

West Hertfordshire Hospitals



NHS Trust

Board Report December 2006

Performance Report to November 2006
Including Performance Scorecard Report

Key Messages

1.0 Safety – Gary Etheridge

1.1 Infection control

1.1.1 MRSA Bacteraemia

The expected monthly trajectory of 2 has been exceeded with 3 MRSA bacteraemias reported for the month of November, contributing to a running total of 30 MRSA bacteraemias since April, against a DoH target of 27 for April 06-March 07. The MRSA Action Plan produced following the DoH MRSA Improvement Team visit in July 2006 is being progressed

1.1.2 MRSA Internal Data (all in-patient isolates for the month of November 06)

100 patients were identified with MRSA this month. Of the total number:

- 11% of patients are believed to have acquired their MRSA in WHHT during their admission, a 1% decrease when compared to October and a 6% decrease in comparison to the month of September
- 89% of patients were known/identified MRSA on or within 48hrs of admission

1.1.3 Clostridium difficile Internal Data - November 06 (number of in-patient toxin positive isolates, over and under 65yrs)

A total of 42 in-patient isolates of *C.difficile* toxin positives have been recorded (23 at WGH and 19 at HHGH). Of the 42 isolates:

- 73% were reported to be symptomatic at the time of reporting by the Infection Control Nurses (ICN's) in comparison to 48% in October
- 31% of symptomatic patients were not isolated (and mostly on the WGH site), a 7% increase in comparison to October. Rapid isolation of patients with diarrhoea is imperative and a fundamental principle in the prevention and control of *C.difficile*

1.2 Risk Register – Movement in the last month

The Strategic and Organisational Risks reported within this Performance Report comprise of those risks that have had a risk matrix score of over 20 and consequently fell within the red category. As such the table details 23 red risks out of 339 risks currently open on the Risk Register. In the last progress report there were 21 out of 324 risks.

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.

2.0 Clinical and cost effectiveness – Graham Ramsay

2.1 Emergency readmissions

Emergency readmission rates were 10.7% in September and 10.% in October, both a little above the national average.

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

Readmissions in this category have increased from 11.4% in September to 20% in October (8 of 40 discharges).

2.3 Deaths within 30 days of non elective surgery

Deaths within 30 days of non-elective surgery increased slightly from 4.0% in September to 5.2% in October.

3.0 Governance

3.1 Information Governance – Anne Reilly

The Trust is required to self-assess on an annual basis; the next assessment is required as at March 2007

There are six key initiatives

- Information Governance Management
- Confidentiality and Data Protection Assurance
- Information Security Assurance
- Clinical Information Assurance
- Secondary Use Assurance
- Corporate Information Assurance

These include some new criteria in support of the new NHS Connecting for Health (CfH) agenda and Payment by Results (PbR).

The focus this year is on implementation and review rather than documentation although we still need to include documentation in our evidence base. Organisations have been particularly asked to note the Information Governance Module and the Secondary User Module standards surrounding clinical coding and clinical audit.

The Trust is currently reviewing the management and structure of Information Governance and no firm date has been set for the initial meeting of the new Board.

Clinical Informatics staff are continuing to develop plans indicating ownership and actions needed to achieve/ improve in each criteria .The new Board will then be required to sign these off. This will to enable us to assess our current state.

3.2 Data completeness – Sue Gunn

From 1 April 2006 the target for clinical coding is effectively 100%, as the Trust will not receive payment for any uncoded spells. The Trust continues to make good progress with achieving this target. Staffing difficulties within the clinical coding department persist and could put the Trust at risk of lost income. Some additional resource has been identified, Divisions are assisting with access to case notes and clinicians are coding within Infoflex in many cases thereby reducing the effects of a below establishment clinical coding department.

The number of uncoded Mount Vernon Hospital FCEs in Quarter 2 has fallen dramatically. No further information is available on the 62 that remain uncoded.

The high level of vacancies within the coding department has been offset by a greater uptake of Infoflex to generate summaries/TTOs and the quality of information contained in these has greatly improved enabling the coders to use them as the source document when casenotes have been unavailable.

3.3 Workforce – Sarah Childerstone

3.3.1 Sickness absence

Average to date sickness over the last 12 months is currently 4.2 %. This is less than the 4.5% recorded over the previous month. A specific project has been started to look at the management of short term and long term sickness rates.

3.3.2 Labour turnover

These figures are being included for the first time. The most recent figures, which relate to October, show a decrease from the previous months to 12.8%, and are lower than for most of the previous 12 months.

3.3.3 WTE staff in post

In our Local Delivery Plan we have committed to a reduction in the Trust's workforce in 2006/07 of 5% in clinical staff and 10% in non-clinical staff, giving an overall reduction of 6%, or 225 WTE, using the average WTE for 2005/06 of 3563. As at September 2006, the WTE in post was 3380, which meant that the Trust is now back on track to meet the end of year target. Following the transfer of Paediatric staff to the Trust the wte is currently 3482. After adjusting for the transfer, the wte total is 3381.5, almost no change. The Trust monthly paybill is now £11.3m, which is slightly higher than the monthly average (partly due to Paediatric staff).

3.3.4 WTE bank, agency and locum cover

Since mid-September, the Trust has ended use of agency staff and reduced bank staff costs with any exceptions being tightly controlled, based on patient safety or requirement to meet performance standards. This applies to all types of staff in the

Trust, including doctors. The figures show a current agency expenditure rate of 3.4% of paybill compared with 3% in October, 3.8% in September and 5.6% in April. Bank expenditure is currently 3.2%, compared with 3.6% in October and 4.1% in April.

4.0 Patient Focus – Gary Etheridge

4.1 Complaints

The number of complaints received by the Trust in October was 35, an increase of 6 from September. All complaints were acknowledged within 48 hours, and the proportion of complaints answered within the month was 89%, against the target of 85%.

5.0 Accessible and responsive care – Nick Evans

5.1 A&E

The Trust maintained the 98% target for 3 weeks in the month of November. The SHA comparison is now with the new East of England SHA.

5.2 Out patients

There were no breaches of the outpatient 13-week maximum wait standard in November.

5.3 Choose and Book

In October the Trust achieved 28.4% of all bookings via the directly bookable route of "choose and book". This was higher than the national position of 13.7% for directly bookable patients. The PCT target is to reach 90% by February 2007.

5.4 Diagnostic waiting

In November the Trust maintained the 26-week maximum wait standard for MRI and CT scans (LDP target), and all such patients are now waiting less than 20 weeks. Further work is required to achieve the 13-week maximum wait standard by 31 March 2007.

5.5 Inpatients and day cases

In November the Trust maintained the 26-week maximum wait position. From December 2006, the Trust has agreed a PTL trajectory with the PCT to deliver the March 2007 target of a maximum 20-week wait. This PTL trajectory is now being shown in this report.

The Trust acknowledges that there were a disproportionate number of cancelled operations in November. It is looking to rectify this position, and will report progress in the January report.

5.6 Cancer

Provisional data for November indicates that the Trust achieved the 14-day standard. It also identifies 100% achievement for the 31-day target (operational standard 98%) and 98% achievement for the 62-day target (operational standard 95%).

Final data for Quarter 2 (Jul-Sep) confirms compliance with the data completeness target.

The Trust is working with Royal Brompton & Harefield NHS Trust to manage patients on the 62-day pathway. It is acknowledged that there have been a number of lung cancer patients breaching this standard, and we are reviewing the referral pathway and consequent time of tertiary referral to avoid future breaches.

6.0 Care environmental and amenities- Simon Colbert

6.1 PEAT scoring – hospital food

The NPSA PEAT (food) 2006 results relating to the February 2006 self-assessment inspections, reported w/c 5th June 2006, published 7th September 2006 are: HHGH Good; SACH Acceptable; WGH Good.

There have recently been noticeable improvements in the scoring of our hospital food ~ The November internal PEAT inspections scored food as: WGH Excellent (94%), HHGH Good (78%) and SACH Good (86%), ~ i-PEAT scores indicate a continuing overall Trust food score of Good.

However there is still some way to go to achieve our self-imposed target of reaching the 95% score to become “Excellent” ~ to achieve this we need to continue the introduction of Steamplicity to all our sites. Steamplicity Multi-portion has now been introduced across all our sites, delivering a significant improvement in visitor and staff catering.

6.2 PEAT scoring – hospital cleanliness

The NPSA PEAT (environment) 2006 results, part of which is cleanliness, relating to the February '06 self-assessment inspections, reported w/c 5th June 2006, published 7th September 2006 are: HHGH Acceptable; SACH Poor; WGH Acceptable. The Poor Environment result for SACH is a disappointment to the Trust's i-PEAT team and has been attributed to a poor standard of cleanliness found in the phlebotomy and main entrance public toilets on the day of the inspection.

The November internal PEAT inspections scored cleanliness as: HHGH Acceptable (74%), for SACH Acceptable (72%) and WGH Good (75%)

7.0 Public Health – Alfa Saadu

The two indicators relate to maternity services, and for both smoking and breast-feeding we have evidence of a healthy service, comparing well against national

averages. This message will be shared more widely both within the service, and with mothers to re-assure them of the quality of service we are providing.

