

Whittington Health Trust Board

3rd May 2017

Title:	Trust Board Report April 2017 (March 2017 data)		
Agenda item:	17/069	Paper	09
Action requested:	For discussion and decision making		
Executive Summary:	<p>Highlights</p> <p>Emergency and Urgent Care Performance against the 95% target improved for 3 consecutive months and is now at 88.4%. Two reports written by Islington CGG regarding increase in acuity and ambulance arrivals showed an increase for Whittington Health in both ambulance conveyances and Resus patients. This increase was not seen in neighbouring hospitals. The increase in the acuity, complexity, age and dependency of patients has largely been managed within the Emergency Department without an increase in admissions.</p> <p>Falls Actual falls for March were at the expected level after 3 months of increased level of falls. 2 out of 31 falls resulted in harm.</p> <p>Cancer Achieved</p> <p>Delayed Transfer of Care % of Occupied Bed days Whittington Health has been able to maintain the improvement trend for a second month. This indicator is now 0.9% away from its target.</p> <p>Emergency Re-Admission within 30 days Third consecutive month not achieved. No specific trends are identified. Further analysis of the data is required to confirm actual recording of activity and variances by sub specialities being the cause.</p> <p>Theatre Utilisation Theatre utilisation improved for a 3rd consecutive month to 82% and the expectation is that all specialties will be over 85% consistently from July 2017</p> <p>HR Appraisals have been on upward trajectory during the year, although below target of 90%. It is likely that the implementation of the pay progression policy, where incremental progression is linked to</p>		

	<p>compliance with appraisal and statutory and mandatory training requirements, has contributed to this improvement, along with continuing scrutiny at the quarterly Performance Review Group.</p> <p>Complaints Whittington Health is compliant in March at 100%</p>						
Summary of recommendations:	That the board notes the performance.						
Fit with WH strategy:	All five strategic aims						
Reference to related / other documents:	N/A						
Reference to areas of risk and corporate risks on the Board Assurance Framework:	N/A						
Date paper completed:	27 th April 2017						
Author name and title:	Hester de Graag, Performance Lead		Director name and title:		Carol Gillen, Chief Operating Officer		
Date paper seen by EC		Equality Impact Assessment complete?		Quality Impact Assessment complete?		Financial Impact Assessment complete?	



Whittington Health **NHS**

Integrated Performance Report

April 2017

Month 12 (2016 – 2017)



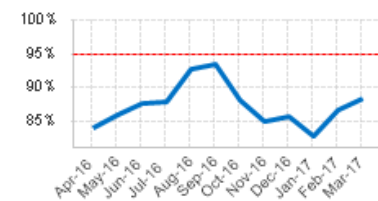
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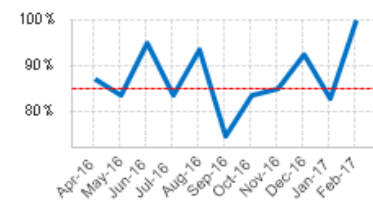
Summary Page - Indicators

