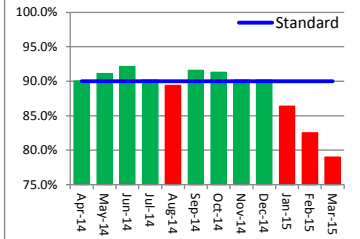


# Monitor Compliance Framework: Quarter 4 January - March 2015

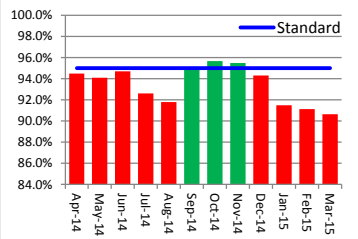
Monitor Compliance Framework

## Referral to Treatment - 2 points

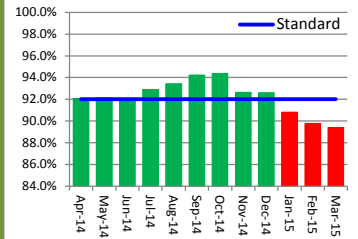
### Admitted Patient Care



### Non Admitted Patient Care

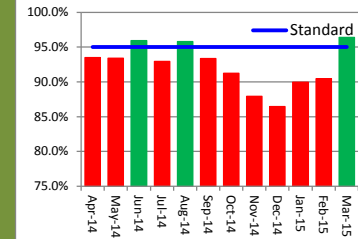


### Incomplete Pathways



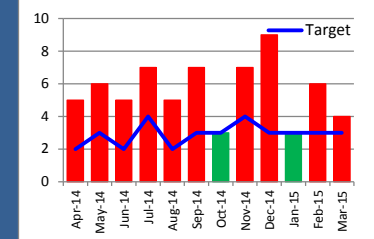
## A&E Clinical Quality - 1 point

### SFH ED 4 Hour Wait



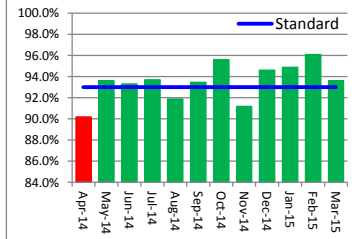
## Infection Control - 1 point

### Clostridium Difficile

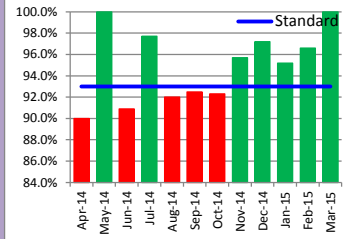


## Cancer Waiting Times

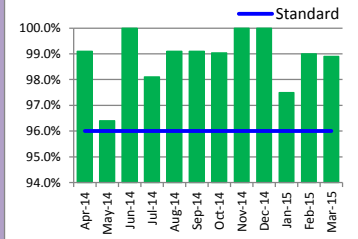
### 2 Week Wait: All Cancers



### 2 Week Wait: Breast Symptomatic

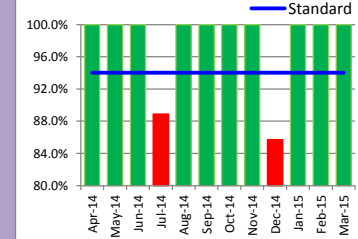


### Diagnosis to First Treatment

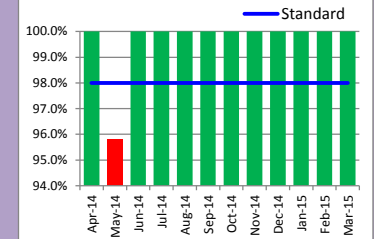


## Cancer 31 Days Wait

### Subsequent Treatment - Surgery

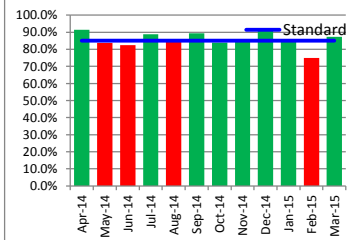


### Subsequent Treatment - Drugs

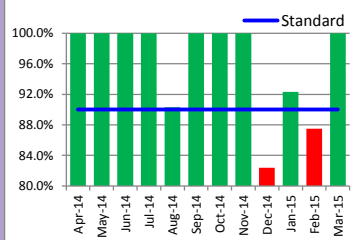


