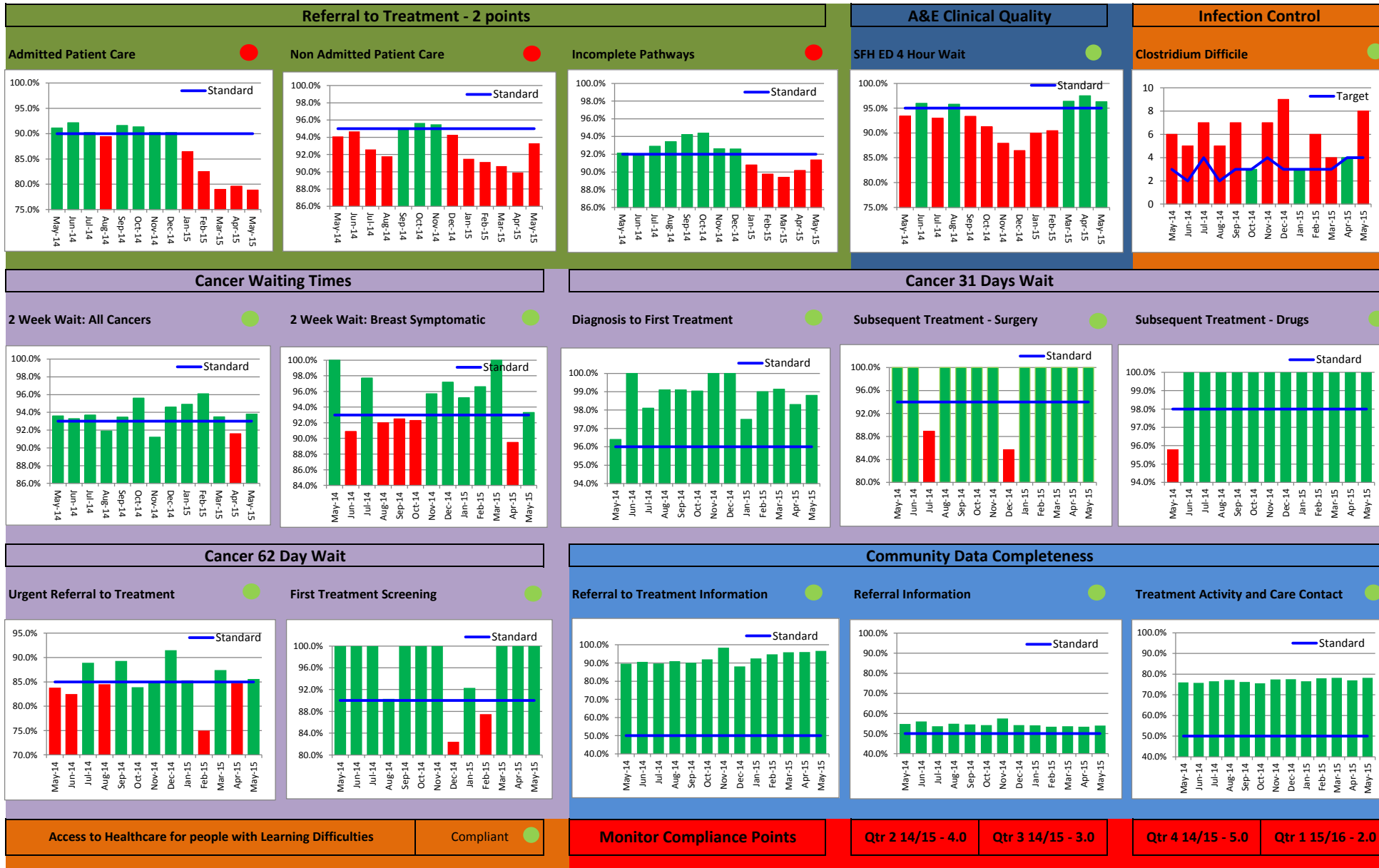


# Monitor Compliance Framework: Quarter 1 April - June 2015

Monitor Compliance Framework

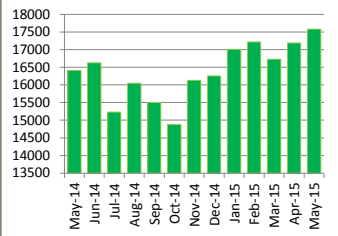


# Integrated Performance Report: May 2015

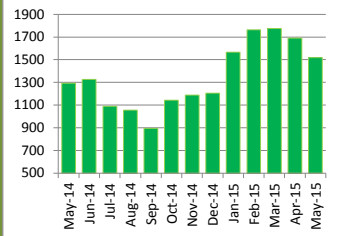
Operational

## Referral to Treatment

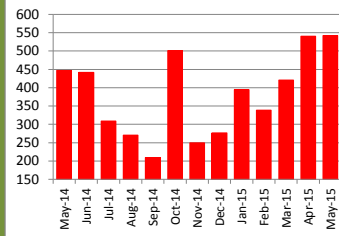
Total Patients on Incomplete Pathway



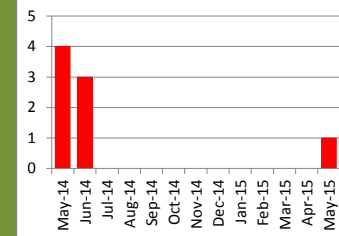
Patients Waiting over 18 Weeks



Patients Waiting over 26 Weeks

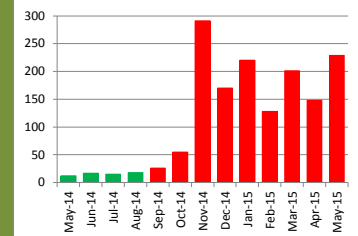


Patients Waiting over 52 Weeks



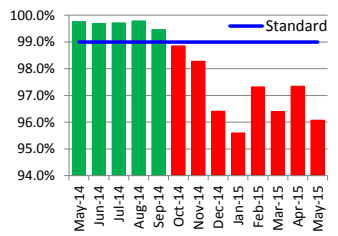
## Diagnostic Waits

Patients Waiting Over 6 Weeks



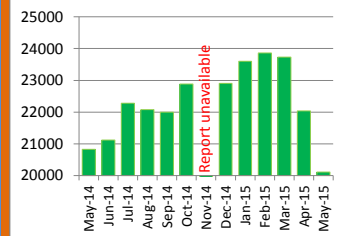
## Diagnostic Waits (Continued)

