

TRUST KEY PERFORMANCE INDICATORS

Monitor compliance
April 2014



Ref.	MONITOR COMPLIANCE FRAMEWORK		Target	Oct-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-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%	91.86%	92.26%	89.4%	88.9%	86.1%	90.0%	↑	90.0%	90.0%	88.0%	92.4%	88.9%	Yes	Yes
		Non Admitted Patient Care (95% of patients treated within 18 weeks)	>=95%	95.00%	94.30%	94.3%	94.2%	94.1%	94.5%	↑	94.5%	94.5%	94.2%	94.9%	94.7%	Yes	Yes
		Incomplete Pathways (92% of patients complete pathway within 18 weeks)	>=92%	92.43%	91.25%	92.1%	92.1%	92.4%	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%	96.14%	94.28%	93.85%	92.72%	93.96%	93.48%	↓	93.48%	93.48%	93.54%	95.66%	94.34%	Yes	Yes
		Kings Mill (% <4 hour wait)	>=95%	94.70%	91.69%	91.39%	89.51%	91.26%	90.42%	↓	90.42%	90.42%	90.76%	94.00%	92.85%	Yes	Yes
		Newark (% <4 hour wait)	>=95%	99.06%	98.86%	98.86%	98.98%	98.95%	98.68%	↓	98.68%	98.68%	98.93%	98.83%	99.20%	Yes	Yes
	Cancer	2 week wait: All Cancers	>=93%	95.75%	95.26%	96.9%	96.4%	94.7%	(90.33%)	↓	(93.40%)	(93.40%)	96.0%	94.8%	95.8%	Yes	Yes
		2 week wait: Breast Symptomatic	>=93%	84.21%	100.00%	96.6%	87.9%	96.4%	(90.48%)	↓	(96.66%)	(96.66%)	94.0%	95.0%	95.5%	Yes	Yes
		31 day wait: from diagnosis to first treatment	>=96%	100.00%	100.00%	99.2%	99.0%	100.0%	(98.65%)	↓	(99.31%)	(99.31%)	99.4%	99.7%	99.4%	Yes	Yes
		31 day wait: for subsequent treatment - surgery	>=94%	100.00%	100.00%	100.0%	100.0%	100.0%	(100.00%)	↔	(100.00%)	(100.00%)	100.0%	99.1%	98.7%	Yes	Yes
		31 day wait: for subsequent treatment - drugs	>=98%	100.00%	100.00%	93.9%	100.0%	100.0%	(100.00%)	↔	(100.00%)	(100.00%)	98.0%	99.4%	100.0%	Yes	Yes
		62 day wait: urgent referral to treatment	>=85%	88.67%	94.31%	89.4%	80.2%	88.2%	(90.82%)	↑	(90.82%)	(90.82%)	86.4%	89.1%	90.8%	Yes	Yes
		62 day wait: for first treatment - screening	>=90%	100.00%	100.00%	100.0%	75.0%	100.0%	(100.00%)	↔	(96.09%)	(96.09%)	94.1%	98.8%	95.0%	Yes	Yes
	Data Completeness:	Community Referral to Treatment information	>=50%	87.31%	88.66%	89.0%	89.2%	89.3%	89.3%	↔	89.3%	89.3%	89.2%	86.3%	74.4%	No	No
		Community Referral information	>=50%	54.01%	54.37%	54.4%	53.9%	55.4%	54.5%	↓	54.5%	54.5%	54.5%	54.2%	54.4%	No	No
		Community Treatment activity - and care contact	>=50%	75.51%	75.56%	76.1%	76.2%	76.0%	76.1%	↑	76.1%	76.1%	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	4	2	2	1	5	5	↔	5/9	5/37	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		