## Cancer 62 Day Wait - 1 point

### Urgent Referral to Treatment

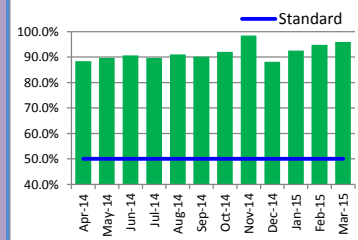


### First Treatment Screening

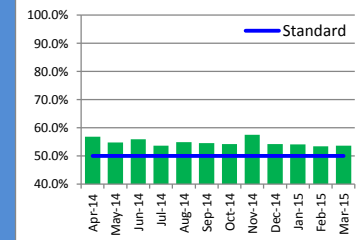


## Community Data Completeness

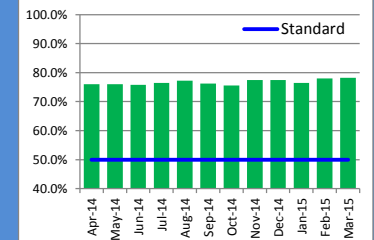
### Referral to Treatment Information



### Referral Information



### Treatment Activity and Care Contact



Access to Healthcare for people with Learning Difficulties

Compliant

Monitor Compliance Points

Qtr 1 14/15 - 4.0

Qtr 2 14/15 - 4.0

Qtr 3 14/15 - 3.0

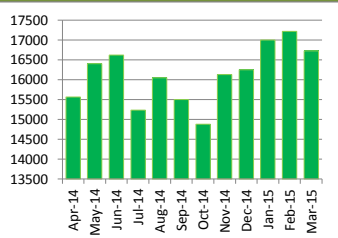
Qtr 4 14/15 - 5.0

# Integrated Performance Report: March 2015

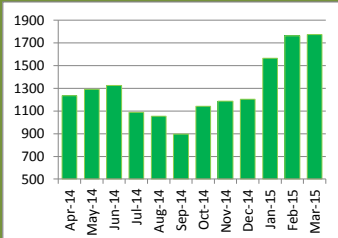
Operational

## Referral to Treatment

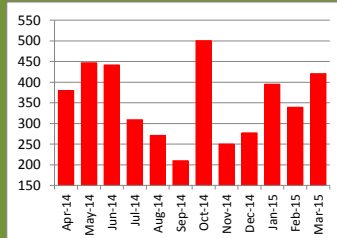
Total Patients on Incomplete Pathway



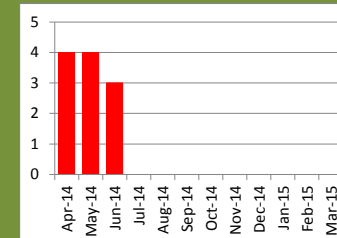
Patients Waiting over 18 Weeks



Patients Waiting over 26 Weeks

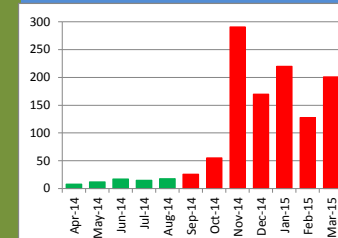


Patients Waiting over 52 Weeks



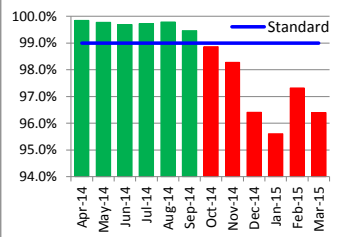
## Diagnostic Waits

Patients Waiting Over 6 Weeks



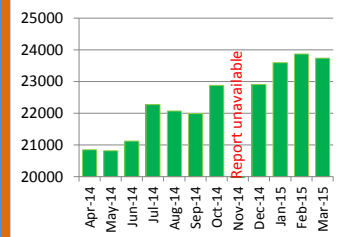
## Diagnostic Waits (Continued)

