Sandwell and West Birmingham Hospitals NHS Trust

Infection Control metrics continue to report good performance

Integrated Quality & Performance Report

Month Reported: March 2020

Reported as at: 27/04/2020

TRUST BOARD

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Operational Performance at a Glance: March 2020

Summary :		**Covid-19 Reporting & Monitoring status:**	• During the pressurised COVID-19 response period, national and local performance data collections have been scaled down; this is true only for some reporting in order to free up management capacity. Other COVID-19 collections have been introduced instead and we are currently reporting 8 new daily data collections. • The Trust continues to monitor and maintain its core operational performance indicators (without impacting too much of the front lines capacity) in an effort to understand its underlying position and the impact that COVID-19 is having on these. Therefore the IQPR continues to report routinely on available performance metrics.
RESPONSIVE	**A&E Performance**	Continues	• Performance improves in March 79.3% against a pre-COVID internal target of 80% ; attendance numbers dropped by 23% in March to February (from 17,367 to 13,392) and there were 37% less breaches month on month (4,416 4hr Feb breaches against 2,768 in March); the fall in A&E attendances has been observed on a national level; there were no 12hr+ trolley waits in March and April ED performance is looking strong, close to achieve 90%, with some days hitting +90%.
	Referral to Treatment in 18 weeks (RTT Incomplete)	Paused weekly; monthly returns continues	• RTT waiting times on the incomplete pathway for March achieved 88% against the 92% standard; whilst the Trust has been failing RTT before COVID onset, the recent low performance is driven by elective activity not being progressed during COVID-19. • Following a national picture, and probably the Trust will be slightly better than other trusts, we have seen new referrals dropping significantly compounded by elective activity being paused • This has led us to a backlog of 4,645 (3781 in Feb) patients who are waiting above the 18 weeks waiting time; our patient waiting list size is at 38,272 (39364 in Feb), we can see this is not increasing due to new referrals being lower, but of course it is increasing in waiting time. • Recovery plans are now key to be progressed to start seeing the patients coming back in safely and start picking up elective activity, the Trust is preparing for this next step. • For April our backlog is bound to increase by about 50%+, predicted to be around 7,300 patients above the 18 week waiting time, as April has had the full month COVID impact (in contrast, a performing RTT tolerates around 3,000 patients on the backlog maximum).
	Diagnostics Waits (% of patients waiting >6 weeks)	Paused weekly; monthly returns continues	• The Trust has continued strong performance up to February over-achieving at 99.98% against the 99% DM01 standard; however, in March we can see a significant drop in this performance due to cancellations from both, patients and hospital, in light of COVID-19. We therefore have a large number of patients who will be waiting above 6 weeks. • In March, we report a performance of 91.2% with 769 6-week breaches mainly in MRI (461) and Cardiology (131). • Imaging team continues to strive to achieve also the internal Board KPIs and delivery is good across those; in March the Inpatient total turnaround (TAT) time within 24hrs has reached 87% against the 90% trust target; 90% of all Imaging work is turned around under 4 weeks against the trust target of 95%; with a drop in delivering Urgent Other GP tests within 5 days, which is at 68% in March against target of 90%; this has been identified as a 'booking scans' issue rather than a 'testing and reporting' issue; with the large number of COVID cancellations the booking team did not react quickly enough to move urgent GP patients forward and therefore the performance only temporarily lapsed here. The scanning and reporting capacity is sufficient. This has been discussed with the booking team. • Plans for recovery of patient activity are in progress using 'cold capacity' on sites where it is safe for patients to be seen.
	Cancer Performance	Continues	• Reporting February, the Trust, continued to deliver most of the cancer standards, but failing a third months running the 62-day standard delivering 82.4% vs 85% target. • March and hence Q4 position for the 62 day standard is border-line pending patient validations across the network to ascertain if they have received treatment. The COVID imposed changes to cancer pathways have enabled more patients to be seen during March, hence the Trust remains hopeful that Q4 will be met. • Cancer patients have been through a review process in terms of change to pathways to allow local treatment to continue, with some patients being moved to independent providers. • Neutropenic sepsis performance has continued to improve in the last few months, holding up reasonably steady in March despite COVID pressures with 35/39 patients receiving the treatment within the prescribed 1hr framework; 5 patients breaching the 1 hr of which only 1 breach was significantly later, the remaining 4 are within 1-30 minutes after the 1hr.
	Cancellations	Paused	• Cancellations on the day for non-clinical in March were at 35 cases; whilst this is a reduction to previous month, it has to be noted that the lower cancellations are against a lower elective admissions background so not a true reflection of improvements at this stage; these cancellations in month are at 1.3% of elective admissions against the 0.8% national target.
SAFE	**Infection Control**	Continues	• Infection Control metrics continue to report good performance with 35 cases of CDIFFs (including community) for the full year against the 41 target and 2 cases of MRSA for the full year. • MRSA screening rates have been below standard all year and this is being reviewed with the Infection Control team with possible changes to screening. in March, elective care screening achieved 75% and Non Elective screening achieved 78% in March. From February 1st there were screening changes introduced, for all non-elective patients to be admitted, and the Infection Control team are working to re-base the indicator monitoring.
	Harm Free Care	Continues	• Falls have risen in March and the Trust falls rate per 1,000 bed days is at 5.66 against the trust target of 5; 110 actual falls have been reported with nil cases of serious harm caused. Looking at the ward trend over the year, most wards have maintained the level of falls to previous experience; however there are 3 ward hotspots in March, which are Newton 3 (T&O), Priory 4 (Stroke Rehab) and Priory 5 (Medicine, but red COVID ward during March), which will be followed up by Group management and Falls team. • Pressure Ulcers (PUs) in March reporting 54 overall across the acute and community setting, but remain constant to the longer term average; we report 32 acute setting PUs in March, which results overall in a rate of 1.59 against 1,000 occupied bed days; 22 PUs reported in the community setting. • VTE assessments are compliant at 95.3 against the 95% target and this has been consistently met throughout the full year. • Sepsis screening of eligible patients is at 93% in March (first time reported in the IQPR) with 20% of those screened being positive, 80% were treated but only 54% within the prescribed 1hr. We are not capturing at this moment in time whether a 72 hour review has been carried out.
	Obstetrics	Continues	• The overall Caesarean Section rate for March 28.8% mainly driven by an increase in non-elective C-Sections; Full year achievement of 27.8% slightly above the 25% target, but comparing well nationally. • Elective rates C-Section rates during the year were at an average of 10.5% and static to previous year. • Non-elective C-Section rates were on average 17% during the full year, rising to 19% across couple of months. • The level of births in March is at 373 compared to the same period of last year this was at 431; we observed a general downward trend in births during this financial year • Breastfeeding targets continued to over-achieve targets across the year delivering on a full year basis 82% vs 74% target
CARING	**Patient Experience (FFT), Mixed Sex Accommodation (MSA), Complaints, Flu Vaccination**	Paused	• Flu vaccination completed successfully screening 83.7% of front line staff by end of February. • MSA has been paused for reporting purposes. We are not validating at this stage.
EFFECTIVE	**Mortality, Readmissions**	Continues	• Readmissions rates (30 days after discharge) are at 8.5% (up from 8%) as at March impacted most likely by COVID-19 patients . • HSMR reporting above the tolerance levels as at the end of November (latest available reporting period). After the rebasing they were steady, but still elevated, at between 112-116. • Deaths rate in Low Risk Diagnosis groups as at December (latest reportable period) has increased above the tolerance level and seem volatile between Oct to December 2019 - we are awaiting details as to what is causing this. • There were 125 deaths reported in the Trust as at February, not as yet impacted to the same extent, as March will be, in respect of COVID deaths.
	Stroke & Cardiology	Continues	• Not reported fully at this stage, as resource is redeployed in parts. • Noting a deterioration in the Angioplasty indicators (Door to balloon time within 90 mins & Call to Balloon time within 150 mins), with both breaching 2 patients out of a total 7 patients. The 2 breaches were due to a delay due to access to Cath lab access – urgent case on table and one delay caused by delay to ECG down in A&E. We note a significant reduction in these eligible patients in the month of March; the steady, previous level of patients runs at c3x times the volume we have seen in March.
	Patient Flow	Continues	• 21+ LOS patients (long stay patients) count at the end of March is at 161 • Delayed Transfers of Care (DTOCs) in March are at 4.2% against the 3.5% target; which is an usual spike for the Trust and is attributed to COVID • Neck of Femur performance worsening to 62% in March against the 85% standard
WELL LED	**Workforce**	Continues	• Sickness rate, impacted by COVID-19 cases, for March reported at 6.1% in - month and 5% on a cumulative basis. • Open, long term sickness cases have slightly gone up in March to 152 vs 140 target • Ward sickness overall at 8.1 % in the month showing a jump from February and prior months, highest in Medicine and Surgery Groups. However, looking at nation wide sickness levels, we seem to have been well below predicted levels. • Mandatory Training (where staff are at 100% compliance) is at 74.4% in March against the 95% target and expectations for training continue during COVID-19 response. • Qualified nursing turnover rate is at 12.5% against the internal target of 10.7% • The nursing vacancy rate is at 12.4% in March against the 11% target.
USE OF RESOURCES	**Use of Resources**	Paused	*This has been included in the February IQPR format, but is subject to testing and population of those new indicators against which the trust will monitor itself routinely. The Use of Resources assessment is part of the combined CQC inspection alongside the Trust's rating for Quality. The review is designed to provide an assessment and improve understanding of how effectively and efficiently Trusts are using their resources to provide high quality and sustainable care for patients. The assessment includes an analysis of Trust performance against a selection of initial metrics, using local intelligence, and other evidence. The last Trust rating for Use of Resources was 'Requires Improvement' and the Trust is aiming to achieve a 'Good' rating in the next CQC inspection.*
CQC Insight	**CQC Trust-Wide Insight**	Paused	*Extracted from the monthly CQC Report, this displays around 80 Trust Wide indicators which the CQC use to get the 'feel' on how the trust is performing across a range of areas. This has now been included in the IQPR but is in the testing phase including finding 'owners' to correctly populate and drive these indicators. The purpose of the inclusion is to provide routine visibility and monitoring to the Board and Committees.*
TRUST EMPHASIS	**Persistent Red Indicators**	Paused	• The focus on the improvement of these indicators has clearly been impacted by COVID-19 pressures; almost all of the indicators show performance below previous levels and targets, which is not just the result of lesser focus on improvement, but driven by inability to deliver these performance metrics in the current climate. Greater emphasis is being placed on improvements of areas such as the Safety Plan, Incomplete Tasks and Suggested versus Initiated Care Plans.

Persistent Red Focus & Performance

• Infection Control metrics continue to report good performance with 35 cases of CDIFFs (including community) for the full year against the 41 target and 2 cases of MRSA for the full year.
• MRSA screening rates have been below standard all year and this is being reviewed with the Infection Control team with possible changes to screening. in March, elective care screening achieved 75% and Non Elective screening achieved 78% in March. From February 1st there were screening changes introduced, for all non-elective patients to be admitted, and the Infection Control team are working to re-base the indicator monitoring.

Exec Lead	11	Indicator *Note: Some are grouped (two or more indicators)*	Standard Expected	Plan in Place	Recovery Expected	Mar-20 Actual Perf	Tracking Planned Monthly Trajectory
Dr DC	1	· Mortality Reviews within 42days	90%	√	Dec-19	75%	X
RG	1	· Mandatory Training (staff % where MT 100% complete)	95%	√	Mar-20	74.4%	X
RB	1	· Treatment Functions below 92% RTT	0	√	Apr20-Jul20	10	X
	1	· Open Referrals (relevant for improvement)	30,000	√	Sep-19	38,197	✓
	1	· Neck of Femur - to surgery within 36 hours	85%	√	Jul-19	62.0%	X
	1	· Cancellations (20pm)	20	√	Mar-20	35	X
	1	· Cancellations as %age of elective admissions	0.80%	√	Mar-20	1.3%	X
	1	· Stroke Ward Admissions (Within 4 hrs)	80%	√	Mar-20	Not signed off as yet	
	1	· Neutropenic Sepsis	100%	√	Jul-19	87.0%	X
PG	1	· MRSA Screening (Elective & Non-Elective)	95%	√	Apr-20	76% Elec / 78% Non-Elec	X
	1	· FFT Response Target (IP, OP, Maternity and A&E)	25%	√	TBC	26% IP response rate / below on OP, A&E etc	✓ / X

March performance:

- Clearly impacted by COVID-19 pressures many of the indicators show performance below previous levels and targets.
- Many of the indicators have been 'paused/suspended' from national monitoring, but internally we maintain monitoring although the focus is not on persistent reds at this time.
- Some delays were experienced in signing of performance as resources are diverted elsewhere.
- Falling cancellations levels, but this is in light of lower elective activity due to paused elective operations. Despite this our cancellations on the day for non-clinical reasons are high at 1.3% vs 0.8% target.
- MRSA screening below targets; some changes have been implemented in the non-elective screening, but indicator metrics not caught up with this as yet and measuring here as per previous numerator / denominator.
- FFT showing good response rates at 26% for March, however OP, A&E and Maternity response rates are well below this and awaiting a revised response rate target still as 25% is not appropriate for those areas; the likely to recommend scores from the responders are lower than expected.
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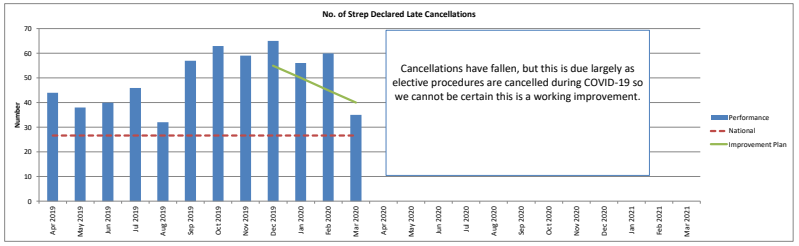
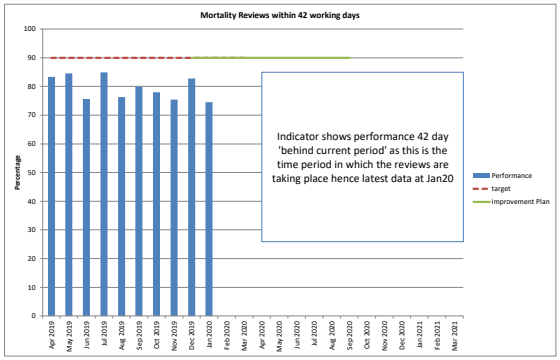
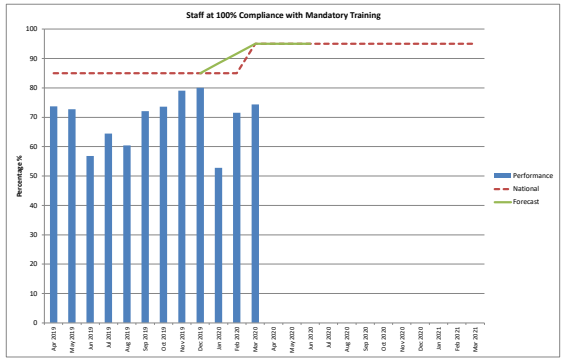
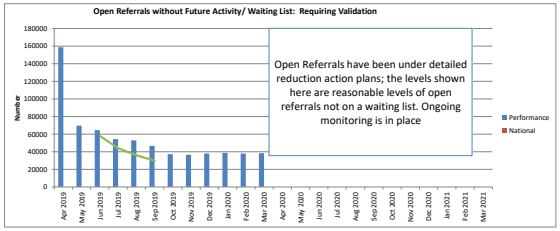
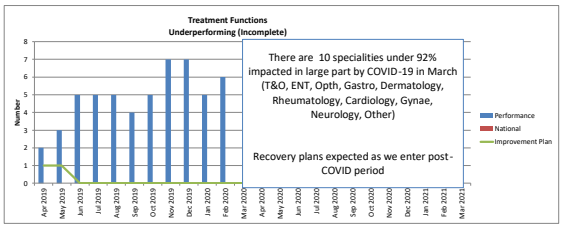
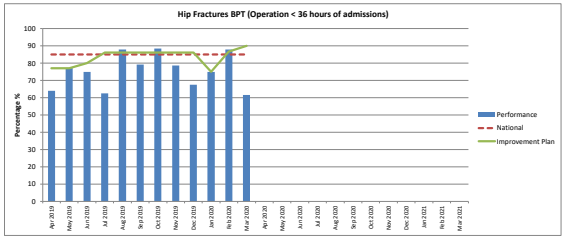


