## Sherwood Forest Hospitals

TRUST KEY PERFORMANCE INDICATORS Monitor compliance December 2014

ef.				Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	In month Change	Q1 2014/15	Q2 2014/15	Q3 2014/15	YTD 14/15	Q4 2013/14	2013/14	Trust Data Quality Kite Mark
		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%	₽	91.1%	90.5%	90.6%	90.7%	88.0%	92.4%	Subjected to Internal // Stendard / Stendards
Referral to		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%	Û	94.4%	93.2%	95.2%	94.2%	94.2%	94.9%	Audit Proceedures Descentions of Complexity Out availability Complexities of Complexity/
		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%	¢	92.0% Jun 14 Snapshot position	94.2% Sep 14 Snapshot position	92.6% Dec 14 Snapshot position	-	92.4% Mar 14 Snapshot position	-	Received and the second
	:	SFHFT (% <4 hour wait)	>=95%	93.48%	93.42%	95.96%	92.97%	95.78%	93.37%	91.26%	87.92%	86.46%	Û	94.27%	93.99%	88.52%	92.30%	93.54%	95.66%	
A&E Clinica Total Time	cal Quality: e in A&E Dept	Kings Mill (% <4 hour wait)	>=95%	90.42%	90.32%	94.20%	89.93%	93.96%	90.82%	87.54%	82.54%	80.00%	Û	91.65%	91.48%	83.37%	88.90%	90.76%	94.00%	
		Newark (% <4 hour wait)	>=95%	98.68%	99.17%	99.34%	98.58%	99.07%	97.80%	98.46%	98.20%	98.06%	Û	99.07%	98.49%	98.24%	98.61%	98.93%	98.83%	
		2 week wait: All Cancers	>=93%	90.2%	93.6%	93.3%	93.7%	91.9%	93.5%	95.6%	91.2%	(93.6%)	Û	92.3%	93.0%	(93.5%)	(93.3%)	96.0%	94.8%	
		2 week wait: Breast Symptomatic	>=93%	90.0%	100.0%	90.9%	97.7%	92.0%	92.5%	92.3%	95.7%	(100.0%)	Û	93.6%	94.4%	(96.5%)	(95.9%)	94.0%	95.0%	
		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%)	Û	98.6%	98.8%	(99.7%)	(99.2%)	99.4%	99.7%	Subjected to Internal / Standard
Cancer		31 day wait: for subsequent treatment - surgery	>=94%	100.0%	100.0%	100.0%	88.9%	100.0%	100.0%	100.0%	100.0%	(88.9%)	Û	100.0%	96.2%	(95.8%)	(98.0%)	100.0%	99.1%	Benchmarking seatability completeness
		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%)	¢	98.9%	100.0%	(100.0%)	(99.7%)	98.0%	99.4%	Reports are evolution for the second the second sec
		62 day wait: urgent referral to treatment	>=85%	91.5%	83.8%	82.5%	88.9%	84.5%	89.3%	83.9%	85.0%	(88.8%)	Û	85.9%	87.9%	(85.9%)	(88.6%)	86.4%	89.1%	
		62 day wait: for first treatment - screening	>=90%	100.0%	100.0%	100.0%	100.0%	90.3%	100.0%	100.0%	100.0%	(83.3%)	Û	100.0%	94.8%	(93.5%)	(97.0%)	94.1%	98.8%	
		Community Referral to Treatment information	>=50%	88.4%	89.6%	90.6%	89.7%	91.0%	90.1%	92.0%	98.4%	88.1%	Û	89.5%	90.2%	92.82%	91.0%	89.2%	86.3%	
Data Comp	pleteness:	Community Referral information	>=50%	56.8%	54.8%	56.0%	53.7%	54.9%	54.6%	54.2%	57.5%	54.2%	Û	55.9%	54.4%	55.30%	55.2%	54.5%	54.2%	
		Community Treatment activity - and care contact	>=50%	76.0%	76.0%	75.8%	76.5%	77.2%	76.2%	75.6%	77.4%	77.5%	Û	75.9%	76.6%	76.89%	76.5%	76.1%	76.4%	
Infection P		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	3/0	
		Clostridium Difficile Infections (No. of cases attributed to Trust)	2	5	6	5	7	5	7	3	7	9	Û	16/9	19/9	19/10	54/37	8/6	36/25	
Access to H	Healthcare for people v	with learning disabilities	Compliance					Compliant					€							
CQC Comp	pliance	compliance points relative to site visits	0										€							
Monitor Co	Compliance Points													4.0	4.0	3.0		4.0		
Governance Risk Rating (GRR)												rod	rod		RED	RED				

