TRUST KEY PERFORMANCE INDICATORS

Monitor compliance
September 2014

Sherwood Forest Hospitals NHS Foundation Trust

Ref.	. MONITOR COMPLIANCE FRAMEWORK		Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	In month Change	Q1 2014/15	Q2 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%	Û	91.1%	90.5%	90.8%	88.0%	92.4%	Subjected to Internal / Earling / Standard Foodures
	Referral to Treatment:	Non Admitted Patient Care (95% of patients treated within 18 weeks)	>=95%	94.5%	94.1%	94.7%	92.6%	91.8%	95.0%	Û	94.4%	93.2%	93.8%	94.2%	94.9%	Benchmarking Data availability (but not currently used) Data availability Completeness
		Incomplete Pathways (92% of patients complete pathway within 18 weeks)	>=92%	92.1%	92.1%	92.0%	92.9%	93.4%	94.2%	Û	92.0% Jun 14 Snapshot position	94.2% Sep 14 Snapshot position	-	92.4% Mar 14 Snapshot position	1	Reports are evaluated at Trypecialty Meetings Clinical input and validation to data capture
		SFHFT (% <4 hour wait)	>=95%	93.48%	93.42%	95.96%	92.97%	95.78%	93.37%	Û	94.27%	93.99%	94.13%	93.54%	95.66%	
	A&E Clinical Quality: Total Time in A&E Dept	Kings Mill (% <4 hour wait)	>=95%	90.42%	90.32%	94.20%	89.93%	93.96%	90.82%	Û	91.65%	91.48%	91.56%	90.76%	94.00%	
		Newark (% <4 hour wait)	>=95%	98.68%	99.17%	99.34%	98.58%	99.07%	97.80%	Û	99.07%	98.49%	98.78%	98.93%	98.83%	
		2 week wait: All Cancers	>=93%	90.2%	93.6%	93.3%	93.7%	91.9%	(93.5%)	仓	92.3%	(93.0%)	(93.0%)	96.0%	94.8%	
	Cancer	2 week wait: Breast Symptomatic	>=93%	90.0%	100.0%	90.9%	97.7%	92.0%	(92.7%)	Û	93.6%	(94.5%)	(96.0%)	94.0%	95.0%	
		31 day wait: from diagnosis to first treatment	>=96%	99.1%	96.4%	100.0%	98.1%	99.1%	(98.7%)	Û	98.6%	(98.7%)	(99.1%)	99.4%	99.7%	Subjected to Internal / Staff Training / Standard / Standard Operating Audit Procedures
		31 day wait: for subsequent treatment - surgery	>=94%	100.0%	100.0%	100.0%	88.9%	100.0%	(100.0%)	\Leftrightarrow	100.0%	(95.0%)	(98.2%)	100.0%	99.1%	Benchmarking Timeliness/ Onta Granularity/ Completeness Reports are Clinical
		31 day wait: for subsequent treatment - drugs	>=98%	100.0%	95.8%	100.0%	100.0%	100.0%	(100.0%)	⇔	98.9%	100.0%	(99.6%)	98.0%	99.4%	evaluated at Trust Divisional /Specialty Meetings
		62 day wait: urgent referral to treatment	>=85%	91.5%	83.8%	82.5%	88.9%	84.5%	(89.0%)	仓	85.9%	(87.5%)	(88.9%)	86.4%	89.1%	
		62 day wait: for first treatment - screening	>=90%	100.0%	100.0%	100.0%	100.0%	90.3%	(100.0%)	Û	100.0%	(94.7%)	(95.7%)	94.1%	98.8%	
		Community Referral to Treatment information	>=50%	88.4%	89.6%	90.6%	89.7%	91.0%	90.1%	Û	89.5%	90.2%	89.9%	89.2%	86.3%	
	Data Completeness:	Community Referral information	>=50%	56.8%	54.8%	56.0%	53.7%	54.9%	54.6%	Û	55.9%	54.4%	55.1%	54.5%	54.2%	
		Community Treatment activity - and care contact	>=50%	76.0%	76.0%	75.8%	76.5%	77.2%	76.2%	Û	75.9%	76.6%	76.3%	76.1%	76.4%	
	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	3/0	
		Clostridium Difficile Infections (No. of cases attributed to Trust)	2	5	6	5	7	5	7	û	16/9	19/9	35/37	8/6	36/25	
	Access to Healthcare for people	with learning disabilities	Compliance			Comp	oliant			⇔						
	CQC Compliance	compliance points relative to site visits	0							⇔						
	Monitor Compliance Points											4.0		4.0		
	Governance Risk Rating (GRR)										red	red		RED	RED	

