

Performance Briefing

April 2012

1. Introduction

1.1 This report reviews performance across the Cluster against key national and local targets up to April 2012. The report is split into three sections:

- Planned care, which includes referral to treatment, diagnostic and cancer waits plus Choose and Book performance;
- Unplanned care, which looks at the A&E 4-hour wait, stroke targets and the level of delayed discharges;
- Quality measures, including infection control targets and mixed sex accommodation.

1.2 A scorecard of Cluster performance is included at appendix A and shows current performance across a wider range of indicators (the majority of which are taken from the national Operating Framework). The scorecard includes performance information both at provider and commissioner level.

Section 1: Planned Care

2. 18 weeks Referral to Treatment

2.1 All four acute providers in Devon continue to achieve the aggregate 18-week RTT targets. Monthly data for February 2012 shows performance as follows:

Table 1: Proportion of patients treated within 18 weeks by provider (February 2012)

Provider	Admitted (90% target)	Non-admitted (95% target)
NDHT	95.9%	99.7%
PHT	91.9%	96.9%
RD&E	91.2%	97.8%
SDHT	92.1%	97.6%

2.2 At specialty level performance against the following specialties was below target:

- NDHT: all specialties were above target for both admitted and non-admitted pathways;
- PHT: admitted pathways for general surgery (85.9%), plastic surgery (84.1%), urology (76.7%) and neurosurgery (74.4%). Non-admitted pathways for neurosurgery (79.0%), ENT (93.9%), cardiology (87.7%), plastic surgery (94.8%), dermatology (94.9%) and rheumatology (94.4%);
- RD&E: admitted pathways for general surgery (83.4%), trauma and orthopaedics (77.7%) and cardiology (52.4%). Non-admitted pathways for trauma & orthopaedics (88.3%) and cardiology (94.7%);
- SDHT: admitted pathways for plastic surgery (88.9%), general surgery (82.7%) and urology (73.5%). Non-admitted pathways for gastroenterology (90.6%).

- 2.3** RD&E's performance against the 90% admitted pathway target will be impacted by the significant number of cancelled operations seen in December and January and a subsequent increase in the backlog of patients in certain specialties. Orthopaedics, general surgery and ENT are the main affected areas with performance expected to be below the 90% target until the end of quarter two 2012/13 for these specialties (the end of quarter one for ENT). Actions for improvement have been identified and progress will be jointly reviewed by the Cluster and the RD&E.
- 2.4** A summary of the median referral to treatment waiting times for February 2012 is shown below in table 2. RD&E and NDHT were below the Strategic Health Authority (SHA) median for all measures in February whilst SDHT was slightly over for admitted pathways. PHT reduced median waiting times across all measures but remain slightly over the SHA average.

Table 2: RTT median waiting times (February 2012)

Organisation	Admitted	Non-Admitted	Incomplete
NDHT	8.1	2.6	3.6
PHT	8.5	3.9	5.5
RD&E	5.9	2.9	4.7
SDHT	8.4	2.5	4.0
NHS South West	8.1	3.5	5.3

- 2.5** A summary of the 95th percentile referral to treatment waiting times for February 2012 is shown in table 3 below.

Table 3: RTT 95th percentile waiting times (February 2012)

Organisation	Admitted	Non-Admitted	Incomplete
NDHT	17.7	11.1	13.8
PHT	23.0	17.1	21.7
RD&E	21.0	15.4	33.4
SDHT	22.0	14.9	24.5
NHS South West	21.0	15.6	21.9

NDHT continue to be below the SHA average for all measures.

RD&E's overall position for non-admitted and admitted pathways also remains at or below the SHA average. Validation of long waiters is expected to be completed by 31 March 2012 and will reduce the 95th percentile position for incomplete pathways.

PHT's non-admitted position remains at just over 17 weeks which is above the SHA position although plans are in place to reduce this by 31 March 2012. The Trust admitted position remains at 23.0 weeks in February.

SDHT's admitted position has reduced again but there has been an increase in incomplete pathways linked to rises in cardiology and thoracic medicine.

3. Diagnostics

- 3.1** There were 67 breaches of the six-week target in February, a significant reduction on the 220 breaches seen in January. This represents a breach rate of 0.5% against the new 1% national target, the first time the Cluster has delivered this target in 2011/12. The number of breaches at the RD&E fell to 48 in February from 112 in January as actions to reduce the endoscopy backlog continue to have an impact. The RD&E remains on course to deliver below 1% of breaches by the end of March 2012. PHT and SDHT both saw increases in breaches in January, but the issues causing these breaches have now been resolved at both providers. Table 4 below shows the position by provider:
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Table 4: Diagnostics: patients waiting over 6 weeks by provider (April 2011 - February 2012)

Provider	Sept	Oct	Nov	Dec	Jan	Feb	Rate %
NDHT	2	0	0	1	1	5	0.2%
PHT	10	11	1	12	65	9	0.2%
RD&E	202	208	182	162	112	48	1.4%
SDHT	122	26	10	18	42	5	0.2%
Total	336	245	193	193	220	67	0.5%

4. Cancer waiting times

4.1 Performance in February 2012 against the cancer waiting times targets is shown in table 5 below, with year-to-date performance shown in table 6.

Table 5: Cancer waiting times performance by provider (February 2012)

Target description	Target	RD&E	NDHT	SDHT	PHT
14-day urgent GP referral	93%	94.2%	97.6%	97.4%	95.5%
14-day breast symptom	93%	100%	100%	100%	98.4%
31-day diagnosis to treatment	96%	98.7%	100%	98.9%	98.7%
31-day sub-treatment (surgery)	94%	100%	100%	97.6%	95.2%
31-day sub-treatment (drug)	94%	100%	100%	100%	99.2%
31-day sub-treatment (radiotherapy)	94%	100%	100%	94.4%	98.9%
62-day urgent GP referral	85%	86.0%	94.7%	92.7%	83.9%
62-day screening	90%	100%	100%	100%	88.9%
62-day upgrade	85%	100%	100%	n/a	78.9%

Table 6: Cancer waiting times performance by provider (Apr-Feb 2012)

Target description	Target	RD&E	NDHT	SDHT	PHT
14-day urgent GP referral	93%	95.0%	97.5%	97.1%	94.5%
14-day breast symptom	93%	99.1%	96.4%	99.8%	98.0%
31-day diagnosis to treatment	96%	98.1%	99.4%	98.0%	98.3%
31-day sub-treatment (surgery)	94%	97.9%	96.6%	96.9%	96.7%
31-day sub-treatment (drug)	94%	99.8%	100%	100%	99.8%
31-day sub-treatment (radiotherapy)	94%	98.9%	100%	96.9%	96.7%
62-day urgent GP referral	85%	86.1%	85.4%	89.4%	85.1%
62-day screening	90%	93.0%	95.9%	91.8%	89.5%
62-day upgrade	85%	96.6%	97.3%	92.6%	87.3%

4.2 In February, RD&E, NDHT and SDHT achieved good levels of performance against all of the cancer targets. Cumulative performance also remains strong at all providers. PHT underachieved against the 62-day wait targets in February with the screening measure remaining under target for the year as a whole. Analysis of PHT breaches shows the following:

- 62-day urgent GP referral: there were 20 breaches from 124 patients seen in February. 8 were due to patient choice, 6 were linked to Trust capacity, 4 were complex pathways with the remainder being shared breaches with other providers (patient transfers);
- 62-day screening: there were 1.5 breaches from 13.5 patients. 1 breach was patient choice and the other was a delayed transfer from another provider (these are recorded as half a breach);
- 62-day upgrade: there were 4 breaches from 19 patients. 1 breach was patient choice, 2 were linked to Trust capacity with the remaining breach due

to a complex pathway.

5. Choose and Book

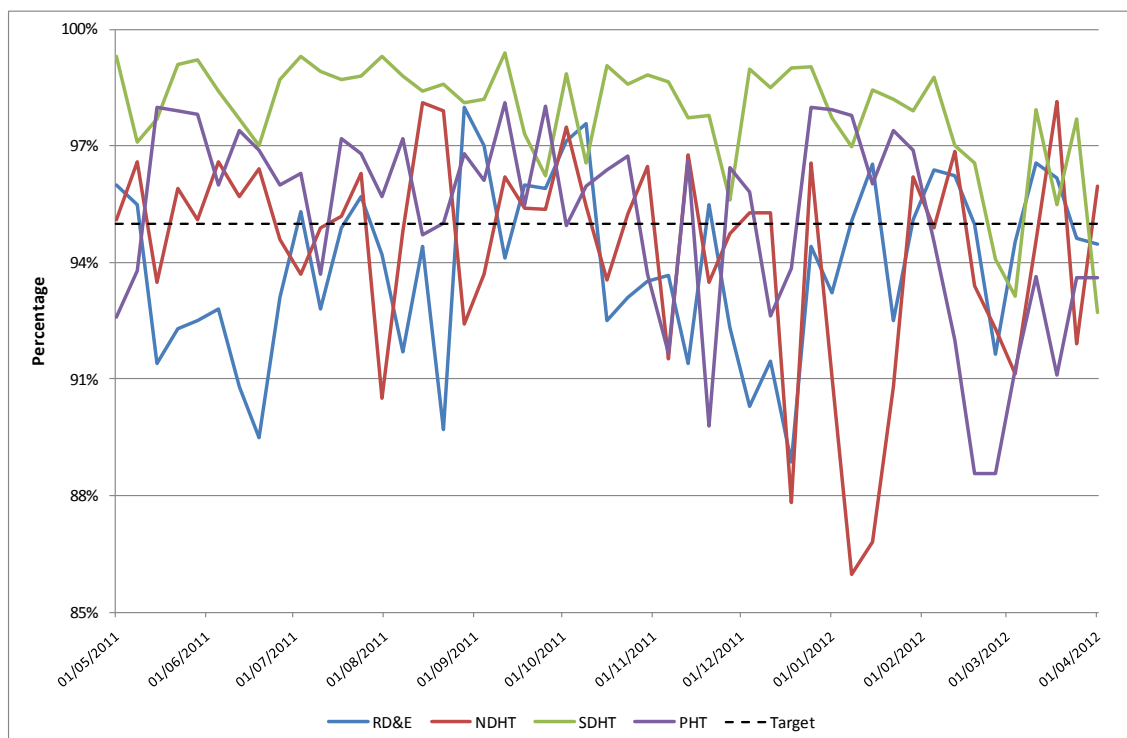
- 5.1 Choose and Book performance for March (position as at 25th March 2012) was 84% for NHS Devon, 91% for Torbay Care Trust and 98% for NHS Plymouth. This compares to an SHA position of 82%.
- 5.2 As of 18th March, the 4-week average slot unavailability was 8% at RD&E, 12% at NDHT, 26% at PHT and 4% at SDHT.

