Sandwell and West Birmingham Hospitals MHS

NHS Trust

Report Title	Integrated Quality & Performance Report	t (IQPR) August 2018
Sponsoring Executive	Dave Baker, Director of Partnerships and	Innovation
Report Author	Yasmina Gainer, Head of Performance &	Costing
Meeting	Trust Board	Date 4 th October 2018

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

- Emergency care August performance 5.9% below our NSHI trajectory at 82.7% versus 88.6%. We have detailed plans to recover this position, which are being implemented in late September.
- Diagnostic testing within 6 weeks (DM01) fails to recover to standard of 99% for six months. August performance is at 98.55% with 131 breaches mostly in Imaging. A recovery plan is in place with a revised recovery plan for October.
- VTE assessments in August at 94.3%, failing the standard for a second month running. 423 assessments were missed in August; Q&S are considering a quality improvement project.
- HSMR Mortality indicator an outlier back this month at 123 (117 last month). The Board is familiar with plans to address the accuracy of this figure and move towards a figure closer to 95. This returns to Board in December and will routinely be monitored.
- Sickness rate in-month for August at 4.81%, cumulative at 4.5%. The Mental wellbeing project started on 1st September.

Noting positive performance:

- Theatre utilisation (overall utilisation) improves to ~82% in August; in-session to ~77% improvement; on the day cancellations still below the 0.8% national target.
- Cancer standards in July continue to deliver the 62 Days target at 88.2% together with delivery of all other cancer standards. 104 day waiters monitored by CEO of which there are 2.5 in July.
- Neutropenic sepsis performance reporting at 92.6%; recent breaches can be isolated to clinical reason causing the breach. 2 patients breached in August out of 27
- RTT for August has been confirmed to meet 92 % standard. However, 1x 52 week breach for the month.
- We continue to see sustained and improved performance across many indicators for the month of August with 7x persistent reds now achieving the desired performance levels and others progressing to resolution and finalise their targets.

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

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

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

OMC, Distribution to Groups

2. Recommendation(s)

The Trust Board is asked to:

- **a.** Note the performance on the August IQPR
- **b.** To confirm its reassurance about existing plans for the key under-performing areas identified above
- c. Note and challenge continuous progress with the persistent red indicators

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

Trust Risk Register		Risk Number(s): all					
Board Assurance Framework		Risk Number(s): all					
Equality Impact Assessment	ls	this required?	Υ	Ν	Χ	If 'Y' date completed	
Quality Impact Assessment	ls	this required?	Υ	Ν	Χ	If 'Y' date completed	

August 2018 – Summary Notes from IQPR and Persistent Reds

1) Overall Performance

In August, the Trust continues to perform across many indicators with good improvement in theatre utilisation and reductions in elective cancellations across the last three months. Positive delivery, improvements and focus are evident in several other areas including the 'persistent reds' action plan. We also see some performance dipping in the month. The Trust needs to maintain rigour and focus to stabilise Diagnostic and VTE performance.

However, our mortality data and emergency care performance remain unacceptable, with detailed project plans implementations in September.

2) Specific IQPR highlights in the month:

Missing targets ..

VTE assessments have again in August missed the standard and report at 94.3%.
Diagnostics fails to recover to 99% standard for 6 months running, at 98.55% in August; CT, MRI and
ultrasound scanning being the main driver for under-achievement. 131 breaches overall were incurred

in the month.

□ Patients admitted to stroke wards within the 4 hours target is at 64.7% in August. 25/72 breaches of which 19 were caused by bed pressures.

Achieving targets ..

Pulling out here the most significant achievements

- □ In August we see the biggest improvement in theatre utilisation for a prolonged period of time, in session utilisation went up to 76.6% and overall utilisation (measuring the session even if outside standard start and finish times) has increased to 81.8%
- Related to the theatre improvement we also observe, a small, but never-the-less important movement towards improving the IP notice periods given to patients. 47% of our IP patients were given appointments below 3 weeks, previously we were trending at around 59% each month. This is signalling better diary and scheduling management, but we need to see this come down further and clearly be a sustainable, routine performance.
- WHO Safer Surgery indicators are again delivering to 100% and effort is put into managing this which is recognised, as the system for capturing the briefings information is not fully working (being addressed with clinical effectiveness and IT).

2) IQPR Persistent Red indicators

- □ Are progressing well as we manage to resolve further items as summarised below
- □ Neutropenic sepsis, whilst failing its original plan to resolve to 100% by August, is now breaching primarily due to clinical reasons rather than process. Door to Needle time is currently on average at 43 minutes compared to the 60 (1hr) target.
- □ Workforce improvement targets have just now been agreed by the Director of People & OD and we will plot these dates as soon as possible to monitor delivery (in yellow below)
- □ The resolved items will be removed from persistent red reporting as per rules agreed

Total Indicators	<u>22</u>	Note: Some are grouped and are in fact two or more separate indicators	Delivery Expected
Resolved so far	7	 Unplanned A&E attendances¹; WHO Safer Surgery; Early Booking Assessment; Patient Safety Thermometer; Cancellations Cancellations as %age of elective admissions Neck of Femur 	
Achieved standard for 2 months	0		
Achieved standard for 1 month	0		
Working towards target improvement plans & expected to deliver in the near future	7	PDRsMedical Appraisals	 Sept2018 Oct2018 (upper quartile performance expected) Sept2018
		 Return to Work Interviews Mandatory Training Treatment Functions Under 92% RTT Patients Waiting >52 weeks Weekday Theatre Utilisation – 85% 	Not identifiedOct2019Apr2019Jan-Mar2019
Without target improvement plans at this stage	7	 Open Referrals Patient Bed Moves Sickness Absence Rate / Sickness Absence cases 	 Not identified Not identified Trajectory now
Improvement trajectories recently signed off by Director of People & OD		 Nursing / Workforce Turnover Mortality Reviews within 42 day Falls FFT Score & Responses 	 agreed recently agreed Trajectory in progress Not identified Trajectory in progress
Missing the set recovery plan	1	Neutropenic Sepsis has missed the August recovery target, but this is due to patients' clinical reasons preventing the antibiotic administration. This does potentially highlight the possibility that routinely we may have some patients falling into this breach category and so the Trust would be unable to deliver at 100% for the right reasons. Door to needle time currently at 43 minutes vs 60 minutes requirement.	, , , , , , , , , , , , , , , , , , , ,
Performance, following recovery, showing small deterioration		1 Unplanned A&E Attendances performance, post recovery to standard of 5% has slightly worsened in July to 5.24%, August data was not available at this stage but the management has been asked to investigate and bring back in line.	

Key IQPR Indicators Summary for August 2018-19 (month 5):

Infection Control:

- The Trust has had 1x CDiff case in August, performing very well against this standard with year to date position of 6 cases against the year to date target of 12. Tracking well against the annual ceiling of 29
- At trust level MRSA screening, electively and non-electively achieves targets routinely, but PCCT and Medicine &
 EC are not; recommendation is that they review performance with infection control which is planned.
- ☐ MSSA Bacteraemia (rate per 100,000 bed days) in August the rate is at 0.0 compared to target of 9.42; year to date is also in line with target at 5.2 vs 9.42 target

Harm Free Care:

- □ Achievement of 100% target against the WHO Safer Surgery continued into August for a fourth month running and this is a significant achievement, which now we will aim to sustain.
- □ Safety Thermometer at 99.4% in August against the 95%, this reports 'new harm' only caused by SWB.
- In August there were 5x PUs (hospital acquired, avoidable), a distinct reduction from previous months, but we report 1x grade 4 in this, although this is still subject to a full TTR/validation process. We incurred 4x in the acute setting and 1x Community acute setting (1x grade 4, 1xgrade 2 and 3xgrade 3); additionally there was 1x case in the district community setting.
- ☐ In August there were 87 falls reported, higher than a long term average, but none resulting in serious injury. Again noting, that some of these falls may be validated out post validation by the senior nursing team.
- □ VTE assessments have been below required levels for a second month running and in August delivered 94.3% of assessments against the 95% target, missing 423 assessments. Whilst IT issues prevented previously the maternity data flow this has been rectified now. However, a VTE data quality review is underway to ensure that the carried out assessments are properly recorded and so are part of the performance count. We aim to complete this by the end of September and will report on the outcome.
- □ We continue to maintain zero never events and medication errors.
- Open Central Alert System (CAS) Alerts beyond deadline date worth highlighting as we see 4x beyond the agreed deadline, which is highlighted as unusual for the Trust.

Access Targets:

1 RTT & Diagnostics

- RTT incomplete achieves 92.07% standard in August vs 92% standard and routinely delivers the incomplete standard for a number of months now.
- Our patient waiting list at August is at 35,614 patients with a backlog of 2,825 (2,697) being patients above 18 weeks wait time.
- □ We have now all specialities other than T&O, Dermatology and Cardiology reporting RTT at 92% or above. T&O however shows massive improvements and is possibly the best performing T&O RTT regionally; Dermatology breached due to last minute sickness and will recover in September, leaving Cardiology requiring focussed support.
- □ 1x 52 week breach has been reported in August in Cardiology.
- The Modality pathway impact on RTT needs to be fully understood and assured so that the Trust is counting all RTT relevant pathways appropriately and due to the novel arrangement with Modality there may be some reviews and tweaking of process required. Patient Access to take this forward and to report any issues and actions resulting.
- Acute Diagnostics (DM01) reporting at 98.55% in August. 131 total breaches in August challenged mainly across CT/MRI/Ultrasound accounting for most of the breaches. A 10 week improvement plan has been put in place.
 Recovery is planned for October.

2 Cancer

	Cancer performance reports one month in arrears to allow cancer network validations to take place; in August we report for July.
	Recognised as a delivering Trust; meeting routinely most of the cancer standards.
	There were 10.0 breaches of 62 day standard in July overall resulting in the performance of 88.2% above the target of 85%
	2.5 patients waited above 104 days and the case studies are routinely now submitted to the CEO for review.
	August performance for cancer is expected across all cancer standards.
	Neutropenic sepsis continuous to improve, but has stubborn breaches which continue. In August 25/27 patients have been treated (93% patients treated) and 2 patients breached as clinical reasons rendered the antibiotic treatment within the hour inappropriate. All breaches are RCAed at the time and subject to a full review at a Breach Meeting. Building on the significant improvement to previous years, and especially year on year, the team were aiming to achieve the full 100% compliance by August 18, and excluding the clinically driven breaches the team have largely delivered this. The Door to Needle time is in August at 43 minutes compared to 60 minutes requirement.
	Inter-Provider Transfers: delivery of 67% of tertiary referrals within the 38 days requirement in July. Primary
	focus on meeting the 38 day target needs to be on diagnostic services in improving current wait times. Our local improvement focus is on Straight-to-Test pathways in colorectal service and other specialties, which have reduced waits for tests and 1st OPD. A trajectory will be reported and overseen through OMC.
	Note: Referral to Faster diagnosis; a new cancer diagnosis standard, designed to ensure that patients find out within 28 days whether or not they have cancer, will be introduced in 2020. Data collection starts in 2019.
3 E	Emergency Care & Patient Flow
	A full set of IQPR data has not been completed for A&E for August; this is unusual and is the very first time in a long period of time. Hence not all indicators are reported.
	August performance at 82.7% not achieving trajectory agreed with NHSi of 88.6% for August;
	Trajectory agreed with NHSi to get to 95% in March 2019. A joint A&E Rapid Improvement Plan is being
	implemented to take forward initiatives across the system kicking in at the end of September.
	2,999 August breaches (3,001 in July, 3,418 in June, 3,746in May) of the 4 hour target were experienced against 17,333 attendances.
	Fractured Neck of Femur Best Practice Tariff delivery for August at 84.8% just 0.2% below the 85% target in the month, a third month of delivery to standard. This is therefore considered good performance despite the shortfall in August of 0.2%. Key is now to sustain this performance. The indicator performance has been inconsistent in previous monthly trends, but it has to be noted that performance is also impacted by unstable, clinical conditions of patients, which will mean that they may not be fit for surgery.
	Patient bed moves for non-clinical reasons in August at 38 against aspiration of zero.
Ok	ostetrics:
	C-Sections in August reported at 26.9% against target of 25%; year to date at 26.8%;
	Puerperal sepsis remains within confidence levels across two of the indicators; however notably there was a spike in one of the sepsis indicators where the rate has gone up to 1.3% compared to previous month trends of
	0.8%; Stillbirth rate in August reported at 4.17 per 1,000 babies; Neonatal Death Rate (Corrected) (per 1000 babies) at
	2.08 per 1,000 babies.
	Adjusted Perinatal Mortality Rate (per 1000 babies) year to date is at 7.88 compared to target rate of 8. Breastfeeding initiation continues to routinely deliver.

Stroke & Cardiology:

At this stage in the month the IQPR reports the WD5 positon (not post-validated WD20 position) reporting a drop in performance against a couple of indicators. Thrombolysis within the hour is often affected by clinical reasons and some operational processes, which are RCAed routinely and managed. August compliance is at 87.5% vs 85% target; 1/8 patient missed the 1hr treatment mainly due to 20mins delay in portering (1hr16mins to treatment for this patient) Admissions to Stroke Ward within 4 hours remained inconsistent month on month clearly impacted by bed capacity; in August admittance to stroke ward within 4 hours is at 64.7% vs national standard of 80%; in August there were 25 breaches out of 72 total patients, 19 of these breaches were due to capacity (beds); year to date below the target at 70.8%; Patient Staying on Stroke Ward in August were at 88.4% having spent >90% of their stay on a stroke ward, which is not compliant with the 90% operational threshold in the month; however 89% compliance on a year to date basis closer to the 90% target. TIA (High Risk) Treatment <24 Hours from receipt of referral is 87.5% at August vs target of 70% TIA (Low Risk) Treatment <7 days from receipt of referral is at 93.3% in August vs target of 75%. Both TIA indicators delivery routinely to standard. For August Primary Angioplasty Door to balloon time (<90 minutes) is meeting the target of 80% at 93.3% delivery. Primary Angioplasty Call to balloon time (<150 minutes) at 100% vs 80% target. Both are consistently delivering. Rapid Access Chest Pain - seen within 14 days consistently delivering at 100% again consistent performance here for a number of years. Workforce: Mandatory Training in August reporting at 90.6% against target of 95%; Health & Safety related training is below the 95% target at 93.8% in August and see a dip in performance after a number of months achieving the standard. PDR completion approach has changed to an annual cycle reporting quarterly delivery this year; in August the team updated that performance was at 86% signalling improvement but they are still working through the outstanding PDRs. A better and final picture may present later in the year when this has been worked through, but ultimately it is reasonable to expect this change to take a year to turn around performance. August in-month sickness rate is at 4.81% and cumulative rate at 4.5% against Trust aspirations of 3%. In August we had 961 employees sickness count (long and short term) versus last year, same period which was at 896 (a 7.3% increase). August return to work interviews in-month at 84% showing general improvement, but below the trust target at this stage which is 100%. The team are still working on chasing in the outstanding records in ESR, which will further improve the position but it is unlikely that the full standard will be delivered until next year's PDRs round where the full improvement plan will be realised. ☐ The Trust annualised turnover rate for August is at 12%; the Qualified Nursing turnover at August reporting at 13.4% (13.3%) vs 10.7% target. Mortality: Mortality indicators are in line with confidence limits against most of the mortality indicators, other than our HSMR which is currently reported (March 2018 – latest data) at 123 for SWBH and outside statistical confidence limits. There is ongoing Trust scrutiny and oversight of mortality statistics at the Executive Quality 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 weekend mortality; the weekend rate reports at 120 for the latest period which is May2018.

Mortality reviews in the Trust are at 46% for the latest period. There is renewed effort to support reviews including introduction of medical examiner screening. Mortality reviews are discussed at the Learning from

Deaths Committee.

Cance	llations	and Theatre	Iltilisation:
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Performance has been challenging during a significant number of months, however in the three couple of months we have seen material improvement. In August we report cancellations on the day at 25 against the internal trust target of 20. Whilst slightly higher than the internal target of 20, this is still below the national level of 0.8% of cancellations on the day against elective admissions. 14/25 were avoidable (~60%) which is a high number, but avoidable is not only hospital related e.g. it will include patients who may have eaten on the day of surgery for example. These 25 late cancellations in August account to 0.75% (0.5% July 0.7% June, 1.5, May, 0.9% in April) of our elective admissions vs the 0.8% national target. A fantastic achievement that is believed to be sustainable now based on new escalation processes and management of cancellations including the 23hr unit mitigating bed capacity issues. There were no 28 Day breaches in month and no urgent cancelations in the month of August. Theatre in-session utilisation is still below target of 85%, but improving significantly to 76.8% in August – the highest for a prolonged period of time. Overall session utilisation (outside routine session timings) for August is at 81.8% and getting closer to that 85% target; the aim should be to get in-session utilisation to same levels as running outside sessional time may impact on other sessions, but in itself this is a significant improvement. We now have speciality level theatre utilisation improvement trajectories. Monitoring will be overseen by the Theatre Board. **Data Completeness:** Open referrals have increased to 169,000 in August. Persistent Reds: Summary of performance up to August 2018 As per Summary on page 3. Other points worthy of mention are: We see relatively good progress against what are some very difficult to improve indicators and processes. □ Director of People & OD has now confirmed improvement targets for sickness and other workforce indicators, which resulted in improvement trajectories being identified; Theatre utilisation targets, at speciality level, are being progressed to achieve 85% utilisation. This is

already showing progress as we see overall improvement in our theatre utilisation in August.

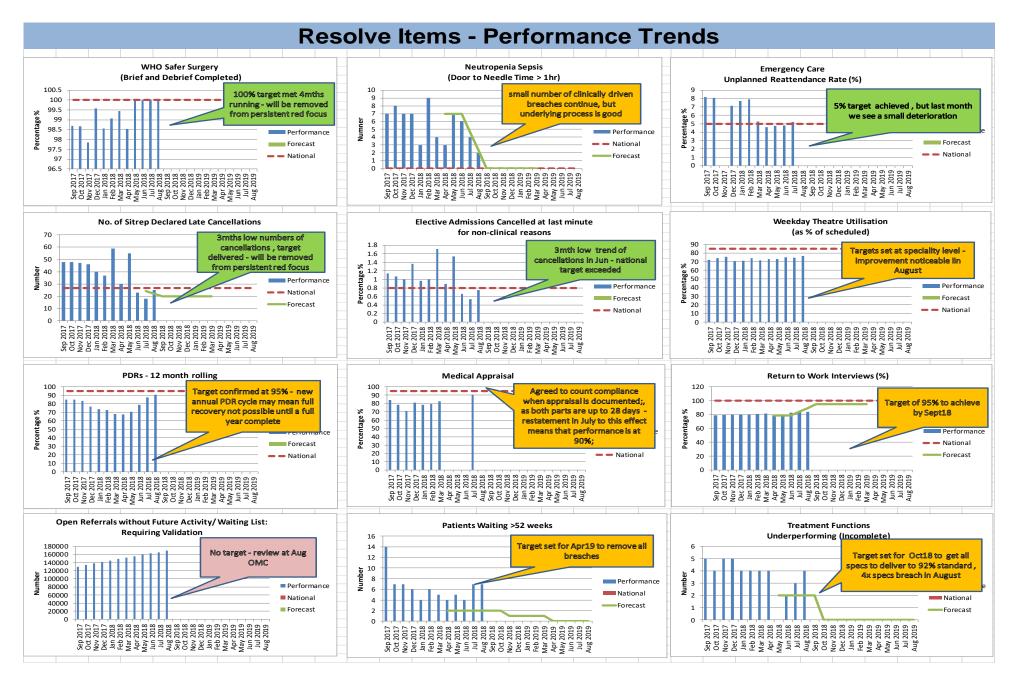
□ Mortality Review within 42 days is being fully reviewed following a meeting with Clinical lead and

We still need to push to identify the few remaining indicators without a trajectory

Medical Director as we are looking at changing the process and improving the systems that channel this

The graphs below show the performance trends.

review workload to consultants and medical examiners.





