

## Whittington Health Trust Board

3 December 2014

<b>Title:</b>	Performance Dashboard Report December 2014 (October data)		
<b>Agenda item:</b>	<b>14/173</b>	<b>Paper</b>	<b>6</b>
<b>Action requested:</b>	For discussion and information		
<b>Executive Summary:</b>	<p>The following is the Performance and Quality Report for December (October data), a number of highlights and areas for focus are identified.</p> <p>The Board is reminded that there is a significant amount of work occurring within the planned care pathway with additional long waiting patients being treated before the end of December. Extra capacity has been provided in the outpatients department (OPD), pre-admission, day treatment centre and inpatient areas.</p> <p>The emergency care stream did not meet the national four-hour standard because of increased demand and delays within bed capacity. Additional resources have been agreed with the system resilience steering committee and will be fully implemented in November. Performance for the emergency care standard has been a London-wide issue and strong working relationships have assisted in resolving delays and providing additional capacity and support to front line staff.</p> <p>Highlights:</p> <ul style="list-style-type: none"> <li>• First-to-follow up ratio remains below national threshold</li> <li>• Did not attend (DNA) rate in acute for first and follow up appointments continues to fall for 3<sup>rd</sup> consecutive month</li> <li>• DNA rate in community remains below local target</li> <li>• Referral to treatment (RTT) extra capacity work funding extended to December 2014 on track.</li> <li>• Diagnostic waits remain on target for the second month</li> <li>• Maternity has completed Unicef level two and are awaiting confirmation to start working towards level three.</li> <li>• Complaints response rate within 25 days is improving, now at 77 per cent</li> <li>• Ward cleanliness continues to improve</li> <li>• No MRSA to date</li> </ul> <p>Focus:</p>		

	<ul style="list-style-type: none"> <li>• RTT- admitted and non-admitted projections on track, incomplete pathways have a back log of OPD discharges to be completed, with plans in place to complete these.</li> <li>• Cancer – breast symptomatic, projections are on track to deliver these targets consistently</li> <li>• ED standard – not achieved, health economy plan in place</li> <li>• Community Access Standards; action plans for community targets are in place and underway</li> </ul>						
<b>Summary of recommendations:</b>	That the Board notes the performance.						
<b>Fit with WH strategy:</b>	All five strategic aims.						
<b>Reference to related / other documents:</b>	N/A						
<b>Reference to areas of risk and corporate risks on the Board Assurance Framework:</b>	N/A						
<b>Date paper completed:</b>	21 November 2014						
<b>Author name and title:</b>					<b>Director name and title:</b>		<b>Lee Martin, Chief Operating Officer</b>
<b>Date paper seen by EC</b>		<b>Equality Impact Assessment complete?</b>		<b>Quality Impact Assessment complete?</b>		<b>Financial Impact Assessment complete?</b>	



## Efficiency and Productivity

Efficiency and productivity - acute	Threshold	Aug-14	Sep-14	Oct-14
First: Follow-up ratio - acute	2.31	1.53	1.61	1.59
Theatre Utilisation	95%	80.2%	84.1%	80.8%
Hospital Cancellations - acute - First Appointments	<2%	7.5%	6.2%	6.6%
Hospital Cancellations - acute - Follow-up Appointments	<2%	11.7%	9.2%	7.5%
DNA rates - acute - First appointments	8%	15.3%	13.2%	12.5%
DNA rates - acute - Follow-up appointments	8%	16.1%	15.1%	14.1%
Hospital Cancelled Operations	0.80%	2	8	7
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	Aug-14	Sep-14	Oct-14
Service Cancellations - Community	2%	5.1%	4.3%	7.7%
DNA Rates - Community	10%	8.0%	8.2%	7.9%
Community Face to Face Contacts	-	51,620	64,929	68,463
Community Appointment with no outcome	0.5%	3.4%	1.2%	1.2%

## Access Standards

Referral to Treatment (in arrears)	Threshold		Jul-14	Aug-14	Sep-14
Referral to Treatment 18 weeks - Admitted	90%	Projected	84%	84%	84%
		Actual	87.9%	78.2%	75.6%
Referral to Treatment 18 weeks - Non-admitted	95%	Projected	72%	72%	72%
		Actual	94.9%	93.7%	91.5%
Referral to Treatment 18 weeks - Incomplete	92%	Projected	80%	80%	80%
		Actual	87.3%	86.9%	85.7%

Cancer Access Standards (in arrears)	Threshold	Jul-14	Aug-14	Sep-14
Cancer - 14 days to first seen	93%	88.2%	88.2%	91.6%
Cancer - 14 days to first seen - breast symptomatic	93%	94%	94%	90.8%
Cancer - 31 days to first treatment	96%	100%	100%	100%
Cancer - 31 days to subsequent treatment - surgery	94%	100%	100%	100%
Cancer - 31 days to subsequent treatment - drugs	98%	100%	100%	100%
Cancer - 62 days from referral to treatment	85%	81.6%	92.6%	93.4%

Maternity	Threshold	Aug-14	Sep-14	Oct-14
Women seen by HCP or midwife within 12 weeks and 6 days	90%	83.7%	86.4%	85.9%
New Birth Visits - Haringey	95%	90.4%	86.7%	arrears
New Birth Visits - Islington	95%	89.0%	94.1%	arrears
Elective Caesarean Section rate	14.80%	8.4%	10.4%	12.0%
Breastfeeding initiated	90%	90.9%	91.6%	89.1%
Smoking at Delivery	<6%	5.1%	5.1%	5.4%

Community Access Standards	Threshold	Aug-14	Sep-14	Oct-14
Community Dental - Patient Involvement	90%	93.0%	99.0%	95.0%
Community Dental - Patient Experience	90%	97.0%	98.0%	99.0%
MSK Waiting Times - % waiting less than 6 weeks	100%	92.8%	94.7%	93.4%
MSK Waiting Times - Consultant led (<18 weeks)	95%	82.7%	72.3%	arrears
IAPT - patients moving to recovery	50%	44.0%	44.0%	arrears
GUM - Appointment within 2 days	100%	98.9%	96.80%	100.0%

Meeting threshold

Additional capacity funding

Failed threshold

# November Trust Board Report (October data)

Referral to Treatment (in arrears)	Threshold	Jul-14	Aug-14	Sep-14
Diagnostic Waits	99%	98.5%	100%	100%
Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	0

Emergency and Urgent Care	Threshold	Aug-14	Sep-14	Oct-14
Emergency Department waits (4 hrs wait)	95%	96.4%	95.5%	93.4%
ED Indicator - median wait for treatment (minutes)	60	70	84	78
30 day Emergency readmissions	-	213	253	arrears
12 hour trolley waits in A&E	0	0	0	0
Ambulatory Care	TBC	TBC	TBC	TBC
Ambulance Handover (within 30 minutes)	0	2	3	arrears
Ambulance Handover (within 60 minutes)	0	0	0	arrears

Patient Safety	Threshold	Aug-14	Sep-14	Oct-14
Harm Free Care	95%	93.6%	93.6%	93.7%
VTE Risk assessment	95%	96.1%	96.6%	arrears
Medication Errors actually causing Serious/Severe Harm	-	0	0	0
Never Events	0	0	0	0
CAS Alerts (Central Alerting System)	-	3	6	-
Proportion of reported patient safety incidents that are harmful	-	52.1%	50.5%	52.5%
Serious Incident reports	-	9	6	7

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	-	31	31	24
NHS number completion in SUS (OP & IP)	99%	98.8%	98.2%	arrears
NHS number completion in A&E data set	95%	83.8%	86.9%	arrears

Patient Experience	Threshold	Aug-14	Sep-14	Oct-14
Patient Satisfaction - Inpatient FFT Score	-	59.6	49.8	49.0
Patient Satisfaction - ED FFT Score	-	60.1	56.6	58.3
Patient Satisfaction - Maternity FFT Score	-	57.3	75.9	86.7
Mixed Sex Accommodation breaches	0	0	0	0
Complaints	-	22	44	33
Complaints responded to within 25 working day	80%	50.0%	77.0%	arrears
Patient admission to adult facilities for under 16 years of age	-	TBC	TBC	TBC

Infection Prevention	Threshold	Aug-14	Sep-14	Oct-14
Hospital acquired MRSA infection	0	0	0	0
Hospital acquired <i>C difficile</i> Infections	19 YTD	2	1	1
Hospital acquired <i>E. coli</i> Infections	-	1	0	2
Hospital acquired MSSA Infections	-	0	0	0
Flu vaccination (starts in Oct)	40%	-	-	-
Ward Cleanliness	-	-	98.2%	-

Quality (Mortality index)	Threshold	Apr-14	May-14	Jun-14
Hospital Standardised Mortality Ratio (HSMR)	<100	65.5	56.18	54.2
Hospital Standardised Mortality Ratio (HSMR) - weekend	-	71.1	36.6	15.0
Hospital Standardised Mortality Ratio (HSMR) - weekday	-	64.5	65.5	64.7

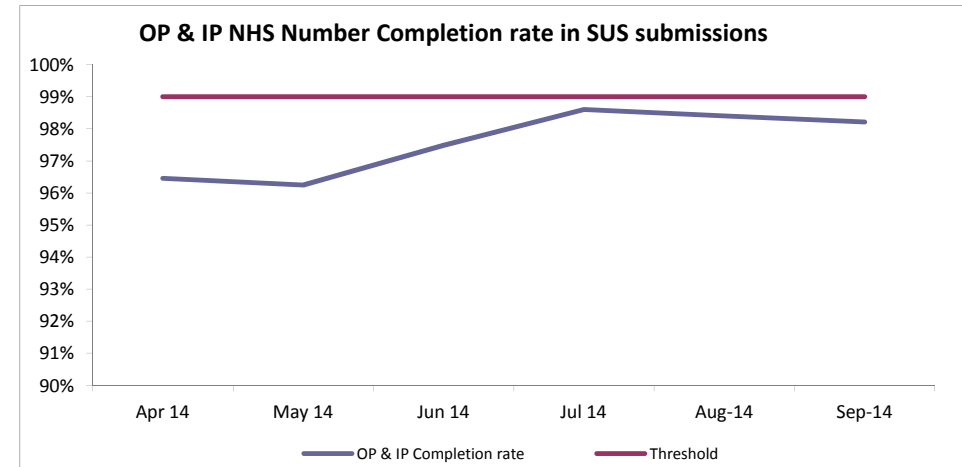
Meeting threshold

Failed threshold

	Threshold	Trust Actual		
		Aug-14	Sep-14	Oct-14
Number of Inpatient Deaths	-	31	31	24
Completion of a valid NHS number in SUS (OP & IP)	99%	98.8%	98.2%	arrears
Completion of a valid NHS number in A&E data sets	95%	83.8%	86.9%	arrears