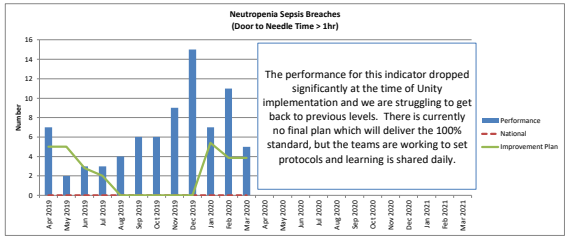


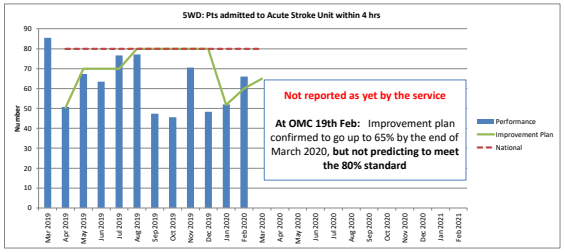


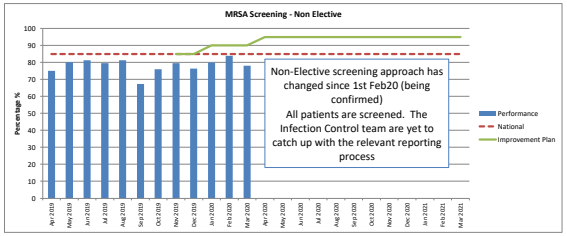


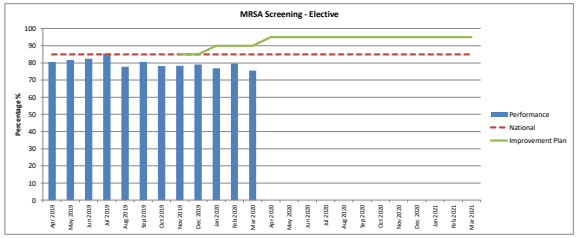












CQC Domain - Safe

	Kitemark	Reviewed Date	Indicator	Measure	Standard Year	Standard Month	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	19/20 Year to Date	Group M	Group SS	Group W	Group P	Group I	Group PCCT	Group CO
Infection Control			C. Difficile (Post 48 hours)	<= No	41	3.4	2	0	2	1	2	1	5	3	1	2	3	2	2	4	3	3	2	3	33	3	0	0	-	-	0	-
			MRSA Bacteraemia (Post 48 hours)	<= No	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	1	0	0	0	2	0	0	0	-	-	0	-
			MSSA Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	<= Rate2	9.42	9.42	15.65	5.35	0.00	15.39	5.91	5.53	5.48	5.44	0.00	5.46	5.49	5.65	15.18	0.00	4.76	4.88	21.01	0.00	6.20	-	-	-	-	-	-	-
			E Coli Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	<= Rate2	94.9	94.9	10.44	5.35	15.83	15.39	0.00	16.59	32.90	5.44	17.68	5.46	10.99	22.58	15.18	5.19	14.27	24.39	26.26	16.43	16.40	-	-	-	-	-	-	-
			MRSA Screening - Elective	=> %	85	85	87.7	85.1	81.7	78.4	86.0	83.8	80.5	81.6	82.5	85.3	77.8	80.6	78.1	78.2	79.1	76.9	79.7	75.5	79.6	62.0	78.7	84.9	0.0	0.0	0.0	-
			MRSA Screening - Non Elective	=> %	85	85	87.3	83.9	83.7	85.8	84.5	80.7	75.1	80.2	81.3	79.5	81.3	67.3	76.0	79.5	76.3	80.0	83.9	78.1	78.2	76.7	82.3	100.0	100.0	-	88.9	-
Harm Free Care			Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95	99.5	99.0	98.4	99.3	98.9	99.0	99.1	96.3	99.0	95.4	93.7	94.8	98.5	95.4	99.3	98.9	98.7	98.4	97.3	-	-	-	-	-	-	-
			Patient Safety Thermometer - Catheters & UTIs	%	-	-	0.6	0.4	0.3	0.3	0.2	0.6	0.0	0.2	0.3	0.1	0.3	0.5	0.5	0.0	0.4	0.0	0.3	0.1	0.2	-	-	-	-	-	-	-
			Number of DOLS raised	No	-	-	51	40	29	56	25	39	32	30	34	26	36	37	34	26	36	33	31	28	383	15	9	0	-	-	4	-
			Number of DOLS which are 7 day urgent	No	-	-	51	40	29	56	25	39	32	30	34	26	36	37	34	26	36	33	31	28	383	15	9	0	-	-	4	-
			Number of delays with LA in assessing for standard DOLS application	No	-	-	6	9	8	2	0	8	5	5	15	6	11	2	4	3	7	6	7	0	71	0	0	0	-	-	0	-
			Number DOLs rolled over from previous month	No	-	-	0	0	0	1	15	5	5	5	7	0	4	0	1	1	2	0	5	7	37	1	6	0	-	-	0	-
			Number patients discharged prior to LA assessment targets	No	-	-	29	18	16	30	21	19	19	22	17	11	23	20	22	13	22	18	18	24	229	11	12	0	-	-	1	-
			Number of DOLs applications the LA disagreed with	No	-	-	2	5	2	2	4	3	1	1	1	0	2	2	0	1	0	0	2	1	11	0	1	0	-	-	0	-
			Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	0	0	0	0	21	0	4	0	4	3	0	0	0	0	0	1	0	0	12	0	0	0	-	-	0	-
		Apr 19	Falls	No	-	-	101	110	90	87	83	78	95	89	89	86	92	78	68	71	88	97	84	110	1047	65	16	1	-	1	25	1
		Apr 19	Falls - Death or Severe Harm	<= No	0	0	5	3	-	2	2	1	4	3	2	2	0	0	4	2	0	1	1	0	19	0	0	0	0	0	0	0
			Falls Per 1000 Occupied Bed Days	<= Rate1	5	5	-	5.03	-	-	-	-	4.40	4.20	3.97	3.80	4.32	3.78	2.98	3.22	3.80	4.19	3.94	5.66	4.00	-	-	-	-	-	-	-
		Apr 19	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	13	26	42	34	33	23	37	28	28	26	28	33	23	14	32	36	39	32	356	18	7	-	-	-	7	-
		Apr 19	Pressure Ulcers per 1000 Occupied Bed Days	Rate1	-	-	0.58	1.17	2.37	1.52	1.59	1.06	1.72	1.37	1.34	1.16	1.27	1.54	0.97	0.61	1.32	1.50	1.77	1.59	1.34	-	-	-	-	-	-	-
		Apr 19	Pressure Ulcer DN Caseload Acquired - Total	<= No	0	0	7	37	32	45	34	34	36	16	24	29	35	27	31	18	25	25	26	22	314	-	-	-	-	-	22	-
			Pressure Ulcer Present on Admission to SWBH	<= No	0	0	-	-	-	129	99	96	198	130	141	125	87	85	78	95	88	104	117	102	1350	-	-	-	-	-	-	-
			Venous Thromboembolism (VTE) Assessments	=> %	95	95	94.4	95.3	93.8	95.8	95.1	96.1	95.1	96.0	95.7	95.9	95.2	95.6	96.3	-	95.9	96.0	96.0	95.3	95.8	95.3	96.0	92.1	93.9	95.7	98.2	-
		Apr 19	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	=> %	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	100.0	100.0	-	100.0	99.9	100.0	99.9	99.6	100.0	99.8	100.0	100.0	100.0	100.0	-	100.0	-
		Apr 19	WHO Safer Surgery - brief(% lists where complete)	=> %	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	99.8	100.0	99.8	100.0	100.0	100.0	100.0	100.0	100.0	99.6	99.9	99.6	99.5	-	100.0	-	100.0	-
		Apr 19	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	100	100	0.0	100.0	100.0	100.0	100.0	100.0	99.4	100.0	99.8	99.8	99.6	100.0	99.7	100.0	99.3	100.0	99.8	99.3	99.7	99.6	99.0	-	100.0	-	100.0	-
			Never Events	<= No	0	0	2	0	1	0	0	0	0	1	1	1	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	-
			Medication Errors causing serious harm	<= No	0	0	0	2	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	2	0	0	0	-	0	0	-
			Serious Incidents	<= No	0	0	9	4	6	1	7	6	3	3	12	32	12	11	17	11	7	6	8	0	122	0	0	0	0	0	0	0
			Open Central Alert System (CAS) Alerts	No	-	-	14	15	16	18	20	19	15	15	4	9	8	11	12	10	12	10	9	8	123	-	-	-	-	-	-	-
			Open Central Alert System (CAS) Alerts beyond deadline date	<= No	0	0	4	5	5	5	5	8	6	7	3	6	5	6	7	2	1	1	0	0	44	-	-	-	-	-	-	-
			Sepsis - Screened (as % Of Screening Required)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	88.5	91.1	90.7	92.8	90.8	-	-	-	-	-	-	-
			Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16.2	16.3	17.6	19.6	17.4	-	-	-	-	-	-	-
			Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	80.3	77.1	75.7	79.6	78.3	-	-	-	-	-	-	-
			Sepsis - Treated in 1 Hour (as % Of Treated)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	54.9	51.9	60.0	53.9	55.0	-	-	-	-	-	-	-
			Sepsis - Antibiotic Review Within 72 hrs	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

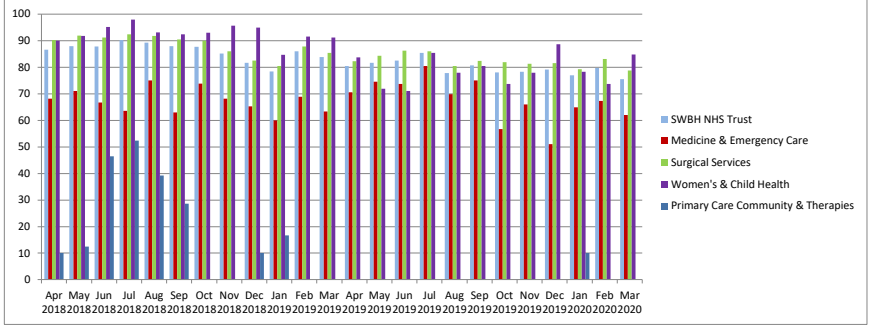
Data Quality - Kitemark

1	2	3	4	5	6	7
Timeliness	Audit	Source	Validation	Completeness	Granularity	Assessment of Exec Director
●	●	●	●	●	●	●

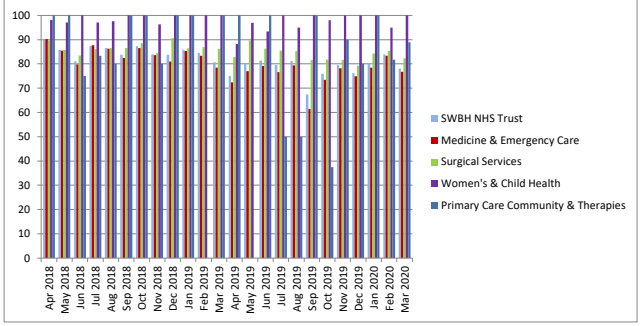
If segment 2 of the Kitemark is Blank this indicates that a formal audit of this indicator has not yet taken place

CQC Domain - Safe

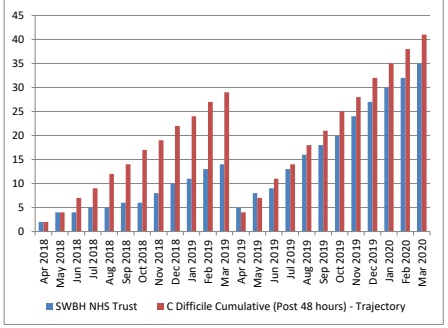
MRSA Screening - Elective



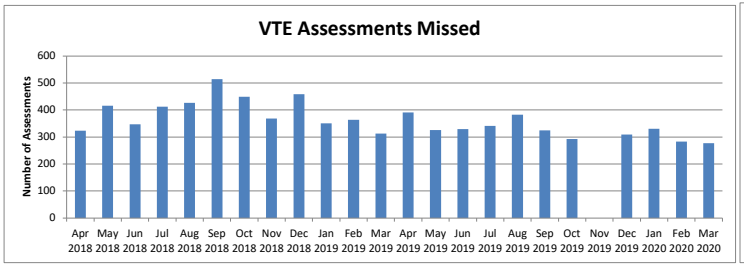
MRSA Screening - Non Elective



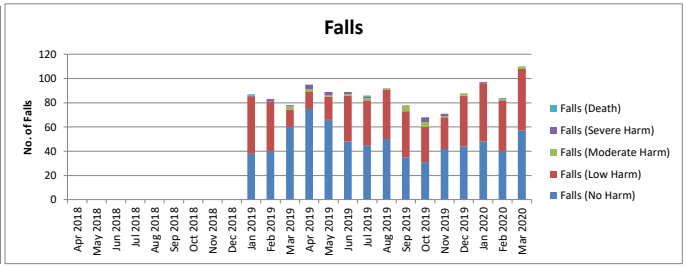
C Diff Infection



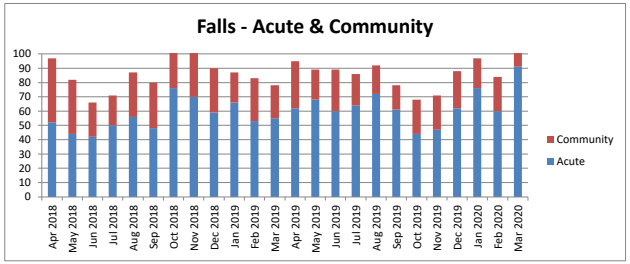
VTE Assessments Missed



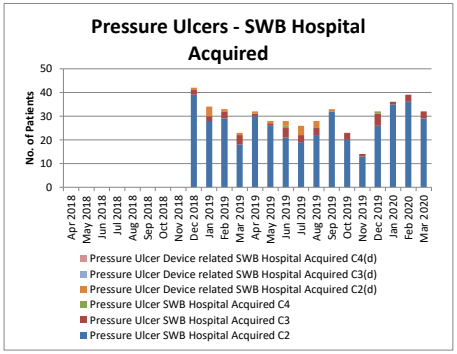
Falls



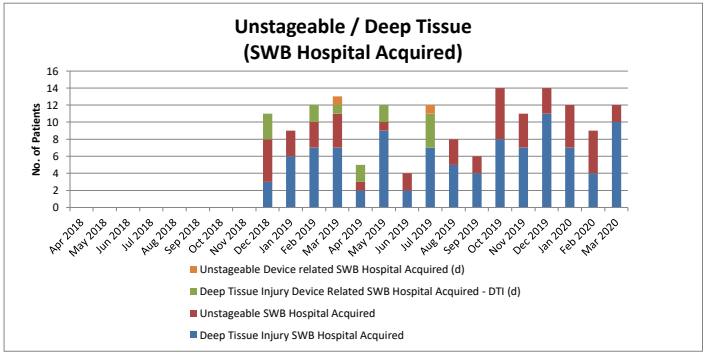
Falls - Acute & Community



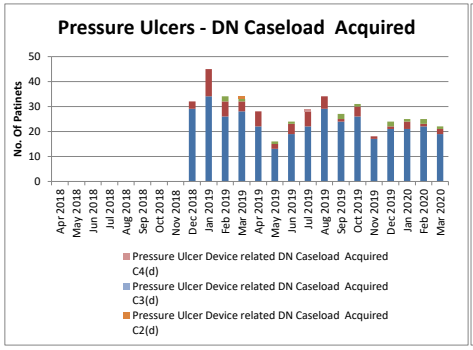
Pressure Ulcers - SWB Hospital Acquired



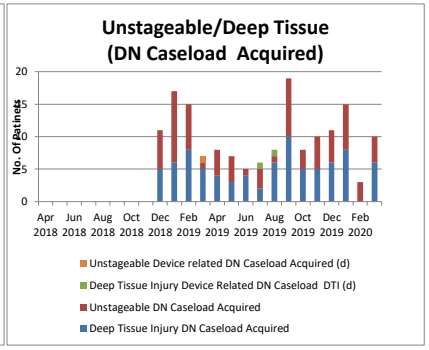
Unstageable / Deep Tissue (SWB Hospital Acquired)



Pressure Ulcers - DN Caseload Acquired



Unstageable/Deep Tissue (DN Caseload Acquired)

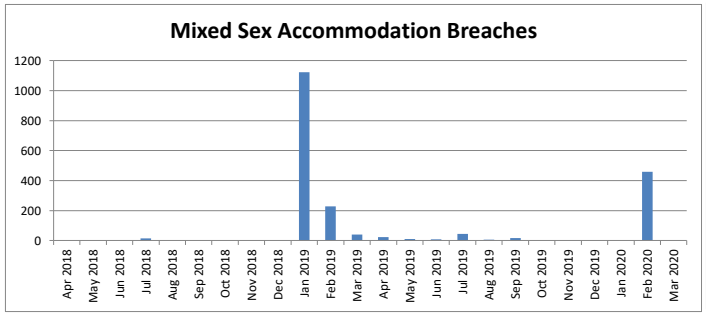


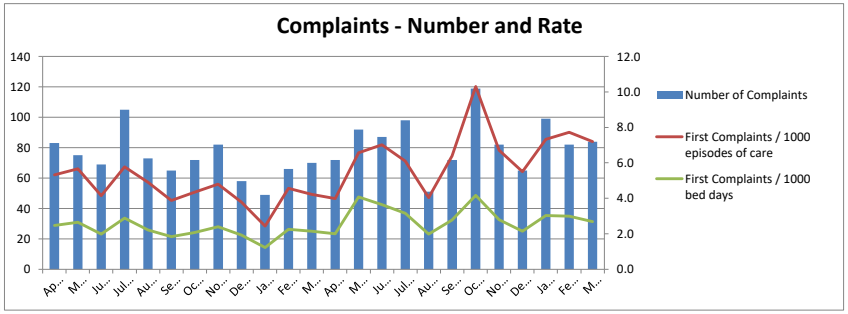
CQC Domain - Caring

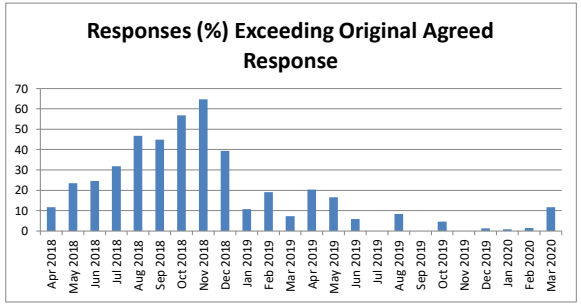
	Kitemark	Reviewed Date	Indicator	Measure	Standard Year	Standard Month	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	19/20 Year to Date	Group M	Group SS	Group W	Group P	Group I	Group PCCT	Group CO
FFT	● ● ● ● ● ● ●	Apr 19	FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	25	25	19.4	28.5	22.3	24.2	22.8	19.7	16.1	29.0	25.7	23.1	20.9	23.4	18.7	21.5	18.5	20.5	26.2	26.2	22.3	-	-	-	-	-	-	-
	● ● ● ● ● ● ●	Apr 19	FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95	95	93	92	92	91	92	91	89	89	92	91	90	89	89	89	86	89	24	90	-	-	-	-	-	-	-	-
	● Infection ● ● ● ● ● ●	Apr 19	FFT Response Rate: Type 1 and 2 Emergency Department	=> %	25	25	4.3	6.8	7.8	15.5	16.3	16.1	12.0	10.8	9.6	10.4	9.5	9.8	10.6	9.6	9.1	9.5	9.1	10.5	10.0	10.5	-	-	-	-	-	-	-
	● ● ● ● ● ● ●	Apr 19	FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95	95	71	74	73	74	75	75	75	76	73	76	78	71	71	68	73	75	72	79	-	79	-	-	-	-	-	-
	● ● ● ● ● ● ●	Apr 19	FFT Score - Outpatients	=> No	95	95	91	90	92	90	90	91	90	90	89	88	76	87	87	89	89	89	89	89	-	-	-	-	-	-	-	-
	● ● ● ● ● ● ●	Apr 19	FFT Score - Maternity Antenatal	=> No	95	95	94	0	0	0	0	0	0	0	0	0	0	0	90	97	100	75	83	80	-	-	-	-	-	-	-	-
	● ● ● ● ● ● ●	Apr 19	FFT Score - Maternity Postnatal Ward	=> No	95	95	87	93	100	100	100	0	100	100	0	100	100	100	92	93	0	97	94	100	-	-	-	-	-	-	-	-
	● ● ● ● ● ● ●	Apr 19	FFT Score - Maternity Community	=> No	95	95	0	0	0	0	0	0	0	0	0	0	0	0	94	0	0	0	0	0	-	-	-	-	-	-	-	-
	● ● ● ● ● ● ●	Apr 19	FFT Score - Maternity Birth	=> No	95	95	100	100	100	17	95	100	100	94	94	91	66	6	94	97	94	95	97	97	-	-	-	-	-	-	-	-
	● ● ● ● ● ● ●	Apr 19	FFT Response Rate: Maternity Birth	=> %	25	25	8.4	5.0	3.7	17.1	5.0	3.5	2.1	3.5	8.3	10.2	1.4	6.1	28.2	35.3	12.2	32.2	55.0	28.2	16.8	-	-	-	-	-	-	-
MSA	● ● ● ● ● ● ●		Mixed Sex Accommodation - Breaches (Patients)	<= No	0	0	0	0	-	1123	229	40	22	11	9	44	7	16	-	-	-	-	458	-	567	401	57	0	-	0	0	-
Complaints	● ● ● ● ● ● ●		No. of Complaints Received (formal and link)	No	-	-	72	82	58	49	66	70	72	92	87	98	51	72	119	82	65	99	82	84	1003	32	25	9	0	0	8	10
	● ● ● ● ● ● ●		No. of Active Complaints in the System (formal and link)	No	-	-	206	212	210	165	170	151	163	149	121	148	91	121	140	114	92	106	142	126	1513	59	28	15	0	1	11	12
	● ● ● ● ● ● ●		No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	2.07	2.39	1.93	1.23	2.26	2.14	2.00	4.08	3.63	3.15	1.98	2.78	4.16	2.78	2.15	3.03	2.99	2.68	2.93	1.81	5.17	2.40	-	-	15.84	-
	● ● ● ● ● ● ●		No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	4.34	4.81	3.79	2.42	4.57	4.22	3.98	6.57	7.02	6.10	4.05	6.38	10.31	6.72	5.50	7.33	7.72	7.21	6.52	6.37	9.30	4.38	-	-	20.00	-
	● ● ● ● ● ● ●		No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	96.8	96.2	98.3	97.8	100.0	98.4	100.0	2.2	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	90.6	100.0	100.0	100.0	-	-	100.0	100.0
	● ● ● ● ● ● ●		No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0	56.8	64.8	39.4	10.7	19.1	7.2	20.3	16.5	5.9	0.0	8.4	0.0	4.5	0.0	1.3	0.8	1.4	11.6	7.0	16.2	7.4	20.0	-	0.0	0.0	0.0
	● ● ● ● ● ● ●		No. of responses sent out	No	-	-	54	59	47	74	58	95	77	98	97	95	96	61	88	105	76	76	70	87	1026	37	28	10	0	0	7	5
WKF	● ● ● ● ● ● ●	Apr 19	Flu Vaccination Rate	=> %	80	80	-	83.3	83.7	-	-	-	-	-	-	-	-	-	47.7	62.4	78.1	82.0	83.1	-	70.7	-	-	-	-	-	-	-

Data Quality - Kitemark						
1	2	3	4	5	6	7
Timeliness	Audit	Source	Validation	Completeness	Granularity	Assessment of Exec Director
●	●	●	●	●	●	●

