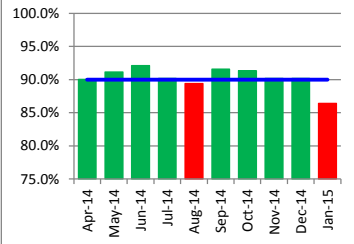


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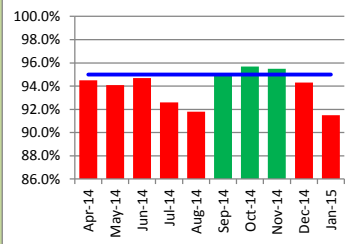
Monitor Compliance Framework

Referral to Treatment

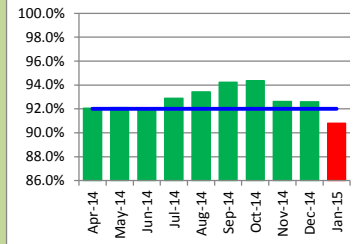
Admitted Patient Care



Non Admitted Patient Care

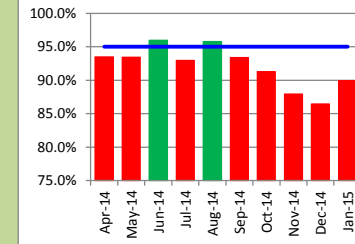


Incomplete Pathways



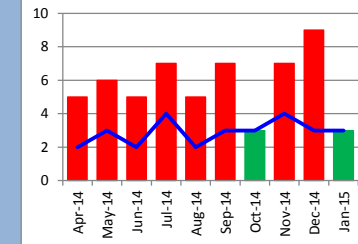
A&E Clinical Quality

SFH ED 4 Hour Wait



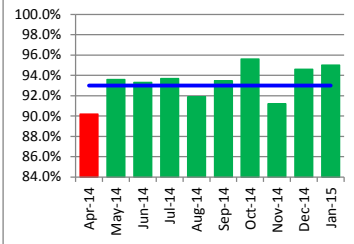
Infection Control

Clostridium Difficile

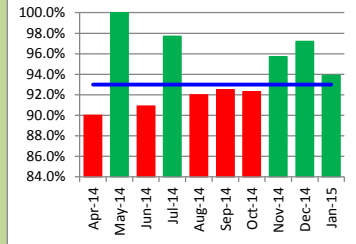


Cancer Waiting Times

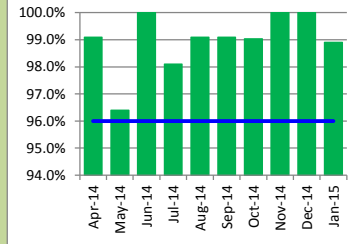
2 Week Wait: All Cancers



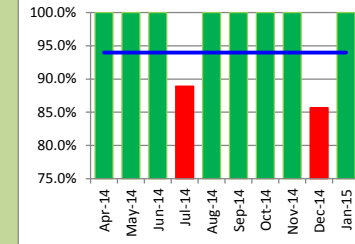
2 Week Wait: Breast Symptomatic



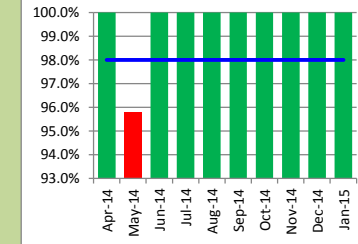
Diagnosis to First Treatment



Subsequent Treatment - Surgery



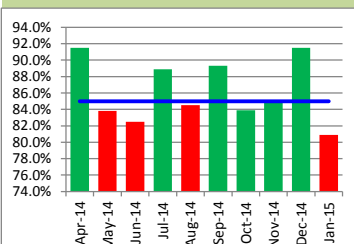
Subsequent Treatment - Drugs



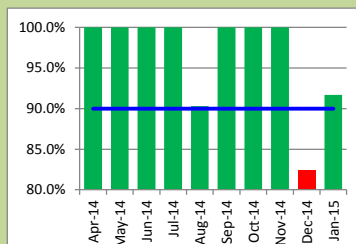
Cancer 31 Days Wait