TRUST KEY PERFORMANCE INDICATORS

Acute Contract Performance December 2014

# Sherwood Forest Hospitals



Ref	CONTRAC	TUAL PERFORMANCE METRICS	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	In month change	Q1 2014/15	Q2 2014/15	Q3 2014/15	YTD 2014/15	Q4 2013/14	Full Year 2013/14
		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%	Û	94.27%	93.99%	88.52%	92.30%	93.54%	95.66%
		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%	Û	5.36%	5.37%	5.71%	5.48%	5.22%	5.36%
		Left without being seen rate	<=5%	2.01%	1.97%	2.15%	2.16%	1.81%	2.26%	2.26%	2.11%	2.32%	û	2.05%	2.08%	2.23%	2.12%	1.84%	1.74%
	A&E Clinical Quality:	Time to Initial Assessment for patients arriving by emergency ambulance (95th percentile - Mins)	<=15	34	33	35	37	30	39	44	41	48	Û	34	36	44	38	31	29
		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	4	5	4
		Time to Treatment (Median minutes wait from arrival to treatment)	<=60	52	54	54	60	48	60	53	52	51	Û	53	56	52	54	53	49
	Ambulance Turnaround Times	Average Clinical Handover Time (%)	>=65%	58.48%	55.97%	54.93%	52.94%	56.92%	53.94%	48.00%	40.85%	40.50%	û	56.48%	54.57%	43.02%	51.19%	60.32%	61.18%
	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%	Û	4.9%	6.8%	5.56%	5.7%	4.9%	5.0%
	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%	û	0.7%	0.8%	0.9%	0.8%	1.0%	0.7%
	Cancelled Operations:	% Breached 28 day guarantee	<=5%	3.9%	8.0%	4.6%	4.9%	0.0%	10.3%	0.0%	0.0%	2.9%	û	5.5%	5.8%	1.2%	4.1%	1.0%	1.1%
	Diagnostic waiting times <6weeks	%	>=99%	99.9%	99.8%	99.7%	99.7%	99.8%	99.5%	98.9%	98.3%	96.4%	û	-	-	-	-	-	-
	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%	û	-	-	-	-	-	-
		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%	¢	91.1%	90.5%	90.6%	90.7%	88.0%	92.4%
		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%	û	94.4%	93.2%	95.2%	94.2%	94.2%	94.9%
	Referral to Treatment:	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%	ŧ	-	-	-	-	-	-
		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%	Û	99.9%	99.8%	99.8%	99.8%	99.7%	99.7%
		Patients on an Incomplete Pathway waiting 52 weeks & Over	0	4	4	3	0	0	0	0	0	0	¢	-	-	-	-	-	-
		2 week wait: All Cancers	>=93%	90.2%	93.6%	93.3%	93.7%	91.9%	93.5%	95.6%	91.2%	(93.6%)	Û	92.3%	93.0%	(93.5%)	(93.3%)	96.0%	94.8%
		2 week wait: Breast Symptomatic	>=93%	90.0%	100.0%	90.9%	97.7%	92.0%	92.5%	92.3%	95.7%	(100.0%)	Û	93.6%	94.4%	(96.5%)	(95.9%)	94.0%	95.0%
		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%)	⇔	98.6%	98.8%	(99.7%)	(99.2%)	99.4%	99.7%
		31 day wait: for subsequent treatment - surgery	>=94%	100.0%	100.0%	100.0%	88.9%	100.0%	100.0%	100.0%	100.0%	(88.9%)	û	100.0%	96.2%	(95.8%)	(98.0%)	100.0%	99.1%
	Cancer	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%)	¢	98.9%	100.0%	(100.0%)	(99.7%)	98.0%	99.4%
		62 day wait: urgent referral to treatment	>=85%	91.5%	83.8%	82.5%	88.9%	84.5%	89.3%	83.9%	85.0%	(88.8%)	Û	85.9%	87.9%	(85.9%)	(88.6%)	86.4%	89.1%
		62 day wait: for first treatment - screening	>=90%	100.0%	100.0%	100.0%	100.0%	90.3%	100.0%	100.0%	100.0%	(83.3%)	û	100.0%	94.8%	(93.5%)	(97.0%)	94.1%	98.8%
		62 day wait: consultant upgrade	>=91%	66.7%	62.5%	100.0%	100.0%	100.0%	87.5%	100.0%	100.0%	(100.0%)	¢	83.3%	92.9%	(100.0%)	(92.0%)	95.7%	98.5%
	Infection Prevention	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	3/0
	Control:	Clostridium Difficile Infections (No. of cases attributed to Trust)	2	5	6	5	7	5	7	3	7	9	û	16/9	19/9	19/10	54/37	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 December 2014

