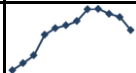






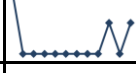

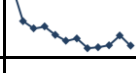


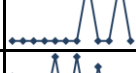
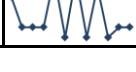
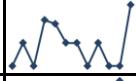
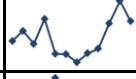
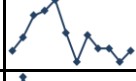
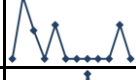
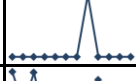

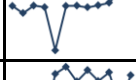

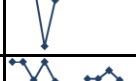





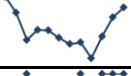
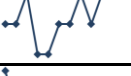
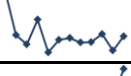
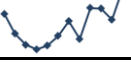


| At a Glance | Indicator | Plan / Standard | Period | YTD Actuals | Monthly / Quarterly Actuals | Trend | RAG Rating |
|---------------------------------|--|-----------------|-----------------|-------------|-----------------------------|---|------------|
| , SAFETY AND PATIENT EXPERIENCE | Rolling 12 months HSMR (basket of 56 diagnosis groups) | 100 | Oct-16 - Sep-17 | 99.05 | - |  | G |
| | Rolling 12 months HSMR Sepsis | 100 | Oct-16 - Sep-17 | 72.76 | - |  | G |
| | SHMI | 100 | Jan-17 - Mar-17 | 98.75 | - |  | G |
| | Emergency c-section rate (crude rate) | 23.0% | Sep-17 | 13.1% | 11.9% |  | G |
| | Emergency c-section rate (standardised ratio) | 100.0% | Sep-17 | 88.2% | 79.4% |  | G |
| | Emergency re-admissions within 30 days | 8.6% | Aug-17 | 7.7% | 7.4% |  | G |
| | Serious Incidents including Never Events (STEIS reportable) by reported date | 2 | Dec-17 | 22 | 3 |  | R |
| | Never Events | 0 | Dec-17 | 2 | 1 |  | R |
| | NHSE/NHSI Improvement Patient Safety Alerts Compliance (Number open beyond deadline) | 0 | Dec-17 | 0 | 0 |  | G |
| | Safe Staffing Levels - overall fill rate | 80.0% | Dec-17 | 99.3% | 98.2% |  | G |
| | Same Sex Accommodation Standards breaches | 0 | Dec-17 | 0 | 0 |  | G |
| | Clostridium difficile Hospital acquired cases | 4 | Dec-17 | 28 | 1 |  | G |
| | MRSA bacteremia - Hospital acquired cases | 0 | Dec-17 | 2 | 0 |  | G |
| | E.Coli bacteraemia blood stream infection - Hospital acquired cases | 4 | Dec-17 | 38 | 3 |  | G |

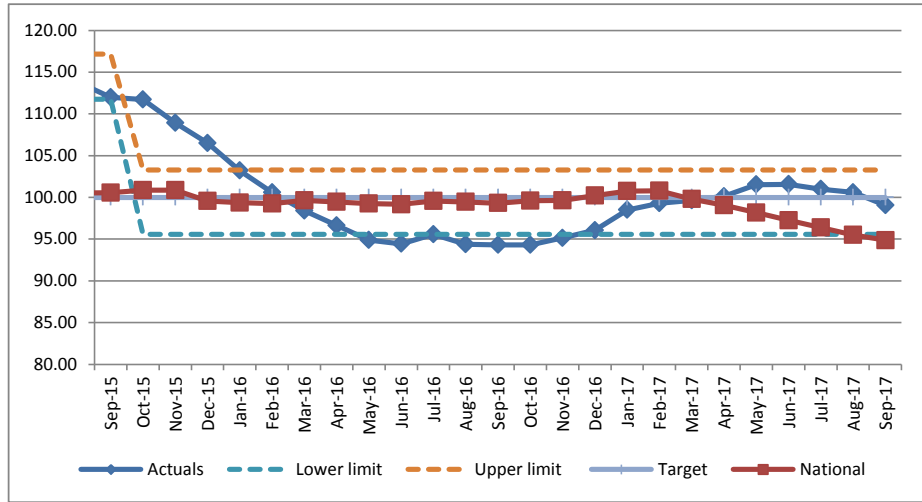
| At a Glance | Indicator | Plan / Standard | Period | YTD Actuals | Monthly / Quarterly Actuals | Trend | RAG Rating | |
|-------------|-----------|--|--------|-------------|-----------------------------|--------|--|---|
| QUALITY | Quality | Falls per 1000 OBDs resulting in Moderate or Severe Harm | 0.8 | Dec-17 | 0.1 | 0.2 |  | G |
| | | Falls per 1000 OBDs resulting in Low or No Harm | 5.5 | Dec-17 | 5.8 | 6.5 |  | R |
| | | Avoidable Hospital Acquired Grade 2 Pressure Ulcers per 1000 OBDs | 0.07 | Dec-17 | 0.10 | 0.05 |  | G |
| | | Avoidable Hospital Acquired Grade 3 Pressure Ulcers per 1000 OBDs | 0.01 | Dec-17 | 0.01 | 0.00 |  | G |
| | | Avoidable Hospital Acquired Grade 4 Pressure Ulcers per 1000 OBDs | 0 | Dec-17 | 0.01 | 0.00 |  | G |
| | | Harm-free SFH care | ≥95% | Dec-17 | 95.4% | 95.9% |  | G |
| | | Eligible patients having Venous Thromboembolism (VTE) risk assessment | ≥95% | Nov-17 | 95.0% | 96.0% |  | G |
| | | Eligible patients having Dementia Screening | ≥90% | Nov-17 | 96.4% | 96.8% |  | G |
| | | Patients with a diagnosis of dementia or delirium or to whom case finding is applied | ≥90% | Nov-17 | 99.1% | 100.0% |  | G |
| | | Patients where the dementia outcome was positive or inconclusive, are referred on to specialist services | ≥90% | Nov-17 | 80.9% | 75.0% |  | 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% | Dec-17 | 97.3% | 100.0% | | G |
| | | Number of complaints | ≤60 | Dec-17 | 151 | 13 | | G |
| | | Reopened complaints | 8 | Dec-17 | 14 | 0 | | G |
| | | Response Rate: Friends and Family Inpatients | ≥24.1% | Dec-17 | 30.7% | 33.0% | | G |
| | | Recommended Rate: Friends and Family Inpatients | 97% | Dec-17 | 98.3% | 98.9% | | G |
| | | Response Rate: Friends and Family Accident and Emergency | ≥12.8% | Dec-17 | 9.7% | 10.0% | | R |
| | | Recommended Rate: Friends and Family Accident and Emergency | 87% | Dec-17 | 93.3% | 94.8% | | G |
| | | Recommended Rate: Friends and Family Maternity | 96% | Dec-17 | 95.5% | 95.8% | | R |
| | | Recommended Rate: Friends and Family Outpatients | 96% | Dec-17 | 93.9% | 94.2% | | R |
| | | Recommended Rate: Friends and Family Staff | 80% | Qtr2 Yr2017/18 | 80.6% | 80.8% | | G |
| Emergency Access | Emergency Access | Emergency access within four hours Total Trust | ≥95% | Dec-17 | 93.6% | 86.4% | | R |
| | | Emergency access within four hours Kings Mill | ≥95% | Dec-17 | 90.8% | 79.8% | | R |
| | | Emergency access within four hours Newark | ≥95% | Dec-17 | 99.1% | 98.3% | | G |
| | | Emergency access within four hours Primary Care (included in total trust performance not SFH activity) | ≥95% | Dec-17 | 98.9% | 98.6% | | G |
| | | % of 12 all trolley waits > 12 hours | 0 | Dec-17 | 0.04% | 0.26% | | R |

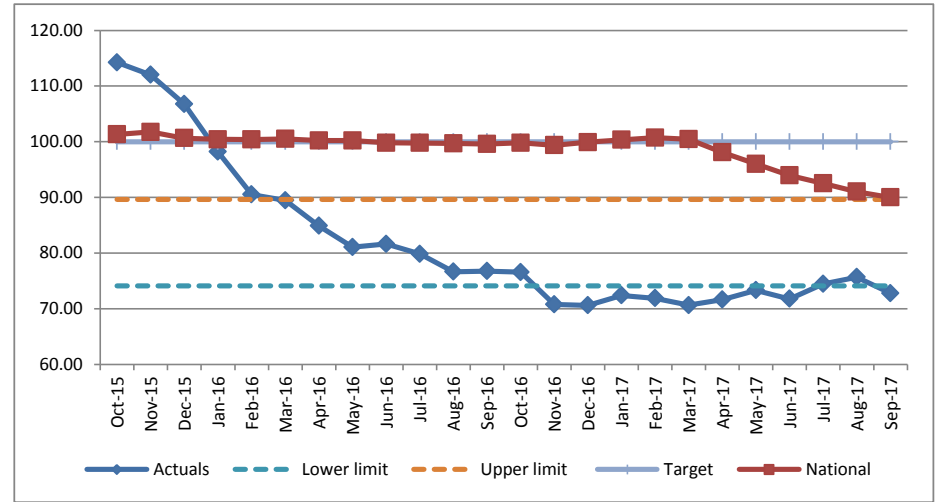
| At a Glance | Indicator | Plan / Standard | Period | YTD Actuals | Monthly / Quarterly Actuals | Trend | RAG Rating | |
|-----------------------|--------------------------------------|---|-------------------------|-------------|-----------------------------|--------|------------|---|
| OPERATIONAL STANDARDS | % of Ambulance handover > 30 minutes | 0 | Dec-17 | 13.6% | 28.5% | | R | |
| | % of Ambulance handover > 60 minutes | 0 | Dec-17 | 0.9% | 4.4% | | R | |
| | Referral to Treatment | Specialities exceeding 18 wk referral to treatment time (incomplete pathways) | 0 | Dec-17 | - | 9 | | R |
| | | 18 weeks referral to treatment time - incomplete pathways | ≥92% | Dec-17 | - | 90.6% | | R |
| | | Number of cases exceeding 52 weeks referral to treatment | 0 | Dec-17 | - | 19 | | R |
| | Diagnostics | Diagnostic waiters, 6 weeks and over-DM01 | ≥99% | Dec-17 | - | 99.1% | | G |
| | Cancelled Operations | Last minute (on the day) non-clinical cancelled elective operations as a % of elective admissions | ≤0.8% | Dec-17 | 0.3% | 0.5% | | G |
| | | Breaches of the 28 day guarantee following a Last minute (on the day) non clinical cancelled elective operation | ≤5.0% | Dec-17 | 3.5% | 6.3% | | R |
| | | Urgent operations cancelled more than once | 0 | Dec-17 | 0 | 0 | | G |
| | OPERATIONAL STANDARDS | #NoF | % of #NoF achieving BPT | 75.0% | Nov-17 | 66.5% | 58.1% | |
| CCU | | Non-medical critical care transfers | 0 | Dec-17 | 0 | 0 | | G |
| Cancer Access | | 2 week GP referral to 1st outpatient appointment | ≥93% | Nov-17 | 95.8% | 95.7% | | G |
| | | 31 day diagnosis to treatment | ≥96% | Nov-17 | 98.6% | 99.2% | | G |
| | | 31 day second or subsequent treatment (drug) | ≥98% | Nov-17 | 100.0% | 100.0% | | G |
| | | 31 day second or subsequent treatment (surgery) | ≥94% | Nov-17 | 95.5% | 90.0% | | R |

| At a Glance | | Indicator | Plan / Standard | Period | YTD Actuals | Monthly / Quarterly Actuals | Trend | RAG Rating |
|-----------------------|----|---|-----------------|-----------------|-------------|-----------------------------|---|------------|
| OP | | 62 days urgent referral to treatment | ≥85% | Nov-17 | 82.0% | 83.4% |  | R |
| | | 62 day referral to treatment from screening | ≥90% | Nov-17 | 85.1% | 71.4% |  | R |
| | | 14 days referral for breast symptoms to assessment | ≥93% | Nov-17 | 97.7% | 97.9% |  | G |
| ORGANISATIONAL HEALTH | HR | % of eligible staff appraised within last 12 months | ≥95% | Jan-17 - Dec-17 | 94.00% | - |  | A |
| | | WTE lost as a % of contracted WTE due to sickness absence within last 12 months | ≤3.5% | Jan-17 - Dec-17 | 4.15% | - |  | R |
| | | % eligible staff attending core mandatory training within the last 12 months | ≥90% | Jan-17 - Dec-17 | 93.00% | - |  | G |
| | | Staff Turnover | ≤1.0% | Dec-17 | 0.84% | 0.90% |  | G |
| | | Proportion of Temporary Staff | 7.50% | Nov-17 | 7.34% | 7.82% |  | A |

