

TRUST KEY PERFORMANCE INDICATORS

Monitor compliance
April
2015

Ref.	MONITOR COMPLIANCE FRAMEWORK		Target	Apr-14	May-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	In month Change	Q1 2015/16	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15	Full Year 14/15
	Referral to Treatment:	Admitted Patient Care (90% of patients treated within 18 weeks)	>=90%	90.0%	91.1%	89.4%	91.6%	91.3%	90.2%	90.2%	86.4%	82.5%	79.0%	79.6%	↑	79.6%	91.1%	90.5%	90.6%	82.5%	88.9%
		Non Admitted Patient Care (95% of patients treated within 18 weeks)	>=95%	94.5%	94.1%	91.8%	95.0%	95.7%	95.5%	94.3%	91.5%	91.1%	90.7%	89.9%	↓	89.9%	94.4%	93.2%	95.2%	91.1%	93.4%
		Incomplete Pathways (92% of patients complete pathway within 18 weeks)	>=92%	92.1%	92.1%	93.4%	94.2%	94.4%	92.6%	92.6%	90.8%	89.8%	89.4%	90.2%	↑	90.17% Apr 15 snapshot position	92.0% Jun 14 Snapshot position	94.2% Sep 14 Snapshot position	92.6% Dec 14 Snapshot position	89.4% Mar 15 Snapshot position	89.4% Mar 15 Snapshot position
A&E Clinical Quality: Total Time in A&E Dept	SFHFT (% <4 hour wait)	>=95%	93.48%	93.42%	95.78%	93.37%	91.26%	87.92%	86.46%	89.94%	90.45%	96.36%	97.48%	↑	97.48%	94.27%	93.99%	88.52%	92.43%	92.33%	
	Kings Mill (% <4 hour wait)	>=95%	90.42%	90.32%	93.96%	90.82%	87.54%	82.54%	80.00%	85.56%	86.31%	95.09%	96.81%	↑	96.81%	91.65%	91.48%	83.37%	89.23%	88.98%	
	Newark (% <4 hour wait)	>=95%	98.68%	99.17%	99.07%	97.80%	98.46%	98.20%	98.06%	97.94%	98.54%	98.66%	98.85%	↑	98.85%	99.07%	98.49%	98.24%	98.39%	98.56%	
Cancer	2 week wait: All Cancers	>=93%	90.2%	93.6%	91.9%	93.5%	95.6%	91.2%	94.6%	94.9%	96.1%	93.5%	(91.7%)	↓	(93.6%)	92.3%	93.0%	93.8%	94.7%	93.5%	
	2 week wait: Breast Symptomatic	>=93%	90.0%	100.0%	92.0%	92.5%	92.3%	95.7%	97.2%	95.2%	96.6%	100.0%	(91.2%)	↓	(96.0%)	93.6%	94.4%	95.3%	97.1%	95.1%	
	31 day wait: from diagnosis to first treatment	>=96%	99.1%	96.4%	99.1%	99.1%	99.0%	100.0%	100.0%	97.5%	99.0%	99.1%	(97.6%)	↓	(99.3%)	98.6%	98.8%	99.7%	98.5%	98.9%	
	31 day wait: for subsequent treatment - surgery	>=94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	85.7%	100.0%	100.0%	100.0%	(100.0%)	↔	(100.0%)	100.0%	96.2%	95.8%	100.0%	97.8%	
	31 day wait: for subsequent treatment - drugs	>=98%	100.0%	95.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	(100.0%)	↔	(100.0%)	98.9%	100.0%	100.0%	100.0%	99.7%	
	62 day wait: urgent referral to treatment	>=85%	91.5%	83.8%	84.5%	89.3%	83.9%	85.0%	91.5%	85.3%	75.0%	87.4%	(87.0%)	↓	(91.3%)	85.9%	87.9%	87.1%	83.3%	86.0%	
	62 day wait: for first treatment - screening	>=90%	100.0%	100.0%	90.3%	100.0%	100.0%	100.0%	82.4%	92.3%	87.5%	100.0%	(100.0%)	↔	(100.0%)	100.0%	94.8%	93.3%	94.1%	95.7%	
