

Performance scorecard 2009-10

Indicators used for external assessment

TOLERANCES		
On target	Of concern	Action reqd

PERFORMANCE	
Target	Actual

Monthly trend					
Apr	May	Jun	Jul	Aug	Sep

Quarterly trend			
Q1	Q2	Q3	Q4

>98.1%	97.8-98.1%	<97.8%
<1 / mth	1-2	>2
<1 / mth	1-1.5	>1.5
100%	95-99%	<95%
0	1	>1
<0.7	0.7% - 0.8%	>0.85
<4%	4-6%	>6%
<5	5-10	>10
>99%	99%	<98%
>95%	90%-95%	<90%

Existing commitments		
A&E access	% patients discharged within 4 hours in A&E and MIU	>98% 98.2%
Inpatient and outpatient access	Outpatients waiting >13 wks (GP referrals only)	<1 / mth 0.0
	Inpatients waiting > 26 wks (at each month end)	<1 / mth 0.0
Cardiac access	Patients seen within 2 weeks for rapid access chest pain	100% 100.0%
	Patients waiting >3 months for revascularisation	0 0
Cancelled operations	% elective operations cancelled on day of operation	<0.75% 0.71%
	% cancellations not re-admitted within 28 days	<4% 1.7%
Transfers of care	Inpatients with delayed transfer of care (monthly average)	<5 3.0
Health and well-being	Patients offered date within 48 hours of contacting GUM	>99% 100.0%
	Ethnic coding levels of inpatients	>95% 90.9%

98.4%	98.1%	97.9%	98.2%	98.5%	98.1%
0	0	0	0	0	0
0	0	0	0	0	0
100%	100.0%	100%	100.0%	100%	100%
0	0	0	0	0	0
0.76%	0.76%	0.74%	0.69%	0.64%	0.69%
5.0%	5.4%	0.0%	0.0%	0.0%	0.0%
2	2	3	4	4	3
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
91.4%	91.6%	91.0%	90.4%	91.4%	89.7%

98.1%	98.3%		
0.0	0.0		
0.0	0.0		
100.0%	100.0%		
0	0		
0.75%	0.67%		
3.47%	0.00%		
2	4		
100.0%	100.0%		
91.3%	90.5%		

>91%	90-91%	<90%
>96%	95-96%	<95%
>80%	70-80%	<70%
>96%	94-96%	<94%
>99%	97%-99%	<97%
>99%	97%-99%	<97%
>86%	84%-86%	<84%
>86%	84%-86%	<84%
>96%	94-96%	<94%
<2.5 in mth	2.5 - 3	>3 in mth
>98%	95-98%	<95%
<8 in mth	8-9 in mth	>9 in mth

National priorities		
18 week referral to treatment times	% admissions within 18 weeks in month	>91% 90.2%
	% non-admissions within 18 weeks in month	>96% 95.8%
	% specialties achieving 18 week target	>80% 68.6%
Cancer access	Urgent GP referrals seen within 2 weeks	>95% 96.4%
	First treatments within 31 days	>98% 99.3%
	Subsequent treatments within 31 days	>98% 99.8%
	Cancer treatments started within 2 months of urgent GP referral	>85% 86.7%
	Treatments <2 months from consultant upgrade or screening referral	>85% 100.0%
	Symptomatic breast referrals seen within 2 weeks	36.0%
Infection control	MRSA bacteraemia reduction (target to 30 for 2009-10)	<2.5 in mth 1.3
	% compliance with MRSA screening on admission	>98% 93.6%
	Clostridium difficile acquisitions (target to 101 for 2009-10)	<8 in mth 7.2

90.0%	90.1%	90.1%	90.6%	90.1%	89.9%
95.8%	96.2%	95.6%	95.7%	96.1%	95.6%
		68.6%	68.6%	68.6%	68.6%
97.5%	97.1%	96.1%	95.5%	95.7%	96.6%
99.1%	100.0%	99.6%	99.6%	99.6%	98.0%
100.0%	100.0%	100.0%	100.0%	100.0%	99.0%
81.0%	88.8%	89.3%	87.8%	93.2%	80.0%
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
					36.0%
3	2	1	2	0	0
72.0%	80.0%	88.3%	92.3%	91.4%	93.6%
4	11	11	5	7	5

