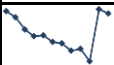



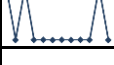




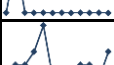

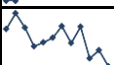






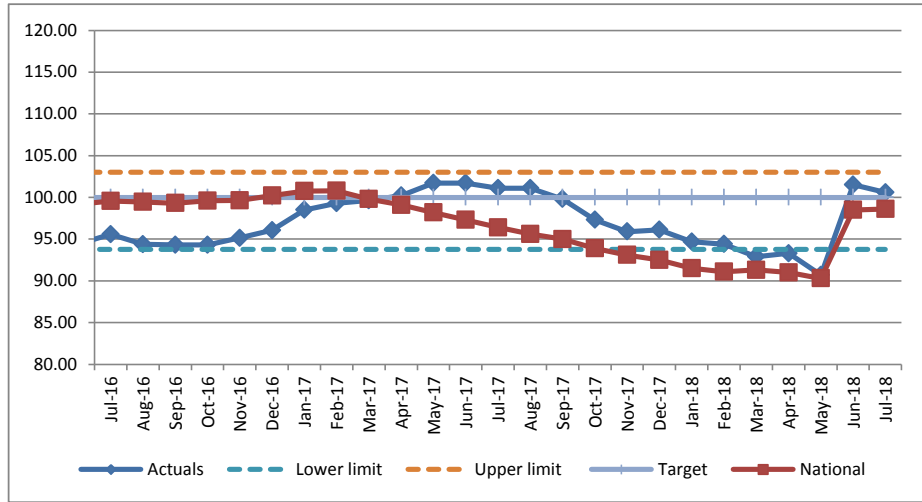
At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	
QUALITY, SAFETY AND PATIENT EXPERIENCE	Patient Safety	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Jul-17 - Jun-18	100.6	-		G
		Rolling 12 months HSMR Sepsis	100	Jul-17 - Jun-18	86.9	-		G
		SHMI	100	Apr-17 - Mar-18	98.78	-		G
		Serious Incidents including Never Events (STEIS reportable) by reported date	2	Sep-18	16	0		G
		Never Events	0	Sep-18	1	0		G
		NHSE/NHSI Improvement Patient Safety Alerts Compliance (Number open beyond deadline)	0	Sep-18	0	0		G
	Quality	Safe Staffing Levels - overall fill rate	80.0%	Sep-18	100.2%	98.9%		G
		Same Sex Accommodation Standards breaches	0	Sep-18	0	0		G
		Clostridium difficile Hospital acquired cases	4	Sep-18	17	3		G
		MRSA bacteremia - Hospital acquired cases	0	Sep-18	0	0		G
		E.Coli bacteraemia blood stream infection - Hospital acquired cases	4	Sep-18	16	4		G
		Falls per 1000 OBDs resulting in Moderate or Severe Harm	0.2	Sep-18	0.2	0.1		G
		Falls per 1000 OBDs resulting in Low or No Harm	5.5	Sep-18	5.5	4.2		G
		Avoidable Hospital Acquired Grade 2 Pressure Ulcers per 1000 OBDs	0.07	Sep-18	0.07	0.29		R
		Avoidable Hospital Acquired Grade 3 Pressure Ulcers per 1000 OBDs	0.01	Sep-18	0.01	0.00		G
		Avoidable Hospital Acquired Grade 4 Pressure Ulcers per 1000 OBDs	0	Sep-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%	Sep-18	96.1%	95.6%		G	
	Eligible patients having Venous Thromboembolism (VTE) risk assessment	≥95%	Aug-18	95.7%	96.1%		G	
	Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Aug-18	95.5%	99.3%		G	
	Eligible patients having Dementia Diagnostic Assessment	≥90%	Aug-18	100.0%	100.0%		G	
	Patients where the dementia outcome was positive or inconclusive, are referred for further diagnostic advice	≥90%	Aug-18	88.4%	100.0%		G	
QUALITY, SAFETY AND PATIENT EXPERIENCE	Patient Experience	% complaint responses dispatched within appropriate number of days	≥90%	Sep-18	93.2%	96.0%		G
		Number of complaints	≤60	Sep-18	146	16		G
		Reopened complaints	8	Sep-18	13	2		G
		Response Rate: Friends and Family Inpatients	≥24.1%	Sep-18	35.6%	35.9%		G
		Recommended Rate: Friends and Family Inpatients	97%	Sep-18	97.9%	98.1%		G
		Response Rate: Friends and Family Accident and Emergency	≥12.8%	Sep-18	13.4%	12.6%		R
		Recommended Rate: Friends and Family Accident and Emergency	87%	Sep-18	94.2%	94.6%		G
		Recommended Rate: Friends and Family Maternity	96%	Sep-18	96.1%	96.6%		G
		Recommended Rate: Friends and Family Outpatients	96%	Sep-18	93.9%	93.7%		R
		Recommended Rate: Friends and Family Staff	80%	Qtr1 Yr2018/19	82.3%	82.3%		G

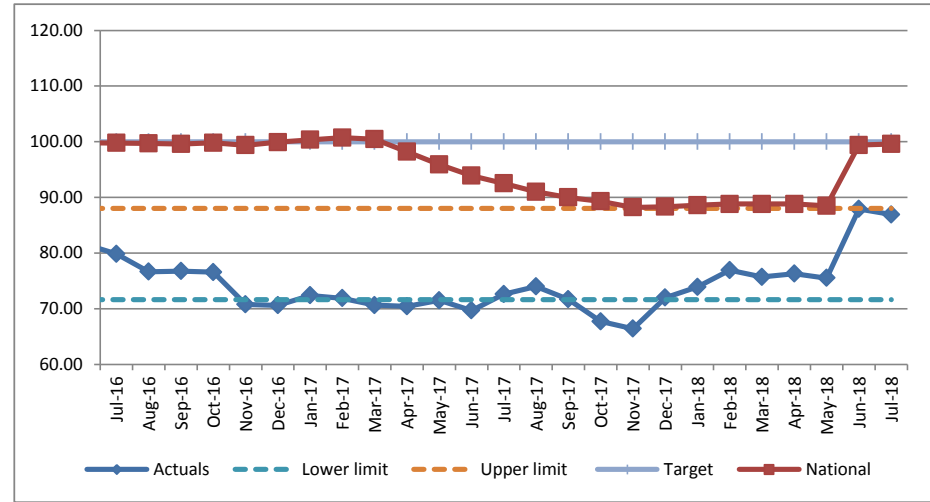
At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	
OPERATIONAL STANDARDS	Emergency Access	Emergency access within four hours Total Trust	≥95%	Sep-18	95.5%	96.6%		G
		Emergency access within four hours Kings Mill	≥95%	Sep-18	93.9%	95.5%		G
		Emergency access within four hours Newark	≥95%	Sep-18	98.7%	98.8%		G
		Emergency access within four hours Primary Care (included in total trust performance not SFH activity)	≥95%	Sep-18	98.8%	99.1%		G
		Number of trolley waits > 12 hours	0	Sep-18	4	1		R
		% of Ambulance handover > 30 minutes	0	Sep-18	11.0%	5.9%		R
		% of Ambulance handover > 60 minutes	0	Sep-18	0.5%	0.3%		R
	Referral to Treatment	Specialities exceeding 18 wk referral to treatment time (incomplete pathways)	0	Sep-18	-	6		R
		18 weeks referral to treatment time - incomplete pathways	≥92%	Sep-18	-	90.6%		R
		18 weeks - number of incomplete pathways	24197	Sep-18	-	25585		R
		Number of cases exceeding 52 weeks referral to treatment	0	Sep-18	-	21		R
	Diagnostics	Diagnostic waiters, 6 weeks and over-DM01	≥99%	Sep-18	-	99.2%		G
	Cancelled Operations	Last minute (on the day) non-clinical cancelled elective operations as a % of elective admissions	≤0.8%	Sep-18	0.5%	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	Sep-18	0	0		G
	#NoF	% of #NoF achieving BPT	75.0%	Aug-18	56.3%	33.3%		R
CCU	Non-medical critical care transfers	0	Sep-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%	Aug-18	95.8%	95.4%		G
		31 day diagnosis to treatment	≥96%	Aug-18	98.9%	97.2%		G
		31 day second or subsequent treatment (drug)	≥98%	Aug-18	97.9%	100.0%		G
		31 day second or subsequent treatment (surgery)	≥94%	Aug-18	100.0%	100.0%		G
		62 days urgent referral to treatment	≥85%	Aug-18	78.2%	74.6%		R
		62 day referral to treatment from screening	≥90%	Aug-18	98.5%	88.9%		R
		14 days referral for breast symptoms to assessment	≥93%	Aug-18	95.5%	98.1%		G
ORGANISATIONAL HEALTH	HR	% of eligible staff appraised within last 12 months	≥95%	Oct-17 - Sep-18	95.0%	-		G
		WTE lost as a % of contracted WTE due to sickness absence within last 12 months	≤3.5%	Oct-17 - Sep-18	3.5%	-		G
		% eligible staff attending core mandatory training within the last 12 months	≥90%	Oct-17 - Sep-18	94.0%	-		G
		Staff Turnover	≤1.0%	Sep-18	0.8%	0.7%		G
		Proportion of Temporary Staff	7.50%	Sep-18	7.3%	7.5%		G

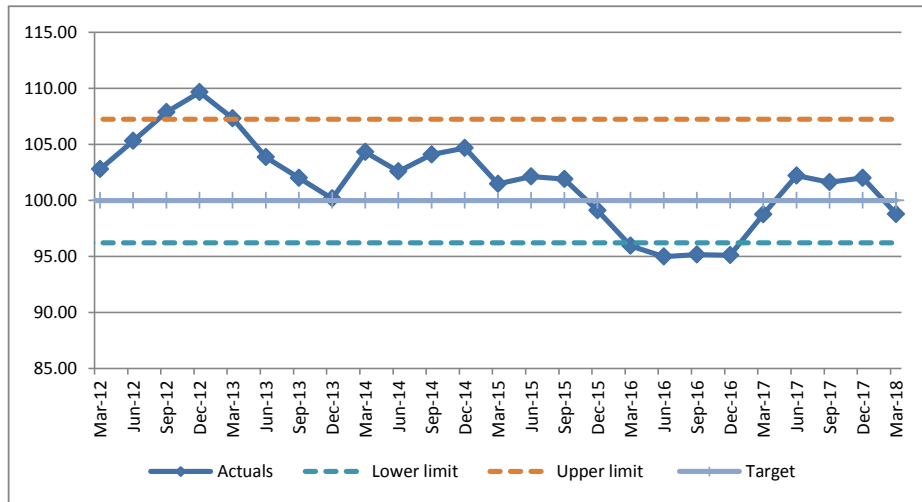
**HSMR (basket of 56 diagnosis groups)**