Category	Indicator	16_17 Target	Q1 Apr-16	Q1 May-16	Q1 Jun-16	Q2 Jul-16	Q2 Aug-16	Q2 Sep-16	Q3 Oct-16	Q3 Nov-16	Q3 Dec-16	Q4 Jan-17	Q4 Feb-17	Q4 Mar-17	2016-2017
ED	Emergency Department waits (4 hrs wait)	>95%	84.1%	85.9%	87.7%	87.9%	92.7%	93.4%	88.1%	85.1%	85.8%	82.9%	86.6%	88.4%	87.4%
ED	ED Indicator - median wait for treatment (minutes)	<60 mins	88	88	85	87	60	62	75	88	76	77	69	72	77
Cancer	Cancer - 14 days to first seen	>93%	97.4%	96.4%	96.4%	97.3%	97.7%	96.6%	97.8%	95.5%	93.4%	94.7%	97.1%		96.4%
Cancer	Cancer - 62 days from referral to treatment	>85%	87.2%	83.6%	94.9%	83.3%	93.5%	74.5%	83.3%	85.0%	92.3%	82.7%	100.0%		86.7%
Admitted	Non Elective Re-admissions within 30 days	<5.5%	4.8%	5.6%	6.8%	6.4%	6.3%	5.7%	5.9%	5.9%	6.0%	4.8%	5.7%	6.3%	5.9%
Admitted	Delayed Transfers Of Care % of Occupied Bed Days	<4.5%	3.8%	3.4%	7.4%	6.3%	5.5%	5.7%	10.1%	6.1%	9.3%	6.3%	5.4%		5.7%
Access	RTT - Incomplete % Waiting <18 weeks	>92%	93.9%	93.8%	94.2%	93.9%	92.7%	93.1%	92.9%	92.8%	92.2%	92.2%	92.4%		93.1%
Outpatients	Outpatients - FFT % Positive	>90%	90.2%	87.7%	86.7%	89.1%	90.8%	89.2%	88.0%	92.6%	87.0%	92.5%	89.4%	93.1%	90.4%
Community	Community - FFT % Positive	>90%	97.3%	97.5%	97.5%	97.9%	97.5%	98.4%	98.1%	98.2%	98.7%	98.0%	96.8%	96.0%	97.5%
Staff	Staff - FFT % Recommend Care	>70%			80.1%			76.2%						74.6%	76.8%

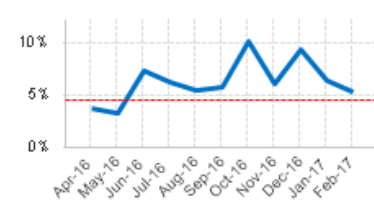
Emergency Department waits (4 hrs wait)



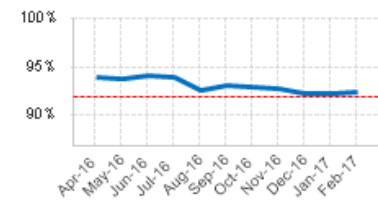
Cancer - 62 days from referral to treatment



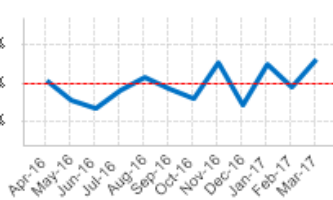
Delayed Transfers Of Care % of Occupie...



RTT - Incomplete % Waiting <18 weeks



Outpatients - FFT % Positive



Non-Elective Re-admissions within 30 days





Safe Services - Indicators and Performance

			Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	Q4		
Category	Indicator	16_17 Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	2016-2017	Performance
Admitted	Admissions to Adult Facilities of pts under 16 yrs of age	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Admitted	HCAI C Difficile	<17	2	1	1	1	0	0	0	0	0	0	1	1	7	
All Areas	CAS Alerts Outstanding	0	0	0	0	0	0	0	0	0	0	0	3	0	3	
All Areas	Actual Falls	400	24	26	36	26	31	38	45	30	45	56	45	31	433	
All Areas	Avoidable Grade 3 or 4 Pressure Ulcers	0	5	2	1	3	5	5	5	1	3	2	1	2	35	
Admitted	Harm Free Care %	>95%	92.2%	92.6%	93.5%	93.8%	91.9%	90.8%	93.3%	92.6%	93.2%	94.3%	92.9%	92.5%	92.8%	
Maternity	Non Elective C-Section % Rate	>15%	13.6%	18.9%	17.7%	16.4%	17.4%	20.2%	17.7%	21.6%	17.4%	20.5%	18.0%	21.4%	18.4%	
All Areas	Medication Errors causing serious harm	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
Admitted	MRSA Bacteraemia Incidences	0	0	0	0	0	0	0	1	0	0	0	1	0	2	
Admitted	Never Events	0	0	0	0	0	1	0	1	0	0	0	0	0	2	
All Areas	Proportion of reported Patient Safety Incidents Causing Harm	N/A			20.8%	22.6%	21.6%	21.8%	19.9%	20.1%	21.1%	21.3%	19.5%	22.4%	21.1%	
All Areas	Serious Incidents	0	3	6	3	3	4	6	9	8	3	4	5	4	58	
Admitted	VTE Risk Assessment %	>95%	95.0%	96.0%	96.3%	98.0%	96.2%	96.6%	97.3%	96.4%	95.9%	96.1%	96.0%		96.4%	