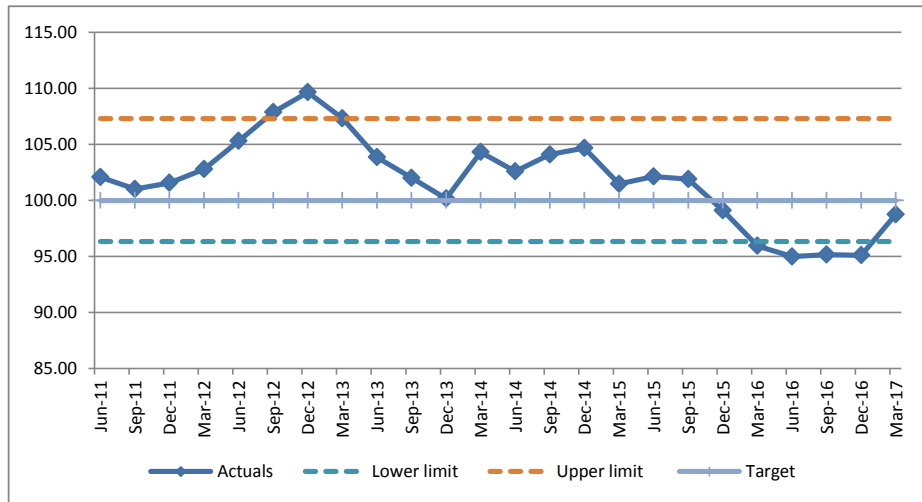
HSMR (basket of 56 diagnosis groups)



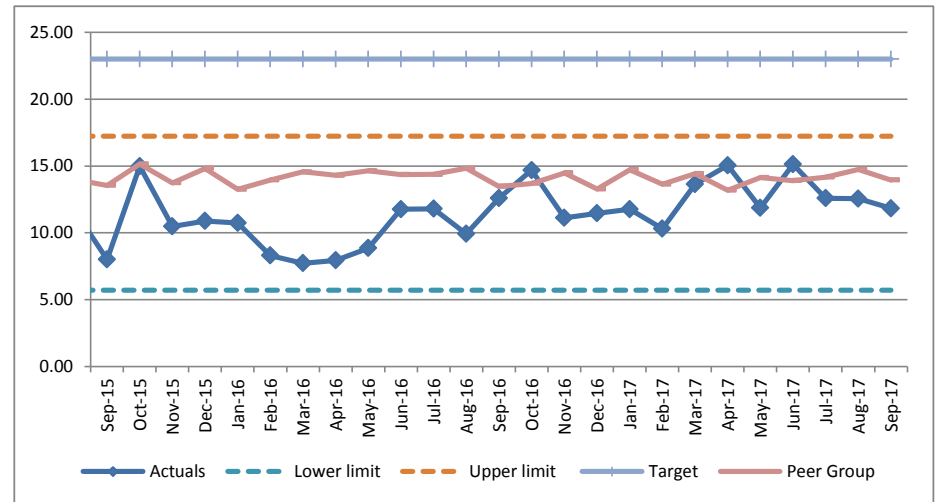
Rolling 12 months HSMR Sepsis



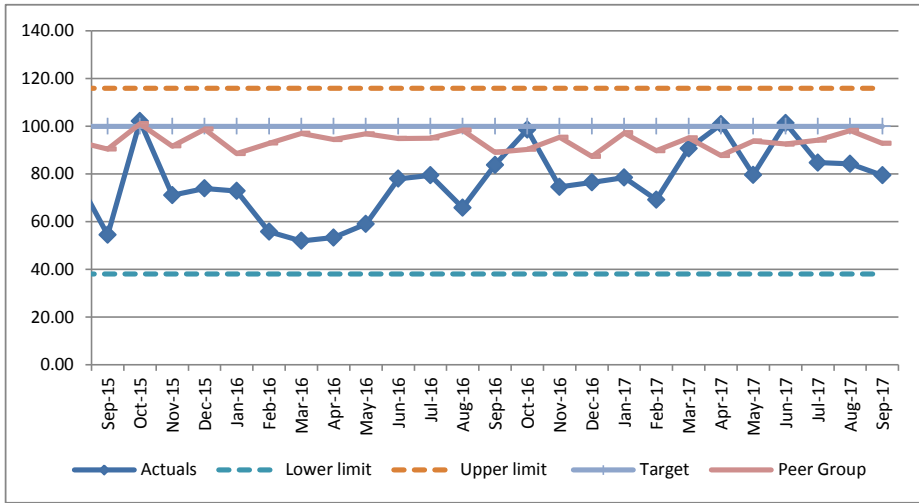
SHMI



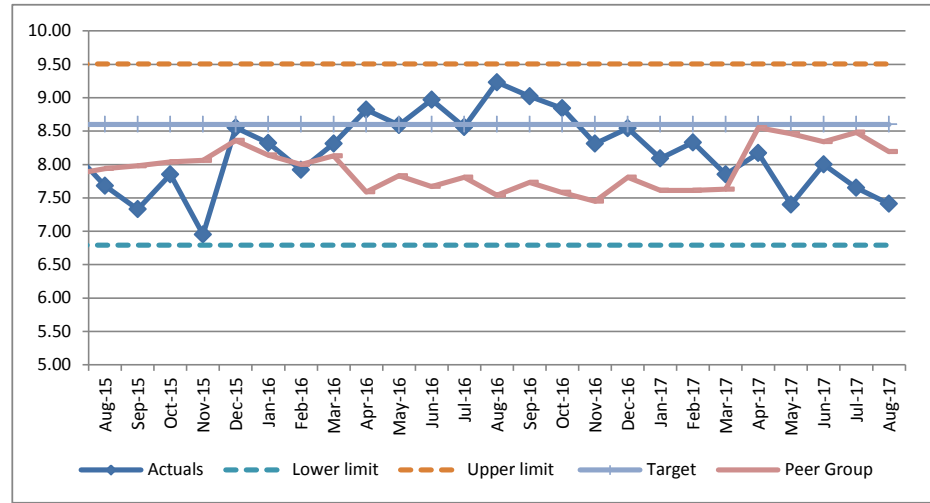
Emergency c-section rate (crude rate)



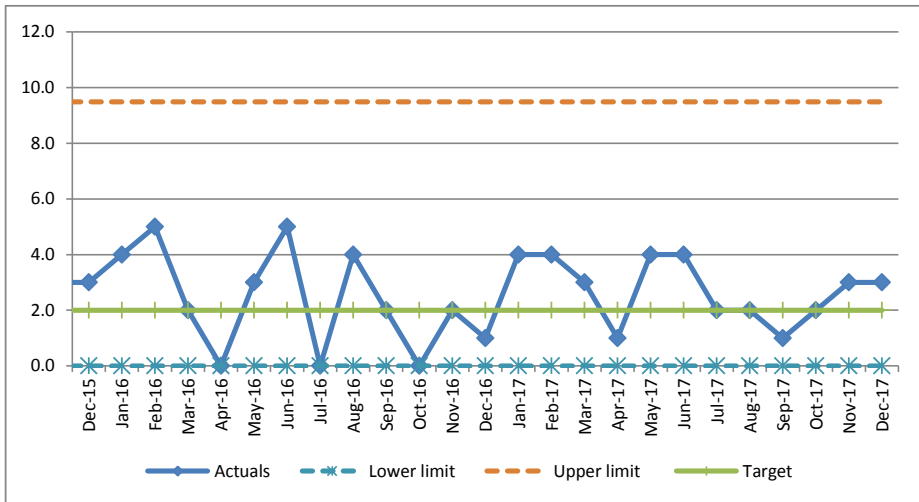
Emergency c-section rate (standardised ratio)



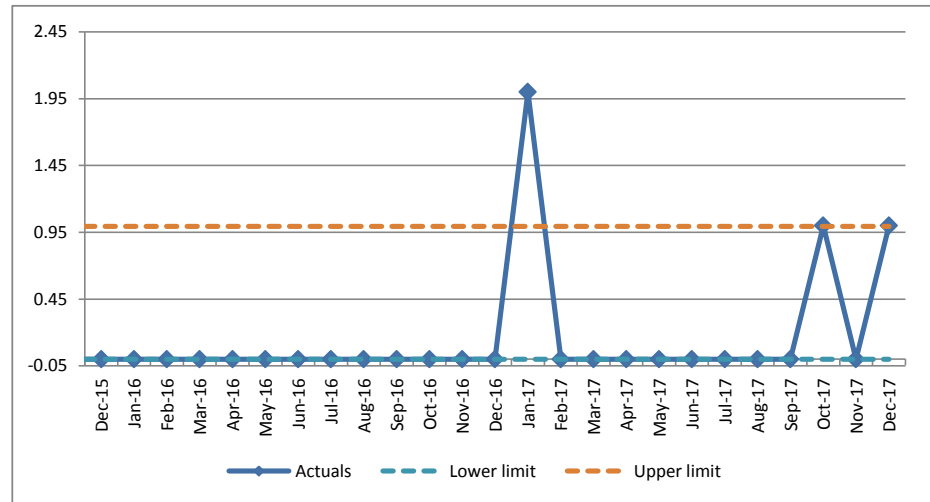
Emergency re-admissions within 30 days



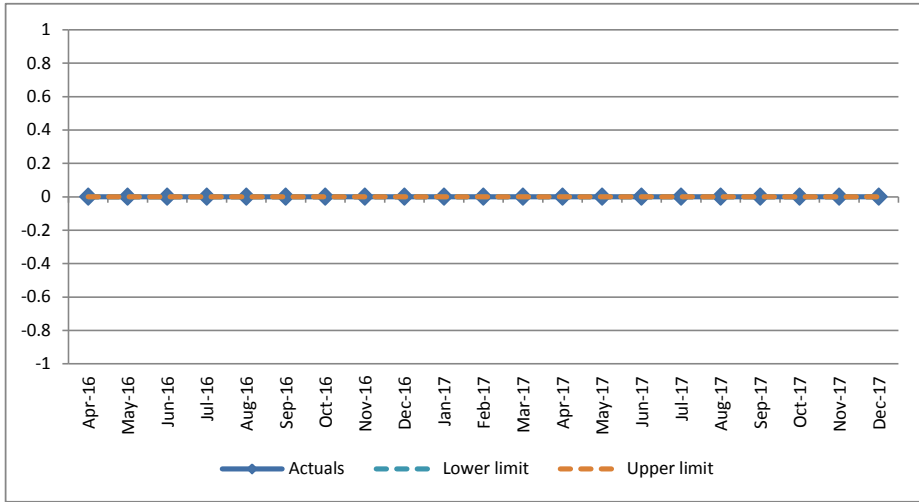
Serious Incidents including Never Events (STEIS reportable) by reported date



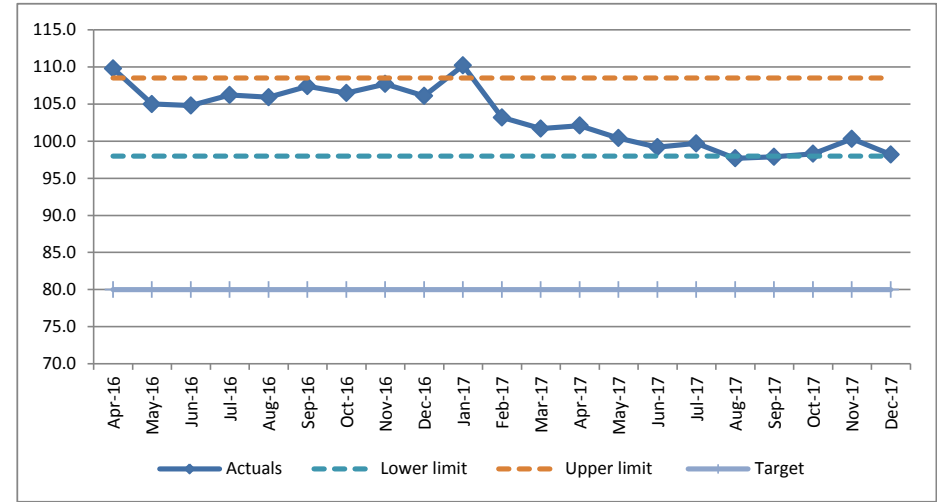
Never Events



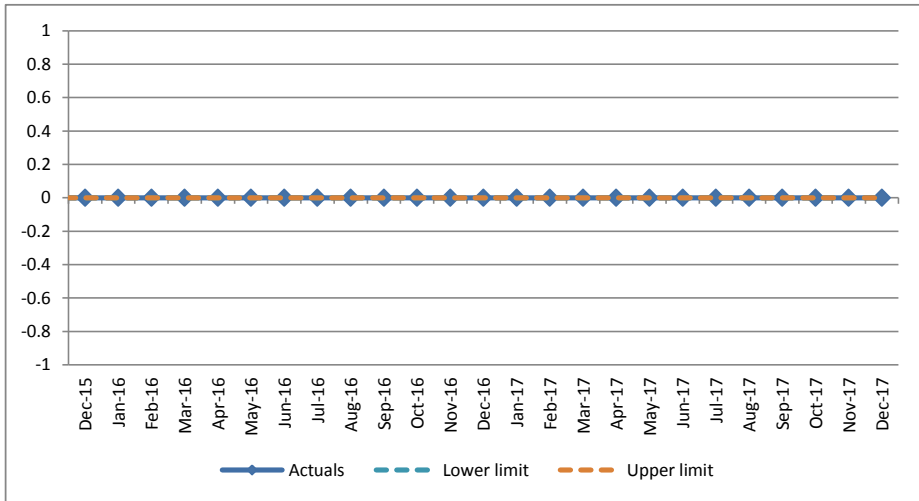
NHSE/NHSI Improvement Patient Safety Alerts Compliance (Number open beyond deadline)



