

West Hertfordshire Hospitals

NHS Trust



Paper 57/07

Board Report February 2007

**Performance Report to January 2007
Including Performance Scorecard Report**

Key Messages

1.0 Safety

1.1 Infection control – Graham Ramsay

1.1.1 MRSA Bacteraemia

The DoH MRSA trajectory of 2 set for the month of January has not been achieved as 5 MRSA bacteraemias have been reported for this period (4 at HHGH, 1 at WGH). Hence, a total of 36 MRSA bacteraemia isolates have been reported in the last ten months. The DoH target for April 06-March 07 is 27.

1.1.2 MRSA Internal Data (all in-patient isolates for the month of January 2007)

113 patients were identified with MRSA in January; of these 14% are believed to have acquired their MRSA in WHHT during their admission (3% more than Dec), while the remaining 86% of patients were already known to have or identified with MRSA on admission.

1.1.3 Clostridium difficile Internal Data - January 2007 (number of in-patient toxin positive isolates)

The number of *C.difficile* toxin positive isolates have more than doubled this month! This is the highest number recorded by the ICN's since February 2005.

A total of 68 in-patient isolates have been reported this month compared with 31 for the month of December. Of the 68 isolates:

- 65% of patients were symptomatic at the time of reporting in comparison to 58% in December
- 55% of symptomatic patients were not isolated (16 at WGH and 8 at HHGH) at the time of reporting to the clinical area by the ICN. In December 33% were not isolated. Clinically it is imperative that patients with diarrhoea are isolated rapidly, a fundamental infection control principle to prevent and control infection.

1.2 Risk Register – Gary Etheridge

The strategic risks reported within this Performance Report comprises of 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 13 strategic risks currently open on the Risk Register.

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.

Way Forward

The process for entering and monitoring strategic and operational risks has been reviewed and the following has now been agreed:

Strategic Risks

These risks will be agreed and reviewed monthly by Executive Directors prior to being entered on to Datix. The gatekeepers for these risks will be the Board Secretary and the Assistant Director of Patient Services, Quality and Risk. These will be aligned to the Assurance Framework.

Operational Risks

The Trust Risk Manager will be responsible for reviewing in tandem with Divisional Risk Leads their Division's Organisational risks ensuring that the risk description and controls remain current.

In the last report, only strategic risks scoring 20 or 25 were reported on. Below are descriptions of all those risks that score 15 and above:

Lack of access to level two HDU service

High-dependency care requires invasive monitoring and treatment, higher observational and nursing input, greater than those available on a general ward. Reduced high-dependency capacity has caused inappropriate placement of patients requiring level 2 care, potentially impacting negatively on outcomes for patients. Reduced capacity has the potential to influence cancelled/delayed surgery at the last minute and withdrawal of out-reach team.

Key contributory factors are as follows:

1. Lack of planning and co-ordination of reduced capacity during the winter period, an acknowledged time of year of increased bed demands.
2. Acute staffing problems and poor skills/knowledge base on general wards has a significant impact on the ability of general ward staff to provide high levels of observation and invasive monitoring.
3. The outreach service is an 'advisory service' only, and whilst the service make every attempt to provide 'hands on' care, this is problematic due to members of the outreach team having their own patients to care for.
4. Reduced capacity will increase the numbers of transfers out (HHGH already has the highest transfer rate for Beds and Herts).

Infection Control - MRSA Bacteraemias

The Department of Health have 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).

Appraisal processes not effectively embedded in the organisation

This risk was last reviewed in January 2007. A survey has been undertaken of all senior managers about the level of appraisal being undertaken with their teams. Response showed there was considerable work to improve the embedding of this process. 2006 staff survey showed that 43% of staff had had an appraisal in the last 12 months which was a reduction from 55% in 2005.

A position paper will be presented at the Directors Meeting in March '07 setting out the current position on appraisal, roll out of KSF and reporting mechanisms and proposing an action plan for improvement. Appraisal training for managers and staff is held routinely in the Trust.

Equal pay

As at the 5th December 2006 the Trust has received two collective grievances relating to back pay under the Equal Pay Act 1970. The grievances cover a total of 10 employees.

Using NHSLA approved solicitor to support the legal work related to the equal pay claims. Working with other Trusts in the East of England on managing equal pay claim process.

Position paper presented to Directors in December 2006 to note financial risk. At present difficult to quantify level of potential financial risk involved but Finance team aware of the issues.

Finance - Achievement of £11.5 Control Total

The Trust, in agreement with the SHA, is allowed to overspend up to £11.5 million in 2006/7. In 2005/6, the equivalent overspend was £17.7 million. To reach the £11.5 million, the Trust needs to save £15.3 million in 2006/7. If this is not achieved, the Trust will have failed its statutory duty to balance its books over a 3 year period, resulting in possible sanctions.

Delivering a Healthy Future

Legal Challenge to the Service Reconfiguration leading to Judicial Review. Delays could result in financial savings not being made.

2.0 Clinical and cost effectiveness – Graham Ramsay

2.1 Emergency readmissions

Emergency readmission rates were 10.3%, 11.8% and 10.4% for November, December and January. 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 10.4%, 15.1% and 18.5% for the months November to January. The England average for 2004 was 9.9%. Analysis continues to suggest early discharge due to pressure on beds as a factor.

2.3 Deaths within 30 days of non elective surgery

Deaths within 30 days of non-elective surgery were 4.7%, 6.9% and 5.1% for the months November to January. The England average for 2004 was 4.5%.

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. There are currently 27 uncoded FCEs for Quarter 3, which represents 0.01%. Every effort is being made to locate and code these records by the March deadline.

Much of the coding is being picked up through Infoflex, with clinicians entering the coding directly. The quality of this coded data is regularly improving thereby enabling the coders to use the Infoflex record as a source document when case notes have been unavailable.

Although Infoflex has been rolled out to most clinical areas, take up by clinicians needs to increase.

Despite the clinical coding department numbers being depleted, the coders have done exceptionally well. The Trust has also now recruited several new coders. While this is helpful, the external audit showed a drop on accuracy of primary procedure, where we have always been strong. This is currently being investigated but is to be expected with such a high percentage of newly recruited staff.

3.3 Workforce – Sarah Childerstone

3.3.1 Sickness absence

Sickness absence has decreased from 4.3% as at April to 4.2% in January, although the January figure represents a small increase compared to last month.

3.3.2 Labour turnover

Labour turnover (measuring all non-medical staff) has decreased from 13.8% in April to 12.3% in January. This means that based on this figure, each year around 400 - 450 non-medical staff leave the Trust.

3.3.3 WTE staff in post

Contracted staffing wte as at January was 3,434.5 wte. This is a reduction of 100 wte since April, although the planned transfers of staff from Plastics and Burns and Paediatrics have influenced the reduction. If these planned transfers are excluded from the monthly changes, overall numbers have decreased by approx.75 wte. The most recent monthly change for January shows a reduction of 20 wte.

3.3.4 WTE bank, agency and locum cover

Agency Costs have decreased as a percentage of the payroll from 7.7% in April to around 1.8% in January. Bank and Overtime costs have decreased as a percentage of the payroll from 7.7% to 3.6%. These changes reflect the controls placed on temporary staff.

4.0 Patient focus – Gary Etheridge

4.1 Complaints

The number of formal complaints received by the Trust in December was 18, a decrease of 12 from November. All complaints were acknowledged within 48 hours, and the proportion of complaints answered within the month was 94%, against the target of 85%.

5.0 Accessible and responsive care – Nick Evans

5.1 A&E

The Trust did not achieve the 98% target in any week in January 2007. The Medical Division is undertaking a review to identify the key issues relating to this performance.

5.2 Out patients

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

All patients referred before 14 January need to be seen by 31 March in order to achieve the 11 week waiting time standard. The Trust is currently on trajectory to achieve this target. Additional work is currently under way to identify sufficient capacity in oral surgery and gynaecology.

5.3 Choose and book

In January the Trust achieved 27.4% of all bookings via the directly bookable route of "choose and book". This was higher than the national position of 18.4% for directly bookable patients. The PCT target is to reach 90% by February 2007.

5.4 Diagnostic waiting

In January 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. The Trust has provided a trajectory to the local PCT detailing planned activity to the end of March in order to deliver the target. Current performance being reported nationally confirms that the trust is making good progress towards achieving this target.

