

TRUST KEY PERFORMANCE INDICATORS

Monitor compliance
August 2014



Data Quality Audit/Assurance
Performed in last 12 months

Ref.	MONITOR COMPLIANCE FRAMEWORK	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	In month Change	Q1 2014/15	Q2 2014/15	YTD 14/15	Q4 2013/14	2013/14	Externally	Internally
	Referral to Treatment: Admitted Patient Care (90% of patients treated within 18 weeks)	>=90%	90.0%	91.1%	92.1%	90.2%	89.4%	↓	91.1%	89.9%	90.6%	88.0%	92.4%	Yes	Yes
	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%	↓	94.4%	92.3%	93.5%	94.2%	94.9%	Yes	Yes
	Referral to Treatment: Incomplete Pathways (92% of patients complete pathway within 18 weeks)	>=92%	92.1%	92.1%	92.0%	92.9%	93.4%	↑	92.0% Jun 14 Snapshot position	-	-	92.4% Mar 14 Snapshot position	-	Yes	Yes
	A&E Clinical Quality: Total Time in A&E Dept SFHFT (% <4 hour wait)	>=95%	93.48%	93.42%	95.96%	92.97%	95.78%	↑	94.27%	94.11%	94.20%	93.54%	95.66%	Yes	Yes
	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%	↑	91.65%	91.60%	91.63%	90.76%	94.00%	Yes	Yes
	A&E Clinical Quality: Total Time in A&E Dept Newark (% <4 hour wait)	>=95%	98.68%	99.17%	99.34%	98.58%	99.07%	↑	99.07%	98.70%	98.91%	98.93%	98.83%	Yes	Yes
	Cancer 2 week wait: All Cancers	>=93%	90.2%	93.6%	93.3%	93.7%	91.8%	↓	92.3%	92.9%	92.6%	96.0%	94.8%	Yes	Yes
	Cancer 2 week wait: Breast Symptomatic	>=93%	90.0%	100.0%	90.9%	97.7%	92.3%	↓	93.6%	95.2%	94.4%	94.0%	95.0%	Yes	Yes
	Cancer 31 day wait: from diagnosis to first treatment	>=96%	99.1%	96.4%	100.0%	98.1%	98.8%	↑	98.6%	98.9%	98.7%	99.4%	99.7%	Yes	Yes
	Cancer 31 day wait: for subsequent treatment - surgery	>=94%	100.0%	100.0%	100.0%	88.9%	100.0%	↑	100.0%	94.9%	97.3%	100.0%	99.1%	Yes	Yes
	Cancer 31 day wait: for subsequent treatment - drugs	>=98%	100.0%	95.8%	100.0%	100.0%	100.0%	↔	98.9%	100.0%	99.3%	98.0%	99.4%	Yes	Yes
	Cancer 62 day wait: urgent referral to treatment	>=85%	91.5%	83.8%	82.5%	88.9%	84.6%	↓	85.9%	85.5%	85.7%	86.4%	89.1%	Yes	Yes
	Cancer 62 day wait: for first treatment - screening	>=90%	100.0%	100.0%	100.0%	100.0%	92.3%	↓	100.0%	92.3%	96.2%	94.1%	98.8%	Yes	Yes
	Data Completeness: Community Referral to Treatment information	>=50%	88.4%	89.6%	90.6%	89.7%	91.0%	↑	89.5%	90.2%	89.8%	89.2%	86.3%	No	No
	Data Completeness: Community Referral information	>=50%	56.8%	54.8%	56.0%	53.7%	54.9%	↑	55.9%	54.2%	55.2%	54.5%	54.2%	No	No
	Data Completeness: Community Treatment activity - and care contact	>=50%	76.0%	76.0%	75.8%	76.5%	77.2%	↑	75.9%	76.8%	76.3%	76.1%	76.4%	No	No
	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	3/0	No	Yes
	Infection Prevention Control: Clostridium Difficile Infections (No. of cases attributed to Trust)	2	5	6	5	7	5	↑	23/9	12/9	28/37	8/6	36/25	Yes	Yes
	Access to Healthcare for people with learning disabilities	Compliance	Compliant					↔						No	No
	CQC Compliance	compliance points relative to site visits	0					↔							
	Monitor Compliance Points								4.0	5.0		4.0			
	Governance Risk Rating (GRR)								red	red		RED	RED		

