

Sandwell and West Birmingham Hospitals

NHS Trust



Integrated Quality & Performance Report

Month Reported : August 2020

Reported as at: 23/09/2020

Trust Board

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Operational Performance at a Glance: August 2020

Highlights :

- **Recovery:** Similar to other providers, we are seeing a steady increase in patient attendances in August across the range of elective and non-elective patients, A&E attendances and Diagnostics ; the impact of maintaining infection control (C19 distance) and high DNA rates are still creating difficulties in managing patients through the recovery plan and this is true for some services more than others. The recovery plan is being produced currently to cover the remaining part of the calendar year and will reflect the 'NHSI Phase 3' guidance; this will include the guidance criteria in respect of prioritised patients, diagnostics and recovery targets compared to last year, for both, inpatients and outpatients. The groups are considering their respective capacity to meet this very ambitious Phase 3 plan.
- **A&E performance** dropped in August again to last and previous months, which is mainly due to Sandwell ED; our performance is at the bottom against regional providers, we are roughly in the bottom 10% performance looking at the national picture
- **RTT & DM01 performance** is fully dependant on recovery plans being achieved, patients attending safely diagnostics appointments, and so it is likely that we can expect an overall longer period before we are able to recover to the 92% standard; however some services should be able to achieve this faster than others. GP referrals are increasing steadily too, so essential that we are progressing patients through the waiting list now as more referrals are coming through.
- **Cancer performance** is below standards in July (latest reported position), but performance improving; recovery of the 62 days is predicted for the start of Q4

RESPONSIVE

A&E Performance

- Performance dipped to 84.9% in August; attendance numbers, whilst increasing again in August to 15,099, are still lower attendance numbers compared to previous average trends of c18,500 per month; August volumes represent 85% attendances compared to the same period last year; so the volume is clearly picking up. Despite lower attendances we continue to see high levels of breaches, in August we saw 2,284 patients breaching the 4 hr target hence the performance of 84.9%, breaches are higher at Sandwell A&E; A&E Re-Attendance rates remaining high at 8.2% in August against the 5% target, the service is deep-diving into these re-attending patients to understand whether there is a pathway concern.
- Benchmarking with regional A&E providers, as at July period, we can see that we are all picking up similar levels of activity relative to last year-same period numbers; we are therefore doing more or less the same as regional peers, but we are showing higher level of breaches, hence resulting at the bottom compared to the other three Dudley, Walsall and Wolverhampton; the national benchmark picture for July shows a similar position, putting us in the bottom 10% performance wise

Referral to Treatment in 18 weeks (RTT Incomplete)

- **RTT Incomplete** pathways waiting times as at August is at 61% with most of the specialities breaching the national standard for this indicator of 92%
- Looking at a regional benchmark, we seem to be 'in the mix' other than Dudley who are ahead of all regional providers in terms of delivering this standard.
- RTT plans to recover by March 2021 follow Phase 3 NHSE guidance and these plans are being validated with the services. Our waiting list has increased to 36,056 patients which means we are getting more GP referrals, which is good news, but means we have to manage the backlog (patients waiting over 18 weeks) which is in August at 14,061; this backlog includes 252 cases of the 52 week wait time breaches and we do expect initially some more breaches on this waiting time. However, these patients are prioritised and the Trust plan is to get back to zero 52 week waits by end of March 2021.

Diagnostics Waits (% of patients waiting >6 weeks)

- August **DM01** performance improving to 59% against the 99% full standard; recovery plans to achieve the full standard are being prepared; 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. We continue to keep patients on the waiting list who DNA or who do not want to come in at this time.
 - We have in total 5,020 breaches e.g. patient above the 6 weeks waiting time, of which 2,436 have been waiting a prolonged period of time and are sitting at 13+ weeks
 - 2,764 / 5,020 of the breaches are in Imaging: 1,286 MRIs and CTs, 1,478 are non-obstetric ultrasounds causing most of the concern; other breaches are in Neurophysiology (c400) and in Cardiology (c400) who have been issuing several letters to patients encouraging attendance
 - DM01 benchmarking wise, regionally, we are currently the lowest performer; recovery plans are progressing with internal Trust ambitions to recover DM01 to 99% by November.
 - DM01 recovery plans also follow the Phase 3 guidance and internally we seek to recover to standard of 99% by end of November, notably this will not be possible for all services.
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- The **Imaging diagnostic** patient volumes increased in August very slightly to 24,445 from July 23,773, doubled since April; getting closer to pre-COVID levels which were at an average of c30,000-32,000 per month.
 - Against these August volumes, and the top three Board KPIs, the Imaging team have performed as follows: Inpatient total turnaround (TAT) time within 24hrs has dipped to 84% against the 90% trust target; Urgent GP tests within 5 days dropped to 53% vs 90% target, and the booking team are reviewing why this is the case. Overall Imaging achieved to turn around 83% of 'all Imaging work' under the 4 weeks (target of 95%)
 - Seeing now pressure in the booking of patients and patients who are too anxious to attend causing performance to fall below expected and previously achieved levels. Imaging are continuing to keep all patients who do not attend on their waiting list, whilst this is in place it will be challenging to progress recovery of the KPI or the DM01 as the impact of DNAs is significant. We continue to keep patients on the waiting list who DNA or who do not want to come in at this time.

Operational Performance at a Glance: August 2020

	Cancer Performance	<ul style="list-style-type: none"> Reporting the July position (latest available reporting period), 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 June again. Whilst failing some standards, it is showing an improving position and working towards March 2021 for full recovery. Failed standards: 31-Day (94% vs 96% target) and 62 Day (76% vs 85% target); however, whilst failing these performance standards, the performance is improving steadily to previous months.
	Cancellations	<ul style="list-style-type: none"> August cancellations are at 17 resulting in a cancellations rate against all elective patients of 0.7%. This is exceeding the national standard right now (0.8%), but of course we have much less activity going through the theatres at this stage so cancellations may increase when volumes start to increase and hence robust management of avoidable cancellations is key.
SAFE	Infection Control	<ul style="list-style-type: none"> Infection Control metrics continue to report reasonable performance; we reported 3x cases of CDI/Fs in August (including community) and 11 cases on a year to date basis well below the target; nil MRSA cases were reported year to date. MRSA screening rates non-electively have improved to 94% in August and are very close against the target 95%. Elective patients MRSA screening rates are still below this target at 75% in August against the 95% target and this needs improvement focus. This is based on a swab remaining valid for 6 weeks.
	Harm Free Care	<ul style="list-style-type: none"> The Trust falls rate per 1,000 bed days in August is still showing increased levels reporting at a 4.84 rate against the trust target of 5; whilst still just below target rate, this is higher than previous trust trends; we report 81 actual falls in August with 1 fall causing serious harm (within the PCCT group). Pressure Ulcers (PUs) in August have reduced in the community setting, staying low in the acute setting; the overall Trust reports 49PUs (64 last month). There were no Grade 4 PUs reported.
		<ul style="list-style-type: none"> VTE assessment performance at 95.3% meeting the 95% target at Trust level; however missing the target in Surgical and Women's & Children's Group Sepsis screening of eligible patients at 95% in August with 23% of those screened patients being sepsis positive; 88% of the sepsis positive patients were treated, and of those treated 56% were treated within the prescribed 1hr. Hence the Sepsis performance is still below expected standard on the treatment side, however, an improvement plan has been put in place by the Medical Director's team.; Groups are monitoring ward and ED sepsis performance routinely via available reporting and non-compliance drill down to patient level functionality.
	Obstetrics	<ul style="list-style-type: none"> The overall Caesarean Section rate for August is at 28% against trust target of 25%; this is still considered by the service as an acceptable performance when comparing to regional trusts. This is split between : Elective C-Section rates slightly higher than average trend and at 11% Non-elective C-Section rates were on average 17% during the full year, and in August up to 18% In August, after elevated still-birth rate of 6.44 per 1,000 babies this has decreased to 4.35. In June we saw highest levels of 9.43 Neo-natal death rate in August has gone back to zero, following an elevated few months A full service review report has been submitted to the Quality & Safety Committee during the last couple of months reporting on the position.
CARING	Patient Experience (FFT), Mixed Sex Accommodation (MSA), Complaints, Flu Vaccination	<ul style="list-style-type: none"> MSA and FFT are not reported as yet for August; flu vaccination reporting resumes again for the winter season in September and the Trust plans to have vaccinated 80% of the front-line staff by end of December.

Operational Performance at a Glance: August 2020

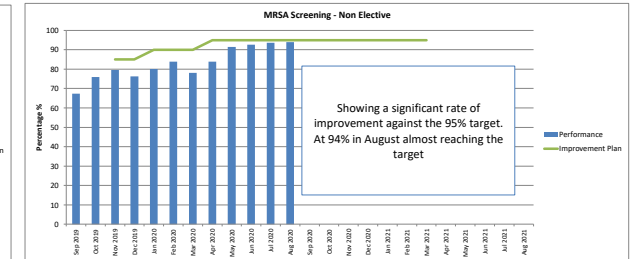
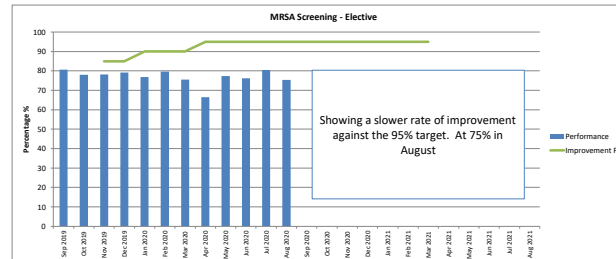
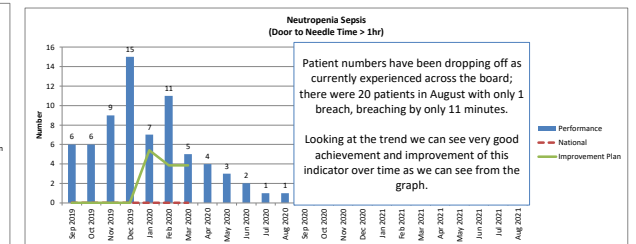
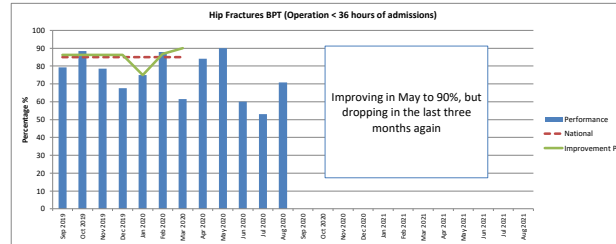
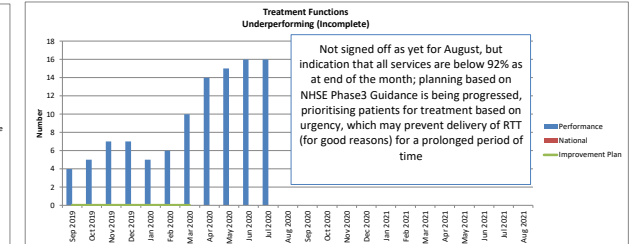
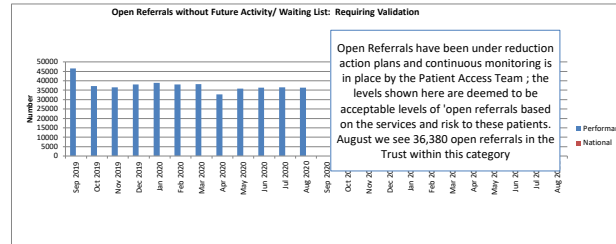
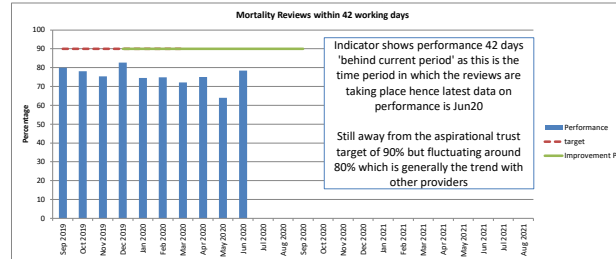
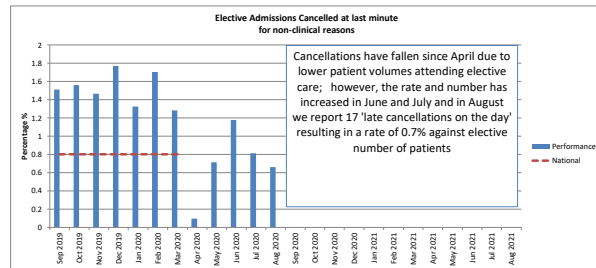
EFFECTIVE	Mortality, Readmissions	<ul style="list-style-type: none"> • Readmissions rates (30 days after discharge) have gone up again in August to 9.1%; the Groups are reviewing their readmissions reasons to assure themselves that these are as expected. Quality Plan is leading a readmissions focus. • HSMR reporting at 128, above the tolerance levels as at the end of April (latest available reporting period), showing an elevated position against the weekend mortality rate which is 137 and weekday at 125. This position makes the Trust HSMR position a significant outlier compared against the national picture. A review concludes that some of the coding included COVID related deaths, which should have been excluded; the errors are multi-factorial e.g. delayed pathology tests after coding has taken place and other similar issues; learning from deaths facilitator and coding team will be jointly looking at corrections to ensure national guidance is appropriately applied. The Learning from Deaths Facilitator will be producing a detailed review paper which will summarise findings and learning. In the interim, however, looking therefore at deaths levels on a 'real' basis compared to same period last year, we can see April and May excess deaths, as expected from COVID, however more recent months are showing a reduction to prior year same period. This provides some reassurance that the outlier position is a coding related resulting in an increased HSMR rate. Coding team will be working with the Learning Deaths Facilitator to appropriately correct coding following the detailed review outcome. • Mortality review performance picking up to 74% which is lower than trust target of 90% however, reasonable against peers which is around 80% pre-COVID levels.
	Stroke & Cardiology	<ul style="list-style-type: none"> • Stroke performance good against most indicators; a dip in thrombolysis within the hour is observed in August • Cardiology performance also reporting good performance across all indicators, recovering unusual dip in July against the 'call to balloon time of 150 mins)
	Patient Flow	<ul style="list-style-type: none"> • 21+ LOS patients (long stay patients) count at the end of August is at 55 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. • Neck of Femur performance recovers from July performance but still below target, reporting at 71% in August with 7 patients breaching; all breaches have been analysed and confirmed as clinically necessary delays.
WELL LED	Workforce	<ul style="list-style-type: none"> • Sickness rates at 4.7% in the month and 5.6% cumulatively coping extremely well in the light of COVID; ward sickness at 7.1% and long term open sickness cases are at 162 above the 140 target set, but reasonable in the light of COVID. • Mandatory Training (where staff are at 100% compliance) showing a continued improvement and reporting August at 86% against the 95% target. • Qualified nursing turnover rate still at above 12% • The nursing vacancy rate at 12.6%
USE OF RESOURCES	Use of Resources	<ul style="list-style-type: none"> • The Use of Resources assessment is part of the combined CQC inspection alongside the Trust's rating for Quality. The review is designed to provide an assessment and improve understanding of how effectively and efficiently Trusts are using their resources to provide high quality and sustainable care for patients. The CQC assessment includes an analysis of Trust performance against a selection of CQC initial metrics, using local intelligence, and other evidence. The last Trust rating for Use of Resources was 'Requires Improvement' and the Trust is aiming to achieve a 'Good' rating in the next CQC inspection and performance will continue to be monitored with this aspiration. • We have populated 7/16 of the Use of Resources metrics. No work is currently under way to increase this proportion
TRUST EMPHASIS	Persistent Reds	<ul style="list-style-type: none"> • Despite improvement progress being impacted by COVID-19, many indicators are moving in the right direction, maintaining or improving towards ambitions • Stroke patients have met their target in July and August and patients are reaching the dedicated stroke ward within the 4hrs target of 80%. • Neutropenic sepsis patient breaches amount to 1 patient last month and in August; 95% performance has been achieved in August with only 1 out of 20 patients breaching by 11 minutes over the hour. • Mandatory training and MRSA screening (non-elective) have been improving month on month within reach of their targets now.