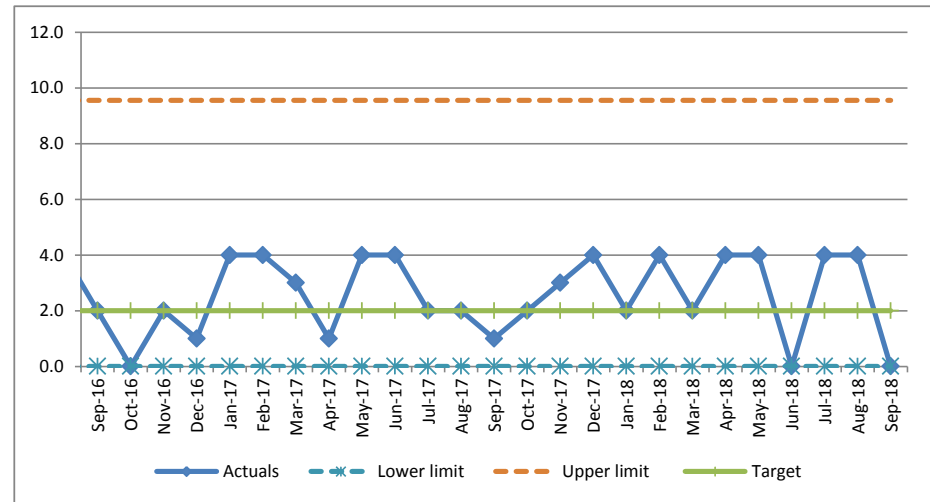
**Rolling 12 months HSMR Sepsis**



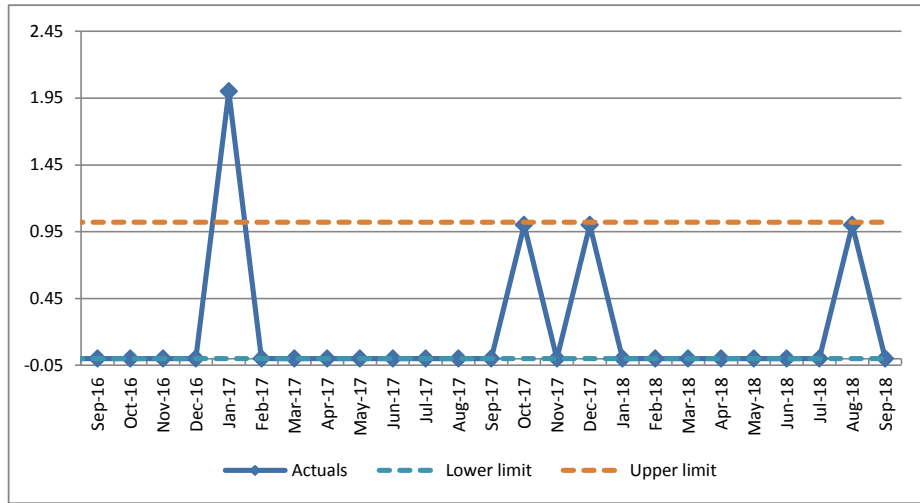
**SHMI**



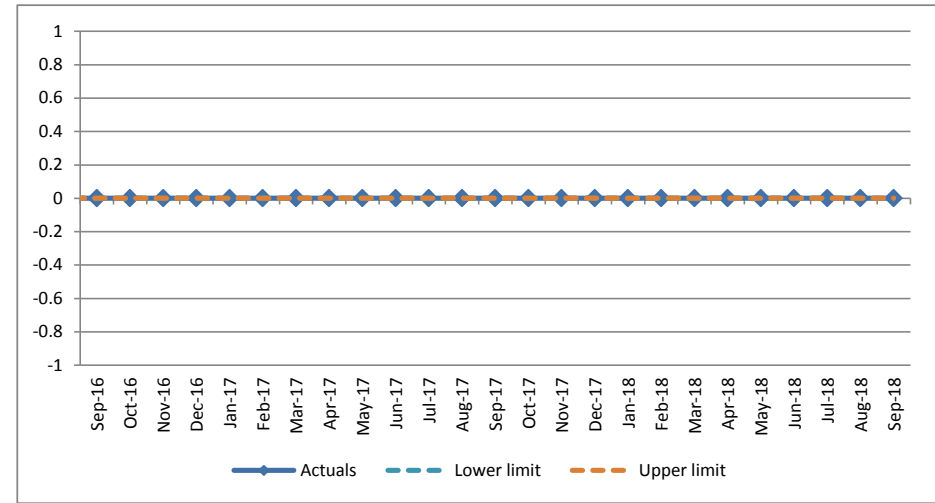
**Serious Incidents including Never Events (STEIS reportable) by reported date**



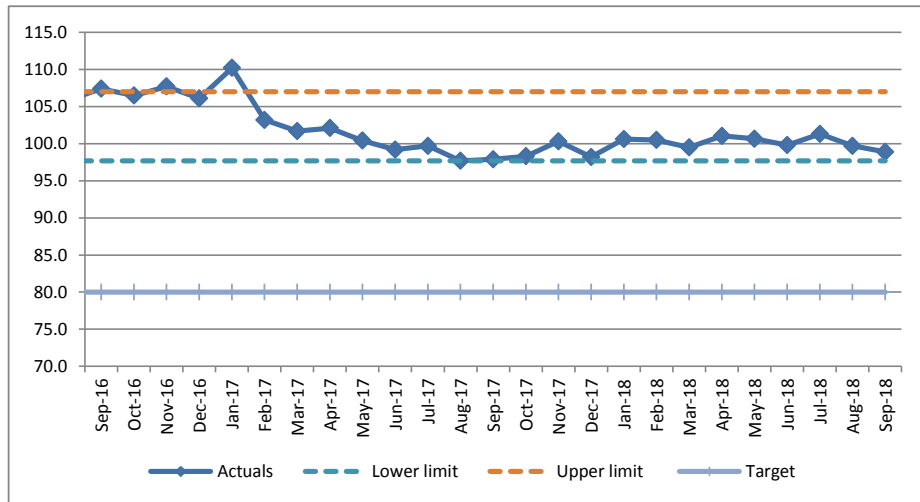
### Never Events



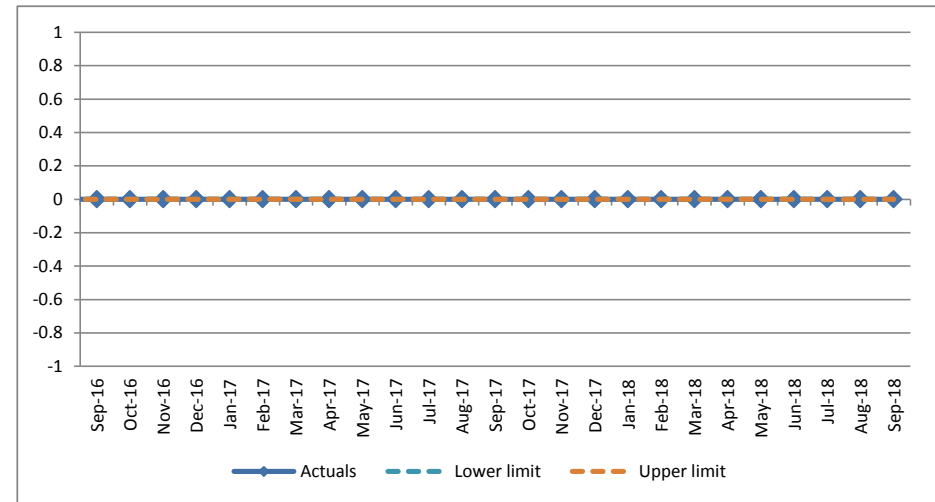
### NHSE/NHSI Improvement Patient Safety Alerts Compliance (Number open beyond deadline)



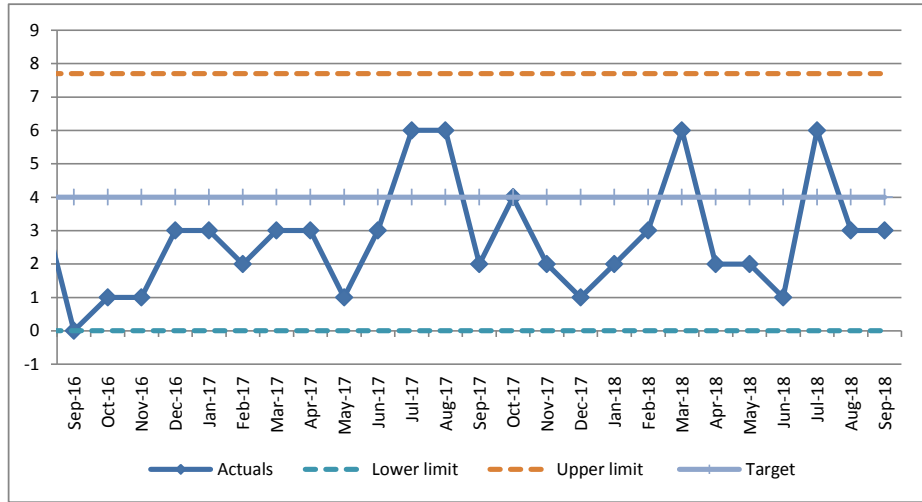
### Safe Staffing Levels - overall fill rate



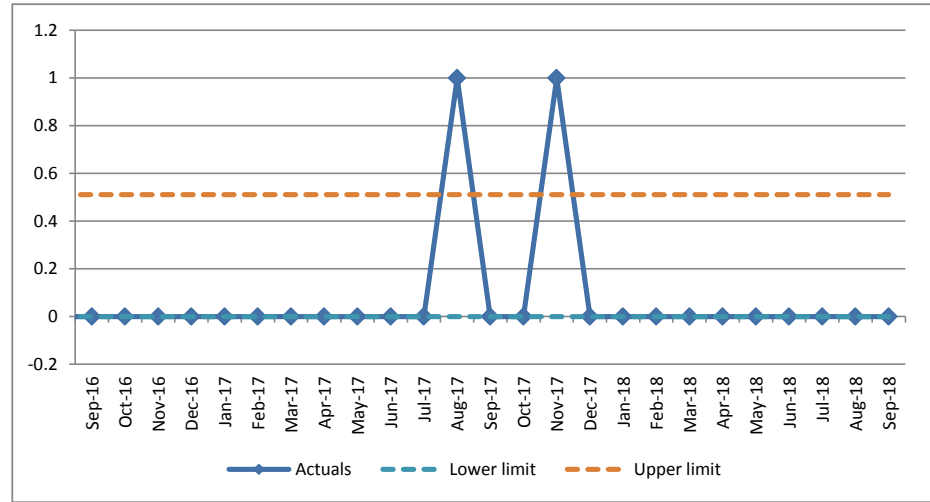
### Same Sex Accommodation Standards breaches



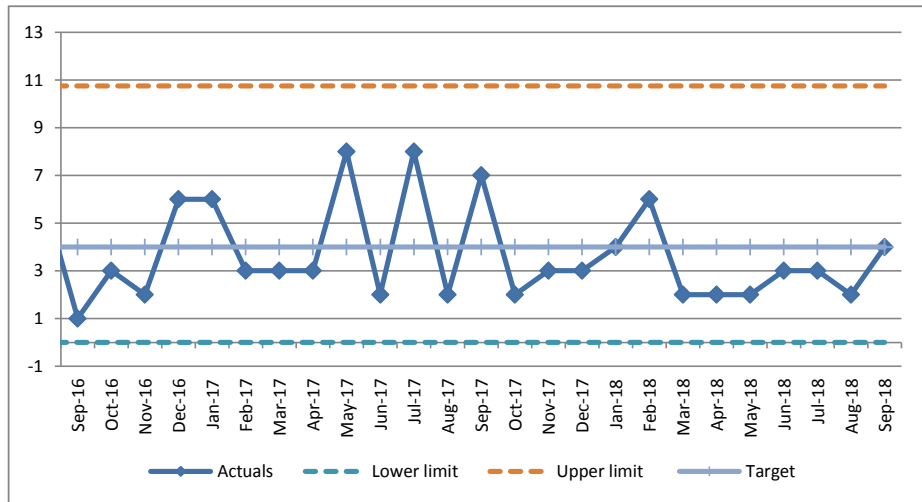
**Clostridium difficile Hospital acquired cases**



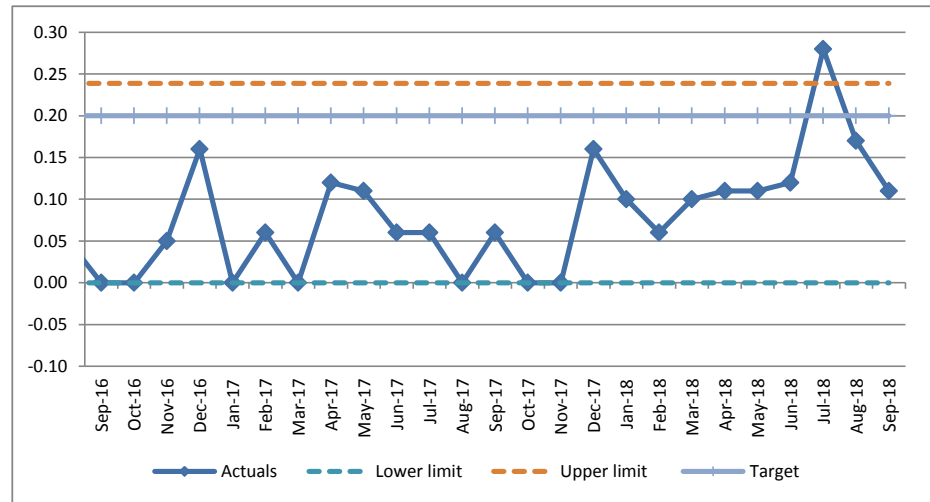
**MRSA bacteremia - Hospital acquired cases**



