

Board Report July 2007

Performance Report to June 2007
Including Performance Scorecard Report



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Key Messages

1 Safety – Graham Ramsay

1.1 Infection control

1.1.1 MRSA Bacteraemia

The DH MRSA trajectory for 2007/2008 is 17, or an average of 1.5 per month. In April May and June we reported respectively 3, 5 and 2 bacteraemias, and so exceeded our target in each of the months so far this year.

Action continues to be taken to ensure all Infection Control measures are being implemented. Responsible medical staff are now asked to attend the weekly Infection Control meetings, with the medical director, to discuss the Root Cause Analysis of each bacteraemia.

1.1.2 MRSA Internal Data (all in-patient isolates)

In May, 97 patients were identified with MRSA, of whom 24 (25%) are believed to have acquired MRSA during their admission. In June, 84 patients were identified with MRSA, of whom 13 (15%) are believed to have acquired MRSA during their admission.

1.1.3 Clostridium difficile internal data (number of in-patient toxin-positive isolates)

In May there were 53 symptomatic patients with *C difficile* positive isolates, and in June there were 50.

The 2 peroxide nebulisers to assist with disinfection of isolation rooms have now been delivered and staff are currently receiving training in their use. Design work is currently being undertaken for the isolation rooms in the Rapid Assessment Units in both A & E departments.

1.2 Risk register and Assurance Framework

The strategic risks reported within this Performance Report comprise those risks that have a risk matrix score of 15 and above. As such, the table details 5 red risks out of a total of 9 strategic risks currently open on the Risk Register and also detailed in the Assurance Framework.

The Trust utilises a risk-scoring matrix to conduct its risk assessments, scoring each risk on a scale of 1 to 5 in terms of both the consequence of impact and the likelihood of the risk occurring, and the overall score is produced by multiplying these together. This report shows the movement in this score over the last month. The majority of risks identified have been escalated to the appropriate sub-committee where progress against them is being monitored. New entries to the Register, which have not previously been escalated, will be escalated at the next opportunity.

Below are descriptions of all those strategic risks that score 15 and above.

Risk ID 729 Infection Control - MRSA Bacteraemias

The Department of Health has set targets for Trusts to reduce their MRSA bacteraemia rates by 60% by 2007/8. It is envisaged that measures taken to achieve this target will

also assist in the reduction of health care associated infections in general including Clostridium difficile Associated Diarrhoea (CDAD).

Healthcare organizations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).

Controls in Place:

- Winning Ways Action Plan
- Cleanyourhands Campaign
- Department of Health Saving Lives Initiative
- MRSA Improvement Group Action Plan
- MRSA Quick fix / slow* repair /Divisional monitoring tool and The Health Act 2006 - Code of Practice for the Prevention and Control of Healthcare Associated Infections

Actions pending:

- Implement local surveillance programme
- Adopt national based guidance
- Implement robust decontamination policies
- Provide a safe & clean environment for patient care
- Review patient journey to reduce risk of transmission
- Ensure all staff have Infection Control training
- Ensure effective auditing of IC practices.
- Engage Senior Management.

Risk ID 1123 Health & Safety Inspection Report May 2007

There are 8 notices and 101 recommendations that require remedial action.

Controls in Place:

- H&S Action plan in place.

Risk ID 1200 Achievement of Foundation Trust Status

Failure to achieve Foundation Status puts the future viability of the Trust is at serious risk. Currently, the Trusts needs to make improvements in the following: Trust's financial position, achievement of performance targets, management capacity, clinical ownership, and business systems.

Controls in Place:

- Trust board; Finance & Performance Committee; PMOs; Foundation Trust Action Plan.

Risk ID 1012 West Herts Acute PFI Hospital Project

This risk represents the collective project risks which left unmitigated would threaten the achievement of the Delivering a Healthy Future Project.

Controls in Place

Monthly Project Team Reports

Bimonthly liYH Programme Board Reports

Summary Risk Matrix

Risk ID 1203 Failure to Achieve Emergency Care Targets

The Trust failed to meet its emergency care targets for Quarter 1: 2007-08. There is a continued risk of non-achievement for Quarter 2, which would potentially lead to a failure to achieve the annual performance target seriously jeopardising achievement against the SFBH C19.

Controls in Place:

Trust Executive; Finance & Performance Committee; Operations Group; PMO; AMCD Management Board

2 Clinical and cost effectiveness – Graham Ramsay

2.1 Emergency readmissions within 28 days

Emergency readmission rates were 11.2%, 11.4% and 9.9% (provisional) for April, May and June. This is against an England 2004 average of 9.2%.

2.2 Re-admissions within 28 days of treatment for fractured neck of femur

Readmissions in this category were 22.7% and 13.1% for April and May. (June figures are still rather provisional). The England average for 2004 was 9.9

2.3 Deaths within 30 days of non-elective surgery

Deaths within 30 days of non-elective surgery were 2.4%, 4.8% and 6.7% for April, May and June. The England average for 2004 was 4.5%.

3 Governance

3.1 Information governance – Anne Reilly

The Information Governance and Health Records Groups are co-ordinating their work streams to develop a robust framework to ensure that the Trust meets all national requirements and best practices for both Information Governance and Health Records. Work is in progress to take this forward.

The IG Group has agreed an action plan to meet the minimum standards required under the NHS Statement of Compliance (SOC) which requires us to reach a minimum of Level 2 on each of the key standards. This plan is being shared with all directorates and divisions to ensure compliance in 2007/08. This work is in progress.

3.2 Data completeness – Sue Gunn

The trust has achieved complete clinical coding for all admitted care since September 2007. However, the timeliness and depth of coding are not yet at an acceptable level. Changes to computer systems will enable the direct use of Infoflex coding (based on ward discharge letters) which will speed up completion. Changed working arrangements

are being implemented which are aimed at improving timeliness. The availability of trained coding staff is a significant difficulty for the trust. Proposals to recruit and train coders in-house are being considered.

3.3 Workforce – Sarah Childerstone

3.3.1 Sickness absence

Sickness absence has increased from 4.2% as at April 2006 to 4.3% in April 2007, and 4.5% in May 2007. This compares with an NHS rate of 4.5% for acute Trusts, and an East of England NHS rate of 4.6%. Additional sickness reporting has been initiated to the Divisions over the last few months, showing sickness rates and other data for all wards and departments, listing all staff on long-term sick leave in order to help ensure prompt action in reducing sickness. Work is now underway to report on sickness absence on a weekly basis, which will be the first time this has been achieved in the Trust.

3.3.2 Labour turnover

Labour turnover (measuring all non-medical staff) has decreased from 13.8% in April 2006 to 12.9% in April 2007, and increased since then to 13.7% in May 2007. This means that based on these figures around 400 - 450 non-medical staff leave the Trust each year.

3.3.3 Whole Time Equivalent (WTE) staff in post

Contracted staffing as at June was 3,337 wte. This is a reduction of 145 wte since the baseline date of November 2006 when the current Trust configuration (excluding plastic surgery and including paediatrics) was first reflected in our workforce figures. The most recent monthly change for June shows a reduction of 9 wte. The reduction in the current financial year to June 07 is 57wte.

3.3.4 WTE bank, agency and locum cover

Agency Costs have decreased as a percentage of the payroll from 7.7% in April 2006 to around 0.7% in February 2007. Since then agency costs have increased slightly to 1.3% of the payroll in April and 1.5% of the payroll in May. June shows a reduction to 1.3% of the payroll. Bank and Overtime costs have decreased as a percentage of the payroll from 7.7% in April 2006 to 4.6% in February 2007, 4.1% in April and 3.9% in May. June figures show a slight increase to 4.1%. New controls have been put in place to bring these percentages down further as part of the Trust's turnaround savings.

3.3.5 All payroll costs

Total payroll costs have increased over the first three months of 07/08. The paybill (incl. bank and agency) for April was £11.2m, May was £11.6m and June was £11.4m. This gives a quarterly average of £11.4m and compares to the 06/07 Q4 average of £11.1m, meaning that average monthly pay costs have increased by approximately £300K. The reasons for this increase are related to accruals for the 07/08 pay award increases, Agenda for Change back pay, payment of Clinical Excellence awards, and a general increase in base pay.

4 Patient focus – Graham Ramsay

4.1 Complaints

The Trust received 24 formal complaints in May, a decrease of 13 from April. Although all complaints were acknowledged by the Quality Assurance Department within 2 working days, the Trust's response rate fell for the fourth month in a row, down to 25 % against the target of 85%. This is attributable to both the Surgical and Women's and Children's Division failing to complete investigations on time and provide appropriate responses.

Whilst Medicine replied to one of their four complaints late, the particular complaint was more complex, requiring input from three Divisions. Whilst completed on the due date, both the required Divisional and Quality Assurance approval process meant that it was not possible for the response to be sent on time.

Within Women's and Children's Services, it was not possible for the one obstetric complaint to be completed on time. This complaint is complex and also requires input from Surgery. An initial response and report has been completed but does not address all of the issues and is in the process of being completed. Only one of three Gynaecology complaints was completed on time, but it is noted that the Service Manager was on leave and the Division were unable to cover this absence and complete these complaints on time.

This has been discussed with the Divisional Manager and whilst noting that there has been an increase in the number of Gynaecology complaints, she has agreed that action needs to be taken to address this issue and will be taking this forward. The Divisional Manager has also been asked to ensure that the outstanding complaints carried forward from previous months are responded to as quickly as possible, and has agreed that she will draft some of the responses in order to ensure that this is done.

The poor performance within the Surgical Division has been discussed with the Divisional Manager, as they only managed to complete two of the sixteen new complaints on time, and failed to clear a lot of their outstanding complaints, carried forward from previous months.

The Divisional Manager agrees that their response rate is below the expected standard and more importantly is not fair to the patients. To address this :-

- responsibility for complaints within the Division has been taken back under her remit
- all members of the management team have been reminded of the need to complete complaint investigations on time
- twice weekly meetings will be held with the complaints coordinator,
- the complaints coordinator will meet the Service Managers on a weekly basis.
- complaints will also be discussed at the weekly ops meetings.

The Quality Assurance Manager has also agreed with Mark Jarvis that alternative methods of handling complaints will be suggested when each complaint is circulated to the Divisions. This may be asking the division to consider a meeting or making contact with a complainant. Such contact can either be made by the Service Managers, Heads of Nursing, Modern Matrons and where appropriate the Consultants with over all

responsibility for the patient care. Not only will this help to resolve and respond to complaints more effectively and on time, it will involve the patient and or their relatives in the process and hopefully lead to greater satisfaction. It is also expected that where appropriate, action will be taken to rectify the problem.

