

PERFORMANCE SCORECARD

Indicator	Indicator Source	Responsible Director	Standard/Threshold	YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Q1	Q2	Q3	On Target	Of Concern	Comments	
Responsive Domain - Access Metrics																					
1	18w RTT - Percentage of Admitted RTT Pathways completed within 18 weeks	TDA & CQC	Chief Operating Officer	90%	84.3%	92.2%	92.5%	92.4%	87.1%	82.5%	85.7%	80.8%	71.1%	75.3%	L	92.4%	85.2%	75.8%	≥90%	<90%	Specialties which failed (December): Gen Surgery; Urology; Other; Neurosurgery; ENT; Oral Surgery; Vascular; Dermatology; Gynaecology; T&O
2	18w RTT - Percentage of Non-Admitted RTT Pathways completed within 18 weeks	TDA & CQC	Chief Operating Officer	95%	90.40%	96.0%	95.6%	95.7%	95.1%	90.6%	90.5%	83.98%	82.44%	87.6%	L	95.6%	92.1%	84.6%	≥95%	<95%	Specialties which failed (December): Gen Surgery; Urology; Gastroenterology; Other; Neurology; Neurosurgery; Ophthalmology; Oral Surgery; Vascular; Gynaecology; T&O
3	18w RTT - Percentage of Incomplete Pathways waiting less than 18 weeks	TDA & CQC	Chief Operating Officer	92%	87.5%	92.0%	92.0%	92.1%	90.2%	89.7%	86.7%	86.4%	87.5%	87.5%	L	92.1%	86.7%	87.5%	≥92%	<92%	Specialties which failed (December): Gen Surgery; Urology; Neurosurgery; Neurology; Oral Surgery; Vascular; Gynaecology; T&O
4	18w RTT - Nos of over 52 week waiters at month end	TDA	Chief Operating Officer	0	5	0	0	0	0	0	1	1	3	0	L	0	1	4	0	≥1	
5	18w RTT - Number of Breaching Specialties	NCB	Chief Operating Officer	0	31	3	2	2	7	20	31	34	35	31	L	2	31	31	0	≥0	
6	Diagnostic Tests waiting longer than 6 weeks - Percentage of all waiters	TDA & CQC	Chief Operating Officer	1%	0.7%	0.1%	0.2%	0.3%	0.2%	0.3%	0.4%	0.1%	0.2%	0.7%	L	2.9%	0.3%	0.4%	0.7%	<1%	>=1%
7	Proportion of Operations Cancelled On The Day not re-booked within 28 days	TDA & CQC	Chief Operating Officer	0%	24.2%	25.0%	20.0%	25.0%	15.2%	15.2%	26.9%	17.7%	35.0%	32.9%	L	23.3%	23.3%	19.2%	29.0%	<5.0%	>5.0%
8	Nos of Urgent Operations being cancelled for the second time	TDA & CQC	Chief Operating Officer	0	3	0	0	0	0	0	0	0	0	3	L	0	0	3	0	1	
9	Percentage of patients whose operation was cancelled at the last minute	TDA & CQC	Chief Operating Officer	1%	0.88%	0.60%	0.62%	0.65%	1.21%	0.71%	1.01%	0.63%	0.79%	1.53%	L	1.05%	0.62%	0.99%	0.97%	<=1%	>1%
10	A&E - Percentage of patients who spent 4 hours or less in A&E	TDA & CQC	Chief Operating Officer	95%	84.96%	88.23%	86.64%	90.53%	88.09%	83.26%	84.21%	84.18%	87.57%	78.31%	L	88.34%	85.48%	83.43%	≥95%	<95%	
11	A&E - Nos of Patients who have waited >12 hours in A&E from Decision to Admit	TDA & CQC	Chief Operating Officer	0	7	0	0	0	0	1	0	1	0	5	L	0	1	1	0	1	