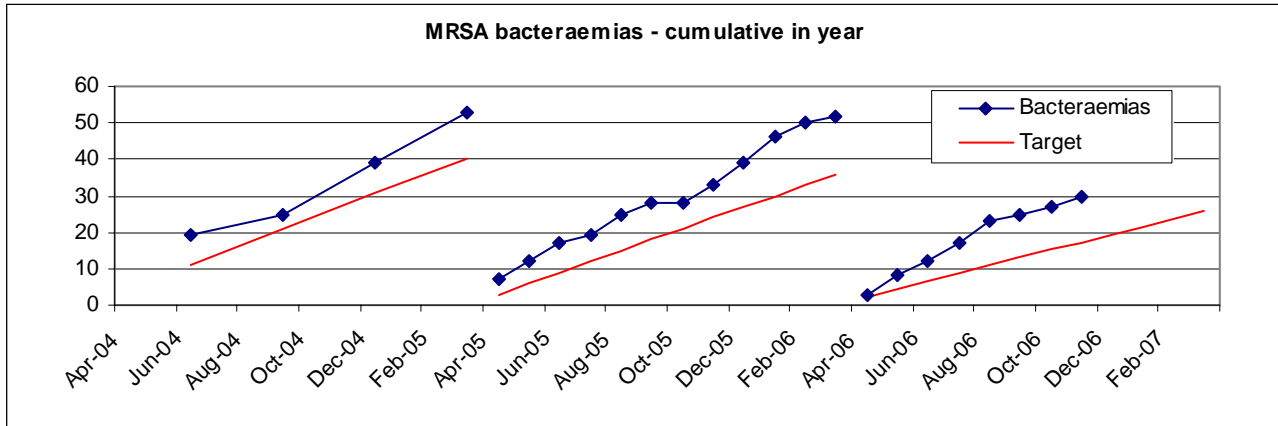
Summary of Performance Indicators - November 2006

<p>Safety</p>	<p>1.1 Infection control 1.1 Infection control 1.2 Risk Register 1.2 Risk Register</p>
<p>Clinical & Cost Effectiveness</p>	<p>2.1 Emergency readmissions (Oct) 2.1 Emergency readmissions (Oct) 2.2 Readmission after fractured hip (Oct) 2.2 Readmission after fractured hip (Oct) 2.3 Deaths after emergency surgery (Oct) 2.3 Deaths after emergency surgery (Oct)</p>
<p>Governance</p>	<p>3.1 Information Governance 3.1 Information Governance 3.2 Data completeness 3.2 Data completeness 3.3 Workforce 3.3 Workforce</p>
<p>Patient Focus</p>	<p>4.1 Complaints (Oct) 4.1 Complaints (Oct)</p>
<p>Accessibility & Responsive Care</p>	<p>5.1 4hr A&E wait 5.1 4hr A&E wait 5.2 Outpatient targets 5.2 Outpatient targets 5.3 Choose & Book 5.3 Choose & Book</p> <p>5.4 Diagnostic waiting 5.4 Diagnostic waiting 5.5.1 In-patient targets 5.5.1 In-patient targets</p> <p>5.5.6 Cancelled operations 5.5.6 Cancelled operations 5.5.8 Delayed transfers of care 5.5.8 Delayed transfers of care</p> <p>5.6.1 Cancer 2-week wait 5.6.1 Cancer 2-week wait 5.6.2 Cancer data completeness 5.6.2 Cancer data completeness 5.6.3 Cancer 31 and 62 day targets 5.6.3 Cancer 31 and 62 day targets</p> <p style="text-align: right;">(Shaded = provisional)</p>
<p>Care Environment and Amenities</p>	<p>Self-assessment (I-PEAT)</p> <p>6.1 PEAT – Hospital food 6.1 PEAT – Hospital food 6.2 PEAT – Hospital cleanliness 6.2 PEAT – Hospital cleanliness</p> <p>External assessment (HCC / NPSA-PEAT)</p> <p>6.1 PEAT – Hospital food (Feb 06) 6.1 PEAT – Hospital food (Feb 06) 6.2 PEAT – Hospital cleanliness (Feb 06) 6.2 PEAT – Hospital cleanliness (Feb 06)</p>
<p>Public Health</p>	<p>7.1 Smoking in pregnancy 7.1 Smoking in pregnancy 7.2 Breast-feeding 7.2 Breast-feeding</p>

1.0 First Domain – Safety

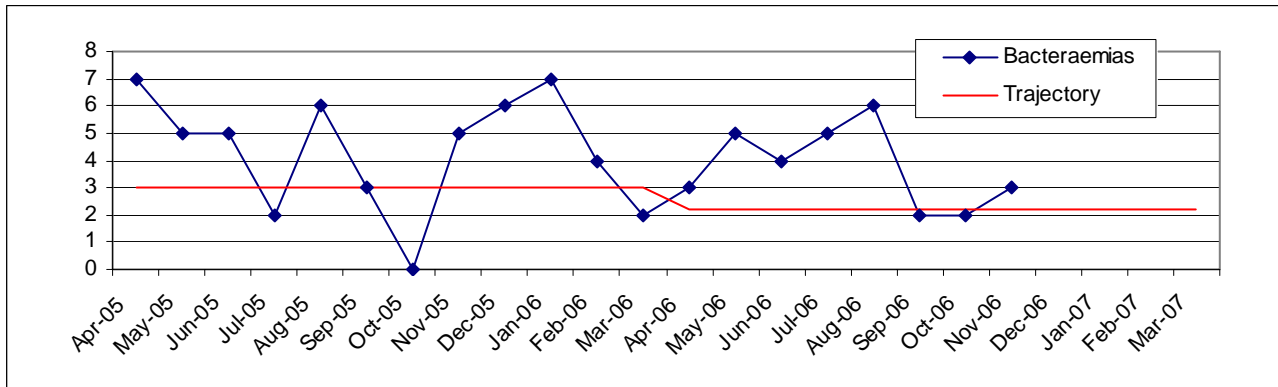
1.1 Infection control

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)



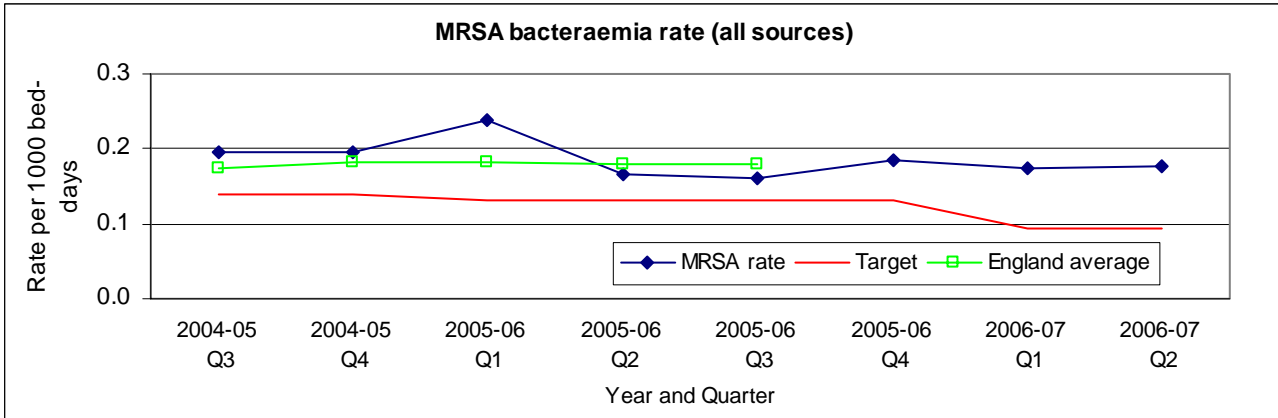
Source: National MRSA bacteraemia monitoring