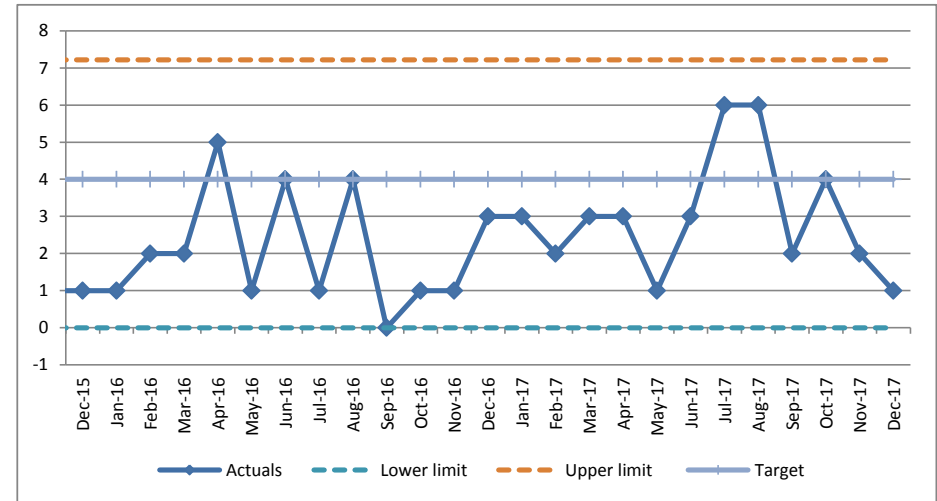
Safe Staffing Levels - overall fill rate



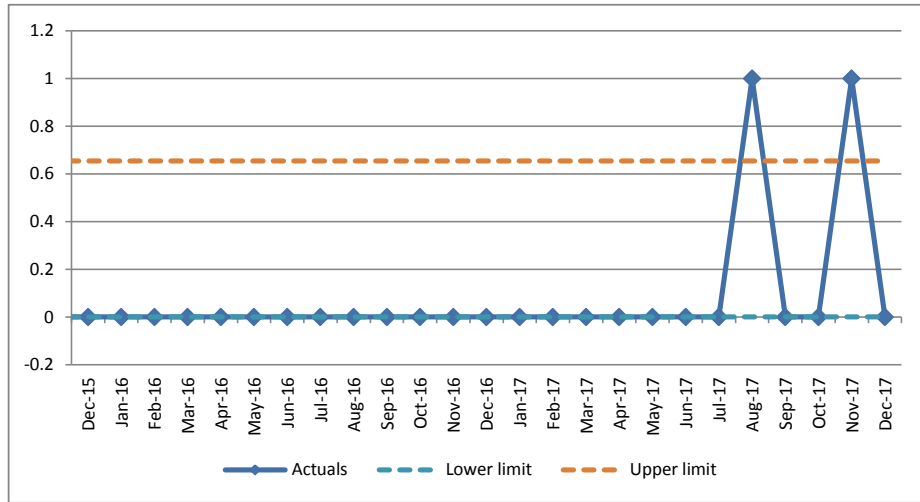
Same Sex Accommodation Standards breaches



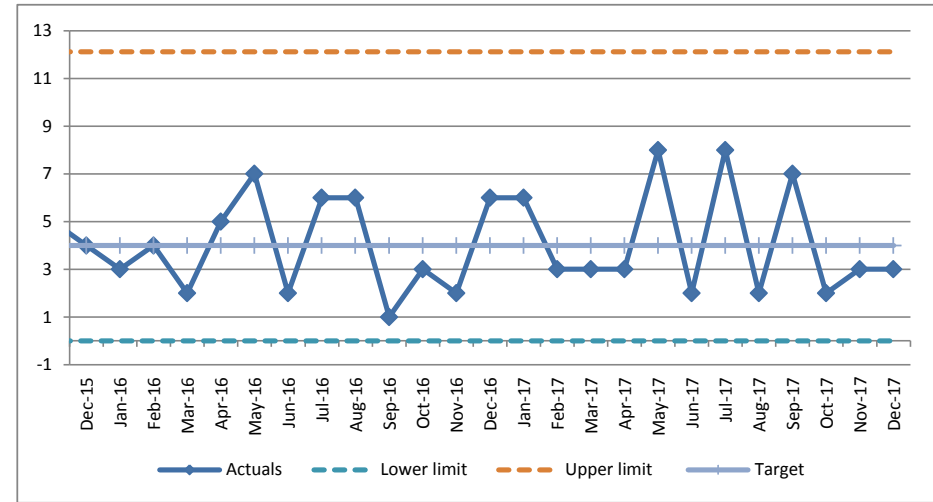
Clostridium difficile Hospital acquired cases



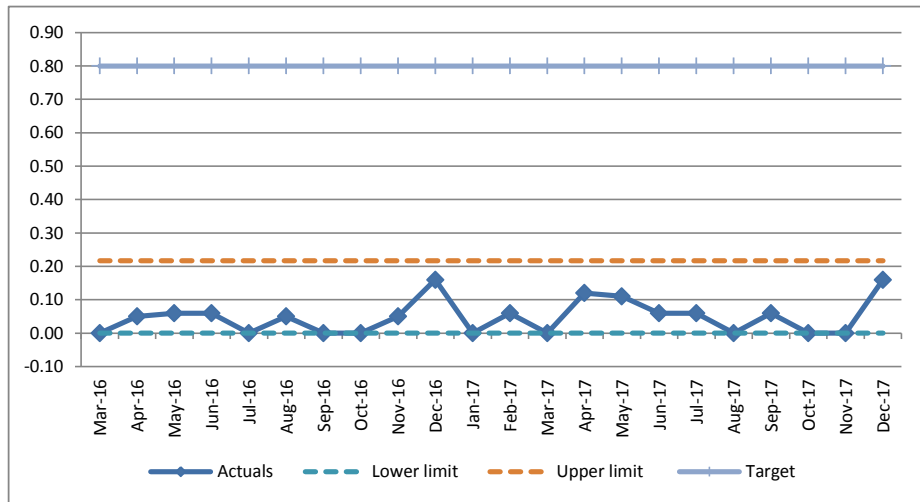
MRSA bacteremia - Hospital acquired cases



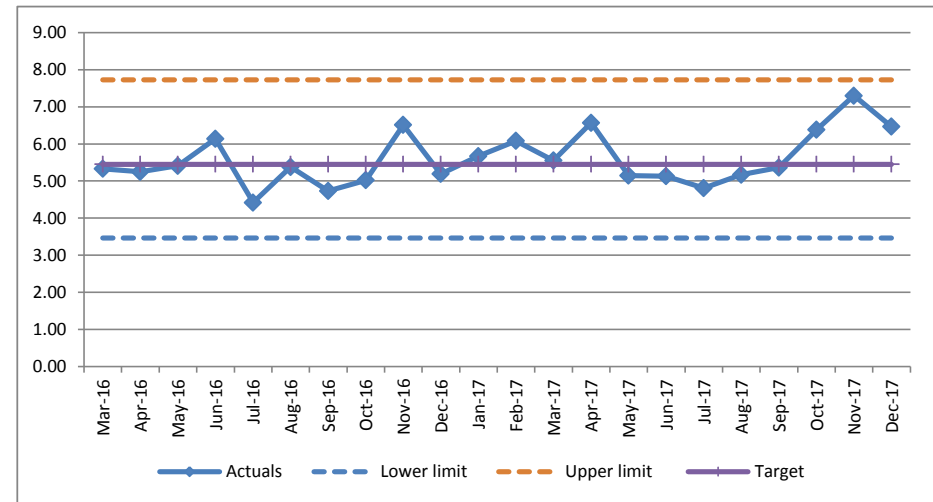
E.Coli bacteraemia blood stream infection - Hospital acquired cases



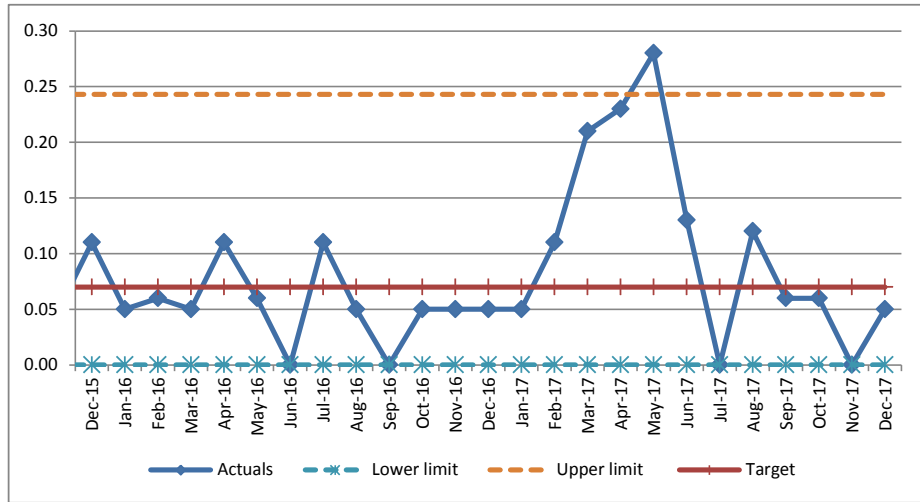
Falls per 1000 OBDs resulting in Moderate or Severe Harm



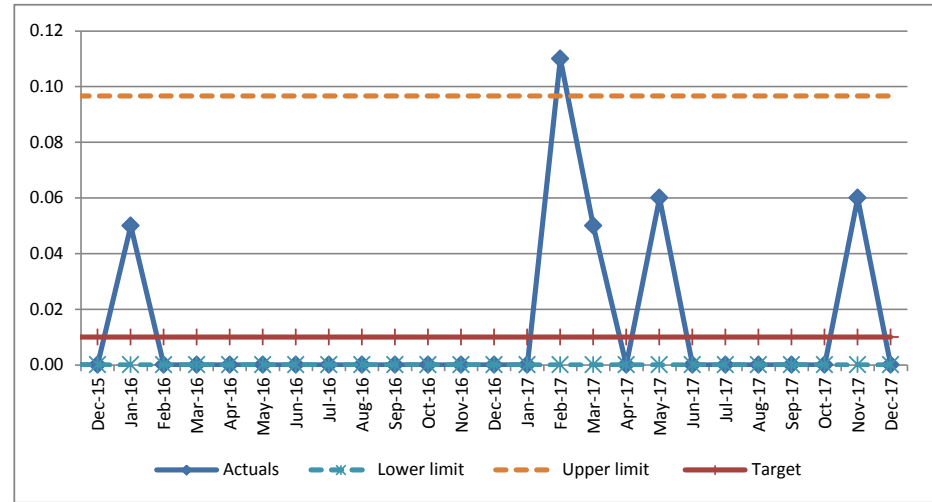
Falls per 1000 OBDs resulting in Low or No Harm



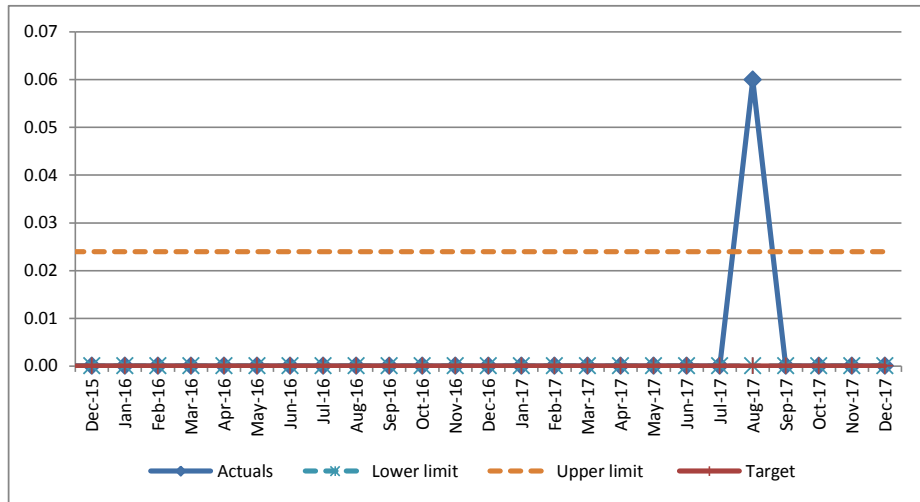
Avoidable Hospital Acquired Grade 2 Pressure Ulcers per 1000 OBDs