Integrated Quality & Performance Report

Month Reported: August 2018

Reported as at: 28/09/2018

TRUST BOARD

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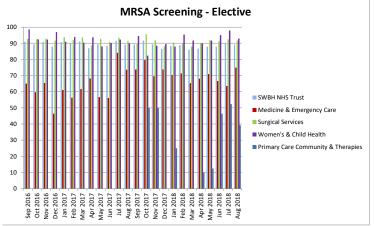
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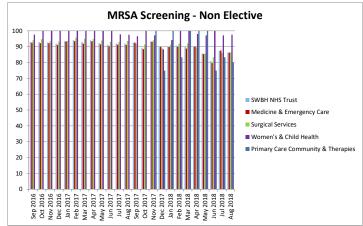
		August 2018		
Infection Control	Harm Free Care	Obstetrics	Mortality & Readmissions	Stroke Care & Cardiology
COIT - compliant - 3.1 C. Diff case reported during the month of August vs 2.5 in month target. - Year to dute we have 6 cases vs target of 12. - Year to state we have 6 cases vs target of 12. - Year to all the state o	Safety thermometer -congliate: **Free June 2015 Bit Patient Safety Thermometer reports only rise ham* ** In August the Treat performance is at 99.4% on the 'new harm' basis, above the NHS Safety Thermometer target of 95% **Thermometer target of 95% **Falls & Presoure Sores falls approach August with	patients. • Elective rates are at 10.1% (historical long term and trend of 8% so trending to this) and	Mortally - sierts against Trace HOMR & Weekand rates at Bandrell *The fixed overall RAM for most recent 12 enth curvulative period is 106 invalidable data is as at Mey18) *RAM for executing and weekend each at 102 and 120 respectively, still a clear outlier against weekend mortality attes. *SMM measure which include deaths 30.94 after hospital dischaige is at 111.for the mortality attes.	Pastent Step on Brooks Ward - but compliant **August reporting 88.4 ft of patients; spent 3-90% of their time on a stroke ward, not compliant with the 90% operational threshold in the month; 89% compliance on a year to date basis vs 90% target
target of 30).	seen in August is significantly increased from June and July which were reporting below observed by the process of the process	Non-elective rates are 17% in the month more in line with the anglitatorical rate of -17%. Performance considered at Q45 & Board and to be kept in view.	available clasts). ***SMM Motatils juriductor an outlier at 122, which is still outside statistical confidence limits. Being addressed through the quality plan and resolution to known issues around "documentation" which are being worked through. Trust Board will continue to monitor routinely.	Admission to Acute Stroke Ward - not compilant • August admittance to an acute stroke unit within 4 hours is at 64.7% so national standard of 80%; in August there were 20 breaches out of 72 total patients, 19 of these breaches were due to capacity (beds); year to date below the target at 70.8%;
NRSA-complant +NA NRSA Bacteroemis were reported in August +Annual largest 18/19 set at zero.	**5 [x11] avoidable. Nooptal acquired pressure some were reported in August of which: x3 grade 2. x1 grade 3 and 1 s grade 4 x1 grade 5 and 1 s grade 4 x1 separate cases reported within the DN casoload. **New indicator which is just testing is reporting PV resulting in injury per 1,000 000 **On Separate in superior Gallery Para **On Separate in superior Gallery Para **Discount Separate in superior Gallery Para **On Separate in superior Gallery Para **On Separate in superior Gallery Para **A [x6] serious incidents **Sparate Gallery Casology Para **Sparate Gallery Para	Adjusted perivatal mortality rate (per 1,000 britis) for August is at 8.25 vs. threshold level of 8; year to date at 7.3 close to the stage of 8.3. The solidar arguments are incomity position and which, tagether with the small numbers involved provides for soverience large excellents. The level of british in August is at 480; below levels seen in the same period of last year at 548.	Deaths in Low Risk Diagnosis Groups (RMM): month of May (literat available data) is at 100. This indicator measures in month respected venue actual deaths to subject to large rounth on month venetibles. Deaths in Low Risk Diagnosis Groups (RMM): month of May (literat available data) is at 100. This indicator measures in monthly were the service of	Scans - compliant - Pay-receiving of Sean within 2.8 has of presentation delivery in month of August are at 97.1% meeting the 95% standard in month considerably - Pay-receiving of Sean within 2 has of presentation is at 75% in August both indicator consistently meet performance. - Pay-receiving of Sean within 2 has of presentation is at 75% in August both indicator consistently meet performance. - Description - Compliant - Description - Sean Within 2 has one of the sean of the
NOSA Screening - compilent owersil, but not in all groups/directorates • Non-electric pretents accessing 68.5% • Board patients accessing 69.5% • Both indicators are compilent with 80% target although not in every group.	WOD befor burgary (but 8: Infel and debtef - \$ liets where complete) -compliant **Robust processes for monitoring performance during the month are paying off, flowner system **Robust processes for monitoring performance during the month are paying off, flowner system access have been duringful with the 't limited audit toof' which are being currently investigated with IT and the Clinical Effectiveness team.	Post Parhum Heemonthage (>2000ml) August rate was reported at 1 against a target of 4 in month; routinely compliant in month and year be date Puspend Sepsis rates for August are still slightly up to previous months. Service confirms that this is likely to be a one-off peak and review is in progress, report to ONC to confirm this astill the position.	Mortally Parviews within 42 Days - not compliant *Mortally Parview rate in June at 40% and continuous to be below trust target of 90%; *Released earning from Death arrangements are being implemented, which will provide for routine 100% review. coupled with implementation of a Medical Examiner screening process this will streamline the 1st and 2st stage mortality reviews.	Outer an Committee Group in parameter of an Internation to treaslations to the parameter of the August Primary Augustaty - compliant • August Primary Augustaty Could to belictors time (+50 minutes) was at 93.3% vs target of 80%. • Primary Augustaty Call to balloon time (+150 minutes) at 1,00% against a target of 80%. • Both indicators consistently meet performance targets.
Elective screening, whist compliant with standards of trust level, it is not compliant in PCCT and Medicine & EC. The Groups need to stake forward with Infection Control lead to ensure improvement is visible, report back to OMC.	No never event was reported in August No medication ever causing serious hamin August 4.4 OSA sitest beyond the deadline, which is unusual for the Trust 4.4 AND OSA have been issed in August of which 40 were 7-day urgents; of which 11 were discharged without prior LA assessment	Admissions to Neonatal Critical Care - compilant 0.83% admissions to the NOC have been carried out in August; year to date this is at 1.74% against a target of 10%	Energiecy Readmissions (i)-hospital within 30 days) - Recorded at 8.5% for July Inventor:	RACP - compliant RACP performance for August at 100% [100%] exceeding the 98% target consistently TIA Treatments - compliant - TIA
MSSA - complaint *MSSE Bacteraemia (expressed per 100,000 bed days) *MSSE Bacteraemia (expressed per 100,000 bed days) *Magaset be rate to at 0.0 compared to target of 9.42 year to date is also in line with target at 5.2 to 9.42 target.	YTE Assessments - not compilant *Complaine of target in August at 94.3% performing generally to target during the last 18 months, however, we take only in performance over the last 6 months. The MD is seeking improved performance from the target and focus or targeted an under performing areas. *2-26 eligible assessments were missed in August.	Presstfeeding - compilant • August month count is at 77.3% over-achieving the 74% target.	Looking at the reling 12 mths one of 7.6% The equivalent, latest available peer group site is at 8.1% (pource: CHKS). The equivalent, latest available peer group site is at 8.1% (pource: CHKS).	(High Risk) Treatment <24 Hours from receipt of referral delivery as at August as 87 5% against the target of 70%. * TRI (Low Risk) Treatment <7 days from receipt of referral delivery at August is 93.3% against a target of 75%. *-Both indicators are consistently delivening over the required standard.
Cancer Care	Patient Experience - MSA & Complaints	Patient Experience - Cancelled Operations	Emergency Care EC 4hr standard - not compliant to agreed NHSt trajectory	Referral To Treatment
Cancer standards - compliant • Reporting disaps, one month in inversa hence (QPR latest reported period is July, • Reporting disaps, one month in inversa hence (QPR latest reported period is July, • The Trans has devi	MBA - compliant -For August there were nil SA breaches reported. -The trust continues to monitor all breaches.	Connoticed Opa - compliant *25Sterp reclaimed late (on day) cancellations were reported in August, Slightly more than last month. Of *25Sterp reclaimed late (on day) cancellations were reported in August, Slightly more than last month. Of **recent improvement, to imminist unimbers histing clearly staget redet that mouth. **recent improvement, to imminist unimbers histing clearly staget redet that mouth. **To imminist the staget of the staget redet that mouth. **To imminist continue (a. 15% for word) **Avoidable consolitations, however, are continuing and use see an high volume of those each month; **Avoidable consolitations, however, are continuing and use see an high volume of those each month;	EQ date standard—not conglinate to agreed MSRI Implactors. The Trust's preference ageinst the 4-hour Quest target in Negrat was at 82.7% below the MSB agreed trapectory of 88.8% for Angular Trustin. 88.8% for Angular Trustin. **The Trust agreed resource control in August agreed not patient attendences of 17.333 **The Trust agreed MSRI Improvement trapectory are to deliver 59% performance in March 2019 **Ajornt recovery action plan is being implemented with the COG Cognitative professioners word for last year 217.18: Oz at 87.11%: Ož at 82.26%; Q4 at 80.7%	RTT - Incomplete pathway - complete: * The Trust delivers overall at \$2.07%; RTI incomplete pathway for August * The Trust delivers overall at \$2.07%; RTI incomplete pathway for August * The pathern willings at August is at \$8.614 with a backlag of \$2.859 (2.897) being patients above 18
Patient Warding Gene -1.01 patients washed longer than the 62 days at the end of July -1.25 patients washed longer than the 62 days at the end of July -1.25 patients washed more than 10.4 days at the end of July -1.25 patients washed more than 10.4 days at the end of July -1.16 Board has select to discous between two 10.4 days career wash treaches, which going forester with to select on a Rich berling that the discousive in each case. Newtoneyard to select the selection of the discousive in each case. Newtoneyard separate and compliant. The inventor is made to the compliant of the discousive in the control treaches being only manufacts above the recognized fits, reserved and of the bearders have been significantly higher manufacts above the recognized fits, reserved and of the bearders have been significantly higher	Prience & Fuelity *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 are remain lost involupt the last and this year, well below regional peers, mainly due to Truct using sub-optimal processes to recover responses, options are being considering including SMS/TMM.	28 Day & Urgient Bresches - compliant	WMAS Handowns - not evaliable for morth of August *WMAS feasible 30 - 40 minutes deleped handown at 180 (195) in July. *WMAS feasible 30 - 40 minutes deleped handown at 180 (195) in July. *en/y 21 (2010 cases uses 60 minutes deleped handown in July; the Trust performs generally very well in this category with my 19 thousable state year where delety was 10 of minutes of managery with my 19 thousable state year where delety was 10 of minutes with the 10 of minutes with 190 (195) being higher in the state Settle, therefore the handowns have been managed very well. The target is only 0.02% and appears somewhat unrealistic with the July level of conveyances.	weeks wat three
influences above the required LIF, nowever a two or the restrictions have been significantly regime. In Algust, 250, 744, 745 of patients (26,00%) of eights have been treated within the bow, rough 2 patients (7,4%) of patients failed to receive treatment within prescribed period (within 1th) in the month of Algust, and the patients failed to receive treatment within prescribed period (within 1th) in the month of Algust, and the patients failed to receive treatment within prescribed period (within 1th) in the month of Algust, and the patients are considered to the control of the patients and the patients are considered to the control of the patients are considered to the pa	Complaints - not evaluable for August at this stage The number of complaints secured for the month of Julys 105 (69) with 2.9 (2.0) formul	*There were no breaches of the 28 days guarantee in August *There were no ungent cancellations *There were no ungent cancellations *Theadra Utilisation - not compilant, but we note Improvement *Theadra Utilisation - not compilant, but we note Improvement *Theadra Utilisation is below target of 85%; 76.6% in August which is the largest improvement	Faction (NF - conpliant - Fraction (NF - compliant - Fra	S2 Week Breaches - not compliant - 1x breaches in August
breaches are routinely reviewed in dedicated, quarterly meetings. Intel-Provider Transfers - not complient - On't of festing versions were met within 38 days requirement in July. Process improvements have been put in place to improve definer yet, straight to Fest has commenced in colorectal service and offer specialities with his memore to 10 days for 15 day (%), altimity this is not been consisterly meet. Primary focus on meeting the 38 day target needs to be on diagnostic services in propringing currier with transpringing currier with the propringing currier with the currier win the currier with the currier with the currier with the currier	complaints per 1000 bed days, showing a worsening to the last month and to last year same period [26, 16]. 1-835 has been acknowledged within target timeframes (3 days). 1-326 (253) in mouth responses have been reported beyond agreed target time; escalated to DG for emedy.	for a number of months. Once of section of months of mo	Bed moves after 10pm not compilant. There were 38 (36, 45, 26, 43, 75) reported bed moves in August in the period from 10pm 64m (sed here moves for discinciferations). We can see that this number is reducing each month, but observe an increase in June. The Trust objective is to have zero bed moves outside of clinical reasons. We may be a support of the contract to contract to censure that all clinical moves are considered appropriately and the data set for this indicator is endous.	Acute disposatio waits - not compliant Diagnostic waits - not compliant Diagnostic (IMMCI) aprilmance for August is still below standard of 99% at 98.55% - 132 (123) treaches of which most breaches are in Imaging
Data Completeness	Staff		Operational Efficiency	Summary Scorecard - August (In-Month)
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	against the trust target of 3%. The number of short term sickness in the month reported at 698 [681] cases and long term	Requirements 2018/19 are monitored by CCG and the Trust is fineable for any treatment in accordance to contract. The Trust has been contract. The Trust has been contract, and another of formally agreed RMPs (recovery action plant for commany dementals and recovery. I however, in September the CCG confirmed that it will be issuing a performance notice for a materially indicator which has not be tagglets and contract the CCG confirmed that it will be issuing a performance notice for a materially indicator which has not the tagglets the less of contract (COM beninging by 2-12 4 weeks of programy; the service has been informed and they have been revenuing performance in detail	• In response to the Healthwatch enquiry about patients receiving less than 3 weeks notice for Outpatient appointments we can confirm 4 news differs an 28th having located urget and fest stack clinics. Further was confirmed to complete reviews of all clinics and understand the hebopics mare of 5 specialists). Whilst it is a trust appropriate rotice, 40 and patients are booking via 465 and so will exercise choice which may be a that rotice provided has been previously in place.	Section
poin Referration net compiliant join Referration net compiliant join Referration, referring to passers in the system without a future waiting list activity, stand 1803-14 and singless howing a continuing increasing trend as administration / IT consess presidently do not Close down referration / pathways as appropriate. Recommendations bear been made in Close or short and for given improvements.	Turnover reta - not compliant • The Treat annualised turnover rate is a 12.0% in August. The Treat Invariance (summore regarded on time accessingly target has been confirmed at 10.7% and as at August reporting at 13.4% fairly consistently at this level. Mandatory Training - not compliant • Mandatory Training - not compliant • Mandatory Training - the end of August is again improving at 90.6% (91.6%) against target of 95% • Neath As Safety related training is at the 93.9% below the target at 95.0% in August which is unusual considering as childrening in the 192.	 We have pre-agreed the LQRs for 2019.19 but awaiting formal contract sign off where this is incorporated in the appropriate schedules. 	this rotice period which has been previously in gloce. **Properation** (I) revisit a well improving a light good papointments before true 3 anets, et 4% in August but this properation and the second of the secon	Data Completeness

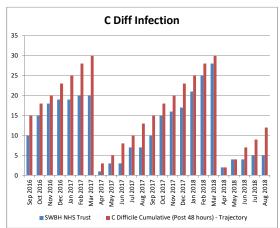
Patient Safety - Infection Control

Data	Data	PAF	Indicator	Measure	Traj	ectory
Source	Quality	FAF	Illuicator	Wicasure	Year	Month
4		•d••	C. Difficile	<= No	29	2.5
4		•d•	MRSA Bacteraemia	<= No	0	0
4			MSSA Bacteraemia (rate per 100,000 bed days)	<= Rate2	9.42	9.42
4			E Coli Bacteraemia (rate per 100,000 bed days)	<= Rate2	94.9	94.9
3			MRSA Screening - Elective	=> %	80	80
3			MRSA Screening - Non Elective	=> %	80	80

	Previous Months Trend (From Mar 2017))				Data					Gro	Month	Year To			
М	Α	N	1	J	J	Α	S	0	N	D	١,	J	F	М	Α	M	J	J	Α	Period	N	1 5	SS	W	Р	PCCT	CO	MOILLI	Date
•						•	•	•	•						•	•	•		•	Aug 2018	1		0	0		0		1	6
					•	•	•	•	•	•				•	•	•	•	•	•	Aug 2018	0)	0	0		0		0	0
	•	•			•	•	•	•	•	•			•	•	•	•	•	•	•	Aug 2018								0.0	5.2
		•			•	•	•	•	•	•	•		•	•	•	•	•	•	•	Aug 2018								9.3	13.6
•	•	•			•	•	•	•	•	•			•	•	•	•	•	•	•	Aug 2018	75	5 !	92	93		39.29		89.2	88.4
•					•	•	•	•	•	•			•	•	•	•	•	•	•	Aug 2018	86	6 6	36	98		80		86.5	86.2





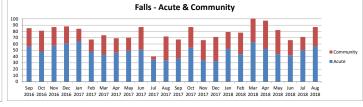


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Patient Safety - Harm Free Care

