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

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Data Sources

Weekly SitRep from UNIFY2	IPMR Returns
Ambulance Trust website	Commissioner Diagnostic Returns (UNIFY2)
CUHFT Weekly Report	Commissioner 18 Week Returns (UNIFY2)
Hinchingbrooke Weekly Report	Commissioner GUMAMM returns (UNIFY2)
National Weekly Choose and Book Reports	EoE SHA (Infection Control)
18 week PTL Reports from UNIFY2	Department of Health Website
MINAP	Department of Health VS Returns
Public Health Databases	ASP Smoking Cessation Database
Cancer Waits Database	Trust Monitoring Reports

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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 /	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%	91.3%	90%	89.7%	↓	90%	90.1%	Sep-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	23	0	23	↔	0	10	Sep-12
		Patients waiting 6 weeks+ for 15 key diagnostic tests	Monthly	N/A	N/A	N/A	28	0	87	0	65	↑			Sep-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%	98.2%	96.0%	98.2%	96%	95.3%	↓	96%	97.7%	Sep-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%	89.0%	85%	81.8%	↓	85%	84.2%	Sep-12
	Emergency Services	Ambulance Service - Cat A calls within 8 Minutes - (EEAST)	Monthly	<70%	Between 70% and 75%	>=75%	75.4%	75.0%	72.7%	75%	73.9%	↑	75%	75.0%	Oct-12
		Ambulance Service - Cat A calls within 19 Minutes - (EEAST)	Monthly	<90%	Between 90% and 95%	>=95%	94.9%	95.0%	92.8%	95%	93.5%	↑	95%	94.3%	Oct-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%	44.5%	90%	46.5%	↑	90%	45.4%	Oct-12
	Screening	100% of Diabetics to be offered Retinopathy screening	Quarterly	<5% of the Target	Between 90% and 5% of the Target	>=100%	99.9%	100.0%	100.0%	100.0%	97.9%	↓	100.0%	98.8%	July -Sep (Q2)
		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%	90.6%	93.2%	0.9	93.2%	91.8%	↑	93.2%	89.8%	July -Sep (Q2)

REF	METRIC	MEASURE	FREQUENCY	THRESHOLDS RED	THRESHOLDS AMBER	THRESHOLDS GREEN	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
Domain:		**Public Health Indicators**													
	Smoking	No. of Smoking Quitters	Monthly	<5% of the Monthy Plan	Between Monthly Plan and 5% of	>= Monthly Plan	5029	5348	291	426	362	↑	2575	1922	Sep-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%	48.1%	53.3%	44.98%	↓	53.3%	46.51%	July -Sep (Q2)
Domain:		**Quality & Patient Safety Performance Indicators**													
	Health Care Acquired Infections	MRSA Infections	Monthly	>5% of the Target	Between Target and 5% of	<=Target	11	6	1	0	2	↓	6	5	Sep-12
		C. Diff Infections	Monthly	>5% of the Target	Between Target and 5% of	<=Target	141	132	19	11	14	↑	71	81	Sep-12
	Equality, diversity & human rights	Mixed Sex Accommodation Breaches	Monthly	>5% of the Target	Between Target and 5% of	<=Target	15	0	0	0	4	↓	0	9	Sep-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 Montly Plan and 5% of	<=Monthly Plan	76	56.3	97.8	55.8	96.5	↑	58.1	82.0	Sep-12
		Delayed transfers of care from hospitals (No. of Patients per 100,000 population over 18 years old)	Monthly	>5% of the Target	Between Montly Plan and 5% of	<=Monthly Plan	12	9.1	15.8	9.0	15.5	↑	9.4	13.2	Sep-12
		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%	54.4%	60.0%	45.0%	↓	60.0%	60.2%	Sep-12
		Numbers of avoidable Grade three and four pressure ulcers	Monthly	>5% of the Target	Between Target and 5% of	<=Target		0	TBC	0	2	↑	0	46	Oct-12