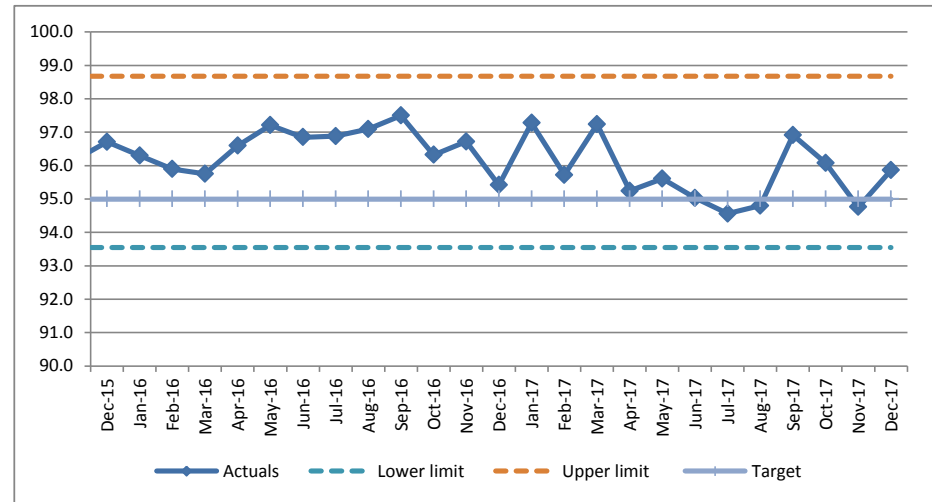
Avoidable Hospital Acquired Grade 3 Pressure Ulcers per 1000 OBDs



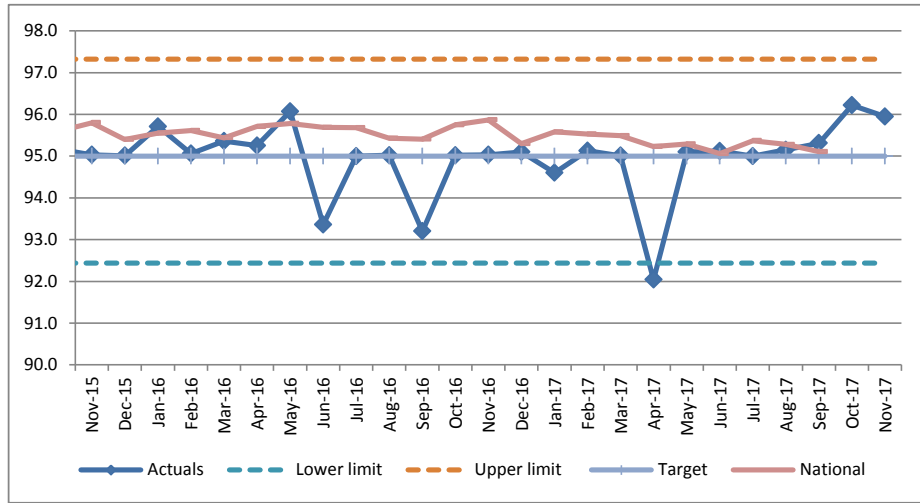
Avoidable Hospital Acquired Grade 4 Pressure Ulcers per 1000 OBDs



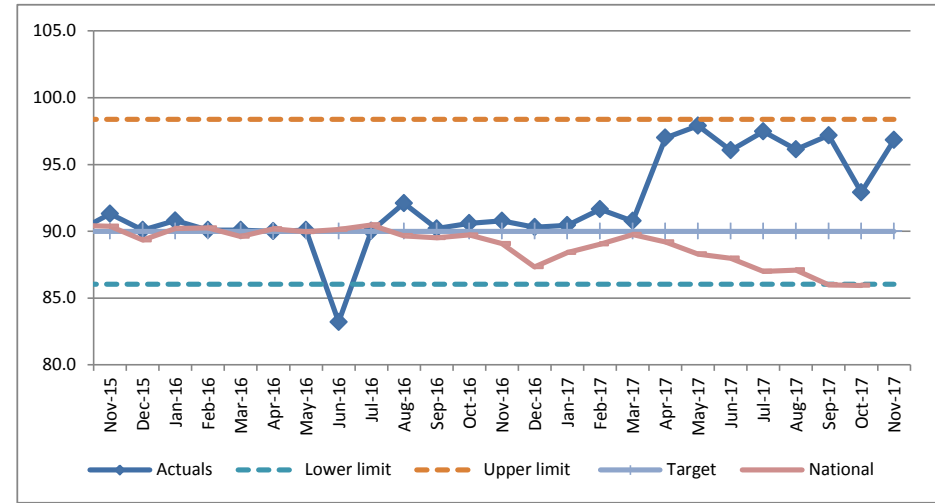
Harm-free SFH care



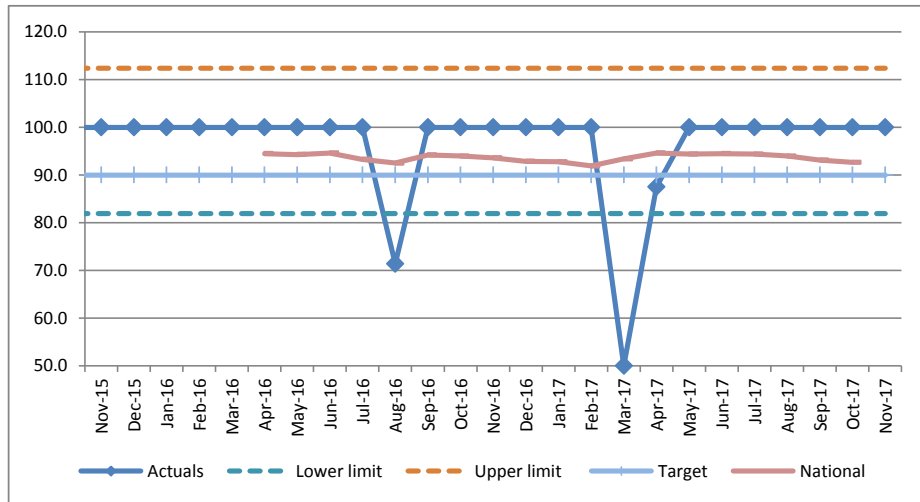
Eligible patients having Venous Thromboembolism (VTE) risk assessment



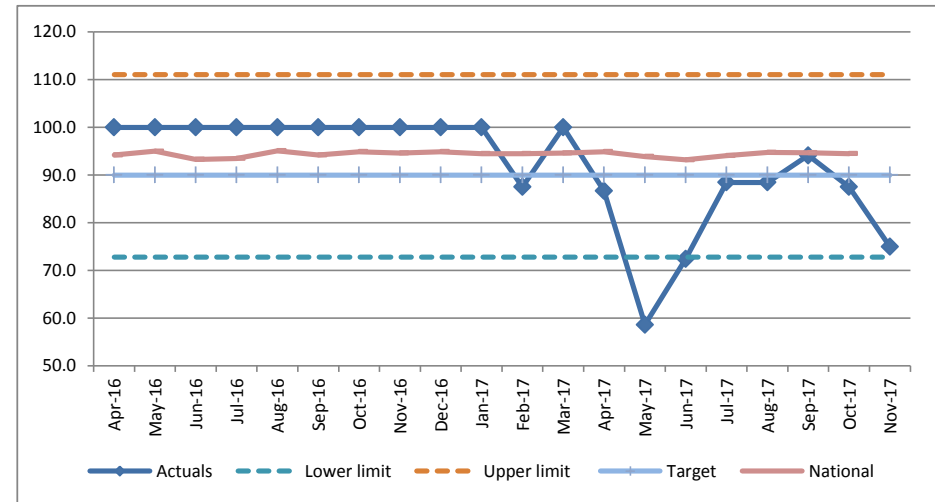
Eligible patients having Dementia Screening



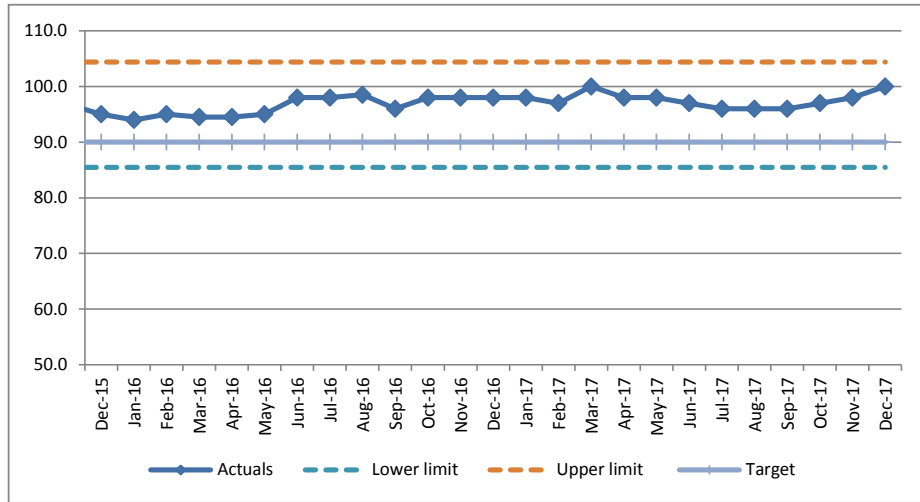
Patients with a diagnosis of dementia or delirium or to whom case finding is applied



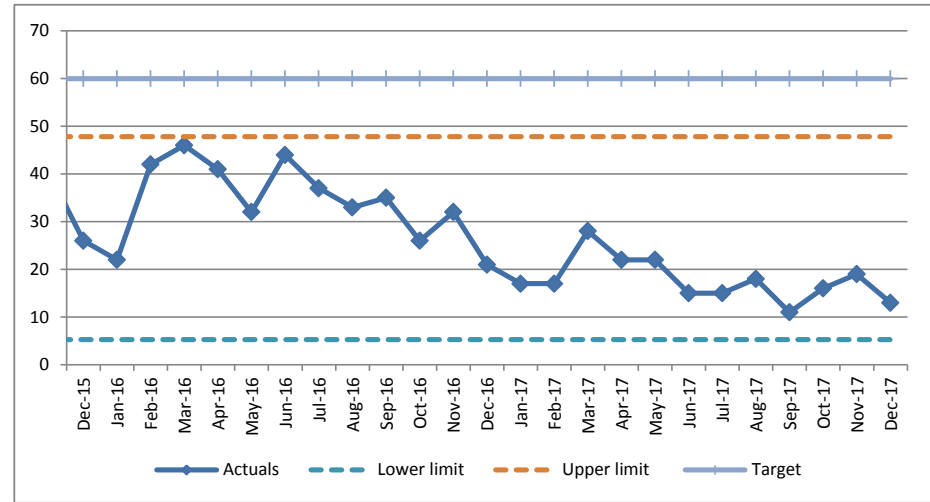
Patients where the dementia outcome was positive or inconclusive, are referred on to specialist services



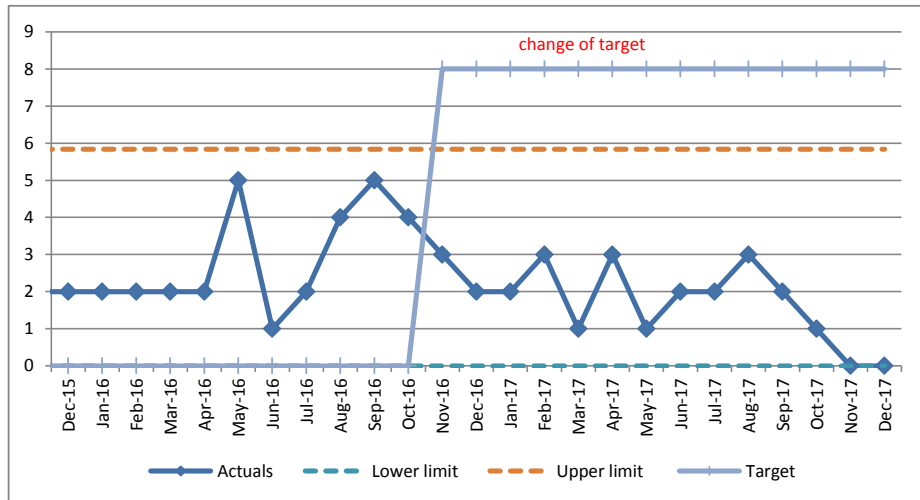
% complaint responses dispatched within appropriate number of days



