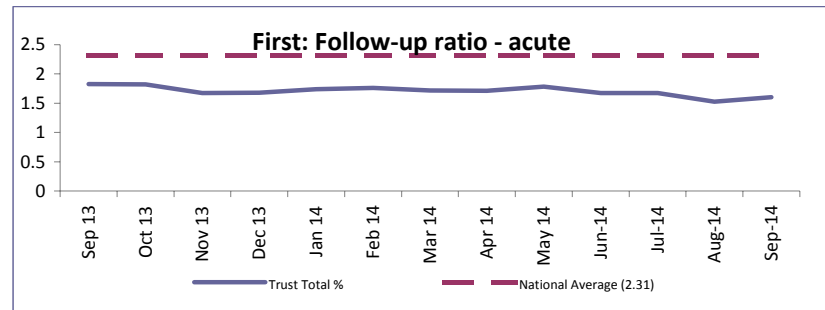
Timescale: Further reduction of DNA expected after learning is embedded completion January 2015

Hospital Cancelled Operations

Issue: Hospital Cancellations remains under the set threshold.

Action: The Surgical board monitor cancellations.

Timescale: This indicator is expected to remain compliant.



	Sep-14		
	Threshold	Trust Actual	
Service Cancellations - Community	2%	4.3%	ICAM 4.9% SCD 5.9% WCF 2.9%
DNA Rates - Community	10%	8.2%	7.9% 12.6% 9.1%
Community Face to Face Contacts	-	62,980	44,866 TBC 18,114
Community Appointment with no outcome	0.5%	1.3%	0.8% TBC 2.4%

Service Cancellations - Community

Issue: 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. Performance remains almost 2.3% above target, but improved after an increase during August 2014.

Action: The improvement plan continues for waiting list management in the community includes review of all templates and increase in filling unfilled late cancellations by patients.

Timescale: The threshold to be achieved after completion of additional capacity work in January 2015.

DNA Rates - Community

Achieved.

The 12.6% relate to the Community Dental DNA's. this is showing improvement from last month 15.6%. Actions are being taken to remind patients regarding their appointments.

Community Face to Face Contacts

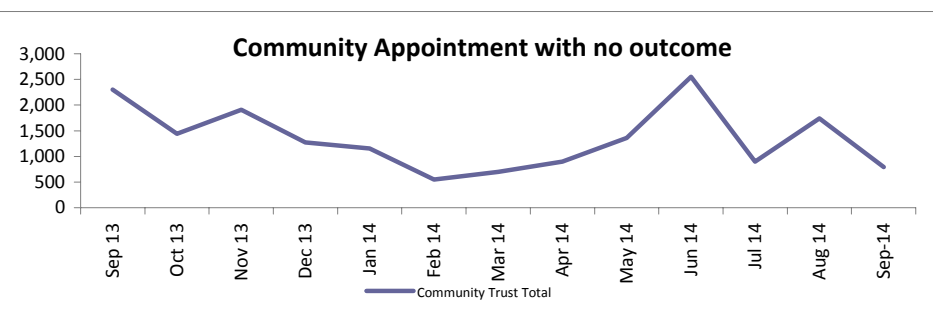
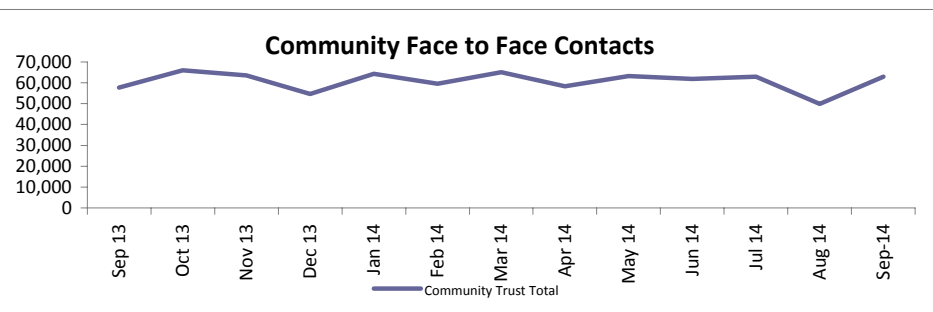
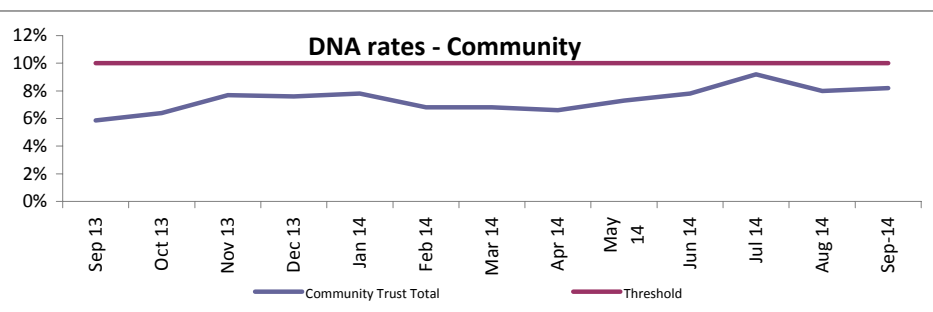
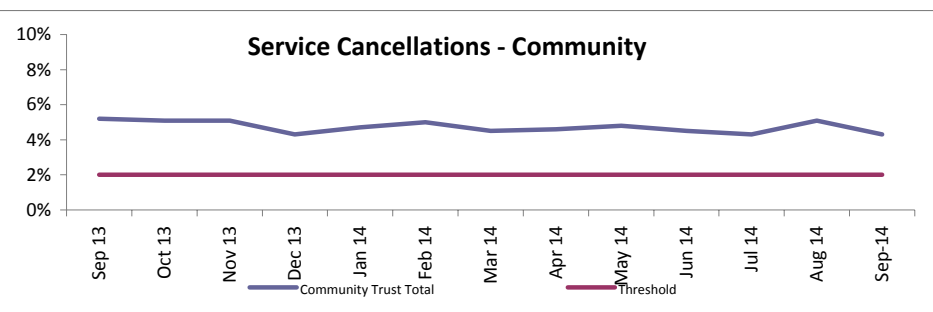
Face to face contacts are back to expected levels after the summer holiday. There is an 8.3% increase in face to face contacts compared to the same period last years.

Community Appointment with no outcome

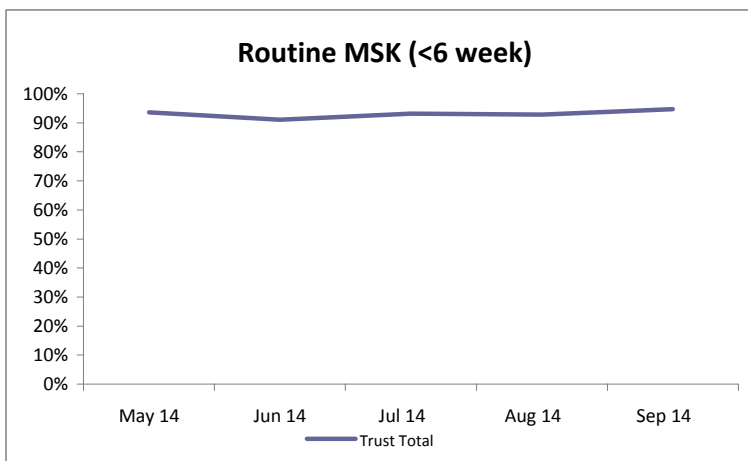
August data completed before the freeze date. A new process is in place to monitor for 48 hours completion.