12	A&E - Ambulance Handover Delays of over 30 mins and less than 60 mins - Number	NCB	Chief Operating Officer	0	6,654	537	697	611	632	651	616	776	646	829	L	1,845	1,899	2,251	tbc	tbc	Ambulance handover delays are unvalidated
13	A&E - Ambulance Handover Delays of over 60 mins - Number	NCB	Chief Operating Officer	0	677	42	88	49	34	64	97	71	55	95	L	82	179	195	221	tbc	tbc
14	A&E - A&E Attendance to Emergency Admission (via A&E) Ratio	Local	Chief Operating Officer	23%	24.8%	24.3%	24.3%	23.3%	22.4%	22.6%	22.7%	23.6%	25.3%	28.0%	L	32.3%	24.0%	22.6%	25.5%	≥23%	>23%
15	No of Ambulance Conveyances to ED	Local	Chief Operating Officer	TBC	41,530	4,044	4,321	4,071	4,185	4,114	4,013	4,216	4,016	4,437	L	4,113	12,436	12,312	12,669	n/a	n/a
16	A&E 7 day Reattendance Rate	Local	Chief Operating Officer	<=5%	7.2%	7.9%	6.3%	7.2%	8.2%	6.7%	7.7%	7.6%	8.0%	7.6%	L	7.2%	8.7%	7.6%	7.6%	≥93%	<93%
17	Cancer: 2 week wait referral to date first seen	TDA & CQC	Chief Operating Officer	93%	93.57%	88.0%	89.3%	96.2%	96.0%	96.7%	93.6%	92.0%	95.0%	95.1%	L	91.3%	95.5%	93.9%	≥93%	<93%	
18	Cancer: 2 week wait referral to date first seen - Breast Symptomatic	TDA & CQC	Chief Operating Officer	93%	97.34%	98.8%	98.1%	96.9%	98.1%	94.0%	96.6%	96.6%	98.4%	97.7%	L	97.9%	96.5%	97.6%	≥93%	<93%	
19	Cancer: 31 day wait from diagnosis to first treatment	TDA & CQC	Chief Operating Officer	96%	97.79%	98.2%	98.9%	97.1%	96.9%	98.8%	97.1%	97.9%	97.8%	97.9%	L	98.0%	97.5%	97.9%	96%	<96%	
20	Cancer: 62 day wait for first treatment from urgent GP referral	TDA & CQC	Chief Operating Officer	85%	82.90%	90.1%	78.2%	78.3%	86.3%	89.7%	84.7%	80.5%	75.5%	85.8%	L	81.1%	86.8%	80.3%	85%	<85%	
21	Cancer: 31 day wait for second or subsequent treatment - surgery	TDA & CQC	Chief Operating Officer	94%	96.92%	94.3%	95.2%	95.8%	100.0%	97.0%	100.0%	100.0%	100.0%	91.3%	L	95.0%	97.8%	97.8%	94%	<94%	
22	Cancer: 31 day wait for second or subsequent treatment - Chemotherapy	TDA & CQC	Chief Operating Officer	98%	100%	100.0%	100.0%	100.0%	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%	L	100.0%	99.3%	100.0%	98%	<98%	
23	Cancer: 31 day wait for second or subsequent treatment - Radiotherapy	TDA & CQC	Chief Operating Officer	94%	95.69%	96.2%	95.0%	94.6%	94.5%	93.8%	99.4%	95.0%	94.0%	99.3%	L	95.3%	96.0%	95.8%	94%	<94%	
24	Cancer: 62 day wait for first treatment from referral from a nhs cancer screening service	TDA & CQC	Chief Operating Officer	90%	89.62%	93.0%	93.0%	94.7%	97.1%	82.5%	86.5%	87.8%	84.6%	90.9%	L	93.5%	88.1%	87.6%	90%	<90%	
25	Cancer: 62 day wait for first treatment from referral following a Consultants Decision to Upgrade	TDA & CQC	Chief Operating Officer	90%	94%	100.0%	100.0%	90.5%	100.0%	86.4%	100.0%	90.9%	91.7%	100.0%	L	94.7%	94.3%	92.7%	90%	<90%	