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





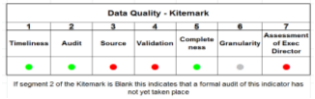


CQC Domain - Responsive

	Kitemark	Reviewed Date	Indicator	Measure	Standard Year	Standard Month	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	19/20 Year to Date	Group M	Group SS	Group W	Group P	Group I	Group PCCT	Group CO
Emergency Care			Emergency Care Attendances (Including Malling)	No	-	-	17819	17502	17753	18042	16949	18592	18908	18541	18091	19047	17657	17973	18445	17868	19330	18477	17367	13392	215096	-	-	-	-	-	-	-
			Emergency Care 4-hour waits	=> %	95	95	81.2	80.6	75.0	78.0	82.3	85.9	78.3	82.7	81.8	81.4	81.6	74.1	71.7	70.9	72.2	73.0	74.6	79.3	76.8	-	-	-	-	-	-	-
	Infection		Emergency Care 4-hour breach (numbers)	No	-	-	3354	3383	4435	3963	3006	2629	4106	3213	3288	3542	3252	4764	5215	5199	5375	4819	4416	2768	49957	-	-	-	-	-	-	-
			Emergency Care Trolley Waits >12 hours	<= No	0	0	1	0	1	0	0	0	0	0	0	0	0	2	2	1	1	0	0	0	6	-	-	-	-	-	-	-
			Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15	61	37	88	50	41	57	74	39	89	45	52	71	185	154	116	121	62	85	-	-	-	-	-	-	-	-
			Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60	254	245	255	237	269	241	282	264	255	261	208	217	250	263	263	254	232	151	-	-	-	-	-	-	-	-
			Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5	5	5.2	3.6	4.8	4.6	4.9	4.7	5.4	5.2	5.4	5.2	5.6	7.3	7.8	7.9	7.9	8.1	7.5	8.8	6.8	-	-	-	-	-	-	-
			Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5	5	7.7	6.6	8.6	7.3	7.0	5.9	7.3	6.6	7.1	7.4	6.4	8.8	10.5	10.2	9.5	8.0	7.8	5.5	8.0	-	-	-	-	-	-	-
			WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	121	159	205	168	160	88	166	119	128	123	162	238	251	228	279	199	242	380	2515	-	-	-	-	-	-	-
			WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	6	7	7	9	8	6	5	4	4	5	9	33	16	9	12	9	32	42	180	-	-	-	-	-	-	-
			WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02	0.1	0.2	0.1	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.2	0.7	0.3	0.2	0.2	0.2	0.7	0.9	0.3	-	-	-	-	-	-	-
			WMAS - Emergency Conveyances (total)	No	-	-	4622	4579	4872	4835	4372	4655	4814	4670	4555	4658	4486	4484	4656	4721	4887	4848	4522	4588	55889	-	-	-	-	-	-	-
Patient Flow		Apr 19	Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5	2.7	2.4	2.2	1.1	-	1.6	2.0	-	1.0	-	4.7	3.0	2.8	2.9	2.4	2.8	3.0	4.2	2.5	-	-	-	-	-	-	-
			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	240	20	16	14	13	14	14	15	12	-	14	-	27	17	19	20	16	19	20	28	-	-	-	-	-	-	-	-
		Apr 19	Delayed Transfers of Care (Acute) - Finable Bed Days	<= No	0	0	200	272	275	315	270	211	99	149	239	295	185	127	147	163	180	195	340	-	2119	-	-	-	-	-	-	-
		Apr 19	Patient Bed Moves (10pm - 6am) (No.) - ALL	No	-	-	797	717	713	757	654	642	672	698	583	684	671	675	867	852	944	989	860	730	9225	-	-	-	-	-	-	-
		Apr 19	Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No	-	-	246	227	247	279	241	243	223	228	185	218	233	266	330	310	383	354	358	347	3435	-	-	-	-	-	-	-
		Apr 19	Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units and Clinical Transfers	No	-	-	54	38	55	63	57	63	65	37	30	46	45	52	52	80	66	71	64	95	703	-	-	-	-	-	-	-
		Apr 19	Hip Fractures Best Practice Tariff (Operation < 36 hours of admissions	=> %	85	85	84.4	77.1	82.6	81.5	80.0	82.9	64.0	77.1	75.0	62.5	87.9	79.2	88.5	78.6	67.5	75.0	87.9	61.5	75.7	-	61.5	-	-	-	-	-
Cancellations			No. of Sitrep Declared Late Cancellations - Total	<= No	240	20	25	29	29	36	39	32	44	38	40	46	32	57	63	59	65	56	60	35	595	3	21	4	0	-	7	-
			No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	9	7	11	18	7	10	16	13	3	16	17	32	40	30	41	29	17	16	270	0	10	2	0	-	4	-
			No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	16	22	18	18	32	22	28	25	37	30	15	25	23	29	24	27	43	19	325	3	11	2	0	-	3	-
			Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	<= %	0.8	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	1.6	1.5	1.8	1.3	1.7	1.3	1.3	0.4	1.5	2.5	-	-	2.3	-
			Number of 28 day breaches	<= No	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	-
			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	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	0	0	0	-	0	-
			No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0	0	0	0	2	0	0	0	1	2	1	1	1	2	0	1	1	2	4	16	3	1	0	0	-	0	-
			Multiple Hospital Cancellations experienced by same patient (all cancellations)	<= No	0	0	68	55	39	52	56	69	73	64	75	86	67	79	103	92	65	73	124	344	1245	20	295	29	-	-	-	-
			All Hospital Cancellations, with 7 or less days notice	<= No	0	0	265	238	156	236	230	244	265	262	277	296	204	367	370	376	358	347	584	890	4596	66	769	55	-	-	-	-
Cancer		Apr 19	2 weeks	=> %	93	93	97.0	97.4	97.9	97.2	97.3	96.1	96.8	96.4	95.7	96.1	96.2	97.5	95.8	96.7	99.0	98.0	98.9	-	97.0	98.5	99.0	99.4	-	-	-	-
		Apr 19	2 weeks (Breast Symptomatic)	=> %	93	93	98.3	97.7	98.0	97.9	95.7	89.5	97.4	95.3	95.1	98.1	95.8	98.0	100.0	95.7	98.1	95.5	100.0	-	97.2	-	100.0	-	-	-	-	-
		Apr 19	31 Day (diagnosis to treatment)	=> %	96	96	98.5	98.6	96.4	96.1	96.6	98.1	97.5	96.2	96.8	96.5	96.9	95.8	96.6	95.1	99.2	97.8	96.5	-	96.8	97.1	96.6	94.7	-	-	-	-
		Apr 19	31 Day (second/subsequent treatment - surgery)	=> %	94	94	100.0	95.5	100.0	100.0	95.0	95.2	100.0	94.7	95.0	96.2	95.2	100.0	93.5	100.0	93.1	100.0	100.0	-	96.6	-	-	-	-	-	-	-
		Apr 19	31 Day (second/subsequent treatment - drug)	=> %	98	98	100.0	100.0	100.0	100.0	100.0	-	-	100.0	-	-	100.0	100.0	-	100.0	100.0	-	-	-	100.0	-	-	-	-	-	-	-
		Apr 19	62 Day (urgent GP referral to treatment) Excl Rare Cancers	=> %	85	85	89.1	85.1	85.4	84.7	84.7	86.9	85.8	90.5	87.3	85.6	84.3	86.3	82.7	90.7	81.1	80.8	82.0	-	85.3	88.5	92.3	50.0	-	-	-	-
			62 Day (urgent GP referral to treatment) - Inc Rare Cancers	=> %	85	85	89.1	85.3	85.6	84.4	84.7	87.2	85.8	90.6	87.3	85.6	84.6	86.5	82.7	91.0	81.4	79.5	82.4	-	85.4	88.5	92.6	50.0	-	-	-	-
		Apr 19	62 Day (referral to treat from screening)	=> %	90	90	97.7	96.1	100.0	91.5	91.4	90.0	100.0	98.2	91.7	94.4	100.0	96.9	93.2	94.6	89.7	91.5	100.0	-	95.5	-	100.0	-	-	-	-	-
		Apr 19	62 Day (referral to treat from hosp specialist)	=> %	90	90	85.0	80.8	87.1	88.0	89.5	89.0	89.4	83.1	92.9	84.3	80.0	86.4	76.5	81.8	82.3	87.5	76.1	-	83.5	65.2	95.7	100.0	-	-	-	-
			Cancer = Patients Waiting Over 62 days for treatment	No	-	-	8	11	11	11	9	12	10	7	8	10	11	10	11	6	12	12	9	-	103	2	2	6	-	-	0	-
			Cancer - Patients Waiting Over 104 days for treatment	No	-	-	2	1	3	2	3	7	3	4	1	3	5	3	3	5	6	7	4	-	42	1	0	3	-	-	0	-
			Cancer - Longest wait for treatment (days) - TRUST	No	-	-	104	101	197	137	177	209	241	183	91	196	147	96	171	149	148	169	217	-	-	-	-	-	-	-	-	-
		Apr 19	Neutropenia Sepsis - Door to Needle Time > 1hr	<= No	0	0	4	6	6	5	9	2	7	2	3	3	4	6	6	9	15	7	11	5	78	5	0	0	-	-	0	-
			IPT Referrals - Within 38 Days Of GP Referral for 62 day cancer pathway	%	-	-	68.8	56.3	53.3	86.7	37.5	66.7	48.0	53.3	63.6	74.1	51.9	65.2	66.7	69.6	35.7	69.6	68.8	-	61.3	-	-	-	-	-	-	-

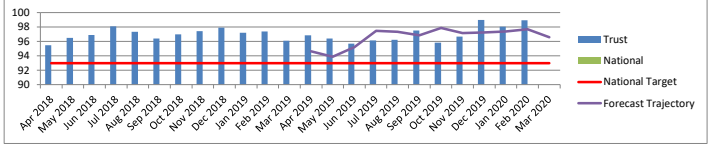
CQC Domain - Responsive

			Cancer - 28 Day FDS TWW Referral (% of Informed) - Total	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	85.2	97.8	-	92.0	-	-	-	-	-	-	-
			Cancer - 28 day FDS TWW breast symptomatic (% of Informed)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	99.4	100.0	-	99.6	-	-	-	-	-	-	-
			Cancer - 28 day FDS screening referral (% of Informed) - Total	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	77.8	-	-	77.8	-	-	-	-	-	-	-
			Cancer - 28 Day FDS TWW Referral (% of Eligible) - Total	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	47.2	62.8	-	55.0	-	-	-	-	-	-	-
			Cancer - 28 day FDS TWW breast symptomatic (% of Eligible) - Total	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	105.3	62.7	-	82.3	-	-	-	-	-	-	-
			Cancer - 28 day FDS screening referral (% of Eligible) - Total	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0	-	-	100.0	-	-	-	-	-	-	-
RTT		Apr 19	RTT - Admittted Care (18-weeks)	=> %	90	90	78.4	79.8	80.5	79.5	79.8	78.9	81.7	83.1	80.5	77.6	80.5	80.6	82.6	81.4	82.4	81.2	78.9	80.8	81.0	88.9	81.5	78.2	-	-	66.9	-
		Apr 19	RTT - Non Admittted Care (18-weeks)	=> %	95	95	86.5	85.5	87.9	86.1	88.7	90.2	91.7	92.5	90.7	89.6	89.2	89.8	87.3	87.3	87.2	87.0	86.3	88.8	88.9	77.7	94.2	83.0	-	-	77.6	-
		Apr 19	RTT - Incomplete Pathway (18-weeks)	=> %	92	92	92.0	92.3	92.2	92.6	92.9	93.0	93.2	92.6	92.1	92.0	92.0	92.0	91.6	90.9	91.1	90.7	90.4	88.0	91.4	85.8	90.1	85.5	-	-	82.0	-
		Apr 19	RTT Waiting List - Incomplete	No	-	-	37871	37012	36914	34909	34221	34888	35859	36762	37231	39115	38714	39634	39898	38360	38416	39374	39364	38603	461330	7261	16659	2230	-	-	2959	0
		Apr 19	RTT - Backlog	No	-	-	3023	2865	2890	2582	2424	2436	2450	2710	2951	3118	3082	3168	3360	3475	3433	3645	3781	4646	39819	1034	1643	324	-	-	533	0
		Apr 19	Patients Waiting >52 weeks (All Pathways)	<= No	0	0	5	4	1	3	4	6	1	11	24	12	14	0	0	1	0	1	0	1	65	0	0	0	0	0	0	0
		Apr 19	Patients Waiting >52 weeks (Incomplete)	<= No	0	0	2	0	1	1	1	0	0	5	6	0	1	0	0	0	0	0	0	0	12	0	0	0	0	0	0	0
			Treatment Functions Underperforming (Admitted, Non-Admitted,Incomplete	<= No	0	0	27	26	26	28	29	27	23	27	29	30	29	27	26	32	29	28	28	32	-	10	11	3	-	-	5	0
			Treatment Functions Underperforming (Incomplete)	<= No	0	0	3	3	3	4	3	-	2	3	5	5	5	4	5	7	7	5	6	10	-	3	3	1	-	-	2	0
			RTT Clearance Time (Wks)	Ratio	-	-	-	9.3	11.6	8.6	8.4	9.1	9.5	9.7	10.0	9.7	10.5	10.3	9.6	8.9	10.8	-	9.8	-	9.8	17.1	8.2	14.6	-	-	14.6	-
DM01		Apr 19	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1	1	3.2	3.8	3.9	1.0	0.4	0.4	1.8	2.6	0.9	0.8	2.3	1.5	1.1	0.2	0.7	0.1	0.0	8.8	1.8	8.3	5.8	-	-	9.9	-	-
		Apr 19	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	526	1237	1294	1861	532	958	1158	1330	1023	1010	600	614	457	359	338	1028	499	1140	9556	33	96	-	-	1011	-	-

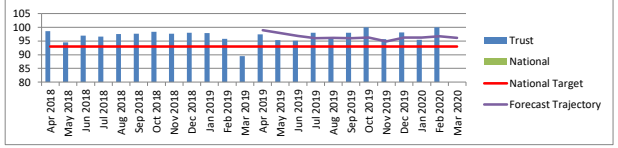


CQC Domain - Responsive

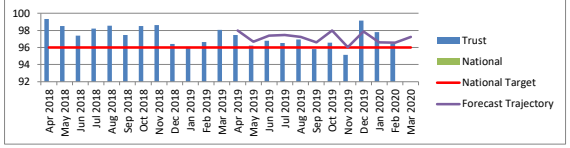
2-week wait from Referral to Date First Seen



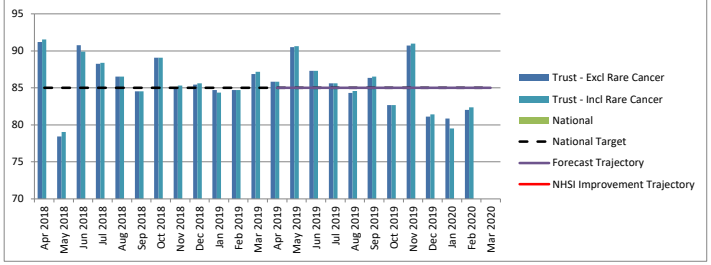
2-week wait from Breast Symptomatic Patients



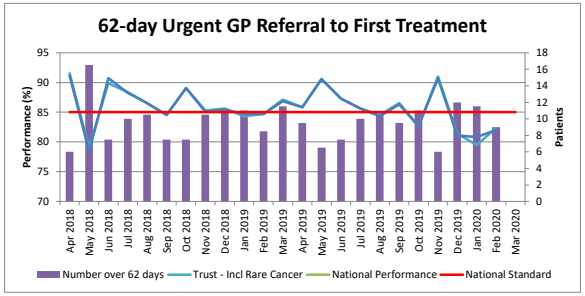
31-day Diagnosis to First Treatment



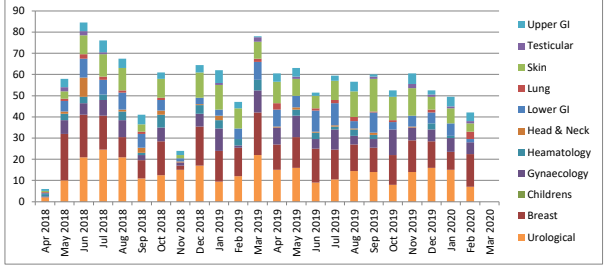
62-day Urgent GP Referral to First Treatment



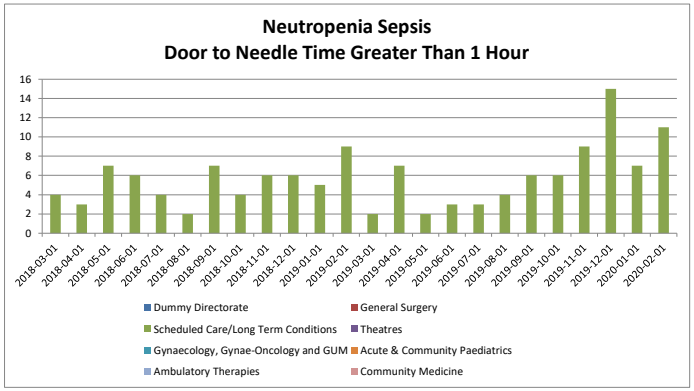
62-day Urgent GP Referral to First Treatment



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

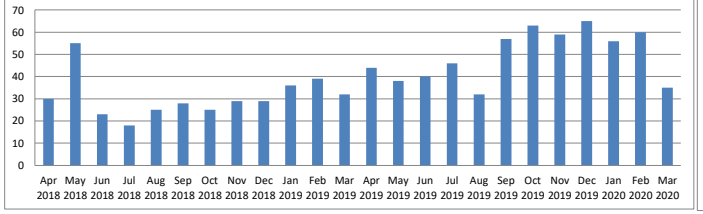


Neutropenia Sepsis
Door to Needle Time Greater Than 1 Hour

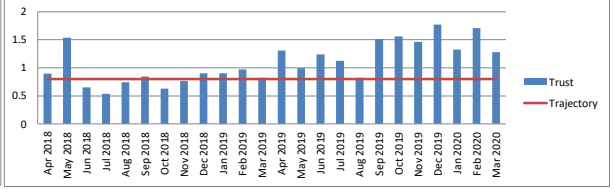


Month	Indicator	TumourSite	Informed In 28 Days	Informed	Eligible	% of Informed	% of Eligible
Jan 2020	Cancer - 28 Day FDS TWW Referral	Breast	231	233	289	99.14	79.93
Jan 2020	Cancer - 28 Day FDS TWW Referral	Colorectal	39	63	297	61.9	13.13
Jan 2020	Cancer - 28 Day FDS TWW Referral	Gynaecology	99	104	153	95.19	64.71
Jan 2020	Cancer - 28 Day FDS TWW Referral	Haematology	9	19	27	47.37	33.33
Jan 2020	Cancer - 28 Day FDS TWW Referral	Head & Neck	56	72	132	77.78	42.42
Jan 2020	Cancer - 28 Day FDS TWW Referral	Lung	12	12	40	100	30
Jan 2020	Cancer - 28 Day FDS TWW Referral	Skin	79	83	186	95.18	42.47
Jan 2020	Cancer - 28 Day FDS TWW Referral	Upper GI	123	167	154	73.65	79.87
Jan 2020	Cancer - 28 Day FDS TWW Referral	Urology	32	45	162	71.11	19.75
Jan 2020	28 day FDS TWW Breast Symptomatic	Breast	158	159	150	99.37	105.3
Jan 2020	Cancer - 28 day FDS screening referral	Breast	12	16	12	75	100
Jan 2020	Cancer - 28 day FDS screening referral	Colorectal	0	0	0	0	0
Jan 2020	Cancer - 28 day FDS screening referral	Gynaecology	2	2	2	100	100