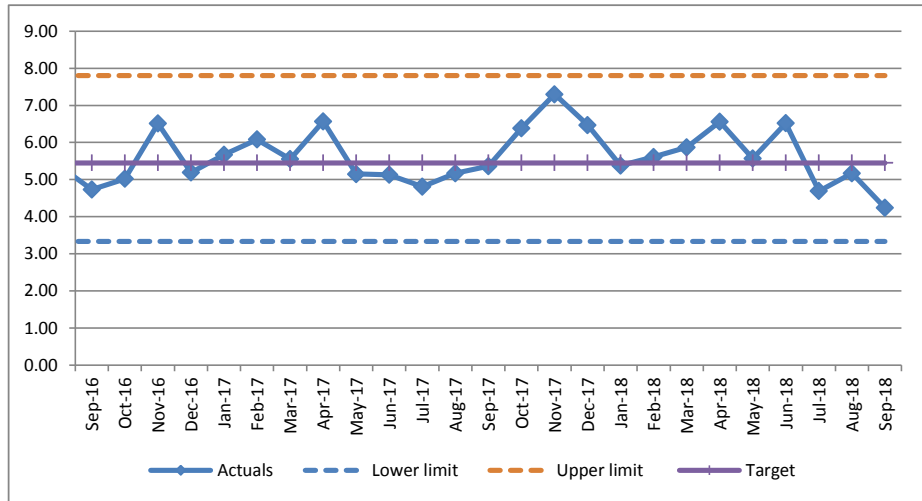
**E.Coli bacteraemia blood stream infection - Hospital acquired cases**



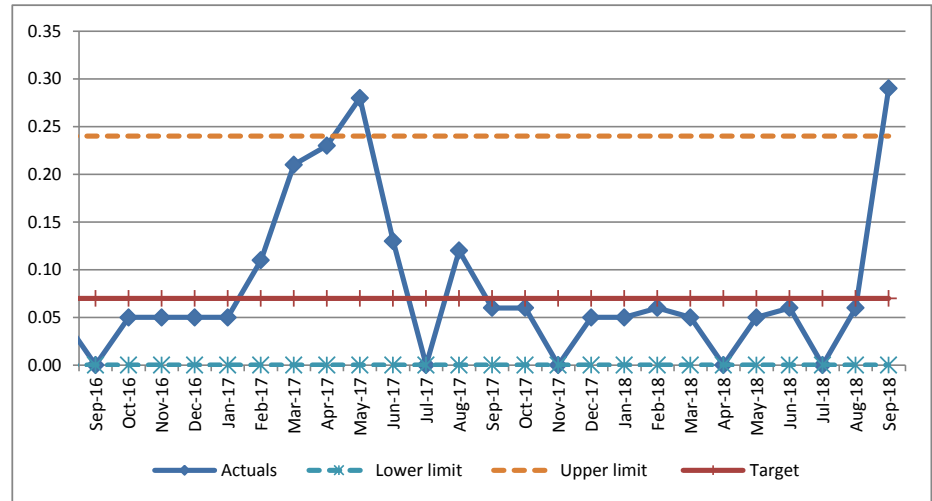
**Falls per 1000 OBDs resulting in Moderate or Severe Harm**



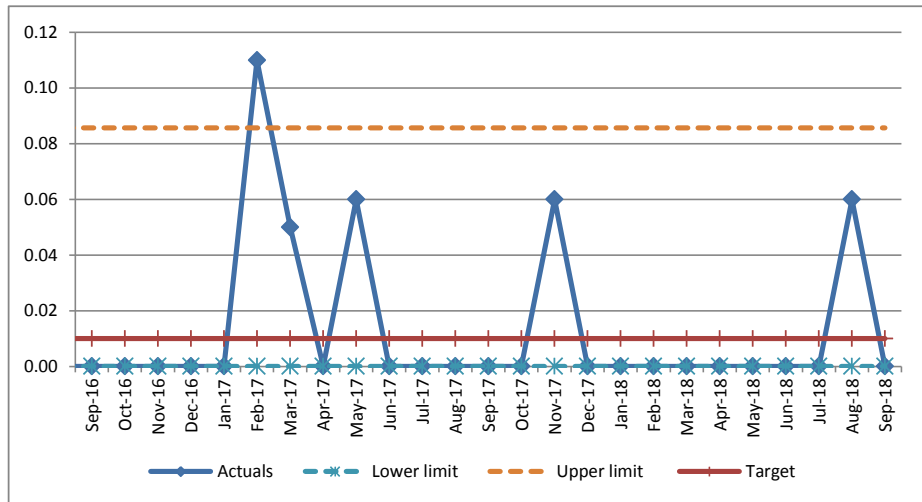
**Falls per 1000 OBDs resulting in Low or No Harm**



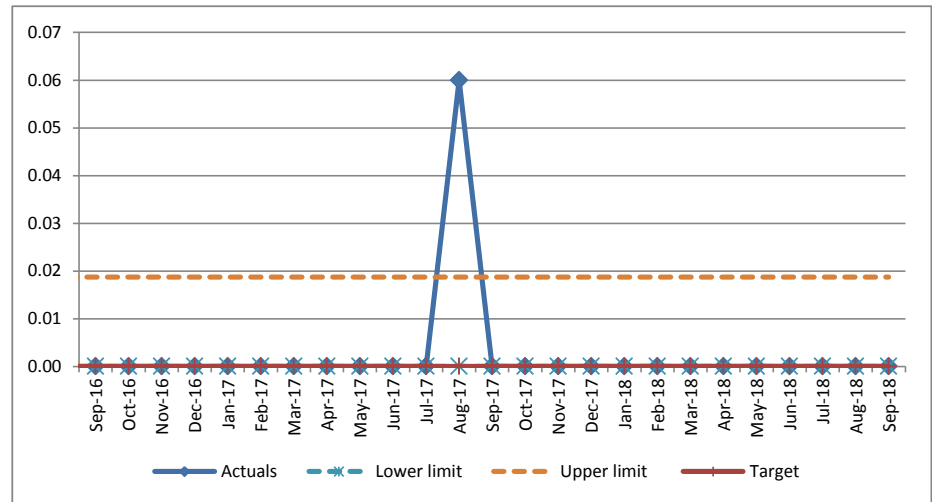
**Avoidable Hospital Acquired Grade 2 Pressure Ulcers per 1000 OBDs**



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

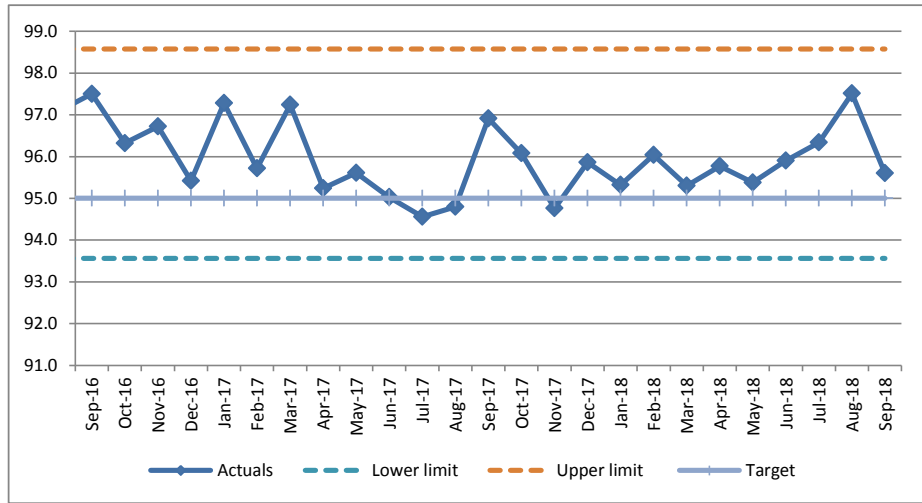


**Avoidable Hospital Acquired Grade 4 Pressure Ulcers per 1000 OBDs**

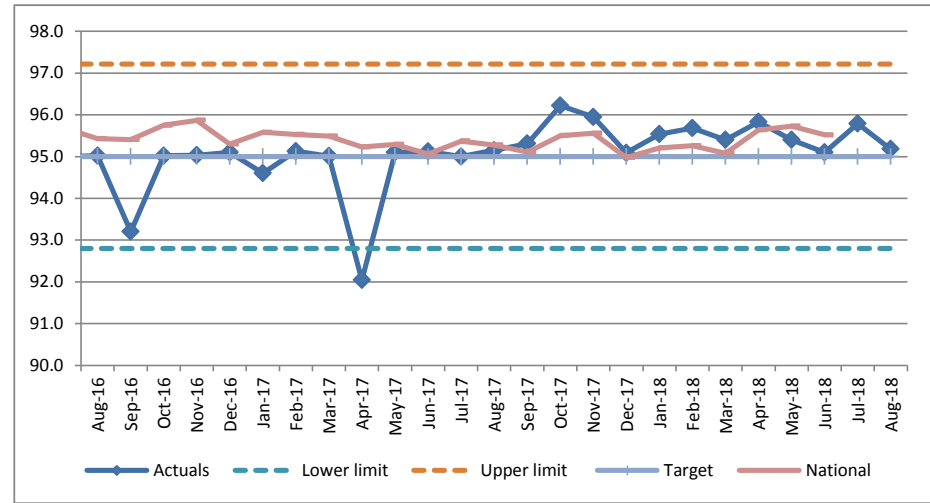




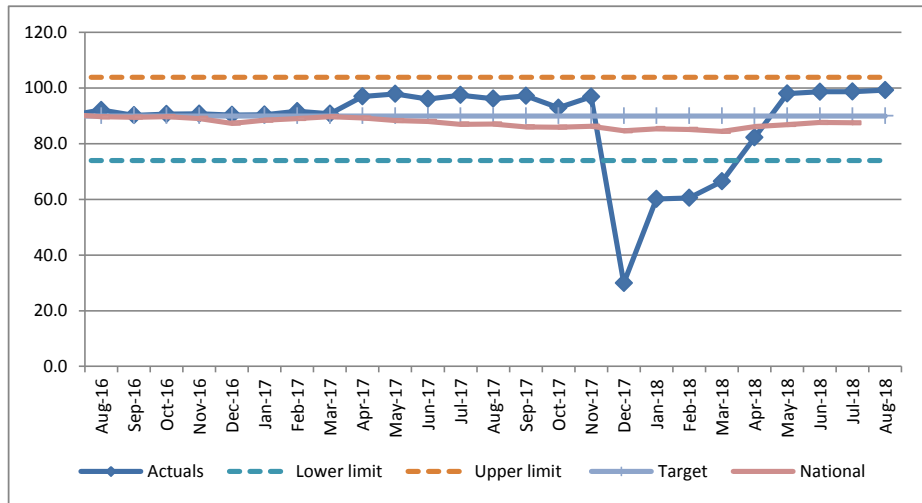
**Harm-free SFH care**



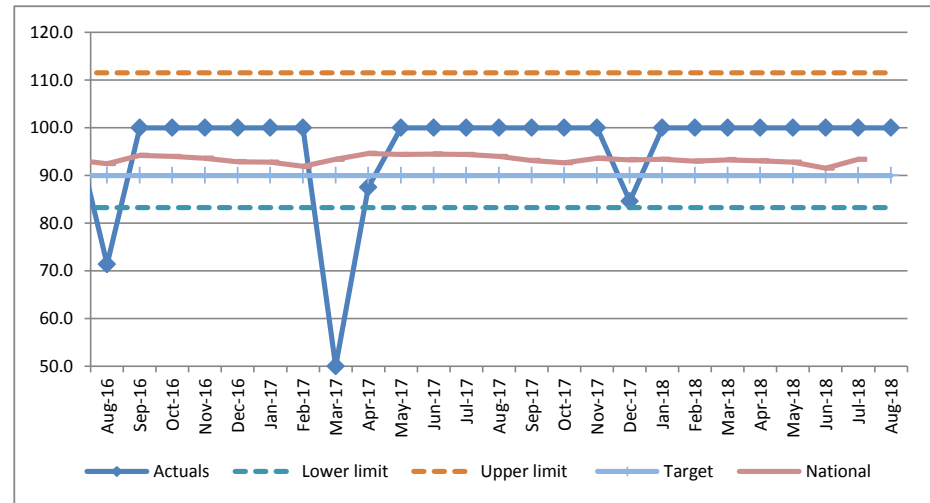
**Eligible patients having Venous Thromboembolism (VTE) risk assessment**



