

Integrated Performance Dashboard Glossary

KPI Name	Target	Description
Activity		
A&E Activity		Number of emergency attendances where patients have presented at Ellen Badger MIU, Stratford Hospital or Warwick Hospital Emergency Department.
Emergency Ambulatory Pathways - First Attendances		Number of Consultant led first attendances, as per the Trust's Service Level Activity Monitoring reporting, within the Trust's Emergency Ambulatory Care Department at Warwick Hospital.
Non-Elective Activity - Adult Acute		Number of adult Consultant led non-elective admissions, as per the Trust's Service Level Activity Monitoring reporting. This measure excludes day case, maternity and elective admissions, and also admissions for patients aged under 18 years of age.
Non-Elective Activity - Paediatric Acute		Number of paediatric Consultant led non-elective admissions, as per the Trust's Service Level Activity Monitoring reporting. This measure excludes day case, maternity and elective admissions, and also admissions for patients aged over 18 years of age.
Non-Elective Activity (Adult & Paediatric)		Number of Consultant led non-elective admissions, as per the Trust's Service Level Activity Monitoring reporting. This measure excludes day case, maternity and elective admissions.
Maternity Activity (Deliveries)		Number of deliveries that have occurred at Warwick Hospital including both Normal and Caesarean deliveries, and home births which were assisted by SWFT midwives.
Maternity Activity (Non Deliveries)		Non-delivery Maternity activity that has occurred at Warwick Hospital including Ante-Natal attendances, routine observations, specialised ultrasound scan, labour without specified delivery and some Post-Natal disorders and Therapeutic procedures.
Total Non Elective Activity (Exc A&E)		Total of 'Emergency Ambulatory Pathways - First Attendances' + 'Non-Elective Activity - Adult Acute' + 'Non-Elective Activity - Paediatric Acute' + 'Maternity Activity (Deliveries)' + 'Maternity Activity (Non Deliveries)'
Elective Activity		Number of elective hospital admissions, as per the Trust's Service Level Activity Monitoring reporting, for all specialties, where the patients have been discharged within the reporting period. This is for all age ranges and includes both day case and inpatient admissions.
Outpatient Activity - New (excl AHP & AEC)		Number of Consultant led follow-up attendances, as per the Trust's Service Level Activity Monitoring reporting, excluding Emergency Ambulatory Care attendances and any Allied Health Professional led out-patient activity.
Outpatient Activity - Follow Up (excl AHP, incl AEC)		Total number of Consultant led follow-up attendances, as per the Trust's Service Level Activity Monitoring reporting, including Emergency Ambulatory Care attendances but excluding any Allied Health Professional led out-patient activity.
Outpatient Activity - AHP		Number of first and follow-up Allied Health Professional led out-patient attendances as per the Trust's Service Level Activity reporting, for the following support services: Occupational Therapy, Orthotics and Physiotherapy.
Outpatient Activity - Total		Total of 'Outpatient Activity - New (excl AHP & AEC)' + 'Outpatient Activity - Follow Up (excl AHP, incl AEC)' + 'Outpatient Activity - AHP'
Community Service Contacts - OOH&CC		Number of Out of Hospital Service Contacts from the following services: Cardiology, Clinical Psychology, Continence Service, Falls Service, Health Visiting, Integrated Adult Care, Intermediate Care, Long Term Conditions, Palliative Medicine, Rehabilitation, School Nursing, Community Thoracic Medicine, Tissue Viability Service, Occupational Therapy Intermediate Care (Routine & CERT), Physiotherapy Intermediate Care (Routine & CERT), Speech and Language Therapy (CERT).
Community Service Inpatients - Support Services		Number of Community Support Service Inpatient Contacts.
Community Service Contacts - Women & Children		Number of Community Paediatrics Service Contacts.
Community Service Contacts - Support Services		Number of Support Service Contacts from the following services: Dietetics, Orthotics, Podiatry, Stroke Medicine, Physiotherapy (incl Adults & Stroke), Speech and Language Therapy (incl Adults & Stroke), Occupational Therapy (Acute Pre-op, Adults, Wheelchair Services & Stroke), ESD Rugby.
Community Service Contacts - Elective		Number of Community Trauma and Orthopaedics Service Contacts.
