

Acute Trust Performance Framework 2012/13

Data	Lag	No	Performance Indicator	Performing	Under-performing	Weighting	2012/13				Current Month		Current Quarter	
							Q2	Q3	Q4	Q1	May	Score	Q1	Score
		3	Four hour maximum wait in A&E	95%	94%	1	95.5%	92.2%	83.7%	87.8%	98.2%	3	87.8%	0
		14	MRSA Bacteraemias >= 48 hours post admission (target for year = 1) Cu	1	>1SD	1	1	2	4	0	0	3	0	3
		10	C Diff >= 72 hours post admission (target for year = 31) Cum	31	>1SD	1	11	23	30	7	7	3	7	3
		26	RTT - admitted - 90% in 18 weeks all specialties	90%	85%	1	93.4%	92.7%	91.5%	90.9%	90.4%	3	90.9%	3
		33	RTT - non-admitted - 95% in 18 weeks all specialties	95%	90%	1	97.6%	97.6%	96.6%	96.0%	96.7%	3	96.0%	3
		218	RTT - Open Pathways in 18 weeks	92%	87%	1	92.3%	93.0%	92.2%	92.9%	92.7%	3	92.9%	3
		349	RTT Delivery in all specialties	0	>20	1	12	12	30	27	11	2	27	2
		43	Diagnostic tests maximum wait of 6 weeks	<1%	5%	1	0.1%	0.4%	0.3%	0.3%	0.4%	3	0.3%	3
		104	31 day diagnosis to first treatment for all cancers	96%	91%	0.25	99.4%	100.0%	99.8%	99.6%	100.0%	3	99.6%	3
		113	31 day second or subsequent treatment - surgery	94%	89%	0.25	99.0%	100.0%	100.0%	100.0%	100.0%	3	100.0%	3
		122	31 day second or subsequent treatment - drug treatments	98%	93%	0.25	100.0%	100.0%	100.0%	100.0%	100.0%	3	100.0%	3
		131	31 day second or subsequent cancer treatment - radiotherapy treatments	94%	89%	0.25	99.6%	100.0%	99.5%	100.0%	100.0%	3	100.0%	3
		95	2 week GP referral to 1st outpatient	93%	88%	0.5	95.7%	94.5%	94.7%	95.0%	97.2%	3	95.0%	3
		161	2 week GP referral to 1st outpatient - breast symptoms	93%	88%	0.5	99.5%	98.6%	98.2%	98.6%	100.0%	3	98.6%	3
		149	62 day referral to treatment from screening	90%	85%	0.5	100.0%	100.0%	100.0%	96.4%	100.0%	3	96.4%	3
		140	62 day urgent referral to treatment of all cancers	85%	80%	0.5	91.0%	93.7%	90.2%	88.4%	86.2%	3	88.4%	3
NV		80	Delayed transfers of care (days)	3.5%	5%	1	2.4%	1.3%	1.3%	1.9%	2.3%	3	1.9%	3
		223	Mixed Sex Accommodation Breaches	0.0%	0.5%	1	0.19%	0.04%	0.04%	0.00%	0.00%	3	0.00%	3
		1	226 Venous thromboembolism % screened	90%	80%	1	95.2%	95.7%	95.3%	Lag (1)	Lag (1)	3	Lag (1)	3
											41	38		
											2.93	2.71		
											Performing	Performing		
							2.86	2.43	2.43	2.71				

Underperforming if less than	2.1
Performance under review if between	2.1 and 2.4
Performing if greater than	2.4

Monitor Governance Rating 2013/14 (Q1)