Data Completeness:	Community Referral to Treatment information	>=50%	88.4%	89.6%	91.0%	90.1%	92.0%	98.4%	88.1%	92.5%	94.8%	95.9%	96.1%	↑	96.1%	89.5%	90.2%	92.8%	94.4%	92.0%	
	Community Referral information	>=50%	56.8%	54.8%	54.9%	54.6%	54.2%	57.5%	54.2%	54.1%	53.4%	53.7%	53.4%	↓	53.4%	55.9%	54.4%	55.3%	53.7%	54.8%	
	Community Treatment activity - and care contact	>=50%	76.0%	76.0%	77.2%	76.2%	75.6%	77.4%	77.5%	76.5%	78.0%	78.2%	77.0%	↓	77.0%	75.9%	76.6%	76.9%	77.5%	76.8%	
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	0/0	0/0	0/0	
	Clostridium Difficile Infections (No. of cases attributed to Trust)	2	5	6	5	7	3	7	9	3	6	4	4	↔	4/12	16/9	19/9	19/10	13/9	67/37	
Access to Healthcare for people with learning disabilities	Compliance	Compliant													↔						
CQC Compliance	compliance points relative to site visits	0													↔						
Monitor Compliance Points																2.0	4.0	4.0	2.0	5.0	-
Governance Risk Rating (GRR)																Red	Red	Red	Red	Red	-

Ref	CONTRACTUAL PERFORMANCE METRICS	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	In month change	Q1 2015/16	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15	Full Year 2014/15
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%	87.92%	86.46%	89.94%	90.45%	96.36%	97.48%	↑	97.48%	94.27%	93.99%	88.52%	92.43%	92.33%
	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%	6.35%	5.06%	5.34%	5.37%	5.43%	5.12%	↑	5.12%	5.36%	5.37%	5.71%	5.38%	5.45%
	Left without being seen rate	<=5%	2.01%	1.97%	2.15%	2.16%	1.81%	2.26%	2.26%	2.11%	2.32%	1.80%	1.81%	1.79%	1.84%	↓	1.84%	2.05%	2.08%	2.23%	1.80%	2.04%
	Time to Initial Assessment for patients arriving by emergency ambulance (95th percentile - Mins)	<=15	34	33	35	37	30	39	44	41	48	49	47	37	33	↑	33	34	36	44	45	40
	Time to Initial Assessment for patients arriving by emergency ambulance (Median Minutes)	<=16	4	4	4	3	3	4	5	4	4	4	3	4	2	↑	2	4	3	4	4	4
	Time to Treatment (Median minutes wait from arrival to treatment)	<=60	52	54	54	60	48	60	53	52	51	42	47	47	44	↑	44	53	56	52	45	52
Ambulance Turnaround Times	Average Clinical Handover Time (%)	>=65%	58.48%	55.97%	54.93%	52.94%	56.9%	53.9%	48.0%	40.9%	40.5%	41.7%	38.0%	48.4%	49.2%	↑	49.20%	56.5%	54.6%	43.0%	42.7%	49.0%
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%	5.5%	4.4%	10.4%	8.6%	0.2%	Data Unavailable			4.9%	6.8%	5.6%	6.4%	5.9%
Cancelled Operations:	% Of elective admissions	<=0.8%	0.8%	0.7%	0.6%	1.0%	0.5%	0.8%	0.8%	0.6%	1.1%	0.6%	0.6%	0.7%	0.4%	↑	0.4%	0.7%	0.8%	0.9%	0.6%	0.7%
	% Breached 28 day guarantee	<=5%	3.9%	8.0%	4.6%	4.9%	0.0%	10.3%	0.0%	0.0%	2.9%	0.0%	0.0%	0.0%	0.0%	↔	0.0%	5.5%	5.8%	1.2%	0.0%	3.3%
Diagnostic waiting times <6weeks	%	>=99%	99.9%	99.8%	99.7%	99.7%	99.8%	99.5%	98.9%	98.3%	96.4%	95.6%	97.3%	96.4%	97.3%	↑	-	-	-	-	-	-
