

Clinical Operations

Key Performance Indicators

Summary Report

Month 3
June 2012




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Updated:

CONTENTS	PAGE NO
1 Monitor Governance Risk Assessment Indicators	5
2 Further Key Performance Indicators	7
3 NHS Performance Framework	8
4 CQUIN Schemes Summary	10
5 Glossary of Terms	15

Key to Performance Traffic Lights

Key	Traffic Light	Performance
	Red	Worse than plan
	Amber	Close to plan
	Green	= to or better than plan

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	
		Target	Score		1 2 3 4	A M J	FOT	A M J	FOT	Score		
Safety												
C. Difficile (Acute only) Annual threshold 17		4	1.0	✓	✓ ⊗ ⊗ ✓	✓ ✓ ✓	✓	0, 2, 0	2	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	✓	✓ ✓ ⊗ ✓	◆ ✓ ✓	✓	90.0, 100, 100	96.8	0	1 x Breach April - due to need for involvement of visiting consultant	
	Drug Treatment	98%	1.0	✓	✓ ✓ ✓ ✓	✓ ✓ ✓	✓	100, 100, 98.0	99.3	0		
Cancer 62 day Referral from	Urgent GP	85%	1.0	✓	⊗ ✓ ⊗ ✓	◆ ✓ ✓	✓	84.4, 88.3, 91.2	88.4	0	To note that shared pathway data for June is not yet available.	
	Screening And Cons	90%	1.0	✓	✓ ✓ ✓ ✓	✓ ✓ ◆	✓	100, 100, 85.7	94.4	0	1 x Breach June – complex diagnostic pathway.	
Cancer 31day Diagnosis to treatment		96%	0.5	✓	✓ ✓ ✓ ✓	✓ ✓ ✓	✓	98.3, 98.6, 100	98.9	0		
2 Week wait from referral to date first seen	All cancers	93%	0.5	✓	✓ ✓ ✓ ✓	✓ ✓ ✓	✓	96.6, 98.7, 97.1	97.1	0		
	Breast Symptom	93%	0.5	✓	⊗ ✓ ✓ ✓	✓ ✓ ✓	✓	95.2, 95.8, 100	96.8	0		
A&E Type 1+ MIU + WIC Combined Max. WT 4Hrs		95%	1.0	✓	✓ ✓ ✓ ✓	✓ ✓ ✓	✓	97.7, 98.8, 99.1	98.6	0	National performance reporting is at provider combined level	
Patient Experience												
Referral to treatment waiting time Admitted <18Wks		90%	1.0	✓	✓ ✓ ✓ ✓	✓ ✓ ✓	✓	95.8, 94.8, 95.4	>90	0	Fail in one month = Quarterly Fail	
Referral to treatment waiting time Non-Admitted <18Wks		95%	1.0	✓	✓ ✓ ✓ ✓	✓ ✓ ✓	✓	99.5, 99.6, 99.6	>95	0	Each indicator scores 1.0 but max impact is capped at 2.0	
Referral to treatment waiting time Incompletes <18Wks		92%	1.0	✓	✓ ✓ ✓ ✓	✓ ✓ ✓	✓	98.5, 98.7, 98.5	>92	0		
Access for people with learning disability – 6 criteria		Yes All	0.5	⊗	⊗ ⊗ ⊗ ⊗	⊗ ⊗ ✓	✓	Part, Part, All	Yes All	0	Action Plan V5 - Completed	
Effectiveness												
Data Completeness Referral to Treatment		50%	1.0	NA	NA	✓ ✓ ✓	✓	NA, 94.6, 88.5	>80	0	Refers to data completeness levels for community services (CIDS).	
Data Completeness Referral Information		50%	1.0	NA	NA	✓ ✓ ✓	✓	NA, 79.4, 70.3	>70	0	Each indicator scores 1.0 but max impact capped at 1.0.	
Data Completeness Treatment Activity Info.		50%	1.0	NA	NA	✓ ✓ ✓	✓	N A, 79.4, 70.3	>70	0	Failure of same measure for 3 quarters = Red-rating.	