5 Accessible and responsive care – Nick Evans

5.1 A&E – patients spending less than 4 hours in A&E

The trust continues to fall short of the 98% target. Shortages of medical staff continue and bed shortages at Watford have been exacerbated by a reduction in cardiac intervention capacity at the tertiary centres to which the trust refers, and reduced capacity within the trusts own cardiac catheter lab due to staff annual leave. This has led to a rise in the numbers of beds occupied by patients awaiting transfer for specialist treatment. Further actions are being taken to:

- Identify cardiac intervention capacity at other tertiary centres, and staff who may be available to come to Hemel to use the trusts catheter facility.
- Explore the potential for development of step-down capacity for appropriate patients, managed and run by the trust
- Further develop services aimed at avoiding patient admission
- Increase the engagement of on-call consultants in the day-to-day management of the trusts acute workload
- Revise bed management arrangements

Daily monitoring of A&E performance on each acute site is in place.

5.2 Out patients

The 13-week standard and 11-week target have been sustained throughout June. However, the trust is falling behind the trajectory calculated as being necessary to deliver the required end of year position. Work to review capacity plans within divisions is under way and additional capacity will be established as necessary. (See also section 6)

The Rapid Access Chest Pain clinic achieved the target of 100% of patients seen within 14 days. The GUM service continues to make good progress towards the March 2008 target of all patients being seen within 48 hours of self-referral.

5.3 Choose and book

The trust continues to perform at slightly above the national average but below the national target.

5.4 Diagnostic waiting

The trust continues to breach the 13 week standard for diagnostic waits. This is due to a large backlog of patients awaiting audiology re-assessment. Plans to clear this have not yet been signed off by the PCT. Progress towards the 6-week diagnostic target (March 2008) is ahead of trajectory.

5.5 Inpatients and day cases

Six patients breached the 20-week target at the end of June. Divisional capacity plans are being reviewed.

Cancelled operations remain above the target level of 1%.

5.6 Cancer

Provisional data shows that all urgent referrals were seen within the 14 day standard, and that both the 31-day and 62 day standards for treatment continue to be met.

5.7 18 weeks Referral To Treatment (RTT)

Roll out of the Patient Administration System modification needed to improve data capture in this area will take place during August. Manual data capture systems have improved and sampling in June suggests that the trust is achieving the target for non admitted care, but remains well short of target for admitted care.

6 Service Level Agreement – Nick Evans

The table summarises the trust's activity undertaken against overall activity commissioned by PCTs to the end of June 2007. Figures are cumulative against cumulative planned activity, and phased in equal 12ths across the year.

A&E attendances for the period were within 2% of plan.

Emergency and non-elective admissions were within 2% of plan. Elective admissions were approximately 6% below plan.

New Outpatient referrals were within 4% of plan.

Outpatient follow-up appointments continue to be capped by the commissioners' expectation that the trust reduce follow up rates. The trust has delivered a total of 47,659 follow –up attendances in the period; of these 7,867 (16.5%) will not be funded. Work is in hand within divisions to reduce outpatient follow-up rates where this is clinically safe.

7 Care environmental and amenities – Paul Mosley

7.1 PEAT scoring – hospital food

The Trust has now received the official recognition of the 2007 completed iPEAT, which was submitted some months ago. We have achieved a 3 (Acceptable) at HHGH, and 4 (Good) at both Watford and St Albans.

The June internal PEAT inspections scored food as: HHGH Good (80%) , SACH Acceptable (77%), WGH was not audited during due but the average scoring for the year so far is Good ~ i-PEAT scores indicate a continuing overall Trust food score of Good.

Patients at WGH have warmly welcomed Steamplicity, and in a recent patients' food audit, 92% stated that they are found the food quality to be good and above. Facilities and Estates continue to explore ways of introducing the Steamplicity brand to patients at HHGH and SACH. Reports indicate that the electrical infrastructure at HHGH will not currently support the introduction of Steamplicity whilst at SACH negotiations are required with the PCT/HPT, however if we were to introduce this system at SACH we would improve quality and service but would also incur the initial set up costs.

As part of the Medirest contract they are required to conduct a Patient Food Survey once a quarter, the last survey in April '07 showed that 90% of the patients audited rated the food and the overall service to be excellent.

7.2 PEAT scoring – hospital cleanliness

Confirmation of the NPSA PEAT (environment) 2007 scores for hospital environment have been received, they are Acceptable at both HHGH and WGH and Good at SACH. It should be pointed out that the HCC takes into account the décor when rating the Trust however our iPEAT results are broken down to enable us to identify the cleaning results. Our join aim is to achieve a 'Good' result Trust wide.

The June internal PEAT inspections scored cleanliness as: HHGH Good (78%), SACH Good (88%), and WGH Good (77%).

The Medirest Patient Opinion Survey in April '07 reported that 80% of patients audited found the overall cleanliness of the hospital was good, at HHGH that increased to 98% and at SACH a very impressive 100% believed the cleanliness to be excellent.

7.3 PEAT scoring – privacy and dignity

PEAT scores for Privacy and Dignity were HHGH Acceptable, SACH Good, and WGH Acceptable.

8 Public health – Alfa Saadu

We are happy that our mothers have consistently helped the Trust to reach these targets.

Traffic Light Summary

Summary of Performance Indicators – June 2007

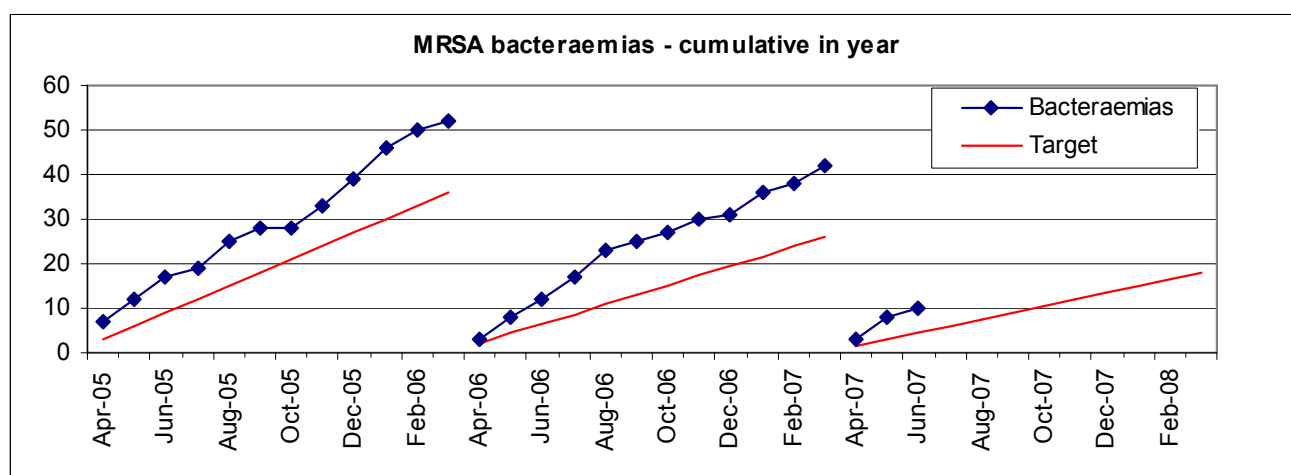
Safety	1.1 Infection control	1.2 Risk Register	
Clinical & Cost Effectiveness	2.1 Emergency readmissions	2.2 Readmission after fractured hip	2.3 Deaths after emergency surgery
Governance	3.1 Information Governance	3.2 Data completeness	3.3 Workforce
Patient Focus	4.1 Complaints (May)		
Accessibility & Responsive Care	5.1 4hr A&E wait 5.4 Diagnostic waiting 5.5.6 Cancelled operations 5.6.1 Cancer 2-week wait 5.7 18-week RTT target	5.2 Outpatient targets 5.5.1 In-patient targets 5.5.9 Delayed transfers of care 5.6.2 Cancer data completeness	5.3 Choose & Book 5.6.3 Cancer 31 and 62 day targets (Shaded = provisional)
Service Level Agreement	6.1 SLA		
Care Environment and Amenities	<p>Self-assessment (I-PEAT)</p> <p>7.1 PEAT – Hospital food</p> <p>7.2 PEAT – Hospital cleanliness</p> <p>External assessment (HCC / NPSA-PEAT)</p> <p>7.1 PEAT – Hospital food (2007)</p> <p>7.2 PEAT – Hospital environment (2007)</p> <p>7.3 PEAT – Privacy & dignity (2007)</p>		
Public Health	8.1 Smoking in pregnancy	8.2 Breast-feeding	

Tables and Graphs

1 First Domain – Safety

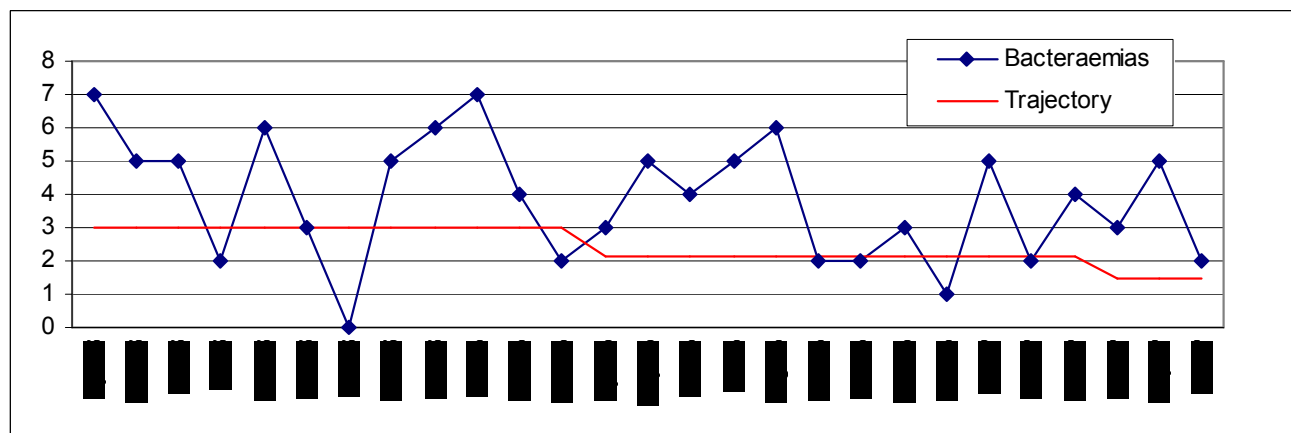
1.1 Infection control

1.1.1a MRSA bacteraemia isolates (all sources) - cumulative performance against plan



Source: National MRSA bacteraemia monitoring

1.1.1b Monthly MRSA bacteraemia isolates (all sources)



