Sherwood Forest Hospitals NHS
NHS Foundation Trust

Ref.	MONITOR COMPLIANCE FRAMEWORK		Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	In month Change	Q1 2014/15	Q2 2014/15	Q3 2014/15	YTD 14/15	Q4 2013/14	2013/14	Trust Data Quality Kite Mark
	Referral to Treatment:	Admitted Patient Care (90% of patients treated within 18 weeks)	>=90%	90.0%	91.1%	92.1%	90.2%	89.4%	91.6%	91.3%	⇩	91.1%	90.5%	91.3%	90.8%	88.0%	92.4%	
		Non Admitted Patient Care (95% of patients treated within 18 weeks)	>=95%	94.5%	94.1%	94.7%	92.6%	91.8%	95.0%	95.7%	⇧	94.4%	93.2%	95.7%	94.0%	94.2%	94.9%	
		Incomplete Pathways (92% of patients complete pathway within 18 weeks)	>=92%	92.1%	92.1%	92.0%	92.9%	93.4%	94.2%	94.4%	⇧	92.0% Jun 14 Snapshot position	94.2% Sep 14 Snapshot position	-	-	92.4% Mar 14 Snapshot position	-	
	A&E Clinical Quality: Total Time in A&E Dept	SFHFT (% <4 hour wait)	>=95%	93.48%	93.42%	95.96%	92.97%	95.78%	93.37%	91.26%	⇩	94.27%	93.99%	91.26%	93.74%	93.54%	95.66%	
		Kings Mill (% <4 hour wait)	>=95%	90.42%	90.32%	94.20%	89.93%	93.96%	90.82%	87.54%	⇩	91.65%	91.48%	87.54%	91.00%	90.76%	94.00%	
		Newark (% <4 hour wait)	>=95%	98.68%	99.17%	99.34%	98.58%	99.07%	97.80%	98.46%	⇧	99.07%	98.49%	98.46%	98.74%	98.93%	98.83%	
	Cancer	2 week wait: All Cancers	>=93%	90.2%	93.6%	93.3%	93.7%	91.9%	93.5%	(93.6%)	⇧	92.3%	93.05%	(93.6%)	(93.00%)	96.0%	94.8%	
		2 week wait: Breast Symptomatic	>=93%	90.0%	100.0%	90.9%	97.7%	92.0%	92.5%	(100.0%)	⇧	93.6%	94.44%	(100.0%)	(95.89%)	94.0%	95.0%	
		31 day wait: from diagnosis to first treatment	>=96%	99.1%	96.4%	100.0%	98.1%	99.1%	99.1%	(100.0%)	⇧	98.6%	98.78%	(100.0%)	(99.1%)	99.4%	99.7%	
		31 day wait: for subsequent treatment - surgery	>=94%	100.0%	100.0%	100.0%	88.9%	100.0%	100.0%	(100.0%)	⇔	100.0%	96.15%	(94.87%)	(96.85%)	100.0%	99.1%	
		31 day wait: for subsequent treatment - drugs	>=98%	100.0%	95.8%	100.0%	100.0%	100.0%	100.0%	(100.0%)	⇔	98.9%	100.0%	(100.0%)	(99.59%)	98.0%	99.4%	
		62 day wait: urgent referral to treatment	>=85%	91.5%	83.8%	82.5%	88.9%	84.5%	89.3%	(78.0%)	⇩	85.9%	87.85%	(91.62%)	(88.36%)	86.4%	89.1%	
		62 day wait: for first treatment - screening	>=90%	100.0%	100.0%	100.0%	100.0%	90.3%	100.0%	(100.0%)	⇔	100.0%	94.83%	(93.33%)	(96.18%)	94.1%	98.8%	
	Data Completeness:	Community Referral to Treatment information	>=50%	88.4%	89.6%	90.6%	89.7%	91.0%	90.1%	92.0%	⇧	89.5%	90.2%	92.05%	90.2%	89.2%	86.3%	
		Community Referral information	>=50%	56.8%	54.8%	56.0%	53.7%	54.9%	54.6%	54.2%	⇩	55.9%	54.4%	54.17%	55.0%	54.5%	54.2%	
		Community Treatment activity - and care contact	>=50%	76.0%	76.0%	75.8%	76.5%	77.2%	76.2%	75.6%	⇩	75.9%	76.6%	75.58%	76.2%	76.1%	76.4%	
	Infection Prevention Control:	MRSA Bacteraemia (No. of cases attributed to Trust) - NB Not applicable for Monitor Compliance @ 01/10/2013	0	0	0	0	0	0	0	0	⇔	0/0	0/0	0/0	0/0	0/0	3/0	
		Clostridium Difficile Infections (No. of cases attributed to Trust)	2	5	6	5	7	5	7	3	⇧	16/9	19/9	3/9	38/37	8/6	36/25	
	Access to Healthcare for people with learning disabilities		Compliance				Compliant				⇔							
	CQC Compliance	compliance points relative to site visits	0								⇔							
	Monitor Compliance Points											4.0	4.0	2.0		4.0		
	Governance Risk Rating (GRR)											red	red	red		RED	RED	

