

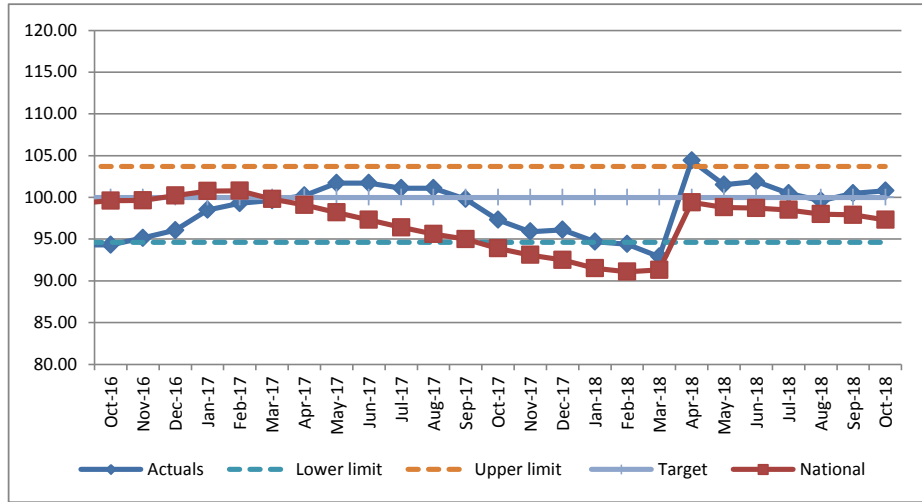
At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	
QUALITY, SAFETY AND PATIENT EXPERIENCE	Patient Safety	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Nov-17 - Oct-18	100.8	-		G
		Rolling 12 months HSMR Sepsis	100	Nov-17 - Oct-18	94.6	-		G
		SHMI	100	Jul-17 - Jun-18	97.72	-		G
		Serious Incidents including Never Events (STEIS reportable) by reported date	2	Jan-19	22	1		G
		Never Events	0	Jan-19	2	0		G
		NHSE/NHSI Improvement Patient Safety Alerts Compliance (Number open beyond deadline)	0	Jan-19	0	0		G
	Quality	Safe Staffing Levels - overall fill rate	80.0%	Jan-19	100.5%	102.9%		G
		Same Sex Accommodation Standards breaches	0	Jan-19	0	0		G
		Clostridium difficile Hospital acquired cases	4	Jan-19	30	2		G
		MRSA bacteremia - Hospital acquired cases	0	Jan-19	0	0		G
		E.Coli bacteraemia blood stream infection - Hospital acquired cases	4	Jan-19	27	3		G
		Falls per 1000 OBDs resulting in Moderate or Severe Harm	0.2	Jan-19	0.1	0.1		G
		Falls per 1000 OBDs resulting in Low or No Harm	5.5	Jan-19	5.5	5.8		R
		Avoidable Hospital Acquired Grade 2 Pressure Ulcers per 1000 OBDs	0.07	Jan-19	0.08	0.00		G
		Avoidable Hospital Acquired Grade 3 Pressure Ulcers per 1000 OBDs	0.01	Jan-19	0.01	0.00		G
		Avoidable Hospital Acquired Grade 4 Pressure Ulcers per 1000 OBDs	0	Jan-19	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%	Jan-19	96.0%	95.5%		G	
	Eligible patients having Venous Thromboembolism (VTE) risk assessment	≥95%	Dec-18	95.5%	93.8%		A	
	Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Dec-18	97.4%	99.7%		G	
	Eligible patients having Dementia Diagnostic Assessment	≥90%	Dec-18	100.0%	100.0%		G	
	Patients where the dementia outcome was positive or inconclusive, are referred for further diagnostic advice	≥90%	Dec-18	91.3%	96.2%		G	
QUALITY, SAFETY AND PATIENT EXPERIENCE	Patient Experience	% complaint responses dispatched within appropriate number of days	≥90%	Jan-19	94.3%	97.0%		G
		Number of complaints	≤60	Jan-19	264	39		G
		Reopened complaints	8	Jan-19	22	4		G
		Response Rate: Friends and Family Inpatients	≥24.1%	Jan-19	34.3%	35.5%		G
		Recommended Rate: Friends and Family Inpatients	97%	Jan-19	97.8%	97.7%		G
		Response Rate: Friends and Family Accident and Emergency	≥12.8%	Jan-19	13.1%	14.6%		G
		Recommended Rate: Friends and Family Accident and Emergency	87%	Jan-19	93.9%	94.0%		G
		Recommended Rate: Friends and Family Maternity	96%	Jan-19	96.0%	92.1%		R
		Recommended Rate: Friends and Family Outpatients	96%	Jan-19	94.0%	94.0%		R
		Recommended Rate: Friends and Family Staff	80%	Qtr2 Yr2018/19	82.5%	82.6%		G

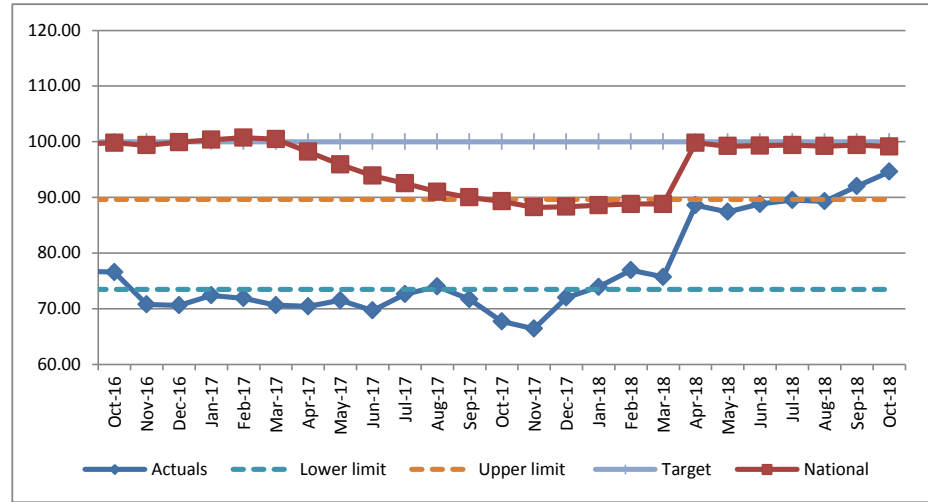
At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	
OPERATIONAL STANDARDS	Emergency Access	Emergency access within four hours Total Trust	≥95%	Jan-19	94.7%	92.0%		R
		Emergency access within four hours Kings Mill	≥95%	Jan-19	92.8%	89.5%		R
		Emergency access within four hours Newark	≥95%	Jan-19	98.6%	98.3%		G
		Emergency access within four hours Primary Care (included in total trust performance not SFH activity)	≥95%	Jan-19	98.4%	95.6%		G
		Number of trolley waits > 12 hours	0	Jan-19	4	0		G
		% of Ambulance handover > 30 minutes	0	Jan-19	9.9%	9.2%		R
		% of Ambulance handover > 60 minutes	0	Jan-19	0.5%	0.7%		R
	Referral to Treatment	Specialities exceeding 18 wk referral to treatment time (incomplete pathways)	0	Jan-19	-	9		R
		18 weeks referral to treatment time - incomplete pathways	≥92%	Jan-19	-	90.0%		R
		18 weeks - number of incomplete pathways	24197	Jan-19	-	26672		R
		Number of cases exceeding 52 weeks referral to treatment	0	Jan-19	-	9		R
	Diagnostics	Diagnostic waiters, 6 weeks and over-DM01	≥99%	Jan-19	-	99.3%		G
	Cancelled Operations	Last minute (on the day) non-clinical cancelled elective operations as a % of elective admissions	≤0.8%	Jan-19	0.5%	0.6%		G
		Breaches of the 28 day guarantee following a Last minute (on the day) non clinical cancelled elective operation	≤5.0%	Qtr3 Yr2018/19	11.7%	6.0%		R
		Urgent operations cancelled more than once	0	Jan-19	0	0		G
	#NoF	% of #NoF achieving BPT	75.0%	Dec-18	53.9%	58.3%		R
CCU	Non-medical critical care transfers	0	Jan-19	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%	Dec-18	96.0%	98.1%		G
		31 day diagnosis to treatment	≥96%	Dec-18	98.7%	97.2%		G
		31 day second or subsequent treatment (drug)	≥98%	Dec-18	97.6%	100.0%		G
		31 day second or subsequent treatment (surgery)	≥94%	Dec-18	98.4%	80.0%		R
		62 days urgent referral to treatment	≥85%	Dec-18	80.4%	84.3%		R
		62 day referral to treatment from screening	≥90%	Dec-18	92.7%	80.0%		R
		14 days referral for breast symptoms to assessment	≥93%	Dec-18	95.5%	100.0%		G
ORGANISATIONAL HEALTH	HR	% of eligible staff appraised within last 12 months	≥95%	Feb-18 - Jan-19	96.0%	-		G
		WTE lost as a % of contracted WTE due to sickness absence within last 12 months	≤3.5%	Feb-18 - Jan-19	4.5%	-		R
		% eligible staff attending core mandatory training within the last 12 months	≥93%	Feb-18 - Jan-19	95.0%	-		G
		Staff Turnover	≤0.9%	Jan-19	0.7%	0.8%		G
		Proportion of Temporary Staff	7.30%	Jan-19	7.4%	7.3%		G

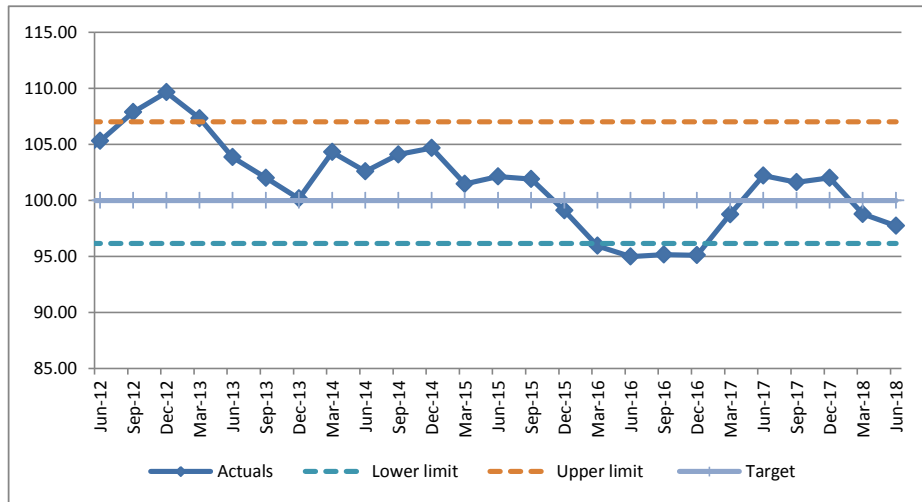
HSMR (basket of 56 diagnosis groups)



