

# **Integrated Quality & Performance Report**

Month Reported: July 2020

Reported as at: 18/08/2020

**Trust Board** 

# Contents

Item	Page	Item	Page
At A Glance	2	Service Quality Performance Report (SQPR) - Local Quality Requirements 2019-20	
Persistent Reds & Exception Improvement Plans Performance	3-4	Legend	
Trust Scorecard - Safe	5	Group Performance	] [
Trust Scorecard - Caring	6		
Trust Scorecard - Responsive	7		
Trust Scorecard - Effective	8		
Trust Scorecard - Well Led	9		
Trust Scorecard - CQC Use of Resources (IN TESTING)	10		
Trust Scorecard - CQC Insight (IN TESTING)	11		
Obstetrics	12		] [
Data Completeness	13		

		Operational Performance at a Glance: July 2020
Highlights	·:	• Recovery: In July, we still feel the COVID impact on most performance indicators; however we are seeing increasing patient numbers yet again in July in comparison to previous months, particularly in A&E and Diagnostics; however, the logistics of maintaining infection control C19 distance and high DNA rates are still creating difficulties in managing patients through the recovery plan. The recovery plan forecast is being produced currently to cover the remaining part of the calendar year and will reflect the 'NHSI Phase 3' guidance to include criteria in respect of prioritised patients, diagnostics and recovery targets for inpatients and outpatients. An IQPR Addendum has been pulled together to monitor and report on the 'Recovery' element specifically, we started publishing this in June and it will continue until recovery is achieved.  • A&E performance dropped in July again to last month, which is mainly due to Sandwell ED and capacity arrangements are being reviewed currently; attendance numbers overall are still below pre-COVID experience, but increasing.  • RTT performance is fully dependant on recovery plans, 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. July predicted RTT performance will be around 53%; the backlog of patients (patients waiting over 18 weeks) is significant and now at c17,000 patient against the full waiting list size of 35,000 hence backlog patients are c50% of our total waiting list. 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 June (latest reported position).
	A&E Performance	• Performance dipped to 86.2% in July (June to 90%, May 91.6%; attendance numbers, whilst increasing again in July to c14,000 (May 9,828 and April at 7,163), are lower attendance numbers compared to previous average trends of c18,500 per month; despite lower attendances we continue to see high levels of breaches, in July these were at 1,941 patients breaching the 4 hr target hence the performance of 86.2%; main breaches assigned to bed delays although a higher proportion of breaches did not have the reason codes assigned and the service is addressing this. Re-Attendance rates increasing to 8.4% in July against the 5% target, the service is deep-diving into these re-attending patients to understand whether there is a pathway concern.
	Referral to Treatment in 18 weeks (RTT Incomplete)	• RTT waiting times not reported at this stage in the month. Headline figures pointing towards 53% performance against the 92% national standard, with a 35,000 waiting list which is slightly higher than in the last few months signalling potentially a small increase in referrals, but patient backlog increasing to c50% of the waiting list with c17,000 patients now above the 18 week wait time. The number of 52 week breaches is also not fully validated at this stage.  • As part of Phase 3 Recovery, the RTT waiting list will be modelled; the prioritisation of urgent patients may have a negative RTT performance impact, however fundamentally the prioritisation is the right patient focus.
SIVE		• July performance, as predicted, improving from April and May, but still low at 52% with 6,547 breaching the 6 week screening standard; recovery of services is continuing with a number of issues around patients not being keen to attend. Reminders and phone-calls to patients providing reassurance on safety are in place and we have had large success with Neurophysiology patients who increased rapidly their attendance. The COO office is considering treatment of DNAs.
RESPONSIVE	Diagnostics Waits (% of patients waiting >6 weeks)	<ul> <li>The Imaging diagnostic patient volumes increased to 23,773 (20,296 in June, May 15,657 and April's 12,475) getting closer to pre-COVID levels which were at an average of c30,000 per month.</li> <li>Against these July volumes, and the relevant Board KPIs, the Imaging team have performed as follows: Inpatient total turnaround (TAT) time within 24hrs has dipped to 85% against the 90% trust target; Urgent GP tests within 5 days dropped to 69% vs 90% target, which is mainly due to patients not attending the appointment. Overall we have achieved to turn around 90% of 'all Imaging work' under the 4 weeks (target of 95%)</li> <li>So whilst seeing some pressure this is mainly due to patients being anxious about attending. We are continuing to keep all patients who do not attend on the waiting list, whilst this is in place we will be unable to progress recovery of the KPI or the DM01 as such as the impact of DNAs is significant. Guidance from COO office has been requested on treatment of DNAs.</li> </ul>
	Cancer Performance	• Reporting the June 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. 31-Day ( 94% vs 96% target) and 62 Day (67% vs 85% target) whilst failing performance standard, have improved in June to last month, but still below national targets especially in relation to the 62 day target. • Cancer 62 Day standard is expected to recovery in Q4 20/21.

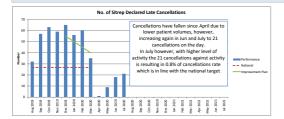
		Operational Performance at a Glance: July 2020
	Cancellations	• July cancellations are at 21 (of which 9 could have been avoided) resulting in a cancellations rate against all elective patients of 0.8%. This is meeting the national standard right now, but of course we have much less activity going through the theatres at this stage so cancellations may increase when volumes start to increase and hence robust management of avoidable cancellations is key.
	Infection Control	<ul> <li>Infection Control metrics continue to report reasonable performance; we reported 2x cases of CDIFFs in July (including community) and nil MRSA cases which means we are tracking well to targets.</li> <li>MRSA screening rates non-electively have improved to 93% in July very close against the target 95%.</li> <li>Elective patients MRSA screening rates are still below this target at 80.4% in July against the 95% target. This is based on a swab remaining valid for 6 weeks.</li> </ul>
	Harm Free Care	<ul> <li>The Trust falls rate per 1,000 bed days in July is still showing increased levels reporting at a 4.58 rate against the trust target of 5; whilst still just below target rate, this is higher than previous trust trends; we report 74 actual falls in July with 2x causing serious harm (both incidents are within the Medicine group).</li> <li>Pressure Ulcers (PUs) in July have increased in the community setting, however staying low in the acute setting; the overall Trust reports 64PUs (44 last month) and the highest numbers in the last 18 months in the community were incurred. Community setting wise, the number of PUs are much higher than usual trend and we report again another G4 PU, which is the third months in a row; all PUs report to the Q&amp;S committee following investigation.</li> </ul>
SAFE		<ul> <li>VTE assessment performance at 95.1% meeting the 95% target, missing 290 assessments mainly in WCH group</li> <li>Sepsis screening of eligible patients at 94% in July; 23% of those screened patients were sepsis positive, which is a similar level in all previous months of which 83% of were treated, and of those treated 57% were treated within the prescribed 1hr. Hence the Sepsis performance is below expected standard on the treatment side, however worth noting is that user wise we may not be selecting all available information e.g. patient already on antibiotics or no antibiotics required hence this would have improved performance; this has been raised with the MD to wrap up with a small and targeted task and finish group, which has taken place earlier in the month. Groups are monitoring ward and ED sepsis performance routinely with improvement focus.</li> </ul>
	Obstetrics	<ul> <li>There was 1 maternal death reported in July – this has been discussed at Quality and Safety Committee</li> <li>The overall Caesarean Section rate for July is at 29.9% against trust target of 25%; this is still considered by the service as an acceptable performance when comparing to regional trusts.</li> <li>Elective C-Section rates slightly higher than average trend and at 11% in July</li> <li>Non-elective C-Section rates were on average 17% during the full year, and in July up to 19%</li> <li>In July we observe a reduction in still-birth rate of 6.44 per 1,000 babies (9.43 was the highest in the last 18 months seen in June) but whilst this is a reduction it is higher than what is expected. Neo-natal death rate in July is also at 6.44 per 1,000 babies and higher than expected; the adjusted perinatal rate per 1,000 babies is at 12.9 still higher than trend; a full report has been submitted to the Quality &amp; Safety Committee in July highlighting no pattern in the recurrences as assessed then, but will need to reflect on July performance and therefore a report will be submitted again</li> </ul>
CARING	Patient Experience (FFT), Mixed Sex Accommodation (MSA), Complaints, Flu Vaccination	MSA national reporting has been paused for reporting purposes since 1st March 2020 (as have others). However, the Trust has resumed internal reporting in readiness for recovery but the work is not yet complete for July at time of reporting.
TIVE	Mortality, Readmissions	<ul> <li>Readmissions rates (30 days after discharge) dropping to 8.9% as at the end of June which is going in the right direction, but still on the higher side; The Groups are advised to review their readmissions reasons to assure themselves that these are as expected. Quality Plan is leading a readmissions focus.</li> <li>HSMR reporting at 122 above the tolerance levels as at the end of March (latest available reporting period). After the rebasing they were steady, but still elevated, at between 112-120.</li> <li>We can especially note an elevated position against the weekend mortality rate which is 128; weekday at 120.</li> <li>Deaths rate in Low Risk Diagnosis groups as at February (latest reportable period) has reduced significantly after a volatile period between Oct to December 2019 reporting at 71.</li> <li>Mortality review performance has dropped to 64% which is lower than previous trends and lower than target.</li> </ul>
EFFECTIVE	Stroke & Cardiology	• Stroke performance recovering well in July across most monitored indicators such as admission of patients to the stroke ward within 4 hours and thrombolysis within the hour • Cardiology performance also reporting good performance in the month other than Angioplasty which is below target at 75%; an exception report is being produced.