Issue: September shows a decrease in un-outcomed appointments after an increase in August and decrease in July, showing processes implemented are not yet embedded.

Action: Processes to be re-enforced.



	Threshold	Trust Actual			YTD
		Jul-14	Aug-14	Sep-14	
Community Dental - Patient Involvement	90%	94.0%	93.0%	98.0%	n/a
Community Dental - Patient Experience	90%	100.0%	97%	98.0%	n/a
District Nursing Waiting Times - 48 hrs for visit	-	TBC	TBC	TBC	TBC
MSK Waiting Times - Routine MSK (<6 weeks)	100%	93.2%	92.8%	94.7%	-
MSK Waiting Times - Consultant led (<18 weeks)	95%	91.5%	82.7%	arrears	90.6%
IAPT - patients moving to recovery	50%	51%	44.0%	arrears	-
GUM - Appointment within 2 days	100%	100.0%	98.9%	arrears	99.8%



Dental

Patient Involvement and Experience consistently score above threshold.

District Nursing

The two response times for District Nursing being 2 hours for assessment and 48 hours are being met.

Issue: Data collection for both targets is manual. RiO is not able to collate this electronically.

Action: NHS Elect supporting Capacity and Demand modelling in District Nursing.

Timescale: Reporting back December 2014

MSK

Issue: The 6 weeks and 18 weeks are performing under target, but improvement plan is well underway and significant changes are being made.

Action: Work on the waiting times for long waiting patients is continuing and reviewed weekly in the Community Patient Tracker List (PTL) meeting and maximise wait times will be published asap.

Timescale: Implement by December 2014

IAPT

Issue: Slight decrease in capacity.

Action: Increase in activity is in place to deliver target.

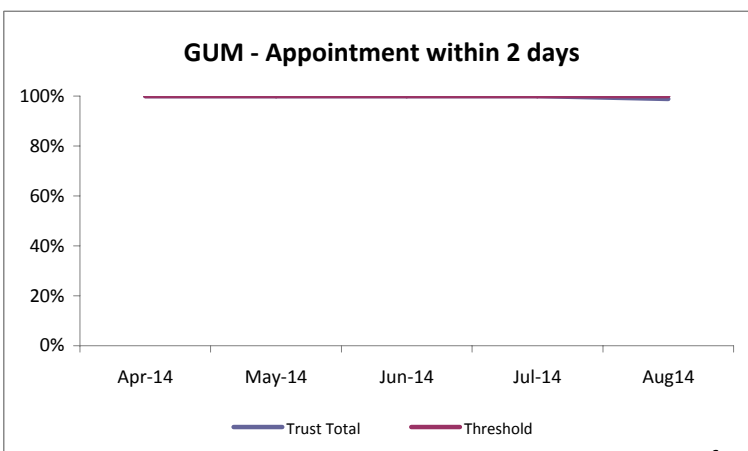
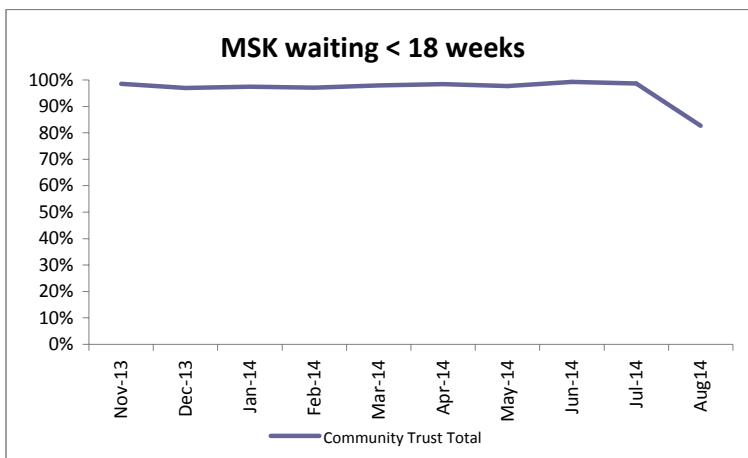
Timescale: Improvement to be seen in next months dashboard.

IAPT

During September the national measure is below target and an action plan is in place to provide additional capacity within the service.

GUM

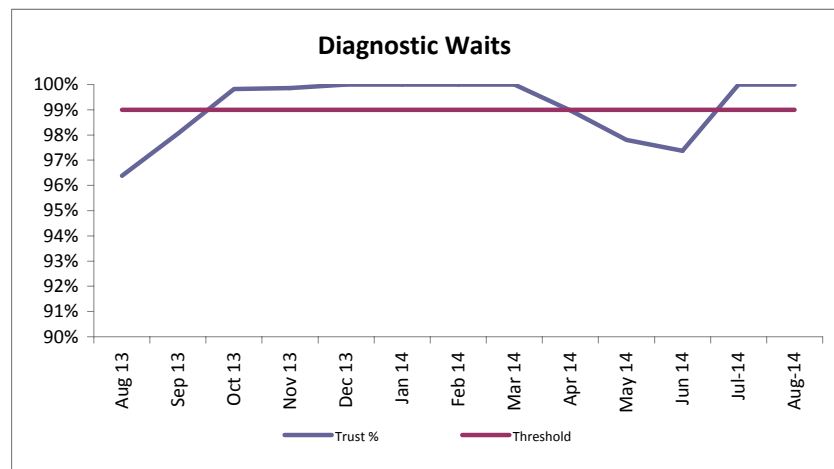
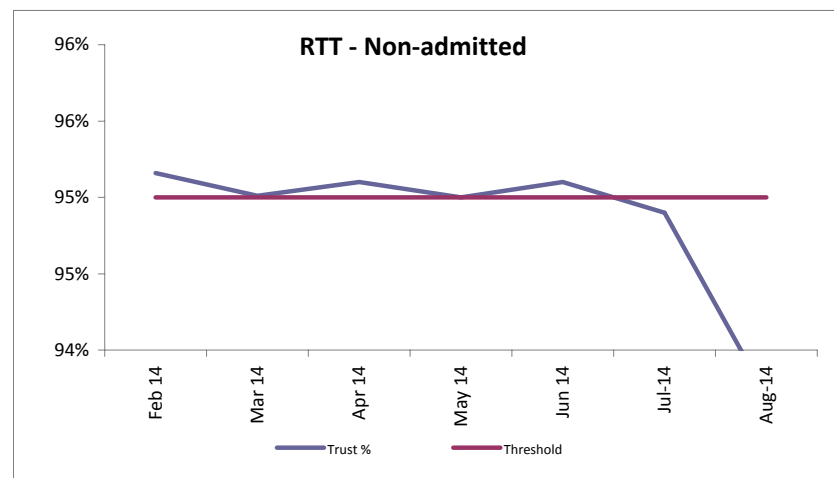
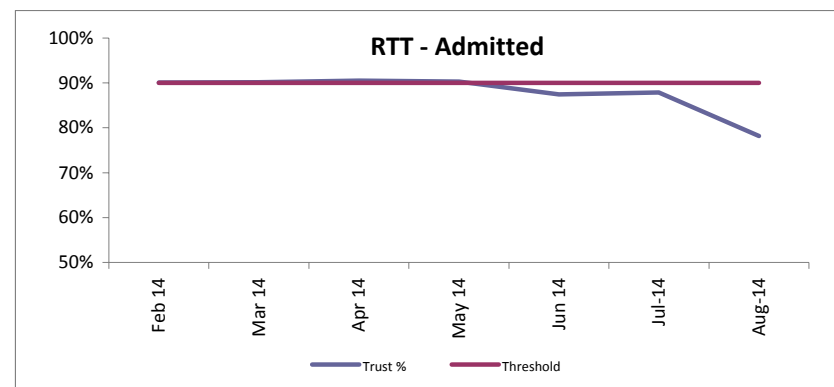
the low performance for the GUM service was due to a loss of computer system the service reverted to paper as