Section 2: Unplanned Care

6. Accident and emergency 4-hour wait

- 6.1 The year-to-date provider level 4-hour A&E wait performance at the end of March 2012 was 93.8% at RD&E, 94.4% at NDHT, 94.7% at PHT and 98.0% at SDHT. The chart below shows weekly performance:

Chart 1: Provider level A&E performance (May 2011 to March 2012)



- 6.2 Performance at RD&E improved in quarter four with the Trust only narrowly failing to achieve the 95% target. However, sustainability remains an issue and the RD&E and the Cluster are working through a joint action plan to ensure continued improvement against the target.
- 6.3 Performance at NDHT has started to improve following recent underperformance (related to capacity issues linked to infection control measures being in place), but remains volatile. PHT has also seen performance deteriorate in recent weeks, with cumulative performance also falling under 95%. Both organisations have action plans in place to improve performance.

- 6.4 The table below provides an indicative view of February 2012 performance against the new A&E performance framework standards, calculated using SUS data.

Table 7: A&E clinical quality indicators – February 2012

Measure	Threshold	NDHT	PHT	RD&E	SDHT
Re-attendance within 7 days	5%	8.4%	5.3%	9.1%	10.3%
Left without being seen	5%	1.2%	3.3%	2.5%	1.6%
A&E triage times - median	n/a	3	1	4	30
A&E treatment times - median	60 mins	49	66	52	31
A&E departure times - 95th percentile	4hrs (240min)	268	317	290	240

- 6.5 The re-attendance measure continues to be an area for improvement across all providers. RD&E, NDHT and PHT also failed to meet the 240 minute threshold for the 95th percentile for time from arrival to departure in February (reflected in their 4 hour A&E performance described in 6.2 and 6.3 above).

7. Delayed discharges

- 7.1 Delayed discharges remain high at RD&E with 7.6% of beds blocked in February. Delays continue to be low at other providers: NDHT (0.7%), SDHT (0.5%) and PHT (2.4%). Community delays have continued to be relatively high, however Devon Partnership NHS Trust continues to maintain low levels of delays.

8 Stroke

- 8.1 In February, performance increased above the 80% target at PHT. RD&E performance remains just below target at 77% whilst SDHT's performance decreased slightly to 79%. NDHT performance continues to be very variable, with a fall to 57% in February.

Table 8: Proportion of people spending at least 90% of their time on an acute stroke unit - February 2012 (target = 80%)

	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
NDHT	55%	78%	72%	78%	78%	52%	64%	75%	57%
RD&E	79%	66%	86%	94%	95%	91%	79%	77%	77%
SDHT	n/a	94%	91%	94%	93%	86%	89%	n/a	79%
PHT	85%	85%	88%	68%	77%	77%	56%	77%	83%

- 8.2 NDHT is working through action plans to improve performance on a sustainable basis, with a mixture of short and longer-term actions. The Trust is establishing a 'step-down' stroke facility in a ward adjacent to the ASU to provide additional capacity and also tightening up the admission process to ensure all stroke patients are identified as early as possible. It is expected that actions to improve performance will lead to the 80% target being met more consistently from quarter one 2012.

Section 3: Quality measures

9. MRSA

- 9.1 Performance against the thresholds for 2011/12 is shown in table 9 below. Although all providers have continued to see very low numbers of cases PHT had one more case than planned.

Table 9: MRSA performance by provider – full year 2011/12

Measure	NDHT	PHT	RD&E	SDHT
Cumulative actual	0	6	1	0
Cumulative target	1	5	3	2
Variance	-1	+1	-2	-2

10. Clostridium difficile

- 10.1 Performance against the thresholds for 2011/12 is shown in table 10 below.

Table 10: C. difficile performance by provider – full year 2011/12

Measure	NDHT	PHT	RD&E	SDHT
Cumulative actual	16	40	86	24
Cumulative target	17	43	74	21
Variance	-1	-3	+12	+3

- 10.2 RD&E ended the year 12 cases above target, although the Trust achieved monthly targets for four of the past five months. SDHT also exceeded their threshold by three cases, with five cases being seen in March. Adoption of revised national guidance around the reporting of Clostridium difficile should lead to improved performance at RD&E in 2012/13.

11. Mixed Sex Accommodation

- 11.1 There were 18 mixed sex accommodation breaches recorded in February, eight were at PHT and ten at NDHT. This is a small increase from the 9 breaches seen in January.



Key targets by provider

Devon, Plymouth and Torbay

	KPI	Provider	February 2012				Trend / Cumulative				Outturn			
			Target	Actual	Variance	Risk	Target	Actual	Variance	Risk	Target	Actual	Variance	Risk
REFERRAL TO TREATMENT	18 weeks RTT (admitted)	Royal Devon & Exeter	90%	91%	1%	G	90%	94%	4%	G	90%	94%	4%	G
		North Devon	90%	96%	6%	G	90%	95%	5%	G	90%	95%	5%	G
		Torbay	90%	92%	2%	G	90%	93%	3%	G	90%	93%	3%	G
		Plymouth	90%	92%	2%	G	90%	93%	3%	G	90%	93%	3%	G
	RTT (admitted) 95th percentile	Royal Devon & Exeter	23.0	21.4	-2	G	23.0	18.8	-4	G	23.0	18.8	-4	G
		North Devon	23.0	17.7	-5	G	23.0	18.3	-5	G	23.0	18.3	-5	G
		Torbay	23.0	22.0	-1	G	23.0	21.3	-2	G	23.0	21.3	-2	G
		Plymouth	23.0	23.0	0	G	23.0	21.0	-2	G	23.0	21.0	-2	G
	RTT (admitted) median	Royal Devon & Exeter	11.1	5.9	-5	G	11.1	6.1	-5	G	11.1	6.1	-5	G
		North Devon	11.1	8.1	-3	G	11.1	7.4	-4	G	11.1	7.4	-4	G
		Torbay	11.1	8.4	-3	G	11.1	7.3	-4	G	11.1	7.3	-4	G
		Plymouth	11.1	8.5	-3	G	11.1	7.1	-4	G	11.1	7.1	-4	G
18 weeks RTT (non-admitted)	Royal Devon & Exeter	95%	98%	3%	G	95%	98%	3%	G	95%	98%	3%	G	
	North Devon	95%	100%	5%	G	95%	100%	5%	G	95%	100%	5%	G	
	Torbay	95%	98%	3%	G	95%	97%	2%	G	95%	97%	2%	G	
	Plymouth	95%	97%	2%	G	95%	97%	2%	G	95%	97%	2%	G	
RTT (non-admitted) 95th percentile	Royal Devon & Exeter	18.3	15.4	-3	G	18.3	14.5	-4	G	18.3	14.5	-4	G	
	North Devon	18.3	11.1	-7	G	18.3	10.7	-8	G	18.3	10.7	-8	G	
	Torbay	18.3	14.9	-3	G	18.3	15.8	-3	G	18.3	15.8	-3	G	
	Plymouth	18.3	17.1	-1	G	18.3	16.5	-2	G	18.3	16.5	-2	G	
RTT (non-admitted) median	Royal Devon & Exeter	6.6	2.9	-4	G	6.6	3.4	-3	G	6.6	3.4	-3	G	
	North Devon	6.6	2.6	-4	G	6.6	3.0	-4	G	6.6	3.0	-4	G	
	Torbay	6.6	2.5	-4	G	6.6	1.6	-5	G	6.6	1.6	-5	G	
	Plymouth	6.6	3.9	-3	G	6.6	3.5	-3	G	6.6	3.5	-3	G	
A&E	A&E 4hr Waits (March)	Royal Devon & Exeter	95%	95%	0%	G	95%	93.8%	-1%	A	95%	93.8%	-1%	A
		North Devon	95%	94%	-1%	A	95%	94.4%	-1%	A	95%	94.4%	-1%	A
		Torbay	95%	96%	1%	G	95%	98%	3%	G	95%	98.0%	3%	G
		Plymouth	95%	92%	-3%	A	95%	94.7%	0%	A	95%	94.7%	0%	A
INFECTION	MRSA (March)	Royal Devon & Exeter	0	0	0	G	3	1	-2	G	3	1	-2	G
		North Devon	0	0	0	G	1	0	-1	G	1	0	-1	G
		Torbay	0	0	0	G	2	0	-2	G	2	0	-2	G
		Plymouth	0	0	0	G	5	6	1	R	5	6	1	R
	C.difficile (March)	Royal Devon & Exeter	6	4	-2	G	74	86	12	R	74	86	12	R
		North Devon	1	1	0	G	17	16	-1	G	17	16	-1	G
		Torbay	2	5	3	R	21	24	3	A	21	24	3	A
		Plymouth	2	2	0	G	43	40	-3	G	43	40	-3	G
CANCER (January)	% All Cancer seen 2 weeks wait	Royal Devon & Exeter	93%	94%	1%	G	93%	95%	2%	G	93%	95%	2%	G
		North Devon	93%	98%	5%	G	93%	98%	5%	G	93%	98%	5%	G
		Torbay	93%	97%	4%	G	93%	97%	4%	G	93%	97%	4%	G
		Plymouth	93%	95%	2%	G	93%	94%	1%	G	93%	94%	1%	G
	% Breast Symptoms 2 week wait	Royal Devon & Exeter	93%	100%	7%	G	93%	99%	6%	G	93%	99%	6%	G
		North Devon	93%	100%	7%	G	93%	96%	3%	G	93%	96%	3%	G
		Torbay	93%	100%	7%	G	93%	100%	7%	G	93%	100%	7%	G
		Plymouth	93%	98%	5%	G	93%	98%	5%	G	93%	98%	5%	G
	% All Cancer first treatment 31 Days wait	Royal Devon & Exeter	96%	99%	3%	G	96%	98%	2%	G	96%	98%	2%	G
		North Devon	96%	100%	4%	G	96%	99%	3%	G	96%	99%	3%	G
		Torbay	96%	99%	3%	G	96%	98%	2%	G	96%	98%	2%	G
		Plymouth	96%	99%	3%	G	96%	98%	2%	G	96%	98%	2%	G
	% Subsequent treatment 31 day (drug)	Royal Devon & Exeter	98%	100%	2%	G	98%	100%	2%	G	98%	100%	2%	G
		North Devon	98%	100%	2%	G	98%	100%	2%	G	98%	100%	2%	G
		Torbay	98%	100%	2%	G	98%	100%	2%	G	98%	100%	2%	G
		Plymouth	98%	99%	1%	G	98%	100%	2%	G	98%	100%	2%	G
% Subsequent treatment 31 day (surgical)	Royal Devon & Exeter	94%	100%	6%	G	94%	98%	4%	G	94%	98%	4%	G	
	North Devon	94%	100%	6%	G	94%	97%	3%	G	94%	97%	3%	G	
	Torbay	94%	98%	4%	G	94%	97%	3%	G	94%	97%	3%	G	
	Plymouth	94%	95%	1%	G	94%	97%	3%	G	94%	97%	3%	G	
% Subsequent treatment 31 day (radiotherapy)	Royal Devon & Exeter	94%	100%	6%	G	94%	99%	5%	G	94%	99%	5%	G	
	North Devon	94%	100%	6%	G	94%	100%	6%	G	94%	100%	6%	G	
	Torbay	94%	94%	0%	G	94%	97%	3%	G	94%	97%	3%	G	
	Plymouth	94%	99%	5%	G	94%	97%	3%	G	94%	97%	3%	G	
% All Cancer 62 day wait (standard)	Royal Devon & Exeter	85%	86%	1%	G	85%	86%	1%	G	85%	86%	1%	G	
	North Devon	85%	95%	10%	G	85%	85%	0%	G	85%	85%	0%	G	
	Torbay	85%	93%	8%	G	85%	89%	4%	G	85%	89%	4%	G	
	Plymouth	85%	84%	-1%	A	85%	85%	0%	G	85%	85%	0%	G	
% All Cancer 62 day wait (screened)	Royal Devon & Exeter	90%	100%	10%	G	90%	93%	3%	G	90%	93%	3%	G	
	North Devon	90%	100%	10%	G	90%	96%	6%	G	90%	96%	6%	G	
	Torbay	90%	100%	10%	G	90%	92%	2%	G	90%	90%	0%	G	
	Plymouth	90%	89%	-1%	A	90%	89%	-1%	A	90%	90%	0%	G	
% All Cancer 62 day wait (Upgrade)	Royal Devon & Exeter	85%	100%	15%	G	85%	97%	12%	G	85%	97%	12%	G	
	North Devon	85%	100%	15%	G	85%	97%	12%	G	85%	97%	12%	G	
	Torbay	85%	N/A	N/A		85%	92%	7%	G	85%	92%	7%	G	
	Plymouth	85%	79%	-6%	R	85%	87%	2%	G	85%	87%	2%	G	