		Operational Performance at a Glance: July 2020
	Patient Flow	• 21+ LOS patients (long stay patients) count at the end of July is at 53 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 dipped again in July to 53% not achieving the 85% standard and reporting lowest performance in the last 18 months;
WELL LED	Workforce	<ul> <li>Sickness rates at 5% in the month and 5.5% cumulatively coping extremely well in the light of COVID; ward sickness at 7.5% and long term open sickness cases are at 160 showing significant reduction from last month but just above the 140 target set.</li> <li>Mandatory training (where staff are at 100% compliance) reports at 88% for July against the 95% target.</li> <li>Qualified nursing turnover rate not reported as yet.</li> <li>The nursing vacancy rate not reported as yet.</li> </ul>
USE OF RESOURCES	Use of Resources	• 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> <li>Persistent red performance has been improving in July where several indicators are showing month on month improvement and some have delivered their targets too.</li> <li>Despite improvement progress being impacted by COVID-19, many indicators are moving in the right direction or have achieved targets in July albeit for the first time.</li> <li>Stroke patients have met their target in July and 84% have reached the dedicated stroke ward within the 4hrs target of 80%. No graph available for July.</li> <li>Neutropenic sepsis would have achieved 100% had it not been for a 1minute documentation delay</li> <li>Mandatory training and MRSA screening (non-elective) have been improving month on month within reach of their targets now.</li> </ul>

Exec Lead	11	Indicator  Note: Some are grouped (two or more indicators)	Standard Expected	Plan in Place	Recovery Expected	July-20 Actual Perf	Tracking Planned Monthly Trajectory
Dr DC	1	· Mortality Reviews within 42days	90%	٧	Dec-19	63.9%	x
RG	1	<ul> <li>Mandatory Training (staff % where MT 100% complete)</li> </ul>	95%	٧	Mar-20	87.7%	X
	1	· Treatment Functions below 92% RTT	0	٧	Phase 3	16	X
	1	Open Referrals (relevant for improvement)	30,000	٧	Sep-19	36,553	✓
	1	<ul> <li>Neck of Femur - to surgery within 36 hours</li> </ul>	85%	٧	Jul-19	53.1%	X
LK	1	· Cancellations (20pm)	20	٧	Mar-20	21	4
	1	<ul> <li>Cancellations as %age of elective admissions</li> </ul>	0.80%	٧	Mar-20	0.8%	1
	1	<ul> <li>Stroke Ward Admissions (Within 4 hrs)</li> </ul>	80%	٧	Mar-20	84.2%	✓
	1	Neutropenic Sepsis	100%	٧	Jul-19	93.0%	X
	1	· MRSA Screening (Elective & Non-Elective)	95%	٧	Apr-20	80% Elec / 94% Non-Elec	x
PG	1	FFT Response Target (IP, OP, Maternity and A&E)	25%	٧	TBC	IP - 23% ED - 13%, Mat Birth 41%; O/P response rate not shown in IQPR	X

#### July performance:

- Improvement progress has been impacted by COVID-19 pressures, however, many indicators are moving in the right direction or have achieved targets in July albeit for the first time.
- Stroke patients have met their target in July and 84% have reached the dedicated stroke ward within the 4hrs target of 80%. No graph available for July.
- Neutropenic sepsis would have achieved 100% had it not been for a 1minute documentation delay
- Mandatory training and MRSA screening (non-elective) have been improving month on month within reach of their targets now.