Additional work to identify sufficient capacity in MRI is currently under way.

5.5 Inpatients and day cases

There were no breaches of the inpatient 26-week maximum wait standard in January.

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. Current performance confirms that the Trust is on track to achieve this.

Additional work to identify sufficient capacity in orthopaedics is currently under way. For orthopaedics, oral surgery, and gynaecology, this leaves us challenged in maintaining the 26-week standard, and meeting the 20-week standard by March 2007.

Since early January, the trust has been required to submit all urgent referrals for assessment by the PCT. To date a small percentage of referrals have been referred back for additional supporting information, but only 3 have subsequently been amended by the PCT to routine appointments.

5.6 Cancer

Final data for December confirms that the Trust achieved the three cancer targets - 100% compliance against the 14-day standard (target 100%), 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 3 confirms that the trust also met the target for data completeness.

Provisional data for January indicates that the Trust achieved 100% compliance against all three cancer targets.

6.0 Care environmental and amenities – Paul Mosley

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 January internal PEAT inspections scored food as: WGH Excellent (89%), HHGH Good (80%) and SACH Good (80%), ~ 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 January internal PEAT inspections scored cleanliness as: HHGH Acceptable (73%), for SACH Acceptable (79%) and WGH Acceptable (64%).

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.

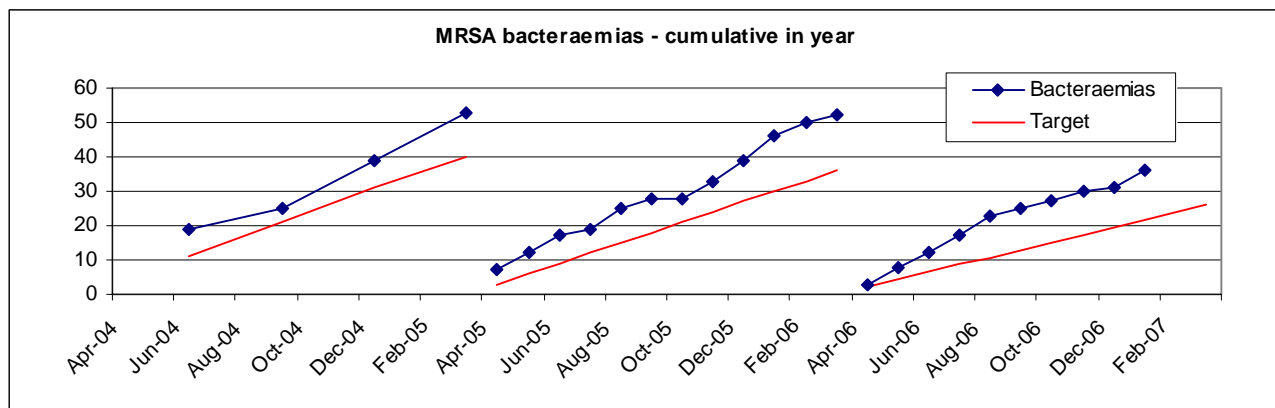
Summary of Performance Indicators – January 2007

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

1.0 First Domain – Safety

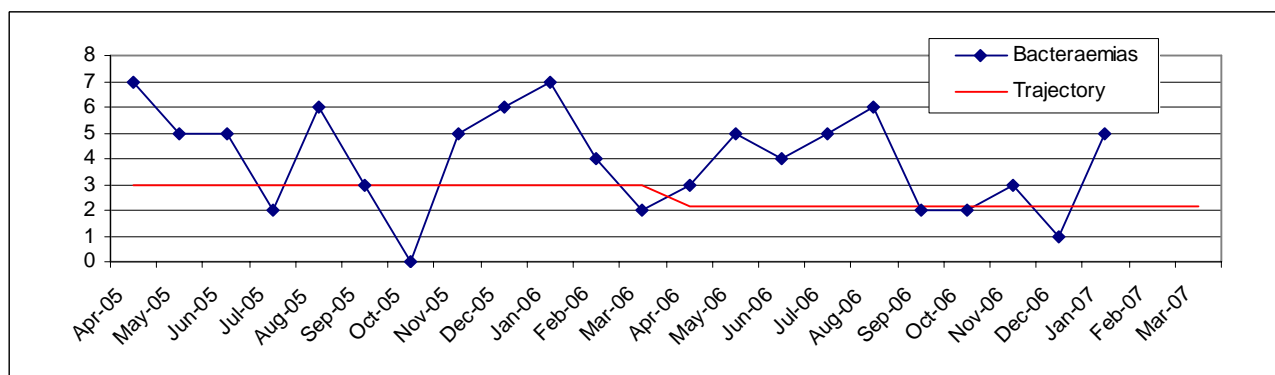
1.1 Infection control

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)



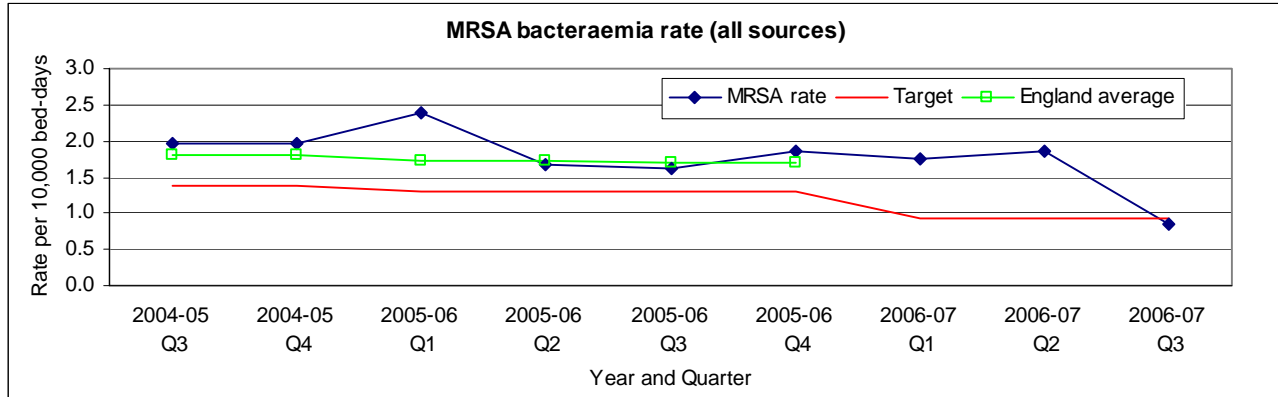
Source: National MRSA bacteraemia monitoring

1.1.1c MRSA rate (bacteraemia isolates)

Quarterly rate per 10,000 occupied bed-days

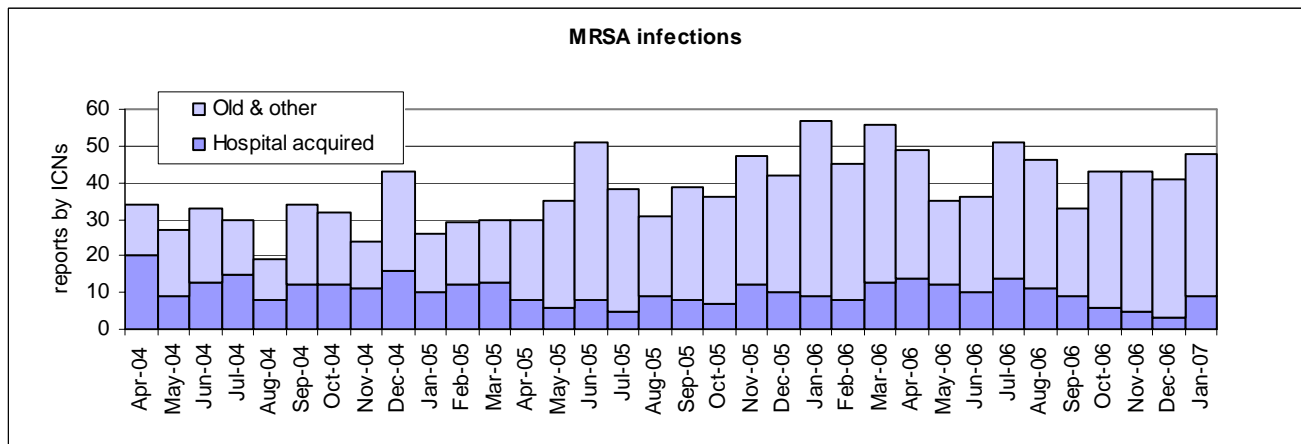
	2004-05 Q3	2004-05 Q4	2005-06 Q1	2005-06 Q2	2005-06 Q3	2005-06 Q4	2006-07 Q1	2006-07 Q2	2006-07 Q3	Target	England Oct 05 - Mar 06
MRSA rate	1.95	1.96	2.39	1.67	1.61	1.85	1.75	1.87	0.86	0.94	1.71

