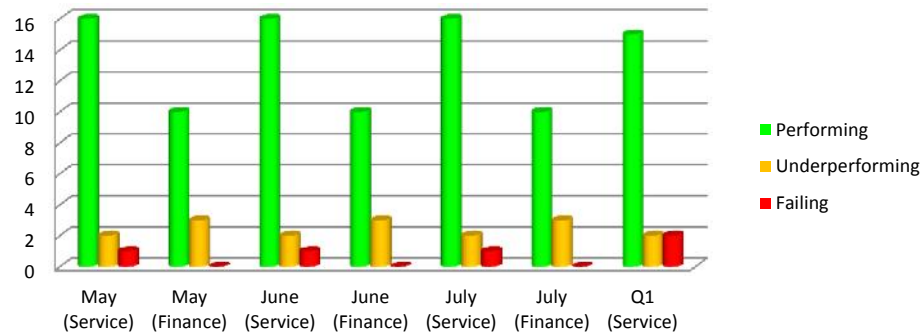


TRUST BOARD

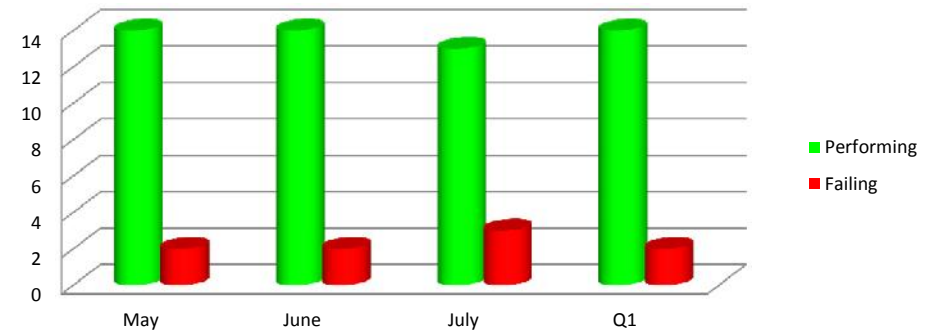
DOCUMENT TITLE:	Monthly Corporate Performance Monitoring Report				
SPONSOR (EXECUTIVE DIRECTOR):	Robert White, Director of Finance and Performance Mgt				
AUTHOR:	Mike Harding, Head of Performance Management				
DATE OF MEETING:	29 August 2013 (Report prepared 14 August 2013)				
EXECUTIVE SUMMARY:					
The report is designed to inform the Trust Board of the summary performance of the Trust for the period April – July 2013.					
REPORT RECOMMENDATION:					
The Trust Board is asked to NOTE the report and its associated commentary.					
ACTION REQUIRED <i>(Indicate with 'x' the purpose that applies):</i>					
The receiving body is asked to receive, consider and:					
Accept		Approve the recommendation		Discuss	
				x	
KEY AREAS OF IMPACT <i>(Indicate with 'x' all those that apply):</i>					
Financial	x	Environmental	x	Communications & Media	x
Business and market share	x	Legal & Policy	x	Patient Experience	x
Clinical	x	Equality and Diversity		Workforce	x
Comments:					
ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:					
Accessible and Responsive Care, High Quality Care and Good Use of Resources. National targets and Infection Control. Internal Control and Value for Money					
PREVIOUS CONSIDERATION:					
Performance Management Committee, Clinical Leadership executive and Finance & Performance Management Committee					

EXECUTIVE SUMMARY

NHS Performance Assessment Framework



Monitor Compliance Framework

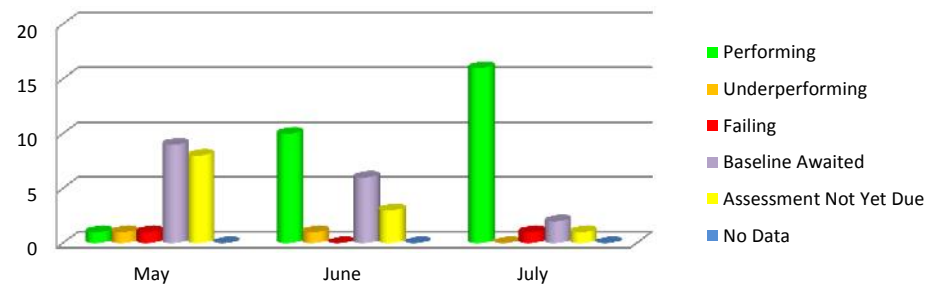


Service Performance - during the month (July) there were 3 areas of underperformance; Emergency Care 4-hour waits (94.7%), C Diff 5 cases (trajectory of 4) and RTT Delivery in All Specialities (projected). The Trust is projected to attract a **PERFORMING CLASSIFICATION** for the month, with a weighted score of 2.64.

Financial Performance (July) the weighted overall score is 2.90 with underperformance reported in 3 areas; Better Payment Practice Code (Value), Better Payment Practice Code (Volume) and Creditor Days. The classification for the month of July remains **PERFORMING**.

Monitor Compliance Framework - The Trust underperformed against the C Diff Objective during the month, with 5 cases being reported compared with a trajectory for the month of 4. For the year to date there were a total of 15 cases, compared with a trajectory of 16. Monitor's annual de minimis limit for cases of MRSA Bacteraemia reflecting a governance concern is set at 6, and as such the MRSA Bacteraemia reported (during April) for the year to date does not contribute to the overall score for the month or quarter. The Emergency Care 4-hour wait target for the month was 94.7%, beneath the operational threshold of 95.0%. The overall score for the month was 2.0 which attracts an **AMBER / RED** Governance Rating. The Trust is projected to meet performance thresholds for all high level RTT and Cancer targets for the month.

CQUIN Performance



CQUIN - A summary of the current performance against the various acute, community and specialised CQUIN schemes is reflected in the table opposite. Of the 20 summary schemes, 16 are performing, with either year to date targets being met, progress on track regarding implementation (staffing, equipment procurement, training etc.) or baseline assessments having been completed, with improvement trajectories under consideration with commissioners. Within these, proposals to extend the baseline period for 2 schemes; 'Sepsis Care' and 'Community Risk Assessment and Advice' have been put to commissioners, to ensure data is sufficiently robust to inform future improvement trajectories. One nationally mandated scheme is currently failing - Dementia (Find, Assess and Refer), which requires all 3 components of the scheme to be met.