## Sherwood Forest Hospitals



f.		QUALITY & SAFETY METRICS	G	Target A	R	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	In month change	Q3 2014/15	Q2 2014/15	Q1 2014/15	Q4 2013/14	Q3 2013/14	Q2 2013,
ł	HSMR		<=100	-	>100										N/A						
		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	1	3	9	9	3
		Severe harm	0%	-	0%	0 (0%)	0 (0%)	2 (<1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	\$	0	0	2	12	23	5
	Patient Incidents (Datix reported)	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%)	Û	49	53	112	165	166	1:
	,	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%)	Û	341	492	721	679	785	3
		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%)	Û	1006	1417	1964	1807	1648	14
ſ	Never Event (number of re	ported events)	0	-	>0	0	0	0	0	0	0	0	0	0	\$	0	0	0	0	1	
5	Serious Incidents (reported	d externally to CCG)	<21	21-27	>28	12	9	9	6	9	7	8	4	5	Û	12	22	30	25	23	:
		MSSA Bacteraemia (No. of hospital acquired cases)	0	0	2.5	0	0	1	0	1	0	0	0	0	¢	0	1	1	4	4	
		E Coli bacteraemia (No. of Hospital acquired cases)	0	2	4	7	2	4	7	5	3	4	4	3	Û	11	15	13	7	24	
	Infection Prevention	E. Coli Urinary Catheter Associated Bacteraemia (No. of hospital acquired cases)	0	0	12	3	0	0	5	3	0	1	2	0	Û	3	8	3	1	3	
	Control:	Other Urinary Catheter Associated Bacteraemia (No. of	0	0	1	4	4	0	5	1	0	1	0	0	Û	1	6	8	0	2	
		hospital acquired cases) Surgical Site Infections (Total Knee Replacement surgery)	0	0	1	0	0	0	1	0	0	0	0	0	\$	0	1	0	0	0	
s		Surgical Site Infections (Total Hip Replacement surgery)	0	0	1	0	0	1	0	1	0	0	0	0	\$	0	1	1	0	0	
		Total number of Inpatient Falls	-	-	-	186	160	131	152	132	148	197	174	193	¢	371	432	477	569	567	
		Falls rate per 1000 occupied bed days		-	_	8.63	7.33	6.38	6.94	6.18	6.93	9.31	Not		Û	9.31	6.68	7.45	9.30	8.70	7
	Slips, trips and falls		-										available	20							
		Number of Inpatient Falls resulting in harm				33	35	45	53	36	28	45	44 Not	29	Û	89	117	113	108	72	:
		Falls rate per 1000 occupied bed days resulting in harm	-		-	1.53	1.60	2.19	2.42	1.64	1.30	1.76	available		Û	1.76	1.79	1.77	1.66	2.08	1
	Dressure Illson (post	Grade 2	<5	>=5<=10	> 10	5	10	12	8	9	2	6	3	0	Û	9	19	27	21	30	
	Pressure Ulcer (post admission/avoidable)	Grade 3	<2	>=2<=4	>4	2	0	0	0	0	0	0	0	0	\$	0	0	2	2	4	
		Grade 4	0	-	>=1	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	Û	17	55	72	28	45	
	incidents	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	Not available		Û	0.31	0.85	1.14	0.17	0.00	(
