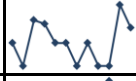
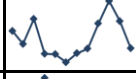
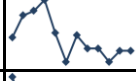
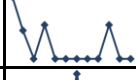
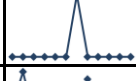

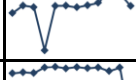

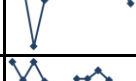



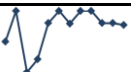
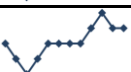


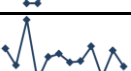



At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating
, SAFETY AND PATIENT EXPERIENCE	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Nov-16 - Oct-17	96.77	-		G
	Rolling 12 months HSMR Sepsis	100	Nov-16 - Oct-17	67.31	-		G
	SHMI	100	Jul-16 - Jun-17	102.21	-		A
	Emergency c-section rate (crude rate)	23.0%	Oct-17	13.2%	13.3%		G
	Emergency c-section rate (standardised ratio)	100.0%	Oct-17	87.7%	88.4%		G
	Emergency re-admissions within 30 days	8.6%	Sep-17	7.8%	7.6%		G
	Serious Incidents including Never Events (STEIS reportable) by reported date	2	Jan-18	24	2		G
	Never Events	0	Jan-18	2	0		G
	NHSE/NHSI Improvement Patient Safety Alerts Compliance (Number open beyond deadline)	0	Jan-18	0	0		G
	Safe Staffing Levels - overall fill rate	80.0%	Jan-18	99.4%	100.6%		G
	Same Sex Accommodation Standards breaches	0	Jan-18	0	0		G
	Clostridium difficile Hospital acquired cases	4	Jan-18	30	2		G
	MRSA bacteremia - Hospital acquired cases	0	Jan-18	2	0		G
	E.Coli bacteraemia blood stream infection - Hospital acquired cases	4	Jan-18	42	4		G

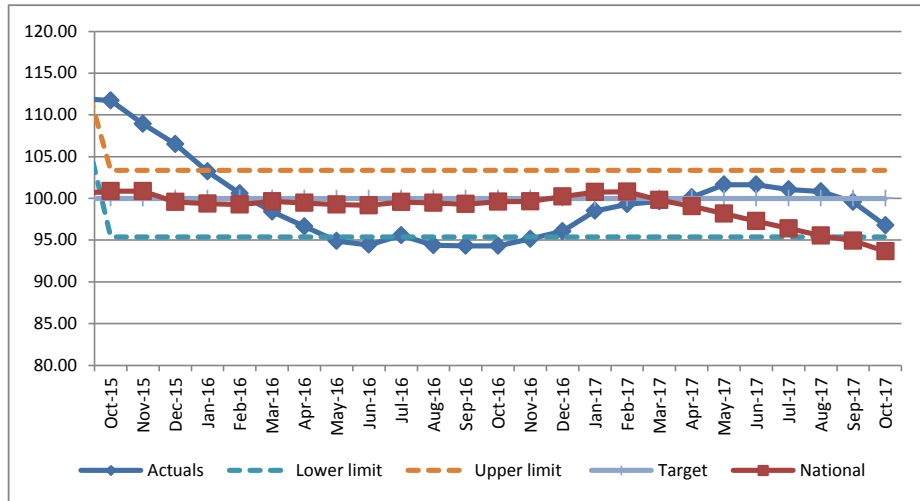
At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	
QUALITY	Quality	Falls per 1000 OBDs resulting in Moderate or Severe Harm	0.8	Jan-18	0.1	0.1		G
		Falls per 1000 OBDs resulting in Low or No Harm	5.5	Jan-18	5.8	5.4		G
		Avoidable Hospital Acquired Grade 2 Pressure Ulcers per 1000 OBDs	0.07	Jan-18	0.10	0.05		G
		Avoidable Hospital Acquired Grade 3 Pressure Ulcers per 1000 OBDs	0.01	Jan-18	0.01	0.00		G
		Avoidable Hospital Acquired Grade 4 Pressure Ulcers per 1000 OBDs	0	Jan-18	0.01	0.00		G
		Harm-free SFH care	≥95%	Jan-18	95.4%	95.3%		G
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	≥95%	Dec-17	95.0%	95.1%		G
		Eligible patients having Dementia Screening	≥90%	Dec-17	88.5%	30.0%		R
		Patients with a diagnosis of dementia or delirium or to whom case finding is applied	≥90%	Dec-17	98.6%	84.6%		R
		Patients where the dementia outcome was positive or inconclusive, are referred on to specialist services	≥90%	Dec-17	80.1%	62.5%		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%	Jan-18	97.4%	98.0%		G
		Number of complaints	≤60	Jan-18	175	24		G
		Reopened complaints	8	Jan-18	16	2		G
		Response Rate: Friends and Family Inpatients	≥24.1%	Jan-18	30.8%	32.5%		G
		Recommended Rate: Friends and Family Inpatients	97%	Jan-18	98.4%	98.8%		G
		Response Rate: Friends and Family Accident and Emergency	≥12.8%	Jan-18	9.6%	9.2%		R
		Recommended Rate: Friends and Family Accident and Emergency	87%	Jan-18	93.3%	92.7%		G
		Recommended Rate: Friends and Family Maternity	96%	Jan-18	95.5%	95.2%		R
		Recommended Rate: Friends and Family Outpatients	96%	Jan-18	93.7%	92.5%		R
		Recommended Rate: Friends and Family Staff	80%	Qtr2 Yr2017/18	80.6%	80.8%		G
Emergency Access	Emergency Access	Emergency access within four hours Total Trust	≥95%	Jan-18	93.0%	87.2%		R
		Emergency access within four hours Kings Mill	≥95%	Jan-18	89.8%	81.0%		R
		Emergency access within four hours Newark	≥95%	Jan-18	99.0%	98.2%		G
		Emergency access within four hours Primary Care (included in total trust performance not SFH activity)	≥95%	Jan-18	98.9%	99.1%		G
		% of 12 all trolley waits > 12 hours	0	Jan-18	0.03%	0.00%		G

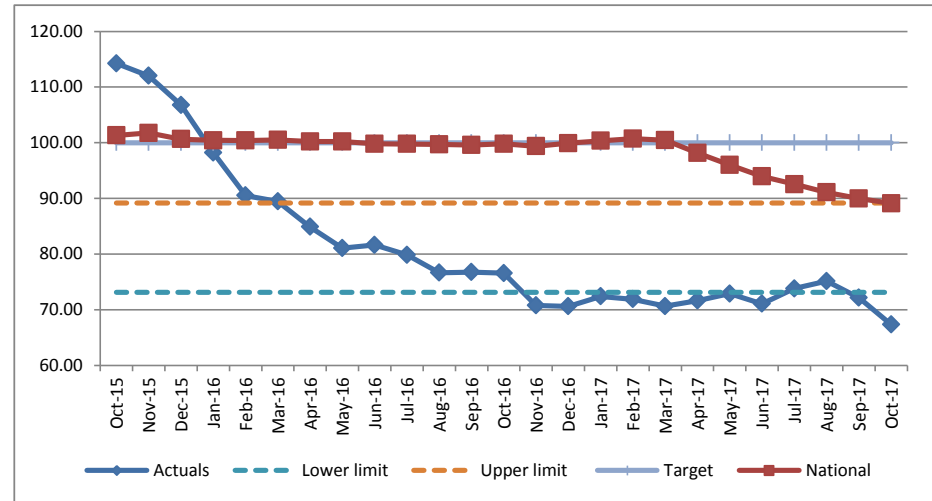
At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	
OPERATIONAL STANDARDS	% of Ambulance handover > 30 minutes	0	Jan-18	14.9%	25.4%		R	
	% of Ambulance handover > 60 minutes	0	Jan-18	1.1%	2.7%		R	
	Referral to Treatment	Specialities exceeding 18 wk referral to treatment time (incomplete pathways)	0	Jan-18	-	8		R
		18 weeks referral to treatment time - incomplete pathways	≥92%	Jan-18	-	90.7%		R
		Number of cases exceeding 52 weeks referral to treatment	0	Jan-18	-	21		R
	Diagnostics	Diagnostic waiters, 6 weeks and over-DM01	≥99%	Jan-18	-	98.8%		R
	Cancelled Operations	Last minute (on the day) non-clinical cancelled elective operations as a % of elective admissions	≤0.8%	Jan-18	0.3%	0.5%		G
		Breaches of the 28 day guarantee following a Last minute (on the day) non clinical cancelled elective operation	≤5.0%	Jan-18	7.6%	33.3%		R
		Urgent operations cancelled more than once	0	Jan-18	0	0		G
OPERATIONAL STANDARDS	#NoF	% of #NoF achieving BPT	75.0%	Dec-17	67.3%	67.6%		R
	CCU	Non-medical critical care transfers	0	Jan-18	0	0		G
	Cancer Access	2 week GP referral to 1st outpatient appointment	≥93%	Dec-17	96.0%	98.1%		G
		31 day diagnosis to treatment	≥96%	Dec-17	98.8%	100.0%		G
		31 day second or subsequent treatment (drug)	≥98%	Dec-17	100.0%	100.0%		G
		31 day second or subsequent treatment (surgery)	≥94%	Dec-17	95.8%	100.0%		G

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating
OP		62 days urgent referral to treatment	≥85%	Dec-17	82.7%	88.3%		G
		62 day referral to treatment from screening	≥90%	Dec-17	87.0%	100.0%		G
		14 days referral for breast symptoms to assessment	≥93%	Dec-17	97.7%	97.6%		G
ORGANISATIONAL HEALTH	HR	% of eligible staff appraised within last 12 months	≥95%	Feb-17 - Jan-18	94.00%	-		A
		WTE lost as a % of contracted WTE due to sickness absence within last 12 months	≤3.5%	Feb-17 - Jan-18	4.70%	-		R
		% eligible staff attending core mandatory training within the last 12 months	≥90%	Feb-17 - Jan-18	94.00%	-		G
		Staff Turnover	≤1.0%	Jan-18	0.84%	0.75%		G
		Proportion of Temporary Staff	7.50%	Jan-18	7.38%	7.82%		A

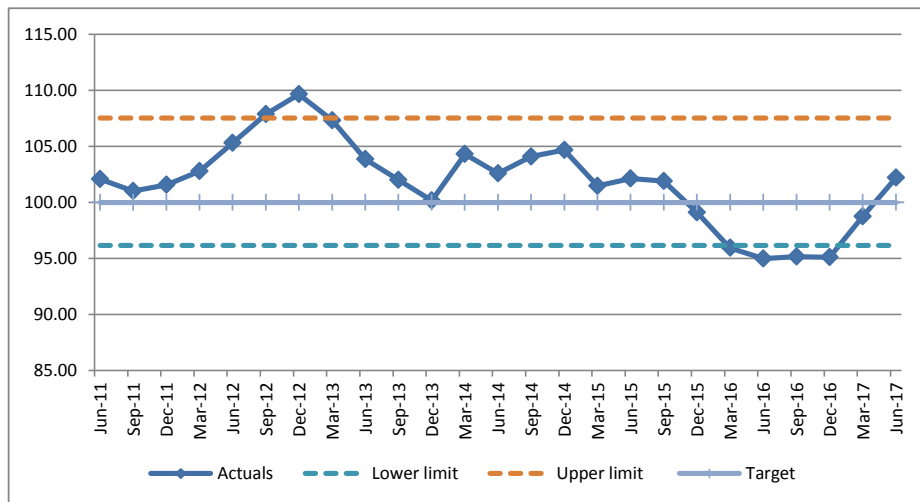
**HSMR (basket of 56 diagnosis groups)**



