

**Trust Board**

**Key Performance Indicator Report**

**Oct-11**

Objective	Graph	Page no.	Reported	YTD Target/Trajectory (11/12)	YTD Performance	In month / quarter performance	Monthly Trend							Quarterly Trend			
							Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	2011/12 Q1	2011/12 Q2	2011/12 Q3	2011/12 Q4

Objective 1	Incidence of C.difficile	2	Monthly	5.25	6	0
	Incidence of MRSA	2	Monthly	0	2	0
	Incidence of MSSA	2	Monthly	11/12 setting the baseline	10	3
	Incidence of E-Coli	2	Monthly	11/12 setting the baseline	9	3
	Surgical Check List completion rate %		Monthly	95%	-	84.6
	No. of NICE recommendations unreviewed	3	Monthly	0	-	2
	48 Hour readmission to ITU	4	Quarterly	3%	-	1.18
	Mortality Figures	3	Monthly	Within tolerance	58	9
	Serious Patient Safety Incidents	3	Monthly	Within tolerance	13	2
	CV Line related blood-stream infections	3	Monthly	1.5	2.19	1.74

2	1	1	0	1	1	0
1	0	1	0	0	0	0
1	1	0	2	0	3	3
0	0	1	1	3	1	3
72.1	71.5	77.4	83.6	80	83.7	84.6
3	6	7	8	11	0	2
		1.14			1.18	
7	8	11	4	11	8	9
2	0	4	1	4	0	2
1.38	2.52	1.88	2.62	2.50	1.89	1.74

4	2		
2	0		
2	5		
1	5		
73.0	82.0		
7	0		
1.14	1.18		
26	23		
6	5		
2.00	2.33		

Objective 2	Discharge summary completion (%)	6	Monthly	95	78.0	77.7
	DNA rate (new & f/up) (%)	6	Monthly	10	7.9	7.4
	18 week referral to treatment time performance - Admitted	5	Monthly	90	93.8	95.7
	18 week referral to treatment time performance - Non-Admitted	5	Monthly	95	96.4	96
	95th Centile - Admitted	5	Monthly	<23 weeks	19.88	17.9
	95th Centile - Non-Admitted	5	Monthly	<18.3 weeks	17.69	17.8
	95th Centile - Incomplete Pathways	5	Monthly	<28 weeks	34.3	27.9
	Median Waits - Admitted	5	Monthly	<11.1 weeks	10.01	9.6
	Median Waits - Non-Admitted	5	Monthly	<6.6 weeks	6.94	6.9
	Median Waits - Incomplete Pathways	5	Monthly	<7.2 weeks	8.24	7.6
	Number of complaints	-	Monthly	New indicator to be confirmed	80	7
	Number of complaints by grade Low	-	Monthly	New indicator to be confirmed	34	7
	Number of complaints by grade Medium	-	Monthly	New indicator to be confirmed	40	0
	Number of complaints by grade High	-	Monthly	New indicator to be confirmed	6	0
	Percentage of Cancelled Operations	7	Monthly	0.80%	0.74%	0.77%
	Percentage of patients waiting no more than 31 days for second of subsequent treatment - Surgery	7	Monthly	94	100	100
	Percentage of patients waiting no more than 31 days for second of subsequent treatment - Drug treatments	7	Monthly	98	100	100
	Percentage of patients waiting no more than 31 days for second of subsequent treatment - Radiotherapy	7	Monthly	94	100	100
	Maximum waiting time of one month from diagnosis to treatment for all cancers.	7	Monthly	85	100	100
	Inpatients waiting list profile (26+)	5	Monthly	0	-	148

74.3	77.2	77.2	80.8	80.4	74.9	77.7
8.6	8.9	6.9	8.2	8	7.1	7.4
91.2	91.3	94.8	92.4	96.1	95.7	-
97.7	97.6	97.0	96.8	95.1	96.0	-
21.8	21.3	19.2	21.5	17.8	17.9	-
17.6	17.7	17.5	17.5	18.0	17.8	-
33.8	36.6	37.4	36.5	25.7	27.9	-
9.5	8.9	11.4	11.3	9.4	9.6	-
7.0	8.2	7.1	6.7	6.5	6.9	-
8.7	9.8	9.0	8.1	7.0	7.6	-
21	8	12	9	10	13	7
6	1	3	3	6	8	7
13	7	9	6	2	3	0
2	0	0	0	2	2	0
0.70%	0.86%	0.74%	0.69%	0.71%	0.72%	0.77%
100	100	100	100	100	100	100
100	100	100	100	100	100	100
100	100	100	100	100	100	100
100	100	100	100	100	100	100
66	73	64	71	163	118	148

76.29	78.37		
8.03	8		
92.7	94.7		
97.1	95.9		
20.7	18.3		
17.6	17.8		
37.0	30.5		
10.0	10.1		
7.3	6.7		
9.1	7.6		
41	32		
10	17		
29	11		
2	4		
0.78%	0.72%		
100	100		
100	100		
100	100		
100	100		
64.0	118.0		

Objective 3	Theatre Utilisation (Patient Operation Utilisation of Scheduled Duration U4)	8	Monthly	70	-	70.8
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72	74.3	70	71.4	67.4	69.5	70.8
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72.1	69.4		
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Objective	Graph	Page no.	Reported	YTD Target/Trajectory (11/12)	YTD Performance	In month / quarter performance	Monthly Trend							Quarterly Trend			
							Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	2011/12 Q1	2011/12 Q2	2011/12 Q3	2011/12 Q4
Objective 3	New to follow up ratio	8	Monthly	4.18	4.43	4.25	4.4	4.3	4.6	4.2	4.4	4.4	4.25	4.4	4.33		
	Patient refusals	8	Monthly	To reduce	143	20	28	22	19	27	9	18	20	69	54		
	Clinical Income variance	9	Monthly	-	-£1,436,184	-	0	£1,053,912	£278,133	£48,168	-£511,511	-£1,184,496	-£1,436,184	£278,133	-£1,184,496		
Objective 4	Patient safety reports for GOSH-sponsored clinical trials		Monthly	-	7	2	1	0	3	0	0	1	2	4	1		
	Clinical trials recruitment portfolio	10			-	1	112	118	157	117	148	69	1	387	334		
	Number of Active Research Projects		Monthly	-	-	486	649	639	625	621	617	603	606	625	603		
	GOSH Research Grants (£)		Monthly	-	-	58,000	53,502	42,244	60,558	495,853	27,500	218,142	58,000	156,304	741,495		
	Research Grant Awards (£)		Monthly	-	-	382,713	465,797	1,447,693	1,052,451	2,220,191	806,276	1,053,908	382,713	2,965,942	4,080,375		
	UKCRN Portfolio Studies		Monthly	-	-	96	93	95	96	97	96	96	96	96	96		
Objective 5	MADEL SLA Value (£)		Quarterly	5,627,351	5,627,351	-			5,697,359			5,627,351		5,697,359	5,627,351		
	SIFT SLA Value (£)		Quarterly	60,142	60,142	-			60,142			60,142		60,142	60,142		
	NMET SLA Value (£)		Quarterly	1,007,342	1,007,342	-			1,058,375			1,007,342		1,058,375	1,007,342		
Objective 6	Monitor Risk Rating	12	Monthly	3	-	3	2	2	3	3	3	3	3	3	3		
	Charity fundraising income	12	Monthly	32,605,203	33,572,195	33,572,195	2,899,725	3,324,829	4,212,132	5,929,690	4,032,098	8,254,528	4,919,193	10,436,686	18,216,316		
	Bank and agency total expenditure	12	Monthly	To reduce	-	1,618	1,253	1,152	1,312	1,577	1,338	1,721	1,618	3,717	4,636		
Objective 7	Staff PDR completeness - clinical (%)		Monthly	80	-	68.6	73.3	75.7	75.9	77.6	75.9	72.1	68.6	75.9	72.1		
	Staff PDR completeness - non clinical (%)		Monthly	80	-	61.9	73	74.9	73	72.3	71.1	65.8	61.9	73	65.8		
	Information Governance Training	14	Monthly	-	-	87	34.2	51.5	83.0	85.5	88.4	89.8	87.0	83	89.8		
	Sickness Rate	13	Quarterly	3.3	-	3.27			3.27			3.27		3.27	3.27		
	Staff In Post (£)	13	Quarterly	-	-	3352.7			3245.66			3352.7		3245.66	3352.7		
	Vacancy rate by staff group	13	Quarterly	-	-	6.60%			6.66%			6.60%		6.66%	6.60%		
	Trust Turnover	13	Quarterly	-	-	21.1%			20.9%			21.1%		20.9%	21.1%		

\* Rolling 12 month position

\*\*Were an NHS foundation trust has an annual MRSA objective of six cases or fewer (the de minimus limit) and has reported six cases or fewer in the year to date, the MRSA objective will not apply for the purpose of Monitor's Compliance Framework.

For Key, see Glossary

Appendix 3. Monitor Governance Risk Rating

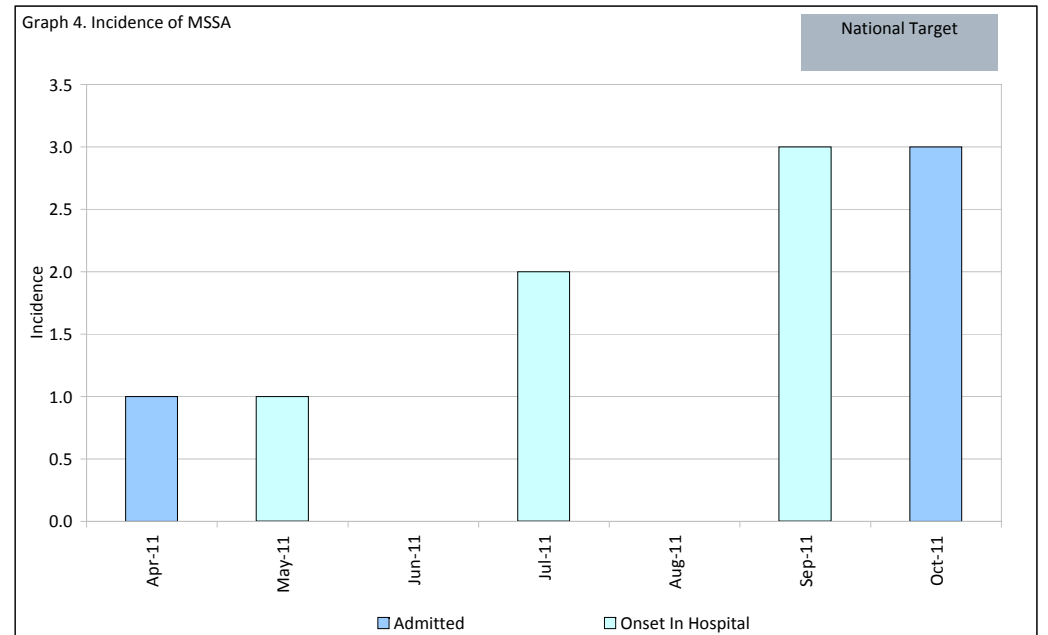
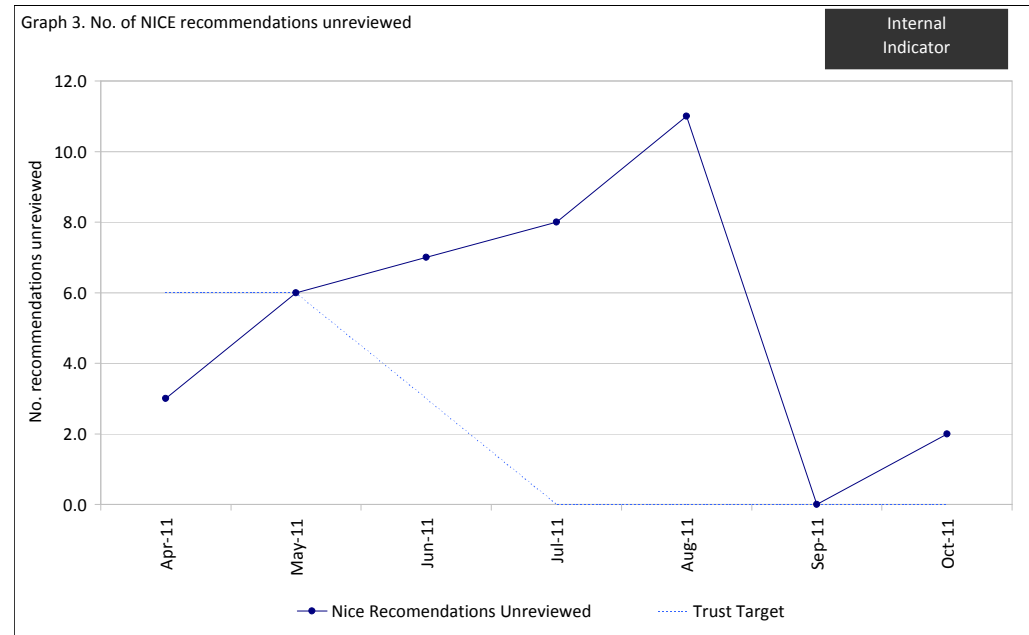
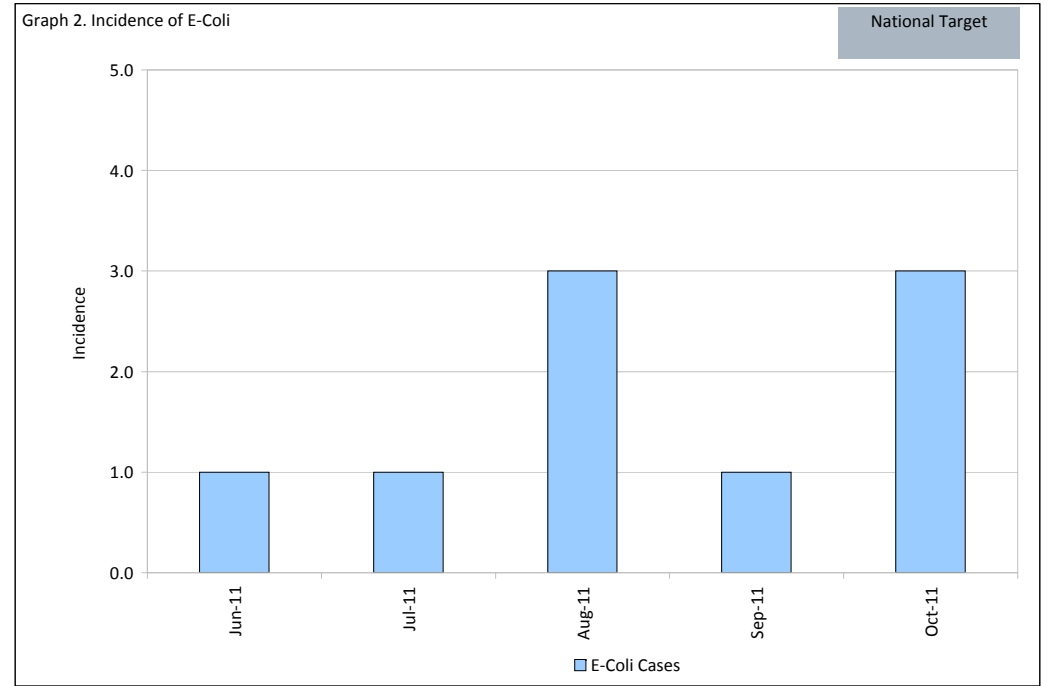
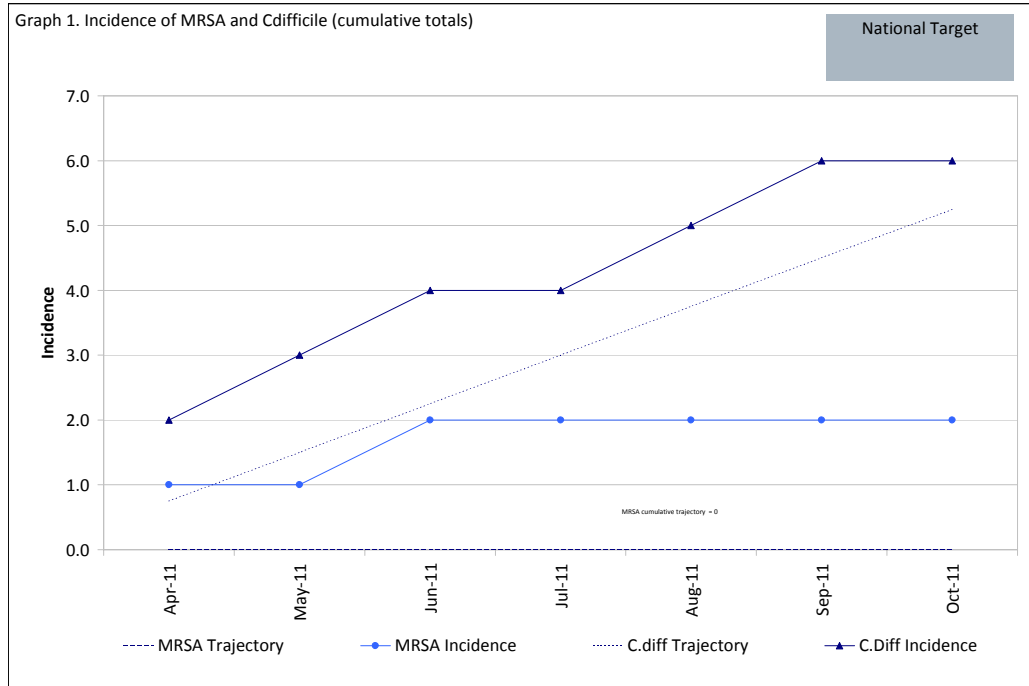
Targets - weighted 1.0 (national requirements)		Thresholds	Weighting	Monitoring period	Performance Score									
					Month 1	Month 2	Month 3	Q1	Month 4	Month 5	Month 6	Q2	Month 7	
1	MRSA - meeting the MRSA objective *	0	1	Quarterly	0	0	0	0	0	0	0	0	0	0
2	Clostridium difficile year on year reduction (to fit with trajectory for the year as agreed with PCT)	0	1	Quarterly	1	1	1	1	1	1	1	1	1	0
3	All cancers: 31-day wait for second or subsequent treatment comprising either: Surgery anti cancer drug treatments radiotherapy (from 1 Jan 2011)	TBC	1	Quarterly	0	0	0	0	0	0	0	0	0	0
		94%			0	0	0	0	0	0	0	0		
		98%			0	0	0	0	0	0	0	0		
		94%			0	0	0	0	0	0	0	0		
4	Admitted 95thCentile Performance	<23 weeks	1	Quarterly	0	0	0	0	0	0	0	0	0	
5	Non-Admitted 95thCentile Performance	<18.3 weeks	1	Quarterly	0	0	0	0	0	0	0	0	0	
6	Maximum waiting time of 31 days from diagnosis to treatment of all cancers	96%	0.5	Quarterly	0	0	0	0	0	0	0	0	0	
7	Stroke Indicator	TBC	0.5	Quarterly	-	-	-	-	-	-	-	-	-	
8	Certification against compliance with requirements regarding access to healthcare for people with a learning disability	N/A	0.5	Quarterly	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	
Total								1.5				1.5		
Overall governance risk rating								Amber-green				Amber-green		