TRUST KEY PERFORMANCE INDICATORS

Acute Contract Performance September 2014

Sherwood Forest Hospitals NHS Foundation Trust



Ref	CONTRACTUAL PERFORMANCE METRICS			Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	In month change	Q1 2014/15	Q2 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%	Û	94.27%	93.99%	94.13%	93.54%	95.66%
	A&E Clinical Quality:	Unplanned re-attendance rate within 7 days of original attendance	<=5%	5.47%	5.67%	4.94%	5.44%	5.49%	5.17%	Û	5.36%	5.37%	5.36%	5.22%	5.36%
		Left without being seen rate	<=5%	2.01%	1.97%	2.15%	2.16%	1.81%	2.26%	Û	2.05%	2.08%	2.06%	1.84%	1.74%
		Time to Initial Assessment for patients arriving by emergency ambulance (95th percentile - Mins)	<=15	34	33	35	37	30	39	Û	34	36	34	31	29
		Time to Initial Assessment for patients arriving by emergency ambulance (Median Minutes)	<=16	4	4	4	3	3	4	Û	4	3	4	5	4
		Time to Treatment (Median minutes wait from arrival to treatment)	<=60	52	54	54	60	48	60	Û	53	56	55	53	49
	Ambulance Turnaround Times	Average Clinical Handover Time (%)	>=65%	58.48%	55.97%	54.93%	52.94%	56.92%	53.94%	Û	56.48%	54.57%	55.53%	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%	Û	4.9%	6.8%	5.8%	4.9%	5.0%
	Cancelled Operations: Diagnostic waiting times <6weeks	% Of elective admissions	<=0.8%	0.8%	0.7%	0.6%	1.0%	0.5%	0.8%	Û	0.7%	0.8%	0.7%	1.0%	0.7%
		% Breached 28 day guarantee	<=5%	3.9%	8.0%	4.6%	4.9%	0.0%	10.3%	Û	5.5%	5.8%	5.7%	1.0%	1.1%
	0	%	>=99%	99.9%	99.8%	99.7%	99.7%	99.8%	99.5%	Û	-	-	-	-	-
	SUS data:	% uncoded within 5 days of month end	<20%	22.8%	24.7%	33.0%	27.7%	11.8%	7.4%	Û	-	-	-	-	-
		Admitted Patient Care (90% of patients treated within 18 weeks)	>=90%	90.0%	91.1%	92.1%	90.2%	89.4%	91.6%	Û	91.1%	90.5%	90.8%	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%	Û	94.4%	93.2%	93.8%	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%	Û	-	-	-	-	-
		18week RTT for direct access audiology completed pathways (treated)	>=95%	100.0%	100.0%	99.7%	100.0%	99.3%	100.0%	Û	99.9%	99.8%	99.8%	99.7%	99.7%
		Patients on an Incomplete Pathway waiting 52 weeks & Over	0	4	4	3	0	0	0	Û	-	-	-	-	-
		2 week wait: All Cancers	>=93%	90.2%	93.6%	93.3%	93.7%	91.9%	(93.5%)	Û	92.3%	(93.0%)	(93.0%)	96.0%	94.8%
		2 week wait: Breast Symptomatic	>=93%	90.0%	100.0%	90.9%	97.7%	92.0%	(92.7%)	Û	93.6%	(94.5%)	(96.0%)	94.0%	95.0%
		31 day wait: from diagnosis to first treatment	>=96%	99.1%	96.4%	100.0%	98.1%	99.1%	(98.7%)	Û	98.6%	(98.7%)	(99.1%)	99.4%	99.7%
	6	31 day wait: for subsequent treatment - surgery	>=94%	100.0%	100.0%	100.0%	88.9%	100.0%	(100.0%)	⇔	100.0%	(95.0%)	(98.2%)	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%)	⇔	98.9%	100.0%	(99.6%)	98.0%	99.4%
		62 day wait: urgent referral to treatment	>=85%	91.5%	83.8%	82.5%	88.9%	84.5%	(89.0%)	Û	85.9%	(87.5%)	(88.9%)	86.4%	89.1%
		62 day wait: for first treatment - screening	>=90%	100.0%	100.0%	100.0%	100.0%	90.3%	(100.0%)	Û	100.0%	(94.7%)	(95.7%)	94.1%	98.8%
		62 day wait: consultant upgrade	>=91%	66.7%	62.5%	100.0%	100.0%	100.0%	(83.3%)	Û	83.3%	(90.9%)	(89.2%)	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	3/0
	Control:	Clostridium Difficile Infections (No. of cases attributed to Trust)	2	5	6	5	7	5	7	Û	16/9	19/9	35/37	8/6	36/25