SUS data:	% uncoded within 5 days of month end	<20%	22.8%	24.7%	33.0%	27.7%	11.8%	7.4%	6.3%	10.0%	11.6%	16.2%	13.0%	18.9%	10.1%	↑	-	-	-	-	-	-
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%	90.2%	90.2%	86.4%	82.5%	79.0%	79.6%	↓	79.6%	91.1%	90.5%	90.6%	82.5%	88.9%
	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%	95.5%	94.3%	91.5%	91.1%	90.7%	89.9%	↓	89.9%	94.4%	93.2%	95.2%	91.1%	93.4%
	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%	92.6%	92.6%	90.8%	89.8%	89.4%	91.2%	↑	-	-	-	-	-	-
	18week RTT for direct access audiology completed pathways (treated)	>=95%	100.0%	100.0%	99.7%	100.0%	99.3%	100.0%	99.1%	99.6%	100.0%	99.6%	98.9%	100.0%	98.8%	↓	98.8%	99.9%	99.8%	99.8%	99.5%	99.7%
	Patients on an Incomplete Pathway waiting 52 weeks & Over	0	4	4	3	0	0	0	0	0	0	0	0	0	0	↔	-	-	-	-	-	-
Cancer	2 week wait: All Cancers	>=93%	90.2%	93.6%	93.3%	93.7%	91.9%	93.5%	95.6%	91.2%	94.6%	94.9%	96.1%	93.5%	(91.7%)	↓	(93.6%)	92.3%	93.0%	93.8%	94.7%	93.5%
	2 week wait: Breast Symptomatic	>=93%	90.0%	100.0%	90.9%	97.7%	92.0%	92.5%	92.3%	95.7%	97.2%	95.2%	96.6%	100.0%	(91.2%)	↓	(96.0%)	93.6%	94.4%	95.3%	97.1%	95.1%
	31 day wait: from diagnosis to first treatment	>=96%	99.1%	96.4%	100.0%	98.1%	99.1%	99.1%	99.0%	100.0%	100.0%	97.5%	99.0%	99.1%	(97.6%)	↓	(99.3%)	98.6%	98.8%	99.7%	98.5%	98.9%
	31 day wait: for subsequent treatment - surgery	>=94%	100.0%	100.0%	100.0%	88.9%	100.0%	100.0%	100.0%	100.0%	85.7%	100.0%	100.0%	100.0%	(100.0%)	↔	(100.0%)	100.0%	96.2%	95.8%	100.0%	97.8%
	31 day wait: for subsequent treatment - drugs	>=98%	100.0%	95.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	(100.0%)	↔	(100.0%)	98.9%	100.0%	100.0%	100.0%	99.7%
	62 day wait: urgent referral to treatment	>=85%	91.5%	83.8%	82.5%	88.9%	84.5%	89.3%	83.9%	85.0%	91.5%	85.3%	75.0%	87.4%	(87.0%)	↓	(91.3%)	85.9%	87.9%	87.1%	83.3%	86.0%
	62 day wait: for first treatment - screening	>=90%	100.0%	100.0%	100.0%	100.0%	90.3%	100.0%	100.0%	100.0%	82.4%	92.3%	87.5%	100.0%	(100.0%)	↔	(100.0%)	100.0%	94.8%	93.3%	94.1%	95.7%
	62 day wait: consultant upgrade	>=91%	66.7%	62.5%	100.0%	100.0%	100.0%	87.5%	100.0%	100.0%	100.0%	90.9%	92.9%	100.0%	(100.0%)	↔	(100.0%)	83.3%	92.9%	100.0%	95.6%	93.0%
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	0/0	0/0	0/0	0/0
	Clostridium Difficile Infections (No. of cases attributed to Trust)	2	5	6	5	7	5	7	3	7	9	3	6	4	4	↔	4/12	16/9	19/9	19/10	13/9	67/37

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
April 2015

Ref.	QUALITY & SAFETY METRICS	Target			Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	In month change	Q4 2014/14	Q3 2014/15	Q2 2014/15	Q1 2014/15	Q4 2013/14	
