George Eliot Hospital NHS Trust
Trust Key Performance Indicators (KPIs) - 2023/24

NHS
George Eliot Hospital
NHS Trust

Performance Against Target (Status)
- Meeting Target
- Not Meeting Target

Activity Performance Only
- Over 5% above Target
- 5% above to 2% below Target
- More than 2% below Target to 5% below Target
- Over 5% below Target

Type	Item	Description
Pass/Fail		The system is expected to consistently Fail the target
Pass/Fail		The system is expected to consistently Pass the target
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Trend Variation		Special cause variation - cause for concern (indicator where HIGH is a concern)
Trend Variation		Special cause variation - cause for concern (indicator where LOW is a concern)
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Quality of care, access and outcomes		Responsible Director	Standard	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Numerator	Denominator	Year to Date vs Standard	Trend - Rolling 13 Month	GEH Latest month vs benchmark	National or Regional		Pass/Fail	Trend Variation	DQ Mark
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	≥ 75%	58.3%	54.6%	56.5%	70.0%	70.5%	70.1%	60.1%	58.6%	57.7%	68.2%	74.0%	76.9%		465	605	60.0%		76.9%	78.1%	Feb 2024	F	L	
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	≥ 96%	97.1%	98.0%	98.5%	98.5%	98.7%	96.9%	90.0%	91.8%	96.6%	98.4%	100%	100%		61	61	98.4%		100%	91.1%		P		
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	≥ 85%	53.2%	40.9%	43.5%	47.3%	61.9%	74.0%	62.5%	53.1%	34.2%	51.9%	50.7%	56.5%		24.0	42.5	55.1%		56.5%	63.9%		?		
	2 Week Wait all cancers	Chief Operating Officer	≥ 93%	72.6%	56.1%	79.3%	78.1%	75.4%	72.8%	66.1%	69.2%	68.5%	65.5%	75.0%	83.7%		539	644	74.4%		66.1%	74.0%	Sep 2023	?	L	
	Urgent referrals for breast symptoms	Chief Operating Officer	≥ 93%	21.3%	18.9%	57.7%	47.4%	29.8%	34.4%	6.1%	25.0%	16.4%	51.6%	64.3%	66.1%		39	59	47.9%		6.1%	70.8%		?		S T A R
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer	0	18	5	6	6	6	6	9	12	15	9	7	6									?	H	
	Cancer 62-Day National Screening Programme	Chief Operating Officer	≥ 90%	40.0%	0.0%	100%	40.0%	66.7%	33.3%	20.0%	14.3%	33.3%	22.2%	25.0%	27.3%		1.5	6	30.2%		20.0%	64.6%	Sep 2023	?		
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	≥ 85%	90.0%	89.5%	86.5%	90.2%	93.1%	87.5%	79.4%	75.9%	85.2%	90.0%	93.5%	77.8%		7.0	9.0	88.6%		79.4%	74.0%		?		
	Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	0	57	57	59	59	45	55	59	76	73	55	57	37									?		
Primary Care and Community Services	% emergency admissions discharged to usual place of residence	Chief Operating Officer	≥ 90%	89.0%	91.4%	93.4%	93.6%	91.5%	91.2%	87.6%	85.9%	85.7%	87.0%	87.8%	88.9%	89.1%	2,121	2,380	91.9%		91.4%	91.8%	Apr 2023	?		S T A R
Urgent and Emergency Care	A&E Activity	Chief Operating Officer	Actual	8,156	7,750	8,211	8,394	8,191	7,983	7,922	8,541	8,188	8,301	8,453	8,102	8,738			98,774					?		
	Ambulance handover within 15 minutes	Chief Operating Officer	≥ 95%	14.6%	13.6%	18.1%	19.7%	18.3%	12.6%	15.0%	12.2%	14.5%	13.7%	9.0%	13.0%	11.9%	166	1,394	14.3%					?		S T A R
	Ambulance handover over 60 minutes	Chief Operating Officer	0%	2.1%	1.3%	1.2%	1.2%	2.1%	4.6%	2.7%	6.3%	2.9%	6.0%	23.0%	16.7%	13.0%	181	1,394	6.8%		1.2%	8.0%	May 2023	?		
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Actual	926	921	991	934	984	975	905	1,015	1,012	1,042	1,072	931	976								?	L	
	Same Day Emergency Care (0 LOS Emergency admissions)	Chief Operating Officer	≥ 40%	36.4%	35.2%	35.6%	39.6%	38.8%	35.8%	39.0%	31.4%	33.5%	40.0%	40.7%	43.8%	45.5%	826	1,815	38.4%		35.2%	35.0%	Apr 2023	?	H	S T A R
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer			7.3%	6.5%	7.0%	9.6%	6.6%	9.7%	8.3%	10.1%	9.7%	9.1%	12.2%	11.3%	9.6%	836	8,738	8.9%		6.5%	<6.0%		F	H	S T A R
	A&E - Time to treatment (mean) in mins	Chief Operating Officer			89	81	80	90	90	96	93	93	86	83	90	96	91			89		81	<111				
	A&E - 4-Hour Performance	Chief Operating Officer	≥ 95% (FY_2022-23) ≥ 76% (FY_2023-24)	72.7%	75.2%	77.7%	77.4%	75.4%	70.0%	72.7%	71.7%	73.2%	73.4%	71.7%	71.6%	77.4%	6,759	8,738	74.0%		71.6%	70.9%	Feb 2024	F	L	

