

Sandwell and West Birmingham Hospitals

NHS Trust



## Integrated Quality & Performance Report

Month Reported: **June 2020**

Reported as at: 21/07/2020

Performance Management Committee  
Clinical Leadership Executive  
Quality & Safety Committee

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## Operational Performance at a Glance: June 2020

### Highlights :

- In June, some of the attendances are increasing particularly in A&E and Diagnostics; however, the logistics of maintaining distance and high DNA rates are creating difficulties in managing patients through the recovery plan. So this will mean that some services will see a slightly longer recovery period, however others appear to be progressing more quickly to recovery and we are especially doing well across some of the diagnostic areas; we are now nearing the end of the initial 8 week recovery plan.
- A&E performance dropped in June, which is mainly due to Sandwell ED and capacity arrangements are being reviewed currently; attendance numbers overall are still below pre-COVID experience, but much higher than in April and May.
- RTT performance is fully dependant on recovery plans, patients attending safely, with diagnostics working hand in hand and so we are expecting a overall longer period before we are able to recover to standard. June predicted performance will be around 60%; the backlog of patients (patients waiting over 18 weeks) is significant and now at 14,500 patient against the full waiting list size of 34,000
- Cancer performance is below standards in May (latest reported position).
- Other items standing out in June are the increasing falls and still-birth rate; however, a significant reduction in the Pressure Ulcers in Medicine was achieved

### RESPONSIVE

#### A&E Performance

- Performance dipped in June to 90% compared to May (91.6%); attendance numbers, whilst increasing again in June to 12,215 ( May 9,828 and April at 7,163), are lower attendance numbers compared to previous average trends of c18,500 per month; despite lower attendances we still had 1,225 patients breaching the 4 hr target hence the performance at 90%; main breaches assigned to bed delays although a higher proportion of breaches did not have the reason codes assigned and the service is addressing this. Re-Attendance rates remain high and at 7.5% in June against the 5% target. These are being fully reviewed by the service.

#### Referral to Treatment in 18 weeks (RTT Incomplete)

- RTT waiting times on the incomplete pathway are still to finalise; we can report a likely performance rate of 60% at this stage, a total waiting list of 34,000 of which c14,5000 are backlog patients (above 18 weeks is increasing due to recovery pace being still quite slow at this stage); however, some services are recovering faster than others and have large proportions of non-face to face clinics in place which support this, which in itself is good news, but ultimately only facilitates new outpatients rather than inpatients delivery. In June we are reporting 93 incomplete 52 week breaches (90 are Inpatients and 3 are Outpatients). Recovery is a top priority for the Trust 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 following closely the 'recovery delivery' across all services and diagnostics.
- We are nearing the end of the initial 8-week recovery plan and an extension plan is being progressed.

#### Diagnostics Waits (% of patients waiting >6 weeks)

- June performance, as predicted, improving from April and May, but still low at 47% with 7,200 breaches of the 6 week screening standard; recovery of services is continuing with a number of issues around patients not being keen to attend. Reminders and phone-calls to patients providing reassurance on safety are in place and we have had large success with Neurophysiology patients who increased rapidly their attendance.
- The Imaging diagnostic patient volumes increased to 20,296 in June (May 15,657 and April's 12,475) now at roughly two thirds of the pre-COVID average.
- Against the June volumes, and the relevant Board KPIs, the Imaging team are doing well; as at June, the Inpatient total turnaround (TAT) time within 24hrs is at 86% against the 90% trust target; Urgent GP tests within 5 days at 79% vs 90% which has dropped but on review of all patients that have not met the KPI it was clear that vast majority was due to 'patient choice' resulting at a total level of 90% 'all Imaging work' being turned around under 4 weeks against the trust target of 95%;
- Clearly, sustaining these KPIs is the focus against expected increased patient volumes in coming weeks.

#### Cancer Performance

- Reporting the May position, the Trust, has met some 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 May again. Focus is on June and July.
- Neutropenic sepsis performance is improving to 88% in June. 15/17 patients received the treatment within the prescribed 1hr framework; two patients breached the 1 hr treatment window and both breached in Sandwell ED.

#### Cancellations

- Cancellations reporting within reasonable levels however notably this is due to lower activity; however, there were 4x 28 day guarantee breaches in June.

## Operational Performance at a Glance: June 2020

SAFE	Infection Control	<ul style="list-style-type: none"> <li>• Infection Control metrics continue to report reasonable performance; we reported 4x cases of CDI/Fs 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. This is based on a swab remaining valid for 6 weeks.</li> </ul>
	Harm Free Care	<ul style="list-style-type: none"> <li>• The Trust falls rate per 1,000 bed days in June has increased to 4.62 against the trust target of 5; whilst still below target rate, this is higher than previous trends; we report 70 actual falls in June with 1x causing serious harm. <ul style="list-style-type: none"> <li>• Pressure Ulcers (PUs) in June have reduced compared to prior months, which is mainly driven by reductions in the acute setting; the overall Trust reports 44PUs (across community and acute settings). This results in an acute PU rate of 1.2 per 1000 occupied bed days. Community setting wise, the number of PUs is similar to recent months but of significant note are 2x Grade 4 PUs, which will report to the July Q&amp;S committee following investigation.</li> </ul> </li> <li>• VTE assessment performance at 96.2% against 95% target screening of eligible patients is increasing and at 96% in June; 21% of those screened patients were sepsis positive, 72% of sepsis positive patients were treated, and of those treated 58% (64.2% last month) were treated within the prescribed 1hr. Hence the Sepsis performance is below expected standard on the treatment side, however worth noting is that user wise we may not be selecting all available information e.g. patient already on antibiotics or no antibiotics required hence this would have improved performance; this has been raised with the MD to wrap up with a small and targeted task and finish group. Groups are monitoring ward and ED sepsis performance routinely with improvement focus.</li> <li>• Sepsis</li> </ul>
	Obstetrics	<ul style="list-style-type: none"> <li>• The overall Caesarean Section rate for June is at 28.4% Section rates at 10% in June elective C-Section rates were on average 17% during the full year, and in June down to 18% across showing a decrease from the last couple months.</li> <li>• In May we observed an increased still-birth rate of 9.43 (the highest in the last 18 months - previous highest 8.93) and this has further risen in June to 11.9; the adjusted perinatal rate per 1,000 babies is at 16.7 the highest over the last 18 months; a full report has been submitted to the Quality &amp; Safety Committee in July highlighting no pattern in the recurrence; however a number of actions have been highlighted</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> <li>• Elective C-</li> <li>• Non-</li> </ul>
	Patient Experience (FFT), Mixed Sex Accommodation (MSA), Complaints, Flu Vaccination	<ul style="list-style-type: none"> <li>• MSA national reporting has been paused for reporting purposes since 1st March 2020 (as have others). However, the Trust has resumed internal reporting in readiness for recovery. 2126 unvalidated breaches were identified of which 516 are known breaches and 514 have been validated out. The remaining 1096 are not pulling through the system for validation and so remain unvalidated (they have been included as breaches for the purposes of this report which the issue is resolved)</li> </ul>
EFFECTIVE	Mortality, Readmissions	<ul style="list-style-type: none"> <li>• Readmissions rates (30 days after discharge) dropping to 10.4% as at the end of May; The Groups are advised to review their readmissions reasons to assure themselves that these are as expected.</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> <li>• HSMR reporting at 120 above the tolerance levels as at the end of February (latest available reporting period). After the rebasing they were steady, but still elevated, at between 112-120.</li> </ul>
	Stroke & Cardiology	<ul style="list-style-type: none"> <li>• In June we can see improvements in performance across a number of Stroke &amp; Cardiology indicators</li> <li>• Pts spending &gt;90% stay on Acute Stroke Unit delivering almost at target at 89% in June.</li> <li>• Patients admitted to stroke ward within 4 hrs of admission is at 82.2% vs the 80% target</li> <li>• Thrombolysis of patients delivery 50% of patients being thrombolysed within the hour; 2/4 patients missed the 1 hr treatment; Both patients were reported as unavoidable breaches. With the first patient (within working hours) there was a discrepancy regarding onset time which delayed the decision making process plus multiple alerts received. The second patient (presented out of hours) had language barrier issues and required phone calls to the family to translate in order to gain the patient's consent.</li> </ul>

## Operational Performance at a Glance: June 2020

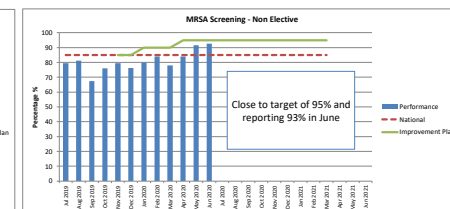
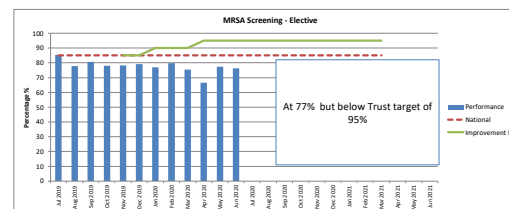
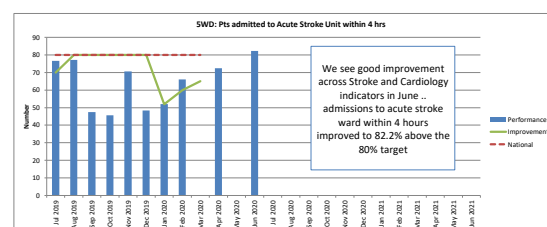
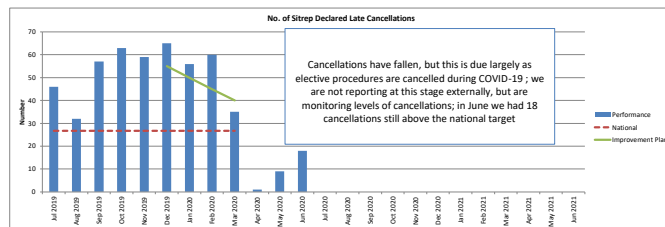
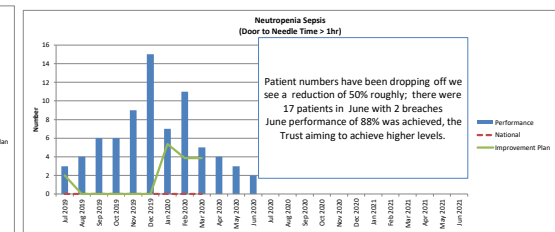
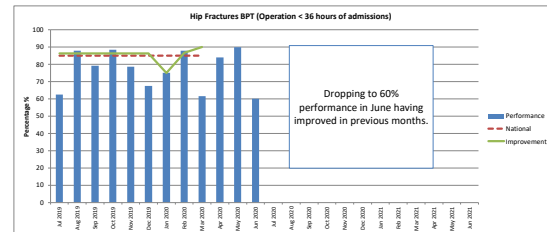
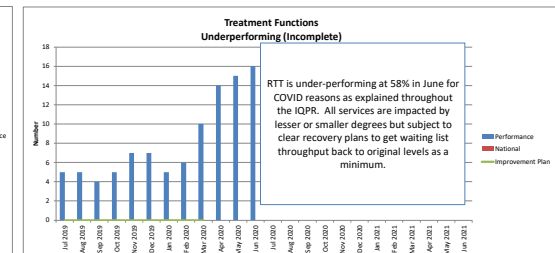
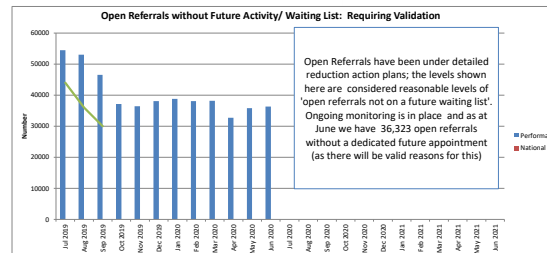
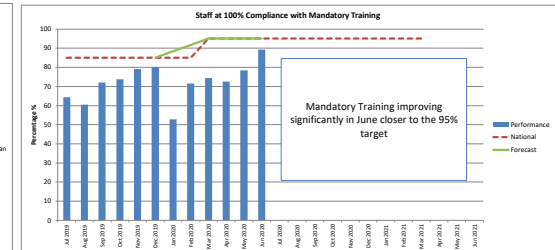
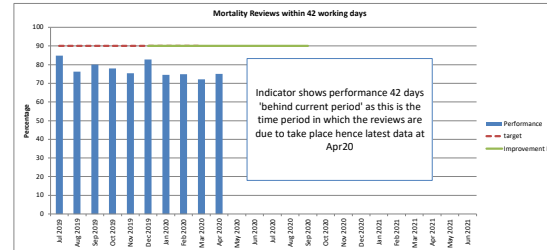
	Patient Flow	<ul style="list-style-type: none"> <li>• 21+ LOS patients (long stay patients) count at the end of June is at 56 based within the acute setting. From 1 April 2020 we started reporting just the acute patients in line with current NHSI guidance and to align with our SitRep.</li> <li>• Neck of Femur performance dipped again in June to 60% not achieving the 85% standard;</li> </ul>
WELL LED	Workforce	<ul style="list-style-type: none"> <li>• Sickness rates at 5% in the month and 5.5% cumulatively coping extremely well in the light of COVID; ward sickness at 7.5% and long term open sickness cases are at 160 showing significant reduction from last month but just above the 140 target set.</li> <li>• Mandatory Training (where staff are at 100% compliance) showing a significant improvement to previous position and reporting June at 89% against the 95% target.</li> <li>• Qualified nursing turnover rate not reported as yet.</li> <li>• The nursing vacancy rate not reported as yet.</li> </ul>
	Use of Resources	<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 have populated 7/16 of the Use of Resources metrics. No work is currently under way to increase this proportion</li> </ul>
USE OF RESOURCES	CQC Trust-Wide Insight	<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>
TRUST EMPHASIS	Persistent Reds	<ul style="list-style-type: none"> <li>• Despite COVID focus, we can see improvements as teams are progressing action plans on these persistent red items; there are up and downs, but June is reporting improvement in a number of areas such as : admissions to stroke ward now over their target, mandatory training at 89% for the first time in a long period, non-elective MRSA screening at 93% compared to 95% target.</li> <li>• We also saw Neck of Femur performance dip again in June to 60% having reached 90% in May.</li> <li>• Other indicators are still behind set targets, but efforts are progressing and we will see the revision to FFT standards and hence a rejuvenated re-launch of this key patient care metric. All metrics have now missed their planned recovery dates.</li> </ul>

## Persistent Red Focus & Performance

Exec Lead	11	Indicator	Standard Expected	Plan in Place	Recovery Expected	Jun-20 Actual Perf	Tracking Planned Monthly Trajectory
Dr	1	Mortality Reviews within 42days	90%	✓	Dec-19	75%	X
DC	1	Mandatory Training (staff % where MT 100% complete)	95%	✓	Mar-20	89%	X
LK	1	Treatment Functions below 92% RTT	0	✓	Apr-20	16	X
	1	Open Referrals (relevant for improvement)	30,000	✓	Sep-19	36,323	✓
	1	Neck of Femur - to surgery within 36 hours	85%	✓	Jul-19	60.0%	X
	1	Cancellations (20pm)	20	✓	Mar-20	18	X
	1	Cancellations as %age of elective admissions	0.80%	✓	Mar-20	1.2	X
	1	Stroke Ward Admissions (Within 4 hrs)	80%	✓	Mar-20	82.2%	✓
PG	1	Neutropenic Sepsis	100%	✓	Jul-19	88.0%	X
	1	MRSA Screening (Elective & Non-Elective)	95%	✓	Apr-20	76% Elec / 93% Non-Elec	X
	1	FFT Response Target (IP, OP, Maternity and A&E)	25%	✓	TBC	IP - 16%, ED - 13%, Mat Birth 6%, O/P response rate not shown in IQPR	X