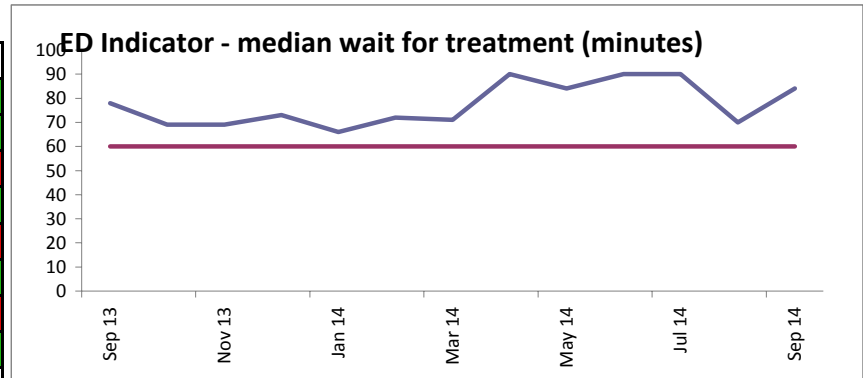
	Aug-14 arrears					
	Threshold			ICAM	SCD	WCF
Referral to Treatment 18 weeks - Admitted		Trust Projected	72%	-	-	-
		Trust Actual	78.2%	50.0%	77.6%	82.9%
Referral to Treatment 18 weeks - Non-admitted		Trust Projected	80%	-	-	-
		Trust Actual	93.7%	92.1%	93.5%	96.6%
Referral to Treatment 18 weeks - Incomplete		Trust Projected	84%	-	-	-
		Trust Actual	86.9%	90.8%	83.6%	89.7%
Referral to Treatment 18 weeks - 52 Week Waits	0	Trust Actual	0	0	0	0
Diagnostic Waits	99%	Trust Actual	100.0%	100.0%	100.0%	100.0%

Through July, August and Sept additional funding has been provided to increase the number of patients treated on the 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.

Further additional capacity has been funded which will be implemented up to the end of December 2014.



	Threshold	Trust Actual		YTD
		Aug-14	Sep-14	
Emergency Department waits (4 hrs wait)	95%	96.4%	95.5%	95.8%
Wait for assessment (minutes - 95th percentile)	<=15	16	14	15
ED Indicator - median wait for treatment (minutes)	60	70	84	88
Total Time in ED (minutes - 95th percentile)	<=240	240	240	240
ED Indicator - % Left Without Being seen	<=5%	4.8%	6.30%	5.9%
12 hour trolley waits in A&E	0	0	0	0
Ambulance handovers 30 minutes	0	2	arrears	28
Ambulance handovers exceeding 60 minutes	0	0	arrears	0
30 day Emergency readmissions	-	213	arrears	TBC

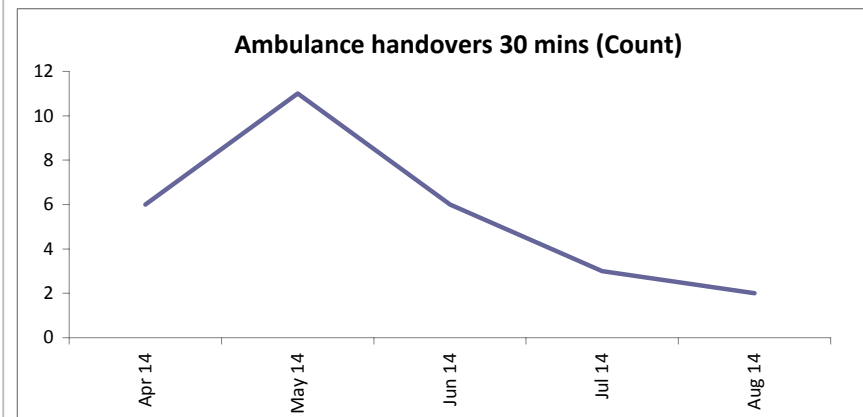
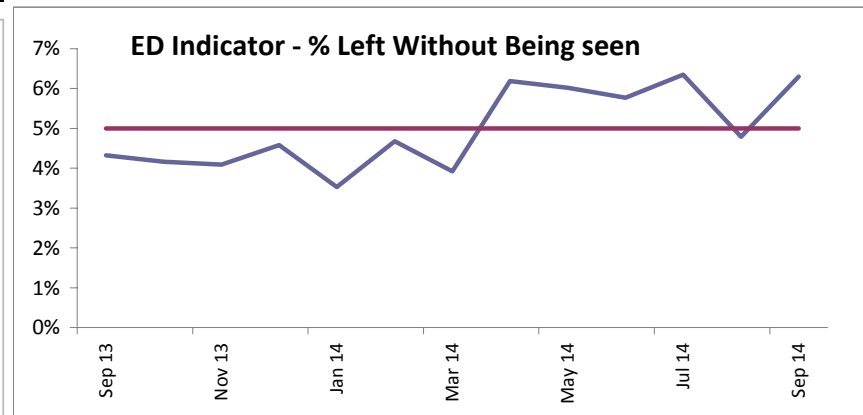


The Emergency Department performance was achieved in September for the 4 hour national standard. Improvements in the median time to treatment are underway which include, a rebuild of the front entrance and treatment rooms space to allow early assessment and treatment in the first hour of the patient 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 patient who choose not to wait in ED.

The 30 min and 60 min ambulance standard have been reviewed and will improve when the space for handover is completed.

