Paper ref:	TB (11/19) 014

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Integrated Quality & Performance Report – September 2019/20		
Sponsoring Executive	Dave Baker, Director of Partnerships and Innovation		
Report Author	Yasmina Gainer, Head of Performance and Costing		
Meeting	Public Trust Board	**Date**	7th November 2019

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

The Trust did not achieve all constitutional standards in month. Four hour waits and diagnostic breaches were beyond tolerance. The latter will rapidly return to compliance. The former is covered elsewhere in the Board's agenda.

The report summarises persistent reds and specifies which have agreed plans being monitored via PMC. It is these which should be the focus of Board discussion. The P&I team are supporting work on late cancelled operations.

Infection control has been a focus of work in month with the NHSM inspection moving us to amber status. Continued focus on MRSA screening is required. SIs and mortality are covered elsewhere on the Board's agenda. The material deterioration in stroke admission venue was the focus of Q&S discussions.

As previously advised we are working to link our internal reporting to the emerging Oversight Framework from NHSE/I. Next month we will also have sight of the RPIR and be clear thereby the cross-cover with CQC monitoring. Finally we are looking for 2020/21 to both incorporate key pillar plan indicators and to separate lead/lag indicators more clearly. **A revised At A Glance Report will be issued from January.**

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

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

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

OMC, PMC, CLE, Q&S

3. Recommendation(s)

The Board is asked to:

a.	Acknowledge the context of the month in terms of landing Unity and reporting through different systems;
b.	Note the September 2019 performance;
c.	Note the persistent red performance

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

Trust Risk Register							
Board Assurance Framework							
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to Trust Board: November 2019

Integrated Quality and Performance Report Sept2019

1. Data impact from Unity Implementation

- September data is a mixture of data collected from CapMan (post 21 September) and PAS (pre 21 September).
- Unity implementation has also identified a new series of data quality issues which are being worked through.

2. New Exceptions in September month

2.1 This section focuses on in month variations to targets, unexpected drops or improvement in performance:

- 2x >12 hour Trolley Waits have been reported for September, just after Go Live
- 33 West Midlands Ambulance Service (WMAS) handovers over 60 minutes
- Diagnostic DM01 performance has failed to recover in September mainly due to CT Cardiac tests, but recovery is projected for October
- Whilst the September month cancer 62 day standard has failed to deliver the 85% target (at 84.3%), the standard has delivered the overall quarter2 performance. All other indicators have met their performance standards
- Angioplasty (Door to Balloon time in 90 minutes and call to balloon time in 150 minutes) are both below target (80%) in the month, reporting at 78% and 66% respectively; both are routinely delivering and root cause analysis points to Unity implementation impact
- 16x MSA breaches in September, all were authorised
- The 12 month Hospitalised Standard Mortality Rate (HSMR) which reports to May 2019 drops by 10 from 115 to 105 (April 2019). In comparison to May 2018 the reduction has been by 22 from 127 to 105.

2.2 Live Bed Moves reporting information was requested from Board in October for November. This has not been possible due to Data Quality Issues. There is a more detailed explanation below. This means that current IQPR reported figures are still based on PAS reports.

3. IQPR Persistent Reds

3.1 Some performance slippage against set improvement trajectories :

- Emergency Care delivery is at 74.08% in September below the internal target trajectory of 85%
- Late cancellations performance worsened significantly to 57 cancellations on the day, above the internal target of 20 and failing national target of 0.8%. 32 (56%)

cancellations were classified as avoidable hence further scope for improvement is possible.

- Patients admitted to Stroke ward within 4 hours is at 47.4% for September
- Neutropenic sepsis drop in performance to 86% in month clearly driven by the last two weeks performance being impacted by Unity and resulting in 6 patients being treated in given time framework.
- Meanwhile, open long term sickness cases achieves target for the first time at 131 v 140 and Neck of Femur to surgery within 36 hours achieves target for the second consecutive month.

3.2 We have recovery plans and trajectories now for 16/18 indicators. The 2 outstanding items are unplanned A&E Re-Attendance and Patient Bed Moves (Awaiting accurate baseline)

- 8 indicators are off their planned trajectory for September indicated with X in the table below).

Exec Lead	18	Indicator *Note: Some are grouped (two or more indicators)*	Standard Expected	Plan in Place	Recovery Expected	Sept Actual Perf	Tracking Planned Trajectory
Dr DC	1	· Mortality Reviews within 42days	90%	√	Dec-19	85%	√
RG	1	· Mandatory Training (staff % where MT 100% complete)	85%/95%	√	Dec 19 / Mar 20	72%	√
	1	· Sickness Absence Rate (wards only to 3%, hold the rest)	3%	√	Mar-20	6.7%	X
	1	· Sickness Absence long term cases (Open cases only)	<140	√	Apr-20	131	√
RB	1	· ED	87%	√	Dec-19	74.1%	X
	1	· Treatment Functions below 92% RTT	0	√	Aug-Nov19	4	X
	1	· Patients Waiting >52 weeks	0	√	Oct-19	0	√
	1	· Open Referrals (relevant for improvement)	30,000	√	Sep-19	46,959	√
	1	· Neck of Femur - to surgery within 36 hours	85%	√	Jul-19	85.0%	√
	1	· Cancellations (20pm)	20	√	Aug-19	57	X
	1	· Cancellations as %age of elective admissions	0.80%	√	Aug-19	1.5%	X
	1	· Patient Bed Moves	220	TBC	TBC when DQ resolved	675	N/A
	1	· Stroked Ward Admissions (Within 4 hrs)	80%	√	Aug-19	47.4%	X
	1	· Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	5%	TBC	To be agreed at next OMC	7.3%	No Traj
	1	· Neutropenic Sepsis	100%	√	Jul-19	86.1%	X
PG	1	· Nursing Turnover (Qualified Only)	10.70%	√	Jun-21	11.5%	√
	1	· MRSA Screening (Elective & Non-Elective)	85% / 95%	√	Apr-20	81% / 67%	X
	1	· FFT Response Target (IP, OP, Maternity and A&E)	25%	√	Jun-20	23% IP / 6% Maternity / A&E 10%	First check point is 15% by Dec 19

Recommendations

The Board is asked to:

a) Acknowledge the context of the month in terms of landing Unity and reporting through different systems;
b) Note the September 2019 performance;
c) Note the persistent red performance

Yasmina Gainer
Head of Performance & Costing
25th October 2019

Sandwell and West Birmingham Hospitals
NHS Trust

Integrated Quality & Performance Report

Month Reported: September 2019

Reported as at: 22/10/2019

TRUST BOARD

Contents

Item	Page
At A Glance	2
Persistent Reds & Exception Improvement Plans Performance	3-4
Patient Safety - Infection Control	5
Patient Safety - Harm Free Care	6
Patient Safety - Obstetrics	7
Clinical Effectiveness - Mortality & Readmissions	8
Clinical Effectiveness - Stroke Care & Cardiology	9
Clinical Effectiveness - Cancer Care	10
Patient Experience - Friends & Family Test, Mixed Sex Accommodation and Complaints	11
Patient Experience - Cancelled Operations	12
Emergency Care & Patient Flow	13

Item	Page
Referral To Treatment	14
Data Completeness	15
Workforce	16
Service Quality Performance Report (SQPR) - Local Quality Requirements 2018-19	17
Legend	
Group Performance	

SEPTEMBER 2019

Infection Control

CDiff - compliant
• The Cdiff objective for S&WB Trust for 2019-20 has increased from 29 to 41 full year. However, the case definitions for attribution has changed too, and therefore the Trust is expected to see an increase in the number of Trust apportioned / reportable cases.
• 2x C. Diff case reported during the month of September taking year to date cases to 8 vs target of 21 so the trust is continuing to perform very well

MRSA - compliant
•No MRSA Bacteraemia was reported in September; 1x case year to date.
•Annual target 19/20 set at zero.

MRSA Screening - non compliant
• Non-elective patients screening at 67% against 85% target • Elective patients screening at 80.6% vs target of 85%
• Both indicators are expected to deliver immediate milestone target of 85% increasing to 95% by the year end and a review is taking place to achieve this.

MSSA - compliant
•MSSA Bacteraemia (expressed per 100,000 bed days) showing a rate of 4.6 year to date compared to target of 9.4

Harm Free Care

Safety thermometer - not compliant
•The Trust continuous, since June 2018, to report Patient Safety Thermometer based on only 'new harm'; as at September 2019 we report performance at 94.8% just below the 95% target so recovering well from last month's unusual dip.

Falls - compliant to target rate per 1,000 Occupied Bed Days
•x78 falls reported in September with zero falls resulting in serious harm (defined as death or severe harm);

• September Falls per 1,000 bed days rate is at 3.8 against the trust target of 5.0.
•Falls remain subject to ongoing CNO scrutiny and routine tracking of the Safety Plan on falls reduction; falls monitoring is an integral part of 'ward dashboards' including now newly set ward specific targets to match the trust desired rate.

Pressure Ulcers
• x60 total PUs have been reported in September showing a reduced position to last month
• 33/60 PUs reported in the acute setting resulting in a PU /1000 bed days rate of 1.54
•27/60 cases of the total PUs are reported within the community setting
•CNO monitors as part of Safety Plan and ward nursing dashboards

WHO Safer Surgery - non fully reported; data quality review ongoing
• Currently the indicators are reflecting performance only in main theatres rather than across the organisation • due to this the indicators are subject to a deep dive data quality review currently ongoing led by Clinical Effectiveness team and P&I

• **Nil Never Event** was reported in September, 3x year to date reported events
• **x1 serious medication error was reported in September** • **12x serious incident**s reported in September which is subject to review to ensure there are no errors in reporting

VTE Assessments - compliant •Compliance at 96.6% in September at Trust level

Obstetrics

C-section rate -compliant
•The overall Caesarean Section rate for September in month is 27.6% mainly driven by an increase in non-elective C-Sections; year to date at 27.4% above the 25% target; but considered still in line with other trusts regionally
•Elective rates are slightly higher than usual trend of 9% and at 10.7% in September (historical long term avg trend of 9% so trending reasonably well against this) and
• Non-elective rates are 16.8% in September against a long term average trend of ~17.3% hence a static level of non-elective C Sections.
• Performance considered at Q&S & Board and to be kept in view.

•Adjusted perinatal mortality rate (per 1,000 births) • for September the rate is at 2.14 vs. threshold level of 8; year to date the rate is in line with target at 5.1 vs 8 target
•The indicator represents an in-month position and which, together with the small numbers involved provides for sometimes large variations hence this is not considered as an issue by the service.

The **level of births** in September is at 447; slightly compared to the same period of last year (452) - we observe a general downward trend in births in the Trust and the service is reviewing this position in comparison to other providers.

• **1x Maternal death has been reported in September** •
Still birth rate (per 1000 babies) at 2.24 in September
• Zero **Neonatal death rate** (per 1000 babies) in September

Admissions to Neonatal Critical Care - compliant
• 1.6% admissions to the NCC have occurred in September against the 10% target; 1.7% on a year to date basis vs 10% target which continues to be a positive result for the service

Breastfeeding - compliant
• September month count is at 87.5% achieving the 74% target; over-achieving target routinely in recent months

Mortality & Readmissions

Mortality - alerts against Trust HSMR & RAMI
•The Trust overall RAMI for most recent 12-mth cumulative period is 105 (available data is as at June19)
•RAMI for weekday and weekend each at 105 and 103 respectively, some positive movement on the weekend rate reducing steadily
•SHMI measure which includes deaths 30-days after hospital discharge is at 105 for the month of Dec18 (latest available data)
•HSMR Mortality indicator an outlier at 105, reducing significantly, but still outside statistical confidence limits. Trust Board continues to monitor routinely.

• Deaths in Low Risk Diagnosis Groups (RAMI) - month of June19 (latest available data) is at 93. This indicator measures in-month expected versus actual deaths so subject to larger month on month variations, but sits within control limits.
• Crude in-month mortality rate for Jul19 month is 1.3% ;
• There were x118 deaths in our hospitals in the month of August, slightly more than last year, same period, which was at 116

Mortality Reviews within 42 Days - not compliant, but consistently improving
•Mortality review rate as at July at 85% and whilst below trust target of 90% it has shown improvement since the introduction of medical examiners in the review process;
•Revised Learning from Deaths arrangements are being implemented, which will provide for routine 100% deaths review, coupled with implementation of a Medical Examiner screening process this will streamline the 1st and 2st stage mortality reviews.

Emergency Readmissions (in-hospital within 30 days) - increasing
• Reported at 8.3% for August in month position; cumulative position at 7.9%, but we note an increasing trend, which warrants analysis and review • We can split down the total readmissions; where discharge and readmission are within the same speciality and this stands year to date at 3.3%; discharge and readmission in different specialities is at the 4.4%

Stroke Care & Cardiology

Patient Stay on Stroke Ward - compliant
• In September 88.2% of patients spent more than 90% of their time on a stroke ward, which is below the 90% operational threshold ; recent improvement focus has clearly recovered the performance to the required standard.

Admission to Acute Stroke Ward - not compliant
•September admittance to an acute stroke unit within 4 hours is at 47.4% vs national standard of 80% and internal improvement plan of 80%; the service is driving improvement plans

Scans - compliant
• Pts receiving CT Scan within 24 hrs of presentation delivery in month of September are at 96% meeting the 95% standard
• Pts receiving CT Scan within 1hr of presentation is at 53.1% in September meeting the target; both indicator consistently meet the imaging performance.

Thrombolysis - compliant
Compliance at 100% in the month of September vs 85% target

Angioplasty - non-compliant • September Primary Angioplasty Door to balloon time (<90 minutes) was at 77.8% vs target of 80% .
• Primary Angioplasty Call to balloon time (<150 minutes) at 66.7% against a target of 80%.
• Both indicators consistently meet performance targets, hence this is an unusual occurrence.

RACP - compliant
RACP performance for September continuous at 100% exceeding the 98% target consistently

TIA Treatments - not reported for September
• TIA (High Risk) Treatment <24 Hours from receipt of referral delivery as at August at 75% against the target of 70%.
• TIA (Low Risk) Treatment <7 days from receipt of referral delivery at August is 90.9% against a target of 75%.
•Both indicators are consistently delivering the required standard and it is unusual for these indicators not to hit the required standards

Cancer Care

Cancer standards - compliant
• Reporting always one month in arrears hence IQPR latest reported period is August 2019.
• In August all cancer standards have been met o**ther than the 62 days at 84.3% vs 85% target**
• Un-validated position for September is that the 62 day standard has been met and the trust will therefore achieve full Q2 position against this standard and other cancer standards.

Patient Waiting times
• x10.0 patients waited longer than the 62 days at the end of August
• 4.5 patients waited more than 104 days at the end of August for treatment
• The longest individual patient waiting time for treatment, as at the end of July, was 196 days
• In April the Trust has introduced shadow monitoring of the new 28 Day Cancer standard (faster 28 day diagnosis); cancer services confirming that there is much more work to be done to ensure the recording of 'patient told' information is in place. The new standard takes effect in April 2020 and IQPR will be introducing the shadow reporting soon.

Neutropenic sepsis - not compliant
• The Trust operates a 100% standard against this indicator. Only clinically driven breaches are tolerated.
• In September, 37/43 patients (86%) of patients have been treated within the hour, 6 patients (14%) of patients failed to receive treatment within prescribed period (within 1hr). the performance has been impacted directly by Unity implementation in the last week as previous September weeks have been close to 100%.
• Performance reporting continuous to monitor daily, weekly and monthly tabled at the OMC; all breaches are routinely reviewed in dedicated, quarterly meetings.

Inter-Provider Transfers - not compliant
• 74% of tertiary referrals were met within 38 days requirement in July.

Patient Experience - MSA & Complaints

MSA
• The standard is zero breaches in any given month
• In September we are reporting 16 validated and COO authorised breaches

Friends & Famil y - not compliant
• IP combined (DC & Elective) response rates in September at 23% not achieving revised target of 25%, although Elective response rates is above 25%, the DC rate is below 10%.
• The IP 'likely to recommend' rate falling to 89% against target of 95%
• Outpatient / maternity response and score rates are scheduled for improvement.
• Revised national FFT guidance have been issued and corporate nursing team are reviewing the impact and revision to reporting in the trust.

Complaints
•The number of complaints received for the month of September is 72 with 2.8 formal complaints per 1000 bed days demonstrating a increased level of complaints in month
•100% of complaints have been acknowledged within agreed timescales
•100% in-month responses have been responded within agreed target time;

Patient Experience - Cancelled Operations

Cancelled Ops - non compliant
•57 sitrep declared late (on day) cancelations were reported in September; the highest levels this year (59 cases in March 2018) and well above the local target of 20 per month
• 32 (56%) were avoidable indicating a scope for further improvement
• Our cancellations are at 1.5% cancellations against elective activity compared to a national target of 0.8%.

28 Day & Urgent Breaches - compliant
•There were no breaches of the 28 days guarantee
•There were no urgent cancellations

Emergency Care

EC 4hr standard - not compliant
• The Trust's performance against the 4-hour EC wait target in September was at 74.086% % against the internal improvement plan 85%for the month.
• 4,764 3,252 breaches were incurred in September (3,252 August), against the September total patient attendances of 17,973 (17,657 August) hence indicating higher level of breaches compared to the similar level of attendances when looking at August

Trolley Waits > 12 hours - non compliant • There were x2 Trolley Waits > 12 hours was reported in September

WMAS Handovers
• WMAS fineable 30 - 60 minutes delayed handovers at 238 in September.
• x33 cases were > 60 minutes delayed handovers; total number of ambulance conveyances was the same as in August at 4,484

21+LOS - not tracking against trajectory
• There were 152 patients in the hospital at September month end whose LOS was at 21 days+
• Their combined 21+ LOS equates to 111 beds equivalent; up to August the trust was tracking well against the NHSI trajectory working towards end of March 2020 target of 82 beds occupied by this patient cohort. The Chief Nurse has increased oversight for the coming weeks.

Fractured NOF - compliant
•Fractured Neck of Femur Best Practice Tariff (surgery within 36 hours) is reporting at 85% in September compared to the 85% target, showing recovery to standard for the last two months.

Bed moves after 10pm and before 6am - nor reportable; being reviewed following Unity implementation to iron out DQ issues • We are looking at October actual transfer position which is based on Unity Capman driven data and will report as soon as possible which will then be subject to operational validation to ensure the performance data is real.

