

2011/12 National Targets

Quality

Indicator	Q1	Q2	Q3	Q4
MRSA	1	0	-	-
C Difficile	9	7	-	-
Venous thromboembolism VTE - % screened	99.1%	99.9%	-	-

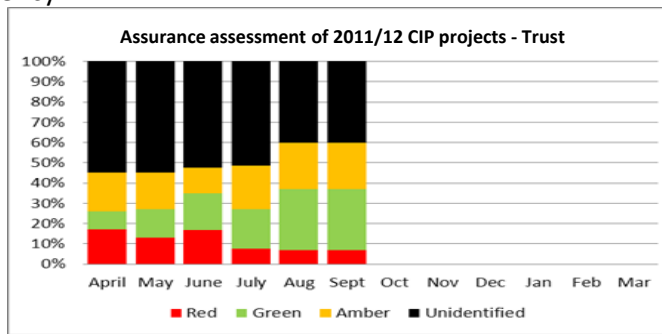
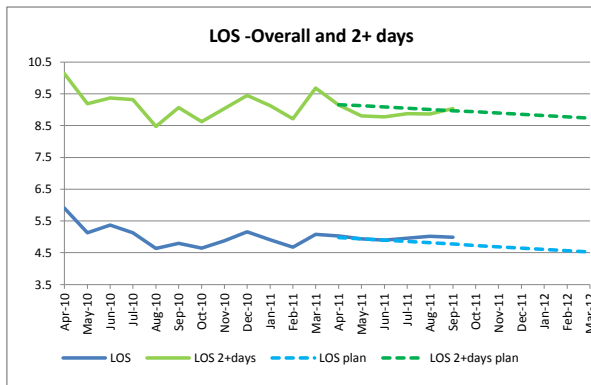
Quarterly performance

Delivery

Indicator		Sep	Achievement
Stroke	% people spending 90% time on stroke unit	87.2%	Green
A & E	% patients discharged within 4 hours in A&E (all types)	95.6%	Green
	Re-attendance rate	0.4%	Green
	LWBS Rate	0.9%	Green
	95th percentile - time to assessment	00:10	Green
	Median time to treatment	00:56	Green
18 week referral to treatment times	95th percentile - admitted pathways	22.6	Green
	95th percentile - non-admitted pathways	17.3	Green
	95th percentile - Incomplete pathways	44.6	Red
	% admissions within 18 weeks in month	90.1%	Green
	% non-admissions within 18 weeks in month	96.6%	Green

