

**Annex 1****NHS Cambridgeshire and NHS Peterborough  
Performance Indicators Report  
2012/13**

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**Data Sources**

Weekly SitRep from UNIFY2

Ambulance Trust website

CUHFT Weekly Report

Hinchingbrooke Weekly Report

National Weekly Choose and Book Reports

18 week PTL Reports from UNIFY2

MINAP

Public Health Databases

Cancer Waits Database

IPMR Returns

Commissioner Diagnostic Returns (UNIFY2)

Commissioner 18 Week Returns (UNIFY2)

Commissioner GUMAMM returns (UNIFY2)

EoE SHA (Infection Control)

Department of Health Website

Department of Health VS Returns

ASP Smoking Cessation Database

Trust Monitoring Reports

Last Updated **18 Sep 2012 4:29 PM**

Cambridgeshire and Peterborough Clinical Commissioning Group Quality and Performance Dashboard 2012/13

Table 1

Domain: Key performance Indicators															
REF	METRIC	MEASURE	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold / target	Year to date actual	Current Period Reported
				RED	AMBER	GREEN									
PHQ19	Referral to treatment	Referral to treatment - Admitted Adjusted % within 18 weeks	Monthly	<90%	N/A	>=90%	89.2%	90.0%	89.6%	90%	90.6%	↑	90%	89.9%	Jul-12
		Number of Treatment Functions where standards are not delivered (Admitted, Non-admitted and Incomplete Pathways)	Monthly	>20	Between 1 and 20	0	10	0	22	0	23	↓	0	10	Jul-12
		Patients waiting 6 weeks+ for 15 key diagnostic tests	Monthly	N/A	N/A	N/A	28	0	158	0	35	↑			Jul-12
PHQ09	Cancer Treatment Services	All patients receiving their subsequent treatment (Radiotherapy) for cancer within one month (31 days) of a decision to treat	Monthly	<94%	N/A	>=94%	98.2%	94.0%	96.7%	94%	96.4%	↓	94%	93.1%	Jul-12
PHQ03		All patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral	Monthly	<85%	N/A	>=85%	86.5%	85.0%	85.9%	85%	81.0%	↓	85%	83.4%	Jul-12
	Patients' Choice	Proportion of GP referrals to first OP appointments booked using Choose and Book	Monthly	<94%	>94% and <95%	>= 95%	45.3%	90.0%	45.5%	90%	42.0%	↓	90%	45.3%	Aug-12
		Deaths at Home	Quarterly	<94%	>94% and <95%	>= 95%	45.7%	46.3%		45%	0.0%		45%	0.0%	Apr - June (Q1)
		Delayed transfers of care from hospitals (No. of Patients whose transfer of care was delayed - 2010/11 Trajectory)	Monthly	>5% of the Target	Between Monthly Plan and 5% of the	<=Monthly Plan	76	56.3	71.0	59.8	87.5	↓	58.0	74.4	Jul-12
		Delayed transfers of care from hospitals (No. of Patients per 100,000 population over 18 years old)	Monthly	>5% of the Target	Between Monthly Plan and 5% of the	<=Monthly Plan	12.2	9.1	11.4	9.6	14.1	↓	9.3	12.0	Jul-12
Domain: Public Health Indicators															
	Smoking	No. of Smoking Quitters	Monthly	<5% of the Monthly Plan	Between Monthly Plan and 5% of the	>= Monthly Plan	5029	5348	281	421	308	↑	1758	1236	Jul-12
	Breast Feeding	Prevalence of breast feeding at 6 - 8 weeks from birth	Quarterly	<5% of the Target	Between 90% and 5% of the Target	>=53.3%	50.00%	53.3%		53.3%	48.05%		53.3%	48.05%	Apr - June (Q1)
Domain: Quality & Patient Safety Performance Indicators															
	Health Care Acquired Infections	C. Diff Infections	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	141	132	9	12	15	↓	48	48	Jul-12
	Additional Quality Metrics	Delayed transfers of care from hospitals (No. of Patients whose transfer of care was delayed - 2010/11 Trajectory)	Monthly	>5% of the Target	Between Monthly Plan and 5% of the	<=Monthly Plan	76	56.3		59.8	87.5	↓	58.0	74.4	Jul-12
		Delayed transfers of care from hospitals (No. of Patients per 100,000 population over 18 years old)	Monthly	>5% of the Target	Between Monthly Plan and 5% of the	<=Monthly Plan	12	9.1		9.6	14.1	↓	9.3	12.0	Jul-12
		Deaths at Home	Quarterly	<5% of the Target	Between 46.3% and 5% of the	>=46.3%		46%			0.0%		45%	0.0%	Apr - June (Q1)
		Percentage of Non-admitted patients having TIA treated within 24 hours	Monthly	<5% of the Target	Between 90% and 5% of the Target	>=60%	40.0%	60.0%	72.2%	60.0%	35.7%	↓	60.0%	65.4%	Jul-12
		Numbers of avoidable Grade three and four pressure ulcers	Monthly	>5% of the Target	Between Target and 5% of the	<=Target		0		0	13	↑	0	61	Jul-12