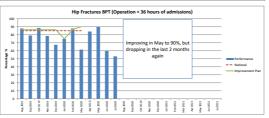
#### **Persistent Red Focus**

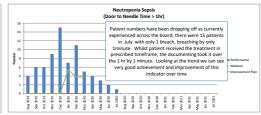


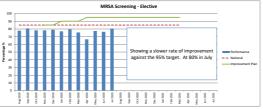


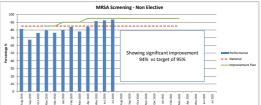












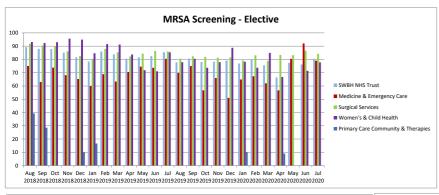
#### **CQC Domain - Safe**

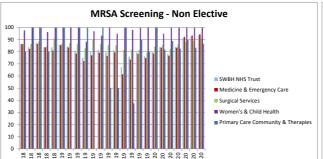
	Kitemark	Reviewed Date	Indicator	Measure	Stan Year	ndard Month	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020 2	Apr 2020 :	May .	Jun Ju 020 202	ıl 20/2 20	21 Year to Date	М	SS	Gro	up I IF	CCT CO
	• • • • • •		C. Difficile (Post 48 hours)	<= No	41	3.4	2	1	5	3	1	4	3	2	2	4	3	3	2	3	0	4	2 2	2	8	2	0	0	-	0 -
Control	• • • • • •		MRSA Bacteraemia (Post 48 hours)	<= No	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0 0	,	0	0	0	0	-	0 -
	• • • • • •		MSSA Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	<= Rate2	9.42	9.42	5.91	5.53	5.48	5.44	0.00	5.46	5.49	5.65	15.18	0.00	4.76	4.88	21.01	0.00	7.02	12.15	.23 13.	49	10.11	-	-	-	-	
ţi	• • • • • •		E Coli Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	<= Rate2	94.9	94.9	0.00	16.59	32.90	5.44	17.68	5.46	10.99	22.58	15.18	5.19	14.27	24.39	26.26	16.43 2	21.05	18.23 2	8.93 6.7	75	18.53	-	-	-	-	
Infection	• • • • • •		MRSA Screening - Elective	=> %	95	95	86.0	83.8	80.5	81.6	82.5	85.3	77.8	80.6	78.1	78.2	79.1	76.9	79.7	75.5	66.4	77.4	6.2 80	.4	76.5	79.0	84.2	77.8	42.9	0.0 -
-	• • • • • •		MRSA Screening - Non Elective	=> %	95	95	84.5	80.7	75.1	80.2	81.3	79.5	81.3	67.3	76.0	79.5	76.3	80.0	83.9	78.1	83.9	91.5	92.6 93	.6	88.6	94.4	91.1	100.0	-	6.7 -
	• • • • • •		Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95	98.9	99.0	99.1	96.3	99.0	95.4	93.7	94.8	98.5	95.4	99.3	98.9	98.7	98.4	No Lo	nger M	onitored	-	97.3	-	-	-	-	
	• • • • • •		Patient Safety Thermometer - Catheters & UTIs	%	-	-	0.2	0.6	0.0	0.2	0.3	0.1	0.3	0.5	0.5	0.0	0.4	0.0	0.3	0.1 N	lew G	uidance	Expect	ed	0.2	-	-	-	-	
	• • • • • •		Number of DOLS raised	No	-	-	25	39	32	30	34	26	36	37	34	26	36	33	31	28	32	43	45 4:	2	162	17	12	0	-	13 -
	• • • • •		Number of DOLS which are 7 day urgent	No	-	-	25	39	32	30	34	26	36	37	34	26	36	33	31	28	32	43	45 4:	2	162	17	12	0	-	13 -
	• • • • • •		Number of delays with LA in assessing for standard DOLS application	No	-	-	0	8	5	5	15	6	11	2	4	3	7	6	7	0	3	3	4 8		18	3	1	0	-	4 -
	•		Number DOLs rolled over from previous month	No	-	-	15	5	5	5	7	0	4	0	1	1	2	0	5	7	9	8	9 6	;	32	3	1	0	-	2 -
	• • • • • •		Number patients discharged prior to LA assessment targets	No	-	-	21	19	19	22	17	11	23	20	22	13	22	18	18	24	30	37	43 3	5	145	15	10	0	-	10 -
	• • • • •		Number of DOLs applications the LA disagreed with	No	-	-	4	3	1	1	1	0	2	2	0	1	0	0	2	1	0	0	0 0	)	0	0	0	0	-	0 -
	•		Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	21	0	4	0	4	3	0	0	0	0	0	1	0	0	0	0	0 0	)	0	0	0	0	-	0 -
	•	Apr 19	Falls	No	-	-	83	78	95	89	89	86	92	78	68	71	88	97	84	110	66	67	70 7	4	277	51	8	-	-	14 1
	•	Apr 19	Falls - Death or Severe Harm	<= No	0	0	2	1	4	3	2	2	0	0	4	2	0	1	1	0	0	1	1 2	!	4	2	0	0	0	0 0
			Falls Per 1000 Occupied Bed Days	<= Rate1	5	5	-	-	4.40	4.20	3.97	3.80	4.32	3.78	2.98	3.22	3.80	4.19	3.94	5.66	4.33	4.54	4.62 4.5	58	4.52	-	-	-	-	
	• • • • • •	Apr 19	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	33	23	37	28	28	26	28	33	23	14	32	36	39	32	38	32	19 2	3	112	7	2	-		14 -
Care	• • • • • •	Apr 19	Pressure Ulcers per 1000 Occupied Bed Days	Rate1	-	-	1.59	1.06	1.72	1.37	1.34	1.16	1.27	1.54	0.97	0.61	1.32	1.50	1.77	1.59	2.44	2.10	.22 1.3	38	1.78	-	-	-	-	
Free (	• • • • • •	Apr 19	Pressure Ulcer DN Caseload Acquired - Total	<= No	0	0	34	34	36	16	24	29	35	27	31	18	25	25	26	22	20	24	25 4	1	110	-	-	1	-	37 -
μ			Pressure Ulcer Present on Admission to SWBH	<= No	0	0	99	96	198	130	141	125	87	85	78	95	88	104	117	102	108	100	96 11	4	418	-	-	-	-	-
Harm	• • • • •		Venous Thromboembolism (VTE) Assessments	=> %	95	95	95.1	96.1	95.1	96.0	95.7	95.9	95.2	95.6	96.3		95.9	96.0	96.0	95.3	94.9	95.0	96.2 96	.2	95.7	97.2	96.8	90.2	96.3	99.1 -
	• • • • • •	Apr 19	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	=> %	100	100	100.0	100.0	100.0	-	100.0	100.0	100.0	-	100.0	99.9	100.0	99.9	99.6	100.0	99.8	100.0 1	00.0 100	0.0	100.0	100.0	100.0	100.0	- 1	- 00.00
		Apr 19	WHO Safer Surgery - brief(% lists where complete)	=> %	100	100	100.0	100.0	100.0	100.0	99.8	100.0	99.8	100.0	100.0	100.0	100.0	100.0	100.0	99.6	00.00	100.0 1	00.0 100	0.0	100.0	100.0	100.0	-	100.0	-
	• • • • • •	Apr 19	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	100	100	100.0	100.0	99.4	100.0	99.8	99.8	99.6	100.0	99.7	100.0	99.3	100.0	99.8	99.3	00.00	100.0 1	00.0 98	.7	99.4	98.2	100.0	-	100.0	
	•		Never Events	<= No	0	0	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0 0		0	0	0	0	0	0 -
	•		Medication Errors causing serious harm	<= No	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0 0		0	0	0	0	0	0 -
	•		Serious Incidents	<= No	0	0	7	6	3	3	12	32	12	11	17	11	7	6	8	0	4	8	12 6		30	2	0	1	0	3 0
	• • • • •		Open Central Alert System (CAS) Alerts	No	-	-	20	19	15	15	4	9	8	11	12	10	12	10	9	8	2	5	3 3	:	13	-	-	-	-	-
	• • • • • •		Open Central Alert System (CAS) Alerts beyond deadline date	<= No	0	0	5	8	6	7	3	6	5	6	7	2	1	1	0	0	0	0	0 0		0	-	-	-	-	
			Sepsis - Screened (as % Of Screening Required)	=> %	100	100	-	-	-	-	-	-	-	-	-	-	88.5	91.1	90.7	92.8	95.4	94.7	96.2 94	.4	95.3	93.2	97.8	90.5	- 9	97.5 -
			Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	-	- [	16.2	16.3	17.6	19.6	20.2	21.1	20.8 22	.8	21.0	24.9	18.6	21.1	- 2	23.1 -
			Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	-	-	80.3	77.1	75.7	79.6	82.7	72.1	2.8 82	.9	76.5	83.4	81.0	100.0	- :	33.3 -
			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	59.6	54.3	69.1	75.0	- 3	33.3 -
			Sepsis - Antibiotic Review Within 72 hrs	=> %	100	100	-	-	- 1	-	-	-	-	-	-	-	-	-	-	-	-	-			-	-	-	- 1	-	
	Data	Quality - Kitem		=> %	100	100	-	-		-	-	-	-	-	-	-	-	-	-	- ]	-	-			-	-	-	_	L	

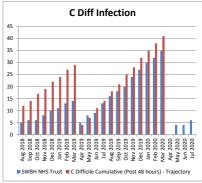
		Data	Quality - K	itemark		
- 1	2	3	4	5	6	7
Timeliness	Audit	Source	Validation	Complete ness	Granularity	Assessme of Exec Director
•	•	•	•	•	0	•

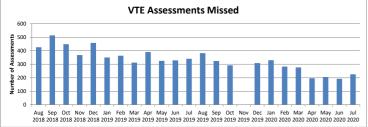
If segment 2 of the Kitemark is Blank this indicates that a formal audit of this indicator ha

#### **CQC Domain - Safe**



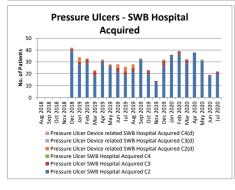


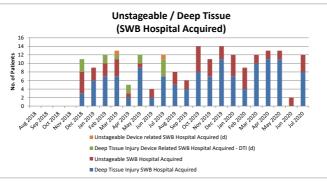


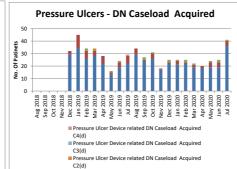














Unstageable/Deep Tissue

(DN Caseload Acquired)

Aug Oct Dec Feb Apr Jun Aug Oct Dec Feb Apr Jun

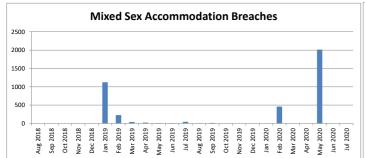
■ Deep Tissue Injury DN Caseload Acquired