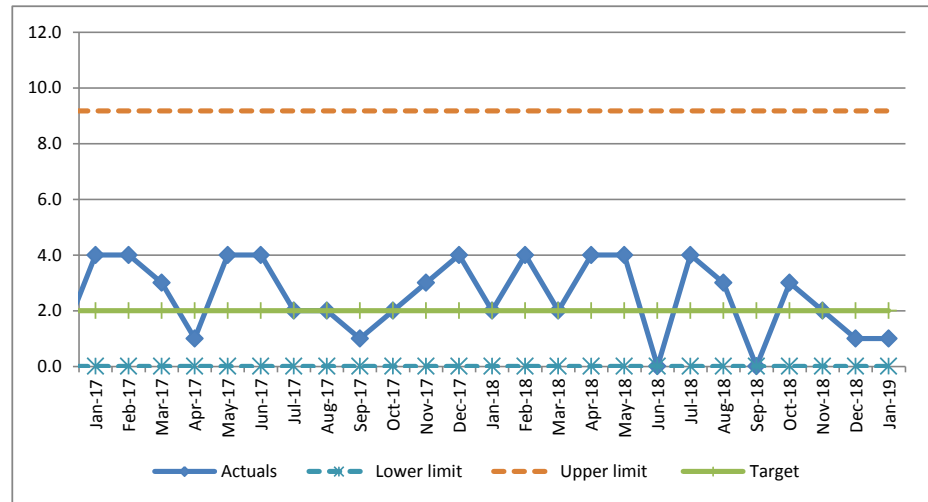
Rolling 12 months HSMR Sepsis



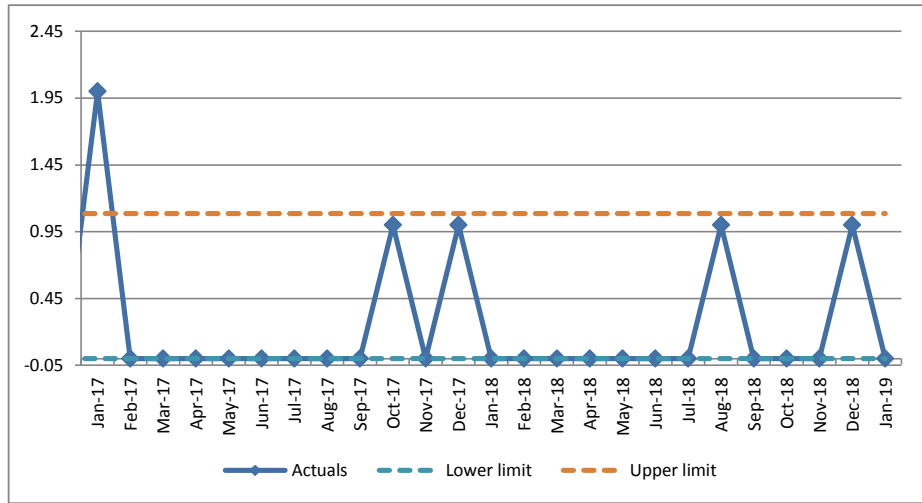
SHMI



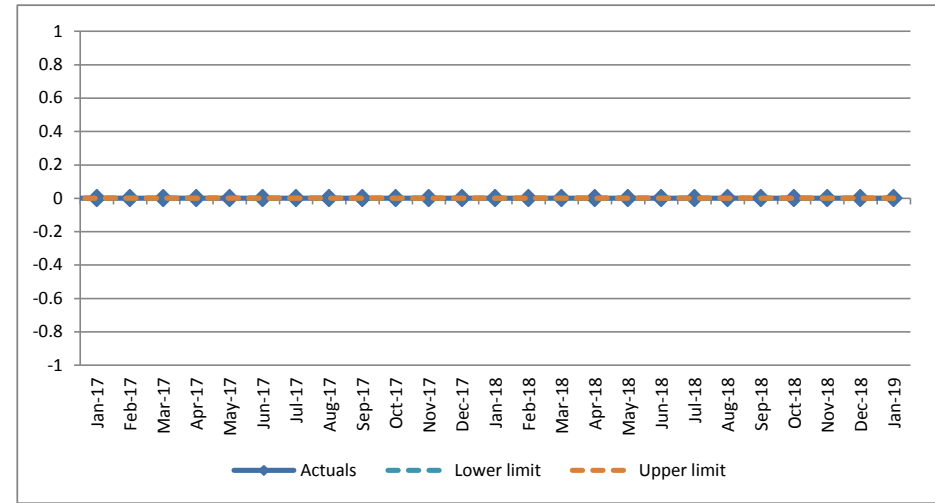
Serious Incidents including Never Events (STEIS reportable) by reported date



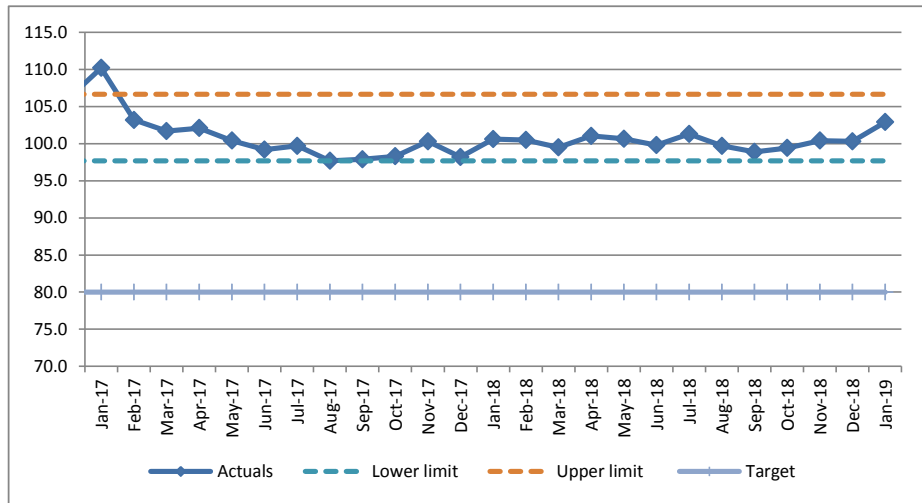
Never Events



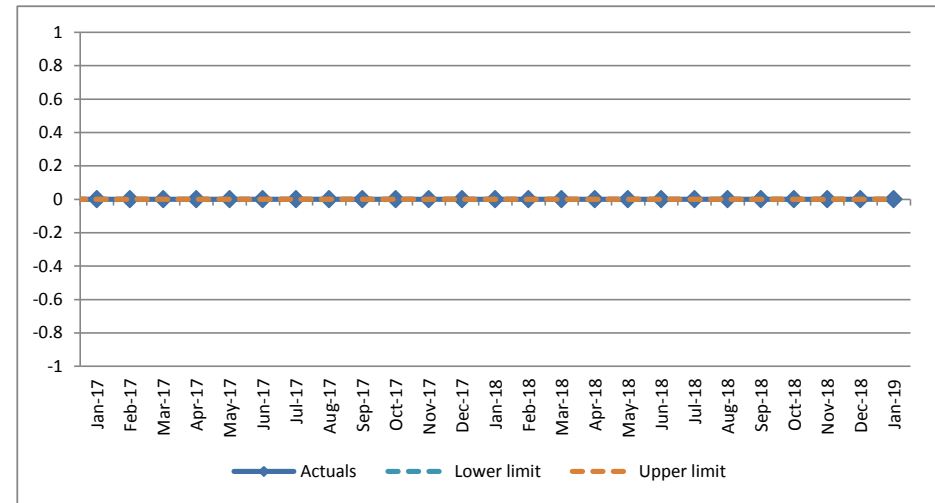
NHSE/NHSI Improvement Patient Safety Alerts Compliance (Number open beyond deadline)



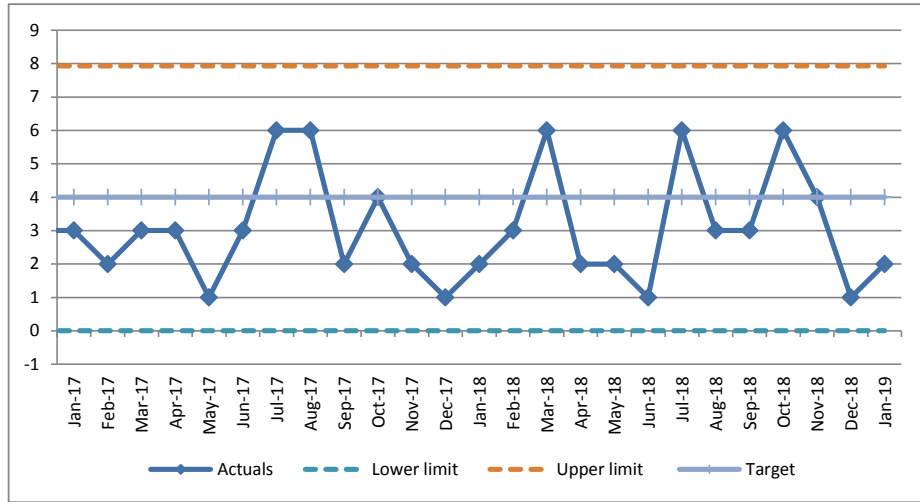
Safe Staffing Levels - overall fill rate



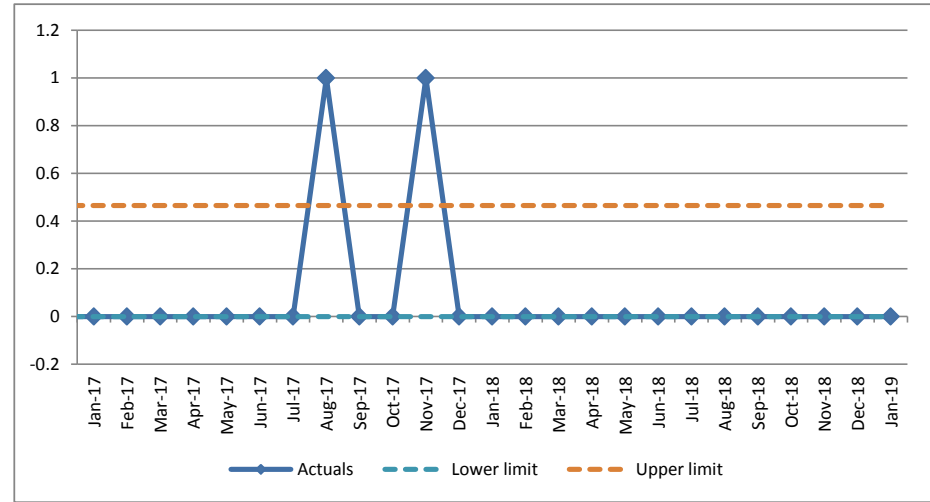
Same Sex Accommodation Standards breaches



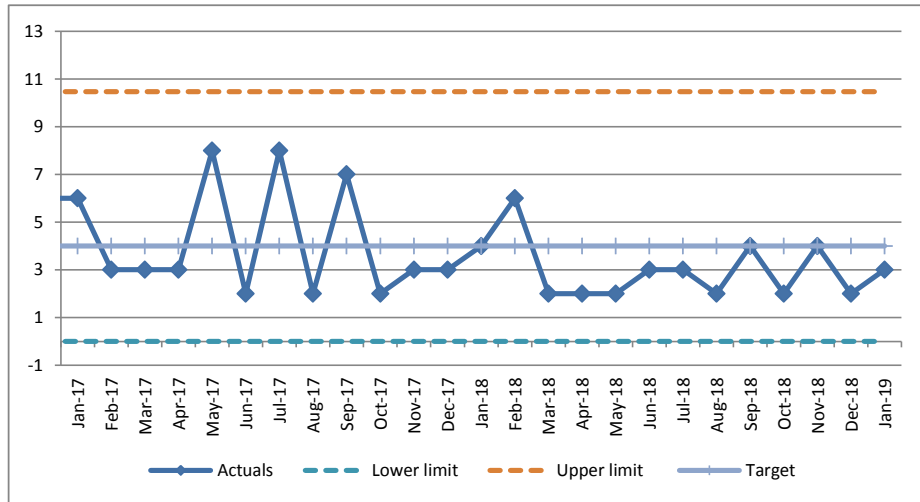
Clostridium difficile Hospital acquired cases



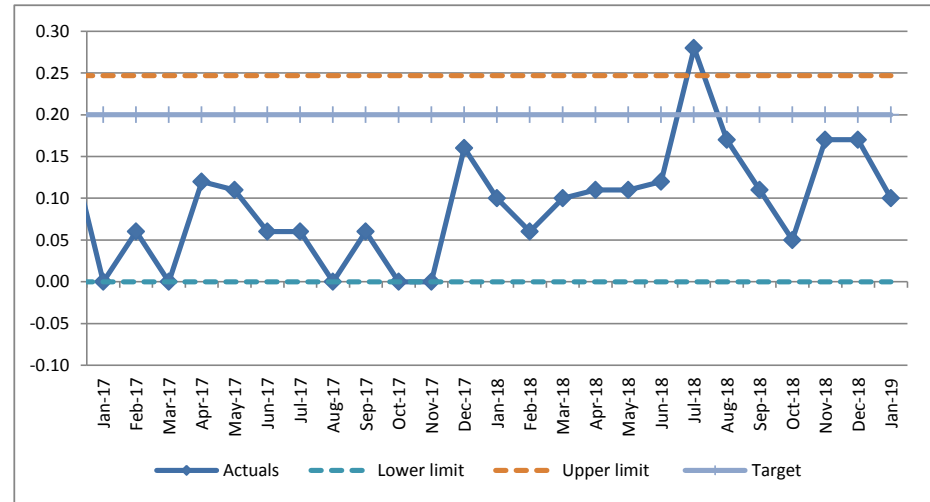
MRSA bacteremia - Hospital acquired cases