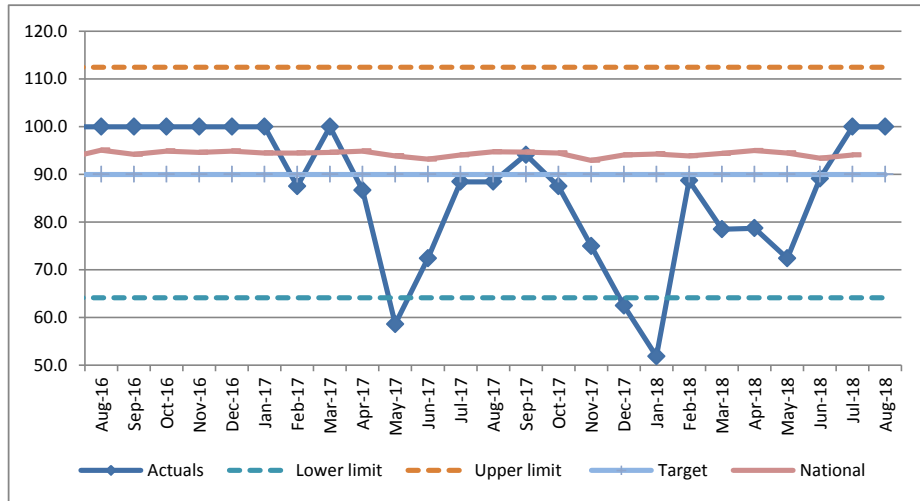
**Eligible patients asked case finding question, or diagnosis of dementia or delirium**



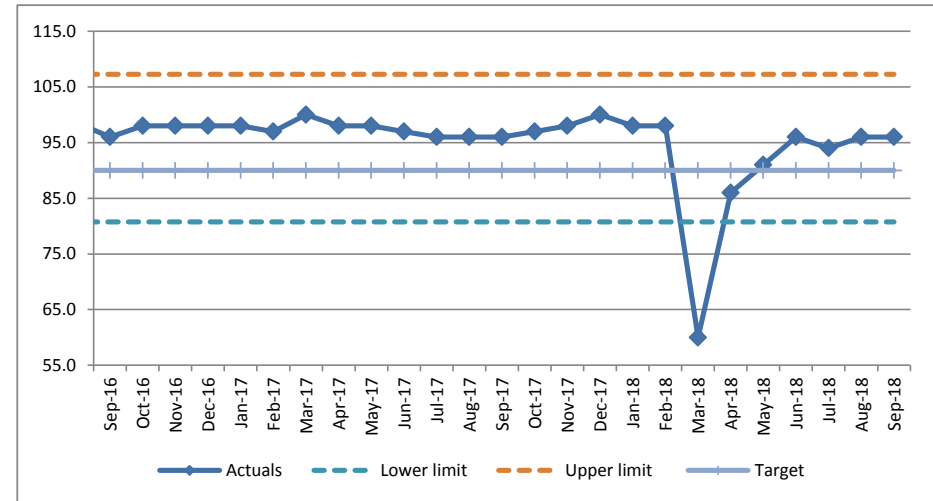
**Eligible patients having Dementia Diagnostic Assessment**



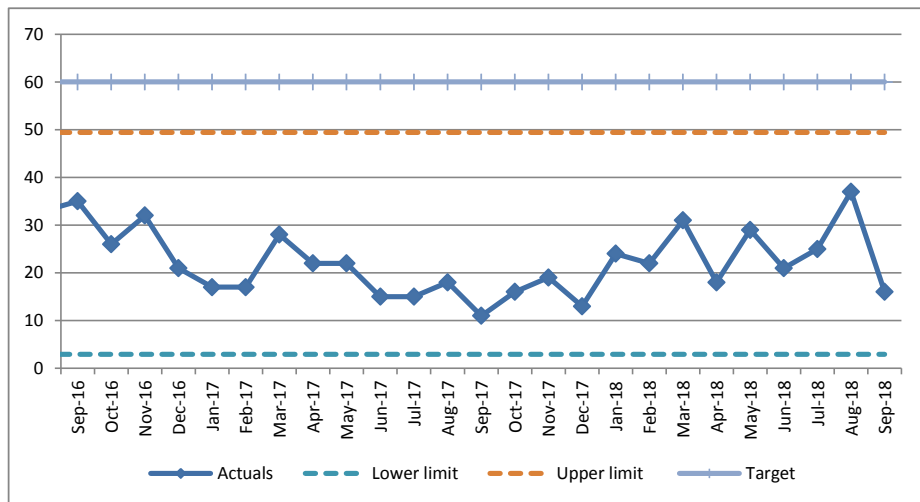
**Patients where the dementia outcome was positive or inconclusive, are referred for further diagnostic advice**



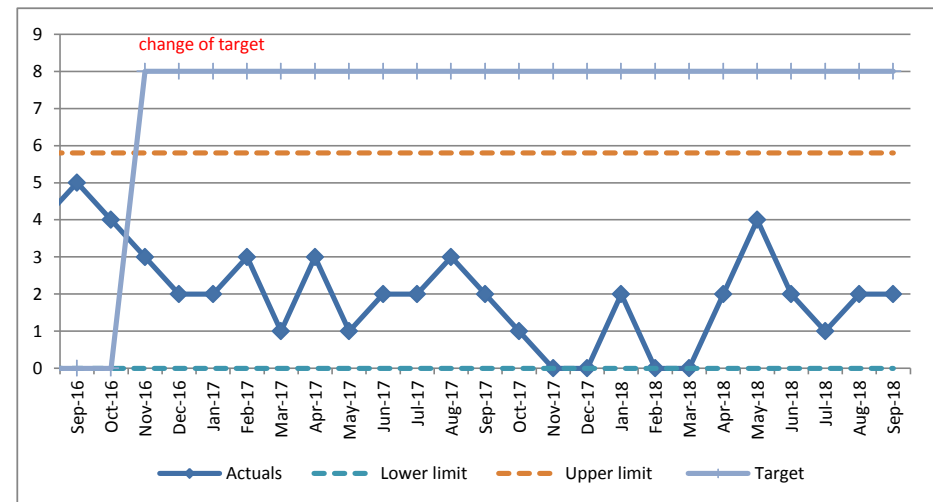
**% complaint responses dispatched within appropriate number of days**



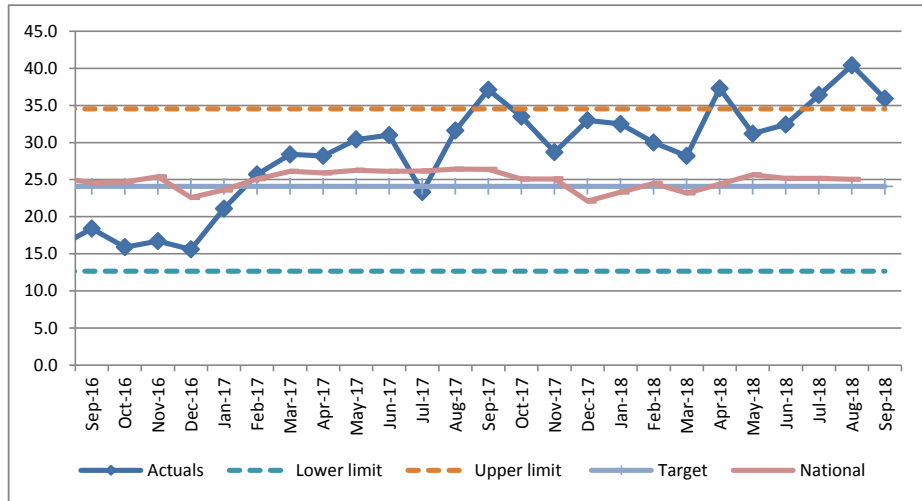
**Number of complaints**



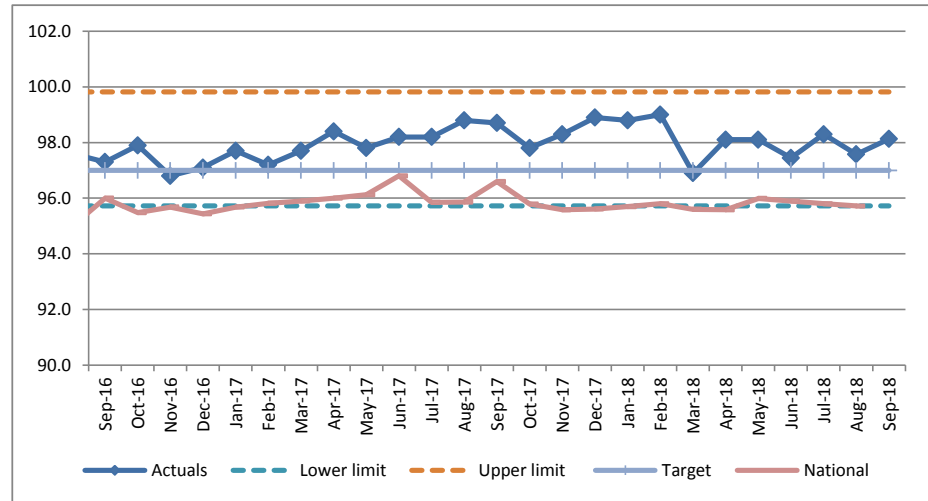
**Reopened complaints**



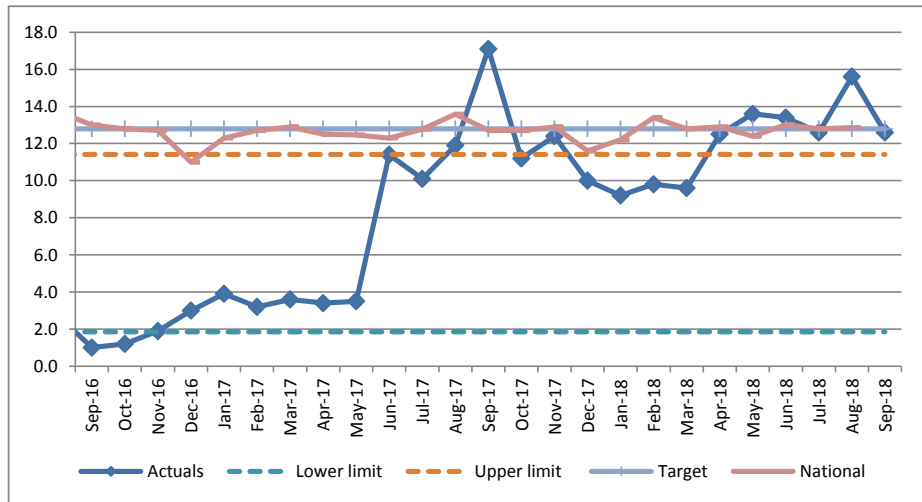
**Response Rate: Friends and Family Inpatients**