Community Service Contacts - Total		Total of 'Community Service Contacts - OOH&CC' + 'Community Service Inpatients - Support Services' + 'Community Service Contacts - Women & Children' + 'Community Service Contacts - Support Services' + 'Community Service Contacts - Elective'.
OOHCC - Community Contacts		Total of 'Community Service Contacts - OOH&CC' + 'Community Service Inpatients - Support Services' + 'Community Service Contacts - Women & Children' + 'Community Service Contacts - Support Services' + 'Community Service Contacts - Elective'.
Access		
Cancer 31-Day Surgery, subsequent treatments - one month in arrears	94%	Patients receiving first definitive surgical treatment within 31 days of a cancer diagnosis for a sub-pathway for second or subsequent treatment.
Cancer 31-Day Drugs, subsequent treatments - one month in arrears	98%	Patients receiving first definitive anti-cancer drug regimen treatment within 31 days of a cancer diagnosis for a sub-pathway for second or subsequent treatment.
Cancer 31-Day Diag to treat, all new cancers - one month in arrears	96%	Patients receiving first definitive treatment within 31 days of a cancer diagnosis. Measured from the point when the patient is informed of their diagnosis of cancer and agrees their package of care, for all cancers.
Cancer 2WW all cancers, Urgent GP Referral - one month in arrears	93%	Patients seen by a specialist within 14 days of an urgent GP referral, for all suspected cancers.
Cancer 2WW Symptomatic Breast - one month in arrears	93%	Patients seen by a specialist within 14 days of an urgent GP referral for exhibited breast cancer symptoms.
RTT Data Quality Audit: % Unaffected - one month in arrears	90%	Audit of 100 randomly sampled incomplete RTT pathways taken from the previous reporting month. Pathways are checked for correct clock start and stops, and whether any alterations to the RTT waiting time had any material impact on the Trust's performance figure.

Integrated Performance Dashboard Glossary

KPI Name	Target	Description
A&E - Ambulance handover within 30 minutes	98%	The percentage of ambulance handovers completed within 30 minutes and one hour. Following the handover between the ambulance crew and the A&E staff, the ambulance crew should be ready to accept new calls within 15 minutes. Where there is a delayed handover, then the Commissioners will levy a fine of £200 where the delay in handover time is greater than 30 minutes and a fine of £1000 per incident where the handover time is greater than 60 minutes. Source data is from the West Midlands Ambulance Service.
A&E - Ambulance handover over 60 minutes	0%	To achieve the Trust must have more than 98% of ambulance handovers completed within 30 minutes and for all of them to be completed by 60 minutes.
A&E Quality Indicator - 12 Hour Trolley Waits	0	The number of patients that have a wait of over 12 hours following a decision to admit that is made within the A&E Department until the time the patient is admitted to an acute ward. To achieve the Trust must have no patients waiting over 12 hours.
A&E - % of admitted patients who are admitted within 4 hours	90%	The percentage of A&E attendances where the patient was admitted to the Trust, where their waiting time within the department was within four hours, out of total number of Warwick Hospital A&E attendances where the patient is admitted to the Trust. To achieve the Trust must have more than 90% of A&E emergency admissions admitted to a ward within 4 hours of their A&E arrival time.
Cancelled Operations On Day Of Surgery	0.8%	The percentage of elective operations which are cancelled by the Trust for non-clinical reasons on the day that the patient was due to arrive in hospital or the day of their admission, compared with the total number of elective operations undertaken by the Trust during the reporting period. To achieve the Trust must have fewer than 0.8% of elective operations cancelled for non-clinical reasons on the day of the patient's admission.
Over 28 Day readmission following short notice cancelled operation	0	The number of patients who have had an operation cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons and then not subsequently offered another binding date within 28 days of the cancellation.
Outpatient - Short Notice Cancelled Clinics	2.0%	The percentage of consultant led out-patient clinics that were cancelled by the Trust at short notice (5 weeks or less before the scheduled clinic date), compared with the total number of consultant led out-patient clinics undertaken by the Trust during the reporting period. To achieve the Trust must have fewer than 2% of consultant led clinics cancelled at short notice.