Monitor governance rating	
Green	from 0 to 0.9
Amber-green	from 1.0 to 1.9
Amber-red	from 2.0 to 3.9
Red	4.0 or more

\*Where an NHS foundation trust has an annual MRSA objective of six cases or fewer (the de minimis limit) and has reported six cases or fewer in the year to date, the MRSA objective will not apply for the purposes of Monitor's Compliance Framework

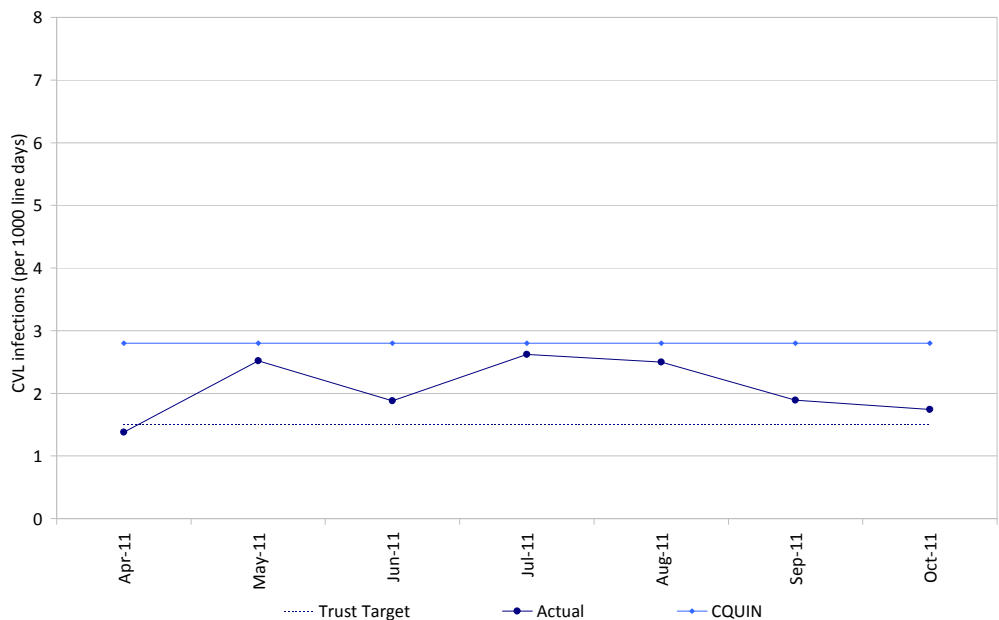
Risk rating	Description (risk of significant breach of authorisation)
Green	No material concerns
Amber-green	Emerging concerns
Amber-red	Potential future significant breach if not rectified
Red	Likely or actual significant breach

1. Consistently deliver clinical outcomes that place us amongst top 5 Children's Hospitals in the world.



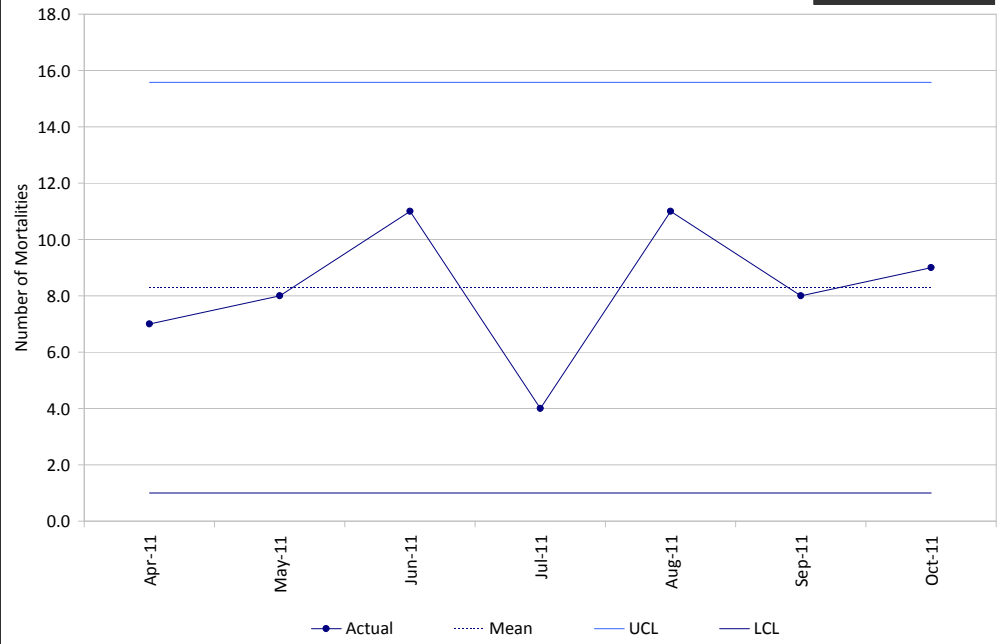
Graph 5. CV Line Infections (per 1000 bed days) - All areas

CQUIN Measure



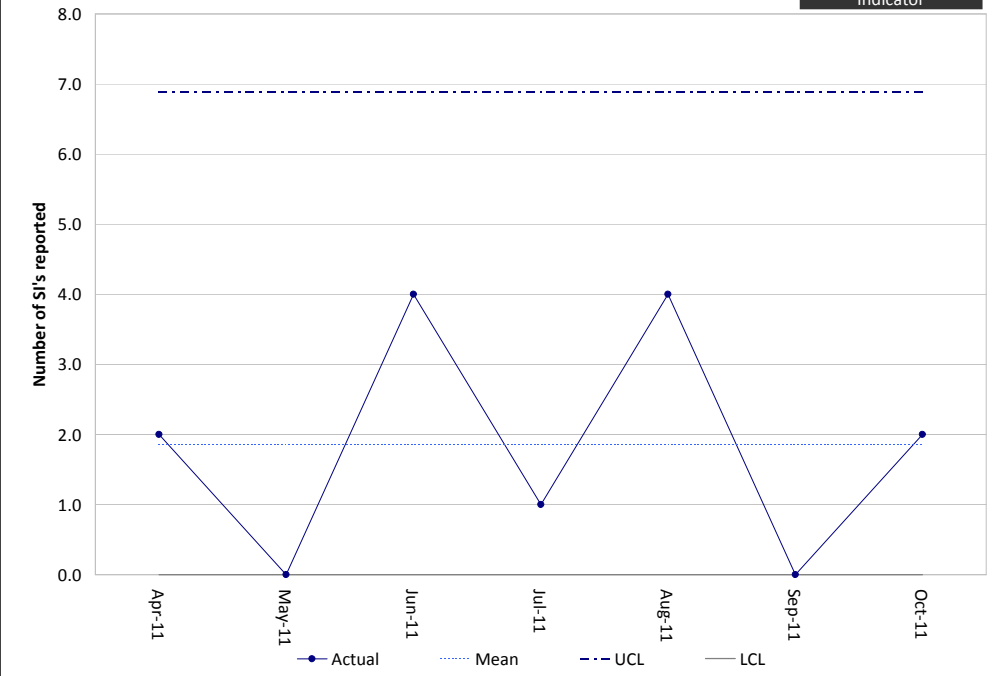
Graph 6. Mortality Figures - where discharge reason is 'Died'.