Cancer 62 Day Wait

Urgent Referral to Treatment

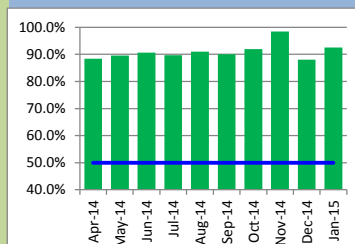


First Treatment Screening

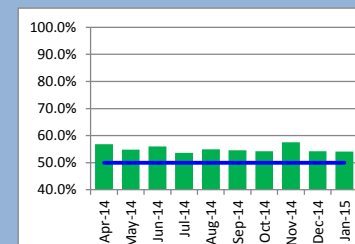


Community Data Completeness

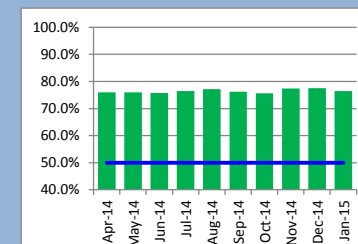
Referral to Treatment Information



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

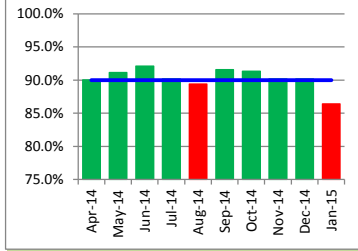
Qtr 3 14/15 - 3.0

Qtr 4 14/15 - 4.0

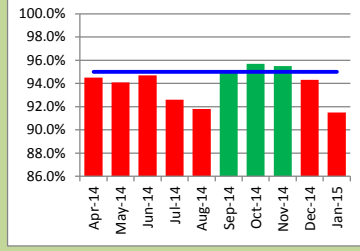
Integrated Performance Report: January 2015

Referral to Treatment

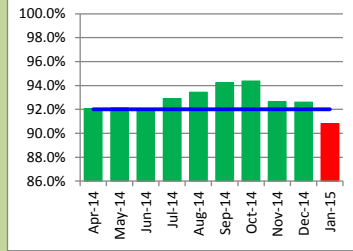
Admitted Patient Care ●



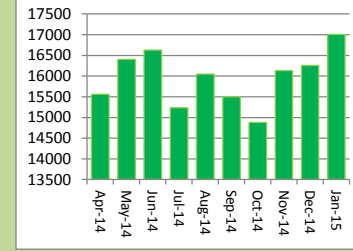
Non Admitted Patient Care ●



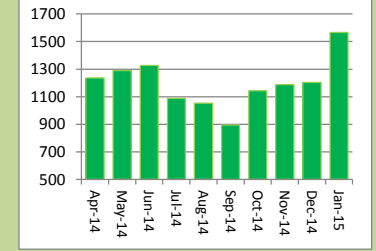
Incomplete Pathways ●



Total Patient on Incomplete Pathway

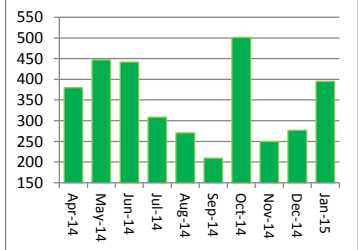


Waits over 18 Weeks (Incomplete)

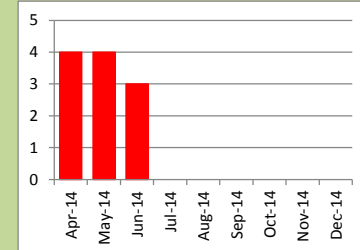


Referral To Treatment (Continued)

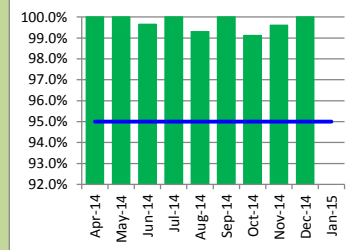
Waits over 26 Weeks (Incomplete)