* Please note MRSA & Cdiff are provider totals and will not match the scorecard total

Achieved

Some risk to achievement

Significant risk to achievement / not achieved

ACUTE TRUST PERFORMANCE SCORECARD																	
ACUTE TRUST Operating Framework: Headline Measures																	
Indicator	Latest period	Royal Devon & Exeter				Northern Devon Healthcare Trust				South Devon Healthcare Trust				Plymouth Hospital Trust			
		Current	Target	Variance	Trend	Current	Target	Variance	Trend	Current	Target	Variance	Trend	Current	Target	Variance	Trend
MRSA bacteraemia	Apr - Mar	1	3	-2.0	<>	0	1	-1.0	<>	0	2	-2.0	<>	6	5	1.0	∇
Clostridium difficile infections	Apr - Mar	86	74	12.0	Δ	16	17	-1.0	<>	24	21	3.0	∇	40	43	-3.0	<>
RTT: admitted 95th centile	Feb	21.4	23.0	-1.6	<>	17.7	23.0	-5.3	<>	22.0	23.0	-1.0	<>	23.0	23.0	0.0	∇
RTT: non-admitted 95th centile	Feb	15.4	18.0	-2.6	<>	11.1	18.0	-6.9	<>	14.9	18.0	-3.1	<>	17.1	18.0	-0.9	<>
RTT: incomplete 95th centile	Feb	33.4	28.0	5.4	<>	13.8	28.0	-14.2	<>	24.5	28.0	-3.5	<>	21.7	28.0	-6.3	<>
RTT: Admitted	Feb	91%	90%	1.2%	∇	96%	90%	5.9%	<>	92%	90%	2.1%	<>	92%	90%	1.9%	<>
RTT: Non-admitted	Feb	98%	95%	2.8%	<>	100%	95%	4.7%	<>	98%	95%	2.6%	<>	97%	95%	1.9%	<>
Diagnostic 15 key tests waits over 6 weeks	Feb	48	0	48.0	Δ	5	0	5.0	<>	5	0	5.0	Δ	9	0	9.0	<>
Mixed sex accommodation (MSA) breaches	Feb	0	0	0.0	<>	10	0	10.0	∇	0	0	0.0	<>	8	0	8.0	<>
Unplanned re-attendance at A&E within 7 days	Feb	9%	5%	4.1%	<>	8%	5%	3.4%	<>	10%	5%	5.3%	<>	5%	5%	0.3%	<>
% A&E <4 hour waits	Mar	95%	95%	0.5%	Δ	94%	95%	-1.1%	∇	96%	95%	1.0%	<>	92%	95%	-3%	∇
A&E: total time spent in department - 95th centile	Feb	04:50	04:00	50.0	<>	04:28	04:00	28.0	∇	04:00	04:00	0.0	<>	05:17	04:00	77	∇
A&E: left department without being seen rate	Feb	2.5%	5%	2.5%	<>	1.2%	5%	3.8%	Δ	1.6%	5%	3.4%	<>	3.3%	5%	2%	<>
A&E: time to initial assessment - 95th centile	Feb	00:20	00:15	5	<>	00:20	00:15	5	<>	02:17	00:15	122	<>	00:06	00:15	-9	<>
A&E: time to treatment in department - median	Feb	00:52	01:00	-8	<>	00:49	01:00	-11	Δ	00:31	01:00	-29	<>	01:06	01:00	6	<>
Two week cancer wait: % seen in two weeks of all urgent & breast symptom referrals	Feb	95%	93%	1.5%	<>	97.6%	93%	4.6%	<>	98%	93%	4.8%	<>	96%	93%	2.8%	<>
62 day cancer wait - % treated in 62 days from GP referral, consultant referral and referral from screening programme	Feb	88%	86%	1.7%	<>	94.9%	86%	8.9%	Δ	93.3%	86%	7.3%	<>	84%	86%	-1.6%	∇
Emergency readmissions within 30 days	Apr -Feb	9.1%	9.2%	-0.1%	<>	10.6%	9.2%	1.4%	Δ	10.3%	10.8%	-0.5%	<>	10.5%	10.3%	0.2%	<>
ACUTE TRUST Operating Framework: Supporting Measures																	
% all cancer seen 2 week wait	Feb	94%	93%	1.2%	<>	98%	93%	4.6%	<>	97%	93%	4.4%	<>	95%	93%	2.5%	<>
% breast symptoms 2 week wait	Feb	100%	93%	7.0%	<>	100%	93%	7.0%	<>	100%	93%	7.0%	<>	98%	93%	5.4%	<>
% all cancer 62 day wait (standard)	Feb	86%	85%	1.0%	<>	95%	85%	9.7%	Δ	93%	85%	7.7%	<>	84%	85%	-1.1%	∇
% all cancer 62 day wait (screened)	Feb	100%	90%	10.0%	<>	100%	90%	10.0%	<>	100%	90%	10.0%	<>	89%	90%	-1.1%	∇
% all cancer 62 day wait (upgrade)	Feb	100%	85%	15.0%	<>	100%	85%	15.0%	<>	N/A	85%	N/A	<>	79%	85%	-6.1%	∇
% all cancer first treatment 31 day wait	Feb	99%	96%	2.7%	<>	100%	96%	4.0%	<>	99%	96%	2.9%	<>	99%	96%	2.7%	<>
% subsequent treatment 31 day (surgical)	Feb	100%	94%	6.0%	<>	100%	94%	6.0%	<>	98%	94%	3.6%	<>	95%	94%	1.2%	<>
% subsequent treatment 31 day (drug)	Feb	100%	98%	2.0%	<>	100%	98%	2.0%	<>	100%	98%	2.0%	<>	99%	98%	1.2%	<>
% subsequent treatment 31 day (radiotherapy)	Feb	100%	94%	6.0%	<>	100%	94%	6.0%	<>	94%	94%	0.4%	<>	99%	94%	4.9%	<>
% of people who have had a stroke who spend at least 90% of their time in hospital on a stroke unit	Apr -Feb	83%	80%	3.3%	<>	71%	80%	-9.2%	∇	91%	80%	11.2%	∇	77%	80%	-2.9%	Δ
Proportion of people at high risk of stroke who experience a TIA are assessed and treated within 24 hours	Q3	N/A	N/A	N/A	N/A	11%	60%	-48.9%	<>	78%	60%	17.8%	Δ	N/A	N/A	N/A	N/A
% women who have seen a midwife by 12 days and 6 days of pregnancy	Q3	87%	90%	-3.4%	<>	85%	90%	-4.9%	<>	90%	90%	0.1%	<>	91.7%	90%	1.7%	Δ
% diabetic retinopathy screened	Q3	91%	95%	-4.0%	Δ	N/A	N/A	N/A	N/A	96%	95%	1.0%	<>	N/A	N/A	N/A	N/A
RTT - admitted median	Feb	5.9	11.1	-5.2	<>	8.1	11.1	-3.0	<>	8.4	11.1	-2.7	<>	8.5	11.1	-2.6	∇
RTT - non-admitted median	Feb	2.9	6.6	-3.7	<>	2.6	6.6	-4.0	<>	2.5	6.6	-4.1	<>	3.9	6.6	-2.7	<>
RTT - incomplete median	Feb	4.7	7.2	-2.5	<>	3.6	7.2	-3.6	<>	4.0	7.2	-3.2	<>	5.5	7.2	-1.7	<>
Daycase rate	Apr -Feb	81%	77%	4.1%	<>	84%	81%	3.2%	<>	82%	80%	2.5%	<>	76%	74%	2.8%	<>
Average length of stay (acute)	Apr -Feb	5.7	5.5	0.2	<>	5.1	5.5	-0.4	<>	4.4	4.6	-0.3	<>	5.8	6.2	-0.3	<>
Delayed transfers of care (acute): no of delays per available beds	Apr -Feb	6.5%	3.5%	3.0%	<>	1.5%	3.5%	-2.0%	<>	0.7%	3.5%	-2.8%	<>	1.8%	3.5%	-1.7%	<>
Cancelled Operations	Apr -Feb	3.2%	0.8%	2.4%	∇	0.8%	0.8%	0.0%	<>	0.6%	0.8%	-0.2%	<>	1.2%	0.8%	0.4%	∇

