

Sandwell and West Birmingham Hospitals

NHS Trust



Integrated Quality & Performance Report

Month Reported: **November 2018**

Reported as at: 21/12/2018

TRUST BOARD

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November 2018

Infection Control	Harm Free Care	Obstetrics	Mortality & Readmissions	Stroke Care & Cardiology																																																																																											
CDiff - compliant <ul style="list-style-type: none">Nil C. Diff case reported during the month of November vs 2.5 in-month target.Year to date we have reported 8x cases vs a target of 19 hence tracking well below the target <ul style="list-style-type: none">The annual target set by NHS England for 18/19 is at 29 (lower compared to last year's target of 30).	Safety thermometer - compliant <ul style="list-style-type: none">From June 2018 the Patient Safety Thermometer reports only 'new harm'In November the Trust performance is at 99% on the 'new harm' basis, above the NHS Safety Thermometer target of 95%	C-section rate - not compliant, but within tolerance <ul style="list-style-type: none">The overall Caesarean Section rate for November is 26% below the 25% target, but within tolerance levels : year to date performance now just above target of 25% at 26.6%. The November C-section rate appears slightly elevated within the elective patients.Elective rates are at 8.6% (historical long term avg trend of 8% so trending to this) andNon-elective rates are 17% in the month more in line with the avg historical rate of ~17%.Performance considered at Q&S & Board and to be kept in view.	Mortality - alerts against Trust HSMR & Weekend rates at Sandwell <ul style="list-style-type: none">The Trust overall RAMI for most recent 12-mth cumulative period is 105 (available data is as at August18)RAMI for weekday and weekend each at 101 and 120 respectively, still a clear outlier against weekend mortality rates.SHMI measure which includes deaths 30-days after hospital discharge is at 113 for the month of Jun2018 (latest available data)HSMR Mortality indicator an outlier at 128, which is outside statistical confidence limits for the last few months. 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.	Patient Stay on Stroke Ward - not reported at this stage																																																																																											
	Falls & Pressure Sores - increasing numbers <ul style="list-style-type: none">x110 [x101] falls reported in November with x3 [x5] falls resulting in serious injury; the number of falls we have seen in October and November is showing an increased position from June and July, which were reporting below observed long term average of 77 per month.In month, there were 40 falls within community, 70 in acute settings.Year to date there were 694 falls of which 17x serious injuries. The annual target remains at 804 until the Chief Nurse confirms new targets which are being considered currently; the Trust is currently going to exceed this target by the year end. A 'falls summit' to take place in the new year.Falls remain subject to ongoing CNO scrutiny and routine tracking of the Safety Plan on falls reduction; it is an integral part of 'ward dashboards'.			Scans - compliant <ul style="list-style-type: none">Pts receiving CT Scan within 24 hrs of presentation delivery in month of August are at 97.6% meeting the 95% monthly standard consistentlyPts receiving CT Scan within 1hr of presentation is at 63.4% in November against the target of 50% ; both indicator consistently meet performance.																																																																																											
	MRSA - compliant <ul style="list-style-type: none">Nil MRSA Bacteraemia were reported in November and there were nil cases year to dateAnnual target 18/19 set at zero.	Pressure Ulcers - change in count/methodology <ul style="list-style-type: none">The way in which PUs have been counted, based on avoidable PUs' is changing and all PUs become countable by the Trust no matter where acquired. This will therefore result in an increase of numbers reported; the Trust has only now started the change overx63 PUs were reported in November on that new basis of counting.x26 PUs in the acute setting and 37x separate cases reported within the DN caseload.CNO keep in view as part of Safety Plan	Adjusted perinatal mortality rate (per 1,000 births) for November is at 4.5 vs. threshold level of 8; year to date at 6.5 close to the target of 8.0 <ul style="list-style-type: none">The indicator represents an in-month position and which, together with the small numbers involved provides for sometimes large variations.	Deaths in Low Risk Diagnosis Groups (RAMI) - month of August (latest available data) is at 71. This indicator measures in-month expected versus actual deaths so subject to larger month on month variations. <ul style="list-style-type: none">Crude in-month mortality rate for October month is 1.1% [1.2%]; the rolling crude year to date mortality rate has come back to 1.2 in the last quarter against the longer term observed trend of 1.3There were x107 [x106] deaths in our hospitals in the month of October, less than last year same period, and less than in previous months.	Thrombolysis - not compliant Compliance at 0% in the month of November vs 85% target; 2/2 patient missed the 1hr treatment, root cause analysis being undertaken																																																																																										
MRSA Screening - compliant overall, but not in all groups/directorates <ul style="list-style-type: none">Non-elective patients screening 83.9%Elective patients screening 85.1%Both indicators are compliant with currently set 80% target, although not in every group. Elective screening, whilst compliant with standard at trust level, it is not compliant in PCCT and Medicine & EC. The Groups need to take forward with Infection Control lead to ensure improvement is visible, report back to OMC. Head of Performance discussed with IC nurse lead who will take forward with groups and consider appropriateness of the 80% target.	Incidents <ul style="list-style-type: none">Events were reported in November, with 2x cases year to date2x medication error causing serious harm were reported in November4x CAS alerts beyond the deadlineIncidents reported in November;Routine, collective review of all incidents in place and reported to the Q&S Cttee.	Post Partum Haemorrhage (>200ml) November reporting nil cases; with 9 cases year to date well within threshold and routinely compliant.	Mortality Reviews within 42 Days - not compliant, but new process improving performance rapidly <ul style="list-style-type: none">Mortality review rate in September at 67%, significantly higher than previous months mainly due to the introduction of the medical examiners in the review process. We are observing increasing rates month on month and as at October this was predicted at 79%Revised Learning from Deaths arrangements are being implemented, which will provide for routine 100% review of all deaths in the Trust	Angioplasty - compliant <ul style="list-style-type: none">November Primary Angioplasty Door to balloon time (<90 minutes) was at 100% vs target of 80% .Primary Angioplasty Call to balloon time (<150 minutes) at 100% against a target of 80%.Both indicators consistently meet performance targets.																																																																																											
	WHO Safer Surgery (Audit - brief and debrief - % lists where complete) - compliant <ul style="list-style-type: none">As at November at 100% (100%) sustaining the target for a number of months.Robust processes for monitoring performance during the month are paying off, however system issues have been identified with the 'clinical audit tool' which are being currently investigated with IT and the Clinical Effectiveness team.	Admissions to Neonatal Critical Care - compliant <ul style="list-style-type: none">As at November at 100% (100%) sustaining the target for a number of months.	Emergency Readmissions (in-hospital within 30 days) <ul style="list-style-type: none">Reported at 6.5% for October in-month; with readmissions where patient is discharged and readmitted to the same speciality being at 2.7% and 4.2% where readmitted and discharged speciality are differentLooking at the rolling 12 mths rate of 7.7%The equivalent, latest available peer group rate is at 8.1% (source: CHKS) therefore the trust is reporting below its peer-group.	RACP - compliant RACP performance for November at 100% [100%] exceeding the 98% target consistently																																																																																											
	MSSA - compliant <ul style="list-style-type: none">MSSA Bacteraemia (expressed per 100,000 bed days)In November the rate is at 5.4 compared to target of 9.42; year to date is also in line with target at 6.6 vs 9.42 target	VTE Assessments - compliant <ul style="list-style-type: none">Compliance off target up to November where it recovered to 95.28% . The MD is seeking improved performance from the teams and focus is targeted at under-performing areas.368 eligible assessments were missed in November;	Breastfeeding - compliant month count is at 78% over-achieving the 74% target.		TIA Treatments - compliant <ul style="list-style-type: none">TIA (High Risk) Treatment <24 Hours from receipt of referral delivery as at November at 100% against the target of 70%.TIA (Low Risk) Treatment <7 days from receipt of referral delivery at November is 100% against a target of 75%.Both indicators are consistently delivering over the required standand;																																																																																										
Cancer Care	Patient Experience - MSA & Complaints	Patient Experience - Cancelled Operations	Emergency Care	Referral To Treatment																																																																																											
Cancer standards - compliant <ul style="list-style-type: none">Reporting always one month in arrears hence IQPR latest reported period is October.The Trust has delivered all October cancer targets including the 62 day standard. However, the 'internal upgrades' to the cancer pathway tend to be lower mainly due to the lung pathway hence needs careful monitoring to ensure those patients still meet the 62 day pathwayOctober 62 Days target specifically delivered at 89.1% against the 85% targetAll other nationally reported cancer standards are routinely above targets e.g. 2WW and 31 DaysNovember is expected to meet the 62 day target.	MSA - compliant <ul style="list-style-type: none">For November there were nil SA breaches reported.The trust continues to monitor all breaches.	Cancelled Ops - compliant <ul style="list-style-type: none">29 sitrep declared late (on day) cancellations were reported in November. Slightly more than last month. Of these 29 cases, 7 (~24%) were avoidable; all cancellations are subject to an escalation process, a recent improvement, to minimise numbers hitting clearly target levels this monthAs a proportion of elective admissions, the cancellations represents 0.8% in November spot on to against the national 0.8% target despite running below this in previous months;Avoidable cancellations, however, are continuing and we see an high volume of those each month;	EC 4hr standard - not compliant <ul style="list-style-type: none">The Trust's performance against the 4-hour EC wait target in November was at 80.6% below the NHSI agreed trajectory and national target of 95%3,380 (2,999; 3,001) breaches were incurred in November against total patient attendances of 17,502The Trust agreed NHSI improvement original trajectory aims to deliver 95% performance in March 2019A joint recovery action plan is being implemented and currently progressed EC quarterly performance trend for last year 17/18: Q1 at 83.31% ; Q2 at 87.11%; Q3 at 82.36% ; Q4 at 80.7%	RTT - Incomplete pathway - compliant <ul style="list-style-type: none">The Trust delivers overall at 92.26% RTT incomplete pathway for November but submission not signed off as yet.Most specialities deliver the 92% incomplete standardTrust waiting list increasing and at 37,009 as at November																																																																																											
	Patient Waiting times <ul style="list-style-type: none">x7.5 patients waited longer than the 62 days at the end of October2 patients waited more than 104 days at the end of OctoberThe Board routinely reviews themes from 104 day cancer wait breaches, which going forward will be subject to an RCA briefing to the Chief Executive in each case.	Friends & Family <ul style="list-style-type: none">Reporting of performance is undergoing a full review as part of 'persistent red' initiative.Performance improvement will be driven through this action plan.Scores and response rate remain low throughout the last and this year, well below regional peers, mainly due to Trust using sub-optimal processes to recover responses, options are being considering including SMS/IVM.	28 Day & Urgent Breaches - compliant <ul style="list-style-type: none">There were no breaches of the 28 days guarantee in NovemberThere were no urgent cancellations	WMAS Handovers <ul style="list-style-type: none">WMAS fineable30 - 60 minutes delayed handovers at 165 (195) in July.only x7 [x10] cases were > 60 minutes delayed handovers in November; the Trust performs generally very well in this category with only 50 breaches year to date where delay was > 60 mins	52 Week Breaches - compliant <ul style="list-style-type: none">No breaches are expected in November																																																																																										
	Neutropenic sepsis - not compliant <ul style="list-style-type: none">The breaches in month are being RCAed daily, generally we show most breaches being only minutes above the required 1hr, however a few of the breaches have been significantly higher than 1hr.November, 28/34 patients (82%) of patients have been treated within the hour, 6 patients (18%) of patients failed to receive treatment within prescribed period (within 1hr) in the month of November.Continuous actions are being progressed to further address remaining issues; year to date progress is significant in terms of reduction of breaches so far this year and to previous years.Performance reporting continues to monitor daily, weekly and monthly tabled at the OMC; all breaches are routinely reviewed in dedicated, quarterly meetings.	Complaints <ul style="list-style-type: none">The number of complaints received for the month of November is 82 with 2.4 formal complaints per 1000 bed days, showing a worsening to last year same period (2.0).96% have been acknowledged within target timeframes (3 days)65% in-month responses have been reported beyond agreed target time; escalated to DG for remedy.	Theatre Utilisation - not compliant <ul style="list-style-type: none">Both utilisation measurements are below target in the month and show a worsening to prior periods.Theatre in-session utilisation is below target of 85% at 75.7% in November.Overall session utilisation (outside session timings) for November has delivered 79.8% and whilst these are sessions outside the standard start and finish timeTheatre utilisation improvements plans have been developed and will support each speciality currently under-performing the 85% targetBoth indicators here in the IQPR represent 'elective theatre' utilisation, as emergencies have already been excluded from the count.	Fractured NOF - not compliant <ul style="list-style-type: none">Fractured Neck of Femur Best Practice Tariff in November performs at 77%.The performance is variable month on month, but this is not driven necessarily due to performance issues, often the patients conditions are preventing surgical interventions in this timeframe.	Acute diagnostic waits - not compliant <ul style="list-style-type: none">Diagnostic (DMO1) performance for November is below standard of 99% at 96.19%373 breaches of which 315 are in Imaging																																																																																										
Inter-Provider Transfers - not compliant <ul style="list-style-type: none">69% of tertiary referrals were met within 38 days requirement in October. Process improvements have been put in place to improve delivery e.g. straight-to-Test has commenced in colorectal service and other specialities which have moved to 10 days for 1st OPD, although this is not been consistently met. Primary focus on meeting the 38 day target needs to be on diagnostic services in improving current wait times.			Bed moves after 10pm not compliant; <ul style="list-style-type: none">There were 38 reported bed moves in November in the period from 10pm-6am (excl moves for clinical reasons). The Trust objective is to have zero bed moves outside of clinical reasons.	Patient Booking Notice period - not compliant <ul style="list-style-type: none">Inpatient (IP) results are still reporting a high %age of appointments shorter than 3 weeks, at 59% in November, worsening again on small improvements in prior months, but still not substantially good enough. We know that a SOP is followed to contact each patient for agreement if the notice period is less than 3 weeks and whilst not optimal, there is contact and agreement with the patient. However, such short notice bookings have implications for the booking teams and their efficiency. This indicator is monitored now routinely as part of the improvement initiative.																																																																																											
Data Completeness	Staff	NHSi & CCG Monitoring	Performance Notice & Information Breach Notice	Summary Scorecard - November (In-Month)																																																																																											
<ul style="list-style-type: none">The Trust's internal assessment of the completion of valid NHS Number Field within inpatient data sets compliant in mnth with 99.1% meeting the operational threshold of 99% : . OP and A&E datasets deliver to target.ED required to improve patient registration performance as this has a direct effect on emergency admissions. Patients who have come through Malling Health will be validated via the Data Quality Department.Ethnicity coding is performing for Inpatients at 91% against 90% target, but under-delivering for Outpatients. This is attributed to the capture of data in the Kiosks and revision to capture fields is being considered.Data Quality Committee has been re-instated and monthly meetings will take place to address a number of DQ issues including ethnicity coding with the Group DQ LeadsAdditionally, data quality issues are to be embedded in Group Reviews to allow for more awareness	PDR - not compliant <ul style="list-style-type: none">Reporting quarterly, as at last quarter, September at 91.2% against the 95% target.Medical Appraisals meeting the target of 90% at 91.3% year to date and 90.1% in month	21+LOS performance target agreed with NHSi to deliver a 25% reduction on beds occupied by these longstay patients. Dec target was set for 101 beds, Dec currently tracking at 107 but subject to daily fluctuations	Contract performance notices & IBNs : <ul style="list-style-type: none">A number of performance notices have been pre-alerted by the CCG, we are still awaiting formal notification in this respect:A&E 4 hour waitsRTT 52 week waitsRTT diagnostic waitsRTT total waiting list numbersAmbulance turnaround timesVTE assessments	<div>Summary Scorecard</div> <table><tr><th></th><th>Section</th><th>Red Rated</th><th>Green Rated</th><th>None</th><th>Total</th></tr><tr><td></td><td>Infection Control</td><td>0</td><td>6</td><td>0</td><td>6</td></tr><tr><td></td><td>Harm Free Care</td><td>7</td><td>9</td><td>11</td><td>27</td></tr><tr><td></td><td>Obstetrics</td><td>1</td><td>8</td><td>7</td><td>16</td></tr><tr><td></td><td>Mortality and Readmissions</td><td>1</td><td>0</td><td>16</td><td>17</td></tr><tr><td></td><td>Stroke and Cardiology</td><td>1</td><td>10</td><td>0</td><td>11</td></tr><tr><td></td><td>Cancer</td><td>2</td><td>8</td><td>5</td><td>15</td></tr><tr><td></td><td>FFT, MSA, Complaints</td><td>10</td><td>5</td><td>9</td><td>24</td></tr><tr><td></td><td>Cancellations</td><td>5</td><td>5</td><td>2</td><td>12</td></tr><tr><td></td><td>Emergency Care & Patient Flow</td><td>8</td><td>7</td><td>10</td><td>25</td></tr><tr><td></td><td>RTT</td><td>7</td><td>1</td><td>7</td><td>15</td></tr><tr><td></td><td>Data Completeness</td><td>2</td><td>8</td><td>9</td><td>19</td></tr><tr><td></td><td>Workforce</td><td>9</td><td>1</td><td>8</td><td>18</td></tr><tr><td></td><td>SQPR</td><td>11</td><td>7</td><td>0</td><td>18</td></tr><tr><td></td><td>Total</td><td>64</td><td>75</td><td>84</td><td>223</td></tr></table>			Section	Red Rated	Green Rated	None	Total		Infection Control	0	6	0	6		Harm Free Care	7	9	11	27		Obstetrics	1	8	7	16		Mortality and Readmissions	1	0	16	17		Stroke and Cardiology	1	10	0	11		Cancer	2	8	5	15		FFT, MSA, Complaints	10	5	9	24		Cancellations	5	5	2	12		Emergency Care & Patient Flow	8	7	10	25		RTT	7	1	7	15		Data Completeness	2	8	9	19		Workforce	9	1	8	18		SQPR	11	7	0	18		Total	64	75	84	223
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Open Referrals - not compliant <ul style="list-style-type: none">Open Referrals, referring to patients in the system without a future waiting list activity, stand at 181,000 as at November showing a continuing, increasing trend, but plans are being progressed to manage this position.	Sickness & Return to Work - not compliant <ul style="list-style-type: none">In-month sickness at 5.17%Cumulative sickness rate at 4.6%Return to Work in-month at 85% below the 95% target	CCG Local Quality Requirements 2018/19 are monitored by CCG and the Trust is fineable for any breaches in accordance with contractual conditions. <ul style="list-style-type: none">The Trust has currently only one formally agreed RAPs (recovery action plans for community dementia and falls assessments) in place at this stage, which are improving month on month and are very close to full recovery.However, in September the CCG confirmed that it will be issuing a performance notice for a maternity indicator which has not met targets in the last 3 months (CO Monitoring by 12+6 weeks of pregnancy); the service has been informed and they have been reviewing performance in detail following agreed actions with the CCG - expected full recovery to standard at January 2019.The SQPR (Service Quality Performance Report) tab gives more insight across non-performing and recovering indicators which are routinely monitored via the SQPR with the CCG;	Information breach notice: <ul style="list-style-type: none">SI reporting >60 days (x7)																																																																																												
	Mandatory Training - not compliant <ul style="list-style-type: none">Mandatory Training at the end of November is again improving at 91.2% against target of 95%;Health & Safety related training is at the 93.3% below the target at 95.0%	QUINs 2018/19 Q2 position reporting on milestones delivery for most schemes, some partial delivery for Sepsis; Risky Behaviours QUIN unlikely to recover Q1 and Q2 payment milestones. Q3 is reportable to CCG / NHS in Jan19.		<ul style="list-style-type: none">Persistently, red-rated performance indicators are subject to improvement trajectories and routine monitoring; Oversight at OMC and PMC.																																																																																											

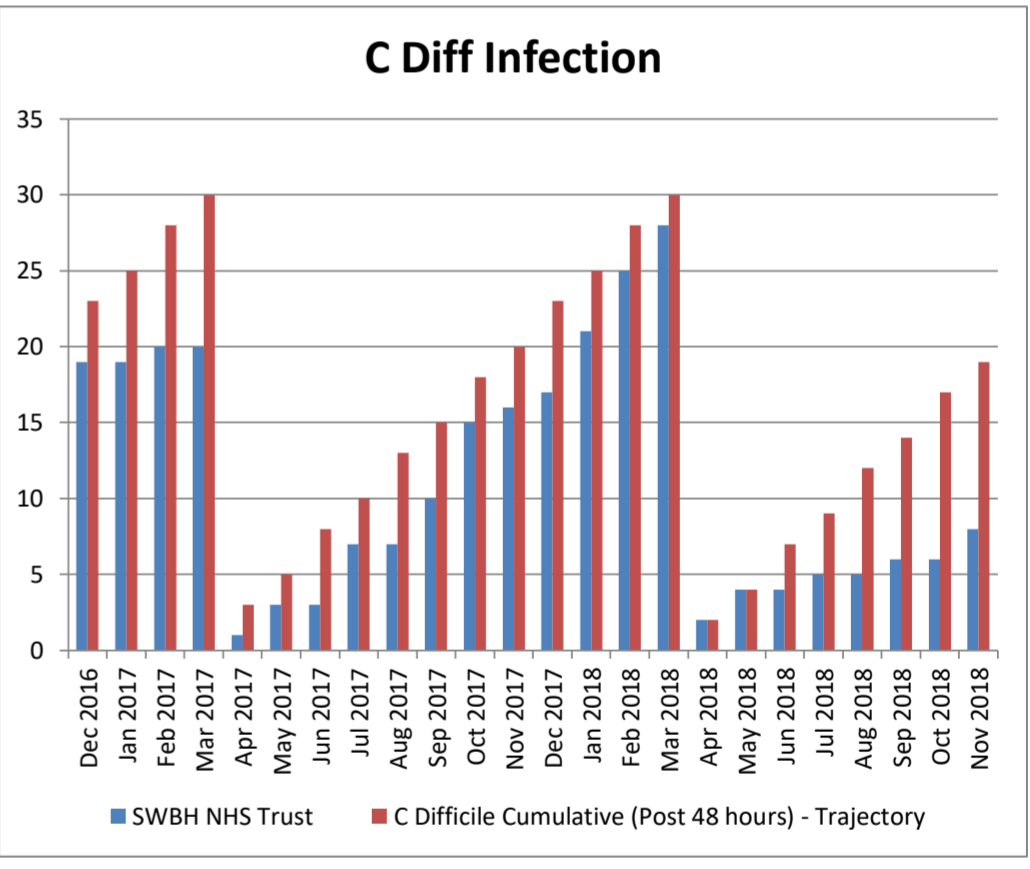
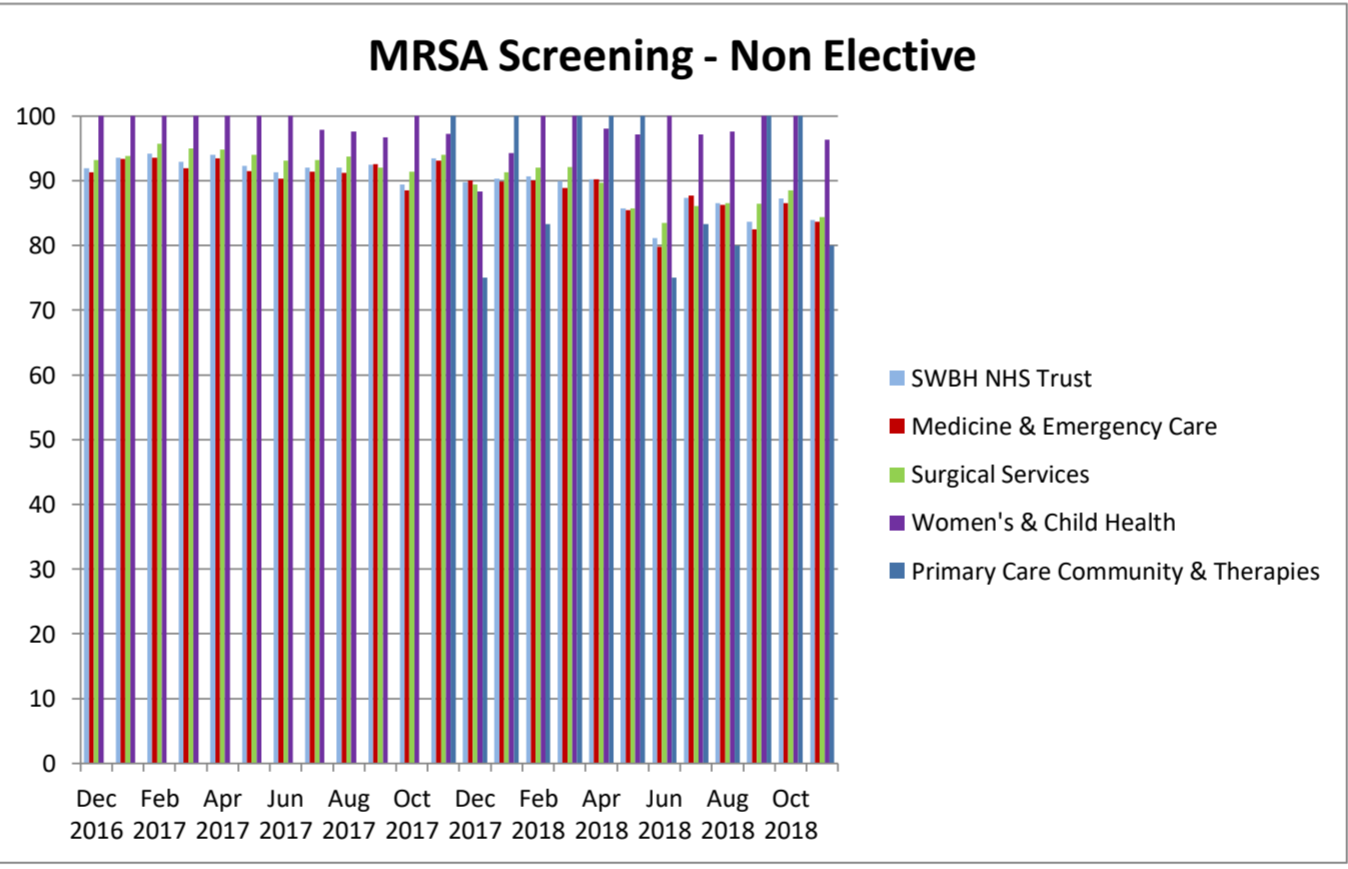
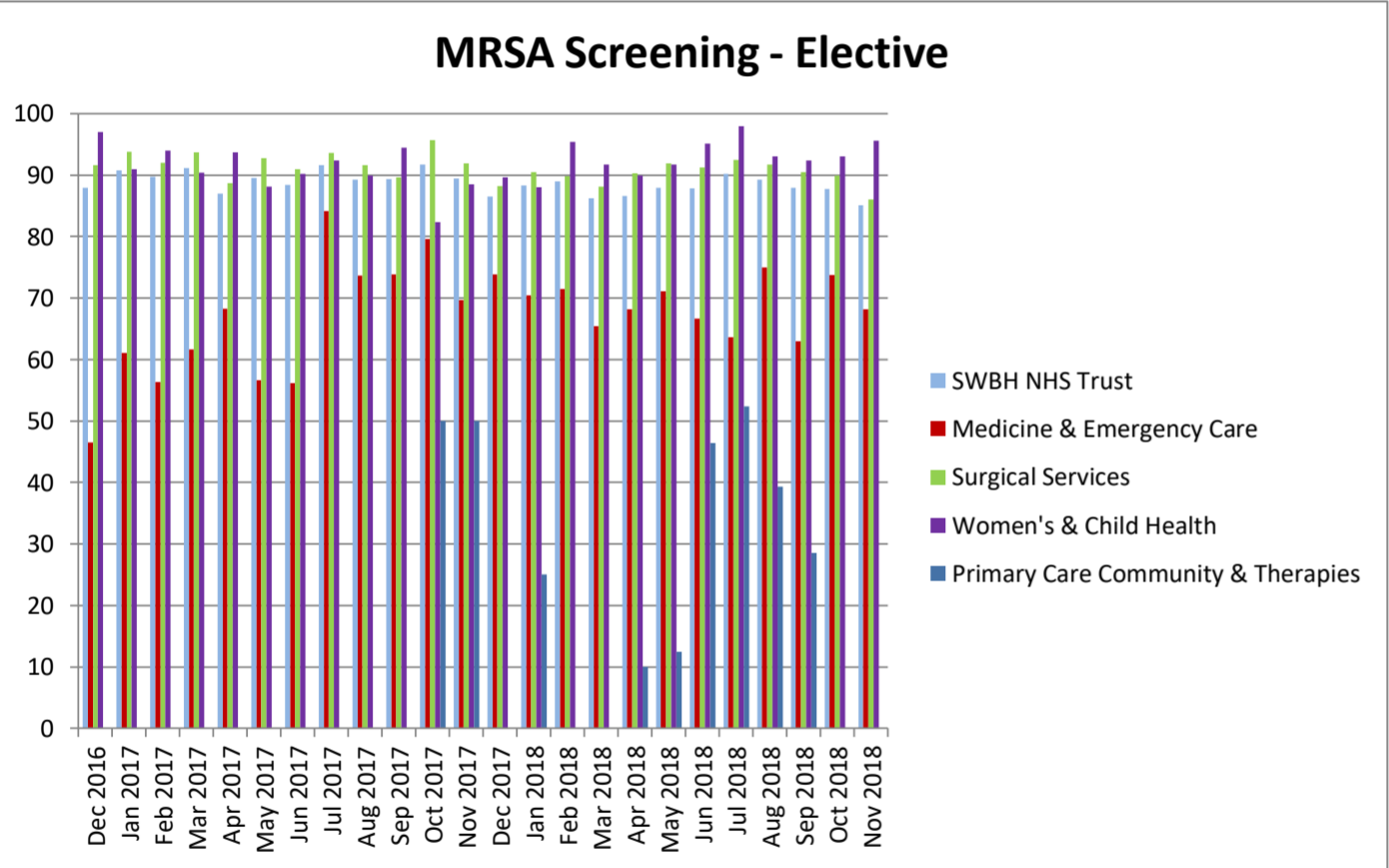
Patient Safety - Infection Control

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
4			C. Difficile	<= No	29	2.5
4			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 Jun 2017)																	
J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N

Data Period	Group						
	M	SS	W	P	I	PCCT	CO
Nov 2018	0	0	0			0	
Nov 2018	0	0	0			0	
Nov 2018							
Nov 2018							
Nov 2018	68	86	96			0	
Nov 2018	84	84	96			80	