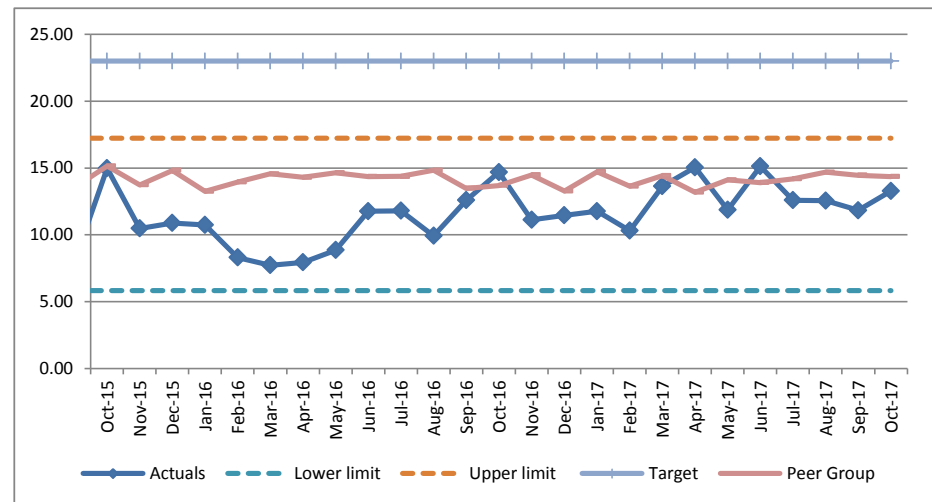
**Rolling 12 months HSMR Sepsis**



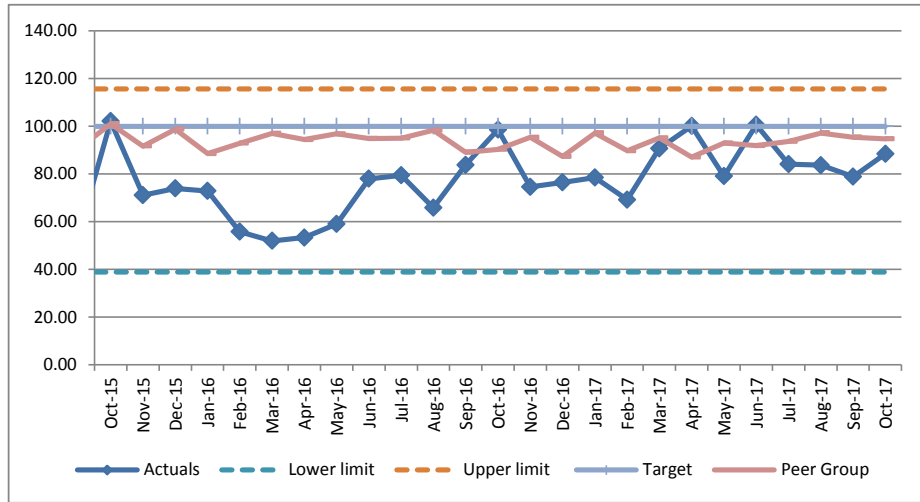
**SHMI**



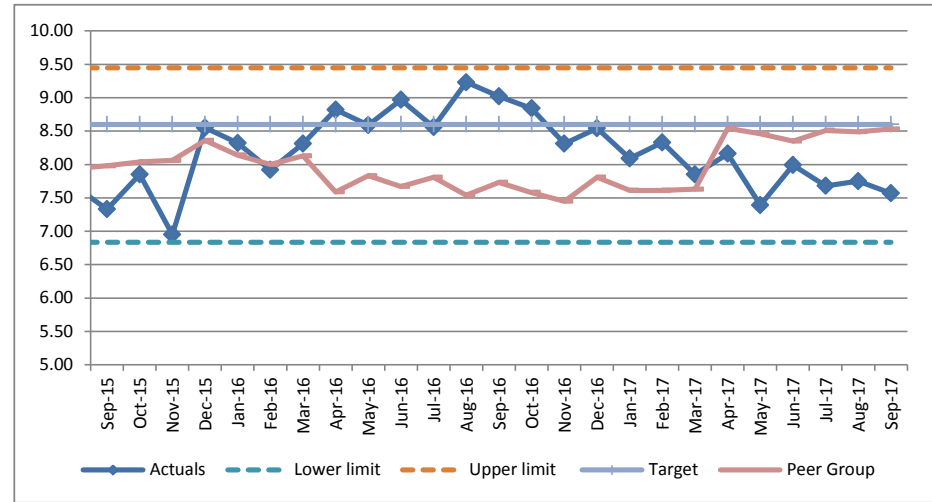
**Emergency c-section rate (crude rate)**



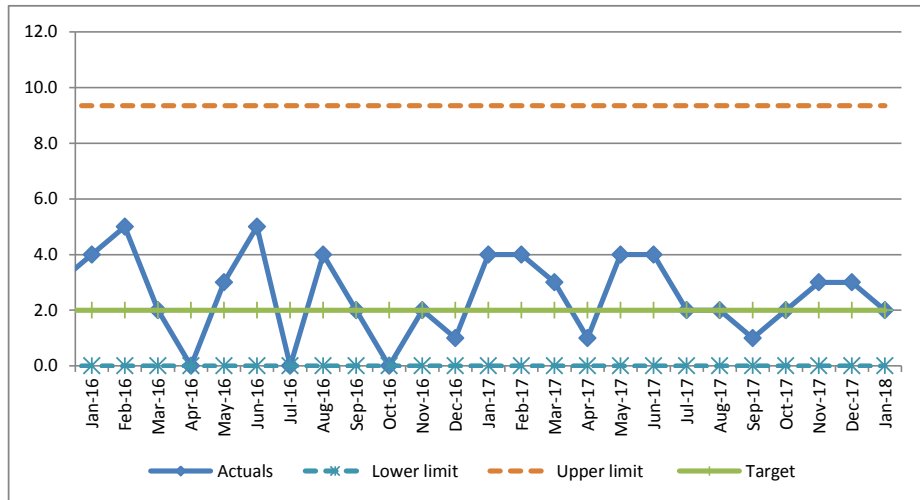
**Emergency c-section rate (standardised ratio)**



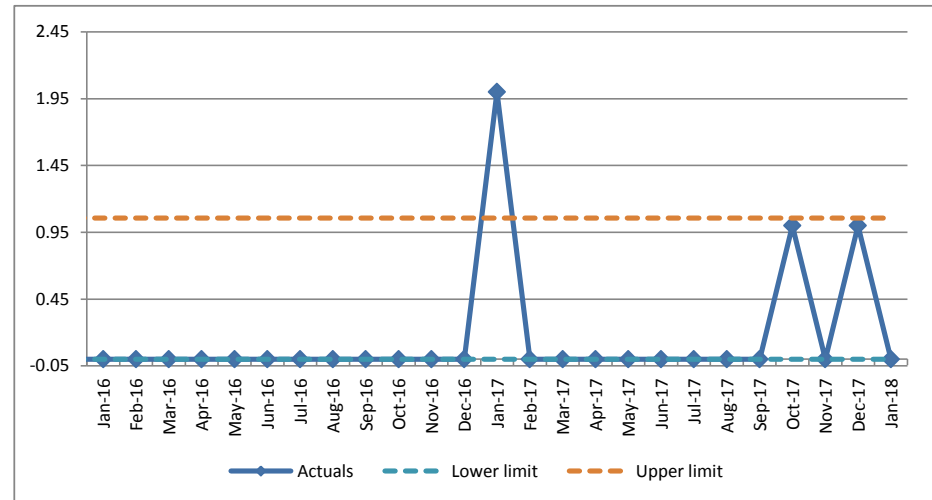
**Emergency re-admissions within 30 days**



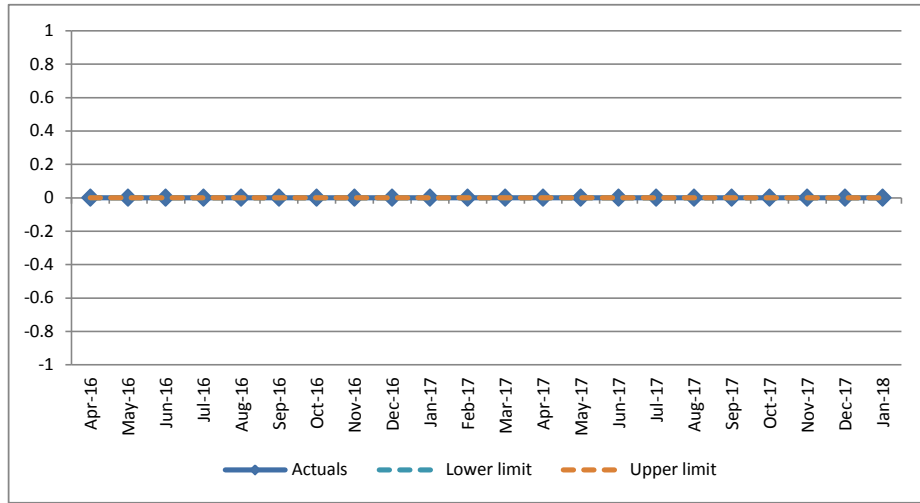
**Serious Incidents including Never Events (STEIS reportable) by reported date**



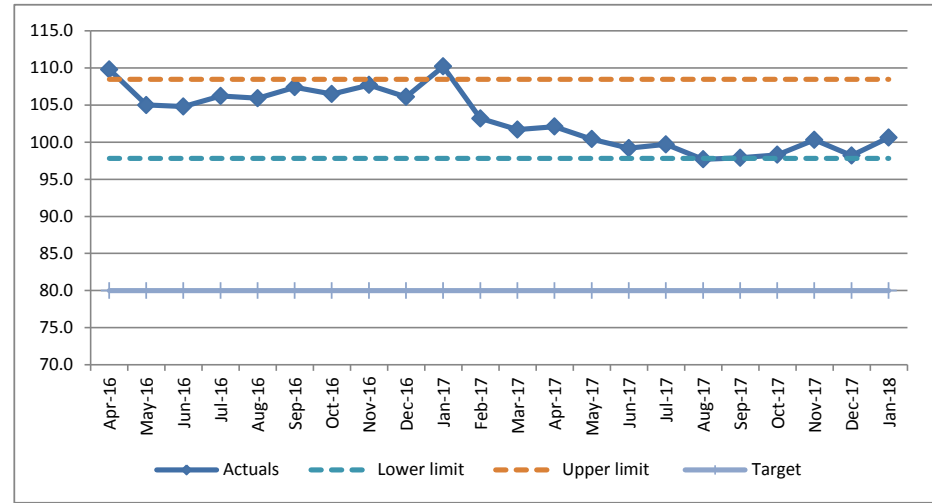
**Never Events**



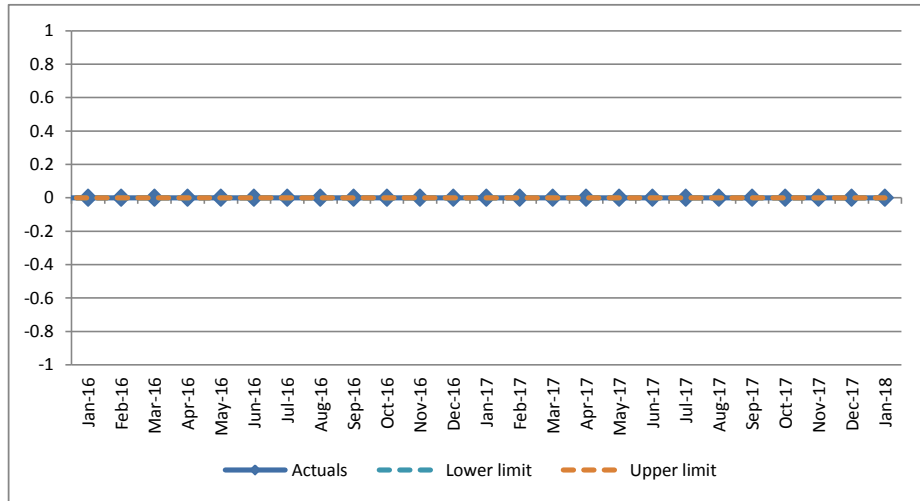
**NHSE/NHSI Improvement Patient Safety Alerts Compliance (Number open beyond deadline)**



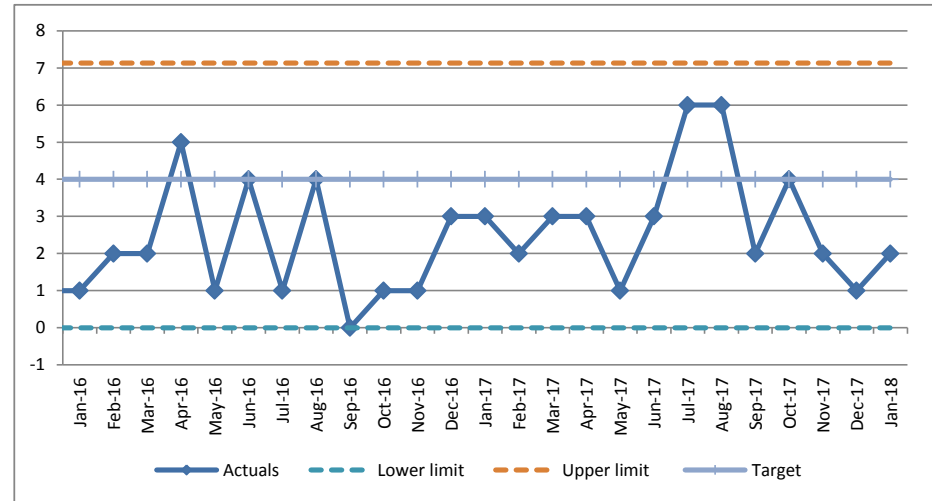
**Safe Staffing Levels - overall fill rate**