Clinical Quality & Outcomes

Stroke Care - the percentage of stroke patients reported as receiving a CT Scan within 24 hours of presentation remains less than 100% (86.5% during July), additional portering (as of 14.8.13) should impact positively on this aspect of performance. Admission to thrombolysis time is currently reported as an average time (hours), a report will also be made available to indicate the percentage of patients receiving thrombolysis within 60 minutes. To improve current thrombolysis performance a number of actions have been identified to speed up the treatment pathway, by minimising the time to a CT Scan and acting upon the scan report as soon as is practicable.

MRSA Screening - improvement in the Elective MRSA screening rate has been seen during July. Specific actions being undertaken to increase rates include; increasing the number of specialties using pre-assessment clinics in Surgery 'A', correction of data anomalies (ensuring screens are being matched to patients requiring screens) in Obstetrics has also improved the screening rate, and further work to ensure definitions for patients who require screening are being applied correctly.

Emergency Care - the focus of attention is on improvement in performance at City Hospital with emphasis on communicating new ways of working. A new Clinical Director has recently been appointed, and although not scheduled to formally take up post until November, will be on site 1 day per week in advance. The overall recruitment plan to posts within Emergency Care is on track, with an Assistant Head of Nursing having been appointed this week.

WMAS - clinical handovers within 15 minutes are improving, and average turnaround is being maintained at less than 30 minute, however delays between 30 - 60 minutes are not showing any demonstrable reduction. WMAS are undertaking work to ensure Data Quality, the outcome of which is awaited. An Ambulance Assessment Bay at Sandwell, similar to that at City, will create more capacity and assist in reducing delays, this is scheduled to be in place at the end of October.

Patient Experience

SWBTB (8/13) 173 (a)

Imaging Turnaround - the proportion of MRI scans reported within 24 hours reduced during the month of July to 70% (90% previous month). A detailed analysis of delays has been requested. The number of MRI slots available at Sandwell, by 'In Health' has been increased to meet increased demand.

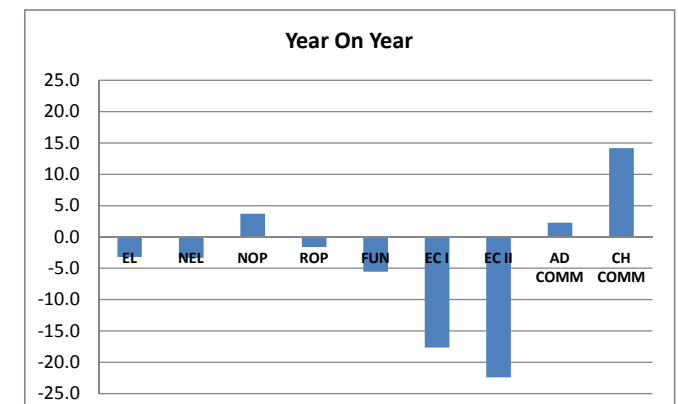
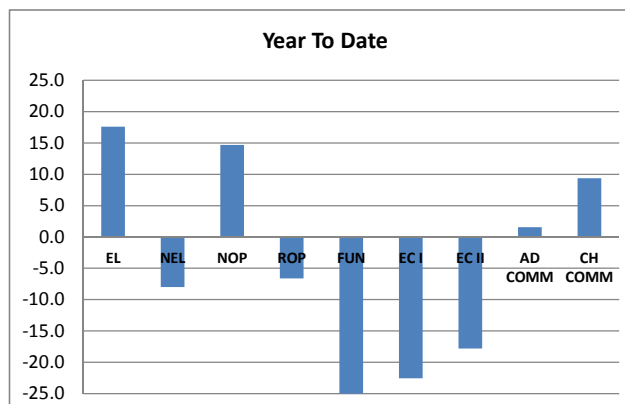
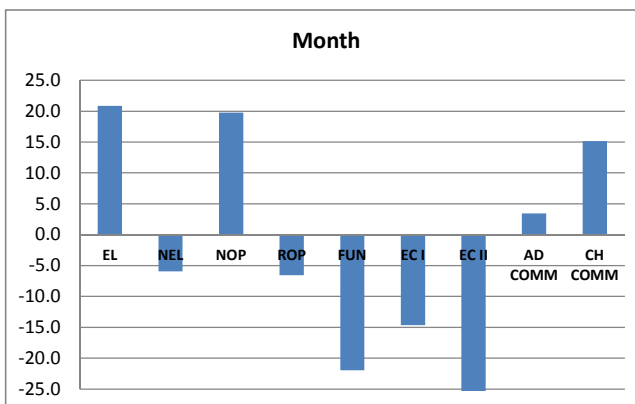
Cancelled Operations - the absolute number and proportion of SitRep declared late cancellations at Sandwell increased in month. There has been an In-month improvement in the number of patients experiencing multiple cancellations, although the proportion of cancellations within 7 days is not reducing. A 'no cancellation on day of surgery' policy is set to be introduced in Surgery 'A' during September and the requirement to reduce cancellation numbers is identified as a specific action by the Trust's Theatre User Group. The user group is to task each specialty with the need to understand the root cause for non-clinical cancellations and identify specifically what actions need to be taken to rectify. Performance by specialty is to be considered at September's Chief Operating Officer's performance meeting.

Staff Experience

PDR - 12-month cumulative rates have shown a marginal improvement from June (71.5%) to July (72.9%), with a range by Division of 48 - 93%. Absolute numbers of staff reported as receiving a PDR have increased for each month since the start of the year, such that 2430 PDRs have been reported during the first 4 months this year, compared with 1734 for the corresponding period last year. Increased numbers are particularly noticeable in Facilities, Medicine and Community Clinical Groups. Performance against trajectories submitted by Clinical Groups will be assessed at the September Chief Operating Officer's performance meeting.

Activity & Contractual

Activity - Variance expressed as a percentage between actual activity and planned (contracted) activity is reflected for the month and year to date in the graphs below. Additionally, there is a year on year comparison of current year with previous year for the corresponding period of time. Overall high level Elective activity continues to exceed the plan for the month and year to date, although remains slightly (3.2%) less than that delivered during the corresponding period last year. Non-Elective activity is currently 8.0% less than the plan for the year to date, and 3.4% less than the corresponding period last year. Significant overperformance against the New Outpatient activity plan and an underperformance against the Review OP activity plan, gives a FollowUp:New OP Ratio of 2.20 for the year to date, significantly less than the ratio derived from plan, and that for the same period last year. Type I and Type II Emergency Care activity to date is considerably less than plan and for the corresponding period in 2012 / 2013. Adult Community and Child Community activity is currently exceeding plan both for month and year to date.