Patients Waiting Less than 6 Weeks

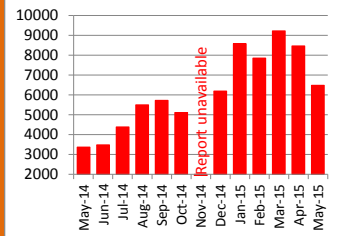


## Partial Booking

Total Number of Patients on Outpatients Review List

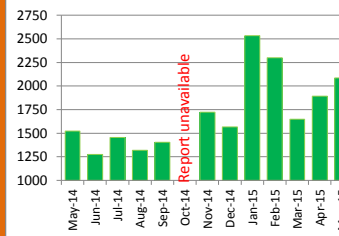


Number of Overdue Patients on Outpatients Review List

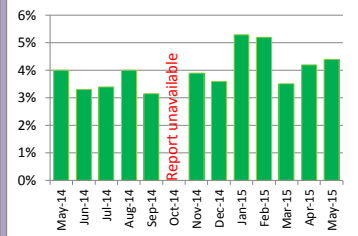


## Outpatient Hospital Cancellations <5 Weeks

Total Number of Outpatient Appointments Cancelled by Hospital

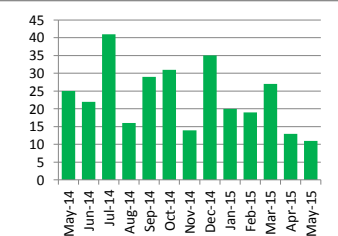


Percentage of Outpatient Appointments Cancelled by Hospital

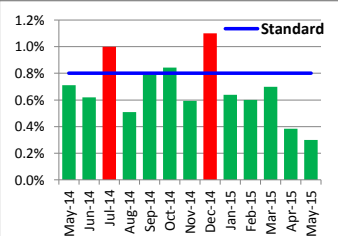


## Elective Cancelled Operations

Number of Elective Cancelled Ops

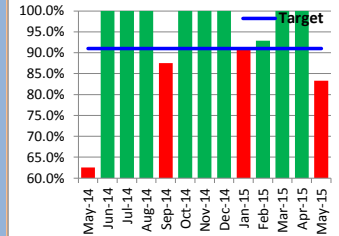


Percentage of Elective Cancelled Ops

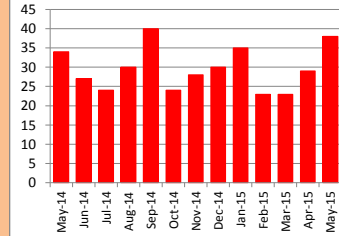


## Cancer Waiting Times Compliance

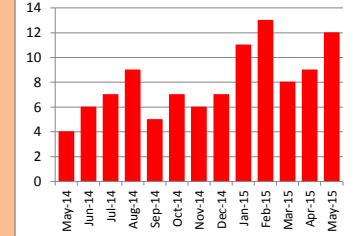
62 Day Consultant Upgrade



Patients waiting 62 days and over



Patients Waiting Over 100 Days

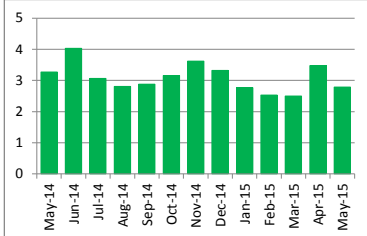


# Integrated Performance Report: May 2015

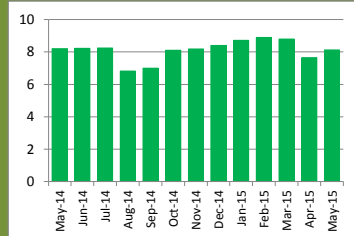
Operational

## Length of Stay (Days)

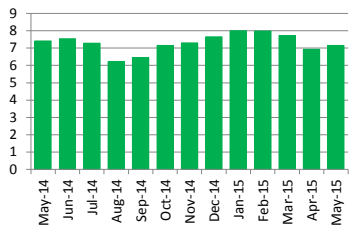
**Elective Avg LoS exc Daycase based on spell discharge**



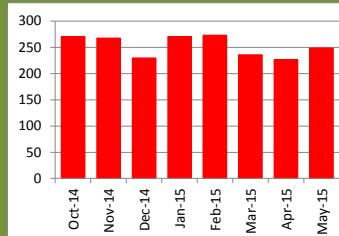
**Non Elective Avg LoS exc zero based on spell discharge**



**Elective & Non Elective LoS exc zero based on spell discharge**

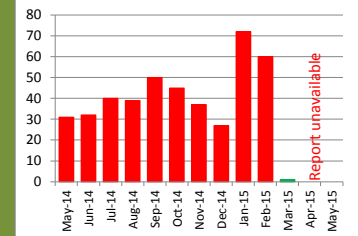


**=>14 Day LoS monthly snapshot**



## Delayed Transfers of Care

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

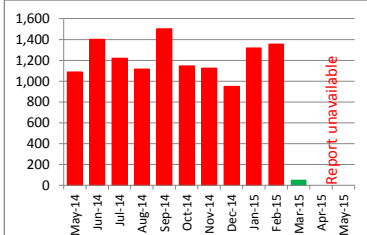


\*excludes maternity and non elective transfers

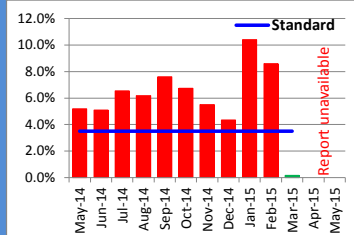
\*Change in recording March 2015 following external review

## Delayed Transfers of Care (Continued)

**Total Number of Delayed Discharge Occupied Bed Days**



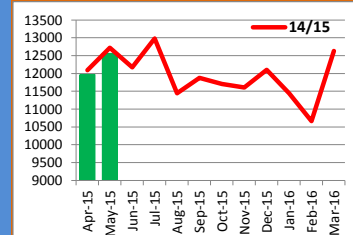
**% of Delayed Discharges of Care**



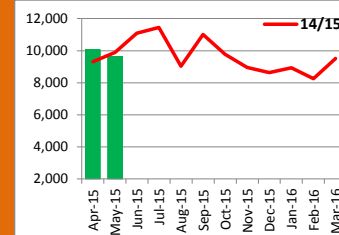
\*Change in recording March 2015 following external review