Waits over 52 Weeks (Incomplete) ●

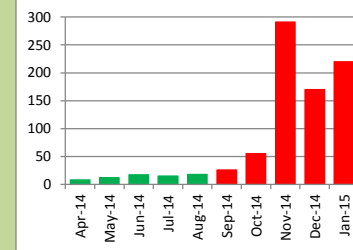


Non Admitted Patient Care Audiology ●

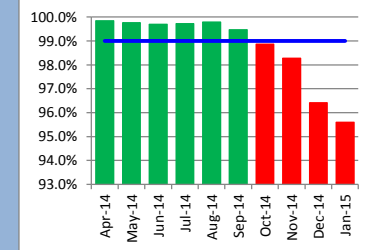


Diagnostic Waits

Patients Waiting Over 6 Weeks ●

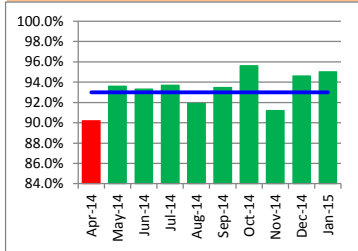


Patients Waiting Less than 6 Weeks ●

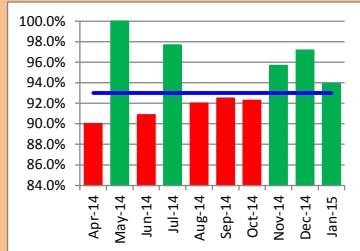


Cancer Waiting Times Compliance

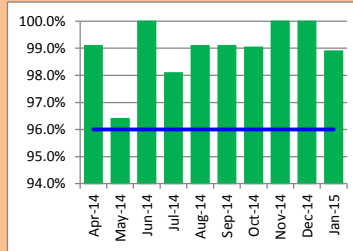
2 Week Wait: All Cancers ●



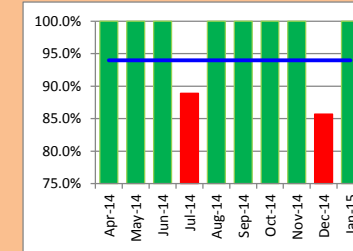
2 Week Wait: Breast Symptomatic ●



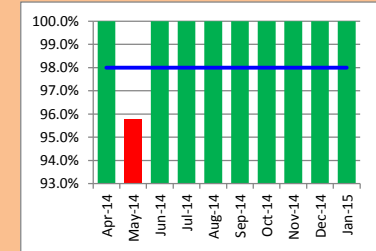
31 Day Diagnosis to First Treatment ●



31 Day Subsequent Treatment Surgery ●



31 Day Subsequent Treatment Drugs ●

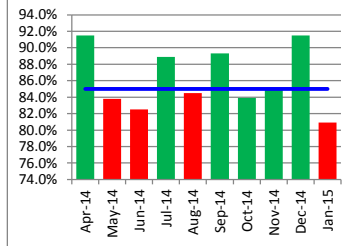


Operational

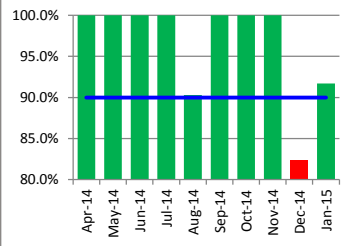
Integrated Performance Report: January 2015

Cancer Waiting Times Compliance (Continued)