Safe Services - Commentary

Actual falls

Out of the 31 falls in March 17, 2 resulted in harm. Both occurred in Integrated Medicine ICSU, one head injury, being investigated as an SI and one fractured pelvis, being processed by the Serious Investigation Executive Assessment Panel.

Avoidable pressure ulcer

There were 2 avoidable Grade 3 pressure ulcers which occurred within the community.

1. Heel pressure ulcer, key themes - no prevention care plan, no evidence of discussion with the family or carer's regarding pressure ulcer prevention and no completion of wound assessment.
2. Pressure ulcer to the right shoulder, theme no evidence of discussion with the family regarding importance of repositioning, no repositioning chart or carer pack provided to family.

All pressure ulcer care correctly put in place to prevent further deterioration.

Harm Free Care

This figure included new and old harm and scores consistently under the target due to the number of Pressure Ulcers in the community.

Non Elective C-section rate

Rate has gone up from 18% to 21%. The overall induction of labour rate has increased. This is due to

- a. Greater awareness of reduced foetal movements by women and staff
- b. Jasmine project- more babies seem to be diagnosed as 'Small for Gestational Age'

There is great emphasis on the NHSE Reducing Still birth bundle, of which these two elements are a part.

Serious incidents

The trust reported 4 SI in March 2017. Two in Integrated Medicine, three in Surgery and one in Woman and Family Services.



Caring Services - Indicators and Performance

			Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	Q4	2016-2017	Performance
Category	Indicator	16_17 Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17		
ED	ED - FFT % Positive	>90%	89.9%	92.0%	87.7%	89.4%	92.4%	95.6%	89.9%	82.1%	83.8%	83.4%	83.9%	83.0%	85.3%	
ED	ED - FFT Response Rate	>15%	4.6%	4.8%	5.1%	4.5%	3.4%	4.1%	4.1%	16.6%	16.6%	14.6%	16.0%	14.6%	9.1%	
Admitted	Inpatients - FFT % Positive	>90%	96.6%	93.6%	95.7%	96.7%	96.0%	95.1%	95.8%	92.7%	95.8%	92.1%	96.1%	94.1%	95.1%	
Admitted	Inpatients - FFT Response Rate	>25%	19.4%	15.5%	15.5%	19.3%	15.4%	20.4%	18.3%	18.0%	12.6%	7.2%	17.1%	26.8%	17.2%	
Maternity	Maternity - FFT % Positive	>90%	94.6%	92.1%	94.6%	91.6%	93.2%	91.1%	91.6%	93.8%	94.8%	88.0%	89.4%	92.4%	92.0%	
Maternity	Maternity - FFT Response Rate	>15%	19.3%	16.1%	18.3%	10.5%	18.9%	24.2%	23.1%	12.8%	24.6%	30.4%	24.0%	27.8%	20.6%	
Outpatients	Outpatients - FFT % Positive	>90%	90.2%	87.7%	86.7%	89.1%	90.8%	89.2%	88.0%	92.6%	87.0%	92.5%	89.4%	93.1%	90.4%	
Outpatients	Outpatients - FFT Responses	400	133	171	166	229	229	305	408	516	193	481	407	551	3789	
Community	Community - FFT % Positive	>90%	97.3%	97.5%	97.5%	97.9%	97.5%	98.4%	98.1%	98.2%	98.7%	98.0%	96.8%	96.0%	97.5%	
Community	Community - FFT Responses	1500	778	752	628	563	609	621	645	880	549	697	1095	1169	8986	
Staff	Staff - FFT % Recommend Care	>70%			80.1%			76.2%						74.6%	76.8%	
All Areas	Complaints responded to within 25 working day	>80%		90.5%	82.1%	95.5%	85.3%	85.7%	100.0%	100.0%	89.3%	66.7%	90.0%	100.0%	89.6%	
All Areas	Complaints (including complaints against Corporate division)	N/A	23	23	31	26	38	32	25	19	32	22	34	38	343	
Community	End of Life % of patients dying in Pref. Place of care - DN	>70%	95.5%	100.0%	96.0%	84.4%	85.7%	72.0%	71.4%	85.7%	83.3%	90.9%	90.7%	68.4%	86.0%	



