

Acute Services Corporate Performance Report

June 2011

Patient Safety First

Healthcare Acquired Infections: There were no hospital-acquired MRSA cases in June. For Clostridium Difficile there was one case reported in the month. This remains within the agreed trajectory. The targets for 2011/12 are a maximum of two and eighteen cases respectively.

Complaints: Performance was 56.5% in June, representing ten breaches of the response time standard. This represents a decline in performance from last month. The year to date position is 60.3%. This is below the target of 95% for complaints to be responded to within the agreed time.

Access & Choice

18 weeks & Diagnostic Waits: This report now includes the new median and 95th percentile measures for Referral to Treatment waiting times. In June, Oral Surgery and Orthopaedics failed to achieve the admitted standard. The overall Trust composite score for the year to date is 89.1%. For non-admitted pathways Oral Surgery and Gastroenterology did not meet the standard. Discussions with Commissioners continue regarding the Oral Surgery service. The number of over 6 week waiters for diagnostics was zero.

Cancer: Performance was above the required standard for seven of the eight applicable targets. The target not achieved in May was the 62 day urgent referral to treatment for first definitive treatments from a GP or Dental referral (66.7%, 4 breaches) against a target of 85%.

Efficiency & Productivity

Outpatient Indicators: The Trust remains a significant outlier from comparable organisations on both first to subsequent rates and the number of patients who did not attend (DNA) appointments. There has been a marginal decline in the proportion of DNA's which has resulted from both the launch of the text reminder service and also in meeting the contractual obligation of only permitting one DNA before discharge back to primary care. This is currently under review following issues raised by General Practitioners.

Pre-Operative Bed Days / Potential Bed Days Saved: These indicators continue to compare unfavourably to national benchmarks. In June the rate of non-elective bed days used prior to the day of the first clinical procedure was 30.5%.

Theatre Utilisation: In June the utilised theatre capacity was 62.7%, below the target level of 69%.

Clinical Outcomes & Effectiveness

Caesarean Section Rate: The rate for June was 25.8%, below the contractual target of 26%. The year to date rate remains above this target at 27.7%. This indicator remains subject to a performance notice issued by NHS North West London.

Discharge Summaries Completed within 24 hours: Performance in June of discharge summaries issued within 24 hours was 89.7%.

Patient Experience

A&E: Performance in seeing and treating patients within four hours for the month was 97% for the Ealing Hospital site, including the service provided by Harmoni. For Ealing Hospital Emergency Department only the performance was 96.3%. New guidance on the performance regime for A&E clinical quality indicators has been published; for the new indicators these are effective from July 2011. Trust's are expected to achieved at least one indicator from two domains. These are timeliness (includes total time spent in A&E department, time to initial assessment and time to treatment) and patient impact (unplanned re-attendance rate and left prior to treatment). The quality of data will also be assessed as part of the overall assessment of performance. It is expected that all organisations will publish local data on performance from August 2011.

Eliminating Mixed Sex Accommodation: The Trust has reported 15 breaches of the standard in June. These related to 9 patients in the Clinical Decision Unit (CDU) and 6 in Endoscopy. Full root cause analysis has been completed and sent to NHS North West London.

Corporate & Workforce

Workforce: Indicators on the sickness and turnover rates all achieved the target levels in June. For the vacancy rate this has increased to 12.57% which is above the target set. For the year to date the vacancy rate is now above the target level.

Corporate Performance Scorecard

Ref	Metric	Target	Actual												Cumulative YTD	Year end risk rating
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		

Patient Safety First

PS01	MRSA Bacteraemia (hospital acquired)	Actual	0	0	0										0	
		Target	0	0	0										0	
PS02	Clostridium Difficile (hospital acquired)	Actual	0	3	1										4	
		Target	1	2	1										4	
PS03	Clinical Incidents - Number of Reported Falls	Actual	46	56											102	
		Target														
PS04	Clinical Incidents - Number of Reported Falls per 1000 bed days	Actual	4.01	4.68											4.35	
		Target														
PS05	Clinical Incidents - Number of Reported Medication Errors	Actual	19	12											31	
		Target														
PS06	Clinical Incidents - Number of Reported Medication Errors per 100 admissions	Actual	1.69	0.94											1.29	
		Target														
PS07	Clinical Incidents - Number of Reported Pressure Sores	Actual	12	6											18	
		Target														
PS08	Clinical Incidents - Number of Reported Pressure Sores per 10,000 bed days	Actual	10.45	5.02											7.68	
		Target														
PS09	Clinical Incidents Reported	Actual	209	200											409	
		Target														
PS10	Non-Clinical Incidents Reported	Actual	41	59											100	
		Target														
PS11	Successful Responses of Complaints within Agreed Time	Actual	57.1%	71.4%	56.5%										60.3%	
		Target	95%	95%	95%										95%	
PS12	Hospital Standardised Mortality Rate (HSMR)	Actual	63.7	88.4											86.1	
		Target	100	100											100	

Access and Choice

AC01	Delayed transfers of Care	Actual	3.1%	3.7%	4.8%										3.9%	
		Target	3%	3%	3%										3%	
AC02	Waiting times for Rapid Access Chest Pain Clinic	Actual	100%	100%	100%										100.0%	
		Target	98%	98%	98%										98%	
AC03	Cancelled Operations (% of FFCes)	Actual	0.62%	1.10%	0.85%										0.9%	
		Target	0.8%	0.8%	0.8%										0.8%	
AC04	Cancelled Operations not Rebooked Within 28 Days (% of FFCes)	Actual	0.0%	0.0%	0.0%										0%	
		Target	5.0%	5.0%	5.0%										5%	
AC05	Access to GUM Clinics	Actual	100%	100%	100%										100%	
		Target	98%	98%	98%										98%	
AC06	Data Quality on Ethnic Group	Actual	95.0%	96.1%	94.8%										95.3%	
		Target	85%	85%	85%										85%	

Month 03 - April 2011 to June 2011

Corporate Performance Scorecard

Ref	Metric	Target	Actual												Cumulative YTD	Year end risk rating
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
AC07	Cancer - Two Week Wait for Suspected Cancer	Actual	97.0%	95.7%											96.4%	
		Target	93%	93%											93%	
AC08	Cancer - Two Week Wait for Breast Symptoms other than Suspected Cancer	Actual	96.1%	93.6%											94.8%	
		Target	93%	93%											93%	
AC09	Cancer - 31 Day Diagnosis to Treatment for First Definitive Treatments	Actual	100.0%	96.6%											98.0%	
		Target	96%	96%											96%	
AC10	Cancer - 31 Day Diagnosis to Treatment for Subsequent Treatment (Drugs)	Actual	100.0%	No Activity											100.0%	
		Target	98%	98.0%											98%	
AC11	Cancer - 31 Day Diagnosis to Treatment for Subsequent Treatment (Surgery)	Actual	100.0%	100.0%											100.0%	
		Target	98%	98%											98%	
AC12	Cancer - 31 Day Diagnosis to Treatment for Subsequent Treatment (Radiotherapy)	Actual	Not Applicable												NA	
		Target	98%	98%											98%	
AC13	Cancer - 62 Day Urgent Referral to Treatment for First Definitive Treatments (GP & Dental)	Actual	84.2%	66.7%											74.4%	
		Target	85%	85%											85%	
AC14	Cancer - 62 Day Urgent Referral to Treatment for First Definitive Treatments (National Screening Service)	Actual	No Activity	No Activity											No Activity	
		Target	90.0%	90.0%											90.0%	
AC15	Cancer - 62 Day Urgent Referral to Treatment for First Definitive Treatments (Consultant Upgrade)	Actual	100.0%	100.0%											100.0%	
		Target	TBC	TBC											TBC	
AC16	18 Week Referral to Treatment Time - admitted pathways (all)	Actual	91.6%	88.4%	87.8%										89.1%	
		Target	90%	90%	90%										90%	
AC17	18 Week Referral to Treatment Time - non-admitted pathways (all)	Actual	98.1%	97.8%	96.8%										97.5%	
		Target	95%	95%	95%										95%	
AC18	18 Week Referral to Treatment Time - admitted pathways - number of specialties not meeting the standards	Actual	2	3	2										3	
		Target	0	0	0										0	
AC19	18 Week Referral to Treatment Time - non-admitted pathways - number of specialties not meeting the standards	Actual	2	1	2										2	
		Target	0	0	0										0	
AC20	18 Week Referral to Treatment Time - admitted pathways - data completeness	Actual	90.0%	94.2%	90.2%										91.5%	
		Target													90% - 110%	
AC21	18 Week Referral to Treatment Time - non-admitted pathways - data completeness	Actual	108.6%	101.0%	100.9%										102.9%	
		Target													90% - 110%	
AC22	Median Waits - Admitted Pathway	Actual	8.58	12.02	10.87										10.87	
		Target	11.1	11.1	11.1										11.1	
AC23	Median Waits - Non-admitted Pathway	Actual	5.42	6.67	6.08										6.08	
		Target	6.6	6.6	6.6										6.6	
AC24	Median Waits - Incomplete Pathway	Actual	5.73	5.25	5.37										5.37	
		Target	7.2	7.2	7.2										7.2	
AC25	95th Percentile - Admitted Pathway	Actual	21.88	25.82	27.13										27.13	
		Target	23	23	23										23	
AC26	95th Percentile - Non-admitted Pathway	Actual	16.01	15.80	16.51										16.51	
		Target	18.3	18.3	18.3										18.3	
AC27	95th Percentile - Incomplete Pathway	Actual	22.03	20.38	19.03										19.03	
		Target	28	28	28										28	

Month 03 - April 2011 to June 2011

Corporate Performance Scorecard

Ref	Metric	Target	Actual												Cumulative YTD	Year end risk rating
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
AC28	Diagnostic Waits more than 6 Weeks	Actual	41	75	0										0	
		Target	0	0	0										0	
AC29	Choose and Book (% of GP & C&B referrals)	Actual	27.0%	30.9%	31.9%										30.2%	
		Target	90.0%	90.0%	90.0%										90.0%	
AC30	Slot Successful DBS Booking	Actual	6.3%	4.0%	13.1%										7.9%	
		Target	2.0%	2.0%	2.0%										2.0%	
AC31	Maternity Hospital Episodes Statistics - Data Quality Indicator	Actual	13.8%	14.1%	13.4%										13.8%	
		Target	5%	5%	5%										5%	

Efficiency and Productivity

EF01	Outpatient Subsequent to First Attendances	Actual	1.97	1.92	1.89										1.86	
		Target	1.60	1.60	1.60										1.60	
EF02	Outpatient Did Not Attend (DNA) rates	Actual	17.5%	16.5%	16.1%										16.6%	
		Target	11%	11%	11%										11%	
EF03	Day Case Rates - (Basket of 25 Procedures)	Actual	85.0%	89.2%	84.3%										86.1%	
		Target	75%	75%	75%										75%	
EF04	Total Emergency Bed Days	Actual	10,948	11,550	11,851										34,349	
		Target	10,870	10,405	11,433										34,349	
EF05	Elective Pre-Operative Bed Days (% of Spells)	Actual	2.8%	5.4%	2.2%										3.4%	
		Target														
EF06	Non-Elective Pre-Operative Bed Days (% of Spells)	Actual	26.3%	30.0%	30.5%										28.9%	
		Target														
EF07	Day of Surgery Admission (DOSA) Rate	Actual	90.0%	89.5%	87.1%										88.7%	
		Target	79.4%	79.4%	79.4%										79.4%	
EF08	Overall Theatre Utilisation	Actual	63.6%	61.4%	62.7%										62.5%	
		Target	69.0%	69.0%	69.0%										69%	
EF09	Potential Bed Days Saved	Actual	14.5%												14.5%	
		Target	13.1%												13.1%	

Clinical Outcomes and Effectiveness

CE01	Readmission rates 28 Days (latest month available = Jan 2011)	Actual	7.5%	7.3%											7.6%	
		Target	7.6%	7.6%											8.9%	
CE02	Stroke Care - % of time spent on a stroke ward	Actual	0.0%	0.0%	0.0%										42.9%	
		Target	42.0%	42.0%	42.0%										0.0%	
CE03	Stroke Care - TIA clinic access within 24 hours	Actual	No Activity	No Activity	No Activity										No Activity	
		Target	46.5%	46.5%	46.5%										46.5%	
CE04	Participation in heart disease audits	Actual	2	2	2										2	
		Target	2	2	2										2	
CE05	Engagement in clinical audits	Actual	1	1	1										1	
		Target	1	1	1										1	
CE06	Caesarean Section Rate	Actual	31.8%	25.4%	25.8%										27.7%	
		Target	26%	26%	26%										26%	

