

Sandwell and West Birmingham Hospitals

NHS Trust



Integrated Quality & Performance Report

Month Reported: **April 2020**

Reported as at: 27/05/2020

TRUST BOARD

Operational Performance at a Glance: April 2020

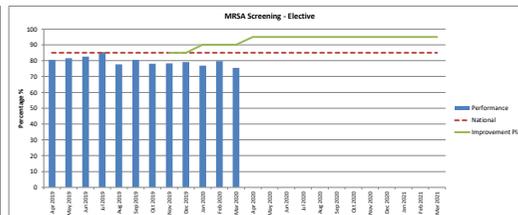
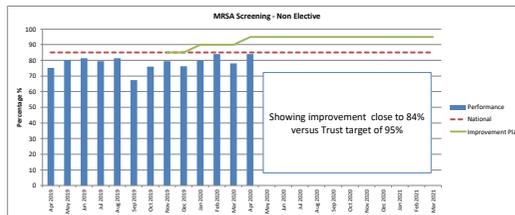
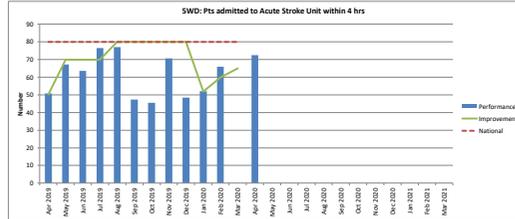
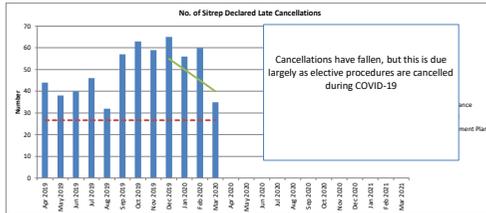
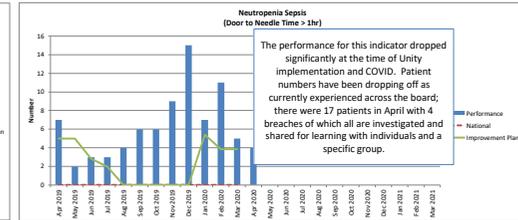
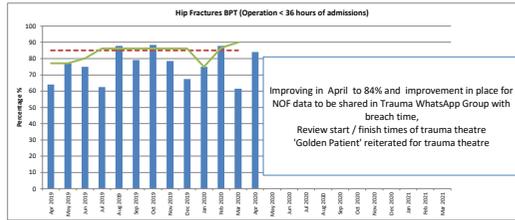
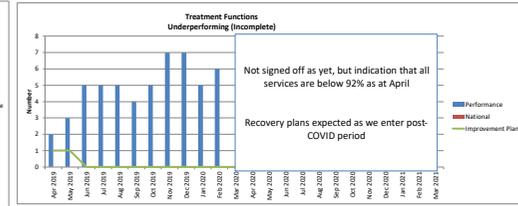
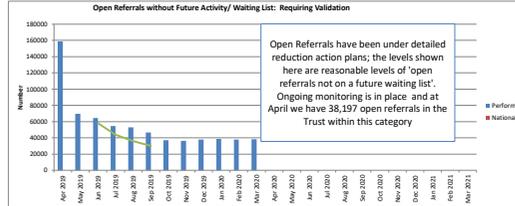
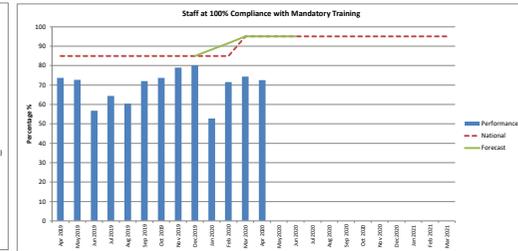
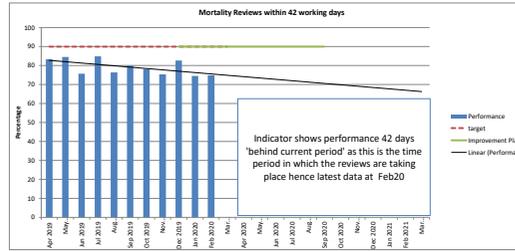
Summary :		<p>Covid-19 Reporting & Monitoring status:</p> <ul style="list-style-type: none"> In April, as expected, and as we can see from a national landscape perspective, we observe a worsening of performance across a range of indicators, mostly across the access (responsiveness) indicators driven by the impact of COVID-19; with patients either unable to come into hospital or choosing to stay away. Whilst A&E performance is improving in %age terms, this is attributable to lowest levels of attendances we have experienced. RTT performance is deteriorating as we see a growing backlog (patients waiting over 18 weeks) due to being unable to treat elective patients. Diagnostic testing has fallen due to cancellations necessary due to COVID However, the Trust delivered Q4 of Cancer performance and so has met each single quarter in the last year. As highlighted in March, NHSE/I have suspended national reporting of some of the national key indicators due to COVID and we expect further guidance and the resumption of those as recovery plans progress.
RESPONSIVE	A&E Performance	<p>Continues</p> <ul style="list-style-type: none"> Performance improves in April to 88%; attendance numbers drop to lowest levels as we see only 7,163 patients in A&E in April, a 47% drop to March and a 60% drop to previous average attendance trend; the fall in A&E attendances has been observed on a national level; there was 1x 12hr+ trolley wait in April which is currently being investigated by the Medical Director. May performance is now predicted at 92%.
	Referral to Treatment in 18 weeks (RTT Incomplete)	<p>Paused weekly; monthly returns continues</p> <ul style="list-style-type: none"> RTT waiting times on the incomplete pathway for April achieved 80.5% against the 92% standard and against 88% in March, clearly April being a full month impacted by COVID; as a result we also see patients now breaching the 52 week waiting time, at April we have reported 7 patient breaches. 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. The performance is following the national picture, we have seen new referrals dropping significantly compounded by elective activity being paused This has led us to a backlog of 6,823 patients who are waiting above the 18 weeks waiting time; our patient waiting list size is at 34,989 (38,603 in Mar), we can see this is reducing in patient numbers due to new referrals being lower, but of course, it is increasing in patient waiting time. Recovery plans are now key to be progressed to start seeing the patients coming back in safely and start picking up elective activity, the Trust is preparing for this next step.
	Diagnostics Waits (% of patients waiting >6 weeks)	<p>Paused weekly; monthly returns continues</p> <ul style="list-style-type: none"> The Trust has continued strong performance up to February over-achieving at 99.98% against the 99% DM01 standard; April performance, being a full month impacted by COVID, dropped significantly and we report performance at 40% against the 99% national standard; looking forward to May we are seeing a similar performance of c34% with many breached patients reaching c8,000, but recovery of service has started already in safe areas with clear back-log clearance plans in place, clearly depending on patients being willing to attend appointments. Imaging team continues to strive to achieve the ambitious internal Board KPIs and delivery is good even at pre-COVID ; with overall patients of 12,475 in April against a usual average trend of c30,000 per month we can see the falling patient numbers impact Board KPI wise, in April the Inpatient total turnaround (TAT) time within 24hrs has over-achieved at 91% against the 90% trust target; 93% of all Imaging work is turned around under 4 weeks against the trust target of 95%; and Urgent GP tests within 5 days at 83% vs 90% trust target recovering from the drop to 68% in March Plans for recovery of patient activity are in progress using 'cold capacity' on sites where it is safe for patients to be seen.
	Cancer Performance	<p>Continues</p> <ul style="list-style-type: none"> Reporting March year end position, the Trust, continued to deliver most of the cancer standards and despite failing the 62-day standard for a few months running, it has managed to deliver it for Q4 overall. The Trust therefore has successfully delivered Q4 and all other quarters during 19/20. The COVID imposed changes to cancer pathways have enabled more patients to be seen during March, hence supported the Q4 delivery. Cancer patients have been through a review process in terms of change to pathways to allow local treatment to continue, with some patients being moved to independent providers for the time-being, possibly up to July. Neutropenic sepsis performance is at 76% in April. Whilst this is showing a deterioration in %age terms, this is connected to lower numbers coming through the door e.g. we had only 17 patients in April. 13/17 patients received the treatment within the prescribed 1hr framework; 4 patients breached the 1 hr and all of the breaches are due to prescribing delays which is in our control to rectify.
	Cancellations	<p>Paused</p> <ul style="list-style-type: none"> 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.
SAFE	Infection Control	<p>Continues</p> <ul style="list-style-type: none"> Infection Control metrics continue to report good performance with nil cases of CDIFFs in April (including community) and nil MRSA cases in month. MRSA screening rates have been below standard all year and this is being reviewed with the Infection Control team with possible changes to screening. We are looking at revising the reporting for the screening indicators to incorporate the 6 weeks for each patient which is the eligible period during which the MRSA test is deemed to be valid.
	Harm Free Care	<p>Continues</p> <ul style="list-style-type: none"> Falls have reduced in comparison to March and the Trust falls rate per 1,000 bed days in April is at 4.33 against the trust target of 5; this is still higher than previous trends; we report 66 actual falls in April with nil cases of serious harm caused. Looking at the ward trend over the year for this indicator will now be more difficult due to COVID imposed ward movements, this is the case for all ward trends. Pressure Ulcers (PUs) in April reporting 58 overall across the acute and community setting; we report 38 acute setting PUs in April, which results overall increase in a rate of 2.33 (trend rate around 1.3) against 1,000 occupied bed days; 20 PUs reported in the community setting. VTE assessment performance is just short of 95% target delivering 94.9% in April. This is the position post -adjustment for issues known as 'intended management' (patients are booked in as inpatients triggering a VTE assessment but are actually a daycase (no VTE assessment required). Sepsis screening of eligible patients is at 95% in April with 20% of those screened being positive, 83% of positive patients were treated, and of those treated 57% were treated within the prescribed 1hr. Hence the Sepsis performance is below expected standard, indicating a small %age of positive patients amongst the eligible screened patients.
	Obstetrics	<p>Continues</p> <ul style="list-style-type: none"> The overall Caesarean Section rate for April of 28.6% is similar to previous months and still comparing well to other providers Elective C-Section rates during the full year were at an average of 10.5% and in April this is at 9% therefore lower than trend, which is good. Non-elective C-Section rates were on average 17% during the full year, and rising to rising to 20% across the last few months. Hence non-elective C-Section rate is driving the overall rate up. The level of births in April is at 371 compared to the same period of last year this was at 433; we observed a general downward trend in births during the last financial year Breastfeeding targets continued to over-achieve targets across the last year and is in April at 86% vs 74% target
CARING	Patient Experience (FFT), Mixed Sex Accommodation (MSA), Complaints, Flu Vaccination	<p>Paused</p> <ul style="list-style-type: none"> Flu vaccination completed successfully screening 83.7% of front line staff by end of February. National reporting around MSA has been paused for reporting purposes since 1st March 2020. The Trust is not validating breaches at this stage. The unvalidated number for April is 2005. FFT indicators are below response and score rates across all of the departments; revision to FFT indicators and targets is expected to follow new guidance introduced from 1st April 2020, but this will have been impacted by COVID.
EFFECTIVE	Mortality, Readmissions	<p>Continues</p> <ul style="list-style-type: none"> Readmissions rates (30 days after discharge) rising sharply to 9.7%; inflated in April due to administration of patients transferring inter-hospital, but recording as discharged, hence system would pick up as readmission rather than transfer; an analysis is under-way to understand the impact of this. Has been raised in the Tactical Command for administration to correct approach. HSMR reporting above the tolerance levels as at the end of December (latest available reporting period). After the rebasing they were steady, but still elevated, at between 112-117. 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 caused by coding.
	Stroke & Cardiology	<p>Continues</p> <ul style="list-style-type: none"> Pts spending >90% stay on Acute Stroke Unit is at 85% vs target of 90% in April for a number of reasons which the service is looking at. Noting a deterioration in the Angioplasty indicators (Door to balloon time within 90 mins & Call to Balloon time within 150 mins). We note a significant reduction in these eligible patients in the month of March and April as patients are hesitant to attend hospital; the steady, previous level of patients runs at c3x times the volume we have seen in March and April. Thrombolysis of patients within the hour is at 25% for April, 3/4 patients were breaching; 1 patient breach was due to patient needing stabilisation before the thrombolysis and 2 patients required Cardiac CT beforehand, delays for CT resulted due to radiologists dealing with other 'hot activity' and the other CT breach resulted due to a delay in vetting.
	Patient Flow	<p>Continues</p> <ul style="list-style-type: none"> 21+ LOS patients (long stay patients) count at the end of April is at 66 (101 counting both acute and community setting patients). From 1 April 2020 we will start reporting just the acute patients in line with current NHSI guidance and to align with our sitrep. Neck of Femur performance improving to 84% in April almost achieving the 85% standard; 4 patients breaching with 3x breached due to no theatre time/patients with higher clinical priority and 1x patient needed stabilising before operation could be done
WELL LED	Workforce	<p>Continues</p> <ul style="list-style-type: none"> Sickness rate overall for April is at 5.4% Open, long term sickness cases have gone up by 2 cases to 156 vs 140 internal target Ward sickness rate is available for April and at 10.8% in the month impacted by COVID, but showing a significantly better rate than the national picture. Mandatory Training (where staff are at 100% compliance) showing a fairly static position again in April of 73% against the 95% target. Qualified nursing turnover rate for April is at 12.7% against the internal target of 10.7% The nursing vacancy rate is at 12.4% in April against the 11% target.
	Use of Resources	<p>Paused</p> <ul style="list-style-type: none"> 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. In April we have managed to populate a larger range of metrics, which are available monthly; we can observe progress against Model Hospital benchmark, STP and Peer Group. Some of the indicators will have been impacted potentially by COVID e.g. DNA rates, but the trust has been an outlier pre-COVID and hopefully the new 'non-face-to-face' clinics will contribute to a reduced overall level of DNAs over the coming months as we continue to embed this approach.
TRUST EMPHASIS	CQC Trust-Wide Insight	<p>Paused</p> <p><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></p>
	Persistent Red Indicators	<p>Paused</p> <p>There are 11 persistent reds. Ten of the eleven have missed their recovery date so new plans will be required in due course. Open referrals is showing as complete and so could be removed from the persistent reds subject to discussion about risk and agreement at PMC in June.</p>