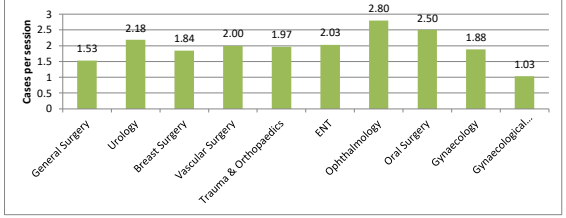
SitRep Late Cancellations



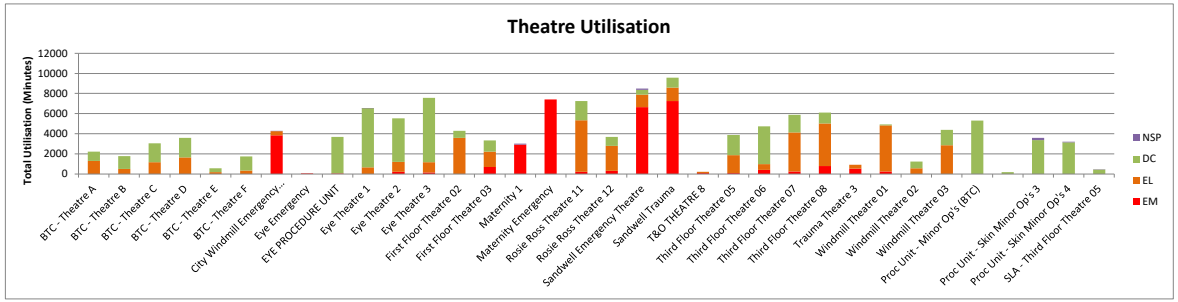
Elective Admissions Cancelled at Last Minute for Non-Clinical Reasons (%)

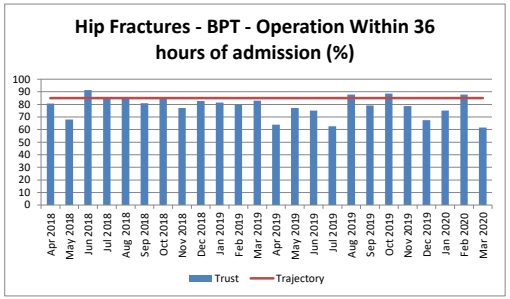


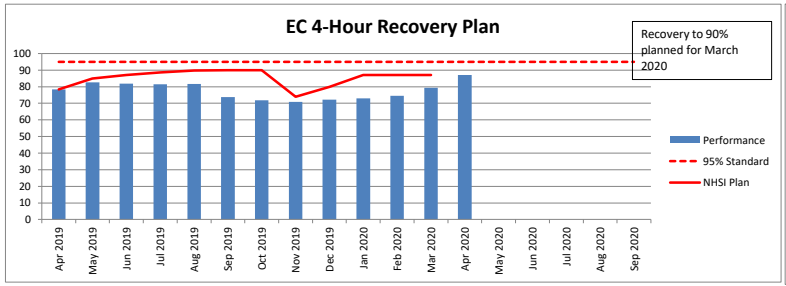
Cases Per Session (Operating Theatres)

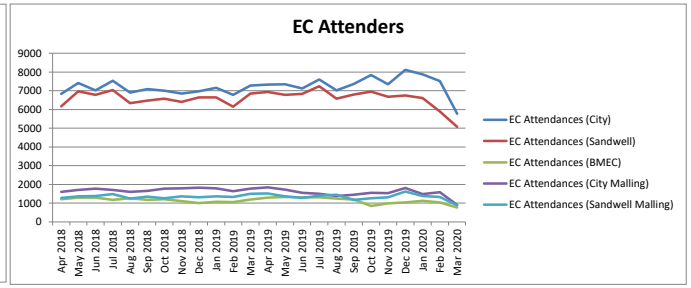


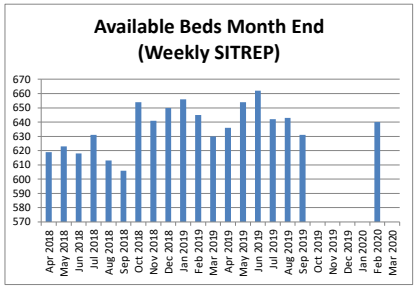
CQC Domain - Responsive

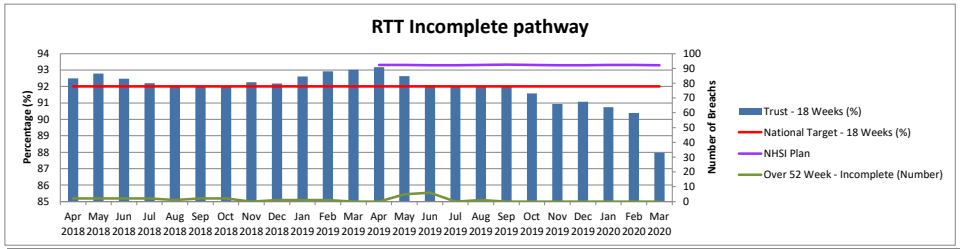


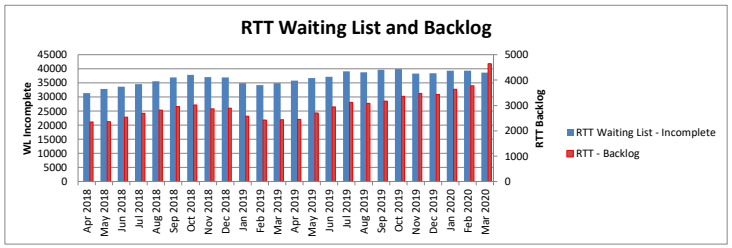


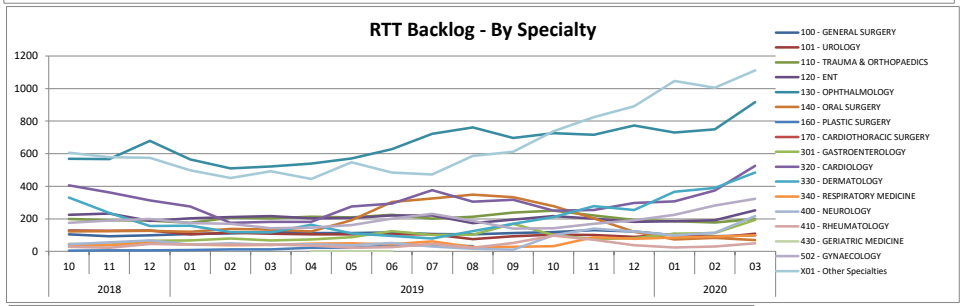


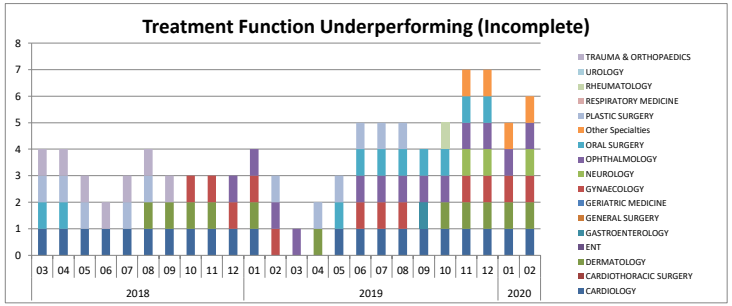


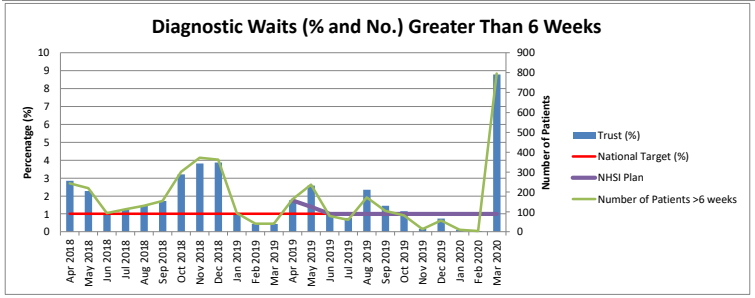


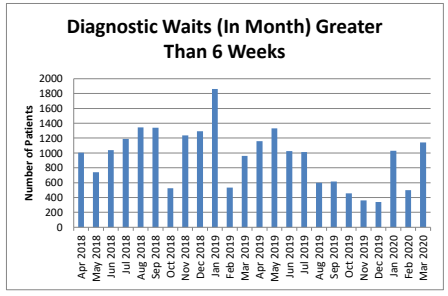












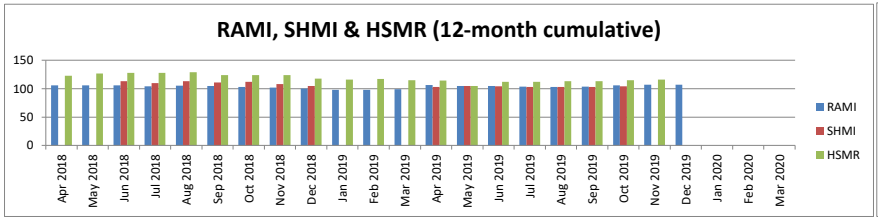
CQC Domain - Effective

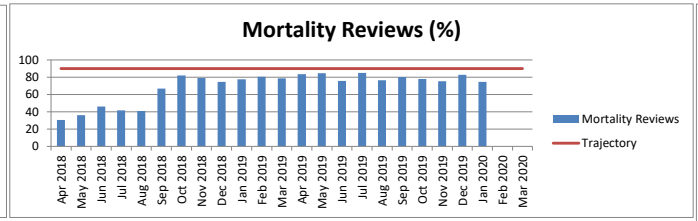
	Kitemark	Reviewed Date	Indicator	Measure	Standard Year	Standard Month	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	19/20 Year to Date	Group M	Group SS	Group W	Group P	Group I	Group PCCT	Group CO
Mortality and Readmissions			Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	No	-	-	103	102	100	98	98	99	107	105	105	104	103	104	106	107	107	-	-	-	-	-	-	-	-	-	-	-
			Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	No	-	-	100	100	98	96	97	98	107	105	105	104	103	103	87	106	106	-	-	-	-	-	-	-	-	-	-	-
	• Infection Control		Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	No	-	-	110	109	106	103	100	101	105	105	103	99	87	105	109	112	112	-	-	-	-	-	-	-	-	-	-	-
			Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	No	-	-	112	108	105	-	-	-	103	105	104	103	103	103	104	-	-	-	-	-	-	-	-	-	-	-	-	-
			Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	No	-	-	124	124	118	116	117	115	115	105	112	112	113	113	115	116	-	-	-	-	-	-	-	-	-	-	-	-
			Deaths in Low Risk Diagnosis Groups (RAMI) - month	No	-	-	98	105	86	108	88	85	98	-	93	125	85	88	152	97	121	-	-	-	-	-	-	-	-	-	-	-
			Mortality Reviews within 42 working days	=> %	90	90	82.1	78.9	74.6	77.6	80.6	78.8	83.3	84.5	75.7	84.9	76.3	80.0	78.0	75.4	82.7	74.5	-	-	79.3	73.5	81.8	-	-	-	100.0	-
			Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%	-	-	1.1	1.2	1.4	1.5	1.6	1.3	1.4	1.2	1.3	1.1	1.2	1.3	1.4	1.4	1.6	1.7	1.5	-	1.4	-	-	-	-	-	-	-
			Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%	-	-	1.4	1.4	1.4	1.4	1.3	1.3	1.3	1.3	-	1.3	1.3	1.0	1.3	1.3	1.3	1.4	1.4	-	1.3	-	-	-	-	-	-	-
			Deaths in The Trust	No	-	-	107	114	122	149	137	121	134	112	117	109	118	114	133	136	139	162	125	-	1399	109	11	1	0	0	4	0
			Avoidable Deaths In the Trust	No	-	-	-	-	-	-	-	-	0	0	1	1	0	1	1	0	1	0	-	-	5	-	-	-	-	-	-	-
		Apr 19	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	6.9	7.7	8.9	7.9	8.7	7.8	7.5	7.9	7.4	8.4	8.3	7.8	7.9	8.2	8.0	8.1	8.5	-	8.0	13.9	4.2	8.4	-	13.3	0.3	-
		Apr 19	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	7.7	7.8	7.9	7.9	8.0	8.0	7.9	7.9	7.9	7.9	7.9	7.9	8.0	8.1	8.0	8.0	8.0	-	7.9	13.0	4.6	5.3	0.8	7.4	1.6	-
		Apr 19	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	2.7	3.6	4.1	3.6	3.8	3.5	3.0	3.0	2.6	3.5	3.5	3.2	3.0	3.3	2.9	3.0	3.1	-	3.1	3.8	2.2	7.1	-	-	-	-
		Apr 19	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	3.5	3.5	3.6	3.6	3.6	3.6	3.5	3.5	3.4	3.4	3.3	3.3	3.4	3.3	3.2	3.2	3.1	-	3.3	3.9	2.6	3.9	0.1	0.4	-	-
Patient Flow		Apr 19	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	146	123	126	137	125	116	139	130	124	129	118	152	159	148	156	154	173	161	-	129	29	1	2	0	0	-
			21+ Days Long Stay Rate - NHSI	%	-	-	20.2	18.4	16.5	17.5	19.6	20.4	18.7	20.0	17.5	15.9	19.2	19.7	19.4	19.4	18.9	17.5	19.3	22.7	19.0	25.3	12.2	0.0	0.0	-	5.2	-
			Estimated Beds - 21+ Days - NHSI	No	-	-	127	117	96	112	124	126	114	133	101	96	125	111	122	128	121	117	124	140	-	129	12	0	0	0	0	-
RTT		Apr 19	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	25.4	31.3	35.0	32.6	35.2	34.6	38.6	35.4	34.5	36.3	33.9	37.9	38.6	38.9	39.6	38.0	47.8	35.8	38.0	39.8	37.5	30.5	32.9	-	25.4	-
		Apr 19	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	2434	3097	3169	3693	3564	3554	3599	3767	3498	3838	3034	3711	4512	4735	4029	4571	5310	4045	48649	983	2263	376	128	0	294	-
		Apr 19	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	55.1	58.7	51.7	44.3	47.6	45.5	57.9	57.4	56.1	53.8	54.4	51.4	51.4	53.7	54.8	55.3	56.2	56.2	54.8	45.4	53.9	58.4	51.1	96.0	86.4	-
		Apr 19	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	2253	2307	1773	1873	1862	1869	2416	2414	2136	2375	2150	2142	2313	2388	2087	2242	2041	2027	26731	134	1446	171	24	24	228	-
Stroke			5WD: Pts spending >90% stay on Acute Stroke Unit	=> %	90	90	90.4	100.0	97.9	93.2	86.2	93.0	88.5	87.9	92.9	90.2	98.2	88.2	93.7	91.5	96.2	84.0	90.5	-	90.8	90.5	-	-	-	-	-	-
			5WD: Pts admitted to Acute Stroke Unit within 4 hrs	=> %	80	80	61.2	61.9	78.4	60.3	52.1	85.5	50.8	67.3	63.5	76.6	77.1	47.4	45.6	70.6	48.4	52.0	66.0	-	59.4	66.0	-	-	-	-	-	-
			5WD: Pts receiving CT Scan within 1 hr of presentation	=> %	50	50	71.4	63.4	82.4	72.4	64.4	85.5	68.9	66.1	60.3	70.2	73.5	53.4	60.3	73.5	74.6	94.1	88.7	-	70.7	88.7	-	-	-	-	-	-
			5WD: Pts receiving CT Scan within 24 hrs of presentation	=> %	95	95	98.0	97.6	98.0	98.3	97.9	98.2	98.4	98.3	100.0	97.9	100.0	96.6	100.0	100.0	100.0	100.0	100.0	-	99.2	100.0	-	-	-	-	-	-
			5WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85	85	85.7	0.0	80.0	25.0	66.7	100.0	66.7	85.7	85.7	83.3	60.0	100.0	50.0	66.7	50.0	75.0	83.3	-	71.9	83.3	-	-	-	-	-	-
			5WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	=> %	70	70	95.7	100.0	100.0	94.1	100.0	94.7	100.0	88.9	64.3	87.5	75.0	-	-	-	-	-	-	-	83.0	75.0	-	-	-	-	-	-
			5WD: TIA (Low Risk) Treatment <7 days from receipt of referral	=> %	75	75	98.0	100.0	100.0	97.4	93.8	100.0	73.9	93.3	77.8	88.4	90.9	-	-	-	-	-	-	-	85.1	90.9	-	-	-	-	-	-
			Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80	80	93.8	100.0	100.0	100.0	92.3	95.2	95.2	85.7	100.0	93.8	100.0	77.8	100.0	95.7	91.7	94.1	91.7	71.4	92.9	71.4	-	-	-	-	-	-
			Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80	80	100.0	100.0	100.0	100.0	92.3	85.7	95.5	85.7	87.5	93.3	90.9	66.7	100.0	89.5	81.8	88.2	91.7	50.0	87.8	50.0	-	-	-	-	-	-
			Rapid Access Chest Pain - seen within 14 days	=> %	98	98	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	-	-	-	-

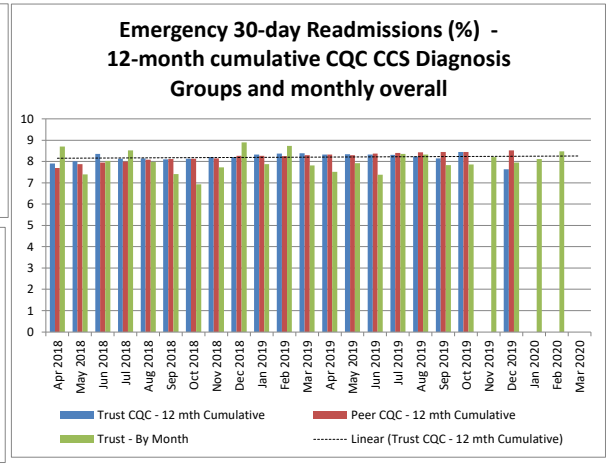
CQC Domain - Effective

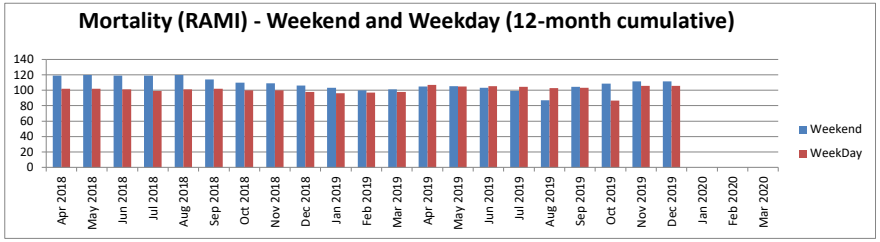
Data Quality - Kitemark						
1	2	3	4	5	6	7
Timeliness	Audit	Source	Validation	Complete ness	Granularity	Assessment of Exec Director
●	●	●	●	●	●	●

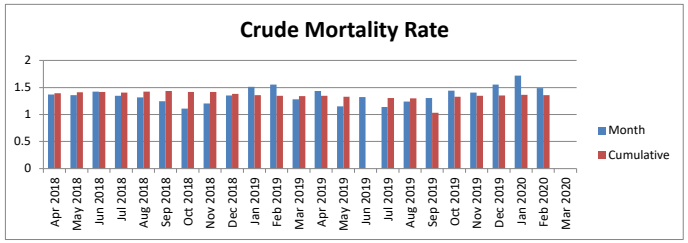
If segment 2 of the Kitemark is Blank this indicates that a formal audit of this indicator has not yet taken place

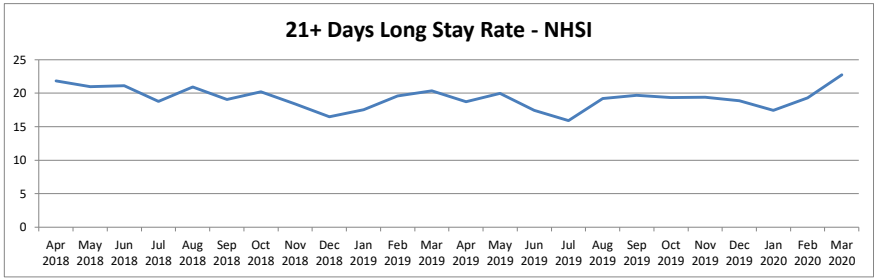


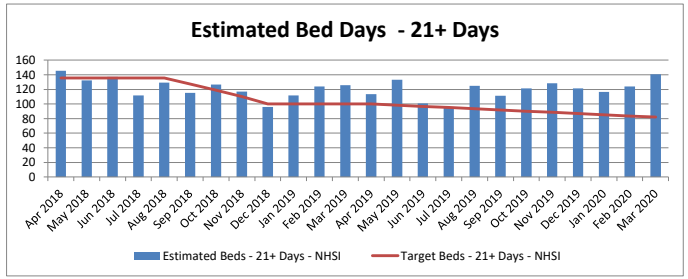


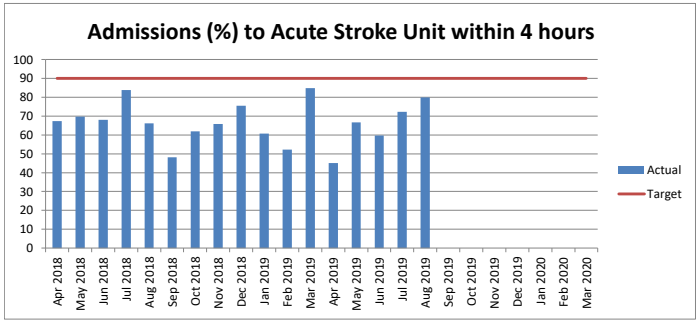


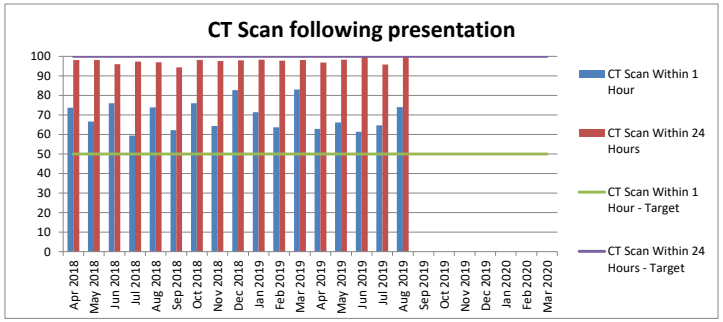


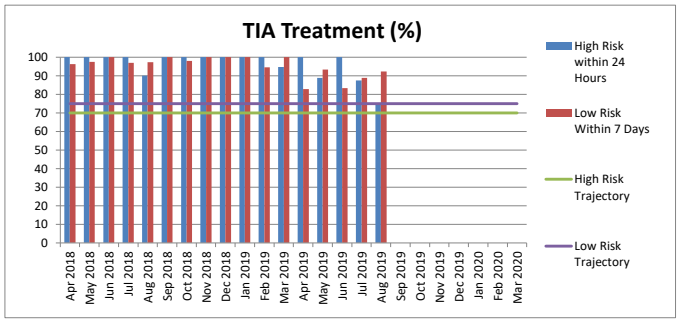












The stroke indicators in the IPR are based on 'patient arrivals' not 'patient discharged' as this monitors pathway performance rather than actual outcomes which may / may not change on discharge.
National SSNAP is based on 'patient discharge' which is more appropriate for outcomes based reporting.