NHS Cambridgeshire Quality and Performance Dashboard 2012/13

Table 2

Domain: Key performance Indicators															
REF	METRIC	MEASURE	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold / target	Year to date actual	Current Period Reported
				RED	AMBER	GREEN									
	Referral to treatment	Number of Treatment Functions where standards are not delivered (Admitted, Non-admitted and Incomplete Pathways)	Monthly	>20	Between 1 and 20	0	12	0	10	0	11	↓	0	10	Jul-12
		Patients waiting 6 weeks+ for 15 key diagnostic tests	Monthly	N/A	N/A	N/A	16	0	19	0	31	↓			Jul-12
PHQ03	Cancer Treatment Services	All patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral	Monthly	<85%	N/A	>=85%	84.6%	85.0%	85.4%	85%	79.2%	↓	85%	82.2%	Jul-12
	Patients' Choice	Proportion of GP referrals to first OP appointments booked using Choose and Book	Monthly	<5% of the Target	Between Target and 5% of the Target	>=Target	69.2%	90.0%	74.0%	90%	70.0%	↓	90%	74.6%	Aug-12
		Deaths at Home	Quarterly	<5% of the Target	Between 47.6% and 5% of the Target	>=47.6%	47.6%	50.0%		49%	0.0%		49%	0.0%	Apr - June (Q1)
	Screening	Health checks received					23555	26959	1503	2002	969	↓	11230	6928	Aug-12
		Percentage of women who have seen midwife or maternity healthcare professional by 12 weeks of pregnancy	Quarterly	<5% of the Target	Between 90% and 5% of the Target	>=93.2%	92.6%	93.2%		93.2%	86.6%		93.2%	86.6%	Apr - June (Q1)
	Delayed Transfer of Care	Delayed transfers of care from hospitals (No. of Patients whose transfer of care was delayed - 2010/11 Trajectory)	Monthly	>5% of the Target	Between Monthly Plan and 5% of the Target	<=Monthly Plan	69	48.5	81.5	53.0	93.8	↓	50.8	72.9	Aug-12
		Delayed transfers of care from hospitals (No. of Patients per 100,000 population over 18 years old)	Monthly	>5% of the Target		<=Monthly Plan	14.0	9.9	16.7	10.9	19.2	↓	10.4	14.9	Aug-12
Domain: Public Health Indicators															
	Smoking	No. of Smoking Quitters	Monthly	<5% of the Monthly Plan	Between Monthly Plan and 5% of the Target	>= Monthly Plan	3942	3914	211	326	250	↑	1305	898	Jul-12
	Breast Feeding	Prevalence of breast feeding at 6 - 8 weeks from birth	Quarterly	<5% of the Target	Between 90% and 5% of the Target	>=58.6%	57.05%	58.6%		58.6%	53.60%		58.6%	53.60%	Apr - June (Q1)
Domain: Quality & Patient Safety Performance Indicators															
	Health Care Acquired Infections	C. Diff Infections	Monthly	>5% of the Target	Between Target and 5% of the Target	<=Target	101	103	8	9	13	↓	36	43	Jul-12
	Additional Quality Metrics	Percentage of patients who spend 90%+ of time in a stroke unit	Monthly	<5% of the Target	Between 90% and 5% of the Target	>=80%	77.6%	80.0%	71.7%	80.0%	78.7%	↑	80.0%	77.7%	Jul-12
		Numbers of avoidable Grade three and four pressure ulcers	Monthly	>5% of the Target	Between Target and 5% of the Target	<=Target	0	0		0	10	↔	0	34	Jul-12

