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Whittington Health Trust Board
26 June 2013

Title:	**Month 2 Performance and exception report**		
Agenda item:	**13/091**	**Paper**	**7**
Action requested:	For Trust Board to note performance		
Executive Summary:	**<u>Selected areas of success</u>** **Inpatient Friends and Family Score** – we report very high response rate (35.2% against a target of 15%) and a very positive score from patients (64 in a range of -100 to +100) for our inpatient wards. **Infection control**: WH screened 97% of patients for MRSA and achieved 99.2% in the hand hygiene audit. **Community Quality** – all 15 community outcome measures reported are meeting their targets YTD. **<u>Areas that are improving</u>** **New Birth Visits within 14 days** – these have been sustained above or around 80% since August following intensive recruitment and process improvement work. After a small decrease in last month's report, performance has improved. We are undertaking some work to understand reasons for late visits and late presentation to primary care and how to influence this in the future. **Waiting times for Suspected Cancer**– performance against the 2 week wait standard continues to improve and is now meeting target, though the breast symptomatic target is at 83.3% within 2 weeks (target = 93%). Most patients who wait longer are *choosing* to wait beyond two weeks though this appears to have been improved by new scripts and training for booking staff. **Community Physio Waits** – Current demand and capacity work is focusing on faster triage and more rapid 'opt in' appointments to reduce DNA rates. **<u>Focus areas for action</u>** **ED Access** – Prolonged high attendances (April 2013 was 11.5% higher than in April 2012 – on average 27 more patients each day) have affected performance but this has begun to recover. Performance remained challenging in May (92.8% against 95% within four hours target). However recent performance has improved and more than 95% of patients have been seen within 4 hours for the last four weeks running (20th May to 16th June).		

	Referral to Treatment Waiting times management – During the last month we have concentrated on treating long waiting patients. This has reduced our RTT under 18 weeks performance. However this is in line with an agreed plan to improve how we manage our waiting lists in the future. **Community waiting times** – We are currently planning the delivery of reporting and managing against Referral to Treatment Standards, which is mandated from April 2014. A review is underway with regard to access to community services. **Complaints response times** – these are still too long but actions are in place to achieve the standard by the end of June. **Mandatory Training** – we are steadily improving though still need to focus to achieve 90% target (currently 83%) – this is expected by end of July. Safeguarding Children Training level 2 will take longer to achieve and is expected by September.
Summary of recommendations:	For Trust Board to note performance
Fit with WH strategy:	The Performance dashboard is a key monitoring tool for achieving Whittington Health strategic goals, especially goal 3 – Efficient and Effective Care
Reference to related / other documents:	In completing this report, I confirm that the implications associated with the proposed action shown above have been considered – any exceptions are reported in the Supporting Information.
Date paper completed:	18/06/2013

Author name and title:		**Naser Turabi Head of Performance**		**Director name and title:**		**Lee Martin, Chief Operating Officer**	
Date paper seen by EC	**n/a**	**Equality Impact Assessment complete?**	**n/a**	**Risk assessment undertaken?**	**n/a**	**Legal advice received?**	**n/a**

Whittington Health Integrated Dashboard - October 2012 (September 2012 Data)

Whittington Health NHS

Please note that all data is dated November 2012 unless otherwise stated

FINANCE - INCOME & EXPENDITURE SUMMARY

	Current Month			Year To Date			Annual Budget £'000
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Budget £'000	Variance £'000	
Total Income	23,336	23,336	0	161,016	159,600	1,416	275,067
Total Expenditure	21,679	21,693	13	151,633	150,145	(1,488)	257,536
EBITDA	1,657	1,643	14	9,383	9,455	(72)	17,531
Net Surplus/Deficit	497	478	19	1,231	1,269	(38)	3,120
Net Surplus/Deficit excluding PFI IFRS	544	525	19	1,440	1,477	(38)	3,562

SERVICE LINE REPORTING

	Women, Children & Families	IC & Acute Medicine	Surgery, Cancer & Diagnostics
Total Direct & Indirect Cost	31,208,588	37,187,106	21,404,797
Service Line Contribution Margin %	17.1%	17.4%	28.3%

CIP MONITORING

	2012/13 Target £'000	Forecast Variance £'000	Best Case Forecast Variance £'000	Worst Case Forecast Variance £'000		June	July	August	September	October	November
Total	**13,100**	**0**	**0**	**(3,182)**	**cumulative % achieved against target**	69%	74%	80%	86%	86%	

Whittington Health Integrated Dashboard - June 2013 (May 2013 Data)

Whittington Health NHS

Whittington Health NHS

KEY	
In month	Colours

KEY	
In month	Colours
Below target	→
At risk	→
On Target	→
No Target	→
	Direction
Improving	↑
No change	→
Worsening	↓

Trust Board Performance Report includes data for May 2013, unless stated otherwise

"Q" denotes information only available quarterly

WORKFORCE AND MANDATORY TRAINING

Domain	Indicator	Target	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	13/14 YTD	Trend
												11.7%	12.3%		12.3%	
												3.0%	3.0%	3.0%	3.0%	
Workforce	Vacancy Rates [3]	**<12%**	12.6%	11.7%	12.6%	11.1%	11.1%	11.3%	11.7%	11.7%	12.1%	1..3%	1.0%		1.0%	↑
	Sickness Absence	**<3%**	3.1%	3.1%	2.8%	3.1%	3.5%	3.3%	3.2%	3.2%	3.2%	10.4%	10.5%	10.7%	10.6%	↑
	Long Term Sick Leave [3]	**<1%**	1.4%	1.3%	1.2%	1.2%	1.5%	1.3%	1.2%	1.2%	1.2%	3638.4	3628.9	3622.0	3625.4	
	Turnover [3]	**<13% [2]**	11.2%	11.1%	11.0%	10.8%	10.9%	11.0%	10.8%	10.9%	10.9%	84.0%	83.6%	84.2%	83.9%	→
	Staff in post	**-**	3606.3	3642.3	3606.8	3654.7	3651.3	3636.9	3639.7	3646.7	3621.4	71%	77%	75%	75%	↑
	Stability Level [3]	**>80%**	82.9%	83.4%	83.7%	83.6%	83.2%	86.9%	83.1%	87.1%	83.1%	6	6	3	3	↑
	Appraisals recorded on ESR	**90%**	20%	19%	20%	26%	29%	34%	45%	56%	71%	79%	79%		79%	
	Mandatory Training Compliance	**90% by Dec**	67%	68%	69%	70%	74%	79%	84%	84%	83%	84%	83%	83%	83%	
	No. of staff activated on ESR		652	665	680	687	698	711	724	731	742	754	759	771	771	→