Redevelopment of the ED Ambulance handover area and assessment cubicles commences in October. This will provide more capacity for early assessment, treatment and ambulance handover.



	Threshold	Trust Actual	Aug-14			2014/15				
			ICAM	SCD	WCF	Q1	Q2 TD	Q3	Q4	YTD
Cancer - 14 days to first seen	93%	88.2%	92.0%	87.8%	86.8%	89.3%	88.2%			89.9%
Cancer - 14 days to first seen - breast symptomatic	93%	94.0%	-	94.3%	-	83.7%	94.0%			87.2%
Cancer - 31 days to first treatment	96%	100%	100%	100%	100%	100%	100%			100%
Cancer - 31 days to subsequent treatment - surgery	94%	100%	-	100%	-	100%	100%			100%
Cancer - 31 days to subsequent treatment - drugs	98%	100%	-	100%	-	100%	100%			100%
Cancer - 62 days from referral to treatment	85%	92.6%	100%	97.7%	40.0%	91.5%	88%			89.9%
Cancer - 62 days from consultant upgrade	-	100%	-	-	100%	67.0%	100%			100.0%

Cancer - 14 days to first seen

Issue : Patient choice.

Action: A meeting has been held with London Cancer Board and other providers to look at further improvements to assist achieving this standard.

Timescale - Immediate

Cancer - 14 days to first seen - breast symptomatic

Issue: Improvement for Q2, but monitored closely for sustainable delivery.

Action: The redesign of this pathway has been completed and has been implemented. Monitoring process in place.

Timescale: Immediately

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

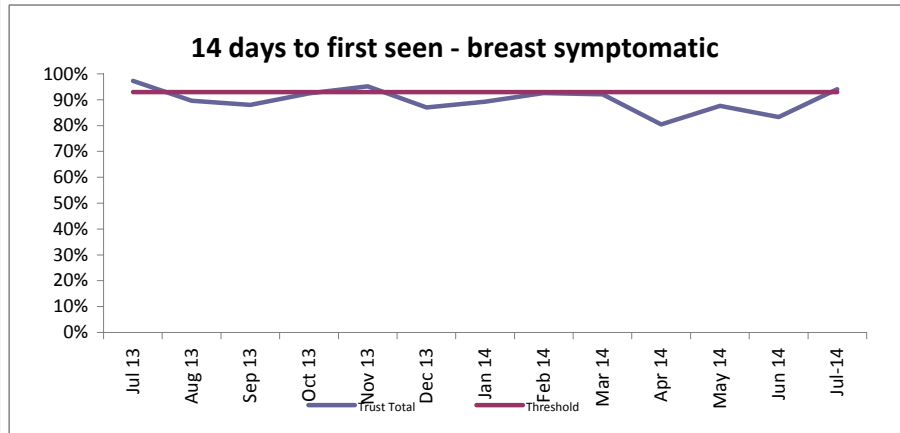
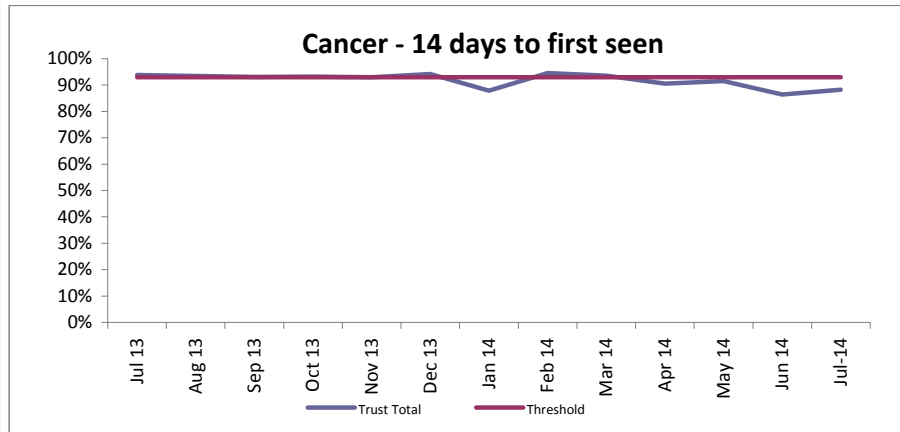
Cancer - 31 days to subsequent treatment - surgery - Sustainably delivering 100% compliance.

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

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

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

The Whittington has shown a significant improvement in the National Cancer Patient Experience Survey for 2014. Responses to 13 of the questions put the Whittington in the top 20 %of trusts in England. We were also the highest performer in London and London Cancer have asked to come and meet with us as we are also the most improved Trust.



	Threshold	Trust Actual			YTD
		Jul-14	Aug-14	Sep-14	
Women seen by HCP or midwife within 12 weeks and 6 days	90%	86.4%	83.7%	86.4%	86.1%
New Birth Visits - Haringey	95%	89.3%	90.4%	Arrears	89.1%
New Birth Visits - Islington	95%	91.7%	89.0%	Arrears	91.5%
Elective Caesarean Section rate	<14.8%	14.7%	8.4%	10.4%	10.0%
Emergency Caesarean Section rate	-	18.1%	20.4%	19.1%	20%
Breastfeeding initiated	90%	86.3%	90.9%	91.6%	90.7%
Smoking at Delivery	<6%	7.0%	5.5%	5.1%	4.8%

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

Issue: Overall performance continues to be below the 90% threshold due to patients choice. Maternity is working on one named Midwife throughout the pregnancy to give continuity of carer.

Action: PAN London Maternity network discussion on-going regarding this measurement.

Timescale: On-going

New Birth Visits

Issue: Rates remain around 90% across both boroughs.

Action: Recruitment and training programmes in place to increase numbers of health visitors.

Timescale: On-going

Caesarean Section rates

Issue: The emergency C-section rate continues to be above the national average.

Action: Multiple work streams are in place to help reduce rates including improved education for women and a VBAC clinic (Vaginal birth after C-section Clinics).

Timescale: On-going

Breastfeeding

Issue: Breastfeeding initiated compliant for second consecutive month.

Action: Work continues on the Level 2 Unicef Breastfeeding initiative.

