

TRUST KEY PERFORMANCE INDICATORS

Monitor compliance
June 2014



Data Quality Audit/Assurance
Performed in last 12 months

Ref.	MONITOR COMPLIANCE FRAMEWORK	Target	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	In month Change	Q1 2014/15	YTD 14/15	Q4 2013/14	2013/14	Externally	Internally
	Referral to Treatment: Admitted Patient Care (90% of patients treated within 18 weeks)	>=90%	89.4%	88.9%	86.1%	90.0%	91.1%	92.1%	↑	91.1%	91.1%	88.0%	92.4%	Yes	Yes
	Referral to Treatment: Non Admitted Patient Care (95% of patients treated within 18 weeks)	>=95%	94.3%	94.2%	94.1%	94.5%	94.1%	94.7%	↑	94.4%	94.4%	94.2%	94.9%	Yes	Yes
	Referral to Treatment: Incomplete Pathways (92% of patients complete pathway within 18 weeks)	>=92%	92.1%	92.1%	92.4%	92.1%	92.1%	92.0%	↑	92.0% Jun 14 Snapshot position	-	92.4% Mar 14 Snapshot position	-	Yes	Yes
	A&E Clinical Quality: Total Time in A&E Dept SFHFT (% <4 hour wait)	>=95%	93.85%	92.72%	93.96%	93.48%	93.42%	95.96%	↑	94.27%	94.27%	93.54%	95.66%	Yes	Yes
	A&E Clinical Quality: Total Time in A&E Dept Kings Mill (% <4 hour wait)	>=95%	91.39%	89.51%	91.26%	90.42%	90.32%	94.20%	↑	91.65%	91.65%	90.76%	94.00%	Yes	Yes
	A&E Clinical Quality: Total Time in A&E Dept Newark (% <4 hour wait)	>=95%	98.86%	98.98%	98.95%	98.68%	99.17%	99.34%	↑	99.07%	99.07%	98.93%	98.83%	Yes	Yes
	Cancer: 2 week wait: All Cancers	>=93%	96.9%	96.4%	94.7%	90.2%	93.6%	(93.0%)	↓	(92.3%)	(93.1%)	96.0%	94.8%	Yes	Yes
	Cancer: 2 week wait: Breast Symptomatic	>=93%	96.6%	87.9%	96.4%	90.0%	100.0%	(90.9%)	↓	(93.6%)	(96.8%)	94.0%	95.0%	Yes	Yes
	Cancer: 31 day wait: from diagnosis to first treatment	>=96%	99.2%	99.0%	100.0%	99.1%	96.4%	(100.0%)	↑	(98.4%)	(99.1%)	99.4%	99.7%	Yes	Yes
	Cancer: 31 day wait: for subsequent treatment - surgery	>=94%	100.0%	100.0%	100.0%	100.0%	100.0%	(100.0%)	↔	(100.0%)	(97.8%)	100.0%	99.1%	Yes	Yes
	Cancer: 31 day wait: for subsequent treatment - drugs	>=98%	93.9%	100.0%	100.0%	100.0%	95.8%	(100.0%)	↑	(98.8%)	(99.4%)	98.0%	99.4%	Yes	Yes
	Cancer: 62 day wait: urgent referral to treatment	>=85%	89.4%	80.2%	88.2%	91.5%	83.8%	(85.6%)	↑	(86.8%)	(91.4%)	86.4%	89.1%	Yes	Yes
	Cancer: 62 day wait: for first treatment - screening	>=90%	100.0%	75.0%	100.0%	100.0%	100.0%	(100.0%)	↔	(100.0%)	(97.9%)	94.1%	98.8%	Yes	Yes
	Data Completeness: Community Referral to Treatment information	>=50%	89.0%	89.2%	89.3%	88.4%	89.6%	90.6%	↑	89.5%	89.5%	89.2%	86.3%	No	No
	Data Completeness: Community Referral information	>=50%	54.4%	53.9%	55.4%	56.8%	54.8%	56.0%	↑	55.9%	55.9%	54.5%	54.2%	No	No
	Data Completeness: Community Treatment activity - and care contact	>=50%	76.1%	76.2%	76.0%	76.0%	76.0%	75.8%	↓	75.9%	75.9%	76.1%	76.4%	No	No
	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	3/0	No	Yes
	Infection Prevention Control: Clostridium Difficile Infections (No. of cases attributed to Trust)	2	2	1	5	5	6	5	↑	16/9	16/37	8/6	36/25	Yes	Yes
	Access to Healthcare for people with learning disabilities	Compliance	Compliant						↔					No	No
	CQC Compliance	compliance points relative to site visits	0						↔						
	Monitor Compliance Points									4.0		4.0			
	Governance Risk Rating (GRR)									red		RED	RED		