Internal Indicator



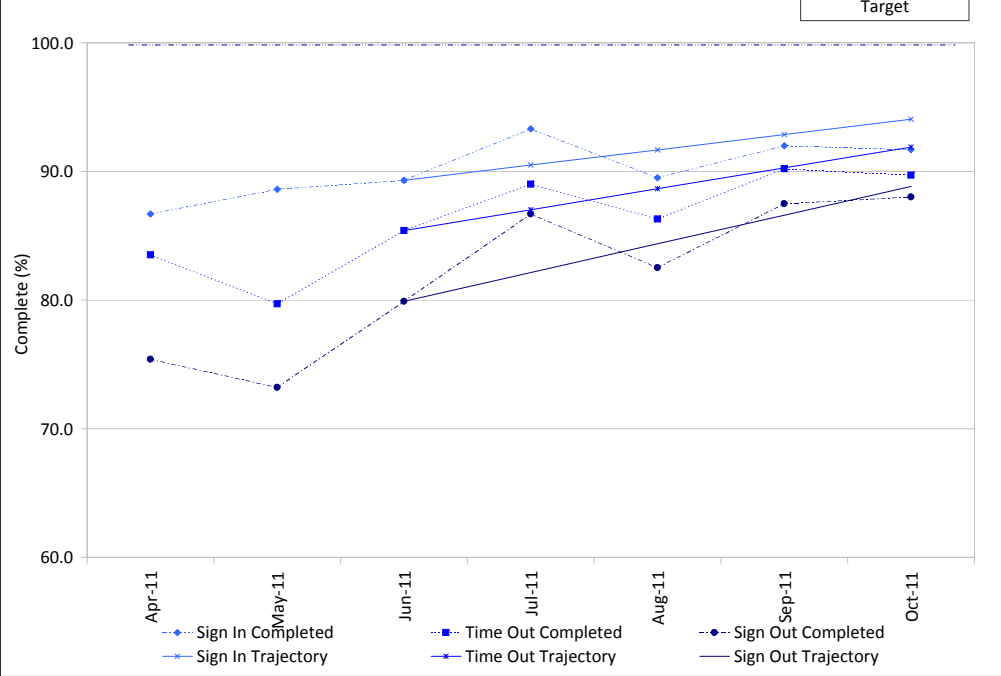
Graph 7. Serious Incidents Aug 2007 - May 2011

Internal Indicator

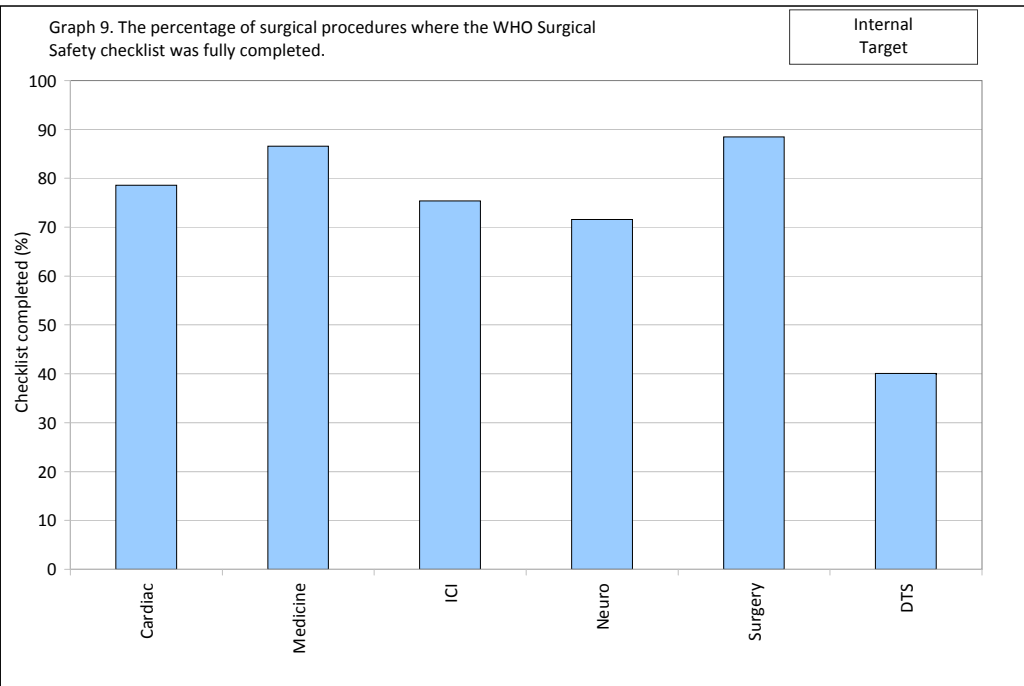


Graph 8. Theatre Patient Safety Checklist Completion rates against total operations

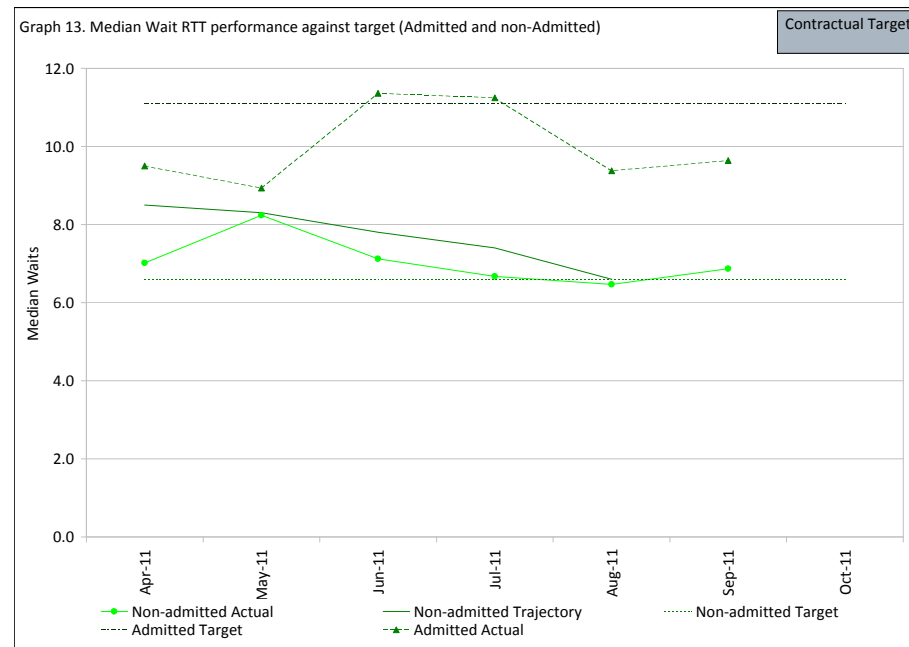
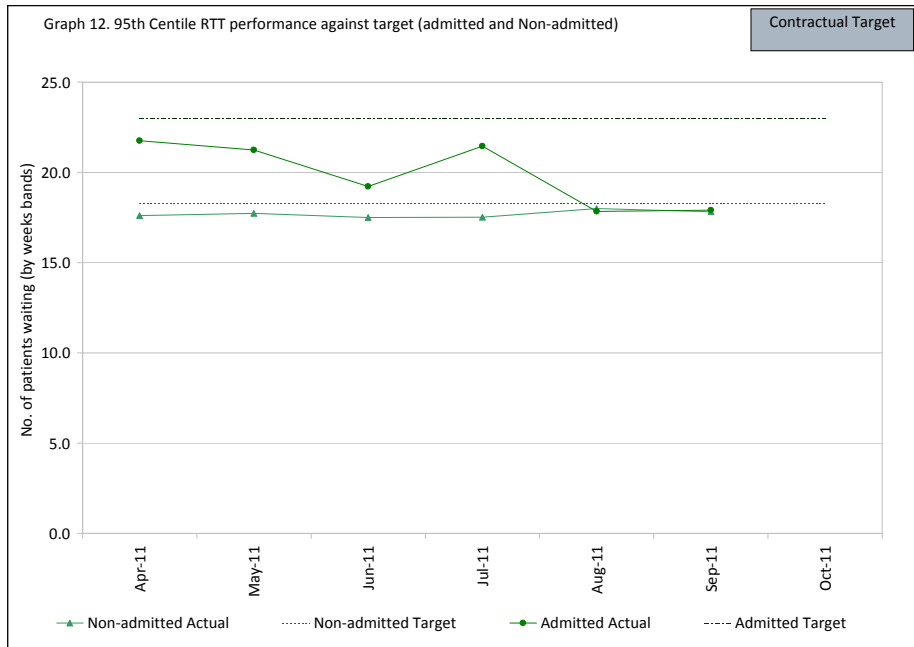
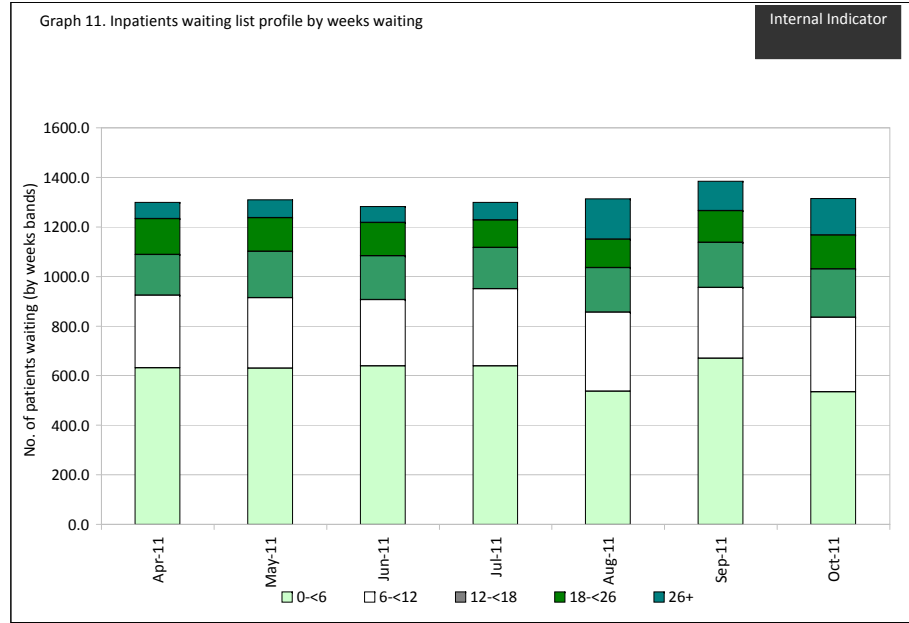
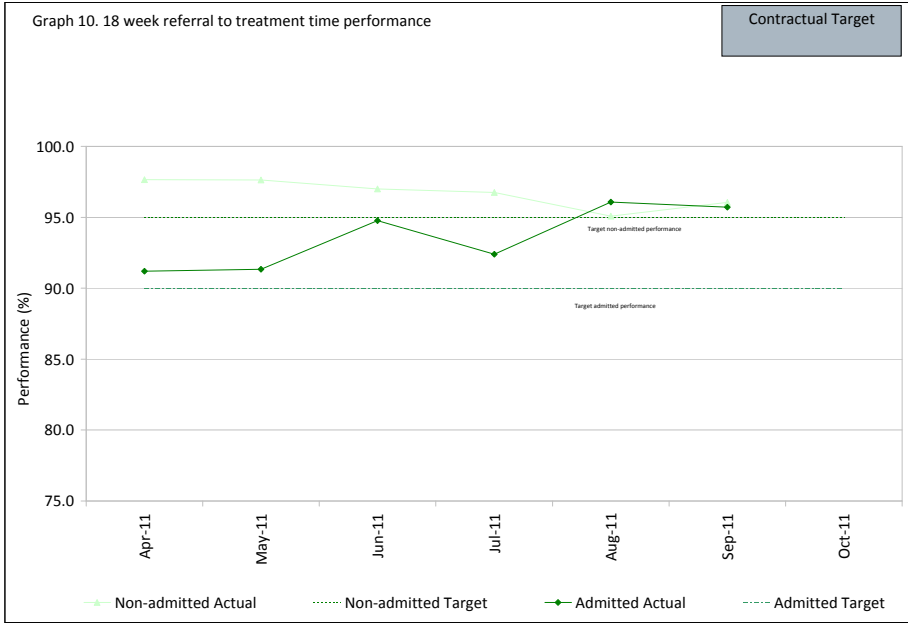
Internal Target



Graph 9. The percentage of surgical procedures where the WHO Surgical Safety checklist was fully completed.



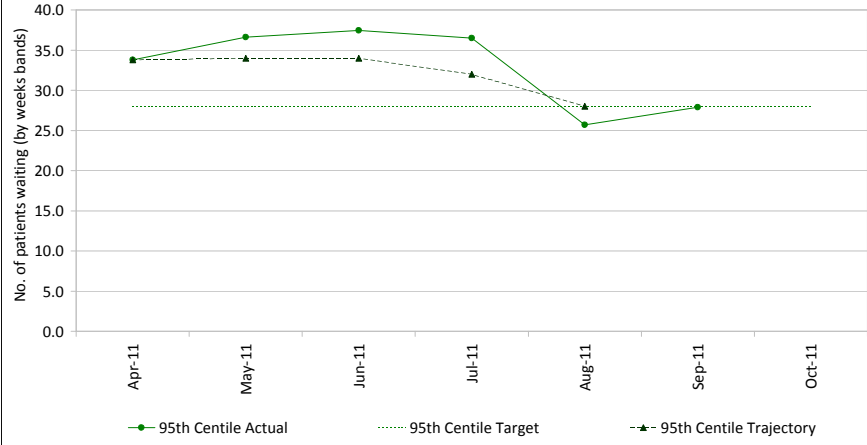
2. Consistently deliver an excellent experience that exceeds our patient, family and referrers' expectations





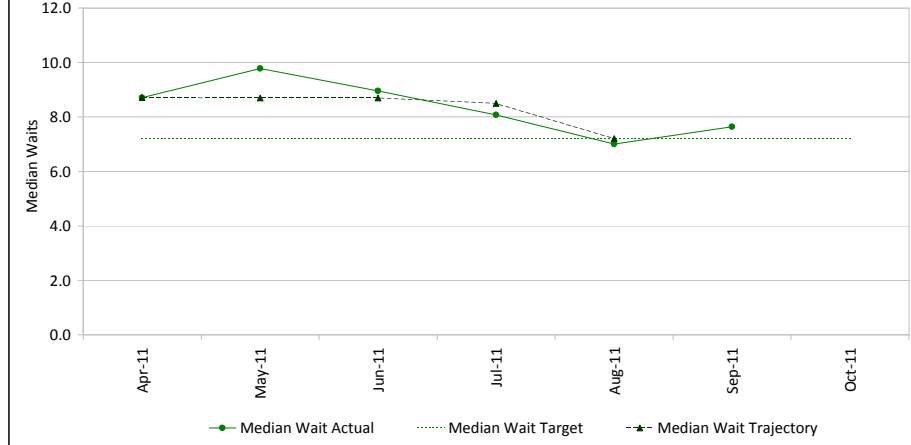
Graph 14. 95th Centile - Incomplete pathways

Contractual Target



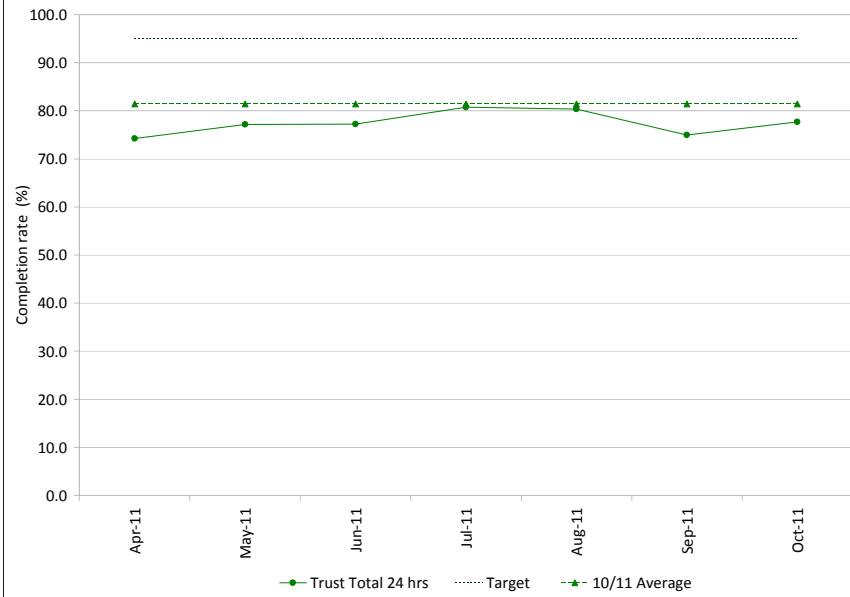
Graph 15. Median Waits - Incomplete pathways