Persistent Red Focus

Exec Lead	11	Indicator <i>Note: Some are grouped (two or more indicators)</i>	Standard Expected	Plan in Place	Recovery Expected	August20 - Actual Perf	Tracking Planned Monthly
Dr DC	1	- Mortality Reviews within 42days	90%	✓	Dec-19	78.4%	X
RG	1	- Mandatory Training (staff % where MT 100% complete)	95%	✓	Mar-20	86.4%	X
LK	1	- Treatment Functions below 92% RTT	0	✓	Phase 3	16	X
	1	- Open Referrals (relevant for improvement)	30,000	✓	Sep-19	36,380	✓
	1	- Neck of Femur - to surgery within 36 hours	85%	✓	Jul-19	70.8%	X
	1	- Cancellations (20pm)	20	✓	Mar-20	17	✓
	1	- Cancellations as %age of elective admissions	0.80%	✓	Mar-20	0.7%	✓
	1	- Stroke Ward Admissions (Within 4 hrs)	80%	✓	Mar-20	81.8%	✓
PG	1	- Neutropenic Sepsis	100%	✓	Jul-19	95.0%	X
	1	- MRSA Screening (Elective & Non-Selective)	95%	✓	Apr-20	75% Elec / 94% Non-Elec	X
	1	- FFT Response Target (IP, OP, Maternity and A&E)	25%	✓	TBC	IP 15% / Maternity 7% / OP not shown in IQPR	X

August performance:

- Improvement progress has been impacted by COVID-19 pressures, however, many indicators are moving in the right direction or have continued to improve or achieve targets in August.
- Stroke patients have met their target in July and August in reaching the dedicated stroke ward within the 4hrs target of 80%.
- Neutropenic sepsis would have achieved 95% in August with 1 patient breaching by 11 minutes over the hour.
- Mandatory training and MRSA screening (non-elective) have been improving month on month within reach of their targets now.
- Neck of Femur continues to be up and down in terms of performance
- RTT has been impacted by COVID and most services have been unable to deliver the 92%; as we progress the recovery plan (as per Phase 3) over the next few months this is expected to recover at the end of March 2021, but again not all specialities will be able to perform at this standard; we are already seeing steady improvements in many services, but have got pressures in others e.g. gastro. Recovery of RTT by March 2021 depends on several factors such as e.g. are referrals coming in at the rate predicted in the model, what is COVID-19 second surge going to present impacting potentially the



CQC Domain - Safe

		Reviewed Date	Indicator	Measure	Standard		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	Jul 2020	Aug 2020	20/21 Year to Date	Group						
					Year	Month																				M	SS	W	I	PCCT	CO	
Infection Control	●●●●●●●●		C. Difficile (Post 48 hours)	<= No	41	3.4	1	5	3	1	4	3	2	2	4	3	3	2	3	0	4	2	2	3	11	3	0	0	-	0	-	
	●●●●●●●●		MRSA Bacteraemia (Post 48 hours)	<= No	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	-	0	-	
	●●●●●●●●		MSSA Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	<= Rate2	9.42	9.42	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	13.49	0.00	8.05	-	-	-	-	-	-	
	●●●●●●●●		E Coli Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	<= Rate2	94.9	94.9	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	6.75	13.15	17.43	-	-	-	-	-	-	
	●●●●●●●●		MRSA Screening - Elective	=> %	95	95	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	80.4	75.4	76.2	70.9	80.5	64.0	75.0	0.0	-	
	●●●●●●●●		MRSA Screening - Non Elective	=> %	95	95	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	93.6	93.9	89.7	93.8	93.9	96.2	-	100.0	-	
Harm Free Care	●●●●●●●●		Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95	99.0	99.1	96.3	99.0	95.4	93.7	94.8	98.5	95.4	99.3	98.9	98.7	98.4	-	-	-	-	-	97.3	-	-	-	-	-	-	
	●●●●●●●●		Patient Safety Thermometer - Catheters & UTIs	%	-	-	0.6	0.0	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	-	-	39	32	30	34	26	36	37	34	26	36	33	31	28	32	43	45	42	26	188	15	6	0	-	5	-	
	●●●●●●●●		Number of DOLS which are 7 day urgent	No	-	-	39	32	30	34	26	36	37	34	26	36	33	31	28	32	43	45	42	26	188	15	6	0	-	5	-	
	●●●●●●●●		Number of delays with LA in assessing for standard DOLS application	No	-	-	8	5	5	15	6	11	2	4	3	7	6	7	0	3	3	4	8	6	24	3	1	0	-	2	-	
	●●●●●●●●		Number DOLs rolled over from previous month	No	-	-	5	5	5	7	0	4	0	1	1	2	0	5	7	9	8	9	6	3	35	1	1	0	-	1	-	
	●●●●●●●●		Number patients discharged prior to LA assessment targets	No	-	-	19	19	22	17	11	23	20	22	13	22	18	18	24	30	37	43	35	18	163	11	4	0	-	3	-	
	●●●●●●●●		Number of DOLS applications the LA disagreed with	No	-	-	3	1	1	1	0	2	2	0	1	0	0	2	1	0	0	0	0	0	0	0	0	0	0	-	0	-
	●●●●●●●●		Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	0	4	0	4	3	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	-	0	-	
	●●●●●●●●	Apr 19	Falls	No	-	-	78	95	89	89	86	92	78	68	71	88	97	84	110	66	67	70	74	81	358	44	12	2	-	23	-	
	●●●●●●●●	Apr 19	Falls - Death or Severe Harm	<= No	0	0	1	4	3	2	2	0	0	4	2	0	1	1	0	0	1	1	2	1	5	0	0	0	0	1	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	4.58	4.84	4.59	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	23	37	28	28	26	28	33	23	14	32	36	39	32	38	32	19	23	20	132	11	5	-	-	4	-	
	●●●●●●●●	Apr 19	Pressure Ulcers per 1000 Occupied Bed Days	Rate1	-	-	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	1.38	1.16	1.65	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	Pressure Ulcer DN Caseload Acquired - Total	<= No	0	0	34	36	16	24	29	35	27	31	18	25	25	26	22	20	24	25	41	29	139	-	-	-	-	29	-	
	●●●●●●●●		Pressure Ulcer Present on Admission to SWBH	<= No	0	0	96.0	198.0	130.0	141.0	125.0	87.0	85.0	78.0	95.0	88.0	104.0	117.0	102.0	108.0	100.0	96.0	114.0	112.0	530.0	-	-	-	-	-	-	
	●●●●●●●●		Venous Thromboembolism (VTE) Assessments	=> %	95	95	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	96.2	95.3	95.6	97.2	93.7	91.0	93.3	99.0	-	
	●●●●●●●●	Apr 19	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	=> %	100	100	100.0	100.0	-	100.0	100.0	100.0	-	100.0	99.9	100.0	99.9	99.6	100.0	99.8	100.0	100.0	100.0	99.9	100.0	99.9	100.0	99.6	-	100.0	-	
	●●●●●●●●	Apr 19	WHO Safer Surgery - brief(% lists where complete)	=> %	100	100	100.0	100.0	100.0	99.8	100.0	99.8	100.0	100.0	100.0	100.0	100.0	100.0	99.6	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	-	-	
	●●●●●●●●	Apr 19	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	100	100	100.0	99.4	100.0	99.8	99.8	99.6	100.0	99.7	100.0	99.3	100.0	99.8	99.3	100.0	100.0	100.0	100.0	98.7	99.3	99.4	99.7	97.7	-	-	-	-
	●●●●●●●●		Never Events	<= No	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	0	0	-
	●●●●●●●●		Medication Errors causing serious harm	<= No	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	-
	●●●●●●●●		Serious Incidents	<= No	0	0	6	3	3	12	32	12	11	17	11	7	6	8	0	4	8	12	6	7	37	3	1	1	0	2	0	
	●●●●●●●●		Open Central Alert System (CAS) Alerts	No	-	-	19	15	15	4	9	8	11	12	10	12	10	9	8	2	5	3	3	5	18	-	-	-	-	-	-	-
	●●●●●●●●		Open Central Alert System (CAS) Alerts beyond deadline date	<= No	0	0	8	6	7	3	6	5	6	7	2	1	1	0	0	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	94.4	94.5	95.2	92.9	99.3	100.0	-	96.1	-
			Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	-	-	16.2	16.3	17.6	19.6	20.2	21.1	20.8	22.8	22.9	21.3	24.4	19.2	12.5	-	18.4	-
			Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	-	-	80.3	77.1	75.7	79.6	82.7	72.1	72.8	82.9	87.9	78.1	88.7	84.7	66.7	-	66.7	-
			Sepsis - Treated in 1 Hour (as % Of Treated)	=> %	100	100	-	-	-	-	-	-	-	-	-	-	54.9	51.9	60.0	53.9	57.2	64.2	58.2	57.1	56.1	59.1	58.2	58.3	50.0	-	0.0	-
			Sepsis - Antibiotic Review Within 72 hrs	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

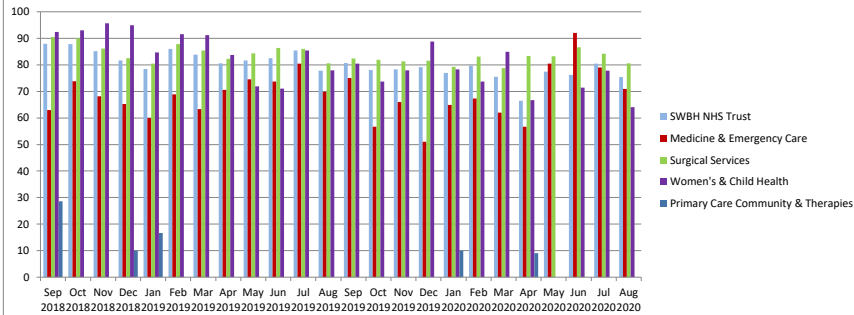
Data Quality - Kitemark						
1	2	3	4	5	6	7
Timeliness	Audit	Source	Validation	Completeness	Granularity	Assessment of Exec Director
●	●	●	●	●	●	●

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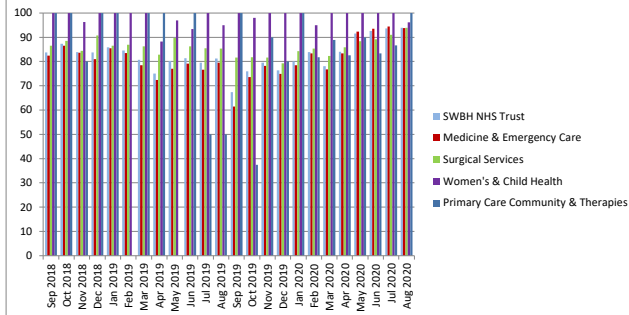
CQC Domain - Safe

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

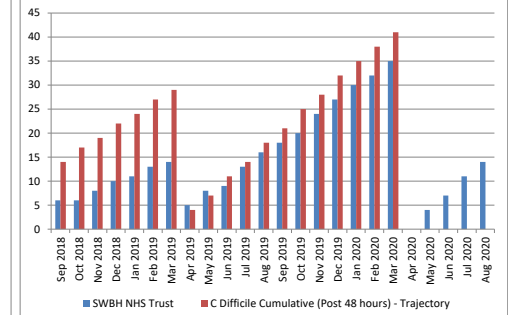
MRSA Screening - Elective



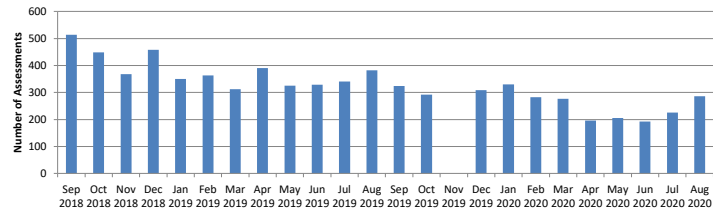
MRSA Screening - Non Elective



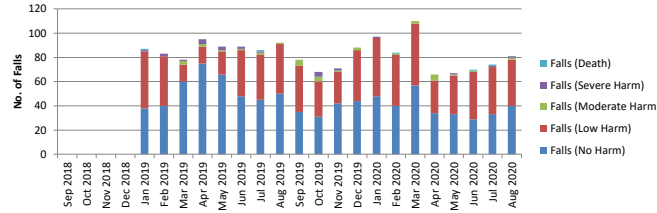
C Diff Infection



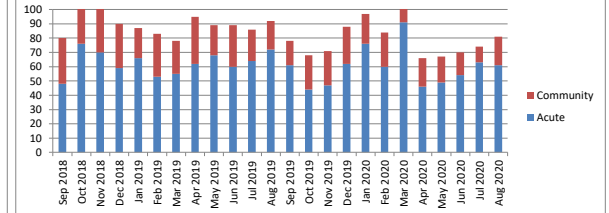
VTE Assessments Missed



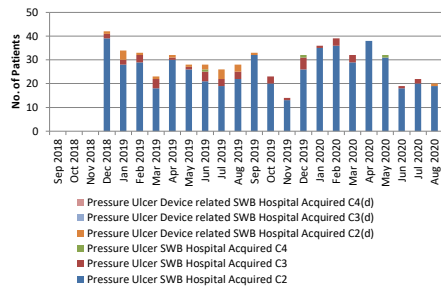
Falls



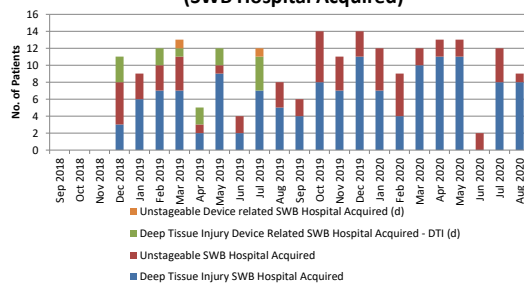
Falls - Acute & Community



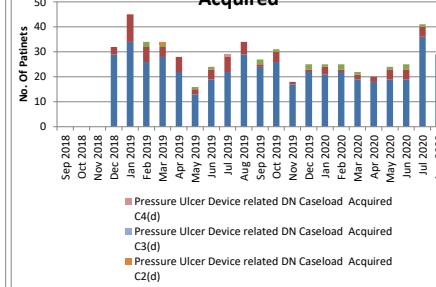
Pressure Ulcers - SWB Hospital Acquired



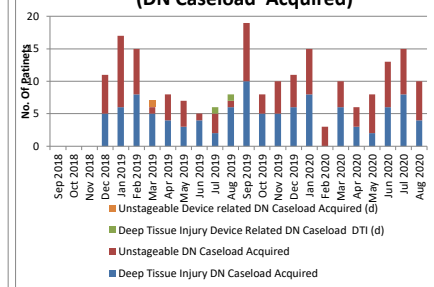
Unstageable / Deep Tissue (SWB Hospital Acquired)



Pressure Ulcers - DN Caseload Acquired



Unstageable/Deep Tissue (DN Caseload Acquired)