Persistent Red Focus & Performance

Exec Lead	Indicator	Standard Expected	Plan in Place	Recovery Expected	Mar-20 Actual Perf	Tracking Planned Monthly Trajectory
11	<i>Note: Some are grouped (two or more indicators)</i>					
Dr	1 - Mortality Reviews within 42days	90%	✓	Dec-19	75%	X
RG	1 - Mandatory Training (staff % where MT 100% complete)	95%	✓	Mar-20	72.6%	X
RB	1 - Treatment Functions below 92% RTT	0	✓	Apr-20	14	X
	1 - Open Referrals (relevant for improvement)	30,000	✓	Jul-20	38,197	✓
	1 - Neck of Femur - to surgery within 36 hours	85%	✓	Sep-19	84.0%	X
	1 - Cancellations (20pm)	20	✓	Mar-20	Not reported	X
	1 - Cancellations as %age of elective admissions	0.80%	✓	Mar-20	Not reported	X
	1 - Stroke Ward Admissions (Within 4 hrs)	80%	✓	Mar-20	73.0%	X
PG	1 - MRSA Screening (Elective & Non-Elective)	95%	✓	Apr-20	75% Elec / 84% Non-Elec	X
	1 - FFT Response Target (IP, OP, Maternity and A&E)	25%	✓	TBC	IP - 13.6, ED - 14.2, Mat Birth 4.2, O/P not measured	X

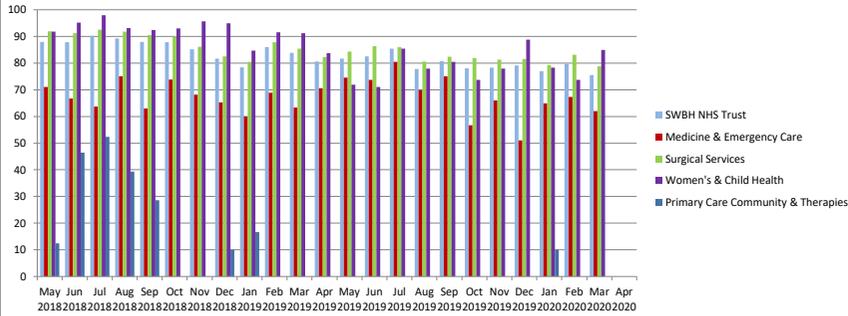
April performance:

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

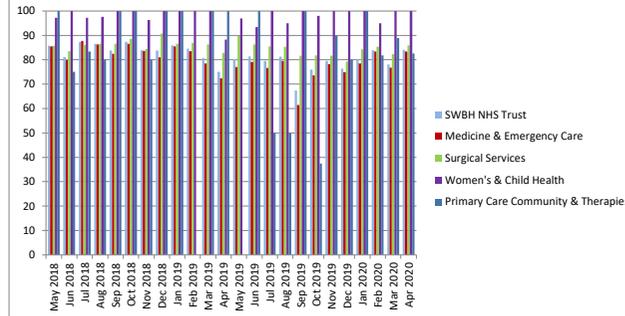


CQC Domain - Safe

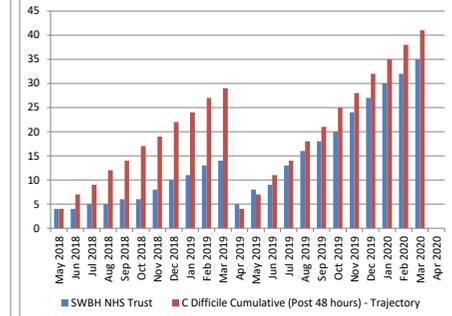
MRSA Screening - Elective



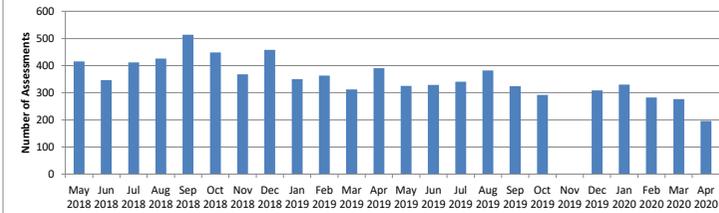
MRSA Screening - Non Elective



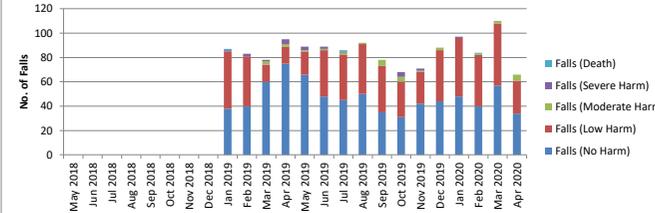
C Diff Infection



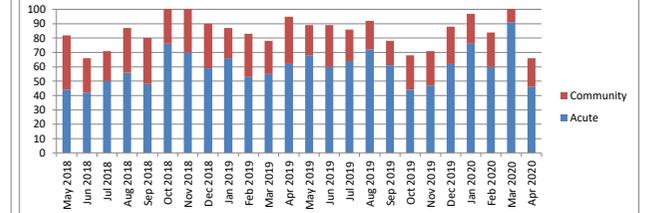
VTE Assessments Missed



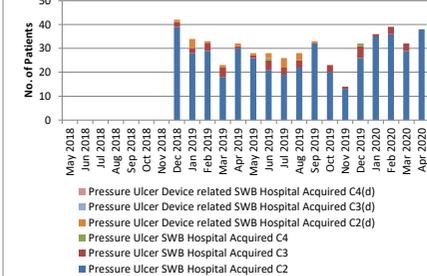
Falls



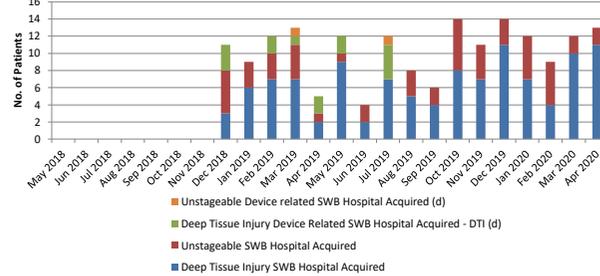
Falls - Acute & Community



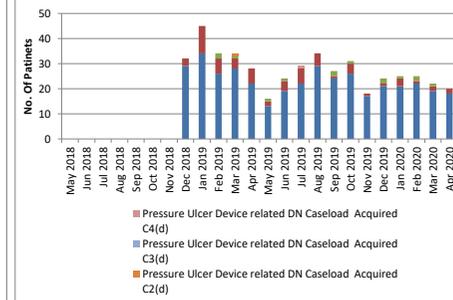
Pressure Ulcers - SWB Hospital Acquired



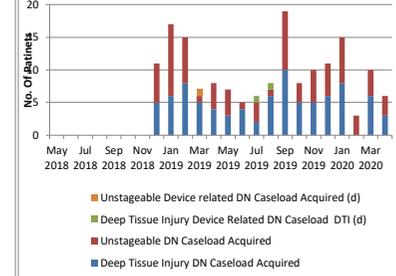
Unstageable / Deep Tissue (SWB Hospital Acquired)



Pressure Ulcers - DN Caseload Acquired



Unstageable/Deep Tissue (DN Caseload Acquired)

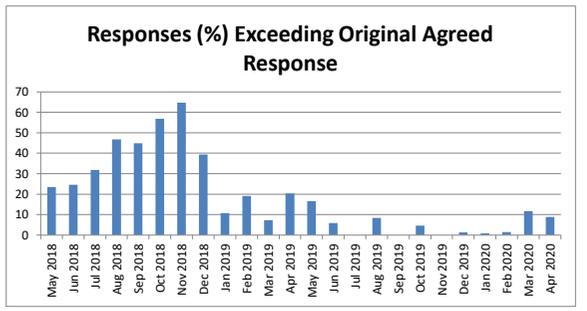
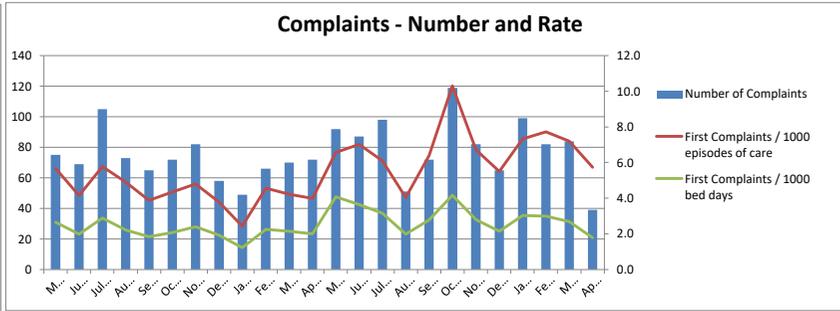
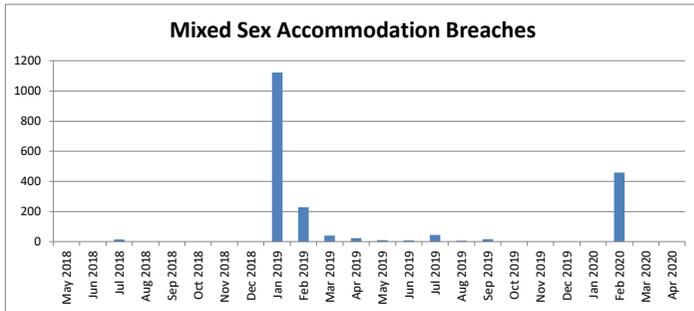