Month 03 - April 2011 to June 2011

Corporate Performance Scorecard

Ref	Metric	Target	Actual												Cumulative YTD	Year end risk rating
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
CE07	% Mothers not smoking during pregnancy	Actual	95.3%	93.9%	97.7%										95.6%	
		Target	94.0%	94.0%	94.0%										94.0%	
CE08	% Initiation of breast feeding	Actual	88.4%	82.2%	96.4%										88.6%	
		Target	87.4%	87.4%	87.4%										87.4%	
CE09	% Discharge Summaries Completed Within 24 Hours	Actual	87.8%	91.3%	89.7%										87.8%	
		Target	100%	100%	100%										100%	

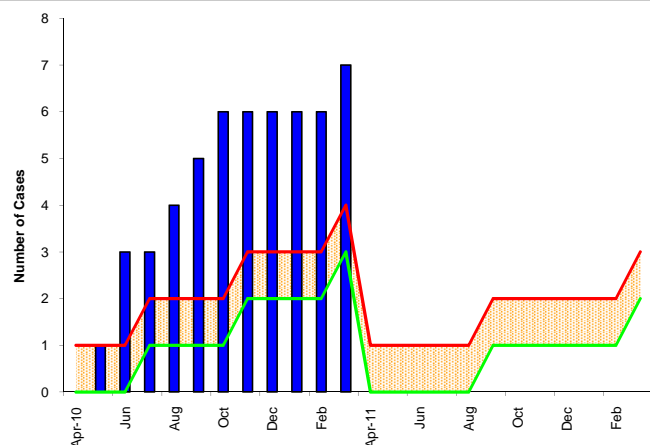
Patient Experience

PE01	% Patients who spent less than 4 hours waiting in A&E	Actual	97.2%	95.6%	96.3%										97.3%	
		Target	95%	95%	95%										95%	
PE02	A&E: Total time (minutes) - Admitted patients (95th Percentile)	Actual	277	336	286										303	
		Target	240	240	240										240	
PE03	A&E: Total time (minutes) - Non Admitted (95th Percentile)	Actual	235	237	236										236	
		Target	240	240	240										240	
PE04	A&E: Re-attendance within 7 days	Actual	5.93%	5.47%	5.69%										5.69%	
		Target	5%	5%	5%										5%	
PE05	A&E: Patients leaving A&E without being seen	Actual	4.78%	4.74%	5.55%										5.01%	
		Target	5%	5%	5%										5%	
PE06	A&E: Time (minutes) to initial assessment (95th Percentile)	Actual	83	76	79										79	
		Target	15	15	15										15	
PE07	A&E: Time (minutes) to Treatment wait (Median)	Actual	85	86	81										84	
		Target	60	60	60										60	
PE08	Mixed Sex Accommodation	Actual	0	0	15										15	
		Target	0	0	0										0	
PE09	Hospital Cancelled Outpatient - Total Patients	Actual	15.7%	11.3%	11.7%										12.8%	
		Target	12%	12%	12%										12%	

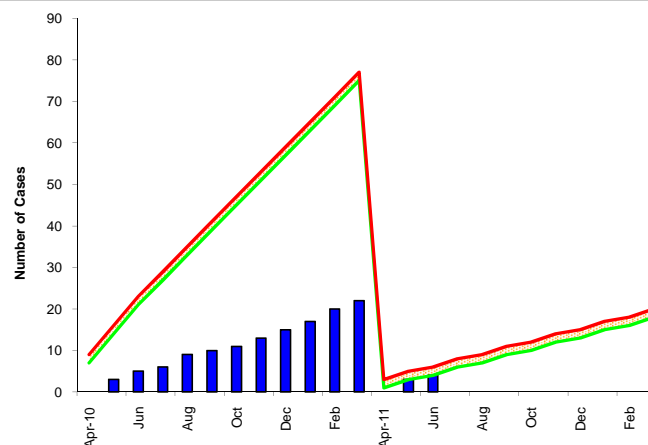
Corporate & Workforce

CW01	Vacancy Rate	Actual	10.30%	11.23%	12.57%										11.37%	
		Target	11%	11%	11%										11%	
CW02	Sickness Rate	Actual	3.01%	3.08%	2.60%										2.90%	
		Target	3.3%	3.3%	3.3%										3.3%	
CW03	Turnover Rate	Actual	12.1%	12.2%	12.5%										12.26%	
		Target	13.3%	13.3%	13.3%										13.3%	

MRSA Bacteraemia (hospital acquired) Cumulative YTD



Clostridium Difficile (hospital acquired) Cumulative YTD

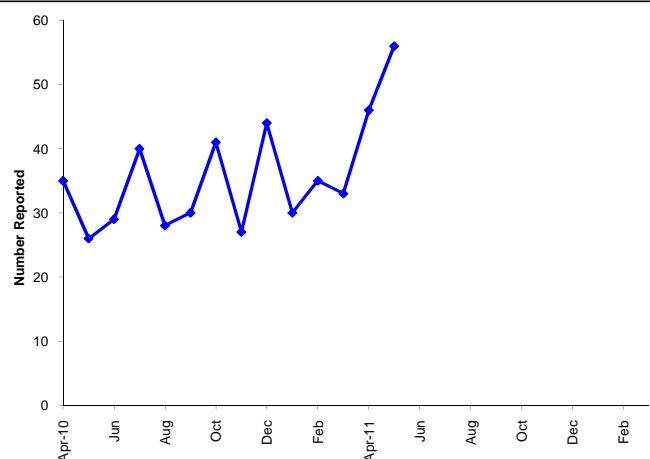


Key Highlights:

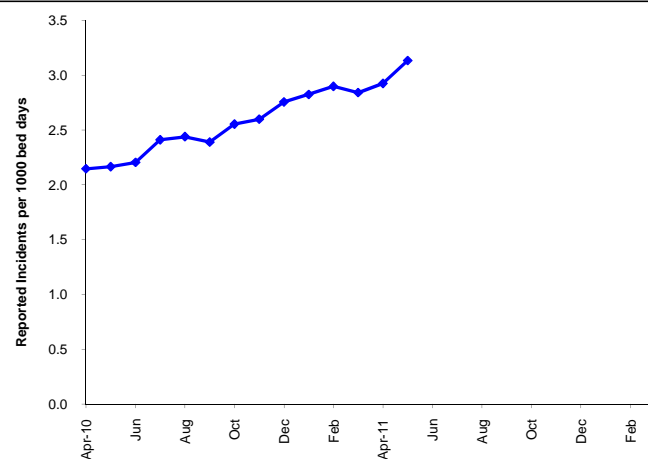
MRSA: There were no reported cases of hospital acquired MRSA in June. The annual maximum threshold for the year is 2.

C.Diff: There was one case of hospital acquired C.Diff reported in June. The total for the year to date is 4, which is in line with the threshold. The annual maximum threshold for the year is 18.

Clinical Incidents - Number of Reported Falls



Clinical Incidents - Number of Reported Falls per 1000 bed days (rolling 12 months)

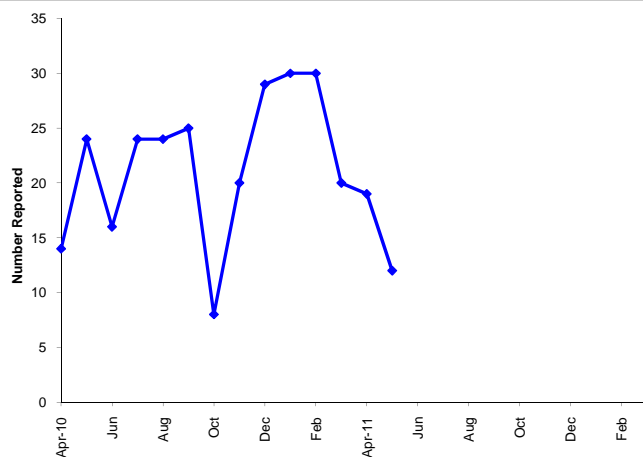


Key Highlights:

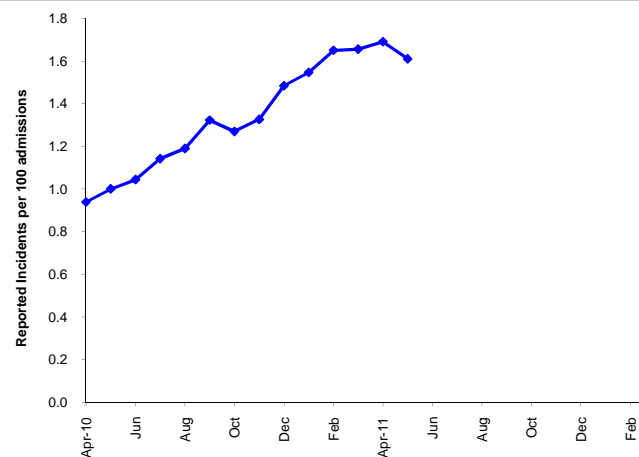
Falls: The absolute number of falls in May increased compared to last month. The rate of falls per thousand bed days for the month was 4.68 compared to 4.01 last month.

Note: This target will be reported one month in arrears due to the timeliness and completeness of the data available.

Clinical Incidents - Number of Reported Medication Errors



Clinical Incidents - Number of Reported Medication Errors per 100 admissions (rolling 12 months)

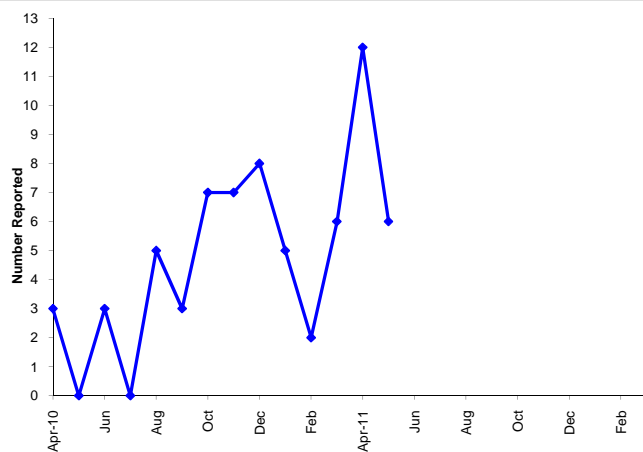


Key Highlights:

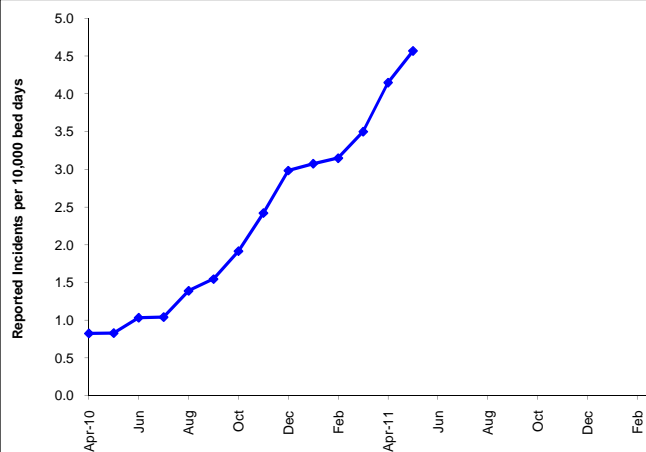
Medication Errors: The absolute volume of reported medication errors decreased compared to last month. The rate of medication errors per hundred admissions in the month was 0.94 compared to 1.69 last month.

Note: This target will be reported one month in arrears due to the timeliness and completeness of the data available.

Clinical Incidents - Number of Reported Pressure Sores



Clinical Incidents - Number of Reported Pressure Sores per 10,000 bed days (rolling 12 months)

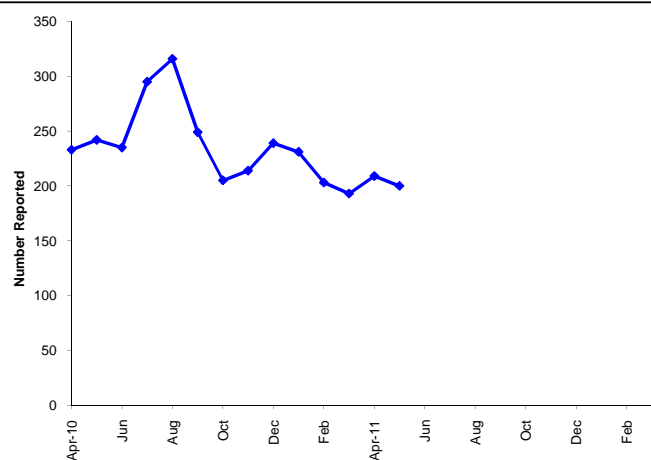


Key Highlights:

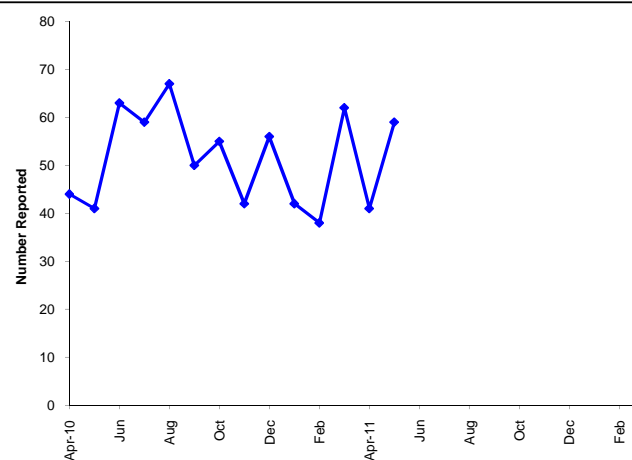
Pressure Sores: There were 6 reported cases of pressure sores developed in hospital in May compared to 12 last month. Additionally, 11 patients were also admitted in the month with pressure sores. The rate per ten thousand bed days for the last twelve months is 4.57.

