

Performance Dashboard

Trust Board - 25th June 2013

Code	Integrated Performance Measure		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Criteria for Traffic Lighting (Trajectory position)			Final Required Position	Year to Date		
1. QUALITY: HEADLINE MEASURES																					
HQU01	MRSA Bacteraemia (Attributed to Trust)		0	0											0	>0	>1	0	0		
HQU02	Clostridium Difficile Infections (Attributed to Trust)		3	2											<=2	>2		<=29	5		
HQU04	Patient Experience Survey		Annual Survey																		
HQU08	Mixed Sex Accommodation Breaches		0	0											0	>0		<=5	0		
	A&E Waiting Time: Total Time in A&E (% Trust)		92.2%	96.5%											>=95%	<95%	<90%	>=95%	94.3%		
	A&E Waiting Time: Total Time in A&E Quarterly (% Trust)		na												>=95%	<95%	<90%	>=95%	na		
HQU09	A&E Clinical Quality: Unplanned Re-attendance Rate (%)		CIC	3.7%	6.0%										<=3%	>3%	>=5%	<=3%	4.8%		
			WCH	5.8%	5.2%											<=3%	>3%	>=5%	<=3%	5.5%	
HQU10	A & E Clinical Quality: Total Time in the A&E Dept (hrs:mins)	Adm 95th Percentile	08:07	04:21											<=4	>4	>=6	<=4	06:14		
		Adm Median Wait	03:26	02:42												<=3	>3	>4	<=3	03:04	
		Adm Single Longest Wait	13:35	11:28												<=6	>6	>10	<=6	13:35	
		Non-Adm 95th Percentile	03:38	03:32												<=4	>4	>6	<=4	03:35	
		Non-Adm Median Wait	01:25	01:32												<=3	>3	>4	<=3	01:28	
		Non-Adm Single Longest Wait	11:13	11:53												<=6	>6	>10	<=6	11:53	
		Adm 95th Percentile	06:38	05:48												<=4	>4	>6	<=4	06:13	
		Adm Median Wait	02:45	02:56												<=3	>3	>4	<=3	02:50	
		Adm Single Longest Wait	11:55	11:21												<=6	>6	>10	<=6	11:55	
		Non-Adm 95th Percentile	03:07	03:22												<=4	>4	>=6	<=4	03:15	
		Non-Adm Median Wait	01:00	01:05											<=3	>3	>4	<=3	01:02		
		Non-Adm Single Longest Wait	12:00	12:03											<=6	>6	>10	<=6	12:03		
HQU11	A&E Clinical Quality: Left Without Being Seen Rate (5)		CIC	1.8%	1.4%										<=3%	>3%	>=5%	<=3%	1.6%		
			WCH	1.3%	2.5%											<=3%	>3%	>=5%	<=3%	1.9%	
HQU12	A & E Clinical Quality: Time to Initial Assessment (for patients arriving by emergency ambulance) (hrs:mins)		95th Percentile	00:32	00:16										<=00:15	>00:15	>00:20	<=00:15	00:24		
			Median Wait	00:08	00:06											<=00:08	>00:08	>00:11	<=00:08	00:07	
			Single Longest Wait	01:58	01:36											<=00:20	>00:20	>00:30	<=00:20	01:58	
			95th Percentile	00:46	00:43												<=00:15	>00:15	>00:20	<=00:15	00:44
			Median Wait	00:10	00:09												<=00:08	>00:08	>00:11	<=00:08	00:09
		Single Longest Wait	02:37	02:15										<=00:20	>00:20	>00:30	<=00:20	02:37			
HQU13	A & E Clinical Quality: Time to Treatment (hrs:mins)		Median Wait	00:23	00:24										<=01:00	>01:00	>01:30	<=01:00	00:23		
			95th Percentile	17:42	01:56											<=01:54	>01:54	>02:51	<=01:54	09:49	
			Median Wait	00:19	00:23											<=01:00	>01:00	>01:30	<=01:00	00:21	
		95th Percentile	01:53	02:11										<=01:54	>01:54	>02:51	<=01:54	02:02			