CQC Domain - Caring

	Kitemark	Reviewed Date	Indicator	Measure	Standard		Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	19/20 Year to Date	Group								
					Year	Month																				M	SS	W	P	I	PCCT	CO		
FFT	●●●●●●●●	Apr 19	FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	25	25	28.5	22.3	24.2	22.8	19.7	16.1	29.0	25.7	23.1	20.9	23.4	18.7	21.5	18.5	20.5	26.2	26.2	13.6	13.6	-	-	-	-	-	-	-		
	●●●●●●●●	Apr 19	FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95	95	92	92	91	92	91	89	89	92	91	90	89	89	89	89	86	89	24	90	86	-	-	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	FFT Response Rate: Type 1 and 2 Emergency Department	=> %	25	25	6.8	7.8	15.5	16.3	16.1	12.0	10.8	9.6	10.4	9.5	9.8	10.6	9.6	9.1	9.5	9.1	10.5	14.2	14.2	14.2	-	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95	95	74	73	74	75	75	75	76	73	76	78	71	71	68	73	75	72	79	89	-	-	89	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Score - Outpatients	=> No	95	95	90	92	90	90	91	90	90	89	88	76	87	87	89	89	89	89	89	89	87	-	-	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Score - Maternity Antenatal	=> No	95	95	0	0	0	0	0	0	0	0	0	0	0	0	90	97	100	75	83	80	86	-	-	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Score - Maternity Postnatal Ward	=> No	95	95	93	100	100	100	0	100	100	0	100	100	100	100	92	93	0	97	94	100	0	-	-	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Score - Maternity Community	=> No	95	95	0	0	0	0	0	0	0	0	0	0	0	0	94	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Score - Maternity Birth	=> No	95	95	100	100	17	95	100	100	94	94	91	66	6	94	97	94	95	97	97	89	-	-	-	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Response Rate: Maternity Birth	=> %	25	25	5.0	3.7	17.1	5.0	3.5	2.1	3.5	8.3	10.2	1.4	6.1	28.2	35.3	12.2	32.2	55.0	28.2	4.4	4.4	4.4	-	-	-	-	-	-	-	-
MSA	●●●●●●●●		Mixed Sex Accommodation - Breaches (Patients)	<= No	0	0	0	-	1123	229	40	22	11	9	44	7	16	-	-	-	-	458	-	2005	567	567	401	57	0	-	0	0	-	
Complaints	●●●●●●●●		No. of Complaints Received (formal and link)	No	-	-	82	58	49	66	70	72	92	87	98	51	72	119	82	65	99	82	84	39	39	14	12	3	0	1	6	3		
	●●●●●●●●		No. of Active Complaints in the System (formal and link)	No	-	-	212	210	165	170	151	163	149	121	148	91	121	140	114	92	106	142	126	102	102	49	27	9	0	2	12	3		
	●●●●●●●●		No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	2.39	1.93	1.23	2.26	2.14	2.00	4.08	3.63	3.15	1.98	2.78	4.16	2.78	2.15	3.03	2.99	2.68	1.78	1.78	1.02	4.34	0.98	-	-	10.69	-		
	●●●●●●●●		No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	4.81	3.79	2.42	4.57	4.22	3.98	6.57	7.02	6.10	4.05	6.38	10.31	6.72	5.50	7.33	7.72	7.21	5.74	5.74	3.49	15.87	2.45	-	-	24.82	-		
	●●●●●●●●		No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	96.2	98.3	97.8	100.0	98.4	100.0	2.2	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	100.0	100.0	
	●●●●●●●●		No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0	64.8	39.4	10.7	19.1	7.2	20.3	16.5	5.9	0.0	8.4	0.0	4.5	0.0	1.3	0.8	1.4	11.6	8.8	8.8	8.8	13.8	4.4	0.0	-	0.0	0.0	50.0	
	●●●●●●●●		No. of responses sent out	No	-	-	59	47	74	58	95	77	98	97	95	96	61	88	105	76	76	70	87	68	68	68	29	23	9	0	1	4	2	
WKF	●●●●●●●●	Apr 19	Flu Vaccination Rate	=> %	80	80	83.3	83.7	-	-	-	-	-	-	-	-	-	-	47.7	62.4	78.1	82.0	83.1	-	70.7	-	-	-	-	-	-	-	-	

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

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



CQC Domain - Responsive

Kitemark	Reviewed Date	Indicator	Measure	Standard		19/20 Year to Date																Group								
				Year	Month	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	19/20 Year to Date	M	SS	W	P	PCCT	CO
Emergency Care		Emergency Care Attendances (Including Mailing)	No	-	-	17502	17753	18042	18949	18592	18908	18541	18091	19047	17657	17973	18445	17868	19330	18477	17367	13392	7163	-	-	-	-	-	-	
	●●●●●●●●	Emergency Care 4-hour waits	=> %	95	95	80.6	75.0	78.0	82.3	85.9	78.3	82.7	81.8	81.4	81.6	74.1	71.7	70.9	72.2	73.0	74.6	79.3	87.8	87.8	-	-	-	-	-	
	●●●●●●●●	Emergency Care 4-hour breach (numbers)	No	-	-	3383	4435	3963	3006	2629	4106	3213	3288	3542	4764	5215	4819	5375	4819	4416	2768	844	844	-	-	-	-	-	-	
	●●●●●●●●	Emergency Care Trolley Waits >12 hours	<= No	0	0	0	1	0	0	0	0	0	0	0	0	2	2	1	1	0	0	0	1	1	-	-	-	-	-	
	●●●●●●●●	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15	37	88	50	41	57	74	39	89	45	52	71	185	154	116	121	62	85	74	-	-	-	-	-	-	
	●●●●●●●●	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60	245	255	237	269	241	292	264	255	261	208	217	250	263	263	254	232	151	82	-	-	-	-	-	-	
	●●●●●●●●	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5	5	3.6	4.8	4.6	4.3	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	8.6	-	-	-	-	-	
	●●●●●●●●	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5	5	6.6	8.6	7.3	7.0	5.9	7.3	6.6	7.1	7.4	6.4	8.8	10.5	10.2	9.5	8.0	7.8	5.5	2.8	2.8	-	-	-	-	-	
	●●●●●●●●	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	159	205	168	160	88	166	119	128	123	162	238	251	228	279	199	242	380	234	234	-	-	-	-	-	
	●●●●●●●●	WMAS - Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	7	7	9	8	6	5	4	4	5	9	33	16	9	12	9	32	42	8	8	-	-	-	-	-	
●●●●●●●●	WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02	0.2	0.1	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.2	0.7	0.3	0.2	0.2	0.2	0.7	0.9	0.3	0.3	-	-	-	-	-		
●●●●●●●●	WMAS - Emergency Conveyances (total)	No	-	-	4579	4872	4835	4372	4655	4814	4670	4555	4658	4486	4484	4656	4721	4887	4848	4522	4588	3069	3069	-	-	-	-	-		
Patient Flow	●●●●●●●●	Apr 19	Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5	2.4	2.2	1.1	-	1.6	2.0	-	1.0	-	4.7	3.0	2.8	2.9	2.4	2.8	3.0	4.2	1.6	1.6	-	-	-		
	●●●●●●●●		Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	240	20	14	13	14	14	15	12	-	14	-	27	17	19	20	16	19	20	28	11	-	-	-	-	-	
	●●●●●●●●	Apr 19	Delayed Transfers of Care (Acute) - Finable Bed Days	<= No	0	0	272	275	315	270	211	99	149	239	295	185	127	147	163	180	195	340	368	210	210	-	-	-	-	
	●●●●●●●●	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - ALL	No	-	-	717	713	757	654	642	672	698	583	684	671	675	867	852	944	989	860	730	501	501	-	-	-	-	
	●●●●●●●●	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No	-	-	227	247	279	241	243	223	228	185	218	233	266	330	310	383	354	358	347	343	343	-	-	-	-	
Cancellations	●●●●●●●●	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units and Clinical Transfers	No	-	-	38	55	63	57	63	65	37	30	46	45	52	52	80	66	71	64	95	80	80	-	-	-		
	●●●●●●●●	Apr 19	Hip Fractures Best Practice Tariff (Operation < 36 hours of admissions)	=> %	85	85	77.1	82.6	81.5	80.0	82.9	64.0	77.1	75.0	62.5	97.9	79.2	88.5	78.6	67.5	75.0	97.9	61.5	84.0	84.0	-	84.0	-	-	
	●●●●●●●●		No. of Sitrep Declared Late Cancellations - Total	<= No	240	20	29	29	36	39	32	44	38	40	46	32	57	63	59	65	56	60	35	-	595	3	21	4	0	7
	●●●●●●●●		No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	7	11	18	7	10	16	13	3	16	17	32	40	30	41	29	17	16	-	270	0	10	2	0	4
	●●●●●●●●		No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	22	18	18	32	22	28	25	37	30	15	25	23	29	24	27	43	19	-	325	3	11	2	0	3
	●●●●●●●●		Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	<= %	0.8	0.8	0.6	0.9	0.9	1.0	0.8	1.3	1.0	1.2	1.1	0.8	1.5	1.6	1.5	1.8	1.3	1.7	1.3	-	1.3	0.4	1.5	2.5	-	2.3
	●●●●●●●●		Number of 28 day breaches	<= No	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	-	0	0	0	0	0	0
	●●●●●●●●		No. of second or subsequent urgent operations cancelled	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	0	0	0	0	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
	●●●●●●●●		No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0	0	0	2	0	0	0	1	2	1	1	1	2	0	1	1	2	4	-	16	3	1	0	0	0
Cancer	●●●●●●●●		Multiple Hospital Cancellations experienced by same patient (all cancellations)	<= No	0	0	55	39	52	56	69	73	64	75	86	67	79	103	92	65	73	124	344	-	1245	20	295	29	-	-
	●●●●●●●●		All Hospital Cancellations, with 7 or less days notice	<= No	0	0	238	156	236	230	244	265	262	277	296	204	367	370	376	358	347	584	890	-	4596	66	769	55	-	-
	●●●●●●●●	Apr 19	2 weeks	=> %	93	93	97.4	97.9	97.2	97.3	96.1	96.8	96.4	95.7	96.1	96.2	97.5	95.8	96.7	99.0	98.0	98.3	98.3	-	97.1	98.1	98.4	98.4	-	-
	●●●●●●●●	Apr 19	2 weeks (Breast Symptomatic)	=> %	93	93	97.7	98.0	97.9	95.7	89.5	97.4	95.3	95.1	98.1	95.8	98.0	100.0	95.7	98.1	95.5	100.0	98.2	-	97.3	-	98.2	-	-	-
	●●●●●●●●	Apr 19	31 Day (diagnosis to treatment)	=> %	96	96	98.6	96.4	96.1	96.6	98.1	97.5	96.2	96.8	96.5	96.9	95.8	96.6	95.1	99.2	97.8	96.5	97.5	-	96.9	100.0	98.0	89.5	-	-
	●●●●●●●●	Apr 19	31 Day (second/subsequent treatment - surgery)	=> %	94	94	95.5	100.0	100.0	95.0	95.2	100.0	94.7	95.0	96.2	95.2	100.0	93.5	100.0	93.1	100.0	100.0	95.7	-	96.5	-	-	-	-	-
	●●●●●●●●	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	85.1	85.4	84.7	84.7	86.9	85.8	90.5	87.3	85.6	84.3	86.3	82.7	90.7	81.1	80.8	82.0	89.2	-	85.7	96.0	92.0	50.0	-	-
	●●●●●●●●	Apr 19	62 Day (urgent GP referral to treatment) - Inc Rare Cancers	=> %	85	85	85.3	85.6	84.4	84.7	87.2	85.8	90.6	87.3	85.6	84.6	86.5	82.7	91.0	81.4	79.5	82.4	89.2	-	85.8	96.0	92.0	50.0	-	-
	●●●●●●●●	Apr 19	62 Day (referral to treat from screening)	=> %	90	90	96.1	100.0	91.5	91.4	90.0	100.0	98.2	91.7	94.4	100.0	96.9	93.2	94.6	89.7	91.5	100.0	94.8	-	95.4	-	94.5	100.0	-	-
	●●●●●●●●	Apr 19	62 Day (referral to treat from hosp specialist)	=> %	90	90	80.8	87.1	86.0	89.5	89.0	89.4	83.1	82.9	84.3	80.0	86.4	76.5	81.8	82.3	87.5	76.1	84.6	-	83.6	79.0	84.7	0.0	-	-
	●●●●●●●●		Cancer - Patients Waiting Over 62 days for treatment	No	-	-	11	11	11	9	12	10	7	8	10	11	10	11	6	12	12	9	9	-	112	1	4	4	-	-
	●●●●●●●●		Cancer - Patients Waiting Over 104 days for treatment	No	-	-	1	3	2	3	7	3	4	1	3	5	3	3	5	6	7	4	2	-	44	0	1	1	-	-
	●●●●●●●●		Cancer - Longest wait for treatment (days) - TRUST	No	-	-	101	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	6	5	9	2	7	2	3	3	4	6	6	9	15	7	11	5	4	4	4	0	0	0	0
●●●●●●●●		IPT Referrals - Within 38 Days Of GP Referral for 62 day cancer pathway	%	-	-	56.3	53.3	86.7	37.5	66.7	48.0	53.3	63.6	74.1	51.9	65.2	66.7	69.6	35.7	69.6	68.8	84.2	-	63.1	-	-	-	-	-	
		Cancer - 28 Day FDS TWW Referral (% of Informed) - Total	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	85.2	97.8	96.7	-	93.6	-	-	-	-	
		Cancer - 28 day FDS TWW breast symptomatic (% of Informed)	%	-																										