Patient Identifier Information (Not yet defined)	50%	0.5	NA	NA	NYA	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	NYA	NYA	Not Yet Applicable	NYA	NYA	
KPI Risk Score										0.0
Third Parties Assessment										
Care Quality Commission										
No items										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 (Note 1)										0
Total										0
Monitor Overall Risk Score										0

Note 1: A potential material risk to compliance is represented by the delay in growing a representative membership. Actions have been put in place to improve the current membership which has reached the minimum number of 1000 members.

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 Governance 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	1 2 3 4	A M J	FOT	A M J	FOT	Travel		
Summary Hospital Mortality Indicator - Trust Overall	<100	DH	✓	✓ ✓	■ ■	■	RYQ1 RYQ2 93.0 97.8	■	↓	Latest SHMI data is Oct10 – Sep11	
Never Events	0	DH	⊗	✓ ⊗ ✓ ⊗	✓ ✓ ✓	✓	0, 0, 0	0	→		
VTE Risk Assessments	90%	DH CQUIN	✓	◆ ✓ ✓ ✓	✓ ✓	✓	95.8, 95.9	>90	→	Q1 Q2 Q3 Q4 88.3%, 91.5%, 94.3%, 95.7%	

2.2 Quality of Services	Quarter	KPI	Last	Last 4 Quarters	Current Quarter		Early View Data				Commentary
	Target	Source	FY	1 2 3 4	A M J	FOT	A M J	FOT	Travel		
Stroke >90% stay on Unit North Acute	80%	SHA	⊗	◆ ◆ ⊗ ⊗	⊗ ⊗ ⊗	⊗	65, 69, 65	66	→	Q1 Q2 Q3 Q4 72.0%, 74.4%, 59.2%, 64.4%	
A&E Type 1 maximum waiting time of 4 hours	95%	Local	⊗	✓ ✓ ⊗ ⊗	⊗ ✓ ✓	⊗	92.1, 95.1, 97.0	94.8	↑	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	✓	✓ ✓ ✓ ✓	✓ ✓ ✓	✓	97.7, 98.8, 99.1	98.6	↑		
Ambulance Handovers % > 30 Mins	<10%	Contract	✓	✓ ✓ ✓ ✓	◆ ✓ ✓	✓	12, 9, 7	<10	↑		
Ambulance Handovers > 2 Hours	0	Contract	■	■ ■ ■ ■	⊗ ✓ ✓	◆	2, 0, 0	2	↑	Reason no physical capacity	

2.3 Patient	Quarter	KPI	Last	Last 4 Quarters	Current Quarter		Early View Data				Commentary
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Experience	Target	Source	FY	1	2	3	4	A	M	J	FOT	A	M	J	FOT	Travel	
Breach of EMSA General Wards	0	DH	⊗	⊗	⊗	✓	⊗	⊗	◆	✓	⊗	20,	4,	0	24	↑	
Cancelled Operations Rebooked <28 day	100%	DH	✓	✓	✓	✓	✓	◆	✓	✓	✓	96.2	100,	100	98.2	→	
Delayed Transfer of Care (Acute)	<3.5%	DH	✓	✓	✓	✓	✓	✓	✓	✓	✓	2.3,	3.2,	2.7	<3.5	→	
Delayed Transfer of Care (Northern CHs)	<3.5%	DH	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	7.1,	10.5,	11.5	>3.5	↓	
Delayed Transfer Care (Eastern CHs)	<3.5%	DH	⊗	⊗	⊗	⊗	⊗	◆	⊗	⊗	◆	4.3,	9.7,	8.1	>3.5	→	Q1 Q2 Q3 Q4 4.9, 7.2, 8.2, 6.9,
RTT Waiting Time >52Wk Waiters	0	SHA	NA	NA	NA	NA	NA	◆	◆	✓	✓	3,	1,	0	4	↑	
Diagnostics Waiting >6 wks	<60	DH	✓	✓	✓	✓	✓	✓	✓	✓	✓	4,	2,	5	11	→	

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.