## Monthly Activity 15/16 v 14/15

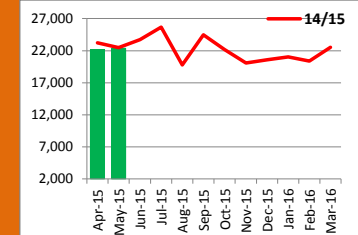
**ED Attendances**



**First Outpatient**

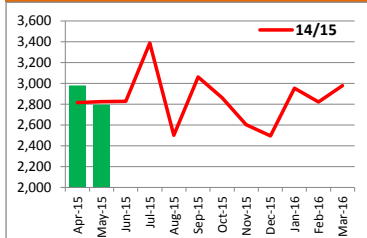


**Follow Up Outpatient**

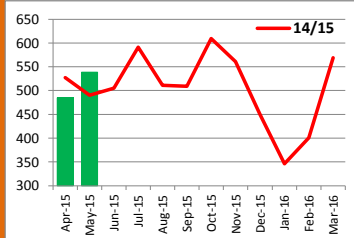


## Monthly Activity 15/16 v 14/15

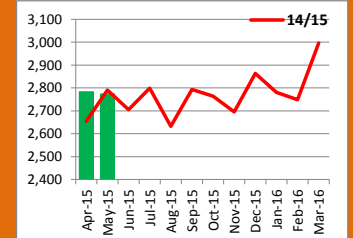
**Daycase**



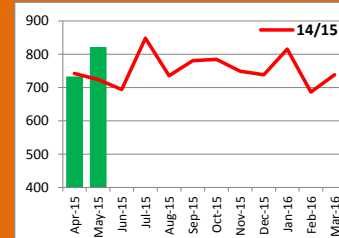
**Elective Inpatients**



**Emergency**



**Other Emergency**



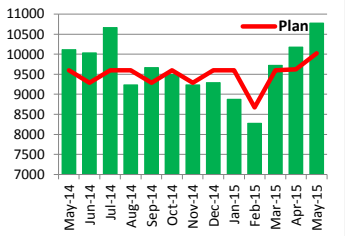
\* based on discharges

\* based on discharges

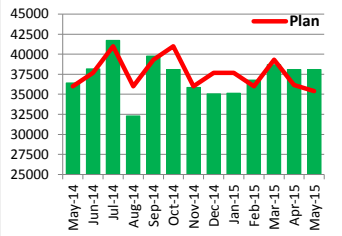
# Integrated Performance Report: May 2015

## Contract Activity Actual V Plan

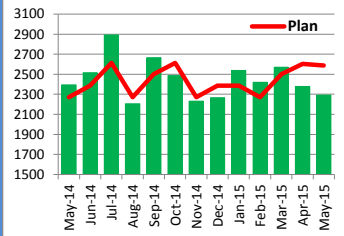
ED Attendances



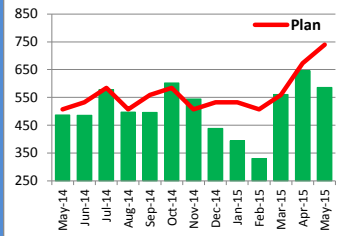
Outpatient



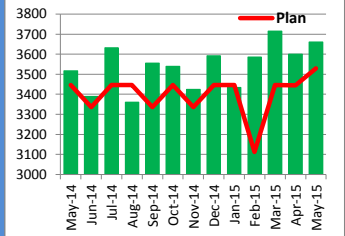
Daycase & Regular Attenders



Elective Inpatients

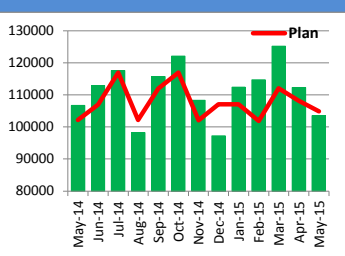


Non-Elective Inpatients

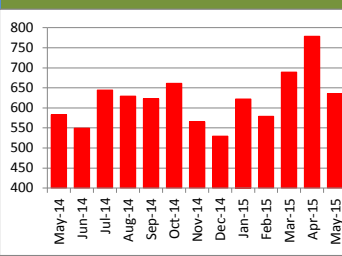


## Contract Activity Actual V Plan (Continued)

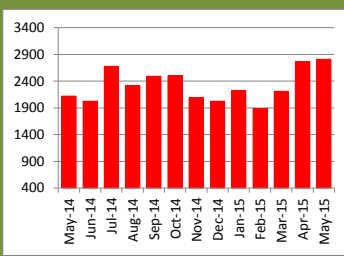
Others



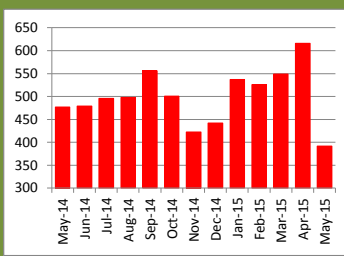
Total Variable Pay per WTE (£)



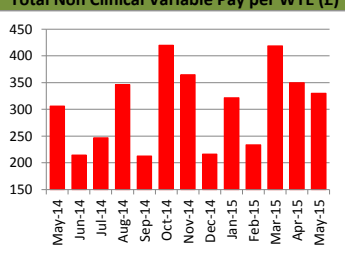
Total Medical Variable Pay per WTE (£)



Total Nursing Variable Pay per WTE (£)

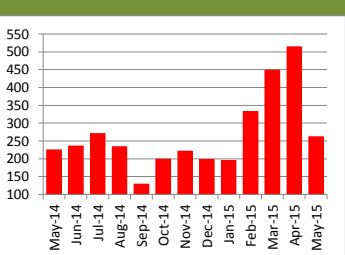


Total Non Clinical Variable Pay per WTE (£)



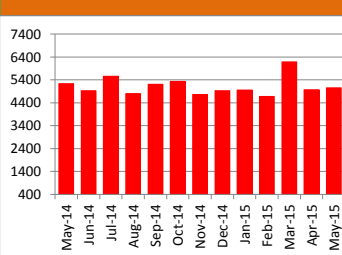
## Variable Pay per WTE

Total Other Clinical Variable Pay per WTE (£)



## Clinical Income per WTE

Total Clinical Income per WTE (£'000)