[1] Bank & Agency spend has been removed - see Section 6 on Expenditure Performance of the Trust Board Finance report for figures and appropriate context of overall spend against budget

[2] Agreed change from <10% to <13% at January Trust Board

[3] Workforce data will be supplied, under separate cover, by the end of the week

Whittington Health Integrated Dashboard - June 2013 (May 2013 Data)

NATIONAL INDICATORS - ACUTE SERVICES

Domain	Indicator	Target	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	13/14 YTD	Trend
ED Targets	Patients in A&E under 4 hours	**95%**	95.4%	95.2%	97.1%	94.0%	95.6%	95.4%	94.9%	94.5%	95.8%	95.7%	92.9%	92.8%	92.9%	↑
18 Weeks RTT	Referral to Treatment - Admitted	**90%**	92.6%	92.5%	90.0%	90.3%	90.2%	90.3%	91.4%	91.8%	91.0%	88.2%	84.7%	82.0%	83.4%	↑
	Referral to Treatment - Non Admitted	**95%**	99.3%	99.0%	99.1%	98.4%	98.4%	98.7%	97.8%	98.1%	99.1%	97.9%	93.9%	92.8%	93.3%	↑
	Referral to Treatment - Incomplete	**92%**	96.5%	95.5%	95.2%	92.8%	92.7%	93.5%	92.2%	92.5%	92.4%	92.5%	88.3%	88.0%	88.1%	↑
	Diagnostic Waiting Times	**99%**	100.0%	100.0%	100.0%	100.0%	100.0%	99.5%	99.8%	93.8%	93.3%	94.4%	95.5%	97.1%	96.3%	→
Cancer Access	14 days GP referrals - 1st Outpatients - **[1]**	**93%**	92.9%	92.6%	93.3%	92.2%	92.4%	92.7%	90.1%	85.0%	88.3%	93.3%	94.0%		94.0%	→
	14 days GP referrals - Breast symptoms **- [1]**	**93%**	90.7%	86.2%	94.3%	87.8%	87.1%	85.8%	87.2%	79.7%	93.1%	88.0%	83.3%		83.3%	↑
	31 days to First Treatment **- [1]**	**96%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	♏♏♦→
	31 days to Second or Subsequent Treatment (surgery) **- [1],[2]**	**94%**	-	-	-	-	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	♏♏♦→
	31 days to Second or Subsequent Treatment (drugs) **- [1],[2]**	**98%**	-	-	-	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	♏♏♦→
	62 days Referral to Treatment - **[1]**	**85%**	70.0%	85.3%	100.0%	90.0%	77.8%	93.9%	87.0%	92.0%	91.4%	82.8%	81.4%		81.4%	↑
	62 days Wait First Treatment from Cancer Screening - **[1]**	**90%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				100.0%		100.0%	♏♏♦→
Fractured Neck of Femur	Fractured Neck of Femur operated within <36 hours	**85%**	87.5%	100.0%	100.0%	87.5%	100.0%	91.7%	76.5%	85.7%	100.0%	81.8%	91.7%	100.0%	95.7%	↑
	Fractured Neck of Femur operated within <48 hours	**85%**	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%	88.2%	92.9%	100.0%	90.9%	100.0%	100.0%	100.0%	↑
Cancelled Operations	Cancelled Operations as percentage of elective admissions	**<0.8%**	0.2%	0.3%	0.5%	1.4%	1.2%	1.5%	0.5%	0.5%	0.8%	0.6%	0.1%	0.1%	0.1%	→
	Cancelled Operations not rescheduled within 28 days	**0**	0	0	0	0	1	0	0	0	1	0	0	1	1	↓
Single Sex Accomm.	Single Sex Accommodation Breaches	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0	♏♏♦→
Transfer of Care	% of Inpatients with Delayed Transfer of Care	**<3.5%**	1.7%	2.0%	1.7%	3.5%	1.5%	2.1%	2.2%	3.7%	3.4%	2.5%	4.4%	3.1%	3.8%	→
Diagnostics	Cervical Cytology turnaround times within 14 days **[3]**	**98%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	67.0%	97.0%	98.0%	98.0%	↑
Maternity	% of women seen by HCP or midwife within 12 weeks and 6 days	**90%**	87.9%	90.8%	89.4%	94.7%	88.2%	90.1%	90.6%	86.6%	85.8%	92.0%	84.8%	82.6%	83.7%	↓
	1:1 care in established labour	**100%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.5%	97.0%		97.0%	↑
	Breast Feeding at Birth [5]	**90%**	92.0%	90.0%	88.0%	92.0%	93.0%	92.0%	93.0%	90.0%	92.0%	92.0%	91.0%			↓
	Smoking during pregnancy at time of delivery [5]	**<17%**	5.0%	6.0%	8.0%	8.0%	8.0%	6.0%	7.0%	8.0%	8.0%	8.0%	7.0%			↓

[1] Finalised cancer access data is **available 1 month in arrears of the current 7th working day reporting schedule**: Data available on the 25th working day following month end.

[2] Data available from Sept only. No cases for *Second/subsequent treatment (Surgery)* in month.

[3] Cytology turnaround <14 days data is **available 1 month in arrears of the current 7th working day reporting schedule**: Data available on the 14th working day following month end.