Caring Services - Commentary

Complaints

During March 2017 the Trust had 38 complaints requiring a response, 29 of which were required within 25 working days. The Trust achieved a performance of 100% exceeding its target of 80%. 9 complaints were allocated 40 working days for investigation, 4 of which remain outstanding and overdue i.e. EUC (2), IM (1) and S&C (1).

The majority of the complaints had been allocated to EUC 29% (11) and IM 24% (9). Seven (18%) complaints were designated 'high risk', 7 (18%) were 'moderate' and 24 (63%) 'low'.

A review of the complaints for March shows that 'medical care' accounted for the majority of complaints 29% (11), with patients indicating that they felt the medical care provided was 'inadequate (18%)', 'incorrect (18%)' or 'poor (18%)'; that 'no treatment was provided (18%)' or that there was a 'missed diagnosis (18%)'.

10 complaints have been completed in the category 'medical care' and 8 out of 10 were upheld or partial upheld. One complaint is still to be completed.

In addition, 18% (7) complaints highlighted 'nursing care' as the main concern with 28% (2) indicating that a "poor standard of care" had been provided and 28% (2) indicating that 'inadequate monitoring' had been provided.

Of those complaints that have closed (including those allocated 40 working days) 29% (10) were 'upheld', whilst 56% (19) were 'partially upheld', meaning that 85% of the 34 closed complaints were upheld in one form or another.

FFT

Improvements seen in In- and Out-patients, Maternity response rate and positive response and continued response rate increase in Community Services.

End of life percentage of patients dying in preferred choice of care

This data was un-validated at the time of submission. The correct figure is validate at 90.3% and will be changed on the next dashboard.



Effective Services - Indicators and Performance

			Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	Q4		
Category	Indicator	16_17 Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	2016-2017	Performance
Maternity	Breastfeeding Initiated	>90%	91.8%	93.4%	90.5%	95.2%	91.5%	90.6%	94.2%	90.2%	90.1%	90.1%	90.6%	92.0%	91.7%	
Maternity	Smoking at Delivery	<6%	4.4%	6.6%	6.2%	3.9%	4.4%	4.8%	3.2%	5.1%	4.8%	3.6%	5.6%	3.0%	4.6%	
Admitted	Non Elective Re-admissions within 30 days	<5.5%	4.8%	5.6%	6.8%	6.4%	6.3%	5.7%	5.9%	5.9%	6.0%	4.8%	5.7%	6.3%	5.9%	
Trust	Hospital Standardised Mortality Ratio rolling 12 months	100	75.6	80.4	75.0	117.4	89.4	62.3	79.3	84.5	59.7				79.5	
Trust	Hospital Standardised Mortality Ratio rolling 12 months - weekend	100	42.6	123.9	64.8	83.3	82.2	89.7	76.7	85.7	22.2				73.1	
Trust	Summary Hospital Level Mortality Indicator (SHMI) - rolling 12 mont...	1.14			0.69			0.69							0.69	
Admitted	Mortality rate per 1000 admissions in-months	14.4	6.5	4.7	6.1	5.8	5.8	4.2	6.5	7.9	7.2	11.7	9.1	7.7	6.9	
Community	IAPT Moving to Recovery	>50%	47.4%	51.6%	48.0%	50.0%	51.7%	52.3%	45.7%	47.1%	52.4%	50.4%	49.1%		49.7%	



Effective Services - Commentary

Non Elective Re-admission

Above target, increase 0.6%, upwards trend second month.