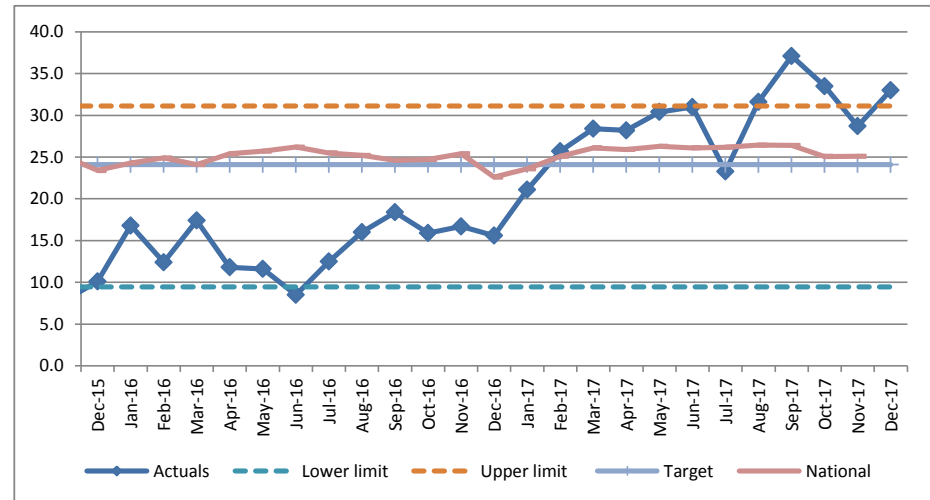
Number of complaints



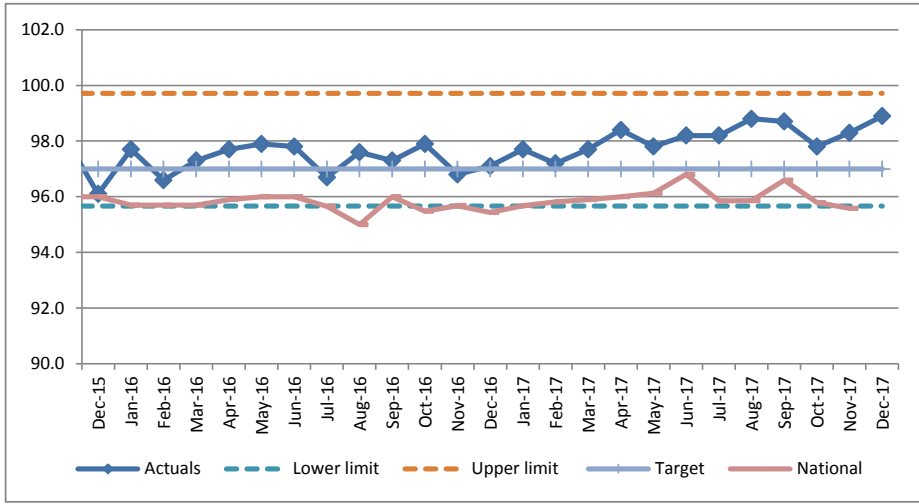
Reopened complaints



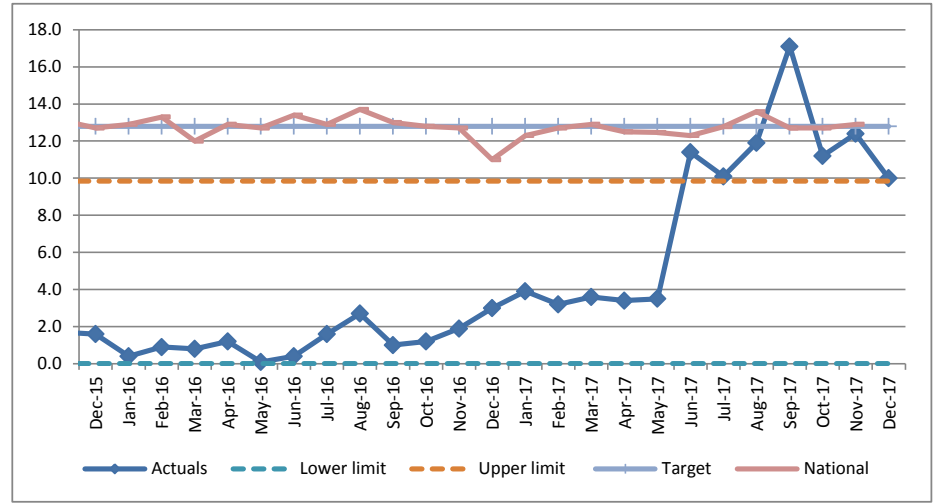
Response Rate: Friends and Family Inpatients



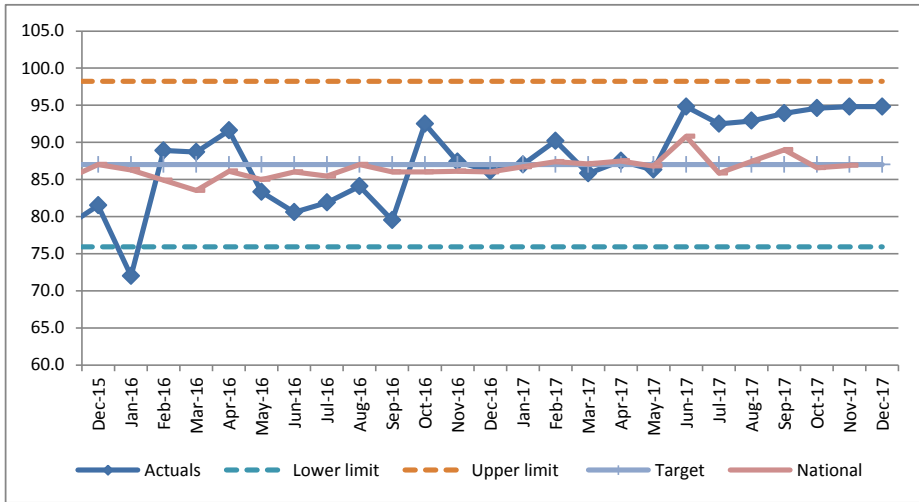
Recommended Rate: Friends and Family Inpatients



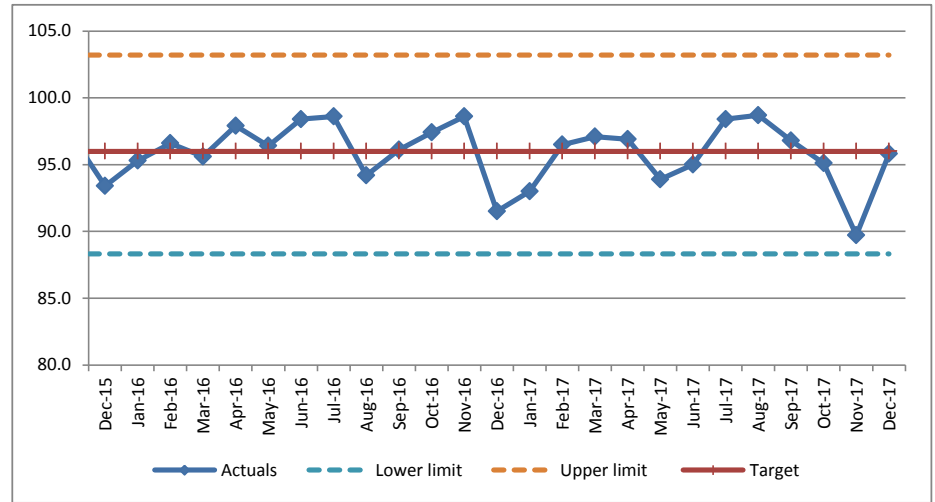
Response Rate: Friends and Family Accident and Emergency



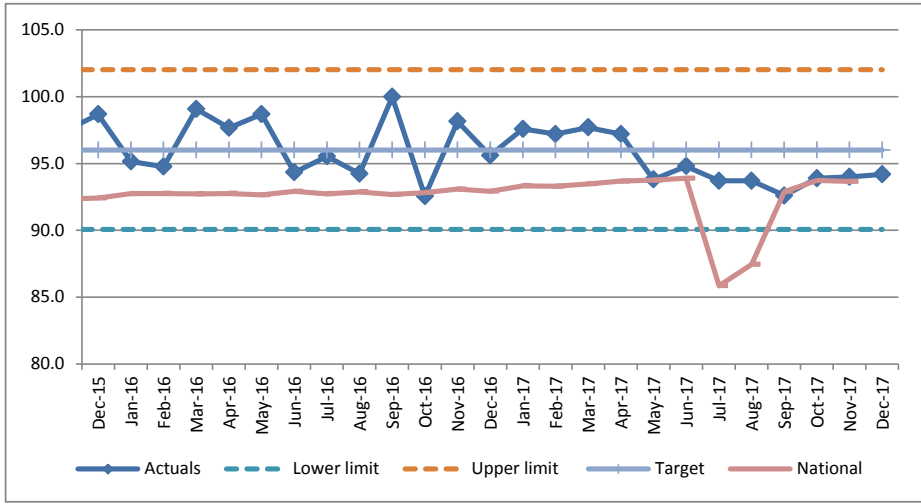
Recommended Rate: Friends and Family Accident and Emergency



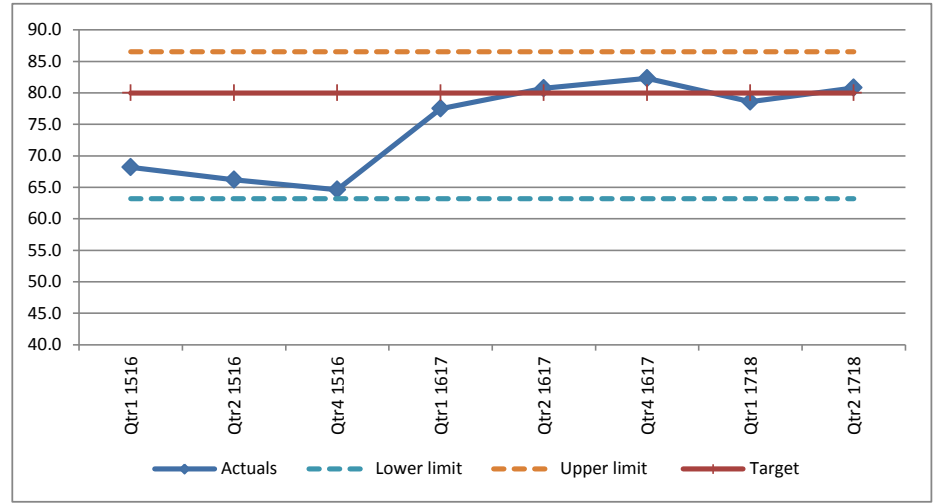
Recommended Rate: Friends and Family Maternity



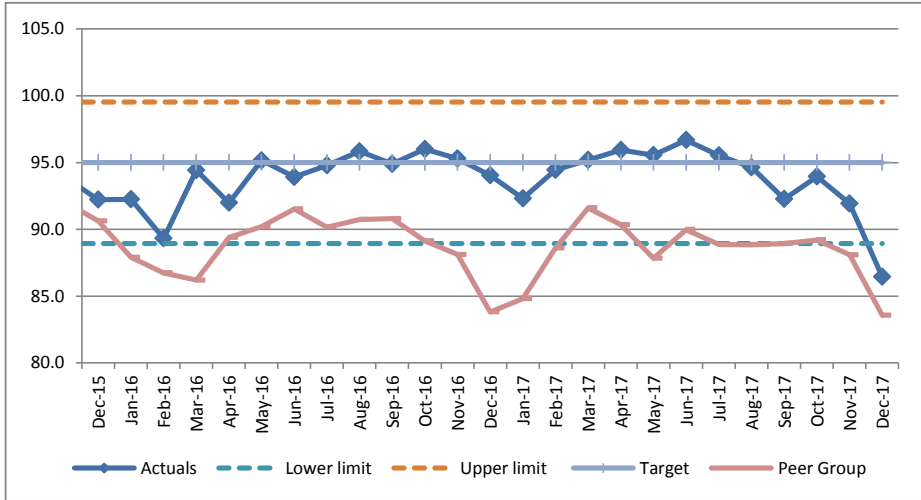
Recommended Rate: Friends and Family Outpatients



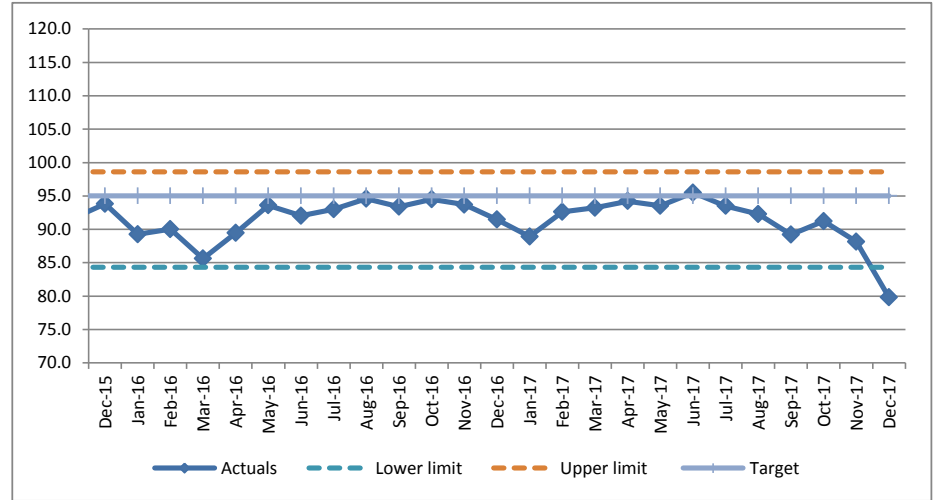
Recommended Rate: Friends and Family Staff