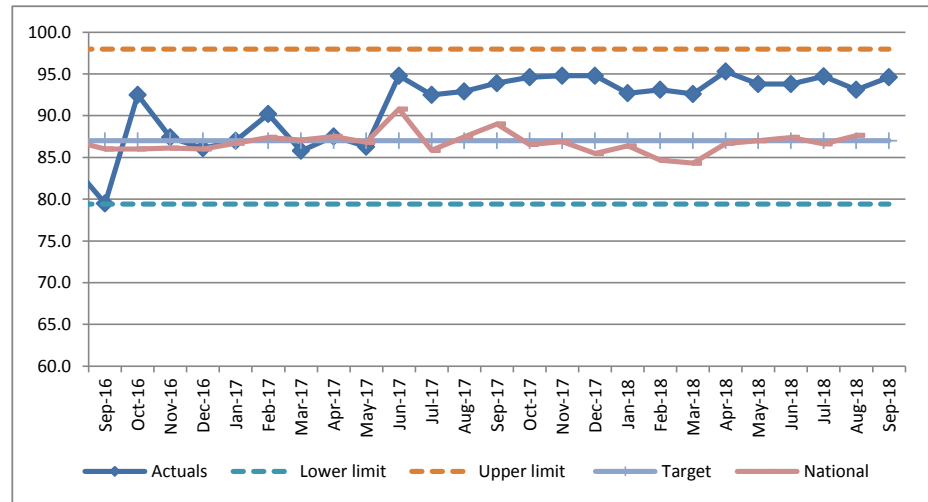
**Recommended Rate: Friends and Family Inpatients**



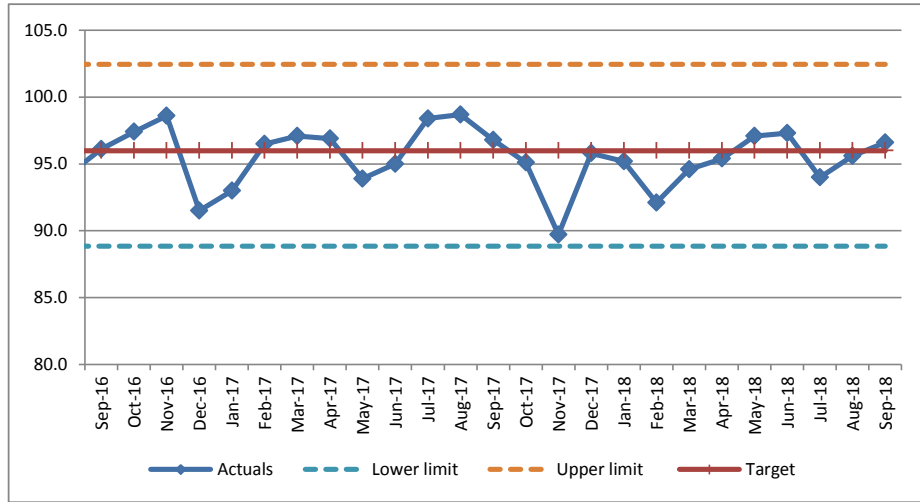
**Response Rate: Friends and Family Accident and Emergency**



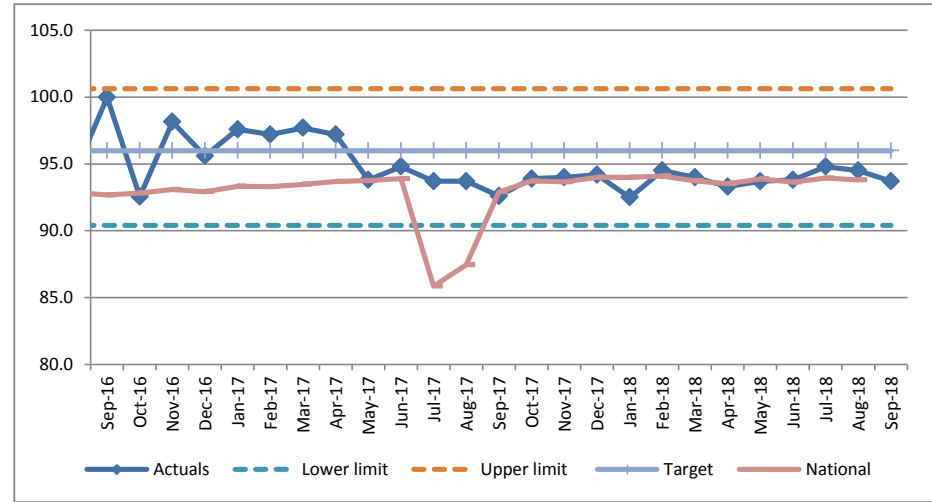
**Recommended Rate: Friends and Family Accident and Emergency**



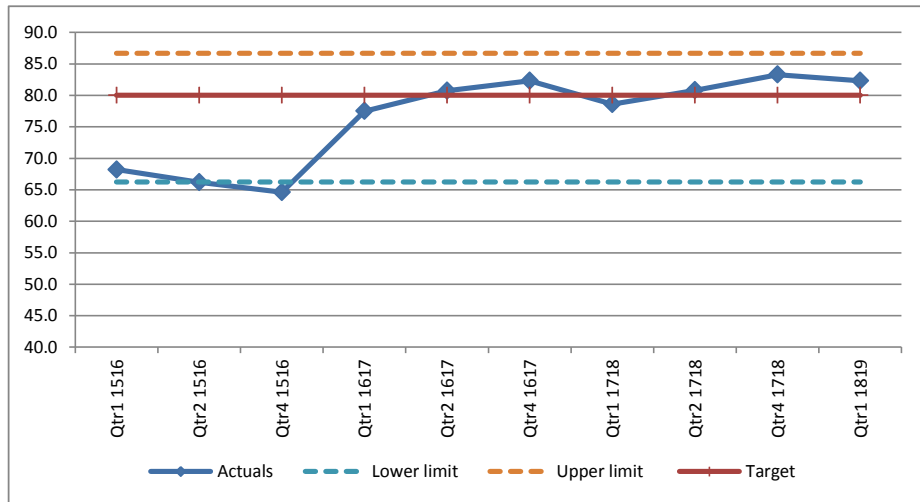
**Recommended Rate: Friends and Family Maternity**



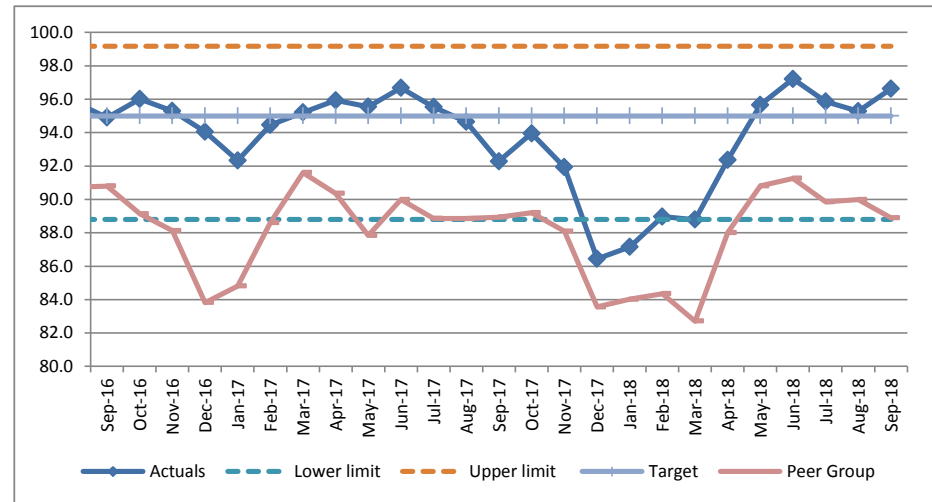
**Recommended Rate: Friends and Family Outpatients**



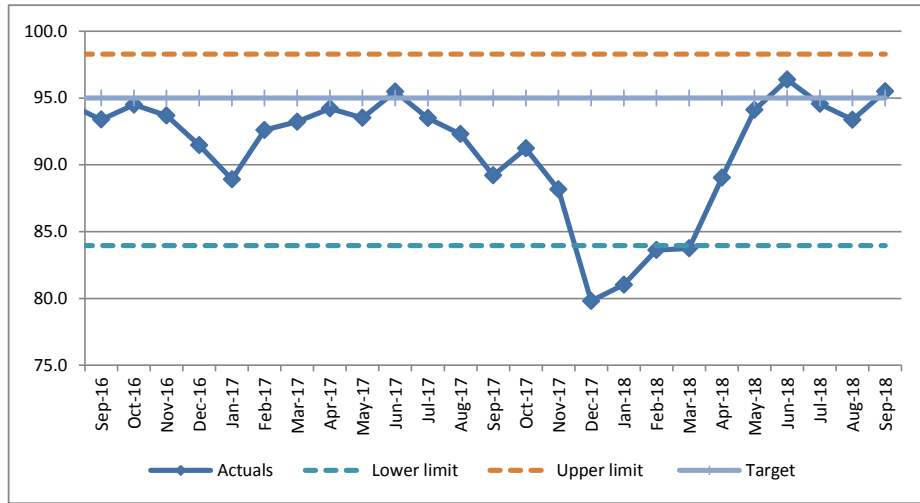
**Recommended Rate: Friends and Family Staff**



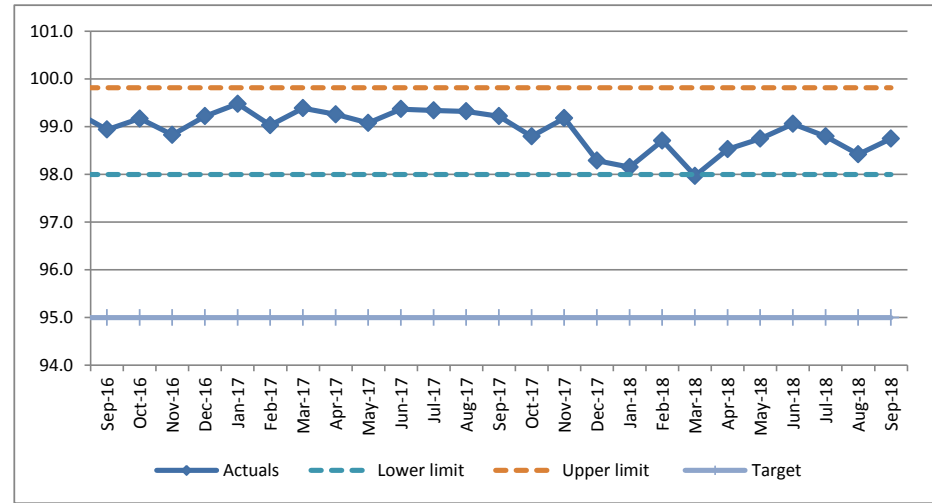
**Emergency access within four hours Total Trust**



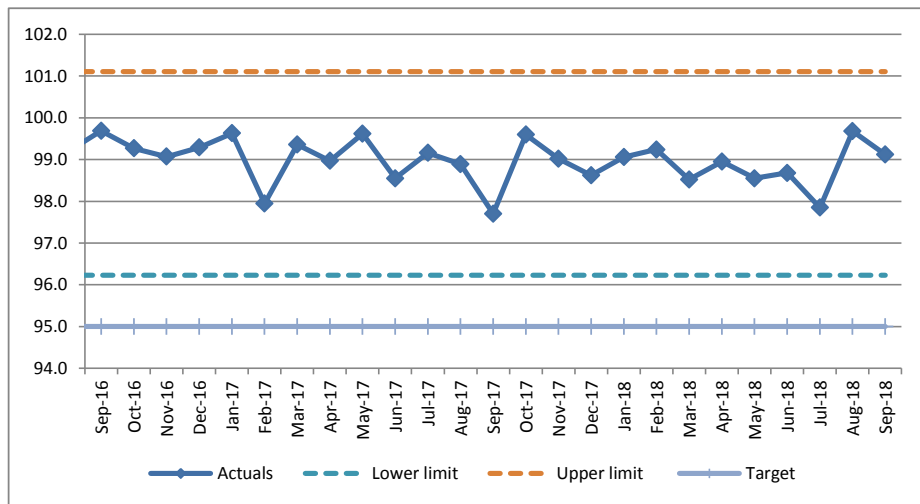
**Emergency access within four hours Kings Mill**