Contractual Target



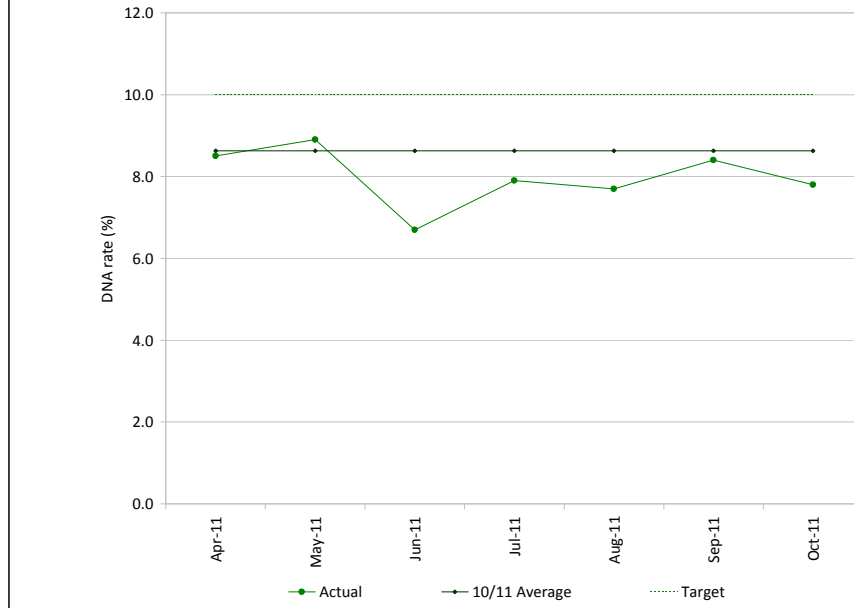
Graph 16. Trust wide discharge summary completion rates (within 24 hours)

Internal Target



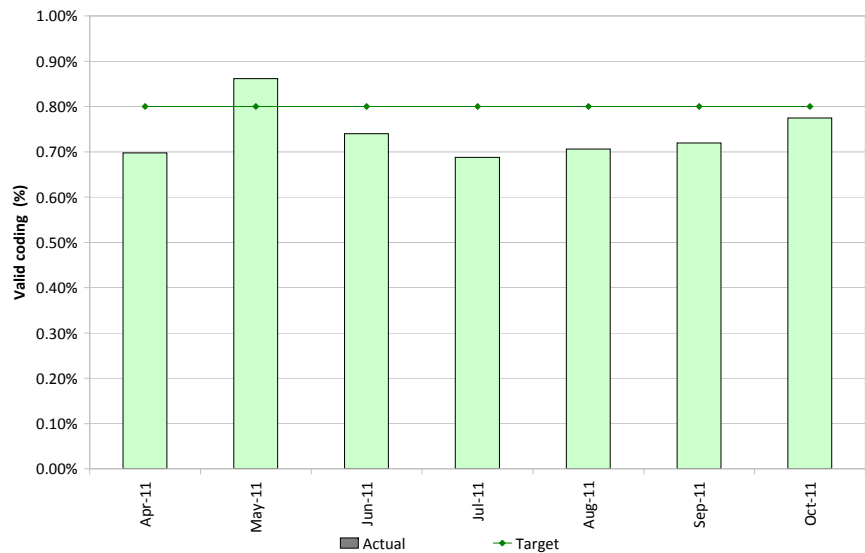
Graph 17. DNA rate (New and Follow-up patients)

Internal Target



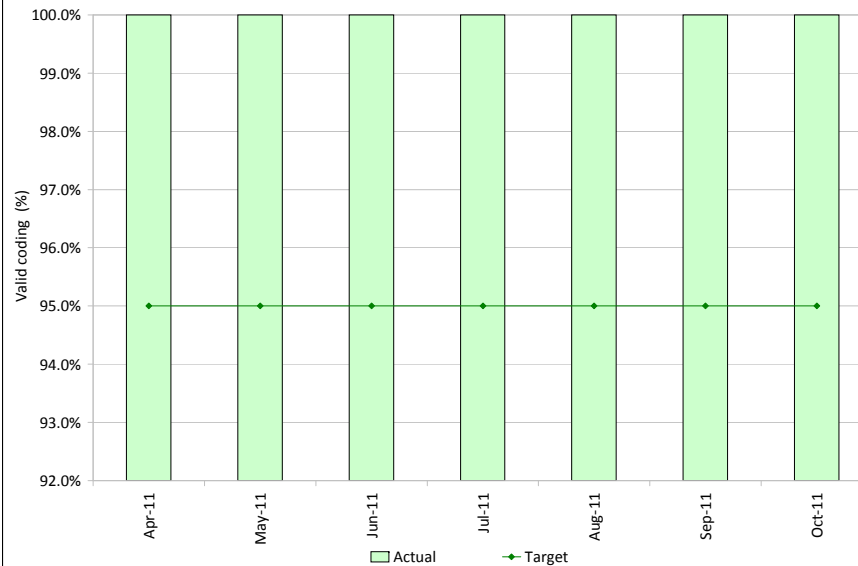
Graph 18. Percentage of all Cancelled Operations as a proportion of total elective spells

Contractual Target



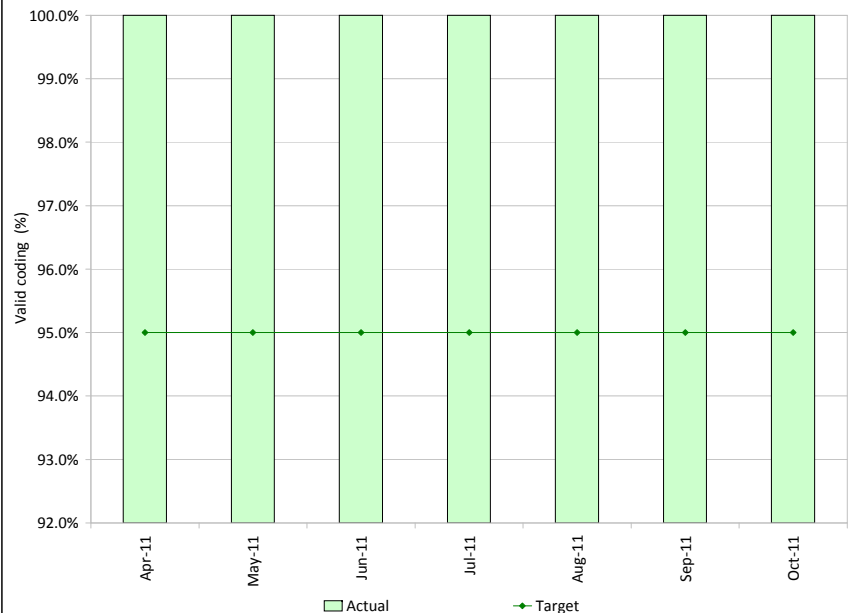
Graph 19. Proportion of patients waiting no more than 31 days for second or subsequent treatment - surgery

National Target



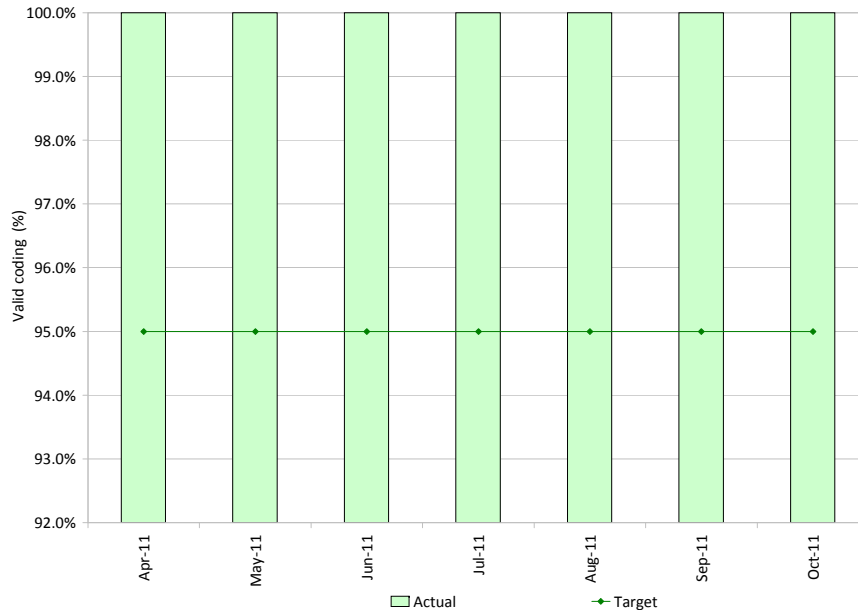
Graph 20. Proportion of patients waiting no more than 31 days for second or subsequent treatment - drug treatments

National Target



Graph 21. Proportion of patients waiting no more than 31 days for second or subsequent treatment - radiotherapy

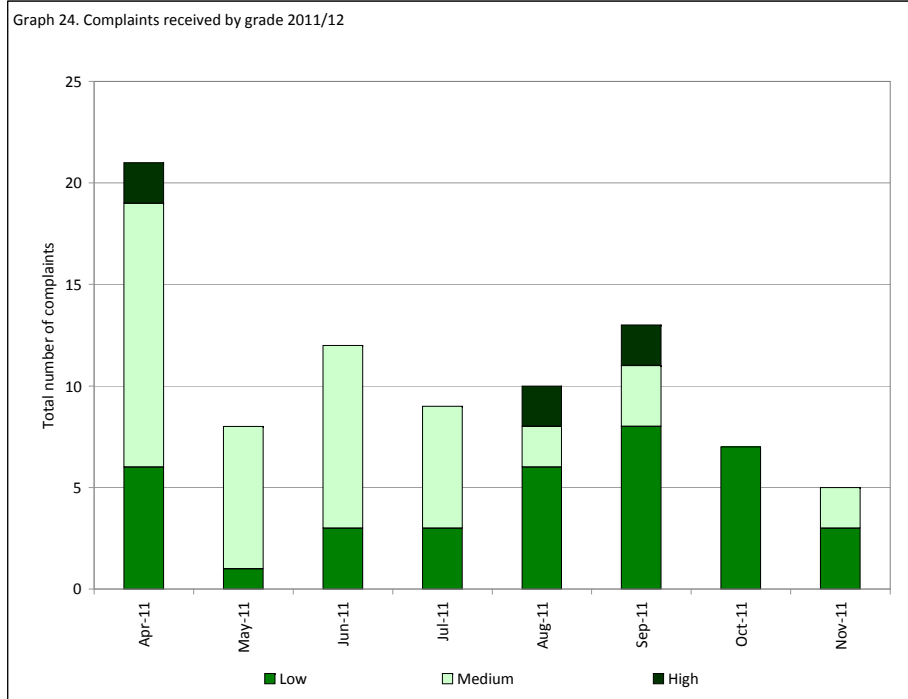
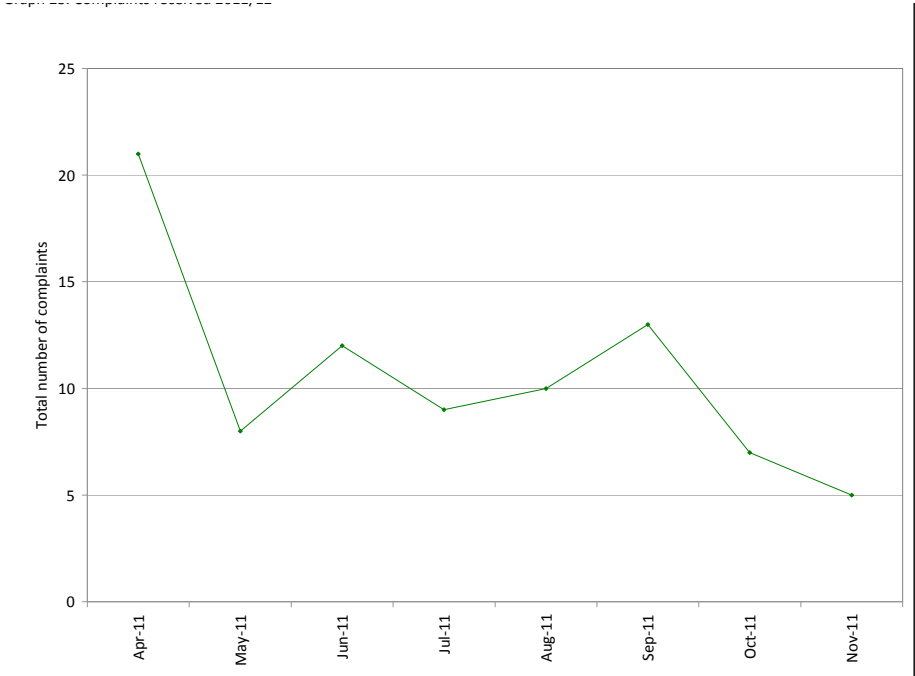
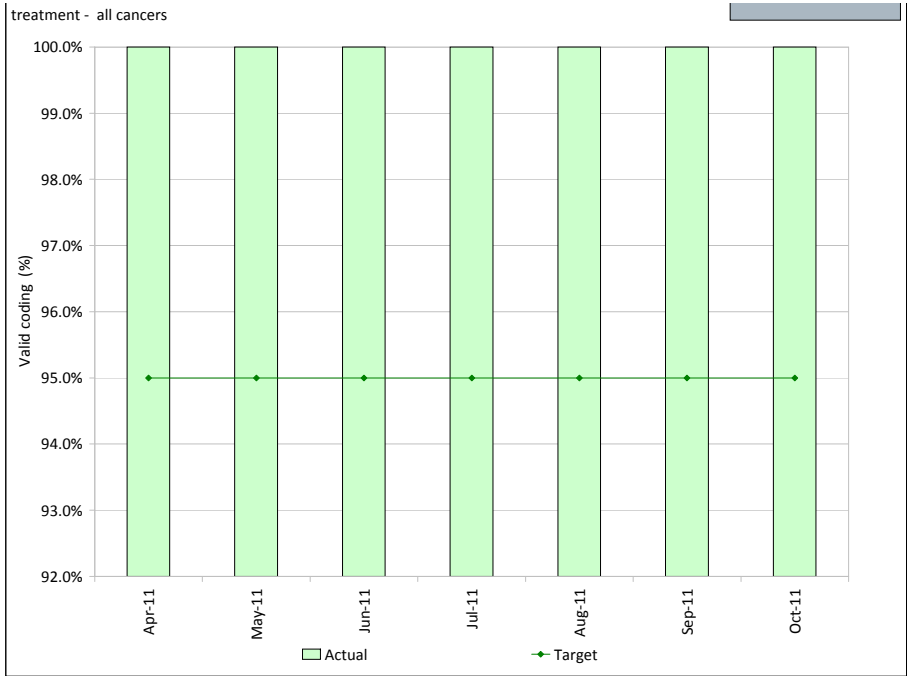
National Target