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



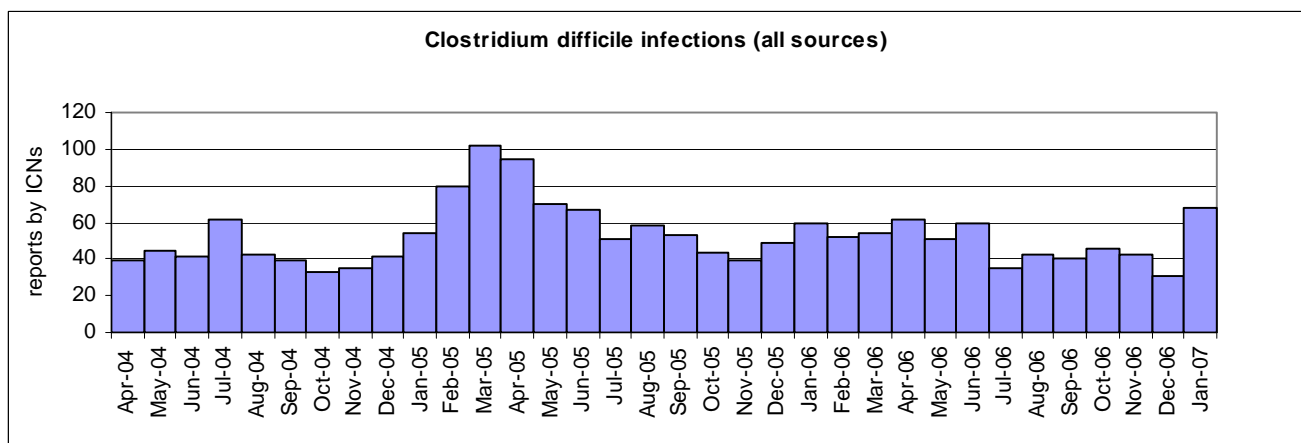
Source: National MRSA bacteraemia monitoring

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 401 Lack of access to Level 2 HDU service	20 →
Risk ID 848 Appraisal processes not effectively embedded in the organisation	16 →
Risk ID 905 Equal Pay Claims	16 →
Risk ID 992 Delivering a Healthy Future	16 → new
Risk ID 736 Finance – Achievement of £11.5 million control total	15 ↓

Source Local Datix information system

2.0 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
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan		
Discharges	2453	2427	2815	2751	2978	2801	2945	2774	2772	2602	2631	2392	2699		
Emergency re-admissions <=28 days	266	272	326	285	301	328	320	270	305	314	272	283	281		
Emergency readmission rate (<=28 days of discharge)	10.8%	11.2%	11.6%	10.4%	10.1%	11.7%	10.9%	9.7%	11.0%	12.1%	10.3%	11.8%	10.4%	n/a	9.2%

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

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

	2006												2007	Target	England 2004
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan		
Discharges	24	39	34	41	40	35	33	49	45	41	48	53	38		
Emergency re-admissions <=28 days	3	10	2	4	3	7	4	6	5	9	5	8	7		
Emergency readmit rate (<=28 days of operation)	12.5%	25.6%	5.9%	9.8%	7.5%	20.0%	12.1%	12.2%	11.1%	22.0%	10.4%	15.1%	18.4%	n/a	9.9%

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

2.3 Deaths within 30 days of non-elective surgery

	2006												2007	Target	England 2004
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan		
Selected emergency operations	205	199	202	214	234	215	232	237	229	177	169	188	176		
Deaths within 30 days	21	8	20	15	6	8	13	8	9	9	8	13	9		
Post-operative mortality rate (within 30 days of operation)	10.2%	4.0%	9.9%	7.0%	2.6%	3.7%	5.6%	3.4%	3.9%	5.1%	4.7%	6.9%	5.1%	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.

3.0 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)

	2006												2007	Target	England
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan		2004-05
Ethnic group	59%	58%	57%	33%	32%	31%	31%	31%	31%	31%	31%	28%	28%	90%	76.5%
NHS number	96%	96%	96%	95%	96%	96%	96%	95%	96%	98%	97%	96%	95%	95%	96.1%
GP code	100%	100%	100%	100%	99%	99%	99%	99%	100%	100%	100%	100%	100%	n/a	n/a
Decided to admit date (elective admissions only)	87%	88%	88%	88%	87%	87%	87%	83%	86%	85%	85%	80%	82%	n/a	n/a
Primary diagnosis	98%	98%	95%	100%	100%	99%	100%	99%	99%	100%	100%	100%	90%	95%	97.8%
HRG code	98%	98%	95%	100%	99%	99%	100%	99%	99%	100%	99%	99%	90%	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%	4.3%	4.4%	4.3%	4.4%	4.4%	4.5%	4.2%	4.1%	4.2%		

Source WHHT Workforce planning - England Sickness absence survey

3.3.2 Labour turnover - annual percentage

	2006												2007
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Turnover	13.6%	14.2%	13.6%	13.8%	13.7%	13.4%	12.8%	12.6%	13.4%	12.8%	12.2%	12.3%	

Source WHHT Workforce planning

3.3.3 Numbers of staff (whole time equivalent) in post

	2006												2007	DoH Target
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
Wte in post	3564	3527	3531	3535	3528	3534	3515	3498	3379	3381	3482	3455	3435	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
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
Bank & Locum wte.				165	165	159	114	148	114	194	159	151	150	
Agency wte				220	220	201	253	148	121	101	133	125	120	
Total wte.	412	371	312	385	385	360	367	296	235	295	292	276	270	

Source WHHT Workforce planning

4.0

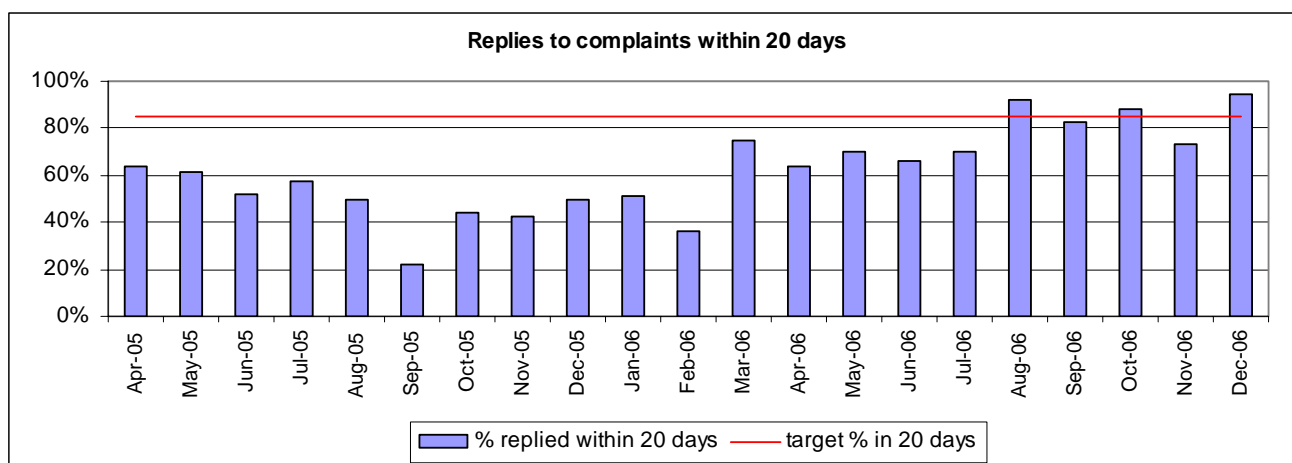
Fourth Domain – Patient Focus

4.1 Complaints

4.1.1 Response rate to complaints

	2006												2007	Target	England median 2004-05
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan		
Complaints to the trust	35	44	32	33	33	44	37	26	29	35	30	18		n/a	
% answered in 20 days	51%	36%	75%	64%	70%	66%	70%	92%	83%	89%	73%	94%		85%	78.0%
% acknowledged in 2 days	100%	100%	100%	100%	100%	100%	73%	92%	100%	100%	100%	100%		100%	n/a