No specific trends are identified. Further analysis of the data is required to confirm actual recording of activity and variances by sub specialities being the cause. Sub specialities targeted are: pain management, diabetes, admitted under general medicine instead of under speciality and also those that come in under a day-case/ambulatory care and are then admitted under general medicine. These last cases are showing up as a readmission rather than change in care.

IAPT

Just below target.

The recovery rate for February decreased from 50.44% in January to 49.12%, however if we exclude the data of Nafsiyat, an intercultural counselling centre commissioned by Haringey CCG, the recovery rate would have been 50.49%. In February 63.75% showed a reliable improvement in their symptoms. A preview of March outcomes shows a similar pattern with a recovery rate of 48.4%, which jumps up to 50.02% if Nafsiyat data is excluded. Discussions with commissioners are ongoing with the aim to resolve the issues with Nafsiyat, which continue to drive down IAPT outcomes. Patient Satisfaction continues to exceed the 95% mark.



Responsive Services - Indicators and Performance

Category	Indicator	16_17 Target	Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	Q4	2016-2017	Performance
			Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17		
ED	Emergency Department waits (4 hrs wait)	>95%	84.1%	85.9%	87.7%	87.9%	92.7%	93.4%	88.1%	85.1%	85.8%	82.9%	86.6%	88.4%	87.4%	
ED	ED Indicator - median wait for treatment (minutes)	<60 mins	88	88	85	87	60	62	75	88	76	77	69	72	77	
ED	Ambulance handovers waiting more than 30 mins	0	23	20	28	31	13	16	26	45	68	113	68		451	
ED	Ambulance handovers waiting more than 60 mins	0	0	2	9	0	1	0	1	4	22	37	13		89	
ED	12 hour trolley waits in A&E	0	0	0	1	1	0	1	1	1	0	2	3	2	12	
Cancer	Cancer - 14 days to first seen	>93%	97.4%	96.4%	96.4%	97.3%	97.7%	96.6%	97.8%	95.5%	93.4%	94.7%	97.1%		96.4%	
Cancer	Cancer - 14 days to first seen - breast symptomatic	>93%	98.1%	95.4%	99.2%	100.0%	100.0%	100.0%	97.2%	98.2%	100.0%	93.4%	98.7%		98.1%	
Cancer	Cancer - 62 days from referral to treatment	>85%	87.2%	83.6%	94.9%	83.3%	93.5%	74.5%	83.3%	85.0%	92.3%	82.7%	100.0%		86.7%	
Cancer	Cancer - 31 days to first treatment	>96%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.8%	100.0%		99.7%	
Cancer	Cancer - 31 days to subsequent treatment - surgery	>98%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			100.0%	
Cancer	Cancer - 31 days to subsequent treatment - drugs	>93%	100.0%	100.0%			100.0%	100.0%	100.0%	100.0%					100.0%	
Cancer	Cancer - 62 Day Screening	>90%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%		100.0%	
Cancer	Cancer - 62 Day Upgrade			100.0%	50.0%	0.0%		0.0%	100.0%		0.0%	100.0%	100.0%		62.5%	
Access	DM01 - Diagnostic Waits (<6 weeks)	>99%	99.6%	99.4%	99.9%	99.3%	99.5%	99.7%	99.5%	99.8%	99.1%	99.1%	99.6%	99.2%	99.5%	
Access	RTT - Incomplete % Waiting <18 weeks	>92%	93.9%	93.8%	94.2%	93.9%	92.7%	93.1%	92.9%	92.8%	92.2%	92.2%	92.4%	92.0%	93.0%	
Access	Referral to Treatment 18 weeks - 52 Week Waits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	



ED four hours' wait and Ambulance handover time

Performance against the 95% target continued improved during March despite the ED facing continued demand, particularly from increased ambulance arrivals and a sustained increase in acuity. The increase in acuity and ambulance arrivals was highlighted in two reports written by Islington CGG which looked at ED performance across NCL for September to December 2016, compared to September to December 2017. These reports showed that:

Whist WH saw an increase of 7% in ambulance conveyances, all other Trusts reported a decrease in conveyances of between 2% and 11%. The most significant reduction was for NMUH.