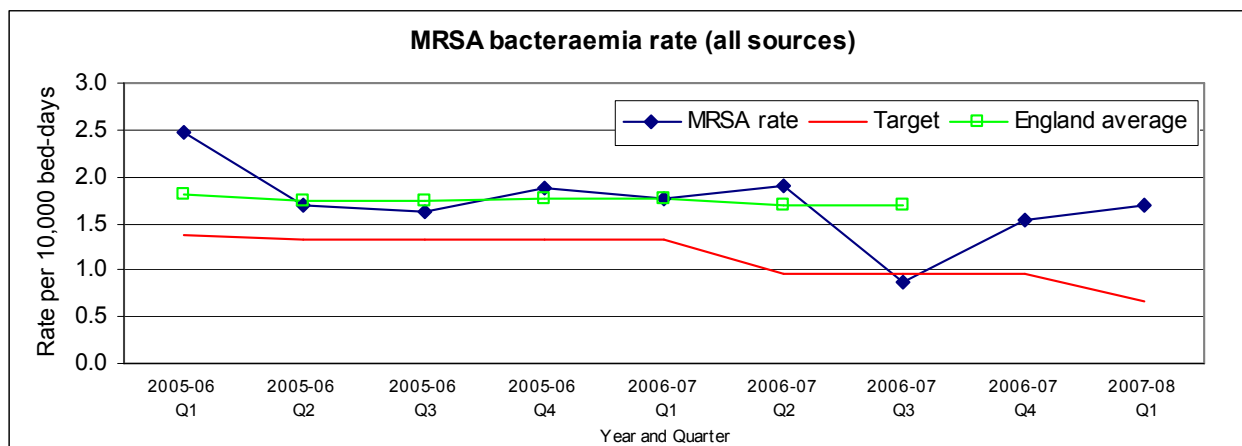
Source: National MRSA bacteraemia monitoring

1.1.1c MRSA rate (bacteraemia isolates)

Quarterly rate per 10,000 occupied bed-days

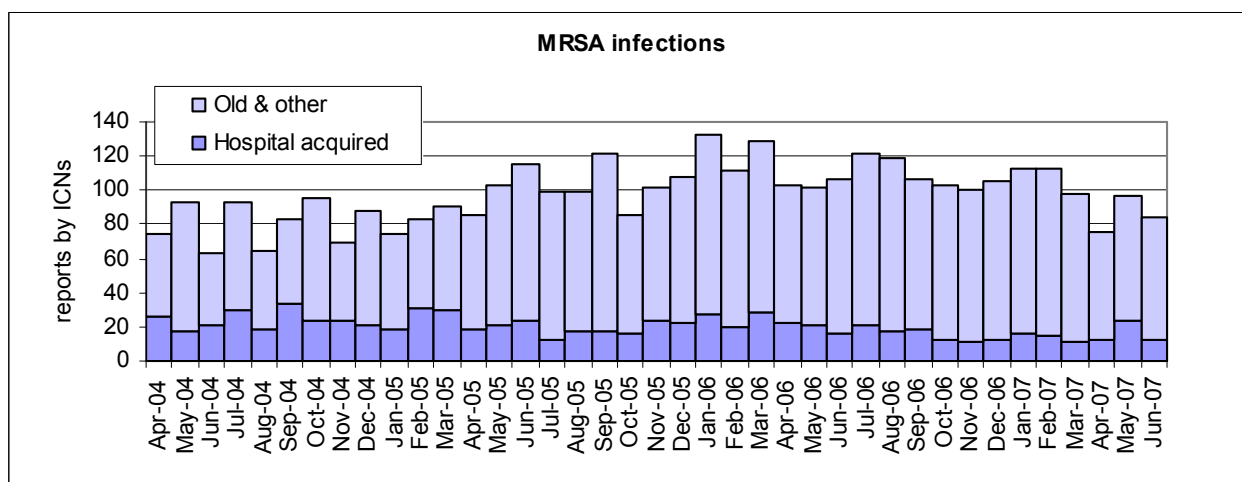
	2005-06 Q1	2005-06 Q2	2005-06 Q3	2005-06 Q4	2006-07 Q1	2006-07 Q2	2006-07 Q3	2006-07 Q4	2007-08 Q1	Target	England Apr 06 – Sep 06
MRSA rate	2.47	1.69	1.63	1.87	1.77	1.91	0.87	1.53	1.69	0.94	1.69

Source: National MRSA bacteraemia monitoring, and local input to this



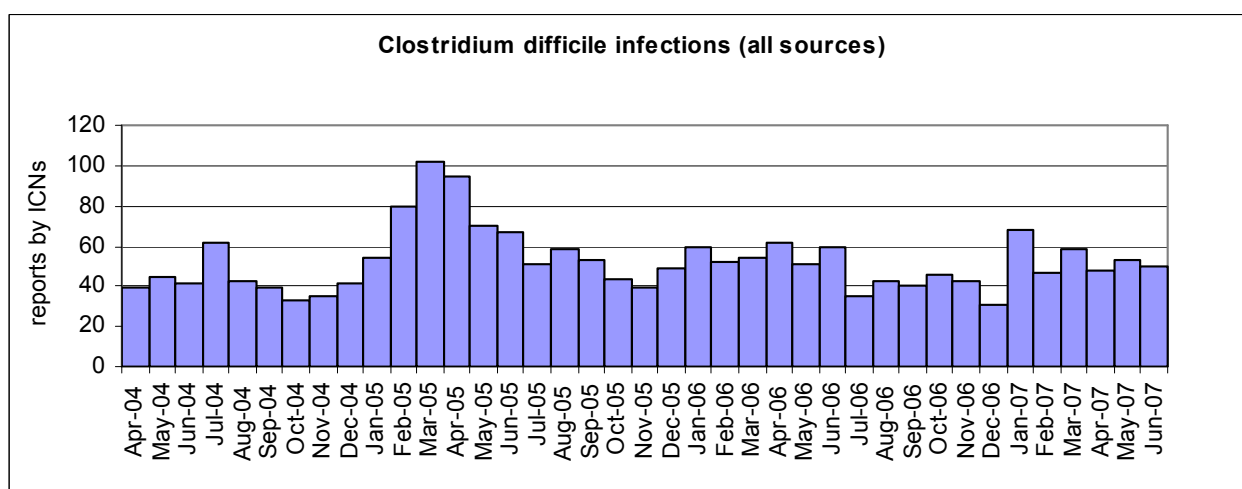
Source: National MRSA bacteraemia monitoring

1.1.2 MRSA infections



Source: Trust internal reporting by Infection Control Nurses

1.1.3 Clostridium difficile infections



Source: Trust internal reporting by Infection Control Nurses

1.2 Risk Register - risks with a score of 15 or more (movement from last month)

STRATEGIC RISKS

Risks that directly threaten one or more of the Trust's strategic objectives

Description	Risk Score
Risk ID 729 Infection Control – MRSA bacteraemias	20 →
Risk ID 1123 Health & Safety Inspection Report May 2007	20 →
Risk ID 1200 Achievement of Foundation Trust Status	16 NEW
Risk ID 1203 Failure to achieve emergency care targets	16 NEW
Risk ID 1012 West Herts Acute PFI Hospital Project	16 →
Risk ID 1009 Delivering a Healthy Future	12 ↓
Risk ID 848 Appraisal processes not effectively embedded in the organisation	CLOSED
Risk ID 905 Equal Pay Claims	CLOSED

Source Local Datix information system

2 Second Domain – Clinical and cost effectiveness

Figures for the latest month are still provisional

2.1 Emergency re-admissions within 28 days

	2006							2007						Target	England 2004
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
Discharges	2804	2946	2776	2773	2603	2637	2393	2692	2427	2677	2382	2493	2508		
Emergency re-admissions ≤28 days	328	320	270	305	315	274	285	331	278	316	267	284	248		
Emergency readmission rate (≤28 days of discharge)	11.7%	10.9%	9.7%	11.0%	12.1%	10.4%	11.9%	12.3%	11.5%	11.8%	11.2%	11.4%	9.9%	n/a	9.2%

Source: WHHT PAS Download (shaded figures = provisional)

2.2 Re-admissions within 28 days of treatment for fractured neck of femur

	2006							2007						Target	England 2004
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
Discharges	35	33	49	45	41	48	54	60	37	47	44	61	32		
Emergency re-admissions <=28 days	7	4	6	5	9	5	8	11	8	3	10	8	3		
Emergency readmit rate (<=28 days of operation)	20.0%	12.1%	12.2%	11.1%	22.0%	10.4%	14.8%	18.3%	21.6%	6.4%	22.7%	13.1%	9.4%	n/a	9.9%

Source: WHHT PAS Download (shaded figures = provisional)

2.3 Deaths within 30 days of non-elective surgery

	2006							2007						Target	England 2004
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
Selected emergency operations	214	232	237	229	177	170	189	210	185	192	182	189	163		
Deaths within 30 days	8	13	8	9	9	8	13	13	13	12	5	9	11		
Post-operative mortality rate (within 30 days of operation)	3.7%	5.6%	3.4%	3.9%	5.1%	4.7%	6.9%	6.2%	7.0%	6.3%	2.7%	4.8%	6.7%	n/a	4.5%

Sources: WHHT PAS Download - England Healthcare Commission
(shaded figures = provisional)

England comparisons for 2.1-2.3 were taken from star ratings indicators. As the Healthcare Commission has now moved to Annual Health Checks, and these indicators are not included in the new set, there is no England comparison later than 2004.

3 Third Domain – Governance

3.1 Information Governance

Position as at March 2007 – self-assessment is undertaken annually

Initiative	Results (based on requirements V4)
Clinical Information Assurance	62%
Confidentiality and Data Protection Assurance	63%
Corporate Information Assurance	0%
Information Governance Management	28%
Information Security Assurance	53%
Secondary Use Assurance	51%

Statement of Compliance (SoC) IG 108 – Standards for Improvement

The Trust must satisfy the following requirements at level 2 for NHS CFH SoC compliance and have agreed plans for achieving this by March 2008.		Current Level	Target Level
101	The Trust must have adequate governance in place to support the current and evolving IG agenda	0	2
109	The Trust must ensure that staff and those working on behalf of the organisation comply with the terms and conditions set out on the RA01 form	0	2
110	The Trust must have formal contractual arrangements that include information governance requirements with all contractors and support organisations.	0	2
206	The Trust must have adequate procedures for managing patient confidentiality alerts and monitoring system audit trail data to safeguard patient confidentiality	0	2
208	The Trust must have in place safe-haven procedures for all routine flows of patient personal information to the Trust	1	2

3.2 Data Completeness

3.2.1 Completeness of FCE minimum datasets excl Maternity

	2006							2007						Target	England 2004-05
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
Ethnic group	31%	31%	31%	31%	31%	31%	28%	29%	30%	30%	30%	31%	31%	90%	76.5%
NHS number	96%	96%	95%	96%	98%	97%	96%	96%	96%	97%	96%	97%	96%	95%	96.1%
GP code	99%	99%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	n/a	n/a
Decided to admit date (elective admissions only)	87%	87%	83%	86%	85%	85%	80%	82%	82%	83%	85%	86%	85%	n/a	n/a
Primary diagnosis	99%	100%	99%	99%	100%	100%	100%	100%	100%	100%	100%	100%	93%	95%	97.8%
HRG code	99%	100%	99%	99%	100%	100%	100%	100%	100%	100%	100%	99%	92%	n/a	n/a

Source: WHHT PAS download - England HES
(shaded figures = provisional)

(Maternity data are provided separately from CMIS system, and are essentially complete.)