Month	Year To Date	Trend
0	8	
0	0	
5.4	6.6	
5.4	11.2	
85.1	87.9	
83.9	85.7	

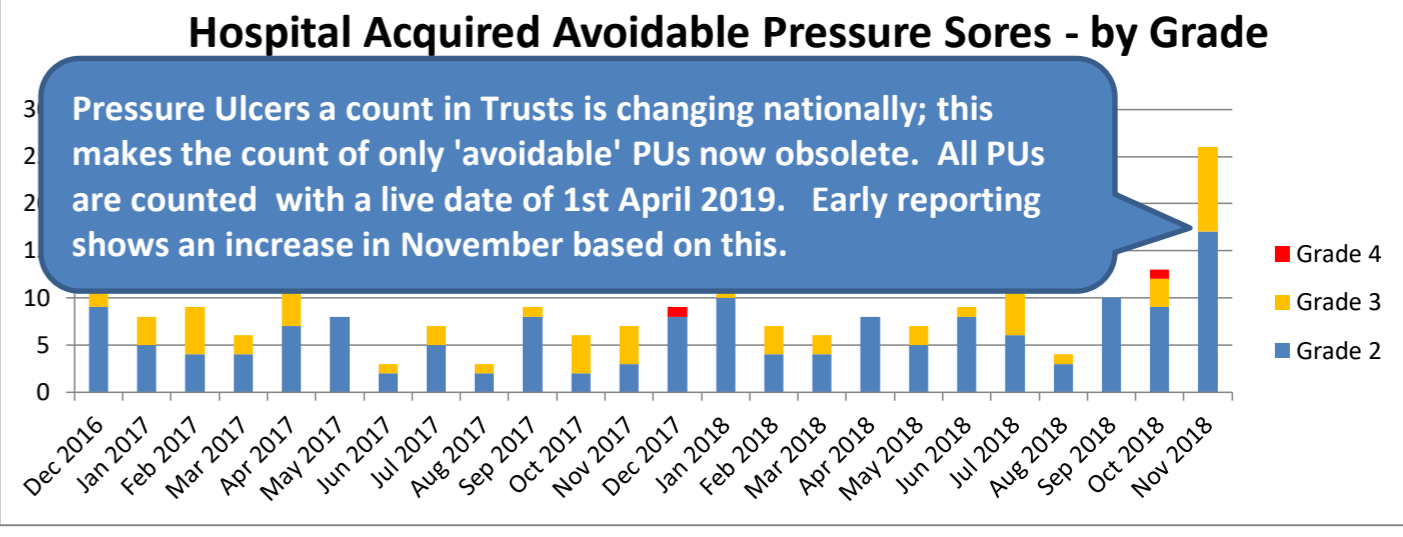
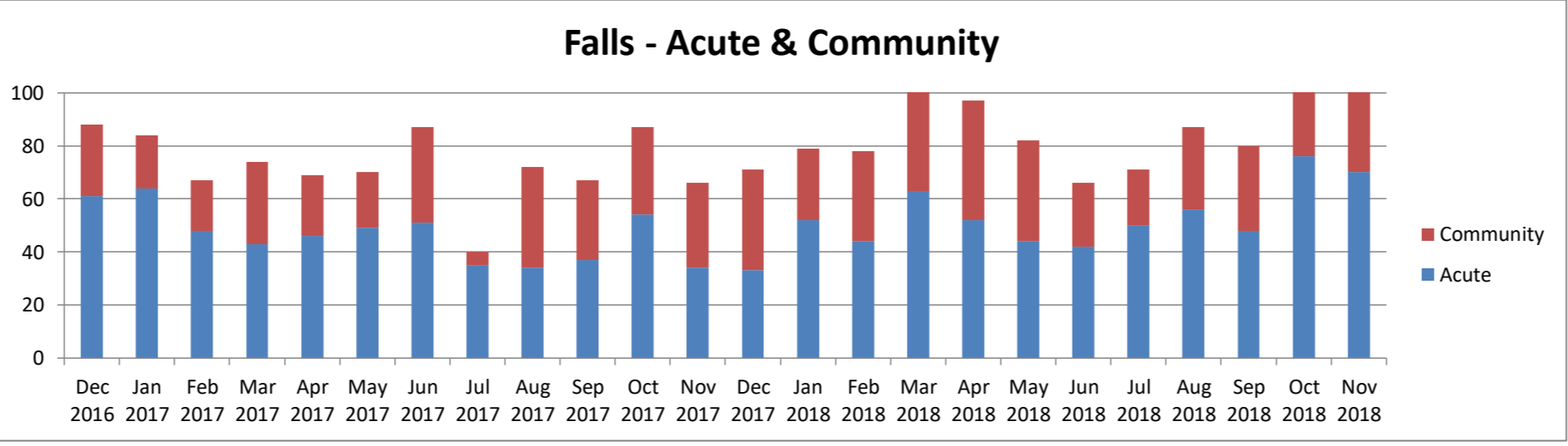
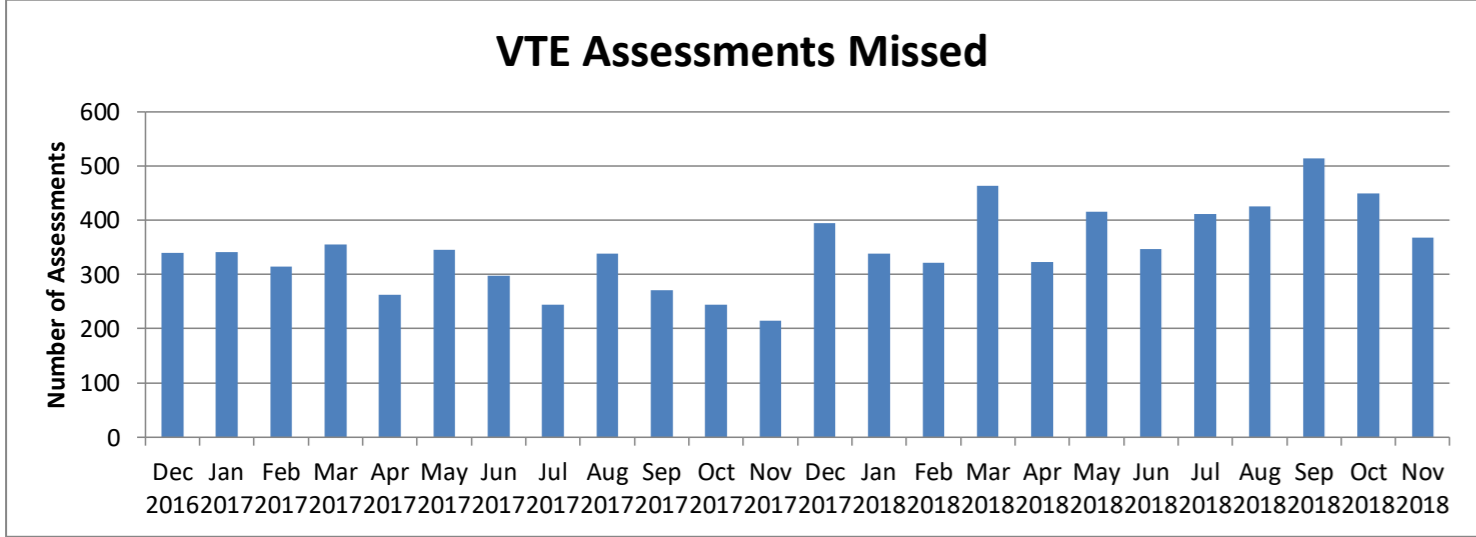


Patient Safety - Harm Free Care

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
8			Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95
8			Patient Safety Thermometer - Catheters & UTIs	%		
			Number of DOLS raised	No		
			Number of DOLS which are 7 day urgent	No		
			Number of delays with LA in assessing for standard DOLS application	No		
			Number DOLS rolled over from previous month	No		
			Number patients discharged prior to LA assessment targets	No		
			Number of DOLS applications the LA disagreed with	No		
			Number patients cognitively improved regained capacity did not require LA assessment	No		
8			Falls	<= No	804	67
9			Falls with a serious injury	<= No	0	0
8			Grade 2,3 or 4 Pressure Ulcers (Hospital Acquired Avoidable)	<= No	0	0
			Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload Acquired)	<= No	0	0
			Pressure Ulcers per 1000 Occupied Bed Days	Rate1		
3			Venous Thromboembolism (VTE) Assessments	=> %	95	95
3			WHO Safer Surgery - Audit - 3 sections (% pts where all sections complete)	=> %	100	100
3			WHO Safer Surgery - brief (% lists where complete)	=> %	100	100
3			WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	100	100
9			Never Events	<= No	0	0
9			Medication Errors causing serious harm	<= No	0	0
9			Serious Incidents	<= No	0	0
9			Open Central Alert System (CAS) Alerts	<= No		
9			Open Central Alert System (CAS) Alerts beyond deadline date	No	0	0

Previous Months Trend (since Jun 2017)																	
J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N
1.00	3.00	2.00	1.00	4.00	4.00	6.00	0.00	2.00	1.00	5.00	4.00	1.00	5.00	3.00	3.00	7.00	4.00
6	27	22	20	48	31	19	36	30	27	34	59	27	43	40	49	51	40
6	27	22	20	48	31	19	36	30	27	34	59	27	43	40	49	51	40
0	3	0	0	0	0	0	0	0	0	2	3	4	4	7	8	6	9
9	7	12	5	5	3	7	7	3	10	4	9	4	7	9	9	0	0
7	7	9	9	11	7	2	4	8	3	4	18	13	11	11	25	29	18
2	1	2	1	0	2	1	2	0	0	0	0	1	6	2	4	2	5
1	13	0	0	0	0	0	0	0	0	0	0	2	2	0	0	0	0
87	85	72	67	87	66	71	79	78	112	97	82	66	71	87	80	101	110
1	1	3	2	3	1	0	0	0	1	2	4	2	1	0	0	5	3
3	7	3	9	6	7	9	12	7	6	8	7	9	11	4	10	13	26
4	7	4	3	6	4	4	2	4	4	3	1	1	1	1	1	7	37
-	-	-	-	-	-	-	-	-	-	-	-	0.4566	0.3886	0.2331	0.5304	0.5781	1.1667
																	-
1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2
3	1	8	5	4	6	4	3	5	4	5	9	4	6	3	1	9	4
27	3	3	8	10	6	5	7	6	5	8	9	14	12	15	14	14	15
1	1	1	0	0	1	1	2	2	2	2	2	3	2	4	4	4	5

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	PCCT	CO			
Nov 2018								99.0	97.5	
Nov 2018								0.36	0.35	
Nov 2018	25	11	0	-	-	4		40	343	
Nov 2018	25	11	0	-	-	4		40	343	
Nov 2018	7	2	0	-	-	0		9	43	
Nov 2018	0	0	0	-	-	0		0	42	
Nov 2018	11	5	0	-	-	2		18	129	
Nov 2018	3	2	0	-	-	0		5	20	
Nov 2018	0	0	0	-	-	0		0	4	
Nov 2018	58	12	0	0	0	40	0	110	694	
Nov 2018	2	0	0		0	1	0	3	17	
Nov 2018	15	7	0			4		26	88	
Nov 2018						37		37	52	
Nov 2018	-	-	-			-		1.167	0.55	
Nov 2018	92.09	97.12	98.11					95.3	94.6	
Oct 2018	100.0	100.0	100.0		-			100.0	99.9	
Nov 2018	100	100	100		-			100.0	99.9	
Nov 2018	100	100	100		-			100.0	94.4	
Nov 2018	0	0	0	0	0	0		0	2	
Nov 2018	2	0	0	-	0	0		2	2	
Nov 2018	4	0	0	0	0	0	0	4	41	
Nov 2018								15	101	
Nov 2018								5	26	



Patient Safety - Obstetrics

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory 2016-2017	
					Year	Month
3			Caesarean Section Rate - Total	<= %	25.0	25.0
3		●	Caesarean Section Rate - Elective	<= %		
3		●	Caesarean Section Rate - Non Elective	<= %		
2		●d	Maternal Deaths	<= No	0	0
3			Post Partum Haemorrhage (>2000ml)	<= No	48	4
3			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0
12			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0
12	NEW		Stillbirth Rate (Corrected) (per 1000 babies)	Rate1		
12	NEW		Neonatal Death Rate (Corrected) (per 1000 babies)	Rate1		
12			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	85.0	85.0
12			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0
2			Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0
2		●	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %		
2		●	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %		
2		●	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %		

Previous Months Trend (since Jun 2017)																		
J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	

●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
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9	7	8	8	9	9	5	7	10	8	10	10	9	9	10	9	9	9	
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17	18	15	19	21	18	21	15	19	18	17	18	15	20	17	19	16	17	
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-	-	-	-	2.11	2.10	4.02	1.99	2.58	4.66	5.98	6.16	4.41	2.05	4.17	0.00	7.86	2.23	
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-	-	-	-	4.22	2.10	0.00	0.00	2.58	0.00	1.99	0.00	4.41	4.10	2.08	0.00	0.00	2.23	
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2.5	1.8	0.8	0.9	0.5	0.8	0.6	0.9	1.1	1.0	0.8	0.5	0.9	1.5	1.3	1.2	1.7	2.6	
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1.6	1.0	0.6	0.6	0.5	0.5	0.6	0.7	0.4	0.7	0.8	0.5	0.6	0.9	1.3	1.2	1.7	2.6	
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1.6	1.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.3	0.2	0.0	0.6	0.5	0.3	0.8	1.5	
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Data Period	Month	Year To Date	Trend
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Nov 2018	26.0	26.6	
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Nov 2018	8.6	9.2	
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Nov 2018	17.4	17.3	
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Nov 2018	0	2	
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Nov 2018	0	9	
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Nov 2018	0.89	1.59	
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Nov 2018	4.46	6.54	
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Nov 2018	2.23	4.19	
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Nov 2018	2.23	1.83	
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Nov 2018	93.9	92.9	
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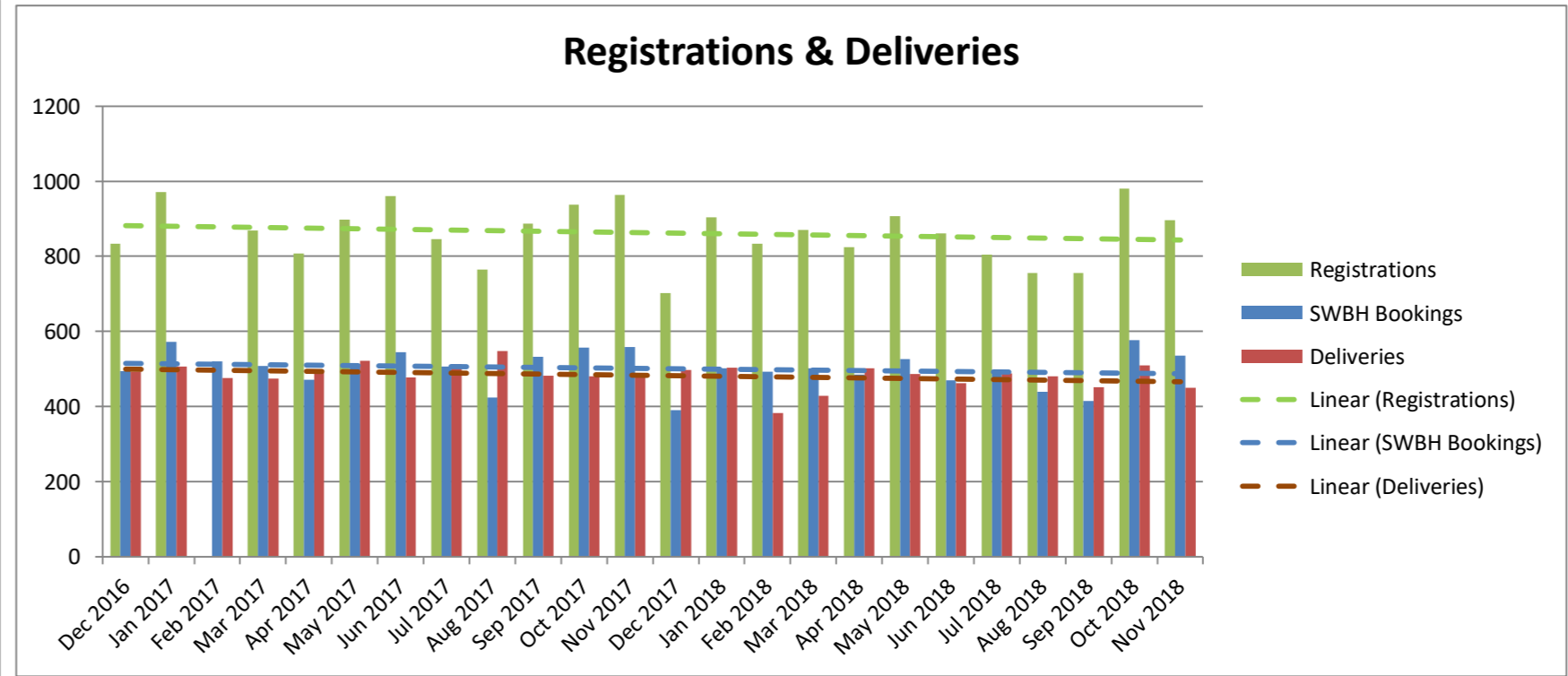
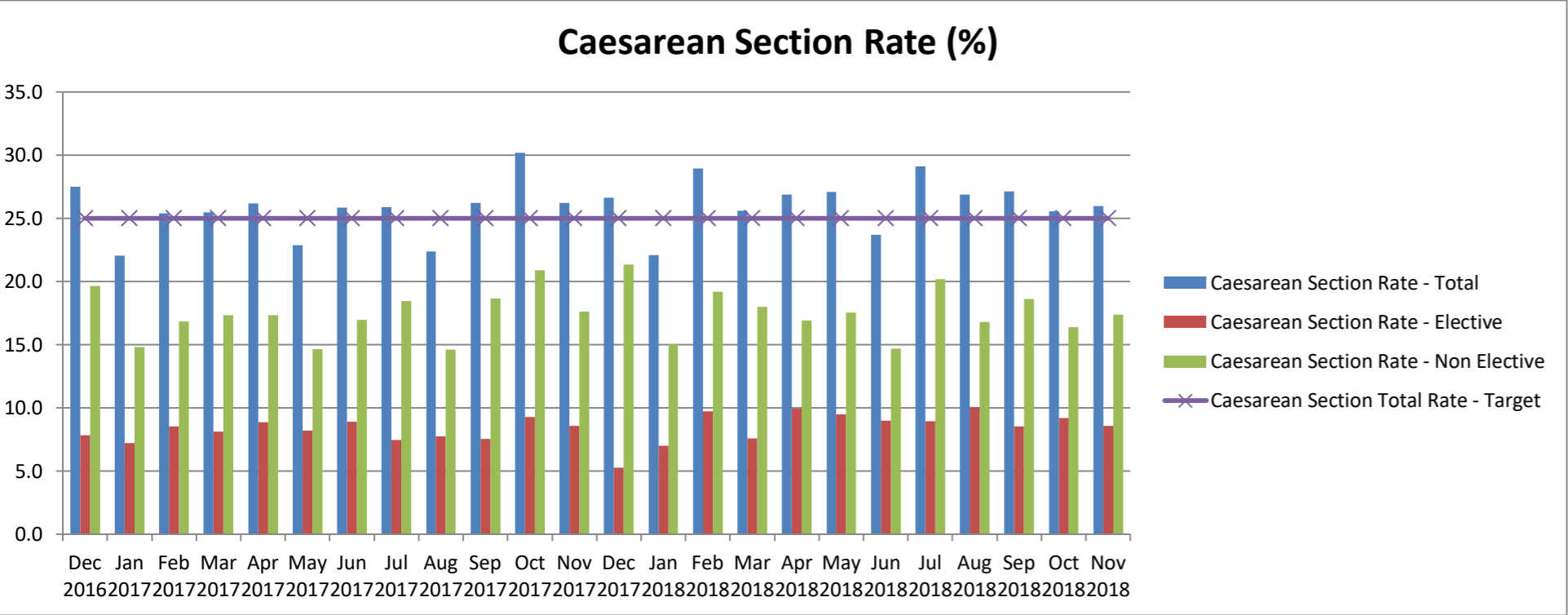
Nov 2018	152.9	133.9	
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Nov 2018	78.01	76.58	
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Nov 2018	2.63	1.30	
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Nov 2018	2.63	1.20	
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Nov 2018	1.46	0.53	
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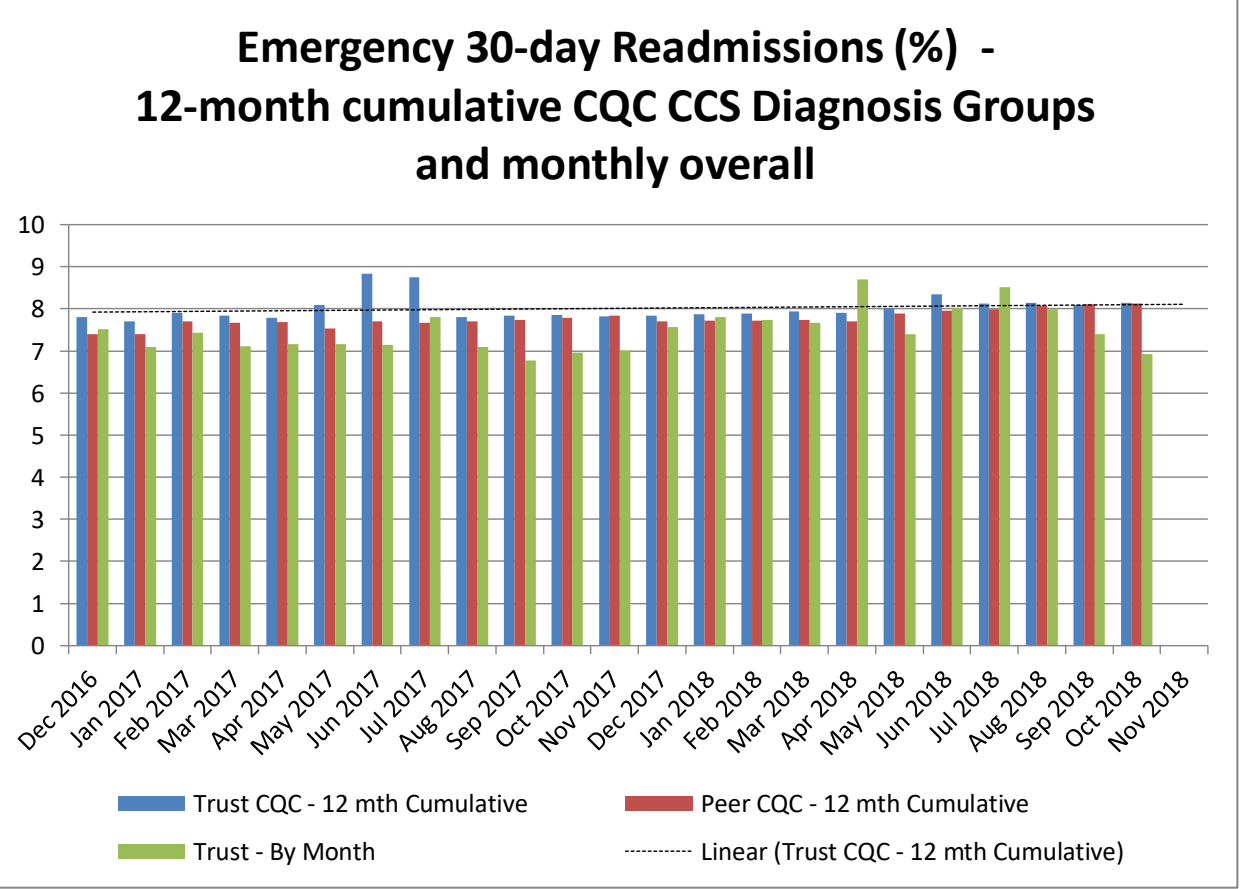
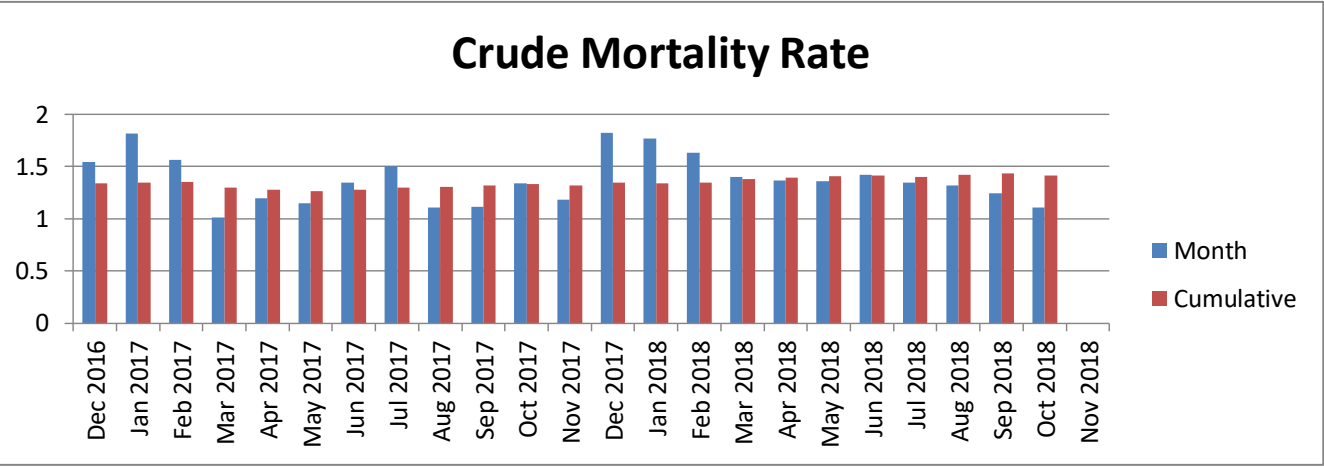
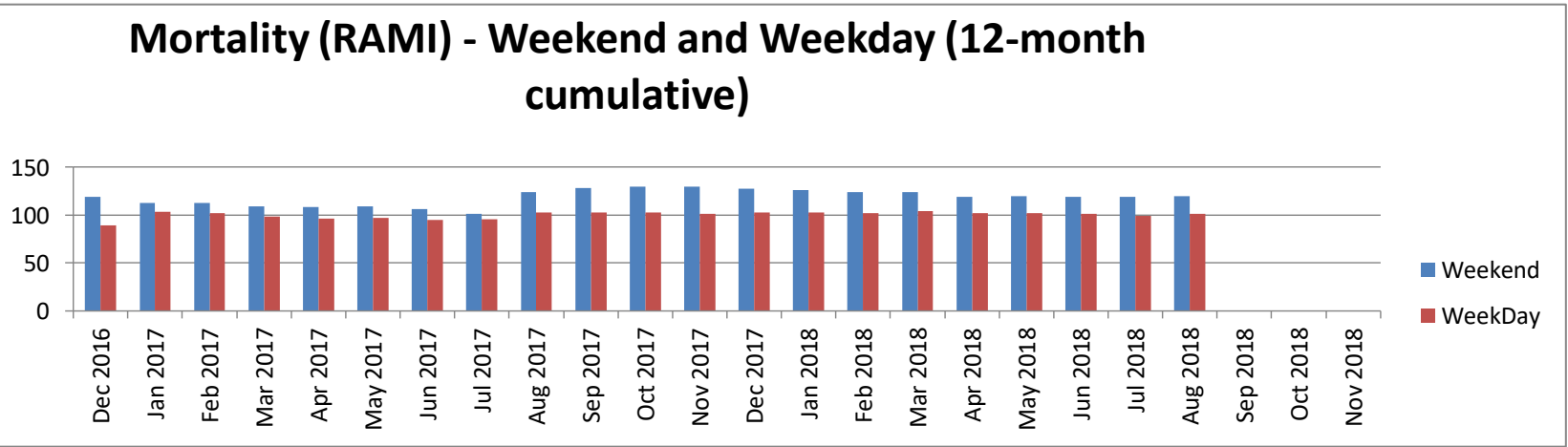
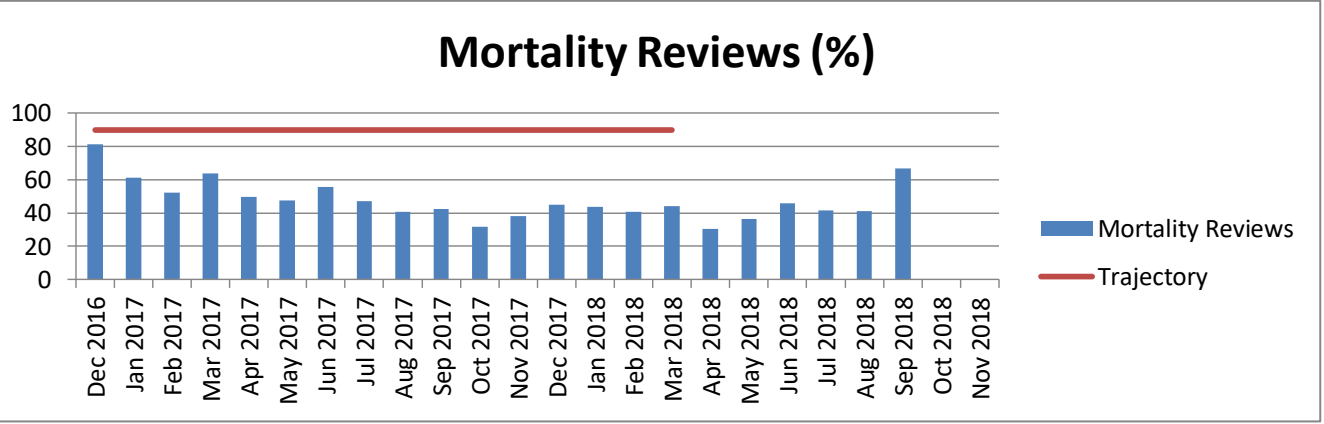
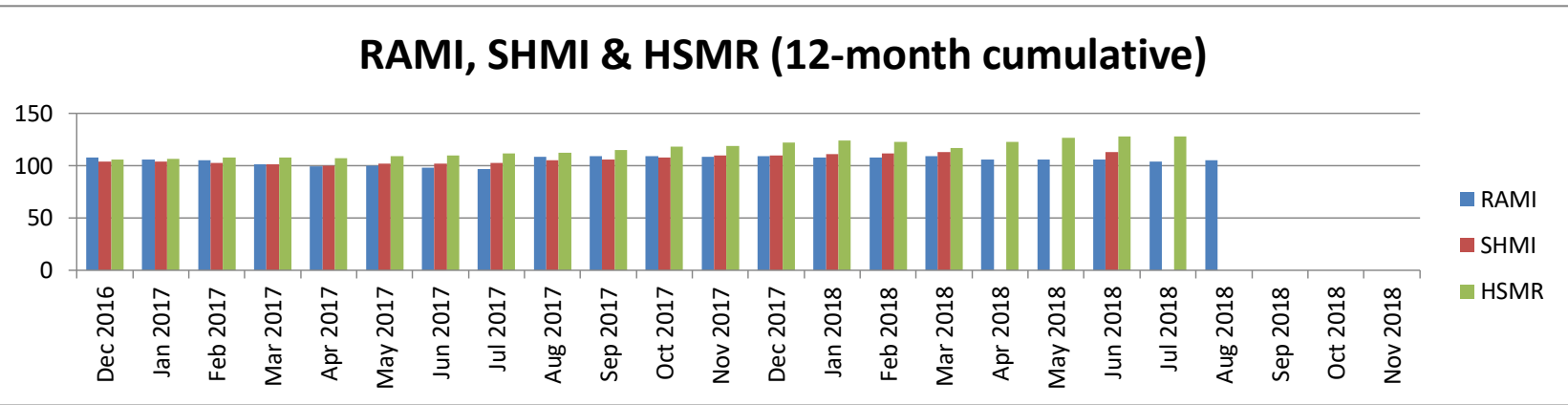


Clinical Effectiveness - Mortality & Readmissions





Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
5			Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI
5			Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI
5			Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI
6			Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	SHMI	Below Upper CI	Below Upper CI
5			Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	HSMR		
5			Deaths in Low Risk Diagnosis Groups (RAMI) - month	RAMI	Below Upper CI	Below Upper CI
3			Mortality Reviews within 42 working days	=> %	90	90
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%		
3			Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%		
			Deaths in the Trust	No		
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%		
20			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%		
5			Emergency Readmissions (within 30 days) - CQC CCS Diagnosis Groups (12-month cumulative)	%		
	NEW		Emergency Readmissions (within 30 days) - Same Specialty (exc. Deaths and Stillbirths) month	%		
	NEW		Emergency Readmissions (within 30 days) - Different Specialty (exc. Deaths and Stillbirths) month	%		
	NEW		Emergency Readmissions (within 30 days) - Same Specialty (exc. Deaths and Stillbirths) 12-month cumulative	%		
	NEW		Emergency Readmissions (within 30 days) - Different Specialty (exc. Deaths and Stillbirths) 12-month cumulative	%		

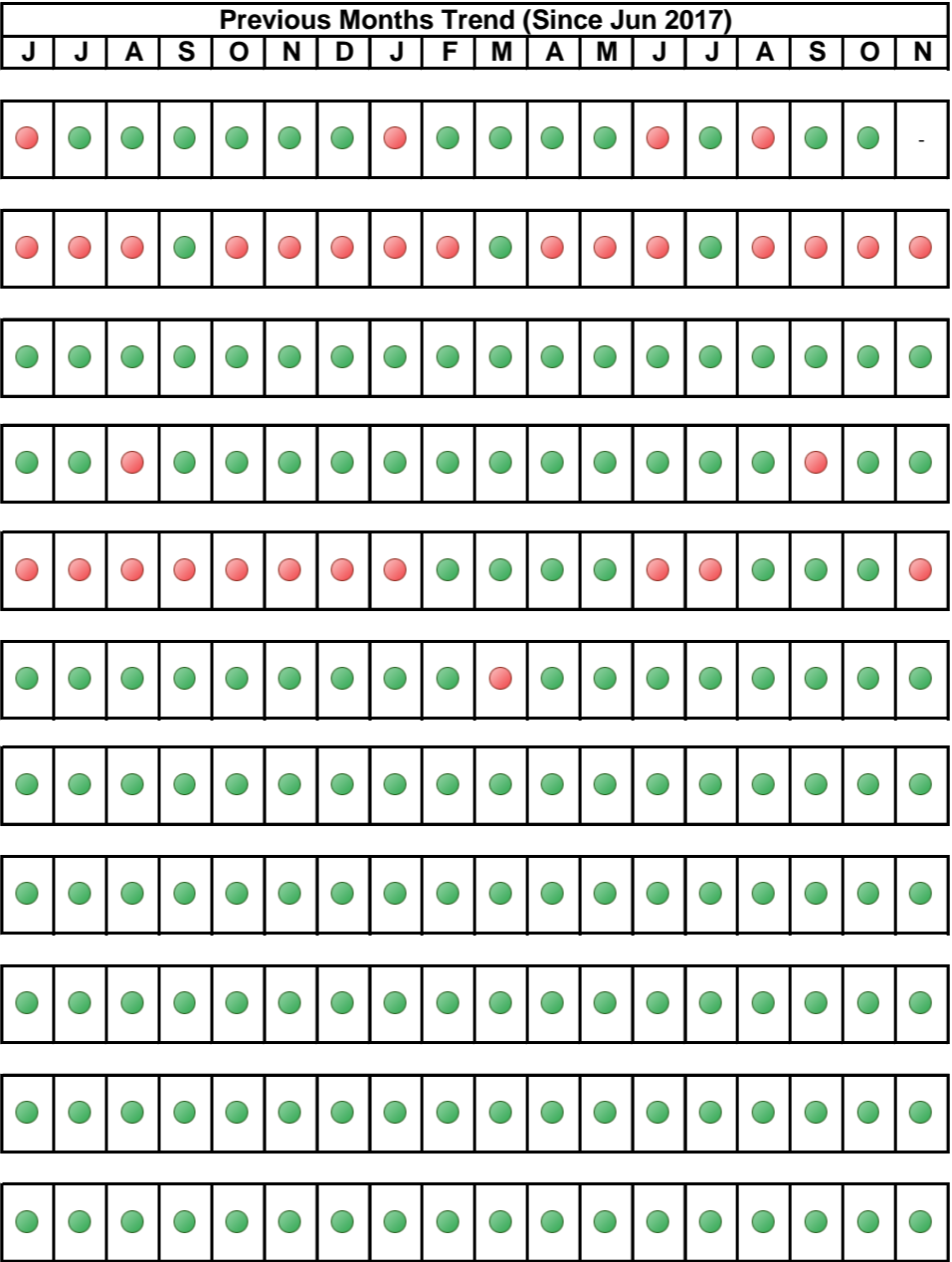
Previous Months Trend (since Jun 2017)																	
J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N
98	97	108	109	109	108	109	108	108	109	106	106	106	104	105	-	-	-
95	95	103	103	103	102	103	103	102	104	102	102	101	99	101	-	-	-
106	101	124	128	130	130	128	126	124	124	119	120	119	119	120	-	-	-
102	103	106	106	108	110	110	111	112	113	-	-	113	-	-	-	-	-
110	112	113	115	118	119	122	124	123	117	123	127	128	128	-	-	-	-
78	78	71	144	62	120	90	133	102	129	76	100	71	84	71	-	-	-
																-	-
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	1.3	1.2	1.1	-
1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	-
129	142	109	109	133	119	169	178	142	143	120	123	127	124	116	106	107	-
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	8.0	7.4	6.9	-
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	7.7	7.7	7.7	-
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	8.1	8.1	8.1	-
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	3.8	3.3	2.7	-
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	4.1	4.1	4.3	-
3.5	3.5	3.4	3.3	3.3	3.3	3.3	3.3	3.4	3.3	3.4	3.4	3.4	3.4	3.5	3.5	3.5	-
3.8	3.9	3.9	3.9	3.9	3.9	3.9	4.0	4.0	4.0	4.1	4.1	4.1	4.2	4.2	4.2	4.3	-