WH saw an increase a 21% increase in demand for 'Resus'

The number of patients triaged at WH as Urgent, Very Urgent or Immediate Resus rose by 13% with a reduction of 6% in the number of patients triaged as standard.

Patients triaged for Majors rose by 5 times the baseline.

Patients triaged as Urgent, Very Urgent or requiring Resus rose by 4 times the baseline.

The increase in the acuity, complexity, age and dependency of patients has largely been managed within the Emergency Department without an increase in admissions.

In order to manage the increase demand and acuity, during March the organisation has continued its focus on its ED improvement plan and meeting the recommendations set out by ECIP through; embedding the Frailty Pathway into practice, embedding a 'RAT' model to increase senior leadership and decision making at the ED front door, developing a new nursing model to support quicker LAS hand over, the recruitment of additional ED Consultant's, increasing criteria lead discharge and pre 11 discharges and working extremely closely with health and social work colleagues to safely support patient discharge.

The organisation was visited by ECIP during February. The visit focused on who reviewing and making recommendations on improving flow through medicine and surgery to compliment an earlier ECIP visit to the organisation that focused enhancing the front door flow. The final report made 3 key recommendations for WH:

- To develop and implement a local version of the SAFER patient flow bundle, supported by the Red2Green approach



Responsive Services - Commentary

- To develop, measure and monitor a set of internal professional standards (IPS) for inpatient ward processes (e.g. expected time taken to complete a CT scan, expected time taken for the completion of social care paperwork, etc.) We recognise that the trust has previously developed a set of IPS, but it does not appear that these were fully implemented and monitored, resulting in minimal impact.
- To consider the development of a full capacity protocol to support ambulance handover processes and reduce the risk in ED at times of peak escalation.

12 hour trolley waits in A&E

Both 12 hour trolley waits in March were informal mental health patients requiring a mental health bed and who were not suitable for a medical admission. During March ECIP undertook an Islington system review in agreement with the Islington A&E Delivery Board with the aim of making recommendation to the Board to enhance patient flow, the formal feedback is due in April but recommendations regarding Mental Health are anticipated. The organisation also continues to work closely with C&I who are now part of the 11am daily CSU surge call so that any issues can be discussed in a timely manner and escalated appropriately.

Cancer targets

Achieved



Responsive Services - Indicators and Performance

			Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	Q4		
Category	Indicator	16_17 Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	2016-2017	Performance
Theatres	Hospital Cancelled Operations	0	19	4	7	1	6	1	4	6	2	15	7		72	
Theatres	Cancelled ops not rebooked < 28 days	0	0	0	0	0	0	0	0	0	0	0	0		0	
Theatres	Urgent Procedures Cancelled > once	0	0	0	0	0	0	0	0	0	0	0	0		0	
Admitted	Delayed Transfers Of Care - Days Lost	N/A	148	129	273	240	191	199	364	267	348	236	192		2587	
Admitted	Delayed Transfers Of Care % of Occupied Bed Days	<4.5%	3.8%	3.4%	7.4%	6.3%	5.5%	5.7%	10.1%	6.1%	9.3%	6.3%	5.4%		5.7%	
Maternity	Women seen by HCP / midwife within 10 weeks	>50%	40.4%	43.8%	63.7%	74.5%	69.1%	72.8%	69.4%	67.2%	67.8%	54.1%	57.5%	50.9%	60.6%	
Community	IAPT Waiting Times for Treatment (% < 6 wks)	>75%	95.7%	95.0%	90.5%	95.1%	93.8%	94.6%	94.4%	94.3%	97.2%	97.2%	93.6%		94.6%	
Community	GUM - Appointment Offered within 2 days	>98%	98.7%	98.5%	99.7%	95.6%	97.8%	99.2%	99.9%	99.6%	99.8%	99.3%	99.5%	99.3%	98.9%	
Community	Haringey New Birth Visits - % seen within 2 weeks	>95%	88.6%	89.8%	87.9%	93.2%	94.6%	94.2%	91.8%	92.2%	91.6%	91.3%	93.3%		91.6%	
Community	Islington New Birth Visits - % seen within 2 weeks	>95%	95.1%	96.1%	94.4%	94.9%	93.7%	88.3%	93.3%	94.1%	94.6%	94.8%	93.3%		93.9%	