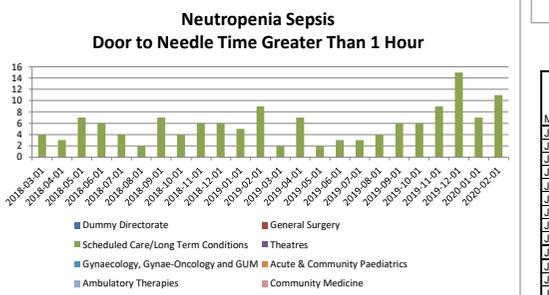
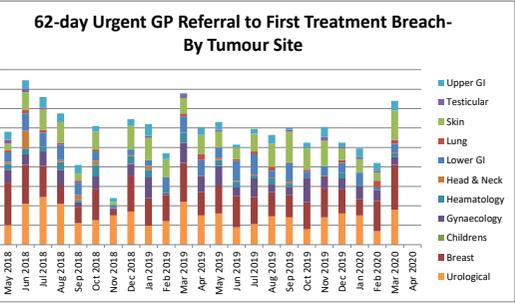
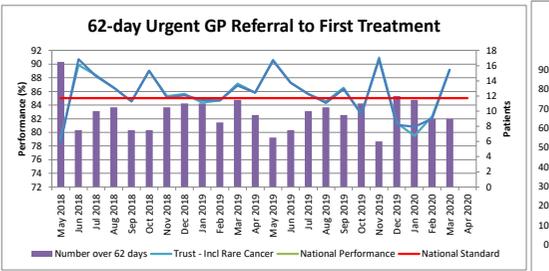
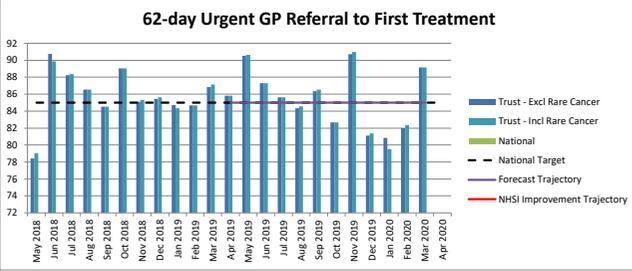
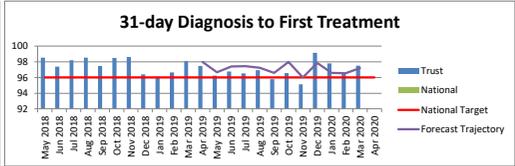
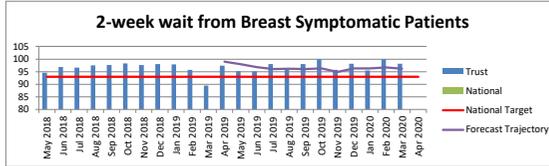
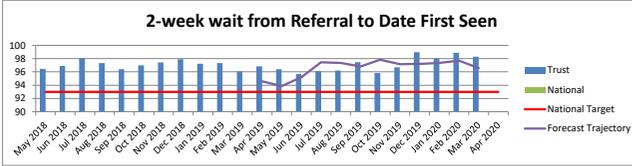
CQC Domain - Responsive

Indicator	Date	Metric	Target	Current	Previous	Performance Data																		Overall	Additional Metrics							
						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		1	2	3	4				
RTT	Apr 19	RTT - Admitted Care (18-weeks)	=> %	90	90	79.8	80.5	79.5	79.8	78.9	81.7	83.1	80.5	77.6	80.5	80.6	82.6	81.4	82.4	81.2	78.9	80.8	85.7	85.7	83.3	94.2	100.0	-	-	94.4	-	
	Apr 19	RTT - Non Admitted Care (18-weeks)	=> %	95	95	85.5	87.9	86.1	88.7	90.2	91.7	92.5	90.7	89.6	89.2	89.8	87.3	87.3	87.2	87.0	86.3	88.8	85.4	85.4	67.2	92.7	80.6	-	-	62.4	-	
	Apr 19	RTT - Incomplete Pathway (18-weeks)	=> %	92	92	92.3	92.2	92.6	92.9	93.0	93.2	92.6	92.1	92.0	92.0	92.0	91.6	90.9	91.1	90.7	90.4	88.0	80.5	80.5	76.1	82.1	78.8	-	-	73.5	-	
	Apr 19	RTT Waiting List - Incomplete	No	-	-	37012	36914	34909	34221	34888	35859	36762	37231	39115	38714	39634	39898	38360	38416	39374	39364	38603	34989	34989	6858	15170	2058	-	-	2722	0	
	Apr 19	RTT - Backlog	No	-	-	2865	2890	2582	2424	2436	2450	2710	2951	3118	3082	3168	3360	3475	3433	3645	3781	4646	6823	6823	1639	2721	437	-	-	721	0	
	Apr 19	Patients Waiting >52 weeks (All Pathways)	<= No	0	0	4	1	3	4	6	1	11	24	12	14	0	0	1	0	1	0	1	7	7	0	7	0	0	0	0	0	
	Apr 19	Patients Waiting >52 weeks (Incomplete)	<= No	0	0	0	1	1	1	0	0	5	6	0	1	0	0	0	0	0	0	0	7	7	0	7	0	0	0	0	0	
			Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	<= No	0	0	26	26	28	29	27	23	27	29	30	29	27	26	32	29	28	28	32	30	-	10	11	2	-	-	4	0
			Treatment Functions Underperforming (Incomplete)	<= No	0	0	3	3	4	3	-	2	3	5	5	5	4	5	7	7	5	6	-	14	-	4	6	1	-	-	2	0
			RTT Clearance Time (Wks)	Ratio	-	-	9.3	11.6	8.6	8.4	9.1	9.5	9.7	10.0	9.7	10.5	10.3	9.6	8.9	10.8	-	9.8	-	18.1	18.1	35.0	15.2	24.5	-	-	27.8	-
DM01	Apr 19	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1	1	3.8	3.9	1.0	0.4	0.4	1.8	2.6	0.9	0.6	2.3	1.5	1.1	0.2	0.7	0.1	0.0	8.8	60.2	60.2	53.9	66.0	-	-	62.5	-		
	Apr 19	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	1237	1294	1861	532	958	1158	1330	1023	1010	600	614	457	359	338	1028	499	1140	78	78	-	11	-	-	67	-	-	

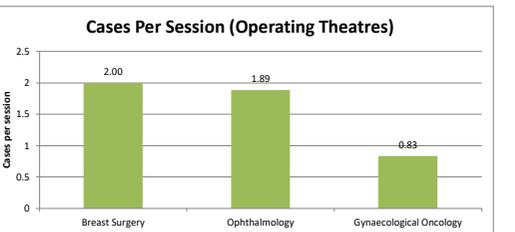
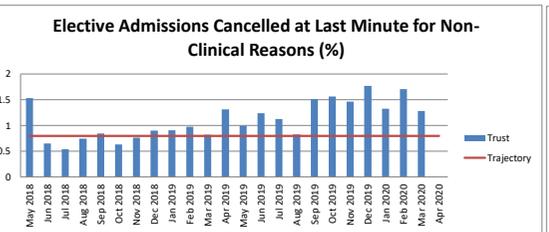
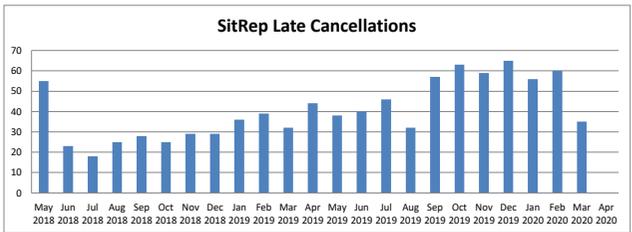
Data Quality - Kitemark						
1	2	3	4	5	6	7
Timeliness	Audit	Source	Validation	Complete rates	Granularity	Assessment of Esc Director
●	●	●	●	●	●	●

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

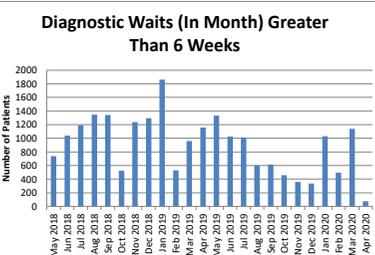
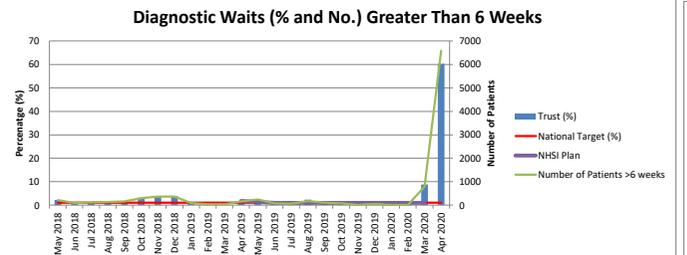
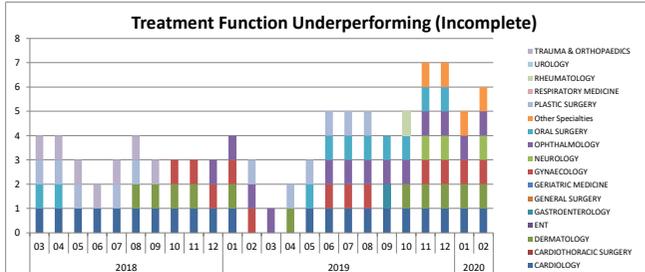
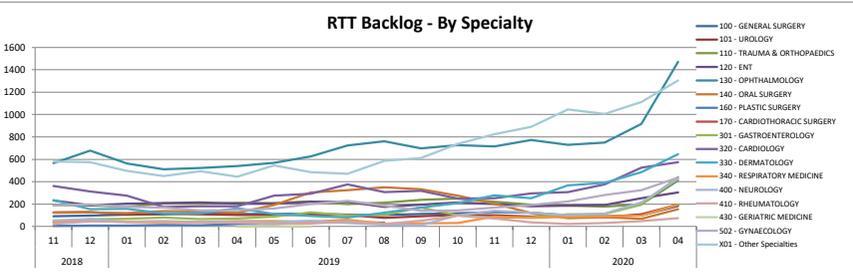
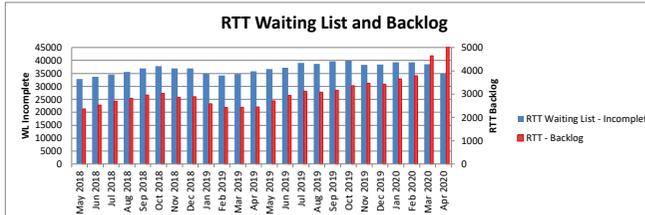
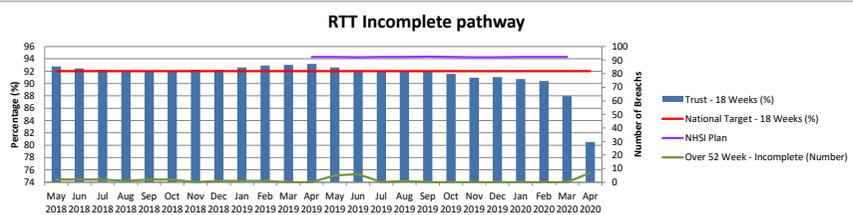
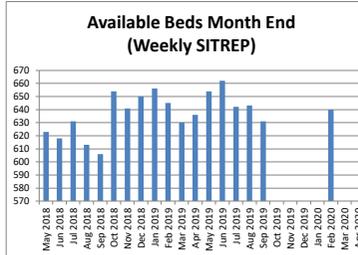
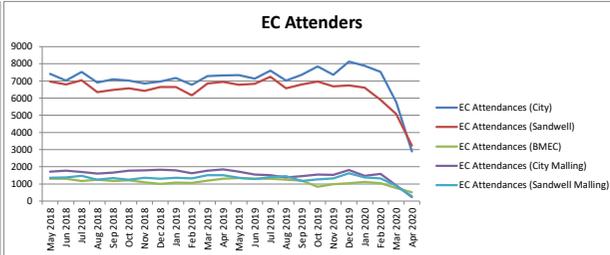
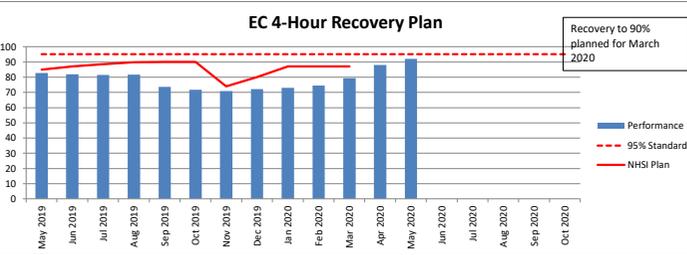
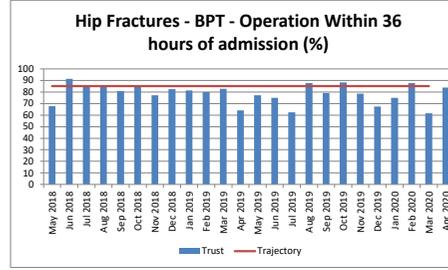
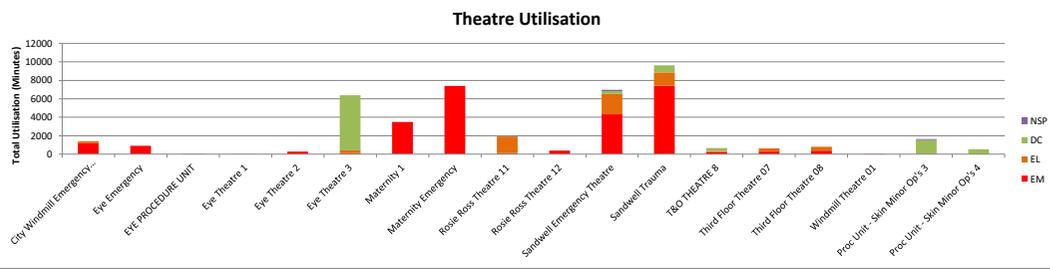
CQC Domain - Responsive