NHS Peterborough Quality and Performance Dashboard 2012/13

Table 3

Domain: Key performance Indicators															
REF	METRIC	MEASURE	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold / target	Year to date actual	Current Period Reporte
				RED	AMBER	GREEN									
PHQ19	Referral to treatment	Referral to treatment - Admitted Adjusted % within 18 weeks	Monthly	<90%	N/A	>=90%	91.3%	90.0%	89.7%	90%	90.8%	↑	90%	89.7%	Jul-12
		Number of Treatment Functions where standards are not delivered (Admitted, Non-admitted and Incomplete Pathways)	Monthly	>20	Between 1 and 20	0	14	0	12	0	12	↔	0	13	Jul-12
		Patients waiting 6 weeks+ for 15 key diagnostic tests	Monthly	N/A	N/A	N/A	12	0	139	0	4	↑			Jul-12
PHQ09	Cancer Treatment Services	All patients receiving their subsequent treatment (Radiotherapy) for cancer within one month (31 days) of a decision to treat	Monthly	<94%	N/A	>=94%	99.2%	94.0%	100.0%	94%	96.3%	↓	94%	86.8%	Jul-12
	Patients' Choice	Proportion of GP referrals to first OP appointments booked using Choose and Book	Monthly	<5% of the Target	Between Target and 5% of the	>=Target	21.5%	90.0%	17.0%	90%	14.0%	↓	90%	16.0%	Aug-12
		Deaths at Home	Quarterly	<5% of the Target	Between 43.7% and 5% of the	>=43.7%	43.7%	42.7%		42%	0.0%		42%	0.0%	Apr - June (Q1)
	Screening	Health checks received	Monthly	<5% of the Target	Between 90% and 5% of the	>=5160	4313	5160	268	430	249.0	↓	2150	1417	Aug-12
		100% of Diabetics to be offered Retinopathy screening	Quarterly	<5% of the Target	Between 90% and 5% of the	>=100%	99.8%	100.0%		100.0%	99.8%		100.0%	99.8%	Apr - June (Q1)
Domain: Public Health Indicators															
	Smoking	No. of Smoking Quitters	Monthly	<5% of the Monthly Plan	Between Monthly Plan and	>= Monthly Plan	1087	1434		95	58	↓	453	338	Jul-12
	Breast Feeding	Prevalence of breast feeding at 6 - 8 weeks from birth	Quarterly	<5% of the Target	Between 90% and 5% of the	>=48%	42.96%	48.0%		48.0%	42.50%		48.0%	42.50%	Apr - June (Q1)
Domain: Quality & Patient Safety Generic Performance Indicators															
	Additional Quality Metrics	Percentage of patients (not admitted) having TIA treated within 24 hours	Monthly	<5% of the Target	Between 90% and 5% of the	>=60%	51.0%	60.0%	100.0%	60.0%	0.0%	↓	60.0%	66.7%	Jul-12
		Numbers of avoidable Grade three and four pressure ulcers	Monthly	>5% of the Target	Between Target and 5% of the	<=Target		0		0	3	↑	0	27	Jul-12

Cambridge University Hospitals NHS Foundation Trust Quality and Performance Dashboard 2012/13

