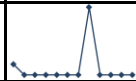
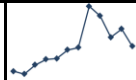
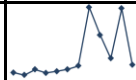
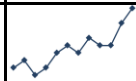
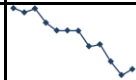
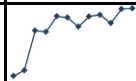
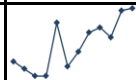
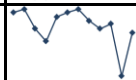
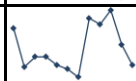
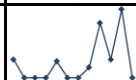

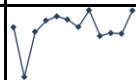

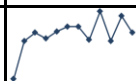
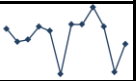

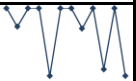
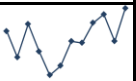
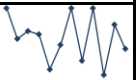
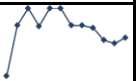
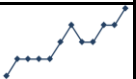
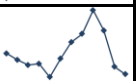
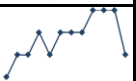
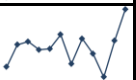
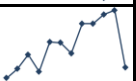


At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating
QUALITY AND PATIENT EXPERIENCE	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Feb-17 - Jan-18	94.3	-		G
	Rolling 12 months HSMR Sepsis	100	Feb-17 - Jan-18	73.6	-		G
	SHMI	100	Jul-16 - Jun-17	102.21	-		A
	Emergency c-section rate (crude rate)	23.0%	Jan-18	13.1%	11.0%		G
	Emergency c-section rate (standardised ratio)	100.0%	Jan-18	85.7%	71.7%		G
	Emergency re-admissions within 30 days	8.6%	Jan-18	7.5%	7.1%		G
	Serious Incidents including Never Events (STEIS reportable) by reported date	2	Apr-18	3	3		R
	Never Events	0	Apr-18	0	0		G
	NHSE/NHSI Improvement Patient Safety Alerts Compliance (Number open beyond deadline)	0	Apr-18	0	0		G
	Safe Staffing Levels - overall fill rate	80.0%	Apr-18	101.0%	101.0%		G
	Same Sex Accommodation Standards breaches	0	Apr-18	0	0		G
	Clostridium difficile Hospital acquired cases	4	Apr-18	2	2		G
	MRSA bacteremia - Hospital acquired cases	0	Apr-18	0	0		G

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	
QUALITY, SAFE	E.Coli bacteraemia blood stream infection - Hospital acquired cases	4	Apr-18	2	2		G	
	Falls per 1000 OBDs resulting in Moderate or Severe Harm	0.8	Apr-18	0.1	0.1		G	
	Falls per 1000 OBDs resulting in Low or No Harm	5.5	Apr-18	6.6	6.6		R	
	Quality	Avoidable Hospital Acquired Grade 2 Pressure Ulcers per 1000 OBDs	0.07	Apr-18	0.00	0.00		G
	Avoidable Hospital Acquired Grade 3 Pressure Ulcers per 1000 OBDs	0.01	Apr-18	0.00	0.00		G	
	Avoidable Hospital Acquired Grade 4 Pressure Ulcers per 1000 OBDs	0	Apr-18	0.00	0.00		G	
	Harm-free SFH care	≥95%	Apr-18	95.8%	95.8%		G	
	Eligible patients having Venous Thromboembolism (VTE) risk assessment	≥95%	Mar-18	95.2%	95.4%		G	
	Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Mar-18	81.3%	66.5%		R	
	Eligible patients having Dementia Diagnostic Assessment	≥90%	Mar-18	99.1%	100.0%		G	
	Patients where the dementia outcome was positive or inconclusive, are referred for further diagnostic advice	≥90%	Mar-18	79.1%	78.5%		R	