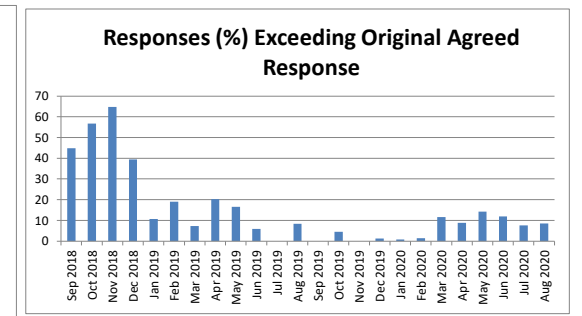
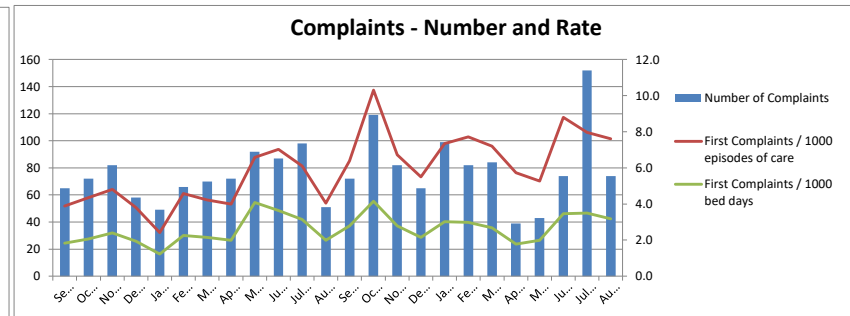
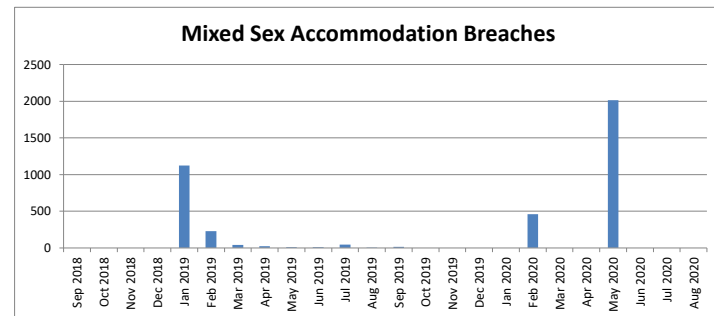


CQC Domain - Caring

	Kitemark	Reviewed Date	Indicator	Measure	Standard		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	Jul 2020	Aug 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	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	23.8	14.7	16.9	-	-	-	-	-	-	
			FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95	95	91	89	89	92	91	90	89	89	89	86	89	-	90	86	86	88	89	82	-	-	-	-	-	-	-	
			FFT Response Rate: Type 1 and 2 Emergency Department	=> %	25	25	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	13.2	12.9	13.3	12.9	12.9	-	-	-	-	-
			FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95	95	75	75	76	73	76	78	71	71	68	73	75	72	79	89	85	84	81	78	-	78	-	-	-	-	-	
	● ● ● ● ● ● ● ●	Apr 19	FFT Score - Outpatients	=> No	95	95	91	90	90	89	88	76	87	87	89	89	89	89	89	87	89	89	89	88	-	-	-	-	-	-	-	
	● ● ● ● ● ● ● ●	Apr 19	FFT Score - Maternity Antenatal	=> No	95	95	0	0	0	0	0	0	0	90	97	100	75	83	80	86	84	84	84	78	-	-	-	-	-	-	-	
	● ● ● ● ● ● ● ●	Apr 19	FFT Score - Maternity Postnatal Ward	=> No	95	95	0	100	100	0	100	100	100	92	93	0	97	94	100	0	67	0	100	0	-	-	-	-	-	-	-	
	● ● ● ● ● ● ● ●	Apr 19	FFT Score - Maternity Community	=> No	95	95	0	0	0	0	0	0	0	94	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-	-	-	
	● ● ● ● ● ● ● ●	Apr 19	FFT Score - Maternity Birth	=> No	95	95	100	100	94	94	91	66	6	94	97	94	95	97	97	89	100	82	94	70	-	-	-	-	-	-	-	
	● ● ● ● ● ● ● ●	Apr 19	FFT Response Rate: Maternity Birth	=> %	25	25	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	41.6	7.3	15.4	-	-	-	-	-	-	
MSA	● ● ● ● ● ● ● ●		Mixed Sex Accommodation - Breaches (Patients)	<= No	0	0	40	22	11	9	44	7	16	-	-	-	-	458	-	-	2013	-	-	-	2013	-	-	-	-	-	-	
Complaints	● ● ● ● ● ● ● ●		No. of Complaints Received (formal and link)	No	-	-	70	72	92	87	98	51	72	119	82	65	99	82	84	39	43	74	152	74	382	34	8	8	2	16	6	
	● ● ● ● ● ● ● ●		No. of Active Complaints in the System (formal and link)	No	-	-	151	163	149	121	148	91	121	140	114	92	106	142	126	102	109	123	152	139	625	61	29	14	4	21	10	
	● ● ● ● ● ● ● ●		No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	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	3.50	3.17	2.79	2.75	2.08	2.29	-	16.08	-	
	● ● ● ● ● ● ● ●		No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	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	7.96	7.61	7.20	8.27	3.50	4.36	-	34.48	-	
	● ● ● ● ● ● ● ●		No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	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	82.9	76.1	83.1	10.4	65.6	2.8	87.5	0.0	0.0	0.0	0.0	0.0	
	● ● ● ● ● ● ● ●		No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0	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	7.6	8.5	9.5	0.0	35.7	14.3	0.0	0.0	0.0	0.0
	● ● ● ● ● ● ● ●		No. of responses sent out	No	-	-	95	77	98	97	95	96	61	88	105	76	76	70	87	68	35	58	66	86	313	25	20	17	2	14	8	
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	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		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	Jul 2020	Aug 2020	20/21 Year to Date	Group						
					Year	Month																				M	SS	W	I	PCC1	CO	
Emergency Care			Emergency Care Attendances (Including Mailing)	No	-	-	18592	18908	18541	18091	19047	17657	17973	18445	17868	19330	18477	17367	13392	7163	9828	12215	14065	15099	58370	-	-	-	-	-	-	
	●●●●●●●●		Emergency Care 4-hour waits	=> %	95	95	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	86.2	84.9	87.8	-	-	-	-	-	-	
	●●●●●●●●		Emergency Care 4-hour breach (numbers)	No	-	-	2629	4106	3213	3288	3542	3252	4764	5215	5199	5375	4819	4416	2768	844	828	1225	1941	2284	7122	-	-	-	-	-	-	
	●●●●●●●●		Emergency Care Trolley Waits >12 hours	<= No	0	0	0	0	0	0	0	0	2	2	1	1	0	0	0	1	0	0	0	0	1	-	-	-	-	-	-	
	●●●●●●●●		Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15	57	74	39	89	45	52	71	185	154	116	121	62	85	74	44	62	194	69	-	-	-	-	-	-	-	
	●●●●●●●●		Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60	241	282	264	255	261	208	217	250	263	263	254	232	151	82	82	100	136	153	-	-	-	-	-	-	-	
	●●●●●●●●		Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5	5	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	8.4	8.2	8.3	-	-	-	-	-	-	
	●●●●●●●●		Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5	5	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	4.5	4.8	3.8	-	-	-	-	-	-	
	●●●●●●●●		WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	88	166	119	128	123	162	238	251	228	279	199	242	380	234	172	77	183	172	838	-	-	-	-	-	-	
	●●●●●●●●		WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	6	5	4	4	5	9	33	16	9	12	9	32	42	8	1	0	0	3	12	-	-	-	-	-	-	
	●●●●●●●●		WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02	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	#####	0.0	0.1	0.1	-	-	-	-	-	-	-
	●●●●●●●●		WMAS - Emergency Conveyances (total)	No	-	-	4655	4814	4670	4555	4658	4486	4484	4656	4721	4887	4848	4522	4588	3069	3282	3039	3951	4209	17550	-	-	-	-	-	-	-
Patient Flow	●●●●●●●●	Apr 19	Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5	1.6	2.0	-	1.0	-	4.7	3.0	2.8	2.9	2.4	2.8	3.0	4.2	1.6	-	-	0.3	0.6	0.5	-	-	-	-	-	-	
			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	240	20	15	12	-	14	-	27	17	19	20	16	19	20	28	11	-	-	2	4	-	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	Delayed Transfers of Care (Acute) - Finable Bed Days	<= No	0	0	211	99	149	239	295	185	127	147	163	180	195	340	388	210	32	10	8	0	260	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - ALL	No	-	-	642	672	698	583	684	671	675	867	852	944	989	860	730	501	554	543	604	746	2948	-	-	-	-	-	-	-
		Apr 19	Hip Fractures Best Practice Tariff (Operation < 36 hours of admissions)	=> %	85	85	82.9	64.0	77.1	75.0	62.5	87.9	79.2	88.5	78.6	67.5	75.0	87.9	61.5	84.0	90.0	60.0	53.1	70.8	69.8	-	70.8	-	-	-	-	-
Cancellations	●●●●●●●●		No. of Strep Declared Late Cancellations - Total	<= No	240	20	32	44	38	40	46	32	57	63	59	65	56	60	35	1	9	18	21	17	66	0	15	1	-	1	-	
	●●●●●●●●		No. of Strep Declared Late Cancellations - Avoidable	No	-	-	10	16	13	3	16	17	32	40	30	41	29	17	16	1	1	5	9	-	16	0	8	0	-	1	-	
	●●●●●●●●		No. of Strep Declared Late Cancellations - Unavoidable	No	-	-	22	28	25	37	30	15	25	23	29	24	27	43	19	0	8	13	12	-	33	7	2	3	-	0	-	
	●●●●●●●●		Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	<= %	0.8	0.8	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	0.7	0.8	-	1.1	0.6	-	0.3	-	
	●●●●●●●●		Number of 28 day breaches	<= No	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	4	0	0	0	-	0	-	
	●●●●●●●●		No. of second or subsequent urgent operations cancelled	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	-	
	●●●●●●●●		Urgent Cancellations	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	-	
	●●●●●●●●		No. of Strep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0	0	0	1	2	1	1	1	2	0	1	1	2	4	0	0	0	1	0	1	0	0	0	-	0	-	
	●●●●●●●●		Multiple Hospital Cancellations experienced by same patient (all cancellations)	<= No	0	0	69	73	64	75	86	67	79	103	92	65	73	124	344	19	20	42	46	49	176	3	41	5	-	-	-	
●●●●●●●●		All Hospital Cancellations, with 7 or less days notice	<= No	0	0	244	265	262	277	296	204	367	370	376	358	347	584	890	63	58	133	138	202	594	26	155	21	-	-	-	-	
Cancer	●●●●●●●●	Apr 19	2 weeks	=> %	93	93	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	94.1	94.8	-	94.2	86.9	95.7	98.0	-	97.2	-	
	●●●●●●●●	Apr 19	2 weeks (Breast Symptomatic)	=> %	93	93	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	94.1	100.0	-	97.1	-	100.0	-	-	-	-	
	●●●●●●●●	Apr 19	31 Day (diagnosis to treatment)	=> %	96	96	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	93.6	94.3	-	93.5	100.0	93.0	88.9	-	100.0	-	
	●●●●●●●●	Apr 19	31 Day (second/subsequent treatment - surgery)	=> %	94	94	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	100.0	100.0	-	84.6	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	31 Day (second/subsequent treatment - drug)	=> %	98	98	-	-	100.0	-	-	100.0	100.0	-	100.0	100.0	-	-	100.0	100.0	-	100.0	-	-	100.0	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	62 Day (urgent GP referral to treatment) Excl Rare Cancers	=> %	85	85	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	66.4	76.1	-	68.6	70.6	74.2	58.3	-	100.0	-	
	●●●●●●●●		62 Day (urgent GP referral to treatment) - Inc Rare Cancers	=> %	85	85	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	67.0	76.6	-	69.1	70.6	75.0	58.3	-	100.0	-	
	●●●●●●●●	Apr 19	62 Day (referral to treat from screening)	=> %	90	90	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	100.0	80.0	-	76.8	-	75.0	100.0	-	-	-	
	●●●●●●●●	Apr 19	62 Day (referral to treat from hosp specialist)	=> %	90	90	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	80.3	85.3	-	85.4	80.0	100.0	75.0	-	-	-	
	●●●●●●●●		Cancer = Patients Waiting Over 62 days for treatment	No	-	-	12	10	7	8	10	11	10	11	6	12	12	9	9	-	17	19	13	-	48	3	8	3	-	0	-	
	●●●●●●●●		Cancer - Patients Waiting Over 104 days for treatment	No	-	-	7	3	4	1	3	5	3	3	5	6	7	4	2	-	4	10	8	-	21	2	5	1	-	0	-	
	●●●●●●●●		Cancer - Longest wait for treatment (days) - TRUST	No	-	-	209	241	183	91	196	147	96	171	149	148	169	217	121	-	171	177	138	-	-	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	Neutropenia Sepsis - Door to Needle Time > 1hr	<= No	0	0	2	7	2	3	3	4	6	6	9	15	7	11	5	4	3	2	1	1	11	1	0	0	-	0	-	
	●●●●●●●●		IPT Referrals - Within 38 Days Of GP Referral for 62 day cancer pathway	%	-	-	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	35.7	57.1	-	58.6	-	-	-	-	-	-	
			Cancer - 28 Day FDS TWW Referral (% of Informed) - Total	%	-	-	-	-	-	-	-	-	-	-	-	-	-	85.2	97.8	96.7	84.6	96.5	94.7	99.8	-	95.3	-	-	-	-	-	
			Cancer - 28 day FDS TWW breast symptomatic (% of Informed)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	99.4	100.0	100.0	100.0											

CQC Domain - Responsive

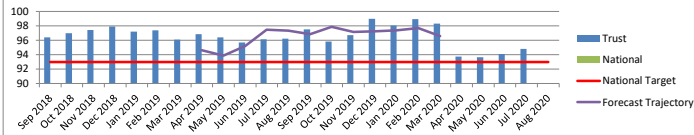
[illegible]

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

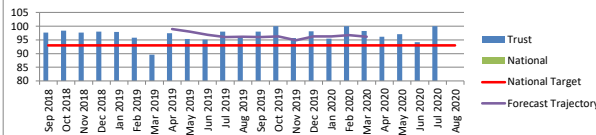
If segment 2 of the Kitemark is Blank this indicates that a formal audit of this indicator has not yet taken place

CQC Domain - Responsive

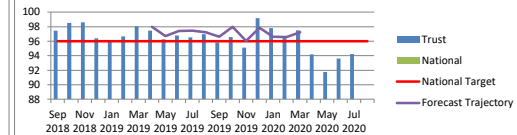
2-week wait from Referral to Date First Seen



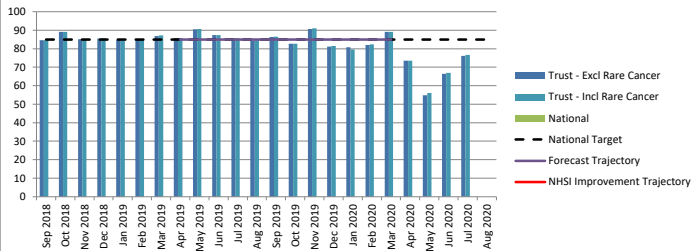
2-week wait from Breast Symptomatic Patients



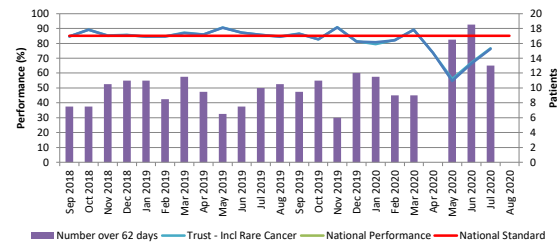
31-day Diagnosis to First Treatment



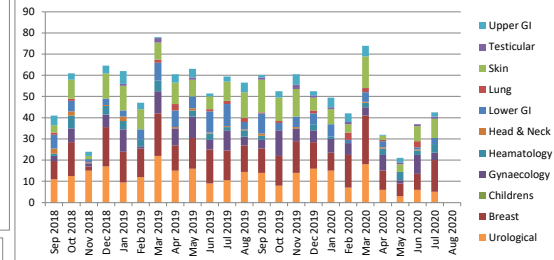
62-day Urgent GP Referral to First Treatment