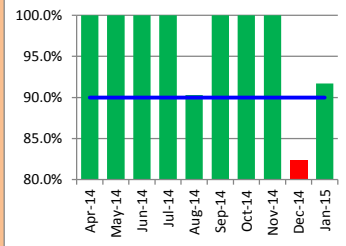
62 Day Urgent Referral to Treatment ●



62 Day First Treatment Screening ●

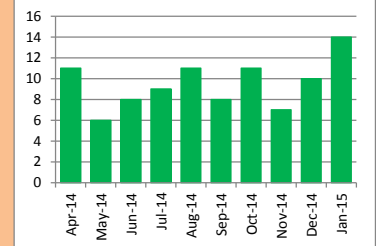


62 Day Consultant Upgrade ●



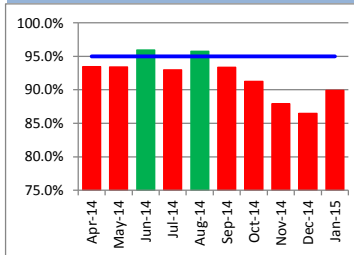
Total Patients Waiting

Patients Waiting Over 100 Days

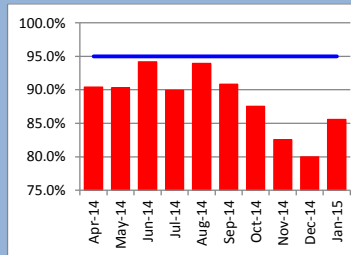


A&E Clinical Quality

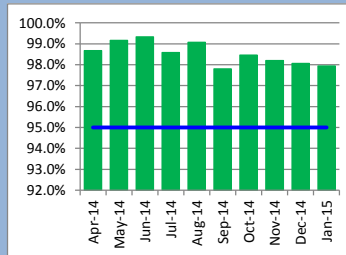
SFH ED 4 Hour Wait ●



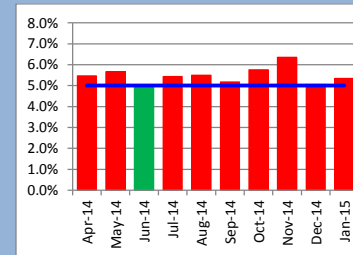
KMH ED 4 Hour Wait ●



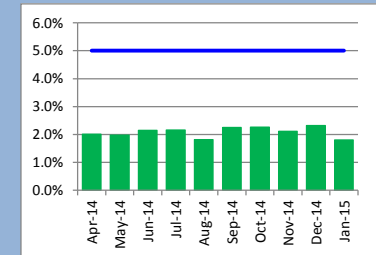
Newark ED 4 Hour Wait ●



7 Day Unplanned Re-attendance ●

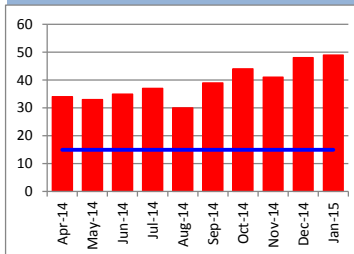


Left Without Being Seen ●

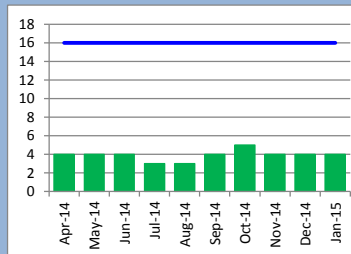


A&E Clinical Quality (Continued)

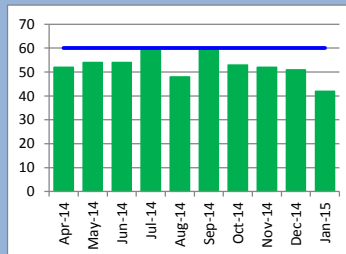
Time To Initial Assesment (mins) for Ambulance Patients 95th Percentile ●



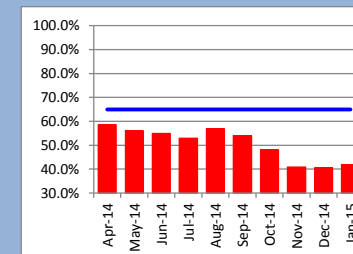
Median Time (Mins) to Initial Assessment for Ambulance Patients ●



Median Time (Mins) to Treatment All Patients ●



EMAS Ambulance Turnaround - Avg Clinical Handover Time within 15 mins ●

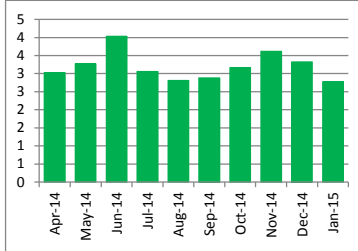


Operational

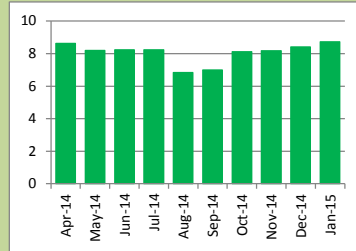
Integrated Performance Report: January 2015

Length of Stay (Days)

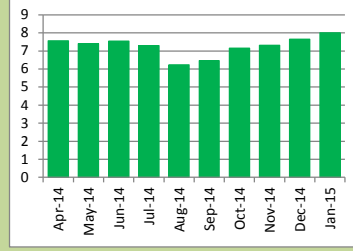
Elective Avg LoS exc Daycase based on spell discharge



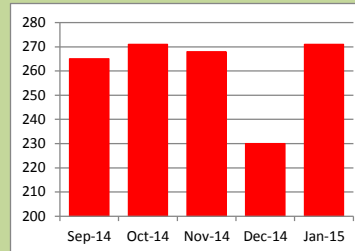
Non Elective Avg LoS exc zero based on spell discharge