	Standardised National Average	May-14	Jun-14	Jul-14
Hospital Standardised Mortality Ratio	<100	55.4	54.2	78.0
Hospital Standardised Mortality Ratio (HSMR) - weekend	-	71.1	36.6	15.0
Hospital Standardised Mortality Ratio (HSMR) - weekday	-	64.5	65.5	64.7

		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



### Commentary Inpatient Deaths

A process for review is being established within divisions is being established

### Completion of valid NHS number

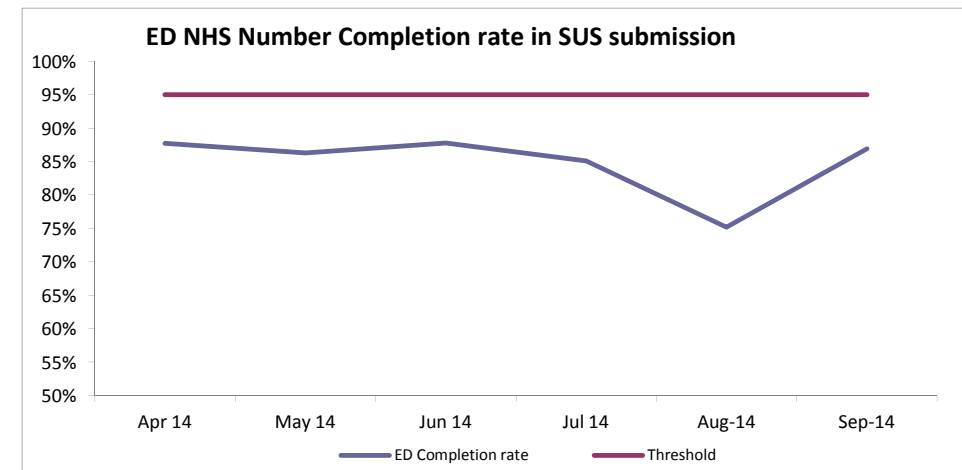
**Issue:** Last months SUS data showed just under the threshold and A&E data showed a sharp fall in compliance, this is believed to be due to the demands on the department.

**Action:** Policies were re-enforce and procedures on completing NHS number in EPR are in place.

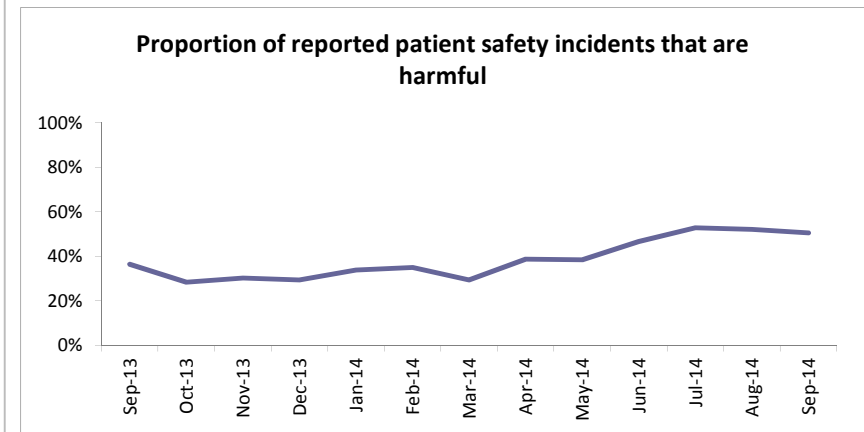
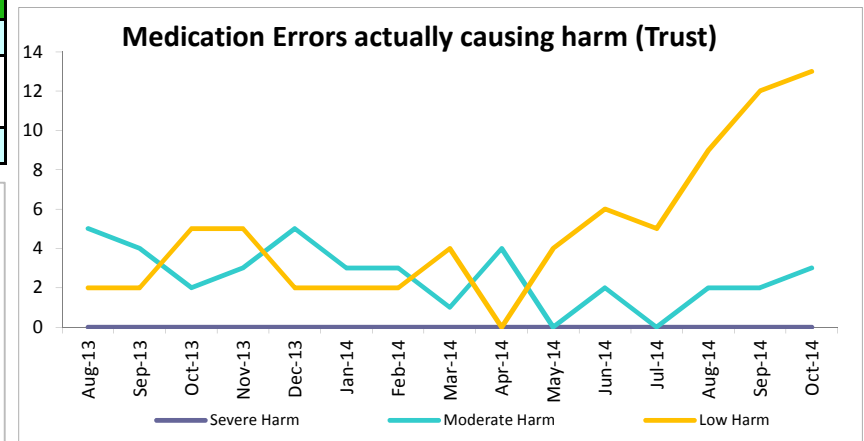
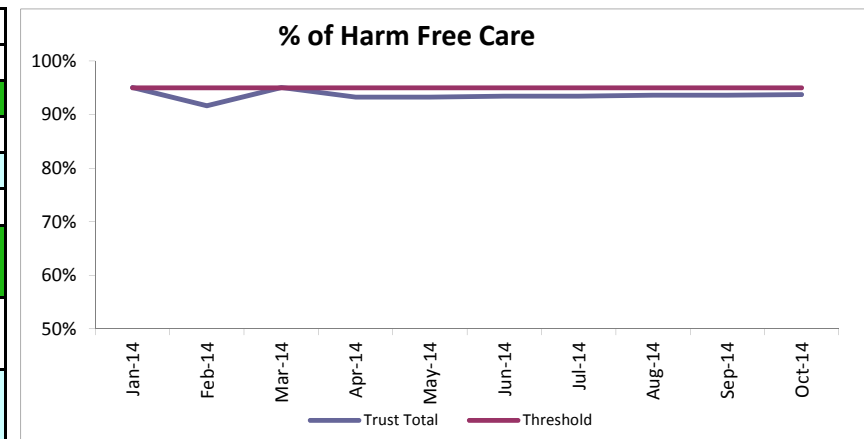
### HSMR

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

Weekday and weekend ratios are now reported monthly. The sharp drop in in July for HSMR weekend illustrated a drop in mortality of patients admitted over the weekend.



	Threshold	Trust Actual		Oct-14		
		Sep-14	Oct-14	ICAM	SCD	WCF
Harm Free Care	95%	93.6%	93.7%	92.0%	100.0%	99.3%
Pressure Ulcers (prevalence)	-	4.26%	5.40%	6.77%	0.00%	0.68%
Falls (audit)	-	1.74%	0.56%	0.71%	0.00%	0.00%
VTE Risk assessment	95%	96.6%	arrears	Reported one month in arrears		
Medication Errors actually causing <b>Serious</b> or <b>Severe</b> Harm	0	0	0	0	0	0
Medication Errors actually causing <b>Moderate</b> Harm	-	2	3	2	1	0
Medication Errors actually causing <b>Low</b> Harm	-	12	13	6	1	6
Never Events	0	0	0	0	0	0
CAS Alerts (Central Alerting System)	-	6	-	-	-	-
Proportion of reported patient safety incidents that are harmful	-	50.5%	52.5%	51.7%	50.9%	54.1%
Serious Incidents (Trust Total)	-	6	7	4	1	2



## Commentary

### Harm Free Care

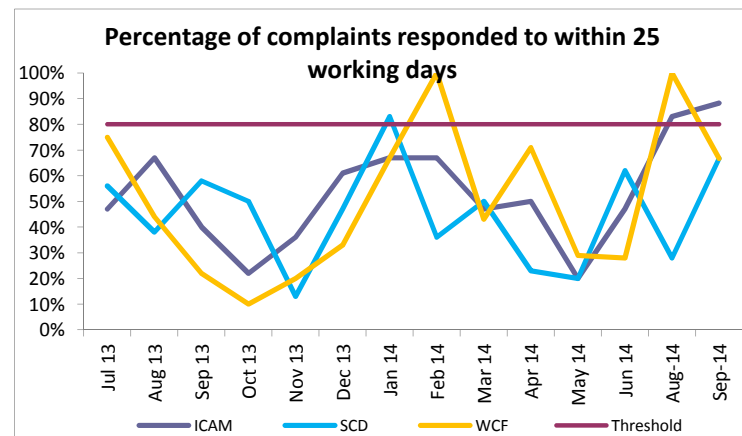
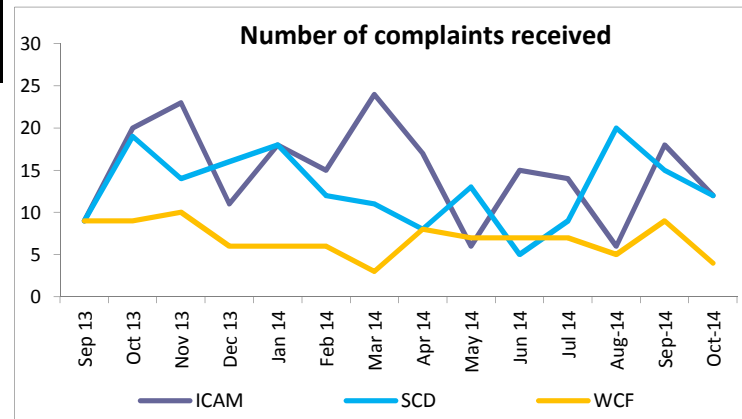
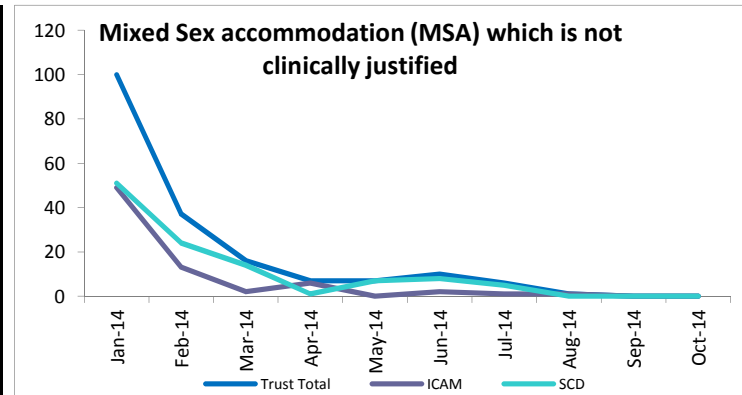
**Issue:** The reduced compliance to the Harm Free Care standard is due to pressure care incidents. Mainly in the community.