Referral To Treatment

'RTT - compliant • Trust level delivery at 92% for September compliant with the 92% incomplete standard
• 4x specialities remain below the 92% standard in September (Cardiology, Gastro, Oral and Ophthalmology) • The patient wait list is at 39,634 in September with 3,168 patients being on the backlog (>18weeks waiting time) showing an increased waiting list for a period of time indicating potential, elongated patient treatment / management time as we do not see referrals contribution to the same extent in waiting list growth.

52 Week Breaches - compliant • no breaches have been reported in September

Acute diagnostic waits - non compliant
•DM01 performance at 98.5% in September with main breaches against CT Cardiac scans.

Data Completeness

• The Trust's internal assessment of the completion of valid NHS Number Field within inpatient data sets compliant in month with 99.1% meeting the operational threshold of 99% ; . OP and A&E datasets deliver to target.
• ED required to improve patient registration performance as this has a direct effect on emergency admissions. Patients who have come through Malling Health will be validated via the Data Quality Department.
• Ethnicity coding is performing for Inpatients at 91% against 90% target, but under-delivering for Outpatients. This is attributed to the capture of data in the Kiosks and revision to capture fields is being considered.

Open Referrals •Open Referrals, referring to patients in the system without a future waiting list activity, stand at c46,000 as at September showing a decrease since last month again being the result of a focussed effort to validate and remove open referrals from the system using a combination of actions driven by clinical groups and auto-closures;

Workforce

PDR & Medical Appraisals • **PDR** scores were due at the end of June organisation wide, but early indicators are that the target rate of 95% will not have been met as the scores have not been entered promptly as per the June deadline. A performance rate has been requested from Training & Development
• **Medical Appraisals** are reporting at 96.3% vs 90% standard.

Sickness Rate - not compliant • Total Trust level in-month sickness rate in month for September is at 4.62% and a cumulative rate of 4.83% (4.45% last month). • Ward sickness reports at 6.7% in September, with some wards reporting at the top end above a 15% sickness rate - subject to a focussed sickness reduction programme.

Nursing Turnover & Vacancy rate (Qualified Nursing only)
•The nursing turnover rate is at 11.5% vs the 10% internal target due to deliver in Jun21, tracking trajectory •The nursing vacancy rate is at a high 14.3% in September below the trust target of 11%

Mandatory Training (Staff at 100% Compliance) - not compliant
•At the end of September increased to last month at 72% measuring staff whose MT is at 100% ; internal target to progress performance to 85% in December and 95% by end of March 2020
• **Health & Safety** related training dropping below standard of 95% and reporting in September at 86.2%

Local Quality Requirements 19/20

Local Quality Requirements (LQRs) 2019/20 are monitored by CCG and the Trust is fineable for any breaches in accordance to contract.
• LQRs re reported via the SQPR (Service Quality Performance Report; exceptions are summarised in the IQPR on the relevant tab (page 15).
• As at September we continue to see some continuing under-performance against a few indicators:
• Morning discharges at 17% vs target of 35%;
• Community falls assessments reporting at 97% in August, close to, but not meeting the standard of 100%.

Indicator Performance : Persistent Red Focus

- The Trust is progressing 18 indicators on the 'persistent red focus'; details can be found on the persistent red tab
- Oversight and assurance is provided through OMC and PMC routinely

- Progress is good for most indicators, however,7 indicators have missed their September trajectories
- 2x more indicators are missing improvement trajectories

Persistent Red Focus & Performance

Exec Lead	18	Indicator *Note: Some are grouped (two or more indicators)*	Standard Expected	Plan in Place	Recovery Expected	Sept Actual Perf	Tracking Planned Trajectory
Dr DC	1	· Mortality Reviews within 42days	90%	√	Dec-19	85%	√
RG	1	· Mandatory Training (staff % where MT 100% complete)	85%/95%	√	Dec 19 / Mar 20	72%	√
	1	· Sickness Absence Rate (wards only to 3%, hold the rest)	3%	√	Mar-20	6.7%	X
	1	· Sickness Absence long term cases (Open cases only)	<140	√	Apr-20	131	√
RB	1	· ED	87%	√	Dec-19	74.1%	X
	1	· Treatment Functions below 92% RTT	0	√	Aug-Nov19	4	X
	1	· Patients Waiting >52 weeks	0	√	Oct-19	0	√
	1	· Open Referrals (relevant for improvement)	30,000	√	Sep-19	46,959	√
	1	· Neck of Femur - to surgery within 36 hours	85%	√	Jul-19	85.0%	√
	1	· Cancellations (20pm)	20	√	Aug-19	57	X
	1	· Cancellations as %age of elective admissions	0.80%	√	Aug-19	1.5%	X
	1	· Patient Bed Moves	220	TBC	Nov 19 subject to DQ resolution in month		
	1	· Stroked Ward Admissions (Within 4 hrs)	80%	√	Aug-19	47.4%	X
	1	· Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	5%	TBC	To be agreed at next OMC	7.3%	No Traj
	1	· Neutropenic Sepsis	100%	√	Jul-19	86.1%	X
PG	1	· Nursing Turnover (Qualified Only)	10.70%	√	Jun-21	11.5%	√
	1	· MRSA Screening (Elective & Non-Elective)	85% / 95%	√	Apr-20	81% / 67%	X
	1	· FFT Response Target (IP, OP, Maternity and A&E)	25%	√	TBC	23% / 6%	No Traj

Notes:

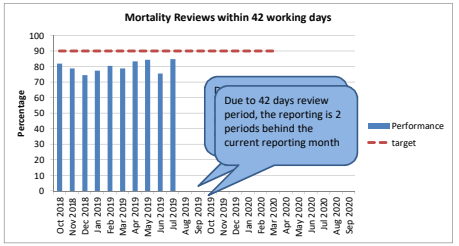
- **September data is 'mixed'** with the implementation of Unity from 21st September. Effectively from 1st-21st Sept data was PAS supplied, from 21st onwards it was Capman driven PAS. Therefore this may have impacted some performance in month, as not all data feeds are working fully and robustly.

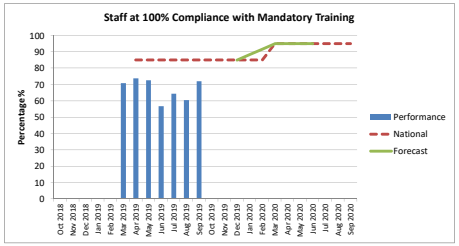
Tabled Information

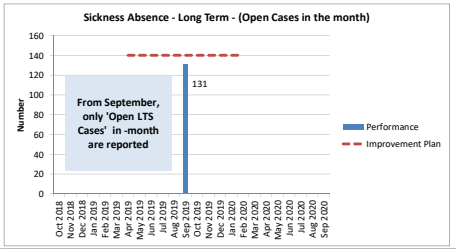
- TBC means that we are yet to work up detailed plans & corresponding trajectories
- n/a in table = data not available at this stage, we have more missing data in September than other months due to Unity implementation in the main.

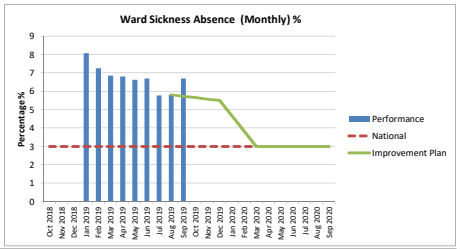
Graphs

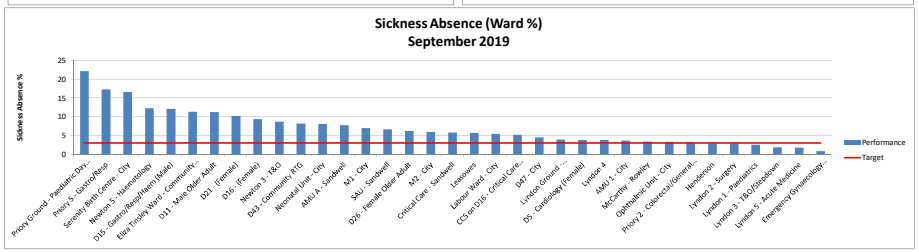
- the graphs are updated for latest available information, however where incomplete this is due to :
  - absence of 'improvement lines' means we are lacking stepped trajectory plans
  - mortality is two months behind due to reviews being 42 days behind the current month;
  - stroke is behind as it updates based on data signed off on WD21 each month, which is post clinical validations - we will change graphs to reflect the WD5 position in the next IQPR

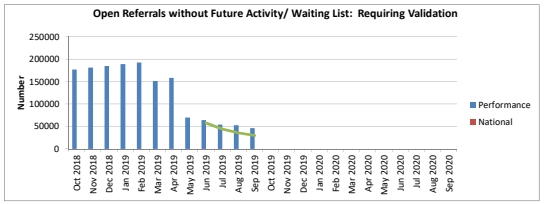


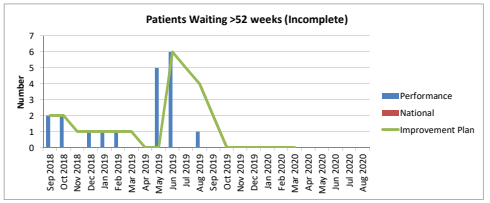


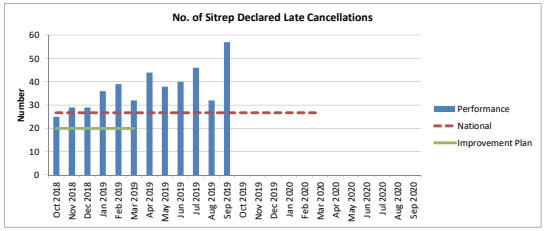


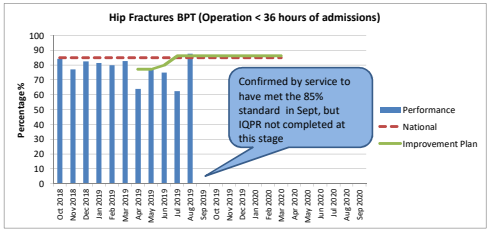


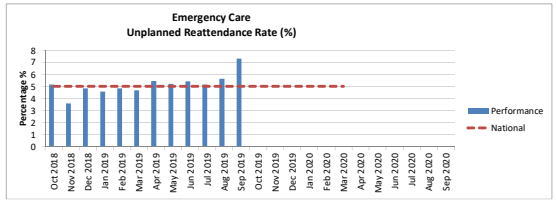


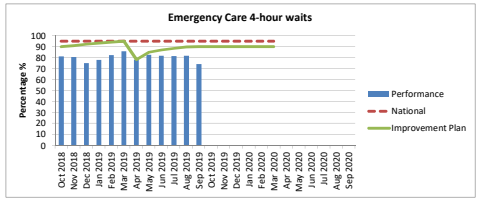


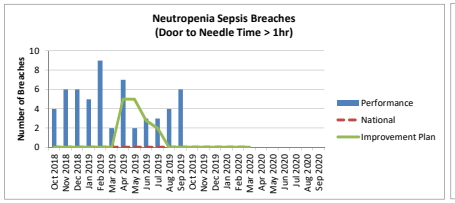


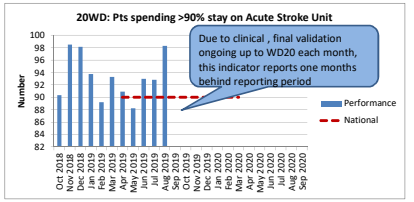


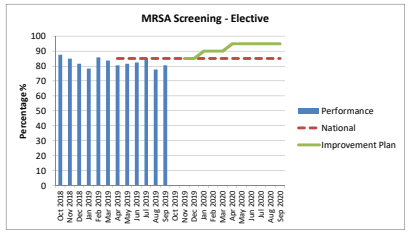


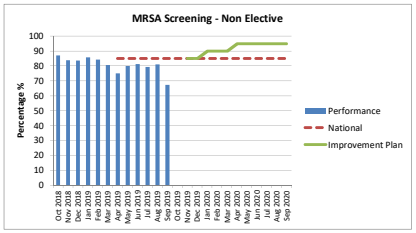


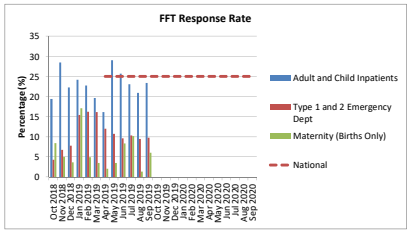


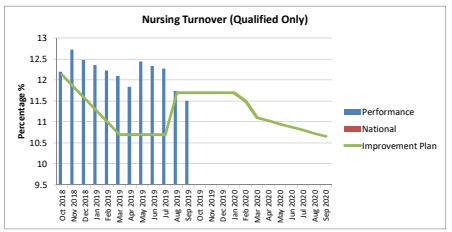






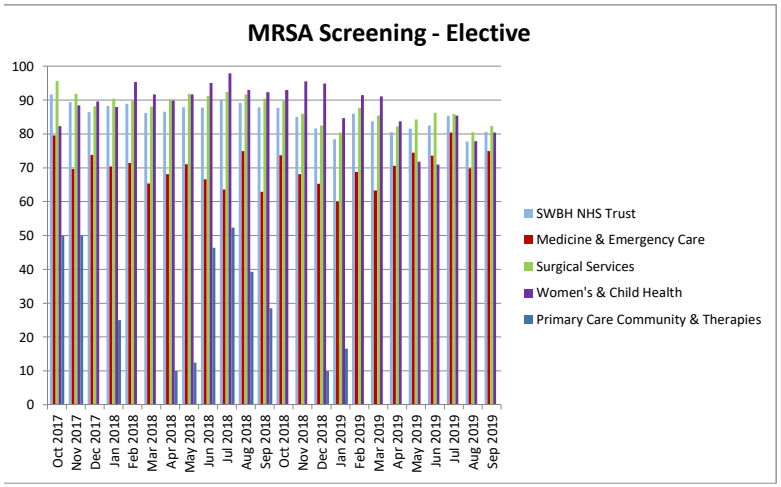


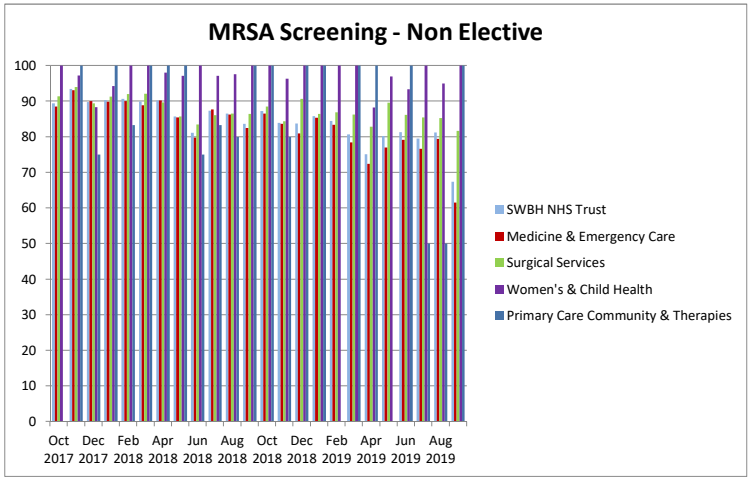


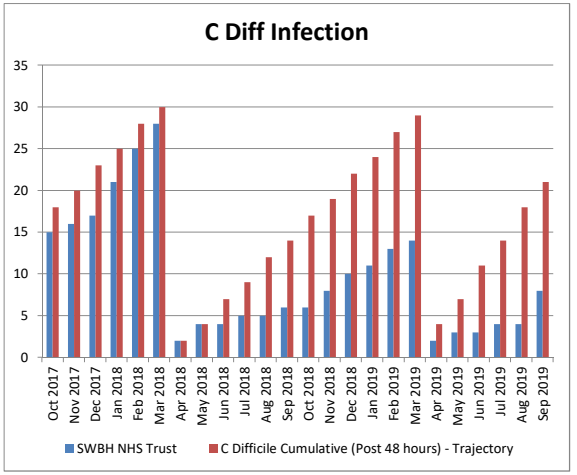


Patient Safety - Infection Control

Data Quality	Reviewed Date	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From Apr 2018) A M J J A S O N D J F M A M J J A S	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
			C. Difficile	<= No	41	3.4		Sep 2019	2	0	0			0		2	8	
			MRSA Bacteraemia	<= No	0	0		Sep 2019	0	0	0			0		0	1	
			MSSA Bacteraemia (rate per 100,000 bed days)	<= Rate2	9.42	9.42		Sep 2019								5.7	4.6	
			E Coli Bacteraemia (rate per 100,000 bed days)	<= Rate2	94.9	94.9		Sep 2019								22.6	15.8	
			MRSA Screening - Elective	=> %	85	85		Sep 2019	75	82	80			0		80.6	81.4	
			MRSA Screening - Non Elective	=> %	85	85		Sep 2019	62	82	100			100		67.3	77.5	

