

## 2010/11 National Targets

### Quality

	Q1	Q2	Q3*	Q4
MRSA	0	1	2	-
C Difficile	16	28	39	-
Venous thromboembolism VTE - % screened	67.9%	76.4%	87.6%	-
Pressure Ulcers - Grade 3&4	6	10	-	-
Mixed Sex Accomodation**	172	227	289	-

\* Q3 cumulative to date

\*\* No RAG rating as awaiting target from DH guidance

Cumulative quarterly performance

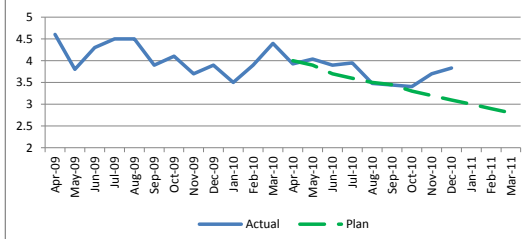
### Delivery

Indicator number	Dec	Achievement
4 Hour A&E (Type 1)	97.8%	<span style="background-color: green; color: white;"> </span>
RTT Admitted Weeks	6.4	<span style="background-color: green; color: white;"> </span>
	95th percentile 28.9	<span style="background-color: red; color: white;"> </span>
RTT Non-admitted Weeks	5.7	<span style="background-color: green; color: white;"> </span>
	95th percentile 17.8	<span style="background-color: green; color: white;"> </span>
RTT Incomplete Weeks	6.7	<span style="background-color: green; color: white;"> </span>
	95th percentile 28.8	<span style="background-color: green; color: white;"> </span>

Current month performance

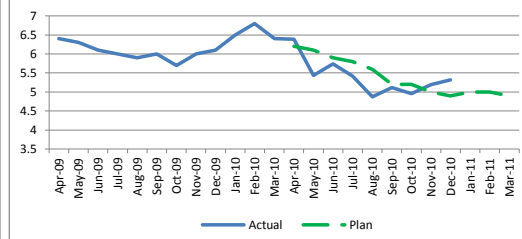
### Efficiency

LOS - Elective



Length of stay - Elective

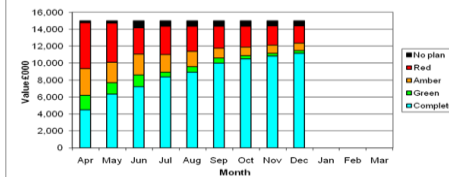
LOS - Non Elective



Length of stay - Non Elective

CIP

Assurance assessment of 2010/11 CIP projects



I&E variance from financial plan

Budget	£7,584,000
Actual	£6,336,000
Variance	£1,248,000

1 -National Standards used for external assessment

TOLERANCES		
On target	Of concern	Action reqd

PERFORMANCE	
Target	Actual

Monthly Trend								
APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

Quarterly trend		
Q1	Q2	Q3

>95%	94%-95%	<94%
>95%	94%-95%	<94%
>98%	95%-98%	<95%
<0.1%	0.1%-0.2%	>0.2%
<0.8%	0.8%-1.5%	>1.5%
<5.0%	5.0%-15.0%	>15.0%
<3.5%	3.5%-5.0%	>5.0%
>98%	95%-98%	<95%
>90%	85%-90%	<85%
>70%	55%-70%	<55%
>68%	48%-68%	<48%
>75%	60%-75%	<60%
>60%	55%-60%	<55%

Existing commitments	indicator no.				
A & E Access	1	% patients discharged within 4 hours in A&E	>95%	98.6%	
	2	% patients discharged within 4 hours in A&E and MIU	>95%	99.4%	
Cardiac access	26	Patients seen within 2 weeks for rapid access chest pain	>98%	99.7%	
	25	Patients waiting >3 months for revascularisation	<0.1%	0.0%	
Cancelled operations	29	% elective operations cancelled on day of operation	<0.8%	0.8%	
	30	% cancellations not re-booked within 28 days	<5.0%	8.9%	
Transfers of care	31	% Inpatients with delayed transfer of care	<3.5%	2.9%	
	28	Patients offered date within 48 hours of contacting GUM	>98%	100.0%	
Health & well-being	40	Ethnic coding levels of inpatients	>90%	92.2%	
	76	Primary angioplasties - % under 150 mins	>70%	80.6%	
Reperfusion	27	Thrombolysis - 'call to needle' - 60 minutes	>68%	25.0%	
	45	% people spending 90% time on stroke unit	>75%	84.8%	
Stroke	44	Higher risk TIA treated within 24 hours	>60%	42.9%	