CLUSTER OF NHS DEVON, PLYMOUTH & TORBAY													
NHS CLUSTER Operating Framework: Headline Measures													
Indicator	Latest period	NHS Devon				NHS Torbay				NHS Plymouth			
		Current	Target	Variance	Trend	Current	Target	Variance	Trend	Current	Target	Variance	Trend
MRSA bacteraemia	Apr - Mar	10	17	● -7.0	◁▷	0	2	● -2.0	◁▷	7	6	● 1.0	▽
Clostridium difficile infections	Apr - Mar	443	250	● 193.0	◁▷	73	46	● 27.0	▽	53	53	● 0.0	◁▷
Ambulance: Cat A response within 8 min	Feb	69%	75%	● -5.6%	◁▷	92%	75%	● 17.0%	◁▷	84%	75%	● 9.4%	◁▷
Ambulance: Cat A responded to within 19 min	Feb	92%	95%	● -2.9%	◁▷	100%	95%	● 4.7%	◁▷	99%	95%	● 4.4%	◁▷
RTT: admitted 95th centile	Feb	20.9	23.0	● -2.1	◁▷	21.1	23.0	● -1.9	◁▷	21.2	23.0	● -1.8	◁▷
RTT: non-admitted 95th centile	Feb	15.0	18.0	● -3.0	◁▷	15.3	18.0	● -2.7	◁▷	16.2	18.0	● -1.8	◁▷
RTT: incomplete 95th centile	Feb	27.8	28.0	● -0.2	◁▷	25.0	28.0	● -3.0	▽	20.8	28.0	● -7.2	◁▷
RTT: Admitted	Feb	92%	90%	● 2.4%	◁▷	94%	90%	● 3.6%	◁▷	93%	90%	● 3.4%	◁▷
RTT: Non-admitted	Feb	98%	95%	● 3.0%	◁▷	97%	95%	● 2.5%	◁▷	98%	95%	● 2.9%	◁▷
Unplanned re-attendance at A&E within 7 days	Feb	10%	5.0%	● 4.9%	◁▷	9.0%	5.0%	● 4.0%	◁▷	6.0%	5.0%	● 1.0%	◁▷
% A&E <4 hour waits	Feb	96%	95%	● 0.7%	◁▷	97%	95%	● 2.2%	◁▷	92%	95%	● -3.1%	▽
A&E: total time spent in department - 95th centile	Feb	04:00	04:00	● 0	◁▷	03:59	04:00	● -1	◁▷	05:06	04:00	● 66	▽
A&E: left department without being seen rate	Feb	1.5%	5.0%	● 3.5%	◁▷	1.5%	5.0%	● 3.5%	◁▷	3.0%	5.0%	● 2.0%	◁▷
A&E: time to initial assessment - 95th centile	Feb	01:16	00:15	● 61	◁▷	02:12	00:15	● 117	◁▷	00:10	00:15	● -5	◁▷
A&E: time to treatment in department - median	Feb	00:27	01:00	● -33	◁▷	00:27	01:00	● -33	◁▷	01:05	01:00	● 5	▽
Emergency readmissions within 30 days	Apr -Feb	11.0%	10.6%	● 0.4%	◁▷	11.5%	12.2%	● -0.7%	◁▷	11.2%	10.7%	● 0.5%	◁▷
NHS CLUSTER Operating Framework: Supporting Measures													
Indicator	Latest period	NHS Devon				NHS Torbay				NHS Plymouth			
		Current	Target	Variance	Trend	Current	Target	Variance	Trend	Current	Target	Variance	Trend
% of people who have had a stroke who spend at least 90% of their time in hospital on a stroke unit	Q3	81%	80%	● 1.1%	△	92%	80%	● 12.1%	◁▷	64%	80%	● -16.1%	▽
Access to dentistry	Q3	92%	100%	● -7.9%	◁▷	95%	100%	● -5.1%	◁▷	99.6%	100.0%	● -0.4%	◁▷
% women who have seen a midwife by 12 days and 6 days of pregnancy	Q3	87%	90%	● -2.6%	◁▷	88%	90%	● -2.1%	◁▷	94%	90%	● 3.6%	△
New cases of psychosis served by early intervention teams year to date (% of plan)	Feb	93%	100%	● -7.5%	▽	113%	100%	● 12.5%	◁▷	122%	100%	● 21.7%	△
No of crisis resolution service episodes (% of plan)	Apr -Feb	116%	100%	● 16.5%	◁▷	98%	100%	● -1.8%	▽	111%	100%	● 11.0%	◁▷
% people on CPA who were followed up within 7 days of discharge	Feb	98%	100%	● -1.6%	▽	100%	100%	● 0.0%	◁▷	99%	100%	● -0.7%	◁▷
% people with depression referred for psychological therapy	Q3	2.1%	2.8%	● -0.8%	◁▷	2.2%	2.8%	● -0.7%	◁▷	2.1%	2.8%	● -0.8%	◁▷
% people with depression referred for psychological therapy receiving it.	Q3	65%	81%	● -15.8%	◁▷	63%	81%	● -17.3%	▽	53%	81%	● -27.6%	▽
% of Smoking quitters against plan	Q3	96%	100%	● -3.6%	▽	111%	100%	● 11.1%	△	95%	100%	● -4.5%	△
% breastfeeding at 6-8 weeks	Q3	53%	52%	● 1.1%	△	38%	42%	● -4.5%	◁▷	37%	39%	● -1.9%	▽
% diabetic retinopathy screened	Q3	91%	95%	● -4.4%	△	84%	95%	● -10.9%	◁▷	80%	95%	● -14.6%	◁▷
RTT - admitted median	Feb	7.5	11.1	● -3.6	◁▷	7.9	11.1	● -3.2	◁▷	8	11.1	● -3.1	◁▷
RTT - non-admitted median	Feb	2.9	6.6	● -3.7	◁▷	2.4	6.6	● -4.2	◁▷	2.9	6.6	● -3.7	◁▷
RTT - incomplete median	Feb	4.5	7.2	● -2.7	◁▷	4.3	7.2	● -2.9	◁▷	5.1	7.2	● -2.1	◁▷
% people aged 40-74 who have received a health check	Q3	3%	2%	● 1.7%	◁▷	7%	2%	● 5.1%	△	0.3%	2%	● -1.7%	◁▷