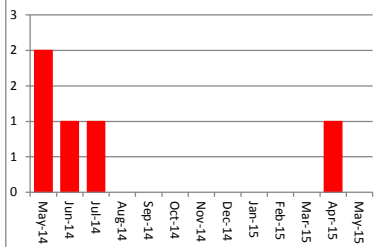


# Integrated Performance Report: May 2015

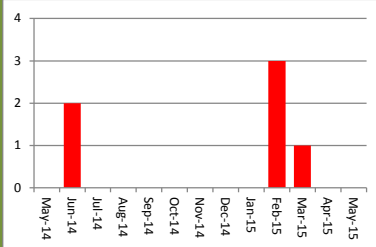
Quality & Safety

## Patient Incidents (Datix Reported)

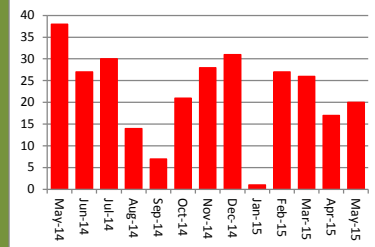
### Catastrophic



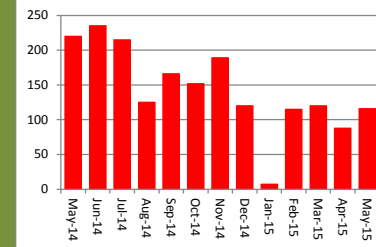
### Severe Harm



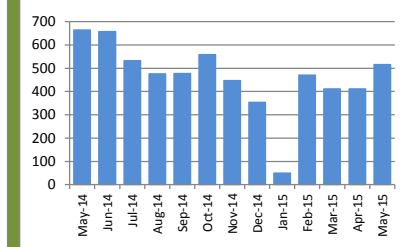
### Moderate Harm



### Low Harm

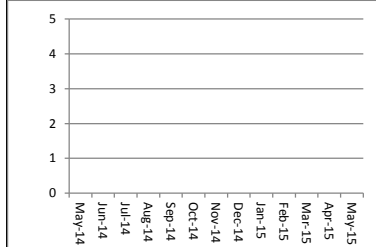


### No Harm



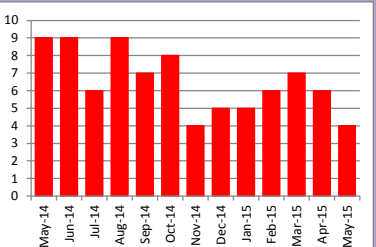
### Never Events

Number of Never Events



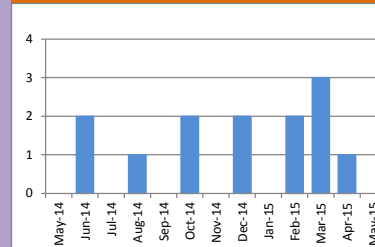
### Serious Incidents (reported to CCG)

Number of Serious Incidents

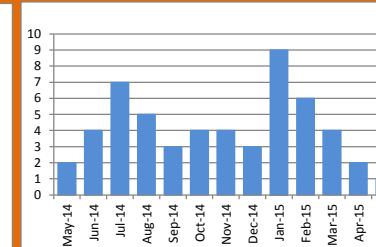


## Infection Control - Hospital Acquired Cases

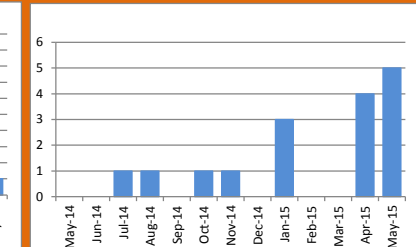
### MSSA Bacteraemia



### E Coli Bacteraemia

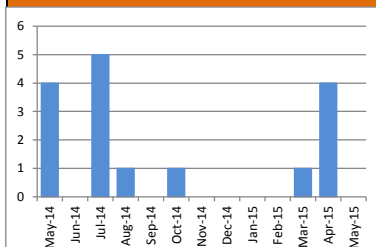


### E Coli Urinary Catheter Associated

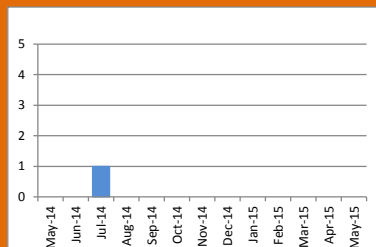


## Infection Control - Hospital Acquired Cases (continued)

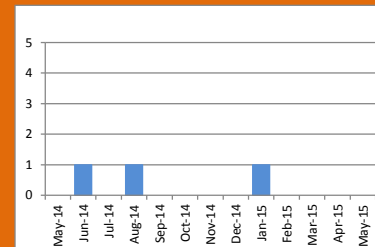
### Other Urinary Catheter Associated



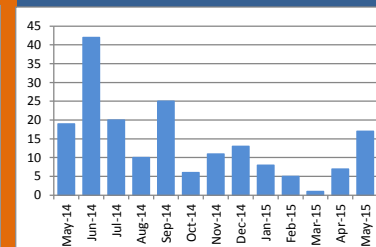
### Surgical Site Infections (Total Knee Replacement)



### Surgical Site Infections (Total Hip Replacement)

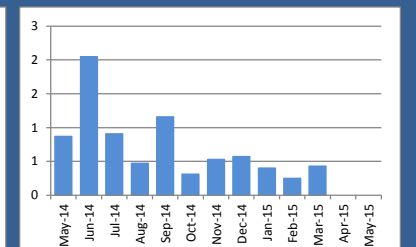


### Total Number of Medication Error resulting in harm



## Medication Related Incidents

### Medication Error resulting in serious harm per 1000 bed days



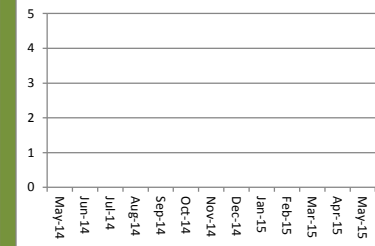
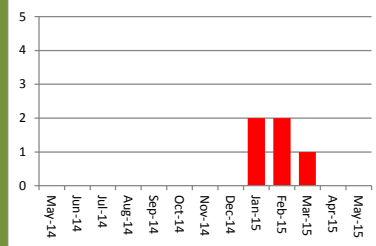
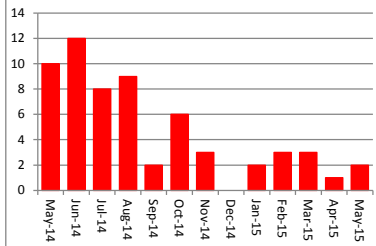
# Integrated Performance Report: May 2015

## Pressure Ulcer (Post Admission/Avoidable)

Grade 2 Pressure Ulcers ●

Grade 3 Pressure Ulcers ●

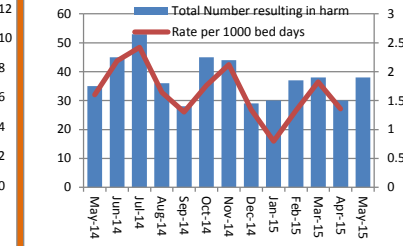
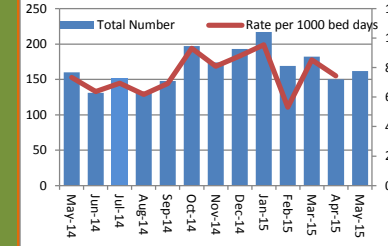
Grade 4 Pressure Ulcers ●