Current month performance

Efficiency



Budget	-£3,360,000
Actual	-£583,000
Variance	£2,777,000

1 - National Standards used for external assessment

TOLERANCES			PERFORMANCE				Monthly Trend							Quarterly Trend			
On target	Of concern	Action reqd	Target	Actual		2010/11	APR	MAY	JUN	JUL	AUG	SEP	Q1	Q2	Q3	Q4	
>95%	94%-95%	<94%	Existing commitments														
<5.0%	-	>5.0%	A & E Access														
<00:15	-	>00:15	1	% patients discharged within 4 hours in A&E	>95%	96.1%	98.3%	95.8%	96.7%	96.6%	95.5%	96.2%	95.6%	96.4%	95.8%	-	-
<01:00	-	>01:00	312	Re-attendance rate	<5.0%	1.3%	-	2.0%	1.3%	0.9%	1.3%	1.8%	0.4%	1.7%	1.2%	-	-
<5.0%	5.0%-15.0%	>15.0%	314	LWBS Rate	<5.0%	0.8%	-	0.6%	0.6%	0.9%	1.2%	0.7%	0.9%	0.6%	0.9%	-	-
<3.5%	3.5%-5.0%	>5.0%	316b	95th percentile - time to assessment	<00:15	00:11	-	00:12	00:12	00:12	00:12	00:10	00:10	00:12	00:10	-	-
>80.0%	60%-80%	<60.0%	317a	Median time to treatment	<01:00	01:04	-	01:08	01:03	01:07	01:12	00:56	00:56	01:05	01:01	-	-
			30	% cancellations not re-booked within 28 days	<5.0%	8.8%	5.8%	17.6%	108.3%	3.1%	14.3%	15.0%	0.0%	25.6%	8.8%	-	-
			31	% Inpatients with delayed transfer of care	<3.5%	3.9%	3.0%	3.1%	4.7%	4.7%	2.6%	3.0%	5.0%	4.2%	3.5%	-	-
			45	% people spending 90% time on stroke unit	>80.0%	81.5%	76.1%	70.3%	69.1%	75.0%	74.5%	87.2%	81.5%	71.4%	80.8%	-	-
			National priorities														
>90%	85-90%	<85%	18 week referral to treatment times														
>95%	90-95%	<90%	10	% admissions within 18 weeks in month	>90%	90.1%	69.1%	82.0%	76.8%	76.0%	81.4%	86.5%	90.1%	77.8%	85.7%	-	-
<23.0	23.0-27.7	>27.7	11	% non-admissions within 18 weeks in month	>95%	96.6%	96.4%	95.7%	96.4%	96.6%	95.1%	96.6%	96.6%	96.2%	96.3%	-	-
<18.3	-	>18.3	10k	95th percentile - admitted pathways	<23.0	22.6	29.5	27.6	29.1	28.0	27.3	22.7	22.6	28.5	25.6	-	-
<28.0	28.0-36.0	>36.0	11k	95th percentile - non-admitted pathways	<18.3	17.3	16.3	17.1	16.1	16.5	17.8	16.9	17.3	16.5	17.3	-	-
>93%	88%-93%	<88%	191	95th percentile - incomplete pathways	<28.0	44.6	27.8	29.4	26.5	21.7	21.5	39.0	44.6	27.8	44.6	-	-
>96%	91%-96%	<91%	Cancer access														
>94%	89%-94%	<89%	32	Cancer urgent referral to first outpatient appointment - 2 weeks	>93%	94.4%	94.7%	96.2%	93.6%	95.4%	94.4%	93.5%	93.3%	95.1%	93.8%	-	-
>98%	93%-98%	<93%	41	Cancer urgent referral to first outpatient appointment - 2 weeks (breast symptoms)	>93%	98.7%	99.2%	98.0%	96.2%	99.5%	100.0%	98.9%	99.4%	98.0%	99.4%	-	-
>94%	89%-94%	<89%	33	Cancer diagnosis to treatment - 31 days	>96%	99.3%	98.5%	98.0%	98.8%	100.0%	98.8%	100.0%	100.0%	99.0%	99.5%	-	-
>85%	80%-85%	<80%	34d	Cancer diagnosis to treatment - 31 days (subsequent surgery)	>94%	92.5%	95.0%	76.0%	92.1%	91.3%	97.0%	100.0%	100.0%	87.2%	98.7%	-	-
>90%	85%-90%	<85%	34h	Cancer diagnosis to treatment - 31 days (subsequent drug treatment)	>98%	100.0%	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-	-
>90%	80%-90%	<80%	34m	Cancer diagnosis to treatment - 31 days (subsequent radiotherapy)	>94%	96.2%	94.3%	97.8%	100.0%	93.0%	88.5%	98.2%	98.4%	97.1%	95.3%	-	-
>90%	80%-90%	<80%	35	Cancer urgent referral to treatment - 62 days (GP referral)	>85%	89.0%	90.4%	89.4%	87.3%	86.3%	86.6%	92.9%	91.7%	87.6%	90.5%	-	-
>90%	80%-90%	<80%	36	Cancer urgent referral to treatment - 62 days (screening)	>90%	92.0%	94.1%	83.3%	100.0%	100.0%	100.0%	100.0%	83.3%	90.9%	92.9%	-	-
1	-	>1	37	Cancer urgent referral to treatment - 62 days (hospital specialist)	>90%	No pts	100.0%	No pts	No pts	No pts	No pts	No pts	No pts	No pts	No pts	-	-
<3	-	>3	Infection control														
£0	£0-£130,000	>£130,000	5	MRSA bacteraemia reduction	1	0	2	0	1	0	0	0	0	1	0	-	-
>£6,556,000	£6,424,880-£6,556,000	<£6,424,880	4	Clostridium difficile acquisitions	<3	1	50	2	4	3	3	3	1	9	7	-	-
>3	2-3	<2	Overall financial performance														
			19	I&E - variance from financial plan	£0	£2,777,000	£4,143,000	£517,000	£1,126,000	£1,560,000	£2,424,000	£3,176,000	£2,777,000	£1,560,000	£2,777,000	-	-
			20	CIP	>£6,556,000	£2,413,000	£11,854,000	£89,000	£153,000	£987,000	£1,338,000	£1,862,000	£2,413,000	£987,000	£2,413,000	-	-
			189	Monitor - Overall rating (finance)	>3	-	-	2	2	3	3	2	2	-	-	-	-
			188	Department of health performance rating			Performing	Performing	Performance under review	Performance under review	Performing	Performing	Performing	Performance under review	Performing	-	-
			47e	Monitor Overall rating			1.0	3.0	3.0	2.0	2.0	0.0	1.0	2.0	1.0	-	-
<0.9	0.9-3.0	>3.0	Governance														