NORTHERN DEVON HEALTHCARE NHS TRUST (NDHT) PROVIDER PERFORMANCE SCORECARD																
NDHT Operating Framework: Headline Measures																
Indicator	OT	Trend	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	YTD	FOT
MRSA bacteraemia	1	<=>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clostridium difficile infections	17	<=>	0	0	0	2	3	1	4	2	0	1	2	1	16	16
RTT: admitted 95th centile	23.0	<=>	17.5	17.6	20.1	17.9	18.0	17.6	18.5	19.7	17.8	18.9	17.7		18.3	18.3
RTT: non-admitted 95th centile	18.0	<=>	10.0	10.6	10.8	10.8	10.7	11.0	11.2	10.5	10.2	11.0	11.1		10.7	10.7
RTT: incomplete 95th centile	28.0	<=>	13.9	13.5	14.0	13.7	13.9	13.9	13.9	13.9	13.8	13.9	13.8		13.8	13.8
RTT: Admitted	90%	<=>	97%	96%	93%	95%	95%	96%	94%	93%	96%	94%	96%		95%	95%
RTT: Non-admitted	95%	<=>	99%	100%	100%	99%	99%	100%	99%	100%	100%	100%	100%		100%	100%
Diagnostic 15 key tests waits over 6 weeks	0	<=>	43	25	7	2	5	2	0	0	1	1	5		91	99
Mixed sex accommodation (MSA) breaches	0	>	63	34	42	4	13	0	0	3	0	8	10		177	193
Unplanned re-attendance at A&E within 7 days	5%	<=>	10.5%	10.4%	9.3%	8.7%	9.0%	9.0%	8.8%	7.8%	8.7%	8.1%	8.4%		9.0%	9.0%
% A&E <4 hour waits	95%	>	94.4%	95.3%	95.4%	94.1%	95.8%	95.6%	94.2%	95.1%	93.6%	89.9%	94.3%	93.9%	94.4%	94.4%
A&E: total time spent in department - 95th centile	04:00	>	03:59	03:59	04:00	04:20	04:00	03:59	04:19	03:59	04:44	05:01	04:28		04:18	04:18
A&E: left department without being seen rate	5%	>	3.9%	3.1%	2.8%	3.1%	2.5%	2.3%	2.2%	1.6%	1.4%	1.2%	1.2%		2.3%	2.3%
A&E: time to initial assessment - 95th centile	00:15	<=>	00:27	00:22	00:22	00:18	00:15	00:15	00:15	00:18	00:20	00:22	00:20		00:20	00:20
A&E: time to treatment in department - median	01:00	>	01:06	01:01	01:03	01:02	00:52	00:55	00:54	00:54	00:48	00:50	00:49		00:56	00:56
Two week cancer wait: % seen in two weeks of all urgent & breast symptom referrals	93%	<=>	98%	95%	98%	99%	98%	98%	95%	99%	99%	97%	98%		97%	97%
62 day cancer wait - % treated in 62 days from GP referral, consultant referral and referral from screening programme	86%	>	85%	81%	81%	85%	91%	86%	83%	83%	86%	89%	95%		86%	86%
Emergency readmissions within 30 days	9.4%	>	9.1%	10.7%	11.9%	10.4%	11.2%	12.0%	10.5%	11.5%	11.8%	9.1%	8.0%		11%	11%
NDHT Operating Framework: Supporting Measures																
Indicator	OT	Trend	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	YTD	FOT
% all cancer seen 2 week wait	93%	<=>	99%	95%	98%	99%	98%	98%	95%	99%	99%	97%	98%		98%	98%
% breast symptoms 2 week wait	93%	<=>	80%	94%	94%	100%	100%	86%	100%	100%	100%	100%	100%		96%	96%
% all cancer 62 day wait (standard)	85%	>	85%	79%	80%	82%	90%	84%	83%	84%	85%	89%	95%		85%	85%
% all cancer 62 day wait (screened)	90%	<=>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		96%	96%
% all cancer 62 day wait (upgrade)	85%	<=>	67%	100%	100%	100%	100%	100%	100%	100%	100%	83%	100%		97%	97%
% all cancer first treatment 31 day wait	96%	<=>	98%	100%	98%	100%	100%	100%	100%	100%	98%	99%	100%		99%	99%
% subsequent treatment 31 day (surgical)	94%	<=>	100%	100%	100%	100%	100%	100%	86%	93%	100%	86%	100%		97%	97%
% subsequent treatment 31 day (drug)	98%	<=>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%
% subsequent treatment 31 day (radiotherapy)	94%	<=>	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%		100%	100%
% of people who have had a stroke who spend at least 90% of their time in hospital on a stroke unit	80%	>			72%	78%	81%	83%	78%	52%	64%	75%	57%		71%	71%
Proportion of people at high risk of stroke who experience a TIA are assessed and treated within 24 hours	60%	<=>			10%			17%			11.11%				13%	13%
% women who have seen a midwife by 12 days and 6 days of pregnancy	90%	<=>			91%			84%			85%				87%	87%
% diabetic retinopathy screened	95%	<=>														
RTT - admitted median	11.1	<=>	6.8	7.0	8.1	7.4	7.5	7.2	7.2	7.2	7.6	7.7	8.1		7.4	7.4
RTT - non-admitted median	6.6	<=>	2.9	3.6	3.0	2.8	3.1	3.0	3.1	3.2	2.6	3.5	2.6		3.0	3.0
RTT - incomplete median	7.2	<=>	4.1	3.3	3.4	3.6	4.1	3.4	3.6	3.4	4.3	3.4	3.6		3.7	3.7
Daycase rate	81%	<=>	85%	84%	84%	82%	84%	82%	84%	83%	85%	86%	85%		84%	84%
Average length of stay (acute)	5.5	<=>	6.1	5.3	5.0	4.9	4.9	4.7	5.0	4.8	5.0	5.6	4.4		5.1	5.1
Delayed transfers of care (acute): no of delays per available beds	3.5%	<=>	4.0%	1.8%	0.7%	1.1%	2.9%	0.7%	1.5%	1.8%	0.7%	0.0%	0.7%		1.5%	1.6%
Cancelled Operations	0.8%	<=>	0.8%	0.8%	0.3%	0.2%	0.9%	1.0%	0.4%	0.5%	1.1%	0.9%	0.4%		0.8%	0.8%

PLYMOUTH HOSPITALS NHS TRUST (PHT) PROVIDER PERFORMANCE SCORECARD																
PHT Operating Framework: Headline Measures																
Indicator	OT	Trend	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	YTD	FOT
MRSA bacteraemia	5	▽	0	2	1	0	0	0	0	1	1	0	1	0	6	6
Clostridium difficile infections	43	◁▷	4	3	1	2	3	2	1	4	7	6	5	2	40	40
RTT: admitted 95th centile	23.0	▽	19.3	18.0	19.7	18.9	18.8	23.8	22.8	23.0	21.3	22.99	23.02		21.0	21.0
RTT: non-admitted 95th centile	18.0	◁▷	13.9	15.0	15.8	15.9	17.4	17.5	17.1	17.6	17.3	17.2	17.1		16.5	16.5
RTT: incomplete 95th centile	28.0	◁▷	18.4	18.8	18.8	19.8	20.7	20.6	20.5	20.8	22.4	22.0	21.7		20.4	20.4
RTT: Admitted	90%	◁▷	94%	95%	93%	94%	95%	92%	93%	92%	94%	92%	92%		93%	93%
RTT: Non-admitted	95%	◁▷	98%	98%	98%	98%	96%	96%	97%	96%	97%	97%	97%		97%	97%
Diagnostic 15 key tests waits over 6 weeks	0	◁▷	243	195	80	45	18	10	11	1	12	65	9		689	752
Mixed sex accommodation (MSA) breaches	0	◁▷	9	22	2	2	3	2	3	11	2	1	8		65	71
Unplanned re-attendance at A&E within 7 days	5%	◁▷	6%	6%	5%	6%	6%	6%	6%	5%	6%	6%	5%		6%	6%
% A&E <4 hour waits	95%	▽	94%	97%	97%	96%	96%	96%	94%	95%	93%	96%	91%	92%	94.7%	94.7%
A&E: total time spent in department - 95th centile	04:00	▽	03:59	03:58	03:58	03:59	03:59	03:59	04:17	03:59	04:34	03:59	05:17		03:59	03:59
A&E: left department without being seen rate	5%	◁▷	4.6%	3.3%	3.5%	3.6%	3.3%	3.2%	3.9%	3.1%	3.7%	3.1%	3.3%		3.5%	3.5%
A&E: time to initial assessment - 95th centile	00:15	◁▷	00:10	00:08	00:09	00:09	00:06	00:08	00:07	00:12	00:09	00:09	00:06		00:08	00:08
A&E: time to treatment in department - median	01:00	◁▷	01:12	01:03	01:06	01:08	00:58	01:04	01:07	00:58	01:04	01:03	01:06		01:05	01:05
Two week cancer wait: % seen in two weeks of all urgent & breast symptom referrals	93%	◁▷	95%	94%	95%	94%	94%	94%	96%	94%	96%	95%	96%		95%	95%
62 day cancer wait - % treated in 62 days from GP referral, consultant referral and referral from screening programme	86%	▽	88%	87%	87%	85%	85%	87%	83%	85%	86%	85%	84%		85.6%	85.6%
Emergency readmissions within 30 days	10.2%	◁▷	9.2%	11.2%	10.5%	10.4%	12.0%	10.8%	10.3%	10.2%	9.9%	10.1%	10.5%		10.5%	10.5%
PHT Operating Framework: Supporting Measures																
Indicator	OT	Trend	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	YTD	FOT
% all cancer seen 2 week wait	93%	◁▷	94%	94%	95%	93%	94%	94%	96%	93%	96%	95%	95%		94%	94%
% breast symptoms 2 week wait	93%	◁▷	98%	96%	99%	100%	97%	98%	99%	98%	98%	98%	98%		98%	98%
% all cancer 62 day wait (standard)	85%	▽	87%	86%	87%	85%	83%	87%	82%	86%	85%	85%	84%		85%	85%
% all cancer 62 day wait (screened)	90%	▽	100%	95%	87%	82%	94%	86%	91%	84%	100%	84%	89%		89%	89%
% all cancer 62 day wait (upgrade)	85%	▽	N/A	88%	85%	100%	94%	80%	63%	90%	100%	100%	79%		87%	87%
% all cancer first treatment 31 day wait	96%	◁▷	96%	99%	99%	99%	98%	97%	99%	97%	99%	99%	99%		98%	98%
% subsequent treatment 31 day (surgical)	94%	◁▷	95%	96%	100%	99%	94%	95%	96%	98%	96%	97%	95%		97%	97%
% subsequent treatment 31 day (drug)	98%	◁▷	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	99%		100%	100%
% subsequent treatment 31 day (radiotherapy)	94%	◁▷	100%	97%	97%	99%	95%	96%	96%	96%	96%	94%	99%		97%	97%
% of people who have had a stroke who spend at least 90% of their time in hospital on a stroke unit	80%	△	79.00%	77.00%	85.00%	85.11%	87.76%	68.00%	77.36%	77.14%	57.35%	77.14%	82.54%		77%	77%
Proportion of people at high risk of stroke who experience a TIA are assessed and treated within 24 hours	60%	◁▷														
% women who have seen a midwife by 12 days and 6 days of pregnancy	90%	△			82%			89.6%			91.7%				88%	88%
% diabetic retinopathy screened	95%	◁▷														
RTT - admitted median	11.1	▽	6.7	6.4	7.1	6.1	6.4	7.6	7.3	7.3	5.8	8.8	8.5		7.1	7.1
RTT - non-admitted median	6.6	◁▷	2.6	3.5	3.4	3.3	3.2	3.4	3.4	3.5	3.5	4.4	3.9		3.5	3.5
RTT - incomplete median	7.2	◁▷	5.5	6.0	5.6	5.5	6.0	5.7	5.6	5.7	6.7	6.4	5.5		5.8	5.8
Daycase rate	74%	◁▷	76%	76%	78%	76%	76%	76%	76%	76%	75%	78%	77%		76%	76%
Average length of stay (acute)	6.2	◁▷	5.9	6.0	5.7	5.8	5.9	5.7	5.6	5.5	6.0	6.2	5.6		5.8	5.8
Delayed transfers of care (acute): no of delays per available beds	3.5%	◁▷	1.5%	1.1%	2.0%	1.5%	1.8%	1.9%	2.0%	2.0%	0.8%	3.0%	2.4%		1.8%	1.8%
Cancelled Operations 28 day	0.8%	▽	1.7%	1.8%	1.0%	1.1%	0.9%	1.2%	0.9%	1.3%	1.4%	2.0%	1.8%		1.2%	1.2%