**Same Sex Accommodation Standards breaches**

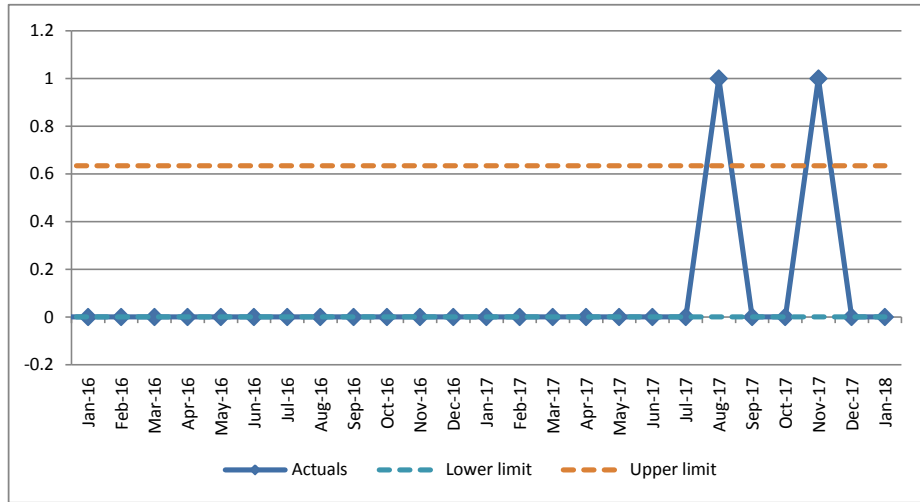


**Clostridium difficile Hospital acquired cases**

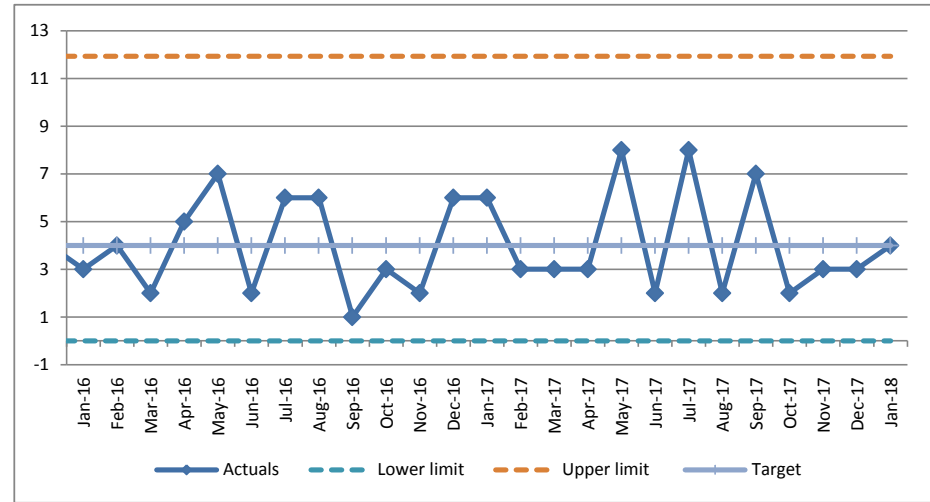




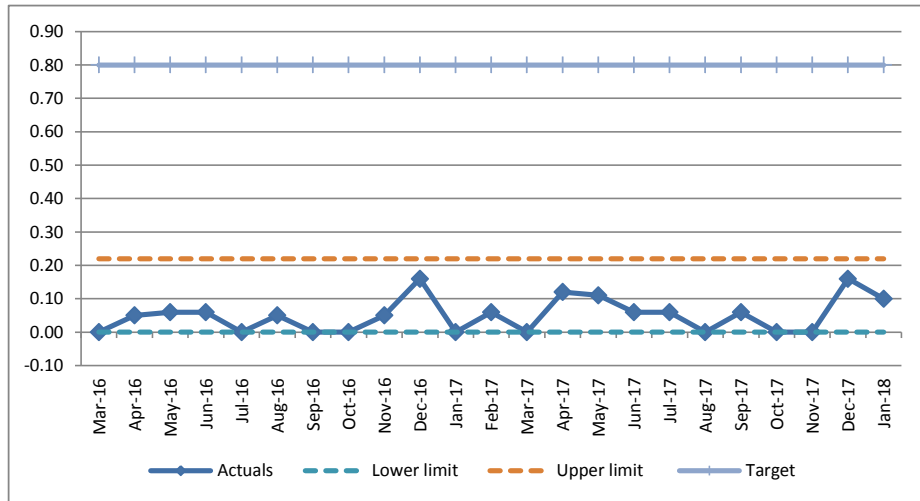
**MRSA bacteremia - Hospital acquired cases**



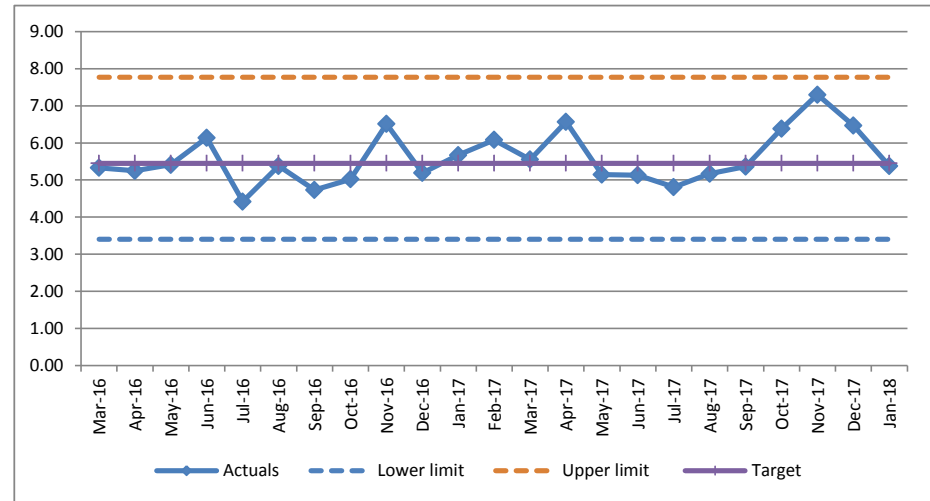
**E.Coli bacteraemia blood stream infection - Hospital acquired cases**



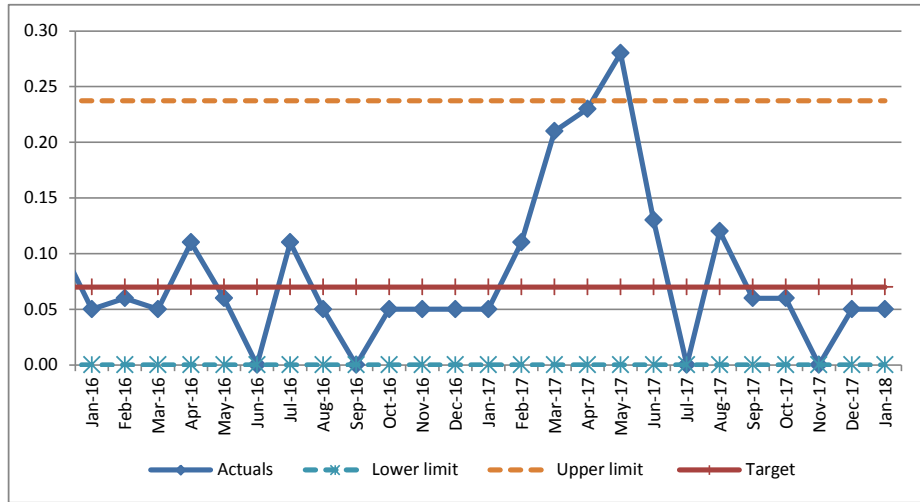
**Falls per 1000 OBDs resulting in Moderate or Severe Harm**



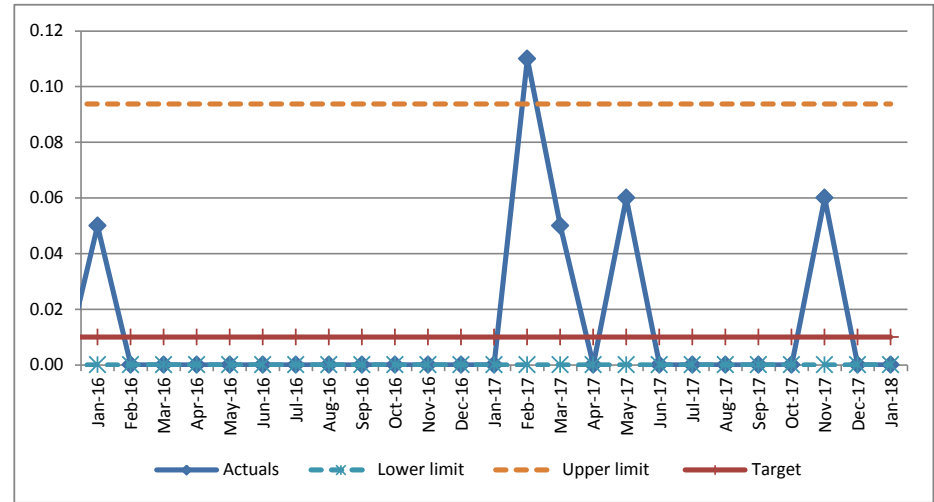
**Falls per 1000 OBDs resulting in Low or No Harm**



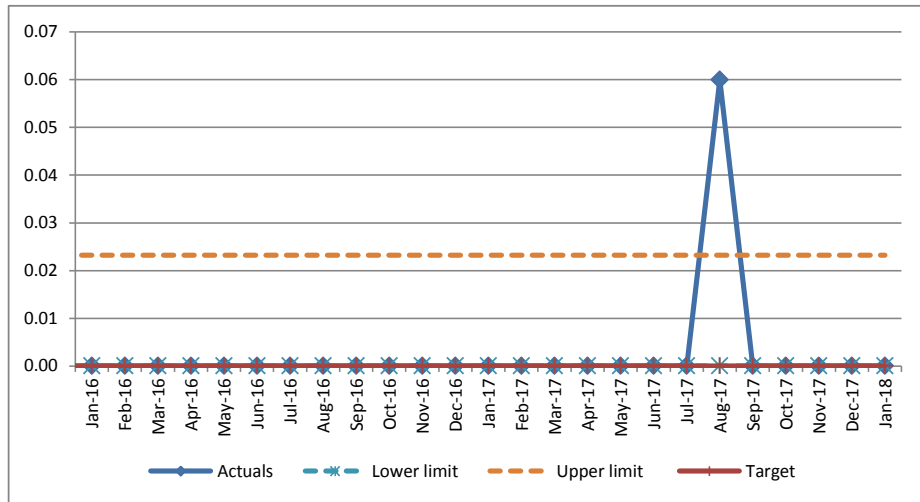
**Avoidable Hospital Acquired Grade 2 Pressure Ulcers per 1000 OBDs**



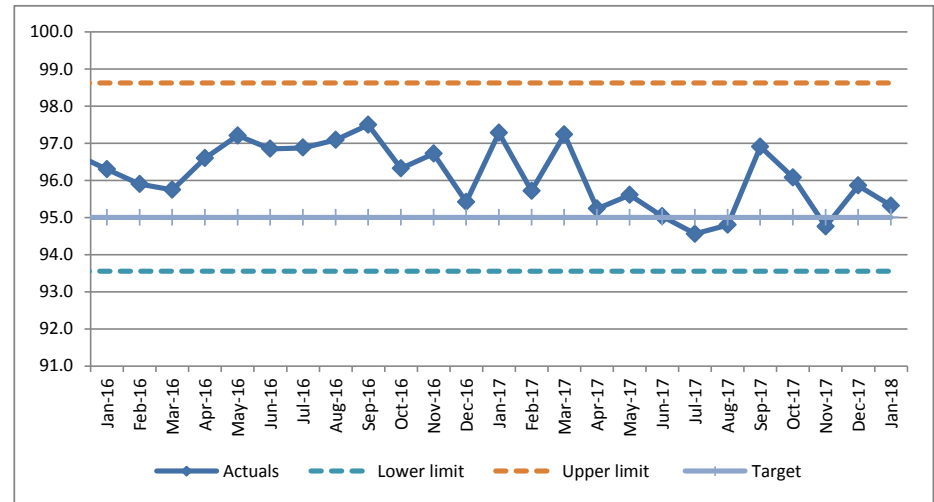
**Avoidable Hospital Acquired Grade 3 Pressure Ulcers per 1000 OBDs**