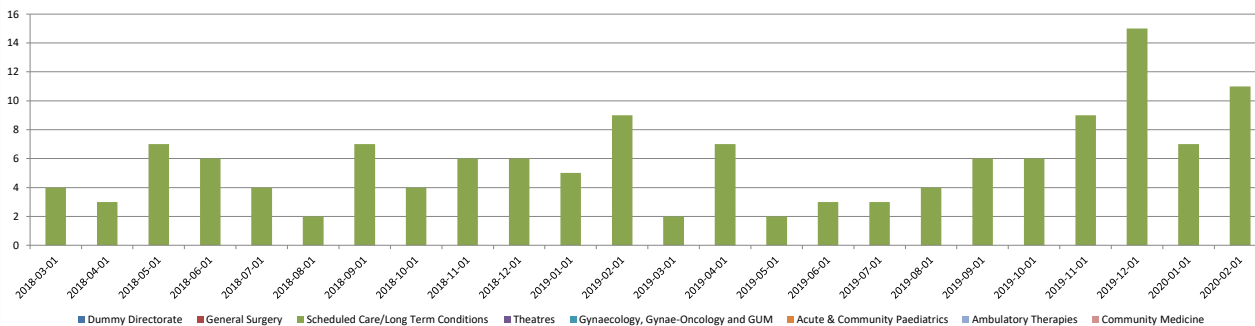
62-day Urgent GP Referral to First Treatment



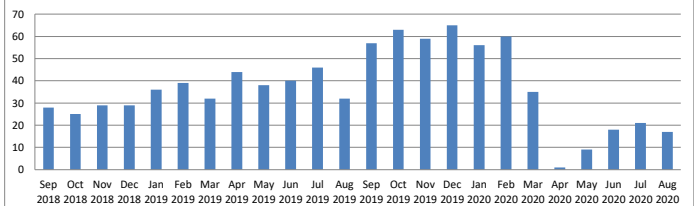
62-day Urgent GP Referral to First Treatment
Breach- By Tumour Site



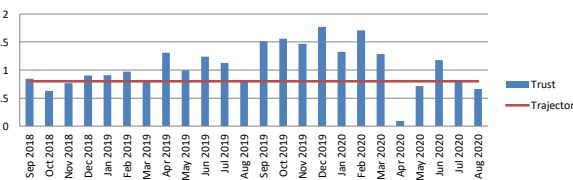
Neutropenia Sepsis
Door to Needle Time Greater Than 1 Hour



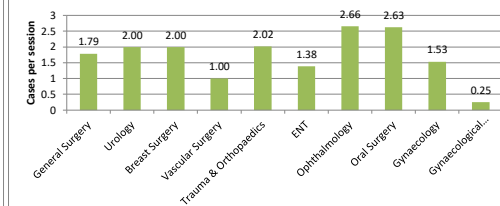
SitRep Late Cancellations



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



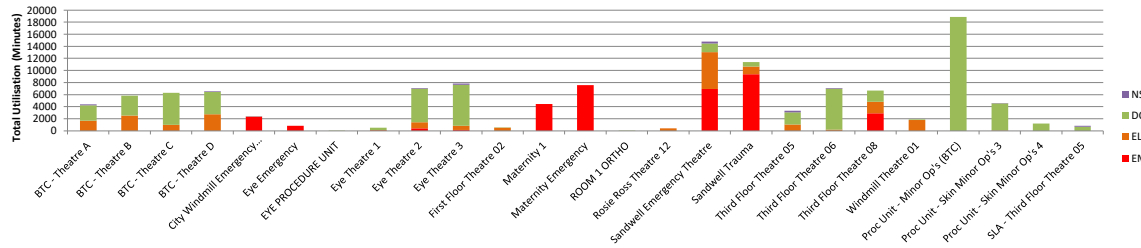
Cases Per Session (Operating Theatres)



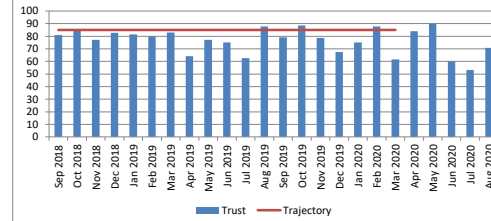
Month	Indicator	TumourSite	Informed In 28 Days	Eligible	% of Informed	% of Eligible
Jul 2020	Cancer - 28 Day FDS TWW Referral	Breast	207	426	99.5	48.6
Jul 2020	Cancer - 28 Day FDS TWW Referral	Colorectal	66	197	100	33.5
Jul 2020	Cancer - 28 Day FDS TWW Referral	Gynaecology	113	342	100	33
Jul 2020	Cancer - 28 Day FDS TWW Referral	Haematology	3	112	100	2.68
Jul 2020	Cancer - 28 Day FDS TWW Referral	Head & Neck	36	251	100	14.3
Jul 2020	Cancer - 28 Day FDS TWW Referral	Lung	13	254	100	5.12
Jul 2020	Cancer - 28 Day FDS TWW Referral	Skin	118	393	100	30
Jul 2020	Cancer - 28 Day FDS TWW Referral	Upper GI	63	286	100	22
Jul 2020	Cancer - 28 Day FDS TWW Referral	Urology	41	187	100	21.9
Jul 2020	28 day FDS TWW Breast Symptomatic	Breast	18	95	100	18.9
Jul 2020	Cancer - 28 day FDS screening referral	Breast	0	0	0	0
Jul 2020	Cancer - 28 day FDS screening referral	Colorectal	0	0	0	0
Jul 2020	Cancer - 28 day FDS screening referral	Gynaecology	0	0	0	0

CQC Domain - Responsive

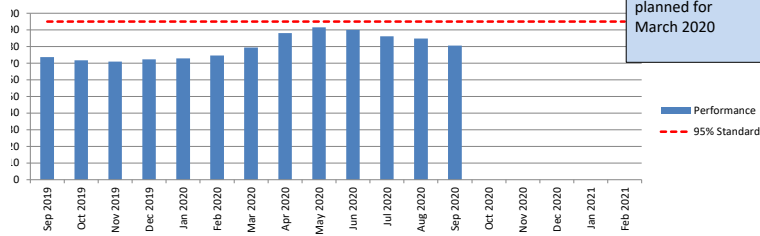
Theatre Utilisation



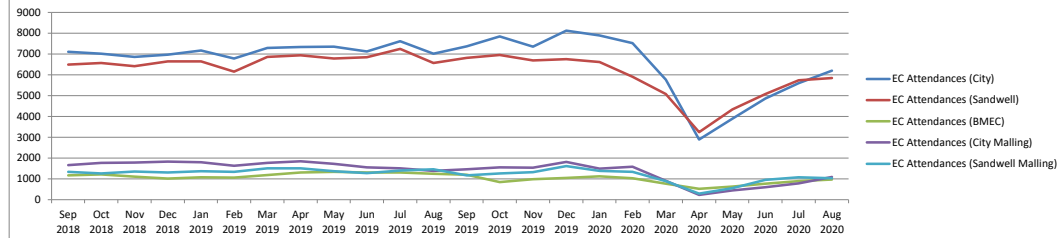
Hip Fractures - BPT - Operation Within 36 hours of admission (%)



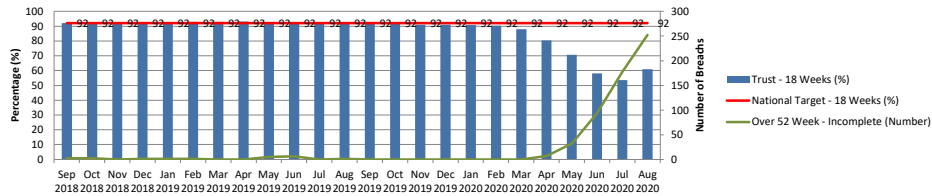
EC 4-Hour Recovery Plan



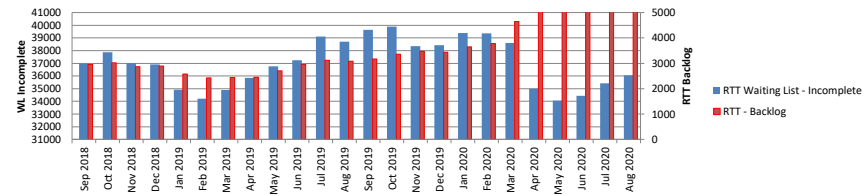
EC Attenders



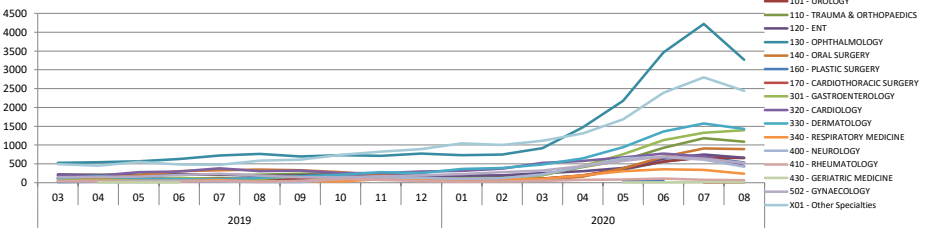
RTT Incomplete Pathway



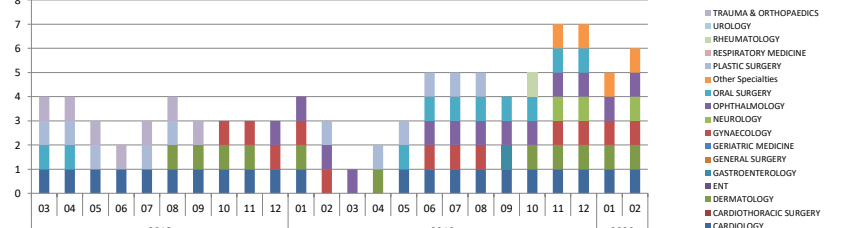
RTT Waiting List and Backlog



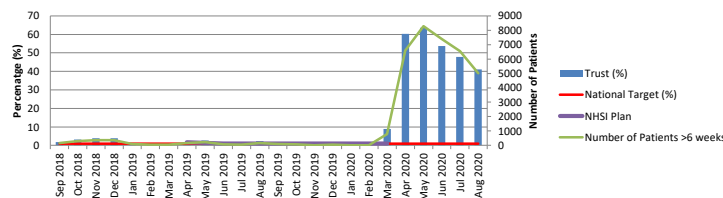
RTT Backlog - By Specialty



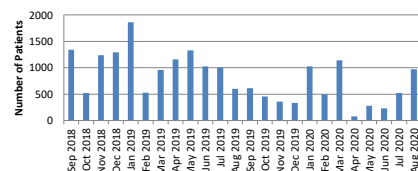
Treatment Function Underperforming (Incomplete)



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



Diagnostic Waits (In Month) Greater Than 6 Weeks



CQC Domain - Effective

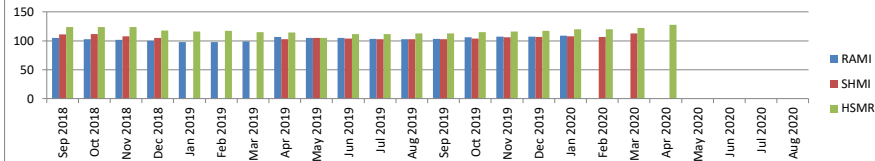
	Kitemark	Reviewed Date	Indicator	Measure	Standard		Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	20/21 Year to Date	Group						
					Year	Month																				M	SS	W	I	PCCT	CO	
Mortality and Readmissions	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	No	-	-	99	107	105	105	104	103	104	106	107	107	109	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	No	-	-	98	107	105	105	104	103	103	87	106	106	107	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	No	-	-	101	105	105	103	99	87	105	109	112	112	114	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	No	-	-	115	115	105	112	112	113	113	115	116	117	120	120	122	128	-	-	-	-	-	-	-	-	-	-	-	
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Hospital Standardised Mortality Rate (HSMR) - Weekday Admission (12-month cumulative)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	120	125	-	-	-	-	-	-	-	-	-	-	
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Hospital Standardised Mortality Rate (HSMR) - Weekend Admission (12-month cumulative)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	128	137	-	-	-	-	-	-	-	-	-	-	
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	No	-	-	-	103	105	104	103	103	103	104	106	107	108	107	113	-	-	-	-	-	-	-	-	-	-	-	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Deaths in Low Risk Diagnosis Groups (RAMI) - month	No	-	-	85	98	-	93	125	85	88	152	97	121	71	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Mortality Reviews within 42 working days	=> %	90	90	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	63.9	78.4	-	-	73.0	80.5	50.0	-	-	100.0	-	
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%	-	-	1.3	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	2.1	1.5	-	3.2	-	-	-	-	-	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%	-	-	1.3	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	1.9	2.0	-	1.9	-	-	-	-	-	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Deaths in The Trust	No	-	-	121	134	112	117	109	118	114	133	136	139	162	125	-	334	150	125	103	-	712	86	11	2	0	4	0	0
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Avoidable Deaths In the Trust	No	-	-	-	0	0	1	1	0	1	1	0	1	0	0	0	0	0	0	0	-	0	-	-	-	-	-	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	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	8.9	9.1	-	10.1	13.3	4.2	11.3	15.4	2.9	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	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	8.6	8.7	-	8.5	13.4	4.4	8.2	6.7	1.9	-	-
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	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	3.6	4.0	-	4.1	5.3	2.1	9.7	-	-	-	-	
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	3.6	3.5	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	3.4	3.4	-	3.3	4.3	2.4	6.7	0.4	0.1	-	-	
Patient Flow	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	116	139	130	124	129	118	152	159	148	156	154	173	161	66	57	56	53	55	-	32	16	3	3	1	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		21+ Days Long Stay Rate - NHSI	%	-	-	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	7.5	4.8	11.5	4.5	6.3	4.5	0.0	0.0	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Estimated Beds - 21+ Days - NHSI	No	-	-	126	114	133	101	96	125	111	122	128	121	117	124	140	54	39	36	26	15	-	10	5	0	0	0	-	-
RTT	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	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	62.7	61.4	57.1	73.5	63.2	42.5	-	49.6	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	3554	3599	3767	3498	3838	3034	3711	4512	4735	4029	4571	6313	4983	5886	3715	4644	5122	4706	24073	1423	2436	493	0	352	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	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	78.8	76.2	75.0	92.9	77.2	50.9	100.0	79.2	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Apr 19	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	1869	2416	2414	2136	2375	2150	2142	2313	2388	2087	2242	2207	2155	549	547	898	1435	1625	5054	196	1106	116	1	206	-	-
Stroke	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		5WD: Pts spending >90% stay on Acute Stroke Unit	=> %	90	90	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	95.2	87.0	89.1	87.0	-	-	-	-	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		5WD: Pts admitted to Acute Stroke Unit within 4 hrs	=> %	80	80	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	84.2	81.8	81.4	81.8	-	-	-	-	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		5WD: Pts receiving CT Scan within 1 hr of presentation	=> %	50	50	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	85.9	89.1	86.8	89.1	-	-	-	-	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		5WD: Pts receiving CT Scan within 24 hrs of presentation	=> %	95	95	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	100.0	100.0	99.2	100.0	-	-	-	-	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		5WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85	85	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	100.0	50.0	66.7	50.0	-	-	-	-	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		5WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	=> %	70	70	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	100.0	100.0	86.8	100.0	-	-	-	-	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		5WD: TIA (Low Risk) Treatment <7 days from receipt of referral	=> %	75	75	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	96.2	-	93.1	96.2	-	-	-	-	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80	80	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	100.0	100.0	94.3	100.0	-	-	-	-	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80	80	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	75.0	100.0	85.7	100.0	-	-	-	-	-	-
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Rapid Access Chest Pain - seen within 14 days	=> %	98	98	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	-	-	-	-

