


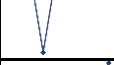
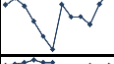

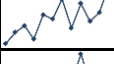
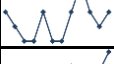
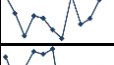
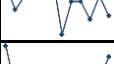
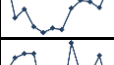


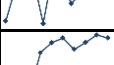
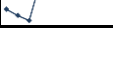


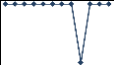











At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating
QUALITY, SAFETY AND PATIENT EXPERIENCE	Patient Safety	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Jun-17 - May-18	90.7	-		G
		Rolling 12 months HSMR Sepsis	100	Jun-17 - May-18	75.5	-		G
		SHMI	100	Jan-17 - Dec-17	102.01	-		A
		Serious Incidents including Never Events (STEIS reportable) by reported date	2	Aug-18	14	3		R
		Never Events	0	Aug-18	1	1		R
		NHSE/NHSI Improvement Patient Safety Alerts Compliance (Number open beyond deadline)	0	Aug-18	0	0		G
	Quality	Safe Staffing Levels - overall fill rate	80.0%	Aug-18	100.5%	99.7%		G
		Same Sex Accommodation Standards breaches	0	Aug-18	0	0		G
		Clostridium difficile Hospital acquired cases	4	Aug-18	14	3		G
		MRSA bacteremia - Hospital acquired cases	0	Aug-18	0	0		G
		E.Coli bacteraemia blood stream infection - Hospital acquired cases	4	Aug-18	12	2		G
		Falls per 1000 OBDs resulting in Moderate or Severe Harm	0.2	Aug-18	0.2	0.2		G
		Falls per 1000 OBDs resulting in Low or No Harm	5.5	Aug-18	5.7	5.2		G
		Avoidable Hospital Acquired Grade 2 Pressure Ulcers per 1000 OBDs	0.07	Aug-18	0.03	0.06		G
		Avoidable Hospital Acquired Grade 3 Pressure Ulcers per 1000 OBDs	0.01	Aug-18	0.01	0.06		R
		Avoidable Hospital Acquired Grade 4 Pressure Ulcers per 1000 OBDs	0	Aug-18	0.00	0.00		G

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating
		Harm-free SFH care	≥95%	Aug-18	96.2%	97.5%		G
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	≥95%	Jul-18	95.5%	95.8%		G
		Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Jul-18	94.5%	98.7%		G
		Eligible patients having Dementia Diagnostic Assessment	≥90%	Jul-18	100.0%	100.0%		G
		Patients where the dementia outcome was positive or inconclusive, are referred for further diagnostic advice	≥90%	Jul-18	86.3%	100.0%		G
QUALITY, SAFETY AND PATIENT EXPERIENCE	Patient Experience	% complaint responses dispatched within appropriate number of days	≥90%	Aug-18	92.6%	96.0%		G
		Number of complaints	≤60	Aug-18	130	37		G
		Reopened complaints	8	Aug-18	11	2		G
		Response Rate: Friends and Family Inpatients	≥24.1%	Aug-18	35.5%	40.4%		G
		Recommended Rate: Friends and Family Inpatients	97%	Aug-18	97.9%	97.6%		G
		Response Rate: Friends and Family Accident and Emergency	≥12.8%	Aug-18	13.5%	15.6%		G
		Recommended Rate: Friends and Family Accident and Emergency	87%	Aug-18	94.1%	93.1%		G
		Recommended Rate: Friends and Family Maternity	96%	Aug-18	96.0%	95.6%		R
		Recommended Rate: Friends and Family Outpatients	96%	Aug-18	94.0%	94.5%		R
		Recommended Rate: Friends and Family Staff	80%	Qtr1 Yr2018/19	82.3%	82.3%		G

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	
OPERATIONAL STANDARDS	Emergency Access	Emergency access within four hours Total Trust	≥95%	Aug-18	95.3%	95.3%		G
		Emergency access within four hours Kings Mill	≥95%	Aug-18	93.6%	93.4%		R
		Emergency access within four hours Newark	≥95%	Aug-18	98.7%	98.4%		G
		Emergency access within four hours Primary Care (included in total trust performance not SFH activity)	≥95%	Aug-18	98.7%	99.7%		G
		Number of trolley waits > 12 hours	0	Aug-18	3	1		R
		% of Ambulance handover > 30 minutes	0	Aug-18	12.0%	13.3%		R
		% of Ambulance handover > 60 minutes	0	Aug-18	0.6%	0.9%		R
	Referral to Treatment	Specialities exceeding 18 wk referral to treatment time (incomplete pathways)	0	Aug-18	-	7		R
		18 weeks referral to treatment time - incomplete pathways	≥92%	Aug-18	-	90.6%		R
		18 weeks - number of incomplete pathways	24197	Aug-18	-	25890		R
		Number of cases exceeding 52 weeks referral to treatment	0	Aug-18	-	14		R
	Diagnostics	Diagnostic waiters, 6 weeks and over-DM01	≥99%	Aug-18	-	99.5%		G
	Cancelled Operations	Last minute (on the day) non-clinical cancelled elective operations as a % of elective admissions	≤0.8%	Aug-18	0.4%	0.6%		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	Aug-18	0	0		G
	#NoF	% of #NoF achieving BPT	75.0%	Jul-18	61.0%	53.6%		R
CCU	Non-medical critical care transfers	0	Aug-18	0	0		G	

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	
OPERATIONAL STANDARDS	Cancer Access	2 week GP referral to 1st outpatient appointment	≥93%	Jul-18	96.0%	96.0%		G
		31 day diagnosis to treatment	≥96%	Jul-18	99.3%	100.0%		G
		31 day second or subsequent treatment (drug)	≥98%	Jul-18	97.4%	100.0%		G
		31 day second or subsequent treatment (surgery)	≥94%	Jul-18	100.0%	100.0%		G
		62 days urgent referral to treatment	≥85%	Jul-18	79.2%	69.3%		R
		62 day referral to treatment from screening	≥90%	Jul-18	100.0%	100.0%		G
		14 days referral for breast symptoms to assessment	≥93%	Jul-18	94.8%	97.8%		G
ORGANISATIONAL HEALTH	HR	% of eligible staff appraised within last 12 months	≥95%	Sep-17 - Aug-18	96.0%	-		G
		WTE lost as a % of contracted WTE due to sickness absence within last 12 months	≤3.5%	Sep-17 - Aug-18	3.5%	-		G
		% eligible staff attending core mandatory training within the last 12 months	≥90%	Sep-17 - Aug-18	94.0%	-		G
		Staff Turnover	≤1.0%	Aug-18	0.8%	0.7%		G
		Proportion of Temporary Staff	7.50%	Aug-18	7.3%	7.3%		G