Exec Lead	KPI Source	Data Source	Indicator	No.	March	April	May	June			July			To Date (=most recent month)	TARGET		THRESHOLDS			13/14 Forward Projection	11/12 Outturn	12/13 Outturn	
					Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	13/14							
R0	A	4	Infection Control	C. Difficile (DH Reportable)	No.	1	3	1	2	4	6	2	3	5	15	16	46	No variation	Any variation	●	95	37	
	A			MRSA Bacteraemia	No.	0	1	0	0	0	0	0	0	0	0	0	0	0	No variation	Any variation	●	2	1
RB	A	1	Cancer	2 weeks	%	95.0	93.2	95.3			93.1				93.9	=>93	=>93	No variation	Any variation	●	94.8	94.7	
	A			2 weeks (Breast Symptomatic)	%	93.2	96.9	93.1			93.9		93.9			94.8	=>93	=>93	No variation	Any variation	●	95.8	95.9
	A			31 Day (diagnosis to treatment)	%	99.3	100	96.1			98.6		98.6			98.3	=>96	=>96	No variation	Any variation	●	99.5	99.5
	A			31 Day (second/subsequent treatment - surgery)	%	98.9	100	94.2			97.6		97.6			97.3	=>94	=>94	No variation	Any variation	●	100.0	99.2
	A			31 Day (second/subsequent treatment - drug)	%	100	100	100			100		100			100	=>98	=>98	No variation	Any variation	●	99.2	99.8
	A			31 Day (second/subsequent treat - radiotherapy)	%	n/a	n/a	n/a			n/a		n/a			n/a	=>94	=>94	No variation	Any variation	●	100	100
	A			62 Day (urgent GP referral to treatment)	%	94.8	90.8	91.8			86.2		86.2			89.7	=>85	=>85	No variation	Any variation	●	86.9	87.1
	A			62 Day (referral to treat from screening)	%	100	100	100			100		100			100.0	=>90	=>90	No variation	Any variation	●	98.5	96.9
	H			62 Day (referral to treat from hosp specialist)	%	86.5	85.2	93.3			89.3		89.3			87.5	=>85	=>85	No variation	Any variation	●	91.6	93.2
A	2	Emergency Care 4-hour waits	%	85.9	92.4	94.4	96.4	94.9	95.5	97.0	93.1	94.7	94.26	=>95	=>95	=>95		<95	●	95.38	92.54		
RB	A	2	Referral To Treatment	Admitted Care (RTT <18 weeks)	%	93.7	92.2	92.5			92.3			92.3*	=>90.0	=>90.0	=>90.0	85-90	<85.0	●	93.2	93.7	
	A			Non-Admitted Care (RTT <18 weeks)	%	98.6	97.8	98.3			97.2			97.2*	=>95.0	=>95.0	=>95.0	90 - 95	=<90.0	●	97.5	98.6	
	A			Incomplete Pathway (RTT <18 weeks)	%	95.3	95.6	96.4			93.3			93.3*	=>92.0	=>92.0	=>95.0	87 - 92	=<87.0	●	97.2	95.3	
	E			Treatment Functions Underperforming	No.	4	5	6			7			7*	0	0	0 / month	1 - 6 / month	>6 / month	●	10 (Q4)	11 (Q4)	
RB	E	2	Diagnostic Waits	Acute Diagnostic Waits greater than 6 weeks	%	0.88	0.50	0.91			0.67			0.67*	<1.0	<1.0	<1.0	1.0 - 5.0	>5.0	●	0.99	0.88	
G	11	Data Quality	Data Completeness Community Services	%	>50	>50	>50			>50			>50	>50	=>50	=>50	=>50		<50	●		>50	
RO	G	8	Access to healthcare for people with Learning Disability (full compliance)	Y / N	Y	Y	Y			Y			Y	Yes	Full	Full	Y		N	●	N	Y	
RB	C	2	Delayed Transfers of Care	%	2.6	3.1	3.2	2.5	3.0	2.7	2.7	2.7	2.7	3.1	<3.5	<3.5	<3.5	3.5 - 5.0	>5.0	●	5.2	2.9	
RB	B	2	Mixed Sex Accommodation Breaches	As percentage of completed FCEs	%	>0.00	1.30	0.89			0.02			0.00*	0.0	0.0	0.00	0.00 - 0.50	>0.50	●	0.07		
				Numerical	No.	>0	161	114			2			0*	0.0	0.0	0		>0	●			
RS	A	3	VTE Risk Assessment	%	86.1	92.9	94.7			95.3			95.9	95.9*	95	95	=>90		<90	●	92.4	90.8	

Financial Metrics - NHS Performance Assessment Framework

RW	E	16	Initial Planning - Planned Outturn as a proportion of turnover	%	0.58	0.05	0.57			0.00			0.00	0.00	0-3.0	0-3.0	0-3.0		=>2.0		
			Year To Date	YTD Operating Performance	%	1.48	0.00	0.01			0.01		-0.04		-0.04	-0.04	0-3.0	0-3.0	0-3.0		=>2.0
				YTD EBITDA	%	6.19	11.29	6.69			5.44		5.95		5.95	=>5.0	=>5.0	=>5.0		<1.0	
			Forecast Outturn	Forecast Operating Performance	No.	0.01	0.00	0.00			0.00		0.00		0.00	0.00	0-3.0	0-3.0	0-3.0		=>2.0
				Forecast EBITDA	%	6.19	6.88	6.46			6.32		6.00		6.00	=>5.0	=>5.0	=>5.0		<1.0	
				Rate of Change in Forecast Surplus of Deficit	%	0.00	0.00	0.00			0.00		0.00		0.00	=<3.0	=<3.0	=<3.0		>2.0	
			Undreying Financial	Underlying Position	%	1.48	1.46	1.07			0.92		1.07		1.07	=>0.0	=>0.0	=>0.0		>2.0	
				EBITDA Margin	%	6.19	6.88	6.46			6.32		6.00		6.00	=>5.0	=>5.0	=>5.0		<1.0	
			Financial Processes	Better Payment Practice Code Value	%	93.00	90.60	92.60			93.84		87.00		87.00	=>95	=>95	=>95		<60	
				Better Payment Practice Code Volume	%	95.00	94.90	94.40			92.76		87.00		87.00	=>95	=>95	=>95		<60	
				Current Ratio	ratio	1.00	1.09	1.02			1.05		1.06		1.06	=>1.0	=>1.0	=>1.0		<0.5	
				Debtor Days	Days	9.73	12.31	12.97			13.29		13.54		13.54	<=30	<=30	<=30		>60	
				Creditor Days	Days	38.54	40.44	44.79			39.03		39.03		39.03	<=30	<=30	<=30		>60	