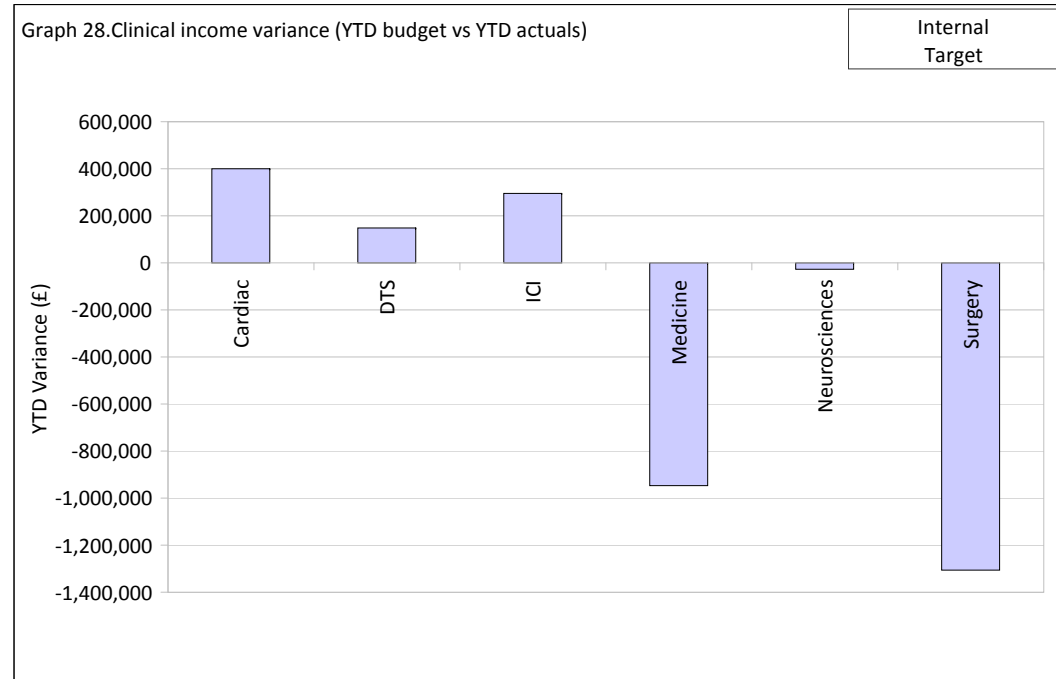
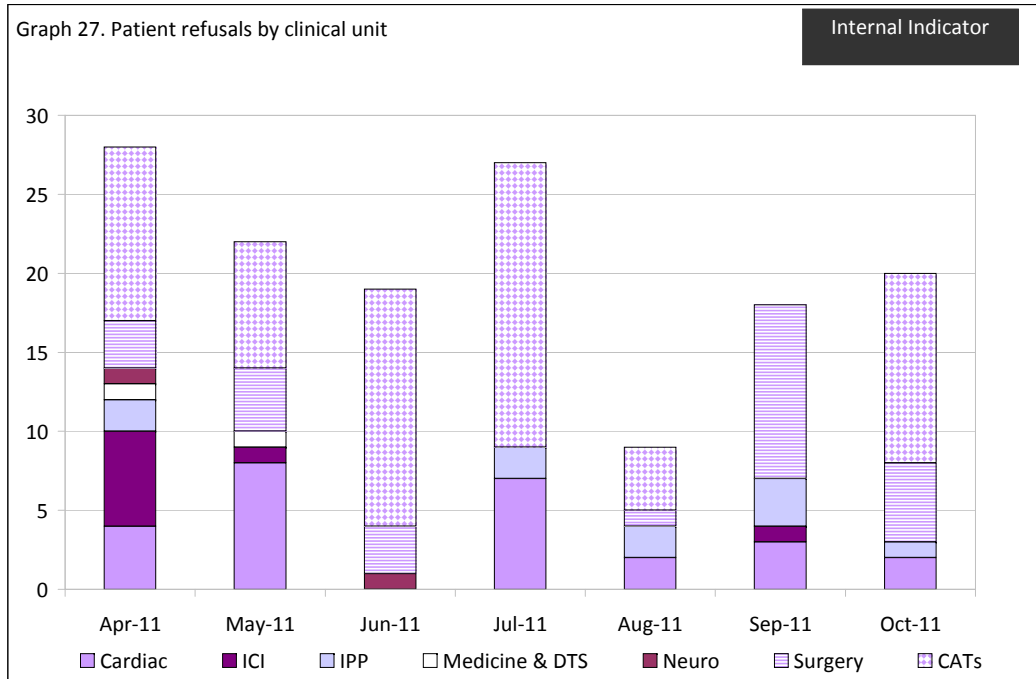
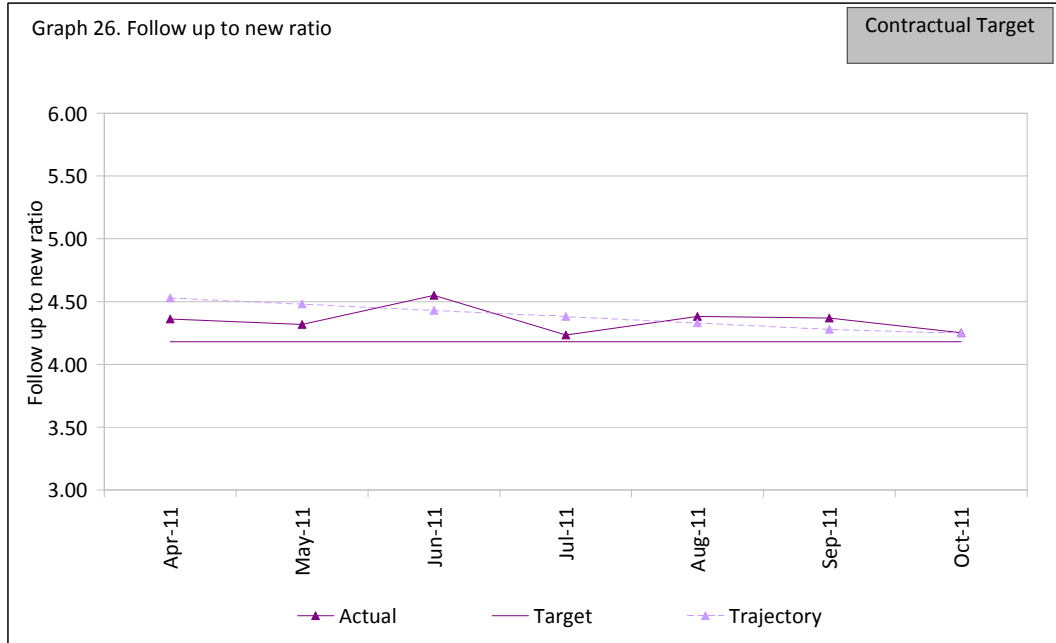
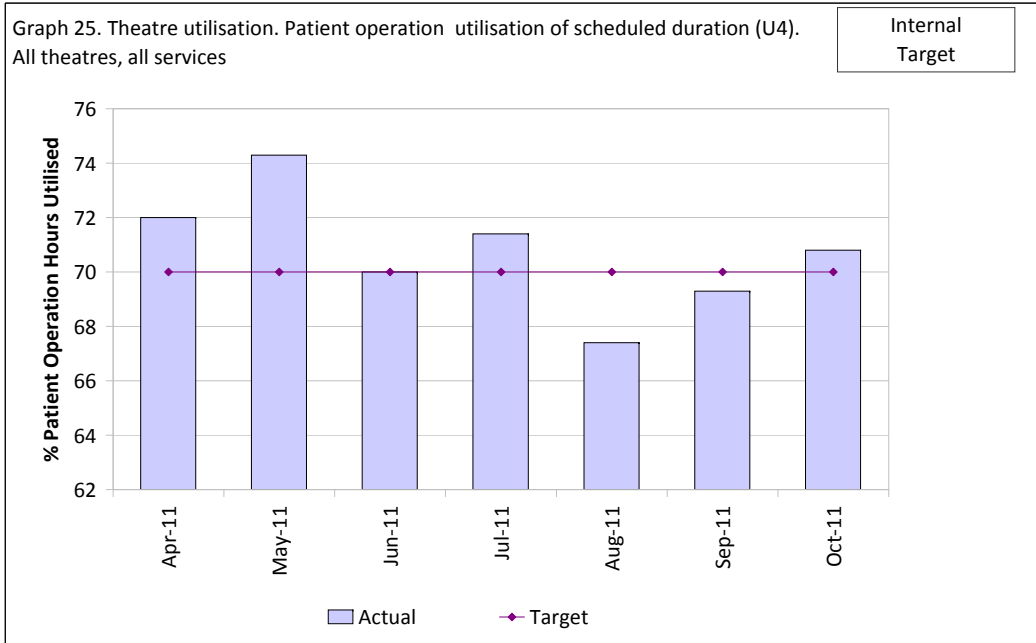
Graph 22. Proportion of patients waiting no more than 31 days from diagnosis to