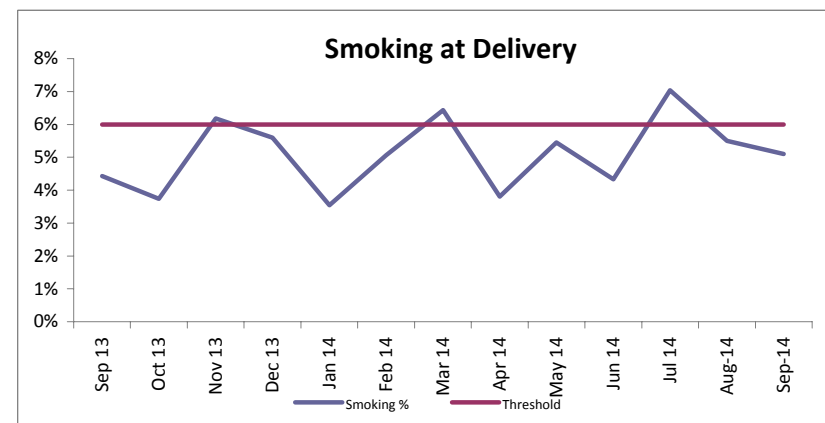
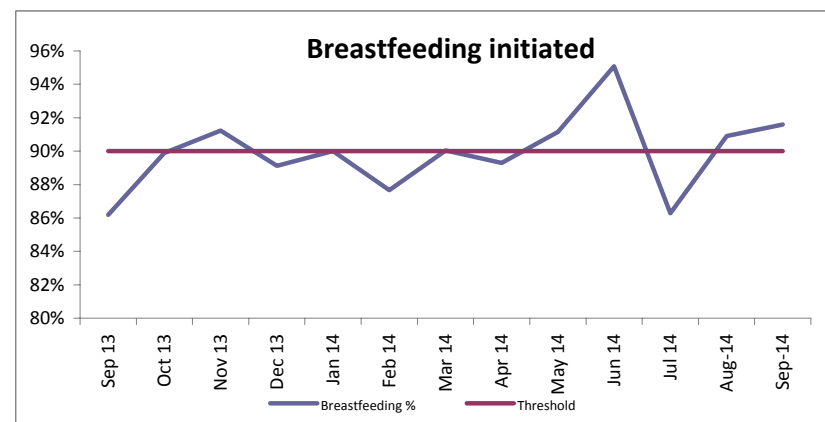
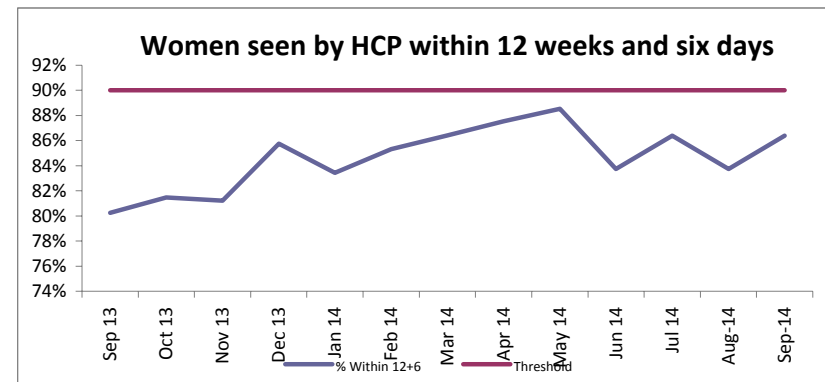
Timescale: Due for completion in October

Smoking:

Issue: Smoking at time of delivery remains at a compliant position for consecutive month.

Action: Public Health Midwife is investigating how to introduce smoking cessation services for pregnant women.

Timescale: November 2014



Workforce	Threshold	Trust					
		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Starting Point for Workforce 14/15		4,403	4,403	4,403	4,403	4,403	4,403
Planned reductions		0	-18	-46	-63	-74	-66
Contract Additions		4	15	12	17	22	34
Total		4	3	34	45	52	31
Revised Workforce Plan		4,407	4,400	4,369	4,358	4,351	4,372
Headcount wte Total		4,404	4,397	4,366	4,398	4,429	4,374
Variance to workforce Plan		3	3	3	40	78	-2

Variance to revised plan to date:

The variance in July in additional 40 staff and August in additional 78 staff relates to junior doctor change over and also additional new nursing staff in induction. Between August and September, there were contract reductions and reduced numbers in whole time equivalent (wte), workforce changes are on track with only 2 WTE behind the target, a large amount of work is underway to reduce usage of bank and agency staff and redesign roles.

Management of the workforce	Threshold	Trust					
		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Trust Turnover Rate	<13%	15.1%	14.1%	14.0%	13.9%	13.7%	13.4%
Total trust vacancy rate	<13%	13.4%	14.2%	14.3%	14.1%	14.1%	13.2%
Sickness rates	<3%	2.7%	2.6%	2.8%	2.8%	2.8%	2.6%
Overtime wte	-	123	118	113	94	113	99.66
Bank Hours expenditure	-	1,523	1,580	1,519	1,402	1,602	1,472
Agency Hours expenditure	-	1,426	1,184	1,491	1,457	1,200	1,210

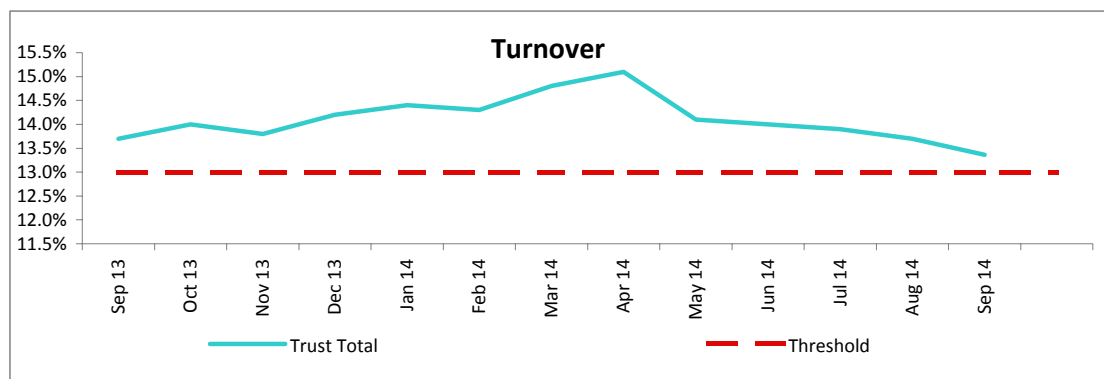
Development of the workforce	Threshold	Trust					
		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Appraisal	90%	43.0%	40.0%	39.0%	45.0%	51.0%	55.0%
Mandatory Training	90%	75.0%	77.0%	76.0%	76.0%	75.0%	73.0%

Staff FFT Results		Trust	
		Q1	Q2
Staff who would recommend the trust as a place to work	-	62%	
Staff who would recommend the trust as a place for treatment	-	74%	

		September 2014				
	Threshold	Trust Actual	ICAM	SCD	WCF	CORP
Trust Turnover Rate	<13%	13.4%	19.0%	9.6%	11.1%	11.3%
Total trust vacancy rate	<13%	13.1%	9.6%	10.4%	7.3%	29.7%
Trust level total sickness rate	<3%	2.6%	2.2%	2.4%	2.7%	3.5%

