

Sandwell and West Birmingham Hospitals

NHS Trust



## Integrated Quality & Performance Report

Month Reported: **May 2020**

Reported as at: 25/06/2020

TRUST BOARD

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Operational Performance at a Glance: May 2020			
Summary :			<ul style="list-style-type: none"> <li>• In May, we continue to see lower patient numbers impacting many performance indicators; this mirrors the national landscape perspective; we observe worsening of performance across a range of indicators, mostly across the access (responsiveness) indicators driven by the impact of COVID-19; with patients either unable to come into hospital or choosing to stay away.</li> <li>• Whilst A&amp;E performance is improving in %age terms, this is attributable to lowest levels of attendances we have experienced, although for May this has increased to last month.</li> <li>• RTT performance is deteriorating as we see a growing backlog (patients waiting over 18 weeks) due to being unable to treat elective patients.</li> <li>• Diagnostic testing has fallen due to cancellations necessary due to COVID</li> <li>• Cancer performance dropped for April (latest reported position) across two standards.</li> </ul>
RESPONSIVE	A&E Performance	Continues	<ul style="list-style-type: none"> <li>• Performance as predicted improves further in May to 91.6%; attendance numbers have picked up in May to 9,828 compared to last month, which were the lowest levels on record at 7,163. This is still showing a low attendance compared to previous average trends of c18,000 per month and in May we are just below 50% against those; we still had 828 patients breached the 4 hr target in May. We have admitted 23% of the attendances in May.</li> </ul>
	Referral to Treatment in 18 weeks (RTT Incomplete)	Paused weekly; monthly returns continues	<ul style="list-style-type: none"> <li>• RTT waiting times on the incomplete pathway for May achieved 70.7% against the 92% standard and against 80.5% in April hence showing a further determination in performance impacted by COVID and inability to see patients; as a result we also seeing increasing numbers of patients breaching the 52 week waiting time, at May we have reported 32 patient breaches on the incomplete pathway (67 on all pathways).</li> <li>• 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.</li> <li>• The performance is following the national picture, we have seen new referrals dropping significantly compounded by elective activity being paused</li> <li>• This has led to a Trust RTT patient backlog of 9,964 patients (waiting above the 18 weeks waiting time); our total patient waiting list size is at 34,058 hence we can see that roughly 1/3 of our patients on the waiting list are waiting more than 18 weeks. The total waiting list is fairly static which is a due to lower new referrals coming through the door;</li> <li>• Recovery plans are in place across all of the acute services including diagnostics. This is a key priority for the Trust now to ensure that we are reducing the patient backlog and are able to start receiving more new referrals. Daily monitoring of activity output has been reinstated via the 'production plan' tool.</li> </ul>
	Diagnostics Waits (% of patients waiting >6 weeks)	Paused weekly; monthly returns continues	<ul style="list-style-type: none"> <li>• May performance, as predicted, stayed low at 36.4% with 8,200 breaches of the 6 week screening standard; recovery of service has started already in safe areas with clear back-log clearance plans in place, however, depending on patients being willing to attend appointments.</li> </ul>
			<ul style="list-style-type: none"> <li>• The Imaging diagnostic patient volumes increased to 15,657 compared to April's 12,475, however, these volumes are well below the usual pre-COVID average trend of c30,000 per month</li> <li>• Against the May volumes, and the set Board KPIs, the Imaging team are doing well; as at May, the Inpatient total turnaround (TAT) time within 24hrs is at 87% against the 90% trust target; 94% of all Imaging work is turned around under 4 weeks against the trust target of 95%; and Urgent GP tests within 5 days at 87% vs 90%</li> <li>• Clearly, sustaining these is the focus against expected increased patient volumes in coming months.</li> </ul>
	Cancer Performance	Continues	<ul style="list-style-type: none"> <li>• Reporting April position, the Trust, has met the access cancer standards, but has failed to deliver the 31-day and 62-day standard and whilst meeting 2WW as a Trust, Medicine has failed to deliver this in April. Focus is on May and June performance to secure the Q1 delivery.</li> <li>• Neutropenic sepsis performance is at 79% in May. Whilst this is showing a lower %age performance, the number of breaches itself are small; Three patients breached the 1 hr treatment window and 11/14 patients received the treatment within the prescribed 1hr framework;</li> </ul>
	Cancellations	Paused	<ul style="list-style-type: none"> <li>• Cancellations on the day for non-clinical reasons have not been reported as yet, but likely to be minimal in the absence of the usual patient numbers coming through the door.</li> </ul>

Operational Performance at a Glance: May 2020			
SAFE	Infection Control	Continues	<ul style="list-style-type: none"> <li>• Infection Control metrics continue to report reasonable performance; we reported 4x cases of CDI/FIs in May (including community) and nil MRSA cases in May.</li> <li>• MRSA screening rates non-electively have improved to 91% in May, against the new target that Chief Nurse agreed of 95%.</li> <li>• Elective patients MRSA screening rates are still below this target at 77% in May against the 95% target.</li> </ul>
	Harm Free Care	Continues	<ul style="list-style-type: none"> <li>• The Trust falls rate per 1,000 bed days in May has increased to 4.54 against the trust target of 5; whilst still below target rate, this is higher than previous trends; we report 67 actual falls in May with 1x causing serious harm. Looking at the ward trend over the year for this indicator will now be more difficult due to COVID imposed ward movements.</li> <li>• Pressure Ulcers (PUs) hospital acquired in May reporting 56 overall across the acute and community setting, follow the trend in volumes terms but cause a higher per 1000 bed rate; we report 32 acute setting PUs in May, which results overall increase in a rate of 2.1 (trend rate around 1.3) against 1,000 occupied acute bed days; of significant note are 2x Grade 4 level PU reported in May, one on Newton4 and one in the Community setting, both are currently being investigated and will be reporting to Quality &amp; Safety Committee as per usual reporting governance processes.</li> </ul>
	Obstetrics	Continues	<ul style="list-style-type: none"> <li>• VTE assessment performance is at exactly 95% for May against the 95% national (206 missed VTE assessments for May).</li> <li>• Sepsis screening of eligible patients is at 94.7% in May; 21% of those screened being positive, 72% of positive patients were treated, and of those treated 64% were treated within the prescribed 1hr. Hence the Sepsis performance is below expected standard. Groups are monitoring ward and ED sepsis performance routinely with improvement focus.</li> </ul>
CARING	Patient Experience (FFT), Mixed Sex Accommodation (MSA), Complaints, Flu Vaccination	Paused	<ul style="list-style-type: none"> <li>• The overall Caesarean Section rate for May has increased to 30.4%, which is an unusual experience, but appears to be driven exclusively by non-elective cases.</li> <li>• Elective C-Section rates during the full year were at an average of 10.5% and in May this tracking this at 10.5% therefore a non-concerning trend.</li> <li>• Non-elective C-Section rates were on average 17% during the full year, and rising to 20% across the last couple months. Hence non-elective C-Section rate is driving the overall rate increase. <ul style="list-style-type: none"> <li>• In May we observe an increased still-birth rate of 9.43 (the highest in the last 18 months - previous highest 8.93) and adjusted perinatal rate per 1,000 babies.</li> </ul> </li> <li>• The level of births in May is at 424 compared to the same period of last year this was at 480; we observed a general downward trend in births during the last financial year</li> </ul>
EFFECTIVE	Mortality, Readmissions	Continues	<ul style="list-style-type: none"> <li>• Flu vaccination completed successfully screening 83.7% of front line staff by end of February.</li> <li>• MSA national reporting has been paused for reporting purposes since 1st March2020 (as have others). However, the Trust has resumed internal reporting in readiness for recovery; for May therefore we report an <u>un-validated</u> position at this stage of 2,013 breaches. At time of production, the validated position had not yet been reported.</li> </ul>
	Stroke & Cardiology	Continues	<ul style="list-style-type: none"> <li>• Readmissions rates (30 days after discharge) rising to 12.9%; looking at the presenting analysis, we can see that the number of discharges has fallen significantly in line with lower patient activity hence the %age performance will appear higher; we also know of administration issues during the COVID response which resulted in patients transferring inter-hospital, but recorded as discharged, hence system would pick up as readmission rather than transfer; we expect those administration errors to fall as the situation improves, an analysis is being progressed to assess how many of the admin errors exist in the system. The Groups are advised to still review their readmissions reasons to ensure that there are no other care reasons emerging. <ul style="list-style-type: none"> <li>• HSMR reporting at 120 above the tolerance levels as at the end of January (latest available reporting period). After the rebasing they were steady, but still elevated, at between 112-120.</li> </ul> </li> <li>• Deaths rate in Low Risk Diagnosis groups as at January (latest reportable period) has reduced significantly after a volatile period between Oct to December 2019.</li> </ul>
EFFECTIVE			

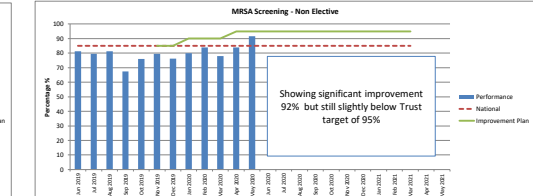
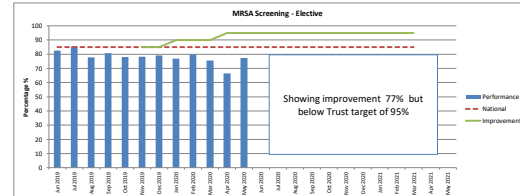
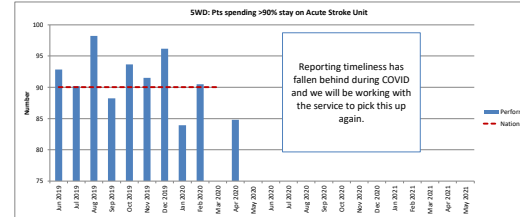
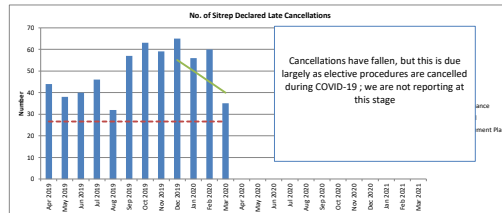
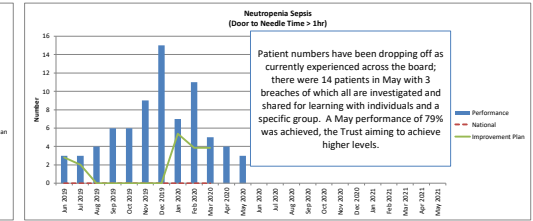
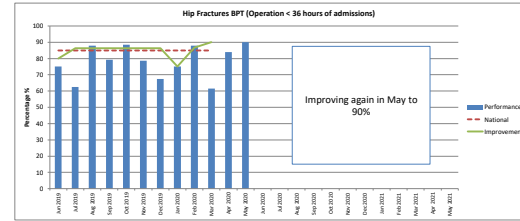
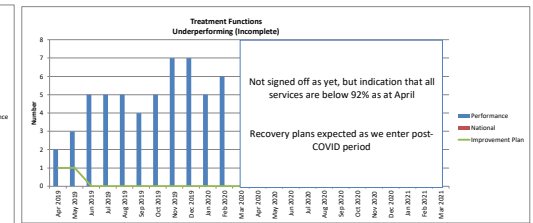
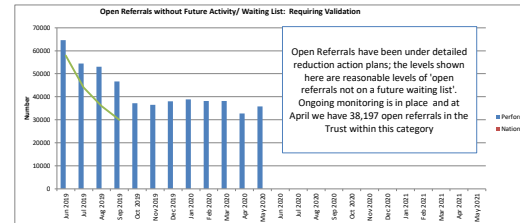
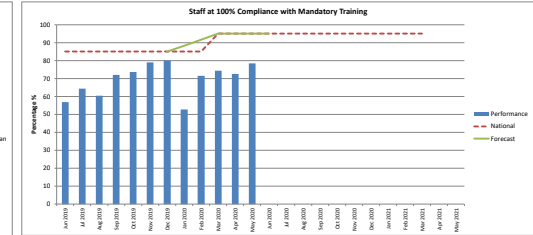
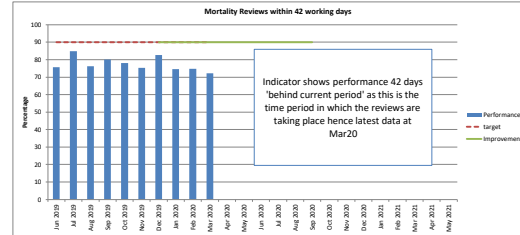
Operational Performance at a Glance: May 2020			
	Patient Flow	Continues	<ul style="list-style-type: none"> <li>• 21+ LOS patients (long stay patients) count at the end of May is at 57 based on acute setting count. From 1 April 2020 we started reporting just the acute patients in line with current NHSI guidance and to align with our SitRep.</li> <li>• Neck of Femur performance improving yet again in May to 90% achieving the 85% standard;</li> </ul>
WELL LED	Workforce	Continues	<ul style="list-style-type: none"> <li>• Sickness rates are at 5.5% for the trust overall on a cumulative basis; 6.4% in the month of May, of which the wards sickness rate is at 9.5% coming down from last month which was 11.7%.</li> <li>• Mandatory Training (where staff are at 100% compliance) showing a slightly higher position in May of 78% against the 95% target.</li> <li>• Qualified nursing turnover rate for May is at 12.9% against the internal target of 10.7%</li> <li>• The nursing vacancy rate is at 13.3% in May against the 11% target.</li> </ul>
	Use of Resources	Paused	<ul style="list-style-type: none"> <li>• 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 CQC assessment includes an analysis of Trust performance against a selection of CQC 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.</li> <li>• We are now populating a larger range of metrics against this assessment, which will be made available monthly where possible; we can observe progress against some Model Hospital benchmark, STP and Peer Group. Some of the indicators will have been impacted potentially by COVID and not showing a true, underlying position at this stage e.g. DNA rates have reduced, but the trust has been an outlier pre-COVID and hopefully the new 'non-face-to-face (Visionable)' clinics will contribute to a reduced level of DNAs over the coming months despite patient volumes increasing;</li> </ul>
USE OF RESOURCES			
CQC Insight	CQC Trust-Wide Insight	Paused	<i>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. Progressing the population of these metrics has been paused for the time-being until staff can be accessed more easily.</i>
	Persistent Red Indicators	Paused	We continue to monitor 11 persistently red, pre-COVID performance wise; we have seen significant improvement for Neck of Femur patients from door to surgery within 36hrs and this reports at 90% for May (persistent reds required 3 months improved reporting before they are removed from this focus); we also observe improved MRSA screening rates especially in non-elective setting of 92% in May against the trust target of 95%;
TRUST EMPHASIS			

## Persistent Red Focus & Performance

Exec Lead	11	Indicator	Standard Expected	Plan in Place	Recovery Expected	Mar-20 Actual Perf	Tracking Planned Monthly Trajectory
		<i>Note: Some are grouped (two or more indicators)</i>					
Dr DC	1	- Mortality Reviews within 42days	90%	✓	Dec-19	72%	X
RG	1	- Mandatory Training (staff % where MT 100% complete)	95%	✓	Mar-20	78.4%	X
LK	1	- Treatment Functions below 92% RTT	0	✓	Apr-20	14	X
	1	- Open Referrals (relevant for improvement)	30,000	✓	Sep-19	35,780	✓
	1	- Neck of Femur - to surgery within 36 hours	85%	✓	Jul-19	90.0%	✓
	1	- Cancellations (20pm)	20	✓	Mar-20	Not currently reporting	
	1	- Cancellations as %age of elective admissions	0.80%	✓	Mar-20	Not currently reporting	
	1	- Stroke Ward Admissions (Within 4 hrs)	80%	✓	Mar-20	73.0%	X
PG	1	- Neutropenic Sepsis	100%	✓	Jul-19	79.0%	X
	1	- MRSA Screening (Elective & Non-Elective)	95%	✓	Apr-20	77% Elec / 92% Non-Elec	X
	1	- FFT Response Target (IP, OP, Maternity and A&E)	25%	✓	TBC	IP - 16% ED - 14%, Mat Birth 8%; O/P response rate not shown in IQPP	X

### May performance:

- Improvement progress has been impacted by COVID-19 pressures.