NHS Cambridgeshire Quality and Performance Dashboard 2012/13
Table 2

Domain:		Key performance Indicators						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
REF	METRIC	MEASURE	FREQUENCY	THRESHOLDS												
				RED	AMBER	GREEN										
PHQ19	Referral to treatment	Referral to treatment - Admitted Adjusted % within 18 weeks	Monthly	<90%	N/A	>=90%		88.6%	90.0%	91.5%	90%	89.5%	↓	90%	90.3%	Sep-12
		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	12	↓	0	10	Sep-12
		Patients waiting 6 weeks+ for 15 key diagnostic tests	Monthly	N/A	N/A	N/A		16	0	81	0	62	↑			Sep-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%		97.6%	96.0%	98.2%	96%	95.1%	↓	96%	97.5%	Sep-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%		84.6%	85.0%	90.4%	85%	82.1%	↓	85%	83.7%	Sep-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		69.2%	90.0%	73.0%	90%	74.0%	↑	90%	74.3%	Oct-12
		Deaths at Home	Quarterly	<5% of the Target	Between 47.6% and 5% of the	>=47.6%		47.6%	50.0%		49%	48.0%		49%	48.0%	Apr - June (Q1)
	Screening	Health checks received						23555	26959	2005	2202	2219	↑	13476	10276	Sep-12
		100% of Diabetics to be offered Retinopathy screening	Quarterly	<5% of the Target	Between 90% and 5% of the Target	>=100%		100.0%	100.0%	100.0%	100.0%	96.6%	↓	100.0%	99.3%	July -Sep (Q2)
	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 Montly Plan and 5% of the	<=Monthly Plan		69	48.5	90.5	48.0	89.5	↑	50.0	77.8	Oct-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	18.5	9.8	18.3	↑	10.2	15.9	Oct-12
Domain:		Public Health Indicators														
	Smoking	No. of Smoking Quitters	Monthly	<5% of the Monthy Plan	Between Monthly Plan and 5% of the	>= Monthly Plan		3942	3914	228	326	240	↑	1957	1366	Sep-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%	53.6%	58.6%	48.95%	↓	58.6%	51.28%	July -Sep (Q2)
Domain:		Quality & Patient Safety Performance Indicators														
	Health Care Acquired Infections	MRSA Infections	Monthly	>5% of the Target	Between Target and 5% of the	<=Target		7	4	1	0	2	↓	4	4	Sep-12
		C. Diff Infections	Monthly	>5% of the Target	Between Target and 5% of the	<=Target		101	103	10	9	12	↓	54	65	Sep-12
	Equality, diversity & human rights	Mixed Sex Accommodation Breaches	Monthly	>5% of the Target	Between Target and 5% of the	<=Target		11	0	0	0	2	↓	0	6	Sep-12
	Additional Quality Metrics	Deaths at Home	Quarterly	<5% of the Target	Between 47.6% and 5% of the	>=47.6%			50%			48.0%		49%	48.0%	Apr - June (Q1)
		Percentage of patients (not admitted) having TIA treated within 24 hours	Monthly	<5% of the Target	Between 90% and 5% of the Target	>=60%		28.9%	60.0%	42.1%	60.0%	40.0%	↓	60.0%	56.5%	Sep-12
		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%	82.7%	80.0%	84.9%	↑	80.0%	79.7%	Sep-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									
	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	14	0	13	0	11	↑	0	12	Sep-12
		Patients waiting 6 weeks+ for 15 key diagnostic tests	Monthly	N/A	N/A	N/A	12	0	6	0	3	↑			Sep-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%	98.9%	96.0%	98.3%	96%	95.8%	↓	96%	98.6%	Sep-12
PHQ09		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%	96.6%	↓	94%	91.2%	Sep-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%	88.5%	85.0%	84.6%	85%	80.8%	↓	85%	86.0%	Sep-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%	16.0%	90%	19.0%	↑	90%	16.4%	Oct-12
	Screening	Health checks received	Monthly	<5% of the Target	Between 90% and 5% of the	>=5160	4313	5160	408	430	367.0	↓	2580	1985	Sep-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%	99.8%	100.0%	99.2%	↓	100.0%	98.3%	July - Sep (Q2)
		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	>=93.2%	88.5%	93.2%	82.3%	93.2%	85.1%	↑	93.2%	83.7%	July - Sep (Q2)
Domain:		Public Health Indicators													
	Smoking	No. of Smoking Quitters	Monthly	<5% of the Monthy Plan	Between Monthly Plan and	>= Monthly Plan	1087	1434	63	100	122	↑	618	556	Sep-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%	42.5%	48.0%	41.00%	↓	48.0%	41.75%	July - Sep (Q2)
Domain:		Quality & Patient Safety Generic Performance Indicators													
	Equality, diversity & human rights	Mixed Sex Accommodation Breaches	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	4	0	0	0	2	↓	0	3	Sep-12
	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%	66.7%	60.0%	50.0%	↓	60.0%	63.9%	Sep-12
		Percentage of patients who spend 90%+ of time in a stroke unit	Monthly	<5% of the Target	Between 90% and 5% of the	>=80%	78.7%	80.0%	92.9%	80.0%	76.0%	↓	80.0%	86.0%	Sep-12