1.1.3 MRSA rate (bacteraemia isolates)

Quarterly rate per 1000 occupied bed-days

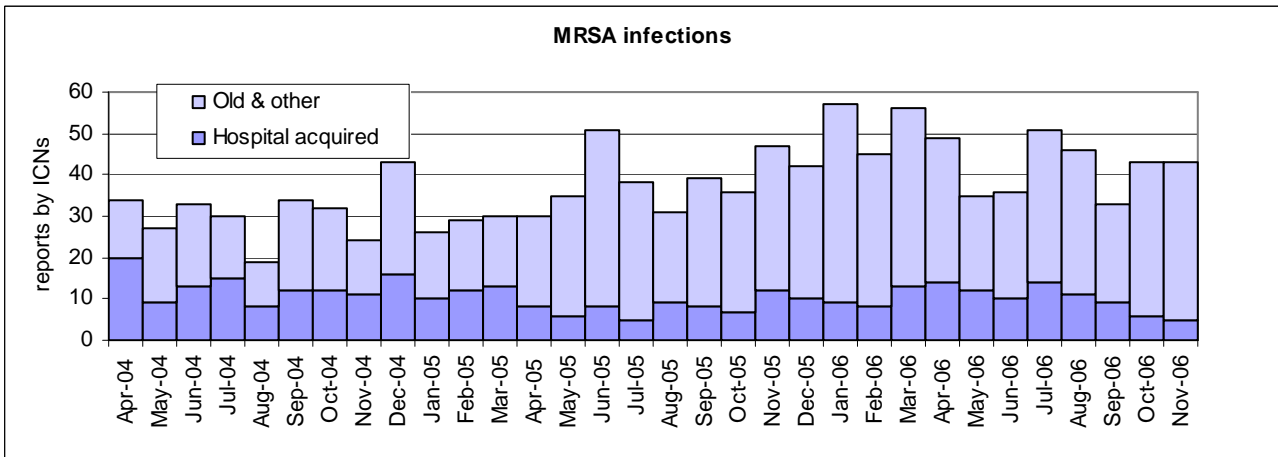
	2004-05 Q1	2004-05 Q2	2004-05 Q3	2004-05 Q4	2005-06 Q1	2005-06 Q2	2005-06 Q3	2005-06 Q4	2006-07 Q1	2006-07 Q2	Target	England Apr-Sep 05
MRSA rate	0.26	0.08	0.20	0.20	0.24	0.17	0.16	0.19	0.17	0.18	0.09	0.18

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



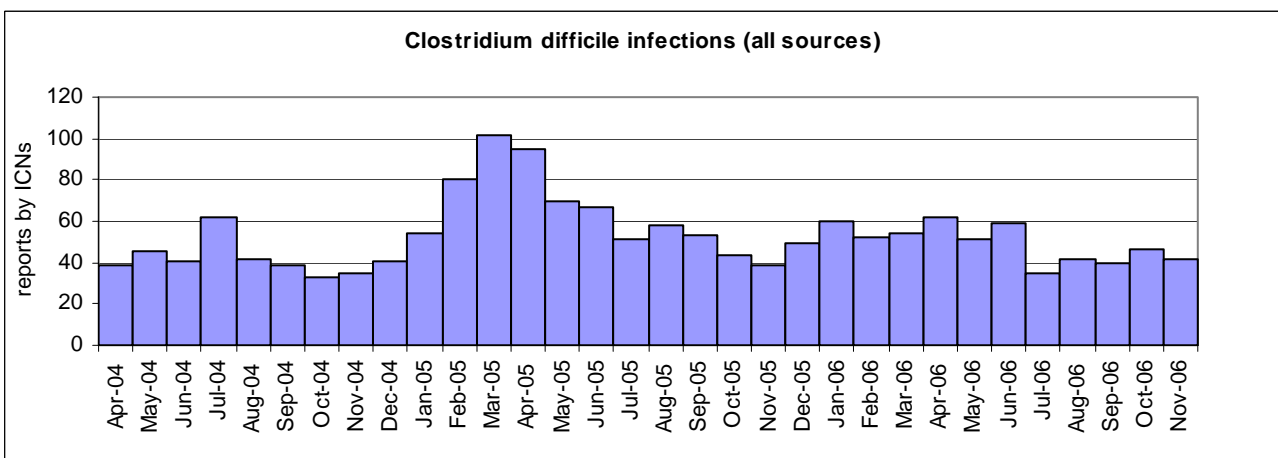
Source: National MRSA bacteraemia monitoring

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 20 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 736 Finance – Achievement of £11.5 million control total	25 ⇄
Risk ID 815 Saving Plans and Schemes	25 ⇄
Risk ID 729 Infection Control – MRSA Bacteraemias	20 ⇄
Risk ID 401 Lack of access to Level 2 HDU service	20 ⇄

Source Local Datix information system

ORGANISATIONAL RISKS

Other risks identified by Divisions/Departments

Description	Risk Score
Risk ID 476 Labcare machines (to disinfect surgical equipment) at WGH breaching ISO standards	25 ⇄
Risk ID 538 Lack of defibrillator on 2nd floor maternity WGH	25 ⇄
Risk ID 619 Orthotec operating table in WGH Theatres beyond repair	25 ⇄
Risk ID 764 Anaesthetic Room and Theatre Monitors (SACH)	25 ⇄
Risk ID 826 End of Month Surgical Patients – patients being booked in on the 26 th week because the operation cannot be done sooner	25 ⇄
Risk ID 827 Lack of efficient coding impacting on the income which is received for elective surgical patients and outpatients procedures	25 ⇄
Risk ID 413 Ultrasound locating devices for central venous catheter placement	25 ↑
Risk ID 674 Electrical extension cables used in many clinical areas, as old infrastructure is unable to support current need for electro-medical equipment.	20 ⇄
Risk ID 690 Insufficient security cameras in maternity (potentially allowing a baby to be abducted without adequate surveillance)	20 ⇄
Risk ID 571 Cold term babies being admitted to NICU	20 ⇄
Risk ID 520 Clinical coding undertaken by clinicians who are not trained to do this	20 ⇄
Risk ID 529 Infection Control Management 1) Lack of isolation areas (health care acquired infections) 2) No records kept of attendance of clinicians on mandatory Infection Control Training	20 ⇄
Risk ID 194 CTG (fetal heart rate) monitors (need additional 8 to replace old and condemned equipment)	20 ⇄
Risk ID 448 Heat in Pathology	20 ⇄
Risk ID 475 Fire risk in accommodation at WGH – Willow House	20 ⇄
Risk ID 814 E.N.T Service – Shortage of Consultants	20 ⇄
Risk ID 885 Failure of Trust Email Service	20 NEW
Risk ID 870 Lift 15 and lift 14 in maternity block – failure to work properly	20 NEW
Risk ID 869 Pharmacy Weekend Closure	20 NEW

Source Local Datix information system

ORGANISATIONAL RISKS, which have been closed during the last month or have had their score reduced

Risk ID 551 Lack of policy and management procedures for Adults at Risk	16 ↓
---	------

2.0

Second Domain – Clinical and cost effectiveness

Figures are one month in arrears, as they can only become available 28 or 30 days after the end of the month

2.1 Emergency re-admissions within 28 days

	2005		2006										Target	England 2004	
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct			Nov
Discharges	2793	2620	2453	2427	2815	2748	2974	2783	2935	2739	2751	2483			
Emergency re-admissions <=28 days	268	301	266	272	326	285	301	326	316	261	295	270			
Emergency readmission rate (<=28 days of discharge)	9.6%	11.5%	10.8%	11.2%	11.6%	10.4%	10.1%	11.7%	10.8%	9.5%	10.7%	10.9%		n/a	9.2%

Sources: WHHT PAS Download - England Healthcare Commission

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

	2005		2006										Target	England 2004	
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct			Nov
Discharges	31	36	24	39	34	41	40	35	32	46	44	40			
Emergency re-admissions <=28 days	7	3	3	10	2	4	3	7	3	6	5	8			
Emergency readmit rate (<=28 days of operation)	22.6%	8.3%	12.5%	25.6%	5.9%	9.8%	7.5%	20.0%	9.4%	13.0%	11.4%	20.0%		n/a	9.9%

Sources: WHHT PAS Download - England Healthcare Commission

2.3 Deaths within 30 days of non-elective surgery

	2005		2006										Target	England 2004	
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct			Nov
Selected emergency operations	222	195	205	199	202	211	230	214	229	228	227	172			
Deaths within 30 days	14	14	21	8	20	14	6	8	13	8	9	9			
Post-operative mortality rate (within 30 days of operation)	6.3%	7.2%	10.2%	4.0%	9.9%	6.6%	2.6%	3.7%	5.7%	3.5%	4.0%	5.2%		n/a	4.5%

Sources: WHHT PAS Download - England Healthcare Commission

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.