Outpatient Hospital Reschedules	6.0%	The percentage of the total number of future appointments rescheduled out of the total number of future appointments. This applies to Consultant led appointments only, excluding Physio, Occupational Therapy, Dietetics, Orthotics, Paediatric Neur-Disability, Audiological Medicine and Dental Medicine Specialties. To achieve the Trust must have fewer than 6% of consultant led future appointments being rescheduled.
Delayed Transfers of Care - Acute	2.5%	The percentage of acute admitted patients where a clinical decision has been made where the patient is ready for discharge/transfer, and an MDT decision has been made stating that the patient is ready for discharge/transfer, and the patient is safe to discharge/transfer, where the patient is still occupying a bed, out of the total number of admitted patients at the census date. To achieve the Trust must have fewer than 2.5% of patients ready for discharge who are subject to a delay.
Delayed Transfers of Care - Community	7.5%	As for 'Delayed Transfers of Care - Acute' but it relates to the following wards: Nicol, Feldon, Ellen Badger, Arden Court and Dugdale Aredon. To achieve the Trust must have fewer than 7.5% of patients ready for discharge who are subject to a delay.
Delayed Transfers of Care - CERT North (average calls per week)	100	Average number of care calls linked to exit blocks per week within North CERT services. To achieve the Trust must have fewer than 100 calls linked to an exit block.
Delayed Transfers of Care - CERT South (average calls per week)	200	Average number of care calls linked to exit blocks per week within South Warwick and South Stratford CERT services. To achieve the Trust must have fewer than 200 calls linked to an exit block.
Delayed Transfers of Care - CERT Rugby (average calls per week)	20	Average number of care calls linked to exit blocks per week within Rugby CERT services. To achieve the Trust must have fewer than 20 calls linked to an exit block.
Stroke Indicator 80% patients = 90% stroke ward	80%	Percentage of stroke patients who spent at least 90% of their stay on a designated stroke unit, excluding those who were admitted directly to ITU/CCU/HDU and those who died on the same day as their admission. The length of stay is calculated as the difference between the date and time of discharge/death and either date and time of arrival for newly arrived patients or onset of symptoms for inpatient strokes. To achieve more than 80% of stroke patients must spend over 90% of their hospital stay on a designated stroke ward.
Avg Patients admitted to South CERT Per Week	60	Average number of patients being admitted to South Warwick and South Stratford Community Emergency Response Team services per week. To achieve more than 60 patients must be admitted to South CERT Per Week.
Avg Patients admitted to North CERT Per Week	40	Average number of patients being admitted to North Community Enablement and Recovery Team services per week. To achieve more than 40 patients must be admitted to North CERT Per Week.
Homefirst Referral > 1st Assessment; completed on same day as referral	80%	Percentage of assessments that are completed on the same day for referrals to any Homefirst service.

Integrated Performance Dashboard Glossary

KPI Name	Target	Description
Stroke Admissions - Admitted to stroke ward within 4 hours of presentation	65%	<p>Percentage of stroke patients who were admitted to a designated stroke unit within 4 hours of their presentation at the Trust, or within four hours of the onset of symptoms for inpatient strokes, who were discharged within the reporting period, out of the total number of stroke patients discharged within the reporting period. Patients who were first admitted to ITU/CCU/HDU are excluded.</p> <p>To achieve more than 65% of patients must be admitted to a stroke ward within 4 hours of presentation.</p>
Stroke Admissions - CT Scan within 24 hours	80%	<p>Percentage of suspected stroke patients who received a CT Scan within 24 hours of their presentation at the Trust, or within 24 hours of the onset of symptoms for inpatient strokes who were discharged within the reporting period, out of the total number of stroke patients discharged within the reporting period.</p> <p>To achieve more than 80% of patients must receive a CT scan within 24 hours of presentation at the Trust.</p>
iSPA call Response Rate within one minute	95%	<p>Percentage of calls to the Integrated Single Point of Access (for community services) that are answered within 60 seconds out of all of the calls received during the reporting period.</p> <p>To achieve more than 95% of calls must be answered within 60 seconds.</p>
Main call Centre Response Rate within one minute	95%	<p>Percentage of calls to the Trust's main booking call centre that are answered within 60 seconds out of all of the calls received during the reporting period. Areas include Outpatients (Patient Access), Ophthalmology, Orthopaedics, Radiology, Therapies, Podiatry & Oncology.</p> <p>To achieve more than 95% of calls must be answered within 60 seconds.</p>
