

Clinical Operations

Key Performance Indicators

Summary Report

Month 7
October 2012




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Updated:

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Key to Performance Traffic Lights

Key	Traffic Light	Performance
	Red	Worse than plan
	Amber	Close to plan
	Green	= to or better than plan
	Not Applicable	

Key to Direction of Travel

	Variation between actual performance and planned performance indicates an improvement since last month
	Variation between actual performance and planned performance has remained constant since last month
	Variation between actual performance and planned performance indicates a deterioration since last month

1. Trust Board – Monitor Governance Risk Assessment (shadow monitoring 2012/13)

Key Indicators		Quarter	WTD	Last FY	Last 4 Quarters	Current Quarter – Early View Data					Commentary
Safety		Target	Score		3 4 1 2	O N D	FOT	O N D	FOT	Score	
C. Difficile (Acute only) Annual threshold 17		4	1.0	✓	⊗ ✓ ✓ ✓	✓	✓	0,	<4	0	
MRSA (Acute only) Annual threshold 1		0	1.0	✓	✓ ✓ ✓ ✓	✓	✓	0,	0	0	
Quality											
Cancer 31-day subsequent treatment	Surgery	94%	1.0	✓	⊗ ✓ ✓ ✓	✓	✓	100,	>94	0	
	Drug Treatment	98%	1.0	✓	✓ ✓ ✓ ✓	✓	✓	100,	>98	0	
Cancer 62 day Referral from	Urgent GP	85%	1.0	✓	⊗ ✓ ✓ ✓	✓	✓	90.5,	>85	0	October shared breach data is not yet available.
	Screening And Cons	90%	1.0	✓	✓ ✓ ✓ ✓	✓	✓	100,	>90	0	October shared breach data is not yet available.
Cancer 31day Diagnosis to treatment		96%	0.5	✓	✓ ✓ ✓ ✓	✓	✓	98.4	>96	0	
2 Week wait from referral to date first seen	All cancers	93%	0.5	✓	✓ ✓ ✓ ✓	✓	✓	95.2,	>93	0	
	Breast Symptom	93%	0.5	✓	✓ ✓ ✓ ✓	✓	✓	100,	>93	0	
A&E Type 1+ MIU + WIC Combined Max. WT 4Hrs		95%	1.0	✓	✓ ✓ ✓ ✓	✓	✓	98.0,	>95	0	National performance reporting is at provider combined level
Patient Experience											
Referral to treatment waiting time Admitted <18Wks		90%	1.0	✓	✓ ✓ ✓ ✓	✓	✓	95.4	>94	0	Fail in one month = Quarterly Fail
Referral to treatment waiting time Non-Admitted <18Wks		95%	1.0	✓	✓ ✓ ✓ ✓	✓	✓	99.5	>98	0	Each indicator scores 1.0 but max impact is capped at 2.0
Referral to treatment waiting time Incompletes <18Wks		92%	1.0	✓	✓ ✓ ✓ ✓	✓	✓	97.5	>95	0	
Access for people with learning disability – 6 criteria		Yes All	0.5	⊗	⊗ ⊗ ✓ ✓	✓	✓	■	■	0	
Effectiveness											
Data Completeness Referral to Treatment		50%	1.0	NA	NA ✓ ✓	✓	✓	80,	80	0	Refers to data completeness levels for community services (CIDS). Each indicator scores 1.0 but max impact capped at 1.0. Failure of same measure for 3 quarters = Red-rating.
Data Completeness Referral Information		50%	1.0	NA	NA ✓ ✓	✓	✓	80,	80	0	
Data Completeness Treatment Activity Info.		50%	1.0	NA	NA ✓ ✓	✓	✓	80,	80	0	
Patient Identifier Information (Not yet defined)		50%	0.5	NA	NA	Not Yet Applicable	NYA	Not Yet Applicable	NYA	NYA	May be applied later in 2012/13. Each scores 0.5 but max impact capped at 1.0 with above.
Patients Dying at Home (Not yet defined)		50%	0.5	NA	NA	Not Yet Applicable	NYA	Not Yet Applicable	NYA	NYA	
KPI Risk Score										0.0	