3.0 Third Domain – Governance

3.1 Information Governance

Position as at March 2006 – self-assessment is undertaken annually

	Percentage	Rating
Confidentiality code of practice	52%	Amber
Data protection	47%	Amber
Freedom of Information	16%	Red
Health records	48%	Amber
IG management	44%	Amber
Information quality assurance	61%	Amber
Information security	60%	Amber
Overall Score	50%	Amber

Comparative Overall Scores

	Percentage	Rating
E&N Herts	58%	Amber
Bedford	72%	Green
L&D	72%	Green
WHHT	50%	Amber

3.2 Data Completeness

3.2.1 Completeness of FCE minimum datasets (excl Maternity from Apr 06 onwards)

	2005		2006											Target	England 2004-05
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov		
Ethnic group	57%	59%	59%	58%	57%	33%	32%	31%	31%	31%	30%	30%	30%	90%	76.5%
NHS number	96%	95%	96%	96%	96%	95%	96%	95%	95%	94%	96%	97%	95%	95%	96.1%
GP code	100%	100%	100%	100%	100%	99%	99%	99%	99%	99%	99%	99%	96%	n/a	n/a
Decided to admit date (elective admissions only)	87%	86%	87%	88%	88%	88%	87%	88%	87%	83%	86%	85%	85%	n/a	n/a
Primary diagnosis	99%	98%	98%	98%	95%	100%	100%	99%	100%	99%	99%	99%	76%	95%	97.8%
HRG code	99%	98%	98%	98%	95%	100%	99%	99%	100%	99%	99%	98%	74%	n/a	n/a

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

(Maternity data is provided separately from CMIS system, and is 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
2004	5.0%	5.0%	5.1%	5.0%	5.0%	4.9%	4.8%	4.9%	4.8%	4.7%	4.7%	4.6%	4.4%	<4%
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%	4.4%	4.4%	4.2%	4.4%	4.3%	4.5%	4.2%				

Source WHHT Workforce planning - England Sickness absence survey

3.3.2 Labour turnover - annual percentage

	2005		2006										
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Turnover	13.3%	13.4%	13.6%	14.2%	13.6%	13.8%	13.7%	13.4%	12.8%	12.6%	13.4%	12.8%	

Source WHHT Workforce planning

3.3.3 Numbers of staff (whole time equivalent) in post

	2005		2006											DoH Target
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
Wte in post	3592	3566	3564	3527	3531	3535	3528	3534	3400	3498	3380	3381	3482	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

	2005		2006											DoH Target
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
Bank & Locum wte.						148	165	159	114	148	114	194		
Agency wte						148	201	253	148	148	121	101		
Total wte.	377	393	412	371	312	296	366	412	262	296	235	295		281

Source WHHT Workforce planning

4.0

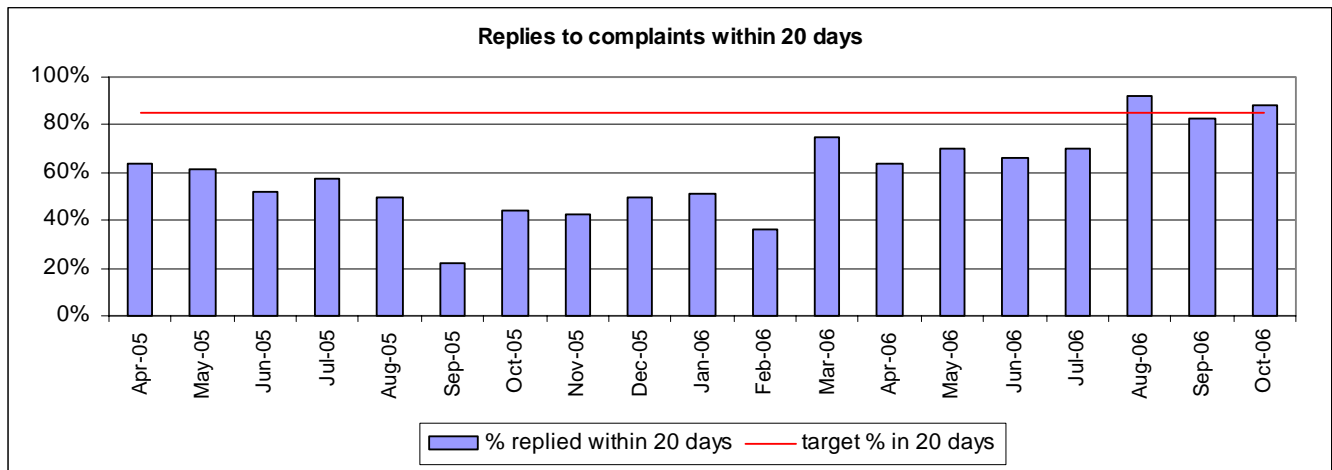
Fourth Domain – Patient Focus

4.1 Complaints

4.1.1 Response rate to complaints

	2005		2006											Target	England median 2004-05
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov		
Complaints to the trust	40	26	35	44	32	33	33	44	37	26	29	35		n/a	
% answered in 20 days	43%	50%	51%	36%	75%	64%	70%	66%	70%	92%	83%	89%		85%	78.0%
% acknowledged in 2 days	100%	100%	100%	100%	100%	100%	100%	100%	73%	92%	100%	100%		100%	n/a

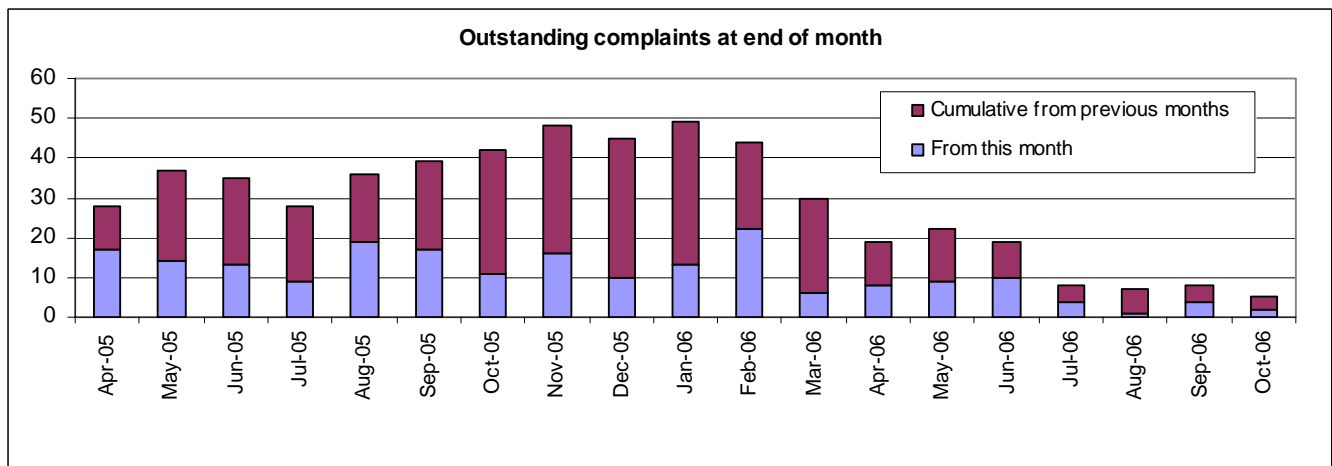
Sources: WHHT internal reports - England Healthcare Commission



4.1.2 Complaints outstanding at end of month

	2005		2006										
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
From this month	16	10	13	22	6	8	9	10	4	1	4	2	
From previous months (cum.)	32	35	36	22	24	11	13	9	4	6	4	3	

Source: WHHT internal reports



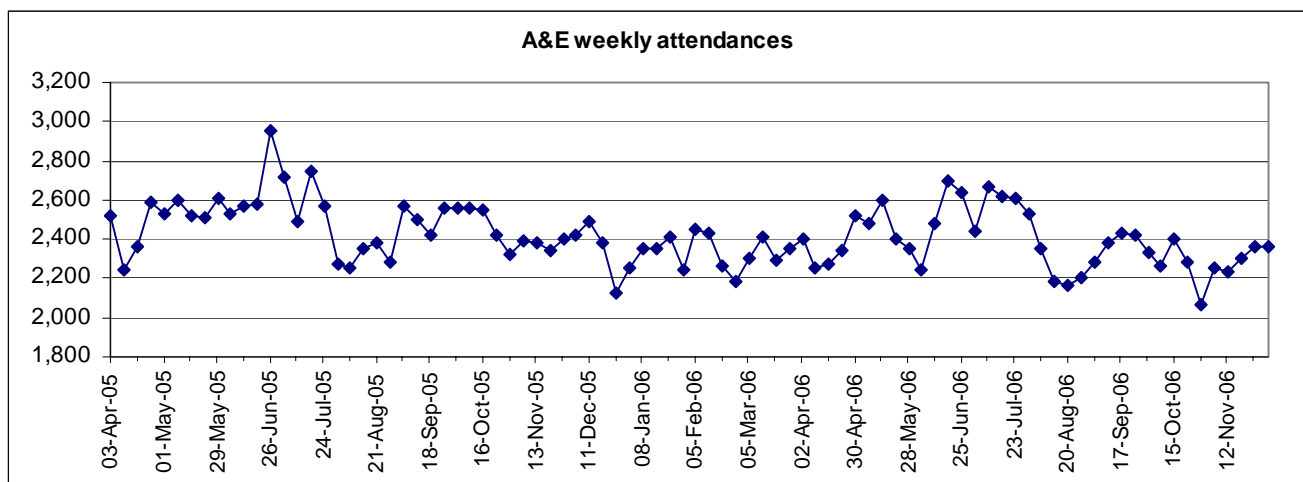
5.0 Fifth Domain – Accessibility and responsive care

5.1 Accident & Emergency

	week ended						Target	England Jul-Sep 06
	22 Oct 06	29 Oct 06	05 Nov 06	12 Nov 06	19 Nov 06	26 Nov 06		
A&E attendances	2287	2065	2258	2233	2304	2359	2360	
% patients < 4 hours in A&E	99.3%	98.7%	98.5%	98.5%	98.0%	96.7%	97.8%	98%

