

Agenda item: 5.3

Subject:	Performance Report at Month 8 2013/14
Presented by:	Steve Ham, Chief Finance Officer
Submitted to:	Governing Body
Date:	14th Jan 2014

Purpose of paper:

For information and discussion

Executive Summary:

This report reflects performance for each of the national key performance indicators under the NHS Constitutional Rights and Pledges. These contractual obligations are supplemented by the NHS Outcomes Framework and additional performance measures direct from providers. This report is not designed to provide operational performance data, rather validated data to provide assurance to the Governing Body.

At the end of 12/13 there were five key performance concerns across Norfolk PCT, which are monitored in this report:

- EEAST: category A responses – *continued below-target performance for region and SNCCG performance unchanged*
- A&E 4 Hour Wait Target – *target met in November following failure in October*
- NNUHFT: 80% of stroke patients to spend at least 90% stay on a dedicated stroke ward – *improvement in October to 75.5% but remains below Plan*
- NNUHFT: referral to treatment admitted (<18 weeks) - *target met since July*
- IAPT: recovery rate – *target met in October and November following failure in September*

In year, there have been further performance concerns, which are also monitored in this report;

- WSFT: diagnostic test waits – *target met in October after five months below-target performance*
- IAPT: (access to) psychological therapies – *continued below-target performance for SNCCG.*
- SNCCG: C-Diff – *continued below-target performance for SNCCG but with improving trend*
- NNUHFT: Cancellations - *at 14% in Q1 and Q2*
- NNUHFT: Cancer 62 day first definitive treatment – *consistent below-target performance (<1%) at NNUH. SNCCG performance above-target in October*

Recommendation to Governing Body:

The Governing Body is asked to note the current status of performance indicators, discuss what action is to be taken to address underperformance and consider any further information that would be helpful for inclusion in future reports.

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Key Risks	
Clinical:	<i>Adverse performance may indicate increased clinical risk</i>
Finance and Performance:	<i>Performance risks detailed in paper</i>
Impact Assessment (environmental and equalities):	
Reputation:	<i>Below plan performance may adversely affect reputation of SNCCG</i>
Legal:	
Resource Required:	<i>N/A</i>
Reference document(s):	

GOVERNANCE

Process/Committee approval with date(s) (as appropriate)	
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1.0 Introduction

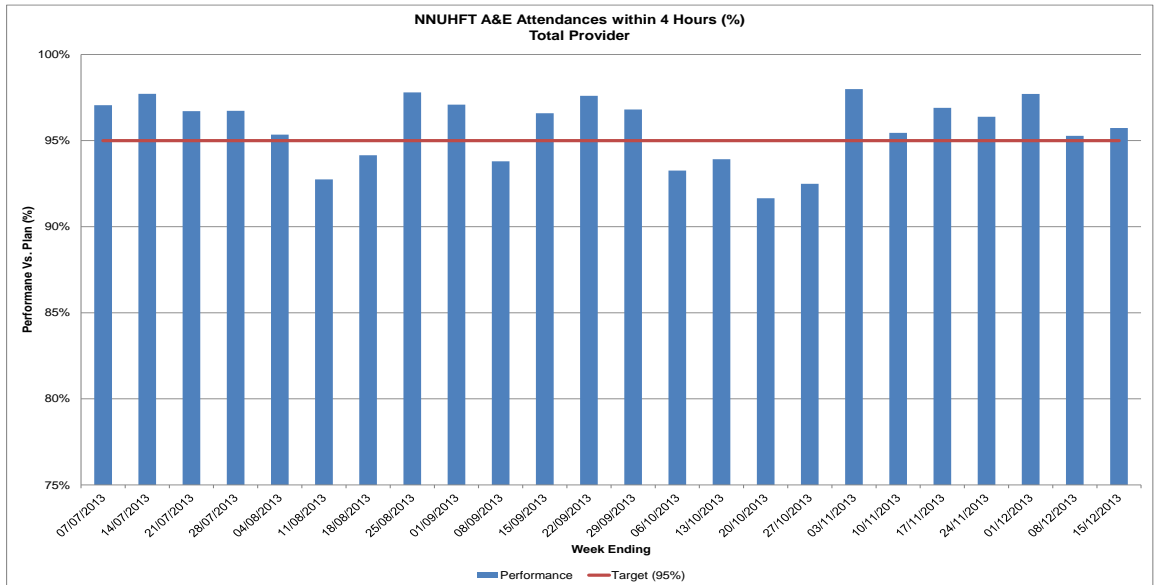
- 1.1 Performance reporting is shown at CCG or Provider level, depending on the indicator. It is important that the Clinical Commissioning Group understands overall key performance issues relating to the CCG’s main providers as well as at a CCG level. This report provides a summary of key performance measures for South Norfolk CCG (SNCCG), Norfolk & Norwich University Hospital Foundation Trust (NNUHFT), West Suffolk Hospital (WSHFT), Norfolk Community Health and Care NHS Trust (NCH&C), Norfolk and Suffolk NHS Foundation Trust (N&SFT), East of England Ambulance Service NHS Trust (EEAST) and Norfolk 111.
- 1.2 Performance information is provided by NHS Anglia Commissioning Support Unit (CSU) Performance Team who collate both CCG and provider level performance. This is supplemented by additional performance data sent directly from N&SFT and NCH&C, which is handled by the CSU also. In the CCG, the performance data is extracted to produce the trackers found in Appendix 1, 2, 3 and 4. A 111 tracker has been added, which consists of data from the 111 Minimum Data Set (MDS), found in Appendix 5.
- 1.3 This report reflects performance for each of the national key performance indicators, known as the NHS Constitutional Rights and Pledges, which have been separated into seven areas of delivery. These contractual obligations are supplemented by the NHS Outcomes Framework, which is divided into the five quality domains. In addition to these mandatory measures, individual trackers are included for NCH&C, N&SFT and 111, showing other key performance areas not captured in the national indicators.
- 1.4 Figures relating to a provider depict the total performance across the provider’s contract and not the performance relating only to South Norfolk patients. SNCCG indicators represent the CCG’s performance across multiple providers.