TRUST KEY PERFORMANCE INDICATORS Quality & Safety September 2014

Sherwood Forest Hospitals NHS Foundation Trust

				Target															VTD
Ref.	QUALITY & SAFETY METRICS		G	A	R	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	In month change	Q2 2014/15	Q1 2014/15	Q4 2013/14	Q3 2013/14	Q2 2013/14	2012/13	YTD 2013/14
	HSMR		<=100	-	>100							N/A						N/A	N/A
		Catastrophic-Death relating to a patient safety incident	0%	-	0%	0 (0%)	2 (<1%)	1 (<1%)	1 (<1%)	0 (0%)	0 (0%)	\$	1	3	9	9	3	6	4
		Severe harm	0%	-	0%	0 (0%)	0 (0%)	2 (<1%)	0 (0%)	0 (0%)	0 (0%)	⇔	0	2	12	23	5	3	2
	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%)	û	53	112	165	166	110	154	165
		Low harm	<=23%	-	>23%	266 (27.5%)	220 (23.8%)	235 (25.5%)	215 (27.5%)	125 (20.9%)	166 (19.5%)	Û	492	721	679	785	323	787	1213
		No harm	>=72%	-	<72%	653 (67.4%)	665 (71.9%)	657 (71.3%)	533 (68.3%)	476 (76.5%)	477 (56.0%)	û	1417	1964	1807	1648	1406	4152	3381
	Never Event (number of re	ported events)	0	-	>0	0	0	0	0	0	0	\$	0	0	0	1	1	0	0
	Serious Incidents (reported	d externally to CCG)	<21	21-27	>28	12	9	9	6	9	7	Û	22	30	25	23	17	98	52
		MSSA Bacteraemia (No. of hospital acquired cases)	0	0	2.5	0	0	1	0	1	0	Û	1	1	4	4	3	13	2
		E Coli bacteraemia (No. of Hospital acquired cases)	0	2	4	7	2	4	7	5	3	û	15	13	7	24	10	32	28
	Infection Prevention	E. Coli Urinary Catheter Associated Bacteraemia (No. of	0	0	12	3	0	0	5	3	0	Û	8	3	1	3	1	2	11
	Control:	hospital acquired cases) Other Urinary Catheter Associated Bacteraemia (No. of	0	0	1	4	4	0	5	1	0	Û	6	8	0	2	0	3	14
		hospital acquired cases) Surgical Site Infections (Total Knee Replacement	0	0	1	0	0	0	1	0	0	\$	1	0	0	0	0	1	1
		surgery) Surgical Site Infections (Total Hip Replacement surgery)	0	0	1	0	0	1	0	1	0	Û	1	1	0	0	0	2	2
		Total number of Inpatient Falls	-	-	-	186	160	131	152	132	148	Û	432	477	569	567	478		909
		·																New	
Infection Prevention Control: End of the control o	Falls rate per 1000 occupied bed days	-	_	-	8.63	7.33	6.38	6.94	6.18	6.93	û _	6.68	7.45	9.30	8.70	7.73	methodolo gy agreed	7.09	
		Number of Inpatient Falls resulting in harm				33	35	45	53	36	28	û	117	113	108	72	122	New	230
		Falls rate per 1000 occupied bed days resulting in harm	-		-	1.53	1.60	2.19	2.42	1.64	1.30	û	1.79	1.77	1.66	2.08	1.98	methodolo gy agreed	1.88
		Grade 2	<5	>=5<=10	> 10	5	10	12	8	9	2	û	19	27	21	30	20	135	46
		Grade 3	<2	>=2<=4	>4	2	0	0	0	0	0	\$	0	2	2	4	1	23	2
		Grade 4	0	-	>=1	0	0	0	0	0	0	\$	0	0	0	0	0	2	0
		Total Number of medication errors resulting in any harm	-	-		11	19	42	20	10	25	Û	55	72	28	45	9	New	127
	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	Û	0.85	1.14	0.17	0.00	0.34	methodolo gv agreed	0.96
	Cardiac Arrest Calls (outsid	e 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	Û	1.3	1.6	1.8	2.6	1.6	3.0	1.3