ROYAL DEVON AND EXETER NHS FOUNDATION TRUST (RD&E) PROVIDER PERFORMANCE SCORECARD																
RD&E Operating Framework: Headline Measures																
Indicator	OT	Trend	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	YTD	FOT
MRSA bacteraemia	3	<<>	0	0	0	0	0	1	0	0	0	0	0	0	1	1
Clostridium difficile infections	74	△	9	12	6	6	8	12	9	4	4	8	4	4	86	86
RTT: admitted 95th centile	23.0	<<>	20.7	17.4	20.3	18.0	17.8	17.6	18.2	17.6	19.1	18.7	21.4		18.8	18.8
RTT: non-admitted 95th centile	18.0	<<>	12.6	13.9	14.7	14.9	13.1	15.8	15.2	15.2	13.6	15.1	15.4		14.5	14.5
RTT: incomplete 95th centile	28.0	<<>	34.1	35.3	36.3	26.1	27.6	28.2	30.2	31.9	33.8	36.0	33.4		32.1	32.1
RTT: Admitted	90%	▽	92%	96%	92%	95%	95%	96%	95%	96%	94%	94%	91%		94%	94%
RTT: Non-admitted	95%	<<>	97%	98%	98%	98%	98%	97%	98%	98%	98%	98%	98%		98%	98%
Diagnostic 15 key tests waits over 6 weeks	203	△	81	199	177	162	199	202	208	182	162	112	48		1,732	1,889
Mixed sex accommodation (MSA) breaches	0	<<>	0	0	0	0	0	0	0	0	0	0	0		0	0
Unplanned re-attendance at A&E within 7 days	5%	<<>	10.2%	10.3%	10.5%	10.6%	9.7%	9.3%	9.0%	9.1%	8.8%	8.7%	9.1%		10%	10%
% A&E <4 hour waits	95%	△	94.1%	92.9%	92.5%	94.4%	93.3%	96.3%	93.2%	92.4%	91.3%	94.7%	94.7%	95.5%	93.8%	93.8%
A&E: total time spent in department - 95th centile	04:00	<<>	04:44	05:04	05:09	04:32	04:48	04:00	04:54	05:09	05:23	04:37	04:50		04:53	04:53
A&E: left department without being seen rate	5%	<<>	3.4%	3.4%	3.1%	3.0%	3.6%	2.8%	4.0%	3.0%	2.4%	2.0%	2.5%		3%	3%
A&E: time to initial assessment - 95th centile	00:15	<<>	00:29	00:29	00:24	00:20	00:24	00:20	00:20	00:20	00:19	00:18	00:20		00:22	00:22
A&E: time to treatment in department - median	01:00	<<>	00:59	00:53	00:56	00:52	00:53	00:48	00:55	00:48	00:43	00:46	00:52		00:51	00:51
Two week cancer wait: % seen in two weeks of all urgent & breast symptom referrals	93%	<<>	98%	97%	95%	95%	95%	95%	95%	96%	95%	92%	95%		95%	95%
62 day cancer wait - % treated in 62 days from GP referral, consultant referral and referral from screening programme	86%	<<>	94%	88%	81%	91%	85%	84%	88%	84%	88%	87%	88%		87%	87%
Emergency readmissions within 30 days	9.2%	<<>	9.5%	8.3%	9.0%	9.2%	8.6%	9.1%	8.3%	9.6%	8.9%	9.3%	9.9%		9.1%	9.1%
RD&E Operating Framework: Supporting Measures																
Indicator	OT	Trend	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	YTD	FOT
% all cancer seen 2 week wait	93%	<<>	97%	97%	95%	94%	95%	95%	95%	95%	95%	92%	94%		95%	95%
% breast symptoms 2 week wait	93%	<<>	100%	100%	100%	100%	100%	96%	100%	100%	97%	96%	100%		99%	99%
% all cancer 62 day wait (standard)	85%	<<>	94%	87%	80%	92%	83%	83%	87%	83%	88%	85%	86%		86%	86%
% all cancer 62 day wait (screened)	90%	<<>	100%	94%	91%	89%	100%	90%	100%	90%	84%	94%	100%		93%	93%
% all cancer 62 day wait (upgrade)	85%	<<>	100%	100%	100%	100%	92%	93%	89%	100%	100%	89%	100%		97%	97%
% all cancer first treatment 31 day wait	96%	<<>	99%	98%	97%	98%	96%	99%	98%	99%	99%	96%	99%		98%	98%
% subsequent treatment 31 day (surgical)	94%	<<>	94%	100%	98%	96%	100%	100%	95%	100%	95%	100%	100%		98%	98%
% subsequent treatment 31 day (drug)	98%	<<>	100%	99%	100%	100%	99%	100%	100%	100%	100%	100%	100%		100%	100%
% subsequent treatment 31 day (radiotherapy)	94%	<<>	100%	98%	99%	99%	99%	98%	100%	99%	99%	97%	100%		99%	99%
% of people who have had a stroke who spend at least 90% of their time in hospital on a stroke unit	80%	<<>			79%	63%	84%	93%	95%	89%	79%	77%	77%		83%	83%
Proportion of people at high risk of stroke who experience a TIA are assessed and treated within 24 hours	60%	<<>														
% women who have seen a midwife by 12 days and 6 days of pregnancy	90%	<<>			86%			86%			87%				86%	86%
% diabetic retinopathy screened	95%	△			88%			89%			91%				89%	89%
RTT - admitted median	11.1	<<>	7.2	6.2	8.1	5.3	5.9	5.4	6.7	5.0	5.1	6.0	5.9		6.1	6.1
RTT - non-admitted median	6.6	<<>	3.2	3.8	3.3	3.3	3.7	3.3	3.5	3.3	3.1	3.8	2.9		3.4	3.4
RTT - incomplete median	7.2	<<>	5.3	4.3	4.5	4.9	9.0	4.8	5.2	4.8	5.6	5.5	4.7		5.3	5.3
Daycase rate	77%	<<>	79%	81%	81%	79%	80%	80%	78%	81%	81%	85%	82%		81%	81%
Average length of stay (acute)	5.5	<<>	5.4	5.6	6.2	5.5	5.9	5.6	5.3	5.9	5.9	6.3	5.7		5.7	5.7
Delayed transfers of care (acute): no of delays per available beds	3.5%	<<>	6.1%	6.7%	6.7%	7.3%	7.5%	5.9%	7.1%	6.6%	5.2%	5.3%	7.6%		6.5%	6.5%
Cancelled Operations	0.8%	▽	2.3%	2.2%	4.0%	2.6%	1.4%	1.5%	2.7%	4.9%	5.6%	5.0%			3.2%	3.2%