Month	Indicator	Tumour Site	Informed in 28 Days	Informed	Eligible	% of Informed	% of Eligible
Jan 2020	Cancer - 28 Day FDS TWW Referral	Breast	231	233	289	99.142	79.93
Jan 2020	Cancer - 28 Day FDS TWW Referral	Colorectal	39	63	297	61.965	13.13
Jan 2020	Cancer - 28 Day FDS TWW Referral	Gynaecology	93	104	153	95.192	64.71
Jan 2020	Cancer - 28 Day FDS TWW Referral	Haematology	9	19	27	47.368	33.33
Jan 2020	Cancer - 28 Day FDS TWW Referral	Head & Neck	56	72	132	77.778	42.42
Jan 2020	Cancer - 28 Day FDS TWW Referral	Lung	12	12	40	100	30
Jan 2020	Cancer - 28 Day FDS TWW Referral	Skin	79	83	186	95.181	42.47
Jan 2020	Cancer - 28 Day FDS TWW Referral	Upper GI	123	167	154	73.653	78.87
Jan 2020	Cancer - 28 Day FDS TWW Referral	Urology	32	45	162	71.111	19.75
Jan 2020	28 day FDS TWW Breast Symptomatic	Breast	158	159	150	99.371	105.3
Jan 2020	Cancer - 28 day FDS screening referral	Breast	12	16	12	75	100
Jan 2020	Cancer - 28 day FDS screening referral	Colorectal	0	0	0	0	0
Jan 2020	Cancer - 28 day FDS screening referral	Gynaecology	2	2	2	100	100



CQC Domain - Responsive

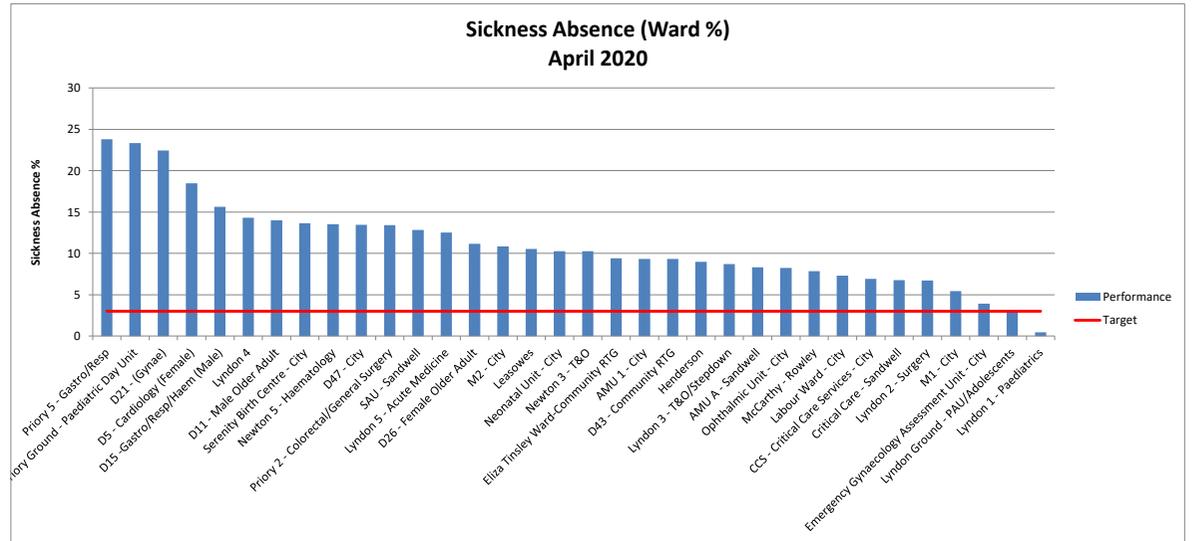
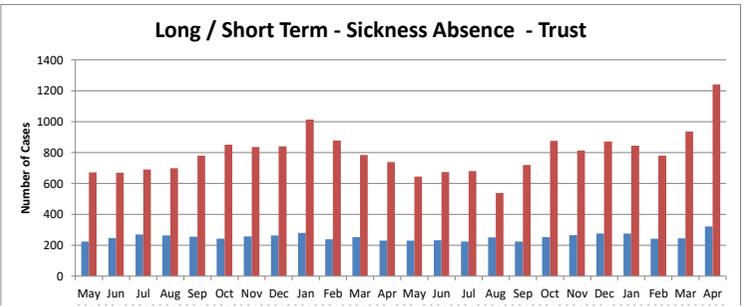
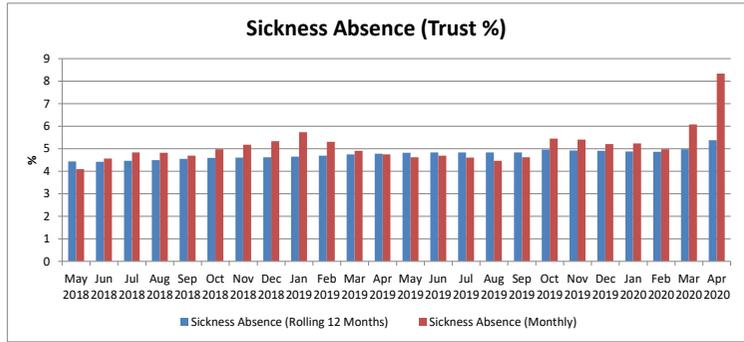


CQC Domain - Well Led

Kitemark	Reviewed Date	Indicator	Measure	Standard		Data												19/20 Year to Date	Group												
				Year	Month	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019		Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	M	SS	W	P	I	PCCT	CO
				95	95	-	98.8	-	-	98.7	-	-	-	-	-	75.3	78.9		-	-	-	-	-	-	77.1	51.6	89.4	85.6	42.9	84.8	88.6
90	90	91.8	91.2	90.0	94.2	94.9	95.3	95.2	94.4	93.6	94.6	97.3	94.7	94.7	94.9	94.4	100.0	100.0	-	95.7	100.0	100.0	100.0	100.0	100.0	100.0	100.0				
=> %		Sickness Absence (Rolling 12 Months)	<= %	3	3	4.6	4.6	4.6	4.7	4.7	4.8	4.8	4.8	4.8	4.8	4.8	5.0	4.9	4.9	4.9	5.0	5.4	5.4	6.0	5.9	5.8	0.0	4.2	4.6	4.9	
=> %		Sickness Absence (Monthly)	<= %	3	3	5.2	5.3	5.7	5.3	4.9	4.7	4.6	4.7	4.6	4.5	4.6	5.4	5.4	5.2	5.0	6.1	8.3	8.3	11.7	9.0	7.1	0.0	5.9	6.9	6.8	
No		Sickness Absence - Long Term - (Open Cases in the month)	No	-	140	-	-	-	-	-	-	-	-	-	-	131	156	169	187	153	114	152	156	-	46	35	16	0	2	22	35
No		Sickness Absence - Short Term (Monthly)	No	-	-	836	841	1013	878	784	738	644	674	681	539	719	875	814	872	845	779	936	1241	-	338	238	137	10	40	181	116
<= %		Ward Sickness Absence (Monthly)	<= %	3	3	-	-	8.1	7.3	6.9	6.8	6.6	6.7	5.8	5.8	6.7	7.2	7.6	7.0	6.6	6.4	8.1	10.8	10.9	13.2	10.0	8.6	-	-	10.0	-
=> %		Mandatory Training - Health & Safety (% staff)	=> %	95	95	93.3	93.7	93.8	94.7	95.7	95.6	94.0	71.0	80.3	85.3	86.2	89.0	90.4	91.8	92.8	92.7	94.2	93.9	93.9	91.8	93.5	93.6	-	93.8	95.7	94.8
%		Staff at 100% compliance with mandatory training	%	-	-	-	-	-	-	70.8	73.8	72.7	56.8	64.4	60.4	72.0	73.6	79.1	80.1	52.8	71.5	74.4	72.6	72.6	61.2	65.3	72.5	-	-	78.6	-
%		Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	12.4	13.5	12.9	23.0	18.7	22.0	12.7	13.8	10.1	9.4	25.5	15.1	16.3	16.3	22.1	19.3	14.6	-	-	14.1	-	
%		Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	8.1	8.4	6.5	8.5	7.2	7.6	5.7	4.6	3.8	4.0	10.0	5.8	4.9	5.2	5.2	6.5	7.5	5.7	-	-	4.0	-
%		Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11.7	7.6	5.4	5.9	5.9	10.2	7.9	7.3	-	-	3.3	-
<= %		Nursing Turnover (Qualified Only)	<= %	10.7	10.7	12.7	12.5	12.4	12.2	12.1	11.8	12.4	12.3	12.3	11.7	11.5	12.2	12.1	12.6	12.3	12.6	12.5	12.7	12.7	-	-	-	-	-	-	-
<= %		Nursing Vacancy Rate (Qualified)	<= %	11	11	11.8	12.1	13.0	12.4	10.6	15.2	15.8	15.9	16.1	15.8	14.3	14.6	13.8	14.5	12.9	12.3	12.4	12.4	12.5	11.7	17.2	12.7	-	36.7	8.6	0.7
=> %		New Starters Complete Onboarding Process	=> %	100	100	100.0	84.2	87.5	82.1	86.9	92.3	77.6	87.5	94.6	87.0	93.5	99.2	100.0	100.0	94.8	100.0	96.9	38.8	38.8	100.0	92.3	90.9	-	-	3.1	-