[4] No Amber RAG rating for National Targets

[5] Delays in producing figures this month

Whittington Health Integrated Dashboard - June 2013 (May 2013 Data)

QUALITY INDICATORS - INTEGRATED CARE ORGANISATION

Domain	Indicator	Target	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	13/14 YTD	Trend
Incident Reporting	Number of Serious Incidents	**n/a**	16	16	8	12	17	5	8	9	10	5	18	8	26	→
	Timeliness of external SI Report submission	**Green**										**[1]**				
	Incident Reporting Rates per 1000 beddays / contacts - **[2]**	**[2]**	3.5	3.6	3.0	3.5	3.3	4.2	4.0	3.8	4.0	3.7	3.6	3.7	3.7	→
	Number of Falls - **[2]**	**[2]**	25	26	23	27	26	33	30	39	22	30	30	31	61	→
	Number of Falls Causing Severe Harm - **[2]**	**[2]**	0	1	0	0	0	0	1	0	1	0	0	1	1	→
	Never Events	**0**	0	0	0	0	1	0	0	0	0	0	0	0	0	
Clinical Effectiveness	Safety Alerts Compliance - Number Outstanding	**0**	0	0	0	0	0	0	0	0	0	1	1	1	1	→
Patient Experience	Complaints Received	**n/a**	37	59	49	39	46	37	24	41	54	34	38	33	75	→
	Complaints Responded to within specified timeframe**[3]**	**80%**	86.5%	62.7%	65.3%	64.1%	26.1%	40.5%	33.3%	51.2%	37.0%	58.0%	42.1%		42.1%	↓

QUALITY INDICATORS - ACUTE SERVICES

Domain	Indicator	Target	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	13/14 YTD	Trend
Infection Prevention	MRSA Bacteraemia Cases	**1 (year)**	0	0	0	0	0	0	0	1	0	0	0	1	1	
& Control	C.DIFF Cases	**10 (year)**	0	1	2	1	1	2	2	0	2	2	3	0	3	
	E Coli Cases	**[2]**	1	1	1	1	2	1	2	1	3	2	2	1	0	→
	MSSA Bacteraemia Cases	**[2]**	1	0	0	0	0	0	0	0	0	1	0	1	0	↑
	MRSA Screening - Elective Patients **[4]**	**95%**	95.8%	96.4%	95.4%	96.8%	92.9%	96.6%	100.0%	97.6%	97.0%	97.0%	97.0%		97.0%	
	Hand Hygiene Audit	**95%**	97.4%	97.4%	97.4%	97.4%	97.4%	97.4%	97.4%	98.1%	97.0%	99.2%	93.0%	99.2%	97.9%	→
Incident Reporting	Pressure Ulcers - grade 3/4 (80% reduction from 2010/11 baseline)	**3/yr**	1	0	1	1	2	0	0	1	1	1	1	1	2	
	VTE Assessment **[4]**	**95%**	96.7%	95.3%	95.6%	95.8%	95.1%	97.1%	95.0%	96.2%	95.0%	95.3%	95.9%		95.9%	→
	VTE Incidence - Hospital Acquired **[4]**	**[2]**	4	4	1	3						**Audit required**				↑
	Appropriate Prophylaxis for VTE **[4]**	**90%**	94.3%	95.1%	99.2%	98.5%	94.4%	93.4%	97.8%	100.0%	92.1%	100.0%	99.5%		99.5%	↑
	Post Operative Sepsis **[5]**	**AE**	1	0	0	0	0	0	0	0	0	1				↑
	Post Operative Sepsis - Hips **[5]**	**AE**	0	0	0	0	0	0	0	0	0	0				
	Post Operative Sepsis - Knees **[5]**	**AE**	1	0	0	0	0	0	0	0	0	0				
	Deaths After Surgery **[5]**	**AE**	2	0	0	3	1	0	0	0	0	0				
	Deaths in Low Risk Conditions **[5]**	**AE**	2	1	0	3	1	0	0	0	0	0				
	Deaths After Bariatric Surgery **[5]**	**AE**	0	0	0	0	0	0	0	0	0	0				
	Hospital Level Mortality Indicator - Summary **[5]**	**<100**	91.0	80.5	74.0	62.6	58.5	66.5	72.3	62.3	60.1	85.5				↑
Clinical Effectiveness [7]	Emergency Admission for LTC	**[6]**	127	157	141	172	187	166	147	154	120	149	180		180	↑
	Emergency Admission Paediatric (asthma, epilepsy, diabetes)	**[6]**	7	27	10	17	14	12	6	16	21	7	10		10	↓
	Emergency Admission for VTE	**[6]**	8	8	9	19	9	7	5	6	9	8	10		10	↓
Patient Experience [8]	Friends & Family Test - Inpatient Coverage	**15%**	**New measure from November 2012**					12.4%	10.3%	14.0%	15.0%	23.0%	23.6%	35.2%	29.7%	↑
	Friends & Family Test - Inpatient Response (Net Promoter Score)	**[7]**	**New measure from November 2012**					57	57	61	62	58	71	64	67	↓
	Friends & Family Test - Emergency Department Coverage	**15%**	**New measure from November 2012**					2.0%	1.0%	3.0%	5.0%	2.0%	5.7%	4.6%	5.1%	↓
	Friends & Family Test - Emergency Department Response (Net Promoter Score)	**[7]**	**New measure from November 2012**					-2	16	-13	9	16	11	27	18	↑
PTO FOR NOTES	Cleanliness Audit	**>95%**	97.1%		98.1%		97.3%	96.7%	96.7%	97.8%	97.9%		98.6%		98.6%	↑

Whittington Health Integrated Dashboard - June 2013 (May 2013 Data)