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	Quality of care, access and outcomes	Responsible Director	Standard	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Latest Month Numerator	Latest Month Denominator	Year to Date vs Standard	Trend - Rolling 13 Month	GEH Latest month vs benchmark	National or Regional		Pass/ Fail	Trend Variation	DQ Mark
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	**<15 minutes**	22	21	18	17	18	21	18	22	21	22	26	23	21			21		21	25	Apr 2023			
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	**0**	0	1	0	0	0	10	8	31	43	98	279	267	245			982							
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	**≤ 3%**	0.8%	1.2%	1.7%	1.9%	1.9%	2.2%	1.7%	1.3%	1.1%	0.9%	1.6%	2.2%	1.6%	143	8,738	1.5%		1.2%	8.0%	Apr 2023			
	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	**≥ 92%**	67.7%	67.7%	68.0%	66.7%	65.7%	62.8%	62.5%	63.2%	63.2%	59.8%	59.9%	58.7%	60.1%	9,904	16,484	63.1%		59.9%	57.0%	Jan 2024			
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer			16,426	16,556	15,901	16,025	16,075	16,917	16,501	16,426	17,086	17,799	17,540	16,896	16,484									
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	95	127	133	137	122	172	216	275	348	339	381	343	247										
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	0	0	0	0	0	0	0	0	0	1	0	0	0										
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	0	0	0	0	0	0	0	0	0	0	0	0	0										
	GP Referrals (% vs 2019/20 baseline)	Chief Operating Officer	**2019/20**	91.8%	91.5%	98.4%	109%	85.8%	98.5%	98.5%	93.1%	104%	93.1%	107%	112%	88.4%	8,794	9,946								
	Outpatient Activity - New attendances (% v 2019/20 baseline)	Chief Operating Officer	**2019/20**	85.8%	92.2%	95.1%	109%	97.1%	98.6%	96.1%	109%	101%	99.6%	123%	118%	89.3%	4,943	5,534								
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	**Plan**	75.2%	82.3%	84.9%	97.7%	86.7%	88.1%	96.1%	94.1%	87.5%	84.5%	107%	105%	79.8%	4,943	6,198								
Elective Care	Total Outpatient Activity (% v 2019/20 baseline)	Chief Operating Officer	**2019/20**	85.7%	86.5%	89.5%	99.3%	90.9%	92.7%	91.4%	104%	100%	93.5%	102%	109%	129%	15,649	12,088								
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	**Plan**	91.1%	92.4%	95.7%	106%	97.0%	98.2%	95.7%	111%	104%	99.7%	117%	117%	95.0%	15,649	16,473								
	Total Elective Activity (% v 2019/20 Baseline)	Chief Operating Officer	**2019/20**	101%	113%	107%	151%	154%	99.4%	153%	202%	140%	177%	166%	162%	117%	201	172								
	Total Elective Activity (volume v plan)	Chief Operating Officer	**Plan**	89.7%	90.4%	85.1%	119%	119%	77.8%	113%	161%	110%	140%	128%	129%	93.5%	201	215								
	Total Daycase Activity (% v 2019/20 Baseline)	Chief Operating Officer	**2019/20**	98.7%	83.2%	96.1%	120%	103%	110%	106%	125%	108%	111%	137%	125%	99.5%	1,549	1,557								
	Total Daycase Activity (volume v plan)	Chief Operating Officer	**Plan**	88.1%	66.5%	76.9%	96.1%	81.6%	86.8%	84.1%	100%	86.2%	88.8%	79.6%	100%	79.6%	1,549	1,946								
	BADS Daycase rates	Chief Operating Officer	**≥90%**	96.4%	92.3%	94.4%	90.3%	91.2%	98.9%	97.5%	94.8%	92.0%	94.5%	98.0%	93.5%	91.7%	66	72	94.1%		96.4%	82.0%	Mar 2023			
	Cancelled Operations on day of Surgery for non clinical reasons per month	Chief Operating Officer	**≤10 per month**	23	11	22	29	17	30	33	20	31	31	17	28	24			24							
	Diagnostic Activity - Computerised Tomography (% v 2019/20 Baseline)	Chief Operating Officer	**Plan**	136%	116%	119%	125%	122%	130%	127%	136%	136%	131%	140%	126%	162%	2,376	1,467	131%							
	Diagnostic Activity - Endoscopy (% v 2019/20 Baseline)	Chief Operating Officer	**Plan**	139%	81.3%	97.6%	111%	78.3%	95.2%	95.8%	89.0%	91.3%	93.7%	102%	104%	128%	752	588	96.3%							