TRUST KEY PERFORMANCE INDICATORS

Acute Contract Performance
August 2014

Ref	CONTRACTUAL PERFORMANCE METRICS	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	In month change	Q1 2014/15	Q2 2014/15	YTD 2014/15	Q4 2013/14	Full Year 2013/14
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%	↑	94.27%	94.28%	94.28%	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%	↓	5.36%	5.46%	5.40%	5.22%	5.36%
	Left without being seen rate	<=5%	2.01%	1.97%	2.15%	2.16%	1.81%	↑	2.05%	2.00%	2.03%	1.84%	1.74%
	Time to Initial Assessment for patients arriving by emergency ambulance (95th percentile - Mins)	<=15	34	33	35	37	30	↑	34	33	34	31	29
	Time to Initial Assessment for patients arriving by emergency ambulance (Median Minutes)	<=16	4	4	4	3	3	↔	4	3	4	5	4
	Time to Treatment (Median minutes wait from arrival to treatment)	<=60	52	54	54	60	48	↑	53	54	54	53	49
Ambulance Turnaround Times	Average Clinical Handover Time (%)	>=65%	58.48%	55.97%	54.93%	52.94%	56.92%	↑	56.48%	54.89%	55.85%	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%	↑	4.9%	6.4%	5.5%	4.9%	5.0%
Cancelled Operations:	% Of elective admissions	<=0.8%	0.8%	0.7%	0.6%	1.0%	0.5%	↑	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%	↑	5.5%	6.4%	4.6%	1.0%	1.1%
Diagnostic waiting times <6weeks	%	>=99%	99.9%	99.8%	99.7%	99.7%	99.8%	↑	-	-	-	-	-
Choose & Book:	Ratio: Slot issues per booking	<0.05	0.13	0.10	info not available	info not available	info not available		-	-	-	-	-
SUS data:	% uncoded within 5 days of month end	<20%	22.8%	24.7%	33.0%	27.7%	11.8%	↓	-	-	-	-	-
Referral to Treatment:	Admitted Patient Care (90% of patients treated within 18 weeks)	>=90%	90.0%	91.1%	92.1%	90.2%	89.4%	↓	91.1%	89.9%	90.6%	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%	↓	94.4%	92.3%	93.5%	94.2%	94.9%
	Incomplete Pathways (92% of patients complete pathway within 18 weeks)	>=92%	92.1%	92.1%	92.0%	92.9%	93.4%	↑	-	-	-	-	-
	18week RTT for direct access audiology completed pathways (treated)	>=95%	100.0%	100.0%	99.7%	100.0%	99.3%	↑	99.9%	-	99.8%	99.7%	99.7%
	Patients on an Incomplete Pathway waiting 52 weeks & Over	0	4	4	3	0	0	↑	-	-	-	-	-
Cancer	2 week wait: All Cancers	>=93%	90.2%	93.6%	93.3%	93.7%	(91.8%)	↓	92.3%	(92.9%)	(92.6%)	96.0%	94.8%
	2 week wait: Breast Symptomatic	>=93%	90.0%	100.0%	90.9%	97.7%	(92.3%)	↓	93.6%	(95.2%)	(94.4%)	94.0%	95.0%
	31 day wait: from diagnosis to first treatment	>=96%	99.1%	96.4%	100.0%	98.1%	(98.8%)	↑	98.6%	(98.9%)	(98.7%)	99.4%	99.7%
	31 day wait: for subsequent treatment - surgery	>=94%	100.0%	100.0%	100.0%	88.9%	(100.0%)	↑	100.0%	(94.9%)	(97.3%)	100.0%	99.1%
	31 day wait: for subsequent treatment - drugs	>=98%	100.0%	95.8%	100.0%	100.0%	(100.0%)	↔	98.9%	(100.0%)	(99.3%)	98.0%	99.4%
	62 day wait: urgent referral to treatment	>=85%	91.5%	83.8%	82.5%	88.9%	(84.6%)	↓	85.9%	(85.5%)	(85.7%)	86.4%	89.1%
	62 day wait: for first treatment - screening	>=90%	100.0%	100.0%	100.0%	100.0%	(92.3%)	↓	100.0%	(92.3%)	(96.2%)	94.1%	98.8%
	62 day wait: consultant upgrade	>=91%	66.7%	62.5%	100.0%	100.0%	(100.0%)	↔	83.3%	(85.6%)	(84.1%)	95.7%	98.5%
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	3/0
	Clostridium Difficile Infections (No. of cases attributed to Trust)	2	5	6	5	7	5	↑	23/9	12/9	28/37	8/6	36/25

denotes when the target is a contractual and Monitor performance target that is replicated in the Monitor compliance dashboard