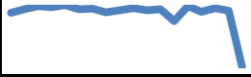









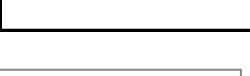
Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	PCCT	CO			
Aug 2018									527	
Aug 2018									505	
Aug 2018									597	
Jun 2018									113	
Jul 2018									506.0	
Aug 2018								71		
Sep 2018	65	88	-			-		67	43	
Oct 2018								1.11		
Oct 2018									1.41	
Oct 2018								107	823	
Oct 2018								6.93		
Oct 2018									7.72	
Oct 2018	-	-	-			-			8.13	
Oct 2018									2.68	
Oct 2018									4.26	
Oct 2018									3.47	
Oct 2018									4.25	

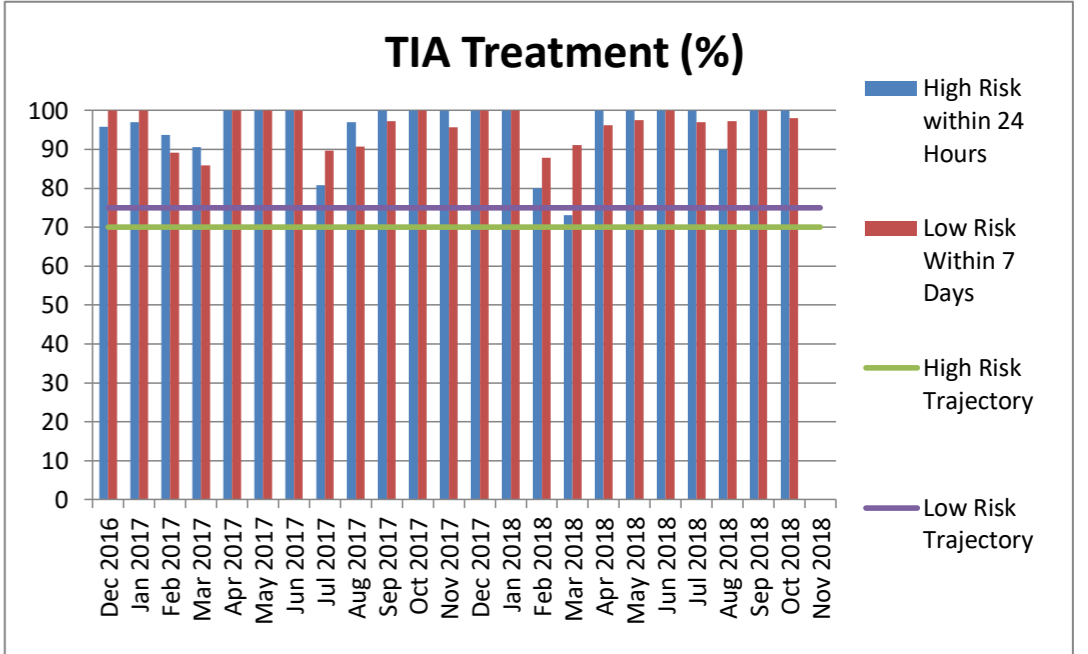
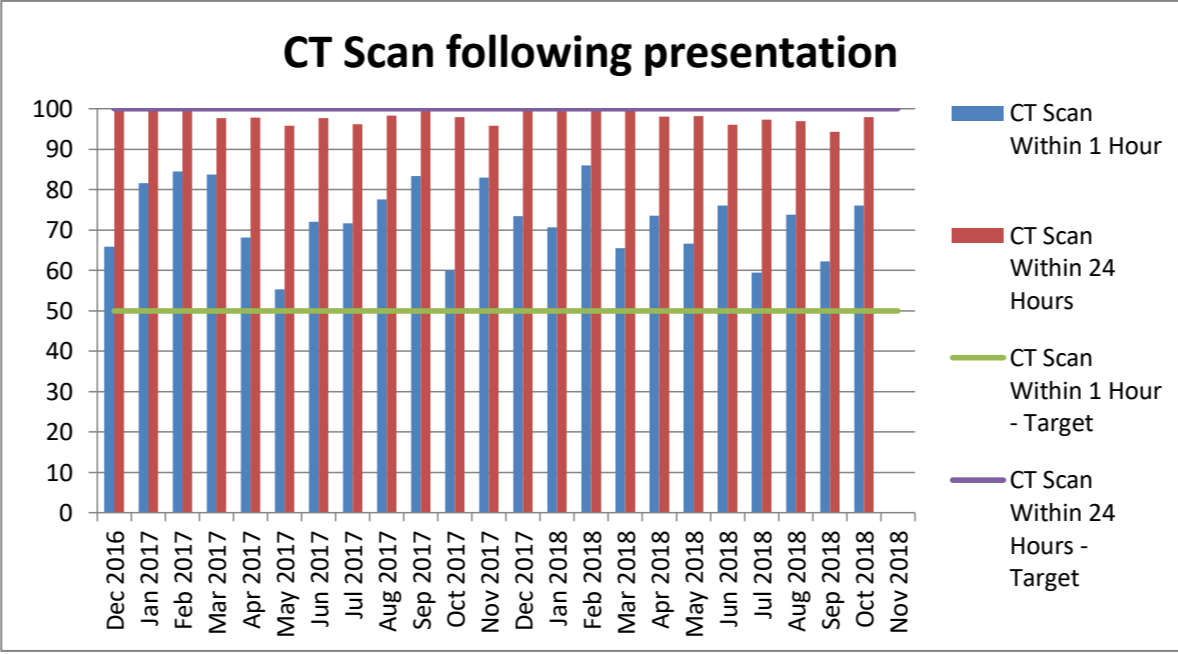
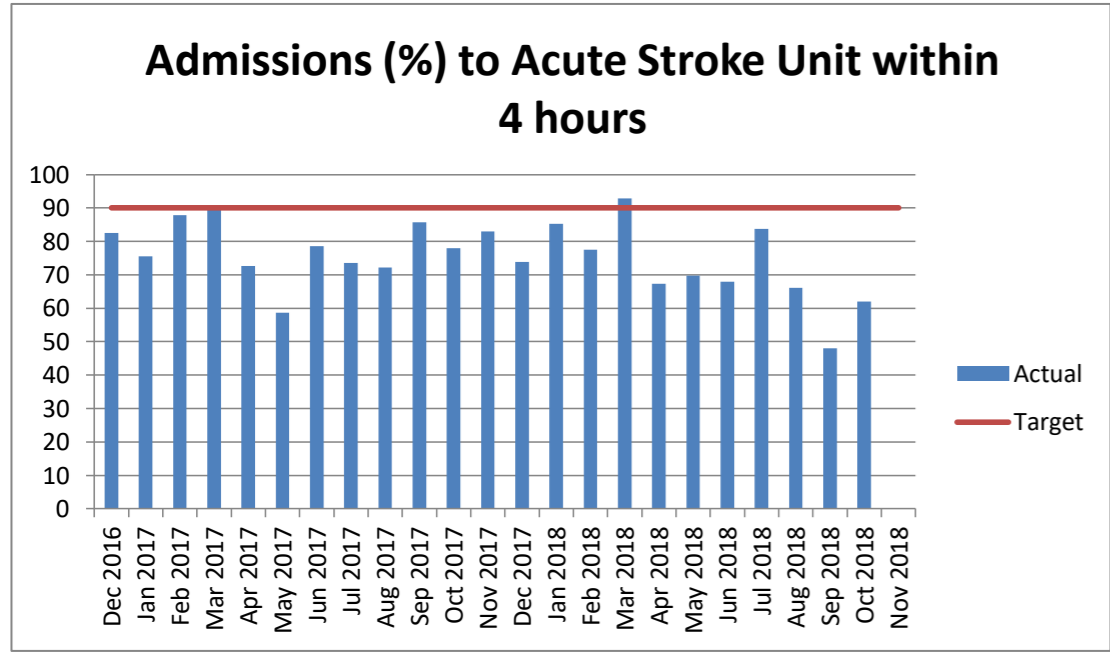


Clinical Effectiveness - Stroke Care & Cardiology

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					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


























Data Period	Month	Year To Date	Trend
Oct 2018	90.4	89.9	
Nov 2018	61.9	66.3	
Nov 2018	63.4	70.9	
Nov 2018	97.6	97.8	
Nov 2018	0.0	82.1	
Nov 2018	100.0	94.6	
Nov 2018	100.0	95.4	
Nov 2018	112.5	101.7	
Nov 2018	100.0	96.0	
Nov 2018	100.0	95.7	
Nov 2018	100.0	100.0	








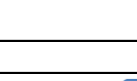



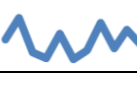

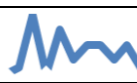
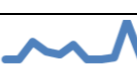
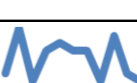

The stroke indicators in the IPR are based on 'patient arrivals' not 'patient discharged' as this monitors pathway performance rather than actual outcomes which may / may not change on discharge. National SSNAP is based on 'patient discharge' which is more appropriate for outcomes based reporting. Both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

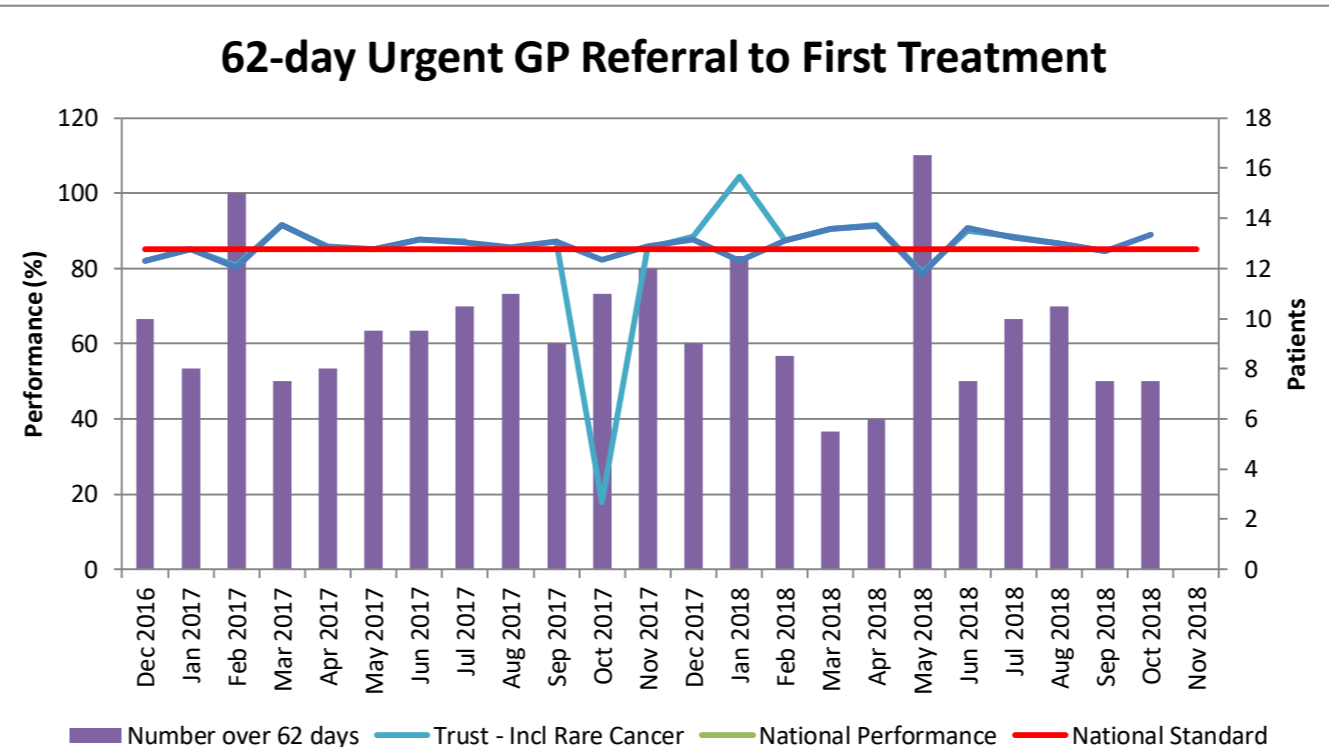
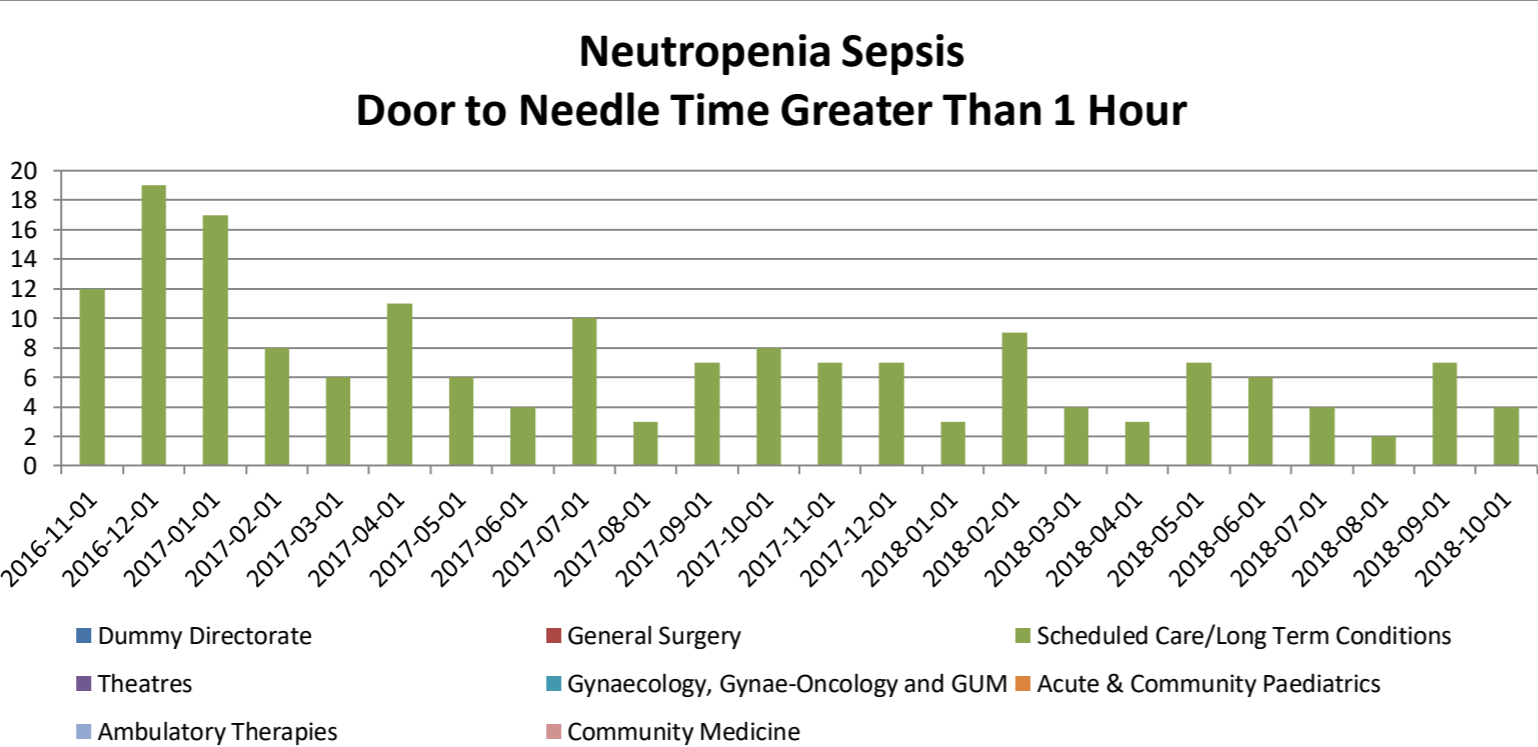
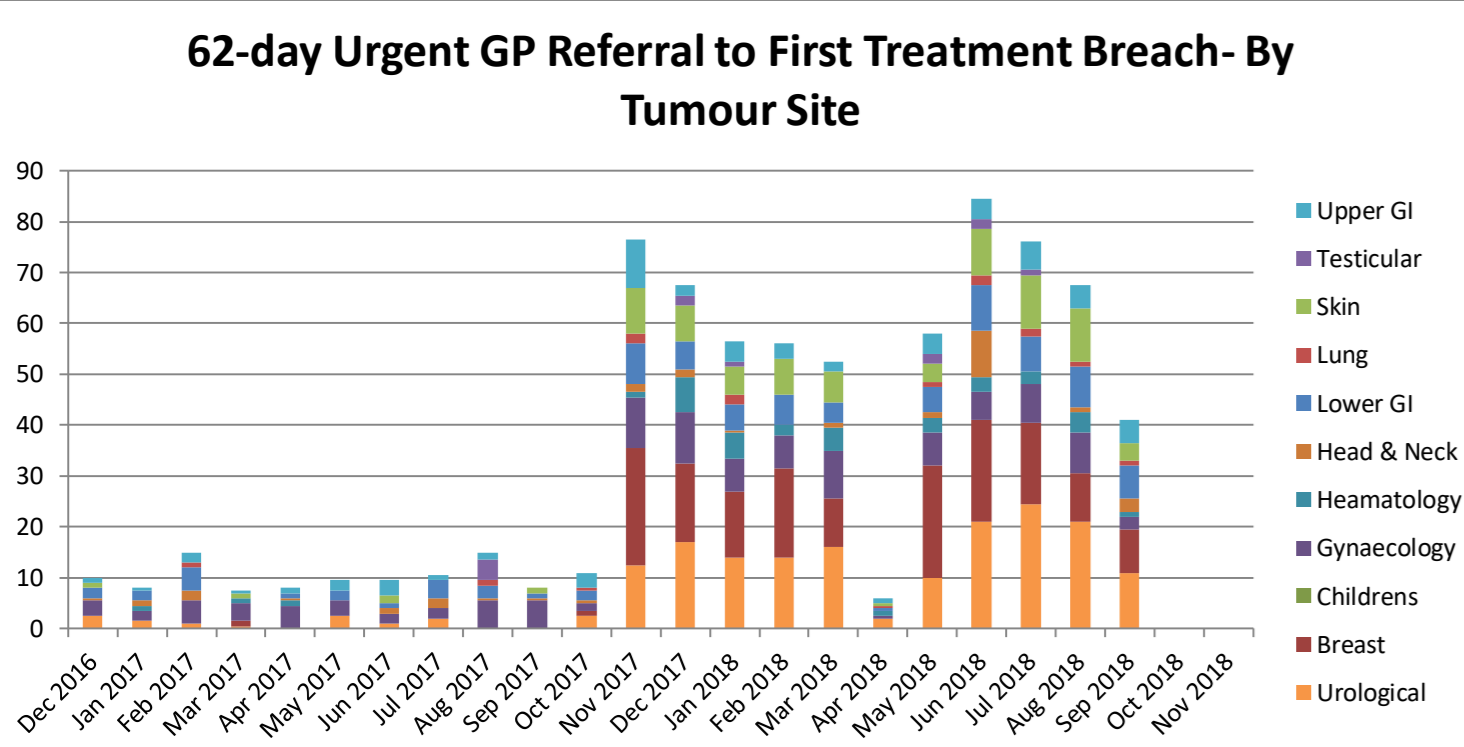
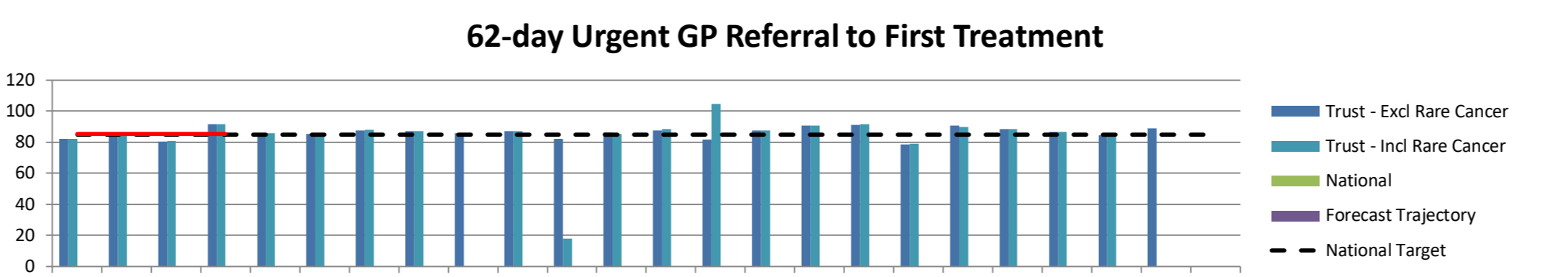
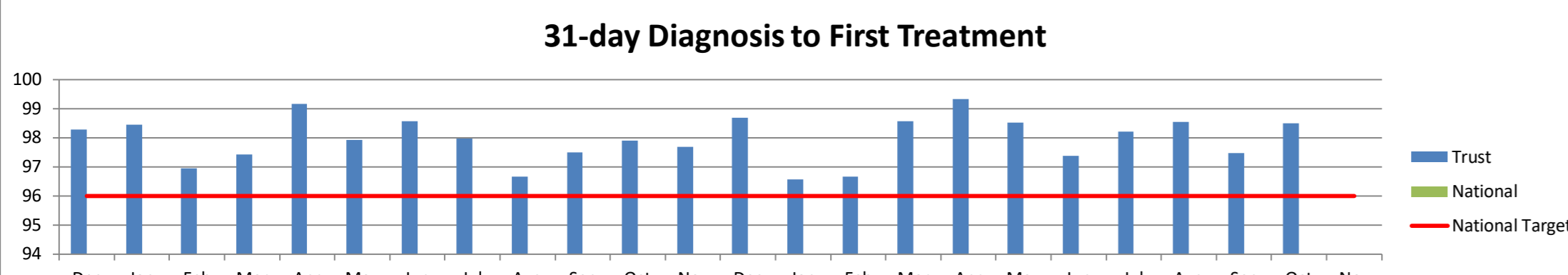
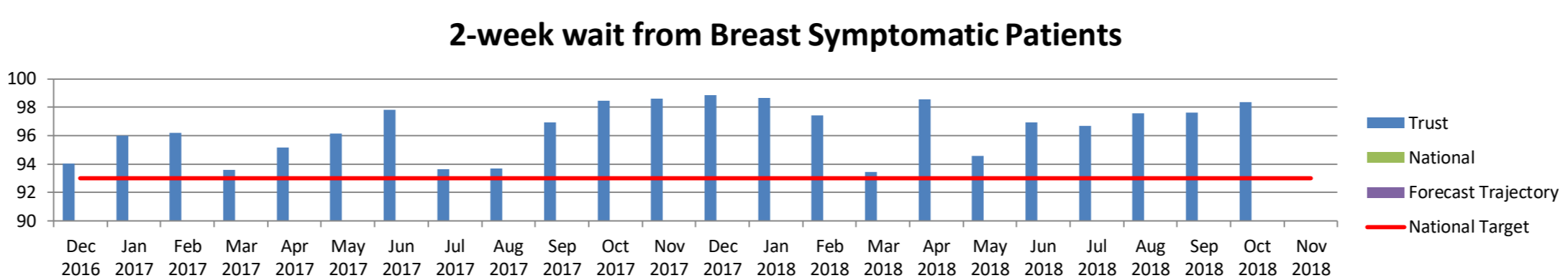
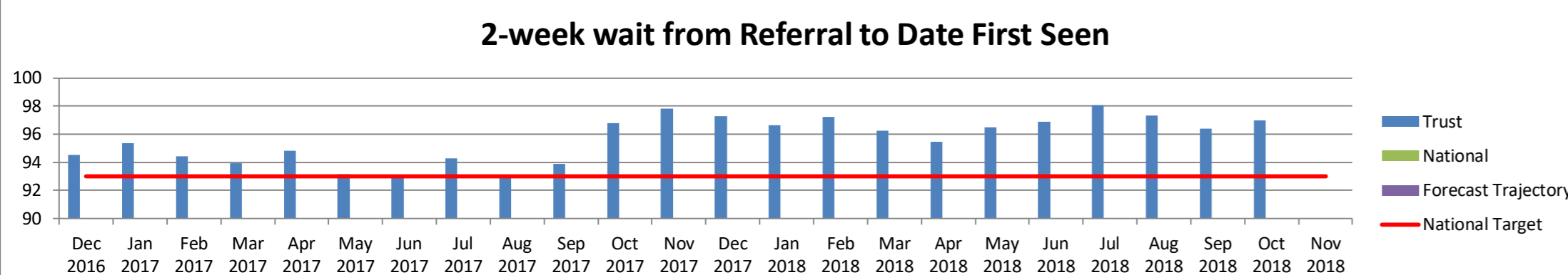
Clinical Effectiveness - Cancer Care

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
1			2 weeks	=> %	93.0	93.0
1			2 weeks (Breast Symptomatic)	=> %	93.0	93.0
1			31 Day (diagnosis to treatment)	=> %	96.0	96.0
1			31 Day (second/subsequent treatment - surgery)	=> %	94.0	94.0
1			31 Day (second/subsequent treatment - drug)	=> %	98.0	98.0
1			31 Day (second/subsequent treat - radiotherapy)	=> %	94.0	94.0
1			62 Day (urgent GP referral to treatment) Excluding Rare Cancer	=> %	85.0	85.0
1			62 Day (urgent GP referral to treatment) Including Rare Cancer	=> %	85.0	85.0
1			62 Day (referral to treat from screening)	=> %	90.0	90.0
1			62 Day (referral to treat from hosp specialist)	=> %	90.0	90.0
1			Cancer - Patients Waiting over 62 days	No		
1			Cancer - Patients Waiting over 104 days	No		
1			Cancer - Longest Waiter in days	No		
1			Neutropenia Sepsis Door to Needle Time Greater Than 1 Hour	<= No	0.0	0.0
			IPT Referrals - Within 38 Days Of GP Referral for 62 day cancer pathway	%		

Previous Months Trend (since Jun 2017)																			
J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N		
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10	11	11	9	11	12	9	13	9	6	6	17	8	10	11	8	7.5	-		
1	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	2.5	1.0	2.0	-		
106	102	184	141	125	173	104	102	113	280	118	104	112	113	146	86	-	-		
4	10	3	7	8	7	7	3	9	4	3	7	6	4	2	7	4	6		
0	25	25	67	0	20	0	54	0	55	60	67	36	67	65	71	69	-		

Data Period	Group						
	M	SS	W	P	I	PCCT	CO
Oct 2018	96.1	97.3	97.8			-	
Oct 2018		-					
Oct 2018	97.8	100.0	85.0			-	
Oct 2018							
Oct 2018							
Oct 2018							
Oct 2018	82.6	92.2	92.9			-	
Sep 2018	83.3	87.7	82.5			-	
Oct 2018	-	97.3	100.0			-	
Oct 2018	76.9	100.0	100.0			-	
Oct 2018	4.0	3.0	0.5			0.0	
Oct 2018	0.0	2.0	0.0			0.0	
Sep 2018	86	161	72			0	
Nov 2018	6	-	-			-	
Oct 2018	-	-	-			-	

Month	Year To Date	Trend
97.0	96.8	
98.3	97.3	
98.5	98.3	
100.0	100.0	
100.0	100.0	
-	-	
89.1	87.2	
84.5	86.9	
97.7	93.6	
85.0	87.2	
7.5	65.5	
2.0	12.5	
86		
6	39	
69	63	

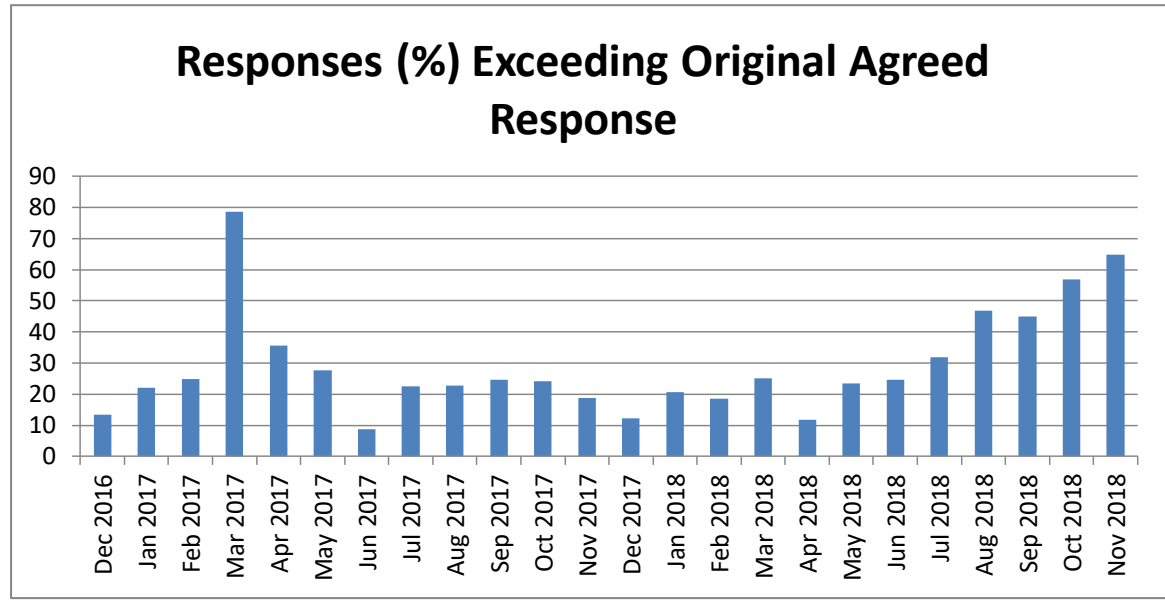
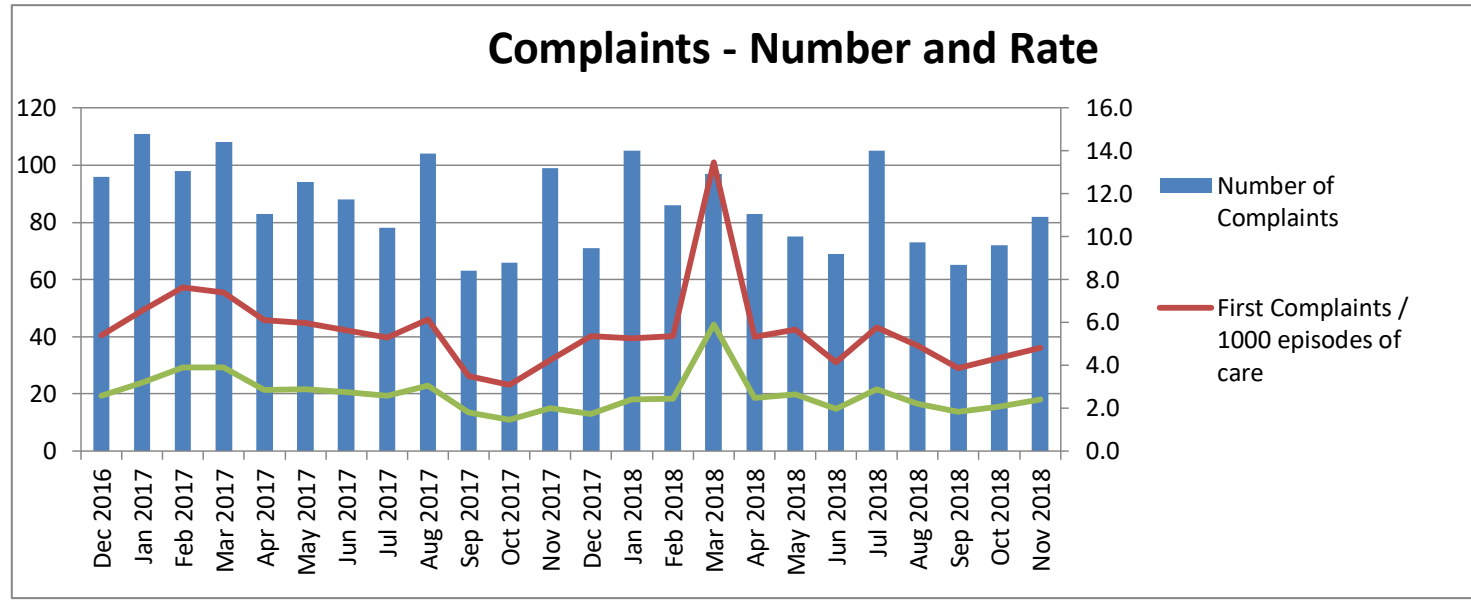
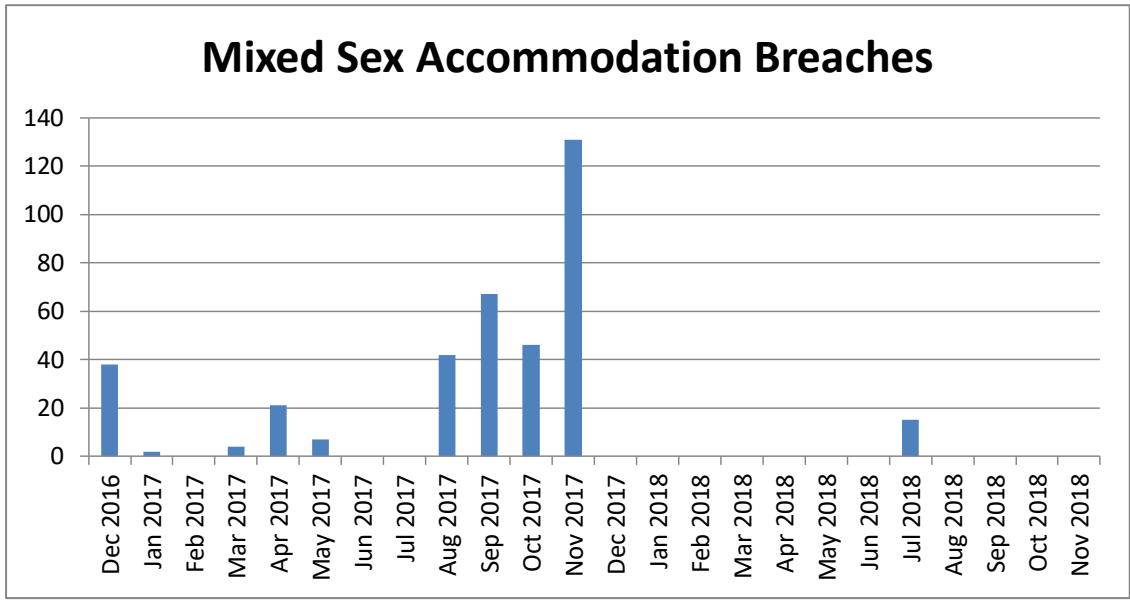