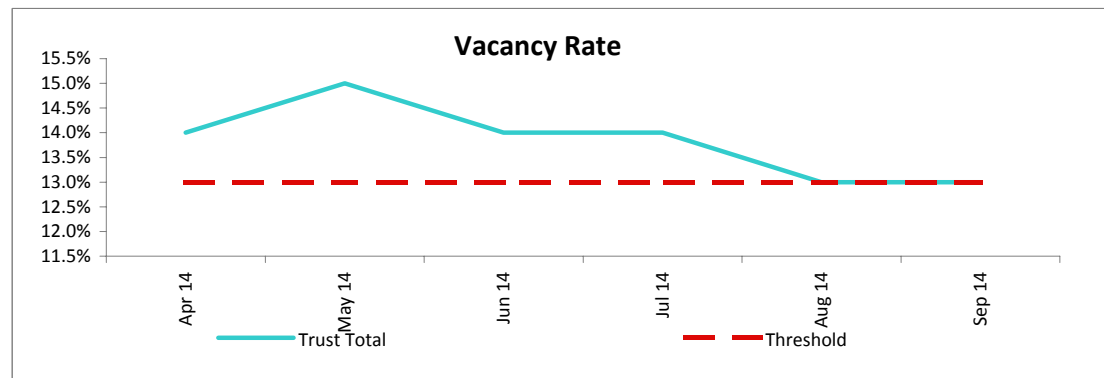
Turnover rate

Turnover for the Trust as a whole is marginally higher than the target benchmark . There are pockets of high turnover especially in nursing. There is a nurse recruitment plan in place to tackle recruitment to substantive posts and as a result retention rates should increase.



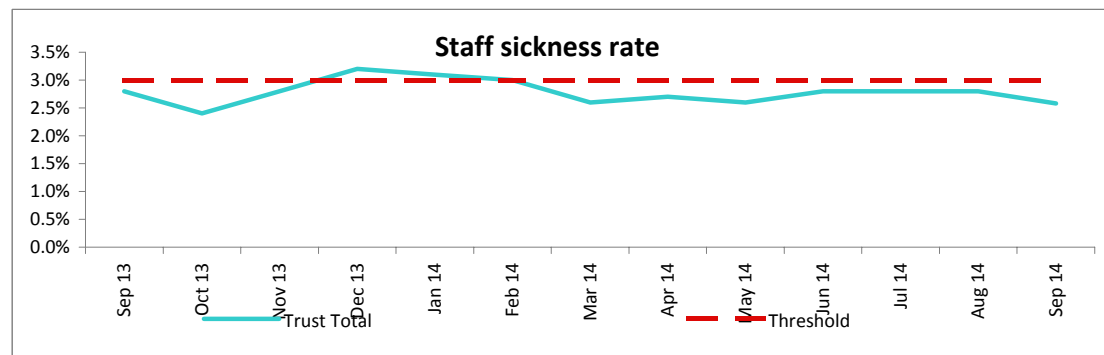
Vacancy Rates

Vacancy rates are linked to turnover and whilst the Trust total is over benchmark, the Divisions are tracking vacancies more closely through the monthly scorecard they receive from HR. The vacancy scrutiny panel which controls the governance to approve vacancies to advert has influenced the rise in vacancies especially in corporate services.



Trust Level Sickness rates

Levels for sickness rates are below the threshold, however, action plans have been developed to reduce the high Bradford scores through HR working with Divisional managers aimed at tackling long term sickness cases.

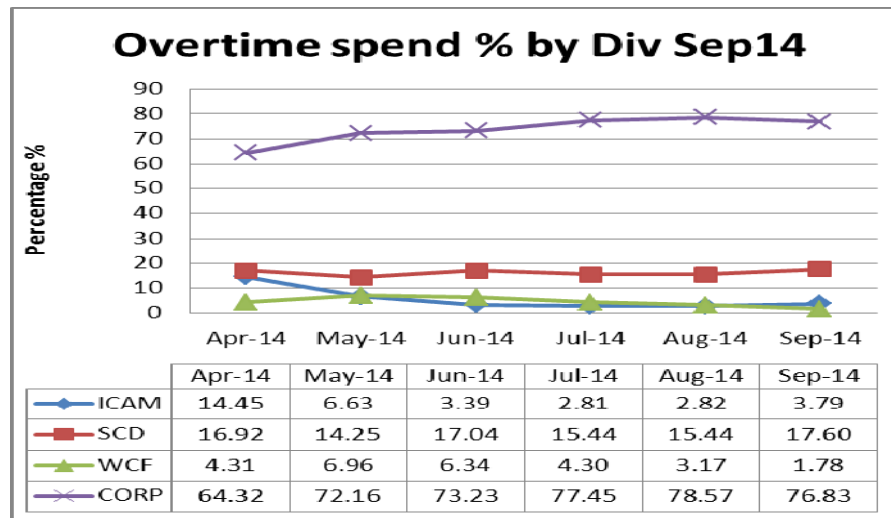


Overtime expenditure

	September 2014				
	Trust	ICAM	SCD	WCF	CORP
Overtime cost	£56,431.72	£2,136.83	£9,930.99	£1,004.14	£43,359.76

Overtime

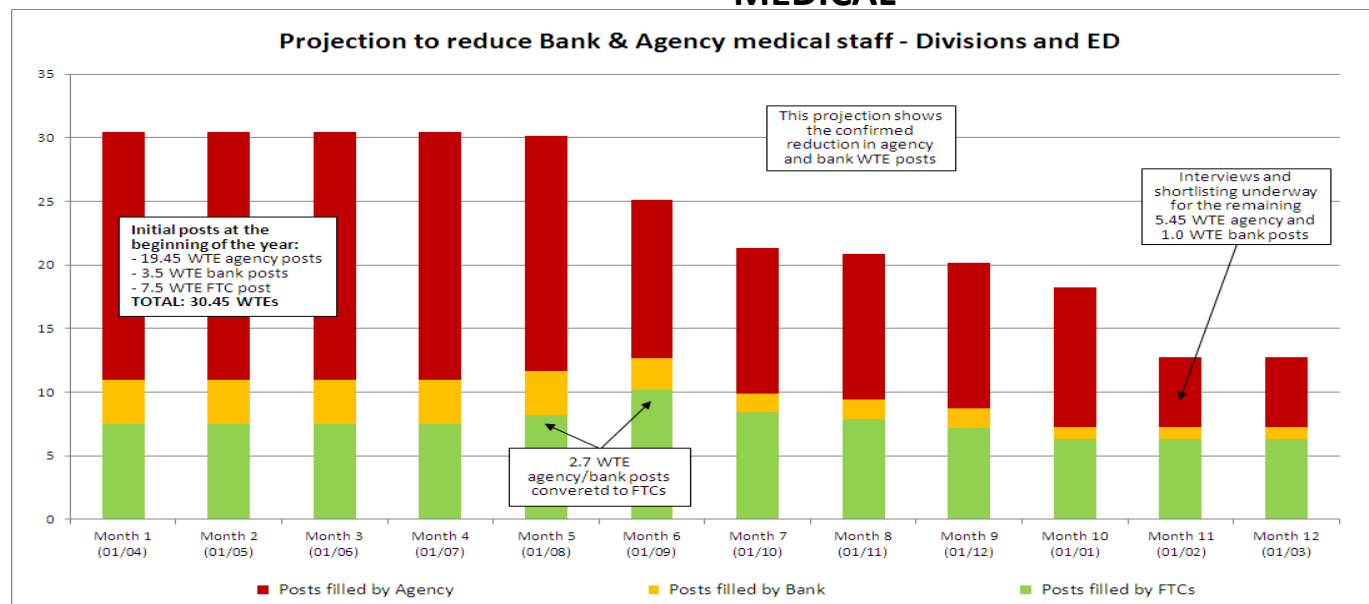
The high spend is in corporate facilities and a task and finish group is in place to find alternative ways of reducing spend. Clear guidance has been given to all staff about the rules governing overtime.



