






Performance Dashboard

Trust Board - 28th May 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	>1	0	0			
HQU02	Clostridium Difficile Infections (Attributed to Trust)		3													<=2	>2		<=29	3			
HQU04	Patient Experience Survey		Annual Survey																				
HQU08	Mixed Sex Accommodation Breaches		0													0	>0		<=5	0			
	A&E Waiting Time: Total Time in A&E (% Trust)		92.2%													>=95%	<95%	<90%	>=95%	92.2%			
	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%												<=3%	>3%	>=5%	<=3%	3.7%			
			WCH	5.8%													<=3%	>3%	>=5%	<=3%	5.8%		
HQU10	A & E Clinical Quality: Total Time in the A&E Dept (hrs:mins)	Adm 95th Percentile	CIC	08:07												<=4	>4	>=6	<=4	08:07			
		Adm Median Wait		03:26													<=3	>3	>4	<=3	03:26		
		Adm Single Longest Wait		13:35														<=6	>6	>10	<=6	13:35	
		Non-Adm 95th Percentile		03:38														<=4	>4	>6	<=4	03:38	
		Non-Adm Median Wait		01:25														<=3	>3	>4	<=3	01:25	
		Non-Adm Single Longest Wait	11:13														<=6	>6	>10	<=6	11:13		
		Adm 95th Percentile	WCH	06:38														<=4	>4	>6	<=4	06:38	
		Adm Median Wait		02:45														<=3	>3	>4	<=3	02:45	
		Adm Single Longest Wait		11:55														<=6	>6	>10	<=6	11:55	
		Non-Adm 95th Percentile		03:07														<=4	>4	>=6	<=4	03:07	
Non-Adm Median Wait	01:00															<=3	>3	>4	<=3	01:00			
Non-Adm Single Longest Wait	12:00														<=6	>6	>10	<=6	12:00				
HQU11	A&E Clinical Quality: Left Without Being Seen Rate (5)		CIC	0.9%												<=3%	>3%	>=5%	<=3%	2.5%			
			WCH	2.5%													<=3%	>3%	>=5%	<=3%	2.5%		
HQU12	A & E Clinical Quality: Time to Initial Assessment (for patients arriving by emergency ambulance) (hrs:mins)		95th Percentile	CIC	00:32												<=00:15	>00:15	>00:20	<=00:15	00:32		
			Median Wait		00:08													<=00:08	>00:08	>00:11	<=00:08	00:08	
			Single Longest Wait		01:58														<=00:20	>00:20	>00:30	<=00:20	01:58
			95th Percentile	WCH	00:46														<=00:15	>00:15	>00:20	<=00:15	00:46
			Median Wait		00:10														<=00:08	>00:08	>00:11	<=00:08	00:10
Single Longest Wait	02:37															<=00:20	>00:20	>00:30	<=00:20	02:37			
HQU13	A & E Clinical Quality: Time to Treatment (hrs:mins)		Median Wait	CIC	00:23												<=01:00	>01:00	>01:30	<=01:00	00:23		
			95th Percentile		17:42													<=01:54	>01:54	>02:51	<=01:54	17:42	
			Median Wait	00:19														<=01:00	>01:00	>01:30	<=01:00	00:19	
95th Percentile	01:53															<=01:54	>01:54	>02:51	<=01:54	01:53			

