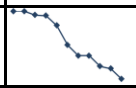
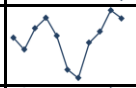
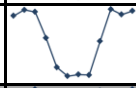
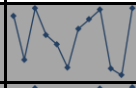
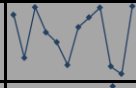
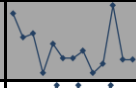
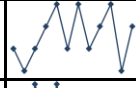
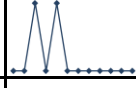
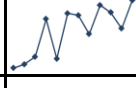
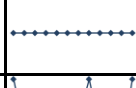
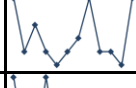
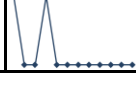
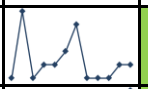
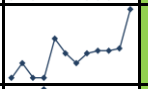
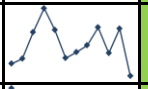
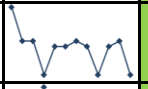
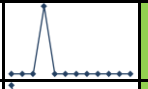
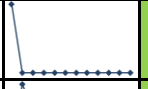
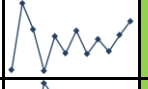
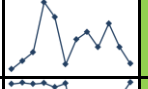
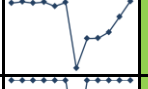
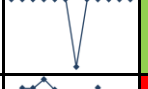
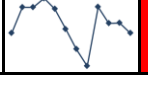
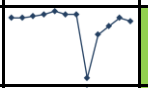
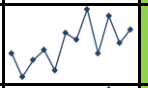
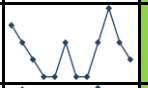
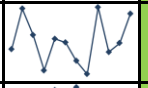
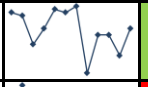
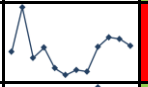
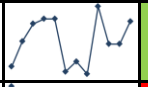
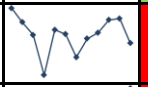
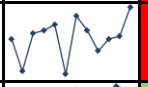
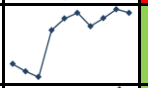
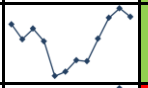
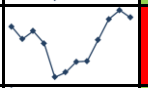
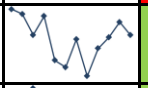
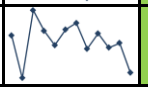
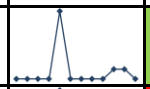
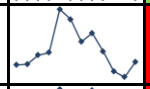
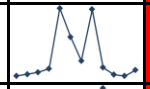
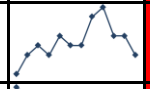
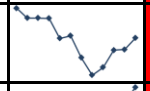
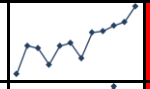
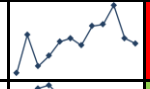
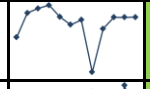
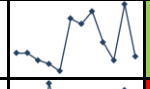
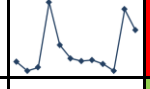
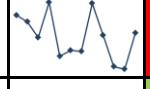
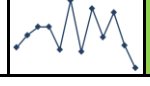
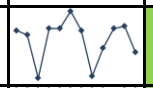
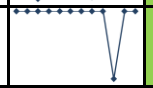
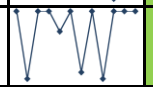
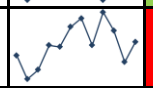
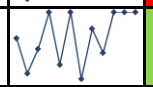
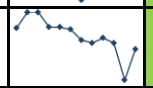
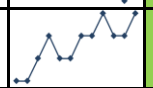
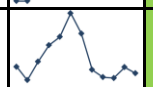
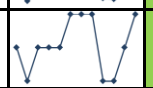
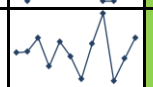
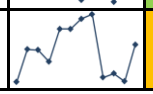
At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating
TY AND PATIENT EXPERIENCE	Patient Safety	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Apr-17 - Mar-18	92.6	-		G
		Rolling 12 months HSMR Sepsis	100	Apr-17 - Mar-18	75.1	-		G
		SHMI	100	Jan-17 - Dec-17	102.01	-		A
		Emergency c-section rate (crude rate)	23.0%	Mar-18	13.1%	14.8%		G
		Emergency c-section rate (standardised ratio)	100.0%	Mar-18	84.6%	96.4%		G
		Emergency re-admissions within 30 days	8.6%	Feb-18	7.5%	7.4%		G
		Serious Incidents including Never Events (STEIS reportable) by reported date	2	Jul-18	11	3		R
		Never Events	0	Jul-18	0	0		G
		NHSE/NHSI Improvement Patient Safety Alerts Compliance (Number open beyond deadline)	0	Jul-18	0	0		G
		Safe Staffing Levels - overall fill rate	80.0%	Jul-18	100.7%	101.3%		G
		Same Sex Accommodation Standards breaches	0	Jul-18	0	0		G
		Clostridium difficile Hospital acquired cases	4	Jul-18	11	6		R
		MRSA bacteremia - Hospital acquired cases	0	Jul-18	0	0		G

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating
QUALITY, SAFE	Quality	E.Coli bacteraemia blood stream infection - Hospital acquired cases	4	Jul-18	10	3		G
		Falls per 1000 OBDs resulting in Moderate or Severe Harm	0.8	Jul-18	0.2	0.3		G
		Falls per 1000 OBDs resulting in Low or No Harm	5.5	Jul-18	5.8	4.7		G
		Avoidable Hospital Acquired Grade 2 Pressure Ulcers per 1000 OBDs	0.07	Jul-18	0.03	0.00		G
