

Clinical Operations

Key Performance Indicators





Summary Report

Month 9
December 2012




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Key to Performance Traffic Lights

Key	Traffic Light	Performance	Data Confidence (DQ)
	Not Applicable	Not Applicable	To be confirmed
	Red	Worse than plan	>80%
	Amber	Close to plan	>90%
	Green	= to or better than plan	>98%

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	DQ	LFY	Last 4 Quarters				Current Quarter – Early View Data					Commentary				
		Target	Score		Year	3	4	1	2	O	N	D	FOT	O	N	D	FOT	Score	
Safety																			
C. Difficile (Acute only) Annual threshold 17		4	1.0											0,	2,	1	<4	0	
MRSA (Acute only) Annual threshold 1		0	1.0											0,	0,	0	0	0	
Quality																			
Cancer 31-day subsequent treatment	Surgery	94%	1.0											100,	100,	100	>94	0	
	Drug Treatment	98%	1.0											100,	100,	100	>98	0	
Cancer 62 day Referral from	Urgent GP	85%	1.0											84.5,	88.8,	82.4	>85	0	Dec breach data is not yet confirmed
	Screening And Cons	90%	1.0											92.9,	100,	100	>90	0	Dec breach data is not yet confirmed
Cancer 31day Diagnosis to treatment		96%	0.5											100,	98.6,	100,	>96	0	
2 Week wait from referral to date first seen	All cancers	93%	0.5											95.2,	96.2,	96.7	>93	0	
	Breast Symptom	93%	0.5											100,	100,	100	>93	0	
A&E Type 1+ MIU + WIC Combined Max. WT 4Hrs		95%	1.0											98.0,	98.7,	98.4	>95	0	National performance reporting is at provider combined level
Patient Experience																			
Referral to treatment waiting time Admitted <18Wks		90%	1.0											95.4,	94.1,	95.3	>94	0	Fail in one month = Quarterly Fail
Referral to treatment waiting time Non-Admitted <18Wks		95%	1.0											99.5,	99.2,	99.4	>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,	97.6,	97.2	>95	0	(Latest mth may be early view data)
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,	80	80	0	Refers to data completeness levels for community services (CIDS).
Data Completeness Referral Information		50%	1.0		NA	NA								80,	85,	85	80	0	Each indicator scores 1.0 but max impact capped at 1.0.
Data Completeness Treatment Activity Info.		50%	1.0		NA	NA								80,	85,	85	80	0	Failure of same measure for 3 quarters = Red-rating.
Patient Identifier Information (Not yet defined)		50%	0.5		NA	NA	NA	NA	NA	Not Yet Applicable	NYA	NYA	NYA	Not Yet Applicable	NYA	NYA	NYA	NYA	May be applied later in 2012/13.
Patients Dying at Home (Not yet defined)		50%	0.5		NA	NA	NA	NA	NA	Not Yet Applicable	NYA	NYA	NYA	Not Yet Applicable	NYA	NYA	NYA	NYA	Each scores 0.5 but max impact capped at 1.0 with above.
KPI Risk Score																			0.0

Third Parties Assessment				
Care Quality Commission				
Moretonhampstead Hospital	October 2012	(Moderate Concern)		0
NHS Litigation Authority				
CNST October 11	Level 1	Ongoing		0
NHSLA March 12	Level 1	Ongoing		
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				0
Monitor Overall Compliance Score				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	DQ	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	✓	✓	✓✓✓	■ ■ ■	■	R Y Q3 R Y Q4 97.3 98.0	✓	→	Latest SHMI data is Apr11 – Mar12 Next update due end January
Never Events	0	DH	✓	●	✓●✓●	✓✓✓	✓	0, 0, 0	0	↑	
VTE Risk Assessments	90%	DH	✓	✓	✓✓✓✓	✓✓✓	✓	95.4, 94.8, 93.7	>90	→	

2.2 Quality of Services	Quarter	KPI	DQ	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 (based on time)	80%	SHA	✓	●	●●●●	●▲●	●	69, 76, 71	<80	↓	10 breaches in Dec. of which 6 were 1 day hospital LOS.
Stroke >90% stay on Unit N. Acute – Excl 1 day LOS	80%	SHA	✓	■	■ ■ ■ ■	●✓✓	✓	71, 82, 89	80.4	↑	Subset report excludes patients with 1 day or less length of stay
A&E Type 1 maximum waiting time of 4 hours	95%	Local	✓	●	●●▲✓	●✓▲	●	92.7, 95.0, 94.6	<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%	Monit or	✓	✓	✓✓✓✓	✓✓✓	✓	98.0, 98.7, 98.4	>95	→	
Ambulance Handovers % > 30 Mins	<10%	Cont ract	✓	✓	✓✓✓✓	▲✓✓	✓	11, 8, 7	<10	↑	
Ambulance Handovers > 2 Hours	0	Cont ract	✓	■	■ ■ ▲✓	✓✓✓	✓	0, 0, 0	0	→	

2.3 Patient Experience	Quarter	KPI	DQ	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, 0	17	→	
Cancelled Operations Rebooked <28 day	100%	DH	✓	✓	✓✓✓✓	✓✓✓	✓	100, 100, 100	100	→	
Delayed Transfer of Care (Acute)	<3.5%	DH	✓	✓	✓✓✓✓	✓✓✓	✓	1.7, 2.0, 1.5	1.9	→	
Delayed Transfer of Care (Northern CHs)	<3.5%	DH	▲	●	●●●●	▲▲✓	▲	4.1 4.3, 3.4	>3.5	↑	
Delayed Transfer Care (Eastern CHs)	<3.5%	DH	▲	●	●●●●	●●●	●	6.7, 7.5, 4.9	>3.5	↑	
RTT Waiting Time >52Wk Waiters	0	SHA	✓	NA	NA NA ▲✓	✓▲▲	▲	0, 1, 1	1	→	1 x breach in Orthopaedics - unusual clinical pathway.
Diagnostics Waiting >6 wks (<1%)	<80	DH	✓	✓	✓✓✓✓	✓✓✓	✓	0, 16, 12	<30	→	Breaches in North Urodynamics Service (Dec Early data)

3. NHS Performance Framework

Background

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

(Source DH The Quarter)

	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
2010/11									
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	Note 1	Performing	Performing
Q2	Performing	Performing			Note 2		Note 2		Note 2
					Max 3		Max 5		

Note 1 Not scored for Quarter 1.

Note 2 Not scored/defined for Quarter 2

4. CQUIN Summary (Data as at November 2012)

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
LFY	Las Financial Year
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
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
TBC	To Be Confirmed
TYPE 1	A&E department located at main hospital
VTE	Venous-thromboembolism
WL	Waiting List
YTD	Year To Date