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		Monthly Performance												19/20 Year to Date	Group													
					Period	Model Hospital STP Peer	Model Hospital National Median	Model Hospital Quality Account Peer	Trust Delivery	Target	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019		Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	M	SS	W	P	I	PCCT	CO
Clinical Services			Pre-Procedure Elective Bed Days	Avg	Q3 2019/20	0.15	0.11	0.21	0.2	-	-	-	-	-	-	0.22	0.56	0.32	0.41	0.49	0.13	0.21	0.33	0.17	0.24	0.15	0.19	-	0.28	0.36	0.11	0.06	0.00	0.00	0.20	-
			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	-	0.66	0.59	0.44	0.08	0.00	-	0.33	-
			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	9.1	7.9	8.1	15.9	7.5	0.0	11.8	-
			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	10.0	7.9	8.1	15.9	7.5	-	11.8	-
			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= %	Q3 2019/20	7.97	7.94	7.49	8.23	-	7.7	8.9	7.9	8.7	7.8	7.5	7.9	7.4	8.4	8.3	7.8	7.9	8.2	8.0	8.1	8.5	9.7	-	8.1	13.7	5.7	9.2	-	-	1.9	-
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	85.4	82.4	85.8	87.1	-	87.8	85.1	86.4
			Sickness Absence (Monthly)	<= %	Dec2019	5.41	4.77	5.01	5.39	-	5.2	5.3	5.7	5.3	4.9	4.7	4.6	4.7	4.6	4.5	4.6	5.4	5.4	5.2	5.2	5.0	6.1	8.3	8.3	11.7	9.0	7.1	0.0	5.9	6.9	6.8
			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 National 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	-																										
			Clinical 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	-																											
		Total Non-Pay Cost Per WAU	£	2018/19	£1,674	£1,577	-	1458	-																											
Corporate services, Procurement, Estates & Facilities			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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-26	-	-	-	-	-	-	-
			Distance From Agency Spend Cap - Value	%	-	n/a	n/a	n/a	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	75.5	-	-	-	-	-	-	-
			Income and Expenditure (I &E) Margin - Value	%	-	n/a	n/a	n/a	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-0.5	-	-	-	-	-	-	-

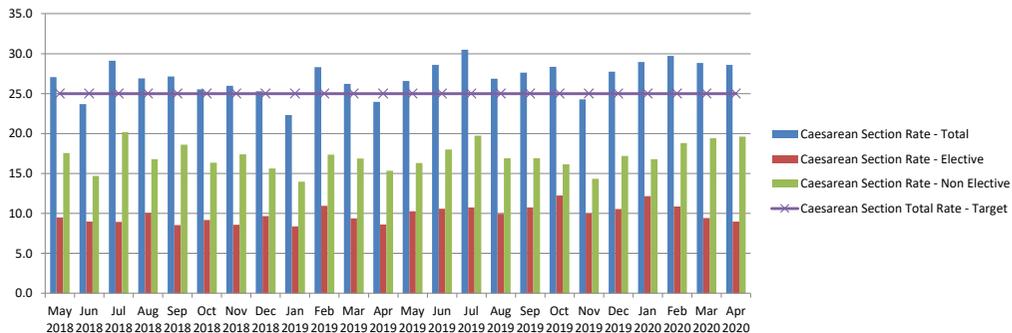
Patient Safety - Obstetrics

Data Quality	Last review	PAF	Indicator	Measure	Trajectory 2016-2017	
					Year	Month
			Caesarean Section Rate - Total	<= %	25.0	25.0
		●	Caesarean Section Rate - Elective	<= %		
		●	Caesarean Section Rate - Non Elective	<= %		
		●d	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	●	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %		
	Apr-19	●	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %		
	Apr-19	●	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %		

Previous Months Trend (since Nov 2018)																	
N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
9	10	8	11	9	9	10	11	11	10	11	12	10	11	12	11	9	9
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
17	16	14	17	17	15	16	18	20	17	17	16	14	17	17	19	19	20
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
2.23	4.57	2.30	2.51	4.64	0.00	6.25	4.45	6.51	8.93	2.24	4.80	2.54	4.78	-	0.00	2.68	-
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
2.23	0.00	0.00	2.51	0.00	0.00	2.08	0.00	0.00	0.00	0.00	2.40	5.09	2.39	-	0.00	2.68	-
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
2.6	1.2	2.1	0.6	0.5	1.8	2.2	1.4	0.9	0.8	0.3	0.3	1.2	0.5	1.1	0.0	0.3	1.9
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
2.6	1.2	2.1	0.6	0.5	0.9	1.9	1.0	0.9	0.8	0.3	0.3	1.2	0.5	0.8	0.0	0.3	0.4
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
1.5	0.4	1.9	0.0	0.0	0.0	0.6	0.7	0.6	0.0	0.0	0.0	0.3	0.0	0.5	0.0	0.0	0.0

Data Period	Month	Year To Date	Trend
Apr 2020	28.6	28.6	
Apr 2020	9.0	9.0	
Apr 2020	19.6	19.6	
Apr 2020	0	0	
Apr 2020	3	3	
Apr 2020	5.66	5.66	
Mar 2020	5.36	5.36	
Mar 2020	2.68	4.07	
Mar 2020	2.68	1.29	
Apr 2020	91.5	91.5	
Apr 2020	181.7	181.7	
Apr 2020	85.52	85.52	
Apr 2020	1.89	1.89	
Apr 2020	0.38	0.38	
Apr 2020	0.00	0.00	

Caesarean Section Rate (%)



Registrations & Deliveries

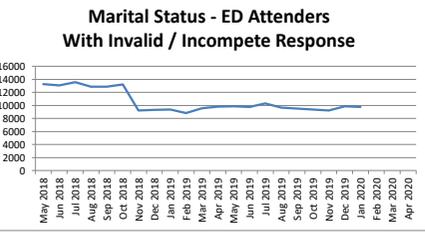
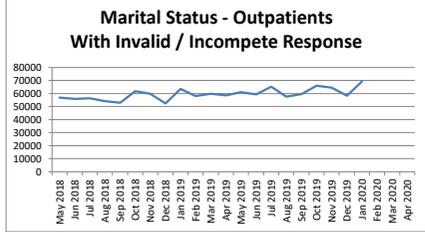
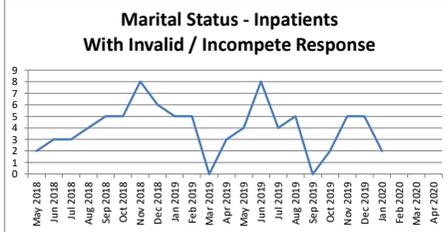
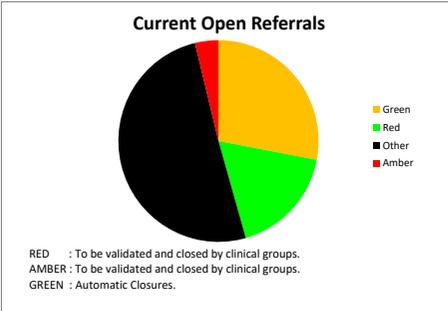
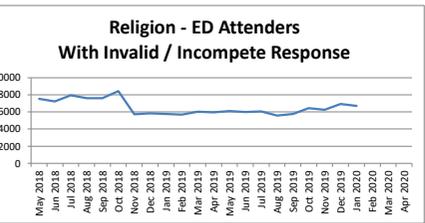
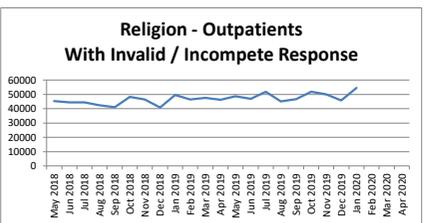
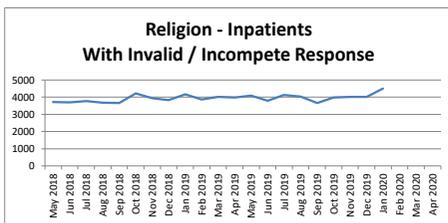


Data Completeness

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 - provided by HSCIC	=> %	99.0	99.0
			Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0
			Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC	=> %	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 Nov 2018)																	
N	D	J	F	M	A	M	J	J	A	S	O	N					
98.2	97.9	97.3	97.2	97.5	98.2	98.1	96.8	98.7	97.9	96.8	97.2	96.2	95.1	95.7	-	-	-
99.7	99.7	99.7	99.8	99.6	99.6	99.7	99.6	99.6	99.5	99.6	99.6	99.6	99.5	-	-	-	
97.6	97.3	97.6	97.6	97.5	97.6	97.6	97.3	97.3	97.2	92.6	82.7	84.4	84.2	86.0	-	-	-
68.9	68.5	68.9	67.2	68.4	68.6	68.2	68.0	67.7	66.8	67.7	65.7	65.9	65.3	62.9	-	64.5	-
51.6	51.2	51.5	50.1	50.1	50.7	50.2	50.3	50.4	51.1	50.6	50.3	50.9	50.3	50.0	-	51.2	-
62.5	62.3	63.2	61.2	62.6	64.0	62.8	62.9	64.7	64.6	63.7	59.2	59.1	57.0	57.7	-	55.5	-
99.9	100.0	100.0	100.0	100.0	100.0	100.0	99.9	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-
37.8	37.2	37.9	37.4	37.1	37.5	37.4	37.2	37.5	37.3	36.8	36.7	36.5	36.5	36.4	-	35.1	-
39.9	39.7	40.2	40.0	40.4	40.6	40.0	39.5	39.9	38.4	40.1	40.5	39.8	39.1	38.3	-	37.2	-
330,485	334,632	337,985	341,631	325,229	311,212	223,937	221,026	216,977	215,389	210,947	213,037	213,645	216,909	216,936	217,529	215,194	-
161,139	164,452	168,892	162,794	151,428	156,635	69,738	64,964	54,518	53,090	46,595	37,194	36,476	38,047	38,823	38,104	38,197	-

Data Period	Group						Month	Year To Date	Trend
	M	SS	W	P	I	PCCT			
Mar 2020							61.2		
Dec 2019							86.3		
Dec 2019							98.5		
Dec 2019							99.4		
Jan 2020							95.7		
Jan 2020							99.5		
Jan 2020							86.0		
Jan 2020							87.4		
Jan 2020							89.8		
Mar 2020							64.5		
Mar 2020							51.2		
Mar 2020							55.5		
Mar 2020							100.0		
Mar 2020							35.1		
Mar 2020							37.2		
Jan 2020							7.6		
Mar 2020	53,611	104,382	23,888	6,545	527	26,231	215,194		
Mar 2020	14,829	13,789	4,875	1,007	373	3,102	38197		



RED : To be validated and closed by clinical groups.
 AMBER : To be validated and closed by clinical groups.
 GREEN : Automatic Closures.

Local Quality Indicators - 2019/2020

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

Previous Months Trend (From Nov 2018)																	
N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A
16	16	20	18	20	19	16	17	17	17	14	17	15	17	18	16	18	20
91	92	91	92	91	92	91	91	92	92	75	68	63	61	55	5	6	7
82	85	67	83	86	97	94	94	93	93	90	91	92	90	93	94	47	0
91	93	93	95	95	93	97	97	97	97	96	93	91	93	95	93	92	-
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			
Apr 2020	18.9	16.9	29.3			30		20.2	20.3	
Apr 2020								6.5	6.5	
Apr 2020								0.0	0.0	
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-Healed
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
●	Sufficient	As assessed by Executive Director
●	Not Yet Assessed	Awaiting assessment by Executive Director

Medicine & EC Group

Section	Indicator	Trajectory	Previous Months Trend												Data Period	Directorate			Month	Year To Date									
			Year	Month	N	D	J	F	M	A	M	J	J	A		S	O	N				D	J	F	M	A	EC	AC	SC
Clinical Effect - Stroke & Card	Pts spending >90% stay on Acute Stroke Unit (%)	=> %	90.0	90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2020	93.7	93.7	93.7	91.0		
Clinical Effect - Stroke & Card	Pts admitted to Acute Stroke Unit within 4 hrs (%)	=> %	90.0	90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2020	78.7	78.7	78.7	60.2		
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2019	73.9	73.9	73.9	65.4		
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Aug 2019	100.0	100.0	100.0	98.2		
Clinical Effect - Stroke & Card	Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2020	50.0	50.0	50.0	70.0		
Clinical Effect - Stroke & Card	Stroke Admissions - Swallowing assessments (<24h) (%)	=> %	98.0	98.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jun 2019	100.0	100.0	100.0	100.0		
Clinical Effect - Stroke & Card	TIA (High Risk) Treatment <24 Hours from receipt of referral (%)	=> %	70.0	70.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2020	80.0	80.0	80.0	79.8		
Clinical Effect - Stroke & Card	TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=> %	75.0	75.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2020	67.6	67.6	67.6	78.1		
Clinical Effect - Stroke & Card	Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=> %	80.0	80.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2020	33.3	33.3	33.3	33.3		
Clinical Effect - Stroke & Card	Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=> %	80.0	80.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2020	33.3	33.3	33.3	33.3		
Clinical Effect - Stroke & Card	Rapid Access Chest Pain - seen within 14 days (%)	=> %	98.0	98.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2020	100.0	100.0	100.0	100.0		
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2020	98.1	98.1	98.1			
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2020	100.0	100.0	100.0			
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2020	96.0	96.0	96.0			
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			4	6.5	4.5	1.5	2.5	4	0.5	2	5	4	2	3.5	1	3.5	3.5	1.5	1	-	Mar 2020	-	-	1.00	1.00	32	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			0	2	0	1	1	1	0.5	0	1.5	1.5	2	1	1	2.5	2.5	1	0	-	Mar 2020	-	-	0.00	0.00	15	
Clinical Effect - Cancer	Cancer - Longest wait for treatment (days)	No			101	197	91	154	163	168	183	91	149	147	83	141	149	145	133	156	79	-	Mar 2020	-	-	79	79		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	<= No	0.0	0.0	6	6	5	9	2	7	2	3	3	4	6	6	9	15	7	11	5	4	Apr 2020	-	-	4	4		
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	0	-	1058	171	7	4	0	0	31	0	9	-	-	-	-	401	-	-	Feb 2020	401	0	0	401	445	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			29	30	14	24	27	33	47	26	31	24	21	37	31	29	40	36	32	14	Apr 2020	6	8	0	14	14	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			88	99	75	67	62	84	80	37	58	48	47	54	50	50	58	68	59	49	Apr 2020	26	23	0	49		