CQC Domain - Effective

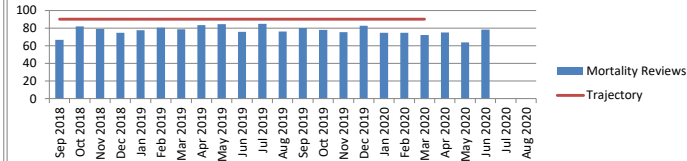
1	2	3	4	5	6	7
Timeliness	Audit	Source	Validation	Completeness	Granularity	Assessment of Exec Director
●	●	●	●	●	●	●

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

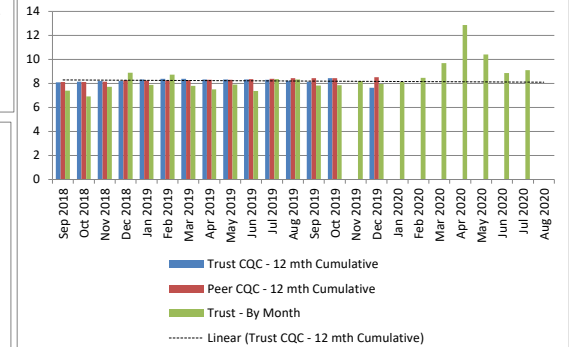
RAMI, SHMI & HSMR (12-month cumulative)



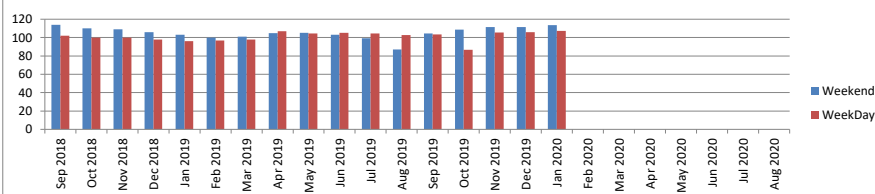
Mortality Reviews (%)



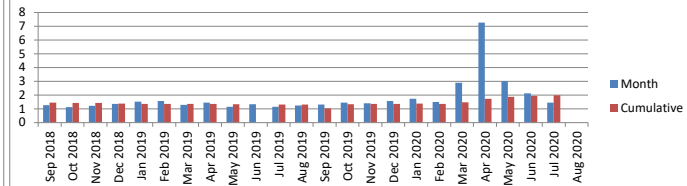
Emergency 30-day Readmissions (%) - 12-month cumulative CQC CCS Diagnosis Groups and monthly overall



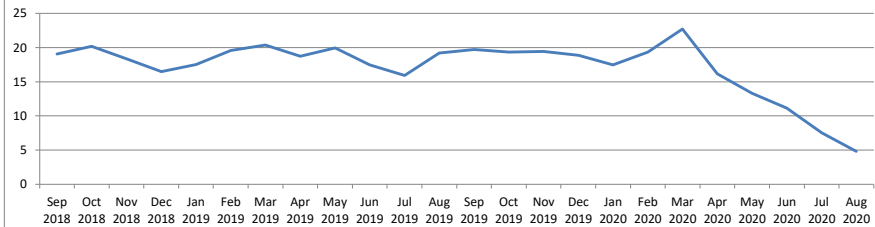
Mortality (RAMI) - Weekend and Weekday (12-month cumulative)



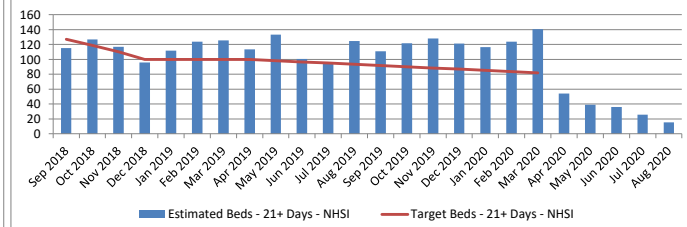
Crude Mortality Rate



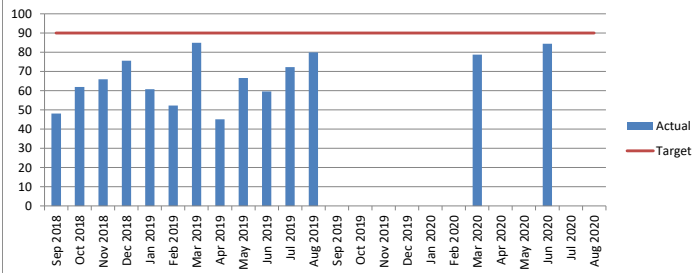
21+ Days Long Stay Rate - NHSI



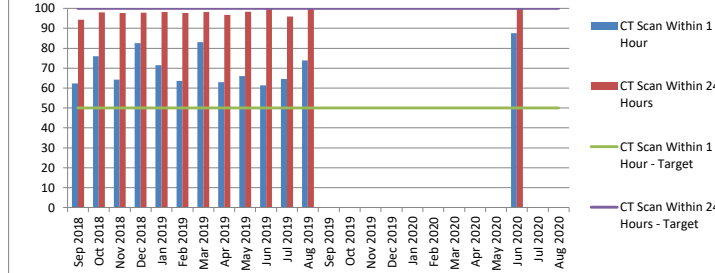
Estimated Bed Days - 21+ Days



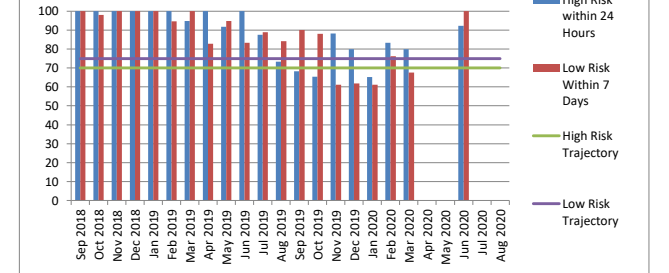
Admissions (%) to Acute Stroke Unit within 4 hours



CT Scan following presentation



TIA Treatment (%)



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

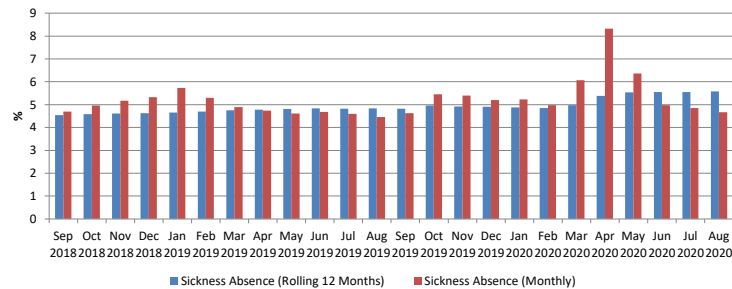
CQC Domain - Well Led

	Kitemark	Reviewed Date	Indicator	Measure	Standard		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	Jul 2020	Aug 2020	20/21 Year to Date	Group						
					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	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	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	4.7	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	5.6	5.6	5.5	6.4	6.4	5.6	4.3	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	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	4.8	4.7	5.8	5.8	4.7	4.4	3.3	4.4	4.1	
			Sickness Absence - Long Term - (Open Cases in the month)	No	-	140	-	-	-	-	-	-	131	156	169	187	153	114	152	156	228	160	145	162	-	45	29	21	6	22	39	
	<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	-	-	784	738	644	674	681	539	719	875	814	872	845	779	936	1241	722	657	789	630	-	166	144	66	23	85	120	
			Ward Sickness Absence (Monthly)	<= %	3	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	6.8	7.1	8.6	7.9	7.6	5.5	-	6.3	-	
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Mandatory Training - Health & Safety (% staff)	=> %	95	95	95.7	95.6	94.0	71.0	80.3	85.3	86.2	89.0	90.4	91.8	92.8	92.7	94.2	93.9	96.3	97.7	98.6	97.5	96.8	95.1	96.3	98.9	99.6	98.8	98.4	
			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	87.7	86.4	83.0	81.7	85.1	89.0	-	87.4	-	
			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	8.3	9.1	10.7	11.4	9.1	6.5	-	9.3	-	
			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	1.9	2.4	3.0	3.3	2.9	2.2	-	1.9	-	
			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	2.1	2.2	3.3	3.7	3.0	2.4	-	1.3	-	
	<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	12.1	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	12.3	12.6	12.6	12.6	-	-	-	-	-	-
	<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	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	18.0	12.6	14.1	9.7	17.8	15.3	46.3	8.9	-1.9	
		Apr 19	New Starters Complete Onboarding Process	=> %	100	100	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	100.0	97.2	73.7	100.0	87.5	100.0	-	95.0	-	

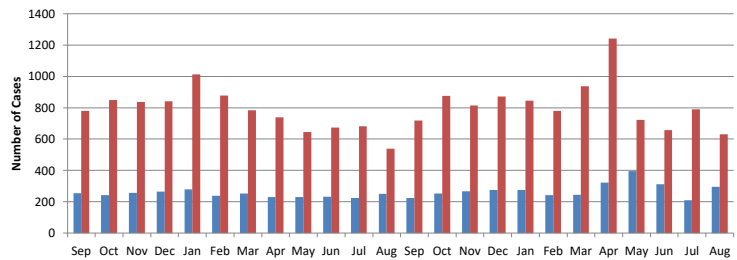
Data Quality - Kitemark						
1	2	3	4	5	6	7
Timeliness	Audit	Source	Validation	Completeness	Granularity	Assessment of Exec Director
●	●	●	●	●	●	●

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

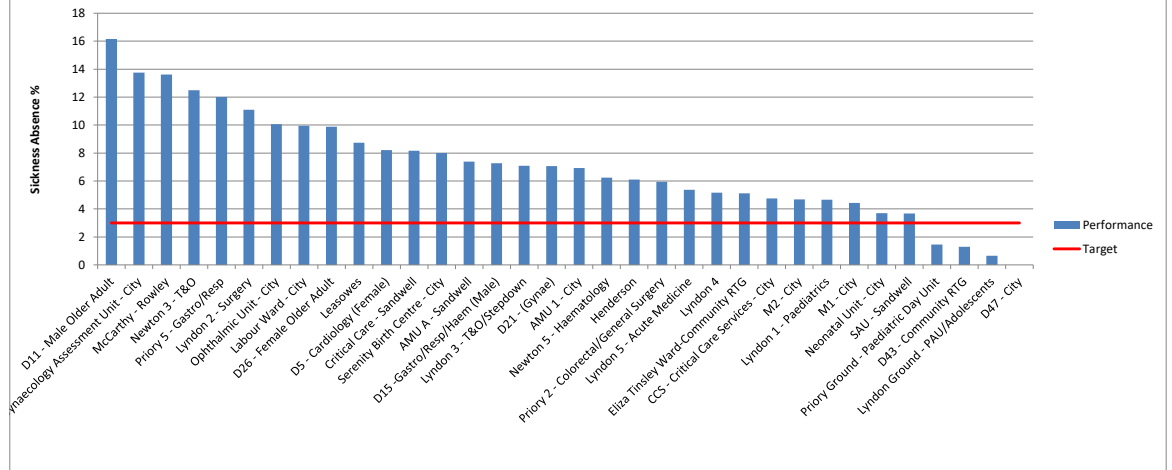
Sickness Absence (Trust %)



Long / Short Term - Sickness Absence - Trust



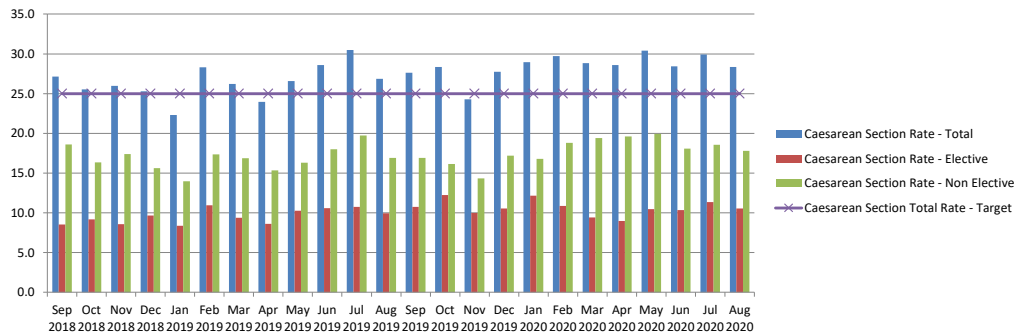
Sickness Absence (Ward %) August 2020



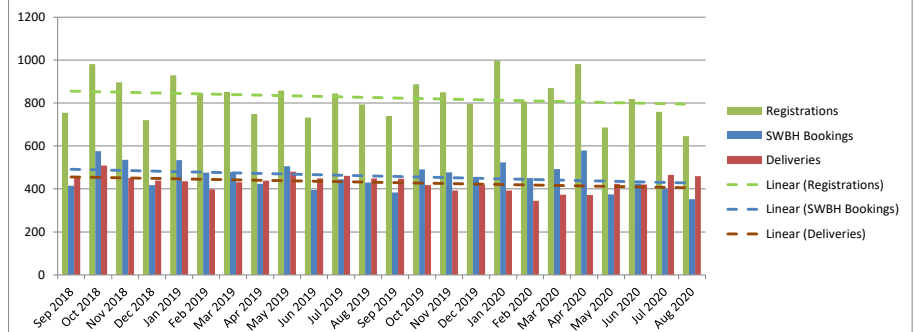
Patient Safety - Obstetrics

Data Quality	Last review	PAF	Indicator	Measure	Trajectory		Previous Months Trend (since Mar 2019)																	Data Period	Month	Year To Date	Trend	
					2016-2017	Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J					J
			Caesarean Section Rate - Total	<= %	25.0	25.0																		Aug 2020	28.4	29.2		
			Caesarean Section Rate - Elective	<= %			9	9	10	11	11	10	11	12	10	11	12	11	9	9	10	10	11	11	Aug 2020	10.5	10.4	
			Caesarean Section Rate - Non Elective	<= %			17	15	16	18	20	17	17	16	14	17	17	19	19	20	20	18	19	18	Aug 2020	17.8	18.8	
			Maternal Deaths	<= No	0	0																		Aug 2020	0	1		
			Post Partum Haemorrhage (>2000ml)	<= No	48	4																		Aug 2020	1	16		
			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0																		Aug 2020	3.70	4.58		
			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																		Aug 2020	4.35	10.74		
	Apr-19		Stillbirth Rate (Corrected) (per 1000 babies)	Rate1			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	6.44	4.35	Aug 2020	4.35	7.01	
	Apr-19		Neonatal Death Rate (Corrected) (per 1000 babies)	Rate1			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	6.44	0.00	Aug 2020	0.00	3.74	
			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	85.0	85.0																		Aug 2020	93.0	92.4		
			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0																		Aug 2020	106.9	132.8		
			Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0																		Aug 2020	85.62	83.24		
	Apr-19		Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %			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	1.7	2.1	Aug 2020	2.13	1.86	
	Apr-19		Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %			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	1.1	1.8	Aug 2020	1.77	1.12	
	Apr-19		Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %			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	0.0	0.7	Aug 2020	0.71	0.19	

Caesarean Section Rate (%)



