Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Integrated Quality & Performance Report (IQPR) March 2017-18		
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Report Author	Yasmina Gainer, Head of Performance & Costing		
Meeting	Trust Board	Date	3rd May 2018

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

To note the year-end delivery of performance across the IQPR summarised in the supplement summary: the Trust completes the year with some very robust and sustained delivery across the year in a number of key areas along with some challenges. Successes include: Infection control: success with CDiff target (29 v 30 target) and MRSA (0v0); RTT (routinely succeeds); Cancer which has had a couple of dips but has achieved each quarter; and persistent Reds (see paper). Challenges include: A&E (83.3% v 87.2% prior year); cancelled operations (1.2% v 0.8% target) and workforce compliance around sickness (4.5% versus 2.5% target) and nursing turnover rates (12.5% v 10.7% target).

CQUINs 2017-18 Q4 reporting due at the end of April. Expectation is delivery of 90% (£8.8m) which is a strong result. Risks identified have largely materialised to a potential value of £850k; most of the financial impact is against the Health & Wellbeing CQUIN in respect of Staff Survey results not demonstrating the required improvement.

IQPR was issued in April on WD5 to key stakeholders with some gaps. Most are resolvable.
New indicators for inclusion into the Apr18 IQPR are: Patient Notification <3wks (patients receiving notification re appointment/procedure); Elective & Non-Elective Theatre In-Session Utilisation, Learning Disabilities project milestones

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	x	Public Health Plan		People Plan & Education Plan	x
Quality Plan	x	Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other *[specify in the paper]*	

3. Previous consideration *[where has this paper been previously discussed?]*

Monthly item

4. Recommendation(s)

The Trust Board is asked to:

a.	Note year end performance summary
b.	Note progress and process on Persistent Reds; identify other indicators it wishes to add to this improvement process

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		Risk Number(s):					
Board Assurance Framework		Risk Number(s):					
Equality Impact Assessment		Is this required?	Y		N	x	If 'Y' date completed	
Quality Impact Assessment		Is this required?	Y		N	x	If 'Y' date completed	

IQPR Cover Sheet Supplement _ TRUST BOARD

Key indicators Summary for Year Ending 2017-18 as at March 2018 :

Infection Control :

□ A robust performance throughout the year despite hospital pressures and all IQPR indicators delivering to or above required standards.

□ The Trust has experienced 29 CDIFF cases versus the target of 30 cases, so achieves the set target

□ There were zero MRSA cases full year and MRSA screening, electively and non-electively, over-achieves targets routinely.

Harm Free Care :

□ A strong performance on VTE assessments completing the year at 96.1% despite failing March month at 93.9%. This performance has been relatively stable for the last 18 months. Missed assessments being monitored via the Safety Plan.

□ Safety Thermometer at 94.5% full year against the standard of 95%; whilst recent months see positive improvement, we continued throughout the year to marginally fail standard.

□ WHO Safer Surgery compliance is stubborn in certain areas delivering however a steady, small improvement month on month with 99.4% at March, performance under-delivery will continue to be actively monitored and addressed

□ On a full year basis there were 143 pressure sores reported with 1xGrade4;

□ x943 falls reported full year against an annual trust target of 804;   Deputy Chief Nurse confirms that SWBH is comparing very well against peers despite these levels of falls against which there were small number of falls with serious harm (x14 full year).

□ In March we have seen an increased level of falls (x112) which is the single, biggest month in the last 18 months; hotspots have been identified and discussed with GDN for D47 and Leasowes.

Access Targets :

RTT

□ RTT incomplete achieves 92% standard routinely for the last 13 months, although the latter months are achieving the standard itself, whereas previous periods have been over-performing. This however, has been impacted by the trust's ability to reduce the IP backlog due to bed pressures during the winter months.

□ The Trust has seen its waiting list reducing to around 30,100 patients in March and recent months, previously more stabilised around 32,000 patients.

☐ 52 week breaches continue, but are supported by a training programme to educate relevant staff on RTT rules and application. 2x 52 week breaches have been reported in March.

☐ Acute Diagnostics (DM01) has under-delivered in 3 months over the year, challenged mainly in Imaging.   This includes the under- performance in March at 98.34%. 138 breaches in month, mainly due to Cardiac CT diagnostics which is now subject to an improvement plan supported by the COO.

Cancer

☐ Recognised as a delivering Trust; meeting routinely most of the cancer standards, with the exception of 62 days which has failed only in 2 months, but never compromised a quarterly delivery.

☐ The Trust completes the year having achieved each quarter in 2017/18 and therefore delivers full year compliance across all cancer standards.

☐ The challenge now is to deliver the inter-tertiary transfers within the 38 day target and this is already being progressed with clearly identified areas for improvement.

☐ Neutropenic sepsis continuous to improve with only 4 patients breaches in March (4/46), patients missing their treatment by an average of 6 minutes above the required hour. This is a significant improvement to previous years and especially year on year aiming to achieve the full 100% compliance.

A&E

☐ Full year performance of 83.39%. 36,380 breaches have been experienced on a full year basis.

☐ WMAS handover delays have been on the whole managed very well considering the pressures on the hospital. Delays of >60 minutes are at 0.14% on a full year basis, based on 52,483 total conveyances in the year.

☐ DTOCs complete the year at 2.3% vs target of 3.5%.

☐ Bed moves (excl assessment areas and transfers for clinical reasons) are monitored closely and scrutinised routinely.   On a full year basis we report 562 cases, but the reporting is still subject to defining for moves for absolute clinical reasons.

☐ Neck of Femur (surgery in 36 hours) performance is 85% in March but full year has been impacted by previous under-performance and reports at 69.4%.

Obstetrics:

☐ C Sections full year are at 25.6% versus the target of 25%. Very slightly over target, caused by higher than average non-elective cases in several periods. In March we can see that both, elective and non-elective case, are more closely aligned to long term averages.

☐ Breastfeeding compliance achieved full year at 76.7% vs target of 74%.

Stroke & Cardiology:

☐ Sentinel Stroke National Audit Programme (SSNAP) reports Trust service under B rating, which indicates a well-run service.

☐ All IQPR indicators generally deliver to standard or above.

☐ Thrombolysis within the hour is affected by clinical reasons and some operational processes, which are RCAed routinely and managed.

☐ Admissions to Stroke Ward within 4 hours remain challenging and inconsistent, but when on the ward patients do spend more than 90% of their stay there.

☐ Worth noting that TIA performance has been impacted in March, potentially due to increased levels of patients coming to our Trust impacted by the Walsall to Wolverhampton service transfer. The group is investigating this.

Workforce :

☐ Mandatory training delivers incredible improvement achieving 91.5% at the end of March against the 95% target.

☐ Sickness rates in-month for March are at 4.17%; the Trust is running at 4.5% cumulative sickness rate position against the ambitious target of 2.5%. Short term sickness particularly driving this performance.

☐ Turnover rates are above the Trust's ambition at 12.8% on a full year basis against the 10% ambition, with nursing running at 12.7% against the 10.7% target.

☐ PDR rates for all staff and specifically for medical staff is at 81.9% and 81.4% respectively at the end of the year against the 95% targets and demonstrate still room for improvement.

Mortality:

☐ Mortality indicators are in line with confidence limits against most of the mortality indicators, but our HSMR is currently reported (November 2017 – latest data) 119 for SWBH and outside statistical confidence limits. There is ongoing Trust scrutiny and oversight of mortality statistics at the Mortality and Quality Alerts Committee. A report was commissioned with HED, analytics provider, which concluded: Sandwell General Hospital is a statistically significant HSMR outlier. City Hospital remains within expected limits.

☐ Following MDO review of emergent divergence between weekday and weekend rates, this will result in a focus on the Sandwell site mortality

Cancellations and Theatre Utilisation :

☐ Performance has been challenging during the year, consistently below set targets. Impacted by winter pressures and resulting cancellations, bed capacity but also sickness.

☐ We had 592 late cancellations in the year representing 1.2% of our elective admissions vs the 0.8% target. Whilst improving in the latter months, unfortunately, March cancellations have been high at 1.7% vs the 0.8% target.

- □ Out of the 592 late cancellations, 223 represent avoidable cases (38%).
- □ Theatre utilisation remains below 85% at year-end; we have introduced new dashboards and consultant league tables to prompt improvements. This is all part of improvements for 2018-19.
- □ Job planning is a key driver for productivity improvements needed to support the 18/19 production plan, which should see theatre utilisation increase to required productivity levels. Job plans are being finalised.
- □ In terms of immediate highlights from the data on theatres, theatre scheduling and early finishes indicate single biggest opportunity (clearly coupled with job planning to support this throughput)

Data Completeness:

Open Referrals

- □ Unfortunately, rising still, but renewed effort is being put in place to close out recommendations already identified. IT constraints impacted the improvement on this matter.
- □ Other data quality matters and improvements are subject to a future 'red flag' report as well as Data Quality Committee at which there has been a request for improved group attendance (DQ leads from each group are starting to come in).

CQUINs :

2017-18

- □ The funding value full year 2017/18 is £8.8m for the trust.
- □ The Trust has done well to deliver so many, complex CQUINs and has done well to embed those into already existing initiatives.
- □ Q4 reporting to commissioners is due at the end of April2018.
- □ A potential loss value has been calculated at £850k, a 10% of the total annual funding value.
- □ The risk previously identified has now materialised across the following schemes:
  - Improvement of health & wellbeing of NHS staff - improvement of 5% against 2 out of 3 specific staff survey questions is unlikely (£452k)
  - Sepsis continuing to partially deliver (£170k)
  - Antibiotic usage unlikely to deliver 1% reduction year on year (£170k)
  - Secondary Care Dental : Audit of Day Case Activity (£55k)

2018-19

- □ The PMC/EG has been asked to endorse CQUIN leadership.
- □ Most CQUINs are 2-year schemes and there will be no additional ones to add (national nor local CCG ones)

Sandwell and West Birmingham Hospitals

NHS

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Integrated Quality & Performance Report

Month Reported: **March 2018**

Reported as at: 25/04/2018

TRUST BOARD

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March 2018

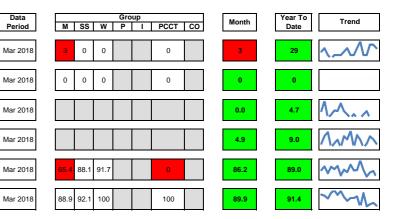## Infection Control

CDiff - compliant
- x3 C. Diff cases reported during the month of March
- This completes the financial year at x29 cases year to date against target of 30 cases
- The annual target set by the CCG for 17/18 has therefore been met.

MRSA - compliant
- Nil cases of MRSA Bacteraemia were reported in the full year.
- Therefore meeting the annual target set at zero.

MRSA Screening - compliant overall, but not in all groups/directorates
Year End Position :
- Non-elective patients screening 91.4%
- Elective patients screening 89.0%
- Both indicators are compliant with 80% target in-month and full year at Trust level

Elective screening whilst compliant with standard at trust level, it is not for Medicine & EC.
The Group need to take forward with Infection Control lead to ensure improvement is visible.

MSSA - compliant
MSSA Bacteraemia (expressed per 100,000 bed days)
Year to date rate at 4.7 compared to target 9.42.

Harm Free Care

Safety thermometer - not compliant
- 94.7% reported for March;
- 94.5% full year;
NHS Safety Thermometer target 95%, whilst recent months see positive improvement, we continued in the year to marginally fail standard.

- x112 [x78] falls reported in March with x1 [x0] fall resulting in serious injury, this is a large step up in numbers of falls based on long term average of 77 per month. Hot spots are reported in Leasowes and D47; deep-dives in progress
- x943 falls reported year to date against an annual trust target of 804 and x14 falls resulting in serious harm; Deputy Chief Nurse confirms that SWBH is comparing very well against peers
- In month, there were 49 falls within community, 60 in acute setting and 3 related to car park falls and outpatients area.
- Falls remain subject to ongoing CNO scrutiny and routine tracking of the Safety Plan on falls reduction; it is an integral part of ward dashboards.
- The IQPR from April will show falls against 1,000 OBDs as a secondary measure to absolute number of falls

- x6 [x8] avoidable, hospital acquired pressure sores reported in March of which there are 1x grade4, x2 grade 3, x4 grade 2
- x4 separate cases reported within the DN caseload.
- On a full year basis there were 143 pressure sores reported with 1xGrade4;
- CNO keep in view as part of Safety Plan

- x4 [x5] serious incidents reported in March;
- Routine collective review in place and reported to the Q&S Cttee.

- WHO Safer Surgery (Audit - brief and debrief - % lists where complete) as at March 99.4% (99.1%) vs the 100% target. Improving last couple of months, but persistently some lists are missed. Clinician/list specific follow up by Group Director of Ops to secure 100% compliance. Improvement plan features as part of persistent reds management

- No never event was reported in March; x3 full year
- No medication error causing serious harm in March; x1 case in last 20 mnths

- x27 DOLS have been raised in March of which 27 were 7-day urgents;

VTE Assessments - compliant
- Compliance full year at 96.1% performing generally to target during the last 18 months, however, in March at 93.9% not compliant with 95% standard; Medical Director is progressing review and expects to be back on track from April
- 464 assessments were missed in March; being addressed through Safety Plan roll out to secure 100% compliance.

Obstetrics

C-section rate - compliant
- The overall Caesarean Section rate for March is 25.6% (28.9%) and 25.6% full year just above the 25% target, driven mainly clinical need in non-elective cases which climbed above average long term trend in a few periods
- Elective rates are 7.6% (comparing well to historical long term avg trend of 8%) and non-elective rates are 18% in the month (back in line with average historical performance)
- Performance considered at Q&S & Board and to be kept in view.

- Adjusted perinatal mortality rate (per 1000 births) for March 4.66 vs. threshold level of 8;
- The indicator represents an in-month position and which, together with the small numbers involved provides for sometimes large variations.
- The full year position is at 5.5 and within the tolerance rate of 8.0.

The level of births in March is at 429 up to February low levels; however, March level of births at 429 is behind births rates last year, same period (474)

- Post Partum Haemorrhage (>2000ml) 1X case reported in March against a target of 4, full year there are 20x cases and below a target of 40

- Puerperal Sepsis for February is within normalised range following new sepsis pathways being implemented; Audit is in progress as per CQC action plan.

- No maternal death was reported in March; full year we report x1 death in the last 18mnths (Aug17).
- However, the Trust was notified this month of a maternal death that happened just less than 12 months post natal, the death relates to 2016 (internal systems have been appropriately updated).

Breastfeeding - compliant
- Breastfeeding initiation performance reports quarterly; March quarterly count is at 76.43% compliant with the 74% target.

Mortality & Readmissions

Mortality - within confidence limits other than HSMR Sandwell
- The Trust overall RAMI for most recent 12-mth cumulative period is 109 (available data is as at December) reporting now in the IQPR a revised RAMI methodology, which needs to be monitored over the next few months to see the impact and comparison to historic approach - clinical effectiveness are monitoring.
- RAMI for weekday and weekend each at 103 and 128 respectively. MDO review and report to the Trust Board in April recommended an improvement plan for Sandwell site weekend mortality.
- SHMI measure which includes deaths 30-days after hospital discharge is at 108 for the month of October (latest available data).
- RAMI New Methodology effective from 1st Dec17: CHKS RAMI was developed over ten years ago, it has become more complex, and this along with other reasons, led to a review. The Clinical Effectiveness team will be monitoring changes in methodology and any impact resulting from this on the organisation or benchmark, they are aware of the methodology.
- HSMR identifying Sandwell as an outlier, which is being progressed via the Mortality and Quality Alerts Committee.

- Deaths in Low Risk Diagnosis Groups (RAMI) - month of December is 90. This indicator measures in-month expected versus actual deaths so subject to larger month on month variations.
- Crude in-month mortality rate for February is 1.6% [1.8%] slightly higher than 12mths avg trend due to Dec and Mar peaks; the rolling crude year to date mortality rate remains consistent at 1.3 and consistent with last year same period
- There were x142 [x178] deaths in our hospitals in the month of February; similar higher than last year same period which was at 139

Mortality Reviews within 42 Days - not compliant
- Mortality review rate in January at 44% and continually below target;
- Revised Learning from Deaths arrangements are being implemented, which will provide for routine 100% review.

- Readmissions (in-hospital) reported at 7.7% in February
- 7.3% rolling 12 mths. The equivalent, latest available peer group rate is at 7.9% (source: CHKS) .

Stroke Care & Cardiology

Patient Stay on Stroke Ward - compliant
March indicates that 94.2% of patients are spending >90% of their time on a stroke ward, compliant with the 90% operational threshold in the month;
full year compliance at 92.9% vs 90% target

Admission to Acute Stroke Ward - not compliant full year
- March admittance to an acute stroke unit within 4 hours is at 91.4% vs national standard of 80%; a recovery in month, but full year we achieved performance of 75.2% vs the 80% target.