TRUST KEY PERFORMANCE INDICATORS

Acute Contract Performance
June 2014

Sherwood Forest Hospitals



NHS Foundation Trust

Ref	CONTRACTUAL PERFORMANCE METRICS	Contract Measure/Consequence	Target	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	In month change	Q1 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	Satisfy at least one of the patient impact indicators. Failure to achieve will invoke contract clauses.	>=95%	93.85%	92.72%	93.96%	93.48%	93.42%	95.96%	↑	94.27%	94.27%	93.54%	95.66%
	Unplanned re-attendance rate within 7 days of original attendance		<=5%	5.00%	5.22%	5.42%	5.47%	5.67%	4.94%	↑	5.36%	5.36%	5.22%	5.36%
	Left without being seen rate		<=5%	1.50%	1.87%	2.12%	2.01%	1.97%	2.15%	↓	2.05%	2.05%	1.84%	1.74%
	Time to Initial Assessment for patients arriving by emergency ambulance (95th percentile - Mins)	Satisfy at least one of the timeliness indicators. Failure to achieve will invoke contract clauses. <i>Please note there are currently discrepancies between the national contract standard and standard defined within the Acute Care Quality Schedule Contract with the CCG which we are trying to validate.</i>	<=15	26	32	35	34	33	35	↓	34	34	31	29
	Time to Initial Assessment for patients arriving by emergency ambulance (Median Minutes)		<=16	4	5	5	4	4	4	↔	4	4	5	4
	Time to Treatment (Median minutes wait from arrival to treatment)		<=60	46	54	58	52	54	54	↔	53	53	53	49
Ambulance Turnaround Times	Average Clinical Handover Time (%)	Failure to achieve threshold in Q1 & Q2 will invoke financial penalties. Q3-Q4 threshold TBC	>=65%	65.83%	57.07%	57.85%	58.48%	55.97%	54.93%	↓	56.48%	56.48%	60.32%	61.18%
Delayed Transfer of Care	Trust Total % (at snapshot position)	Maintain a downward trend. Failure to achieve will invoke contract clauses	3.50%	5.2%	4.1%	5.4%	4.3%	5.2%	5.1%	↑	4.9%	4.9%	4.9%	5.0%
Cancelled Operations:	% Of elective admissions	Cancellations for non-clinical reasons. Failure to achieve will invoke contract clauses	<=0.8%	1.0%	1.1%	0.8%	0.8%	0.7%	0.6%	↑	0.7%	0.7%	1.0%	0.7%
	% Breached 28 day guarantee		<=5%	2.9%	0.0%	0.0%	3.9%	8.0%	4.6%	↑	5.5%	5.5%	1.0%	1.1%
Diagnostic waiting times <6weeks	%	Failure to achieve threshold will invoke financial penalties.	>=99%	98.9%	99.8%	99.8%	99.9%	99.8%	99.7%	↓	-	-	-	-
Choose & Book:	Ratio: Slot issues per booking	Failure to achieve threshold will invoke financial penalties.	<0.05	0.04	0.05	0.13	0.13	0.10	info not available		-	-	-	-
SUS data:	% uncoded within 5 days of month end	Failure to achieve threshold will invoke contract clauses	<20%	12.7%	20.4%	21.6%	22.8%	24.7%	33.0%	↓	-	-	-	-
Referral to Treatment:	Admitted Patient Care (90% of patients treated within 18 weeks)	Failure to achieve threshold will invoke monthly specialty level financial penalties	>=90%	89.4%	88.9%	86.1%	90.0%	91.1%	92.1%	↑	91.1%	91.1%	88.0%	92.4%
	Non Admitted Patient Care (95% of patients treated within 18 weeks)	Failure to achieve threshold will invoke monthly specialty level financial penalties	>=95%	94.3%	94.2%	94.1%	94.5%	94.1%	94.7%	↑	94.4%	94.4%	94.2%	94.9%
	Incomplete Pathways (92% of patients complete pathway within 18 weeks)	Failure to achieve threshold will invoke quarterly specialty level financial penalties	>=92%	92.1%	92.1%	92.4%	92.1%	92.1%	92.0%	↑	-	-	-	-
	18week RTT for direct access audiology completed pathways (treated)	Failure to achieve threshold will invoke financial penalties.	>=95%	99.5%	100.0%	99.7%	100.0%	100.0%	99.7%	↓	99.9%	99.9%	99.7%	99.7%
	Patients on an Incomplete Pathway waiting 52 weeks & Over		0	21	10	4	4	4	3	↓	-	-	-	-
Cancer	2 week wait: All Cancers	Failure to achieve threshold will invoke financial penalties.	>=93%	96.9%	96.4%	94.7%	90.2%	93.6%	(93.0%)	↓	(92.3%)	(93.1%)	96.0%	94.8%
	2 week wait: Breast Symptomatic	Failure to achieve threshold will invoke financial penalties.	>=93%	96.6%	87.9%	96.4%	90.0%	100.0%	(90.9%)	↓	(93.6%)	(96.8%)	94.0%	95.0%
	31 day wait: from diagnosis to first treatment	Failure to achieve threshold will invoke financial penalties.	>=96%	99.2%	99.0%	100.0%	99.1%	96.4%	(100.0%)	↑	(98.4%)	(99.1%)	99.4%	99.7%
	31 day wait: for subsequent treatment - surgery	Failure to achieve threshold will invoke financial penalties.	>=94%	100.0%	100.0%	100.0%	100.0%	100.0%	(100.0%)	↔	(100.0%)	(97.8%)	100.0%	99.1%
	31 day wait: for subsequent treatment - drugs	Failure to achieve threshold will invoke financial penalties.	>=98%	93.9%	100.0%	100.0%	100.0%	95.8%	(100.0%)	↑	(98.8%)	(99.4%)	98.0%	99.4%
	62 day wait: urgent referral to treatment	Failure to achieve threshold will invoke financial penalties.	>=85%	89.4%	80.2%	88.2%	91.5%	83.8%	(85.6%)	↑	(86.8%)	(91.4%)	86.4%	89.1%
	62 day wait: for first treatment - screening	Failure to achieve threshold will invoke financial penalties.	>=90%	100.0%	75.0%	100.0%	100.0%	100.0%	(100.0%)	↔	(100.0%)	(97.9%)	94.1%	98.8%
	62 day wait: consultant upgrade	As a minimum maintain performance in 11/12. Failure to achieve is subject to financial penalty	>=91%	100.0%	100.0%	91.7%	66.7%	62.5%	(100.0%)	↑	(82.5%)	(91.0%)	95.7%	98.5%
Infection Prevention Control:	MRSA Bacteraemia (No. of cases attributed to Trust)	Failure to achieve threshold will invoke contract clauses	0	0	0	0	0	0	0	↔	0/0	0/0	0/0	3/0
	Clostridium Difficile Infections (No. of cases attributed to Trust)	Failure to achieve threshold will invoke annual financial penalty.	2	2	1	5	5	6	5	↑	16/9	16/37	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
June 2014