Registrations & Deliveries



CQC : Use of Resources

	Kitemark	Reviewed Date	Indicator	Measure	Benchmark							Trust																		20/21 Year to Date	Group							
					Period	Model Hospital STP Peer	Royal Wolverh NHS Trust	Walsall Healthcare NHS Trust	Dudley Group NHS Foundation Trust	Model Hospital National Median	Model Hospital Quality Account Peer	Trust Delivery	Target	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		Jul 2020	Aug 2020	M	SS	W	I	PCCT	CO
Clinical Services			Pre-Procedure Elective Bed Days	Avg	Q4 2019/20	0.15	0.18	0.03	0.08	0.11	0.21	0.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.32	0.31	0.39	0.80	0.15	0.00	0.00	4.00	-	
			Pre-Procedure Non-Elective Bed Days	<= Avg	Q4 2019/20	0.74	0.64	0.85	0.82	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	0.28	0.25	0.39	0.32	0.13	0.03	-	0.25	-
			DNA Rate - Inc Radiology (Model Hospital)	<= %	Q4 2019/20	8.09	7.31	9.92	6.63	7.11	6.75	8.35	-	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	8.6	9.1	8.4	8.7	11.8	15.4	0.1	7.4	-
			DNA Rate - Exc Radiology (SWB)	<= %	Q3 2019/20	n/a	-	-	-	n/a	n/a	10.49	-	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	-	10.3	11.4	9.8	8.7	11.8	15.4	30.0	7.4	-
Clinical Support Services			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= %	Q4 2019/20	7.97	6.68	8.16	5.72	7.94	7.49	8.23	-	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	8.9	9.1	-	10.1	13.3	4.2	11.3	15.4	2.9	-
			Top 10 Medicines - Delivery of Savings	%	To Mar2018	-	-	-	-	100	-	82	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
People			Pathology Overall Cost Per Test	£	2018/19	£1.45	£2.08	£1.58	£1.14	£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																								
			Staff Retention Rate	%	To May2020	86	87.2	84.4	89.8	86.2	85.1	85	-	-	-	-	-	-	-	-	-	-	-	86.1	86.6	85.4	85.5	85.7	86.3	86.6	85.9	84.1	87.7	87.3	93.8	85.0	87.4	
			Sickness Absence (Monthly)	<= %	May2020	5.41	4.87	6.89	4.82	4.77	5.01	5.39	-	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	4.8	4.7	5.8	5.8	4.7	4.4	3.3	4.4	4.1
			Total Cost per WAU	£	2018/19	£3,614	-	-	-	£3,500	-	£3,359	-	Pay and Non-Pay costs per WAU are published on Model Hospital annually after the Natioanal 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	-	£1,901	-																									
			Clinical Staff Pay Cost WAU	£	2018/19	£1,940	-	-	-	£1,923	-	£1,901	-																									
			Substantive Medical Staff Cost Per WAU	£	2018/19	£780	£774	£786	£793	£763	-	£770	-																									
			Substantive Nursing Staff Cost Per WAU	£	2018/19	£924	£839	£948	£1,005	£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	-	£1,458	-																									
			Finance Cost Per £100m Turnover	£000	2018/19	483.8k	483.42	626.25	457.75	653.3	653.3k	634.6k	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	FALSE	0.7	-	-	-	-	-	
			HR Cost Per £100m Turnover	£000	2018/19	686.9k	767.49	1270	388.35	910.7	767.5k	794.9k	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	FALSE	0.7	-	-	-	-	-	
			Estates & Facilities Cost (£ per m2)	£	2018/19	-	£360	£366	£494	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Finance			Procurement League Table: Process Efficiency and Price Performance Score (scaled 0 to 100)	No	Q2 2019/20	54	58	43	50	57	57	74	-	-	-	-	-	74	-->	-->	-	-	-	-	-	-	-	-	-	-	-	74	-	-	-	-	-	-
			Capital Service Capacity - Value	No	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-	-	-	-	-	-	-	-	-	2	2	2	1146	2	2	2	2	1155	-	-	-	-	-	-
			Liquidity (Days) - Value	No	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-	-	-	-	-	-	-	-	-	-15	-11	15	-164	-91	-59	-52	-34	-399	-	-	-	-	-	-
			Distance From Agency Spend Cap - Value	%	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-	-	-	-	-	-	-	-	-	76.0	75.0	78.0	70.0	50.0	31.0	37.0	22.0	42.0	-	-	-	-	-	-
			Income and Expenditure (I &E) Margin - Value	%	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-	-	-	-	-	-	-	-	-	-0.4	-0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-	-	-	-	-	-
		Distance Form Financial Plan - Value	%	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-	-	-	-	-	-	-	-	-	-0.1	-0.1	0.0	5.0	0.0	0.0	0.0	0.0	1.0	-	-	-	-	-	-	

Benchmark:

Quality Account Peer Group :

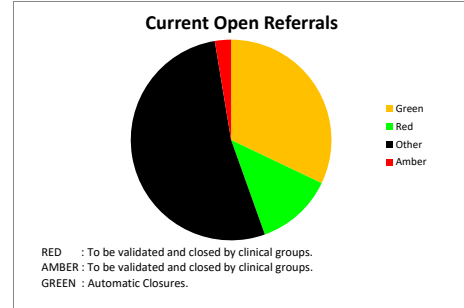
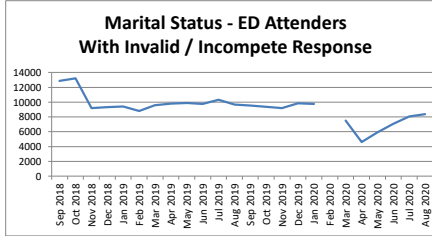
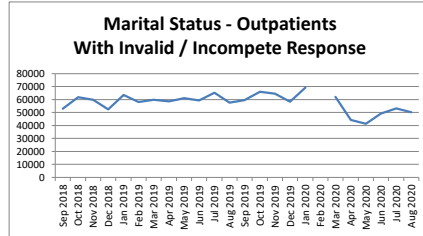
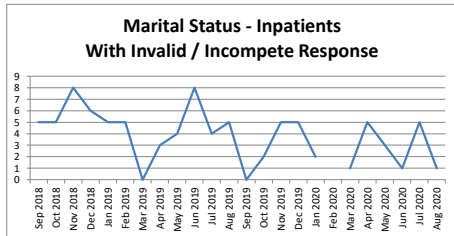
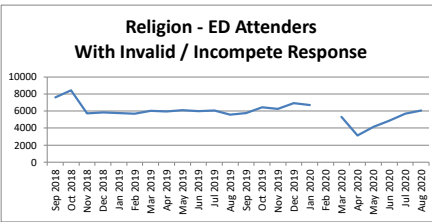
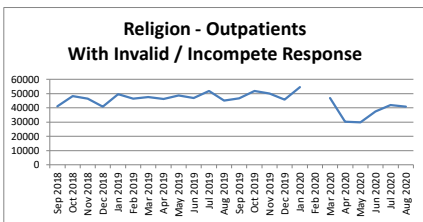
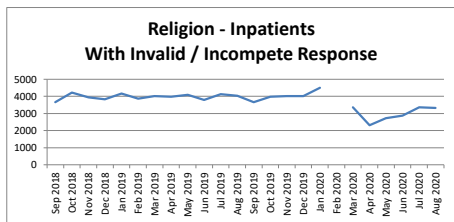
- Bradford Teaching NHS Foundation Trust (BTH)
- Kings College Hospital NHS Foundation Trust (KCH)
- Royal Liverpool & Broadgreen University NHS Foundation Trust (RLBUH)
- The Royal Wolverhampton NHS Trust (RWH)
- University Hospital Bristol NHS Foundation Trust (UH Bristol)
- Worcestershire Acute Hospital NHS Foundation Trust (Worcs Acute)
- Northumbria Healthcare NHS Foundation Trust

STP FootPrint Peer Group:

- Black Country Partnership NHS Foundation Trust
- Dudley and Walsall Mental Health Partnership NHS Trust
- Dudley Group NHS Foundation Trust
- Royal Wolverhampton NHS Trust
- Sandwell and West Birmingham Hospitals NHS Trust
- Walsall Healthcare NHS Trust
- West Midlands Ambulance Service NHS Foundation Trust

Data Completeness







Data Quality	Last review	PAF	Indicator	Measure	Trajectory		Previous Months Trend (since Mar 2019)																	Data Period	Group						Month	Year To Date	Trend		
					Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		M	SS	W	P	I	PCCT	CO			
			Data Completeness Community Services	=> %	50.0	50.0																			Aug 2020							61.2			
			Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		May 2020											
			Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		May 2020											
			Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		May 2020											
			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0	97.5	98.2	98.1	96.8	98.7	97.9	96.8	97.2	96.2	95.1	95.7	99.0	97.1	95.5	98.4	98.6	96.2	-	Jul 2020										
			Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS	=> %	99.0	99.0	99.6	99.6	99.7	99.6	99.6	99.5	99.6	99.6	99.6	99.6	99.5	99.7	99.5	99.6	99.4	99.4	99.5	-	Jul 2020										
			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0	97.5	97.6	97.6	97.3	97.3	97.2	92.6	82.7	84.4	84.2	86.0	85.6	88.4	90.3	89.9	90.2	90.2	-	Jul 2020										
			Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0																		-	Jul 2020										
			Ethnicity Coding - percentage of outpatients with recorded response	=> %	90.0	90.0																		-	Jul 2020										
			Protected Characteristic - Religion - INPATIENTS with recorded response	%			68.4	68.6	68.2	68.0	67.7	66.8	67.7	65.7	65.9	65.3	62.9	-	64.5	65.5	63.4	65.0	63.6	63.8	Aug 2020								63.8		
			Protected Characteristic - Religion - OUTPATIENTS with recorded response	%			50.1	50.7	50.2	50.3	50.4	51.1	50.6	50.3	50.9	50.3	50.0	-	51.2	55.9	52.5	50.1	48.1	46.5	Aug 2020								46.5		
			Protected Characteristic - Religion - ED patients with recorded response	%			62.6	64.0	62.8	62.9	64.7	64.6	63.7	59.2	59.1	57.0	57.7	-	55.5	55.1	55.3	56.2	55.3	55.0	Aug 2020								55.0		
			Protected Characteristic - Marital Status - INPATIENTS with recorded response	%			100.0	100.0	100.0	99.9	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	99.9	100.0	100.0	99.9	100.0	Aug 2020								100.0		
			Protected Characteristic - Marital Status - OUTPATIENTS with recorded response	%			37.1	37.5	37.4	37.2	37.5	37.3	36.8	36.7	36.5	36.5	36.4	-	35.1	35.5	34.4	34.4	34.1	34.3	Aug 2020								34.3		
			Protected Characteristic - Marital Status - ED patients with recorded response	%			40.4	40.6	40.0	39.5	39.9	38.4	40.1	40.5	39.8	39.1	38.3	-	37.2	33.6	36.5	36.3	36.5	37.7	Aug 2020								37.7		
			Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0																		-	Jul 2020										
			Open Referrals	No			326,229	311,212	223,937	221,026	216,977	215,389	210,947	213,037	213,645	216,909	216,936	217,529	215,194	207,500	206,550	206,748	209,022	211,836	Aug 2020								211,836		
			Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			151,428	158,635	69,739	64,564	54,518	53,050	46,595	37,194	36,076	38,047	38,823	38,104	38,197	32,736	35,080	36,323	36,653	36,380	Aug 2020								36380		



Local Quality Indicators - 2020/2021

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

Previous Months Trend (From Mar 2019)																	
M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
100	99	100	100	100	100	100	100	100	99	100	100	99	100	100	100	99	
20	19	16	17	17	17	14	17	15	17	18	15	18	20	15	16	13	14
91	92	91	91	92	92	75	68	63	61	55	5	6	7	5	5	4	2
86	97	94	94	93	93	90	91	92	90	93	94	47	0	0	0	1	0
95	93	97	97	97	97	96	93	91	93	95	93	92	96	93	92	93	92
95	93	97	98	97	96	96	93	92	93	96	93	92	96	93	92	93	92

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	PCCT	CO			
Aug 2020	99.7	97.7	-			-		99.3	99.4	
Aug 2020	10	15.1	30.3			27		14.0	15.9	
Aug 2020								2.1	4.3	
Aug 2020								0.4	0.3	
Aug 2020								92.1	93.2	
Aug 2020								91.8	93.2	

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

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

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























Medicine & EC Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	Trend
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		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>	Aug 2020	3	0	0	3	8																		
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>	Aug 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>	Aug 2020	76	74	43	70.9																			
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>	Aug 2020	93	95	95	93.8																			
Patient Safety - Harm Free Care	Number of DOLS raised	No			28	20	16	21	13	14	24	19	12	25	14	17	15	13	21	23	17	15	Aug 2020	0	15	0	15	89	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			28	20	16	21	13	14	24	19	12	25	14	17	15	13	21	23	17	15	Aug 2020	0	15	0	15	89	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			6	2	4	11	2	4	0	4	3	6	3	4	0	2	1	3	3	3	Aug 2020	0	3	0	3	12	
Patient Safety - Harm Free Care	Number DOLS rolled over from previous month	No			3	5	2	4	0	2	0	1	0	0	0	2	1	5	4	2	3	1	Aug 2020	0	1	0	1	15	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			13	11	9	9	8	8	13	12	7	16	7	10	11	12	22	19	15	11	Aug 2020	0	11	0	11	79	
Patient Safety - Harm Free Care	Number of DOLS applications the LA disagreed with	No			2	1	0	0	0	2	2	0	0	0	0	1	0	0	0	0	0	0	Aug 2020	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	2	0	0	0	0	0	0	1	0	0	0	0	0	0	0	Aug 2020	0	0	0	0	-	
Patient Safety - Harm Free Care	Falls	<= No	0	0	43	51	60	47	58	58	39	30	34	47	46	42	65	21	35	44	51	44	Aug 2020	14	-	-	44	195	
Patient Safety - Harm Free Care	Falls - Death or Severe Harm	<= No	0	0	1	2	2	1	2	0	0	0	1	0	1	1	0	0	1	1	2	0	Aug 2020	0	0	0	0	4	
Patient Safety - Harm Free Care	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	11	14	11	16	14	12	15	12	3	14	14	17	18	15	17	6	7	11	Aug 2020	2	-	-	11	56	
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>	Aug 2020	97.9	95.3	96.2	97.2																			
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>	Aug 2020	100.0	99.6	100.0	99.9																			
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>	Aug 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>	Aug 2020	100	100	99	99.7																			
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>	Aug 2020	0	0	0	0	0																		
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	Aug 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>	Aug 2020	0	3	0	3	12																		
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>	Jun 2020	75	75	94	81																			
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			12.1	11.9	12.7	12.3	13.0	12.9	12.6	13.3	14.1	13.3	13.8	13.9	13.7	14.9	12.8	11.9	13.3	-	Jul 2020				13.3		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			12.5	12.4	12.4	12.4	12.4	12.4	12.5	12.7	12.9	12.9	13.0	13.0	13.1	13.3	13.4	13.4	13.4	-	Jul 2020				13.4		

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																		
M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	
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Data Period	Directorate			Month	Year To Date	
	EC	AC	SC			
Jun 2020		-		86.7	85.7	
Jun 2020		-		84.4	82.4	
Jun 2020		-		87.5	86.4	
Jun 2020		-		100.0	98.4	
Jun 2020		-		50.0	57.1	
Jun 2019		-		100.0	100.0	
Jun 2020		-		92.3	84.2	
Jun 2020		-		100.0	91.3	
Aug 2020		100.0		100.0	94.3	
Aug 2020		100.0		100.0	85.7	
Aug 2020		100.0		100.0	100.0	
Jul 2020			85.1	86.9		
Jul 2020			100.0	100.0		
Jul 2020			80.0	70.6		
Jul 2020	-	2.00	0.50	2.50	10	
Jul 2020	-	1.00	0.50	1.50	3	
Jul 2020	-	134	112	134		
Aug 2020	-	1	0	1	11	
May 2020	-	-	-	-	-	
Aug 2020	19	15	0	34	151	
Aug 2020	27	34	0	61		

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 - 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

[illegible]

