

Appendix G1 Performance Measures for 2011/12

Headline Measures

	Measure	Definition	How Performance will be Judged	Threshold or Plan	Frequency of plan/forecast	
Quality (Safety, Effectiveness & Patient Experience)	HQU01	HCAI measure (MRSA & CDI)	MRSA bacteraemia	Against plan	More than 1 SD away from plan	Monthly
	HQU02		CDI	Against plan		
	HQU03_01	Ambulance quality - Cat A response times	Cat A response within 8 mins	Against minimum threshold	75%	
	HQU03_02		Cat A response within 19 mins	Against minimum threshold	95%	
	HQU04	Patient experience survey	Outliers identified using NHS PF approach + narrative & results of local surveys			
	HQU05	RTT waits (95th percentile measures)	RTT - admitted 95th centile	Against max threshold	23 weeks	
	HQU06		RTT - non-admitted 95th centile		18.3 weeks	
	HQU07		RTT - incomplete 95th centile		28 weeks	
	HQU08	MSA breaches	Numbers of unjustified breaches	minimal breaches	TBC	
	HQU09	A&E Quality Indicators (5 measures) ¹	Unplanned re-attendance rate - Unplanned re-attendance at A&E within 7 days of original attendance (including if referred back by another health professional)	Against minimum threshold	>5%	
	HQU10		Total time spent in A&E department - 95th centile		>4 hours	
	HQU11		Left department without being seen rate		>5%	
	HQU12		Time to initial assessment - 95th centile		>15 mins	
	HQU13		Time to treatment in department - median		>60 mins	
	HQU14	Cancer 2 week, 62 days (aggregate measures)	2 week wait services - % seen in 2 weeks of all urgent referrals & referrals for breast symptoms	Against minimum threshold	93%	
	HQU15		62 day wait - % treated in 62 days from GP referral, consultant referral and referral from screening programme		>~86%	
HQU16	Emergency Readmissions	Emergency readmissions within 30 days	System indicator	TBC		
Resources (Finance, Capacity & Activity)	HRS01	Financial forecast outturn & performance against plan	Financial forecast outturn performance against plan at organisational and regional level. In addition, no PCT forecast deficits are expected and no provider should plan for a forecast deficit unless part of an agreed recovery plan	Perf against plan and absolute performance by exception		TBC
	HRS02	Financial performance score for NHS Trusts	Quarterly provider performance ratings to be given based on financial performance and position	System indicator		
	HRS03	Delivery of running cost targets	Actual running costs to be compared to target running costs at regional level. Definition of running costs to form part of planning guidance.	System indicator		TBC
	HRS04	Progress on delivery of QIPP savings	QIPP delivery (savings and re-investment) in 2011/12 and QIPP for 2012/13 to 2014/15	Perf against plan		
	HRS05	Acute Bed Capacity	G&A available beds	System indicator		Quarterly
	HRS06	Non elective FFCEs	Non-elective FFCEs	System indicator	59255	Monthly
	HRS07	Numbers waiting on an incomplete Referral to Treatment pathway	Total numbers waiting at the end of the month on an incomplete RTT pathway	System indicator	36784	Monthly
	HRS08	Health visitor numbers	Numbers of HVs	Perf against plan	TBC	Monthly
	HRS09	Workforce productivity	% Change in secondary activity compared to % Change in earnings weighted staff capacity	System indicator		
Reform (Commissioner, Provider & building capability and partnership)	HRF01	FT Pipeline	see SRF01 to SRF03	TBC	TBC	TBC
	HRF02	Transforming Community Services successfully achieved	see SRF06	TBC	TBC	TBC
	HRF03	GP consortia progress and transfer of relevant functions to NHS CB/LAs	see SRF07 to SRF10	TBC	TBC	TBC
	HRF04	Establishment of PCT clusters		TBC	TBC	TBC
	HRF05	Choice	SRF11 to SRF13	TBC	TBC	TBC
	HRF06	Information to Patients	SRF14	TBC	TBC	TBC
	HRF07	Competition	SRF13	TBC	TBC	TBC