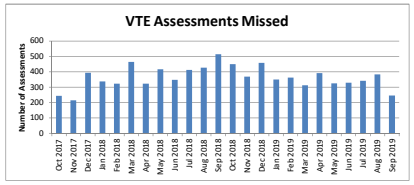


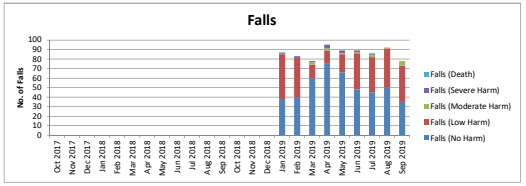


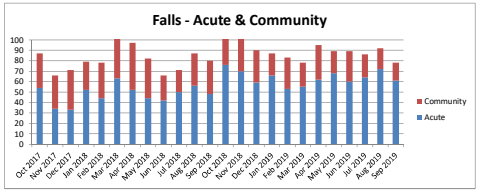


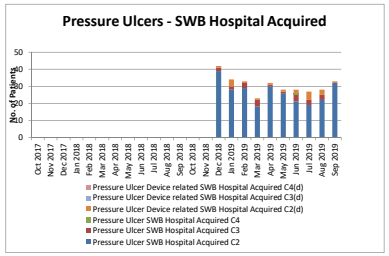
Patient Safety - Harm Free Care

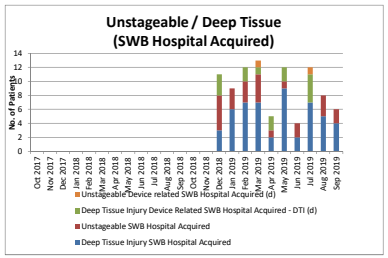
Data Quality	Last review	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Apr 2018) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
		d	Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95																			Sep 2019								94.8	96.4	
		d	Patient Safety Thermometer - Catheters & UTIs	%			5.0	4.0	1.0	5.0	3.0	3.0	7.0	4.0	3.0	3.0	2.0	7.0	0.0	2.0	4.0	1.0	3.0	6.0	Sep 2019								0.54	0.23	
			Number of DOLS raised	No			34	59	27	43	40	49	51	40	29	56	25	39	32	30	34	26	36	37	Sep 2019	24	8	0	-	-	5		37	195	
			Number of DOLS which are 7 day urgent	No			34	59	27	43	40	49	51	40	29	56	25	39	32	30	34	26	36	37	Sep 2019	24	8	0	-	-	5		37	195	
			Number of delays with LA in assessing for standard DOLS application	No			2	3	4	4	7	8	6	9	8	2	0	8	5	5	15	6	11	2	Sep 2019	0	2	0	-	-	0		2	44	
			Number DOLs rolled over from previous month	No			4	9	4	7	9	9	0	0	0	1	15	5	5	5	7	0	4	0	Sep 2019	0	0	0	-	-	0		0	21	
			Number patients discharged prior to LA assessment targets	No			4	18	13	11	11	25	29	18	16	30	21	19	19	22	17	11	23	20	Sep 2019	13	5	0	-	-	2		20	112	
			Number of DOLs applications the LA disagreed with	No			0	0	1	6	2	4	2	5	2	2	4	3	1	1	1	0	2	2	Sep 2019	2	0	0	-	-	0		2	7	
			Number patients cognitively improved regained capacity did not require LA assessment	No			0	0	2	2	0	0	0	0	0	0	21	0	4	0	4	3	0	0	Sep 2019	0	0	0	-	-	0		0	11	
	Apr-19		Falls	<= No	804	67	97	82	66	71	87	80	101	110	90	87	83	78	95	89	89	86	92	78	Sep 2019	39	16	-	-	-	23	-	78	529	
	Apr-19		Falls - Death or Severe Harm	<= No	0	0	2	4	2	1	0	0	5	3	-	2	2	1	4	3	2	2	0	0	Sep 2019	0	0	0		0	0	0	0	11	
			Falls Per 1000 Occupied Bed Days	<= Rate1	5	5	-	-	-	-	-	-	-	5.026	-	-	-	-	4.404	4.201	3.967	3.8	4.32	3.8	Sep 2019								3.8	4.08	
	Apr-19		Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	8	7	9	11	4	10	13	26	42	34	33	23	37	28	28	27	28	33	Sep 2019	15	8	-			10		33	181	
	Apr-19		Pressure Ulcers per 1000 Occupied Bed Days	Rate1			-	-	0.457	0.389	0.233	0.53	0.578	1.167	2.368	1.521	1.585	1.056	1.715	1.369	1.338	1.193	1.271	1.539	Sep 2019								1.539	1.4	
	Apr-19		Pressure Ulcer DN Caseload Acquired - Total	<= No	0	0	3	1	1	1	1	1	7	37	32	45	34	34	36	16	24	28	35	27	Sep 2019						27		27	166	
			Pressure Ulcer Present on Admission to SWBH	<= No	0	0	-	-	-	-	-	-	-	-	-	129	99	96	198	130	141	125	87	85	Sep 2019								85	766	
		d	Venous Thromboembolism (VTE) Assessments	=> %	95	95																			Sep 2019	95	97.7	96.9					96.6	95.7	
	Apr-19		WHO Safer Surgery - Audit - 3 sections (% pts where all sections complete)	=> %	100	100														-				-	Aug 2019	100.0	100.0	100.0		-			100.0	99.8	
	Apr-19		WHO Safer Surgery - brief (% lists where complete)	=> %	100	100																			Sep 2019	100	100	-		-			100.0	99.9	
	Apr-19		WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	100	100																			Sep 2019	100	100	-		-			100.0	99.8	
		d	Never Events	<= No	0	0	0	0	0	0	0	0	2	0	1	0	0	0	0	1	1	1	0	0	Sep 2019	0	0	0	0	0	0		0	3	
		d	Medication Errors causing serious harm	<= No	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	1	Sep 2019	1	0	0	-	0	0		1	1	
		d	Serious Incidents	<= No	0	0	5	9	4	6	3	1	9	4	6	1	7	6	3	3	12	32	12	11	Sep 2019	1	1	2	0	0	7	0	11	73	
			Open Central Alert System (CAS) Alerts	<= No			8	9	14	12	15	14	14	15	16	18	20	19	15	15	4	9	8	11	Sep 2019								11	62	
		d	Open Central Alert System (CAS) Alerts beyond deadline date	No	0	0	2	2	3	2	4	4	4	5	5	5	5	8	6	7	3	6	5	6	Sep 2019								6	33	

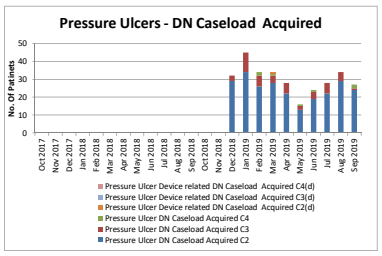


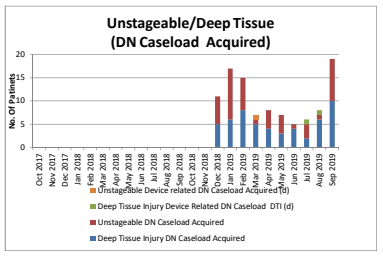






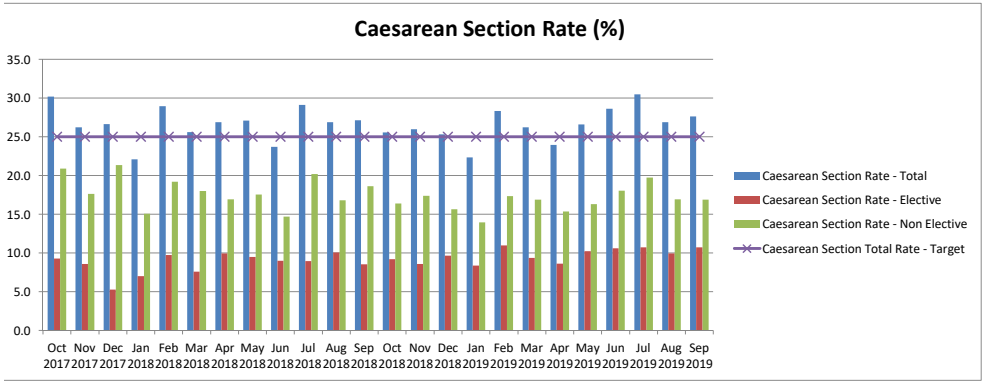


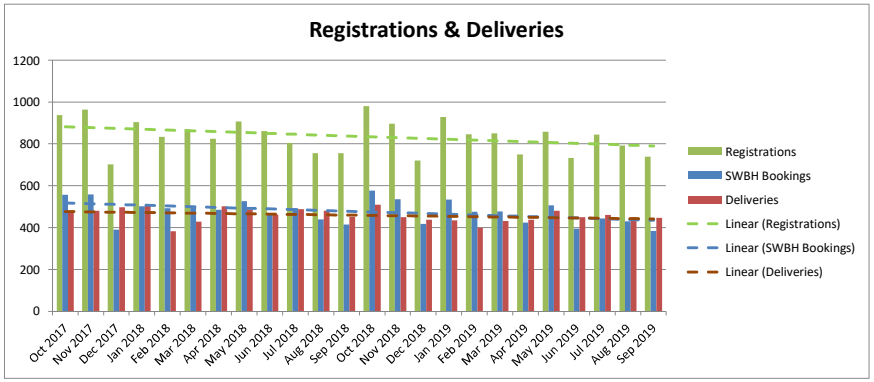




Patient Safety - Obstetrics

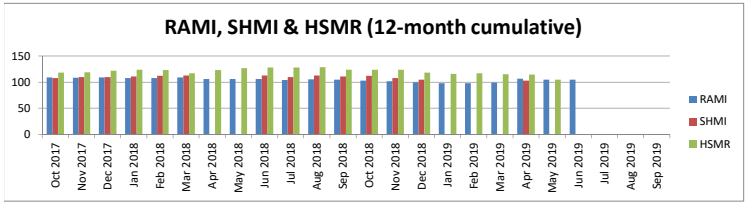
Data Quality	Last review	PAF	Indicator	Measure	Trajectory 2016-2017 Year	Trajectory 2016-2017 Month	Previous Months Trend (since Apr 2018) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Month	Year To Date	Trend
			Caesarean Section Rate - Total	<= %	25.0	25.0																			Sep 2019	27.6	27.4	
		•	Caesarean Section Rate - Elective	<= %			10	10	9	9	10	9	9	9	10	8	11	9	9	10	11	11	10	11	Sep 2019	10.7	10.2	
		•	Caesarean Section Rate - Non Elective	<= %			17	18	15	20	17	19	16	17	16	14	17	17	15	16	18	20	17	17	Sep 2019	16.9	17.2	
		•d	Maternal Deaths	<= No	0	0																			Sep 2019	1	1	
			Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Sep 2019	2	18	
			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0																			Sep 2019	1.57	1.69	
			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																			Sep 2019	2.24	5.14	
	Apr-19		Stillbirth Rate (Corrected) (per 1000 babies)	Rate1			5.98	6.16	4.41	2.05	4.17	0.00	7.86	2.23	4.57	2.30	2.51	4.64	0.00	6.25	4.45	6.51	8.93	2.24	Sep 2019	2.24	4.77	
	Apr-19		Neonatal Death Rate (Corrected) (per 1000 babies)	Rate1			1.99	0.00	4.41	4.10	2.08	0.00	0.00	2.23	0.00	0.00	2.51	0.00	0.00	2.08	0.00	0.00	0.00	0.00	Sep 2019	0.00	0.37	
			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	85.0	85.0																			Sep 2019	94.1	92.4	
			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0																			Sep 2019	124.4	131.3	
			Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0																			Sep 2019	87.47	80.00	
	Apr-19	•	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %			0.8	0.5	0.9	1.5	1.3	1.2	1.7	2.6	1.2	2.1	0.6	0.5	1.8	2.2	1.4	0.9	0.8	0.3	Sep 2019	0.26	1.15	
	Apr-19	•	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %			0.8	0.5	0.6	0.9	1.3	1.2	1.7	2.6	1.2	2.1	0.6	0.5	0.9	1.9	1.0	0.9	0.8	0.3	Sep 2019	0.26	0.93	
	Apr-19	•	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %			0.3	0.2	0.0	0.6	0.5	0.3	0.8	1.5	0.4	1.9	0.0	0.0	0.0	0.6	0.7	0.6	0.0	0.0	Sep 2019	0.00	0.33	

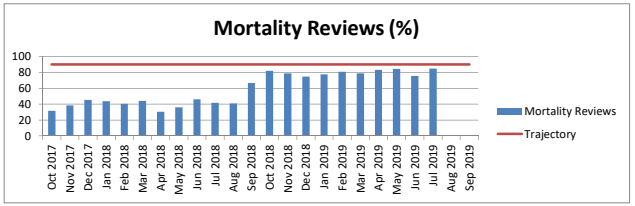


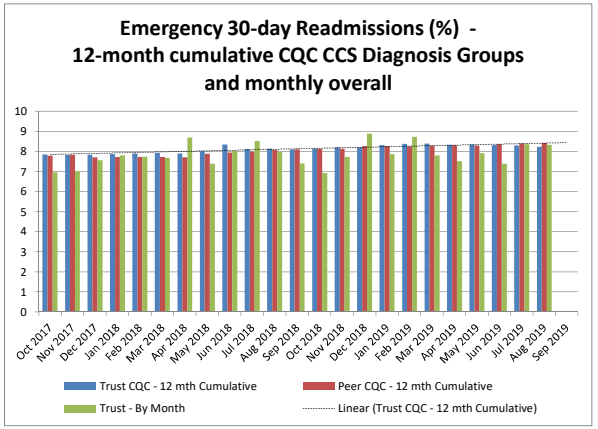


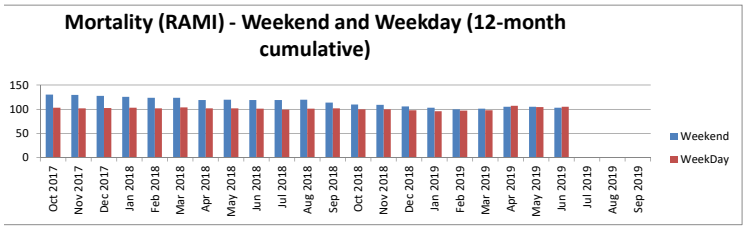
Clinical Effectiveness - Mortality & Readmissions

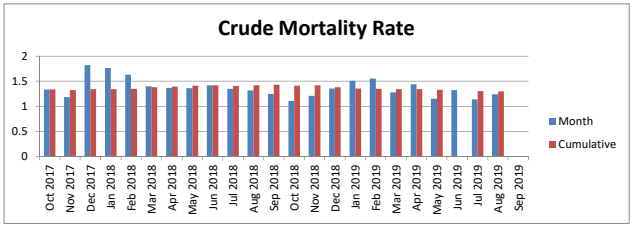
Data Quality	Last review	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Apr 2018) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
		C	Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	106	106	106	104	105	105	103	102	100	98	98	99	107	105	105	-	-	-	Jun 2019									316	
		C	Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	102	102	101	99	101	102	100	100	98	96	97	98	107	105	105	-	-	-	Jun 2019									317	
		C	Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	RAMI	Below Upper CI	Below Upper CI	119	120	119	119	120	114	110	109	106	103	100	101	105	105	103	-	-	-	Jun 2019									313	
		C	Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	SHMI	Below Upper CI	Below Upper CI	-	-	113	110	113	111	112	108	105	-	-	-	103	-	-	-	-	-	Apr 2019									103	
		C	Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	HSMR			123	127	128	128	129	124	124	124	118	116	117	115	115	105	-	-	-	-	May 2019									219.3	
		C	Deaths in Low Risk Diagnosis Groups (RAMI) - month	RAMI	Below Upper CI	Below Upper CI	76	100	71	84	71	61	98	105	86	108	88	85	98	-	93	-	-	-	Jun 2019								93		
			Mortality Reviews within 42 working days	=> %	90	90																-	-	Jul 2019	84	100	-			50		85	82	
			Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%			1.4	1.4	1.4	1.3	1.3	1.2	1.1	1.2	1.4	1.5	1.6	1.3	1.4	1.2	1.3	1.1	1.2	-	Aug 2019								1.24		
			Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%			1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.3	1.3	1.3	1.3	-	1.3	1.3	-	Aug 2019									1.32	
			Deaths in the Trust	No			120	123	127	124	116	106	107	114	122	149	137	121	134	112	117	109	118	-	Aug 2019								118	590	
			Avoidable Deaths In the Trust	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jan-00								-	-	
	Apr-19		Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			8.7	7.4	8.0	8.5	8.0	7.4	6.9	7.7	8.9	7.9	8.7	7.8	7.5	7.9	7.4	8.4	8.3	-	Aug 2019								8.33		
	Apr-19		Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			7.4	7.5	7.5	7.6	7.7	7.7	7.7	7.8	7.9	7.9	8.0	8.0	7.9	7.9	7.9	7.9	7.9	-	Aug 2019									7.89	
		C	Emergency Readmissions (within 30 days) - CQC CCS Diagnosis Groups (12-month cumulative)	%			7.9	8.0	8.4	8.1	8.1	8.1	8.1	8.2	8.2	8.3	8.4	8.4	8.3	8.3	8.3	8.3	8.2	-	Aug 2019		-	-	-			-			8.23	
	Apr-19		Emergency Readmissions (within 30 days) - Same Specialty (exc. Deaths and Stillbirths) month	%			4.0	3.6	3.8	3.7	3.8	3.3	2.7	3.6	4.1	3.6	3.8	3.5	3.0	3.0	2.6	3.5	3.5	-	Aug 2019									3.46	
	Apr-19		Emergency Readmissions (within 30 days) - Same Specialty (exc. Deaths and Stillbirths) 12-month cumulative	%			3.4	3.4	3.4	3.4	3.5	3.5	3.5	3.5	3.6	3.6	3.6	3.6	3.5	3.5	3.4	3.4	3.3	-	Aug 2019									3.34	