Data Source	Data Quality	PAF	Indicator	Measure	Tra Year	ectory Month	M A	М	J	J			nths Tre				M A	M	J	J A	Data Period	Group	Month	Year To Date	Trend
8		•d	Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95	• •	•	•	•	• •	•	•	•	•	•	• •	•	•	• •	Aug 2018		99.4	96.5	m
8		•d	Patient Safety Thermometer - Catheters & UTIs	%			0.00	3.00	1.00	3.00	2.00	0.4	4.00	00.9	0.00	2.00	00.1	00.5	1.00	3.00	Aug 2018		0.27	0.31	MM
			Number of DOLS raised	No			23 1	14	6	27	22 20	48	31	19	36	30	27 34	1 59	27	43 40	Aug 2018	21 10 0 9	40	203	the,
			Number of DOLS which are 7 day urgent	No			23 1	i 14	6	27	22 20	48	31	19	36	30	27 34	\$ 59	27	43 40	Aug 2018	21 10 0 9	40	203	the,
			Number of delays with LA in assessing for standard DOLS application	No			0 0	0	0	3	0 0	0	0	0	0	0	0 2	3	4	4 7	Aug 2018	5 1 0 1	7	20	
			Number DOLs rolled over from previous month	No			8 1	i 12	9	7	12 5	5	3	7	7	3	10 4	9	4	7 9	Aug 2018	3 1 0 5	9	33	Mnw
			Number patients discharged prior to LA assessment targets	No			6 3	11	7	7	9 9	11	7	2	4	8	3 4	18	13	11 11	Aug 2018	10 1 0 0	11	57	m
			Number of DOLs applications the LA disagreed with	No			0 1	0	2	1	2 1	0	2	1	2	0	0 0	0	1	6 2	Aug 2018	2 0 0 0	2	9	.mm. /
			Number patients cognitively improved regained capacity did not require LA assessment	No			0 3	1	1	13	0 0	0	0	0	0	0	0 0	0	2	2 0	Aug 2018	0 0 0 0	0	4	J
8	0		Falls	<= No	804	67	74 6	70	87	85	72 67	87	66	71	79	78	112 97	7 82	66	71 87	Aug 2018	43 11 0 2 0 31 0	87	403	w
9	0		Falls with a serious injury	<= No	0	0	2 1	1	1	1	3 2	3	1	0	0	0	1 2	4	2	1 0	Aug 2018	0 0 0 0 0 0	0	9	₩ .
			Falls Per 1000 Occupied Bed Days	Rate1				-		-		-	<u> </u>	-	-	-	. .	<u> </u>	-		Jan-00		-	-	
8	0		Grade 2,3 or 4 Pressure Ulcers (Hospital Aquired Avoidable)	<= No	0	0	6 1	8	3	7	3 9	6	7	9	12	7	6 8	7	9	11 5	Aug 2018	2 2 0 1	5	40	MM
			Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload Acquired)	<= No	0	0	6 5	8	4	7	4 3	6	4	4	2	4	4 3	1	1	1 1	Aug 2018	1	1	7	M
			Pressure Ulcers per 1000 Occupied Bed Days	Rate1				-	1.1	-		<u> </u>		-	-	-		<u> </u>	0.4566	0.3886 0.2331	Aug 2018		0.233	0.37	
3		•d•	Venous Thromboembolism (VTE) Assessments	=> %	95	95	• •	•	•	•	• •	•	•	•	•	•	• •	•	•	• •	Aug 2018	91.7 96.2 95.7	94.3	94.9	whn
3			WHO Safer Surgery - Audit - 3 sections (% pts where all sections complete)	=> %	100	100	• •	•	•	•	• •	•	•	•	•	•	• •	•	•	• •	Aug 2018	100.0 100.0 100.0 -	100.0	99.9	~~~
3			WHO Safer Surgery - brief (% lists where complete)	=> %	100	100	• 6	•	•	•	• •	•	•	•	•	•	• •	•	•	• •	Aug 2018	100 100 100 100	100.0	99.8	₩
3			WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	100	100	• 6	•	•	•	• •	•	•	•	•	•	• •	•	•	• •	Aug 2018	100 100 100 100	100.0	99.8	~~W
9		•d•	Never Events	<= No	0	0	0 0	1	1	0	1 0	0	0	0	0	0	0 0		0	0 0	Aug 2018	0 0 0 0 0 0	0	0	M
9		•d	Medication Errors causing serious harm	<= No	0	0	0 0	0	0	0	0 1	0	0	0	0	0	0 0		0	0 0	Aug 2018	0 0 0 - 0 0	0	0	
9		•d•	Serious Incidents	<= No	0	0	5 4	4	3	1	8 5	4	6	4	3	5	4 5	9	4	6 3	Aug 2018	1 0 2 0 0 0 0	3	27	\mu\h
9			Open Central Alert System (CAS) Alerts	<= No			4 8	9	27	3	3 8	10	6	5	7	6	5 8	9	14	12 15	Aug 2018		15	58	سمالا
9		•d	Open Central Alert System (CAS) Alerts beyond deadline date	No	0	0	0 0	0	1	1	1 0	0	1	1	2	2	2 2	2	3	2 4	Aug 2018		4	13	الاسر _و ب
			Safety Plan - Input Non-Compliant Days	<= No		<=3 Per Ward		-	1.1	-		221			-	64	- -	34	-	65 58	Aug 2018		58	224	A
			Safety Plan - Checks Compliant	%	98	98		-	1.1	-	- -	99.0	<u> </u>	.		99.4	- -	99.2		99.6 99.7	Aug 2018		99.67	99.65	AAN
			Safety Plan - Missed Checks	=> No		<=3 Per		<u> </u>	1.1	_		288	.	.		38	. .	9		0 63	Aug 2018		63	73	
			1			Ward						1													I today

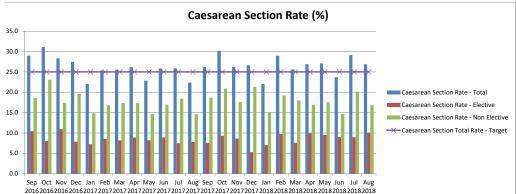


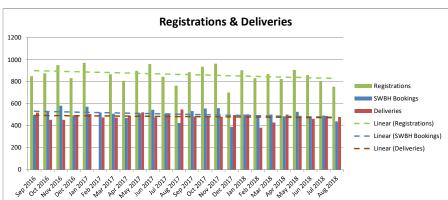




Patient Safety - Obstetrics

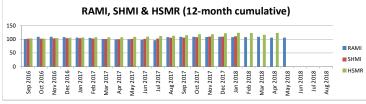
						ectory																						
Data Source	Data Quality	PAF	Indicator	Measure	Year	6-2017 Month	М	Α	М	J	J				ntns i		(since	_		Α	М	J	J	Α	Data Period	Month	Year To Date	Trend
3			Caesarean Section Rate - Total	<= %	25.0	25.0		•	•	•								•	•	•	•	•	•	•	Aug 2018	26.9	26.8	₩
3	()	•	Caesarean Section Rate - Elective	<= %			8	9	8	9	7	8	8	9	9	5	7	10	8	10	10	9	9	10	Aug 2018	10.1	9.5	~~
3		•	Caesarean Section Rate - Non Elective	<= %			17	17	15	17	18	3 15	5 1	9 2	1 18	3 2	1 15	19	18	17	18	15	20	17	Aug 2018	16.8	17.3	₩
2		•d	Maternal Deaths	<= No	0	0		•	•	•	•	•						•	•	•	•	•	•	•	Aug 2018	0	2	_/_/
3			Post Partum Haemorrhage (>2000ml)	<= No	48	4	•	•	•	•	•	•						•	•	•	•	•	•	•	Aug 2018	1	7	M
3	©		Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0	•	•	•	•	•	•						•	•	•	•	•	•	•	Aug 2018	0.83	1.74	\
12			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0		•	•	•	•	•						•	•	•	•	•	•	•	Aug 2018	6.25	7.88	Www
12			Stillbirth Rate (Corrected) (per 1000 babies)	Rate1			-	-	-	-	-	-		2.1	1 2.1	0 4.0	1.9	2.5	8 4.66	5.98	6.16	4.41	2.05	4.17	Aug 2018	4.17	4.56	^
12			Neonatal Death Rate (Corrected) (per 1000 babies)	Rate1			-	-	-	-	-	-	-	4.2	2 2.1	0.0	0.0	2.5	8 0.00	1.99	0.00	4.41	4.10	2.08	Aug 2018	2.08	2.49	_/\/
12			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	85.0	85.0	•	•	•	•	•	•						•	•	•	•	•	•	•	Aug 2018	94.3	92.7	~~
12			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0	•	•	•	•	•	•						•	•	•	•	•	•	•	Aug 2018	120.6	130.3	M M
2			Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0	•	>	>	•	>	>						•	•	•	•	•	•	•	Aug 2018	77.73	76.77	, N
2	0	•	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %			2.6	4.4	2.5	2.5	1.8	3 0.8	3 0.	9 0.	5 0.8	8 0.	6 0.9	1.1	1 1.0	0.8	0.5	0.9	1.5	1.3	Aug 2018	1.31	0.99	_
2		•	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %			2.3	3.0	1.6	1.6	1.0	0.6	6 0.	6 0.	5 0.	5 0.	6 0.7	0.4	4 0.7	0.8	0.5	0.6	0.9	1.3	Aug 2018	1.31	0.83	_
2	0	•	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %			2.1	2.3	1.4	1.6	1.0	0.0	0.	0 0.	0 0.0	0 0.	0 0.2	2 0.0	0.0	0.3	0.2	0.0	0.6	0.5	Aug 2018	0.52	0.33	\

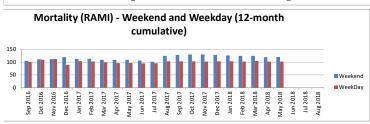




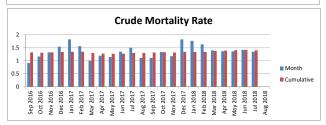
Clinical Effectiveness - Mortality & Readmissions

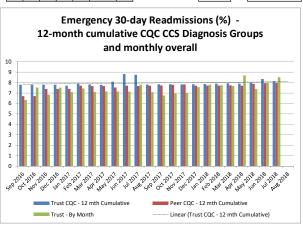
Data Source	Data Quality	PAF	Indicator	Measure	Traje Year	ectory Month	3 E	Previous Months Trend (since Mar 2017) M A M J J A S O N D J F M A M J J J	Data Period	Group M SS W P I PCCT CO	Month	Year To Date	Trend
5	1	•C•	Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI		101 99 100 98 97 108 109 109 108 109 108 109 106 106	May 2018			212	~~~
5		•C•	Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper Cl		98 96 97 95 95 103 103 103 102 103 103 102 104 102 102	May 2018			204	~~~
5		•C•	Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI		109 109 109 106 101 124 128 130 130 128 126 124 124 119 120	May 2018			239	\
6	3	•C•	Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	SHMI	Below Upper CI	Below Upper CI		101 100 102 102 103 106 106 108 110 110 111	Jan 2018			1057	
5	1	•C•	Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	HSMR				108 107 109 110 112 113 115 118 119 122 124 123 117 123	Apr 2018			123.0	
5		•C•	Deaths in Low Risk Diagnosis Groups (RAMI) - month	RAMI	Below Upper CI	Below Upper CI		88 62 61 78 78 71 144 62 120 90 133 102 129 76 100	May 2018		100		~M~
3			Mortality Reviews within 42 working days	=> %	90	90			Jun 2018	43 79 0 -	46	38	~~~
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%] [1.0 1.2 1.1 1.3 1.5 1.1 1.1 1.3 1.2 1.8 1.8 1.6 1.4 1.4 1.4 1.4 1.3	Jul 2018		1.35		~~
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%] [1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3	Jul 2018			1.41	
			Deaths in the Trust	No				100 105 113 129 142 109 109 133 119 169 178 142 143 120 123 127 124	Jul 2018		124	494	√
20	0		Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%				7.1 7.2 7.2 7.1 7.8 7.1 6.8 7.0 7.0 7.6 7.8 7.7 7.7 8.7 7.4 8.0 8.5	Jul 2018		8.52		~~
20	0		Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%				7.1 7.1 7.0 7.1 7.1 7.2 7.2 7.2 7.2 7.2 7.2 7.3 7.3 7.4 7.5 7.5 7.6	Jul 2018			7.59	
5	0	•C•	Emergency Readmissions (within 30 days) - CQC CCS Diagnosis Groups (12-month cumulative)	%				7.8 7.8 8.1 8.8 8.7 7.8 7.8 7.8 7.8 7.8 7.9 7.9 7.9 7.9 8.0 8.4 8.1	Jul 2018			8.13	1
			Emergency Readmissions (within 30 days) - Same Specialty (exc. Deaths and Stillbirths) month	%] [- 3.7 3.5 3.3 3.5 3.0 3.0 3.3 3.2 3.3 3.4 3.6 3.3 4.0 3.6 3.8 3.7	Jul 2018			3.72	
			Emergency Readmissions (within 30 days) - Different Specialty (exc. Deaths and Stillbirths) month	%				- 3.9 3.6 3.8 4.3 4.0 3.8 3.7 3.8 4.3 4.4 4.1 4.4 4.7 3.8 4.2 4.8	Jul 2018			4.80	/
			Emergency Readmissions (within 30 days) - Same Specialty (exc. Deaths and Stillbirths) 12-month cumulative	%				- 3.7 3.6 3.5 3.5 3.4 3.3 3.3 3.3 3.3 3.4 3.4 3.4 3.4 3.4	Jul 2018			3.43	
			Emergency Readmissions (within 30 days) - Different Specialty (exc. Deaths and Stillbirths) 12-month cumulative	%				- 3.9 3.7 3.8 3.9 3.9 3.9 3.9 3.9 3.9 4.0 4.0 4.1 4.1 4.1 4.2	Jul 2018			4.16	
			AL CURAL O LICHAR /12 magnath accord	.1-4:\			7 [Mortality Povious (9/)		Emergency 30-d	av Poadmie	cione (%)	_







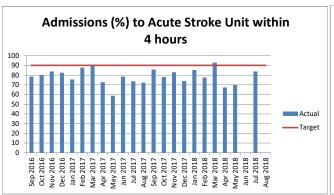


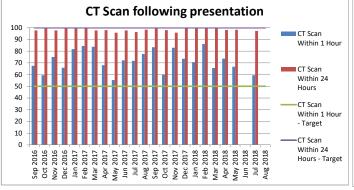


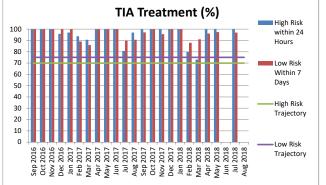
Clinical Effectiveness - Stroke Care & Cardiology

Data	Data	PAF	Indicator	Measure	Traj	ectory	1
Source	Quality	PAF	Indicator	Wedsure	Year	Month]
3			5WD: Pts spending >90% stay on Acute Stroke Unit	=> %	90.0	90.0]
3			5WD: Pts admitted to Acute Stroke Unit within 4 hrs	=> %	80.0	80.0	
3			5WD: Pts receiving CT Scan within 1 hr of presentation	=> %	50.0	50.0]
3			5WD: Pts receiving CT Scan within 24 hrs of presentation	=> %	95.0	95.0	
3			5WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	=>	85.0	85.0	
3			5WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	=>	70.0	70.0	
3			5WD: TIA (Low Risk) Treatment <7 days from receipt of referral	=>	75.0	75.0	
3			Stroke Admissions - Swallowing assessments (<24h)	=> %	98.0	98.0	
9			Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80.0	80.0	
9			Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80.0	80.0	
9			Rapid Access Chest Pain - seen within 14 days	=> %	98.0	98.0]

_				D			41-	- T-	end	/C:	- 14	0/	1471					Data		Year To	
М	Α	М	J	J	A	S	Onth	N	D	J	F	ar 20)1/) A	М	J	J	Α	Period	Month	Date	Trend
											<u> </u>							1 1 01100			
																		Aug 201	88.4	88.9	~~~\\
																		Aug 201	64.7	70.8	\mathcal{N}
														•				Aug 201	75.0	73.5	//////
																		Aug 201	97.1	98.5	W
													•	•				Aug 201	8 7.5	84.6	m
													•	•				Aug 201	8 87.5	92.2	
																		Aug 201	93.3	93.4	
																		Aug 201	100.0	100.0	
																		Aug 201	93.3	94.7	√ √√
														•				Aug 201	100.0	92.9	√
																		Aug 201	100.0	100.0	







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.

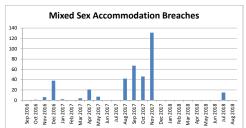
Both are valid but designed for slightly different purposes, however they will align overall, especially over a longer period of time (eg annually)

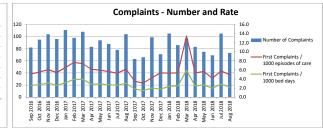
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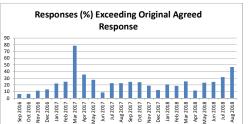
Clinical Effectiveness - Cancer Care | Previous Months Trend (since Mar 2017) | M | A | M | J | J | A | S | O | N | D | J | F | M | A | M | J | J | A | Data Period PAF Month Trend M SS W P I PCCT CO ● e ● 2 weeks 93.0 93.0 Jul 2018 98.1 98.0 98.4 2 weeks (Breast Symptomatic) Jul 2018 => % 93.0 93.0 => % 96.0 96.0 Jul 2018 31 Day (second/subsequent treatment - surgery) 94.0 94.0 Jul 2018 31 Day (second/subsequent treatment - drug) => % 98.0 98.0 Jul 2018 0 31 Day (second/subsequent treat - radiotherapy) => % 94.0 94.0 Jul 2018 62 Day (urgent GP referral to treatment) Excluding Rare Cancer 85.0 85.0 Jul 2018 ~~~V 62 Day (urgent GP referral to treatment) => % Jul 2018 85.0 85.0 ee o 62 Day (referral to treat from screening) Jul 2018 => % 90.0 90.0 => % 90.0 Jul 2018 Cancer - Patients Waiting over 62 days No Jul 2018 10.0 40.0 ~~^\ Cancer - Patients Waiting over 104 days No 5 5.0 2.0 1.0 1.5 5.0 1.0 4.0 2.0 3.0 3.0 2.0 3.0 1.5 1.5 1.5 2.5 Jul 2018 2.5 7.0 Cancer - Longest Waiter in days No Jul 2018 113 mn Neutropenia Sepsis Door to Needle Time Greater Than 1 Hour W => No 0.0 Aug 2018 0.0 IPT Referrals - Within 38 Days Of GP Referral for 62 day cancer pathway Jul 2018 57 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 Trust - Excl Bare Cancer Trust - Incl Rare Cancer National National Forecast Trajectory - - National Target 62-day Urgent GP Referral to First Treatment Breach- By 62 Day (Urgent GP referral) wait for first treatment 62-day Urgent GP Referral to First Treatment By specialty for previous quarter **Tumour Site** 100.0% ■ Lung ■ Head & Neck Childrens Urological Neutropenia Sepsis Door to Needle Time Greater Than 1 Hour ■ General Surgery ■ Scheduled Care/Long Term Conditions ■ Theatres ■ Gynaecology, Gynae-Oncology and GUM ■ Acute & Community Paediatrics Ambulatory Therapies Community Medicine PAGE 8