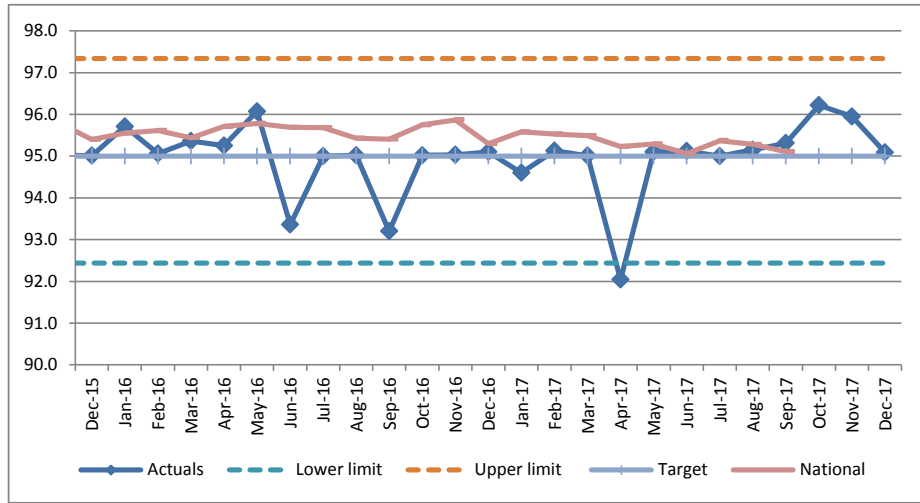
**Avoidable Hospital Acquired Grade 4 Pressure Ulcers per 1000 OBDs**



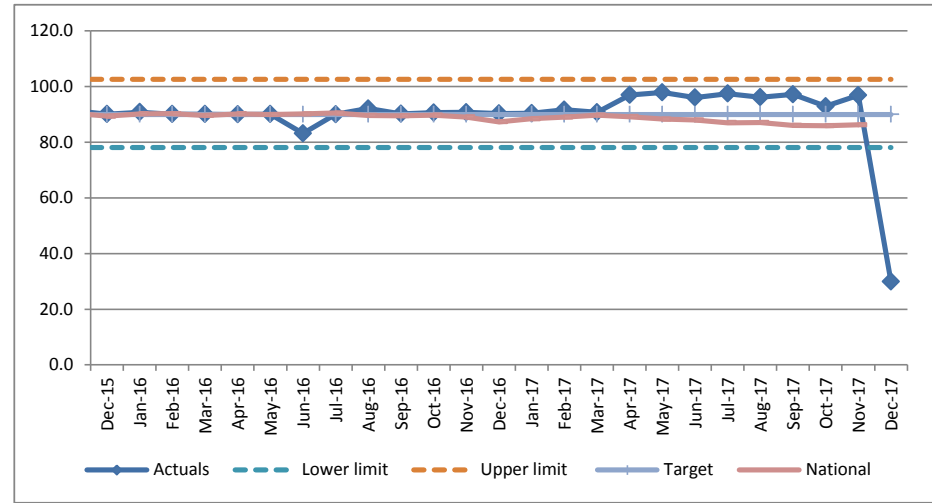
**Harm-free SFH care**



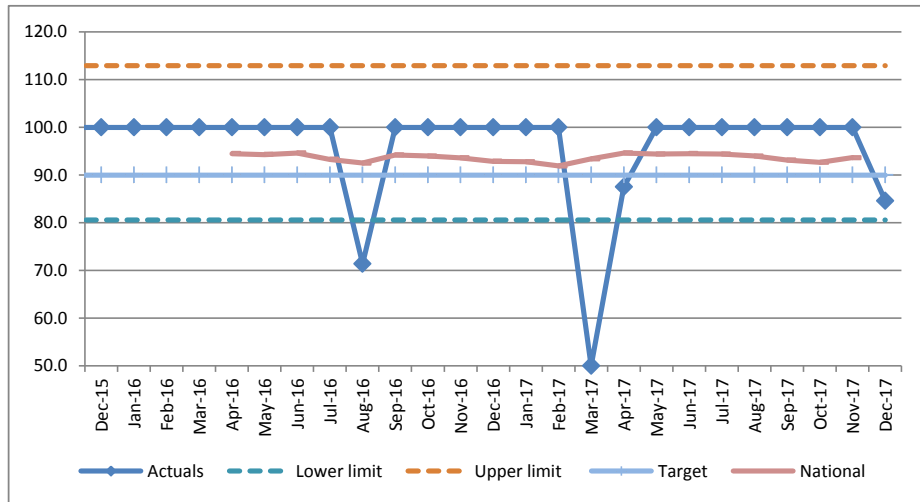
**Eligible patients having Venous Thromboembolism (VTE) risk assessment**



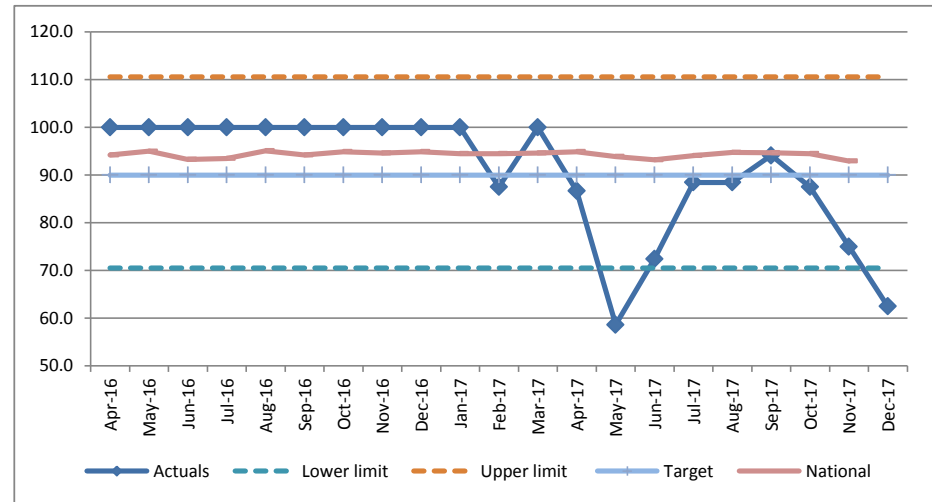
**Eligible patients having Dementia Screening**



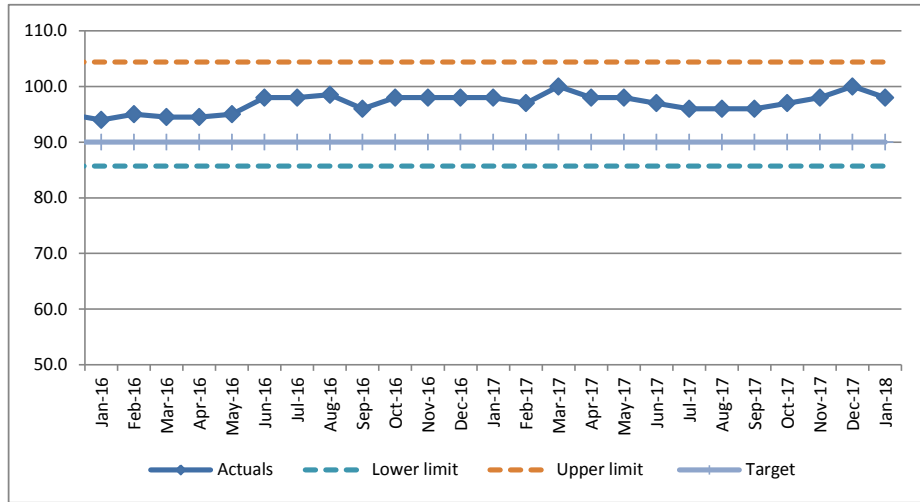
**Patients with a diagnosis of dementia or delirium or to whom case finding is applied**



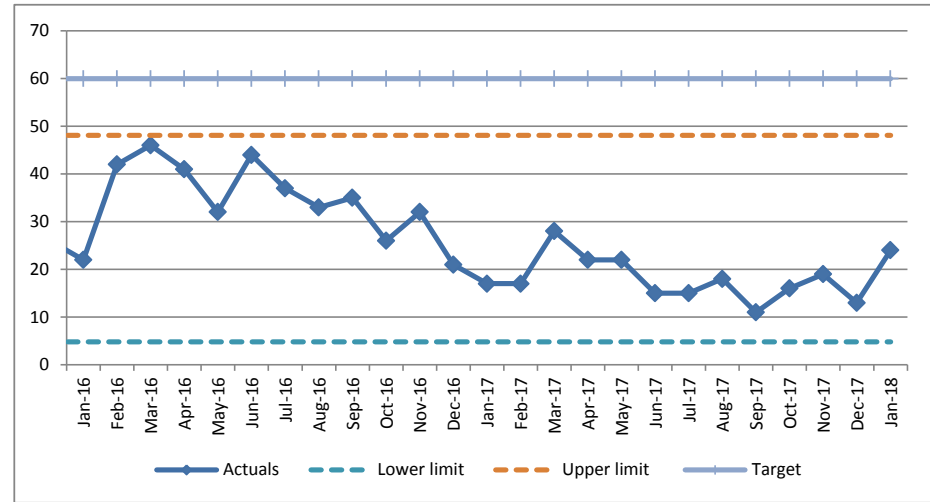
**Patients where the dementia outcome was positive or inconclusive, are referred to specialist services**



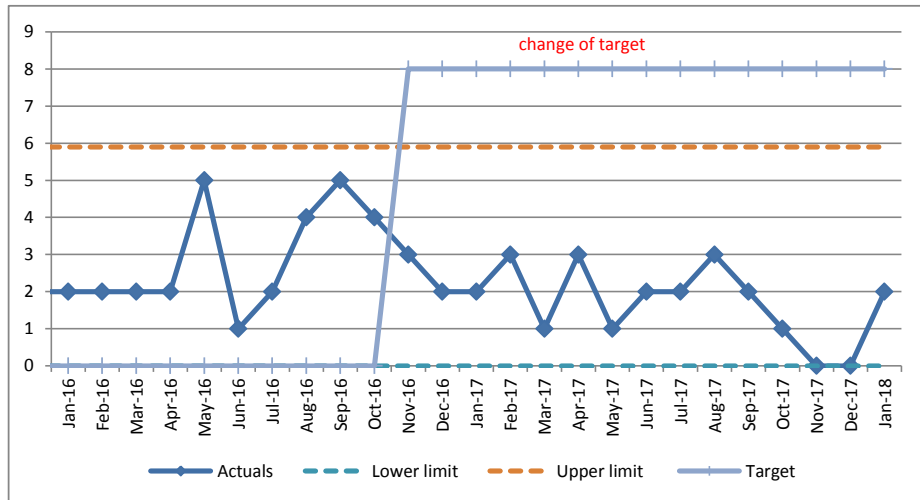
**% complaint responses dispatched within appropriate number of days**