# CQC Domain - Safe

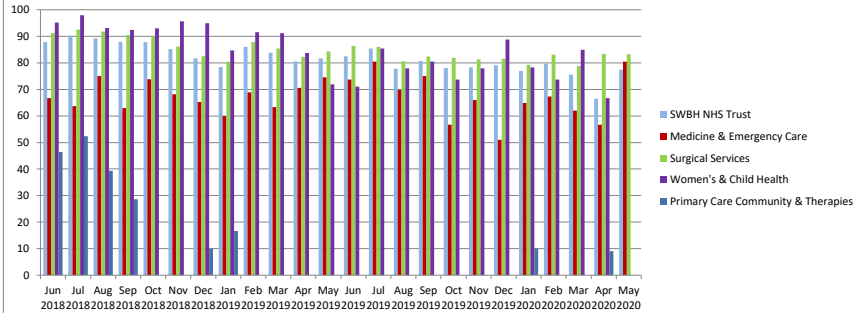
	Kitemark	Reviewed Date	Indicator	Measure	Standard		Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	20/21 Year to Date	Group								
					Year	Month																				M	SS	W	I	PCCCT	CO			
Infection Control	●●●●●●●●		C. Difficile (Post 48 hours)	<= No	41	3.4	2	1	2	1	5	3	1	4	3	2	2	4	3	3	2	3	0	4	4	4	1	1	1	0	-	2	-	
	●●●●●●●●		MRSA Bacteraemia (Post 48 hours)	<= No	0	0	0	1	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	-	0	-	
	●●●●●●●●		MSSA Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	<= Rate2	9.42	9.42	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	7.02	12.15	9.77	-	-	-	-	-	-	-		
	●●●●●●●●		E Coli Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	<= Rate2	94.9	94.9	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	21.05	18.23	19.54	-	-	-	-	-	-	-		
	●●●●●●●●		MRSA Screening - Elective	=> %	95	95	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	66.4	77.4	72.5	80.4	83.2	0.0	50.0	0.0	-	-		
	●●●●●●●●		MRSA Screening - Non Elective	=> %	95	95	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	83.9	91.5	87.3	92.3	88.4	100.0	-	90.0	-	-		
Harm Free Care	●●●●●●●●		Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95	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	INDICATOR NO LONGER ACTIVE											
	●●●●●●●●		Patient Safety Thermometer - Catheters & UTIs	%	-	-	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	-	-	29	56	25	39	32	30	34	26	36	37	34	26	36	33	31	28	32	43	75	21	16	0	-	6	-	-		
	●●●●●●●●		Number of DOLS which are 7 day urgent	No	-	-	29	56	25	39	32	30	34	26	36	37	34	26	36	33	31	28	32	43	75	21	16	0	-	6	-	-		
	●●●●●●●●		Number of delays with LA in assessing for standard DOLS application	No	-	-	8	2	0	8	5	5	15	6	11	2	4	3	7	6	7	0	3	3	6	1	2	0	-	0	-	-		
	●●●●●●●●		Number DOLs rolled over from previous month	No	-	-	0	1	15	5	5	5	7	0	4	0	1	1	2	0	5	7	9	8	17	4	2	0	-	2	-	-		
	●●●●●●●●		Number patients discharged prior to LA assessment targets	No	-	-	16	30	21	19	19	22	17	11	23	20	22	13	22	18	18	24	30	37	67	22	10	0	-	5	-	-		
	●●●●●●●●		Number of DOLs applications the LA disagreed with	No	-	-	2	2	4	3	1	1	1	0	2	2	0	1	0	0	2	1	0	0	0	0	0	0	0	-	0	-	-	
	●●●●●●●●		Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	0	0	21	0	4	0	4	3	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	-	0	-	-	
	●●●●●●●●	Apr 19	Falls	No	-	-	90	87	83	78	95	89	89	86	92	78	68	71	88	97	84	110	66	67	133	35	12	1	-	19	-	-		
	●●●●●●●●	Apr 19	Falls - Death or Severe Harm	<= No	0	0	-	2	2	1	4	3	2	2	0	0	4	2	0	1	1	0	0	1	1	1	0	0	0	0	0	0	0	
			Falls Per 1000 Occupied Bed Days	<= Rate1	5	5	-	-	-	-	4.40	4.20	3.97	3.80	4.32	3.78	2.98	3.22	3.80	4.19	3.94	5.66	4.33	4.54	4.43	-	-	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	42	34	33	23	37	28	28	26	28	33	23	14	32	36	39	32	38	32	70	17	5	2	-	8	-	-		
	●●●●●●●●	Apr 19	Pressure Ulcers per 1000 Occupied Bed Days	Rate1	-	-	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	2.44	2.10	2.27	-	-	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	Pressure Ulcer DN Caseload Acquired - Total	<= No	0	0	32	45	34	34	36	16	24	29	35	27	31	18	25	25	26	22	20	24	44	-	-	-	-	23	-	-		
			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	108	100	208	-	-	-	-	-	-	-	-	
	●●●●●●●●		Venous Thromboembolism (VTE) Assessments	=> %	95	95	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	94.9	95.0	95.2	97.7	92.4	87.1	100.0	100.0	-	-	-	
	●●●●●●●●	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	99.9	100.0	99.9	99.6	100.0	99.8	100.0	99.9	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	99.8	100.0	99.8	100.0	100.0	100.0	100.0	100.0	100.0	99.6	100.0	100.0	100.0	100.0	100.0	100.0	-	-	-	-	-	
	●●●●●●●●	Apr 19	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	100	100	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	100.0	100.0	100.0	100.0	100.0	100.0	-	-	-	-	-	
	●●●●●●●●		Never Events	<= No	0	0	1	0	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	
	●●●●●●●●		Medication Errors causing serious harm	<= No	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	-	
	●●●●●●●●		Serious Incidents	<= No	0	0	6	1	7	6	3	3	12	32	12	11	17	11	7	6	8	0	4	8	12	1	0	0	0	7	0	-	-	
	●●●●●●●●		Open Central Alert System (CAS) Alerts	No	-	-	16	18	20	19	15	15	4	9	8	11	12	10	12	10	9	8	2	5	7	-	-	-	-	-	-	-	-	
	●●●●●●●●		Open Central Alert System (CAS) Alerts beyond deadline date	<= No	0	0	5	5	5	8	6	7	3	6	5	6	7	2	1	1	0	0	0	0	0	0	-	-	-	-	-	-	-	
			Sepsis - Screened (as % Of Screening Required)	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	88.5	91.1	90.7	92.8	95.4	94.7	95.1	-	-	-	-	-	-	-	
			Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16.2	16.3	17.6	19.6	20.2	21.1	20.6	-	-	-	-	-	-	-	
			Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	80.3	77.1	75.7	79.6	82.7	72.1	78.6	-	-	-	-	-	-	-	
			Sepsis - Treated in 1 Hour (as % Of Treated)	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	54.9	51.9	60.0	53.9	57.2	64.2	59.7	-	-	-	-	-	-	-	
			Sepsis - Antibiotic Review Within 72 hrs	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

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

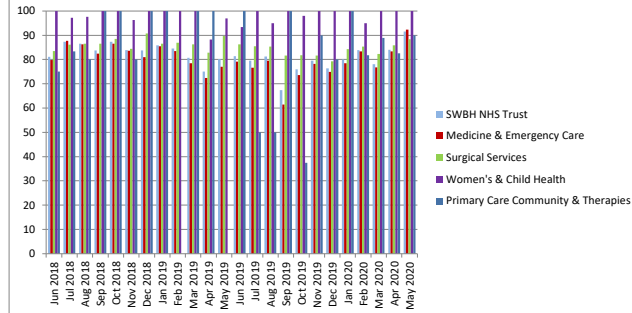
# CQC Domain - Safe

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

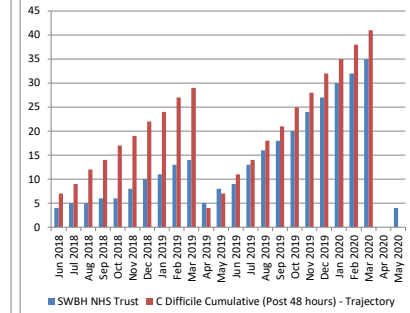
## MRSA Screening - Elective



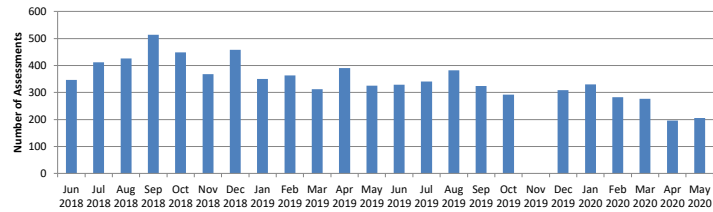
## MRSA Screening - Non Elective



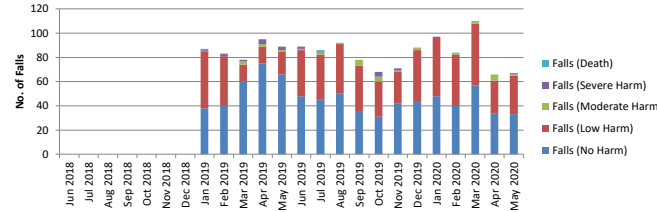
## C Diff Infection



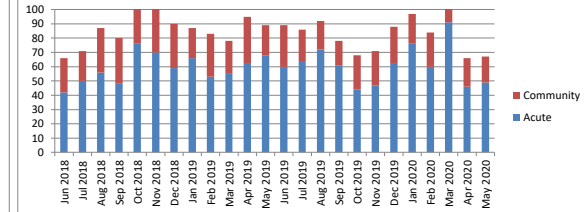
## VTE Assessments Missed



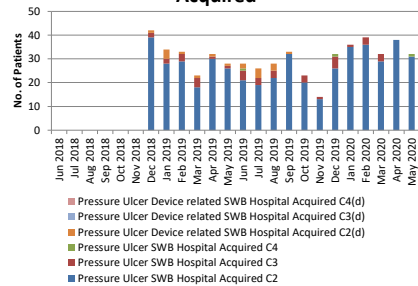
## Falls



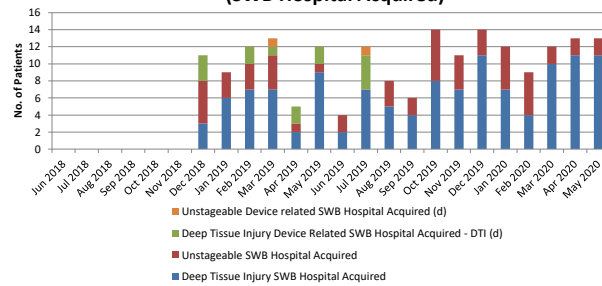
## Falls - Acute & Community



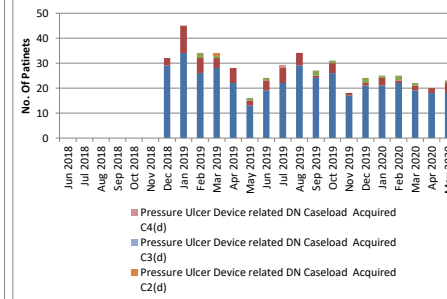
## Pressure Ulcers - SWB Hospital Acquired



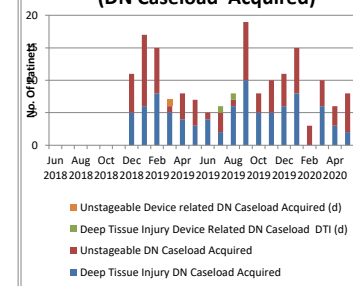
## Unstageable / Deep Tissue (SWB Hospital Acquired)



## Pressure Ulcers - DN Caseload Acquired



## Unstageable/Deep Tissue (DN Caseload Acquired)



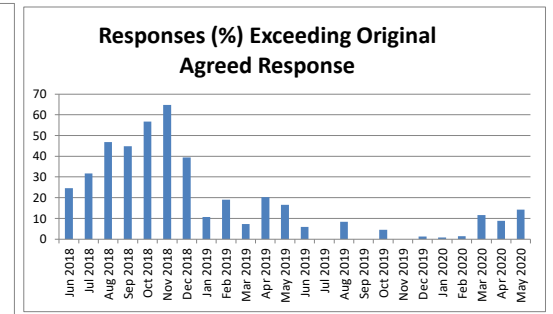
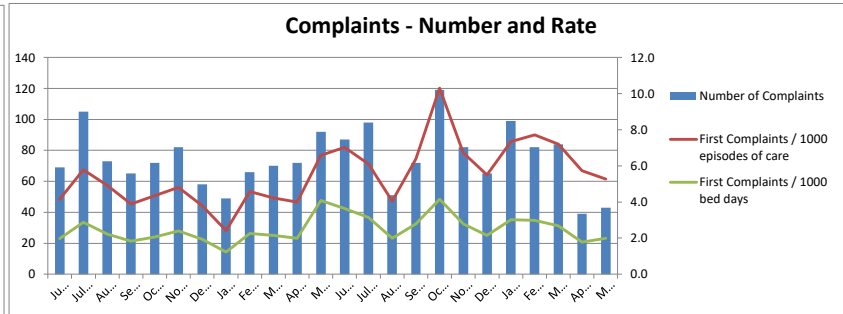
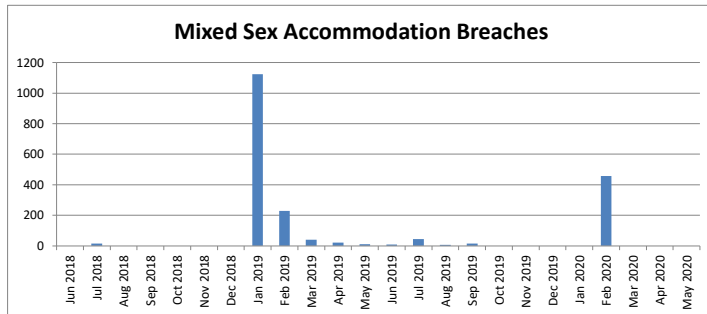