**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

All other Patient Safety indicators are being monitored.

	Threshold	Trust Actual		Oct-14		
		Sep-14	Oct-14	ICAM	SCD	WCF
Patient Satisfaction - Inpatient FFT Score	-	49.8	49.0	-	-	-
Patient Satisfaction - Emergency Department FFT Score	-	56.6	58.3	58.3	-	-
Patient Satisfaction - Maternity FFT Score	-	75.9	86.7	-	-	86.7
Mixed Sex Accommodation (not Clinically justified)	0	0	0	0	0	0
Complaints (incl Corporate)	0	44	33	12	12	4
Complaints responded to within 25 working day	80%	77%	arrears	88.2% *	66.7% *	66.7% *
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)

## Commentary

### Patient Satisfaction

**Issue:** Friends and Family Tests score improving.

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

'You said, we did' comments are shared via notice boards in all areas and a new information board has been started in Ambulatory Care Unit. OPD and community will commence next.

**Timescale:** December 2014

### Mixed Sex Accommodation

A policy and processes embedded in the services and no breaches for 3 consecutive months.

### Complaints

**Issue:** Overall score consistently below threshold, but has improved compared to last month (50%)

**Action:** 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 numbers within the overall theme of appointment bookings.

**Timescale:** Immediate

	Threshold	Trust Actual	
		Sep-14	Oct-14
MRSA	0	0	0
E. coli Infections	-	0	2
MSSA Infections	-	0	0

Oct-14		
ICAM	SCD	WCF
0	0	0
1	0	1
0	0	0

	Threshold	Oct 14	YTD
C difficile Infections	19 (Year)	1	12

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%

### Commentary

#### MRSA

Infections remain at zero.

#### E.coli Infection and MSSA:

**Issue:** 2 new E. coli infections in October.

**Action:** Action plan in place.

**Timescale:** Immediate

#### C Difficile -

**Issue:** 12 cases ytd

**Action:** Plans in place following RCA findings.

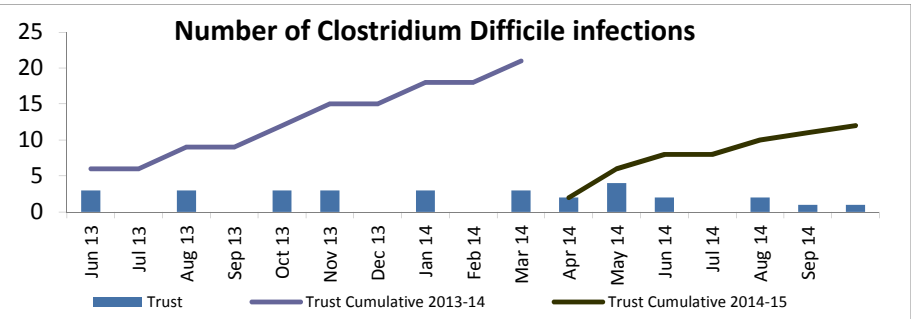
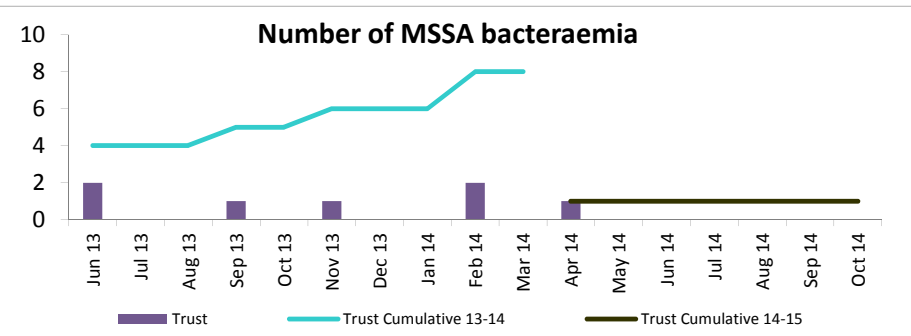
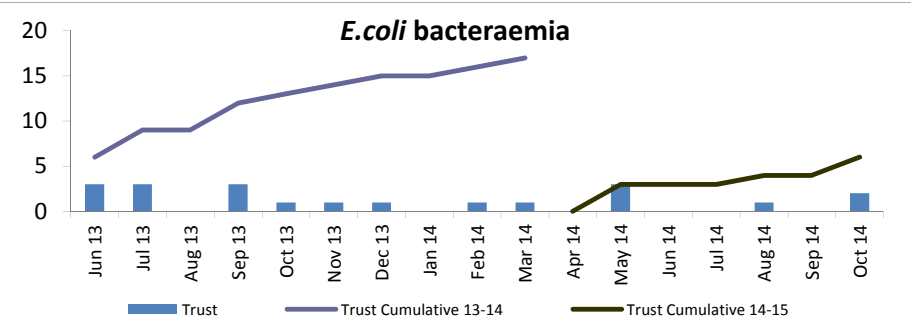
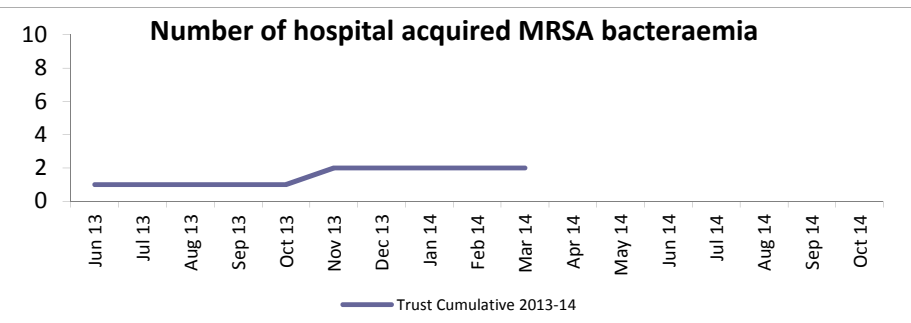
**Timescale:** As part of the on-going HCAI assurance, TDA have agreed a visit to WH, arranged for 24th November, to cross checked plans and processes.

#### 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.





	Oct-14				
	Threshold	Trust Actual	ICAM	SCD	WCF
First:Follow-up ratio - acute	2.31	1.59	2.05	1.58	1.11
Theatre Utilisation	95%	80.8%	72.6%	81.1%	79.5%
Hospital Cancellations - acute - First Appointments	<2%	6.6%	6.7%	9.2%	2.9%
Hospital Cancellations - acute - Follow-up Appointments	<2%	7.5%	7.4%	9.6%	4.9%
DNA rates - acute - First appointments	8%	12.5%	14.8%	14.8%	7.8%
DNA rates - acute - Follow-up appointments	8%	14.1%	7.4%	16.1%	10.7%
Hospital Cancelled Operations	0.80%	3.5%	0.0%	0.3%	2.4%

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

### Commentary

#### 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

**Issue :** Theatre utilisation fluctuating between 80 and 85% utilisation.

**Action :** Weekly theatre meetings in place. Reviewing of each theatre list booking with surgeon and senior manager 3 weeks in advance.