Data	No	Performance Indicator	Performing	Weighting	2012/13				Current Month		Current Quarter	
					Q2	Q3	Q4	Q1	May	Score	Q1	Score
	3	Four hour maximum wait in A&E	95%	1.0					98.2%	0	87.8%	1
	14	MRSA Bacteraemias >= 48 hours post admission (target for year = 1) Cum	6	1.0					0	0	0	0
	10	C Diff >= 72 hours post admission (target for year = 31) Cum	12	1.0					7	0	7	0
	26	RTT - admitted - 90% in 18 weeks all specialties	90%	1.0					90.4%	0	90.9%	0
	33	RTT - non-admitted - 95% in 18 weeks all specialties	95%	1.0					96.7%	0	96.0%	0
	218	RTT - Open Pathways in 18 weeks	92%	1.0					92.7%	0	92.9%	0
	104	31 day diagnosis to first treatment for all cancers	96%	0.5					100.0%	0	99.6%	0
	113	31 day second or subsequent treatment - surgery	94%	1.0					100.0%	0	100.0%	0
	122	31 day second or subsequent treatment - drug treatments	98%		100.0%	0	100.0%	0				
	131	31 day second or subsequent cancer treatment - radiotherapy treatments	94%	1.0					100.0%	0	100.0%	0
	95	2 week GP referral to 1st outpatient	93%	0.5					97.2%	0	95.0%	0
	161	2 week GP referral to 1st outpatient - breast symptoms	93%		100.0%	0	98.6%	0				
	149	62 day referral to treatment from screening	90%	1.0					100.0%	0	96.4%	0
	140	62 day urgent referral to treatment of all cancers	85%		86.2%	0	88.4%	0				
	409	Access to healthcare for people with learning disabilities - Trust compliance	n/a	0.5					86.2%	0	88.4%	0
Governance Risk Rating				9	0	1	1	1	0	1		Amber-Green

<1	Green	>=1 to <2	Amber-Green	>=2 to <4	Amber-Red	>=4	Red
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CQC Registration	Weighting	Q2	Q3	Q4	Apr	May	Jun	Q1
Non-Compliance with CQC Essential Standards resulting in a major impact on patients	2	0	0	0	0	0		0
Non-Compliance with CQC Essential Standards resulting in enforcement action	4	0	0	0	0	0		0
NHS Litigation Authority - Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements	2	0	0	0	0	0		0

Financial Risk Rating	Target	Feb	Mar	Apr	May
	>3	5	5	3	3

Financial Risk Rating	Description
1	Highest risk - high probability of significant breach
2	Risk of significant breach medium term
3	Regulatory concerns. Significant breach unlikely
4	No regulatory concerns
5	Lowest risk - no regulatory concerns

Quality Indicators 2012/13

Data	Target	Lag	No	Performance Indicator	Performing	Under-performing	2012/13				Current Month	
							Q2	Q3	Q4	Q1	May	Score
	L	2	182	Hospital acquired pressure ulcers (grade 3&4)	<=5	>=7	5	5	4	Lag (2)	Lag (2)	
	L		227	Trust readmission rate (within 30 days)	<=5.4%	>5.4%	6.8%	6.8%	6.3%	6.0%	6.5%	0
	L	3	7	HSMR rebased 12 month rolling (based on control limits)	<=109	>=109	100.0	99.0	101.0	Lag (3)	Lag (3)	
	N	9	234	SHMI	<=100	>=103	96.8	Lag (9)	Lag (9)	Lag (9)	Lag (9)	
	L		179	Serious Incidents - % Management Meetings held within 72 hrs of reporting	100%	<=75%	100.0%	100.0%	100.0%	100.0%	100.0%	3
	L	2	180	Completion of RCA report for Serious Incident within 45 working days - grade 1	100%	<=75%	100.0%	100.0%	100.0%	Lag (2)	Lag (2)	
	L	2	181	Completion of RCA report for Serious Incident within 60 working days - grade 2	100%	<=75%	100.0%	100.0%	No Pts	Lag (2)	Lag (2)	
	N		230	Never events	0	>0	0	0	0	0	3	
	L	1	233	Harm Events (Per 1000 bed days)	<=30	>=40	12.4	12.2	9.0	19.9	Lag (1)	
	L		210	% of complaints that are re-opened	<=5%	>=6.5%	24.7%	15.9%	23.3%	14.5%	12.5%	0
	N		65	Patients seen within 2 weeks - RACPC	>=98%	<=95%	99.1%	100.0%	100.0%	100.0%	100.0%	3
NV	N		239	Hip fractures operated on within 36 hours	>=80%	<=70%	74.8%	85.6%	85.3%	80.5%	80.5%	3
NV	N	2	190	Primary angioplasties - % under 150 minutes	>=70%	<=55%	70.0%	80.0%	85.7%	Lag (2)	Lag (2)	
	N		168	Higher risk TIA treated within 24 hours	>=60%	<=55%	65.8%	51.6%	39.1%	44.1%	60.0%	3
	N	1	171	Patients that have spent more than 90% of their stay on a stroke ward	>=80%	<=60%	76.5%	65.5%	60.0%	42.9%	Lag (1)	
	L		74	Cancelled Operations - non-clinical	<=1%	>1%	1.7%	2.8%	3.7%	2.5%	0.9%	3
	N		77	Cancelled Ops not rebooked within 28 days	<=5%	>=15%	0.0%	0.5%	6.3%	69.3%	228.0%	0
	L		403	% of patients and carers who rated the care received was "very good" or "excellent"	>=85%	<=75%	85.0%	87.8%	82.0%	78.6%	68.2%	0
	L		404	NHS Friends and Family Test	< +43	>= +58	55	50	54	70	72	3