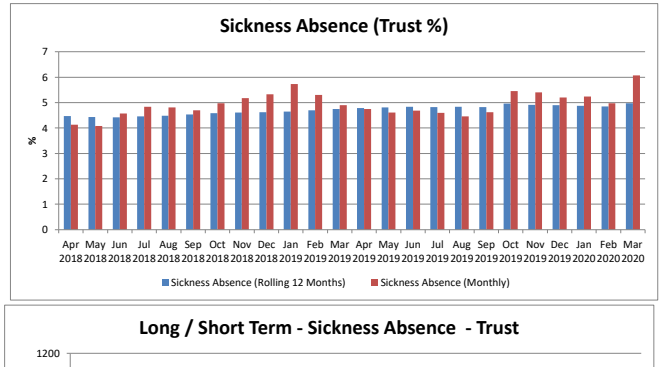
CQC Domain - Well Led

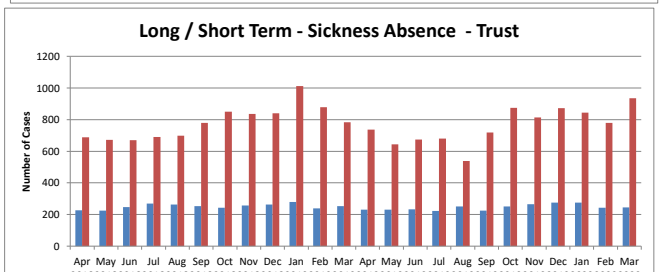
	Kitemark	Reviewed Date	Indicator	Measure	Standard Year	Standard Month	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	19/20 Year to Date	Group M	Group SS	Group W	Group P	Group I	Group PCCT	Group CO
Workforce			PDRs - 12 month rolling	=> %	95	95	-	-	98.8	-	-	98.7	-	-	-	-	-	75.3	78.9	-	-	-	-	-	77.1	51.6	89.4	85.6	42.9	84.8	88.6	90.5
			Medical Appraisal	=> %	90	90	90.1	91.8	91.2	90.0	94.2	94.9	96.6	96.5	95.7	94.9	96.3	99.0	96.4	96.4	96.7	96.2	101.9	-	96.9	100.0	100.0	100.0	100.0	100.0	145.0	100.0
	Infection	Apr 19	Sickness Absence (Rolling 12 Months)	<= %	3	3	4.6	4.6	4.6	4.6	4.7	4.7	4.8	4.8	4.8	4.8	4.8	4.8	5.0	4.9	4.9	4.9	4.9	5.0	4.9	5.3	5.4	5.5	0.0	4.1	4.3	4.6
		Apr 19	Sickness Absence (Monthly)	<= %	3	3	5.0	5.2	5.3	5.7	5.3	4.9	4.7	4.6	4.7	4.6	4.5	4.6	5.4	5.4	5.2	5.2	5.0	6.1	5.0	8.3	6.8	5.2	0.0	5.2	4.9	4.8
			Sickness Absence - Long Term - (Open Cases in the month)	No	-	140	-	-	-	-	-	-	-	-	-	-	-	131	156	169	187	153	114	152	-	37	29	25	0	4	16	41
		Apr 19	Sickness Absence - Short Term (Monthly)	No	-	-	850	836	841	1013	878	784	738	644	674	681	539	719	875	814	872	845	779	936	-	299	214	96	12	39	92	73
			Ward Sickness Absence (Monthly)	<= %	3	3	-	-	-	8.1	7.3	6.9	6.8	6.6	6.7	5.8	5.8	6.7	7.2	7.6	7.0	6.6	6.4	8.1	6.8	11.0	7.9	4.7	-	-	6.2	-
			Mandatory Training - Health & Safety (% staff)	=> %	95	95	91.9	93.3	93.7	93.8	94.7	95.7	95.6	94.0	71.0	80.3	85.3	86.2	89.0	90.4	91.8	92.8	92.7	94.2	88.7	91.7	93.2	93.1	-	94.1	95.8	96.8
			Staff at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	70.8	73.8	72.7	56.8	64.4	60.4	72.0	73.6	79.1	80.1	52.8	71.5	74.4	69.3	61.7	71.0	68.7	-	-	80.8	-
			Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	12.4	13.5	12.9	23.0	18.7	22.0	12.7	13.8	10.1	9.4	25.5	15.1	15.3	16.0	20.8	15.9	17.9	-	-	13.1	-
			Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	8.1	8.4	6.5	8.5	7.2	7.6	5.7	4.6	3.8	4.0	10.0	5.8	4.9	6.4	7.2	6.4	5.7	-	-	3.3	-
			Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11.7	7.6	5.4	8.2	10.4	6.8	7.7	-	-	2.8	-
		Apr 19	Nursing Turnover (Qualified Only)	<= %	10.7	10.7	12.2	12.7	12.5	12.4	12.2	12.1	11.8	12.4	12.3	12.3	11.7	11.5	12.2	12.1	12.6	12.3	12.6	12.5	12.2	-	-	-	-	-	-	-
		Apr 19	Nursing Vacancy Rate (Qualified)	<= %	11	11	-	11.8	12.1	13.0	12.4	10.6	15.2	15.8	15.9	16.1	15.8	14.3	14.6	13.8	14.5	12.9	12.3	12.4	14.5	11.9	17.8	12.0	-	36.7	8.0	1.1
		Apr 19	WeConnect Staff Satisfaction Score	=> No	4	4	-	-	-	23	-	-	-	-	-	-	-	-	-	-	-	-	-	-	23	4	4	4	0	0	4	8
		Apr 19	WeConnect Staff Satisfaction Response Rate (%)	=> No	35	35	-	-	-	131	-	-	-	-	-	-	-	-	-	-	-	-	-	-	131	8	20	29	0	0	24	50
		Apr 19	WeConnect Staff Satisfaction Disengagement Rate	=> %	10	10	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0	100.0	100.0	100.0	-	-	100.0	100.0
		Apr 19	New Starters Complete Onboarding Process	=> %	100	100	-	100.0	84.2	87.5	82.1	86.9	92.3	77.6	87.5	94.6	87.0	93.5	99.2	100.0	100.0	94.8	100.0	96.9	93.7	94.7	100.0	92.9	-	-	100.0	-

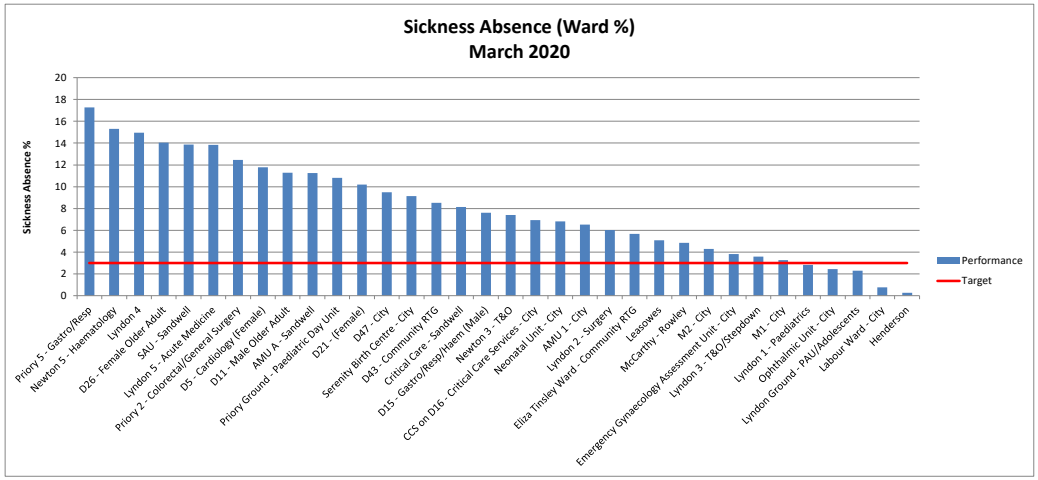
Data Quality - Kitemark

1	2	3	4	5	6	7
Timeliness	Audit	Source	Validation	Completeness	Granularity	Assessment of Exec Director

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

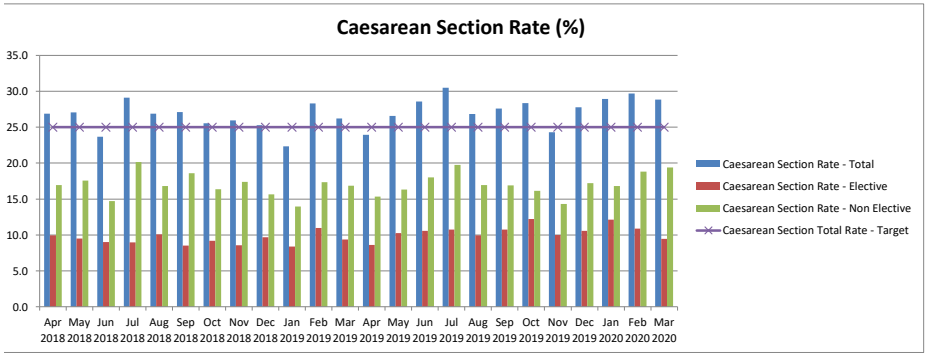


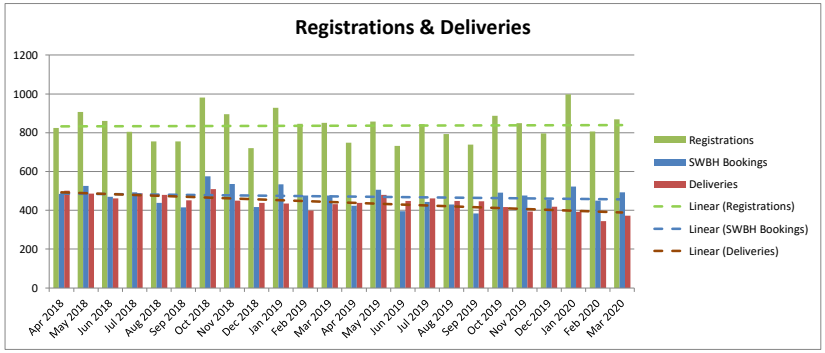




Patient Safety - Obstetrics

Data Quality	Last review	PAF	Indicator	Measure	Trajectory 2016-2017 Year	Trajectory 2016-2017 Month	Previous Months Trend (since Oct 2018) O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Month	Year To Date	Trend
	• Infection Control metrics continue to report good performance with 35 cases of CDIFFs (including community) for the full		Caesarean Section Rate - Total	<= %	25.0	25.0																			Mar 2020	28.8	27.6	
		•	Caesarean Section Rate - Elective	<= %			9	9	10	8	11	9	9	10	11	11	10	11	12	10	11	12	11	9	Mar 2020	9.4	10.5	
		•	Caesarean Section Rate - Non Elective	<= %			16	17	16	14	17	17	15	16	18	20	17	17	16	14	17	17	19	19	Mar 2020	19.4	17.1	
		•d	Maternal Deaths	<= No	0	0																			Mar 2020	0	1	
			Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Mar 2020	3	34	
			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0																			Mar 2020	6.17	1.76	
			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																-			Mar 2020	5.36	5.36	
	Apr-19		Stillbirth Rate (Corrected) (per 1000 babies)	Rate1			7.86	2.23	4.57	2.30	2.51	4.64	0.00	6.25	4.45	6.51	8.93	2.24	4.80	2.54	4.78	-	0.00	2.68	Mar 2020	2.68	4.07	
	Apr-19		Neonatal Death Rate (Corrected) (per 1000 babies)	Rate1			0.00	2.23	0.00	0.00	2.51	0.00	0.00	2.08	0.00	0.00	0.00	0.00	2.40	5.09	2.39	-	0.00	2.68	Mar 2020	2.68	1.29	
			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	85.0	85.0																			Mar 2020	93.2	92.4	
			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0																			Mar 2020	172.2	146.9	
			Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0																			Mar 2020	84.78	81.52	
	Apr-19	•	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %			1.7	2.6	1.2	2.1	0.6	0.5	1.8	2.2	1.4	0.9	0.8	0.3	0.3	1.2	0.5	1.1	0.0	0.3	Mar 2020	0.35	0.87	
	Apr-19	•	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %			1.7	2.6	1.2	2.1	0.6	0.5	0.9	1.9	1.0	0.9	0.8	0.3	0.3	1.2	0.5	0.8	0.0	0.3	Mar 2020	0.35	0.73	
	Apr-19	•	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %			0.8	1.5	0.4	1.9	0.0	0.0	0.0	0.6	0.7	0.6	0.0	0.0	0.0	0.3	0.0	0.5	0.0	0.0	Mar 2020	0.00	0.24	





CQC : Use of Resources

	Kitemark	Reviewed Date	Indicator	Measure	Benchmark				Trust		Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	19/20 Year to Date	Group						
					Period	Model Hospital STP Peer	Model Hospital National Median	Model Hospital Quality Account Peer	Trust Delivery	Target																					M	SS	W	P	I	PCCT	CO
Clinical Services			Pre-Procedure Elective Bed Days	Avg	Q3 2019/20	0.15	0.11	0.21	0.2	-	-	-	-	-	-	-	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	0.3	0.4	0.1	0.1	0.0	0.0	0.2	-
			Pre-Procedure Non-Elective Bed Days	Avg	Q3 2019/20	0.74	0.66	0.54	0.66	-																	FALSE	0.7	0.6	0.4	0.1	0.0	-	0.3	-
			DNA Rate - Inc Radiology (Model Hospital)	%	Q3 2019/20	8.09	7.11	6.75	8.35	-																	11.7	8.3	13.7	14.0	18.2	10.5	0.0	11.6	-
			DNA Rate - Exc Radiology (SWB)	%	Q3 2019/20	n/a	n/a	n/a	10.49	-																	14.1	10.4	13.7	14.0	18.2	10.5	62.5	11.6	-
			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= %	Q3 2019/20	7.97	7.94	7.49	8.23	-																	-	8.0	13.9	4.2	8.4	-	13.3	0.3	-
Clinical Support Services			Top 10 Medicines - Delivery of Savings	%	To Mar2018	-	100	-	82	-																	-	-	-	-	-	-	-	-	-
			Pathology Overall Cost Per Test	£	2018/19	£1.45	£1.94	£2.46	1.33	-																									
People			Staff Retention Rate	%	Dec2019	86	86.2	85.1	85	-																	86.6	86.4	83.6	86.1	87.9	-	87.5	85.2	89.2
			Sickness Absence (Monthly)	<= %	Dec2019	5.41	4.77	5.01	5.39	-																	6.1	5.0	8.3	6.8	5.2	0.0	5.2	4.9	4.8
			Total Cost per WAU	**£**	**2018/19**	**£3,614**	**£3,500**	**-**	**3359**	**-**																									
			Total Pay Cost per WAU	**£**	**2018/19**	**£1,940**	**£1,923**	**-**	**1901**	**-**																									
			Clinial Staff Pay Cost WAU	£	2018/19	£1,940	£1,923	-	1901	-																									
			Substantive Medical Staff Cost Per WAU	£	2018/19	£780	£763	-	770	-																									
			Substantive Nursing Staff Cost Per WAU	£	2018/19	£924	£892	-	901	-																									
			Professional Technical and Therapies Staff Cost Per WAU	£	2018/19	£236	£268	-	230	-																									
Corporate services, Procurement, Estates & Facilities			**Total Non-Pay Cost Per WAU**	**£**	**2018/19**	**£1,674**	**£1,577**	**-**	**1458**	**-**																									
			Finance Cost Per £100m Turnover	£000	2018/19	483.8k	653.3k	653.3k	634.6k	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			HR Cost Per £100m Turnover	£000	2018/19	686.9k	910.7k	767.5k	794.9k	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			Estates & Facilities Cost (£ per m2)	£	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			Procurement League Table: Process Efficiency and Price Performance Score (scaled 0 to 100)	No	Q2 2019/20	54	57	57	74	-	-	-	-	82	-->	-->	-	-	-	74	-->	-->	-	-	-	-	-	-	74	-	-	-	-	-	-	-
Finance			Capital Service Capacity - Value	No	-	n/a	n/a	n/a	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	-	4	-	-	-	-	-
			Liquidity (Days) - Value	No	-	n/a	n/a	n/a	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-15	-11	-	-26	-	-	-	-	-
			Distance From Agency Spend Cap - Value	%	-	n/a	n/a	n/a	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	76.0	75.0	-	75.5	-	-	-	-	-
			Income and Expenditure (I &E) Margin - Value	%	-	n/a	n/a	n/a	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-0.4	-0.5	-	-0.5	-	-	-	-	-

in development and testing stage

Pay and Non-Pay costs per WAU are published on Model Hospital annually after the Natoinal Cost Collection window (formerly known as Refernce Cost Submission); we are therefore unable to complete monthly trends on a per WAU basis