Trust Data Quality Kite Mark

Ref	CONTRACTUAL PERFORMANCE METRICS		Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	In month change	Q1 2014/15	Q2 2014/15	Q3 2014/15	YTD 2014/15	Q4 2013/14	Full Year 2013/14
	A&E Clinical Quality:	SFHFT (% <4 hour wait) Total Time in A&E Dept	>=95%	93.48%	93.42%	95.96%	92.97%	95.78%	93.37%	91.26%	⇩	94.27%	93.99%	91.26%	93.74%	93.54%	95.66%
		Unplanned re-attendance rate within 7 days of original attendance	<=5%	5.47%	5.67%	4.94%	5.44%	5.49%	5.17%	5.75%	⇩	5.36%	5.37%	5.75%	5.42%	5.22%	5.36%
		Left without being seen rate	<=5%	2.01%	1.97%	2.15%	2.16%	1.81%	2.26%	2.26%	⇔	2.05%	2.08%	2.26%	2.09%	1.84%	1.74%
		Time to Initial Assessment for patients arriving by emergency ambulance (95th percentile - Mins)	<=15	34	33	35	37	30	39	44	⇩	34	36	44	36	31	29
		Time to Initial Assessment for patients arriving by emergency ambulance (Median Minutes)	<=16	4	4	4	3	3	4	5	⇩	4	3	5	4	5	4
		Time to Treatment (Median minutes wait from arrival to treatment)	<=60	52	54	54	60	48	60	53	⇧	53	56	53	54	53	49
	Ambulance Turnaround Times	Average Clinical Handover Time (%)	>=65%	58.48%	55.97%	54.93%	52.94%	56.92%	53.94%	48.00%	⇩	56.48%	54.57%	48.00%	54.44%	60.32%	61.18%
	Delayed Transfer of Care	Trust Total % (at snapshot position)	3.50%	4.3%	5.2%	5.1%	6.6%	6.2%	7.6%	6.7%	⇧	4.9%	6.8%	6.73%	6.0%	4.9%	5.0%
	Cancelled Operations:	% Of elective admissions	<=0.8%	0.8%	0.7%	0.6%	1.0%	0.5%	0.8%	0.8%	⇩	0.7%	0.8%	0.8%	0.8%	1.0%	0.7%
		% Breached 28 day guarantee	<=5%	3.9%	8.0%	4.6%	4.9%	0.0%	10.3%	0.0%	⇧	5.5%	5.8%	0.0%	4.7%	1.0%	1.1%
	Diagnostic waiting times <6weeks	%	>=99%	99.9%	99.8%	99.7%	99.7%	99.8%	99.5%	98.9%	⇩	-	-	-	-	-	-
	SUS data:	% uncoded within 5 days of month end	<20%	22.8%	24.7%	33.0%	27.7%	11.8%	7.4%	6.3%	⇧	-	-	-	-	-	-
	Referral to Treatment:	Admitted Patient Care (90% of patients treated within 18 weeks)	>=90%	90.0%	91.1%	92.1%	90.2%	89.4%	91.6%	91.3%	⇧	91.1%	90.5%	91.3%	90.8%	88.0%	92.4%