Cambridge University Hospitals NHS Foundation Trust Quality and Performance Dashboard 2012/13
Table 4

REF	METRIC	MEASURE	FREQUENCY	THRESHOLDS RED	THRESHOLDS AMBER	THRESHOLDS GREEN	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
Domain:		**Key performance Indicators**													
PHQ19	Referral to treatment	Referral to treatment - Admitted Adjusted % within 18 weeks	Monthly	<90%	N/A	>=90%	88.1%	90.0%	87.2%	90%	84.1%	↓	90%	85.9%	Sep-12
		Maximum two week wait from an urgent GP referral for suspected cancer to date first seen for suspected cancers	Monthly	<93%	N/A	>=93%	95.7%	93%	94.4%	93%	92.3%	↓	93%	93.5%	Sep-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%	95.9%	96%	95.0%	↓	96%	96.0%	Sep-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%	92.9%	94%	91.1%	↓	94%	94.9%	Sep-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%	85.5%	85%	81.0%	↓	85%	79.0%	Sep-12
PHQ05		All patients receiving their first definitive treatment for cancer within two months (62 days) of National screening service referral	Monthly	<90%	N/A	>=90%	89.7%	90%	93.8%	90%	84.2%	↓	90%	91.0%	Sep-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%	98.4%	95%	96.15%	↓	95%	94.47%	Oct-12
Domain:		**Quality & Patient Safety Generic Performance Indicators**													
	Serious Incident Management & learning	Number of Never Events Reported	Monthly	>1	N/A	0	5	0	0	0	0	↔	0	3	Oct-12
	Health Care Acquired Infections	MRSA Infections: Apportioned to Acute Trusts	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	5	2	2	0	1	↑	2	4	Sep-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	4	4	5	↓	24	25	Sep-12
	Equality, diversity & human rights	Mixed Sex Accommodation Breaches	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	0	0	0	0	0	↔	0	3	Sep-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%	88.6%	80.0%	80.0%	↓	80.0%	79.1%	Sep-12
		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	↔	0	4	Oct-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	↔			Oct-12
Domain:		**Providing care in a safe environment**													
QI 8b	Infection Control and Prevention	Number of MRSA bacteraemia per month against SHA target	Monthly	MRSA rates are more than agreed target	NA	MRSA rates are equal to or less than agreed target			Amber		Red	↓			Oct-12
QI 8c	Infection control and prevention	Number of C-Difficile infections per month against PCT target	Monthly	C-Diff rates are more than agreed target	NA	C-Diff rates are equal to or less than agreed target			Red		Red	↔			Oct-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 action plan	All action plans fully implemented or no Never			Amber		Amber	↔			Oct-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			Amber		Amber	↔			Oct-12
Domain:		**CQUINs**													
QI 20d	CQUINs	Patient Experience	Quarterly	As CQUIN	As CQUIN	As CQUIN			NA		Amber				Aug-12
QI 20e	CQUINs	Friends and Family	Quarterly	As CQUIN	As CQUIN	As CQUIN			NA		Amber				Aug-12
QI 20k	CQUINs	Outpatient Cancellations	Quarterly	As CQUIN	As CQUIN	As CQUIN			NA		Amber				Aug-12

Hinchingbrooke Healthcare NHS Trust Quality and Performance Dashboard 2012/13
Table 5