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HQU14	Cancer: 2 Week Waits	All Cancers	92.5%	93.4%											>=93%	<93%	<88%	>=93%	93.0%			
		Breast Symptomatic	96.4%	95.9%												>=93%	<93%	<88%	>=93%	96.2%		
HQU15	Cancer: 62 Day Waits	All Cancers: 2 month Urgent Referral to Treatment	86.4%	78.6%											>=85%	<85%	<80%	>=85%	82.7%			
		62 Day Wait For First Treatment - Screening	80.0%	83.3%											>=90%	<90%	<85%	>=90%	81.5%			
		62 Day Wait For First Treatment - Cons Upgrade	<i>nad</i>	<i>nad</i>												>=85%	<85%	<80%	>=85%	<i>nad</i>		
HQU16	Emergency Re-admissions (within 30 days)		6.1%	<i>na</i>											<=6%	>6%	>8%	<=6%	6.1%			
2. RESOURCES: HEADLINE MEASURES (Financial performance data in Section 4 of Performance Report)																						
HRS05_01	Acute G&A Bed Capacity - Average No of Available Daycase Beds		101	<i>na</i>											For Trending Purposes				⬇️			
HRS05_02	Acute G&A Bed Capacity - Average No of Available Inpatient Beds		583	<i>na</i>																⬆️		
HRS05_03	Acute G&A Bed Capacity - Total Available Beds		684	<i>na</i>																	⬇️	
HRS06	Non Elective G&A FFCE's		2550	2547																		↔️
HRS07	Referral to Treatment: Number of incomplete Pathways		14698	15314																		↔️
3. QUALITY: SUPPORTING MEASURES																						
SQU01	VTE Risk Assessment		95.03%	<i>na</i>														>=95%	95.03%			
SQU04_01	A&E Clinical Quality: (Comp A) Ambulatory Care (% of A&E att that are admitted)	Cellulitis	CIC		<i>na</i>														<i>na</i>			
		DVT	CIC		<i>na</i>														<i>na</i>			
	A&E Clinical Quality: (Comp B) Ambulatory Care (Rate per 100,000 unitted population)	Cellulitis	WCH		<i>na</i>														<i>na</i>			
		DVT	WCH		<i>na</i>														<i>na</i>			
	A&E Clinical Quality: (Comp B) Ambulatory Care (Rate per 100,000 unitted population)	Cellulitis	CIC		<i>na</i>														<i>na</i>			
		DVT	CIC		<i>na</i>														<i>na</i>			
SQU04_02	A&E Clinical Quality: Consultant Sign Off		CIC		<i>na</i>														<i>na</i>			
	A&E Clinical Quality: Consultant Sign Off		WCH		<i>na</i>														<i>na</i>			
SQU05	Cancer: 31 Day Waits	One month Wait For First Definitive Treatment	95.8%	98.3%											>= 96%	< 96%	<91%	>=96%	96.9%			
		31 Day Wait for Subsequent Treatment - Surgery	100%	100%											>= 94%	< 94%	<89%	>=94%	100%			
		31 Day Wait for Subsequent Treatment - Drugs	100%	100%											>= 94%	< 94%	<89%	>=94%	100%			
		31 Day Wait for Subsequent Treatment - Palliative	100%	<i>nad</i>											>= 94%	< 94%	<89%	>=94%	100%			
		31 Day Wait for Subsequent Treatment - R'therapy	97.9%	97.7%											>=94%	<94%	<89%	>=94%	97.8%			
SQU06	Strokes: Patients with 90% of their admission on a Stroke Ward		69.0%	<i>na</i>											>=80%	<80%	<80%	>=80%	69.0%			
	Strokes: TIA Referrals Assessed & treated within 24 Hours		<i>na</i>	<i>na</i>											>=60%	<60%	<60%	>=60%	<i>na</i>			
SQU10	Staff Engagement		Annual survey																			
SQU11	Patient Reported Outcome Scores (PROMS)	Elective Hip Replacements	Available data to December 2012 only																			
		Groin Surgery	Available data to December 2012 only																			
		Hernia Surgery	Available data to December 2012 only																			
		Varicose Vein Surgery	Available data to December 2012 only																			
SQU17	Low Value Procedures		Under Development (nationally)																			