3.3 Workforce indicators

3.3.1 Sickness levels - accumulative percentage

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	England acute trusts	DoH Target
2005	4.5%	4.5%	4.3%	4.8%	4.7%	4.7%	4.8%	4.6%	4.6%	4.6%	4.5%	4.5%	4.4%	
2006	4.5%	4.4%	4.4%	4.3%	4.4%	4.3%	4.4%	4.4%	4.5%	4.2%	4.1%	4.2%		
2007	4.2%	4.2%	4.2%	4.3%	4.5%									

Source WHHT Workforce planning - England Sickness absence survey

3.3.2 Labour turnover - annual percentage

	2006							2007					
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Turnover	13.4%	12.8%	12.6%	13.4%	12.8%	12.2%	12.3%	12.4%	12.6%	12.3%	12.9%	13.1%	13.7%

Source WHHT Workforce planning

3.3.3 Numbers of staff (whole time equivalent) in post

	2006							2007						DoH Target
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Wte in post	3534	3515	3498	3379	3381	3482	3455	3435	3419	3394	3372	3346	3337	3338

Source WHHT Workforce planning

The increase shown in November is due to the transfer of paediatric staff from HPT.

3.3.4 Bank, agency and locum usage

	2006							2007						DoH Target
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Bank & Locum wte.	159	114	148	114	194	159	151	150	146	159	119	129		
Agency wte	201	253	148	121	101	133	125	120	109	114	42	41		
Total wte.	360	367	296	235	295	292	276	270	255	273	160	170		281

Source WHHT Workforce planning

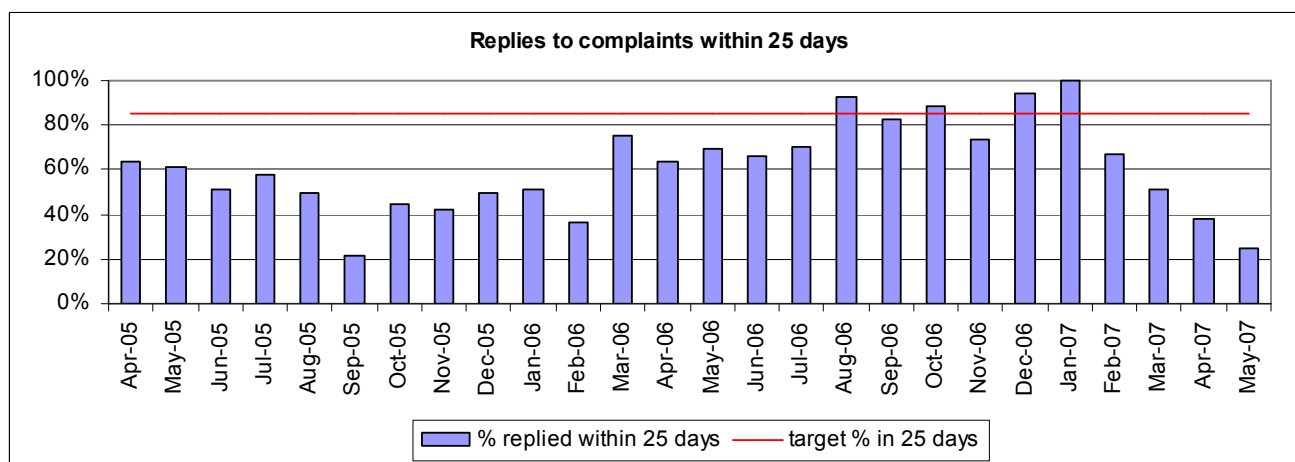
4 Fourth Domain – Patient Focus

4.1 Complaints

4.1.1 Response rate to complaints

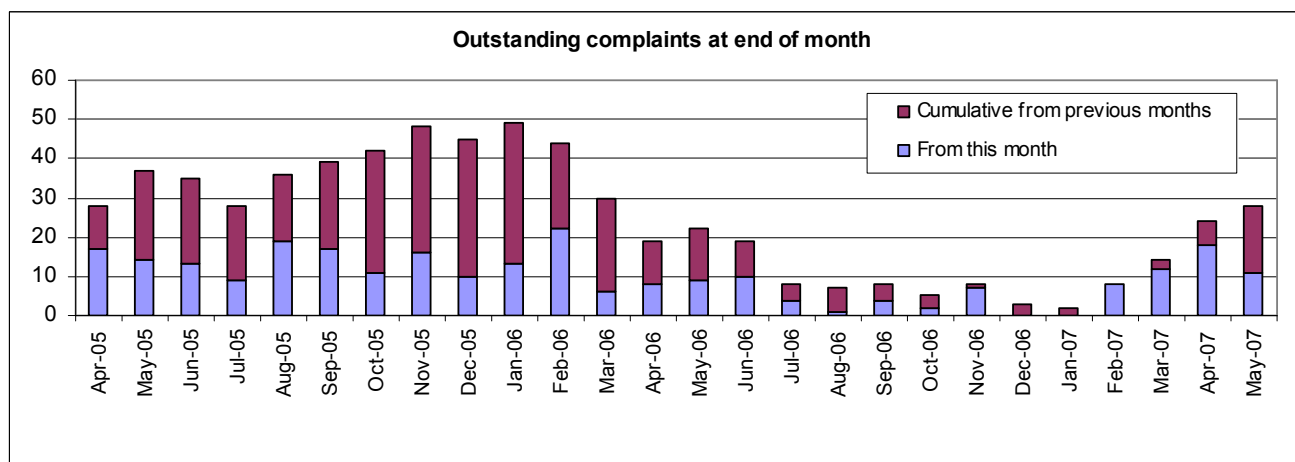
	2006							2007						Target	England median 2004-05
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
Complaints to the trust	44	37	26	29	35	30	18	24	36	35	37	24		n/a	
% answered in 25 days	66%	70%	92%	83%	89%	73%	94%	100%	67%	51%	38%	25%		85%	78.0%
% acknowledged in 2 days	100%	73%	92%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	n/a

Sources: WHHT internal reports - England Healthcare Commission



4.1.2 Complaints outstanding at end of month

	2006							2007					
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
From this month	10	4	1	4	2	7	0	0	8	12	18	11	
From previous months (cum.)	9	4	6	4	3	1	3	2	0	2	6	17	



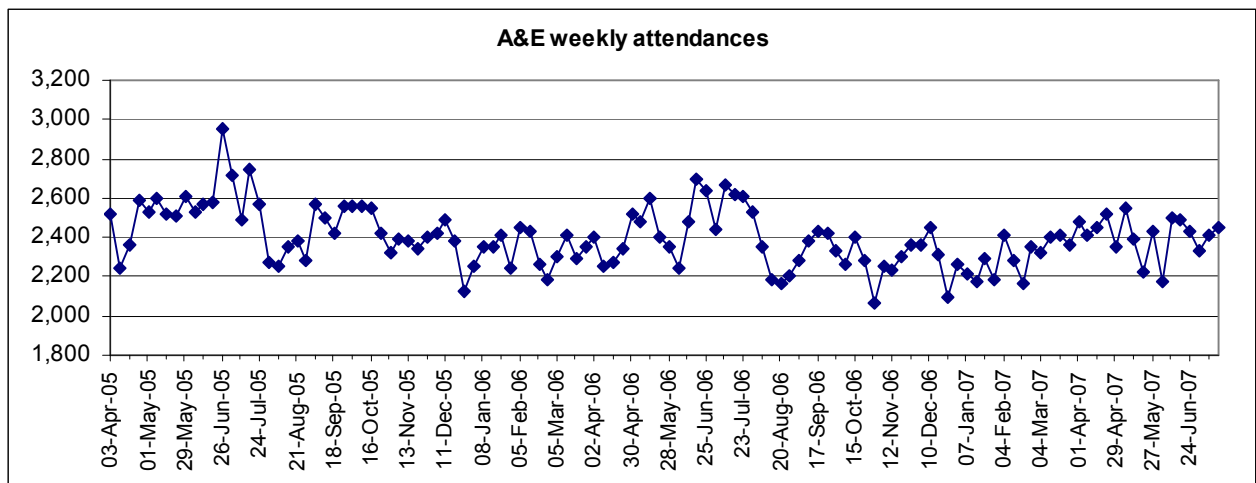
5 Fifth Domain – Accessibility and responsive care

5.1 Accident & Emergency

	week ended						Target	England Jan-Mar
	03 Jun 07	01 Jul 07	17 Jun 07	24 Jun 07	01 Jul 07	08 Jul 07		
A&E attendances	2175	2328	2487	2435	2328	2408	2452	
% patients < 4 hours in A&E	92.1%	97.0%	96.5%	96.3%	97.0%	93.6%	91.1%	98%
								98.2%

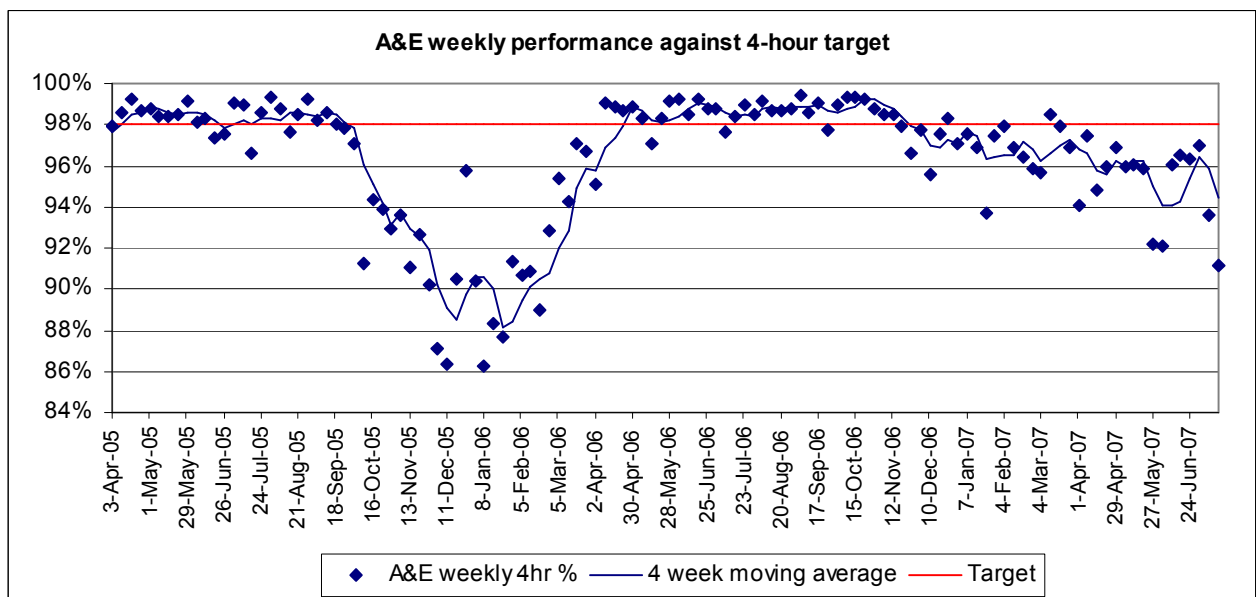
Sources: WHHT SITREPS - England QMAE

5.1.1 A&E total attendances



Source SITREPs

5.1.2 A&E 4-hour performance



Source SITREPs

5.1.3 A&E performance against 4-hour target – Comparative position within the SHA and nationally

	Week ended 1 July 2007
WHHT	97.0%
East of England average	98.3%
England average	98.4%