QUALITY INDICATORS - COMMUNITY SERVICES

Domain	Indicator	Target	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	13/14 YTD	Trend
Infection Prevention & Control	Dentistry Compliance with Infection Control Standard	**90%**	95%	96%			95%			97%			Q		Q	→
Incident Reporting	Pressure Ulcers - grade 3/4 (30% reduction from 2011/12 baseline)	**21/yr**	6	7	7	3	6	6	4	5	6	4	6	4	10	↑
Patient Experience	Friends & Family Test (Net Promoter Score) **[8]**	**[8]**	**Under development**													→
	Dentistry - Patient Involvement	**90%**	92%	90%	98%	95%	88%	87%	98%	94%	91%	88%	90%	93%	92%	↑
	Dentistry - Patient Experience	**90%**	100%	98%	100%	100%	100%	95%	98%	97%	97%	93%	97%	98%	98%	↑
Clinical Effectiveness	Respiratory - number of admissions avoided	**25 / Qtr**	3	18	13	8	8	9	12	14	11	17	18	18	36	↑
	Diabetes - % of patients with at least a 1% reduction in HbA1c after 6 months	**60%**	42.0%	80.0%	80.0%	68.8%	61.0%	65.0%	63.6%	52.2%	68.2%	50.0%	61.9%	60.0%	60.9%	↓
	Diabetes - % of patients reporting confidence in managing their condition	**85%**	100.0%	100.0%	71.0%	72.7%	100.0%	90.0%	80.9%	70.0%	50.0%	92.9%	92.3%	80.0%	87.0%	↓
	Heart Failure / Cardiology - % of patients on optimum Ace Therapy	**80%**	88.0%	90.0%	86.0%	85.0%	89.0%	83.0%	83.0%	85.8%	84.8%	84.9%	86.5%	89.3%	87.3%	→
	Heart Failure / Cardiology - % of patients on optimum Beta Blocker Therapy	**80%**	84.0%	87.0%	86.0%	85.0%	85.0%	80.0%	83.0%	84.9%	83.3%	82.5%	83.8%	87.2%	85.2%	↑
	Rehab Intermediate Care - % of patients with self-directed goals set	**70%**	60.0%	71.0%	78.0%	73.0%	77.0%	74.1%	70.0%	71.4%	64.6%	73.3%	75.2%	87.4%	81.3%	→
	Rehab Intermediate Care - % of patients with improved or maintained function	**70%**	67.0%	76.0%	80.0%	77.0%	90.0%	80.5%	90.8%	86.7%	88.1%	92.7%	83.6%	83.5%	83.5%	↓
	MSK - % of patients who have completed the Patient Specific Functional Scale	**40%**	14.3%	26.9%	47.3%	62.6%	45.1%	57.1%	63.2%	66.7%	54.5%	68.3%	67.9%	53.8%	60.8%	↓
	MSK - % of patients completing their treatment on discharge	**40%**	37.8%	37.2%	38.3%	38.7%	39.5%	34.9%	35.3%	33.1%	23.7%	37.6%	40.9%	40.4%	40.6%	↓
	CAMHS - % of Cases where mental health problems resolved or improved	**60%**	73%	71%			67%			68%			Q			→
	CAMHS - % of Cases where severity of mental health at end of treatment is normal	**80%**	89%	87%			87%			84%			Q			↑
	% of new patients with an HIV test within preceding 90 days	**60%**	83.0%	85.1%	83.3%	83.0%	82.7%	85.1%	87.1%	88.5%	88.9%	89.9%	88.0%	86.5%	87.2%	↓
	% of women 18 to 25 years old attending for contraception given LARC	**20%**	25.5%	30.3%	31.5%	29.4%	28.1%	30.7%	29.3%	24.7%	30.1%	26.9%	28.6%	24.8%	26.6%	↑
	% of new male patients who had an STI screen who were under 25 years	**20%**	33.9%	31.1%	29.9%	30.3%	34.6%	28.6%	27.4%	32.8%	33.2%	30.7%	29.8%	27.9%	28.8%	↑
	% of new female patients who had an STI screen who were under 25 years	**20%**	46.7%	46.5%	43.2%	48.2%	46.3%	45.4%	46.4%	46.4%	47.2%	44.9%	47.1%	43.3%	45.2%	↑

[1] Data is **produced quarterly as a RAG rating the** from NHS London Organisational Health Intelligence report.

[2] Targets are not yet established - see exception report for detail

[3] Complaints response times data is **available 1 month in arrears of the current 7th working day reporting schedule**: Data available 25th working day following month end.

[4] MRSA and VTE screening data **available 1 month in arrears of the current reporting schedule**: data derived from coding of clinical records, completed 10th day following month end. Hospital acquired VTE incidence requires detailed audit.

[5] Derived from the **most recent available Dr Foster Intelligence**. N.B The target for these indicators is a relative risk target: i.e. 'As Expected' (AE) or better. May 2013 - February data not yet uploaded to Dr Foster tools. February and March data is expected to be refreshed at the end of May.

[6] Clinical effectiveness data **available 1 month in arrears**: data derived from coding of clinical records, completed 10th day following month end.

[7] In line with national guidance, the Friends and Family test has replaced the Net Promoter Score from November 2012. The target for this test is due to be released by the DoH from April 2013.