26	Stroke: % of Pts who spend > 90% of time on stroke unit	TDA & CQC	Chief Operating Officer	80%	87.5%	95.1%	88.2%	88.9%	87.5%	87.5%	82.4%	82.0%	91.0%	78.0%	L	90.7%	85.8%	83.7%	≥80%	<80%	
27	Stroke: % admitted directly to stroke unit	TDA & CQC	Chief Operating Officer	90%	75.1%	78.7%	77.6%	90.3%	84.7%	78.6%	56.9%	66.1%	67.7%	56.0%	L	82.2%	73.4%	63.3%	≥90%	<90%	
28	Stroke: % scanned in less than 1 hrs of hospital arrival	TDA & CQC	Chief Operating Officer	50%	70.7%	67.3%	70.6%	73.0%	72.6%	81.8%	60.0%	66.0%	74.1%	78.0%	L	70.3%	71.5%	72.7%	≥50%	<50%	
29	Stroke: % of Patients scanned within 24 hours	TDA & CQC	Chief Operating Officer	100%	96.9%	96.4%	95.5%	100.0%	98.8%	100.0%	92.5%	94.0%	100.0%	100.0%	L	97.3%	96.4%	98.0%	100%	<100%	
30	Stroke: % of high risk TIA cases treated in 24 hours	TDA & CQC	Chief Operating Officer	60%	85.8%	87.0%	75.0%	84.0%	95.0%	100.0%	92.0%	95.0%	78.0%	92.0%	L	75.3%	95.7%	88.3%	≥60%	<60%	
31	Stroke: % of low risk TIA patients seen in 7 days	TDA & CQC	Chief Operating Officer	100%	95.5%	97.0%	95.0%	90.0%	94.0%	96.0%	100.0%	92.0%	100.0%	100.0%	L	94.0%	96.7%	97.3%	100%	<100%	
Responsive Domain - Local Performance/System wide Measures																					
32	Outpatient New to Follow-up Ratio (all)	Local	Chief Operating Officer	1.92	2.28	2.52	2.37	2.34	2.3	2.27	2.22	2.14	2.18	2.24	L	2.3	2.41	2.26	2.18	<1.92	>1.92
33	GP OP Referral Rates	Local	Chief Operating Officer	n/a	145926	13,881	14,641	15,328	16,122	13,470	15,142	16,430	13,831	13,610	L	13,471	43850	44734	43871	n/a	n/a
34	Two-week wait GP Referral Rates	Local	Chief Operating Officer	n/a	16247	1436	1639	1750	1866	1516	1618	1700	1585	1455	L	1682	4825	5000	4740	n/a	n/a
35	Average Admission Length of Stay - Non-Electives	Local	Chief Operating Officer	TBC	5.08	4.93	5.01	5.00	4.73	5.02	5.18	5.46	5.1	5.19	L	5.4	4.97	4.98	5.18	tbc	tbc
36	Nos of NEL Beddays above HRG Trimpont (excess beddays)	Local	Chief Operating Officer	27,348	23818	2486	2674	2599	2402	2688	2920	2705	2513	2831	L	7759	8010	8049	tbc	tbc	
37	Nos of Patients triggering excess beddays	Local	Chief Operating Officer	-	2327	269	257	236	251	247	262	271	288	246	L	762	760	805	tbc	tbc	
Responsive Domain - Bed Occupancy																					
38	Percentage of occupied beds (General & Acute)	CQC Surveillance Indicators	Chief Operating Officer	90%	91.10%	89.99%	91.01%	88.73%	89.05%	90.36%	92.09%	93.31%	91.25%	90.60%	L	93.47%	89.92%	90.48%	91.72%	tbc	tbc
39	Percentage of occupied Adult Critical Care beds	CQC Surveillance Indicators	Chief Operating Officer	90%	96.06%	92.73%	89.94%	93.20%	99.55%	97.87%	99.53%	98.71%	92.93%	95.87%	L	96.84%	91.93%	98.98%	95.87%	tbc	tbc
40	Percentage of occupied paediatrics/neonatal beds	CQC Surveillance Indicators	Chief Operating Officer	90%	83.08%	84.32%	87.61%	87.50%	87.68%	85.56%	90.98%	86.73%	81.14%	68.77%	L	72.07%	86.49%	88.04%	78.85%	tbc	tbc