Note: This target will be reported one month in arrears due to the timeliness and completeness of the data available.

Clinical Incidents Reported



Non-Clinical Incidents Reported



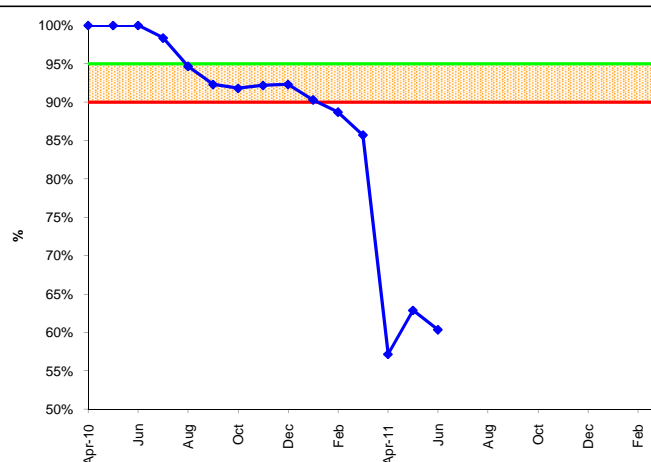
Key Highlights:

Clinical Incidents: The overall number of reported clinical incidents in May was 200 compared to 209 last month.

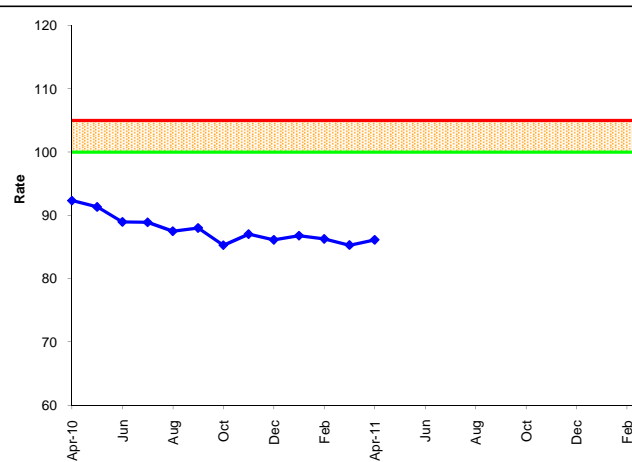
Non-Clinical Incidents: The number reported in May was 59 compared to 41 last month.

Note: This target will be reported one month in arrears due to the timeliness and completeness of the data available.

Successful Responses of Complaints within Agreed Time YTD



Hospital Standardised Mortality Rate (HSMR) (rolling 12 months)



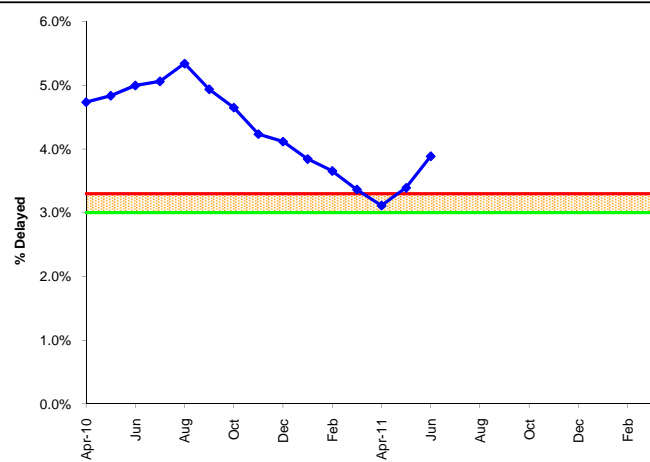
Key Highlights:

Complaints: There were ten breaches of the standard in June. Performance for the month was 56.5%. For the year to date the rate is 60.3%.

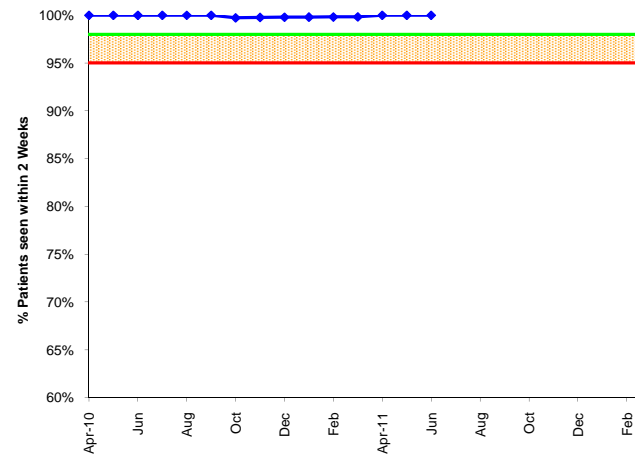
HSMR: This indicator is derived from Dr Foster and gives a view of expected versus actual mortality rates, adjusted for casemix, patient deprivation and age, amongst other criteria.

In overall terms the Trust continues to perform well against this indicator with an index score of 86.1 for the previous 12 month period.

Delayed Transfers of Care YTD



Waiting times for Rapid Access Chest Pain Clinic YTD

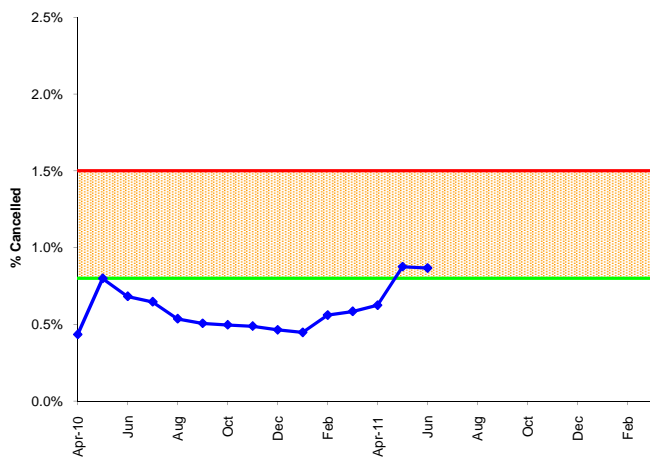


Key Highlights:

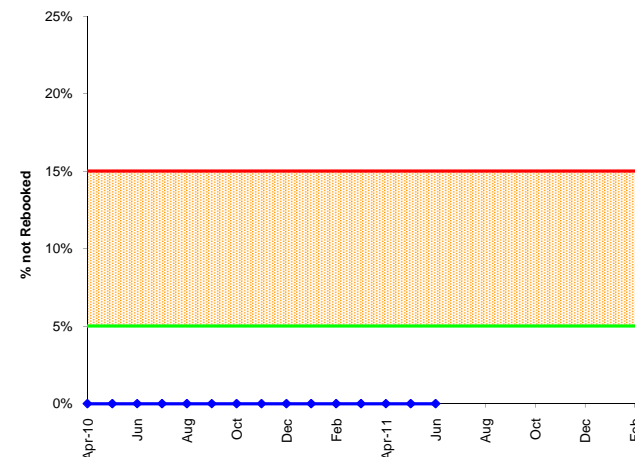
Delayed Transfers of Care: In June there were 36 reported delayed transfers of care. This is based on a weekly count of delayed discharges. The rate to the total number of applicable patients admitted was 4.8%. For the year to date the rate is 3.9%.

Waiting times for Rapid Access Chest Pain Clinic: Performance for the year to date is 100%.

Cancelled Operations (% of FFCes) YTD



Cancelled Operations not Rebooked Within 28 Days (% of FFCes) YTD



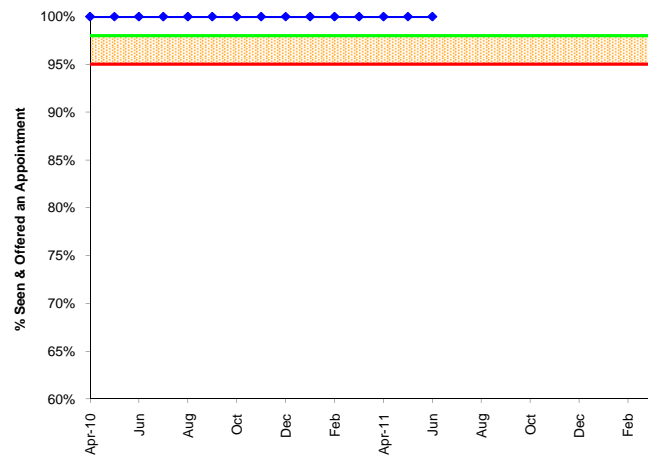
Key Highlights:

Cancelled Operations: The percentage for June was 0.85%. This represents 12 cancelled operations during the month. The maximum threshold is 0.8%. For the year to date the rate is 0.87%.

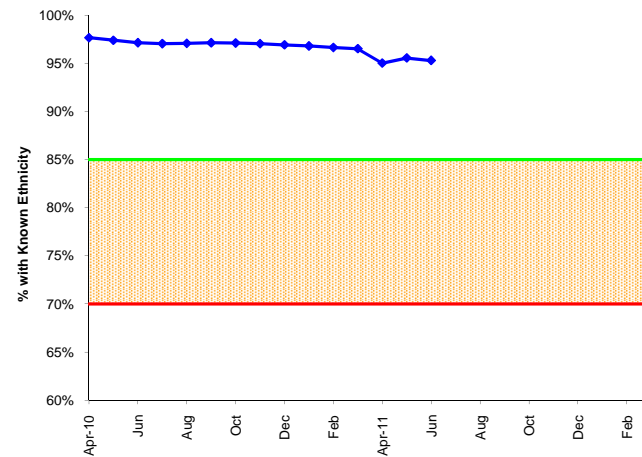
Cancelled Operations not rebooked within 28 days: Performance for this indicator remains constant. All cancelled operations have been rebooked within 28 days.

Month 03 - April 2011 to June 2011

Access to GUM Clinics YTD



Data Quality on Ethnic Group YTD

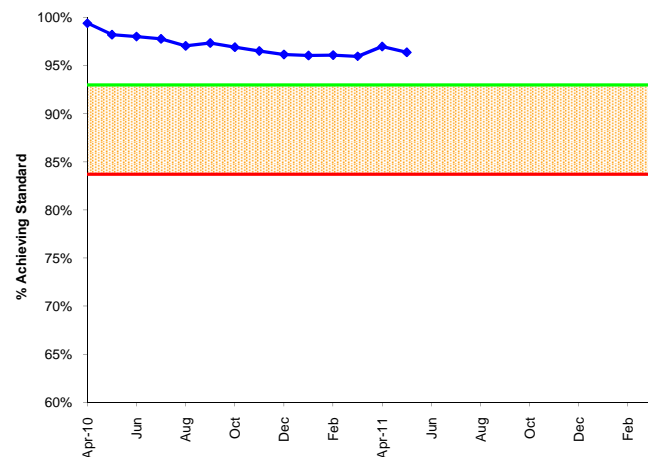


Key Highlights:

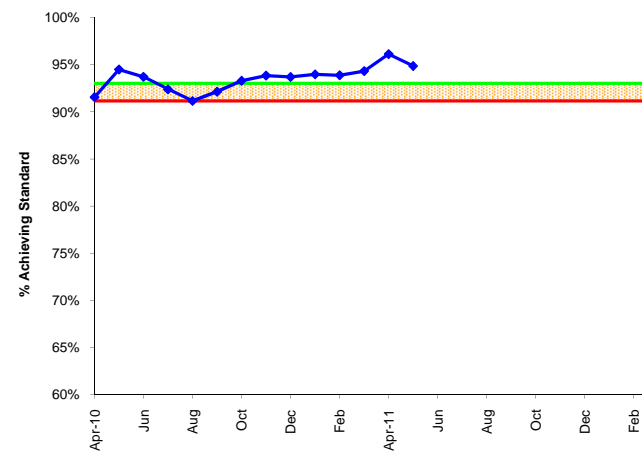
Access to GUM Clinics: Performance for the year to date is 100%.

Data Quality on Ethnic Group: The rate of completeness in June was 94.8%. For the year to date the rate is 95.3%.