Patients Waiting Less than 6 Weeks

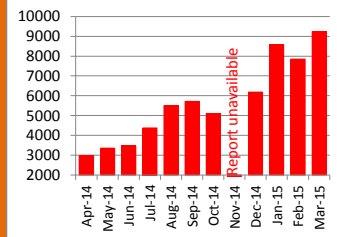


## Partial Booking

Total Number of Patients on Outpatients Review List

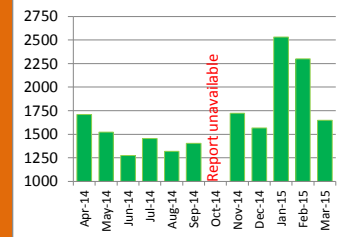


Number of Overdue Patients on Outpatients Review List

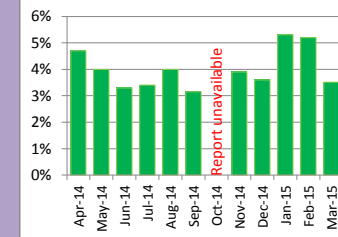


## Outpatient Hospital Cancellations <5 Weeks

Total Number of Outpatient Appointments Cancelled by Hospital

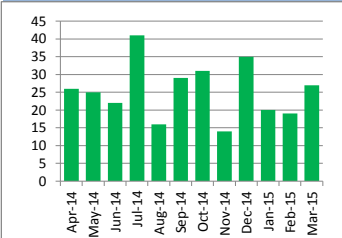


Percentage of Outpatient Appointments Cancelled by Hospital

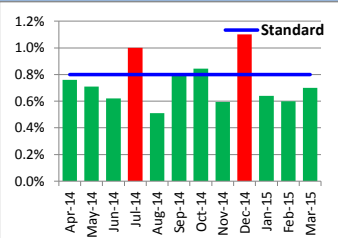


## Elective Cancelled Operations

Number of Elective Cancelled Ops

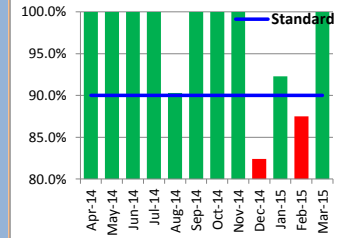


Percentage of Elective Cancelled Ops

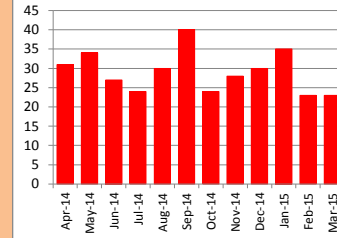


## Cancer Waiting Times Compliance

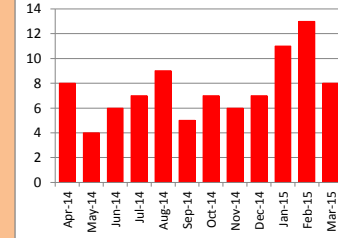
62 Day Consultant Upgrade



Patients waiting 62 days and over



Patients Waiting Over 100 Days

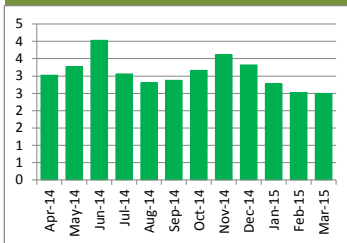


# Integrated Performance Report: March 2015

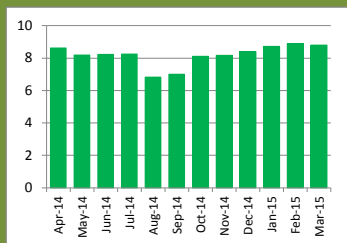
Operational

## Length of Stay (Days)

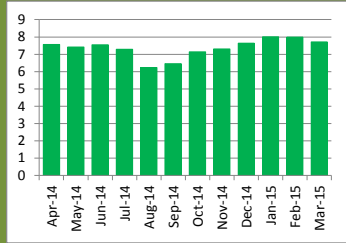
Elective Avg LoS exc Daycase based on spell discharge



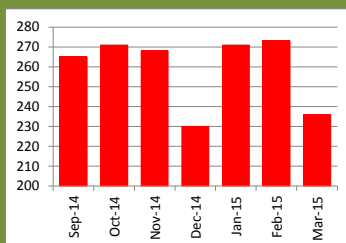
Non Elective Avg LoS exc zero based on spell discharge