### June performance:

- Improvement progress has been impacted by COVID-19 pressures. However, we do see some good progress across a number of indicators in June
- Admission to Stroke Ward within 4 hours has improved above the target
- MRSA non-elective screening rates at 93% vs target of 95%
- Mandatory training increasing for the first time ever to 89% of staff who are 100% compliant across their mandatory training
- There is more work to be done on others but efforts continue



# CQC Domain - Safe

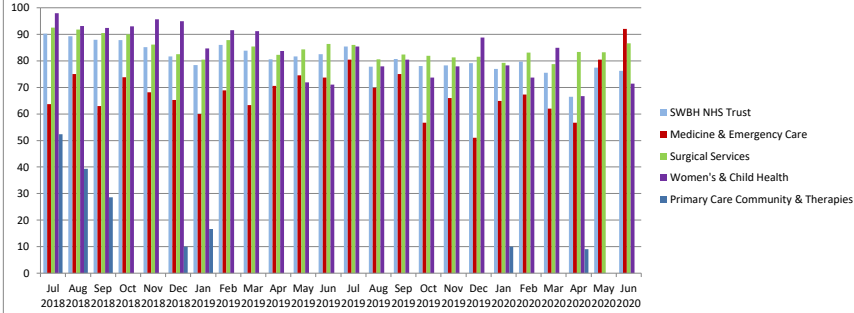
		Reviewed Date	Indicator	Measure	Standard		Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	20/21 Year to Date	Group						
					Year	Month																			6	M	SS	W	I	PCCT	CO	
Infection Control	●●●●●●●●		C. Difficile (Post 48 hours)	<= No	41	3.4	1	2	1	5	3	1	4	3	2	2	4	3	3	2	3	0	4	2	6	2	0	0	-	0	-	
	●●●●●●●●		MRSA Bacteraemia (Post 48 hours)	<= No	0	0	1	0	0	0	1	0	0	0	0	0	0	1	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	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	7.23	8.98	-	-	-	-	-	-	
	●●●●●●●●		E Coli Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	<= Rate2	94.9	94.9	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	28.93	22.45	-	-	-	-	-	-	
	●●●●●●●●		MRSA Screening - Elective	=> %	95	95	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	76.2	74.2	92.1	86.6	71.4	60.0	0.0	-	
	●●●●●●●●		MRSA Screening - Non Elective	=> %	95	95	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	92.6	87.4	93.5	89.2	100.0	-	83.3	-	
Harm Free Care	●●●●●●●●		Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95	99.3	98.9	99.0	99.1	96.3	99.0	95.4	93.7	94.8	98.5	95.4	99.3	98.9	98.7	98.4	-	-	-	97.3	-	-	-	-	-	-	
	●●●●●●●●		Patient Safety Thermometer - Catheters & UTIs	%	-	-	0.3	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	-	-	56	25	39	32	30	34	26	36	37	34	26	36	33	31	28	32	43	45	120	23	14	0	-	8	-	
	●●●●●●●●		Number of DOLS which are 7 day urgent	No	-	-	56	25	39	32	30	34	26	36	37	34	26	36	33	31	28	32	43	45	120	23	14	0	-	8	-	
	●●●●●●●●		Number of delays with LA in assessing for standard DOLS application	No	-	-	2	0	8	5	5	15	6	11	2	4	3	7	6	7	0	3	3	4	10	3	1	0	-	0	-	
	●●●●●●●●		Number DOLs rolled over from previous month	No	-	-	1	15	5	5	5	7	0	4	0	1	1	2	0	5	7	9	8	9	26	2	4	0	-	3	-	
	●●●●●●●●		Number patients discharged prior to LA assessment targets	No	-	-	30	21	19	19	22	17	11	23	20	22	13	22	18	18	24	30	37	43	110	19	15	0	-	9	-	
	●●●●●●●●		Number of DOLs applications the LA disagreed with	No	-	-	2	4	3	1	1	1	0	2	2	0	1	0	0	2	1	0	0	0	0	0	0	0	0	-	0	-
	●●●●●●●●		Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	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	-	-	87	83	78	95	89	89	86	92	78	68	71	88	97	84	110	66	67	70	203	44	8	-	-	18	-	
	●●●●●●●●	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	2	1	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	4.62	4.49	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	34	33	23	37	28	28	26	28	33	23	14	32	36	39	32	38	32	19	89	6	7	1	-	5	-	
	●●●●●●●●	Apr 19	Pressure Ulcers per 1000 Occupied Bed Days	Rate1	-	-	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	1.22	1.92	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	Pressure Ulcer DN Caseload Acquired - Total	<= No	0	0	45	34	34	36	16	24	29	35	27	31	18	25	25	26	22	20	24	25	69	-	-	-	-	25	-	
			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	96	304	-	-	-	-	-	-	-
	●●●●●●●●		Venous Thromboembolism (VTE) Assessments	=> %	95	95	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	96.2	95.5	97.8	95.4	91.6	97.6	96.9	-	
	●●●●●●●●	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	99.9	100.0	99.9	99.6	100.0	99.8	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	
	●●●●●●●●	Apr 19	WHO Safer Surgery - brief(% lists where complete)	=> %	100	100	100.0	100.0	100.0	100.0	99.8	100.0	99.8	100.0	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	100.0	-	-	100.0	-
	●●●●●●●●	Apr 19	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	100	100	100.0	100.0	99.4	100.0	99.8	99.8	99.6	100.0	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	-	-	100.0	-
	●●●●●●●●		Never Events	<= No	0	0	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	-
	●●●●●●●●		Serious Incidents	<= No	0	0	1	7	6	3	3	12	32	12	11	17	11	7	6	8	0	4	8	12	24	4	2	0	1	5	0	
	●●●●●●●●		Open Central Alert System (CAS) Alerts	No	-	-	18	20	19	15	15	4	9	8	11	12	10	12	10	9	8	2	5	3	10	-	-	-	-	-	-	-
	●●●●●●●●		Open Central Alert System (CAS) Alerts beyond deadline date	<= No	0	0	5	5	8	6	7	3	6	5	6	7	2	1	1	0	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	96.2	95.4	-	-	-	-	-	-
			Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16.2	16.3	17.6	19.6	20.2	21.1	20.8	20.6	-	-	-	-	-	-
			Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	80.3	77.1	75.7	79.6	82.7	72.1	72.8	77.2	-	-	-	-	-	-
			Sepsis - Treated in 1 Hour (as % Of Treated)	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	54.9	51.9	60.0	53.9	57.2	64.2	58.2	59.4	-	-	-	-	-	-
			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
●	●	●	●	●	●	●

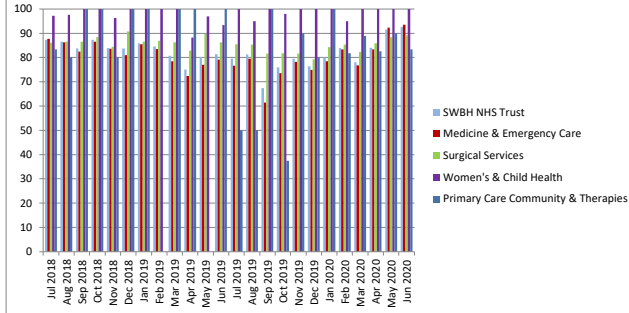
# CQC Domain - Safe

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

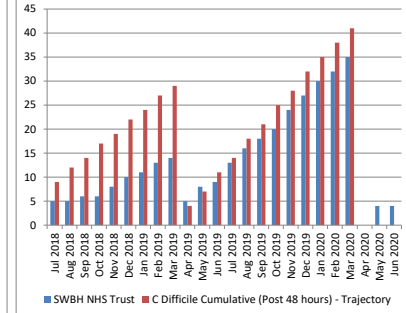
## MRSA Screening - Elective



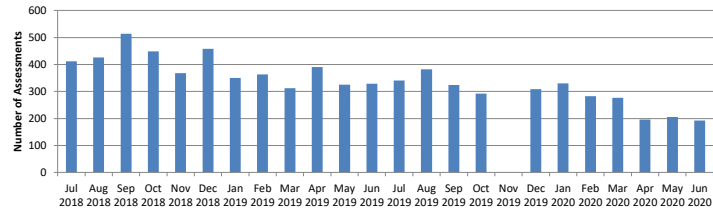
## MRSA Screening - Non Elective



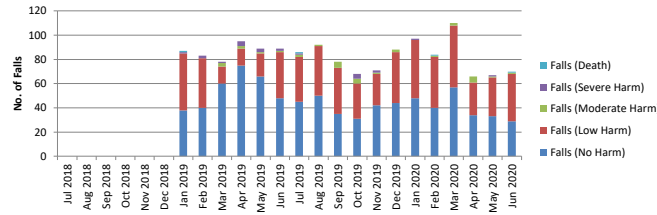
## C Diff Infection



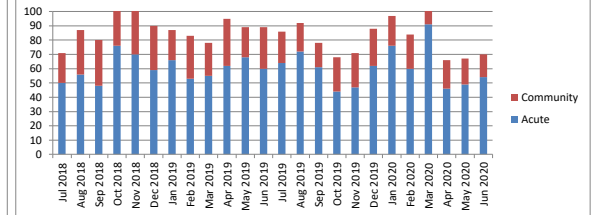
## VTE Assessments Missed



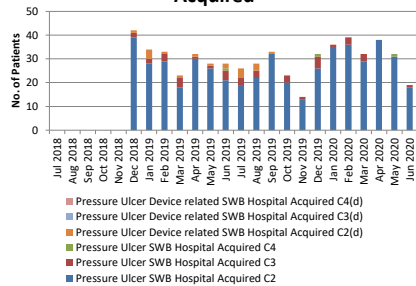
## Falls



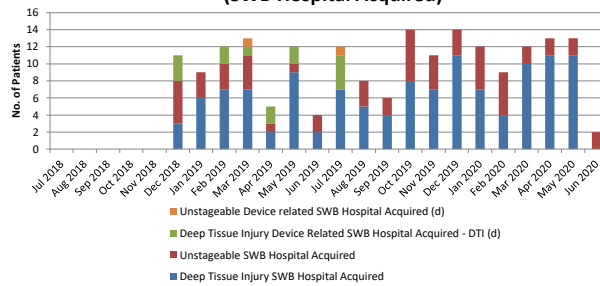
## Falls - Acute & Community



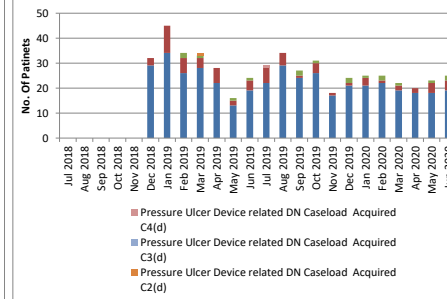
## Pressure Ulcers - SWB Hospital Acquired



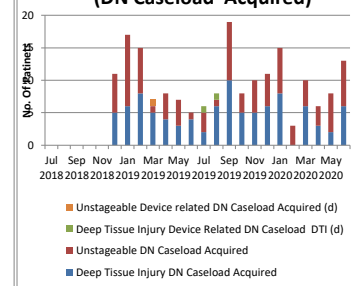
## Unstageable / Deep Tissue (SWB Hospital Acquired)



## Pressure Ulcers - DN Caseload Acquired



## Unstageable/Deep Tissue (DN Caseload Acquired)



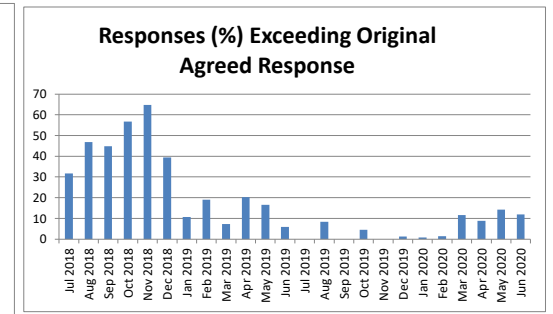
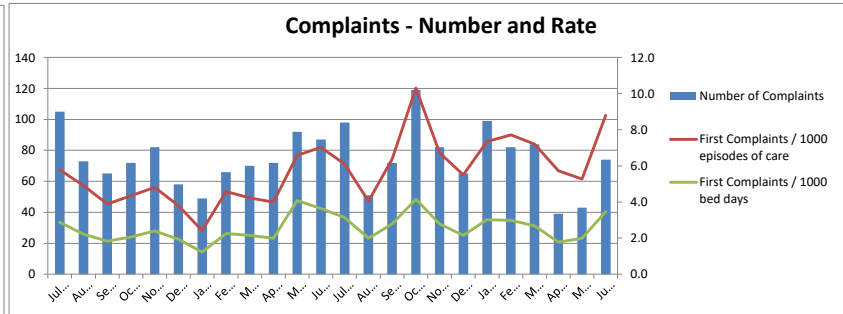
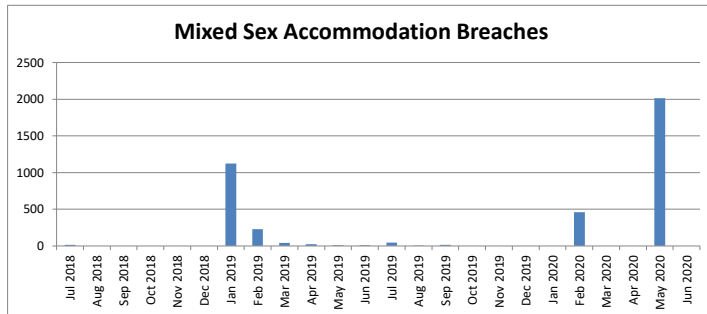