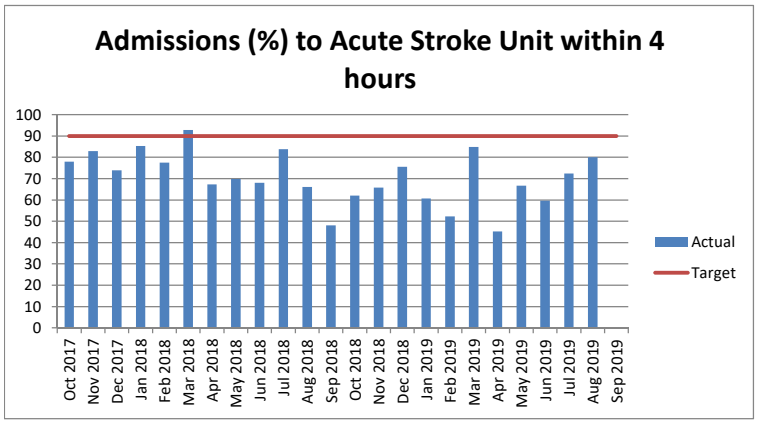


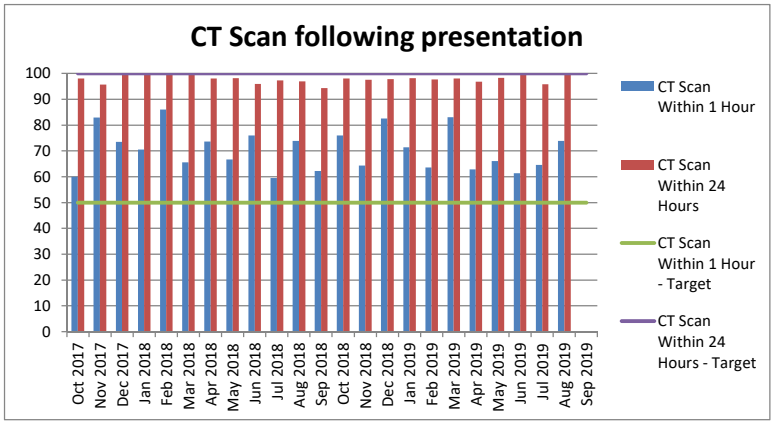


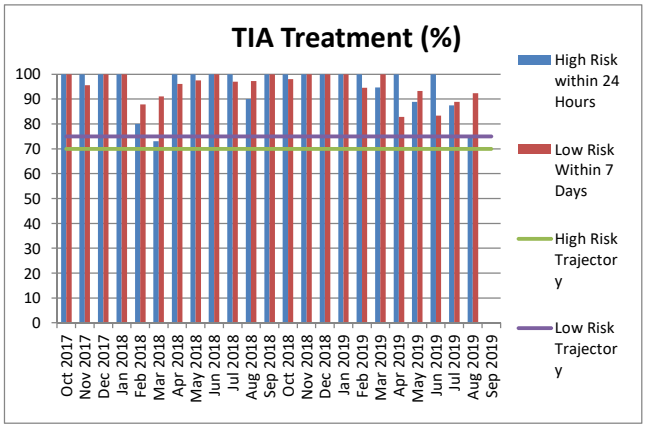


Clinical Effectiveness - Stroke Care & Cardiology

Data Quality	Last review	PAF	Indicator	Measure	Trajectory		Previous Months Trend (Since Apr 2018)																Data Period	Month	Year To Date	Trend
					Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S			
			5WD: Pts spending >90% stay on Acute Stroke Unit	=> %	90.0	90.0	G	G	R	G	R	G	G	G	G	G	R	G	R	R	G	G	G	R	Sep 2019	88.2	91.0	
			5WD: Pts admitted to Acute Stroke Unit within 4 hrs	=> %	80.0	80.0	R	R	R	G	R	R	R	R	R	R	R	G	R	R	R	R	R	R	Sep 2019	47.4	62.8	
			5WD: Pts receiving CT Scan within 1 hr of presentation	=> %	50.0	50.0	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	Sep 2019	53.4	65.0	
			5WD: Pts receiving CT Scan within 24 hrs of presentation	=> %	95.0	95.0	G	G	G	G	G	R	G	G	G	G	G	G	G	G	G	G	G	G	Sep 2019	96.6	98.5	
			5WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	=>	85.0	85.0	G	G	R	R	G	G	G	R	R	R	R	G	R	G	G	R	R	G	Sep 2019	100.0	80.7	
			5WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	=>	70.0	70.0	G	G	G	G	G	G	G	G	G	G	G	G	G	G	R	G	G	-	Aug 2019	75.0	83.0	
			5WD: TIA (Low Risk) Treatment <7 days from receipt of referral	=>	75.0	75.0	G	G	G	G	G	G	G	G	G	G	G	G	R	G	G	G	G	-	Aug 2019	90.9	85.1	
			Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80.0	80.0	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	R	Sep 2019	77.8	93.1	
			Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80.0	80.0	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	R	Sep 2019	66.7	88.9	
			Rapid Access Chest Pain - seen within 14 days	=> %	98.0	98.0	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	Sep 2019	100.0	100.0	



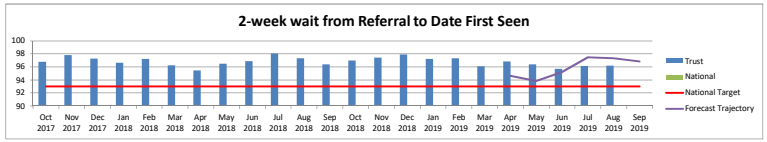


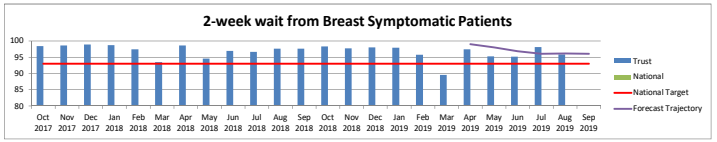


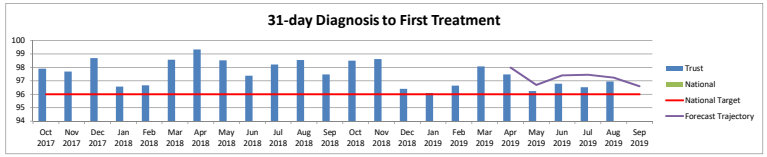
The stroke indicators in the IPR are based on 'patient arrivals' not 'patient discharged' as this monitors pathway performance rather than actual outcomes which may / may not change on discharge.
National SSNAP is based on 'patient discharge' which is more appropriate for outcomes based reporting.
Both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

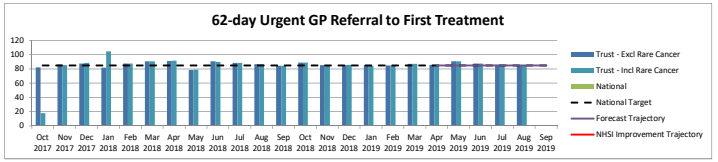
Clinical Effectiveness - Cancer Care

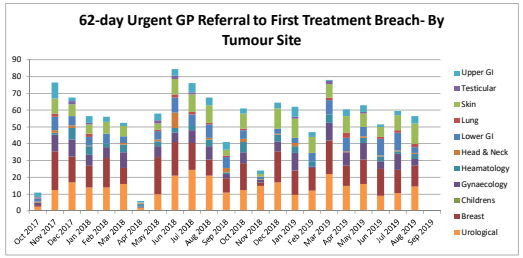
Data Quality	Last review	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Apr 2018) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
	Apr-19		2 weeks	=> %	93.0	93.0																		-	Aug 2019	92.8	98.5	96.1			-		96.2	96.3	
	Apr-19		2 weeks (Breast Symptomatic)	=> %	93.0	93.0																		-	Aug 2019		-						95.8	96.4	
	Apr-19		31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Aug 2019	100.0	95.9	94.1			-		96.9	96.8	
	Apr-19		31 Day (second/subsequent treatment - surgery)	=> %	94.0	94.0																		-	Aug 2019								95.2	96.2	
	Apr-19		31 Day (second/subsequent treatment - drug)	=> %	98.0	98.0												#####	#####		#####	#####		-	Aug 2019								100.0	100.0	
			31 Day (second/subsequent treat - radiotherapy)	=> %	94.0	94.0																		-	Aug 2019								-	-	
	Apr-19		62 Day (urgent GP referral to treatment) Excluding Rare Cancer	=> %	85.0	85.0																		-	Aug 2019	84.3	84.9	80.0			-		84.3	86.7	
			62 Day (urgent GP referral to treatment) Including Rare Cancer	=> %	85.0	85.0																		-	Aug 2019	84.9	84.9	80.0			-		84.6	86.8	
	Apr-19		62 Day (referral to treat from screening)	=> %	90.0	90.0																		-	Aug 2019	-	100.0	100.0			-		100.0	96.7	
	Apr-19		62 Day (referral to treat from hosp specialist)	=> %	90.0	90.0																		-	Aug 2019	73.2	87.9	100.0			-		80.0	85.5	
			Cancer - Patients Waiting over 62 days	No			6	17	8	10	11	8	8	11	11	11	9	12	10	7	8	10	11	-	Aug 2019	4.0	5.5	1.0			0.0		10.5	44.0	
			Cancer - Patients Waiting over 104 days	No			2	1.5	1.5	2.5	2.5	1.0	2.0	1.0	3.0	2.0	3.0	7.0	3.0	4.0	0.5	2.5	4.5	-	Aug 2019	1.5	2.5	0.5			0.0		4.5	14.5	
			Cancer - Longest Waiter in days	No			118	104	112	113	146	86	104	101	197	137	177	209	241	183	91	196	147	-	Aug 2019	147	168	109			0		147		
	Apr-19		Neutropenia Sepsis Door to Needle Time Greater Than 1 Hour	<= No	0.0	0.0	3	7	6	4	2	7	4	6	6	5	9	2	7	2	3	3	4	6	Sep 2019	6	-	-			-		6	25	
			IPT Referrals - Within 38 Days Of GP Referral for 62 day cancer pathway	%			60	67	36	67	65	71	69	56	53	87	38	67	48	53	64	74	52	-	Aug 2019	-	-	-			-		52	58	

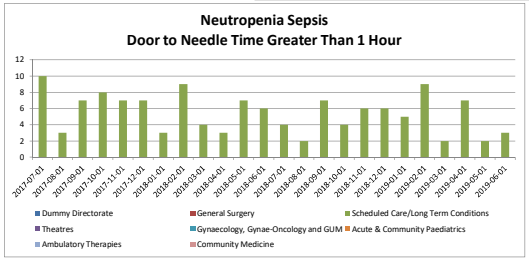


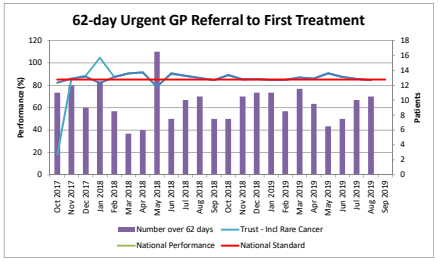






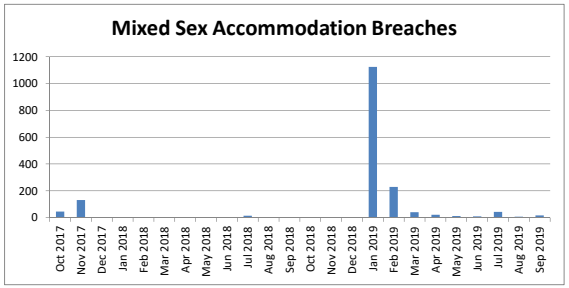


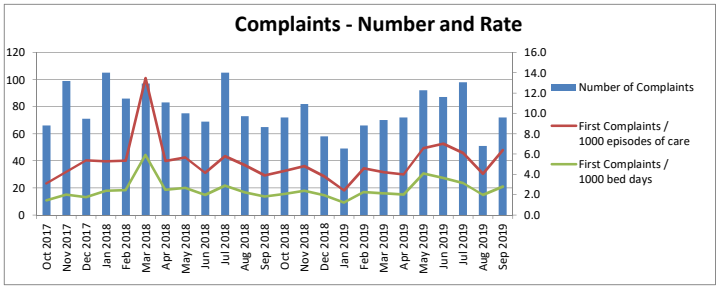


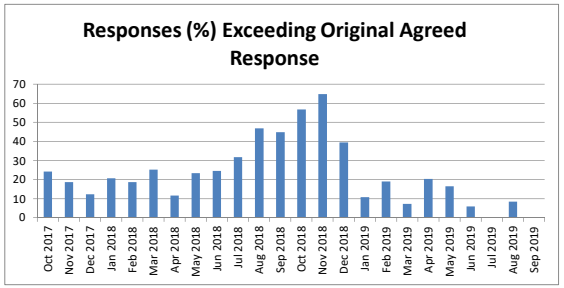


Patient Experience - FFT, Mixed Sex Accommodation & Complaints

Data Quality	Last review	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Apr 2018) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
	Apr-19	b	FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	25.0	25.0	8.3	7.4	5.4	8.9	8.3	15	19	29	22	24	23	20	16.14	29	26	23	21	23	Sep 2019								23	23	
	Apr-19	a	FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95.0	95.0	89	92	92	95	96	90	93	92	92	91	92	91	89.07	89	92	91	90	89	Sep 2019								89		
	Apr-19	b	FFT Response Rate: Type 1 and 2 Emergency Department	=> %	25.0	25.0	-	-	-	-	11	6.3	4.3	6.8	7.8	15	16	16	12	11	9.6	10	9.5	9.8	Sep 2019	9.78							9.8	10.4	
	Apr-19	a	FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95.0	95.0	-	-	-	-	76	73	71	74	73	74	75	75	75.35	76	73	76	78	71	Sep 2019	70.7							71		
	Apr-19		FFT Score - Adult and Children Emergency Department (type 3 WiU)	=> No	95.0	95.0	-	-	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Sep 2019	-							0		
	Apr-19		FFT Score - Outpatients	=> No	95.0	95.0	-	-	-	-	91	90	91	90	92	90	90	91	90.32	90	89	88	76	87	Sep 2019								87		
	Apr-19		FFT Score - Maternity Antenatal	=> No	95.0	95.0	-	-	-	-	88	86	94	0	0	0	0	0	0	0	0	0	0	0	Sep 2019								0		
	Apr-19		FFT Score - Maternity Postnatal Ward	=> No	95.0	95.0	-	-	-	-	91	0	87	93	100	100	100	0	100	100	0	100	100	100	Sep 2019								100		
	Apr-19		FFT Score - Maternity Community	=> No	95.0	95.0	-	-	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Sep 2019								0		
	Apr-19		FFT Score - Maternity Birth	=> No	95.0	95.0	-	-	-	-	90	93	100	100	100	17	95	100	100	94	94	91	66	6.1	Sep 2019								6		
	Apr-19		FFT Response Rate - Maternity Birth	=> %	25.0	25.0	-	-	-	-	13	16	8.4	5	3.7	17	5	3.5	2.069	3.5	8.3	10	1.4	6.1	Sep 2019								6	5	
		a	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	0	0	0	15	0	0	0	0	-	###	229	40	22	11	9	44	7	16	Sep 2019	9	7	0		0	0		16	109	
			No. of Complaints Received (formal and link)	No			83	75	69	105	73	65	72	82	58	49	66	70	72	92	87	98	51	72	Sep 2019	21	22	17	0	0	9	3	72	472	
			No. of Active Complaints in the System (formal and link)	No			176	174	164	194	213	208	206	212	210	165	170	151	163	149	121	148	91	121	Sep 2019	47	33	22	0	1	14	4	121		
		a	No. of First Formal Complaints received / 1000 bed days	Rate1			2.5	2.7	2.0	2.9	2.2	1.8	2.1	2.4	1.9	1.2	2.3	2.1	2.0	4.1	3.6	3.1	2.0	2.8	Sep 2019	1.41	4.16	4.14			45.23		2.78	2.90	
			No. of First Formal Complaints received / 1000 episodes of care	Rate1			5.3	5.7	4.1	5.8	4.9	3.9	4.3	4.8	3.8	2.4	4.6	4.2	4.0	6.6	7.0	6.1	4.0	6.4	Sep 2019	4.32	6.92	7.35			23.26		6.38	5.68	
			No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	100	100	100	93	93	100	97	96	98	98	100	98	100	2.2	100	100	100	100	Sep 2019	100	100	100	-	-	100	100	100	80	
			No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0	12	23	25	32	47	45	57	65	39	11	19	7.2	20.28	17	5.9	0	8.4	0	Sep 2019	0	0	0	-	0	0	0	0	11	
			No. of responses sent out	No			77	65	64	52	52	57	54	59	47	74	58	95	77	98	97	95	96	61	Sep 2019	28	16	9	0	1	6	1	61	524	

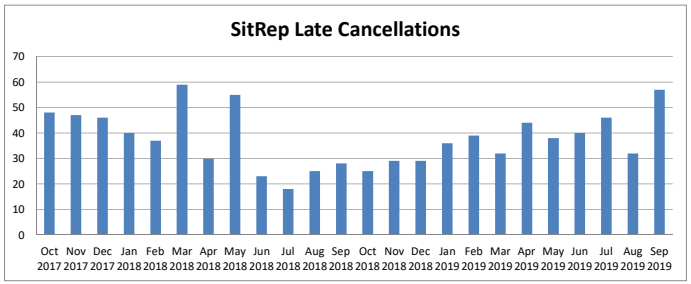


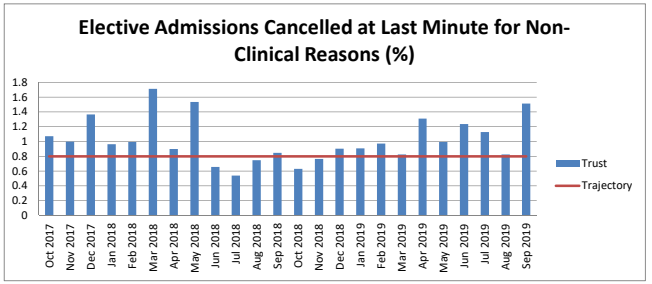


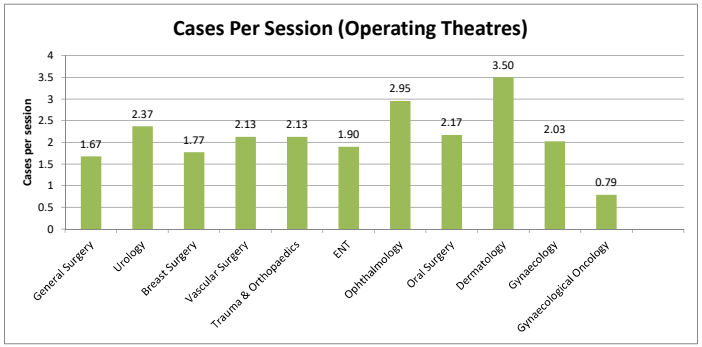


Patient Experience - Cancelled Operations

Data Quality	Last review	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Apr 2018) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
			No. of Sitrep Declared Late Cancellations - Total	<= No	240	20	30	55	23	18	25	28	25	29	29	36	39	32	44	38	40	46	32	57	Sep 2019	5	42	10			0		57	257	
			No. of Sitrep Declared Late Cancellations - Avoidable	No			3	12	5	8	14	10	9	7	11	18	7	10	16	13	3	16	17	32	Sep 2019	0	32	0			0		32	97	
			No. of Sitrep Declared Late Cancellations - Unavoidable	No			26	43	18	10	11	18	16	22	18	18	32	22	28	25	37	30	15	25	Sep 2019	5	10	10			0		25	160	
		•	Elective Cancellations at last minute for non-clinical reasons (as a percentage of elective admissions)	<= %	0.8	0.8	0.9	1.5	0.7	0.5	0.7	0.8	0.6	0.8	0.9	0.9	1.0	0.8	1.3	1.0	1.2	1.1	0.8	1.5	Sep 2019	0.62	1.84	4.63			0.00		1.5	1.2	
		•e•	Number of 28 day breaches	<= No	0	0	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	Sep 2019	0	0	0			0		0	0	
		•e	No. of second or subsequent urgent operations cancelled	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Sep 2019	0	0	0			-		0	0	
			Urgent Cancellations	<= No	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Sep 2019	0.0	0.0	0.0			0.0		0	0	
			No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0	0	1	1	0	0	0	0	0	0	2	0	0	0	1	2	1	1	1	Sep 2019	0	1	0			0		1	6	
			Multiple Hospital Cancellations experienced by same patient (all cancellations)	<= No	0	0	62	42	40	56	61	54	68	55	39	52	56	69	73	64	75	86	67	79	Sep 2019	7	64	8			-		79	444	
			All Hospital Cancellations, with 7 or less days notice	<= No	0	0	224	219	205	245	230	193	265	238	156	236	230	244	265	262	277	296	204	367	Sep 2019	24	293	50			-		367	1671	