Source: SITREPS

5.2 Outpatients

5.2.1 Performance against the 13-week outpatient standard and 11 week target (March 2007 onwards)

	2006							2007						Target
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
Breaches of 13 week standard	0	0	3	0	0	0	0	0	2	0	0	0	0	0
11 week waiters	208	156	191	212	161	138	170	218	216	0	0	0	0	0

Source QM08

5.2.2 In-month breaches of 13-week outpatient standard

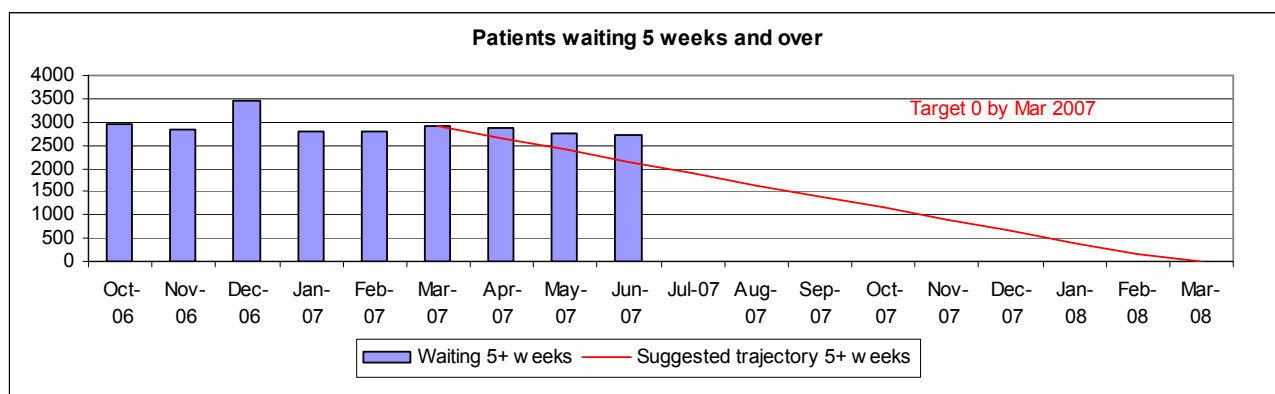
	2006							2007					
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Breaches of 13+ weeks	266	186	169	201	216	155	118	214	201	232	95	94	102

Source QM08

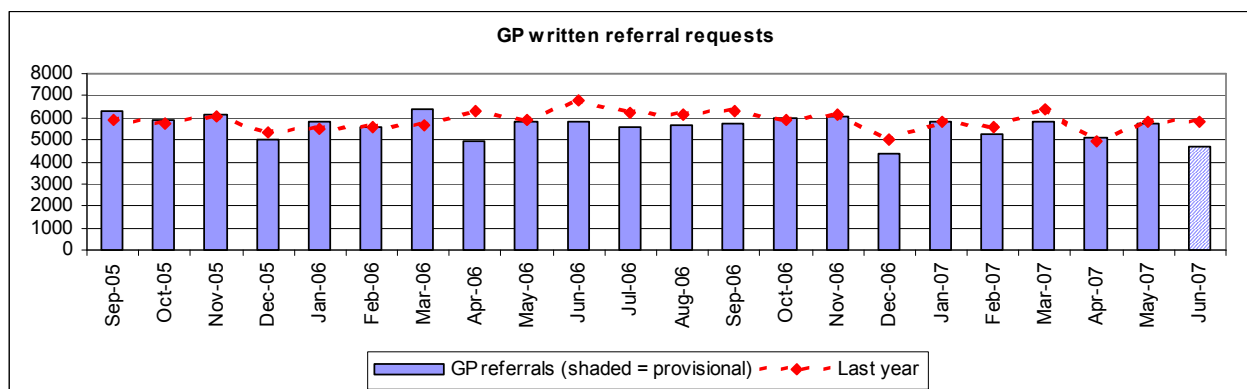
5.2.3 Progress against the 5-week outpatient target (March 2008 onwards)

	2006							2007						Target
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
5-week waiters	2591	2106	2539	2357	2934	2838	3450	2798	2792	2896	2879	2776	2715	0
Trajectory										2900	2650	2400	2150	

Source QM08

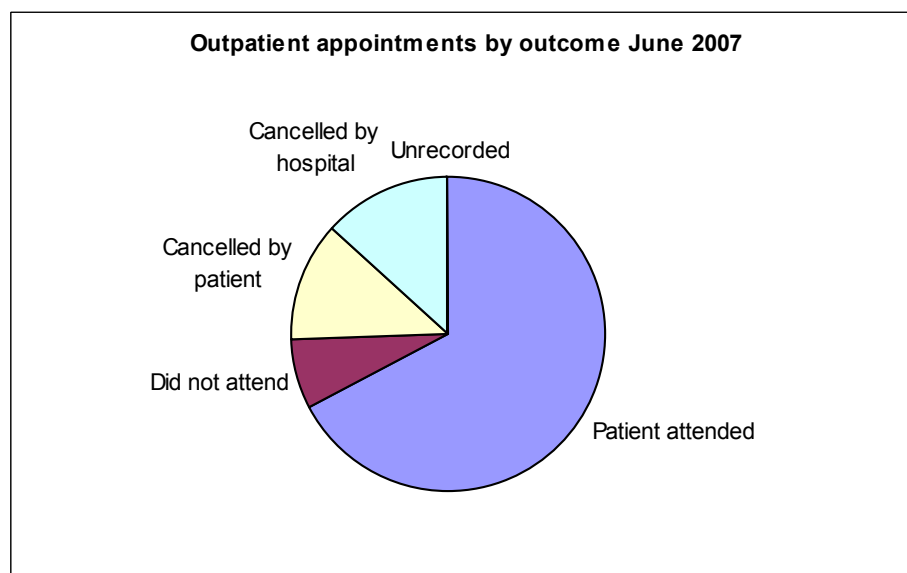


5.2.4 GP written referral requests



Source WHHT PAS download
Delays in data entry mean that the latest month's figures under-count actual referrals

5.2.5 Outpatient appointments by outcome June 2007



Source WHHT PAS download

5.2.6 Rapid Access Chest Pain Clinic

	2006							2007						Target	England 2005-06
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June		
Seen in RACPC	84	59	64	66	77	60	78	90	96	100	75	96	81		
Seen after 15+ days	2	0	2	4	1	2	0	2	2	1	0	4	0		
% seen in RACPC within 2 weeks	98%	100%	97%	94%	99%	97%	100%	98%	98%	99%	100%	96%	100%	100%	97.5%

Source: LDPR return

5.2.7 Genito-Urinary Medicine Clinics

	2005		2006					2007							
	Aug	Nov	Feb	May	Aug	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Target	England Mar 07
Seen in GUM clinics	one-week sample data						954	1518	1268	1232	1011	1170	1107		
Seen < 48 hours							602	831	805	855	702	954	963		
% seen in GUM clinics <48 hours	60%	62%	59%	65%	55%	52%	63%	55%	63%	69%	69%	82%	87%	70%	67%

Source Health Protection Agency quarterly surveys and GUM monthly from Dec 06

5.3 Choose and book

5.3.1 Choose and Book referrals as percentage of all outpatient referrals

	2006							2007						
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
WHHT - Choose and book referrals = Electronically booked	5.9%	6.4%	8.3%	19.9%	21.9%	28.4%	18.7%	27.4%	25.8%	25.4%	21.1%	24.4%	25.0%	
England - Electronically booked	6.2%	6.9%	7.5%	9.3%	11.1%	13.7%	11.1%	18.4%	18.2%	20.9%	20.1%	23.5%	24.0%	
England - Choose and book referrals (electronic & other)	17.8%	19.2%	20.3%	23.7%	27.1%	30.8%	23.3%	34.9%	32.9%	36.9%	33.0%	37.4%	37.3%	

National data collection

The apparent reduction in performance in December 2006 was partially because the nationally produced figures compare actual "choose and book" referrals to total referrals in an average month.

December is not an average month, with referrals typically down by 18% compared to November.

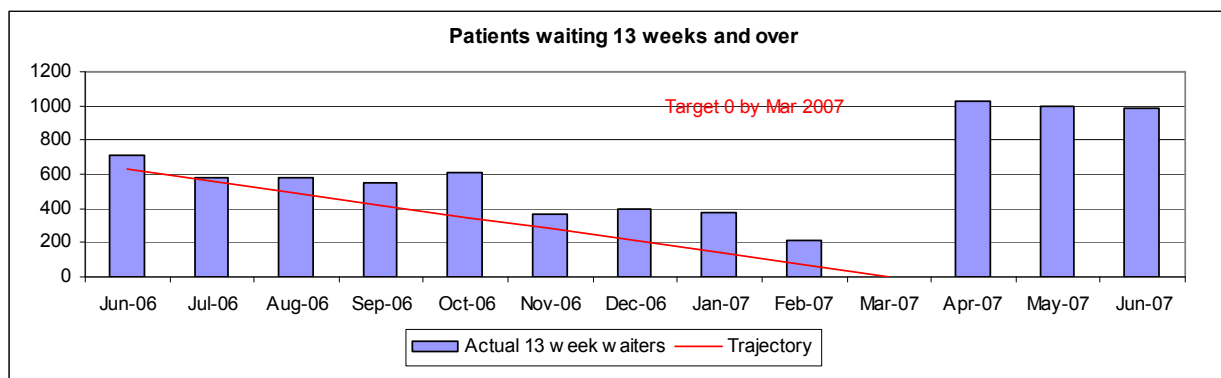
5.4 Diagnostic waiting

5.4.1 Performance against the 13-week diagnostic waiting target (March 2007)

	2006							2007							Target	England Apr 07
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
Actual 13 week waiters	712	577	577	547	610	369	398	375	212	2	1031	992	983	0		
Excluding digital hearing aids	712	577	577	547	610	369	398	375	212	2	7	7	7			
Trajectory	630	560	490	420	350	280	210	140	70	0						
13+ as % all waiters	13%	10%	10%	10%	11%	7%	7%	7%	4%	0%	17%	18%	18%			15%