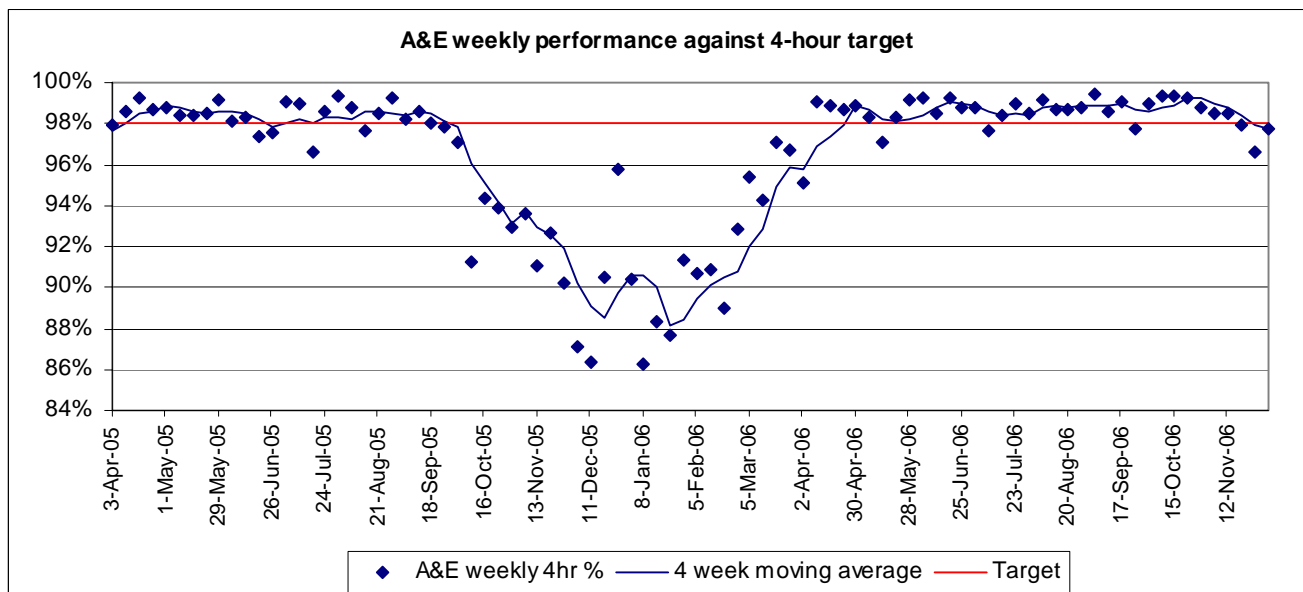
Sources: WHHT SITREPS - England QMAE

5.1.1 A&E total attendances



Source SITREPs

5.1.2 A&E 4-hour performance



5.1.3 A&E performance against 4-hour target - Comparative Trust position within the SHA

	Week ended 3 Dec 2006
WHHT	97.75%
East of England average	98.35%

Source: SITREPS

5.2 Outpatients

5.2.1 Performance against the 13-week outpatient standard

	2005	2006											Target
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
Breaches of 13 week standard (Dec 2005 onwards)	0	0	0	0	0	0	0	1	3	0	0	0	0

Source QM08

5.2.2 In month breaches of 17 / 13-week outpatient standards

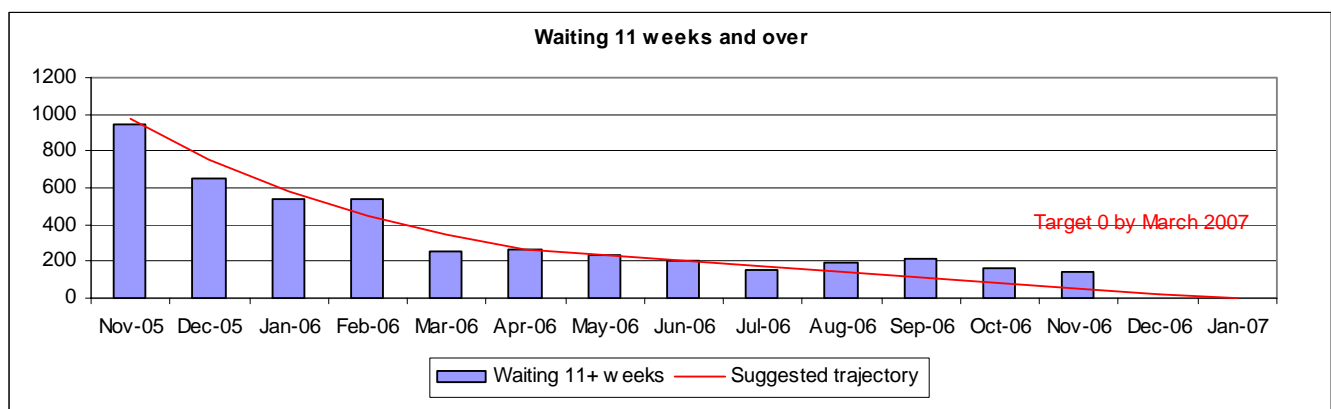
	2005		2006										
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Standard (weeks)	17	17	13	13	13	13	13	13	13	13	13	13	13
13+ weeks	1219	775	691	475	486	241	329	266	186	169	201	216	155
17+ weeks	429	155	80	47	35	37	48	51	29	36	28	33	15

Source QM08

5.2.3 Progress towards the 11-week outpatient standard

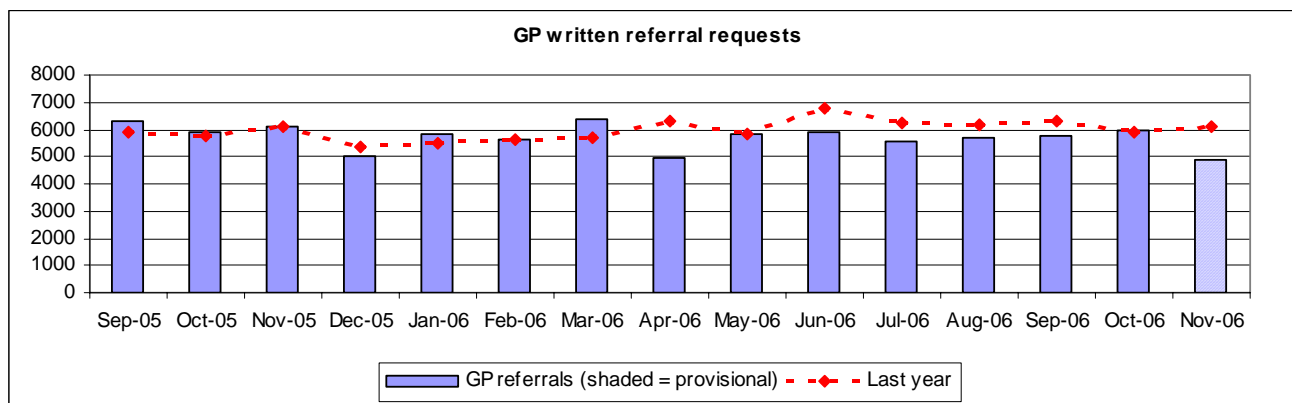
	2005		2006											Target
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
Actual	947	653	542	537	251	261	235	208	156	191	212	161	138	0
Trajectory (suggested)	978	753	580	447	344	265	235	205	175	145	115	85	55	
Variance	0%	-13%	-7%	20%	-27%	-1%	0%	2%	-11%	32%	85%	90%	152%	<0%

Source QM08



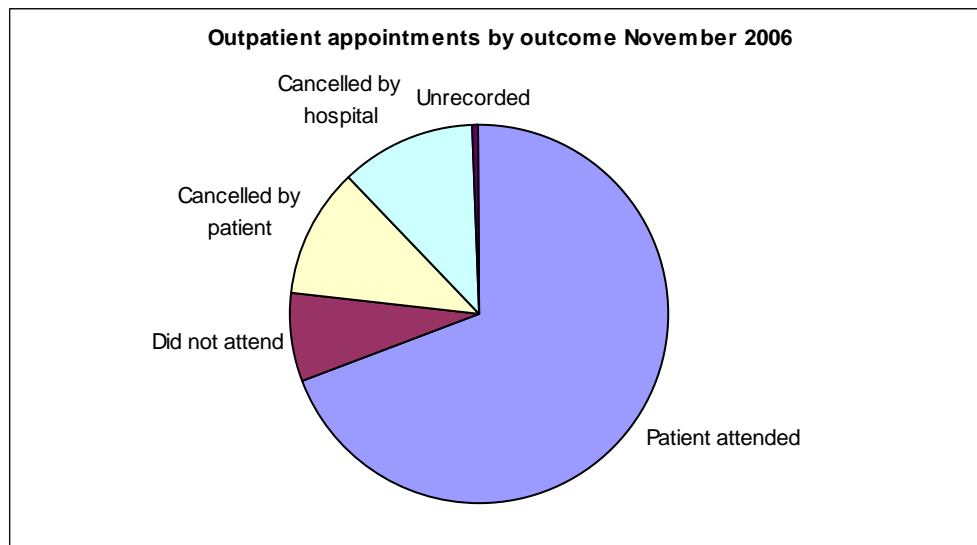
Source QM08

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 November 2006



Source WHHT PAS download

5.2.6 Rapid Access Chest Pain Clinic

	2005-06 Q1	2005-06 Q2	2005-06 Q3	2005-06 Q4	2006-07 Q1	2006-07 Q2	Sep-06	Oct-06	Nov-06	Target	England 2005-06
Seen in RACPC	195	172	199	218	227	200	69	85	60		
Seen after 14+ days	1	0	9	19	14	17	7	2	2		
% seen in RACPC within 2 weeks	99%	100%	95%	91%	94%	92%	90%	98%	97%	100%	97.5%