Ref.	QUALITY & SAFETY METRICS			Target			Apr-14	May-14	Jun-14	Jul-14	Aug-14	In month change	Q2 2014/15	Q1 2014/15	Q4 2013/14	Q3 2013/14	Q2 2013/14	2012/13	YTD 2013/14
				G	A	R													
	HSMR			<=100	-	>100						N/A						N/A	N/A
	Patient Incidents (Datix reported)	Catastrophic-Death relating to a patient safety incident	0%	-	0%	0 (0%)	2 (<1%)	1 (<1%)	1 (<1%)	0 (0%)	↓	1	3	9	9	3	6	4	
		Severe harm	0%	-	0%	0 (0%)	0 (0%)	2 (<1%)	0 (0%)	0 (0%)	↔	0	2	12	23	5	3	2	
		Moderate harm	<=5%	-	>5%	47 (4.8%)	38 (4.1%)	27 (2.9%)	30 (3.8%)	14 (2.6%)	↓	44	112	165	166	110	154	156	
		Low harm	<=23%	-	>23%	266 (27.5%)	220 (23.8%)	235 (25.5%)	215 (27.5%)	111 (20.9%)	↓	326	721	679	785	323	787	1047	
		No harm	>=72%	-	<72%	653 (67.4%)	665 (71.9%)	657 (71.3%)	533 (68.3%)	407 (76.5%)	↑	940	1964	1807	1648	1406	4152	2904	
	Never Event (number of reported events)			0	-	>0	0	0	0	0	↔	0	0	0	1	1	0	0	
	Serious Incidents (reported externally to CCG)			<21	21-27	>28	12	9	9	6	9	↑	15	30	25	23	17	98	45
	Infection Prevention Control:	MSSA Bacteraemia (No. of hospital acquired cases)	0	0	2.5	0	0	1	0	1	↓	1	1	4	4	3	13	2	
		E Coli bacteraemia (No. of Hospital acquired cases)	0	2	4	7	2	4	7	5	↓	7	13	7	24	10	32	20	
		E. Coli Urinary Catheter Associated Bacteraemia (No. of hospital acquired cases)	0	0	12	3	0	0	5	3	↓	8	3	1	3	1	2	11	
		Other Urinary Catheter Associated Bacteraemia (No. of hospital acquired cases)	0	0	1	4	4	0	5	1	↓	6	8	0	2	0	3	14	
		Surgical Site Infections (Total Knee Replacement surgery)	0	0	1	0	0	0	1	0	↓	1	0	0	0	0	1	1	
		Surgical Site Infections (Total Hip Replacement surgery)	0	0	1	0	0	1	0	1	↑	1	1	0	0	0	2	2	
	Slips, trips and falls	Total number of Inpatient Falls	-	-	-	186	160	131	152	132	↓	284	477	569	567	478		761	
		Falls rate per 1000 occupied bed days	-	-	-	8.63	7.33	6.38	6.94	6.18	↓	6.56	7.45	9.30	8.70	7.73	New methodology agreed	7.09	
		Number of Inpatient Falls resulting in harm				33	35	45	53	36	↓	89	113	108	72	122		202	
		Falls rate per 1000 occupied bed days resulting in harm	-	-	-	1.53	1.60	2.19	2.42	1.69	↓	2.06	1.77	1.66	2.08	1.98	New methodology agreed	1.89	
	Pressure Ulcer (post admission/avoidable)	Grade 2	<5	>=5<=10	>10	5	10	12	8	9	↑	17	27	21	30	20	135	44	
		Grade 3	<2	>=2<=4	>4	2	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	2	0	
	Medication related incidents	Total Number of medication errors resulting in any harm	-	-	-	11	19	42	20	10	↓	30	72	28	45	9		102	
		Number of medication errors per 1000 occupied bed days resulting in serious harm	-	-	-	0.51	0.87	2.05	0.91	0.47	↓	0.69	1.14	0.17	0.00	0.34	New methodology agreed	0.96	
	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	↓	0.7	1.6	1.8	2.6	1.6	3.0	1.3
