Sherwood Forest Hospitals NHS
NHS Foundation Trust

Ref.	MONITOR COMPLIANCE FRAMEWORK		Target	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	In month Change	Q1 2014/15	YTD 14/15	Q4 2013/14	2013/14	2012/13	Externally	Internally
	Referral to Treatment:	Admitted Patient Care (90% of patients treated within 18 weeks)	>=90%	92.26%	89.4%	88.9%	86.1%	90.0%	91.1%	⇧	90.6%	90.6%	88.0%	92.4%	88.9%	Yes	Yes
		Non Admitted Patient Care (95% of patients treated within 18 weeks)	>=95%	94.30%	94.3%	94.2%	94.1%	94.5%	94.1%	⇩	94.3%	94.3%	94.2%	94.9%	94.7%	Yes	Yes
		Incomplete Pathways (92% of patients complete pathway within 18 weeks)	>=92%	91.25%	92.1%	92.1%	92.4%	92.1%	92.1%	⇔	-	-	92.4% Mar 14 Snapshot position	-	95.2% March 13 Snapshot position	Yes	Yes
	A&E Clinical Quality: Total Time in A&E Dept	SFHFT (% <4 hour wait)	>=95%	94.28%	93.85%	92.72%	93.96%	93.48%	93.42%	⇩	93.45%	93.45%	93.54%	95.66%	94.34%	Yes	Yes
		Kings Mill (% <4 hour wait)	>=95%	91.69%	91.39%	89.51%	91.26%	90.42%	90.32%	⇩	90.37%	90.37%	90.76%	94.00%	92.85%	Yes	Yes
		Newark (% <4 hour wait)	>=95%	98.86%	98.86%	98.98%	98.95%	98.68%	99.17%	⇧	98.93%	98.93%	98.93%	98.83%	99.20%	Yes	Yes
	Cancer	2 week wait: All Cancers	>=93%	95.26%	96.9%	96.4%	94.7%	90.2%	(93.6%)	⇧	(92.9%)	(92.9%)	96.0%	94.8%	95.8%	Yes	Yes
		2 week wait: Breast Symptomatic	>=93%	100.00%	96.6%	87.9%	96.4%	90.0%	(100.0%)	⇧	(95.6%)	(95.6%)	94.0%	95.0%	95.5%	Yes	Yes
		31 day wait: from diagnosis to first treatment	>=96%	100.00%	99.2%	99.0%	100.0%	99.1%	(95.3%)	⇩	(98.3%)	(98.3%)	99.4%	99.7%	99.4%	Yes	Yes
		31 day wait: for subsequent treatment - surgery	>=94%	100.00%	100.0%	100.0%	100.0%	100.0%	(100.0%)	⇔	(100.0%)	(100.0%)	100.0%	99.1%	98.7%	Yes	Yes
		31 day wait: for subsequent treatment - drugs	>=98%	100.00%	93.9%	100.0%	100.0%	100.0%	(95.0%)	⇩	(98.5%)	(98.5%)	98.0%	99.4%	100.0%	Yes	Yes
		62 day wait: urgent referral to treatment	>=85%	94.31%	89.4%	80.2%	88.2%	91.5%	(85.6%)	⇩	(87.9%)	(87.9%)	86.4%	89.1%	90.8%	Yes	Yes
		62 day wait: for first treatment - screening	>=90%	100.00%	100.0%	75.0%	100.0%	100.0%	(100.0%)	⇔	(92.2%)	(92.2%)	94.1%	98.8%	95.0%	Yes	Yes
	Data Completeness:	Community Referral to Treatment information	>=50%	88.66%	89.0%	89.2%	89.3%	88.4%	89.6%	⇧	89.0%	89.0%	89.2%	86.3%	74.4%	No	No
		Community Referral information	>=50%	54.37%	54.4%	53.9%	55.4%	56.8%	54.8%	⇩	55.9%	55.9%	54.5%	54.2%	54.4%	No	No
		Community Treatment activity - and care contact	>=50%	75.56%	76.1%	76.2%	76.0%	76.0%	76.0%	⇔	76.0%	76.0%	76.1%	76.4%	68.8%	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	0	No	Yes