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Quality of care, access and outcomes	Responsible Director	Standard	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Numerator	Denominator	Year to Date vs Standard	Trend - Rolling 13 Month	GEH Latest month vs benchmark	National or Regional		Pass/ Fail	Trend Variation	DQ Mark
Diagnostic Activity - Magnetic Resonance Imaging (% v 2019/20 Baseline)	Chief Operating Officer	Plan	101%	77.1%	73.8%	79.1%	80.4%	72.6%	80.4%	71.1%	73.2%	75.2%	87.7%	81.5%	99.6%	1,029	1,033	79.1%							
Waiting Times - Diagnostic Waits <6 weeks	Chief Operating Officer	>95%	91.5%	87.4%	90.6%	93.8%	94.5%	92.1%	89.6%	91.3%	91.5%	91.6%	92.4%	97.0%	92.1%	3,380	3,671	90.6%		92.4%	73.8%	Jan 2024	F		
Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	≥90%	86.0%	89.6%	92.2%	95.0%	96.2%	92.8%	93.8%	95.3%	96.5%	97.7%	85.0%	98.7%	95.3%	225	236	93.9%					?		
Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Medical Officer	<15%	22.2%	35.3%	15.4%	26.9%	12.9%	18.8%	9.5%	10.5%	14.3%	38.5%	17.4%	4.8%	10.5%	2	19	22.6%					?	H	
Robson category - CS % of Cat 2 deliveries (rolling 6 month)	Chief Medical Officer	<34%	43.6%	24.2%	34.3%	55.6%	44.9%	44.2%	52.2%	56.0%	53.2%	65.0%	56.8%	63.1%	56.0%	28	50	39.7%					F	H	
Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Medical Officer	<60%	88.2%	94.7%	70.0%	86.7%	88.0%	95.8%	77.3%	84.0%	93.3%	92.3%	82.8%	89.5%	84.0%	21	25	84.9%					F		
Maternity Activity (Deliveries)	Chief Nursing Officer	Actual	178	173	170	180	204	163	185	185	181	173	177	186	167			2,144					?		
Midwife to birth ratio	Chief Nursing Officer	1:26	1:29	1:26	1:26	1:27	1:32	1:28	1:30	1:30	1:28	1:29	1:27	1:28	1:23			1:28							
DNA Rate (Acute Clinics)	Chief Operating Officer	<5%	6.0%	5.9%	5.9%	6.3%	6.4%	5.6%	6.1%	6.0%	5.9%	6.5%	6.6%	6.0%	6.3%	925	14,799	6.1%		5.9%	7.8%	Apr 2023	F	H	
Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	≥90%	77.0%	75.4%	78.7%	79.3%	77.7%	79.3%	79.8%	78.6%	79.1%	77.4%	81.6%	82.2%	83.3%	13,698	16,438	79.4%					F	H	
Outpatient Activity - Follow Up attendances (% v 2019/20 baseline)	Chief Operating Officer	< 85%	85.7%	84.0%	86.7%	96.7%	89.4%	89.8%	90.2%	#####	98%	92.9%	103%	105%	88.6%	10,706	12,088	92.9%					?	H	
Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	Plan	101%	98.7%	102%	113%	105%	105%	108%	121%	117%	109%	123%	124%	104%	10,706	10,275	109%					?		
Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	≥ 25%	19.8%	18.0%	18.2%	17.2%	17.6%	16.8%	23.4%	18.7%	17.5%	22.1%	17.7%	22.4%	21.5%	3,363	15,649	19.5%		18.0%	20.0%	Apr 2023	F	L	
Maternity - Smoking at Delivery	Chief Nursing Officer		16.6%	12.3%	15.4%	12.4%	9.3%	11.7%	12.0%	8.4%	8.2%	8.1%	8.4%	5.9%	8.4%	14	167	10.4%							
Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	< 90%	100%	98.5%	99.7%	97.9%	96.9%	98.0%	99.4%	98.7%	99.5%	93.6%	97.9%	100%	98.5%	383	389	98.6%		93.6%	94.1%	Oct-Dec 2023	P		
Mixed Sex Accommodation Breaches	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	1	0	0			1		1	23	Jan 2024	P		
Patient ward moves emergency admissions (acute)	Chief Nursing Officer			2.5%	1.6%	2.6%	2.7%	1.9%	2.5%	2.4%	2.3%	2.5%	3.2%	2.8%	2.9%	3.3%	37	1,113	2.6%							
ALoS – D2A Pathway 2	Chief Operating Officer		22.7	15.1	17.5	29.5	20.0	26.1	23.4	25.2	25.1	29.5	21.8	20.6	29.5										
ALoS – D2A Pathway 3	Chief Operating Officer		20.0	20.3	17.7	26.3	20.3	27.5	16.0	19.0	21.6	26.3	13.6	15.6	26.3										
ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	< 4.5	6.6	5.6	5.4	5.0	4.9	5.5	5.1	5.8	5.7	5.5	5.2	5.4	5.2			5.4		5.6	4.5	Apr 2023	P		
ALoS – General & Acute Elective Inpatients	Chief Operating Officer	< 2.5	2.6	3.3	3.2	2.4	2.6	3.3	2.8	2.3	2.1	2.6	1.6	2.3	2.8			2.6		3.3	2.9		P		
Medically fit for discharge - Acute	Chief Operating Officer	≤5%	22.6%	21.0%	23.6%	26.2%	20.8%	18.3%	28.0%	15.8%	16.7%	18.0%	21.6%	27.0%	19.5%	76	389	21.1%		23.1%	23.1%	Dec 2022	?	H	
Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	≤5%	8.5%	9.0%	9.5%	8.6%	9.0%	8.2%	7.8%	7.1%	8.5%	9.5%	7.7%	8.5%	9.0%	374	4,167	8.5%		9.0%	7.1%	Apr 2023	F		

Row groupings (left margin): Woman and Child Care; Outpatient Transformation; Prevention Long Term Conditions

Information Services

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HSMR - Rolling 12 months	Chief Medical Officer	<100	124	124	124	120	118	115	114	111	111	109	105	101	100			100		124	100	Mar 2023			
Mortality SHMI - Rolling 12 months	Chief Medical Officer	<100	112	111	109	108	107	106	108	109	113	118	110	110	110			110		107	100	Jul 2023			
Never Events	Chief Medical Officer	0	0	0	1	0	0	0	0	0	0	0	1	0	0			1							
MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0							
MSSA Bacteraemia	Chief Nursing Officer	0	2	0	0	1	0	0	1	0	1	1	1	1	1			7							
Number of reportable >AD+1 clostridium difficile cases to Hospital apportioned clostridium difficile cases (COHA& HOHA)	Chief Nursing Officer	2022/23 (13)	3	0	1	1	2	1	6	3	2	4	5	4	7			36							
Number of falls with moderate harm and above	Chief Nursing Officer	2021/22 (18)	0	2	0	1	0	0	1	0	0	0	0	2	1			7							
Total no of Hospital Acquired Pressure Sores Category 4	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0							
Serious Incidents	Chief Medical Officer	Actual	2	2	6	2	1	1	1	0	0	2	0	1	3			19							
VTE Risk Assessments	Chief Medical Officer	≥95%	96.8%	97.2%	96.9%	96.9%	96.2%	95.9%	96.1%	96.0%	96.4%	94.1%	95.2%	94.9%	95.4%	4,179	4,380	95.9%		97.0%	95.5%	Jan 2023			
WHO Checklist	Chief Medical Officer	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%							
Stroke Indicator 80% patients = 90% stroke ward	Chief Medical Officer	≥80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%		100%	≥80.0%	Feb 2023			
Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	≥95%	95.6%	95.0%	98.7%	91.4%	96.3%	92.9%	96.0%	94.8%	96.4%	95.4%	95.5%	96.0%	96.1%			95.7%							
Number of complaints	Chief Nursing Officer	2021/22 (352)	8	10	12	9	8	10	11	14	11	4	10	12	6			117							
Number of complaints referred to Ombudsman - Assessment Stage BWFD	Chief Nursing Officer	0	1	0	0	0	0	0	0	0	0	1	0	0				1							
Number of complaints referred to Ombudsman - Investigation stage BFWD	Chief Nursing Officer	0	0	0	0	2	0	0	0	0	0	0	0	0				2							
Number of complaints referred to Ombudsman - Closed	Chief Nursing Officer	0	2	0	0	0	0	0	2	0	0	2	0	1				5							
Complaints resolved within policy timeframe	Chief Nursing Officer	≥90%	87.5%	90.0%	100%	100%	100%	80.0%	81.8%	93.0%	72.7%	100%	80.0%	83.3%		10	12	90.9%							
Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	≥86%	78.0%	81.4%	82.7%	78.2%	81.1%	79.2%	79.1%	76.6%	80.8%	79.7%	81.2%	76.7%	78.3%	1,225	1565	79.3%		81.2%	78.0%				
Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	≥86%	86.0%	82.6%	84.2%	86.2%	88.0%	84.4%	84.6%	87.5%	84.4%	85.4%	88.9%	82.1%	89.6%	614	685	86.1%		88.9%	94.0%				
Friends and Family Test Score: Maternity % Recommended/Experience by Patients**	Chief Nursing Officer	≥96%	94.0%	93.4%	93.8%	94.3%	93.9%	94.2%	95.2%	92.6%	94.9%	93.2%	89.3%	95.4%	95.2%	59	62	93.8%		89.3%	93.0%	Jan 2024			
Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	≥25%	15.0%	28.5%	27.7%	27.5%	26.8%	30.3%	30.3%	27.0%	27.9%	27.6%	29.3%	27.4%	23.9%	1,565	6548	27.8%		29.3%	11.5%				
Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	≥30%	26.6%	29.2%	29.4%	27.8%	28.0%	27.2%	28.9%	22.7%	33.4%	31.5%	31.7%	29.7%	35.6%	685	1925	30.6%		31.7%	20.6%				
Friends and Family Test: Response rate (Maternity)**	Chief Nursing Officer	≥30%	44.0%	34.5%	21.5%	31.5%	33.3%	25.2%	27.1%	22.0%	28.6%	26.7%	25.3%	30.2%	30.4%	62	204	27.8%							