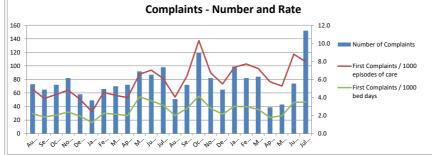
#### **CQC Domain - Caring**

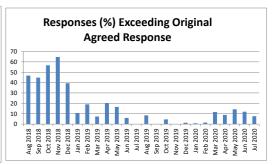
	Kitemark	Reviewed	Indicator	Measure	Star	ndard	Feb		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	20/21 Year to			Gr	roup		$\overline{}$
	Kitemark	Date	indicator	Weasure	Year	Month	2019	2019	2019	2019	2019	2019	2019	2019	2019	2019	2019	2020	2020	2020	2020	2020	2020	2020	Date	M	SS	W		PCCT	CO
			FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	25	25	22.8	19.7	16.1	29.0	25.7	23.1	20.9	23.4	18.7	21.5	18.5	20.5	26.2	26.2	13.6	16.2	15.5	23.8	17.5	-	-	-	-	-	-
			FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95	95	92	91	89	89	92	91	90	89	89	89	86	89	-	90	86	86	88	89	-	-	-	-	-	-	-
			FFT Response Rate: Type 1 and 2 Emergency Department	=> %	25	25	16.3	16.1	12.0	10.8	9.6	10.4	9.5	9.8	10.6	9.6	9.1	9.5	9.1	10.5	14.2	13.7	12.9	13.2	13.4	13.2	-	-	-	-	-
			FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95	95	75	75	75	76	73	76	78	71	71	68	73	75	72	79	89	85	84	81	-	81		-	-	-	-
Ŀ	• • • • • •	Apr 19	FFT Score - Outpatients	=> No	95	95	90	91	90	90	89	88	76	87	87	89	89	89	89	89	87	89	89	89	-	-	-	-	-	-	-
Ē	• • • • • •	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	-	-	-	-	-		-
	• • • • • •	Apr 19	FFT Score - Maternity Postnatal Ward	=> No	95	95	100	0	100	100	0	100	100	100	92	93		97	94	100		67		100	-	-	-	-	-		-
	• • • • • •	Apr 19	FFT Score - Maternity Community	=> No	95	95	0	0	0	0	0	0	0	0	94	0	0	0	0	0	0	0	0	0	-	-	-	-	-		-
	• • • • • •	Apr 19	FFT Score - Maternity Birth	=> No	95	95	95	100	100	94	94	91	66	6	94	97	94	95	97	97	89	100	82	94	-	-	-	-	-	-	-
	• • • • • •	Apr 19	FFT Response Rate: Maternity Birth	=> %	25	25	5.0	3.5	2.1	3.5	8.3	10.2	1.4	6.1	28.2	35.3	12.2	32.2	55.0	28.2	4.4	8.4	6.1	41.6	17.0	-	-	-	-		-
MSA	• • • • • •		Mixed Sex Accommodation - Breaches (Patients)	<= No	0	0	229	40	22	11	9	44	7	16		-	-	-	458			2013	-	-	2013	-	-	-	-	-	-
	• • • • • •		No. of Complaints Received (formal and link)	No	-	-	66	70	72	92	87	98	51	72	119	82	65	99	82	84	39	43	74	152	308	52	43	23	4	19	11
	• • • • • •		No. of Active Complaints in the System (formal and link)	No	-	-	170	151	163	149	121	148	91	121	140	114	92	106	142	126	102	109	123	152	486	52	43	23	4	19	11
nts	• • • • • •		No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	2.26	2.14	2.00	4.08	3.63	3.15	1.98	2.78	4.16	2.78	2.15	3.03	2.99	2.68	1.78	1.99	3.47	3.50	2.69	1.98	5.67	3.95	-	14.94	-
Complaints	• • • • • •		No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	4.57	4.22	3.98	6.57	7.02	6.10	4.05	6.38	10.31	6.72	5.50	7.33	7.72	7.21	5.74	5.26	8.79	7.96	7.07	5.52	10.00	7.40	-	21.78	-
Son	• • • • • •		No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	100.0	98.4	100.0	2.2	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	82.9	76.1	83.1	83.8	100.0	40.9	100.0	100.0	100.0	88.9
	• • • • • •		No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0	19.1	7.2	20.3	16.5	5.9	0.0	8.4	0.0	4.5	0.0	1.3	8.0	1.4	11.6	8.8	14.3	11.9	7.6	10.1	6.3	11.8	14.3	-	0.0	0.0
	• • • • • •		No. of responses sent out	No	-	-	58	95	77	98	97	95	96	61	88	105	76	76	70	87	68	35	58	66	227	32	17	7	0	8	2
WKF	• • • • • •	Apr 19	Flu Vaccination Rate	=> %	80	80	-	-	-	-	-	-	-		47.7	62.4	78.1	82.0	83.1	-	-	-	-	-	70.7	-	-	-	-	-	-

		Data	Quality - K	itemark		
1	2	3	4	5	6	7
Timeliness	Audit	Source	Validation	Complete ness	Granularity	Assessmen 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