Ref.	QUALITY & SAFETY METRICS		Target			Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	In month change	Q1 2014/15	Q4 2013/14	Q3 2013/14	Q2 2013/14	Q4 2012/13	Q3 2012/13	2012/13	YTD 2013/14
			G	A	R															
	HSMR		<=100	-	>100							N/A					96.8	118.5	N/A	N/A
	Patient Incidents (Datix reported)	Catastrophic-Death relating to a patient safety incident	0%	-	0%	4 (<1%)	3 (<1%)	1 (<1%)	0 (0%)	2 (<1%)	1 (<1%)	↓	3	9	9	3	2	3	6	3
		Severe harm	0%	-	0%	9 (<1%)	2 (<1%)	0 (<1%)	0 (0%)	0 (0%)	2 (<1%)	↑	2	12	23	5	0	1	3	2
		Moderate harm	<=5%	-	>5%	46 (5.5%)	53 (5.7%)	67 (7.1%)	47 (4.8%)	38 (4.1%)	27 (2.9%)	↓	112	165	166	110	20	52	154	112
		Low harm	<=23%	-	>23%	222 (26.6%)	225 (24.5%)	232 (25.2%)	266 (27.5%)	220 (23.8%)	235 (25.5%)	↑	721	679	785	323	90	240	787	721
		No harm	>=72%	-	<72%	551 (66.1%)	635 (69.2%)	621 (67.3%)	653 (67.4%)	665 (71.9%)	657 (71.3%)	↓	1964	1807	1648	1406	473	1325	4152	1964
	Never Event (number of reported events)		0	-	>0	0	0	0	0	0	0	↔	0	0	1	1	0	0	0	0
	Serious Incidents (reported externally to CCG)		<21	21-27	>28	5	9	11	12	9	9	↔	30	25	23	17	32	31	98	30
	Infection Prevention Control:	MSSA Bacteraemia (No. of hospital acquired cases)	0	0	2.5	3	0	1	0	0	1	↔	0	4	4	3	3	6	13	0
		E Coli bacteraemia (No. of Hospital acquired cases)	0	2	4	4	3	0	7	2	4	↑	9	7	24	10	13	19	32	9
		E. Coli Urinary Catheter Associated Bacteraemia (No. of hospital acquired cases)	0	0	12	1	0	0	3	0	0	↔	3	1	3	1	1	0	2	3
		Other Urinary Catheter Associated Bacteraemia (No. of hospital acquired cases)	0	0	1	0	0	0	0	0	0	↔	0	0	2	0	1	0	3	0
		Surgical Site Infections (Total Knee Replacement surgery)	0	0	1	0	0	0	0	0	0	↔	0	0	0	0	0	0	0	0
		Surgical Site Infections (Total Hip Replacement surgery)	0	0	1	0	0	0	0	0	1	↓	1	0	0	0	0	0	2	1
	Slips, trips and falls	Total number of Inpatient Falls	-	-	-	195	189	185	186	160	131	↓	477	569	567	478				477
		Falls rate per 1000 occupied bed days	-	-	-	9.19	10.21	8.55	8.63	7.33	6.38	↓	7.46	9.30	8.70	7.73	New methodology agreed for 2013/14			7.46
		Number of inpatient Falls resulting in harm				38	36	34	33	35	45	↑	68	108	72	122				68
		Falls rate per 1000 occupied bed days resulting in harm	-	-	-	1.68	1.82	1.48	1.53	1.60	2.19	↑	1.77	1.66	2.08	1.98	New methodology agreed for 2013/14			1.77
	Pressure Ulcer (post admission/avoidable)	Grade 2	<5	>=5<=10	> 10	9	5	7	5	10	12	↑	27	21	30	20	54	30	135	27
		Grade 3	<2	>=2<=4	>4	2	0	0	2	0	0	↔	2	2	4	1	9	6	23	2
		Grade 4	0	-	>=1	0	0	0	0	0	0	↔	0	0	0	0	0	1	2	0
	Medication related incidents	Total Number of medication errors resulting in any harm	-	-	-	7	9	12	11	19	42	↑	72	28	45	9				72
		Number of medication errors per 1000 occupied bed days resulting in serious harm	-	-	-	0.00	0.00	0.52	0.51	0.87	2.05	↑	1.13	0.17	0.00	0.34	New methodology agreed for 2013/14			1.13
	Cardiac Arrest Calls (outside of ICU)- 1-5 per 1000 admission)		<3.5 per 1000	>3.5 per 1000	>5 per 1000		1.2	2.5	1.1	1.9	1.9	↔	1.6	1.8	2.6	1.6	2.1	3.1	3.0	1.6