# CQC Domain - Caring

	Kitemark	Reviewed Date	Indicator	Measure	Standard		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	Apr 2020	May 2020	20/21 Year to Date	Group						
					Year	Month																					M	SS	W	I	PCCT	CO
FFT			FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	25	25	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	13.6	16.2	14.9	-	-	-	-	-	-	
			FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95	95	92	91	92	91	89	89	92	91	90	89	89	89	86	89	24	90	86	86	-	-	-	-	-	-	-	
			FFT Response Rate: Type 1 and 2 Emergency Department	=> %	25	25	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	14.2	13.7	13.9	13.7	-	-	-	-	-	-
			FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95	95	73	74	75	75	75	76	73	76	78	71	71	68	73	75	72	79	89	85	-	85	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Score - Outpatients	=> No	95	95	92	90	90	91	90	90	89	88	76	87	87	89	89	89	89	89	87	89	-	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Score - Maternity Antenatal	=> No	95	95	0	0	0	0	0	0	0	0	0	0	0	90	97	100	75	83	80	86	84	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Score - Maternity Postnatal Ward	=> No	95	95	100	100	100	0	100	100	0	100	100	100	92	93	0	97	94	100	0	67	-	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Score - Maternity Community	=> No	95	95	0	0	0	0	0	0	0	0	0	0	0	94	0	0	0	0	0	0	0	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Score - Maternity Birth	=> No	95	95	100	17	95	100	100	94	94	91	66	6	94	97	94	95	97	97	89	100	-	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Response Rate: Maternity Birth	=> %	25	25	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	4.4	8.4	5.9	-	-	-	-	-	-	-
MSA	●●●●●●●●		Mixed Sex Accommodation - Breaches (Patients)	<= No	0	0	-	1123	229	40	22	11	9	44	7	16	-	-	-	-	458	-	-	2013	2013	-	-	-	-	-	-	
Complaints	●●●●●●●●		No. of Complaints Received (formal and link)	No	-	-	58	49	66	70	72	92	87	98	51	72	119	82	65	99	82	84	39	43	82	19	9	6	1	4	4	
	●●●●●●●●		No. of Active Complaints in the System (formal and link)	No	-	-	210	165	170	151	163	149	121	148	91	121	140	114	92	106	142	126	102	109	211	51	28	12	2	12	4	
	●●●●●●●●		No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	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	1.78	1.99	1.88	1.56	2.77	1.89	-	7.50	-	
	●●●●●●●●		No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	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	5.74	5.26	5.48	4.38	8.74	3.84	-	13.56	-	
	●●●●●●●●		No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	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	100.0	82.9	91.3	100.0	22.2	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	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	8.8	14.3	10.7	6.3	50.0	0.0	0.0	0.0	33.3	
	●●●●●●●●		No. of responses sent out	No	-	-	47	74	58	95	77	98	97	95	96	61	88	105	76	76	70	87	68	35	103	16	6	4	1	5	3	
WKF	●●●●●●●●	Apr 19	Flu Vaccination Rate	=> %	80	80	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	Complete	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		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	Apr 2020	May 2020	20/21 Year to Date	Group						
					Year	Month																				M	SS	W	I	PCCT	CO	
Emergency Care			Emergency Care Attendances (Including Mailing)	No	-	-	17753	18042	16949	18592	18908	18541	18091	19047	17657	17973	18445	17868	19330	18477	17367	13392	7163	9828	16991	-	-	-	-	-	-	
	●●●●●●●●		Emergency Care 4-hour waits	=> %	95	95	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	87.8	91.6	90.0	-	-	-	-	-	-	
	●●●●●●●●		Emergency Care 4-hour breach (numbers)	No	-	-	4435	3963	3006	2629	4106	3213	3288	3542	3252	4764	5215	5199	5375	4819	4416	2768	844	828	1672	-	-	-	-	-	-	
	●●●●●●●●		Emergency Care Trolley Waits >12 hours	<= No	0	0	1	0	0	0	0	0	0	0	0	2	2	1	1	0	0	0	1	0	1	-	-	-	-	-	-	
	●●●●●●●●		Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15	88	50	41	57	74	39	89	45	52	71	185	154	116	121	62	85	74	44	-	-	-	-	-	-	-	
	●●●●●●●●		Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60	255	237	269	241	282	264	255	261	208	217	250	263	263	254	232	151	82	82	-	-	-	-	-	-	-	
	●●●●●●●●		Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5	5	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	8.6	8.9	8.8	-	-	-	-	-	-	
	●●●●●●●●		Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5	5	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	2.8	2.6	2.7	-	-	-	-	-	-	
	●●●●●●●●		WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	205	168	160	88	166	119	128	123	162	238	251	228	279	199	242	380	234	172	406	-	-	-	-	-	-	
	●●●●●●●●		WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	7	9	8	6	5	4	4	5	9	33	16	9	12	9	32	42	8	1	9	-	-	-	-	-	-	
	●●●●●●●●		WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02	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	0.0	0.1	-	-	-	-	-	-	
	●●●●●●●●		WMAS - Emergency Conveyances (total)	No	-	-	4872	4835	4372	4655	4814	4670	4555	4658	4486	4484	4656	4721	4887	4848	4522	4588	3069	3282	6351	-	-	-	-	-	-	-
Patient Flow	●●●●●●●●	Apr 19	Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5	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	1.6	0.1	0.8	-	-	-	-	-	-	
			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	240	20	13	14	14	15	12	-	14	-	27	17	19	20	16	19	20	28	11	1	-	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	Delayed Transfers of Care (Acute) - Finable Bed Days	<= No	0	0	275	315	270	211	99	149	239	295	185	127	147	163	180	195	340	388	210	210	420	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - ALL	No	-	-	713	757	654	642	672	698	583	684	671	675	867	852	944	989	860	730	501	554	1055	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No	-	-	247	279	241	243	223	228	185	218	233	266	330	310	383	354	358	347	343	295	638	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units and Clinical Transfers	No	-	-	55	63	57	63	65	37	30	46	45	52	52	80	66	71	64	95	80	47	127	-	-	-	-	-	-	
		Apr 19	Hip Fractures Best Practice Tariff (Operation < 36 hours of admissions)	=> %	85	85	82.6	81.5	80.0	82.9	64.0	77.1	75.0	62.5	67.9	79.2	88.5	78.6	67.5	75.0	87.9	61.5	84.0	90.0	86.7	-	-	90.0	-	-	-	
Cancellations	●●●●●●●●		No. of Sitrep Declared Late Cancellations - Total	<= No	240	20	29	36	39	32	44	38	40	46	32	57	63	59	65	56	60	35	1	9	10	2	1	1	-	5	-	
	●●●●●●●●		No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	11	18	7	10	16	13	3	16	17	32	40	30	41	29	17	16	1	1	2	0	1	0	-	0	-	
	●●●●●●●●		No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	18	18	32	22	28	25	37	30	15	25	23	29	24	27	43	19	0	8	8	2	0	1	-	5	-	
	●●●●●●●●		Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	<= %	0.8	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	0.1	0.7	0.4	0.4	0.3	1.0	-	2.2	-	
	●●●●●●●●		Number of 28 day breaches	<= No	0	0	0	0	0	1	0	0	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	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	2	0	0	0	1	2	1	1	1	2	0	1	1	2	4	0	0	0	0	0	0	0	-	0	-
	●●●●●●●●		Multiple Hospital Cancellations experienced by same patient (all cancellations)	<= No	0	0	39	52	56	69	73	64	75	86	67	79	103	92	65	73	124	344	19	20	39	7	7	6	-	-	-	
	●●●●●●●●		All Hospital Cancellations, with 7 or less days notice	<= No	0	0	156	236	230	244	265	262	277	296	204	367	370	376	358	347	584	890	63	58	121	27	20	11	-	-	-	
Cancer	●●●●●●●●	Apr 19	2 weeks	=> %	93	93	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	98.3	93.7	-	93.7	88.4	94.6	95.2	-	95.6	-	
	●●●●●●●●	Apr 19	2 weeks (Breast Symptomatic)	=> %	93	93	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	98.2	96.2	-	96.2	-	96.2	-	-	-	-	
	●●●●●●●●	Apr 19	31 Day (diagnosis to treatment)	=> %	96	96	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	97.5	94.2	-	94.2	100.0	95.7	78.6	-	100.0	-	
	●●●●●●●●	Apr 19	31 Day (second/subsequent treatment - surgery)	=> %	94	94	100.0	100.0	95.0	95.2	100.0	94.7	85.0	96.2	95.2	100.0	93.5	100.0	93.1	100.0	100.0	95.7	92.3	-	92.3	-	-	-	-	-	-	
	●●●●●●●●	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	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	89.2	73.6	-	73.6	72.7	71.2	75.0	-	100.0	-	
	●●●●●●●●		62 Day (urgent GP referral to treatment) - Inc Rare Cancers	=> %	85	85	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	89.2	73.6	-	73.6	72.7	71.2	75.0	-	100.0	-	
	●●●●●●●●	Apr 19	62 Day (referral to treat from screening)	=> %	90	90	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	94.8	83.9	-	83.9	-	83.9	-	-	-	-	
	●●●●●●●●	Apr 19	62 Day (referral to treat from hosp specialist)	=> %	90	90	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	84.6	95.5	-	95.5	92.3	100.0	100.0	-	-	-	
	●●●●●●●●		Cancer = Patients Waiting Over 62 days for treatment	No	-	-	11	11	9	12	10	7	8	10	11	10	11	6	12	12	9	9	-	-	112	1	4	4	-	0	-	
	●●●●●●●●		Cancer - Patients Waiting Over 104 days for treatment	No	-	-	3	2	3	7	3	4	1	3	5	3	3	5	6	7	4	2	-	-	44	0	1	1	-	0	-	
	●●●●●●●●		Cancer - Longest wait for treatment (days) - TRUST	No	-	-	197	137	177	209	241	183	91	196	147	96	171	149	148	169	217	121	-	-	-	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	Neutropenia Sepsis - Door to Needle Time > 1hr	<= No	0	0	6	5	9	2	7	2	3	3	4	6	6	9	15	7	11	5	4	3	7	3	0	0	-	0	-	
	●●●●●●●●		IPT Referrals - Within 38 Days Of GP Referral for 62 day cancer pathway	%	-	-	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	84.2	73.3	-	73.3	-	-	-	-	-	-	
			Cancer - 28 Day FDS TWW Referral (% of Informed) - Total	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	85.2	97.8	96.7	84.6	-	84.6	-	-	-	-	-	
			Cancer - 28 day FDS TWW breast symptomatic (% of Informed)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	99.4	100.0	100.0	100.0	-	100.0	-	-	-	-	-	
		Cancer - 28 day FDS screening referral (% of Informed) - Total	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	77.8	-	92.9	-	-	84.4	-	-	-	-	-		

## CQC Domain - Responsive

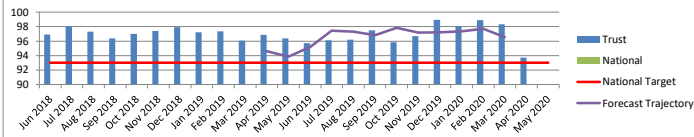
			Cancer - 28 Day FDS TWW Referral (% of Eligible) - Total	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	47.2	62.8	59.6	22.3	-	22.3	-	-	-	-	-	-	-
			Cancer - 28 day FDS TWW breast symptomatic (% of Eligible) - Total	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	105.3	62.7	72.1	16.2	-	16.2	-	-	-	-	-	-	-
			Cancer - 28 day FDS screening referral (% of Eligible) - Total	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0	-	-	-	-	100.0	-	-	-	-	-	-	-
RTT	● ● ● ● ● ●	Apr 19	RTT - Admitted Care (18-weeks)	=> %	90	90	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	85.7	83.5	84.5	100.0	85.5	93.3	-	83.3	-	-	-
	● ● ● ● ● ●	Apr 19	RTT - Non Admittted Care (18-weeks)	=> %	95	95	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	85.4	88.4	86.1	64.8	95.4	79.5	-	74.5	-	-	-
	● ● ● ● ● ●	Apr 19	RTT - Incomplete Pathway (18-weeks)	=> %	92	92	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	80.5	70.7	75.7	64.4	71.7	72.2	-	60.9	-	-	-
	● ● ● ● ● ●	Apr 19	RTT Waiting List - Incomplete	No	-	-	36914	34909	34221	34888	35859	36762	37231	39115	38714	39634	39898	38360	38416	39374	39364	38603	34989	34058	75905	6660	####	2072	-	2637	0	-	-
	● ● ● ● ● ●	Apr 19	RTT - Backlog	No	-	-	2890	2582	2424	2436	2450	2710	2951	3118	3082	3168	3360	3475	3433	3645	3781	4646	6823	9964	18426	2372	4298	577	-	1031	0	-	-
	● ● ● ● ● ●	Apr 19	Patients Waiting >52 weeks (All Pathways)	<= No	0	0	1	3	4	6	1	11	24	12	14	0	0	1	0	1	0	1	7	35	42	0	32	0	0	1	0	0	0
	● ● ● ● ● ●	Apr 19	Patients Waiting >52 weeks (Incomplete)	<= No	0	0	1	1	1	0	0	5	6	0	1	0	0	0	0	0	0	0	7	32	39	0	29	0	0	1	1	0	0
	● ● ● ● ● ●		Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete	<= No	0	0	26	28	29	27	23	27	29	30	29	27	26	32	29	28	28	32	30	32	-	8	13	2	-	6	0	0	0
	● ● ● ● ● ●		Treatment Functions Underperforming (Incomplete)	<= No	0	0	3	4	3	1	2	3	5	5	5	4	5	7	7	5	6	10	14	15	-	4	7	1	-	2	0	0	0
				RTT Clearance Time (Wks)	Ratio	-	-	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	-	18.1	15.5	17.6	35.2	14.2	29.6	-	29.0	-	-
DM01	● ● ● ● ● ●	Apr 19	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1	1	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	60.2	63.6	62.1	63.8	64.8	-	63.3	-	-	-	-
	● ● ● ● ● ●	Apr 19	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	1294	1861	532	958	1158	1330	1023	1010	600	614	457	359	338	1028	499	1140	78	281	359	253	12	-	16	-	-	-	-