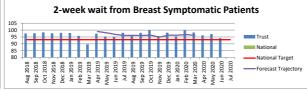
	Kitemark	Reviewed Date	Indicator	Measure		dard Month	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	20/21 Year to Date	М	SS	Gro W		PCCT	СО
			Emergency Care Attendances (Including Malling)	No	-	-	16949		18908	1		1		7 17973						13392	7163		12215		43271	-	-	-	-	-	-
	• • • • • •		Emergency Care 4-hour waits	=> %	95	95	82.3	85.9	78.3	82.7	81.8	81.4	81.6	74.1	71.7	70.9	72.2	73.0	74.6	79.3	87.8	91.6	90.0	86.2	88.8	-	-	-	-	-	-
	• • • • • •		Emergency Care 4-hour breach (numbers)	No	-	-	3006	2629	4106	3213	3288	3542	3252	4764	5215	5199	5375	4819	4416	2768	844	828	1225	1941	4838	-	-	-	-	-	-
	• • • • • •		Emergency Care Trolley Waits >12 hours	<= No	0	0	0	0	0	0	0	0	0	2	2	1	1	0	0	0	1	0	0	0	1	-	-	-	-	-	-
Care	• • • • • •		Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15	41	57	74	39	89	45	52	71	185	154	116	121	62	85	74	44	62	194	-	-	-	-	-	-	-
	• • • • • •		Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60	269	241	282	264	255	261	208	217	250	263	263	254	232	151	82	82	100	136	-	-	-	-	-	-	-
ergency	• • • • • •		Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5	5	4.9	4.7	5.4	5.2	5.4	5.2	5.6	7.3	7.8	7.9	7.9	8.1	7.5	8.8	8.6	8.9	7.5	8.4	8.3	-	-	-	-	-	-
Eme	• • • • • •		Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5	5	7.0	5.9	7.3	6.6	7.1	7.4	6.4	8.8	10.5	10.2	9.5	8.0	7.8	5.5	2.8	2.6	3.2	4.5	3.4	-	-	-	-	-	-
"	• • • • • •		WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	160	88	166	119	128	123	162	238	251	228	279	199	242	380	234	172	77	183	666	-	-	-	-	-	-
	• • • • • •		WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	8	6	5	4	4	5	9	33	16	9	12	9	32	42	8	1	0	0	9	-	-	-	-	-	-
	• • • • • •		WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02	0.2	0.1	0.1	0.1	0.1	0.1	0.2	0.7	0.3	0.2	0.2	0.2	0.7	0.9	0.3	0.0	#####	0.0	0.1	-	-	-	-	-	-
	• • • • • •		WMAS - Emergency Conveyances (total)	No	-	-	4372	4655	4814	4670	4555	4658	4486	4484	4656	4721	4887	4848	4522	4588	3069	3282	3039	3951	13341	-	-	-	_	-	-
	• • • • • •	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	0.5	-	-	-	_		-
Flow			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	240	20	14	15	12	-	14	-	27	17	19	20	16	19	20	28	11	-	-	2	-	-	-	-	-		-
ent	• • • • • •	Apr 19	Delayed Transfers of Care (Acute) - Finable Bed Days	<= No	0	0	270	211	99	149	239	295	185	127	147	163	180	195	340	388	210	32	10	8	260	-	-	-	-	-	-
Patient	• • • • • •	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - ALL	No	-	-	654	642	672	698	583	684	671	675	867	852	944	989	860	730	501	554	543	604	2202	Ŀ	-	- ]	-	-	-
		Apr 19	Hip Fractures Best Practice Tariff (Operation < 36 hours of admissions	=> %	85	85	80.0	82.9	64.0	77.1	75.0	62.5	87.9	79.2	88.5	78.6	67.5	75.0	87.9	61.5	84.0	90.0	60.0	53.1	69.6	-	53.1	-	-		-
	• • • • • •		No. of Sitrep Declared Late Cancellations - Total	<= No	240	20	39	32	44	38	40	46	32	57	63	59	65	56	60	35	1	9	18	21	49	7	10	3	-	1	-
	• • • • • •		No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	7	10	16	13	3	16	17	32	40	30	41	29	17	16	1	1	5	9	16	0	8	0	-	1	-
	• • • • • •		No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	32	22	28	25	37	30	15	25	23	29	24	27	43	19	0	8	13	12	33	7	2	3	-	0	-
ons	• • • • • •		Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	<= %	0.8	0.8	1.0	8.0	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	8.0	0.8	1.0	0.8	1.5	-	0.2	-
Cancellatio	• • • • • •		Number of 28 day breaches	<= No	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	-
ance	• • • • • •		No. of second or subsequent urgent operations cancelled	<= No <= 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	-	-	$\dot{-}$
Ö			Urgent Cancellations  No. of Sitron Declared Late Cancellations (Bts. > 1 accession)	<= No	0	0	0	0	0	1	2	1	1	1	2	0	1	1	2	4	0	0	0	1	1	1	0	0		0	$\dot{-}$
	• • • • • •		No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)  Multiple Hospital Cancellations experienced by same patient (all	<= No	0	0	56	69	73	64	75	86	67	79	103	92	65	73	124	344	19	20	42	46	127		34	7			$\dot{-}$
	• • • • • •		cancellations)	<= No	0	0	230	244	265	262	277	296	204	367	370	376	358	347	584	890	63	58	133	138	392	23	93	22	-		$\dot{-}$
		Apr 19	All Hospital Cancellations, with 7 or less days notice  2 weeks	=> %	93	93	97.3	96.1	96.8	96.4	95.7	96.1	96.2		95.8	96.7	99.0	98.0	98.9	98.3	93.7	93.6	94.1	130	93.9	79.6	97.7			97.7	$\dot{-}$
		Apr 19	2 weeks (Breast Symptomatic)	=> %	93	93	95.7	89.5	97.4	95.3	95.1	98.1	95.8	+	100.0	95.7	98.1	95.5	100.0	98.2	96.2	97.1	94.1	_	96.1		94.1	-		-	_
		Apr 19		=> %	96	96	96.6	98.1	97.5	96.2	96.8	96.5	96.9	95.8	96.6	95.1	99.2	97.8	96.5	90.2	94.2	91.8	93.6	_	93.3	100.0	100.0	75.0		100.0	$\dot{-}$
		Apr 19	31 Day (diagnosis to treatment)	=> %	94	94	95.0	95.2	100.0	94.7	95.0	96.2	95.2		93.5	100.0	93.1	100.0	100.0	95.7	92.3	69.6	100.0		81.0	100.0	100.0	75.0		100.0	$\frac{\cdot}{\cdot}$
		Apr 19	31 Day (second/subsequent treatment - surgery)	=> %	98	98	100.0	33.2	100.0	100.0	33.0	30.2	100.0	100.0	33.3	100.0	100.0	100.0	100.0	100.0	100.0	03.0	100.0		100.0			$\vdash$		$\vdash$	_
		-	31 Day (second/subsequent treatment - drug)		1	85		96.0	85.8	90.5	87.3	85.6	84.3		82.7	90.7	91.1	90.9	92.0	90.2	73.6	54.8		-		64.7	72.2	47.4		100.0	$\dot{-}$
	• • • • • • •	Apr 19	62 Day (urgent GP referral to treatment) Excl Rare Cancers	=> %	85 85	85	84.7	86.9 87.2	85.8	90.5	87.3	85.6	84.6	86.3	82.7	91.0	81.4	80.8	82.0	89.2	73.6	56.0	66.4		65.6	64.7	73.2 74.4	47.4	-	100.0	$\exists$
		Apr 19	62 Day (urgent GP referral to treatment) - Inc Rare Cancers	=> %	90	90	91.4	90.0	100.0	98.2	91.7	94.4	100.0	86.5	93.2	91.0	80.7	79.5 91.5	100.0	89.2 94.8	83.9	33.3	100.0	$\dot{-}$	76.1	- 64.7	100.0	100.0			긤
		-	62 Day (referral to treat from screening)														03.7							_			100.0		$\dashv$	- 0.0	$\dot{-}$
*	• • • • • •	Apr 19	62 Day (referral to treat from hosp specialist)	=> % No	90	90	89.5	89.0 12	10	83.1 7	92.9	84.3 10	80.0	10	76.5	81.8	82.3 12	87.5 12	76.1 9	9	95.5	82.1 17	19	-	85.4 35	75.0	6	40.0 10		0.0	$\dot{\dashv}$
Cancer	• • • • • •		Cancer = Patients Waiting Over 62 days for treatment		-		-			4	1	3		3	3	5	6	7		2	-		19	$\dot{-}$	13	1		5	$\overline{}$	0	긤
Ü	• • • • • •		Cancer - Patients Waiting Over 104 days for treatment	No No	Ė		177	7	3			1	5	+	171				4 217		-	171	177	_	13	Ë	4	3	$\vdash$	, ,	$\dot{\dashv}$
	• • • • • •	Ap- 10	Cancer - Longest wait for treatment (days) - TRUST	No No	-	-		209	241	183	91	196	147	96		149	148	169	217	121	_			1	10		-	-	-	-	_
	• • • • • •	Apr 19	Neutropenia Sepsis - Door to Needle Time > 1hr	<= No	0	0	9	2	7					6			15								10	Т	U	0	_	0	_
	• • • • • •		IPT Referrals - Within 38 Days Of GP Referral for 62 day cancer pathway	%	-	-	37.5	66.7	48.0	-	63.6	74.1	51.9			69.6	35.7	69.6	68.8	84.2	73.3	66.7	35.7	-	59.1	-	-	-	-		-
			Cancer - 28 Day FDS TWW Referral (% of Informed) - Total	%	-	-	-	-	-	-	-	-	-	-	-	-	-	_	97.8	96.7	84.6	96.5	94.7	-	93.5	-	-	-	-	-	-
			Cancer - 28 day FDS TWW breast symptomatic (% of Informed)	%	-	-	-	-	-	-	-	-	-	-	-	-	-		100.0	100.0	100.0	100.0	100.0	-	100.0	<u> </u>	-	-		╙	-
			Cancer - 28 day FDS screening referral (% of Informed) - Total	%	-	-	-	-	-	-	-	-	-	-	-	-	-	77.8	-	92.9	-	-	100.0	-	100.0	-	-	-		┵╀	-
			Cancer - 28 Day FDS TWW Referral (% of Eligible) - Total	%	-	-	<u> </u>	-	-	-	-	-	-	-	-	-	-	47.2	62.8	59.6	22.3	65.9	-	-	65.3	Ŀ	-	-		┵╀	-
			Cancer - 28 day FDS TWW breast symptomatic (% of Eligible) - Total	%	-	-	-	-	-	-	-	-	-	-	-	-	-	105.3	62.7	72.1	16.2	34.0	22.8	-	24.2		-	-	-	-	-