National Target

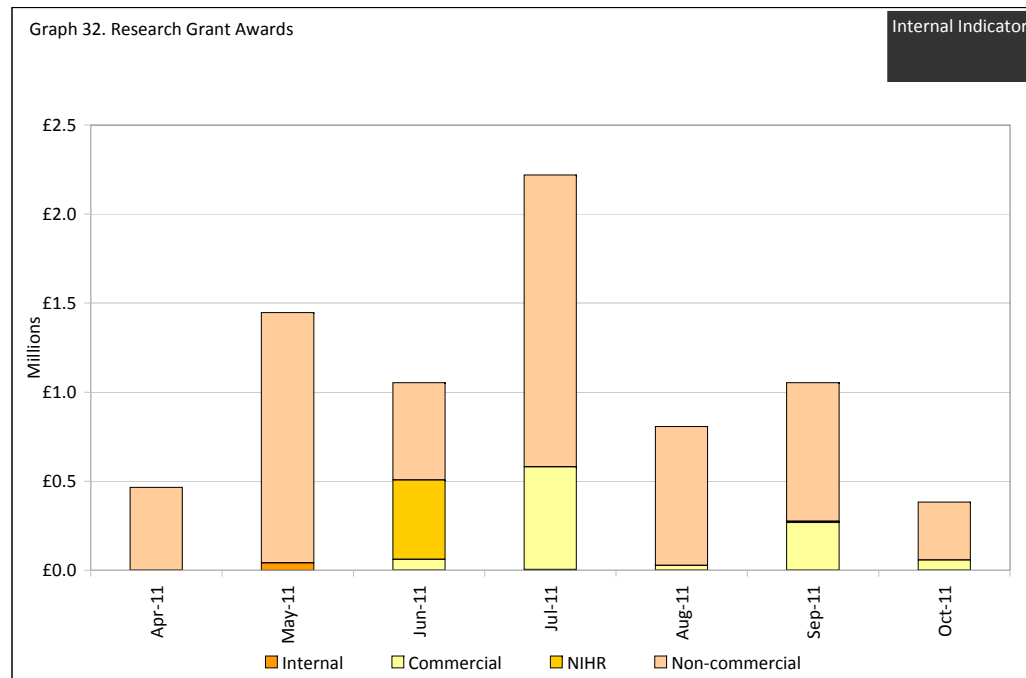
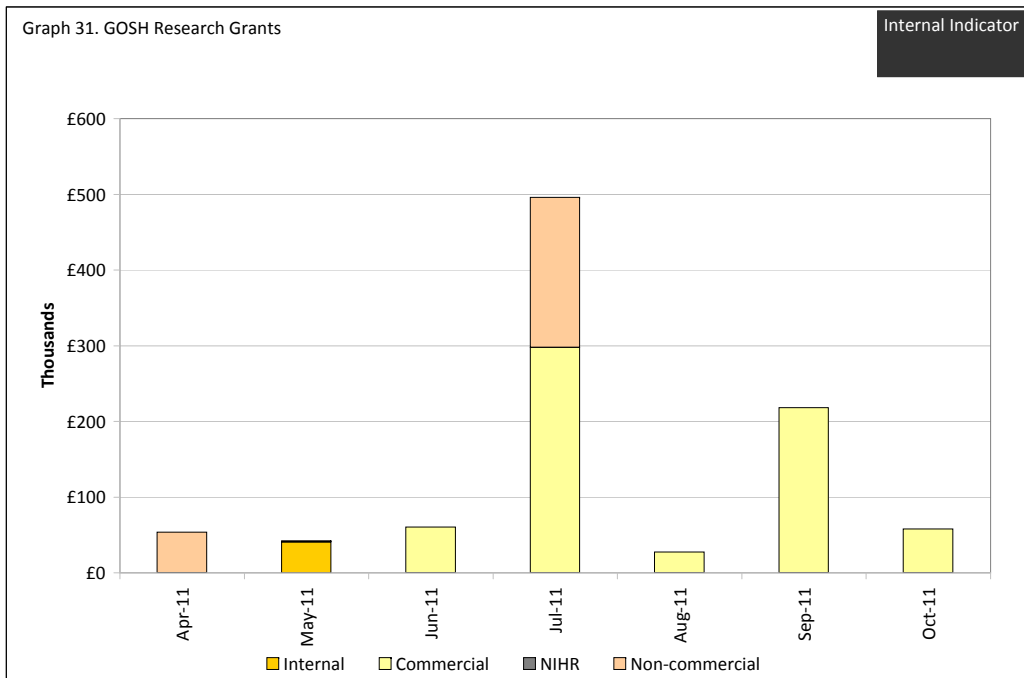
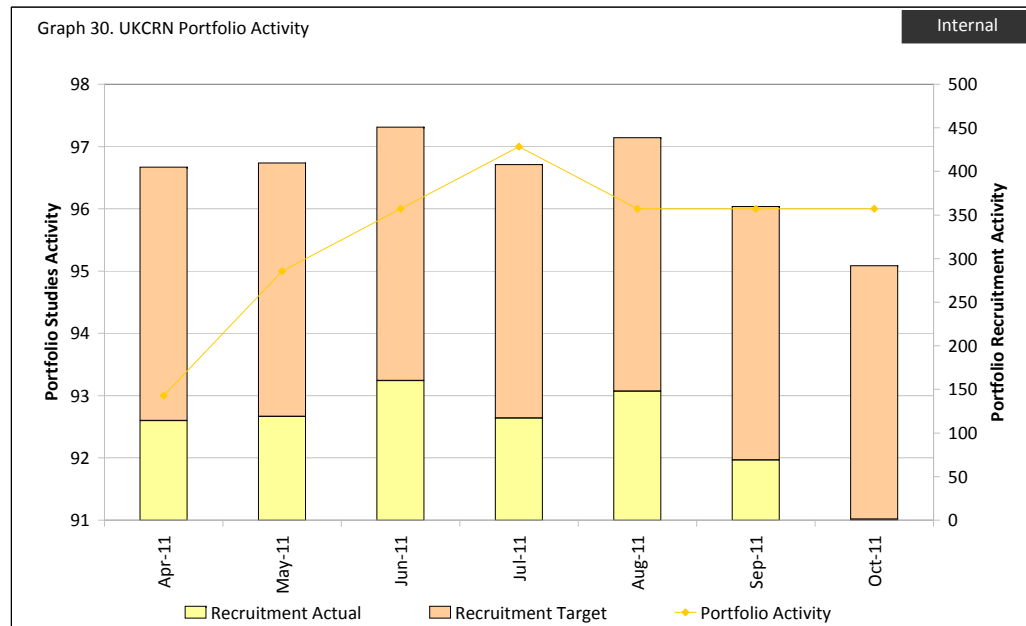
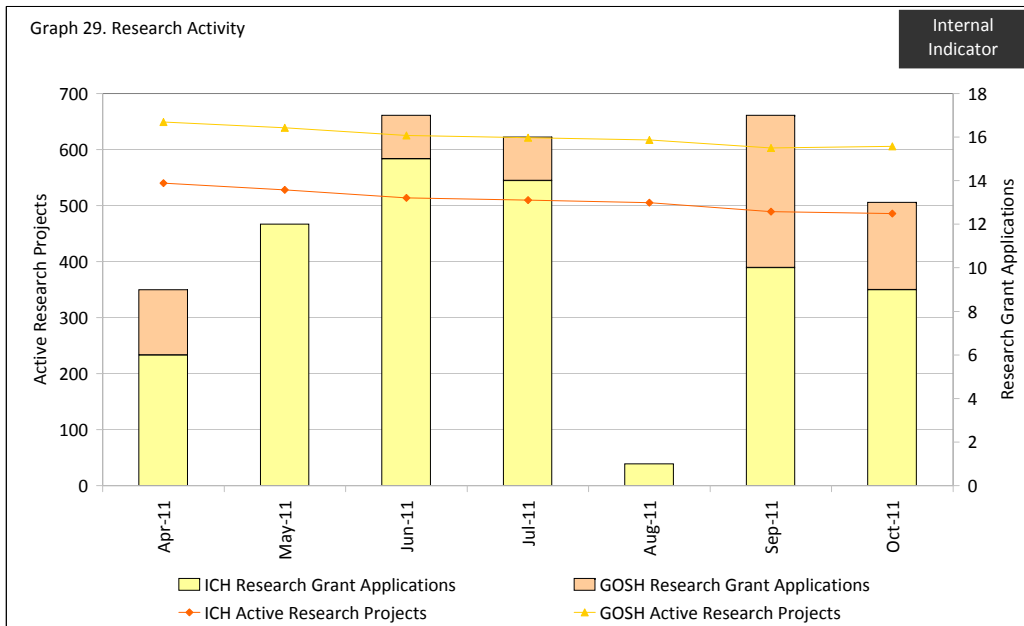
Graph 23. Complaints received 2011/12



3. Successfully deliver our clinical growth strategy

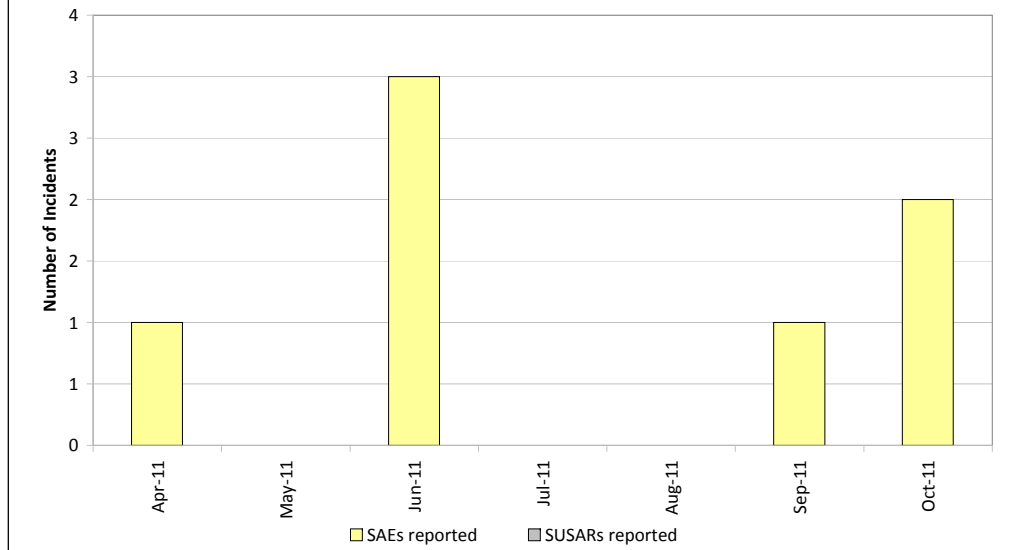


4. Currently partnered with ICH, and moving to UCL Partners with AHSC, maintain and develop our position as the UK's top children's research organisation

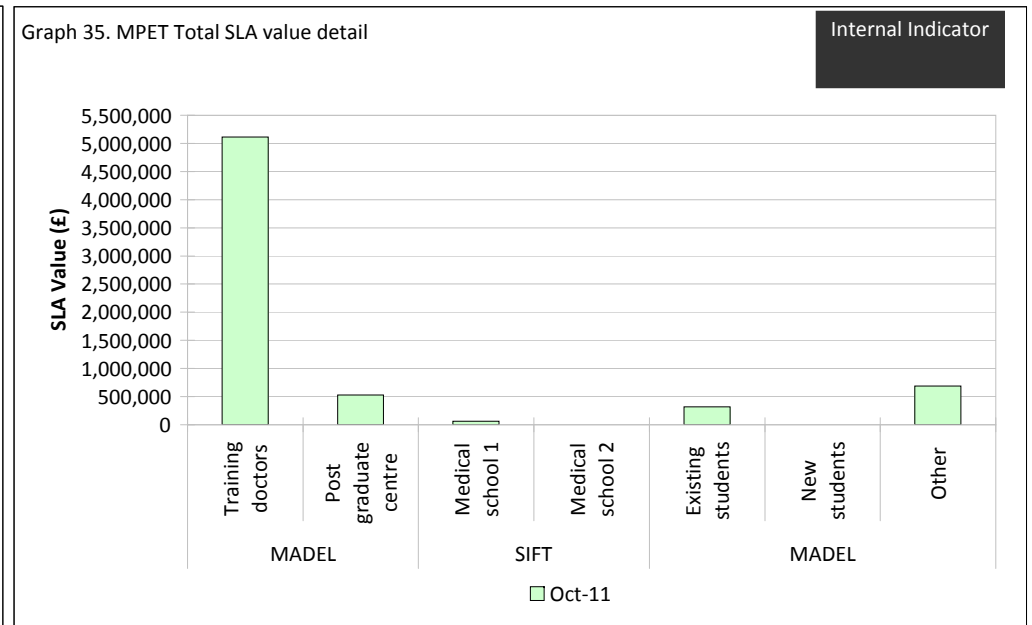
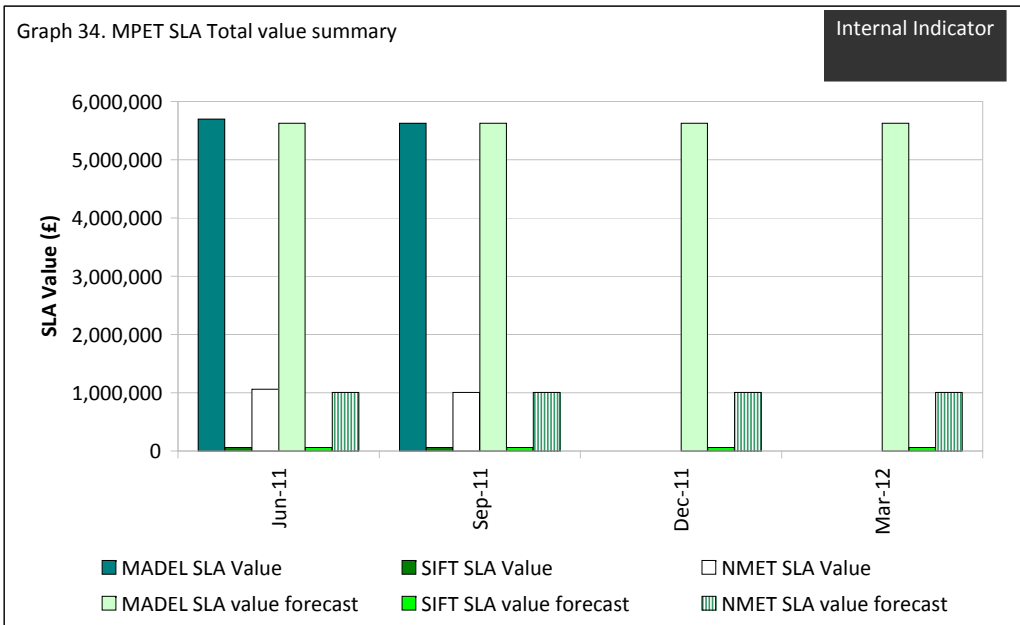