(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
					Max 3		Max 5		

Quality User Experience

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

Quality: Standards & Integrated Performance Measures

In respect of Quality: Standards & Integrated Performance Measures the Trust score has varied from a high of 2.66 to a low of 2.40.

For 2011/12 this section of the assessment included indicators covering:

- Total time in A&E
- A&E new indicators data quality
- Cancelled operations
- MRSA
- C. Difficile
- Referral to treatment
- Cancer waiting times
- % Stay on stroke unit
- Delayed transfer of care

Indicators may have differing weightings allocated within the scoring system.

Performance thresholds are:

- < 2.1 Under performing
- 2.1- 2.4 Performance under review
- >2.4 Performing

The Trust's benchmarked position against the national co-hort of non FT Trusts varied as follows during 2011/12.

Quarter	Score	Rank Position
Q1 2011/12	2.66	30/72
Q2 2011/12	2.53	36/71
Q3 2011/12	2.40	49/67
Q4 2011/12	2.62	30/65

Particular indicators facing adverse pressure during the latest period (Q4) have included:

- Total time in A&E
- % Stay on stroke unit
- Delayed transfer of care
- A&E new indicator data quality

4. CQUIN Summary

4.1 CQUINS - Acute									
		Latest Month							Executive Director
Ref	Indicator	Mth	Plan	Actual	Var		Dir	£K	
1	VTE Risk Assessment (DoH mandated).	Jun	90%	94.0%	+4.0%	✓	↔	107.3	Alison Diamond
2	Patient Needs (DoH mandated).	May	69-75	69.8	0	✓	↔	107.3	Carolyn Mills
3A	Dementia Screening	Jun	90%	100%	+10%	✓	↔	35.8	Kate Lyons
3B	Dementia Risk Assessment	May	90%	N/A	Baseline setting Q1	◇	↔	35.8	Kate Lyons
3C	Dementia Referral to Specialist	May	90%	N/A	Baseline setting Q1	◇	↔	35.8	Kate Lyons
4	NHS Safety Thermometer	May	Submit Data	N/A	Report from July	◇	↔	107.3	Carolyn Mills
5A	High Impact Innovation Oesophageal Monitoring	May	Submit Report	N/A	By end Sept	✓	↔	53.7	Alison Diamond
5B	High Impact Innovation Child in a Chair in a Day	May	Submit Report	N/A	By end Sept	✓	↔	53.7	Kate Lyons
5C	High Impact Innovation Telehealth	May	Submit Report	N/A	By end Dec	✓	↔	53.7	Andy Robinson
5D	High Impact Innovation E- Discharge Summaries	May	Submit Report	N/A	By end Dec	✓	↔	53.7	Andy Robinson
6A	End of life TEP in Place	May	90%	N/A	Baseline setting Q1	◇	↔	107.3	Alison Diamond
6B	End of Life TEP Training	May	90%	N/A	Baseline setting Q1	◇	↔	107.3	Alison Diamond
6C	End of Life Access to Registry	Jun	Submit Initial Report	Comp 12/07	0	✓	↔	107.3	Alison Diamond
7A	Smoking cessation	May	90%	N/A	Data for Pre-Op by end June	◇	↔	107.3	Carolyn Mills
7B	Alcohol Reduction support	May	90%	N/A		◇	↔	107.3	Carolyn Mills
8	Discharge Practices & Processes	May	18%	18%	0%	✓	↑	321.9	Kate Lyons

9A	Medicines Management – INRs >6 with RCAs	May	90%	N/A	Baseline setting Q1	◆	↔	107.3	Alison Diamond
9B	Medicines Management – prescribing errors	May	0%	N/A	Baseline setting Q1	◆	↔	107.3	Alison Diamond
9C	Medicines Management – 4 RCAs in year	May	1	N/A	Baseline setting Q1	◆	↔	107.3	Alison Diamond
10	Intentional Rounding	Jun	80%	100%	+10%	✓	↔	321.9	Carolyn Mills
							TOTAL	2146.3	