¢	Cardiac Arrest Calls (outsid	de 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	\$	2.5	1.3	1.6	1.8	2.6	
E	Eliminating Same Sex Acco	mmodation Breaches (No of breaches)	0	-	>=1	0	0	0	0	0	0	0	0	0	Ŷ	0	0	0	0	0	
		No of complaints received in month		0.11% - 0.19%	>=0.20%	29	29	33	28	26	49	41	39	33	Û	80	103	91	123	182	1
	Complaints	% against activity complaints received in month	<=0.10%		-0.20%	0.07%	0.07%	0.13%	0.06%	0.07%	0.11%	0.10%	0.10%	0.08%	Û	0.09%	0.08%	0.09%	0.10%	0.02%	0.
		(Acknowledgement)	>=96%	81-95%	<=80%	100%	100%	100%	100%	100%	100%	100%	100%		Ŷ	100%	100%	100%	100%	100%	1
		Compliments	-	-	-	153	125	111	170	154	123	138	61	136	Û	199	447	389	271	224	:
		Concerns - volume received	<=0.10%	0.11% -	>=0.20%	163	222	238	303	330	341	455	362	274	Û	817	974	623	605	870	1
	PALs	Concerns - % against activity	-0.1070	0.19%	-0.2070	0.40%	0.54%	0.55%	0.57%	0.88%	0.77%	1.06%	0.90%	0.70%	Û	0.89%	0.73%	0.50%	0.48%	0.69%	0.
		First Line Complaints - volume received	- 0.10%	0.11% -		8	11	9	17	1	10	4	12	6	Û	22	28	28	29	27	
		First Line Complaints - % against activity	<=0.10%	0.19%	>=0.20%	0.02%	0.03%	0.02%	0.03%	0.01%	0.02%	0.01%	0.03%	0.02%	Û	0.02%	0.02%	0.02%	0.02%	0.02%	0.
T		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	Û	4.7	4.7	4.7	4.6	4.6	
	Net Promoter	NHS Friends and Family Test (proportional score) (DH deem above 50 as excellent)	50	45	40	69	66	70	68	67	68	No longer monitored	No longer monitored	No longer monitored	\$	No longer monitored	68	67.5	63	62.8	
-	Midwife to birth ratio	assin above so as excellently	1.28	1.30	>1:30	0.00	0.00	1.30	0.00	0.00	1.30	1.30	1.30	1.30	\$	1.3	1.30	1.30	1.27	1.28	1
	Information Governance (S	Scores for IG Toolkit)	>=70% scored at	_	<70% scored at	79%	79%	79%	79%	79%	79%	79%	79%	79%	¢	79%	79%	79%	72%	72%	7
	ormation dovernance (S		Level 2	-	Level 2																
		Continence Assessment	>90%	>85%	<85%	87%	90%	94%	90%	93%	93%	92%	93%	92%	-	92%	92%	90%	86%	90%	Dat
		Dementia	>90%	>85%	<85%	75%	96%	97%	94%	95%	96%	85%	87%	84%	-	85%	95%	89%	79%	69%	ava pri
		Falls	>90%	>85%	<85%	96%	97%	96%	94%	95%	93%	94%	93%	96%	-	94%	94%	96%	94%	97%	
		Infection control	>90%	>85%	<85%	96%	97%	98%	98%	95%	96%	95%	97%	97%	-	96%	96%	97%	97%		ble pi
		Meds	>90%	>85%	<85%	96%	96%	97%	96%	97%	97%	94%	94%	96%	-	94%	97%	96%	97%	97%	<u> </u>
	Nursing Metrics:	Nutritional	>90%	>85%	<85%	95%	95%	98%	93%	93%	96%	93%	93%	94%	-	93%	94%	96%	96%	96%	_
		Observations	>90%	>85%	<85%	90%	95%	97%	94%	95%	97%	96%	95%	95%	-	95%	95%	94%	90%	93%	1