Graph 33. Patient Safety reports for GOSH sponsored clinical trials

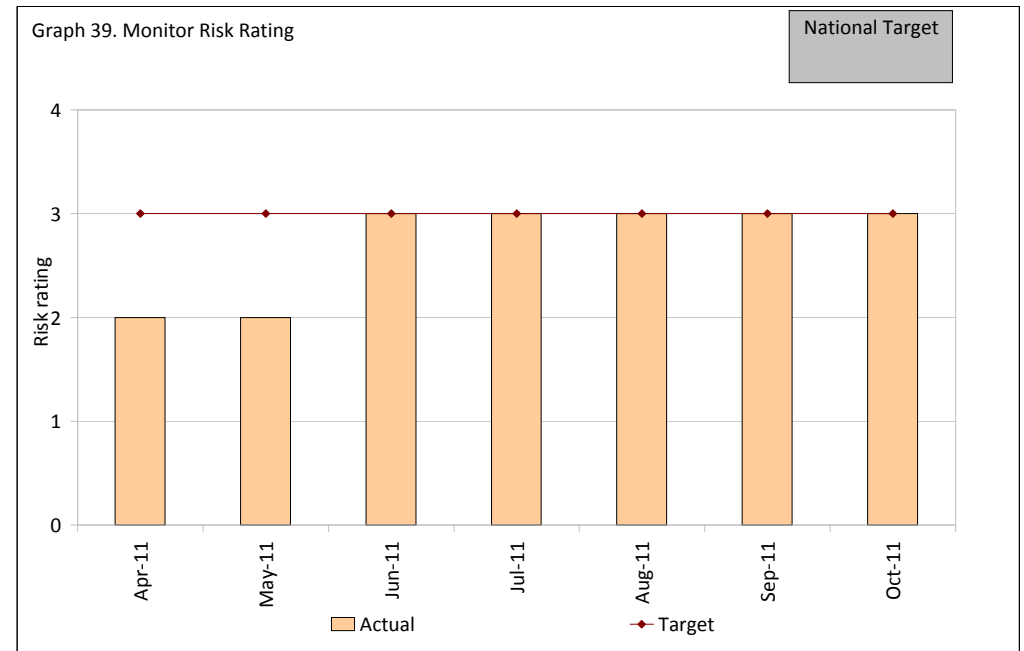
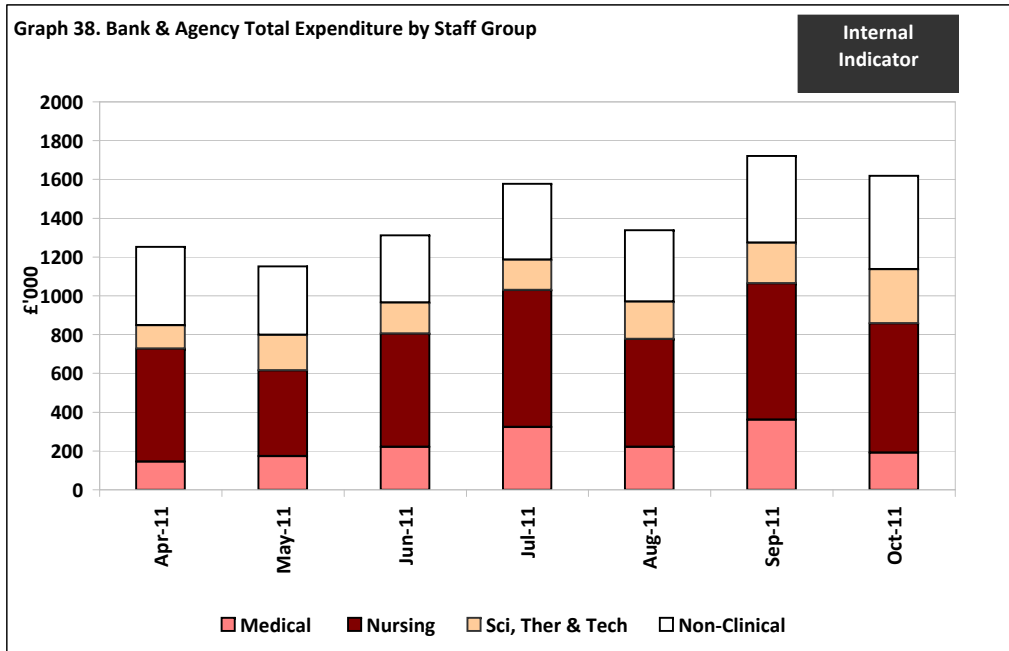
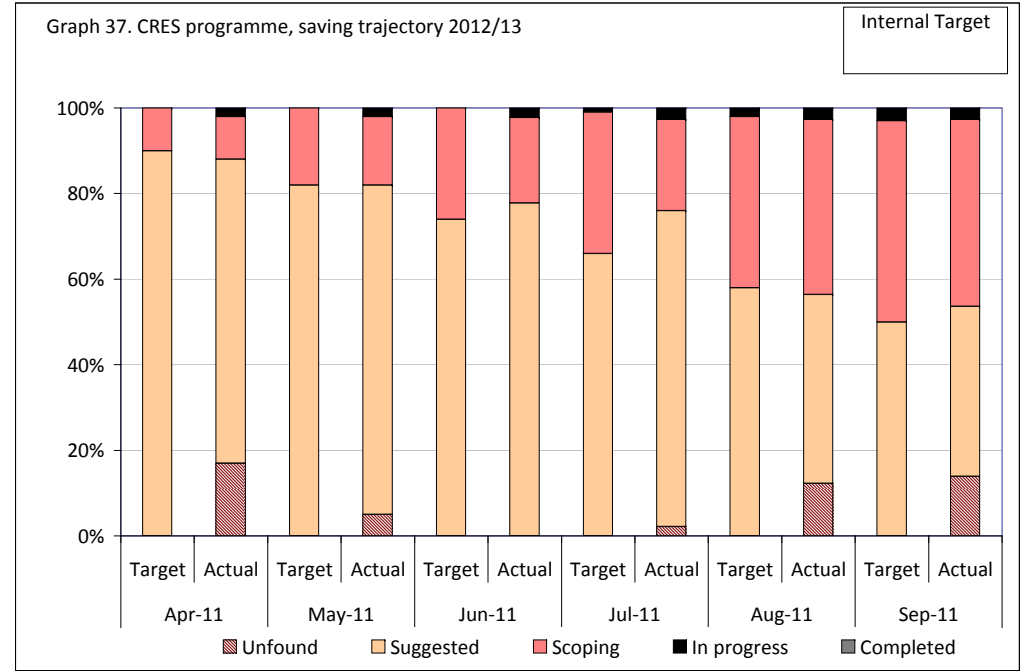
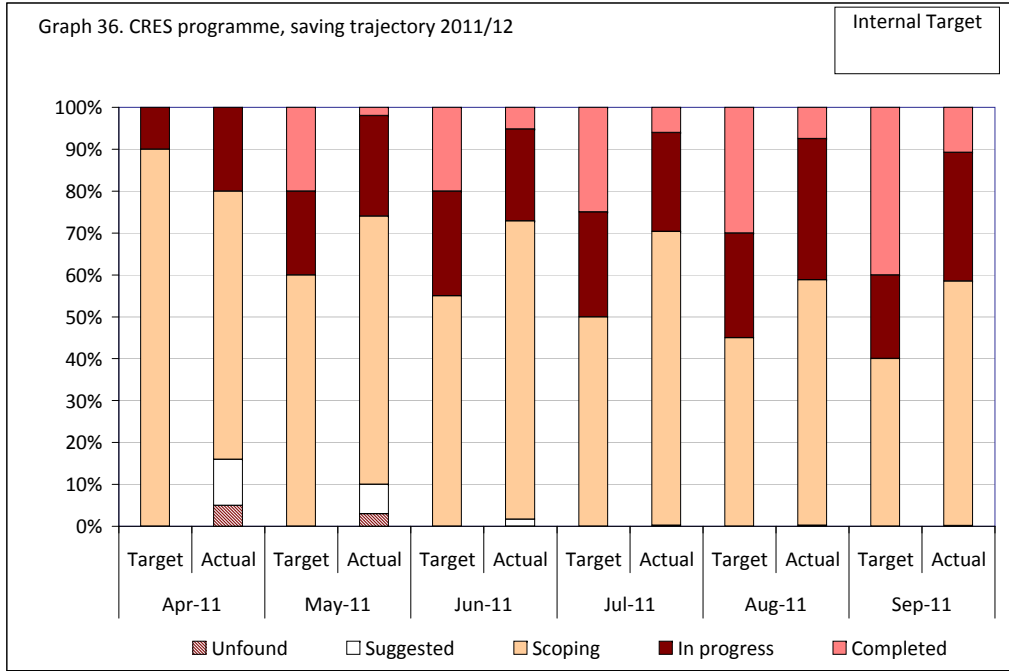
Internal Indicator



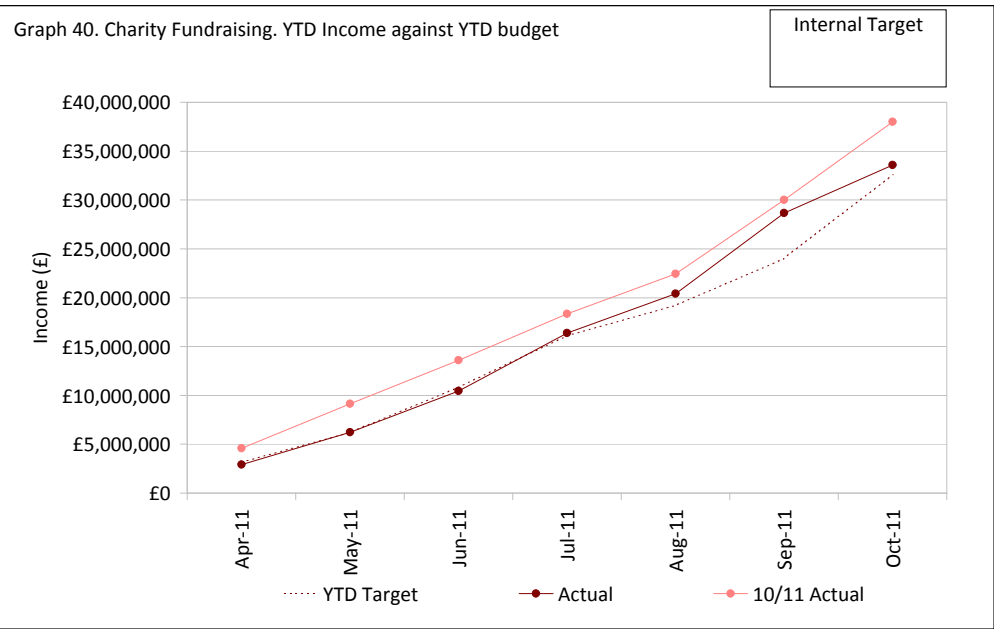
5. To work with our academic partners to ensure that we are provider of choice for specialist paediatric education and training in the UK



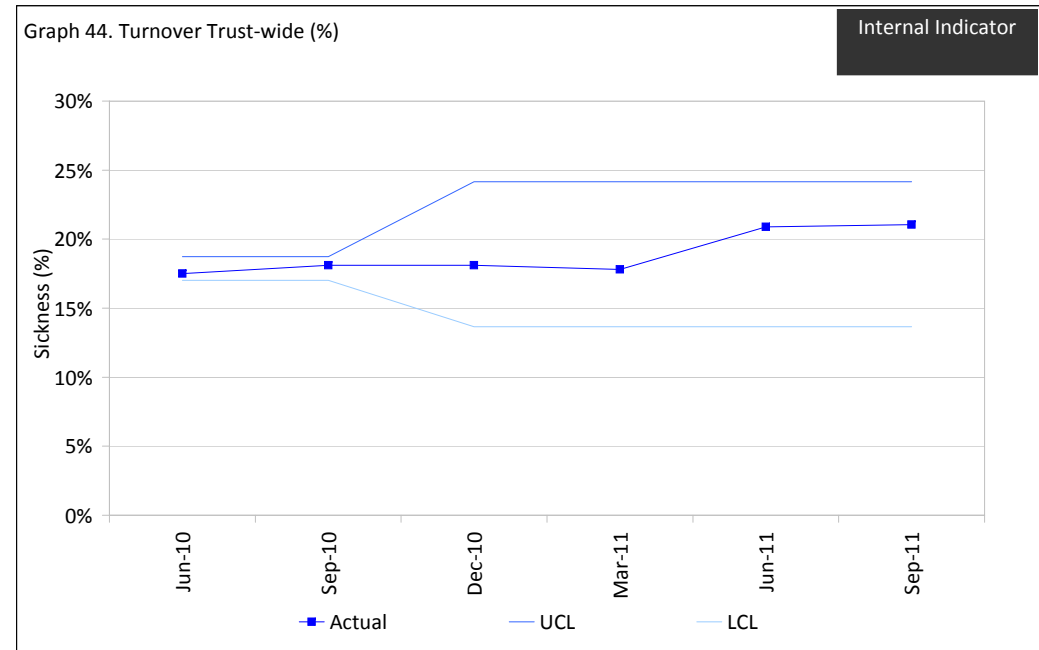
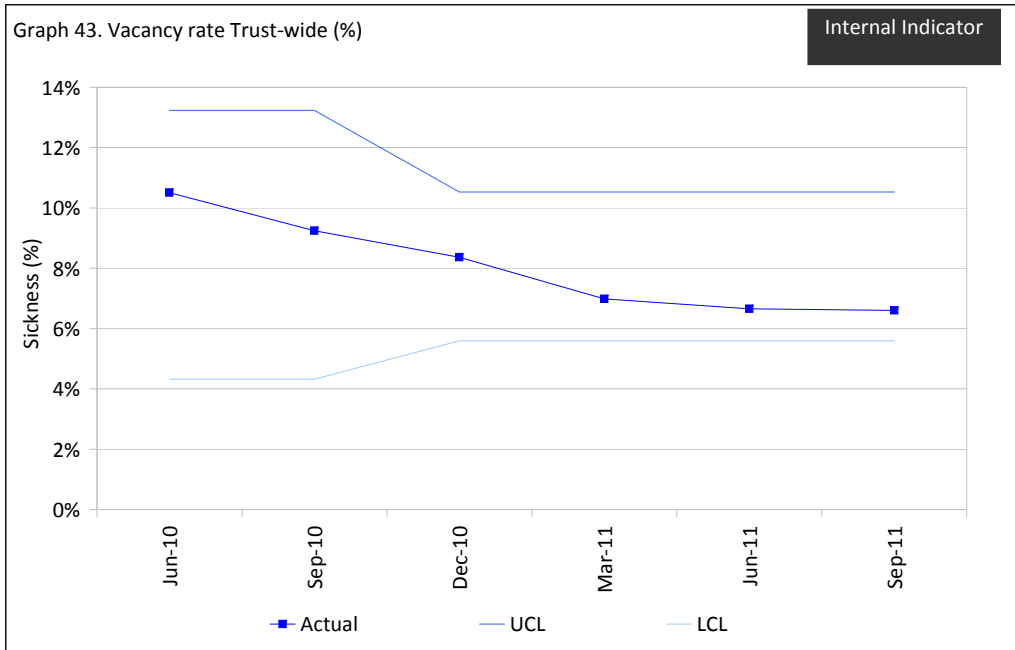
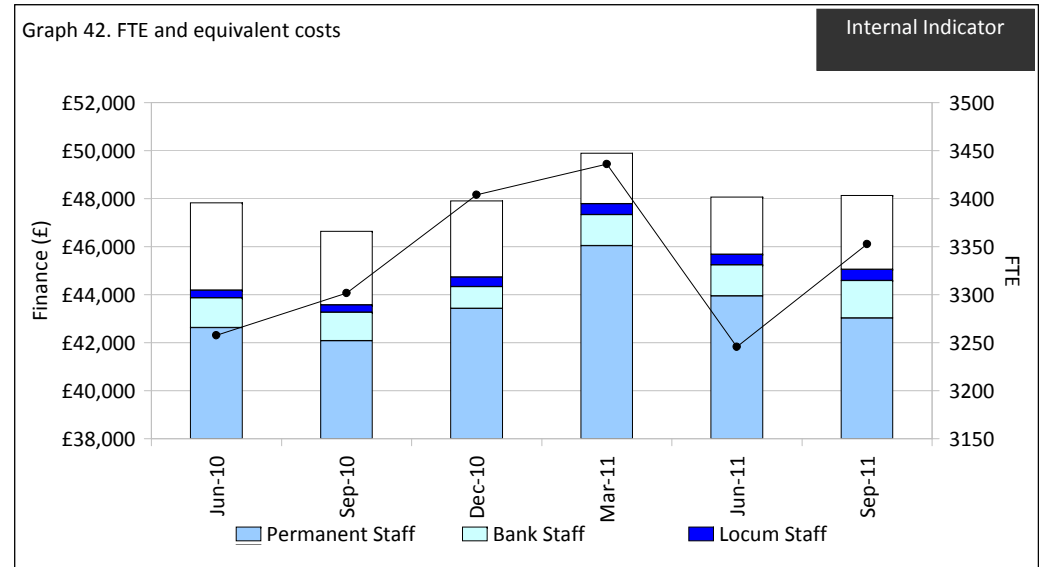
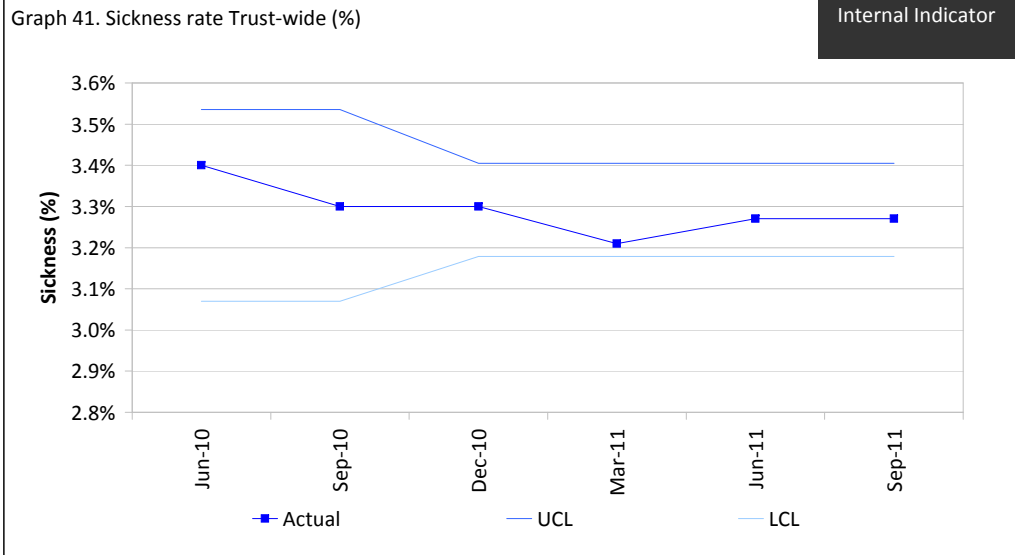
6. Deliver a financially stable organisation