Cancer - Two Week Wait for Suspected Cancer YTD



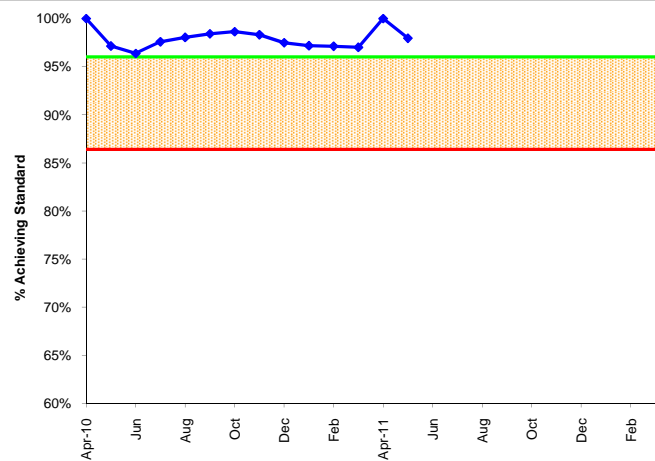
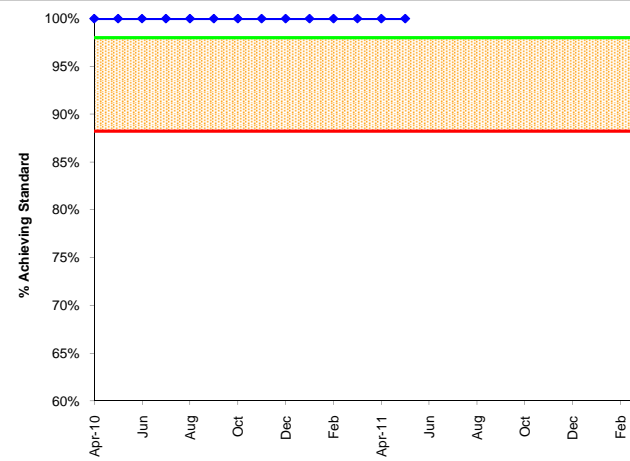
Cancer - Two Week Wait for Breast Symptoms other than Suspected Cancer YTD



Key Highlights:

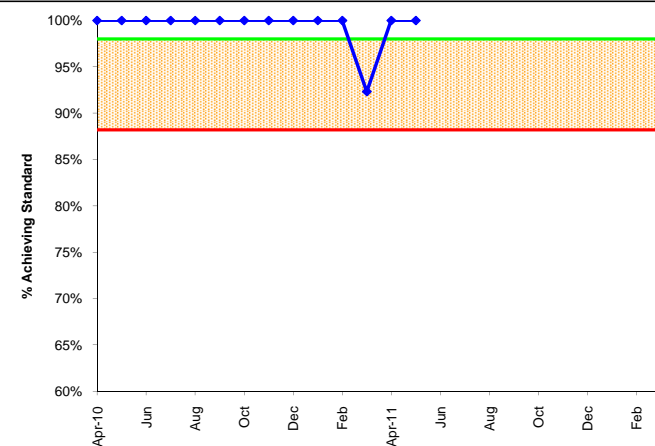
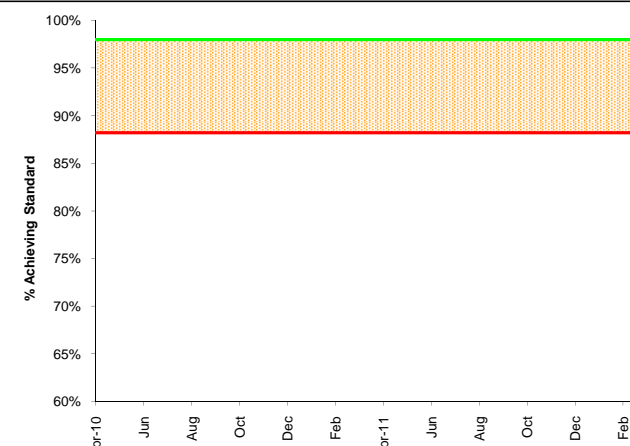
Cancer - Two Week Wait: Performance in May was 95.7% (8 breaches). For the year to date performance is 96.4%.

Cancer - Two Week Wait for Breast Symptoms: There were 78 patients reported for May, of which 5 breached the 2 week wait target. Performance for the month was therefore 93.6%, above the target of 93%. For the year to date performance is 94.8%.

Cancer - 31 Day Diagnosis to Treatment for First Definitive Treatments YTD**Cancer - 31 Day Diagnosis to Treatment for Subsequent Treatment (Drugs) YTD****Key Highlights:**

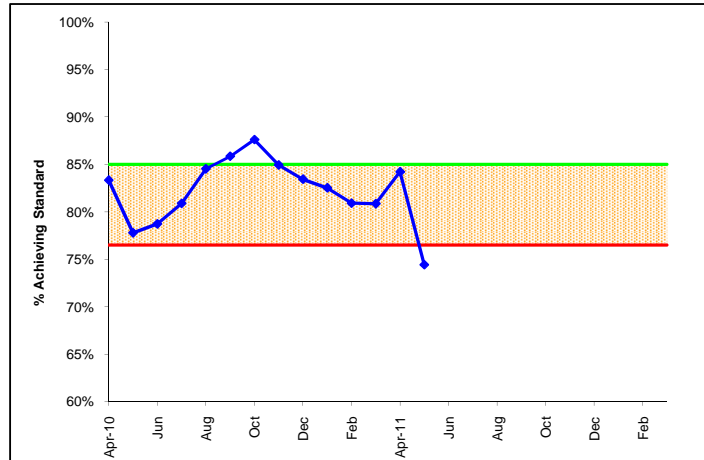
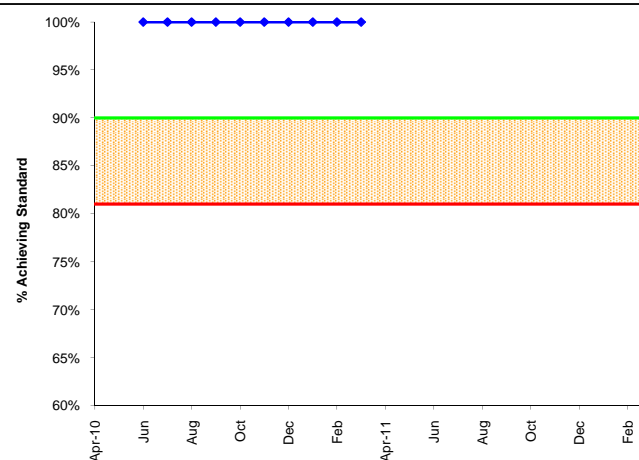
Cancer - 31 Day Diagnosis to First Definitive Treatment: There was one breach of the standard reported in May. Performance for the month was 96.6%. For the year to date performance is 98%.

Cancer - 31 Day Diagnosis to Subsequent Treatment (Drugs): There were no patients reported against this indicator in May. Performance for the year to date is 100%.

Cancer - 31 Day Diagnosis to Treatment for Subsequent Treatment (Surgery) YTD**Cancer - 31 Day Diagnosis to Treatment for Subsequent Treatment (Radiotherapy) YTD****Key Highlights:**

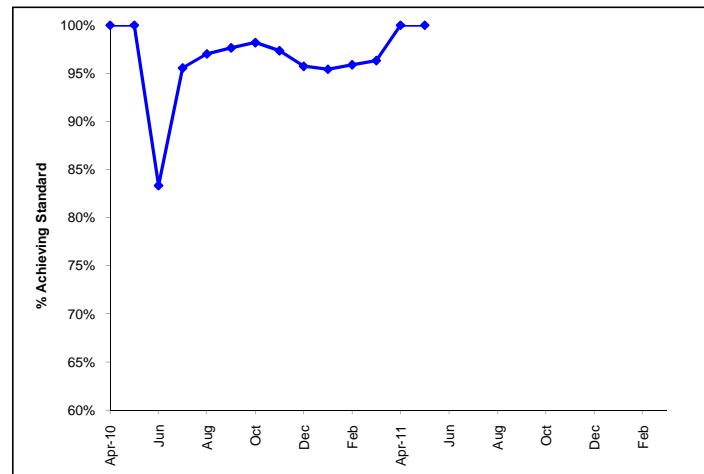
Cancer - 31 Day Diagnosis to Subsequent Treatment (Surgery): There was one patient reported against this indicator in May. Performance for the month and year to date is 100%.

Cancer - 31 Day Diagnosis to Subsequent Treatment (Radiotherapy): This indicator is not applicable for Ealing Hospital NHS Trust.

Cancer - 62 Day Urgent Referral to Treatment for First Definitive Treatments (GP & Dental) YTD**Cancer - 62 Day Urgent Referral to Treatment for First Definitive Treatments (National Screening Service) YTD****Key Highlights:**

Cancer - 62 Day Urgent Referral to First Definitive Treatments (GP & Dental): There were 12 patients reported for May, of which 4 breached the 62 day target. Performance for the month was therefore 66.7%, below the 85% target. For the year to date performance is 74.4%.

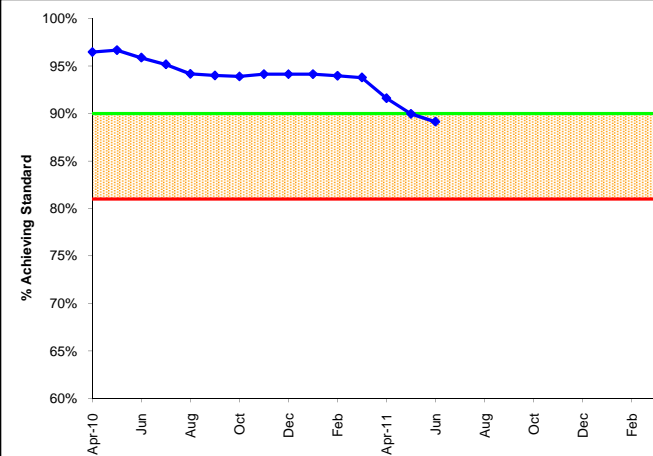
Cancer - 62 Day Urgent Referral to First Definitive Treatments (National Screening Service): There have been no patients reported for this pathway so far for this financial year.

Cancer - 62 Day Urgent Referral to Treatment for First Definitive Treatments (Consultant Upgrade) YTD**Key Highlights:**

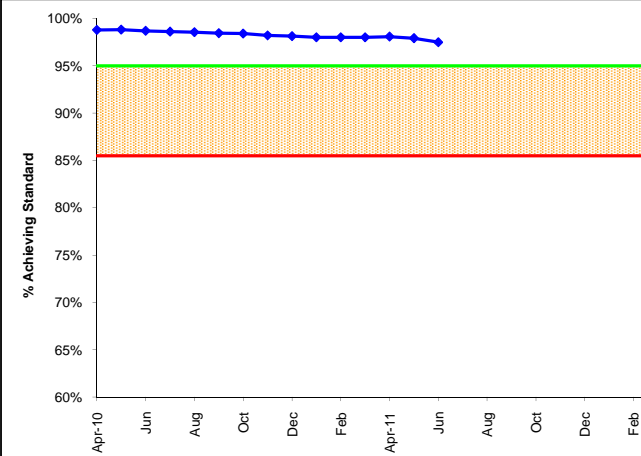
Cancer - 62 Day Urgent Referral to First Definitive Treatments (Consultant Upgrade): Performance for the month and year to date is 100%. The target for this indicator is expected to be agreed shortly. It is proposed that it is set at 85%.

Note: All cancer targets will be reported one month in arrears due to the timeliness and completeness of the data available.

18 Week Referral to Treatment Time - admitted pathways (all) YTD



18 Week Referral to Treatment Time - non-admitted pathways (all) YTD

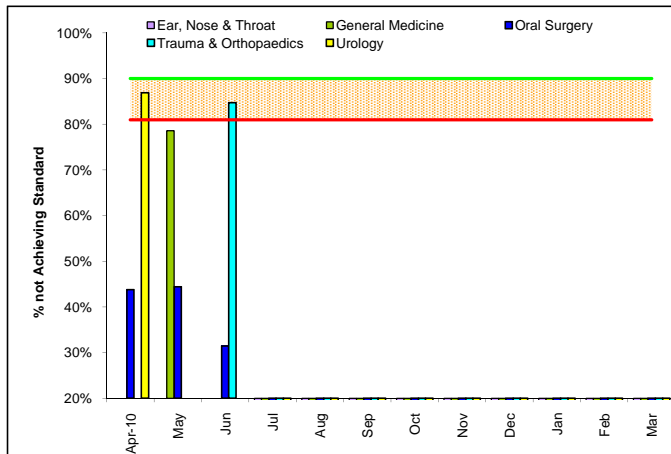


Key Highlights:

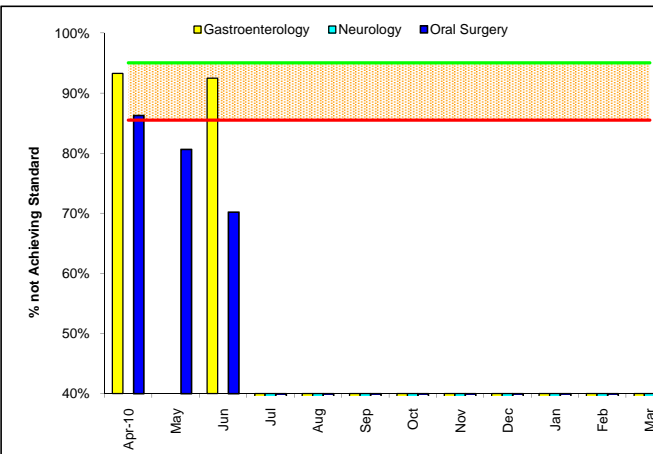
RTT Admitted Pathways: For the month of June, performance was 87.8%. For the year to date performance is 89.1%. This is mainly as a result of significant pressures in Oral Surgery. The minimum standard is 90%.