Exec Lead	KPI Source	Data Source	Indicator				March	April	May	June			July			To Date (=most recent month)	TARGET		THRESHOLDS			13/14 Forward Projection	11/12 Outturn	12/13 Outturn		
							Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	13/14								
RS	A	3	VTE	Risk Assessment	224	%	86.1	92.9	94.7	→			95.3	→			95.9	95.9*	95	95	=>90		<90	●	92.4	90.8
RS	H			Root Cause Analysis	224	%	→	→	→	→			100	Base			Quarterly Monitoring	100 (Base)	100	100				●		
RO	H	8	NHS Safety Thermometer	Reduction in Prevalence of Pressure Ulcers	224	%	→	Data Submitted	Data Submitted	Improvement trajectory to be derived from baseline			Base Identified	→			Base identified	10% reduction on Q1 (aggregate) base						●		
RO	H	8		COMMUNITY		224	%	→	Data Submitted	Data Submitted				Base Identified	→			Base identified							●	
RO	H	8	Dementia	Find, Investigate and Refer	269	%	Met Q4 req's	2 of 3 met	2 of 3 met	→			2 of 3 met	→			1 of 3 met	1 of 3 met	90% (F, I and R) for 3 consec. months		No variation		Any variation	●		
RO	H			Clinical Leadership	45		→	→	→	→				→			Identified	In Place	In Place	No variation		Any variation	●			
RO	H	8		Supporting Carers of People with Dementia	135		→	→	→	→				→			On Track	Monthly Audit		No variation		Any variation	●			
RO	H	8	Friends & Family Test	Phased Data Collection Expansion - Maternity	137	%	→	→	→	→				By October with 30% response rate			On Track	30	60					●		
RO	H	8		Increased Response Rate (Emergency Care All Wards)	175	%	→			→			10.61	Base			→	10.61 (Base)						●		
RO	H	8		Improve Performance on Staff FFT	137	Score	→	→	→	Autumn Annual Staff Survey			Autumn Annual Staff Survey													
RB	H	20	Safe Storage of Medicines		1105	%	→	→	→	→			Base Identified	Quarterly Monitoring			Base Identified	To be agreed		No variation		Any variation	●			
RO	H	8	Dementia Patient Stimulation		1138		→	→	→	→				Quarterly Monitoring			On Track			No variation		Any variation	●			
RS	H		Use of Pain Care Bundles		1138	%	→	→	→	→			Base Identified	Quarterly Monitoring			Base identified	To be agreed		No variation		Any variation	●			
RS	H		Use of Sepsis Care Bundles		1105	%	→	→	→	Baseline Assessment during Q2			Baseline Assessment during Q2			On Track			No variation		Any variation	●				
RO	H	11	Community Risk Assessment & Advice		1105	%	→	→	→	Baseline Assessment during Q2			Baseline Assessment during Q2			On Track			No variation		Any variation	●				
RS	H		Recording DNAR Decisions		1105	%	→	→	→	Bi-Annual Ward Audit / Improvement			Bi-Annual Ward Audit / Improvement			On Track			No variation		Any variation	●				
RS	H		Specialised Commissioners	Clinical Quality Dashboards	60		→	→	→	Data Submitted - compliant			→			Compliant			No variation		Any variation	●				
RS	H	22		Behcets Highly Specialised Service	60		→	→	→	Annual Workshop & Report			Annual Workshop & Report			On Track			No variation		Any variation	●				
RS	H	12		HIV - Communication with GPs	180		→	→	→	Data Submitted - compliant			→			Compliant			No variation		Any variation	●				
RS	H	12		Neonatal - Retinopathy Of Prematurity (Screening)	180		→	→	→	Data Submitted - compliant			→			Compliant			No variation		Any variation	●				