Patient Experience - FFT, Mixed Sex Accommodation & Complaints

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year Month] [Previous Months Trend (since Mar 2017) M A M J J A S O N D J F M A M J J A	Data Period		Month	Year To Date	Trend
8		•b•	FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	50.0 50.0] [7.9 9.3 11 11 12 13 10 19 9.7 8.3 - 9.8 10.16 8.3 7.4 5.4 - 8.3	Aug 2018		8	7	~ ~~
8		•a•	FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95.0 95.0] [96 95 92 92 83 83 83 82 85 89 - 88 88 89 527 553 - 599	Aug 2018		599		
8		•b•	FFT Response Rate: Type 1 and 2 Emergency Department	=> %	50.0 50.0] [42 55 38 24 38 28 34 33 34 36 - 38 7023 7.9 63 48 68 93	Aug 2018	9.3	9.3	6.8	~~~
8		•a•	FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95.0 95.0		73 75 71 73 72 75 73 73 58 75 74 77 535 607 580 569	Aug 2018	569	569		
8	•		FFT Response Rate: Type 3 WiU Emergency Department	=> %	50.0 50.0		0 0.1 0 - 0 8.8 - 5 #### ### ### ### ###	Aug 2018		-	-	
8			FFT Score - Adult and Children Emergency Department (type 3 WiU)	=> No	95.0 95.0] [0 0 0 0 0 0 16 - 0 0 0 0 0 0 0	Aug 2018		0		
8			FFT Score - Outpatients	=> No	95.0 95.0] [90 90 89 88 91 89 89 91 92 90 - 92 90 91 965 ### ### ###	Aug 2018		1105		
8	NEW		FFT Score - Maternity Antenatal	=> No	95.0 95.0] [95 88 90 75 90 50 90 93 76 75 - 0 100 0 0 4 36 23	Aug 2018		23		~//~
8	NEW		FFT Score - Maternity Postnatal Ward	=> No	95.0 95.0] [83 91 86 73 73 81 84 89 81 74 - 0 100 0 36 0 18 42	Aug 2018		42		
8	NEW		FFT Score - Maternity Community	=> No	95.0 95.0] [80 100 100 0 0 50 0 0 0 0 - 0 0 0 0 0 0 0	Aug 2018		0		1
8			FFT Score - Maternity Birth	=> No	95.0 95.0] [92 82 83 69 76 58 48 83 74 100 - 94 100 - 73 84 65 52	Aug 2018		52		~~~
8			FFT Response Rate - Maternity Birth	=> %	50.0 50.0		21 8.9 11 7 7.1 5.2 5.2 13 6.9 0.2 - 23 1.232 - 16 21 14 13	Aug 2018		13	16	~~\\
13		•a	Mixed Sex Accommodation Breaches	<= No	0.0 0.0		4 21 7 0 0 42 67 46 131 0 0 0 0 0 0 0 15 0	Aug 2018	0 0 0 0	0	15	
9	0	•	No. of Complaints Received (formal and link)	No] [108 83 94 88 78 104 63 66 99 71 105 86 97 83 75 69 105 73	Aug 2018	27 19 9 4 3 6 5	73	405	WWV
9			No. of Active Complaints in the System (formal and link)	No] [194 205 184 185 184 167 154 136 148 161 187 181 183 176 174 164 194 213	Aug 2018	90 65 26 3 9 12 8	213		~~
9		•a	No. of First Formal Complaints received / 1000 bed days	Rate1] [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 2.5 2.7 2.0 2.9 2.2	Aug 2018	1.7 3.9 2.4 2.05	2.22	2.44	~~~
9			No. of First Formal Complaints received / 1000 episodes of care	Rate1] [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 5.3 5.7 4.1 5.8 4.9	Aug 2018	4.4 5.5 4.1 130.43	4.92	5.17	~~~
9			No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100 100] [94 100 100 100 100 100 98 100 90 92 99 100 98.98 100 100 100 93 93	Aug 2018	92 89 89 100 100 100 100	93	98	
9			No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0 0] [79 36 28 8.6 23 23 25 24 19 12 21 19 25.14 12 23 25 32 47	Aug 2018	36 94 19 33 - 23.08 73	47	30	\
9			No. of responses sent out	No] [84 67 106 87 83 67 85 73 65 38 75 65 81 77 65 64 52 52	Aug 2018	24 14 5 1 1 3 4	52	310	~~~
14		•6•	Access to healthcare for people with Learning Disability (full compliance)	Yes / No	Yes Yes] [Aug 2018	N N N N N N	No		
			Patient Harm - New Claims	No] [11 6 15 5 - 13 19	Aug 2018		19	52	
			Patient Harm - Ongoing Claims	No] [491 474 473 456 - 309 321	Aug 2018		321	1559	
			Patient Harm - Closed Claims	No] [26 0 16 5 - 4 7	Aug 2018		7	32	
	_		·					_		_	_	·





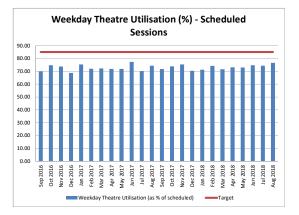


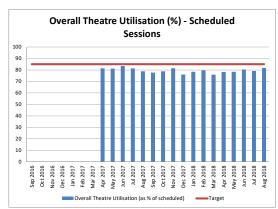
Patient Experience - Cancelled Operations

Data	Data	245	to direction		Traj	ectory							Previo	us Mo	nths Ti	rend (s	ince M	1ar 201	7)					Data				Group				Year To	T
Source	Quality	PAF	Indicator	Measure		Month	M	A	M	J	J	Α	S	0	N	D	J	F	M	Α	М	J J	A	Period		M S	W		I PCCT CO	Ľ	Month	Date	Trend
2	0		No. of Sitrep Declared Late Cancellations - Total	<= No	320	27	57	47	65	58	50	38	48	48	47	46	40	37	59	30	55	23 18	3 25	Aug 2018		0 1	2		5		25	151	\sim
2	0		No. of Sitrep Declared Late Cancellations - Avoidable	No			17	24	27	20	21	12	31	11	14	13	17	10	14	3	12	5 8	14	Aug 2018		0 9	0		5		14	42	Mm
2	0		No. of Sitrep Declared Late Cancellations - Unavoidable	No			37	23	37	37	29	26	17	31	33	33	23	28	45	26	43	18 10	11	Aug 2018		0 9	2		0		11	108	/////
2	0	•	Elective Cancellations at last minute for non-clinical reasons (as a percentage of elective admissions)	<= %	0.8	0.8	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	0.9	1.5	0.7 0.	5 0.7	Aug 2018		- 0.8	7 1.05		1.61		0.7	0.9	////
2	0	•e•	Number of 28 day breaches	<= No	0	0	0	1	0	0	0	2	0	0	0	0	2	0	1	2	0	0 0	0	Aug 2018		0 0	0		0		0	2	$\lambda \Lambda M$
2	0	•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	Aug 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 0	0	Aug 2018	0	.0 0.	0.0		0.0		0	0	
3			No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0	0	3	1	3	1	1	0	1	1	1	4	3	2	0	1	1 0	0	Aug 2018		0 0	0		0		0	2	$M \sim N$
			Multiple Hospital Cancellations experienced by same patient (all cancellations)	<= No	0	0	67	51	45	72	55	53	71	70	62	59	72	59	89	62	42	40 56	61	Aug 2018		4 5	3		-		61	261	ww
3			All Hospital Cancellations, with 7 or less days notice	<= No	0	0	257	219	230	250	245	213	243	294	244	272	302	212	276	224	219	205 24	5 230	Aug 2018	1	5 20	1 14		-		230	1123	~
3			Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	•	•	•	•	•	•	•	•	•	•	•	•		•	•	•	•	Aug 2018		- 78	5 76.5		54.6		76.6	74.4	MM
			Overall Theatre Utilisation (as % of scheduled)	<= %	85.0	85.0	-	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Aug 2018		- 83	1 85.3		57.3		81.8	79.6	





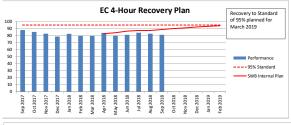




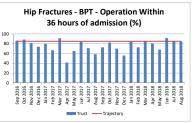
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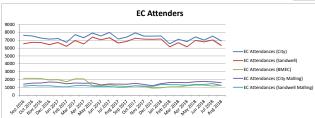
Access To Emergency Care & Patient Flow

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year Mor		Previous Months Trend (From) M A M J J A S O N D J F M A M J J A	Data Period	Unit S C B	Month	Year To Date	Trend
			Emergency Care Attendances (Including Malling)	No			31417 29758 30024 31972 28804 29643 31605 30441 30183 30369 27197 28922 27197 30319	Aug 2018	7576 8503 1254	17333	133849	my
2	0	•e••	Emergency Care 4-hour waits	=> %	95.00 95.	5.00		Jul 2018	81.0 85.1 99.3	84.14	82.32	
2	0		Emergency Care 4-hour breach (numbers)	No			2875 2814 3549 3014 2866 21777 2150 21800 3168 3168 3377 3746 3418	Jul 2018	1617 1376 8	3001	12910	~~~
2		•e	Emergency Care Trolley Waits >12 hours	<= No	0.00 0.0	.00		Jul 2018	0 0	0	0	
3	(1)		Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.00 15.	i.00		Jul 2018	14 15 8	14	14	
3			Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60 60	30		Jul 2018	76 53 89	65	59	~~~
3			Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0 5.	i.0		Jul 2018	4.65 5.74 5.58	5.24	4.85	7
3			Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0 5.	i.0		Jul 2018	6.17 8.51 4.30	7.15	7.02	~~~
11			WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0 0	0	107 110 1111 1111 1111 1117 100 100 100	Jul 2018	121 44	165	752	~~~
11			WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0 0	0	\$ 0 0 1 1 1 0 0 0 1 1 1 1 0 0 0 0 1 1 1 1 0	Jul 2018	2 0	2	24	nh
11		•	WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02 0.0	.02		Jul 2018	0.00	0.04	0.13	M
11			WMAS - Emergency Conveyances (total)	No			4206 4376 4254 4278 4278 4174 4775 4775 4786 4787 4786 4787 4787 4788 4787 4788 4788	Jul 2018	2362 2323	4685	17838	
2	()		Delayed Transfers of Care (Acute) (%)	<= %	3.5 3.	1.5		Aug 2018	1.2 3.7	2.2	2	~~~~
2			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	<10 per <10 site sit			Aug 2018	4.25 7.75	12		W
2	()		Delayed Transfers of Care (Acute) - Total Bed Days (All Local Authorities)	<= No	3.5% of 3.5% available available		\$883 \$601 \$613 \$613 \$613 \$613 \$613 \$613 \$613 \$61	Aug 2018		543	2517	W~
			Delayed Transfers of Care (Acute) - Total Bed Days (All Local Authorities) as % of Available Beds	%	3.5 3.	1.5	2.9 2.5 2.5 2.6 2.8 3.1 3.1 3.1 3.1 3.1 3.2 2.8 3.2 2.8 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1	Aug 2018		3.11	2.82	\sim
2	()		Delayed Transfers of Care (Acute) - Finable Bed Days (Birmingham LA only)	<= No	0 0	0	375 2334 334 312 312 312 312 312 312 312 312 313 312 313 312 313 312 313 313	Aug 2018		174	1046	M
2			Patient Bed Moves (10pm - 6am) (No.) -ALL	No			586 584 584 651 536 536 537 673 677 779 657 779 657 677 733	Aug 2018		733	3263	~~~
2			Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No			221 229 234 205 245 216 231 231 282 282 278 278 278 278 278 278 278 278	Aug 2018		241	1198	~~~
	New		Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units and Transfers for Clinical Reasons	No			46 44 43 33 37 29 29 43 43 65 65 48 43 48 75 48 43 36 48 36 48 48 48 48 48 48 48 48 48 48 48 48 48	Aug 2018		38	191	$\sim \sim$
	(Hip Fractures - Best Practice Tarriff - Operation < 36 hours of admission (%)	=> %	85.0 85	5.0		Aug 2018		85	82.4	/////
			EC 4-Hour Recovery Plan		lanarran ta Etanda		Available Beds Month End		Hip Fractures - B	PT - Oner	ation Withi	n







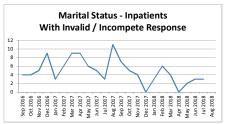


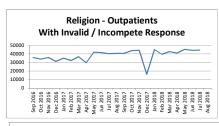
Referral To Treatment Previous Months Trend (since Mar 2017) | Group | | M | SS | W | P | I | PCCT | CO PAF Indicator Measure Month Trend M A M J J A S O N D J F M A M J J A Source Quality Period Date ~~~ RTT - Admitted Care (18-weeks) => % 90.0 90.0 Aug 2018 78.75 2 RTT - Non Admitted Care (18-weeks) => % 95.0 95.0 Aug 2018 91.04 RTT - Incomplete Pathway (18-weeks) 2 => % 92.0 92.0 Aug 2018 92.4 93.6 92.3 92.07 RTT Waiting List - Incomplete Aug 2018 35614 No 5955 17203 1881 3068 RTT - Backlog No Aug 2018 641 1311 121 236 2825 2 Patients Waiting >52 weeks 0 Aug 2018 <= No 2 Patients Waiting >52 weeks (Incomplete) <= No 0 0 Aug 2018 Treatment Functions Underperforming 2 0 <= No 0 Aug 2018 (Admitted, Non-Admitted, Incomplete Treatment Functions Underperforming (Incomplete) <= No 0 0 Aug 2018 Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census) 2 1.0 Aug 2018 1.45 <= % 1.0 Acute Diagnostic Waits in Excess of 6-weeks Nο Aug 2018 43 49 1344 (In Month Waiters) **RTT Admitted Care** RTT Incomplete pathway **RTT Waiting List and Backlog** 40000 90 80 35000 30000 70 60 25000 Trust (%) Trust - 18 Weeks (%) 20000 50 -National Target - 18 Weeks (%) RTT Waiting List - Incomplete ----National Target (%) 15000 10000 SWR Forecast SWR Forerast RTT - Racklog 5000 20 -Treatment Function Underperforming Over 52 Week - Incomplete (Number) Sep Nov Jan Mar May Jul Sep Nov Jan Mar May Jul 2016 2016 2017 2017 2017 2017 2017 2017 2018 2018 2018 2018 **RTT Non-Admitted Care** Treatment Function Underperforming (Incomplete) **RTT Functions Underperforming** E) ITAJIMA & ORTHOPADICS UROLDOY RESPRATORY MEDICINE RESPRATORY MEDICINE RESPRATORY MEDICINE ORTHOPAMOLOGY RESPRATORY MEDICINE ORTHOPAMOLOGY RESPRATORY MEDICINE ORTHOPAMOLOGY RESPRATORY MEDICINE ORTHOPAMOLOGY RESPRATORY GENERAL SURGERY GASTROCHIEDOLOGY E GENERAL SURGERY CARRINGONTHOLOGY E CARBOITHORGE CARRINGONTHOLOGY CARRIN 80 25 Trust (%) 20 ■ Treatment Functions Underperforming -SWR Forecast ■ Improvement Trajector Sep Nov Jan Mar May Jul Sep Nov Jan Mar May Jul 2016 2016 2017 2017 2017 2017 2017 2017 2018 2018 2018 2018 Axis Title 08 09 10 11 12 01 02 03 04 05 06 07 08 09 10 11 12 01 02 03 04 05 06 07 RTT Backlog - By Specialty Diagnostic Waits (% and No.) Greater Than 6 Weeks Diagnostic Waits (In Month) 101 - UROLOGY 110 - TRAUMA & ORTHOPAEDICS **Greater Than 6 Weeks** 120 - ENT 130 - OPHTHALMOLOGY 1800 500 2.5 250 1600 140 - ORAL SURGERY - 160 - PLASTIC SURGERY 1400 200 1200 1200 -301 - GASTROENTEROLOGY 300 E 1000 ---- National Target (%) ----320 - CARDIOLOGY -330 - DERMATOLOGY 800 -SWB Forecast 200 100 -----340 - RESPIRATORY MEDICINE 600 — Number of Patients >6 weeks -400 - NEUROLOGY 400 -410 - RHEUMATOLOGY 0.5 430 - GERIATRIC MEDICINE 03 04 05 06 07 08 09 10 11 12 01 02 03 04 05 06 07 08 Sep Nov Jan Mar May Jul Sep Nov Jan Mar May Jul 2016 2016 2017 2017 2017 2017 2017 2017 2018 2018 2018 2018 -----X01 - Other Specialties Sep Nov Jan Mar May Jul Sep Nov Jan Mar May Jul 2017 2018

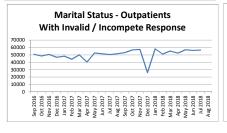
Data Completeness

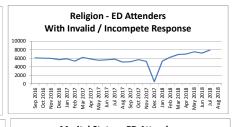
Data Source	Data Qualit		Indicator	Measure		Month	N	I A	M	J	J					e Mar 20		Α	м .	J J	A	Data Period	М	SS W	Group P I	PCCT	CO	Month	Year To Date	Trend
14	0)	Data Completeness Community Services	=> %	50.0	50.0	•	•	•	•	•	• •	•	•	•	• •	•	•	•	•	•	Aug 2018					61.2	61.2		
2	C	•	Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0	•	-	•	•	•	• •	•	•	•	• •	•	•	•			Jun 2018						99.6		V
2	C	•	Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0	•	-	•	•	•	• •	•	•	•	• •	•	•	•		-	Jun 2018						99.1		V
2	C	•	Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0	•	-	•	•	•	• •	•	•	•	• •	•	•	•		-	Jun 2018						99.4		V
2	C		Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0	97.	7 98.2	98.3	97.4	98.4 9	8.5 99.	1 97.6	98.4	96.7	98.1 99.	99.0	96.8	97.3 97	7.5 -	-	Jun 2018						97.5	97.2	
2	C		Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS	=> %	99.0	99.0	99.	5 99.4	99.5	99.4	99.5 9	9.5 99.	99.6	99.6	99.5	99.6 99.	99.6	99.6	99.6 99	9.6 -	-	Jun 2018						99.6	99.6	
2	C		Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0	97.	3 97.3	97.4	96.3	97.2 9	7.0 97.	5 97.2	97.6	97.5	97.7 97.	5 97.3	97.4	97.4 97	7.5 -	-	Jun 2018						97.5	97.4	
2	0	D	Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0	•	•	•	•	•	• •	•	•	•	• •	•	•	•		-	Jun 2018						91.5	91.6	
	0	Ď	Ethnicity Coding - percentage of outpatients with recorded response	=> %	90.0	90.0		•	•	•	•	•	•	•	•	• •	•	•	•		-	Jun 2018						92.7	92.6	
	0	D	Protected Characteristic - Religion - INPATIENTS with recorded response	%			68.	8 70.3	70.6	69.6	70.1 70	0.1 69.	4 70.4	70.2	66.6	70.3 69.	7 68.8	69.5	68.7 68	8.5 69.0	-	Jul 2018						69.0	68.9	\sim
	0	D	Protected Characteristic - Religion - OUTPATIENTS with recorded response	%			56.	9 56.7	52.9	53.2	53.1 5	3.5 54.	5 53.8	3 53.5	63.7	52.8 52.	7 52.4	52.1	51.1 51	1.6 52.0	-	Jul 2018						52.0	51.7	~~
	0	D	Protected Characteristic - Religion - ED patients with recorded response	%			64.	2 64.7	67.2	65.3	66.2 6	6.7 67.	0 66.1	1 67.3	65.2	67.2 67.	2 66.3	65.1	65.7 66	6.5 64.2	-	Jul 2018						64.2	65.4	MM
	0	D	Protected Characteristic - Marital Status - INPATIENTS with recorded response	%			99.	99.9	100.0	100.0 1	00.0 9	9.9 99.	9 100.	0 100.0	100.0 1	00.0 99.	9 100.0	100.0	100.0 10	100.0	-	Jul 2018						100.0	100.0	//
	0	D	Protected Characteristic - Marital Status - OUTPATIENTS with recorded response	%			41.	5 41.3	41.1	41.9	41.4 4	1.0 40.	9 40.4	39.8	41.4	39.4 39.	38.6	38.8	38.7 38	8.8 39.1	-	Jul 2018						39.1	38.9	~~
	0	D	Protected Characteristic - Marital Status - ED patients with recorded response	%			41.	.1 39.8	42.7	42.0	42.2 4	0.2 40.	3 40.7	7 41.6	38.6	40.1 39.	39.0	38.3	39.4 39	9.2 38.8	-	Jul 2018						38.8	39.0	~~
2		D	Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0	•	•	•	•	•	• •	•	•	•	• •	•	•	•		-	Jun 2018						7.1	7.1	
2	0	D	Open Referrals	No			235,998	239,934	245,160	250,072	254,761	262,603 258,800	270,519	274,113	277,674	285,192	289,164	294,489	299,679	310,094	314,889	Aug 2018	71,562	42,447 159,369	8,757	31,882		314,889		
	0	D	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			108,584	111,242	115,133	118,367	123,475	129,941 126,271	134,026	138,043	141,009	149,221	152,201	155,865	159,396	165,731	169,514	Aug 2018	43,075	26,109 81,586	4,413	12,787		169514		
			Future Appts Where the Referral is Closed	No													241	230	226	129	152	Aug 2018	39	92	2 0			152		