**Timescale:** An external benchmarking tool is going to be used as a pilot to see further improvements.

#### 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 is steadily improving.

**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

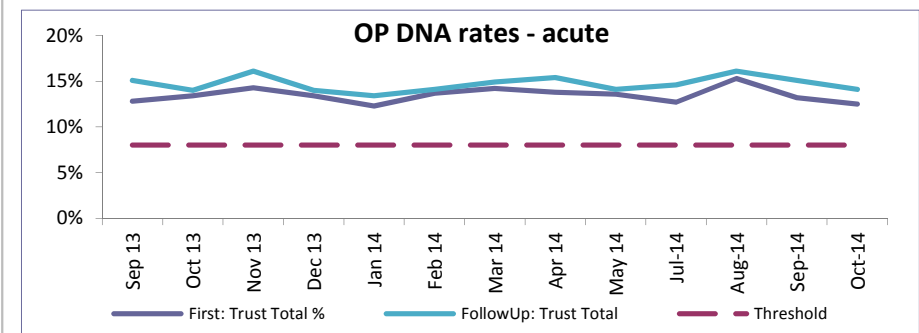
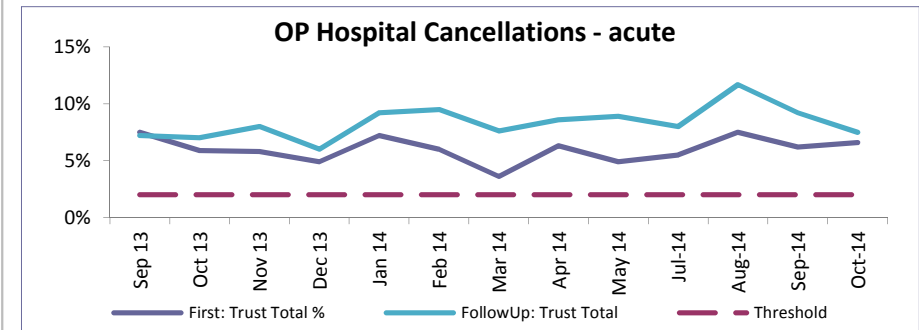
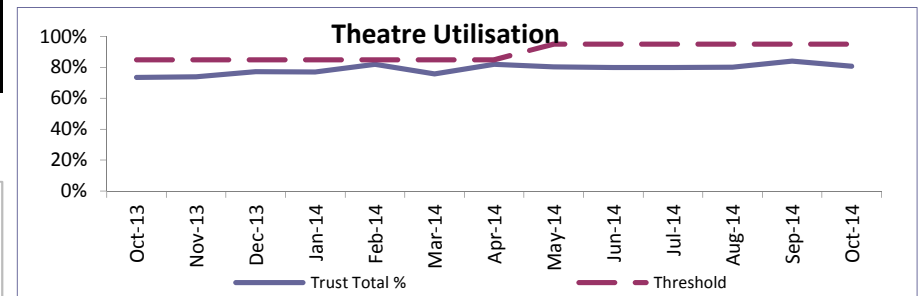
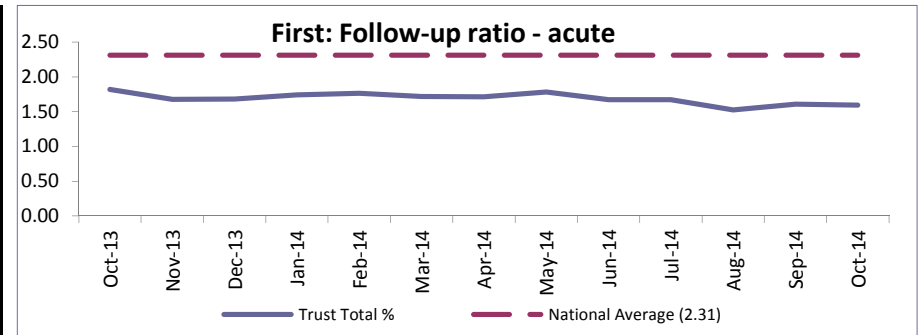
#### Hospital Cancelled Operations

**Issue:** Hospital Cancellations have increased.

There were 5 cancellations in WCF following 5 difficult cases causing delay within the list.

**Action:** The Surgical board monitor cancellations.

**Timescale:** This indicator is expected to be compliant again next month.



	Oct-14				
	Threshold	Trust Actual	ICAM	SCD	WCF
Service Cancellations - Community	2%	7.7%	8.8%	5.7%	5.3%
DNA Rates - Community	10%	7.9%	7.3%	13.0%	9.2%
Community Face to Face Contacts	-	68,463	46,222	2,163	20,078
Community Appointment with no outcome	0.5%	1.2%	1.3%	0.0%	1.1%

N.B. From October 2014, figures include Community Dental activity (SCD)

## Commentary

### 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.

**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 13% relate to the Community Dental DNA's. This is slightly up from last month 12.6%. 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 3.5% increase in face to face contacts compared to the same period last years.

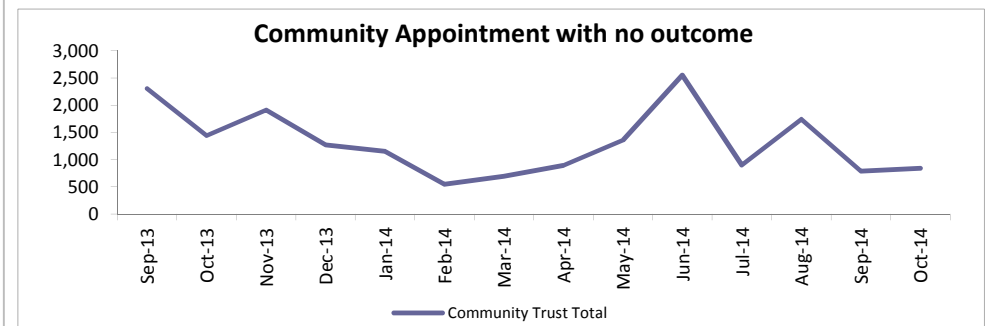
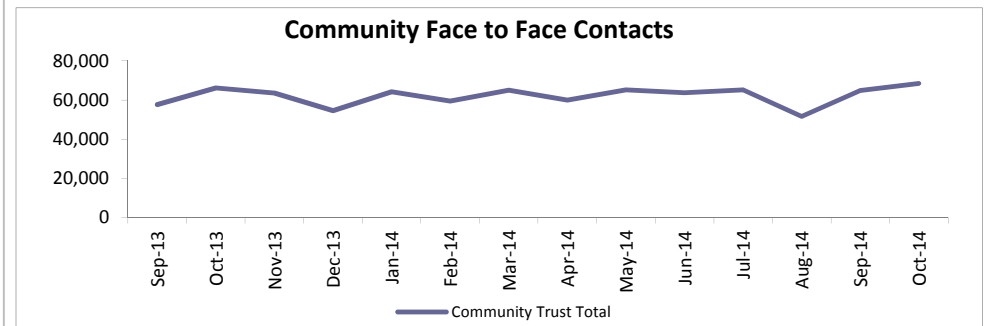
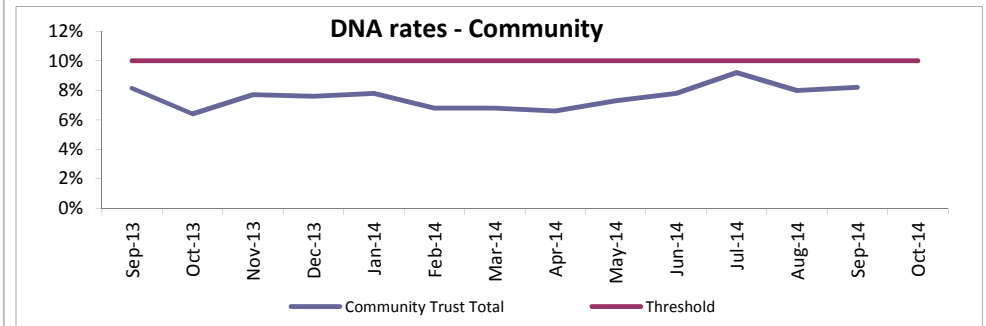
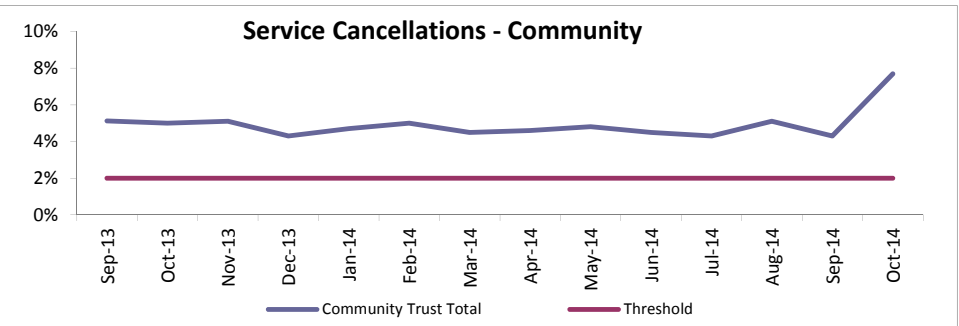
### Community Appointment with no outcome

September data was completed before the freeze date.

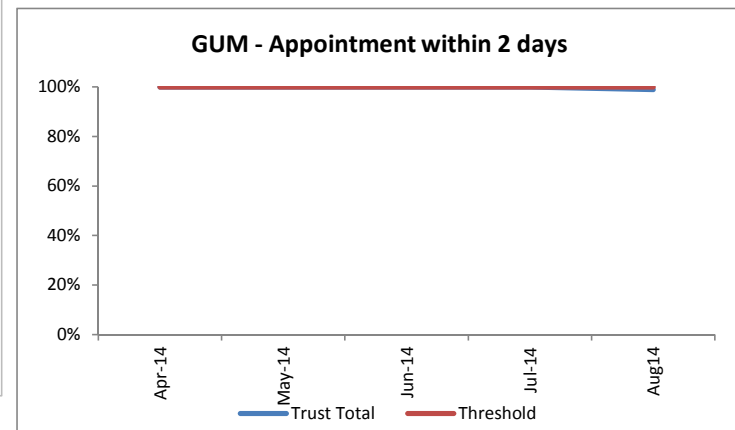
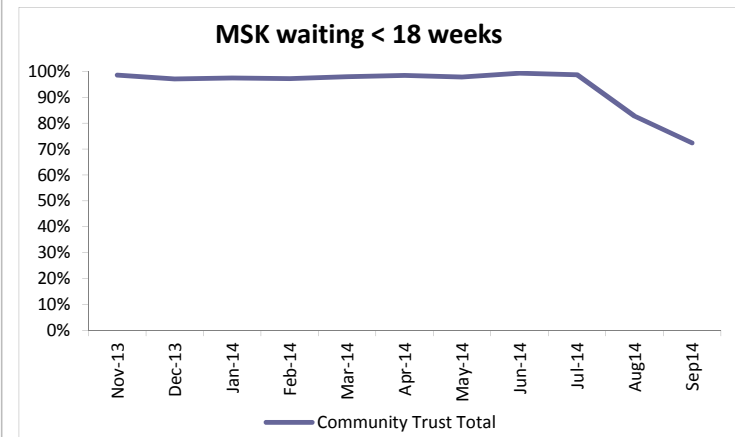
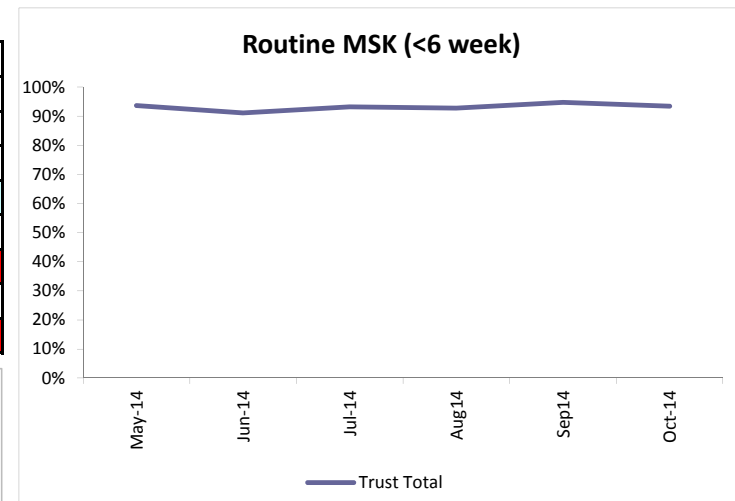
**Issue:** Above the threshold.