Source: LDPR return

5.2.7 Genito-Urinary Medicine Clinics

currently data only collected for second month in each quarter

	May-05	Aug-05	Nov-05	Feb-06	May-06	Aug-06	Target	England Aug 06
% seen in GUM clinics <48 hours	62%	60%	62%	59%	65%	59%		57%

Source Health Protection Agency quarterly surveys

5.3 Choose and Book

5.3.1 Choose and Book referrals as percentage of all outpatient referrals

	2006							
	April	May	Jun	Jul	Aug	Sep	Oct	Nov
WHHT - Choose and book referrals = Electronically booked	n/a	3.7%	5.9%	6.4%	8.3%	19.9%	21.9%	28.4%
England - Electronically booked	n/a	4.4%	6.2%	6.9%	7.5%	9.3%	11.1%	13.7%
WHHT - Electronically booked % - ranking out of 244 trusts	n/a	65	62	64	60	46	46	47
England - Choose and book referrals (electronic & other)	n/a	12.7%	17.8%	19.2%	20.3%	23.7%	27.1%	30.8%

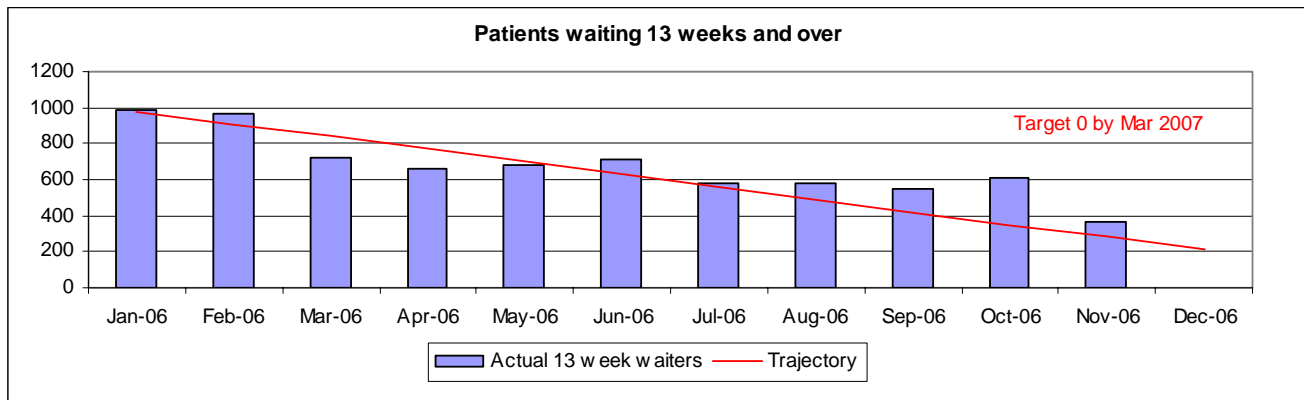
Source - Central collation of a daily extract from the CAB system.

5.4 Diagnostic waiting

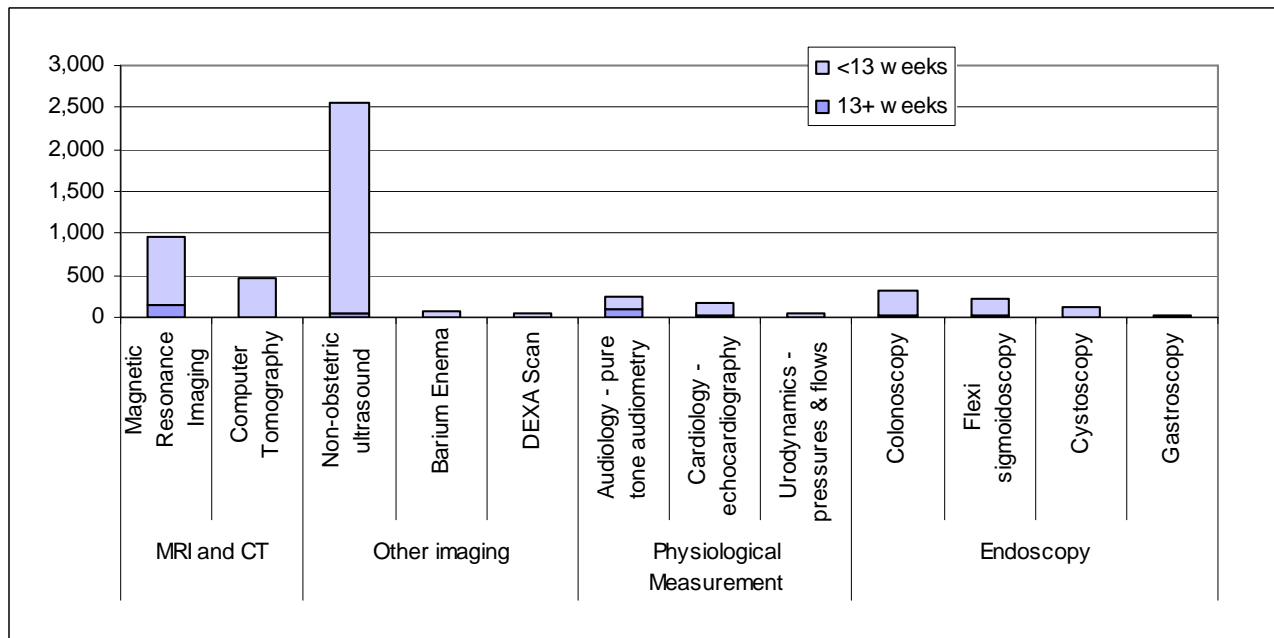
5.4.1 Progress towards the 13-week diagnostic waiting standard

	2006												Target	England Sep 06
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Actual 13 week waiters	984	968	718	662	677	712	577	577	547	610	369		0	
Trajectory	980	910	840	770	700	630	560	490	420	350	280	210		
Variance	0%	6%	-15%	-14%	-3%	13%	3%	18%	30%	74%	32%		<0%	
13+ as % all waiters	15%	15%	12%	11%	11%	13%	10%	10%	10%	11%	7%			23%

Source Monthly diagnostic waiting return



5.4.2 Diagnostic waiting by type of test - November 2006



Source Monthly diagnostic waiting return

5.5 Elective Inpatients

5.5.1 Performance against the 26-week (6-month) inpatient standard

	2005	2006											Target	
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov		
Breaches of 26-week standard (Dec 2005 onwards)	0	0	0	0	0	0	0	0	0	0	0	0	0	0

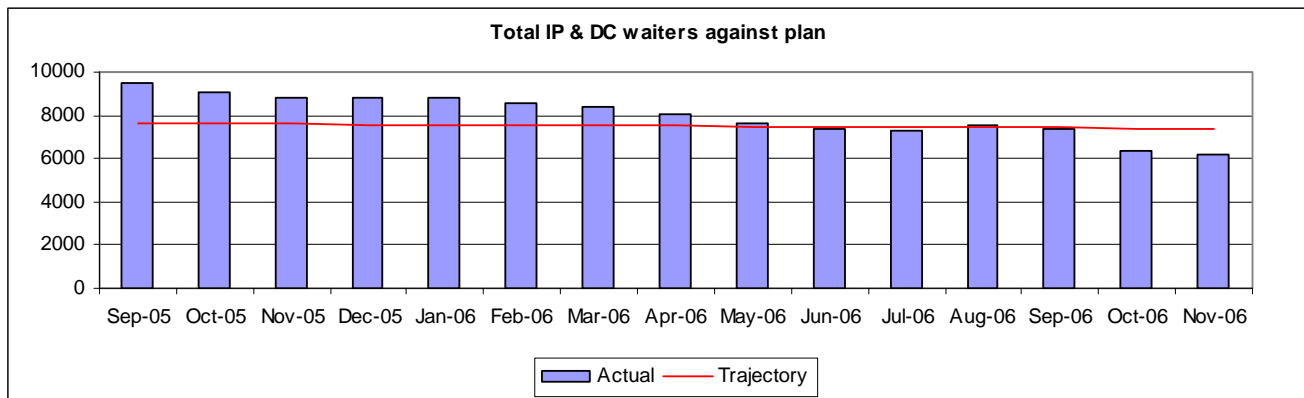
Source KH07

5.5.2 In-month breaches of 9 month / 6 month (26-week) inpatient standards

	2005		2006										
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Standard (months)	9	9	6	6	6	6	6	6	6	6	6	6	6
6 months (26 weeks) +	641	418	339	230	283	282	178	163	106	90	149	87	98
9 months +	101	41	38	42	40	28	33	34	25	13	24	15	15