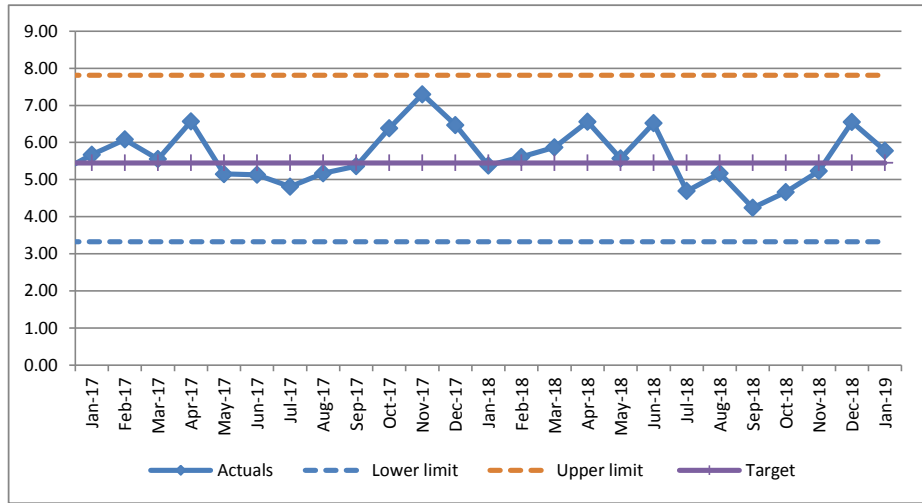
E.Coli bacteraemia blood stream infection - Hospital acquired cases



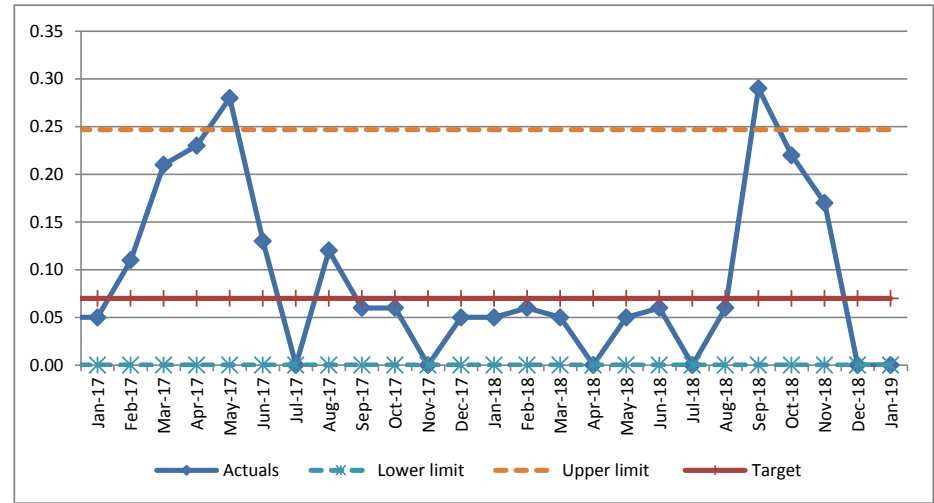
Falls per 1000 OBDs resulting in Moderate or Severe Harm



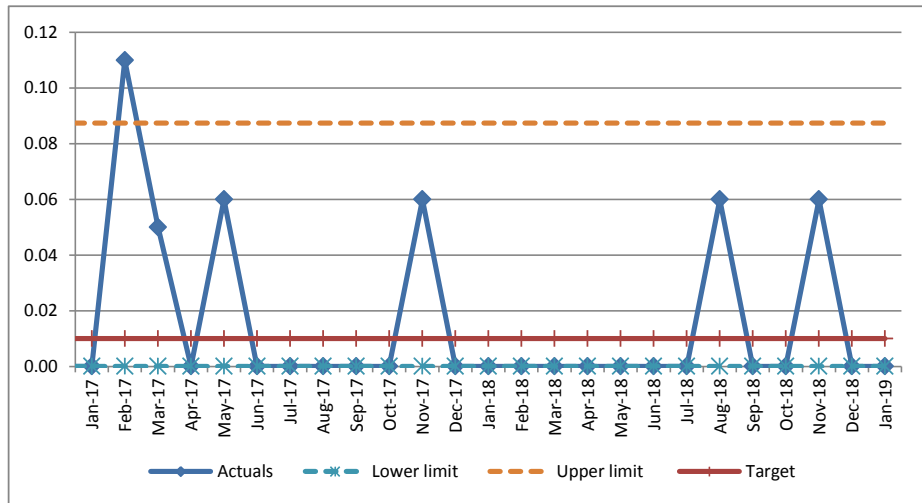
Falls per 1000 OBDs resulting in Low or No Harm



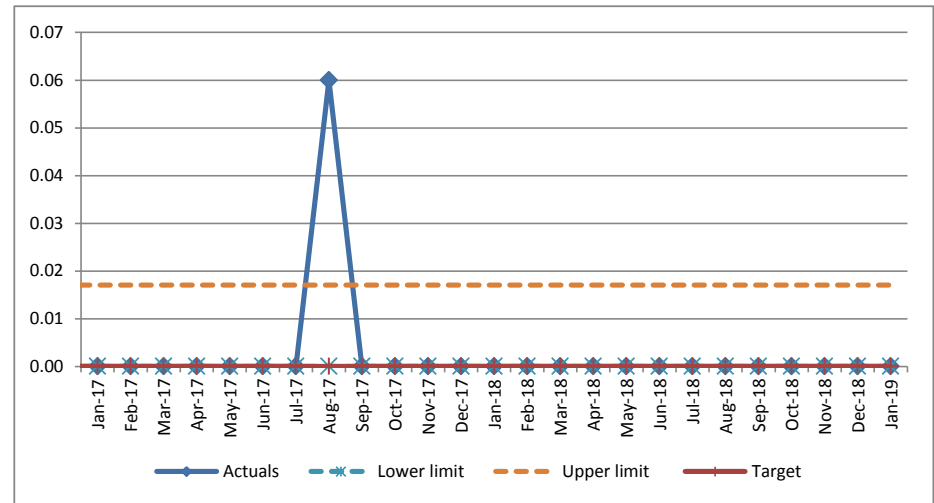
Avoidable Hospital Acquired Grade 2 Pressure Ulcers per 1000 OBDs



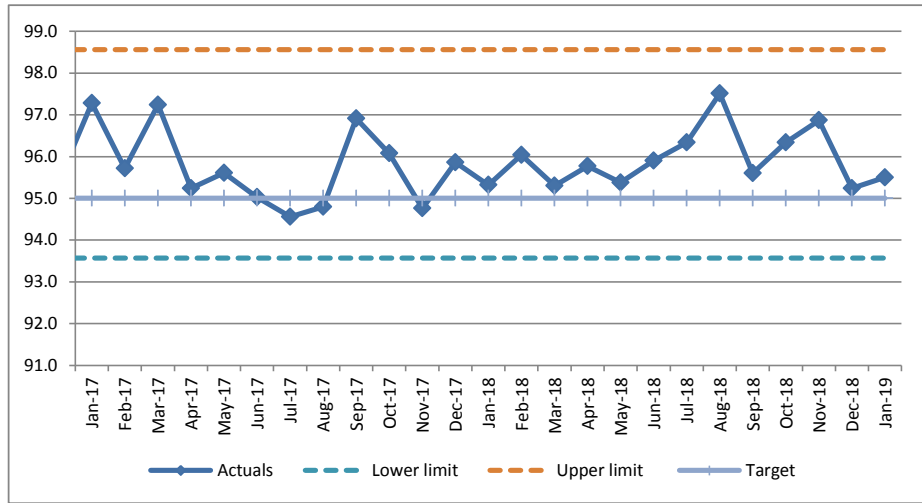
Avoidable Hospital Acquired Grade 3 Pressure Ulcers per 1000 OBDs



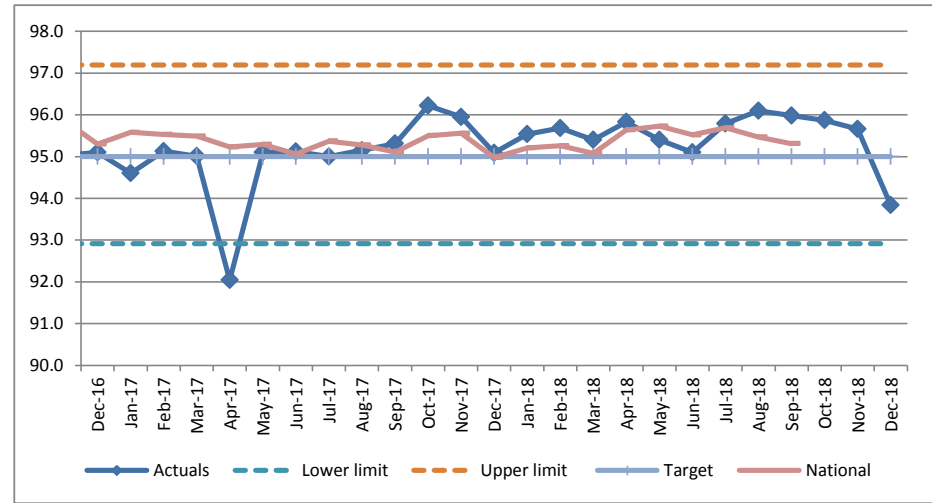
Avoidable Hospital Acquired Grade 4 Pressure Ulcers per 1000 OBDs



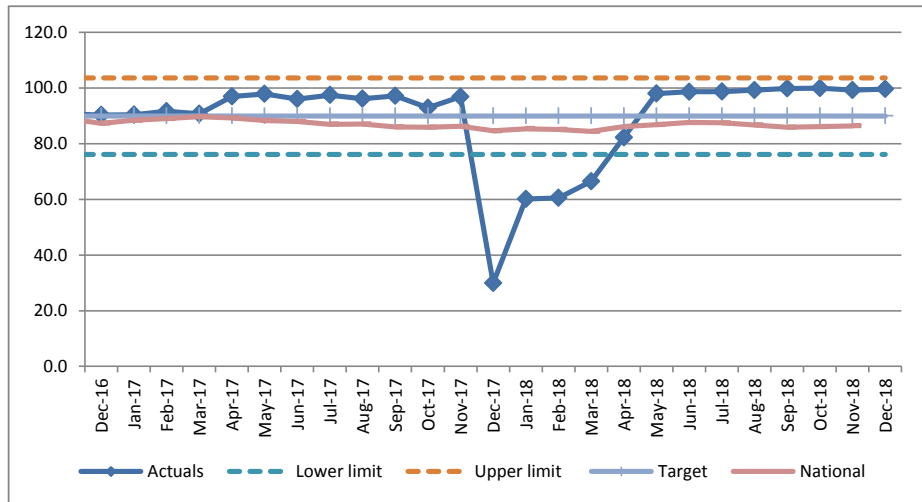
Harm-free SFH care



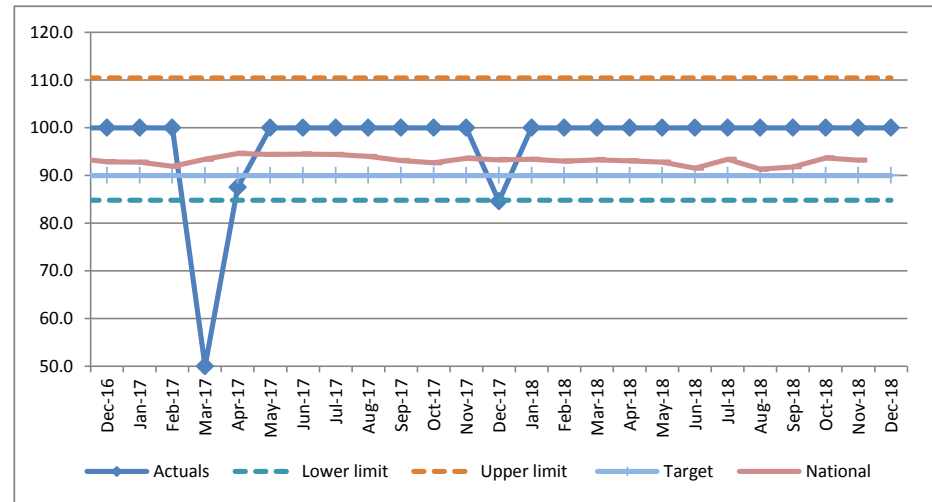
Eligible patients having Venous Thromboembolism (VTE) risk assessment