Cumulative ytd	97.0%
Cumulative ytd	98.8%
Cumulative ytd	100.0%
YTD	0.0%
YTD	1.2%
YTD (1 month lag)	3.3%
YTD	100.0%
YTD	88.7%
YTD (1 month lag)	80.0%
YTD (1 month lag)	33.3%
current month (1 month lag)	35.1%
Current month	36.8%

97.0%	98.8%	98.7%	99.1%	99.3%	99.1%	98.4%	99.2%	97.8%
98.8%	99.4%	99.4%	99.6%	99.7%	99.6%	99.3%	99.6%	99.0%
100.0%	100.0%	100.0%	100.0%	100.0%	97.1%	100.0%	100.0%	100.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
1.2%	0.7%	1.0%	0.6%	0.4%	0.9%	0.3%	0.8%	1.3%
20.6%	15.8%	7.4%	11.8%	0.0%	0.0%	0.0%	9.1%	3.6%
3.3%	2.6%	1.5%	3.3%	4.1%	3.0%	3.0%	2.7%	-
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
88.7%	92.8%	93.1%	93.4%	93.2%	94.7%	96.6%	94.3%	94.2%
80.0%	100.0%	66.7%	100.0%	100.0%	75.0%	50.0%	66.7%	-
33.3%	0.0%	No pts	No pts	No pts	No pts	No pts	No pts	-
35.1%	72.0%	58.1%	61.7%	73.5%	77.8%	71.0%	84.8%	-
36.8%	57.1%	62.5%	50.0%	46.2%	66.7%	44.4%	35.7%	42.9%

98.2%	98.7%	98.6%
99.2%	99.4%	99.4%
100.0%	99.5%	99.7%
0.0%	0.0%	0.0%
1.0%	0.8%	0.8%
15.0%	10.5%	8.9%
2.5%	3.0%	2.9%
100.0%	100.0%	100.0%
91.2%	92.2%	92.2%
77.8%	87.5%	80.6%
25.0%	25.0%	25.0%
54.0%	62.6%	66.3%
48.8%	50.0%	46.9%

<11.1	-	>11.1
<6.6	-	>6.6
<7.2	-	>7.2
<27.7	-	>27.7
<18.3	-	>18.3
<36.0	-	>36.0
>93%	88%-93%	<88%
>93%	85%-93%	<85%
>96%	91%-96%	<91%
>94%	89%-94%	<89%
>98%	93%-98%	<93%
>94%	89%-94%	<89%
>85%	80%-85%	<80%
>90%	85%-90%	<85%
>85%	80%-85%	<80%
<6	-	>6
<78	-	>78

National priorities					
18 week referral to treatment times	10g	Median waiting time - admitted pathways	<11.1	6.4	
	11g	Median waiting time - non-admitted pathways	<6.6	5.7	
	190	Median waiting time - Incomplete pathways	<7.2	6.7	
	10k	95th percentile - admitted pathways	<27.7	28.9	
	11k	95th percentile - non-admitted pathways	<18.3	17.8	
	191	95th percentile - incomplete pathways	<36.0	28.8	
Cancer access	32	Cancer urgent referral to first outpatient appointment - 2 weeks	>93%	96.1%	
	41	Cancer urgent referral to first outpatient appointment - 2 weeks (breast symptoms)	>93%	99.0%	
	33	Cancer diagnosis to treatment - 31 days	>96%	97.9%	
	34d	Cancer diagnosis to treatment - 31 days (subsequent surgery)	>94%	95.4%	
	34h	Cancer diagnosis to treatment - 31 days (subsequent drug treatment)	>98%	98.8%	
	34m	Cancer diagnosis to treatment - 31 days (subsequent radiotherapy)	>94%	91.0%	
	35	Cancer urgent referral to treatment - 62 days (GP referral)	>85%	90.9%	
	36	Cancer urgent referral to treatment - 62 days (screening)	>90%	94.1%	
Infection control	57	Cancer urgent referral to treatment - 62 days (hospital specialist)	>85%	100.0%	
	4d	MRSA bacteraemia reduction	<6	2	
	4e	Clostridium difficile acquisitions	<78	39	