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	
QUALITY, SAFETY AND PATIENT EXPERIENCE	Patient Experience	% complaint responses dispatched within appropriate number of days	≥90%	Apr-18	86.0%	86.0%		R
		Number of complaints	≤60	Apr-18	18	18		G
		Reopened complaints	8	Apr-18	2	2		G
		Response Rate: Friends and Family Inpatients	≥24.1%	Apr-18	37.3%	37.3%		G
		Recommended Rate: Friends and Family Inpatients	97%	Apr-18	98.1%	98.1%		G
		Response Rate: Friends and Family Accident and Emergency	≥12.8%	Apr-18	12.5%	12.5%		R
		Recommended Rate: Friends and Family Accident and Emergency	87%	Apr-18	95.3%	95.3%		G
		Recommended Rate: Friends and Family Maternity	96%	Apr-18	95.4%	95.4%		R
		Recommended Rate: Friends and Family Outpatients	96%	Apr-18	93.3%	93.3%		R
		Recommended Rate: Friends and Family Staff	80%	Qtr4 Yr2017/18	82.7%	83.3%		G
Emergency Access		Emergency access within four hours Total Trust	≥95%	Apr-18	92.4%	92.4%		R
		Emergency access within four hours Kings Mill	≥95%	Apr-18	89.0%	89.0%		R
		Emergency access within four hours Newark	≥95%	Apr-18	98.5%	98.5%		G
		Emergency access within four hours Primary Care (included in total trust performance not SFH activity)	≥95%	Apr-18	99.0%	99.0%		G

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	
OPERATIONAL STANDARDS	% of 12 all trolley waits > 12 hours	0	Apr-18	0.00%	0.00%		G	
	% of Ambulance handover > 30 minutes	0	Apr-18	15.9%	15.9%		R	
	% of Ambulance handover > 60 minutes	0	Apr-18	0.8%	0.8%		R	
	Referral to Treatment	Specialities exceeding 18 wk referral to treatment time (incomplete pathways)	0	Apr-18	-	13		R
		18 weeks referral to treatment time - incomplete pathways	≥92%	Apr-18	-	89.2%		R
		18 weeks - number of incomplete pathways	24197	Apr-18	-	24273		R
		Number of cases exceeding 52 weeks referral to treatment	0	Apr-18	-	29		R
	Diagnostics	Diagnostic waiters, 6 weeks and over-DM01	≥99%	Apr-18	-	98.6%		R
	Cancelled Operations	Last minute (on the day) non-clinical cancelled elective operations as a % of elective admissions	≤0.8%	Apr-18	0.3%	0.3%		G
		Breaches of the 28 day guarantee following a Last minute (on the day) non clinical cancelled elective operation	≤5.0%	Apr-18	0.0%	0.0%		G
Urgent operations cancelled more than once		0	Apr-18	0	0		G	
DS	#NoF	% of #NoF achieving BPT	75.0%	Mar-18	68.4%	68.4%		R
	CCU	Non-medical critical care transfers	0	Apr-18	0	0		G
		2 week GP referral to 1st outpatient appointment	≥93%	Mar-18	96.1%	96.3%		G

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	
OPERATIONAL STANDARDS	Cancer Access	31 day diagnosis to treatment	≥96%	Mar-18	98.6%	98.3%		G
		31 day second or subsequent treatment (drug)	≥98%	Mar-18	100.0%	100.0%		G
		31 day second or subsequent treatment (surgery)	≥94%	Mar-18	90.9%	66.7%		R
		62 days urgent referral to treatment	≥85%	Mar-18	84.1%	91.9%		G
		62 day referral to treatment from screening	≥90%	Mar-18	84.9%	77.8%		R
		14 days referral for breast symptoms to assessment	≥93%	Mar-18	97.2%	96.4%		G
ORGANISATIONAL HEALTH	HR	% of eligible staff appraised within last 12 months	≥95%	May-17 - Apr-18	96.00%	-		G
		WTE lost as a % of contracted WTE due to sickness absence within last 12 months	≤3.5%	May-17 - Apr-18	3.22%	-		G
		% eligible staff attending core mandatory training within the last 12 months	≥90%	Apr-17 - Mar-18	92.00%	-		G
		Staff Turnover	≤1.0%	Apr-18	1.19%	1.19%		R
		Proportion of Temporary Staff	7.50%	Apr-18	7.20%	7.20%		G