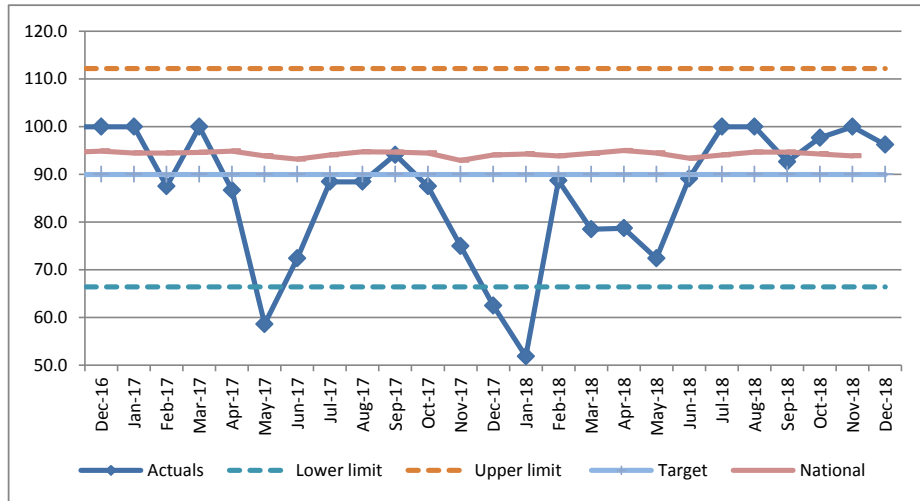
Eligible patients asked case finding question, or diagnosis of dementia or delirium



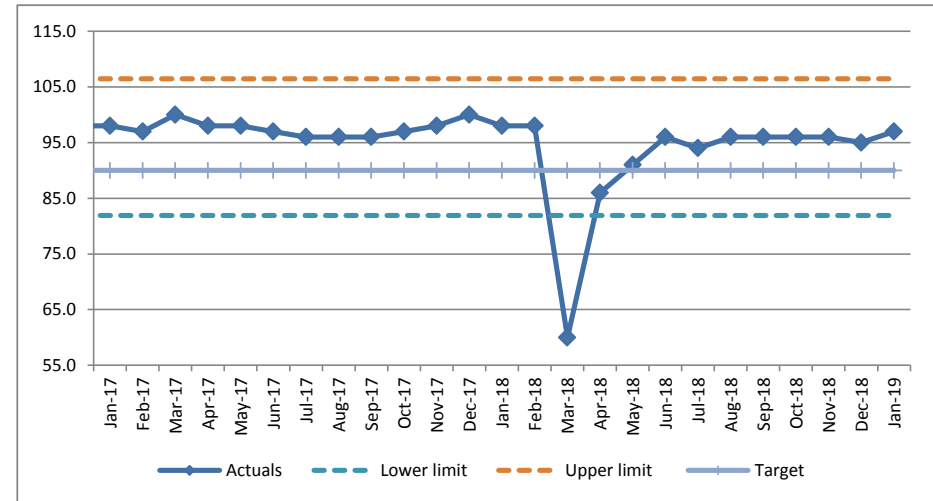
Eligible patients having Dementia Diagnostic Assessment



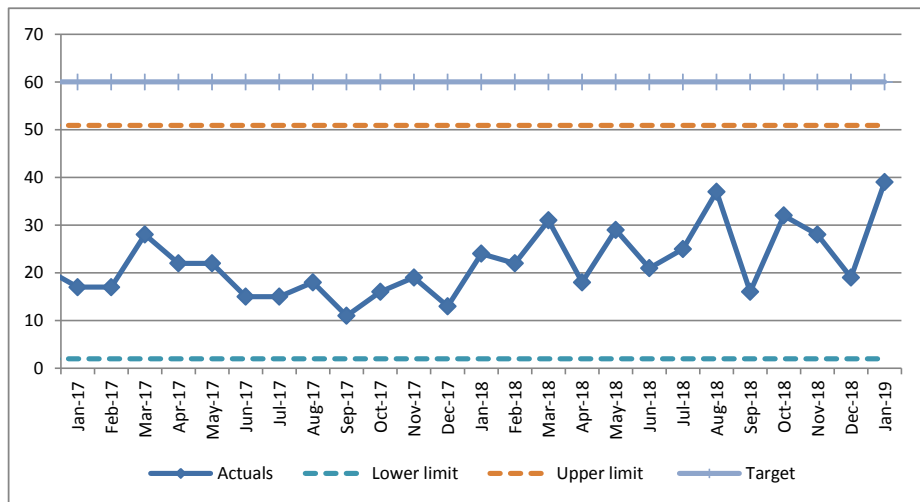
Patients where the dementia outcome was positive or inconclusive, are referred for further diagnostic advice



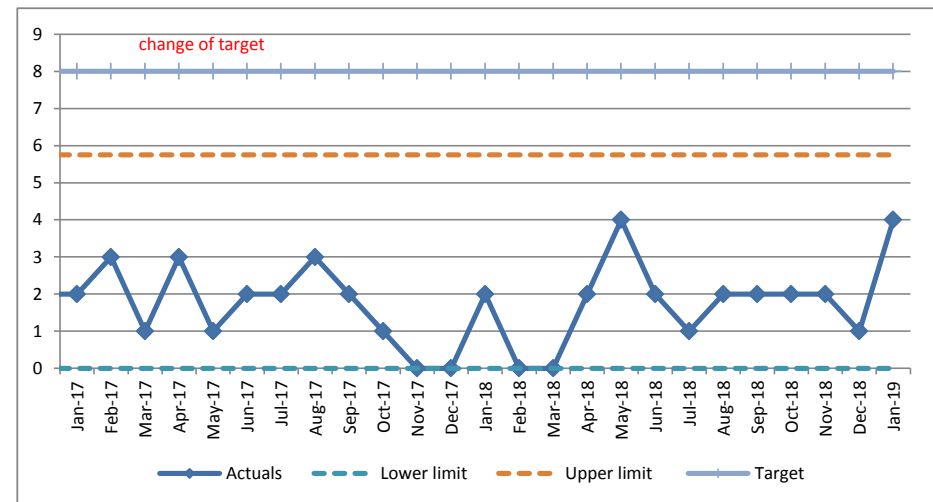
% complaint responses dispatched within appropriate number of days



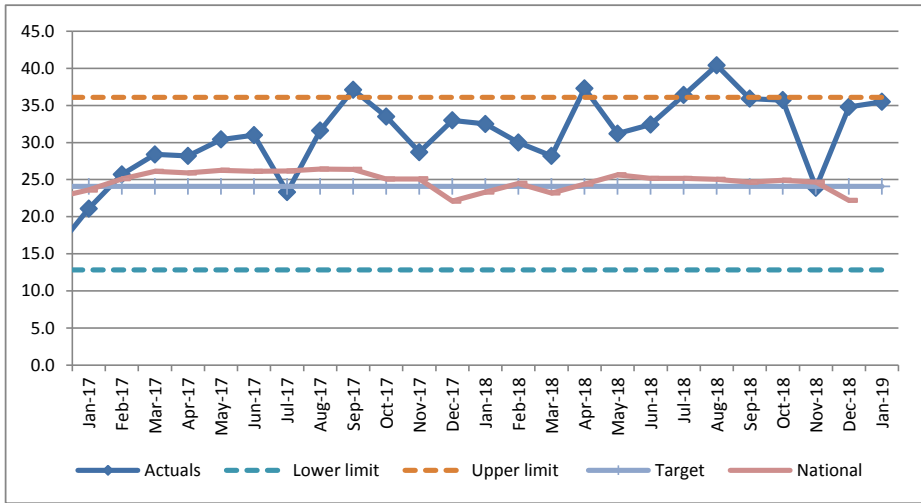
Number of complaints



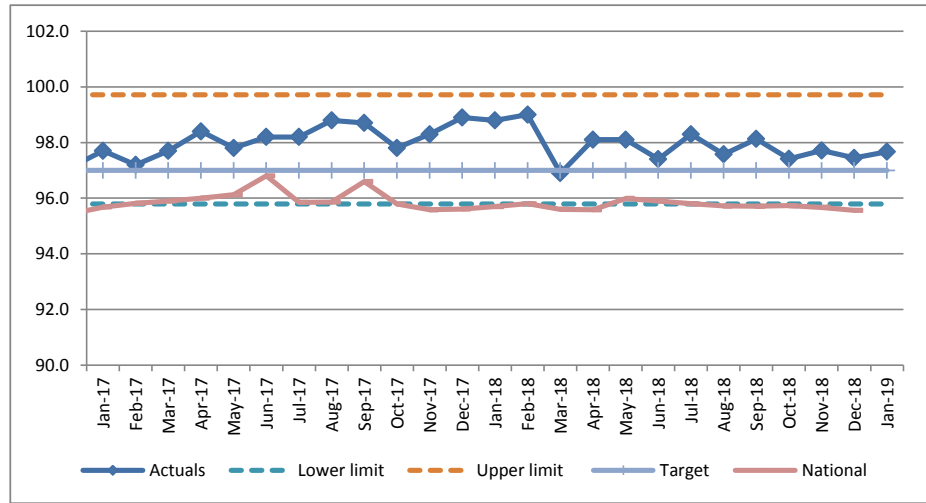
Reopened complaints



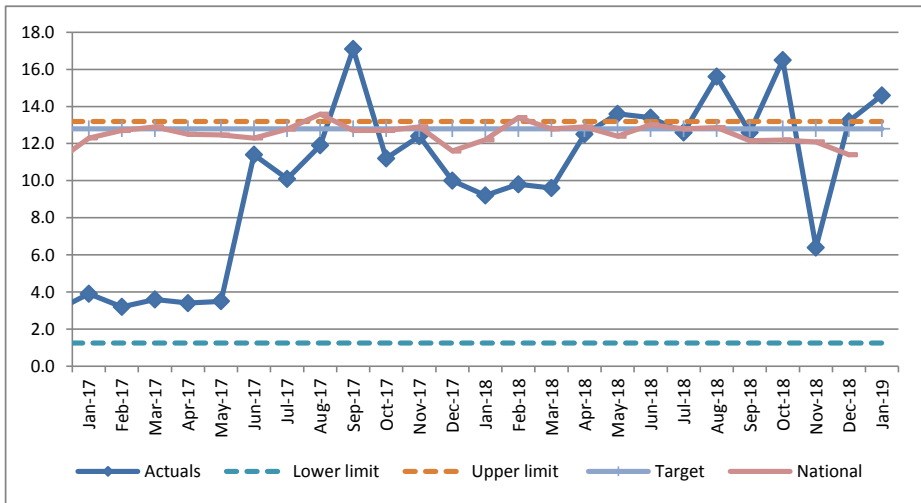
Response Rate: Friends and Family Inpatients