TRUST KEY PERFORMANCE INDICATORS

Acute Contract Performance
April 2014

Ref	CONTRACTUAL PERFORMANCE METRICS		Target	Dec-13	Jan-14	Feb-14	Mar-14	Apr-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%	↓	93.48%	93.48%	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%	↓	5.47%	5.47%	5.22%	5.36%	5.70%	
	Left without being seen rate	<=5%	1.76%	1.50%	1.87%	2.12%	2.01%	↑	2.01%	2.01%	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	↑	34	34	31	29	39	
	Time to Initial Assessment for patients arriving by emergency ambulance (Median Minutes)	<=16	4	4	5	5	4	↑	4	4	5	4	6	
	Time to Treatment (Median minutes wait from arrival to treatment)	<=60	44	46	54	58	52	↑	52	52	53	49	56	
Ambulance Turnaround Times	Average Clinical Handover Time (%)	>=65%	60.87%	65.83%	57.07%	57.85%	58.48%	↑	58.48%	58.48%	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%	↑	4.3%	4.3%	4.9%	5.0%	6.0%	
Cancelled Operations:	% Of elective admissions	<=0.8%	1.3%	1.0%	1.1%	0.8%	0.8%	↔	0.8%	0.8%	1.0%	0.7%	0.7%	
	% Breached 28 day guarantee	<=5%	0.0%	2.9%	0.0%	0.0%	3.9%	↓	3.9%	3.9%	1.0%	1.1%	0.8%	
Diagnostic waiting times <6weeks	%	>=99%	98.4%	98.9%	99.8%	99.8%	99.9%	↑	-	-	-	-	-	
Choose & Book:	Ratio: Slot issues per booking	<0.05	0.08	0.04	0.05	0.13	0.13	↔	-	-	-	-	-	
SUS data:	% uncoded within 5 days of month end	<20%	30.9%	12.7%	20.4%	21.6%	22.8%	↓	-	-	-	-	-	
Referral to Treatment:	Admitted Patient Care (90% of patients treated within 18 weeks)	>=90%	92.3%	89.4%	88.9%	86.1%	90.0%	↑	90.0%	90.0%	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%	↑	94.5%	94.5%	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%	↑	-	-	-	-	-	
	18week RTT for direct access audiology completed pathways (treated)	>=95%	100.0%	99.5%	100.0%	99.7%	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	↑	-	-	-	-	-	
Cancer	2 week wait: All Cancers	>=93%	95.3%	96.9%	96.4%	94.7%	(90.33%)	↓	(93.40%)	(93.40%)	96.0%	94.8%	95.8%	
	2 week wait: Breast Symptomatic	>=93%	100.0%	96.6%	87.9%	96.4%	(90.48%)	↓	(96.66%)	(96.66%)	94.0%	95.0%	95.5%	
	31 day wait: from diagnosis to first treatment	>=96%	100.0%	99.2%	99.0%	100.0%	(98.65%)	↓	(99.31%)	(99.31%)	99.4%	99.7%	99.4%	
	31 day wait: for subsequent treatment - surgery	>=94%	100.0%	100.0%	100.0%	100.0%	(100.00%)	↔	(100.00%)	(100.00%)	100.0%	99.1%	98.7%	
	31 day wait: for subsequent treatment - drugs	>=98%	100.0%	93.9%	100.0%	100.0%	(100.00%)	↔	(100.00%)	(100.00%)	98.0%	99.4%	100.0%	
	62 day wait: urgent referral to treatment	>=85%	94.3%	89.4%	80.2%	88.2%	(90.82%)	↑	(90.82%)	(90.82%)	86.4%	89.1%	90.8%	
	62 day wait: for first treatment - screening	>=90%	100.0%	100.0%	75.0%	100.0%	(100.00%)	↔	(96.09%)	(96.09%)	94.1%	98.8%	95.0%	
	62 day wait: consultant upgrade	>=91%	100.0%	100.0%	100.0%	91.7%	(50.00%)	↓	(79.34%)	(79.34%)	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	3/0	0	
	Clostridium Difficile Infections (No. of cases attributed to Trust)	2	2	2	1	5	5	↔	5/9	5/37	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			Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	In month change	Q4 2013/14	Q3 2013/14	Q2 2013/14	Q1 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%	2 (<1%)	5 (<1%)	4 (<1%)	3 (<1%)	1 (<1%)	0 (0%)	↑	9	9	3	0	2	3	6	21