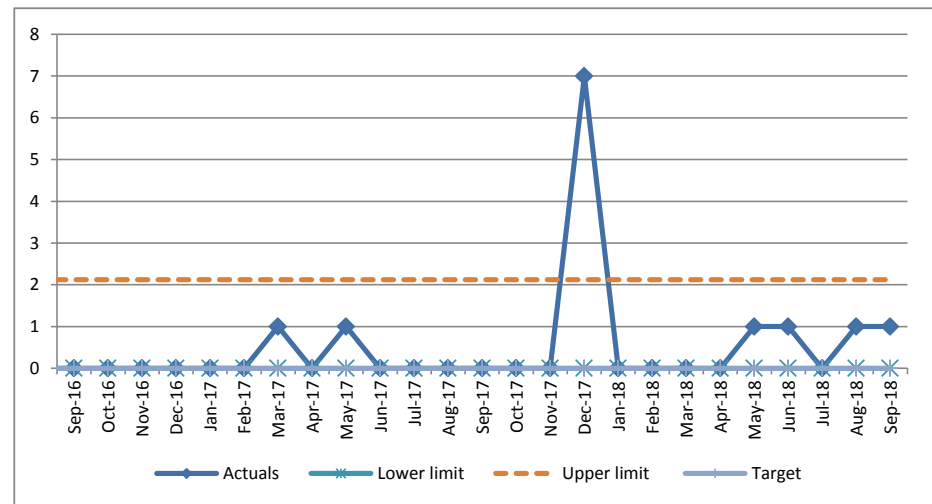
**Emergency access within four hours Newark**



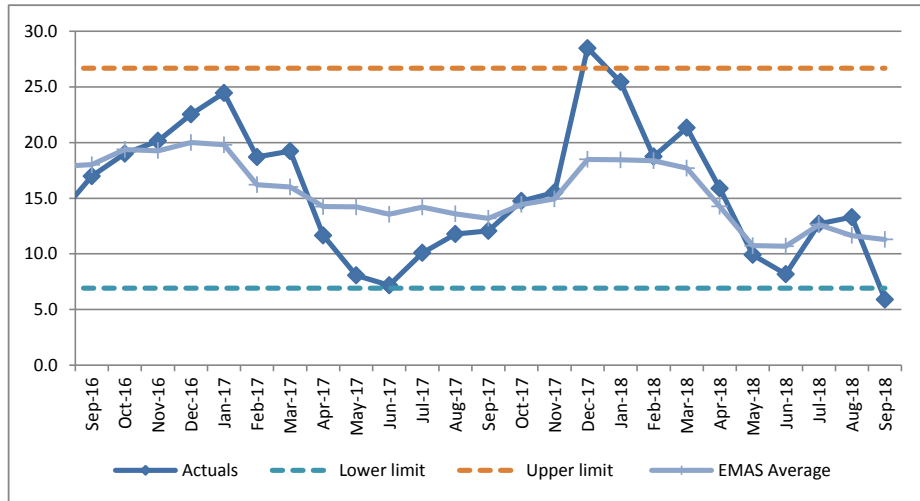
**Emergency access within four hours Primary Care (included in total trust performance not SFH activity)**



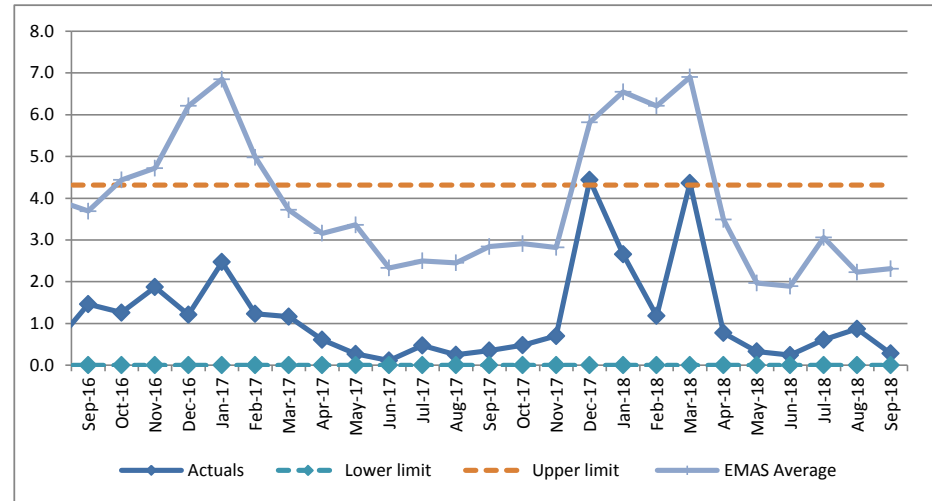
**Number of trolley waits > 12 hours**



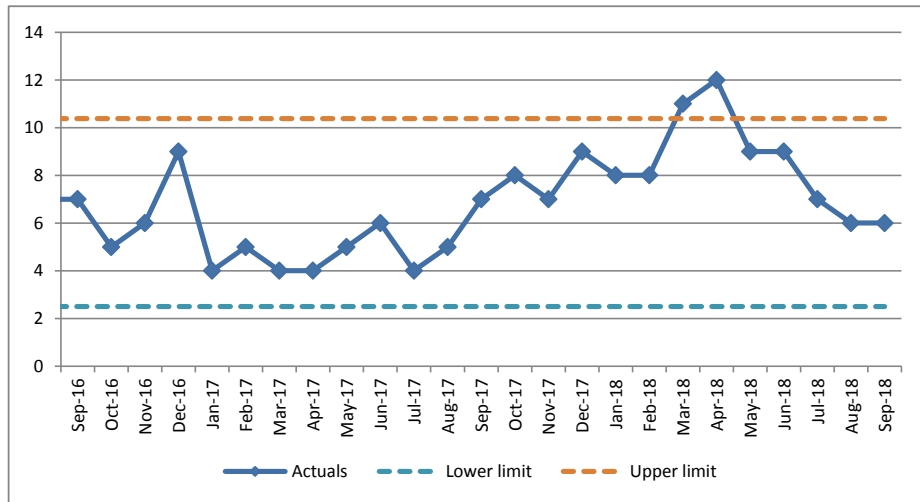
**Ambulance handover > 30 minutes**



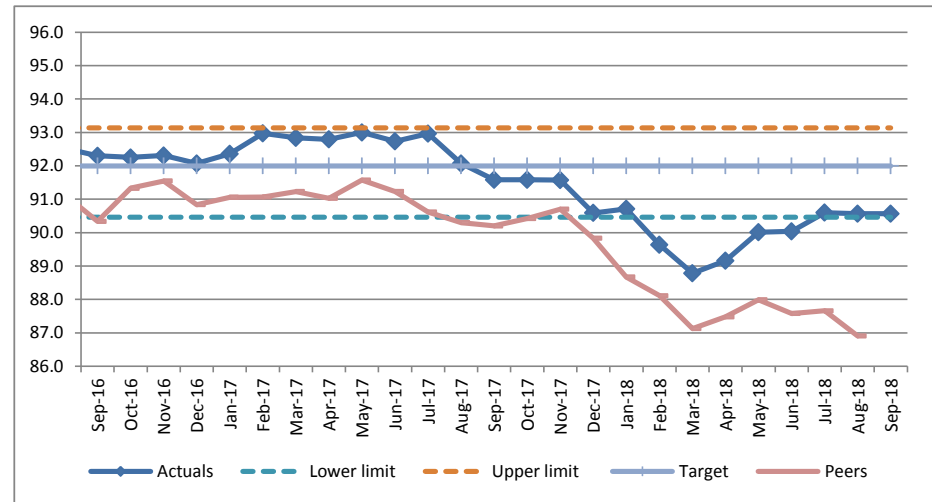
**Ambulance handover > 60 minutes**



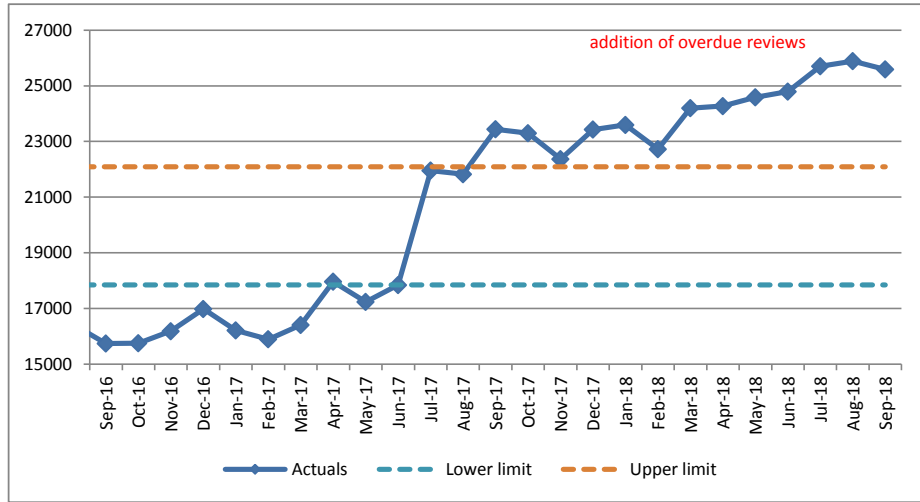
**Specialities exceeding 18 wk referral to treatment time (incomplete pathways)**



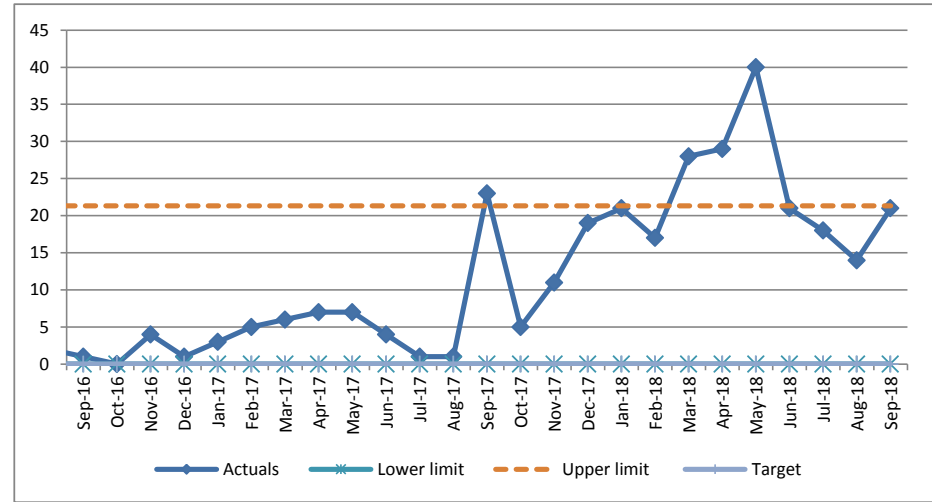
**18 weeks referral to treatment time - incomplete pathways**



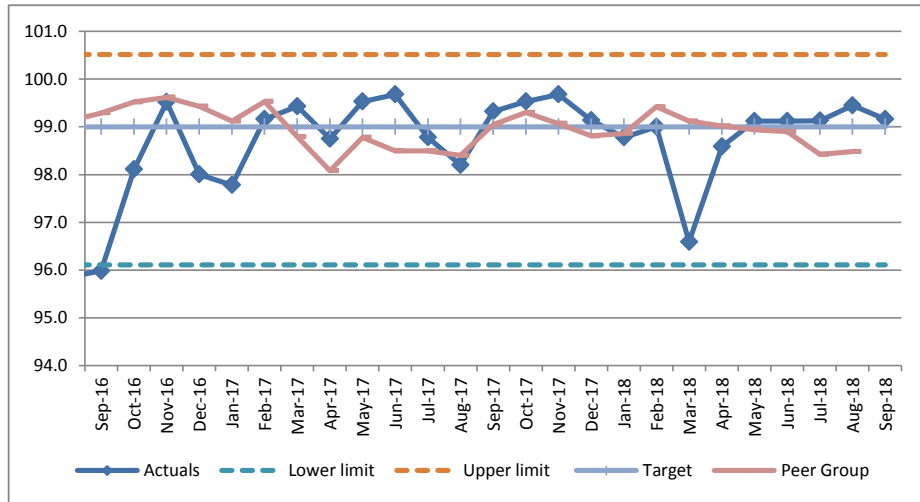
18 weeks - number of incomplete pathways