## Slips Trips and Falls

Total Number & Rate per 1000 Bed days

Falls Resulting in Harm & Rate per 1000 Bed Days

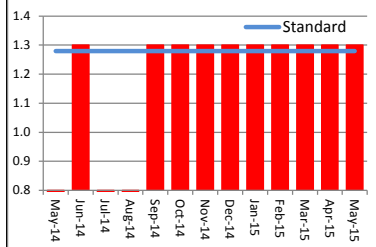


## Midwife to Birth Ratio

## Cardiac Arrest Calls

## Same Sex Accommodation

## Patient Experience

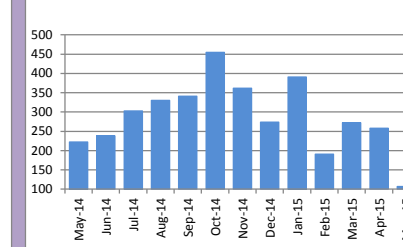
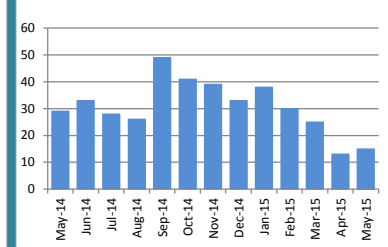
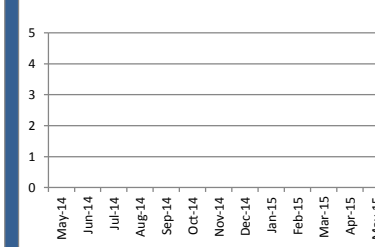
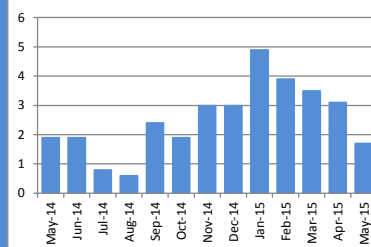


Calls outside of ICCU per 1000 Admissions

No of Breaches

Number of Complaints Received

Number of Concerns Received



## Patient Experience (Continued)

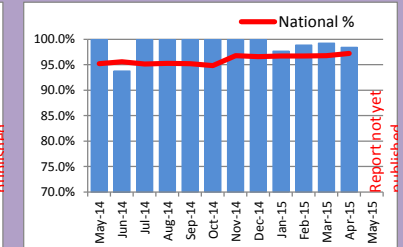
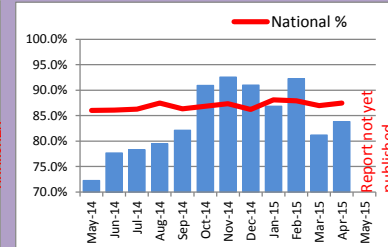
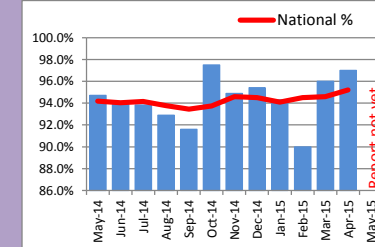
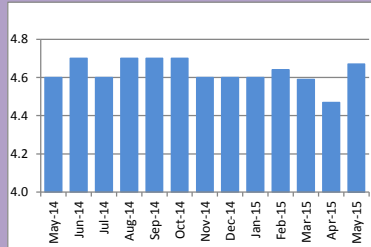
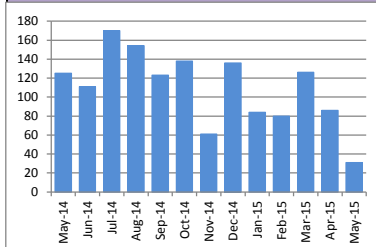
Number of Compliments Received

Friends and Family Test (5 Star Rating)