Information Services

NHS George Eliot Hospital NHS Trust

Performance Against Target (Status)
- Meeting Target
- Not Meeting Target

Activity Performance Only
- Over 5% above Target
- 5% above to 2% below Target
- More than 2% below Target to 5% below Target
- Over 5% below Target

Type	Item	Description
Pass/Fail		The system is expected to consistently Fail the target
Pass/Fail		The system is expected to consistently Pass the target
Pass/Fail		The system may achieve or fail the target subject to random variation
Trend Variation		Special cause variation - cause for concern (indicator where HIGH is a concern)
Trend Variation		Special cause variation - cause for concern (indicator where LOW is a concern)
Trend Variation		Common cause variation
Trend Variation		Special cause variation - improvement (indicator where HIGH is GOOD)
Trend Variation		Special cause variation - improvement (indicator where LOW is GOOD)

Quality of care, access and outcomes		Responsible Director	Standard	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Numerator	Denominator	Year to Date vs Standard	Trend - Rolling 13 Month	GEH Latest month vs benchmark	National or Regional		Pass/ Fail	Trend Variation	DQ Mark
Looking After Our People	Appraisals	Chief People Officer	≥ 85%	78.5%	78.6%	78.3%	78.9%	77.7%	76.2%	79.3%	81.7%	78.6%	78.8%	81.6%	82.4%	80.0%	1,587	1,983	78.4%		79.3%	80.9%	Sep 2023	F		
	Mandatory Training	Chief People Officer	≥ 85%	89.1%	88.9%	92.0%	93.0%	94.0%	93.4%	96.6%	93.9%	93.7%	93.7%	94.5%	93.9%	94.2%	2,594	2,754	92.0%		96.6%	89.6%		?		
	Sickness Absence (%) - Monthly	Chief People Officer	< 5%	4.8%	4.9%	5.0%	5.1%	5.4%	5.2%	5.5%	5.4%	5.0%	5.4%	4.9%	5.2%	4.8%	4,064	84,757	5.1%		5.2%	5.1%	Aug 2023	F		
	Overall Sickness (Rolling 12 Months)	Chief People Officer	< 5%	5.7%	5.6%	5.6%	5.6%	5.5%	5.4%	5.5%	5.4%	5.3%	5.2%	5.2%	5.2%	5.2%	48,900	948,263	5.4%		5.4%	5.3%	Oct 2023	F		
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	< 13.5%	17.3%	16.7%	16.5%	16.8%	17.1%	16.1%	16.1%	15.9%	15.5%	15.4%	14.7%	14.6%	15.8%	382	2,415	16.8%					F	H/L	
	Vacancy Rate	Chief People Officer	< 10%	11.9%	10.7%	10.6%	10.2%	8.9%	9.1%	8.8%	7.1%	6.5%	6.0%	4.3%	3.3%	3.6%	104	2,845	10.1%					P	L	

Finance and Use of Resources		Responsible Director	Standard	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Numerator	Denominator	Year to Date vs Standard	Trend - Rolling 12 Month	GEH Latest month vs benchmark	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	≥0	693	-1,531	-1,202	-650	-1,089	70	-288	1	2,077	481	48	1,155	954			26						
	I&E - Margin (%)	Chief Finance Officer	≥0%	2.3%	-8.4%	-6.2%	-3.6%	-5.6%	0.3%	-1.5%	0.0%	8.8%	2.3%	0.2%	4.8%	3.2%	954	29,706	0.0%						
	I&E - Variance from plan (£k)	Chief Finance Officer	≥0	591	-719	-414	-42	-1,176	-26	2,377	417	-207	-503	-391	665	44			26						
	I&E - Variance from Plan (%)	Chief Finance Officer	≥0%	579%	-89.0%	-53.0%	-7.0%	-1352%	-27.0%	89.0%	100%	-9.0%	-51.0%	-89.0%	136%	5.0%	44	910	0.0%						
	CPIP - Variance from plan (£k)	Chief Finance Officer	≥0	-633	-180	-258	-278	-1,120	-576	-1,649	1,403	214	-997	-1,175	4,901	-285			1						
	Agency - expenditure (£k)	Chief Finance Officer	N/A	1,145	926	1,101	822	1,022	1,016	773	711	840	736	843	842	759			10,391						
	Agency - expenditure as % of total pay	Chief Finance Officer	N/A	4.9%	6.8%	7.7%	5.9%	7.2%	7.4%	5.6%	5.1%	5.8%	5.1%	5.8%	5.6%	3.4%	759	22,137	5.8%						
	Agency - expenditure as % of cap	Chief Finance Officer	≤100%	183%	159%	209%	172%	223%	227%	174%	189%	233%	203%	234%	234%	211%	843	360	203%						
	Productivity - Cost per WAU (£k)	Chief Finance Officer	N/A	4,497	4,698	4,367	4,153	4,384	4,309	4,296	4,174	4,499	4,460	4,325	4,762	4,945			4,519						
	Capital - Variance to plan (£k)	Chief Finance Officer	≥0	-5,594	83	347	625	-654	-811	-1,006	901	-494	-1,264	1,293	1,313	-832			7						
	Cash - Balance at end of month (£m)	Chief Finance Officer	As Per Plan	45.3	48.1	46.2	46.6	49.9	48.6	47.7	48.4	47.7	37.1	31.8	36.2	32.1			32.1						
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	≥95%	92.6%	92.1%	75.7%	95.2%	92.5%	75.1%	99.2%	96.6%	98.5%	98.7%	84.9%	81.0%	88.7%	18,594	20,968	90.5%						
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	≥95%	94.0%	97.6%	97.6%	96.4%	96.4%	98.7%	97.6%	99.1%	97.1%	95.8%	94.4%	91.9%	91.3%	2,299	2,517	96.4%						

