The Whittington Hospital NHS
NHS Trust

ITEM: 4

MEETING: TRUST BOARD

DATE: JANUARY 2006

TITLE: ACTIVITY REPORT FOR NOVEMBER 2005

SUMMARY:

The attached report provides information on a wide range of performance indicators for **NOVEMBER 2005**. These include the indicators on which will the Trust will be monitored by the Health Commission in the 2005/06 Annual Health Check as well as a number of other areas subject to improvement programmes.

A note regarding the analysis:

The primary form of analysis in this report makes use of statistical process control (SPC) charts. SPC charts present activity or performance data as dots joined by a black line. The variation between the dots is used to calculate the mean value (shown in green) and the upper and lower process limits (in red), which can be considered the 'normal' range of variation and describe the system in operation.

These lines are used to in a number of tests which illustrate whether a process is in or out of control and or whether a level of performance is being sustained. When the data shows that a test has been met the process limits are redrawn from the point at which the change in the system occurred.

ACTION: For Information

REPORT FROM: Mathew Towers, Information Manager

SPONSORED BY: Kate Slemeck, Deputy Director of Operations

Performance targets

Standards	Rationale	Target	Nov	YTD	Action
ED Standards					
Total Time in ED: % within 4 hours	NHS Plan Standard	>98.0%	97.8%	98.4%	
No of patients waiting over 12 hours for admission	NHS Plan Standard	0	0	0	
% Patients waiting over 4 hours for admission	NHS Plan Standard	>97% (England)	96.9%	97.7%	
Inpatient Waiting List					
No of patients waiting over 9 months	NHS Plan Standard	0	0	0	
No of patients waiting over 6 months	NHS Plan Trajectory	0 by Dec 05	0		
No of patients waiting over 3 months	LDP Trajectory	1180 by Mar 06	75		
% Patients waiting under 3 months	Trust Goal	35%	96.2%		
Outpatient Waiting List					
No of patients waiting over 17 weeks	NHS Plan Standard	0	0	0	
No of patients waiting over 13 weeks	NHS Plan Trajectory	0 by Dec 05	19		
% Patients seen within 13 weeks	Trust Goal	>83% (England)	95.7%		
Booking and Choice					
% Outpatients booked	NHS Plan Trajectory	100% by Dec 05	84.2%		
% Elective admissions booked	NHS Plan Trajectory	100% by Dec 05	94.3%		
Cancer Plan Standards – Updated to September 2005					
From *Referral until Seen*: % seen within 14 days	Cancer Plan Standard	>98%	100%	99.9%	
From *Decision to Treat until Treatment* : % treated within 31 days					
Breast cancer	Cancer Plan Standard	100%	100%	100%	
All Cancers	Cancer Plan Trajectory	100% by Dec 05	100%		
From *Urgent Referral until Treatment* : % treated within 62 days					
Breast cancer	Cancer Plan Standard	100%	100%	100%	
All Cancers	Cancer Plan Trajectory	100% by Dec 05	100%		
CHD NSF Standards					
% GP referrals seen in RACP Clinic within 14 days	NHS Plan Standard	100%	100%	100%	
% Thrombolysis given within 1 hour (*Call to Needle)*	NHS Plan Trajectory	60% (+10%)	-	75%	
Capacity Measures					
% of patients cancelled for non-clinical reasons	NHS Plan Standard	< 0.7%	1.01%	0.49%	[1]
Outpatient DNA Rate: First Attendances	Trust Goal	<14%	16.1%	15.9%	
Outpatient DNA Rates: Follow Up Attendances	Trust Goal	<16%	16.9%	17.4%	
No of patients whose transfer of care is delayed	Trust Goal	<13	11		
Wait for MRI Scan: No waiting over 26 weeks	LDP Trajectory	0 by Mar 06	4		
Wait for CT Scan: No waiting over 26 weeks	LDP Trajectory	0 by Mar 06	3		
Infection Control - C.Diff updated up to September 2005					
MRSA Bacteraemia Rates (1000 bed days)	HPA Surveilance	0.22 (London)	0.33	0.24	
No of MRSA Infections	LDP Trajectory	<25 by Mar 06	4	24	
C. Diff Rates per 1000 bed days for Patients over 65	HPA Surveilance	0.89 (2004)	2.55	2.30	
No of C. Diff Infections for Patients over 65	HPA Surveilance	71 (2004)	13	115	

Notes:
The summary table above contains the key activity and performance measures that the Trust must continue to maintain or improve in 2005/6. Current month and Year To Date (YTD) performance is colour coded against the current target or trajectory. Green shading indicates that Trust performance is at or above the required standard. Amber shading indicator that the Trust is below the standard or is behind the required trajectory, whilst red shading indicators that the Trust has to significantly improve its performance if it is to achieve its goals.

▼ The warning triangle is shown against current performance to indicate that further management action is required to either maintain a current performance level or to significantly improve it. Details of any action can be found in the relevant section in the main body of this paper.

1. Cancellations as a result of the London Incident on July 7th have been excluded from these figures.

Activity Summary

Activity Type	04/05 Avg	November	YTD
ED Attendances	6,521	7,248	56,092
Emergency Admissions	1,780	1,900	15,330
Elective Admissions	231	272	2,032
Day Cases	550	1,018	8,357
Maternity Deliveries	270	272	2,229
GP Referrals	3,843	4,121	31,494
First Outpatient Attendances	4,628	5,232	38,020
Follow Up Outpatient Attendances	9,640	10,368	79,683
Total Outpatient Attendances	14,267	15,600	117,703

Performance Summary for the month

✓ **Emergency Department** - The performance against the ED 4-hour standard was **97.8%** for the month but the year to date performance is still above the required standard at **98.4%.**

✓ **Waiting lists –** All waiting time targets for surgery have been **achieved** with the Trust meeting the six month waiting time guarantee five months early.

✓ **Outpatient waiting times** – The absolute access standard continues to be met and there has been a **significant reduction** in the numbers of patients waiting over 13 weeks.

✓ **Choose and Book** – The Trust continues to perform well against this target, with **94%** of elective admissions and **84%** of outpatients being offered choice in November.

✓ **RACP Clinic** - The improvement actions that were implemented from January 2005 have been maintained and the Trust continues to achieve **100%**.

✓ **Cancer 2 week waits** –The two-week standard was **achieved** in October.

✓ **Cancer treatment waits** – While the National target is not introduced until December 2005, as a Cancer Waiting Times Demonstrator site, the Trust is expected to be close (c.95%) to meeting the targets for all cancer sites by June 2005. Both the 31-day and the 62-day standards were **achieved** for October.

✓ **DToCs** – An average of **9** patients were subject to a delayed discharge in November.

✓ **Diagnostic Waits** – By the end of November, there were 3 patients waiting longer than 26 weeks for a CT Scan and 4 patients who waited longer than 26 weeks for an MRI Scan. These figures are well within the agreed trajectory to reach zero 26 week waiters by March 2006.

✘ **Elective cancellations** – **1.01%** (thirteen patients) of elective operations were cancelled on the day in November. Five of these cases were on a Urology day list, which was cancelled due to consultant leave arrangements not being factored into the theatre planning process. Work has been done to prevent this anomaly occurring in the future. The remaining patients were cancelled due to short notice sickness of theatre staff who could not be replaced, and non availability of an ITU bed.

