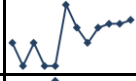

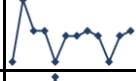
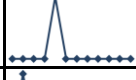
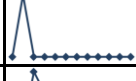

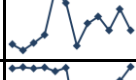
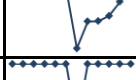
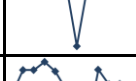


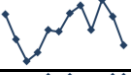

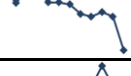

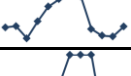





| At a Glance                     | Indicator  | Plan / Standard | Period          | YTD Actuals | Monthly / Quarterly Actuals | Trend | RAG Rating |
|---------------------------------|--|-----------------|-----------------|-------------|-----------------------------|-------|------------|
| , SAFETY AND PATIENT EXPERIENCE | Rolling 12 months HSMR (basket of 56 diagnosis groups)                               | 100             | Apr-17 - Mar-18 | 92.6        | -                           |       | G          |
|                                 | Rolling 12 months HSMR Sepsis  | 100             | Apr-17 - Mar-18 | 75.5        | -                           |       | G          |
|                                 | SHMI   | 100             | Oct-16 - Sep-17 | 101.62      | -                           |       | 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               | Jun-18          | 8           | 1                           |       | G          |
|                                 | Never Events   | 0               | Jun-18          | 0           | 0                           |       | G          |
|                                 | NHSE/NHSI Improvement Patient Safety Alerts Compliance (Number open beyond deadline) | 0               | Jun-18          | 0           | 0                           |       | G          |
|                                 | Safe Staffing Levels - overall fill rate   | 80.0%           | Jun-18          | 100.5%      | 99.8%                       |       | G          |
|                                 | Same Sex Accommodation Standards breaches  | 0               | Jun-18          | 0           | 0                           |       | G          |
|                                 | Clostridium difficile Hospital acquired cases  | 4               | Jun-18          | 5           | 1                           |       | G          |
|                                 | MRSA bacteremia - Hospital acquired cases  | 0               | Jun-18          | 0           | 0                           |       | G          |
|                                 | E.Coli bacteraemia blood stream infection - Hospital acquired cases                  | 4               | Jun-18          | 7           | 3                           |       | G          |

| At a Glance | Indicator  | Plan / Standard | Period | YTD Actuals | Monthly / Quarterly Actuals | Trend  | RAG Rating |
|-------------|--|-----------------|--------|-------------|-----------------------------|--|------------|
| QUALITY     | Falls per 1000 OBDs resulting in Moderate or Severe Harm   | 0.8             | Jun-18 | 0.1         | 0.1                         |   | G          |
|             | Falls per 1000 OBDs resulting in Low or No Harm  | 5.5             | Jun-18 | 6.2         | 6.5                         |   | R          |
|             | Avoidable Hospital Acquired Grade 2 Pressure Ulcers per 1000 OBDs  | 0.07            | Jun-18 | 0.04        | 0.06                        |   | G          |
|             | Avoidable Hospital Acquired Grade 3 Pressure Ulcers per 1000 OBDs  | 0.01            | Jun-18 | 0.00        | 0.00                        |   | G          |
|             | Avoidable Hospital Acquired Grade 4 Pressure Ulcers per 1000 OBDs  | 0               | Jun-18 | 0.00        | 0.00                        |   | G          |
|             | Harm-free SFH care   | ≥95%            | Jun-18 | 95.7%       | 95.9%                       |   | G          |
|             | Eligible patients having Venous Thromboembolism (VTE) risk assessment  | ≥95%            | May-18 | 95.6%       | 95.4%                       |   | G          |
|             | Eligible patients asked case finding question, or diagnosis of dementia or delirium                          | ≥90%            | May-18 | 90.4%       | 98.0%                       |   | G          |
|             | Eligible patients having Dementia Diagnostic Assessment  | ≥90%            | May-18 | 100.0%      | 100.0%                      |   | G          |
|             | Patients where the dementia outcome was positive or inconclusive, are referred for further diagnostic advice | ≥90%            | May-18 | 75.2%       | 72.4%                       |  | 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%            | Jun-18         | 88.5%       | 96.0%                       |       | G          |
|  |                    | Number of complaints   | ≤60             | Jun-18         | 68          | 21                          |       | G          |
|  |                    | Reopened complaints  | 8               | Jun-18         | 8           | 2                           |       | G          |
|  |                    | Response Rate: Friends and Family Inpatients   | ≥24.1%          | Jun-18         | 33.6%       | 32.4%                       |       | G          |
|  |                    | Recommended Rate: Friends and Family Inpatients  | 97%             | Jun-18         | 97.9%       | 97.5%                       |       | G          |
|  |                    | Response Rate: Friends and Family Accident and Emergency   | ≥12.8%          | Jun-18         | 13.2%       | 13.4%                       |       | G          |
|  |                    | Recommended Rate: Friends and Family Accident and Emergency  | 87%             | Jun-18         | 94.3%       | 93.8%                       |       | G          |
|  |                    | Recommended Rate: Friends and Family Maternity   | 96%             | Jun-18         | 96.6%       | 97.3%                       |       | G          |
|  |                    | Recommended Rate: Friends and Family Outpatients   | 96%             | Jun-18         | 93.6%       | 93.8%                       |       | R          |
|  |                    | Recommended Rate: Friends and Family Staff   | 80%             | Qtr4 Yr2017/18 | 82.7%       | 83.3%                       |       | G          |
| Emergency Access                       | Emergency Access   | Emergency access within four hours Total Trust   | ≥95%            | Jun-18         | 95.1%       | 97.2%                       |       | G          |
|  |                    | Emergency access within four hours Kings Mill  | ≥95%            | Jun-18         | 93.3%       | 96.4%                       |       | G          |
|  |                    | Emergency access within four hours Newark  | ≥95%            | Jun-18         | 98.8%       | 99.1%                       |       | G          |
|  |                    | Emergency access within four hours Primary Care (included in total trust performance not SFH activity) | ≥95%            | Jun-18         | 98.7%       | 98.7%                       |       | G          |
|  |                    | % of 12 all trolley waits > 12 hours   | 0               | Jun-18         | 0.03%       | 0.04%                       |       | R          |