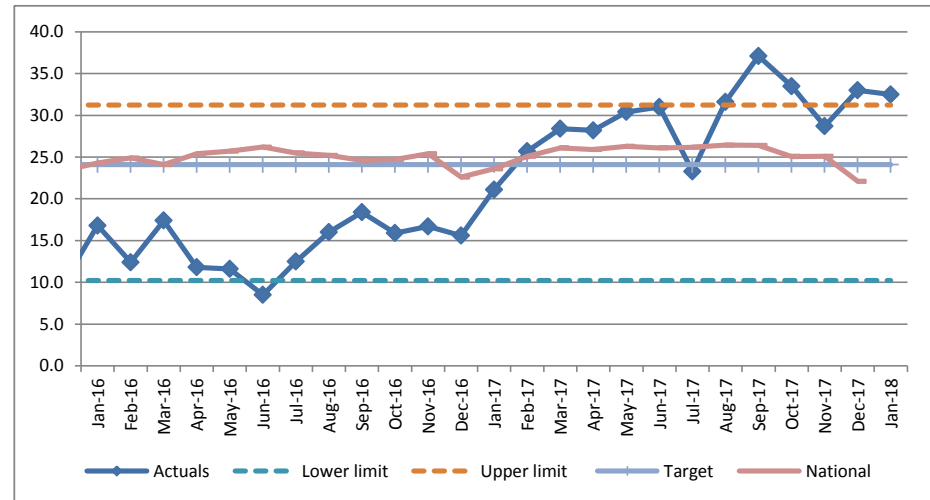
**Number of complaints**



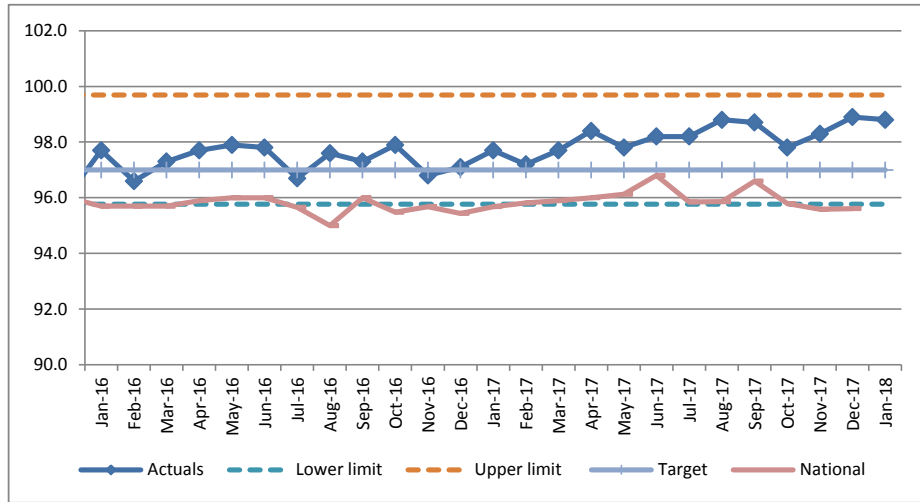
**Reopened complaints**



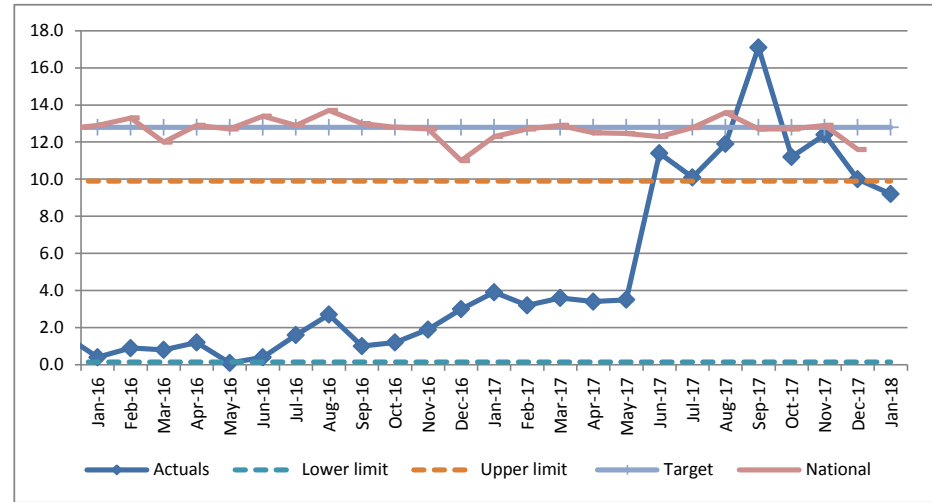
**Response Rate: Friends and Family Inpatients**



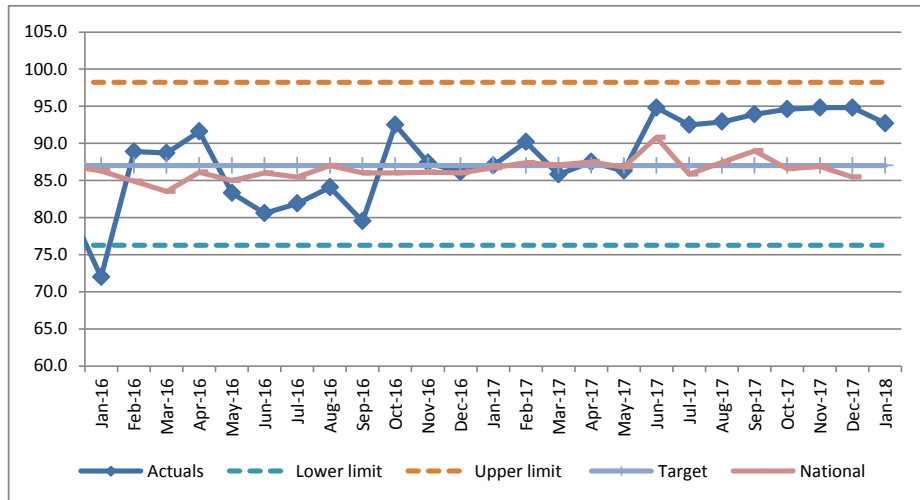
**Recommended Rate: Friends and Family Inpatients**



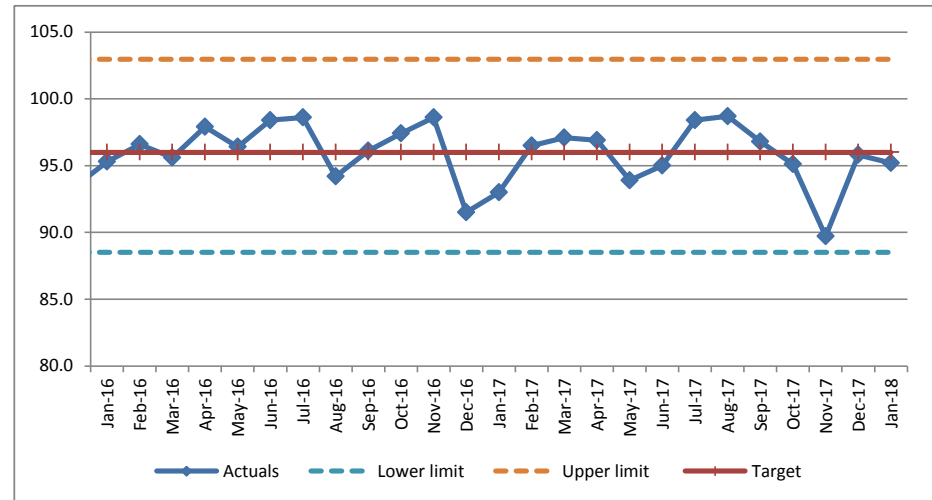
**Response Rate: Friends and Family Accident and Emergency**



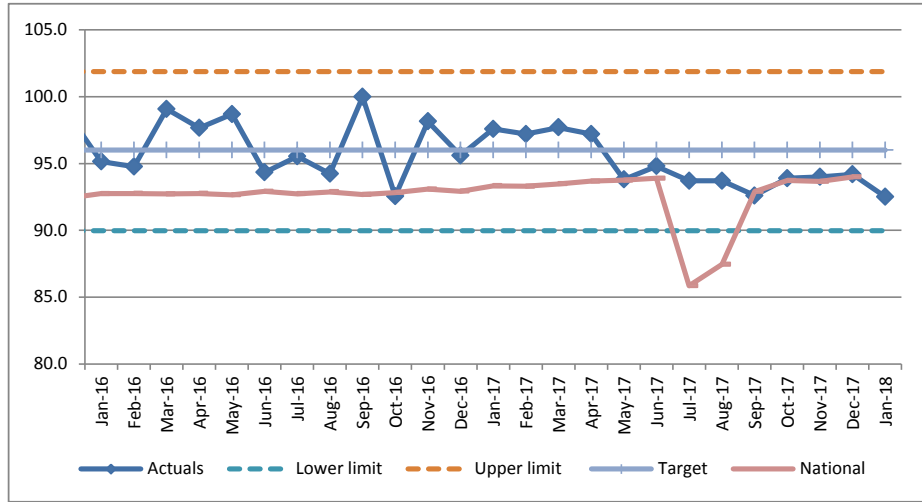
**Recommended Rate: Friends and Family Accident and Emergency**



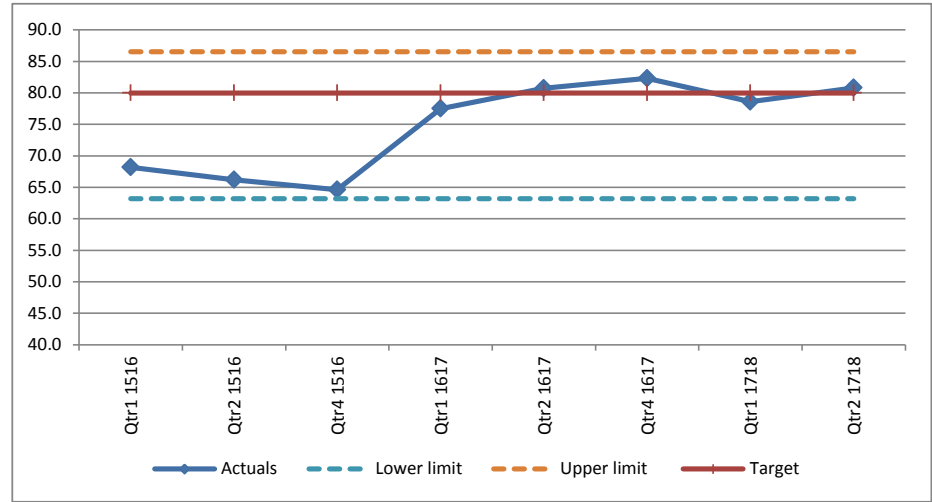
**Recommended Rate: Friends and Family Maternity**



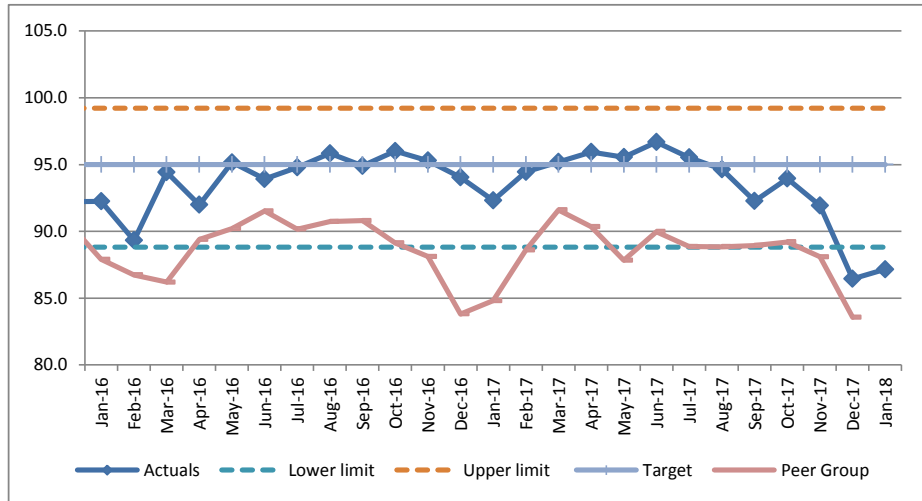
**Recommended Rate: Friends and Family Outpatients**



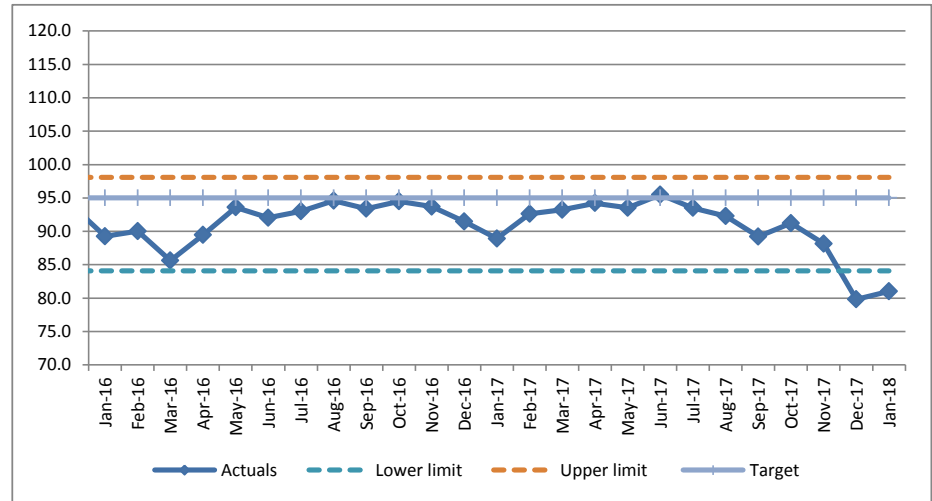
**Recommended Rate: Friends and Family Staff**