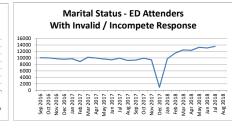


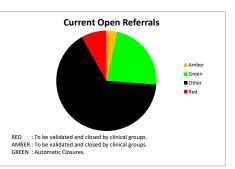












			Temporary Workforce					
Data Data PAF Source Quality	Indicator	Measure Trajectory Year Month	Previous Months Trend (since Mar 2817) M A M J J A S O N D J F M A M J J A	Data Period		Month	Year To Date	Trend
	Medical Staffing - Number of instances when junior rotas not fully filled	<= % 0 0		Jan-00				
0	Medical Staffing - Demand	No	1703 1682 1669 1753 1805 1804 1887 1858 1823 1854 2381 2740 2896 2896 2696 2594 2695 2848	Aug 2018	1669 828 292 0 28 29 2	2848	13529.0	
C	Medical Staffing - Total Filled	%	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 86.09 86.09 91.63 95.7 90.55	Aug 2018	89.28 94.32 91.44 - 75 62.07 100	91	90.0	~~~
0	Medical Staffing - Bank Filled	%	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 46.19 46.19 50.27 50.48 52.07	Aug 2018	51.14 51.34 58.8 - 100 0 100	52	49.1	
	Medical Staffing - Agency Filled	%	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 53.81 53.81 49.73 49.52 47.93	Aug 2018	48.86 48.66 41.2 - 0 100 0	48	50.9	h
	Medical Staffing - Filled Shifts - Snr Consultant	No	270 120 214 219 258 320 312 329 324 334 311 181 352 352 352 428 394 449	Aug 2018	288 111 9 0 21 18 2	449	1975.0	~~~
C	Medical Staffing - Filled Shifts - Jnr Doctor	No	1028 896 394 1019 1087 1082 1074 1052 987 1113 1793 855 1969 1969 1969 1949 2185 2130	Aug 2018	1202 670 258 0 0 0 0	2130	10202.0	~~~
C	Nursing - Demand	No	10708 8825 8616 8784 8760 8197 9080 9849 9335 9535 9868 9500 11272 8759 8087 8923 8477 9587	Aug 2018	4382 2439 1365 19 21 1258 103	9587	43833	~~~~
	Nursing - Total Filled	%	95.8 95.29 90.22 87.78 89.1 92.59 83.87 83.29 85.1 80.62 80.64 81.48 81.16 83.18 87.67 81.46 84.48 81.7	Aug 2018	82.72 85.08 68.35 100 95.24 84.02 99.03	82	83.6	Man
	Nursing - Qualified - Bank Filled	%	43.52 42.07 46.67 42.61 44.43 44.12 43.91 46.36 47.21 45.52 46.72 47.66 49.65 46.46 48.29 49.36 49.04 49.8	Aug 2018	46.51 44.29 63.34 52.63 90 61.12 28.43	50	48.6	~~~
C	Nursing - Qualified - Agency Filled	%	16.76 16.32 17.77 15.48 13.94 13.03 13.92 15.87 16.39 16.29 16.67 17.59 17.46 19.49 17.84 17.47 16.1 16.4	Aug 2018	19.14 25.45 2.04 0 0 4.45 0	16	17.5	~~~
0	Nursing - HCA - Bank Filled	%	28.13 30.44 33.05 39.06 39.63 41.94 41.6 37.36 36.03 38.01 36.44 34.72 32.89 34.05 33.67 33.17 34.32 33.7	Aug 2018	34.34 30.07 34.62 47.37 10 34.44 71.57	34	33.8	/
0	Nursing - HCA - Agency Filled	%	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 0 0 0 0.475 0.1	Aug 2018	0 0.19 0 0 0 0 0	0	0.1	<u> </u>
0	AHPs - Radiography - Demand (Shifts)	No	525 332 372 315 334 335 231 235 198 176 309 349 305 111 305 173 342 494	Aug 2018	0 0 0 0 494 0 0	494	1425	~~~
C	AHPs - Radiography - Filled (Shifts)	No	502 329 359 315 290 323 230 232 190 170 253 232 157 92 241 170 189 249	Aug 2018	0 0 0 0 249 0 0	249	941	~~~
0	AHPs - Physiotherapy - Demand (Shifts)	No	356 180 242 257 104 99 100 108 88 75 33 113 35 146 96 24 77 164	Aug 2018	0 0 0 0 0 164 0	164	507	h
0	AHPs - Physiotherapy - Filled (Shifts)	No	346 180 242 257 104 99 96 107 87 74 33 113 35 146 96 24 77 161	Aug 2018	0 0 0 0 0 161 0	161	504	h_w
0	AHPs - Other - Demand (Shifts)	No	1009 459 527 471 511 536 482 532 460 451 519 385 500 376 293 481 403 404	Aug 2018	169 29 19 0 82 66 39	404	1957	Luna
0	AHPs - Other - Filled (Shifts)	No	885 457 527 471 508 534 476 520 445 440 502 371 497 349 274 479 367 383	Aug 2018	159 29 19 0 82 55 39	383	1852	home
	Admin - Demand (Shifts)	No	5135 4198 4228 4423 4054 4429 4091 4015 3928 3535 3778 3493 3607 2950 3018 3240 3035 3717	Aug 2018	687 485 102 266 70 206 1901	3717	15960	~~~~
0	Admin - Filled (Shifts)	No	5079 4162 4184 4423 4031 4412 4025 3951 3838 3412 3707 3412 3496 2895 2984 3164 2979 3658	Aug 2018	667 483 102 253 69 194 1890	3658	15680	m
0	Facilities - Demand (Shifts)	No	2485 1795 2031 2101 1996 2182 2025 2059 2122 2008 2111 2226 2410 2192 2219 2287 2124 2527	Aug 2018	5 63 7 0 16 42 2394	2527	11349	hand
0	Facilities - Filled (Shifts)	No	2425 1737 1999 2101 1966 2165 2006 2019 2098 1951 2054 2170 2384 2178 2192 2271 2070 2427	Aug 2018	4 63 2 0 16 0 2342	2427	11138	mm
0	Interpreters - Demand (Shifts)	No	5634 4511 5139 5291 5101 4905 5116 5343 5699 4595 5354 4862 5079 4639 5177 4976 5461 5068	Aug 2018		5068	25321.0	~~~
	Interpreters - Total Filled	%	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 99.86 99.86 99.66 99.78 99.73 99.55	Aug 2018		100	99.6	\sim
0	Interpreters - Bank Filled	%	78.02 77.34 78.45 77.87 78.99 76.96 78.29 77.86 78.86 77.81 78.89 77.77 78.57 79.76 76.89 77.78 76.57 76.1	Aug 2018		76	77.4	my
0	Interpreters - Agency Filled	%	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 20.2 23.1 22.2 23.4 23.9	Aug 2018		24	22.7	~~~~
0	Interpreters - Unfilled	%	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 0.5 0.4 0.2 0.3 0.5	Aug 2018		0	0.4	$\sim\sim$
3000	Medical Staffing - Number of Shif	ts	Nurse Staffing - Number of Shifts					
2500			10000					

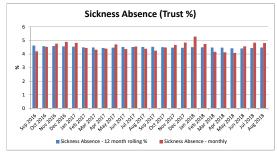


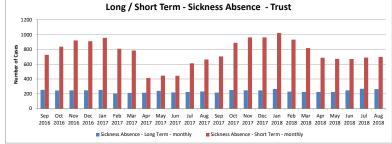


Workforce

Data Source	Data Quality	PAF	Indicator	Measure	Traje Year	ctory		M A	A N	1 J	J	Α		ovious	Months N	Trend D	(since	Mar 20	17) M	Α	М	J	J	Α	Data Period	М	SS	W	Grou	ip I	PC
3		•b•	PDRs - 12 month rolling	=> %	95.0	95.0	•			•	•	•	•	•	•	•	•	•	•	>	>	•	>	->	Aug 2018	83.3	90.3	91.3	94.1	83.5	9
7		•b	Medical Appraisal	=> %	95.0	95.0	•			•	•	•	•	•	•	•	•	•	•	-	-	-	•	-	Jul 2018	89.3	84.1	92.6	90.5	96.7	13
3		•b	Sickness Absence (Rolling 12 Months)	<= %	3.00	3.00	4.	48 4.4	15 4.4	18 4.52	4.52	4.53	4.53	4.51	4.48	4.46	4.51	4.50	4.48	4.47	4.43	4.42	4.46	4.49	Aug 2018	5.1	4.6	4.6	3.6	3.8	4
3			Sickness Absence (Monthly)	<= %	3.00	3.00	4.	32 4.4	10 4.7	71 4.36	4.56	4.39	4.25	4.49	4.68	4.85	5.29	4.74	4.17	4.14	4.08	4.57	4.84	4.81	Aug 2018	6.1	5.1	5.0	3.0	4.3	
3			Sickness Absence - Long Term (Monthly)	No			2	13 21	.4 24	1 218	225	232	216	251	246	247	267	230	226	226	224	247	269	263	Aug 2018	65	39	39	10	9	
3			Sickness Absence - Short Term (Monthly)	No			7	85 41	.4 44	5 444	612	664	706	889	962	963	1021	932	818	688	672	670	691	698	Aug 2018	174	131	90	37	28	
3			Return to Work Interviews following Sickness Absence (Cumulative)	=> %	100.0	100.0	•			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Aug 2018	72.1	91.9	83.3	91.8	86.1	g
			Return to Work Interviews following Sickness Absence (In Month)	=> %	100.0	100.0		- -	-	-	-	-	-	-	84.75	81.65	78.51	85.73	82.13	84.10	78.53	82.16	83.28	82.62	Aug 2018	80.1	85.9	71.4	100.0	92.9	8
3			Mandatory Training	=> %	95.0	95.0	•			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Aug 2018	86.0	89.1	91.0	94.8	90.3	9
3		•	Mandatory Training - Health & Safety (% staff)	=> %	95.0	95.0		•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Aug 2018	89.5	91.6	93.7	96.0	94.5	9
7		•b•	Employee Turnover (rolling 12 months)	<= %	10.0	10.0	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•	Aug 2018						
			Nursing Turnover (Qualified Only)	<= %	10.7	10.7	1	1.7 11.	.7 11	.7 12.0	12.6	12.7	12.8	12.9	12.6	12.9	13.3	13.4	13.5	13.7	13.4	13.3	13.0	13.4	Aug 2018						
7			New Investigations in Month	No				9 14	4 1	3	4	4	2	7	4	5	4	3	4	3	3	9	5	4	Aug 2018	1	1	0	1	0	
7			Vacancy Time to Fill	Weeks			[:	21 20	0 2	1 23	25	20	21	21	21	23	25	23	23	25	22	25	23	24	Aug 2018						
7		•	Professional Registration Lapses	<= No	0	0		0 0) (0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2018	0	0	0	0	0	
7			Qualified Nursing Variance (FIMS) (FTE)	No			2	57 25	66 27	6 281	289	287	269	252.4	244.4	264.9	248.2	242.6	260.5	249.1	256.8	254.4	268	280.2	Aug 2018						
15			Your Voice - Response Rate	No			-	->:	>	>>	18.8	>	>	>	>	>	19.7	>	>	>	>	>	>	>	Jan 2018	9	16.2	16.8	16.2	19.7	2
15			Your Voice - Overall Score	No			-	->:	>	>>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	Jan 2017	3.68	3.79	3.66	3.82	3.58	3









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Trend

Month

Operational Efficiency

Data	Data	PAF	Indicator	Measure	Traje	ctory
Source	Quality	FAF	indicator	Measure	Year	Month
			Routine Outpatient Appointments with Short Notice(<3Wks)	%		
			Routine Outpatient Appointments with Short Notice(<3Wks)	No		
			Short Notice Inpatient Admission Offers (<3wks)	%		
			Short Notice Inpatient Admission Offers (<3wks)	No		

					F	reviou	us Mor	ths Tr	end (s	ince M	ar 201	7)						Data	ı					roup				Month	Year To	Trend
М	Α	М	J	J	Α	S	0	N	D	J	F	M	Α	М	J	J	Α	Period		М	SS	В	W	Р		PCCT	CO	WOILLI	Date	Trend
-	23	21	19	22	27	24	29	25	23	17	19	18	19	24	21	21	28	Aug 2018		26	29	-	26	33	-	26	-	27.7	22.5	/
-	1780	1950	1747	1972	2501	2211	2847	2408	1685	1577	1505	1509	1414	2061	1943	1979	2325	Aug 2018		423	1379	-	183	89	0	248	-	2325	9722	/
-	50	49	47	48	54	47	52	54	52	41	49	51	49	52	57	59	47	Aug 2018		44	48	-	74	27	89	35		47	53.0	/
-	1628	1887	1858	1767	2047	1937	2167	2393	1959	1712	1792	1975	1783	1983	2161	2252	1800	Aug 2018		169	1260	-	171	14	17	169	-	1800	9979	

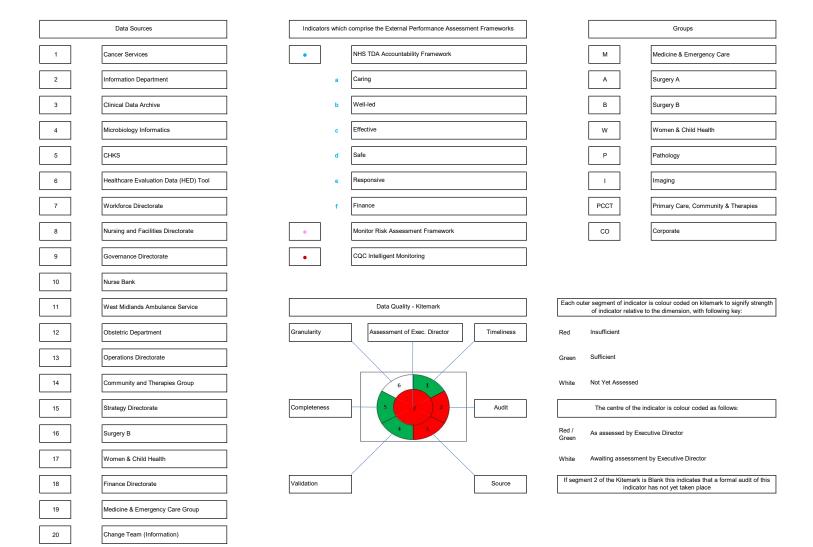
Local Quality Indicators - 2017/2018

Data	Data	PAF	Indicator	Measure	Traje	ctory
Source	Quality	FAF	indicator	Weasure	Year	Month
			Morning Discharges (00:00 to 12:00) - SQPR	=> %	35	35
			ED Diagnosis Coding (Mental Health CQUIN) - SQPR	=> %	85	85
			1			
			CO Monitoring by 12+6 weeks of pregnancy - SQPR	=> %	90	90
			T			
			Community Nursing - Falls Assessment For Appropriate Patients on home visiting caseload	=> %	100	100
			Community Nursing - Pressure Ulcer Risk Assessment For New community patients at intial assessment	=> %	95	95

				F	revi	ous I	Monti	hs Tr	end ((Fron	n Mar	201	7)					1	Data	Group Month Year To	
M	Α	М	J	J	Α	S	0	N	D	J	F	М	Α	M	J	J	Α]	Period	M SS W P I PCCT CO	rend
16	16	15	17	17	15	16	15	15	18	17	17	16	15	15	17	17	15		Aug 2018	16 10 16 28 15.4	<i>~</i>
87	86	86	85	84	84	84	84	85	85	83	0	0	84	85	85	84	84	1	Aug 2018	84.3	7/
																_		_			
79	76	75	75	74	71	74	80	76	79	76	77	76	80	86	82	81	81		Aug 2018	81.3	~~
	1		_		_		_				_	_		_	_	_	_	7			_
58	69	-	57	58	57	54	55	52	60	67	78	91	91	94	94	96	95		Aug 2018	94.9	
	Т										_				Т	_	_	٦			_
63	77	-	63	65	66	62	63	63	70	78	81	92	93	94	95	96	95		Aug 2018	94.5	
	_	_	_											_		_	_	-			

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Legend



Section	Indicator	Measure	Traj Year	ectory Month		И A	. 1	N J	J	A	S	Previo				- M	A	M	J J A	Data Period	E	Directorate C AC SC	Mont	.h	Year To Date	Trend
Patient Safety - Inf Control	C. Difficile	<= No	30	3		•			•	•	•	•	•	• (•	•	• • •	Aug 2018	1	0 0	1		4	~~
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0					•	•	•	•	•	• (•	•	•	• • •	Aug 2018	C	0 1	1		1	
Patient Safety - Inf Control	MRSA Screening - Elective (%)	=> %	80	80					•	•	•	•	•	• (•	•	• • •	Aug 2018	7:	94 25	75.0			~~~~
Patient Safety - Inf Control	MRSA Screening - Non Elective (%)	=> %	80	80					•	•	•	•	•	• (•	•	•	• • •	Aug 2018	8	86 96	86.3	_		~~~
Patient Safety - Harm Free Care	Number of DOLS raised	No			1	6 9		7 5	12	13	9	19	15	9	19 1	6 20	16	34	14 26 21	Aug 2018	4	17 0	21	7	111	Ann
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			1	6 9		7 5	12	13	9	19	15	9	19 1	6 20	16	34	14 26 21	Aug 2018	4	17 0	21	<u></u>	111	Ann
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No				0		0	1	0	0	0	0	0	0 (0	1	3	2 3 5	Aug 2018		4 0	5	$\overline{1}$	14	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No				3 11	1 (6 6	4	8	3	2	1	3	2 1	1 6	2	2	2 2 3	Aug 2018		3 0	3		11	^
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No				5 1	Τ,	6 3	1	3	5	6	3	2	2 4	1 2	3	12	8 10 10	Aug 2018	2	8 0	10	$\frac{1}{1}$	43	~~~
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No				0 0	<u> </u>) 2	1	2	0	0	1	1	1 (0	0	0	1 3 2	Aug 2018		2 0	2	_	6	
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No) 1	Ţ.	1 1	5	0	0	0	0	0	0 (0	0	0	0 1 0	Aug 2018		0 0	0			
Patient Safety - Harm Free Care	Falls	<= No	0	0	3	4 36	6 3	9 34	34	28	31	48	22	23	35 3	5 45	35	32	35 40 43	Aug 2018	g	34 0	43		185	~\/~
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0		2 1		1 0	0	1	1	3	0	0	0 (0 0	0	2	1 0 0	Aug 2018		0 0	0		3	\ \ \ \
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0		4 5		4 2	4	2	6	3	4	8	8 4	1 3	4	5	5 6 2	Aug 2018		2 0	2		22	~\\\
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0					•	•	•	•	•	• (•	•		Aug 2018	90	.6 89.0 97.9	91.7			~~~~
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0					•	•	•	•	•	• (•	•		Aug 2018	100	0.0 100.0 -	100.	•		WV-
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0) 0	•	•	•	•	•	• (•	•	• • •	Aug 2018	10	0 100 -	100.			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0					•	•	•	•	•	• (•	•		Aug 2018	10	0 100 -	100.			~~~
Patient Safety - Harm Free Care	Never Events	<= No	0	0					•	•	•	•	•	• (•	•		Aug 2018		0 0	_ 1		0	Λ .
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	Aug 2018		0 0	0		0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0					•	•	•	•	•	• (•	•		Aug 2018			1		10	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98					•	•	•	•	•	• (•	•	•	Jun 2018	4:	2 41 50	43			~~~
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall	%				.4 9.5		.2 9.2		9.1	10.7				2.7 12					Jul 2018			13.2			
Clinical Effect - Mort & Read	(exc. Deaths and Stillbirths) month Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%				.4 9.4			+	+	9.6		\perp	\pm		.4 10.7	+			Jul 2018					11.4	
	12-month damage	1			L																					