Source Monthly diagnostic waiting return

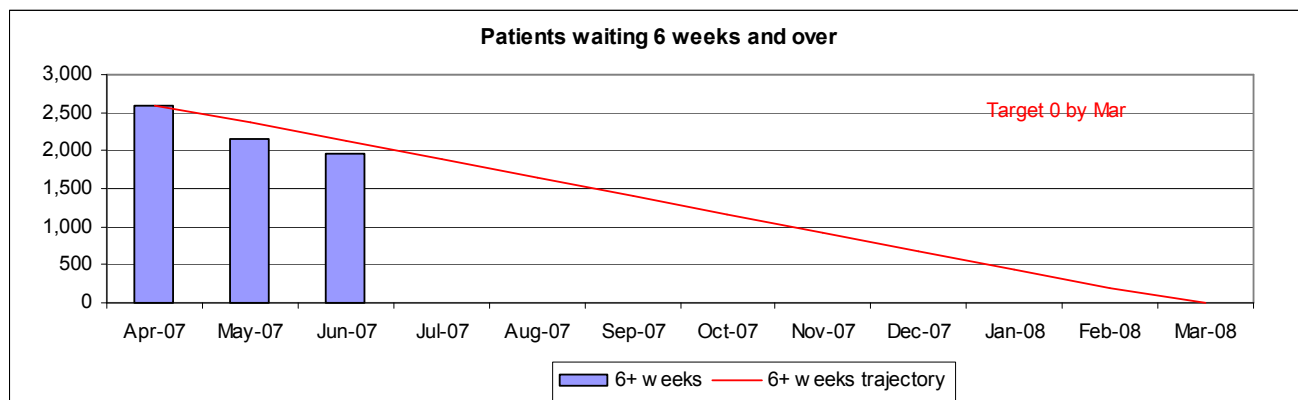
The large apparent increase in April is a result of clarification recently issued by the SHA, which means that we are now counting patients waiting for audiology re-tests for digital hearing aids. For comparison we are also showing figures excluding audiology re-tests for digital hearing aids



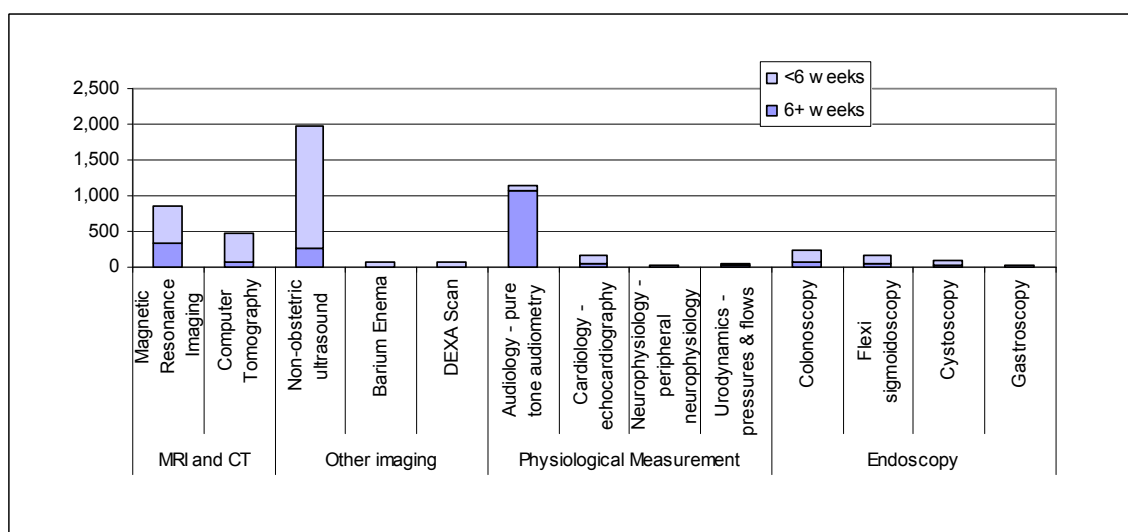
5.4.2 Progress towards the 6-week diagnostic waiting target (March 2008)

	2006							2007						Target	England Mar 07
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
Actual 6 week waiters	2448	2121	2445	2105	2130	1896	2087	2173	1455	1345	2581	2157	1952	0	
Trajectory											2600	2360	2120		
6+ as % all waiters	43%	37%	44%	38%	39%	36%	39%	40%	29%	29%	43%	38%	37%		36%

Source Monthly diagnostic waiting return



5.4.3 Diagnostic waiting by type of test – May 2007



Source Monthly diagnostic waiting return

5.5 Elective inpatients

5.5.1 Performance against the 20-week inpatient target (March 2007 onwards)

	2006							2007						Target
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
20-week waiters at month end	464	300	489	417	359	233	194	254	246	0	0	8	5	0

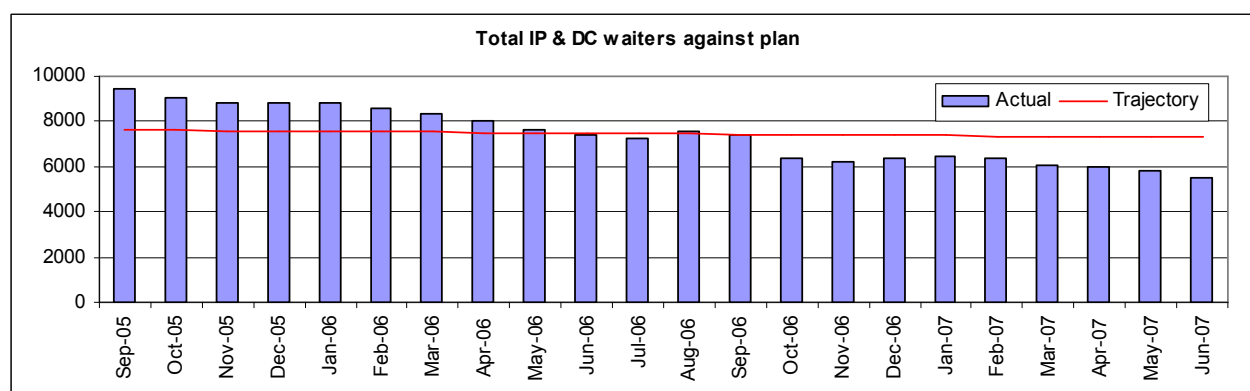
Source KH07

5.5.2 In-month breaches of 20-week inpatient target

	2006							2007					
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Breaches of 20-week target	710	653	475	693	633	607	312	514	446	510	456	316	333

Source: WHHT PAS Download

5.5.3 All patients waiting for inpatient or day case admission



Source KH07

Note: from 1 October, Plastic Surgery and Burns transferred to Royal Free Hampstead

5.5.4 Performance against the 13-week PTCA standard

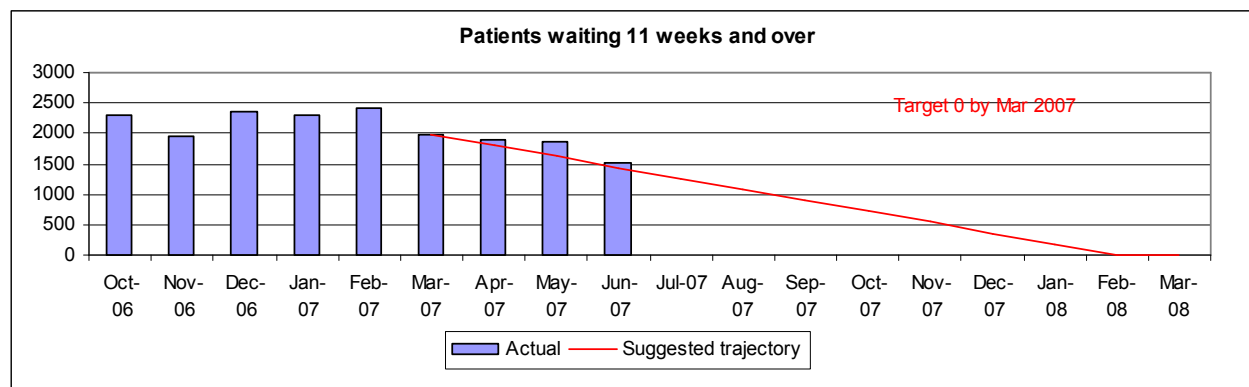
	2006							2007						Target
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Breaches of 13-week standard	5	8	14	16	15	6	0	6	6	0	0	0	0	0

MMR return

5.5.5 Progress against the 11-week inpatient target (March 2008 onwards)

	2006							2007						Target
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
11-week waiters	2711	2435	2941	2869	2315	1945	2366	2314	2423	1984	1902	1861	1518	0
Trajectory										1980	1800	1620	1440	

Source KH07

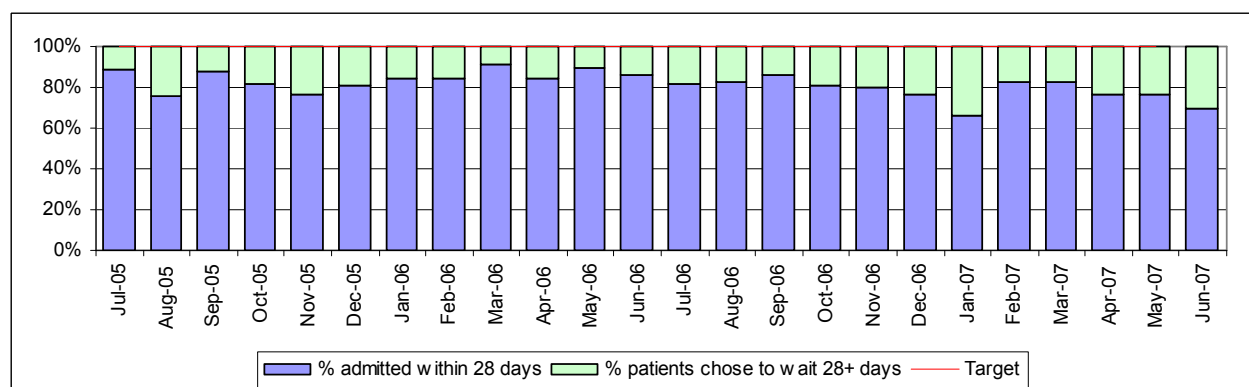


5.5.6 Cancelled Elective Admissions

	2006							2007							Target	England 2005-06
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
Cancelled operations	49	79	42	87	49	139	80	90	98	90	65	79	90			
Elective admissions	3255	3116	2520	3089	2861	3002	1962	2705	2474	2804	2532	2733	2732			
% cancellations	1.5%	2.5%	1.7%	2.8%	1.7%	4.6%	4.1%	3.3%	4.0%	3.2%	2.6%	2.9%	3.3%	<0.8%		1.0%

