

Corporate Performance Report - December 2015																	
Strategic objective	KPI description	Exec Owner	Target/Benchmark	Upper Quartile (Current)	Actual P/YR	Actual					YTD			Future performance, trends and commentary			
						Oct-15	Nov-15	Dec-15	2015-16 Q2	2015-16 Q3	Qtr trend	Mnth trend	Forecast	Comments			
GRR	1	Monitor Governance Rating	ED	< 1.0	Green	1.0											<b>Upper Quartile Benchmark as HSCIC data Jan 2013 to Dec 2013.</b> In July-15 the Trust received notification from Monitor that an investigation will be taking place. The green forecast has been removed while the Trust is "under investigation".
	Safety	1	Number of patients with Hospital acquired pressure ulcers (Grade 3 and 4)	DB	<=1	NA2	16	0	1	3	6	4	16		↑		Target set as 10% reduction on 2014/15 outturn. Target is to have <=14.4 cases in 2015/16. <b>See Exception Report 1 in Clinical Quality Report</b>
		1	Number of patients with Hospital acquired pressure ulcers (Grade 2)	DB	<=3	NA2	67	3	4	4	5	11	28		→		Corporate objectives set target as reduction of 10% on 2013/14 Outturn but this would be higher than the 2013/14 target so keeping 2013/14 target.
		1	Number of Patient Safety Incident Falls per 1000 (G&A) bed days	JW	<=5.3	NA3	5.6	5.97	5.58	4.94	5.17	5.50	5.27		↑	↓	Benchmark against Trust performance - number calculated from 10% reduction on year end rate.
		1	MRSA Bacteraemias - Post 48 hour (hospital acquired)	DB	< 1	NA2	0	0	0	0	1	0	1		→		Target is zero tolerance as per national guidance and contract. <b>Public Health England data shows for 2013/14, KHT's rate of hospital acquired bacteraemias was 3.6 per 100,000 bed days. National rate was 1.2.</b>  *PHE have published 5 cases for KHT in 2013/14. However one of these is a contaminant and therefore we believe not a true Trust acquired MRSA case. This case is included in the published benchmarked rate.
1	Clostridium difficile Infections - Post 72hours (Hospital Acquired) due to Lapse in Care <b>CONFIRMED</b>	DB	<1		1	0	0	0	1	0	3		→		Target set by NHS England. Full year target is <= 9 cases. This has been profiled evenly over the year. Cases of CDIIF resulting from a lapse in care are provisional. Once allocation has been confirmed by the Commissioning Support Unit and following a Post-Infection Review, cases will be confirmed and amended on the report as necessary.		
Effectiveness		% of A&E attendances with less than four hours wait from arrival to admission/transfer/discharge	ED	<= 95%		94.3%	94.3%	93.6%	94.2%	93.2%	94.0%	92.4%		↑	↑		<b>See Exception Report 1</b>
	1	SHMI	JW	<= 95		87.6				0.88	0.91			↑			SHMI score < 100 is lower than expected mortality, taking into account age, gender, comorbidity and diagnosis grouping of patients.  The Q2 score is for Jan 2014 to Dec 2014, published in Jul 2015. The Q3 score is for Apr 2014 to Mar 2015, published in Oct 2015.
	1, 5	Average Length of Stay - Emergency Services (Emergency only)	ED	<=5.23		6.1	6.2	5.7	6.1	5.7	6.0	5.9		↑	↑		Target thresholds based on national benchmark for 2014/15. Green performance is within top 25% nationally.
	1,5	Delayed Transfers of Care per occupied bed day	ED	<=4%	1.0%	4.9%	6.4%	5.8%		5.3%	6.1%	6.1%		↑	↓		<b>Upper Quartile Benchmark as CHKS data Apr 2014 to Feb 2015.</b> Indicator revised following analysis of National Delayed Transfers of Care data and Number of occupied beds.  Benchmark Data based on Data for Q1 2014/15.  Dec-15 data is currently being reviewed prior to submission to NHS England.
Experience	1	Number of Attitudinal Complaints	ED	<12% of complaints	NA2	17	1	3	3	5	7	16		↑	→		NHS Information Centre (IC) data show for 2012/13, 11.1% of written complaints to Hospital and Community Health Services nationally related to Attitude of Staff, this was 13.7% in London and 14.4% at KHT. (Data published August 2013).
	1	% Complaints responded to within 25 working days	ED	>=90%	NA1	74.6%	76.7%	97.4%		79.5%	88.4%	80.7%		↑	↑		Data are reported 1 month in arrears. <b>See Exception Report 4 in Clinical Quality Report</b>
	1	Friends and Family Score - Trust	DB		NA3	92.05%	95.34%	95.14%	95.27%	95.76%	95.25%	95.15%		↓	↑		
Finance	5	Monitor Continuity of Service Rating	JF	3.0	4.0	3.0			3.0	2.0		2.0					
	5	Percentage of planned CIPS achieved	JF	100%	NA1	89%			86%	89%	88%	92%					
	5	Percentage CQUIN achievement	JF	100%	NA1	84%			80%	94%		N/A					
Workforce	1,2,5	Vacancy Rate	TR	<= 8.0%	NA1	9.7%	8.0%	8.9%	9.1%	11.7%	8.6%	10.8%		↓	↑		
	1,2,5	Turnover Rate	TR	<=16.0%	12.3%		20.1%	19.9%	19.8%						↓		
	1,2,5	Sickness Rate	TR	<=2.5%	3.23%	3.0%	3.2%	3.2%	3.1%	2.6%	3.0%	2.9%		↑	↓		
	1,2	Mandatory Training	TR	>= 80%	NA1	69%	84.0%	83.0%	86.0%	80.0%	84.0%	80.0%		↑	↑		
	1,2,5	Appraisals/PDRs completed	TR	>85%	NA1	82%	88.4%	89.0%	89.0%	89.0%	89.0%	89.0%		→	→		

NA1 Not available  
 NA2 Not comparable. Target is a number, Benchmark is rate see comments  
 NA3 DH advice. Should not be comparing data to other Trusts  
 NA4 Not comparable. Different Methodologies used