Paper ref:

TB (12/18) 012

Sandwell and West Birmingham Hospitals

						NHS T	rust					
Report Title	Integ	grated Quality & Perf	orma	ince	e Re	port (IQPR) October 2018						
Sponsoring Executive	Toby	Lewis, Chief Executi	ve									
Report Author	Dave	e Baker, Director of P	artne	ersh	ips a	and Innovation						
<u>`````````````````````````````````````</u>	Yasn	nina Gainer, Head of	Perfo	orma	ance							
Meeting	Trus	t Board				Date 6 th December 201	8					
1. Suggested discussion	poin	ts [two or three issues you	consid	er th	e Cor	mmittee should focus on]						
Emergency care performance remains the most significant issue in October reporting. November as at 21 st Nov is showing performance at 80.8% with large daily fluctuations at Sandwell site during the month. Detailed recovery plans expect November to show performance improvement and a sustained control against current plan and delivery.												
The Patient Treatment List (Waiting list) has steadily increased throughout the year from 30,071 to 37,871 in October with a projection of 42,000 to 44,000 by the end of the year without intervention. A plan to address this across the first six months of 2019 is being finalised.												
 Beyond this we might note: 9x serious incidents (of which 5x are due to falls) Falls Increasing to a high 101 cases (possible validation down to 95) in October against a year to date avg trend of ~80 per month; with 5x serious injuries (pushing up the serious incidents count of 9). RTT delivers at 92.02% but with 2x Incomplete 52 week breaches in October. Cancer standards met Q2 constitutional standards. 												
Alignment to 2020 Vis	sion	[indicate with an 'X' which I	Plan th	is pa	per si	upports]						
Safety Plan	Χ	Public Health Plan				People Plan & Education Plan	x					
Quality Plan	x	Research and Develo	opme	nt		Estates Plan						
Financial Plan		Digital Plan				Other [specify in the paper]						
1. Previous consideratio	n [wł	nere has this paper been pre	eviously	v disc	ussed	d?]						
OMC, PMC, Quality & Safe	ty C	ommittee <i>,</i> CLE										
2. Recommendation(s)												
The Trust Board is asked to	o:											
a. Note the performance	e for	October.										
b. Assure that recovery	plan	s are in place to add	ress ı	und	er-p	performance						
3.												
Trust Risk Register		Risk Number(s): all										
Board Assurance Framewo	ork	Risk Number(s): all										
Equality Impact Assessmer	nt	Is this required?	Y	Ν	Х	If 'Y' date completed						
Quality Impact Assessmen		•	Y	Ν	Х	If 'Y' date completed						

1. Overall Performance

Emergency Care, Diagnostic Imaging (DMO1) and mortality performance remain unacceptable, but are progressing individual recovery plans. The strategic importance of the DMO1 target warranted a Q4 18-19 recovery plans to recover DMO1 (scanning performance) and create a 19-20 sustainability plan, which is being presented to the Trust Board in December.

Delivering Performance:

- □ Cancer standards deliver full Q2 performance despite September 62 day being below 85%.
- □ RTT at 92.02% in October
- 21+ Stranded patients performing well against NHSI targets overall, with Dec target of 101 bed reduction reasonably expected to be in reach, if management of long stay patients continuous. However, we have underachieved October target by 6 beds and are behind for the November target at this stage.

> Exceptional Under-Performance in October:

- In October the trust reports a high number of falls (101) of which 5 have been declared as a serious injury (this may reduce to 95 falls post validation, but remains a high number compared to previous month and warrants a detailed review and report).
- 2x Never Events due to wrong site surgery (Ophthalmology) and a case of a retained guidewire during a procedure in Cardiology (2016/17 incident). 9x Serious Incidents (of which 5 are due to the falls injuries); this is a high incident rate for the trust and is unusual to be experienced in any single month, but overall impacted by the falls injuries.
- □ 4x cases of stillbirth in October causing a stillbirth rate at 7.86 in October (per 1,000 babies), which is the highest since last year same period. This is against 509 births in the month.
- □ 1x Patient Wait above 12 hours under the trolley wait rules in ED.

Other Under-performance:

- VTE assessments missed for the fourth consecutive occasion in October, but reporting a much improved rate at 94.4% which has been achieved with intensive focus (449 assessments missed). A full quality improvement project plan is in progress to engage under-performing areas.
- Diagnostics fails to recover to 99% standard for the last eight months, with the highest level of breaches in October reported at 301 (293 of which are in Imaging). The performance at October is at 96.79% vs the 99% target (98.27% in September). CT, MRI and ultrasound scanning were the main causes of under-performance driven by consultant vacancies. The Executive team are well sighted on the imaging pressures and recovery of this DM01 reported performance is planned to recover in January 2019.
- Pressure Ulcers have increased in October and show large variation to long term averages. 20x
 Pressure Ulcers in total between acute and community settings were reportable in October including a
 Grade 4 PU.

- Neutropenic sepsis performance in October reports at 89% with 4/37 patients breaching. This is a much better improved performance compared to September (which was lowest performance since Dec2016), but overall does not achieve the 100% standard.
- □ Stroke ward admissions within 4 hours are below the 80% target at 61%.

2. IQPR Persistent Red indicators

Generally progressing steadily, but it seems difficult to move on some of the others

Total Indicators	<u>23</u>	Note: Some are grouped and are in fact two or	Delivery Expected
		more separate indicators	
Resolved so far	6	 WHO Safer Surgery (to 100%); Early Booking Assessment; Patient Safety Thermometer (to 95%); Cancellations (20pm) Cancellations as %age of elective admissions (0.8%) PDR (to 95%) and estimated at 96% at October 	
Achieved standard for 2 months	0		
Achieved standard for 1 month	0		
Significant improvement close to target	1	• Medical Appraisal (to upper quarterile) at 90% in Oct	• Oct2018
Working towards target improvement plans & expected to deliver in the near future	6	 Mandatory Training (to 95%) Sickness Absence Rate / Sickness Absence cases (to 3%) Nursing (Band 5) / Workforce Turnover Treatment Functions Under 92% RTT Patients Waiting >52 weeks In-Session Theatre Utilisation (to 85%) 	 May2019 Mar2019 Mar2019 Oct2019 Oct2019 Apr2019 Jan-Mar2019
Newly added and relapsing indicators	3	 Diagnostics (to 99% standard) Unplanned A&E re-attendances; Neck of Femur (to 85%) 	 Jan2019 Audit in progress TBC Actions TBC
Without target improvement plans at this stage	5	 Open Referrals Patient Bed Moves Mortality Reviews within 42 day Falls FFT Score & Responses 	 Progressing plan Not identified Progressing plan Not identified Trajectory in progress
Missing the set recovery plan	2	 Neutropenic Sepsis Return to work interviews 	 Actions TBC Was Sept18 – New plan TBC

3. Introduction of New Indicators

□ In October a new range of Workforce indicators has been added to the IQPR and some previously reported indicators have been removed. See workforce section.

Infection Control:

- □ Performing very well overall.
- □ The Trust has had 2x CDiff case in October, performing very well against this standard with year to date position of 8 cases against the year to date target of 17. Tracking well against the annual ceiling of 29.
- At trust level MRSA screening, electively and non-electively achieves targets routinely, but PCCT and Medicine & Emergency Care are not.
- MSSA Bacteraemia (rate per 100,000 bed days) in October has seen an increase in rate which is at 15.7 compared to target of 9.42; year to date however in line with target at 6.8 vs 9.42 target despite this spike which appears to be a random variation caused by three un-linked patients.

Harm Free Care :

- 2x Never events in October were reported in Ophthalmology and Cardiology. Wrong site surgery (Ophthalmology) and a retained guidewire during a procedure in Cardiology (2016/17 incident).
- Serious incidents reported are the highest for a long period of time, at 9xcases in October, of which are 5x falls related.
- Achievement of 100% target against the WHO Safer Surgery continued into October; manual intervention is still required as the system for capturing the briefings information is not fully working (being addressed with clinical effectiveness and IT).
- □ Safety Thermometer at 99.5% in October against the 95%, this reports 'new harm' only caused by SWB.
- In October there were 20 Pressure Ulcers reported; 13x PUs in the acute hospital setting (hospital acquired, avoidable), an increase to previous month; 3xgrade 3, 1x grade 4 and 9x grade2; the PUs per 1,000 Occupied Bed Days rate is 0.6; additionally there were 7x PU case in the district community setting.
- In October we have reported a large increase in falls (25% increase to year to date averages), with 5x falls resulting in serious injury reportable as a serious incident. The high levels are on AMUs, D16, N4, and L4. We have been seeing falls rise steadily in the last months. The year to date number of falls incurred is 584 against an annual target of 804; using the year to date value and assuming future falls are at current year avg, this this would imply a year end position of 1001 falls; using a projection of year to date plus last three month avg this would project year end at 1,029.
- VTE assessments have been below required levels for a further month but reporting an improved position of 94.4% missing 449 assessments in the month. A project plan has been put into action to address compliance rates, and intensive monitoring effort is being made to recover the positon to target. The major under-performing areas remain the assessment units.

Key Access Targets :

1 RTT & Diagnostics

- □ RTT signed off at 92.02% for October with 2x 52 week breaches.
- □ The waiting list has risen from 30,071 at the end of March 2018 to 37,871 in October with a potential trajectory without intervention to between 42,000 and 44,000.
- Acute Diagnostics (DM01) reporting at 96.79% in October. 301 total breaches reported by the trust;
 CT/MRI/Ultrasound accounted for 289 of these. A Sustainability project has been put in place having

not achieved previous recovery plans; the plan is aiming to address Q4 DM01 delivery for January 2019 and 19-20 forecast demand and capacity.

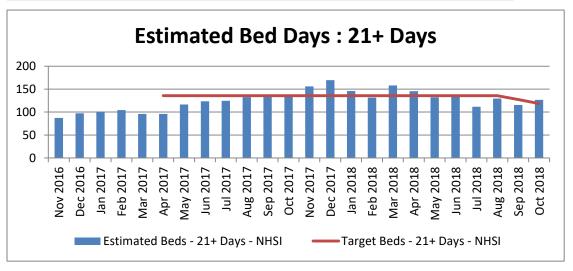
2 Cancer

- Cancer performance reports one month in arrears to allow cancer network validations to take place; in October we report therefore the September position.
- Recognised as a delivering Trust; meeting routinely most of the cancer standards and this continuous into August.
- There were 7.5 breaches of the 62 day standard in September, overall resulting in the 62 day performance of 84.5% below the target of 85%, this was as projected last month, and does not impact the Q2 delivery of the standard which is at 86.5% again meeting the second quarter this year.
- 1.0 patient waited above 104 days. The case studies are routinely now submitted to the CEO for review
- □ The longest waiting patient to receive treatment was at 86 days.
- Neutropenic sepsis in October sees improvement from September and reports at 89.2% with 33/37 patients have been treated within the hour and 4 patients breached due to a number of different reasons (detailed, separate OMC report). All breaches are RCAed at the time and subject to a full review at a Breach Meeting. The Door to Needle time is in October remains steady at an average of 45 minutes compared to the 60 minutes requirement.
- Note: Referral to Faster diagnosis; a new cancer diagnosis standard, designed to ensure that patients find out within 28 days whether or not they have cancer, will be introduced in 2020. Data collection starts in 2019.

3 Emergency Care & Patient Flow

- □ EC performance for October was reported at 81.2%, with 3354 breaches against 17,819 attendances in the month.
- \Box There was 1x trolley wait > 12 hours reportable; the first since Dec17.
- The unplanned re-attendance rate has unfortunately increased again to 5.2% having reached lower levels before as part of the persistent red focus; a full audit is being reviewed to identify improvement themes.
- DTOCs are holding up to previous levels and in October the trust reports 2.7% against the 3.5% target.
- WMAS handovers between 30-60 minutes were at 121 with only 6 breaching the 60 minutes target giving us a 0.13% performance against the very ambitious target of 0.02% and high levels of total ambulance conveyances (4622 in October, second highest this year).
- □ Fractured Neck of Femur Best Practice Tariff delivery for October at 84% slightly below the 85% target in the month.
- □ Patient bed moves for non-clinical reasons in October at 54 against aspiration of zero.
- 21+ long stay patients have been subject to robust monitoring against the NHSI agreed trajectory to achieve 25% 'nominal bed' reductions by the end of December 2018. Baseline position as at August18 was 135.7 'beds' occupied by patients at =>21 days, with the objective to reduce 'nominal beds' by 25% to 101. With the data-outage we have had some bugs in reporting, which have been experienced in the October position previously reporting as delivering against the target, but on correction we have been 8 beds higher than expected.
- □ The November position is unlikely to improve much from where we are now leaving December to recover to agreed targets.
- □ The calculations mirror NHSI approach.

	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018
NHSI Target Beds	135.70	135.70	135.70	135.70	135.70	127.20	118.80	110.30
Estimated 21+ Day Beds	145	132	137	111	129	115	128	130
Long Stay (21+ Day) Rate	21.8 %	21.0 %	21.1 %	18.8 %	20.9 %	19.0 %	20.3 %	19.6 %



Obstetrics:

- C-Sections in October reported at 25.5% against target of 25%; year to date at 26.6% normalising more to previous trends
- □ Stillbirth rate in October reported at 7.68 per 1,000 babies with 4x stillbirths in October out 509 births.
- □ Adjusted Perinatal Mortality Rate (per 1000 babies) year to date coming down to 7.86 compared to target rate of 8.
- Breastfeeding initiation continues to routinely deliver, with a small blip in September, but picking up to 77.4% in October.

Stroke & Cardiology:

- □ At this stage in the month the IQPR reports the WD5 positon (not post-validated WD20 position) reporting a drop in performance against a couple of indicators.
- The performance in October is generally good for both services with only the access to stroke wards in 4 hours behind targets.
- Thrombolysis within the hour is often affected by clinical reasons and some operational processes, which are RCAed routinely and managed. October is at 85.7% vs 85% target and year to date is also in line with target at 86.5%.
- □ Admissions to Stroke Ward within 4 hours remained under pressure due to medical outliers occupying stroke beds. October performance at 61%; year to date below the target at 67% versus target of 80%;
- Patient Staying on Stroke Ward meets target of 90% reporting in October at 90.4%. Year to date at 89.9% almost hitting the target standard.
- □ TIA (High Risk) Treatment <24 Hours from receipt of referral is 95.7% in October vs target of 70%
- □ TIA (Low Risk) Treatment <7 days from receipt of referral is at 98% in October vs target of 75%. Both TIA indicators delivery routinely to standard.
- For October Primary Angioplasty Door to balloon time (<90 minutes) is meeting the target of 80% at 93.8% delivery. Primary Angioplasty Call to balloon time (<150 minutes) at 100% vs 80% target. Both are consistently delivering.

□ Rapid Access Chest Pain - seen within 14 days consistently delivering at 100% in October and consistently for a number of years.