4.2 CQUINS – Eastern Community									
Ref	Indicator	Latest Month							Exec Director
		Mth	Plan	Actual	Var		Dir	£K	
1	VTE Risk Assessment (DoH mandated).	May	90%	91.9%	+1.9%	✓	↔	77.6	Alison Diamond
2	Patient Needs (DoH mandated).	May	69-75	84.1	+9.1	✓	↔	77.6	Carolyn Mills
3A	Dementia Screening	May	90%	N/A	Baseline setting Q1	◇	↔	25.9	Kate Lyons
3B	Dementia Risk Assessment	May	90%	N/A	Baseline setting Q1	◇	↔	25.9	Kate Lyons
3C	Dementia Referral to Specialist	May	90%	N/A	Baseline setting Q1	◇	↔	25.9	Kate Lyons
4	NHS Safety Thermometer	May	Submit Data	N/A	Report from July	◇	↔	77.6	Carolyn Mills
5A	High Impact Innovation CompPAS/CIDS rollout	Jun	70%	70%	0	✓	↔	77.6	Kate Lyons
5B	High Impact Innovation E-Discharge in each CH	Jun	80%	80%	0	✓	↔	77.6	Andy Robinson
6A	End of life TEP in Place	May	90%	N/A	Baseline setting Q1	◇	↔	77.6	Alison Diamond
6B	End of Life Access to Registry	Jun	Submit Initial Report	Comp 12/07	0	✓	↔	77.6	Alison Diamond
7A	Smoking cessation	May	90%	N/A	Baseline setting Q1	◇	↑	77.6	Carolyn Mills
7B	Alcohol Reduction Support	May	90%	N/A	Baseline setting Q1	◇	↑	77.6	Carolyn Mills
9A	Medicines Management – INRs >6 with RCAs	May	90%	N/A	Baseline setting Q1	◇	↔	77.6	Alison Diamond
9B	Medicines Management – prescribing errors	May	0%	N/A	Baseline setting Q1	◇	↔	77.6	Alison Diamond
9C	Medicines Management – 4 RCAs in year	May	1	N/A	Baseline setting Q1	◇	↔	77.6	Alison Diamond
10	Intentional Rounding	Jun	80%	92.5%	+12.5%	✓	↔	155.3	Carolyn Mills

11A	Admission Avoidance & Earlier Discharge	May	TBC	TBC	TBC			77.6	Kate Lyons
11B	Increase Weekend CH Discharges	May	TBC	TBC	TBC			77.6	Kate Lyons
12A	Carer's Assessment Referrals	May	N/A	N/A	Baseline setting Q1	◆	↔	38.8	Carolyn Mills
12B	Carer's Assessment Survey Completed	May	N/A	N/A	By Dec	✓	↔	38.8	Carolyn Mills
13	Improving IT data collection	May	95%		Baseline setting Q1	◆	↔	155.3	Andy Robinson
						Total		1552.3	