Elective & Non Elective LoS exc zero based on spell discharge

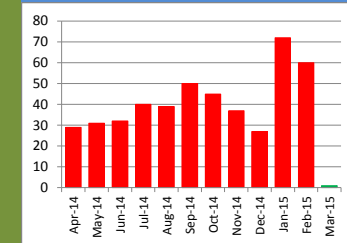


=>14 Day LoS monthly snapshot



## Delayed Transfers of Care

Number of Patients Fit for discharge but delayed (monthly snapshot)

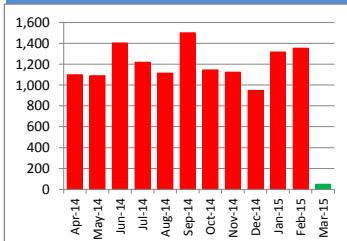


\*excludes maternity and non elective transfers

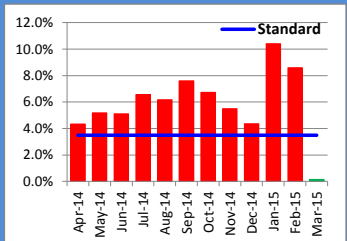
\*Change in recording March 2015 following external review

## Delayed Transfers of Care (Continued)

Total Number of Delayed Discharge Occupied Bed Days



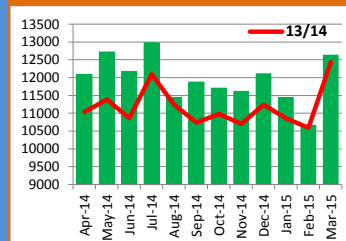
% of Delayed Discharges of Care



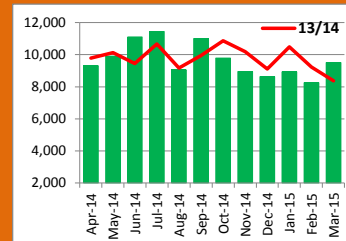
\*Change in recording March 2015 following external review

## Monthly Activity 14/15 v 13/14

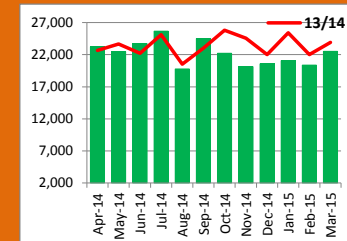
ED Attendances



First Outpatient

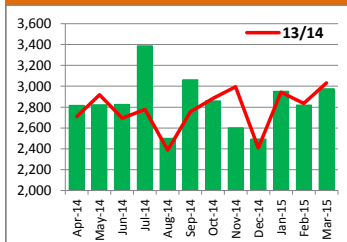


Follow Up Outpatient

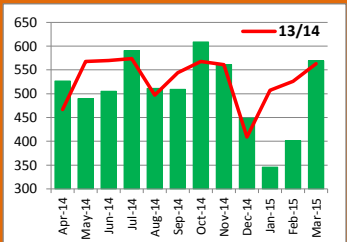


## Monthly Activity 14/15 v 13/14

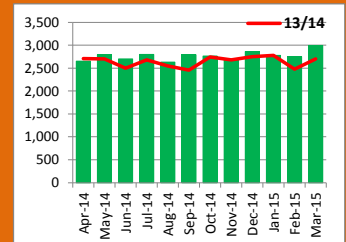
Daycase



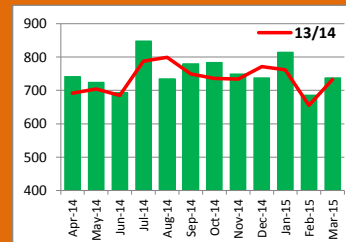
Elective Inpatients



Emergency



Other Emergency



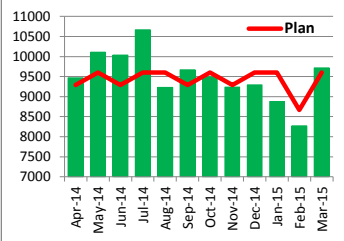
\* based on discharges

\* based on discharges

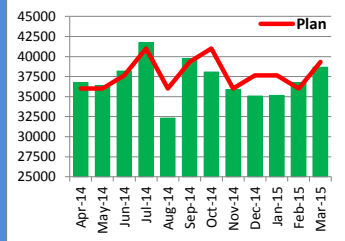
# Integrated Performance Report: March 2015