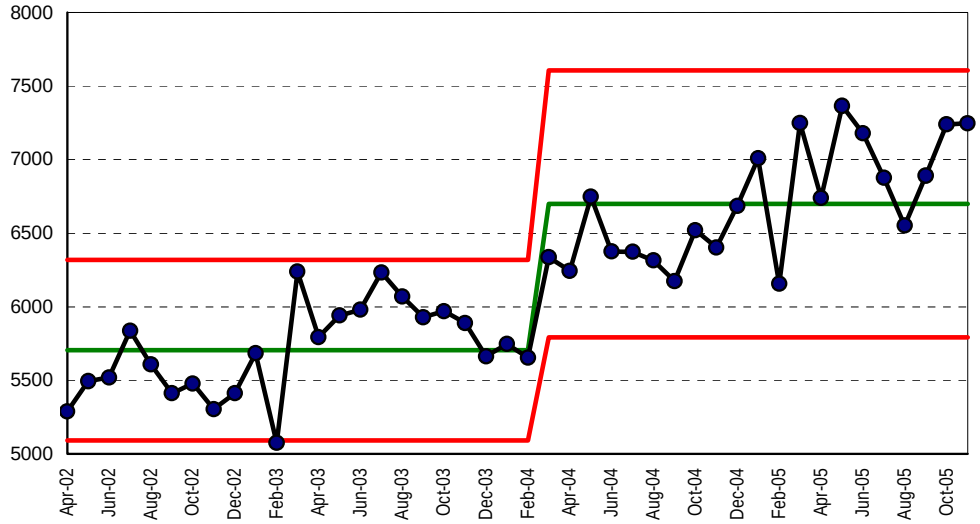
✘ **Infection Control** – There were four new cases of MRSA Bacteraemia in November, which leaves the YTD total at **24**. There were an additional 12 cases of C.Diff in November bringing the year to date total to **114** in comparison to the 2004/05 total of 71.

1. UNPLANNED OR EMERGENCY ACTIVITY

1.1 ED activity

ED Department activity in November 2005 was 7,248 attendances – the third highest-ever monthly total - with the monthly pattern shown in figure 1 below.

Figure 1: ED Attendances Since April 2002



SPC Analysis: Moving Range; Note: Activity totalled for Type I Department and WIC only.

1.2 ED Access

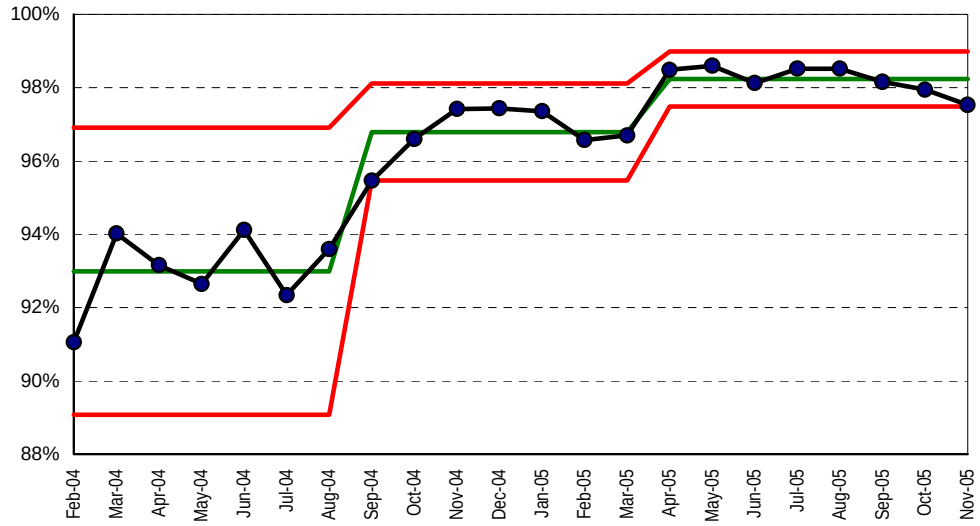
ED access targets are now well-established minimum standards. Figure 2 shows the department's sustained performance, averaging 98.3%, over the last seven months.

- ✗ **97.8%** *of ED Patients were Admitted, Discharged or Transferred (ADT) within 4 hours* in November (last month 98.0%). High number of attendances and bed pressures on certain days in the month led to the shortfall of this target. Breach meetings continue to be held on a daily basis to ensure that immediate action is taken to prevent avoidable breaches in the future.

- ✓ *No patients in ED waited longer than 12 hours for a bed*

- ✓ **97.6%** *of patients in ED waited no longer than 4 hours for a bed*

Figure 2: ED Waits - % ADT Within 4 Hours Since Feb 2004

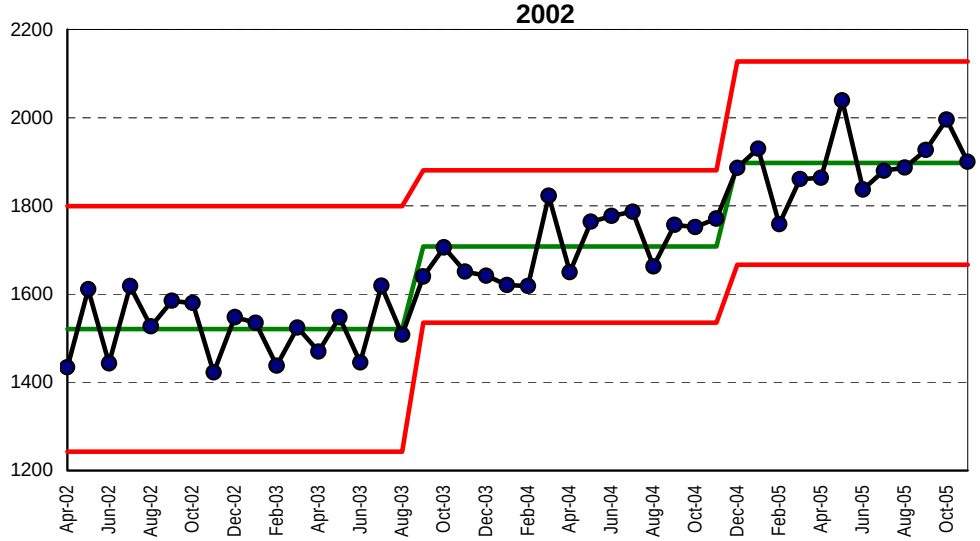


SPC Analysis: Moving Range

1.3 Emergency Admissions

Non-elective admissions by month are shown in figure 3. The second step change in the chart shows again that we are admitting on average 1900 patients each month. This is an increase of 400 admissions on the average for 2002/03.

Figure 3: Non-Elective Admissions (excluding Well Babies) Since April 2002

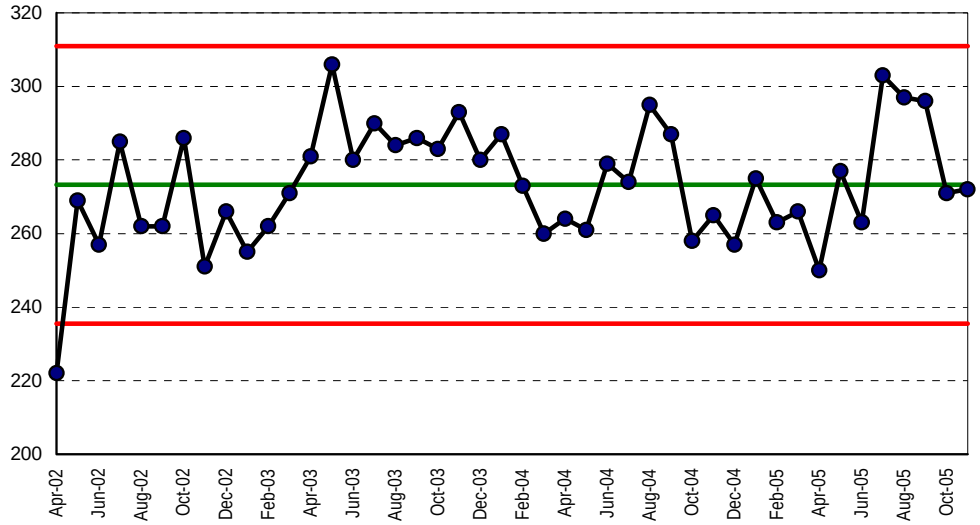


SPC Analysis: Moving Range

1.4 Deliveries

There were 272 deliveries in November. Figure 4 also shows higher delivery numbers during the early part of 2003 that were caused by the increased numbers of women we cared for during the refurbishment of the Royal Free maternity unit.