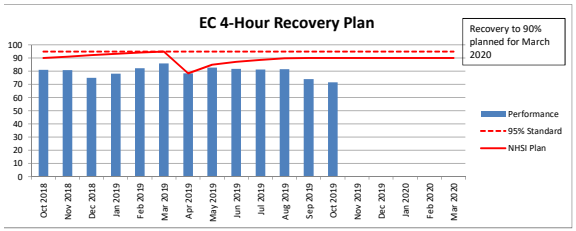


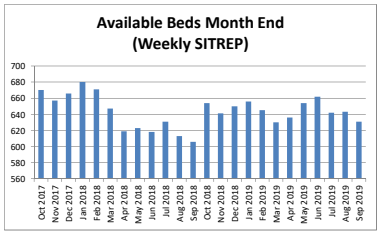


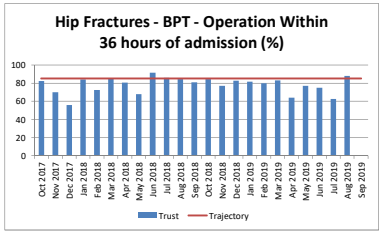


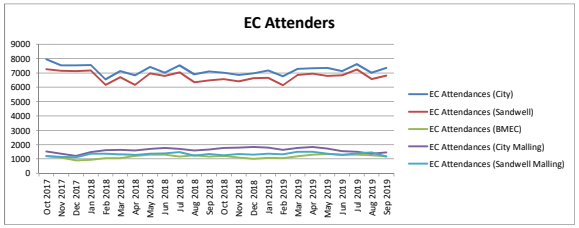
Access To Emergency Care & Patient Flow

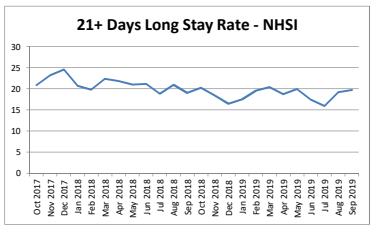
Data Quality	Last review	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (From) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Unit S	Unit C	Unit B	Month	Year To Date	Trend
			Emergency Care Attendances (Including Malling)	No			17075	18766	18236	18923	17333	17740	17919	17502	17753	18042	16949	18592	18908	18541	18091	19047	17657	17973	Sep 2019	7973	8810	1190	17973	110217	
		•e••	Emergency Care 4-hour waits	=> %	95.00	95.00																			Sep 2019	68.5	76.2	93.2	74.08	79.96	
			Emergency Care 4-hour breach (numbers)	No			2745	3746	3418	3001	2999	3013	3354	3383	4435	3963	3006	2629	4106	3213	3288	3942	3252	4764	Sep 2019	2536	2134	94	4764	22165	
		•e	Emergency Care Trolley Waits >12 hours	<= No	0.00	0.00																			Sep 2019	1	1		2	2	
			Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.00	15.00																			Sep 2019	16	18	37	17	14	
			Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60																			Sep 2019	76	64	77	71	57	
			Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																			Sep 2019	7.07	7.74	6.26	7.29	5.71	
			Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Sep 2019	8.29	10.59	3.51	8.84	7.30	
			WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	173	219	195	165	116	95	121	159	205	168	160	88	166	119	128	123	162	238	Sep 2019	200	38		238	936	
			WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	6	6	10	2	8	5	6	7	7	9	8	6	5	4	4	5	9	33	Sep 2019	29	4		33	60	
		•	WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																			Sep 2019	1.23	0.19		0.74	0.22	
			WMAS - Emergency Conveyances (total)	No			4308	4539	4306	4685	4522	4354	4462	4579	4872	4885	4372	4655	4814	4670	4555	4658	4486	4484	Sep 2019	2356	2128		4484	27667	
	Apr-19		Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5																			Sep 2019	1.4	5.7		3.0	2	
			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	<10 per site	<10 per site														·		·			Sep 2019	5	12.2		17		
	Apr-19		Delayed Transfers of Care (Acute) - Finable Bed Days (Birmingham LA only)	<= No	0	0	176	241	192	263	174	181	200	272	275	315	270	211	99	149	239	295	185	127	Sep 2019				127	1094	
	Apr-19		Patient Bed Moves (10pm - 6am) (No.) -ALL	No			570	628	677	655	733	712	797	717	713	757	654	642	672	698	583	684	671	675	Sep 2019				675	3983	
	Apr-19		Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No			244	239	242	232	241	240	246	227	247	279	241	243	223	228	185	218	233	266	Sep 2019				266	1353	
	Apr-19		Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units and Transfers for Clinical Reasons	No			43	26	48	36	38	47	54	38	55	63	57	63	65	37	30	46	45	52	Sep 2019				52	275	
	Apr-19		Hip Fractures - Best Practice Tarriff - Operation < 36 hours of admission (%)	=> %	85.0	85.0																		·	Aug 2019				88	74.5	
	Apr-19		Inpatients Staying 21+ Days At Month End Census - NHSI	No			-	-	-	-	122	122	146	123	126	137	125	116	139	130	124	129	118	152	Sep 2019				152	-	
	Apr-19		21+ Days Long Stay Rate - NHSI	%			21.88	20.96	21.12	18.79	20.92	19.05	20.2	18.38	16.47	17.54	19.57	20.38	18.74	19.96	17.46	15.98	19.19	19.71	Sep 2019				19.706	18.51	
	Apr-19		Estimated Beds - 21+ Days - NHSI	<= No	82.0	82.0	1455	1323	1371	1117	1293	1154	1267	117	96.05	1118	124	1258	1116	1334	1007	857.8	1247	1111	Sep 2019				111.12	-	

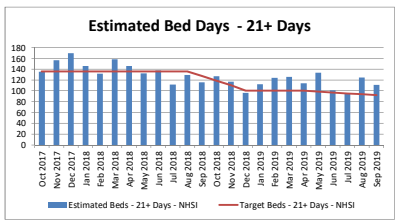






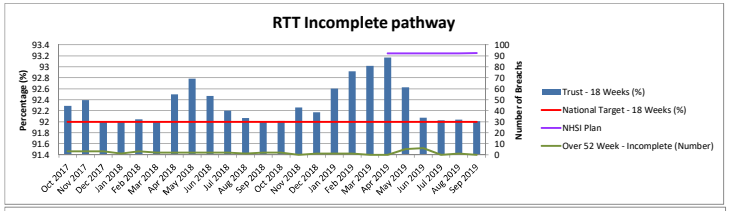


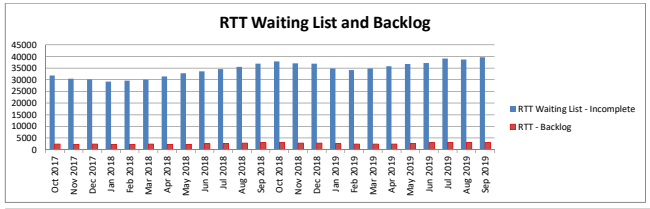


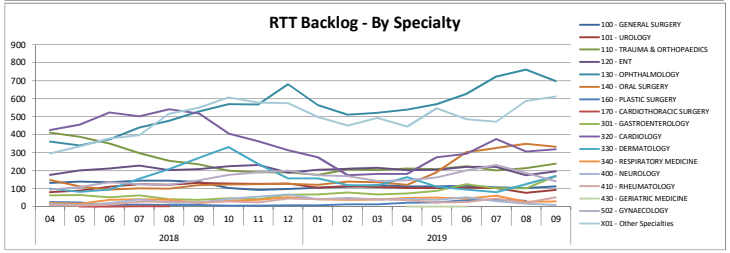


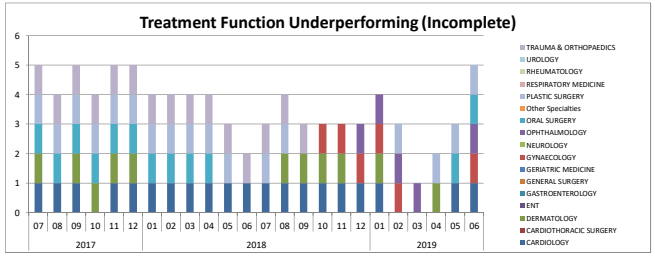
Referral To Treatment

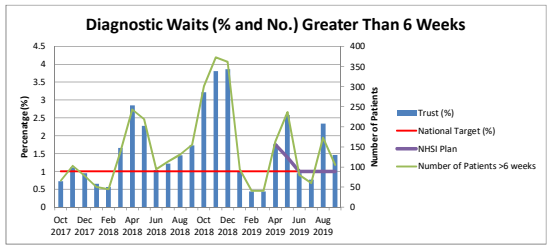
Data Quality	Last review	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Apr 2018) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
	Apr-19		RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Sep 2019	87.5	76.4	78.1			91.1		80.65		
	Apr-19		RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Sep 2019	80.2	92.8	85.2			81.5		89.76		
	Apr-19		RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Sep 2019	92.7	90.8	93.1			93.4		92.01		
	Apr-19		RTT Waiting List - Incomplete	No			31369	32841	33665	34594	35614	36990	37871	37012	36914	34909	34221	34888	35859	36762	37231	39115	38714	39634	Sep 2019	7147	18121	2049			3381		39634		
	Apr-19		RTT - Backlog	No			2354	2369	2536	2697	2825	2959	3023	2865	2890	2582	2424	2436	2450	2710	2951	3118	3082	3168	Sep 2019	525	1668	141			222		3168		
	Apr-19		Patients Waiting >52 weeks	<= No	0	0	4	5	4	7	7	3	5	4	1	3	4	6	1	11	24	12	14	0	Sep 2019	0	0	0			0		0	62	
	Apr-19		Patients Waiting >52 weeks (Incomplete)	<= No	0	0	2	2	2	2	1	2	2	0	1	1	1	0	0	5	6	0	1	0	Sep 2019	0	0	0			0		0	12	
			RTT Clearance Time (Wks)	Weeks			-	-	-	-	-	-	-	9.3	11.6	8.6	8.4	9.1	9.5	9.7	10.0	9.7	10.5	10.3	Sep 2019	20.8	8.5	10.8	-	-	18.6	-	10.3	9.9	
			Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	<= No	0	0	27	25	23	27	28	28	27	26	26	28	29	27	23	27	29	30	29	27	Sep 2019	7	13	2.0			3.0		27		
			Treatment Functions Underperforming (Incomplete)	<= No	0	0	4	3	2	3	4	3	3	3	3	4	3	-	2	3	5	5	5	4	Sep 2019	2	2	0			0		4		
	Apr-19		Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1.0	1.0																			Sep 2019	0.9	0.2	-		2.0	-		1.46		
	Apr-19		Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No			1002	739	1038	1190	1344	1340	-	1237	1294	1861	532	958	1158	1330	1023	1010	600	614	Sep 2019	19	34	-		552	-		614		
	Apr-19		Routine Outpatient Appointments with Short Notice(<3Wks)	%			19	24	21	21	28	22	25	31	35	33	35	35	39	35	35	36	34	38	Sep 2019	36	38	40	48	-	34	-	37.9	36.1	
	Apr-19		Routine Outpatient Appointments with Short Notice(<3Wks)	No			1414	2061	1943	1979	2325	1904	2434	3097	3169	3693	3564	3554	3599	3767	3498	3838	3034	3711	Sep 2019	584	2058	542	178	0	349	-	3711	21447	
	Apr-19		Short Notice Inpatient Admission Offers (<3wks)	%			49	52	57	59	47	49	55	59	52	44	48	46	58	57	56	54	54	51	Sep 2019	68	48	68	30	83	50	-	51	55.2	
	Apr-19		Short Notice Inpatient Admission Offers (<3wks)	No			1783	1983	2161	2252	1800	1760	2253	2307	1773	1873	1862	1869	2416	2414	2136	2375	2150	2142	Sep 2019	281	1420	200	14	25	202	-	2142	13633	

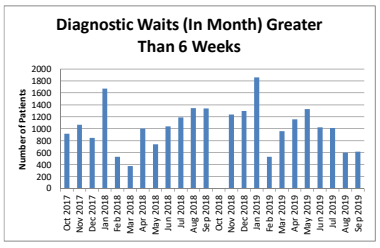








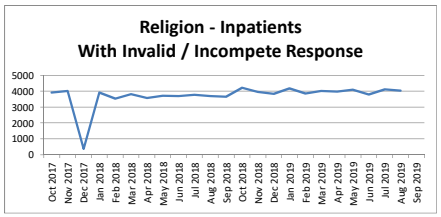


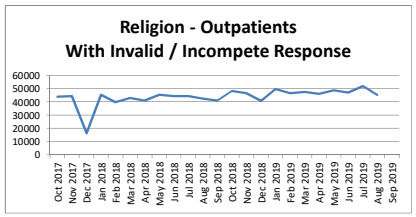


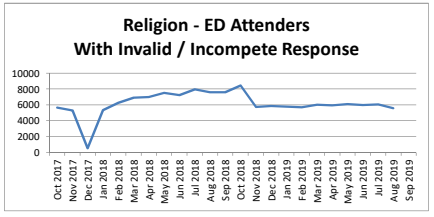
SpecDesc	PTLSize	WeeklyStops	Backlog	Perfor	ClearanceT	MaxBacklog
Cardiology	2694	119	318	0.88	22.64	59
Cardiothroacic	13	0	0	1	0	0
Dermatology	2376	112	170	0.93	21.21	56
ENT	3014	140	195	0.94	21.53	70
Gastro	1976	91	169	0.91	21.71	45
General Surgery	2387	329	112	0.95	7.26	164
Geriatrics	66	14	0	1	4.71	7
Gynae	2049	189	141	0.93	10.84	94
Neurology	1242	42	10	0.99	29.57	21
Ophthalmology	6448	1148	697	0.89	5.62	574
Oral Surgery	1427	77	333	0.77	18.53	38
Other Specs	8936	1001	612	0.93	8.93	500
Rhematology	1005	70	52	0.95	14.36	35
Thoracic Med	1169	77	28	0.98	15.18	38
Trauma & Orthopae	3209	315	239	0.93	10.19	157
Urology	1623	112	92	0.94	14.49	56
0	0	0	0	0	0	0
Total	39634	3836			10.33	

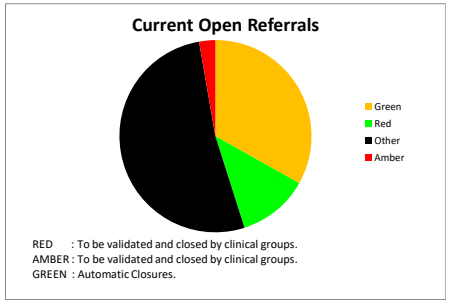
Data Completeness

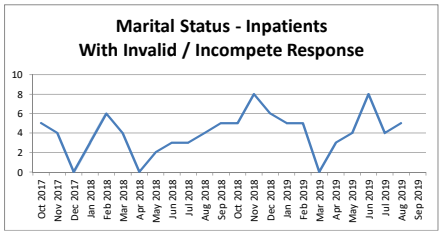
Data Quality	Last review	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Apr 2018) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
			Data Completeness Community Services	=> %	50.0	50.0																			Sep 2019							61.2	61.2		
			Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		-	Aug 2019								86.0		
			Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		-	Aug 2019								98.5		
			Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		-	Aug 2019								99.4		
			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0	96.8	97.3	97.5	98.4	98.4	98.5	97.7	98.2	97.9	97.3	97.2	97.5	98.2	98.1	96.8	98.7	-	-	Jul 2019								98.7	98.0	
			Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS	=> %	99.0	99.0	99.6	99.6	99.6	99.6	99.8	99.8	99.6	99.7	99.7	99.7	99.8	99.6	99.6	99.7	99.6	99.6	-	-	Jul 2019								99.6	99.6	
			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0	97.4	97.4	97.5	97.2	97.6	97.3	97.2	97.6	97.3	97.6	97.6	97.5	97.6	97.6	97.3	97.3	-	-	Jul 2019								97.3	97.4	
			Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0																		-	Jul 2019								91.4	91.2	
			Ethnicity Coding - percentage of outpatients with recorded response	=> %	90.0	90.0																		-	Jul 2019								92.2	91.9	
			Protected Characteristic - Religion - INPATIENTS with recorded response	%			69.5	68.7	68.5	69.0	67.9	68.1	67.0	68.9	68.5	68.9	67.2	68.4	68.6	68.2	68.0	67.7	66.8	-	Aug 2019								66.8	67.9	
			Protected Characteristic - Religion - OUTPATIENTS with recorded response	%			52.1	51.1	51.6	52.0	52.0	52.3	51.7	51.6	51.2	51.5	50.1	50.1	50.7	50.2	50.3	50.4	51.1	-	Aug 2019								51.1	50.5	
			Protected Characteristic - Religion - ED patients with recorded response	%			65.1	65.7	66.5	64.2	62.8	63.5	60.1	62.5	62.3	63.2	61.2	62.6	64.0	62.8	62.9	64.7	64.6	-	Aug 2019								64.6	63.8	
			Protected Characteristic - Marital Status - INPATIENTS with recorded response	%			100.0	100.0	100.0	100.0	100.0	100.0	100.0	99.9	100.0	100.0	100.0	100.0	100.0	100.0	99.9	100.0	100.0	-	Aug 2019								100.0	100.0	
			Protected Characteristic - Marital Status - OUTPATIENTS with recorded response	%			38.8	38.7	38.8	39.1	38.5	38.6	38.1	37.8	37.2	37.9	37.4	37.1	37.5	37.4	37.2	37.5	37.3	-	Aug 2019								37.3	37.4	
			Protected Characteristic - Marital Status - ED patients with recorded response	%			38.3	39.4	39.2	38.8	37.0	38.0	37.5	39.9	39.7	40.2	40.0	40.4	40.6	40.0	39.5	39.9	38.4	-	Aug 2019								38.4	39.7	
			Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0																		-	Jul 2019								6.8	6.9	
			Open Referrals	No			294,489	299,679	305,223	310,094	314,889	319,931	326,632	330,485	334,632	337,995	341,631	325,229	311,212	223,937	221,026	216,977	215,389	210,947	Sep 2019	51,785	104,317	22,333	6,711	383	25,438		210,947		
			Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			155,865	159,396	162,765	165,731	169,514	176,824	177,132	181,139	184,452	188,892	192,794	151,428	158,635	69,739	64,564	54,518	53,060	46,595	Sep 2019	19,410	16,396	5,139	1,441	244	3,700		46595		
			Future Appts Where the Referral is Closed	No			230	226	230	129	152	209	213	179	206	233	265	241	248	223	279	294	286	290	Sep 2019	79	138	38	7	0	28		290		