## Contract Activity Actual V Plan

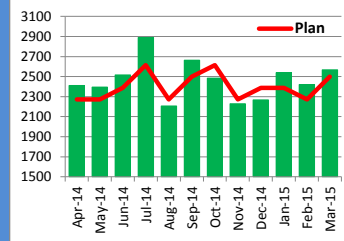
ED Attendances



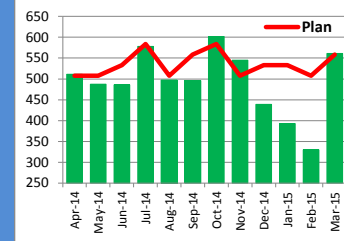
Outpatient



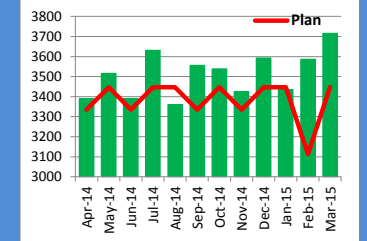
Daycase & Regular Attenders



Elective Inpatients

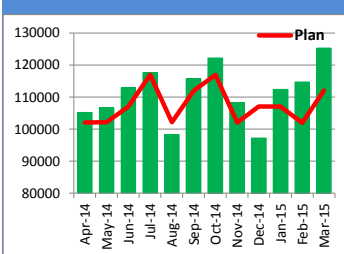


Non-Elective Inpatients

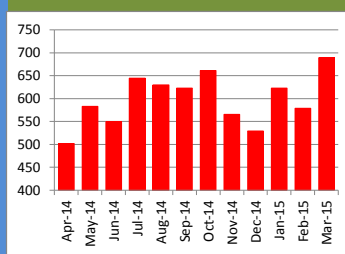


## Contract Activity Actual V Plan (Continued)

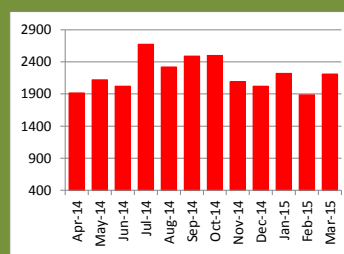
Others



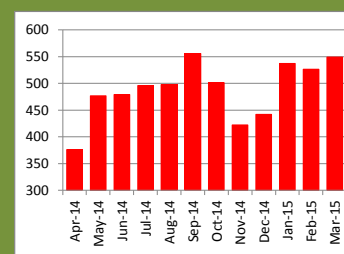
Total Variable Pay per WTE (£)



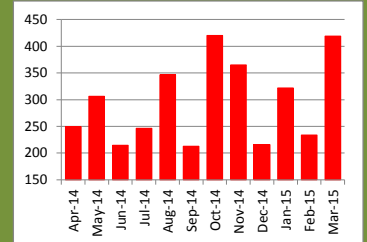
Total Medical Variable Pay per WTE (£)



Total Nursing Variable Pay per WTE (£)

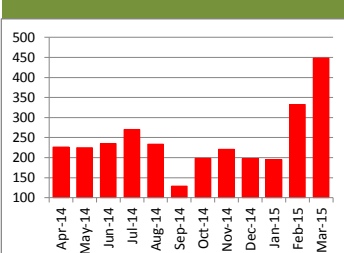


Total Non Clinical Variable Pay per WTE (£)



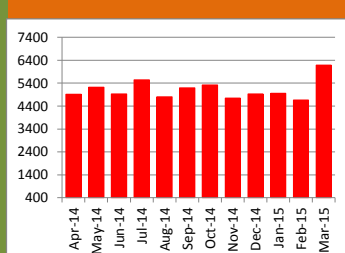
## Variable Pay per WTE

Total Other Clinical Variable Pay per WTE (£)