Elective & Non Elective LoS exc zero based on spell discharge



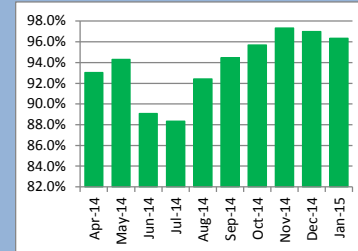
=>14 Day LoS monthly snapshot



*excludes maternity and non elective transfers

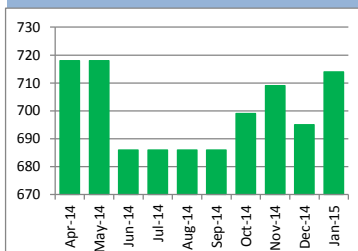
Bed Management

SFH G&A Bed Occupancy

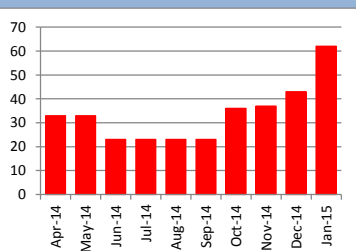


Bed Management (continued)

Total Number of Beds Open

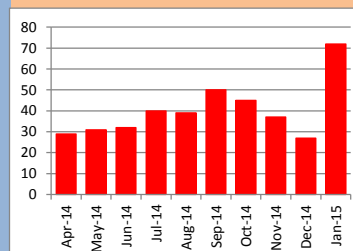


Escalation Beds Open (snapshot)

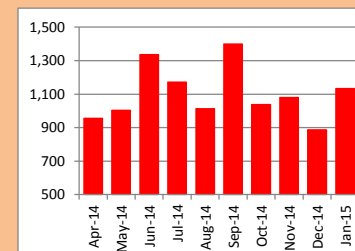


Delayed Transfers of Care

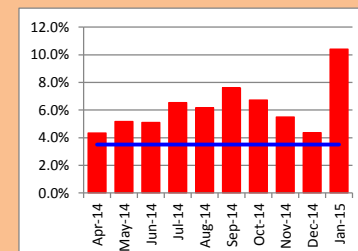
Number of Patients Fit for discharge but delayed (monthly snapshot)



Total Number of Delayed Discharge Occupied Bed Days

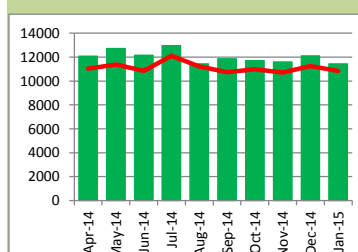


% of Delayed Discharges of Care

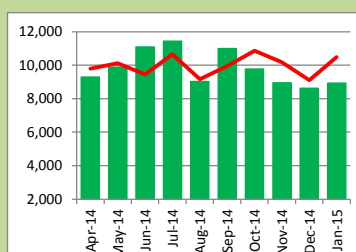


Monthly Activity against previous period

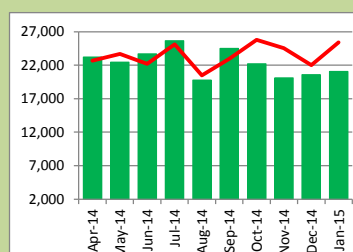
ED Attendances



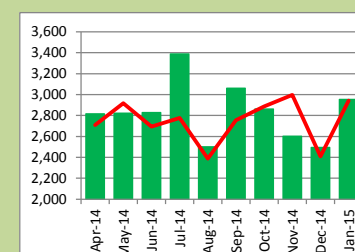
First Outpatient



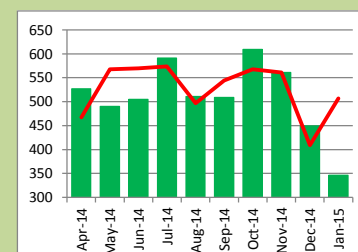
Follow Up Outpatient



Daycase



Elective Inpatients



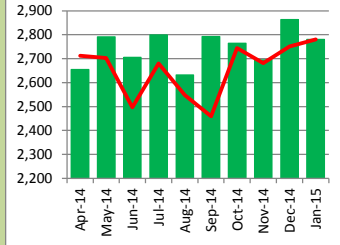
* based on discharges

Operational

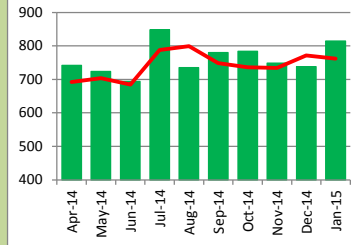
Integrated Performance Report: January 2015