Current month	12.1
Current month	6.3
Current month	7.7
Current month	28.4
Current month	12.6
Current month	29.3
YTD	95.5%
YTD	98.3%
YTD	97.4%
YTD	96.6%
YTD (from Jan 11, YTD shadow monitoring)	100.0%
YTD	87.8%
YTD	90.0%
YTD	100.0%
Cumulative YTD	0
Cumulative YTD	3

12.1	13.7	13.1	12.9	11.6	12.4	12.4	10.7	6.4
6.3	6.9	6.2	6.2	6.3	6.5	6.7	6.6	5.7
7.7	5.6	5.3	5.9	6.4	6.6	6.2	5.5	6.7
28.4	29.1	24.7	25.6	29.4	35.6	32.6	32.0	28.9
12.6	13.7	12.9	13.0	13.9	15.8	17.0	21.6	17.8
29.3	25.2	24.7	25.0	24.8	25.4	25.7	26.2	28.8
95.5%	98.1%	96.7%	95.3%	95.6%	96.7%	96.6%	95.6%	95.3%
98.3%	97.9%	97.0%	99.3%	100.0%	99.3%	99.6%	100.0%	100.0%
97.4%	100.0%	98.2%	97.0%	97.0%	97.0%	98.8%	97.5%	98.5%
96.6%	96.6%	100.0%	97.2%	94.3%	89.3%	94.6%	96.7%	92.1%
100.0%	100.0%	100.0%	100.0%	94.7%	97.5%	100.0%	97.1%	100.0%
-	-	-	-	-	-	81.0%	98.2%	91.8%
87.8%	93.4%	91.3%	92.8%	92.0%	86.2%	95.2%	88.0%	94.0%
90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	83.3%	71.4%	100.0%
100.0%	No pts	No pts	No pts	No pts	No pts	100.0%	No pts	No pts
0	0	0	0	0	1	1	2	2
3	8	16	20	23	28	32	37	39

-	-	9.9
-	-	6.3
-	-	6.1
-	-	31.8
-	-	18.5
-	-	27.1
96.8%	95.9%	96.1%
97.7%	98.6%	99.0%
98.2%	97.2%	98.7%
97.8%	93.9%	94.8%
100.0%	97.3%	99.2%
-	-	91.0%
90.8%	90.0%	91.9%
96.3%	100.0%	81.8%
100.0%	100.0%	100.0%
0	1	2
16	28	39

<£0	£0-£130,000	>£130,000
>£10,550,000	£10,339,000-£10,550,000	<£10,339,000
>3	2-3	<2

Overall financial performance	19	I&E - variance from financial plan	>£0	£1,787,000	
	20	CIP	>£10,550,000	£7,844,000	
	189	Monitor - Overall rating (finance)	>3	2	

YTD	£323,000
YTD	£586,000
Current quarter	Quarterly

£323,000	£703,000	£891,000	£914,000	£1,333,000	£1,440,000	£1,770,000	£1,787,000	£1,248,000
£586,000	£1,330,000	£2,645,000	£3,720,000	£4,162,000	£5,578,000	£6,696,000	£7,844,000	£9,414,000
Quarterly	N/A	Quarterly	2	Quarterly	2	Quarterly	2	Quarterly

£891,000	£1,440,000	£1,248,000
£2,645,000	£5,578,000	£9,414,000
N/A	2	2

<0.9	0.9-3.0	>3.0
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Governance	188	Department of health performance rating	Performing	
	47e	Monitor Overall rating	0.5	