		Non Admitted Patient Care (95% of patients treated within 18 weeks)	>=95%	94.5%	94.1%	94.7%	92.6%	91.8%	95.0%	95.7%	⇧	94.4%	93.2%	95.7%	94.0%	94.2%	94.9%
		Incomplete Pathways (92% of patients complete pathway within 18 weeks)	>=92%	92.1%	92.1%	92.0%	92.9%	93.4%	94.2%	94.4%	⇧	-	-	-	-	-	-
		18week RTT for direct access audiology completed pathways (treated)	>=95%	100.0%	100.0%	99.7%	100.0%	99.3%	100.0%	99.1%	⇧	99.9%	99.8%	99.1%	99.8%	99.7%	99.7%
		Patients on an Incomplete Pathway waiting 52 weeks & Over	0	4	4	3	0	0	0	0	⇔	-	-	-	-	-	-
	Cancer	2 week wait: All Cancers	>=93%	90.2%	93.6%	93.3%	93.7%	91.9%	93.5%	(93.6%)	⇧	92.3%	93.05%	(93.6%)	(93.00%)	96.0%	94.8%
		2 week wait: Breast Symptomatic	>=93%	90.0%	100.0%	90.9%	97.7%	92.0%	92.5%	(100.0%)	⇧	93.6%	94.44%	(100.0%)	(95.89%)	94.0%	95.0%
		31 day wait: from diagnosis to first treatment	>=96%	99.1%	96.4%	100.0%	98.1%	99.1%	99.1%	(100.0%)	⇧	98.6%	98.78%	(100.0%)	(99.1%)	99.4%	99.7%
		31 day wait: for subsequent treatment - surgery	>=94%	100.0%	100.0%	100.0%	88.9%	100.0%	100.0%	(100.0%)	⇔	100.0%	96.15%	(94.87%)	(96.85%)	100.0%	99.1%
		31 day wait: for subsequent treatment - drugs	>=98%	100.0%	95.8%	100.0%	100.0%	100.0%	100.0%	(100.0%)	⇔	98.9%	100.0%	(100.0%)	(99.59%)	98.0%	99.4%
		62 day wait: urgent referral to treatment	>=85%	91.5%	83.8%	82.5%	88.9%	84.5%	89.3%	(78.0%)	⇩	85.9%	87.85%	(91.62%)	(88.36%)	86.4%	89.1%
		62 day wait: for first treatment - screening	>=90%	100.0%	100.0%	100.0%	100.0%	90.3%	100.0%	(100.0%)	⇔	100.0%	94.83%	(93.33%)	(96.18%)	94.1%	98.8%
		62 day wait: consultant upgrade	>=91%	66.7%	62.5%	100.0%	100.0%	100.0%	87.5%	(100.0%)	⇧	83.3%	92.86%	(100.0%)	(92.04%)	95.7%	98.5%
	Infection Prevention Control:	MRSA Bacteraemia (No. of cases attributed to Trust)	0	0	0	0	0	0	0	0	⇔	0/0	0/0	0/0	0/0	0/0	3/0
		Clostridium Difficile Infections (No. of cases attributed to Trust)	2	5	6	5	7	5	7	3	⇧	16/9	19/9	3/9	38/37	8/6	36/25

denotes when the target is a contractual and Monitor performance target that is replicated in the Monitor compliance dashboard