	Eliminating Same Sex Accommodation Breaches (No of breaches)			0	-	>=1	0	0	0	0	0	↔	0	0	0	0	0	0	
	Complaints	No of complaints received in month				29	29	33	28	26	↓	54	91	123	182	197	683	145	
		% against activity complaints received in month	<=0.10%	0.11% - 0.19%	>=0.20%	0.07%	0.07%	0.13%	0.06%	0.07%	↑	0.06%	0.09%	0.10%	0.02%	0.12%	New methodology agreed	0	
		(Acknowledgement)	>=96%	81-95%	<=80%	100%	100%	100%	100%	100%	↔	100%	100%	100%	100%	100%	89%	100%	
	PALS	Compliments	-	-	-	153	125	111	155	154	↓	309	389	271	224	231	915	698	
		Concerns - volume received				163	222	238	265	330	↑	595	623	605	870	1000	3822	1218	
		Concerns - % against activity	<=0.10%	0.11% - 0.19%	>=0.20%	0.40%	0.54%	0.55%	0.57%	0.88%	↑	0.70%	0.50%	0.48%	0.69%	0.80%	New methodology agreed	0	
		First Line Complaints - volume received				8	11	9	16	3	↓	19	28	29	27	41	201	47	
		First Line Complaints - % against activity	<=0.10%	0.11% - 0.19%	>=0.20%	0.02%	0.03%	0.02%	0.03%	0.01%	↓	0.02%	0.02%	0.02%	0.02%	0.03%	New methodology agreed	0	
	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	N/A	4.7	
		NHS Friends and Family Test (proportional score) (DH deem above 50 as excellent)	50	45	40	69	66	70	68	67	↓	67.5	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	↔	0.00	1.30	1.27	1.28	1.30	01:32.1	1.30
	Information Governance (Scores for IG Toolkit)			>=70% scored at Level 2	-	<70% scored at Level 2	79%	79%	79%	79%	79%	↔	79%	79%	72%	72%	72%	64%	79%
	Nursing Metrics:	Continence Assessment	>90%	>85%	<85%	87%	90%	94%	90%	93%	-	92%	90%	86%	90%		93%	90%	
		Dementia	>90%	>85%	<85%	75%	96%	97%	94%	95%	-	95%	89%	79%	69%		Data not available prior to use of FOCUS IT	89%	
		Falls	>90%	>85%	<85%	96%	97%	96%	94%	95%	-	95%	96%	94%	97%		96%	96%	
		Infection control	>90%	>85%	<85%	96%	97%	98%	98%	95%	-	97%	97%	97%	97%		available prior to use of	97%	
		Meds	>90%	>85%	<85%	96%	96%	97%	96%	97%	-	97%	96%	97%	97%		94%	96%	
		Nutritional	>90%	>85%	<85%	95%	95%	98%	93%	93%	-	93%	96%	96%	96%		86%	96%	
		Observations	>90%	>85%	<85%	90%	95%	97%	94%	95%	-	95%	94%	90%	93%		87%	94%	
		Pain	>90%	>85%	<85%	89%	94%	91%	89%	89%	-	89%	91%	87%	91%		88%	91%	
		Privacy	>90%	>85%	<85%	99%	99%	100%	99%	99%	-	99%	99%	99%	99%		96%	99%	
		Safeguarding	>90%	>85%	<85%	81%	86%	88%	82%	87%	-	85%	85%	84%	86%		available prior to use of	85%	
		Staff	>90%	>85%	<85%	93%	95%	94%	91%	93%	-	92%	94%	92%	94%		94%	94%	
		Tissue Viability	>90%	>85%	<85%	89%	91%	91%	82%	88%	-	85%	90%	87%	84%		94%	88%	

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
 ↑ Falling threshold improving performance
 ↓ Falling threshold deteriorating performance

TRUST KEY PERFORMANCE INDICATORS

HR/Workforce
April 14-Mar 15

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