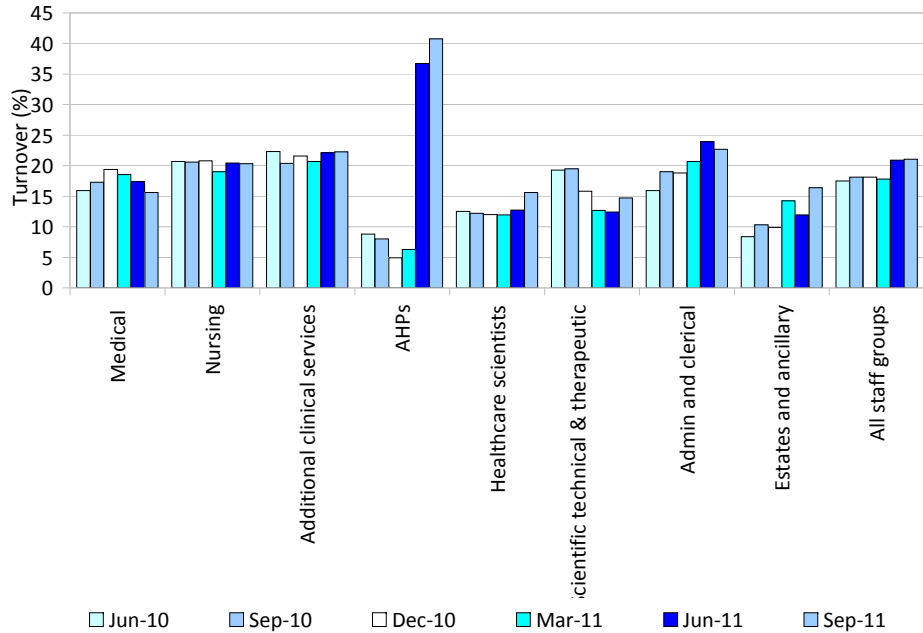


7. Ensure corporate support processes are developed and strengthened in line with the changing needs of the organisation



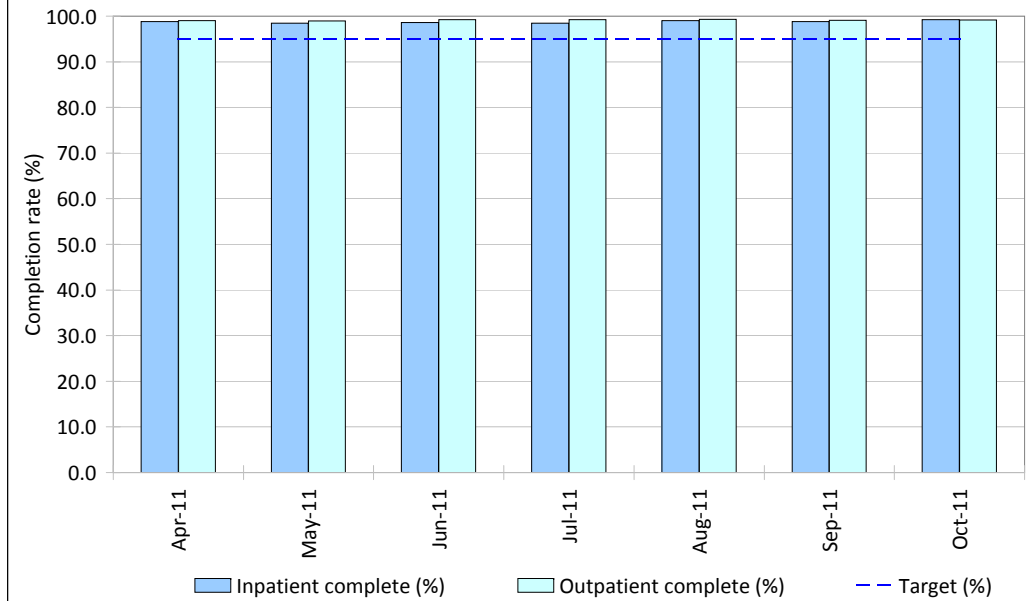
Graph 45. Turnover by staff group (%)

Internal Indicator



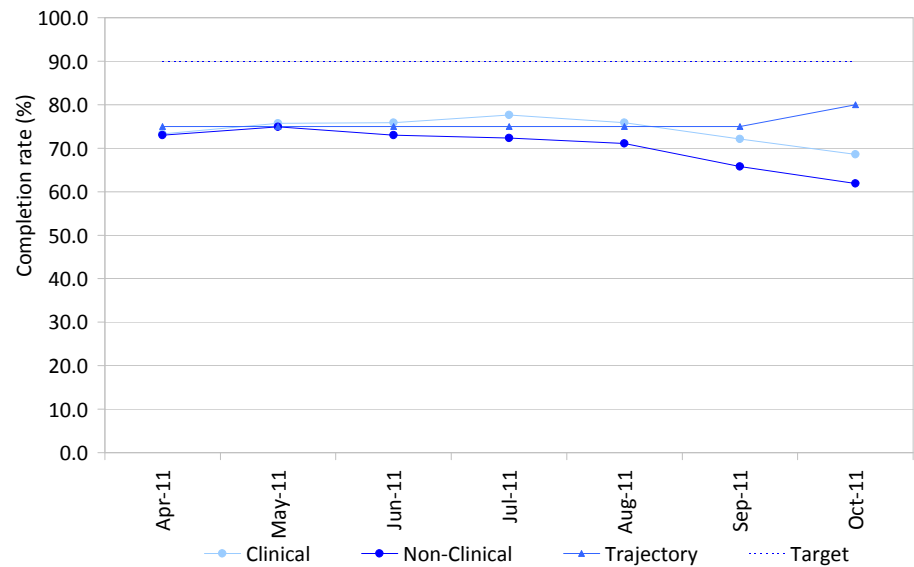
Graph 46. NHS number completeness (%)

Internal Target



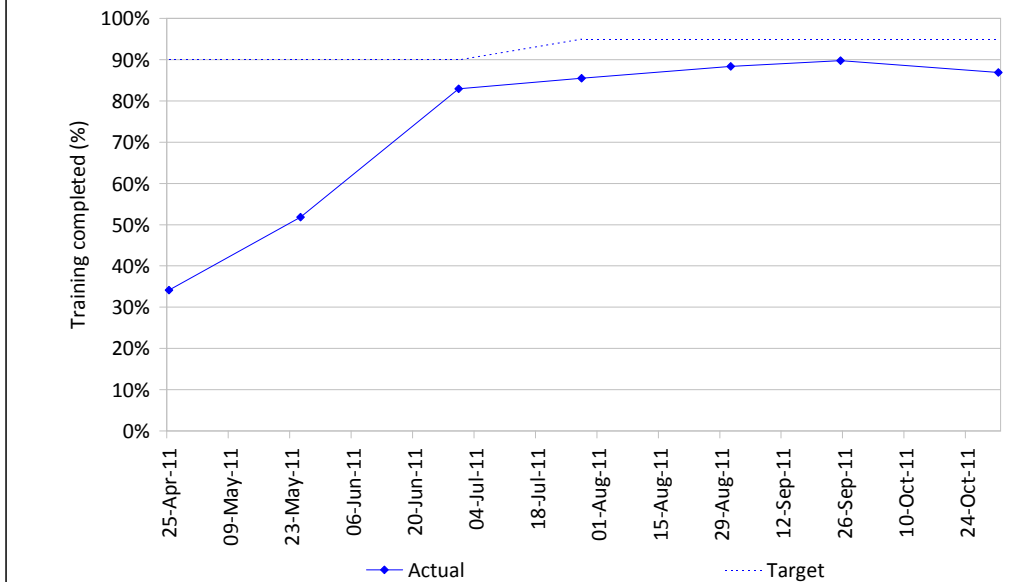
Graph 47. Percentage of staff who have a current PDR in the last 13 months and predicted next 2 months (Excluding doctors and consultants)

Internal Target



Graph 48. Staff trained on IG by week

Internal Target



Objective	Graph	Tolerance		
		On Target	Of Concern	Action Required
		Green	Amber	Red
Objective 1	Incidence of C.difficile	Less than YTD Target	Within 10% of YTD Target	Worse than 90% of YTD Target
	Incidence of MRSA	0 Cases	Trajectory less than 6 Cases**	Trajectory greater than 6 Cases
	Incidence of MSSA	First Year of Recording		
	Incidence of E-Coli	First Year of Recording		
	Surgical Check List completion rate %	Greater than 95%	Between 85% and 95%	Less than 85%
	No. of NICE recommendations unreviewed	Less or equal to 1	2 or 3	Greater than 3
	48 Hour readmission to ITU	Greater than 3%	Greater than 2.7%	Less than or equal to 2.7%
	Mortality Figures	Indicator		
	Serious Patient Safety Incidents	Indicator		
CV Line related blood-stream infections	Less than 1.5	Between 1.5 and 2.5	Greater than 2.5	
Objective 2	Discharge summary completion (%)	Greater than or equal to 95%	Between 85% and 95%	Less than 85%
	DNA rate (new & f/up) (%)	Less than 9	Either 9 or 10	Greater than 10
	18 week referral to treatment time performance - Admitted	Greater than 91%	Between 90% and 91%	Less than 90%
	18 week referral to treatment time performance - Non-Admitted	Greater than 96%	Between 95% and 96%	Less than 95%
	95th Centile - Admitted	Less than 21 weeks	Between 21 and 23 weeks	Greater than 23 weeks
	95th Centile - Non-Admitted	Less than 17 weeks	Between 17 and 18.3 weeks	Greater than 18.3 weeks
	95th Centile - Incomplete Pathways	Less than 26 weeks	Between 26 and 28 weeks	Greater than 28 weeks
	Median Waits - Admitted	Less than 10 weeks	Between 10 and 11.1 weeks	Greater than 11.1 weeks
	Median Waits - Non-Admitted	Less than 6.6 weeks	Between 6.6 and 7 weeks	Greater than 7 weeks
	Median Waits - Incomplete Pathways	Less than 6.5 weeks	Between 6.5 and 7.2 weeks	Greater than 7.2 weeks
	Number of complaints	No RAG status - Plan not confirmed		
	Number of complaints by grade Low	No RAG status - Plan not confirmed		
	Number of complaints by grade Medium	No RAG status - Plan not confirmed		
	Number of complaints by grade High	No RAG status - Plan not confirmed		
	Percentage of Cancelled Operations	Equal to or less than 0.8%	-	Greater than 0.8%
	Percentage of patients waiting no more than 31 days for second of subsequent treatment - Surgery	Equal to 100%	Greater than or equal to 95%	Less than 94%
	Percentage of patients waiting no more than 31 days for second of subsequent treatment - Drug treatments	Equal to 100%	Greater than or equal to 99%	Less than 98%
Percentage of patients waiting no more than 31 days for second of subsequent treatment - Radiotherapy	Equal to 100%	Greater than or equal to 95%	Less than 94%	
Maximum waiting time of one month from diagnosis to treatment for all cancers.	Equal to 100%	Greater than or equal to 95%	Less than 85%	
Inpatients waiting list profile (26+)	0 Breaches	Between 0 and 10	Greater than 10	
Objective 3	Theatre Utilisation (Patient Operation Utilisation of Scheduled Duration U4)	Greater than 70%	Equal to or between 65% and 70%	Less than 65%
	New to follow up ratio	Less than 4.18	Between 4 and 4.18	Greater than 4.18
	Patient refusals	Indicator		
	Clinical Income variance	Indicator		
Objective 4	Patient safety reports for GOSH-sponsored clinical trials	No RAG status - Plan not confirmed		
	Clinical trials recruitment portfolio	No RAG status - Plan not confirmed		
	Number of Active Research Projects	No RAG status - Plan not confirmed		
	GOSH Research Grants (£)	No RAG status - Plan not confirmed		
	Research Grant Awards (£)	No RAG status - Plan not confirmed		
	UKCRN Portfolio Studies	No RAG status - Plan not confirmed		
Objective 5	MADEL SLA Value (£)	No RAG status - Plan not confirmed		
	SIFT SLA Value (£)	No RAG status - Plan not confirmed		
	NMET SLA Value (£)	No RAG status - Plan not confirmed		
Objective 6	Monitor Risk Rating	Equal to 3	-	Less than 3
	Charity fundraising income	Within - 5% Variance from Plan	More than - 5% Variance from Plan	More than - 15% Variance from Plan
	Bank and agency total expenditure	Greater than or equal to 82%	Greater than or equal to 80%	Less than to 80%
Objective 7	Staff PDR completeness - clinical (%)	Greater than or equal to 97%	Less than or equal to 97%	Less than to 95%
	Staff PDR completeness - non clinical (%)	Greater than or equal to 97%	Less than or equal to 97%	Less than to 95%
	Information Governance Training	Greater than or equal to 97%	Less than or equal to 97%	Less than to 95%
	Sickness Rate	Indicator		
	Staff in Post (£)	Indicator		
	Vacancy rate by staff group	Indicator		
	Trust Turnover	Indicator		

Key
Target / Indicator
CQUIN
National
Internal
Contractual
DH Standard / Monitor