Third Parties Assessment							
Care Quality Commission							
Moretonhampstead Hospital	October 2012	Moderate Concern					1.0
NHS Litigation Authority							
CNST October 11		Level 1	Ongoing				0
NHSLA March 12		Level 1	Ongoing				0
3. Mandatory Services – Declared risk of, or actual, failure to deliver mandatory services							
No Items							0
4. Other Certification Failures – If not covered above. Failure to either (i)provide or (ii) subsequently comply with annual or quarterly board statements							
No items							0
5. Other Factors – Failure to comply with material obligations in areas not directly monitored by Monitor, includes exception or third party reports, represents a material risk to compliance							
No Items							0
Total							1.0
Monitor Overall Compliance Score							1.0

Monitoring Risk Scoring System

- Green score of less than 1.0
- Amber-Green score between 1.0 – 2.0
- Amber-Red score between 2.5 and 4.0
- Red score of more than 4.0

Monitor uses a number of triggers to establish whether a Trust should be considered for escalation. These include:

- A red Compliance Risk Rating (i.e. with a score greater than 4.0)
- A Financial Risk Rating of 1 or 2
- Reports raising significant concerns about clinical quality, patient safety or service performance or investigations by the care Quality Commission or other similar body.

2. Trust Board – Further Key Performance Indicators

2.1 Patient Safety	Quarter	KPI	Last	Last 4 Quarters	Current Quarter – Early View Data							Commentary
	Target	Source	FY	3 4 1 2	O N D	FOT	O N D	FOT	Travel			
Summary Hospital Mortality Indicator - Trust Overall	<100	DH	✓	✓ ✓ ✓	■ ■ ■	■	RYQ3 RYQ4 97.3 98.0	✓	→	Latest SHMI data is Apr11 – Mar12 Next update due end January		
Never Events	0	DH	⊗	✓ ⊗ ✓ ⊗	✓	✓	0,	0	↑			
VTE Risk Assessments	90%	DH CQUIN	✓	✓ ✓ ✓ ✓	✓	✓	95.4	>95	→			

2.2 Quality of Services	Quarter	KPI	Last	Last 4 Quarters	Current Quarter – Early View Data							Commentary
	Target	Source	FY	3 4 1 2	O N D	FOT	O N D	FOT	Travel			
Stroke >90% stay on Unit North Acute	80%	SHA	⊗	⊗ ⊗ ⊗ ⊗	⊗	⊗	67,	<80	→	Bed capacity reduced by infection control measures in October		
A&E Type 1 maximum waiting time of 4 hours	95%	Local	⊗	⊗ ⊗ ◆ ✓	⊗	◆	92.7,	>95	↓	National performance reporting is at provider combined level of A&E +MIU+WIC in accordance with national Operating Framework.		
A&E Type 1+ MIU + WIC Combined Max. WT 4Hrs	95%	Monitor	✓	✓ ✓ ✓ ✓	✓	✓	98.0	>95	→			
Ambulance Handovers % > 30 Mins	<10%	Contract	✓	✓ ✓ ✓ ✓	◆	✓	11,	<10	↓	Bed capacity reduced by infection control measures in October		
Ambulance Handovers > 2 Hours	0	Contract	■	■ ■ ◆ ✓	✓	✓	0,	0	→			

2.3 Patient Experience	Quarter	KPI	Last	Last 4 Quarters	Current Quarter – Early View Data							Commentary
	Target	Source	FY	3 4 1 2	O N D	FOT	O N D	FOT	Travel			
Breach of EMSA General Wards	0	DH	⊗	✓ ⊗ ⊗ ✓	⊗	⊗	17,	0	↓	Bed capacity reduced by infection control measures in October		
Cancelled Operations Rebooked <28 day	100%	DH	✓	✓ ✓ ✓ ✓	✓	✓	100,	100	→			
Delayed Transfer of Care (Acute)	<3.5%	DH	✓	✓ ✓ ✓ ✓	✓	✓	1.7,	1.9	→			
Delayed Transfer of Care (Northern CHs)	<3.5%	DH	⊗	⊗ ⊗ ⊗ ⊗	◆	⊗	4.1	>3.5	↑			
Delayed Transfer Care (Eastern CHs)	<3.5%	DH	⊗	⊗ ⊗ ⊗ ⊗	⊗	⊗	6.7,	>3.5	→			
RTT Waiting Time >52Wk Waiters	0	SHA	NA	NA NA ◆ ✓	✓	✓	0,	0	→			
Diagnostics Waiting >6 wks	<60	DH	✓	✓ ✓ ✓ ✓	✓	✓	0,	<10	→			

3. NHS Performance Framework

Background

This assessment is published by the Department of Health in The Quarter bulletin and is reported only for NHS Trusts that have not yet gained Foundation status.