SOUTH DEVON HEALTHCARE NHS FOUNDATION TRUST (SDHT) PROVIDER PERFORMANCE SCORECARD																
SDHT Operating Framework: Headline Measures																
Indicator	OT	Trend	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	YTD	FOT
MRSA bacteraemia	2	<=>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clostridium difficile infections	21	>	3	2	2	2	2	2	1	1	4	0	0	5	24	24
RTT: admitted 95th centile	23.0	<=>	19.4	18.3	19.8	22.5	19.9	23.0	22.5	21.3	22.8	22.5	22.0		21.3	21.3
RTT: non-admitted 95th centile	18.0	<=>	13.8	15.0	16.6	17.1	16.7	17.0	16.5	15.8	14.9	15.1	14.9		15.8	15.8
RTT: incomplete 95th centile	28.0	<=>	48.3	35.7	20.3	19.6	18.0	18.5	18.9	18.3	18.3	18.8	24.5		23.6	23.6
RTT: Admitted	90%	<=>	94%	95%	93%	91%	93%	92%	92%	93%	93%	93%	92%		93%	93%
RTT: Non-admitted	95%	<=>	98%	98%	97%	96%	96%	97%	97%	97%	98%	97%	98%		97%	97%
Diagnostic 15 key tests waits over 6 weeks	0	>	95	43	26	24	81	122	26	10	18	42	5		492	537
Mixed sex accommodation (MSA) breaches	0	<=>	0	48	65	0	0	0	0	0	0	0	0		113	123
Unplanned re-attendance at A&E within 7 days	5%	<=>	9.9%	10.3%	10.7%	10.3%	10.1%	9.5%	9.8%	9.3%	10.4%	9.6%	10.3%		10.0%	10.0%
% A&E <4 hour waits	95%	<=>	99%	98%	98%	99%	98%	98%	99%	97%	99%	98%	97%	96%	98%	98%
A&E: total time spent in department - 95th centile	04:00	<=>	03:55	03:56	03:57	03:55	03:56	03:57	03:55	03:57	03:56	03:57	04:00		03:57	03:57
A&E: left department without being seen rate	5%	<=>	1.6%	1.7%	2.3%	2.2%	1.8%	1.5%	1.6%	1.3%	1.2%	1.2%	1.6%		2%	2%
A&E: time to initial assessment - 95th centile	00:15	<=>	01:47	02:12	02:27	02:22	02:18	02:00	02:15	02:08	02:01	02:01	02:17		02:11	02:11
A&E: time to treatment in department - median	01:00	<=>	00:00	00:16	00:26	00:29	00:14	00:14	00:31	00:31	00:21	00:28	00:31		00:22	00:22
Two week cancer wait: % seen in two weeks of all urgent & breast symptom referrals	93%	<=>	98%	98%	99%	97%	96%	97%	98%	97%	97%	97%	98%		97%	97%
62 day cancer wait - % treated in 62 days from GP referral, consultant referral and referral from screening programme	86%	<=>	89%	88%	88%	87%	92%	86%	92%	92%	92%	86%	93%		90%	90%
Emergency readmissions within 30 days	10.8%	<=>	10.1%	9.7%	10.6%	12.0%	9.8%	9.5%	10.5%	9.9%	11.0%	10.2%	10.1%		10.3%	10.3%
SDHT Operating Framework: Supporting Measures																
Indicator	OT	Trend	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	YTD	FOT
% all cancer seen 2 week wait	93%	<=>	98%	98%	98%	97%	96%	97%	98%	97%	96%	96%	97%		97%	97%
% breast symptoms 2 week wait	93%	<=>	100%	100%	100%	100%	100%	99%	100%	99%	100%	100%	100%		100%	100%
% all cancer 62 day wait (standard)	85%	<=>	89%	87%	90%	87%	92%	85%	91%	91%	92%	85%	93%		89%	89%
% all cancer 62 day wait (screened)	90%	<=>	N/A	89%	77%	88%	91%	91%	100%	100%	100%	100%	100%		92%	92%
% all cancer 62 day wait (upgrade)	85%	<=>	N/A	78%	N/A	100%	N/A	100%	N/A	N/A	100%	N/A	N/A		92%	92%
% all cancer first treatment 31 day wait	96%	<=>	97%	97%	96%	99%	98%	98%	98%	99%	99%	96%	99%		98%	98%
% subsequent treatment 31 day (surgical)	94%	<=>	100%	96%	90%	97%	93%	100%	97%	100%	97%	97%	98%		97%	97%
% subsequent treatment 31 day (drug)	98%	<=>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%
% subsequent treatment 31 day (radiotherapy)	94%	<=>	100%	94%	90%	94%	96%	100%	98%	98%	100%	99%	94%		97%	97%
% of people who have had a stroke who spend at least 90% of their time in hospital on a stroke unit	80%	>			90%	97%	91%	94%	93%	86%	89%	N/A	79%		91%	91%
Proportion of people at high risk of stroke who experience a TIA are assessed and treated within 24 hours	60%	>			56%			64%			78%				66%	66%
% women who have seen a midwife by 12 days and 6 days of pregnancy	90%	<=>			89%			91%			90%				90%	90%
% diabetic retinopathy screened	95%	<=>			97%			96%							96%	96%
RTT - admitted median	11.1	<=>	6.4	7.3	7.8	7.6	7.4	6.5	6.6	7.0	7.3	8.0	8.4		7.3	7.3
RTT - non-admitted median	6.6	<=>	1.4	1.6	1.4	1.6	1.6	1.6	1.5	1.5	1.5	1.6	2.5		1.6	1.6
RTT - incomplete median	7.2	<=>	6.4	5.8	4.8	4.6	4.7	4.3	5.3	3.9	5.0	4.0	4.0		4.8	4.8
Daycase rate	80%	<=>	81%	82%	83%	82%	85%	82%	81%	81%	81%	83%	83%		82%	82%
Average length of stay (acute)	4.6	<=>	4.57	4.69	4.74	4.65	4.52	4.93	4.56	4.58	3.53	3.66	3.55		4.4	4.4
Delayed transfers of care (acute): no of delays per available beds	3.5%	<=>	0.0%	0.7%	1.4%	0.7%	0.7%	0.0%	1.2%	1.0%	1.0%	0.5%	0.5%		0.7%	0.7%
Cancelled Operations	0.8%	<=>	0.4%	0.7%	0.6%	0.5%	0.3%	0.8%	0.7%	1.0%					0.6%	0.6%

NHS DEVON COMMISSIONER PERFORMANCE SCORECARD																
NHS DEVON Operating Framework: Headline Measures																
Indicator	OT	Trend	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	YTD	FOT
MRSA bacteraemia	17	<<	1	2	0	1	0	3	0	0	1	0	1	1	10	10
Clostridium difficile infections	250	<<	45	40	35	48	41	38	40	30	34	39	28	25	443	443
Ambulance: Cat A response within 8 min	75%	<<	71%	72%	68%	71%	71%	72%	71%	72%	70%	71%	69%		71%	71%
Ambulance: Cat A responded to within 19 min	95%	<<	93%	94%	92%	93%	93%	93%	93%	94%	94%	93%	92%		93%	93%
RTT: admitted 95th centile	23.0	<<	19.6	17.7	20.1	18.5	17.9	18.0	19.0	18.8	19.1	19.2	20.9		19.0	19.0
RTT: non-admitted 95th centile	18.0	<<	12.7	14.0	14.7	14.8	13.2	15.4	15.3	14.9	14.2	14.7	15.0		14.4	14.4
RTT: incomplete 95th centile	28.0	<<	30.7	29.7	26.9	21.6	22.6	24.4	25.4	26.0	27.9	29.1	27.8		26.6	26.6
RTT: Admitted	90%	<<	93%	96%	93%	95%	95%	95%	94%	94%	94%	94%	92%		94%	94%
RTT: Non-admitted	95%	<<	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%		98%	98%
Unplanned re-attendance at A&E within 7 days	5%	<<	11.4%	11.7%	11.7%	11.4%	11.2%	11.3%	11.4%	10.2%	9.9%	9.9%	9.9%		10.9%	10.9%
% A&E <4 hour waits	95%	<<	96.8%	96.4%	96.1%	97.0%	96.7%	97.6%	96.2%	96.0%	95.2%	96.3%	95.7%		96.4%	96.4%
A&E: total time spent in department - 95th centile	04:00	<<	03:59	03:58	03:59	03:58	03:58	03:58	03:59	03:59	04:00	03:59	04:00		03:59	03:59
A&E: left department without being seen rate	5%	<<	2.3%	2.0%	1.9%	1.9%	1.9%	1.6%	1.9%	1.5%	1.5%	1.5%	1.5%		1.8%	1.8%
A&E: time to initial assessment - 95th centile	00:15	<<	00:53	01:00	01:16	01:27	01:01	00:59	01:10	01:12	01:01	01:08	01:16		01:08	01:08
A&E: time to treatment in department - median	01:00	<<	00:27	00:25	00:28	00:28	00:25	00:24	00:27	00:27	00:23	00:24	00:27		00:26	00:26
Emergency readmissions within 30 days	10.6%	<<	11.1%	10.6%	11.4%	11.0%	10.9%	11.3%	10.7%	11.2%	11.1%	10.4%	10.9%		11.0%	11.0%
NHS DEVON Operating Framework: Supporting Measures																
Indicator	OT	Trend	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	YTD	FOT
% of people who have had a stroke who spend at least 90% of their time in hospital on a stroke unit	80%	△			75%			76%			81%				77%	77%
Access to dentistry	100%	<<			93%			92%			92%				92%	92%
% women who have seen a midwife by 12 days and 6 days of pregnancy	90%	<<			89%			86%			87%				87%	87%
New cases of psychosis served by early intervention teams year to date (% of plan)	100%	▽	133%	113%	142%	135%	135%	109%	107%	92%	98%	89%	93%		93%	93%
No of crisis resolution service episodes (% of plan)	100%	<<	82%	129%	121%	118%	121%	119%	128%	119%	117%	117%	116%		116%	116%
% people on CPA who were followed up within 7 days of discharge	100%	▽	95%	94%	95%	100%	100%	98%	100%	100%	100%	100%	98%		98%	98%
% people with depression referred for psychological therapy	3%	<<			1.7%			2.2%			2.1%				2%	2%
% people with depression referred for psychological therapy receiving it.	81%	<<			66%			82%			65%				74%	74%
% of Smoking quitters against plan	100%	▽	111%	102%	100%	105%	101%	99%	99%	100%	96%				96%	96%
% breastfeeding at 6-8 weeks	45%	△			51%			52%			53%				52%	52%
% diabetic retinopathy screened	95%	△			88%			90%			91%				89%	89%
RTT - admitted median	11.1	<<	7.1	6.7	7.8	6.4	6.6	6.8	6.5	6.3	6.4	7.0	7.5		6.8	6.8
RTT - non-admitted median	6.6	<<	3.2	3.8	3.4	3.3	3.7	3.3	3.1	3.1	2.7	3.3	2.9		3.3	3.3
RTT - incomplete median	7.2	<<	5.2	4.1	4.3	4.8	5.4	5.1	4.8	4.6	5.5	4.9	4.5		4.8	4.8
% people aged 40-74 who have received a health check	2%	<<			2%			2%			3%				8%	8%