	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%	62	34	27	29	29	54	↑	112	123	182	197	219	174	683	112
		% against activity complaints received in month				0.14%	0.09%	0.06%	0.07%	0.07%	0.13%	↑	0.09%	0.10%	0.02%	0.12%	New methodology agreed for 2013/14			0
		(Acknowledgement)	>=96%	81-95%	<=80%	100%	100%	100%	100%	100%	100%	↔	100%	100%	100%	100%	77%	84%	89%	100%
	PALS	Compliments	-	-	-	77	111	83	153	125	111	↑	278	271	224	231	240	246	915	278
		Concerns - volume received	<=0.10%	0.11% - 0.19%	>=0.20%	218	152	235	163	222	238	↑	385	605	870	1000	779	1052	3822	385
		Concerns - % against activity				0.50%	0.38%	0.56%	0.40%	0.54%	0.55%	↑	0.50%	0.48%	0.69%	0.80%	New methodology agreed for 2013/14			0
		First Line Complaints - volume received	<=0.10%	0.11% - 0.19%	>=0.20%	13	7	9	8	11	9	↓	19	29	27	41	67	55	201	19
		First Line Complaints - % against activity				0.03%	0.02%	0.02%	0.02%	0.03%	0.02%	↓	0.02%	0.02%	0.02%	0.03%	New methodology agreed for 2013/14			0
	Net Promoter	NHS Friends and Family Test (5 start rating scoring)	>=4	>=3.5	<3.5	4.6	4.6	4.6	4.7	4.6	4.7	↔	4.7	4.6	4.6	4.6	2012/13 data not collected in Five Star rating method			N/A
		NHS Friends and Family Test (proportional score) (DH deem above 50 as excellent)	50	45	40	63	63	63	69	66	70	↔	67.5	63	62.8	60	2012/13 data not collected in Five Star rating method			N/A
	Midwife to birth ratio		1.28	1.30	>1.30	0.00	0.00	1.27	0.00	0.00	1.30	↔	0.00	1.27	1.28	1.30	01:34	01:33	01:32.1	0.00
	Information Governance (Scores for IG Toolkit)		>=70% scored at Level 2	-	<70% scored at Level 2	72%	72%	72%	79%	79%	79%	↔	79%	72%	72%	72%	72%	49%	64%	79%
	Nursing Metrics:	Continence Assessment	>90%	>85%	<85%	83%	90%	86%	87%	90%	94%	-	90%	86%	90%		93%	94%	93%	90%
		Dementia	>90%	>85%	<85%	71%	83%	84%	75%	96%	97%	-	89%	79%	69%	Data not available prior to use of FOCUS IT			89%	
		Falls	>90%	>85%	<85%	95%	94%	94%	96%	97%	96%	-	96%	94%	97%		94%	96%	96%	96%
		Infection control	>90%	>85%	<85%	97%	97%	96%	96%	97%	98%	-	97%	97%	97%	Data not available prior to use of FOCUS IT			97%	
		Meds	>90%	>85%	<85%	97%	96%	98%	96%	96%	97%	-	96%	97%	97%		94%	93%	94%	96%
		Nutritional	>90%	>85%	<85%	94%	98%	96%	95%	95%	98%	-	96%	96%	96%		82%	87%	86%	96%
		Observations	>90%	>85%	<85%	90%	91%	90%	90%	95%	97%	-	94%	90%	93%		90%	88%	87%	94%
		Pain	>90%	>85%	<85%	87%	88%	85%	89%	94%	91%	-	91%	87%	91%		86%	89%	88%	91%
		Privacy	>90%	>85%	<85%	99%	99%	100%	99%	99%	100%	-	99%	99%	99%		98%	95%	96%	99%
		Safeguarding	>90%	>85%	<85%	83%	85%	84%	81%	86%	88%	-	85%	84%	86%	Data not available prior to use of FOCUS IT			85%	
		Staff	>90%	>85%	<85%	94%	93%	90%	93%	95%	94%	-	94%	92%	94%	Data not available prior to use of FOCUS IT			94%	
		Tissue Viability	>90%	>85%	<85%	87%	87%	88%	89%	91%	91%	-	90%	87%	84%		94%	96%	94%	90%