Workforce :

- A number of new indicators has been introduced from October reporting to provider further insight into workforce. Some previously reported indicators have been removed. Due to the recent introduction not all have been populated for this month's reporting.
- □ Mandatory Training in October reporting slipping to 89.9% against target of 95%;
- Health & Safety related training is below the 95% target at 91.9% in October and we observe a dip in performance in the last three month after a very stable delivery over a long period of time.
- PDR completion approach has changed to an annual cycle reporting quarterly delivery this year; in October the performance was at 91.2% against the 95% target. November is estimated to deliver 97% and so would exceed target, making this a successful initiative following the introduction of Aspiring to Excellence PDR process.
- October in-month sickness rate is at 4.97%, a worsening to last month against Trust aspirations of 3%. The Sickness improvement trajectory (persistent red trajectory) was at 4.15% for October, lower than our actual rate of 4.97%
- We observe a growth in short term sickness in October, which is likely to have driven up the sickness rate b, but the rate is also impacted by the number of days each sickness incurs. The Workforce Director will be reporting to the Trust Board in a separate paper with more granular analysis of the drivers.
- October return to work interviews in-month at 85.8% (year to date at 84.7% (below the trust target of 95%, continuing to be a difficult target to improve to.
- On boarding of new starters in October was at 97.65% (with 83/85 staff attending) against a target of 100%.
- □ Flu vaccination for October reporting at a good 80% of all front-line staff being vaccinated

Mortality:

- Mortality indicators are in line with confidence limits against most of the mortality indicators, other than our HSMR which is currently reported (June 2018 – latest data) at 128 for SWBH and still outside statistical confidence limits. There is ongoing Trust scrutiny and oversight of mortality statistics at the Executive Quality Committee.
- □ A report was commissioned with HED, analytics provider, which concluded: Sandwell General Hospital is a statistically significant HSMR outlier. City Hospital remains within expected limits.
- Following MDO review of emergent divergence between weekday and weekend rates, this will result in a focus on the Sandwell site weekend mortality; the weekend rate reports at 119 for the latest period which is June2018 and hence not moving significantly in the right direction.
- Mortality reviews in the Trust are at 42% for the latest period. There is renewed effort to support reviews including introduction of medical examiner screening and this is going to improve performance. Mortality reviews are discussed at the Learning from Deaths Committee, where a holistic review process needs to be embedded and measureable.

Cancellations and Theatre Utilisation:

- □ Performance has been kept up in October resulting in low level of cancellations.
- In October we report cancellations on the day at 25 against the internal trust target of 20, but a tolerance of up to 27 in order to meet national targets. Whilst slightly higher than the internal target of

20, this is still below the national level of 0.8% against actuals of 0.6% counting late cancellations on the day against elective admissions in the month.

- □ 9/25 were avoidable (~36%) which is a high number, but avoidable is not only hospital related e.g. it will include patients who may have eaten on the day of surgery for example.
- □ There were no 28 Day breaches in month and no urgent cancelations in the month.
- Theatre in-session utilisation is still below target of 85%, at 76% in October and whilst some specialities have increased utilisations others are still much lower than the target. Each speciality has a target for improvement.
- Overall session utilisation (outside routine session timings) for October is at 82.1% and getting closer to that 85% target; the aim should be to get in-session utilisation to same levels as running outside sessional time may impact on other, subsequent theatre sessions.

Data Completeness:

- Open Referrals without Future Activity/ Waiting List Requiring Validation have increased to ~178,000 in October. A recovery process was agreed at PMC.
- All our mandatory national data capture metrics are performing well to targets except of 'Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS' which is at 97.7% compared to the target of 99%. The Head of Information is reviewing short-falls.

Performance Notices & IBNs :

- The CCG has issued a Performance Notice for the maternity indicator 9 CO Level >4ppm Referred For Smoking Cessation); working with the deputy director of midwifery we have made proposals on how to re-count this indicator and an action plan is progressed
- □ A&E Diagnosis codes indicator is also below the required threshold and the CCG are seeking for assurance on this the service manager has been asked to work to improve performance
- □ Early morning discharges indicator (35% target for discharges between 6am-10am) has been failing persistently, the CCG has now requested to review internal processes on managing this.
- CQUINs for Q1 have not been submitted in required timelines, the CCG is considering issuing an IBN for this, but now have withdrawn this intention; however expect the trust to identify a way forward in delivering the Risky Behaviours CQUIN which has not been progressed as yet.
- □ The CCG has emphasised that it expects the Trust to manage its waiting list down to March 2018 position and have raised concerns regarding patient clearance rates and backlog.



Integrated Quality & Performance Report

Month Reported: October 2018

Reported as at: 27/11/2018

TRUST BOARD

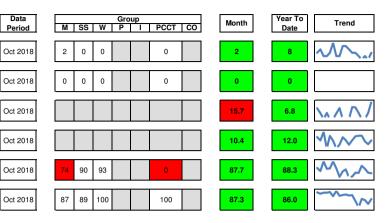
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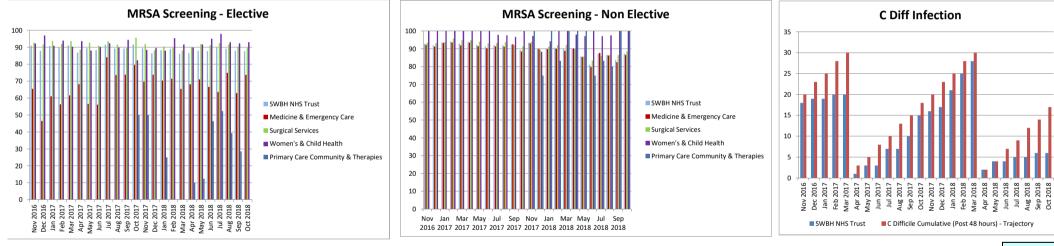
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Patient Safety - Infection Control

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

I		Previous Months Trend (From May 2017)																
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Patient Safety - Harm Free Care

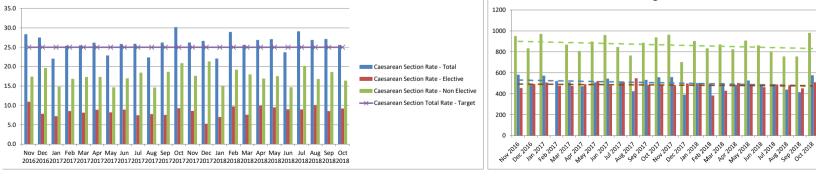
Data Source	Data P/ Quality	F Indicator	Measure	Trajector Year Mo	y nth	Previous Months Trend (since May 2017) M J J A S O N D J F M A M J J A S O	Data Period	Group M SS W P I PCCT CO	Month	Year To Date	Trend	
8	•	Patient Safety Thermometer - Overall Harm Free Care	=> %	95 9	5		Oct 2018		99.5	97.3	\sim	
8	•	Patient Safety Thermometer - Catheters & UTIs	%			200 1100 3000 2000 4000 6000 6000 2000 2000 2000 2	Oct 2018		0.63	0.35	\sim	
	\bigcirc	Number of DOLS raised	No			14 6 27 22 20 48 31 19 36 30 27 34 59 27 43 40 49 51	Oct 2018	23 10 0 18	51	303	.m	
	\bigcirc	Number of DOLS which are 7 day urgent	No			14 6 27 22 20 48 31 19 36 30 27 34 59 27 43 40 49 51	Oct 2018	23 10 0 18	51	303	,mh	
	\bigcirc	Number of delays with LA in assessing for standard DOLS application	No			0 0 3 0 0 0 0 0 0 0 0 2 3 4 4 7 8 6	Oct 2018	2 1 0 3	6	34	· <	
		Number DOLs rolled over from previous month	No			12 9 7 12 5 5 3 7 7 3 10 4 9 4 7 9 9 0	Oct 2018	0 0 0 0	0	42	\sim	
		Number patients discharged prior to LA assessment targets	No			11 7 7 9 9 11 7 2 4 8 3 4 18 13 11 11 25 29	Oct 2018	13 8 0 8	29	111	$\sim \sim$	
	\bigcirc	Number of DOLs applications the LA disagreed with	No			0 2 1 2 1 0 2 1 2 0 0 1 6 2 4 2	Oct 2018	2 0 0 0	2	15	~~ M	
	\bigcirc	Number patients cognitively improved regained capacity did not require LA assessment	No			1 1 13 0 0 0 0 0 0 0 0 0 0 0 2 2 0 0 0	Oct 2018	0 0 0 0	0	4	Λ	
8	0	Falls	<= No	804 6	7	70 87 85 72 67 87 66 71 79 78 112 97 82 66 71 87 80 101	Oct 2018	53 17 4 0 1 25 1	101	584	$\sim \sim \sim$	
9	0	Falls with a serious injury	<= No	0 0)	1 1 3 2 3 1 0 0 1 2 4 2 1 0 0 5	Oct 2018	0 1 0 0 4 0	5	14	-~ ~l	
8	\bigcirc	Grade 2,3 or 4 Pressure Ulcers (Hospital Aquired Avoidable)	<= No	0 0)	8 3 7 3 9 6 7 9 12 7 6 8 7 9 11 4 10 13	Oct 2018	7 3 0 3	13	62	\sim	
	\bigcirc	Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload Acquired)	<= No	0 0)	8 4 7 4 3 6 4 4 2 4 4 3 1 1 1 1 1 7	Oct 2018	7	7	15	~ 1	
	NEW	Pressure Ulcers per 1000 Occupied Bed Days	Rate1			· · · · · · · · · · · · · · · · · · ·	Oct 2018		0.578	0.43	M	
3	•	Venous Thromboembolism (VTE) Assessments	=> %	95 9	5		Oct 2018	89.4 98.3 95.5	94.4	94.5	m,	
3	\bigcirc	WHO Safer Surgery - Audit - 3 sections (% pts where all sections complete)	=> %	100 10	10		Oct 2018	100.0 100.0 100.0 -	100.0	99.9	~~~	
3	\bigcirc	WHO Safer Surgery - brief (% lists where complete)	=> %	100 10	10		Oct 2018	100 100 100 100	100.0	99.9	\sim	
3	\bigcirc	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	100 10	10		Oct 2018	0 0 0	0.0	93.8	 \	
9	•	Never Events	<= No	0 0)	1 0 1 0	Oct 2018	1 1 0 0 0 0	2	2	- M	
9	•	Medication Errors causing serious harm	<= No	0 0)	0 0 0 1 0	Oct 2018	0 0 0 - 0 0	0	0	٨	
9	•	Serious Incidents	<= No	0 0		4 3 1 8 5 4 6 4 3 5 4 5 9 4 6 3 1 9	Oct 2018	2 2 1 0 0 4 0	9	37	m	
9		Open Central Alert System (CAS) Alerts	<= No			9 27 3 3 8 10 6 5 7 6 5 8 9 14 12 15 14 14	Oct 2018		14	86	۸	
9	•	Open Central Alert System (CAS) Alerts beyond deadline date	No	0 0		0 1 1 1 0 0 1 1 2 2 2 2 3 2 4 4 4	Oct 2018		4	21	~~~	
		Safety Plan - Input Non-Compliant Days	<= No	<=3 Wa	Per ard		Aug 2018		58	224		
		Safety Plan - Checks Compliant	%	98 9		Under Review	Aug 2018		99.67	99.65		
		Safety Plan - Missed Checks	=> No	<=3 Wa	Per ard		Aug 2018		63	73		
600		VTE Assessments Missed			_ .	Falls - Acute & Community		Hospital Acquired Avoidable P	ressure So	res - by Gra	ade	
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Patient Safety - Obstetrics

Data	Data		1	Trajectory 2016-2017	Previous Months Trend (since May 2017) Data Vear To	
	Data Quality	PAF	Indicator	Measure Year Month	Previous Months Trend (since May 2017) Data Month Year To M J J A S O N D J F M A M J J A S O Date Date	Trend
3	\bigcirc		Caesarean Section Rate - Total	<= % 25.0 25.0	• •	\sim
3	\diamond	•	Caesarean Section Rate - Elective	<= %	8 9 7 8 8 9 9 5 7 10 8 10 10 9 9 10 9 9 Oct 2018 9.2 9.3	$\sim \sim \sim$
3	\diamond	•	Caesarean Section Rate - Non Elective	<= %	15 17 18 15 19 21 18 21 15 19 18 17 18 15 20 17 19 16 Oct 2018 16.4	\mathcal{M}
2	Ø	•d	Maternal Deaths	<= No 0 0	• •	
3			Post Partum Haemorrhage (>2000ml)	<= No 48 4	• •	\sim
3	Ô		Admissions to Neonatal Intensive Care (Level 3)	<= % 10.0 10.0	• •	\sim
12	Ô		Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1 8.0 8.0	• •	$\sim \sim \sim \sim$
12			Stillbirth Rate (Corrected) (per 1000 babies)	Rate1	· · · 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 Oct 2018 7.86	_~~
12			Neonatal Death Rate (Corrected) (per 1000 babies)	Rate1	· · · 4.22 2.10 0.00 0.00 1.99 0.00 4.41 4.10 2.08 0.00 0.00 1.78	M
12	Ó		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	• •	\sim
2			Breast Feeding Initiation (Quarterly)	=> % 74.0 74.0	→ • → → • • • • • • • • • • • • • • • •	∧ V
2	0	•	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 085 or 086) (%) -	<= %	2.5 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 Oct 2018 1.65 1.12	\sim
2	\mathbf{O}	•	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 085 or 086 Not 0864) (%)	<= %	1.6 1.6 0.6 0.6 0.5 0.6 0.7 0.4 0.7 0.8 0.5 0.6 0.9 1.3 1.2 1.7 Oct 2018 1.65	\mathbf{V}
2	0	•	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 085) (%)	<= %	1.4 1.6 1.0 0.0 0.0 0.0 0.2 0.0 0.3 0.2 0.0 0.6 0.5 0.3 0.8 Oct 2018 0.83 0.40	2
			Caesarean Section	Rate (%)	Registrations & Deliveries	







Registrations

Deliveries

SWBH Bookings

Linear (Registrations)

Linear (SWBH Bookings)

Linear (Deliveries)

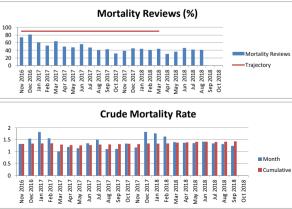
Clinical Effectiveness - Mortality & Readmissions

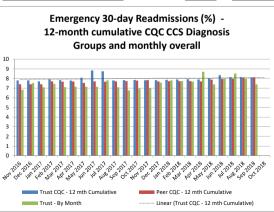
Data Source	Data Quality	PAF	Indicator	Measure	Traje Year	ctory Month					
5		•C•	Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	RAMI	Below Upper Cl	Below Upper CI					
5		•C•	Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	RAMI	Below Upper Cl	Below Upper CI					
5		•C•	Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI					
6		•C•	Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	SHMI	Below Upper CI	Below Upper CI					
5		•C•	Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	HSMR							
5		•C•	Deaths in Low Risk Diagnosis Groups (RAMI) - month	RAMI	Below Upper CI	Below Upper CI					
3	\bigcirc		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)	%							
	\bigcirc		Deaths in the Trust	No							
20	\mathbf{O}		Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%							
20	0		Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%							
5	0	•C•	Emergency Readmissions (within 30 days) - CQC CCS Diagnosis Groups (12-month cumulative)	%							
			Emergency Readmissions (within 30 days) - Same Specialty (exc. Deaths and Stillbirths) month	%							
			Emergency Readmissions (within 30 days) - Different Specialty (exc. Deaths and Stillbirths) month	%							
			Emergency Readmissions (within 30 days) - Same Specialty (exc. Deaths and Stillbirths) 12-month cumulative	%							
			Emergency Readmissions (within 30 days) - Different Specialty (exc. Deaths and Stillbirths) 12-month cumulative	%							
		RAN	/I, SHMI & HSMR (12-month cum	ulative)							
150 100 50 0 90000 0	Dec 2016 Jan 2017	Feb 2017 Mar 2017 Apr 2017	May 2017 Jun 2017 Jul 2017 Aug 2017 Sep 2017 Oct 2017 Dec 2017 Dec 2017 Jan 2018 Feb 2018 Mar 2018 Mar 2018	May 2018 Jun 2018 Jul 2018	Aug 2018 Sep 2018 Oct 2018	RAMI SHMI HSMR					
Mortality (RAMI) - Weekend and Weekday (12-month cumulative)											
150 100 50 0						Weekend					

