

PERFORMANCE SCORECARD

Indicator	Indicator Source	Responsible Director	Standard / Threshold	YTD	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	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%	85.3%	92.2%	92.5%	92.4%	87.1%	82.5%	85.7%	80.8%	71.1%	L	92.4%	85.2%		≥90%	<90%	Specialties which failed (November): Gen Surgery, T&O; Urology; ENT; Oral Surgery; Neurosurgery; Dermatology; Gynaecology; Other: Dermatology; Gastro; Ophthalmology.
2	18w RTT - Percentage of Non-Admitted RTT Pathways completed within 18 weeks	TDA & CQC	Chief Operating Officer	95%	90.80%	96.0%	95.6%	95.1%	90.6%	90.5%	83.98%	82.44%	L	95.6%	92.1%		≥95%	<95%	Specialties which failed (November): Gen Surgery, T&O; Urology; ENT; Ophthalmology; Oral Surgery; Neurosurgery; Dermatology; Gastro; Thoracic; Neurology; Gynaecology; Other: Gen Medicine.	
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%	L	92.1%	86.7%		≥92%	<92%	Specialties which failed (November): Gen Surgery, T&O; Urology; Oral Surgery; Neurosurgery; Dermatology; Thoracic; Other: Gastro (Year-to-date is same as current month) (November: General Surgery x 2; Chest Medicine x 1)
4	18w RTT - Nos of over 52 week waiters at month end	TDA	Chief Operating Officer	0	5	0	0	0	0	1	1	3	L	0	1		0	≥1		
5	18w RTT - Number of Breaching Specialities	NCB	Chief Operating Officer	0	134	3	2	2	7	20	31	34	35	L	2	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%	0.9%	0.3%	0.2%	0.3%	0.4%	0.1%	0.2%	0.7%	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%	23.3%	19.2%	29.9%	<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	3	0	0	3	0	0	1	
9	Percentage of patients whose operation was cancelled at the last minute	TDA & CQC	Chief Operating Officer	1%	0.86%	0.60%	0.62%	0.65%	1.21%	0.71%	1.01%	0.63%	0.79%	1.53%	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%	85.64%	88.23%	86.64%	90.53%	88.09%	83.26%	84.21%	84.18%	87.57%	78.31%	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	2	0	0	0	1	0	1	0	0	0	1	1	0	1	1	
12	A&E - Ambulance Handover Delays of over 30 mins and less than 60 mins - Number	NCB	Chief Operating Officer	0	5,901	533	687	608	626	639	595	757	646	810	1,828	1,860	2,213	0	0	Ambulance handover delays are unvalidated
13	A&E - Ambulance Handover Delays of over 60 mins - Number	NCB	Chief Operating Officer	0	661	46	68	52	40	76	118	90	55	86	196	234	231	0	0	Ambulance handover delays are unvalidated
14	A&E - A&E Attendance to Emergency Admission (via A&E) Ratio	Local	Chief Operating Officer	23%	23.6%	24.3%	24.3%	23.3%	22.4%	22.6%	22.7%	23.6%	25.3%	28.0%	24.0%	22.6%	25.5%	≤23%	>23%	
15	No of Ambulance Conveyances to ED	Local	Chief Operating Officer	TBC	32,980	4,044	4,321	4,071	4,185	4,114	4,013	4,216	4,016	4,437	12,436	12,312	12,669			December avg per day = 143 (April - 134, May - 139, Jun - 136, Jul - 135, Aug - 133, Sep - 134, Oct - 136, Nov - 130)
18	A&E 7 day Reattendance Rate	Local	Chief Operating Officer	<=5%	7.8%	7.9%	8.3%	7.2%	8.2%	8.7%	7.7%	7.0%	7.4%	7.0%	7.8%	7.9%				
19	Cancer: 2 week wait referral to date first seen	TDA & CQC	Chief Operating Officer	93%	93.38%	98.0%	89.3%	96.2%	96.0%	96.7%	93.6%	92.0%	95.0%	L	91.3%	95.5%		≥93%	<93%	143.1290323
20	Cancer: 2 week wait referral to date first seen - Breast Symptomatic	TDA & CQC	Chief Operating Officer	93%	97.31%	98.8%	98.1%	96.9%	98.1%	94.0%	96.6%	96.6%	98.4%	L	97.9%	96.5%		≥93%	<93%	