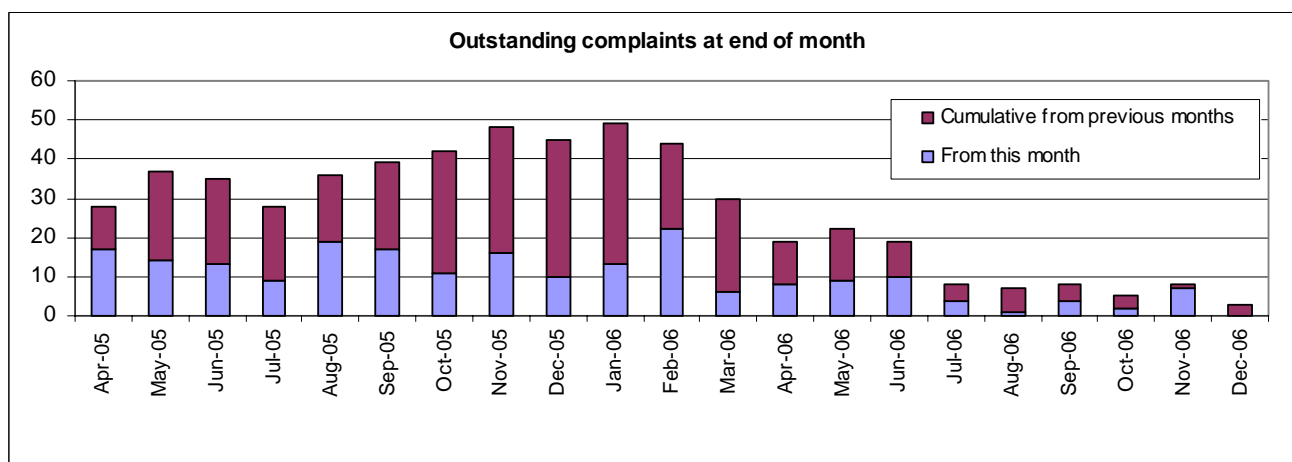
Sources: WHHT internal reports - England Healthcare Commission



4.1.2 Complaints outstanding at end of month

	2006												2007
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
From this month	13	22	6	8	9	10	4	1	4	2	7	0	
From previous months (cum.)	36	22	24	11	13	9	4	6	4	3	1	3	

Source: WHHT internal reports



5.0 Fifth Domain – Accessibility and responsive care

5.1 Accident & Emergency

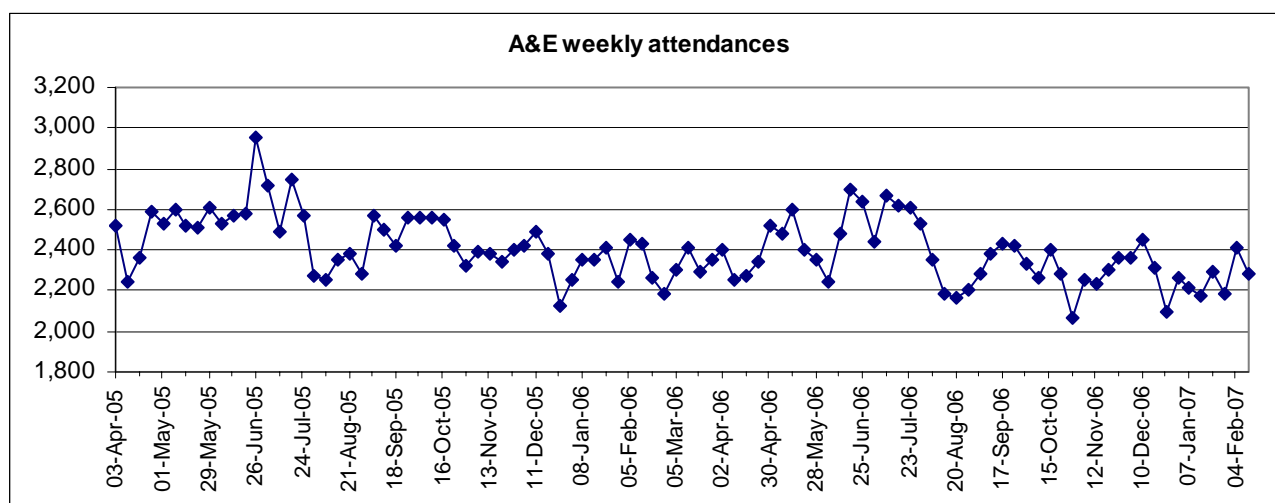
A&E attendances

% patients < 4 hours in A&E

week ended							Target	
31 Dec 06	07 Jan 07	14 Jan 07	21 Jan 07	28 Jan 07	04 Feb 07	11 Feb 07		Oct-Dec 06
2262	2212	2173	2296	2189	2415	2288		
97.1%	97.6%	96.9%	93.7%	97.5%	97.9%	96.9%	98%	98.2%

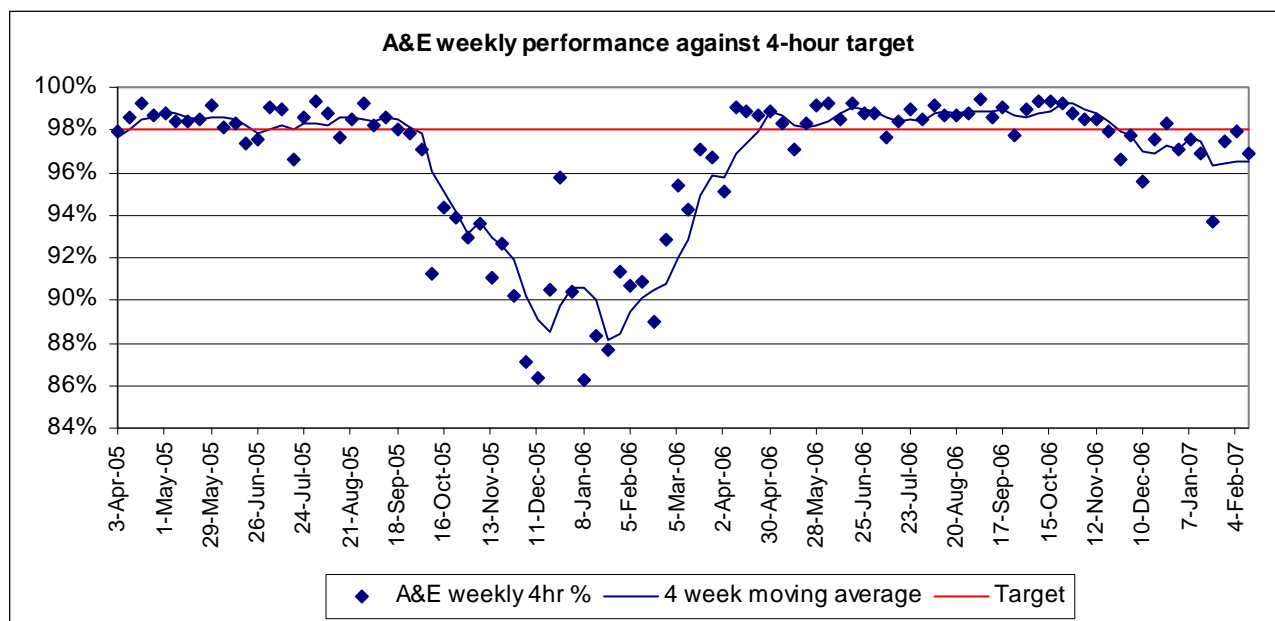
Sources: WHHT SITREPS - England QMAE

5.1.1 A&E total attendances



Source SITREPs

5.1.2 A&E 4-hour performance



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

	Week ended 4 Feb 2007
WHHT	97.9%
East of England average	98.3%

Source: SITREPS

5.2 Outpatients

5.2.1 Performance against the 13-week outpatient standard

	2006												2007	Target
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
Breaches of 13 week standard (Dec 2005 onwards)	0	0	0	0	0	0	1	3	0	0	0	0	0	0