Data Period	Directorate			Month	Year To Date	
	EC	AC	SC			
Aug 2020	-	-	-	-		
Aug 2020	0.0	0.0	0.0	0	0	
Aug 2020	0.0	0.0	0.0	0	18	
Aug 2020	0.00	0.00	0.00	0.00	0	
Aug 2020	79.9	88.3	Site S/C	84.3	87.1	
Aug 2020	0	0	0	0	0	
Aug 2020	0.0	0.0	Site S/C	0	1	
Aug 2020	21.0	22.0	Site S/C	22	20	
Aug 2020	46.0	33.0	Site S/C	39	26	
Aug 2020	7.7	9.1	Site S/C	8.4	8.5	
Aug 2020	4.8	5.3	Site S/C	5.1	3.9	
Aug 2020	149	23		172	838	
Aug 2020	3	0		3	12	
Aug 2020	0.13	0.00		0.07	0.08	
Aug 2020	2311	1898		4209	17550	
Aug 2020	22	3		32	-	
Aug 2020	5	6		5	11	
Aug 2020	6	3		10	-	
Aug 2020	-	73.0	96.2	77.0		
Aug 2020	-	39.3	72.5	55.6		
Aug 2020	0	865	1636	2501		
Aug 2020	0	0	1	1		
Aug 2020	0	6	6	12		
Aug 2020	-	-	-	42.88		

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

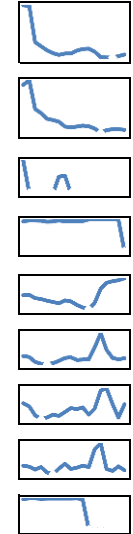
Previous Months Trend																	
M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
78,479	78,128	58,658	56,434	54,224	52,647	51,785	52,607	52,552	54,131	55,024	55,223	53,611	50,679	50,502	50,369	51,104	51,936
44,301	47,385	27,937	25,112	21,330	20,501	19,410	16,093	15,603	16,166	16,654	16,294	14,829	12,044	13,757	14,228	14,244	13,873
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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	6.32	6.41
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	5.55	5.82
68	62	46	39	42	47	45	52	59	57	60	47	58	91	95	66	42	66
196	190	171	188	153	142	177	209	176	183	195	188	299	338	175	162	191	160
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Data Period
Aug 2020
Aug 2020
Oct 2019
Jul 2020
Aug 2020
Aug 2020
Aug 2020
Jan 2020

Directorate		
EC	AC	SC
11,499	22,031	18,406
6,617	4,487	2,769
63.26	-	-
100	100	100
5.74	6.52	7.20
5.32	6.28	6.07
28	18	20
73	31	62
84.12	-	-

Month
51936
13873

Year To Date
50.0
100.0
6.24
7.35
413
1197
87.6



Surgical Services Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate					Month	Year To Date	Trend	
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		A	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>	Aug 2020	0	0	0	0	0	0	1	<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>	Aug 2020	0	0	0	0	0	0	0	<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>	Aug 2020	93.94	69.23	-	0	30.77	80.5		<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>	Aug 2020	95.16	91.33	-	100	91.18	93.9		<div></div>
Patient Safety - Harm Free Care	Number of DOLS raised	No			8	8	8	8	7	9	8	8	8	7	13	9	9	10	16	14	12	6	Aug 2020	3	0	0	3	0	6	58	<div></div>
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			8	8	8	8	7	9	8	8	8	7	13	9	9	10	16	14	12	6	Aug 2020	3	0	0	3	0	6	58	<div></div>
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			1	2	0	1	1	1	2	0	0	0	2	0	0	1	2	1	1	1	Aug 2020	0	0	0	1	0	1	6	<div></div>
Patient Safety - Harm Free Care	Number DOLS rolled over from previous month	No			1	0	2	1	0	0	0	0	0	1	0	1	6	2	2	4	1	1	Aug 2020	1	0	0	0	0	1	10	<div></div>
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			5	6	8	6	2	7	5	6	4	5	9	6	12	9	10	15	10	4	Aug 2020	2	0	0	2	0	4	48	<div></div>
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			1	0	1	1	0	0	0	0	1	0	0	1	1	0	0	0	0	0	Aug 2020	0	0	0	0	0	0	0	<div></div>
Patient Safety - Harm Free Care	Falls	<= No	0	0	12	11	8	12	6	9	16	9	11	13	20	8	16	20	12	8	8	12	Aug 2020	2	7	2	-	1	12	60	<div></div>
Patient Safety - Harm Free Care	Falls - Death or Severe Harm	<= No	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2020	0	0	0	0	0	0	0	<div></div>
Patient Safety - Harm Free Care	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	7	8	8	7	6	8	8	7	4	6	13	9	7	16	5	7	2	5	Aug 2020	-	2	-	3	-	5	35	<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>	Aug 2020	93.92	96.32	-	100	87.65	93.7		<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>	Aug 2020	100	100	100	100	100	100.0		<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>	Aug 2020	-	100	100	-	100	100.0		<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>	Aug 2020	-	83.33	91.67	-	100	97.7		<div></div>
Patient Safety - Harm Free Care	Never Events	<= No	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2020	0	0	0	0	0	0	0	<div></div>
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	Aug 2020	0	0	0	0	0	0	0	<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>	Aug 2020	1	0	0	0	0	1	3	<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>	Jun 2020	20	75	-	100	-	50.0		<div></div>
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			6.4	5.6	6.0	4.8	4.8	4.5	4.6	3.7	4.1	3.7	3.6	4.2	5.7	10.4	6.3	4.8	4.2	-	Jul 2020						4.2		<div></div>
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			6.3	6.16	6.18	6.07	5.84	5.63	5.48	5.32	5.13	4.87	4.75	4.61	4.54	4.56	4.48	4.47	4.41	-	Jul 2020							4.5	<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																	
M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
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6	5	4	4	3	6	5	4	4	6	6	2	4	-	7	6	8	-
3	1	4	1	1	3	1	1	4	3	4	0	1	-	3	4	5	-
175	131	120	111	105	168	167	137	202	239	204	102	166	-	228	141	177	-
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33	18	11	9	13	7	7	-	-	-	-	57	-	-	-	-	-	-
18	18	16	18	22	15	22	42	28	19	26	32	25	12	9	19	43	8
41	34	26	30	38	26	33	41	32	19	30	41	28	27	28	34	43	29
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
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26	38	31	32	39	27	42	55	32	54	35	40	21	0	1	4	10	15
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	96.0	94.1
56	145	102	94	148	144	165	88	72	41	48	21	23	3	2	15	32	47
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	5.0	6.2
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	2.3	2.2
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	7	14	6	3	10	7	12	12	6	7	6	12	23	2	11	3	5
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
22	21	13	10	15	16	23	21	17	25	24	28	29	15	18	12	12	16
15	6	12	5	3	8	6	10	9	5	7	6	12	39	4	16	3	6
19	7	14	6	3	10	7	12	12	6	7	6	12	23	2	11	3	5

Data Period	Directorate					Month	Year To Date	
	GS	SS	TH	An	O			
Jul 2020	95.7	-	-	-	-	95.69		
Jul 2020	100.0	-	-	-	-	100		
Jul 2020	93.0	-	-	-	-	93.02		
Jul 2020	74.2	-	-	-	-	74.19		
Jul 2020	-	-	-	-	-	8	21	
Jul 2020	5	-	0	-	-	5	12	
Jul 2020	177	-	0	-	-	177		
Aug 2020	0	-	0	-	-	0	0	
May 2020	-	-	-	-	-	-	-	
Aug 2020	2	0	2	1	3	8	91	
Aug 2020	14	2	2	5	6	29		
Aug 2020	1.36	-	-	-	1.96	1.09		
Aug 2020	0	0	0	0	0	0	0	
Aug 2020	6	0	0	0	9	15	30	
Aug 2020	0	0	0	0	0	0	0	
Aug 2020	-	-	-	-	94.14	-	-	
Aug 2020	0	0	0	0	47	47	99	
Aug 2020	-	-	-	-	0	-	-	
Aug 2020	-	-	-	-	6.24	-	-	
Aug 2020	-	-	-	-	2.22	-	-	
Nov 2018	-	-	-	-	26	0	0	
Aug 2020	2.55	2.26	-	-	0	4.81	44	
Aug 2020						70.8	69.8	
Aug 2020	10	5	0	0	1	16	-	
Aug 2020	5.58	9.08	-	-	0	6.29	13	
Aug 2020	2.55	2.26	-	-	0	4.81	-	

Surgical Services Group	
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99	100

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: Reque	No		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.0	3.0
Workforce	Sickness Absence - In Month	<= %	3.0	3.0
Workforce	Sickness Absence - Long Term - In Month	No		
Workforce	Sickness Absence - Short Term - In Month	No		
Workforce	Mandatory Training	=> %	95.0	95.0

[illegible]

Data Period	Directorate					Month	Year To Date	
	GS	SS	TH	An	O			
Aug 2020	81.5	27.1	-	-	46.8	49.2		
Aug 2020	81.0	92.5	-	-	86.1	85.5		
Aug 2020	62.9	62.1	-	-	57.1	60.3		
Aug 2020	2738	1089	0	0	3270	7097		
Aug 2020	23	6	0	0	174	203		
Aug 2020	12	3	0	0	3	18		
Aug 2020	63.9	-	-	-	-	63.92		
Aug 2020	32,913	14,070	0	4,856	49,888	101729		
Aug 2020	4,566	2,913	0	1,782	3,808	13059		
Oct 2019	88.3	89.4	93.0	96.5	81.8	89.2		
Jul 2020	100	100	-	100	100	100.0		
Aug 2020	5.9	7.9	8.8	5.3	3.9	6.4	6.2	
Aug 2020	4.2	6.5	5.4	4.3	3.3	4.7	6.7	
Aug 2020	13.0	17.0	14.0	10.0	10.0	64	351	
Aug 2020	37.0	27.0	30.0	38.0	12.0	144	885	
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	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J		J	A	G			
Patient Safety - Inf Control	C. Difficile	<= No	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Aug 2020	0	0	0	0	0																
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Aug 2020	0	0	0	0	0																
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.00	80.00	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Aug 2020	64			64.0																	
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80.00	80.00	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Aug 2020	-	96.2		96.2																	
Patient Safety - Harm Free Care	Falls	<= No	0	0	<div><div>1</div><div>0</div><div>0</div><div>1</div><div>0</div><div>1</div><div>-</div><div>1</div><div>-</div><div>-</div><div>1</div><div>1</div><div>1</div><div>3</div><div>1</div><div>-</div><div>-</div><div>2</div></div>	Aug 2020	-	2	-	2	6																
Patient Safety - Harm Free Care	Falls - Death or Severe Harm	<= No	0	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>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div></div>	Aug 2020	0	0	0	0	0																
Patient Safety - Harm Free Care	Pressure Ulcer SWB Hospital Acquired - Total	<= %	0	0	<div><div>2</div><div>4</div><div>0</div><div>2</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>2</div><div>-</div><div>2</div><div>-</div><div>2</div><div>4</div><div>2</div><div>-</div><div>-</div></div>	Aug 2020	-	-	-	-	4																
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>	Aug 2020	80	96.2		91.0																	
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>	Aug 2020	98.7	100		99.6																	
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>	Aug 2020	-	-		-																	
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0	<div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div></div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div>-</div><div></div><div>-</div><div>-</div><div>-</div><div>-</div></div>	Aug 2020	-	-		-																	
Patient Safety - Harm Free Care	Never Events	<= No	0	0	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Aug 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>	Aug 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>	Aug 2020	0	1	0	1	3																

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		G	M	P			
Patient Safety - Obstetrics	Caesarean Section Rate - Total	<= %	25.0	25.0	<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>	Aug 2020	<div></div>	<div>28.4</div>	<div></div>	28.4	29.2	<div></div>
Patient Safety - Obstetrics	Caesarean Section Rate - Elective	%			9	9	10	11	11	10	11	12	10	11	12	11	9	9	10	10	11	11	Aug 2020	<div></div>	10.6	<div></div>	10.6	10.4	<div></div>
Patient Safety - Obstetrics	Caesarean Section Rate - Non Elective	%			17	15	16	18	20	17	17	16	14	17	17	19	19	20	20	18	19	18	Aug 2020	<div></div>	17.8	<div></div>	17.8	18.8	<div></div>
Patient Safety - Obstetrics	Maternal Deaths	<= 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>	Aug 2020	<div></div>	0	<div></div>	0	1	<div></div>
Patient Safety - Obstetrics	Post Partum Haemorrhage (>2000ml)	<= No	48	4	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Aug 2020	<div></div>	1	<div></div>	1	16	<div></div>
Patient Safety - Obstetrics	Admissions to Neonatal Intensive Care	<= %	10.0	10.0	<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>	Aug 2020	<div></div>	3.7	<div></div>	3.7	4.6	<div></div>
Patient Safety - Obstetrics	Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0	<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>	Aug 2020	<div></div>	4.35	<div></div>	4.4		<div></div>
Patient Safety - Obstetrics	Stillbirth (Corrected) Mortality Rate (per 1000 babies)	Rate1			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	6.44	4.35	Aug 2020	<div></div>	4.35	<div></div>	4.35	7.01	<div></div>
Patient Safety - Obstetrics	Neonatal Death (Corrected) Mortality Rate (per 1000 babies)	Rate1			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	6.44	0.00	Aug 2020	<div></div>	0	<div></div>	0.00	3.74	<div></div>
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific	=> %	85.0	85.0	<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>	Aug 2020	<div></div>	93.1	<div></div>	93.1		<div></div>
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=> %	90.0	90.0	<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>	Aug 2020	<div></div>	107	<div></div>	106.9		<div></div>
Patient Safety - Obstetrics	Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0	<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>	Aug 2020	<div></div>	85.6	<div></div>	85.6		<div></div>
Patient Safety - Obstetrics	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	%			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	1.7	2.1	Aug 2020	<div></div>	2.13	<div></div>	2.1		<div></div>
Patient Safety - Obstetrics	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	%			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	1.1	1.8	Aug 2020	<div></div>	1.77	<div></div>	1.8		<div></div>
Patient Safety - Obstetrics	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	%			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	0.0	0.7	Aug 2020	<div></div>	0.71	<div></div>	0.7		<div></div>
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100.0	97.0	N/A	<div></div>	N/A	N/A	N/A	N/A	<div></div>	<div></div>	N/A	<div></div>	N/A	N/A	<div></div>	N/A	N/A	N/A	-	-	Jun 2020	-	-	-	-		<div></div>
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			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	7.6	11.3	-	Jul 2020	<div></div>	<div></div>	<div></div>	11.3		<div></div>
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			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	8.1	8.2	-	Jul 2020	<div></div>	<div></div>	<div></div>		7.1	<div></div>
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0	<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>	-	Jul 2020	98	<div></div>	-	98.0		<div></div>
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0	<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>	-	Jul 2020	88.9	<div></div>	<div></div>	88.9		<div></div>
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0	<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>	-	Jul 2020	58.3	<div></div>	<div></div>	58.3		<div></div>
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			3	0.5	2	1.5	2	1	3	3.5	1.5	2.5	2	5.5	4	-	5.5	10	2.5	-	Jul 2020	2.5	-	0	2.5	18	<div></div>
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			3	1	0	0	0.5	0.5	0	1	0	1	0.5	3	1	-	0.5	5	1	-	Jul 2020	1	-	0	1	6.5	<div></div>
Clinical Effect - Cancer	Cancer - Longest wait for treatment (days)	No			209	241	97	85	196	109	96	171	104	148	169	217	121	-	171	177	138	-	Jul 2020	138	-	0	138		<div></div>
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2020	0	-	0	0	0	<div></div>