Table 4

Domain: Key performance Indicators															
REF	METRIC	MEASURE	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold / target	Year to date actual	Current Period Reported
				RED	AMBER	GREEN									
PHQ19	Referral to treatment	Referral to treatment - Admitted Adjusted % within 18 weeks	Monthly	<90%	N/A	>=90%	88.1%	90.0%	85.5%	90%	85.3%	↓	90%	86.1%	Jul-12
PHQ06	Cancer Treatment Services	All patients receiving their first definitive treatment for cancer within one month (31 days) of a decision to treat	Monthly	<96%	N/A	>=96%	96.3%	96%	96.7%	96%	95.4%	↓	96%	96.2%	Jun-12
PHQ08		All patients receiving their subsequent Surgical treatment for cancer within one month (31 days) of a decision to treat	Monthly	<94%	N/A	>=94%	95.5%	94%	97.4%	94%	93.7%	↓	94%	96.6%	Jun-12
PHQ03		All patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral	Monthly	<85%	N/A	>=85%	81.9%	85%	78.0%	85%	74.5%	↓	85%	77.1%	Jun-12
	Emergency Services	The proportion of patients spending four hours or less in all types of A&E department	Monthly	<94%	>94% and <95%	>= 95%	95.6%	95%	92.5%	95%	97.25%	↑	95%	93.36%	Aug-12
Domain: Quality & Patient Safety Generic Performance Indicators															
	Serious Incident Management & learning Health Care Acquired Infections	Number of Never Events Reported	Monthly	>1	N/A	0	5	0	0	0	1	↓	0	3	Aug-12
		C. Diff Infections: No. of Patients aged 2 or over	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	48	45	3	4	6	↓	16	16	Jul-12
	Additional Quality Measures	Percentage of patients who spend 90%+ of time in a stroke unit	Monthly	<5% of the Target	Between 90% and 5% of the Target	>=80%	77.2%	80.0%	66.7%	80.0%	75.6%	↑	80.0%	76.4%	Jul-12
		Numbers of avoidable Grade three and four pressure ulcers	Monthly	>5% of the Target	Between Target and 5% of the	<=Target		0	4	0	4	↔	0	13	Jul-12
Domain: Providing care in a safe environment															
QI 8a	Infection control and prevention	Assurance of robust systems and measures for Infection Control	Quarterly	Any requirement of Section 11 audit does not	Action plan in place to reach adequate for	Minimum of adequate for all 37 requirements.			Green		Amber	↓			Jun-12
QI 12a	SI Management	Management of Sis in line with the PCT SI Procedure	Monthly	1+ open and under investigation.	All investigations completed with	All action plans fully implemented or			Amber		Red	↓			Jun-12
QI 12b	SI Management	Never Events Management	Monthly	No evidence of thematic learning	No analysis across risk areas. No action	Analysis of all risk intelligence, action plan for			Red		Red	↔			Jun-12

Hinchingbrooke Healthcare NHS Trust Quality and Performance Dashboard 2012/13

Table 5

Domain:		Key performance Indicators														
REF	METRIC	MEASURE	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold	Year to date actual	Current Period Reported	
				RED	AMBER	GREEN										
PHQ03	Cancer Treatment Services	Maximum two week wait from a referral for evaluation of "breast symptoms" by a primary care professional to date first seen	Monthly	<93%	N/A	>=93%	94.7%	93%	94.4%	93%	90.2%	↓	93%	94.0%	Jul-12	
		All patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral	Monthly	<85%	N/A	>=85%	81.6%	85%	85.1%	85%	82.3%	↓	85%	87.0%	Jul-12	
Domain:		Quality & Patient Safety Generic Performance Indicators														
	Health Care Acquired Infections	C. Diff Infections: No. of Patients aged 2 or over	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	7	7	1	1	0	↑	3	5	Jul-12	
	Additional Quality Measures	Percentage of patients who spend 90%+ of time in a stroke unit	Monthly	<5% of the Target	Between 90% and 5% of the	>=80%	80.8%	80.0%	75.0%	80.0%	56.3%	↓	80.0%	77.2%	Jul-12	
		Numbers of avoidable Grade three and four pressure ulcers	Monthly	>5% of the Target	Between Target and 5% of the	<=Target		0	1	0	1	↔	0	5	Jul-12	
Domain:		Providing care in a safe environment														
QI 12b	SI Management	Never Events Management	Monthly	No evidence of thematic learning	No analysis across risk areas. No action plan for areas of concern.	Analysis of all risk intelligence, action plan for areas of concern				Amber		Amber	↔		Jul-12	
QI 14a	Guidance and alerts	Review against and progress towards compliance with relevant emerging national and regional frameworks and guidance, including NICE TAGs and guidance	Quarterly	Not all relevant guidance covered or no detail of implementation.	Detail of implementation but not actions or risks / concerns.	Detail of implementation, action plans, risks and concerns highlighted				Amber		Not scored			Jul-12	
QI 14b	Guidance and alerts	Implementation of Safety Alerts within required timescales	Quarterly	Action plans showing progress not provided	Actions plans provided but no progress shown, or progress is not to timescale.	Actions plans show progress is on target against timescales, or no action required.				Amber		Not scored			Jul-12	
QI 15a	Themed Review	Thematic reviews: Clinical Audit	Quarterly	Action plans showing progress not provided	Actions plans provided but no progress shown, or progress is not to timescale.	Actions plans show progress is on target against timescales, or no action required.						Amber			Jun-12	

Peterborough and Stamford Hospitals NHS Foundation Trust Quality and Performance Dashboard 2012/13