Patient Experience - FFT, Mixed Sex Accommodation & Complaints

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
8			FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	50.0	50.0
8			FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95.0	95.0
8			FFT Response Rate: Type 1 and 2 Emergency Department	=> %	50.0	50.0
8			FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95.0	95.0
8			FFT Response Rate: Type 3 WiU Emergency Department	=> %	50.0	50.0
8			FFT Score - Adult and Children Emergency Department (type 3 WiU)	=> No	95.0	95.0
8			FFT Score - Outpatients	=> No	95.0	95.0
8	NEW		FFT Score - Maternity Antenatal	=> No	95.0	95.0
8	NEW		FFT Score - Maternity Postnatal Ward	=> No	95.0	95.0
8	NEW		FFT Score - Maternity Community	=> No	95.0	95.0
8			FFT Score - Maternity Birth	=> No	95.0	95.0
8			FFT Response Rate - Maternity Birth	=> %	50.0	50.0
13			Mixed Sex Accommodation Breaches	<= No	0.0	0.0
9			No. of Complaints Received (formal and link)	No		
9			No. of Active Complaints in the System (formal and link)	No		
9			No. of First Formal Complaints received / 1000 bed days	Rate1		
9			No. of First Formal Complaints received / 1000 episodes of care	Rate1		
9			No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100
9			No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0
9			No. of responses sent out	No		
14			Access to healthcare for people with Learning Disability (full compliance)	Yes / No	Yes	Yes

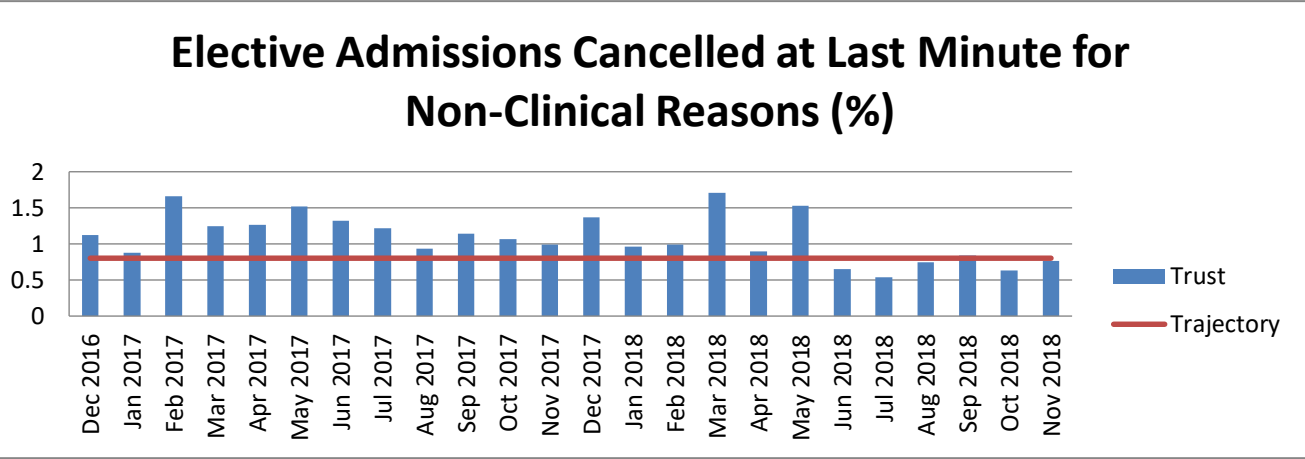
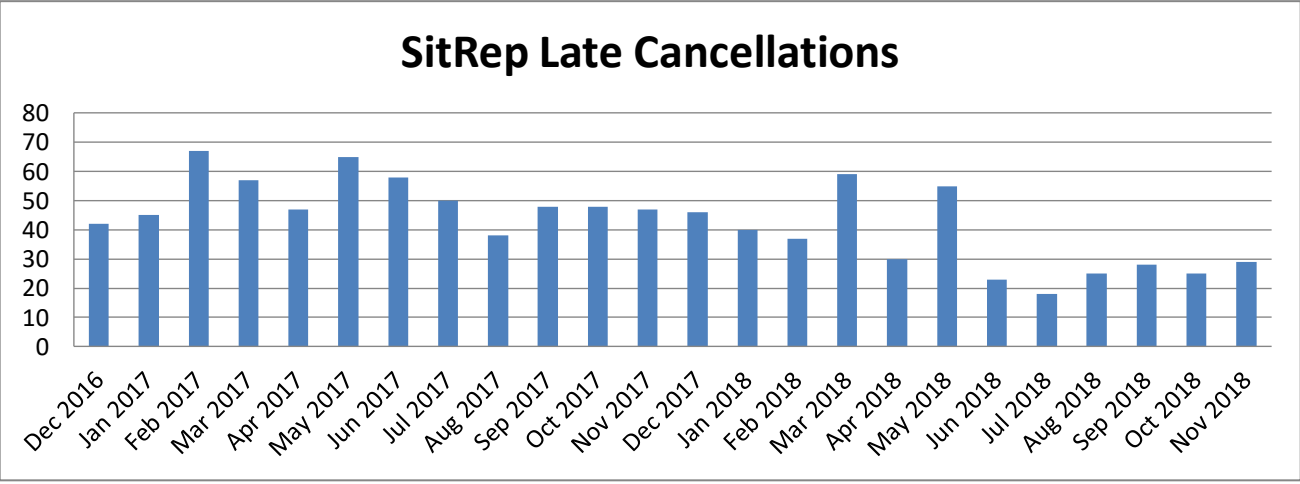
Previous Months Trend (since Jun 2017)																	
J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N
11	12	13	10	19	9.7	8.3	-	9.8	10	Under Review							
92	83	83	83	82	85	89	-	88	88								
2.4	3.8	2.8	3.4	3.3	3.4	3.6	-	3.8	7								
73	72	75	73	73	58	-	-	75	74								
-	0	-	-	-	-	8.8	-	5	###								
0	0	0	-	-	-	16	-	0	0								
88	91	89	89	91	92	90	-	92	90								
75	90	50	90	93	76	75	-	0	100								
73	73	81	84	89	81	74	-	0	100								
0	0	50	0	0	0	0	-	0	0								
69	76	58	48	83	74	100	-	94	100								
7	7.1	5.2	5.2	13	6.9	0.2	-	23	1.2								
0	0	42	67	46	131	0	0	0	0	0	0	0	15	0	0	0	0
88	78	104	63	66	99	71	105	86	97	83	75	69	105	73	65	72	82
185	184	167	154	136	148	161	187	181	183	176	174	164	194	213	208	206	212
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	1.8	2.1	2.4
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	3.9	4.3	4.8
100	100	100	98	100	90	92	99	100	99	100	100	100	93	93	100	96.8	96
8.6	23	23	25	24	19	12	21	19	25	12	23	24.53	32	47	45	56.8	65
87	83	67	85	73	65	38	75	65	81	77	65	64	52	52	57	54	59
Under Review																	

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	PCCT	CO			
Oct 2018								14	10	
Oct 2018								1079		
Oct 2018	4.3							4.3	6.4	
Oct 2018	306							306		
Oct 2018	-							-	-	
Oct 2018	-							0		
Oct 2018								1607		
Oct 2018								31		
Oct 2018								20		
Oct 2018								0		
Oct 2018								42		
Oct 2018								8	15	
Nov 2018	0	0	0		0	0		0	15	
Nov 2018	29	19	9	0	2	10	13	82	624	
Nov 2018	88	71	20	0	5	16	12	212		
Nov 2018	2	4	2.3			-		2.39	2.31	
Nov 2018	5	5.3	3.8			-		4.81	4.86	
Nov 2018	93	100	90	100	100	100	100	96	98	
Nov 2018	63	74	70	-	60	41.18	44	65	41	
Nov 2018	25	20	8	0	3	1	2	59	480	
Aug 2018	N	N	N	N	N	N	N	No		

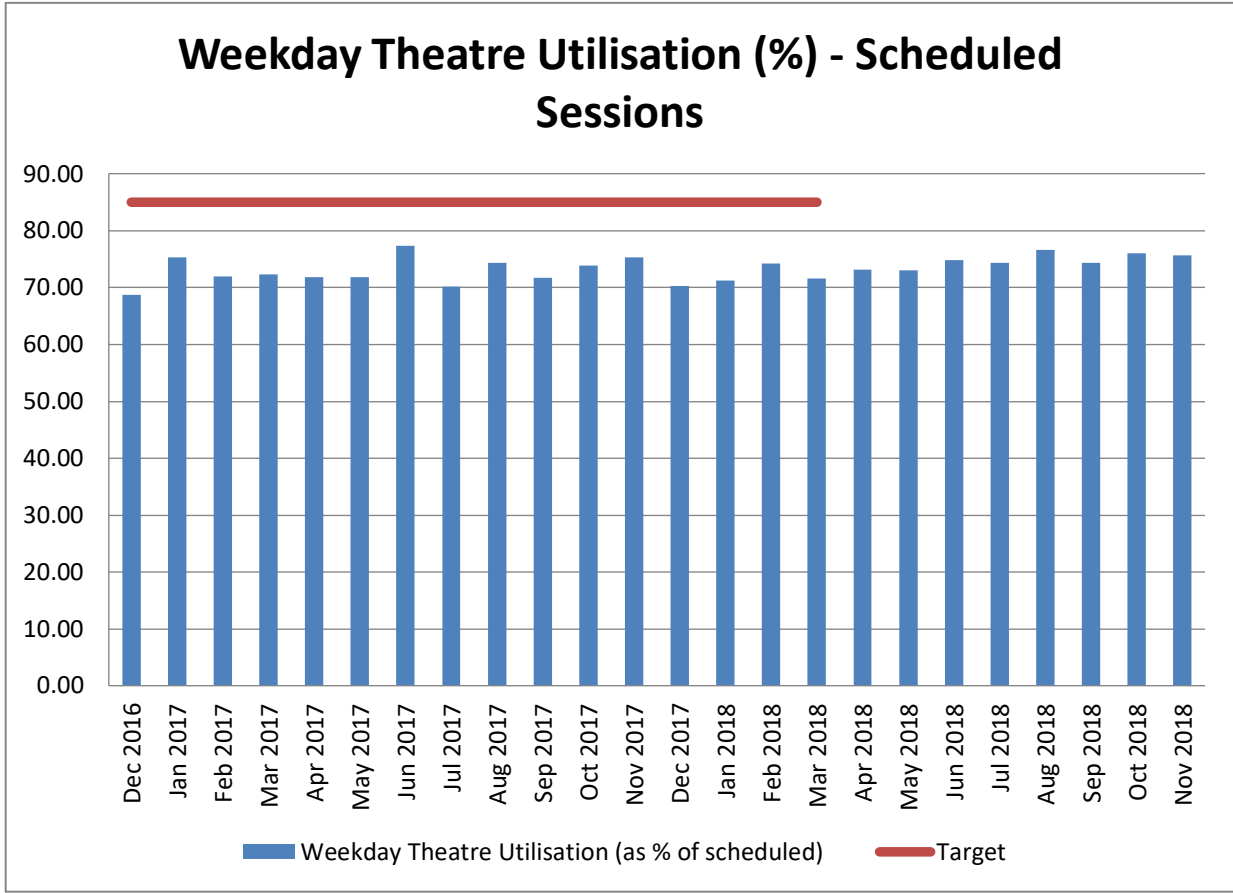


Patient Experience - Cancelled Operations

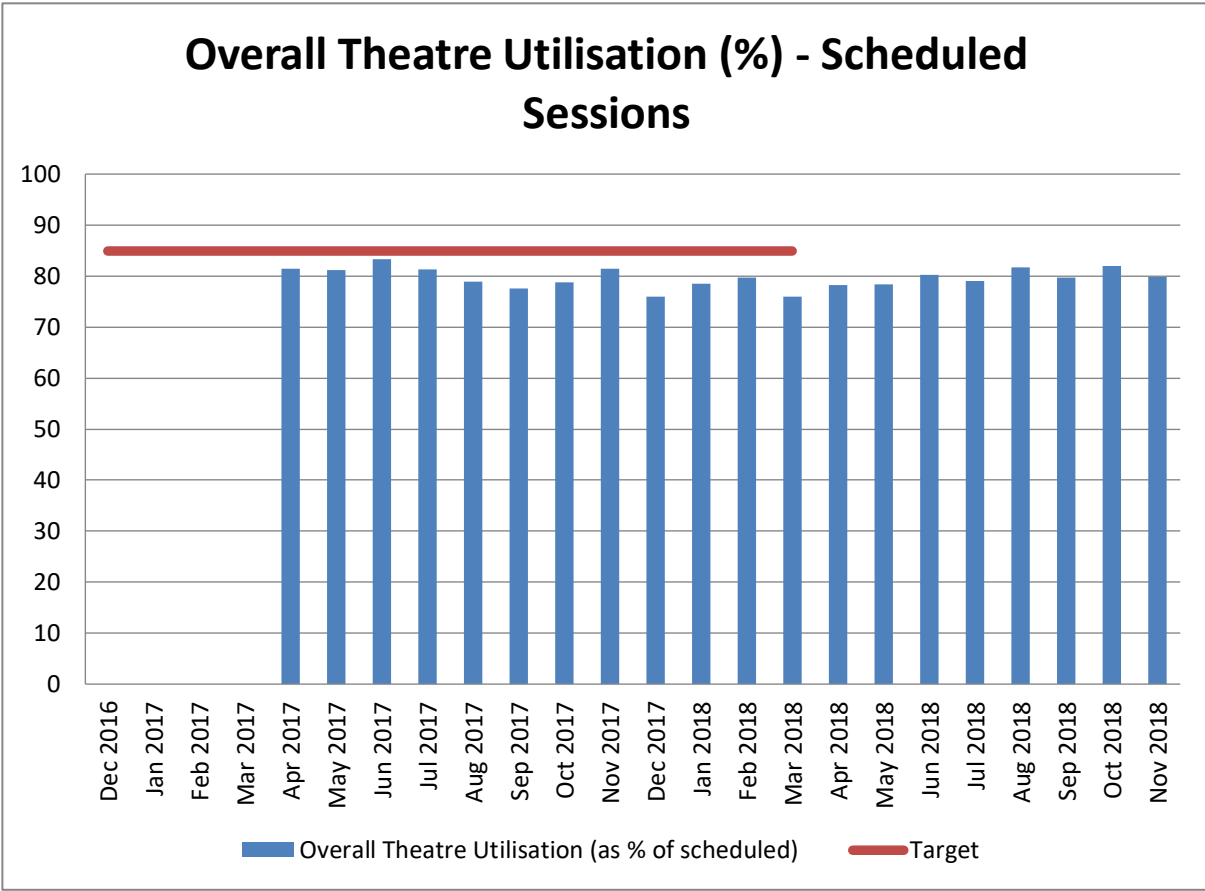
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
2			No. of Sitrep Declared Late Cancellations - Total	<= No	320	27
2			No. of Sitrep Declared Late Cancellations - Avoidable	No		
2			No. of Sitrep Declared Late Cancellations - Unavoidable	No		
2		<div><div></div></div>	Elective Cancellations at last minute for non-clinical reasons (as a percentage of elective admissions)	<= %	0.8	0.8
2		<div><div></div></div>	Number of 28 day breaches	<= No	0	0
2		<div><div></div></div>	No. of second or subsequent urgent operations cancelled	<= No	0	0
2			Urgent Cancellations	<= No	0.0	0.0
3			No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0
			Multiple Hospital Cancellations experienced by same patient (all cancellations)	<= No	0	0
3			All Hospital Cancellations, with 7 or less days notice	<= No	0	0
3			Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0
	NEW		Overall Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0



Previous Months Trend (since Jun 2017)																		
J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	
58	50	38	48	48	47	46	40	37	59	30	55	23	18	25	28	25	29	
20	21	12	31	11	14	13	17	10	14	3	12	5	8	14	10	9	7	
37	29	26	17	31	33	33	23	28	45	26	43	18	10	11	18	16	22	
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	0.8	0.6	0.8	
0	0	2	0	0	0	0	2	0	1	2	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3	1	1	0	1	1	1	4	3	2	0	1	1	0	0	0	0	0	
72	55	53	71	70	62	59	72	59	89	62	42	40	56	61	54	68	55	
250	245	213	243	294	244	272	302	212	276	224	219	205	245	230	193	265	238	

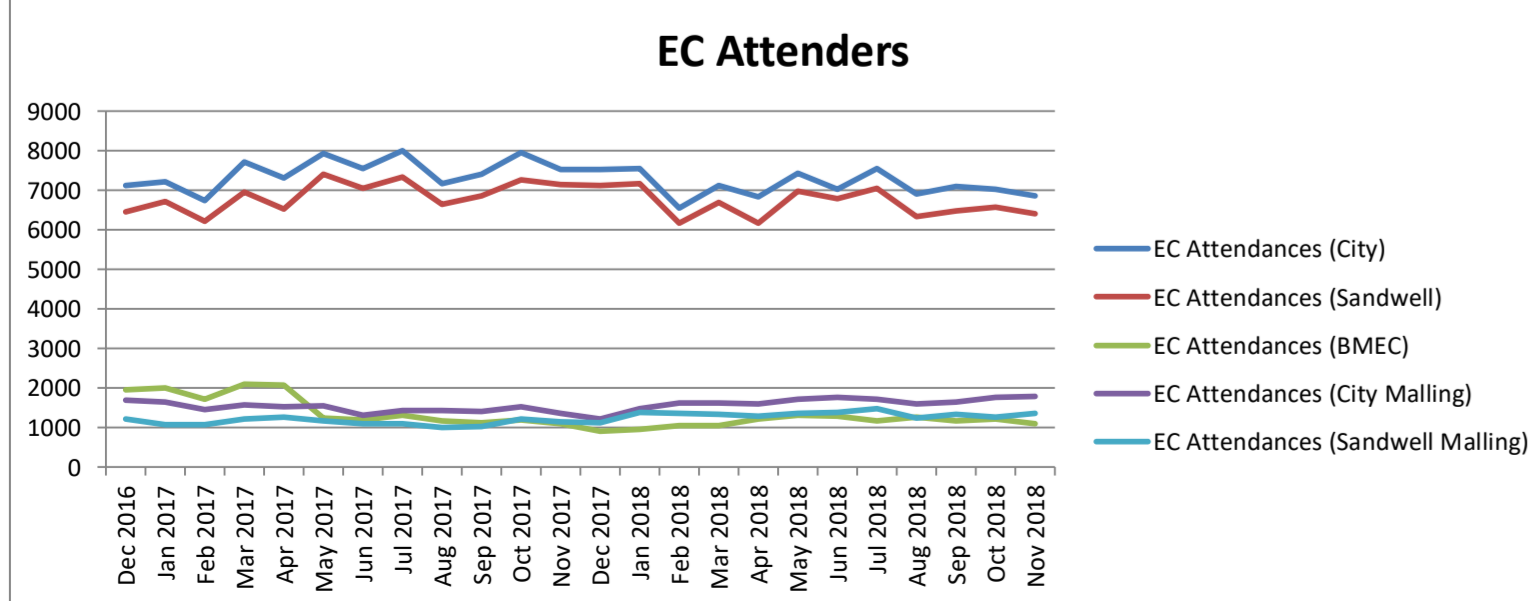
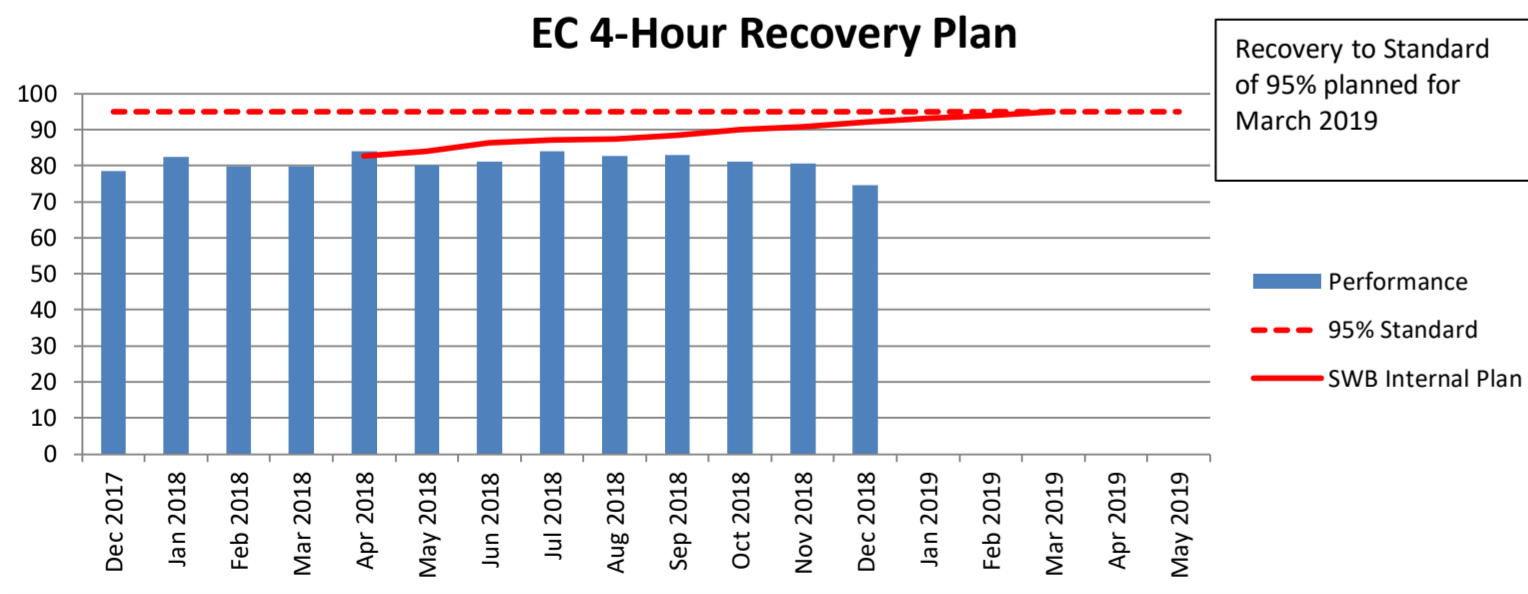


Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	PCCT	CO			
Nov 2018	3	22	3			1		29	233	
Nov 2018	0	6	0			1		7	68	
Nov 2018	3	16	3			0		22	164	
Nov 2018	0.33	0.97	1.27			0.27		0.8	0.8	
Nov 2018	0	0	0			0		0	2	
Nov 2018	0	0	0			-		0	0	
Nov 2018	0.0	0.0	0.0			0.0		0	0	
Nov 2018	0	0	0			0		0	2	
Nov 2018	4	45	6			-		55	438	
Nov 2018	25	183	30			-		238	1819	
Nov 2018	-	76.4	80.4			62.0		75.7	74.8	
Nov 2018	-	80.0	88.9			63.9		79.8	80.0	

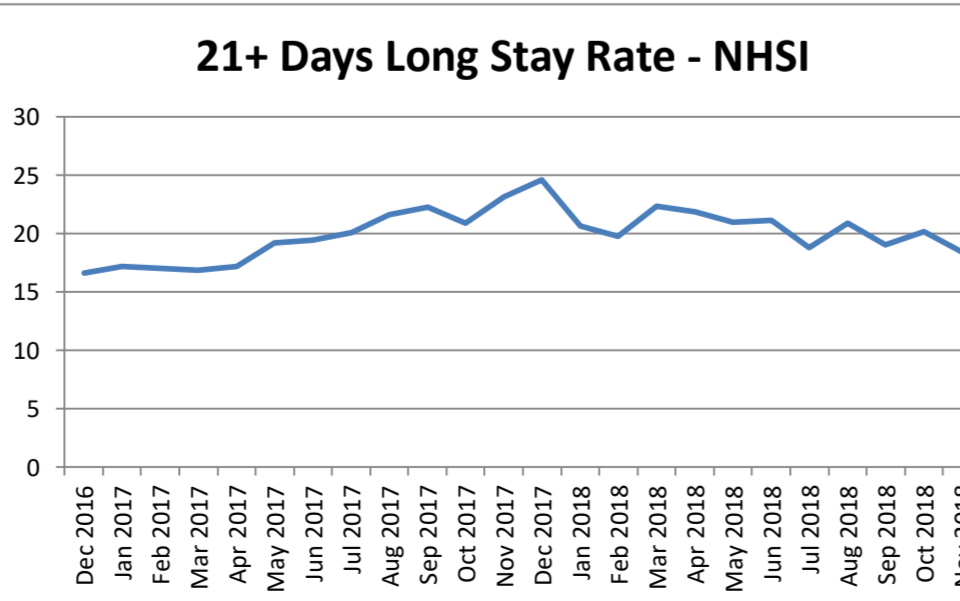
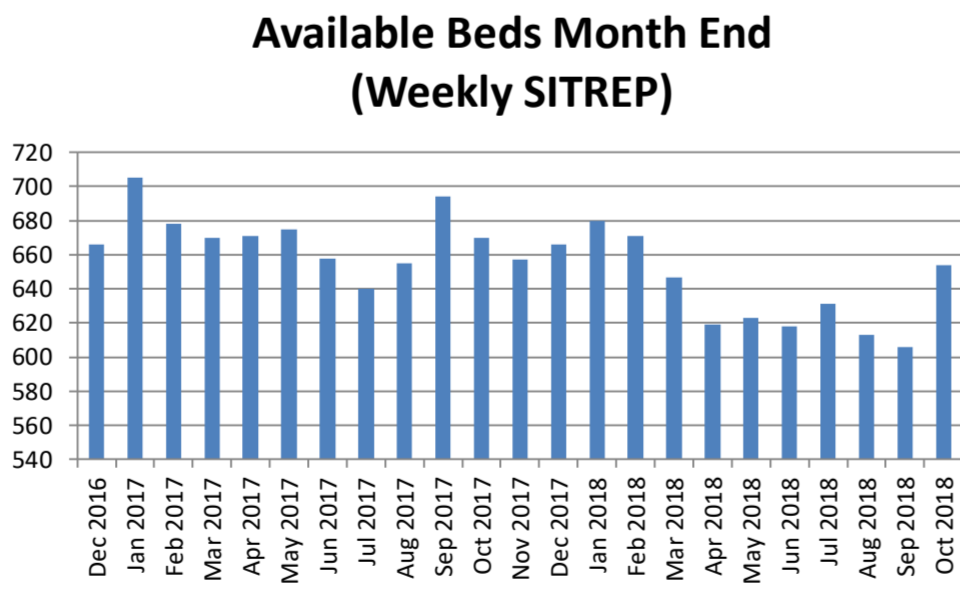


Access To Emergency Care & Patient Flow

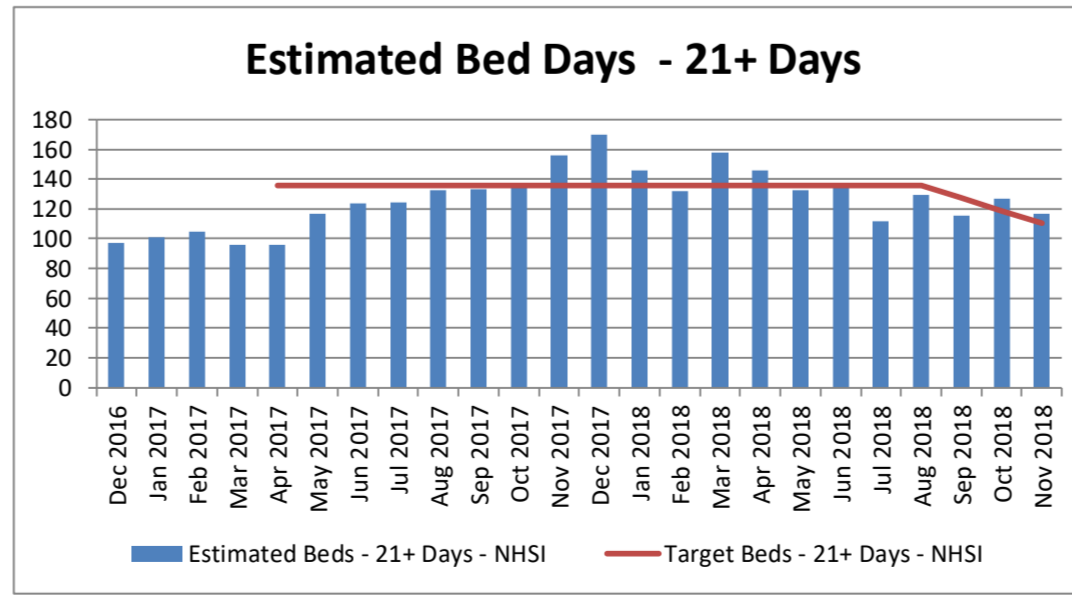
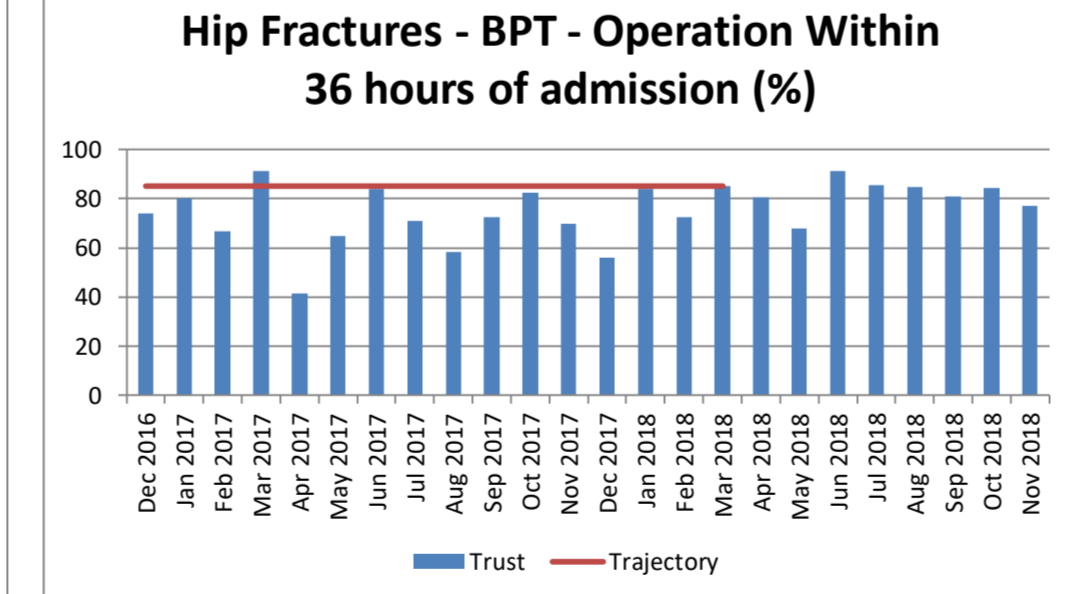
Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
	NEW		Emergency Care Attendances (Including Mailing)	No		
2			Emergency Care 4-hour waits	=> %	95.00	95.00
2			Emergency Care 4-hour breach (numbers)	No		
2			Emergency Care Trolley Waits >12 hours	<= No	0.00	0.00
3			Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.00	15.00
3			Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60
3			Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0
3			Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0
11			WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0
11			WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0
11			WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02
11			WMAS - Emergency Conveyances (total)	No		
2			Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5
2			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	<10 per site	<10 per site
2			Delayed Transfers of Care (Acute) - Total Bed Days (All Local Authorities)	<= No	3.5% of available	3.5% of available
2			Delayed Transfers of Care (Acute) - Finable Bed Days (Birmingham LA only)	<= No	0	0
2			Patient Bed Moves (10pm - 6am) (No.) -ALL	No		
2			Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No		
	NEW		Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units and Transfers for Clinical Reasons	No		
			Hip Fractures - Best Practice Tarriff - Operation < 36 hours of admission (%)	=> %	85.0	85.0
	NEW		Inpatients Staying 21+ Days At Month End Census - NHSI	No		
	NEW		Inpatients Staying 21+ Days At Month End Census - SWBH	No		
	NEW		21+ Days Long Stay Rate - NHSI	%		
	NEW		Estimated Beds - 21+ Days - NHSI	No		