Information Services

South Warwickshire University NHS Foundation Trust
Trust Key Performance Indicators (KPIs) - 2023/24

Relates to the latest months data

NHS South Warwickshire University NHS Foundation Trust
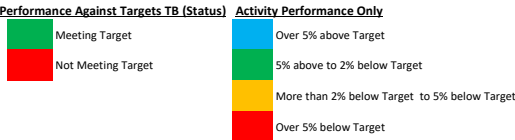
Type	Item	Description
Pass/Fail		The system is expected to consistently Fail the Targets TB
Pass/Fail		The system is expected to consistently Pass the Targets TB
Pass/Fail		The system may achieve or fail the Targets TB subject to random variation
Trend Variation		Special cause variation - cause for concern (indicator where HIGH is a concern)
Trend Variation		Special cause variation - cause for concern (indicator where LOW is a concern)
Trend Variation		Common cause variation
Trend Variation		Special cause variation - improvement (indicator where HIGH is a GOOD)
Trend Variation		Special cause variation - improvement (indicator where LOW is a GOOD)
Trend Variation		Special cause variation where UP is neither improvement or concern
Trend Variation		Special cause variation where DOWN is neither improvement or concern
General Icon	(N/A)	The system is not suitable for SPC reporing

Performance Against Targets TB (Status)
- Meeting Target (green)
- Not Meeting Target (red)

Activity Performance Only
- Over 5% above Target (blue)
- 5% above to 2% below Target (green)
- More than 2% below Target to 5% below Target (amber)
- Over 5% below Target (red)

Example

	Data Quality Assurance Questions	Overall KPI Rating Key
S - Sign Off and Validation	Is there a named responsible person apart from the person who produced the report who can sign off the data as a true reflection of the activity? Has the data been checked for validity and consistency?	No Assurance
T - Timely & Complete	Is the data available and up to date at the time someone is attempting to use it to understand the data. Are all the elements of information needed present in the designated data source and no elements of needed information are missing?	Limited Assurance
A - Audit & Accuracy	Are there processes in place for either external or internal audits of the data and how often do these occur (Annual / One Off)?	Reasonable Assurance
R - Robust Systems & Data Capture	Are there robust systems which have been documented according to data dictionary standards for data capture such that it is at a sufficient granular level?	Substantial Assurance

Latest Period

Quality of care, access and outcomes	Responsible Director	Standard	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark
Cancer 28 day referral to diagnosis confirmation to patients	Chief Operating Officer	75%	75.1%	75.0%	73.1%	75.6%		1160	1535	72.9%					
Cancer 2WW all cancers, Urgent GP Referral	Chief Operating Officer	93%	73.8%	83.9%	77.5%	77.0%		1085	1409	70.9%					
Cancer 2WW Symptomatic Breast	Chief Operating Officer	93%	90.6%	100.0%	96.5%	92.6%		100	108	95.1%					
Cancer 62 Day Standard	Chief Operating Officer	96%	64.9%	60.1%	61.2%	60.3%		126	209	61.3%					
Cancer 31 Day Treatment Standard	Chief Operating Officer	96%	91.1%	92.3%	88.3%	96.9%		316	326	89.7%					
Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer	0	12	11	19	12		12							
Primary care and community services Community Service Contacts - Total	Chief Operating Officer	2019/2020 Outturn	126.1%	121.6%	127.0%	131.1%	124.8%	77590	62196	127.1%					
Urgent Response > 1st Assessment completed on same day (facilitated discharge & other)	Chief Operating Officer	80%	99.6%	99.8%	99.7%	99.5%	99.1%	1260	1265	99.5%					
Urgent Response > 1st Assessment completed within 2 hours (admission prevention)	Chief Operating Officer	70%	89.4%	87.8%	86.2%	88.7%	89.4%	1159	1297	88.1%					
Emergency admissions discharged to usual place of residence	Chief Operating Officer		95.2%	93.7%	95.1%	94.6%	92.4%	2586	2798	94.2%					
Urgent and emergency care A&E Activity	Chief Operating Officer	PLAN	115.9%	113.7%	123.5%	128.3%	169.0%	8446	4999	118.1%					
A&E - Ambulance handover within 15 minutes	Chief Operating Officer	65%	47.6%	38.9%	32.8%	40.8%	44.6%	755	1691	43.0%					
A&E - Ambulance handover within 30 minutes	Chief Operating Officer	95%	95.1%	90.3%	87.1%	93.6%	96.3%	1034	1074	94.3%					
A&E - Ambulance handover over 60 minutes	Chief Operating Officer	0.0%	1.0%	0.0%	3.7%	1.7%	0.7%	11	1691	0.9%					
Total Non Elective Activity (Exc A&E)	Chief Operating Officer	PLAN	132.2%	135.5%	124.4%	136.0%	163.8%	14207	11873	129.7%					
Emergency Ambulatory Care - % of total adult emergencies (Ambulatory or 0 LOS)	Chief Operating Officer	-	45.8%	41.2%	42.1%	42.6%	44.2%	892	2020	42.9%					
A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer	-	1.2%	2.5%	2.7%	2.0%	1.1%	89	8474	1.2%					
A&E - Time to treatment (median)	Chief Operating Officer	-	59	55	53	50	49	49		57					
A&E max wait time 4hrs from arrival to departure	Chief Operating Officer	76%	70.3%	67.6%	70.5%	77.2%	82.0%	6952	8474	74.6%					
A&E minors max wait time 4hrs from arrival to departure	Chief Operating Officer	76%	92.0%	91.5%	93.0%	89.5%	91.3%	3383	3705	92.9%					
A&E - Time to Initial Assessment	Chief Operating Officer	-	16	18	18	16	15	15		16					
A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	4	8	10	18	5	5		62					
A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	-	4.8%	4.5%	4.0%	5.4%	4.7%	385	8230	4.2%					