Bank & Agency usage

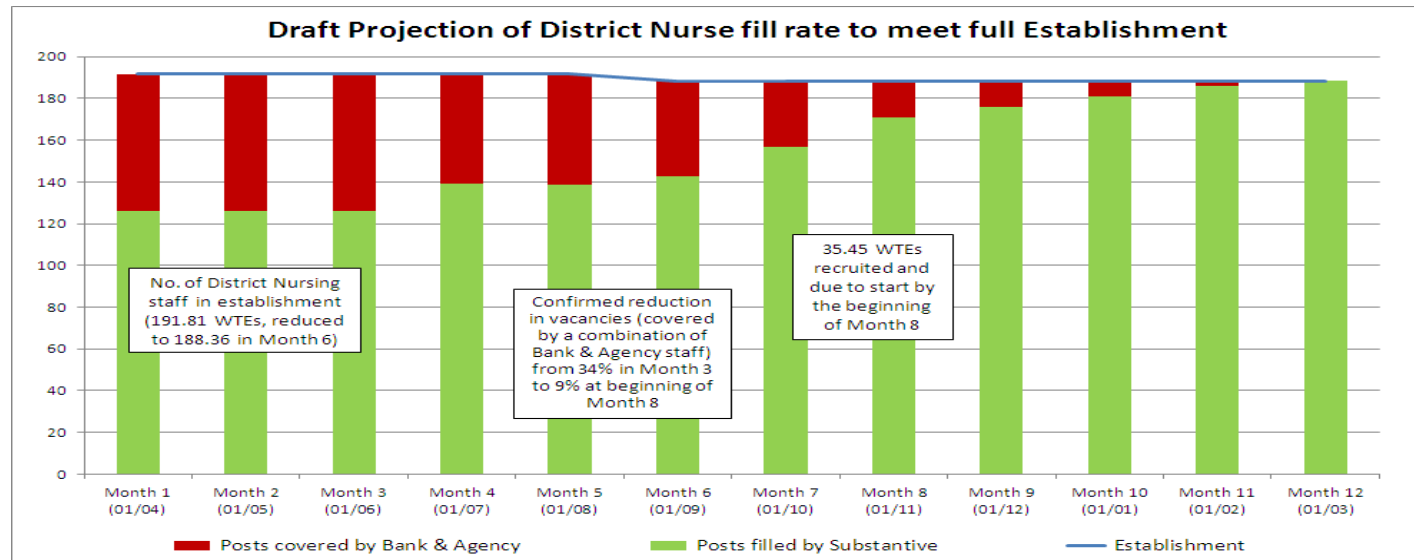
Plans have been developed to reduce the high cost medical staffing in agency and locum posts. There will continue to be posts being covered on a fixed term basis due to the needs of the service however, as fixed term posts will be paid on NHS salary scales this will be a more cost effective option than agency or bank cover.

MEDICAL



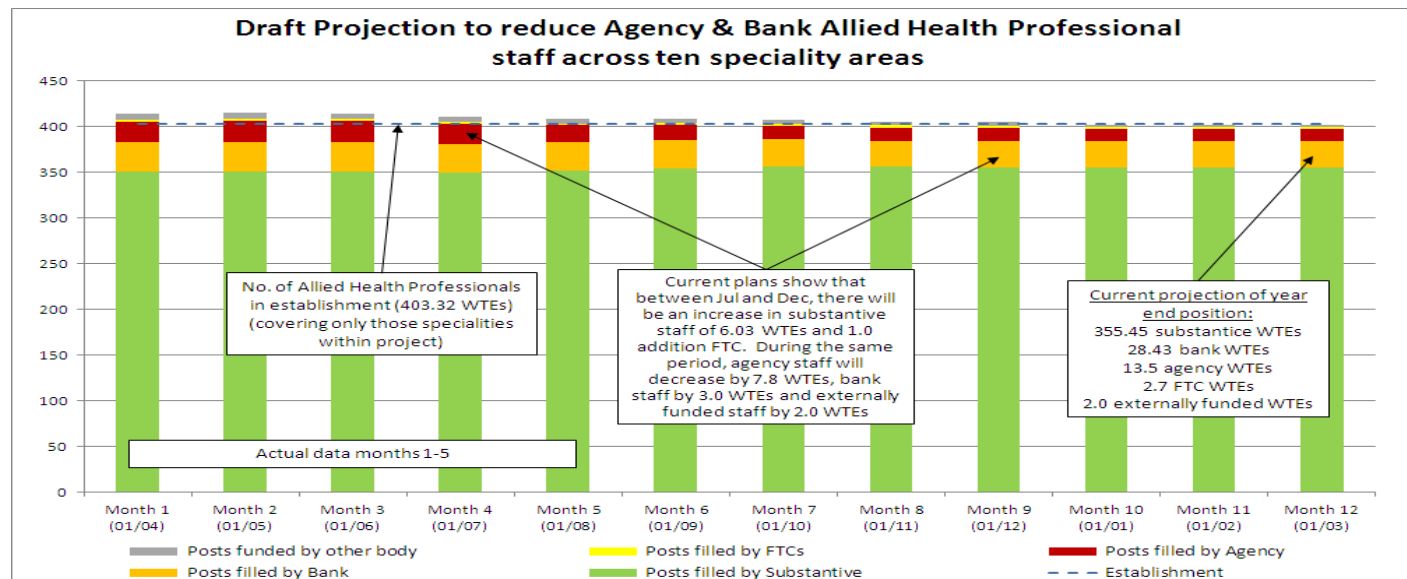
DISTRICT NURSING

District Nursing recruitment continues with the current vacancy rate down to 9% (from 34% in June 2014). More than 35 District Nursing staff have been recruited and have commenced with start dates spread up to November. A sustainable recruitment plan is in place.