Table 6

Domain: Key performance Indicators																
REF	METRIC	MEASURE	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold / target	Year to date actual	Current Period Reported	
				RED	AMBER	GREEN										
PHQ19	Referral to treatment	Referral to treatment - Admitted Adjusted % within 18 weeks	Monthly	<90%	N/A	>=90%	91.1%	90.0%	89.6%	90%	91.3%	↑	90%	89.2%	Jul-12	
	Emergency Services	The proportion of patients spending four hours or less in all types of A&E department	Monthly	<94%	>94% and <95%	>= 95%	95.8%	95%	91.3%	95%	96.15%	↑	95%	92.68%	Aug-12	
Domain: Quality & Patient Safety Generic Performance Indicators																
	SI Management & learning	Number of Never Events Reported	Monthly	>1	N/A	0	3	0	1	0	1	↔	0	2	Aug-12	
	Health Care Acquired Infections	C. Diff Infections: No. of Patients aged 2 or over	Monthly	>5% of the Target	Between Target and 5% of the Target	<=Target	33	29	1	3	6	↓	10	10	Jul-12	
	Additional Quality Measures	Numbers of avoidable Grade three and four pressure ulcers	Monthly	>5% of the Target	Between Target and 5% of the Target	<=Target		0	4	0	2	↑	0	11	Jul-12	
Domain: Overarching Clinical Quality Review Metrics																
QI 3a	CQC Essential Standards Compliance	Concerns raised by CQC	Monthly	One or more major concerns	No major but 1+ minor or moderate	No CQC concerns			Amber		Amber	↔			Jul-12	
Domain: Ensuring a Positive Experience																
QI 5	Patirent experience	Friends and Family net Promoter	Monthly	For Information - Most recent results to be provided, with action plan where concerns					56.7		53.1	↓			Jun-12	
Domain: Providing care in a safe environment																
QI 12a	SI Management	Management of Sis in line with the PCT SI Procedure	Monthly	1+ open and under investigation. Aition plan not progressing to timescale	All investigations completed with action plan	All action plans fully implemented or no Never Events reported.			Amber		Amber	↔			Jul-12	
QI 12b	SI Management	Never Events Management	Monthly	No evidence of thematic learning	No analysis across risk areas. No action plan for areas of concern.	Analysis of all risk intelligence, action plan for areas of concern			Red		Red	↔			Jul-12	

Papworth Hospital NHS Foundation Trust Quality and Performance Dashboard 2012/13

Table 7

Domain: Key performance Indicators															
REF	METRIC	MEASURE	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold	Year to date actual	Current Period Reported
				RED	AMBER	GREEN									
PHQ03	Cancer Treatment Services	All patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral	Monthly	<85%	N/A	>=85%	85.9%	85%	87.5%	85%	50.0%	↓	85%	73.6%	Jun-12
Domain: Quality & Patient Safety Generic Performance Indicators															
	Health Care Acquired Infections	C. Diff Infections: No. of Patients aged 2 or over	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	8	5	2	1	1	↑	3	4	Jul-12
	Additional Quality Measures	Numbers of avoidable Grade three and four pressure ulcers	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	0	0	0	0	1	↓	0	1	Jul-12
Domain: Ensuring a Positive Experience															
QI 5	Patirent Experience	Friends and Family net Promoter	Monthly	For Information - Most recent results to be provided, with action plan where concerns					78.5		86.3	↑			Jun-12



Cambridgeshire Community Services NHS Trust Quality and Performance Dashboard 2012/13  
Table 8