90.1%	90.2%		
95.9%	95.8%		
68.6%	68.6%		
96.9%	95.9%		
99.6%	99.1%		
100.0%	99.7%		
86.3%	87.0%		
100.0%	100.0%		
2.0	0.7		
80.1%	92.4%		
8.7	5.7		

Not yet able to assess performance

Infant health	Smoking during pregnancy and breastfeeding initiation	
Clinical quality	Participation in heart disease audits - 5 audits	
	Stroke care - national sentinel audit of stroke	
	Engagement in clinical audits	
	Maternity statistics - data quality indicator	
Staff satisfaction	NHS staff satisfaction - results from National Staff Survey	
Patient experience	Results of patient survey - 5 domains	

- Special data collection at y/end
- Throughout 2009-10
- Sentinel audit 2009
- Special data collection at y/end
- Data fields on HES
- Survey in Autumn 2009
- Patient survey results

>102.8%	85-102%	<85%
>9.2%	5%-9.2%	<5%
>4.4%	3-4%	<3%
>2.2%	1.2%-2.2%	<1.2%
>31.9	20-31.9	<20
4	3	2

Monitor metrics		
Overall financial performance	EBITDA % achieved - YTD	>102.8% 71.1%
	EBITDA margin YTD (%)	>9.2% 6.5%
	Return on assets (%)	>4.4% 2.4%
	I&E surplus - YTD (%)	>2.2% 0.2%
	Liquidity ratio (days)	>31.9 30.9
	Overall rating	4 3

	75.5%	71.9%	70.2%	74.6%	71.1%
	6.9%	6.6%	6.4%	6.8%	6.5%
	0.5%	0.7%	2.3%	2.7%	2.4%
	0.6%	0.3%	0.2%	0.5%	0.2%
	39.5	34.1	32.0	33.1	30.9
	3	3	3	3	3

71.9%	71.1%		
6.6%	6.5%		
0.7%	2.4%		
0.3%	0.2%		
34.1	30.9		
3	3		

Governance	Overall rating	Composite measure
-------------------	-----------------------	--------------------------

--	--	--	--

TOLERANCES		
On target	Of concern	Action reqd

>98%	95-98%	<95%
<9	9-14	>14
<2 in mth	2-5	>5 in mth
<22.5	22.5-30	>30
<3	3-4	>4
<10	10-20	>20
<10	10-20	>20
<1	1	>1
<4.5%	4.5-5.5%	>5.5%
<90	90-110	>110
<80	80-90	>90

PERFORMANCE	
Target	Actual

Clinical quality					
Infection control	% clinical staff compliant with hand hygiene (mthly audit)	>98%	98%		Current month
	MRSA acquisitions from clinical specimens (internal target 98)	<9	2		Cumulative avg mth
	GRE bacteraemias (per month)	<2 in mth	0.5		Cumulative avg mth
Clinical and nursing quality indicators	Pressure ulcer acquisitions (new cases per month) - 10% reduction	<22.5	27.0		Cumulative avg mth
	10% reduction in patient slips trips and falls - rate per 1000 bed-days	<3	3.8		Data being checked
	Nutrition score not completed within 48 hours - instances per month	<10	31		Current month - see commentary
	Nutrition score not maintained weekly - instances per month	<10	26		Current month - see commentary
	Staff escalation policy activated (level 3)	<1	0		Current month
	Readmission rate (emergency readm. within 28 days)	<4.5%	4.41%		Cum ytd %
	Hospital mortality - unadjusted counts of deaths (monthly ave)	<90	82		Current month
Standardised mortality ratio (for quarter)	<80	65.3		Current quarter - subject to revision	

Monthly trend					
Apr	May	Jun	Jul	Aug	Sep

98%	98%	97%	97%	98%	98%
2	4	5	2	1	0
1	0	1	0	0	1
25	26	18	24	24	27
3.7	2.9	2.3	3.4	3.8	3.8
9	22	8	15	28	31
18	47	10	10	10	26
0	0	0	0	0	0
4.75%	4.76%	4.68%	4.47%	4.98%	4.41%
89	76	95	72	83	79