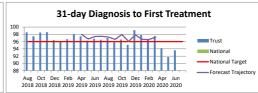
					CC	C	Do	m	ai	n -	R	es	sp	on	si	ve	<b>)</b>														
			Cancer - 28 day FDS screening referral (% of Eligible) - Total	%	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-
	• • • • • •	Apr 19	RTT - Admitted Care (18-weeks)	=> %	90	90	79.8	78.9	81.7	83.1	80.5	77.6	80.5	80.6	82.6	81.4	82.4	81.2	78.9	80.8	85.7	83.5	74.5	-	79.8	81.3	72.2	76.6	-	83.2	-
	• • • • • •	Apr 19	RTT - Non Admitted Care (18-weeks)	=> %	95	95	88.7	90.2	91.7	92.5	90.7	89.6	89.2	89.8	87.3	87.3	87.2	87.0	86.3	88.8	85.4	88.4	83.4	-	85.0	57.8	89.7	71.7	-	74.1	-
	• • • • • •	Apr 19	RTT - Incomplete Pathway (18-weeks)	=> %	92	92	92.9	93.0	93.2	92.6	92.1	92.0	92.0	92.0	91.6	90.9	91.1	90.7	90.4	88.0	80.5	70.7	58.2	-	70.3	54.7	57.0	64.4	-	46.4	,
	• • • • • •	Apr 19	RTT Waiting List - Incomplete	No	-	-	3422	34888	35859	36762	37231	39115	38714	39634	39898	38360	38416	39374	39364	38603	34989	34058	34436	-	110341	6501	####	1957	- ]	2741	0
ΙĿ	• • • • • •	Apr 19	RTT - Backlog	No	-	-	2424	2436	2450	2710	2951	3118	3082	3168	3360	3475	3433	3645	3781	4646	6823	9964	14405	-	32831	2944	6903	696	- ]	1470	0
R	• • • • • •	Apr 19	Patients Waiting >52 weeks (All Pathways)	<= No	0	0	4	6	1	11		12	14	0	0	1	0	1	0	1	7	35	99	-	141	0	80	4	0	3	0
	• • • • • •	Apr 19	Patients Waiting >52 weeks (Incomplete)	<= No	0	0	1	0	0	5	6	0	1	0	0	0	0	0	0	0	7	32	93	-	132	0	74	4	0	3	0
	• • • • • •		Treatment Functions Underperforming (Admitted, Non- Admitted, Incomplete	<= No	0	0	29	27	23	27	29	30	29	27	26	32	29	28	28	32	30	32	41	-	-	11	18	3	-	6	0
	• • • • • •		Treatment Functions Underperforming (Incomplete)	<= No	0	0	3	1	2	3	5	5	5	4	5	7	7	5	6	10	14	15	16	-	-	5	7	1	-	2	0
			RTT Clearance Time (Wks)	Ratio	-	-	8.4	9.1	9.5	9.7	10.0	9.7	10.5	10.3	9.6	8.9	10.8		9.8		18.1	15.5		-	17.6	35.2	14.2	29.6	-	29.0	-
5	• • • • • •	Apr 19	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1	1	0.4	0.4	1.8	2.6	0.9	0.8	2.3	1.5	1.1	0.2	0.7	0.1	0.0	8.8	60.2	63.6	53.6	47.8	56.0	45.7	68.7	-	43.5	-	-
≧	• • • • • •	Apr 19	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	532	958	1158	1330	1023	1010	600	614	457	359	338	1028	499	1140	78	281	232	525	1116	112	165	-	247	-	-

		Data 6	Quality - K	itemark		
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Timeliness	Audit	Source	Validation	Complete ness	Granularity	Assessment of Exec Director
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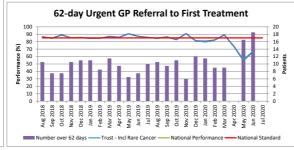
If segment 2 of the Kitemark is Blank this indicates that a formal audit of this indicator has not yet taken place

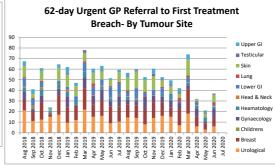










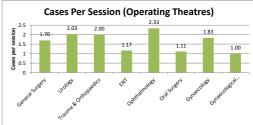


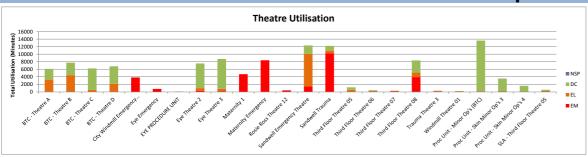
	Neutropenia Sepsis  Door to Needle Time Greater Than 1 Hour	
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	■ Dummy Directorate ■ General Surgery ■ Scheduled Care/Long Term Conditions ■ Theatres ■ Gynaecology, Gynae-Oncology and GUM ■ Acute & Community Paediatrics ■ Ambulatory Therapies ■ Community Paediatrics ■	unity Medicine

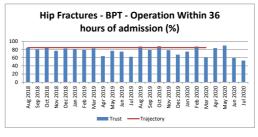
Month	Indicator	TumourSite	Informed In 28 Days	eligible	% of Informed	% of Eligible
May 2020	Cancer - 28 Day FDS TWW Referral	Breast	231	193	98.7	120
May 2020	Cancer - 28 Day FDS TWW Referral	Colorectal	58	225	96.7	25.8
May 2020	Cancer - 28 Day FDS TWW Referral	Gynaecology	148	152	98.7	97.4
May 2020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