# CQC Domain - Caring

	Kitemark	Reviewed Date	Indicator	Measure	Standard		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	Jun 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	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	15.5	15.1	-	-	-	-	-	-	
			FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95	95	91	92	91	89	89	92	91	90	89	89	89	86	89	24	90	86	86	88	-	-	-	-	-	-	-	
			FFT Response Rate: Type 1 and 2 Emergency Department	=> %	25	25	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	12.9	13.5	12.9	-	-	-	-	-	-
			FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95	95	74	75	75	75	76	73	76	78	71	71	68	73	75	72	79	89	85	84	-	84	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Score - Outpatients	=> No	95	95	90	90	91	90	90	89	88	76	87	87	89	89	89	89	89	87	89	89	-	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Score - Maternity Antenatal	=> No	95	95	0	0	0	0	0	0	0	0	0	90	97	100	75	83	80	86	84	5	-	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Score - Maternity Postnatal Ward	=> No	95	95	100	100	0	100	100	0	100	100	100	92	93	0	97	94	100	0	67	0	-	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Score - Maternity Community	=> No	95	95	0	0	0	0	0	0	0	0	0	94	0	0	0	0	0	0	0	0	-	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Score - Maternity Birth	=> No	95	95	17	95	100	100	94	94	91	66	6	94	97	94	95	97	97	89	100	82	-	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Response Rate: Maternity Birth	=> %	25	25	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	6.1	6.0	-	-	-	-	-	-	-
MSA	●●●●●●●●		Mixed Sex Accommodation - Breaches (Patients)	<= No	0	0	1123	229	40	22	11	9	44	7	16	-	-	-	-	458	-	-	2013	1612	3625	-	-	-	-	-	-	-
Complaints	●●●●●●●●		No. of Complaints Received (formal and link)	No	-	-	49	66	70	72	92	87	98	51	72	119	82	65	99	82	84	39	43	74	156	32	19	10	1	7	5	
	●●●●●●●●		No. of Active Complaints in the System (formal and link)	No	-	-	165	170	151	163	149	121	148	91	121	140	114	92	106	142	126	102	109	123	334	54	34	15	3	14	3	
	●●●●●●●●		No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	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	3.47	2.41	2.58	5.81	3.16	-	9.37	-	
	●●●●●●●●		No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	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	8.79	6.69	7.42	14.42	5.96	-	16.39	-	
	●●●●●●●●		No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	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	76.1	84.1	100.0	10.5	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	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	11.9	11.1	3.6	26.7	16.7	0.0	20.0	0.0	
	●●●●●●●●		No. of responses sent out	No	-	-	74	58	95	77	98	97	95	96	61	88	105	76	76	70	87	68	35	58	161	28	15	6	0	5	4	
WKF	●●●●●●●●	Apr 19	Flu Vaccination Rate	=> %	80	80	-	-	-	-	-	-	-	-	-	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 ness	Granularity	Assessment of Exec Director
●	●	●	●	●	●	●

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



# CQC Domain - Responsive

	Kitemark	Reviewed Date	Indicator	Measure	Standard		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	Jun 2020	20/21 Year to Date	Group						
					Year	Month																				M	SS	W	I	PCCT	CO	
Emergency Care			Emergency Care Attendances (Including Mailing)	No	-	-	18042	16949	18592	18908	18541	18091	19047	17657	17973	18445	17868	19330	18477	17367	13392	7163	9828	12215	29206	-	-	-	-	-	-	
	●●●●●●●●		Emergency Care 4-hour waits	=> %	95	95	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	90.0	-	-	-	-	-	-	
	●●●●●●●●		Emergency Care 4-hour breach (numbers)	No	-	-	3963	3006	2629	4106	3213	3288	3542	3252	4764	5215	5199	5375	4819	4416	2768	844	828	1225	2897	-	-	-	-	-	-	
	●●●●●●●●		Emergency Care Trolley Waits >12 hours	<= No	0	0	0	0	0	0	0	0	0	0	2	2	1	1	0	0	0	1	0	0	1	-	-	-	-	-	-	
	●●●●●●●●		Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15	50	41	57	74	39	89	45	52	71	185	154	116	121	62	85	74	44	62	-	-	-	-	-	-	-	
	●●●●●●●●		Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60	237	269	241	282	264	255	261	208	217	250	263	263	254	232	151	82	82	100	-	-	-	-	-	-	-	
	●●●●●●●●		Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5	5	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	7.5	8.3	-	-	-	-	-	-	
	●●●●●●●●		Emergency Care Patient Impact - Left Department W/out Being Seen Rate (%)	<= %	5	5	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	3.2	2.9	-	-	-	-	-	-	
	●●●●●●●●		WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	168	160	88	166	119	128	123	162	238	251	228	279	199	242	380	234	172	77	483	-	-	-	-	-	-	
	●●●●●●●●		WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	9	8	6	5	4	4	5	9	33	16	9	12	9	32	42	8	1	0	9	-	-	-	-	-	-	
	●●●●●●●●		WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02	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	-	-	4835	4372	4655	4814	4670	4555	4658	4486	4484	4656	4721	4887	4848	4522	4588	3069	3282	3039	9390	-	-	-	-	-	-	-
Patient Flow	●●●●●●●●	Apr 19	Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5	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	-	-	0.5	-	-	-	-	-	-	
			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	240	20	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	315	270	211	99	149	239	295	185	127	147	163	180	195	340	388	210	32	10	252	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - ALL	No	-	-	757	654	642	672	698	583	684	671	675	867	852	944	989	860	730	501	554	543	1598	-	-	-	-	-	-	-
		Apr 19	Hip Fractures Best Practice Tariff (Operation < 36 hours of admissions)	=> %	85	85	81.5	80.0	82.9	84.0	77.1	75.0	62.5	87.9	79.2	88.5	78.6	67.5	75.0	87.9	61.5	84.0	90.0	60.0	77.1	-	60.0	-	-	-	-	-
Cancellations	●●●●●●●●		No. of Strep Declared Late Cancellations - Total	<= No	240	20	36	39	32	44	38	40	46	32	57	63	59	65	56	60	35	1	9	18	28	9	4	3	-	2	-	-
	●●●●●●●●		No. of Strep Declared Late Cancellations - Avoidable	No	-	-	18	7	10	16	13	3	16	17	32	40	30	41	29	17	16	1	1	5	7	0	2	1	-	2	-	-
	●●●●●●●●		No. of Strep Declared Late Cancellations - Unavoidable	No	-	-	18	32	22	28	25	37	30	15	25	23	29	24	27	43	19	0	8	13	21	9	2	2	-	0	-	-
	●●●●●●●●		Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	<= %	0.8	0.8	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	1.2	0.8	1.5	0.8	1.7	-	0.9	-	-
	●●●●●●●●		Number of 28 day breaches	<= No	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	4	0	0	0	-	4	-	-
	●●●●●●●●		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 Strep Declared Late Cancellations (Pts. >1 occasion)	<= No	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	52	56	69	73	64	75	86	67	79	103	92	65	73	124	344	19	20	42	81	5	28	9	-	-	-	-
	●●●●●●●●		All Hospital Cancellations, with 7 or less days notice	<= No	0	0	236	230	244	265	262	277	296	204	367	370	376	358	347	584	890	63	58	133	254	42	71	20	-	-	-	-
Cancer	●●●●●●●●	Apr 19	2 weeks	=> %	93	93	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	93.6	-	93.7	57.5	98.3	97.1	-	100.0	-	-
	●●●●●●●●	Apr 19	2 weeks (Breast Symptomatic)	=> %	93	93	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	97.1	-	96.7	-	97.1	-	-	-	-	-
	●●●●●●●●	Apr 19	31 Day (diagnosis to treatment)	=> %	96	96	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	91.8	-	93.1	100.0	88.2	87.5	-	100.0	-	-
	●●●●●●●●	Apr 19	31 Day (second/subsequent treatment - surgery)	=> %	94	94	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	92.3	69.6	-	77.8	-	-	-	-	-	-	-
	●●●●●●●●	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	-	-	-	-	-	-
	●●●●●●●●	Apr 19	62 Day (urgent GP referral to treatment) Excl Rare Cancers	=> %	85	85	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	54.8	-	65.0	60.0	56.3	21.4	-	100.0	-	-
	●●●●●●●●		62 Day (urgent GP referral to treatment) - Inc Rare Cancers	=> %	85	85	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	56.0	-	65.4	60.0	58.8	21.4	-	100.0	-	-
	●●●●●●●●	Apr 19	62 Day (referral to treat from screening)	=> %	90	90	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	33.3	-	72.5	-	33.3	-	-	-	-	-
	●●●●●●●●	Apr 19	62 Day (referral to treat from hosp specialist)	=> %	90	90	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	82.1	-	89.2	60.0	94.1	100.0	-	-	-	-
	●●●●●●●●		Cancer = Patients Waiting Over 62 days for treatment	No	-	-	11	9	12	10	7	8	10	11	10	11	6	12	12	9	9	-	17	-	17	4	7	6	-	0	-	-
	●●●●●●●●		Cancer - Patients Waiting Over 104 days for treatment	No	-	-	2	3	7	3	4	1	3	5	3	3	5	6	7	4	2	-	4	-	4	0	3	1	-	0	-	-
	●●●●●●●●		Cancer - Longest wait for treatment (days) - TRUST	No	-	-	137	177	209	241	183	91	196	147	96	171	149	148	169	217	121	-	171	-	-	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	Neutropenia Sepsis - Door to Needle Time > 1hr	<= No	0	0	5	9	2	7	2	3	3	4	6	6	9	15	7	11	5	4	3	2	9	2	0	0	-	0	-	-
	●●●●●●●●		IPT Referrals - Within 38 Days Of GP Referral for 62 day cancer pathway	%	-	-	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	66.7	-	70.0	-	-	-	-	-	-	-
			Cancer - 28 Day FDS TWW Referral (% of Informed) - Total																													

## CQC Domain - Responsive

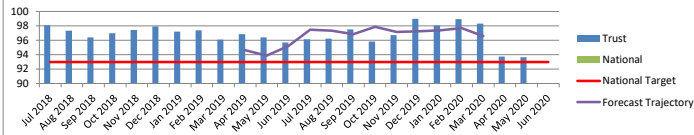
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Data Quality - Kitemark						
1	2	3	4	5	6	7
Timeliness	Audit	Source	Validation	Completeness	Granularity	Assessment of Exec Director
●	●	●	●	●	●	●

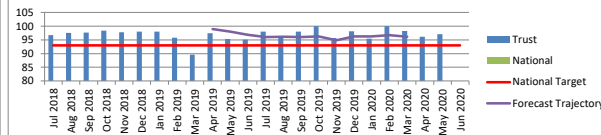
If segment 2 of the Kitemark is Blank this indicates that a formal audit of this indicator has not yet taken place

# CQC Domain - Responsive

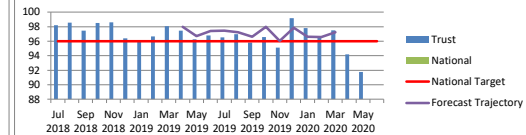
2-week wait from Referral to Date First Seen



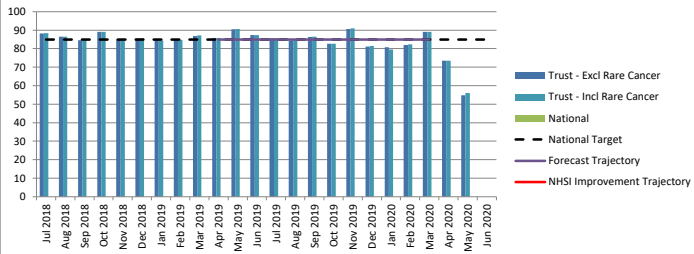
2-week wait from Breast Symptomatic Patients



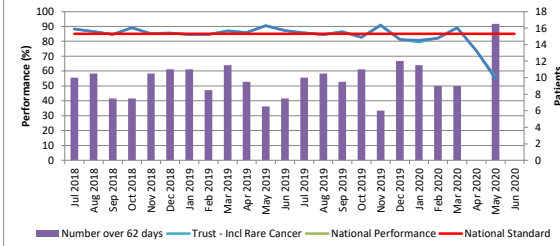
31-day Diagnosis to First Treatment



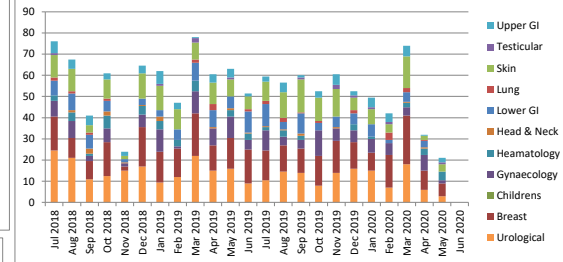
62-day Urgent GP Referral to First Treatment



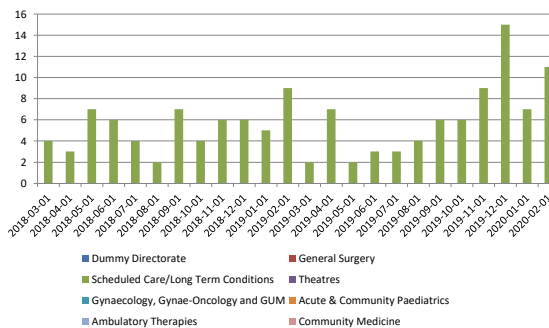
62-day Urgent GP Referral to First Treatment



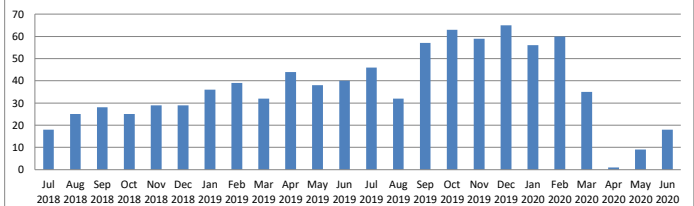
62-day Urgent GP Referral to First Treatment  
Breach- By Tumour Site



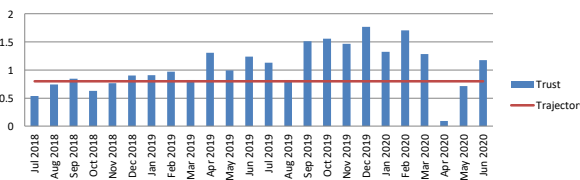
Neutropenia Sepsis  
Door to Needle Time Greater Than 1 Hour