[8] Cleaning audit scores for November and December combined will be presented on the January Performance Report

[9] See end of exception report for proposed action re this target

Whittington Health Integrated Dashboard - June 2013 (May 2013 Data)

NATIONAL INDICATORS - COMMUNITY

Domain	Indicator	Target	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	13/14 YTD	Trend
Health Visiting	Prevalance of breast feeding at 6-8 weeks	**74%**	76%	73%			77%			74%			Q			↓
	New Birth Visits - Islington	**95%<=14 days**	57.9%	67.5%	78.9%	78.6%	80.0%	87.3%	89.2%	85.1%	87.0%	77.3%	81.1%		81.1%	↑
	New Birth Visits - Haringey	**95%<=14 days**	21.7%	41.0%	70.5%	83.5%	73.6%	78.6%	91.7%	83.1%	83.7%	75.9%	85.1%		85.1%	↑
Child Heath	% of Immunisation - Islington	**80%**	88%	89%			91%			Q			Q			→
	% of Immunisation - Haringey	**80%**	88%	87%			88%			Q			Q			→
Community Sexual Health	GUM: Patients offered appointment within 2 days	**100%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	♏♍♦
	% positivity for all Chlamydia Screening	**5%**	7.6%	14.8%	8.9%	7.3%	7.1%	9.0%	10.5%	6.6%	4.9%	3.8%	7.0%	8.6%	7.8%	↑
	% of chlamydia screens that are males <25 years old	**[3]**	11.1%	12.1%	11.3%	11.1%	12.6%	10.8%	10.4%	12.6%	11.9%	10.9%	10.6%	9.8%	10.2%	→
	% of chlamydia screens that are females <25 years old	**[3]**	46.5%	28.4%	26.9%	30.0%	29.6%	28.5%	28.6%	28.5%	30.1%	29.0%	30.3%	27.9%	29.1%	↓
Primary Care Psychology	IAPT - Number entering psychological therapies	**[4]**	466	251	348	325	354	404	257	373	270	283	Q			→
	IAPT - Number moving off sick pay and benefits	**90 per year**	23	13	9	19	9	15	11	22	16	31	Q			↑
Stop Smoking	Actual 4 Week Quitters	**952 for Qtr 1 & 2**	650	518			506			602			Q			↑
Dental	Units of Dental Activity	**90% of contract**	96%	146%	116%	95%	123%	116%	84%	128%	117%	109%	98%	104%	101%	↑
	Contacts	**90% of contract**	99%	129%	111%	103%	108%	103%	82%	111%	109%	107%	101%	103%	102%	↑
Drugs & Alcohol	% of Treatment Starts	**80%**	100.0%	100.0%	100.0%	90.0%	82.0%	82.6%	100.0%	100.0%	87.8%	100.0%	100.0%	87.5%	93.8%	↓
	% of treatment Reviews	**80%**	100.0%	96.0%	100.0%	92.0%	83.0%	80.4%	80.7%	93.5%	96.7%	93.0%	85.5%	95.4%	90.7%	↑

Whittington Health Integrated Dashboard - June 2013 (May 2013 Data)

LOCAL INDICATORS - ACUTE

Domain	Indicator	Target	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	13/14 YTD	Trend
Inpatient	Consultant 7 Day Ward Rounds	**Y**	N	N	N	N	N	N	N	N	N	Y	N	N	N	↑
	Consultant presence every day 8am - 8pm (Acute Medicine)	**Y**	N	N	N	N	N	Y	Y	N	N	Y	N	N	N	↓
	Discharge Before 11am - Surgery / Medicine	**40%**	19.4%	24.4%	26.0%	28.7%	25.6%	23.9%	19.4%	20.9%	19.5%	19.2%	17.0%	17.6%	17.3%	↑
	Average Length of Stay - Medicine - **[1]**	**[1]**	7.1	8.3	7.2	7.2	7.0	6.8	6.9	6.9	7.0	7.5	8.1	7.8	7.9	→
	Bed Days - Medicine - **[1]**	**[1]**	4026	4965	4411	4560	4867	4794	4492	4872	4379	4876	4932	5159	10091	↓
	Average Length of Stay - Surgery - **[1]**	**[1]**	3.9	4.0	3.3	3.0	3.8	3.9	5.0	4.3	4.0	3.7	3.9	3.7	3.8	↑
	Bed Days - Surgery - **[1]**	**[1]**	1718	1917	1452	1395	1742	1787	1908	1893	1553	1490	1634	1761	3395	↑
	Theatre Session Utilisation	**95%**	74.2%	73.1%	71.7%	72.1%	75.4%	71.4%	72.4%	70.8%	71.3%	77.4%	71.5%	74.0%	72.7%	↑
Outpatients	Number of First Appointments - **[2]**	**[2]**	4826	5528	5077	4763	6092	5677	4382	5620	5110	5107	5551	5806	5551	↑
	Number of Follow-Up Appointments - **[2]**	**[2]**	11406	13299	13047	11686	13974	12953	9611	13031	11847	11414	11999	12775	11999	↑
	DNA Rates - First Appointments	**8%**	12.8%	12.5%	14.6%	12.9%	11.9%	12.3%	13.9%	13.2%	12.5%	11.9%	11.7%	12.5%	12.1%	↓
	DNA Rates - Follow-Up Appointments	**8%**	13.8%	13.5%	13.9%	14.1%	13.8%	13.2%	14.3%	13.3%	12.5%	13.5%	13.3%	13.1%	13.2%	↑
	Hospital Cancellation Rate - First Appointments	**2%**	3.6%	3.2%	4.0%	5.0%	3.1%	2.6%	3.2%	3.2%	3.8%	3.9%	4.1%	3.0%	3.6%	↑
	Hospital Cancellation Rate - Follow-up Appointments	**2%**	6.4%	7.0%	6.0%	6.9%	4.4%	5.0%	5.4%	5.4%	5.2%	5.6%	7.0%	5.9%	6.4%	→
	% Waiting less than 30 minutes in clinic	**90%**	84.0%	85.9%	87.7%	85.8%	87.2%	85.7%	88.0%	85.0%	86.4%	83.8%	88.6%	90.6%	90.0%	↑
Data Quality - Acute	NHS Number Completeness - Acute	**99%**	96.8%	96.9%	96.6%	97.4%	97.3%	96.5%	95.9%	96.6%	96.3%	95.8%	95.6%	96.0%	96.3%	↑
	Outcomes not recorded - Acute	**<0.5%**	0.0%	0.4%	0.4%	0.4%	0.4%	0.9%	1.3%	0.8%	1.4%	1.3%	1.1%	1.3%	1.2%	↓

[1] LOS and Bed day targets are dependent upon modelling work - **see exception report** for an update

[2] Targets are not yet established - **see exception report for detail**

[3] Consultant with no elective work on call 7 days (General Surgery) removed as now part of the rota.