TRUST KEY PERFORMANCE INDICATORS
Quality & Safety
October 2014

Sherwood Forest Hospitals
NHS Foundation Trust — NHS

Ref.	QUALITY & SAFETY METRICS		Target G	Target A	Target R	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	In month change	Q2 2014/15	Q1 2014/15	Q4 2013/14	Q3 2013/14	Q2 2013/14	2012/13	YTD 2013/14
	HSMR		<=100	-	>100								N/A						N/A	N/A
	Patient Incidents (Datix reported)	Catastrophic-Death relating to a patient safety incident	0%	-	0%	0 (0%)	2 (<1%)	1 (<1%)	1 (<1%)	0 (0%)	0 (0%)	0 (0%)	⇔	1	3	9	9	3	6	4
		Severe harm	0%	-	0%	0 (0%)	0 (0%)	2 (<1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	⇔	0	2	12	23	5	3	2
		Moderate harm	<=5%	-	>5%	47 (4.8%)	38 (4.1%)	27 (2.9%)	30 (3.8%)	14 (2.6%)	7 (0.8%)	21 (2.2%)	⇩	53	112	165	166	110	154	165
		Low harm	<=23%	-	>23%	266 (27.5%)	220 (23.8%)	235 (25.5%)	215 (27.5%)	125 (20.9%)	166 (19.5%)	152 (16.3%)	⇩	492	721	679	785	323	787	1213
		No harm	>=72%	-	<72%	653 (67.4%)	665 (71.9%)	657 (71.3%)	533 (68.3%)	476 (76.5%)	477 (56.0%)	559 (59.9%)	⇩	1417	1964	1807	1648	1406	4152	3381
	Never Event (number of reported events)		0	-	>0	0	0	0	0	0	0	0	⇔	0	0	0	1	1	0	0
	Serious Incidents (reported externally to CCG)		<21	21-27	>28	12	9	9	6	9	7	8	⇧	22	30	25	23	17	98	52
	Infection Prevention Control:	MSSA Bacteraemia (No. of hospital acquired cases)	0	0	2.5	0	0	1	0	1	0	0	⇩	1	1	4	4	3	13	2
		E Coli bacteraemia (No. of Hospital acquired cases)	0	2	4	7	2	4	7	5	3	4	⇩	15	13	7	24	10	32	28
		E. Coli Urinary Catheter Associated Bacteraemia (No. of hospital acquired cases)	0	0	12	3	0	0	5	3	0	1	⇩	8	3	1	3	1	2	11
		Other Urinary Catheter Associated Bacteraemia (No. of hospital acquired cases)	0	0	1	4	4	0	5	1	0	1	⇩	6	8	0	2	0	3	14
		Surgical Site Infections (Total Knee Replacement surgery)	0	0	1	0	0	0	1	0	0	0	⇔	1	0	0	0	0	1	1
		Surgical Site Infections (Total Hip Replacement surgery)	0	0	1	0	0	1	0	1	0	0	⇔	1	1	0	0	0	2	2
	Slips, trips and falls	Total number of Inpatient Falls	-	-	-	186	160	131	152	132	148	197	⇧	432	477	569	567	478		909
		Falls rate per 1000 occupied bed days	-	-	-	8.63	7.33	6.38	6.94	6.18	6.93	Data not available at time	⇧	6.68	7.45	9.30	8.70	7.73	New methodology agreed for	7.09
		Number of Inpatient Falls resulting in harm				33	35	45	53	36	28	45	⇩	117	113	108	72	122		230
		Falls rate per 1000 occupied bed days resulting in harm	-		-	1.53	1.60	2.19	2.42	1.64	1.30	?	⇩	1.79	1.77	1.66	2.08	1.98	New methodology agreed	1.88
	Pressure Ulcer (post admission/avoidable)	Grade 2	<5	>=5<=10	>10	5	10	12	8	9	2	6	⇩	19	27	21	30	20	135	46
		Grade 3	<2	>=2<=4	>4	2	0	0	0	0	0	0	⇔	0	2	2	4	1	23	2
		Grade 4	0	-	>=1	0	0	0	0	0	0	0	⇔	0	0	0	0	0	2	0
	Medication related incidents	Total Number of medication errors resulting in any harm	-	-		11	19	42	20	10	25	6	⇧	55	72	28	45	9		127
		Number of medication errors per 1000 occupied bed days resulting in serious harm	-	-	-	0.51	0.87	2.05	0.91	0.47	1.16	Data not available at time	⇧	0.85	1.14	0.17	0.00	0.34	New methodology agreed for	0.96