Monthly Activity against previous period (continued)

Emergency



Other Emergency



* based on discharges

Variable Pay

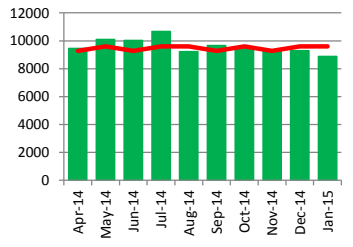
Total Monthly Variable Pay Spend

Clinical Monthly Variable Pay Spend

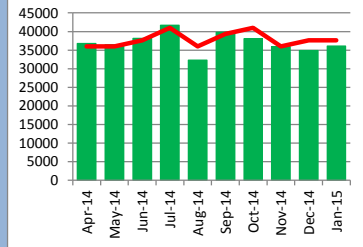
Other Monthly Variable Pay Spend

Contract Activity Actual V Plan

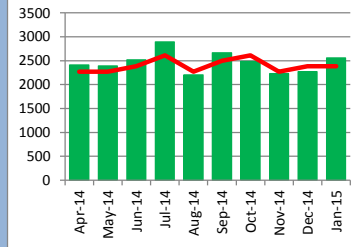
ED Attendances



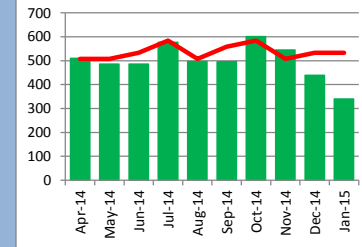
Outpatient



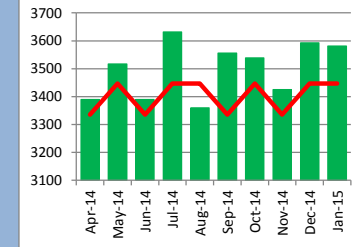
Daycase



Elective Inpatients



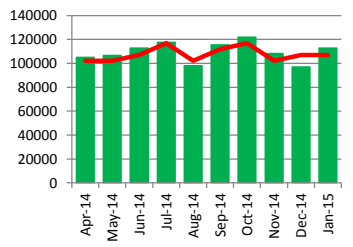
Non-Elective Inpatients



Operational

Contract Activity Actual V Plan (continued)

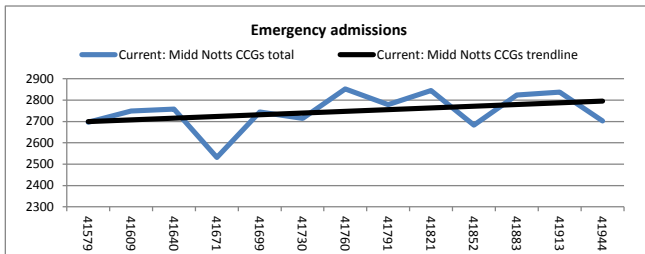
Others



Clinical Income and Expenditure

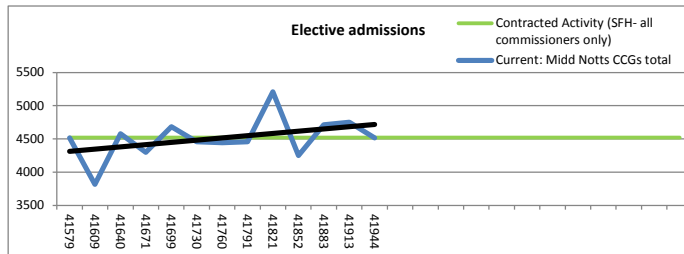
Integrated Performance Report: January 2015

Better Together Programme Level KPIs



Emergency Admissions - observations:

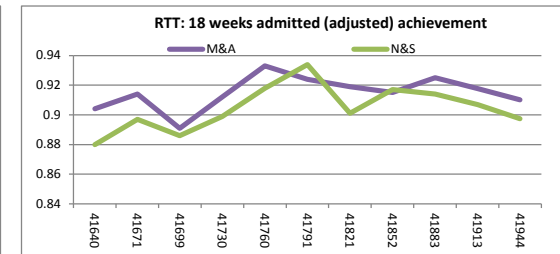
The chart above shows the detail of current Emergency Admissions data for the Mid Notts CCGs from November 2013 to November 2014, with a trendline showing a moderate increasing trend throughout the period. Emergency admissions data for Mid Notts CCGs: all providers



Emergency Admissions - observations:

The chart above shows the detail of current Elective Admissions data for the Mid Notts CCGs from November 2013 to November 2014, with a trendline showing a moderate increasing trend throughout the period.

The green line shows the activity that Sherwood Forest Hospitals- all commissioners have been contracted to provide

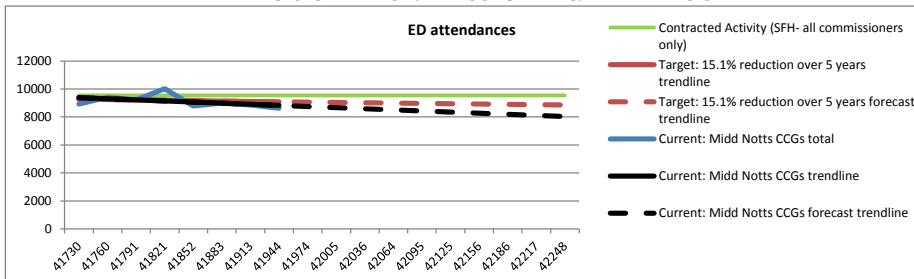


RTT Data - observations:

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

Better + Together

OBJECTIVE 1- 15.1% REDUCTION IN A&E ATTENDANCES



ED attendances observations:

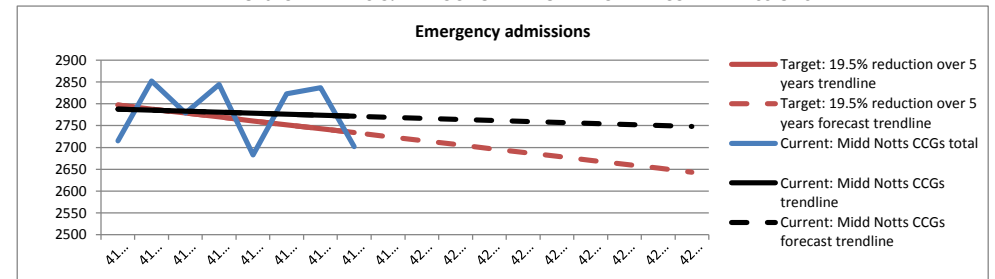
The chart above shows the detail of ED attendances data for the Mid Notts CCGs from April 2014 to November 2014 with an actual and a forecast trendline, showing the actual trend and future trajectory if this trend was to continue.

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 Mid Notts CCGs had a lower level of ED attendances (8627), in November, 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 November 2014 with an actual and a forecast trendline, showing the actual trend and future trajectory if this trend was to continue.

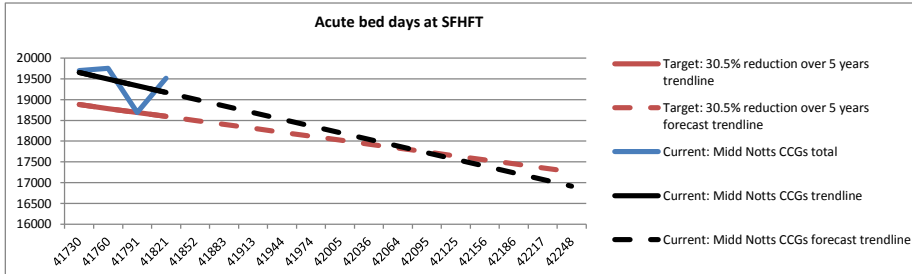
The red trendline indicates the trajectory of a fall in emergency admissions needed to achieve a 19.5% reduction over 5 years from the number of emergency admissions in June 2014.