Whittington Health Integrated Dashboard - June 2013 (May 2013 Data)

LOCAL INDICATORS - COMMUNITY

Domain	Indicator	Target	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	13/14 YTD	Trend
Access	DNA Rates - Community Adult Service	**10%**	9.8%	11.0%	10.3%	10.4%	10.2%	10.5%	10.1%	10.7%	9.1%	8.1%	7.8%	8.2%	8.0%	→
	DNA Rates - Community Children Services	**10%**	11.7%	12.0%	11.7%	9.0%	6.9%	10.1%	12.9%	10.7%	9.0%	7.0%	8.4%	8.9%	8.7%	↓
	Community Average Waiting Times - Adults	**6wks**	7.5	6.2	5.5	5.7	5.8	5.8	5.5	5.8	5.7	6.1	6.4	6.4	6.4	↓
	Community Average Waiting Times - Children	**18 wks**	14.0	13.0	11.0	14.0	14.0	14.3	12.7	13.3	11.3	12.1	9.9	10.3	10.1	↓
Data Quality	NHS Number Completeness - Community	**99%**	99.9%	99.8%	99.9%	99.9%	99.8%	99.8%	99.8%	99.7%	99.9%	99.9%	99.9%	99.9%	99.9%	→
	Outcomes not recorded - Community **[2]**	**<0.5%**	1.2%	1.0%	0.8%	1.2%	0.9%	1.2%	2.1%	2.6%	6.0%	2.9%	2.9%	4.4%	3.7%	↓

SLA INDICATORS

Domain	Indicator	Target	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	13/14 YTD	Trend
	Outpatient Follow-up Ratio - % excess follow-ups	**<1%**	26.4%	25.3%	29.5%	32.1%	25.3%	27.6%	27.4%	24.9%	24.9%	24.9%	27.4%	24.5%	26.0%	↑
	Consultant to Consultant Activity (Upper Quartile) - % excess firsts	**<1%**	2.5%	1.4%	1.8%	1.7%	2.1%	3.0%	2.5%	2.7%	2.4%	1.4%	0..9%	0.8%	0.8%	→
	Emergency Readmissions - from original elective admissions	**[1]**	31	31	49	23	40	34	29	22	35	47	38		38	→
	Emergency Readmissions - from original emergency admissions **[2]**	**[1]**	202	195	178	186	205	176	186	239	228	220	206		206	→
	Excess Beddays **[2] [3] [4]**	**SLA Plan = 100%**	82.0%	95.0%	97.8%	143.0%	69.7%	86.3%	68.1%	76.2%	94.3%	75.4%	73.2%		73.2%	↑

CQUIN 2012/13

Domain	Indicator	Target	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	13/14 YTD	Trend
CQUINS [5]	VTE 24 Hr Risk Assessment **[8],[6]**	**70% in Q4**	17%	19%	25%	27%	21%	45%	53%	44%	55%		NB - delays in commissioner agreement on metrics			→
	NHS Safety Thermometer for Acute **[6]**	**100%**	-	100.0%	100.0%	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			♈♓♋♏♑♦♓	
	NHS Safety Thermometer for Community **[6]**	**100%**	-	95.1%	87.8%	86.7%	98.3%	100.0%	99.8%	100.0%	100.0%	100.0%			♈♓♋♏♑♦♓	
	Smoking advice **[8],[6]**	**70% in Q4**	-	5.0%	47.0%	78.0%	77.0%	80.0%	84.0%	87.0%	87.0%	80.0%				↑
	COPD Care Bundle **[8],[6]**	**85%**	93.8%	94.4%	94.4%	100.0%	100.0%	93.8%	100.0%	97.0%	94.0%	100.0%				→

[1] Target to be set at end of year based on actual performance in preparation for post block contract.

[2] Emergency readmissions and excess bed day data is available 1 month in arrears of the current reporting schedule of the 7th working day: the data is derived from the coding of clinical records, completed on the 10th day following month end. Outcome

[3] Excess Bed days is now reported as percentage of SLA Plan target - where as close to 100% is most desirable.

[4] Please note that excess bed days in Sept was high as two children with very long lengths of stay were discharged in month. Underlying performance has not changed markedly.

[5] Four CQUINS have not been included in this report as they are too early in implementation phase to report.

[6] YTD not applicable. The target is for an individual month's completeness so a YTD figure would be misleading.

[7] Please note that VTE Risk Assessment and Appropriate Prophylaxis for VTE are also CQUINS but are reported in the Quality Indicators (acute) section above.

[8] Data available only 1 month in arrears of the current reporting schedule

Whittington Health NHS

Please note that all data is dated November 2012 unless otherwise stated

FINANCE - INCOME & EXPENDITURE SUMMARY							
	Current Month			Year To Date			Annual Budget £'000
	Actual £'000	Budget £'000	Variance £'000	Actual £'000	Budget £'000	Variance £'000	
Total Income	23,336	23,336	0	161,016	159,600	1,416	275,067
Total Expenditur	21,679	21,693	13	151,633	150,145	(1,488)	257,536
EBITDA	1,657	1,643	14	9,383	9,455	(72)	17,531
Net Surplus/Defi	497	478	19	1,231	1,269	(38)	3,120
Net Surplus/Deficit excluding PFI IFRS	544	525	19	1,440	1,477	(38)	3,562

SERVICE LINE REPORTING			
	Women, Children & Families	IC & Acute Medicine	Surgery, Cancer & Diagnostics
Total Direct & Indirect Cost	31,208,588	37,187,106	21,404,797
Service Line Contribution Margin %	17.1%	17.4%	28.3%

CIP MONITORING

	2012/13 Target £'000	Forecast Variance £'000	Best Case Forecast Variance £'000	Worst Case Forecast Variance £'000		June	July	August	September	October	November
Total	**13,100**	**0**	**0**	**(3,182)**	cumulative % achieved against target	69%	74%	80%	86%	86%	