Nov 2016 Dec 2016 Jan 2017 Apr 2017 Jun 2017 Jun 2017 Jun 2017 Jun 2018 Jun 2018 Jan 2018 May 2018 May 2018 Jan 2017 Jan 2018 Jan 2017 Jan 2018 Jan 2018 Jan 2017 Jan 2018 Jan 2017 Jan 2017 Jan 2017 Jan 2017 Jan 2018 Jan

Previous Months Trend (since May 2017)																	
М	J	J	Α	S	0	N	D	J	F	M	Α	М	Ĵ	J	Α	S	0
100	98	97	108	109	109	108	109	108	108	109	106	106	106	104	-	-	-
97	95	95	103	103	103	102	103	103	102	104	102	102	101	99	-	-	-
109	106	101	124	128	130	130	128	126	124	124	119	120	119	119	-	-	-
102	102	103	106	106	108	110	110	111	112	113	-	-	-	-	-	-	-
109	110	112	113	115	118	119	122	124	123	117	123	127	128	-	-	-	-
61	78	78	71	144	62	120	90	133	102	129	76	100	71	84	-	-	-
۲	۲	۲	۲	۲		۲	۲	۲	۲	۲	۲	۲	۲	٠	۲	-	-
1.1	1.3	1.5	1.1	1.1	1.3	1.2	1.8	1.8	1.6	1.4	1.4	1.4	1.4	1.3	1.3	1.2	-
1.3	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	-
113	129	142	109	109	133	119	169	178	142	143	120	123	127	124	116	106	-
7.2	7.1	7.8	7.1	6.8	7.0	7.0	7.6	7.8	7.7	7.7	8.7	7.4	8.0	8.5	8.0	7.4	-
7.0	7.1	7.1	7.2	7.2	7.2	7.2	7.2	7.2	7.3	7.3	7.4	7.5	7.5	7.6	7.7	7.7	-
8.1	8.8	8.7	7.8	7.8	7.8	7.8	7.8	7.9	7.9	7.9	7.9	8.0	8.4	8.1	8.1	8.1	-
3.5	3.3	3.5	3.0	3.0	3.3	3.2	3.3	3.4	3.6	3.3	4.0	3.6	3.8	3.7	3.8	3.3	-
3.6	3.8	4.3	4.0	3.8	3.7	3.8	4.3	4.4	4.1	4.4	4.7	3.8	4.2	4.8	4.1	4.1	-
3.6	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	-
3.7	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	-

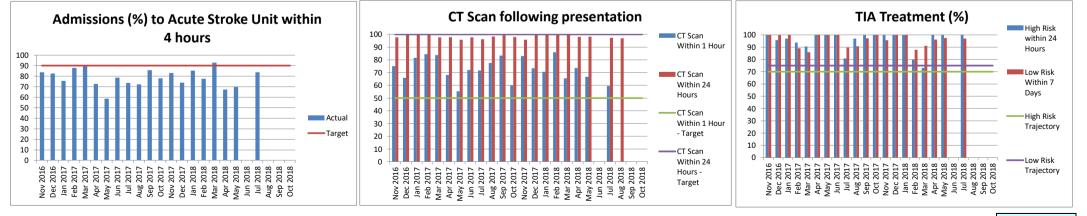
ata riod	Group M SS W P I PCCT CO	Month	Year To Date	Trend
2018			422	\sum
2018			404	
2018			477	
2018			1282	
2018			378.0	
2018		84		Am.
2018	38 83 67 -	41	39	\sim
2018		1.25		\sim
2018			1.41	
2018		106	716	\sim
2018		7.40		$\sim \sim$
2018			7.72	~
2018			8.09	\bigwedge
2018			3.27	n M
2018			4.14	\sim
2018			3.52	\searrow
2018			4.20	\sim





Clinical Effectiveness - Stroke Care & Cardiology

Data Source	Data Quality	PAF	Indicator	Measure	Trajectory Year Month]	Previous Months Trend (Since May 2017) M J J A S O N D J F M A J J A S O	Data Period	Month	Year To Date	Trend
3			5WD: Pts spending >90% stay on Acute Stroke Unit	=> %	90.0 90.0]		Oct 2018	90.4	89.9	γ
3			5WD: Pts admitted to Acute Stroke Unit within 4 hrs	=> %	80.0 80.0]		Oct 2018	61.2	66.8	$\sim \sim \sim$
3			5WD: Pts receiving CT Scan within 1 hr of presentation	=> %	50.0 50.0]		Oct 2018	71.4	71.8	$\sim \sim $
3			5WD: Pts receiving CT Scan within 24 hrs of presentation	=> %	95.0 95.0]		Oct 2018	98.0	97.9	
3			5WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	=>	85.0 85.0]		Oct 2018	85.7	86.5	\sim
3			5WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	=>	70.0 70.0]		Oct 2018	95.7	93.8	$\sim \sim \sim$
3			5WD: TIA (Low Risk) Treatment <7 days from receipt of referral	=>	75.0 75.0]		Oct 2018	98.0	94.8	VVV
3			Stroke Admissions - Swallowing assessments (<24h)	=> %	98.0 98.0]		Oct 2018	100.0	100.0	
9			Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80.0 80.0]		Oct 2018	93.8	95.2	VVVV
9			Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80.0 80.0]		Oct 2018	100.0	94.9	Why -
9	\bigcirc		Rapid Access Chest Pain - seen within 14 days	=> %	98.0 98.0]		Oct 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)

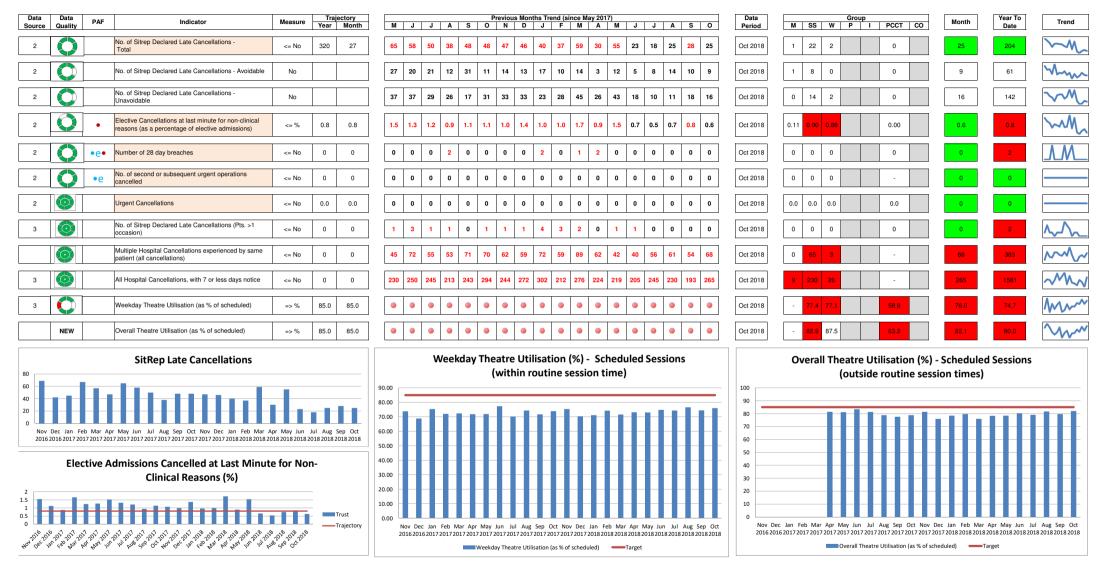
Clinical Effectiveness - Cancer Care



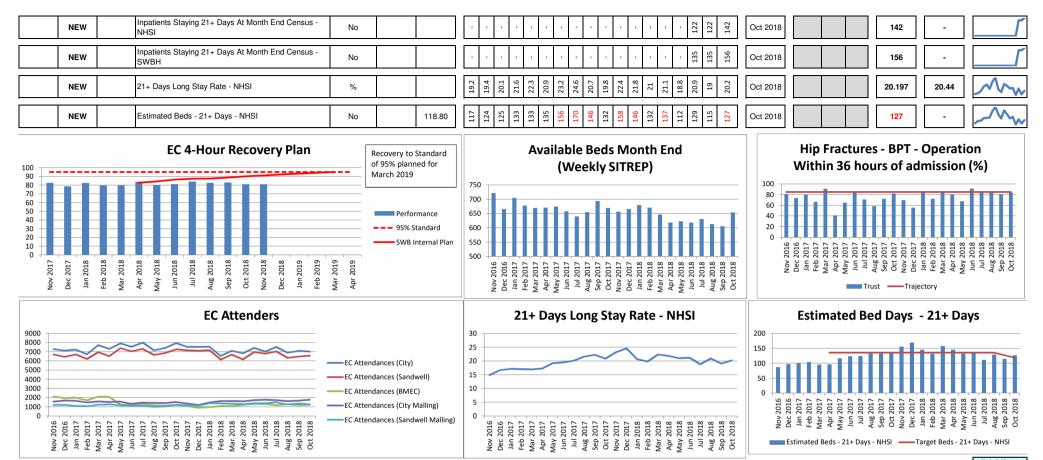
Patient Experience - FFT, Mixed Sex Accommodation & Complaints

Data Source	Da Qua	ata F ality	PAF	Indicator	Measure	Traje Year	ectory Month	M J J A S O N D J F M A M J J A S O	Data Period	Group M SS W P I PCCT CO	Month	Year To Date	Trend
8		•	b•	FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	50.0	50.0	11.3 11.1 12.2 12.7 9.97 19.4 9.75 8.27 - 9.79 10.2 8.28 7.362 5.4 - 8.28 26 14.1	Oct 2018		14	10	^
8		•	a•	FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95.0	95.0	92.2 92.2 82.8 82.9 83.3 81.8 85.5 88.7 - 88.2 88 89.1 527 553 - 599 ### 1079	Oct 2018		1079		
8		•	b•	FFT Response Rate: Type 1 and 2 Emergency Department	=> %	50.0	50.0	3.77 2.36 3.83 2.78 3.36 3.33 3.43 3.56 - 3.85 7.02 7.86 6.303 4.78 6.8 9.34 6.3 4.31	Oct 2018	4.31	4.3	6.4	\sim
8		•	a•	FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95.0	95.0	70.9 73.3 72.2 75.4 73 73 58 - - 74.9 74 76.7 535 607 569 569 508 306	Oct 2018	306	306		
8				FFT Response Rate: Type 3 WiU Emergency Department	=> %	50.0	50.0	0 - 0 8.83 - 5.02 #### #### #### #### #### #### ####	Oct 2018	-	-	-	Λ
8				FFT Score - Adult and Children Emergency Department (type 3 WiU)	=> No	95.0	95.0	0 0 0 0 18.4 - 0 0 0 0 0 0 0 0 0 0	Oct 2018		0		٨
8				FFT Score - Outpatients	=> No	95.0	95.0	88.8 88 90.5 89.4 89 90.6 92 90.3 - 92 90 91 965 1038 1042 1105 843 1607	Oct 2018		1607		
8	NE	EW		FFT Score - Maternity Antenatal	=> No	95.0	95.0	90.5 75 90 50 90 92.5 76.2 75 - 0 100 0 0 4 36 23 55 31	Oct 2018		31		$\sim 1/$
8	NE	W		FFT Score - Maternity Postnatal Ward	=> No	95.0	95.0	85.7 72.6 73.1 80.7 84.4 88.8 81.3 73.9 - 0 100 0 36 0 18 42 0 20	Oct 2018		20		$\neg h_{\wedge}$
8	NE	EW		FFT Score - Maternity Community	=> No	95.0	95.0	100 0 0 50 0 0 0 0 - 0 0 0 0 0 0 0 0 0	Oct 2018		0		\
8				FFT Score - Maternity Birth	=> No	95.0	95.0	83.1 68.8 76.5 57.7 47.8 83.3 74.2 100 - 93.5 100 - 73 84 65 52 68 42	Oct 2018		42		$\sim \sim $
8				FFT Response Rate - Maternity Birth	=> %	50.0	50.0	10.9 6.99 7.08 5.18 5.16 12.5 6.87 0.21 - 22.6 1.23 - 15.55 20.8 14.5 12.6 16 8.42	Oct 2018		8	15	$\sim 1^{\sim}$
13			•a	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	7 0 0 42 67 46 131 0 0 0 0 0 0 0 15 0 0 0	Oct 2018	0 0 0 0 0	0	15	
9			•	No. of Complaints Received (formal and link)	No			94 88 78 104 63 66 99 71 105 86 97 83 75 69 105 73 65 72	Oct 2018	30 25 8 0 0 5 4	72	542	\sim
9				No. of Active Complaints in the System (formal and link)	No			184 185 184 167 154 136 148 161 187 181 183 176 174 164 194 213 208 206	Oct 2018	87 74 24 0 3 13 5	206		$\sim\sim$
9			•a	No. of First Formal Complaints received / 1000 bed days	Rate1			29 28 26 3.1 18 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	Oct 2018	1.7 4.39 1.58 0	2.07	2.30	h-
9				No. of First Formal Complaints received / 1000 episodes of care	Rate1			6.0 5.6 5.3 6.2 3.5 3.1 4.2 5.4 5.3 5.3 5.7 4.1 5.8 4.9 3.9 4.3	Oct 2018	4.39 5.69 2.56 0	4.34	4.87	
9				No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	100 100 100 100 96 100 89.9 92.2 99 100 99 100 100 100 92.8 92.5 100 96.8	Oct 2018	100 90 100 100 100	97	98	\sim
9				No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0	27.7 8.65 22.6 22.6 24.6 24.2 18.7 12.3 20.7 18.6 25.1 11.7 23.43 24.5 31.7 46.8 45 56.8	Oct 2018	52.9 51.4 52 - 200 84.62 66.7	57	37	~~~~
9				No. of responses sent out	No			106 87 83 67 85 73 65 38 75 65 81 77 65 64 52 52 57 54	Oct 2018	20 17 4 0 4 5 4	54	421	\sim
14		•	e•	Access to healthcare for people with Learning Disability (full compliance)	Yes / No	Yes	Yes		Aug 2018	N N N N N N	No		
				Patient Harm - New Claims	No				Aug 2018		19	52	
				Patient Harm - Ongoing Claims	No			Under Development	Aug 2018		321	1559	
				Patient Harm - Closed Claims	No				Aug 2018		7	32	
				Mixed Sex Accommodation Breach	es			Complaints - Number and Rate		Responses (%) Exce	eding Orig	nal Agreed	l
140									nber of Complaints	90	onse		
100 80								80 12.0 10.0 — First	Complaints / 1000	80 70 60			
60 40								60 8.0 — First	odes of care Complaints / 1000	50 40 30			
20			-	r. 1111				40 4.0	uays	20 10	111		₽₽₽₽₽₽
Nov 2016	Dec 2016	Jan 2017 Feb 2017	Mar 2017	Apr 2017 May 2017 Jun 2017 Jun 2017 Jun 2017 Aug 2017 Oct 2017 Nov 2017 Dec 2017 Heb 2018 Feb 2018 Mar 2018	Apr 2018 May 2018 Jun 2018	Jul 2018 Aug 2018	Sep 2018 Oct 2018	0.0		0	2 2011 2011 2011 201	2018 2018 2018 2018	2018 2018 2018 2018 2018
ž	De	Fe	ž	Apr May May Jun Jul Jul Aug Sep Oct Aug Nov Nov Nov Nov Nov Nov Mar	Ar Ma	i N	Se O	No. Na Aura Jun Jun Jun Apra Apra Aura Apra Aura Jun Jun Jun Aura Sepu		HOR DE. Tal. Les. Mar Wer May Inc. In Prof. Cel.	20. 40, Oct. BU. 4	a wa bo way in	In Pop Cet Oc