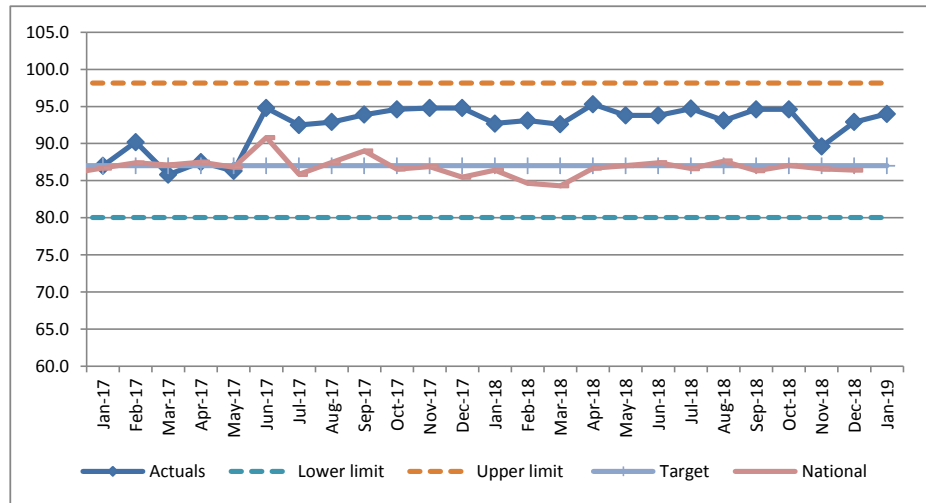
Recommended Rate: Friends and Family Inpatients



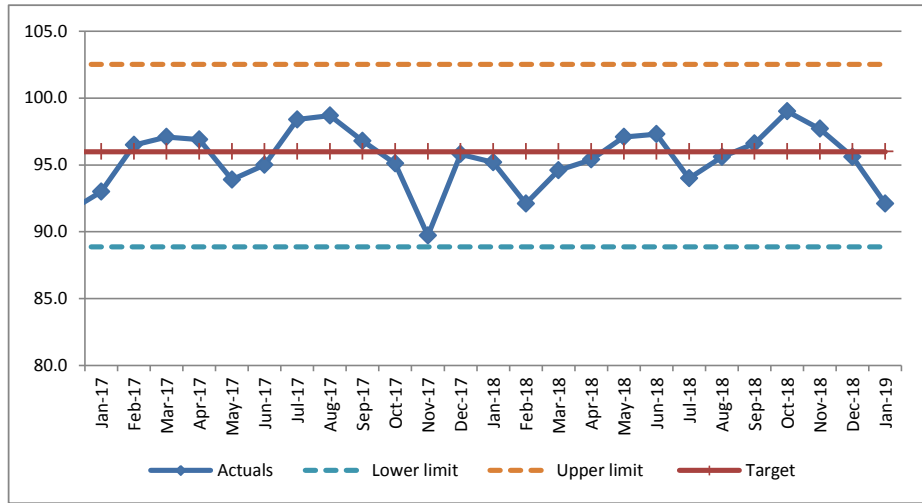
Response Rate: Friends and Family Accident and Emergency



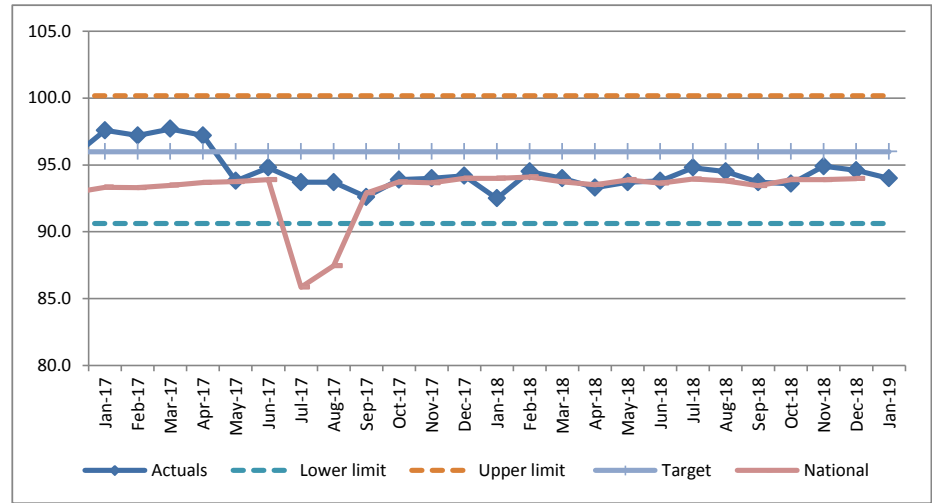
Recommended Rate: Friends and Family Accident and Emergency



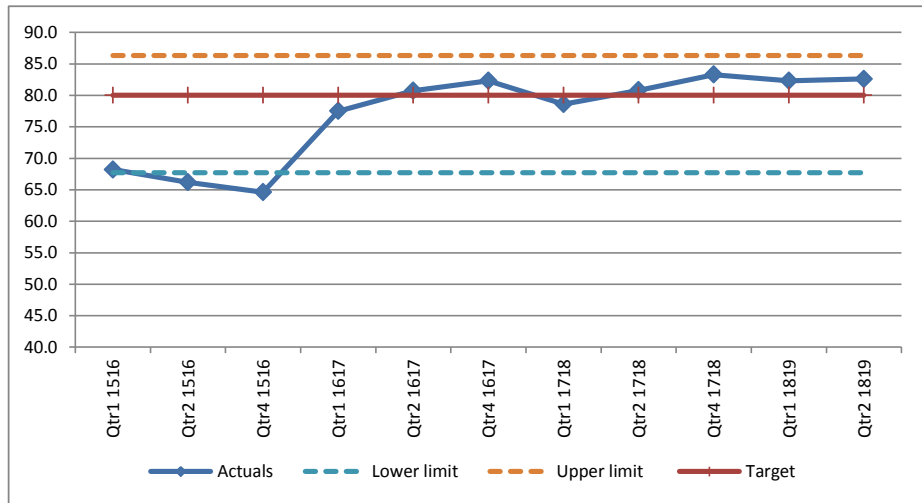
Recommended Rate: Friends and Family Maternity



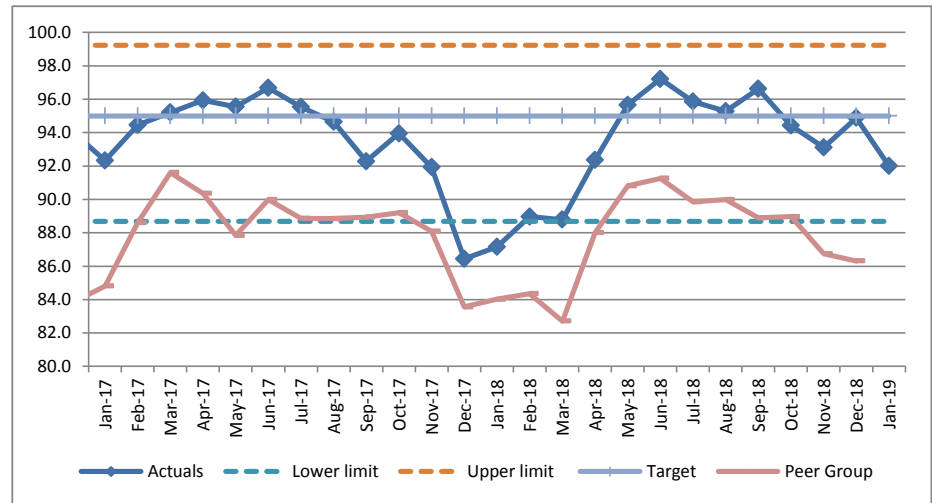
Recommended Rate: Friends and Family Outpatients



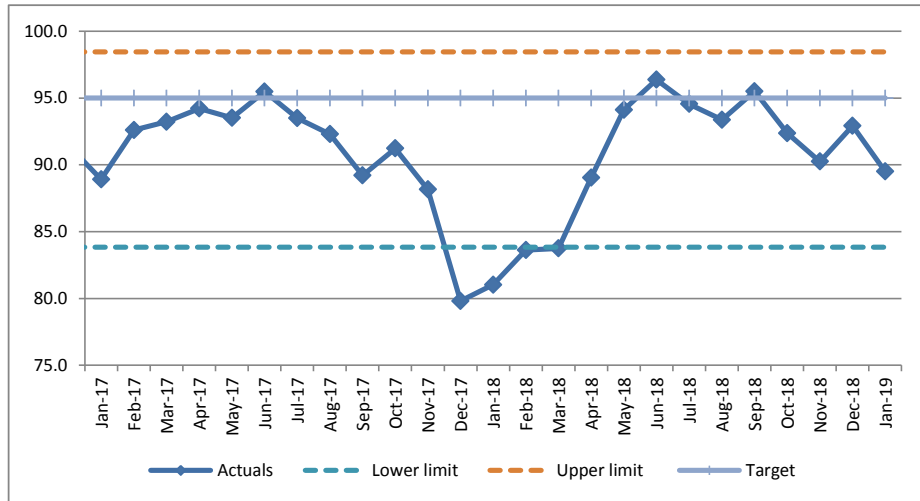
Recommended Rate: Friends and Family Staff



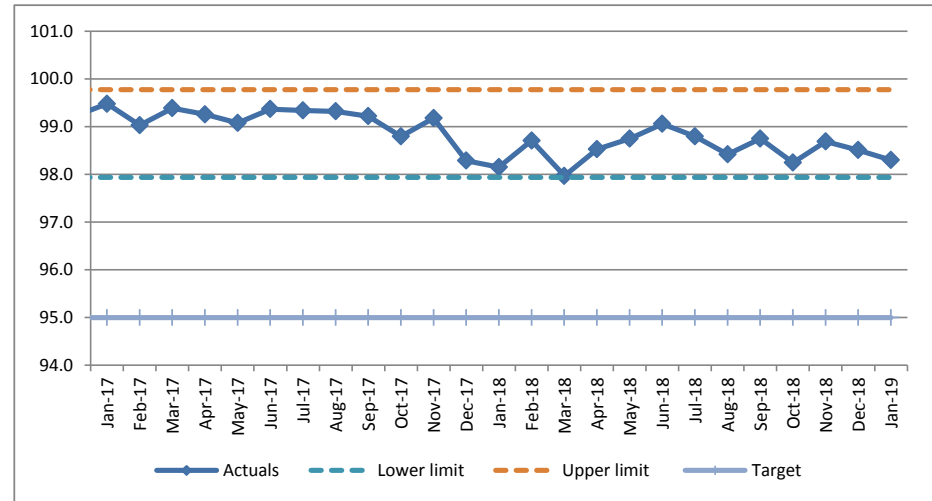
Emergency access within four hours Total Trust



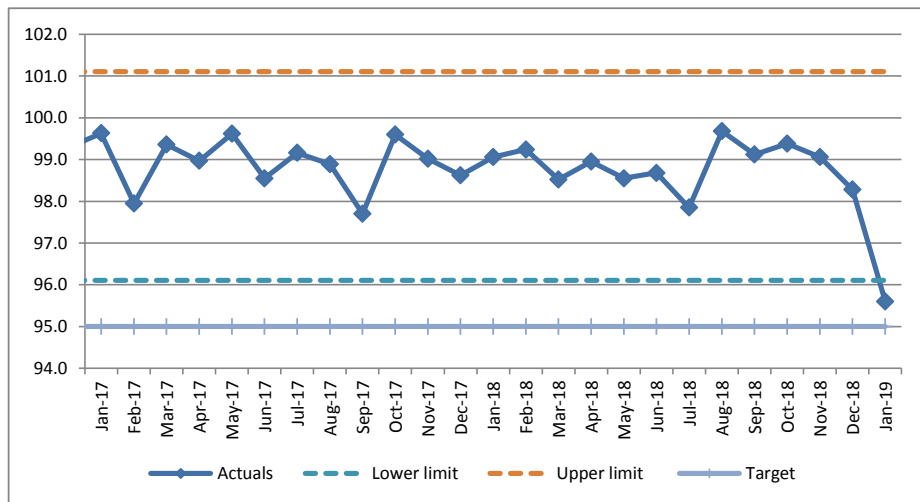
Emergency access within four hours Kings Mill