Exec Lead	KPI Source	Data Source	Indicator	March	April	May	June			July			To Date (*=most recent month)	TARGET		THRESHOLDS			13/14 Forward Projection	11/12 Outturn	12/13 Outturn						
				Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	13/14												
RS	H	3	Stroke Care	Pts spending >90% stay on Acute Stroke Unit	%	70.6	83.3	96.2	→			91.5	→			95.0	91.4	83	83	No Variation	0 - 2% Variation	>2% Variation	●	85.9	85.6		
	H			Pts admitted to Acute Stroke Unit within 4 hrs	%	42.6	69.4	85.7	→			93.0	→			91.5	84.3	90	90	No Variation	0 - 2% Variation	>2% Variation	●	68.7	59.1		
	H			Pts receiving CT Scan within 24 hrs of presentation	%	89.8	93.2	89.7	→			87.0	→			86.5	86.0	100	100	No Variation	0 - 2% Variation	>2% Variation	●	100	92		
	H			Pts receiving CT Scan within 1 hr of presentation	%	51.4	63.4	68.6	→				→				65.8	50	50	No Variation	0 - 2% Variation	>2% Variation	●	37.5	52.0		
	H			Admission to Thrombolysis Time (average time)	hrs	→	→	1.94	→			1.83	→				1.83*	1.00	1.00	=<1.0		>1.0	●				
	H			Stroke Admissions - Swallowing assessments (<24h)	%	→	91.7	100.0	→			92.9	→			100.0	95.7	100	100	=>98		<98	●				
	H			TIA (High Risk) Treatment <24 h from initial presentation	%	83.3	66.7	63.2	81.3	→			81.3	83.3	→			83.3	74.1	60	60	No Variation	0 - 2% Variation	>2% Variation	●	53.2	69.8
	K			TIA (Low Risk) Treatment <7 days from initial presentation	%	70.3	74.1	88.4	88.2	→			88.2	91.2	→			91.2	84.5	60	60	No Variation	0 - 2% Variation	>2% Variation	●	30.4	75.9
RO	F	4	Infection Control	MSSA Bacteraemia	No.	1	2	1	0	0	0	0	1	1	4	No. Only	No. Only						12	15			
				E Coli Bacteraemia	No.	2	2	2	3	1	4	2	2	4	12	No. Only	No. Only								50	48	
	F	3	MRSA Screening - Elective	Patient Not Matched	%	138.9	196.6	173.2	Numerator = 3236		Denominator = 1643	196.9	Numerator = 3646		Denominator = 1459	249.9*	85	90	No variation		Any variation	●		138.9			
	F		Best Practice - Patient Matched	%	59.5	67.9	59.9	Numerator = 1104		Denominator = 1643	67.2	Numerator = 1178		Denominator = 1459	80.7*	72	80	No variation		Any variation	●		59.5				
	F		MRSA Screening - Non Elective	Patient Not Matched	%	76.8	79.2	82.2	Numerator = 2343		Denominator = 2882	81.3	Numerator = 2555		Denominator = 3039	84.1*	85	90	No variation		Any variation	●		76.8			
F	Best Practice - Patient Matched	%	64.9	67.4	72.6	Numerator = 2644		Denominator = 3547	74.5	Numerator = 2555		Denominator = 3519	72.6*	72	80	No variation		Any variation	●		64.9						
RS	H	3	WHO Safer Surgery Checklist	Audit - 3 sections	%	99.4	99.9	99.9	→			99.6	→			99.8	100	100	=>98		<98	●					
	H	3		Audit - 3 sections and brief	%	95.5	94.1	93.9	→			90.4	→			92.6	100	100	=>95		<95	●					
	H	3		Audit - 3 sections, brief and debrief	%	82.1	79.6	80.5	→			75.3	→			76.0	100	100	=>85		<85	●●					
KD	F	14	Never Events - in month	No.	0	0	0	→			1	→			0	1	0	0	No variation		Any variation	●		2			
	F		Medication Errors causing serious harm	No.	→	→	→	Metric within TDA Accountability Framework - Definition Awaited			Metric within TDA Accountability Framework - Definition Awaited																
	F		Open Serious Incidents Requiring Investigation (SIRI)	No.	2	5	9	→			8	→			11	11*	No. Only	No. Only						2			
RO	D	8	Falls Resulting In Severe Injury or Death	No	2	3	2	→			5	→			0	10	0	0	No variation		Any variation	●		22			
	D		Grade 3 or 4 pressure ulcers - avoidable	No	2	2	1	→			1	→			1	5											
RO	H	8	High Impact Nursing Actions	Inpatient Falls reduction	Acute	No	53	56	49	→			51	→			156	165	660	=<55/m		>55/m	●				
	H			Community	No	→	15	10	→			7	→			32	36	144	=<12/m		>12/m	●					
RS	H	3	Obstetrics	Post Partum Haemorrhage (>2000 ml)	No.	0	1	1	→			0	→			0	2	16	48	=<2	3 - 4	>4	●	7	10		
				Admissions to Neonatal ICU	%	12.2	10.5	10.0	→			8.1	→			9.2	9.4	=<10	=<10	=<10	10.0-12.0	>12.0	●	10.7	10.2		
				Admissions of full term babies to Neonatal Care	No.	→	→	→	Metric within TDA Accountability Framework - Definition Awaited			Metric within TDA Accountability Framework - Definition Awaited															
				Adjusted Perinatal Mortality Rate (per 1000 babies)	/1000	4.5	11.7	6.6	→			6.0	→			8.0	8.0*	<8.0	<8.0	<8	8.1 - 10.0	>10	●	11.9*	4.5		
				Caesarean Section Rate	Elective and Non-Elective	%	25.4	24.6	27.2	→			25.1	→			25.7	25.7	<25.0	<25.0	=<25.0	25-28	>28.0	●	22.2	23.6	
					Non-Elective	%	→	9.1	13.5	→			12.6	→			11.2	11.6									
H	Early Booking (Completed Assessment <12+6 weeks)	%	78.0	78.0	80.0	→			79.0	→			79.0	79.0*	=>90	=>90	=>90	75-89	<75	●●	76.0	78.0					
RO	2	Infant Health & Inequalities	Maternal Smoking Rates	%	9.3	→	→	→			9.4	→			9.4	<11.5	<11.5	<11.5	11.5 - 12.5	>12.5	●	9.8	9.9				
			Breast Feeding Initiation Rates	%	74.4	→	→	→			77.0	→			77.0	>63.0	>63.0	>63.0	61-63	<61.0	●	73.0	72.6				