Figure 4: Deliveries Since April 2002



SPC Analysis: Moving Range

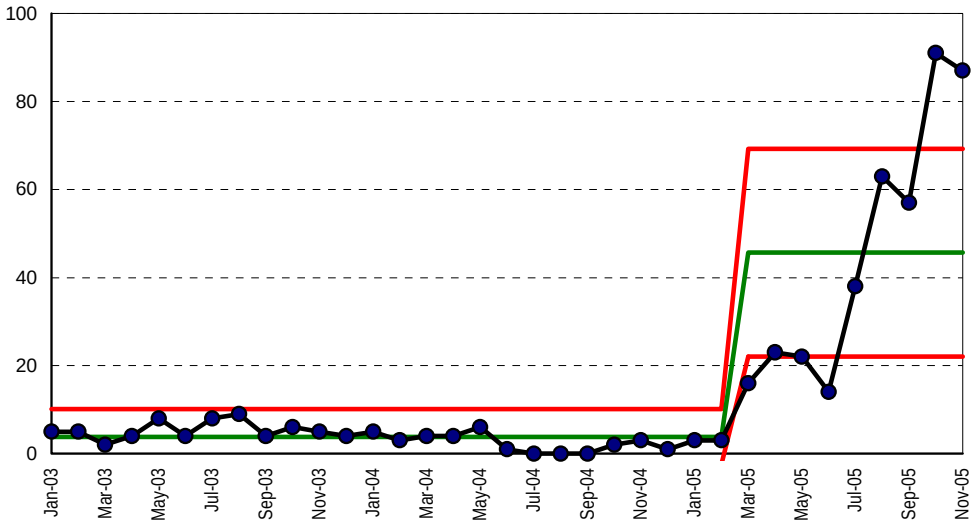
2. PLANNED ACTIVITY

2.1 Electronic Bookings

The ability of patients to choose their own dates with booking systems available at the point of referral is a key NHS initiative. The Trust is one of the first early implementers of e-booking in England and our health community has now been named as the "Flagship" for Choose & Book within the NHS.

Figure 5 shows the level of electronic bookings made by local GPs to this Trust since January 2003. The data clearly depicts the take-off of the new programme in March 2005. In terms of booking volumes this represents a little under 2.5% of all GP bookings in that month.

Figure 5: Choose and Book (electronic) Referrals Since January 2003



SPC Analysis: Moving Range; From January 2003 until May 2004, a limited number of GPs could book appointments using Revive software. This was replaced in October 2004 by the Choose and Book programme.

2.2 Choice

Within the Choose and Book programme, targets have been set to monitor the level of choice of dates for treatment being offered to patients on the waiting list and those who have referred to us by a GP in the usual manner. Choice in this context includes but also extends beyond the e-booking of appointments at the point of referral.

✓ *The elective target was achieved* in November 2005 with our composite performance at **94.3%**.

✓ *The outpatient target was also achieved at **84.2%**.*

%Choice Offered	Nov 2004	Dec	Jan 2005	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Outpatients	70	69	71	70	69	69	65	69	68	69	71	86	84
Day Cases[1]	*80*	*86*	*90*	*93*	*100*	*95*	*93*	*92*	*96*	*93*	*94*	*96*	*98*
Inpatients	*47*	*48*	*49*	*38*	*36*	*51*	*51*	*42*	*57*	*45*	*45*	*72*	*77*
All Elective	70	77	79	79	82	83	83	79	86	83	82	91	94

1. The SHA expected us to meet 100% of Day Case bookings by March 2005

2.3 Outpatient Referrals

Figures 6 and 7 show the volumes of GP and Consultant referrals to outpatient Consultant clinics over the last three years.

Figure 6: GP Referrals Since April 2002

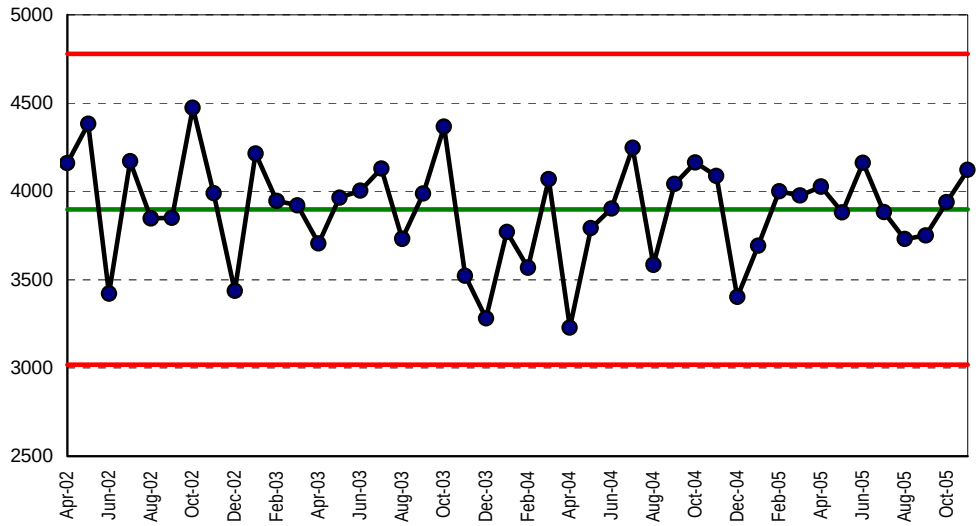
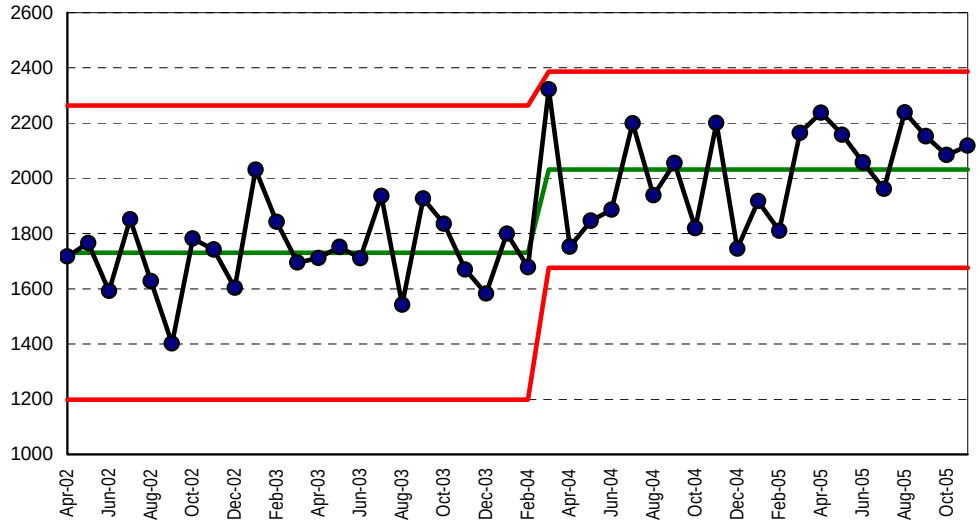


Figure 7: Consultant (internal and external) Referrals Since April 2002



SPC Analysis: Moving Range

2.4 Outpatient Access Times

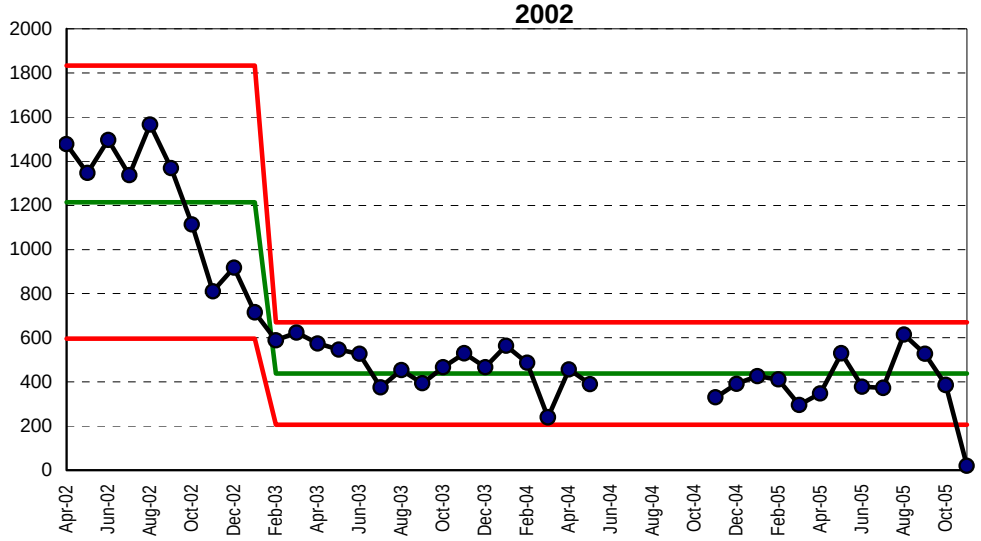
Reducing waiting times for outpatients is a rolling programme initiated by the five year *NHS Plan* published in 2000. The current targets demand that no GP referred patient waits longer than 17 weeks from referral for an appointment and that this maximum waiting time is reduced to 13 weeks by December 2005.