21	Cancer: 31 day wait from diagnosis to first treatment	TDA & CQC	Chief Operating Officer	96%	97.78%	98.2%	98.9%	97.1%	96.9%	98.8%	97.1%	97.9%	97.8%	L	98.0%	97.5%		96%	<96%	
22	Cancer: 62 day wait for first treatment from urgent GP referral	TDA & CQC	Chief Operating Officer	85%	82.64%	90.1%	78.2%	78.3%	86.3%	89.7%	84.7%	80.5%	75.9%	L	81.1%	86.8%		85%	<85%	
23	Cancer: 31 day wait for second or subsequent treatment - surgery	TDA & CQC	Chief Operating Officer	94%	97.47%	94.3%	95.2%	95.8%	100.0%	97.0%	100.0%	100.0%	100.0%	L	95.0%	97.8%		94%	<94%	
24	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%	L	100.0%	99.3%		98%	<98%	
25	Cancer: 31 day wait for second or subsequent treatment - Radiotherapy	TDA & CQC	Chief Operating Officer	94%	95.33%	96.2%	95.0%	94.6%	94.5%	93.8%	99.4%	95.0%	94.0%	L	95.3%	96.0%		94%	<94%	
26	Cancer: 62 day wait for first treatment from referral from a nhs cancer screening service	TDA & CQC	Chief Operating Officer	90%	89.46%	93.0%	93.0%	94.7%	97.1%	82.5%	85.5%	87.8%	84.6%	L	93.5%	88.1%		90%	<90%	
27	Cancer: 62 day wait for first treatment from referral following a Consultant's Decision to Upgrade	TDA & CQC	Chief Operating Officer	90%	94%	100.0%	100.0%	90.5%	100.0%	86.4%	100.0%	90.0%	91.7%	L	94.7%	94.3%		90%	<90%	
28	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%	90.7%	85.8%	83.7%	≥80%	<80%	
29	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%	82.2%	73.4%	63.3%	≥90%	<90%	
30	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%	70.3%	71.5%	72.7%	≥50%	<50%	
31	Stroke: % of Patients scanned within 24 hours	TDA & CQC	Chief Operating Officer	100%	96.9%	96.4%	95.5%	100.0%	96.8%	100.0%	92.5%	94.0%	100.0%	100.0%	97.3%	96.4%	98.0%	100%	<100%	
32	Stroke: % of high risk TIA cases treated in 24 hours	TDA & CQC	Chief Operating Officer	60%	65.8%	67.0%	75.0%	84.0%	95.0%	100.0%	92.0%	95.0%	78.0%	92.0%	75.3%	95.7%	88.3%	≥60%	<60%	
33	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%	94.0%	96.7%	97.3%	100%	<100%	
Responsive Domain - Local Performance/System wide Measures																				
34	Outpatient New to Follow-up Ratio (all)	Local	Chief Operating Officer	1.92	2.27	2.52	2.37	2.34	2.3	2.27	2.22	2.13	2.14	2.19	2.41	2.26		<1.92	>1.92	
35	GP OP Referral Rates	Local	Chief Operating Officer	n/a	131608	13878	14648	15324	16121	13451	15129	16407	13740	12910	43850	44701	43057	n/a	n/a	
36	Two-week wait GP Referral Rates	Local	Chief Operating Officer	n/a	14565	1436	1639	1750	1866	1516	1618	1700	1585	1455	4825	5000	4740	n/a	n/a	
37	Average Admission Length of Stay - Non-Electives	Local	Chief Operating Officer	TBC	5.04	4.93	5.01	5.00	4.73	5.02	5.18	5.46	5.1	4.97	4.97	4.98	5.18	0	0	0
38	Nos of NEL Beddays above HRG Tripoint (excess beddays)	Local	Chief Operating Officer	27,348	20987	2486	2674	2599	2402	2688	2920	2705	2513	L	7759	8010		0	0	
39	Nos of Patients triggering excess beddays	Local	Chief Operating Officer	-	2081	269	257	236	251	247	262	271	288	L	762	760		0	0	
Responsive Domain - Bed Occupancy																				
40	Percentage of occupied beds (General & Acute)	CQC Surveillance Indicators	Chief Operating Officer	90%	90.88%	90.26%	91.27%	88.98%	89.32%	90.62%	92.35%	93.54%	91.26%	89.74%	90.18%	90.74%	91.51%	0	0	