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HQU14	Cancer: 2 Week Waits	All Cancers	92.5%												>=93%	<93%	<88%	>=93%	92.5%
		Breast Symptomatic	96.4%													>=93%	<93%	<88%	>=93%
HQU15	Cancer: 62 Day Waits	All Cancers: 2 month Urgent Referral to Treatment	85.6%												>=85%	<85%	<80%	>=85%	85.6%
		62 Day Wait For First Treatment - Screening	86.7%												>=90%	<90%	<85%	>=90%	86.7%
		62 Day Wait For First Treatment - Cons Upgrade	na													>=85%	<85%	<80%	>=85%
HQU16	Emergency Re-admissions (within 30 days)		na												<=6%	>6%	>8%	<=6%	na
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		na												For Trending Purposes			    	
HRS05_02	Acute G&A Bed Capacity - Average No of Available Inpatient Beds		na																
HRS05_03	Acute G&A Bed Capacity - Total Available Beds		na																
HRS06	Non Elective G&A FFCE's		2550																
HRS07	Referral to Treatment: Number of incomplete Pathways		14698																
3. QUALITY: SUPPORTING MEASURES																			
SQU01	VTE Risk Assessment		na															>=95%	na
SQU04_01	A&E Clinical Quality: (Comp A) Ambulatory Care (% of A&E att that are admitted)	Cellulitis	CIC	na														na	
		DVT		na														na	
		Cellulitis	WCH	na														na	
		DVT		na														na	
	A&E Clinical Quality: (Comp B) Ambulatory Care (Rate per 100,000 unitted population)	Cellulitis	CIC	na														na	
		DVT		na														na	
		Cellulitis	WCH	na														na	
		DVT		na														na	
SQU04_02	A&E Clinical Quality: Consultant Sign Off			na														na	
				na														na	
SQU05	Cancer: 31 Day Waits	One month Wait For First Definitive Treatment	94.9%												>= 96%	< 96%	<91%	>=96%	94.9%
		31 Day Wait for Subsequent Treatment - Surgery	100%												>= 94%	< 94%	<89%	>=94%	100%
		31 Day Wait for Subsequent Treatment - Drugs	100%												>= 94%	< 94%	<89%	>=94%	100%
		31 Day Wait for Subsequent Treatment - Palliative	na												>= 94%	< 94%	<89%	>=94%	na
		31 Day Wait for Subsequent Treatment - R'therapy	95.7%												>=94%	<94%	<89%	>=94%	95.7%
SQU06	Strokes: Patients with 90% of their admission on a Stroke Ward		na												>=80%		<80%	>=80%	na
	Strokes: TIA Referrals Assessed & treated within 24 Hours		na												>=60%		<60%	>=60%	na
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												<=3.8	>3.8	>5.0	<=3.8	5.2	
SRS09	Daycase Rate (G&A)	81.9%												>=80%	<80%	<70%	>=80%	81.9%	
SRS10	Delayed Transfers of Care	4.9%												<=3.5%	>3.5%	>5.0%	<=3.5%	4.9%	
SRS11	GP Written Referrals to Hospital (G&A)	5491												For Trending Purposes				↑	
SRS12	Other Referrals For a First OP Appointment (G&A)	1236																	↑
SRS13	First OP Attendances Following GP Referral (G&A)	4305																	↑
SRS14	All First OP Attendances (G&A)	6183																	↑
SRS15	Elective FFCE's (G&A)	3169																	↑
SRS16	A&E Attendances	CIC	3664																↔
		WCH	2642																↔
SRS19	Staff Absences (Sickness absence rate)	4.8%												<=3.5%	>3.5%	>5%	<=3.5%	4.8%	
SRS20	Temporary Staffing Costs (Including agency costs)	7.4%												<=2%	>2%	>4%	<=2%	7.4%	
5. LOCAL MONITORING																			
	Data Quality on Ethnic Groups: Completeness of Trust IP Coding	93.3%												>=85%	<85%	<60%	>=85%	93.3%	
	Thrombolysis: 60 minute call to needle time	50.0%												>=68%	<68%	<48%	>=68%	50.0%	
	Referral to Treatment	Percentage admitted patients treated within 18 weeks	83.2%												>=90%	<90%	<85%	>=90%	83.2%
		Percentage non-adm patients treated within 18 weeks	95.4%												>=95%	<95%	<90%	>=95%	95.4%
		Percentage incomplete pathways treated within 18 weeks	92.6%												>=92%	<92%	<87%	>=92%	92.6%
	Cancelled operations	% Cancelled	1.2%												<=0.8%	>0.8%	>1.5%	<=0.8%	1.2%
		28 day rule	2.7%												<=5%	>5%	>15%	<=5%	2.7%
	Infant Health: Breastfeeding Initiation	70.2%													>=68%	<68%	<63%	>=68%	70.2%
	Infant Health: Smoking at Delivery	13.5%													<=18.95%	>18.95%	>19.95%	<=18.95%	13.5%
	No of patients waiting longer than 6 weeks for diagnostic tests	4													0	>0	>2	<=25	4
Choose and Book slot availability	84.8%													>=85%	<85%	<70%	>=85%	84.8%	
6. LOCAL PRODUCTIVITY METRICS																			
	Reduce inpatient length of stay (elective)	na												<=3.1	>3.1	>3.6	<=3.1	na	
	Reduce inpatient length of stay (non-elective)	na												<=4.2	>4.2	>4.8	<=4.2	na	
	Day Case rate for Basket of 25 procedures	80.3%												>=80%	<80%	<70%	>=80%	80.3%	
	Pre-operative bed days (elective)	na												<=6%	>6%	>11%	<=6%	na	
	Outpatient Follow-up to New (FU:N) Ratio	na												<=2	>2	>6	<=2	na	
	Outpatient Did Not Attend (DNA) rate	na												<=7%	>7%	>10%	<=7%	na	

