

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	Dec-16 - Nov-17	95.80	-		G
		Rolling 12 months HSMR Sepsis	100	Dec-16 - Nov-17	66.97	-		G
		SHMI	100	Jul-16 - Jun-17	102.21	-		A
		Emergency c-section rate (crude rate)	23.0%	Nov-17	13.3%	14.1%		G
		Emergency c-section rate (standardised ratio)	100.0%	Nov-17	87.0%	93.7%		G
		Emergency re-admissions within 30 days	8.6%	Nov-17	7.4%	7.1%		G
		Serious Incidents including Never Events (STEIS reportable) by reported date	2	Feb-18	28	4		R
		Never Events	0	Feb-18	2	0		G
		NHSE/NHSI Improvement Patient Safety Alerts Compliance (Number open beyond deadline)	0	Feb-18	0	0		G
		Quality	Safe Staffing Levels - overall fill rate	80.0%	Feb-18	99.5%	100.5%	
	Same Sex Accommodation Standards breaches		0	Feb-18	0	0		G
	Clostridium difficile Hospital acquired cases		4	Feb-18	33	3		G
	MRSA bacteraemia - Hospital acquired cases		0	Feb-18	2	0		G
	E.Coli bacteraemia blood stream infection - Hospital acquired cases		4	Feb-18	48	6		R
	Falls per 1000 OBDs resulting in Moderate or Severe Harm		0.8	Feb-18	0.1	0.1		G
	Falls per 1000 OBDs resulting in Low or No Harm		5.5	Feb-18	5.8	5.6		R
	Avoidable Hospital Acquired Grade 2 Pressure Ulcers per 1000 OBDs		0.07	Feb-18	0.09	0.06		G
	Avoidable Hospital Acquired Grade 3 Pressure Ulcers per 1000 OBDs		0.01	Feb-18	0.01	0.00		G
	Avoidable Hospital Acquired Grade 4 Pressure Ulcers per 1000 OBDs		0	Feb-18	0.01	0.00		G
	Harm-free SFH care		≥95%	Feb-18	95.5%	96.0%		G
Eligible patients having Venous Thromboembolism (VTE) risk assessment	≥95%		Jan-18	95.1%	95.5%		G	
Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%		Jan-18	85.1%	60.1%		R	
Eligible patients having Dementia Diagnostic Assessment	≥90%		Jan-18	98.8%	100.0%		G	
Patients where the dementia outcome was positive or inconclusive, are referred for further diagnostic advice	≥90%	Jan-18	76.5%	51.9%		R		
QUALITY, SAFETY AND PATIENT EXPERIENCE	Patient Experience	% complaint responses dispatched within appropriate number of days	≥90%	Feb-18	97.5%	98.0%		G
		Number of complaints	≤60	Feb-18	197	22		G
		Reopened complaints	8	Feb-18	16	0		G
		Response Rate: Friends and Family Inpatients	≥24.1%	Feb-18	30.8%	30.0%		G
		Recommended Rate: Friends and Family Inpatients	97%	Feb-18	98.4%	99.0%		G
		Response Rate: Friends and Family Accident and Emergency	≥12.8%	Feb-18	9.6%	9.8%		R
		Recommended Rate: Friends and Family Accident and Emergency	87%	Feb-18	93.3%	93.1%		G
		Recommended Rate: Friends and Family Maternity	96%	Feb-18	95.3%	92.1%		R
		Recommended Rate: Friends and Family Outpatients	96%	Feb-18	93.8%	94.5%		R
		Recommended Rate: Friends and Family Staff	80%	Qtr2 Yr2017/18	80.6%	80.8%		G

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OPERATIONAL STANDARDS	Emergency Access	Emergency access within four hours Total Trust	≥95%	Feb-18	92.7%	89.0%		R	
		Emergency access within four hours Kings Mill	≥95%	Feb-18	89.3%	83.6%		R	
		Emergency access within four hours Newark	≥95%	Feb-18	99.0%	98.7%		G	
		Emergency access within four hours Primary Care (included in total trust performance not SFH activity)	≥95%	Feb-18	99.0%	99.2%		G	
		% of 12 all trolley waits > 12 hours	0	Feb-18	0.03%	0.00%		G	
		% of Ambulance handover > 30 minutes	0	Feb-18	15.2%	18.7%		R	
		% of Ambulance handover > 60 minutes	0	Feb-18	1.1%	1.2%		R	
	Referral to Treatment	Specialities exceeding 18 wk referral to treatment time (incomplete pathways)	0	Feb-18	-	8		R	
		18 weeks referral to treatment time - incomplete pathways	≥92%	Feb-18	-	89.6%		R	
		Number of cases exceeding 52 weeks referral to treatment	0	Feb-18	-	17		R	
	Diagnostics	Diagnostic waiters, 6 weeks and over-DM01	≥99%	Feb-18	-	99.0%		G	
	Cancelled Operations	Last minute (on the day) non-clinical cancelled elective operations as a % of elective admissions	≤0.8%	Feb-18	0.4%	0.5%		G	
		Breaches of the 28 day guarantee following a Last minute (on the day) non clinical cancelled elective operation	≤5.0%	Feb-18	7.4%	5.6%		R	
		Urgent operations cancelled more than once	0	Feb-18	0	0		G	
	OPERATIONAL STANDARDS	#NoF	% of #NoF achieving BPT	75.0%	Jan-18	66.9%	65.4%		R
		CCU	Non-medical critical care transfers	0	Feb-18	0	0		G
		Cancer Access	2 week GP referral to 1st outpatient appointment	≥93%	Jan-18	96.0%	95.6%		G
31 day diagnosis to treatment			≥96%	Jan-18	98.8%	99.1%		G	
31 day second or subsequent treatment (drug)			≥98%	Jan-18	100.0%	100.0%		G	
31 day second or subsequent treatment (surgery)			≥94%	Jan-18	92.6%	70.0%		R	
62 days urgent referral to treatment			≥85%	Jan-18	83.4%	90.4%		G	
62 day referral to treatment from screening			≥90%	Jan-18	84.9%	63.6%		R	
	14 days referral for breast symptoms to assessment	≥93%	Jan-18	97.5%	96.1%		G		
ORGANISATIONAL HEALTH	HR	% of eligible staff appraised within last 12 months	≥95%	Mar-17 - Feb-18	95.00%	-		G	
		WTE lost as a % of contracted WTE due to sickness absence within last 12 months	≤3.5%	Mar-17 - Feb-18	4.23%	-		R	
		% eligible staff attending core mandatory training within the last 12 months	≥90%	Mar-17 - Feb-18	94.00%	-		G	
		Staff Turnover	≤1.0%	Feb-18	0.81%	0.52%		G	
		Proportion of Temporary Staff	7.50%	Feb-18	7.43%	7.95%		A	