Trust Admissions - % recorded within 30 minutes	95%	<p>Percentage of admissions entered onto the Trust's Lorenzo PAS within 30 minutes of the patient's admission to the Ward. The timely entry of this ADT data is required to enable the Trust to monitor the tracking of patients and to improve patient flow.</p>
Trust Discharges - % recorded within 30 minutes	95%	<p>Percentage of discharges entered into the Lorenzo PAS within 30 minutes of the patient's discharge from the Ward. The timely entry of this ADT data is required to enable the Trust to monitor the tracking of patients and to improve patient flow.</p>
Trust Transfers - % recorded within 30 minutes	95%	<p>Percentage of transfers entered onto the Trust's Lorenzo PAS within 30 minutes of the patient's being transferred from the Ward. The timely entry of this ADT data is required to enable the Trust to monitor the tracking of patients and to improve patient flow.</p>
Local Performance Targets and Measures		
Emergency Ambulatory Care - % of total acute medical adult admissions (Ambulatory or 0 LOS)	35%	<p>The number of Emergency Ambulatory Care first attendances or emergency admissions with a zero day length of stay as a percentage of the total number of adult emergency admissions that have occurred during the reporting period. For this measure an adult admission applies to any patient over 17 years old. A higher figure demonstrates that the Emergency Ambulatory Care service is helping to prevent admissions to the Trust.</p> <p>To achieve the performance needs to be above 35%.</p>
ALoS - Adult Emergency Inpatients	6.0	<p>This is calculated by taking the number of occupied bed days for all adult emergency inpatient consultant led admissions, where the patient was discharged during the reporting period, and dividing it by the total number of all adult emergency inpatient consultant led admissions. This measure excludes day case, maternity and elective admissions, and excludes admissions for all patients aged under 18 years of age.</p> <p>To achieve the Average length of stay needs to be below 6.2 days.</p>
ALoS - Elective Inpatients	2.5	<p>This is calculated by taking the number of occupied bed days for all elective inpatient consultant led admissions where the patient was discharged during the reporting period and dividing it by the total number of all elective inpatient consultant led admissions. This measure excludes day case, maternity and emergency admissions, and includes admissions for all ages.</p> <p>To achieve the Average length of stay needs to be below 2.5 days.</p>
ALoS - D2A Pathway 2	>28 days	<p>This is calculated by taking the number of occupied bed days for patients on the Ellen Badger, Nichol, Feldon and Dugdale Transitional Unit wards and dividing it by the total number of patients who were discharged from those areas during the reporting period.</p> <p>To achieve the Average length of stay needs to be below 28 days.</p>
ALoS - D2A Pathway 3	>84 days	<p>This is calculated by taking the number of relevant occupied bed days for patients at Kenilworth Grange Nursing Home, Seabright Nursing Home and Eversleigh Nursing Home and dividing it by the total number of patients that were discharged from those areas during the reporting period.</p> <p>To achieve the Average length of stay needs to be below 42 days.</p>
Elective - Theatre Productivity	75%	<p>The percentage of productive theatre time (Anaesthetic plus operating time for each patient) as a percentage of total actual theatre time. The productive theatre time is the sum of all individual patient anaesthetic plus operating times, where the start time is the time the patient's anaesthetic commences if having a general anaesthetic, or the time the patient enters the operating room if having a local anaesthetic; and finish time is the time the patient leaves the operating room (or the time the patient enters recovery, as the nearest equivalent).</p>
Elective - Theatre utilisation	85%	<p>The percentage of utilised theatre time (first anaesthetic in time to the last operating time) as a percentage of total actual theatre time. The utilised theatre time is the sum of the first patient anaesthetic commencement time, if having a general anaesthetic, or the time the patient enters the operating room if having a local anaesthetic; to the last patient finish time, when the patient leaves the operating room (or the time the patient enters recovery, as the nearest equivalent).</p>
Elective - Daycase rate	85%	<p>The percentage of specifically selected planned surgical procedures, as identified originally by the Healthcare Commission that can be carried out safely as a day case, where the patient's were admitted and discharged home on the same day, out of the total number of the identified procedures that were carried out during the reporting period.</p> <p>To achieve the target the day case rate must exceed 85%.</p>