	Observations	>90%	>85%	<85%	90%	95%	97%	94%	95%	97%	96%	95%	95%	-	95%	95%	94%	90%	93%		
	Pain	>90%	>85%	<85%	89%	94%	91%	89%	89%	91%	86%	90%	86%	-	87%	90%	91%	87%	91%		
	Privacy	>90%	>85%	<85%	99%	99%	100%	99%	99%	99%	99%	99%	99%	-	99%	99%	99%	99%	99%	-	
	Safeguarding	>90%	>85%	<85%	81%	86%	88%	82%	87%	82%	83%	85%	88%	-	85%	84%	85%	84%	86%	ble prior to ι	
	Staff	>90%	>85%	<85%	93%	95%	94%	91%	93%	96%	93%	93%	94%	-	93%	92%	94%	92%	94%		
	Tissue Viability	>90%	>85%	<85%	89%	91%	91%	82%	88%	88%	88%	88%	88%	-	88%	86%	90%	87%	84%	-	



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 Û

 ①
 Achieving threshold improving performance

 ③
 Achieving threshold deteriorating performance

 ②
 Failing threshold improving performance

 ③
 Failing threshold deteriorating performance

 ③
 Failing threshold deteriorating performance

TRUS	T KEY PERFORMANCE INDICATO HR/Workforce April 14-Mar 15	DRS		•												Sherv	vood I		Hospi		NHS
Code HR WORKFOR	ICE METRICS	(establishment tar	e from 1st April 14 rget based on end of requirement) R	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
	Establishment	-	-	3809.79	3852.65	3887.37	3881.74	3888.08	3879.00	3876.17	3885.70	3902.03				34.72					
Workforce Numbers	Staff in Post	-	-	3586.54	3586.84	3586.83	3636.18	3622.60	3658.56	3664.49	3679.06	3672.99				-0.01					
worklote numbers	Vacancies (Diff between Bud. Est. & SIP)	-	-	221.25	265.81	300.54	245.56	265.48	220.44	211.68	206.64	229.04				34.73					
	Turnover Rate (total leavers/SIP *100)	-	-	1.15%	0.67%	0.64%	0.52%	3.34%	0.97%	0.69%	1.19%	1.21%				0.00					
	Sickness Absence (%) - Short Term	<1.50%	>1.50%	2.65%	2.43%	2.18%	2.04%	1.61%	1.95%	2.08%	2.44%	2.34%				-0.22%					
Attendance and Wellbeing - * This is the cost		<1.50%	>1.50%	2.05%	1.92%	2.17%	1.93%	1.97%	1.73%	1.79%	1.60%	2.08%				-0.13%					
of salary paid to those who were absent due to sickness.	Sickness Absence (%) - Total	<3.50%	>3.50%	4.70%	4.35%	4.35%	3.96%	3.58%	3.68%	3.87%	4.04%	4.42%				-0.35%					
	Absence Cost (£) - Total*	-	-	£411,305	£402,344	£379,327	£351,457	£312,429	£335,959	£369,901	£378,182	£335,483				-£8,961					
	Plan	-	-	£13,632,746	£14,003,032	£13,920,907	£13,617,623	£13,538,092	£13,881,780	£13,542,239	£13,571,555	£13,628,229				£370,286					
Dec	Рау	-	-	£13,954,405	£14,174,602	£14,176,564	£14,547,871	£14,476,971	£14,553,848	£14,725,869	£14,411,534	£14,469,406				£220,197					
Рау	Fixed Pay	-	-	£12,007,456	£12,097,775	£12,211,828	£12,253,035	£12,198,098	£12,302,435	£12,313,305	£12,346,196	£12,538,194				£90,319					
	Variable Pay	-	-	£1,946,950	£2,076,827	£1,964,736	£2,294,836	£2,278,872	£2,251,413	£2,412,565	£2,065,338	£1,931,212				£129,877					
	Maternity (WTE on maternity in month)	-	-	65.04	65.49	66.34	74.20	79.21	82.65	86.51	82.71	79.78				0.45					
s. "	AFC Rolling 12 month Appraisal completion rate	<97%	>98%	82%	84%	81%	83%	84%	82%	84%	83%	85.00%				-0.03					
Staff Performance	Mandatory Training Completion	<78%	>79%	78%	78%	78%	79%	79%	80%	80%	82%	83.00%				0.00					