2. Overview of NHS Constitutional Rights & Pledges

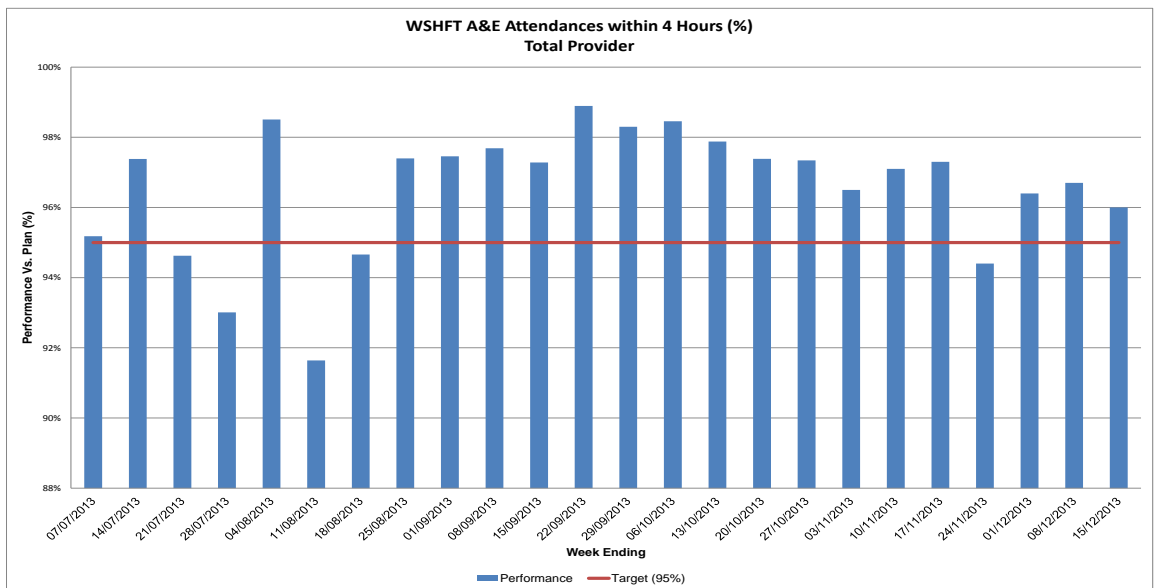
The narrative below is related to information in Appendix 1, which shows the performance of each indicator under the ‘NHS Constitution Rights & Pledges’.

2.1 Section 1: A&E

A&E performance has remained reasonable stable at the NNUHFT, with only April and October not meeting the 95% target for 4hr waits. The matter was escalated and performance has since been above target in November. Observing the weekly trends, all weeks have been above target since the failure in October.



As of Q3, WSHFT has consistently been achieving the A&E target each week except in the week ending 24th November. November and December are on track to achieve the target.



2.2 Section 2: Ambulance

EEAST continues to fail the Category A wait times target within South Norfolk and regionally. Similarly Ambulance crews are not being cleared within the 15 minute target, meaning that EEAST is not meeting the indicator regionally.