Inpatient Friends and Family Test

A&E Friends and Family Test

Maternity Friends and Family Test



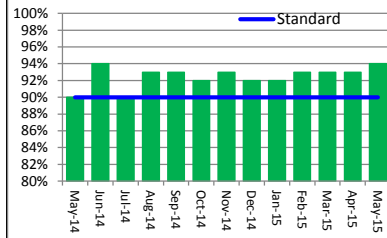
Quality & Safety

# Integrated Performance Report: May 2015

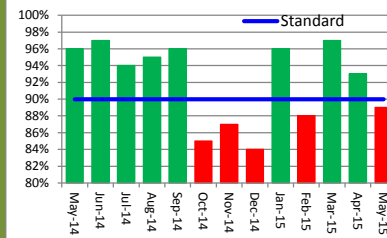
Quality & Safety

## Nursing Metrics

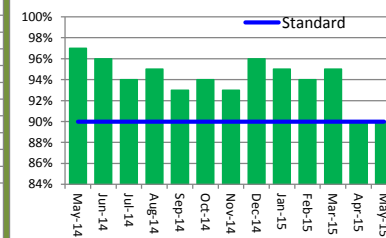
### Contingence Assessment



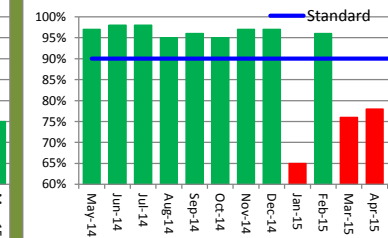
### Dementia



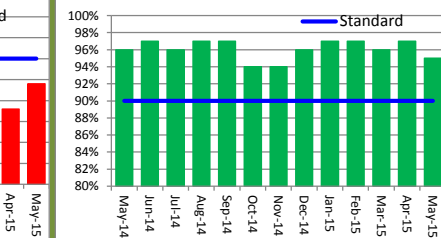
### Falls



### Infection Control

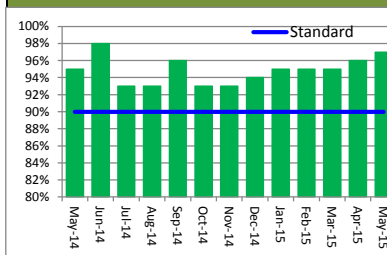


### Meds

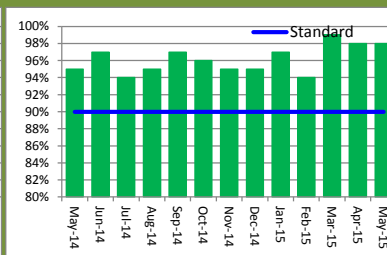


## Nursing Metrics (Continued)

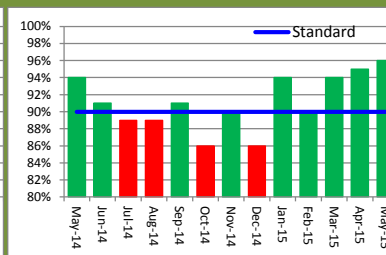
### Nutritional



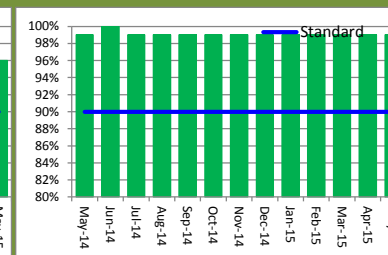
### Observations



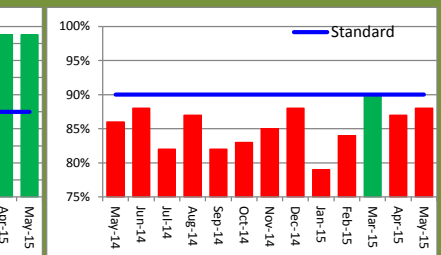
### Pain



### Privacy

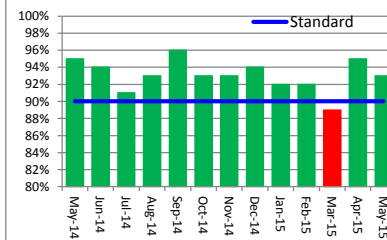


### Safeguarding

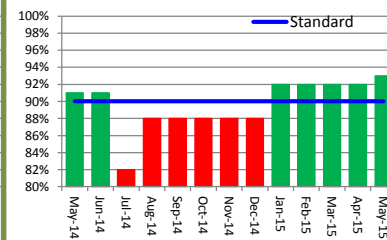


## Nursing Metrics (Continued)

### Staff



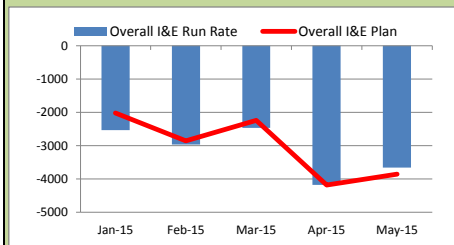
### Tissue Viability



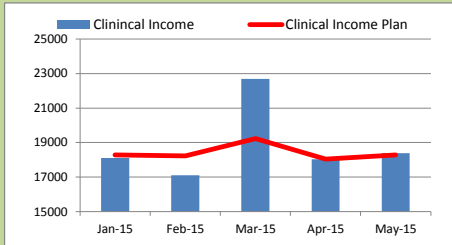
# Integrated Performance Report: May 2015

## Key Financial Indicators - Recent Run Rates £000

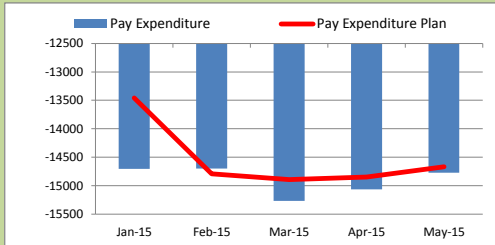
Overall Income and Expenditure



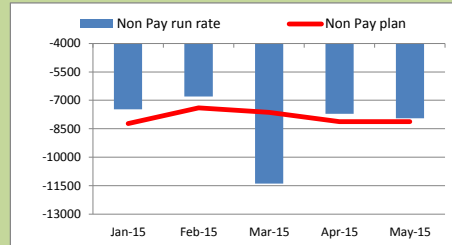
Clinical Income Run Rate



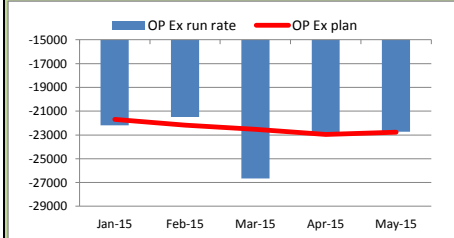
Pay Expenditure Run Rate



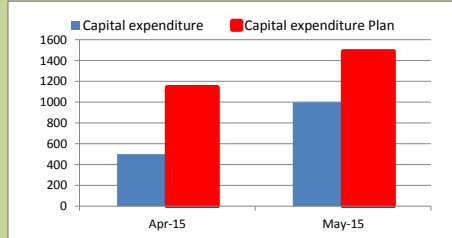
Non Pay Run Rate



Operating Expenditure Run Rate



Capital Expenditure (excluding donated)