Scans - compliant
- Pts receiving CT Scan within 24 hrs of presentation delivery in month at 100% [100%] meeting the 95% standard in month and at 97.7% full year
Pts receiving CT Scan within 1 hr of presentation at 69.7% meeting target of 50%, but volumes received at SWBH may be increased during the Walsall to Wolverhampton service transfer

Thrombolysis - compliant in month
Compliance at 100% in the month of March

Angioplasty - compliant
For March 100% compliance, on both, Primary Angioplasty Door to balloon time (<90 minutes) and 91.7% Call to balloon time (<150 minutes) at 94.7% and delivering consistently full year against 80% targets

RACP - compliant
RACP performance for March at 100% [100%] exceeding the 98% target for over 2 years

TIA Treatments - compliant
- TIA (High Risk) Treatment <24 Hours from receipt of referral delivery as at March at 66.7% against the target of 70%.
- TIA (Low Risk) Treatment <7 days from receipt of referral delivery at March is 87% against a target of 75%.
- Both indicators are consistently delivering over the required standard and have met targets again on a full year basis.

Cancer Care

Cancer standards - compliant
- Reporting always one month in arrears
- February and March delivery reported across all headline cancer targets; nationally the trust performs well on cancer access targets
- February 62 Days delivery at 87.4%
- March expected to deliver the 62 days target and secure a Q4 performance of 85.3% for this indicator; the Trust will have meet all quarterly and annual performance in 17/18
- Impact of prospective changes to oncology & gynae-oncology services on performance being assessed - estimated at c1-2% adverse & which may compromise delivery of standards

Patient Waiting times
- x8.5 patients waited longer than the 62 days at the end of February.
- 2 [x3] patients waited more than 104 days at the end of February
- The longest individual patient waiting time for treatment as at the end of February was 113 days

Neutropenic sepsis - not compliant
The breaches in month are being RCAed daily, historically we show breaches being generally only minutes above the required 1hr.
- (4/46 patients) - 8.7% of neutropenic sepsis March cases failed to receive treatment within prescribed period (less than 1hr). The breaches on average were no more than 6 minutes over the 1hr. Continuous actions are being progressed to further address remaining issues, progress is significant in terms of reduction of breaches so far this year and to previous years.
- Performance reporting continuous to monitor daily, weekly and monthly tabled at the OMC.

Inter-Provider Transfers - not compliant
- No tertiary referrals were met within 38 days by the Trust for the month of February; the persistent failure to meet this target requires attention and escalated to GDO for review & assurance. Cancer team track breaches and provide RCAs for each. Fines are being proposed for the failure to achieve this target.

Patient Experience - MSA & Complaints

MSA - compliant
- For March there were no MSA breaches reported.
- The trust continues to monitor all breaches.

Friends & Family
- Reporting of performance is undergoing a full review as part of 'persistent red' initiative. Performance improvement will be driven through this action plan.
- Scores and response rate remain low throughout the year, well below regional peers, mainly due to Trust using sub-optimal processes to recover responses, options are being considering including SMS/IVM.

Complaints
The number of complaints received for the month of March is 97 [86] with 5.9 [2.5] formal complaints per 1000 bed days, showing an increase to previous rates, and higher to last year same period (3.9).
- 99% [100%] have been acknowledged within target timeframes (3 days)
- 25% [19%] in month responses have been reported beyond agreed target time; escalated to DG for remedy.

Patient Experience - Cancelled Operations

Cancelled Ops - not compliant
- 59 sitrep declared late (on day) cancelations were reported in March. Of these 14 (24%) were avoidable; avoidable cancellations being subject to improvement actions
- As a proportion of elective admissions, the cancellations in March 1.7% in March. Improvement plans are progressed to deliver target (0.8%); this is an ambitious target and depends on a number of factors such as bed availability which will be mitigated by the introduction of the 23hr day unit.

28 Day Breaches - not compliant
- There was 1x breach of the 28 days guarantee in March in Plastic Surgery
- Full year the trust reported x8 28 day breaches
- No urgent cancellations took place during the month of February

Theatre Utilisation - not compliant
- Theatre in-session utilisation is consistently below target of 85%; 71.6% in month, 72.6% performance on a full year basis.
second indicator has been added to the IQPR to measure 'overall session utilisation' (outside in-session timings, to sense-check productivity, albeit outside a regular session timing); this will serve as a reality check on whether performance outside the regular sessions delivers. This at March reports 79.6%. We will also start to report elective and non-elective utilisation splits.
- Intensive planned care focus aims to improve booking rates, scheduling and throughput through enhanced job planning and hence minute utilisation will improve as a result, but will always depend on level of cancellations and bed-capacity in the organisation.
- New theatre dashboards have been released to the management to allow improved visibility of performance;
- This information currently identifies 'early finishing' as a potential area of focus; from this we can interpret that we have a scheduling opportunity (too many minutes are un-used due to early finishes) without additional cases being put on the lists, as well as low throughput in certain specialities.

Emergency Care

ED 4hr standard - not compliant
- The Trust's performance against the 4-hour ED wait target in March was 79.9% [79.82%] against the 90% STF & 95% national target
- 3,582 [3,377] breaches were incurred in March
- Trolley waits >12 hrs were not incurred in March and 1x case only across the full year.
- The full year 17-18 performance is at 83.4%

ED quarterly performance trend for 17/18: Q1 at 83.31% ; Q2 at 87.11% ; Q3 at 82.36% ; Q4 at 80.7%

WMAS Handovers - not compliant
- WMAS fineable 30 - 60 minutes delayed handovers are at 196 [160] in March.
- x21 [x4] cases were > 60 minutes delayed handovers in March; whilst March is unusually high, the Trust performs very well in this category with only 71breaches year to date > 60 mins

- Handovers >60mins (against all conveyances) are therefore 0.47% (21 cases)in March against total WMAS conveyances which were 4,487 in the month. The target is only 0.02% .
- On a full year basis, against conveyances of 52, 483, therefore, handovers >60mins are at 0.14% against the 0.02% target which reflects a good position, as well as sustained very low number of cases during the year, considering the pressure on the system.

Fractured NOF - not compliant full year
- Fractured Neck of Femur Best Practice Tariff delivery for March is at 85% (72%) meeting the 85% target in the month.
- Full year based delivery is at 69.4% below the 85% target

Bed moves after 10pm not compliant:
- There were 75 reported bed moves in March in the period from 10pm-6am (excluding moves for clinical reasons).
- This indicator is being monitored closely over the next few months to ensure that all clinical moves are considered appropriately, this has yet to happen for the 75 reported moves here.

Referral To Treatment

RTT - Incomplete pathway - compliant
- RTT incomplete pathway for March at 92.01% against the national target of 92.0%;
- The over 18 weeks patients backlog is at 2,404 as at March
The trust total waiting list is c30,100 below previous levels of c32,000
- Whilst overall the performance has been kept up to the standard over the last 12 months, 4 specialities are performing below 92% standard on the incomplete pathway; winter pressures causing lack of bed capacity will have contributed to this, there are improvements in place on how to recover each service to the standards over the next few months.

52 Week Breaches - not compliant
There is 2x 52 week breaches in March ; 1x Gynae patient (also breaching in February) and 1x ENT patient on the incomplete pathway.

Acute diagnostic waits - not compliant
- Diagnostic (DM01) performance for March was below standard of 99% at 98.34%;
- 138 breaches were incurred mainly in Cardiac CT improvement plans will be in place to address this particular issue

Data Completeness

- The Trust's internal assessment of the completion of valid NHS Number Field within inpatient data sets compliant in mnth with 98.4% below operational threshold of 99% ; YTD (98.3%). OP and A&E datasets deliver to target.
- ED required to improve patient registration performance as this has a direct effect on emergency admissions. Patients who have come through Malling Health will be validated via the Data Quality Department.
- Ethnicity coding is performing for Inpatients at 91% against 90% target, but under-delivering for Outpatients. This is attributed to the capture of data in the Kiosks and revision to capture fields is being considered.
- Data Quality Committee has been re-instated and monthly meetings will take place to address a number of DQ issues including ethnicity coding

Open Referrals - not compliant
- Open Referrals, referring to patients in the system without a future waiting list activity, stand at 152,201 as at March showing a continuing, increasing trend as administration / IT processes persistently do not close down referrals/pathways as appropriate.
- Recommendations have been made to COO on short and long-term improvements. This has yet to be agreed and put into place.
- Low patient risk rated (green risk) amount to c15,000 (which are part of the 152,201 total), are subject to auto-closures since Jan2016 and follow a set protocol.
- The recommendations to COO include: key drivers for removing open referrals issues form the trust sustainably are :
1) IT solutions (developed solutions, but not implemented),
2 - the 'Follow Ups WL' to be complete (open referrals not part of it now) and
3) that referrals are closed automatically on discharge (a seamless process rather than user dependent which currently fails; the IT solutions under 1 include a fix to this)

Staff

PDR - not compliant
- Reporting at 81.9% as at March year end against the 95% target, subject to focussed improvement initiative.

Sickness & Return to Work - not compliant
- In-month sickness for March is at 4.17% (4.74%); the cumulative sickness rate is 4.48% [4.50%].
- The number of short term sickness in the month reported at 818 [932] cases; long term 226 [230] cases;
- Return to Work in month is up to 82.1% [85.7%] below the 100% target

Turnover rate - not compliant
Trust annualised turnover rate is at 14.2% [14.0%] in March increasing to previous months, the Trust Nursing turnover target has been confirmed at 10.7% and as at March reporting at 13.5%

Mandatory Training - not compliant fully, but showing significant improvement
- Mandatory Training at the end of March is at 91.5% overall against target of 95%;
- Health & Safety related training is just below the 95% target at 94.98% in March just below the target.

CQUINs & Local Quality Requirements 2017/18

CQUINs : Q4 SUBMISSION DUE END OF APRIL
- The funding value full year 2017/18 is £8.8m.
- The trust is preparing to report the final delivery results for Q4 at the end of April
- The risk around Q4 milestones has been estimated £850k and at this stage looks to materialise.
- The risk is across the following schemes:
1) Improvement of health & wellbeing of NHS staff - improvement of 5% against 2/3 specific survey questions has now been confirmed by the staff results as not delivered (£452k impact).
2) Sepsis continuing to partially deliver (£170k),
3) Antibiotic usage unlikely to deliver 1% reduction year on year (170),
4) Secondary Care Dental : Audit of Day Case Activity (£55k)
5) the eRS CQUIN will also need confirming with the CCG as eRS slots in full year not fully open based on exclusions therefore exclusions need to be confirmed as 'acceptable', but there is no value at risk that can be estimated for this at this stage

Local Quality Requirements 2017/18 are monitored by CCG and the Trust is fineable for any breaches in accordance to contract. Local Quality Requirements 2017/18 are monitored by CCG and the Trust is fineable for any breaches in accordance to contract. The Trust has now got only a small number of formally agreed RAPs (recovery action plans) in place at this stage demonstrating a good management of performance issues and responsiveness during the year.

STF Criteria & NHSI Single Oversight Framework

Summary Scorecard - March (In-Month)

Section	Red Rated	Green Rated	None	Total
Infection Control	1	5	0	6
Harm Free Care	11	3	11	25
Obstetrics	2	7	5	14
Mortality and Readmissions	1	1	11	13
Stroke and Cardiology	2	9	0	11
Cancer	1	9	5	15
FFT, MSA, Complaints	11	4	9	24
Cancellations	6	3	0	9
Emergency Care & Patient Flow	6	9	5	20
RTT	7	1	6	14
Data Completeness	1	9	9	19
Workforce	9	1	10	20
Temporary Workforce	0	0	28	28
SQPR	10	0	8	18
Total	68	61	107	236

- Persistently red-rated performance (>12months) indicators (39 out of the above 68) are subject to performance improvement and monitoring; priorities for improvements have been re-confirmed at OMC as not all indicators carry the same level of significance. Indicators agreed to be 'resolved' are overseen by OMC.
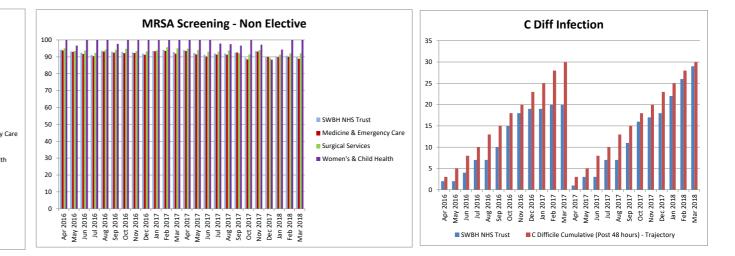
Patient Safety - Infection Control

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
4		•d••	C. Difficile	<= No	30	2.5	Mar 2018	3	0	0			0		3	29	
4		•d•	MRSA Bacteraemia	<= No	0	0	Mar 2018	0	0	0			0		0	0	
4			MSSA Bacteraemia (rate per 100,000 bed days)	<= Rate2	9.42	9.42	Mar 2018								0.0	4.7	
4			E Coli Bacteraemia (rate per 100,000 bed days)	<= Rate2	94.9	94.9	Mar 2018								4.9	9.0	
3			MRSA Screening - Elective	=> %	80	80	Mar 2018	65.4	88.1	91.7			0		86.2	89.0	
3			MRSA Screening - Non Elective	=> %	80	80	Mar 2018	88.9	92.1	100			100		89.9	91.4	

Previous Months Trend (From Oct 2016): O N D J F M A M J J A S O N D J F M

MRSA Screening - Elective

Legend: SWBH NHS Trust, Medicine & Emergency Care, Surgical Services, Women's & Child Health

MRSA Screening - Non Elective

Legend: SWBH NHS Trust, Medicine & Emergency Care, Surgical Services, Women's & Child Health

C Diff Infection

Legend: SWBH NHS Trust, C Difficile Cumulative (Post 48 hours) - Trajectory

Patient Safety - Harm Free Care
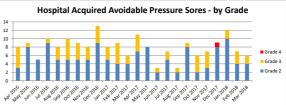
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	M	SS	W	P	I	PPCT	CO	Month	Year To Date	Trend
8		•d	Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95																			Mar 2018								94.7	94.5	
8		•d	Patient Safety Thermometer - Catheters & UTIs	%			1.00	6.00	2.00	2.00	0.00	0.00	3.00	2.00	1.00	3.00	2.00	1.00	4.00	4.00	6.00	0.00	2.00	1.00	Mar 2018								0.08	0.21	
			Number of DOLS raised	No			-	25	22	15	14	23	15	14	6	27	22	20	48	31	19	36	30	27	Mar 2018	20	4	0	-	-	3		27	295	
			Number of DOLS which are 7 day urgent	No			-	25	22	14	14	23	15	14	6	27	22	20	48	31	19	36	30	27	Mar 2018	20	4	0	-	-	3		27	295	
			Number of delays with LA in assessing for standard DOLS application	No			-	6	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	Mar 2018	0	0	0	-	-	0		0	3	
			Number DOLs rolled over from previous month	No			-	4	15	14	8	8	15	12	9	7	12	5	5	3	7	7	3	10	Mar 2018	6	0	0	-	-	4		10	95	
			Number patients discharged prior to LA assessment targets	No			-	6	6	2	11	6	3	11	7	7	9	9	11	7	2	4	8	3	Mar 2018	2	0	0	-	-	1		3	81	
			Number of DOLs applications the LA disagreed with	No			-	1	0	1	1	0	1	0	2	1	2	1	0	2	1	2	0	0	Mar 2018	0	0	0	-	-	0		0	12	
			Number patients cognitively improved regained capacity did not require LA assessment	No			-	5	2	1	0	0	3	1	1	13	0	0	0	0	0	0	0	0	Mar 2018	0	0	0	-	-	0		0	18	
8			Falls	<= No	804	67	81	87	88	84	67	74	69	70	87	85	72	67	87	66	71	79	78	112	Mar 2018	45	15	0	0	0	49	3	112	943	
9			Falls with a serious injury	<= No	0	0	1	2	3	3	1	2	1	1	1	1	3	2	3	1	0	0	0	1	Mar 2018	0	1	0		0	0	0	1	14	
8			Grade 2,3 or 4 Pressure Ulcers (Hospital Aquired Avoidable)	<= No	0	0	9	8	13	8	9	6	11	8	3	7	3	9	6	7	9	12	7	6	Mar 2018	3	3	0			0		6	88	
			Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload Acquired)	<= No	0	0	0	2	5	6	8	6	5	8	4	7	4	3	6	4	4	2	4	4	Mar 2018						4		4	55	
3		•d•	Venous Thromboembolism (VTE) Assessments	=> %	95	95																			Mar 2018	83.8	97.2	96.5					93.9	96.1	
3			WHO Safer Surgery - Audit - 3 sections (% pts where all sections complete)	=> %	100	100																			Mar 2018	99.3	100.0	99.7		100.0			99.7	99.8	
3			WHO Safer Surgery - brief (% lists where complete)	=> %	100	100																			Mar 2018	100	100	97		100			99.6	99.4	
3			WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	100	100																			Mar 2018	99	100	97		100			99.4	98.7	
9		•d•	Never Events	<= No	0	0	0	1	0	0	1	0	0	1	1	0	1	0	0	0	0	0	0	0	Mar 2018	0	0	0	0	0	0		0	3	
9		•d	Medication Errors causing serious harm	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	Mar 2018	0	0	0	-	0	0		0	1	
9		•d•	Serious Incidents	<= No	0	0	6	5	10	5	6	5	4	4	3	1	8	5	4	6	4	3	5	4	Mar 2018	1	1	2	0	0	0	0	4	51	
9			Open Central Alert System (CAS) Alerts	<= No			14	10	8	6	5	4	8	9	27	3	3	8	10	6	5	7	6	5	Mar 2018								5	97	
9		•d	Open Central Alert System (CAS) Alerts beyond deadline date	No	0	0	2	1	2	0	1	0	0	0	1	1	1	0	0	1	1	2	2	2	Mar 2018								2	11	
			Safety Plan - Input Non-Compliant Days	<= No		<=3 Per Ward	NEW INDICATOR AWAITING POPULATION																		Jan-00								-	-	
			Safety Plan - Checks Compliant	%	98	98	NEW INDICATOR AWAITING POPULATION																		Jan-00								-	-	
			Safety Plan - Missed Checks	=> No		<=3 Per Ward	NEW INDICATOR AWAITING POPULATION																		Jan-00								-	-	