	Eliminating Same Sex Acco	mmodation Breaches (No of breaches)	0	-	>=1	0	0	0	0	0	0	\$	0	0	0	0	0	0	0
		No of complaints received in month		0.11% -		29	29	33	28	26	49	û	103	91	123	182	197	683	194
	Complaints	% against activity complaints received in month	<=0.10%	0.19%	>=0.20%	0.07%	0.07%	0.13%	0.06%	0.07%	0.11%	û	0.08%	0.09%	0.10%	0.02%	0.12%	New methodolo	0.08%
		(Acknowledgement)	>=96%	81-95%	<=80%	100%	100%	100%	100%	100%	100%	\$	100%	100%	100%	100%	100%	gy agreed 89%	100%
		Compliments	-	-	-	153	125	111	170	154	123	û	447	389	271	224	231	915	836
		Concerns - volume received	1-0.100/	0.11% -	- 0 300/	163	222	238	303	330	341	û	974	623	605	870	1000	3822	1597
	PALs	Concerns - % against activity	<=0.10%	0.19%	>=0.20%	0.40%	0.54%	0.55%	0.57%	0.88%	0.77%	û	0.73%	0.50%	0.48%	0.69%	0.80%	New methodolo gy agreed	0.61%
		First Line Complaints - volume received	<=0.10%	0.11% -	>=0.20%	8	11	9	17	1	10	₽	28	28	29	27	41	201	56
		First Line Complaints - % against activity	0.1070	0.19%	0.2070	0.02%	0.03%	0.02%	0.03%	0.01%	0.02%	û	0.02%	0.02%	0.02%	0.02%	0.03%	New methodolo gy agreed	0.02%
		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	4.7	4.6	4.6	4.6	N/A	4.7
	Net Promoter	NHS Friends and Family Test (proportional score) (DH deem above 50 as excellent)	50	45	40	69	66	70	68	67	68	Û	68	67.5	63	62.8	60	N/A	68.0
	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	1.27	1.28	1.30	01:32.1	1.30
	Information Governance (S	Scores for IG Toolkit)	>=70% scored at	-	<70% scored at	79%	79%	79%	79%	79%	79%	\$	79%	79%	72%	72%	72%	64%	79%
			Level 2	\0E0/	Level 2														
		Continence Assessment	>90%	>85%	<85%	87%	90%	94%	90%	93%	93%	-	92%	90%	86%	90%	Data not av	93% ailable prior	90%
		Dementia	>90%	>85%	<85% <85%	75%	96%	97%	94%	95%	96%		95%	89%	79%	69%	to use of	FOCUS IT	89%
		Falls Infection control	>90%	>85%	<85%	96%	97% 97%	96%	94%	95%	93%		94%	96%	94%	97%	available ==	96%	96%
		Infection control	>90%	>85%	<85% <85%	96%		98%		95%			96%	97%		97%	avaliable pr		97%
		Meds Nutritional	>90%	>85% >85%	<85% <85%	96%	96%	97%	96%	97%	97%	-	97%	96%	97%	97%		94%	96%
	Nursing Metrics:	Nutritional	>90%			95%	95%	98%	93%	93%	96%	-	94%	96%	96%	96%			
		Observations	>90%	>85%	<85%	90%	95%	97%	94%	95%	97%	-	95%	94%	90%	93%		87%	94%
		Private	>90%	>85%	<85%	89%	94%	91%	89%	89%	91%	-	90%	91%	87%	91%		96%	91%
		Privacy Safeguarding	>90%	>85% >85%	<85% <85%	99%	99%	100%	99% 82%	99%	99%	-	99%	99% 85%	99%	99%	-	90%	99% 85%
		Safeguarding Staff	>90%	>85% >85%	<85% <85%	93%	95%	94%	91%	93%	96%		92%	94%	92%	94%	available pr	ior to use of	94%
			>90%	>85%	<85% <85%	89%	95%	94%	82%	88%	88%	-	86%	94%	87%	94%	_	94%	88%
	Tissue Viability		/30/0	~u3%	\CU/0	U3/0	91/0	3170	GZ/0	00/0	GG /0		60%	30%	6776	G-470		J+70	00/0