41	Percentage of occupied Adult Critical Care beds	CQC Surveillance Indicators	Chief Operating Officer	90%	94.14%	92.73%	89.94%	93.20%	98.77%	95.87%	97.53%	96.71%	90.93%	90.13%	91.93%	97.39%	92.61%	0	0	
42	Percentage of occupied paediatrics/neonatal beds	CQC Surveillance Indicators	Chief Operating Officer	90%	83.97%	84.32%	87.61%	87.50%	87.68%	85.56%	90.98%	86.22%	81.06%	65.40%	86.49%	88.04%	77.52%	0	0	
Safety Domain																				
43	Nos of cases of MRSA bloodstream infections	TDA & CQC	Medical Director Chief Nurse	0	3	0	0	1	0	0	1	0	1	0	1	1	1	0	1	
44	Nos of C. Difficile infections	TDA & CQC	Medical Director Chief Nurse	50	33	4	2	1	4	6	3	4	4	5	7	13	13	<4.17 per month	>4.17 per month	2013-14 incidence was 48
45	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	0	0	0	0	0	0
46	Incidence of newly-acquired category 3 or 4 pressure ulcers	TDA	Medical Director Chief Nurse	TBC	6	2	1	1	0	0	1	0	0	1	4	1	1	0	0	
47	Nos of falls resulting in severe injury or death (Moderate, Severe and Catastrophic)	TDA	Medical Director Chief Nurse	TBC	14	3	2	1	3	1	1	2	1	0	6	5	3	0	0	Note this was re-stated for October's report to include falls categorised as Moderate
48	Percentage of Harm Free Care - Safety Thermometer	TDA	Medical Director Chief Nurse	TBC	94.6%	94.7%	94.2%	93.0%	95.4%	94.0%	92.1%	96.6%	95.2%	95.9%	94.0%	94.0%	95.9%	0	0	
49	Number of Serious Incidents reported each month.	TDA	Medical Director Chief Nurse	TBC	45	6	2	5	7	2	8	7	5	3	13	17	15	0	0	
50	Duty of Candour - Conversation within 10 days - % Compliance	CQC	Medical Director Chief Nurse	TBC	31.7%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50.0%	13.3%	N/A	33	31.7%	0	0	New indicator from October - Statutory Duty of Candour came into effect from 1st Oct
51	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	100.0%	N/A	N/A	100.0%	0	0	0	Statutory Duty of Candour came into effect from 1st Oct. Indicator will be reported for December's report onwards (once 45 days have elapsed)
52	"Never Events" reported in month	TDA & CQC	Medical Director Chief Nurse	0	5	1	1	2	0	0	1	0	0	0	4	1	0	0	1	
53	Percentage of reported safety incidents that are harmful	Local	Medical Director Chief Nurse	TBC	0.23%	0.28%	0.00%	0.25%	0.13%	0.16%	0.15%	0.00%	0.78%	0.30%	0.18%	0.15%	0.36%	0	0	
54	Maternal deaths	TDA & CQC	Medical Director Chief Nurse	0	1	0	0	0	0	0	1	0	0	0	0	1	0	0	1	
55	Open Central Alert System (CAS - Internal deadline) Alerts *	TDA	Medical Director Chief Nurse	TBC	12	7	10	5	9	11	8	12	L	5	8		0	0		
56	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%	L	97.4%	96.4%		≥95%	<95%	
Effectiveness Domain																				
57	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	13.5%	12.00%	11.80%	>11.8%		Indicator 4 months lagged: Jan: 12.7%, Feb: 13.1%, Mar: 12.8%
58	Emergency Readmissions within 30 days of discharge from hospital - Number	TDA	Chief Operating Officer	N/A	4475	754	829	753	759	732	648	L	L	L	2336	2139		0	0	Indicator 4 months lagged: Jan: 707, Feb: 648, Mar: 740
59	Emergency re-admissions following an elective (%)	CQC Surveillance Indicators	Chief Operating Officer	TBC	7.7%	7.9%	9.0%	6.9%	9.1%	7.0%	7.7%	L	L	L	6.9%	7.7%		0	0	Indicator 4 months lagged: Jan: 6.9%, Feb: 6.9%, Mar: 6.3%
60	Emergency re-admissions following an emergency (%)	CQC Surveillance Indicators	Chief Operating Officer	TBC	12.8%	15.2														