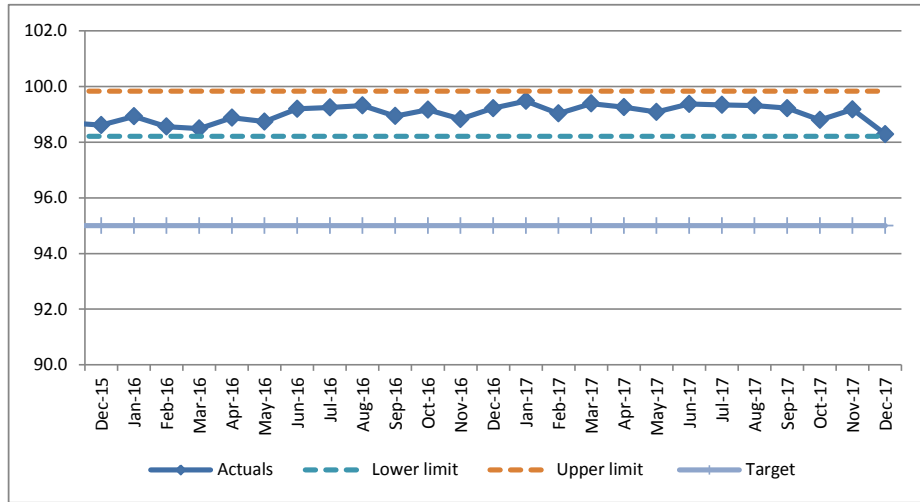
Emergency access within four hours Total Trust



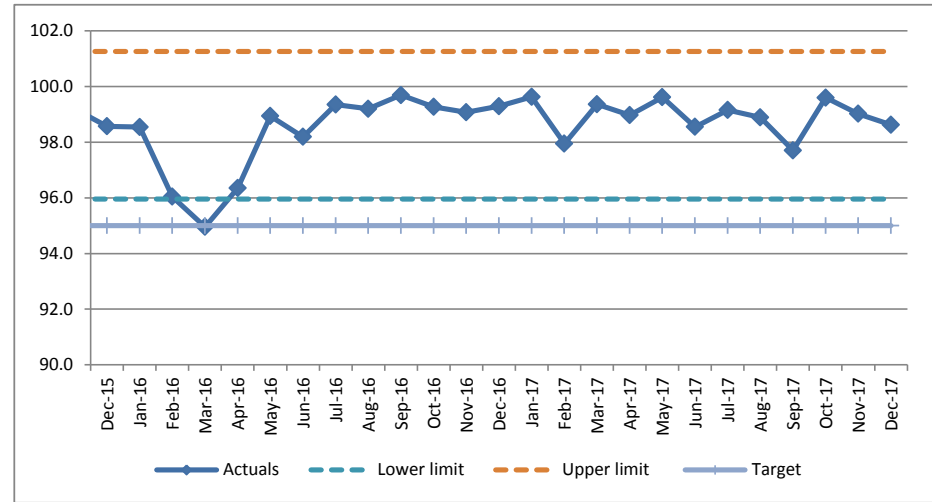
Emergency access within four hours Kings Mill



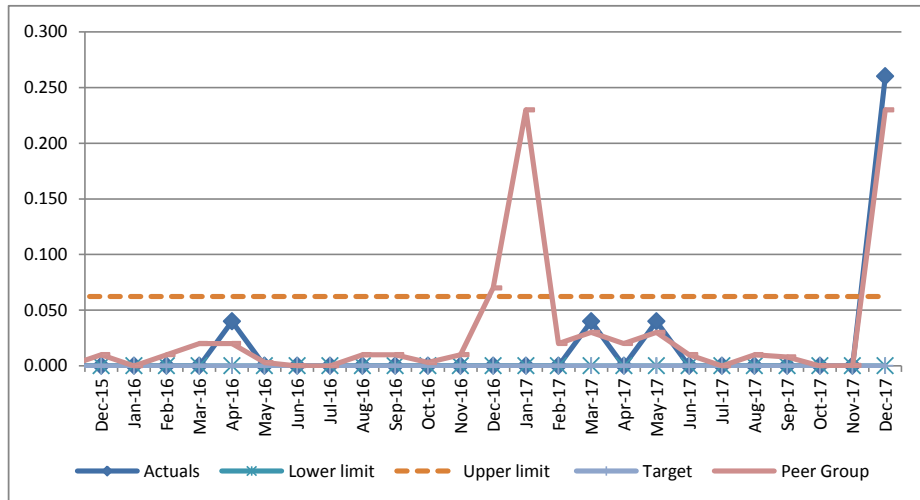
Emergency access within four hours Newark



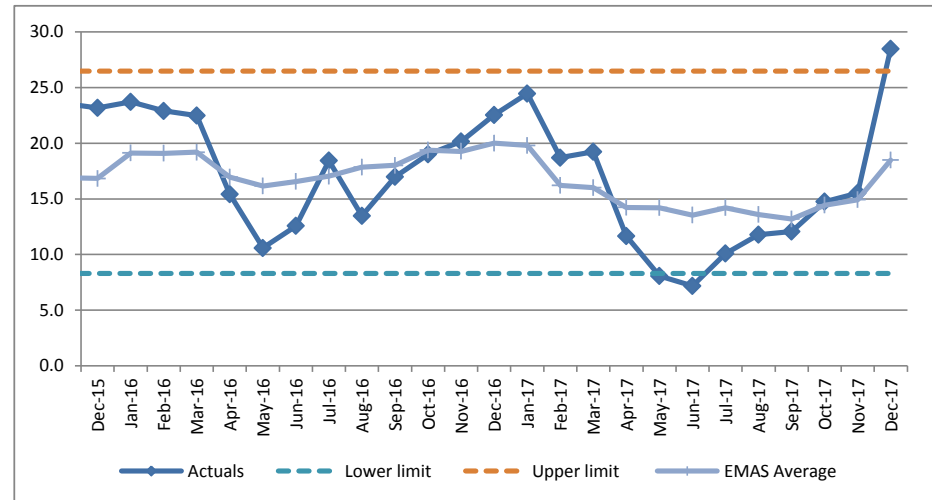
Emergency access within four hours Primary Care (included in total trust performance not SFH activity)



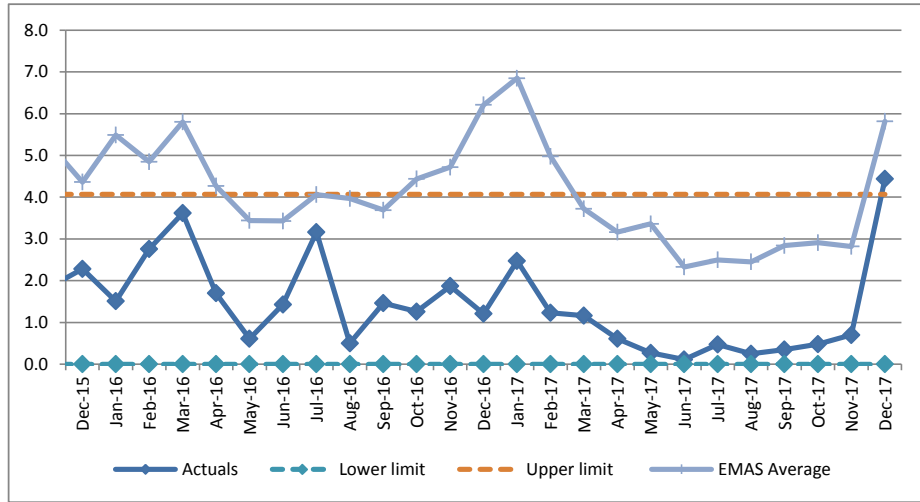
% of trolley waits > 12 hours



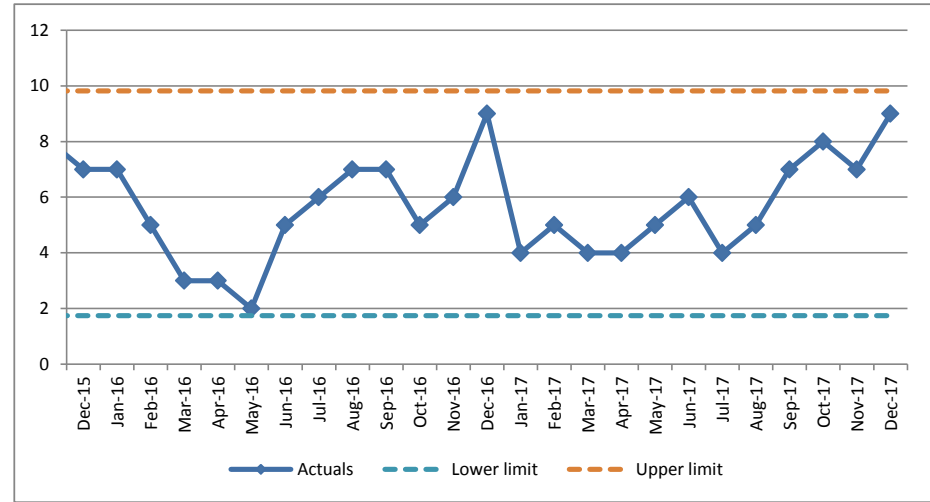
Ambulance handover > 30 minutes



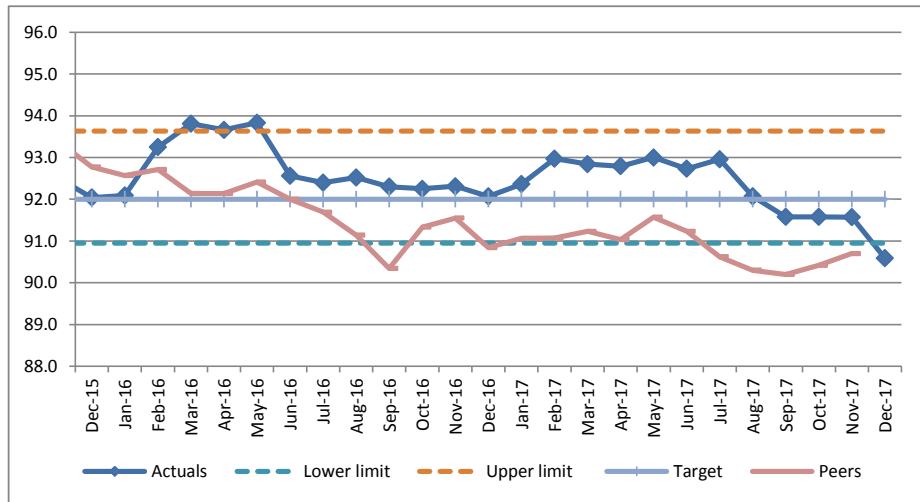
Ambulance handover > 60 minutes



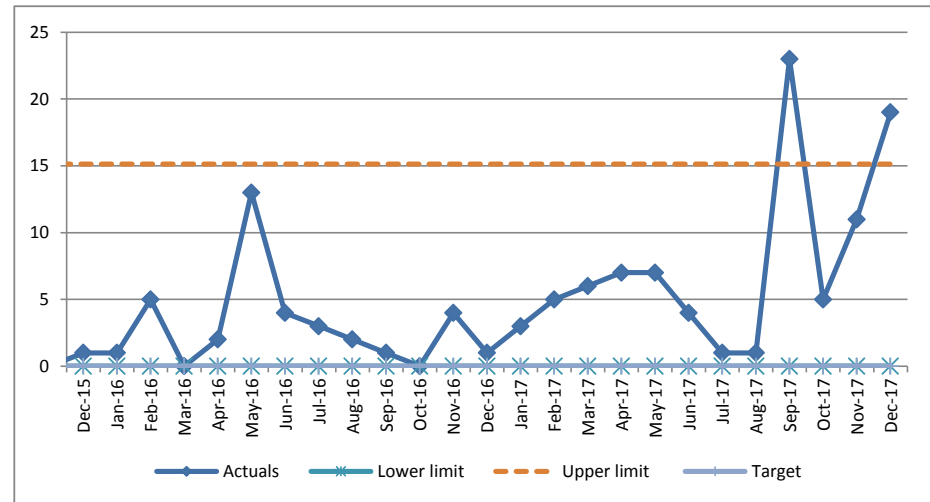
Specialities exceeding 18 wk referral to treatment time (incomplete pathways)