VTE Assessments Missed

Falls - Acute & Community

Hospital Acquired Avoidable Pressure Sores - by Grade

Patient Safety - Obstetrics

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory 2016-2017 Year	Trajectory 2016-2017 Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Month	Year To Date	Trend
3	●		Caesarean Section Rate - Total	<= %	25.0	25.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	25.6	25.6	
3	●	●	Caesarean Section Rate - Elective	<= %			8	11	8	7	9	8	9	8	9	7	8	8	9	9	5	7	10	8	Mar 2018	7.6	8.0	
3	●	●	Caesarean Section Rate - Non Elective	<= %			23	17	20	15	17	17	17	15	17	18	15	19	21	18	21	15	19	18	Mar 2018	18.0	17.7	
2	●	●d	Maternal Deaths	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	0	1	
3	●		Post Partum Haemorrhage (>2000ml)	<= No	48	4	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	1	20	
3	●		Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	0.93	1.77	
12	●		Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	4.66	5.50	
12	NEW		Stillbirth Rate (Corrected) (per 1000 babies)	Rate1			-	-	-	-	-	-	-	-	-	-	-	-	2.11	2.10	4.02	1.99	2.58	4.66	Mar 2018	4.66	2.89	
12	NEW		Neonatal Death Rate (Corrected) (per 1000 babies)	Rate1			-	-	-	-	-	-	-	-	-	-	-	-	4.22	2.10	0.00	0.00	2.58	0.00	Mar 2018	0.00	1.45	
12	●		Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	85.0	85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	92.2	79.4	
12	●		Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	156.1	137.7	
2	●		Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0	->	->	●	->	->	●	->	●	->	->	●	->	●	->	●	->	->	●	Mar 2018	76.43	76.72	
2	●	●	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %			2.9	2.8	3.5	2.9	1.9	2.6	4.4	2.5	2.5	1.8	0.8	0.9	0.5	0.8	0.6	0.9	1.1	1.0	Mar 2018	0.98	1.51	
2	●	●	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %			1.8	1.9	1.7	2.5	1.6	2.3	3.0	1.6	1.6	1.0	0.6	0.6	0.5	0.5	0.6	0.7	0.4	0.7	Mar 2018	0.65	1.01	
2	●	●	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %			1.4	1.3	1.0	2.0	1.6	2.1	2.3	1.4	1.6	1.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	Mar 2018	0.00	0.57	

Caesarean Section Rate (%)

Legend: Caesarean Section Rate - Total; Caesarean Section Rate - Elective; Caesarean Section Rate - Non Elective; Caesarean Section Total Rate - Target

Registrations & Deliveries

Legend: Registrations; SWBH Bookings; Deliveries; Linear (Registrations); Linear (SWBH Bookings); Linear (Deliveries)

Clinical Effectiveness - Mortality & Readmissions

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Month	Year To Date	Trend
5		•C•	Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	109	109	108	106	105	101	99	100	98	97	108	109	109	108	109	-	-	-	Dec 2017		938	
5		•C•	Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	109	112	89	104	102	98	96	97	95	95	103	103	103	102	103	-	-	-	Dec 2017		897	
5		•C•	Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	111	112	119	112	113	109	109	109	106	101	124	128	130	130	128	-	-	-	Dec 2017		1065	
6		•C•	Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	SHMI	Below Upper CI	Below Upper CI	102	104	104	104	103	101	100	102	102	103	106	106	108	-	-	-	-	-	Oct 2017		726	
5		•C•	Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	HSMR			103	105	106	107	108	108	107	109	110	112	113	115	118	119	-	-	-	-	Nov 2017		903.2	
5		•C•	Deaths in Low Risk Diagnosis Groups (RAMI) - month	RAMI	Below Upper CI	Below Upper CI	94	139	84	105	72	88	62	61	78	78	71	144	62	120	90	-	-	-	Dec 2017	90		
3			Mortality Reviews within 42 working days	=> %	90	90	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	-	-	Jan 2018	44	44	
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%			1.2	1.3	1.5	1.8	1.6	1.0	1.2	1.1	1.3	1.5	1.1	1.1	1.3	1.2	1.8	1.8	1.6		Feb 2018	1.63		
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%			1.3	1.3	1.3	1.3	1.4	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3		Feb 2018	1.31		
			Deaths in the Trust	No			108	129	143	172	139	100	105	113	129	142	109	109	133	119	169	178	142		Feb 2018	142	1448	
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			7.5	6.8	7.5	7.1	7.4	7.1	7.2	7.2	7.1	7.8	7.1	6.8	7.0	7.0	7.6	7.8	7.7		Feb 2018	7.74		
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			8.0	7.3	7.1	7.2	7.2	7.1	7.1	7.0	7.1	7.1	7.2	7.2	7.2	7.2	7.2	7.2	7.3		Feb 2018	7.27		
5		•C•	Emergency Readmissions (within 30 days) - CQC CCS Diagnosis Groups (12-month cumulative)	%			7.8	7.8	7.8	7.7	7.9	7.8	7.8	8.1	8.8	8.7	7.8	7.8	7.8	7.8	7.9	7.9			Feb 2018	7.90		

Group (for Mortality Reviews row): M 44 | SS 44 | W 100 | P | I | PCCT 0 | CO

RAMI, SHMI & HSMR (12-month cumulative)

Mortality Reviews (%)

Emergency 30-day Readmissions (%) - 12-month cumulative CQC CCS Diagnosis Groups and monthly overall

Mortality (RAMI) - Weekend and Weekday (12-month cumulative)

Crude Mortality Rate

Clinical Effectiveness - Stroke Care & Cardiology

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (Since Oct 2016) O N D J F M A M J J A S O N D J F M	Data Period	Month	Year To Date	Trend
3			5WD: Pts spending >90% stay on Acute Stroke Unit	=> %	90.0	90.0	●●●●●●○●○●●●●●●○●●	Mar 2018	94.2	92.9	
3			5WD: Pts admitted to Acute Stroke Unit within 4 hrs	=> %	80.0	80.0	●●●○●●○●○●●○●●○●○●	Mar 2018	91.4	75.2	
3			5WD: Pts receiving CT Scan within 1 hr of presentation	=> %	50.0	50.0	●●●●●●●●●●●●●●●● - ●	Mar 2018	69.7	72.0	
3			5WD: Pts receiving CT Scan within 24 hrs of presentation	=> %	95.0	95.0	●●●●●●●●●○●●●●●●●●	Mar 2018	100.0	97.9	
3			5WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	=>	85.0	85.0	○○●○●○●●○●○●●●●●●●	Mar 2018	100.0	66.1	
3			5WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	=>	70.0	70.0	●●●●●●●●●●●●●●●●●○	Mar 2018	66.7	94.9	
3			5WD: TIA (Low Risk) Treatment <7 days from receipt of referral	=>	75.0	75.0	●●●●●●●●●●●●●●●●●●	Mar 2018	88.9	95.6	
3	◎		Stroke Admissions - Swallowing assessments (<24h)	=> %	98.0	98.0	●●●●●●●●●●●●●●●●●●	Mar 2018	100.0	100.0	
9	◎		Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80.0	80.0	●●●●●●●●●●●●●●●●●●	Mar 2018	91.7	93.9	
9	◎		Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80.0	80.0	●●●●●●●●●●●●●●●●●●	Mar 2018	94.7	95.9	
9	◎		Rapid Access Chest Pain - seen within 14 days	=> %	98.0	98.0	●●●●●●●●●●●●●●●●●●	Mar 2018	100.0	100.0	

Admissions (%) to Acute Stroke Unit within 4 hours

CT Scan following presentation

TIA Treatment (%)
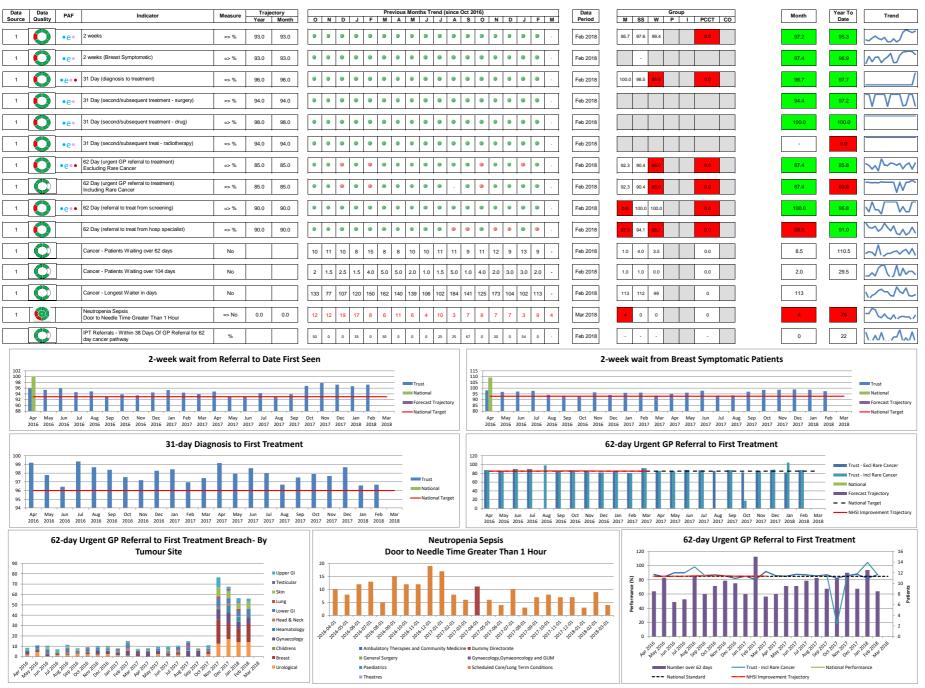
The stroke indicators in the IPR are based on 'patient arrivals' not 'patient discharged' as this monitors pathway performance rather than actual outcomes which may / may not change on discharge.
National SSNAP is based on 'patient discharge' which is more appropriate for outcomes based reporting.
Both are valid but designed for slightly different purposes, however they will align overall, especially over a longer period of time (eg annually)

Clinical Effectiveness - Cancer Care

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
1		•e•	2 weeks	=> %	93.0	93.0																			Feb 2018	95.7	97.6	99.4			0.0		97.2	95.3	
1		•e•	2 weeks (Breast Symptomatic)	=> %	93.0	93.0																			Feb 2018	-							97.4	96.9	
1		•e••	31 Day (diagnosis to treatment)	=> %	96.0	96.0																			Feb 2018	100.0	98.5	88.9			0.0		96.7	97.7	
1		•e•	31 Day (second/subsequent treatment - surgery)	=> %	94.0	94.0																			Feb 2018								94.4	97.2	
1		•e•	31 Day (second/subsequent treatment - drug)	=> %	98.0	98.0																			Feb 2018								100.0	100.0	
1		•e•	31 Day (second/subsequent treat - radiotherapy)	=> %	94.0	94.0																			Feb 2018								-	0.0	
1		•e••	62 Day (urgent GP referral to treatment) Excluding Rare Cancer	=> %	85.0	85.0																			Feb 2018	92.3	90.4	65.0			0.0		87.4	85.8	
1			62 Day (urgent GP referral to treatment) Including Rare Cancer	=> %	85.0	85.0																			Feb 2018	92.3	90.4	65.0			0.0		87.4	80.6	
1		•e••	62 Day (referral to treat from screening)	=> %	90.0	90.0																			Feb 2018	0.0	100.0	100.0			0.0		100.0	96.8	
1			62 Day (referral to treat from hosp specialist)	=> %	90.0	90.0																			Feb 2018	87.5	94.1	66.7			0.0		88.9	91.0	
1			Cancer - Patients Waiting over 62 days	No			10	11	10	8	15	8	8	10	10	11	11	9	11	12	9	13	9		Feb 2018	1.0	4.0	3.5			0.0		8.5	110.5	
1			Cancer - Patients Waiting over 104 days	No			2	1.5	2.5	1.5	4.0	5.0	5.0	2.0	1.0	1.5	5.0	1.0	4.0	2.0	3.0	3.0	2.0	-	Feb 2018	1.0	1.0	0.0			0.0		2.0	29.5	
1			Cancer - Longest Waiter in days	No			133	77	107	120	150	162	140	139	106	102	184	141	125	173	104	102	113		Feb 2018	113	112	99			0		113		
1			Neutropenia Sepsis Door to Needle Time Greater Than 1 Hour	=> No	0.0	0.0	12	12	19	17	8	6	11	6	4	10	3	7	8	7	7	3	9	4	Mar 2018	4	0	0			0		4	79	
			IPT Referrals - Within 38 Days Of GP Referral for 62 day cancer pathway	%			50	0	0	33	0	50	0	0	0	25	25	67	0	20	0	54			Feb 2018	-	-				-		0	22	