Previous Months Trend (From)													
J	J	A	S	O	N	D	J	F	M	A	M	J	J
18228	19187	17404	17804	19129	18277	17865	18506	16738	17818	16766	18258	18923	17333
3014	2686	2177	2150	2800	3168	3814	3249	3377	3582	2745	3746	3418	3001
242	111	127	90	143	207	208	163	160	196	173	219	195	116
6	1	0	1	4	6	11	5	4	21	6	10	2	8
4254	4429	4278	4174	4557	4424	4725	4561	4081	4487	4308	4539	4306	4685
483	635	539	512	598	545	591	613	541	483	479	520	472	503
312	370	256	288	272	149	226	268	193	152	176	241	192	263
536	580	574	633	674	657	719	769	654	796	570	628	677	733
205	245	216	233	231	268	291	282	215	278	244	239	242	232
37	29	23	43	39	54	72	65	48	75	43	26	48	36
-	-	-	-	-	-	-	-	-	-	-	-	-	122
-	-	-	-	-	-	-	-	-	-	-	-	-	135
1943	2009	2116	2226	2087	2316	2456	2068	1979	2237	2183	2096	2112	2092
1236	1246	1327	1334	135	1696	1696	1459	1316	1323	1154	1171	1117	1293



Data Period	Unit			Month	Year To Date	Trend
	S	C	B			
Nov 2018	7764	8633	1105	17502	143416	
Nov 2018	76.3	82.0	99.4	80.6	82.10	
Nov 2018	1834	1542	7	3383	25659	
Nov 2018	0	0		0	1	
Nov 2018	15	15	7	15	14	
Nov 2018	78	64	103	73	58	
Nov 2018	3.10	4.27	2.21	3.59	4.85	
Nov 2018	5.71	7.78	3.96	6.56	7.03	
Nov 2018	141	18		159	1243	
Nov 2018	6	1		7	50	
Nov 2018	0.25	0.05		0.15	0.14	
Nov 2018	2397	2182		4579	35915	
Nov 2018	1.4	4.0		2.4	2	
Nov 2018	5.25	8.75		14		
Nov 2018				541	4160	
Nov 2018				272	1699	
Nov 2018				717	5489	
Nov 2018				227	1911	
Nov 2018				38	330	
Nov 2018				77	81.8	
Nov 2018				123	-	
Nov 2018				133	-	
Nov 2018				18.383	20.18	
Nov 2018				117	-	

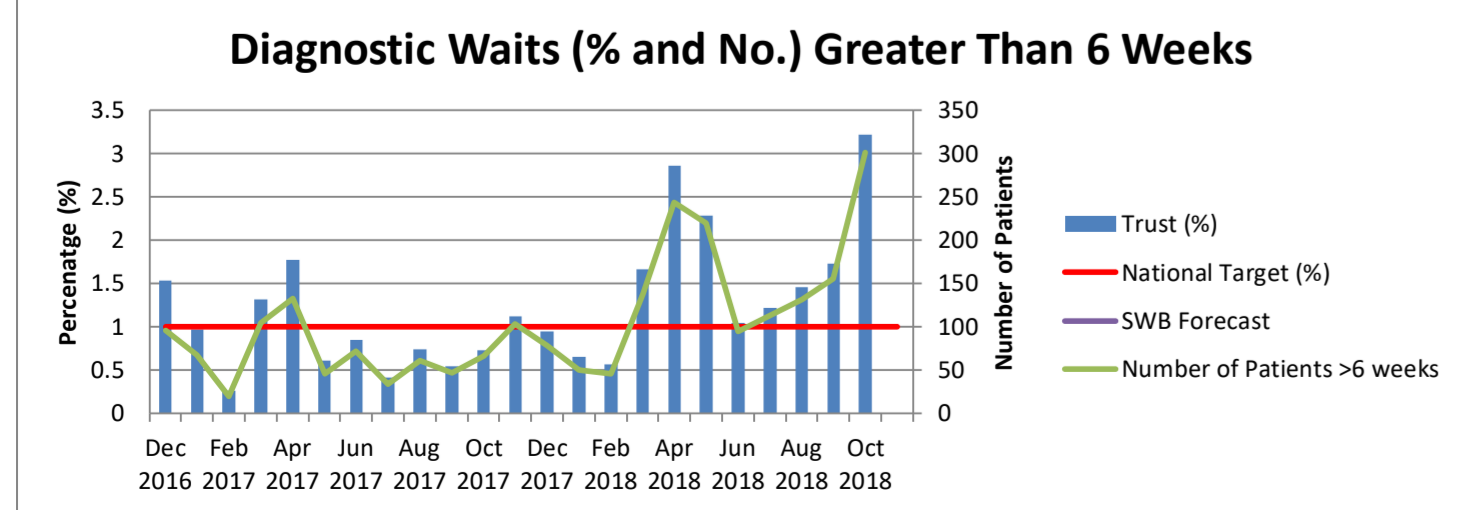
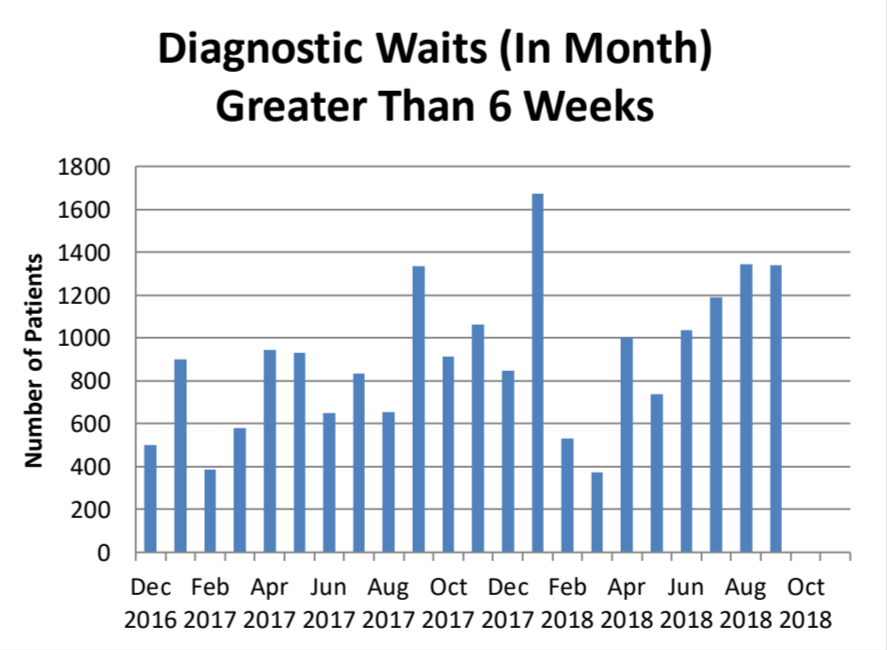
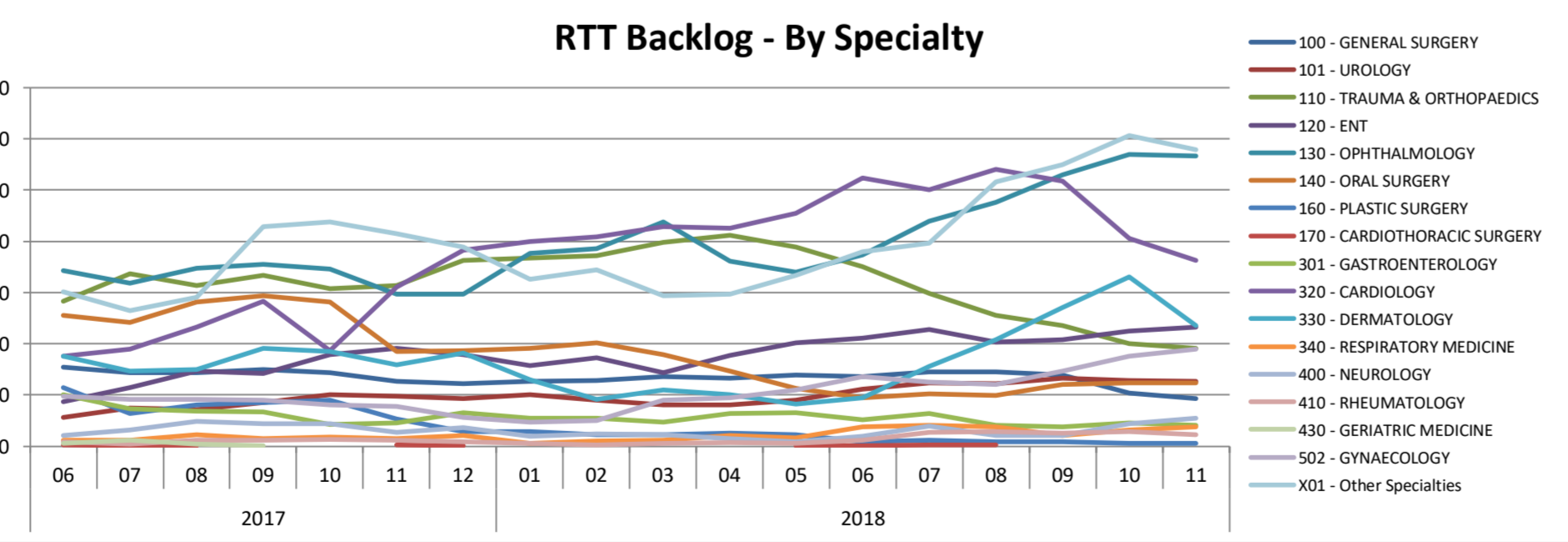
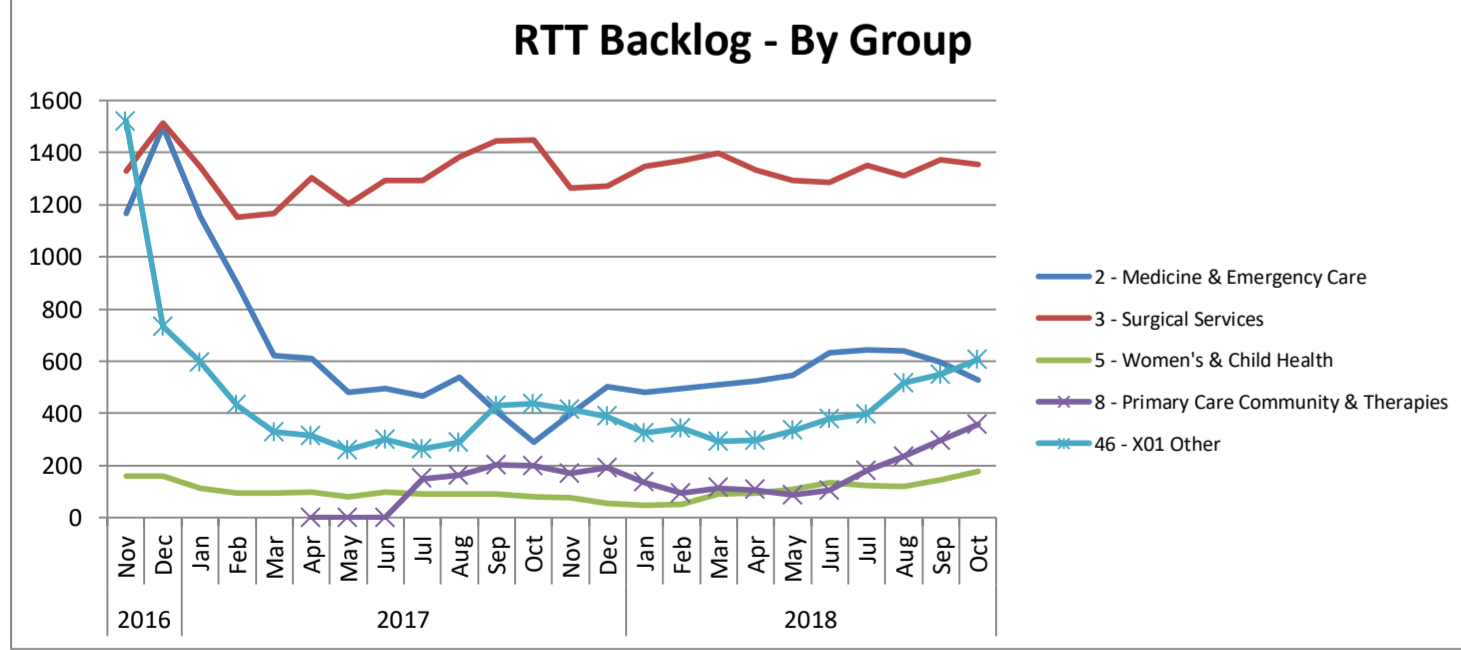
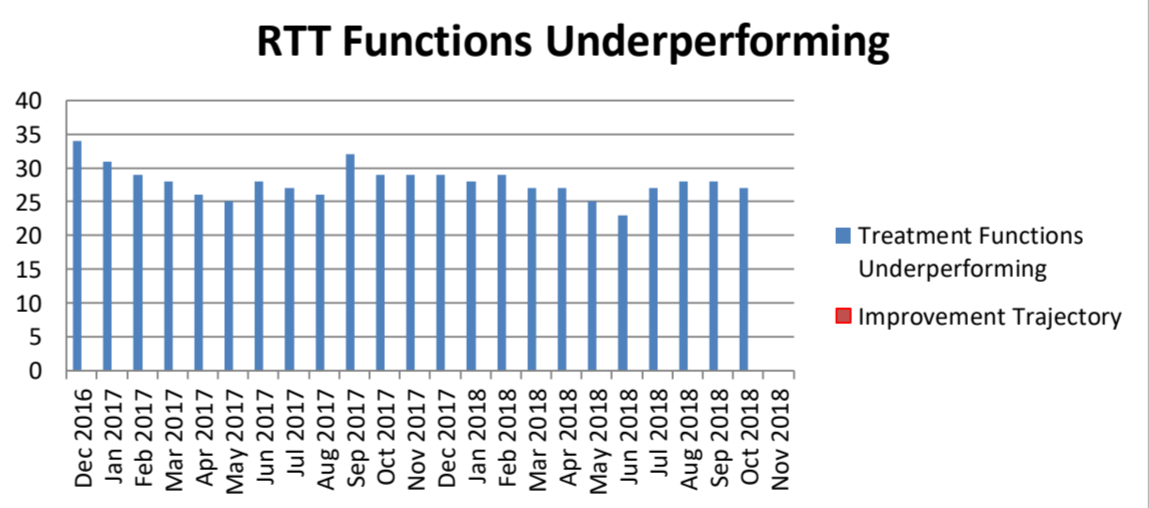
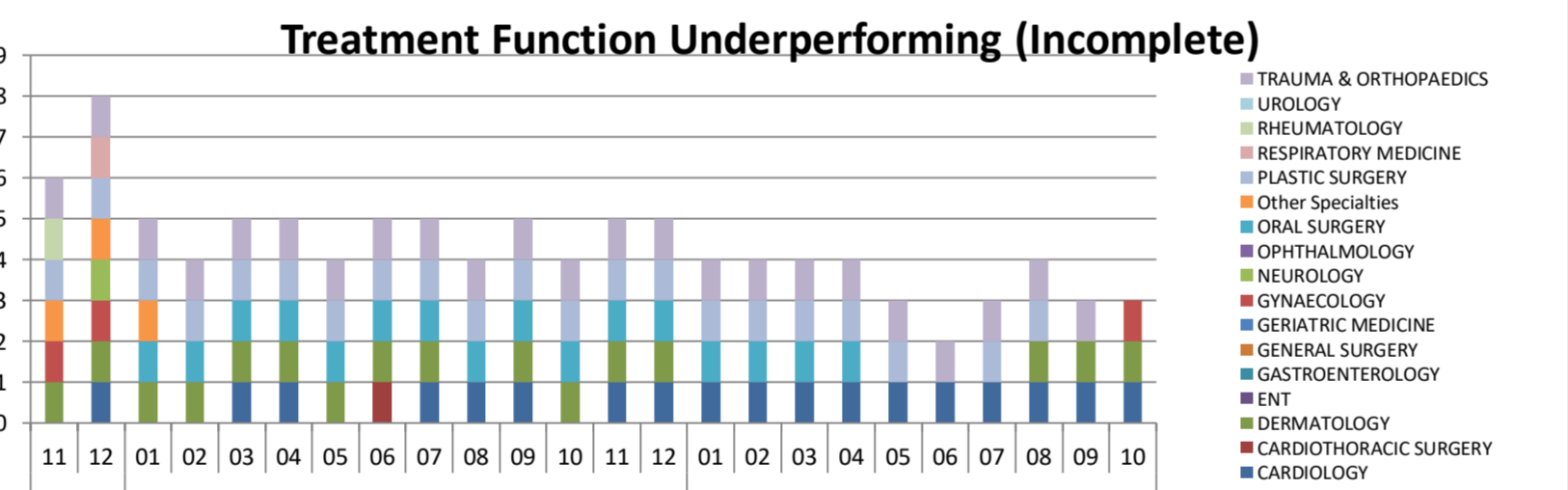
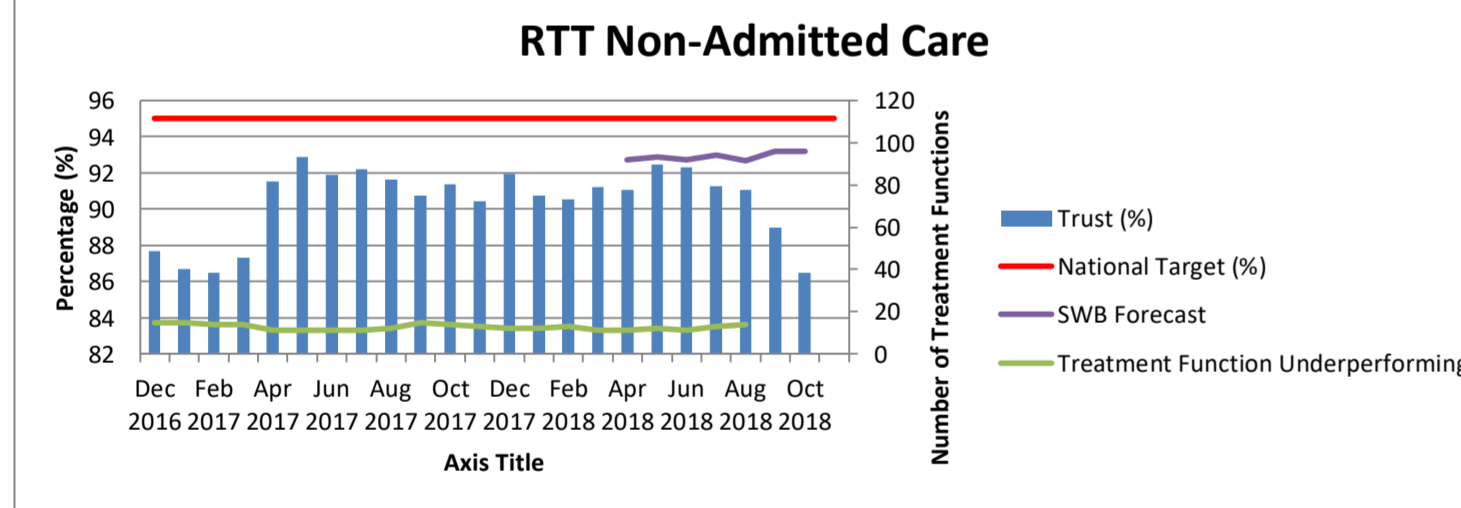
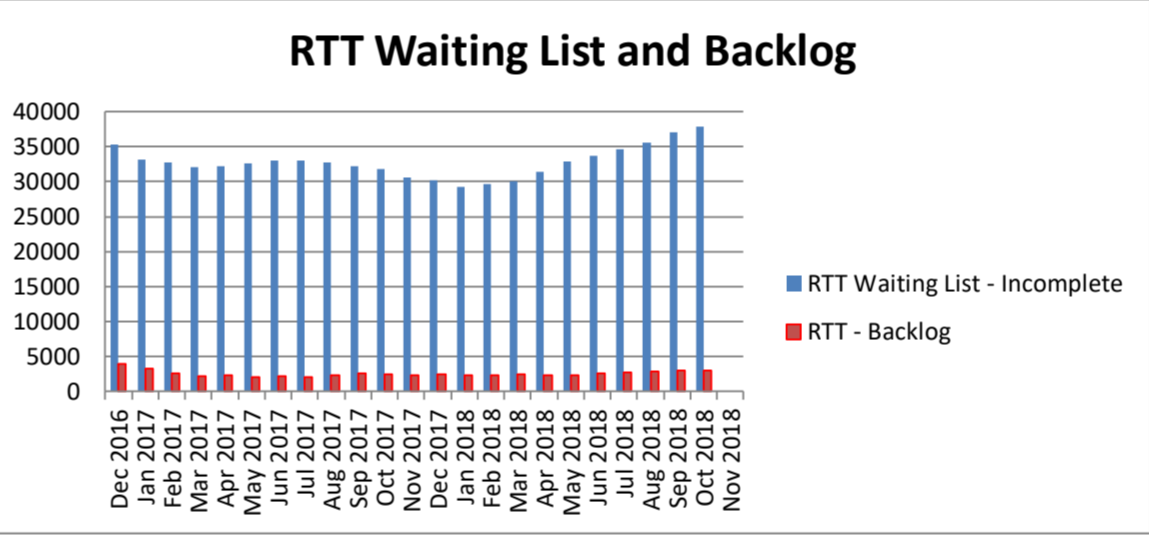
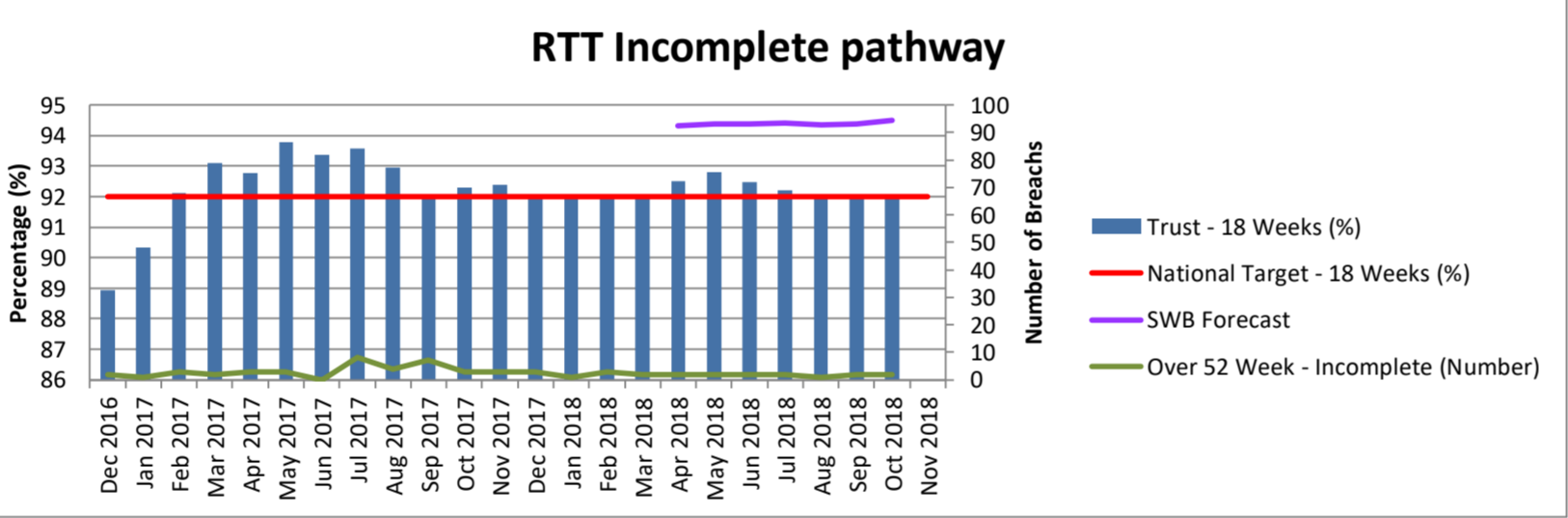
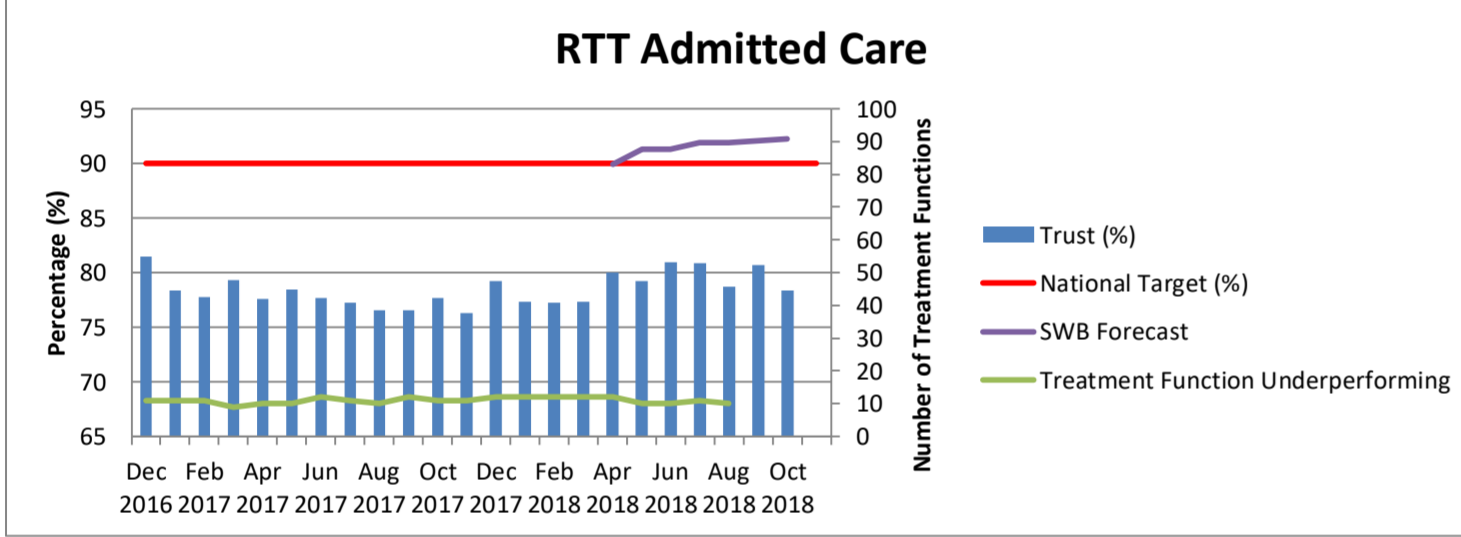


Referral To Treatment























Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
2			RTT - Admitted Care (18-weeks)	=> %	90.0	90.0
2			RTT - Non Admitttted Care (18-weeks)	=> %	95.0	95.0
2			RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0
	NEW		RTT Waiting List - Incomplete	No		
			RTT - Backlog	No		
2			Patients Waiting >52 weeks	<= No	0	0
2			Patients Waiting >52 weeks (Incomplete)	<= No	0	0
2			Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	<= No	0	0
			Treatment Functions Underperforming (Incomplete)	<= No	0	0
2			Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1.0	1.0
			Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No		
	NEW		Routine Outpatient Appointments with Short Notice(<3Wks)	%		
	NEW		Routine Outpatient Appointments with Short Notice(<3Wks)	No		
	NEW		Short Notice Inpatient Admission Offers (<3wks)	%		
	NEW		Short Notice Inpatient Admission Offers (<3wks)	No		

Previous Months Trend (since Jun 2017)													
J	J	A	S	O	N	D	J	F	M	A	M	J	J
32998	32982	32736	32216	31775	30537	30130	29235	29607	30071	31369	32841	33665	34594
2188	2115	2304	2571	2451	2322	2410	2337	2356	2404	2354	2369	2536	2697
2	10	10	14	7	7	6	4	6	5	4	5	4	7
0	8	4	7	3	3	3	1	3	2	2	2	2	1
28	27	26	32	29	29	29	28	29	27	27	25	23	27
5	5	4	5	4	5	5	4	4	4	4	3	2	3
650	833	652	1336	914	1064	847	1672	531	373	1002	739	1038	1190
19	22	27	24	29	25	23	17	19	18	19	24	21	21
1747	1972	2501	2211	2847	2408	1685	1577	1505	1509	1414	2061	1943	1979
47	48	54	47	52	54	52	41	49	51	49	52	57	59
1858	1767	2047	1937	2167	2393	1959	1712	1792	1975	1783	1983	2161	2252

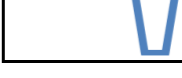



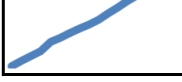

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	PCCT	CO			
Oct 2018	92.5	73.8	83.3			84.1		78.36		
Oct 2018	73.3	87.8	91.1			69.3		86.46		
Oct 2018	91.5	92.7	91.6			88.6		92.02		
Oct 2018	6228	18443	2089			3161		37871		
Oct 2018	527	1354	176			359		3023		
Oct 2018	1	3	1			0		5	35	
Oct 2018	1	1	0			0		2	13	
Oct 2018	5	13	3.0			4.0		27		
Oct 2018	1	0	1			1		3		
Oct 2018	0.0	0.6	-			4.5	-	3.21		
Sep 2018	40	68	-			1206	-	1340		
Nov 2018	38	29	33	14	-	33	-	31.3	24.1	
Nov 2018	742	1601	363	35	0	337	-	3097	17157	
Nov 2018	79	54	66	38	100	64	-	59	53.5	
Nov 2018	318	1506	188	13	5	277	-	2307	16299	