Source: WHHT PAS Download

5.5.3 All patients waiting for an IP/DC admission



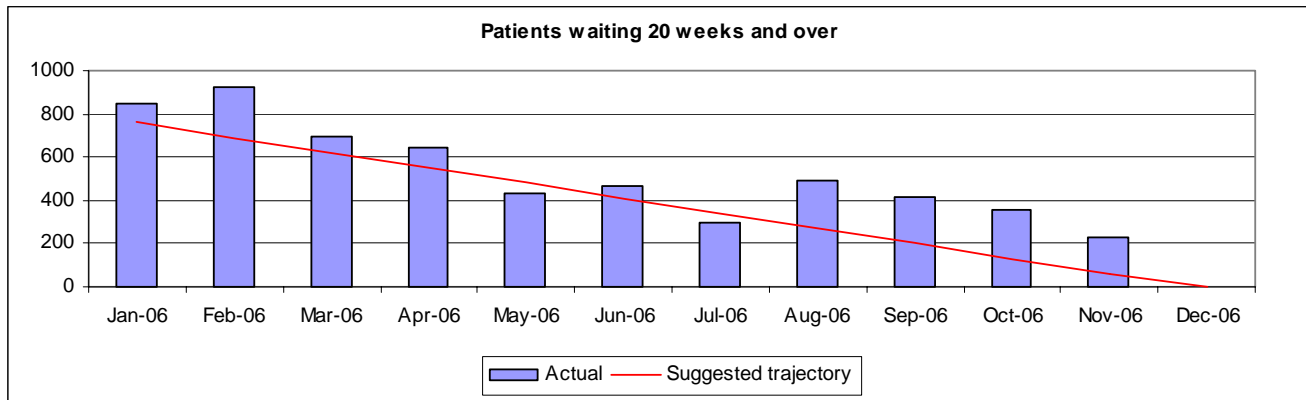
Source KH07

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

5.5.4 Progress towards the 20-week inpatient waiting standard

	2005		2006										Target	
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct		Nov
Actual	931	779	847	925	695	647	428	464	300	489	417	359	233	0 by Mar 07
Trajectory	900	830	760	690	620	550	480	410	340	270	200	130	60	
Variance	3%	-6%	11%	34%	12%	18%	-11%	13%	-12%	81%	109%	176%	288%	<0%

Source KH07

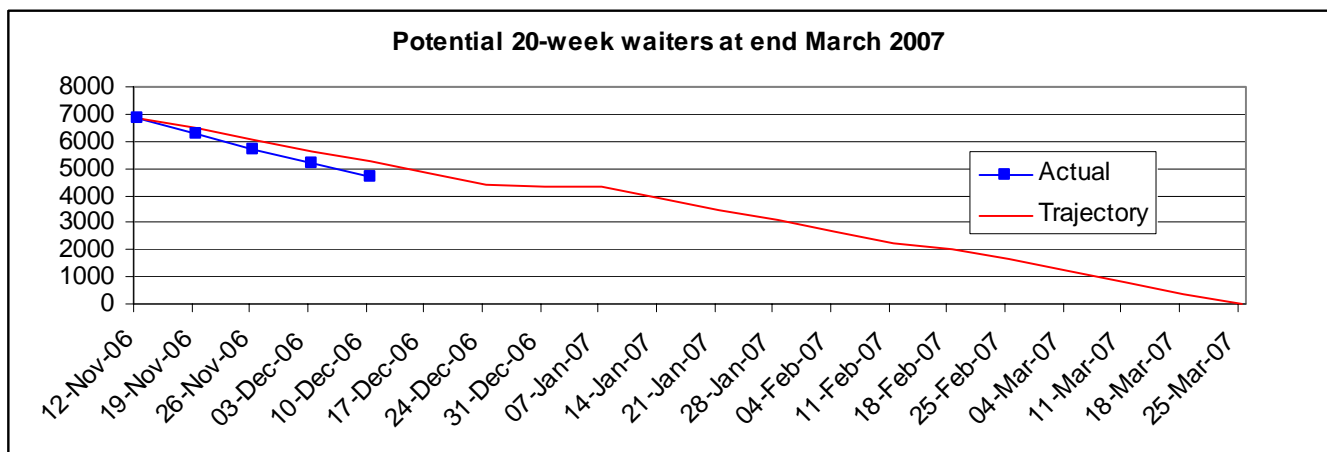


Source KH07

5.5.5 Patients who need to be treated in order to achieve the 20-week inpatient waiting standard by end March 2007

	12 Nov 06	19 Nov 06	26 Nov 06	03 Dec 06	10 Dec 06	17 Dec 06	24 Dec 06	31 Dec 06	Target by Mar 07
Actual	6881	6251	5724	5166	4702				0
Trajectory	6881	6469	6057	5645	5233	4821	4409	4357	0
Variance	0.0%	-3.4%	-5.5%	-8.5%	-10.1%				

Source – SITREPS



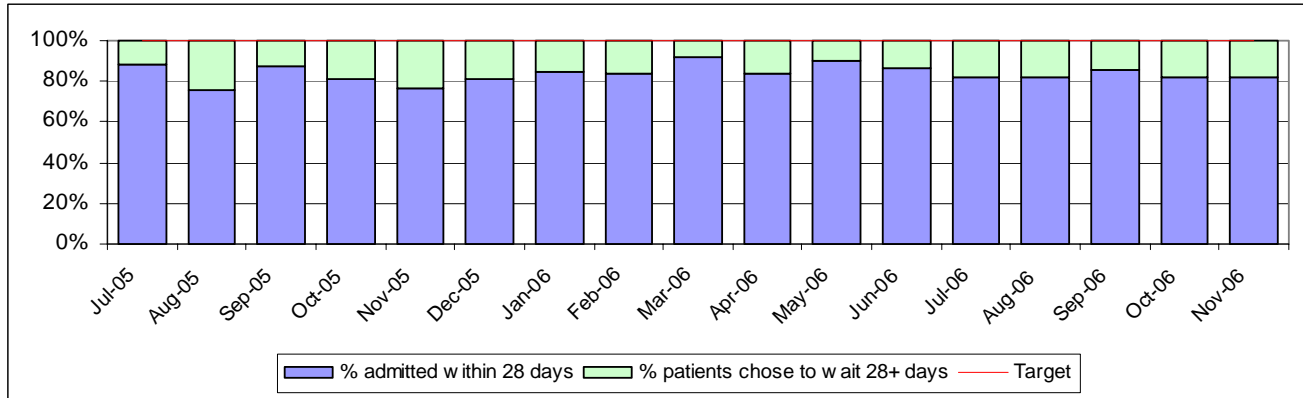
Source: SITREPS

5.5.6 Cancelled Elective Admissions

	2005		2006											Target	England 2005-06
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov		
% cancellations	3.8%	2.2%	2.1%	2.0%	1.6%	2.2%	2.0%	1.5%	2.5%	1.7%	2.8%	1.7%	5.3%	<1%	1.0%

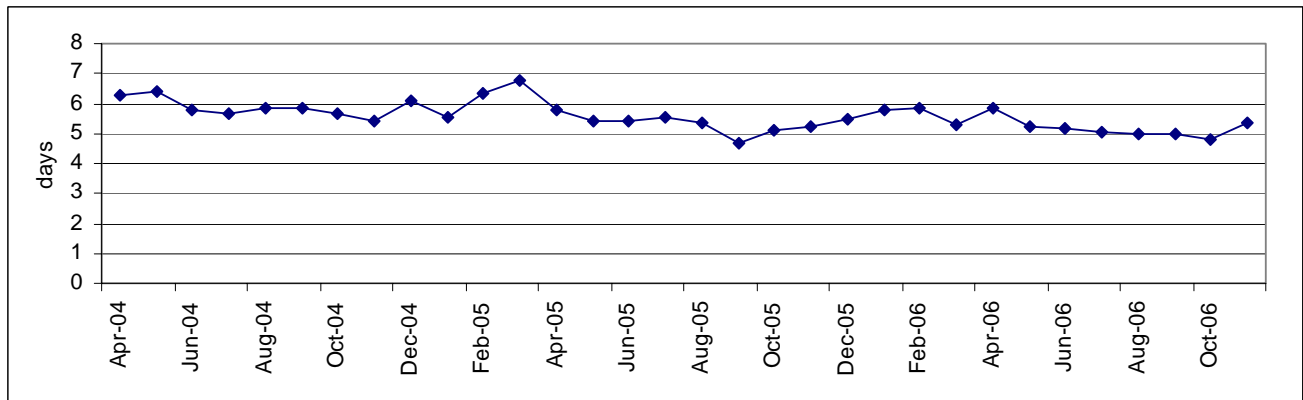
Source - QMCO

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)