2.3 Section 3: Cancer

2.3.1 31 & 62 Day Treatment

SNCCG is meeting all cancer targets. The indicator for '62 day: GP referral' has caused concern in year with the NNUHFT not meeting the target in July through to October. This indicator will be monitored monthly via SPRG, to ensure further failures do not affect the CCG's performance. NNUHFT continue to meet the other cancer targets with the WSHFT meeting all.

2.3.2 2 Week Waits

SNCCG, NNUHFT and WSHFT are achieving both targets.

2.4 Section 4: Pathways & Waits

2.4.1 Referral to Treatment (RTT)

SNCCG, NNUHFT and WSHFT are meeting the targets for 'RTT Admitted', 'RTT Non-Admitted' and 'RTT incomplete'. Continuing performance at the NNUHFT since July has recovered the 'RTT Admitted' indicator which was not being met previously. Specialty level RTT shows that ENT, Trauma & Orthopaedics and Plastic Surgery remain the areas of greatest concern at the NNUHFT.

2.4.2 Pathways

Up until August, no SNCCG patient has had to wait more than 52 weeks for 'incomplete', 'Non-admitted' and 'Admitted' pathways. Both WSHFT and NNUHFT have had incomplete pathways lasting over 52 weeks and WSHFT also had an 'Admitted pathway' lasting over the limit.

2.4.3 Diagnostics

SNCCG and NNUHFT continue to pass the indicator for seeing 99% of patients within 6 weeks for a diagnostic test. Due to WSHFT poor performance in September, this resulted in SNCCG failing the indicator in month. Since then WSHFT has met the target in October, performing at 0.4%. WSHFT confirms that the 1% target should be met by year end.

2.5 Section 5: Breaches

There have been no same sex accommodation breaches for SNCCG patients or at the NNUHFT. N&SFT had their first two occurrences in September and WSHFT had a further three cases in October meaning that a total of 8 patients YTD have been subjected to a breach at those providers, but none from South Norfolk.

2.6 Section 6: Mental Health: IAPT

The IAPT recovery rate in South Norfolk has been consistently performing above target. A dip in performance occurred in September, but the two subsequent months have been above target.

The target for 'People who have depression and/or anxiety disorders who receive psychological therapies' has not been met in any months to date. The target reflects an aim to see 15% of patients by year end. SNCCG is currently running at 50% compliance. An action plan has been received from N&SFT and will be monitored through the IAPT Performance and Information Group.

SNCCG patients who have a care programme are being followed up within 7 days, with only August failing to achieve 100%.

2.7 Section 7: Cancellations

NNUHFT has not met the cancellation target in Q1 or in Q2, with 18% and 10% of patients not being treated within 28 days after a previous cancellation; WSHFT has achieved the target in Q1 and Q2, with none of the 173 patients waiting over 28 days after previously having their procedure cancelled.

Neither NNUHFT nor WSHFT have had any urgent operations cancelled for non-clinical reasons after previously being cancelled for non-clinical reasons.

3. Overview of Everyone Counts Measures

The narrative below is related to Appendix 2, which shows performance for Everyone Counts indicators. Indicators are split into five domains which focus on improving outcomes for patients. In addition to these five domains there are indicators which focus on Stroke and Clinical Quality.

3.1 Domain 4: Ensuring that people have a positive experience of care

The friends and family scores for A&E and inpatient services at the NNUHFT and WSHFT show maintained or improving services.

3.2 Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

SNCCG has not had a case of MRSA since an initial infection in April. WSHFT as a Trust has not had an infection since May and neither NNUHFT nor N&SFT have had any cases this year.

Cases of C-Difficile have been a problem across Norfolk with SNCCG having more cases of C-Difficile than targeted every month except July. NNUHFT and WSHFT are also above their target.

3.3 Stroke

NNUHFT Stroke performance continues to be behind target, with those spending '90% of time on a stroke unit' not achieving in any month to date. WSHFT is however achieving this measure.

The 60% target for 'Higher risk TIAs treated within 24 hours' is being met at both NNUHFT and WSHFT.

SNCCG are part of all Stroke discussions that lead commissioner Norwich CCG are engaged in with NNUHFT. The Cardiovascular network has been engaged and Chief Executive level meetings have been facilitated by this group. NNUHFT has discussed a significant service redesign that would see HASU move into Cardiology, joint Consultant posts with the JPUHFT and increased nursing.