Period 6

Quarterly trend			
Q1	Q2	Q3	Q4

98%	98%			Qtr avg
3.7	1.0			Qtr avg
0.7	0.3			Qtr avg
23.0	25.0			Qtr avg
3.0	3.7			Qtr avg
13.0	24.7			Qtr avg
0.0	0.0			Qtr avg
4.68%	4.41%			Qtr end
86.7	78.0			Qtr avg
65.3				Qtr avg

>86.5%	82-86%	<82%
>63%	59-63%	<59%
>66%	62-66%	<62%
>95%	85-95%	<85%
>95%	75-95%	<75%
>95%	85-95%	<85%
<5%	5-6%	>6%
<27%	27-30%	>30%
>80%	65-80%	<65%
>90%	80-90%	<80%
	vs profile	
<1		>0
<15min	15-20min	>20min

Quality accounts and CQUIN					
Patient experience	Staff not talking as if patient wasn't there	>86.5%	84%		Current quarter
	Patients 'very satisfied' with involvement in decisions about care	>63%	62%		Current quarter
	Patients 'very satisfied' that they were listened to and supported	>66%	64%		Current quarter
Quality accounts indicators	Adherence to Trust Patient Observation Standard	>95%	97%		July assessment
	Appropriate and accurate fluid balance charts	>95%	77%		July assessment
	Single sex compliance (monthly audit)	>95%	100%		Current month
Maternity	Smokers at time of delivery	<5%	5.0%		Cum average month
	% caesarean sections	<27%	27%		Cum average month
	Health assessments completed within 12 weeks	>80%	55%		Current month - see commentary
	Dedicated midwife during labour	>90%	0%		Reported from October
Other CQUIN	Smoking cessation referrals (per month)	>350	80		Profile being agreed
	Occurrence of any 'never events'	<1	0		Current month
	Achieve 15min average ambulance handover in A&E	<15min	12		Estimated (LAS data awaited)
PROMS	Indicators under development				

100%	100%	100%	100%	100%	100%
4.6%	3.5%	5.1%	5.1%	6.5%	5.1%
28.4%	25.9%	30.3%	24.7%	26.0%	29.0%
59.0%	58.0%	57.8%	59.7%	55.0%	55.0%
					80
0	0	0	0	0	0
12	12	12	12	12	12

84%				Qtr avg
62%				Qtr avg
64%				Qtr avg
	97%			Bi-annual
	77%			Bi-annual
100%	100%			Qtr avg
4.4%	5.6%			Qtr avg
28.2%	26.6%			Qtr avg
58.3%	56.6%			Qtr avg
				Qtr avg
0	0			Qtr avg
12	12			Qtr avg

Performance scorecard 2009-10

To create a workforce and an environment that deliver high quality and efficient services

TOLERANCES		
On target	Of concern	Action reqd

PERFORMANCE	
Target	Actual

Monthly trend					
Apr	May	Jun	Jul	Aug	Sep

Quarterly trend			
Q1	Q2	Q3	Q4

<10,500	10.5-11	>11000
>10,000	9.5-10	<9500
>95%	90-95%	<90%
<£40m	£40-£42m	>£42m
<1%	1-2%	>2%
>5	2-5	<2
<5%	5-6%	>6%
<6%	6-8%	>8%
>95%	90-95%	<90%
<3.5%	3.5%-4%	>4%
>95%	90-95%	<90%

Workforce					
Staff in post	Total funded establishment (wte)	<10,500	11,190		Current month - see briefing
	Total whole time equivalent (wte) staff in post	>10,000	9,514		Current month - see briefing
	Fill rate - % of establishment with staff in post	>95%	85%		Current month - see briefing
Pay expenditure	Total pay expenditure in month (£m)	<£40m	£43.3		Current month - see briefing
	% pay expenditure on agency staff	<1%	9.0%		Current month - see briefing
Temporary staff usage	Bank to agency ratio	>5	0.3		Current month - see briefing
	% pay expenditure on bank staff	<5%	3.8%		Current month - see briefing
	% pay expenditure on temporary staff	<6%	12.8%		Current month - see briefing
Staff productivity	First year retention rate (% starters in post after 12 months)	>95%	83.0%		Current month - see briefing
	Sickness absence rate	<3.5%	3.6%		Current month - see briefing
EWTD compliance	Compliance rate for junior doctors	>95%	100%		Current month