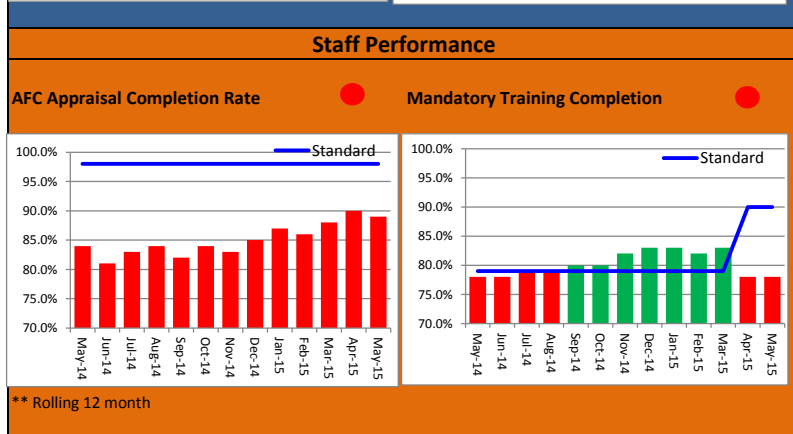
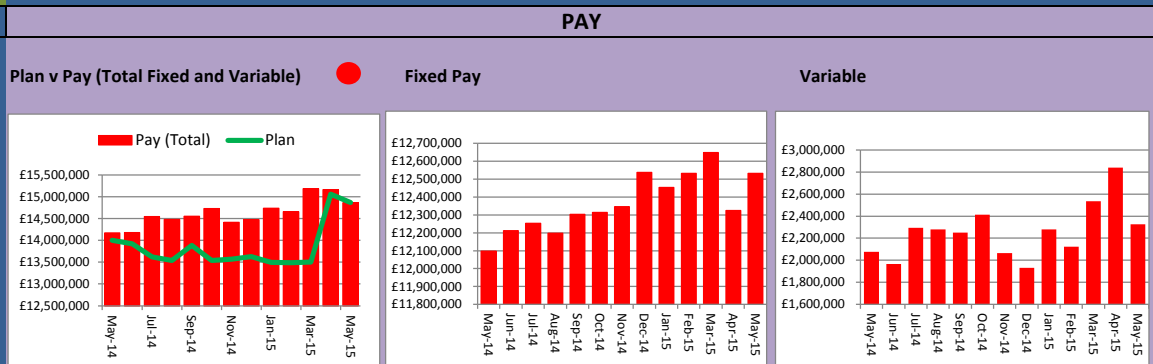
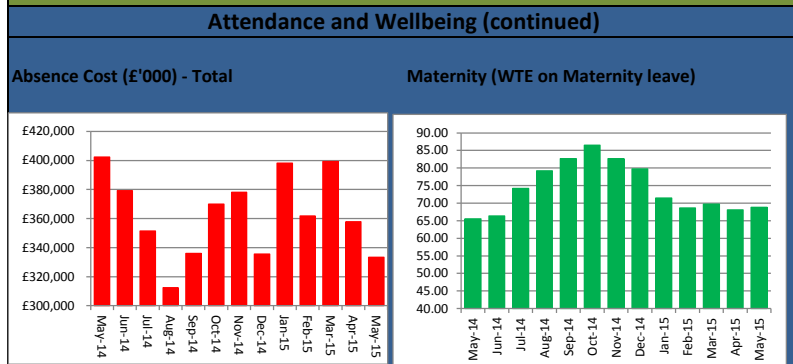
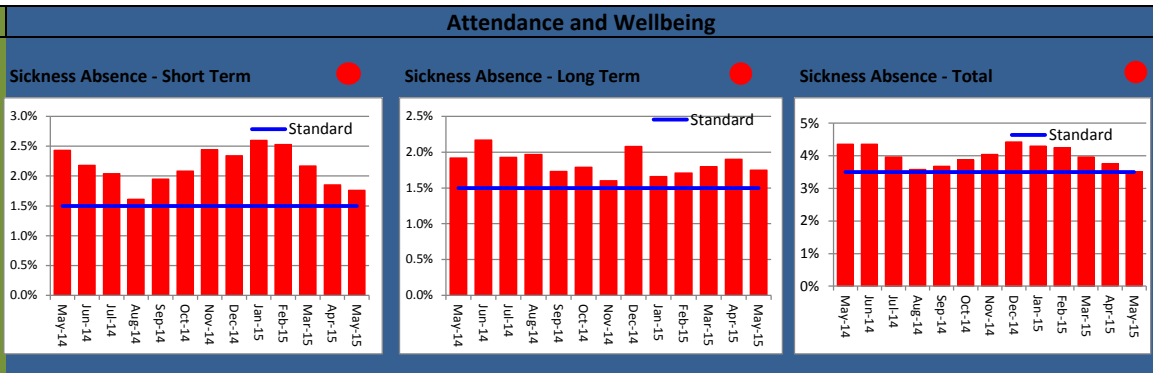
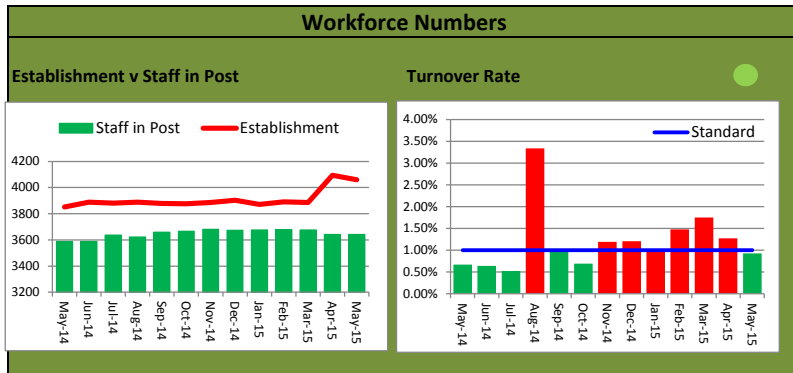
Monitor COSRR

	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Actual	1	1	1	1	1
Plan	1	1	1	1	1



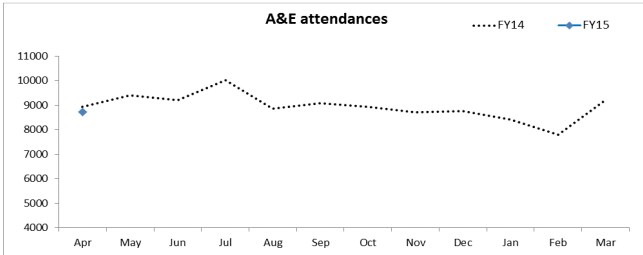
# Integrated Performance Report: May 2015

Human Resources

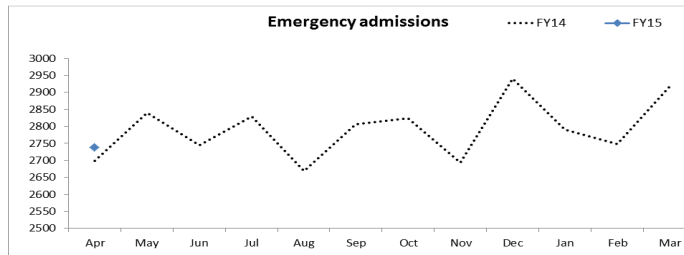


# Integrated Performance Report: May 2015

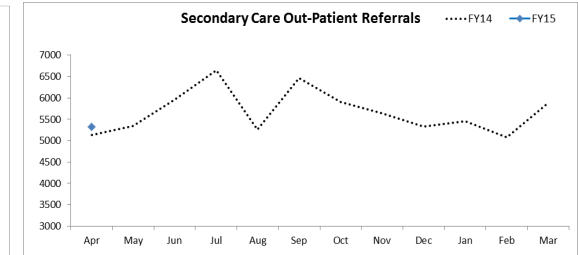
## Better Together Programme Level KPIs - April 2015 Report



**A&E Attendances - observations**  
The chart above shows the detail of current A&E attendances data per month for the Mid Notts CCGs each financial year starting FY April 2014.

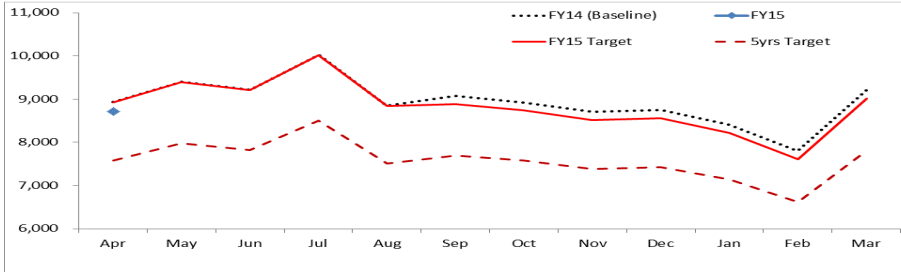


**Emergency Admissions - observations:**  
The chart above shows the detail of current Emergency Admissions data per month for the Mid Notts CCGs each financial year starting FY April 2014.



**Secondary Care Out-Patient Referrals:**  
The chart above shows the detail of current secondary care out-patient referrals data per month for the Mid Notts CCGs each financial year starting FY April 2014.