19/04/2024

Quality of care, access and outcomes	Responsible Director	Standard	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Elective care															
Referral to Treatment Times - Open Pathways (92% within 18 weeks)	Chief Operating Officer	92%	63.8%	61.7%	62.2%	62.0%	60.4%	20379	33764						
Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer	16234	33386	33623	33870	33981	33764	TBC							
Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	884	850	807	664	756	TBC							
Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	141	160	152	151	81	TBC							
Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	1	0	1	0	0	TBC							
Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	0	0	0	0	0	TBC							
Referrals (GP/GDP only)	Chief Operating Officer	0	7480	5799	7547	7243	6494	6494							
Outpatient Activity - New (excl AHP & AEC)	Chief Operating Officer	106% 2019/20 Outturn	113.8%	110.0%	119.1%	125.4%	129.4%	7525	5815	115.5%					
Outpatient Activity - Total	Chief Operating Officer	2019/20 Outturn	104.7%	98.9%	107.1%	111.6%	115.6%	31484	27224	106.2%					
Elective Activity	Chief Operating Officer	106% 2019/20 Outturn	109.9%	109.6%	110.9%	121.1%	141.5%	3535	2499	111.0%					
Elective - Theatre Productivity (MH Touchtime)	Chief Operating Officer	75%	82.4%	83.3%	82.9%	81.7%	82.2%	81846	99540	81.5%					
Elective - Theatre utilisation	Chief Operating Officer	85%	86.8%	86.6%	84.9%	86.4%	85.5%	91955	107520	86.3%					
Cancelled Operations on day of Surgery	Chief Operating Officer	0.8%	0.09%	0.07%	0.07%	0.00%	0.00%	0	109585	0.05%					
Diagnostic Activity - Computerised Tomography	Chief Operating Officer	120% 2019/20 Outturn	105.2%	85.0%	110.3%	209.7%	300.4%	712	237	110.7%					
Diagnostic Activity - Endoscopy	Chief Operating Officer	120% 2019/20 Outturn	123.5%	142.7%	145.3%	138.3%	150.1%	647	431	150.8%					
Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	120% 2019/20 Outturn	208.7%	159.3%	122.9%	151.9%	220.3%	1357	616	197.1%					
Waiting Times - Diagnostic Waits <6 weeks	Chief Operating Officer	95%	72.6%	70.1%	67.4%	74.5%	78.1%	7506	9608						
Maternity and childrens health															
Community Family Services - Family Nurse Partnerships - Activity during pregnancy achieving plan	Chief Nursing Officer	70%	69.8%	73.6%	75.4%	96.7%	77.1%	172	223	75.7%					
Maternity - Emergency Caesarean Section rate	Chief Nursing Officer	-	20.9%	24.2%	24.0%	25.2%	23.7%	58	245	21.9%					
Increase the number of women birthing in a Midwifery Led Unit setting	Chief Nursing Officer	-	25	22	29	23	22	22		316					
Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Operating Officer	90%	87.4%	91.7%	90.4%	90.6%	87.0%	227	261	90.0%					
Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Nursing Officer	-	18.0%	19.6%	19.1%	18.4%	20.1%	60	299	16.1%					
Robson category - CS % of Cat 2a deliveries (rolling 6 month)	Chief Nursing Officer	-	24.0%	24.4%	25.3%	30.7%	31.4%	75	239	26.7%					
Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Nursing Officer	-	90.0%	89.7%	90.2%	90.5%	90.9%	209	230	89.0%					
Maternity Activity (Deliveries)	Chief Operating Officer	PLAN	122.0%	120.4%	108.7%	114.2%	89.2%	239	268	106.3%					
Midwife to birth ratio	Chief Nursing Officer	1:27	1:28	1:25	1:23	1:23	1:22	1:22		1:23					
Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Warwickshire (Q3)	Chief Nursing Officer	46%						423	1353	55.1%					
Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Coventry (Q3)	Chief Nursing Officer	46%						490	971	56.5%					
Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Solihull (Q3)	Chief Nursing Officer	46%						220	488	53.1%					
Maternity - Breast Feeding Initiation Rate (Warwick Hospital)	Chief Nursing Officer	81%	89.0%	88.7%	89.6%	89.2%	90.2%	221	245	90.2%					
Outpatient transformation															
Outpatient - DNA rate (consultant led)	Chief Operating Officer	3.35%	5.9%	5.8%	6.2%	5.8%	5.8%	864	14981	6.1%					
Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	95%	76.9%	75.6%	76.1%	73.4%	75.7%	13464	17793	77.4%					
Outpatient Activity - Follow Up (excl AHP, incl AEC)	Chief Operating Officer	85% OP/106% OPP 2019/20 Outturn	112.0%	106.7%	113.6%	116.5%	120.7%	16488	13660	108.29%					
Outpatients Activity - Virtual Total	Chief Operating Officer		20.4%	22.2%	21.1%	20.3%	20.3%	3987	19615	20.6%					
Prevention															
Maternity - Smoking at Delivery	Chief Nursing Officer	8%	2.1%	4.4%	2.4%	1.8%	4.9%	13	266	3.6%					
Occupancy Acute Wards Only	Chief Operating Officer	92%	96.1%	95.2%	98.9%	98.4%	97.5%	10338	10606	97.5%					