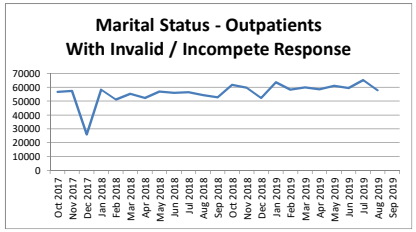


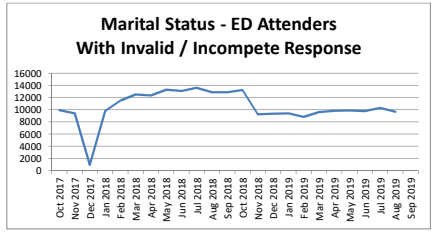








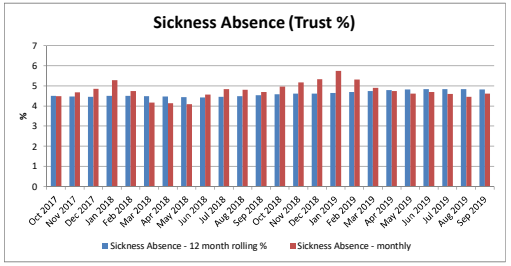


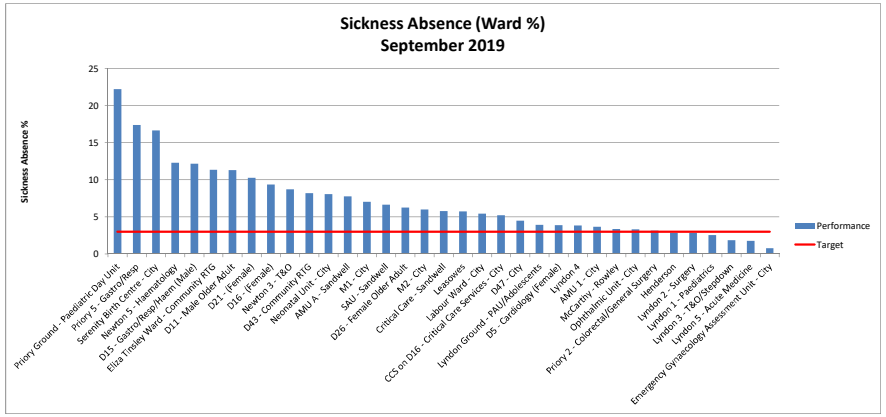


Workforce

2019 6

Data Quality	Last review	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Apr 2018) A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
		•b•	PDRs - 12 month rolling	=> %	95.0	95.0	-->	-->		-->	-->		-->	-->		-->	-->		-->	-->	-->	-->			Mar 2019	97.0	99.6	98.7	100.0	97.6	99.9	99.9			
		•b	Medical Appraisal	=> %	90.0	90.0																		-	Aug 2019	93.5	94.4	95.5	90.5	100.0	136.4	100.0	96.3	96.0	
	Apr-19	•b	Sickness Absence (Rolling 12 Months)	<= %	3.00	3.00	4.47	4.43	4.42	4.46	4.49	4.54	4.58	4.61	4.62	4.65	4.69	4.75	4.78	4.82	4.84	4.83	4.83	4.83	Sep 2019	5.3	4.9	5.5	0.0	4.6	4.3	4.3	4.8	4.8	
	Apr-19		Sickness Absence (Monthly)	<= %	3.00	3.00	4.14	4.08	4.57	4.84	4.81	4.70	4.97	5.17	5.33	5.73	5.31	4.90	4.74	4.61	4.69	4.60	4.45	4.62	Sep 2019	5.2	4.4	5.2	0.0	4.5	3.6	4.7	4.6	4.6	
	Apr-19		Sickness Absence - Long Term (Monthly)	<= No	140	140	226	224	247	269	263	254	242	257	264	279	238	253	231	230	232	223	251	224	Sep 2019	45	39	41	1	9	23	33	224	1391	
			Sickness Absence - Long Term (Open Cases In Month)	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	131	Sep 2019	29	24	21	0	6	16	35	131	131	
	Apr-19		Sickness Absence - Short Term (Monthly)	No			688	672	670	691	698	779	850	836	841	1013	878	784	738	644	674	681	539	719	Sep 2019	177.0	133	98	7	24	93	92	719	3995	
			Ward Sickness Absence (Monthly)	<= %	3.00	3.00	-	-	-	-	-	-	-	-	-	8.1	7.3	6.9	6.8	6.6	6.7	5.8	5.8	6.7	Sep 2019	7.0	5.4	7.9	-	-	6.4	-	6.7	6.4	
			Mandatory Training - Health & Safety (% staff)	=> %	95.0	95.0																			Sep 2019	77.3	85.4	84.5	-	88.2	92.7	90.7	86.2		
			Staff at 100% compliance with mandatory training	%			-	-	-	-	-	-	-	-	-	-	70.82	73.76	72.7	56.83	64.43	60.439	72.03		Sep 2019	56.6	68.8	67.5	-	-	83.1	-	72.0		
			Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%			-	-	-	-	-	-	-	-	-	-	12.42	13.51	12.85	23.03	18.7	21.96	12.7		Sep 2019	17.6	13.8	15.1	-	-	9.7	-	12.7		
			Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%			-	-	-	-	-	-	-	-	-	-	8.077	8.372	6.488	8.489	7.228	7.5877	5.694		Sep 2019	7.4	7.2	7.6	-	-	3.2	-	5.7		
	Apr-19		Nursing Turnover (Qualified Only)	<= %	10.7	10.7	13.7	13.4	13.3	13.0	13.4	12.8	12.2	12.7	12.5	12.4	12.2	12.1	11.8	12.4	12.3	12.3	11.7	11.5	Sep 2019								11.5	12.0	
	Apr-19		Nursing Vacancy Rate (Qualified)	<= %	11.0	11.0	-	-	-	-	-	-	-	11.8	12.1	13.0	12.4	10.6	15.2	15.8	15.9	16.1	15.8	14.3	Sep 2019								14.3	15.5	
	Apr-19		WeConnect Staff Satisfaction Score	=> No	4.0	4.0	UNDER REVIEW																		Jan 2019	3.9	3.9	4.0	0.0	0.0	3.8	7.7	23.2		
	Apr-19		WeConnect Staff Satisfaction Response Rate (%)	=> No	35.0	35.0	UNDER REVIEW																		Jan 2019								131.3		
	Apr-19		WeConnect Staff Satisfaction Disengagement Rate	=> %	10.0	18.0	UNDER REVIEW																		Jan 2019	100.0	100.0	100.0	-	-	100.0	100.0	100.0		
	Apr-19		New Starters Complete Onboarding Process	=> %	100.0	100.0	-	-	-	-	-	-	-	100	84.21	87.5	82.14	86.89	92.31	77.61	87.5	94.64	87.047	93.49	Sep 2019	95.2	88.6	100.0	-	-	96.2	-	93.5	89.56	
	Apr-19		Flu Vaccination Rate	=> %	85.0	85.0	-	-	-	-	-	-	-	83.33	83.7	-	-	-	-	-	-	-	-	-	Dec 2018	-	-	-	-	-	-	-	83.7	83.51	





Local Quality Indicators - 2019/2020

Data Quality	Last review	PAF	Indicator	Measure	Trajectory		Previous Months Trend (From Apr 2018)																Data Period	Group							Month	Year To Date	Trend
					Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		M	SS	W	P	I	PCCT	CO			
			Morning Discharges (00:00 to 12:00) - SQPR	=> %	35	35	15	15	17	17	15	15	16	16	16	20	18	20	19	16	17	17	17	14	Sep 2019	14.4	9.57	17.4			27		14.5	16.7	
			ED Diagnosis Coding (Mental Health CQUIN) - SQPR	=> %	85	85	84	85	85	84	84	84	91	91	92	91	92	91	92	91	91	92	92	75	Sep 2019								75.3	88.9	
			Community Nursing - Falls Assessment For Appropriate Patients on home visiting caseload	=> %	100	100	91	94	94	96	95	97	95	91	93	93	95	95	93	97	97	97	97	96	Sep 2019								95.9	96.0	
			Community Nursing - Pressure Ulcer Risk Assessment For New community patients at intial assessment	=> %	95	95	93	94	95	96	95	97	95	92	94	93	95	95	93	97	98	97	96	96	Sep 2019								95.6	96.0	

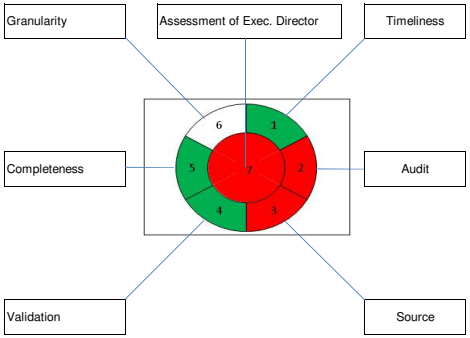
Legend

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

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

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

Data Quality - Kitemark



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

Red	Insufficient
Green	Sufficient
White	Not Yet Assessed

The centre of the indicator is colour coded as follows:

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

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

Medicine Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate EC	AC	SC	Month	Year To Date	Trend
Patient Safety - Inf Control	C. Difficile	<= No	30	3																			Sep 2019	1	1	0	2	7	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Sep 2019	0	0	0	0	1	
Patient Safety - Inf Control	MRSA Screening - Elective (%)	=> %	80	80																			Sep 2019	69	100	63	75.0		
Patient Safety - Inf Control	MRSA Screening - Non Elective (%)	=> %	80	80																			Sep 2019	60	69	75	61.5		
Patient Safety - Harm Free Care	Number of DOLS raised	No			16	34	14	26	21	26	23	25	15	27	16	28	20	16	21	13	14	24	Sep 2019	3	21	0	24	108	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			16	34	14	26	21	26	23	25	15	27	16	28	20	16	21	13	14	24	Sep 2019	3	21	0	24	108	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			1	3	2	3	5	1	2	7	4	1	0	6	2	4	11	2	4	0	Sep 2019	0	0	0	0	23	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			2	2	2	2	3	5	0	0	0	1	8	3	5	2	4	0	2	0	Sep 2019	0	0	0	0	13	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			3	12	8	10	10	16	13	11	8	13	12	13	11	9	9	8	8	13	Sep 2019	2	11	0	13	58	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			0	0	1	3	2	3	2	3	2	1	4	2	1	0	0	0	2	2	Sep 2019	0	2	0	2	5	
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			0	0	0	1	0	0	0	0	0	0	12	0	4	0	2	0	0	0	Sep 2019	0	0	0	0	-	
Patient Safety - Harm Free Care	Falls	<= No	0	0	35	32	35	40	43	37	53	58	50	53	43	43	51	60	47	58	58	39	Sep 2019	10	29	-	39	313	
Patient Safety - Harm Free Care	Falls - Death or Severe Harm	<= No	0	0	0	2	1	0	0	0	0	2	-	2	0	1	2	2	1	2	0	0	Sep 2019	0	0	0	0	7	
Patient Safety - Harm Free Care	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	4	5	5	6	1	3	7	15	28	20	16	11	14	11	16	8	12	15	Sep 2019	5	10	-	15	76	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Sep 2019	95.8	91.6	94.2	95.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0														-				-	Aug 2019	100.0	100.0	100.0	100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0																			Sep 2019	100	100	-	100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0																			Sep 2019	100	100	-	100.0		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Sep 2019	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	1	Sep 2019	0	1	0	1	1	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Sep 2019	0	1	0	1	23	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98																	-	-	Jul 2019	81	87	77	84		

Medicine Group

Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			13.5	11.7	13.0	13.2	12.5	11.5	10.9	11.7	12.8	12.8	14.2	12.1	11.9	12.7	12.3	13.0	12.9	-	Aug 2019				12.9		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			11.0	11.2	11.6	11.9	12.2	12.3	12.2	12.3	12.3	12.4	12.5	12.5	12.4	12.4	12.4	12.4	12.4	-	Aug 2019					12.4	

Medicine Group

Section	Indicator		Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate EC	AC	SC	Month	Year To Date	
Clinical Effect - Stroke & Card	Pts spending >90% stay on Acute Stroke Unit (%)	=> %	90.0	90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Aug 2019		98.3		98.3	92.6	
Clinical Effect - Stroke & Card	Pts admitted to Acute Stroke Unit within 4 hrs (%)	=> %	90.0	90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Aug 2019		80.0		80.0	63.4	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Aug 2019		73.9		73.9	65.4	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Aug 2019		100.0		100.0	98.2	
Clinical Effect - Stroke & Card	Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Aug 2019		60.0		60.0	79.3	
Clinical Effect - Stroke & Card	Stroke Admissions - Swallowing assessments (<24h) (%)	=> %	98.0	98.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	-	-	Jun 2019		100.0		100.0	100.0	
Clinical Effect - Stroke & Card	TIA (High Risk) Treatment <24 Hours from receipt of referral (%)	=> %	70.0	70.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Aug 2019		75.0		75.0	91.9	
Clinical Effect - Stroke & Card	TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=> %	75.0	75.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Aug 2019		92.3		92.3	87.8	
Clinical Effect - Stroke & Card	Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=> %	80.0	80.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2019		77.8		77.8	93.1	
Clinical Effect - Stroke & Card	Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=> %	80.0	80.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2019		66.7		66.7	88.9	
Clinical Effect - Stroke & Card	Rapid Access Chest Pain - seen within 14 days (%)	=> %	98.0	98.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2019		100.0		100.0	100.0	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Aug 2019			92.8	92.8		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Aug 2019			100.0	100.0		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Aug 2019			84.3	84.3		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			3	5	2	1	3	2	4	4	6.5	4.5	1.5	2.5	4	0.5	2	5	4	-	Aug 2019	-	-	4.00	4.00	16	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			1	0	0.5	0	1.5	0	0	0	2	0	1	1	1	0.5	0	1.5	1.5	-	Aug 2019	-	-	1.50	1.50	5	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			118	104	112	103	146	86	104	101	197	91	154	163	168	183	91	149	147	-	Aug 2019	-	-	147	147		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	<= No	0.0	0.0	3	7	6	4	2	7	4	6	6	5	9	2	7	2	3	3	4	6	Sep 2019	-	-	6	6	25	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	0	0	0	15	0	0	0	0	-	1058	171	7	4	0	0	31	0	9	Sep 2019	9	0	0	9	44	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			36	35	24	55	27	25	30	29	30	14	24	27	33	47	26	31	24	21	Sep 2019	12	9	0	21	182	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			81	89	71	97	90	80	87	88	99	75	67	62	84	80	37	58	48	47	Sep 2019	25	22	0	47		

Medicine Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	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																			Sep 2019	-	4.42	-	0.62	
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Sep 2019	0.0	0.0	0.0	0	0
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	0	1	1	1	0	0	1	3	1	0	0	0	0	0	0	0	0	5	Sep 2019	0.0	5.0	0.0	5	5
Pt. Experience - Cancellations	Urgent Cancelled Operations	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Sep 2019	0.00	0.00	0.00	0.00	0
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95.0	95.0																			Sep 2019	68.5	76.2	Site S/C	72.5	78.7
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			1935	2814	2661	2294	2075	2154	2721	2533	3349	3163	2318	1960	3104	2534	2570	2695	2549	2032	Sep 2019	1948	4	80	2032	15484
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0																			Sep 2019	1.0	1.0	Site S/C	2	2
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.0	15.0																			Sep 2019	16.0	18.0	Site S/C	18	14
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60.0	60.0																			Sep 2019	76.0	64.0	Site S/C	64	62
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																			Sep 2019	7.1	7.7	Site S/C	7.4	6.0
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Sep 2019	8.3	10.6	Site S/C	9.5	7.5
Emergency Care & Pt. Flow	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	173	219	195	165	116	95	121	159	205	168	160	88	166	119	128	123	162	238	Sep 2019	200	38		238	936
Emergency Care & Pt. Flow	WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	6	6	10	2	8	5	6	7	7	9	8	6	5	4	4	5	9	33	Sep 2019	29	4		33	60
Emergency Care & Pt. Flow	WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																			Sep 2019	1.23	0.19		0.74	0.22
Emergency Care & Pt. Flow	WMAS - Emergency Conveyances (total)	No			4308	4539	4306	4685	4522	4354	4622	4579	4872	4835	4372	4655	4814	4670	4555	4658	4486	4484	Sep 2019	2356	2128		4484	27667
Emergency Care & Pt. Flow	Inpatients Staying 21+ Days At Month End Census - NHSI	No			-	-	-	-	111	111	129	111	107	118	108	94	118	117	112	112	101	128	Sep 2019	80	25		128	-
Emergency Care & Pt. Flow	21+ Days Long Stay Rate - NHSI	%			24.23	23.916	24.201	21.496	24.306	20.629	23.798	21.837	18.582	19.384	22.832	22.213	22.153	22.386	20.622	19.24	22.542	23.638	Sep 2019	36	12		24	22
Emergency Care & Pt. Flow	Estimated Beds - 21+ Days - NHSI	No			124.37	117.61	121.87	95.87	117.01	94.66	117.36	110	84.96	99.93	119.14	106.62	106.27	119.09	94.77	91.52	113.55	104.16	Sep 2019	82	16		104	-
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																			Sep 2019	-	82.8	92.9	87.5	
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																			Sep 2019	-	76.0	84.6	80.2	
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Sep 2019	-	91.8	93.7	92.7	
RTT	RTT - Backlog	<= No	0	0	524	545	632	644	641	595	527	497	498	427	341	327	346	452	515	568	451	525	Sep 2019	0	328	197	525	

Medicine Group

RTT	Patients Waiting >52 weeks	<= No	0	0	0	2	0	1	3	0	1	2	1	0	0	1	0	1	4	1	7	0	Sep 2019	0	0	0	0	
RTT	Treatment Functions Underperforming	<= No	0	0	6	5	4	6	5	5	5	5	5	5	6	6	3	6	6	6	5	7	Sep 2019	0	5	2	7	
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Sep 2019	-	1.11	0	0.87	