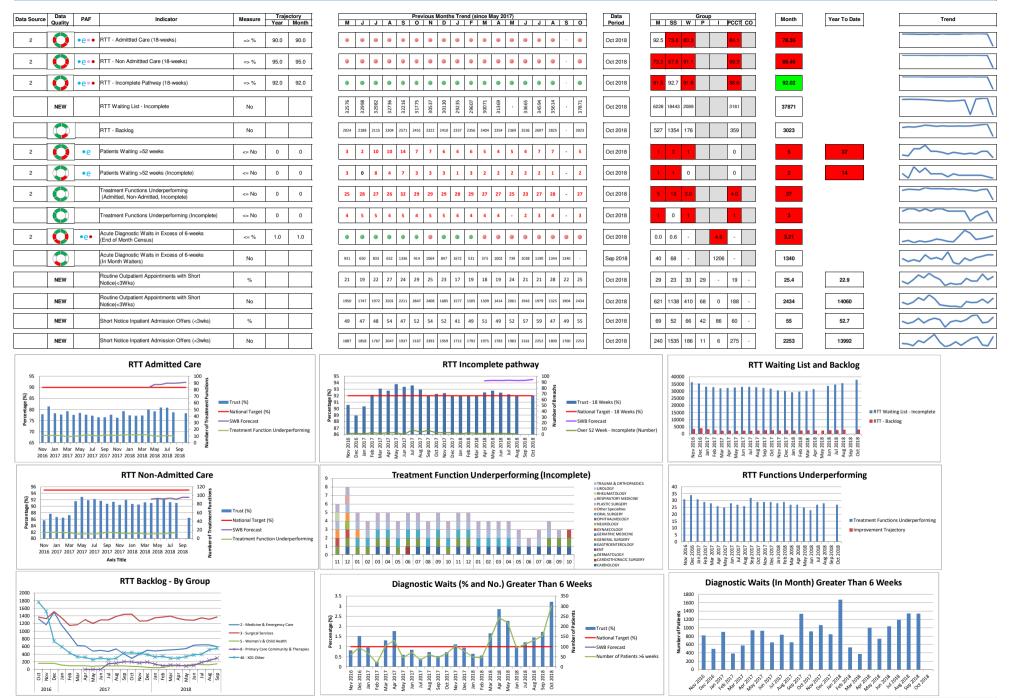
Patient Experience - Cancelled Operations



			Access	То	Er	ner	gency Care & Patient Flow	
Data Source	Data Quality	PAF	Indicator	Measure	Traje Year	ectory Month	Previous Months Trend (From) Data Unit M J J J A S O N D J F M A M J J A S O Period S C B Month Year To Date Trend	
	NEW		Emergency Care Attendances (Including Malling)	No			181853 181853 181853 181853 181853 181853 181908 18191 18191 18191 18191 18191 18191 18191 18191 18191 18191 18191	
2	\bigcirc	•e••	Emergency Care 4-hour waits	=> %	95.00	95.00	• •	
2	0		Emergency Care 4-hour breach (numbers)	No			8219 3249 1212 111 1212 111 1212 111 1212 111 1212 111 1212 111 1212 111 1212 111 1213 113 1313 113 1312 111 111 111	
2		•e	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	•••••••••••••••••••••••••••• Oct 2018 13 12 36 13 14	
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	1242 1243 1111 111 1111 111 1111 111 1111 111 1111 111 1111 111 1111 111 1111 111 1111 111 1111 111 1111 111 1111 111	
11			WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	¹ / ₁ ¹ / ₂ <td< td=""></td<>	
11		•	WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02	• •	
11			WMAS - Emergency Conveyances (total)	No			4376 4254 4254 4225 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000	
2	\bigcirc		Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5	•••••••••••••••••••••••••••• Oct 2018 1.6 4.5 2.7 2	
2			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	<10 per site	<10 per site	••••••••••••••••••••••••••••••••••••	
2	\bigodot		Delayed Transfers of Care (Acute) - Total Bed Days (All Local Authorities)	<= No	3.5% of available	3.5% of available	102 103 <th 103<="" td="" th<=""></th>	
2	\bigodot		Delayed Transfers of Care (Acute) - Finable Bed Days (Birmingham LA only)	<= No	0	0	8:2 9:1 7:1 8:3 2:1 1:427 02:0 1427 000 </td	
2			Patient Bed Moves (10pm - 6am) (No.) -ALL	No			158 061 170 4772 158 051 052	
2			Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No			233 246 233 233 233 246 1684 1684 249 247 233 246 248 248 248	
	NEW		Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units and Transfers for Clinical Reasons	No			Image: Section of the section of th	
	\bigcirc		Hip Fractures - Best Practice Tarriff - Operation < 36 hours of admission (%)	=> %	85.0	85.0	• •	



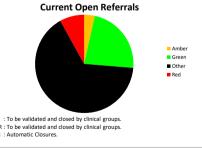
Referral To Treatment



Data Completeness

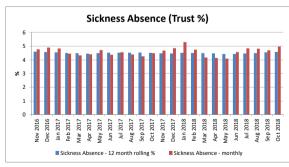
A Processe 158 Processe 158 Processe 158 Processe 156	
2 • Protectings (1) Records for X_eth void strates -> % (0) 0 0	ED : To be validated a MBER : To be validated a REEN : Automatic Closu
Image: Start Recent to AE with value and at 1	
2 C Percentage SUS Records for AE with valid entries -> % 9.0 0	cı
2 C Proceedings SUS Records for AE with valid entries in ->% 90.0 90.0 90.0 90.0 90.0 90.0 90.0 90.0 90.0 90.0 90.0 90.0 90.0 90.0 90.0 90.0 90.0 90.0	4,004 27,469 85,120 44,852
2 • Proceedings SUS Records for AE with valid entries -> % 90.0	9,204 44,208 165,051 74,327
2 Percentage SUS Records for AE with valid entries >>% 990 90 90	
2 Precentage SUS Records for AE with valid entries in Precentage SUS Records for AE with valid entries Precentage SUS Records for P Care with valid entries Precentage SUS Records for P Care with valid entries Precentage SUS Records for P Care with valid entries Precentage SUS Records for P Care with valid entries Precentage SUS Records for P Care with valid entries Precentage SUS Records for P Care with valid entries Precentage SUS Records for P Care with valid entries Precentage SUS Records for P Care with valid entries Precentage SUS Records for P Care with valid entries Precentage SUS Records for P Care with valid entries Precentage SUS Records for P Care with valid entries Precentage SUS Records for P Care with valid entries Precentage SUS Records for P Care with valid entries Precentage SUS Records for P Care with valid entries Precentage SUS Records for P Care with valid entries Precentage SUS Records for P Care with valid entries Precentage SUS Records for P Care with valid entries Precentage SUS Records for P Care with valid entries Precentage SUS Records for P Care with valid entries Precentage SUS Records for P Care with valid entries Precentage SUS Records for P Care with valid entries Precentage SUS Records for P Care with valid entries	
2 Procentage SUS Records for AE with valid entries in soft end of the soft end of	
2 • Percentage SUS Records for AE with valid entries -> % 99.0 <	
2 • Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCC >> % 99.0 99.0 99.0 <th></th>	
2 Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC -> % 99.0 99.0	
2 • Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC => % 99.0	
2 • Percentage SUS Records for AE with valid entries ==>% 99.0 99.0 99.0 99.0 2 • Percentage SUS Records for IP care with valid entries ==>% 99.0 99.0 99.0 2 • Percentage SUS Records for IP care with valid entries ==>% 99.0 99.0 99.0 2 • Percentage SUS Records for IP care with valid entries ==>% 99.0 2 • Percentage SUS Records for OP care with valid entries =>% 99.0 2 • Percentage SUS Records for OP care with valid entries =>% 99.0 2 • Completion of Valid NHS Number Field in acute =>% 99.0 2 • Completion of Valid NHS Number Field in acute =>% 99.0 2 • Completion of Valid NHS Number Field in acute =>% 99.0 2 • Completion of Valid NHS Number Field in acute =>% 99.0 99.0 2 • Completion of Valid NHS Number Field in acute =>% 99.0 99.0 2 • Completion of Valid NHS Number Field in acute =>% 99.0 99.0 2 • Completion of Valid NHS Number Field in acute	
2 • Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC => % 99.0 <	
2 • Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC => % 99.0 99.0 9.0<	
2 • Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC => % 99.0 99.0 • <t< th=""><th></th></t<>	
2 • Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC => % 99.0 99.0 • <t< th=""><th></th></t<>	
Percentage SUS Records for AE with valid entries in set on a non	
14 🚺 • Data Completeness Community Services => % 50.0 50.0 • • • • • • • • • • • • • • • • • •	
Data Source Data Quality PAF Indicator Measure Trajectory Year Previous Previous Months Trajectory Data M Data N D J F M A M J J A S O Period	M SS W F

			Gro	up			Month	Year To	Tren
М	SS	W	Ρ	1	PCCT	CO		Date	
					-	61.2	61.2		
							99.6		
							98.8		
							99.4		
							97.7	97.8	
							99.6	99.6	
							97.2	97.4	
							90.5	91.5	
							91.1	92.3	
							68.1	68.6	~~~~
									V A
							52.3	51.8	
							63.5	64.6	\sim
							100.0	100.0	\checkmark
							38.6	38.7	\sim
							38.0	38.5	zh
							7.0	6.9	
74,327	165,051	44,208	9,284	606	32,853		326,632		
44,852	85,120	27,469	4,664	831	13,406		177132		



Workforce

Data	Data			Traie	ectory	Previous Months Trend (since May 2017) Data Group			Year To	
Source	Quality PAF	Indicator	Measure	Year		M J J A S O N D J F M A M J J A S O M J J A S O N D J F M A M J J A S O	т со М	lonth	Date	Trend
3	•b•	PDRs - 12 month rolling	=> %	95.0	95.0	● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● → → ● ● → → ● → Sep 2018	94.6		81.2	
7	•b	Medical Appraisal	=> %	95.0	95.0	• •	.1 100.0 9	90.4	91.5	
3	•b	Sickness Absence (Rolling 12 Months)	<= %	3.00	3.00	• •	2 4.4	4.6	4.5	\sim
3		Sickness Absence (Monthly)	<= %	3.00	3.00	• •	3 4.4	5.0	4.6	\sim
3		Sickness Absence - Long Term (Monthly)	No			241 218 225 232 216 251 246 247 267 230 226 224 247 269 263 254 242 Oct 2018 64 47 30 1 11 3	26	242	1725	\sim
3		Sickness Absence - Short Term (Monthly)	No			445 444 612 664 706 889 962 963 1021 932 818 688 672 670 691 698 779 850 Oct 2018 193 166 134 5 37 111	8 86 8	850	5048	\sim
3		Return to Work Interviews following Sickness Absence (Cumulative)	=> %	95.0	95.0	• •	5 85.7 8	84.7	82.7	\sim
	NEW	Return to Work Interviews following Sickness Absence (In Month)	=> %	95.0	95.0	. .	8 80.1 8	85.8	82.9	
3		Mandatory Training	=> %	95.0	95.0	• •	1 92.7 8	89.9		\sim
3	() •	Mandatory Training - Health & Safety (% staff)	=> %	95.0	95.0	• •	4 95.2 9	91.9		\sim
	NEW	WeConnect Staff Satisfaction Score	=> No	4.0	4.0		-	-		
	NEW	WeConnect Staff Satisfaction Response Rate	=> %	35.0	35.0		-	-		
	NEW	WeConnect Staff Satisfaction Disengagement Rate	=> %	10.0	18.0	· · · · · · · · · · · · · · · · · · ·	-	-		
	NEW	Band 5 Nurse Staff Turnover	<= %	10.5	10.5	. . <th>-</th> <th>-</th> <th>-</th> <th></th>	-	-	-	
	NEW	Band 5 Nurse Vacancy Rate	<= %	11.0	11.0		-	-	-	
	NEW	New Starters Complete Onboarding Process	=> %	100.0	100.0	· · · · · · · · · · · · · · · · · · ·	-	-	-	
	NEW	Flu Vaccination Rate	=> %	85.0	85.0	. . <th>-</th> <th>-</th> <th>-</th> <th></th>	-	-	-	



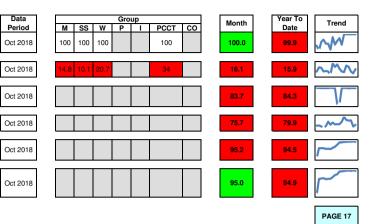
Long / Short Term - Sickness Absence - Trust



Local Quality Indicators - 2018/2019

Data	Data	PAF	Indicator	Measure	Traje	ectory
Source	Quality	FAF	Indicator	Weasure	Year	Month
			WHO Safer Surgery - Audit - brief and debrief (% lists where complete) - SQPR	=> %	100	100
		Morning Discharges (00:00 to 12:00) - 5		=> %	35	35
			ED Diagnosis Coding (Mental Health CQUIN) - SQPR	=> %	85	85
h						
			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 Assessm For New community patients at initial assessment		=> %	95	95	

Previous Months Trend (From May 2017)																	
М	J	J	Α	S	0	Ν	D	J	F	Μ	Α	М	J	J	Α	S	0
98	98	99	99	99	99	98	100	99	99	99	99	100	100	100	100	100	100
15	17	17	15	16	15	15	18	17	17	16	15	15	17	17	15	15	16
86	85	84	84	84	84	85	85	83	0	0	84	85	85	84	84	84	84
	1	1		1	1	1	1	1	1		1	1	1	1	1	1	-
75	75	74	71	74	80	76	79	76	77	76	80	86	82	81	81	74	76
-	57	58	57	54	55	52	60	67	78	91	91	94	94	96	95	97	95
-	63	65	66	62	63	63	70	78	81	92	93	94	95	96	95	97	95



Legend

	Data Sources]	Indicato	rs which	comprise the External Performance Assessment Frameworks			Groups
1	Cancer Services]	•		NHS TDA Accountability Framework]	м	Medicine & Emergency Care
2	Information Department]		а	Caring		А	Surgery A
3	Clinical Data Archive]		b	Well-led		В	Surgery B
4	Microbiology Informatics]		c	Effective		w	Women & Child Health
5	СНКЅ]		d	Safe]	Р	Pathology
6	Healthcare Evaluation Data (HED) Tool]		е	Responsive		I	Imaging
7	Workforce Directorate]		f	Finance		PCCT	Primary Care, Community & Therapies
8	Nursing and Facilities Directorate]	•		Monitor Risk Assessment Framework		со	Corporate
9	Governance Directorate]	•		CQC Intelligent Monitoring			
10	Nurse Bank]						
11	West Midlands Ambulance Service]			Data Quality - Kitemark			dicator is colour coded on kitemark to signify ative to the dimension, with following key:
12	Obstetric Department]	Granularity		Assessment of Exec. Director Timeliness	Red	Insufficient	
13	Operations Directorate]				Green	Sufficient	
14	Community and Therapies Group]			6 1	White	Not Yet Assessed	
15	Strategy Directorate]	Completene	ess	2 Audit		The centre of the	indicator is colour coded as follows:
16	Surgery B]			4 3	Red / Green	As assessed by Ex	xecutive Director
17	Women & Child Health]				White	Awaiting assessme	ent by Executive Director
18	Finance Directorate]	Validation		Source	If segme		is Blank this indicates that a formal audit of this or has not yet taken place
19	Medicine & Emergency Care Group]						
20	Change Team (Information)]						