4.3 CQUINS – Northern Community									
Ref	Indicator	Latest Month							Exec Director
		Mth	Plan	Actual	Var		Dir	£K	
1	VTE Risk Assessment (DoH mandated).	May	90%	92.6%	+2.6%	✓	↔	27.7	Alison Diamond
2	Patient Needs (DoH mandated).	May	69-75	69.8	0	✓	↔	27.7	Carolyn Mills
3A	Dementia Screening	May	90%	N/A	Baseline setting Q1	◇	↔	9.2	Kate Lyons
3B	Dementia Risk Assessment	May	90%	N/A	Baseline setting Q1	◇	↔	9.2	Kate Lyons
3C	Dementia Referral to Specialist	May	90%	N/A	Baseline setting Q1	◇	↔	9.2	Kate Lyons
4	NHS Safety Thermometer	May	Submit Data	N/A	Report from July	◇	↔	27.7	Carolyn Mills
5A	High Impact Innovation CompAS/CIDS rollout	Jun	70%	70%	0	✓	↔	27.7	Kate Lyons
5B	High Impact Innovation E-Discharge in each CH	May	TBC	TBC	Plan being developed		↔	27.7	Andy Robinson
6A	End of life TEP in Place	May	90%	N/A	Baseline setting Q1	◇	↔	27.7	Alison Diamond
6B	End of Life Access to Registry	Jun	Submit Initial Report	Comp 12/07	0	✓	↔	27.7	Alison Diamond
7A	Smoking cessation	May	90%	N/A	Baseline setting Q1	◇	↔	27.7	Carolyn Mills
7B	Alcohol Reduction Support	May	90%	N/A	Baseline setting Q1	◇	↔	27.7	Carolyn Mills
9A	Medicines Management – INRs >6 with RCAs	May	90%	N/A	Baseline setting Q1	◇	↔	27.7	Alison Diamond
9B	Medicines Management – prescribing errors	May	0%	N/A	Baseline setting Q1	◇	↔	27.7	Alison Diamond
9C	Medicines Management – 4 RCAs in year	May	1	N/A	Baseline setting Q1	◇	↔	27.7	Alison Diamond
10	Intentional Rounding	Jun	80%	88.2%	+8.2%	✓	↔	55.5	Carolyn Mills

11C	Virtual Ward Admission & Discharge Processes	May	TBC	TBC	Plan being developed			55.5	Kate Lyons
12A	Carer's Assessment Referrals	May	N/A	N/A	Baseline setting Q1	◆	↔	13.9	Carolyn Mills
12B	Carer's Assessment Survey Completed	May	N/A	N/A	Due By Dec	✓	↔	13.9	Carolyn Mills
13	Improving IT data collection	May	95%		Baseline setting Q1	◆	↔	55.5	Andy Robinson
						Total		554.3	

4.4 CQUINS - Specialist Commissioning									
		Latest Month							Exec Director
Ref	Indicator	Mth	Plan	Actual	Var		Dir	£K	
1	VTE Risk Assessment (DoH mandated) = Acute	May	90%	95.9%	+5.9%	✓	↔	2.16	Alison Diamond
2	Patient Needs (DoH mandated) = Acute	May	69-75	69.8	0	✓	↔	2.16	Carolyn Mills
3A	Dementia Screening = Acute	May	90%	N/A	Baseline setting Q1	◇	↔	0.72	Kate Lyons
3B	Dementia Risk Assessment = Acute	May	90%	N/A	Baseline setting Q1	◇	↔	0.72	Kate Lyons
3C	Dementia Referral to Specialist = Acute	May	90%	N/A	Baseline setting Q1	◇	↔	0.72	Kate Lyons
4	NHS Safety Thermometer = Acute	May	Submit Data	N/A	Report from July	◇	↔	2.16	Carolyn Mills
5A	Clinical Dashboard HIV, Haemophilia,CF, Neonatal	May	Q1	On Plan	Leads + Plans	✓	↔	2.16	TBC
5B	Clinical Dashboard HIV, Haemophilia,CF, Neonatal	May	Q2	N/A	Start Reporting	◇	↔	2.16	TBC
5C	Clinical Dashboard HIV, Haemophilia,CF, Neonatal	May	Q3	N/A	Continue Reporting		↔	2.16	TBC
5D	Clinical Dashboard HIV, Haemophilia,CF, Neonatal	May	Q4	N/A	Evidence front line		↔	2.16	TBC
6	Increase Therapeutic Hypothermia Treatment	May	Q1	N/A	Baseline setting Q1	◇	↔	4.31	TBC
8	Increase HIV Drugs Home Delivery	May	Q1	N/A	Baseline setting Q1	◇	↔	10.78	TBC
9A	HIV – Failing Therapy Re-suppressed <6mths	May	Q1	N/A	Baseline setting Q1	◇	↔	5.39	TBC
9B	HIV Optimise Therapy where CD4<200	May	Q1	N/A	Baseline setting Q1	◇	↔	5.39	TBC
							Total	43.15	

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