Exec Lead	KPI Source	Data Source	Indicator		March	April	May	June			July			To Date (*=most recent month)	TARGET		THRESHOLDS			13/14 Forward Projection	11/12 Outturn	12/13 Outturn				
					Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	13/14	No variation	0 - 5% Variation	>5% Variation							
RS	H	3	Mortality Reviews within 42 working days	%	73	74	78	→			→			78*	80	80	No variation	0 - 5% Variation	>5% Variation	●	66.9					
RS	D	6	Mortality in Hospital (12-month cumulative data)	Hospital Standardised Mortality Rate	HSMR	89.1	87.8 Feb'12 to Jan'13	88.1 Mar'12 to Feb'13	→			88.9 Apr'12 to Mar'13	→			89.1										
				Peer (SHA) HSMR	HSMR	97.0 Jan'12 to Dec'12	96.7 Jan'13	97.0 Feb'13	→			98.0 Mar'13	→			97.5 Apr'13										
				Peer (National) HSMR - Quarterly	HSMR	94.6	→			→			94.0	→			94.0									
		D	19		SHMI	94.2 Jan'12-Dec'12	94.3 Feb'12-Jan'13	95.5 Mar'12-Feb'13	→			98.2 Apr'12-Mar'13	→			98.2										
			Maternal Deaths	No.	0	0	0	→			0	→			0											
RB	K	3	Readmission Rates (to any specialty) within 30 days of discharge - Operating Framework Definition effective April 2011	Following initial Elective Admission	No.	124	112	148	→			99	→			149	514	488	1463	No Variation	0 - 5% Variation	>5% Variation	●	1463	1587	
				Following initial Elective Admission	%	1.18	1.08	1.38	→			0.97	→			1.38	1.22	1.15	1.15	No Variation	0 - 5% Variation	>5% Variation	●	1.15	1.25	
				Following initial Non-Elective Admission	No.	572	609	667	→			586	→			567	2465	2280	6842	No Variation	0 - 5% Variation	>5% Variation	●	6842	7528	
				Following initial Non-Elective Admission	%	5.46	5.88	6.23	→			5.76	→			5.26	5.86	5.38	5.38	No Variation	0 - 5% Variation	>5% Variation	●	5.38	5.91	
RB	K	3	Hip Fractures	Operation <24 hours of admission	%	83.3	71.4	55.6	→			76.9	→			83.3	83.3*	78.0	85.0	No Variation	0 - 2% Variation	>2% Variation	●	66.4	76.7	
RB	D	3	Data Quality	Valid Coding for Ethnic Category (FCEs)	%	93	93	93	→			93	→			93	90	90	>=90	89.0-89.9	<89	●	95	93		
				Maternity HES	%	6.6	7.8	6.8	→			6.6	→			6.8	6.7	<15	<15	=<15	16-30	>30	●	6.0	6.6	
	D	3	Emergency Care Timeliness	Total Time in Department (95th centile)	h : m	7:52	6:02	5:07	→			4:39	→			4:56	5:10	=<4hrs	=<4hrs	=<4hrs	=<4hrs	●●	3 : 59	5 : 15		
				Time to Initial Assessment (<=15 mins)(95th centile)	mins	18	15	18	→			18	→			18	17	=<15	=<15	<15	<15	●	21	17		
				Time to treatment in department (median)	mins	51	50	53	→			50	→			51	51	=<60	=<60	=<60	>60	●	59	58		
	D	3	Emergency Care Patient Impact	Unplanned re-attendance rate	%	7.26	7.89	8.23	→			8.38	→			8.31	8.17	=<5.0	=<5.0	=<5.0	>5.0	●●	8.66	7.81		
				Left Department without being seen rate	%	4.54	3.82	4.02	→			4.03	→			4.73	4.16	=<5.0	=<5.0	=<5.0	>5.0	●	4.83	4.67		
				Emergency Care Trolley Waits >12 hours	No.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	>0	●					
RB	H	18	Ambulance Turnaround	Clinical Handovers completed within 15 minutes	%	71.3	81.4	84.89	78.3	87.8	83.9	82.1	87.8	85.4	85.4*	=>85	=>85	=>85	<85	●			71.3			
				Average Turnaround Time	m : s	40:13	29:44	29:06	27:36	27:27	27:30	27:59	27:47	27:52	27:52*	=<30:00	=<30:00	=<30:00	>30:00	●			29:23	34:24		
				30 - 60 minutes	All Journeys	No.	2177	1459	1404	520	717	1237	634	742	1376	5476	0	0	0	0	0	●●●			22089	
					Hospital Fines (WMAS report)	No.	→	451	424	144	94	238	164	130	294	1407	0	0	0	0	0	●●●				
				In Excess of 60 minutes	All Journeys	No.	351	90	56	10	13	23	9	15	24	193	0	0	0	0	0	●●●			1256	2354
					Hospital Fines (WMAS report)	No.	→	57	28	5	8	13	4	8	12	110	0	0	0	0	0	●●●				

Exec Lead	KPI Source	Data Source	Indicator	March	April	May	June			July			To Date ("=most recent month)	TARGET		THRESHOLDS			13/14 Forward Projection	11/12 Outturn	12/13 Outturn				
				Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	13/14										
RB	K	21	Reporting Times of Imaging Requests from Emergency Care % reported within 24 hours / next day	Plain Radiography	%	99	99	100	→		99	→		99*	90	90	No variation		Any variation	●		99			
	K			Ultrasound	%	100	100	100	→		95	→		100*	90	90	No variation		Any variation	●		100			
	K			MRI	%	84	79	88	→		90	→		70*	90	90	No variation		Any variation	●●		84			
	K			CT	%	99	99	99	→		97	→		99*	90	90	No variation		Any variation	●		99			
KD	F	14	Complaints	No. of Complaints Received formal and link	No.	57	63	65	→		50	→		72	250	No. Only	No. Only					834	724		
	K			No. of Active Complaints in the System (formal and link)	No.			302	→		336	→		272	272*	No. Only	No. Only								
	K			No. of First Formal Complaints received / 1000 episodes of care	No.				→		0.625	→		0.45	0.45*	No. Only	No. Only								
	K			No. of Days to acknowledge a formal or link complaint within 3 working days	(%)			97	→		78	→		94	94*	100	100	100		<100		●●			
	K			No. of responses which have exceeded their original agreed response date (% of total active complaints)	%			28	→		32	→		36	36*	0	0	0		>0		●●			
	K			No. of responses sent out	No.			17	→		5	→		128	128*	No. Only	No. Only								
	K			Oldest' complaint currently in system	Days			197	→		155	→		165	165*	No. Only	No. Only								
RB		15	Elective Access Contact Centre	Number of Calls Received	No.	12509	12925	12188	→		11687	→		13089	49889	No. Only	No. Only						111793	150454	
				Average Length of Queue	mins	0.25	0.23	0.23	→		0.22	→		0.25	0.25*	<1.0	<1.0	<1.0	1.0-2.0	>2.0		●		0.21	0.25
				Maximum Length of Queue	mins	14.2	6.4	6.2	→		11.2	→		15.5	15.5*	<6.0	<6.0	<6.0	6.0-12.0	>12.0		●		10.1	14.2
			Telephone Exchange	Number of Calls Received	No.	77745	76726	73866	→		65266	→		71422	222014	No. Only	No. Only							849502	901987
				Calls Answered	%	91.2	88.1	92.1	→		92.0	→		92.2	91.1	No. Only	No. Only							90.2	90.7
				Answered within 15 seconds	%	64.2	54.3	66.2	→		74.3	→		73.8	66.9	No. Only	No. Only							52.5	58.2
				Answered within 30 seconds	%	78.0	69.4	79.6	→		85.5	→		85.4	79.8	No. Only	No. Only							68.1	73.0
				Average Ring Time	Secs	18.0	24.3	17.1	→		12.3	→		12.3	12.3*	No. Only	No. Only							25	18
Longest Ring Time	Secs	349	601	397	→		366	→		411	411*	No. Only	No. Only								718	349			
RB		2	Patient Flow	Average Length of Stay	Days	4.1	3.6	3.8	3.9	2.9	3.4			3.6	4.3	4.3	No Variation	0 - 5% Variation	>5% Variation		●		4.2	3.8	
				Day of Surgery (IP Elective Surgery)	%	93.6	92.1	94.0	95.6	94.0	94.7	96.2	96.9	96.6	94.4	82.0	82.0	No Variation	0 - 5% Variation	>5% Variation		●		89.5	92.0
				Daycase Rate - All Procedures	%	84.8	84.6	82.4	82.1	82.7	82.5	82.8	82.3	82.5	84.1	80.0	80.0	No Variation	0 - 5% Variation	>5% Variation		●		82.7	83.9
				Available Beds at Month End	No.	779	739	738	→		742	→		745	745										
RB	H	2	Cancelled Operations	Elective Admissions Cancelled at last minute for non-clinical reasons	%	1.0	0.6	0.9	0.4	0.7	0.6	1.1	0.5	0.8	0.7	<0.8	<0.8	<0.8	0.8 - 1.0	>1.0		●		0.6	0.7
				28 day breaches	No.	1	0	0	→		0	→		0	0	1	3	3 or less	4 - 6	>6		●		1	2
				No. of second or subsequent urgent operations cancelled	No.	0	0	0	→		0	→		0	0	0	0	<0		>0		●			0
				Sitrep Declared Late Cancellations	No.	43	38	44	7	22	29	24	17	41	152	107	320	0-5% variation	5 - 15% variation	>15% variation		●●		363	425
				Sitrep Declared Late Cancellations (Pts. >1 occasion)	No.	6	5	6	3	3	6	1	1	2	2*	0	0	No variation		Any variation		●			60
				Multiple Cancellations experienced by same patient (all cancellations)	%	15.2	17.7	12.5	→		17.3	→		12.1	12.1*	8.0	0.0	No variation		Any variation		●●			
All Cancellations, with 7 or less days notice (expressed as % overall elective activity)	%	7.2	6.8	5.8	→		6.0	→		5.8	5.8*	4.7	3.1	No variation		Any variation		●				6.2			
RB		10	Cardiology	Primary Angioplasty	Door To Balloon Time (90 mins)	%	85.4	85.0	90.9					87.1	⇒80	⇒80	⇒80	75-79	<75		●		80.1	85.4	
				Call To Balloon Time (150 mins)	%	92.9	81.3	100.0					87.5	⇒80	⇒80	⇒80	75-79	<75		●				88.4	91.2
				Rapid Access Chest Pain	%	97.1	96.5	98.0					97.2	100	100	⇒98	96 - 97.9	<96		●				99.1	95.7
RB	H	12	GU Medicine	Patients offered app't within 48 hrs	%	100	100	100	→		100	→		100	⇒98	⇒98	⇒98	95-98	<95		●		100	100	