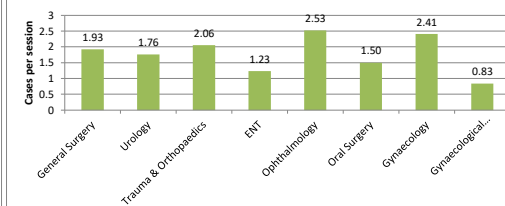
SitRep Late Cancellations



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

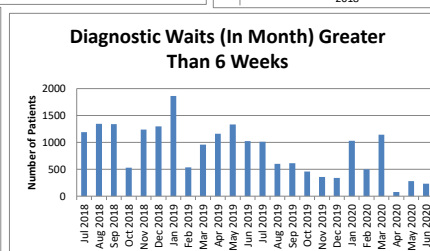
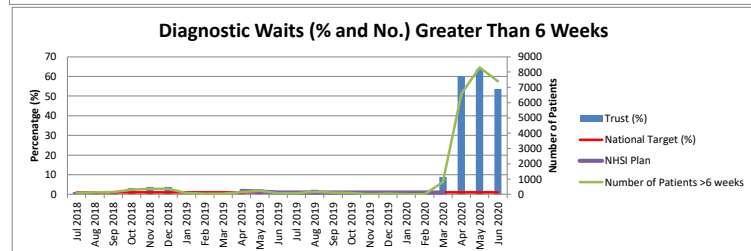
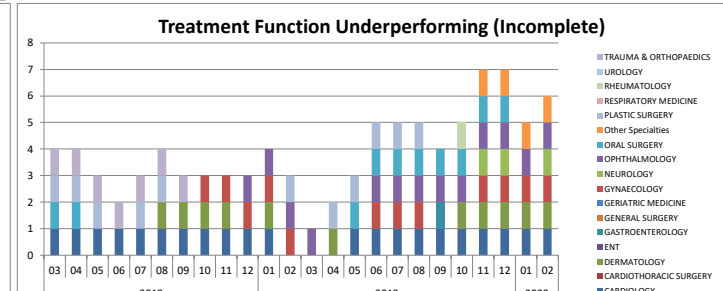
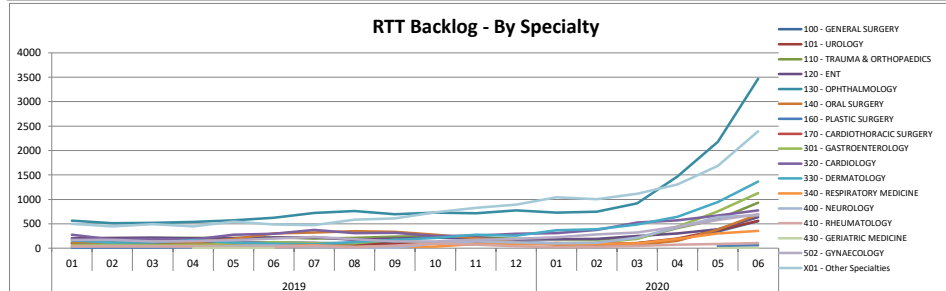
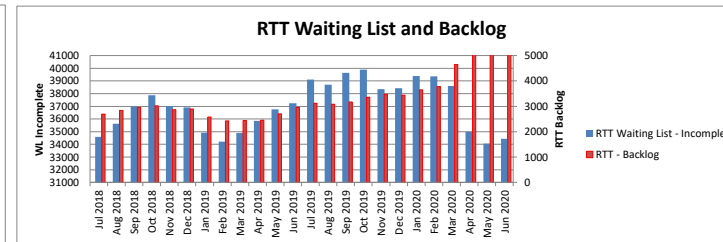
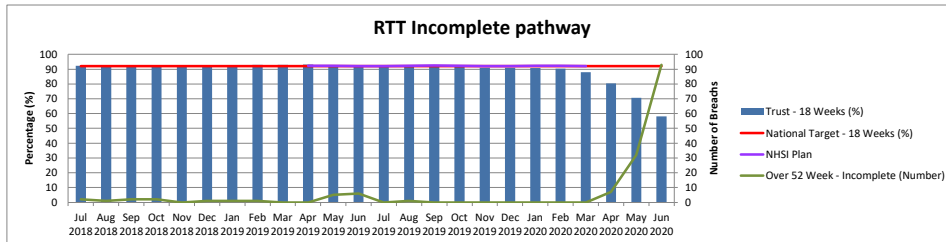
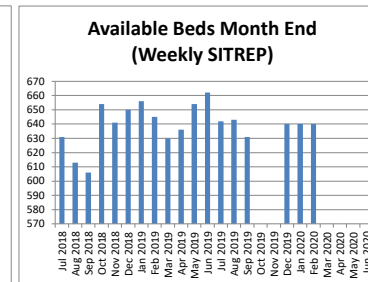
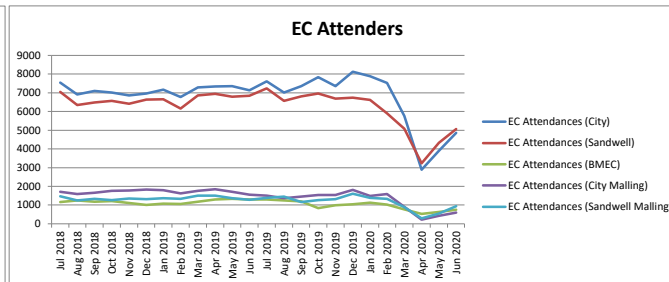
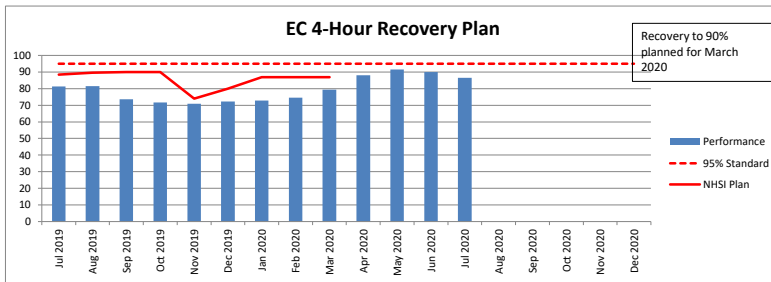
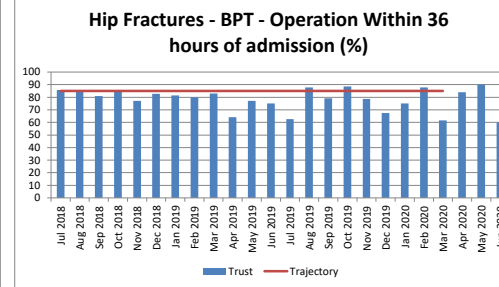
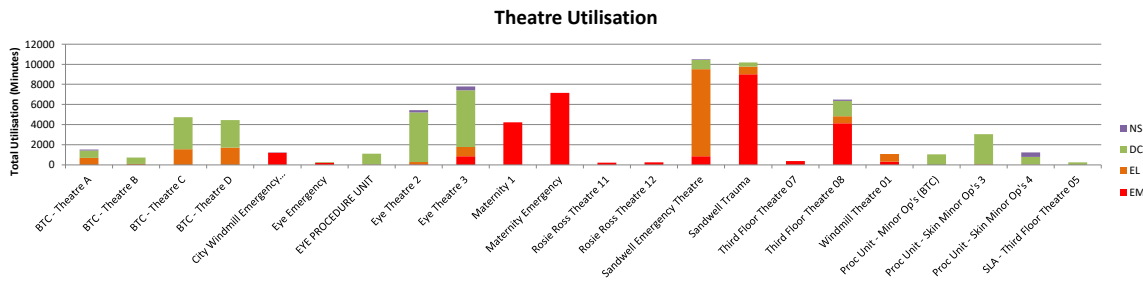


Cases Per Session (Operating Theatres)



Month	Indicator	TumourSite	Informed in 28 Days	Eligible	% of Informed	% of Eligible
May 2020	Cancer - 28 Day FDS TWW Referral	Breast	231	193	98.7	120
May 2020	Cancer - 28 Day FDS TWW Referral	Colorectal	58	225	96.7	25.8
May 2020	Cancer - 28 Day FDS TWW Referral	Gynaecology	148	152	98.7	97.4
May 2020	Cancer - 28 Day FDS TWW Referral	Haematology	8	21	80	38.1
May 2020	Cancer - 28 Day FDS TWW Referral	Head & Neck	54	103	100	52.4
May 2020	Cancer - 28 Day FDS TWW Referral	Lung	4	33	66.7	12.1
May 2020	Cancer - 28 Day FDS TWW Referral	Skin	94	150	97.9	62.7
May 2020	Cancer - 28 Day FDS TWW Referral	Upper GI	38	127	100	29.9
May 2020	Cancer - 28 Day FDS TWW Referral	Urology	100	111	87.7	90.1
May 2020	28 day FDS TWW Breast Symptomatic	Breast	33	97	100	34
May 2020	Cancer - 28 day FDS screening referral	Breast	0	0	0	0
May 2020	Cancer - 28 day FDS screening referral	Colorectal	0	0	0	0
May 2020	Cancer - 28 day FDS screening referral	Gynaecology	0	0	0	0

# CQC Domain - Responsive



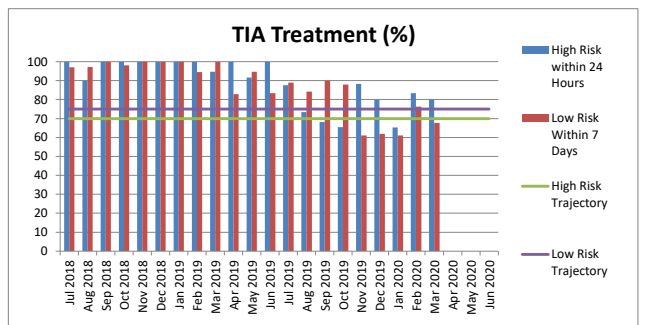
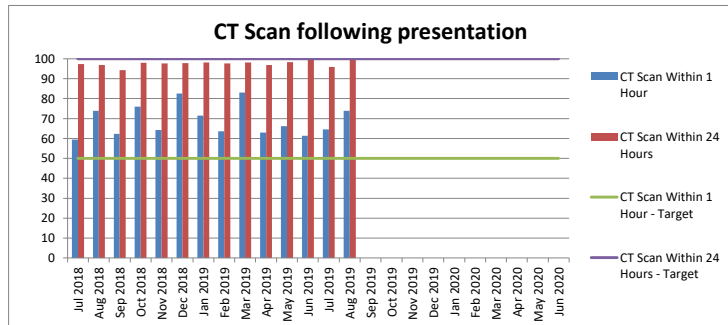
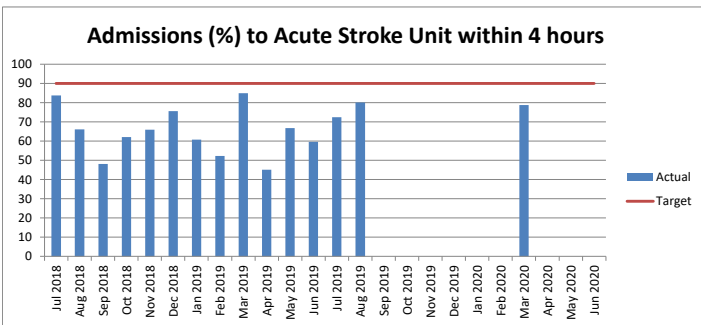
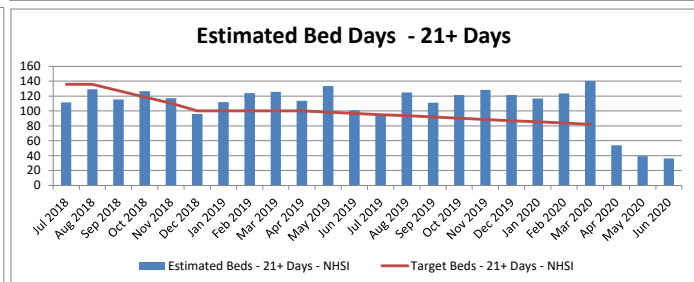
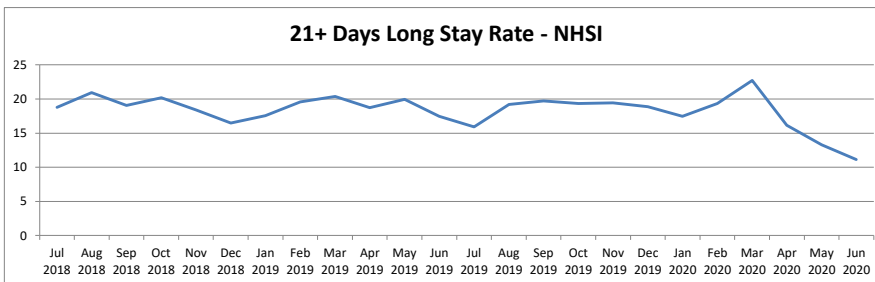
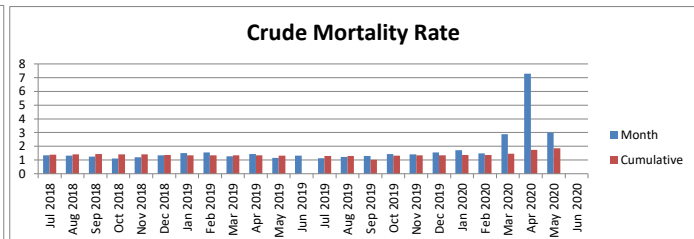
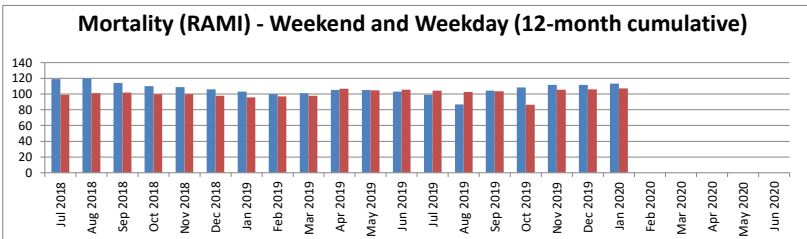
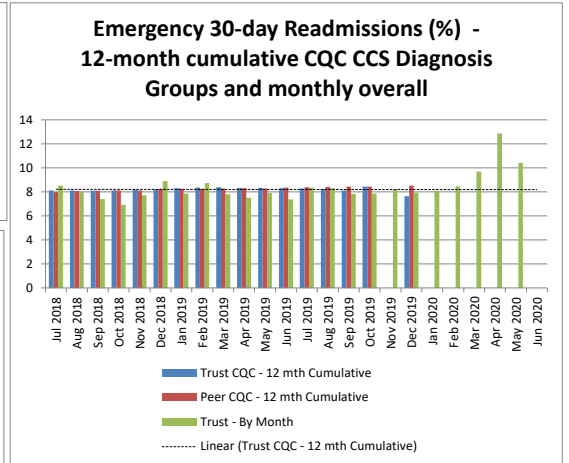
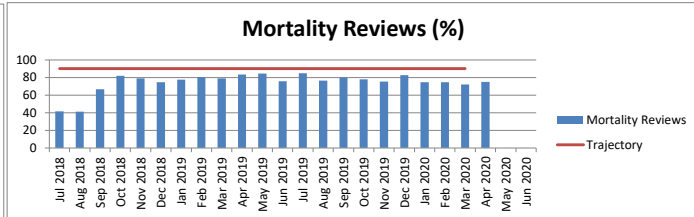
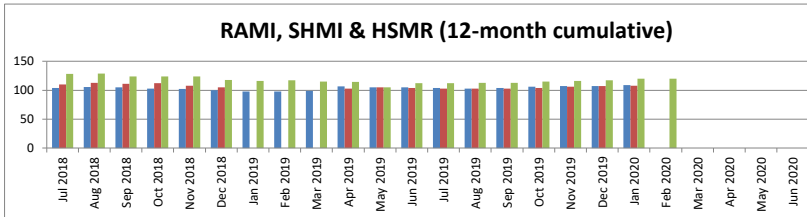
# CQC Domain - Effective