Domain:		Key performance Indicators														
				THRESHOLDS											
REF	**METRIC**	**MEASURE**	**FREQUENCY**	**RED**	**AMBER**	**GREEN**	**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**
	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%	90.2%	93%	90.1%	↓	93%	93.2%	Aug-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	2	0	1	↑	4	8	Sep-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	TBC	↓	0	4	Oct-12
Domain:		**Providing care in a safe environment**													
QI 8c	Infection control and prevention	Number of C-Difficile infections per month against PCT target	Monthly	C-Diff rates are more than agreed target	NA	C-Diff rates are equal to or less than agreed target			Red		Red	↔			Oct-12
QI 10b	Safeguarding children	Percentage of staff trained in safeguarding children processes appropriate to their role	Quarterly	< 75%	75% – 95%	>=95%			Not scored		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, quality concerns	75% to 90% SIs met reporting timescales No quality concerns	>90% SIs met reporting timescales No quality concerns					Amber				Aug-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			Amber		Amber	↔			Oct-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
QI 15c	Commissioner vists	Action taken on findings of commissioner announced or unannounced visits	Quarterly	Annual clinical audit plan missing or incomplete. Quarterly audit reportmissing or incomplete.	Annual clinical audit plan not progressing. No action plans or re-audit. Planned audits not completed.	Annual Clinical audit plan on target. Action plans in place. Participation in relevant NCAPOP audits			NA		NA				Oct-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.			Amber		Amber	↔			Aug-12

Peterborough and Stamford Hospitals NHS Foundation Trust Quality and Performance Dashboard 2012/13
Table 6

REF	METRIC	MEASURE	FREQUENCY	THRESHOLDS RED	AMBER	GREEN	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
Domain:	**Key performance Indicators**														
PHQ19	Referral to treatment	Referral to treatment - Admitted Adjusted % within 18 weeks	Monthly	<90%	N/A	>=90%	91.1%	90.0%	90.4%	90%	91.1%	↑	90%	89.7%	Sep-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%	95.7%	95%	97.26%	↑	95%	93.77%	Oct-12
Domain:	**Quality & Patient Safety Generic Performance Indicators**														
	CQR Intelligence	Summary Hospital-level Mortality Indicator	Quarterly	>5% of the Target	Between Target and 5% of the	<=Target		1	1	1	1.01	↑	1	1.01	Apr-11 - March-12
	SI Management & learning	Number of Never Events Reported	Monthly	>1	N/A	0	3	0	0	0	0	↔	0	1	Oct-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	33	29	6	3	3	↑	16	19	Sep-12
	Equality, diversity & human rights	Mixed Sex Accommodation Breaches	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	1	0	0	0	4	↓	0	4	Sep-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%	81.6%	80.0%	83.3%	80.0%	77.4%	↓	80.0%	81.0%	Sep-12
		Numbers of avoidable Grade three and four pressure ulcers	Monthly	>5% of the Target	Between Target and 5% of the	<=Target		0	TBC	0	TBC	↔	0	14	Oct-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	Monthly	0 or 1 measure met	2 measures met	3 measures met			Green		Amber				Oct-12
Domain:	**Providing care in a safe environment**														
QI 8c	Infection control and prevention	Number of C-Difficile infections per month against PCT target	Monthly	C-Diff rates are more than agreed target	NA	C-Diff rates are equal to or less than agreed target			Red		Red	↔			Oct-12
QI 10b	Safeguarding children	Percentage of staff trained in safeguarding children processes appropriate to their role	Quarterly	< 75%	75% – 95%	>=95%			Amber		Amber	↔			Sept-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			Amber		Amber	↔			Sept-12
QI 11b	Safeguarding adults	Percentage of staff trained in safeguarding adults processes, including Mental Capacity Act	Quarterly	<75% SIs met reporting timescales, quality concerns	75% to 90% SIs met reporting timescales No quality concerns	>90% SIs met reporting timescales No quality concerns			Green		Amber	↓			Sept-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.			Green		Amber	↓			Oct-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			Amber		Amber	↔			Oct-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.					Red				Aug-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.			Grren		Amber	↓			Sept-12
Domain:	**CQUINs**														Aug-12
QI 20a	CQUINs	VTE	Quarterly	As CQUIN	As CQUIN	As CQUIN			NA		Amber				Aug-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%	100.0%	85%	66.7%	↓	85%	77.5%	Aug-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	0	0	1	↓	3	5	Sep-12
	Equality, diversity & human rights	Mixed Sex Accommodation Breaches	Monthly	>5% of the Target	Between Target and 5% of the	<=Target	1	0	0	0	1	↓	0	1	Sep-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	TBC	↓	0	3	Oct-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	Monthly	0 or 1 measure met	2 measures met	3 measures met			NA		Amber				Sept-12
Domain:		**Providing care in a safe environment**													
QI 8c	Infection control and prevention	Number of C-Difficile infections per month against PCT target	Monthly	C-Diff rates are more than agreed target	NA	C-Diff rates are equal to or less than agreed target			Green		Red	↓			Sept-12
QI 10a	Safeguarding children	Protect Children from Avoidable harm through compliance with section 11 and CQC Regulations	Quarterly	< 75%	75% – 95%	>=95%					Red				Sept-12
QI 10b	Safeguarding children	Percentage of staff trained in safeguarding children processes appropriate to their role	Quarterly	< 75%	75% – 95%	>=95%					Red				Sept-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				Sept-12
QI 11a	Safeguarding adults	Protect adults from avoidable harm	Quarterly	< 75%	75% – 95%	>=95%					Red				Sept-12
QI 11b	Safeguarding adults	Percentage of staff trained in safeguarding adults processes, including Mental Capacity Act	Quarterly	<75% SIs met reporting timescales, quality concerns	75% to 90% SIs met reporting timescales No quality concerns	>90% SIs met reporting timescales No quality concerns					Red				Sept-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.					Red				Sept-12