Source QM08

5.2.2 In month breaches of 13-week outpatient standard

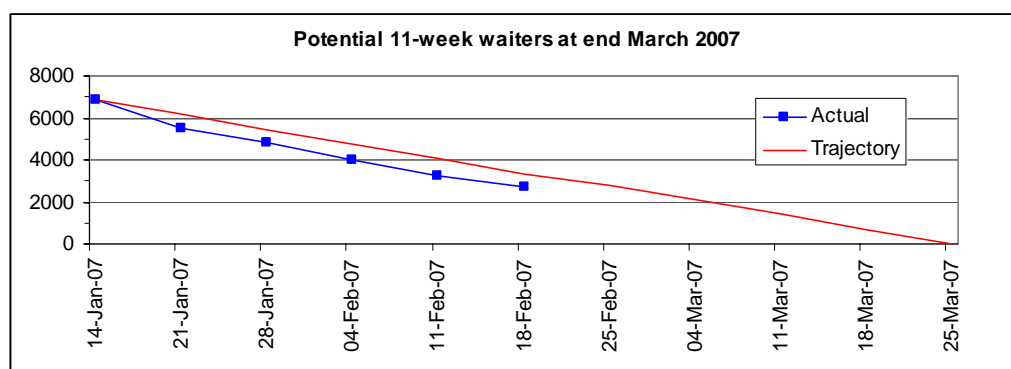
	2006												2007
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Breaches of 13+ weeks	691	475	486	241	329	266	186	169	201	216	155	118	214

Source QM08

5.2.3 Patients who need to be treated in order to achieve the 11-week outpatient waiting standard by end March 2007

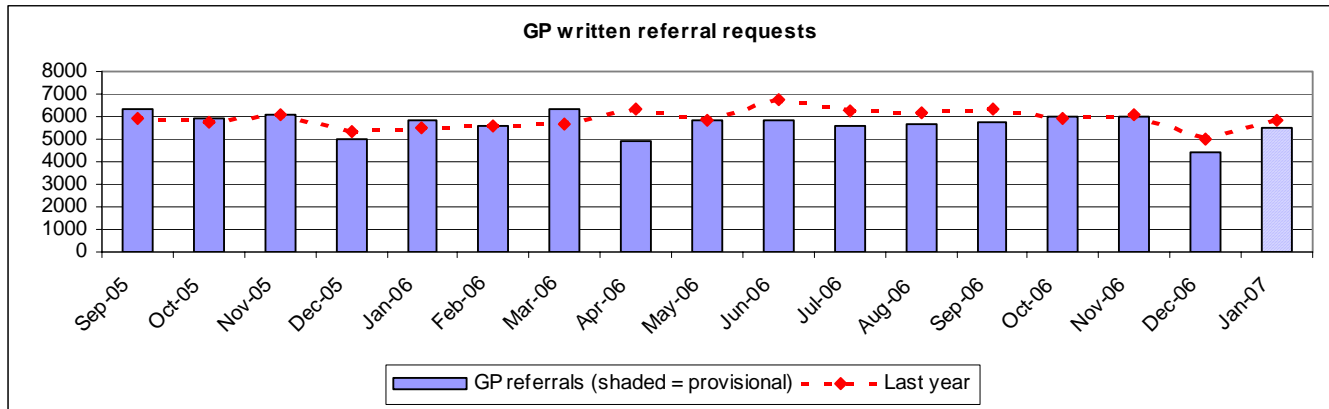
	14 Jan 07	21 Jan 07	28 Jan 07	04 Feb 07	11 Feb 07	18 Feb 07	Target by Mar 07
Actual	6865	5489	4801	3970	3208	2701	0
Trajectory	6865	6161	5457	4753	4049	3344	0
Variance	0.0%	-10.9%	-12.0%	-16.5%	-20.8%	-19.2%	

Source SITREPS



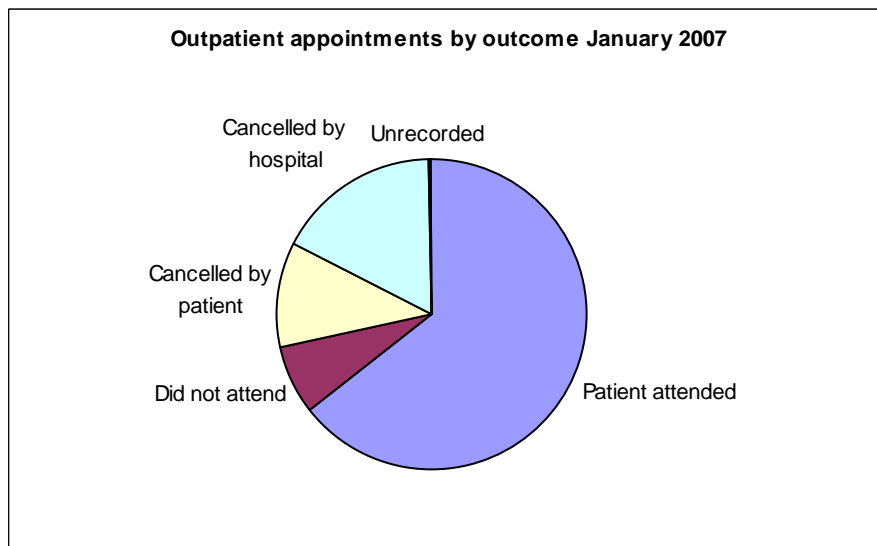
Source SITREPS

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



Source WHHT PAS download

5.2.6 Rapid Access Chest Pain Clinic

	2005-06 Q2	2005-06 Q3	2005-06 Q4	2006-07 Q1	2006-07 Q2	2006-07 Q3	Nov-06	Dec-06	Jan-07	Target	England 2005-06
Seen in RACPC	172	199	218	227	200	212	58	78	90		
Seen after 14+ days	0	9	19	14	17	3	2	0	2		
% seen in RACPC within 2 weeks	100%	95%	91%	94%	92%	99%	97%	100%	98%	100%	97.5%

Source: LDPR return

5.2.7 Genito-Urinary Medicine Clinics

	May-05	Aug-05	Nov-05	Feb-06	May-06	Aug-06	Nov-06	Dec-06	Jan-07	Target	England Nov 06
% seen in GUM clinics <48 hours	62%	60%	62%	59%	65%	59%	52%	63%	55%		65%

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									
	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
WHHT - Choose and book referrals										
= Electronically booked	n/a	3.7%	5.9%	6.4%	8.3%	19.9%	21.9%	28.4%	18.7%	27.4%
England - Electronically booked	n/a	4.4%	6.2%	6.9%	7.5%	9.3%	11.1%	13.7%	11.1%	18.4%
England - Choose and book referrals (electronic & other)	n/a	12.7%	17.8%	19.2%	20.3%	23.7%	27.1%	30.8%	23.3%	34.9%

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

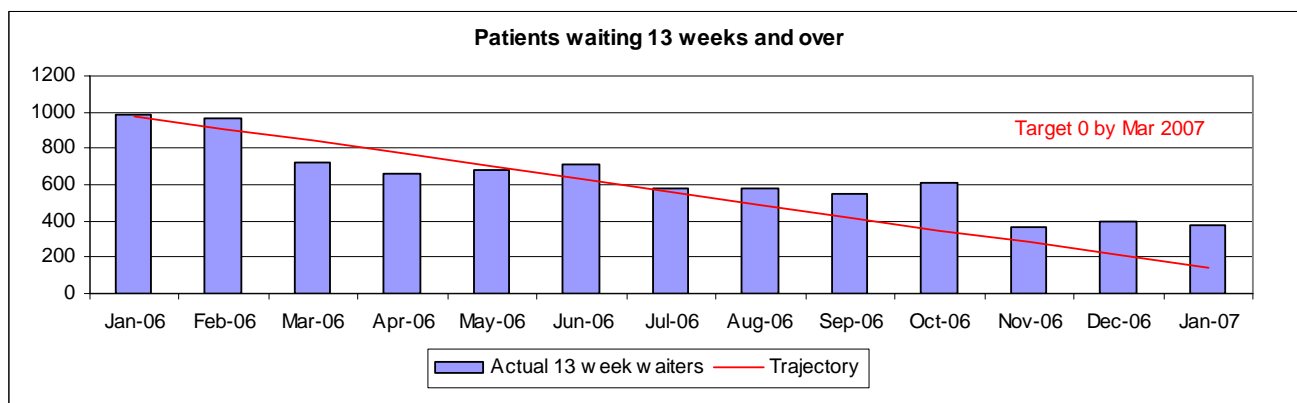
The apparent reduction in performance in December 2006 was partially because the nationally produced figures compare actual "choose and book" referrals to total referrals in an average month. December is not an average month, with referrals typically down by 18% compared to November.

