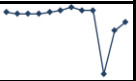
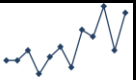
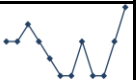
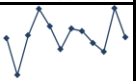
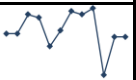
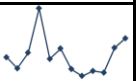
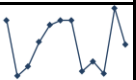
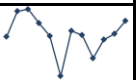
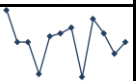
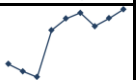
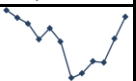
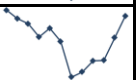
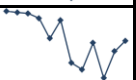
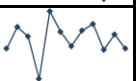
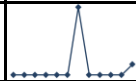
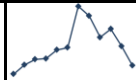
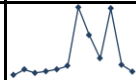
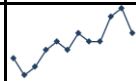
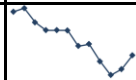
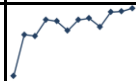
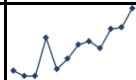
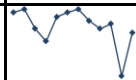
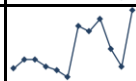
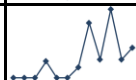

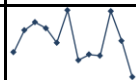

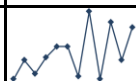






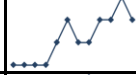
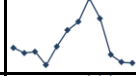
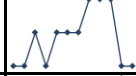




At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating
QUALITY AND PATIENT EXPERIENCE	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Mar-17 - Feb-18	94.1	-		G
	Rolling 12 months HSMR Sepsis	100	Mar-17 - Feb-18	76.6	-		G
	SHMI	100	Oct-16 - Sep-17	101.62	-		A
	Emergency c-section rate (crude rate)	23.0%	Feb-18	12.9%	10.6%		G
	Emergency c-section rate (standardised ratio)	100.0%	Feb-18	83.9%	68.4%		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	May-18	7	4		R
	Never Events	0	May-18	0	0		G
	NHSE/NHSI Improvement Patient Safety Alerts Compliance (Number open beyond deadline)	0	May-18	0	0		G
	Safe Staffing Levels - overall fill rate	80.0%	May-18	100.8%	100.7%		G
	Same Sex Accommodation Standards breaches	0	May-18	0	0		G
	Clostridium difficile Hospital acquired cases	4	May-18	4	2		G
	MRSA bacteremia - Hospital acquired cases	0	May-18	0	0		G

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	
QUALITY, SAFE	E.Coli bacteraemia blood stream infection - Hospital acquired cases	4	May-18	4	2		G	
	Falls per 1000 OBDs resulting in Moderate or Severe Harm	0.8	May-18	0.1	0.1		G	
	Falls per 1000 OBDs resulting in Low or No Harm	5.5	May-18	6.1	5.6		R	
	Quality	Avoidable Hospital Acquired Grade 2 Pressure Ulcers per 1000 OBDs	0.07	May-18	0.03	0.05		G
	Avoidable Hospital Acquired Grade 3 Pressure Ulcers per 1000 OBDs	0.01	May-18	0.00	0.00		G	
	Avoidable Hospital Acquired Grade 4 Pressure Ulcers per 1000 OBDs	0	May-18	0.00	0.00		G	
	Harm-free SFH care	≥95%	May-18	95.6%	95.4%		G	
	Eligible patients having Venous Thromboembolism (VTE) risk assessment	≥95%	Apr-18	95.8%	95.8%		G	
	Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Apr-18	82.2%	82.2%		R	
	Eligible patients having Dementia Diagnostic Assessment	≥90%	Apr-18	100.0%	100.0%		G	
	Patients where the dementia outcome was positive or inconclusive, are referred for further diagnostic advice	≥90%	Apr-18	78.7%	78.7%		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%	May-18	88.5%	91.0%		G
		Number of complaints	≤60	May-18	47	29		G
		Reopened complaints	8	May-18	6	4		G
		Response Rate: Friends and Family Inpatients	≥24.1%	May-18	34.1%	31.2%		G
		Recommended Rate: Friends and Family Inpatients	97%	May-18	98.1%	98.1%		G
		Response Rate: Friends and Family Accident and Emergency	≥12.8%	May-18	13.1%	13.6%		G
		Recommended Rate: Friends and Family Accident and Emergency	87%	May-18	93.2%	89.5%		G
		Recommended Rate: Friends and Family Maternity	96%	May-18	94.5%	93.8%		R
		Recommended Rate: Friends and Family Outpatients	96%	May-18	93.5%	93.7%		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%	May-18	94.1%	95.7%		G
		Emergency access within four hours Kings Mill	≥95%	May-18	91.7%	94.1%		R
		Emergency access within four hours Newark	≥95%	May-18	98.7%	98.8%		G
		Emergency access within four hours Primary Care (included in total trust performance not SFH activity)	≥95%	May-18	98.7%	98.6%		G

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	
OPERATIONAL STANDARDS	% of 12 all trolley waits > 12 hours	0	May-18	0.02%	0.04%		R	
	% of Ambulance handover > 30 minutes	0	May-18	12.9%	9.9%		R	
	% of Ambulance handover > 60 minutes	0	May-18	0.6%	0.3%		R	
	Referral to Treatment	Specialities exceeding 18 wk referral to treatment time (incomplete pathways)	0	May-18	-	9		R
		18 weeks referral to treatment time - incomplete pathways	≥92%	May-18	-	90.0%		R
		18 weeks - number of incomplete pathways	24197	May-18	-	24585		R
		Number of cases exceeding 52 weeks referral to treatment	0	May-18	-	40		R
	Diagnostics	Diagnostic waiters, 6 weeks and over-DM01	≥99%	May-18	-	99.1%		G
	Cancelled Operations	Last minute (on the day) non-clinical cancelled elective operations as a % of elective admissions	≤0.8%	May-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%	May-18	16.1%	18.2%		R
Urgent operations cancelled more than once		0	May-18	0	0		G	
DS	#NoF	% of #NoF achieving BPT	75.0%	Apr-18	57.1%	57.1%		R
	CCU	Non-medical critical care transfers	0	May-18	0	0		G
		2 week GP referral to 1st outpatient appointment	≥93%	Apr-18	97.5%	97.5%		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%	Apr-18	99.2%	99.2%		G
		31 day second or subsequent treatment (drug)	≥98%	Apr-18	91.7%	91.7%		R
		31 day second or subsequent treatment (surgery)	≥94%	Apr-18	100.0%	100.0%		G
		62 days urgent referral to treatment	≥85%	Apr-18	87.6%	87.6%		G
		62 day referral to treatment from screening	≥90%	Apr-18	100.0%	100.0%		G
		14 days referral for breast symptoms to assessment	≥93%	Apr-18	95.7%	95.7%		G
ORGANISATIONAL HEALTH	HR	% of eligible staff appraised within last 12 months	≥95%	Jun-17 - May-18	95.00%	-		G
		WTE lost as a % of contracted WTE due to sickness absence within last 12 months	≤3.5%	Jun-17 - May-18	3.20%	-		G
		% eligible staff attending core mandatory training within the last 12 months	≥90%	Jun-17 - May-18	92.00%	-		G
		Staff Turnover	≤1.0%	May-18	0.85%	0.50%		G
		Proportion of Temporary Staff	7.50%	May-18	7.23%	7.25%		G