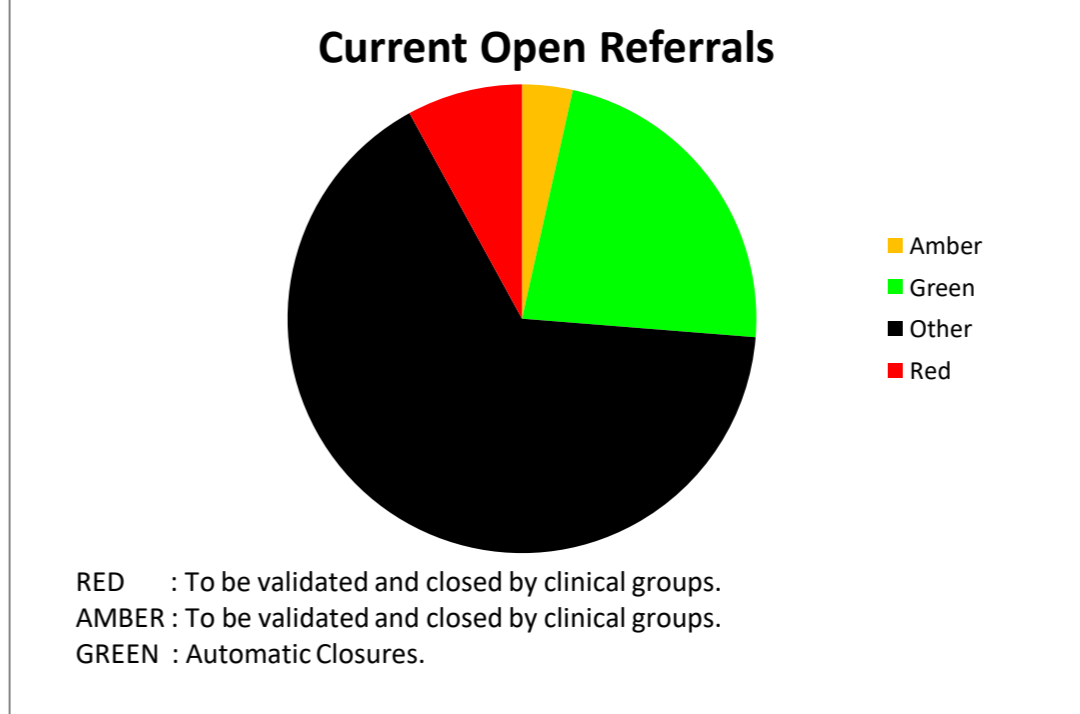
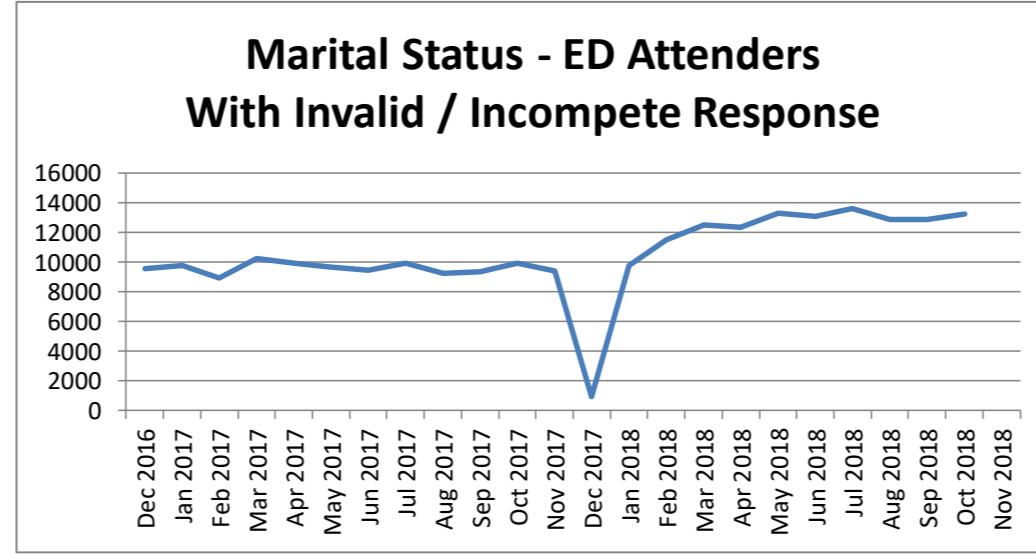
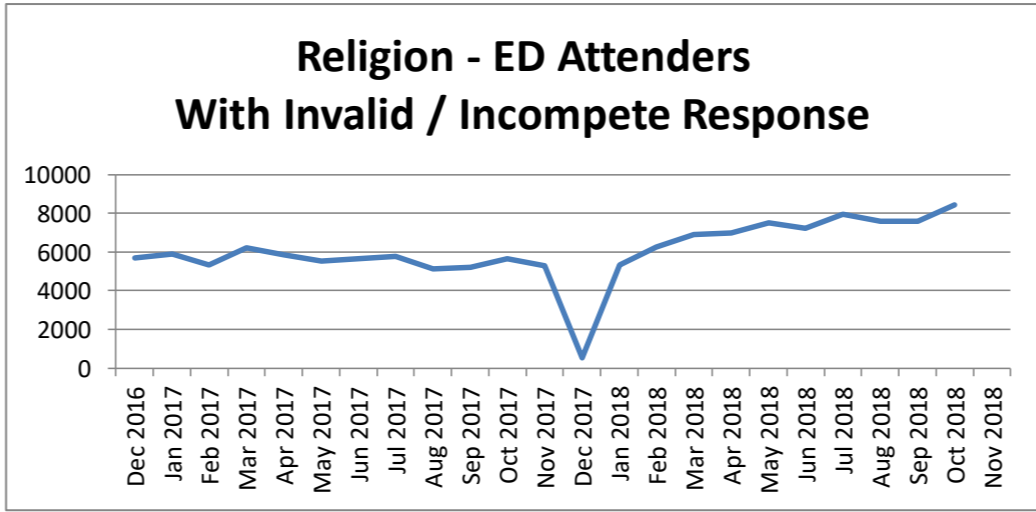
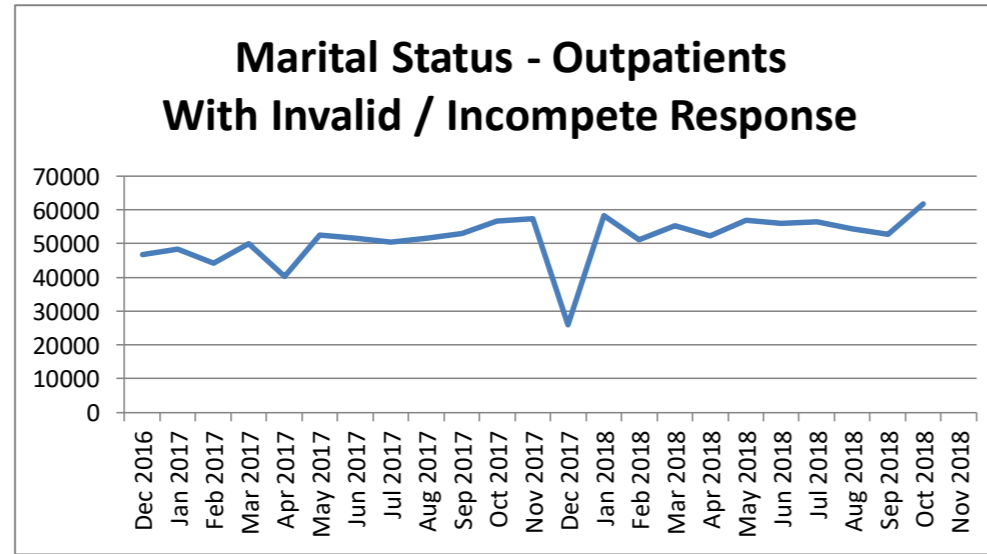
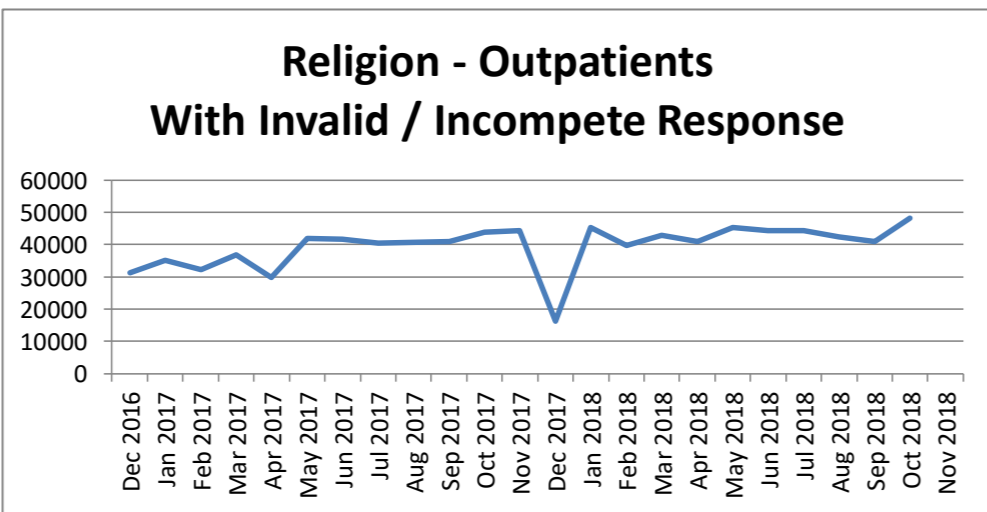
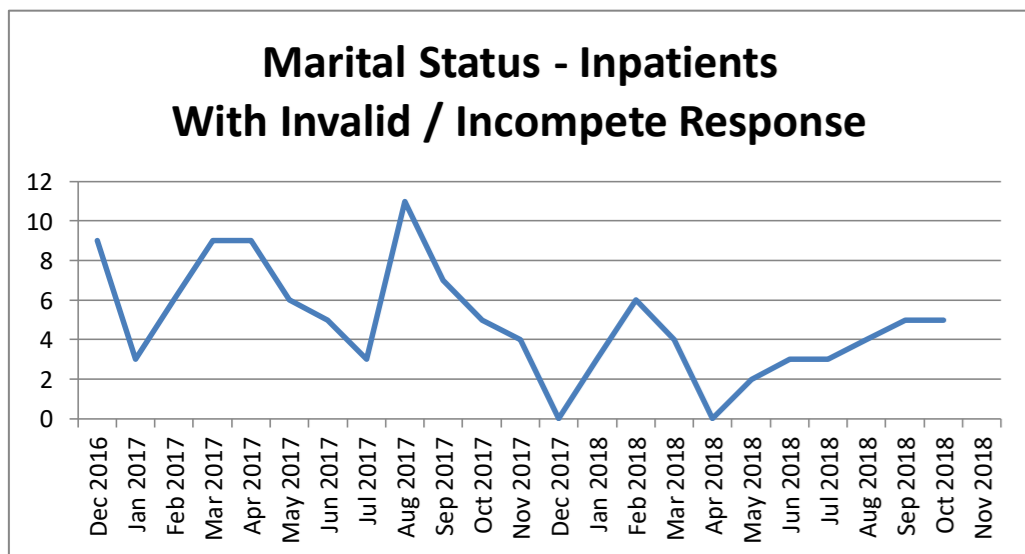
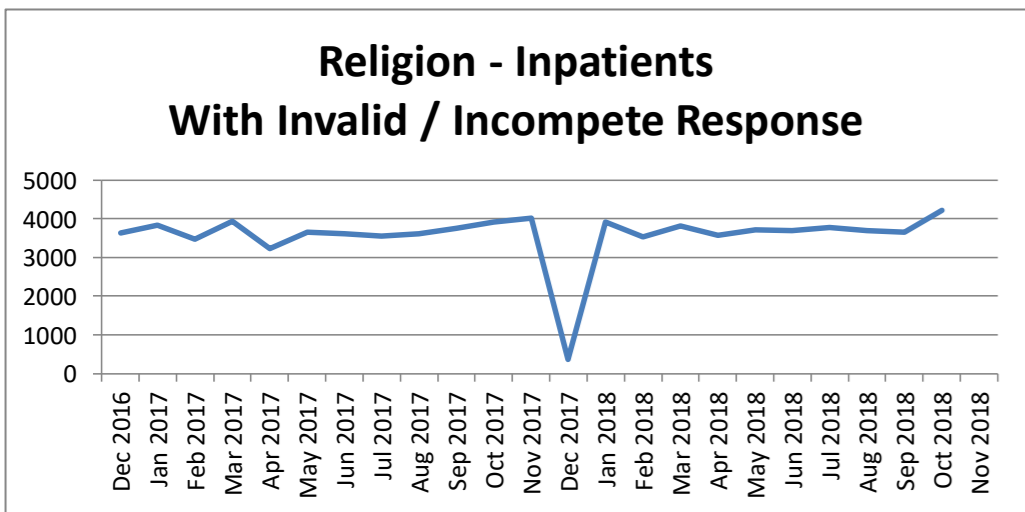


Data Completeness

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
14			Data Completeness Community Services	=> %	50.0	50.0
2			Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0
2			Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0
2			Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0
2			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0
2			Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS	=> %	99.0	99.0
2			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0
2			Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0
			Ethnicity Coding - percentage of outpatients with recorded response	=> %	90.0	90.0
			Protected Characteristic - Religion - INPATIENTS with recorded response	%		
			Protected Characteristic - Religion - OUTPATIENTS with recorded response	%		
			Protected Characteristic - Religion - ED patients with recorded response	%		
			Protected Characteristic - Marital Status - INPATIENTS with recorded response	%		
			Protected Characteristic - Marital Status - OUTPATIENTS with recorded response	%		
			Protected Characteristic - Marital Status - ED patients with recorded response	%		
2			Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0
2			Open Referrals	No		
			Open Referrals without Future Activity/ Waiting List: Requiring Validation	No		
			Future Appts Where the Referral is Closed	No		

Previous Months Trend (since Jun 2017)																		
J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	
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97.4	98.4	98.5	99.1	97.6	98.4	96.7	98.1	99.0	99.0	96.8	97.3	97.5	98.4	98.4	98.5	97.7	-	
99.4	99.5	99.5	99.6	99.6	99.6	99.5	99.6	99.6	99.6	99.6	99.6	99.6	99.6	99.8	99.8	99.6	-	
96.3	97.2	97.0	97.5	97.2	97.6	97.5	97.7	97.5	97.3	97.4	97.4	97.5	97.2	97.6	97.3	97.2	-	
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69.6	70.1	70.1	69.4	70.4	70.2	66.6	70.3	69.7	68.8	69.5	68.7	68.5	69.0	67.9	68.1	67.0	-	
53.2	53.1	53.5	54.5	53.8	53.5	63.7	52.8	52.7	52.4	52.1	51.1	51.6	52.0	52.0	52.3	51.7	-	
65.3	66.2	66.7	67.0	66.1	67.3	65.2	67.2	67.2	66.3	65.1	65.7	66.5	64.2	62.8	63.5	60.1	-	
100.0	100.0	99.9	99.9	100.0	100.0	100.0	100.0	99.9	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	
41.9	41.4	41.0	40.9	40.4	39.8	41.4	39.4	39.0	38.6	38.8	38.7	38.8	39.1	38.5	38.6	38.1	-	
42.0	42.2	40.2	40.6	40.7	41.6	38.6	40.1	39.6	39.0	38.3	39.4	39.2	38.8	37.0	38.0	37.5	-	
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250.072	254.761	258.800	262.603	270.519	274.113	277.674	281.624	285.192	289.164	294.489	299.679	305.223	310.094	314.889	319.931	326.632	330.485	
118.367	123.475	126.271	129.941	134.026	138.043	141.009	144.564	149.221	152.201	155.865	159.386	162.765	165.731	169.514	176.924	177.132	181.139	
-	-	-	-	-	-	-	-	-	241	230	226	230	129	152	209	213	179	

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	PCCT	CO			
Nov 2018							61.2	61.2		
Sep 2018								99.6		
Sep 2018								98.8		
Sep 2018								99.4		
Oct 2018								97.7	97.8	
Oct 2018								99.6	99.6	
Oct 2018								97.2	97.4	
Oct 2018								90.5	91.5	
Oct 2018								91.1	92.3	
Oct 2018								67.0	68.4	
Oct 2018								51.7	51.8	
Oct 2018								60.1	64.0	
Oct 2018								100.0	100.0	
Oct 2018								38.1	38.7	
Oct 2018								37.5	38.3	
Oct 2018								7.0	6.9	
Nov 2018	75,665	166,561	44,908	9,365	922	33,064		330,485		
Nov 2018	46,371	86,561	28,290	4,643	845	13,635		181139		
Nov 2018	44	103	22	1	0	9		179		

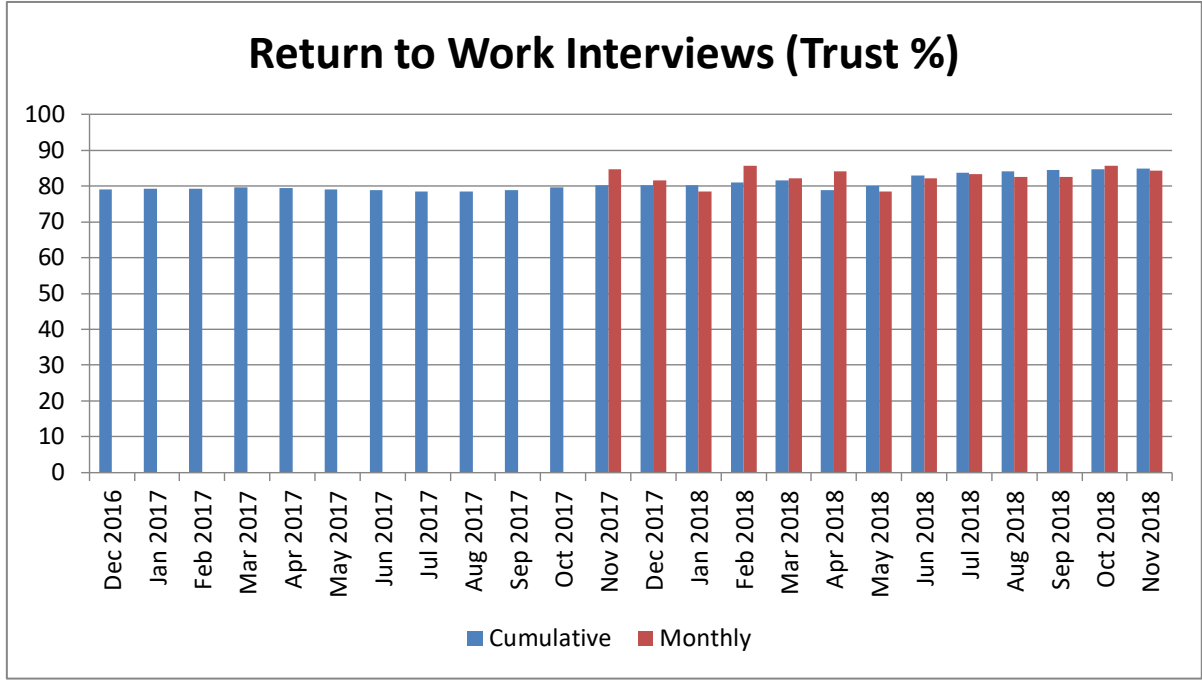
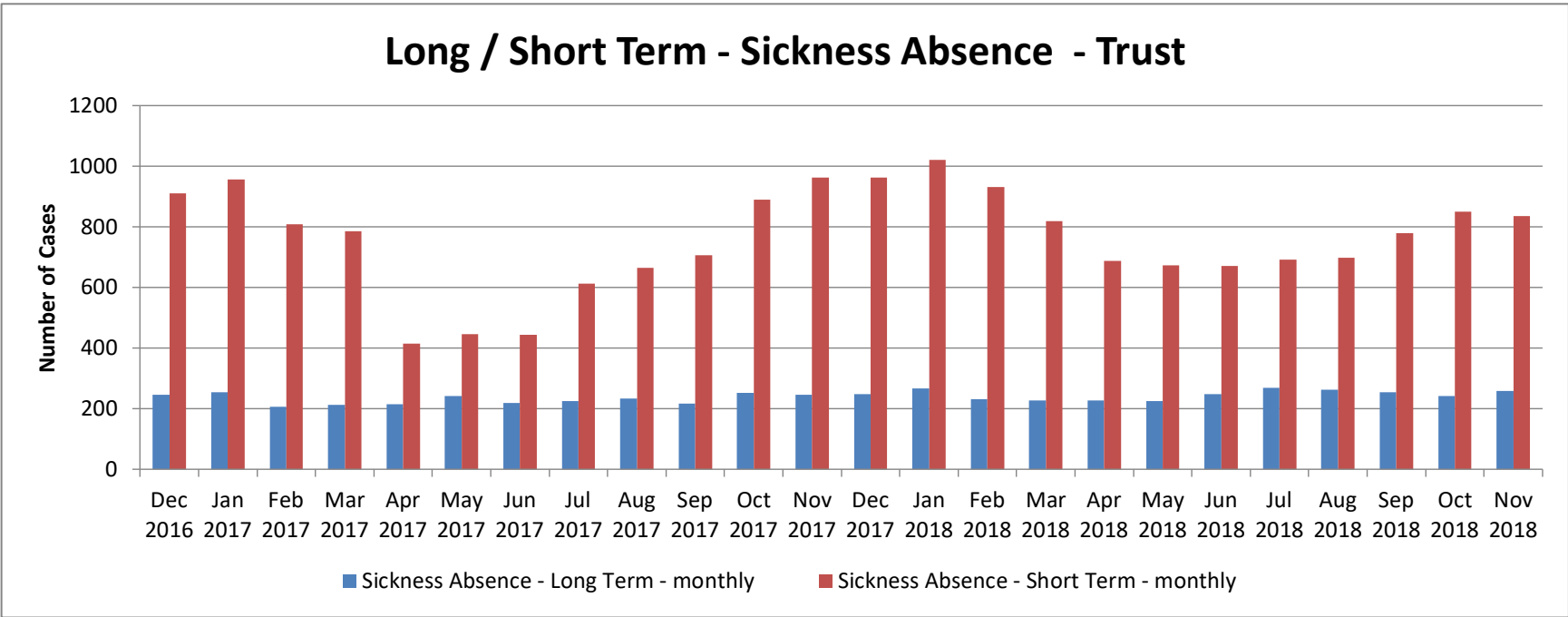
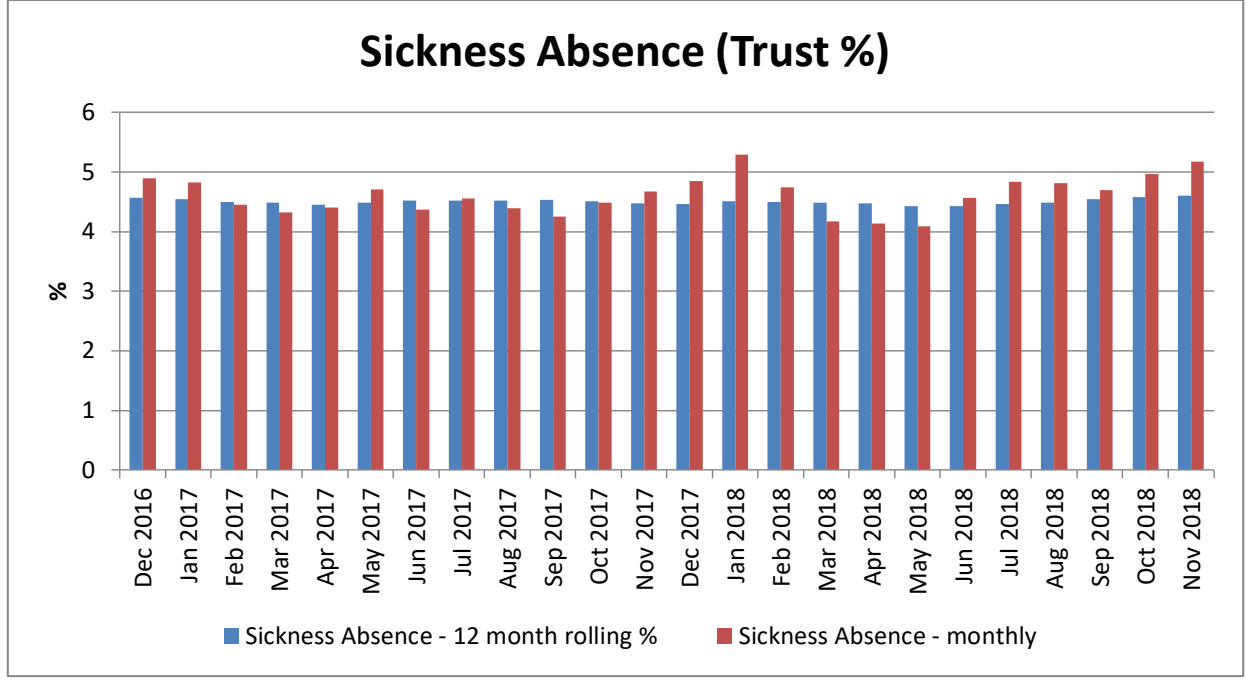


Workforce

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory	
					Year	Month
3			PDRs - 12 month rolling	=> %	95.0	95.0
7			Medical Appraisal	=> %	90.0	90.0
3			Sickness Absence (Rolling 12 Months)	<= %	3.00	3.00
3			Sickness Absence (Monthly)	<= %	3.00	3.00
3			Sickness Absence - Long Term (Monthly)	No		
3			Sickness Absence - Short Term (Monthly)	No		
3			Return to Work Interviews following Sickness Absence (Cumulative)	=> %	95.0	95.0
			Return to Work Interviews following Sickness Absence (In Month)	=> %	95.0	95.0
3			Mandatory Training	=> %	95.0	95.0
3			Mandatory Training - Health & Safety (% staff)	=> %	95.0	95.0
			Nursing Turnover (Qualified Only)	<= %	10.7	10.7
			Nursing Vacancy Rate (Qualified)	<= %	11.0	11.0
			WeConnect Staff Satisfaction Score	=> No	4.0	4.0
			WeConnect Staff Satisfaction Response Rate	=> %	35.0	35.0
			WeConnect Staff Satisfaction Disengagement Rate	=> %	10.0	18.0
			New Starters Complete Onboarding Process	=> %	100.0	100.0
			Flu Vaccination Rate	=> %	85.0	85.0

Previous Months Trend (since Jun 2017)																	
J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N
										->	->		->	->		->	->
																	-
218	225	232	216	251	246	247	267	230	226	226	224	247	269	263	254	242	257
444	612	664	706	889	962	963	1021	932	818	688	672	670	691	698	779	850	836
-	-	-	-	-													
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	12.8	12.2	12.7
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11.8
New Indicators, reporting quarterly																-	-
																-	-
																-	-
New indicator active from October 2018																-	100
New indicator active from October 2018																-	83.33

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	PCCT	CO			
Sep 2018	84.1	94.7	90.4	92.2	80.2	94.1	94.6		81.2	
Oct 2018	85.4	88.5	94.8	88.9	89.7	119.1	100.0	90.1	91.3	
Nov 2018	5.4	4.7	4.7	3.8	4.6	4.1	4.3	4.6	4.5	
Nov 2018	6.3	5.3	4.7	0.5	7.1	4.9	4.3	5.2	4.7	
Nov 2018	62	52	35	2	14	42	25	257	1982	
Nov 2018	209	158	120	14	31	112	93	836	5884	
Nov 2018	74.7	91.5	85.1	91.5	84.6	90.8	86.3	85.0	83.0	
Nov 2018	79.1	84.6	81.4	0.0	69.0	92.9	89.4	84.3	83.1	
Nov 2018	87.2	92.0	89.7	92.7	91.1	94.8	92.8	91.2		
Nov 2018	89.3	92.8	92.2	92.1	94.7	96.0	96.0	93.3		
Nov 2018								12.7	13.1	
Nov 2018								11.8	11.8	
Jan-00	-	-	-	-	-	-	-	-		
Jan-00	-	-	-	-	-	-	-	-		
Jan-00	-	-	-	-	-	-	-	-		
Nov 2018	100.0	100.0	100.0	-	-	100.0	-	100.0	100	
Nov 2018	-	-	-	-	-	-	-	83.3	83.33	



CQUINs 2018/19 Schemes - Q2 Reporting (page 1 of 2)

Ref	CQUIN	Annual Plan Values Possible (£)	Cumulative to Q2		Funding Missed (£)	Indicator	CQUIN Period	Provider Setting	Description of Indicator	2017-18				Monthly Trend												Comments	GROUPS				
			Plan (£)	Actual (£)						Q1	Q2	Q3	Q4	A	M	J	J	A	S	O	N	D	J	F	M		M&EC	SURG	WCH	PCCT	CORP
1a	National	£1,899,084	£0	£0	£0	Improving Staff Health & Wellbeing : Improvement of health & wellbeing of NHS staff	2017-19	Acute & Community	Annual Staff Survey results to improve by 5% in two of the three NHS annual staff survey: on health & well-being, MSK and stress	Baseline 2015/16: Q9a, 9b and 9c				2016/17 Results to 2xQs to improve by 5% for full payment				n/a				No return required Q1 - Q3									HR
1b	National				£0	Staff Health & Wellbeing : Healthy food for NHS staff, visitors and patients	2017-19	Acute & Community	Firstly, maintain the four outcomes that were implemented in 2016/17. Secondly, introducing three new changes to food and drink provision: a.) Outlets will be eligible for the CQUIN where they have signed up to the national SSB reduction scheme, and total litres of SSBs sold account for 10% or less of all litres of drinks sold in 2018/19. b.) 80% of confectionery and sweets do not exceed 250 kcal. c.) At least 75% of pre-packed sandwiches and other savoury pre-packed meals (wraps, salads, pasta salads) available contain 400kcal (1680 kJ) or less per serving and do not exceed 5.0g saturated fat per 100g	No submissions, ensure deliverables are in place				All four outcomes delivered				n/a				No return required Q1 - Q3									Hotel Mngmt
1c	National				£0	Staff Health & Wellbeing : Improving uptake of flu vaccination for front line staff within Providers	2017-19	Acute & Community	Year 2 - achieving update of flu vaccination for frontline clinical staff of 75%	No returns				Report %age achieved				n/a				No return required Q1 - Q3									HR
2a	National	£1,100,844	£550,422	£275,211	-£275,211	Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis): Timely identification of sepsis in emergency departments and acute inpatient settings	2017-19	Acute	The percentage of patients who met the criteria for sepsis screening (needed it) and were screened for sepsis (applies to all adult and child patients arriving in ED & IP wards)	Q1 Screened in ED & IP (based on sample)	Q1 Screened in ED & IP (based on sample)	Q1 Screened in ED & IP (based on sample)	Q1 Screened in ED & IP (based on sample)	Partially met	Partially met			82.4% in Q1 and 81.5% in Q2, both attracting 50% payment				✓	✓	✓							
2b	National					Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis): Timely treatment for sepsis in emergency departments and acute inpatient settings	2017-19	Acute	The percentage of patients who were found to have sepsis in 2a and received IV antibiotics within 1 hour (applies to all adult and child patients arriving in ED & IP wards).	Q1 numbers found to have sepsis in ED & acute settings in sample 2a who received IV AB within 1 hr of diagnosis	Q1 numbers found to have sepsis in ED & acute settings in sample 2a who received IV AB within 1 hr of diagnosis	Q1 numbers found to have sepsis in ED & acute settings in sample 2a who received IV AB within 1 hr of diagnosis	Q1 numbers found to have sepsis in ED & acute settings in sample 2a who received IV AB within 1 hr of diagnosis	Partially met	Partially met			84.6% in Q1 & 75.9% in Q2, both attracting 50% payment				✓	✓	✓							
2c	National					Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis): Antibiotic review	2017-19	Acute	Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hrs	Number of AB prescriptions reviewed within 72 hrs	Number of AB prescriptions reviewed within 72 hrs	Number of AB prescriptions reviewed within 72 hrs	Number of AB prescriptions reviewed within 72 hrs	Met	Met							✓	✓	✓	✓						
2d	National					Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis): Reduction in antibiotic consumption per 1,000 admissions	2017-19	Acute	There are three parts to this indicator. 1. Total antibiotic usage (for both in-patients and out-patients) per 1,000 admissions 2. Total usage (for both in-patients and out-patients) of carbapenem per 1,000 admissions 3. Total usage (for both in-patients and out-patients) of piperacillin-tazobactam per 1,000 admissions There are three parts to this indicator.	No returns				Reduction of 1% or 2%				n/a				No return required Q1 - Q3				✓	✓	✓	✓		
4	National	£955,020	£0	£0	£0	Improving services for people with mental health needs who present to A&E	2017-19	Acute	1.Where a 20% reduction in attendances to A&E was achieved in year 1 (for those within the selected cohort of frequent attenders) maintain this reduction (i.e. ensure that the total number of attendances of the cohort in 2018/19 is at least 20% less than the baseline in 2016/17). Where a 20% reduction was not achieved for the cohort, to achieve a 20% reduction in A&E attendances from the 16/17 baseline number of attendances. 2. Building on the work in year 1, identify a new cohort of frequent attenders to A&E during 17/18 who could benefit from psychosocial interventions and work to reduce by 20%, their attendances to A&E during 2018/19. In year 2, it is expected that the cohort will include groups who experience particular inequalities in access to mental health care (see below for further detail). Ensure that mental health attendances to A&E are recorded and submitted to the Emergency Care Dataset. This will be done by ensuring that attendances to A&E have a valid hief complaints, diagnosis and injury intent recorded	2017/18 annual report and Q1 data	No return		Repeat internal audit of A&E mental health coding to ensure improvement from year 1 is sustained. Mental health provider, acute provider to agree formally and assure CCG that they are confident that a robust and sustainable system for coding primary and secondary mental health needs is in place.	Agree plan to mainstream CQUIN work programme to become business as usual going forward. 0% increase in number of A&E attendances of the selected cohort of frequent attenders. 10% reduction in A&E attendances with a primary mental health diagnosis in Q4 of 2018/19 as compared to baseline set in Q4 2017/18. National data submission to NHS England via UNIFY2 for total number of A&E attendances during 2018/19 for those	Met	n/a			2017-2018 evaluation report submitted for Q1. No return required in Q2				✓								
6	National	£955,020	£286,506	£286,506	£0	Offering Advice & Guidance	2017-19	Acute	Providers to set up and operate A&G services for non-urgent GP referrals: A&G support should be provided either through the ERS platform or local solutions where systems agree this offers a better alternative.	A&G services introduced in line with Q1 trajectory and implementation plan Quality standards for provision of A&G met Data for main indicator provided	A&G services introduced in line with Q1 trajectory and implementation plan Quality standards for provision of A&G met Data for main indicator provided	A&G services introduced in line with Q1 trajectory and implementation plan Quality standards for provision of A&G met Data for main indicator provided	A&G services in place for a group of specialties responsible for receiving 75% of total GP referrals by start of Q4 and sustained across the quarter Local quality standards met Data for main indicator provided	Met	Met							✓	✓	✓	✓						
9a	National	£1,607,436	£921,061	£0	-£97,369	Preventing Ill health by risky behaviours - alcohol & tobacco: 9a: Tobacco Screening	2018-19	Acute & Community	Percentage of unique patients who are smokers AND are offered referral to stop smoking services AND offered stop smoking medication.	Information system audit Training staff provide baseline data	provide data	provide data	provide data and achieve agreed targets	Not Met	Not Met			Delivery to be confirmed				✓	✓	✓	✓						
9b	National				-£184,212	Preventing Ill health by risky behaviours - alcohol & tobacco 9b: Tobacco brief advice	2018-19	Acute & Community	Percentage of unique patients who smoke AND are given very brief advice	Information system audit Training staff provide baseline data	provide data	provide data	provide data and achieve agreed targets	Not Met	Not Met							✓	✓	✓	✓						
9c	National				-£213,160	Preventing Ill health by risky behaviours - alcohol & tobacco 9c: Tobacco referral & medication offer	2018-19	Acute & Community	Percentage of unique patients who are smokers AND are offered referral to stop smoking services AND offered stop smoking medication.	Information system audit Training staff provide baseline data	provide data	provide data	provide data and achieve agreed targets	Not Met	Not Met							✓	✓	✓	✓						
9d	National				-£213,160	Preventing Ill health by risky behaviours - alcohol & tobacco 9d: Alcohol Screening	2018-19	Acute & Community	Percentage of unique adult patients who are screened for drinking risk levels AND whose results are recorded in local data systems	Information system audit Training staff provide baseline data	provide data	provide data	provide data and achieve agreed targets	Not Met	Not Met							✓	✓	✓	✓						
9e	National				-£213,160	Preventing Ill health by risky behaviours - alcohol & tobacco 9d: Alcohol/brief advice or referral	2018-19	Acute & Community	Percentage of unique patients who drink alcohol above lower-risk levels AND are given brief advice OR offered a specialist referral	Information system audit Training staff provide baseline data	provide data	provide data	provide data and achieve agreed targets	Not Met	Not Met							✓	✓	✓	✓						