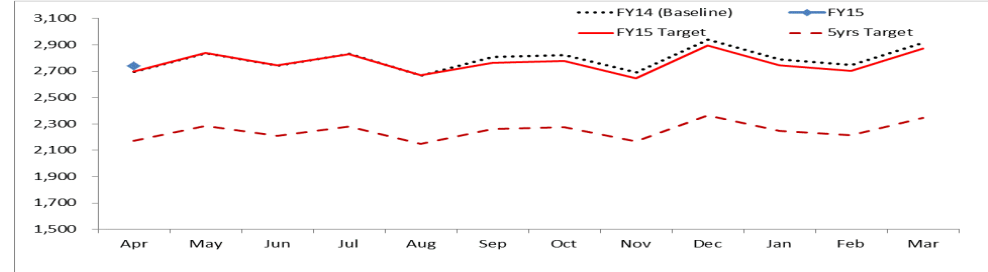
### OBJECTIVE 1- 15.1% REDUCTION IN A&E ATTENDANCES



**ED attendances observations:**  
The chart above shows the detail of current A&E Attendance data per month for the Mid Notts CCGs each financial year starting FY April 2014.

- The red lines indicate the trajectory for the fall in attendances required to achieve a 15.1% reduction over 5 years against the modelled demographic growth in activity.

### OBJECTIVE 2 - 19.5% REDUCTION IN NON-ELECTIVE ACUTE ADMISSIONS



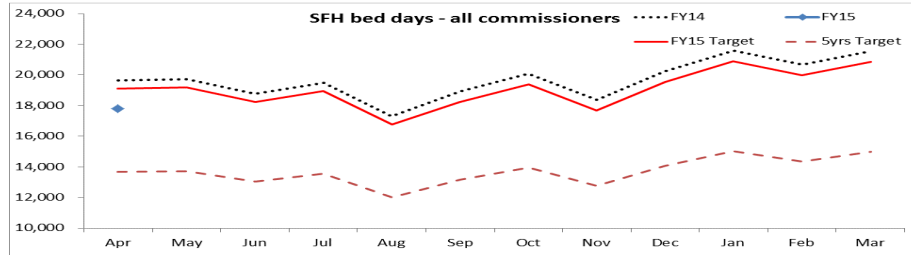
**Emergency Admissions observations:**  
The chart above shows the detail of current emergency admissions data per month for the Mid Notts CCGs each financial year starting FY April 2014.

- The red lines indicate the trajectory for the fall in admissions required to achieve a 19.5% reduction over 5 years against the modelled demographic growth in activity.

# Integrated Performance Report: May 2015

## Better Together Programme Level KPIs - April 2015 Report continued

### OBJECTIVE 3 - 30.5% REDUCTION IN ACUTE BED DAYS

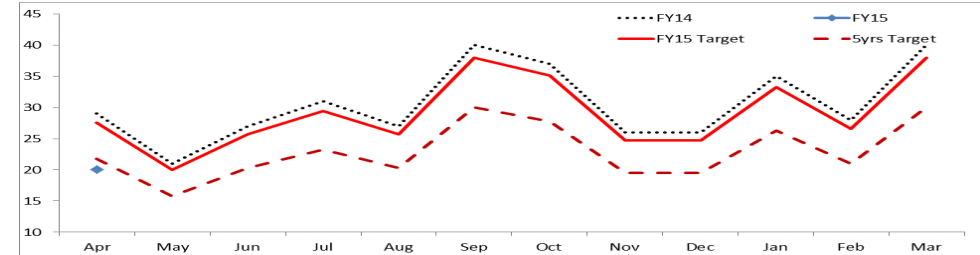


#### Acute bed days observations:

The chart above shows the detail of current non-elective acute bed days per month for Sherwood Forest Hospitals each financial year starting FY April 2014.

- The red lines indicate the trajectory for the fall in acute bed days required to achieve a 30.5% reduction over 5 years against the modelled demographic growth in activity.

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

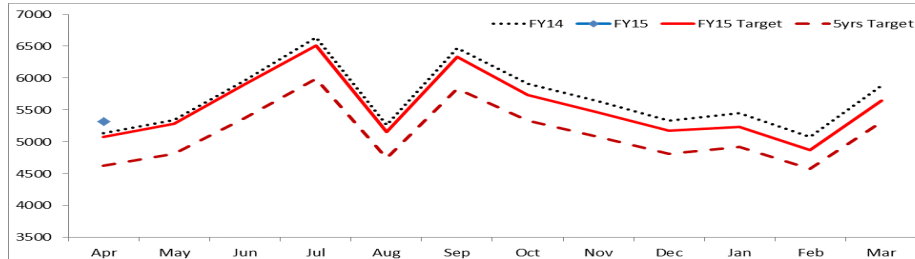


#### Admissions of older people admitted into long term nursing or residential care observations:

The chart above shows the detail of older people admissions into long term care for the Mid Notts CCGs each financial year starting FY April 2014.

- The red lines indicates the trajectory for the fall in admissions needed to achieve a 25% reduction over 5 years, against the modelled demographic growth in activity.

### OBJECTIVE 5 - 9.8% REDUCTION IN SECONDARY CARE OUTPATIENT REFERRALS

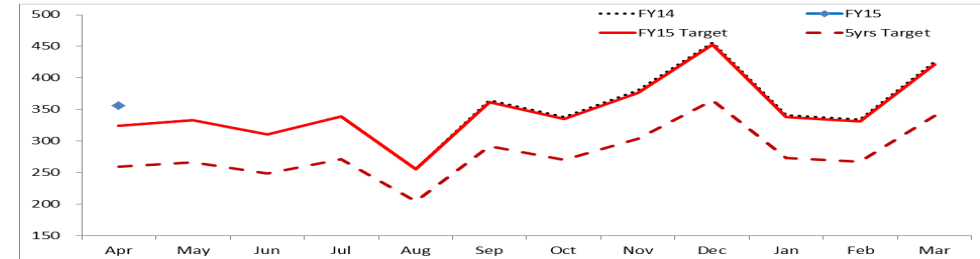


#### GP referrals observations:

The chart above shows the detail of current secondary care out-patient referrals data per month for the Mid Notts CCGs each financial year starting FY April 2014.

- The red lines indicate the trajectory for the fall in referrals required to achieve a 9.8% reduction over 5 years against the modelled demographic growth in activity.

### OBJECTIVE 6 - 20% REDUCTION IN PAEDIATRIC ADMISSIONS TO HOSPITAL



#### Paediatric admissions observations:

The chart above shows the detail of current paediatric admissions data per month for Sherwood Forest Hospitals each financial year starting FY April 2014.

- The red lines indicate the trajectory for the fall in admissions required to achieve a 20% reduction over 5 years against the modelled demographic growth in activity.