ALLIED HEALTH PROFESSIONAL

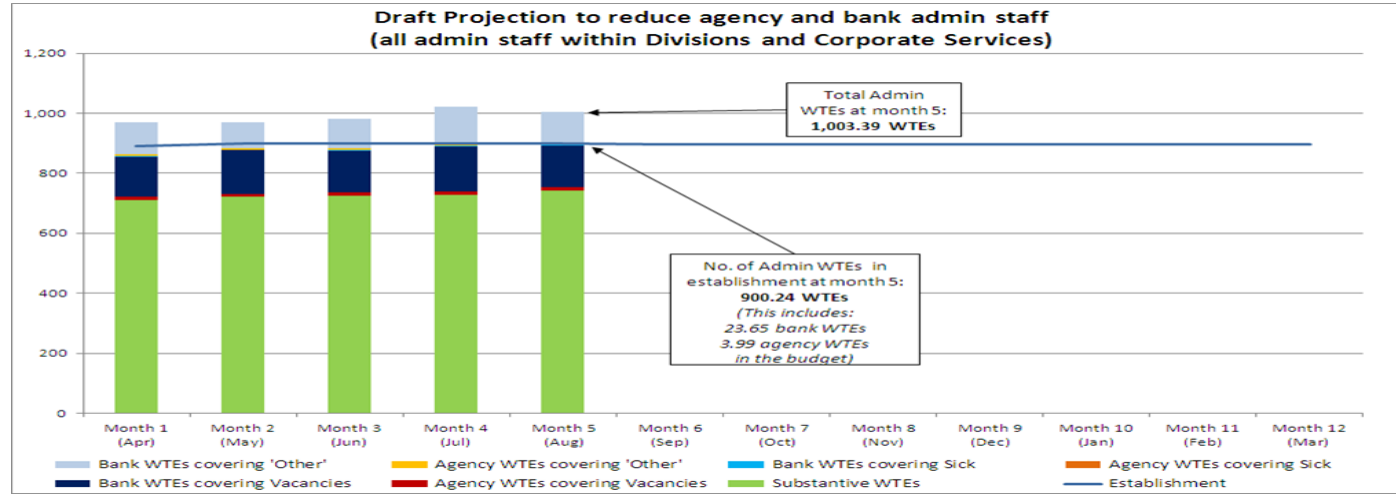
The drive is to actively recruiting to substantive AHP posts and to minimise the use of agency staff in preference for the use of Bank staff or staff on FTC. SLA's have been agreed with preferred AHP providers to offer preferential rates if agency staff are required.



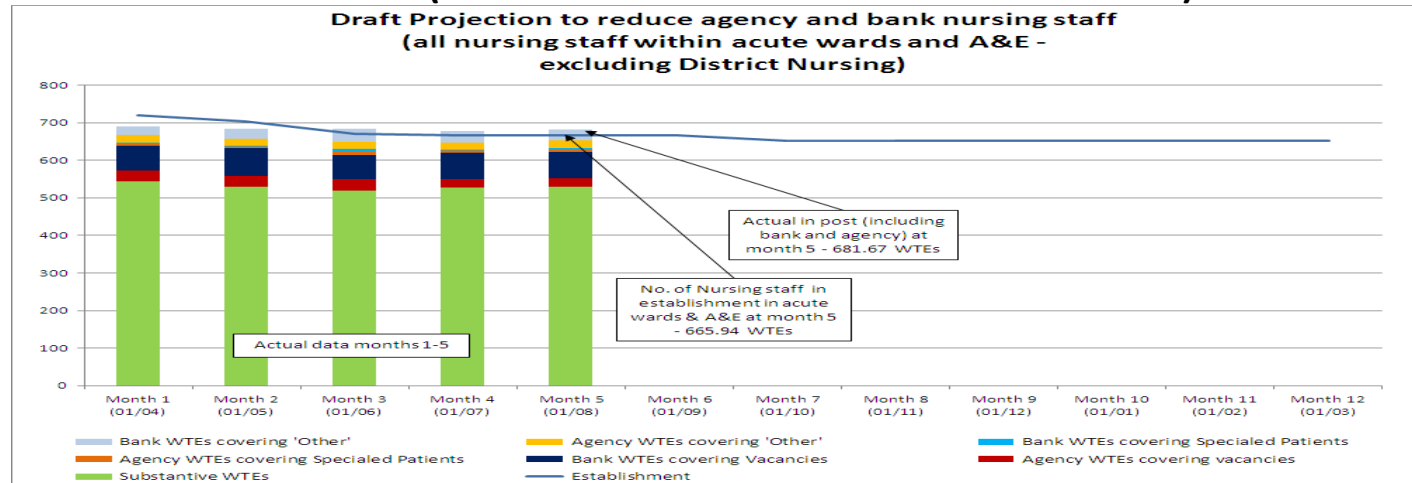
Call centre in place – Highgate wing (adult surgical and medical bookings). Call response time now down to under 2 minutes. Access centre staff undergoing customer care training. Admissions team aligned under theatres. Medical records team completed. Transcription in place and dictate 2 in final trials. Patient pathway Coordinators (PPCs) - 22 to go into areas in the next 10 weeks.

The Nursing staff projection has been recast and work continues on the end of year projection. 29 new nursing staff started in September with a further 81 already recruited and due to start between now and the end of January. There is continued focus on nursing recruitment to increase these numbers further.

ADMIN STAFF



NURSING STAFF (ACUTE WARDS AND A&E - EXCLUDING DN)

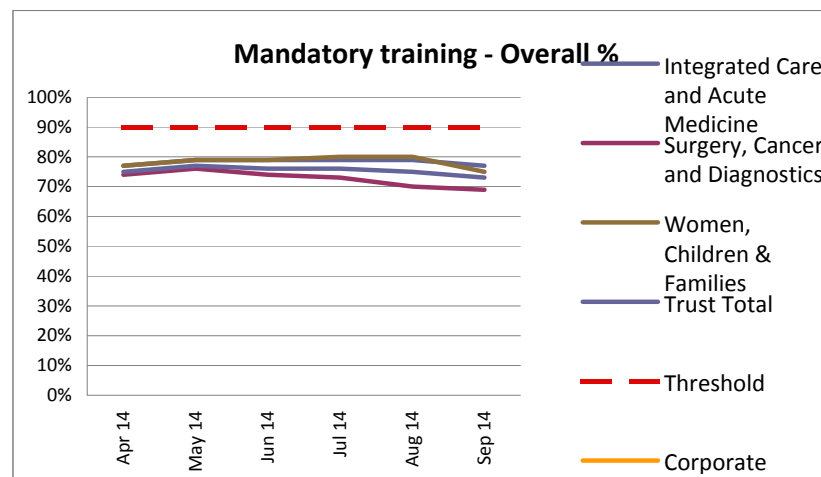


	September 2014					
	Threshold	Trust Actual	ICAM	SCD	WCF	CORP
Percentage of staff with mandatory training compliance	90%	73%	77%	69%	75%	73%
Percentage of staff with annual appraisal	90%	55%	54%	45%	68%	55%

Mandatory training

The Trust compliance rates are in line with other Trusts across London as determined by the London streamlining project. Action plans are in place to increase compliance rates.

Reporting of Corporate compliance rates only took effect from August, therefore there are no previous months' figures available to compare on the chart.



Appraisal

Following the introduction of the Trust's new appraisal scheme, a training programme for leaders and managers has taken place. The new Divisional quarterly performance meetings identifies appraisal compliance as a key metric and Directors are accountable to improving rates month on month.

Reporting of Corporate compliance rates only took effect from August, therefore there are no previous months' figures available to compare on the chart.