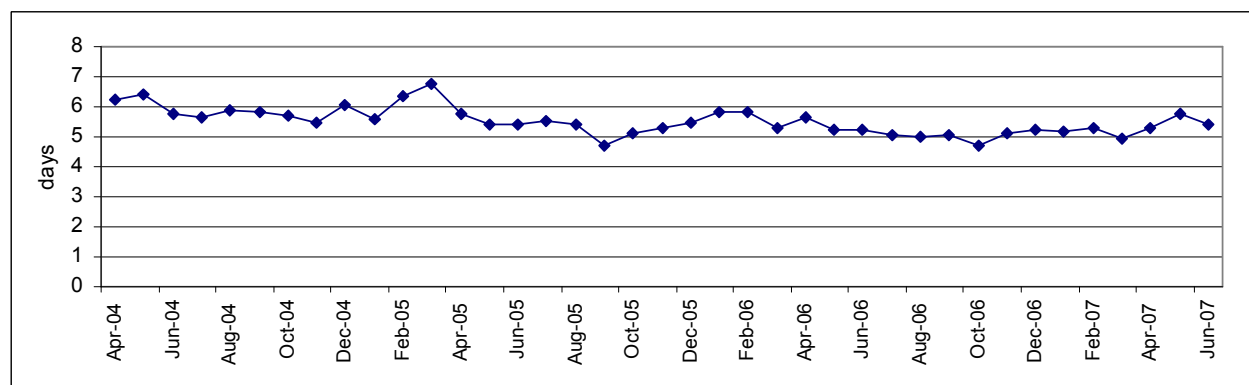
Source - QMCO

5.5.7 Proportion of Cancelled Elective Admissions admitted within 28 days



Source QMCO

5.5.8 Average general and acute length of inpatient spell (i.e. excluding maternity)



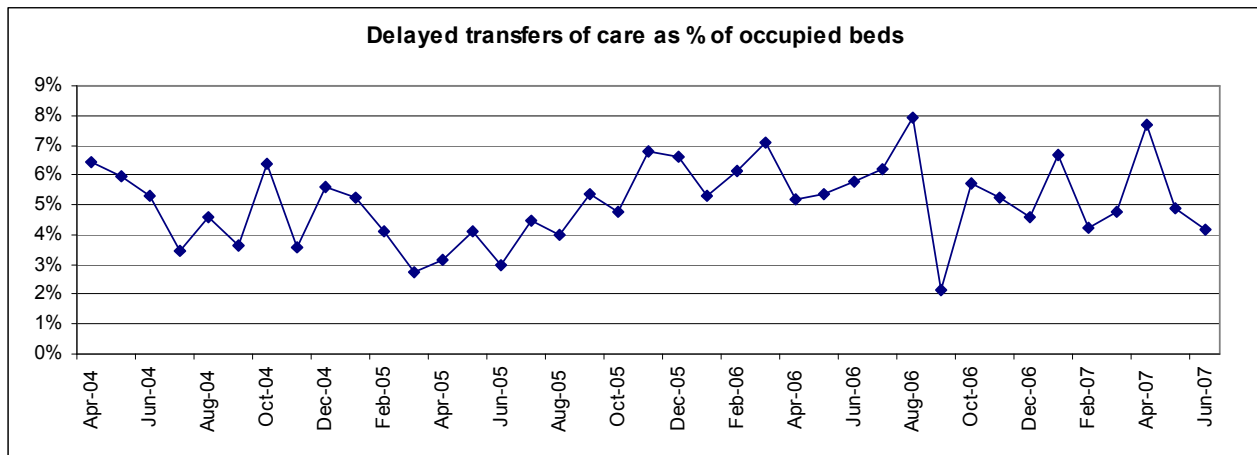
Source WHHT PAS download

5.5.9 Delayed transfers of care

Delayed transfers of care
% of occupied acute beds

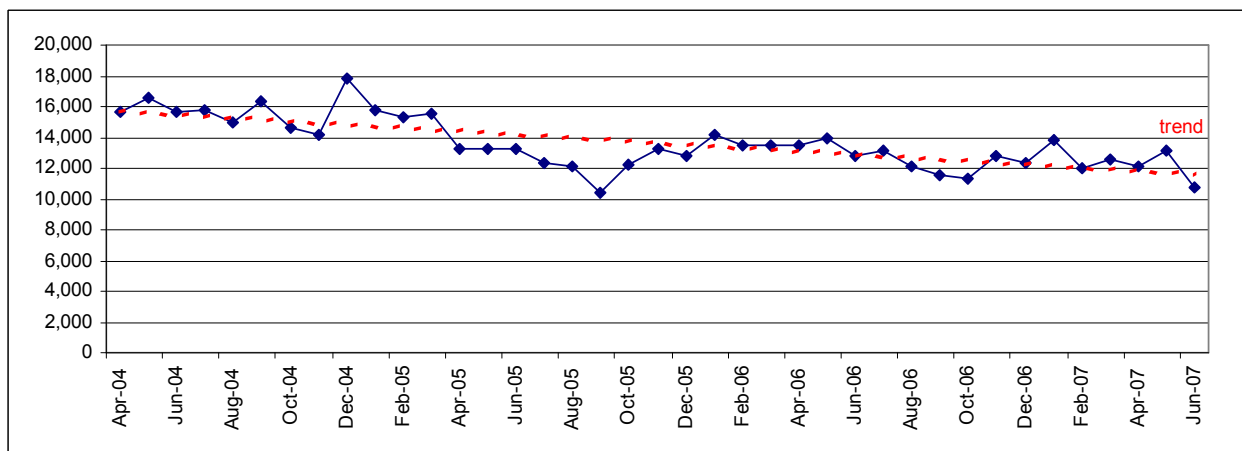
2006								2007					Target	England Jan-Mar 06
Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
32	35	37	11	31	29	25	37	23	27	41	28	23		
5.8%	6.2%	7.9%	2.1%	5.8%	5.3%	4.6%	6.7%	4.2%	4.8%	7.7%	4.9%	4.2%	n/a	2.1%

Source SITREPS and MMR returns



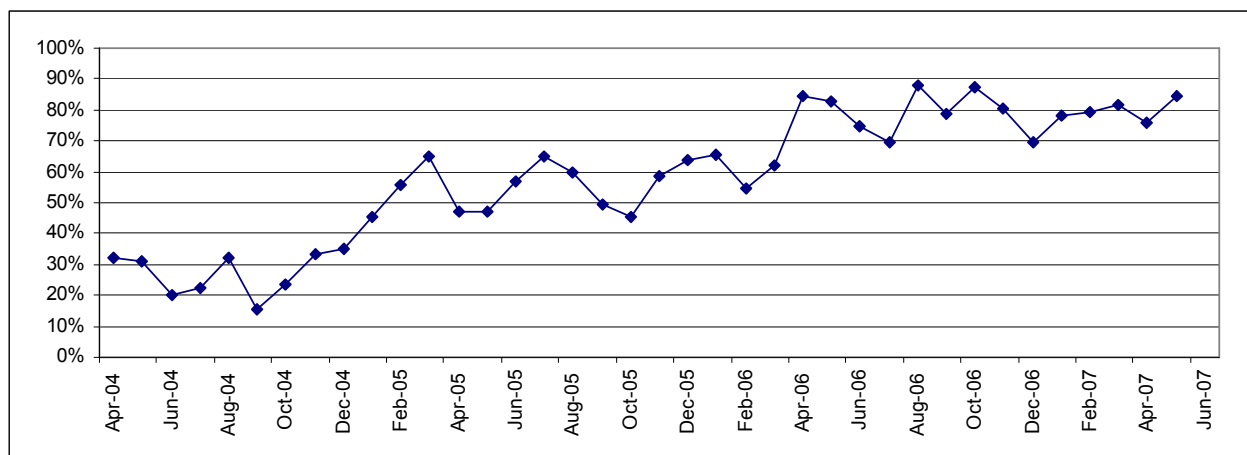
Source SITREPS

5.5.10 Emergency bed days trend



Source WHHT PAS download

5.5.11 Proportion of stroke patients treated in stroke unit



Source WHHT PAS download

5.6 Cancer

5.6.1 Cancer 14 day standard for urgent referrals

	2006							2007							Target	England Jan-Mar 06
Urgent patients seen	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
not seen within 14 days	370	406	345	352	348	347	342	349	347	377	357	365	381			
% seen within 14 days	0	0	1	0	0	0	0	0	1	1	1	1	0			
	100%	100%	99.7%	100%	100%	100%	100%	100%	99.7%	99.7%	99.7%	99.7%	100%	100%		99.9%

Source CWT national monitoring (shaded figures = provisional)

5.6.2 Cancer treatment data completeness (31 day standard)

	2006							2007							DH Target
Monthly activity	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
Refreshed final quarterly	113	99	115	142	121	122	106	103	97	114	115	98	101		
			356			355			314			314			350

Source CWT national monitoring (shaded figures = provisional)

The DH target figure is the subject of review in the light of the movement of the plastic surgery service

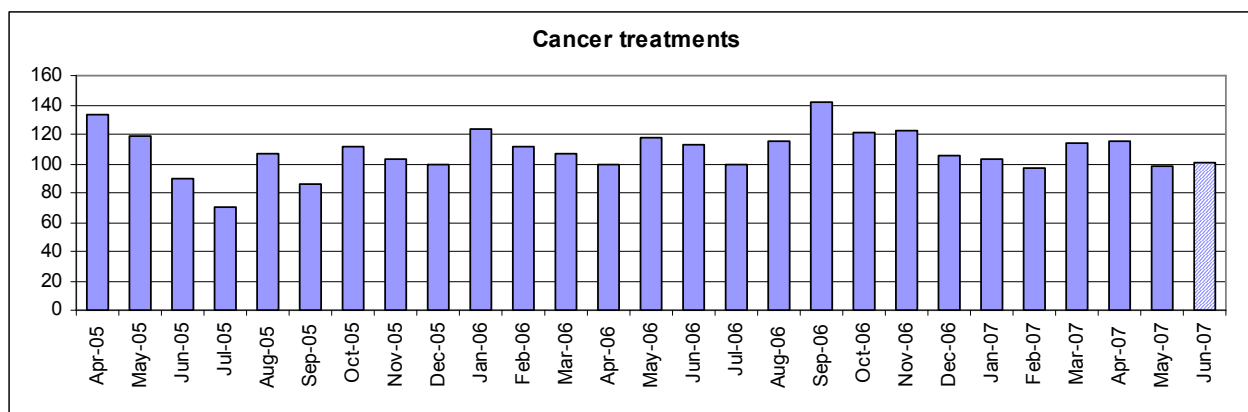
5.6.3 Cancer Compliance against the 31 and 62 Day Standards

	2006							2007							Operational standard	England Oct-Dec 06
Patients treated	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
not treated within 31 days of diagnosis	113	99	115	142	121	122	106	103	97	114	115	98	101			
31 day standard	0	0	0	0	0	0	0	0	0	0	1	0	0			
Urgent patients treated	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%	98%		99.6%
not treated within 31 days of referral	40	42	50.5	55.5	49	54.5	38	37	38.5	45	37.5	37	36			
62 day standard	1.5	0	0.5	0.5	0	1	0	0	0	0	1	0	0			
	96%	100%	99%	99%	100%	98%	100%	100%	100%	100%	97%	100%	100%	95%		96.3%

Source CWT national monitoring (shaded figures = provisional)