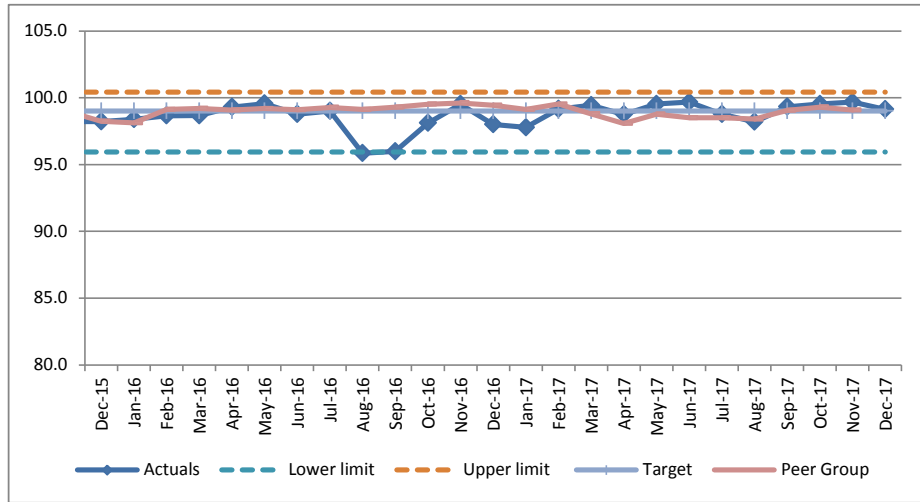
18 weeks referral to treatment time - incomplete pathways



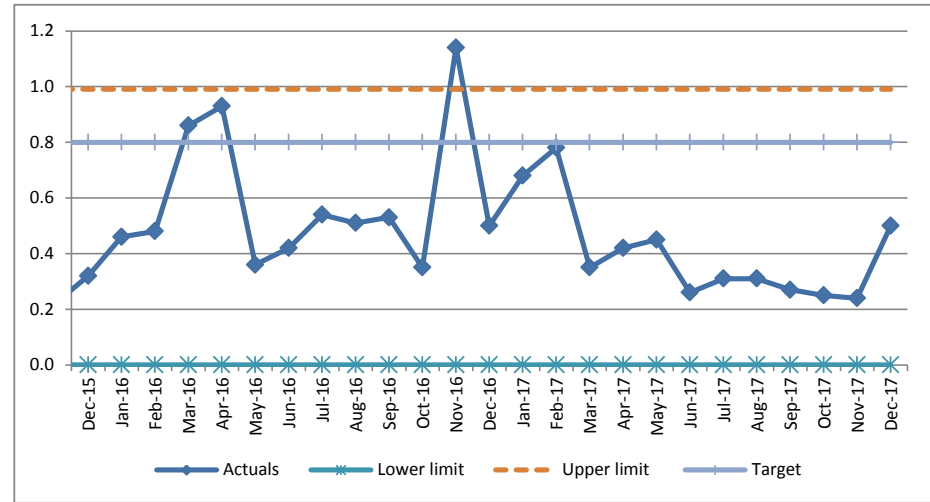
Number of cases exceeding 52 weeks referral to treatment



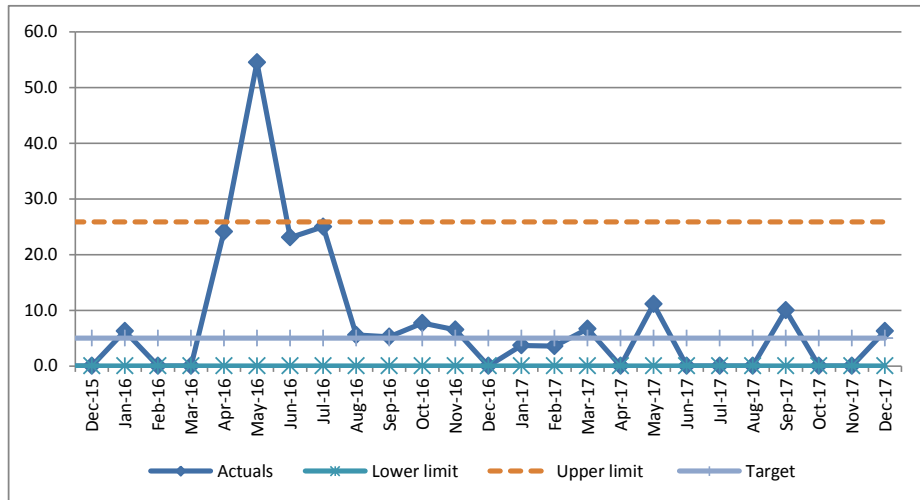
Diagnostic waiters, 6 weeks and over-DM01



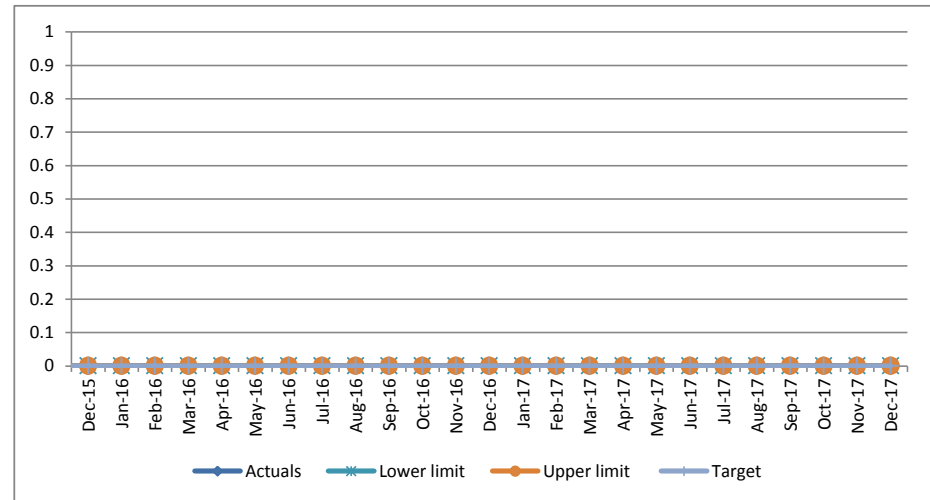
Last minute (on the day) non-clinical cancelled elective operations as a % of elective admissions



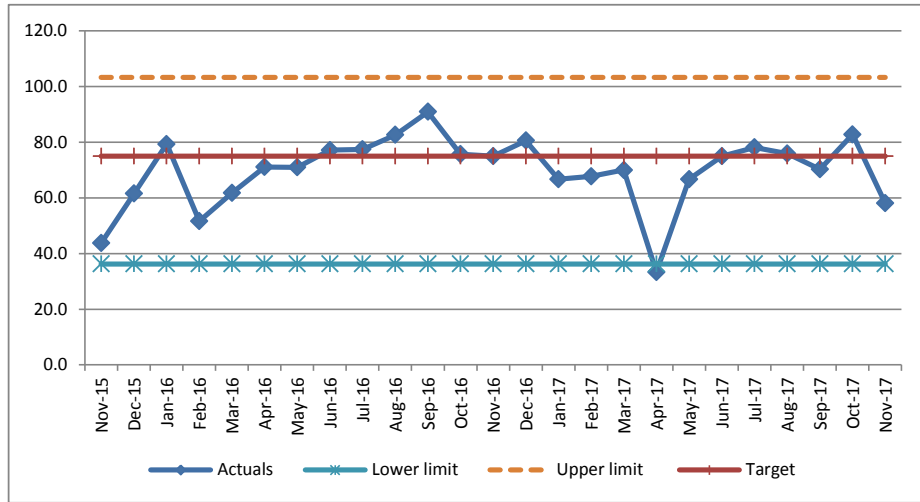
Breaches of the 28 day guarantee following a Last minute (on the day) non clinical cancelled elective operation



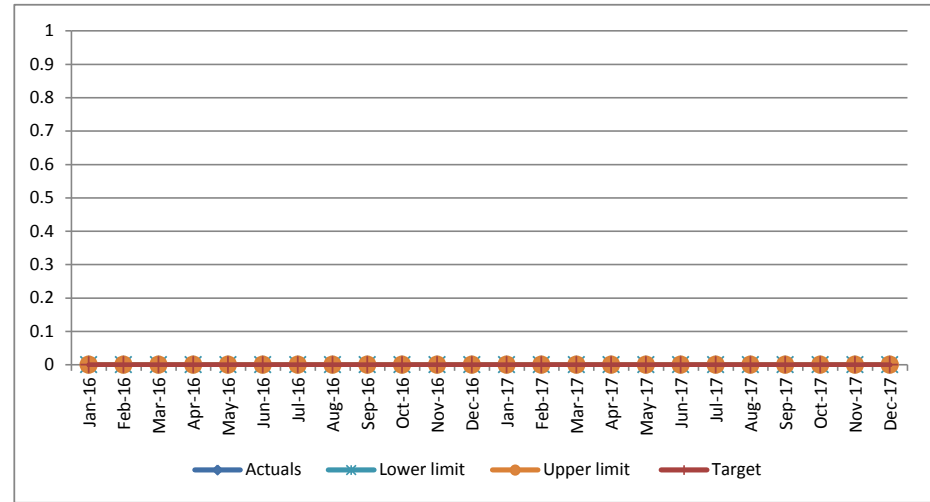
Urgent operations cancelled more than once



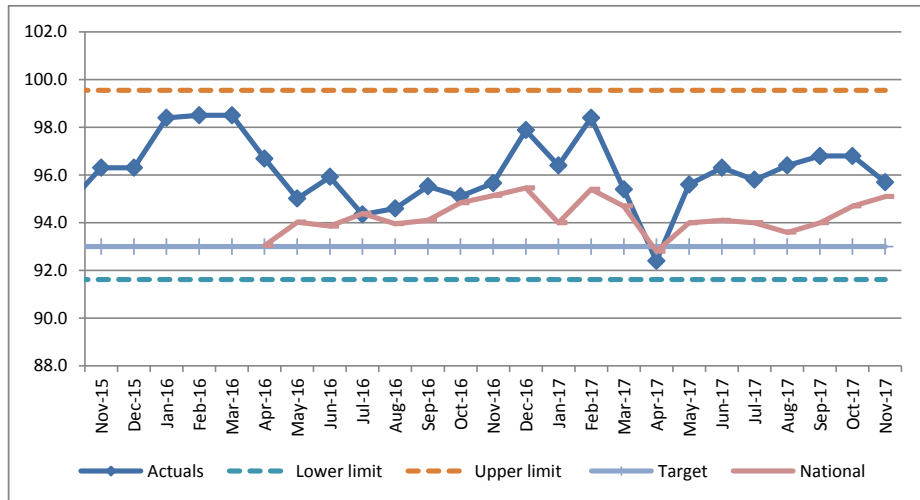
% of #NoF achieving BPT



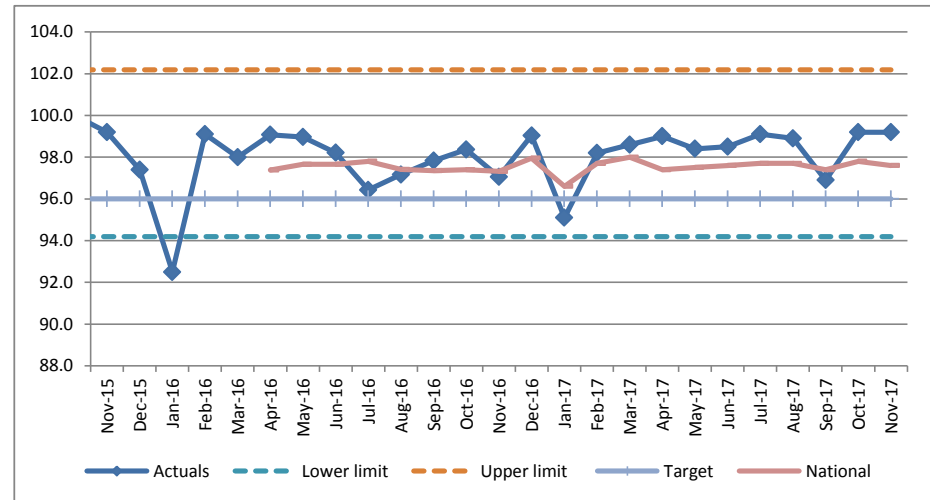
Non-medical critical care transfers



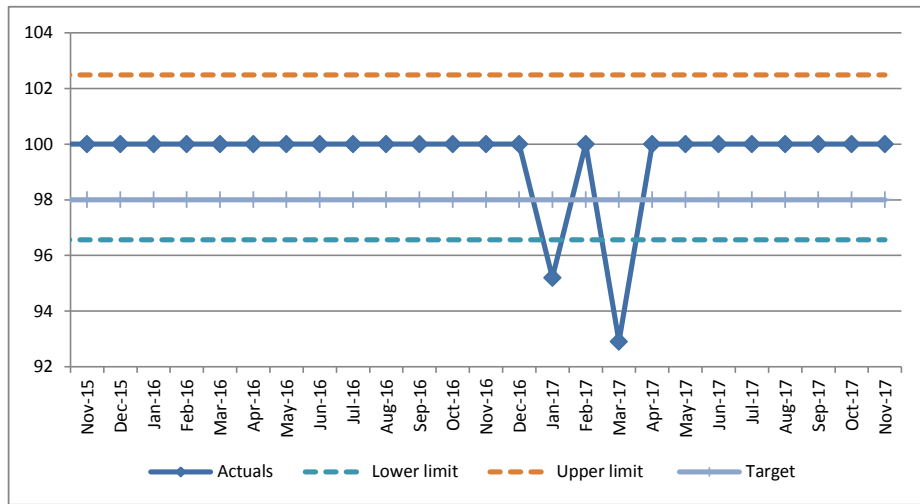
2 week GP referral to 1st outpatient appointment