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

Domain:		Performance Indicators															
						THRESHOLDS											
REF	METRIC	MEASURE	Commissioner	FREQUENCY	RED	AMBER	GREEN	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
		Numbers of avoidable Grade three and four pressure ulcers	NHS Cambridgeshire	Monthly	>5% of the Target	Between Target and 5% of the	<=Target		0	TBC	0	TBC	↔	0	9	Oct-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		Red	↑			Oct-12
Domain: Domain:		Ensuring a Positive Experience / 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	↔			Oct-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	↔			Sept-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	↔			Sept-12
QI 11a	Safeguarding adults	Protect adults from avoidable harm		Quarterly	< 75%	75% – 95%	>=95%			Red		Amber	↑			Sept-12
QI 11b	Safeguarding adults	Percentage of staff trained in safeguarding adults processes, including Mental Capacity Act		Quarterly	<75% SIs met reporting timescales, quality concerns	75% to 90% SIs met reporting timescales No quality concerns	>90% SIs met reporting timescales No quality concerns			Red		Red	↔			Sept-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.			Red		Red	↔			Oct-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			Amber		Amber	↔			Sept-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	↔			Sept-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				Sept-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				Aug-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.			Amber		Amber	↔			Sept-12
QI 20	Out-of-hours care	Achievement of OOH NQRs		Monthly	One or more NQRs not achieved	NA	All NQRs achieved			Amber		Amber	↔			Oct-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									

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

Table 9

Domain:	Performance Indicators															
REF	**METRIC**	**MEASURE**	**Commissioner**	**FREQUENCY**	**THRESHOLDS** RED	AMBER	GREEN	**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**
		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%	92.7%	95%	93.8%	↑	95%	92.6%	Sep-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%	92.4%	95%	92.3%	↓	95%	91.9%	Sep-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	NHS Cambridgeshire	Monthly	0 or 1 measure met	2 measures met	3 measures met			Amber		Red	↓			Oct-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	↔			Oct-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	↔			Aug-12
QI 10b	Safeguarding children	Percentage of staff trained in safeguarding children processes appropriate to their role	NHS Cambridgeshire	Quarterly	< 75%	75% – 95%	>=95%			Amber		Amber	↔			Aug-12
QI 11b	Safeguarding adults	Percentage of staff trained in safeguarding adults processes, including Mental Capacity Act		Quarterly	<75% SIs met reporting timescales, quality concerns	75% to 90% SIs met reporting timescales No quality concerns	>90% SIs met reporting timescales No quality concerns			Amber		Amber	↔			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.			Red		Amber	↑			Oct-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	↔			Aug-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	↔			Aug-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
Domain:	**CQUINs**															
QI 20i	CQUINs	Measuring Outcomes		Quarterly	As CQUIN	As CQUIN	As CQUIN			NA		Red				Aug-12
QI 20l	CQUINs	Adult ADHD		Quarterly	As CQUIN	As CQUIN	As CQUIN			NA		Red				Aug-13