2-week wait from Referral to Date First Seen

2-week wait from Breast Symptomatic Patients

31-day Diagnosis to First Treatment

62-day Urgent GP Referral to First Treatment

62-day Urgent GP Referral to First Treatment Breach- By Tumour Site

Neutropenia Sepsis Door to Needle Time Greater Than 1 Hour

62-day Urgent GP Referral to First Treatment

Patient Experience - FFT, Mixed Sex Accommodation & Complaints

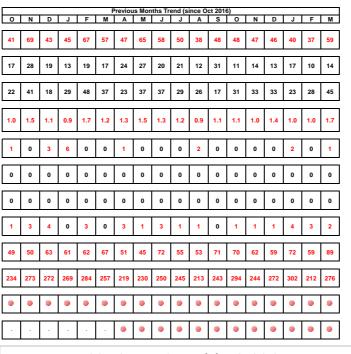| Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
8		•b•	FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	50.0	50.0	22	17	10	15	9.7	7.9	9.3	11	11	12	13	10	19.35	9.7	8.3	-	9.8	10.2	Mar 2018								10	11	
8		•a•	FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95.0	95.0	88	94	97	97	95	96	95	92	92	83	83	83	81.84	85	89	-	88	88	Mar 2018								88		
8		•b•	FFT Response Rate: Type 1 and 2 Emergency Department	=> %	50.0	50.0	5.6	4.8	5.9	5.4	4.3	4.2	5.5	3.8	2.4	3.8	2.8	3.4	3.328	3.4	3.6	-	3.8	7.02	Mar 2018	7.02							7.0	3.8	
8		•a•	FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95.0	95.0	73	75	73	77	76	73	75	71	73	72	75	73	73	58	-	-	75	74	Mar 2018	74							74		
8			FFT Response Rate: Type 3 WiU Emergency Department	=> %	50.0	50.0	0.5	0.3	1.2	0.6	0	0	0.1	0	-	0	-	-	-	-	8.8	-	5	####	Mar 2018	-							-	1.5	
8			FFT Score - Adult and Children Emergency Department (type 3 WiU)	=> No	95.0	95.0	64	100	100	65	0	0	0	0	0	0	0	0	-	-	16	-	0	0	Mar 2018	-							0		
8			FFT Score - Outpatients	=> No	95.0	95.0	88	89	90	88	88	90	90	89	88	91	89	89	90.63	92	90	-	92	90	Mar 2018								90		
8	NEW		FFT Score - Maternity Antenatal	=> No	95.0	95.0	86	90	86	97	11	95	88	90	75	90	50	90	92.5	76	75	-	0	100	Mar 2018								100		
8	NEW		FFT Score - Maternity Postnatal Ward	=> No	95.0	95.0	81	93	90	91	29	83	91	86	73	73	81	84	88.78	81	74	-	0	100	Mar 2018								100		
8	NEW		FFT Score - Maternity Community	=> No	95.0	95.0	100	100	50	0	0	80	100	100	0	0	50	0	0	0	0	-	0	0	Mar 2018								0		
8			FFT Score - Maternity Birth	=> No	95.0	95.0	71	88	90	88	23	92	82	83	69	76	58	48	83.34	74	100	-	94	100	Mar 2018								100		
8			FFT Response Rate - Maternity Birth	=> %	50.0	50.0	5.9	17	13	8.2	5.4	21	8.9	11	7	7.1	5.2	5.2	12.53	6.9	0.2	-	23	1.23	Mar 2018								1	8	
13		•a	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	1	6	38	2	0	4	21	7	0	0	42	67	46	131	0	0	0	0	Mar 2018	0	0	0		0	0		0	314	
9		•	No. of Complaints Received (formal and link)	No			95	104	96	111	98	108	83	94	88	78	104	63	66	99	71	105	86	97	Mar 2018	34	32	16	1	1	5	8	97	1034	
9			No. of Active Complaints in the System (formal and link)	No			152	148	157	176	177	194	205	184	185	184	167	154	136	148	161	187	181	183	Mar 2018	76	50	27	3	2	10	15	183		
9		•a	No. of First Formal Complaints received / 1000 bed days	Rate1			2.8	3.1	2.6	3.2	3.9	3.9	2.9	2.9	2.8	2.6	3.1	1.8	1.4	2.0	1.7	2.4	2.5	5.9	Mar 2018	4.46	10	6.52			0		5.90	2.67	
9			No. of First Formal Complaints received / 1000 episodes of care	Rate1			5.5	6.1	5.4	6.5	7.6	7.4	6.1	6.0	5.6	5.3	6.2	3.5	3.1	4.2	5.4	5.3	5.3	13.5	Mar 2018	13.3	15.7	10.9			0		13.47	5.79	
9			No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	99	100	100	99	98	94	100	100	100	100	100	98	100	90	92	99	100	99	Mar 2018	100	100	93.8	100	100	100	100	99	98	
9			No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0	6.6	11	13	22	25	79	36	28	8.6	23	23	25	24.17	19	12	21	19	25.1	Mar 2018	27	25	11.1	66.7	100	27.27	21.4	25	22	
9			No. of responses sent out	No			87	79	79	76	95	84	67	106	87	83	67	85	73	65	38	75	65	81	Mar 2018	28	25	10	0	2	5	11	81	892	
14		•e•	Access to healthcare for people with Learning Disability (full compliance)	Yes / No	Yes	Yes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jul 2016	N	N	N	N	N	N	N	No		
	NEW		Patient Harm - New Claims	No			NEW INDICATOR REPORTING FROM FEB18															11	6	Mar 2018	-	-	-	-	-	-	-	6	17	
	NEW		Patient Harm - Ongoing Claims	No			NEW INDICATOR REPORTING FROM FEB18															491	474	Mar 2018	-	-	-	-	-	-	-	474	965	
	NEW		Patient Harm - Closed Claims	No			NEW INDICATOR REPORTING FROM FEB18															26	0	Mar 2018	-	-	-	-	-	-	-	0	26	

Mixed Sex Accommodation Breaches

NEW POLICY EFFECTIVE re ASSESSMENT

Complaints - Number and Rate

- Number of Complaints
- First Complaints / 1000 episodes of care
- First Complaints / 1000 bed days

Responses (%) Exceeding Original Agreed Response

Patient Experience - Cancelled Operations

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
2			No. of Sitrep Declared Late Cancellations - Total	<= No	320	27	41	69	43	45	67	57	47	65	58	50	38	48	48	47	46	40	37	59	Mar 2018	7	41	5			6		59	592	
2			No. of Sitrep Declared Late Cancellations - Avoidable	No			17	28	19	13	19	17	24	27	20	21	12	31	11	14	13	17	10	14	Mar 2018	0	6	2			6		14	223	
2			No. of Sitrep Declared Late Cancellations - Unavoidable	No			22	41	18	29	48	37	23	37	37	29	26	17	31	33	33	23	28	45	Mar 2018	7	35	3			0		45	362	
2		●	Elective Cancellations at last minute for non-clinical reasons (as a percentage of elective admissions)	<= %	0.8	0.8	1.0	1.5	1.1	0.9	1.7	1.2	1.3	1.5	1.3	1.2	0.9	1.1	1.1	1.0	1.4	1.0	1.0	1.7	Mar 2018	0.91	2.08	2.04			1.21		1.7	1.2	
2		●e●	Number of 28 day breaches	<= No	0	0	1	0	3	6	0	0	1	0	0	0	2	0	0	0	0	2	0	1	Mar 2018	0	1	0			0		1	8	
2		●e	No. of second or subsequent urgent operations cancelled	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2018	0	0	0			-		0	0	
2			Urgent Cancellations	<= No	0.0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2018	0.0	0.0	0.0			0.0		0	0	
3			No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0	1	3	4	0	3	0	3	1	3	1	1	0	1	1	1	4	3	2	Mar 2018	0	2	0			0		2	21	
			Multiple Hospital Cancellations experienced by same patient (all cancellations)	<= No	0	0	49	50	63	61	62	67	51	45	72	55	53	71	70	62	59	72	59	89	Mar 2018	10	76	3			-		89	758	
3			All Hospital Cancellations, with 7 or less days notice	<= No	0	0	234	273	272	269	284	257	219	230	250	245	213	243	294	244	272	302	212	276	Mar 2018	19	223	34			-		276	3000	
3			Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	0.0	73.5	70.3			52.8		71.6	72.6	
			Overall Theatre Utilisation (as % of scheduled)	<= %	85.0	85.0	-	-	-	-	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	0.0	77.5	77.6			55.9		76.0	79.6	

SitRep Late Cancellations

Weekday Theatre Utilisation (%) - Scheduled Sessions

Elective Admissions Cancelled at Last Minute for Non-Clinical Reasons (%)

Overall Theatre Utilisation (%) - Scheduled Sessions
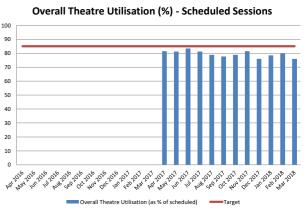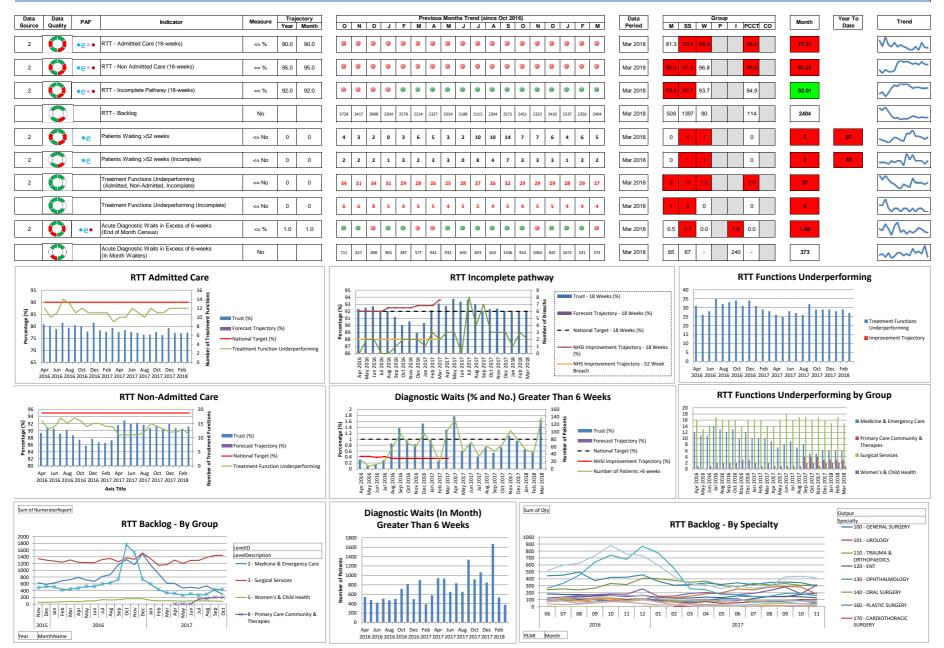
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From) O N D J F M A M J J A S O N D J F M	Data Period	Unit S	Unit C	Unit B	Month	Year To Date	Trend
2		•e•●	Emergency Care 4-hour waits	=> %	95.00	95.00		Mar 2018	75.4	81.9	97.5	79.90	83.39	
2			Emergency Care 4-hour breach (numbers)	No			2676 3237 3324 2821 3046 2875 2814 3549 3014 2686 2177 2150 2800 3168 3814 3249 3377 3582	Mar 2018	1971	1585	26	3582	36380	
2		•e	Emergency Care Trolley Waits >12 hours	<= No	0.00	0.00		Mar 2018	0	0		0	1	
3			Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.00	15.00		Mar 2018	13	14	25	13	14	
3			Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60		Mar 2018	72	60	23	58	62	
3			Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0		Mar 2018	4.94	5.49	6.05	5.28	7.68	
3			Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0		Mar 2018	4.85	5.58	1.07	4.60	5.31	
11			WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	112 162 193 162 129 107 110 159 242 111 127 90 143 207 208 163 160 196	Mar 2018	144	52		196	1916	
11			WMAS - Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	16 21 19 11 13 5 0 12 6 1 0 1 4 6 11 5 4 21	Mar 2018	18	3		21	71	
11		●	WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02		Mar 2018	0.82	0.13		0.47	0.14	
11			WMAS - Emergency Conveyances (total)	No			4233 4261 4622 4410 4034 4206 4137 4376 4254 4429 4278 4174 4557 4424 4725 4561 4081 4487	Mar 2018	2203	2284		4487	52483	
2			Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5		Mar 2018	0.4	0.6		0.5	2.3	
2			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	<10 per site	<10 per site		Mar 2018	6	5		11		
2			Delayed Transfers of Care (Acute) - Total Bed Days (All Local Authorities)	<= No	3.5% of available	3.5% of available	509 503 674 629 512 583 546 501 483 635 539 512 598 545 591 613 541 433	Mar 2018				433	6537	
			Delayed Transfers of Care (Acute) - Total Bed Days (All Local Authorities) as % of Available Beds	%	3.5	3.5	2.7 2.7 3.4 3.1 2.8 2.9 2.9 2.5 2.6 3.4 2.8 2.8 3.2 2.9 3.1 3.1 3.0 2.2	Mar 2018				2.23	2.88	
2			Delayed Transfers of Care (Acute) - Finable Bed Days (Birmingham LA only)	<= No	0	0	266 272 449 435 309 375 324 258 312 370 256 288 272 149 226 268 193 152	Mar 2018				152	3068	
2			Patient Bed Moves (10pm - 6am) (No.) -ALL	No			546 679 666 682 633 586 584 651 536 580 574 633 674 657 719 769 654 796	Mar 2018				796	7827	
2			Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No			219 273 251 249 228 221 229 234 205 245 216 233 231 268 291 282 215 278	Mar 2018				278	2927	
	New		Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units and Transfers for Clinical Reasons	No			38 59 45 32 43 46 44 33 37 29 23 43 39 54 72 65 48 75	Mar 2018				75	562	
			Hip Fractures - Best Practice Tarriff - Operation < 36 hours of admission (%)	=> %	85.0	85.0		Mar 2018				85	69.4	

ED 4-Hour Recovery Plan

Legend:
- Performance
- Trajectory Met
- Trajectory Not Met
- National Standard
- NHSI Improvement Trajectory

Available Beds Month End (Weekly SITREP)

Hip Fractures - BPT - Operation Within 36 hours of admission (%)

- Trust
- Trajectory

Referral To Treatment

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Oct 2016) O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
2		•e••	RTT - Admittted Care (18-weeks)	=> %	90.0	90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	91.3	70.4	69.2			88.9		77.31		
2		•e••	RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	80.0	91.3	96.8			85.8		91.21		
2		•e••	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	89.9	90.7	93.7			94.9		92.01		
			RTT - Backlog	No			3728	3417	3908	3204	2578	2214	2327	2024	2188	2115	2304	2571	2451	2322	2410	2337	2356	2404	Mar 2018	509	1397	90			114		2404		
2		•e	Patients Waiting >52 weeks	<= No	0	0	4	3	2	0	3	6	5	3	2	10	10	14	7	7	6	4	6	5	Mar 2018	0	4	1			0		5	87	
2		•e	Patients Waiting >52 weeks (Incomplete)	<= No	0	0	2	2	2	1	3	2	3	3	0	8	4	7	3	3	3	1	3	2	Mar 2018	0	1	1			0		2	45	
2			Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	<= No	0	0	34	31	34	31	29	28	26	25	28	27	26	32	29	29	29	28	29	27	Mar 2018	6	15	1.0			3.0		27		
2			Treatment Functions Underperforming (Incomplete)	<= No	0	0	6	6	8	6	4	5	5	4	5	4	5	5	5	5	4	4	4	4	Mar 2018	1	3	0			0		4		
2		•e•	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1.0	1.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	0.5	2.7	0.0		1.8	0.0		1.66		
			Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No			711	817	498	902	387	577	942	931	650	833	652	1336	914	1064	847	1672	531	373	Mar 2018	65	67	-		240	-		373		

RTT Admitted Care

RTT Incomplete pathway

RTT Functions Underperforming

RTT Non-Admitted Care

Diagnostic Waits (% and No.) Greater Than 6 Weeks

RTT Functions Underperforming by Group

RTT Backlog - By Group

Diagnostic Waits (In Month) Greater Than 6 Weeks

RTT Backlog - By Specialty

Data Completeness

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
14	◕	●	Data Completeness Community Services	=> %	50.0	50.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018							61.2	61.2		
2	◕	●	Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Feb 2018								99.4		
2	◕	●	Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Feb 2018								99.1		
2	◕	●	Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Feb 2018								99.3		
2	◕		Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0	97.3	97.5	98.3	97.7	98.3	97.7	98.2	98.3	97.4	98.4	98.5	99.1	97.6	98.4	96.7	98.1	99.0	-	Feb 2018								99.0	98.2	
2	◕		Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS	=> %	99.0	99.0	99.5	99.5	99.6	99.6	99.5	99.5	99.4	99.5	99.4	99.5	99.5	99.6	99.6	99.6	99.5	99.6	99.6	-	Feb 2018								99.6	99.5	
2	◕		Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0	97.2	97.6	97.0	97.7	97.3	97.3	97.3	97.4	96.3	97.2	97.0	97.5	97.2	97.6	97.5	97.7	97.5		Feb 2018								97.5	97.3	
2	◕		Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Feb 2018								90.7	91.0	
2	◕		Ethnicity Coding - percentage of outpatients with recorded response	=> %	90.0	90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Feb 2018								90.1	90.5	
	◕		Protected Characteristic - Religion - INPATIENTS with recorded response	%			69.6	69.2	69.1	68.7	69.2	68.8	70.3	70.6	69.6	70.1	70.1	69.4	70.4	70.2	66.6	70.3	69.7	-	Feb 2018								69.7	70.1	
	◕		Protected Characteristic - Religion - OUTPATIENTS with recorded response	%			58.1	57.5	56.9	57.0	57.2	56.9	56.7	52.9	53.2	53.1	53.5	54.5	53.8	53.5	63.7	52.8	52.7	-	Feb 2018								52.7	54.1	
	◕		Protected Characteristic - Religion - ED patients with recorded response	%			64.3	64.1	64.7	64.1	64.7	64.2	64.7	67.2	65.3	66.2	66.7	67.0	66.1	67.3	65.2	67.2	67.2	-	Feb 2018								67.2	66.5	
	◕		Protected Characteristic - Marital Status - INPATIENTS with recorded response	%			100.0	100.0	99.9	100.0	99.9	99.9	99.9	100.0	100.0	100.0	99.9	99.9	100.0	100.0	100.0	100.0	99.9	-	Feb 2018								99.9	100.0	
	◕		Protected Characteristic - Marital Status - OUTPATIENTS with recorded response	%			40.4	39.9	35.8	40.8	41.3	41.5	41.3	41.1	41.9	41.4	41.0	40.9	40.4	39.8	41.4	39.4	39.0	-	Feb 2018								39.0	40.7	
	◕		Protected Characteristic - Marital Status - ED patients with recorded response	%			40.9	41.5	40.8	40.5	41.3	41.1	39.8	42.7	42.0	42.2	40.2	40.6	40.7	41.6	38.6	40.1	39.6	-	Feb 2018								39.6	40.9	
2	◕		Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Feb 2018								6.8	6.8	
2	◕		Open Referrals	No			219,866	222,444	225,175	226,846	230,675	235,998	239,934	245,160	250,072	254,761	258,800	262,603	270,519	274,113	277,674	281,624	285,192	289,164	Mar 2018	66,860	146,703	37,586	7,754	774	29,487		289,164		
	◕		Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			87,537	92,360	95,712	99,043	102,885	108,584	111,242	115,133	118,367	123,475	128,271	129,941	134,026	138,043	141,009	144,564	149,221	152,201	Mar 2018	40,207	73,079	22,234	3,878	679	11,428		152201		

Religion - Inpatients With Invalid / Incompete Response

Religion - Outpatients With Invalid / Incompete Response

Religion - ED Attenders With Invalid / Incompete Response

Current Open Referrals

- Amber
- Green
- Black (Other)
- Red

RED : To be Verified and closed By CG's.
AMBER : To be looked at by CG's once RED's are actioned.
GREEN : Automatic Closures.
BLACK- : To be Verified and closed By CG's.