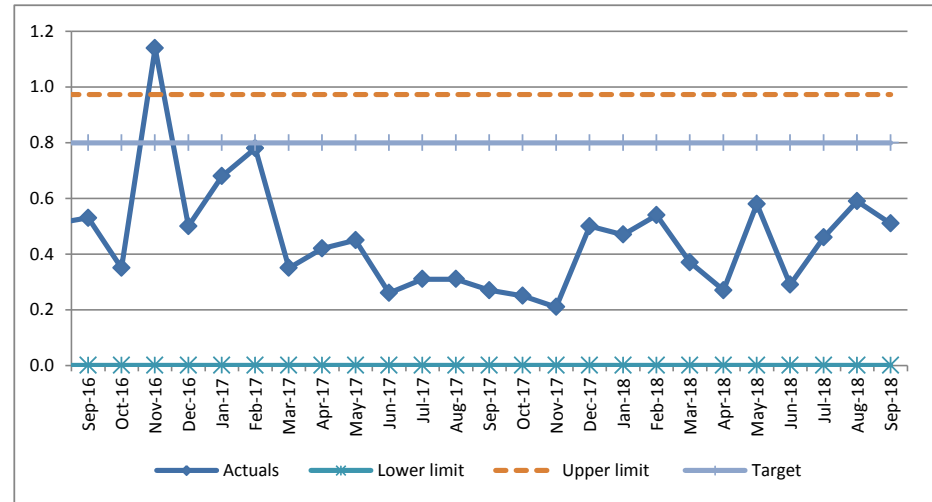
Number of cases exceeding 52 weeks referral to treatment



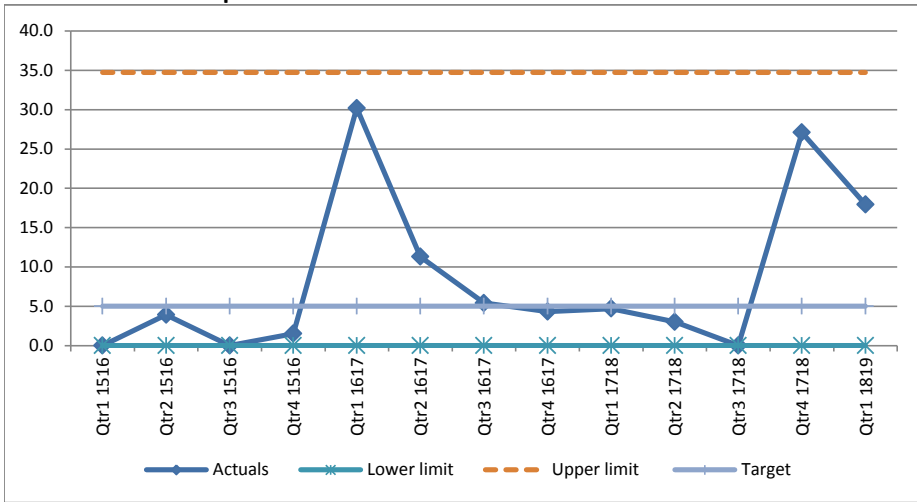
Diagnostic waiters, 6 weeks and over-DM01



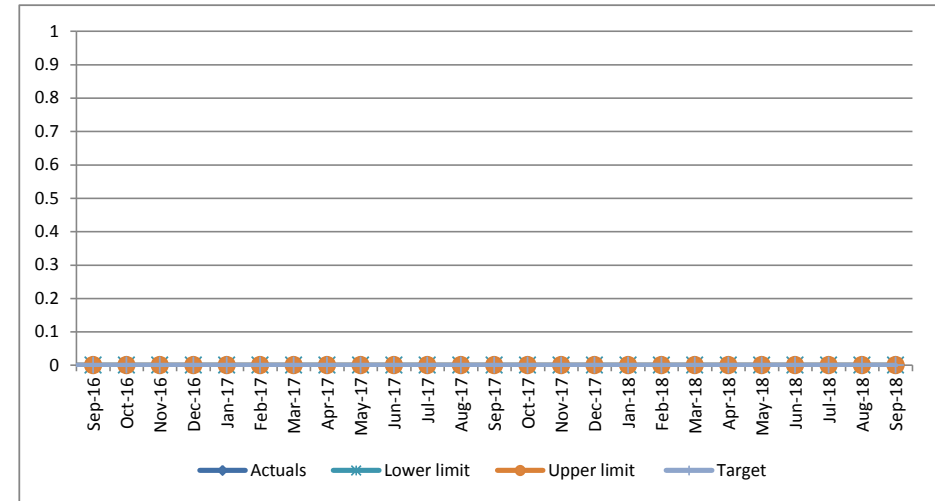
Last minute (on the day) non-clinical cancelled elective operations as a % of elective admissions



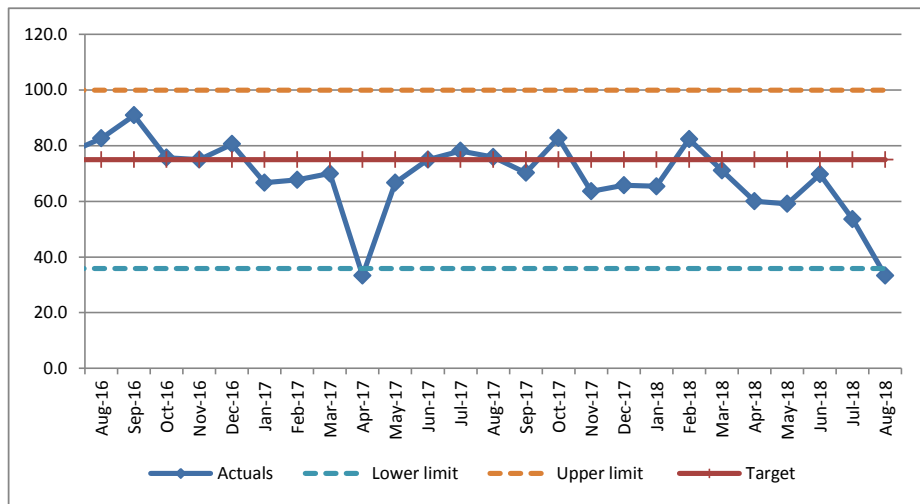
**Breaches of the 28 day guarantee following a Last minute (on the day) non clinical cancelled elective operation**



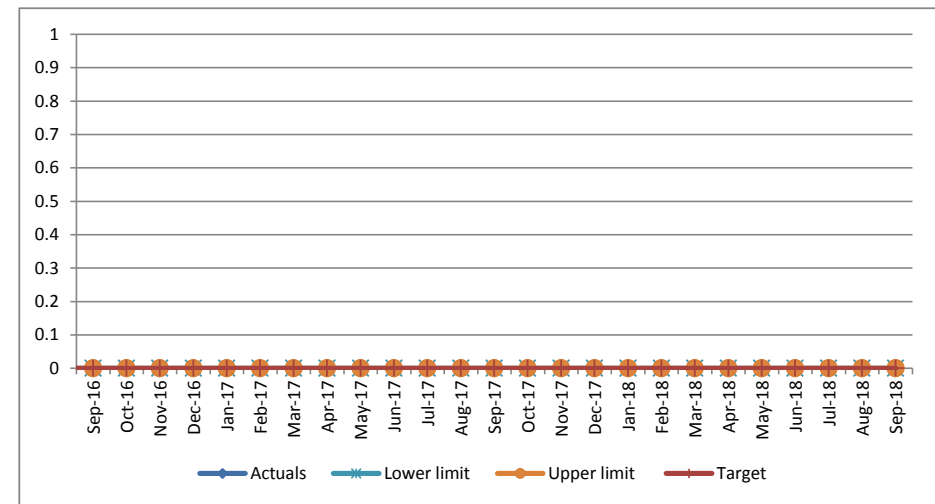
**Urgent operations cancelled more than once**



**% of #NoF achieving BPT**

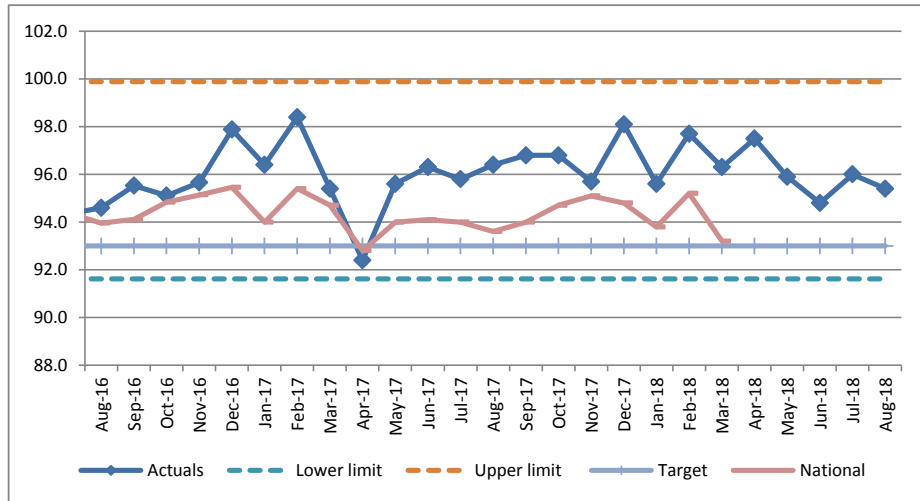


**Non-medical critical care transfers**

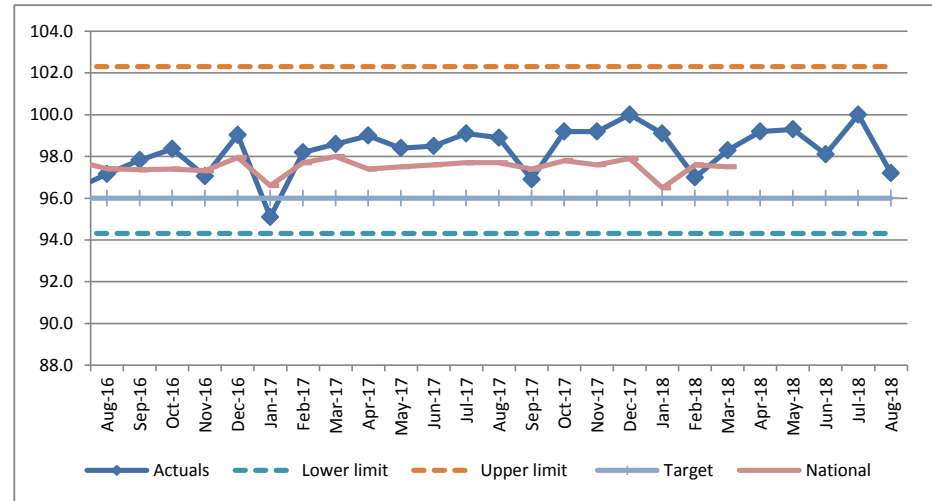




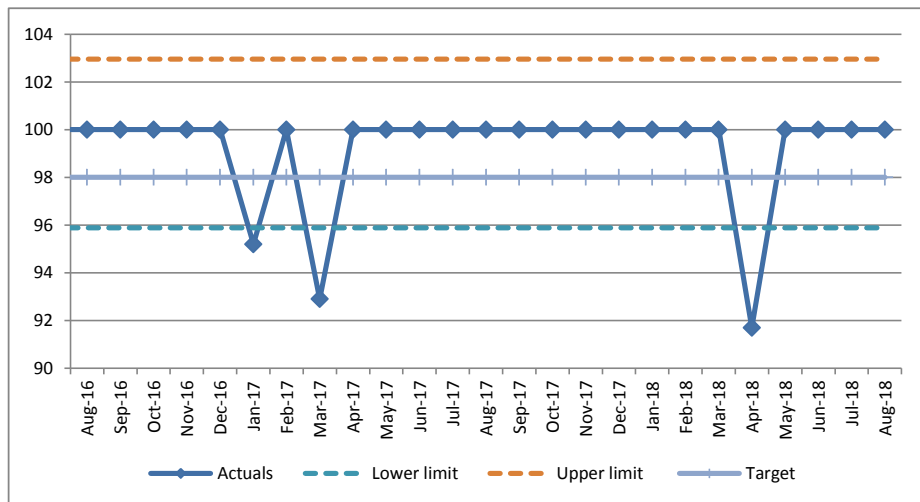
**2 week GP referral to 1st outpatient appointment**