3.4 Clinical

SNCCG has had three never events YTD, but with none occurring in the last three months. NNUHFT has also had three never events, with the last event occurring in September.

Other indicators include serious incidents, pressure ulcers and catheter-associated UTI's. No plans have been set to monitor performance against.

4. Norfolk Community Health & Care (NCH&C)

NCH&C performance data is provided separately and is shown in Appendix 4.

'Access to Community Nursing & Therapy Category A' (within four hours) has been met every month since April. Category B (24 hours) & C (10 days) have been consistently meeting the required target.

The two KPI's for advanced care planning are now surpassing target, but with the indicator for End of Life toolkit underperforming. Discussions with NCH&C are underway to ensure this indicator is being properly reported. This is also true for recording estimated discharge date.

Bed Occupancy has remained consistently above the 87% plan for all months to date, as have both referrals to treatment targets.

5. Norfolk & Suffolk Foundation Trust (NSFT)

In addition to the Constitutional Rights & Pledges and the Everyone Counts Measures, Norfolk & Suffolk Foundation Trust also provides a wider range of performance measures as required by their contract. Many of these indicators do not have agreed targets, so performance is hard to measure. These do however show absolute values which give an indication of trends and stresses on the system. These are shown in Appendix 3.

For delayed transfers of care, N&SFT have not met the indicator in the last three months for SNCCG patients. Weekly meetings have commenced with the provider and it appears that there are a significant number of reporting errors contributing to this target not being met.

'% of CAMHS patients being seen within 8 weeks' has been above target since May.

6. Norfolk 111

The performance indicators seen in Appendix 5, come from the national 111 minimum data set with performance based against national targets.

Currently three out of five targets are failing, with the '% of ambulance dispatches' and '% abandoned calls' achieving target. The '% of calls answered in 60 seconds' continues to improve, achieving plan for the last five months. Similarly the '% recommended to attend A&E' has achieved the 5% target for the first time this year.

These KPIs are supplemented by other measures which indicate further stresses on the Norfolk NHS system.