Section	Indicator		Trajectory Year Month		A M J J A	Data Period	Directorate EC AC SC	Month	Year To Date	
Clinical Effect - Stroke & Card	Pts spending >90% stay on Acute Stroke Unit (%)	=> %	90.0 90.0			Jul 2018	98.1	98.1	95.2	M
Clinical Effect - Stroke & Card	Pts admitted to Acute Stroke Unit within 4 hrs (%)	=> %	90.0 90.0			Jul 2018	83.8	83.8	71.4	~~~ Λ
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0 50.0			Jul 2018	59.5	59.5	69.6	~~~W
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0 100.0			Jul 2018	97.3	97.3	97.4	M
Clinical Effect - Stroke & Card	Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0 85.0			Jul 2018	33.3	33.3	81.3	$\mathcal{M}_{\mathcal{L}}$
Clinical Effect - Stroke & Card	Stroke Admissions - Swallowing assessments (<24h) (%)	=> %	98.0 98.0			Aug 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			Jul 2018	100.0	100.0	100.0	$\longrightarrow M$
Clinical Effect - Stroke & Card	TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=> %	75.0 75.0			Jul 2018	97.0	97.0	97.6	\overline{M}
Clinical Effect - Stroke & Card	Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=> %	80.0 80.0			Aug 2018	93.3	93.3	94.7	√ \\\
Clinical Effect - Stroke & Card	Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=> %	80.0 80.0			Aug 2018	100.0	100.0	92.9	\sim
Clinical Effect - Stroke & Card	Rapid Access Chest Pain - seen within 14 days (%)	=> %	98.0 98.0			Aug 2018	100.0	100.0	100.0	
Clinical Effect - Cancer	2 weeks	=> %	93.0 93.0			Jul 2018	98.1	98.1		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0 96.0			Jul 2018	100.0	100.0		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0 85.0		• • • .	Jul 2018	95.2	95.2		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No		2 4.5 1 2.5 2 3.5 2.5 0.5 1.5 1 1	3 5 2 1 -	Jul 2018	1.00	1.00	11	MM\
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No		0 1 0 0 0 2 2 0 0 1 1	1 0 0.5 0 -	Jul 2018	0.00	0.00	2	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No		91 106 97 99 81 125 173 104 102 113 280 11	18 104 112 103 -	Jul 2018	103	103		~~\\ <u>\</u>
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	=> No	0.0 0.0	6 4 10 3 7 8 7 7 3 9 4 :	3 7 6 4 2	Aug 2018	2	2	22	\\\\\
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0.0 0.0	7 0 0 3 61 46 129 0 0 0 0	0 0 0 15 0	Aug 2018	0 0 0	0	15	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No		42 40 27 49 24 26 47 29 30 38 34 3	6 35 24 55 27	Aug 2018	16 10 1	27	177	//////
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No		79 91 83 82 74 59 75 67 73 78 76 8	11 89 71 97 90	Aug 2018	51 35 4	90		~~~

Section	Indicator	Measure	Trajectory Year Month	Previous Months Trend M A M J J A S O N D J F M A M J J A A M J J A M M M M M M M M M	Data Period	Directorate EC AC SC	Month	Year To Date	
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non- clinical reasons	<= %	0.8 0.8		Aug 2018		-		M
Pt. Experience - Cancellations	28 day breaches	<= No	0 0	0 1 0 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0	Aug 2018	0.0 0.0 0.0	0	0	^
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0 0	2 3 11 3 5 2 8 2 3 4 6 0 7 0 1 1 1 0	Aug 2018	0.0 0.0 0.0	0	3	MM
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0 85.0	41 28 35 63 31 62 41 84888 84888 84888 84888 84888 84888 84888 84888 84888 84888 84888 84888 84888 84888 84888	Aug 2018		-		
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	Aug 2018	0.00 0.00 0.00	0.00	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95.0 95.0		Jul 2018	81.0 85.1 Site S/C	83.1	81.1	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No		1721 1742 1580 1580 1580 1683 1683 1683 17714 17714 17714 1838 1838 1838 1838 1838 1838 1838 18	Jul 2018	2202 3 89	2294	9704	~~M
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0 0		Jul 2018	0.0 0.0 Site S/C	0	0	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.0 15.0		Jul 2018	14.0 15.0 Site S/C	14	14	~~
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60.0 60.0		Jul 2018	76.0 53.0 Site S/C	62	66	~~~
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0 5.0		Jul 2018	4.7 5.7 Site S/C	5.2	4.8	7
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0 5.0		Jul 2018	6.2 8.5 Site S/C	7.4	7.3	~~~
Emergency Care & Pt. Flow	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0 0	101 111 111 111 112 113 113 113 113 113 11	Jul 2018	121 44	165	752	~~~
Emergency Care & Pt. Flow	WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0 0	5 0 12 6 1 0 1 4 6 11 5 4 21 6 6 10 2 -	Jul 2018	2 0	2	24	nh
Emergency Care & Pt. Flow	WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	<= %	0.02 0.02		Jul 2018	0.08	0.04	0.13	nh
Emergency Care & Pt. Flow	WMAS - Emergency Conveyances (total)	No		4206 4254 4224 4429 4424 4487 4424 4487 4430 4306 4306 4306 4306	Jul 2018	2362 2323	4685	17838	
RTT	RTT - Admittled Care (18-weeks) (%)	=> %	90.0 90.0		Aug 2018	- 94.7 94.6	94.6		·
RTT	RTT - Non Admittled Care (18-weeks) (%)	=> %	95.0 95.0		Aug 2018	- 64.8 91.8	77.8		~~
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0 92.0		Aug 2018	- 85.2 96.3	89.2		~
RTT	RTT - Backlog	<= No	0 0	622 610 479 497 467 538 407 288 398 504 480 497 509 524 545 632 644 641	Aug 2018	0 562 79	641		
RTT	Patients Waiting >52 weeks	<= No	0 0	1 1 2 1 7 4 1 0 0 0 0 1 0 0 2 0 1 3	Aug 2018	0 2 1	3		~~~
RTT	Treatment Functions Underperforming	<= No	0 0	10 9 7 8 9 7 8 5 5 6 6 6 6 6 5 4 6 5	Aug 2018	0 3 2	5		M
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0 1.0		Aug 2018	- 1.29 0	0.99		m
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0 1.0		Aug 2018	- 1.29 0	0.99		W~~

Section	Indicator	Measure	Trajector	- F	M .	A I M	IJ	J	A		evious I		Trend	F	M A	M	J J	Data A Perio		Directorate EC AC SC	Month	Year To Date	
Data Completeness	Open Referrals	No		_		79,971				85,453	_	64,194	65,058		66,860		-	Aug 20		15,626 1 29,741 3	71562		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Req	No			35,739	36,247	37,760	39,488	40,216	40,844	36,135	37,044	37,620	39,394	40,207	41,127	41,878	Aug 20)18	13,525	43075		/
Workforce	PDRs - 12 month rolling (%)	=> %	95.0 95		•		•	•	•	•		•	•	•	• •	•	•	Aug 20)18	84.64 82.21 -		69.3	
Workforce	Medical Appraisal and Revalidation	=> %	95.0 95		•		•	•	•	•		•	•	•		-		- Jul 20	18	89.66 88.89 -		89.3	~
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15 3.		•		•	•	•	•		•	•	•	•	•		Aug 20)18	5.05 5.08 -	5.07	4.94	
Workforce	Sickness Absence - In month	<= No	3.15 3.		•		•	•	•	•		•	•	•	• •	•	•	Aug 20)18	5.75 6.37 -	6.09	5.66	~~\
Workforce	Sickness Absence - Long Term - In month	No			40 5	53 59	48	45	54	49 5	1 49	63	64	46	40 54	55	61 65	Aug 20)18	26 39 0	65	300	~~~
Workforce	Sickness Absence - Short Term - In month	No			182 6	66 68	80	131	145	157 17	73 233	236	219	203	212 163	175	155 163	74 Aug 20)18	66 108 0	174	830	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100 10		•		•	•	•	•		•	•	•	•	•	•	Aug 20)18	64.6 77.5 -		68.39	~~/
Workforce	Mandatory Training (%)	=> %	95.0 95		•		•	•	•	•		•	•	•	•	•		Aug 20)18	85.87 86.22 -		86.5	~
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	- -	-	-	-	- 2	.2 -	-	-	6.2		-	1.6 -	- Jun 20	18	1.45 1.71 -		1.7	
Workforce	New Investigations in Month	No			2	3 0	0	1	1	0 () 1	2	2	0	0 0	2	4 1	1 Aug 20)18	1 0 0	1		1~~1
Workforce	Nurse Bank Fill Rate %	=> %	100 10															Apr 20	16		85		***************************************
Workforce	Nurse Bank Shifts Not Filled (number)	<= No	0 (Apr 20	16		710		***************************************
Workforce	Medical Staffing - Number of instances when junior rotas not fully filled	<= No	0 (-		-	-	-	-		-	-	-		-		- Jan-0	10		-	-	
Workforce	Your Voice - Response Rate (%)	No			>	->	>	11.8	>	>	->	>	9	>	>	->	>	-> Jan 20	118	9.6 8.5 0.0	9.0		
Workforce	Your Voice - Overall Score	No			> -	->>	>	>	>	>	.>>	>	>	>	>>	>	>	-> Jan 20	117	3.51 3.90 3.58	3.68		************

Surgical Services Group

Patient Safety - Ind Control Patient Safety - Ind Control MRSA Bacteraemia C = No 7 1	
Patient Safety - Inf Control MRSA Screening - Elective => % 80 80	
Patient Safety - Inf Control MRSA Screening - Non Elective => % 80 <t< th=""><th></th></t<>	
Patient Safety - Harm Free Care Number of DOLS raised No 2 1 3 0 12 7 6 15 12 9 7 9 4 11 14 8 7 10 Aug 2018 5 0 0 5 0 10 50 Patient Safety - Harm Free Care Number of DOLS which are 7 day urgent No 2 1 3 0 12 7 6 15 12 9 7 9 4 11 14 8 7 10 Aug 2018 5 0 0 5 0 10 Patient Safety - Harm Free Care Number of delays with LA in assessing for standard No DOLS application No Dol 1 4 0 3 1 2 1 1 0 0 0 0 0 0 0 0	
Patient Safety - Harm Free Care Number of DOLS which are 7 day urgent No 2 1 3 0 12 7 6 15 12 9 7 9 4 11 14 8 7 10 Aug 2018 5 0 0 5 0 10 5 0 Patient Safety - Harm Free Care Number of delays with LA in assessing for standard No 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Patient Safety - Harm Free Care Number of delays with LA in assessing for standard No 0 0 0 0 0 0 0 0 0	
Patient Safety - Harm Free Care DOLS application No 0 0 0 0 0 0 0 0 0	
Patient Safety - Harm Free Care Number patients discharged prior to LA assessment No 1 0 3 0 6 5 2 2 1 0 0 3 0 1 5 4 1 1 Aug 2018 1 0 0 0 0 1 1 1 12	
Patient Safety - Harm Free Care Number of DOLs applications the LA disagreed with No 0 1 0 0 0 0 1 0 1 0 1 0 0 0 0 0 1 0 1	_M_\
Patient Safety - Harm Free Care Falls <= No 0 0 6 10 7 11 11 4 5 5 10 10 17 7 15 16 9 6 9 11 Aug 2018 5 6 0 0 0 11 5	~~~
Patient Safety - Harm Free Care Falls with a serious injury <= No 0 0 0 0 0 0 0 0 0	
Patient Safety - Harm Free Care Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	₩ ~^ \
Patient Safety - Harm Free Care Venous Thromboembolism (VTE) Assessments => % 95.0 95.0 95.0 96.2 96.2	~~~
Patient Safety - Harm Free Care WHO Safer Surgery Checklist - Audit 3 sections >> % 100.0 100.	
Patient Safety - Harm Free Care WHO Safer Surgery Checklist - Audit 3 sections and => % 100.0 100.0	////
Patient Safety - Harm Free Care WHO Safer Surgery Checklist - Audit 3 sections, brief => % 100.0 100.0	~ / \/
Patient Safety - Harm Free Care Never Events <= No 0 0 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Patient Safety - Harm Free Care Medication Errors <= No 0 0 0 0 0 0 0 0 0	
Patient Safety - Harm Free Care Serious Incidents <= No 0 0 0 0 0 0 0 0 0	/
Clinical Effect - Mort & Read	/
Clinical Effect - Mort & Read (exc. Deaths and Stillbirths) month % 5.7 6.2 6.5 6.3 7.3 6.9 6.0 6.0 5.4 6.1 6.1 7.1 5.5 7.2 5.8 6.1 7.1 -	~~~~
Clinical Effect - Mort & Read	3

Surgical Services Group

The purposes Current Native Control	Section	Indicator	Measure	Traje Year	ectory Month	Previous Months Trend M A M J J A S O N D J F M A M J J A	Data Period		Month	Year To Date
Procedure Convert Co	Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0		Jul 2018	98.0	97.98	
Company Comp	Clinical Effect - Cancer	2 weeks (Breast Symptomatic)	=> %	93.0	93.0		Jul 2018	96.7	96.67	
Circle State Colore Colo	Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0		Jul 2018	99.0	98.96	
The pursuance - Canadadama Street Colored Control Published Department No	Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0		Jul 2018	88.8	88.79	
Christ of Red - Censor Cancer - Christ statistics Cancer - Christ st	Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			2 2 5 3 8 3 2 6 4 8 10 4 4 3 9 3 6 -	Jul 2018		6	20
Pr. Eperferice - FFT_ASSA_Comp Mond See Accommodation Breaches Compileting Received (formal and link) No See 2 28 28 28 28 28 28 28	Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			1 1 1 0 2 2 0 2 0 3 3 1 0 1 2 1 2 -	Jul 2018	1.5 - 0	1.5	5
P. Eperiance - Concellations Direct Number	Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			198 198 198 198 198 198 198 198 198 198	Jul 2018	196 - 0	196	~~~
P.E. Experience - FFT.MSA.Comp No. of Complaints Received (formal and link) No. 36	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 0 0	Aug 2018	0 - 0	0	0
Pt. Experience - FFT,MSA,Comp No. of Active Complaints in the System (formal and link) No	Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0 0 0 0 0 0 2 0 0 0 0 0 0	Aug 2018	0 0 0 0 0	0	0
Pt. Experience - Cancellations Steep Declared Late Cancellations	Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			36 24 29 20 28 29 18 16 28 22 24 25 32 24 23 27 25 19	Aug 2018	0 5 4 1 9	19	118
Pt. Experience - Cancellations 28 day breaches	Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			66 78 61 51 57 50 38 40 36 47 47 52 50 45 47 57 57 65	Aug 2018	13 31 2 2 17	65	~~~
Pt. Experience - Cancellations Sitrep Declared Late Cancellations Weekday Theatre Utilisation (as % of scheduled) >> % 85.0 85.0 75.3 76.4 75.8 77.3 73.3 74.7 74.8 75.8 77.1 71.1 72.6 75 73.5 74.6 74.3 75.7 75.4 78.5 Aug 2018 77.5 803 - 94.7 75.0 77.8 803 - 94.7 75.0 77.8 803 - 94.7 75.0 77.8 803 - 94.7 75.0 77.8 803 - 94.7 75.0 77.8 803 - 94.7 75.0 - 9	Pt. Experience - Cancellations		<= %	0.8	0.8		Aug 2018	0.95 1.29 0.88	0.87	~~~
PL Experience - Cancellations Weekday Theatre Utilisation (as % of scheduled) => % 85.0 85.0 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 74.6 74.3 75.7 75.4 78.5 73.5 74.6 74.3 75.7 75.4 78.5 73.5 74.6 74.3 75.7 75.4 78.5 73.5 74.6 74.3 75.7 75.4 78.5 73.5 74.6 74.3 75.7 75.4 78.5 73.5 74.6 74.3 75.7 75.4 78.5 73.5 74.6 74.3 75.7 75.4 78.5 73.5 74.6 74.3 75.7 75.4 78.5 73.5 74.6 74.3 75.7 75.4 78.5 75.5	Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0 0 0 0 0 0 0 0 1 0 1 2 0 0 0	Aug 2018	0 0 0 0 0	0	
Pt. Experience - Cancellations	Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	45 32 49 38 41 28 37 35 35 24 20 29 41 24 44 17 13 18	Aug 2018	9 4 0 0 5	18	116
Emergency Care & Pt. Flow Emergency Care 4-hour breach (%)	Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	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 74.6 74.3 75.7 75.4 78.5	Aug 2018	77.3 80.9 - 94.7 75.0	78.45	
Emergency Care & Pt. Flow Emergency Care 4-hour breach (numbers) <= No 0 0 112 137 109 93 106 69 73 84 80 89 66 0 179 160 148 110 117 - Jul 2018 68 41 0 0 8 117 535 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	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 0 0	Aug 2018	0 0 0 0 0	0	0
Emergency Care & Pt. Flow Emergency Care Trolley Walts >12 hours <= No 0 0 0 0 0 0 0 0 0	Emergency Care & Pt. Flow	Emergency Care 4-hour breach (%)	%	95.0	95.0	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 98.6 98.5 97.9 99.3 -	Jul 2018	99.3	-	
Emergency Care & Pt. Flow Emergency Care Patient Impact - Unplanned <= % 5.0 5.0 3.3 3.3 3.0 3.7 3.6 4.3 5.4 3.9 - 5.0 5.1 4.6 6.1 4.9 5.5 5.8 5.6 - Jul 2018 - - - - 5.58 - - - - - - - - -	Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	<= No	0	0	112 137 109 93 106 69 73 84 80 89 66 0 179 160 148 110 117 -	Jul 2018	68 41 0 0 8	117	535
Emergency Care & Pt. Flow Emergency Care Patient Impact - Left Department <= % 5.0 5.0 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 5.0 3.6 4.1 4.3 . Jul 2018	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 0 0	Jul 2018	0	-	-
Emergency Care & Pt. Flow Without Being Seen Rate (%)	Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0	3.3 3.3 3.0 3.7 3.6 4.3 5.4 3.9 - 5.0 5.1 4.6 6.1 4.9 5.5 5.8 5.6 -	Jul 2018	5.58	-	· ~~~
Emergency Care & Pt. Flow Emergency Care Timeliness - Time to Initial <= No 15 15 0 0 0 0 0 0 0 0 0	Emergency Care & Pt. Flow		<= %	5.0	5.0	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 5.0 3.6 4.1 4.3 -	Jul 2018	4.3	-	·
	Emergency Care & Pt. Flow	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15	0 0 0 - 0 0 0 0 0 0 0 0 0 0 0 0 0 0 -	Aug 2018	8	0	0
Emergency Care & Pt. Flow Emergency Care Timeliness - Time to Treatment in C= No 60 60	Emergency Care & Pt. Flow		<= No	60	60		Jul 2018	89	-	-
Emergency Care & Pt. Flow Hip Fractures BPT (Operation < 36 hours of admissions => % 85.0 85.0	Emergency Care & Pt. Flow	Hip Fractures BPT (Operation < 36 hours of admissions	=> %	85.0	85.0		Aug 2018		84.6	82.4