	Kitemark	Reviewed Date	Indicator	Measure	Standard		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	Jun 2020	20/21 Year to Date	Group					
					Year	Month																							M	SS	W
Mortality and Readmissions	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	No	-	-	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>		Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	No	-	-	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>		Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	No	-	-	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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	121	-	-	-	-	-	-	-	-	
			Risk Adjusted Mortality Index (HSMR) - Weekend Admission (12-month cumulative)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	127	-	-	-	-	-	-	-	-	
	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	No	-	-	-	-	-	103	105	104	103	103	103	104	106	107	108	-	-	-	-	-	-	-	-	-	-	-	
	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	No	-	-	116	117	115	115	105	112	112	113	113	115	116	117	120	120	-	-	-	-	-	-	-	-	-	-	
	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Deaths in Low Risk Diagnosis Groups (RAMI) - month	No	-	-	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>		Mortality Reviews within 42 working days	=> %	90	90	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	75.1	-	-	75.1	75.3	66.7	-	-	75.0	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%	-	-	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	3.0	-	5.0	-	-	-	-	-	-
	<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	1.3	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	1.9	-	1.8	-	-	-	-	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Deaths in The Trust	No	-	-	149	137	121	134	112	117	109	118	114	133	136	139	162	125	-	334	150	-	484	141	7	1	0	1	0
			Avoidable Deaths In the Trust	No	-	-	-	-	-	0	0	1	1	0	1	1	0	1	0	0	0	0	-	-	0	-	-	-	-	-	-
Patient Flow	<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	%	-	-	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	10.4	-	11.6	12.8	6.3	9.4	14.3	3.6	-
	<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	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	8.5	-	8.4	13.4	4.5	6.9	6.4	1.9	-
	<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	%	-	-	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	4.1	-	4.6	4.7	3.0	5.6	-	0.4	-
	<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	3.5	3.5	3.4	3.4	3.3	3.3	3.4	3.3	3.2	3.2	3.1	3.1	3.2	3.3	-	3.3	4.1	2.4	5.4	0.4	0.1	-
RTT	<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	-	-	137	125	116	139	130	124	129	118	152	159	148	156	154	173	161	66	57	56	-	40	12	2	1	1	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>		21+ Days Long Stay Rate - NHSI	%	-	-	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	11.1	14.4	10.3	16.2	0.0	0.0	0.0	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Estimated Beds - 21+ Days - NHSI	No	-	-	112	124	126	114	133	101	96	125	111	122	128	121	117	124	140	54	39	36	-	25	11	0	0	0	-
Stroke	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	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	61.7	54.1	68.1	75.1	43.5	-	38.9	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	3693	3564	3554	3599	3767	3498	3838	3034	3711	4512	4735	4029	4571	6313	4983	5886	3715	4644	14245	1432	2131	692	0	388	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	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	82.1	71.6	84.9	82.1	80.6	100.0	79.0	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	1873	1862	1869	2416	2414	2136	2375	2150	2142	2313	2388	2087	2242	2207	2155	549	547	898	1994	140	472	166	15	105	-
Stroke			5WD: Pts spending >90% stay on Acute Stroke Unit	=> %	90	90	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	-	88.9	86.9	88.9	-	-	-	-	-
			5WD: Pts admitted to Acute Stroke Unit within 4 hrs	=> %	80	80	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	-	82.2	79.8	82.2	-	-	-	-	-
			5WD: Pts receiving CT Scan within 1 hr of presentation	=> %	50	50	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	-	87.5	86.4	87.5	-	-	-	-	-
			5WD: Pts receiving CT Scan within 24 hrs of presentation	=> %	95	95	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	-	100.0	98.4	100.0	-	-	-	-	-
			5WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85	85	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	-	50.0	57.1	50.0	-	-	-	-	-
			5WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	=> %	70	70	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	-	85.7	82.5	85.7	-	-	-	-	-
			5WD: TIA (Low Risk) Treatment <7 days from receipt of referral	=> %	75	75	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	-	96.2	91.3	96.2	-	-	-	-	-
	<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	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	100.0	88.9	100.0	-	-	-	-	-
	<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	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	100.0	77.8	100.0	-	-	-	-	-
	<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.

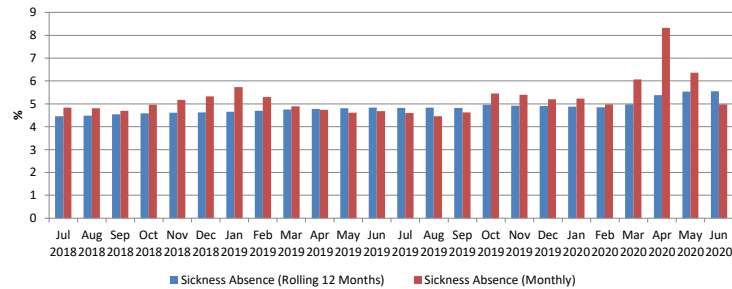
# CQC Domain - Well Led

		Reviewed Date	Indicator	Measure	Standard		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	Jun 2020	20/21 Year to Date	Group						
Kitemark					Year	Month																				M	SS	W	I	PCCT	CO	
Workforce	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		PDRs - 12 month rolling	=> %	95	95	-	-	98.7	-	-	-	-	-	75.3	78.9	-	-	-	-	-	-	-	-	-	77.1	51.6	89.4	85.6	84.8	88.6	90.5
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Medical Appraisal	=> %	90	90	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	100.0	100.0	-	100.0	100.0	100.0	100.0	100.0	100.0		
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Sickness Absence (Rolling 12 Months)	<= %	3	3	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	5.5	5.5	6.3	6.2	5.7	4.2	4.8	4.9	
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Sickness Absence (Monthly)	<= %	3	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	5.0	6.5	5.9	6.1	5.1	3.4	4.6	3.8	
			Sickness Absence - Long Term - (Open Cases in the month)	No	-	140	-	-	-	-	-	-	-	-	-	131	156	169	187	153	114	152	156	228	160	-	42	40	15	4	22	37
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Sickness Absence - Short Term (Monthly)	No	-	-	1013	878	784	738	644	674	681	539	719	875	814	872	845	779	936	1241	722	657	-	162	149	77	26	81	134	
			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	6.8	8.9	11.7	9.5	7.4	9.7	7.3	8.5	7.3	-	5.8	-	
			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	78.4	89.3	80.2	86.5	86.8	91.5	-	89.2	-	
			Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	-	-	12.4	13.5	12.9	23.0	18.7	22.0	12.7	13.8	10.1	9.4	25.5	15.1	15.3	16.3	13.2	6.8	12.0	8.3	7.0	5.4	-	7.9	-	
			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	3.8	1.8	3.6	1.9	2.9	2.1	-	1.2	-	
			Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11.7	7.6	5.4	5.9	4.6	2.0	4.2	3.4	3.3	1.0	-	1.7	-	
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Nursing Turnover (Qualified Only)	<= %	10.7	10.7	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	12.4	12.7	-	-	-	-	-	-	
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Nursing Vacancy Rate (Qualified)	<= %	11	11	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	14.2	13.4	14.1	17.8	16.4	27.1	8.8	1.9	
		Apr 19	New Starters Complete Onboarding Process	=> %	100	100	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	98.9	67.8	100.0	96.2	100.0	-	100.0	-	

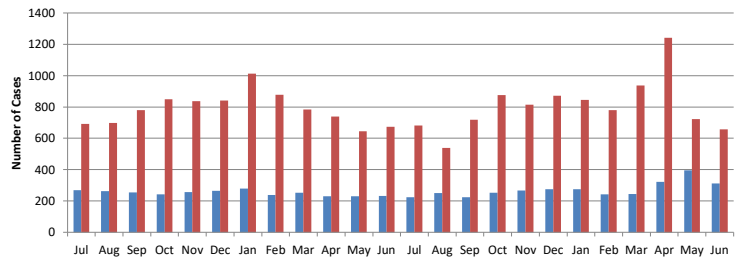
Data Quality - Kitemark						
1	2	3	4	5	6	7
Timeliness	Audit	Source	Validation	Complete ness	Granularity	Assessment of Exec Director
●	●	●	●	●	●	●

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

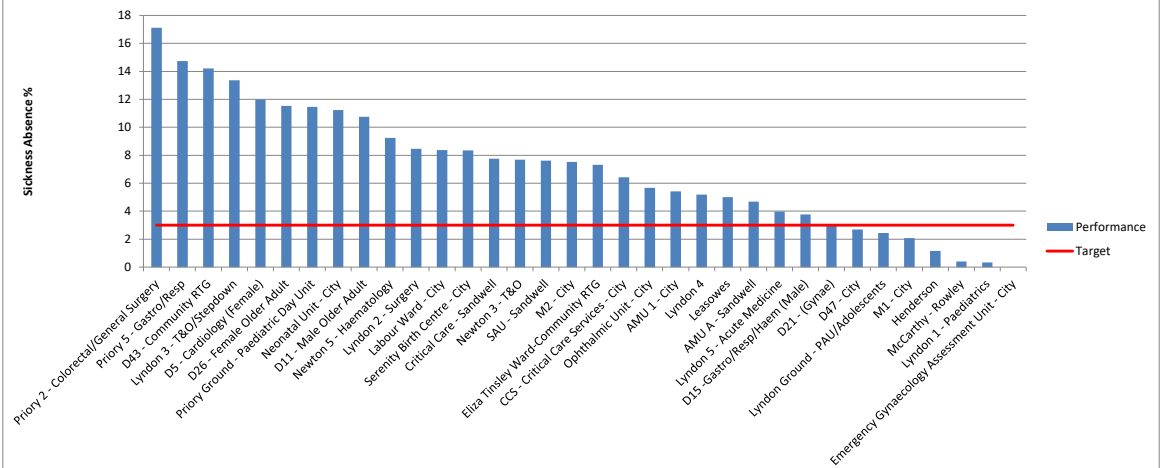
Sickness Absence (Trust %)



Long / Short Term - Sickness Absence - Trust














































































































































































Sickness Absence (Ward %) June 2020

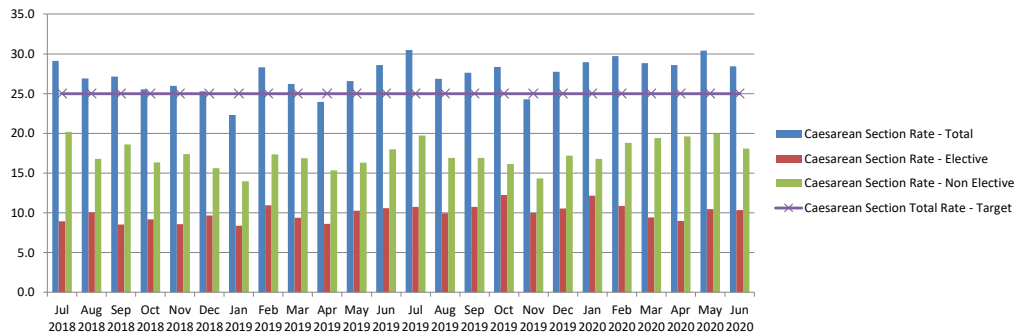




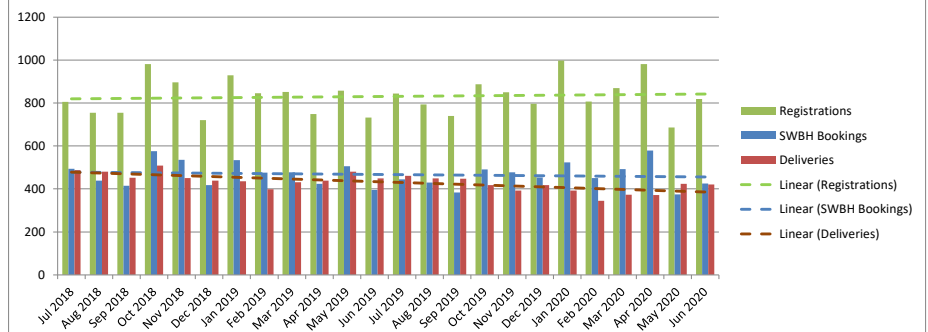
# Patient Safety - Obstetrics

Data Quality	Last review	PAF	Indicator	Measure	Trajectory		Previous Months Trend (since Jan 2019)																	Data Period	Month	Year To Date	Trend	
					2016-2017	Year	Month	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A					M
			Caesarean Section Rate - Total	<= %	25.0	25.0																	Jun 2020	28.4	29.2			
			Caesarean Section Rate - Elective	<= %			8	11	9	9	10	11	11	10	11	12	10	11	12	11	9	9	10	10	Jun 2020	10.4	10.0	
			Caesarean Section Rate - Non Elective	<= %			14	17	17	15	16	18	20	17	17	16	14	17	17	19	19	20	20	18	Jun 2020	18.1	19.2	
			Maternal Deaths	<= No	0	0																		Jun 2020	0	0		
			Post Partum Haemorrhage (>2000ml)	<= No	48	4																		Jun 2020	4	11		
			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0																		Jun 2020	4.29	4.94		
			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																		Jun 2020	16.67	12.35		
	Apr-19		Stillbirth Rate (Corrected) (per 1000 babies)	Rate1			2.30	2.51	4.64	0.00	6.25	4.45	6.51	8.93	2.24	4.80	2.54	4.78	5.10	0.00	2.68	2.70	9.43	11.90	Jun 2020	11.91	8.23	
	Apr-19		Neonatal Death Rate (Corrected) (per 1000 babies)	Rate1			0.00	2.51	0.00	0.00	2.08	0.00	0.00	0.00	0.00	2.40	5.09	2.39	2.55	0.00	2.68	5.39	2.36	4.76	Jun 2020	4.76	4.12	
			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	85.0	85.0																		Jun 2020	92.5	92.4		
			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0																		Jun 2020	139.3	145.6		
			Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0																		Jun 2020	84.34	84.11		
	Apr-19		Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %			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	1.8	Jun 2020	1.77	1.79	
	Apr-19		Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %			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	1.3	Jun 2020	1.33	0.81	
	Apr-19		Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %			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	0.0	Jun 2020	0.00	0.00	

Caesarean Section Rate (%)



Registrations & Deliveries

























# 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	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	Jun 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	0.22	0.33	0.27	0.29	0.01	0.00	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	0.52	0.48	0.61	0.38	0.11	-	0.63	-						
			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	8.0	8.1	6.4	9.4	13.5	0.0	7.2	-						
			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	-	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	10.4	-	11.6	12.8	6.3	9.4	14.3	3.6	-						
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	85.7	85.5	83.2	86.0	86.8	89.3	85.3	86.3						
			Sickness Absence (Monthly)	<= %	Dec2019	5.41	4.77	5.01	5.39	-	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	5.0	6.5	5.9	6.1	5.1	3.4	4.6	3.8						
			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 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	-	-	-	-	-	-						