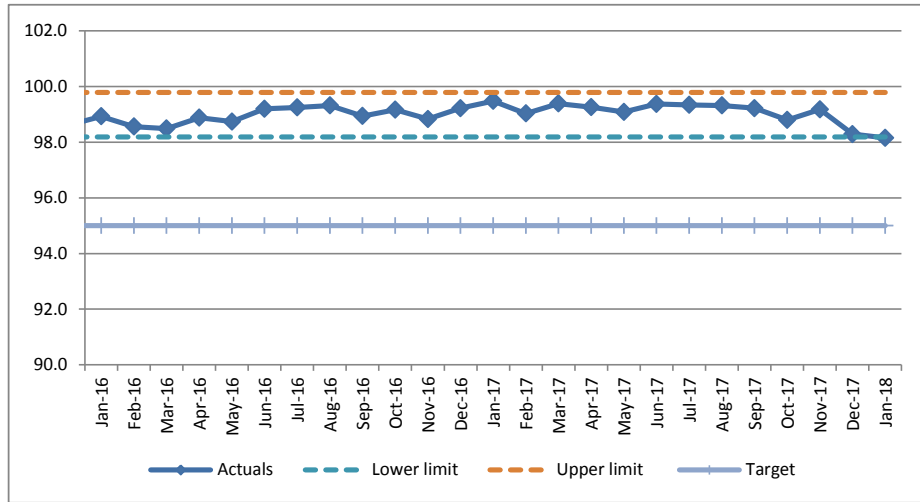
**Emergency access within four hours Total Trust**



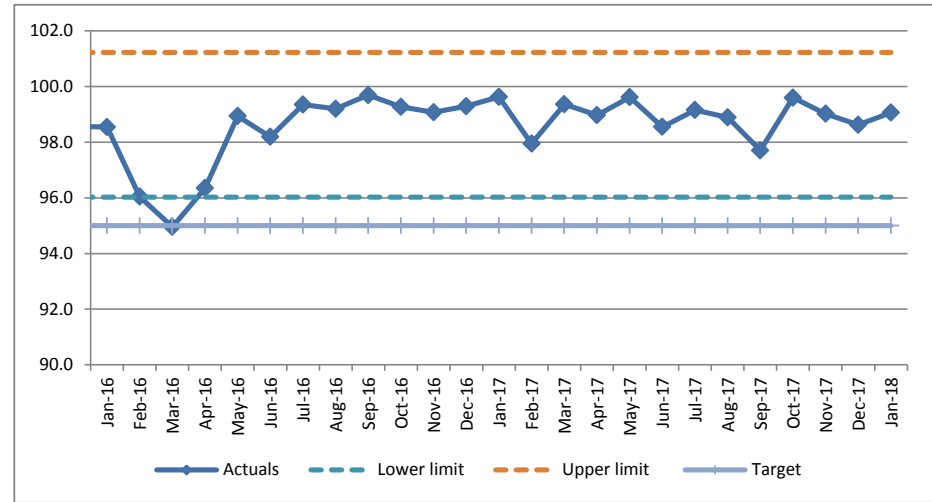
**Emergency access within four hours Kings Mill**



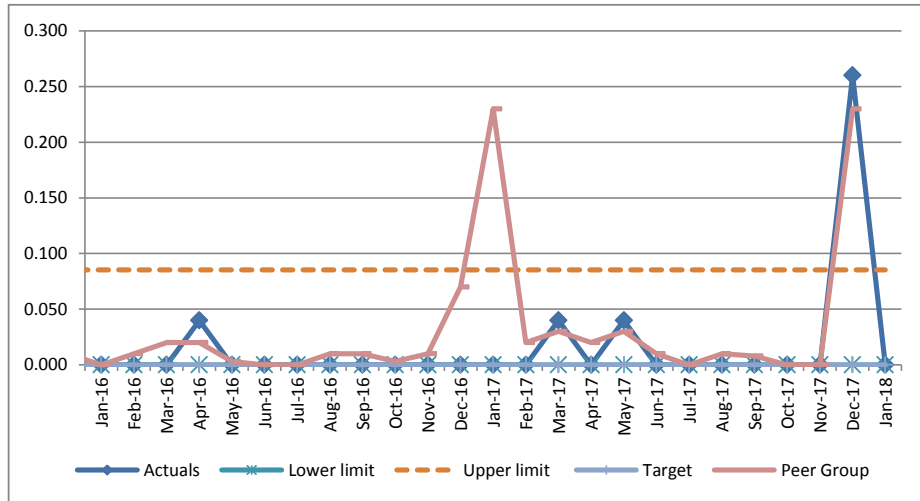
**Emergency access within four hours Newark**



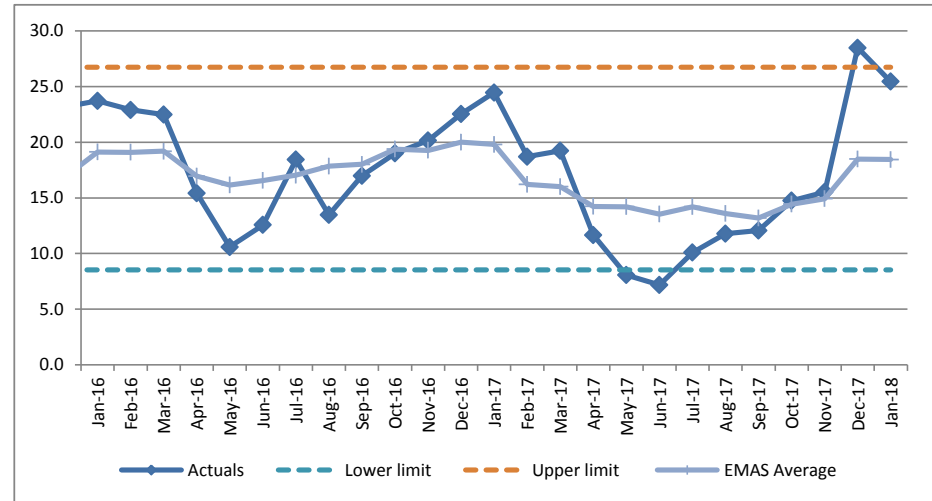
**Emergency access within four hours Primary Care (included in total trust performance not SFH activity)**



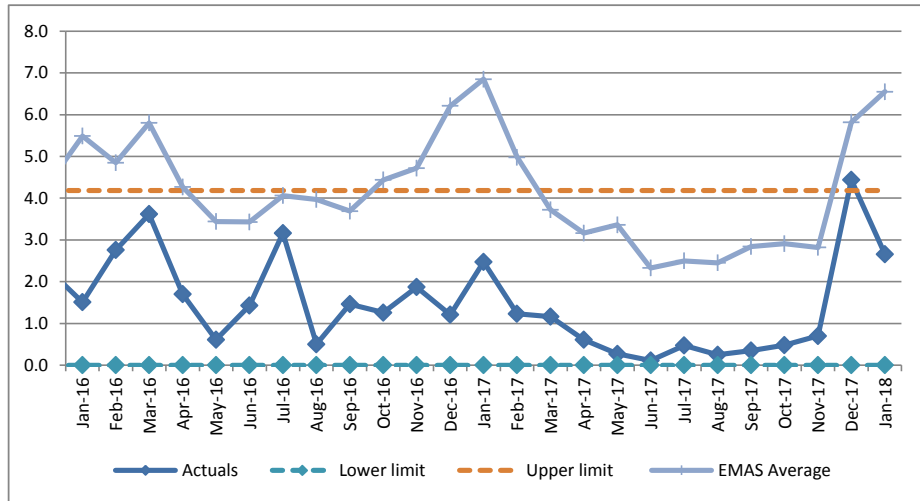
**% of trolley waits > 12 hours**



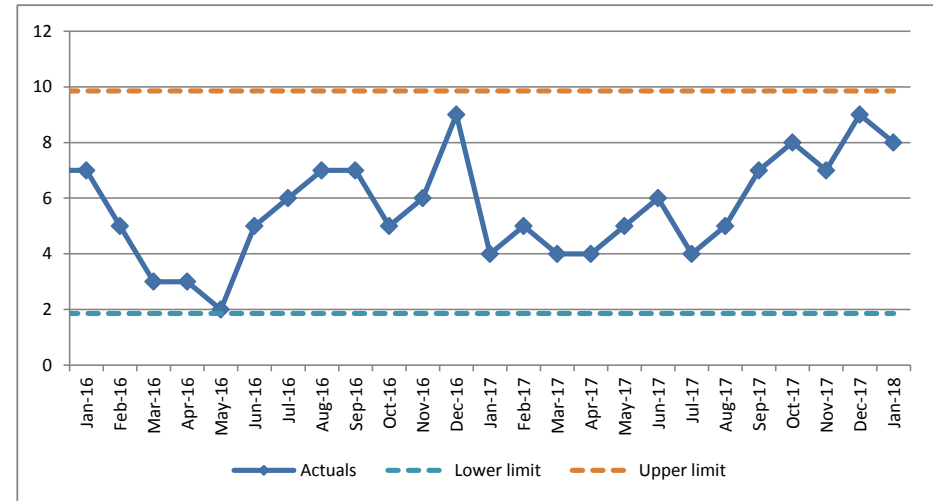
**Ambulance handover > 30 minutes**



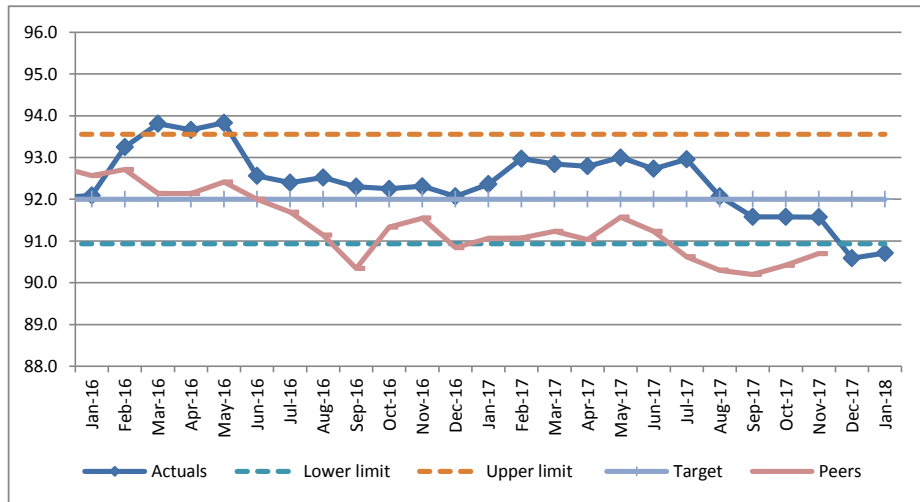
**Ambulance handover > 60 minutes**



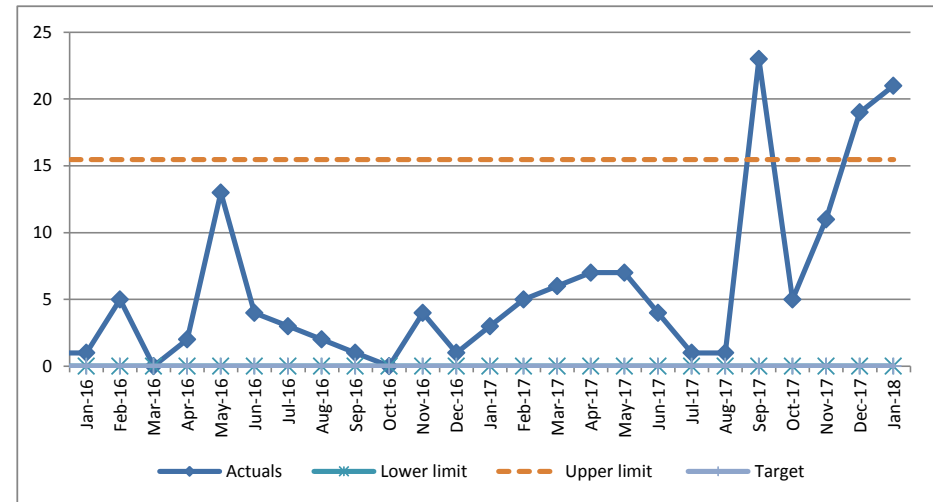
**Specialities exceeding 18 wk referral to treatment time (incomplete pathways)**