Supporting Measures

	Measure	Definition	How Performance will be Judged	Threshold (if appropriate)	Frequency of plan/forecast	
Quality (Safety, Effectiveness & Patient Experience)	SQU01	VTE Risk assessment	% of all adult inpatients who have had a VTE risk assessment	Improvement		
	SQU02	% deaths at home (inc care homes)	No reg deaths at home/no. registered deaths	Perf against plan	50%	Quarterly
	SQU03_01	Ambulance quality indicators (all othermeasures) ¹	Call Abandonment Rate	Improvement		
	SQU03_02		Re-contact rate following discharge of care	Improvement		
	SQU03_03		Outcome from Cardiac Arrest	Improvement		
	SQU03_04		Service Experience	Improvement		
	SQU03_05		Outcome from acute STEMI	Improvement		
	SQU03_06		Outcome from stroke for ambulance patients	Improvement		
	SQU03_07		Outcome from Cardiac Arrest- survival to discharge	Improvement		
	SQU03_08		time to answer call	Improvement		
	SQU03_09		time to treatment	Improvement		
	SQU03_10		Ambulance calls closed with telephone advice or managed without transport to A&E	Improvement		
	SQU04_01	A&E quality indicators (all other measures)	Ambulatory care	Improvement		
	SQU04_02		consultant sign-off	Improvement		
	SQU04_03		Service Experience	Improvement		
	SQU05	Cancer waits (9 measures)	Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer	Against minimum thresholds	93%	
			Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected	Against minimum thresholds	93%	
			Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer	Against minimum thresholds	85%	
			Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service	Against minimum thresholds	90%	
			Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status	Against minimum thresholds	TBC	
			Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis	Against minimum thresholds	96%	
			Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is Surgery	Against minimum thresholds	94%	
			Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is an Anti-Cancer Drug Regime	Against minimum thresholds	98%	
			Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is a Radiotherapy Treatment Course	Against minimum thresholds	94%	
	SQU06_01	Stroke indicator	Proportion of people who have had a stroke who spend at least 90% of their time in hospital on a stroke unit	Against minimum thresholds	80%	
	SQU06_02		Proportion of people at high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Against minimum thresholds	60%	
	SQU07	Community services	Indicator to be developed in 2011/12			
SQU08	Carers breaks	Agree and make available to local people policies, plans and budgets to support carers	Through planning checklist			
SQU09	Access to NHS dentistry	Current 24 month measure	Perf against plan	TBC	Monthly	