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4. RESOURCES: SUPPORTING MEASURES (Some HR measures covered in Section 3 of the Performance Report)																			
SRS08	Length of Stay for Acute G&A Spells	5.2	5.0											<=3.8	>3.8	>5.0	<=3.8	5.2	
SRS09	Daycase Rate (G&A)	81.9%	82.2%											>=80%	<80%	<70%	>=80%	82.1%	
SRS10	Delayed Transfers of Care	4.9%	5.5%											<=3.5%	>3.5%	>5.0%	<=3.5%	5.2%	
SRS11	GP Written Referrals to Hospital (G&A)	5446	5644											For Trending Purposes					
SRS12	Other Referrals For a First OP Appointment (G&A)	1236	1350																
SRS13	First OP Attendances Following GP Referral (G&A)	4500	4749																
SRS14	All First OP Attendances (G&A)	6053	6437																
SRS15	Elective FFCE's (G&A)	3169	3315																
SRS16	A&E Attendances	CIC	3664	3708															
		WCH	2642	2686															
SRS19	Staff Absences (Sickness absence rate)	4.8%	3.6%											<=3.5%	>3.5%	>5%	<=3.5%	4.2%	
SRS20	Temporary Staffing Costs (Including agency costs)	7.4%	8.4%											<=2%	>2%	>4%	<=2%	7.9%	
5. LOCAL MONITORING																			
	Thrombolysis: 60 minute call to needle time	66.7%	71.4%											>=68%	<68%	<48%	>=68%	69.2%	
	Referral to Treatment	Percentage admitted patients treated within 18 weeks	83.2%	84.0%											>=90%	<90%	<85%	>=90%	83.6%
		Percentage non-adm patients treated within 18 weeks	95.5%	96.0%											>=95%	<95%	<90%	>=95%	95.7%
		Percentage incomplete pathways treated within 18 weeks	92.6%	91.9%											>=92%	<92%	<87%	>=92%	92.3%
	Cancelled operations	% Cancelled	1.2%	1.0%											<=0.8%	>0.8%	>1.5%	<=0.8%	1.1%
		28 day rule	2.7%	5.9%											<=5%	> 5%	> 15%	<=5%	4.2%
	Infant Health: Breastfeeding Initiation	70.4%	66.0%												>=68%	<68%	<63%	>=68%	68.1%
Infant Health: Smoking at Delivery	13.4%	13.2%												<=18.95%	>18.95%	>19.95%	<=18.95%	13.3%	
No of patients waiting longer than 6 weeks for diagnostic tests	4													0	>0	>2	<=25	4	
Choose and Book slot availability	84.8%	81.9%												>=85%	< 85%	<70%	>=85%	83.3%	
6. LOCAL PRODUCTIVITY METRICS																			
	Reduce inpatient length of stay (elective)	2.5	na											<=3.1	>3.1	>3.6	<=3.1	2.5	
	Reduce inpatient length of stay (non-elective)	5.3	na											<=4.2	>4.2	>4.8	<=4.2	5.3	
	Day Case rate for Basket of 25 procedures	80.3%	na											>=80%	<80%	<70%	>=80%	80.3%	
	Pre-operative bed days (elective)	5.5%	na											<=6%	>6%	>11%	<=6%	5.5%	
	Outpatient Follow-up to New (FU:N) Ratio	2.3	na											<=2	>2	>6	<=2	2.3	
	Outpatient Did Not Attend (DNA) rate	5.8%	na											<=7%	>7%	>10%	<=7%	5.8%	