**18 weeks referral to treatment time - incomplete pathways**

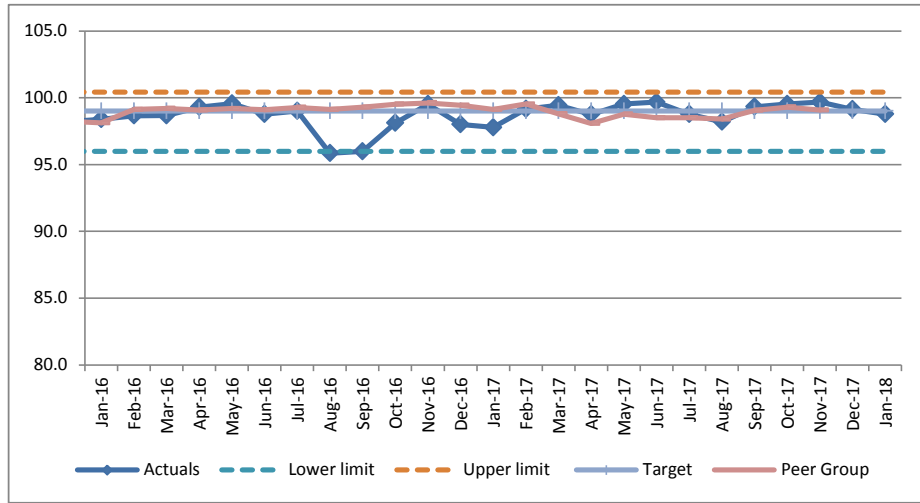


**Number of cases exceeding 52 weeks referral to treatment**

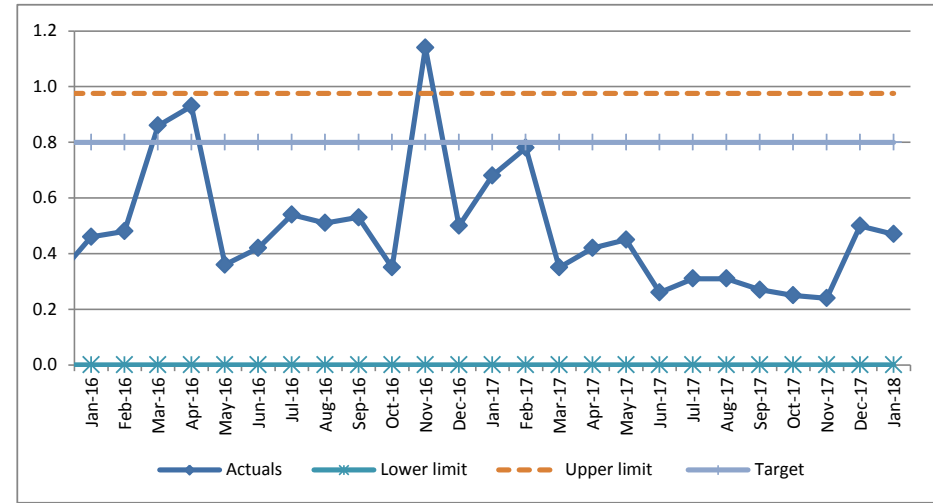




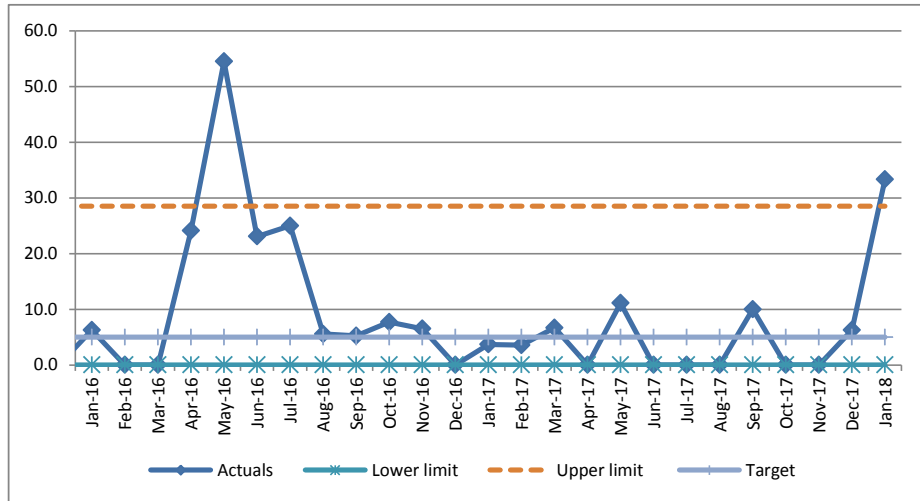
**Diagnostic waiters, 6 weeks and over-DM01**



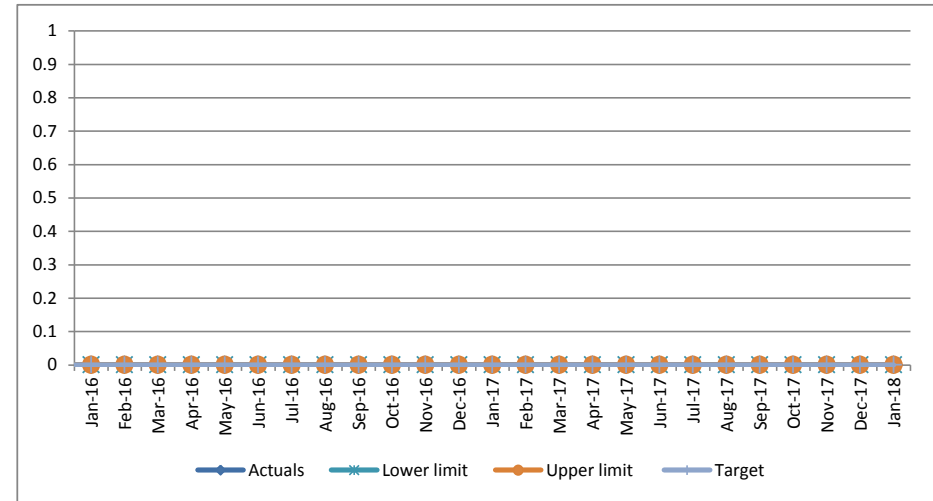
**Last minute (on the day) non-clinical cancelled elective operations as a % of elective admissions**



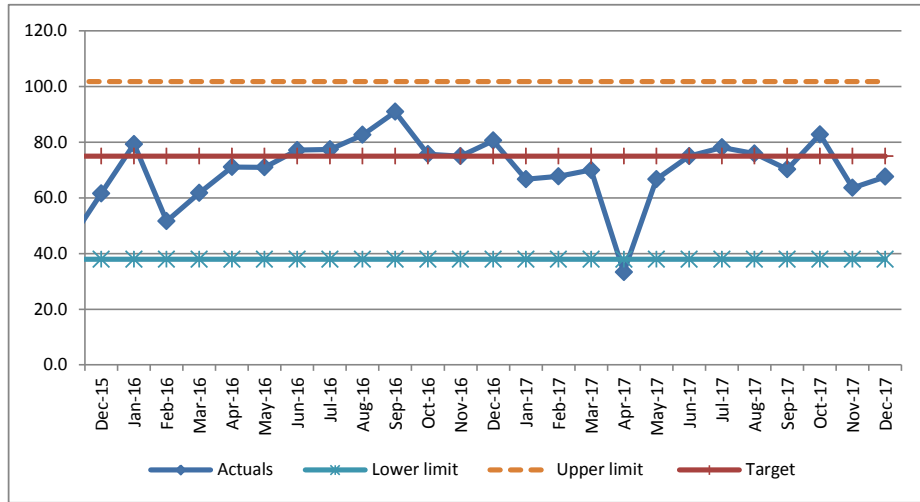
**Breaches of the 28 day guarantee following a Last minute (on the day) non clinical cancelled elective operation**



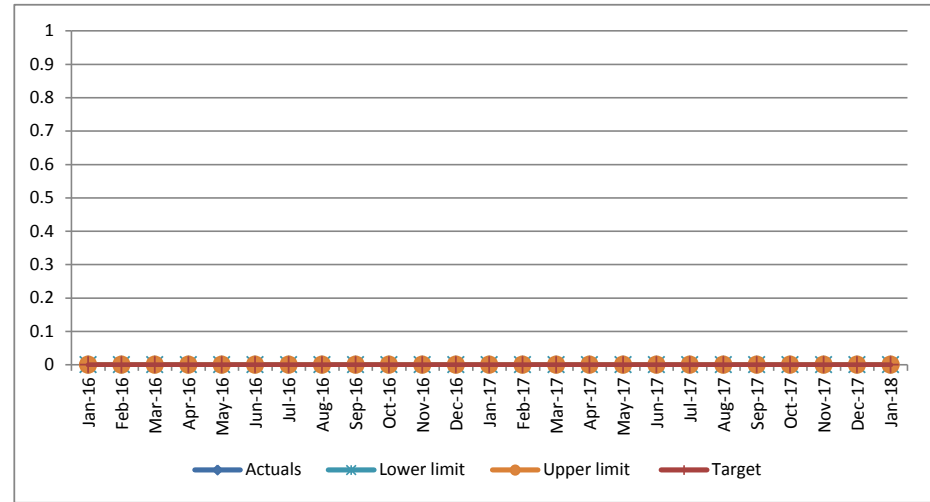
**Urgent operations cancelled more than once**



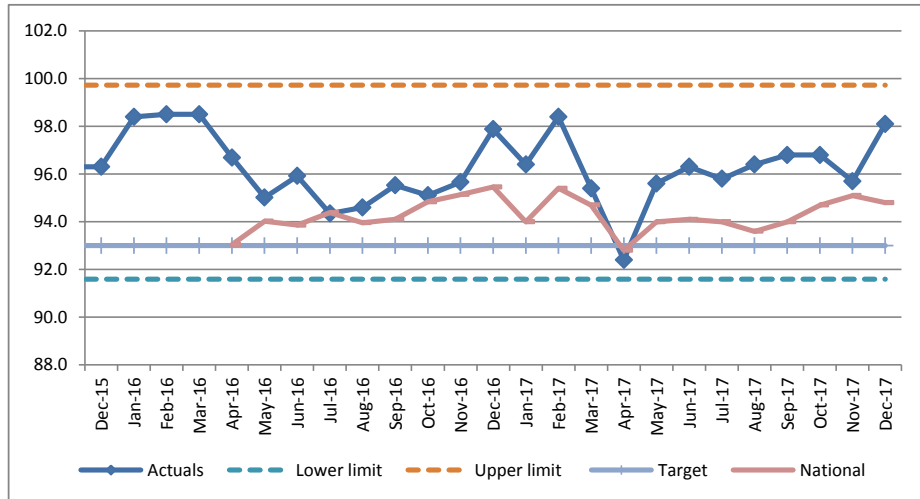
**% of #NoF achieving BPT**



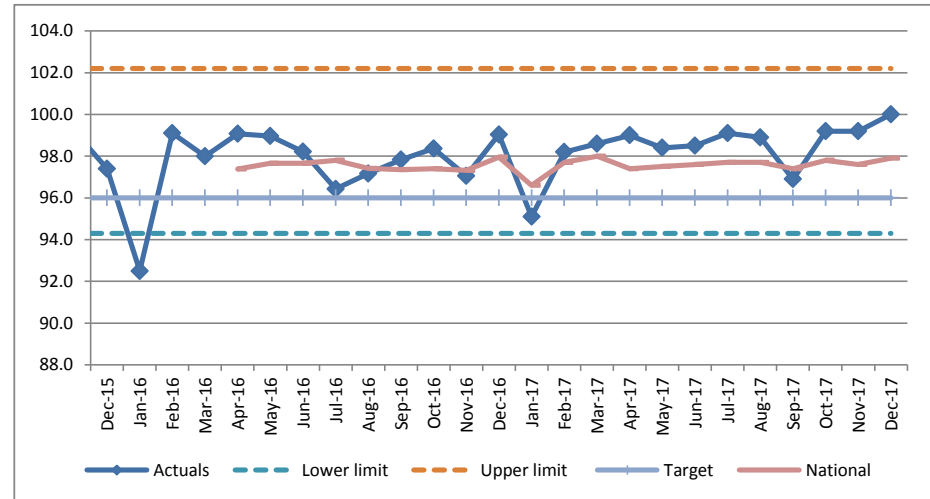
**Non-medical critical care transfers**



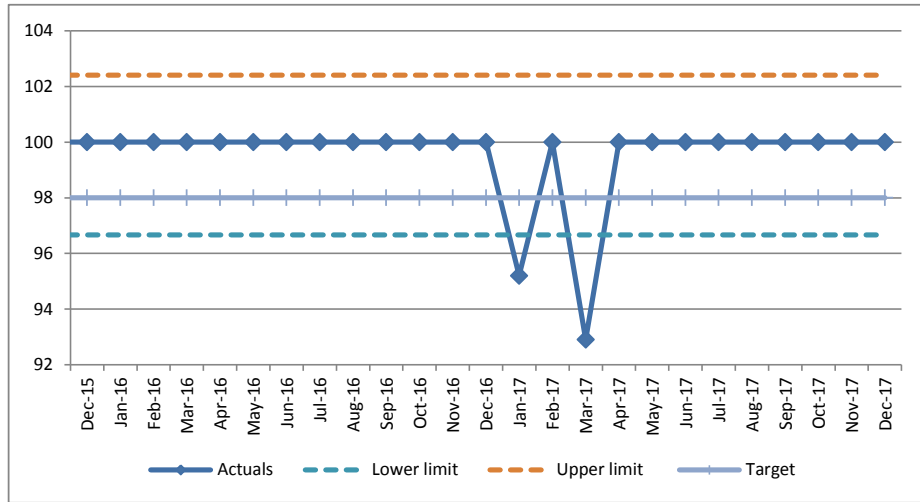
**2 week GP referral to 1st outpatient appointment**