19/04/2024

Quality of care, access and outcomes

Safe, high quality care

Quality of care, access and outcomes	Responsible Director	Standard	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Numerator	Denominator	Year to Date
Bed occupancy - Community Wards	Chief Operating Officer	90%	103.8%	113.8%	125.9%	121.0%	126.4%	1528	1209	110.7%
Mixed Sex Accommodation Breaches - Confirmed	Chief Nursing Officer	0	0	0	0	0	0	0		0
Patient ward moves emergency admissions (acute)	Chief Operating Officer	2%	1.5%	1.6%	1.7%	1.4%	0.8%	25	2963	1.5%
ALoS – D2A Pathway 2	Chief Operating Officer	>28 days	31	27	38	32	45	29	1291	34
ALoS - Adult Emergency Inpatients	Chief Operating Officer	6.0	7.6	6.2	7.1	7.1	6.6	6572	989	6.9
ALoS – Elective Inpatients	Chief Operating Officer	2.5	2.3	2.4	1.9	2.2	2.5	799	318	2.2
Medically fit for discharge - Acute										
Medically fit for discharge - Community										
Emergency readmissions within 30 days of discharge (G&A only)	Chief Operating Officer	0	10.4%	10.5%	12.6%	10.4%	11.3%	272	2407	10.73%
HSMR - Rolling 12 months Jun 22 - May 23	Chief Medical Officer	100						112.4		112.4
Mortality SHMI - Rolling 12 months Apr 22 - Mar 23	Chief Medical Officer	89-112						1.1		1.1
Never Events	Chief Nursing Officer	-	0	0	0	0	0	0		
MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	1	0	0		1
MSSA Bacteraemia	Chief Nursing Officer	0	1	1	2	3	2	2		15
C Diff Hospital Acquired (Target for Full Year)	Chief Nursing Officer	29	2	4	2	1	1	1		18
Falls with harm (per 1000 bed days)	Chief Nursing Officer	1.14	0.77	0.90	0.79	1.08	0.94	56	13808	1.13
Pressure Ulcers (omissions in care Grade 3,4)	Chief Nursing Officer	10	1	1	0	1	0	0		4
Serious Incidents	Chief Nursing Officer	-	2	0	0	0	0	0		
VTE Risk Assessments	Chief Nursing Officer	95%	81.9%	87.0%	85.3%	88.8%	90.7%	1644	1813	89.3%
WHO Checklist	Chief Nursing Officer	100%	98.6%	98.8%	99.3%	98.9%	99.2%	6652	6704	98.6%
zStroke Admissions - CT Scan within 24 hours	Chief Operating Officer	80%	-	-	-	-	-			
Stroke - thrombolysis	Chief Operating Officer	-	-	-	-	-	-			
zStroke Indicator 80% patients = 90% stroke ward	Chief Operating Officer	80%	-	-	-	-	-			
Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	95%	98.4%	98.4%	98.3%	98.3%	TBC	0		98.3%
Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	95%	98.3%	98.0%	98.1%	98.1%	TBC	0		97.9%
No. of Complaints received	Chief Nursing Officer	0%	12	15	13	12	12	12	0	157
No. of Complaints referred to Ombudsman	Chief Nursing Officer	0%	1	0	1	1	1	1	0	6
Complaints resolved within policy timeframe	Chief Nursing Officer	90%	78.6%	77.8%	100.0%	57.1%	70.0%			68.9%
Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	>96%	82.4%	86.1%	85.4%	84.1%	87.0%	1627	1870	84.7%
Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	>96%	94.6%	93.4%	93.7%	90.2%	92.8%	12462	13423	93.9%
Friends and Family Test Score: Community % Recommended/Experience by Patients	Chief Nursing Officer	>96%	99.1%	98.0%	100.0%	99.3%	100.0%	154	154	98.8%
Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	>96%	100.0%	100.0%	-	-	-	2	3	97.0%
Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	>12.8%	38.8%	44.0%	43.3%	40.1%	40.4%	1870	4632	33.8%
Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	>25%	18.1%	13.5%	23.4%	6.2%	6.0%	430	7145	13.2%
Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	>23.4%	0.6%	0.6%	0.0%	0.0%	1.1%	3	262	1.3%
Friends and Family Test: Response rate (Community)	Chief Nursing Officer	>30%	0.0%	0.0%	0.0%	0.0%	0.0%	0	7416	0.0%

Quality of care, access and outcomes	Responsible Director	Standard	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark

People	Responsible Director	Standard	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
Looking (Agency - expenditure as % of total pay)	Chief Finance Officer	-	4%	3%	3%	3%		3%							

Finance and Use of Resources	Responsible Director	Standard	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Numerator	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/ Fail	Trend Variation	DQ Mark
I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	-	680	644	183	1388		1388							
I&E - Margin (%)	Chief Finance Officer	-	-1%	-1%	-1%	0%		0%							
I&E variance from plan (£)	Chief Finance Officer	-	680	644	183	1388		1388							
I&E - Variance from Plan (%)	Chief Finance Officer	-	N/A	N/A	N/A	N/A		N/A							
CPIP - Variance from plan (£k)	Chief Finance Officer	-	1117	-297	-248	-159		-159							
Agency - expenditure (£k)	Chief Finance Officer	-	873	743	751	693		693							
Agency - expenditure as % of cap	Chief Finance Officer	-	106%	90%	91%	84%		84%							
Productivity - Cost per WAU (£k)	Chief Finance Officer	-	4351	4397	4372	5075		5075							
Capital - Variance to plan (£k)	Chief Finance Officer	-	-902	-456	-1136	-882		-882							
Cash - Balance at end of month (£m)	Chief Finance Officer	-	6559	9785	9263	21322		21322							
BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	-	92%	98%	96%	96%		96%							
BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	-	96%	94%	94%	94%		94%							
Agency - expenditure as % of cap	Chief Finance Officer	-	106%	90%	91%	84%		84%							

19/04/2024

Worcestershire Acute Hospitals NHS Trust
Trust Key Performance Indicators (KPIs) - 2023/24

NHS Worcestershire Acute Hospitals NHS Trust

Performance Against Target (Status)
- Meeting Target (green)
- Not Meeting Target (red)

Activity Performance Only
- Over 5% above Target
- 5% above to 2% below Target
- More than 2% below Target to 5% below Target
- Over 5% below Target