		Clostridium Difficile Infections (No. of cases attributed to Trust)	2	2	2	1	5	5	6	⇔	11/9	11/37	8/6	36/25	29/36	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	N/A			
	Governance Risk Rating (GRR)												RED	RED N/A			

Ref		CONTRACTUAL PERFORMANCE METRICS	Target	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	In month change	Q1 2014/15	YTD 2014/15	Q4 2013/14	Full Year 2013/14	Full Year 2012/13
	A&E Clinical Quality:	SFHFT (% <4 hour wait) Total Time in A&E Dept	>=95%	94.28%	93.85%	92.72%	93.96%	93.48%	93.42%	⇩	93.45%	93.45%	93.54%	95.66%	94.34%
		Unplanned re-attendance rate within 7 days of original attendance	<=5%	5.38%	5.00%	5.22%	5.42%	5.47%	5.67%	⇩	5.57%	5.57%	5.22%	5.36%	5.70%
		Left without being seen rate	<=5%	1.76%	1.50%	1.87%	2.12%	2.01%	1.97%	⇧	1.99%	1.99%	1.84%	1.74%	2.08%
		Time to Initial Assessment for patients arriving by emergency ambulance (95th percentile - Mins)	<=15	28	26	32	35	34	33	⇧	33	33	31	29	39
		Time to Initial Assessment for patients arriving by emergency ambulance (Median Minutes)	<=16	4	4	5	5	4	4	⇔	4	4	5	4	6
		Time to Treatment (Median minutes wait from arrival to treatment)	<=60	44	46	54	58	52	54	⇩	53	53	53	49	56
	Ambulance Turnaround Times	Average Clinical Handover Time (%)	>=65%	60.87%	65.83%	57.07%	57.85%	58.48%	55.97%	⇧	57.20%	57.20%	60.32%	61.18%	55.64%
	Delayed Transfer of Care	Trust Total % (at snapshot position)	3.50%	6.7%	5.2%	4.1%	5.4%	4.3%	5.2%	⇧	4.7%	4.7%	4.9%	5.0%	6.0%
	Cancelled Operations:	% Of elective admissions	<=0.8%	1.3%	1.0%	1.1%	0.8%	0.8%	0.7%	⇧	0.7%	0.7%	1.0%	0.7%	0.7%
		% Breached 28 day guarantee	<=5%	0.0%	2.9%	0.0%	0.0%	3.9%	8.0%	⇩	5.9%	5.9%	1.0%	1.1%	0.8%
	Diagnostic waiting times <6weeks	%	>=99%	98.4%	98.9%	99.8%	99.8%	99.9%	99.8%	⇩	-	-	-	-	-
	Choose & Book:	Ratio: Slot issues per booking	<0.05	0.08	0.04	0.05	0.13	0.13	0.16	⇩	-	-	-	-	
	SUS data:	% uncoded within 5 days of month end	<20%	30.9%	12.7%	20.4%	21.6%	22.8%	24.7%	⇩	-	-	-	-	
	Referral to Treatment:	Admitted Patient Care (90% of patients treated within 18 weeks)	>=90%	92.3%	89.4%	88.9%	86.1%	90.0%	91.1%	⇧	90.6%	90.6%	88.0%	92.4%	88.9%
		Non Admitted Patient Care (95% of patients treated within 18 weeks)	>=95%	94.3%	94.3%	94.2%	94.1%	94.5%	94.1%	⇩	94.3%	94.3%	94.2%	94.9%	94.7%
		Incomplete Pathways (92% of patients complete pathway within 18 weeks)	>=92%	91.3%	92.1%	92.1%	92.4%	92.1%	92.1%	⇔	-	-	-	-	-
		18week RTT for direct access audiology completed pathways (treated)	>=95%	100.0%	99.5%	100.0%	99.7%	100.0%	100.0%	⇔	100.0%	100.0%	99.7%	99.7%	99.7%