		Measure	Definition	How Performance will be Judged	Threshold or Plan	Frequency of plan/forecast	
Quality (Safety, Effectiveness & Patient Experience)	SQU10	Staff engagement ²	Overall Staff Engagement score is calculated from responses to multiple questions in the annual NHS staff survey	Improvement			
	SQU11	PROMS scores		Improvement			
	SQU12	Maternity 12 weeks	% women who have seen a midwife by 12 weeks and 6 days of pregnancy	Against minimum thresholds	90%		
	SQU13	Mental health measures - EI	The number of new cases of psychosis served by early intervention teams year to date	Perf against plan for providers. Perf against envelopes for commissioners		Quarterly	
	SQU14	Mental health measures - CR/HT	Commissioner measure is number of episodes, provider measure is % of inpatient admissions that have been gatekept by CR/HT	Perf against envelopes for commissioners. Perf against threshold for providers	Provider threshold = 95%		
	SQU15	Mental health measures - CPA	The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the	against threshold	95%		
	SQU16	Mental health measures - IAPT	Proportion of people with depression referred for psychological therapy and proportion referred for therapy receiving it.	Perf against plan	84.9%/14.2%	Quarterly	
	SQU17	Low value procedures	Number of identified low value procedures carried out				
	SQU18	Smoking Quitters	Smoking quitters per 100,000 population	Perf against plan	5736	Quarterly	
	SQU19	Breastfeeding at 6-8 weeks	Prevalence of breastfeeding at 6-8 wks after birth (also coverage?)	Perf against plan	46.5% (Prev) 95% (Cov.)	Quarterly	
	SQU20	Breast screening	Extension of breast screening program to women aged 47-49 and 71-73	Improvement			
	SQU21	Bowel screening	Extension of bowel screening program to men and women aged 70 up to 75 birthday	Improvement			
	SQU22	Cervical screening test results	All women to receive results of cervical screening tests within 2 weeks	Against minimum thresholds	TBC		
	SQU23	Diabetic retinopathy screening	Percentage of eligible people offered screening for the early detection (and treatment if needed) of diabetic retinopathy in the previous twelve months	Against minimum thresholds	95%		
	SQU24	Referral to Treatment waits (median wait measures)	RTT - admitted median	Against minimum thresholds	11.1 weeks		
	SQU25		RTT - non-admitted median	Against minimum thresholds	6.6 weeks		
	SQU26		RTT - incomplete median	Against minimum thresholds	7.2 weeks		
	SQU27	Coverage of NHS Health Checks	% people ages 40-74 who have received a health check	Perf against plan	11.70%	Quarterly	
	SQU28	People with Long Term Conditions feeling independent and in control of their condition	% of people with LTCs who said they had had enough support from local services/orgs	system indicator	80%,81%	Q2, Q4	
	SQU29	Emergency admissions for Long Term Conditions	Number of emergency admissions to hospital for people who have a Long-Term Condition each month	system indicator	TBC		
	SQU30	Safeguarding	Indicator to be developed in 2011/12				
	Resources (Finance, Capacity & Activity)	SRS01	Total pay costs	Total costs of staff (to include cost of staff within provider contracts)	Perf against plan and in comparison to workforce		
		SRS02	Total workforce (FTEs)	All Hospital and Community Health Services (HCHS) workforce by FTE	Perf against plan	TBC	TBC
		SRS03	Year to date financial position	In year cumulative surplus/(deficit) position and how it relates to the forecast	Perf against plan		
		SRS04	NHS Trusts Breakeven duty	NHS Trusts three year break even duty	System Indicator		
		SRS05	Delivery of 2% recurrent headroom	All PCTs required to ensure that 2% of their recurrent funding is only ever committed non-recurrently. The 2% to be held by SHAs with PCTs accessing the funding through business cases	System Indicator		
		SRS06	PCT legacy debt position	PCTs with legacy debt issues (that arose prior to 2011/12) to be dealt with by the end of 2012/13. PCTs to work with developing GP consortia to ensure no new deficits in 2011/12 to 2012/13	System Indicator		
		SRS07	Underlying financial position of PCTs and NHS Trusts	Recurrent position of PCTs and Trusts as reported in FIMs	Perf against plan/system indicator		
		SRS08_01	Length of stay (Acute and MH)	Average spell duration for non-same day acute discharges	System indicator		Monthly
		SRS08_02		Average spell duration for non-same day MH discharges	System indicator		Monthly
SRS09		Daycase rate	Proportion of elective FFCEs which are for daycases.	System indicator			
SRS10_01		Delayed Transfers of Care (Acute & MH)	Delayed Transfers of Care (Acute) - Comm measure is no of delays per 100,000 population. Prov measure is no delays as a proportion of a count of activity or beds.	System indicator/use thresholds from PF			
SRS10_02			Delayed Transfers of Care (MH) - Comm measure is no of delays per 100,000 population. Prov measure is no delays as a proportion of a count of activity or beds.	System indicator/use thresholds from PF			
SRS11		GP written referrals to hospital	No of GP written referrals	Perf against plan & system indicator	170,405	Monthly	
SRS12		Other referrals for a first outpatient appointment	No of other referrals	Perf against plan & system indicator	79,613	Monthly	
SRS13		First outpatient attendances following GP referral	No 1st outpatient attendances after GP referral	Perf against plan & system indicator	122,080	Monthly	
SRS14		All first outpatient attendances	No of first outpatient attendances	Perf against plan & system indicator	187,541	Monthly	
SRS15		Elective FFCEs	No of elective FFCEs (ordinary adms & separately daycases)	Perf against plan & system indicator	117,361	Monthly	
SRS16		A&E attendances	Number of attendances at A&E departments in a month (total and type 1)	System indicator	129,705 & 117,331	Quarterly	
SRS17		Ambulance Urgent & Emergency Journeys	Number of urgent and emergency journeys via ambulance, monthly	System indicator		Quarterly	
SRS18		Community activity	Indicator to be developed in 2011/12				
SRS19		Staff absences	WTE Number of days sick/WTE number of days available	Perf against plan / % reduction from baseline	TBC	TBC	
SRS20		Temporary staffing costs	Finance	TBC	TBC		
SRS21		Clinical staff numbers	Clinical staff numbers (Medical & dental, Qualified nursing, ST&Ts, Ambulance staff, Clinical support)	Perf against plan	TBC	TBC	
SRS22	Management numbers	Numbers of HCHS FTE in the categories Admin & estates & Managers & senior managers	Perf against plan	TBC	TBC		
SRS23	Redundancy	Compulsory redundancy of NHS staff within NHS organisations	System indicator	TBC	TBC		
Reform (Commissioner, Provider & building capability and partnership)	SRF01	Progression of Trusts along the FT pipeline		TBC	TBC	TBC	
	SRF02	Assessment of risk to successful delivery of pipeline		TBC	TBC	TBC	
	SRF03	Assessment of progress along the pipeline of Trusts in category 4 (unsustainable provider classification)		TBC	TBC	TBC	
	SRF04	Uptake of Right to Provide		TBC	TBC	TBC	
	SRF05	Any Willing Provider		TBC	TBC	TBC	
	SRF06	Progress with Transforming Community Services Divestment		TBC	TBC	TBC	
	SRF07	% of GPs (a) in pathfinder consortia and (b) in pipeline to become pathfinders	Indicators to be developed for 2011/12	TBC	TBC	TBC	
	SRF08	% of PCT commissioning spend delegated to GP practices	Indicators to be developed for 2011/12	TBC	TBC	TBC	
	SRF09	Running costs per head of pop. delegated from PCTs to consortia for start up costs	Indicators to be developed for 2011/12	TBC	TBC	TBC	
	SRF10	Has SHA completed full analysis of current levels of staffing and arrangements for those region- wide (SHA and PCT) functions, which will transfer to the NHS CB?	Indicators to be developed for 2011/12	TBC	TBC	TBC	
	SRF11	Choice of named consultant-led team		TBC	TBC	TBC	
	SRF12	Choice Use of Choose and Book		TBC	TBC	TBC	
	SRF13	Use of the independent sector		TBC	TBC	TBC	
	SRF14	Percentage of patients with greater control of their care records		TBC	TBC	TBC	
	SRF15	Leadership Capacity	Indicators to be developed for 2011/12	TBC	TBC	TBC	

Forecasts are required for some system measures. These are described as 2011/12 firm + 3 years in outline. We would expect forecasts to be submitted monthly/quarterly for 2011/12 and then an annual forecast for 2012/13, 2013/14 and 2014/15.