Steve Ham
Chief Finance Officer
14th January 2014

Constitutional Rights and Pledges

APPENDIX 1

NHS Constitution Rights & Pledges	Performance Measure	CCG / Provider	Standard Plan	Actual Performance vs. Standard Plan								
				Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	
A&E	A&E attendances 4H %	NNUHFT	95%	92.5%	97.0%	96.0%	97.1%	95.2%	95.7%	93.4%	96.8%	
		WSHFT	95%	88.6%	93.7%	95.4%	95.4%	95.5%	98.1%	97.8%		
	Patients who have waited over 12 hours in A&E from decision to admit to admission	NNUHFT	0	0	0	0						
		WSHFT	0	0	0	0						
Ambulance	Category A Red 1 responses ≤ 8 minutes %	SNCCG	75%	57.6%	60.5%	52.2%	52.6%	57.1%	58.3%	52.9%	71.4%	
	Category A Red 2 responses ≤ 8 minutes %	SNCCG	75%	50.5%	51.0%	47.5%	47.4%	53.0%	49.0%	49.7%	50.4%	
	Category A19 responses ≤ 19 minutes %	SNCCG	95%	83.0%	85.7%	79.9%	83.5%	85.3%	83.6%	84.4%	82.2%	
	Crew clear delay (% under 15 minutes)	EEAST	75%	72.9%	62.4%	33.3%	34.1%	36.5%	36.9%	38.1%		
Cancer	Cancer 31 day subsequent treatment DRUGS ≤ 31 days %	SNCCG	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
		NNUHFT	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
		WSHFT	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
	Cancer 31 day subsequent treatment RADIO. ≤ 31 days %	SNCCG	94%	100.0%	100.0%	95.9%	98.2%	98.0%	97.4%	100.0%		
		NNUHFT	94%	98.8%	99.5%	98.1%	98.4%	99.4%	98.7%	99.5%		
		WSHFT	94%									
	Cancer 31 day subsequent treatment SURGERY ≤ 31 days %	SNCCG	94%	93.9%	100.0%	100.0%	89.5%	95.7%	96.8%	100.0%		
		NNUHFT	94%	94.9%	97.9%	91.2%	94.0%	94.6%	92.4%	95.2%		
		WSHFT	94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
	Cancer 31 day treatment from diagnosis ≤ 31 days %	SNCCG	96%	98.3%	100.0%	98.2%	95.8%	96.7%	98.4%	100.0%		
		NNUHFT	96%	98.2%	97.2%	95.9%	95.2%	95.9%	96.6%	98.0%		
		WSHFT	96%	100.0%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
	Cancer 62 day first definitive treatment consultant upgrade referral ≤ 62 days %	SNCCG			100.0%	100.0%	100.0%	50.0%	100.0%	100.0%		
		NNUHFT				85.7%		69.2%		100.0%		
		WSHFT			100.0%	100.0%	100.0%		85.7%	100.0%		
	Cancer 62 day first definitive treatment NHS Cancer Screening Service ≤ 62 days %	SNCCG	90%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
		NNUHFT	90%	94.1%	92.7%	92.0%	94.9%	89.2%	100.0%	100.0%		
		WSHFT	90%				100.0%		100.0%	100.0%		
	Cancer 62 day first definitive treatment urgent GP referral ≤ 62 days %	SNCCG	85%	92.2%	83.8%	89.6%	78.6%	77.3%	84.5%	93.4%		
		NNUHFT	85%	85.3%	86.2%	85.1%	83.0%	84.4%	84.7%	84.8%		
		WSHFT	85%	95.2%	88.2%	93.9%	89.6%	90.5%	88.5%	87.8%		
	GP cancer referrals (breast) ≤ 2 weeks %	SNCCG	93%	100.0%	95.3%	93.9%	97.1%	93.1%	97.0%	98.9%		
		NNUHFT	93%	97.8%	95.8%	95.7%	94.0%	91.8%	96.2%	97.9%		
		WSHFT	93%	100.0%	100.0%	94.5%	99.2%	97.9%	98.7%	97.1%		
GP cancer referrals ≤ 2 weeks %	SNCCG	93%	99.1%	97.3%	95.7%	96.7%	96.5%	96.6%	97.5%			
	NNUHFT	93%	96.3%	97.4%	96.1%	96.3%	96.5%	96.1%	97.1%			
	WSHFT	93%	96.2%	92.3%	94.7%	98.5%	97.4%	97.0%	98.9%			
Pathways & Waits	Referral to treatment pathways (admitted) ≤ 18 weeks %	SNCCG	90%	89.0%	89.5%	87.6%	96.7%	94.4%	95.2%	93.1%		
		NNUHFT	90%	86.6%	88.0%	83.8%	95.3%	94.7%	94.3%	93.6%		
		WSHFT	90%	99.2%	99.6%	96.3%	99.3%	98.2%	98.1%	98.7%		
	Referral to treatment pathways (incomplete) ≤ 18 weeks %	SNCCG	92%	94.3%	95.5%	95.9%	96.1%	96.1%	95.2%	94.6%		
		NNUHFT	92%	93.7%	94.7%	95.5%	95.7%	95.8%	95.0%	94.1%		
		WSHFT	92%	99.5%	100.0%	100.0%	99.9%	100.0%	100.0%	99.5%		
	Referral to treatment pathways (non-admitted) ≤ 18 weeks %	SNCCG	95%	96.6%	96.6%	96.9%	97.2%	96.4%	95.6%	95.7%		
		NNUHFT	95%	96.1%	96.5%	96.7%	97.0%	96.6%	95.1%	95.1%		
		WSHFT	95%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.1%		
	Incomplete pathways > 52 weeks	SNCCG	0	0	0	0	0	0				
		NNUHFT	0	0	1	0	0					
		WSHFT	0	1	1	0	0					
	Non-admitted pathways > 52 weeks	SNCCG	0	0	0	0	0	0				
		NNUHFT	0	0	0	0	0					
		WSHFT	0	0	0	0	0					
	Admitted (un-adjusted) pathways > 52 weeks	SNCCG	0	0	0	0	0	0				
		NNUHFT	0	0	0	0	0					
		WSHFT	0	0	1	0	0					
	Diagnostic tests > 6 weeks %	SNCCG	1.0%	0.6%	1.0%	0.9%	0.7%	0.8%	1.1%	0.1%		
		NNUHFT	1.0%	0.6%	0.6%	1.0%	0.8%	1.2%	0.9%	0.2%		
		WSHFT	1.0%	0.9%	1.6%	3.5%	3.8%	1.5%	3.7%	0.4%		
	Breaches	Breaches of same sex accommodation	SNCCG	0	0	0	0	0	0	0	0	0
			NNUHFT	0	0	0	0	0	0	0	0	0
			WSHFT	0	3	0	0	0	2	0	3	0
N&SFT			0	0	0	0	0	0	2	0	0	
Mental Health (IAPT)	Number of people who have completed treatment	SNCCG		113	103	113	103	81	74	97	79	
	People who complete psychological treatment who are moving to recovery %	SNCCG	50%	59.3%	54.4%	62.8%	53.4%	53.1%	48.6%	53.6%	51.9%	
	People who have depression and/or anxiety disorders who receive psychological therapies %	SNCCG	15%	0.7%	0.7%	0.7%	0.6%	0.6%	0.5%	0.6%	0.6%	
	Care Programme Approach patients followed-up ≤ 7 days %	SNCCG	95%	100.0%	100.0%	100.0%	100.0%	85.7%	100.0%	100.0%	100.0%	
Cancelations	Number of last minute elective operations cancelled for non clinical reasons	NNUHFT		201			188					
		WSHFT		85			88					
	Number of patients not treated within 28 days of last minute elective cancellation %	NNUHFT	0%	18%			10%					
		WSHFT	0%	0%			0%					
Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons	NNUHFT	0	0	0	0							
	WSHFT	0	0	0	0							