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7. LOCAL WORKFORCE METRICS																		
	Sickness \ Absence Cost (£000)	£441.7	£337.9											<=£286	>286	>£386	n/a	£779.6
	Turnover Rate (%)	0.37%	0.48%											<=1%	>1%	>1.5%	<=1%	0.43%
	KSF Development Reviews (Rolling Total)	73.5%												>=80%	<80%	<50%	<=80%	73.5%
8. LOCAL QUALITY METRICS																		
	Risk Adjusted Mortality (CHKS data - Rolling Year)	99	na											<=100	>100	>110	<100	99
	Hospital Standard Mortality Ratio (Dr Foster data Rolling Year)	na	na															na
	Summary Hospital Mortality Indicator (Dr Foster data Rolling Year)	110.4	na											>=89 and <=112	<89 and >112			110.4
	Slips, Trips & Falls (inpatients)	103	88											<=100	>100	>110	<1200	191
	MSSA (Attributed to Trust)	2	1											<=1	>1	>2	<=11	3
9. ESTATE METRICS																		
	Planned Preventative Maintenance	CIC	99.72%	100%										>=80%	<80%	<70%	>=80%	99.88%
		WCH	96.09%	90.27%											>=80%	<80%	<70%	>=80%
	Maintenance Request Response Times	CIC	99.55%	99.40%										>=80%	<80%	<70%	>=80%	99.48%
		WCH	99.49%	98.90%											>=80%	<80%	<70%	>=80%
	Planned Preventative Maintenance - Medical Engineering	CIC	74.44%	40.48%										>=80%	<80%	<70%	>=80%	58.05%
		WCH	78.20%	73.04%											>=80%	<80%	<70%	>=80%
	Maintenance Request Response Times - Medical Engineering	CIC	96.57%	93.58%										>=80%	<80%	<70%	>=80%	94.91%
		WCH	99.48%	98.91%											>=80%	<80%	<70%	>=80%
10. FACILITIES METRICS																		
	Catering: Waste Scores	CIC	4.44%	4.60%										<=6%	>6%	>9%	<=6.0%	4.52%
		WCH	5.03%	4.91%											<=6%	>6%	>9%	<=6.0%
	Domestic: Cleaning Audit (Quarterly Report)	CIC	na											>=95%	<95%	<90%	>=95%	na
		WCH	na												>=95%	<95%	<90%	>=95%
	Portering: Request Response	CIC	87.77%	99.92%										>=90%	<90%	<80%	>=90%	92.39%
		WCH	100%	100%											>=90%	<90%	<80%	>=90%

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11. REFERRAL TO TREATMENT ANALYSIS BY SPECIALTY																		
	Admitted Patient Care: Percentage treated within 18 weeks																	
	Surgery	90.9%	89.5%											>=90%	<90%	<85%	>=90%	90.2%
	Urology	80.7%	84.3%											>=90%	<90%	<85%	>=90%	82.0%
	Orthopaedics	52.6%	52.6%											>=90%	<90%	<85%	>=90%	52.6%
	ENT	87.9%	89.2%											>=90%	<90%	<85%	>=90%	88.6%
	Ophthalmology	80.3%	82.3%											>=90%	<90%	<85%	>=90%	81.4%
	Oral Surgery	65.8%	92.9%											>=90%	<90%	<85%	>=90%	81.0%
	General Medicine	100%	100.0%											>=90%	<90%	<85%	>=90%	100%
	Gastroenterology	97.5%	98.2%											>=90%	<90%	<85%	>=90%	97.9%
	Cardiology	92.9%	95.7%											>=90%	<90%	<85%	>=90%	94.2%
	Dermatology	86.0%	83.9%											>=90%	<90%	<85%	>=90%	84.8%
	Respiratory Medicine	100%	100.0%											>=90%	<90%	<85%	>=90%	100%
	Rheumatology	nad	nad											>=90%	<90%	<85%	>=90%	nad
	Elderly Care	nad	nad											>=90%	<90%	<85%	>=90%	nad
	Gynaecology	79.4%	84.4%											>=90%	<90%	<85%	>=90%	81.9%
	Other	88.1%	93.9%											>=90%	<90%	<85%	>=90%	90.7%
	Non-admitted Patient Care: Percentage treated within 18 weeks																	
	Surgery	96.0%	96.5%											>=95%	<95%	<90%	>=95%	96.3%
	Urology	92.7%	91.2%											>=95%	<95%	<90%	>=95%	92.0%
	Orthopaedics	89.7%	88.4%											>=95%	<95%	<90%	>=95%	89.0%
	ENT	98.1%	98.3%											>=95%	<95%	<90%	>=95%	98.2%
	Ophthalmology	98.1%	97.9%											>=95%	<95%	<90%	>=95%	98.0%
	Oral Surgery	87.0%	92.8%											>=95%	<95%	<90%	>=95%	89.7%
	General Medicine	100%	97.5%											>=95%	<95%	<90%	>=95%	98.2%
	Gastroenterology	94.3%	92.0%											>=95%	<95%	<90%	>=95%	93.0%
	Cardiology	89.7%	93.5%											>=95%	<95%	<90%	>=95%	91.6%
	Dermatology	96.7%	97.9%											>=95%	<95%	<90%	>=95%	97.4%
	Respiratory Medicine	94.9%	98.3%											>=95%	<95%	<90%	>=95%	96.2%
	Rheumatology	99.2%	99.7%											>=95%	<95%	<90%	>=95%	99.5%
	Elderly Care	100%	98.4%											>=95%	<95%	<90%	>=95%	99.2%
	Gynaecology	98.1%	98.6%											>=95%	<95%	<90%	>=95%	98.4%
	Other	99.7%	98.9%											>=95%	<95%	<90%	>=95%	99.3%