		Patients on an Incomplete Pathway waiting 52 weeks & Over	0	23	21	10	4	4	4	⇔	-	-	-	-	-
	Cancer	2 week wait: All Cancers	>=93%	95.3%	96.9%	96.4%	94.7%	90.2%	(93.6%)	⇧	(92.9%)	(92.9%)	96.0%	94.8%	95.8%
		2 week wait: Breast Symptomatic	>=93%	100.0%	96.6%	87.9%	96.4%	90.0%	(100.0%)	⇧	(95.6%)	(95.6%)	94.0%	95.0%	95.5%
		31 day wait: from diagnosis to first treatment	>=96%	100.0%	99.2%	99.0%	100.0%	99.1%	(95.3%)	⇩	(98.3%)	(98.3%)	99.4%	99.7%	99.4%
		31 day wait: for subsequent treatment - surgery	>=94%	100.0%	100.0%	100.0%	100.0%	100.0%	(100.0%)	⇔	(100.0%)	(100.0%)	100.0%	99.1%	98.7%
		31 day wait: for subsequent treatment - drugs	>=98%	100.0%	93.9%	100.0%	100.0%	100.0%	(95.0%)	⇩	(98.5%)	(98.5%)	98.0%	99.4%	100.0%
		62 day wait: urgent referral to treatment	>=85%	94.3%	89.4%	80.2%	88.2%	91.5%	(85.6%)	⇩	(87.9%)	(87.9%)	86.4%	89.1%	90.8%
		62 day wait: for first treatment - screening	>=90%	100.0%	100.0%	75.0%	100.0%	100.0%	(100.0%)	⇔	(92.2%)	(92.2%)	94.1%	98.8%	95.0%
		62 day wait: consultant upgrade	>=91%	100.0%	100.0%	100.0%	91.7%	66.7%	(62.5%)	⇩	(77.4%)	(77.4%)	95.7%	98.5%	93.6%
	Infection Prevention Control:	MRSA Bacteraemia (No. of cases attributed to Trust)	0	0	0	0	0	0	0	⇔	0/0	0/0	0/0	3/0	0
		Clostridium Difficile Infections (No. of cases attributed to Trust)	2	2	2	1	5	5	6	⇩	11/9	11/37	8/6	36/25	29/36

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

Ref.	QUALITY & SAFETY METRICS	Target G	Target A	Target R	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	In month change	Q1 2014/15	Q4 2013/14	Q3 2013/14	Q2 2013/14	Q1 2013/14	YTD 2013/14
	HSMR	<=100	-	>100							N/A						N/A
	Patient Incidents (Datix reported) — Catastrophic-Death relating to a patient safety incident	0%	-	0%	5 (<1%)	4 (<1%)	3 (<1%)	1(<1%)	0 (0%)	2 (<1%)	⇧	2	9	9	3	0	2
	Severe harm	0%	-	0%	9 (<1%)	9 (<1%)	2 (<1%)	0 (<1%)	0 (0%)	0 (0%)	⇔	0	12	23	5	1	0
	Moderate harm	<=5%	-	>5%	65 (6.8%)	46 (5.5%)	53 (5.7%)	67 (7.1%)	44 (4.6%)	38 (4.08%)	⇩	82	165	166	110	60	82
	Low harm	<=23%	-	>23%	299 (31.1%)	222 (26.6%)	225 (24.5%)	232 (25.2%)	257 (26.7%)	173 (18.56%)	⇩	430	679	785	323	228	430
	No harm	>=72%	-	<72%	584 (60.7%)	551 (66.1%)	635 (69.2%)	621 (67.3%)	646 (67.2%)	594 (63.73%)	⇩	1240	1807	1648	1406	1293	1240
	Never Event (number of reported events)	0	-	>0	1	0	0	0	0	0	⇔	0	0	1	1	0	0
	Serious Incidents (reported externally to CCG)	<21	21-27	>28	6	5	9	11	9	9	⇩	18	25	23	17	38	18
	Infection Prevention Control: — MSSA Bacteraemia (No. of hospital acquired cases)	0	0	2.5	2	3	0	1	0	0	⇔	0	4	4	3	6	0