Safety Domain																					
41	Nos of cases of MRSA bloodstream infections	TDA & CQC	Medical Director Chief Nurse	0	4	0	0	1	0	0	1	0	1	0	L	1	1	1	0	1	January MRSA within Cardiovascular D
42	Nos of C. Difficile infections	TDA & CQC	Medical Director Chief Nurse	50	36	4	2	1	4	6	3	4	4	5	L	3	7	13	13	<4.17 per month	>4.17 per month
43	Number of Medication error causing serious harm (Severe / Catastrophic)	TDA & CQC	Medical Director Chief Nurse	0	0	0	0	0	0	0	0	0	0	0	L	0	0	0	0	≥1	
44	Incidence of newly-acquired category 3 or 4 pressure ulcers	TDA	Medical Director Chief Nurse	TBC	5	1	1	1	0	0	1	0	0	1	L	0	3	1	1	tbc	tbc
45	Nos of falls resulting in severe injury or death (Moderate, Severe and Catastrophic)	TDA	Medical Director Chief Nurse	TBC	18	3	2	1	3	1	1	3	1	0	L	3	6	5	3	tbc	tbc
46	Percentage of Harm Free Care - Safety Thermometer	TDA	Medical Director Chief Nurse	TBC	94.5%	94.7%	94.2%	93.0%	95.4%	94.0%	92.1%	96.6%	95.2%	95.9%	L	94.3%	94.0%	93.8%	95.9%	tbc	tbc
47	Number of Serious Incidents reported each month.	TDA	Medical Director Chief Nurse	TBC	51	6	2	5	7	2	8	7	5	3	L	6	13	17	15	tbc	tbc
48	Duty of Candour - Conversation within 10 days - % Compliance	CQC	Medical Director Chief Nurse	TBC	50.0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100.0%	25.0%	L	62.5%	N/A	N/A	37.5%	tbc	tbc
49	Duty of Candour - Report within 45 days - % Compliance	Local	Medical Director Chief Nurse	TBC	100.0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	L	N/A	N/A	100.0%	tbc	tbc	
50	"Never Events" reported in month	TDA & CQC	Medical Director Chief Nurse	0	5	1	1	2	0	0	1	0	0	0	L	4	1	0	0	1	
51	Percentage of reported safety incidents that are harmful	Local	Medical Director Chief Nurse	TBC	0.18%	0.14%	0.00%	0.25%	0.13%	0.16%	0.15%	0.15%	0.29%	0.15%	L	0.44%	0.13%	0.14%	0.20%	tbc	tbc
52	Maternal deaths	TDA & CQC	Medical Director Chief Nurse	0	1	0	0	0	0	0	1	0	0	0	L	0	1	0	0	1	
53	Open Central Alert System (CAS - Internal deadline) Alerts *	TDA	Medical Director Chief Nurse	TBC	12	7	10	5	9	11	8	12	L	L	L	5	8	L	tbc	tbc	
54	Percentage of completed VTE Risk Assessments	TDA & CQC	Medical Director Chief Nurse	95%	97.1%	97.1%	97.7%	97.4%	97.8%	94.9%	96.5%	95.4%	96.5%	96.7%	L	97.4%	96.4%	96.2%	≥95%	<95%	
Effectiveness Domain																					
55	Emergency Readmissions within 30 days of discharge from hospital - %	TDA	Chief Operating Officer	10.50%	12.0%	14.0%	14.3%	13.5%	13.4%	13.5%	12.0%	L	L	L	L	13.5%	12.00%	11.80%	>11.8%	>11.8%	Indicator 4 months lagged. Jan: 12.7%, Feb: 13.1%, Mar: 12.8%
56	Emergency Readmissions within 30 days of discharge from hospital - Number	TDA	Chief Operating Officer	N/A	4475	754	829	753	759												