		Avoidable Hospital Acquired Grade 3 Pressure Ulcers per 1000 OBDs	0.01	Jul-18	0.00	0.00		G
		Avoidable Hospital Acquired Grade 4 Pressure Ulcers per 1000 OBDs	0	Jul-18	0.00	0.00		G
		Harm-free SFH care	≥95%	Jul-18	95.8%	96.3%		G
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	≥95%	Jun-18	94.6%	95.1%		G
		Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Jun-18	93.1%	98.6%		G
		Eligible patients having Dementia Diagnostic Assessment	≥90%	Jun-18	100.0%	100.0%		G
		Patients where the dementia outcome was positive or inconclusive, are referred for further diagnostic advice	≥90%	Jun-18	81.4%	89.2%		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%	Jul-18	91.8%	94.0%		G
		Number of complaints	≤60	Jul-18	93	25		G
		Reopened complaints	8	Jul-18	9	1		G
		Response Rate: Friends and Family Inpatients	≥24.1%	Jul-18	34.3%	36.4%		G
		Recommended Rate: Friends and Family Inpatients	97%	Jul-18	98.0%	98.3%		G
		Response Rate: Friends and Family Accident and Emergency	≥12.8%	Jul-18	13.0%	12.6%		R
		Recommended Rate: Friends and Family Accident and Emergency	87%	Jul-18	94.4%	94.7%		G
		Recommended Rate: Friends and Family Maternity	96%	Jul-18	96.1%	94.0%		R
		Recommended Rate: Friends and Family Outpatients	96%	Jul-18	93.9%	94.8%		R
		Recommended Rate: Friends and Family Staff	80%	Qtr1 Yr2018/19	82.3%	82.3%		G
	Emergency Access	Emergency access within four hours Total Trust	≥95%	Jul-18	95.3%	95.9%		G
		Emergency access within four hours Kings Mill	≥95%	Jul-18	93.6%	94.6%		R
		Emergency access within four hours Newark	≥95%	Jul-18	98.8%	98.8%		G
		Emergency access within four hours Primary Care *(included in total trust performance not SFH activity)*	≥95%	Jul-18	98.5%	97.9%		G

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating
OPERATIONAL STANDARDS		Number of trolley waits > 12 hours	0	Jul-18	2	0		G
		% of Ambulance handover > 30 minutes	0	Jun-18	11.7%	12.7%		R
		% of Ambulance handover > 60 minutes	0	Jun-18	0.5%	0.6%		R
	Referral to Treatment	Specialities exceeding 18 wk referral to treatment time (incomplete pathways)	0	Jul-18	-	7		R
		18 weeks referral to treatment time - incomplete pathways	≥92%	Jul-18	-	90.6%		R
		18 weeks - number of incomplete pathways	24197	Jul-18	-	25698		R
		Number of cases exceeding 52 weeks referral to treatment	0	Jul-18	-	18		R
	Diagnostics	Diagnostic waiters, 6 weeks and over-DM01	≥99%	Jul-18	-	99.1%		G
	Cancelled Operations	Last minute (on the day) non-clinical cancelled elective operations as a % of elective admissions	≤0.8%	Jul-18	0.4%	0.5%		G
		Breaches of the 28 day guarantee following a Last minute (on the day) non clinical cancelled elective operation	≤5.0%	Qtr1 Yr2018/19	18.0%	18.0%		R
		Urgent operations cancelled more than once	0	Jul-18	0	0		G
DS	#NoF	% of #NoF achieving BPT	75.0%	Jun-18	64.0%	71.9%		R
	CCU	Non-medical critical care transfers	0	Jul-18	0	0		G
		2 week GP referral to 1st outpatient appointment	≥93%	Jun-18	96.0%	94.6%		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%	Jun-18	99.0%	98.1%		G
		31 day second or subsequent treatment (drug)	≥98%	Jun-18	96.7%	100.0%		G
		31 day second or subsequent treatment (surgery)	≥94%	Jun-18	100.0%	100.0%		G
		62 days urgent referral to treatment	≥85%	Jun-18	83.3%	84.6%		R
		62 day referral to treatment from screening	≥90%	Jun-18	100.0%	100.0%		G
		14 days referral for breast symptoms to assessment	≥93%	Jun-18	93.8%	94.8%		G
ORGANISATIONAL HEALTH	HR	% of eligible staff appraised within last 12 months	≥95%	Aug-17 - Jul-18	96.00%	-		G
		WTE lost as a % of contracted WTE due to sickness absence within last 12 months	≤3.5%	Aug-17 - Jul-18	3.31%	-		G
		% eligible staff attending core mandatory training within the last 12 months	≥90%	Jul-17 - Jun-18	94.00%	-		G
		Staff Turnover	≤1.0%	Jul-18	0.84%	0.94%		G
		Proportion of Temporary Staff	7.50%	Jun-18	7.31%	7.62%		A