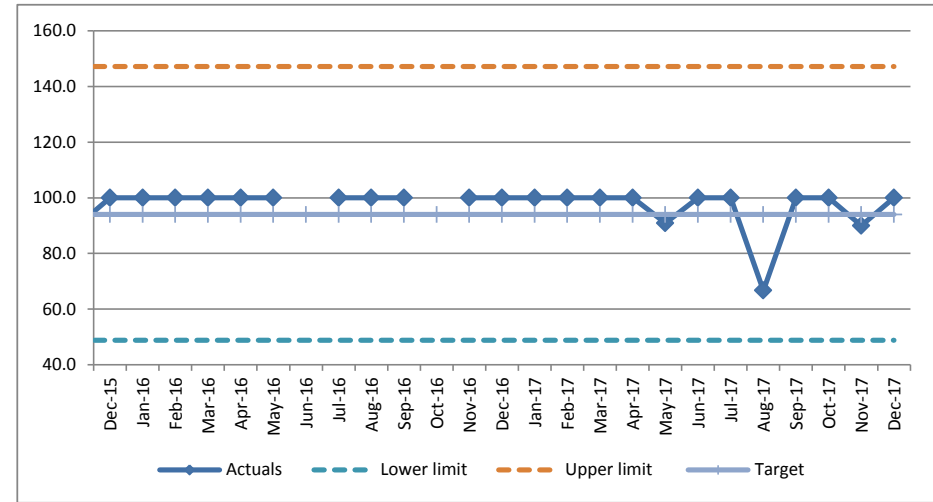
**31 day diagnosis to treatment**



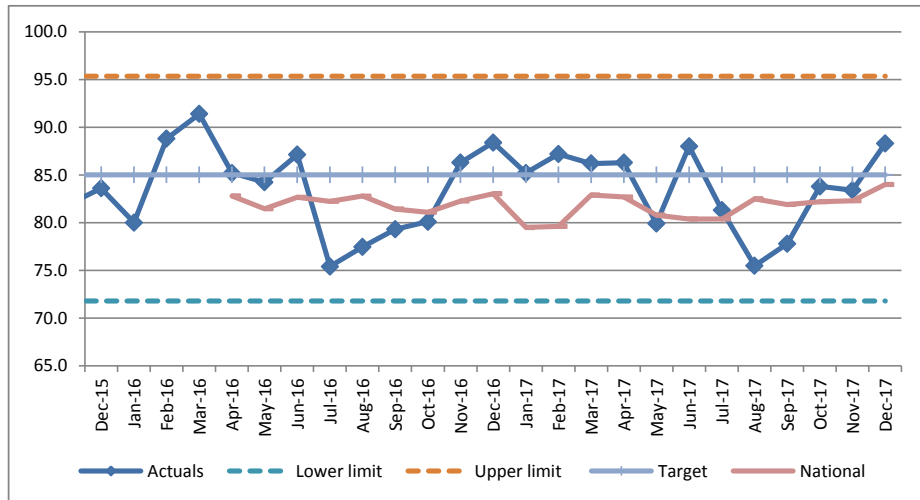
**31 day second or subsequent treatment (drug)**



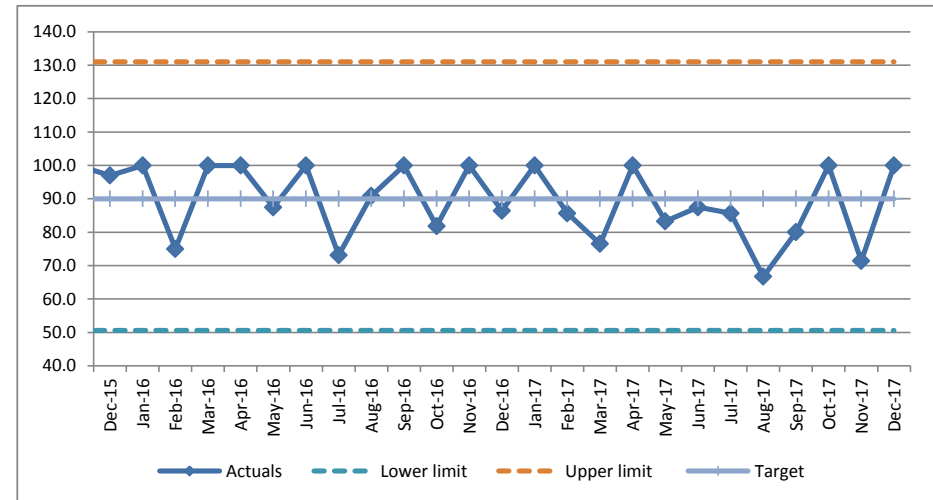
**31 day second or subsequent treatment (surgery)**



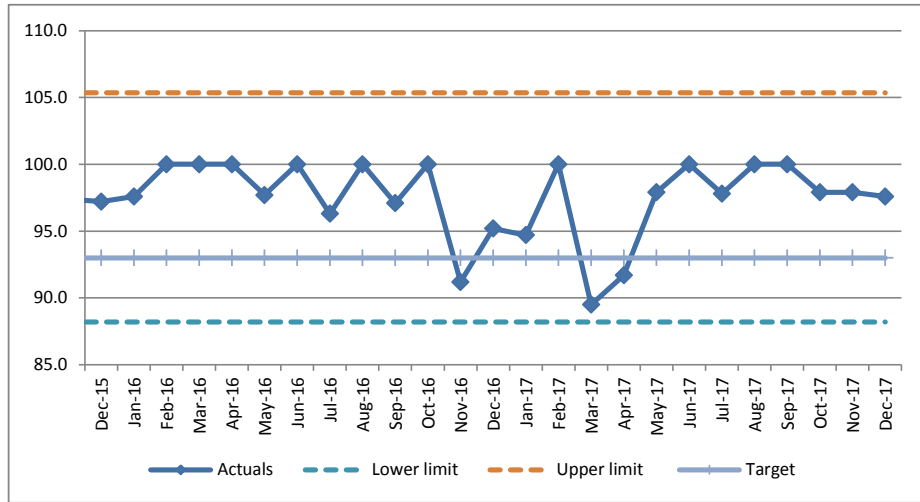
**62 days urgent referral to treatment**



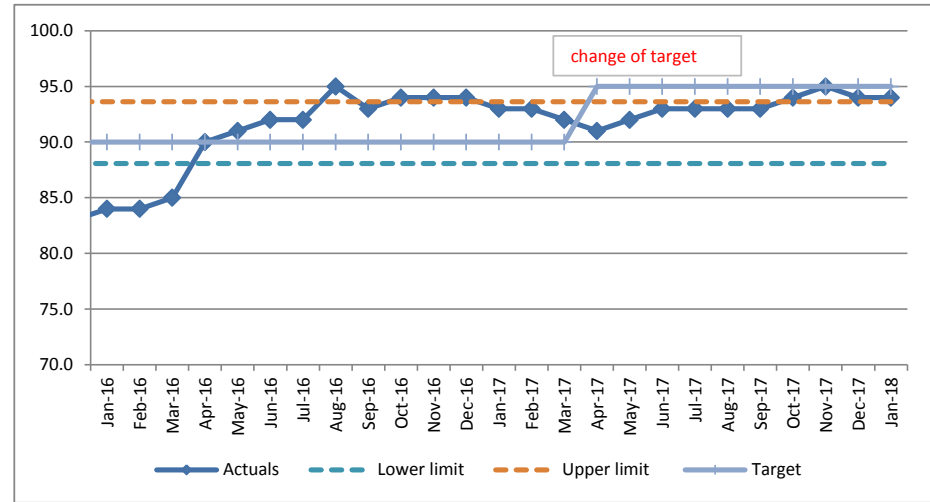
**62 day referral to treatment from screening**



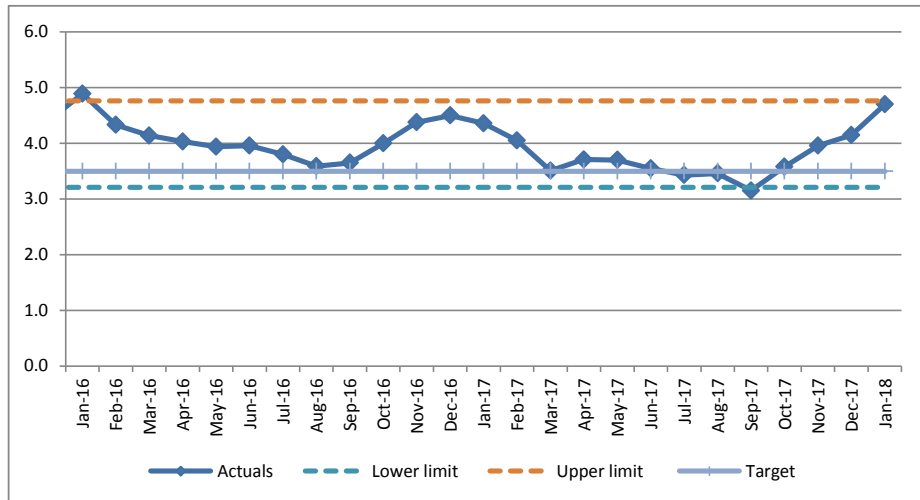
**14 days referral for breast symptoms to assessment**



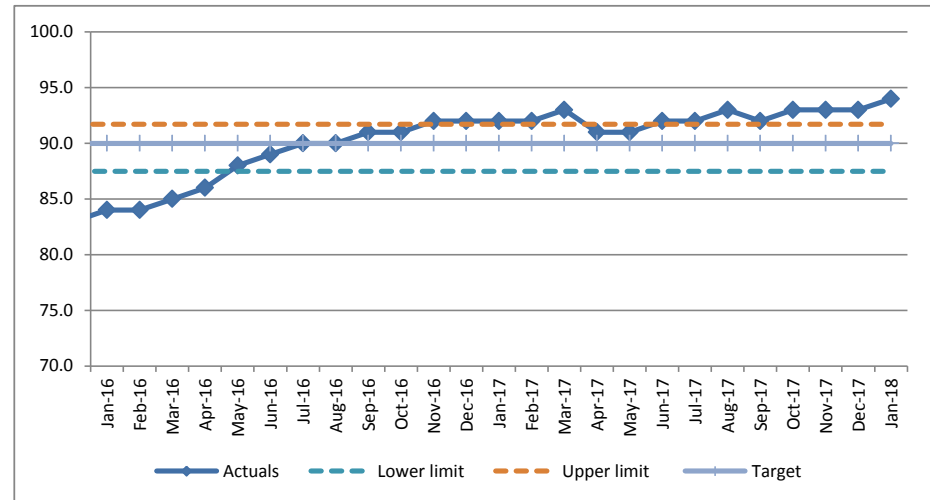
**% of eligible staff appraised within last 12 months**



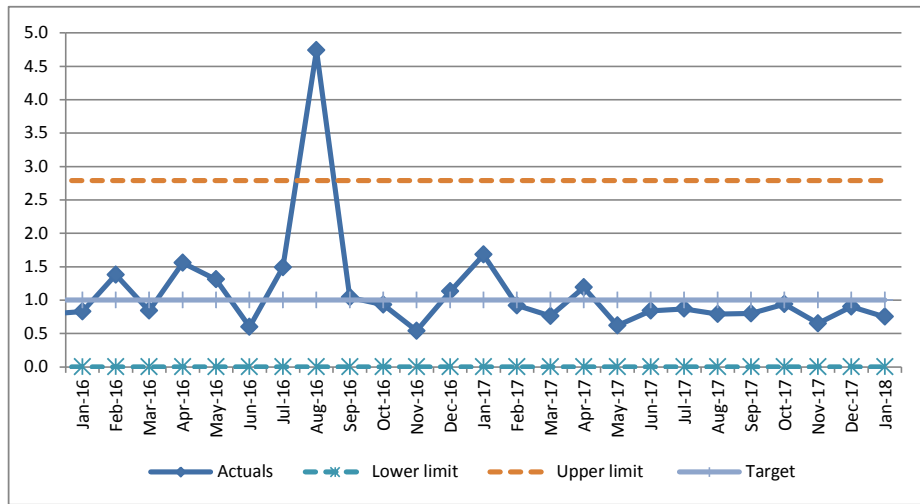
**WTE lost as a % of contracted WTE due to sickness absence within last 12 months**



**% eligible staff attending core mandatory training within the last 12 months**



### Staff Turnover



### Proportion of Temporary Staff