Section	Indicator	Measure	Trajectory Year Month	ΙE	MJ	J	A	S	0 N	Previo D	ous Mont J	hs Trend F M	A	M J	J	ASO	Data Period	Dir EC	AC SC	Month	Year To Date	Trend
Patient Safety - Inf Control	C. Difficile	<= No	30 3				٠	٠	•		•		٠	• •		• • •	Oct 2018	1	0 1	2	6	Mw
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0 0						• •		•		٠	• •		• • •	Oct 2018	0	0 0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective (%)	=> %	80 80					٠	•	•	•		•	•	•	• • •	Oct 2018	82	91 42	73.8		<u> </u>
Patient Safety - Inf Control	MRSA Screening - Non Elective (%)	=> %	80 80				٠	٠	•	٠	•		٠	•		• • •	Oct 2018	86	87 87	86.5		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Patient Safety - Harm Free Care	Number of DOLS raised	No			7 5	1	2 13	9	19 15	9	19 1	6 20	16	34 14	26	21 26 23	Oct 2018	4	19 0	23	160	mm
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			7 5	1:	2 13	9	19 15	9	19 1	6 20	16	34 14	26	21 26 23	Oct 2018	4	19 0	23	160	mm
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			0 0	1	0	0	0 0	0	0	0 0	1	3 2	3	5 1 2	Oct 2018	0	2 0	2	17	\sim
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			6 6	4	8	3	2 1	3	2	16	2	2 2	2	3 5 0	Oct 2018	0	0 0	0	16	\sim
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			63	1	3	5	63	2	2	4 2	3	12 8	10	10 16 13	Oct 2018	3	10 0	13	72	\sim
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			0 2	1	2	0	0 1	1	1	0 0	0	0 1	3	2 3 2	Oct 2018	0	2 0	2	11	M~
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			1 1	5	0	0	0 0	0	0	0 0	0	0 0	1	0 0 0	Oct 2018	0	0 0	0	-	۸
Patient Safety - Harm Free Care	Falls	<= No	0 0		39 34	4 34	28	31	48 22	23	35 3	5 45	35	32 35	40	43 37 53	Oct 2018	14	39 0	53	275	\sim
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0 0		1 0	0	1	1	3 0	0	0	0 0	0	2 1	0	0 0 0	Oct 2018	0	0 0	0	3	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0 0		4 2	4	2	6	3 4	8	8	4 3	4	5 5	6	1 3 7	Oct 2018	0	7 0	7	31	wv
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0 95.0				٠	٠	•		•		•	•	•	• • •	Oct 2018	85.2	95.1 97.4	89.4		m
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0 100.0		•		٠	٠	•	٠	•		•	• •		• • •	Oct 2018	100.0	100.0 -	100.0		m -
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0 100.0					٠	•		•		•	•		• • •	Oct 2018	100	100 -	100.0		\sim
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0 100.0				•	٠	•	•	•		٠	•		• • •	Oct 2018	0	0 -	0.0		
Patient Safety - Harm Free Care	Never Events	<= No	0 0		•		٠	٠	•	٠	•	•	٠	• •	•	• • •	Oct 2018	0	1 0	0	1	
Patient Safety - Harm Free Care	Medication Errors	<= No	0 0		0 0	0	0	0	0 0	0	0	0 0	0	0 0	0	0 0 0	Oct 2018	0	0 0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0 0						•		•		٠	•	•	• • •	Oct 2018	1	1 0	2	12	\mathcal{M}
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100 98				۲	٠	•	٠	•			•	•	•	Aug 2018	34	32 57	38		\sim

Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	9.2	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 - Sep	2018	11.5		
Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	9.3	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 -	2018		11.7	

Section	Indicator		Trajectory Year Month	E	MJ	J	A	S	0		Previous D				M	J	JA	S O	Data Period		Directorate AC SC	Month	Year To Date]	
Clinical Effect - Stroke & Card	Pts spending >90% stay on Acute Stroke Unit (%)	=> %	90.0 90.0		• •					•	•			٠			•		Aug 2018		87.3	87.3	93.2		\frown
Clinical Effect - Stroke & Card	Pts admitted to Acute Stroke Unit within 4 hrs (%)	=> %	90.0 90.0		•			•	•	•	•			٠	•	-	•		Jul 2018		83.8	83.8	71.4	1	~~~/
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0 50.0		• •					•	•		•	•		-	• -		Jul 2018		59.5	59.5	69.6		~~V
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0 100.0		•		•		•	•	•		•	٠		-	•		Aug 2018		96.9	96.9	97.3		/
Clinical Effect - Stroke & Card	Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0 85.0		•			•			•		•			-	•		Jul 2018		33.3	33.3	81.3		w
Clinical Effect - Stroke & Card	Stroke Admissions - Swallowing assessments (<24h) (%)	=> %	98.0 98.0		• •					•	•		•	٠			• •	• •	Oct 2018		100.0	100.0	100.0		
Clinical Effect - Stroke & Card	TIA (High Risk) Treatment <24 Hours from receipt of referral (%)	=> %	70.0 70.0		• •						•		•			-	•		Jul 2018		100.0	100.0	100.0		~//
Clinical Effect - Stroke & Card	TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=> %	75.0 75.0		• •			٠			•		•	٠		-	• -		Jul 2018		97.0	97.0	97.6		<u> </u>
Clinical Effect - Stroke & Card	Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=> %	80.0 80.0		•					•	•		•	٠		•	• •	• •	Oct 2018		93.8	93.8	95.2		MMM
Clinical Effect - Stroke & Card	Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=> %	80.0 80.0		• •			٠			•		•	٠		•	• •	• •	Oct 2018		100.0	100.0	94.9		MM/
Clinical Effect - Stroke & Card	Rapid Access Chest Pain - seen within 14 days (%)	=> %	98.0 98.0		• •		•			•	•		•	٠		•	• •	• •	Oct 2018		100.0	100.0	100.0		
Clinical Effect - Cancer	2 weeks	=> %	93.0 93.0		•					•	•		•			•	• •	•	Sep 2018		96.5	96.5			
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0 96.0		• •			٠			•		•	٠		•	• •	•	Sep 2018		100.0	100.0			
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0 85.0		• •				•		•		•		•	•	• •	• -	Sep 2018		83.3	83.3			$\neg \gamma$
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			2 4.5	5 1	2.5	5 2	3.5	2.5	0.5 1	.5 1	1	3	5	2	1 3	2 -	Sep 2018	-	- 2.00	2.00	16] [m
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			0 1	0	0	0	2	2	0	0 1	1	1	0	0.5	0 1.5	0 -	Sep 2018	-	- 0.00	0.00	3		
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			91 106	6 97	7 99	81	125	173	104 10	02 11	3 280	118	104	112 1	103 146	86 -	Sep 2018	-	- 86	86		-	~hy
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	<= No	0.0 0.0		6 4	10) 3	7	8	7	7	3 9	4	3	7	6	4 2	7 4	Oct 2018	-	- 4	4	33		\sim
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0.0 0.0		7 0	0	3	61	46	129	0	0 (0	0	0	0	15 0	0 0	Oct 2018	0	0 0	0	15		\mathcal{A}_{\sim}
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			42 40	27	7 49	24	26	47	29 3	80 3	8 34	36	35	24	55 27	25 30	Oct 2018	15	13 2	30	232		M
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			79 91	83	3 82	2 74	59	75	67 7	73 7	8 76	81	89	71	97 90	80 87	Oct 2018	48	36 3	87		/	\mathcal{M}

Section	Indicator	Measure	Trajectory Year Month	Previous Months Trend M J J A S O N D J F M A M J J A S O	Data Period	Directorate EC AC SC	Month	Year To Date	
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non- clinical reasons	<= %	0.8 0.8		Oct 2018	- 0.65 -	0.11		ml_
Pt. Experience - Cancellations	28 day breaches	<= No	0 0	0 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Oct 2018	0.0 0.0 0.0	0	0	Λ
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0 0	11 3 5 2 8 2 3 4 6 0 7 0 1 1 1 0 0 1	Oct 2018	0.0 1.0 0.0	1	4	hn
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0 85.0	35 63 31 62 41 <i>мини</i> имии имии имии имии имии имии имии	Oct 2018		-		Μ
Pt. Experience - Cancellations	Urgent Cancelled Operations	No		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Oct 2018	0.00 0.00 0.00	0.00	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95.0 95.0		Oct 2018	75.6 83.7 Site S/C	79.9	81.1	\sim
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No		1742 1580 1580 1280 1280 1281 1280 1281 2283 1935 22814 22814 22814 22814 22814 22814 22814 22814 22814 22814 22814 22814 22814 22814 22815 1935 22814 22815 22817 22815 22817 22815 22815 22815 22815 22815 22815 22815 22815 22815 22815 22815 22815 22815 22815 22815 22815 22815 2285 228	Oct 2018	2643 0 78	2721	16654	~m
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0 0		Oct 2018	0.0 1.0 Site S/C	1	1	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.0 15.0		Oct 2018	13.0 12.0 Site S/C	13	14	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60.0 60.0		Oct 2018	82.0 72.0 Site S/C	70	66	\sum
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0 5.0		Oct 2018	4.5 5.8 Site S/C	5.2	5.0	J-
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0 5.0		Oct 2018	7.4 8.8 Site S/C	8.1	7.4	2
Emergency Care & Pt. Flow	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0 0	159 242 111 127 127 90 143 207 207 207 208 163 163 163 163 173 219 173 219 165 173 219 219 216 219 216 217 216 217 207 2127 207 2127 207 2127 2127 212	Oct 2018	107 14	121	1084	\sim
Emergency Care & Pt. Flow	WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0 0	12 6 1 0 1 4 6 11 5 4 21 6 6 10 2 8 5 6	Oct 2018	3 3	6	43	Mn
Emergency Care & Pt. Flow	WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	<= %	0.02 0.02		Oct 2018	0.13 0.13	0.13	0.14	Mn
Emergency Care & Pt. Flow	WMAS - Emergency Conveyances (total)	No		4254 4254 4278 4174 4124 4251 4551 4561 4365 4308 4308 4308 4308 4306 4306 4306 4326 4326 4326	Oct 2018	2348 2274	4622	31336	\sim
RTT	RTT - Admitted Care (18-weeks) (%)	=> %	90.0 90.0		Oct 2018	- 90.2 95.6	92.5		V
RTT	RTT - Non Admitted Care (18-weeks) (%)	=> %	95.0 95.0		Oct 2018	- 59.1 94.1	73.3		V
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0 92.0		Oct 2018	- 88.5 96.6	91.5		Y
RTT	RTT - Backlog	<= No	0 0	479 497 467 538 407 288 398 504 480 497 509 524 545 632 644 641 - 527	Oct 2018	0 449 78	527		~~~
RTT	Patients Waiting >52 weeks	<= No	0 0	2 1 7 4 1 0 0 0 1 0 0 2 0 1 3 - 1	Oct 2018	0 1 0	1		$\mathbf{\Lambda}_{\mathbf{m}}$
RTT	Treatment Functions Underperforming	<= No	0 0	7 8 9 7 8 5 5 6 6 6 6 6 5 4 6 5 - 5	Oct 2018	0 4 1	5		\sim

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

Section	Indicator	Measure	Trajectory Year Month	Previous Months Trend J J J A S O N D J F M A M J J J A S O Period	Directorate EC AC SC	Month Year To Date	
Data Completeness	Open Referrals	No		Oct 2018 886,115 886,125 886,1	15,916 31,355 27,056	74327	1_
Data Completeness	Open Referrals without Future Activity/ Waiting List: Re	No		31,7,6 39,488 40,216 40,844 35,242 35,135 37,620 41,127 40,464 40,464 41,127 40,464 41,127 41,127 40,464 41,262 41,127 40,535 41,878 40,535 41,878 40,535 41,878 52,535 41,465 52,535 53,535 54,635	13,684 18,654 12,514	44852	
Workforce	PDRs - 12 month rolling (%)	=> %	95.0 95.0	• •	84.87 83.58 -	71.8	\sim
Workforce	Medical Appraisal and Revalidation	=> %	95.0 95.0	• •	81.54 89.39 -	89.2	\sim
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15 3.15	• •	5.30 5.30 -	5.30 5.02	~~~
Workforce	Sickness Absence - In month	<= No	3.15 3.15	• •	5.60 6.16 -	5.90 5.72	\sim
Workforce	Sickness Absence - Long Term - In month	No		48 45 54 49 51 49 63 64 46 40 54 55 61 65 65 64	25 39 0	64 429	\sim
Workforce	Sickness Absence - Short Term - In month	No		30 131 145 157 173 233 236 219 203 212 163 175 155 163 174 199 193 Oct 2018	77 116 0	193 1222	\sim
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100 100	• •	66.9 79.2 -	69.87	\sim
Workforce	Mandatory Training (%)	=> %	95.0 95.0	• •	84.44 86.3 -	86.3	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%		2.2 6.2 1.6 Jun 2018	1.45 1.71 -	1.7	۸.
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	~ ^ M
Workforce	Your Voice - Response Rate (%)	No		-> 11.8 -> -> -> -> -> 9> -> 11 -> -> -> -> -> Jun 2018	9.4 11.8 0.0	11.0	٨٨
Workforce	Your Voice - Overall Score	No		-> -> -> -> -> -> -> -> -> -> Jan 2017	3.51 3.90 3.58	3.68	

Section	Indicator	Measure	Traj Year	ectory Month	Previous Months Trend M J J A S O N D J F M J J A S O	Data Period	Directorate GS SS TH An O	Month	Year To Date	Trend
Patient Safety - Inf Control	C. Difficile	<= No	7	1		Oct 2018	0 0 0 0 0	0	1	Μ <u>Λ</u>
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0		Oct 2018	0 0 0 0 0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80	80	• • • • • • • • • • • • • • • • • • •	Oct 2018	94.4 90.83 - 25 32.26	89.9		\sim
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80	80		Oct 2018	88.16 89.29 - 83.33 88.89	88.5		~~~~
Patient Safety - Harm Free Care	Number of DOLS raised	No			3 0 12 7 6 15 12 9 7 9 4 11 14 8 7 10 9 10	Oct 2018	5 0 0 5 0	10	69	\mathcal{M}
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			3 0 12 7 6 15 12 9 7 9 4 11 14 8 7 10 9 10	Oct 2018	5 0 0 5 0	10	69	\mathcal{M}
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			0 0 0 0 0 0 0 0 0 0 0 0 0 1 0 1 1 1 2 1	Oct 2018	1 0 0 0 0	1	7	^
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			4 0 3 1 2 1 1 0 0 0 0 0 2 1 1 1 1 0	Oct 2018	0 0 0 0 0	0	6	m
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			3 0 6 5 2 2 1 0 0 3 0 1 5 4 1 1 5 8	Oct 2018	3 0 0 5 0	8	25	\sim
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			0 0 0 0 0 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0	Oct 2018	0 0 0 0 0	0	1	M_/_
Patient Safety - Harm Free Care	Falls	<= No	0	0	7 11 11 4 5 5 10 10 17 7 15 16 9 6 9 11 10 17	Oct 2018	8 9 0 0 0	17	78	$\sim \sim \sim$
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0	0	0 1 0 0 0 0 0 0 0 1 0 2 0 0 0 1	Oct 2018	1 0 0 0 0	1	3	<u> </u>
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0	0	3 0 2 0 0 2 2 1 2 2 3 2 0 3 2 5 3	Oct 2018	1 2 0 0 0	3	17	w~~~
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0		Oct 2018	98.26 98.51 - 99.68 97.55	98.3		\sim
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0		Oct 2018	100 100 100 100 100	100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0		Oct 2018	100 - 100 - 100	100.0		\sim
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0		Oct 2018	0 - 0 - 0	0.0		\backslash
Patient Safety - Harm Free Care	Never Events	<= No	0	0	1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1	Oct 2018	0 0 0 0 1	1	1	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Oct 2018	0 0 0 0 0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0		Oct 2018	1 0 0 0 1	2	6	hand
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98.0		Aug 2018	100 67	83.3		\sim
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			6.5 6.3 7.3 6.9 6.0 6.4 6.1 6.1 7.1 5.5 7.2 5.8 6.1 7.1 6.8 6.3 -	Sep 2018		6.3		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			5.86 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 -	Sep 2018			6.3	