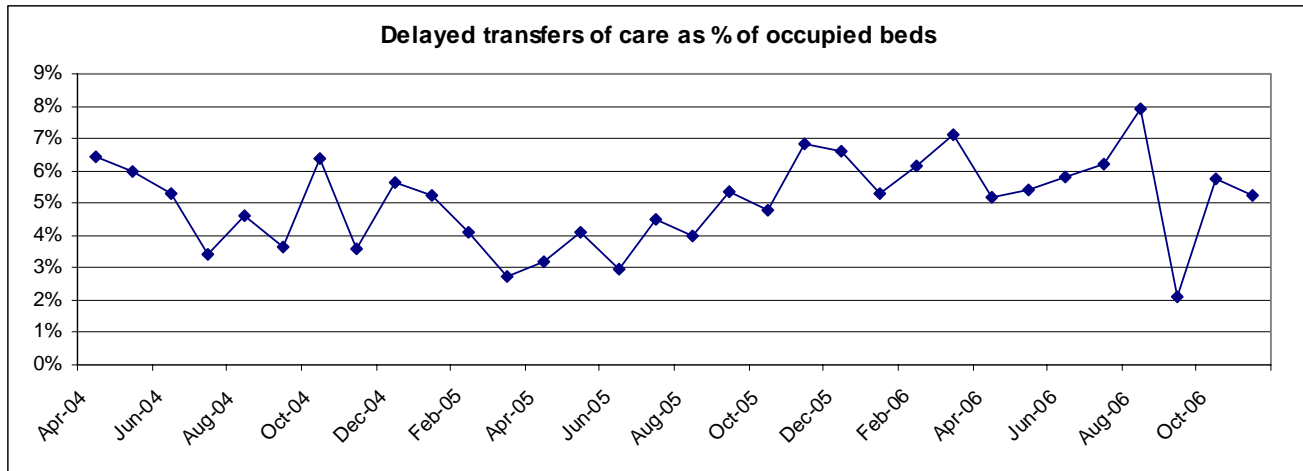


Source WHHT PAS download

5.5.9 Delayed transfers of care

	2005		2006										Target	England Jan-Mar 06	
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct			Nov
Delayed transfers of care	41	34	32	36	44	30	30	32	35	37	11	31	29		
% of occupied acute beds	6.8%	6.6%	5.3%	6.2%	7.1%	5.2%	5.4%	5.8%	6.2%	7.9%	2.1%	5.8%	5.3%	n/a	2.1%

Source: SITREPs



Source SITREPs

5.6 Cancer

5.6.1 Cancer 14 day standard for urgent referrals

	2005		2006										Target	England Jan-Mar 06	
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct			Nov
% seen within 2 weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.7%	100.0%	100.0%	100.0%	100%	99.9%

Source CWT national monitoring (shaded figures = provisional)

5.6.2 Cancer treatment data completeness (31 day standard)

	2005			2006										DoH Target	
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct		Nov
Monthly activity	112	103	99	124	111	107	100	118	113	99	115	142	121	114	
Refreshed final quarterly	332			351			339			356				350	

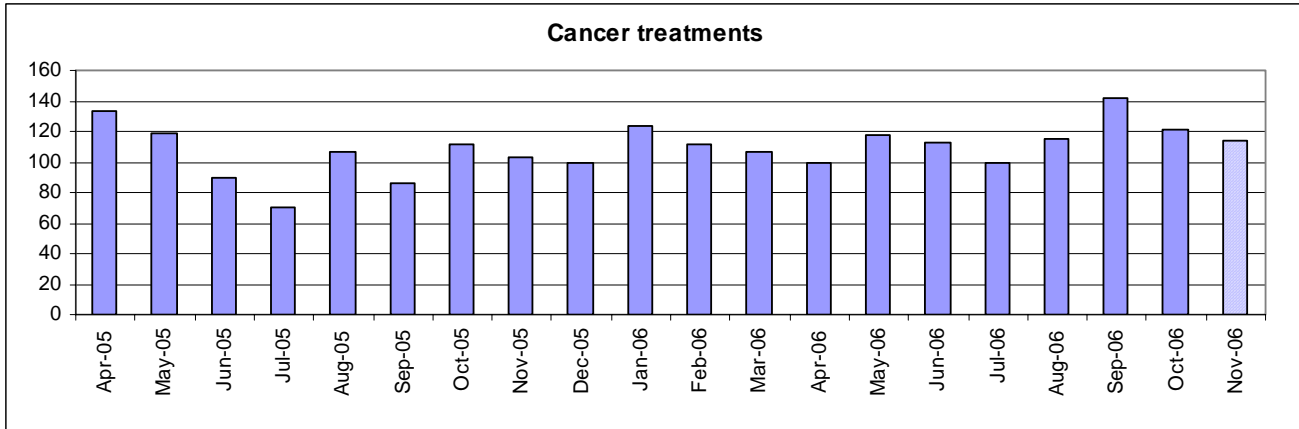
Source CWT national monitoring (shaded figures = provisional)

5.6.3 Cancer compliance against the 31 and 62 day standards

	2005		2006										Operational standard	England July 06	
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct			Nov
31 day standard	96%	99%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	99.4%
62 day standard	97%	96%	92%	93%	100%	97%	93%	96%	100%	99%	99%	100%	98%	95%	94.5%

Source CWT national monitoring (shaded figures = provisional)

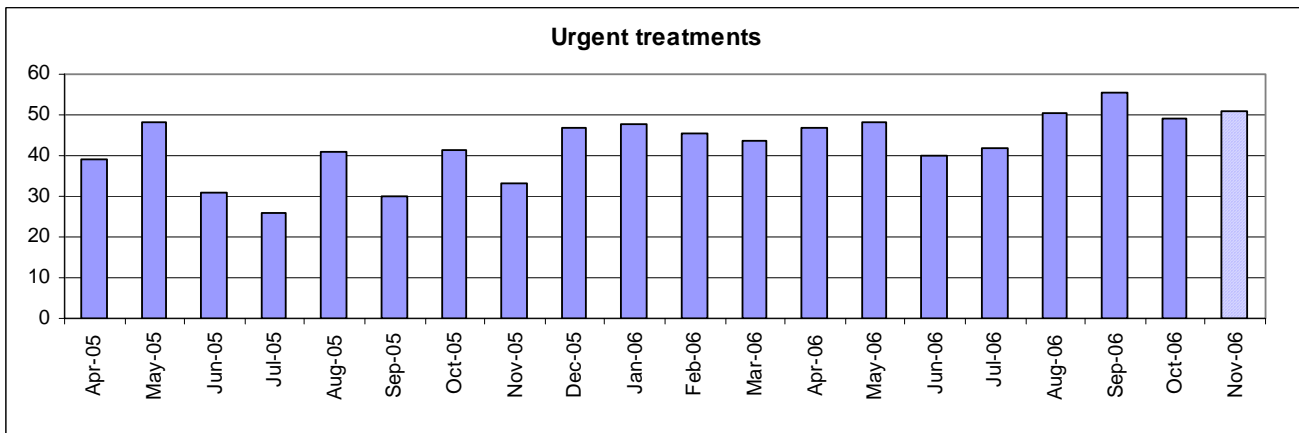
5.6.4 Patients receiving cancer treatment – 31 day standard



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)

6.0 Sixth Domain – Care Environment and Amenities

6.1 PEAT score for hospital food

External (HCC / NPSA PEAT)

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

Source - External annual PEAT inspections

Internal (Trust i-PEAT)

	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	DoH Target
Percentage score	75%	no data	no data	no data	77%	58%	79%	76%	86%	band 5 = 94%+
Outcome (PEAT)	Good	no data	no data	no data	Good	Acceptable	Good	Good	Good	Excellent
Outcome (HCC)	Achieved	no data	no data	no data	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved

Source - Internal monthly PEAT inspections

6.2 PEAT score for hospital cleanliness

External (HCC / NPSA PEAT)

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

Source - External annual PEAT inspections

Internal (Trust i-PEAT)

	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	DoH Target
Percentage score	64%	66%	71%	71%	68%	69%	91%	89%	74%	bands 4-5 = 75%+
Outcome (PEAT)	Acceptable	Acceptable	Acceptable	Acceptable	Acceptable	Acceptable	Good	Good	Acceptable	Good
Outcome (HCC)	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved

Source - Internal monthly PEAT inspections

7.0 Seventh Domain – Public Health

7.1 Smoking

	2005-06 Q1	2005-06 Q2	2005-06 Q3	2005-06 Q4	2006-07 Q1	2006-07 Q2	Sep 06	Oct 06	Nov 06	Target	England 2005-06 Q3
% all mothers delivered who are smokers	14%	16%	17%	14%	14%	14%	12%	11%	12%	tbc	17%

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

7.2 Breast feeding

	2005-06 Q1	2005-06 Q2	2005-06 Q3	2005-06 Q4	2006-07 Q1	2006-07 Q2	Sep 06	Oct 06	Nov 06	Target	England 2005-06 Q3
% new mothers breast feeding	72%	70%	75%	66%	71%	69%	69%	70%	66%	tbc	67%

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

13 December 2006