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		G	M	P			
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	-	-	-	-	0	-	-	-	-	-	May 2020	-			-	-				
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			12	5	18	12	23	4	17	19	10	6	11	5	9	3	6	10	23	8	Aug 2020	0	7	1	8	50	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			18	17	26	19	23	6	22	25	12	13	13	14	15	9	12	15	23	14	Aug 2020	0	0	0	14		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Aug 2020	0.83		-	0.6		
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2020	0			0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	5	6	7	3	5	5	10	5	8	6	7	13	4	0	1	3	3	1	Aug 2020	1			1	8	
Pt. Experience - Cancellations	Urgent Cancellations	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Aug 2020	0	-	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			17	46	20	10	13	7	20	0	0	0	0	0	0	0	0	0	0	0	Aug 2020	0	0	0	0	0	
Emergency Care & Pt. Flow	Inpatients Staying 21+ Days At Month End Census - NHSI	No			0	0	0	1	1	1	1	3	1	1	1	1	1	4	0	2	0	3	Aug 2020	3	0	0	3	-	
Emergency Care & Pt. Flow	21+ Days Long Stay Rate - NHSI	%			2	1	4	3	7	1	0	4	23	7	0	16	0	0	0	0	0	4	Aug 2020	4.49	-	-	4	1	
Emergency Care & Pt. Flow	Estimated Beds - 21+ Days - NHSI	No			0	0	0	0	1	0	0	0	5	1	0	2	0	0	0	0	0	0	Aug 2020	0.39	-	0	0	-	
RTT	RTT - Admitted Care (18-weeks)	=> %	90.0	90.0	<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>	Aug 2020	65.8			65.8		
RTT	RTT - Non Admitted Care (18-weeks)	=> %	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>	Aug 2020	80.6			80.6		
RTT	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0	<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>	Aug 2020	74.5			74.5		
RTT	RTT - Backlog	<= No	0	0	142	146	162	201	231	187	141	142	169	191	225	282	324	437	577	696	632	529	Aug 2020	529			529		
RTT	Patients Waiting >52 weeks	<= No	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	4	11	18	Aug 2020	18			18		
RTT	Treatment Functions Underperforming	<= No	0	0	2	2	2	3	3	3	2	2	3	3	3	3	3	2	2	3	3	3	Aug 2020	3			3		
RTT	Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1	0.1	<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>	Aug 2020	-			-		

Women & Child Health Group

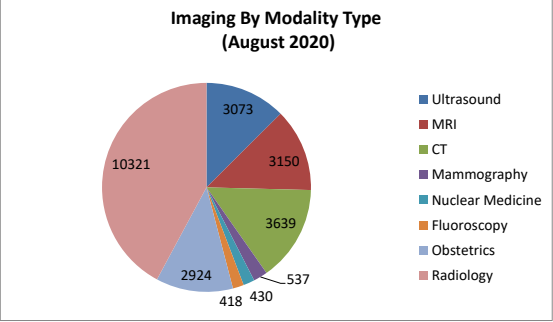
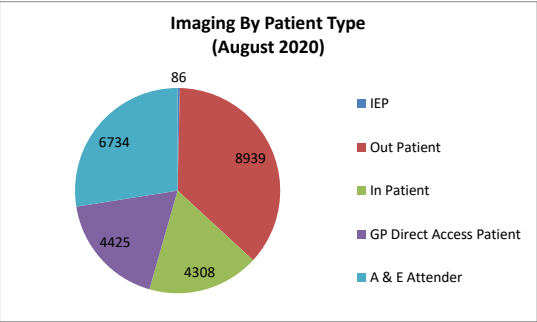
Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date			
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		G	M	P					
Data Completeness	Open Referrals	No			31,884	27,992	24,316	23,359	23,153	22,571	22,333	22,687	22,895	23,733	24,099	24,479	23,888	23,681	24,706	24,448	24,352	24,511	Aug 2020	6,207	10,838	7,466	24511				
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			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	5,100	5,164	Aug 2020	1,280	3,567	317	5164				
Workforce	PDRs - 12 month rolling	⇒ %	95.0	95.0		-	-	-	-	-			-	-	-	-	-	-	-	-	-	-	Oct 2019					82.4			
Workforce	Medical Appraisal and Revalidation	⇒ %	95.0	95.0																		-	Jul 2020	100	100	100		100.0			
Workforce	Sickness Absence - 12 month rolling	⇐ %	3.0	3.0	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	5.66	5.60	Aug 2020					5.6	5.7		
Workforce	Sickness Absence - in month	⇐ %	3.0	3.0	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	4.20	4.40	Aug 2020	2.72					4.4	5.2	
Workforce	Sickness Absence - Long Term - in month	No			41	39	45	47	40	46	41	44	45	52	45	31	30	40	49	43	27	43	Aug 2020	2	26	15	43.0	202.0			
Workforce	Sickness Absence - Short Term - in month	No			102	97	78	70	87	60	98	98	106	103	101	94	96	137	79	77	86	66	Aug 2020	3	44	19	66.0	445.0			
Workforce	Mandatory Training	⇒ %	95.0	95.0												-	-	-	-	-	-	-	Jan 2020			95.4		90.6			

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date		
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J		A	G	M				P
WCH Group Only	HV (C1) - No. of mothers who receive a face to face AN contact with a HV =>28 weeks of pregnancy	No			-->	978	-->	-->	1045	-->	-->	928	-->	-->	908	-->	-->	1004	-->	-->	1008	-->	Jul 2020			1008	1008	2012	
WCH Group Only	HV (C2) - % of births that receive a face to face new birth visit by a HV <=14 days	=> %	95.0	95.0	-->	91.4	-->	-->	92.4	-->	-->	90.9	-->	-->	91.3	-->	-->	94.1	-->	-->	90.3	-->	Jul 2020			90.3	90.29	92.12	
WCH Group Only	HV (C3) - % of births that receive a face to face new birth visit by a HV >days	%			-->	6.09	-->	-->	7.64	-->	-->	7.38	-->	-->	8.18	-->	-->	5.86	-->	-->	6.03	-->	Jul 2020			6.03	6.03	5.95	
WCH Group Only	HV (C4) - % of children who received a 12 months review by 12 months	=> %	95.0	95.0	-->	96.4	-->	-->	96.1	-->	-->	97.3	-->	-->	96.6	-->	-->	96.8	-->	-->	95.8	-->	Jul 2020			95.8	95.75	96.29	
WCH Group Only	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%			-->	96.7	-->	-->	96	-->	-->	95.1	-->	-->	96.5	-->	-->	96	-->	-->	96	-->	Jul 2020			96	96.02	96.03	
WCH Group Only	HV (C6i) - % of children who received a 2 - 2.5 year review	=> %	95.0	95.0	-->	94.8	-->	-->	95.8	-->	-->	96.6	-->	-->	97	-->	-->	97.5	-->	-->	96.9	-->	Jul 2020			96.9	96.91	97.23	
WCH Group Only	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%			-->	94.5	-->	-->	98.6	-->	-->	98.4	-->	-->	98.2	-->	-->	98.1	-->	-->	98.4	-->	Jul 2020			98.4	98.41	98.24	
WCH Group Only	HV (C7) - No. of Sure Start Advisory Boards / Children's Centre Boards witha HV presence	=> No	100	100	-->	-->	-->	-->	4	-->	-->	-->	-->	-->	1	-->	-->	-->	-->	-->	1	-->	Jul 2020			1	1	1	
WCH Group Only	HV (C8) - % of children who receive a 6 - 8 week review	=> %	95.0	95.0	-->	99.9	-->	-->	99.9	-->	-->	99.7	-->	-->	99.5	-->	-->	100	-->	-->	99.8	-->	Jul 2020			99.8	99.79	99.89	
WCH Group Only	HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check	=> %	100	100	-->	99.8	-->	-->	99.9	-->	-->	99.7	-->	-->	99.1	-->	-->	100	-->	-->	99.1	-->	Jul 2020			99.2	99.15	99.57	
WCH Group Only	HV - % of infants being breastfed at 6 - 8 weeks	%			-->	40.3	-->	-->	44.1	-->	-->	45.1	-->	-->	43	-->	-->	46.6	-->	-->	43.7	-->	Jul 2020			43.7	43.68	45.09	
WCH Group Only	HV - % HV staff who have completed mandatory training at L1,2 or 3 in child protection in last 3 years	=> %	95.0	95.0	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Feb 2017			-	100	100		
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	No			-->	99.4	-->	-->	1071	-->	-->	1125	-->	-->	1004	-->	-->	979	-->	-->	1035	-->	Jul 2020			1035	1035	2014	
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			99.4	99.44	99.44		
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	No			-->	1.8	-->	-->	0.21	-->	-->	21	-->	-->	19	-->	-->	14	-->	-->	37	-->	Jul 2020			37	37	51	
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			-->	2.2	-->	-->	3.6	-->	-->	28	-->	-->	35	-->	-->	27	-->	-->	22	-->	Jul 2020			22	22	49	
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			-->	73.5	-->	-->	255	-->	-->	196	-->	-->	210	-->	-->	170	-->	-->	120	-->	Jul 2020			120	120	290	
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		Previous Months Trend																Data Period	Directorate					Month	Year To Date	Trend									
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J		J	A	DR	IR	NM				BS	BCP							
Patient Safety - Harm Free Care	Never Events	<= No	0	0																								Aug 2020	0	0	0	0	0	0	0	0		
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																								Aug 2020	0	0	0	0	0	0	0	0		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= No	0	0																								Jul 2020									15.38	-
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	=> %	0	0																								Jul 2020									-	6.32
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0																								Jun 2020				-					87.5	86.4
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.00																								Jun 2020				-					100	98.4
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No																										Aug 2020	1	0	0	1	0				2	9
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No																										Aug 2020	3	0	0	1	0					
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																								Aug 2020	35								35.03	
Data Completeness	Open Referrals	No																										Aug 2020	514	26	0	0					191	
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No																										Aug 2020	382	5	0	0					36	
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0																								Oct 2019	70.8	100	68.9	97.9					-	72.8
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																								Jul 2020	100	-	100	-					100.0	
Workforce	Sickness Absence - 12 month rolling	<- %	3.00	3.00																								Aug 2020	4.8	5.0	1.9	4.0					0.0	4.33
Workforce	Sickness Absence - in month	<= %	3.00	3.00																								Aug 2020	3.4	0.0	2.1	4.4					0.0	4.28
Workforce	Sickness Absence - Long Term - in month	No																										Aug 2020	9	0	0	2					0	41
Workforce	Sickness Absence - Short Term - in month	No																										Aug 2020	15	0	3	5					0	143
Workforce	Mandatory Training	=> %	95.0	95.0																								Jan 2020	92.9	94.6	93.3	92.7					-	93.6
Workforce	Imaging - Total Scans	No																										Aug 2020										24445
Board KPI	Imaging - Inpatient Turnaround Time <=24hr	=> %	90.0	90.0																								Aug 2020										84.0
Board KPI	Imaging - Urgent Other(GP 5) Turnround Time <=5d	=> %	90.0	90.0																								Aug 2020										53.3
Board KPI	Imaging - All Imaging Work Reported in less than 4 weeks (request to report)	=> %	95.0	95.0																								Aug 2020										83.0



Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate						Month	Year To Date	Trend
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		AT	IB	IC	CT	CM	YHP			
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.0	80.0	<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></div><div></div></div>	Aug 2020	-	-	-	-	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></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><di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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																	
M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
	-	-	-	-	-			-	-	-	-	-	-	-	-	-	-
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	4.81	4.84
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	4.21	4.44
33	25	31	25	25	26	23	27	23	32	30	31	36	29	50	44	27	40
102	101	79	86	94	78	93	135	121	121	140	114	92	181	104	81	99	85
											-	-	-	-	-	-	-

Data Period
Oct 2019

Data Period
Aug 2020

Data Period
Aug 2020

Data Period
Jan 2020

Directorate					
AT	IB	IC	CT	CM	YHP
97	88	97	-	59	-
2.8	5.5	5.2	-	5.5	5.75
3.5	5.2	4.7	-	3.7	4.58
9	-	-	-	-	-
13	37	24	0	8	3
96	93	94	-	91	-

Month

Month
4.84

Month
4.44

Month
40

Year To Date

Year To Date
88.0

Year To Date
4.78

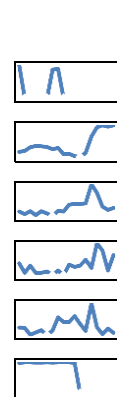
Year To Date
5.21

Year To Date
191

Year To Date
553

Year To Date
85

Year To Date
95.4



Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate						Month	Year To Date	
			Year	Month	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A		AT	IB	IC	CT	CM	YHP			
Community & Therapies Group Only	DVT numbers	=> No	730	61	12	20	38	43	55	43	27	25	29	19	21	14	1	15	22	31	26	28	Aug 2020							28	122	
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	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	8.78	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	4.41	5.56	6.29	Aug 2020							6.3	5.2	
Community & Therapies Group Only	STEIS	<= No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Oct 2018							0	1	
Community & Therapies Group Only	Green Stream Community Rehab response time for treatment (days)	<= No	15.0	15.0	20.3	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	9	16.8	Aug 2020							16.84	43.85	
Community & Therapies Group Only	DNA/No Access Visits	%			1	1	1	1	1	1	0	1	1	1	1	1	1	0	0	1	1	1	Aug 2020							0.92		
Community & Therapies Group Only	Baseline Observations for DN	=> %	95	95	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	91.3	91	91.3	Aug 2020							91.3	92.44	
Community & Therapies Group Only	Falls Assessments - DN Intial Assessments only	=> %	95	95	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	92.1	92.6	92.1	Aug 2020							92.12		
Community & Therapies Group Only	Pressure Ulcer Assessment - DN Intial Assessments only	=> %	95	95	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	91.8	92.8	91.8	Aug 2020							91.85		
Community & Therapies Group Only	MUST Assessments - DN Intial Assessments only	=> %	95	95	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	90.6	91.5	92.1	Aug 2020							92.12		
Community & Therapies Group Only	Dementia Assessments - DN Intial Assessments only	=> %	95	95	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	88.9	85.8	78.4	Aug 2020							78.36		
Community & Therapies Group Only	48 hour inputting rate - DN Service Only	%			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	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	90.6	91.7	91.3	Aug 2020							91.3	92.39	
Community & Therapies Group Only	Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload acquired)	No			8	26	18	8	12	16	20	8	14	22	18	24	14	12	16	10	28	8	Aug 2020							4	37	
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	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J		J	A	SG	F	W	M	E				N	O			
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			4	2	1	12	10	0	3	6	2	3	6	3	10	3	4	5	11	6	Aug 2020	0	0	0	0	0	6	0	6	29				
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			9	2	6	4	5	1	4	3	4	1	0	5	12	3	4	3	11	10	Aug 2020	0	0	0	0	2	8	0	10					
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0		-	-	-	-	-			-	-	-	-	-	-	-	-	-	-	Oct 2019		96		89	97		89	-		89.2			
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																	-	Jul 2020			95					100.0		100				
Workforce	Sickness Absence - 12 month rolling	<= %	3.00	3.00	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	4.91	4.88	4.86	Aug 2020		1.65		3.32	3.95	6.03	6.25		3.87		4.86	4.92	
Workforce	Sickness Absence - in month	<= %	3.00	3.00	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	3.81	4.31	4.14	Aug 2020		0.63	0.64	1.42		5.14	6.46		4.00		4.14	4.74	
Workforce	Sickness Absence - Long Term - in month	No			28	20	25	32	32	40	33	35	32	27	27	33	31	37	77	62	45	62	Aug 2020	6.00	1.00	0.00	2.00	23.00	23.00	7.00	62.00	289.00				
Workforce	Sickness Absence - Short Term - in month	No			86	79	57	65	82	54	92	90	84	108	100	80	73	116	147	134	164	120	Aug 2020	9.00	0.00	4.00	11.00	52.00	36.00	8.00	120.00	698.00				
Workforce	Mandatory Training	=> %	95.0	95.0											-	-	-	-	-	-	-	-	Jan 2020		97	97	96	-		-		94.3	94			