5.4 Diagnostic waiting

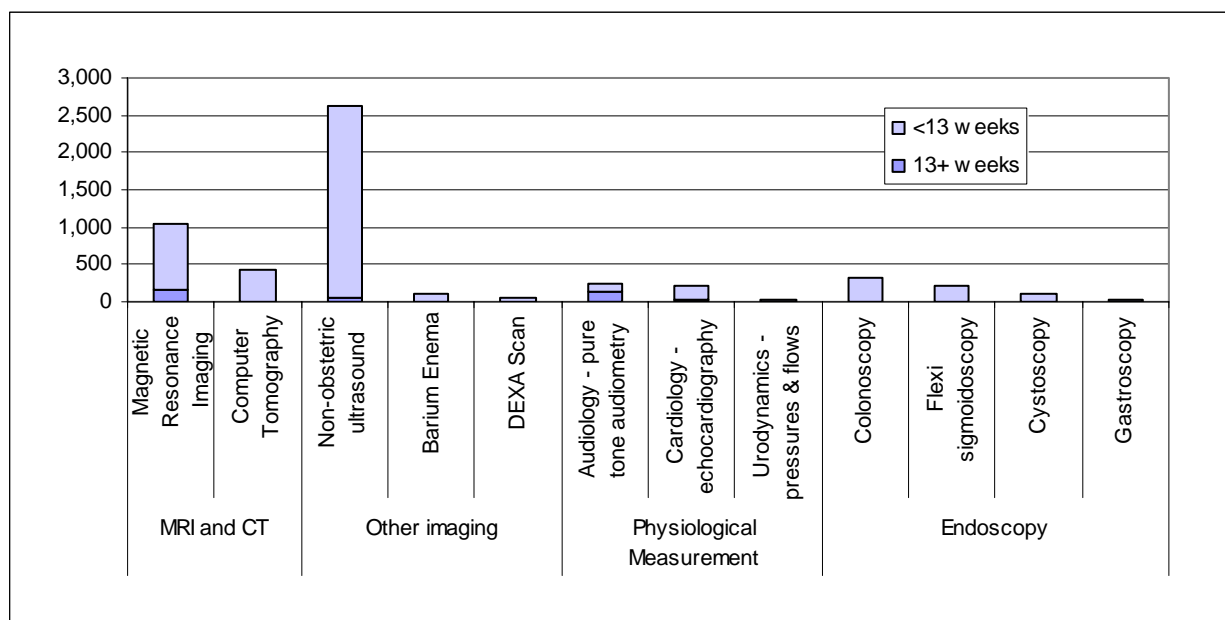
5.4.1 Progress towards the 13-week diagnostic waiting standard

	2006												2007	Target	England Dec 06
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan		
Actual 13 week waiters	984	968	718	662	677	712	577	577	547	610	369	398	375	0	
Trajectory	980	910	840	770	700	630	560	490	420	350	280	210	140		
Variance	0%	6%	-15%	-14%	-3%	13%	3%	18%	30%	74%	32%	90%	168%	<0%	
13+ as % all waiters	15%	15%	12%	11%	11%	13%	10%	10%	10%	11%	7%	7%	7%		23%

Source Monthly diagnostic waiting return



5.4.2 Diagnostic waiting by type of test – January 2007



Source Monthly diagnostic waiting return

5.5 Elective Inpatients

5.5.1 Performance against the 26-week inpatient standard

Breaches of 26-week standard at month end	2006												2007	Target
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
	0	0	0	0	0	0	0	0	0	0	0	3	0	

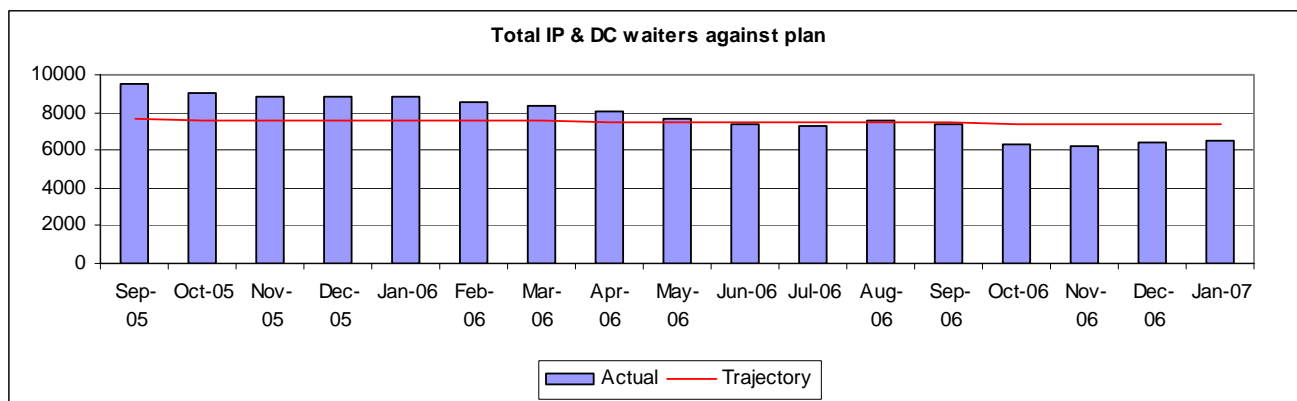
Source KH07

5.5.2 In-month breaches of 26-week inpatient standard

Breaches of 26-week standard during month	2006												2007
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
	339	230	283	282	178	163	106	90	149	87	99	59	90

Source: WHHT PAS Download

5.5.3 All patients waiting for inpatient or day case admission



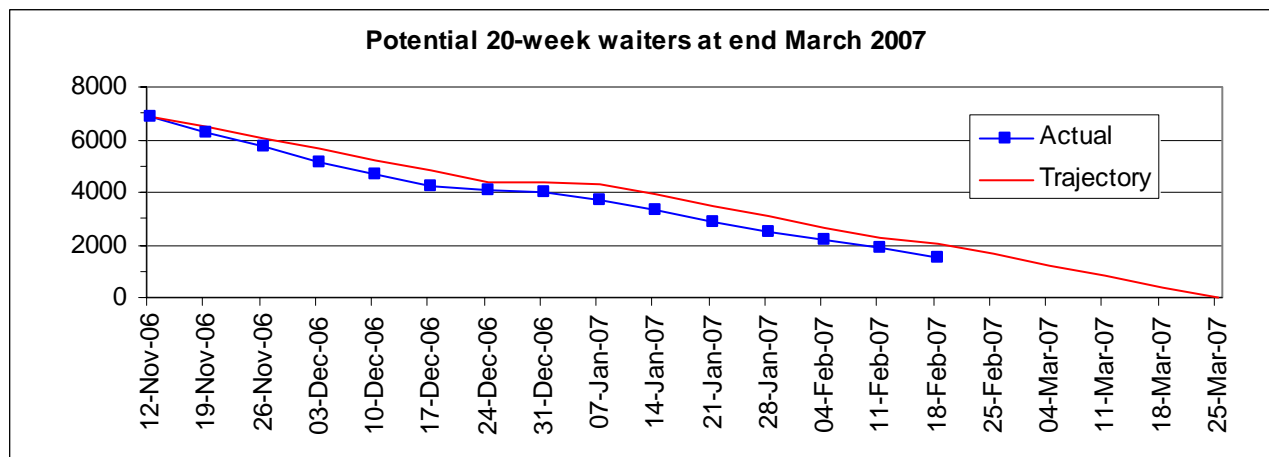
Source KH07

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

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

	24 Dec 06	31 Dec 06	07 Jan 07	14 Jan 07	21 Jan 07	28 Jan 07	04 Feb 07	11 Feb 07	18 Feb 07	Target by Mar 07
Actual	4065	4003	3720	3356	2892	2516	2170	1860	1493	0
Trajectory	4409	4357	4305	3893	3481	3069	2657	2245	2038	0
Variance	-7.8%	-8.1%	-13.6%	-13.8%	-16.9%	-18.0%	-18.3%	-17.1%	-26.7%	