		G	A	R																				
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%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (<1%)	↓	0	0	1	3	9
	Severe harm	0%	-	0%	0 (0%)	0 (0%)	2 (<1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	3 (0%)	1 (0%)	0 (0%)	↑	4	0	0	2	12	
	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%)	28 (4.3%)	31 (6.1%)	1 (1.7%)	27 (4.38%)	26 (4.6%)	17 (3.2%)	↔	54	80	53	112	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%)	189 (28.7%)	120 (23.7%)	7 (12.0%)	115 (18.66%)	120 (21.5%)	88 (16.9%)	↔	242	461	492	721	679	
	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%)	447 (67.9%)	354 (70.09%)	50 (86.2%)	471 (76.46%)	411 (73.6%)	412 (79.5%)	↔	932	1360	1417	1964	1807	
Never Event (number of reported events)		0	-	>0	0	0	0	0	0	0	0	0	0	0	0	0	0	↔	0	0	0	0	0	
Serious Incidents (reported externally to CCG)		<21	21-27	>28	12	9	9	6	9	7	8	4	5	5	6	7	6	↔	18	17	22	30	25	
Infection Prevention Control:	MSSA Bacteraemia (No. of hospital acquired cases)	0	0	2.5	0	0	2	0	1	0	2	0	2	0	2	3	1	↑	5	0	1	2	4	
	E Coli bacteraemia (No. of Hospital acquired cases)	0	2	4	8	2	4	7	5	3	4	4	3	9	6	4	2	↑	19	11	15	14	7	
	E. Coli Urinary Catheter Associated Bacteraemia (No. of hospital acquired cases)	0	0	12	3	0	0	1	1	0	1	1	0	3	0	0	4	↓	3	3	2	3	1	
	Other Urinary Catheter Associated Bacteraemia (No. of hospital acquired cases)	0	0	1	4	4	0	5	1	0	1	0	0	0	0	1	4	↓	1	1	6	8	0	
	Surgical Site Infections (Total Knee Replacement surgery)	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	↔	0	0	1	0	0	
	Surgical Site Infections (Total Hip Replacement surgery)	0	0	1	0	0	1	0	1	0	0	0	0	1	0	0	0	↔	1	0	1	1	0	
Slips, trips and falls	Total number of Inpatient Falls	-	-	-	186	160	131	152	132	148	197	174	193	217	169	182	150	↓	568	564	432	477	569	
	Falls rate per 1000 occupied bed days	-	-	-	8.63	7.33	6.38	6.94	6.18	6.93	9.31	8.09	8.78	9.54	5.31	8.52	7.43	↓	7.79	8.73	6.68	7.45	9.30	
	Number of Inpatient Falls resulting in harm	-	-	-	33	35	45	53	36	28	45	44	29	30	37	38	30	↓	105	118	117	113	108	
	Falls rate per 1000 occupied bed days resulting in harm	-	-	-	1.53	1.60	2.19	2.42	1.64	1.30	1.76	2.12	1.34	0.80	1.33	1.82	1.36	↓	1.32	1.74	1.79	1.77	1.66	
Pressure Ulcer (post admission/avoidable)	Grade 2	<5	>=5<=10	>10	5	10	12	8	9	2	6	3	0	2	3	3	1	↔	8	9	19	27	21	
	Grade 3	<2	>=2<=4	>4	2	0	0	0	0	0	0	0	0	2	2	1	0	↑	5	0	0	2	2	
	Grade 4	0	-	>=1	0	0	0	0	0	0	0	0	0	0	0	0	0	↔	0	0	0	0	0	
Medication related incidents	Total Number of medication errors resulting in any harm	-	-	-	11	19	42	20	10	25	6	11	13	8	5	1	7	↓	14	30	55	72	28	
	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	0.31	0.53	0.57	0.40	0.25	0.43	0.00		0.36	0.31	0.85	1.14	0.17	