	Cardiac Arrest Calls (outside of ICCU)- 1-5 per 1000 admission)		<3.5 per 1000	>3.5 per 1000	>5 per 1000	1.1	1.9	1.9	0.8	0.6	2.4	1.9	⇧	1.3	1.6	1.8	2.6	1.6	3.0	1.3
	Eliminating Same Sex Accommodation Breaches (No of breaches)		0	-	>=1	0	0	0	0	0	0	0	⇔	0	0	0	0	0	0	0
	Complaints	No of complaints received in month	<=0.10%	0.11% - 0.19%	>=0.20%	29	29	33	28	26	49	41	⇧	103	91	123	182	197	683	194
		% against activity complaints received in month				0.07%	0.07%	0.13%	0.06%	0.07%	0.11%	Data not available at time		0.08%	0.09%	0.10%	0.02%	0.12%	New methodology agreed	0
		(Acknowledgement)	>=96%	81-95%	<=80%	100%	100%	100%	100%	100%	100%	100%	⇔	100%	100%	100%	100%	100%	89%	100%
	PALs	Compliments	-	-	-	153	125	111	170	154	123	138	⇧	447	389	271	224	231	915	836
		Concerns - volume received				163	222	238	303	330	341	455	⇧	974	623	605	870	1000	3822	1597
		Concerns - % against activity	<=0.10%	0.11% - 0.19%	>=0.20%	0.40%	0.54%	0.55%	0.57%	0.88%	0.77%	Data not available at time		0.73%	0.50%	0.48%	0.69%	0.80%	New methodology agreed for	0
		First Line Complaints - volume received	<=0.10%	0.11% - 0.19%	>=0.20%	8	11	9	17	1	10	4	⇧	28	28		27	41	201	56
		First Line Complaints - % against activity				0.02%	0.03%	0.02%	0.03%	0.01%	0.02%	Data not available at time		0.02%	0.02%	0.02%	0.02%	0.03%	New methodology agreed	0
	Net Promoter	NHS Friends and Family Test (5 start rating scoring)	>=4	>=3.5	<3.5	4.7	4.6	4.7	4.6	4.7	4.7	4.7	⇔	4.7	4.7	4.6	4.6	4.6	N/A	4.7
		NHS Friends and Family Test (proportional score) (DH deem above 50 as excellent)	50	45	40	69	66	70	68	67	68	40.5	⇧	68	67.5	63	62.8	60	N/A	68.0
	Midwife to birth ratio		1.28	1.30	>1:30	0.00	0.00	1.30	0.00	0.00	1.30	Data not available at time	⇔	1.30	1.30	1.27	1.28	1.30	01:32.1	1.30
	Information Governance (Scores for IG Toolkit)		>=70% scored at Level 2	-	<70% scored at Level 2	79%	79%	79%	79%	79%	79%	79%	⇔	79%	79%	72%	72%	72%	64%	79%
	Nursing Metrics:	Continence Assessment	>90%	>85%	<85%	87%	90%	94%	90%	93%	93%	92%	-	92%	90%	86%	90%		93%	90%
		Dementia	>90%	>85%	<85%	75%	96%	97%	94%	95%	96%	85%	-	95%	89%	79%	69%	Data not available prior to use of FOCUS IT		89%
		Falls	>90%	>85%	<85%	96%	97%	96%	94%	95%	93%	94%	-	94%	96%	94%	97%		96%	96%
		Infection control	>90%	>85%	<85%	96%	97%	98%	98%	95%	96%	95%	-	96%	97%	97%	97%	available prior to use of		97%
		Meds	>90%	>85%	<85%	96%	96%	97%	96%	97%	97%	94%	-	97%	96%	97%	97%		94%	96%
		Nutritional	>90%	>85%	<85%	95%	95%	98%	93%	93%	96%	93%	-	94%	96%	96%	96%		86%	96%
		Observations	>90%	>85%	<85%	90%	95%	97%	94%	95%	97%	96%	-	95%	94%	90%	93%		87%	94%
		Pain	>90%	>85%	<85%	89%	94%	91%	89%	89%	91%	86%	-	90%	91%	87%	91%		88%	91%
		Privacy	>90%	>85%	<85%	99%	99%	100%	99%	99%	99%	99%	-	99%	99%	99%	99%	-	96%	99%
		Safeguarding	>90%	>85%	<85%	81%	86%	88%	82%	87%	82%	83%	-	84%	85%	84%	86%	available prior to use of		85%
		Staff	>90%	>85%	<85%	93%	95%	94%	91%	93%	96%	93%	-	92%	94%	92%	94%			94%
		Tissue Viability	>90%	>85%	<85%	89%	91%	91%	82%	88%	88%	88%	-	86%	90%	87%	84%	-	94%	88%