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11. REFERRAL TO TREATMENT ANALYSIS BY SPECIALTY (Cont)																
	Incomplete Pathways - Number of Incomplete Pathways															
	Surgery	1647	1656											For Trending Purposes		
	Urology	964	1054													
	Orthopaedics	2505	2661													
	ENT	1291	1352													
	Ophthalmology	1736	1783													
	Oral Surgery	927	940													
	General Medicine	175	208													
	Gastroenterology	927	866													
	Cardiology	857	938													
	Dermatology	725	780													
	Respiratory Medicine	306	295													
	Rheumatology	448	437													
	Elderly Care	121	130													
	Gynaecology	943	1033													
	Other	1126	1181													
11. REFERRAL TO TREATMENT ANALYSIS BY SPECIALTY (Cont)																
	Incomplete Pathways - Number of Incomplete Pathways within 18 weeks															
	Surgery	1526	1541											For Trending Purposes		
	Urology	902	960													
	Orthopaedics	2030	2135													
	ENT	1242	1294													
	Ophthalmology	1644	1706													
	Oral Surgery	878	893													
	General Medicine	172	203													
	Gastroenterology	894	800													
	Cardiology	814	885													
	Dermatology	691	743													
	Respiratory Medicine	293	286													
	Rheumatology	443	425													
	Elderly Care	117	128													
	Gynaecology	851	927													
	Other	1114	1152													

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11. REFERRAL TO TREATMENT ANALYSIS BY SPECIALTY (Cont)																		
	Incomplete Pathways - Percentage within 18 weeks																	
	Surgery	92.7%	93.1%											>=92%	<92%	<87%	>=92%	92.7%
	Urology	93.6%	91.1%											>=92%	<92%	<87%	>=92%	93.6%
	Orthopaedics	81.0%	80.2%											>=92%	<92%	<87%	>=92%	81.0%
	ENT	96.2%	95.7%											>=92%	<92%	<87%	>=92%	96.2%
	Ophthalmology	94.7%	95.7%											>=92%	<92%	<87%	>=92%	94.7%
	Oral Surgery	94.7%	95.0%											>=92%	<92%	<87%	>=92%	94.7%
	General Medicine	98.3%	97.6%											>=92%	<92%	<87%	>=92%	98.3%
	Gastroenterology	96.4%	92.4%											>=92%	<92%	<87%	>=92%	96.4%
	Cardiology	95.0%	94.3%											>=92%	<92%	<87%	>=92%	95.0%
	Dermatology	95.3%	95.3%											>=92%	<92%	<87%	>=92%	95.3%
	Respiratory Medicine	95.8%	96.9%											>=92%	<92%	<87%	>=92%	95.8%
	Rheumatology	98.9%	97.3%											>=92%	<92%	<87%	>=92%	98.9%
	Elderly Care	96.7%	98.5%											>=92%	<92%	<87%	>=92%	96.7%
	Gynaecology	90.2%	89.7%											>=92%	<92%	<87%	>=92%	90.2%
	Other	98.9%	97.5%											>=92%	<92%	<87%	>=92%	98.9%