2 - Contracted Indicators related to CQUIN programmes

TOLERANCES			PERFORMANCE				Monthly Trend							Quarterly Trend							
On target	Of concern	Action reqd	Target	Actual		2010/11	APR	MAY	JUN	JUL	AUG	SEP	Q1	Q2	Q3	Q4					
>95%	90%-95%	<90%	Detailed indicators																		
-	-	-	VTE																		
-	-	-	58	1a Venous thromboembolism % eligible admissions screened	>95%	100.0%	98.9%	98.5%	98.9%	99.8%	99.8%	100.0%	-	99.1%	99.9%	-	-				
-	-	-	210a	1b-part1: Hospital Acquired VTE	-	-	-	RUH preparation period							Baseline exercise			n/a	n/a	-	-
-	-	-	210b	1b-part2: RCAs for Hospital Acquire VTE	-	-	-	RUH preparation period							Baseline exercise			n/a	n/a	-	-
<4.8	4.8-4.8	>4.8	End of Life																		
<9.0	9.0-9.0	>9.0	211	3: End of Life Care - Delivery of action plan	-	-	-	Baseline audit							Baseline exercise			n/a	n/a	-	-
>17%	-	<17%	Length of Stay																		
>95%	-	<95%	212a	4-part1: Length of Stay reduction- Overall	<4.8	5.0	5.1	5.0	4.9	4.9	5.0	5.0	5.0	5.0	5.0	5.0	-	-			
>95%	-	<95%	212b	4-part2: Length of Stay reduction - Length of Stay 2 days plus	<9.0	9.0	9.7	9.2	8.8	8.8	8.8	8.9	9.0	8.9	8.9	-	-				
40%-50%	40%-50%	40%-50%	7 day working																		
>95%	-	<95%	213	5: Weekend Discharges	<5.0	14.6%	-	16.5%	15.7%	12.3%	17.9%	13.0%	12.7%	14.8%	14.6%	-	-				
>95%	-	<95%	Dementia																		
>95%	-	<95%	215a	6a-part1: Dementia Care Training - OPU	-	-	-	RUH preparation period							Quarterly			-	-	-	-
>95%	-	<95%	215b	6a-part2: Dementia Care Training - All Staff	-	-	-	RUH preparation period							Quarterly			-	-	-	-
>95%	-	<95%	216a	6b-part1: Weight Assessments for patients with dementia	-	-	-	RUH preparation period							Quarterly			-	-	-	-
>95%	-	<95%	216b	6b-part2: MUST Tool assessment for patients over 65 years	-	-	-	Reporting starts with Millennium							Quarterly			-	-	-	-
>95%	-	<95%	216c	6b-part3: Swallow/eating assessment within 12 hours for patients with dementia	-	-	-	RUH preparation period							Quarterly			-	-	-	-
>95%	-	<95%	Stroke																		
>95%	-	<95%	217a	7a-part1: Swallow screening within 4 hours of admission for Stroke patients (ASU)	-	-	-	RUH preparation period							Quarterly			-	-	-	-
>95%	-	<95%	217b	7a-part2: Ongoing nutritional management plan for Stroke patients	-	-	-	RUH preparation period							Quarterly			-	-	-	-
>95%	-	<95%	218a	7b-part1: Stroke patients assessed within 24hrs by both a stroke nurse & member of specialised rehabilitation team	-	-	-	RUH preparation period							Quarterly			-	-	-	-
>95%	-	<95%	218b	7b-part2: Stroke patients assessed within 72hrs by all relevant members of specialised rehabilitation team	-	-	-	RUH preparation period							Quarterly			-	-	-	-
>95%	-	<95%	218c	7b-partc: Stroke patients with documented multidisciplinary goals agreed within 5 days of admission	-	-	-	RUH preparation period							Quarterly			-	-	-	-
-	-	-	219	7c: Referral of Stroke patients to Community Services within 3 days of diagnosis	-	-	-	Quarterly audit				Quarterly			-	-	-	-			

note. As of 18/05/2011 CQUIN Scheme is not signed off-those in red have outstanding issues to be agreed.