## Clinical Income per WTE

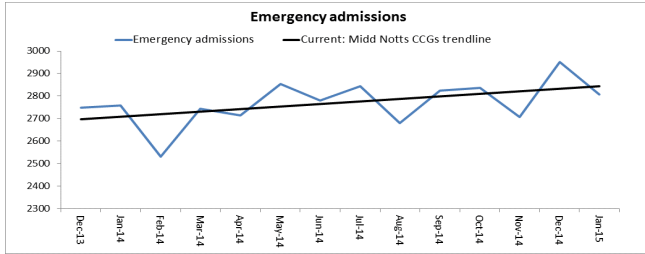
Total Clinical Income per WTE (£'000)



Operational

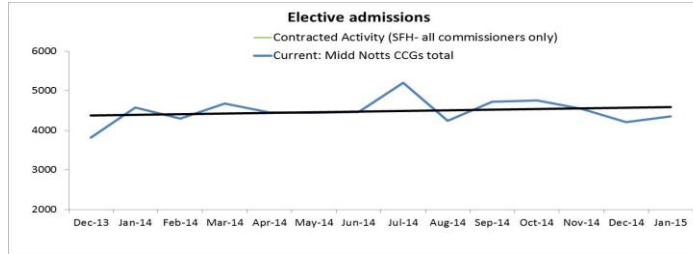
# Integrated Performance Report: March 2015

## Better Together Programme Level KPIs



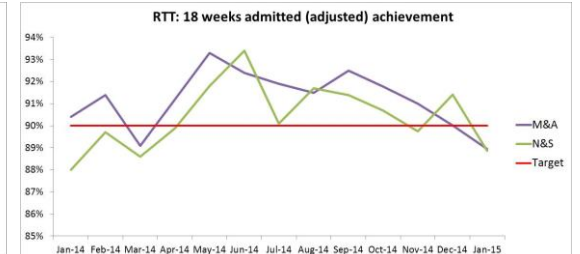
### Emergency Admissions - observations:

The chart above shows the detail of current Emergency Admissions data for the Mid Notts CCGs from December 2013 to January 2015, with a trendline showing a moderate increasing trend throughout the period.



### Elective Admissions - observations:

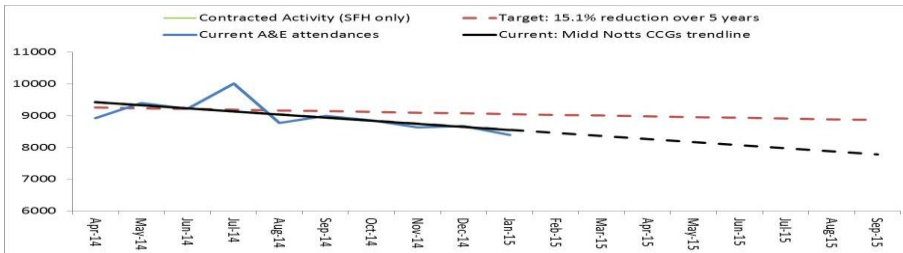
The chart above shows the detail of current Elective Admissions data for the Mid Notts CCGs from December 2013 to January 2015 with a consistent and flat trendline throughout the period (except July 2014). The green line shows the activity that Sherwood Forest Hospitals- all commissioners have been contracted to provide



### RTT Data - observations:

The above graph portrays the RTT data from January 2014 to January 2015. We can see that both CCGs have met and stayed above their target of 90%, from April 2014 up until December 2014, however Newark & Sherwood has dropped below the target in January 2015.