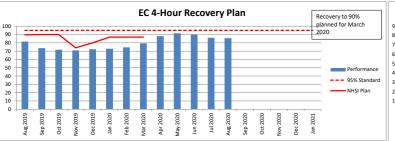


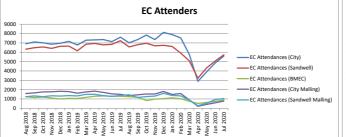




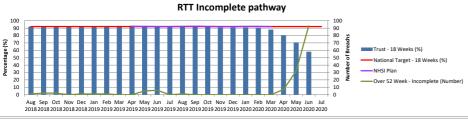


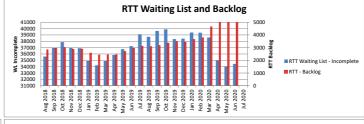


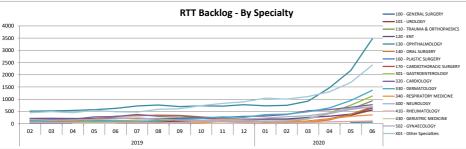


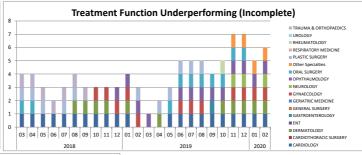


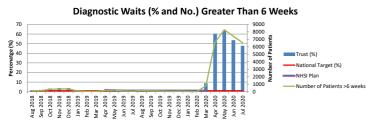














### **CQC Domain - Effective**

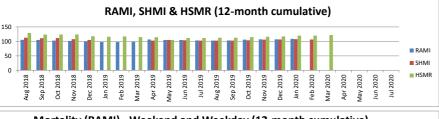
	Kitemark	Reviewed Date	Indicator	Measure		dard Month	Feb 2019		Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019		Dec 2019		Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	20/21 Year to Date	М	SS	Gr W		PCCT	СО
	• • • • • •	•	Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	No	-	-	98	99	107	105	105	104	103	104	106	107	107	109	-	-	-	-	-	-	-	-	-	-	-	-	-
	• • • • • •		Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	No	-	-	97	98	107	105	105	104	103	103	87	106	106	107	-	-	-	-	-	-	-	-	-	-		-	-
	• • • • • •		Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	No	-	-	100	101	105	105	103	99	87	105	109	112	112	114	-	-	-	-	-	-	-	-	-	-	-	-	-
	• • • • • •		Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	No	-	-	117	115	115	105	112	112	113	113	115	116	117	120	120	122	-	-	-	-	-	-	-	-		-	-
			Hospital Standardised Mortality Rate (HSMR) - Weekday Admission (12-month cumulative)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	120	-	-	-	-	-	-	-	-	-	-	-
suc			Hospital Standardised Mortality Rate (HSMR) - Weekend Admission (12-month cumulative)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	128	-	-	-	-	-	-	-	-		-	-
issic	• • • • • •		Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	No	-	-	-	-	103	105	104	103	103	103	104	106	107	108	107	-	-	-	-	-	-	-	-	-	-	-	-
Readmissions	• • • • • •		Deaths in Low Risk Diagnosis Groups (RAMI) - month	No	-	-	88	85	98	-	93	125	85	88	152	97	121	71	-	-	-	-	-	-	=	-	-	-	-	-	-
	• • • • • •		Mortality Reviews within 42 working days	=> %	90	90	80.6	78.8	83.3	84.5	75.7	84.9	76.3	80.0	78.0	75.4	82.7	74.5	74.8	72.2	75.1	63.9	-	-	71.6	61.9	100.0	-	-	100.0	-
/ and	• • • • • •		Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%	-	-	1.6	1.3	1.4	1.2	1.3	1.1	1.2	1.3	1.4	1.4	1.6	1.7	1.5	2.9	7.3	3.0	2.1	-	3.9	-	-	-	-	-	-
Mortality	• • • • • •		Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%	-	-	1.3	1.3	1.3	1.3	-	1.3	1.3	1.0	1.3	1.3	1.3	1.4	1.4	1.5	1.7	1.9	1.9	-	1.8	-	-	-	-	-	-
Mor	• • • • • •		Deaths in The Trust	No	-	-	137	121	134	112	117	109	118	114	133	136	139	162	125	-	334	150	125	-	609	110	10	3	0	2	0
			Avoidable Deaths In the Trust	No	-	-	-	-	0	0	1	1	0	1	1	0	1	0	0	0	0	0	-	-	0	-	-	-	-	-	-
	• • • • • •	Apr 19	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	8.7	7.8	7.5	7.9	7.4	8.4	8.3	7.8	7.9	8.2	8.0	8.1	8.5	9.7	12.9	10.4	8.9	-	10.5	11.9	4.9	7.6	-	2.3	-
	• • • • • •	Apr 19	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	8.0	8.0	7.9	7.9	7.9	7.9	7.9	7.9	8.0	8.1	8.0	8.0	8.0	8.1	8.3	8.5	8.6	-	8.5	13.4	4.5	8.1	5.5	1.9	-
	• • • • • •	Apr 19	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	3.8	3.5	3.0	3.0	2.6	3.5	3.5	3.2	3.0	3.3	2.9	3.0	3.1	3.8	5.2	4.1	3.6	-	4.2	4.3	2.4	6.2	-	-	-
	• • • • • •	Apr 19	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	3.6	3.6	3.5	3.5	3.4	3.4	3.3	3.3	3.4	3.3	3.2	3.2	3.1	3.1	3.2	3.3	3.4	-	3.3	4.2	2.4	6.6	0.4	0.1	-
Flow	• • • • • •	Apr 19	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	125	116	139	130	124	129	118	152	159	148	156	154	173	161	66	57	56	53	-	39	12	0	1	1	-
ent F	• • • • • •		21+ Days Long Stay Rate - NHSI	%	-	-	19.6	20.4	18.7	20.0	17.5	15.9	19.2	19.7	19.4	19.4	18.9	17.5	19.3	22.7	16.1	13.3	11.1	7.5	12.9	9.1	3.5	0.4	-	5.0	-
Patient	• • • • • •		Estimated Beds - 21+ Days - NHSI	No	-	-	124	126	114	133	101	96	125	111	122	128	121	117	124	140	54	39	36	26	-	23	3	0	0	1	-
	• • • • • •	Apr 19	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	35.2	34.6	38.6	35.4	34.5	36.3	33.9	37.9	38.6	38.9	39.6	38.0	46.0	36.4	48.8	54.9	61.7	62.7	56.1	68.0	72.3	41.0	-	45.5	-
L	• • • • • •	Apr 19	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	3564	3554	3599	3767	3498	3838	3034	3711	4512	4735	4029	4571	6313	4983	5886	3715	4644	5122	19367	1471	2636	567	0	444	-
F	• • • • • •	Apr 19	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	47.6	45.5	57.9	57.4	56.1	53.8	54.4	51.4	51.4	53.7	54.8	55.3	56.3	55.4	49.5	94.0	82.1	78.8	74.5	95.7	78.6	72.2	93.3	69.5	-
	• • • • • •	Apr 19	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	1862	1869	2416	2414	2136	2375	2150	2142	2313	2388	2087	2242	2207	2155	549	547	898	1435	3429	202	898	182	14	139	-
			5WD: Pts spending >90% stay on Acute Stroke Unit	=> %	90	90	86.2	93.0	88.5	87.9	92.9	90.2	98.2	88.2	93.7	91.5	96.2	84.0	90.5	-	84.8	-	88.9	95	86.9	95.0	-	-	-	-	-
			5WD: Pts admitted to Acute Stroke Unit within 4 hrs	=> %	80	80	52.1	85.5	50.8	67.3	63.5	76.6	77.1	47.4	45.6	70.6	48.4	52.0	66.0	-	72.5	-	82.2	84.2	79.8	84.2	-	-	-	-	-
			5WD: Pts receiving CT Scan within 1 hr of presentation	=> %	50	50	64.4	85.5	68.9	66.1	60.3	70.2	73.5	53.4	60.3	73.5	74.6	94.1	88.7	-	82.9	-	87.5	85.9	86.4	85.9	-	-	-	-	- 1
			5WD: Pts receiving CT Scan within 24 hrs of presentation	=> %	95	95	97.9	98.2	98.4	98.3	100.0	97.9	100.0	96.6	100.0	100.0	100.0	100.0	100.0	-	97.6	-	100.0	100	98.9	100.0	-	-	-	-	-
ske			5WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85	85	66.7	100.0	66.7	85.7	85.7	83.3	60.0	100.0	50.0	66.7	50.0	75.0	83.3	-	25.0	-	50.0	100	70.0	100.0	-	-	-	-	-
Stroke			5WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	=> %	70	70	100.0	94.7	100.0	88.9	64.3	87.5	75.0	68.2	65.4	88.2	80.0	65.2	83.3	80.0	82.6	-	85.7	100	80.7	100.0	-	-	-	-	-
			5WD: TIA (Low Risk) Treatment <7 days from receipt of referral	=> %	75	75	93.8	100.0	73.9	93.3	77.8	88.4	90.9	90.0	88.0	61.1	61.9	61.1	76.2	67.6	25.0	-	96.2	96.1	91.3	96.1	-	-	-	-	-
	• • • • • •		Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80	80	92.3	95.2	95.2	85.7	100.0	93.8	100.0	77.8	100.0	95.7	91.7	94.1	91.7	71.4	33.3	100.0	100.0	100.0	90.9	100.0	-	-	-	-	-
	• • • • • •		Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80	80	92.3	85.7	95.5	85.7	87.5	93.3	90.9	66.7	100.0	89.5	81.8	88.2	91.7	50.0	33.3	80.0	100.0	75.0	77.3	75.0	-	-	-	-	- 1
	• • • • • •		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	-	-	-	-	-
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Data Quality - Kitemark

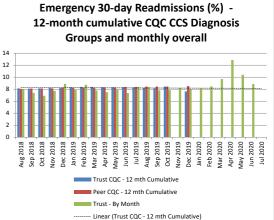
#### **CQC Domain - Effective**

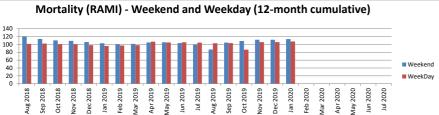
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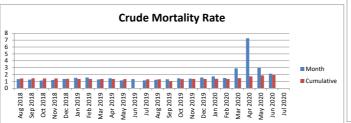
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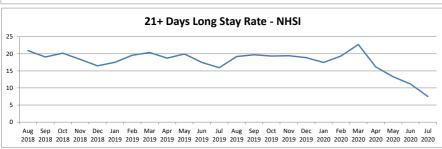


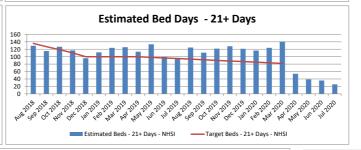


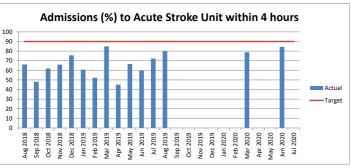


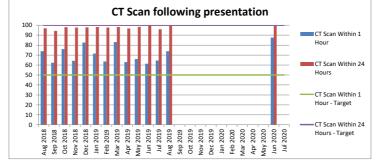


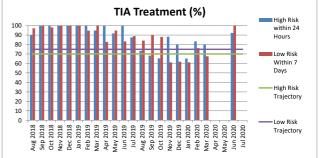










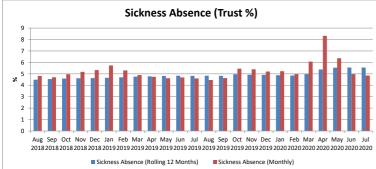


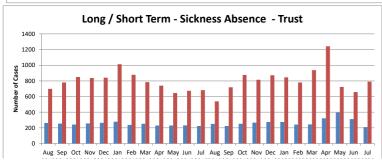
The stroke indicators in the IPR are based on 'patient arrivals' not 'patient discharged' as this monitors pathway performance rather than actual outcomes which may / may not change on discharge. National SSNAP is based on 'patient discharge' which is more appropriate for outcomes based reporting.