Source - SITREPS



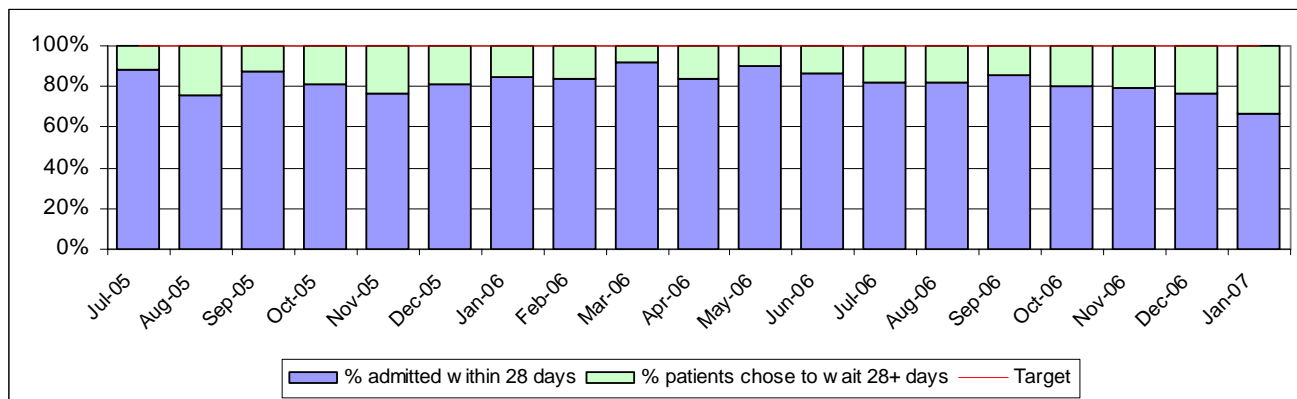
Source: SITREPS

5.5.5 Cancelled Elective Admissions

	2006												2007	Target	England 2005-06
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan		
% cancellations	2.1%	2.0%	1.6%	2.2%	2.0%	1.5%	2.5%	1.7%	2.8%	1.7%	4.6%	4.1%	3.3%	<1%	1.0%

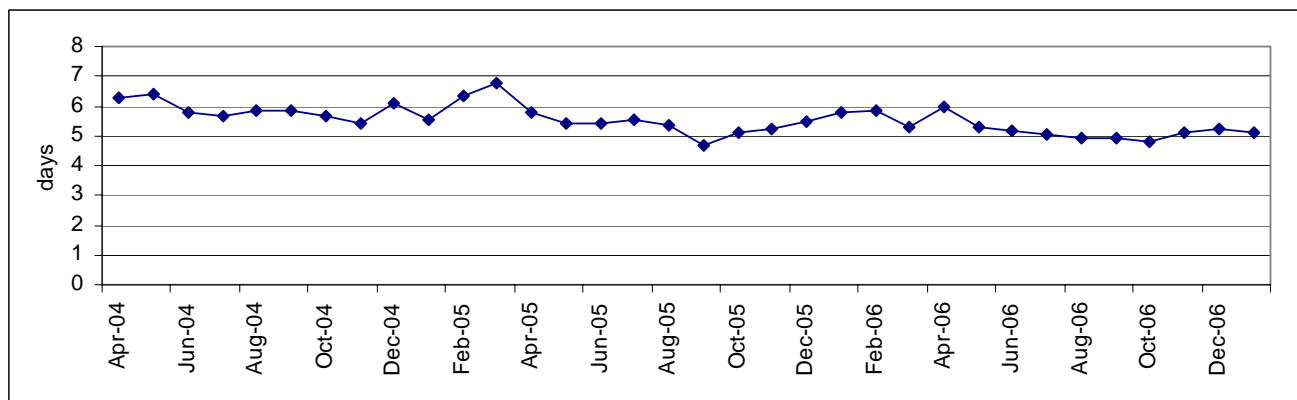
Source - QMCO

5.5.6 Proportion of Cancelled Elective Admissions admitted within 28 days



Source QMCO

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

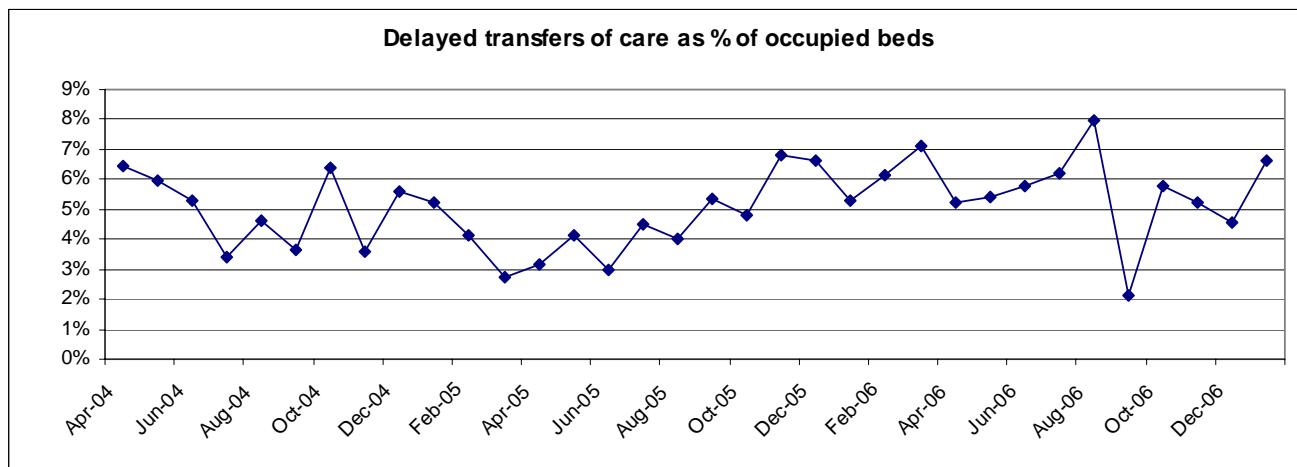


Source WHHT PAS download

5.5.8 Delayed transfers of care

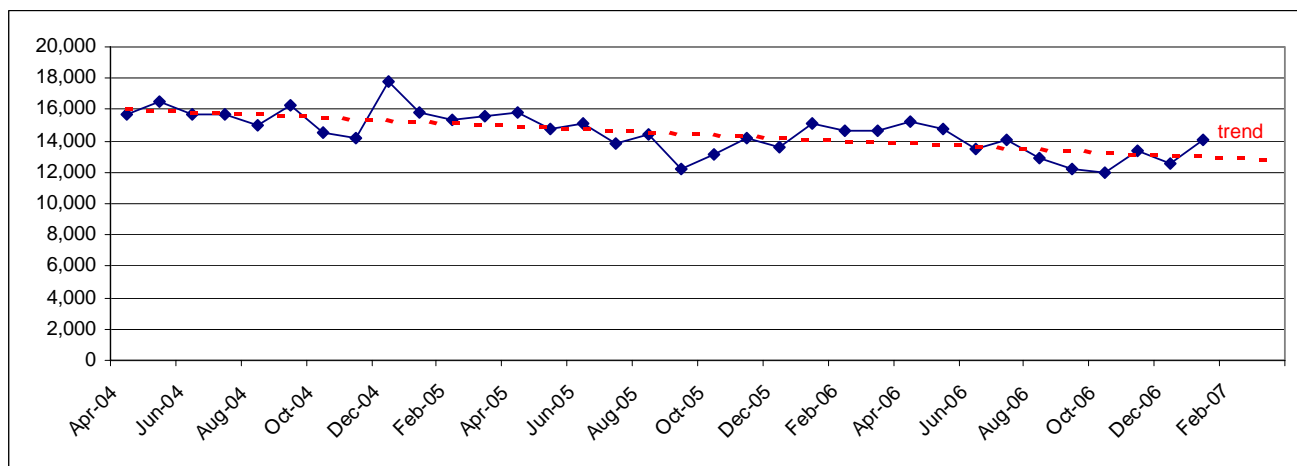
Delayed transfers of care % of occupied acute beds	2006												2007	Target	England Jan-Mar 06
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan		
	32	36	44	30	30	32	35	37	11	31	29	25	37		
	5.3%	6.2%	7.1%	5.2%	5.4%	5.8%	6.2%	7.9%	2.1%	5.8%	5.3%	4.6%	6.7%	n/a	2.1%