Surgical Services Group

Section	Indicator	Measure	Tra Year	jectory Month	Previous Months Trend M A M J J A S O N D J F M A M J J A A S O N D D D D D D D D D D D D D D D D D D	Data Period		Month	Year To Date	
RTT	RTT - Admittled Care (18-weeks) (%)	=> %	90.0	90.0		Aug 2018	73.3 62.6 78.3	73.0		m/n
RTT	RTT - Non Admittled Care (18-weeks) (%)	=> %	95.0	95.0		Aug 2018	88.5 93.0 94.0	91.9		m
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0		Aug 2018	92.8 90.2 92.8	92.4		~ ~~
RTT	RTT - Backlog	<= No	0	0	1311 1349 1285 1285 1293 1333 1397 1370 1348 1271 1284 1447 1447 1443 1128 1293 1293 1293	Aug 2018	571 264 0 0 476	1311		~
RTT	Patients Waiting >52 weeks	<= No	0	0	2 4 1 1 5 9 4 7 5 2 0 4 3 3 2 5 2	Aug 2018	1 0 0 0 1	2		~M~~
RTT	Treatment Functions Underperforming	<= No	0	0	14 14 16 18 16 17 17 16 17 16 15 17 15 16 15 13 15 16	Aug 2018	8 6 0 0 2	16		/
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0		Aug 2018	1.2	1.19		~~~
Data Completeness	Open Referrals	No			189,389 157,125 164,830 181,884 149,307 144,613 144,613 142,818 140,979 139,237 135,263 133,412 131,460 125,992 123,887	Aug 2018	79,728 6,790 0 18,075 54,776	159369		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Rec	No			81.586 79.974 78.179 76.718 775.110 77.798 771.798 770.228 68.385 67.111 64.953 63.030 60.880 59.198 57.290 55.792 51.471	Aug 2018	36,522 4,534 0 9,378 31,152	81586		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0		Aug 2018	90.8 93.3 95.4 76.5 96.0		81.2	~~\
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0		Jul 2018	97.4 82.4 - 82.5 76.1		84.1	\sim
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15		Aug 2018	4.4 5.7 6.2 4.3 2.1	4.6	4.6	~~~
Workforce	Sickness Absence - In Month	<= %	3.15	3.15		Aug 2018	3.9 5.3 7.8 5.7 2.8	5.1	4.6	///
Workforce	Sickness Absence - Long Term - In Month	No			32 30 41 38 51 50 47 49 47 34 47 42 48 43 38 42 47 39	Aug 2018	8.0 9.0 13.0 8.0 0.0	39.0	209.0	,~~~
Workforce	Sickness Absence - Short Term - In Month	No			138 61 50 55 96 96 119 159 170 172 151 160 131 123 124 123 130 131	Aug 2018	37.0 28.0 30.0 33.0 0.0	131.0	631.0	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100		Aug 2018	86.2 92.7 95.5 96.9 90.8	91.9	90.3	\
Workforce	Mandatory Training	=> %	95.0	95.0		Aug 2018	88.0 85.5 94.7 89.0 88.3		90.4	~
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			2.78 6.13 2.06	Jun 2018	2.3 1.7 2.6 2.0 1.6		2.0	^
Workforce	New Investigations in Month	No			2 2 0 0 2 2 2 4 1 0 2 1 1 3 0 1 1 1	Aug 2018	0 0 0 1 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		-	-	***************************************
Workforce	Your Voice - Response Rate	No			15.3 16.2	Jan 2018	18.9 12.8 8.1 15.3 21.8	16.2		
Workforce	Your Voice - Response Score	%				Jan 2017	3.53 3.29 3.85 3.6 3.69	3.79		

Section	Indicator	Measure	Trajectory Year Month	M	A	M J	J J	A	S			ths Tren D J		M	A	M J	I J	Α	Data Period		torate M P	Month	Year T Date	Trend
Patient Safety - Inf Control	C. Difficile	<= No	0 0	•	•	• •	•	•	•	•		•	•	•	•	• •	•	•	Aug 2018	0	0 0	0	0	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0 0	•	•	• •	•	•	•	•	•	• •	•	•	•	• •	•	•	Aug 2018	0	0 0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.00 80.00	•	•	•		•	•	•		•	•	•	•	• •		•	Aug 2018	93		93.1		~~~
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80.00 80.00	•	•	• •	•	•	•	•		•	•	•	•	• •	•	•	Aug 2018	- !	98	97.6		
Patient Safety - Harm Free Care	Number of DOLS raised	No		0 :	1	0 0	0	0	0	0	0	0 0	0	0	0	0 0	0	0	Aug 2018	0	0 0	0	0	Λ
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No		0	1	0 0	0	0	0	0	0	0 0	0	0	0	0 0	0	0	Aug 2018	0	0 0	0	0	Λ
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	0	Aug 2018	0	0 0	0	0	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No		0	0	0 0	0	0	0	0	0	0 0	0	0	0	0 0	0	0	Aug 2018	0	0 0	0	0	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No		0	0	0 0	0	0	0	0	0	0 0	0	0	0	0 0	0	0	Aug 2018	0	0 0	0	0	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No		0	0	0 0	0	0	0	0	0	0 0	0	0	0	0 0	0	0	Aug 2018	0	0 0	0	0	
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No		0	0	0 0	0	0	0	0	0	0 0	0	0	0	0 0	0	0	Jun 2018	0	0 0	0	0	
Patient Safety - Harm Free Care	Falls	<= No	0 0	1	0	3 1	0	0	0	1	1	0 0	0	0	0	1 1	. 1	0	Aug 2018	0	0 0	0	3	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0 0	0 (0	0 0	0	0	0	0	0	0 0	0	0	0	0 0	0	0	Aug 2018	0	0 0	0	0	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0 0	0	0	0 0	0	1	0	0	0	0 0	0	0	0	0 2	. 0	0	Aug 2018	0	0 0	0	2	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0 95.0	•	•	• •	•	•	•	•	•	•	•	•	•	• •	•	•	Aug 2018	100	94	95.7		√
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0 100.0		•	•	•	•	•	•	•	•	•	•	•	• •	•	•	Aug 2018	100 1	00	100.0		w/wv_
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0 100.0	•	•	• •	•	•	•	•	•	• •	•	•	•	• •	•	•	Aug 2018	100 1	00	100.0		V
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0 100.0	•	•	•	•	•	•	•	•	•	•	•	•	• •	•	•	Aug 2018	100 1	00	100.0		VV
Patient Safety - Harm Free Care	Never Events	<= No	0 0	•	•	• •	•	•	•	•		• •	•	•	•	• •	•	•	Aug 2018	0	0 0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0 0	•	•	• •	•	•	•	•		•	•	•	•	• •	•	•	Aug 2018	0	0 0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0 0	•	•	•	•	•	•	•	•	• •	•	•	•	•	•	•	Aug 2018	1	1 0	2	7	\sim

Section	Indicator	Measure	Trajectory Year Month		M A	M	J	J	A		revious N			F M	A	M	J J A	Data Period		ectorate M P	Month	Year T Date	
Patient Safety - Obstetrics	Caesarean Section Rate - Total	<= %	25.0 25.0			•	•	•	•	•		•	•	•	•	•		Aug 2018		27	26.9	26.8	~
Patient Safety - Obstetrics	Caesarean Section Rate - Elective	%		[В 9	8	9	7	8	8 9	9 9	5	7	10 8	10	10	9 9 10	Aug 2018		10	10.1	9.5	~~~
Patient Safety - Obstetrics	Caesarean Section Rate - Non Elective	%		1	7 17	15	17	18	15	19 2	21 18	21	15	19 18	17	18	15 20 17	Aug 2018		17	16.8	17.3	~
Patient Safety - Obstetrics	Maternal Deaths	<= No	0 0		•	•	•	•	•		•	•	•	• •	•	• (• •	Aug 2018		0	0	2	
Patient Safety - Obstetrics	Post Partum Haemorrhage (>2000ml)	<= No	48 4		•	•	•	•	•	•	•	•	•	• •	•	•	• • •	Aug 2018		1	1	7	/////
Patient Safety - Obstetrics	Admissions to Neonatal Intensive Care	<= %	10.0 10.0		•	•	•	•	•		•	•	•	• •	•	•	• • •	Aug 2018		0.8	0.8	1.7	\
Patient Safety - Obstetrics	Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0 8.0		•	•	•	•	•		•	•	•	• •	•	•	• •	Aug 2018		6.3	6.3		W
Patient Safety - Obstetrics	Stillbirth (Corrected) Mortality Rate (per 1000 babies)	Rate1				-	-	-	-	- 1	1 1	2	1	1 2	3	3	2 1 2	Aug 2018		4.2	4.2		
Patient Safety - Obstetrics	Neonatal Death (Corrected) Mortality Rate (per 1000 babies)	Rate1				-	-	-	-	- 2	2 1	0	0	1 0	1	0	2 2 1	Aug 2018		2.1	2.1		
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific	=> %	85.0 85.0			•	•		•			•	•	• •	•	• (Aug 2018		94	94.3		~~~
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=> %	90.0 90.0		•	•	•	•	•		•	•	•	• •	•	• (• • •	Aug 2018		121	120.6		~
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100.0 97.0	N,	/A N/A	N/A	•	•	N/A N	N/A	•	•	•	N/A N/		•		Jun 2018	0	0 -	0.0		/\
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%		4.	.7 4.6	4.5	4.8	4.3	3.7 4	1.3 4.	.3 5.5	4.8	5.0	4.4 4.7	4.9	4.4	.9 4.5 -	Jul 2018			4.5		~~~~
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%		4.	.8 4.8	4.7	4.7	4.7	4.7	1.7 4.	.6 4.6	4.6	4.7	4.6 4.6	4.6	4.6	.6 4.6 -	Jul 2018				4.6	
Clinical Effect - Cancer	2 weeks	=> %	93.0 93.0		•	•	•	•	•		•	•	•	• •	•	•		Jul 2018	98	-	98.4		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0 96.0		•	•	•	•	•		•	•	•	•	•	• (Jul 2018	92		92.0		$\overline{}$
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0 85.0			•	•	•	•			•	•	•	•	•		Jul 2018	71		71.4		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No		3	.5 4.5	3	2	2	5.5	5.5 1.	.5 6	1	1.5	3.5 1	0.5	3	3 3 -	Jul 2018	3	- 0	3	9.5	~M~~
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No		3	.5 3	1	0	0	3	1 (0 0	0	0	0 2	0	0	0 1 -	Jul 2018	1	- 0	1	1	$\mathcal{N}_{\mathcal{N}}$
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No		10	62 126	139	95	102	184 1	141 9	90 0	86	74	99 13	3 73	89 1	01 113 -	Jul 2018	113	- 0	113		~~~
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	Aug 2018	0	- 0	0	0	

		1	Tra	jectory	ır								Prev	rious N	lonths	Trend	1							_	Data	D	rectorate			Year To	_	
Section	Indicator	Measure	Year		l	M	Α	М	J	J	Α	S		N				M	Α	M	J	ı .	J A		Period		M P	L'	Month	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		Aug 2018	0			0	0		
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No				12	13	8	12	6	12	8	8	7	4	19	7	16	12	6	6		В 9		Aug 2018	3	6 0		9	41		~~
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No				22	19	12	15	14	14	17	15	13	19	29	23	27	26	19	20	0 1	.8 26		Aug 2018	0	0 0		26			\sim
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non- clinical reasons	<= %	0.8	0.8		•	•	•	•	•	•		•	•	•	•	•	•	•	•	•		•		Aug 2018	1.6	-		1.1			%
Pt. Experience - Cancellations	28 day breaches	<= No	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0)	0 0		Aug 2018	0			0	0		
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0		10	12	5	17	4	8	3	10	8	14	11	8	5	6	6	3	3	1 2		Aug 2018	2			2	18		\
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0		81	83	82	82	80	79	77	73	79	75	73	80	70	74	77	8	1 8	80 76	5	Aug 2018	76	-		76.5			\\\\
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		Aug 2018	0	- 0		0	0		
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No				15	9	10	7	11	4	13	15	32	27	21	0	11	9	23	8	3 1	-		Jul 2018	8	0 5		13	53		~~~
RTT	RTT - Admitted Care (18-weeks)	=> %	90.0	90.0		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•				Aug 2018	85			84.7			~~
RTT	RTT - Non Admitted Care (18-weeks)	=> %	95.0	95.0	[•	•	•	•	•	•	•	•	•	•	•	•	•	•	•					Aug 2018	92			91.6			~~~~\ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
RTT	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		•		Aug 2018	94			93.6			~ ~~
RTT	RTT - Backlog	<= No	0	0		96	98	81	97	91	91	90	81	77	56	47	50	90	94	10	9 13	15 1	25 12	1	Aug 2018	121			121			~~
RTT	Patients Waiting >52 weeks	<= No	0	0		1	0	0	0	0	0	0	0	0	1	2	5	1	1	0	1		0 1		Aug 2018	1			1			
RTT	Treatment Functions Underperforming	<= No	0	0		2	1	1	1	1	1	2	2	1	2	2	2	1	2	1	2	: :	2 2		Aug 2018	2			2			L/VW
RTT	Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1	0.1		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		•		Aug 2018	-			-			

	T	T	Tra	jectory								Previo	ous Moi	nths Tr	end			_			_	Data	Directorate			Year To	
Section	Indicator	Measure	Year		M	I A	M	J	J	Α					J F	F N	I A	M	J	J	λ.	Period	G M P	Mon	th	Date	
Data Completeness	Open Referrals	No			29,483	30,091	30,838	31,759	32,486	33,158	33,869	34,430	34,844	35,501	36,730	36,586	38,615	39,768	40,844	41,619	22 447	Aug 2018	10,640 21,257 10,550	4244	17		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			14,698	15,253	15,849	16,571	17,454	17,950	18,689	19,315	19,739	20,322	20,867	21 365	23,118	23,836	24,667	25,292	26 400	Aug 2018	4,179 15,454 6,476	2610)9		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0		•	•	•	•		•		•	•	• 6		•	•	•	•		Aug 2018	88 89 95			81.3	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0			•	•	•	•	•	•	•	•			-	-	-	•		Jul 2018	93 100 88			92.6	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15		•	•	•	•	•	•		•	•	•			•	•	•		Aug 2018	3.3 5.2 4.2	4.6	i	4.4	\
Workforce	Sickness Absence - in month	<= %	3.15	3.15			•	•	•	•	•	•	•	•				•	•	•		Aug 2018	2 6.4 4.3	5.0		4.8	~~
Workforce	Sickness Absence - Long Term - in month	No			29	27	36	28	31	30	29	34	30	30	38 3	3	5 25	37	40	42 3	9	Aug 2018	1 25 13	39.0	0	183.0	~~~
Workforce	Sickness Absence - Short Term - in month	No			10	5 50	41	40	88	89	91	128	135	131	137 12	27 10	6 95	84	92	85 9	0	Aug 2018	5 47 38	90.0	0	446.0	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0		•	•	•	•	•	•		•	•	•		•	•	•	•		Aug 2018	91 81 85	83.3	2	81.83	~~~
Workforce	Mandatory Training	=> %	95.0	95.0		•	•	•	•	•	•	•	•	•	•			•	•	•		Aug 2018	83 92 92			91.0	~~~
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	-	2.4	-	-	- 6.	.3 -	-	-	1.9	-		Jun 2018	2.8 2 1.5			1.9	
Workforce	New Investigations in Month	No			1	3	1	0	0	0	0	1	1	1	0 0	0 0	0	0	1	0)	Aug 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				>>	>	>	16	>	>	>	>	>	17	->	>>	>	>	>	>	Jan 2018	15 16 18	17			
Workforce	Your Voice - Overall Score	No				>>	>	>	>	>	>	>	>	>	>	->	>>	>	>	> -	>	Jan 2017	3.5 3.7 3.6	3.7	•		***************************************

Section	Indicator		ectory Month	M	Α	М	J	J	Α			us Mor			- I	Л А	M	J	J A		Data Period	ectorate M P	Мо	nth	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		-	157	250	268	302	317	260	273	275	192	339 32	21 29	92 383	362	338		Ju	ın 2018	-	3	38	1083		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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	-	83.9	80.8	87.2	88	87	81.6	92.5	88.9	90.7	88.9 8	1 88	88.	1 89.	3 90.8	92 -	Ju	ul 2018	-	92	.02	90.04		
WCH Group Only	HV (C3) - % of births that receive a face to face new birth visit by a HV >days	%		4.81	13.5	16.9	9.89	10.5	9	11.4	7.99	6.48	7.91	6.5 9.	35 6.	61 6.7	4 7.0	3 6.11	5.98 -	Ju	2018 اد	-	5.	98	6.48		M
WCH Group Only	HV (C4) - % of children who received a 12 months review by 12 months	=> % 95.0	95.0	96.2	89.6	92.2	94.6	93.8	89.8	91.7	95.9	95.1	93.7	93.2 93	3.6 93	95.	1 94	95.3	93.5 -	Ju	ul 2018	-	93	.47	94.46		
WCH Group Only	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%		95.8	92.1	89.2	88.7	80.3	97.8	89.1	0	96.7	97.2	97.1 97	7.3 97	'.1 96	97.	5 96.4	97.8 -	Ju	ul 2018	-	97	7.82	96.91		$\overline{}$
WCH Group Only	HV (C6i) - % of children who received a 2 - 2.5 year review	=> % 95.0	95.0	90.1	86.1	80.5	88	86.8	81.3	89.2	92.7	93.8	93.1	93.4 92	2.8 93	95.	5 94.	4 93	91.4 -	Ju	ıl 2018	-	91	.42	93.63		
WCH Group Only	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%		84.2	84.6	78.2	84.5	84.2	80.2	85.5	87.1	81 9	91.7	92.4 9	2 92	94.	8 93.	1 91.2	91.2 -	Jı	ul 2018	-	91	.15	92.59		
WCH Group Only	HV (C7) - No. of Sure Start Advisory Boards / Children's Centre Boards witha HV presence	=> No 100	100	1	1	-	-	-	-	1	-	-	-	-	-	. -	-	-		Se	ep 2017	-		1	1		
WCH Group Only	HV (C8) - % of children who receive a 6 - 8 week review	=> % 95.0	95.0	95.5	100	98.8	98.7	99.7	100	98.6	99.7	98.9	99.3	99 97	7.6 99	9.1 100	99.	4 99.7	99.7 -	Ju	ul 2018	-	99	1.74	99.72	ľ	
WCH Group Only	HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check	=> % 100	100	86.1	99.4	100	98.7	99.1	98.8	99.3	99.2	97	98	97.3 98	3.3 99	0.1 100	99.	4 99.1	99.5 -	Ju	ıl 2018	-	99	.48	99.5		
WCH Group Only	HV - % of infants being breastfed at 6 - 8 weeks	%		42.2	37.6	43.5	37.8	42.9	35.6	42.2	37.9	23.3	18.4	20.1 38	3.5 22	2.6 23.	4 21.	5 36.5	40.2 -	Ju	ul 2018	-	40	1.21	30.71		~~~\
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	-	-	-	-	-	-	-	-	-	-	-	-		-	-		Fe	eb 2017	100	1	00	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		357	365	390	361	401	403	329	386	388	343	342 29	90 3:	36 357	7 37	355	354 -	Ju	ul 2018	-	3	54	1441		
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	91.3	-	-	-	97.4	99.5	98.5	99.2	99.2	95.8	95 98	3.3 99	99.	7 99.	7 100	99.7 -	Ju	ıl 2018	-	99	1.72	99.79		
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		322	205	197	212	210	326	263	223	246	209	290 9	4 9	9 326	364	1 209	13 -	Jı	ul 2018	-	1	13	912		~~\\
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	97.9	-	-	-	98.4	98.5	63.8	56.3	62.9	65.3	67.6 31	1.2 29	98.	5 97.	8 58.7	3.33 -	Ju	ul 2018	-	3.	33	62.94		
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		-	26	20	19	28	317	24	21	27	20	26 30	05 22	25 52	15	12	7 -	Ju	ul 2018	-		7	86		
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	-	-	-	-	97.8	94.9	6.05	6.31	6.85	6.1	6.91 89	0.4 60	14.	7 3.8	9 3.26	1.86 -	Ju	ul 2018	-	1.	86	5.79		
WCH Group Only	HV - movers into provider <1 year of age to be checked =<14 d following notification to HV service	No		-	125	171	151	134	193	125	135	141	102	174 6	4 6	8 82	82	58	65 -	Ju	ul 2018	-	(65	287		My
WCH Group Only	HV - all untested babies <1 year of age will be offered NBBS screening & results to HV.	Y/N		-	-	-	-	-	-	-	-	-	-	-	-		-	-		J	an-00						