RTT Non Admitted Pathways: Trust wide performance continues to achieve the standard of 95%. Performance for the year to date is 97.5%.

18 week referral to treatment time - admitted pathways - specialties not meeting the standards



18 week referral to treatment time - non admitted pathways - specialties not meeting the standards



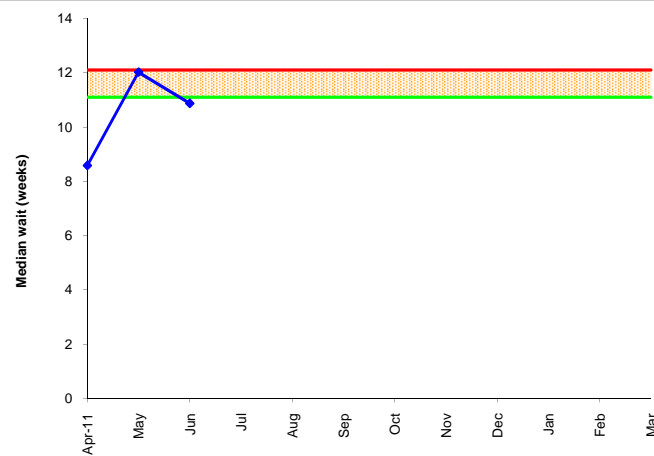
Key Highlights:

RTT Admitted Pathways: In June Oral Surgery (31.43%) and Orthopaedics (84.69%) did not meet the 90% standard.

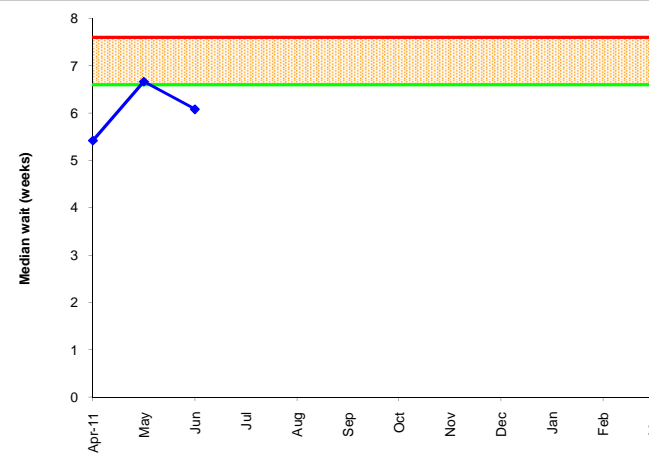
RTT Non Admitted Pathways: In June Oral Surgery (70.18%) and Gastroenterology (92.48%) did not meet the 95% standard.

Month 03 - April 2011 to June 2011

Median Waits - Admitted Pathway YTD



Median Waits - Non-admitted Pathway YTD

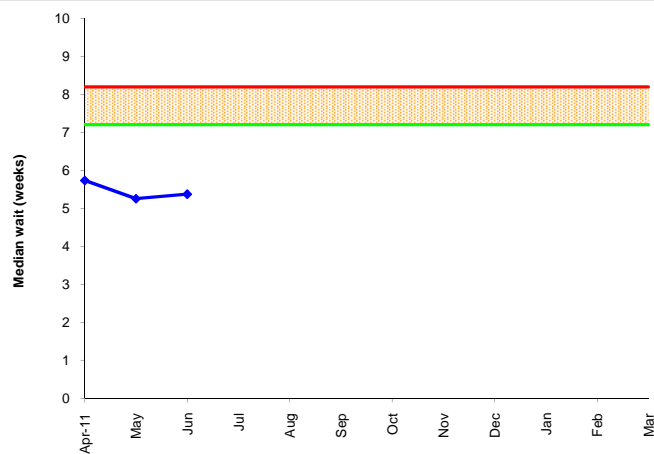


Key Highlights:

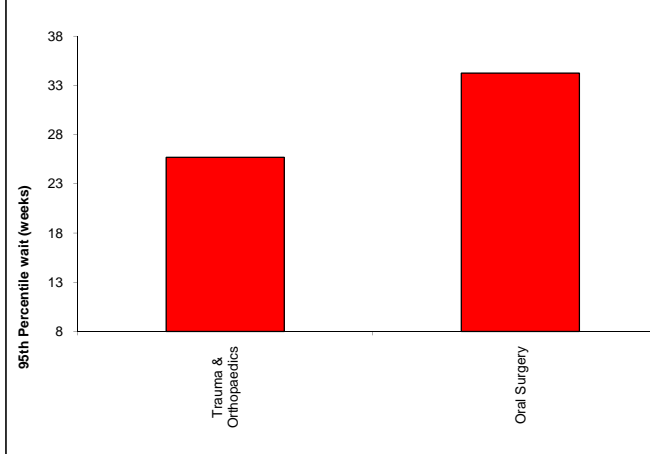
Median Waits - Admitted Pathways: The median wait for admitted patients for June was 10.87 weeks. The standard is to achieve a median wait no longer than 11.1 weeks.

Median Waits - Non-admitted Pathway: The median wait for non-admitted patients for June was 6.08 weeks. The standard is to achieve a median wait no longer than 6.6 weeks.

Median Waits - Incomplete Pathway YTD



95th Percentile - Admitted Pathway

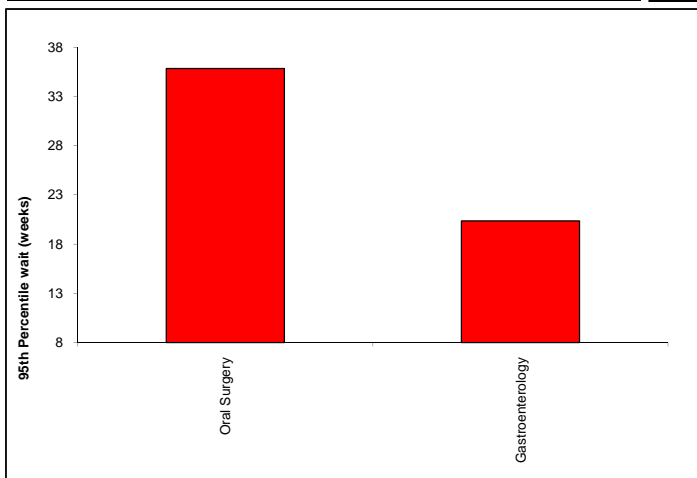


Key Highlights:

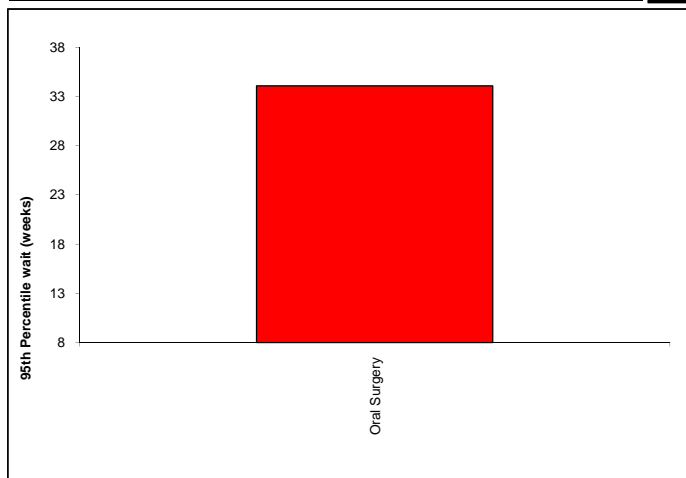
Median Waits - Incomplete Pathway: The median wait for patients still awaiting a first definitive treatment for June was 5.37 weeks. The standard is to achieve a median wait no longer than 7.2 weeks.

95th Percentile - Admitted Pathway: There were two specialties that did not achieve the 95th percentile wait standard of 23 weeks in June. These were Orthopaedics (25.7 weeks) and Oral Surgery (34.25 weeks). Overall 95th percentile admitted wait for the month was 27.13 weeks.

95th Percentile - Non-admitted Pathway



95th Percentile - Incomplete Pathway



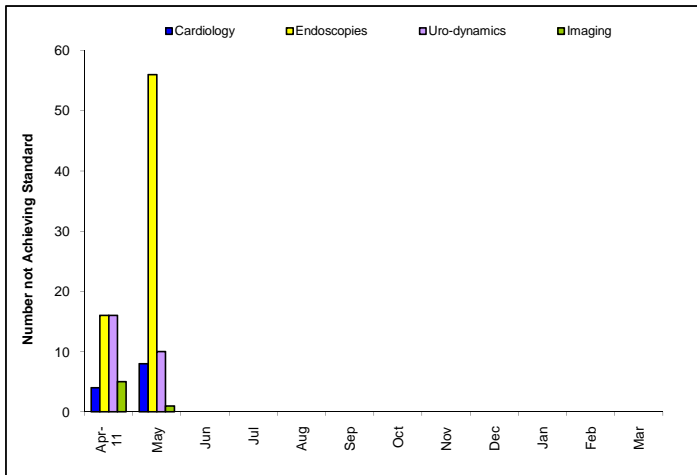
Key Highlights:

95th Percentile - Non-admitted Pathway:

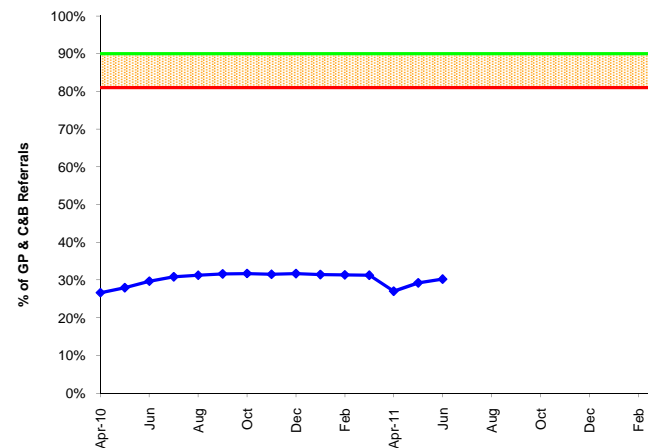
The overall 95th percentile wait for non-admitted patients in June was 16.51 weeks, which meets the maximum standard of 18.3 weeks. However, there were two specialties that did not meet this standard, Oral Surgery (35.82 weeks) and Gastroenterology (20.35 weeks).

95th Percentile - Incomplete Pathway: The overall 95th percentile wait for patients awaiting first definitive treatment was 19.03 weeks, which meets the maximum standard of 28 weeks. There was one specialty that did not meet this standard which was Oral Surgery (34.07 weeks).

Diagnostic Waits 6 Weeks or Greater



Choose and Book (% of GP & C&B referrals) YTD

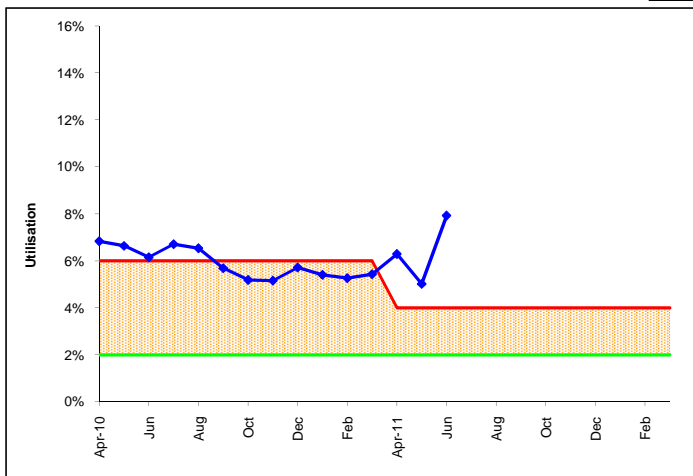


Key Highlights:

Diagnostic Waits: The number of patients waiting over 6 weeks for a diagnostic test, irrespective of reason for wait, was zero as at the end of June.

Choose and Book (% of GP & C&B referrals): The month of June had 1,306 referrals via Choose & Book, representing 31.91% of the total referrals received for the month.