		Severe harm	0%	-	0%	4 (<1%)	9 (<1%)	9 (<1%)	2 (<1%)	0 (<1%)	0 (0%)	↓	12	23	5	1	0	1	3	41
		Moderate harm	<=5%	-	>5%	51 (6.8%)	65 (6.8%)	46 (5.5%)	53 (5.7%)	67 (7.1%)	44 (4.6%)	↓	165	166	110	60	20	52	154	501
		Low harm	<=23%	-	>23%	221 (29.4%)	299 (31.1%)	222 (26.6%)	225 (24.5%)	232 (25.2%)	257 (26.7%)	↓	679	785	323	228	90	240	787	2015
		No harm	>=72%	-	<72%	473 (63.0%)	584 (60.7%)	551 (66.1%)	635 (69.2%)	621 (67.3%)	646 (67.2%)	↑	1807	1648	1406	1293	473	1325	4152	6154
	Never Event (number of reported events)	0	-	>0	0	1	0	0	0	0	↔	0	1	1	0	0	0	0	0	2
	Serious Incidents (reported externally to CCG)	<21	21-27	>28	7	6	5	9	11	7	↓	25	23	17	38	32	31	98	103	
	Infection Prevention Control:	MSSA Bacteraemia (No. of hospital acquired cases)	0	0	2.5	1	2	3	0	1	0	↓	4	4	3	6	3	6	13	17
		E Coli bacteraemia (No. of Hospital acquired cases)	0	2	4	4	14	4	3	0	7	↑	7	24	10	10	13	19	32	51
		E. Coli Urinary Catheter Associated Bacteraemia (No. of hospital acquired cases)	0	0	12	0	2	1	0	0	3	↑	1	3	1	3	1	0	2	8
		Other Urinary Catheter Associated Bacteraemia (No. of hospital acquired cases)	0	0	1	1	1	0	0	0	0	↔	0	2	0	2	1	0	3	4
		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	0	↔	0	0	0	1	0	0	2	1
	Slips, trips and falls	Total number of Inpatient Falls	-	-	-	170	215	195	189	185	186	↑	569	567	478	462				2076
		Falls rate per 1000 occupied bed days	-	-	-	8.11	9.79	9.19	10.21	8.55	8.63	↑	9.30	8.70	7.73	7.44	New methodology agreed for 2013/14			8.29
		Number of Inpatient Falls resulting in harm	-	-	-	46	50	38	36	34	33	↓	108	72	122	135				437
		Falls rate per 1000 occupied bed days resulting in harm	-	-	-	2.20	2.28	1.68	1.82	1.48	1.53	↑	1.66	2.08	1.98	1.16	New methodology agreed for 2013/14			1.72
	Pressure Ulcer (post admission/avoidable)	Grade 2	<5	>=5<=10	>10	6	7	9	5	7	5	↓	21	30	20	43	54	30	135	114
		Grade 3	<2	>=2<=4	>4	1	1	2	0	0	2	↑	2	4	1	11	9	6	23	18
		Grade 4	0	-	>=1	0	0	0	0	0	0	↔	0	0	0	0	1	2	0	0
	Medication related incidents	Total Number of medication errors resulting in any harm	-	-	-	11	24	7	9	12	10	↓	28	45	9	5				59
		Number of medication errors per 1000 occupied bed days resulting in serious harm	-	-	-	0.00	0.00	0.00	0.00	0.52	0.46	↓	0.17	0.00	0.34	0.00	New methodology agreed for 2013/14			0.34
	Cardiac Arrest Calls (outside of ICCU)- 1-5 per 1000 admission)	<3.5 per 1000	>3.5 per 1000	>5 per 1000	1.4	3.3		1.2	2.5	1.1	↑	1.8	2.6	1.6	2.2	2.1	3.1	3.0	2.1	
	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%	48	64	62	34	27	29	↓	123	182	197	169	219	174	683	671
		% against activity complaints received in month				0.12%	0.17%	0.14%	0.09%	0.06%	0.07%	↑	0.10%	0.02%	0.12%	0.14%	New methodology agreed for 2013/14			0.14%
		(Acknowledgement)	>=96%	81-95%	<=80%	100%	100%	100%	100%	100%	100%	↔	100%	100%	100%	69%	77%	84%	89%	92%
	PALS	Compliments	-	-	-	46	120	77	111	83	153	↑	271	224	231	317	240	246	915	1043
		Concerns - volume received	<=0.10%	0.11% - 0.19%	>=0.20%	293	242	218	152	235	163	↓	605	870	1000	800	779	1052	3822	1088