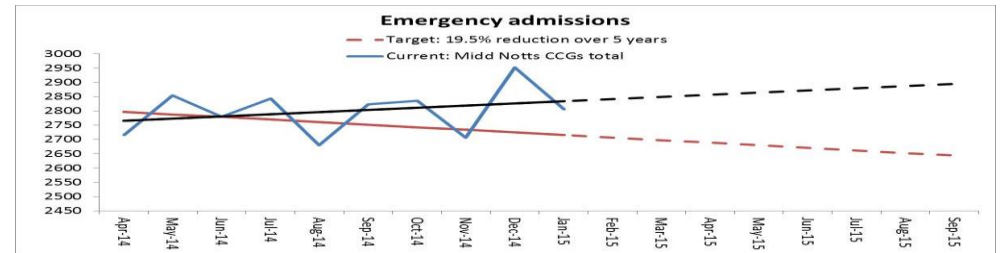
### OBJECTIVE 1- 15.1% REDUCTION IN A&E ATTENDANCES



### ED attendances observations:

The chart above shows the detail of ED attendances data for the Mid Notts CCGs from April 2014 to January 2015 with an actual and a forecast trendline, showing the actual trend and future trajectory if this trend was to continue. The red trendline indicates the trajectory of a fall in ED attendances needed to achieve a 15.1% reduction over 5 years, from the number of ED attendances in June 2014. As can be seen from the graph, the Midd Notts CCGs had a lower level of ED attendances (8398) in January than they had in June 2014 (9202) and were below the trendline needed to meet the reduction in A&E attendances percentage target. The green line shows the activity that Sherwood Forest Hospitals- all commissioners have been contracted to provide.

### OBJECTIVE 2 - 19.5% REDUCTION IN NON-ELECTIVE ACUTE ADMISSIONS



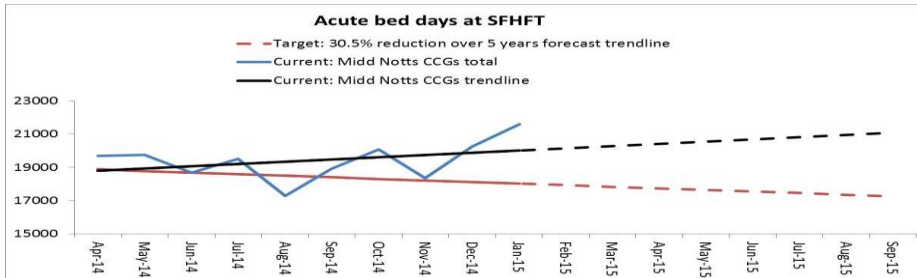
### Emergency Admissions observations:

The chart above shows the detail of Emergency Admissions data for the Mid Notts CCGs from April 2014 to January 2015 with an actual and a forecast trendline, showing the actual trend and future trajectory if this trend was to continue. The red trendline indicates the trajectory of a fall in emergency admissions needed to achieve a 19.5% reduction over 5 years, from the number of emergency admissions in June 2014. Emergency admissions have increased from June 2014 to January 2015, and are likely to be above the target reduction in emergency admissions at the end of 5 years if this trend continues.

# Integrated Performance Report: January 2015

## Better Together Programme Level KPIs continued

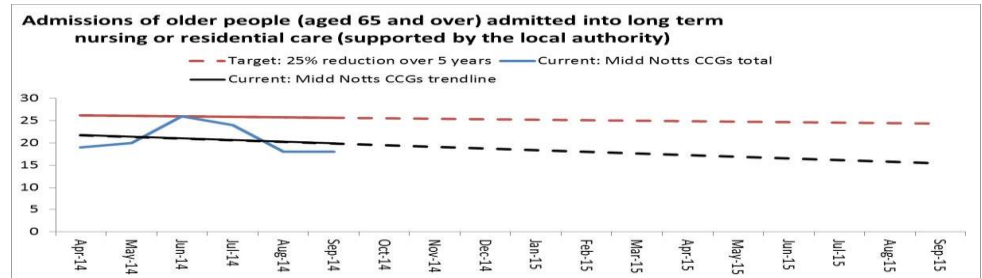
### OBJECTIVE 3 - 30.5% REDUCTION IN ACUTE BED DAYS



#### Acute bed days observations:

The chart above shows the detail of acute bed days data for the Mid Notts CCGs from April 2014 to January 2015 with an actual and a forecast trendline, up until September 2015, showing the actual trend and future trajectory if this trend was to continue. The red trendline indicates the trajectory of a fall in acute bed days needed to achieve a 30.5% reduction over 5 years, from the number of acute bed days in June 2014. Acute bed days incurred a steep increase over the last 2 months, but this trend should revert back once the community discharge teams are operational.

