

# **Clinical Operations**

## **Key Performance Indicators**

### **Summary Report**

**Month 5**  
**August 2012**




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**Key to Performance Traffic Lights**

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

**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		2	3	4	1	J	A	S	FOT	J	A	S	FOT	Score	
<b>Safety</b>																		
C. Difficile (Acute only) Annual threshold 17		4	1.0	✓	⊗	⊗	✓	✓	✓	✓	✓	✓	1,	0		<5	0	
MRSA (Acute only) Annual threshold 1		0	1.0	✓	✓	✓	✓	✓	✓	✓	✓	✓	0,	0		0	0	
<b>Quality</b>																		
Cancer 31-day subsequent treatment	Surgery	94%	1.0	✓	✓	⊗	✓	✓	✓	✓	✓	✓	100,	100		>94	0	
	Drug Treatment	98%	1.0	✓	✓	✓	✓	✓	✓	✓	✓	✓	100,	100		>98	0	
Cancer 62 day Referral from	Urgent GP	85%	1.0	✓	✓	⊗	✓	✓	✓	✓	✓	✓	94.1,	89.5		>85	0	July shared breach data is not yet available
	Screening And Cons	90%	1.0	✓	✓	✓	✓	✓	✓	✓	✓	✓	90.0,	100		90	0	
Cancer 31day Diagnosis to treatment		96%	0.5	✓	✓	✓	✓	✓	✓	✓	✓	✓	97.2,	95.9		97	0	
2 Week wait from referral to date first seen	All cancers	93%	0.5	✓	✓	✓	✓	✓	✓	✓	✓	✓	97.3,	95.0		96	0	
	Breast Symptom	93%	0.5	✓	✓	✓	✓	✓	✓	✓	✓	✓	100,	100		>93	0	
A&E Type 1+ MIU + WIC Combined Max. WT 4Hrs		95%	1.0	✓	✓	✓	✓	✓	✓	✓	✓	✓	99.2,	99.4		>98	0	National performance reporting is at provider combined level
<b>Patient Experience</b>																		
Referral to treatment waiting time Admitted <18Wks		90%	1.0	✓	✓	✓	✓	✓	✓	✓	✓	✓	95.0,			>94	0	Fail in one month = Quarterly Fail
Referral to treatment waiting time Non-Admitted <18Wks		95%	1.0	✓	✓	✓	✓	✓	✓	✓	✓	✓	99.5,			>97	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,			>92	0	
Access for people with learning disability – 6 criteria		Yes All	0.5	⊗	⊗	⊗	⊗	✓	✓	✓	✓	✓	■	■		■	0	Action Plan V5 - Completed Jun 12
<b>Effectiveness</b>																		
Data Completeness Referral to Treatment		50%	1.0	NA	NA		✓		✓	✓	✓	✓	80,	80		80	0	Refers to data completeness levels for community services (CIDS).
Data Completeness Referral Information		50%	1.0	NA	NA		✓		✓	✓	✓	✓	80,	80		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,	80		80	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.
Patients Dying at Home (Not yet defined)		50%	0.5	NA	NA				NYA	NYA			Not Yet Applicable			NYA	NYA	Each scores 0.5 but max impact capped at 1.0 with above.
<b>KPI Risk Score</b>																	<b>0.0</b>	

<b>Third Parties Assessment</b>				
<b>Care Quality Commission</b>				
No items				<b>0</b>
<b>NHS Litigation Authority</b>				
CNST October 11	Level 1	Ongoing		<b>0</b>
NHSLA March 12	Level 1	Ongoing		
<b>3. Mandatory Services – Declared risk of, or actual, failure to deliver mandatory services</b>				
No Items				<b>0</b>
<b>4. Other Certification Failures – If not covered above. Failure to either (i) provide or (ii) subsequently comply with annual or quarterly board statements</b>				
No items				<b>0</b>
<b>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</b>				
No Items (Note 1)				<b>0</b>
<b>Total</b>				<b>0</b>
<b>Monitor Overall Compliance Score</b>				<b>0</b>

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 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	2 3 4 1	J A S	FOT	J A S	FOT	Travel		
Summary Hospital Mortality Indicator - Trust Overall	<100	DH	✓	✓✓	✓	■	✓	RYQ3 97.3	■	➔	Latest SHMI data is Jan11 – Dec11
Never Events	0	DH	⊗	⊗✓⊗✓	✓✓	✓	0, 0	0	➔		
VTE Risk Assessments	90%	DH CQUIN	✓	✓✓✓✓	✓✓	✓	96.4, 96.2	96.0	➔		

2.2 Quality of Services	Quarter	KPI	Last	Last 4 Quarters	Current Quarter		– Early View Data				Commentary
	Target	Source	FY	2 3 4 1	J A S	FOT	J A S	FOT	Travel		
Stroke >90% stay on Unit North Acute	80%	SHA	⊗	◆⊗⊗⊗	◆⊗	⊗	78.6, 69.0	70	↓		
A&E Type 1 maximum waiting time of 4 hours	95%	Local	⊗	✓⊗⊗◆	✓✓	✓	96.7, 97.7	>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	✓	✓✓✓✓	✓✓	✓	99.2, 99.4	>98	➔		
Ambulance Handovers % > 30 Mins	<10%	Contract	✓	✓✓✓✓	✓✓	✓	8%, 7%	<10	➔		
Ambulance Handovers > 2 Hours	0	Contract	■	■ ■ ■ ◆	✓✓	✓	0, 0	0	➔		

2.3 Patient Experience	Quarter	KPI	Last	Last 4 Quarters	Current Quarter		– Early View Data				Commentary
	Target	Source	FY	2 3 4 1	J A S	FOT	J A S	FOT	Travel		
Breach of EMSA General Wards	0	DH	⊗	⊗✓⊗⊗	✓✓	✓	0, 0	0	➔		
Cancelled Operations Rebooked <28 day	100%	DH	✓	✓✓✓✓	✓✓	✓	100, 100	100	➔		
Delayed Transfer of Care (Acute)	<3.5%	DH	✓	✓✓✓✓	✓✓	✓	2.0, 1.3	<3.5	➔		
Delayed Transfer of Care (Northern CHs)	<3.5%	DH	⊗	⊗⊗⊗⊗	⊗⊗	⊗	9.8 8.1	>3.5	➔		
Delayed Transfer Care (Eastern CHs)	<3.5%	DH	⊗	⊗⊗⊗⊗	⊗⊗	⊗	6.5, 5.9	>3.5	➔		
RTT Waiting Time >52Wk Waiters	0	SHA	NA	NA NA NA ◆	✓✓	✓	0, 0	0	➔		
Diagnostics Waiting >6 wks	<60	DH	✓	✓✓✓✓	✓✓	✓	3, 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.

(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

Contract Section	Value (£K)	Total Indicators	Data not yet available	On Plan	Behind Plan	Partial Achieve Risk	Under Achieve Risk	Under Achieve Confirmed	Value at Risk (£K)
Acute	2146	20	0	16	3	1	0	0	27
Eastern Community	1552	21	3	12	6	0	0	0	0
Northern Community	554	20	3	11	6	0	0	0	0
Specialist Commissioning	43	14	1	9	4	0	0	0	0
	4295	75	7	48	19	1	0	0	27



## 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