CQUINs 2018/19 Schemes - Q2 Reporting (page 2 of 2)

Ref	CQUIN	Annual Plan Values Possible (£)	Cumulative to Q2		Funding Missed (£)	Indicator	CQUIN Period	Provider Setting	Description of Indicator	2017-18				Monthly Trend												Commentary	GROUPS					
			Plan (£)	Actual (£)						Q1	Q2	Q3	Q4	A	M	J	J	A	S	O	N	D	J	F	M		M&EC	SURG	WCH	PCCT	CORP	
10	National	£955,864	£477,736	£477,736	£0	Improving the assessment of wounds	2017-2019	Acute & Community	Number of patients who have a completed full wound assessment (all criteria assessed and documented) within Q2 & Q4 2018/19	No return	Completion of clinical audit to provide a baseline figure for the number of patients with chronic wounds that	No return	Completion of clinical audit to demonstrate an improvement in the number of	nil	nil	nil											Audit submitted in Q2	✓	✓	✓	✓	
11	National	£955,864	£0	£0	£0	Personalised Care / support planning	2017-2019	Acute & Community	This CQUIN is to be delivered over two years with an aim of embedding personalised care and support planning for people with long-term conditions. In the first year, activity will be focused on agreeing and putting in place systems and processes to ensure that the relevant patient population can be identified, the relevant workforce receive appropriate training, and that personalised care and support planning conversations can be incorporated into consultations with patients and carers.	No return	No return	No return	Number of patients within cohort that have had Care and Support planning conversations within 2017/18 Number of patients within cohort 2018/19 Number of patients within cohort that have had Care	nil												No return required Q1 - Q3	✓	✓	✓	✓		
	Specialised	£205,010	£120,873	£108,282	-£12,591	Haemoglobinopathy improving pathways	2017-19		Trigger 1 - Annual report Trigger 2 - evidence of governance arrangements Trigger 3 - % patients attending annual review at Centre Trigger 4 - improvement in patient satisfaction	Trigger 1 Triggers 2 - 4 quarterly report	Triggers 2-4 quarterly report	Triggers 2-4 quarterly report	Triggers 2-4 quarterly report	Partially met	Partially met											slippage on submission of baseline patient satisfaction and outcome measures	✓					
	Specialised	£177,676	£52,378	£52,378	£0	Paediatric Networked Care to Reduce Recourse to Critical Care Distant from Home	2017-19		Trigger 1 - Monthly PCCSMDS submission Trigger 2 - Quality standards Trigger 3 - PCCN participation Trigger 4 - Transport	Trigger 1 - monthly submission of PCCMDS Trigger 2 - no action Trigger 3 - attendance at PCCN meetings Trigger 4 - no action	Trigger 1 - monthly submission of PCCMDS Trigger 2 - no action Trigger 3 - attendance at PCCN meetings Trigger 4 - submit transport	Trigger 1 - monthly submission of PCCMDS Trigger 2 - response to quality audit recommendations Trigger 3 - attendance at	Trigger 1 - monthly submission of PCCMDS Trigger 2 - quality audit recommendations	Met	Met										The full data set provision via SUS is outstanding and dependent on UNITY implementation, but we do submit a partial data set. Network has deferred Q2 payment until fuller view of UNITY implementation is received			✓				
	Specialised	£162,994	£0	£0	£0	Medicines Optimisation	2018-2019		This CQUIN scheme aims to support the procedural and cultural changes required fully to optimise use of medicines commissioned by specialised services. The following priority areas for implementation have been identified nationally by clinical leaders, commissioners, Trusts, the Carter Review and the National Audit Office, namely: - Faster adoption of best value medicines with a particular focus on the uptake of best value generics, biologics and CMU frameworks as they become available - Significantly improved drugs data quality to include dm+d code and all other mandatory fields in the drugs MDS and outcome registries such as SACT, as well as to meet the requirements of the ePharmacy and Define agendas - The consistent application of lowest cost dispensing channels - Compliance with policy/consensus guidelines to reduce variation and waste.	No action	Reporting against supplied templates	Reporting against supplied templates	Reporting against supplied templates and delivery of targets	nil												Replacement scheme for HIV Long Term Conditions scheme in 2017-2018. Decision on Q2 performance deferred & subject to further clarification.				✓		
	Public Health	£58,265	£29,133	£29,133	£0	Secondary Care Dental :	2018-2019		Utilisation of Dental Electronic referral management System (DERMS): (1) maintaining RTT data in DERMS, (2) rejecting paper referrals, (3) implementing A&G via DERMS	Quarterly report (RTT and paper referrals)	Quarterly report (RTT and paper referrals) Develop plan for implementing A&G on DERMS	Quarterly report (RTT and paper referrals) Implement A&G on DERMS	Quarterly report (RTT, paper referrals and A&G)	Met	Met										DERMS implemented in 2017-18 and RTT maintained. Paper referrals from dentists being rejected		✓					
	Public Health	£75,778	£37,889	£37,889	£0	Bowel Screening / Scoping	2017-19		Rollover scheme: health promotion and uptake	Report	Report	Report	Report	Met	Met											Scheme reports to the national screening programme and has been ongoing for the last 2 years						
	Public Health	£86,884	£43,442	£43,442	£0	Breast Screening	2017-19		Rollover scheme: health promotion and uptake	Report	Report	Report	Report	Met	Met											Scheme reports to the national screening programme and has been ongoing for the last 2 years						




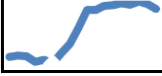

Local Quality Indicators Under-Performing (SQPR) - 2018/2019

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

Previous Months Trend (From Jun 2017)																			
J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N		
17	17	15	16	15	15	18	17	17	16	15	15	17	17	15	15	16	16		
85	84	84	84	84	85	85	83	0	0	84	85	85	84	84	84	91	91		
75	74	71	74	80	76	79	76	77	76	80	86	82	81	81	74	76	82		
57	58	57	54	55	52	60	67	78	91	91	94	94	96	95	97	95	91		
63	65	66	62	63	63	70	78	81	92	93	94	95	96	95	97	95	92		

Data Period
Nov 2018
Nov 2018
Nov 2018
Nov 2018
Nov 2018

Group						
M	SS	W	P	I	PCCT	CO
16.8	12.1	15.6			27	

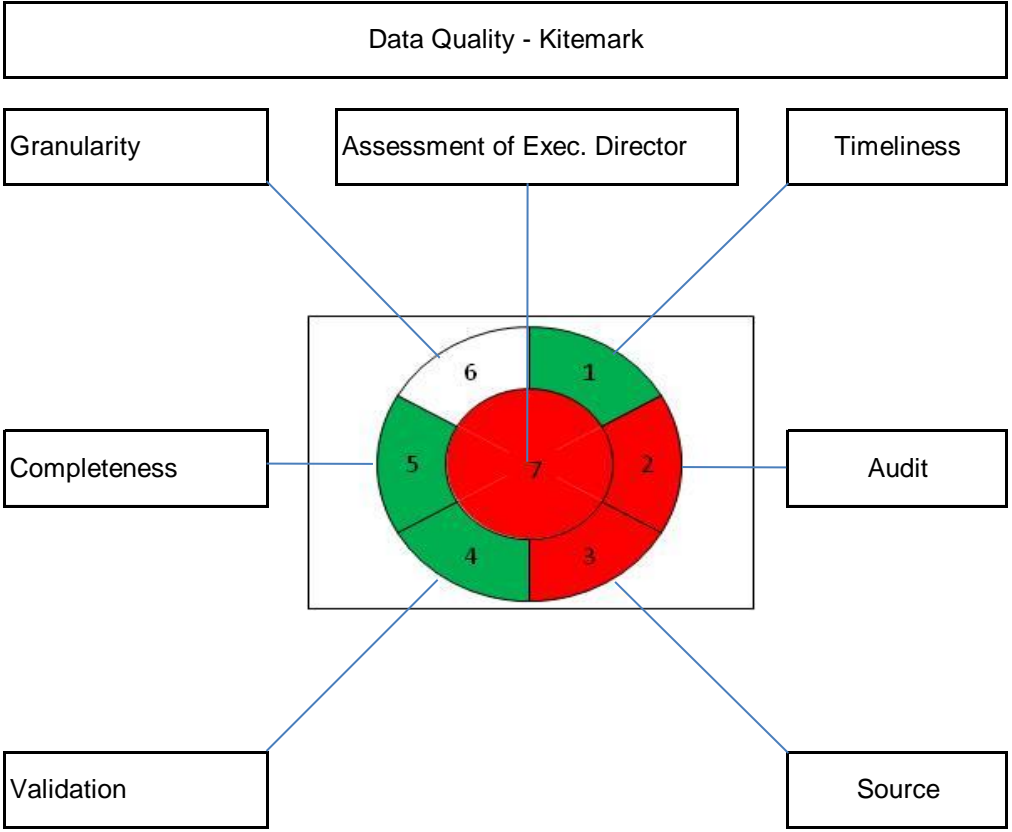
Month	Year To Date	Trend
16.4	16.0	
90.8	86.0	
81.9	80.1	
91.4	94.1	
91.6	94.5	

Legend

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

Indicators which comprise the External Performance Assessment Frameworks	
<div><div></div></div>	NHS TDA Accountability Framework
a	Caring
b	Well-led
c	Effective
d	Safe
e	Responsive
f	Finance
<div><div></div></div>	Monitor Risk Assessment Framework
<div><div></div></div>	CQC Intelligent Monitoring

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



Each outer segment of indicator is colour coded on kitemark to signify strength of indicator relative to the dimension, with following key:	
Red	Insufficient
Green	Sufficient
White	Not Yet Assessed
The centre of the indicator is colour coded as follows:	
Red / Green	As assessed by Executive Director
White	Awaiting assessment by Executive Director
If segment 2 of the Kitemark is Blank this indicates that a formal audit of this indicator has not yet taken place	

Medicine Group

Section	Indicator	Measure	Trajectory	
			Year	Month
Patient Safety - Inf Control	C. Difficile	<= No	30	3
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0
Patient Safety - Inf Control	MRSA Screening - Elective (%)	=> %	80	80
Patient Safety - Inf Control	MRSA Screening - Non Elective (%)	=> %	80	80
Patient Safety - Harm Free Care	Number of DOLS raised	No		
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No		
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No		
Patient Safety - Harm Free Care	Number DOLS rolled over from previous month	No		
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No		
Patient Safety - Harm Free Care	Number of DOLS applications the LA disagreed with	No		
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No		
Patient Safety - Harm Free Care	Falls	<= No	0	0
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0
Patient Safety - Harm Free Care	Never Events	<= No	0	0
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98

Previous Months Trend																		
J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	
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6	4	8	3	2	1	3	2	1	6	2	2	2	2	3	5	0	0	
3	1	3	5	6	3	2	2	4	2	3	12	8	10	10	16	13	11	
2	1	2	0	0	1	1	1	0	0	0	0	1	3	2	3	2	3	
1	5	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	
34	34	28	31	48	22	23	35	35	45	35	32	35	40	43	37	53	58	
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Medicine Group

Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%		
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Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%		
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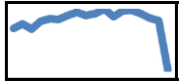
9.2	10.2	9.1	10.7	11.4	11.1	12.0	12.7	12.1	12.5	13.5	11.7	13.0	13.2	12.5	11.5	10.9	-
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9.3	9.4	9.4	9.6	9.7	9.8	10.0	10.2	10.4	10.7	11.0	11.2	11.6	11.9	12.2	12.3	12.2	-
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Oct 2018



10.9



Oct 2018





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Section	Indicator		Trajectory	
			Year	Month
Clinical Effect - Stroke & Card	Pts spending >90% stay on Acute Stroke Unit (%)	=> %	90.0	90.0
Clinical Effect - Stroke & Card	Pts admitted to Acute Stroke Unit within 4 hrs (%)	=> %	90.0	90.0
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.0
Clinical Effect - Stroke & Card	Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0
Clinical Effect - Stroke & Card	Stroke Admissions - Swallowing assessments (<24h) (%)	=> %	98.0	98.0
Clinical Effect - Stroke & Card	TIA (High Risk) Treatment <24 Hours from receipt of referral (%)	=> %	70.0	70.0
Clinical Effect - Stroke & Card	TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=> %	75.0	75.0
Clinical Effect - Stroke & Card	Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=> %	80.0	80.0
Clinical Effect - Stroke & Card	Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=> %	80.0	80.0
Clinical Effect - Stroke & Card	Rapid Access Chest Pain - seen within 14 days (%)	=> %	98.0	98.0
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No		
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No		
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	<= No	0.0	0.0
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0.0	0.0
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No		
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No		

[illegible]

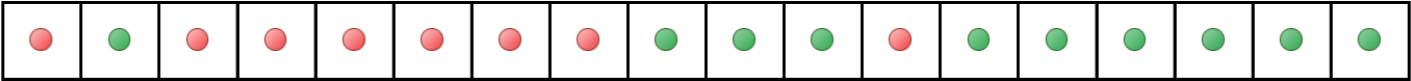
Data Period	Directorate			Month	Year To Date	
	EC	AC	SC			
Oct 2018		90.4		90.4	93.0	
Oct 2018		62.0		62.0	65.7	
Oct 2018		76.0		76.0	70.2	
Oct 2018		98.0		98.0	97.0	
Oct 2018		85.7		85.7	85.7	
Nov 2018		88.9		88.9	98.3	
Oct 2018		100.0		100.0	98.2	
Oct 2018		98.0		98.0	98.0	
Nov 2018		100.0		100.0	96.0	
Nov 2018		100.0		100.0	95.7	
Nov 2018		100.0		100.0	100.0	
Oct 2018			96.1	96.1		
Oct 2018			97.8	97.8		
Oct 2018			82.6	82.6		
Oct 2018	-	-	4.00	4.00	20	
Oct 2018	-	-	0.00	0.00	3	
Oct 2018	-	-	104	104		
Nov 2018	-	-	6	6	39	
Nov 2018	0	0	0	0	15	
Nov 2018	17	12	0	29	261	
Nov 2018	51	36	1	88		

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Section	Indicator	Measure	Trajectory		Previous Months Trend														Data Period	Directorate			Month	Year To Date					
			Year	Month	J	J	A	S	O	N	D	J	F	M	A	M	J	J		A	S	O				N	EC	AC	SC
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Nov 2018	-	1.64	-	0.33		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Nov 2018	0.0	0.0	0.0	0	0		
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	3	5	2	8	2	3	4	6	0	7	0	1	1	1	0	0	1	3	Nov 2018	0.0	3.0	0.0	3	7	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	63	31	62	41	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	Nov 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	Nov 2018	0.00	0.00	0.00	0.00	0		
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95.0	95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Nov 2018	76.3	82.0	Site S/C	79.3	80.9	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			1580	1483	1280	1257	1636	1714	2188	2257	0	2635	1935	2814	2661	2294	2075	2154	2721	2533	Nov 2018	2430	4	99	2533	19187	
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Nov 2018	0.0	0.0	Site S/C	0	1	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.0	15.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Nov 2018	15.0	15.0	Site S/C	15	14	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60.0	60.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Nov 2018	78.0	64.0	Site S/C	65	66	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Nov 2018	3.1	4.3	Site S/C	3.7	4.8	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Nov 2018	5.7	7.8	Site S/C	6.8	7.3	
Emergency Care & Pt. Flow	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	242	111	127	90	143	207	208	163	160	196	173	219	195	165	116	95	121	159	Nov 2018	141	18		159	1243	
Emergency Care & Pt. Flow	WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	6	1	0	1	4	6	11	5	4	21	6	6	10	2	8	5	6	7	Nov 2018	6	1		7	50	
Emergency Care & Pt. Flow	WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Nov 2018	0.25	0.05		0.15	0.14	
Emergency Care & Pt. Flow	WMAS - Emergency Conveyances (total)	No			4254	4429	4278	4174	4557	4424	4725	4561	4081	4487	4308	4539	4306	4685	4522	4354	4622	4579	Nov 2018	2397	2182		4579	35915	
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Nov 2018	-	93.7	95.7	94.5		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Nov 2018	-	61.9	93.3	74.4		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Nov 2018	-	89.4	96.4	91.9		
RTT	RTT - Backlog	<= No	0	0	497	467	538	407	288	398	504	480	497	509	524	545	632	644	641	595	527	497	Nov 2018	0	418	79	497		
RTT	Patients Waiting >52 weeks	<= No	0	0	1	7	4	1	0	0	0	0	1	0	0	2	0	1	3	0	1	2	Nov 2018	0	2	0	2		
RTT	Treatment Functions Underperforming	<= No	0	0	8	9	7	8	5	5	6	6	6	6	6	5	4	6	5	5	5	5	Nov 2018	0	3	2	5		

Medicine Group

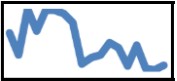
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0
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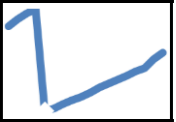

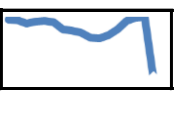






































































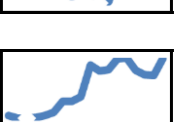


















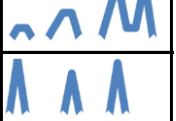

















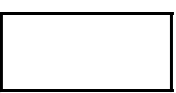




Nov 2018

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0.17






















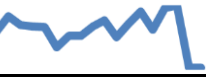



Medicine Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	
			Year	Month	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N		EC	AC	SC			
Data Completeness	Open Referrals	No			81,548	83,160	84,417	85,453	62,769	63,236	64,194	65,058	65,868	66,860	68,013	68,828	69,652	70,530	71,562	72,254	74,327	75,665	Nov 2018	16,642	31,925	27,098	75665		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Re	No			37,760	39,488	40,216	40,844	35,242	36,135	37,044	37,620	39,394	40,207	40,464	41,127	41,878	42,187	43,075	43,535	44,852	46,371	Nov 2018	14,345	19,382	12,644	46371		
Workforce	PDRs - 12 month rolling (%)	=> %	95.0	95.0																	-	-	Sep 2018	84.87	83.58	-		71.8	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																	-		Oct 2018	76.92	93.85	-		88.6	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15																			Nov 2018	5.28	5.39	-	5.35	5.06	
Workforce	Sickness Absence - In month	<= No	3.15	3.15																			Nov 2018	6.35	6.22	-	6.27	5.79	
Workforce	Sickness Absence - Long Term - In month	No			48	45	54	49	51	49	63	64	46	40	54	55	61	65	65	65	64	62	Nov 2018	25	37	0	62	491	
Workforce	Sickness Absence - Short Term - In month	No			80	131	145	157	173	233	236	219	203	212	163	175	155	163	174	199	193	209	Nov 2018	71	137	0	209	1431	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100																			Nov 2018	68.5	79.3	-		70.47	
Workforce	Mandatory Training (%)	=> %	95.0	95.0																			Nov 2018	86.25	87.87	-		86.4	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	2.2	-	-	-	6.2	-	-	-	1.6	-	-	-	-	-	Jun 2018	1.45	1.71	-		1.7	
Workforce	New Investigations in Month	No			0	1	1	0	0	1	2	2	0	0	0	2	4	1	1	4	0	-	Oct 2018	0	0	0	0		
Workforce	Your Voice - Response Rate (%)	No			-->	11.8	-->	-->	-->	-->	-->	9	-->	-->	-->	-->	11	-->	-->	-->	-->	-->	Jun 2018	9.4	11.8	0.0	11.0		
Workforce	Your Voice - Overall Score	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.51	3.90	3.58	3.68		

Surgical Services Group	
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99	100

Section	Indicator	Measure	Trajectory	
			Year	Month
Patient Safety - Inf Control	C. Difficile	<= No	7	1
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80	80
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80	80
Patient Safety - Harm Free Care	Number of DOLS raised	No		
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No		
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No		
Patient Safety - Harm Free Care	Number DOLS rolled over from previous month	No		
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No		
Patient Safety - Harm Free Care	Number of DOLS applications the LA disagreed with	No		
Patient Safety - Harm Free Care	Falls	<= No	0	0
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0
Patient Safety - Harm Free Care	Never Events	<= No	0	0
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98.0
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%		

Previous Months Trend																		
J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	
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0	12	7	6	15	12	9	7	9	4	11	14	8	7	10	9	10	11	
0	0	0	0	0	0	0	0	0	0	1	0	1	1	1	2	1	2	
0	3	1	2	1	1	0	0	0	0	0	2	1	1	1	1	0	0	
0	6	5	2	2	1	0	0	3	0	1	5	4	1	1	5	8	5	
0	0	0	0	0	1	0	1	0	0	0	0	0	1	0	0	0	2	
11	11	4	5	5	10	10	17	7	15	16	9	6	9	11	10	17	12	
1	0	0	0	0	0	0	0	0	1	0	2	0	0	0	0	1	0	
0	2	0	0	2	2	1	2	2	3	2	2	0	3	2	5	3	7	
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1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	
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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	6.8	6.3	5.4	-	
5.92	5.98	6.09	6.1	6.1	6.21	6.23	6.24	6.3	6.28	6.36	6.3	6.28	6.26	6.27	6.3	6.24	-	

Data Period	Directorate					Month	Year To Date	Trend
	GS	SS	TH	An	O			
Nov 2018	0	0	0	0	0	0	1	
Nov 2018	0	0	0	0	0	0	0	
Nov 2018	87.08	93.26	-	0	62.5	86.1		
Nov 2018	78.65	95.32	-	83.33	96.43	84.4		
Nov 2018	10	0	0	1	0	11	80	
Nov 2018	10	0	0	1	0	11	80	
Nov 2018	2	0	0	0	0	2	9	
Nov 2018	0	0	0	0	0	0	6	
Nov 2018	5	0	0	0	0	5	30	
Nov 2018	1	0	0	1	0	2	3	
Nov 2018	3	6	1	0	2	12	90	
Nov 2018	0	0	0	0	0	0	3	
Nov 2018	2	0	0	5	0	7	24	
Nov 2018	95.61	97.01	-	98.91	98.84	97.1		
Oct 2018	100	100	100	100	100	100.0		
Nov 2018	-	-	100	-	100	100.0		
Nov 2018	-	-	100	-	100	100.0		
Nov 2018	0	0	0	0	0	0	1	
Nov 2018	0	0	0	0	0	0	0	
Nov 2018	0	0	0	0	0	0	6	
Sep 2018	100	50	-	-	-	87.5		
Oct 2018						5.4		
Oct 2018							6.3	

Surgical Services Group

Surgical Services Group

Section	Indicator	Measure	Trajectory	
			Year	Month
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0
Clinical Effect - Cancer	2 weeks (Breast Symptomatic)	=> %	93.0	93.0
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No		
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No		
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	<= No	0	0
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No		
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8
Pt. Experience - Cancellations	28 day breaches	<= No	0	0
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0
Pt. Experience - Cancellations	Urgent Cancelled Operations	<= No	0	0
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (%)	=> %	95.0	95.0
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	<= No	0	0
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0
Emergency Care & Pt. Flow	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15
Emergency Care & Pt. Flow	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60
Emergency Care & Pt. Flow	Hip Fractures BPT (Operation < 36 hours of admissions)	=> %	85.0	85.0

Previous Months Trend																	
J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N
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3	8	3	2	6	4	8	10	4	4	3	9	3	6	4	4	3	-
0	2	2	0	2	0	3	3	1	0	1	2	1	2	1	1	2	-
98	134	108	84	110	0	119	126	112	90	130	137	119	196	113	161	137	-
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	39	6	0	2	0	0	0	0	0	0	0	0	0	0	0	0
20	28	29	18	16	28	22	24	25	32	24	23	27	25	19	24	25	19
51	57	50	38	40	36	47	47	52	50	45	47	57	57	65	79	74	71
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38	41	28	37	35	35	24	20	29	41	24	44	17	13	18	21	22	22
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	76	77.4	76.4
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	98.8	99.2	99.1	99.4
93	106	69	73	84	80	89	66	0	179	160	148	110	117	157	89	69	84
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.7	3.6	4.3	5.4	3.9	3.6	5.0	5.1	4.6	6.1	4.9	5.5	5.8	5.6	4.3	5.4	5.1	2.2
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	2.2	4.4	3.1	4.0
-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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Data Period	Directorate					Month	Year To Date	
	GS	SS	TH	An	O			
Oct 2018	97.3	-	-	-	-	97.26		
Oct 2018	98.3	-	-	-	-	98.34		
Oct 2018	100.0	-	-	-	-	100		
Oct 2018	92.2	-	-	-	-	92.21		
Oct 2018	-	-	-	-	-	3	31	
Oct 2018	2	-	0	-	-	2	8	
Oct 2018	137	-	0	-	-	137		
Nov 2018	0	-	0	-	-	0	0	
Nov 2018	0	0	0	0	0	0	0	
Nov 2018	2	9	2	2	4	19	186	
Nov 2018	35	15	4	5	12	71		
Nov 2018	1.18	0.65	-	0.28	1.19	0.97		
Nov 2018	0	0	0	0	0	0	2	
Nov 2018	10	2	0	1	9	22	181	
Nov 2018	75.4	78.8	-	87.2	73.6	76.36		
Nov 2018	0	0	0	0	0	0	0	
Nov 2018	-	-	-	-	99.37	-	-	
Nov 2018	50	25	0	2	7	84	934	
Nov 2018	-	-	-	-	0	-	-	
Nov 2018	-	-	-	-	2.21	-	-	
Nov 2018	-	-	-	-	3.96	-	-	
Nov 2018	-	-	-	-	7	0	0	
Nov 2018	-	-	-	-	103	-	-	
Nov 2018						77.1	81.8	

Surgical Services Group

Surgical Services Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate					Month	Year To Date			
			Year	Month	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		O	N	GS	SS	TH				An	O
RTT	RTT - Admitted Care (18-weeks) (%)	=> %	90.0	90.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Nov 2018	76.2	76.5	-	-	75.5	75.9	<div></div>	
RTT	RTT - Non Admitted Care (18-weeks) (%)	=> %	95.0	95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Nov 2018	80.7	91.1	-	-	89.7	86.7	<div></div>	
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Nov 2018	93.3	92.4	-	-	92.3	92.8	<div></div>	
RTT	RTT - Backlog	<= No	0	0	1293	1293	1385	1443	1447	1264	1271	1348	1370	1397	1333	1293	1285	1349	1311	1371	1354	1340	Nov 2018	576	197	0	0	567	1340	<div></div>	
RTT	Patients Waiting >52 weeks	<= No	0	0	1	1	5	9	4	7	5	2	0	4	3	3	2	5	2	3	3	1	Nov 2018	0	0	0	0	1	1	<div></div>	
RTT	Treatment Functions Underperforming	<= No	0	0	18	16	17	17	16	17	16	15	17	15	16	15	13	15	16	15	13	12	Nov 2018	7	3	0	0	2	12	<div></div>	
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Nov 2018	4.2	-	-	-	-	4.18	<div></div>	
Data Completeness	Open Referrals	No			129,204	131,460	133,412	135,263	136,924	139,237	140,979	142,818	144,613	146,703	149,307	151,854	154,830	157,125	159,369	162,234	165,051	166,561	Nov 2018	56,928	18,740	0	7,377	83,516	166561	<div></div>	
Data Completeness	Open Referrals without Future Activity/ Waiting List: Req	No			57,290	59,198	60,880	63,030	64,953	67,111	68,385	70,228	71,798	73,079	75,110	76,718	78,179	79,974	81,586	86,510	85,120	86,561	Nov 2018	32,516	10,031	0	5,194	38,820	86561	<div></div>	
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	-	-	Sep 2018	92.1	94.8	95.1	95.2	98.0		83.5	<div></div>
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	-	Oct 2018	85	90.91	-	94.23	83.67		87.8	<div></div>
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Nov 2018	4.5	6.0	6.6	4.3	2.1	4.7	4.7	<div></div>
Workforce	Sickness Absence - In Month	<= %	3.15	3.15	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Nov 2018	5.0	7.1	7.1	5.0	1.9	5.3	4.8	<div></div>
Workforce	Sickness Absence - Long Term - In Month	No			38	51	50	47	49	47	34	47	42	48	43	38	42	47	39	47	47	52	Nov 2018	14.0	14.0	13.0	9.0	0.0	52	355	<div></div>
Workforce	Sickness Absence - Short Term - In Month	No			55	96	96	119	159	170	172	151	160	131	123	124	123	130	131	150	166	158	Nov 2018	55.0	34.0	33.0	33.0	0.0	158	1105	<div></div>
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Nov 2018	86.1	90.6	95.8	96.6	89.9	91.5	90.9	<div></div>
Workforce	Mandatory Training	=> %	95.0	95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Nov 2018	90.5	90.4	96.6	93.3	89.8		90.4	<div></div>
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	<div></div>
Workforce	New Investigations in Month	No			0	2	2	2	4	1	0	2	1	1	3	0	1	1	1	0	1	-	Oct 2018	1	0	0	0	0	1	<div></div>	
Workforce	Your Voice - Response Rate	No			-->	15.3	-->	-->	-->	-->	-->	16.2	-->	-->	-->	-->	16	-->	-->	-->	-->	-->	Jun 2018	16.7	0	12.7	12.7	20.6	16	<div></div>	
Workforce	Your Voice - Response Score	%			-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.53	3.29	3.85	3.6	3.69	3.79	<div></div>	

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend	Data Period	Directorate			Month	Year To Date	Trend
			Year	Month			G	M	P			
Patient Safety - Inf Control	C. Difficile	<= No	0	0	JJASONDJJFMA MJJJASON	Nov 2018	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0	JJASONDJJFMA MJJJASON	Nov 2018	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.00	80.00	JJASONDJJFMA MJJJASON	Nov 2018	96.7			95.6		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80.00	80.00	JJASONDJJFMA MJJJASON	Nov 2018	-	96.3		96.3		
Patient Safety - Harm Free Care	Number of DOLS raised	No			000000000000000000	Nov 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			000000000000000000	Nov 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			000000000000000000	Nov 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			000000000000000000	Nov 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			000000000000000000	Nov 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Number of DOLS applications the LA disagreed with	No			000000000000000000	Nov 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			000000000000000000	Jun 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Falls	<= No	0	0	100011000011010	Nov 2018	0	0	0	0	8	
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	000000000000000000	Nov 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	00100000000200000	Nov 2018	0	0	0	0	2	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0	JJASONDJJFMA MJJJASON	Nov 2018	99.2	97.6		98.1		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0	JJASONDJJFMA MJJJASON	Oct 2018	100	100		100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0	JJASONDJJFMA MJJJASON	Nov 2018	100	100		100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0	JJASONDJJFMA MJJJASON	Nov 2018	100	100		100.0		
Patient Safety - Harm Free Care	Never Events	<= No	0	0	JJASONDJJFMA MJJJASON	Nov 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	JJASONDJJFMA MJJJASON	Nov 2018	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0	JJASONDJJFMA MJJJASON	Nov 2018	0	0	0	0	9	