Month 2 – May 2013 Performance Dashboard Exception Report

Whittington Health NHS

Rationale: RED YTD and/or RED in-month AND Data quality/development items are selected/referenced as an exception to Dashboard completeness below

Indicator	May 13	YTD	Target	Comment/ Description of issue	Actions planned/taken to achieve target	Target date / trajectory	Accntbl./Rspnsbl. Officer for Action
WORKFORCE							
Appraisal	**75%**	**NA**	90%	See Below	See Below		
				Target is based on appraisals recorded on ESR. The poor performance is due to a combination of reasons – in many cases appraisals are being carried out but not recorded and issues with the recording system have been confirmed. Also a large numbers of appraisals become due at year end. This process is now being closely performance managed with lists of ESR appraisal recording by line manager circulated to divisions. Current performance (14/6/13) is 76%.	Following the development of divisional objectives and plans, these will form the basis of appraisals for 13/14. Appraisal target to be met by end of June.	31st May - complete 30th June	Div. Dirs. Operations
Mandatory Training	**83%**	**NA**	90%	See below	See below		
				Performance has stayed static between April and May as large numbers of staff became due at year end. Staff turnover is accounted for by the 90% target. Child protection training level 2 training to be meeting targets by 30th August. Approximately 50 staff a month come out of level 2 compliance and 2013 non-compliance figures will be	1. Progress is being tracked at all management meetings 2. Specific areas of shortfall addressed through management action 3. Complete Child Protection Level 2 to target	28th June 28th June 30th August	Dir Ops

Indicator	May 13	YTD	Target	Comment/ Description of issue	Actions planned/taken to achieve target	Target date / trajectory	Accntbl./Rspnsbl. Officer for Action
				higher as a large number of staff were trained in Haringey community in 2010. Issues on ESR remain with some difficulties reporting.			
NATIONAL TARGETS							
ED 4hr wait	**92.8%**	**92.9%**	95%				
				The ED has met increased demand and recent challenges with a 'whole systems approach' focused on improving flow through the ED, providing earlier senior medical intervention and through close working with speciality teams. An interim staffing model has been reinstated providing additional resource in the evening and into the early hours of the morning. This includes providing a Consultant-led 'pitstop' initiative on an evening. Robust monitoring and management of rotas has helped to maximise efficiency and productivity within ED. ED senior leadership team expect to recover the position against the position early in Q2.	1. Internal escalation plan implemented. 2. Daily review of breaches and 'bottlenecks' within ED patient flow system. 3. Regular bed meetings to support patient flow. 4. Robust management of medical and nursing staffing 5. Reinstating 'internal professional standards' protocol defining agreements with internal speciality teams 6. New Consultant rota will be launched and will provide an additional DCC most days. 7. Reinstated Q4 12/13 interim workforce plan pending outcome of modelling new ways of working. 8. Development of 'ED Data Pack' providing key operational data to monitor and manage performance whilst helping to inform senior decision making 9. Close working with PMO to support operational teams in delivery of key service improvement initiatives 10. Consultant physician to attend ED four times a day	Immediate Immediate Immediate Immediate 31st May (complete) Immediate Immediate 30th June Immediate 30th June	Carol Gillen

Month 2 – May 2013 Performance Dashboard Exception Report

Indicator	May 13	YTD	Target	Comment/ Description of issue	Actions planned/taken to achieve target	Target date / trajectory	Accntbl./Rspnsbl. Officer for Action
					11. Consultant surgeon to attend a daily ED board round	30th June	
Referral to Treatment - patients waiting < 18 weeks	**88%**	**88.1%**	92%				
Admitted patients starting treatment <18 weeks	**82%**	**83.4%**	90%				
Non Admitted patients starting treatment < 18 weeks	**92.7%**	**93.3%**	95%				
				- Performance against the 18 weeks targets has dropped as WH prioritises patients who were waiting longer than 18 weeks. - WH treated 21% more admitted long waiters (patients who have been waiting longer than 18 weeks) in May compared to April, and 25% more non-admitted long waiting patients.	- Clearance of backlog of patients - Implementation of new Access Policy and supporting SOPs - Implementation of new "Prioritise and Treat" lists to performance manage patient pathways.	30th Sept 30th June 31st May (Complete)	L. Martin
Diagnostic Waiting Times	**97.1%**	**96.3%**	99%				
% of pts waiting within 6 week standard for routine elective diagnostics)				- Performance improved from 95.5% in April to 97.1% in May. - Diagnostic waits are made up of fourteen specialties. Patients have been experiencing long waits in endoscopy which accounts for three of those specialties. - Patients remaining to be seen	- 25 patients remaining from endoscopy backlog will be cleared by end of June.	30th June	L. Martin

Month 2 – May 2013 Performance Dashboard Exception Report

Indicator	May 13	YTD	Target	Comment/ Description of issue	Actions planned/taken to achieve target	Target date / trajectory	Accntbl./Rspnsbl. Officer for Action
				consist of those who chose to wait longer or those with longer clinical pathways.			
Cancer – 14 day breast (Mar)	**83.3%**	**83.3%**	93%	See Below	See Below		
				- Large numbers of patients are choosing to wait beyond 2 weeks compared to other tumour types. In April, 20 out of the 26 2ww (breast) breaches were due to patients choosing to wait longer than 2 weeks. - Of the remaining 6, 3 were prison patients who are often unable to attend within 2 weeks. - WH aims to achieve 93% performance in July.	- Review of capacity to ensure maximum flexibility in offering appointments. - Recruit General Manager for Cancer Services - Review late attendance by prison patients	28th June Complete 31st July	L Martin
Cancer – 62 day referral to treatment	**81.4%**	**81.4%**	85%				
				- Breaches in April 13 were all 'shared breaches' with other trusts (4.5 breaches – 6 patients - Our assessment is that delays at WH led to 3 patients being delayed). In these cases 2 out of 3 had complex diagnoses and treatment pathways that created delays. There were no 62 day breaches for WH only patients.	- Cancer pathways are being reviewed as part of the overall RTT and Cancer Improvement Programme, and new pathway tracking tools and standard operating procedures are being introduced to improve efficiency.	31st July	L Martin
Cancelled Operations	**1**	**1**	0				
not rescheduled within 28 days				- Patient was booked for the 8th May with an HDU bed, however on the day no bed was available due to a high number	- Access Centre has been instructed to follow the escalation process to ensure all avenues are explored before a	Immediate (complete)	L. Martin