Slot Successful DBS Booking YTD

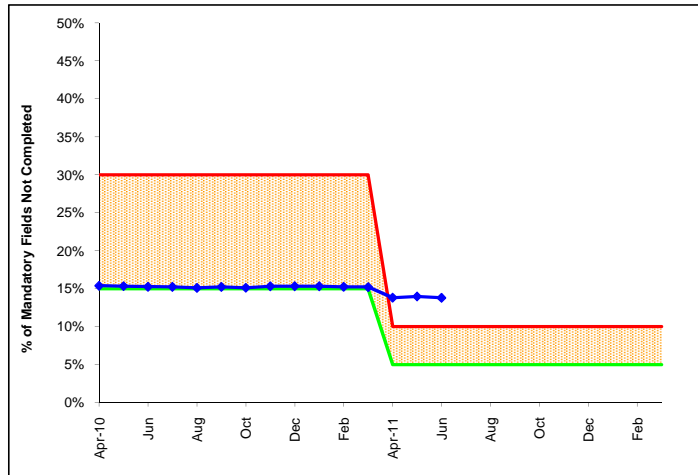


Key Highlights:

Slot Successful DBS Booking: This is a measure of problems with outpatient appointment bookings via Choose & Book. For June the rate has increased significantly to 13.1% (190 slot issues). The target is a maximum rate of 2%.

Month 03 - April 2011 to June 2011

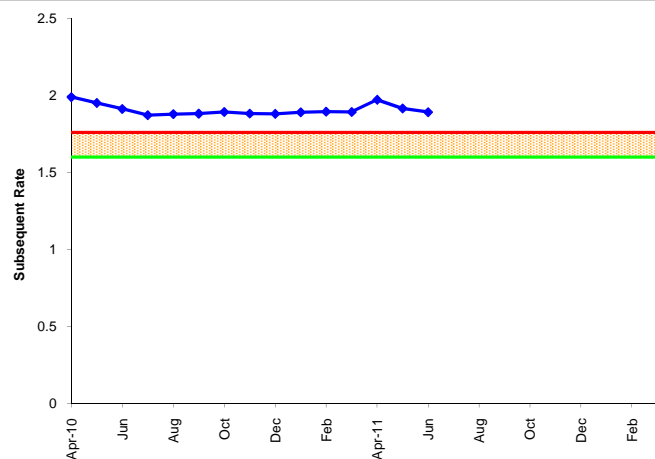
Maternity Hospital Episodes Statistics - Data Quality Indicator YTD



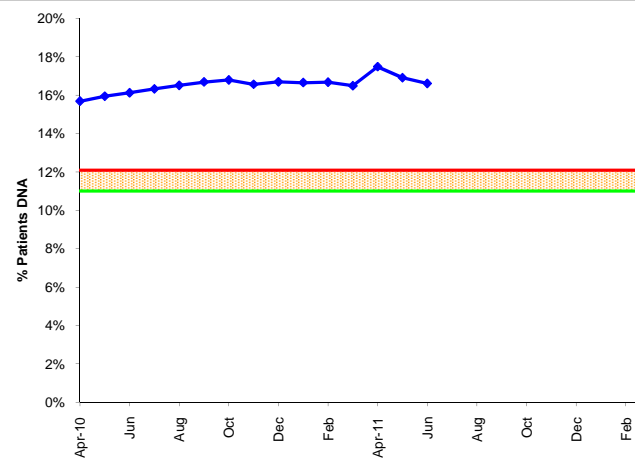
Key Highlights:

Maternity HES Data Quality: The rate of data quality issues for June was 13.1%. Further work is in progress, as part of the improving data quality programme, to overcome the current data interfacing issues in addition to taking interim mitigating actions where possible.

Outpatient Subsequent to First Attendances YTD



Outpatient Did Not Attend (DNA) rates YTD

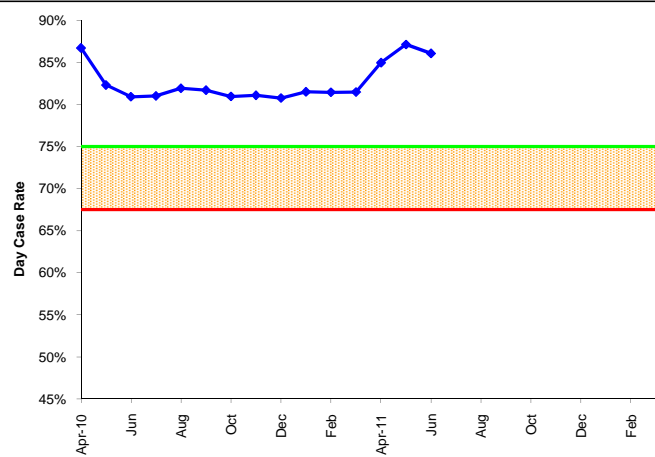


Key Highlights:

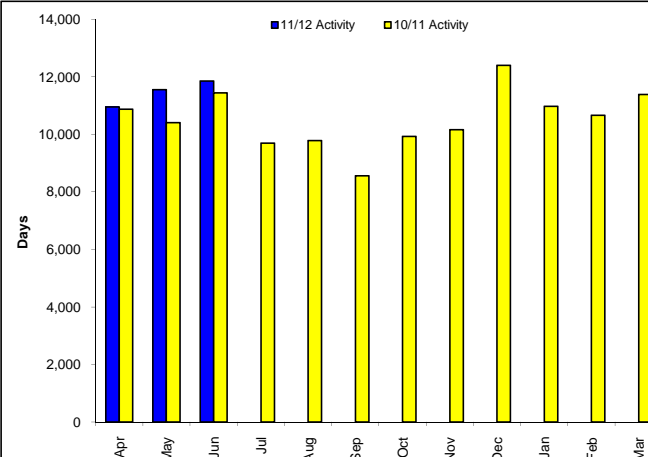
Outpatient Subsequent to First Attendances: Trust wide performance continues to adversely exceed the target. The current month's performance is an average of 1.89 subsequent follow up appointments for every new attendance. Contractually each specialty has a defined ratio applied and, as a result, costs are being incurred without reimbursement for activity.

Outpatient Did Not Attend (DNA) rates: The rate for June was 16.1%, which shows a decline from previous months, although still significantly above the national benchmark.

Day Case Rates - (Basket of 25 Procedures) YTD



Total Emergency Bed Days



Key Highlights:

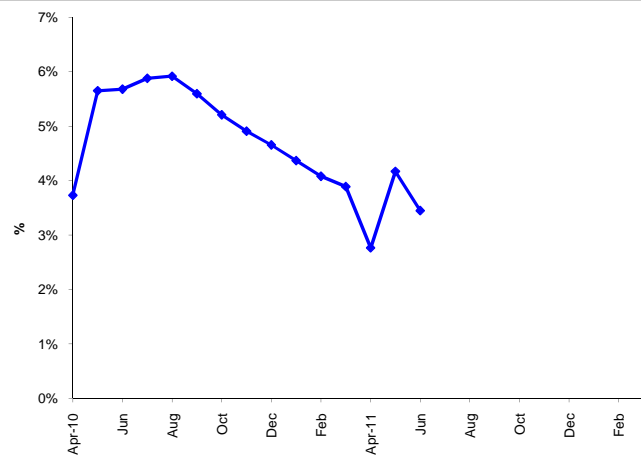
Day Case Rates - (Basket of 25 Procedures): In June performance was 84.3%.

Emergency Bed Days: The volume in June is 3.7% higher than the same month last year.

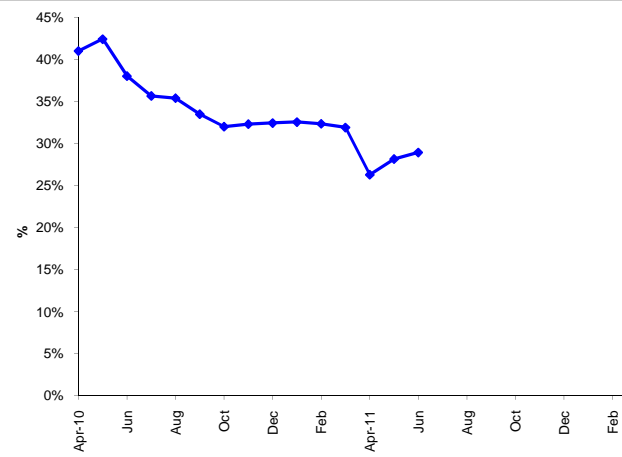
It should be noted that the bed days are only reported in the month of discharge from the hospital which may affect the comparability of the data to other periods, especially in relation to fluctuations in the numbers of long stay patients.

Efficiency & Productivity

Elective Pre-Operative Bed Days (% of Spells) YTD



Non-Elective Pre-Operative Bed Days (% of Spells) YTD

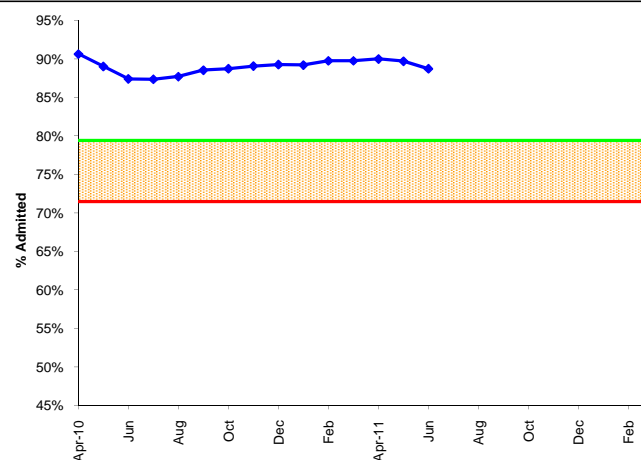


Key Highlights:

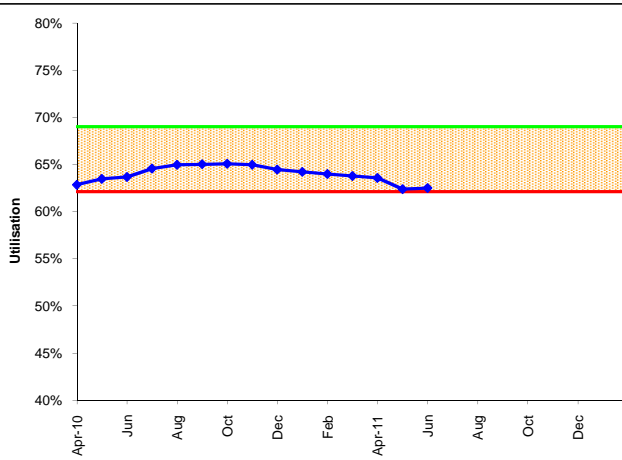
Elective Pre-Operative Bed Days (% of Spells): The percentage of elective bed days used prior to the day of a clinical procedure in the month was 2.2%.

Non-Elective Pre-Operative Bed Days (% of Spells): The percentage of non-elective bed days used prior to the day of a clinical procedure in the month was 30.5%.

Day of Surgery Admission (DOSA) Rate YTD



Overall Theatre Utilisation YTD



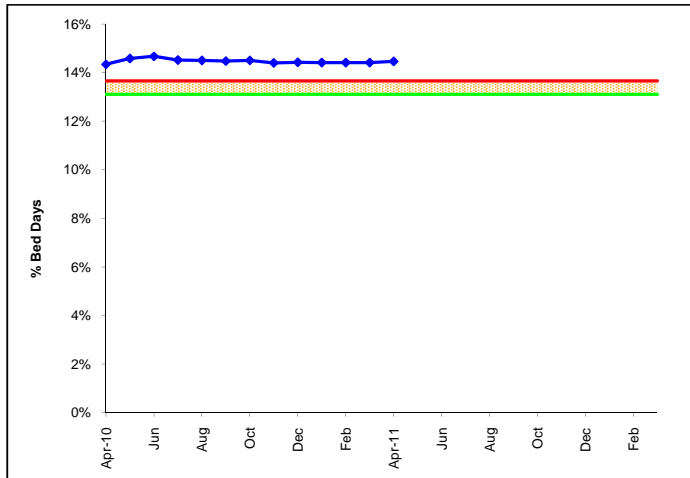
Key Highlights:

Day of Surgery Admission (DOSA) Rate: Performance for patients admitted in June on the day of surgery was 87.1%.

Theatre Utilisation: Actual theatre time used compared to planned theatre time allocated in June was 62.7%.

Month 03 - April 2011 to June 2011

Potential Bed Days Saved YTD



Key Highlights:

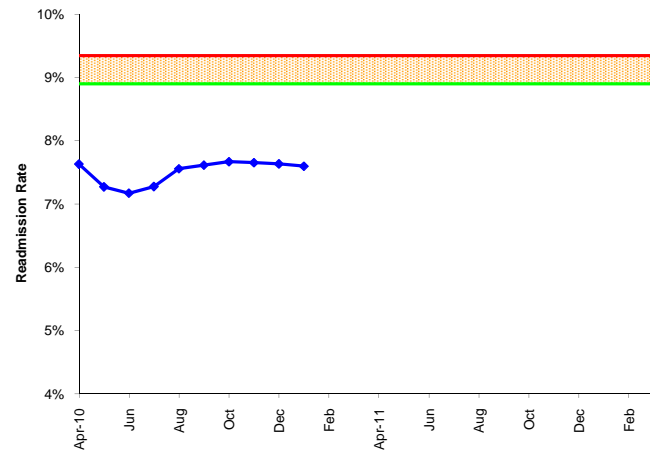
Potential Bed Days Saved (PBDS): This gives a proxy indication of potential bed days that could be saved if the length of stay for the Trust was at the comparative levels nationally.