**Action:** Teams with high levels of un-outcomed appointments identified and processes to outcome appointments within 48 hours re-enforced.

**Timescale:** immediately



	Threshold	Trust Actual			YTD
		Aug-14	Sep-14	Oct-14	
Community Dental - Patient Involvement	90%	93.0%	99.0%	95.0%	n/a
Community Dental - Patient Experience	90%	97%	98.0%	99.0%	n/a
District Nursing Waiting Times - 2hrs assessment	-	-	-	100%	TBC
District Nursing Waiting Times - 48 hrs for visit	-	-	-	100%	TBC
MSK Waiting Times - Routine MSK (<6 weeks)	100%	92.8%	94.7%	93.4%	-
MSK Waiting Times - Consultant led (<18 weeks)	95%	82.7%	72.3%	arrears	90.6%
IAPT - patients moving to recovery	50%	44.0%	44.0%	0	-
GUM - Appointment within 2 days	100%	98.9%	96.8%	100.0%	99.8%



## Commentary

### 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:** Manual collection of data in place and reporting now started.

**Timescale:** Reporting back December 2014 on NHS Elect supporting Capacity and Demand modelling in District Nursing.

### 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.

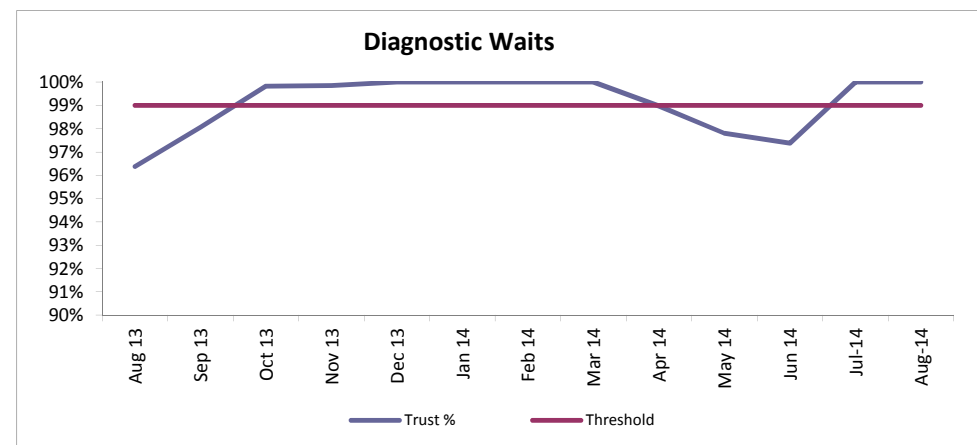
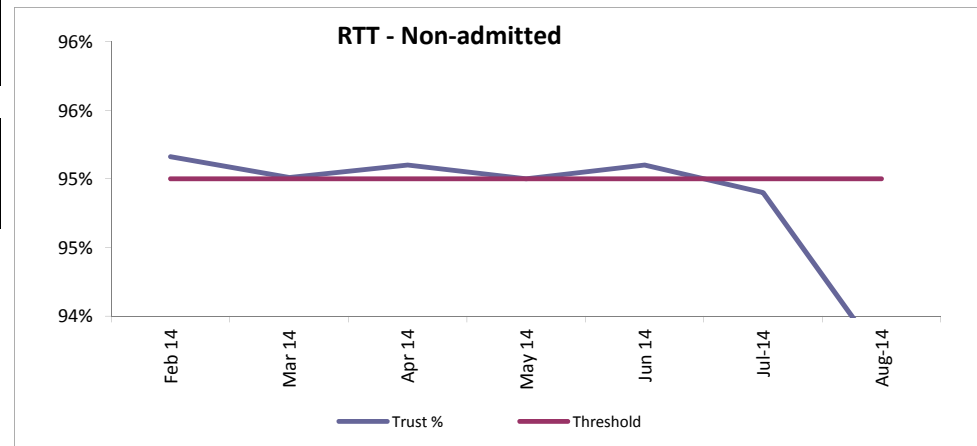
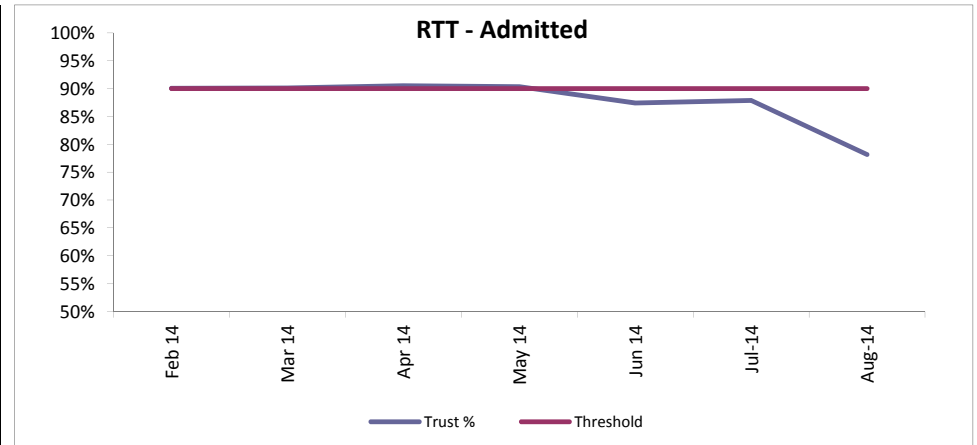
**Timescale:** Implement by December 2014

### IAPT

The national measure is below target and an improvement plan is in place.

A clinical measure of reliable recovery remains at 55%.

	Sep-14 (arrears)					
	Threshold		Trust Actual	ICAM	SCD	WCF
Referral to Treatment 18 weeks - Admitted	90%	Trust Projected	72%	-	-	-
		Trust Actual	75.6%	50.0%	77.6%	82.9%
Referral to Treatment 18 weeks - Non-admitted	95%	Trust Projected	80%	-	-	-
		Trust Actual	91.5%	92.1%	93.5%	96.6%
Referral to Treatment 18 weeks - Incomplete	92%	Trust Projected	84%	-	-	-
		Trust Actual	85.7%	90.8%	83.6%	89.7%
Referral to Treatment 18 weeks - 52 Week Waits	0		0	0	0	0
Diagnostic Waits	99%		100.0%	100.0%	100.0%	100.0%

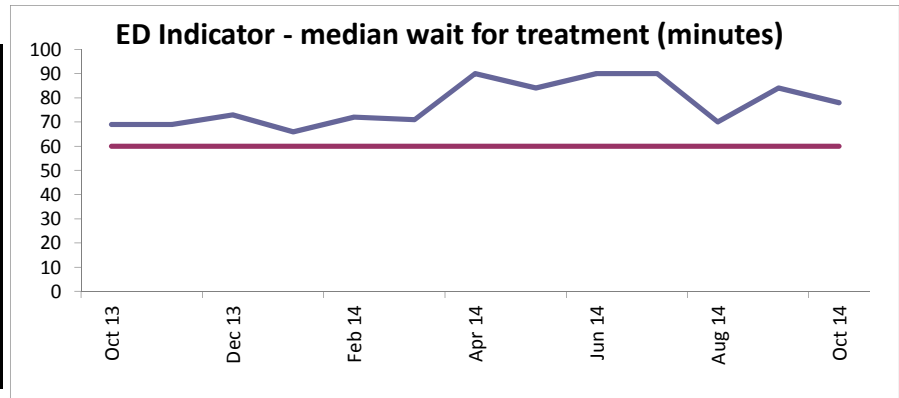


### Commentary

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
		Sep-14	Oct-14	
Emergency Department waits (4 hrs wait)	95%	95.5%	93.4%	95.4%
Wait for assessment (minutes - 95th percentile)	<=15	14	15	15
ED Indicator - median wait for treatment (minutes)	60	84	78	88
Total Time in ED (minutes - 95th percentile)	<=240	240	327	240
ED Indicator - % Left Without Being seen	<=5%	6.3%	5.6%	5.9%
12 hour trolley waits in A&E	0	0	0	0
Ambulance handovers 30 minutes	0	3	arrears	31
Ambulance handovers exceeding 60 minutes	0	0	arrears	0