Research and Development Indicators 2012/13

Data	Target	Lag	No	Performance Indicator	Performing	Under-performing	2012/13				Current Month	
							Q2	Q3	Q4	Q1	May	Score
	L	1	399	Average number of days for portfolio project approval (Median)	<=30	>=60	100	71	112	89	Lag (1)	
	L	1	400	New Patient Recruitment in Month	>=60	<58	213	299	319	150	Lag (1)	
	L	1	401	New Projects in Month	>=4	<=2	21	34	12	4	Lag (1)	

Productivity Indicators 2012/13

Data	Target	Lag	No	Performance Indicator	Performing	Under-performing	2012/13				Current Month	
							Q2	Q3	Q4	Q1	May	Score
Qi	L		241	Outpatient wait in weeks average (GP referred) - Medicine	<=9.9	>=11.9	7.6	8.2	8.1	8.8	8.4	3
Qi	L		242	Outpatient wait in weeks average (GP referred) - Surgery	<=4.7	>=6.7	6.4	6.5	5.7	5.9	5.6	2
Qi	L		316	New to follow up ratio	<=1.2	>=1.6	1.2	1.2	1.2	1.2	1.2	3
Qi	L		313	DNA rate	<=5%	>=7%	6.8%	6.5%	6.7%	6.7%	6.3%	2
	L		272	Outpatient procedures - increased recording	>=35%	<=27%	269.4%	326.3%	285.3%	U	U	
	L		268	Uncached outpatient appointments	<=200	>=500			538	834	327	0
Qi	L		246	Choose and book utilisation	>=54%	<=53%	19.8%	22.1%	21.8%	20.2%	20.0%	0
Qi	L		60	Average length of stay - Overall (Trust)	<=5.75	>=6.59	4.9	5.1	5.5	5.5	5.2	3
Qi	L		292	Bed occupancy	<=93%	>=96%	97.2%	98.3%	97.8%	98.0%	91.7%	3
Qi	L		295	Bed base count	<=535	>=551	567	588	601	614	569	0
NV	L		192	Number of medical outliers - snapshot	<=10	>=15	59	62	107	56	11	2
Qi	L		298	Discharge declared by 12.00 midday	>=80%	<=70%	44.5%	60.1%	36.4%	35.4%	38.5%	0
Qi	L		442	Delayed transfers of care (patients)	<=17	>=85	80	59	65	42	18	2
	L		291	% Patients admitted on the day (elective)	>=95%	<=90%	97.9%	97.4%	98.3%	97.6%	96.7%	3
Qi	N		266	Day case rate (basket of 25)	>=80%	<=70%	77.3%	79.6%	80.4%	83.8%	85.1%	3
Qi	L		267	Theatre utilisation (elective)	>=85%	<=80%	81.7%	78.9%	77.4%	77.0%	81.0%	2
	L		271	Uncoded activity	<=18%	>=20%	28.5%	27.0%	21.7%	24.1%	25.1%	0

Activity, Workforce and Pay Indicators - 2012/13

Data	Target	Lag	No	Performance Indicator	Performing	Under-performing	2012/13				Current Month	
							Q2	Q3	Q4	Q1	May	Score
	L		52	Income and Expenditure Variance to Plan	100%	<=69%	76.0%	90.0%		43.0%	22.0%	0
Qi	L		304	Admitted activity - Elective (including Daycase)	<=2% (+/-)	>=5% (+/-)	-0.7%	7.8%	-0.9%	U	U	
Qi	L		307	Admitted Activity - Non-elective	<=2% (+/-)	>=5% (+/-)	5.0%	-0.3%	-1.2%	U	U	