✓ No patients waited over seventeen weeks in November 2005.

✓ The number waiting in the 13 -17 weeks time band has reduced to **19** and is on target to be zero by 31st December 2005.

Figure 8 shows the number of patients waiting the 13 -17 weeks time band over the last few years. The November fall in the outpatient waiting list is a **significant** reduction on the previous month's figure of 396. The extra work carried out in September, October, November and planned for December (see figure 8) should ensure that the Trust meets the NHS Plan target of no patients waiting longer than 13 weeks for their first outpatient appointment by 31st December 2005.

Figure 8: OP Waits - Over 13 Weeks (month end snapshots) Since April 2002



SPC Analysis: Moving Range; There was a problem with the data extraction programme between June and November 2004. Data points relating to this period have therefore been removed from the charts.

2.5 Outpatient Activity

Figures 9 and 10 show first and follow up outpatient clinic activity for all acute specialties. The variation in these charts is largely caused by the numbers of available working week days in the month.

Figure 9: First Attendances Since April 2002

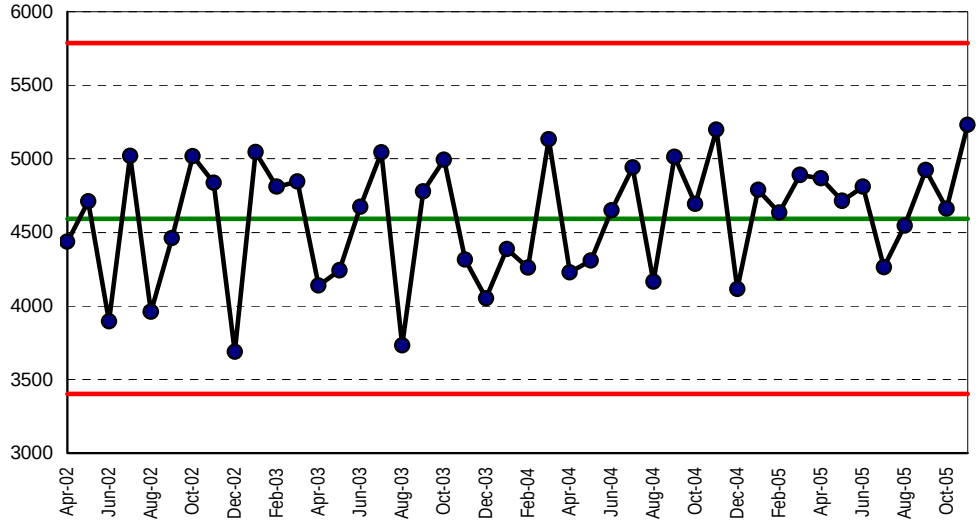
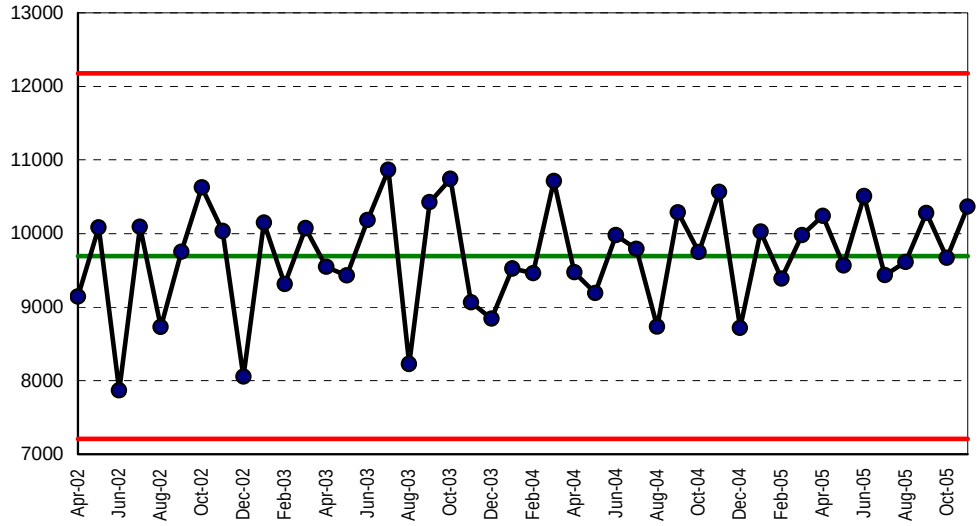


Figure 10: Follow Up Attendances Since April 2002



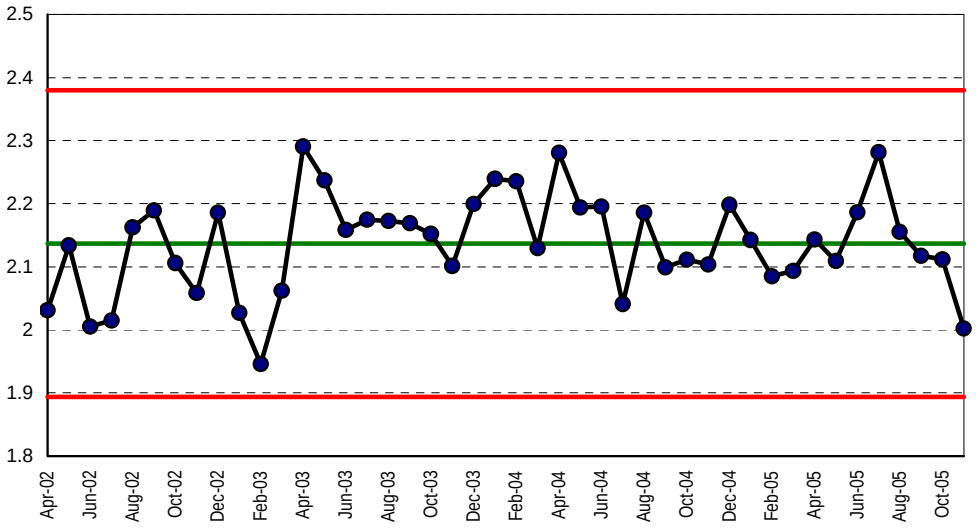
SPC Analysis: Moving Range

2.7 Outpatient Follow Up Ratios

We aim to eliminate unnecessary follow up appointments - work-streams within the *Changing Outpatients* and *Making Best Use of Beds* projects are focusing on reducing unnecessary follow-ups. Initiatives include changing the diagnostic pathway, creating one stop services, the development of new care pathways for the management of long term conditions, including a greater community focus, and the introduction of virtual clinics and telephone consultations.

With a score of **1.98** in November, the Whittington's overall first to follow-up ratios continue to be well below the national average of 2.30. Figure 11, below, shows the Trust's overall first to follow up ratio over time for acute specialties only.