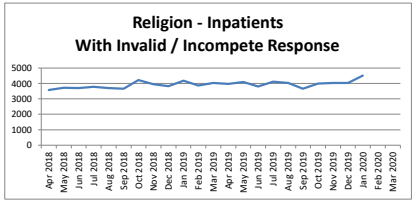
CQC : Trustwide Insight

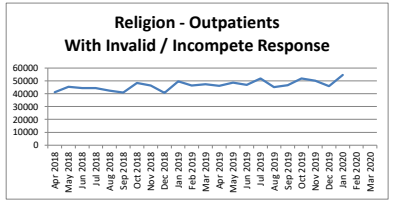
	Kitemark	Reviewed Date	Indicator	Measure	Standard Year	Standard Month	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	19/20 Year to Date	Group M	SS	W	P	I	PCCT	CO
Safe			Clostridium difficile infection alert in three months	Text	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			C. Difficile (Post 48 hours)	No	-	-	2	0	2	1	2	1	5	3	1	2	3	2	2	4	3	3	2	3	33	3	0	0	-	-	0	-
			E Coli Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	Rate2	-	-	10.44	5.35	15.83	15.39	0.00	16.59	32.90	5.44	17.68	5.46	10.99	22.58	15.18	5.19	14.27	24.39	26.26	16.43	16.40	-	-	-	-	-	-	-
			MRSA Bacteraemia (Post 48 hours)	No	-	-	0	0	0	1	0	0	0	1	0	0	0	0	0	0	1	0	0	0	2	0	0	0	-	-	0	-
			MRSA Bacteraemia (Post 48 hours)	No	-	-	0	0	0	1	0	0	0	1	0	0	0	0	0	0	1	0	0	0	2	0	0	0	-	-	0	-
			Patient-led assessment of cleanliness of environment	%	-	-																	-	-	-	-	-	-	-	-	-	-
			Patient-led assessment of environment for dementia care	%	-	-																	-	-	-	-	-	-	-	-	-	-
			Patient-led assessment of facilities	%	-	-																	-	-	-	-	-	-	-	-	-	-
			Ratio of consultant to non-consultant doctors	Ratio	-	-																	-	-	-	-	-	-	-	-	-	-
			Ratio of occupied beds to medical and dental staff	Ratio	-	-																	-	-	-	-	-	-	-	-	-	-
			Ratio of occupied beds to nursing staff	Ratio	-	-																	-	-	-	-	-	-	-	-	-	-
			Ratio of occupied beds to other clinical staff	Ratio	-	-																	-	-	-	-	-	-	-	-	-	-
			Ratio of senior staff nurses to staff nurses	Ratio	-	-																	-	-	-	-	-	-	-	-	-	-
			Ratio of ward manager nurses to senior and staff nurses	Ratio	-	-																	-	-	-	-	-	-	-	-	-	-
			Ward staff who are registered nurses	%	-	-																	-	-	-	-	-	-	-	-	-	-
			Never event alert in the last three months	Text	-	-																	-	-	-	-	-	-	-	-	-	-
			Never Events (total events with rule-based risk assessment)	No	-	-																	-	-	-	-	-	-	-	-	-	-
			Never Events (total events with statistical comparison to bed days)	No	-	-																	-	-	-	-	-	-	-	-	-	-
			NRLS - Proportion of reported patient safety incidents that are harmful	%	-	-																	-	-	-	-	-	-	-	-	-	-
			CAS alerts closed late in preceding 12 months	%	-	-																	-	10.5	10.5	-	-	-	-	-	-	-
			CAS alerts not closed by the trust in the preceding 12 months	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-	-	-	-	-	-	-
			CAS alerts not closed by the trust more than 12 months before	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	-	-	-	-	-	-	-
			NRLS - Potential under-reporting of patient safety incidents	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			NRLS - Potential under-reporting of patient safety incidents resulting in death or severe harm	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			NRLS - Consistency of reporting	Text	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Effective			Help with eating	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			Patient-led assessment of food	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			Avoidable Deaths In the Trust	No	-	-	-	-	-	-	-	-	0	0	1	1	0	1	1	0	1	0	-	-	5	-	-	-	-	-	-	-
			Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	No	-	-	124	124	118	116	117	115	115	105	112	112	113	113	115	116	-	-	-	-	900	-	-	-	-	-	-	-
			Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	No	-	-	100	100	98	96	97	98	107	105	105	104	103	103	87	106	106	-	-	-	926	-	-	-	-	-	-	-
			Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	No	-	-	110	109	106	103	100	101	105	105	103	99	87	105	109	112	112	-	-	-	936	-	-	-	-	-	-	-
			Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	No	-	-	112	108	105	-	-	-	103	105	104	103	103	103	104	-	-	-	-	-	725	-	-	-	-	-	-	-
			Active professional registration (medical and dental)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			Active professional registration (nursing and midwifery)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Caring			Confidence and trust in the doctors	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			Confidence and trust in the nurses	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			Emotional support from hospital staff	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			Overall experience as an inpatient	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			FFT Score - Adult and Children Inpatients (including day cases and community)	No	-	-	93	92	92	91	92	91	89	89	92	91	90	89	89	89	86	89	24	90	1005	-	-	-	-	-	-	-
			Speaking to staff about worries and fears	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			Involvement in decisions	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			Pain control by staff	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			Patient-led assessment of privacy, dignity, and well being	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			Treatment with respect and dignity	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Responsive			Ratio of delayed transfers and number of occupied beds	Ratio	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			Equality, diversity & inclusion	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			Flu Vaccination Rate	%	-	-	-	83.3	83.7	-	-	-	-	-	-	-	-	-	47.7	62.4	78.1	82.0	83.1	-	70.7	-	-	-	-	-	-	-

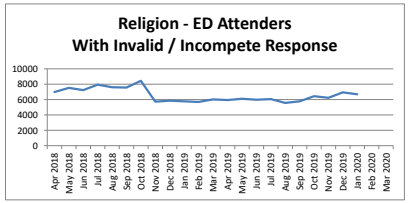
in development and testing stage

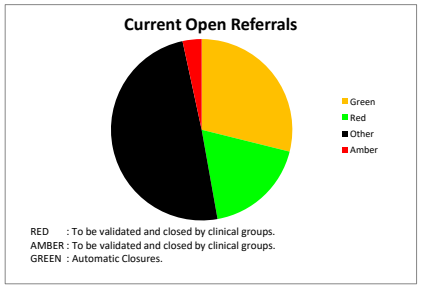
Data Completeness

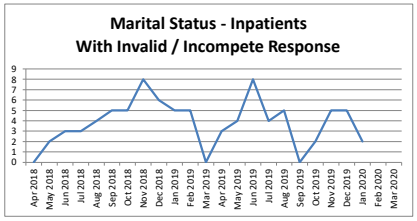
Data Quality	Last review	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Oct 2018) O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
	• Infection Control metrics continue to report good performance with 35 cases of CDIFFs (including community) for the full		Data Completeness Community Services	=> %	50.0	50.0																				Mar 2020							61	61.2		
			Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		.	.	Dec 2019								86.3		
			Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		.	.	Dec 2019								98.5		
			Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		.	.	Dec 2019								99.4		
			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0	97.7	98.2	97.9	97.3	97.2	97.5	98.2	98.1	96.8	98.7	97.9	96.8	97.2	96.2	95.1	95.7	-	-	Jan 2020								95.7	97.1	
			Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS	=> %	99.0	99.0	99.6	99.7	99.7	99.7	99.8	99.6	99.6	99.7	99.6	99.6	99.5	99.6	99.6	99.6	99.6	99.5	-	-	Jan 2020								99.5	99.6	
			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0	97.2	97.6	97.3	97.6	97.6	97.5	97.6	97.6	97.3	97.3	97.2	92.6	82.7	84.4	84.2	86.0	-	-	Jan 2020								86.0	91.7	
			Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0																		.	.	Jan 2020								87.4	90.4	
			Ethnicity Coding - percentage of outpatients with recorded response	=> %	90.0	90.0																		.	.	Jan 2020								89.8	92.0	
			Protected Characteristic - Religion - INPATIENTS with recorded response	%			67.0	68.9	68.5	68.9	67.2	68.4	68.6	68.2	68.0	67.7	66.8	67.7	65.7	65.9	65.3	62.9	-	-	Jan 2020								62.9	66.7	
			Protected Characteristic - Religion - OUTPATIENTS with recorded response	%			51.7	51.6	51.2	51.5	50.1	50.1	50.7	50.2	50.3	50.4	51.1	50.6	50.3	50.9	50.3	50.0	-	-	Jan 2020								50.0	50.5	
			Protected Characteristic - Religion - ED patients with recorded response	%			60.1	62.5	62.3	63.2	61.2	62.6	64.0	62.8	62.9	64.7	64.6	63.7	59.2	59.1	57.0	57.7	-	-	Jan 2020								57.7	61.6	
			Protected Characteristic - Marital Status - INPATIENTS with recorded response	%			100.0	99.9	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	100.0	-	-	Jan 2020								100.0	100.0	
			Protected Characteristic - Marital Status - OUTPATIENTS with recorded response	%			38.1	37.8	37.2	37.9	37.4	37.1	37.5	37.4	37.2	37.5	37.3	36.8	36.7	36.5	36.5	36.4	-	-	Jan 2020								36.4	37.0	
			Protected Characteristic - Marital Status - ED patients with recorded response	%			37.5	39.9	39.7	40.2	40.0	40.4	40.6	40.0	39.5	39.9	38.4	40.1	40.5	39.8	39.1	38.3	-	-	Jan 2020								38.3	39.6	
			Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0																		.	.	Jan 2020								7.6	7.1	
			Open Referrals	No			326,632	330,485	334,632	337,995	341,631	325,229	311,212	223,937	221,026	216,977	215,389	210,947	213,037	213,645	216,909	216,936	217,529	215,194	Mar 2020	53,611	104,392	23,888	6,545	527	26,231		215,194		
			Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			######	######	######	######	######	######	######	69,739	64,564	54,518	53,060	46,595	37,194	36,476	38,047	38,823	38,104	38,197	Mar 2020	14,829	13,789	4,875	1,007	373	3,102		38197		

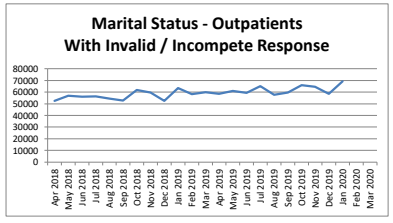


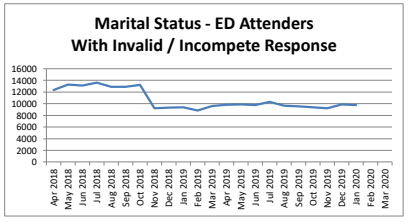












Local Quality Indicators - 2019/2020

Data Quality	Last review	PAF	Indicator	Measure	Trajectory		Previous Months Trend (From Oct 2018)																	Data Period	Group							Month	Year To Date	Trend
					Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		M	SS	W	P	I	PCCT	CO			
	• Infection Control metrics continue to report good performance with 35 cases of CDIFFs (including community) for the full																																	
			WHO Safer Surgery - Audit - brief and debrief (% lists where complete) - SQPR	=> %	100	100	100	100	100	100	100	100	99	100	100	100	100	100	100	100	99	100	100	99	Mar 2020	99.6	99	-			100		99.3	99.7	
			Morning Discharges (00:00 to 12:00) - SQPR	=> %	35	35	16	16	16	20	18	20	19	16	17	17	17	14	17	15	17	18	16	18	Mar 2020	18.2	16.7	14			22		17.6	16.7	
			ED Diagnosis Coding (Mental Health CQUIN) - SQPR	=> %	85	85	91	91	92	91	92	91	92	91	91	92	92	75	68	63	61	55	5	6	Mar 2020								5.8	67.5	
			CO Monitoring by 12+6 weeks of pregnancy - SQPR	=> %	90	90	76	82	85	67	83	86	97	94	94	93	93	90	91	92	90	93	94	47	Mar 2020								47.0	88.7	
			Community Nursing - Falls Assessment For Appropriate Patients on home visiting caseload	=> %	100	100	95	91	93	93	95	95	93	97	97	97	97	96	93	91	93	95	93	92	Mar 2020								91.9	94.6	
			Community Nursing - Pressure Ulcer Risk Assessment For New community patients at intial assessment	=> %	95	95	95	92	94	93	95	95	93	97	98	97	96	96	93	92	93	96	93	92	Mar 2020								92.4	94.8	

Legend

Data Sources	
1	Cancer Services • Infection Control metrics continue to report good performance with 35 cases
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	
	CQC Regulatory Framework and NHS Oversight Framework
a	Caring
b	Well-led
c	Effective
d	Safe
e	Responsive
f	Finance

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

Data Quality - Kitemark

1	2	3	4	5	6	7
Timeliness	Audit	Source	Validation	Completeness	Granularity	Assessment of Exec Director
●	●	●	●	●	●	●

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

Key

	Segment 1-6	Segment 7
●	Insufficient	As assessed by Executive Director
●	Sufficient	As assessed by Executive Director
●	Not Yet Assessed	Awaiting assessment by Executive Director

Medicine Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Directorate EC	AC	SC	Month	Year To Date	Trend
Patient Safety - Inf Control	C. Difficile	<= No	30	3																			Mar 2020	3	0	0	3	18	
	Infection Control metrics continue to report good performance with 35 cases																												
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Mar 2020	0	0	0	0	2	
Patient Safety - Inf Control	MRSA Screening - Elective (%)	=> %	80	80																			Mar 2020	72	83	21	62.0		
Patient Safety - Inf Control	MRSA Screening - Non Elective (%)	=> %	80	80																			Mar 2020	78	74	70	76.7		
Patient Safety - Harm Free Care	Number of DOLS raised	No			23	25	15	27	16	28	20	16	21	13	14	24	19	12	25	14	17	15	Mar 2020	5	10	0	15	210	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			23	25	15	27	16	28	20	16	21	13	14	24	19	12	25	14	17	15	Mar 2020	5	10	0	15	210	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			2	7	4	1	0	6	2	4	11	2	4	0	4	3	6	3	4	0	Mar 2020	0	0	0	0	43	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			0	0	0	1	8	3	5	2	4	0	2	0	1	0	0	0	2	1	Mar 2020	1	0	0	1	17	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			13	11	8	13	12	13	11	9	9	8	8	13	12	7	16	7	10	11	Mar 2020	5	6	0	11	121	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			2	3	2	1	4	2	1	0	0	0	2	2	0	0	0	0	1	0	Mar 2020	0	0	0	0	6	
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			0	0	0	0	12	0	4	0	2	0	0	0	0	0	0	1	0	0	Mar 2020	0	0	0	0	-	
Patient Safety - Harm Free Care	Falls	<= No	0	0	53	58	50	53	43	43	51	60	47	58	58	39	30	34	47	46	42	65	Mar 2020	17	48	-	65	577	
Patient Safety - Harm Free Care	Falls - Death or Severe Harm	<= No	0	0	0	2	-	2	0	1	2	2	1	2	0	0	0	1	0	1	1	0	Mar 2020	0	0	0	0	10	
Patient Safety - Harm Free Care	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	7	15	28	20	16	11	14	11	16	14	12	15	12	3	14	14	17	18	Mar 2020	4	14	-	18	160	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0														-					Mar 2020	97.9	97.5	87.3	95.3		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0								-				-							Mar 2020	100.0	100.0	-	100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0																			Mar 2020	100	100	-	99.6		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0																			Mar 2020	100	100	-	99.6		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Mar 2020	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	2	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	Mar 2020	0	0	0	0	1	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Mar 2020	0	0	0	0	42	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98																	-	-	Jan 2020	82	68	72	73		

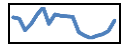
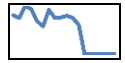
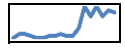
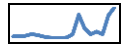
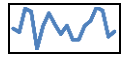
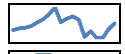
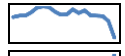
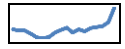
Medicine Group

Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			10.9	11.7	12.8	12.8	14.2	12.1	11.9	12.7	12.3	13.0	12.9	12.6	13.3	14.1	13.3	13.8	13.9	-	Feb 2020		**13.9**		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			12.2	12.3	12.3	12.4	12.5	12.5	12.4	12.4	12.4	12.4	12.4	12.5	12.7	12.9	12.9	13.0	13.0	-	Feb 2020			**12.6**	

Medicine Group

Section	Indicator		Trajectory Year	Trajectory Month	Previous Months Trend O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	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																			Mar 2020		71.4		71.4	92.9	
Clinical Effect - Stroke & Card	Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=> %	80.0	80.0																			Mar 2020		50.0		50.0	87.8	
Clinical Effect - Stroke & Card	Rapid Access Chest Pain - seen within 14 days (%)	=> %	98.0	98.0																			Mar 2020		100.0		100.0	100.0	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																			Feb 2020			98.5	98.5		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																			Feb 2020			97.1	97.1		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																			Feb 2020			88.5	88.5		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			4	4	6.5	4.5	1.5	2.5	4	0.5	2	5	4	2	3.5	1	3.5	3.5	1.5	-	Feb 2020	-	-	1.50	1.50	31	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			0	0	2	0	1	1	1	0.5	0	1.5	1.5	2	1	1	2.5	2.5	1	-	Feb 2020	-	-	1.00	1.00	15	
Clinical Effect - Cancer	Cancer - Longest wait for treatment (days)	No			104	101	197	91	154	163	168	183	91	149	147	83	141	149	145	133	156	-	Feb 2020	-	-	156	156		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	<= No	0.0	0.0	4	6	6	5	9	2	7	2	3	3	4	6	6	9	15	7	11	5	Mar 2020	-	-	5	5	78	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	0	0	-	1058	171	7	4	0	0	31	0	9	-	-	-	-	401	-	Feb 2020	401	0	0	401	445	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			30	29	30	14	24	27	33	47	26	31	24	21	37	31	29	40	36	32	Mar 2020	23	9	0	32	387	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			87	88	99	75	67	62	84	80	37	58	48	47	54	50	50	58	68	59	Mar 2020	33	26	0	59		

Medicine Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Directorate EC	AC	SC	Month	Year To Date	
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Mar 2020	-	1.90	-	0.38		
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	Mar 2020	0.0	0.0	0.0	0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	1	3	1	0	0	0	0	0	0	0	0	5	3	12	5	14	5	3	Mar 2020	0.0	3.0	0.0	3	47	
Pt. Experience - Cancellations	Urgent Cancellations	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2020	0.00	0.00	0.00	0.00	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95.0	95.0																			Mar 2020	78.2	78.4	Site S/C	78.3	75.4	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			2721	2533	3349	3163	2318	1960	3104	2534	2570	2695	2549	2032	0	0	0	0	0	0	Mar 2020	0	0	0	0	15484	
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0																			Mar 2020	0.0	0.0	Site S/C	0	6	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.0	15.0																			Mar 2020	25.0	29.0	Site S/C	26	20	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60.0	60.0																			Mar 2020	45.0	43.0	Site S/C	44	68	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																			Mar 2020	9.3	8.5	Site S/C	8.9	7.0	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Mar 2020	5.1	6.4	Site S/C	5.8	8.3	
Emergency Care & Pt. Flow	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	121	159	205	168	160	88	166	119	128	123	162	238	251	228	279	199	242	380	Mar 2020	307	73		380	2515	
Emergency Care & Pt. Flow	WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	6	7	7	9	8	6	5	4	4	5	9	33	16	9	12	9	32	42	Mar 2020	23	19		42	180	
Emergency Care & Pt. Flow	WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02																			Mar 2020	0.96	0.86		0.92	0.32	
Emergency Care & Pt. Flow	WMAS - Emergency Conveyances (total)	No			4622	4579	4872	4835	4372	4655	4814	4670	4555	4658	4486	4484	4656	4721	4887	4848	4522	4588	Mar 2020	2388	2200		4588	55889	
Emergency Care & Pt. Flow	Inpatients Staying 21+ Days At Month End Census - NHSI	No			129	111	107	118	108	94	118	117	112	112	101	128	132	128	130	128	144	129	Mar 2020	86	23		129	-	
Emergency Care & Pt. Flow	21+ Days Long Stay Rate - NHSI	%			23.798	21.837	18.582	19.384	22.832	22.213	22.153	22.386	20.622	19.24	22.542	23.638	21.995	21.864	22.148	20.107	22.379	25.318	Mar 2020	31	17		25	22	
Emergency Care & Pt. Flow	Estimated Beds - 21+ Days - NHSI	No			117.36	110	84.96	99.93	119.14	106.62	106.27	119.09	94.77	91.52	113.55	104.16	108.8	111.8	114.81	109.36	115.27	128.52	Mar 2020	94	19		129	-	
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																			Mar 2020	-	89.8	85.2	88.9		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																			Mar 2020	-	65.8	87.0	77.7		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Mar 2020	-	81.7	90.9	85.8		
RTT	RTT - Backlog	<= No	0	0	527	497	498	427	341	327	346	452	515	568	451	525	483	559	579	601	695	1034	Mar 2020	0	742	292	1034		
RTT	Patients Waiting >52 weeks	<= No	0	0	1	2	1	0	0	1	0	1	4	1	7	0	0	0	0	0	0	0	Mar 2020	0	0	0	0		
RTT	Treatment Functions Underperforming	<= No	0	0	5	5	5	5	6	6	3	6	6	6	5	7	6	9	7	7	7	10	Mar 2020	0	6	4	10		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Mar 2020	-	7.76	10.44	8.26		