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		(establishment tar	from 1st April 14 get based on end of 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
		Establishment	-	-	3809.79	3852.65	3887.37	3881.74	3888.08	3879.00							34.72					
	Workforce Numbers	Staff in Post	-	-	3586.54	3586.84	3586.83	3636.18	3622.60	3658.56							-0.01					
	workforce numbers	Vacancies (Diff between Bud. Est. & SIP)	÷	-	221.25	265.81	300.54	245.56	265.48	220.44							34.73					
		Turnover Rate (total leavers/SIP *100)	÷	-	1.15%	0.67%	0.64%	0.52%	3.34%	0.97%							0.00					
		Sickness Absence (%) - Short Term	<1.50%	>1.50%	2.65%	2.43%	2.18%	2.04%	1.61%	1.95%							-0.22%					
	Attendance and Wellbeing - * This is the cost of salary paid to those who were absent due to sickness.	Sickness Absence (%) - Long Term	<1.50%	>1.50%	2.05%	1.92%	2.17%	1.93%	1.97%	1.73%							-0.13%					
		Sickness Absence (%) - Total	<3.50%	>3.50%	4.70%	4.35%	4.35%	3.96%	3.58%	3.68%							-0.35%					
		Absence Cost (£) - Total*	-	-	£411,305	£402,344	£379,327	£351,457	£312,429	£335,959							-£8,961					
		Plan	-	-	£13,632,746	£14,003,032	£13,920,907	£13,617,623	£13,538,092	£13,881,780							£370,286					
	Pay	Pay	-	-	£13,954,405	£14,174,602	£14,176,564	£14,547,871	£14,476,971	£14,553,848							£220,197					
	,	Fixed Pay	-	-	£12,007,456	£12,097,775	£12,211,828	£12,253,035	£12,198,098	£12,302,435							£90,319					
		Variable Pay	-	-	£1,946,950	£2,076,827	£1,964,736	£2,294,836	£2,278,872	£2,251,413							£129,877					
		Maternity (WTE on maternity in month)	-	-	65.04	65.49	66.34	74.20	79.21	82.65							0.45					
	Staff Performance	AFC Rolling 12 month Appraisal completion rate	<97%	>98%	82%	84%	81%	83%	84%	82.00%							-0.03					
		Mandatory Training Completion	<78%	>79%	78%	78%	78%	79%	79%	80.00%							0.00					