Marital Status - Inpatients With Invalid / Incompete Response

Marital Status - Outpatients With Invalid / Incompete Response

Marital Status - ED Attenders With Invalid / Incompete Response

Temporary Workforce

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
			Medical Staffing - Demand	No			1419	1596	1786	1699	1534	1703	1682	1669	1753	1805	1804	1887	1858	1823	1854	2381	2740	2696	Mar 2018	1910	563	181	0	30	12	0	2696	23952.0	
			Medical Staffing - Total Filled	%			81.25	82.46	77.94	74.93	79.4	76.1	60.4	75.07	70.62	74.52	78.27	71.86	74.33	71.91	78.05	88.37	76.79	86.09	Mar 2018	83.25	93.78	88.95	0	100	100	0	86	76.4	
			Medical Staffing - Bank Filled	%			40.07	34.42	37.79	40.93	44.12	36.65	55.51	51.48	52.58	51.75	56.52	51.77	52.06	52.02	54.66	52.52	50.76	46.19	Mar 2018	42.33	55.68	54.04	0	26.67	83.33	0	46	51.9	
			Medical Staffing - Agency Filled	%			59.93	65.58	62.21	59.07	71.44	63.35	44.49	48.52	47.42	48.25	43.48	48.23	47.94	47.98	45.34	47.48	49.24	53.81	Mar 2018	57.67	44.32	45.96	0	73.33	16.67	0	54	48.1	
			Medical Staffing - Filled Shifts - Snr Consultant	No			243	237	187	152	217	270	120	214	219	258	320	312	329	324	334	311	181	352	Mar 2018	227	88	5	0	30	2	0	352	3274.0	
			Medical Staffing - Filled Shifts - Jnr Doctor	No			951	1108	1196	1144	1001	1026	896	394	1019	1087	1092	1074	1052	987	1113	1793	855	1969	Mar 2018	1363	440	156	0	0	10	0	1969	13331.0	
			Nursing - Demand	No			9476	9802	9935	10261	9268	10708	8825	8616	8784	8760	8197	9080	9849	9335	9535	9866	9500	11272	Mar 2018	5323	2684	1609	18	112	1408	118	11272	111619	
			Nursing - Total Filled	%			91.18	92.03	90.68	92.75	95.55	95.8	95.29	90.22	87.78	89.1	92.59	83.87	83.29	85.1	80.62	80.64	81.48	81.2	Mar 2018	78.96	86.55	72.41	94.44	100	86.22	96.61	81	85.6	
			Nursing - Qualified - Bank Filled	%			46.77	36.3	41.77	40.3	27.07	43.52	42.07	46.67	42.61	44.43	44.12	43.91	46.36	47.21	45.52	46.72	47.66	49.7	Mar 2018	45.49	44.77	63.18	82.35	19.64	63.26	43.86	50	45.6	
			Nursing - Qualified - Agency Filled	%			18.76	28.38	20.17	22.55	18.71	16.76	16.32	17.77	15.48	13.94	13.03	13.92	15.87	16.39	16.29	16.67	17.59	17.5	Mar 2018	21.51	21.22	3.52	0	58.93	7.66	0	17	15.9	
			Nursing - HCA - Bank Filled	%			25.02	19.83	24.59	25.29	27.18	28.13	30.44	33.05	39.06	39.63	41.94	41.6	37.36	36.03	38.01	36.44	34.72	32.9	Mar 2018	33	34.01	33.3	17.65	21.43	29.08	56.14	33	36.7	
			Nursing - HCA - Agency Filled	%			9.444	15.49	13.48	14.48	12.91	11.59	10.74	2.509	2.84	1.999	0.909	0.46	0.402	0.378	0.182	0.176	0.026	0.0	Mar 2018	0	0	0	0	0	0	0	0	1.8	
			AHPs - Radiography - Demand (Shifts)	No			332	321	290	526	332	525	332	372	315	334	335	231	235	198	176	309	349	305	Mar 2018	0	0	0	0	305	0	0	305	3491	
			AHPs - Radiography - Filled (Shifts)	No			324	299	256	496	302	502	329	359	315	290	323	230	232	190	170	253	232	157	Mar 2018	0	0	0	0	157	0	0	157	3080	
			AHPs - Physiotherapy - Demand (Shifts)	No			38	190	186	276	478	356	180	242	257	104	99	100	108	88	75	33	113	35	Mar 2018	0	0	0	0	0	35	0	35	1434	
			AHPs - Physiotherapy - Filled (Shifts)	No			38	190	186	274	478	346	180	242	257	104	99	98	107	87	74	33	113	35	Mar 2018	0	0	0	0	0	35	0	35	1429	
			AHPs - Other - Demand (Shifts)	No			139	96	567	413	530	1009	459	527	471	511	536	482	532	460	451	519	385	500	Mar 2018	148	16	7	10	76	176	67	500	5833	
			AHPs - Other - Filled (Shifts)	No			95	200	567	412	527	885	457	527	471	508	534	476	520	445	440	502	371	497	Mar 2018	148	16	7	10	74	176	66	497	5748	
			Admin - Demand (Shifts)	No			2839	2479	2442	2381	4128	5135	4198	4228	4423	4054	4429	4091	4015	3928	3535	3778	3493	3607	Mar 2018	697	410	127	273	66	311	1723	3607	47779	
			Admin - Filled (Shifts)	No			2589	2452	2405	2348	4026	5079	4162	4184	4423	4031	4412	4025	3951	3838	3412	3707	3412	3496	Mar 2018	683	389	125	273	63	294	1669	3496	47053	
			Facilities - Demand (Shifts)	No			2185	1997	2172	2066	1971	2485	1795	2031	2101	1996	2182	2025	2059	2122	2008	2111	2226	2410	Mar 2018	10	49	1	0	14	4	2332	2410	25066	
			Facilities - Filled (Shifts)	No			2135	1969	2107	1992	1926	2425	1737	1999	2101	1966	2165	2006	2019	2098	1951	2054	2170	2384	Mar 2018	8	47	1	0	14	1	2313	2384	24650	
			Interpreters - Demand (Shifts)	No			5026	5508	4803	5159	4983	5634	4511	5139	5291	5101	4905	5116	5343	5699	4595	5354	4862	5079	Mar 2018	-	-	-	-	-	-	-	5079	60995.0	
			Interpreters - Total Filled	%			99.58	99.46	99.46	99.5	99.64	99.57	99.89	99.71	99.7	99.76	99.9	99.77	99.57	99.74	99.65	99.87	99.55	99.86	Mar 2018	-	-	-	-	-	-	-	100	99.8	
			Interpreters - Bank Filled	%			78.62	77.58	76.93	78.38	79.52	78.02	77.34	78.45	77.67	76.99	76.96	78.29	77.86	78.66	77.81	78.89	77.77	79.6	Mar 2018	-	-	-	-	-	-	-	80	78.0	
			Interpreters - Agency Filled	%			21.4	22.4	23.1	21.6	20.5	22.0	22.7	21.5	22.3	23.0	23.0	21.7	22.1	21.3	22.2	21.1	22.2	20.4	Mar 2018	-	-	-	-	-	-	-	20	22.0	
			Interpreters - Unfilled	%			0.4	0.5	0.5	0.5	0.4	0.4	0.1	0.3	0.3	0.2	0.1	0.2	0.4	0.3	0.3	0.1	0.5	0.1	Mar 2018	-	-	-	-	-	-	-	0	0.3	

Medical Staffing - Number of Shifts
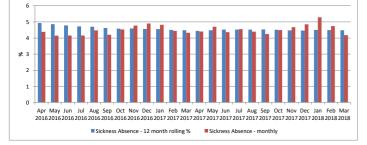
Nurse Staffing - Number of Shifts

Workforce

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
3		•b•	PDRs - 12 month rolling	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	56.4	65.1	75.9	86.8	57.3	76.9	69.2		81.9	
7		•b	Medical Appraisal	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	73.6	79.8	82.7	85.7	86.7	122.7	100.0	82.2	81.4	
3		•b	Sickness Absence (Rolling 12 Months)	<= %	2.50	2.50	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	4.8	4.7	4.4	3.7	3.8	4.1	4.6	4.48	4.5	
3			Sickness Absence (Monthly)	<= %	2.50	2.50	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	4.4	4.8	4.1	2.4	4.8	4.0	3.9	4.17	4.6	
3			Sickness Absence - Long Term (Monthly)	No			245	247	246	253	205	213	214	241	218	225	232	216	251	246	247	267	230	226	Mar 2018	40	48	35	6	11	32	2	226	2813	
3			Sickness Absence - Short Term (Monthly)	No			837	922	911	956	808	785	414	445	444	612	664	706	889	962	963	1021	932	818	Mar 2018	212	131	106	41	41	103	12	818	8870	
3			Return to Work Interviews following Sickness Absence (Cumulative)	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	67.5	91.8	81.9	89.6	84.2	85.9	82.1	81.5	79.7	
			Return to Work Interviews following Sickness Absence (In Month)	=> %	100.0	100.0					NEW INDICATOR REPORTING FROM Jan18										●	●	●	Mar 2018	74.0	87.5	83.5	85.3	86.5	90.2	81.2	82.1	81.9	
3			Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	86.6	90.6	90.7	95.1	91.3	95.5	94.4	91.5		
3			Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	-	-		
3		●	Mandatory Training - Health & Safety (% staff)	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	90.8	0.0	93.5	98.2	93.5	0.0	98.6	94.98		
7		•b•	Employee Turnover (rolling 12 months)	<= %	10.0	10.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018								14.2	12.8	
			Nursing Turnover	<= %	10.7	10.7	12.4	11.7	11.4	11.6	11.2	11.7	11.7	11.7	12.0	12.6	12.7	12.8	12.9	12.6	12.9	13.3	13.4	13.5	Mar 2018								13.5	12.7	
7			New Investigations in Month	No			3	0	3	4	3	9	14	1	3	4	4	2	7	4	5	4	3	4	Mar 2018	0	1	0	0	0	1	2	4		
7			Vacancy Time to Fill	Weeks			25	21	21	21	22	21	20	21	23	25	20	21	21	21	23	25	23	23	Mar 2018								23		
7		●	Professional Registration Lapses	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2018	0	0	0	0	0	0	0	0	0	
7			Qualified Nursing Variance (FIMS) (FTE)	No			313	293	305	268	246	257	256	276	281	289	287	269	252	244	265	248	243	261	Mar 2018								261		
15			Your Voice - Response Rate	No			-->	-->	-->	16.0	-->	-->	-->	-->	-->	18.8	-->	-->	-->	-->	-->	-->	-->	-->	Jul 2017	11.8	15.3	15.9	23.7	23.8	29	21.2	18.8		
15			Your Voice - Overall Score	No			-->	-->	-->	3.70	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.68	3.79	3.66	3.82	3.58	3.83	3.64	3.7		

Sickness Absence (Trust %)

Legend: Sickness Absence - 12 month rolling %, Sickness Absence - monthly

(Months Apr 2016 through Mar 2018)
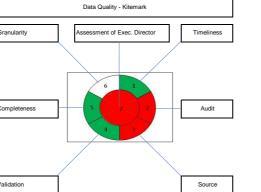
Local Quality Indicators - 2017/2018
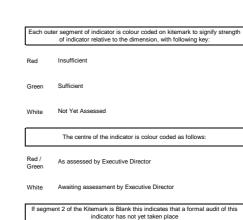
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Comments	Month	Year To Date	Trend
			Safeguarding Adults Advanced Training	=> %	85	85	80	81	81	80	79	81	81	81	79	83	86	85	85	86	88	89	89	90	Mar 2018	Fully Recovered to Standard	89.668	85.33	
			Safeguarding Adults Basic Training	=> %	85	85	98	98	98	96	98	98	98	96	97	96	98	97	97	97	97	97	98	99	Mar 2018	Fully Recovered to Standard	98.67	97	
			Safeguarding Children Level 1 Training	=> %	85	85	98	98	98	97	98	98	98	97	98	96	98	98	98	98	98	98	98	99	Mar 2018	Fully Recovered to Standard	99.1	97.9	
			Safeguarding Children Level 2 Training	=> %	85	85	71	73	75	76	77	77	78	79	78	78	83	86	86	87	88	88	88	89	Mar 2018	Fully Recovered to Standard	89.5	84.1	
			Safeguarding Children Level 3 Training	=> %	85	85	73	75	78	78	81	84	85	88	89	88	87	85	85	90	90	90	90	91	Mar 2018	Fully Recovered to Standard	91.3	88.0	
			WHO Safer Surgery - Audit - brief and debrief (% lists where complete) - SQPR	=> %	100	100	98	97	95	97	99	99	98	98	98	99	99	99	98	100	99	99	99		Mar 2018	Progressed as Persistent Red Action Plan	99.4	98.7	
			Morning Discharges (00:00 to 12:00) - SQPR	=> %	35	35	16	17	17	20	17	16	15	17	17	15	16	15	15	18	17	17	16		Mar 2018	Progressed as Patient Journey Action Plan	16.3	16.1	
			ED Diagnosis Coding (Mental Health CQUIN) - SQPR	=> %	85	85	85	86	86	86	86	87	86	86	85	84	84	84	84	85	85	83	0	0	Mar 2018		0.0	69.1	
			CO Level >4ppm Referred For Smoking Cessation - SQPR	=> %	90	90	83	92	80	78	93	87	80	86	76	82	82	85	79	80	100	100	100	100	Mar 2018	Fully Recovered to Standard	100.0	86.8	
			BMI recorded by 12+6 weeks of pregnancy - SQPR	=> %	90	90	86	82	81	84	81	77	78	80	79	88	92	94	93	96	97	97	98	94	Mar 2018	Fully Recovered to Standard	94.3	90.2	
			CO Monitoring by 12+6 weeks of pregnancy - SQPR	=> %	90	90	76	76	75	73	78	79	75	75	74	71	74	80	76	79	76	77	76		Mar 2018	Recovery Action Plan progressing	76.5	75.6	
			Community Gynae - Referral to first outpatient appointment Within 4 weeks of referral	=> %	90	90	25	8	11	33	66	83	93	95	92	67	38	13	20	65	-	-	-	-	Nov 2017	Investigating ; likely to be impacted by routine patients (>4wks) being mixed in clinics to maximise capacity	65.5	65.0	
			Community Gynae - New to follow-up Ratio Less than 1 to 2	=> %	95	95	95	96	96	95	96	92	97	98	97	94	94	97	86	89	-	-	-	-	Nov 2017	Investigating ; likely to be impacted by routine patients (>4wks) being mixed in clinics to maximise capacity	89.2	94.6	
			Community Gynae - Onward Referral Rate	<= %	10	10	3	12	7	6	7	4	2	4	5	7	5	1	2	5	-	-	-	-	Nov 2017	Fully Recovered to Standard	5.2	4.2	
			Community Nursing - Falls Assessment For Appropriate Patients on home visiting caseload	=> %	100	100	42	77	69	60	62	58	69	-	57	58	57	54	55	52	60	67	78	91	Mar 2018	Recovery Action Plan progressing	90.6	61.6	
			Community Nursing - Pressure Ulcer Risk Assessment For New community patients at intial assessment	=> %	95	95	47	80	71	63	65	63	77	-	63	65	66	62	63	63	70	78	81	92	Mar 2018	Recovery Action Plan progressing	92.2	69.5	