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7. LOCAL WORKFORCE METRICS																		
	Sickness \ Absence Cost (£000)	£441.7												<=£286	>286	>£386	n/a	£441.7
	Turnover Rate (%)	0.37%												<=1%	>1%	>1.5%	<=1%	0.37%
	KSF Development Reviews (Rolling Total)	73.5%												>=80%	<80%	<50%	<=80%	73.5%
8. LOCAL QUALITY METRICS																		
	Risk Adjusted Mortality (CHKS data - Rolling Year)	na												<=100	>100	>110	<100	na
	Hospital Standard Mortality Ratio (Dr Foster data Rolling Year)	na																na
	Summary Hospital Mortality Indicator (Dr Foster data Rolling Year)	110.4												>=89 and <=112	<89 and >112			110.4
	Slips, Trips & Falls (inpatients)	102												<=100	>100	>110	<1200	102
	MSSA (Attributed to Trust)	2												<=1	>1	>2	<=11	2
9. ESTATE METRICS																		
	Planned Preventative Maintenance	CIC	99.72%											>=80%	<80%	<70%	>=80%	99.72%
		WCH	96.09%												>=80%	<80%	<70%	>=80%
	Maintenance Request Response Times	CIC	99.55%											>=80%	<80%	<70%	>=80%	99.55%
		WCH	99.52%												>=80%	<80%	<70%	>=80%
10. FACILITIES METRICS																		
	Catering: Waste Scores	CIC	4.44%											<=6%	>6%	>9%	<=6.0%	4.44%
		WCH	5.03%												<=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%											>=90%	<90%	<80%	>=90%	87.77%
		WCH	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%												>=90% <90% <85%	>=90%	90.9%
	Urology	80.7%												>=90% <90% <85%	>=90%	80.7%
	Orthopaedics	52.6%												>=90% <90% <85%	>=90%	52.6%
	ENT	87.9%												>=90% <90% <85%	>=90%	87.9%
	Ophthalmology	80.3%												>=90% <90% <85%	>=90%	80.3%
	Oral Surgery	65.8%												>=90% <90% <85%	>=90%	65.8%
	General Medicine	100%												>=90% <90% <85%	>=90%	100%
	Gastroenterology	97.5%												>=90% <90% <85%	>=90%	97.5%
	Cardiology	92.9%												>=90% <90% <85%	>=90%	92.9%
	Dermatology	86.0%												>=90% <90% <85%	>=90%	86.0%
	Respiratory Medicine	100%												>=90% <90% <85%	>=90%	100%
	Rheumatology	na												>=90% <90% <85%	>=90%	na
	Elderly Care	na												>=90% <90% <85%	>=90%	na
	Gynaecology	79.4%												>=90% <90% <85%	>=90%	79.4%
	Other	88.1%												>=90% <90% <85%	>=90%	88.1%
	Non-admitted Patient Care: Percentage treated within 18 weeks															
	Surgery	96.0%												>=95% <95% <90%	>=95%	96.0%
	Urology	92.7%												>=95% <95% <90%	>=95%	92.7%
	Orthopaedics	89.7%												>=95% <95% <90%	>=95%	89.7%
	ENT	98.1%												>=95% <95% <90%	>=95%	98.1%
	Ophthalmology	98.1%												>=95% <95% <90%	>=95%	98.1%
	Oral Surgery	87.0%												>=95% <95% <90%	>=95%	87.0%
	General Medicine	100%												>=95% <95% <90%	>=95%	100%
	Gastroenterology	94.3%												>=95% <95% <90%	>=95%	94.3%
	Cardiology	89.7%												>=95% <95% <90%	>=95%	89.7%
	Dermatology	96.7%												>=95% <95% <90%	>=95%	96.7%
	Respiratory Medicine	94.9%												>=95% <95% <90%	>=95%	94.9%
	Rheumatology	99.2%												>=95% <95% <90%	>=95%	99.2%
	Elderly Care	100%												>=95% <95% <90%	>=95%	100%
	Gynaecology	98.1%												>=95% <95% <90%	>=95%	98.1%
	Other	99.7%												>=95% <95% <90%	>=95%	99.7%

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11. REFERRAL TO TREATMENT ANALYSIS BY SPECIALTY (Cont)																
	Incomplete Pathways - Number of Incomplete Pathways															
	Surgery	1647												For Trending Purposes		
	Urology	964														
	Orthopaedics	2505														
	ENT	1291														
	Ophthalmology	1736														
	Oral Surgery	927														
	General Medicine	175														
	Gastroenterology	927														
	Cardiology	857														
	Dermatology	725														
	Respiratory Medicine	306														
	Rheumatology	448														
	Elderly Care	121														
	Gynaecology	943														
	Other	1126														
11. REFERRAL TO TREATMENT ANALYSIS BY SPECIALTY (Cont)																
	Incomplete Pathways - Number of Incomplete Pathways within 18 weeks															
	Surgery	1526												For Trending Purposes		
	Urology	902														
	Orthopaedics	2030														
	ENT	1242														
	Ophthalmology	1644														
	Oral Surgery	878														
	General Medicine	172														
	Gastroenterology	894														
	Cardiology	814														
	Dermatology	691														
	Respiratory Medicine	293														
	Rheumatology	443														
	Elderly Care	117														
	Gynaecology	851														
	Other	1114														

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