Medicine & EC Group

Section	Indicator	Measure	Trajectory	
			Year	Month
Data Completeness	Open Referrals	No		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Reg	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	<= No	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

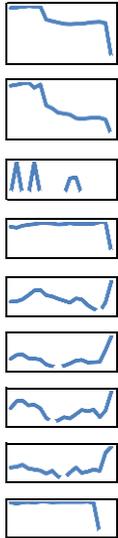
Previous Months Trend																	
N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A
75,665	76,701	77,842	78,753	78,479	78,128	88,658	56,434	54,224	52,647	51,785	52,607	52,552	54,131	55,024	55,223	53,611	-
46,371	47,207	48,431	49,297	44,301	47,385	27,937	25,112	21,330	20,501	19,410	16,093	15,603	16,166	16,654	16,294	14,829	-
-	●	-	-	●	-	-	-	-	-	●	●	-	-	-	-	-	-
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-
5.35	5.35	5.41	5.53	5.67	5.69	5.54	5.50	5.43	5.38	5.32	5.44	5.41	5.24	5.14	5.06	5.33	5.96
6.27	7.16	7.36	6.39	6.32	6.13	4.97	4.49	4.41	4.68	5.20	5.90	6.05	5.43	5.50	5.54	8.32	11.74
62	74	75	67	68	62	46	39	42	47	45	52	59	57	60	47	58	91
209	212	225	201	196	190	171	188	153	142	177	209	176	183	195	188	299	338
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	-	-

Data Period
Mar 2020
Mar 2020
Oct 2019
Mar 2020
Apr 2020
Apr 2020
Apr 2020
Apr 2020
Jan 2020

Directorate		
EC	AC	SC
9,523	22,296	21,792
5,316	6,269	3,244
63.26	43.48	-
100	100	-
5.59	6.22	-
10.43	12.66	-
33	58	0
148	189	0
84.12	88.44	-

Month
53611
14829
50.0
95.6
5.96
11.74
91
91
338
338
87.6

Year To Date
53611
14829
50.0
95.6
5.96
11.74
91
91
338
338
87.6



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																	
N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-
5	3	4	4	6	5	4	4	3	6	5	4	4	6	6	2	4	-
1	1	1	1	3	1	4	1	1	3	1	1	4	3	4	0	1	-
185	136	123	116	175	131	120	111	105	188	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
0	-	65	58	33	18	11	9	13	7	7	-	-	-	-	57	-	-
19	12	11	19	18	18	16	18	22	15	22	42	28	19	26	32	25	12
71	62	46	52	41	34	26	30	38	26	33	41	32	19	30	41	28	27
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
22	20	22	27	26	38	31	32	39	27	42	55	32	54	35	40	21	-
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
99.4	99.7	99.4	98.6	99.7	98.8	98.7	95.9	95.7	98.3	93.2	90.3	93.3	96.4	95.8	98.0	97.0	98.8
84	82	77	64	56	145	102	94	148	144	165	88	72	41	48	21	23	3
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2	4.4	2.3	1.7	1.0	2.1	2.1	1.7	2.6	2.2	6.3	5.2	7.2	9.9	8.3	4.1	7.3	5.6
4.0	3.0	3.3	3.6	4.8	4.8	4.5	5.5	6.7	3.7	3.5	6.4	5.9	0.7	2.1	2.7	1.4	0.6
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	11	12	5	19	7	14	6	3	10	7	12	12	6	7	6	12	23
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
16	19	19	17	22	21	13	10	15	16	23	21	17	25	24	28	29	15
3	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

Data Period	Directorate					Month	Year To Date	
	GS	SS	TH	An	O			
Mar 2020	98.4	-	-	-	-	98.4		
Mar 2020	98.2	-	-	-	-	98.2		
Mar 2020	98.0	-	-	-	-	97.98		
Mar 2020	92.0	-	-	-	-	92		
Mar 2020	-	-	-	-	-	4	52	
Mar 2020	0.5	-	0	-	-	0.5	21	
Mar 2020	166	-	0	-	-	166		
Apr 2020	0	-	0	-	-	0	0	
Feb 2020	0	0	0	57	0	57	122	
Apr 2020	3	1	0	1	7	12	12	
Apr 2020	14	3	0	3	7	27		
Mar 2020	0.89	0.91	-	9.33	1.27	1.49		
Mar 2020	0	0	0	0	0	0	0	
Mar 2020	5	2	0	7	7	21	446	
Mar 2020	0	0	0	0	0	0	0	
Apr 2020	-	-	-	-	98.81	-	-	
Apr 2020	0	0	0	0	3	3	3	
Apr 2020	-	-	-	-	0	-	-	
Apr 2020	-	-	-	-	5.58	-	-	
Apr 2020	-	-	-	-	0.6	-	-	
Nov 2018	-	-	-	-	34	0	0	
Apr 2020	23.13	0.07	-	0	0	23.2	23	
Apr 2020						84.0	84.0	
Apr 2020	13	2	0	0	0	15	-	
Apr 2020	48.03	0.59	-	-	0	38.75	39	
Apr 2020	23.13	0.07	-	0	0	23.2	-	

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																	
N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
9	10	8	11	9	9	10	11	11	10	11	12	10	11	12	11	9	9
17	16	14	17	17	15	16	18	20	17	17	16	14	17	17	19	19	20
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
2.23	4.57	2.30	2.51	4.64	0.00	6.25	4.45	6.51	8.93	2.24	4.80	2.54	4.78	-	0.00	2.68	-
2.23	0.00	0.00	2.51	0.00	0.00	2.08	0.00	0.00	0.00	0.00	2.40	5.09	2.39	-	0.00	2.68	-
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
2.6	1.2	2.1	0.6	0.5	1.8	2.2	1.4	0.9	0.8	0.3	0.3	1.2	0.5	1.1	0.0	0.3	1.9
2.6	1.2	2.1	0.6	0.5	0.9	1.9	1.0	0.9	0.8	0.3	0.3	1.2	0.5	0.8	0.0	0.3	0.4
1.5	0.4	1.9	0.0	0.0	0.0	0.6	0.7	0.6	0.0	0.0	0.0	0.3	0.0	0.5	0.0	0.0	0.0
●	N/A	●	N/A	N/A	●	N/A	N/A	N/A	N/A	●	●	N/A	●	N/A	N/A	-	-
5.1	6.3	4.6	4.8	3.9	4.3	4.0	3.7	9.2	9.4	6.2	7.9	7.1	7.5	7.5	8.4	9.2	-
4.6	4.7	4.7	4.7	4.7	4.6	4.6	4.5	4.6	4.8	4.9	5.0	5.1	5.0	5.1	5.3	5.7	-
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
1.5	1.5	2.5	3	3	0.5	2	1.5	2	1	3	3.5	1.5	2.5	2	5.5	4	-
0	0	1	1	3	1	0	0	0.5	0.5	0	1	0	1	0.5	3	1	-
86	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	Figure
	G	M	P			
Apr 2020	29			28.6	28.6	
Apr 2020	9			9.0	9.0	
Apr 2020	20			19.6	19.6	
Apr 2020	0			0	0	
Apr 2020	3			3	3	
Apr 2020	5.7			5.7	5.7	
Mar 2020	5.4			5.4		
Mar 2020	2.7			2.68	4.07	
Mar 2020	2.7			2.68	1.29	
Apr 2020	91			91.5		
Apr 2020	182			181.7		
Apr 2020	86			85.5		
Apr 2020	1.9			1.9		
Apr 2020	0.4			0.4		
Apr 2020	0			0.0		
Feb 2020	-	-	-	-		
Mar 2020				9.2		
Mar 2020					4.8	
Mar 2020	98			98.4		
Mar 2020	89			89.5		
Mar 2020	50			50.0		
Mar 2020	4	-	0	4	29	
Mar 2020	1	-	0	1	8.5	
Mar 2020	121	-	0	121		
Apr 2020	0	-	0	0	0	

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate			Month	Year To Date	Figure		
			Year	Month	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		M	A	G				M	P
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	-	0	0	0	0	0	0	0	0	0	-	-	-	-	0	-	-	Feb 2020	0			0	0	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			9	6	8	10	12	5	18	12	23	4	17	19	10	6	11	5	9	3	Apr 2020	1	2	0	3	3	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			20	17	13	14	18	17	26	19	23	6	22	25	12	13	13	14	15	9	Apr 2020	0	0	0	9		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Mar 2020	4		-	2.5		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	-	Mar 2020	0			0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	3	6	11	9	5	6	7	3	5	5	10	5	8	6	7	13	4	-	Mar 2020	4			4	79	
Pt. Experience - Cancellations	Urgent Cancellations	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	Mar 2020	0	-	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			65	61	34	11	17	46	20	10	13	7	20	0	0	0	0	0	0	0	Apr 2020	0	0	0	0	0	
Emergency Care & Pt. Flow	Inpatients Staying 21+ Days At Month End Census - NHSI	No			4	0	0	0	0	0	0	1	1	1	1	3	1	1	1	1	1	4	Apr 2020	4	0	0	4	-	
Emergency Care & Pt. Flow	21+ Days Long Stay Rate - NHSI	%			10	0	0	0	2	1	4	3	7	1	0	4	23	7	0	16	0	0	Apr 2020	0	-	-	0	0	
Emergency Care & Pt. Flow	Estimated Beds - 21+ Days - NHSI	No			1	0	0	0	0	0	0	0	1	0	0	0	5	1	0	2	0	0	Apr 2020	0	-	-	0	-	
RTT	RTT - Admitted Care (18-weeks)	=> %	90.0	90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2020	100			100.0		
RTT	RTT - Non Admitted Care (18-weeks)	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2020	81			80.6		
RTT	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2020	79			78.8		
RTT	RTT - Backlog	<= No	0	0	190	199	174	169	142	146	162	201	231	187	141	142	169	191	225	282	324	437	Apr 2020	437			437		
RTT	Patients Waiting >52 weeks	<= No	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	Apr 2020	0			0		
RTT	Treatment Functions Underperforming	<= No	0	0	3	3	3	3	2	2	2	3	3	3	2	2	3	3	3	3	3	2	Apr 2020	2			2		
RTT	Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1	0.1	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Apr 2020	-			-		

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend														Data Period	Directorate			Month	Year To Date					
			Year	Month	N	D	J	F	M	A	M	J	J	A	S	O	N	D		J	F	M				A	G	M	P
Data Completeness	Open Referrals	No			44,908	45,494	46,043	46,262	31,884	27,992	24,316	23,359	23,153	22,571	22,333	22,687	22,895	23,733	24,099	24,479	23,888	-	Mar 2020	6,118	10,000	7,770	23888		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			28,290	28,789	29,439	29,926	9,906	10,961	7,086	6,248	5,887	5,518	5,139	4,857	4,788	5,150	5,048	5,068	4,875	-	Mar 2020	1,294	3,195	386	4875		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	-	●	-	-	●	-	-	-	-	-	●	●	-	-	-	-	-	-	Oct 2019	87	82	94	82.4		
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2020	100	100	100	96.6		
Workforce	Sickness Absence - 12 month rolling	<= %	3.0	3.0	4.67	4.68	4.77	4.84	4.96	5.06	5.26	5.35	5.34	5.38	5.47	5.69	5.72	5.79	5.71	5.57	5.54	5.77	Apr 2020	4	6.5	6.5	5.8	5.8	
Workforce	Sickness Absence - in month	<= %	3.0	3.0	4.69	4.86	6.14	5.70	5.55	5.35	6.06	6.21	5.59	4.96	5.24	6.00	6.56	6.09	5.26	3.92	5.15	7.08	Apr 2020	4.7	7.6	7.1	7.1	7.1	
Workforce	Sickness Absence - Long Term - in month	No			35	31	48	41	41	39	45	47	40	46	41	44	45	52	45	31	30	40	Apr 2020	2	18	20	40.0	40.0	
Workforce	Sickness Absence - Short Term - in month	No			120	117	135	115	102	97	78	70	87	60	98	98	106	103	101	94	96	137	Apr 2020	21	72	44	137.0	137.0	
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	-	-	Jan 2020	88	86	95	90.6		