Legend

Denotes not applicable at time of report

Not available at time of report publication

Monthly Trend
- ⇧ Improved Performance
- ⇔ In line with previous period
- ⇩ Deterioration in Performance

- ⇧ Achieving threshold improving performance
- ⇩ Achieving threshold deteriorating performance
- ⇧ Failing threshold improving performance
- ⇩ Failing threshold deteriorating performance

Sherwood Forest Hospitals NHS
NHS Foundation Trust

Code	HR WORKFORCE METRICS		Target effective from 1st April 14 (establishment target based on end of year target requirement)		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	In month change	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q1 2013/14	YTD 2014/15
			G	R																		
	Workforce Numbers	Establishment	-	-	3809.79	3852.65	3887.37	3881.74	3888.08	3879.00	3876.17						34.72					
		Staff in Post	-	-	3586.54	3586.84	3586.83	3636.18	3622.60	3658.56	3664.49						-0.01					
		Vacancies (Diff between Bud. Est. & SIP)	-	-	221.25	265.81	300.54	245.56	265.48	220.44	211.68						34.73					
		Turnover Rate (total leavers/SIP *100)	-	-	1.15%	0.67%	0.64%	0.52%	3.34%	0.97%	0.69%						0.00					
	Attendance and Wellbeing - * This is the cost of salary paid to those who were absent due to sickness.	Sickness Absence (%) - Short Term	<1.50%	>1.50%	2.65%	2.43%	2.18%	2.04%	1.61%	1.95%	2.08%						-0.22%					
		Sickness Absence (%) - Long Term	<1.50%	>1.50%	2.05%	1.92%	2.17%	1.93%	1.97%	1.73%	1.79%						-0.13%					
		Sickness Absence (%) - Total	<3.50%	>3.50%	4.70%	4.35%	4.35%	3.96%	3.58%	3.68%	3.87%						-0.35%					
		Absence Cost (£) - Total*	-	-	£411,305	£402,344	£379,327	£351,457	£312,429	£335,959	£369,901						-£8,961					
	Pay	Plan	-	-	£13,632,746	£14,003,032	£13,920,907	£13,617,623	£13,538,092	£13,881,780	£13,542,239						£370,286					
		Pay	-	-	£13,954,405	£14,174,602	£14,176,564	£14,547,871	£14,476,971	£14,553,848	£14,725,869						£220,197					
		Fixed Pay	-	-	£12,007,456	£12,097,775	£12,211,828	£12,253,035	£12,198,098	£12,302,435	£12,313,305						£90,319					
		Variable Pay	-	-	£1,946,950	£2,076,827	£1,964,736	£2,294,836	£2,278,872	£2,251,413	£2,412,565						£129,877					
		Maternity (WTE on maternity in month)	-	-	65.04	65.49	66.34	74.20	79.21	82.65	86.51						0.45					
	Staff Performance	AFC Rolling 12 month Appraisal completion rate	<97%	>98%	82%	84%	81%	85%	84%	82.00%	84.00%						-0.03					
		Mandatory Training Completion	<78%	>79%	78%	78%	78%	79%	79%	80.00%	80.00%						0.00					