Everyone Counts Measures

APPENDIX 2

Everyone Counts	Performance Measure	CCG / Provider	Standard Plan	Actual Performance vs. Standard Plan							
				Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13
4. Ensuring that people have a positive experience of care	Friends and family test score - A&E Services	NNUHFT		1	30	39	43	50	54	58	
		WSHFT		72	64	54	61	58	59	59	
	Friends and family test score - Inpatient services	NNUHFT		66	73	75	74	77	77	73	
		WSHFT		85	85	86	85	82	87	87	
5. Treating and caring for people in a safe environment and protecting them from avoidable harm	Number of cases of Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia	SNCCG	0	1	0	0	0	0	0	0	
		NNUHFT	0	0	0	0	0	0	0	0	
		WSHFT	0	0	1	0	0	0	0	0	
		N&SFT	0	0	0	0	0	0	0	0	
	Number of Clostridium difficile infections	SNCCG	47	8	6	5	2	5	5	4	
		NNUHFT	37	6	11	1	2	4	3		
		WSHFT	19	5	1	2	1	4	3		
		N&SFT	0	0	0	0	0	0	0	0	
Stroke	% of people referred with a suspected TIA, who are at high risk of stroke, who are assessed and treated within 24 hours	NNUHFT	60%	60.0%	91.7%	80.0%	95.8%	80.0%	100.0%	90.9%	
	% of people who have had a stroke who spend at least 90% of their time in hospital on a stroke unit	NNUHFT	80%	60.0%	64.9%	73.7%	63.8%	70.8%	70.9%	75.5%	
Clinical	CQC compliant (1=compliant; 0=non-compliant)	NNUHFT	1	1	1	0	0				
	Number of Serious Incidents (SIs) reported in the period	SNCCG		19	9	21	10	12	15	13	
		NNUHFT		0	0	1	1	0	1	0	
	Number of Never Events reported in the period	NNUHFT	0	0	0	1	0	1	1	0	
	Number of complaints reported in the period	SNCCG		8	3	1	4	3	3	0	
	Number of GRADE 2 pressure ulcers reported in the period	NNUHFT		37	37	29	43	36	29	34	
	Number of GRADE 3 pressure ulcers reported in the period	SNCCG		15	8	17	7	7	2	10	
		NNUHFT		7	2	2	1	3	4	3	
	Number of GRADE 4 pressure ulcers reported in the period	SNCCG	0	0	0	0	0	1	0	0	
		NNUHFT	0	0	0	0	0	0	0	0	
		WSHFT	0	0	0	0	0				
	Number of catheter-associated UTIs reported in the period	NNUHFT		12	20	12	58	59	54	55	
Number of SI-level falls reported in the period	NNUHFT		3	4	2	4	2	5	3		