Type	Item	Description
Pass/Fail		The system is expected to consistently Fail the target
Pass/Fail		The system is expected to consistently Pass the target
Pass/Fail		The system may achieve or fail the target subject to random variation
Trend Variation		Special cause variation - cause for concern (indicator where HIGH is a concern)
Trend Variation		Special cause variation - cause for concern (indicator where LOW is a concern)
Trend Variation		Common cause variation
Trend Variation		Special cause variation - improvement (indicator where HIGH is GOOD)
Trend Variation		Special cause variation - improvement (indicator where LOW is GOOD)

Example / STAR
- S - Sign Off and Validation
- T - Timely & Complete
- A - Audit & Accuracy
- R - Robust Systems & Data Capture

Data Quality Assurance Questions
- Is there a named responsible person apart from the person who produced the report who can sign off the data as a true reflection of the activity? Has the data been checked for validity and consistency?
- Is the data available and up to date at the time someone is attempting to use it to understand the data. Are all the elements of information needed present in the designated data source and no elements of needed information are missing?
- Are there processes in place for either external or internal audits of the data and how often do these occur (Annual / One Off)?
- Are there robust systems which have been documented according to data dictionary standards for data capture such that it is at a sufficient granular level?

Overall KPI Rating Key
- No Assurance
- Limited Assurance
- Reasonable Assurance
- Substantial Assurance

Quality of care, access and outcomes

Category	Indicator	Responsible Director	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Numerator	Denominator	Year to Date (v Standard if available)	Latest month v benchmark	National or Regional	Pass/Fail	Trend Variation	DQ Mark
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	75%	68.0%	68.8%	71.5%	72.6%	72.8%	73.7%	76.7%	69.7%	71.5%	63.1%	69.5%	-	1,995	2,869	70.2%		78.1%			
	2 Week Wait all cancers	Chief Operating Officer	93%	83.9%	91.9%	93.4%	86.3%	68.5%	81.5%	95.0%	95.6%	85.7%	87.9%	88.9%	-	2,396	2,695	87.1%		83.4%			
	Urgent referrals for breast symptoms	Chief Operating Officer	93%	86.0%	97.0%	89.2%	55.9%	86.5%	96.6%	99.0%	93.7%	80.0%	77.8%	32.0%	-	27	85	81.1%		71.8%			
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	96%	93.6%	88.2%	94.0%	94.7%	89.5%	87.7%	84.7%	90.0%	90.9%	87.2%	88.5%	-	292	330	90.2%		91.4%			Feb-24 STAR
	Cancer 31 Days Combined (new standard from Oct 23)	Chief Operating Officer	96%	94.5%	90.4%	93.4%	92.9%	88.6%	89.4%	86.9%	89.4%	89.7%	87.3%	90.5%	-	495	547	90.5%		91.1%			
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	85%	56.1%	44.3%	54.9%	54.0%	51.8%	46.1%	52.6%	49.0%	42.3%	42.3%	44.1%	-	88	199	49.0%		58.3%			
	Cancer 62-Day National Screening Programme	Chief Operating Officer	90%	54.2%	45.8%	48.4%	40.0%	51.4%	48.4%	45.7%	58.8%	83.3%	44.4%	67.8%	-	20	30	55.9%		60.7%			
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	85%	95.5%	94.0%	99.1%	98.3%	98.4%	95.2%	71.4%	78.2%	77.8%	78.1%	81.9%	-	68	83	87.0%		75.7%			
	Cancer 62 days Combined (new standard from Oct 23)	Chief Operating Officer	85%	63.1%	52.1%	62.3%	61.1%	60.9%	59.3%	55.1%	57.5%	54.1%	51.4%	56.7%	-	178	313	58.1%		63.9%			
	Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	Plan	300	309	332	286	300	321	391	389	379	409	366	141								
Urgent and emergency care	% emergency admissions discharged to usual place of residence	Chief Operating Officer	90%	84.4%	86.1%	84.0%	87.3%	83.6%	84.8%	84.0%	84.3%	82.9%	82.6%	82.3%	84.7%	2,375	2,803	83.7%		92.2% (Feb to Jan)			STAR
	A&E Activity (any type)	Chief Operating Officer	Plan	16,504	18,959	19,177	18,735	17,957	18,427	18,564	17,403	16,960	17,647	17,190	18,537					216,060			
	Ambulance handover within 30 minutes	Chief Operating Officer	98%	70%	65%	66%	70%	62%	57%	48%	56%	53%	53%	55%	64%	2,434	3,814	60%		73% (July)			
	Ambulance handover over 60 minutes	Chief Operating Officer	0	696	784	779	732	863	1,046	1,272	1,064	1,166	1,072	1,029	869			11,372		12%			
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Plan	95.9%	96.4%	97.3%	99.0%	99.6%	96.5%	98.8%	99.9%	99.9%	115.8%	110.8%	112.4%	5,407	4,811	101.8%					
	Same Day Emergency Care (0 LOS Emergency adult admissions)	Chief Operating Officer	>40%	36%	38%	37%	39%	38%	38%	39%	39%	37%	43.8%	41.3%	41.9%	2,237	5,345	39.0%		36% (Feb to Jan)			
	A&E - % of patients seen within 4 hours (any type)	Chief Operating Officer	76%	67.1%	66.7%	67.3%	68.4%	66.5%	64.6%	63.1%	62.5%	59.6%	60.5%	61.0%	68.0%	12,601	18,537	65%		74% (Mar)			
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer	-	14.3%	13.3%	13.1%	12.5%	14.8%	16.0%	19.0%	16.0%	17.0%	19.3%	18.5%	15.8%	2,058	13,065	15.8%		5% (Feb to Jan)			
	A&E - Time to treatment	Chief Operating Officer	-	133	151	145	126	128	151	155	152	167	161	166	143					01:41			
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	<15 minutes	15	16	17	15	16	17	19	16	16	16	16	14					00:22 (Feb to Jan)			
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	317	311	286	295	300	256	211	203	260	316	304	301			3,059					
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	3%	6.9%	7.0%	7.3%	6.9%	7.0%	6.6%	6.7%	6.8%	7.1%	6.7%	7.2%	7.5%	976	13,065	6.9%		8% (Feb to Jan)			