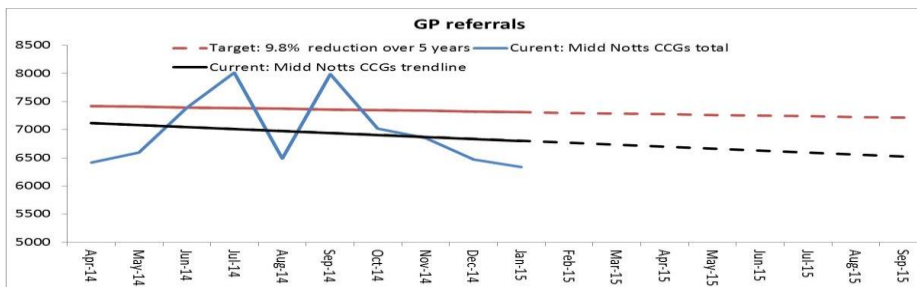
### OBJECTIVE 4 - 25% REDUCTION IN ADMISSIONS TO NURSING AND RESIDENTIAL HOMES



#### Admissions of older people admitted into long term nursing or residential care observations:

The chart above shows the detail of older people admissions into long term care for the Mid Notts CCGs from April 2014 to September 2014 with an actual and a forecast trendline, up until September 2015, showing the actual trend and future trajectory if this trend was to continue. The red trendline indicates the trajectory of a fall in admissions needed to achieve a 25% reduction over 5 years, from the number of admissions in June 2014. As can be seen from the graph, the Mid Notts CCGs had a lower level of admissions (18), in September, than they had in June 2014 (26) and so were below the trend needed to meet the reduction in admissions target. At the decreasing trajectory they are likely to continue to be well below the trend needed to meet the admissions target.

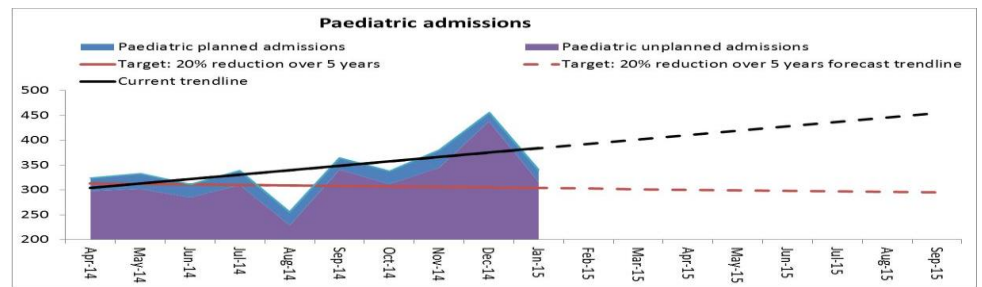
### OBJECTIVE 5 - 9.8% REDUCTION IN SECONDARY CARE ELECTIVE REFERRALS



#### GP referrals observations:

The chart above shows the detail of GP referrals data for the Mid Notts CCGs from April 2014 to January 2015 with an actual and a forecast trendline, up until September 2015, showing the actual trend and future trajectory if this trend was to continue. The red trendline indicates the trajectory of a fall in GP referrals needed to achieve a 9.8% reduction over 5 years, from the number of referrals in June 2014. As can be seen from the graph, the GP referrals to secondary care have decreased over the past 4 months, and is likely to meet the target if this trend continues, however there is great variability in the data.

### OBJECTIVE 6 - 20% REDUCTION IN PAEDIATRIC ADMISSIONS TO HOSPITAL



#### Paediatric admissions observations:

The chart above shows the number of spells of paediatric admissions for SFHT from April 2014 to January 2015 with a current trendline and a forecast trendline, up until September 2015, showing the actual trend and future trajectory if this trend was to continue. The red trendline indicates the trajectory of a fall in paediatric admissions needed to achieve a 20% reduction over 5 years, from the number of spells of paediatric admissions in June 2014. Paediatric admissions peak in December (2013 & 2014 alike), with around 100 more admissions than any other month. This result in an increasing trend of paediatric admissions. When the Single Front Door is implemented, we should see this trend reverting towards the target.