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Legend

Data Sources

1	Cancer Services
2	Information Department
3	Clinical Data Archive
4	Microbiology Informatics
5	CHKS
6	Healthcare Evaluation Data (HED) Tool
7	Workforce Directorate
8	Nursing and Facilities Directorate
9	Governance Directorate
10	Nurse Bank
11	West Midlands Ambulance Service
12	Obstetric Department
13	Operations Directorate
14	Community and Therapies Group
15	Strategy Directorate
16	Surgery B
17	Women & Child Health
18	Finance Directorate
19	Medicine & Emergency Care Group
20	Change Team (Information)

Indicators which comprise the External Performance Assessment Frameworks

●	NHS TDA Accountability Framework
a	Caring
b	Well-led
c	Effective
d	Safe
e	Responsive
f	Finance
●	Monitor Risk Assessment Framework
●	CQC Intelligent Monitoring

Groups

M	Medicine & Emergency Care
A	Surgery A
B	Surgery B
W	Women & Child Health
P	Pathology
I	Imaging
PCCT	Primary Care, Community & Therapies
CO	Corporate

Data Quality - Kitemark

Granularity

Assessment of Exec. Director

Timeliness

Completeness

Audit

Validation

Source

Each outer segment of indicator is colour coded on kitemark to signify strength of indicator relative to the dimension, with following key:

Red	Insufficient
Green	Sufficient
White	Not Yet Assessed

The centre of the indicator is colour coded as follows:

Red / Green	As assessed by Executive Director
White	Awaiting assessment by Executive Director

If segment 2 of the Kitemark is Blank this indicates that a formal audit of this indicator has not yet taken place

Medicine Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	EC	AC	SC	Month	Year To Date	Trend
Patient Safety - Inf Control	C. Difficile	<= No	30	3	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	3	0	0	3	21	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective (%)	=> %	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	67	87	18	65.4		
Patient Safety - Inf Control	MRSA Screening - Non Elective (%)	=> %	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	89	92	80	88.9		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	19	20	14	14	16	9	7	5	12	13	9	19	15	9	19	16	20	Mar 2018	5	15	0	20	153	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	19	20	12	14	16	9	7	5	12	13	9	19	15	9	19	16	20	Mar 2018	5	15	0	20	153	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	4	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	Mar 2018	0	0	0	0	1	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			-	3	14	12	8	8	11	6	6	4	8	3	2	1	3	2	1	6	Mar 2018	0	6	0	6	53	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			-	5	6	2	11	5	1	6	3	1	3	5	6	3	2	2	4	2	Mar 2018	0	2	0	2	38	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			-	1	0	1	1	0	0	0	2	1	2	0	0	1	1	1	0	0	Mar 2018	0	0	0	0	8	
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			-	5	2	1	0	0	1	1	1	5	0	0	0	0	0	0	0	0	Mar 2018	0	0	0	0	-	
Patient Safety - Harm Free Care	Falls	<= No	0	0	34	41	47	50	38	34	36	39	34	34	28	31	48	22	23	35	35	45	Mar 2018	5	40	0	45	410	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	2	3	3	1	2	1	1	0	0	1	1	3	0	0	0	0	0	Mar 2018	0	0	0	0	7	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	5	7	9	5	5	4	5	4	2	4	2	6	3	4	8	8	4	3	Mar 2018	1	2	0	3	53	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	87.5	85.7	95.4	88.8		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	99.3	100.0	0.0	99.3		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	100	100	0	99.6		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	99	100	0	99.3		
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	0	0	0	0	1	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	0	1	0	1	22	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	-	Jan 2018	41	49	39	44		

Medicine Group

Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			10.0	9.7	9.9	9.5	9.4	9.4	9.5	9.2	9.2	10.2	9.1	10.7	11.4	11.1	12.0	12.7	12.1	-	Feb 2018			12.1
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			10.0	9.3	9.4	9.4	9.4	9.4	9.4	9.3	9.3	9.4	9.4	9.6	9.7	9.8	10.0	10.2	10.4	-	Feb 2018			9.7

Medicine Group

Section	Indicator	Trajectory Year	Trajectory Month	Data Period	EC	AC	SC	Month	Year To Date
Clinical Effect - Stroke & Card	Pts spending >90% stay on Acute Stroke Unit (%)	=> % 90.0	90.0	Feb 2018		89.6		89.6	92.7
Clinical Effect - Stroke & Card	Pts admitted to Acute Stroke Unit within 4 hrs (%)	=> % 90.0	90.0	Feb 2018		77.5		77.5	75.8
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> % 50.0	50.0	Feb 2018		86.1		86.1	72.6
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> % 100.0	100.0	Feb 2018		100.0		100.0	98.0
Clinical Effect - Stroke & Card	Stroke Admission to Thrombolysis Time (% within 60 mins)	=> % 85.0	85.0	Feb 2018		100.0		100.0	70.4
Clinical Effect - Stroke & Card	Stroke Admissions - Swallowing assessments (<24h) (%)	=> % 98.0	98.0	Mar 2018		100.0		100.0	100.0
Clinical Effect - Stroke & Card	TIA (High Risk) Treatment <24 Hours from receipt of referral (%)	=> % 70.0	70.0	Feb 2018		80.0		80.0	96.2
Clinical Effect - Stroke & Card	TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=> % 75.0	75.0	Feb 2018		87.9		87.9	96.4
Clinical Effect - Stroke & Card	Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=> % 80.0	80.0	Mar 2018		91.7		91.7	93.9
Clinical Effect - Stroke & Card	Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=> % 80.0	80.0	Mar 2018		94.7		94.7	95.9
Clinical Effect - Stroke & Card	Rapid Access Chest Pain - seen within 14 days (%)	=> % 98.0	98.0	Mar 2018		100.0		100.0	100.0
Clinical Effect - Cancer	2 weeks	=> % 93.0	93.0	Feb 2018			95.7	95.7	
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> % 96.0	96.0	Feb 2018			100.0	100.0	
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> % 85.0	85.0	Feb 2018			92.3	92.3	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No		Feb 2018	-	-	1.00	1.00	23
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No		Feb 2018	-	-	1.00	1.00	7
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No		Feb 2018	-	-	113	113	
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	=> No 0.0	0.0	Mar 2018	-	-	4	4	68
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No 0.0	0.0	Mar 2018	0	0	0	0	267
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No		Mar 2018	13	20	1	34	420
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No		Mar 2018	38	34	4	76	

Previous Months Trend (columns: O N D J F M A M J J A S O N D J F M)

Indicator	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M
Cancer = Patients Waiting Over 62 days for treatment	1	2.5	2	1.5	3	2.5	2	2	4.5	1	2.5	2	3.5	2.5	0.5	1.5	1	-
Cancer - Patients Waiting Over 104 days for treatment	0	0	1	1	1	1	1	0	1	0	0	0	2	2	0	0	1	-
Cancer - Oldest wait for treatment	75	71	107	111	135	105	140	91	106	97	99	81	125	173	104	102	113	-
Neutropenia Sepsis Door to Needle Time Greater than 1hr	12	12	19	17	8	6	0	6	4	10	3	7	8	7	7	3	9	4
Mixed Sex Accommodation Breaches	0	6	30	2	0	4	21	7	0	0	3	61	46	129	0	0	0	0
No. of Complaints Received (formal and link)	27	40	35	40	45	42	34	42	40	27	49	24	26	47	29	30	38	34
No. of Active Complaints in the System (formal and link)	56	63	62	66	61	75	79	79	91	83	82	74	59	75	67	73	78	76

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Section	Indicator	Measure	Traj Year	Traj Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	EC	AC	SC	Month	Year To Date
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Mar 2018	-	4.38	-	0.91	
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	1	0	0	0	2	0	0	0	0	0	0	0	Mar 2018	0.0	0.0	0.0	0	3
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	0	6	2	4	6	2	3	11	3	5	2	8	2	3	4	6	0	7	Mar 2018	0.0	7.0	0.0	7	54
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	57	44	29	51	37	41	28	35	63	31	62	41	#####	#####	#####	#####	#####	#####	Mar 2018	0.0	0.0	0.0	0.0	
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2018	0.00	0.00	0.00	0.00	0
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95.0	95.0																			Mar 2018	75.4	81.9	Site S/C	78.8	82.4
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			1579	1750	1866	1776	1769	1721	1662	1742	1580	1483	1280	1257	1636	1714	2188	2257	0	2635	Mar 2018	2501	1	133	2635	19434
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0																			Mar 2018	0.0	0.0	Site S/C	0	1
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.0	15.0																			Mar 2018	13.0	14.0	Site S/C	13	14
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60.0	60.0																			Mar 2018	72.0	60.0	Site S/C	65	61
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																			Mar 2018	4.9	5.5	Site S/C	5.2	8.0
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Mar 2018	4.9	5.6	Site S/C	5.2	5.7
Emergency Care & Pt. Flow	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	112	162	193	162	129	107	110	159	242	111	127	90	143	207	208	163	160	196	Mar 2018	144	52		196	1916
Emergency Care & Pt. Flow	WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	16	21	19	11	13	5	0	12	6	1	0	1	4	6	11	5	4	21	Mar 2018	18	3		21	71
Emergency Care & Pt. Flow	WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																			Mar 2018	0.82	0.13		0.47	0.14
Emergency Care & Pt. Flow	WMAS - Emergency Conveyances (total)	No			4233	4261	4622	4410	4034	4206	4137	4376	4254	4429	4278	4174	4557	4424	4725	4561	4081	4487	Mar 2018	2203	2284		4487	52483
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																			Mar 2018	0.0	92.5	88.9	91.3	
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																			Mar 2018	0.0	70.8	91.6	80.0	
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Mar 2018	0.0	86.2	96.8	89.9	
RTT	RTT - Backlog	<= No	0	0	1319	1168	1500	1154	897	622	610	479	497	467	538	407	288	398	504	480	497	509	Mar 2018	0	451	58	509	
RTT	Patients Waiting >52 weeks	<= No	0	0	1	2	1	0	0	1	1	2	1	7	4	1	0	0	0	0	1	0	Mar 2018	0	0	0	0	
RTT	Treatment Functions Underperforming	<= No	0	0	13	10	12	10	10	10	9	7	8	9	7	8	5	5	6	6	6	6	Mar 2018	0	4	2	6	

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| RTT | Acute Diagnostic Waits in Excess of 6-weeks (%) | <= % | 1.0 | 1.0 | | Mar 2018 | 0 | 0.5 | 0.51 | 0.50 | |

Medicine Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	EC	AC	SC	Month	Year To Date	
Data Completeness	Open Referrals	No			74,142	75,046	75,926	75,925	76,880	78,278	78,984	79,971	81,548	83,160	84,417	85,453	62,769	63,236	64,194	65,058	65,868	66,860	Mar 2018	15,146	27,466	24,248	66860		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Req	No			27,787	30,150	31,585	32,319	33,572	35,739	36,247	36,822	37,760	39,488	40,216	40,844	35,242	36,135	37,044	37,620	39,394	40,207	Mar 2018	12,902	16,084	11,221	40207		
Workforce	WTE - Actual versus Plan	No			229	231	244	202	194	208	205	199	227	236	223	223	204	200	218	191	190	192	Mar 2018	101.8	85.69	0	192		
Workforce	PDRs - 12 month rolling (%)	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	49.16	61.19	0		74.1	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	59.46	83.33	0		77.2	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	4.78	4.75	0.00	4.75	4.74	
Workforce	Sickness Absence - In month	<= No	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	4.34	4.38	0.00	4.35	5.13	
Workforce	Sickness Absence - Long Term - In month	No			45	40	39	39	33	40	53	59	48	45	54	49	51	49	63	64	46	40	Mar 2018	14	26	0	40	621	
Workforce	Sickness Absence - Short Term - In month	No			194	206	243	223	207	182	66	68	80	131	145	157	173	233	236	219	203	212	Mar 2018	94	118	0	212	1923	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	59.0	73.8	0.0		68.75	
Workforce	Mandatory Training (%)	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	85.77	87.07	0		82.4	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-		-	
Workforce	New Investigations in Month	No			0	0	0	0	1	2	3	0	0	1	1	0	0	1	2	2	0	0	Mar 2018	0	0	0	0		
Workforce	Nurse Bank Fill Rate %	=> %	100	100	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	Apr 2016				85		
Workforce	Nurse Bank Shifts Not Filled (number)	<= No	0	0	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	'	Apr 2016				710		
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00				-	-	
Workforce	Your Voice - Response Rate (%)	No			-->	-->	-->	8	-->	-->	-->	-->	-->	11.8	-->	-->	-->	-->	-->	-->	-->	-->	Jul 2017	10.9	9.6	20.5	11.8		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	3.68	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.51	3.90	3.58	3.68		

Surgical Services Group

Section	Indicator	Measure	Traj Year	Traj Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	GS	SS	TH	An	O	Month	Year To Date	Trend
Patient Safety - Inf Control	C. Difficile	<= No	7	1	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	0	0	0	0	0	0	6	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	0	0	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	90.03	92.59	0	0	58.33	88.1		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80	80	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	90.91	94.76	0	86.67	91.67	92.1		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	4	0	0	0	2	1	3	0	12	7	6	15	12	9	7	9	4	Mar 2018	1	0	0	3	0	4	85	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	4	0	0	0	2	1	3	0	12	7	6	15	12	9	7	9	4	Mar 2018	1	0	0	3	0	4	85	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2018	0	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			-	0	0	0	0	0	1	4	0	3	1	2	1	1	0	0	0	0	Mar 2018	0	0	0	0	0	0	13	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			-	0	0	0	0	1	0	3	0	6	5	2	2	1	0	0	3	0	Mar 2018	0	0	0	0	0	0	22	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			-	0	0	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	Mar 2018	0	0	0	0	0	0	3	
Patient Safety - Harm Free Care	Falls	<= No	0	0	10	12	13	8	6	6	10	7	11	11	4	5	5	10	10	17	7	15	Mar 2018	7	3	3	1	1	15	112	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	1	Mar 2018	0	1	0	0	0	1	2	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	4	0	1	1	2	1	1	3	0	2	0	0	2	2	1	2	2	3	Mar 2018	1	2	0	0	0	3	18	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	97.22	95.56	0	98.44	97.62	97.2		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	99.86	100	100	100	100	100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	0	0	100	0	100	100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	0	0	100	0	100	100.0		
Patient Safety - Harm Free Care	Never Events	<= No	0	0	0	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	Mar 2018	0	0	0	0	0	0	2	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2018	0	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	0	1	0	0	0	1	9	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	-	Jan 2018	29	100	0	0	0	44.4		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			6.0	5.1	5.9	6.0	6.3	5.7	6.2	6.5	6.3	7.3	6.9	6.0	6.0	5.4	6.1	6.1	7.1	-	Feb 2018						7.1		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			6.99	6.3	6.11	6	5.95	5.84	5.83	5.86	5.92	5.98	6.09	6.1	6.1	6.21	6.23	6.24	6.3	-	Feb 2018							6.1	