Medicine Group

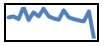
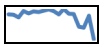
Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	
			Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		EC	AC	SC			
Data Completeness	Open Referrals	No			68,013	68,828	69,652	70,530	71,562	72,254	74,327	75,665	76,701	77,842	78,753	78,479	78,128	58,658	56,434	54,224	52,647	51,785	Sep 2019	10,914	21,184	19,687	51785		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Re	No			40,464	41,127	41,878	42,187	43,075	43,535	44,852	46,371	47,207	48,431	49,297	44,301	47,385	27,937	25,112	21,330	20,501	19,410	Sep 2019	8,145	8,177	3,088	19410		
Workforce	PDRs - 12 month rolling (%)	=> %	95.0	95.0							-	-		-	-		-	-	-	-	-	-	Mar 2019	98.46	96.06	-		80.3	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																		-	Aug 2019	91.14	95.95	-		95.0	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.00	3.00	4.83	4.85	4.92	5.01	5.07	5.19	5.30	5.35	5.35	5.41	5.53	5.67	5.69	5.54	5.50	5.43	5.38	5.32	Sep 2019	5.19	5.40	-	5.32	5.47	
Workforce	Sickness Absence - In month	<= No	3.00	3.00	5.14	5.35	5.73	5.98	6.09	5.85	5.90	6.27	7.16	7.36	6.39	6.32	6.13	4.97	4.49	4.41	4.68	5.20	Sep 2019	4.79	5.49	-	5.20	4.97	
Workforce	Sickness Absence - Long Term - In month	No			54	55	61	65	65	65	64	62	74	75	67	68	62	46	39	42	47	45	Sep 2019	15	30	0	45	281	
Workforce	Sickness Absence - Short Term - In month	No			163	175	155	163	174	199	193	209	212	225	201	196	190	171	188	153	142	177	Sep 2019	74	103	0	177	1021	
Workforce	Mandatory Training (%)	=> %	95.0	95.0																			Sep 2019	86.74	87.92	-		87.7	

Surgical Services Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate					Month	Year To Date	Trend
			Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		GS	SS	TH	An	O			
Patient Safety - Inf Control	C. Difficile	<= No	7	1																			Sep 2019	0	0	0	0	0	0	1	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Sep 2019	0	0	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80	80																			Sep 2019	87.47	81.53	-	0	50	82.4		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80	80																			Sep 2019	80	82.11	-	100	96.67	81.7		
Patient Safety - Harm Free Care	Number of DOLS raised	No			11	14	8	7	10	9	10	11	8	23	3	8	8	8	8	7	9	8	Sep 2019	7	0	0	1	0	8	48	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			11	14	8	7	10	9	10	11	8	23	3	8	8	8	8	7	9	8	Sep 2019	7	0	0	1	0	8	48	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			1	0	1	1	1	2	1	2	3	0	0	1	2	0	1	1	1	2	Sep 2019	0	2	0	0	0	2	7	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			0	2	1	1	1	1	0	0	0	0	3	1	0	2	1	0	0	0	Sep 2019	0	0	0	0	0	0	3	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			1	5	4	1	1	5	8	5	5	17	5	5	6	8	6	2	7	5	Sep 2019	4	0	0	1	0	5	34	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			0	0	0	1	0	0	0	2	0	1	0	1	0	1	1	0	0	0	Sep 2019	0	0	0	0	0	0	2	
Patient Safety - Harm Free Care	Falls	<= No	0	0	16	9	6	9	11	10	17	12	9	11	11	12	11	8	12	6	9	16	Sep 2019	9	5	-	1	1	16	62	
Patient Safety - Harm Free Care	Falls - Death or Severe Harm	<= No	0	0	0	2	0	0	0	0	1	0	-	0	0	0	0	0	0	0	0	0	Sep 2019	0	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	2	2	0	3	2	5	3	7	9	9	7	7	8	8	7	-	8	8	Sep 2019	2	3	-	3	-	8	39	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Sep 2019	97.14	97.48	-	98.61	98.65	97.7		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0														-				-	Aug 2019	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																			Sep 2019	-	-	100	-	100	100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0																			Sep 2019	-	-	100	-	100	100.0		
Patient Safety - Harm Free Care	Never Events	<= No	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	0	1	0	0	Sep 2019	0	0	0	0	0	0	2	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Sep 2019	0	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Sep 2019	1	0	0	0	0	1	7	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98.0																	-	-	Jul 2019	100	100	-	100	-	100.0		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			7.2	5.8	6.1	7.1	6.8	6.3	5.4	6.2	7.2	4.9	6.3	6.4	5.6	6.0	4.8	4.8	4.5	-	Aug 2019						4.5		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			6.36	6.3	6.28	6.26	6.27	6.3	6.24	6.31	6.39	6.29	6.22	6.3	6.16	6.18	6.07	5.84	5.63	-	Aug 2019							6.0	

Surgical Services Group

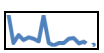
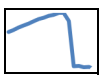
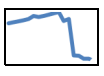
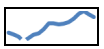
Surgical Services Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate GS	SS	TH	An	O	Month	Year To Date	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																		-	Aug 2019	98.5	-	-	-	-	98.46		
Clinical Effect - Cancer	2 weeks (Breast Symptomatic)	=> %	93.0	93.0																		-	Aug 2019	95.8	-	-	-	-	95.83		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Aug 2019	95.9	-	-	-	-	95.89		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Aug 2019	84.9	-	-	-	-	84.93		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			3	9	3	6	4	4	3	5	3	4	4	6	5	4	4	3	6	-	Aug 2019	-	-	-	-	-	5.5	22	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			1	2	1	2	1	1	2	1	1	1	1	3	1	4	1	1	3	-	Aug 2019	2.5	-	0	-	-	2.5	8	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			130	137	119	196	113	161	137	185	136	123	116	175	131	120	111	105	168	'	Aug 2019	168	-	0	-	-	168		
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	Sep 2019	0	-	0	-	-	0	0	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	0	0	0	-	65	58	33	18	11	9	13	7	7	Sep 2019	0	0	0	7	0	7	65	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			24	23	27	25	19	24	25	19	12	11	19	18	18	16	18	22	15	22	Sep 2019	8	7	0	2	5	22	111	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			45	47	57	57	65	79	74	71	62	46	52	41	34	26	30	38	26	33	Sep 2019	13	8	0	4	8	33		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Sep 2019	2.65	1.33	-	-	1.94	1.84		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Sep 2019	0	0	0	0	0	0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	24	44	17	13	18	21	22	22	20	22	27	26	38	31	32	39	27	42	Sep 2019	23	6	0	0	13	42	209	
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	Sep 2019	0	0	0	0	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (%)	=> %	95.0	95.0	98.6	98.5	97.9	99.3	98.8	99.2	99.1	99.4	99.7	99.4	98.6	99.7	98.8	98.7	95.9	95.7	98.3	93.2	Sep 2019	-	-	-	-	93.21	-	-	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	<= No	0	0	160	148	110	117	157	89	69	84	82	77	64	56	145	102	94	148	144	165	Sep 2019	45	30	0	0	90	165	798	
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	Sep 2019	-	-	-	-	0	-	-	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0	4.9	5.5	5.8	5.6	4.3	5.4	5.1	2.2	4.4	2.3	1.7	1.0	2.1	2.1	1.7	2.6	2.2	6.3	Sep 2019	-	-	-	-	6.26	-	-	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0	5.0	3.6	4.1	4.3	2.2	4.4	3.1	4.0	3.0	3.3	3.6	4.8	4.8	4.5	5.5	6.7	3.7	3.5	Sep 2019	-	-	-	-	3.51	-	-	
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	Nov 2018	-	-	-	-	37	0	0	
Emergency Care & Pt. Flow	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60	21	14	15	15	12	21	9	4	11	12	5	19	7	14	6	3	10	7	Sep 2019	4.53	2.43	-	0	0	6.96	47	
Emergency Care & Pt. Flow	Hip Fractures BPT (Operation < 36 hours of admissions	=> %	85.0	85.0																		-	Aug 2019						87.9	74.5	
Emergency Care & Pt. Flow	Inpatients Staying 21+ Days At Month End Census - NHSI	No			-	-	-	-	11	14	23	16	19	19	17	22	21	13	10	15	16	23	Sep 2019	13	10	0	0	0	23	-	

Surgical Services Group

Emergency Care & Pt. Flow	21+ Days Long Stay Rate - NHSI	%			15	11	11	12	10	15	8	3	10	11	5	15	6	12	5	3	8	6	Sep 2019	7.4	5.45	-	0	0	6.3	7	
Emergency Care & Pt. Flow	Estimated Beds - 21+ Days - NHSI	No			21	14	15	15	12	21	9	4	11	12	5	19	7	14	6	3	10	7	Sep 2019	4.53	2.43	-	0	0	6.96	-	

Surgical Services Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate GS	SS	TH	An	O	Month	Year To Date	
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																			Sep 2019	73.8	80.0	-	-	77.3	76.4		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																			Sep 2019	89.5	94.4	-	-	94.2	92.8		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Sep 2019	91.4	92.6	-	-	89.2	90.8		
RTT	RTT - Backlog	<= No	0	0	1333	1293	1285	1349	1311	1371	1354	1340	1417	1284	1303	1316	1315	1415	1630	1722	1711	1668	Sep 2019	732	239	0	0	697	1668		
RTT	Patients Waiting >52 weeks	<= No	0	0	3	3	2	5	2	3	3	1	0	2	3	5	0	9	19	7	5	0	Sep 2019	0	0	0	0	0	0		
RTT	Treatment Functions Underperforming	<= No	0	0	16	15	13	15	16	15	13	12	13	14	15	14	13	14	15	16	16	13	Sep 2019	8	2	0	0	3	13		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Sep 2019	0.2	-	-	-	-	0.16		
Data Completeness	Open Referrals	No			149,307	151,854	154,830	157,125	159,369	162,234	165,051	166,561	168,695	170,068	172,359	172,210	162,783	107,915	108,313	106,808	107,224	104,317	Sep 2019	31,781	14,413	0	3,475	54,648	104317		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Req	No			75,110	76,718	78,179	79,974	81,586	86,510	85,120	86,561	88,226	90,478	92,552	78,799	81,553	25,583	24,862	20,182	20,403	16,396	Sep 2019	4,909	3,522	0	834	7,131	16396		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0							-	-		-	-		-	-	-	-	-	-	Mar 2019	98.7	100.0	100.0	100.0	100.0		89.2	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																		-	Aug 2019	96.15	95.24	-	96.43	90.63		93.0	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.0	3.0	4.68	4.66	4.62	4.56	4.61	4.65	4.67	4.74	4.83	4.83	4.81	4.82	4.84	4.90	4.97	5.01	4.96	4.92	Sep 2019	4.5	7.0	6.7	4.4	2.3	4.9	4.9	
Workforce	Sickness Absence - In Month	<= %	3.0	3.0	4.41	4.18	4.60	4.61	5.08	4.99	5.00	5.27	5.48	5.64	5.01	5.06	4.85	4.54	5.34	4.87	4.33	4.37	Sep 2019	4.0	4.9	7.3	3.5	2.3	4.4	4.7	
Workforce	Sickness Absence - Long Term - In Month	No			43	38	42	47	39	47	47	52	49	52	41	47	42	38	46	43	44	39	Sep 2019	11.0	7.0	15.0	6.0	0.0	39	252	
Workforce	Sickness Absence - Short Term - In Month	No			123	124	123	130	131	150	166	158	162	183	154	143	144	142	141	133	93	133	Sep 2019	32.0	38.0	33.0	28.0	0.0	133	786	
Workforce	Mandatory Training	=> %	95.0	95.0																			Sep 2019	90.7	88.1	92.0	93.1	90.8		91.0	

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend
			Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		G	M	P			
Patient Safety - Inf Control	C. Difficile	<= No	0	0																			Sep 2019	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Sep 2019	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.00	80.00																			Sep 2019	80.5			80.5		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80.00	80.00																			Sep 2019	-	100		100.0		
Patient Safety - Harm Free Care	Falls	<= No	0	0	0	1	1	1	0	1	4	0	0	2	1	1	0	0	1	0	1	-	Sep 2019	-	-	-	-	2	
Patient Safety - Harm Free Care	Falls - Death or Severe Harm	<= No	0	0	0	0	0	0	0	0	0	0	-	0	1	0	0	0	0	0	0	0	Sep 2019	0	0	0	0	0	
Patient Safety - Harm Free Care	Pressure Ulcer SWB Hospital Acquired - Total	<= %	0	0	0	0	4	0	0	0	0	0	2	0	0	2	4	0	2	-	-	-	Sep 2019	-	-	-	-	3	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0																			Sep 2019	97.7	97.2		96.9		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0														-				-	Aug 2019	100	100		100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0									-	-		-	-	-	-	-	-	-	Sep 2019	-	-		-		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0									-	-		-	-	-	-	-	-	-	Sep 2019	-	-		-		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Sep 2019	0	0	0	0	1	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Sep 2019	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Sep 2019	1	1	0	2	5	

Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate G	M	P	Month	Year To Date	
Patient Safety - Obstetrics	Caesarean Section Rate - Total	<= %	25.0	25.0																			Sep 2019		27.6		27.6	27.4	
Patient Safety - Obstetrics	Caesarean Section Rate - Elective	%			10	10	9	9	10	9	9	9	10	8	11	9	9	10	11	11	10	11	Sep 2019		10.7		10.7	10.2	
Patient Safety - Obstetrics	Caesarean Section Rate - Non Elective	%			17	18	15	20	17	19	16	17	16	14	17	17	15	16	18	20	17	17	Sep 2019		16.9		16.9	17.2	
Patient Safety - Obstetrics	Maternal Deaths	<= No	0	0																			Sep 2019		1		1	1	
Patient Safety - Obstetrics	Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Sep 2019		2		2	18	
Patient Safety - Obstetrics	Admissions to Neonatal Intensive Care	<= %	10.0	10.0																			Sep 2019		1.57		1.6	1.7	
Patient Safety - Obstetrics	Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																			Sep 2019		2.24		2.2		
Patient Safety - Obstetrics	Stillbirth (Corrected) Mortality Rate (per 1000 babies)	Rate1			5.98	6.16	4.41	2.05	4.17	0.00	7.86	2.23	4.57	2.30	2.51	4.64	0.00	6.25	4.45	6.51	8.93	2.24	Sep 2019		2.24		2.24	4.77	
Patient Safety - Obstetrics	Neonatal Death (Corrected) Mortality Rate (per 1000 babies)	Rate1			1.99	0.00	4.41	4.10	2.08	0.00	0.00	2.23	0.00	0.00	2.51	0.00	0.00	2.08	0.00	0.00	0.00	0.00	Sep 2019		0		0.00	0.37	
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific	=> %	85.0	85.0																			Sep 2019		94.1		94.1		
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=> %	90.0	90.0																			Sep 2019		124		124.4		
Patient Safety - Obstetrics	Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0																			Sep 2019		87.5		87.5		
Patient Safety - Obstetrics	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	%			0.8	0.5	0.9	1.5	1.3	1.2	1.7	2.6	1.2	2.1	0.6	0.5	1.8	2.2	1.4	0.9	0.8	0.3	Sep 2019		0.26		0.3		
Patient Safety - Obstetrics	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	%			0.8	0.5	0.6	0.9	1.3	1.2	1.7	2.6	1.2	2.1	0.6	0.5	0.9	1.9	1.0	0.9	0.8	0.3	Sep 2019		0.26		0.3		
Patient Safety - Obstetrics	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	%			0.3	0.2	0.0	0.6	0.5	0.3	0.8	1.5	0.4	1.9	0.0	0.0	0.0	0.6	0.7	0.6	0.0	0.0	Sep 2019		0		0.0		
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100.0	97.0						N/A			N/A		N/A	N/A		N/A	N/A	N/A	-	-	Jul 2019	-	-	-	-		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			4.9	4.4	4.9	4.5	3.7	4.2	4.4	5.1	6.3	4.6	4.8	3.9	4.3	4.0	3.7	9.2	9.4	-	Aug 2019				9.4		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.7	4.7	4.7	4.7	4.6	4.6	4.5	4.6	4.8	-	Aug 2019					4.6	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																		-	Aug 2019	96.1		-	96.1		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Aug 2019	94.1			94.1		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0									#DIV/0!									-	Aug 2019	80			80.0		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			0.5	3	3	3	3.5	1.5	0.5	1.5	1.5	2.5	3	3	0.5	2	1.5	2	1	-	Aug 2019	1	-	0	1	7	

Women & Child Health Group

Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			0	0	0	1	0.5	0	0	0	0	1	1	3	1	0	0	0.5	0.5	-	Aug 2019	0.5	-	0	0.5	2	
Clinical Effect - Cancer	Cancer - Oldest wait for treatment	No			73	89	101	113	105	72	100	86	84	137	177	209	241	97	85	196	109	-	Aug 2019	109	-	0	109		
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	Sep 2019	0	-	0	0	0	

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate			Month	Year To Date	
			Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		G	M	P			
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	Sep 2019	0			0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			12	6	6	8	9	4	8	9	6	8	10	12	5	18	12	23	4	17	Sep 2019	7	6	4	17	79	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			26	19	20	18	26	20	24	20	17	13	14	18	17	26	19	23	6	22	Sep 2019	0	0	0	22		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Sep 2019	6.45		-	4.6		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	Sep 2019	0			0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	6	6	3	1	2	1	2	3	6	11	9	5	6	7	3	5	5	10	Sep 2019	10			10	36	
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	Sep 2019	0	-	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			9	23	8	13	16	39	17	65	61	34	11	17	46	20	10	13	7	20	Sep 2019	8	0	12	20	116	
Emergency Care & Pt. Flow	Inpatients Staying 21+ Days At Month End Census - NHSI	No			-	-	-	-	0	3	8	4	0	0	0	0	0	0	1	1	1	1	Sep 2019	1	0	0	1	-	
Emergency Care & Pt. Flow	21+ Days Long Stay Rate - NHSI	%			2	2	0	2	4	0	0	10	0	0	0	2	1	4	3	7	1	0	Sep 2019	0	-	-	0	3	
Emergency Care & Pt. Flow	Estimated Beds - 21+ Days - NHSI	No			0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	1	0	0	Sep 2019	0	-	-	0	-	
RTT	RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Sep 2019	78.1			78.1		
RTT	RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Sep 2019	85.2			85.2		
RTT	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Sep 2019	93.1			93.1		
RTT	RTT - Backlog	<= No	0	0	94	109	135	125	121	146	176	190	199	174	169	142	146	162	201	231	187	141	Sep 2019	141			141		
RTT	Patients Waiting >52 weeks	<= No	0	0	1	0	1	0	1	0	1	0	0	0	0	0	0	0	0	0	1	0	Sep 2019	0			0		
RTT	Treatment Functions Underperforming	<= No	0	0	2	1	2	2	2	2	3	3	3	3	3	2	2	2	3	3	3	2	Sep 2019	2			2		
RTT	Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1	0.1																			Sep 2019	-			-		