Exec Lead	KPI Source	Data Source	Indicator	March	April	May	June			July			To Date (=most recent month)	TARGET		THRESHOLDS			13/14 Forward Projection	11/12 Outturn	12/13 Outturn					
				Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	13/14											
MS	7	Staff in Post	Establishment	wte		6851	7010	→			→			7010*												
			Staff In Post (contracted)	wte	6567	6542	6549	→			→			6529*												
			Staff In Post (headcount)	no.	7577	7543	7545	→			→			7521*												
			Staff In Post - FTE / Headcount ratio	Ratio	1.15	1.15	1.15	→			→			1.15*												
			Potential Vacancies (All)	wte		309	461	→			→			461*												
			Potential Vacancies (Qualified Nursing)	wte		26	108	→			→			108*												
			Posts Advertised in Month (NHS Jobs)	wte	117	103	167	→			→			154*												
			Proportion Temporary Staff - Clinical	%	→	→	→	Metric within TDA Accountability Framework - Definition Awaited			Metric within TDA Accountability Framework - Definition Awaited															
			Proportion Temporary Staff - Non Clinical	%	→	→	→	Metric within TDA Accountability Framework - Definition Awaited			Metric within TDA Accountability Framework - Definition Awaited															
		Nursing Staff	Registered Nurses as percentage of Nurses	%	→	→	→	Metric within TDA Accountability Framework - Definition Awaited			Metric within TDA Accountability Framework - Definition Awaited															
			Nurse : Bed Ratio	Ratio	→	→	→	Metric within TDA Accountability Framework - Definition Awaited			Metric within TDA Accountability Framework - Definition Awaited															
		Staff Turnover	Leavers	wte	204	130	101	→			→			348	No. Only	No. Only								1064		
			Starters	wte	130	139	78	→			→			297	No. Only	No. Only								862		
Induction	%		94.5	94.5	93.0	→			→			93.0	100	100	=>85	15 - 25% variation	>25% variation					91.3				
RB	K	7	Learning & Development	PDRs (12-month rolling)	No. (%)	5127 (69.2)	5191 (70.0)	5211 (70.3)	→			→			5374 (72.9)	7389 (100)	7389 (100)	0-15% variation	15 - 25% variation	>25% variation	● ● ●	5348	5127			
RS	F	14		Medical Appraisal and Revalidation	%	77	77	78	→			→			81	81*	No. Only	No. Only						77		
MS	K	3		Mandatory Training Compliance	%	86.4	87.7	88.2	→			→			87.9	87.9	100	100	=>95	90 - 95	<90	● ● ●	71.9	86.4		
RB	D	7	Sickness Absence	Long Term (> 28 days)	%	3.58	3.34	3.24	→			→			3.24	<2.15	<2.15	<2.15	2.15-2.50	>2.50				2.95	3.39	
				Short Term (<28 days)	%	0.96	1.03	0.77	→			→			0.87	<1.00	<1.00	<1.00	1.00-1.25	>1.25				0.95	0.99	
				Total	%	4.54	4.37	4.01	→			→			4.11	<3.15	<3.15	<3.15	3.15-3.75	>3.75	● ● ● ●	3.90	4.38			
				Nursing Staff	%		4.67	4.51	→			→			4.59	<3.15	<3.15	<3.15	3.15-3.75	>3.75						
				Midwifery Staff	%		7.16	6.48	→			→			6.81	<3.15	<3.15	<3.15	3.15-3.75	>3.75						
RB		17	Bank & Agency Use	Nurse Bank Fill Rate	%	75.5	72.1	76.8	→			→			74.7	76.8	No. Only	No. Only							87.2	82.9
				Nurse Bank Shifts covered	No.	6186	4915	5011	→			→			4630	4745	15660	46980	0 - 2.5% Variation	2.5 - 5.0% Variation	>5.0% Variation	● ● ● ●	56396	60463		
				Nurse Agency Shifts covered	No.	2153	2706	2970	→			→			1914	1720	1277	3830	0 - 5% Variation	5 - 10% Variation	>10% Variation	● ● ● ●	6948	12874		
				Agency Spend as % Employee Benefit Expenditure	%	6.41	4.29	4.28	→			→			2.60	3.70	3.70*									