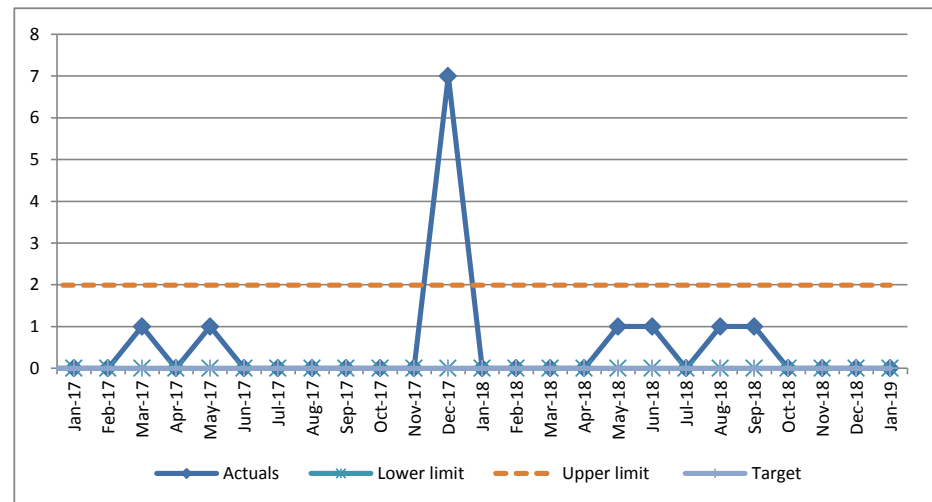
Emergency access within four hours Newark



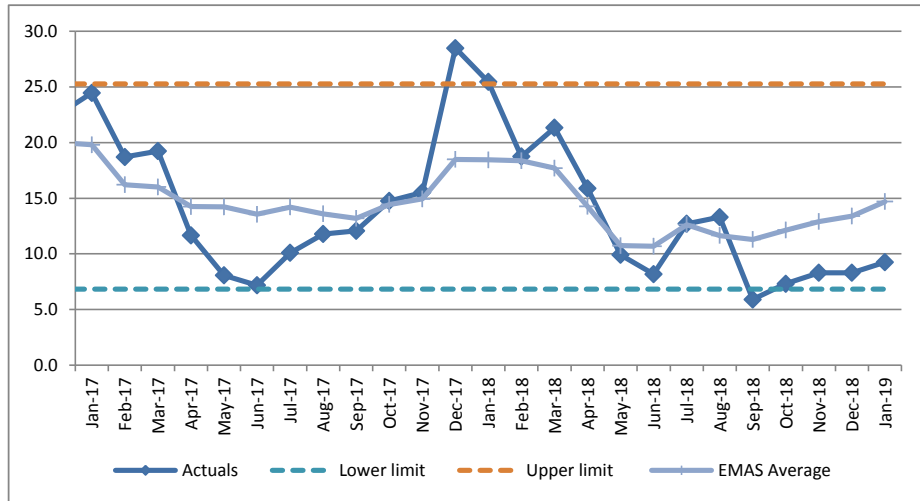
Emergency access within four hours Primary Care (included in total trust performance not SFH activity)



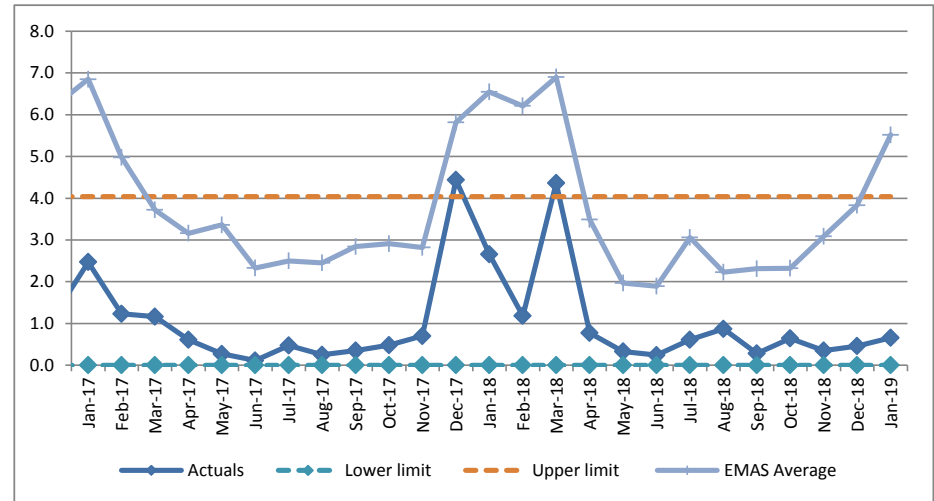
Number of trolley waits > 12 hours



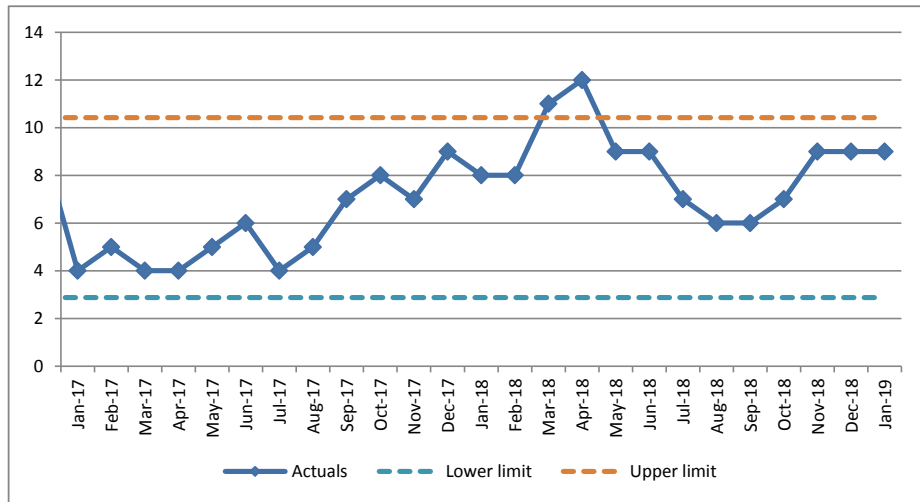
Ambulance handover > 30 minutes



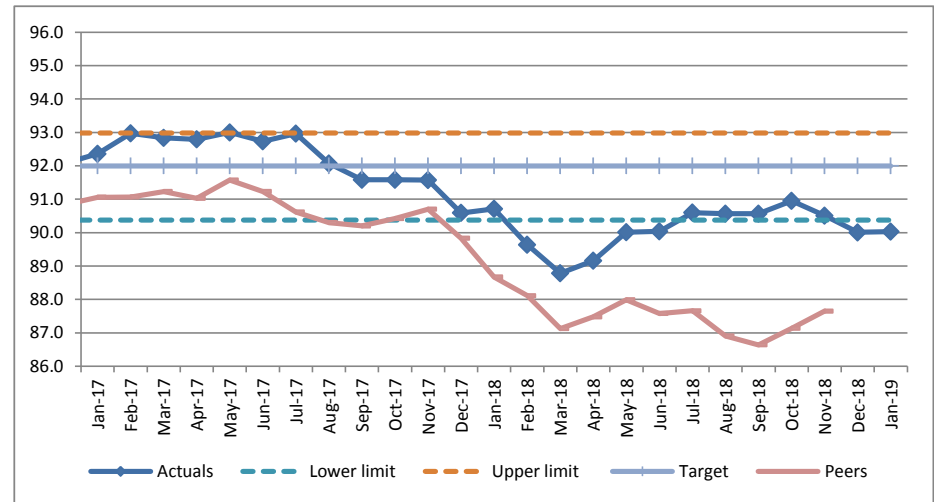
Ambulance handover > 60 minutes



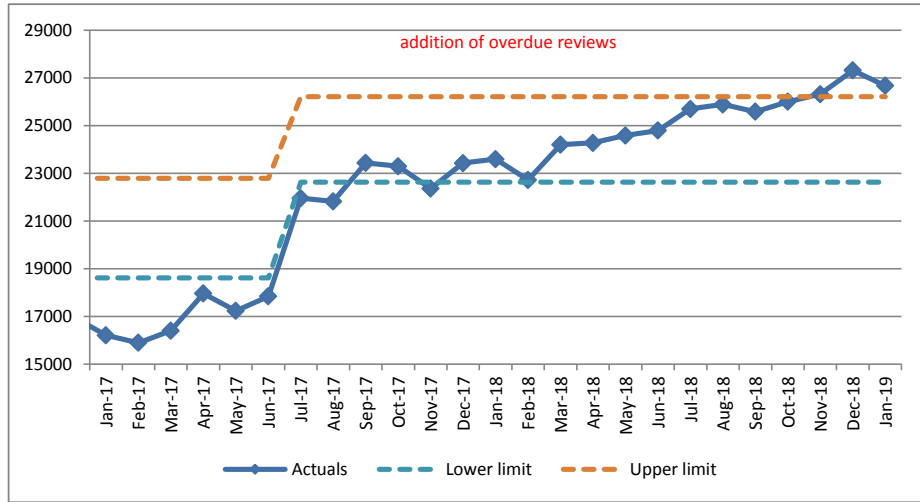
Specialities exceeding 18 wk referral to treatment time (incomplete pathways)



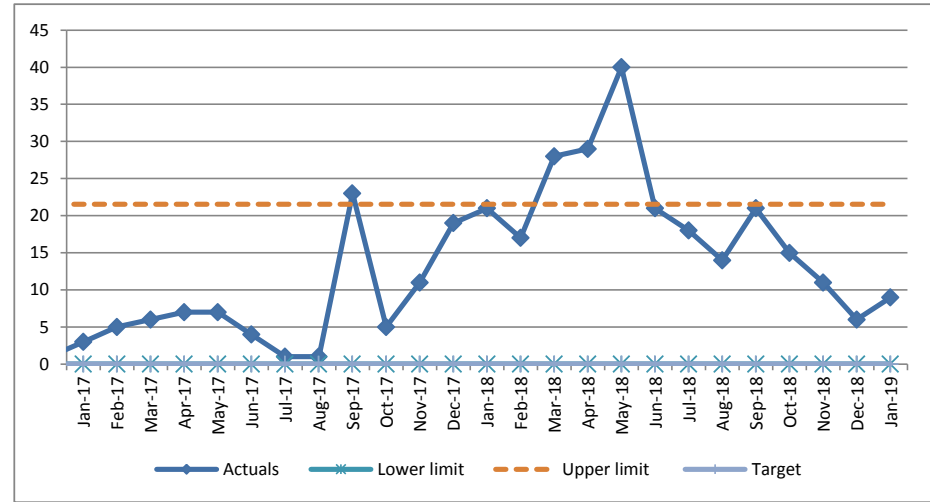
18 weeks referral to treatment time - incomplete pathways



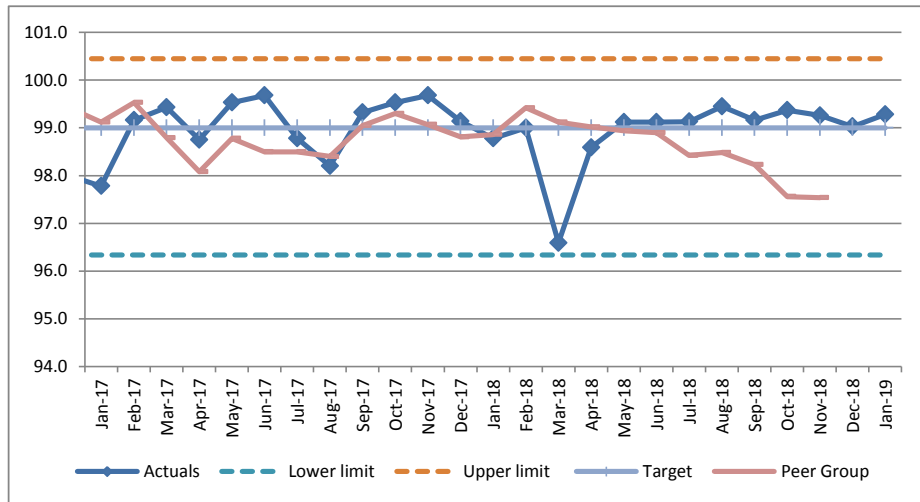
18 weeks - number of incomplete pathways