10,753	10,925	11,084	11,183	11,103	11,190
9,329	9,332	9,391	9,395	9,544	9,514
86.8%	85.4%	84.7%	84.0%	86.0%	85.0%
£41.0	£41.1	£41.7	£42.0	£43.6	£43.3
7.3%	7.5%	9.2%	9.7%	8.8%	9.0%
0.3	0.3	0.3	0.2	0.4	0.3
3.3%	3.4%	3.2%	3.2%	4.9%	3.8%
10.6%	10.9%	12.4%	12.9%	13.7%	12.8%
85.5%	86.0%	94.6%	94.3%	85.0%	83.0%
4.0%	3.9%	3.9%	4.4%	3.9%	3.6%
80%	83%	80%	85%	100%	100%

10,921	11,159			Qtr avg
9,351	9,484			Qtr avg
85.6%	85.0%			Qtr avg
£41.3	£43.0			Qtr avg
8.0%	9.2%			Qtr avg
0.3	0.3			Qtr avg
3.3%	4.0%			Qtr avg
11.3%	13.1%			Qtr avg
88.7%	87.4%			Qtr avg
3.9%	4.0%			Qtr avg
80%	100%			Qtr end

<5.32	5.32-5.85	>5.85
<4.19	4.19-4.50	>4.50
>85%	75-85%	<75%
<2%	2-5%	>5%
<4%	4-7%	>7%
<11.8%	11.8-14%	>14%
<13.2%	13.2-15%	>15%
<2.5	2.5-2.7	>2.7
>380	340-380	<340
>320	280-320	<280
<35	35-45	>45
<7%	7-10%	>10%

Productivity initiatives					
Length of stay	Average length of stay - non-elective	<5.32	5.40		Current quarter
	Average length of stay - elective	<4.19	4.17		Current quarter
	Daycase rate (Audit Commission basket)	>85%	78.6%		Current quarter
Core processes	Electronic discharge letters produced within 5 days of discharge	>95%	23.4%		Data being checked
	Clinic letters produced within 5 days of appt	>98%	19.9%		Data being checked
Outpatients	Reduction in appointments rescheduled by hospital <6 wks	<2%	8.1%		Cumulative average
	Halving of appointments rescheduled by hospital >6 wks	<4%	6.9%		Cumulative average
	20% reduction in non-attendance rate - new appointments	<11.8%	13.5%		Cumulative average
	20% reduction in non-attendance rate - f/up appointments	<13.2%	15.5%		Cumulative average
Theatre throughput	10% reduction in consultant outpatient follow-up ratio	<2.5	2.50		Cumulative average
	Average cases per week (main theatres)	>380	372		Current month
	Average cases per week (day theatres)	>320	285		Current month
	Hospital cancellations on day of operation - volume	<35	39		Current month
	Gross cancellation rate %	<7%	8.1%		Current month

5.63	5.49	6.14	5.40	5.21	5.60
4.33	4.39	4.51	4.39	4.25	3.88
82.2%	77.3%	80.5%	82.9%	70.9%	82.1%
24.9%	23.7%	23.6%	23.1%	23.0%	22.2%
15.9%	17.7%	20.3%	21.6%	24.4%	19.6%
8.0%	9.1%	8.8%	7.6%	7.1%	8.1%
6.5%	6.6%	7.7%	6.0%	7.2%	7.3%
13.8%	14.1%	12.7%	12.9%	13.8%	13.6%
16.0%	16.0%	15.5%	15.3%	14.9%	15.4%
2.64	2.66	2.51	2.52	2.33	2.35
341	356	404	392	382	372
274	280	297	316	294	285
40	37	41	41	33	39
9.9%	8.7%	8.8%	9.3%	8.8%	8.1%

5.89	5.40			Qtr avg
4.37	4.17			Qtr avg
80.0%	78.6%			Qtr avg
24.1%	22.8%			Qtr avg
17.9%	21.9%			Qtr avg
8.7%	7.6%			Qtr avg
6.9%	6.9%			Qtr avg
13.5%	13.4%			Qtr avg
15.8%	15.2%			Qtr avg
2.60	2.40			Qtr avg
367	382			Qtr avg
283	298			Qtr avg
39	38			Qtr avg
9.2%	8.7%			Qtr avg

--	--	--

Quality of services					
Complaints	Responsiveness - revision to indicator under development				Current month

--	--	--	--	--	--

				Qtr avg
--	--	--	--	---------