Shared cancer care between 2 providers counts as 0.5 for each

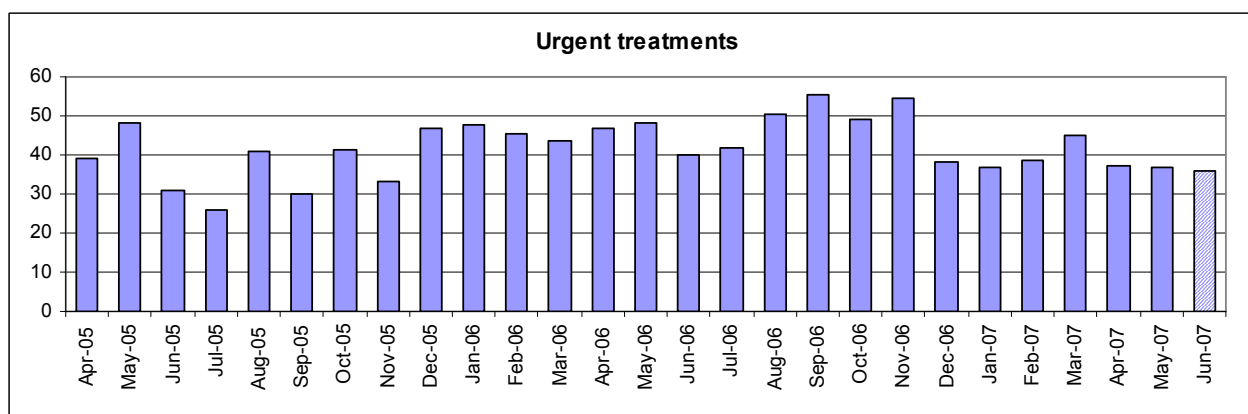
5.6.4 Patients receiving cancer treatment – 31 day standard



Source CWT national monitoring (shaded column = provisional)

Overall performance achievement is reported 25 working days after the end of the month

5.6.5 Patients receiving urgent cancer treatment – 62 day standard



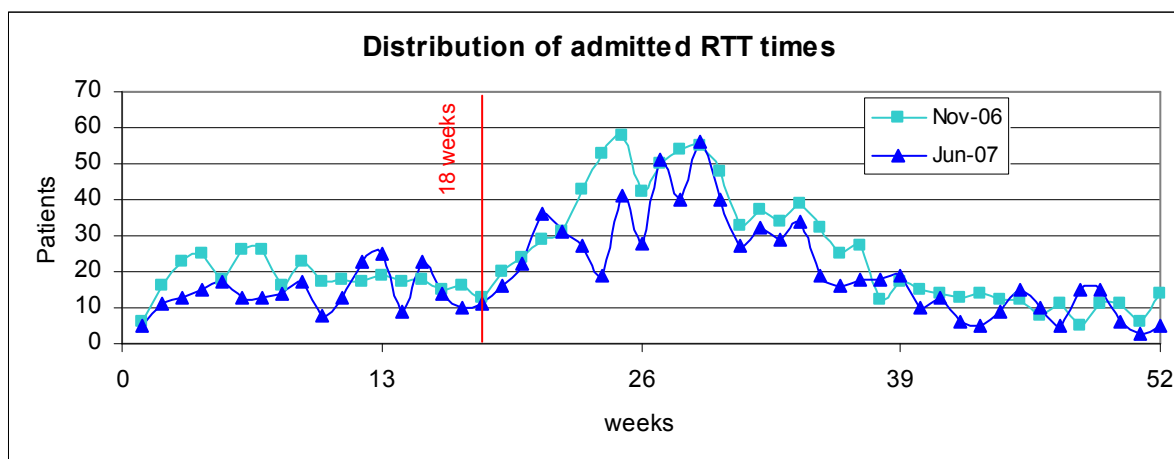
Source CWT national monitoring (shaded column = provisional)

5.7 Referral to Treatment (RTT) 18-week target

5.7.1 Referral-To-Treatment period for patients whose 18 week clock stopped during the month with an inpatient/day case admission

	2006			2007						Target Mar 08	England Mar 07
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June		
Treated < 18 weeks	432	349	224	343	275	339	273	302	270		
Treated 18+ weeks	1236	1299	638	1156	1009	1101	1086	1024	1018		
Time to treatment not known	692	335	318	302	270	336	267	364	360		
Total	2360	1983	1180	1801	1554	1776	1626	1690	1648		
% <18 weeks	26%	21%	26%	23%	21%	24%	20%	23%	21%	85%	48%
% not known	29%	17%	27%	17%	17%	19%	16%	22%	22%		

Source: Monthly RTT return



Source: Monthly RTT return

5.7.2 Referral-To-Treatment period for patients whose 18 week clock stopped during the month for reasons other than an inpatient/ day case admission

	2007						Target	England
	Jan	Feb	Mar	Apr	May	June	Mar 08	
Total	60	495	347	207	8	609		
Treated < 18 weeks	49	476	340	202	8	595		
% <18 weeks	82%	96%	98%	98%	100%	98%	90%	n/a

Source: Monthly RTT return

5.7.3 Referral-To-Treatment period so far for patients whose 18 week clock is still running

	2007						Target	England
	Jan	Feb	Mar	Apr	May	June	Mar 08	
Total	304	1823	2728	3276	3392	7577		
Waiting < 18 weeks	134	1348	1777	1657	1057	3652		
% <18 weeks	44%	74%	65%	51%	31%	48%	n/a	n/a

Source: Monthly RTT return

6 Sixth Domain – Service Level Agreement

6.1 Service Level Agreement - activity and cost performance against plan

Point of Delivery	SLA annual plan		SLA month 3 plan		Month 6 actual				Variance	
	Activity	Cost	Activity	Cost	Coded activity	Uncoded activity	Total activity	SLA value	Activity	Cost
Inpatient and A&E										
Emergency										
Emergency Inpatient	27,131	£50.1 m	6,791	£12.5 m	5,538	918	6,456	£11.7 m	-335	-£0.8 m
Other non-elective spells	8,266	£8.8 m	2,067	£2.2 m	2,546	39	2,585	£3.0 m	518	£0.8 m
A and E attendances	122,765	£8.8 m	30,691	£2.2 m	31,324	0	31,324	£2.2 m	633	£0.0 m
ITU and HDU bed days	3,818	£7.2 m	955	£1.8 m	908	0	908	£1.8 m	-47	£0.0 m
Total Emergency		£74.9 m		£18.7 m				£18.7 m		£0.0 m
Elective										
Elective admitted spells	33,319	£36.5 m	8,330	£9.1 m	7,471	528	7,999	£7.9 m	-331	-£1.3 m
Total spell (elective + non-elective)	68,717		17,187		15,555	1,485	17,040		-147	
Total inpatient and A&E costs		£111.4 m		£27.9 m				£26.6 m		-£1.3 m
Outpatient										
First attendances	97,690	£15.3 m	24,423	£3.8 m	23,591	0	23,591	£3.7 m	-832	-£0.2 m
Follow-up attendances (uncapped)	159,058	£12.7 m	39,765	£3.2 m	47,659	0	47,659	£3.8 m	7,895	£0.6 m
Follow-up attendances (capped)	159,058	£12.7 m	39,765	£3.2 m	39,762	0	39,762	£3.1 m	-2	-£0.1 m
Follow-up attendances (not charged)		£0.0 m		£0.0 m			0	£0.6 m		£0.6 m
Total attendances (uncapped)	256,748	£28.1 m	64,187	£7.0 m	71,250	0	71,250	£7.4 m	7,063	£0.4 m
Total attendances (capped)	256,748	£28.1 m	64,187	£7.0 m	63,353	0	63,353	£6.8 m	-834	-£0.2 m
Block etc.	1,676,481	£23.7 m	419,120	£5.9 m	388,542	0	419,578	£6.0 m	457	£0.1 m
Total cost (at tariff prices)		£163.2 m		£40.8 m				£40.0 m		-£0.8 m
Total recoverable cost		£163.2 m		£40.8 m				£39.3 m		-£1.5 m

The table above summarises the trust's activity undertaken against overall activity commissioned by PCTs to the end of June 2007. Figures are cumulative against cumulative planned activity, and phased in equal 12^{ths} across the year

7 Seventh Domain – Care Environment and Amenities

7.1 PEAT score for hospital food

External (HCC / NPSA PEAT)

	2005 (Jul 05)	2006 (Feb 06)	2007 (Mar 07)
Percentage score	band 2 = 40-59%	band 3 = 55-74%	72-94%
Outcome (PEAT)	Poor	Acceptable	Good
Outcome (HCC)	Underachieved	Achieved	Achieved

Source - External annual PEAT inspections

Internal (Trust i-PEAT)

	Dec-06	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	DoH Target
Percentage score	85%	83%	80%	75%	79%	79%	79%	band 5 = 94%+
Outcome (PEAT)	Good	Good	Good	Good	Good	Good	Good	Excellent
Outcome (HCC)	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved

Source - Internal monthly PEAT inspections

7.2 PEAT score for hospital environment

External (HCC / NPSA PEAT)

	2005 (Jul 05)	2006 (Feb 06)	2007 (Mar 07)
Percentage score	band 2 = 40-59%	66%	60-74%
Outcome (PEAT)	Poor	Acceptable	Acceptable
Outcome (HCC)	Underachieved	Achieved	Achieved

Source - External annual PEAT inspections

Internal (Trust i-PEAT)

	Dec-06	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	DoH Target
Percentage score	75%	72%	74%	73%	74%	72%	81%	bands 4-5 = 75%+
Outcome (PEAT)	Good	Acceptable	Acceptable	Acceptable	Acceptable	Acceptable	Good	Good
Outcome (HCC)	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved

8 Eighth Domain – Public Health

8.1 Smoking

	2006						2007						Target	England 2005-06 Q3
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
Maternities	461	441	460	491	475	415	459	409	455	405	430	425		
- smokers	76	63	53	54	58	51	65	64	52	47	47	56		
% all mothers delivered who are smokers	16%	14%	12%	11%	12%	12%	14%	16%	11%	12%	11%	13%		17%
data recording % coverage	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	85%	

Source LDPR return - England data exclude PCTs 5%+ not known

8.2 Breast feeding

	2006						2007						Target	England 2005-06 Q3
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
Maternities	461	441	460	491	475	415	459	409	455	405	430	425		
known to initiate breast feeding	254	288	303	284	270	284	294	279	303	257	271	296		
known not to initiate breast feeding	125	123	136	119	122	103	134	107	130	122	128	119		
% new mothers breast feeding	67%	70%	69%	70%	69%	73%	69%	72%	70%	68%	68%	71%		67%
data recording % coverage	82%	93%	95%	82%	83%	93%	93%	94%	95%	94%	93%	98%	85%	

Source LDPR return - England data exclude PCTs 5%+ not known

Many of the figures in the report are provisional and unvalidated. The data were the most up-to-date at the time of writing of the report, and will be refreshed in any future report.

Trevor Hill
Head of Information and Performance Analysis

23 July 2007