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

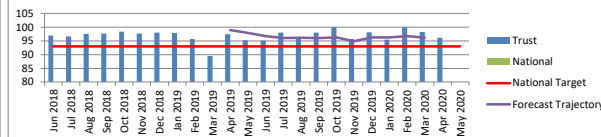
If segment 2 of the Kitemark is blank this indicates that a formal audit of this indicator has not yet taken place

# CQC Domain - Responsive

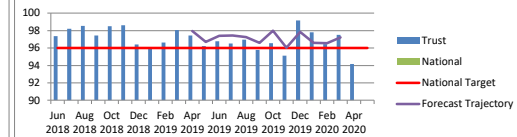
2-week wait from Referral to Date First Seen



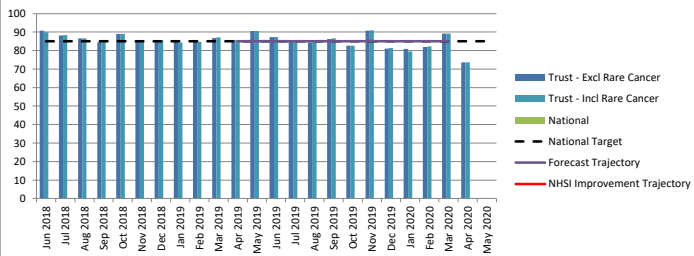
2-week wait from Breast Symptomatic Patients



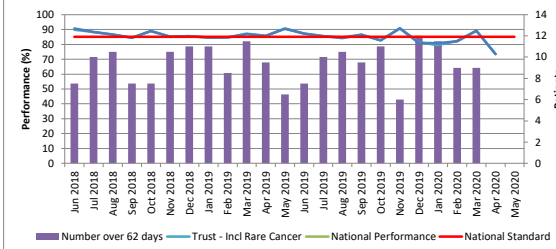
31-day Diagnosis to First Treatment



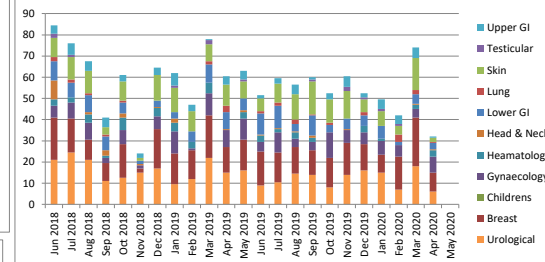
62-day Urgent GP Referral to First Treatment



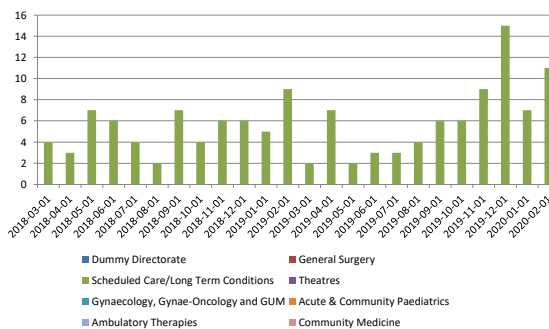
62-day Urgent GP Referral to First Treatment



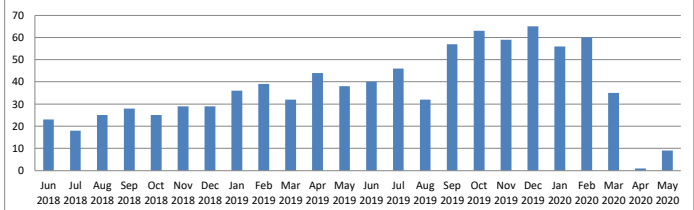
62-day Urgent GP Referral to First Treatment  
Breach- By Tumour Site



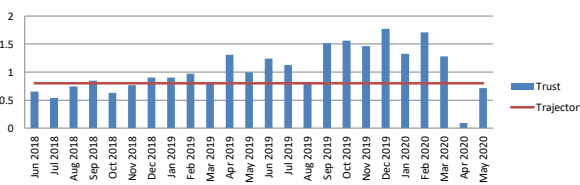
Neutropenia Sepsis  
Door to Needle Time Greater Than 1 Hour



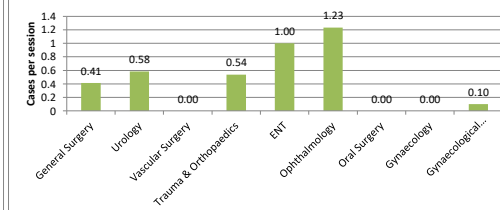
SitRep Late Cancellations



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



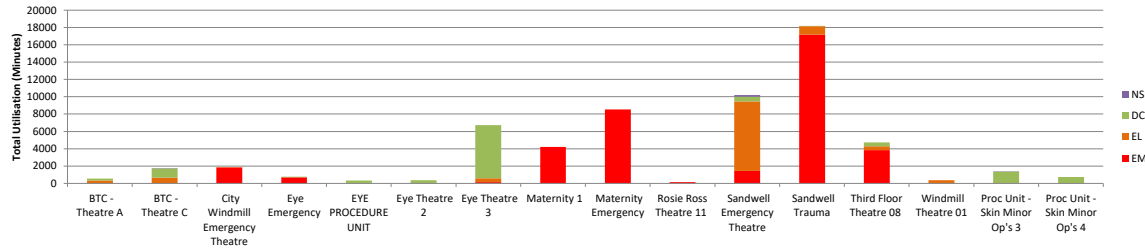
Cases Per Session (Operating Theatres)



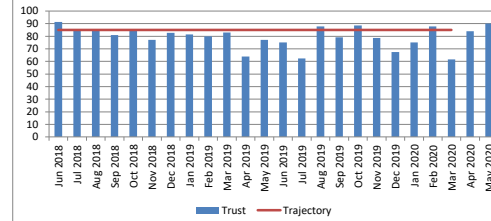
Month	Indicator	TumourSite	Informed In 28 Days	Eligible	% of Informed	% of Eligible
Jan 2020	Cancer - 28 Day FDS TWW Referral	Breast	231	289	99.1	79.9
Jan 2020	Cancer - 28 Day FDS TWW Referral	Colorectal	39	297	61.9	13.1
Jan 2020	Cancer - 28 Day FDS TWW Referral	Gynaecology	99	153	95.2	64.7
Jan 2020	Cancer - 28 Day FDS TWW Referral	Haematology	9	27	47.4	33.3
Jan 2020	Cancer - 28 Day FDS TWW Referral	Head & Neck	56	132	77.8	42.4
Jan 2020	Cancer - 28 Day FDS TWW Referral	Lung	12	40	100	30
Jan 2020	Cancer - 28 Day FDS TWW Referral	Skin	79	186	95.2	42.5
Jan 2020	Cancer - 28 Day FDS TWW Referral	Upper GI	123	154	73.7	79.9
Jan 2020	Cancer - 28 Day FDS TWW Referral	Urology	32	162	71.1	19.8
Jan 2020	28 day FDS TWW Breast Symptomatic	Breast	158	150	99.4	105
Jan 2020	Cancer - 28 day FDS screening referral	Breast	12	12	75	100
Jan 2020	Cancer - 28 day FDS screening referral	Colorectal	0	0	0	0
Jan 2020	Cancer - 28 day FDS screening referral	Gynaecology	2	2	100	100

# CQC Domain - Responsive

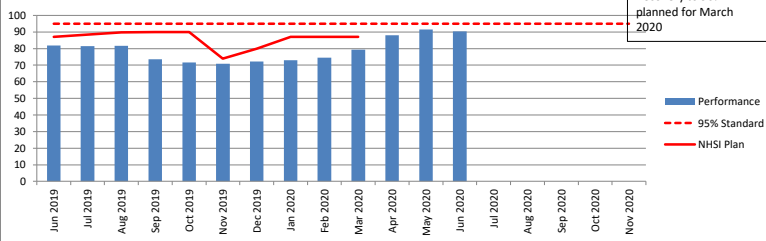
Theatre Utilisation



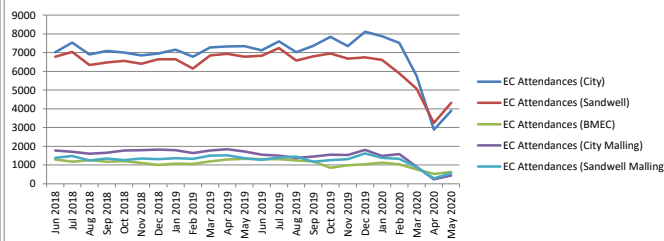
Hip Fractures - BPT - Operation Within 36 hours of admission (%)



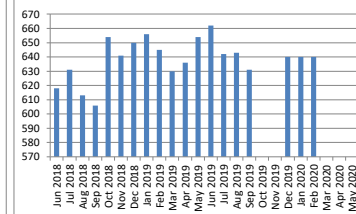
EC 4-Hour Recovery Plan



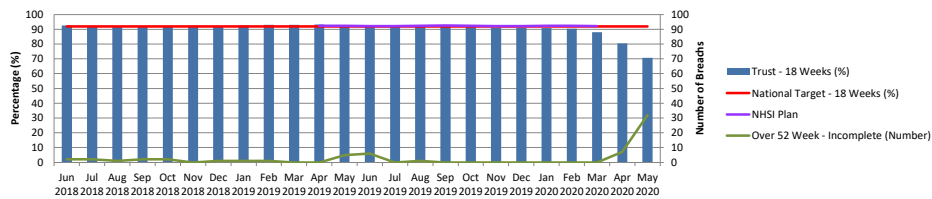
EC Attenders



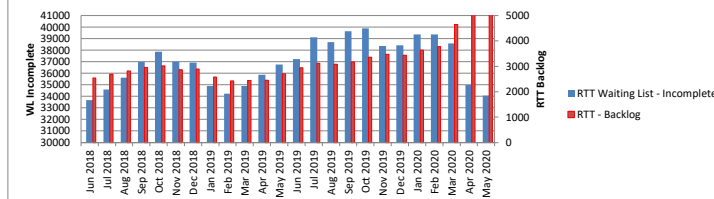
Available Beds Month End (Weekly SITREP)



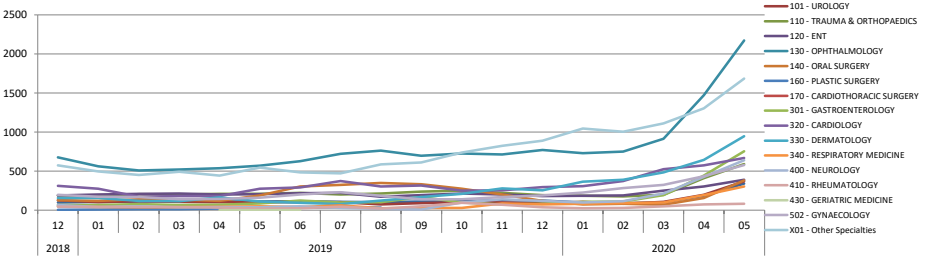
RTT Incomplete pathway



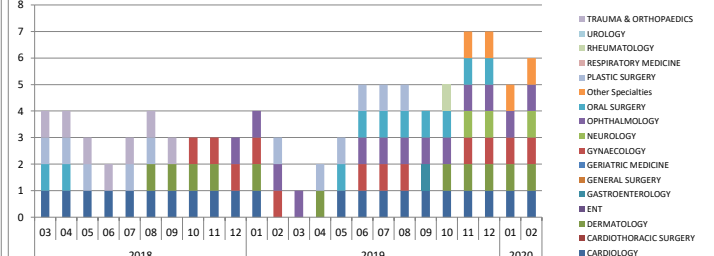
RTT Waiting List and Backlog



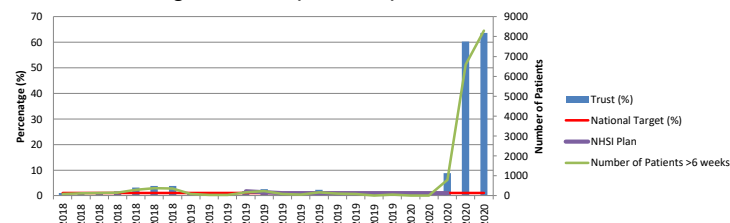
RTT Backlog - By Specialty



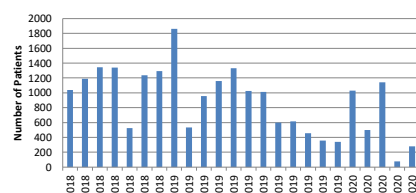
Treatment Function Underperforming (Incomplete)



Diagnostic Waits (% and No.) Greater Than 6 Weeks



Diagnostic Waits (In Month) Greater Than 6 Weeks



CQC Domain - Responsive

Jun 2	Jun 2
Jul 2	Jul 2
Aug 2	Aug 2
Sep 2	Sep 2
Oct 2	Oct 2
Nov 2	Nov 2
Dec 2	Dec 2
Jan 2	Jan 2
Feb 2	Feb 2
Mar 2	Mar 2
Apr 2	Apr 2
May 2	May 2