Current quarter	Quarterly
Current quarter	Quarterly

Quarterly	Performance under review	Quarterly	Performing	Quarterly	Performing
Quarterly	3.0	Quarterly	1.5	Quarterly	0.5

Performance under review	Performing	Performing
3.0	1.5	0.5

2-Contracted Indicators related to CQUIN programmes

TOLERANCES		
On target	Of concern	Action reqd
>80%	70%-80%	<70%
>80%	-	<80%
>80%	-	<80%
>80%	-	<80%

Detailed indicators

Detailed indicators		PERFORMANCE		
		Target	Actual	
CQ1	58	Venous thromboembolism % eligible admissions screened	>80%	87.6%
	79	Were you as involved as you wanted to be in decisions about your care?	>80%	89.9%
	CQ2 - Patient experience	80	Did you find someone to talk to about worries and fears?	>80%
81		were you given enough privacy when discussing your condition or treatment?	>80%	96.3%

PERFORMANCE	
Target	Actual

Current month (1 month lag)  
YTD  
YTD  
YTD

Monthly Trend									
APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
50.7%	77.8%	72.7%	77.2%	78.1%	73.8%	86.6%	87.6%	-	
91.0%	93.0%	92.0%	90.0%	91.0%	90.0%	87.0%	90.0%	85.0%	
94.0%	91.0%	93.0%	93.0%	91.0%	94.0%	91.0%	91.0%	87.0%	
99.0%	97.0%	97.0%	95.0%	96.0%	97.0%	95.0%	95.0%	96.0%	

Quarterly trend		
Q1	Q2	Q3
67.9%	76.4%	87.6%
-	-	-
-	-	-

3-RUH Indicators of high quality, efficient services

TOLERANCES		
On target	Of concern	Action reqd
<0	0-10	>10
<12	12-24	>24
<7.3%	7.3%-8.3%	>8.3%
<100	100-105	>105
<21	-	>21
<0	0-1	>1
<360	360-480	>480
-	-	-
>100%	95%-100%	<95%
>100%	95%-100%	<95%
<42	42-78	>78
<4	4-6	>6
-	-	-

Clinical Quality

Clinical Quality		PERFORMANCE		
		Target	Actual	
Clinical and nursing quality indicators	111	Mixed sex compliance (monthly audit) - instances of non-compliance	<0	289
	566	Hospital acquired pressure ulcer acquisitions (new cases per month, grade 3 & 4)	<12	10
	75	Readmission rate (emergency readm. within 28 days)	<7.3%	8.1%
	3	Hospital Standardised Mortality Ratio (HSMR)	<100	95.0
	49	Serious Untoward Incidents	<21	14
	1464	Never Events	<0	0
	277	Reduction in rate of harm (composite from a number of indicators)	<360	205
Infection Control	116	Incidence of MSSA	-	8
	71	% compliance with MRSA screening for emergency admissions	>100%	91%
	43	% compliance with MRSA screening for elective admissions	>100%	98.0%
	4j	Clostridium Difficile infections (post 72 hours) -local stretch targets	<42	39
	5j	MRSA Bacteraemia (post 48 hours) - RUH -local stretch targets	<4	2
5e	MRSA Bacteraemia (pre 48 hours) - Community	-	1	

PERFORMANCE	
Target	Actual

YTD  
cumulative YTD (3 month lag)  
Current month (5 month lag)  
12 month rolling (2 month lag)  
YTD  
YTD  
YTD  
Current quarter  
Current quarter  
cumulative YTD  
current month  
current month

Monthly trend											
APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC			
113	35	24	0	43	12	62	0	0			
3	5	6	7	8	10	-	-	-			
7.6%	8.6%	8.9%	8.1%	-	-	-	-	-			
91.6	90.6	98.5	98.9	97.8	95.4	95.0	-	-			
2	3	1	0	2	4	1	0	1			
0	0	0	0	0	0	0	0	0			
46	52	21	20	30	0	29	0	7			
2	2	0	1	1	2	0	0	0			
Quarterly		80.0%		Quarterly		90.0%		Quarterly		91.0%	
Quarterly		95.0%		Quarterly		97.0%		Quarterly		98.0%	
3	8	16	20	23	28	32	37	39			
0	0	0	0	0	1	1	2	2			
3	2	0	0	0	2	0	1	1			