Figure 11: First to Follow Up Ratio Since April 2002

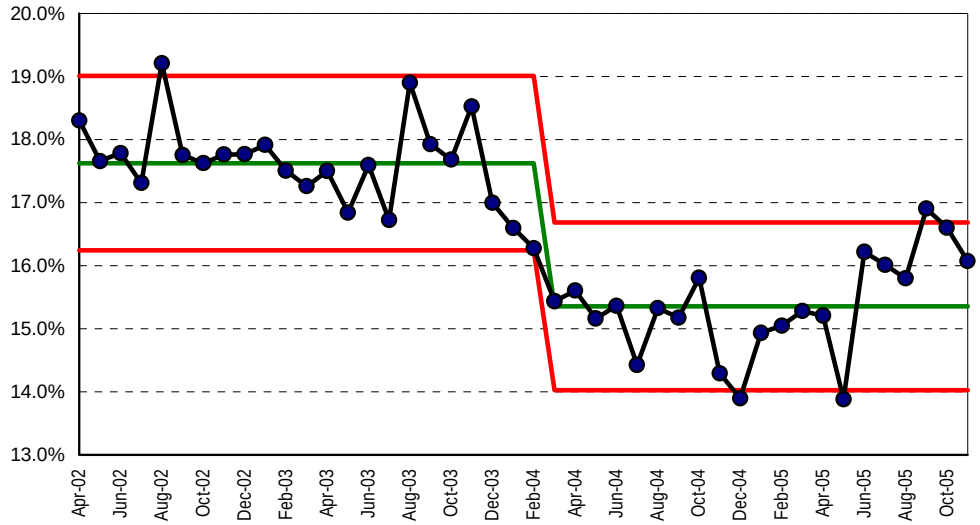


SPC Analysis: Moving Range

Outpatient DNA rates

Figure 12 shows an overall reduction in DNA rate for first outpatient appointment since the beginning of 2004 as a result of the proactive approach to managing this issue. The DNA rates were affected recently by the terrorist incidents in July 2005.

Figure 12: DNA Rate - First Appointments Since April 2002

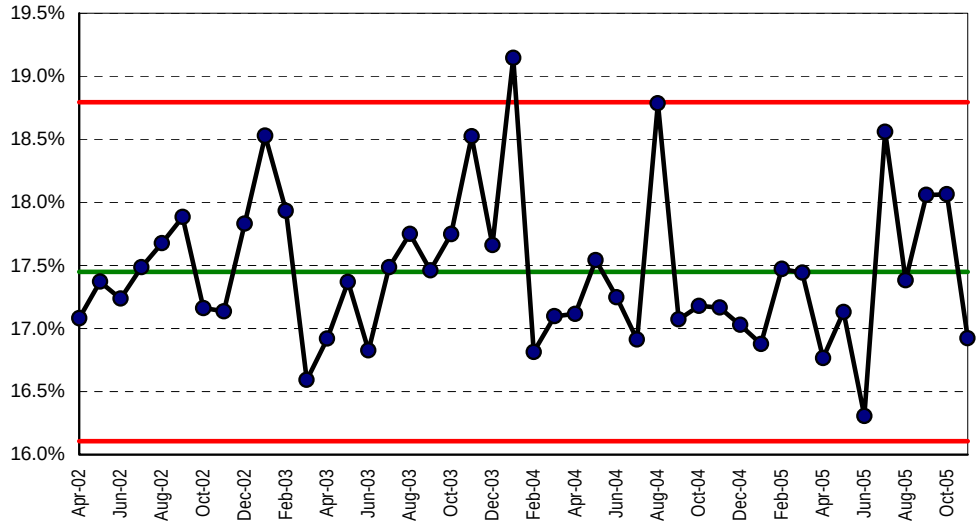


SPC Analysis: Moving Range

Whilst the DNA Rate has exceeded the expected level of variation in September and October, this rise of 1% over and above the year to date average is not attributable to any change in systems or process. In November the DNA rate can be seen to be coming down again.

Figure 13 shows the DNA rate for follow up appointments. Once partial booking is rolled out, it is expected that this will significantly reduce the number of follow-up DNAs.

Figure 13: DNA Rate - Follow-up Appointments Since April 2002

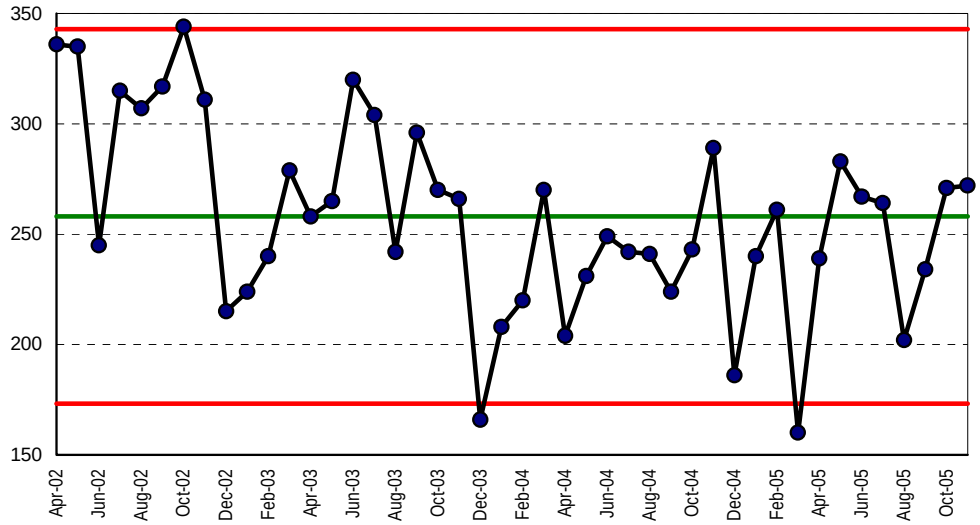


SPC Analysis: Moving Range

2.6 Elective Inpatient and Day Case Activity

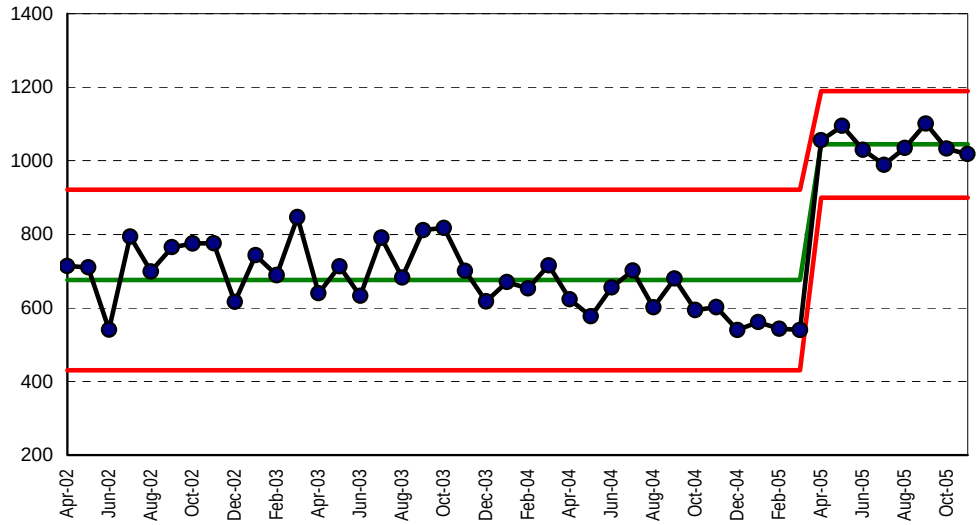
Figures 14 and 15 show the numbers of inpatient and day case admissions over the past three years. Both charts show a high degree of variability in the data with a small step change demonstrable for inpatient admissions.