Domain: Performance Indicators																	
REF	METRIC	MEASURE	Commissioner	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold / target	Year to date actual	Current Period Reported	
					RED	AMBER	GREEN										
Domain: Quality & Patient Safety Generic Performance Indicators																	
		Numbers of avoidable Grade three and four pressure ulcers	NHS Cambridgeshire	Monthly	>5% of the Target	Between Target and 5% of the	<=Target		0	3	0	1	↑	0	10	Jul-12	
Domain: Overarching Clinical Quality Review Metrics																	
QI 2	Clinical Quality Review Process	Evidence for meetings is received by Commissioner at least 5 days before meeting. Evidence for CQR is complete. All Quality review meetings are quorate from Provider	NHS Cambridgeshire	Monthly	0 or 1 measure met	2 measures met	3 measures met			Green		Red	↓			Aug-12	
QI 3a	CQC Essential Standards Compliance	Concerns raised by CQC	NHS Cambridgeshire	Monthly	One or more major concerns	No major but 1+ minor or moderate	No CQC concerns			Amber		Amber	↔			Aug-12	
QI 3c	CQC Quality and Risk Profiles	Number of Amber or Red Risk Estimates in latest CQC Q&RP		Monthly	Any red and no action plan	Red or amber with action plan	No red or amber			Amber		Amber	↔			Aug-12	
Domain: Providing care in a safe environment																	
QI 10a	Safeguarding children	Protect Children from Avoidable harm through compliance with section 11 and CQC Regulations	NHS Cambridgeshire	Quarterly	< 75%	75% – 95%	>=95%			Amber		Amber	↔			Jun-12	
QI 10b	Safeguarding children	Percentage of staff trained in safeguarding children processes appropriate to their role	NHS Cambridgeshire	Quarterly	< 75%	75% – 95%	>=95%			Red		Red	↔			Jun-12	
QI 10c	Safeguarding children	Percentage of clinical staff receiving safeguarding supervision		Quarterly	Safeguarding procedures not adequate	Policies and procedures in place but not implemented	Policy and procedures in place and implemented			Red		Red	↔			Jun-12	
QI 11a	Safeguarding adults	Protect adults from avoidable harm		Quarterly	< 75%	75% – 95%	>=95%			Red		Red	↔			Aug-12	
QI 11b	Safeguarding adults	Percentage of staff trained in safeguarding adults processes, including Mental Capacity Act		Quarterly	<75% SIs met reporting timescales, No quality concerns	75% to 90% SIs met reporting timescales No quality concerns	>90% SIs met reporting timescales No quality concerns			Red		Red	↔			Aug-12	
QI 12a	SI Management	Management of SIs in line with the PCT SI Procedure		Monthly	1+ open and under investigation. Ation plan not progressing to timescale	All investigations completed with action plan	All action plans fully implemented or no Never Events reported.			Amber		Red	↓			Aug-12	
QI 13	Thematic Analysis	Thematic learning from all risk intelligence including SIs, incidents, complaints, claims and PALS enquiries		Quarterly	Not all relevant guidance covered or no detail of implementation.	Detail of implementation but not actions or risks / concerns.	Detail of implementation, action plans, risks and concerns highlighted.			Amber		Amber	↔			Jul-12	
QI 14a	Guidance and alerts	Review against and progress towards compliance with relevant emerging national and regional frameworks and guidance, including NICE TAGs and guidance		Quarterly	Not all relevant guidance covered or no detail of implementation.	Detail of implementation but not actions or risks / concerns.	Detail of implementation, action plans, risks and concerns highlighted			Amber		Amber	↔			Jul-12	

REF	METRIC	MEASURE	Commissioner	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold / target	Year to date actual	Current Period Reported
					RED	AMBER	GREEN									
QI 14b	Guidance and alerts	Implementation of Safety Alerts within required timescales		Quarterly	Action plans showing progress not provided	Actions plans provided but no progress shown, or progress is not to timescale.	Actions plans show progress is on target against timescales, or no action required.			Amber		Amber	↔			Jul-12
QI 15a	Themed Review	Thematic reviews: Clinical Audit		Quarterly	Action plans showing progress not provided	Actions plans provided but no progress shown, or progress is not to timescale.	Actions plans show progress is on target against timescales, or no action required.			NA		Amber				Jun-12
QI 15b	Themed Review	Thematic Reviews: Risk Management		Monthly	Action plans showing progress not provided	Actions plans provided but no progress shown, or progress is not to timescale.	Actions plans show progress is on target against timescales, or no action required.			NA		Amber				Jun-12
QI 16	Clinical Audit	Clinical audit programme shows learning from national and local audits		Quarterly	No evidence of board / clinical discussion	Evidence of board / clinical discussion. Actions plans not on target against timescales	Evidence of board / clinical discussion. Actions plans on target, or no action required.			Green		Amber	↓			Aug-12
QI 20	Out-of-hours care	Achievement of OOH NQRs		Monthly	One or more NQRs not achieved	NA	All NQRs achieved			Green		Amber	↔			
Domain:		CQUINs														
QI 20f	CQUINs	Older / Vulnerable People		Quarterly	As CQUIN	As CQUIN	As CQUIN			NA		Amber				Apr-Jun 17