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend														Data Period	Directorate			Month	Year To Date	Figure				
			Year	Month	N	D	J	F	M	A	M	J	J	A	S	O	N	D		J	F	M				A	G	M	P
WCH Group Only	HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregnancy	No			-->	-->	934	-->	-->	978	-->	-->	1045	-->	-->	928	-->	-->	-->	-->	-->	-->	Oct 2019			928	928	2951	
WCH Group Only	HV (C2) - % of births that receive a face to face new birth visit by a HV =<14 days	=> %	95.0	95.0	-->	-->	90	-->	-->	91.4	-->	-->	92.4	-->	-->	90.9	-->	-->	-->	-->	-->	-->	Oct 2019			91	90.95	91.55	
WCH Group Only	HV (C3) - % of births that receive a face to face new birth visit by a HV >days	%			-->	-->	8.21	-->	-->	6.09	-->	-->	7.64	-->	-->	7.38	-->	-->	-->	-->	-->	-->	Oct 2019			7.4	7.38	7.06	
WCH Group Only	HV (C4) - % of children who received a 12 months review by 12 months	=> %	95.0	95.0	-->	-->	96.1	-->	-->	96.4	-->	-->	96.1	-->	-->	97.3	-->	-->	-->	-->	-->	-->	Oct 2019			97	97.3	96.62	
WCH Group Only	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%			-->	-->	96.7	-->	-->	96.7	-->	-->	96	-->	-->	95.1	-->	-->	-->	-->	-->	-->	Oct 2019			95	95.05	95.89	
WCH Group Only	HV (C6i) - % of children who received a 2 - 2.5 year review	=> %	95.0	95.0	-->	-->	94.1	-->	-->	94.8	-->	-->	95.8	-->	-->	96.6	-->	-->	-->	-->	-->	-->	Oct 2019			97	96.63	95.72	
WCH Group Only	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%			-->	-->	93.7	-->	-->	94.5	-->	-->	98.6	-->	-->	98.4	-->	-->	-->	-->	-->	-->	Oct 2019			98	98.39	97.06	
WCH Group Only	HV (C7) - No. of Sure Start Advisory Boards / Children's Centre Boards with HV presence	=> No	100	100	-->	-->	-->	-->	-->	-->	-->	-->	4	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jul 2019			4	4	4	
WCH Group Only	HV (C8) - % of children who receive a 6 - 8 week review	=> %	95.0	95.0	-->	-->	99.5	-->	-->	99.9	-->	-->	99.9	-->	-->	99.7	-->	-->	-->	-->	-->	-->	Oct 2019			100	99.72	99.83	
WCH Group Only	HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check	=> %	100	100	-->	-->	99.5	-->	-->	99.8	-->	-->	99.9	-->	-->	99.7	-->	-->	-->	-->	-->	-->	Oct 2019			100	99.72	99.8	
WCH Group Only	HV - % of infants being breastfed at 6 - 8 weeks	%			-->	-->	41.6	-->	-->	40.3	-->	-->	44.1	-->	-->	45.1	-->	-->	-->	-->	-->	-->	Oct 2019			45	45.15	43.17	
WCH Group Only	HV - % HV staff who have completed mandatory training at L1,2 or 3 in child protection in last 3 years	=> %	95.0	95.0	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Feb 2017			-	100	100	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	No			-->	-->	99.5	-->	-->	99.4	-->	-->	1071	-->	-->	1125	-->	-->	-->	-->	-->	-->	Oct 2019			###	1125	2295.4	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	=> %	100	100	-->	-->	-->	-->	-->	-->	-->	-->	99.4	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jul 2019			99	99.44	99.44	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	No			-->	-->	2.6	-->	-->	1.8	-->	-->	0.21	-->	-->	21	-->	-->	-->	-->	-->	-->	Oct 2019			21	21	23.01	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	=> %	100	100	-->	-->	-->	-->	-->	-->	-->	-->	2.2	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jul 2019			2.2	2.2	2.2	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	No			-->	-->	3.3	-->	-->	2.2	-->	-->	3.6	-->	-->	28	-->	-->	-->	-->	-->	-->	Oct 2019			28	28	33.8	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	=> %	100	100	-->	-->	-->	-->	-->	-->	-->	-->	3.6	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jul 2019			3.6	3.6	3.6	
WCH Group Only	HV - movers into provider <1 year of age to be checked =<14 d following notification to HV service	No			-->	-->	61.9	-->	-->	73.5	-->	-->	255	-->	-->	196	-->	-->	-->	-->	-->	-->	Oct 2019			196	196	524.5	
WCH Group Only	HV - all untested babies <1 year of age will be offered NBBS screening & results to HV.	Y/N			-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan-00						

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																		
N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	
-	●	-	-	●	-	-	-	-	-	●	●	-	-	-	-	-	-	
4.14	4.14	4.17	4.25	4.27	4.30	4.37	4.40	4.39	4.38	4.33	4.36	4.23	4.24	4.19	4.17	4.26	4.60	
4.91	4.69	5.33	5.21	4.06	3.79	4.08	3.67	4.08	3.84	3.57	4.13	4.07	4.78	4.82	4.82	4.91	6.89	
42	35	37	29	33	25	31	25	25	26	23	27	23	32	30	31	36	29	
112	104	163	147	102	101	79	86	94	78	93	135	121	121	140	114	92	181	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	-	-

Data Period	Directorate					Month	Year To Date	
	AT	IB	IC	CT	CM			
Oct 2019	97.2	88.3	97	-	59		88.0	
Apr 2020	3.1	5.02	5.1	-	5.1	4.6	4.6	
Apr 2020	2.08	8.44	6.6	-	10	6.89	6.89	
Apr 2020	2	-	-	-	-	29	29	
Apr 2020	21	80	52	0	28	181	181	
Jan 2020	95.9	93.3	94	-	91		95.4	

Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate					Month	Year To Date	Figure		
			Year	Month	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F		M	A	AT	IB	IC				CT	CM
Community & Therapies Group Only	DVT numbers	=> No	730	61	7	7	3	25	12	20	38	43	55	43	27	25	29	19	21	14	1	15	Apr 2020						15	15	
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	10.7	10.6	12.8	11.2	9.76	6.87	7.84	12	11.5	12.7	11.6	-	-	-	-	-	-	-	Sep 2019						10.8	11.1	
Community & Therapies Group Only	Therapy DNA rate S1 based OP Therapy services	<= %	9	9	8.75	9.43	8.56	8.56	8.78	8.92	8.23	10.1	8.7	10.5	9.59	9.67	9.01	10.6	9.49	9.71	6.16	-	Mar 2020						6.2	9.2	
Community & Therapies Group Only	STEIS	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2018						0	1	
Community & Therapies Group Only	Green Stream Community Rehab response time for treatment (days)	<= No	15.0	15.0	17.4	20	17.4	20.6	20.3	24	21.8	15	19	22.5	21.7	19.7	19.4	20.7	19.4	13.3	14.6	4.76	Apr 2020						4.76	4.76	
Community & Therapies Group Only	DNA/No Access Visits	%			1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	-	Mar 2020						0.83		
Community & Therapies Group Only	Baseline Observations for DN	=> %	95	95	91.2	92.1	93.8	96.4	95.8	91.2	97.7	96.8	95.7	97.3	95	93.7	92.1	93.6	94.7	93.7	90.6	-	Mar 2020						90.61	94.37	
Community & Therapies Group Only	Falls Assessments - DN Initial Assessments only	=> %	95	95	91.8	93.1	94.4	96.2	96.6	93	97.5	96.5	96.1	97.7	95.9	93.1	91.4	93.4	95.3	92.8	91.9	-	Mar 2020						91.88		
Community & Therapies Group Only	Pressure Ulcer Assessment - DN Initial Assessments only	=> %	95	95	92.1	93.5	94.4	96.4	96.4	93.2	97.5	96.8	96.5	97.3	95.6	93.3	92.3	93.4	95.6	93.5	92.4	-	Mar 2020						92.39		
Community & Therapies Group Only	MUST Assessments - DN Initial Assessments only	=> %	95	95	90.5	92.6	94.2	95.7	95.8	92.6	97.2	96.8	96.3	97.7	95.4	93.1	91.4	93.6	94.9	93	92.4	-	Mar 2020						92.39		
Community & Therapies Group Only	Dementia Assessments - DN Initial Assessments only	=> %	95	95	86	89.8	91.8	92.3	93.2	91.3	95.4	91.6	94.2	93.3	93.7	88.8	87	90.9	89.7	85.9	84.4	-	Mar 2020						84.43		
Community & Therapies Group Only	48 hour inputting rate - DN Service Only	%			95	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 Initial Assessments only	=> %	95	95	91	93.1	94.6	96.7	95.8	92.4	97.5	96.8	96.3	97.1	95.2	93.1	90.6	92.4	94.7	93	92.4	-	Mar 2020						92.39	94.31	
Community & Therapies Group Only	Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload acquired)	No			8	8	10	20	8	26	18	8	12	16	20	8	14	22	18	24	14	12	Apr 2020						6	6	
Community & Therapies Group Only	Avoidable Grade 2 Pressure Ulcers (DN caseload acquired)	No			26	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Nov 2018						26	37	
Community & Therapies Group Only	Avoidable Grade 3 Pressure Ulcers (DN caseload acquired)	No			11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Nov 2018						11	14	
Community & Therapies Group Only	Avoidable Grade 4 Pressure Ulcers (DN caseload acquired)	No			0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Nov 2018						0	1	

Corporate Group

Section	Indicator	Measure	Trajectory		Previous Months Trend														Data Period	Directorate							Month	Year To Date	Trend				
			Year	Month	N	D	J	F	M	A	M	J	J	A	S	O	N	D		J	F	M	A	SG	F	W				M	E	N	O
Pl. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			13	3	5	5	4	2	1	12	10	0	3	6	2	3	6	3	10	3	Apr 2020	1	0	0	0	0	1	1	3	3	
Pl. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			12	11	8	8	9	2	6	4	5	1	4	3	4	1	0	5	12	3	Apr 2020	1	0	0	0	0	1	1	3		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	-	●	-	-	●	-	-	-	-	-	●	●	-	-	-	-	-	-	Oct 2019	71	96	94	89	94	97	89		89.2	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Mar 2020			95					100.0	94	
Workforce	Sickness Absence - 12 month rolling	<= %	3.00	3.00	4.25	4.22	4.21	4.23	4.21	4.21	4.21	4.22	4.21	4.26	4.32	4.47	4.41	4.43	4.47	4.51	4.59	4.94	Apr 2020	3.10	2.09	3.23	4.25	4.41	6.11	6.14	4.94	4.94	
Workforce	Sickness Absence - in month	<= %	3.00	3.00	4.26	4.21	4.67	4.64	3.81	3.71	3.80	4.21	4.47	4.42	4.68	5.03	4.48	4.46	4.91	4.89	4.77	6.75	Apr 2020	4.20	1.97	3.62	8.56	4.52	8.75	7.79	6.75	6.75	
Workforce	Sickness Absence - Long Term - in month	No			25	29	27	28	28	20	25	32	32	40	33	35	32	27	27	33	31	37	Apr 2020	3.00	0.00	4.00	5.00	0.00	25.00	0.00	37.00	37.00	
Workforce	Sickness Absence - Short Term - in month	No			93	84	120	112	86	79	57	65	82	54	92	90	84	108	100	80	73	116	Apr 2020	5.00	0.00	11.00	19.00	0.00	78.00	3.00	116.00	116.00	
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jan 2020	93	97	97	96	96	-	93	94.3	94	