Quarterly trend		
Q1	Q2	Q3
172	227	289
6	10	-
-	-	-
90.2	89.2	87.8
6	12	14
0	0	0
-	-	-
4	8	8
80.0%	90.0%	91.0%
95.0%	97.0%	98.0%
-	-	-
-	-	-

<4.9	4.9-6.4	>6.4
<3.1	3.1-3.6	>3.6
>80%	70%-80%	<70%
>85%	80%-85%	<80%
>100%	95%-100%	<95%
>96%	95%-96%	<95%
>98%	97%-98%	<97%

Productivity initiatives

Productivity initiatives		PERFORMANCE		
		Target	Actual	
Bed Management	22b	Average length of stay - non-elective	<4.9	5.3
	22a	Average length of stay - elective	<3.1	3.8
	70	Daycase rate (Basket of 25)	>80%	82.2%
Theatre Throughput	69	Theatre utilisation (elective)	>85%	81.3%
Referral to treatment	14	Diagnostic waiting time - 6 weeks	>100%	99.8%
A & E Access	1d	% patients discharged within 4 hours in A&E -local stretch targets	>96%	98.6%
	2d	% patients discharged within 4 hours in A&E and MIU -local stretch targets	>98%	99.4%

Current month  
Current month  
Current quarter  
YTD  
Current month  
YTD  
YTD

6.4	5.4	5.7	5.4	4.9	5.1	5.0	5.2	5.3
3.9	4.0	3.9	3.9	3.5	3.4	3.4	3.7	3.8
83.0%	82.2%	83.0%	80.0%	83.4%	82.3%	82.7%	81.5%	81.1%
79.5%	82.3%	83.0%	82.4%	80.4%	82.0%	82.9%	81.3%	77.6%
100.0%	99.9%	99.9%	100.0%	99.6%	99.9%	100.0%	99.9%	99.8%
97.0%	98.8%	98.7%	99.1%	99.3%	99.1%	98.4%	99.2%	97.8%
98.8%	99.4%	99.4%	99.6%	99.7%	99.6%	99.3%	99.6%	99.0%

7.8	7.3	7.0
4.0	3.8	3.7
82.7%	82.3%	82.2%
81.6%	81.6%	80.9%
99.9%	99.9%	99.9%
-	-	-
-	-	-

>90%	80%-90%	<80%
>95%	85%-95%	<85%

Patient experience

Patient experience		PERFORMANCE		
		Target	Actual	
Patient experience	113	% patients stating that their overall experience of care is "Good" or "Excellent"	>90%	94.0%
	59	Complaints responded to within 25 days (%)	>95%	85.0%

YTD  
YTD (1 month lag)

95.0%	95.0%	95.0%	94.0%	94.0%	95.0%	93.0%	96.0%	91.0%
78.9%	78.1%	85.0%	77.8%	94.7%	83.3%	82.8%	96.9%	-

95.0%	95.0%	96.0%
80.9%	83.4%	85.0%

<5.0%	5.0%-6.0%	>6.0%
<3.0%	3.0%-3.5%	>3.5%
>100%	90%-100%	<90%

Workforce

Workforce		PERFORMANCE		
		Target	Actual	
Staff in post	17	Vacancy rate %	<5.0%	4.6%
Staff productivity	18	Sickness absence rate	<3.0%	3.9%
Appraisal rate	139	Appraisal rate (%)	>100%	53.7%

current month  
current month (1 month lag)  
current month

3.7%	4.7%	4.8%	5.2%	4.4%	5.6%	3.0%	5.0%	4.6%
3.5%	3.3%	3.7%	3.3%	3.2%	3.3%	3.8%	3.9%	-
40.9%	41.6%	46.0%	52.1%	53.8%	55.3%	56.3%	53.4%	53.7%

-	-	-
-	-	-
-	-	-