	E Coli bacteraemia (No. of Hospital acquired cases)	0	2	4	14	4	3	0	7	2	⇧	9	7	24	10	10	9
	E. Coli Urinary Catheter Associated Bacteraemia (No. of hospital acquired cases)	0	0	12	2	1	0	0	3	0	⇧	3	1	3	1	3	3
	Other Urinary Catheter Associated Bacteraemia (No. of hospital acquired cases)	0	0	1	1	0	0	0	0	0	⇔	0	0	2	0	2	0
	Surgical Site Infections (Total Knee Replacement surgery)	0	0	1	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	0	⇔	0	0	0	0	1	0
	Slips, trips and falls — Total number of Inpatient Falls	-		-	215	195	189	185	186	141	⇩	327	569	567	478	462	327
	Falls rate per 1000 occupied bed days	-		-	9.79	9.19	10.21	8.55	8.63	6.46	⇩		9.30	8.70	7.73	7.44	0
	Number of Inpatient Falls resulting in harm				50	38	36	34	33	18	⇩	51	108	72	122	135	51
	Falls rate per 1000 occupied bed days resulting in harm	-		-	2.28	1.68	1.82	1.48	1.53		⇧	1.53	1.66	2.08	1.98	1.16	2
	Pressure Ulcer (post admission/avoidable) — Grade 2	<5	>=5<=10	> 10	7	9	5	7	5	11	⇩	16	21	30	20	43	16
	Grade 3	<2	>=2<=4	>4	1	2	0	0	2	0	⇧	2	2	4	1	11	2
	Grade 4	0	-	>=1	0	0	0	0	0	0	⇔	0	0	0	0	0	0
	Medication related incidents — Total Number of medication errors resulting in any harm	-	-		24	7	9	12	11	19	⇧	30	28	45	9	5	30
	Number of medication errors per 1000 occupied bed days resulting in serious harm	-	-	-	0.00	0.00	0.00	0.52	0.46		⇩		0.17	0.00	0.34	0.00	0
	Cardiac Arrest Calls (outside of ICCU)- 1-5 per 1000 admission)	<3.5 per 1000	>3.5 per 1000	>5 per 1000	3.3		1.2	2.5	1.1		⇧		1.8	2.6	1.6	2.2	0
	Eliminating Same Sex Accommodation Breaches (No of breaches)	0	-	>=1	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%	64	62	34	27	29	29	⇔	58	123	182	197	169	58
	% against activity complaints received in month				0.17%	0.14%	0.09%	0.06%	0.07%	0.07%	⇔	0.07%	0.10%	0.02%	0.12%	0.14%	0.14%
	(Acknowledgement)	>=96%	81-95%	<=80%	100%	100%	100%	100%	100%	100.00%	⇔	100%	100%	100%	100%	69%	100%
	PALs — Compliments	-	-	-	120	77	111	83	153	125	⇧	278	271	224	231	317	278
	Concerns - volume received	<=0.10%	0.11% - 0.19%	>=0.20%	242	218	152	235	163	222	⇧	385	605	870	1000	800	385
	Concerns - % against activity				0.64%	0.50%	0.38%	0.56%	0.40%	0.54%	⇧	0.47%	0.48%	0.69%	0.80%	0.66%	0.66%
	First Line Complaints - volume received	<=0.10%	0.11% - 0.19%	>=0.20%	11	13	7	9	8	11	⇧	19	29	27	41	57	19
	First Line Complaints - % against activity				0.03%	0.03%	0.02%	0.02%	0.02%	0.03%	⇧	0.02%	0.02%	0.02%	0.03%	0.05%	0.03%
	Net Promoter — NHS Friends and Family Test (5 start rating scoring)	>=4	>=3.5	<3.5	4.6	4.6	4.6	4.6	4.7	4.6	⇔	4.7	4.6	4.6	4.6	4.6	4.7