Figure 14: Elective Inpatient Admissions Since April 2002



SPC Analysis: Moving Range

Figure 15: Elective Day Case Admissions Since April 2002

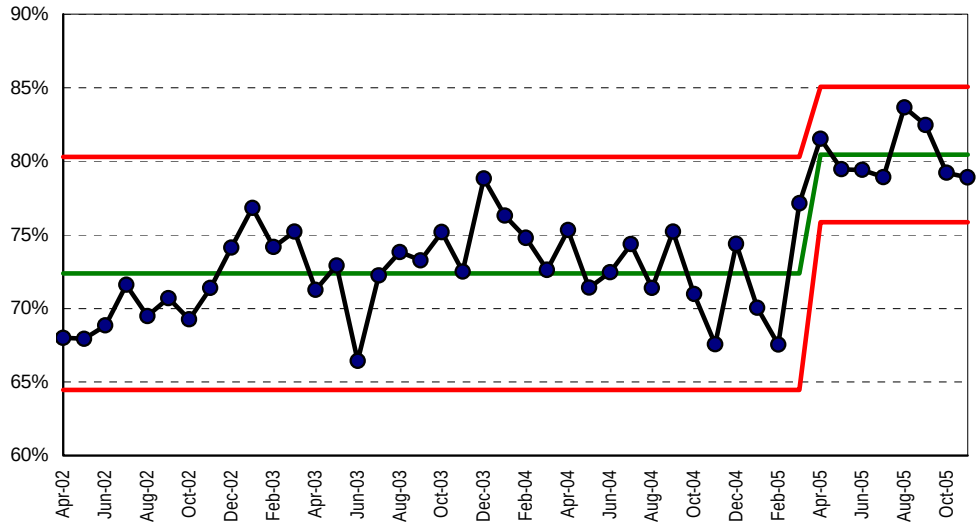


SPC Analysis: Moving Range

The significant change in the numbers of day cases from April 2005 onwards is due to two factors. Firstly changes in recording practice for endoscopies to bring us into line with standard practice within North Central London (Endoscopy procedures at the Whittington have been previously recorded at the point of care in an outpatient rather than day care setting). We have agreed with our local PCTs to rectify this recoding issue in-year. Secondly, the increasing move towards day surgery as the norm, which is a key objective of the Trust.

The change in day case rates (based on the data in figures 14 and 15) shown in figure 16 also show a high level of variability from month to month but as would be expected, the two factors noted above have resulted in a step change with the year to date average over 80%.

Figure 16: Day Case Rate Since April 2002



SPC Analysis: Moving Range

2.7 Inpatient Access Times

As with the outpatient waits, the *NHS Plan* specified a number of waiting list targets to be achieved by December 2005. The current target requires no patient to wait longer than nine months for admission, reducing to six months by the end of 2005.

✓ *No patients waited longer than nine months* in November. This standard has been maintained since September 2004

✓ *No patients waited longer than six months* in November. This standard has been met early.

Following on from the NHS Plan, a wait of eighteen weeks from referral to treatment has been publicised by the Department of Health as the maximum that patients should expect by the end of 2008. As progress to this target, patients should wait no longer than 3 months for admission by March 2008.

✓ Currently 96% of our patients wait less than 3 months with steady improvement over the past 12 months so we are well placed to meet the 2008 target.

% 3 month standard	Nov	Dec	Jan 2005	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
All Patients	77	68	71	73	83	80	80	82	81	80	83	86	96

3. CONDITION-SPECIFIC STANDARDS

3.1 Cancer Access Times

Cancer waiting times have been a national performance indicator since the publication of the *Cancer Plan.* There are a number of targets covering the patient pathway from GP referrals to treatment in hospital. Targets for breast cancer have been part of the national performance-monitoring regime for the last three years. These targets will be extended to all cancer sites by December 2005.

✓ *All GP urgent referrals for all cancers were seen within 2 weeks*.

✓ *All Patients were be treated within 31 days of decision to treat breast cancer*

✓ *All GP urgent referrals for breast cancer were be treated within 62 days of referral*

3.2 Cancer Access Times for All Sites

As one of the national demonstrator sites we are attempting to achieve the targets early, by June 2005. The tables below show the level of performance in the key treatment target times by cancer site.

31 day standard	Oct 2004	Nov	Dec	Jan 2005	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Breast	100	100	100	100	100	100	100	100	100	100	100	100	100
Gynaecological	-	100	100	-	100	100	0	100	-	100	-	100	100
Haematological	-	100	100	100	100	100	-	100	-	100	100	100	100
Head & Neck	-	-	-	100	-	-	-	-	100	-	-	-	-
Lower GI	100	86	100	-	100	100	-	100	100	100	100	100	100
Lung	100	100	100	100	100	100	100	100	100	100	100	100	100
Other	-	-	100	-	100	100	-	-	-	-	-	100	-
Skin	100	75	-	100	100	100	100	100	100	100	100	-	100
Upper GI	100	-	-	-	-	-	100	-	-	-	100	-	100
Urological	83	67	100	40	100	100	89	95	100	85	100	100	100
Breaches	2	4	0	3	0	0	2	1	0	2	0	0	0
Patients							31	38	23	33	28	38	44

62 day standard	Oct 2004	Nov	Dec	Jan 2005	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Breast	100	100	100	100	100	100	100	100	100	-	100	100	100
Gynaecological	-	100	-	-	-	100	-	-	-	-	-	100	-
Haematological	-	-	100	-	-	100	-	100	-	100	-	-	100
Lower GI	-	100	100	-	-	100	-	100	-	100	100	100	-
Lung	0	100	-	100	100	50	-	-	0	100	100	100	100
Other	-	-	-	-	-	100	-	-	-	-	-	-	-
Skin	100	67	-	-	100	-	0	-	-	100	-	-	100
Upper GI	-	-	-	-	-	-	100	-	-	-	-	-	-
Urological	0	-	0	0	33	0	100	100	67	33	100	100	100
Breaches	3	1	1	1	2	3	1	0	2	2	0	0	0
Patients							5	10	5	8	10	10	10

✓ In October our performance was **100%** for the 31 day standard and **100%** for the 62 day standard.

3.3 CHD NSF Access Times

There are two standards from the National Service Framework for Coronary Heart Disease that are part of the national performance targets. These standards concern GP access to Rapid Access Chest Pain services and the availability of thrombolytic drugs following presentation at ED.

✓ *All GP referrals to Rapid Access Chest Pain Service were seen within 2 weeks*

14 day standard	Nov 2004	Dec	Jan 2005	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
All Clinics	42	45	35	88	98	100	100	100	100	100	100	100	100

✓ *All eligible patients received thrombolytic drugs within 60 minutes of a 999 call*.

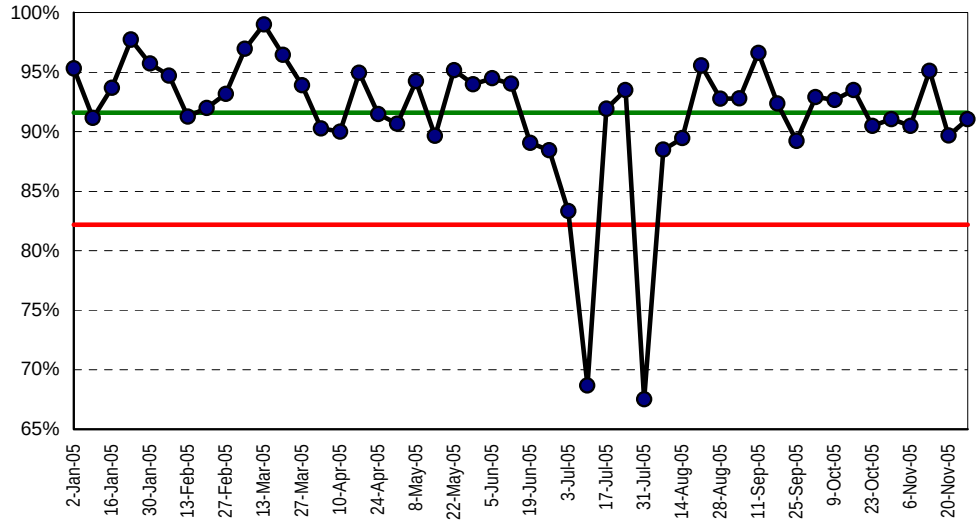
60 minute standard	Nov 2004	Dec	Jan 2005	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
% Patients		50	50	50	50	50	0	NA	NA	NR	100	100	NA
No. Eligible		2	2	2	2	2	1	0	0	1	1	3	0

4. CAPACITY

4.1 Bed Occupancy

Figure 17 depicts a series of weekly snapshots of the Trust's bed occupancy. The recent major swings in July's data demonstrate the Trust's Major Incident Response to the potential impact of the terrorist attack on occupancy rates. From August onwards, the bed occupancy rate has resumed its usual level at around 91%.