Section	Indicator	Measure	Trajectory Year Month	м	J	JA	S	O N	Previo D	us Month J F	ms Trend M	d A	M J	J	AS	Data D Period]	Directorate GS SS TH An O	Month	Year To Date	
Clinical Effect - Cancer	2 weeks	=> %	93.0 93.0	٠	•	•	•	•	٠	•	•	٠	•		• •	Sep 2018] [96.2	96.16		
Clinical Effect - Cancer	2 weeks (Breast Symptomatic)	=> %	93.0 93.0	٠	•					•			•		• •	Sep 2018] [97.6	97.62		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0 96.0	٠	•		•		٠	•			• •		• •	Sep 2018] [96.0	96		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0 85.0	٠	•	•	•		٠	•	•	•	•		• •	Sep 2018] [87.7	87.69		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No		5	3 4	8 3	2	64	8	10 4	4	3	93	6	4 4	- Sep 2018] [4	28	\mathcal{M}
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No		1	0	2 2	0	2 0	3	3 1	0	1	2 1	2	1 1	- Sep 2018] [1 - 0	1	6	M
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No		114	98	108 134	84	0	119	112 126	90	130	119 137	196	161 113	Sep 2018] [161 - 0	161		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	<= No	0 0	0	0	0 0	0	0 0	0	0 0	0	0	0 0	0	0 0	0 Oct 2018] [0 - 0	0	0	
Pt. Experience - FFT,MSA,Com	p Mixed Sex Accommodation Breaches	<= No	0 0	0	0	0 39	6	0 2	0	0 0	0	0	0 0	0	0 0	0 Oct 2018] [0 0 0 0 0	0	0	<u> </u>
Pt. Experience - FFT,MSA,Com	p No. of Complaints Received (formal and link)	No		29	20 2	28 29	18 1	16 28	22	24 25	5 32	24	23 27	25	19 24	Oct 2018] [5 8 1 1 10	25	167	\sim
Pt. Experience - FFT,MSA,Com	p No. of Active Complaints in the System (formal and link)	No		61	51 5	57 50	38 4	10 36	47	47 52	2 50	45	47 57	57	65 79	Oct 2018] [36 14 5 4 15	74		\sim
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non- clinical reasons	<= %	0.8 0.8	٠	•		•		٠	•	•		•		•	Oct 2018]	1.16 0.56 - 0.32 0.97	0.9		m
Pt. Experience - Cancellations	28 day breaches	<= No	0 0	0	0	0 0	0	0 0	0	1 0	1	2	0 0	0	0 0	0 Oct 2018] [0 0 0 0 0	0	2	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0 0	49	38 4	41 28	37 :	35 35	24	20 29	9 41	24	44 17	7 13	18 21	Oct 2018]	11 2 0 1 8	22	159	m
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0 85.0	75.8	77.9 73	3.9 74.7	74.8 7	5.8 77.1	71.1	72.6 75	5 73.	5 74.6 7	74.3 75.	.7 75.4	78.5 76	Oct 2018]	75.3 79.2 - 93.0 76.2	77.39		1 Jun
Pt. Experience - Cancellations	Urgent Cancelled Operations	<= No	0 0	0	0	0 0	0	0 0	0	0 0	0	0	0 0	0	0 0	0 Oct 2018] [0 0 0 0 0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (%)	=> %	95.0 95.0	96.8	96.7 97	7.5 97.5	5 99.2 9	9.8 99.4	99.6	99.5 97.	.8 97.5	5 98.6 9	98.5 97.	.9 99.3	98.8 99.2	9.1 Oct 2018] [99.09	-	-	$\$
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	<= No	0 0	109	93 10	06 69	73 8	84 80	89	66 0	179	9 160 1	148 11	0 117	157 89	9 Oct 2018] [45 12 0 1 11	69	850	\sim
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0 0	0	0	0 0	0	0 0	0	0 0	0	0	0 0	0	0 0	0 Oct 2018] [0	-	-	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0 5.0	3.0	3.7 3	8.6 4.3	5.4 3	3.9 3.6	5.0	5.1 4.0	6 6.1	4.9	5.5 5.8	8 5.6	4.3 5.4	.1 Oct 2018] [5.11	-	-	\sim
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0 5.0	2.4	2.7 2	2.8 2.3	2.0 1	.0 2.4	1.3	1.8 0.	7 1.1	5.0	3.6 4.1	1 4.3	2.2 4.4	.1 Oct 2018]	3.13	-	-	\sim
Emergency Care & Pt. Flow	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15 15	0	- 0	0 0	0	0 0	0	0 0	0	0	0 0	0	0 0	0 Oct 2018] [36	0	0	
Emergency Care & Pt. Flow	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60 60	-	-	- -	-	- -	-		-	-		-		- Oct 2018] [100	-	-	
Emergency Care & Pt. Flow	Hip Fractures BPT (Operation < 36 hours of admissions	=> %	85.0 85.0	۲	•	•	•		۲	•			•		•	Oct 2018]		84.4	82.6	\sim

Section	Indicator	Measure	Traj Year	ectory Month	Previous Months Trend M J J A S O N D J F M A M J J A S O	Data Period	Directorate GS SS TH An O	Month	Year To Date	
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0		Oct 2018	75.1 67.6 - 75.4	73.8		V
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0		Oct 2018	84.3 91.2 89.6	87.8		V
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0		Oct 2018	93.2 92.7 92.0	92.7		V
RTT	RTT - Backlog	<= No	0	0	1354 - 1311 1349 1285 1285 1337 1397 1397 1397 1397 1397 1397 1348 1271 1264 1447 1443 1293 1293	Oct 2018	580 205 0 0 569	1354		
RTT	Patients Waiting >52 weeks	<= No	0	0	1 1 1 5 9 4 7 5 2 0 4 3 3 2 5 2 3	Oct 2018	2 0 0 0 1	3		_M
RTT	Treatment Functions Underperforming	<= No	0	0	16 18 16 17 16 17 16 15 17 15 16 15 13 15 16 - 13	Oct 2018	8 3 0 0 2	13		~~~_/
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0		Oct 2018	0.6	0.63		-1
Data Completeness	Open Referrals	No			165,051 162,234 159,369 157,125 154,830 151,854 149,307 144,613 144,613 144,613 144,613 144,613 144,979 139,237 139,237 135,263 131,460 129,204	Oct 2018	82,528 7,157 0 18,840 56,526	165051		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Req	No			85,120 86,510 81,586 79,974 76,718 75,110 73,079 76,718 68,385 68,385 64,953 64,953 63,030 60,880 59,198	Oct 2018	38,052 5,043 0 9,894 32,131	85120		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0		Sep 2018	92.1 94.8 95.1 95.2 98.0		83.5	$\overline{}$
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0		Sep 2018	87.8 94.12 - 92.73 85.42		87.7	$ \longrightarrow 1 $
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.15	3.15		Oct 2018	4.4 6.0 6.4 4.3 <mark>2.1</mark>	4.7	4.6	\sim
Workforce	Sickness Absence - In Month	<= %	3.15	3.15		Oct 2018	4.2 7.8 7.2 4.8 1.6	5.0	4.7	\mathcal{M}
Workforce	Sickness Absence - Long Term - In Month	No			41 38 51 50 47 49 47 34 47 42 48 43 38 42 47 39 47 47	Oct 2018	12.0 14.0 13.0 7.0 0.0	47	303	\sim
Workforce	Sickness Absence - Short Term - In Month	No			50 55 96 96 119 159 170 172 151 160 131 123 124 123 130 131 150 166	Oct 2018	42.0 42.0 42.0 39.0 0.0	166	947	\sim
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100	100		Oct 2018	87.4 91.5 95.9 97.2 92.4	92.4	90.8	
Workforce	Mandatory Training	=> %	95.0	95.0		Oct 2018	87.6 87.4 95.1 90.3 88.8		90.2	~~~
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	<u>۸</u> ۸ ۸
Workforce	New Investigations in Month	No			0 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		~~~,
Workforce	Your Voice - Response Rate	No			> -> 15.3>>> 16.2>> 16>>>>	Jun 2018	16.7 0 12.7 12.7 20.6	16		ΛΛΛ
Workforce	Your Voice - Response Score	%				Jan 2017	3.53 3.29 3.85 3.6 3.69	3.79		

Section	Indicator	Measure	Trajectory Year Month	Previous Months Trend M J J A S O N D J F M A M J J A S O	Data Period	Directorate G M P	Month	Year To Date	Trend
Patient Safety - Inf Control	C. Difficile	<= No	0 0		Oct 2018	0 0 0	0	0	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0 0		Oct 2018	0 0 0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.00 80.00		Oct 2018	93	93.0		\sim
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80.00 80.00		Oct 2018	- 100	100.0		$\overline{}$
Patient Safety - Harm Free Care	Number of DOLS raised	No		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Oct 2018	0 0 0	0	0	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Oct 2018	0 0 0	0	0	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Oct 2018	0 0 0	0	0	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Oct 2018	0 0 0	0	0	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Oct 2018	0 0 0	0	0	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Oct 2018	0 0 0	0	0	
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Jun 2018	0 0 0	0	0	
Patient Safety - Harm Free Care	Falls	<= No	0 0	3 1 0 0 1 1 0 0 0 0 1 1 1 0 1 4	Oct 2018	4 0 0	4	8	\searrow
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Oct 2018	0 0 0	0	0	
Patient Safety - Harm Free Care	Grade 2,3 or 4 Pressure Ulcers (hospital aquired avoidable)	<= No	0 0	0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Oct 2018	0 0 0	0	2	_ <u> </u>
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0 95.0		Oct 2018	98.7 93.8	95.5		$\sim \sim \sim$
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0 100.0		Oct 2018	100 100	100.0		\sim
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0 100.0		Oct 2018	100 100	100.0		V
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0 100.0		Oct 2018	0 0	0.0		
Patient Safety - Harm Free Care	Never Events	<= No	0 0		Oct 2018	0 0 0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0 0		Oct 2018	0 0 0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0 0		Oct 2018	1 0 0	1	9	_^//\/_

			Trajectory					Previous	Months Tren	d			Data	Directorate		Year To	
Section	Indicator	Measure	Year Month	М	1 1	A S	O N			A M	JJ	ASO	Period	GMP	Month	Date	
Patient Safety - Obstetrics	Caesarean Section Rate - Total	<= %	25.0 25.0	•	•	•	•	•	•	• •	•	• • •	Oct 2018	25.6	25.6	26.6	\sim
Patient Safety - Obstetrics	Caesarean Section Rate - Elective	%		8	97	8 8	99	5 7	10 8	10 10	99	10 9 9	Oct 2018	9.18	9.2	9.3	$\sim \sim \sim$
Patient Safety - Obstetrics	Caesarean Section Rate - Non Elective	%		15	17 18	15 19	21 18	21 15	19 18	17 18	15 20) 17 19 16	Oct 2018	16.4	16.4	17.3	\sim
Patient Safety - Obstetrics	Maternal Deaths	<= No	0 0	٠	•	•	• •	•	• •	• •	•	• • •	Oct 2018	0	0	2	
Patient Safety - Obstetrics	Post Partum Haemorrhage (>2000ml)	<= No	48 4	٠	•	• •	• •	•	• •	• •	•		Oct 2018	2	2	9	\sim
Patient Safety - Obstetrics	Admissions to Neonatal Intensive Care	<= %	10.0 10.0	٠	•	• •	• •	•	• •	• •	•	• • •	Oct 2018	0.98	1.0	1.7	
Patient Safety - Obstetrics	Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0 8.0	•	•	• •	• •	•	• •	• •	•		Oct 2018	7.86	7.9		$\sim \sim \sim \sim \sim$
Patient Safety - Obstetrics	Stillbirth (Corrected) Mortality Rate (per 1000 babies)	Rate1		-			2.11 2.10	4.02 1.9	9 2.58 4.6	5.98 6.16	4.41 2.0	5 4.17 0.00 7.86	Oct 2018	7.86	7.86	4.45	_~~~
Patient Safety - Obstetrics	Neonatal Death (Corrected) Mortality Rate (per 1000 babies)	Rate1		-			4.22 2.10	0.00 0.0	0 2.58 0.0	0 1.99 0.00	4.41 4.1	0 2.08 0.00 0.00	Oct 2018	0	0.00	1.78	$\neg \forall \forall$
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific	=> %	85.0 85.0	٠	•	•	•	•	• •	• •	•	• • •	Oct 2018	93.9	93.9		~~~~~
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=> %	90.0 90.0	٠	•	• •	• •	•	• •	• •	• •	• • •	Oct 2018	149	148.9		$\sim\sim\sim$
Patient Safety - Obstetrics	Breast Feeding Initiation (Quarterly)	=> %	74.0 74.0	-									Oct 2018	-	-		
Patient Safety - Obstetrics	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	%		-									Oct 2018	-	-		
Patient Safety - Obstetrics	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 085 or 086 Not 0864) (%)	%		-									Oct 2018	-	-		
Patient Safety - Obstetrics	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 085) (%)	%		-									Oct 2018	-	-		
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100.0 97.0	N/A	•	N/A N/A	• •	•	N/A N/A	•	•	•	Aug 2018	100 0 -	66.7		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%		4.5	4.8 4.3	3.7 4.3	4.3 5.5	4.8 5.0	4.4 4.7	4.9 4.4	4.9 4.5	5 3.7 4.2 -	Sep 2018		4.2		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%		4.7	4.7 4.7	4.7 4.7	4.6 4.6	4.6 4.7	4.6 4.6	4.6 4.6	4.6 4.6	5 4.6 4.6 -	Sep 2018			4.6	
Clinical Effect - Cancer	2 weeks	=> %	93.0 93.0	٠	•	•	• •	•	• •	• •	•	• • -	Sep 2018	97 -	97.0		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0 96.0	٠	•	•	• •	•	•	• •	•	• • • -	Sep 2018	100	100.0		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0 85.0	٠	•	• •	•	•	•	• •	•	• • -	Sep 2018	62.5	62.5		$\sim\sim\sim\sim$
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No		3	2 2	5.5 5.5	1.5 6	1 1.5	5 3.5 1	0.5 3	3 3	3.5 1.5 -	Sep 2018	1.5 - 0	1.5	14.5	\mathcal{M}
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No		1	0 0	3 1	0 0	0 0	0 2	0 0	0 1	0.5 0 -	Sep 2018	0 - 0	0	1.5	