Denotes not applicable at time of report
Not available at time of report publication

Monthly Trend

↑	Improved Performance	↑	Achieving threshold improving performance
↔	In line with previous period	↓	Achieving threshold deteriorating performance
↓	Deterioration in Performance	↑	Failing threshold improving performance
		↓	Failing threshold deteriorating performance

TRUST KEY PERFORMANCE INDICATORS

HR/Workforce
April 14-Mar 15

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										34.72						
		Staff in Post	-	-	3586.54	3586.84	3586.83											-0.01					
		Vacancies (Diff between Bud. Est. & SIP)	-	-	221.25	265.81	300.54											34.73					
		Turnover Rate (total leavers/SIP *100)	-	-	1.15%	0.67%	0.64%											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%										-0.22%						
		Sickness Absence (%) - Long Term	<1.50%	>1.50%	2.05%	1.92%	2.17%											-0.13%					
		Sickness Absence (%) - Total	<3.50%	>3.50%	4.70%	4.35%	4.35%											-0.35%					
		Absence Cost (£) - Total*	-	-	£411,305	£402,344	£379,327											-£8,961					
	Pay	Plan	-	-	£13,632,746	£14,003,032	£13,920,907										£370,286						
		Pay	-	-	£13,954,405	£14,174,602	£14,176,564										£220,197						
		Fixed Pay	-	-	£12,007,456	£12,097,775	£12,211,828										£90,319						
		Variable Pay	-	-	£1,946,950	£2,076,827	£1,964,736										£129,877						
	Maternity (WTE on maternity in month)	-	-	65.04	65.49	66.34										0.45							
	Staff Performance	AFC Rolling 12 month Appraisal completion rate	<97%	>98%	82.00%	84.00%	81.00%										-0.03						
		Mandatory Training Completion	<78%	>79%	78.00%	78.00%	78.00%										0.00						