Exec Lead	KPI Source	Data Source	Indicator	March	April	May	June			July			To Date ("=most recent month)	TARGET		THRESHOLDS			13/14 Forward Projection	11/12 Outturn	12/13 Outturn		
				Trust	Trust	Trust	S'well	City	Trust	S'well	City	Trust		YTD	13/14	No Variation	0 - 2% Variation	>2% Variation					
RB		2	Spells	Elective IP	No. 723	722	791	→		748	→		786	2990	3370	10141	No Variation	0 - 2% Variation	>2% Variation		10610	9596	
				Elective DC	No. 4362	4255	4246	→		4088	→		4495	17304	13358	40198	No Variation	0 - 2% Variation	>2% Variation		53685	52875	
				Total Elective	No. 5085	4977	5037	→		4836	→		5281	20294	16728	50339	No Variation	0 - 2% Variation	>2% Variation	●	64295	62471	
				Total Non-Elective	No. 4810	4609	4773	→		4567	→		4687	18510	19991	60931	No Variation	0 - 2% Variation	>2% Variation	●	55675	56982	
			Outpatient Attendances	New	No. 13214	13588	14346	→		13784	→		16158	58494	49902	152466	No Variation	0 - 2% Variation	>2% Variation	●	159051	171540	
				Review	No. 29442	32513	30945	→		30650	→		32671	128650	137199	410406	No Variation	0 - 2% Variation	>2% Variation	●	421494	382248	
			Emergency Care Attendances	Type I (Sandwell & City Main Units)	No. 12703	12527	13305	5709	7114	12823	6183	7327	13510	52165	63923	184483	No Variation	0 - 2% Variation	>2% Variation	●●	177201	171701	
				Type II (BMEC)	No. 1986	2158	2224	→		2067	→		1786	8325	9807	28304	No Variation	0 - 2% Variation	>2% Variation	●●	36362	26649	
				All - Contracted plus Non-Contracted	No. 17811	20081	20945	8211	9181	17392	8923	12478	21401	82967	69042	207128						207128	
			16	Community	Adult - Aggregation of 18 Individual Service Lines	No. 41481	45560	47015	→		44725	→			137300	135144	540982	No Variation	0 - 2% Variation	>2% Variation	●	493163	538147
					Children - Aggregation of 4 Individual Service Lines	No. 13963	14617	15496	→		15290	→			45404	41146	165757	No Variation	0 - 2% Variation	>2% Variation	●	143400	155412
			16	Contract	Improvement Notices	No. 0	0	0	→		2	→		0	0*	0	0					●	
RB	C	2	Delayed Transfers of Care	Acute	% 2.6	3.1	3.2	2.5	3.0	2.7	2.7	2.7	2.7	3.1	<3.5	<3.5	<3.5	3.5 - 5.0	>5.0	●	5.2	2.9	
				Pt's Social Care Delay	No. 7	13	15	4	5	9	2	3	5	5*	<18	<18	No Variation	0 - 10% Variation	>10% Variation		13	7	
				Pt.'s NHS & NHS plus S.C. Delay	No. 8	10	9	5	2	7	9	4	13	13*	<10	<10	No Variation	0 - 10% Variation	>10% Variation		20	8	
RB		2	Outpatient Efficiency	New : Review Rate	Ratio 2.23	2.39	2.16	2.43	2.14	2.22	2.30	1.91	2.02	2.20	2.30	2.30	No Variation	0 - 5% Variation	>5% Variation	●	2.65	2.23	
				DNA Rate - New Referrals	% 13.1	11.6	13.6	→		11.7	→		12.9	11.6	10.0	10.0	No variation		Any variation	●●	11.8	11.3	
				DNA Rate - Reviews	% 12.7	10.8	12.5	→		10.8	→		12.3	10.6	10.0	10.0	No variation		Any variation	●	11.9	10.3	

LEGEND

DATA SOURCES	
1	Cancer Services (National Cancer Database)
2	Information Department
3	Clinical Data Archive
4	Microbiology Informatics
5	Histopathology Department
6	Dr Foster
7	Workforce
8	Nursing Division
9	Surgery A Division
10	Medicine Division
11	Adult Community Division
12	Women & Child Health Division
13	Neonatology
14	Governance Division
15	Operations Division
16	Finance Division
17	Nurse Bank
18	West Midlands Ambulance Service
19	Healthcare Evaluation Data Tool (HED)
20	Pharmacy Department
21	Imaging Division
22	Surgery B Division

INDICATORS WHICH COMPRISE THE PERFORMANCE ASSESSMENT FRAMEWORKS	
A	NHS Performance F'work, Monitor Compliance F'work, SHA Provider M'ment Return & Local Priority / Contract.
B	NHS Performance F'work, SHA Provider M'ment Return & Local Priority / Contract.
C	NHS Performance Framework & Local Priority / Contract.
D	SHA Provider Management Return & Local Priority / Contract.
E	NHS Performance Framework only
F	SHA Provider Management Return only
G	Monitor Compliance Framework only
H	Local & Contract (inc. CQUIN)
K	Local

FORWARD PROJECTION ASSESSMENT	
●	Maintain (at least), existing performance to meet target
●	Improvement in performance required to meet target
●●	Moderate Improvement in performance required to meet target
●●●	Significant Improvement in performance required to meet target
XXX	Target Mathematically Unattainable

PERFORMANCE ASSESSMENT SYMBOLS	
	Fully Met - Performance continues to improve
	Fully Met - Performance Maintained
	Met, but performance has deteriorated
	Not quite met - performance has improved
	Not quite met
	Not quite met - performance has deteriorated
	Not met - performance has improved
	Not met - performance showing no sign of improvement
	Not met - performance shows further deterioration