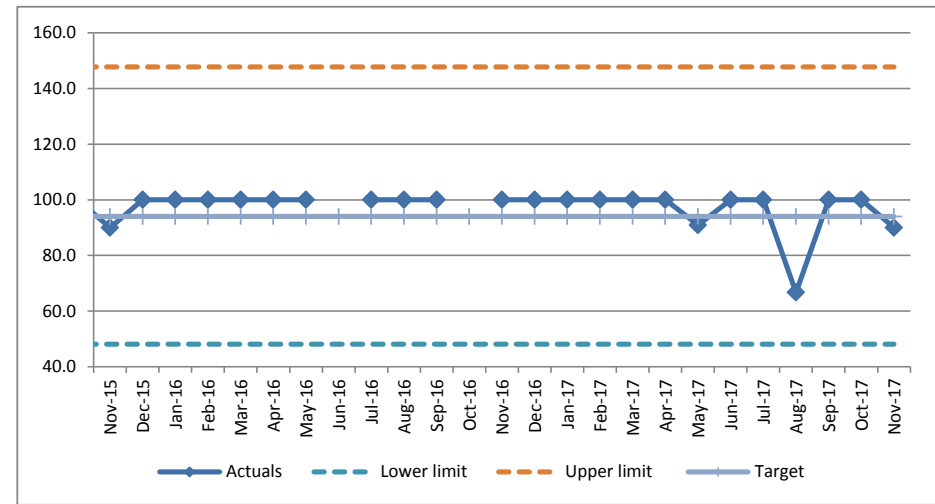
31 day diagnosis to treatment



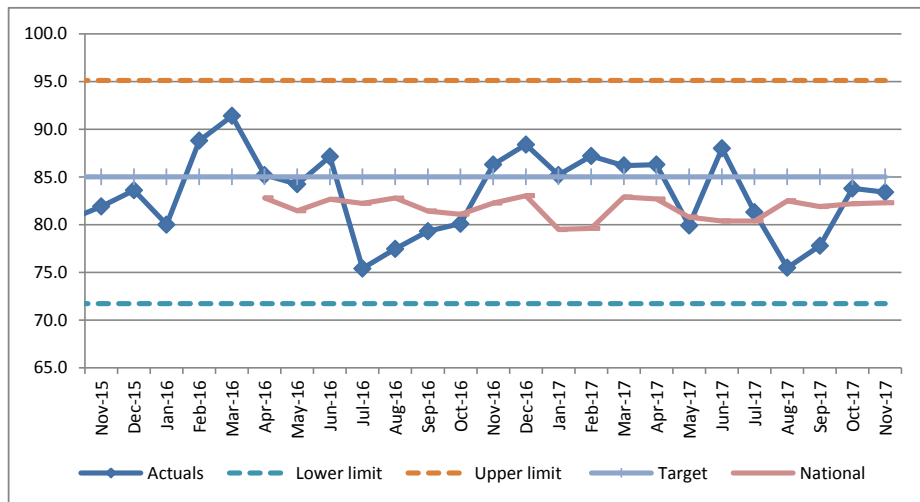
31 day second or subsequent treatment (drug)



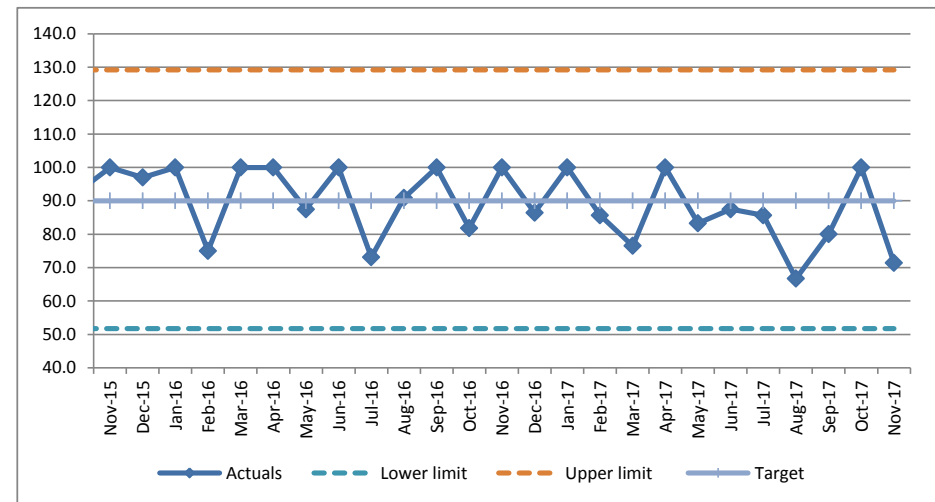
31 day second or subsequent treatment (surgery)



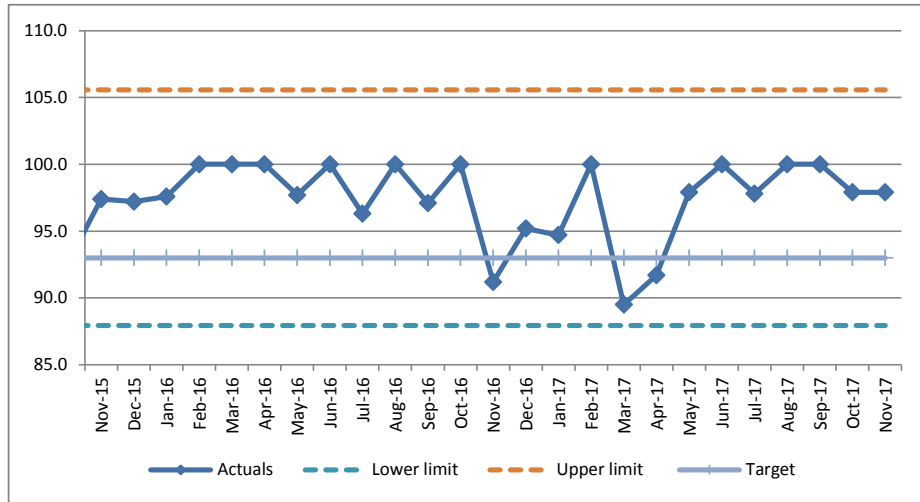
62 days urgent referral to treatment



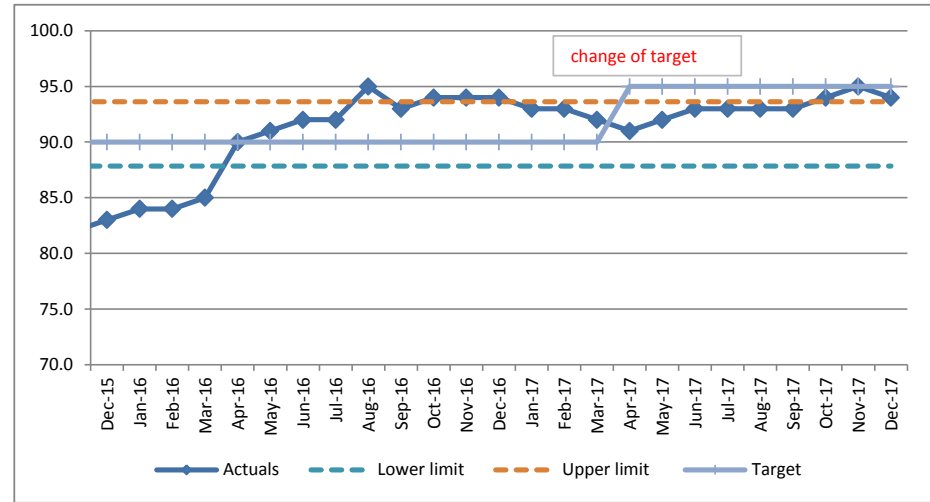
62 day referral to treatment from screening



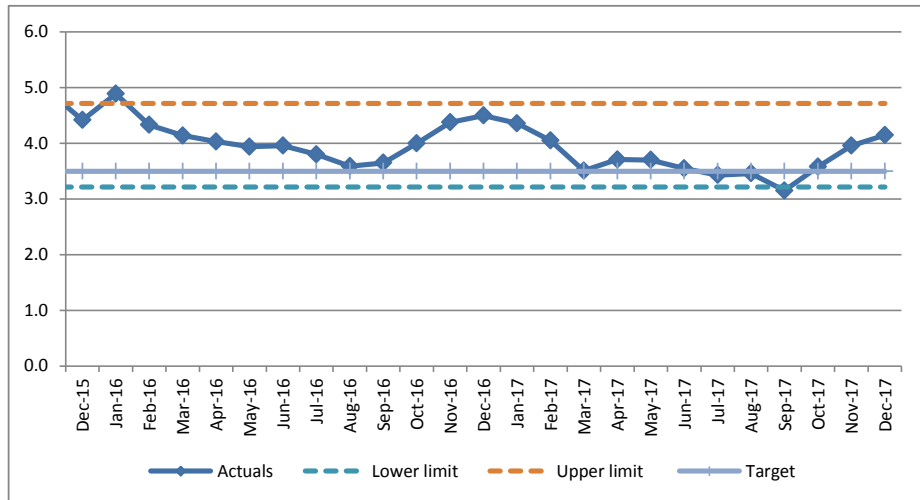
14 days referral for breast symptoms to assessment



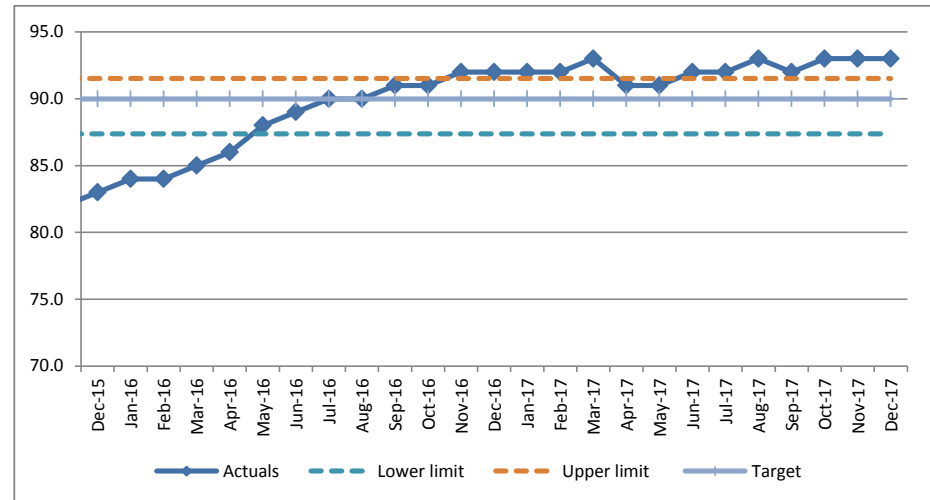
% of eligible staff appraised within last 12 months



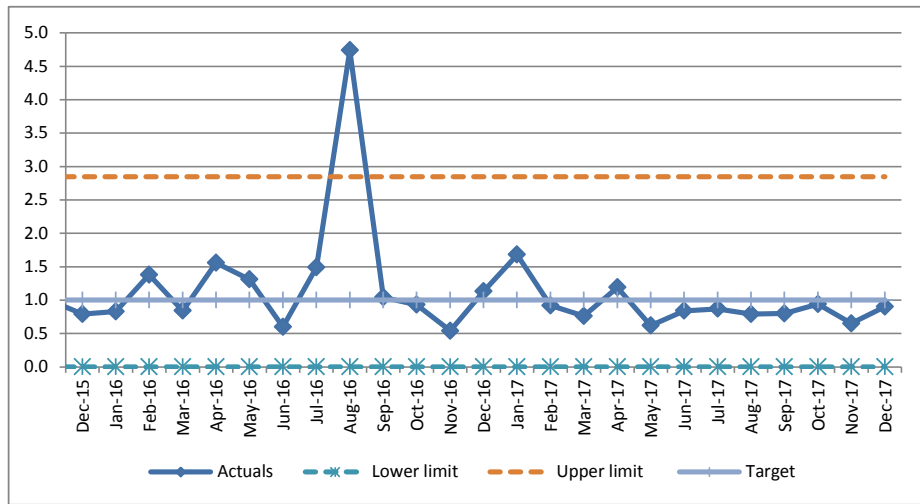
WTE lost as a % of contracted WTE due to sickness absence within last 12 months



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



Staff Turnover



Proportion of Temporary Staff