NHS PLYMOUTH COMMISSIONER PERFORMANCE SCORECARD																
NHS PLYMOUTH Operating Framework: Headline Measures																
Indicator	OT	Trend	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	YTD	FOT
MRSA bacteraemia	6	▽	0	0	1	1	0	0	1	0	1	0	0	3	7	7
Clostridium difficile infections	53	◁▷	4	5	5	3	5	3	3	8	8	2	5	2	53	53
Ambulance: Cat A response within 8 min	75%	◁▷	88%	87%	84%	87%	88%	88%	86%	88%	86%	88%	84%		87%	87%
Ambulance: Cat A responded to within 19 min	95%	◁▷	100%	100%	99%	100%	100%	100%	99%	100%	100%	100%	99%		100%	100%
RTT: admitted 95th centile	23.0	◁▷	19.0	17.9	18.9	18.0	18.0	21.3	20.1	21.4	18.0	20.8	21.2		19.5	19.5
RTT: non-admitted 95th centile	18.0	◁▷	13.1	14.6	15.0	15.8	17.1	17.2	16.1	16.7	16.2	16.1	16.2		15.8	15.8
RTT: incomplete 95th centile	28.0	◁▷	18.8	18.6	18.5	19.4	20.2	20.1	19.7	19.5	21.3	21.1	20.8		19.8	19.8
RTT: Admitted	90%	◁▷	94%	95%	94%	95%	95%	93%	93%	91%	95%	98%	93%		94%	94%
RTT: Non-admitted	95%	◁▷	98%	98%	98%	98%	97%	97%	98%	97%	98%	98%	98%		98%	98%
Unplanned re-attendance at A&E within 7 days	5%	◁▷	6.3%	6.6%	6.0%	6.5%	6.2%	6.5%	5.9%	5.5%	6.0%	6.0%	6.0%		6.1%	6.1%
% A&E <4 hour waits	95%	▽	95.9%	97.0%	97.1%	96.4%	96.3%	96.5%	94.6%	96.0%	93.8%	96.4%	91.9%		95.6%	95.6%
A&E: total time spent in department - 95th centile	04:00	▽	03:59	03:58	03:58	03:59	03:59	03:58	04:11	03:59	04:26	03:59	05:06		03:59	03:59
A&E: left department without being seen rate	5%	◁▷	4.7%	3.4%	3.6%	3.8%	3.3%	3.5%	4.1%	3.0%	3.0%	3.0%	3.0%		3.5%	3.5%
A&E: time to initial assessment - 95th centile	00:15	◁▷	00:12	00:10	00:10	00:14	00:08	00:11	00:10	00:13	00:15	00:13	00:10		00:11	00:11
A&E: time to treatment in department - median	01:00	▽	01:12	01:03	01:07	01:07	00:58	01:04	01:06	00:58	01:03	01:03	01:05		01:04	01:04
Emergency readmissions within 30 days	10.7%	◁▷	9.6%	12.0%	10.5%	11.2%	13.2%	11.4%	11.1%	11.8%	10.3%	10.7%	10.8%		11.2%	11.2%
NHS PLYMOUTH Operating Framework: Supporting Measures																
Indicator	OT	Trend	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	YTD	FOT
% of people who have had a stroke who spend at least 90% of their time in hospital on a stroke unit	80%	▽			84%			76%			64%				74%	74%
Access to dentistry	100%	◁▷			99.6%			100%			99.6%				100%	100%
% women who have seen a midwife by 12 days and 6 days of pregnancy	90%	△			84%			92%			94%				89.9%	89.9%
New cases of psychosis served by early intervention teams year to date (% of plan)	100%	△			107%			113%			122%				122%	122%
No of crisis resolution service episodes (% of plan)	100%	◁▷	71%	96%	111%	106%	111%	112%	108%	111%	113%	111%	111%		111%	111%
% people on CPA who were followed up within 7 days of discharge	100%	◁▷	100%	97%	98%	99%	99%	99%	99%	99%	99%	99%	99%		99%	99%
% people with depression referred for psychological therapy	2.8%	◁▷			2.2%			2.5%			2.1%				2.4%	2.4%
% people with depression referred for psychological therapy receiving it.	81%	▽			57%			66%			53%				62%	62%
% of Smoking quitters against plan	100%	△			86%			94%			95%				95%	95%
% breastfeeding at 6-8 weeks	38%	▽			40%			38%			37%				38%	38%
% diabetic retinopathy screened	95%	◁▷			78%			80%			80%				80%	80%
RTT - admitted median	11.1	◁▷	7.1	7.2	6.8	6.6	7.1	7.3	8.5	7.1	5.8	8.7	8.0		7.3	7.3
RTT - non-admitted median	6.6	◁▷	2.2	3.1	3.0	3.0	3.0	3.1	3.0	2.9	3.0	3.5	2.9		3.0	3.0
RTT - incomplete median	7.2	◁▷	5.4	6.0	5.5	5.4	5.9	5.6	5.3	5.3	6.5	6.0	5.1		5.1	5.1
% people aged 40-74 who have received a health check	2%	◁▷									0.3%				0.3%	0.3%

NHS TORBAY COMMISSIONER PERFORMANCE SCORECARD																
NHS TORBAY Operating Framework: Headline Measures																
Indicator	OT	Trend	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	YTD	FOT
MRSA bacteraemia	2	◀▶	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clostridium difficile infections	46	▽	3	6	4	8	7	9	6	8	8	3	4	7	73	73
Ambulance: Cat A response within 8 min	75%	◀▶	92%	90%	89%	89%	92%	92%	93%	92%	89%	90%	92%		91%	91%
Ambulance: Cat A responded to within 19 min	95%	◀▶	100%	100%	99%	100%	99%	99%	99%	100%	99%	99%	100%		99%	99%
RTT: admitted 95th centile	23.0	◀▶	18.9	17.7	18.0	21.4	19.8	21.7	20.3	19.9	20.1	20.9	21.1		20.0	20.0
RTT: non-admitted 95th centile	18.0	◀▶	13.5	14.8	16.7	17.7	16.8	17.2	16.4	15.8	14.8	15.5	15.3		15.9	15.9
RTT: incomplete 95th centile	28.0	▽	40.4	34.7	20.8	20.0	19.1	19.2	19.5	19.0	19.9	20.0	25.0		23.4	23.4
RTT: Admitted	90%	◀▶	94%	96%	95%	92%	93%	93%	94%	94%	94%	93%	94%		94%	94%
RTT: Non-admitted	95%	◀▶	98%	98%	97%	95%	96%	89%	97%	98%	98%	97%	97%		96%	96%
Unplanned re-attendance at A&E within 7 days	5%	◀▶	8.9%	8.9%	9.2%	9.1%	9.0%	8.5%	8.9%	8.5%	9.0%	9.0%	9.0%		9%	9%
% A&E <4 hour waits	95%	◀▶	99.1%	98.5%	98.2%	99.1%	98.6%	98.6%	99.0%	98.3%	98.0%	98.5%	97.2%		98.5%	98.5%
A&E: total time spent in department - 95th centile	04:00	◀▶	03:53	03:55	03:56	03:52	03:55	03:55	03:54	03:56	03:55	03:56	03:59		03:55	03:55
A&E: left department without being seen rate	5%	◀▶	1.6%	1.8%	2.4%	2.2%	1.8%	1.9%	1.9%	1.5%	1.5%	1.5%	1.5%		1.8%	1.8%
A&E: time to initial assessment - 95th centile	00:15	◀▶	01:40	02:11	02:28	02:19	02:18	02:03	02:14	02:05	02:04	02:02	02:12		02:10	02:10
A&E: time to treatment in department - median	01:00	◀▶	00:00	00:15	00:22	00:23	00:14	00:12	00:25	00:24	00:20	00:24	00:27		00:18	00:18
Emergency readmissions within 30 days	12.2%	◀▶	10.8%	11.3%	13.4%	13.1%	11.0%	11.0%	11.4%	10.3%	12.0%	11.1%	11.0%		11.5%	11.5%
NHS TORBAY Operating Framework: Supporting Measures																
Indicator	OT	Trend	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	YTD	FOT
% of people who have had a stroke who spend at least 90% of their time in hospital on a stroke unit	80%	◀▶			89%			93%			92%				91%	91%
Access to dentistry	100%	◀▶			97%			95%			95%				96%	96%
% women who have seen a midwife by 12 days and 6 days of pregnancy	90%	◀▶			89%			91%			88%				89%	89%
New cases of psychosis served by early intervention teams year to date (% of plan)	100%	◀▶			75%	50%	100%	122%	110%	92%	100%	87%	113%		113%	113%
No of crisis resolution service episodes (% of plan)	100%	▽			125%	118%	116%	115%	109%	109%	107%	102%	98%		98%	98%
% people on CPA who were followed up within 7 days of discharge	100%	◀▶			91%		100%	100%	100%	100%	100%	100%	100%		98%	98%
% people with depression referred for psychological therapy	2.8%	◀▶			2.0%			2.1%			2.2%				2%	2%
% people with depression referred for psychological therapy receiving it.	81%	▽			67%			68%			63%				66%	66%
% of Smoking quitters against plan	100%	△			99%			111%							111%	111%
% breastfeeding at 6-8 weeks	42%	◀▶			40%			44%			38%				40%	40%
% diabetic retinopathy screened	95%	◀▶			86%			87%			84%				86%	86%
RTT - admitted median	11.1	◀▶	6.0	7.2	7.4	7.3	7.3	7.5	6.8	7.0	7.4	8.2	7.9		7.3	7.3
RTT - non-admitted median	6.6	◀▶	1.4	1.6	1.5	1.6	1.5	1.5	1.5	1.4	1.5	1.7	2.4		1.6	1.6
RTT - incomplete median	7.2	◀▶	6.3	6.1	5.2	4.9	5.1	4.9	4.7	4.4	5.4	4.6	4.3		5.1	5.1
% people aged 40-74 who have received a health check	2%	△						3%			7%				9%	9%