Integrated Performance Dashboard Glossary

KPI Name	Target	Description
Outpatient - DNA rate (consultant led)	7.5%	<p>The percentage of consultant led new outpatient clinic slots that were booked and where the patient failed to attend on the day of the appointment and where no advanced warning was given, out of the total number of consultant led new outpatient clinic booked appointment slots. This excludes urgent emergency outpatient clinics, fracture and clinics linked to A&E, anaesthetics, midwife episodes, neonates, obstetrics, stroke medicine and TIA.</p> <p>To achieve the target the DNA rate must be below 7.5%.</p>
Outpatient - % OPD Slot Utilisation (All slot types)	95%	<p>The percentage of consultant led clinic appointment slots booked over the total number of consultant led clinic appointment slots that were available to be booked during the reporting period. This excludes urgent emergency outpatient clinics, fracture and clinics linked to A&E, anaesthetics, midwife episodes, neonates, obstetrics, stroke medicine and TIA.</p> <p>To achieve the target the utilisation rate must remain above 95%.</p>
Outpatient - Number of patients waiting over 6 weeks without a date	0	<p>For the 2016/17 financial year the Elective Division has an objective to reduce the number of first outpatient appointments which do not have a booked date by 6 weeks after their referral request received date, down to zero by March 2017.</p>
Outpatient - Number of patients waiting longer than 16 weeks over their due appointment date	0	<p>For the 2016/17 financial year the Elective Division has an objective to reduce the number of follow-up appointments which are scheduled more than 16 weeks beyond their due date, down to zero by March 2017.</p> <p>To achieve the target by March 2017 there must be no patients scheduled more than 16 weeks beyond their due date.</p>
Outpatient - Advance Booking (new patients only - excluding patients seen within 3 weeks)	80%	<p>The percentage of new outpatient appointments which are given an advanced booking date more than 3 weeks ahead of their appointment date, out of the total number of new outpatient bookings within the reporting period. This excludes urgent emergency outpatient referrals that are booked and seen within 3 weeks, fracture and Ophthalmology lucentis clinic activity, cancelled appointments and any activity booked against the specialty areas of A&E, anaesthetics, midwife episodes, neonates, obstetrics, stroke medicine and TIA.</p> <p>To achieve more than 80% of patients must be given an advanced booking date more than 3 weeks ahead of their appointment.</p>
BPT - Fracture Neck of Femur - one month in arrears	75%	<p>The best practice tariff is achieved if the following standards are met, for patients with hip fractures where data is entered onto the national Hip Fracture Database: Surgery within 36 hours; shared care is provided by surgeon and geriatrician; care protocol is agreed by a geriatrician, surgeon and anaesthetist; assessment is made by geriatrician within 72 hours; there is a pre- and post-operative abbreviated mental test score assessment; geriatrician-led multi-disciplinary rehabilitation; and secondary prevention of falls and bone health assessments.</p> <p>To achieve 75% of patients must meet all of the standards of the Best Practice Tariff. <i>Please note that this measure is reported one month in arrears to allow time for all of the data to be entered onto the National Hip Fracture Database.</i></p>
BPT - Laparoscopic Cholecystectomies	60%	<p>The day case best practice tariff for Laparoscopic Cholecystectomies is achieved where more than 60% of admitted activity, where the HRG code is GA10K, is carried out as a day case out of the total number of admitted Laparoscopic Cholecystectomies.</p> <p>To achieve 60% of patients must meet all of the standards of the Best Practice Tariff.</p>
BPT - Stroke	60%	<p>The best practice tariff is related to Stroke discharges within the reporting month, where the patient's had a CT scan within 24 hours of admission; where they stay on a designated acute stroke ward for more than 90% of their overall acute hospital stay; where the patient was applicable for direct admission within 4 hours.</p> <p>To achieve 60% of patients must meet all of the standards of the Best Practice Tariff.</p>
Occupancy Acute Wards Only	90%	<p>Percentage of acute inpatient beds that were occupied at midnight on each day of the reporting period. This figure excludes Day Case beds, Cots and Maternity Beds.</p> <p>To achieve the Trust must have an occupancy of its acute wards of over 93%. Updated on 23rd March 2017 following advice from Jane Ives: Under 90% green – 90-93% amber – over 93% red</p>