Clinical Effect - Cancer Cancer - Oldest wait	for treatment No		139	95	102 18	4 141	90 0	86	74	99	133 73	89	101 1	13 105	5 72	-	Sep 2018	72	- 0	72		\sim
Clinical Effect - Cancer Neutropenia Sepsis Door to Needle Time	Greater than 1hr <= No	0 0	0	0	0 0	0	0 0	0	0	0	0 0	0	0	0 0	0	0	Oct 2018	0	- 0	0	0	

Section	Indicator	Measure	Trajectory Year Month	-	JASO			onths Trend	AMJ	JAS	Data Period	Directorate G M P	Month	Year To Date	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0 0		0 0 0 0	0	0 0	0 0	0 0 0	0 0 0	Oct 2018	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			2 6 12 8 8	7	4 19	7 16	12 6 6	8 9 4	Oct 2018	5 3 0	8	53	\sim
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			5 14 14 17 15	13	19 29	23 27	26 19 20	18 26 20	Oct 2018	0 0 0	24		~~~~
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non- clinical reasons	<= %	0.8 0.8			٠	•	•	• • •	• • •	Oct 2018	1.22 -	0.9		\sim
Pt. Experience - Cancellations	28 day breaches	<= No	0 0		0 0 0 0 0	0	0 0	0 0	0 0 0	0 0 0	Oct 2018	0	0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0 0		7 4 8 3 10	8	14 11	8 5	6 6 3	1 2 1	Oct 2018	2	2	21	\sim
Pt. Experience - Cancellations	Weekday Theatre Utilisation (as % of scheduled)	=> %	85.0 85.0		2 80 79 77 73	79	75 73	80 70	74 77 81	80 76 77	Oct 2018	77.1 -	77.1		\sim
Pt. Experience - Cancellations	Urgent Cancelled Operations	No]	0 0 0 0 0	0	0 0	0 0	0 0 0	0 0 0	Oct 2018	0 - 0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			' 11 4 13 15	32	27 21	0 11	9 23 8	13 16 39	7 Oct 2018	5 1 11	17	125	~~~~
RTT	RTT - Admitted Care (18-weeks)	=> %	90.0 90.0			٠	•	•	• • •	• • -	Oct 2018	83.3	83.3		γ
RTT	RTT - Non Admitted Care (18-weeks)	=> %	95.0 95.0			٠	• •	•	• • •	• • -	Oct 2018	91.1	91.1		V
RTT	RTT - Incomplete Pathway (18-weeks)	=> %	92.0 92.0			٠	• •	•	• • •	• • -	Oct 2018	91.6	91.6		V
RTT	RTT - Backlog	<= No	0 0		7 91 91 90 81	77	56 47	50 90	94 109 135	125 121 - 1	6 Oct 2018	176	176		
RTT	Patients Waiting >52 weeks	<= No	0 0	Ι	0 0 0 0	0	1 2	5 1	1 0 1	0 1 -	Oct 2018	1	1		
RTT	Treatment Functions Underperforming	<= No	0 0		1 1 2 2	1	2 2	2 1	2 1 2	2 2 -	Oct 2018	3	3		_~~~~\
RTT	Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1 0.1			٠	• •	•	• • •	• • •	Oct 2018	-	-		

Section	Indicator	Measure	Traje Year	ctory Month	м	J	J	Α	S	0 1		vious Mo			A	MJ	J	AS	0	Data Period	Dire	ectorate M P	Month	Yea		
Data Completeness	Open Referrals	No			30,838	31,759	32,486	33,158	33,869	34,044 34,430	35,501	36,199	36,730	37,586	38.615	40,844 39.768	41,619	42,951 42,447	44.208	Oct 2018	11,061	11,069 22,078	44208]		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			15,849	16,571	17,454	17,950	18,689	19,739	20,322	20,867	21,365	22,234	23.118	24,667 23.836	25,292	26,984 26,109	27.469	Oct 2018	6,722	4,469	27469]		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	۲	٠	•	٠	•			٠	•	•				•	-	Sep 2018	91.3	88 93		82	.9	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	۲	۲	٠	٠	•	•		۲	۲	•		•	•	•	-	Sep 2018	88.9	100 95		94	.2	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	۲	٠		٠	•			٠	٠	•		•		•		Oct 2018	3.15	5.42 4.19	4.7	4.	5	\searrow
Workforce	Sickness Absence - in month	<= %	3.15	3.15	۲	٠	•	٠	•	•			٠	•		•	•	•	•	Oct 2018	2.94	6.37 3.56	4.9	4.	8	\sim
Workforce	Sickness Absence - Long Term - in month	No			36	28	31	30	29	34 3	30 30	38	35	35 2	25 3	37 40	42	39 37	30	Oct 2018	2	19 9	30.0	25	0.0	\sim
Workforce	Sickness Absence - Short Term - in month	No			41	40	88	89	91 1	128 13	35 131	1 137	127	106 9	95 8	84 92	85	90 97 1	34	Oct 2018	6	69 59	134.0	67	7.0	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	٠	٠	•	٠	•	•		۲	٠	•		•	•	•	•	Oct 2018	94.4	82.1 83.6	83.54	82.	35	$\widehat{}$
Workforce	Mandatory Training	=> %	95.0	95.0	۲	۲		٠	•			٠	٠	•				•		Oct 2018	85.4	89 89.6		90	.5	\sim
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	- 2	2.4		-	6.3	-	-	- 1.9	-		-	Jun 2018	2.78	1.96 1.54		1.	9	
Workforce	New Investigations in Month	No			1	0	0	0	0	1 1	1 1	0	0	0	0	0 1	0	0 0	1	Oct 2018	1	0 0	1]		<u> </u>
Workforce	Your Voice - Response Rate	No			>	>	16	>	>	>	->	17	>	>	-> -	-> 16	>	>>	->	Jun 2018	19.1	11.9 19.7	16]		$[\mathbf{A}_{1},\mathbf{A}_{2},\mathbf{A}_{3}]$
Workforce	Your Voice - Overall Score	No			>	>	>	>	>	>	->	>	>	>	-> -	-> ->	>	>	->	Jan 2017	3.54	3.72 3.6	3.7]		

D eather	In all a stars	.	Trajectory	7	_														Р	revi	ous I	loni	hs 1	ren	d											Data	ſ	Dire	ctorate	<u></u>	—		Г	Year T	0				
Section	Indicator	Measure	Year Month	h	Ν	М	М	J	J		•	J		Α	S	5	0	N		D	J		F	М		Α	М		J	J	1	1	S	0	Ρ	eriod	Ľ	G	M	2	м	onth	L	Date					
WCH Group Only	HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregancy	No			25	250	250	26	68	3	30	302	2	317	26	0	273	27	5 1	192	339	3	21	292	3	83	362	3	38	>		>	>	>	Ju	n 2018					:	338		1083		-	\sim	7	
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)	80	80.8	30.8	87	7.2	2	8	88	3	87	81	.6 9	92.5	88.	9 9	0.7	88.9	9 8	1	88.	8	3.1	89.3	3 90	0.8	92		>	>	>	Ju	2018					9	2.02		90.04			~	7	
WCH Group Only	HV (C3) - % of births that receive a face to face new birth visit by a HV >days	%			16	16.9	16.9	9.8	.89	э	10	0.5	5	9	11	.4	7.99	6.4	8 7	.91	6.5	9.	35	6.6	6	74	7.03	6.	.11	5.98	3	>	>	>	Ju	2018			-		ţ	i.98		6.48		5	\sim	~	
WCH Group Only	HV (C4) - % of children who received a 12 months review by 12 months	=> %	95.0 95.0)	92	92.2	92.2	94	4.6	6	93	3.8	8	89.8	91	.7 9	95.9	95.	1 9	3.7	93.2	9	8.6	93.	9	5.1	94	95	5.3	93.5	5	>	>	>	Ju	2018					9	3.47		94.46			_		
WCH Group Only	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%			89	89.2	89.2	88	8.7	7	80	30.3	3	97.8	8 89	.1	0	96.	7 9	7.2	97.1	9	7.3	97.	ç	96	97.5	5 96	6.4	97.8	3	>	>	>	Ju	2018			-		9	7.82		96.91		~	γ	7	
WCH Group Only	HV (C6i) - % of children who received a 2 - 2.5 year review	=> %	95.0 95.0)	80	80.5	30.5	88	38	;	86	6.8	8	81.3	8 89	.2 9	92.7	93.	8 9	3.1	93.4	9	2.8	93.	9	5.5	94.4	4 9	93	91.4	4	>	>	>	Ju	2018					9	1.42		93.63					
WCH Group Only	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%			78	78.2	78.2	84	4.5	5	84	34.2	2	80.2	2 85	.5 8	37.1	81	g	1.7	92.4	ļ	2	92.	' 9·	4.8	93.1	I 9 [.]	1.2	91.2	2	>	>	>	Ju	2018			-		9	1.15		92.59	,	(~	7	
WCH Group Only	HV (C7) - No. of Sure Start Advisory Boards / Children's Centre Boards witha HV presence	=> No	100 100			>	>	;	->			>	>	>	1		>	>		>	>	-	>	>	-	~>	>	-	->	>		>	>	>	Se	2017						1		1					
WCH Group Only	HV (C8) - % of children who receive a 6 - 8 week review	=> %	95.0 95.0)	98	98.8	98.8	98	8.7	7	99	9.7	.7	100	98	.6 9	99.7	98.	9 9	9.3	99	9	7.6	99.	1	00	99.4	1 99	9.7	99.3	7	>	>	>	Ju	2018					9	9.74		99.72					
WCH Group Only	HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check	=> %	100 100		10	100	100	98	8.7	7	99	9.1	.1	98.8	99	.3 9	99.2	97		98	97.0	9	3.3	99.	1	00	99.4	4 99	9.1	99.	5	>	>	>	Ju	2018					9	9.48		99.5					
WCH Group Only	HV - % of infants being breastfed at 6 - 8 weeks	%			43	43.5	43.5	37	7.8	з.	42	2.9	9	35.6	6 42	.2	37.9	23.	3 1	8.4	20.1	3	8.5	22.	5 23	3.4	21.5	5 36	6.5	40.2	2	>	>	>	Ju	2018					4	0.21		30.71		\sim	\sim	-1]
WCH Group Only	HV - % HV staff who have completed mandatory training at L1,2 or 3 in child protection in last 3 years	=> %	95.0 95.0)		>	>	;	->			>	>	>	:	>	>	>		>	>	-	·>	>	-	·>	>		->	>		>	>	>	Fe	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			39	390	390	36	61	I	40	401	1	403	32	9	386	38	3 3	343	342	2	90	336	3	57	375	3	55	354		>	>	>	Ju	2018			-		:	354		1441		~	\sim	7	
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	97.4	4	99.5	5 98	.5 9	99.2	99.	2 9	5.8	95	9	3.3	99.	9	9.7	99.7	7 1	00	99.1	7	>	>	>	Ju	2018			-		9	9.72		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			19	197	197	21	12	2	21	210	0	326	26	3	223	24	6 2	209	290	ç	14	99	3	26	364	2	09	13		>	>	>	Ju	2018			-			13		912		_	\sim	Λ	
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			>	>	;	->	1	98	8.4	.4	98.5	5 63	.8 5	56.3	62.	9 6	5.3	67.6	3	1.2	29.	9	3.5	97.8	3 58	8.7	3.3	3	>	>	>	Ju	2018					(8.33		62.94]	5	\bigwedge	
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			2	20	20	19	19		2	28	3	317	24	4	21	27		20	26	3	05	225	5	52	15	1	12	7		>	>	>	Ju	2018						7		86					
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	=> %	100 100			>	>	;	->		97	7.8	8	94.9	9 6.0	05 (6.31	6.8	5	6.1	6.9	8	9.4	60.	i 1	4.7	3.89	9 3.	.26	1.8	6	>	>	>	Ju	2018						.86		5.79]			

WCH Group Only	HV - movers into provider <1 year of age to be checked =<14 d following notification to HV service	No	1	71 1	51 13	4 19	93 1	25	135	141	102	174	64	68	82	2 8	2	58	65	>	>	 >	Jul	2018			65	287	My	
WCH Group Only	HV - all untested babies <1 year of age will be offered NBBS screening & results to HV.	Y/N	-	->	->		-	->	>	>	>	>	>	>	;		>	>	>	>	>	 >	Ja	n-00						-

Pathology Group

Section	Indicator	Measure	Trajectory Year Month	ΗE	Previous Months Trend Data Directorate M J J A S O N D J F M A M J J A S O Month	Trend
Patient Safety - Harm Free Care	Never Events	<= No	0 0		• •	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			• • <td></td>	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			• • <td></td>	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			• • <td></td>	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			1 1 0 3 1 3 2 1 1 0 0 1 0 4 0 0 Oct 2018 0 0 0 0 0 5	M. M.,
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No		[2 2 3 3 4 2 3 4 2 3 0 0 1 1 3 1 0 Oct 2018 0 0 0 0 1 1 3 1 0	~M.A
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			• • <td></td>	
Data Completeness	Open Referrals	No			9,284 7,155 7,155 7,155 7,156 7,156 7,156 7,156 7,156 7,156 7,156 7,156 7,156 7,156 7,156 7,156	\sim
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			1,374 1,1529 1,274 1,1529 1,274 1,1529 1,274 1,1529 1,274 1,1529 1,274 1,1529 1,274 1,1529 1,274 1,1529 1,274 1,274 1,274	مسم
Workforce	PDRs - 12 month rolling	=> %	95.0 95.0		• •	
Workforce	Medical Appraisal and Revalidation	=> %	95.0 95.0		Image: Sep 2018 Image: Sep 2018	~~~
Workforce	Sickness Absence - 12 month rolling	<= %	3.15 3.15		• •	\searrow
Workforce	Sickness Absence - In Month	<= %	3.15 3.15		• •	M
Workforce	Sickness Absence - Long Term - In Month	No			6 6 8 5 3 9 5 10 12 12 6 4 3 3 7 10 9 1 Oct 2018 1.0 0.0 0.0 0.0 1 37	~~~
Workforce	Sickness Absence - Short Term - In Month	No			30 39 40 51 49 50 48 45 50 40 41 37 38 40 33 37 32 5 Oct 2018 0.0 0.0 0.0 0.0 1.0 5 222	\sim
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0 100.0		• •	~~~~
Workforce	Mandatory Training	=> %	95.0 95.0		• •	\sim
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			- - - 3.4 - - 14.1 - - 1.8 - - - Jun 2018 2.2 1.42 1.86 2.09 1.29	
Workforce	New Investigations in Month	No			0 0 0 0 0 0 0 0 0 1 1 0	٨
Workforce	Your Voice - Response Rate	No			> -> 23.7> -> -> -> -> -> -> -> -> -> 16.2>> -> 17.1>> -> -> Jun 2018 17.3 13.3 15.7 25.6 31.8 17	
Workforce	Your Voice - Overall Score	No			>>>>>>>>>>	