Responsive Services - Commentary

Hospital Cancelled Operations

This indicator is now going to be a month in arrears because of cancellations rebooked within 28 days wouldn't necessarily be finalised until after the 28th of the month (cancellations on the 31st would have until the 28th of the following month to be actioned).

Numbers for February are: 7 cancelled on the day, none of these were urgent cases.

Issues

- 1 No bed available – cardiac procedure
- 4 lists overran so patients could not be seen in time
- 1 equipment failure
- 1 booked for Local Anaesthetics needed General Anaesthetics

Actions

Plan to appoint supervisor for booking admissions to ensure that admin processes correct so each list is optimised, will improve over running lists and also booking errors for the Local Anaesthetics case

Delayed Transfer of Care % of Occupied Bed days

This indicator is above the target but improving. Whittington Health has been able to maintain the improvement trend for a second month.

New Birth Visits

This indicator remains just below target.

Islington: 13 (6.67%) late

5x parental choice, 4x in hospital, 2x late notification, 2X NBV completed O/S borough

Islington sustaining NBV activity despite vacancies

Haringey: 16 (5.67%) late

7x in hospital, 2x interpreter required, 4x late notifications, 3x mother's availability

2% Improvement on previous 2 months



Well Led Services - Indicators and Performance

			Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	Q4	2016-2017	Performance
Category	Indicator	16_17 Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17		
HR	Appraisals % Rate	>90%	71%	69%	68%	67%	66%	63%	66%	66%	67%	72%	75%	80%		
HR	Mandatory Training % Rate	>90%	81%	81%	81%	81%	81%	80%	81%	81%	82%	81%	82%	82%		
HR	Permanent Staffing WTEs Utilised	>90%	87.1%	87.7%	87.8%	86.2%	87.1%	87.0%	88.1%	88.1%	87.7%	87.7%	87.8%	87.8%	87.5%	
HR	Staff FFT % recommended work	>50%			65.1%			59.7%						60.5%	61.5%	
HR	Staff FFT response rate	>20%			19.6%			24.9%						24.4%	23.0%	
HR	Staff sickness absence %	<3.5%	3.0%	3.3%	3.2%	2.9%	2.9%	2.9%	3.3%	2.8%	3.0%	3.0%	3.0%	2.7%	3.0%	
HR	Staff turnover %	<10%	14.9%	14.9%	15.8%	15.7%	15.5%	15.7%	15.4%	14.9%	15.4%	15.3%	15.1%	14.3%	15.2%	
HR	Vacancy % Rate against Establishment	<10%	12.9%	12.3%	12.2%	13.8%	12.9%	13.0%	11.9%	11.9%	12.3%	12.3%	12.2%	12.2%	12.5%	



Well Led Services - Commentary

Human Resources

Appraisals have been on upward trajectory during the year, although below target of 90%. It is likely that the implementation of the pay progression policy, where incremental progression is linked to compliance with appraisal and statutory and mandatory training requirements, has contributed to this improvement, along with continuing scrutiny at the quarterly Performance Review Group.

Compliance with statutory and mandatory training has remained stable during this period. Greater operational focus on maintaining and improving statutory and mandatory training will be enabled, at least in part, by improvements in ESR with regard to delivery of on line training and recording outcomes and is planned to go live in 17/18.