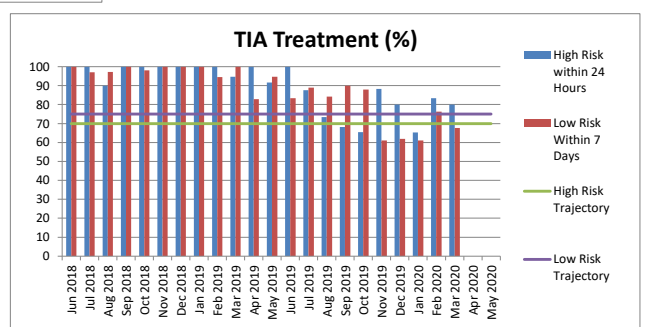
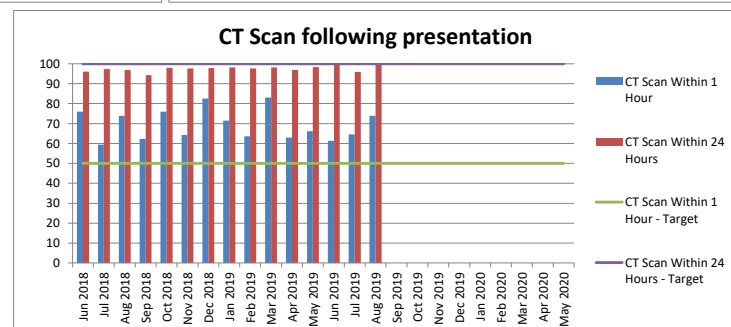
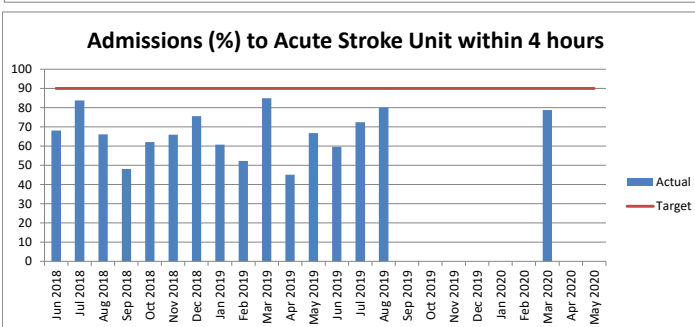
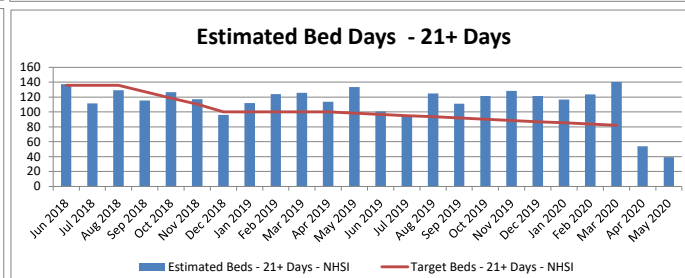
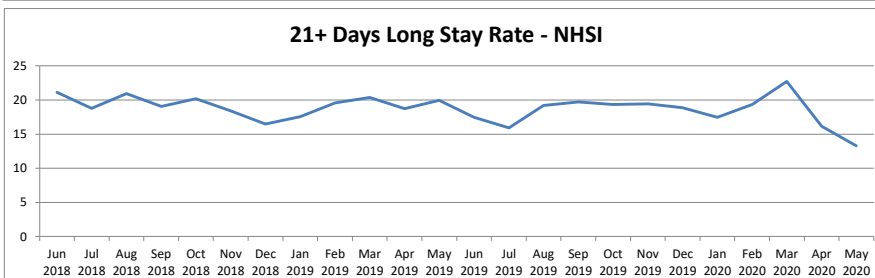
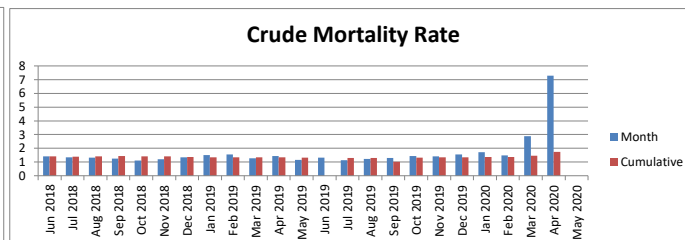
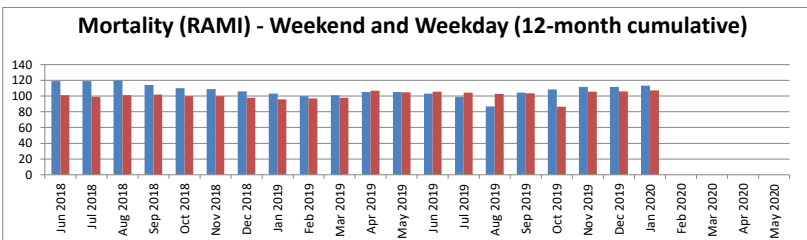
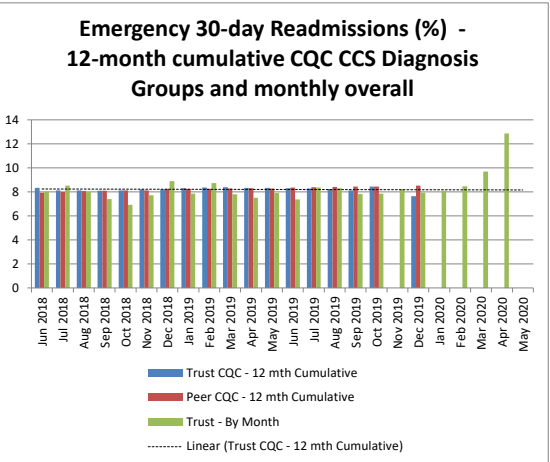
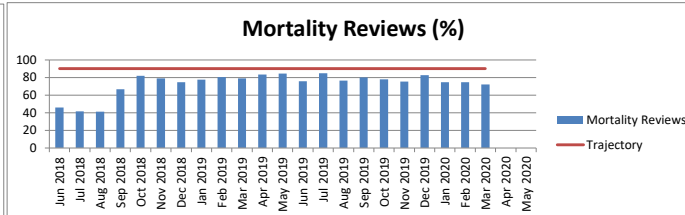
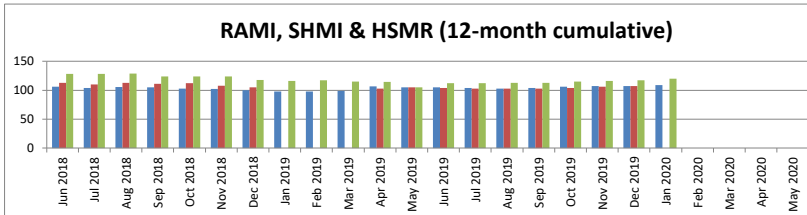
# CQC Domain - Effective

	Kitemark	Reviewed Date	Indicator	Measure	Standard		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	Apr 2020	May 2020	20/21 Year to Date	Group					
					Year	Month																				M	SS	W	I	PCCT	CO
Mortality and Readmissions	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	No	-	-	100	98	98	99	107	105	105	104	103	104	106	107	107	109	-	-	-	-	-	-	-	-	-	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	No	-	-	98	96	97	98	107	105	105	104	103	103	87	106	106	107	-	-	-	-	-	-	-	-	-	-	
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	No	-	-	106	103	100	101	105	105	103	99	87	105	109	112	112	114	-	-	-	-	-	-	-	-	-	-	
			Risk Adjusted Mortality Index (HSMR) - Overall (12-month cumulative)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			Risk Adjusted Mortality Index (HSMR) - Weekday Admission (12-month cumulative)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			Risk Adjusted Mortality Index (HSMR) - Weekend Admission (12-month cumulative)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	No	-	-	105	-	-	-	103	105	104	103	103	103	104	106	107	-	-	-	-	-	-	-	-	-	-	-	
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	No	-	-	118	116	117	115	115	105	112	112	113	113	115	116	117	120	-	-	-	-	-	-	-	-	-	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Deaths in Low Risk Diagnosis Groups (RAMI) - month	No	-	-	86	108	88	85	98	-	93	125	85	88	152	97	121	71	-	-	-	-	-	-	-	-	-	-	
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Mortality Reviews within 42 working days	=> %	90	90	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	74.8	72.2	-	-	77.9	71.4	82.4	100.0	-	60.0	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%	-	-	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	2.9	7.3	-	7.3	-	-	-	-	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%	-	-	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	1.5	1.7	-	1.7	-	-	-	-	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Deaths in The Trust	No	-	-	122	149	137	121	134	112	117	109	118	114	133	136	139	162	125	-	334	-	334	319	9	2	0	4	0
			Avoidable Deaths In the Trust	No	-	-	-	-	-	-	0	0	1	1	0	1	1	0	1	0	0	0	-	-	-	5	-	-	-	-	-
Patient Flow	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	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	9.7	12.9	-	12.9	14.9	10.4	8.7	11.1	3.9	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	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	8.1	8.3	-	8.3	13.3	4.6	6.1	6.8	1.8	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	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	3.8	5.2	-	5.2	5.5	5.6	7.5	-	0.4	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	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	3.1	3.2	-	3.2	4.0	2.5	4.7	0.4	0.0	-
RTT	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	126	137	125	116	139	130	124	129	118	152	159	148	156	154	173	161	66	57	-	38	18	0	1	0	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		21+ Days Long Stay Rate - NHSI	%	-	-	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	16.1	13.3	15.6	15.6	4.3	0.0	-	0.0	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Estimated Beds - 21+ Days - NHSI	No	-	-	96	112	124	126	114	133	101	96	125	111	122	128	121	117	124	140	54	39	-	37	2	0	-	0	-
Stroke	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	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	46.0	36.4	48.8	54.9	51.0	68.8	58.6	34.7	-	35.7	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	3169	3693	3564	3554	3599	3767	3498	3838	3034	3711	4512	4735	4029	4571	6313	4983	5886	3715	9601	1318	1733	320	0	343	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	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	56.3	55.4	49.5	94.0	64.8	96.8	96.6	86.4	85.7	93.5	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	1773	1873	1862	1869	2416	2414	2136	2375	2150	2142	2313	2388	2087	2242	2207	2155	549	547	1096	91	255	95	6	100	-
Stroke			5WD: Pts spending >90% stay on Acute Stroke Unit	=> %	90	90	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	-	84.8	87.2	85.2	87.2	-	-	-	-	-
			5WD: Pts admitted to Acute Stroke Unit within 4 hrs	=> %	80	80	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	-	72.5	85.3	81.1	85.3	-	-	-	-	-
			5WD: Pts receiving CT Scan within 1 hr of presentation	=> %	50	50	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	-	82.9	88.9	85.7	88.9	-	-	-	-	-
			5WD: Pts receiving CT Scan within 24 hrs of presentation	=> %	95	95	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	-	97.6	97.2	97.4	97.2	-	-	-	-	-
			5WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85	85	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	-	25.0	83.3	60.0	83.3	-	-	-	-	-
			5WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	=> %	70	70	100.0	94.1	100.0	94.7	100.0	88.9	64.3	87.5	75.0	68.2	65.4	88.2	80.0	65.2	83.3	80.0	82.6	80.0	81.8	80.0	-	-	-	-	-
			5WD: TIA (Low Risk) Treatment <7 days from receipt of referral	=> %	75	75	100.0	97.4	93.8	100.0	73.9	93.3	77.8	88.4	90.9	90.0	88.0	61.1	61.9	61.1	76.2	67.6	25.0	100.0	81.0	100.0	-	-	-	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80	80	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	33.3	100.0	84.6	100.0	-	-	-	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80	80	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	33.3	80.0	69.2	80.0	-	-	-	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		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	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



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

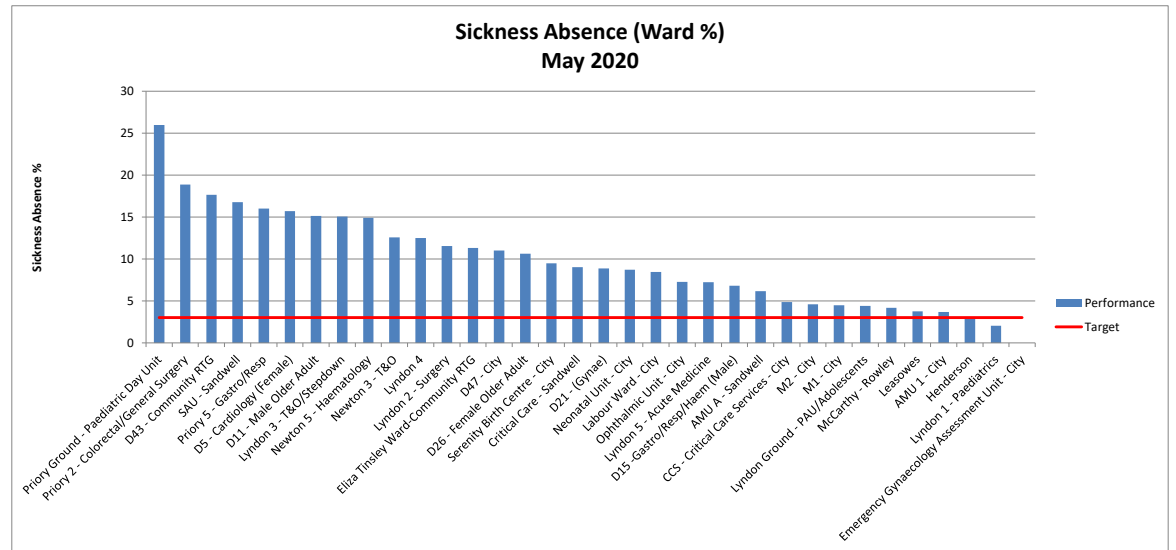
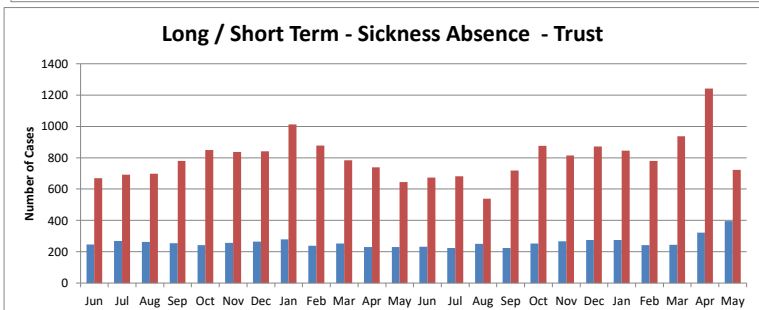
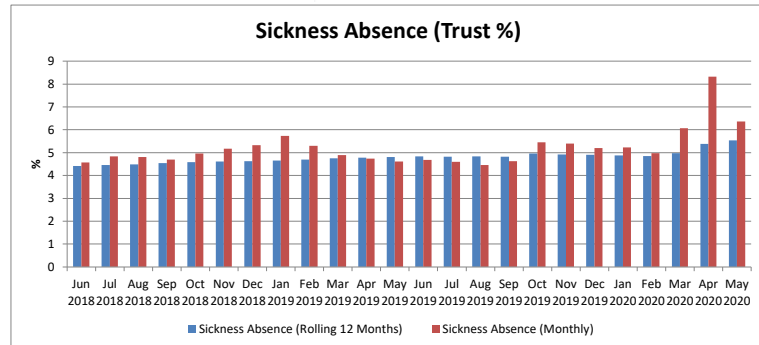
	Kitemark	Reviewed Date	Indicator	Measure	Standard	
					Year	Month
Workforce	● ● ● ● ● ● ● ●		PDRs - 12 month rolling	=> %	95	95
	● ● ● ● ● ● ● ●		Medical Appraisal	=> %	90	90
	● ● ● ● ● ● ● ●	Apr 19	Sickness Absence (Rolling 12 Months)	<= %	3	3
	● ● ● ● ● ● ● ●	Apr 19	Sickness Absence (Monthly)	<= %	3	3
			Sickness Absence - Long Term - (Open Cases in the month)	No	-	140
	● ● ● ● ● ● ● ●	Apr 19	Sickness Absence - Short Term (Monthly)	No	-	-
			Ward Sickness Absence (Monthly)	<= %	3	3
	● ● ● ● ● ● ● ●		Mandatory Training - Health & Safety (% staff)	=> %	95	95
			Staff at 100% compliance with mandatory training	%	-	-
			Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-
			Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-
			Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-
	● ● ● ● ● ● ● ●	Apr 19	Nursing Turnover (Qualified Only)	<= %	10.7	10.7
	● ● ● ● ● ● ● ●	Apr 19	Nursing Vacancy Rate (Qualified)	<= %	11	11
		Apr 19	New Starters Complete Onboarding Process	=> %	100	100