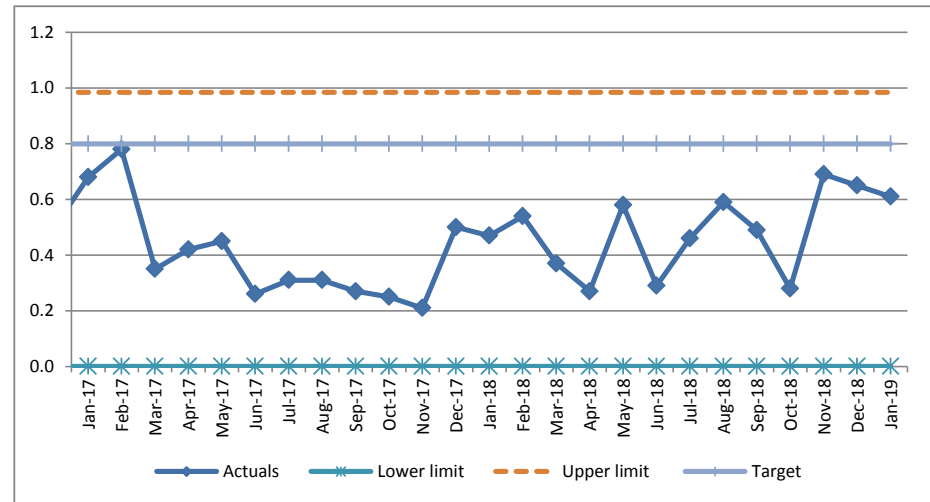
Number of cases exceeding 52 weeks referral to treatment



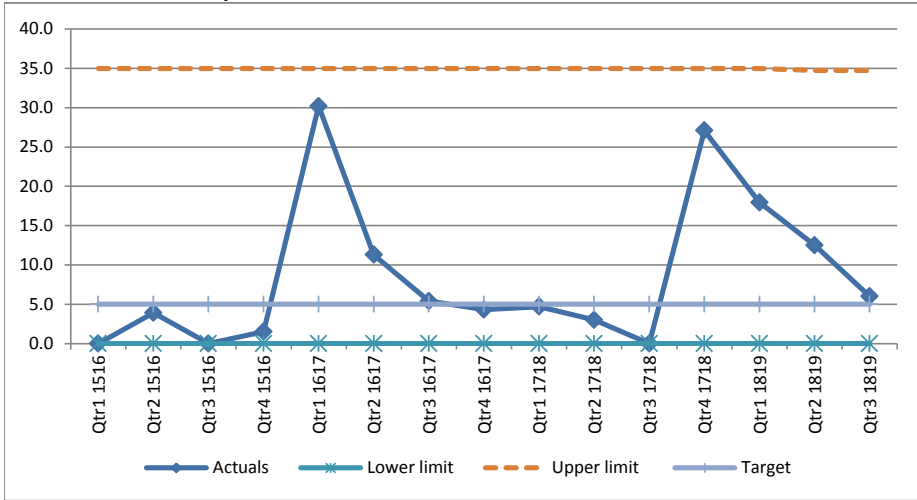
Diagnostic waiters, 6 weeks and over-DM01



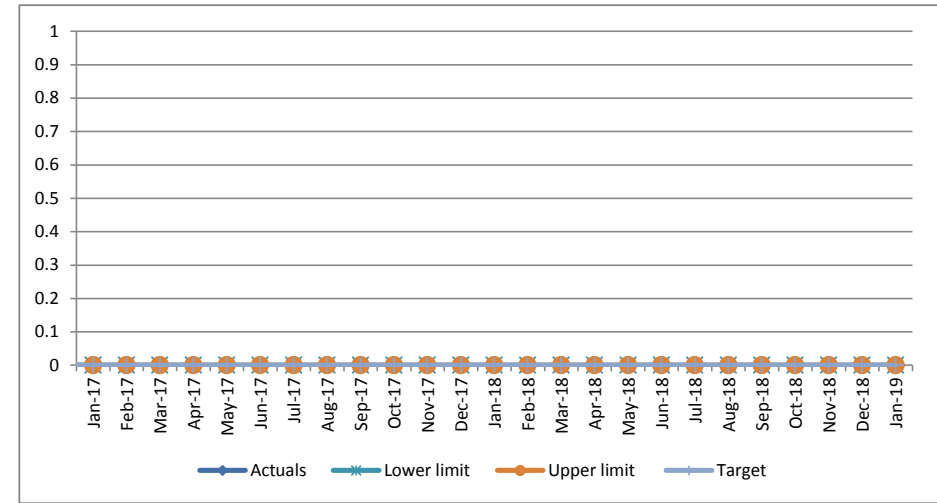
Last minute (on the day) non-clinical cancelled elective operations as a % of elective admissions



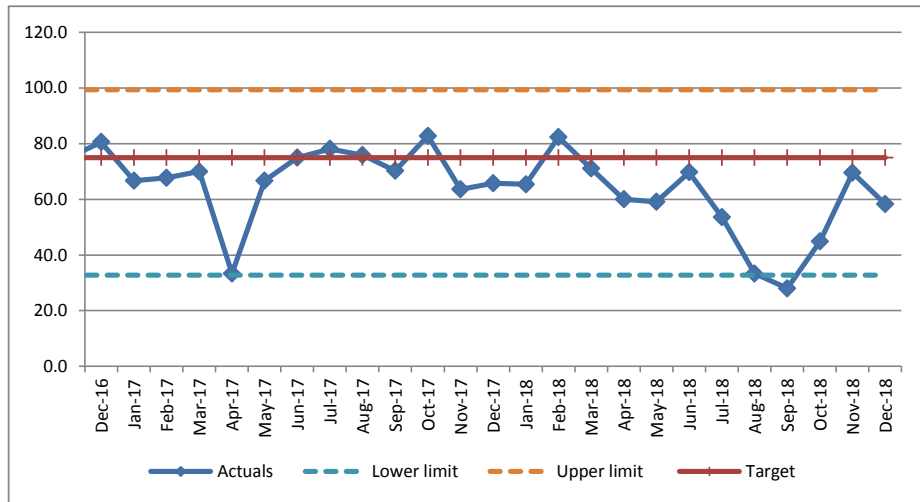
Breaches of the 28 day guarantee following a Last minute (on the day) non clinical cancelled elective operation



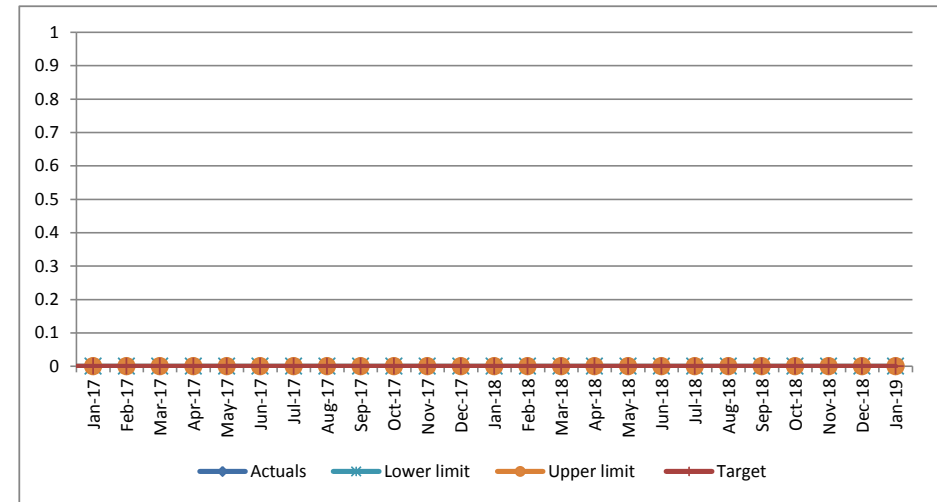
Urgent operations cancelled more than once



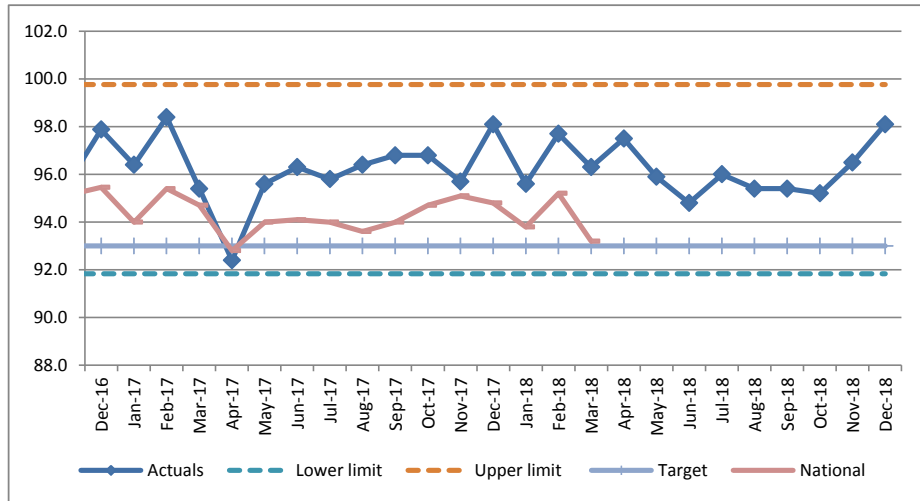
% of #NoF achieving BPT



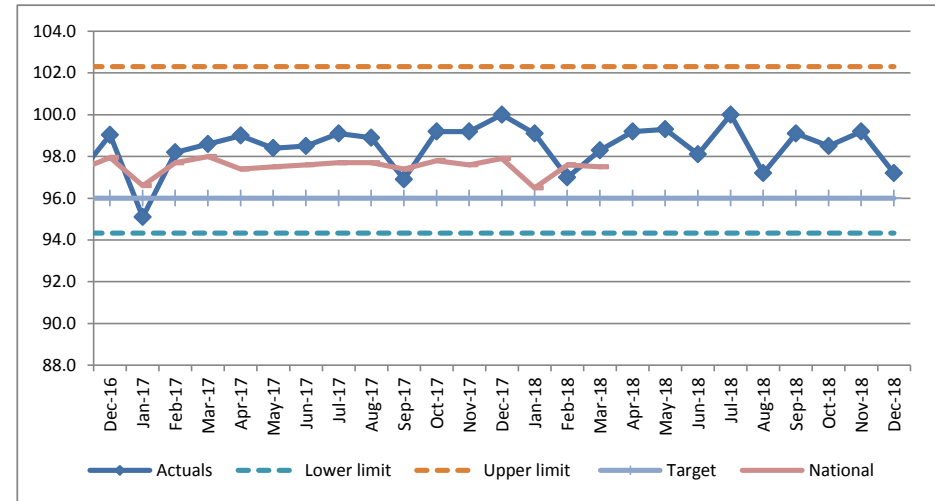
Non-medical critical care transfers



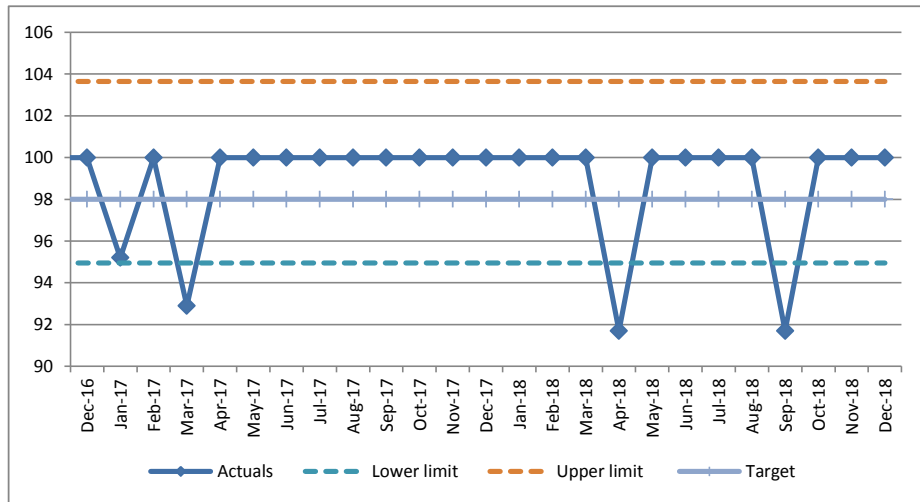
2 week GP referral to 1st outpatient appointment