Surgical Services Group

Surgical Services Group

Section	Indicator	Measure	Traj Year	Traj Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	GS	SS	TH	An	O	Month	Year To Date
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0	🟢	🔴	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	-	Feb 2018	97.6	-	0.0	-	-	97.61	
Clinical Effect - Cancer	2 weeks (Breast Symptomatic)	=> %	93.0	93.0	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	-	Feb 2018	97.4	-	-	-	-	97.42	
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	-	Feb 2018	98.5	-	0.0	-	-	98.53	
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0	🔴	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🔴	🟢	🟢	🔴	🔴	🟢	🟢	-	Feb 2018	90.4	-	0.0	-	-	90.36	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			7	4	5	5	8	2	2	5	3	8	3	2	6	4	8	10	4	-	Feb 2018	-	-	0	-	-	4	52
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			2	2	2	0	2	1	1	1	0	2	2	0	2	0	3	3	1	-	Feb 2018	1	-	0	-	-	1	15
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			351	191	158	103	193	105	119	114	98	134	108	84	110	0	119	126	112	-	Feb 2018	112	-	0	-	-	112	
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	=> No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2018	0	-	0	-	-	0	0
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	1	0	8	0	0	0	0	0	0	0	0	39	6	0	2	0	0	0	Mar 2018	0	0	0	0	0	0	47
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			37	29	26	32	25	36	24	29	20	28	29	18	16	28	22	24	25	32	Mar 2018	11	6	2	1	12	32	295
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			51	39	45	62	63	66	78	61	51	57	50	38	40	36	47	47	52	50	Mar 2018	22	6	4	2	16	50	
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	Mar 2018	3.31	5.16	0	0.41	0.27	2.08	
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	1	0	3	4	0	0	0	0	0	0	0	0	0	0	0	1	0	1	Mar 2018	0	1	0	0	0	1	2
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	29	57	31	35	49	45	32	49	38	41	28	37	35	35	24	20	29	41	Mar 2018	30	8	0	1	2	41	409
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	75.3	75.7	73	77.1	75.3	75.3	76.4	75.8	77.9	73.9	74.7	74.8	75.8	77.1	71.1	72.6	75	73.5	Mar 2018	73.6	70.5	0.0	96.8	71.7	73.52	
Pt. Experience - Cancellations	Urgent Cancelled Operations	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2018	0	0	0	0	0	0	0
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (%)	%	95.0	95.0	99.4	99.4	99.7	99.3	99.3	98.1	97.6	96.8	96.7	97.5	97.5	99.2	99.8	99.4	99.6	99.5	97.8	97.5	Mar 2018	-	-	-	-	97.54	-	-
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	<= No	0	0	92	76	109	70	68	112	137	109	93	106	69	73	84	80	89	66	0	179	Mar 2018	94	60	0	0	25	179	1085
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2018	-	-	-	-	0	-	-
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0	2.9	3.5	2.6	4.1	3.0	3.3	3.3	3.0	3.7	3.6	4.3	5.4	3.9	-	5.0	5.1	4.6	6.1	Mar 2018	-	-	-	-	6.05	-	-
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0	2.1	1.4	1.1	1.0	1.1	1.7	2.0	2.4	2.7	2.8	2.3	2.0	1.0	2.4	1.3	1.8	0.7	1.1	Mar 2018	-	-	-	-	1.07	-	-
Emergency Care & Pt. Flow	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15	26	14	14	0	0	0	0	0	-	0	0	0	0	0	0	0	0	0	Mar 2018	-	-	-	-	25	0	0
Emergency Care & Pt. Flow	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60	107	100	99	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Mar 2018	-	-	-	-	23	-	-
Emergency Care & Pt. Flow	Hip Fractures BPT (Operation < 36 hours of admissions	=> %	85.0	85.0	🟢	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🟢	Mar 2018						85.2	69.4

Surgical Services Group

Surgical Services Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	GS	SS	TH	An	O	Month	Year To Date
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	70.4	62.3	0.0	0.0	72.7	70.4	
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	85.6	91.6	0.0	0.0	94.7	91.3	
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	92.2	81.6	0.0	0.0	92.5	90.7	
RTT	RTT - Backlog	<= No	0	0	1369	1328	1514	1344	1153	1167	1304	1204	1293	1293	1385	1443	1447	1264	1271	1348	1370	1397	Mar 2018	538	421	0	0	438	1397	
RTT	Patients Waiting >52 weeks	<= No	0	0	2	0	1	0	2	2	4	1	1	1	5	9	4	7	5	2	0	4	Mar 2018	1	2	0	0	1	4	
RTT	Treatment Functions Underperforming	<= No	0	0	16	14	16	16	16	14	14	16	18	16	17	17	16	17	16	15	17	15	Mar 2018	8	5	0	0	2	15	
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	2.7	0.0	0.0	0.0	0.0	2.7	
Data Completeness	Open Referrals	No			112,597	113,840	115,090	116,146	118,262	121,184	123,687	126,992	129,204	131,460	133,412	135,263	136,924	139,237	140,979	142,818	144,613	146,703	Mar 2018	50,318	16,213	0	5,861	74,311	146703	
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requi	No			42,937	44,084	45,279	47,179	48,985	51,471	53,057	55,792	57,290	59,198	60,880	63,030	64,953	67,111	68,385	70,228	71,798	73,079	Mar 2018	27,792	8,543	0	3,920	32,824	73079	
Workforce	WTE - Actual versus Plan	No			146	140	151	185	157	166	168	172	176	196	181	180	172	169	158	150	155	161	Mar 2018	52.11	21.24	38.8	20.72	31.08	160.96	
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	64.1	63.4	73.8	56.6	69.6		81.8
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	78.38	75.86	0	76.09	86.96		77.6
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	4.5	5.9	6.4	4.5	2.2	4.7	4.7
Workforce	Sickness Absence - In Month	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	4.8	7.0	6.0	4.4	1.6	4.8	4.9
Workforce	Sickness Absence - Long Term - In Month	No			52	50	53	52	33	32	30	41	38	51	50	47	49	47	34	47	42	48	Mar 2018	13.0	13.0	15.0	5.0	0.0	48.0	524.0
Workforce	Sickness Absence - Short Term - In Month	No			181	173	181	166	149	138	61	50	55	96	96	119	159	170	172	151	160	131	Mar 2018	50.0	23.0	25.0	31.0	0.0	131.0	1420.0
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	86.1	91.3	97.6	95.2	90.6	91.8	87.2
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	89.2	88.3	94.0	92.1	89.4	87.2	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	
Workforce	New Investigations in Month	No			3	0	0	2	1	2	2	0	2	2	2	4	1	0	2	1	1		Mar 2018	1	0	0	0	0	1	
Workforce	Nurse Bank Fill Rate	=> %	100.0	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016						88.03	88
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	,	,	,	,	,	,	,	,	,	,	,	,	,	,	,	,	,	,	Apr 2016						238	238
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	-

Surgical Services Group

Workforce	Your Voice - Response Rate	No			-->	-->	-->	30	-->	-->	-->	-->	-->	15.3	-->	-->	-->	-->	-->	-->	-->	-->	Jul 2017	20.5	13.2	5.2	18.4	14.3	**15.3**	
Workforce	Your Voice - Response Score	%			-->	-->	-->	3.79	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.53	3.29	3.85	3.6	3.69	**3.79**	

Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Data Period	Directorate G	Directorate M	Directorate P	Month	Year To Date
Patient Safety - Inf Control	C. Difficile	<= No	0	0	Mar 2018	0	0	0	0	1
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0	Mar 2018	0	0	0	0	0
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.00	80.00	Mar 2018	91.7			91.7	
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80.00	80.00	Mar 2018	0	100		100.0	
Patient Safety - Harm Free Care	Number of DOLS raised	No			Mar 2018	0	0	0	0	1
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			Mar 2018	0	0	0	0	1
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			Mar 2018	0	0	0	0	0
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			Mar 2018	0	0	0	0	0
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			Mar 2018	0	0	0	0	0
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			Mar 2018	0	0	0	0	0
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			Jan-00	0	0	0	0	0
Patient Safety - Harm Free Care	Falls	<= No	0	0	Mar 2018	0	0	0	0	6
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	Mar 2018	0	0	0	0	0
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	Mar 2018	0	0	0	0	1
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0	Mar 2018	98.2	95.3		96.5	
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0	Mar 2018	99.4	100		99.7	
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0	Mar 2018	96.3	100		96.6	
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0	Mar 2018	96.3	100		96.6	
Patient Safety - Harm Free Care	Never Events	<= No	0	0	Mar 2018	0	0	0	0	0
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	Mar 2018	0	0	0	0	0
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0	Mar 2018	0	2	0	2	8

Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Dir G	Dir M	Dir P	Month	Year To Date
Patient Safety - Obstetrics	Caesarean Section Rate - Total	<= %	25.0	25.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018		25.6		25.6	25.6
Patient Safety - Obstetrics	Caesarean Section Rate - Elective	%			8	11	8	7	9	8	9	8	9	7	8	8	9	9	5	7	10	8	Mar 2018		7.58		7.6	8.0
Patient Safety - Obstetrics	Caesarean Section Rate - Non Elective	%			23	17	20	15	17	17	17	15	17	18	15	19	21	18	21	15	19	18	Mar 2018		18		18.0	17.7
Patient Safety - Obstetrics	Maternal Deaths	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018		0		0	1
Patient Safety - Obstetrics	Post Partum Haemorrhage (>2000ml)	<= No	48	4	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018		1		1	20
Patient Safety - Obstetrics	Admissions to Neonatal Intensive Care	<= %	10.0	10.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018		0.93		0.9	1.8
Patient Safety - Obstetrics	Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018		4.66		4.7	
Patient Safety - Obstetrics	Stillbirth (Corrected) Mortality Rate (per 1000 babies)	Rate1			-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	1	1	2	Mar 2018		4.66		4.7	
Patient Safety - Obstetrics	Neonatal Death (Corrected) Mortality Rate (per 1000 babies)	Rate1			-	-	-	-	-	-	-	-	-	-	2	1	0	0	1	0			Mar 2018		0		0.0	
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific	=> %	85.0	85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018		92.2		92.2	
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=> %	90.0	90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018		156		156.1	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100.0	97.0	●	●	●		●		N/A	N/A	N/A	●	●	N/A	N/A	●	●	●	-	-	Jan 2018	100	0	0	100.0	
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			5.4	5.9	5.0	4.0	5.4	4.7	4.6	4.5	4.8	4.3	3.7	4.3	4.3	5.5	4.8	5.0	4.4	-	Feb 2018				4.4	
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			5.4	5.0	5.0	5.0	4.9	4.8	4.8	4.7	4.7	4.7	4.7	4.7	4.6	4.6	4.6	4.7	4.6	-	Feb 2018					4.7
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0	●	#DIV/0!	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2018	99.4		100	99.4	
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2018		88.9		88.9	
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2018		65		65.0	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			1.5	4	3	2	4.5	3.5	4.5	3	2	2	5.5	5.5	1.5	6	1	1.5	3.5	-	Feb 2018	3.5	-	0	3.5	36
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			0	0	0	0.5	1.5	3.5	3	1	0	0	3	1	0	0	0	0	0	0	Feb 2018	0	-	0	0	8
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			76	98	98	120	150	162	126	139	95	102	184	141	90	0	86	74	99	-	Feb 2018	99	-	0	99	
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	=> No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2018	0	-	0	0	0

Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	G	M	P	Month	Year To Date	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2018	0			0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			12	9	12	14	14	12	13	8	12	6	12	8	8	7	4	19	7	16	Mar 2018	5	8	3	16	120	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			23	16	21	24	24	22	19	12	15	14	14	17	15	13	19	29	23	27	Mar 2018	0	0	0	27		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	2.69	-		2.0		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2018	0			0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	12	6	10	6	12	10	12	5	17	4	8	3	10	8	14	11	8	5	Mar 2018	5			5	105	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	79	79	71	80	83	81	83	82	82	80	79	77	73	79	75	73	80	70	Mar 2018	70.3	-		70.3		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2018	0	-	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			18	38	38	20	23	15	9	10	7	11	4	13	15	32	27	21	0	11	Mar 2018	10	0	1	11	160	
RTT	RTT - Admittted Care (18-weeks)	=> %	90.0	90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	89.2			89.2		
RTT	RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	96.8			96.8		
RTT	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	93.7			93.7		
RTT	RTT - Backlog	<= No	0	0	161	161	160	111	96	96	98	81	97	91	91	90	81	77	56	47	50	90	Mar 2018	90			90		
RTT	Patients Waiting >52 weeks	<= No	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	2	5	1	Mar 2018	1			1		
RTT	Treatment Functions Underperforming	<= No	0	0	2	3	3	2	1	2	1	1	1	1	2	2	1	2	2	2	1		Mar 2018	1			1		
RTT	Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1	0.1	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	0			0.0		

Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Directorate G	Directorate M	Directorate P	Month	Year To Date
Data Completeness	Open Referrals	No			26,671	27,018	27,523	27,970	28,605	29,483	30,091	30,838	31,759	32,486	33,158	33,869	34,430	34,844	35,501	36,199	36,730	37,586	Mar 2018	9,416	18,815	9,355	37586	
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			11,421	12,342	12,816	13,222	13,822	14,698	15,253	15,849	16,571	17,454	17,950	18,689	19,315	19,739	20,322	20,867	21,365	22,234	Mar 2018	5,804	13,001	3,429	22234	
Workforce	WTE - Actual versus Plan	No			107	109	126	119	111	116	119	124	116	117	108	96.9	92	94.5	105	120	120	132	Mar 2018	20.9	70.6	40.3	132.3	
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	69.7	72.6	81.2		82.9
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	85.2	87.5	76.5		83.7
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	3.32	5.06	3.92	4.4	4.4
Workforce	Sickness Absence - in month	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	1.55	3.82	5.22	4.1	4.5
Workforce	Sickness Absence - Long Term - in month	No			43	43	30	30	23	29	27	36	28	31	30	29	34	30	30	38	35	35	Mar 2018	1	21	13	35.0	383.0
Workforce	Sickness Absence - Short Term - in month	No			113	125	114	142	83	105	50	41	40	88	89	91	128	135	131	137	127	106	Mar 2018	10	61	35	106.0	1163.0
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	86	80.9	82.2	81.87	83.36
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	88.1	91.3	0		88.1
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	
Workforce	New Investigations in Month	No			0	0	0	0	0	1	3	1	0	0	0	0	1	1	1	0	0	0	Mar 2018	0	0	0	0	
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016				98	98
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016				40	40
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled		0	0																								
Workforce	Your Voice - Response Rate	No			-->	-->	-->	13	-->	-->	-->	-->	-->	16	-->	-->	-->	-->	-->	-->	-->	-->	Jul 2017	14.1	12.6	24.8	16	
Workforce	Your Voice - Overall Score	No			-->	-->	-->	3.66	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.54	3.72	3.6	3.7	

Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	G	M	P	Month	Year To Date	
WCH Group Only	HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregancy	No			119	131	109	126	-	-	157	250	268	-	-	-	-	-	-	-	-	-	Jun 2017		-		268	675	
WCH Group Only	HV (C2) - % of births that receive a face to face new birth visit by a HV =<14 days	=> %	95.0	95.0	85.3	84.6	95.7	90.5	88.3	-	83.9	80.8	87.2	88	87	81.6	92.5	88.9	90.7	88.9	81	-	Feb 2018		-		81	86.48	
WCH Group Only	HV (C3) - % of births that receive a face to face new birth visit by a HV >days	%			7.71	1117	3.23	7.22	9.56	4.81	13.5	16.9	9.89	10.5	9	11.4	7.99	6.48	7.91	6.5	9.35	-	Feb 2018		-		9.35	9.99	
WCH Group Only	HV (C4) - % of children who received a 12 months review by 12 months	=> %	95.0	95.0	90.1	93.9	94.6	95.6	97.2	96.2	89.6	92.2	94.6	93.8	89.8	91.7	95.9	95.1	93.7	93.2	93.6	-	Feb 2018		-		93.65	93	
WCH Group Only	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%			98.8	98.4	98.5	99.3	1.29	95.8	92.1	89.2	88.7	80.3	97.8	89.1	0	96.7	97.2	97.1	97.3	-	Feb 2018		-		97.3	85.01	
WCH Group Only	HV (C6i) - % of children who received a 2 - 2.5 year review	=> %	95.0	95.0	91.5	95.4	94.1	93	92.1	90.1	86.1	80.5	88	86.8	81.3	89.2	92.7	93.8	93.1	93.4	92.8	-	Feb 2018		-		92.79	89.01	
WCH Group Only	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%			92.8	89.4	89.2	89.7	82.5	84.2	84.6	78.2	84.5	84.2	80.2	85.5	87.1	81	91.7	92.4	92	-	Feb 2018		-		92.04	85.77	
WCH Group Only	HV (C7) - No. of Sure Start Advisory Boards / Children's Centre Boards witha HV presence	=> No	100	100	1	1	1	1	1	1	1	-	-	-	-	1	-	-	-	-	-	-	Sep 2017		-		1	1	
WCH Group Only	HV (C8) - % of children who receive a 6 - 8 week review	=> %	95.0	95.0	95	95.9	93.9	96.9	-	95.5	100	98.8	98.7	99.7	100	98.6	99.7	98.9	99.3	99	97.6	-	Feb 2018		-		97.55	99.12	
WCH Group Only	HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check	=> %	100	100	94	93.6	87.9	98.6	-	86.1	99.4	100	98.7	99.1	98.8	99.3	99.2	97	98	97.3	98.3	-	Feb 2018		-		98.25	98.63	
WCH Group Only	HV - % of infants being breastfed at 6 - 8 weeks	%			40.7	37.6	43.5	43.5	-	42.2	37.6	43.5	37.8	42.9	35.6	42.2	37.9	23.3	18.4	20.1	38.5	-	Feb 2018		-		38.46	34.32	
WCH Group Only	HV - % HV staff who have completed mandatory training at L1,2 or 3 in child protection in last 3 years	=> %	95.0	95.0	100	100	100	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	Feb 2017		100		100	100	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	No			313	132	306	377	-	357	365	390	361	401	403	329	386	388	343	342	290	-	Feb 2018		-		290	3998	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	=> %	100	100	92.4	91.3	93.5	97.2	-	91.3	-	-	97.4	-	-	-	-	-	-	-	-	-	Jul 2017		97.5		97.45	97.45	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	No			347	330	310	342	-	322	205	197	212	210	326	263	223	246	209	290	94	-	Feb 2018		-		94	2475	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	=> %	100	100	89.4	86.6	86.5	88.6	-	97.9	-	-	98.4	-	-	-	-	-	-	-	-	-	Jul 2017		98.4		98.41	98.41	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	No			347	339	323	343	-	-	26	20	19	28	317	24	21	27	20	26	305	-	Feb 2018		-		305	833	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	=> %	100	100	83.6	86.7	82.4	89.8	-	-	97.8	-	-	-	-	-	-	-	-	-	-	-	Jul 2017		97.8		97.77	97.77	