As we can see the Mid Notts CCGs had a minor decreasing trajectory of emergency admissions compared to the moderate decreasing trajectory of the trendline needed in order to meet the reduction target, and so are likely to be above the target reduction in emergency admissions at the end of 5 years if this trend continues.

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Better Together Programme Level KPIs continued

OBJECTIVE 3 - 30.5% REDUCTION IN ACUTE BED DAYS



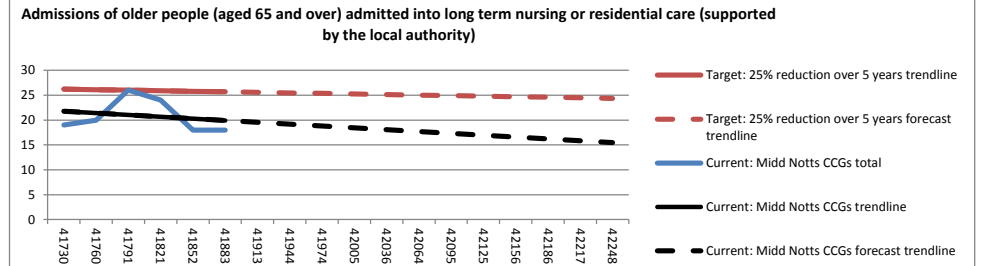
Acute bed days observations:

The chart above shows the detail of acute bed days data for the Mid Notts CCGs from April 2014 to July 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 acute bed days needed to achieve a 30.5% reduction over 5 years, from the number of acute bed days in June 2014.

As can be seen from the graph, the Midd Notts CCGs were above the target trendline but were set to converge on the target trendline by early 2015, due to a steeper falling trend, and so are on track to achieve the target reduction in acute bed days if the decreasing trend continues.

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



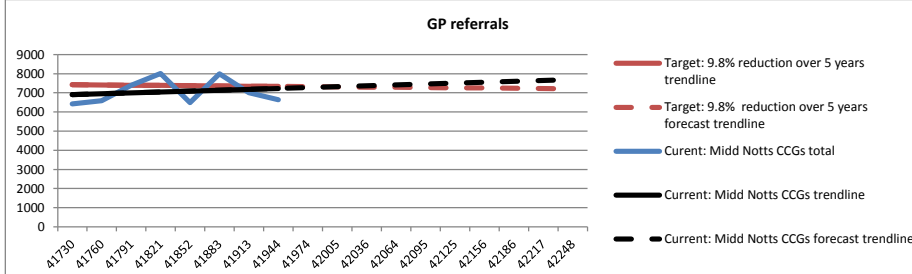
Admissions of older people admitted into long term nursing or residential care observations:

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 Midd 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



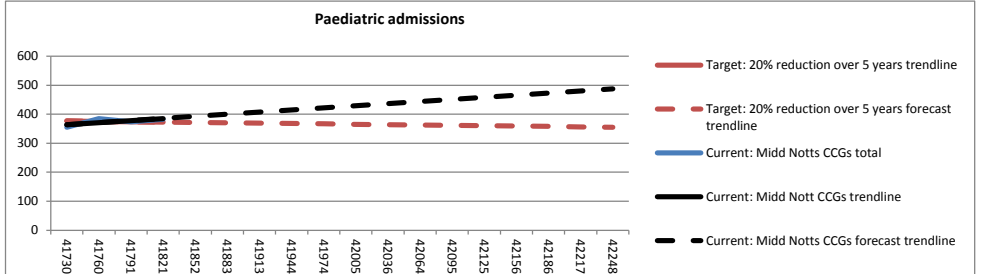
GP referrals observations:

The chart above shows the detail of GP referrals data for the Mid Notts CCGs from April 2014 to November 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 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 Midd Notts CCGs were on a slightly steeper increasing trend, compared to the relatively flat target trendline set to achieve the target reduction in GP referrals and so are likely to end up above the target reduction in referrals.

OBJECTIVE 6 - 20% REDUCTION IN PAEDIATRIC ADMISSIONS TO HOSPITAL



Paediatric admissions observations:

The chart above shows the number of spells of paediatric admissions for the Mid Notts CCGs from April 2014 to July 2014 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.

As can be seen from the graph, the Midd Notts CCGs were on a steeper increasing trend, compared to the relatively flat target trendline set to achieve the target