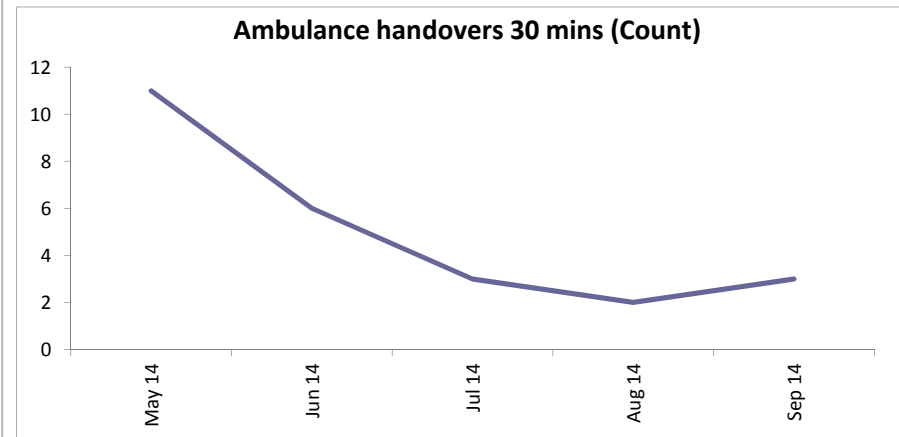
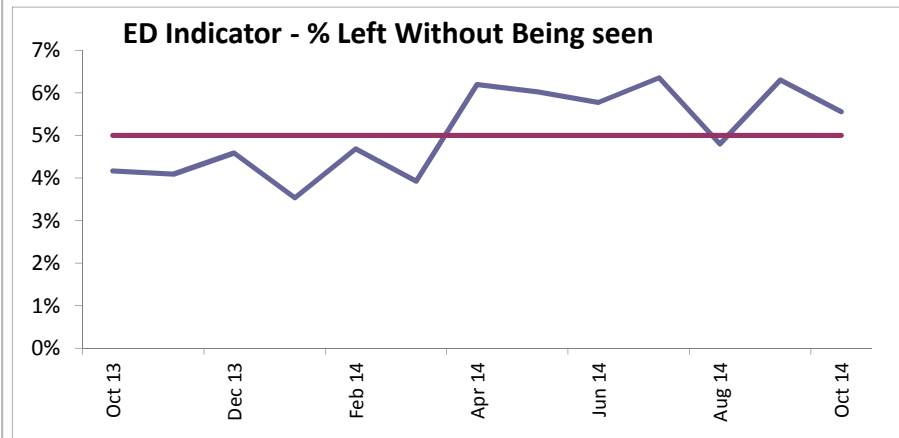
### Commentary

Emergency Department standard was not achieved during October. The system resilience group has agreed and gained assurance that the resilience plan (winter plan) was aligned to demand. Further plans have been agreed to support emergency care patients and achievement of the national standard.

All additional resources are in place for the first stage plan (resilience 1) and all additional resources will be in place (resilience 2) by middle of November.

Whittington Health is working with all providers to ensure patient flow, senior staff have also been asked to support inpatient wards, and access centre to ensure any delays in patient flow are progressed asap. Strong working relationships are being seen with Social Care, London Ambulance Service (LAS), other hospitals and voluntary sector.

Ensuring patient flow has been an essential to allow LAS to hand over patients and return to meet LAS demand.



	Threshold	Trust Actual	Sep-14			2014/15				
			ICAM	SCD	WCF	Q1	Q2	Q3	Q4	YTD
Cancer - 14 days to first seen	93%	91.6%	93.9%	91.1%	93.2%	89.3%	88.9%			89.1%
Cancer - 14 days to first seen - breast symptomatic	93%	90.8%	-	90.8%	-	83.7%	93.4%			89.2%
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%	93.4%	75%	96.2%	-	91.5%	89.6%			90.6%
Cancer - 62 days from consultant upgrade	-	57%	-	67%	0%	75.0%	100%			100.0%

### Commentary

#### Cancer - 14 days to first seen

**Issue:** Improvement on last month 88.2% But still below the threshold due to 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:** A significant number of patients deferred to be seen in August due to holidays and thus were seen in September 2014.

**Action:** The new process utilises specialist nurses to encourage patients to attend in 14 days which is showing improvement in November 14. 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.

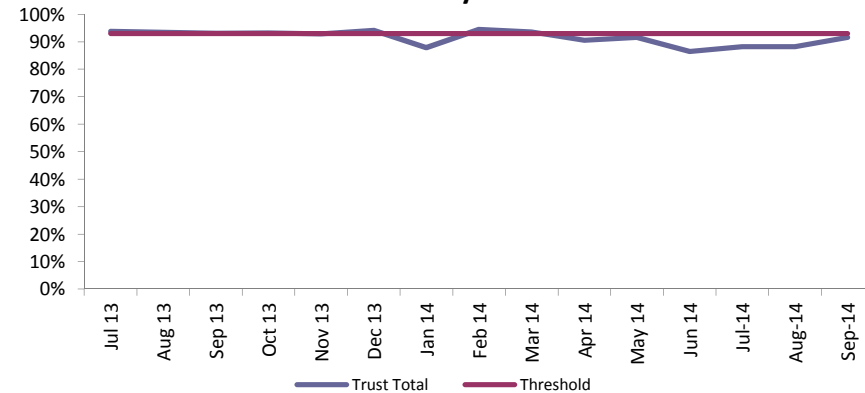
**Cancer - 31 days to subsequent treatment - drugs** - Sustainably delivering 100% compliance.

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

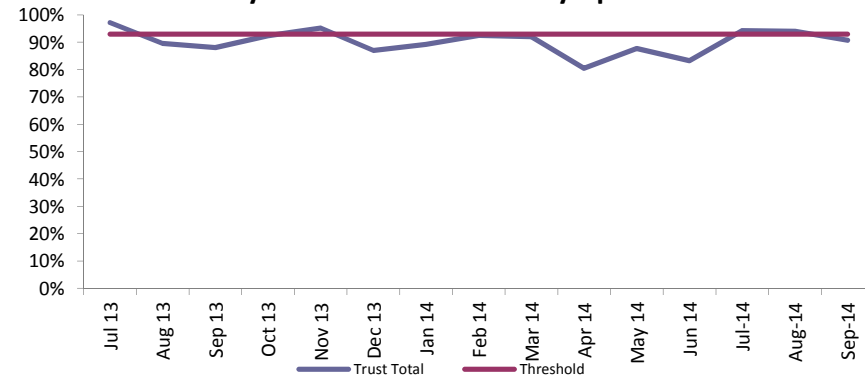
**Cancer - 62 days from consultant upgrade** - No national standard for this indicator.

The Whittington Hospital 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.

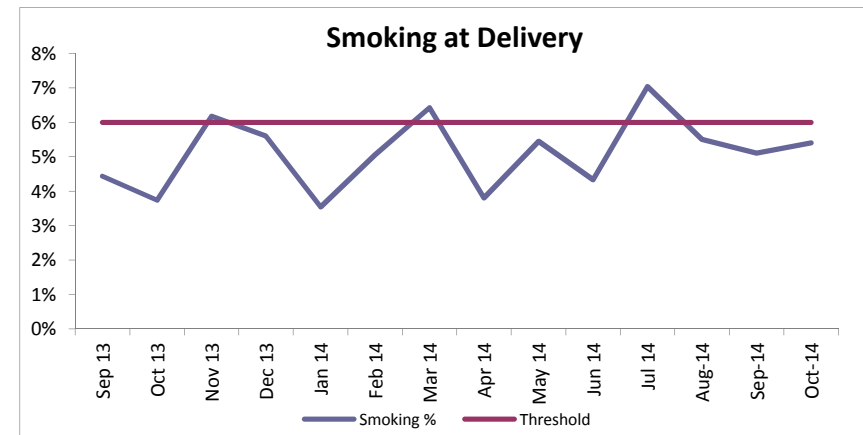
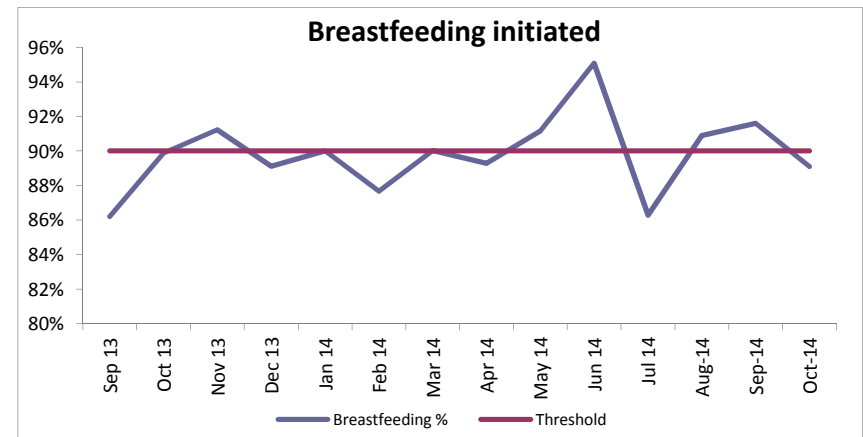
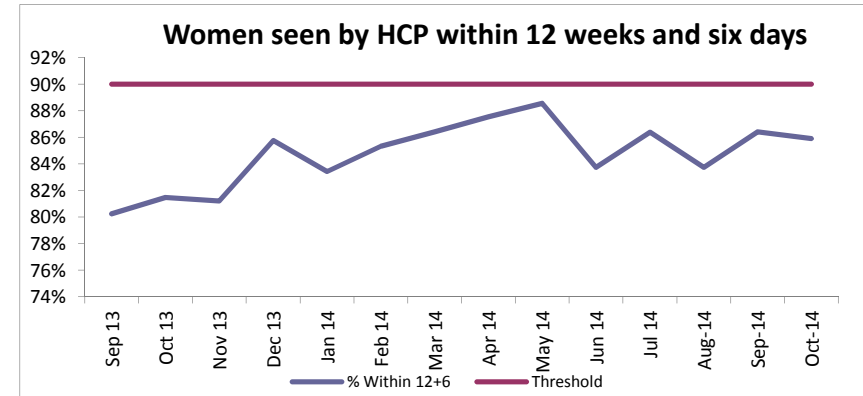
### Cancer - 14 days to first seen



### 14 days to first seen - breast symptomatic



	Threshold	Trust Actual			YTD
		Aug-14	Sep-14	Oct-14	
Women seen by HCP or midwife within 12 weeks and 6 days	90%	83.7%	86.4%	85.9%	86.0%
New Birth Visits - Haringey	95%	90.4%	86.7%	Arrears	89.1%
New Birth Visits - Islington	95%	89.0%	94.1%	Arrears	91.5%
Elective Caesarean Section rate	14.80%	8.4%	10.4%	12.0%	10.3%
Emergency Caesarean Section rate	-	20.4%	19.1%	19.3%	20%
Breastfeeding initiated	90%	90.9%	91.6%	89.1%	90.5%
Smoking at Delivery	<6%	5.5%	5.1%	5.4%	5.2%



### Commentary

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

**Issue:** Overall performance continues to be below the 90% threshold due to patient 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 elective C-section rate continues to be below 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:** Below threshold after 2 months of compliance due to patient choice.