Women & Child Health Group

WCH Group Only	HV - movers into provider <1 year of age to be checked =<14 d following notification to HV service	No			41	34	31	63	-	-	125	171	151	134	193	125	135	141	102	174	64	-	Feb 2018	-	64	1515	
WCH Group Only	HV - all untested babies <1 year of age will be offered NBBS screening & results to HV.	Y/N			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00				

Pathology Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	HA	HI	B	M	I	Month	Year To Date	Trend
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	0	0	0	0	0	0	0	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Feb 2018	-	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Feb 2018	-	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Feb 2018	-	-	-	-	-		-	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			2	3	2	4	1	2	1	1	1	0	1	0	3	1	3	2	1	1	Mar 2018	1	0	0	0	0	1	15	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			3	3	1	3	4	4	3	2	2	3	3	3	4	2	3	4	2	3	Mar 2018	3	0	0	0	0	3		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Mar 2018	-	-	-	-	-	-	-	
Data Completeness	Open Referrals	No			5,995	6,051	6,140	6,284	6,387	6,495	6,601	6,770	6,960	7,039	7,180	7,354	7,427	7,455	7,473	7,588	7,676	7,754	Mar 2018	2,339	0	2,673	0	2,742	7,754		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			2,407	2,444	2,478	2,613	2,685	2,791	2,845	2,956	3,034	3,321	3,246	3,387	3,495	3,631	3,725	3,752	3,953	3,878	Mar 2018	1,309	0	1,343	0	1,226	3,878		
Workforce	WTE - Actual versus Plan	No			40	37	31	34.7	30.3	23.7	18.7	28.1	27.9	30.2	30.1	38.5	41.1	45.5	44.1	40	41.2	40.1	Mar 2018	10	2.9	9.9	8.2	2.4	40		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	73	92	85	86	100		86.4	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	60	88	100	100	100		77.82	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	3.3	1.5	4.5	3.8	2.2	3.66	3.61	
Workforce	Sickness Absence - In Month	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	1.9	1.3	3.7	1.7	3.7	2.44	3.61	
Workforce	Sickness Absence - Long Term - In Month	No			12	14	6	5	6	8	6	6	6	8	5	3	9	5	10	12	12	6	Mar 2018	0.0	1.0	3.0	1.0	0.0	6	88	
Workforce	Sickness Absence - Short Term - In Month	No			43	49	41	36	35	45	30	30	39	40	51	49	50	48	45	50	40	41	Mar 2018	9.0	1.0	15.0	7.0	9.0	41	513	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	91	100	85	96	96	89.6	86.9	
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	96	95	92	96	97		91.6	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-		-	
Workforce	New Investigations in Month	No			0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2018	0	0	0	0	0	0		
Workforce	Admin & Clerical Bank Use (shifts)	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016						265	265	
Workforce	Admin & Clerical Agency Use (shifts)	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016						0	0	
Workforce	Your Voice - Response Rate	No			-->	-->	-->	22	-->	-->	-->	-->	-->	23.7	-->	-->	-->	-->	-->	-->	-->	-->	Jul 2017	15	31	20	36	33	24		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	3.82	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.5	3.3	3.9	4	3.9	3.82		

Imaging Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	DR	IR	NM	BS	Month	Year To Date	Trend
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	0	0	0	0	0	0	
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= No	0	0	-	2.0	2.0	1.0	-	1.0	1.0	2.0	2.0	2.0	4.0	2.0	2.0	1.0	1.0	1.0	1.0	-	Feb 2018					4.2		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	=> %	0	0	13.0	15.0	17.0	17.0	15.0	16.0	15.0	16.0	16.0	17.0	18.0	19.0	21.0	20.0	19.0	19.0	20.0	-	Feb 2018						5.2	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Feb 2018			86.1		86.05	72.58	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.00	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Feb 2018			100		100	98.03	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Feb 2018	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Feb 2018	-	-	-	-	-	-	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Feb 2018	-	-	-	-	-		
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2018	0	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			1	4	5	4	1	1	4	2	2	3	1	3	2	1	1	4	2	1	Mar 2018	1	0	0	0	1	26	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			1	4	9	3	2	2	1	3	4	5	2	4	3	3	1	4	4	2	Mar 2018	1	1	0	0	2		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Mar 2018	-	-	-	-	-	-	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			55	60	55	66	54	100	102	128	94	106	100	97	122	111	140	84	0	85	Mar 2018	85	0	0	0	85	1169	
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	1.81				1.81		
Data Completeness	Open Referrals	No			399	428	438	461	481	498	512	532	545	560	577	608	623	666	707	736	749	774	Mar 2018	774	0	0	0	774		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			346	373	386	403	421	438	454	474	492	506	531	553	570	596	621	645	659	679	Mar 2018	679	0	0	0	679		
Workforce	WTE - Actual versus Plan	No			41	40	38	32	31	32	35	39	36	35	30	25	20	24	28	24	32	30	Mar 2018	17	2.1	3.6	1.8	29.5		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	54	90.9	73.1	69.5		79.2	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	85.7	0	100	0		88.0	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	2.7	10.8	2.0	3.0	3.77	4.13	
Workforce	Sickness Absence - in month	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	3.6	9.7	2.4	2.7	4.75	4.09	
Workforce	Sickness Absence - Long Term - in month	No			7	13	10	15	13	9	6	10	7	7	4	6	8	6	4	6	8	11	Mar 2018	5.0	1.0	0.0	0.0	11.00	83.00	
Workforce	Sickness Absence - Short Term - in month	No			29	41	40	53	36	32	29	22	24	22	22	34	31	39	36	41	38	41	Mar 2018	19.0	1.0	5.0	8.0	41.00	379.00	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	90.3	0	66.7	86.3	84.2	75.3	
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	86.1	93.3	93.7	96		87.6	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-		-	
Workforce	New Investigations in Month	No			0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	Mar 2018					0		
Workforce	Your Voice - Response Rate	No			-->	-->	-->	20	-->	-->	-->	-->	-->	24	-->	-->	-->	-->	-->	-->	-->	-->	Jul 2017	20	10	52	23	23.8		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	3.58	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.4	0	4.1	4.2	3.58		
Imaging Group Only	Unreported Tests / Scans	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Imaging Group Only	Outsourced Reporting	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Imaging Group Only	IRMA Instances	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								

Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	AT	IB	IC	Month	Year To Date	Trend
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.0	80.0	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🔴	🔴	🔴	🔴	🔴	🔴	🔴		Mar 2018	0	0	0	0		
Patient Safety - Harm Free Care	Number of DOLS raised	No			-	2	2	1	0	5	4	4	1	3	2	5	14	4	1	10	5	3	Mar 2018	0	3	0	3	56	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			-	2	2	2	0	5	4	4	1	3	2	5	14	4	1	10	5	3	Mar 2018	0	3	0	3	56	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			-	2	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	Mar 2018	0	0	0	0	2	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			-	1	1	2	0	0	3	2	3	0	3	0	2	1	4	5	2	4	Mar 2018	0	4	0	4	29	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			-	1	0	0	0	0	2	2	4	0	1	2	3	3	0	2	1	1	Mar 2018	0	1	0	1	21	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			-	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	Mar 2018	0	0	0	0	1	
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			-	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2018	0	0	0	0	2	
Patient Safety - Harm Free Care	Falls	<= No	0	0	33	30	27	20	19	31	23	21	36	36	38	30	33	32	38	27	34	49	Mar 2018	3	43	3	49	397	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	0	0	0	0	0	0	0	1	2	1	0	1	0	0	0	0	Mar 2018	0	0	0	0	5	
Patient Safety - Harm Free Care	Grade 3 or 4 Pressure Ulcers (avoidable)	<= No	0	0	0	1	3	2	2	1	5	1	1	1	0	3	1	1	0	2	1	0	Mar 2018	0	0	0	0	16	
Patient Safety - Harm Free Care	Never Events	<= No	0	0	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	Mar 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🔴	🟢	🟢	🟢	🟢	🟢	🟢		Mar 2018	0	0	0	0	1	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0	🔴	🔴	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🔴	🔴	🔴	🟢	🔴	🟢	🟢	🔴	🟢	Mar 2018	0	0	0	0	10	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2018	0	0	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			3	8	4	6	1	1	4	3	8	4	10	2	7	6	4	14	5	5	Mar 2018	5	0	0	5	72	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			5	5	6	6	6	6	9	10	12	9	11	8	8	8	9	14	11	10	Mar 2018	8	2	0	10		

Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Directorate AT	Directorate IB	Directorate IC	Month	Year To Date	
Workforce	WTE - Actual versus Plan	No			104	109	122	115	112	118	128	130	131	132	136	130	112	97.9	86.7	87.8	86.8	89.5	Mar 2018	31.3	28.9	29.3	89.5		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	70.8	74.4	83.6		88.3	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	3.21	5.11	3.8	4.13	4.06	
Workforce	Sickness Absence - in month	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	4.2	5.5	2.29	3.96	4.14	
Workforce	Sickness Absence - Long Term - in month	No			22	23	29	32	24	24	24	19	19	15	24	21	26	36	35	36	32	32	Mar 2018	9	-	-	32	319	
Workforce	Sickness Absence - Short Term - in month	No			74	104	101	102	93	82	57	60	57	78	84	76	121	128	135	146	133	103	Mar 2018	18	58	27	103	1178	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	82	88.4	84.7	85.94	80.93	
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	0	95.5	0		90.8	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-		-	
Workforce	New Investigations in Month	No			0	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0	1	Mar 2018				1		
Workforce	Nurse Bank Fill Rate	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016	-	-	-	87.87	87.87	
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Apr 2016	-	-	-	87	87	
Workforce	Your Voice - Response Rate	No			-->	-->	-->	29	-->	-->	-->	-->	-->	29	-->	-->	-->	-->	-->	-->	-->	-->	Jul 2017	31.1	24.1	31.1	29		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	3.83	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.72	3.72	3.96	3.83		

Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Directorate AT	IB	IC	Month	Year To Date	
Community & Therapies Group Only	DVT numbers	=> No	730	61	-	-	-	-	-	-	41	54	59	70	54	56	55	55	29	53	35	58	Mar 2018				58	619	
Community & Therapies Group Only	Adults Therapy DNA rate OP services	<= %	9	9	7.88	7.37	12.2	12.2	8.97	8.04	8.47	8.18	8.5	7.79	8.04	-	-	-	-	-	-	-	Aug 2017				8.0	8.2	
Community & Therapies Group Only	Therapy DNA rate Paediatric Therapy services	<= %	9	9	0	1.42	0.87	3.94	1.15	-	-	-	-	-	14.3	10.2	8.91	-	-	-	-	-	Oct 2017				8.9	10.1	
Community & Therapies Group Only	Therapy DNA rate S1 based OP Therapy services	<= %	9	9	10.8	10.3	10.6	11.3	10.7	10.1	11.1	10.9	10.3	9.98	11.1	10.7	11.5	11.5	14.9	14.7	11.5	14.3	Mar 2018				14.3	11.7	
Community & Therapies Group Only	STEIS	<= No	0	0	1	1	0	0	0	0	0	0	-	1	2	3	0	-	0	0	2	-	Feb 2018				2	8	
Community & Therapies Group Only	Green Stream Community Rehab response time for treatment (days)	<= No	15.0	15.0	19	17	19.2	15.4	14.3	15.5	15.5	16.7	18.3	18.5	19.4	15.5	14.7	12.4	15.3	13.2	19.6	21.5	Mar 2018				21.5	200.35	
Community & Therapies Group Only	DNA/No Access Visits	%			2	2	2	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	Mar 2018				0.69		
Community & Therapies Group Only	Baseline Observations for DN	=> %	100	100	36.8	53	57.3	55.8	59.2	56.3	66.8	58.2	51.8	56.3	56.1	52.4	52	61.7	59.2	70.4	76.4	87.5	Mar 2018				87.5	60.75	
Community & Therapies Group Only	Falls Assessments - DN Intial Assessments only	%			42	77	69	60	62	58	69	63	57	58	57	54	50	60	60	67	78	91	Mar 2018				90.63		
Community & Therapies Group Only	Pressure Ulcer Assessment - DN Intial Assessments only	%			47	80	71	63	65	63	77	68	63	65	66	62	59	72	70	78	81	92	Mar 2018				92.19		
Community & Therapies Group Only	MUST Assessments - DN Intial Assessments only	%			26	52	46	48	36	46	58	52	46	49	49	49	43	54	55	61	77	90	Mar 2018				90.23		
Community & Therapies Group Only	Dementia Assessments - DN Intial Assessments only	%			14	53	53	52	62	44	55	50	43	60	38	63	41	50	47	59	70	89	Mar 2018				88.63		
Community & Therapies Group Only	48 hour inputting rate - DN Service Only	%			94	93	93	69	93	94	92	90	93	92	93	93	94	96	94	95	94	96	Mar 2018				96.17		
Community & Therapies Group Only	Making Every Contact (MECC) - DN Intial Assessments only	%			177	251	369	308	382	460	488	467	453	428	420	369	556	398	337	424	365	461	Mar 2018				90.04	62.08	
Community & Therapies Group Only	Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload acquired)	No			0	2	5	6	8	6	5	8	4	7	4	3	6	4	4	2	4	4	Mar 2018				4	55	
Community & Therapies Group Only	Avoidable Grade 2 Pressure Ulcers (DN caseload acquired)	No			0	2	2	4	6	3	5	8	4	7	4	3	3	4	4	2	3	2	Mar 2018				2	49	
Community & Therapies Group Only	Avoidable Grade 3 Pressure Ulcers (DN caseload acquired)	No			0	0	3	2	2	2	0	0	0	0	0	0	1	0	0	0	1	2	Mar 2018				2	4	
Community & Therapies Group Only	Avoidable Grade 4 Pressure Ulcers (DN caseload acquired)	No			0	0	0	0	0	1	0	0	0	0	0	0	2	0	0	0	0	0	Mar 2018				0	2	

Corporate Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	SG	F	W	M	E	N	O	Month	Year To Date	Trend
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			13	11	12	11	11	14	3	9	5	10	2	8	4	9	8	12	8	8	Mar 2018	2	0	0	1	0	2	3	8	86	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			13	18	13	12	17	19	16	17	10	13	5	10	7	11	15	16	11	15	Mar 2018	3	0	0	1	1	6	4	15		
Workforce	WTE - Actual versus Plan	No			123	118	133	98.6	94.5	105	99.5	103	102	102	107	123	114	111	122	116	119	137	Mar 2018	9.38	-3.56	5.06	16.5	-0.13	57.1	52.9	137.3		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	73	64	54	82	62	70	69		83.4	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018			95					100.0	61	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	2.91	2.62	2.93	3.79	4.92	5.82	4.07	4.62	4.67	
Workforce	Sickness Absence - in month	<= %	3.15	3.15	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	3.10	3.14	0.85	4.94	3.23	4.99	3.13	3.93	4.47	
Workforce	Sickness Absence - Long Term - in month	No			64	64	79	0	1	0	2	1	2	2	2	2	1	2	1	1	2	2	Mar 2018	1.00	0.00	0.00	0.00	0.00	1.00	0.00	2.00	20.00	
Workforce	Sickness Absence - Short Term - in month	No			203	224	191	7	8	8	3	2	3	1	4	10	4	5	7	15	11	12	Mar 2018	9.00	0.00	0.00	0.00	0.00	3.00	0.00	12.00	77.00	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	90.1	64.5	73.5	76.3	82.7	84.4	84.3	82.1	80.8	
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2018	0	95	0	98	96	92	96	94.4	91	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00	-	-	-	-	-	-	-	-	-	
Workforce	New Investigations in Month	No			0	0	2	1	1	4	6	0	2	1	1	0	0	1	1	0	2	2	Mar 2018	0	0	1	0	0	1	0	2		
Workforce	Your Voice - Response Rate	No			-->	-->	-->	18	-->	-->	-->	-->	-->	21	-->	-->	-->	-->	-->	-->	-->	-->	Jul 2017	67.7	41.5	42.9	30.4	30.3	6.6	21.9	21.2		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	3.64	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.83	3.61	3.98	3.55	3.52	3.62	3.37	3.64		