Maternity - Smoking at Delivery	8%	<p>The percentage of mothers known to be smokers at the time of delivery out of the total number of maternities, where the baby is delivered by either a midwife of doctor at home or in a SWFT hospital site. This measure is based on the number of mothers and not the number of babies.</p> <p>To achieve there must be fewer than 8% of mothers known to be a smoker at the time of delivery.</p>
Maternity - Breast Feeding Initiation Rate (Warwick Hospital)	80%	<p>The percentage of mothers giving birth at Warwick Hospital having initiated breastfeeding if, within the first 48 hours of birth, either she puts the baby to the breast or the baby is given any of the mother's breast milk out of the total number of maternities, where the baby is delivered by either a midwife of doctor at home or in a SWFT hospital site. This measure is based on the number of mothers and not the number of babies.</p> <p>To achieve there must be more than 75% of mothers who initiate breast feeding within 48 hours of birth.</p>
Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors)	45%	<p>The percentage of infants who are exclusively receiving breast milk (this may be expressed breast milk) at 6 weeks of age, so that they are not receiving formula milk or any other liquids or foods, out of the number of infants who were due a 6-8 week check during the reporting period by the Trust's community midwives and health visitors.</p> <p>To achieve there must be more than 45% of infants who are exclusively receiving breast milk at 6 weeks of age.</p>
Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	90%	<p>The percentage of women who have seen a SWFT community midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 weeks and 6 days of pregnancy, out of the total number of women who have seen a SWFT community midwife or a maternity healthcare professional, for health and social care assessment of needs, risks at any time during pregnancy.</p> <p>To achieve there must be more than 90% of mothers who have been seen by a midwife by 12 weeks and 6 days of pregnancy.</p>

Integrated Performance Dashboard Glossary

KPI Name	Target	Description
Maternity - Normal Births		The percentage of births that did not require surgical intervention, out of the total number of deliveries that have occurred at Warwick Hospital including both normal and caesarean deliveries, and home births which were assisted by SWFT midwives.
Maternity - Elective C-Sections		The percentage of births that were delivered by planned elective caesarean section, out of the total number of deliveries that have occurred at Warwick Hospital including both normal and caesarean deliveries, and home births which were assisted by SWFT midwives.
Maternity - Emergency C-Sections		The percentage of births that were delivered by emergency caesarean section, out of the total number of deliveries that have occurred at Warwick Hospital including both normal and caesarean deliveries, and home births which were assisted by SWFT midwives.
Community Family Services - Family Nurse Partnerships - Activity during pregnancy achieving plan	70%	<p>The number of expectant mothers on the caseload of the Family Nursing Partnership, covering South Warwickshire and Rugby, who have received 80% or more of their expected visits as a percentage of the total number of expectant mothers on the Family Nursing Partnership caseload.</p> <p>To achieve there must be more than 70% of expectant mothers who have received 80% or more of their expected visits.</p>
Health Visitor - Birth to first visit with 14 days	90%	<p>The percentage of mothers who have received an initial face to face new baby review by a SWFT health visitor within 14 days of the delivery event, out of the total number of mothers who were due an initial new baby review during the reporting period.</p> <p>To achieve there must be more than 90% of mothers who have received a new baby review within 14 days of delivery.</p>
School Nursing - National Child Measurement Programme (Reception aged pupils)	90%	The National Child Measurement Programme (NCMP) collects height and weight measurements of children in reception (aged 4-5 years old). The KPI is the percentage of pupils measured against the eligible pupils attending a mainstream state-maintained school.
School Nursing - National Child Measurement Programme (Year 6)	90%	The National Child Measurement Programme (NCMP) collects height and weight measurements of children in Year 6 (aged 10-11 years old). The KPI is the percentage of pupils measured against the eligible pupils attending a mainstream state-maintained school.
Child Development - % Children accepted / declined within 12 weeks	95%	Measure currently in development - percentage of children who have accepted or declined the MenC vaccine at 12 weeks out of the total number of children who were eligible to receive the vaccine.