Imaging Group

Section	Indicator	Measure	Trajectory Year Month	h	Previous Months Trend M J J A S O N D J F M A M J J A S O	Data Period	Directorate DR IR NM BS	Month	Year To Date	Trend
Patient Safety - Harm Free Care	Never Events	<= No	0 0			Oct 2018	0 0 0 0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0 0			Oct 2018	0 0 0 0	0	0	
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= No	0 0		20 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 -	Sep 2018		3.85	-	- <u></u>
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	=> %	0 0		16.0 16.0 17.0 18.0 19.0 21.0 20.0 19.0 19.0 20.0 21.0 20.0 21.0 20.0 21.0 20.0 19.0 16.0 15.0 -	Sep 2018		-	5.33	\frown
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0 50.0			Jul 2018	59.46	59.46	69.59	M
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0 100.00	0		Aug 2018	96.92	96.92	97.3	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			$\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	Sep 2018		-	-	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			$\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	Sep 2018		-	-	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			$\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	Sep 2018		-	-	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Oct 2018	0 0 0 0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			2 2 3 1 3 2 1 1 4 2 1 3 1 4 4 3 4 0	Oct 2018	0 0 0 0	0	19	- ^
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			3 4 5 2 4 3 3 1 4 4 2 3 2 6 5 9 9 3	Oct 2018	0 3 0 0	3		\sim
Pt. Experience - Cancellations	Urgent Cancelled Operations	No				Oct 2018		-	-	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			128 94 106 100 97 122 111 140 84 0 85 93 63 68 70 71 79 60	Oct 2018	60 0 0 0	60	504	m
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0 1.0			Oct 2018	4.51	4.51		$\sim \sim$
Data Completeness	Open Referrals	No			909 904 872 881 881 806 770 774 774 7736 666 7777 6666 623 777 668 545 550	Oct 2018	0 0 0	909		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			831 736 776 779 759 759 706 659 659 659 655 655 655 556 550 550 553 550 422 553	Oct 2018	831 0 0	831		
Workforce	PDRs - 12 month rolling	=> %	95.0 95.0			Sep 2018	75 100 96.2 91.2	-	68.1	\sim
Workforce	Medical Appraisal and Revalidation	=> %	95.0 95.0			Sep 2018	88.9 - 100 -	-	92.9	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Workforce	Sickness Absence - 12 month rolling	<= %	3.15 3.15			Oct 2018	3.6 6.2 1.2 3.1	4.27	3.74	\sim
Workforce	Sickness Absence - in month	<= %	3.15 3.15			Oct 2018	3.6 1.1 0.0 3.0	5.41	4.38	\mathcal{M}
Workforce	Sickness Absence - Long Term - in month	No			10 7 7 4 6 8 6 4 6 8 11 5 6 14 14 9 10 11	Oct 2018	3 0 0 1	11	69	$\sim \mathcal{N}$
Workforce	Sickness Absence - Short Term - in month	No			22 24 22 22 34 31 39 36 41 38 41 38 33 25 22 28 39 37	Oct 2018	22 1 0 10	37	222	./~\/
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0 100.0	þ		Oct 2018	94.8 0 58.3 84.5	86.1	84.3	
Workforce	Mandatory Training	=> %	95.0 95.0			Oct 2018	86.4 <mark>97</mark> 94.1 95.3	90.1	90.6	
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			· · · · · 28 · · · 6.0 · · · 18 · · · ·	Jun 2018	1.97 1.13 2.02 0.8	1.8	1.9	۸۸.
Workforce	New Investigations in Month	No			0 0 0 0 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0	Oct 2018		0		M
Workforce	Your Voice - Response Rate	No			>>>>>>>>>>	Jun 2018	30.8 36.4 68 35	35.2		N N N
Workforce	Your Voice - Overall Score	No			<u> </u>	Jan 2017	3.43 0 4.07 4.17	3.58		

Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory Year Mon	M	Previous Months Trend J A S O N D J F M	A M J J A S O	Data Period	Directorate AT IB IC CT CM	Month	Year To Date	Trend
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.0 80.0		• • • • • • • •	• • • • • •	Oct 2018	0	0		
Patient Safety - Harm Free Care	Number of DOLS raised	No		4	3 2 5 14 4 1 10 5 3	7 11 5 10 9 14 18	Oct 2018	0 18 0 - 0	18	74	\sim
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No		4	3 2 5 14 4 1 10 5 3	7 11 5 10 9 14 18	Oct 2018	0 18 0 - 0	18	74	\sim
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No		0	2 0 0 0 0 0 0 0 0	0 0 1 0 1 5 3	Oct 2018	0 3 0 - 0	3	10	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No		2	0 3 0 2 1 4 5 2 4	2 5 1 4 5 3 0	Oct 2018	0 0 0 - 0	0	20	\sim
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No		2	0 1 2 3 3 0 2 1 1	0 1 1 0 0 4 8	Oct 2018	0 8 0 - 0	8	14	\sim
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No		0	0 0 1 0 0 0 0 0 0	0 0 0 2 0 1 0	Oct 2018	0 0 0 - 0	0	3	M
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No		0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	Oct 2018	0 0 0 - 0	0	0	
Patient Safety - Harm Free Care	Falls	<= No	0 0	21	36 38 30 33 32 38 27 34 49	45 38 24 21 31 32 25	Oct 2018	0 23 2 - 0	25	216	\sim
Patient Safety - Harm Free Care	Falls with a serious injury	<= No	0 0	0	1 2 1 0 1 0 0 0 0	2 0 1 1 0 0 4	Oct 2018	0 4 0 - 0	4	8	\sim
Patient Safety - Harm Free Care	Grade 3 or 4 Pressure Ulcers (avoidable)	<= No	0 0	1	1 0 3 1 1 0 2 1 0	2 0 2 2 1 2 3	Oct 2018	0 3 0 - 0	3	12	-/~//
Patient Safety - Harm Free Care	Never Events	<= No	0 0		• • • • • • • •	• • • • • •	Oct 2018	0 0 0 - 0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0 0		• • • • • • • •	• • • • • •	Oct 2018	0 0 0 - 0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0 0		• • • • • • •	• • • • • •	Oct 2018	0 4 0 - 0	4	9	Sm
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	Oct 2018	0 0 0 - 0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No		3	4 10 2 7 6 4 14 5 5	3 5 3 7 6 4 5	Oct 2018	1 2 0 - 2	5	33	\sim
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No		10	9 11 8 8 8 9 14 11 10	10 9 7 9 12 11 13	Oct 2018	2 5 2 - 4	13		\sim

Primary Care, Community & Therapies Group

Section	Indicator	Measure	Tra Year	ectory Month	м	IJ	J	A	s	0	N	Previ	ous Mo	onths Tr	end M	AIM				S O	Data Period	Directorate	Month	Year To Date	
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	٠	٠		۲	۲	٠	٠	۲	۲	٠	•				•	• -	Sep 2018	98.5 <mark>91.9</mark> 98 - <mark>85</mark>		85.9	
Workforce	Sickness Absence - 12 month rolling	<= %	3.15	3.15	٠	٠	٠		٠	٠		٠	•		•	•			٠	•	Oct 2018	2.62 4.84 4.2 - 4.6	4.15	4.09	.~~~
Workforce	Sickness Absence - in month	<= %	3.15	3.15	٠	٠	٠	٠	٠	٠	٠	٠	•	•	•	•			•	•	Oct 2018	2.59 5.42 5.9 - 4.2	4.79	3.99	\sim
Workforce	Sickness Absence - Long Term - in month	No			19	19	15	24	21	26	36	35	36	32	32	29 26	6 2	5 34	37	33 34	Oct 2018	3	34	218	
Workforce	Sickness Absence - Short Term - in month	No			60	57	78	84	76	121	128	135	146	133	103	91 85	5 9	7 105	85	97 118	Oct 2018	16 50 38 0 14	118	678	.~~~
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0	100.0	٠	٠	٠	•	•	٠	•	٠	•	•	•	•				•	Oct 2018	98 91 91 - 75	90.49	88.9	
Workforce	Mandatory Training	=> %	95.0	95.0	۲	٠		٠	٠		٠	٠	•		•	•			•	•	Oct 2018	95 94.8 95 - 89		94.6	\sim
Workforce	Mandatory Training - Staff Becoming Out Of Date	%			-	-	-	-	-	2.1	-	-	-	3.7	-		2.	1 -	-		Jun 2018	1.77 2.49 2.1 2.5 1.9		2.2	<u>^ / ^</u>
Workforce	New Investigations in Month	No			0	1	0	0	0	1	0	0	0	0	1	0 0	0	0	0	0 0	Oct 2018		0		ΛΛΛ
Workforce	Your Voice - Response Rate	No			>	>	29	>	>	>	>	>	24.4	>	>	>;	> 33	.3>	>	>>	Jun 2018	17.9 25.1 38 - 18	33.3		ΛΛΛ
Workforce	Your Voice - Overall Score	No			>	>	>	>	>	>	>	>	>	>	>	>;	>	>>	>	>	Jan 2017	3.72 3.72 4	3.83		

Primary Care, Community & Therapies Group

Section	Indicator	Measure	Traject Year N		Previous Months Trend M J J A S O N D J F M A M J J A S O	Data Period	Directorate AT IB IC CT CM	Month	Year To Date	
				onui		Fellou			Date	
Community & Therapies Group Only	DVT numbers	=> No	730	61	54 59 70 54 56 55 29 53 35 58 54 69 57 - - 7	Oct 2018		7	187	~~ <u>)</u>
Community & Therapies Group Only	Adults Therapy DNA rate OP services	<= %	9	9	8.18 8.5 7.79 8.04	Aug 2017		8.0	8.2	٦
Community & Therapies Group Only	Therapy DNA rate Paediatric Therapy services	<= %	9	9	- - 14.3 10.2 8.91 - - 11.2 - 14.3 - - 11 7.69 7.19	Oct 2018		10.8	11.8	∇ vvv
Community & Therapies Group Only	Therapy DNA rate S1 based OP Therapy services	<= %	9	9	10.9 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	Oct 2018		9.1	9.7	~~~~
Community & Therapies Group Only	STEIS	<= No	0	0	0 - 1 2 3 0 - 0 0 2 - 0 0 1 - 0 0	Oct 2018		0	1	Λ
Community & Therapies Group Only	Green Stream Community Rehab response time for treatment (days)	<= No	15.0	15.0	16.7 18.3 18.5 19.4 15.5 14.7 12.4 15.3 13.2 19.6 21.5 25.6 22.9 22.4 26.1 22.5 20.1 17.9	Oct 2018		17.86	157.42	$\sim \sim$
Community & Therapies Group Only	DNA/No Access Visits	%			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Oct 2018		0.86		\Box
Community & Therapies Group Only	Baseline Observations for DN	=> %	95	95	58.2 51.8 56.3 56.1 52.4 52 61.7 59.2 70.4 76.4 87.5 91.2 94.2 94.8 94.9 96.4 93.3	Oct 2018		93.35	94.46	
Community & Therapies Group Only	Falls Assessments - DN Intial Assessments only	=> %	95	95	63.2 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 95.2	Oct 2018		95.22		
Community & Therapies Group Only	Pressure Ulcer Assessment - DN Intial Assessments only	=> %	95	95	68.3 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 95	Oct 2018		95.01		~~~
	MUST Assessments - DN Intial Assessments only	=> %	95	95	52.2 45.9 49.3 49 49.5 43.4 54 54.7 61.2 76.6 90.2 93.6 94.8 96.2 95.2 97.6 94.2	Oct 2018		94.18		
Community & Therapies Group Only	Dementia Assessments - DN Intial Assessments only	=> %	95	95	49.7 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 93.8	Oct 2018		93.81		~~~~
Community & Therapies Group Only	48 hour inputting rate - DN Service Only	%			90 93 92 93 93 94 96 94 95 94 96 94 95 94 95 94 95 95 95 -	Sep 2018		94.67		
Community & Therapies Group Only	Making Every Contact (MECC) - DN Intial Assessments only	=> %	95	95	61.6 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 94.6	Oct 2018		94.59	94.96	
Community & Therapies Group Only	Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload acquired)	No			8 4 7 4 3 6 4 4 2 4 4 3 1 1 1 1 1 7	Oct 2018		7	15	~~ /
Community & Therapies Group Only	Avoidable Grade 2 Pressure Ulcers (DN caseload acquired)	No			8 4 7 4 3 3 4 4 2 3 2 3 0 1 1 0 1 5	Oct 2018		5	11	M/
Community & Therapies Group Only	Avoidable Grade 3 Pressure Ulcers (DN caseload acquired)	No			0 0 0 0 0 1 0 0 1 2 0 0 0 1 0 2	Oct 2018		2	3	<u>^ / /</u>
Community & Therapies Group Only	Avoidable Grade 4 Pressure Ulcers (DN caseload acquired)	No			0 0 0 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Oct 2018		0	1	٨٨

Corporate Group

Section	Indicator	Measure	Trajector Year Mo		M J	J	Α	S O			J F		A M	J	JAS	0	Data Period	S	Director G F W M		Month	Year To Date	Trend
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			9 5	10	2	8 4	9	8	12 8	8	5 5	4	6 5 4	4	Oct 2018	C	0 0 0	0 2 2	4	33	w~~~
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			17 10) 13	5	10 7	11	15	16 11	15	11 8	2	7 8 8	5	Oct 2018	C	0 0 1	0 3 1	5		$\$
Workforce	PDRs - 12 month rolling	=> %	95.0 95	5.0	•	•	٠	•	۲	•	•	۲	•	•		-	Sep 2018	9	93 95 93	97 98 92		83.8	$\overline{}$
Workforce	Medical Appraisal and Revalidation	=> %	95.0 95	5.0	•	•	٠	•	۲	•	•	٠	•			-	Sep 2018		95		100.0	100	/
Workforce	Sickness Absence - 12 month rolling	<= %	3.15 3.	15	• •	•	٠	•	۲	•	•	۲	•	•			Oct 2018	3.6	3 2.28 1.82 4.25	3.28 5.14 5.45	4.35	4.43	\frown
Workforce	Sickness Absence - in month	<= %	3.15 3.	15	•	٠	٠	•	۲	•	•	•	•	•			Oct 2018	3.6	3 2.31 2.02 3.35	4.11 5.17 5.38	4.35	4.05	\sim
Workforce	Sickness Absence - Long Term - in month	No			1 2	2	2	2 1	2	1	1 2	2	2 30	26 2	8 33 2	5 26	Oct 2018	1.0	00 0.00 3.00 5.00	0.00 17.00 0.00	26.00	171.00	
Workforce	Sickness Absence - Short Term - in month	No			2 3	1	4	10 4	5	7	15 11	12	4 61	76 7	9 54 7) 86	Oct 2018	14.	00 0.00 7.00 18.00	0.00 47.00 0.00	86.00	430.00	
Workforce	Return to Work Interviews (%) following Sickness Absence	=> %	100.0 10	0.0	•	٠	٠	• •	۲	•	•	٠	•	•			Oct 2018	91	.9 65.2 87.8 79.6	87.4 89.9 83.9	85.7	84.2	~~~
Workforce	Mandatory Training	=> %	95.0 95	5.0	•	٠	٠	•	۲	•	•	۲	•				Oct 2018	9:	2 91 94 95	94 - 91	92.7	94	\sim
Workforce	Mandatory Training - Staff Becoming Out Of Date	%				-	-	- 2.7	-	-	- 15.5	-		2.1		-	Jun 2018	4	1 2 2	1 - 2	2.1	2	۸.
Workforce	New Investigations in Month	No			0 2	1	1	0 0	1	1	0 2	2	0 1	3	2 1 1	1	Oct 2018	C	0 0 0	0 0 1	1		$\sim \sim \sim$
Workforce	Your Voice - Response Rate	No			-> ->	> 21	>	>>	>	>	30>	->	>>	29 -	->>	>	Jun 2018	52	.9 57.6 63.2 34.5	14.8 21.9 18.5	28.7		٨٨٨
Workforce	Your Voice - Overall Score	No			-> ->	>	>	>>	>	>	>	->	>>	> -	»>	>	Jan 2017	3.8	33 3.61 3.98 3.55	3.52 3.62 3.37	3.64		