Medicine Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate			Month	Year To Date	
			Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		EC	AC	SC			
Data Completeness	Open Referrals	No			74,327	75,665	76,701	77,842	78,753	78,479	78,128	58,658	56,434	54,224	52,647	51,785	52,607	52,552	54,131	55,024	55,223	53,611	Mar 2020	9,523	22,296	21,792	53611		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Req	No			44,852	46,371	47,207	48,431	49,297	44,301	47,385	27,937	25,112	21,330	20,501	19,410	16,093	15,603	16,166	16,654	16,294	14,829	Mar 2020	5,316	6,269	3,244	14829		
Workforce	PDRs - 12 month rolling (%)	=> %	95.0	95.0	-	-		-	-		-	-	-	-	-			-	-	-	-	-	Oct 2019	63.26	43.48	-		50.0	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																		-	Feb 2020	100	100	-		95.3	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.00	3.00	5.30	5.35	5.35	5.41	5.53	5.67	5.69	5.54	5.50	5.43	5.38	5.32	5.44	5.41	5.24	5.14	5.06	5.33	Mar 2020	5.16	5.45	-	5.33	5.37	
Workforce	Sickness Absence - In month	<= No	3.00	3.00	5.90	6.27	7.16	7.36	6.39	6.32	6.13	4.97	4.49	4.41	4.68	5.20	5.90	6.05	5.43	5.50	5.54	8.32	Mar 2020	8.52	8.18	-	8.32	5.58	
Workforce	Sickness Absence - Long Term - In month	No			64	62	74	75	67	68	62	46	39	42	47	45	52	59	57	60	47	58	Mar 2020	22	35	0	58	614	
Workforce	Sickness Absence - Short Term - In month	No			193	209	212	225	201	196	190	171	188	153	142	177	209	176	183	195	188	299	Mar 2020	115	184	0	299	2271	
Workforce	Mandatory Training (%)	=> %	95.0	95.0																	-	-	Jan 2020	84.12	86.44	-		87.6	

Surgical Services Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Directorate GS	SS	TH	An	O	Month	Year To Date	Trend
Patient Safety - Inf Control	C. Difficile • Infection Control metrics continue to report good performance with 35 cases	<= No	7	1																			Mar 2020	0	0	0	0	0	0	1	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Mar 2020	0	0	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80	80																			Mar 2020	85.66	75.82	-	0	35.71	78.7		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80	80																			Mar 2020	78.23	88.89	-	100	100	82.3		
Patient Safety - Harm Free Care	Number of DOLS raised	No			10	11	8	23	3	8	8	8	8	7	9	8	8	8	7	13	9	9	Mar 2020	9	0	0	0	0	9	102	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			10	11	8	23	3	8	8	8	8	7	9	8	8	8	7	13	9	9	Mar 2020	9	0	0	0	0	9	102	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			1	2	3	0	0	1	2	0	1	1	1	2	0	0	0	2	0	0	Mar 2020	0	0	0	0	0	0	9	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			0	0	0	0	3	1	0	2	1	0	0	0	0	0	1	0	1	6	Mar 2020	6	0	0	0	0	6	11	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			8	5	5	17	5	5	6	8	6	2	7	5	6	4	5	9	6	12	Mar 2020	12	0	0	0	0	12	76	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			0	2	0	1	0	1	0	1	1	0	0	0	0	1	0	0	1	1	Mar 2020	1	0	0	0	0	1	5	
Patient Safety - Harm Free Care	Falls	<= No	0	0	17	12	9	11	11	12	11	8	12	6	9	16	9	11	13	20	8	16	Mar 2020	7	8	-	-	1	16	139	
Patient Safety - Harm Free Care	Falls - Death or Severe Harm	<= No	0	0	1	0	-	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	Mar 2020	0	0	0	0	0	0	1	
Patient Safety - Harm Free Care	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	3	7	9	9	7	7	8	8	7	6	8	8	7	4	6	13	9	7	Mar 2020	-	2	-	5	-	7	91	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0														-					Mar 2020	97.64	97.78	-	96.2	92.31	96.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0								-				-							Mar 2020	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																			Mar 2020	-	-	100	-	99.22	99.5		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0																			Mar 2020	-	-	100	-	98.44	99.0		
Patient Safety - Harm Free Care	Never Events	<= No	0	0	1	0	1	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	Mar 2020	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	1	0	Mar 2020	0	0	0	0	0	0	1	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Mar 2020	0	0	0	0	0	0	12	

Surgical Services Group

Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98.0																	-	-	Jan 2020	83	80	-	-	-	81.8		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			5.4	6.2	7.2	4.9	6.3	6.4	5.6	6.0	4.8	4.8	4.5	4.6	3.7	4.1	3.7	3.6	4.2	-	Feb 2020						4.2		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			6.24	6.31	6.39	6.29	6.22	6.3	6.16	6.18	6.07	5.84	5.63	5.48	5.32	5.13	4.87	4.75	4.61	-	Feb 2020							5.4	

Surgical Services Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Directorate GS	SS	TH	An	O	Month	Year To Date
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																		-	Feb 2020	99.0	-	-	-	-	99.03	
Clinical Effect - Cancer	2 weeks (Breast Symptomatic)	=> %	93.0	93.0																		-	Feb 2020	100.0	-	-	-	-	100	
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Feb 2020	96.6	-	-	-	-	96.61	
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		-	Feb 2020	92.3	-	-	-	-	92.31	
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			3	5	3	4	4	6	5	4	4	3	6	5	4	4	6	6	2	-	Feb 2020	-	-	-	-	-	2	48
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			2	1	1	1	1	3	1	4	1	1	3	1	1	4	3	4	0	-	Feb 2020	0	-	0	-	-	0	20
Clinical Effect - Cancer	Cancer - Longest wait for treatment (days)	No			137	185	136	123	116	175	131	120	111	105	168	167	137	202	239	204	102	-	Feb 2020	102	-	0	-	-	102	
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2020	0	-	0	-	-	0	0
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	-	65	58	33	18	11	9	13	7	7	-	-	-	-	57	-	Feb 2020	0	0	0	57	0	57	122
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			25	19	12	11	19	18	18	16	18	22	15	22	42	28	19	26	32	25	Mar 2020	8	2	2	0	13	25	283
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			74	71	62	46	52	41	34	26	30	38	26	33	41	32	19	30	41	28	Mar 2020	15	0	0	3	10	28	
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Mar 2020	0.89	0.91	-	9.33	1.27	1.49	
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	Mar 2020	0	0	0	0	0	0	0
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	22	22	20	22	27	26	38	31	32	39	27	42	55	32	54	35	40	21	Mar 2020	5	2	0	7	7	21	446
Pt. Experience - Cancellations	Urgent Cancellations	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2020	0	0	0	0	0	0	0
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (%)	=> %	95.0	95.0	99.1	99.4	99.7	99.4	98.6	99.7	98.8	98.7	95.9	95.7	98.3	93.2	90.3	93.3	96.4	95.8	98.0	97.0	Mar 2020	-	-	-	-	96.98	-	-
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	<= No	0	0	69	84	82	77	64	56	145	102	94	148	144	165	88	72	41	48	21	23	Mar 2020	0	0	0	0	23	23	1091
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2020	-	-	-	-	0	-	-
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0	5.1	2.2	4.4	2.3	1.7	1.0	2.1	2.1	1.7	2.6	2.2	6.3	5.2	7.2	9.9	8.3	4.1	7.3	Mar 2020	-	-	-	-	7.35	-	-
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0	3.1	4.0	3.0	3.3	3.6	4.8	4.8	4.5	5.5	6.7	3.7	3.5	6.4	5.9	0.7	2.1	2.7	1.4	Mar 2020	-	-	-	-	1.45	-	-
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	-	-	-	-	31	0	0
Emergency Care & Pt. Flow	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60	9	4	11	12	5	19	7	14	6	3	10	7	12	12	6	7	6	12	Mar 2020	10.32	1.39	-	0	0.13	11.84	101
Emergency Care & Pt. Flow	Hip Fractures BPT (Operation < 36 hours of admissions	=> %	85.0	85.0																			Mar 2020						61.5	75.7
Emergency Care & Pt. Flow	Inpatients Staying 21+ Days At Month End Census - NHSI	No			23	16	19	19	17	22	21	13	10	15	16	23	21	17	25	24	28	29	Mar 2020	16	5	0	0	8	29	-
Emergency Care & Pt. Flow	21+ Days Long Stay Rate - NHSI	%			8	3	10	11	5	15	6	12	5	3	8	6	10	9	5	7	6	12	Mar 2020	18.02	4.06	-	0	2.63	12.22	8
Emergency Care & Pt. Flow	Estimated Beds - 21+ Days - NHSI	No			9	4	11	12	5	19	7	14	6	3	10	7	12	12	6	7	6	12	Mar 2020	10.32	1.39	-	0	0.13	11.84	-

Surgical Services Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate					Month	Year To Date	
			Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		GS	SS	TH	An	O		
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																			Mar 2020	89.1	79.5	-	-	75.3	81.5		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																			Mar 2020	93.3	95.5	-	-	94.5	94.2		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Mar 2020	92.0	91.8	-	-	87.9	90.1		
RTT	RTT - Backlog	<= No	0	0	1354	1340	1417	1284	1303	1316	1315	1415	1630	1722	1711	1668	1690	1573	1480	1382	1378	1643	Mar 2020	528	199	0	0	916	1643		
RTT	Patients Waiting >52 weeks	<= No	0	0	3	1	0	2	3	5	0	9	19	7	5	0	0	1	0	1	0	0	Mar 2020	0	0	0	0	0	0		
RTT	Treatment Functions Underperforming	<= No	0	0	13	12	13	14	15	14	13	14	15	16	16	13	12	13	12	11	11	11	Mar 2020	6	2	0	0	3	11		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Mar 2020	5.8	-	-	-	-	5.81		
Data Completeness	Open Referrals	No			165,051	166,561	168,695	170,068	172,359	172,210	162,783	107,915	108,313	106,808	107,224	104,317	105,170	105,645	106,065	104,786	104,619	104,392	Mar 2020	31,376	14,101	0	5,162	53,753	104392		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requi	No			85,120	86,561	88,226	90,478	92,552	78,799	81,553	25,583	24,862	20,182	20,403	16,396	12,243	12,318	12,848	13,069	12,672	13,789	Mar 2020	4,517	3,672	0	1,414	4,186	13789		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	-	-		-	-		-	-	-	-	-			-	-	-	-	-	Oct 2019	88.3	89.4	93.0	96.5	81.8		89.2	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																		-	Feb 2020	100	100	-	100	100		94.4	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.0	3.0	4.67	4.74	4.83	4.83	4.81	4.82	4.84	4.90	4.97	5.01	4.96	4.92	5.09	5.12	5.18	5.23	5.26	5.39	Mar 2020	4.9	6.3	8.3	4.7	2.7	5.4	5.1	
Workforce	Sickness Absence - In Month	<= %	3.0	3.0	5.00	5.27	5.48	5.64	5.01	5.06	4.85	4.54	5.34	4.87	4.33	4.37	6.30	6.27	5.90	5.93	5.53	6.80	Mar 2020	6.6	5.9	12.0	6.5	2.8	6.8	5.4	
Workforce	Sickness Absence - Long Term - In Month	No			47	52	49	52	41	47	42	38	46	43	44	39	47	58	55	63	50	41	Mar 2020	8.0	6.0	19.0	8.0	0.0	41	566	
Workforce	Sickness Absence - Short Term - In Month	No			166	158	162	183	154	143	144	142	141	133	93	133	181	174	171	118	148	214	Mar 2020	71.0	46.0	45.0	50.0	0.0	214	1792	
Workforce	Mandatory Training	=> %	95.0	95.0																	-	-	Jan 2020	87.2	88.0	93.2	92.8	90.6		91.3	

Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Directorate G	M	P	Month	Year To Date	Trend
Patient Safety - Inf Control	C. Difficile	<= No	0	0																			Mar 2020	0	0	0	0	0	
	Infection Control metrics continue to report good performance with 35 cases																												
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Mar 2020	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.00	80.00																			Mar 2020	85			84.9		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80.00	80.00																			Mar 2020	-	100		100.0		
Patient Safety - Harm Free Care	Falls	<= No	0	0	4	0	0	2	1	1	0	0	1	0	1	-	1	-	-	1	1	1	Mar 2020	-	1	-	1	6	
Patient Safety - Harm Free Care	Falls - Death or Severe Harm	<= No	0	0	0	0	-	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2020	0	0	0	0	0	
Patient Safety - Harm Free Care	Pressure Ulcer SWB Hospital Acquired - Total	<= %	0	0	0	0	2	0	0	2	4	0	2	-	-	-	-	-	2	-	2	-	Mar 2020	-	-	-	-	5	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0														.					Mar 2020	98	91		92.1		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0								.				.							Mar 2020	100	100		100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0			.	.		.	.	.	.	.	.	.		.	.	.	.	.	Mar 2020	-	-		-		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0			.	.		.	.	.	.	.	.	.		.	.	.	.	.	Mar 2020	-	-		-		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Mar 2020	0	0	0	0	1	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Mar 2020	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Mar 2020	0	0	0	0	7	

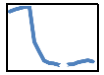
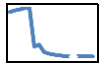
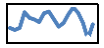
Women & Child Health Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Directorate G	M	P	Month	Year To Date	
Patient Safety - Obstetrics	Caesarean Section Rate - Total	<= %	25.0	25.0																			Mar 2020		29		28.8	27.6	
Patient Safety - Obstetrics	Caesarean Section Rate - Elective	%			9	9	10	8	11	9	9	10	11	11	10	11	12	10	11	12	11	9	Mar 2020		9.4		9.4	10.5	
Patient Safety - Obstetrics	Caesarean Section Rate - Non Elective	%			16	17	16	14	17	17	15	16	18	20	17	17	16	14	17	17	19	19	Mar 2020		19		19.4	17.1	
Patient Safety - Obstetrics	Maternal Deaths	<= No	0	0																			Mar 2020		0		0	1	
Patient Safety - Obstetrics	Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Mar 2020		3		3	34	
Patient Safety - Obstetrics	Admissions to Neonatal Intensive Care	<= %	10.0	10.0																			Mar 2020		6.2		6.2	1.8	
Patient Safety - Obstetrics	Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																-			Mar 2020		5.4		5.4		
Patient Safety - Obstetrics	Stillbirth (Corrected) Mortality Rate (per 1000 babies)	Rate1			7.86	2.23	4.57	2.30	2.51	4.64	0.00	6.25	4.45	6.51	8.93	2.24	4.80	2.54	4.78	-	0.00	2.68	Mar 2020		2.7		2.68	4.07	
Patient Safety - Obstetrics	Neonatal Death (Corrected) Mortality Rate (per 1000 babies)	Rate1			0.00	2.23	0.00	0.00	2.51	0.00	0.00	2.08	0.00	0.00	0.00	0.00	2.40	5.09	2.39	-	0.00	1.00	Mar 2020		2.7		2.68	1.29	
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific	=> %	85.0	85.0																			Mar 2020		93		93.2		
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=> %	90.0	90.0																			Mar 2020		172		172.2		
Patient Safety - Obstetrics	Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0																			Mar 2020		85		84.8		
Patient Safety - Obstetrics	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	%			1.7	2.6	1.2	2.1	0.6	0.5	1.8	2.2	1.4	0.9	0.8	0.3	0.3	1.2	0.5	1.1	0.0	0.3	Mar 2020		0.4		0.4		
Patient Safety - Obstetrics	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	%			1.7	2.6	1.2	2.1	0.6	0.5	0.9	1.9	1.0	0.9	0.8	0.3	0.3	1.2	0.5	0.8	0.0	0.3	Mar 2020		0.4		0.4		
Patient Safety - Obstetrics	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	%			0.8	1.5	0.4	1.9	0.0	0.0	0.0	0.6	0.7	0.6	0.0	0.0	0.0	0.3	0.0	0.5	0.0	0.0	Mar 2020		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			N/A		N/A	-	-	Jan 2020	-	-	-	-		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			4.4	5.1	6.3	4.6	4.8	3.9	4.3	4.0	3.7	9.2	9.4	6.2	7.9	7.1	7.5	7.5	8.4	-	Feb 2020				8.4		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			4.6	4.6	4.7	4.7	4.7	4.7	4.6	4.6	4.5	4.6	4.8	4.9	5.0	5.1	5.0	5.1	5.3	-	Feb 2020					4.8	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																		-	Feb 2020	99		-	99.4		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		-	Feb 2020	95			94.7		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0			#DIV/0!															-	Feb 2020	50			50.0		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			0.5	1.5	1.5	2.5	3	3	0.5	2	1.5	2	1	3	3.5	1.5	2.5	2	5.5	-	Feb 2020	5.5	-	0	5.5	25	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			0	0	0	1	1	3	1	0	0	0.5	0.5	0	1	0	1	0.5	3	-	Feb 2020	3	-	0	3	7.5	
Clinical Effect - Cancer	Cancer - Longest wait for treatment (days)	No			100	86	84	137	177	209	241	97	85	196	109	96	171	104	148	169	217	-	Feb 2020	217	-	0	217		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2020	0	-	0	0	0	

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	
			Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		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	-	Feb 2020	0			0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			8	9	6	8	10	12	5	18	12	23	4	17	19	10	6	11	5	9	Mar 2020	3	3	3	9	139	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			24	20	17	13	14	18	17	26	19	23	6	22	25	12	13	13	14	15	Mar 2020	0	0	0	15		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Mar 2020	4		-	2.5		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2020	0			0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	2	3	6	11	9	5	6	7	3	5	5	10	5	8	6	7	13	4	Mar 2020	4			4	79	
Pt. Experience - Cancellations	Urgent Cancellations	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2020	0	-	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			17	65	61	34	11	17	46	20	10	13	7	20	0	0	0	0	0	0	Mar 2020	0	0	0	0	116	
Emergency Care & Pt. Flow	Inpatients Staying 21+ Days At Month End Census - NHSI	No			8	4	0	0	0	0	0	0	1	1	1	1	3	1	1	1	1	1	Mar 2020	1	0	0	1	-	
Emergency Care & Pt. Flow	21+ Days Long Stay Rate - NHSI	%			0	10	0	0	0	2	1	4	3	7	1	0	4	23	7	0	16	0	Mar 2020	0	-	-	0	7	
Emergency Care & Pt. Flow	Estimated Beds - 21+ Days - NHSI	No			0	1	0	0	0	0	0	0	0	1	0	0	0	5	1	0	2	0	Mar 2020	0	-	-	0	-	
RTT	RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Mar 2020	78			78.2		
RTT	RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Mar 2020	83			83.0		
RTT	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Mar 2020	85			85.5		
RTT	RTT - Backlog	<= No	0	0	176	190	199	174	169	142	146	162	201	231	187	141	142	169	191	225	282	324	Mar 2020	324			324		
RTT	Patients Waiting >52 weeks	<= No	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	Mar 2020	0			0		
RTT	Treatment Functions Underperforming	<= No	0	0	3	3	3	3	3	2	2	2	3	3	3	2	2	3	3	3	3	3	Mar 2020	3			3		
RTT	Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1	0.1																			Mar 2020	-			-		