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	Apr 2020	May 2020
98.8	-	-	98.7	-	-	-	-	-	75.3	78.9	-	-	-	-	-	-	-
91.2	90.0	94.2	94.9	95.3	95.2	94.4	93.6	94.6	97.3	94.7	94.9	94.4	100.0	100.0	-	-	-
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	5.4	5.5
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	8.3	6.4
-	-	-	-	-	-	-	-	-	131	156	169	187	153	114	152	156	228
841	1013	878	784	738	644	674	681	539	719	875	814	872	845	779	936	1241	722
-	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	6.8	8.9	11.7	9.5
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	93.9	96.3
-	-	-	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	72.6	78.4
-	-	-	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	16.3	13.2
-	-	-	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	5.2	3.8
-	-	-	-	-	-	-	-	-	-	-	-	-	11.7	7.6	5.4	5.9	4.6
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	12.7	12.9
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	12.4	13.3
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	38.8	100.0

20/21 Year to Date	Group					
	M	SS	W	I	PCCT	CO
77.1	51.6	89.4	85.6	84.8	88.6	90.5
95.7	100.0	100.0	100.0	100.0	100.0	100.0
5.5	6.2	6.2	5.8	4.3	4.8	5.0
7.3	7.8	7.9	5.4	4.6	6.0	4.9
-	55	56	22	6	40	49
-	175	167	79	24	104	147
10.7	9.4	11.2	7.7	-	9.3	-
95.1	96.2	97.3	98.3	99.3	98.3	92.7
75.5	72.3	73.7	82.2	-	78.8	-
14.7	17.4	15.2	10.9	-	13.7	-
4.5	4.4	5.5	3.0	-	3.4	-
5.2	6.0	5.6	3.8	-	4.1	-
12.8	-	-	-	-	-	-
12.9	14.5	17.7	12.4	27.1	8.6	1.2
61.1	100.0	100.0	100.0	-	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

















# CQC : Use of Resources

	Kitemark	Reviewed Date	Indicator	Measure	Benchmark				Trust																							Group					
					Period	Model Hospital STP Peer	Model Hospital National Median	Model Hospital Quality Account Peer	Trust Delivery	Target	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	Apr 2020	May 2020	20/21 Year to Date	M	SS	W	I	PCCT	CO		
Clinical Services			Pre-Procedure Elective Bed Days	Avg	Q3 2019/20	0.15	0.11	0.21	0.2	-	-	-	-	-	0.22	0.56	0.32	0.41	0.49	0.13	0.21	0.33	0.17	0.24	0.15	0.19	0.36	0.46	0.42	0.79	0.23	0.31	-	0.00	-		
			Pre-Procedure Non-Elective Bed Days	Avg	Q3 2019/20	0.74	0.66	0.54	0.66	-	-	-	-	-	0.74	0.55	0.66	0.72	0.85	0.67	0.77	0.61	0.59	0.63	0.61	0.49	0.55	0.38	0.47	0.47	0.19	0.03	-	0.20	-		
			DNA Rate - Inc Radiology (Model Hospital)	<= %	Q3 2019/20	8.09	7.11	6.75	8.35	-	-	8.4	7.6	7.8	8.1	7.8	7.8	7.9	8.4	8.1	8.1	8.3	8.8	7.7	7.7	11.7	9.1	7.5	8.2	6.7	7.5	12.7	0.0	8.0	-		
			DNA Rate - Exc Radiology (SWB)	<= %	Q3 2019/20	n/a	n/a	n/a	10.49	-	-	10.4	9.6	9.9	10.2	9.8	9.8	9.9	10.5	10.2	10.2	10.3	11.0	9.6	9.5	14.1	10.0	8.6	9.1	6.7	7.5	12.7	5.9	8.0	-		
			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= %	Q3 2019/20	7.97	7.94	7.49	8.23	-	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	9.7	12.9	-	12.9	14.9	10.4	8.7	11.1	3.9	-		
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	-	Pathology services are provided by the Black Country Pathology Services model; costs per test are available annually only in Model Hospital																										
People			Staff Retention Rate	%	Dec2019	86	86.2	85.1	85	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	86.1	86.6	85.4	85.5	85.5	82.8	85.9	86.7	88.2	85.4	86.3		
			Sickness Absence (Monthly)	<= %	Dec2019	5.41	4.77	5.01	5.39	-	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	8.3	6.4	7.3	7.8	7.9	5.4	4.6	6.0	4.9		
			Total Cost per WAU	£	2018/19	£3,614	£3,500	-	3359	-	Pay and Non-Pay costs per WAU are published on Model Hospital annually after the Natioinal Cost Collection window (formerly known as Reference Cost Submission); we are therefore unable to complete monthly trends on a per WAU basis																										
			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	-	-	-	-	-	-		

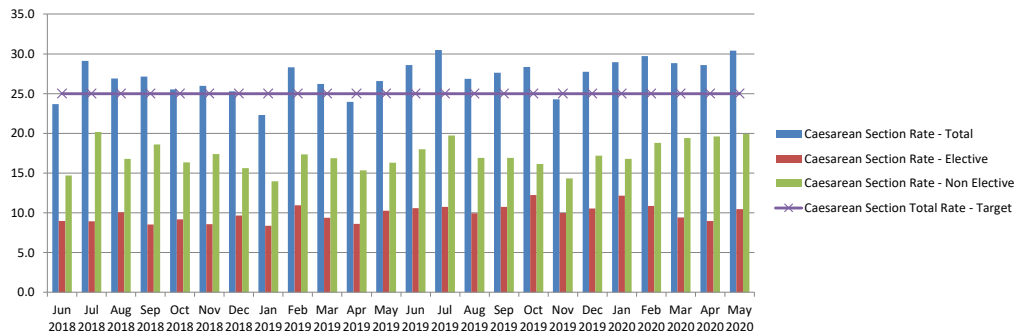
# Patient Safety - Obstetrics

Data Quality	Last review	PAF	Indicator	Measure	Trajectory 2016-2017	
					Year	Month
			Caesarean Section Rate - Total	<= %	25.0	25.0
		<span style="color: red;">●</span>	Caesarean Section Rate - Elective	<= %		
		<span style="color: red;">●</span>	Caesarean Section Rate - Non Elective	<= %		
		<span style="color: blue;">d</span>	Maternal Deaths	<= No	0	0
			Post Partum Haemorrhage (>2000ml)	<= No	48	4
			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0
			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0
	Apr-19		Stillbirth Rate (Corrected) (per 1000 babies)	Rate1		
	Apr-19		Neonatal Death Rate (Corrected) (per 1000 babies)	Rate1		
			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	85.0	85.0
			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0
			Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0
	Apr-19	<span style="color: red;">●</span>	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %		
	Apr-19	<span style="color: red;">●</span>	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %		
	Apr-19	<span style="color: red;">●</span>	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %		

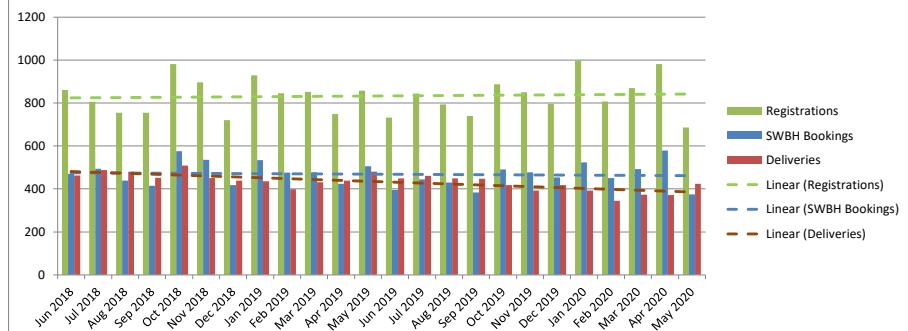
Previous Months Trend (since Dec 2018)																	
D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M
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10	8	11	9	9	10	11	11	10	11	12	10	11	12	11	9	9	10
16	14	17	17	15	16	18	20	17	17	16	14	17	17	19	19	20	20
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4.57	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	-	9.43
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	-	2.36
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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	1.9	1.6
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	0.4	0.8
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	0.0	0.0

Data Period	Month	Year To Date	Trend
May 2020	30.4	29.6	
May 2020	10.5	9.8	
May 2020	20.0	19.8	
May 2020	0	0	
May 2020	4	7	
May 2020	4.95	5.28	
May 2020	11.79	11.79	
May 2020	9.43	9.43	
May 2020	2.36	2.36	
May 2020	93.4	92.3	
May 2020	120.2	148.9	
May 2020	82.66	83.99	
May 2020	1.59	1.79	
May 2020	0.79	0.51	
May 2020	0.00	0.00	

Caesarean Section Rate (%)



Registrations & Deliveries

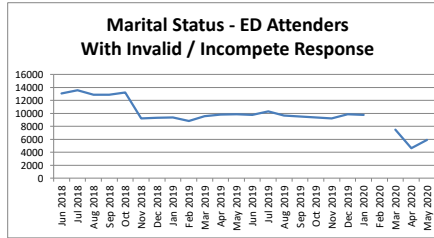
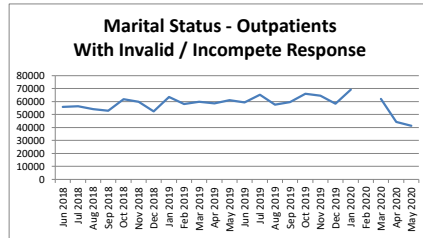
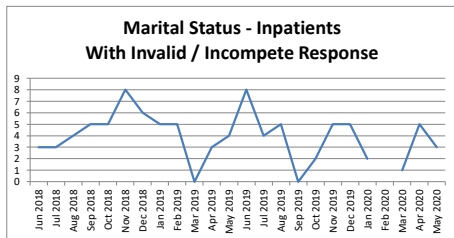
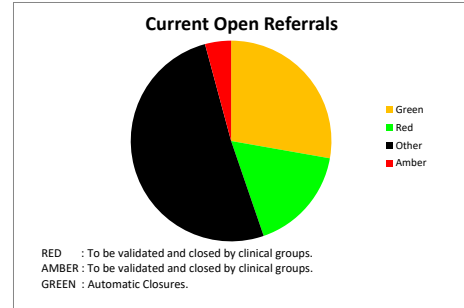
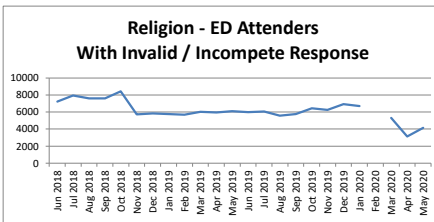
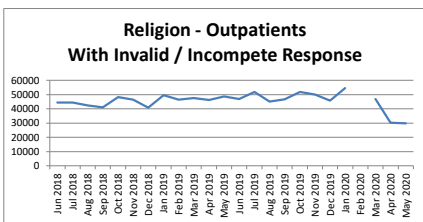
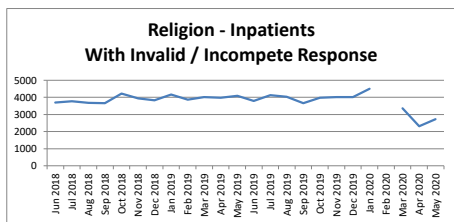


# Data Completeness

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

Previous Months Trend (since Dec 2018)																	
D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M
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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	99.0	97.1	95.5	-
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	99.7	99.5	99.6	-
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	85.6	88.4	90.3	-
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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	-	64.5	65.5	63.4
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	-	51.2	55.9	52.5
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	-	55.5	55.1	55.3
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	-	100.0	99.9	100.0
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	-	35.1	35.5	34.4
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	-	37.2	33.6	36.5
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334,632	337,995	341,631	326,229	311,212	223,937	221,026	216,977	215,389	210,947	213,037	213,645	216,909	216,936	217,529	215,194	207,500	206,550
164,452	188,892	192,794	151,428	158,635	69,739	64,564	54,518	53,680	46,595	37,194	36,476	38,047	38,823	38,104	38,197	32,268	35,780







Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	PCCT	CO			
Mar 2020							61.2			
Dec 2019										
Dec 2019										
Dec 2019										
Apr 2020										
Apr 2020										
Apr 2020										
Apr 2020										
Apr 2020										
May 2020								63.4	64.4	
May 2020								52.5	54.3	
May 2020								55.3	55.2	
May 2020								100.0	99.9	
May 2020								34.4	35.0	
May 2020								36.5	35.3	
Apr 2020										
May 2020								206,550		
May 2020								35780		



# Local Quality Indicators - 2020/2021

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

Previous Months Trend (From Dec 2018)																	
D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M
100	100	100	100	99	100	100	100	100	100	100	100	99	100	100	99	100	100
16	20	18	20	19	16	17	17	17	14	17	15	17	18	15	18	20	15
92	91	92	91	92	91	91	92	92	75	68	63	61	55	5	6	7	5
85	67	83	86	97	94	94	93	93	90	91	92	90	93	94	47	0	0
93	93	95	95	93	97	97	97	97	96	93	91	93	95	93	92	-	-
94	93	95	95	93	97	98	97	96	96	93	92	93	96	93	92	-	-

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	PCCT	CO			
May 2020	100	100	-			-		100.0	100.0	
May 2020	14.1	11.5	16.3			29		15.0	18.1	
May 2020								5.4	5.9	
May 2020								0.2	0.1	
Mar 2020								91.9	94.6	
Mar 2020								92.4	94.8	