| At a Glance           | Indicator                            | Plan / Standard   | Period | YTD Actuals | Monthly / Quarterly Actuals | Trend  | RAG Rating |   |
|-----------------------|--------------------------------------|---|--------|-------------|-----------------------------|--------|------------|---|
| OPERATIONAL STANDARDS | % of Ambulance handover > 30 minutes | 0   | Jun-18 | 11.4%       | 8.2%                        |        | R          |   |
|                       | % of Ambulance handover > 60 minutes | 0   | Jun-18 | 0.5%        | 0.2%                        |        | R          |   |
|                       | Referral to Treatment                | Specialities exceeding 18 wk referral to treatment time (incomplete pathways)                                   | 0      | Jun-18      | -                           | 8      |            | R |
|                       |                                      | 18 weeks referral to treatment time - incomplete pathways   | ≥92%   | Jun-18      | -                           | 90.0%  |            | R |
|                       |                                      | 18 weeks - number of incomplete pathways  | 24197  | Jun-18      | -                           | 24794  |            | R |
|                       |                                      | Number of cases exceeding 52 weeks referral to treatment  | 0      | Jun-18      | -                           | 21     |            | R |
|                       | Diagnostics                          | Diagnostic waiters, 6 weeks and over-DM01   | ≥99%   | Jun-18      | -                           | 99.1%  |            | G |
|                       | Cancelled Operations                 | Last minute (on the day) non-clinical cancelled elective operations as a % of elective admissions               | ≤0.8%  | Jun-18      | 0.4%                        | 0.3%   |            | G |
|                       |                                      | Breaches of the 28 day guarantee following a Last minute (on the day) non clinical cancelled elective operation | ≤5.0%  | Jun-18      | 14.6%                       | 10.0%  |            | R |
|                       |                                      | Urgent operations cancelled more than once  | 0      | Jun-18      | 0                           | 0      |            | G |
| CLINICAL STANDARDS    | #NoF                                 | % of #NoF achieving BPT   | 75.0%  | May-18      | 59.7%                       | 59.1%  |            | R |
|                       | CCU                                  | Non-medical critical care transfers   | 0      | Jun-18      | 0                           | 0      |            | G |
|                       |                                      | 2 week GP referral to 1st outpatient appointment  | ≥93%   | May-18      | 96.6%                       | 95.9%  |            | G |
|                       |                                      | 31 day diagnosis to treatment   | ≥96%   | May-18      | 99.3%                       | 99.3%  |            | G |
|                       |                                      | 31 day second or subsequent treatment (drug)  | ≥98%   | May-18      | 96.0%                       | 100.0% |            | G |

| At a Glance           |               | Indicator   | Plan / Standard | Period          | YTD Actuals | Monthly / Quarterly Actuals | Trend   | RAG Rating |
|-----------------------|---------------|---|-----------------|-----------------|-------------|-----------------------------|---|------------|
| OPERATIO              | Cancer Access | 31 day second or subsequent treatment (surgery)                                 | ≥94%            | May-18          | 100.0%      | 100.0%                      |  | G          |
|                       |               | 62 days urgent referral to treatment  | ≥85%            | May-18          | 82.7%       | 79.7%                       |  | R          |
|                       |               | 62 day referral to treatment from screening                                     | ≥90%            | May-18          | 100.0%      | 100.0%                      |  | G          |
|                       |               | 14 days referral for breast symptoms to assessment                              | ≥93%            | May-18          | 93.2%       | 90.5%                       |  | R          |
| ORGANISATIONAL HEALTH | HR            | % of eligible staff appraised within last 12 months                             | ≥95%            | Jul-17 - Jun-18 | 95.00%      | -                           |  | G          |
|                       |               | WTE lost as a % of contracted WTE due to sickness absence within last 12 months | ≤3.5%           | Jul-17 - Jun-18 | 3.45%       | -                           |  | G          |
|                       |               | % eligible staff attending core mandatory training within the last 12 months    | ≥90%            | Jul-17 - Jun-18 | 93.00%      | -                           |  | G          |
|                       |               | Staff Turnover  | ≤1.0%           | Jun-18          | 0.81%       | 0.73%                       |  | G          |
|                       |               | Proportion of Temporary Staff   | 7.50%           | Jun-18          | 7.20%       | 7.15%                       |  | G          |