## CQC : Trustwide Insight

	Kitemark	Reviewed Date	Indicator	Measure	Standard		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	Jun 2020	2021 Year to Date	Group					
					Year	Month																							M	SS	W
Safe			Clostridium difficile infection alert in three months	Text	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			C. Difficile (Post 48 hours)	No	-	-	1	2	1	5	3	1	4	3	2	2	4	3	3	2	3	0	4	2	6	2	0	0	-	0	-
			E Coli Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	Rate2	-	-	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	28.93	22.45	-	-	-	-	-	-
			MRSA Bacteraemia (Post 48 hours)	No	-	-	1	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	-	-
			MRSA Bacteraemia (Post 48 hours)	No	-	-	1	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	-	-
			Patient-led assessment of cleanliness of environment	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			Patient-led assessment of environment for dementia care	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			Patient-led assessment of facilities	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			Ratio of consultant to non-consultant doctors	Ratio	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			Ratio of occupied beds to medical and dental staff	Ratio	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			Ratio of occupied beds to nursing staff	Ratio	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			Ratio of occupied beds to other clinical staff	Ratio	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			Ratio of senior staff nurses to staff nurses	Ratio	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			Ratio of ward manager nurses to senior and staff nurses	Ratio	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			Ward staff who are registered nurses	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			Never event alert in the last three months	Text	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			Never Events (total events with rule-based risk assessment)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			Never Events (total events with statistical comparison to bed days)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			NRLS - Proportion of reported patient safety incidents that are harmful	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			CAS alerts closed late in preceding 12 months	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10.5	8.6	7.1	6.9	7.5	-	-	-	-	-	-
		CAS alerts not closed by the trust in the preceding 12 months	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	0	0	-	-	-	-	-	
		CAS alerts not closed by the trust more than 12 months before	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	0	0	-	-	-	-	-	
		NRLS - Potential under-reporting of patient safety incidents	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		NRLS - Potential under-reporting of patient safety incidents resulting in death or severe harm	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		NRLS - Consistency of reporting	Text	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Effective			Help with eating	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			Patient-led assessment of food	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			Avoidable Deaths in the Trust	No	-	-	-	-	0	0	1	1	0	1	1	0	1	0	0	0	0	0	-	-	0	-	-	-	-	-	
			Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	No	-	-	116	117	115	115	105	112	112	113	113	115	116	117	120	120	-	-	-	-	1257	-	-	-	-	-	-
			Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	No	-	-	96	97	98	107	105	105	104	103	103	87	106	106	107	-	-	-	-	1033	-	-	-	-	-	-	-
			Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	No	-	-	103	100	101	105	105	103	99	87	105	109	112	112	114	-	-	-	-	1049	-	-	-	-	-	-	-
			Risk Adjusted Mortality Index (HSMR) - Weekday Admission (12-month cumulative)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	121	-	-	-	-	-	-	-	-	-	
			Risk Adjusted Mortality Index (HSMR) - Weekend Admission (12-month cumulative)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	127	-	-	-	-	-	-	-	-	-	
			Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	No	-	-	-	-	-	103	105	104	103	103	103	104	106	107	108	-	-	-	-	1046	-	-	-	-	-	-	-
			Active professional registration (medical and dental)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		Active professional registration (nursing and midwifery)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Caring			Confidence and trust in the doctors	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			Confidence and trust in the nurses	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			Emotional support from hospital staff	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			Overall experience as an inpatient	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			FFT Score - Adult and Children Inpatients (including day cases and community)	No	-	-	91	92	91	89	89	92	91	90	89	89	89	86	89	24	90	86	86	88	260	-	-	-	-	-	-
			Speaking to staff about worries and fears	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			Involvement in decisions	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			Pain control by staff	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			Patient-led assessment of privacy, dignity, and well being	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			Treatment with respect and dignity	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Consil ve			Ratio of delayed transfers and number of occupied beds	Ratio	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

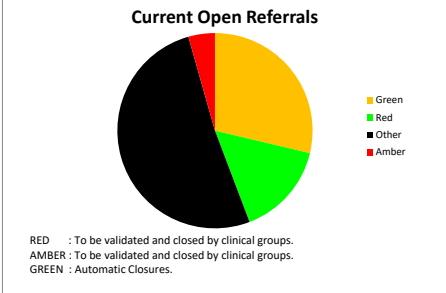
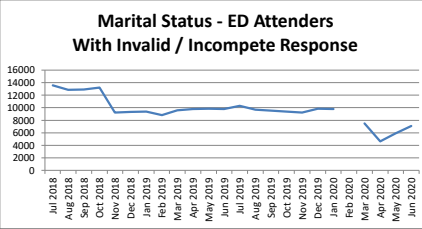
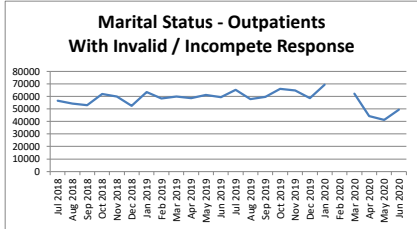
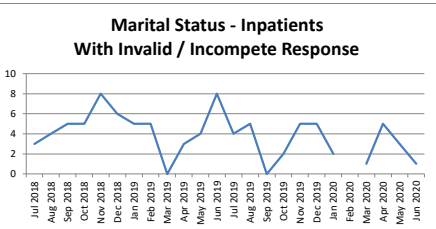
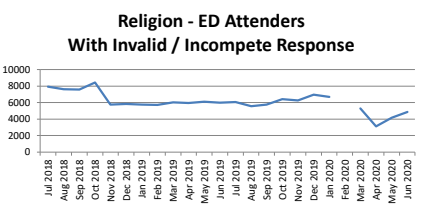
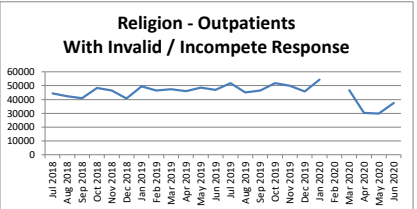
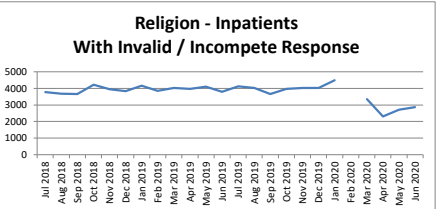
## Data Completeness

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		
			Future Appts Where the Referral is Closed	No		

[illegible]

Data Period	Group						
	M	SS	W	P	I	PCCT	CO
May 2020							61
Dec 2019							
Dec 2019							
Dec 2019							
May 2020							
May 2020							
May 2020							
May 2020							
May 2020							
Jun 2020							
Jun 2020							
Jun 2020							
Jun 2020							
Jun 2020							
Jun 2020							
May 2020							
Jun 2020	50,369	98,650	24,448	-	701	32,390	
Jun 2020	14,228	12,641	4,890	-	395	3,990	
Jun 2020				-	0	34	

Month	Year To Date	Trend
61.2		
86.3		
98.5		
99.4		
96.4	97.1	
99.4	99.5	
89.9	90.1	
85.9	86.5	
89.3	89.4	
65.0	64.6	
50.1	52.8	
56.2	55.6	
100.0	100.0	
34.4	34.8	
36.3	35.7	
6.6	6.8	
206,748		
36323		
393		



# Local Quality Indicators - 2019/2020

Data Quality	Last review	PAF	Indicator	Measure	Trajectory	
					Year	Month
			Safeguarding Adults Advanced Training	=> %	85	85
			Safeguarding Adults Basic Training	=> %	85	85
			Safeguarding Children Level 1 Training	=> %	85	85
			Safeguarding Children Level 2 Training	=> %	85	85
			Safeguarding Children Level 3 Training	=> %	85	85
			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 Level >4ppm Referred For Smoking Cessation - SQPR	=> %	90	90
			BMI recorded by 12+6 weeks of pregnancy - SQPR	=> %	90	90
			CO Monitoring by 12+6 weeks of pregnancy - SQPR	=> %	90	90
			Community Gynae - Referral to first outpatient appointment Within 4 weeks of referral	=> %	90	90
			Community Gynae - New to follow-up Ratio Less than 1 to 2	=> %	95	95
			Community Gynae - Onward Referral Rate	<= %	10	10
			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
			Community - Screening For Dementia - SQPR	=> %	100	100
			Community - HV Falls Risk Assessment - SQPR	=> %	100	100

Previous Months Trend (From Jan 2019)																	
J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
83	87	89	91	93	85	85	89	90	91	92	93	91	93	94	94	94	99
99	99	99	99	99	99	100	99	100	100	100	100	100	99	100	100	99	100
99	99	99	99	99	99	100	99	100	100	100	100	100	100	100	100	99	100
87	87	88	89	89	90	90	89	90	90	91	91	88	91	93	91	90	97
86	86	83	85	87	84	88	87	85	84	84	86	88	90	90	88	89	94
100	100	100	99	100	100	100	100	100	100	100	99	100	100	99	100	100	100
20	18	20	19	16	17	17	17	14	17	15	17	18	15	18	20	15	16
91	92	91	92	91	91	92	92	75	68	63	61	55	5	6	7	5	5
100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
77	99	98	99	99	99	100	99	98	98	98	99	99	100	100	100	100	99
67	83	86	97	94	94	93	93	90	91	92	90	93	94	47	0	0	0
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
93	95	95	93	97	97	97	97	96	93	91	93	95	93	92	96	93	-
93	95	95	93	97	98	97	96	96	93	92	93	96	93	92	96	93	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	PCCT	CO			
Jun 2020								98.592	95.5	
Jun 2020								99.874	100	
Jun 2020								99.9	99.8	
Jun 2020								97.3	92.5	
Jun 2020								94.1	90.6	
Jun 2020	100	100	-			100		100.0	100.0	
Jun 2020	16	12.9	27.6			23		16.4	17.6	
Jun 2020								4.6	5.3	
Jun 2020								100.0	100.0	
Jun 2020								99.4	99.7	
Jun 2020								0.2	0.1	
Feb 2018								57.1	59.1	
Feb 2018								91.6	93.7	
Feb 2018								12.2	4.6	
May 2020								93.4	94.8	
May 2020								93.4	94.9	
Aug 2016								37.2	38.4	
Aug 2016								54.8	60.0	

# Legend

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

Indicators which comprise the External Performance Assessment Frameworks	
	CQC Regulatory Framework and NHS Oversight Framework
a	Caring
b	Well-led
c	Effective
d	Safe
e	Responsive
f	Finance

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

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

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

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

# Medicine & EC Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	Trend
			Year	Month	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J		EC	ACA	ACB			
Patient Safety - Inf Control	C. Difficile	<= No	30	3	<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></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jun 2020	2	0	0	2	3																		
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></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jun 2020	0	0	0	0	0																		
Patient Safety - Inf Control	MRSA Screening - Elective (%)	=> %	80	80	<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></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jun 2020	96	91	75	92.1																			
Patient Safety - Inf Control	MRSA Screening - Non Elective (%)	=> %	80	80	<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></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jun 2020	93	92	95	93.5																			
Patient Safety - Harm Free Care	Number of DOLS raised	No			<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></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jun 2020	7	16	0	23	57																		
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			<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></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jun 2020	7	16	0	23	57																		
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			<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></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jun 2020	0	3	0	3	6																		
Patient Safety - Harm Free Care	Number DOLS rolled over from previous month	No			<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></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jun 2020	0	2	0	2	11																		
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			<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></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jun 2020	7	12	0	19	53																		
Patient Safety - Harm Free Care	Number of DOLS applications the LA disagreed with	No			<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></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jun 2020	0	0	0	0	0																		
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			<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></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jun 2020	0	0	0	0	-																		
Patient Safety - Harm Free Care	Falls	<= 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></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jun 2020	10	-	-	44	100																		
Patient Safety - Harm Free Care	Falls - Death or Severe Harm	<= 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></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jun 2020	0	0	0	1	2																		
Patient Safety - Harm Free Care	Pressure Ulcer SWB Hospital Acquired - Total	<= 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></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jun 2020	1	-	-	6	38																		
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></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jun 2020	98.3	95.9	98.5	97.8																			
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></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jun 2020	100.0	100.0	100.0	100.0																			
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0	<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></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jun 2020	100	100	100	100.0																			
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></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></div><div></div><div></div><div></div></div>	Jun 2020	100	100	100	100.0																			
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></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jun 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></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jun 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></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Jun 2020	0	4	0	4	7																		
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98	<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></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 2020	73	76	79	75																			
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			<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></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	May 2020				12.8																			
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			<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></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	May 2020					13.3																		

# Medicine & EC Group

Section	Indicator		Trajectory	
			Year	Month
Clinical Effect - Stroke & Card	Pts spending >90% stay on Acute Stroke Unit (%)	=> %	90.0	90.0
Clinical Effect - Stroke & Card	Pts admitted to Acute Stroke Unit within 4 hrs (%)	=> %	90.0	90.0
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	100.0
Clinical Effect - Stroke & Card	Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0
Clinical Effect - Stroke & Card	Stroke Admissions - Swallowing assessments (<24h) (%)	=> %	98.0	98.0
Clinical Effect - Stroke & Card	TIA (High Risk) Treatment <24 Hours from receipt of referral (%)	=> %	70.0	70.0
Clinical Effect - Stroke & Card	TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=> %	75.0	75.0
Clinical Effect - Stroke & Card	Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=> %	80.0	80.0
Clinical Effect - Stroke & Card	Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=> %	80.0	80.0
Clinical Effect - Stroke & Card	Rapid Access Chest Pain - seen within 14 days (%)	=> %	98.0	98.0
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	0.0
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0.0	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		

Previous Months Trend																	
J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
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# Medicine & EC Group

Section	Indicator	Measure	Trajectory	
			Year	Month
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		
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95.0	95.0
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No		
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.0	15.0
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60.0	60.0
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	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0
Emergency Care & Pt. Flow	WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0
Emergency Care & Pt. Flow	WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02
Emergency Care & Pt. Flow	WMAS - Emergency Conveyances (total)	No		
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		
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

Previous Months Trend																	
J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
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	5	3	12	5	14	5	3	0	2	9
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3163	2318	1960	3104	2534	2570	2695	2549	2032	0	0	0	0	0	0	0	0	0
168	160	88	166	119	128	123	162	238	251	228	279	199	242	380	234	172	77
9	8	6	5	4	4	5	9	33	16	9	12	9	32	42	8	1	0
																	#DIV/0!
4835	4372	4655	4814	4670	4555	4658	4486	4484	4656	4721	4887	4848	4522	4588	3069	3282	3039
118	108	94	118	117	112	112	101	128	132	128	130	128	144	129	45	38	40
19384	22832	22213	22153	22386	20622	1924	22542	23638	21995	21864	22148	20107	22379	25318	11752	15592	10334
99.93	119.14	106.62	106.27	119.09	94.77	91.52	113.55	104.16	108.8	111.8	114.81	109.36	115.27	128.52	30.63	36.96	25.2
427	341	327	346	452	515	568	451	525	483	559	579	601	695	1034	1639	2372	2944
0	0	1	0	1	4	1	7	0	0	0	0	0	0	0	0	0	0
5	6	6	3	6	6	6	5	7	6	9	7	7	7	10	10	8	11

Data Period	Directorate			Month	Year To Date	
	EC	AC	SC			
Jun 2020	-	2.24	-	1.54		
Jun 2020	0.0	0.0	0.0	0	0	
Jun 2020	0.0	9.0	0.0	9	11	
Jun 2020	0.00	0.00	0.00	0.00	0	
Jun 2020	86.4	92.8	Site S/C	89.5	89.4	
Jun 2020	0	0	0	0	0	
Jun 2020	0.0	0.0	Site S/C	0	1	
Jun 2020	18.0	18.0	Site S/C	18	19	
Jun 2020	31.0	20.0	Site S/C	24	19	
Jun 2020	6.9	8.2	Site S/C	7.5	8.4	
Jun 2020	3.6	2.9	Site S/C	3.2	3.0	
Jun 2020	63	14		77	483	
Jun 2020	0	0		0	9	
Jun 2020	-	-		-	0.14	
Jun 2020	1789	1250		3039	9390	
Jun 2020	19	5		40	-	
Jun 2020	12	3		10	13	
Jun 2020	15	1		25	-	
Jun 2020	-	80.2	88.2	81.3		
Jun 2020	-	46.6	72.6	57.8		
Jun 2020	-	53.7	55.7	54.7		
Jun 2020	0	1451	1493	2944		
Jun 2020	0	0	0	0		
Jun 2020	0	5	6	11		
Jun 2020	-	-	-	40.85		

# 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

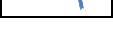


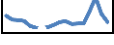



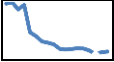

Previous Months Trend																	
J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
77,842	78,753	78,479	78,128	58,658	56,434	54,224	52,647	51,785	52,607	52,552	54,131	55,024	55,223	53,611	50,679	50,502	50,369
48,431	49,297	44,301	47,385	27,937	25,112	21,390	20,501	19,410	16,093	15,603	16,166	16,654	16,294	14,829	12,044	13,757	14,228
-	-	●	-	-	-	-	-	●	●	-	-	-	-	-	-	-	-
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-
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	6.21	6.28
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	7.83	5.87
75	67	68	62	46	39	42	47	45	52	59	57	60	47	58	91	95	66
225	201	196	190	171	188	153	142	177	209	176	183	195	188	299	338	175	162
●	●	●	●	●	●	●	●	●	●	●	●	●	-	-	-	-	-