# Legend

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

Indicators which comprise the External Performance Assessment Frameworks	
	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

# Surgical Services Group

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

Previous Months Trend																	
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8	23	3	8	8	8	8	7	9	8	8	8	7	13	9	9	10	16
8	23	3	8	8	8	8	7	9	8	8	8	7	13	9	9	10	16
3	0	0	1	2	0	1	1	1	2	0	0	0	2	0	0	1	2
0	0	3	1	0	2	1	0	0	0	0	0	1	0	1	6	2	2
5	17	5	5	6	8	6	2	7	5	6	4	5	9	6	12	9	10
0	1	0	1	0	1	1	0	0	0	0	1	0	0	1	1	0	0
9	11	11	12	11	8	12	6	9	16	9	11	13	20	8	16	20	12
-	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
9	9	7	7	8	8	7	6	8	8	7	4	6	13	9	7	16	5
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1	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
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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	5.7	10.4	-
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	4.54	4.56	-

Data Period	Directorate					Month	Year To Date	Trend
	GS	SS	TH	An	O			
May 2020	0	0	0	1	0	1	1	
May 2020	0	0	0	0	0	0	0	
May 2020	85.87	77.27	-	-	60	83.2		
May 2020	87.7	88.97	-	100	100	88.4		
May 2020	14	0	0	2	0	16	26	
May 2020	14	0	0	2	0	16	26	
May 2020	2	0	0	0	0	2	3	
May 2020	2	0	0	0	0	2	4	
May 2020	10	0	0	0	0	10	19	
May 2020	0	0	0	0	0	0	0	
May 2020	7	4	-	1	-	12	32	
May 2020	0	0	0	0	0	0	0	
May 2020	1	2	-	2	-	5	21	
May 2020	92.17	99.1	-	100	83.54	92.4		
May 2020	100	100	100	100	100	100.0		
May 2020	-	-	100	-	100	100.0		
May 2020	-	-	100	-	100	100.0		
May 2020	0	0	0	0	0	0	0	
May 2020	0	0	0	0	0	0	0	
May 2020	0	0	0	0	0	0	0	
Mar 2020	88	78	-	-	-	82.4		
Apr 2020						10.4		
Apr 2020							4.6	

# Surgical Services Group

Section	Indicator	Measure	Trajectory	
			Year	Month
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0
Clinical Effect - Cancer	2 weeks (Breast Symptomatic)	=> %	93.0	93.0
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No		
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No		
Clinical Effect - Cancer	Cancer - Longest wait for treatment (days)	No		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	<= No	0	0
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No		
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8
Pt. Experience - Cancellations	28 day breaches	<= No	0	0
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0
Pt. Experience - Cancellations	Urgent Cancellations	<= No	0	0
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (%)	=> %	95.0	95.0
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	<= No	0	0
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0
Emergency Care & Pt. Flow	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15
Emergency Care & Pt. Flow	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60
Emergency Care & Pt. Flow	Hip Fractures BPT (Operation < 36 hours of admissions)	=> %	85.0	85.0
Emergency Care & Pt. Flow	Inpatients Staying 21+ Days At Month End Census - NHSI	No		
Emergency Care & Pt. Flow	21+ Days Long Stay Rate - NHSI	%		
Emergency Care & Pt. Flow	Estimated Beds - 21+ Days - NHSI	No		

Previous Months Trend																	
D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	-
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3	4	4	6	5	4	4	3	6	5	4	4	6	6	2	4	-	-
1	1	1	3	1	4	1	1	3	1	1	4	3	4	0	1	-	-
136	123	116	175	131	120	111	105	168	167	137	202	239	204	102	166	-	-
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
-	65	58	33	18	11	9	13	7	7	-	-	-	-	57	-	-	-
12	11	19	18	18	16	18	22	15	22	42	28	19	26	32	25	12	9
62	46	52	41	34	26	30	38	26	33	41	32	19	30	41	28	27	28
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0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	22	27	26	38	31	32	39	27	42	55	32	54	35	40	21	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	98.8	99.7
82	77	64	56	145	102	94	148	144	165	88	72	41	48	21	23	3	2
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	5.6	5.6
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	0.6	0.8
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	12	5	19	7	14	6	3	10	7	12	12	6	7	6	12	23	2
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19	19	17	22	21	13	10	15	16	23	21	17	25	24	28	29	15	18
10	11	5	15	6	12	5	3	8	6	10	9	5	7	6	12	39	4
11	12	5	19	7	14	6	3	10	7	12	12	6	7	6	12	23	2

















Data Period	Directorate					Month	Year To Date	
	GS	SS	TH	An	O			
Apr 2020	94.6	-	-	-	-	94.63		
Apr 2020	96.2	-	-	-	-	96.15		
Apr 2020	95.7	-	-	-	-	95.65		
Apr 2020	71.2	-	-	-	-	71.15		
Mar 2020	-	-	-	-	-	4	52	
Mar 2020	0.5	-	0	-	-	0.5	21	
Mar 2020	166	-	0	-	-	166		
May 2020	0	-	0	-	-	0	0	
May 2020	-	-	-	-	-	-	-	
May 2020	3	2	1	2	1	9	21	
May 2020	11	5	1	5	6	28		
May 2020	-	-	-	-	0.68	0.28		
May 2020	0	0	0	0	0	0	0	
May 2020	0	0	0	0	1	1	1	
May 2020	0	0	0	0	0	0	0	
May 2020	-	-	-	-	99.68	-	-	
May 2020	0	0	0	0	2	2	5	
May 2020	-	-	-	-	0	-	-	
May 2020	-	-	-	-	5.64	-	-	
May 2020	-	-	-	-	0.81	-	-	
Nov 2018	-	-	-	-	7	0	0	
May 2020	0.32	1.87	-	-	0	2.19	25	
May 2020						90.0	86.7	
May 2020	13	3	0	0	2	18	-	
May 2020	1.1	8.76	-	-	0	4.31	23	
May 2020	0.32	1.87	-	-	0	2.19	-	



Surgical Services Group	
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Section	Indicator	Measure	Trajectory	
			Year	Month
RTT	RTT - Admitted Care (18-weeks) (%)	=> %	90.0	90.0
RTT	RTT - Non Admitted Care (18-weeks) (%)	=> %	95.0	95.0
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0
RTT	RTT - Backlog	<= No	0	0
RTT	Patients Waiting >52 weeks	<= No	0	0
RTT	Treatment Functions Underperforming	<= No	0	0
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0
Data Completeness	Open Referrals	No		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Required	No		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.0	3.0
Workforce	Sickness Absence - In Month	<= %	3.0	3.0
Workforce	Sickness Absence - Long Term - In Month	No		
Workforce	Sickness Absence - Short Term - In Month	No		
Workforce	Mandatory Training	=> %	95.0	95.0

[illegible]

Data Period	Directorate					Month	Year To Date	
	GS	SS	TH	An	O			
May 2020	88.5	89.2	-	-	81.8	85.5		
May 2020	94.8	96.7	-	-	95.0	95.4		
May 2020	73.4	72.6	-	-	70.1	71.7		
May 2020	1483	641	0	0	2174	4298		
May 2020	6	0	0	0	26	32		
May 2020	7	4	0	0	2	13		
May 2020	64.8	-	-	-	-	64.77		
May 2020	29,942	13,292	0	4,666	50,267	98167		
May 2020	3,892	3,176	0	1,401	4,007	12476		
Oct 2019	88.3	89.4	93.0	96.5	81.8	89.2		
Mar 2020	100	100	-	100	100	94.8		
May 2020	5.8	7.3	9.1	5.0	3.7	6.2	6.0	
May 2020	7.7	11.0	10.8	5.8	4.3	7.9	8.4	
May 2020	27.0	28.0	23.0	6.0	15.0	99	158	
May 2020	39.0	33.0	37.0	47.0	11.0	167	405	
Jan 2020	87.2	88.0	93.2	92.8	90.6	91.3		

# Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	Trend	
			Year	Month	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A		M	G	M				P
Patient Safety - Inf Control	C. Difficile	<= No	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	May 2020	0	0	0	0	0		
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	May 2020	0	0	0	0	0		
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.00	80.00	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	May 2020	0			0.0			
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80.00	80.00	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	May 2020	-	100		100.0			
Patient Safety - Harm Free Care	Falls	<= No	0	0	0	2	1	1	0	0	1	0	1	-	1	-	-	1	1	1	3	1	May 2020	-	1	-	1	4	
Patient Safety - Harm Free Care	Falls - Death or Severe Harm	<= No	0	0	-	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	May 2020	0	0	0	0	0		
Patient Safety - Harm Free Care	Pressure Ulcer SWB Hospital Acquired - Total	<= %	0	0	2	0	0	2	4	0	2	-	-	-	-	-	2	-	2	-	2	4	May 2020	2	-	-	2	3	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	May 2020	79	90		87.1			
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	May 2020	100	100		100.0			
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0	-	-	<div></div>	-	-	-	-	-	-	-	<div></div>	-	-	-	-	-	<div></div>	May 2020	-	-		-			
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0	-	-	<div></div>	-	-	-	-	-	-	-	<div></div>	-	-	-	-	-	<div></div>	May 2020	-	-		-			
Patient Safety - Harm Free Care	Never Events	<= No	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	May 2020	0	0	0	0	0		
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	May 2020	0	0	0	0	0		
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	May 2020	0	0	0	0	1		









































































































# Women & Child Health Group

Section	Indicator	Measure	Trajectory	
			Year	Month
Patient Safety - Obstetrics	Caesarean Section Rate - Total	<= %	25.0	25.0
Patient Safety - Obstetrics	Caesarean Section Rate - Elective	%		
Patient Safety - Obstetrics	Caesarean Section Rate - Non Elective	%		
Patient Safety - Obstetrics	Maternal Deaths	<= No	0	0
Patient Safety - Obstetrics	Post Partum Haemorrhage (>2000ml)	<= No	48	4
Patient Safety - Obstetrics	Admissions to Neonatal Intensive Care	<= %	10.0	10.0
Patient Safety - Obstetrics	Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0
Patient Safety - Obstetrics	Stillbirth (Corrected) Mortality Rate (per 1000 babies)	Rate1		
Patient Safety - Obstetrics	Neonatal Death (Corrected) Mortality Rate (per 1000 babies)	Rate1		
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific	=> %	85.0	85.0
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=> %	90.0	90.0
Patient Safety - Obstetrics	Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0
Patient Safety - Obstetrics	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	%		
Patient Safety - Obstetrics	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	%		
Patient Safety - Obstetrics	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	%		
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100.0	97.0
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%		
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No		
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No		
Clinical Effect - Cancer	Cancer - Longest wait for treatment (days)	No		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	<= No	0	0








Previous Months Trend																	
D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M
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10	8	11	9	9	10	11	11	10	11	12	10	11	12	11	9	9	10
16	14	17	17	15	16	18	20	17	17	16	14	17	17	19	19	20	20
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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	-	9.43
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	-	1.00
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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	1.9	1.6
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	0.4	0.8
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	0.0	0.0
N/A	<div></div>	N/A	N/A	<div></div>	N/A	N/A	N/A	N/A	<div></div>	<div></div>	N/A	<div></div>	N/A	N/A	<div></div>	-	-
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	9.2	8.7	-
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	5.7	6.1	-
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1.5	2.5	3	3	0.5	2	1.5	2	1	3	3.5	1.5	2.5	2	5.5	4	-	-
0	1	1	3	1	0	0	0.5	0.5	0	1	0	1	0.5	3	1	-	-
84	137	177	209	241	97	85	196	109	96	171	104	148	169	217	121	-	-
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Data Period	Directorate			Month	Year To Date	
	G	M	P			
May 2020		30		30.4	29.6	
May 2020		10		10.5	9.8	
May 2020		20		20.0	19.8	
May 2020		0		0	0	
May 2020		4		4	7	
May 2020		5		5.0	5.3	
May 2020		12		11.8		
May 2020		9.4		9.43	9.43	
May 2020		2.4		2.36	2.36	
May 2020		93		93.4		
May 2020		120		120.2		
May 2020		83		82.7		
May 2020		1.6		1.6		
May 2020		0.8		0.8		
May 2020		0		0.0		
Mar 2020	100	-	-	100.0		
Apr 2020				8.7		
Apr 2020					6.1	
Apr 2020	95		-	95.2		
Apr 2020	79			78.6		
Apr 2020	75			75.0		
Mar 2020	4	-	0	4	29	
Mar 2020	1	-	0	1	8.5	
Mar 2020	121	-	0	121		
May 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	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A		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	-	-	-	May 2020	-			-	-	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			6	8	10	12	5	18	12	23	4	17	19	10	6	11	5	9	3	6	May 2020	2	2	2	6	9	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			17	13	14	18	17	26	19	23	6	22	25	12	13	13	14	15	9	12	May 2020	0	0	0	12		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																		May 2020	1.5		-	1.0			
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	May 2020	0			0	0		
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	6	11	9	5	6	7	3	5	5	10	5	8	6	7	13	4	0	1	May 2020	1			1	1	
Pt. Experience - Cancellations	Urgent Cancellations	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	May 2020	0	-	0	0	0		
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			61	34	11	17	46	20	10	13	7	20	0	0	0	0	0	0	0	May 2020	0	0	0	0	0		
Emergency Care & Pt. Flow	Inpatients Staying 21+ Days At Month End Census - NHSI	No			0	0	0	0	0	0	1	1	1	1	3	1	1	1	1	1	4	0	May 2020	0	0	0	0	-	
Emergency Care & Pt. Flow	21+ Days Long Stay Rate - NHSI	%			0	0	0	2	1	4	3	7	1	0	4	23	7	0	16	0	0	0	May 2020	0	-	-	0	0	
Emergency Care & Pt. Flow	Estimated Beds - 21+ Days - NHSI	No			0	0	0	0	0	0	0	1	0	0	0	5	1	0	2	0	0	0	May 2020	0	-	-	0	-	
RTT	RTT - Admitted Care (18-weeks)	=> %	90.0	90.0																			May 2020	93			93.3		
RTT	RTT - Non Admitted Care (18-weeks)	=> %	95.0	95.0																		May 2020	80			79.5			
RTT	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																		May 2020	72			72.2			
RTT	RTT - Backlog	<= No	0	0	199	174	169	142	146	162	201	231	187	141	142	169	191	225	282	324	437	577	May 2020	577			577		
RTT	Patients Waiting >52 weeks	<= No	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	May 2020	0			0			
RTT	Treatment Functions Underperforming	<= No	0	0	3	3	3	2	2	2	3	3	3	2	2	3	3	3	3	3	2	2	May 2020	2			2		
RTT	Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1	0.1																		May 2020	-			-			

# Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date		
			Year	Month	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A		M	G	M				P
Data Completeness	Open Referrals	No			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	23,681	24,706	May 2020	6,001	10,987	7,718	24706		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			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	4,425	5,000	May 2020	1,122	3,265	613	5000		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0		-	-		-	-	-	-	-			-	-	-	-	-	-	-	Oct 2019						
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																-	-	Mar 2020	100	100	100				
Workforce	Sickness Absence - 12 month rolling	<= %	3.0	3.0	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	5.77	5.76	May 2020						
Workforce	Sickness Absence - in month	<= %	3.0	3.0	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	7.08	5.41	May 2020						
Workforce	Sickness Absence - Long Term - in month	No			31	48	41	41	39	45	47	40	46	41	44	45	52	45	31	30	40	49	May 2020	5	25	19	49.0	89.0	
Workforce	Sickness Absence - Short Term - in month	No			117	135	115	102	97	78	70	87	60	98	98	106	103	101	94	96	137	79	May 2020	7	28	44	79.0	216.0	
Workforce	Mandatory Training	=> %	95.0	95.0															-	-	-	-	Jan 2020			95			

# Women & Child Health Group

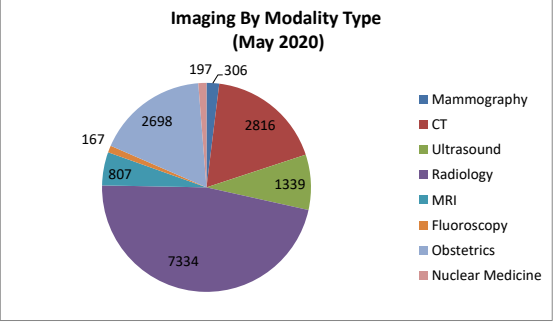
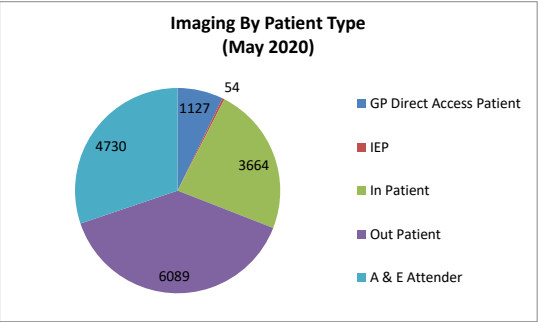
Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate			Month	Year To Date		
			Year	Month	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		A	M	G				M
WCH Group Only	HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregnancy	No			-->	934	-->	-->	978	-->	-->	1045	-->	-->	928	-->	-->	-->	-->	-->	-->	-->			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	-->	90	-->	-->	91.4	-->	-->	92.4	-->	-->	90.9	-->	-->	-->	-->	-->	-->	-->			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	%			-->	8.21	-->	-->	6.09	-->	-->	7.64	-->	-->	7.38	-->	-->	-->	-->	-->	-->	-->			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	-->	-->	96.4	-->	-->	96.1	-->	-->	97.3	-->	-->	-->	-->	-->	-->	-->			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	%			-->	96.7	-->	-->	96.7	-->	-->	96	-->	-->	95.1	-->	-->	-->	-->	-->	-->	-->			95	95.05	95.89	
WCH Group Only	HV (C6i) - % of children who received a 2 - 2.5 year review	=> %	95.0	95.0	-->	94.1	-->	-->	94.8	-->	-->	95.8	-->	-->	96.6	-->	-->	-->	-->	-->	-->	-->			97	96.63	95.72	
WCH Group Only	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%			-->	93.7	-->	-->	94.5	-->	-->	98.6	-->	-->	98.4	-->	-->	-->	-->	-->	-->	-->			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	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->			4	4	4	
WCH Group Only	HV (C8) - % of children who receive a 6 - 8 week review	=> %	95.0	95.0	-->	99.5	-->	-->	99.9	-->	-->	99.9	-->	-->	99.7	-->	-->	-->	-->	-->	-->	-->			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	-->	99.5	-->	-->	99.8	-->	-->	99.9	-->	-->	99.7	-->	-->	-->	-->	-->	-->	-->			100	99.72	99.8	
WCH Group Only	HV - % of infants being breastfed at 6 - 8 weeks	%			-->	41.6	-->	-->	40.3	-->	-->	44.1	-->	-->	45.1	-->	-->	-->	-->	-->	-->	-->			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	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->			-	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			-->	99.5	-->	-->	99.4	-->	-->	1071	-->	-->	1125	-->	-->	-->	-->	-->	-->	-->			###	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	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->			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			-->	2.6	-->	-->	1.8	-->	-->	0.21	-->	-->	21	-->	-->	-->	-->	-->	-->	-->			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	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->			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			-->	3.3	-->	-->	2.2	-->	-->	3.6	-->	-->	28	-->	-->	-->	-->	-->	-->	-->			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	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->			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			-->	61.9	-->	-->	73.5	-->	-->	255	-->	-->	196	-->	-->	-->	-->	-->	-->	-->			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			-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->						

## Imaging Group

Section	Indicator	Measure	Trajectory Year	Month
Patient Safety - Harm Free Care	Never Events	<= No	0	0
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= No	0	0
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	=> %	0	0
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.00
PL Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No		
PL Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0
Data Completeness	Open Referrals	No		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0
Workforce	Sickness Absence - 12 month rolling	<= %	3.00	3.00
Workforce	Sickness Absence - in month	<= %	3.00	3.00
Workforce	Sickness Absence - Long Term - in month	No		
Workforce	Sickness Absence - Short Term - in month	No		
Workforce	Mandatory Training	=> %	95.0	95.0
Workforce	Imaging - Total Scans	No		
Board KPI	Imaging - Inpatient Turnaround Time <=24hr	=> %	90.0	90.0
Board KPI	Imaging - Urgent Other(GP 5) Turnround Time <=5d	=> %	90.0	90.0
Board KPI	Imaging - All Imaging Work Reported in less than 4 weeks (request to report)	=> %	95.0	95.0

Previous Months Trend																		
D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	
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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	-	1.0	-	
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	18.0	17.0		
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2	2	0	2	0	6	5	3	2	0	1	3	3	5	1	0	1	1	
5	4	4	4	3	6	11	6	3	1	2	3	2	5	2	1	2	2	
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927	940	932	940	948	977	268	295	308	215	350	363	396	449	486	516	527	715	
849	865	867	865	901	186	178	205	208	233	244	255	304	321	357	366	373	388	
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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	4.24	4.26	
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	5.88	4.58	
14	10	7	6	10	10	7	5	8	9	10	7	7	5	5	5	7	9	
31	39	27	30	34	19	26	24	19	24	33	25	33	44	34	39	40	24	
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-	-	-	-	-	30.62	32.017	29.982	32.865	29.248	29.463	31.286	29.477	28.573	32.398	23.181	23.026	15.657	
-	-	-	-	-	65	69	65	67	69	67	77	77	77	79	82	87	87	
-	-	-	-	-	76	69	65	66	70	71	77	75	72	72	74	68	82	
-	-	-	-	-	-	-	-	-	-	-	88	90	90	88	92	90	94	

Data Period	Directorate					Month	Year To Date	Trend
	DR	IR	NM	BS	BCP			
May 2020	0	0	0	0	0	0	0	
May 2020	0	0	0	0	0	0	0	
Apr 2020						11.11	-	
Apr 2020						-	6.8	
Aug 2019			73.9			73.91	65.44	
Aug 2019			100			100	98.16	
May 2020	1	0	0	0	0	1	2	
May 2020	2	0	0	0	0	2		
May 2020	63.3					63.25		
May 2020	482	22	0	0	211	715		
May 2020	365	6	0	0	27	388		
Oct 2019	79.8	100	88.0	87.9	-	-	72.8	
Mar 2020	100	-	100	-	-	-	98.0	
May 2020	5.0	3.3	1.9	3.5	0.0	4.26	4.25	
May 2020	5.0	0.0	1.9	5.6	0.0	4.58	5.21	
May 2020	6	0	1	2	0	9	16	
May 2020	20	0	2	2	0	24	64	
Jan 2020	92.9	94.6	93.3	92.7	-	93.0	93.6	
May 2020						15657	28131	
May 2020						87.3	89.0	
May 2020						86.0	84.9	
May 2020						93.5	93.3	



# Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate						Month	Year To Date	Trend
			Year	Month	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M		AT	IB	IC	CT	CM	YHP			
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.0	80.0																			May 2020	-	-	-	-	0	-	0		
Patient Safety - Harm Free Care	Number of DOLS raised	No			6	6	6	3	4	6	5	6	13	5	7	6	4	6	5	4	9	6	May 2020	0	6	0	-	0	0	6	15	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			6	6	6	3	4	6	5	6	13	5	7	6	4	6	5	4	9	6	May 2020	0	6	0	-	0	0	6	15	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			1	1	0	1	1	1	3	3	6	0	0	0	1	1	3	0	0	0	May 2020	0	0	0	-	0	0	0	0	
Patient Safety - Harm Free Care	Number DOLS rolled over from previous month	No			0	0	4	1	0	1	2	0	2	0	0	1	1	0	2	0	2	2	May 2020	0	2	0	-	0	0	2	4	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			3	0	4	1	2	5	2	1	8	2	4	2	1	2	2	1	9	5	May 2020	0	5	0	-	0	0	5	14	
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	May 2020	0	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	4	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	May 2020	0	0	0	-	0	0	0	0	
Patient Safety - Harm Free Care	Falls	<= No	0	0	31	21	28	22	33	21	29	22	24	23	28	26	28	29	32	25	22	19	May 2020	-	18	1	-	-	-	19	41	
Patient Safety - Harm Free Care	Falls - Death or Severe Harm	<= No	0	0	-	0	1	0	2	1	1	0	0	0	3	1	0	0	0	0	0	0	May 2020	0	0	0	-	0	0	0	0	
Patient Safety - Harm Free Care	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	8	10	20	8	26	18	8	12	16	20	8	14	22	18	24	14	12	16	May 2020	-	6	2	-	-	-	8	14	
Patient Safety - Harm Free Care	Pressure Ulcer DN Caseload Acquired - Total	<= No	0	0	32	45	34	34	36	16	24	29	34	27	31	18	24	25	25	22	20	23	May 2020	-	-	23	-	-	-	23	43	
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			May 2020	0	0	0	-	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			May 2020	0	0	0	-	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			May 2020	0	6	1	-	0	0	7	8	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	-	0	0	0	0	0	0	0	0	0	-	-	-	-	0	-	-	-	May 2020	-	-	-	-	-	-	-	-	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			5	9	6	7	14	4	13	8	6	9	14	8	5	11	4	8	6	4	May 2020	0	2	0	-	0	2	4	10	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			16	19	23	16	22	5	20	17	7	14	15	13	7	0	11	11	12	12	May 2020	1	6	0	-	3	2	12		



# Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory	
			Year	Month
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0
Workforce	Sickness Absence - 12 month rolling	<= %	3.00	3.00
Workforce	Sickness Absence - in month	<= %	3.00	3.00
Workforce	Sickness Absence - Long Term - in month	No		
Workforce	Sickness Absence - Short Term - in month	No		
Workforce	Mandatory Training	=> %	95.0	95.0

Previous Months Trend																	
D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M
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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	4.60	4.80
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	6.89	5.90
35	37	29	33	25	31	25	25	26	23	27	23	32	30	31	36	29	50
104	163	147	102	101	79	86	94	78	93	135	121	121	140	114	92	181	104
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Data Period

Oct 2019

May 2020

May 2020

May 2020

May 2020

Jan 2020

Directorate

AT IB IC CT CM YHP

2.9 5.4 5.1 - 5.5 6.28

1.6 7.6 5.1 - 9.9 7.29

3 - - - - -

19 47 22 0 13 3

96 93 94 - 91 -

Month

4.8

5.98

50

104

Year To Date

88.0

4.7

6.43

80

288

95.4



# Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate						Month	Year To Date		
			Year	Month	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A		M	AT	IB	IC	CT	CM				YHP
Community & Therapies Group Only	DVT numbers	=> No	730	61	7	3	25	12	20	38	43	55	43	27	25	29	19	21	14	1	15	22	May 2020							22	37	
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	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	9.43	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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2018							0	1	
Community & Therapies Group Only	Green Stream Community Rehab response time for treatment (days)	<= No	15.0	15.0	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	14.6	4.76	5.75	May 2020							5.75	10.51	
Community & Therapies Group Only	DNA/No Access Visits	%			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	92.1	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	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	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	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	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	%			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	93.1	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			8	10	20	8	26	18	8	12	16	20	8	14	22	18	24	14	12	16	May 2020							8	14	
Community & Therapies Group Only	Avoidable Grade 2 Pressure Ulcers (DN caseload acquired)	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Nov 2018							26	37	
Community & Therapies Group Only	Avoidable Grade 3 Pressure Ulcers (DN caseload acquired)	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Nov 2018							11	14	
Community & Therapies Group Only	Avoidable Grade 4 Pressure Ulcers (DN caseload acquired)	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Nov 2018							0	1	

# Corporate Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate							Month	Year To Date	Trend		
			Year	Month	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		A	M	SG	F	W	M	E				N	O
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			3	5	5	4	2	1	12	10	0	3	6	2	3	6	3	10	3	4	May 2020	2	0	0	0	0	2	0	4	7	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			11	8	8	9	2	6	4	5	1	4	3	4	1	0	5	12	3	4	May 2020	1	0	0	0	1	2	0	4		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0		-	-		-	-	-	-	-			-	-	-	-	-	-	-	Oct 2019		96			97		-			
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																	-	-	Mar 2020			95							
Workforce	Sickness Absence - 12 month rolling	<= %	3.00	3.00	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	4.94	4.99	May 2020		2.16								
Workforce	Sickness Absence - in month	<= %	3.00	3.00	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	6.75	4.87	May 2020		2.15		2.67						
Workforce	Sickness Absence - Long Term - in month	No			29	27	28	28	20	25	32	32	40	33	35	32	27	27	33	31	37	77	May 2020	4.00	3.00	5.00	4.00	32.00	23.00	6.00	77.00	120.00	
Workforce	Sickness Absence - Short Term - in month	No			84	120	112	86	79	57	65	82	54	92	90	84	108	100	80	73	116	147	May 2020	1.00	2.00	9.00	14.00	74.00	32.00	15.00	147.00	280.00	
Workforce	Mandatory Training	=> %	95.0	95.0															-	-	-	-	Jan 2020		97	97	96	-		-			