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	3.0	3.0	4.9	3.9	3.5	3.1	↑	4.1	2.6	1.3	1.6	1.8	
Eliminating Same Sex Accommodation Breaches (No of breaches)		0	-	>=1	0	0	0	0	0	0	0	0	0	0	0	0	0	↔	0	0	0	0	0	
Complaints	No of complaints received in month				29	29	33	28	26	49	41	39	33	38	30	25	13	↑	93	113	103	91	123	
	% against activity complaints received in month	<=0.10%	0.11% - 0.19%	>=0.20%	0.07%	0.07%	0.13%	0.06%	0.07%	0.11%	0.10%	0.10%	0.08%	0.09%	0.08%	0.06%	0.03%	↓	0.08%	0.09%	0.08%	0.09%	0.10%	
	(Acknowledgement)	>=96%	81-95%	<=80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	↔	100%	100%	100%	100%	100%	
PALS	Compliments	-	-	-	153	125	111	170	154	123	138	61	136	84	80	126	86	↓	290	335	447	389	271	
	Concerns - volume received				163	222	238	303	330	341	455	362	274	391	191	272	258	↓	854	817	974	623	605	
	Concerns - % against activity	<=0.10%	0.11% - 0.19%	>=0.20%	0.40%	0.54%	0.55%	0.57%	0.88%	0.77%	1.06%	0.90%	0.70%	0.97%	0.49%	0.62%	0.60%	↓	0.69%	0.89%	0.73%	0.50%	0.48%	
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	4.6	4.6	4.6	4.64	4.59	Data unavailable	↔	4.6	4.7	4.7	4.7	4.6	
Midwife to birth ratio		1.28	1.30	>1:30	0.00	0.00	1.30	0.00	0.00	1.30	1.30	1.30	1.30	1.30	1.30	1.30	1.30	↔	1.30	1.30	1.30	1.30	1.27	
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%	79%	79%	79%	84%	↑	79%	79%	79%	79%	72%	
Nursing Metrics:	Continence Assessment	>90%	>85%	<85%	87%	90%	94%	90%	93%	93%	92%	93%	92%	92%	93%	93%	93%	↔	93%	92%	92%	90%	86%	
	Dementia	>90%	>85%	<85%	75%	96%	97%	94%	95%	96%	85%	87%	84%	96%	88%	97%	93%	↓	94%	85%	95%	89%	79%	
	Falls	>90%	>85%	<85%	96%	97%	96%	94%	95%	93%	94%	93%	96%	95%	94%	95%	90%	↓	95%	94%	94%	96%	94%	
	Infection control	>90%	>85%	<85%	96%	97%	98%	98%	95%	96%	95%	97%	97%	65%	96%	76%	78%	↑	79%	96%	96%	97%	97%	
	Meds	>90%	>85%	<85%	96%	96%	97%	96%	97%	97%	94%	94%	96%	97%	97%	96%	97%	↑	97%	95%	97%	96%	97%	
	Nutritional	>90%	>85%	<85%	95%	95%	98%	93%	93%	96%	93%	93%	94%	95%	95%	95%	96%	↑	95%	93%	94%	96%	96%	
	Observations	>90%	>85%	<85%	90%	95%	97%	94%	95%	97%	96%	95%	95%	97%	94%	99%	98%	↓	97%	95%	95%	94%	90%	
	Pain	>90%	>85%	<85%	89%	94%	91%	89%	89%	91%	86%	90%	86%	94%	90%	94%	95%	↑	93%	87%	90%	91%	87%	
	Privacy	>90%	>85%	<85%	99%	99%	100%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	↔	99%	99%	99%	99%	99%	
	Safeguarding	>90%	>85%	<85%	81%	86%	88%	82%	87%	82%	83%	85%	88%	79%	84%	90%	87%	↓	84%	85%	84%	85%	84%	
	Staff	>90%	>85%	<85%	93%	95%	94%	91%	93%	96%	93%	93%	94%	92%	92%	89%	95%	↑	91%	93%	92%	94%	92%	
	Tissue Viability	>90%	>85%	<85%	89%	91%	91%	82%	88%	88%	88%	88%	88%	92%	92%	92%	92%	↔	92%	88%	86%	90%	87%	

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