Vacancy rates against establishment slightly reduced and turnover rates remained relatively stable. Tackling turnover remains a priority with exit interview data now being collated and reported; ensuring a significant reduction in vacancies involves both reducing turnover as well as sustained and proactive recruitment activity.

Sickness rates have reduced, with a seasonal trend, and remain below target. HR continues to take actions to improve rates which include: monitoring the ratio of long to short term absence, using the monthly Bradford score reports to identify staff who have hit trigger points requiring intervention and focusing on improving management engagement through a variety of methods including management sickness training, early intervention tools, and implementation of sickness escalation processes.



Activity - Indicators and Performance

			Q1	Q1	Q1	Q2	Q2	Q2	Q3	Q3	Q3	Q4	Q4	Q4	Activity
Category	Indicator	16_17 Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	
ED	ED Attendances	8605	7878	8540	7908	8277	7513	8020	8253	8271	8238	8254	7430	8528	
ED	ED Admission Rate %		17.6%	18.1%	17.8%	18.1%	17.8%	16.7%	16.2%	16.6%	17.5%	17.2%	17.1%	16.9%	
Community	Community DNA Rate %	<10%	5.9%	5.6%	5.7%	5.8%	5.7%	5.6%	5.3%	5.5%	5.6%	5.5%	5.5%	5.1%	
Community	Community Face to Face Contacts		58782	60555	61184	58090	54149	59629	59101	63761	53798	60357	56188	65645	
Admissions	Elective and Daycase		1861	1860	2083	2004	1769	1937	1947	1876	1713	1877	1686	1848	
Admissions	Emergency Inpatients		2129	2255	2177	2322	2117	2078	2036	2124	2111	2067	1927	2198	
Referrals	GP Referrals to an Acute Service		6710	6177	6432	6134	5903	6342	5976	6314	5167	5834	5425	6694	
Maternity	Maternity Births	333	325	324	311	340	299	337	315	324	301	312	274	309	
Maternity	Maternity Bookings	377	331	383	403	354	299	301	353	365	319	323	308	382	
Outpatients	Outpatient DNA Rate % - New	<10%	12.3%	12.1%	11.7%	11.7%	11.9%	12.3%	11.1%	11.3%	12.7%	12.4%	11.9%	12.0%	
Outpatients	Outpatient DNA Rate % - FUp	<10%	11.4%	10.4%	10.2%	10.3%	9.8%	11.2%	10.1%	10.1%	11.7%	12.5%	12.2%	12.2%	
Outpatients	Outpatient New Attendances		8711	9725	9602	8931	8475	9012	8758	9665	7970	8861	8438	9186	
Outpatients	Outpatient FUp Attendances		16904	17842	18870	18030	18302	18698	18830	19938	17208	18650	16984	18455	
Outpatients	Outpatient Procedures		5604	5870	6285	6165	6260	6015	6267	6183	5631	5950	5233	5826	
Theatres	Theatre Utilisation	>95%	78.1%	81.5%	80.7%	78.3%	78.2%	81.8%	81.5%	83.7%	83.5%	72.8%	81.1%	82.7%	



Activity - Commentary

Hospital DNA

Remains 2% above target. This indicator is targeted in the Out-patients Improvement Programme.

Theatre utilisation for March 2017

Theatre utilisation increased slightly to 82.7%. The target is reviewed in the Theatre Productivity Work stream.

Actions

- Data, available per consultant, will be scrutinised closely for one quarter and then this will be taken into account when planning new surgery lists. Poor performing lists will be removed. The data available includes start and finish times, sign off lists as per protocol 2 weeks in advance.
- Gynaecology and urology lists score an average under 80%. Therefore two gynaecology lists have been removed as planned in 2016/17 to ensure full utilisation on a regular basis. Urology starting time is closely monitored.

Current utilisation percentage by service:

Gynae – 87%

Breast – 86%

General Surgery – 85%

T&O – 84%

Urology – 72%

Timescale – review performance on a monthly basis with expectation all specialties will be over 85% consistently from July 2017.