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Section	Indicator	Measure	Trajectory		Previous Months Trend	Data Period	Directorate			Month	Year To Date	Chart
			Year	Month			G	M	P			
Patient Safety - Obstetrics	Caesarean Section Rate - Total	<= %	25.0	25.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Nov 2018	<div><div></div><div>26</div><div></div></div>	26.0	26.6			
Patient Safety - Obstetrics	Caesarean Section Rate - Elective	%			<div><div>9</div><div>7</div><div>8</div><div>8</div><div>9</div><div>9</div><div>5</div><div>7</div><div>10</div><div>8</div><div>10</div><div>10</div><div>9</div><div>9</div><div>10</div><div>9</div><div>9</div><div>9</div></div>	Nov 2018	<div><div></div><div>8.58</div><div></div></div>	8.6	9.2			
Patient Safety - Obstetrics	Caesarean Section Rate - Non Elective	%			<div><div>17</div><div>18</div><div>15</div><div>19</div><div>21</div><div>18</div><div>21</div><div>15</div><div>19</div><div>18</div><div>17</div><div>18</div><div>15</div><div>20</div><div>17</div><div>19</div><div>16</div><div>17</div></div>	Nov 2018	<div><div></div><div>17.4</div><div></div></div>	17.4	17.3			
Patient Safety - Obstetrics	Maternal Deaths	<= No	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Nov 2018	<div><div></div><div>0</div><div></div></div>	0	2			
Patient Safety - Obstetrics	Post Partum Haemorrhage (>2000ml)	<= No	48	4	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Nov 2018	<div><div></div><div>0</div><div></div></div>	0	9			
Patient Safety - Obstetrics	Admissions to Neonatal Intensive Care	<= %	10.0	10.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Nov 2018	<div><div></div><div>0.89</div><div></div></div>	0.9	1.6			
Patient Safety - Obstetrics	Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Nov 2018	<div><div></div><div>4.46</div><div></div></div>	4.5				
Patient Safety - Obstetrics	Stillbirth (Corrected) Mortality Rate (per 1000 babies)	Rate1			<div><div>-</div><div>-</div><div>-</div><div>-</div><div>2.11</div><div>2.10</div><div>4.02</div><div>1.99</div><div>2.58</div><div>4.66</div><div>5.98</div><div>6.16</div><div>4.41</div><div>2.05</div><div>4.17</div><div>0.00</div><div>7.86</div><div>2.23</div></div>	Nov 2018	<div><div></div><div>2.23</div><div></div></div>	2.23	4.19			
Patient Safety - Obstetrics	Neonatal Death (Corrected) Mortality Rate (per 1000 babies)	Rate1			<div><div>-</div><div>-</div><div>-</div><div>-</div><div>4.22</div><div>2.10</div><div>0.00</div><div>0.00</div><div>2.58</div><div>0.00</div><div>1.99</div><div>0.00</div><div>4.41</div><div>4.10</div><div>2.08</div><div>0.00</div><div>0.00</div><div>1.00</div></div>	Nov 2018	<div><div></div><div>2.23</div><div></div></div>	2.23	1.83			
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific	=> %	85.0	85.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Nov 2018	<div><div></div><div>93.9</div><div></div></div>	93.9				
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=> %	90.0	90.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Nov 2018	<div><div></div><div>153</div><div></div></div>	152.9				
Patient Safety - Obstetrics	Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0	<div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div></div>	Nov 2018	<div><div></div><div>-</div><div></div></div>	-				
Patient Safety - Obstetrics	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	%			<div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div></div>	Nov 2018	<div><div></div><div>-</div><div></div></div>	-				
Patient Safety - Obstetrics	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	%			<div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div></div>	Nov 2018	<div><div></div><div>-</div><div></div></div>	-				
Patient Safety - Obstetrics	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	%			<div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div></div>	Nov 2018	<div><div></div><div>-</div><div></div></div>	-				
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100.0	97.0	<div><div></div><div></div><div>N/A</div><div>N/A</div><div></div><div></div><div></div><div></div><div>N/A</div><div>N/A</div><div></div><div></div><div></div><div></div><div></div><div>N/A</div><div>-</div><div>-</div></div>	Sep 2018	<div><div>-</div><div>-</div><div>-</div></div>	-				
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			<div><div>4.8</div><div>4.3</div><div>3.7</div><div>4.3</div><div>4.3</div><div>5.5</div><div>4.8</div><div>5.0</div><div>4.4</div><div>4.7</div><div>4.9</div><div>4.4</div><div>4.9</div><div>4.5</div><div>3.7</div><div>4.2</div><div>4.4</div><div>-</div></div>	Oct 2018	<div><div></div><div></div><div></div></div>	4.4				
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			<div><div>4.7</div><div>4.7</div><div>4.7</div><div>4.7</div><div>4.6</div><div>4.6</div><div>4.6</div><div>4.7</div><div>4.6</div><div>4.6</div><div>4.6</div><div>4.6</div><div>4.6</div><div>4.6</div><div>4.6</div><div>4.6</div><div>4.6</div><div>-</div></div>	Oct 2018	<div><div></div><div></div><div></div></div>		4.6			
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div>-</div></div>	Oct 2018	<div><div>97.8</div><div></div><div>-</div></div>	97.8				
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div>-</div></div>	Oct 2018	<div><div>95</div><div></div><div></div></div>	95.0				
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div>-</div></div>	Oct 2018	<div><div>92.9</div><div></div><div></div></div>	92.9				
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			<div><div>2</div><div>2</div><div>5.5</div><div>5.5</div><div>1.5</div><div>6</div><div>1</div><div>1.5</div><div>3.5</div><div>1</div><div>0.5</div><div>3</div><div>3</div><div>3</div><div>3.5</div><div>1.5</div><div>0.5</div><div>-</div></div>	Oct 2018	<div><div>0.5</div><div>-</div><div>0</div></div>	0.5	15			
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			<div><div>0</div><div>0</div><div>3</div><div>1</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>2</div><div>0</div><div>0</div><div>0</div><div>1</div><div>0.5</div><div>0</div><div>0</div><div>-</div></div>	Oct 2018	<div><div>0</div><div>-</div><div>0</div></div>	0	1.5			

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Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	<= No	0	0

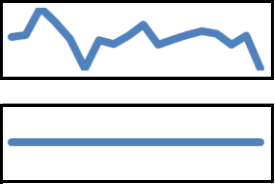
95	102	184	141	90	0	86	74	99	133	73	89	101	113	105	72	100	-
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Oct 2018
Nov 2018




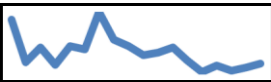





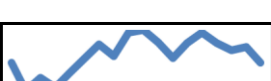
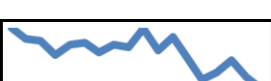
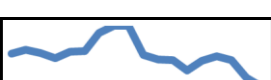
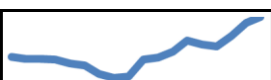



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Section	Indicator	Measure	Trajectory		Data Period	Directorate			Month	Year To Date	
			Year	Month		G	M	P			
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	Nov 2018	0			0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			Nov 2018	1	4	4	9	62	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			Nov 2018	0	0	0	20		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8	Nov 2018	1.71		-	1.3		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	Nov 2018	0			0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	Nov 2018	3			3	24	
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0	85.0	Nov 2018	80.4	-		80.4		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			Nov 2018	0	-	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			Nov 2018	18	0	47	65	190	
RTT	RTT - Admittted Care (18-weeks)	=> %	90.0	90.0	Nov 2018	77.9			77.9		
RTT	RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0	Nov 2018	89.7			89.7		
RTT	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0	Nov 2018	90.8			90.8		
RTT	RTT - Backlog	<= No	0	0	Nov 2018	190			190		
RTT	Patients Waiting >52 weeks	<= No	0	0	Nov 2018	0			0		
RTT	Treatment Functions Underperforming	<= No	0	0	Nov 2018	3			3		
RTT	Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1	0.1	Nov 2018	-			-		

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Section	Indicator	Measure	Trajectory	
			Year	Month
Data Completeness	Open Referrals	No		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15
Workforce	Sickness Absence - in month	<= %	3.15	3.15
Workforce	Sickness Absence - Long Term - in month	No		
Workforce	Sickness Absence - Short Term - in month	No		
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0
Workforce	Mandatory Training	=> %	95.0	95.0
Workforce	Mandatory Training - Staff Becoming Out Of Date	%		
Workforce	New Investigations in Month	No		
Workforce	Your Voice - Response Rate	No		
Workforce	Your Voice - Overall Score	No		

Previous Months Trend																	
J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N
31,759	32,486	33,158	33,869	34,430	34,844	35,501	36,199	36,730	37,586	38,615	39,768	40,844	41,619	42,447	42,951	44,208	44,908
16,571	17,454	17,950	18,689	19,315	19,739	20,322	20,867	21,365	22,234	23,118	23,836	24,667	25,292	26,109	26,984	27,469	28,290
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	-	-
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28	31	30	29	34	30	30	38	35	35	25	37	40	42	39	37	30	35
40	88	89	91	128	135	131	137	127	106	95	84	92	85	90	97	134	120
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-	-	-	-	2.4	-	-	-	6.3	-	-	-	1.9	-	-	-	-	-
0	0	0	0	1	1	1	0	0	0	0	0	1	0	0	0	1	-
-->	16	-->	-->	-->	-->	-->	17	-->	-->	-->	-->	16	-->	-->	-->	-->	-->
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Data Period
Nov 2018
Nov 2018
Sep 2018
Oct 2018
Nov 2018
Nov 2018
Nov 2018
Nov 2018
Nov 2018
Nov 2018
Jun 2018
Oct 2018
Jun 2018
Jan 2017

Directorate		
G	M	P
11,170	22,585	11,153
6,888	16,721	4,681
91.3	88	93
96.2	100	90.5
2.96	5.52	4.15
1.84	6.15	3.72
3	23	9
5	65	50
94.4	84	84.8
86.6	89.5	91
2.78	1.96	1.54
1	0	0
19.1	11.9	19.7
3.54	3.72	3.6



Month
44908
28290
4.7
4.7
35.0
120.0
85.1
1
16
3.7

Year To Date
82.9
94.3
4.5
4.8
285.0
797.0
82.69
90.4
1.9

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate			Month	Year To Date			
			Year	Month	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		O	N	G				M	P
WCH Group Only	HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregnancy	No			268	302	317	260	273	275	192	339	321	292	383	362	338	-->	-->	-->	984	-->	Oct 2018		-		984	2067	
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	87.2	88	87	81.6	92.5	88.9	90.7	88.9	81	88.8	88.1	89.3	90.8	92	-->	-->	91.4	-->	Oct 2018		-		91.36	90.6	
WCH Group Only	HV (C3) - % of births that receive a face to face new birth visit by a HV >days	%			9.89	10.5	9	11.4	7.99	6.48	7.91	6.5	9.35	6.61	6.74	7.03	6.11	5.98	-->	-->	6.62	-->	Oct 2018		-		6.62	6.54	
WCH Group Only	HV (C4) - % of children who received a 12 months review by 12 months	=> %	95.0	95.0	94.6	93.8	89.8	91.7	95.9	95.1	93.7	93.2	93.6	93.8	95.1	94	95.3	93.5	-->	-->	96.1	-->	Oct 2018		-		96.13	95.18	
WCH Group Only	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%			88.7	80.3	97.8	89.1	0	96.7	97.2	97.1	97.3	97.1	96	97.5	96.4	97.8	-->	-->	96.9	-->	Oct 2018		-		96.94	96.92	
WCH Group Only	HV (C6i) - % of children who received a 2 - 2.5 year review	=> %	95.0	95.0	88	86.8	81.3	89.2	92.7	93.8	93.1	93.4	92.8	93.6	95.5	94.4	93	91.4	-->	-->	94.6	-->	Oct 2018		-		94.64	94.06	
WCH Group Only	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%			84.5	84.2	80.2	85.5	87.1	81	91.7	92.4	92	92.7	94.8	93.1	91.2	91.2	-->	-->	94.2	-->	Oct 2018		-		94.21	93.28	
WCH Group Only	HV (C7) - No. of Sure Start Advisory Boards / Children's Centre Boards witha HV presence	=> No	100	100	-->	-->	-->	1	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Sep 2017		-		1	1	
WCH Group Only	HV (C8) - % of children who receive a 6 - 8 week review	=> %	95.0	95.0	98.7	99.7	100	98.6	99.7	98.9	99.3	99	97.6	99.1	100	99.4	99.7	99.7	-->	-->	99.7	-->	Oct 2018		-		99.7	99.71	
WCH Group Only	HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check	=> %	100	100	98.7	99.1	98.8	99.3	99.2	97	98	97.3	98.3	99.1	100	99.4	99.1	99.5	-->	-->	99.6	-->	Oct 2018		-		99.6	99.54	
WCH Group Only	HV - % of infants being breastfed at 6 - 8 weeks	%			37.8	42.9	35.6	42.2	37.9	23.3	18.4	20.1	38.5	22.6	23.4	21.5	36.5	40.2	-->	-->	41.6	-->	Oct 2018		-		41.64	35.24	
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	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Feb 2017		100		100	100	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	No			361	401	403	329	386	388	343	342	290	336	357	375	355	354	-->	-->	1069	-->	Oct 2018		-		1069	2510	
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	-->	97.4	99.5	98.5	99.2	99.2	95.8	95	98.3	99.4	99.7	99.7	100	99.7	-->	-->	-->	-->	Jul 2018		-		99.72	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			212	210	326	263	223	246	209	290	94	99	326	364	209	13	-->	-->	23	-->	Oct 2018		-		23	935	
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	-->	98.4	98.5	63.8	56.3	62.9	65.3	67.6	31.2	29.7	98.5	97.8	58.7	3.33	-->	-->	-->	-->	Jul 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			19	28	317	24	21	27	20	26	305	225	52	15	12	7	-->	-->	26	-->	Oct 2018		-		26	112	
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	89.4	60.5	14.7	3.89	3.26	1.86	-->	-->	-->	-->	Jul 2018		-		1.86	5.79	

Women & Child Health Group

WCH Group Only	HV - movers into provider <1 year of age to be checked =<14 d following notification to HV service	No			151	134	193	125	135	141	102	174	64	68	82	82	58	65	-->	-->	192	-->	Oct 2018	<div></div> <div>-</div> <div></div>	192	479	
WCH Group Only	HV - all untested babies <1 year of age will be offered NBBS screening & results to HV.	Y/N			-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan-00	<div></div> <div></div> <div></div>			

Pathology Group

Section	Indicator	Measure	Trajectory	
			Year	Month
Patient Safety - Harm Free Care	Never Events	<= No	0	0
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No		
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No		
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No		
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No		
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No		
Pt. Experience - Cancellations	Urgent Cancelled Operations	No		
Data Completeness	Open Referrals	No		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15
Workforce	Sickness Absence - In Month	<= %	3.15	3.15
Workforce	Sickness Absence - Long Term - In Month	No		
Workforce	Sickness Absence - Short Term - In Month	No		
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0
Workforce	Mandatory Training	=> %	95.0	95.0
Workforce	Mandatory Training - Staff Becoming Out Of Date	%		
Workforce	New Investigations in Month	No		
Workforce	Your Voice - Response Rate	No		
Workforce	Your Voice - Overall Score	No		

Previous Months Trend																	
J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N
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-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	0	1	0	3	1	3	2	1	1	0	0	1	0	4	0	0	0
2	3	3	3	4	2	3	4	2	3	0	0	1	1	3	1	0	0
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6,960	7,039	7,180	7,354	7,427	7,455	7,473	7,588	7,676	7,754	7,907	7,954	8,027	8,219	8,757	9,085	9,284	9,365
3,034	3,321	3,246	3,387	3,495	3,631	3,725	3,752	3,953	3,878	4,003	4,048	4,043	4,122	4,413	4,601	4,664	4,643
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6	8	5	3	9	5	10	12	12	6	4	3	3	7	10	9	1	2
39	40	51	49	50	48	45	50	40	41	37	38	40	33	37	32	5	14
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-	-	-	-	3.4	-	-	-	14.1	-	-	-	1.8	-	-	-	-	-
0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	-
-->	23.7	-->	-->	-->	-->	-->	16.2	-->	-->	-->	-->	17.1	-->	-->	-->	-->	-->
-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->

Data Period	Directorate					Month	Year To Date	Trend
	HA	HI	B	M	I			
Nov 2018	0	0	0	0	0	0	0	<div></div>
Oct 2018	-	-	-	-	-	-	-	<div></div>
Oct 2018	-	-	-	-	-	-	-	<div></div>
Oct 2018	-	-	-	-	-	-		<div></div>
Nov 2018	0	0	0	0	0	0	5	<div></div>
Nov 2018	0	0	0	0	0	0		<div></div>
Nov 2018	-	-	-	-	-	-	-	<div></div>
Nov 2018	3,384	0	2,932	5	3,044	9,365		<div></div>
Nov 2018	1,667	0	1,568	4	1,404	4,643		<div></div>
Sep 2018	86.4	80	33.3	100	100		91.31	<div></div>
Oct 2018	60	100	100	100	100		91.24	<div></div>
Nov 2018	1.68	1.97	4.87	3	6.69	3.75	3.64	<div></div>
Nov 2018	0.0	-	1.0	0.0	-	0.47	3.04	<div></div>
Nov 2018	1.0	0.0	0.0	0.0	0.0	2	39	<div></div>
Nov 2018	3.0	2.0	1.0	0.0	2.0	14	236	<div></div>
Nov 2018	94.1	100	83.3	96.3	87.5	91.5	90.3	<div></div>
Nov 2018	89.9	94.3	94.1	83.3	99		94.7	<div></div>
Jun 2018	2.2	1.42	1.86	2.09	1.29		2.0	<div></div>
Oct 2018	0	0	0	0	0	0		<div></div>
Jun 2018	17.3	13.3	15.7	25.6	31.8	17		<div></div>
Jan 2017	3.54	3.32	3.89	4.01	3.93	3.82		<div></div>

Imaging Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate				Month	Year To Date	Trend		
			Year	Month	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		O	N	DR	IR				NM	BS
Patient Safety - Harm Free Care	Never Events	<= No	0	0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Nov 2018	0	0	0	0	0	0	<div><div></div></div>	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Nov 2018	0	0	0	0	0	0	<div><div></div></div>	
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= No	0	0	2.0	2.0	4.0	2.0	2.0	1.0	1.0	1.0	1.0	2.0	3.0	-	1.0	1.0	1.0	1.0	2.0	-	Oct 2018					6.06	-	<div><div></div></div>
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	=> %	0	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	16.0	15.0	15.0	-	Oct 2018					-	5.18	<div><div></div></div>
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Oct 2018			76		76	70.17	<div><div></div></div>	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.00	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Oct 2018			98		98	96.96	<div><div></div></div>	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2018	-	-	-	-	-	-	<div><div></div></div>	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2018	-	-	-	-	-	-	<div><div></div></div>	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2018	-	-	-	-	-	-	<div><div></div></div>	
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	Nov 2018	0	0	0	0	0	0	<div><div></div></div>	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			2	3	1	3	2	1	1	4	2	1	3	1	4	4	3	4	0	2	Nov 2018	2	0	0	0	2	21	<div><div></div></div>
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			4	5	2	4	3	3	1	4	4	2	3	2	6	5	9	9	3	5	Nov 2018	2	3	0	0	5		<div><div></div></div>
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Nov 2018	-	-	-	-	-	-	<div><div></div></div>	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			94	106	100	97	122	111	140	84	0	85	93	63	68	70	71	79	60	58	Nov 2018	58	0	0	0	58	562	<div><div></div></div>
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Nov 2018	4.68				4.68		<div><div></div></div>	
Data Completeness	Open Referrals	No			545	560	577	608	623	666	707	736	749	774	790	806	819	851	872	904	909	922	Nov 2018	922	0	0	0	922		<div><div></div></div>
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			492	506	531	553	570	596	621	645	659	679	706	722	739	769	786	819	831	845	Nov 2018	845	0	0	0	845		<div><div></div></div>
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Sep 2018	75	100	96.2	91.2	-	68.1	<div><div></div></div>	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Oct 2018	92.6	-	50	-	-	92.5	<div><div></div></div>	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Nov 2018	5.5	5.3	1.2	3.0	4.55	3.85	<div><div></div></div>	
Workforce	Sickness Absence - in month	<= %	3.15	3.15	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Nov 2018	8.5	4.5	1.8	5.4	7.08	4.71	<div><div></div></div>	
Workforce	Sickness Absence - Long Term - in month	No			7	7	4	6	8	6	4	6	8	11	5	6	14	14	9	10	11	14	Nov 2018	6	0	0	1	14	83	<div><div></div></div>
Workforce	Sickness Absence - Short Term - in month	No			24	22	22	34	31	39	36	41	38	41	38	33	25	22	28	39	37	31	Nov 2018	16	3	4	6	31	253	<div><div></div></div>
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Nov 2018	93.8	0	48.2	83.3	84.6	84.3	<div><div></div></div>	
Workforce	Mandatory Training	=> %	95.0	95.0	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	Nov 2018	88.4	97.6	94.1	94.8	91.1	90.7	<div><div></div></div>	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	2.8	-	-	-	6.0	-	-	-	1.8	-	-	-	-	-	Jun 2018	1.97	1.13	2.02	0.8	1.8	1.9	<div><div></div></div>
Workforce	New Investigations in Month	No			0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	-	Oct 2018					0		<div><div></div></div>
Workforce	Your Voice - Response Rate	No			-->	23.8	-->	-->	-->	-->	-->	19.7	-->	-->	-->	-->	35.2	-->	-->	-->	-->	-->	Jun 2018	30.8	36.4	68	35	35.2		<div><div></div></div>
Workforce	Your Voice - Overall Score	No			-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan 2017	3.43	0	4.07	4.17	3.58		<div><div></div></div>

Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory	
			Year	Month
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.0	80.0
Patient Safety - Harm Free Care	Number of DOLS raised	No		
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No		
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No		
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No		
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No		
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No		
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No		
Patient Safety - Harm Free Care	Falls	<= No	0	0
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0
Patient Safety - Harm Free Care	Grade 3 or 4 Pressure Ulcers (avoidable)	<= No	0	0
Patient Safety - Harm Free Care	Never Events	<= No	0	0
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No		
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No		

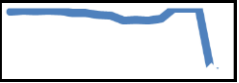
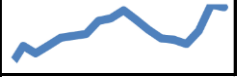

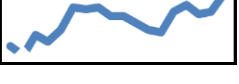

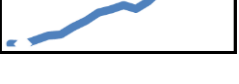





Previous Months Trend																	
J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N
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1	3	2	5	14	4	1	10	5	3	7	11	5	10	9	14	18	4
1	3	2	5	14	4	1	10	5	3	7	11	5	10	9	14	18	4
0	2	0	0	0	0	0	0	0	0	0	0	1	0	1	5	3	0
3	0	3	0	2	1	4	5	2	4	2	5	1	4	5	3	0	0
4	0	1	2	3	3	0	2	1	1	0	1	1	0	0	4	8	2
0	0	0	1	0	0	0	0	0	0	0	0	0	2	0	1	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
36	36	38	30	33	32	38	27	34	49	45	38	24	21	31	32	25	40
0	1	2	1	0	1	0	0	0	0	2	0	1	1	0	0	4	1
1	1	0	3	1	1	0	2	1	0	2	0	2	2	1	2	3	4
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	4	10	2	7	6	4	14	5	5	3	5	3	7	6	4	5	10
12	9	11	8	8	8	9	14	11	10	10	9	7	9	12	11	13	16

Data Period	Directorate					Month	Year To Date	Trend
	AT	IB	IC	CT	CM			
Nov 2018	-	-	-	-	0	0		
Nov 2018	0	4	0	-	0	4	78	
Nov 2018	0	4	0	-	0	4	78	
Nov 2018	0	0	0	-	0	0	10	
Nov 2018	0	0	0	-	0	0	20	
Nov 2018	0	2	0	-	0	2	16	
Nov 2018	0	0	0	-	0	0	3	
Nov 2018	0	0	0	-	0	0	0	
Nov 2018	0	40	0	-	0	40	256	
Nov 2018	0	1	0	-	0	1	9	
Nov 2018	0	4	0	-	0	4	16	
Nov 2018	0	0	0	-	0	0	0	
Nov 2018	0	0	0	-	0	0	0	
Nov 2018	0	0	0	-	0	0	9	
Nov 2018	0	0	0	-	0	0	0	
Nov 2018	2	3	1	-	4	10	43	
Nov 2018	3	5	3	-	5	16		

Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory	
			Year	Month
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15
Workforce	Sickness Absence - in month	<= %	3.15	3.15
Workforce	Sickness Absence - Long Term - in month	No		
Workforce	Sickness Absence - Short Term - in month	No		
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0
Workforce	Mandatory Training	=> %	95.0	95.0
Workforce	Mandatory Training - Staff Becoming Out Of Date	%		
Workforce	New Investigations in Month	No		
Workforce	Your Voice - Response Rate	No		
Workforce	Your Voice - Overall Score	No		

Previous Months Trend																		
J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	-	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
19	15	24	21	26	36	35	36	32	32	29	26	25	34	37	33	34	42	
57	78	84	76	121	128	135	146	133	103	91	85	97	105	85	97	118	112	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
-	-	-	-	2.1	-	-	-	3.7	-	-	-	2.1	-	-	-	-	-	
1	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	-	
-->	29	-->	-->	-->	-->	-->	24.4	-->	-->	-->	-->	33.3	-->	-->	-->	-->	-->	
-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	

Data Period	Directorate					Month	Year To Date	
	AT	IB	IC	CT	CM			
Sep 2018	98.5	91.9	98	-	85		85.9	
Nov 2018	2.89	5	4.1	-	4.3	4.14	4.09	
Nov 2018	4.67	5.05	5	-	4.7	4.91	4.11	
Nov 2018	7	-	-	-	-	42	260	
Nov 2018	20	52	29	0	11	112	790	
Nov 2018	95.5	91.3	92	-	79	90.84	89.16	
Nov 2018	95.5	95.7	95	-	90	94.6		
Jun 2018	1.77	2.49	2.1	2.5	1.9		2.2	
Oct 2018						0		
Jun 2018	17.9	25.1	38	-	18	33.3		
Jan 2017	3.72	3.72	4	-	-	3.83		

Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory	
			Year	Month
Community & Therapies Group Only	DVT numbers	=> No	730	61
Community & Therapies Group Only	Adults Therapy DNA rate OP services	<= %	9	9
Community & Therapies Group Only	Therapy DNA rate Paediatric Therapy services	<= %	9	9
Community & Therapies Group Only	Therapy DNA rate S1 based OP Therapy services	<= %	9	9
Community & Therapies Group Only	STEIS	<= No	0	0
Community & Therapies Group Only	Green Stream Community Rehab response time for treatment (days)	<= No	15.0	15.0
Community & Therapies Group Only	DNA/No Access Visits	%		
Community & Therapies Group Only	Baseline Observations for DN	=> %	95	95
Community & Therapies Group Only	Falls Assessments - DN Intial Assessments only	=> %	95	95
Community & Therapies Group Only	Pressure Ulcer Assessment - DN Intial Assessments only	=> %	95	95
Community & Therapies Group Only	MUST Assessments - DN Intial Assessments only	=> %	95	95
Community & Therapies Group Only	Dementia Assessments - DN Intial Assessments only	=> %	95	95
Community & Therapies Group Only	48 hour inputting rate - DN Service Only	%		
Community & Therapies Group Only	Making Every Contact (MECC) - DN Intial Assessments only	=> %	95	95
Community & Therapies Group Only	Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload acquired)	No		
Community & Therapies Group Only	Avoidable Grade 2 Pressure Ulcers (DN caseload acquired)	No		
Community & Therapies Group Only	Avoidable Grade 3 Pressure Ulcers (DN caseload acquired)	No		
Community & Therapies Group Only	Avoidable Grade 4 Pressure Ulcers (DN caseload acquired)	No		

Previous Months Trend																		
J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	
59	70	54	56	55	55	29	53	35	58	54	69	57	-	-	-	7	7	
8.5	7.79	8.04	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
-	-	14.3	10.2	8.91	-	-	-	11.2	-	-	14.3	-	-	11	7.69	7.35	10.6	
10.3	9.98	11.1	10.7	11.5	11.5	14.9	14.7	11.5	14.3	11.2	10.2	10.5	8.89	8.85	9.13	9.05	8.75	
-	1	2	3	0	-	0	0	2	-	0	0	0	1	-	0	0	-	
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	20.1	17.9	17.4	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
51.8	56.3	56.1	52.4	52	61.7	59.2	70.4	76.4	87.5	91.2	94.2	94.2	96.8	94.9	96.4	92.4	91.4	
57.2	57.8	57.4	53.6	50.5	60.3	59.7	66.6	77.9	90.6	92.6	93.8	95	97.1	96.1	97.2	94.2	91.4	
62.8	64.7	65.9	62.4	59.1	72	70.2	78	81.5	92.2	94.5	94.4	95.8	96.9	96.1	97	94	91.6	
45.9	49.3	49	49.5	43.4	54	54.7	61.2	76.6	90.2	92.8	93.6	94.8	96.2	95.2	97.6	93	90.1	
43.3	60.3	38.4	62.5	41.1	50	47.2	58.6	70.2	88.6	85.9	91.9	93.3	93.5	94.8	90.4	91.8	86.9	
93	92	93	93	94	96	94	95	94	96	94	95	94	95	95	95	95	-	
55.2	55.7	56.4	54.7	52	63.8	63.1	70.1	76.8	90	93.2	94	94.8	95.9	96.3	95.8	93.6	90.5	
4	7	4	3	6	4	4	2	4	4	3	1	1	1	1	1	7	37	
4	7	4	3	3	4	4	2	3	2	3	0	1	1	0	1	5	26	
0	0	0	0	1	0	0	0	1	2	0	0	0	0	1	0	2	11	
0	0	0	0	2	0	0	0	0	0	0	1	0	0	0	0	0	0	

Data Period	Directorate					Month	Year To Date	
	AT	IB	IC	CT	CM			
Nov 2018						7	194	
Aug 2017						8.0	8.2	
Nov 2018						10.7	11.1	
Nov 2018						8.8	9.6	
Oct 2018						0	1	
Nov 2018						17.35	174.77	
Nov 2018						0.94		
Nov 2018						91.44	93.96	
Nov 2018						91.44		
Nov 2018						91.63		
Nov 2018						90.11		
Nov 2018						86.85		
Oct 2018						95.03		
Nov 2018						90.49	94.28	
Nov 2018						37	52	
Nov 2018						26	37	
Nov 2018						11	14	
Nov 2018						0	1	

Corporate Group

Section	Indicator	Measure	Trajectory	
			Year	Month
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No		
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15
Workforce	Sickness Absence - in month	<= %	3.15	3.15
Workforce	Sickness Absence - Long Term - in month	No		
Workforce	Sickness Absence - Short Term - in month	No		
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0
Workforce	Mandatory Training	=> %	95.0	95.0
Workforce	Mandatory Training - Staff Becoming Out Of Date	%		
Workforce	New Investigations in Month	No		
Workforce	Your Voice - Response Rate	No		
Workforce	Your Voice - Overall Score	No		

Previous Months Trend																		
J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	
5	10	2	8	4	9	8	12	8	8	5	5	4	6	5	4	4	13	
10	13	5	10	7	11	15	16	11	15	11	8	2	7	8	8	5	12	
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	-	-	
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
2	2	2	2	1	2	1	1	2	2	2	30	26	28	33	26	26	25	
3	1	4	10	4	5	7	15	11	12	4	61	76	79	54	70	86	93	
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
-	-	-	-	2.7	-	-	-	15.5	-	-	-	2.1	-	-	-	-	-	
2	1	1	0	0	1	1	0	2	2	0	1	3	2	1	1	1	-	
-->	21	-->	-->	-->	-->	-->	30	-->	-->	-->	-->	29	-->	-->	-->	-->	-->	
-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	

Data Period	Directorate							Month	Year To Date	Trend
	SG	F	W	M	E	N	O			
Nov 2018	1	0	0	0	0	4	8	13	46	
Nov 2018	0	0	0	0	0	2	10	12		
Sep 2018	90	93	95	93	97	98	92		83.8	
Oct 2018			95					100.0	100	
Nov 2018	3.71	2.18	1.84	4.37	3.18	5.00	5.24	4.25	4.41	
Nov 2018	3.30	2.04	2.48	4.53	3.78	4.30	5.49	4.26	4.08	
Nov 2018	2.00	0.00	2.00	5.00	0.00	16.00	0.00	25.00	196.00	
Nov 2018	12.00	0.00	11.00	20.00	0.00	50.00	0.00	93.00	523.00	
Nov 2018	91.9	59.7	89.2	80.0	87.6	89.8	85.7	86.3	84.4	
Nov 2018	93	89	96	97	95	-	90	92.8	94	
Jun 2018	4	1	2	2	1	-	2	2.1	2	
Oct 2018	0	0	0	0	0	0	1	1		
Jun 2018	52.9	57.6	63.2	34.5	14.8	21.9	18.5	28.7		
Jan 2017	3.83	3.61	3.98	3.55	3.52	3.62	3.37	3.64		