		Concerns - % against activity				0.69%	0.64%	0.50%	0.38%	0.56%	0.40%	↓	0.48%	0.69%	0.80%	0.66%	New methodology agreed for 2013/14			0.66%
		First Line Complaints - volume received	<=0.10%	0.11% - 0.19%	>=0.20%	7	11	13	7	9	8	↓	29	27	41	57	67	55	201	125
		First Line Complaints - % against activity				0.02%	0.03%	0.03%	0.02%	0.02%	0.02%	↑	0.02%	0.02%	0.03%	0.05%	New methodology agreed for 2013/14			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	4.6	4.7	↔	4.6	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	62	62	63	63	63	69	↔	63	62.8	60	61	2012/13 data not collected in Five Star rating method			N/A
	Midwife to birth ratio	1.28	1.30	>1:30	0.00	1.28	0.00	0.00	1.27	0.00	↔	1.27	1.28	1.30	1.28	01:34	01:33	01:32.1	1.29	
	Information Governance (Scores for IG Toolkit)	>=70% scored at Level 2	-	<70% scored at Level 2	72%	72%	72%	72%	72%	79%	↔	72%	72%	72%	72%	72%	49%	64%	72%	
	Nursing Metrics:	Continence Assessment	>90%	>85%	<85%	83%	84%	83%	90%	86%	87%	-	86%	90%		94%	93%	94%	93%	90%
		Dementia	>90%	>85%	<85%	76%	63%	71%	83%	84%	75%	-	79%	69%	Data not available prior to use of FOCUS IT					70%
		Falls	>90%	>85%	<85%	97%	96%	95%	94%	94%	96%	-	94%	97%		93%	94%	96%	96%	96%
		Infection control	>90%	>85%	<85%	97%	97%	97%	97%	96%	96%	-	97%	97%	Data not available prior to use of FOCUS IT					97%
		Meds	>90%	>85%	<85%	97%	97%	97%	96%	98%	96%	-	97%	97%		90%	94%	93%	94%	97%
		Nutritional	>90%	>85%	<85%	96%	94%	94%	98%	96%	95%	-	96%	96%		90%	82%	87%	86%	96%
		Observations	>90%	>85%	<85%	90%	92%	90%	91%	90%	90%	-	90%	93%		88%	90%	88%	87%	92%
		Pain	>90%	>85%	<85%	83%	85%	87%	88%	85%	89%	-	87%	91%		90%	86%	89%	88%	90%
		Privacy	>90%	>85%	<85%	99%	100%	99%	99%	100%	99%	-	99%	99%		95%	98%	95%	96%	99%
		Safeguarding	>90%	>85%	<85%	84%	83%	83%	85%	84%	81%	-	84%	86%	Data not available prior to use of FOCUS IT					
		Staff	>90%	>85%	<85%	96%	94%	94%	93%	90%	93%	-	92%	94%	Data not available prior to use of FOCUS IT					
		Tissue Viability	>90%	>85%	<85%	84%	86%	87%	87%	88%	89%	-	87%	84%		94%	94%	96%	94%	86%

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

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												0.00						
		Staff in Post	-	-	3586.54													0.00					
		Vacancies (Diff between Bud. Est. & SIP)	-	-	221.75													0.00					
		Turnover Rate (total leavers/SIP *100)	-	-	1.15%													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%												0.00						
		Sickness Absence (%) - Long Term	<1.50%	>1.50%	2.05%													0.00					
		Sickness Absence (%) - Total	<3.50%	>3.50%	4.70%													0.00					
		Absence Cost (£) - Total*	-	-	£411,305													0.00					
	Pay	Plan	-	-	£13,632,746																		
		Pay	-	-	£13,954,405																		
		Fixed Pay	-	-	£12,007,456																		
		Variable Pay	-	-	£1,946,950																		
	Maternity (WTE on maternity in month)	-	-	65.04													0.00						
	Staff Performance	AFC Rolling 12 month Appraisal completion rate	<79%	>71%	82.00%												0.00						
		Mandatory Training Completion	<98%	>88%	78.00%													0.00					