Data Period
Jun 2020
Jun 2020
Oct 2019
May 2020
Jun 2020
Jun 2020
Jun 2020
Jun 2020
Jan 2020

Directorate		
EC	AC	SC
10,416	22,026	17,927
6,296	4,901	3,031
63.26	-	-
100	100	100
5.61	6.35	7.13
5.03	6.62	6.28
24	17	25
78	26	58
84.12	-	-

Month
50369
14228
6.28
5.87
66
162

Year To Date
50.0
100.0
6.15
8.49
305
840
87.6



# Surgical Services Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate					Month	Year To Date	Trend	
			Year	Month	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M		J	GS	SS	TH	An				O
Patient Safety - Inf Control	C. Difficile	<= No	7	1	<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>	<div></div>	Jun 2020	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>1</div>	<div></div>
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>	<div></div>	Jun 2020	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div></div>
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80	80	<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>	<div></div>	Jun 2020	<div>85.83</div>	<div>92.86</div>	<div>-</div>	<div>0</div>	<div>87.5</div>	<div>86.6</div>	<div></div>	<div></div>
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80	80	<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>	<div></div>	Jun 2020	<div>90.71</div>	<div>87.73</div>	<div>-</div>	<div>100</div>	<div>57.14</div>	<div>89.2</div>	<div></div>	<div></div>
Patient Safety - Harm Free Care	Number of DOLS raised	No			<div>23</div>	<div>3</div>	<div>8</div>	<div>8</div>	<div>8</div>	<div>8</div>	<div>7</div>	<div>9</div>	<div>8</div>	<div>8</div>	<div>8</div>	<div>7</div>	<div>13</div>	<div>9</div>	<div>9</div>	<div>10</div>	<div>16</div>	<div>14</div>	Jun 2020	<div>9</div>	<div>0</div>	<div>0</div>	<div>5</div>	<div>0</div>	<div>14</div>	<div>40</div>	<div></div>
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			<div>23</div>	<div>3</div>	<div>8</div>	<div>8</div>	<div>8</div>	<div>8</div>	<div>7</div>	<div>9</div>	<div>8</div>	<div>8</div>	<div>8</div>	<div>7</div>	<div>13</div>	<div>9</div>	<div>9</div>	<div>10</div>	<div>16</div>	<div>14</div>	Jun 2020	<div>9</div>	<div>0</div>	<div>0</div>	<div>5</div>	<div>0</div>	<div>14</div>	<div>40</div>	<div></div>
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			<div>0</div>	<div>0</div>	<div>1</div>	<div>2</div>	<div>0</div>	<div>1</div>	<div>1</div>	<div>1</div>	<div>2</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>2</div>	<div>0</div>	<div>0</div>	<div>1</div>	<div>2</div>	<div>1</div>	Jun 2020	<div>1</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>1</div>	<div>4</div>	<div></div>
Patient Safety - Harm Free Care	Number DOLS rolled over from previous month	No			<div>0</div>	<div>3</div>	<div>1</div>	<div>0</div>	<div>2</div>	<div>1</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>1</div>	<div>0</div>	<div>1</div>	<div>6</div>	<div>2</div>	<div>2</div>	<div>4</div>	Jun 2020	<div>3</div>	<div>0</div>	<div>0</div>	<div>1</div>	<div>0</div>	<div>4</div>	<div>8</div>	<div></div>
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			<div>17</div>	<div>5</div>	<div>5</div>	<div>6</div>	<div>8</div>	<div>6</div>	<div>2</div>	<div>7</div>	<div>5</div>	<div>6</div>	<div>4</div>	<div>5</div>	<div>9</div>	<div>6</div>	<div>12</div>	<div>9</div>	<div>10</div>	<div>15</div>	Jun 2020	<div>9</div>	<div>0</div>	<div>0</div>	<div>6</div>	<div>0</div>	<div>15</div>	<div>34</div>	<div></div>
Patient Safety - Harm Free Care	Number of DOLS applications the LA disagreed with	No			<div>1</div>	<div>0</div>	<div>1</div>	<div>0</div>	<div>1</div>	<div>1</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>1</div>	<div>0</div>	<div>0</div>	<div>1</div>	<div>1</div>	<div>0</div>	<div>0</div>	<div>0</div>	Jun 2020	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div></div>
Patient Safety - Harm Free Care	Falls	<= No	0	0	<div>11</div>	<div>11</div>	<div>12</div>	<div>11</div>	<div>8</div>	<div>12</div>	<div>6</div>	<div>9</div>	<div>16</div>	<div>9</div>	<div>11</div>	<div>13</div>	<div>20</div>	<div>8</div>	<div>16</div>	<div>20</div>	<div>12</div>	<div>8</div>	Jun 2020	<div>7</div>	<div>-</div>	<div>-</div>	<div>1</div>	<div>-</div>	<div>8</div>	<div>40</div>	<div></div>
Patient Safety - Harm Free Care	Falls - Death or Severe Harm	<= No	0	0	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>1</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	Jun 2020	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div></div>
Patient Safety - Harm Free Care	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	<div>9</div>	<div>7</div>	<div>7</div>	<div>8</div>	<div>8</div>	<div>7</div>	<div>6</div>	<div>8</div>	<div>8</div>	<div>7</div>	<div>4</div>	<div>6</div>	<div>13</div>	<div>9</div>	<div>7</div>	<div>16</div>	<div>5</div>	<div>7</div>	Jun 2020	<div>1</div>	<div>1</div>	<div>-</div>	<div>4</div>	<div>-</div>	<div>7</div>	<div>28</div>	<div></div>
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>	<div></div>	Jun 2020	<div>92.81</div>	<div>97.72</div>	<div>-</div>	<div>96.88</div>	<div>98.53</div>	<div>95.4</div>	<div></div>	<div></div>
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>	<div></div>	Jun 2020	<div>100</div>	<div>100</div>	<div>100</div>	<div>100</div>	<div>100</div>	<div>100.0</div>	<div></div>	<div></div>
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	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>	<div></div>	Jun 2020	<div>-</div>	<div>-</div>	<div>100</div>	<div>-</div>	<div>100</div>	<div>100.0</div>	<div></div>	<div></div>
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>	<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>	Jun 2020	<div>-</div>	<div>-</div>	<div>100</div>	<div>-</div>	<div>100</div>	<div>100.0</div>	<div></div>	<div></div>
Patient Safety - Harm Free Care	Never Events	<= No	0	0	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>1</div>	<div>0</div>	<div>1</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	Jun 2020	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div></div>
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>1</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	Jun 2020	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div></div>
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>	<div></div>	Jun 2020	<div>2</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>0</div>	<div>2</div>	<div>2</div>	<div></div>
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98.0	<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>	<div></div>	Apr 2020	<div>63</div>	<div>100</div>	<div>-</div>	<div>-</div>	<div>-</div>	<div>66.7</div>	<div></div>	<div></div>
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			<div>4.9</div>	<div>6.3</div>	<div>6.4</div>	<div>5.6</div>	<div>6.0</div>	<div>4.8</div>	<div>4.8</div>	<div>4.5</div>	<div>4.6</div>	<div>3.7</div>	<div>4.1</div>	<div>3.7</div>	<div>3.6</div>	<div>4.2</div>	<div>5.7</div>	<div>10.4</div>	<div>6.3</div>	<div>-</div>	May 2020	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div>6.3</div>	<div></div>	<div></div>
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			<div>6.29</div>	<div>6.22</div>	<div>6.3</div>	<div>6.16</div>	<div>6.18</div>	<div>6.07</div>	<div>5.84</div>	<div>5.63</div>	<div>5.48</div>	<div>5.32</div>	<div>5.13</div>	<div>4.87</div>	<div>4.75</div>	<div>4.61</div>	<div>4.54</div>	<div>4.56</div>	<div>4.48</div>	<div>-</div>	May 2020	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div>4.5</div>	<div></div>	<div></div>

# 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																	
J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
<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>	<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>	<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>	<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>	<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>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
4	4	6	5	4	4	3	6	5	4	4	6	6	2	4	-	7	-
1	1	3	1	4	1	1	3	1	1	4	3	4	0	1	-	3	-
123	116	175	131	120	111	105	168	167	137	202	239	204	102	166	-	228	-
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	-	-	-	-
11	19	18	18	16	18	22	15	22	42	28	19	26	32	25	12	9	15
46	52	41	34	26	30	38	26	33	41	32	19	30	41	28	27	28	34
<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>	<div></div>
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	27	26	38	31	32	39	27	42	55	32	54	35	40	21	0	1	4
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	97.9
77	64	56	145	102	94	148	144	165	88	72	41	48	21	23	3	2	15
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	7.0
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	2.4
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	5	19	7	14	6	3	10	7	12	12	6	7	6	12	23	2	11
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11	5	15	6	12	5	3	8	6	10	9	5	7	6	12	39	4	16
12	5	19	7	14	6	3	10	7	12	12	6	7	6	12	23	2	11

Data Period	Directorate					Month	Year To Date	
	GS	SS	TH	An	O			
May 2020	98.3	-	-	-	-	98.32		
May 2020	97.1	-	-	-	-	97.06		
May 2020	88.2	-	-	-	-	88.24		
May 2020	56.3	-	-	-	-	56.25		
May 2020	-	-	-	-	-	7	7	
May 2020	3	-	0	-	-	3	3	
May 2020	228	-	0	-	-	228		
Jun 2020	0	-	0	-	-	0	0	
May 2020	-	-	-	-	-	-	-	
Jun 2020	7	3	4	0	5	19	40	
Jun 2020	15	6	4	4	5	34		
Jun 2020	-	-	-	3.33	1.52	0.77		
Jun 2020	0	0	0	0	0	0	0	
Jun 2020	0	0	0	0	4	4	5	
Jun 2020	0	0	0	0	0	0	0	
Jun 2020	-	-	-	-	97.89	-	-	
Jun 2020	0	0	0	0	15	15	20	
Jun 2020	-	-	-	-	0	-	-	
Jun 2020	-	-	-	-	7.02	-	-	
Jun 2020	-	-	-	-	2.38	-	-	
Nov 2018	-	-	-	-	26	0	0	
Jun 2020	10.27	0.77	-	0	0	11.04	36	
Jun 2020						60.0	77.1	
Jun 2020	12	0	0	0	0	12	-	
Jun 2020	21.86	3.85	-	0	0	16.24	20	
Jun 2020	10.27	0.77	-	0	0	11.04	-	

# Surgical Services Group

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: Requ	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

Previous Months Trend																	
J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
1284	1303	1316	1315	1415	1630	1722	1711	1668	1690	1573	1480	1382	1376	1643	2721	4298	6903
2	3	5	0	9	19	7	5	0	0	1	0	1	0	0	7	32	80
14	15	14	13	14	15	16	16	13	12	13	12	11	11	11	11	13	18
170,068	172,359	172,210	162,763	107,915	108,313	106,808	107,224	104,317	105,170	105,645	106,065	104,786	104,619	104,392	99,486	98,167	98,890
90,478	92,552	78,799	81,553	25,583	24,862	20,182	20,403	16,396	12,243	12,318	12,848	13,069	12,672	13,789	11,899	12,476	12,641
-	-		-	-	-	-	-			-	-	-	-	-	-	-	-
																	-
4.83	4.81	4.82	4.84	4.90	4.97	5.01	4.96	4.92	5.09	5.12	5.18	5.23	5.26	5.39	5.85	6.16	6.22
5.64	5.01	5.06	4.85	4.54	5.34	4.87	4.33	4.37	6.30	6.27	5.90	5.93	5.53	6.80	8.97	7.90	6.07
52	41	47	42	38	46	43	44	39	47	58	55	63	50	41	59	99	75
183	154	143	144	142	141	133	93	133	181	174	171	118	148	214	238	167	149
													-	-	-	-	-

Data Period	Directorate					Month	Year To Date	
	GS	SS	TH	An	O			
Jun 2020	76.5	76.8	-	-	66.7	72.2		
Jun 2020	90.0	96.2	-	-	86.9	89.7		
Jun 2020	59.5	59.2	-	-	54.4	57.0		
Jun 2020	2448	988	0	0	3467	6903		
Jun 2020	8	0	0	0	72	80		
Jun 2020	11	4	0	0	3	18		
Jun 2020	70.1	-	-	-	-	70.1		
Jun 2020	30,784	13,632	0	4,756	49,678	98850		
Jun 2020	4,114	3,141	0	1,447	3,939	12641		
Oct 2019	88.3	89.4	93.0	96.5	81.8		89.2	
May 2020	100	100	-	100	100		100.0	
Jun 2020	5.9	7.5	9.1	5.0	3.7	6.2	6.1	
Jun 2020	5.8	9.6	6.2	5.7	3.3	6.1	7.6	
Jun 2020	19.0	19.0	16.0	11.0	10.0	75	233	
Jun 2020	36.0	34.0	23.0	39.0	17.0	149	554	
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	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J		G	M	P			
Patient Safety - Inf Control	C. Difficile	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jun 2020	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jun 2020	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.00	80.00	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jun 2020	71			71.4		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80.00	80.00	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jun 2020	-	100		100.0		
Patient Safety - Harm Free Care	Falls	<= No	0	0	2	1	1	0	0	1	0	1	-	1	-	-	1	1	1	3	1	-	Jun 2020	-	-	-	-	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	0	0	Jun 2020	0	0	0	0	0	
Patient Safety - Harm Free Care	Pressure Ulcer SWB Hospital Acquired - Total	<= %	0	0	0	0	2	4	0	2	-	-	-	-	-	2	-	2	-	2	4	2	Jun 2020	-	1	-	1	4	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	-	●	●	●	●	●	●	●	Jun 2020	87	94		91.6		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0	●	●	●	●	-	●	●	●	-	●	●	●	●	●	●	●	●	●	Jun 2020	100	100		100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0	-	●	-	-	-	-	-	-	-	●	-	-	-	-	-	●	-	-	Jun 2020	-	-		-		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0	-	●	-	-	-	-	-	-	-	●	-	-	-	-	-	●	-	-	Jun 2020	-	-		-		
Patient Safety - Harm Free Care	Never Events	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jun 2020	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jun 2020	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jun 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																	
J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
8	11	9	9	10	11	11	10	11	12	10	11	12	11	9	9	10	10
14	17	17	15	16	18	20	17	17	16	14	17	17	19	19	20	20	18
2.30	2.51	4.64	0.00	6.25	4.45	6.51	8.93	2.24	4.80	2.54	4.78	5.10	0.00	2.68	2.70	9.43	####
0.00	2.51	0.00	0.00	2.08	0.00	0.00	0.00	0.00	2.40	5.09	2.39	2.55	0.00	2.68	5.39	2.36	2.00
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	1.8
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	1.3
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	0.0
	N/A	N/A		N/A	N/A	N/A	N/A			N/A		N/A	N/A		N/A	-	-
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	9.4	-
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	6.9	-
																	-
																	-
																	-
2.5	3	3	0.5	2	1.5	2	1	3	3.5	1.5	2.5	2	5.5	4	-	5.5	-
1	1	3	1	0	0	0.5	0.5	0	1	0	1	0.5	3	1	-	0.5	-
137	177	209	241	97	85	196	109	96	171	104	148	169	217	121	-	171	-
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			
Jun 2020		28		28.4	29.2	
Jun 2020		10		10.4	10.0	
Jun 2020		18		18.1	19.2	
Jun 2020		0		0	0	
Jun 2020		4		4	11	
Jun 2020		4.3		4.3	4.9	
Jun 2020		17		16.7		
Jun 2020		12		11.90	8.23	
Jun 2020		4.8		4.76	4.12	
Jun 2020		93		92.5		
Jun 2020		139		139.3		
Jun 2020		84		84.3		
Jun 2020		1.8		1.8		
Jun 2020		1.3		1.3		
Jun 2020		0		0.0		
Apr 2020	-	-	-	-		
May 2020				9.4		
May 2020					6.5	
May 2020	97		-	97.1		
May 2020	88			87.5		
May 2020	21			21.4		
May 2020	5.5	-	0	5.5	5.5	
May 2020	0.5	-	0	0.5	0.5	
May 2020	171	-	0	171		
Jun 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	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J		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			8	10	12	5	18	12	23	4	17	19	10	6	11	5	9	3	6	10	Jun 2020	2	6	2	10	19	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			13	14	18	17	26	19	23	6	22	25	12	13	13	14	15	9	12	15	Jun 2020	0	0	0	15		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																		Jun 2020	2.4		-	1.7			
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	Jun 2020	0			0	0		
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	11	9	5	6	7	3	5	5	10	5	8	6	7	13	4	0	1	3	Jun 2020	3			3	4	
Pt. Experience - Cancellations	Urgent Cancellations	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jun 2020	0	-	0	0	0		
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			34	11	17	46	20	10	13	7	20	0	0	0	0	0	0	0	0	Jun 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	1	1	1	1	3	1	1	1	1	1	4	0	2	Jun 2020	2	0	0	2	-	
Emergency Care & Pt. Flow	21+ Days Long Stay Rate - NHSI	%			0	0	2	1	4	3	7	1	0	4	23	7	0	16	0	0	0	0	Jun 2020	0	-	-	0	0	
Emergency Care & Pt. Flow	Estimated Beds - 21+ Days - NHSI	No			0	0	0	0	0	0	1	0	0	0	5	1	0	2	0	0	0	0	Jun 2020	0	-	-	0	-	
RTT	RTT - Admitted Care (18-weeks)	=> %	90.0	90.0																		Jun 2020	77			76.6			
RTT	RTT - Non Admitted Care (18-weeks)	=> %	95.0	95.0																		Jun 2020	72			71.7			
RTT	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																		Jun 2020	64			64.4			
RTT	RTT - Backlog	<= No	0	0	174	169	142	146	162	201	231	187	141	142	169	191	225	282	324	437	577	696	Jun 2020	696			696		
RTT	Patients Waiting >52 weeks	<= No	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	4	Jun 2020	4			4		
RTT	Treatment Functions Underperforming	<= No	0	0	3	3	2	2	2	3	3	3	2	2	3	3	3	3	3	2	2	3	Jun 2020	3			3		
RTT	Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1	0.1																		Jun 2020	-			-			



# Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date		
			Year	Month	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M		J	G	M				P
Data Completeness	Open Referrals	No			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	24,448	Jun 2020	5,836	11,015	7,597	24448		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			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	4,890	Jun 2020	1,120	3,395	375	4890		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	-	-	<div></div>	-	-	-	-	<div></div>	<div></div>	-	-	-	-	-	-	-	-	-	Oct 2019	<div>87</div>	<div>82</div>	<div>94</div>	<div>82.4</div>		
Workforce	Medical Appraisal and Revalidation	=> %	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	100	100	100	<div>100.0</div>		
Workforce	Sickness Absence - 12 month rolling	<= %	3.0	3.0	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	5.72	Jun 2020	<div>4.1</div>	<div>6.4</div>	<div>5.4</div>	<div>5.7</div>	<div>5.8</div>	
Workforce	Sickness Absence - in month	<= %	3.0	3.0	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	5.09	Jun 2020	2.2	<div>6.6</div>	<div>4.2</div>	<div>5.1</div>	<div>5.9</div>	
Workforce	Sickness Absence - Long Term - in month	No			48	41	41	39	45	47	40	46	41	44	45	52	45	31	30	40	49	43	Jun 2020	3	23	17	43.0	132.0	
Workforce	Sickness Absence - Short Term - in month	No			135	115	102	97	78	70	87	60	98	98	106	103	101	94	96	137	79	77	Jun 2020	4	41	32	77.0	293.0	
Workforce	Mandatory Training	=> %	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>	-	-	-	-	-	Jan 2020	<div>88</div>	<div>86</div>	95	<div>90.6</div>		

# Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date		
			Year	Month	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M		J	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 a 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						

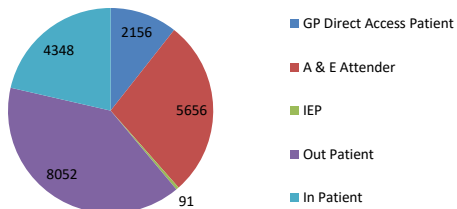
# Imaging Group

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
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		
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

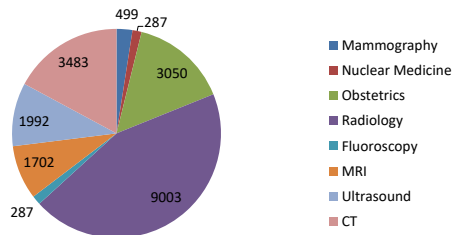
Previous Months Trend																		
J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
1.0	-	2.0	2.0	3.0	2.0	-	1.0	1.0	1.0	4.0	1.0	1.0	2.0	-	1.0	1.0	-	
15.0	14.0	14.0	13.0	16.0	17.0	16.0	16.0	16.0	15.0	18.0	18.0	18.0	20.0	18.0	17.0	15.0	-	
●	●	●	●	●	●	●	●	●	-	-	-	-	-	-	-	-	-	
●	●	●	●	●	●	●	●	-	-	-	-	-	-	-	-	-	-	
2	0	2	0	6	5	3	2	0	1	3	3	5	1	0	1	1	1	
4	4	4	3	6	11	6	3	1	2	3	2	5	2	1	2	2	3	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
332	940	948	977	288	295	308	350	363	396	449	486	516	527	737	715	701		
865	867	865	901	186	178	215	233	244	255	304	321	357	373	382	388	395		
-	-	●	-	-	-	-	-	●	●	-	-	-	-	-	-	-	-	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	
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	4.21	
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	3.35	
10	7	6	10	10	7	5	8	9	10	7	7	5	5	5	7	9	8	
39	27	30	34	19	26	24	19	24	33	25	33	44	34	39	40	24	26	
●	●	●	●	●	●	●	●	●	●	●	●	●	-	-	-	-	-	
-	-	-	-	30,262	32,017	29,982	32,665	29,248	29,463	31,286	29,477	28,573	32,398	29,181	23,028	12,474	15,657	20,296
-	-	-	65	65	69	67	69	67	77	77	77	79	82	87	91	87	86	
-	-	-	76	69	65	66	70	71	77	75	72	72	74	68	82	87	79	
-	-	-	-	-	-	-	-	-	88	90	90	88	92	90	93	94	90	

Data Period	Directorate					Month	Year To Date	Trend
	DR	IR	NM	BS	BCP			
Jun 2020	0	0	0	0	0	6	6	
Jun 2020	0	0	0	0	0	6	6	
May 2020						14.23	-	
May 2020						-	6.58	
Aug 2019			73.9			73.91	65.44	
Aug 2019			100			100	98.16	
Jun 2020	1	0	0	0	0	1	3	
Jun 2020	3	0	0	0	0	3		
Jun 2020	53.6					53.56		
Jun 2020	485	22	0	0	194	701		
Jun 2020	360	4	0	0	31	395		
Oct 2019	79.8	100	88.0	97.9	-	-	72.8	
May 2020	100	-	100	-	100	-	100.0	
Jun 2020	4.9	3.2	1.8	3.6	0.0	4.21	4.24	
Jun 2020	3.5	0.7	2.2	4.1	0.0	3.35	4.59	
Jun 2020	6	0	0	2	0	8	24	
Jun 2020	21	1	3	1	0	26	90	
Jan 2020	92.9	94.6	93.3	92.7	-	93.0	93.6	
Jun 2020						20296	48427	
Jun 2020						86.5	88.0	
Jun 2020						79.3	82.5	
Jun 2020						89.8	91.9	

Imaging By Patient Type  
(June 2020)



Imaging By Modality Type  
(June 2020)







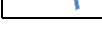
# Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate						Month	Year To Date	Trend
			Year	Month	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J		AT	IB	IC	CT	CM	YHP			
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.0	80.0																			Jun 2020	-	-	-	-	0	-	0		
Patient Safety - Harm Free Care	Number of DOLS raised	No			6	6	3	4	6	5	6	13	5	7	6	4	6	5	4	9	6	8	Jun 2020	0	8	0	-	0	0	8	23	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			6	6	3	4	6	5	6	13	5	7	6	4	6	5	4	9	6	8	Jun 2020	0	8	0	-	0	0	8	23	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			1	0	1	1	1	3	3	6	0	0	0	1	1	3	0	0	0	0	Jun 2020	0	0	0	-	0	0	0	0	
Patient Safety - Harm Free Care	Number DOLS rolled over from previous month	No			0	4	1	0	1	2	0	2	0	0	1	1	0	2	0	2	2	3	Jun 2020	0	3	0	-	0	0	3	7	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			0	4	1	2	5	2	1	8	2	4	2	1	2	2	1	9	5	9	Jun 2020	0	9	0	-	0	0	9	23	
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	Jun 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	4	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	Jun 2020	0	0	0	-	0	0	0	0	
Patient Safety - Harm Free Care	Falls	<= No	0	0	21	28	22	33	21	29	22	24	23	28	26	28	29	32	25	22	19	18	Jun 2020	-	16	2	-	-	-	18	59	
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	0	Jun 2020	0	0	0	-	0	0	0	0	
Patient Safety - Harm Free Care	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	10	20	8	26	18	8	12	16	20	8	14	22	18	24	14	12	16	10	Jun 2020	-	3	2	-	-	-	5	19	
Patient Safety - Harm Free Care	Pressure Ulcer DN Caseload Acquired - Total	<= No	0	0	45	34	34	36	16	24	29	34	27	31	18	24	25	25	22	20	23	25	Jun 2020	3	-	22	-	-	-	25	68	
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Jun 2020	0	0	0	-	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Jun 2020	0	0	0	-	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Jun 2020	0	0	5	-	0	0	5	13	
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			9	6	7	14	4	13	8	6	9	14	8	5	11	4	8	6	4	7	Jun 2020	2	1	0	-	0	4	7	17	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			19	23	16	22	5	20	17	7	14	15	13	7	0	11	11	12	12	14	Jun 2020	2	5	0	-	3	4	14		

# 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																	
J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
-	-	●	-	-	-	-	-	●	●	-	-	-	-	-	-	-	-
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	4.84
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	5.98	4.55
37	29	33	25	31	25	25	26	23	27	23	32	30	31	36	29	50	44
163	147	102	101	79	86	94	78	93	135	121	121	140	114	92	181	104	81
●	●	●	●	●	●	●	●	●	●	●	●	●	-	-	-	-	-

Data Period	Directorate						Month	Year To Date	
	AT	IB	IC	CT	CM	YHP			
Oct 2019	97	88	97	-	59	-		88.0	
Jun 2020	2.9	5.4	5.1	-	5.7	6.5	4.84	4.75	
Jun 2020	3	4.1	3.6	-	7.8	6.43	4.55	5.81	
Jun 2020	5	-	-	-	-	-	44	124	
Jun 2020	24	27	16	0	12	2	81	369	
Jan 2020	96	93	94	-	91	-		95.4	

# Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate						Month	Year To Date		
			Year	Month	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M		J	AT	IB	IC	CT	CM				YHP
Community & Therapies Group Only	DVT numbers	=> No	730	61	3	25	12	20	38	43	55	43	27	25	29	19	21	14	1	15	22	31	Jun 2020							31	68	
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	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	8.56	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	2.25	7.63	-	May 2020							7.6	4.9	
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	20.6	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	7.5	Jun 2020							7.5	18.01	
Community & Therapies Group Only	DNA/No Access Visits	%			1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	0	0	-	May 2020							0.47		
Community & Therapies Group Only	Baseline Observations for DN	=> %	95	95	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	95.9	93.2	-	May 2020							93.15	94.51	
Community & Therapies Group Only	Falls Assessments - DN Intial Assessments only	=> %	95	95	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	96.1	93.4	-	May 2020							93.42		
Community & Therapies Group Only	Pressure Ulcer Assessment - DN Intial Assessments only	=> %	95	95	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	96.4	93.4	-	May 2020							93.42		
Community & Therapies Group Only	MUST Assessments - DN Intial Assessments only	=> %	95	95	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	96.4	92.6	-	May 2020							92.6		
Community & Therapies Group Only	Dementia Assessments - DN Intial Assessments only	=> %	95	95	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	91.1	89.8	-	May 2020							89.78		
Community & Therapies Group Only	48 hour inputting rate - DN Service Only	%			96	95	96	-	95	1	94	95	95	95	-	95	94	95	96	95	95	-	May 2020							94.62		
Community & Therapies Group Only	Making Every Contact (MECC) - DN Intial Assessments only	=> %	95	95	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	95.3	93.4	-	May 2020							93.42	94.37	
Community & Therapies Group Only	Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload acquired)	No			10	20	8	26	18	8	12	16	20	8	14	22	18	24	14	12	16	10	Jun 2020							5	19	
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	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J		SG	F	W	M	E	N	O			
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			5	5	4	2	1	12	10	0	3	6	2	3	6	3	10	3	4	5	Jun 2020	0	1	1	0	0	3	0	5	12	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			8	8	9	2	6	4	5	1	4	3	4	1	0	5	12	3	4	3	Jun 2020	0	0	0	0	1	2	0	3		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	-	-	●	-	-	-	-	-	●	●	-	-	-	-	-	-	-	Oct 2019	71	96	94	89	97	89	-	89.2			
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	May 2020			95					100.0	100		
Workforce	Sickness Absence - 12 month rolling	<= %	3.00	3.00	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	Jun 2020	2.99	2.10	3.38	4.00	6.09	6.23	4.12	4.91	4.95		
Workforce	Sickness Absence - in month	<= %	3.00	3.00	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	Jun 2020	1.73	2.40	3.47	1.21	5.26	5.12	1.94	3.81	5.09		
Workforce	Sickness Absence - Long Term - in month	No			27	28	28	20	25	32	32	40	33	35	32	27	27	33	31	37	77	62	Jun 2020	4.00	2.00	5.00	3.00	26.00	19.00	3.00	62.00	182.00	
Workforce	Sickness Absence - Short Term - in month	No			120	112	86	79	57	65	82	54	92	90	84	108	100	80	73	116	147	134	Jun 2020	5.00	2.00	10.00	7.00	68.00	34.00	8.00	134.00	414.00	
Workforce	Mandatory Training	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jan 2020	93	97	97	96	-	93	-	94.3	94		