Pathology Group

Section	Indicator	Measure	Trajectory Year Month		/ A	M	J	J	A S	Pre	ious M	onths T	rend J F	F M	A	М	J J A	Data Period	НА	Directorate HI B M I	} [Month	Year To Date	Trend
Patient Safety - Harm Free Care	Never Events	<= No	0 0		•	•	•	•	• •	•	•	•	• •		•	•	• • •	Aug 2018	0	0 0 0 0		0	0	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			. -	-	-	-	- -	-	-	-	- -	- -	-	-		Jul 2018	-] [-	-	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			. -	-	-	-	- -	-	-	-	- -	- -	-	-		Jul 2018	-			-	-	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			. -	-	-	-	- -	-	-	-	- -	- -	-	-		Jul 2018	-] [-		*****************
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No		:	2 1	1	1	0	1 0	3	1	3	2 1	1 1	0	0	1 0 4	Aug 2018	2	2 0 0 0] [4	5	~,M, ,/
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No		-	3	2	2	3	3 3	4	2	3	4 2	2 3	0	0	1 1 3	Aug 2018	1	2 0 0 0] [3		~~~_\
Pt. Experience - Cancellations	Urgent Cancelled Operations	No				-	-	-	- -	-	-	-	- -	- -	-	-		Aug 2018	-] [-	-	***************************************
Data Completeness	Open Referrals	No		c, ide	6,601	6,770	6,960	7,039	7,354	7,427	7,455	7,473	7,588	7,754	7,907	7,954	8,757 8,219 8,027	Aug 2018	3,057	2,881 2 2,817 0		8,757		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No		į	2,845	2,956	3,034	3,321	3,387	3,495	3,631	3,725	3,752	3,878	4,003	4,048	4,413 4,122 4,043	Aug 2018	1,644	1,306 2 1,461		4,413		مسمر
Workforce	PDRs - 12 month rolling	=> %	95.0 95.0		•	•	•			•	•	•	• 6		•	•	• • •	Aug 2018	92.6	91.9 95.7 100			91.26	
Workforce	Medical Appraisal and Revalidation	=> %	95.0 95.0			•	•			•	•	•	• •		-	-	. • .	Jul 2018	80 8	100 100 100			90.48	~~\\\
Workforce	Sickness Absence - 12 month rolling	<= %	3.15 3.15		•	•	•			•	•	•	•		•	•	• • •	Aug 2018	2.29	1.88 4.68 3.26 3.77		3.59	3.62	\
Workforce	Sickness Absence - In Month	<= %	3.15 3.15		•	•	•	•	• •	•	•	•	•		•	•	• • •	Aug 2018	1.3	0.3 3.5 0.7 8.0		2.95	2.9	~~~
Workforce	Sickness Absence - Long Term - In Month	No		8	6	6	6	8	5 3	9	5	10	12 1	2 6	4	3	3 7 10	Aug 2018	1.0	1.0 4.0 0.0 2.0		10	27	~\\\\
Workforce	Sickness Absence - Short Term - In Month	No		4	5 30	30	39	40	51 49	50	48	45	50 4	0 41	37	38	40 33 37	Aug 2018	1.0	2.0 16.0 4.0 5.0		37	185	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0 100.0		•	•	•			•	•	•	• •		•	•	• • •	Aug 2018	92.4	100 90.1 96.9 90.5		91.8	89.9	~~~
Workforce	Mandatory Training	=> %	95.0 95.0			•	•			•	•	•	• •		•	•	• • •	Aug 2018	93.9	94.5 92.9 92.4 98.7			95.1	_
Workforce	Mandatory Training - Staff Becoming Out Of Date	%				-	-	-	- -	3.4	-	-	- 14	l.1 -	-	-	1.8	Jun 2018	2.2	1.42 1.86 2.09 1.29			2.0	
Workforce	New Investigations in Month	No			0	0	0	0	0 0	0	0	0	0 0	0 0	0	0	0 1 1	Aug 2018	1	0 0 0 0] [1		
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			>	>	>	23.7	>>	>>	>	>	16.2	->:	>	>	>>	Jan 2018	7.4	17.9 17.7 22.7 28] [16		
Workforce	Your Voice - Overall Score	No			>>	>	>	>	->>	>>	>	>	>	->:	->	>	>>	Jan 2017	3.54	3.32 3.89 4.01 3.93		3.82		***************************************

Imaging Group

Section	Indicator	Measure	Trajectory Year Month	Previous Months Trend M A M J J A S O N D J F M A M J J A A M J J A M M M M M M M M M	Data Period	Directorate DR IR NM BS	Month	Year To Date	Trend
Patient Safety - Harm Free Care	Never Events	<= No	0 0		Aug 2018	0 0 0 0	0	o	
Patient Safety - Harm Free Care	Medication Errors	<= No	0 0		Aug 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	1.0 1.0 2.0 2.0 2.0 4.0 2.0 2.0 1.0 1.0 1.0 2.0 3.0 - 1.0 1.0 -	Jul 2018		3.0		~~~
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	=> %	0 0	16.0 15.0 16.0 17.0 18.0 19.0 21.0 20.0 19.0 19.0 20.0 21.0 23.0 21.0 20.0 19.0 -	Jul 2018			5.72	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0 50.0		Jul 2018	59.5	59.46	69.59	~~~W
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0 100.00		Jul 2018	97.3	97.3	97.42	M
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			Jul 2018		-	-	******************************
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			Jul 2018		-	-	******************************
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			Jul 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 0 0	Aug 2018	0 0 0 0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No		1 4 2 2 3 1 3 2 1 1 4 2 1 3 1 4 3	Aug 2018	2 1 0 0	3	15	MM
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No		2 1 3 4 5 2 4 3 3 1 4 4 2 3 2 6 5 9	Aug 2018	6 3 0 0	9		mm.
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			Aug 2018		-	-	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No		100 102 128 94 106 100 97 122 111 140 84 0 85 93 63 68 70 -	Jul 2018	70 0 0 0	70	294	~~~
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0 1.0		Aug 2018	1.65	1.65		~~~
Data Completeness	Open Referrals	No		872 851 819 806 790 774 774 7736 666 623 608 577 560 577 560 623	Aug 2018	0 0 872	872		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No		7 88 7 88 7 88 7 88 7 88 7 88 7 88 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Aug 2018	786 0 0	786		
Workforce	PDRs - 12 month rolling	=> %	95.0 95.0		Aug 2018	80 100 96 93.1		65.6	~
Workforce	Medical Appraisal and Revalidation	=> %	95.0 95.0		Jul 2018	100 - 50 -		96.7	\sim
Workforce	Sickness Absence - 12 month rolling	<= %	3.15 3.15		Aug 2018	3.1 7.6 1.5 3.0	3.84	3.57	~
Workforce	Sickness Absence - in month	<= %	3.15 3.15		Aug 2018	5.1 1.7 1.6 2.4	4.27	3.95	~~~
Workforce	Sickness Absence - Long Term - in month	No		9 6 10 7 7 4 6 8 6 4 6 8 11 5 6 14 14 9	Aug 2018	5.0 0.0 0.0 1.0	9.00	48.00	~~ <i>\</i> \
Workforce	Sickness Absence - Short Term - in month	No		32 29 22 24 22 22 34 31 39 36 41 38 41 38 33 25 22 28	Aug 2018	15.0 1.0 2.0 6.0	28.00	146.00	m
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0 100.0		Aug 2018	93.6 0 69.2 84.3	86.1	83.6	
Workforce	Mandatory Training	=> %	95.0 95.0		Aug 2018	87.3 94 94.4 94.2		90.7	~~~
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			Jun 2018	1.97 1.13 2.02 0.8		1.9	
Workforce	New Investigations in Month	No			Aug 2018		0		M
Workforce	Your Voice - Response Rate	No		>>>>>>>>>>	Jan 2018	15 20 58 16	19.7		
Workforce	Your Voice - Overall Score	No			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	Traject Year M	tory Month	M	A	M	J	J	A		Previou		ths Trend D J	j F	M	A I	M J	JA	Data Period	AT	Directorate IB IC CT CM	Month	Year To Date	Trend
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.0	80.0					•	•										Aug 2018	-	39	-		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Patient Safety - Harm Free Care	Number of DOLS raised	No			5	4	4	1	3	2	5	14	4	1 10	5	3	7 1	1 5	10 9	Aug 2018	0	0 0 - 9	-	-	~//w
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			5	4	4	1	3	2	5	14	4	1 10	5	3	7 1	1 5	10 9	Aug 2018	0	0 0 - 9	-	-	~//w
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			0	0	0	0	2	0	0	0	0	0 0	0	0	0 (0 1	0 1	Aug 2018	0	0 0 - 1	-	-	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			0	3	2	3	0	3	0	2	1	4 5	2	4	2	5 1	4 5	Aug 2018	0	0 0 - 5	-	-	M
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			0	2	2	4	0	1	2	3	3	0 2	1	1	0	1 1	0 0	Aug 2018	0	0 0 - 0	-	-	∕ ∕~
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			0	0	0	0	0	0	1	0	0	0 0	0	0	0	0 0	2 0	Aug 2018	0	0 0 - 0	-	-	
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			0	2	0	0	0	0	0	0	0	0 0	0	0	0	0 0	0 0	Aug 2018	0	0 0 - 0	-	-	
Patient Safety - Harm Free Care	Falls	<= No	0	0	31	23	21	36	36	38	30	33	32	38 27	34	49	45 3	88 24	21 31	Aug 2018	2	29 0 - 0	-	-	/~~/
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0	0	0	0	1	2	1	0	1	0 0	0	0	2 (0 1	1 0	Aug 2018	0	0 0 - 0	-	-	_/_/\
Patient Safety - Harm Free Care	Grade 3 or 4 Pressure Ulcers (avoidable)	<= No	0	0	1	5	1	1	1	0	3	1	1	0 2	1	0	2	0 2	2 1	Aug 2018	0	1 0 - 0	-	-	_
Patient Safety - Harm Free Care	Never Events	<= No	0	0						•				•	•					Aug 2018	0	0 0 - 0	-	-	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0										•	•					Aug 2018	0	0 0 - 0	-	-	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0										•					•	Aug 2018	0	0 0 - 0	-	-	_/\.
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	Aug 2018	0	0 0 - 0	-	-	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			1	4	3	8	4	10	2	7	6	4 14	5	5	3 !	5 3	7 6	Aug 2018	0	1 2 - 3	-	-	~~~
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			6	9	10	12	9	11	8	8	8	9 14	11	10	10 9	9 7	9 12	Aug 2018	1	4 3 - 4	-		~

Primary Care, Community & Therapies Group

Section	Indicator	Measure		jectory									ous Mo	onths T							Data	L	Directorate	Г	Month	Year To	
Section	maioacoi	III GUGUI G	Year	Month	M	Α	M	J	J	_ A	S	0	N	D	J	F	М	A M	l J	JA	Period		AT IB IC CT CM	L.		Date	
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																•	Aug 2018	ę	98 91.7 99 - 87			-	~
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15																	Aug 2018	2.	.51 4.62 4 - 4.9		-	-	
Workforce	Sickness Absence - in month	<= %	3.15	3.15																	Aug 2018	2.	.85 4.84 4.1 - 3.9		-	-	~\\r
Workforce	Sickness Absence - Long Term - in month	No			24	24	19	19	15	24	21	26	36	35	36	32	32	29 26	3 25	34 37	Aug 2018		6		-	-	~~~
Workforce	Sickness Absence - Short Term - in month	No			82	57	60	57	78	84	76	121	128	135	146	133 1	03	91 85	5 97	105 85	Aug 2018	1	18 34 23 0 10		-	-	· · · · · · · · · · · · · · · · · · ·
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0							•										Aug 2018	Ş	98 91.2 90 - 73		-	-	
Workforce	Mandatory Training	=> %	95.0	95.0	•															•	Aug 2018	98	5.6 95.1 96 95 86			-	~~~
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			_	-	-	-	-	-	-	2.1	-	-	-	3.7	-		2.1		Jun 2018	1.	.77 2.49 2.1 2.5 1.9			-	
Workforce	New Investigations in Month	No			0	0	0	1	0	0	0	1	0	0	0	0	1	0 0	0	0 0	Aug 2018				-		
Workforce	Nurse Bank Fill Rate	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	- -	-		Apr 2016				-	-	***************************************
Workforce	Nurse Bank Shifts Not Filled	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	- -	-		Apr 2016				-	-	***********
Workforce	Your Voice - Response Rate	No			>	>	>	>	29	>	>	>	>	>	24.4	>	>	>	>	>	Jan 2018	23	3.8 22.2 27		-		
Workforce	Your Voice - Overall Score	No			>	>	>	>	>	>	>	>	>	>	>	>	>	>>	>>	>	Jan 2017	3.	.72 3.72 4		-		***************************************

Primary Care, Community & Therapies Group

Section	Indicator	Measure	Traj Year	ectory Month	Previous Months Trend M A M J J A S O N D J F M A M J J A	Data Period	Directorate AT IB IC CT CM	Month	Year To Date	
Community & Therapies Group Only	DVT numbers	=> No	730	61	67 41 54 59 70 54 56 55 55 29 53 35 58 54 69 57	Jun 2018	AT ID TO OT OM	-	-	~~~ <u>~</u>
Community & Therapies Group Only	Adults Therapy DNA rate OP services	<= %	9	9	8.04 8.47 8.18 8.5 7.79 8.04	Aug 2017		-	-	
Community & Therapies Group Only	Therapy DNA rate Paediatric Therapy services	<= %	9	9	14.3 10.2 8.91 11.2 14.3	May 2018		-	-	
Community & Therapies Group Only	Therapy DNA rate S1 based OP Therapy services	<= %	9	9	10.1 11.1 10.9 10.3 9.98 11.1 10.7 11.5 14.9 14.7 11.5 14.3 11.2 10.2 10.5 8.89 8.85	Aug 2018		-	-	~~~
Community & Therapies Group Only	STEIS	<= No	0	0	0 0 0 - 1 2 3 0 - 0 0 2 - 0 0 0 1 -	Jul 2018		-	-	
Community & Therapies Group Only	Green Stream Community Rehab response time for treatment (days)	<= No	15.0	15.0	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 25.6 22.9 22.4 26.1 22.5	Aug 2018		-	-	~
Community & Therapies Group Only	DNA/No Access Visits	%			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Aug 2018		-		1
Community & Therapies Group Only	Baseline Observations for DN	=> %	95	95	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 88.6 94.5 94.2 96.5 93.4	Aug 2018		-	-	~~
Community & Therapies Group Only	Falls Assessments - DN Intial Assessments only	<= %	95	95	58 68.8 63.2 57.2 57.8 57.4 53.6 50.5 60.3 59.7 66.6 77.9 90.6 90.8 93.9 95 96.9 94.9	Aug 2018		-		~
Community & Therapies Group Only	Pressure Ulcer Assessment - DN Intial Assessments only	<= %	95	95	62.9 76.7 68.3 62.8 64.7 65.9 62.4 59.1 72 70.2 78 81.5 92.2 92.8 94.5 95.8 96.7 94.5	Aug 2018		-		~~~
Community & Therapies Group Only	MUST Assessments - DN Intial Assessments only	<= %	95	95	45.7 57.7 52.2 45.9 49.3 49 49.5 43.4 54 54.7 61.2 76.6 90.2 91.3 93.8 94.8 96 93	Aug 2018		-		~
Community & Therapies Group Only	Dementia Assessments - DN Intial Assessments only	<= %	95	95	43.8 55 49.7 43.3 60.3 38.4 62.5 41.1 50 47.2 58.6 70.2 88.6 83.3 92.2 91.8 92.6 91.9	Aug 2018		-		~~~
Community & Therapies Group Only	48 hour inputting rate - DN Service Only	%			94 92 90 93 92 93 93 94 96 94 95 94 96 94 95 -	Jul 2018		-		,
Community & Therapies Group Only	Making Every Contact (MECC) - DN Intial Assessments only	=> %	95	95	49.8 66.4 61.6 55.2 55.7 56.4 54.7 52 63.8 63.1 70.1 76.8 90 91.3 94.3 95 95.7 94.9	Aug 2018		-	-	
Community & Therapies Group Only	Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload acquired)	No			6 5 8 4 7 4 3 6 4 4 2 4 4 3 1 1 1 1	Aug 2018		-	-	**
Community & Therapies Group Only	Avoidable Grade 2 Pressure Ulcers (DN caseload acquired)	No			3 5 8 4 7 4 3 3 4 4 2 3 2 3 0 1 1 0	Aug 2018		-	-	M-m_
Community & Therapies Group Only	Avoidable Grade 3 Pressure Ulcers (DN caseload acquired)	No			2 0 0 0 0 0 1 0 0 1 2 0 0 1	Aug 2018		-	-	\\
Community & Therapies Group Only	Avoidable Grade 4 Pressure Ulcers (DN caseload acquired)	No			1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Aug 2018		-	-	\\\

Corporate Group

Section	Indicator			ectory									Months							Data		Direct		Month	Year To	Trend
000.011	illustro.	Measure	Year	Month	M	Α	M	J	J	Α	s c) 1	I D	J	F	M	Α	M J	JA	Period	_ 8	G F W M	E N O		Date	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			14	3	9	5	10	2	8 4	9	8	12	8	8	5	5 4	6 5	Aug 2018		1 0 0 0	1 0 3	5	25	W~~
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			19	16	17	10	13	5	10 7	1	1 15	16	11	15	11	8 2	7 8	Aug 2018		2 0 0 1	1 0 4	8		wy
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0		•	•	•	•	•	• •		•	•	•	•	•	•	• •	Aug 2018	8	92 95 94	96 98 91		81.5	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0		•	•	•	•	•	• •		•	•	•	•	-	-	• .	Jul 2018		95		100.0	100	 10
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	•	•	•	•	•	•	• •		•	•	•	•	•	•	• •	Aug 2018	3.	65 2.41 1.94 4.1	8 3.27 5.21 5.49	4.40	4.46	
Workforce	Sickness Absence - in month	<= %	3.15	3.15	•	•	•	•	•	•	• •		•	•	•	•	•	•	• •	Aug 2018	5.	46 3.64 1.87 0.0	1.78 4.06 6.01	4.22	4.04	M
Workforce	Sickness Absence - Long Term - in month	No			0	2	1	2	2	2	2 1	2	1	1	2	2	2 3	30 26	33	Aug 2018	5.	00 0.00 2.00 7.0	0 0.00 19.00 0.00	33.00	119.00	
Workforce	Sickness Absence - Short Term - in month	No			8	3	2	3	1	4	10 4	5	7	15	11	12	4	61 76	5 79 54	Aug 2018	8.	00 0.00 4.00 8.0	0 0.00 34.00 0.00	54.00	274.00	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	•	•	•	•	•	•	• •		•	•	•	•	•	•	• •	Aug 2018	9	1.7 59.4 83.6 78.	4 88.5 88.5 84.9	85.2	83.6	~~
Workforce	Mandatory Training	=> %	95.0	95.0	•	•	•	•	•	•	• •		•	•	•	•	•	•	• •	Aug 2018	g	91 93 97 91	95 - 92	92.9	94	~~
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	-	- 2.	7 -	-	-	15.5	-	-	- 2.1	1	Jun 2018		4 1 2 2	1 - 2	2.1	2	
Workforce	New Investigations in Month	No			4	6	0	2	1	1	0 () 1	1	0	2	2	0	1 3	2 1	Aug 2018		0 0 0 0	0 1 0	1		hans
Workforce	Your Voice - Response Rate	No			>	>	>	>	21	>	->	>	>>	30	>	>	>	>	-> ->	Jan 2018	5	7.8 46.9 54.6 35.	2 36.4 23.4 18.5	29.7		<u> </u>
Workforce	Your Voice - Overall Score	No			>	>	->	>	>	>	>	> -	>>	>	->	>	->	->>	-> ->	Jan 2017	3.	83 3.61 3.98 3.5	5 3.52 3.62 3.37	3.64		************