Norfolk & Suffolk Foundation Trust: Mental Health Tracker

APPENDIX 3

Mental Health: N&SFT	Performance Measure	Provider / CCG	Standard Plan	Actual Performance vs. Standard Plan							
				Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13
Inpatients	% of patients whose transfer of care was delayed	SNCCG	7.5%	6.6%	7.8%	2.2%	2.2%	6.4%	8.7%	7.6%	8.5%
	Average delay in days beyond 'fit for discharge' date	SNCCG		71	61	64	74	55	63	85	74
	Acute Inpatient - Number of admissions	SNCCG		6	18	21	13	20	8	18	8
	Acute Inpatient - Number of admissions 28 day compulsory	SNCCG		1	5	3	4	6	1	2	1
	Acute Inpatient - Number of admissions 6 month compulsory	SNCCG		0	3	2	0	0	0	3	0
	Acute Inpatient - Number of admissions voluntary	SNCCG		5	10	15	9	14	7	13	6
	Number of patients with a community treatment order	SNCCG		21	25	26	20	22	23	20	19
	Acute Inpatient - Average length of stay	SNCCG		41	41	40	24	45	30	17	29
Dementia	Number of referrals made to dementia primary care workers	SNCCG		0	0	0	0	0	0	0	0
	Number of referrals to memory services	SNCCG		3	8	12	6	16	51	36	28
Other	% of admissions to adult acute wards gate-kept by CRHT teams (denominator the total number of admissions to the trust's acute wards)	SNCCG	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Number of Out of Area Placements (North Norfolk, Norwich, South and West CCG's placed outside the provider N&SFT area)	SNCCG		0	0	0	0	2	1	1	1
	% of long-term (over 12 months) inpatients that have received an annual health check	SNCCG	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	% of CAMHS patients being seen within 8 weeks of referral received date	SNCCG	80%	16.7%	28.6%	100.0%	100.0%	100.0%	100.0%	100.0%	83.3%
	Number of patients with learning disabilities and/or Autistic Spectrum Conditions (ASC) in contact with Trust services	SNCCG		35	36	32	35	25	22	22	22
Quality	% of Patients having at least two face to face attended contacts with a valid MHCT assessment and a care cluster.	SNCCG	99%	99.2%	98.7%	98.9%	98.8%	98.5%	99.3%	98.9%	98.9%
	Number of people under 18 admitted to adult inpatient wards	N&SFT		1	0	2	0	0	0	0	0
	Number of complaints (All excluding staff)	N&SFT		26	22	32	32	32	22	17	18
	Patient Incidents: Total medication incidents	N&SFT		22	16	21	29	38	67	35	34
	Patient Incidents: Total Slip, Trip, Fall incidents	N&SFT		58	48	44	47	67	64	42	57
	Patient Incidents: Total Absconded / AWOL incidents	N&SFT		9	17	21	21	19	20	18	7
	Patient Incidents: Total Deaths	N&SFT		7	5	7	3	4	5	5	4
	Patient Incidents: Total of all other incidents	N&SFT		152	87	122	102	116	134	131	128
	Staff Incidents: Total of all Staff Incidents	N&SFT		97	101	80	119	131	121	116	146
	Other Incidents: Total of all Other Incidents	N&SFT		74	149	75	126	110	126	135	115
	Number of Safeguarding Referrals	N&SFT		4	13	13	23	15	18	23	27
	Number of inpatient wards implementing productive ward series	N&SFT		12	12	12	12	12	12	12	12
	Number of Never Events	N&SFT		0	0	0	0	0	0	0	0
	Number of Pressure Ulcers	N&SFT		1	3	3	1	3	4	2	1
	Number of Serious Incidents (excluding Incidents QD.16)	N&SFT		7	4	13	8	6	7	7	7
Number of Incidents (excluding Serious Incidents QD.15)	N&SFT		418	435	369	434	490	530	456	526	