Source SITREPS and MMR returns



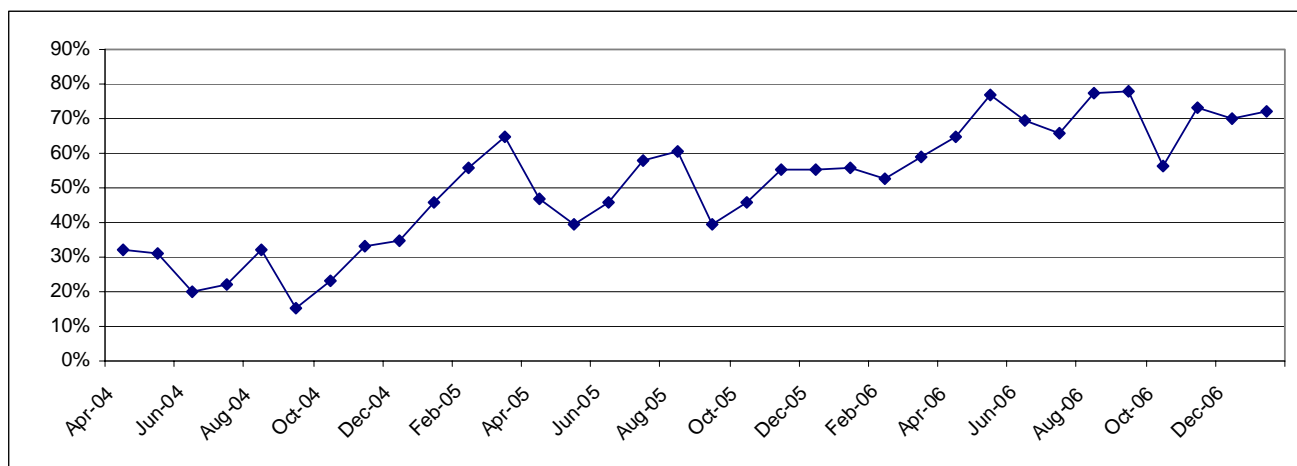
Source SITREPS & MMR returns

5.5.9 Emergency bed days trend (excluding Mount Vernon Hospital)



Source WHHT PAS download

5.5.10 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
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan		
% seen within 2 weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.7%	100.0%	100.0%	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)

	2006												2007	DoH Target
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
Monthly activity	124	111	107	100	118	113	99	115	142	121	122	106	102	
Refreshed final quarterly	351			339			356			355				350

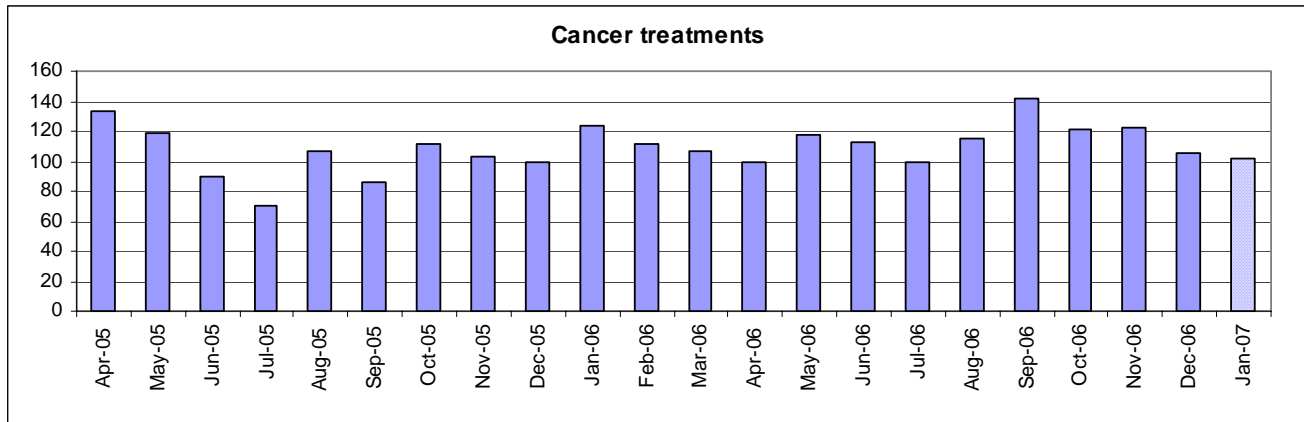
Source CWT national monitoring (shaded figures = provisional)

5.6.3 Cancer compliance against the 31 and 62 day standards

	2006												2007	Operational standard	England Jul-Sep 06
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan		
31 day standard	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	99.5%
62 day standard	92%	93%	100%	97%	93%	96%	100%	99%	99%	100%	98%	100%	100%	95%	95.0%

Source CWT national monitoring (shaded figures = provisional)

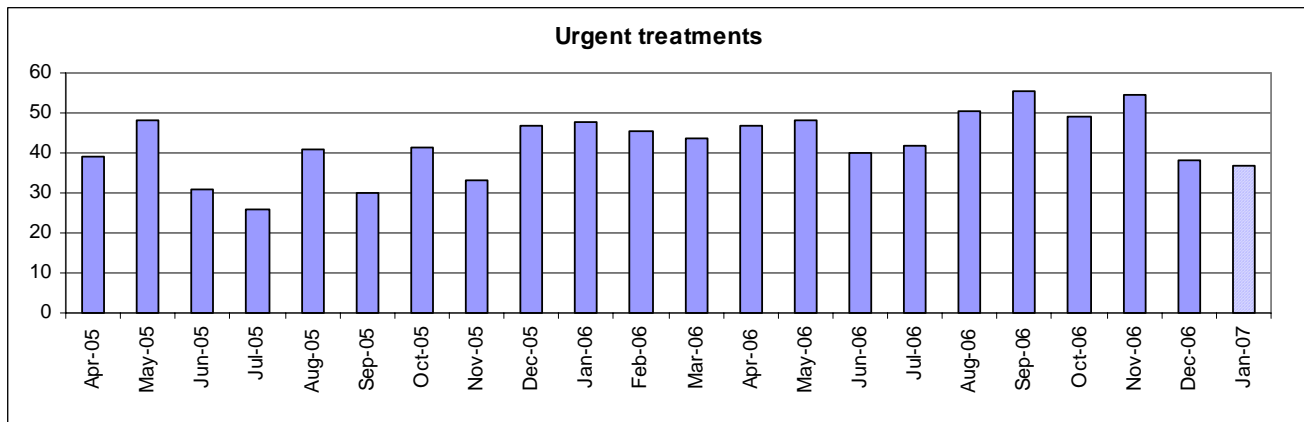
5.6.4 Patients receiving cancer treatment – 31 day standard



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)

	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	DoH Target
Percentage score	77%	58%	79%	76%	86%	85%	83%	band 5 = 94%+
Outcome (PEAT)	Good	Acceptable	Good	Good	Good	Good	Good	Excellent
Outcome (HCC)	Achieved	Achieved	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)

	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	DoH Target
Percentage score	68%	69%	91%	89%	74%	75%	72%	bands 4-5 = 75%+
Outcome (PEAT)	Acceptable	Acceptable	Good	Good	Acceptable	Good	Acceptable	Good
Outcome (HCC)	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	2006-07 Q3	Nov 06	Dec 06	Jan 07	Target	England 2005-06 Q3
% all mothers delivered who are smokers	14%	16%	17%	14%	14%	14%	12%	12%	12%	14%		17%
data recording % coverage	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	85%	

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	2006-07 Q3	Nov 06	Dec 06	Jan 07	Target	England 2005-06 Q3
% new mothers breast feeding	72%	70%	75%	66%	71%	69%	71%	69%	73%	69%		67%
data recording % coverage	n/a	n/a	n/a	n/a	90%	90%	86%	83%	93%	93%	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

28 February 2007