Figure 17: % Acute Bed Occupancy Since Jan 2005



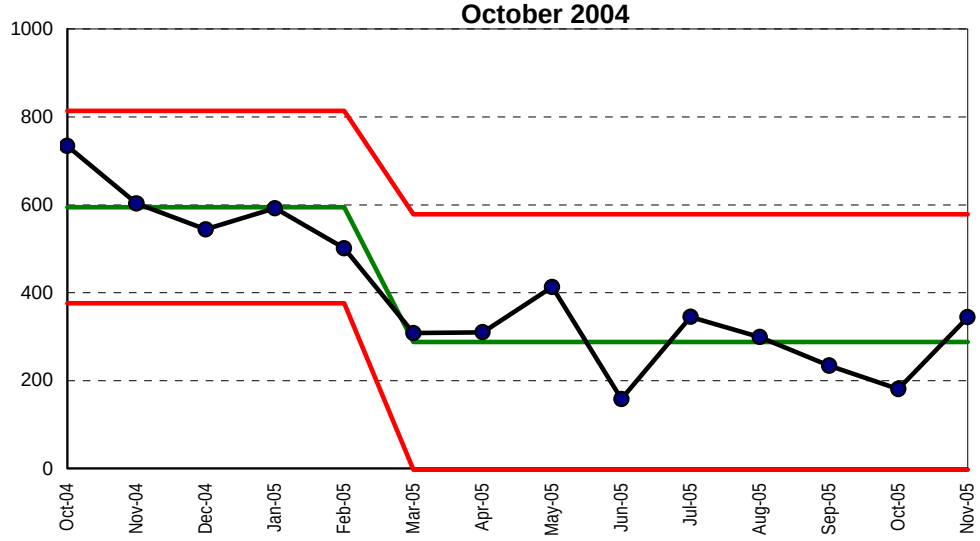
SPC Analysis: Moving Range

4.2 Delayed Transfers of Care

November saw an average of 5 delayed patients. A more realistic indicator of performance improvement in this area can be seen in figure 18, below, which depicts the number of days delayed in each month since data was first collected in October 2004.

Over the last few months there is an average of 280 bed day attributed to delayed transfers of care. This equates to about 3% of the total occupied beds over this time and is now under half the average when monitoring first began in 2004.

Figure 18: Total Days Delayed from Delayed Discharges of Care from October 2004

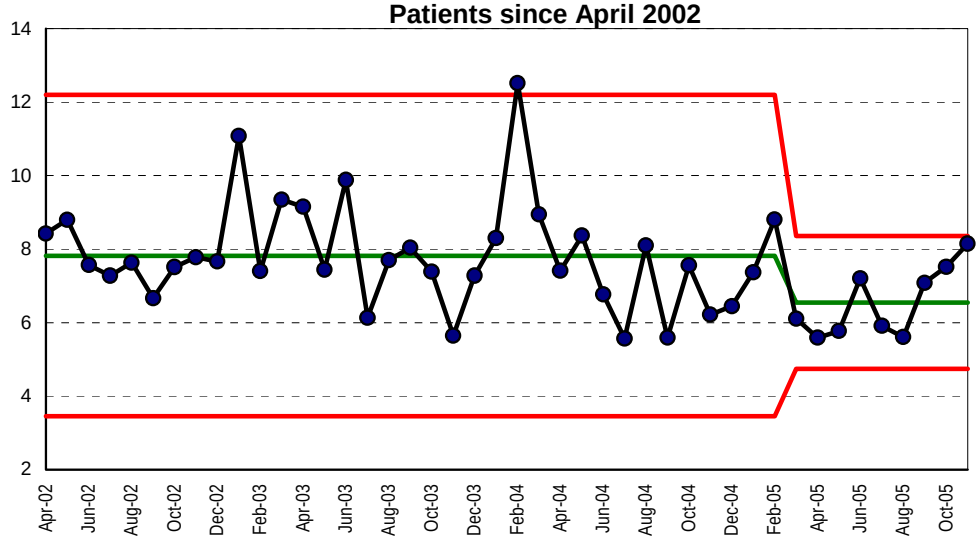


SPC Analysis: Moving Range

4.2 Average Length of Hospital Stay

Figures 19 to 21 provide an analysis or baseline for length of stay for acute services (medicine and surgery) by admission type (elective and non elective). This data shows the average lengths of stay for discharges on a monthly basis from April 2002.

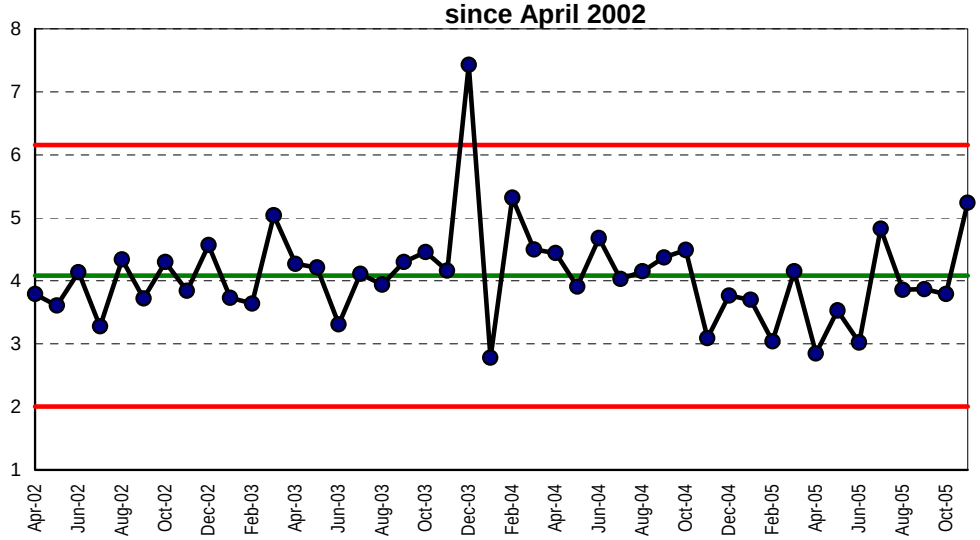
Figure 19: Average Length of Hospital Stay - Non-Elective Surgical Patients since April 2002



SPC Analysis: Moving Range

Figure 19, for non-elective surgical admissions, depicts a step change both in the average length of stay and in the variation. The average over the last eight months is a little over 6 days. In figure 20, there is a reasonably stable level of variation (apart from a single blip) over the monitored period for elective surgical patients.

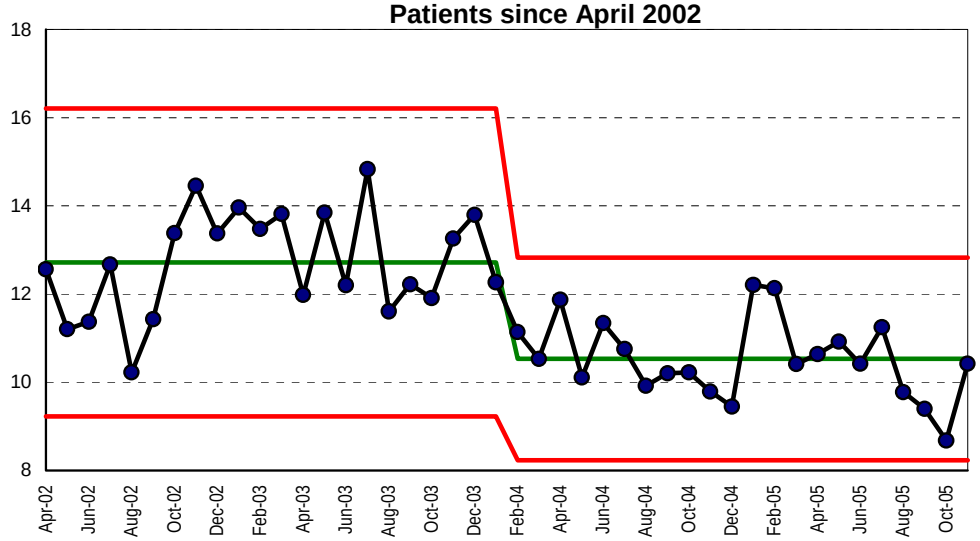
Figure 20: Average Length of Hospital Stay - Elective Surgical Patients since April 2002



SPC Analysis: Moving Range

Medical length of stay, (figure 21 overleaf), has been stable over the last year, but statistically significantly lower than the 2003 levels (note the run of points above the centre line in 2003 and below in 2004). The Making Best Use of Beds project is focusing on making further reductions to the length of stay.