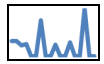
Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate			Month	Year To Date	
			Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		G	M	P			
Data Completeness	Open Referrals	No			38,615	39,768	40,844	41,619	42,447	42,951	44,208	44,908	45,494	46,043	46,262	31,884	27,992	24,316	23,359	23,153	22,571	22,333	Sep 2019	5,166	9,661	7,506	22333		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			23,118	23,836	24,667	25,292	26,109	26,984	27,469	28,290	28,789	29,439	29,926	9,906	10,961	7,086	6,248	5,887	5,518	5,139	Sep 2019	854	4,032	253	5139		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0							-	-		-	-		-	-	-	-	-	-	Mar 2019	100	98.4	-		87.9	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																		-	Aug 2019	93.3	100	95.8		96.0	
Workforce	Sickness Absence - 12 month rolling	<= %	3.0	3.0	4.32	4.29	4.44	4.51	4.59	4.61	4.66	4.67	4.68	4.77	4.84	4.96	5.06	5.26	5.35	5.34	5.38	5.47	Sep 2019	3.17	6.59	4.76	5.5	5.3	
Workforce	Sickness Absence - in month	<= %	3.0	3.0	3.91	4.29	5.57	5.34	5.04	4.58	4.85	4.69	4.86	6.14	5.70	5.55	5.35	6.06	6.21	5.59	4.96	5.24	Sep 2019	3.38	6.5	4.36	5.2	5.6	
Workforce	Sickness Absence - Long Term - in month	No			25	37	40	42	39	37	30	35	31	48	41	41	39	45	47	40	46	41	Sep 2019	3	22	16	41.0	258.0	
Workforce	Sickness Absence - Short Term - in month	No			95	84	92	85	90	97	134	120	117	135	115	102	97	78	70	87	60	98	Sep 2019	6	49	43	98.0	490.0	
Workforce	Mandatory Training	=> %	95.0	95.0																			Sep 2019	88.7	89.9	92.2		90.2	

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	
			Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		G	M	P			
WCH Group Only	HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregancy	No			383	362	338	-->	-->	-->	984	-->	-->	934	-->	-->	978	-->	-->	1045	-->	-->	Jul 2019			1045	1045	2023	
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	88.1	89.3	90.8	92	-->	-->	91.4	-->	-->	90	-->	-->	91.4	-->	-->	92.4	-->	-->	Jul 2019			92.4	92.36	91.87	
WCH Group Only	HV (C3) - % of births that receive a face to face new birth visit by a HV >days	%			6.74	7.03	6.11	5.98	-->	-->	6.62	-->	-->	8.21	-->	-->	6.09	-->	-->	7.64	-->	-->	Jul 2019			7.64	7.64	6.89	
WCH Group Only	HV (C4) - % of children who received a 12 months review by 12 months	=> %	95.0	95.0	95.1	94	95.3	93.5	-->	-->	96.1	-->	-->	96.1	-->	-->	96.4	-->	-->	96.1	-->	-->	Jul 2019			96.1	96.12	96.27	
WCH Group Only	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%			96	97.5	96.4	97.8	-->	-->	96.9	-->	-->	96.7	-->	-->	96.7	-->	-->	96	-->	-->	Jul 2019			96	95.95	96.34	
WCH Group Only	HV (C6i) - % of children who received a 2 - 2.5 year review	=> %	95.0	95.0	95.5	94.4	93	91.4	-->	-->	94.6	-->	-->	94.1	-->	-->	94.8	-->	-->	95.8	-->	-->	Jul 2019			95.8	95.76	95.27	
WCH Group Only	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%			94.8	93.1	91.2	91.2	-->	-->	94.2	-->	-->	93.7	-->	-->	94.5	-->	-->	98.6	-->	-->	Jul 2019			98.6	98.59	96.4	
WCH Group Only	HV (C7) - No. of Sure Start Advisory Boards / Children's Centre Boards witha HV presence	=> No	100	100	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	4	-->	-->	Jul 2019			4	4	4	
WCH Group Only	HV (C8) - % of children who receive a 6 - 8 week review	=> %	95.0	95.0	100	99.4	99.7	99.7	-->	-->	99.7	-->	-->	99.5	-->	-->	99.9	-->	-->	99.9	-->	-->	Jul 2019			99.9	99.89	99.9	
WCH Group Only	HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check	=> %	100	100	100	99.4	99.1	99.5	-->	-->	99.6	-->	-->	99.5	-->	-->	99.8	-->	-->	99.9	-->	-->	Jul 2019			99.9	99.89	99.84	
WCH Group Only	HV - % of infants being breastfed at 6 - 8 weeks	%			23.4	21.5	36.5	40.2	-->	-->	41.6	-->	-->	41.6	-->	-->	40.3	-->	-->	44.1	-->	-->	Jul 2019			44.1	44.09	42.09	
WCH Group Only	HV - % HV staff who have completed mandatory training at L1,2 or 3 in child protection in last 3 years	=> %	95.0	95.0	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Feb 2017			-	100	100	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	No			357	375	355	354	-->	-->	1069	-->	-->	99.5	-->	-->	99.4	-->	-->	1071	-->	-->	Jul 2019			1071	1071	1170.4	
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	99.7	99.7	100	99.7	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	99.4	-->	-->	Jul 2019			99.4	99.44	99.44	
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			326	364	209	13	-->	-->	23	-->	-->	2.6	-->	-->	1.8	-->	-->	0.21	-->	-->	Jul 2019			0.21	0.21	2.01	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	=> %	100	100	98.5	97.8	58.7	3.33	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	2.2	-->	-->	Jul 2019			2.2	2.2	2.2	
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			52	15	12	7	-->	-->	26	-->	-->	3.3	-->	-->	2.2	-->	-->	3.6	-->	-->	Jul 2019			3.6	3.6	5.8	
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	14.7	3.89	3.26	1.86	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.6	-->	-->	Jul 2019			3.6	3.6	3.6	

Women & Child Health Group

WCH Group Only	HV - movers into provider <1 year of age to be checked =<14 d following notification to HV service	No			82	82	58	65	-->	-->	192	-->	-->	61.9	-->	-->	73.5	-->	-->	255	-->	-->	Jul 2019			255	255	328.5	
WCH Group Only	HV - all untested babies <1 year of age will be offered NBBS screening & results to HV.	Y/N			-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan-00						

Imaging Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate DR	IR	NM	BS	Month	Year To Date	Trend
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2019	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2019	0	0	0	0	0	0	
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= No	0	0	3.0	-	1.0	1.0	1.0	1.0	2.0	1.0	1.0	1.0	-	2.0	2.0	3.0	2.0	-	1.0	-	Aug 2019					4.35	-	
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	=> %	0	0	23.0	21.0	20.0	19.0	16.0	15.0	15.0	15.0	15.0	15.0	14.0	14.0	13.0	16.0	17.0	16.0	16.0	-	Aug 2019					-	5.19	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Aug 2019			73.91		73.91	65.44	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.00	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Aug 2019			100		100	98.16	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			3	1	4	4	3	4	0	2	2	2	0	2	0	6	5	3	2	0	Sep 2019	0	0	0	0	0	16	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			3	2	6	5	9	9	3	5	5	4	4	4	3	6	11	6	3	1	Sep 2019	1	0	0	0	1		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2019	2.01				2.01		
Data Completeness	Open Referrals	No			790	806	819	851	872	904	909	922	927	932	940	948	977	268	295	308	350	363	Sep 2019	354	9	0	0	363		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			706	722	739	769	786	819	831	845	849	865	867	865	901	186	178	215	233	244	Sep 2019	239	5	0	0	244		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	●	●	●	●	●	●	-	-	●	-	-	●	-	-	-	-	-	-	Mar 2019	98.6	100	70.8	100	-	78.7	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Aug 2019	100	-	100	-	-	95.8	
Workforce	Sickness Absence - 12 month rolling	<= %	3.00	3.00	3.67	3.54	2.89	3.78	3.84	4.09	4.27	4.55	4.56	4.60	4.59	4.59	4.66	4.88	4.71	4.62	4.68	4.60	Sep 2019	5.5	2.8	1.8	3.4	4.60	4.69	
Workforce	Sickness Absence - in month	<= %	3.00	3.00	3.28	3.07	4.33	4.88	4.27	5.48	5.41	7.08	5.75	4.30	4.14	4.12	4.56	5.06	3.86	3.53	4.82	4.46	Sep 2019	5.3	8.9	0.0	2.9	4.46	4.38	
Workforce	Sickness Absence - Long Term - in month	No			5	6	14	14	9	10	11	14	14	10	7	6	10	10	7	5	8	9	Sep 2019	6	0	0	1	9	49	
Workforce	Sickness Absence - Short Term - in month	No			38	33	25	22	28	39	37	31	31	39	27	30	34	19	26	24	19	24	Sep 2019	11	3	0	1	24	146	
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Sep 2019	91.9	92.4	95.9	96	92.9	92.7	

Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate AT	IB	IC	CT	CM	Month	Year To Date	Trend
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.0	80.0																			Sep 2019	-	-	-	-	0	0		
Patient Safety - Harm Free Care	Number of DOLS raised	No			7	11	5	10	9	14	18	4	6	6	6	3	4	6	5	6	13	5	Sep 2019	0	5	0	-	0	5	39	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			7	11	5	10	9	14	18	4	6	6	6	3	4	6	5	6	13	5	Sep 2019	0	5	0	-	0	5	39	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			0	0	1	0	1	5	3	0	1	1	0	1	1	1	3	3	6	0	Sep 2019	0	0	0	-	0	0	14	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			2	5	1	4	5	3	0	0	0	0	4	1	0	1	2	0	2	0	Sep 2019	0	0	0	-	0	0	5	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			0	1	1	0	0	4	8	2	3	0	4	1	2	5	2	1	8	2	Sep 2019	0	2	0	-	0	2	20	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			0	0	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	Sep 2019	0	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	4	0	0	0	1	0	0	0	Sep 2019	0	0	0	-	0	0	1	
Patient Safety - Harm Free Care	Falls	<= No	0	0	45	38	24	21	31	32	25	40	31	21	28	22	33	21	29	22	24	23	Sep 2019	1	18	4	-	-	23	152	
Patient Safety - Harm Free Care	Falls - Death or Severe Harm	<= No	0	0	2	0	1	1	0	0	4	1	-	0	1	0	2	1	1	0	0	0	Sep 2019	0	0	0	-	0	0	4	
Patient Safety - Harm Free Care	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	4	0	4	4	2	4	6	8	8	10	20	8	26	18	8	12	16	20	Sep 2019	-	10	-	-	-	10	50	
Patient Safety - Harm Free Care	Pressure Ulcer DN Caseload Acquired - Total	<= No	0	0	3	1	1	1	1	1	7	37	32	45	34	34	36	16	24	28	34	27	Sep 2019	-	-	27	-	-	27	165	
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Sep 2019	0	0	0	-	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Sep 2019	0	0	0	-	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Sep 2019	0	0	7	-	0	7	38	
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	Sep 2019	0	0	0	-	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			3	5	3	7	6	4	5	10	5	9	6	7	14	4	13	8	6	9	Sep 2019	1	2	2	-	4	9	54	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			10	9	7	9	12	11	13	16	16	19	23	16	22	5	20	17	7	14	Sep 2019	2	5	2	-	5	14		

Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate					Month	Year To Date	
			Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		AT	IB	IC	CT	CM			
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0							-	-		-	-		-	-	-	-	-	-	Mar 2019	100	100	100	-	99		89.2	
Workforce	Sickness Absence - 12 month rolling	<= %	3.00	3.00	4.11	4.08	4.06	4.06	4.05	4.08	4.15	4.14	4.14	4.17	4.25	4.27	4.30	4.37	4.40	4.39	4.38	4.33	Sep 2019	3.65	4.7	4.5	-	4.3	4.33	4.36	
Workforce	Sickness Absence - in month	<= %	3.00	3.00	3.71	3.38	3.57	4.22	4.06	4.17	4.79	4.91	4.69	5.33	5.21	4.06	3.79	4.08	3.67	4.08	3.84	3.57	Sep 2019	3.13	4.8	3	-	2.8	3.57	3.84	
Workforce	Sickness Absence - Long Term - in month	No			29	26	25	34	37	33	34	42	35	37	29	33	25	31	25	25	26	23	Sep 2019	2	-	-	-	-	23	155	
Workforce	Sickness Absence - Short Term - in month	No			91	85	97	105	85	97	118	112	104	163	147	102	101	79	86	94	78	93	Sep 2019	22	37	24	0	10	93	531	
Workforce	Mandatory Training	=> %	95.0	95.0																			Sep 2019	97.3	93.8	96	-	91		95.4	

Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	Data Period	Directorate AT	IB	IC	CT	CM	Month	Year To Date
Community & Therapies Group Only	DVT numbers	=> No	730	61	54	69	57	-	-	-	7	7	7	3	25	12	20	38	43	55	43	27	Sep 2019						27	226
Community & Therapies Group Only	Adults Therapy DNA rate OP services	<= %	9	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Aug 2017						8.0	8.2
Community & Therapies Group Only	Therapy DNA rate Paediatric Therapy services	<= %	9	9	16.1	14.3	8.1	13	11.8	9.95	13.7	10.7	10.6	12.8	11.2	9.76	6.87	7.84	12	11.5	12.7	9.42	Sep 2019						9.4	10.9
Community & Therapies Group Only	Therapy DNA rate S1 based OP Therapy services	<= %	9	9	11.2	10.2	10.5	8.89	8.85	9.13	9.05	8.75	9.43	8.56	8.56	8.78	8.92	8.23	10.1	8.7	10.5	9.59	Sep 2019						9.6	9.3
Community & Therapies Group Only	STEIS	<= No	0	0	0	0	0	1	-	0	0	-	-	-	-	-	-	-	-	-	-	-	Oct 2018						0	1
Community & Therapies Group Only	Green Stream Community Rehab response time for treatment (days)	<= No	15.0	15.0	25.6	22.9	22.4	26.1	22.5	20.1	17.9	17.4	20	17.4	20.6	20.3	24	21.8	15	19	22.5	21.7	Sep 2019						21.66	123.86
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	0	Sep 2019						0.11	
Community & Therapies Group Only	Baseline Observations for DN	=> %	95	95	91.2	94.2	94.2	96.8	94.9	96.4	92.4	91.2	92.1	93.8	96.4	95.8	91.2	97.7	96.8	95.7	97.3	95	Sep 2019						94.99	95.52
Community & Therapies Group Only	Falls Assessments - DN Intial Assessments only	=> %	95	95	92.6	93.8	95	97.1	96.1	97.2	94.2	91.8	93.1	94.4	96.2	96.6	93	97.5	96.5	96.1	97.7	95.9	Sep 2019						95.86	
Community & Therapies Group Only	Pressure Ulcer Assessment - DN Intial Assessments only	=> %	95	95	94.5	94.4	95.8	96.9	96.1	97	94	92.1	93.5	94.4	96.4	96.4	93.2	97.5	96.8	96.5	97.3	95.6	Sep 2019						95.64	
Community & Therapies Group Only	MUST Assessments - DN Intial Assessments only	=> %	95	95	92.8	93.6	94.8	96.2	95.2	97.6	93	90.5	92.6	94.2	95.7	95.8	92.6	97.2	96.8	96.3	97.7	95.4	Sep 2019						95.42	
Community & Therapies Group Only	Dementia Assessments - DN Intial Assessments only	=> %	95	95	85.9	91.9	93.3	93.5	94.8	90.4	91.8	86	89.8	91.8	92.3	93.2	91.3	95.4	91.6	94.2	93.3	93.7	Sep 2019						93.68	
Community & Therapies Group Only	48 hour inputting rate - DN Service Only	%			94	95	94	95	95	95	95	95	94	96	95	96	-	95	1	94	95	-	Aug 2019						94.58	
Community & Therapies Group Only	Making Every Contact (MECC) - DN Intial Assessments only	=> %	95	95	93.2	94	94.8	95.9	96.3	95.8	93.6	91	93.1	94.6	96.7	95.8	92.4	97.5	96.8	96.3	97.1	95.2	Sep 2019						95.21	95.8
Community & Therapies Group Only	Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload acquired)	No			4	0	4	4	2	4	6	8	8	10	20	8	26	18	8	12	16	20	Sep 2019						10	50
Community & Therapies Group Only	Avoidable Grade 2 Pressure Ulcers (DN caseload acquired)	No			3	0	1	1	0	1	5	26	-	-	-	-	-	-	-	-	-	-	Nov 2018						26	37
Community & Therapies Group Only	Avoidable Grade 3 Pressure Ulcers (DN caseload acquired)	No			0	0	0	0	1	0	2	11	-	-	-	-	-	-	-	-	-	-	Nov 2018						11	14
Community & Therapies Group Only	Avoidable Grade 4 Pressure Ulcers (DN caseload acquired)	No			0	1	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-	Nov 2018						0	1

Corporate Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate							Month	Year To Date	Trend
			Year	Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		SG	F	W	M	E	N	O			
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			5	5	4	6	5	4	4	13	3	5	5	4	2	1	12	10	0	3	Sep 2019	1	0	0	0	1	0	1	3	28	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			11	8	2	7	8	8	5	12	11	8	8	9	2	6	4	5	1	4	Sep 2019	1	0	0	0	1	1	1	4		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0							-	-		-	-		-	-	-	-	-	-	Mar 2019	100	100	100	99	100	-	100		87.1	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																		-	Aug 2019			95					100.0	96	
Workforce	Sickness Absence - 12 month rolling	<= %	3.00	3.00	4.59	4.49	4.42	4.40	4.40	4.38	4.35	4.25	4.22	4.21	4.23	4.21	4.21	4.21	4.22	4.21	4.26	4.32	Sep 2019	4.15	2.30	2.94	3.20	3.23	5.10	5.24	4.32	4.24	
Workforce	Sickness Absence - in month	<= %	3.00	3.00	3.86	3.72	3.94	4.46	4.22	3.82	4.35	4.26	4.21	4.67	4.64	3.81	3.71	3.80	4.21	4.47	4.42	4.68	Sep 2019	3.48	3.28	2.60	5.25	2.73	5.95	5.78	4.68	4.22	
Workforce	Sickness Absence - Long Term - in month	No			2	30	26	28	33	26	26	25	29	27	28	28	20	25	32	32	40	33	Sep 2019	2.00	0.00	5.00	8.00	0.00	18.00	0.00	33.00	182.00	
Workforce	Sickness Absence - Short Term - in month	No			4	61	76	79	54	70	86	93	84	120	112	86	79	57	65	82	54	92	Sep 2019	10.00	0.00	12.00	13.00	0.00	57.00	0.00	92.00	429.00	
Workforce	Mandatory Training	=> %	95.0	95.0																			Sep 2019	94	98	96	92	98	-	92	94.0	94	