Rating Categories are: Performing
 Performance Under Review
 Under Performing

Performance is assessed across the following key domains of organisational function:



Each domain is underpinned by a series of weighted indicators with associated performance thresholds, and a scoring system to determine performance for the domain

Overall Achievement

The Trust has been assessed in the top category of ‘performing’ for every domain in each of the last eight quarters published.

(Source DH The Quarter)

2010/11	Overall Financial Score	Overall Quality of Service Score	Performance Rating after Escalation		Quality: Standards & Integrated Performance Measures		Quality User Experience		Quality CQC Registration
			Finance	Q of S	Score	Rating	Score	Rating	Rating
Q1	Performing	Performing			2.61	Performing	5	Performing	Performing
Q2	Performing	Performing			2.66	Performing	5	Performing	Performing
Q3	Performing	Performing			2.68	Performing	5	Performing	Performing
Q4	Performing	Performing			2.45	Performing	5	Performing	Performing
2011/12									
Q1	Performing	Performing			2.66	Performing	5	Performing	Performing
Q2	Performing	Performing			2.53	Performing	5	Performing	Performing
Q3	Performing	Performing			2.40	Performing	5	Performing	Performing
Q4	Performing	Performing			2.62	Performing	5	Performing	Performing
2012/13									
Q1	Performing	Performing			Note 1	Performing	Note1	Performing	Performing
					Max 3		Max 5		

Note 1 Not scored for Quarter from April 2012.

Quality User Experience

Within the overall ‘performing’ achievement the Trust has consistently been awarded the maximum score for Quality User Experience.

4. CQUIN Summary - September Data

Contract Section	Value (£K)	Total Indicators	Data not yet available	On Plan	Behind Plan	Partial Achieve Risk	Under Achieve Risk	Under Achieve Confirmed	Value Under Achieved (£K)
Acute	2146	20	0	14	5	0	0	Part x1	27
Eastern Community	1552	21	3	13	4	0	0	Part x1	20
Northern Community	554	20	3	12	5	0	0	0	0
Specialist Commissioning	43	14	1	9	4	0	0	0	0
	4295	75	7	48	18	0	0	2	47

5. Glossary of Terms

A&E	Accident and Emergency Department
ASU	Acute Stroke Unit
CCU	Coronary Care Unit
C.DIFF	Clostridium Difficile
CONS	Consultant
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
CUM	Cumulative
CWT	Cancer Waiting Times
DC	Day Case
DGH	District General Hospital
DIR	Direction
EM	Emergency
FST	First (New Outpatient Attendance)
FUP	Follow Up (Outpatient Attendance)
G&A	General and Acute specialties only (excludes Obstetrics & Midwifery)
GU	Genito Urinary Medicine
HSMR	Hospital Standardised Mortality Ratio (56 Nationally defined Diagnoses)
ICU	Intensive Care Unit
IP	In Patient
IT	Information Technology
KPI	Key Performance Indicator
MAT	Maternity
MAU	Medical Assessment Unit
MRSA	Methicillin Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NDHT	Northern Devon Healthcare NHS Trust
NICE	National Institute for Clinical Excellence
#NOF	Fractured Neck of Femur
OP	Out Patient
PCT	Primary Care Trust
Q1	Quarter 1 (IE April – June)
QIPP	Quality, Innovation, Productivity & Prevention
Q of S	Quality of Service
RD&E	Royal Devon & Exeter NHS Foundation Trust
RTM	Real Time Monitoring (Benchmarking System)
RTT	Referral To Treatment (Time)
SMR	Standardised Mortality Ratio (All Diagnoses)
SWAST	South West Ambulance Services Trust
SWSHA	South West Strategic Health Authority
TBC	To Be Confirmed
TYPE 1	A&E department located at main hospital
VTE	Venous-thromboembolism
WL	Waiting List
WTE	Whole Time Equivalent (number of staff)
YTD	Year To Date