This indicator reflects a key resource driver and accelerated improvement will be key to sustained financial equilibrium.

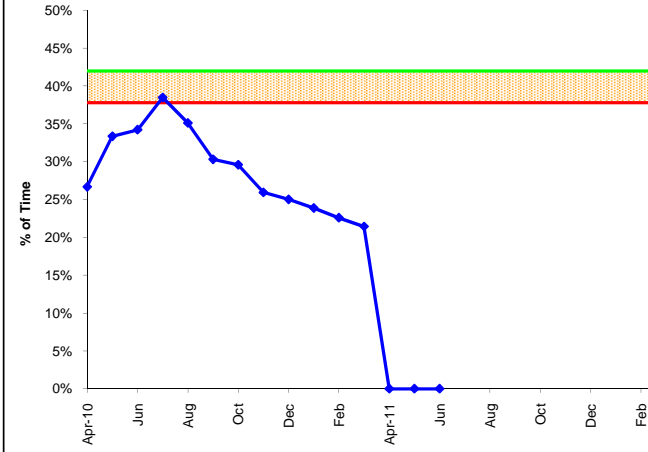
The rate for April was 14.5% of bed days that could be reduced.

Note: This target is derived from Dr Foster and will therefore be reported at least two months in arrears.

Readmission rates within 28 Days YTD



Stroke care - % of time spent on a stroke ward YTD



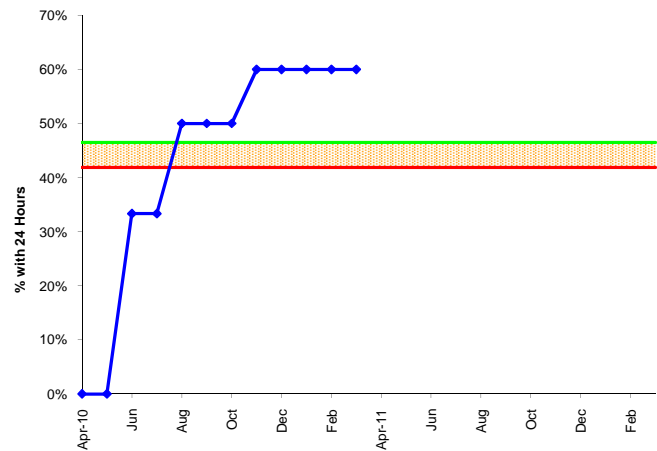
Key Highlights:

Readmission Rates within 28 Days: The Trust continues to remain below the threshold of 8.9%.

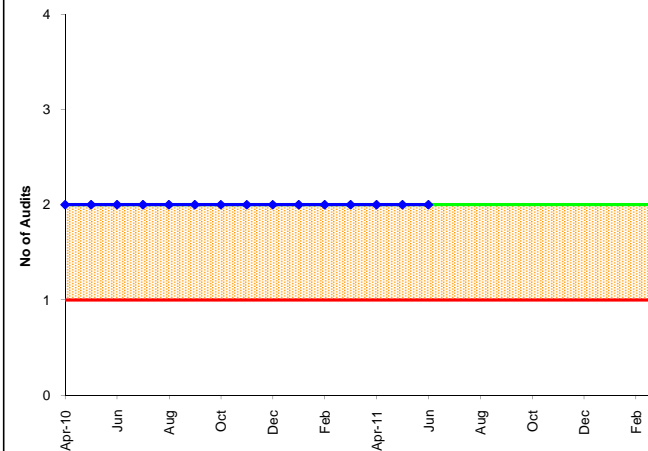
Please note this indicator will always be in arrears to ensure full capture of a patients pathway and the availability of the data.

Stroke care - % of time spent on a stroke ward: In June there were two patients admitted for stroke care whilst awaiting transfer to a Stroke Unit. Ealing Hospital is not commissioned to provide a full stroke care service and therefore performance against this indicator will register 0% compliance.

Stroke Care - TIA clinic access within 24 hours YTD



Participation in heart disease audits

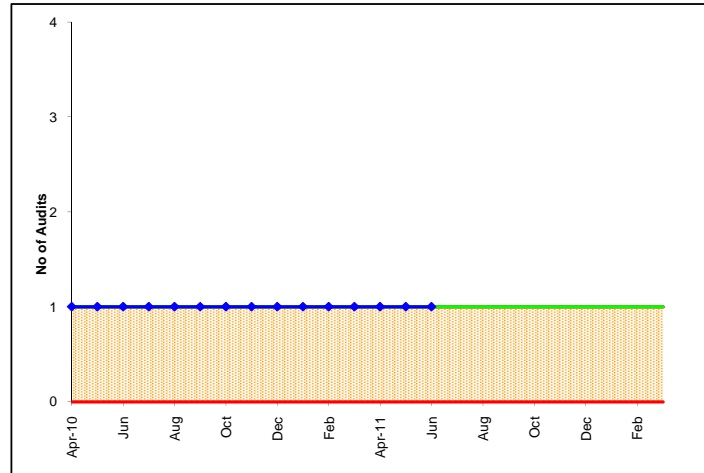


Key Highlights:

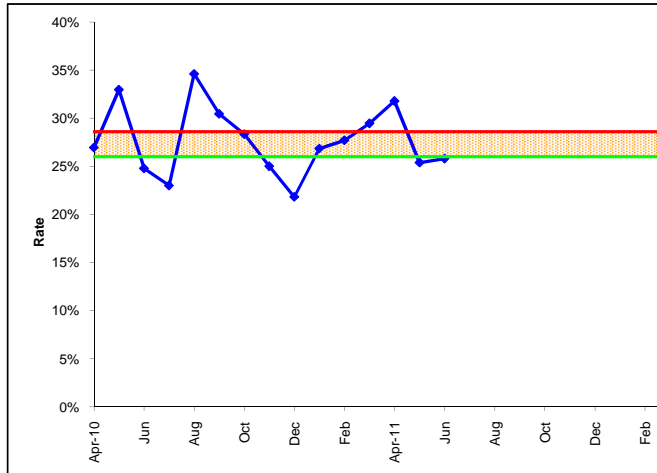
Stroke Care - TIA clinic access: This service has been decommissioned as part of the reconfiguration of Stroke services.

Participation in heart disease audits: Submission of these audits is undertaken by the appropriate department(s). Assurances have been given that all required submissions to achieve this target have/will be made on time and to expected standards.

Engagement in clinical audits



Caesarean Section Rate

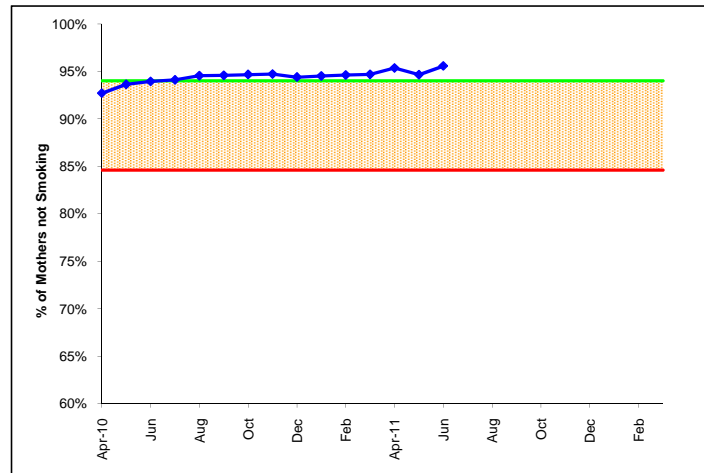


Key Highlights:

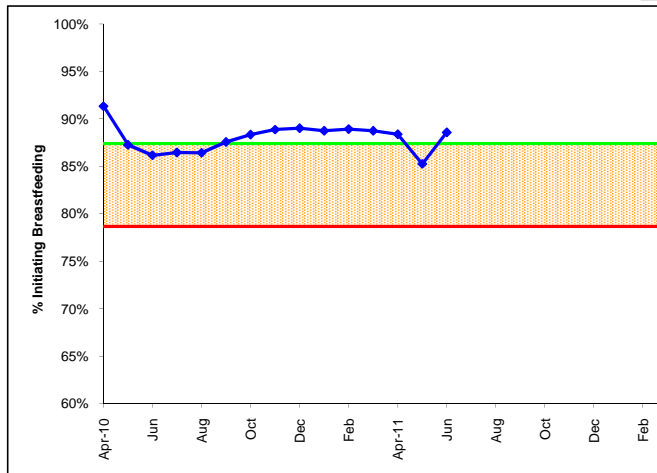
Engagement in clinical audits: The Trust expects to meet all required submissions to achieve this target.

Caesarean Section Rate: Performance for the current month is 25.8%. The maximum contractual threshold is 26% and the year to date rate is 27.7%. The Trust has received a performance notice from NHS North West London in respect of this indicator. As contractually required, a detailed remedial action plan is currently being developed.

% of mothers not smoking during pregnancy YTD



% initiation of breast feeding YTD



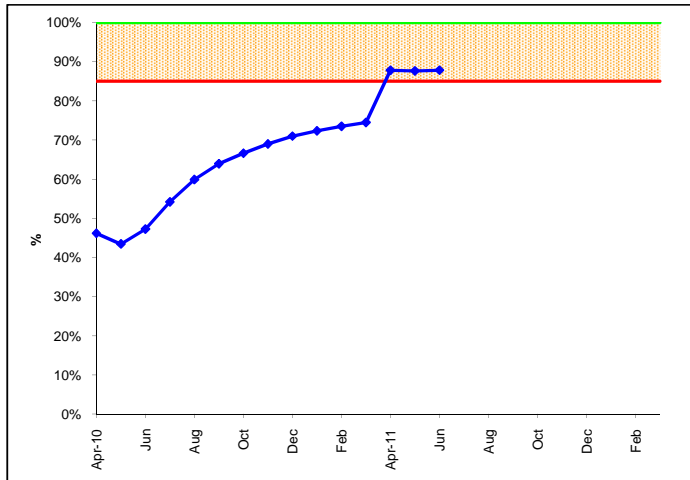
Key Highlights:

% of mothers not smoking: The level of performance for June was 97.7%.

% initiation of breast feeding: Performance for the current month is 96.4%.

Month 03 - April 2011 to June 2011

% Discharge Summaries Completed Within 24 Hours YTD

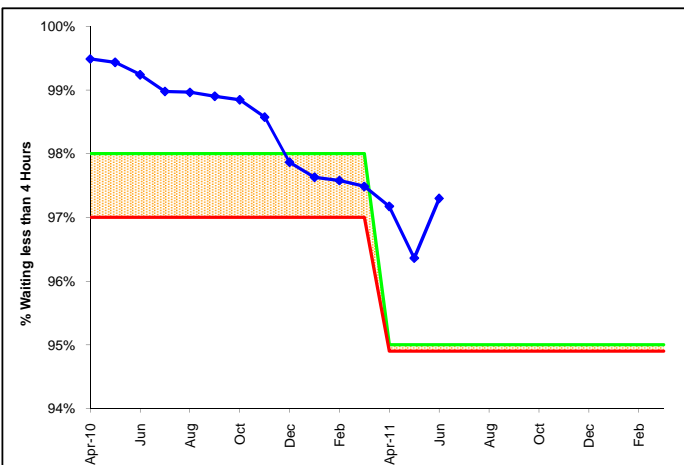


Key Highlights:

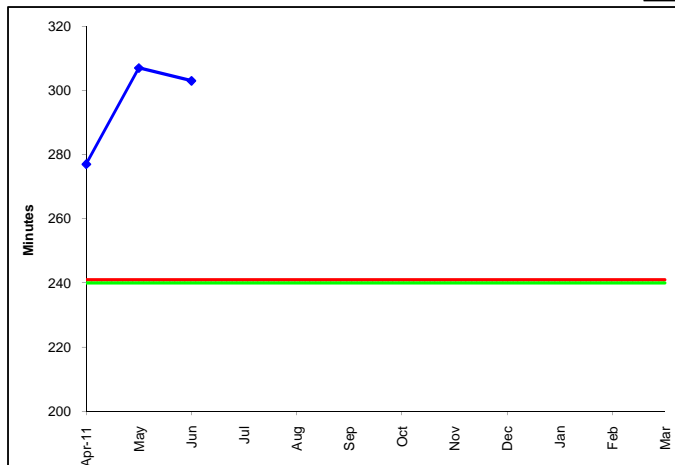
% Discharge Summaries Completed Within 24 Hours: The Trust is required to provide, within 24 hours of a patient's discharge, a summary to both the patient's GP and the patient.