Communitiy: NCH&C	Performance Measure	Provider	Standard Plan	Actual Performance vs. Standard Plan							
				Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13
Communitiy Nursing & Therapy	1a: Access to CN&T - Category A	NCH&C	95.0%	80.6%	95.0%	96.4%	95.8%	97.9%	98.9%	98.0%	97.1%
	1b: Access to CN&T - Category B	NCH&C	80.0%	84.3%	86.1%	84.1%	89.5%	90.6%	89.1%	91.1%	90.5%
	1c: Access to CN&T - Category C	NCH&C	85.0%	81.2%	91.1%	90.7%	90.9%	93.5%	93.0%	93.1%	92.7%
	3a: Improved relationship with primary care	NCH&C	90.0%					97.1%	96.2%	96.2%	98.7%
	4: Falls Prevention	NCH&C	TBA Q3	398	362	290	347	270	259	337	282
	5a: Advanced Care planning - EoL Toolkit	NCH&C	75.0%		16.1%	18.8%	38.1%	41.5%	53.8%	53.2%	
	5b (i): Patients Advanced Care Planning	NCH&C	75.0%	88.1%	78.3%	81.0%	74.3%	81.8%	85.9%	78.4%	79.3%
5b (ii): Patients Advanced Care Planning - PPoC	NCH&C	75.0%	72.3%	84.6%	77.5%	75.8%	89.2%	85.7%	76.6%		
Intermediate Care Beds	1a: Planning and ensuring timely discharge: IDD recorded	NCH&C	95.0%	98.9%	100.0%	59.1%	52.8%	36.2%	46.9%	38.9%	49.0%
	1b: Timely discharge: Discharged by IDD	NCH&C	TBA	53.8%	54.7%	55.0%	61.8%	64.1%	57.6%	53.9%	56.4%
	1c: Timely discharge: Home Discharge Destination	NCH&C	TBA	51.6%	57.4%	64.3%	64.2%	60.8%	59.0%	61.7%	52.3%
	2a: Readmissions - Intermediate Care	NCH&C	TBA	12.1%	14.3%	9.7%	12.8%	12.8%	16.3%	10.0%	14.0%
	2b: Readmissions - Acute	NCH&C	TBA	25.0%	21.2%	12.1%	18.2%	19.9%	23.0%	12.3%	21.7%
	3: Average LOS by RCS	NCH&C	TBA	25.25	25.86	28.68	22.6	22.72	22.5	25.56	22.51
	4: Bed Occupancy	NCH&C	87.0%	95.1%	89.9%	92.2%	89.3%	90.0%	90.2%	92.0%	90.8%
5: Maximising Functioning and Independence	NCH&C	TBA	64.9%	47.9%	56.7%	48.4%	46.7%	46.3%	87.2%	50.3%	
6: Delayed Transfers of Care	NCH&C	TBA	56	66	59	65	51	54	51	49	
Pledge 2	Patients waiting over 18 weeks: Seen	NCH&C	5.0%	0.4%	0.1%	0.2%	0.0%	0.1%	0.2%	0.3%	0.0%
	Patients waiting over 18 weeks: Not Seen	NCH&C	5.0%	0.6%	0.3%	0.3%	0.0%	0.2%	0.1%	0.2%	0.0%

Norfolk 111

APPENDIX 5

Norfolk 111	Performance Measure	CGG / Provider	Historic		Standard Plan	Actual Performance vs. Standard Plan						
			12/13 Mar	12/13 Q4		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13
Calls	Total number of calls offered	Norfolk 111	21,682	65,618		24,228	20,589	21,104	20,001	20,002	18,447	19,718
	Number of answered calls	Norfolk 111	17,323	51,192		19,722	19,061	19,952	18,981	19,580	17,659	19,063
	Calls per month per 1,000 people	Norfolk 111	28.9	30.0		33.7	28.7	27.8	26.3	26.3	24.3	25.9
	% calls answered in 60 seconds	Norfolk 111	69%	66%	95%	73%	91%	96%	96%	97%	97%	98%
	% abandoned calls	Norfolk 111	20%	18%	5%	19%	7%	1%	1%	1%	1%	1%
	% answered calls triaged	Norfolk 111	98%	80%		99%	82%	72%	73%	73%	72%	71%
	% answered calls transferred to clinical advisor	Norfolk 111	25%	20%		23%	26%	21%	23%	21%	22%	23%
	% answered calls passed for call back	Norfolk 111	12%	13%		7%	8%	6%	8%	6%	6%	6%
	% call backs within 10 minutes	Norfolk 111	52%	56%	98%	52%	61%	58%	61%	71%	69%	68%
	Average episode length	Norfolk 111	00:10:47	00:12:39		00:10:47	00:10:34	00:10:48	00:10:55	00:10:27	00:10:58	00:10:51
System Impact	Ambulance dispatches	Norfolk 111	1,162	2,990		1,137	1,343	1,365	1,226	1,184	1,291	1,298
	% Ambulance dispatches	Norfolk 111	7%	6%	10%	7%	7%	7%	6%	6%	7%	7%
	Recommended to attend A&E	Norfolk 111	877	2,126		925	975	1,029	1,003	1,007	885	948
	% Recommended to attend A&E	Norfolk 111	5%	4%	5%	6%	5%	5%	5%	5%	5%	5%
	% Recommended to attend primary and community care	Norfolk 111	69%	57%		66%	55%	47%	47%	49%	47%	47%
	% Recommended to attend other service	Norfolk 111	0%	0%		1%	1%	1%	1%	0%	1%	0%
	% Not recommended to attend other service	Norfolk 111	19%	32%		20%	33%	40%	40%	39%	40%	41%
	% Given health information	Norfolk 111	1%	1%		1%	1%	1%	1%	1%	1%	1%
	% Recommended home care	Norfolk 111	10%	7%		11%	8%	7%	8%	7%	6%	7%
	% Recommended non clinical	Norfolk 111	5%	4%		6%	5%	4%	4%	5%	5%	4%
% of calls not triaged	Norfolk 111	2%	20%		1%	18%	28%	27%	27%	28%	29%	