**Action:** Work completed on the Level 2 Unicef Breastfeeding initiative. Awaiting confirmation to start working towards level 3.

**Timescale:** Due in December.

#### Smoking:

**Issue:** Smoking at time of delivery remains at a compliant position for 3rd consecutive month.

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

**Timescale:** November 2014 (reporting back in December 14)

Headcount	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14
Starting Point for Workforce 14/15	4,403	4,403	4,403	4,403	4,403	4,403	4,403
Planned Changes (reductions)	0	(18)	(46)	(63)	(74)	(66)	(111)
Contract Additions	4	15	12	17	22	34	46
<b>Total</b>	<b>4</b>	<b>(3)</b>	<b>(34)</b>	<b>(45)</b>	<b>(52)</b>	<b>(31)</b>	<b>(65)</b>
Revised Workforce Plan	4,407	4,399	4,369	4,358	4,351	4,372	4,338
Headcount wte Total	4,404	4,397	4,366	4,399	4,429	4,374	4,383
Variance to Revised Plan	3	2	3	(41)	(78)	(2)	(45)

The variance in July (41) and August (78) 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). The Vacancy Scrutiny Panel (VSP) continues to review all vacancies and looks at alternative ways of covering non-clinical vacancies. This month compared to September the total no. of WTEs increased by 45. This was due to funded winter resilience projects commencing. The Board should be aware that the additional staff are mostly agency, however, the drive to reduce agency spend across the organisation continues.

Management of the workforce	Threshold	Trust						
		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14
Trust Turnover Rate	<13%	15.1%	14.1%	14.0%	13.9%	13.7%	13.4%	13.8%
Total trust vacancy rate	<13%	13.4%	14.2%	14.3%	14.1%	14.1%	13.2%	13.3%
Sickness rates	<3%	2.7%	2.6%	2.8%	2.8%	2.8%	2.6%	3.2%
Overtime wte	75 wte	123	118	113	94	113	99.66	92.05
Bank Hours expenditure	-	1,523	1,580	1,519	1,402	1,602	1,472	1,546
Agency Hours expenditure *	1m	1,426	1,184	1,491	1,457	1,200	1,210	1,254

\*bank expenditure will fluctuate as agency expenditure reduces

Development of the workforce	Threshold	Trust						
		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14
Appraisal	90%	43.0%	40.0%	39.0%	45.0%	51.0%	55.0%	58.0%
Mandatory Training	90%	75.0%	77.0%	76.0%	76.0%	75.0%	73.0%	66.0%

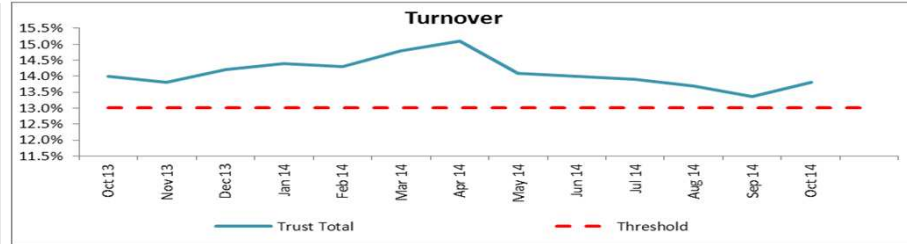
Staff FFT Results	Trust	
	Q1	Q2
Staff who would recommend the trust as a place to work	- 62%	59%
Staff who would recommend the trust as a place for treatment	- 75%	75%



	October 2014					
	Threshold	Trust	ICAM	SCD	WCF	CORP
Trust Turnover Rate	<13%	13.8%	20.0%	9.6%	12.0%	10.7%
Total trust vacancy rate	<13%	13.3%	8.8%	11.2%	7.4%	13.3%
Trust level total sickness rate	<3%	3.2%	2.6%	3.0%	3.4%	4.3%

**Turnover rate**

Turnover for the Trust as a whole is higher than the target benchmark. The ICAM turnover figure is high due to various organisational changes affecting the TUPE of staff out of the Trust and the turnover of nursing staff. As reported last month, there is a nurse recruitment plan in place which includes a campaign to recruit from overseas and to reduce agency staff and recruiting to substantive posts remains the direction of travel.



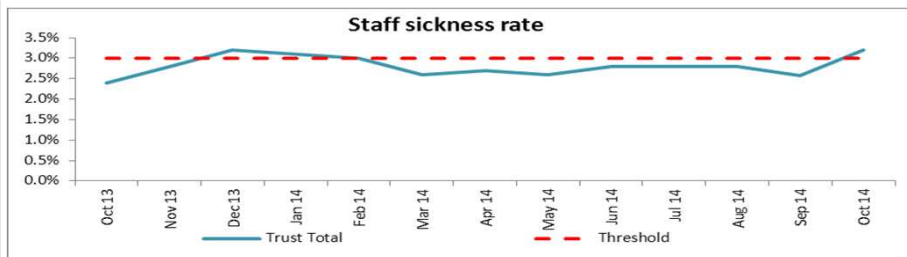
**Vacancy Rates**

Vacancy rates have reduced significantly since April 2014. Divisions are tracking vacancies more closely through the monthly scorecard. The vacancy scrutiny panel controls the governance to approve vacancies which is clearly working.



**Trust Level Sickness rates**

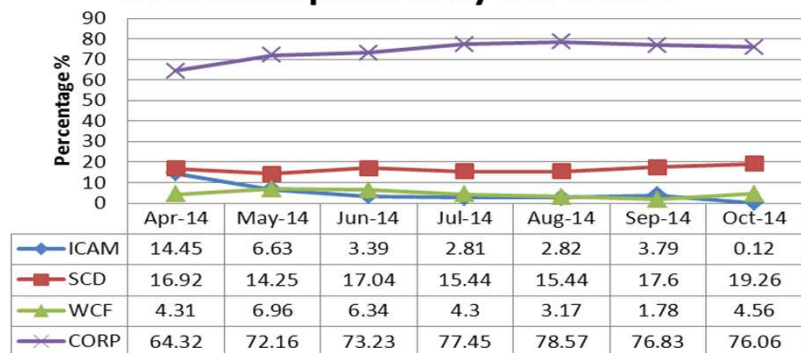
Levels for sickness rates are above the threshold for the first time since January. However action plans have been developed to reduce the high Bradford scores. Divisional managers are tackling long term sickness cases. For Corporate services sickness rates remain high and a task and finish group is planned to address sickness in those services.



**Overtime expenditure**

		'October 2014				
		Trust	ICAM	SCP	WCF	CORP
<b>Overtime cost</b>	£	51,716.56	£62.88	£9,960.64	£2,356.86	£39,336.08

**Overtime spend % by Div Oct14**



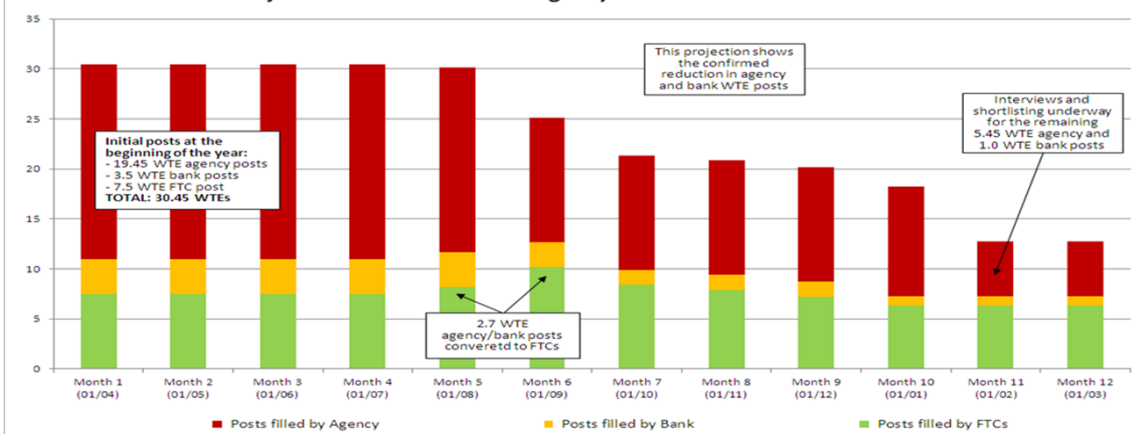
**Bank & Agency usage**

**MEDICAL**

The number of medical posts filled by agency, bank or fixed term cover will begin to reduce from month 6 in the WCF and Surgical Divisions as these posts are recruited substantively. The number of posts covered by agency cover will also reduce due to posts being covered by longer fixed term contracts i.e. 6-12 months. 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.

In ICAM due to difficulties to recruit to middle grade posts (6 vacancies) in ED, this will take slightly longer and the reduction may not be seen until the end of the current financial year/beginning of the new financial year. Medical HR will be reviewing the recruitment plans to fill these middle grade posts with ED.