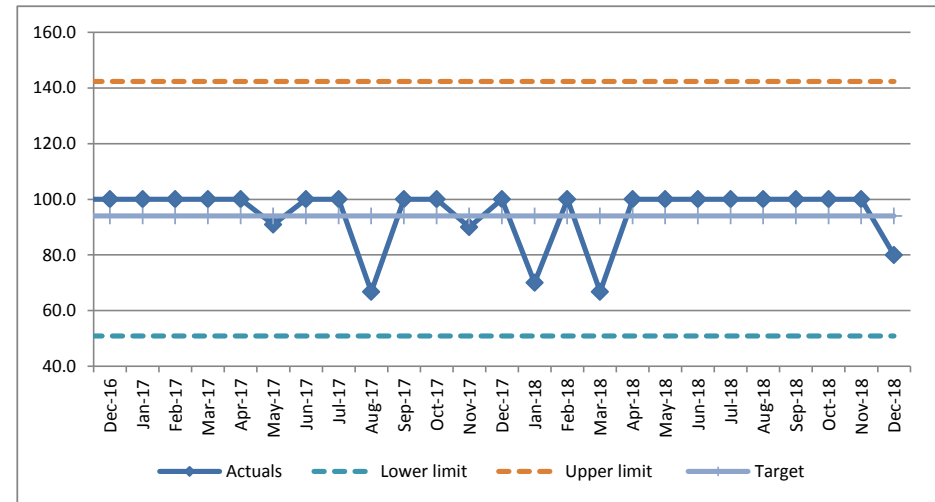
31 day diagnosis to treatment



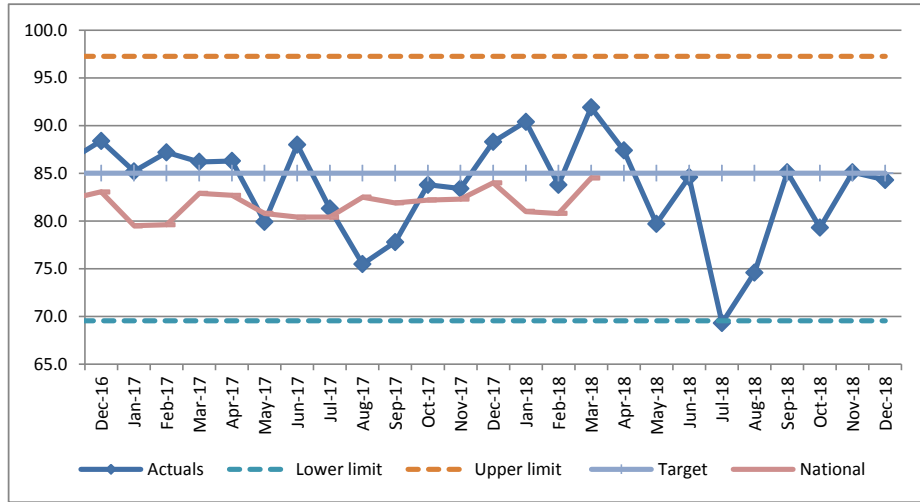
31 day second or subsequent treatment (drug)



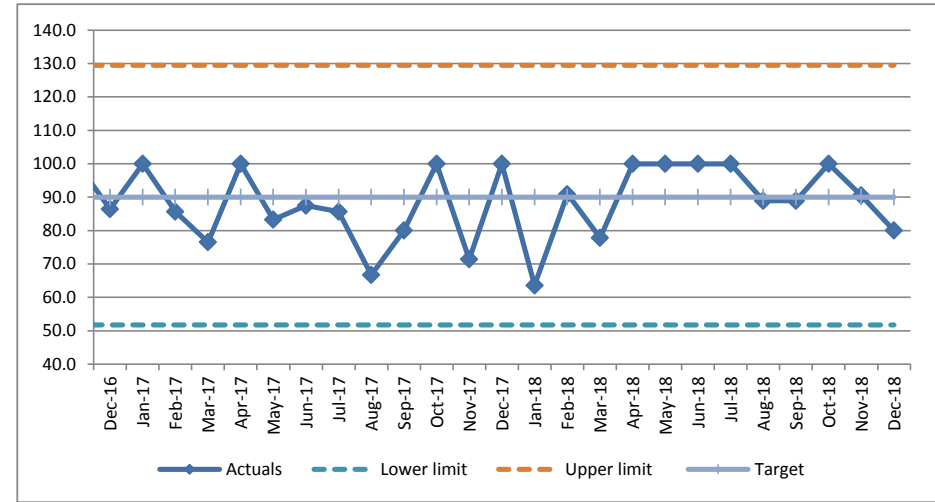
31 day second or subsequent treatment (surgery)



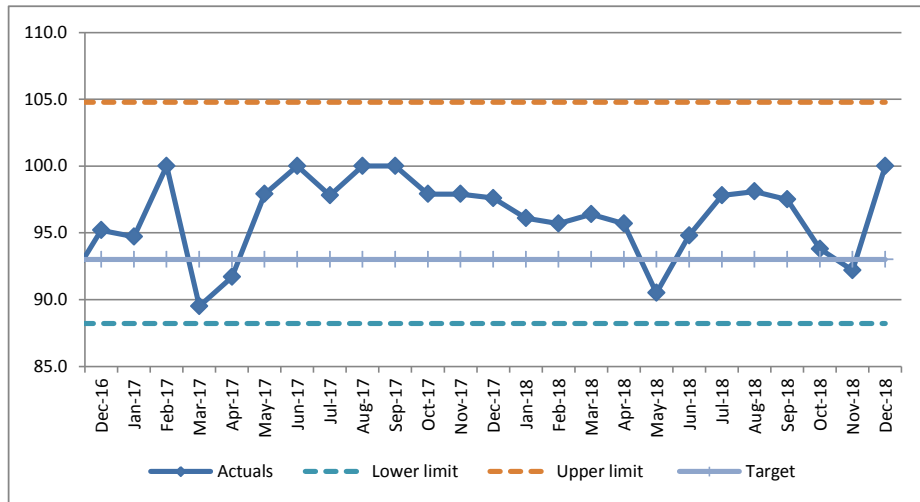
62 days urgent referral to treatment



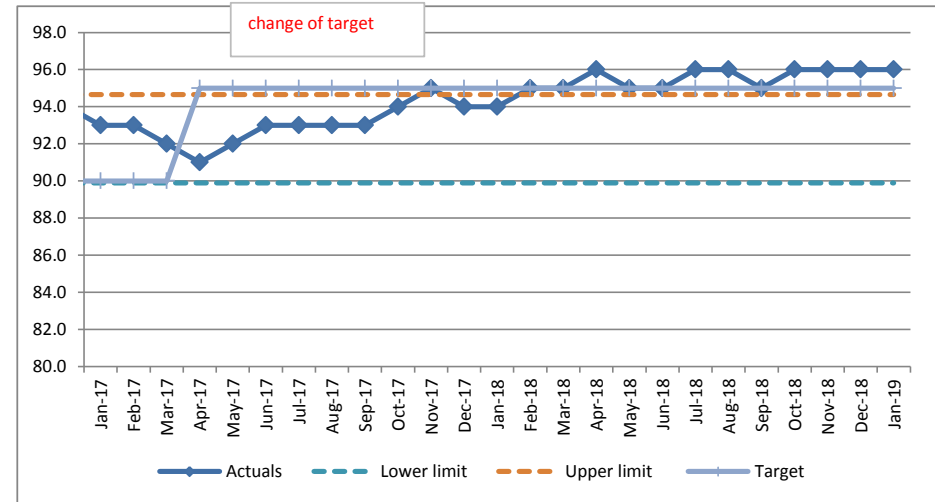
62 day referral to treatment from screening



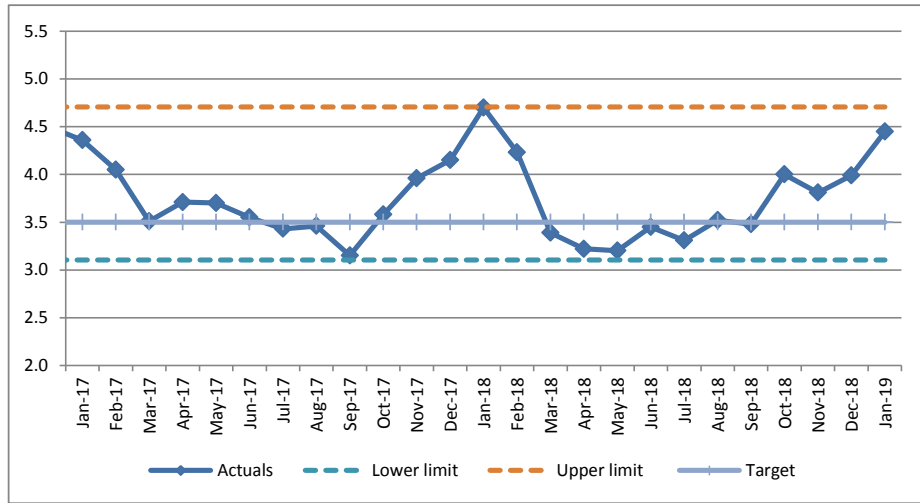
14 days referral for breast symptoms to assessment



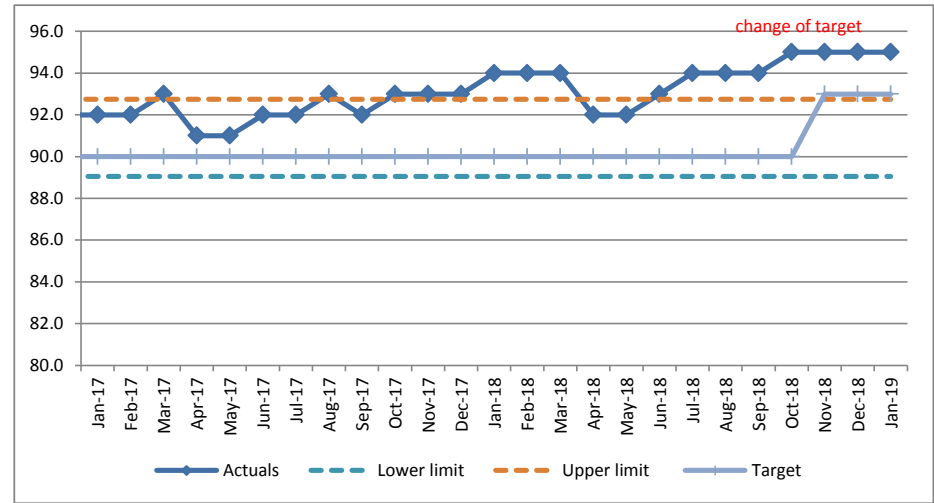
% of eligible staff appraised within last 12 months



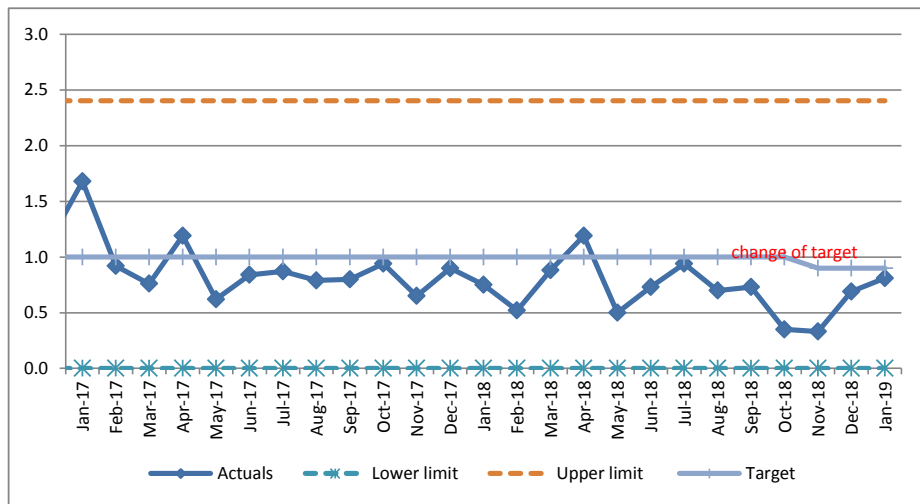
WTE lost as a % of contracted WTE due to sickness absence within last 12 months



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



Staff Turnover



Proportion of Temporary Staff