Women & Child Health Group

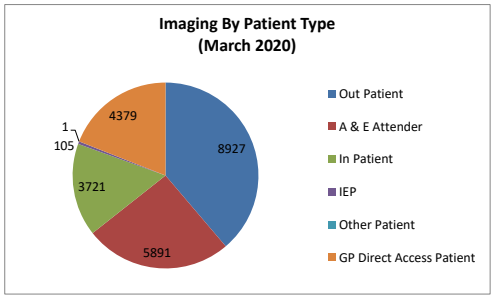
Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	
			Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		G	M	P			
Data Completeness	Open Referrals	No			44,208	44,908	45,494	46,043	46,262	31,884	27,992	24,316	23,359	23,153	22,571	22,333	22,687	22,895	23,733	24,099	24,479	23,888	Mar 2020	6,118	10,000	7,770	23888		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			27,469	28,290	28,789	29,439	29,926	9,906	10,961	7,086	6,248	5,887	5,518	5,139	4,857	4,788	5,150	5,048	5,068	4,875	Mar 2020	1,294	3,195	386	4875		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	-	-		-	-		-	-	-	-	-			-	-	-	-	-	Oct 2019	87	82	94		82.4	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																		-	Feb 2020	100	100	100		96.3	
Workforce	Sickness Absence - 12 month rolling	<= %	3.0	3.0	4.66	4.67	4.68	4.77	4.84	4.96	5.06	5.26	5.35	5.34	5.38	5.47	5.69	5.72	5.79	5.71	5.57	5.54	Mar 2020	3.8	6.3	5.2	5.5	5.5	
Workforce	Sickness Absence - in month	<= %	3.0	3.0	4.85	4.69	4.86	6.14	5.70	5.55	5.35	6.06	6.21	5.59	4.96	5.24	6.00	6.56	6.09	5.26	3.92	5.15	Mar 2020	2.9	5.3	5.6	5.2	5.5	
Workforce	Sickness Absence - Long Term - in month	No			30	35	31	48	41	41	39	45	47	40	46	41	44	45	52	45	31	30	Mar 2020	1	15	14	30.0	505.0	
Workforce	Sickness Absence - Short Term - in month	No			134	120	117	135	115	102	97	78	70	87	60	98	98	106	103	101	94	96	Mar 2020	8	39	49	96.0	1088.0	
Workforce	Mandatory Training	=> %	95.0	95.0																	-	-	Jan 2020	88	86	95		90.6	

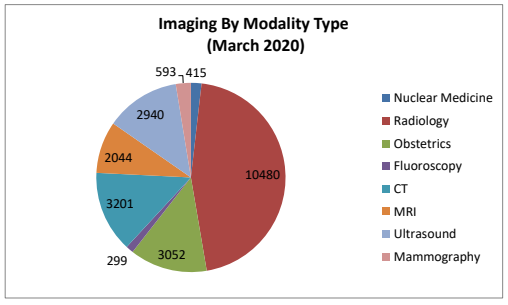
Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	
			Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		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			984	-->	-->	934	-->	-->	978	-->	-->	1045	-->	-->	928	-->	-->	-->	-->	-->	Oct 2019			928	928	2951	
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	91.4	-->	-->	90	-->	-->	91.4	-->	-->	92.4	-->	-->	90.9	-->	-->	-->	-->	-->	Oct 2019			91	90.95	91.55	
WCH Group Only	HV (C3) - % of births that receive a face to face new birth visit by a HV >days	%			6.62	-->	-->	8.21	-->	-->	6.09	-->	-->	7.64	-->	-->	7.38	-->	-->	-->	-->	-->	Oct 2019			7.4	7.38	7.06	
WCH Group Only	HV (C4) - % of children who received a 12 months review by 12 months	=> %	95.0	95.0	96.1	-->	-->	96.1	-->	-->	96.4	-->	-->	96.1	-->	-->	97.3	-->	-->	-->	-->	-->	Oct 2019			97	97.3	96.62	
WCH Group Only	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%			96.9	-->	-->	96.7	-->	-->	96.7	-->	-->	96	-->	-->	95.1	-->	-->	-->	-->	-->	Oct 2019			95	95.05	95.89	
WCH Group Only	HV (C6i) - % of children who received a 2 - 2.5 year review	=> %	95.0	95.0	94.6	-->	-->	94.1	-->	-->	94.8	-->	-->	95.8	-->	-->	96.6	-->	-->	-->	-->	-->	Oct 2019			97	96.63	95.72	
WCH Group Only	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%			94.2	-->	-->	93.7	-->	-->	94.5	-->	-->	98.6	-->	-->	98.4	-->	-->	-->	-->	-->	Oct 2019			98	98.39	97.06	
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	99.7	-->	-->	99.5	-->	-->	99.9	-->	-->	99.9	-->	-->	99.7	-->	-->	-->	-->	-->	Oct 2019			100	99.72	99.83	
WCH Group Only	HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check	=> %	100	100	99.6	-->	-->	99.5	-->	-->	99.8	-->	-->	99.9	-->	-->	99.7	-->	-->	-->	-->	-->	Oct 2019			100	99.72	99.8	
WCH Group Only	HV - % of infants being breastfed at 6 - 8 weeks	%			41.6	-->	-->	41.6	-->	-->	40.3	-->	-->	44.1	-->	-->	45.1	-->	-->	-->	-->	-->	Oct 2019			45	45.15	43.17	
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			1069	-->	-->	99.5	-->	-->	99.4	-->	-->	1071	-->	-->	1125	-->	-->	-->	-->	-->	Oct 2019			###	1125	2295.4	
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	-->	-->	-->	-->	-->	-->	-->	-->	-->	99.4	-->	-->	-->	-->	-->	-->	-->	-->	Jul 2019			99	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			23	-->	-->	2.6	-->	-->	1.8	-->	-->	0.21	-->	-->	21	-->	-->	-->	-->	-->	Oct 2019			21	21	23.01	
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	-->	-->	-->	-->	-->	-->	-->	-->	-->	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			26	-->	-->	3.3	-->	-->	2.2	-->	-->	3.6	-->	-->	28	-->	-->	-->	-->	-->	Oct 2019			28	28	33.8	
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	-->	-->	-->	-->	-->	-->	-->	-->	-->	3.6	-->	-->	-->	-->	-->	-->	-->	-->	Jul 2019			3.6	3.6	3.6	
WCH Group Only	HV - movers into provider <1 year of age to be checked =<14 d following notification to HV service	No			192	-->	-->	61.9	-->	-->	73.5	-->	-->	255	-->	-->	196	-->	-->	-->	-->	-->	Oct 2019			196	196	524.5	
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 O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Directorate DR	IR	NM	BS	Month	Year To Date	Trend
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Mar 2020	0	0	0	0	0	0	
	Infection Control metrics continue to report good performance with 35 cases																													
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Mar 2020	0	0	0	0	0	0	
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= No	0	0	2.0	1.0	1.0	1.0	-	2.0	2.0	3.0	2.0	-	1.0	1.0	1.0	4.0	1.0	1.0	2.0	-	Feb 2020					13.33	-	
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	=> %	0	0	15.0	15.0	15.0	15.0	14.0	14.0	13.0	16.0	17.0	16.0	16.0	16.0	15.0	18.0	18.0	18.0	20.0	-	Feb 2020					-	5.63	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0													-	-	-	-	-	-	Aug 2019			73.9		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			0	2	2	2	0	2	0	6	5	3	2	0	1	3	3	5	1	0	Mar 2020	0	0	0	0	0	29	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			3	5	5	4	4	4	3	6	11	6	3	1	2	3	2	5	2	1	Mar 2020	0	1	0	0	1		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Mar 2020	9.91				9.91		
Data Completeness	Open Referrals	No			909	922	927	932	940	948	977	268	295	308	350	363	396	449	486	516	526	527	Mar 2020	503	24	0	0	527		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			831	845	849	865	867	865	901	186	178	215	233	244	255	304	321	357	366	373	Mar 2020	364	9	0	0	373		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																			Oct 2019	79.8	100	88.9	97.9	-	72.8	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																			Feb 2020	100	-	100	-	-	97.8	
Workforce	Sickness Absence - 12 month rolling	<= %	3.00	3.00	4.27	4.55	4.56	4.60	4.59	4.59	4.66	4.88	4.71	4.62	4.68	4.60	4.52	4.24	4.07	4.03	3.99	4.09	Mar 2020	4.7	2.1	1.9	3.3	4.09	4.42	
Workforce	Sickness Absence - in month	<= %	3.00	3.00	5.41	7.08	5.75	4.30	4.14	4.12	4.56	5.06	3.86	3.53	4.82	4.46	4.20	4.12	3.57	3.64	3.57	5.24	Mar 2020	5.3	0.0	1.7	7.6	5.24	4.22	
Workforce	Sickness Absence - Long Term - in month	No			11	14	14	10	7	6	10	10	7	5	8	9	10	7	7	5	5	5	Mar 2020	2	0	0	1	5	88	
Workforce	Sickness Absence - Short Term - in month	No			37	31	31	39	27	30	34	19	26	24	19	24	33	25	33	44	34	39	Mar 2020	20	0	0	11	39	354	
Workforce	Mandatory Training	=> %	95.0	95.0																			Jan 2020	92.9	94.6	93.3	92.7	93.0	93.6	
Workforce	Imaging - Total Scans	No									30,262	32,017	29,982	32,665	29,248	29,463	31,286	29,477	28,573	32,398	29,181	23,026	Mar 2020					23026	357578	
Board KPI	Imaging - Inpatient Turnaround Time <=24hr	=> %	90.0	90.0	-	-	-	-	-	-	65	65	69	67	69	67	77	77	77	79	82	87	Mar 2020					86.6	73.0	
Board KPI	Imaging - Urgent Other(GP 5) Turnround Time <=5d	=> %	90.0	90.0	-	-	-	-	-	-	76	69	65	66	70	71	77	75	72	72	74	68	Mar 2020					67.8	71.3	
Board KPI	Imaging - All Imaging Work Reported in less than 4 weeks (request to report)	=> %	95.0	95.0	-	-	-	-	-	-	-	-	-	-	-	-	88	90	90	88	92	90	Mar 2020					89.8	89.7	





Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Directorate AT	IB	IC	CT	CM	Month	Year To Date	Trend
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.0	80.0																			Mar 2020	-	-	-	-	0	0		
	Infection Control metrics continue to report good performance with 35 cases																														
Patient Safety - Harm Free Care	Number of DOLS raised	No			18	4	6	6	6	3	4	6	5	6	13	5	7	6	4	6	5	4	Mar 2020	0	4	0	-	0	4	71	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			18	4	6	6	6	3	4	6	5	6	13	5	7	6	4	6	5	4	Mar 2020	0	4	0	-	0	4	71	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			3	0	1	1	0	1	1	1	3	3	6	0	0	0	1	1	3	0	Mar 2020	0	0	0	-	0	0	19	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			0	0	0	0	4	1	0	1	2	0	2	0	0	1	1	0	2	0	Mar 2020	0	0	0	-	0	0	9	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			8	2	3	0	4	1	2	5	2	1	8	2	4	2	1	2	2	1	Mar 2020	0	1	0	-	0	1	32	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Mar 2020	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	4	0	0	0	1	0	0	0	0	0	0	0	0	0	Mar 2020	0	0	0	-	0	0	1	
Patient Safety - Harm Free Care	Falls	<= No	0	0	25	40	31	21	28	22	33	21	29	22	24	23	28	26	28	29	32	25	Mar 2020	-	24	1	-	-	25	320	
Patient Safety - Harm Free Care	Falls - Death or Severe Harm	<= No	0	0	4	1	-	0	1	0	2	1	1	0	0	0	3	1	0	0	0	0	Mar 2020	0	0	0	-	0	0	8	
Patient Safety - Harm Free Care	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	6	8	8	10	20	8	26	18	8	12	16	20	8	14	22	18	24	14	Mar 2020	-	4	3	-	-	7	100	
Patient Safety - Harm Free Care	Pressure Ulcer DN Caseload Acquired - Total	<= No	0	0	7	37	32	45	34	34	36	16	24	29	34	27	31	18	24	25	25	22	Mar 2020	-	-	22	-	-	22	311	
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Mar 2020	0	0	0	-	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Mar 2020	0	0	0	-	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Mar 2020	0	0	0	-	0	0	61	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	-	0	0	0	0	0	0	0	0	0	-	-	-	-	0	-	Feb 2020	0	0	0	-	0	0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			5	10	5	9	6	7	14	4	13	8	6	9	14	8	5	11	4	8	Mar 2020	1	2	1	-	4	8	104	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			13	16	16	19	23	16	22	5	20	17	7	14	15	13	7	0	11	11	Mar 2020	1	3	2	-	5	11		

Primary Care, Community & Therapies Group

Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate					Month	Year To Date	
			Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		AT	IB	IC	CT	CM			
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	-	-	●	-	-	●	-	-	-	-	-	●	●	-	-	-	-	-	Oct 2019	97.2	88.3	97	-	59		**88.0**	
Workforce	Sickness Absence - 12 month rolling	<= %	3.00	3.00	4.15	4.14	4.14	4.17	4.25	4.27	4.30	4.37	4.40	4.39	4.38	4.33	4.36	4.23	4.24	4.19	4.17	4.26	Mar 2020	3.01	4.5	4.9	-	4.5	**4.26**	**4.3**	
Workforce	Sickness Absence - in month	<= %	3.00	3.00	4.79	4.91	4.69	5.33	5.21	4.06	3.79	4.08	3.67	4.08	3.84	3.57	4.13	4.07	4.78	4.82	4.82	4.91	Mar 2020	2.65	4.25	6.9	-	6	**4.91**	**4.23**	
Workforce	Sickness Absence - Long Term - in month	No			**34**	**42**	**35**	**37**	**29**	**33**	**25**	**31**	**25**	**25**	**26**	**23**	**27**	**23**	**32**	**30**	**31**	**36**	Mar 2020	3	-	-	-	-	**36**	**334**	
Workforce	Sickness Absence - Short Term - in month	No			**118**	**112**	**104**	**163**	**147**	**102**	**101**	**79**	**86**	**94**	**78**	**93**	**135**	**121**	**121**	**140**	**114**	**92**	Mar 2020	20	31	31	0	10	**92**	**1254**	
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	-	Jan 2020	95.9	93.3	94	-	91		**95.4**	

Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate					Month	Year To Date	
			Year	Month	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		AT	IB	IC	CT	CM			
Community & Therapies Group Only	DVT numbers	=> No	730	61	7	7	7	3	25	12	20	38	43	55	43	27	25	29	19	21	14	-	Feb 2020						14	334	
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	13.7	10.7	10.6	12.8	11.2	9.76	6.87	7.84	12	11.5	12.7	11.6	-	-	-	-	-	-	Sep 2019						10.8	11.1	
Community & Therapies Group Only	Therapy DNA rate S1 based OP Therapy services	<= %	9	9	9.05	8.75	9.43	8.56	8.56	8.78	8.92	8.23	10.1	8.7	10.5	9.59	9.67	9.01	10.6	9.49	9.71	6.16	Mar 2020						6.2	9.2	
Community & Therapies Group Only	STEIS	<= No	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2018						0	1	
Community & Therapies Group Only	Green Stream Community Rehab response time for treatment (days)	<= No	15.0	15.0	17.9	17.4	20	17.4	20.6	20.3	24	21.8	15	19	22.5	21.7	19.7	19.4	20.7	19.4	13.3	-	Feb 2020						13.34	216.32	
Community & Therapies Group Only	DNA/No Access Visits	%			1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	Mar 2020						0.83		
Community & Therapies Group Only	Baseline Observations for DN	=> %	95	95	92.4	91.2	92.1	93.8	96.4	95.8	91.2	97.7	96.8	95.7	97.3	95	93.7	92.1	93.6	94.7	93.7	90.6	Mar 2020						90.61	94.37	
Community & Therapies Group Only	Falls Assessments - DN Intial Assessments only	=> %	95	95	94.2	91.8	93.1	94.4	96.2	96.6	93	97.5	96.5	96.1	97.7	95.9	93.1	91.4	93.4	95.3	92.8	91.9	Mar 2020						91.88		
Community & Therapies Group Only	Pressure Ulcer Assessment - DN Intial Assessments only	=> %	95	95	94	92.1	93.5	94.4	96.4	96.4	93.2	97.5	96.8	96.5	97.3	95.6	93.3	92.3	93.4	95.6	93.5	92.4	Mar 2020						92.39		
Community & Therapies Group Only	MUST Assessments - DN Intial Assessments only	=> %	95	95	93	90.5	92.6	94.2	95.7	95.8	92.6	97.2	96.8	96.3	97.7	95.4	93.1	91.4	93.6	94.9	93	92.4	Mar 2020						92.39		
Community & Therapies Group Only	Dementia Assessments - DN Intial Assessments only	=> %	95	95	91.8	86	89.8	91.8	92.3	93.2	91.3	95.4	91.6	94.2	93.3	93.7	88.8	87	90.9	89.7	85.9	84.4	Mar 2020						84.43		
Community & Therapies Group Only	48 hour inputting rate - DN Service Only	%			95	95	94	96	95	96	-	95	1	94	95	95	95	-	95	94	95	96	Mar 2020						95.86		
Community & Therapies Group Only	Making Every Contact (MECC) - DN Intial Assessments only	=> %	95	95	93.6	91	93.1	94.6	96.7	95.8	92.4	97.5	96.8	96.3	97.1	95.2	93.1	90.6	92.4	94.7	93	92.4	Mar 2020						92.39	94.31	
Community & Therapies Group Only	Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload acquired)	No			6	8	8	10	20	8	26	18	8	12	16	20	8	14	22	18	24	14	Mar 2020						7	100	
Community & Therapies Group Only	Avoidable Grade 2 Pressure Ulcers (DN caseload acquired)	No			5	26	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Nov 2018						26	37	
Community & Therapies Group Only	Avoidable Grade 3 Pressure Ulcers (DN caseload acquired)	No			2	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Nov 2018						11	14	
Community & Therapies Group Only	Avoidable Grade 4 Pressure Ulcers (DN caseload acquired)	No			0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Nov 2018						0	1	

Corporate Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	Data Period	Directorate SG	F	W	M	E	N	O	Month	Year To Date	Trend
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			4	13	3	5	5	4	2	1	12	10	0	3	6	2	3	6	3	10	Mar 2020	3	1	0	0	1	0	5	10	58	
	Infection Control metrics continue to report good performance with 35 cases of CDIFFs (including																																	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			5	12	11	8	8	9	2	6	4	5	1	4	3	4	1	0	5	12	Mar 2020	2	1	0	0	1	0	8	12		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	-	-		-	-		-	-	-	-	-			-	-	-	-	-	Oct 2019	71	96	94	89	94	97	89		89.2	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																		-	Feb 2020			95					100.0	94	
Workforce	Sickness Absence - 12 month rolling	<= %	3.00	3.00	4.35	4.25	4.22	4.21	4.23	4.21	4.21	4.21	4.22	4.21	4.26	4.32	4.47	4.41	4.43	4.47	4.51	4.59	Mar 2020	3.03	1.95	3.05	3.80	3.97	5.53	5.90	4.59	4.36	
Workforce	Sickness Absence - in month	<= %	3.00	3.00	4.35	4.26	4.21	4.67	4.64	3.81	3.71	3.80	4.21	4.47	4.42	4.68	5.03	4.48	4.46	4.91	4.89	4.77	Mar 2020	2.24	2.05	3.75	6.69	4.63	5.62	4.87	4.77	4.49	
Workforce	Sickness Absence - Long Term - in month	No			26	25	29	27	28	28	20	25	32	32	40	33	35	32	27	27	33	31	Mar 2020	1.00	0.00	4.00	6.00	0.00	20.00	0.00	31.00	367.00	
Workforce	Sickness Absence - Short Term - in month	No			86	93	84	120	112	86	79	57	65	82	54	92	90	84	108	100	80	73	Mar 2020	5.00	0.00	11.00	14.00	0.00	43.00	0.00	73.00	964.00	
Workforce	Mandatory Training	=> %	95.0	95.0																	-	-	Jan 2020	93	97	97	96	96	-	93	94.3	94	