Figure 21: Average Length of Hospital Stay - Non-Elective Medical Patients since April 2002

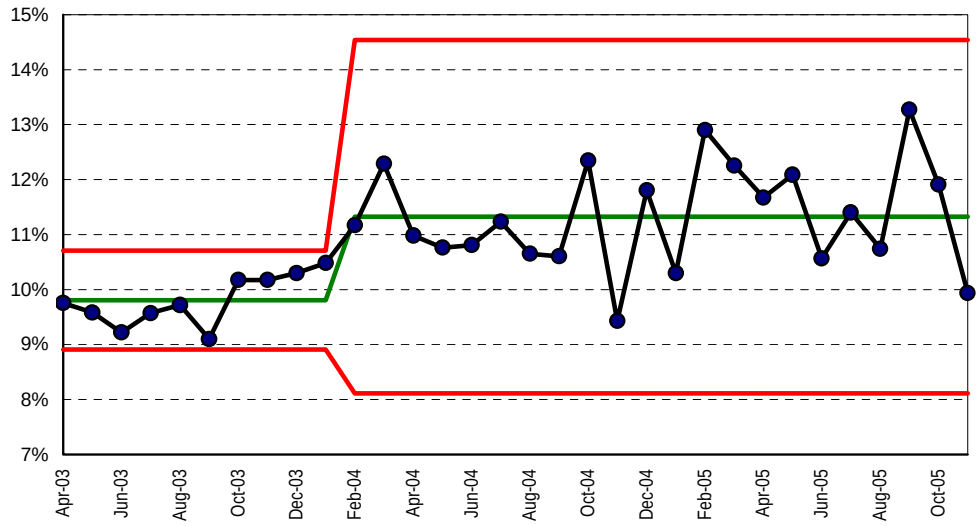


SPC Analysis: Moving Range

4.3 Readmission Rates

Figure 22 presents re-admission rates, based as far as possible (but not standardised for age, sex and clinical complexity) on the national methodology used for intra-trust comparisons. The change in variation from January 2004 onwards can be attributed to the higher numbers of patients admitted through the Emergency Department and improved data collection.

Figure 22: Emergency Re-admission Rate Since April 2003



SPC Analysis: Moving Range

Note: It is not possible for individual Trusts to fully replicate the methodology used in national comparisons because re-admissions at other providers should be included. The data counts emergency re-admissions within 28 days of a patient's last discharge and excludes day cases, patients under the age of 16, maternity admissions and admissions that include a diagnosis of cancer. The rate is shown as a percentage of all live adult discharges that comply with the conditions above.

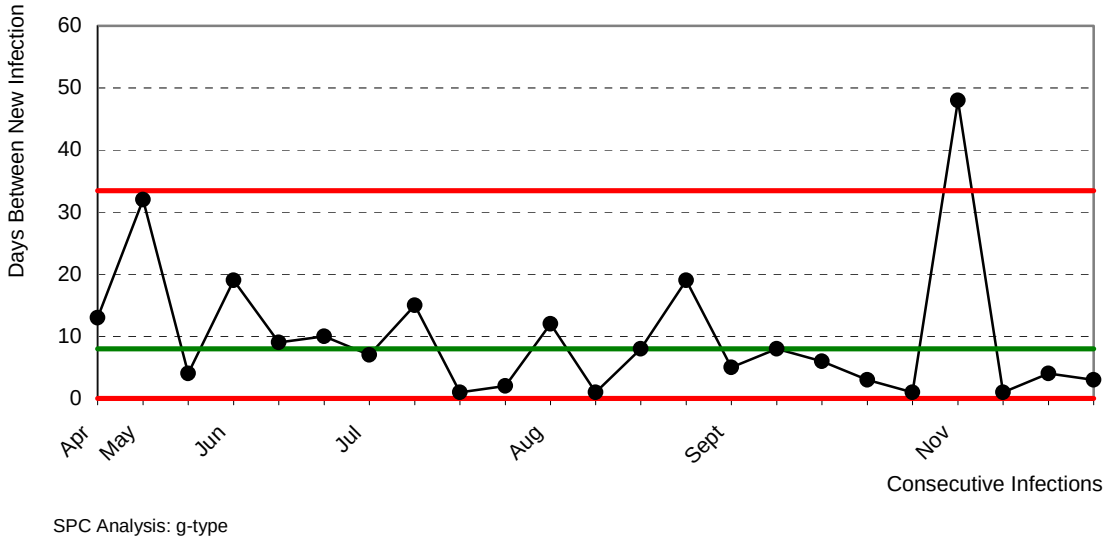
5. INFECTION CONTROL

5.1 MRSA bacteraemia

Over the current financial year there has been an average of 8 days between each detected incidence of MRSA bacteraemia. In the period from May until September there appears to be a relatively stable system with no evidence of epidemic infections. Whilst, there were no new infections detected in October (which accounts for the large spike in the graph), a further four infections in November has meant that it is highly unlikely that the Trust will meet the DOH target to reduce incidences of MRSA.

× There were **4** new incidences of MRSA in the Trust in November, bringing the YTD total to 24. We have now reached the trajectory ceiling.

Figure 23: Incidences of new MRSA Bacteremias by Days Between Infection Since April 2005



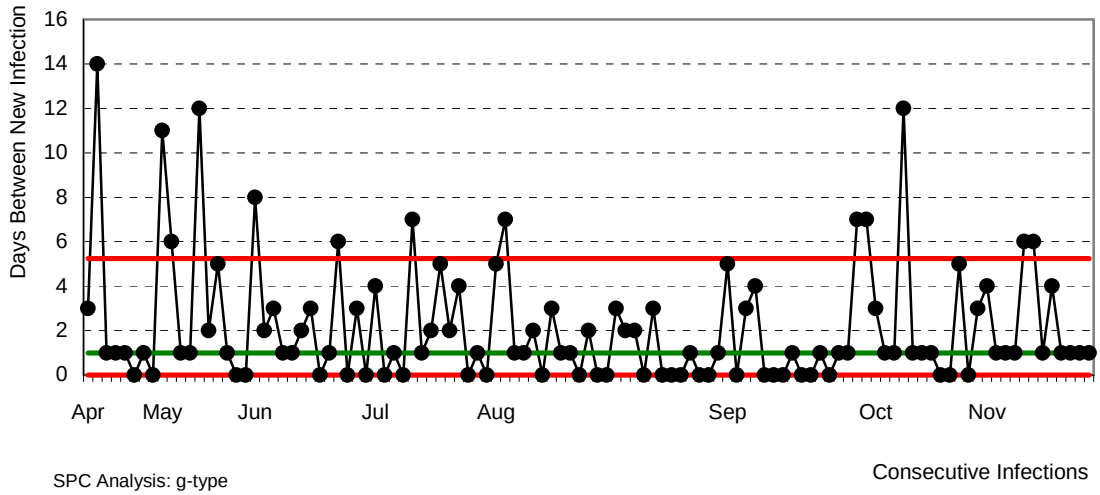
SPC Analysis: g-type

5.2 Clostridium difficile

The incidences of C.Diff infections are more common than MRSA bacteraemia with a new infection detected on average every day. From the data presented in figure 24, overleaf, it can be seen that there are a large number of same day infections throughout August and early September, which indicates a significant increase in the infection rate. Both the number of infections and the rate declined in October.

× There have been **13** Clostridium Difficile Infections for Patients aged over 65 in November, bringing the year to date position up to 115.

Incidences of new C. Diff Cases by Days Between Infection Since April 2005



Note: The SPC analysis presented in figures 23 and 24 differs slightly from that in the rest of the paper. Each point presents an incidence of infection and is plotted against the number of days since the last detected infection. This approach is used as there is a relatively low rate of infection and thus there is not enough data for one of the more common methods of analysis.