Cambridgeshire and Peterborough NHS Foundation Trust Quality and Performance Dashboard 2012/13

Table 9

Domain: Performance Indicators																
REF	METRIC	MEASURE	Commissioner	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold / target	Year to date actual	Current Period Reported
					RED	AMBER	GREEN									
		The proportion of admissions to the Trust's acute ward that were gatekept by the crisis resolution home treatment teams	C&P CCG	Monthly	<5% of the Target	Between 95% and 5% of the Target	>=Target	94.8%	95%	92.5%	95%	93.7%	↑	95%	92.3%	Jul-12
		The proportion of admissions to the Trust's acute ward that were gatekept by the crisis resolution home treatment teams	NHS Cambridgeshire	Monthly	<5% of the Target	Between 95% and 5% of the Target	>=Target	93.2%	95%	93.1%	95%	92.5%	↓	95%	91.7%	Jul-12
		The proportion of admissions to the Trust's acute ward that were gatekept by the crisis resolution home treatment teams	NHS Peterborough	Monthly	<5% of the Target	Between 95% and 5% of the Target	>=Target	96.3%	95%	92.0%	95%	94.9%	↑	95%	93.0%	Jul-12
Domain: Overarching Clinical Quality Review Metrics																
QI 3a	CQC Essential Standards Compliance	Concerns raised by CQC	NHS Cambridgeshire	Monthly	One or more major concerns	No major but 1+ minor or moderate	No CQC concerns			Amber		Amber	↔			Jul-12
QI 3c	CQC Quality and Risk Profiles	Number of Amber or Red Risk Estimates in latest CQC Q&RP	NHS Cambridgeshire	Monthly	Any red and no action plan	Red or amber with action plan	No red or amber			Amber		Amber	↔			Jul-12
Domain: Providing care in a safe environment																
QI 8a	Infection control and prevention	Assurance of robust systems and measures for Infection Control		Quarterly	Any requirement of Section 11 audit does not meet adequate rating.	Action plan in place to reach adequate for requirements not met under Section 11 audit.	Minimum of adequate for all 37 requirements, 4 related audits per year			Amber		Amber	↔			Jul-12
QI 10a	Safeguarding children	Protect Children from Avoidable harm through compliance with section 11 and CQC Regulations	NHS Cambridgeshire	Quarterly	< 75%	75% – 95%	>=95%			Amber		Amber	↔			Jul-12
QI 11a	Safeguarding adults	Protect adults from avoidable harm		Quarterly	< 75%	75% – 95%	>=95%			Amber		Amber	↔			Jul-12
QI 12a	SI Management	Management of Sis in line with the PCT SI Procedure		Monthly	1+ open and under investigation. Aion plan not progressing to timescale	All investigations completed with action plan	All action plans fully implemented or no Never Events reported.			Amber		Amber	↔			Jul-12
QI 13	Thematic Analysis	Thematic learning from all risk intelligence including Sis, incidents, complaints, claims and PALS enquiries		Quarterly	Not all relevant guidance covered or no detail of implementation	Detail of implementation but not actions or risks / concerns.	Detail of implementation, action plans, risks and concerns highlighted			Amber		Amber	↔			Jul-12
QI 14b	Guidance and alerts	Implementation of Safety Alerts within required timescales		Quarterly	Action plans showing progress not provided	Actions plans provided but no progress shown, or progress is not to timescale.	Actions plans show progress is on target against timescales, or no action required.			Amber		Amber	↔			Jul-12

REF	METRIC	MEASURE	Commissioner	FREQUENCY	THRESHOLDS			Outturn 2011/12	Target 2012/13	Previous Period	Current Period Plan	Current Period	TREND	Year to date threshold / target	Year to date actual	Current Period Reported
					RED	AMBER	GREEN									
QI 15a	Themed Review	Thematic reviews: Clinical Audit		Quarterly	Action plans showing progress not provided	Actions plans provided but no progress shown, or progress is not to timescale.	Actions plans show progress is on target against timescales, or no action required.					Amber				Jun-12
QI 15b	Themed Review	Thematic Reviews: Risk Management		Monthly	Action plans showing progress not provided	Actions plans provided but no progress shown, or progress is not to timescale.	Actions plans show progress is on target against timescales, or no action required.					Amber				Jun-12