In June 89.7% of all discharges had a summary produced within 24 hours.

% of patients who spent less than 4 hours waiting in A&E YTD



A&E: Total time (minutes) - Admitted patients (95th Percentile) YTD



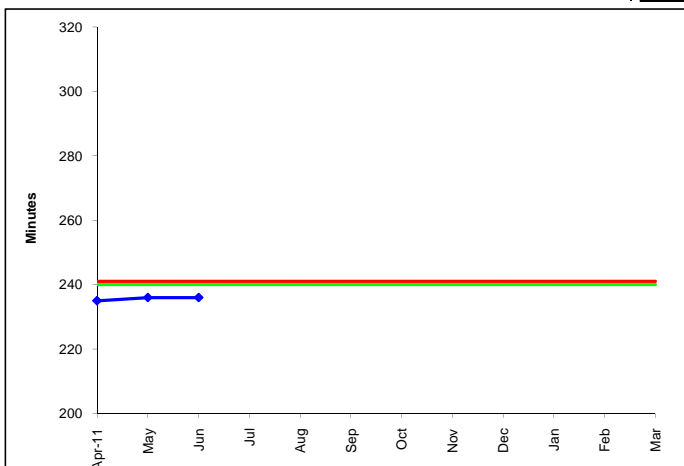
Key Highlights:

A&E Waits: Performance for June for type 1 A&E unit only was 96.3%. Performance for the year to date is 97.3%.

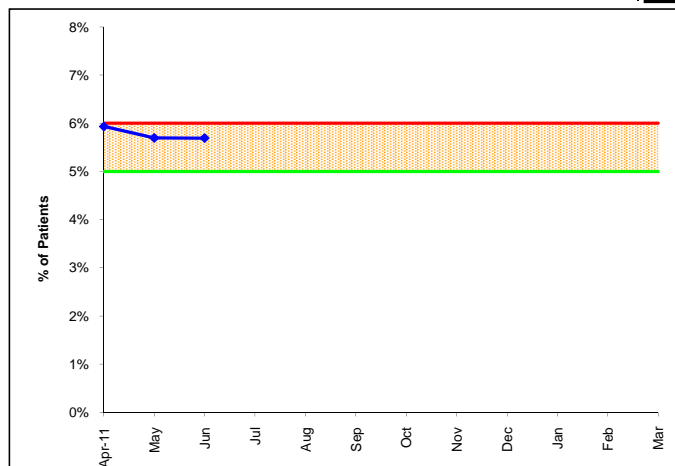
Performance for the year to date for both type 1 & 3 units is 97.81%.

A&E: Total time - Admitted: The 95th percentile wait for A&E patients admitted in June was 286 minutes. For the year to date this is 303 minutes against a standard of 240 minutes.

A&E: Total time (minutes) - Non Admitted (95th Percentile) YTD



A&E: Re-attendance within 7 days YTD

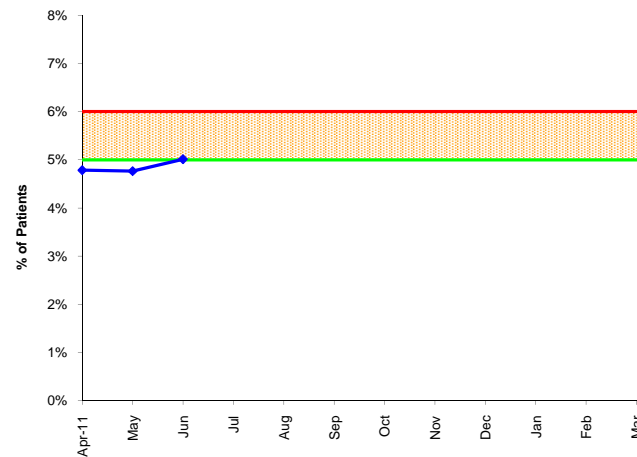


Key Highlights:

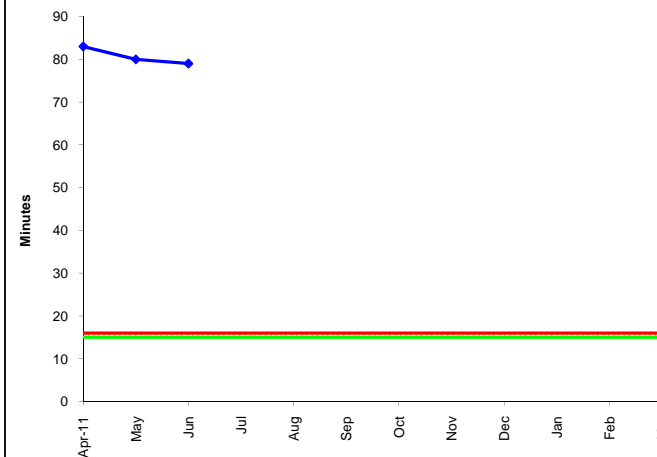
A&E: Total time - Non Admitted: The 95th percentile wait for A&E patients not subsequently admitted in June was 236 minutes. For the year to date the rate is 236 minutes against a standard of 240 minutes.

A&E: Re-attendance within 7 days: The rate of A&E re-attenders within 7 days in June was 5.69% against a maximum standard of 5%. For the year to date the rate is also 5.69%.

A&E: Patients leaving A&E without being seen YTD



A&E: Time (minutes) to initial assessment (95th Percentile) YTD

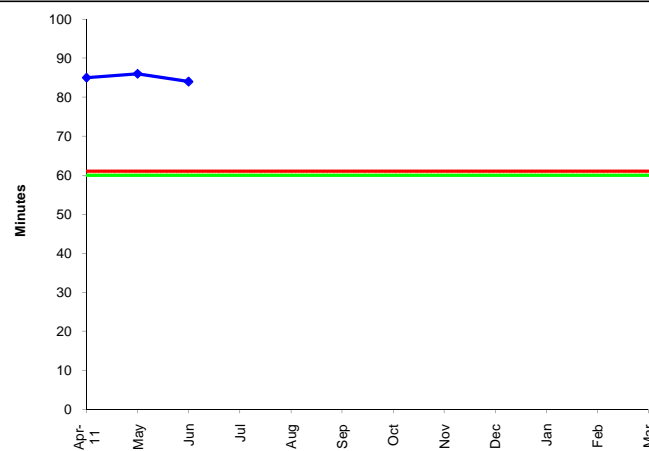


Key Highlights:

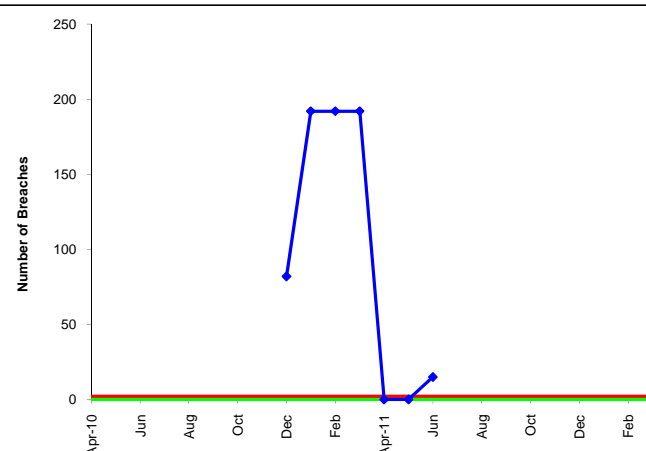
A&E: Patients leaving A&E without being seen: The rate of patients recorded as leaving A&E without being seen was 5.55% in June. The standard is a maximum of 5%. For the year to date the rate is 5.01%.

A&E: Time to initial assessment: The clinical quality standard is to ensure that patients arriving at A&E by emergency ambulance receive an initial assessment within 15 minutes. The national measure uses the 95th percentile. For June the rate was 79 minutes. This is also the rate for the year to date.

A&E: Time (minutes) to Treatment wait (Median) YTD



Mixed Sex Accommodation YTD

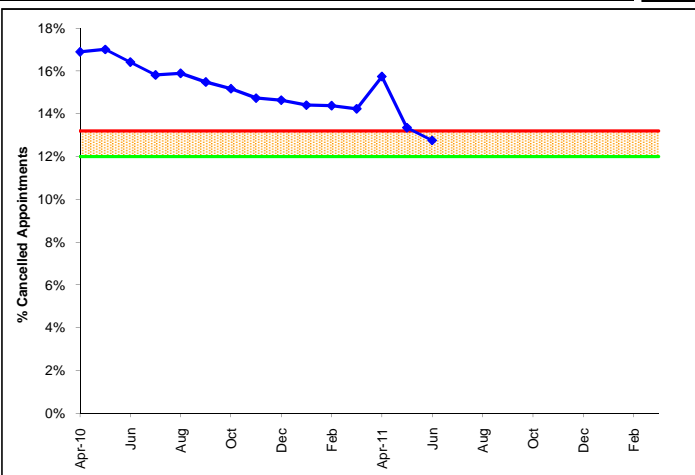


Key Highlights:

A&E: Time to Treatment: This standard requires the median number of patients to have commenced definitive treatment from a decision-making clinician within 60 minutes of arrival. For June the rate was 81 minutes and for the year to date the rate is 84 minutes.

Mixed Sex Accommodation: In June there were 15 breaches of mixed sex accommodation reported. These related to nine patients in the Clinical Decision Unit (CDU) and six endoscopy admissions. A full root cause analysis has been completed in compliance to contractual requirements and sent to NHS North West London.

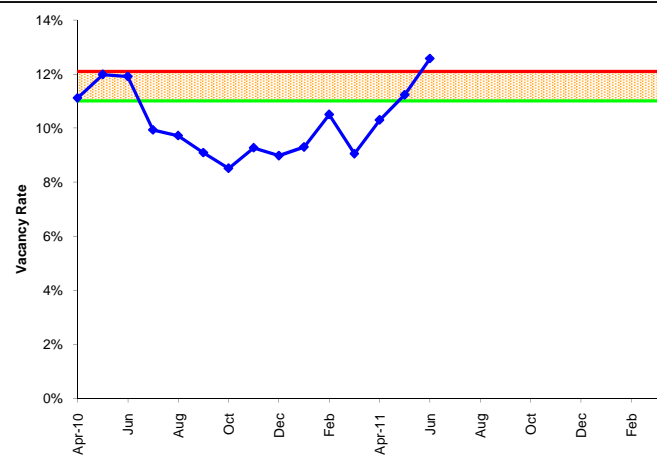
Hospital Cancelled Outpatients - Total Patients YTD



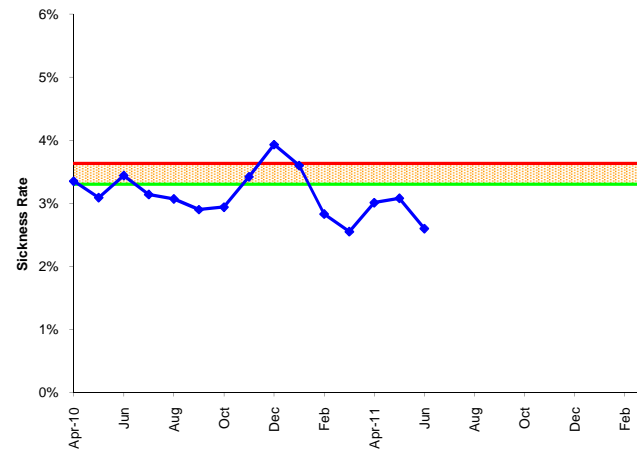
Key Highlights:

Hospital Cancelled Outpatients:
Appointments cancelled by the hospital remain above the indicative threshold. The rate for June was 11.7%.

Vacancy Rate



Sickness Rate

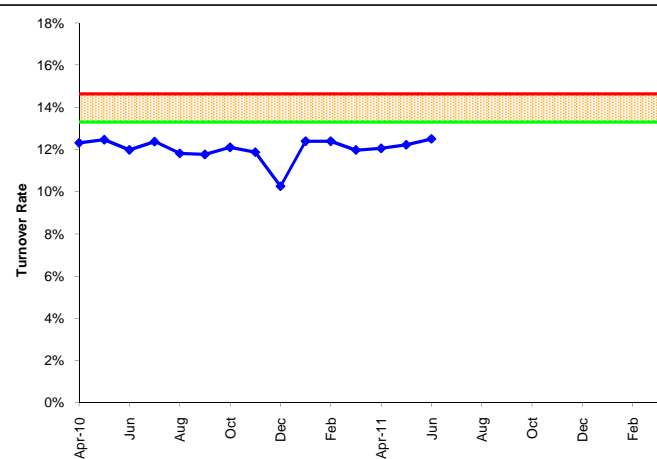


Key Highlights:

Vacancy Rate: Performance for the month was 12.57%.

Sickness Rate: Performance for the month was 2.60%.

Turnover Rate



Key Highlights:

Turnover Rate: In June the turnover rate was 12.5%.

Month 03 - April 2011 to June 2011