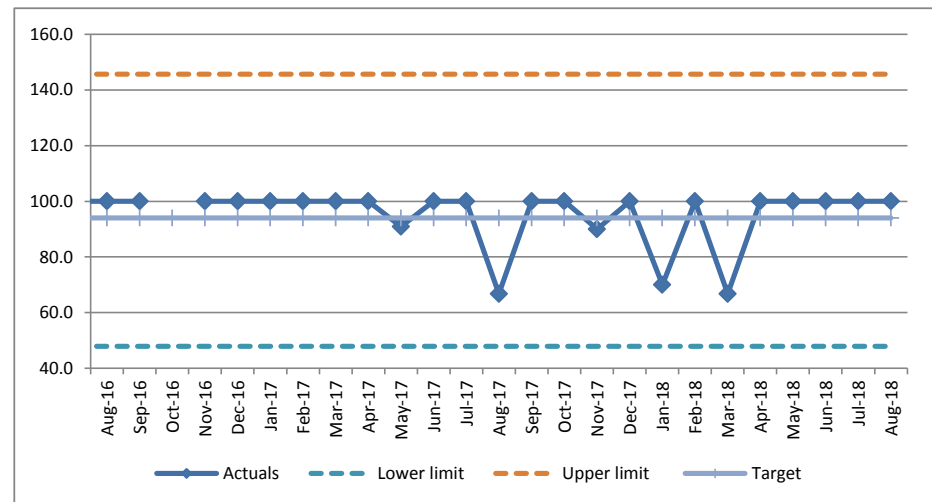
**31 day diagnosis to treatment**



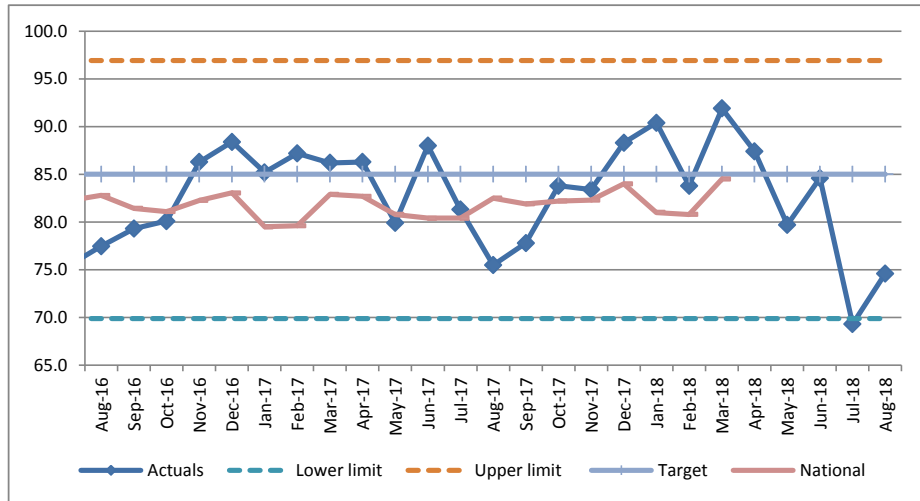
**31 day second or subsequent treatment (drug)**



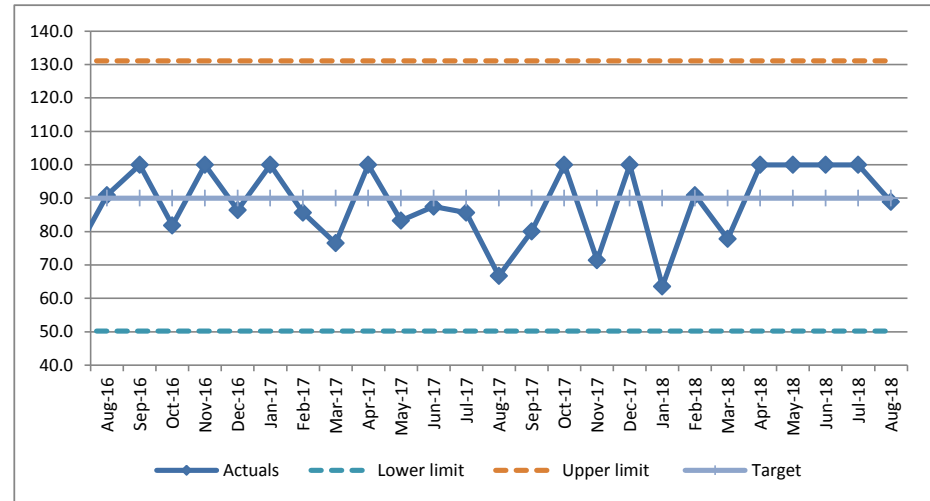
**31 day second or subsequent treatment (surgery)**



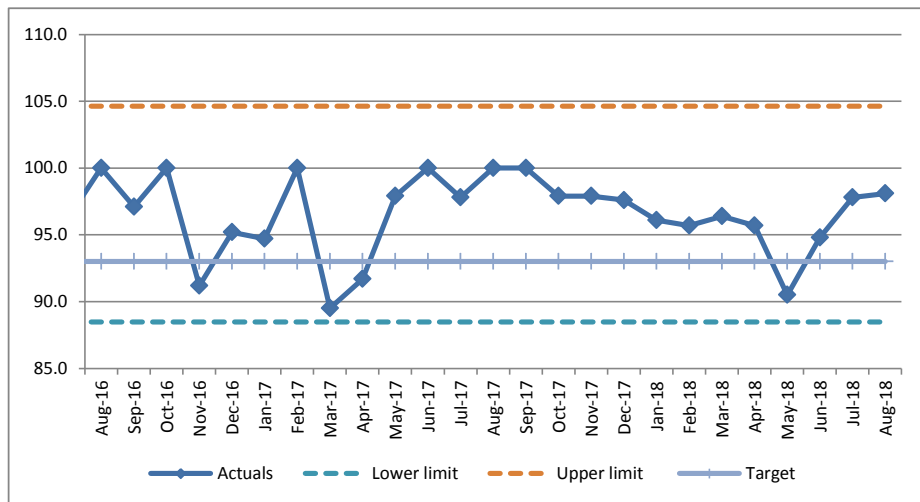
**62 days urgent referral to treatment**



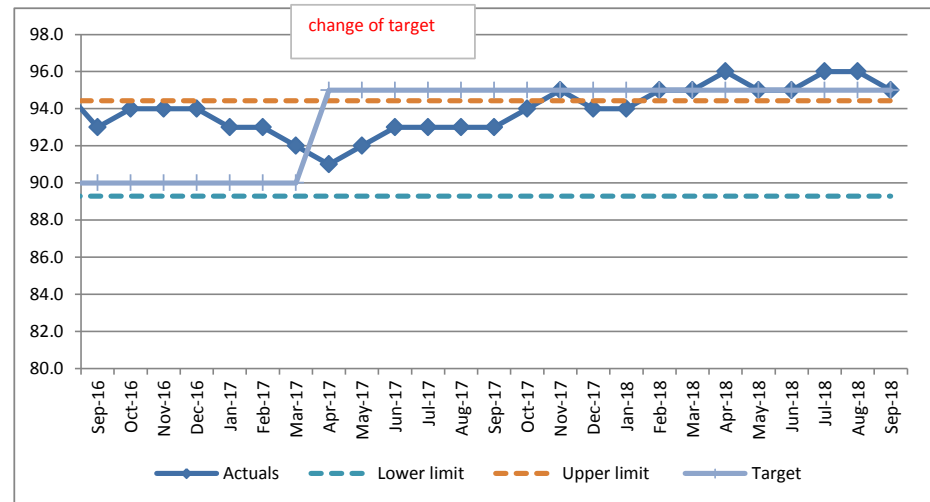
**62 day referral to treatment from screening**



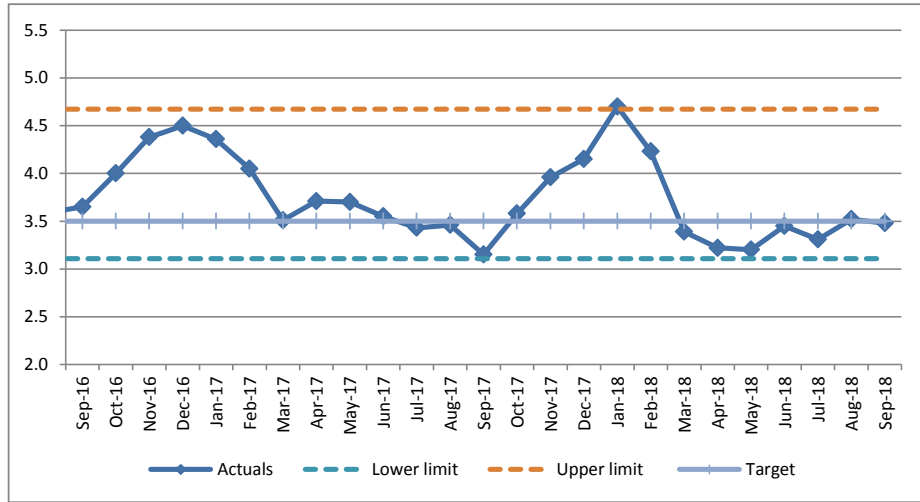
**14 days referral for breast symptoms to assessment**



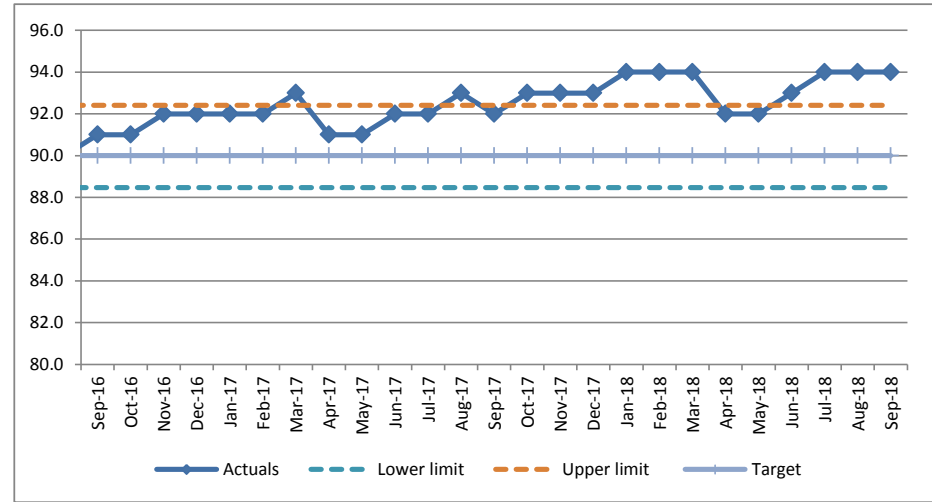
**% of eligible staff appraised within last 12 months**



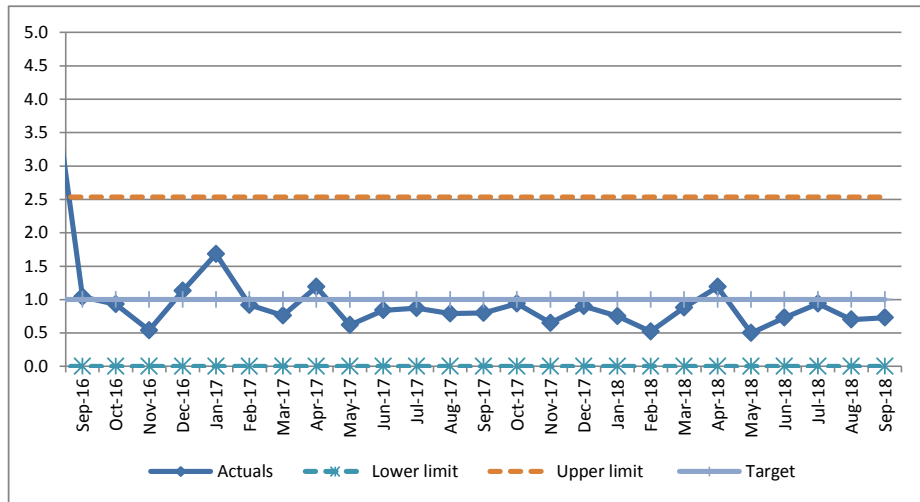
WTE lost as a % of contracted WTE due to sickness absence within last 12 months



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



Staff Turnover



Proportion of Temporary Staff