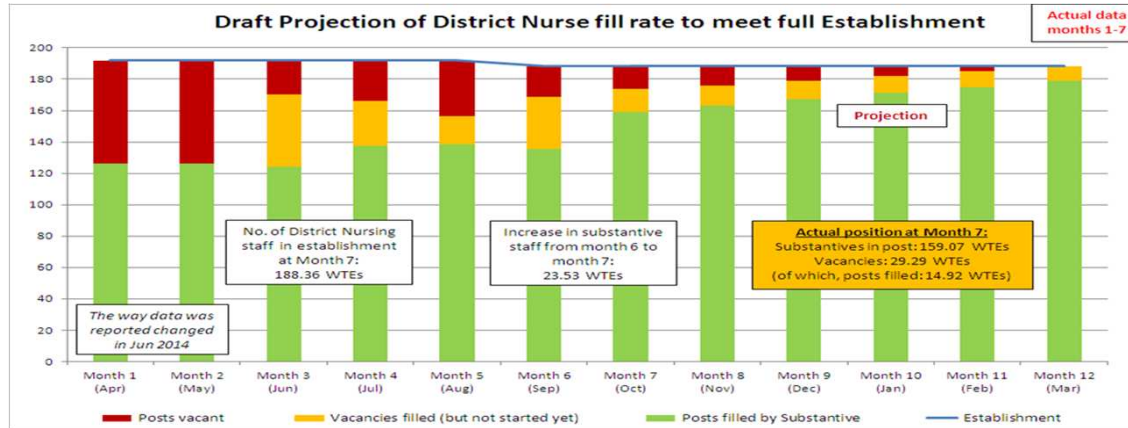
**Projection to reduce Bank & Agency medical staff - Divisions and ED**



### DISTRICT NURSING

District Nursing recruitment continues with the current vacancy rate down to 6% (from 34% in June 2014). More than 23 new District Nursing staff started with the service in October.

Of the 29.29 WTE current vacancies, 14.92 have been filled with starters planned to join the services over the coming months.

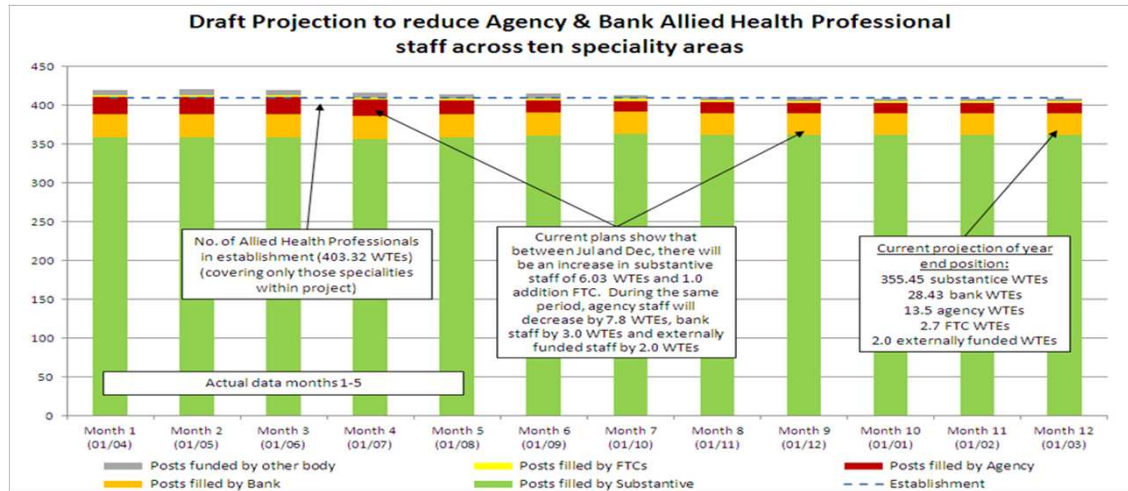


**ALLIED HEALTH PROFESSIONALS**  
A 'thank you' email went out to all AHP Leads on behalf of the Bank and Agency Steering Group at the end of October in recognition of the hard work and the conscious effort made in reducing the Bank and Agency Spend for AHP's.

AHP Leads have managed to achieve and maintain the most significant reduction in Bank and Agency spend within the Organisation and now provide regular updates to Steve Hoskins on monthly spend

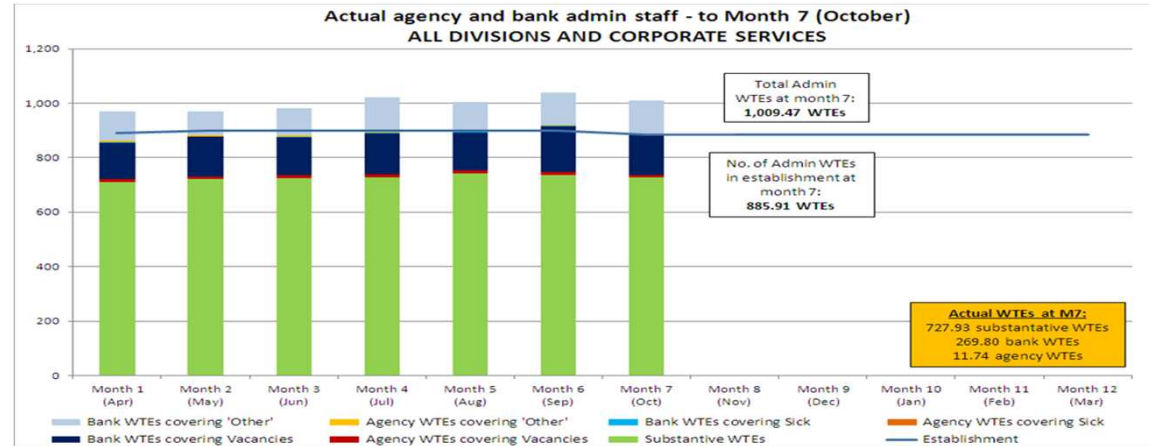
The drive continues to be to actively recruit to substantive AHP posts and to reduce the use of agency staff in preference for the use of Bank staff or staff on FTC.

We now have agreed and signed SLA's with an agreed list of preferred AHP providers offering preferential VBL5 rates if agency staff are to be used.



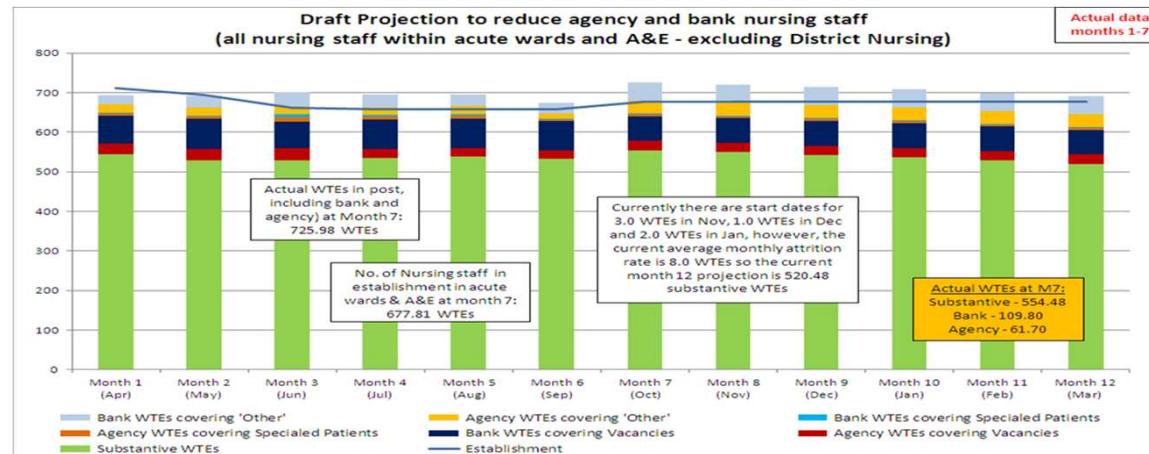
**ADMIN STAFF**

Call centre in place – Highgate wing (adult surgical and medical bookings). Call response time now down to under 2 minutes. All Access Centre booking staff now moved to Highgate Wing 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 within next two to three weeks.



**NURSING STAFF**  
(Acute Wards & A&E)

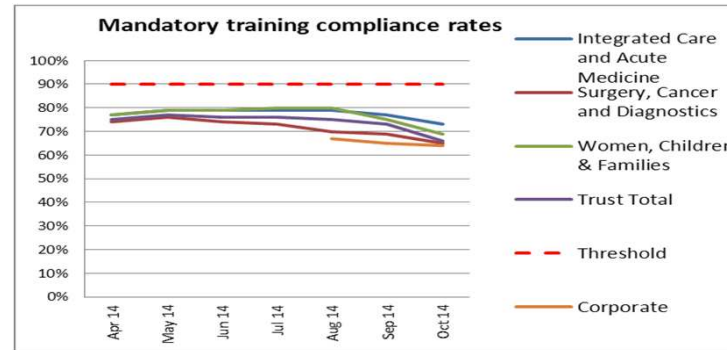
The Nursing staff projection has been recast as can be seen in the graph. There was an increase in substantive nursing staff of 20.77 across the acute wards and A&E in October and there is continued focus on nursing recruitment to increase these numbers further. The increase in establishment and subsequent bank and agency usage in M7 was due to the re-opening of Bridges ward.



		Oct-14					
	Threshold	Trust Actual	ICAM	SCD	WCF	CORP	
Mandatory training	90%	66%	73%	65%	69%	64%	
Annual appraisal	90%	58%	61%	46%	68%	51%	

**Mandatory training**

Corporate Action plan is in place, including plans in each Division and Corporate service to increase compliance rates. The Audit and Risk Committee have requested an assurance report for its January meeting. L&D Service launching new Induction for new starters in January which inc. all 'top 10' training being met within 1st month and redesigned training for improved quality. Trust is part of the London 'Streamlining Staff Movement' programme for staff ' which enables new starters to passport their completed mandatory training record from Trust to Trust.



**Appraisal**

Following the introduction of the Trust's new appraisal scheme, 'Coaching Conversations' for leaders and managers has taken place. The new Divisional quarterly performance meetings identifies appraisal compliance as a key metric. Action plan for each Division and Corporate services re: 7% target increase per month. However, evidence of improved quality of appraisal conversations aims to empower staff.