	NHS Friends and Family Test (proportional score) (DH deem above 50 as excellent)	50	45	40	62	63	63	63	69	66	⇔	67.5	63	62.8	60	61	67.5
	Midwife to birth ratio	1.28	1.30	>1:30	1.28	0.00	0.00	1.27	0.00	0.00	⇔	0.00	1.27	1.28	1.30	1.28	0.00
	Information Governance (Scores for IG Toolkit)	>=70% scored at Level 2	-	<70% scored at Level 2	72%	72%	72%	72%	79%	79%	⇔	79%	72%	72%	72%	72%	79%
	Nursing Metrics: — Continence Assessment	>90%	>85%	<85%	84%	83%	90%	86%	87%	90%	-	89%	86%	90%		94%	89%
	Dementia	>90%	>85%	<85%	63%	71%	83%	84%	75%	96%	-	86%	79%	69%	Data not available prior to use of FOCUS IT		86%
	Falls	>90%	>85%	<85%	96%	95%	94%	94%	96%	97%	-	97%	94%	97%		93%	97%
	Infection control	>90%	>85%	<85%	97%	97%	97%	96%	96%	97%	-	97%	97%	97%	Data not available prior to use of FOCUS IT		97%
	Meds	>90%	>85%	<85%	97%	97%	96%	98%	96%	96%	-	96%	97%	97%		90%	96%
	Nutritional	>90%	>85%	<85%	94%	94%	98%	96%	95%	95%	-	95%	96%	96%		90%	95%
	Observations	>90%	>85%	<85%	92%	90%	91%	90%	90%	95%	-	93%	90%	93%		88%	93%
	Pain	>90%	>85%	<85%	85%	87%	88%	85%	89%	94%	-	92%	87%	91%		90%	92%
	Privacy	>90%	>85%	<85%	100%	99%	99%	100%	99%	99%	-	99%	99%	99%	-	95%	99%
	Safeguarding	>90%	>85%	<85%	83%	83%	85%	84%	81%	86%	-	84%	84%	86%	Data not available prior to use of FOCUS IT		84%
	Staff	>90%	>85%	<85%	94%	94%	93%	90%	93%	95%	-	94%	92%	94%			94%
	Tissue Viability	>90%	>85%	<85%	86%	87%	87%	88%	89%	91%	-	90%	87%	84%	-	94%	90%

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

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											-3852.65					
		Staff in Post	-	-	3586.54	3586.84											-3586.84					
		Vacancies (Diff between Bud. Est. & SIP)	-	-	221.25	265.81											-265.81					
		Turnover Rate (total leavers/SIP *100)	-	-	1.15%	0.67%											-0.01					
	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%											-0.22%					
		Sickness Absence (%) - Long Term	<1.50%	>1.50%	2.05%	1.92%											-0.13%					
		Sickness Absence (%) - Total	<3.50%	>3.50%	4.70%	4.35%											-0.35%					
		Absence Cost (£) - Total*	-	-	£411,305	£402,344											-£8,961					
	Pay	Plan	-	-	£13,632,746	£14,003,032											£370,286					
		Pay	-	-	£13,954,405	£14,174,602											£220,197					
		Fixed Pay	-	-	£12,007,456	£12,097,775											£90,319					
		Variable Pay	-	-	£1,946,950	£2,076,827											£129,877					
		Maternity (WTE on maternity in month)	-	-	65.04	65.49											0.45					
	Staff Performance	AFC Rolling 12 month Appraisal completion rate	<97%	>98%	82.00%	84.00%											-0.84					
		Mandatory Training Completion	<78%	>79%	78.00%	78.00%											-0.78					