Month 2 – May 2013 Performance Dashboard Exception Report

Indicator	May 13	YTD	Target	Comment/ Description of issue	Actions planned/taken to achieve target	Target date / trajectory	Accntbl./Rspnsbl. Officer for Action
				of very ill patients. - Patient was rebooked outside 28 days due to lack of available capacity in HDU.	decision to book beyond 28 days is made.		
Pregnant women seen within 12 wks and 6 days	**82.6%**	**83.7%**	90%				
				39 of the 55 women were offered a date within target but chose to wait longer. 19 of the 55 women that breached were referred within 2 weeks. All these women are called on receipt of referral to try to arrange an appointment, if they do not respond the midwives are unable to reach them in time to give them a suitable appointment.	1. Maternity now using new proactive reports to ensure that DNAs or cancelled patients are being actioned	End of April (complete)	Dee Hackett
1:1 care in established labour	**97%**	**97%**	**100%**				
				Comparative audit showed excellent achievements for WH compared to surrounding hospitals. Target too stringent as does not reflect acceptable exceptions to practice.	1. Change of targets to 90% to be proposed next month	July Board	Dee Hackett/Rosalind Basri
QUALITY							
Complaints response < 25 working days	**42%**	**42%**	80%	See Below	See Below		
N.B April 13 DATA				Complaints in ED account for un-responded complaints in ICAM • ICAM 7/16 in time = 39% • SCD 3/7 in time = 30%	1. Completion of outstanding complaints responses	28th June	Div. Dirs. Ops

Month 2 – May 2013 Performance Dashboard Exception Report

Indicator	May 13	YTD	Target	Comment/ Description of issue	Actions planned/taken to achieve target	Target date / trajectory	Accntbl./Rspnsbl. Officer for Action
				• WCF 5/7 in time = 71% • EF 1/1 in time = 100% Complainants are now being routinely phoned early in process. Indications are that this is beneficial to swift resolution of complaints.			
Friends & Family Test -	**4.6%**	**5.1%**	15%	See Below	See Below		
Emergency Department Coverage				- There is now sufficient coverage of volunteers and admin capacity to support the process. Volunteers guiding patients to fixed kiosk and postcards. - All staff have daily quota for completion - Extra hand held with wifi in place	Achievement of 10% target Achievement of 15% target	28th June 31st July	Carol Gillen / Paula Mattin
NATIONAL - COMMUNITY							
New Birth Visits Islington (Apr)	**81.1%**	**81.1%**	95%	See Below	See Below		
Haringey (Apr)	**85.1%**	**85.1%**	95%	See Below	See Below		
				Both Haringey and Islington teams have seen improvements between March and April Late presentation remains an issue leading to difficulties in booking in time.	Exploring opportunities for publicising service to encourage earlier presentation	31st July	Dee Hackett
LOCAL TARGETS							
Discharge before 11am	**17.6%**	**17.3%**	40%	See Below	See Below		
				There has been a slight improvement from April but analysis of reasons is still ongoing.	Detailed analysis of discharge performance through Enhanced recovery programme	30th June	Sally Herne

Month 2 – May 2013 Performance Dashboard Exception Report

Indicator	May 13	YTD	Target	Comment/ Description of issue	Actions planned/taken to achieve target	Target date / trajectory	Accntbl./Rspnsbl. Officer for Action
				The Enhanced Recovery Programme (Better for You) programme is focusing on this with work currently underway to look at how senior decision making can be achieved earlier in the day.	The bed bundles workstream has completed an audit of reasons for discharge after 11am for surgical wards, to be rolled out to medical wards.	31st May (complete)	Alison Kett, Delia Thomas, Holly Norman.
Theatre Utilisation	**74.0%**	**72.7%**	95%	See Below	See Below		
				Increased sessions to address delays in pre-operative assessment have affected overall efficiency.	1. A theatre improvement plan will be formed over the next month for full implementation by the end of July	End of July	L Martin
Outcomes not recorded - Acute	**1.3%**	**1.2%**	<0.5%	See Below	See Below		
				There was a particular issue in Acute Paeds. Cover for these posts has been challenging hence an increase in un-outcomed appointments. The post has now been filled so improvements are expected for July.	1. Job to be advertised	End of May (complete)	Dee Hackett
Outcomes not recorded - Community	**4.4%**	**3.7%**	<0.5%	See Below	See Below		
				High numbers of un-outcomed appointments mainly driven by WCF.	1. Relevant WCF Service manager to take to management meeting on 15/5/13 to work with Islington locality managers to establish reasons for this.	31st May (complete)	Lynda Rowlinson
SLA							
Acute Outpatients	**24.5%**	**26.0%**	<1%	See Below	See Below		
FOLLOW-UP RATIO – percentage excess follow				Clinical Directors and Divisional Directors working with individual clinical leads to continue to work on reviewing pathway protocols to	1. The new access policy will promote the discharge of patient by WH to primary care provider 2. New clinic form introduced to	31st May (complete) 31st May	L Martin L Martin

Month 2 – May 2013 Performance Dashboard Exception Report

Indicator	May 13	YTD	Target	Comment/ Description of issue	Actions planned/taken to achieve target	Target date / trajectory	Accntbl./Rspnsbl. Officer for Action
ups				reduce towards upper quartile targets. 7 specialties accounted for 83% of excess follow ups	track patients outcomes from clinic	(pilot in progress)	