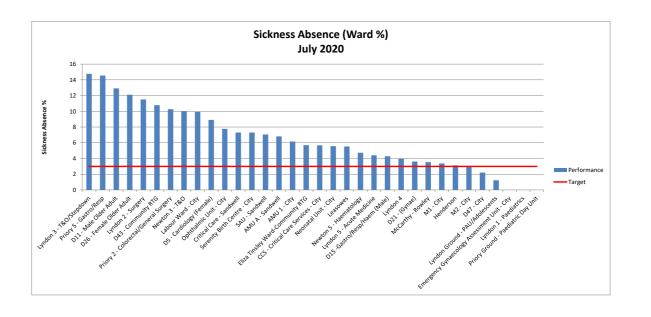
#### **CQC Domain - Well Led**

	Kitemark	Reviewed	Indicator	Measure		ndard	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	20/21 Year to				oup		
	Ritelliaik	Date	indicator	Micasarc	Year	Month	2019	2019	2019	2019	2019	2019	2019	2019	2019	2019	2019	2020	2020	2020	2020	2020	2020	2020	Date	М	SS	W	ı	PCCT	т со
	• • • • • •		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
	• • • • • •		Medical Appraisal	=> %	90	90	94.2	94.9	95.3	95.2	94.4	93.6	94.6	97.3	94.7	94.7	94.9	94.4	100.0	100.0	100.0	100.0	100.0	-	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	• • • • • •	Apr 19	Sickness Absence (Rolling 12 Months)	<= %	3	3	4.7	4.7	4.8	4.8	4.8	4.8	4.8	4.8	5.0	4.9	4.9	4.9	4.9	5.0	5.4	5.5	5.5	5.6	5.5	6.3	6.3	5.7	4.4	4.8	4.9
	• • • • • •	Apr 19	Sickness Absence (Monthly)	<= %	3	3	5.3	4.9	4.7	4.6	4.7	4.6	4.5	4.6	5.4	5.4	5.2	5.2	5.0	6.1	8.3	6.4	5.0	4.8	6.1	5.6	5.8	4.2	4.3	4.2	4.3
			Sickness Absence - Long Term - (Open Cases in the month)	No	-	140	-	-	1	-	-		1	131	156	169	187	153	114	152	156	228	160	145	-	38	40	16	5	14	32
	• • • • • •	Apr 19	Sickness Absence - Short Term (Monthly)	No	-	-	878	784	738	644	674	681	539	719	875	814	872	845	779	936	1241	722	657	789	-	191	187	86	30	99	164
rce			Ward Sickness Absence (Monthly)	<= %	3	3	7.3	6.9	6.8	6.6	6.7	5.8	5.8	6.7	7.2	7.6	7.0	6.6	6.8	8.9	11.7	9.5	7.4	6.8	9.0	7.3	8.4	5.1	-	5.0	·
rkfo	• • • • • •		Mandatory Training - Health & Safety (% staff)	=> %	95	95	94.7	95.7	95.6	94.0	71.0	80.3	85.3	86.2	89.0	90.4	91.8	92.8	92.7	94.2	93.9	96.3	97.7	98.6	96.6	97.0	98.0	99.6	98.9	99.4	99.1
Wo			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	82.1	82.9	85.0	90.8	-	89.3	-
			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	11.1	10.3	10.1	5.6		7.9	-
			Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	-	8.1	8.4	6.5	8.5	7.2	7.6	5.7	4.6	3.8	4.0	10.0	5.8	4.9	5.2	3.8	1.8	1.9	3.2	3.0	2.5	1.7	-	1.5	-
			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	3.6	3.8	2.4	1.9	-	1.3	-
	• • • • • •	Apr 19	Nursing Turnover (Qualified Only)	<= %	10.7	10.7	12.2	12.1	11.8	12.4	12.3	12.3	11.7	11.5	12.2	12.1	12.6	12.3	12.6	12.5	12.7	12.9	12.4	12.3	12.6	-	-	-	-	-	-
	• • • • • •	Apr 19	Nursing Vacancy Rate (Qualified)	<= %	11	11	12.4	10.6	15.2	15.8	15.9	16.1	15.8	14.3	14.6	13.8	14.5	12.9	12.3	12.4	12.4	13.3	14.2	18.0	14.5	11.6	17.8	17.9	27.1	11.6	84.0
		Apr 19	New Starters Complete Onboarding Process	=> %	100	100	82.1	86.9	92.3	77.6	87.5	94.6	87.0	93.5	99.2	100.0	100.0	94.8	100.0	96.9	38.8	100.0	98.9	100.0	70.6	100.0	100.0	100.0	-	100.0	-

		Data (	Quality - K	itemark		
1	2	3	4	5	6	7
Timeliness	Audit	Source	Validation	Complete ness	Granularity	Assessment of Exec Director
•	•	•	•	•		•

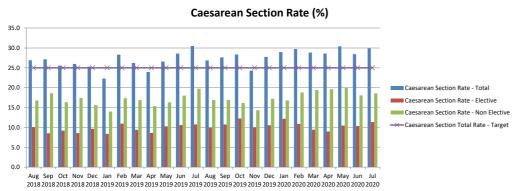






#### **Patient Safety - Obstetrics**

D-1-	Trajectory															D-1-			V										
Quality	Last review	PAF	Indicator	Measure				F	М	Α	М								/	М	Α	М	J	J	Data Period		Month	Year To Date	Trend
			Caesarean Section Rate - Total	<= %	25.0	25.0		•	•	•		•				•	•	•	•	•	•	•	•	•	Jul 2020	0	29.9	29.4	<b>///</b>
		•	Caesarean Section Rate - Elective	<= %				11	9	9	10	11 1	11	10 1	1 12	10	11	12	11	9	9	10	10	11	Jul 2020	0	11.4	10.4	$\fill$
		•	Caesarean Section Rate - Non Elective	<= %				17	17	15	16	18 2	20	17 1	7 16	14	17	17	19	19	20	20	18	19	Jul 2020	0	18.6	19.0	<b>√</b> √~
		•d	Maternal Deaths	<= No	0	0		•	•			•				•	•	•	•	•	•	•	•		Jul 2020	0	1	1	//
			Post Partum Haemorrhage (>2000ml)	<= No	48	4		•	•			•				•	•	•	•	•	•	•	•	•	Jul 2020	0	4	15	~~~
<b>©</b>			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0		•	•			•				•	•	•	•	•	•	•	•	•	Jul 2020	0	4.51	4.82	~~~
			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0		•	•		•	•				•	•	•	•	•	•	•	•		Jul 2020	0	12.88	12.49	<b>~~</b>
	Apr-19		Stillbirth Rate (Corrected) (per 1000 babies)	Rate1				2.51	4.64	0.00 6	5.25 4	1.45 6.	.51 8	.93 2.	24 4.80	0 2.54	4 4.78	5.10	0.00	2.68	2.70	9.43	11.90	6.44	Jul 2020	0	6.44	7.73	~~^
	Apr-19		Neonatal Death Rate (Corrected) (per 1000 babies)	Rate1				2.51	0.00	0.00 2	2.08 0	0.00 0.	.00	.00 0.	00 2.40	5.09	9 2.39	2.55	0.00	2.68	5.39	2.36	4.76	6.44	Jul 2020	0	6.44	4.76	
			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	85.0	85.0		•	•		•	•			•	•	•	•	•	•	•	•	•	•	Jul 2020	0	92.0	92.3	$\mathbb{W}^{\mathbb{W}}$
			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0		•	•		•	•			•	•	•	•	•	•	•	•	•	•	Jul 2020	0	125.2	140.0	M
			Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0		•	•		•	•			•	•	•	•	•	•	•	•	•	•	Jul 2020	0	78.59	82.60	
	Apr-19	•	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 085 or 086) (%) -	<= %				0.6	0.5	1.8 2	2.2 1	1.4 0	.9 (	0.8	.3 0.3	3 1.2	0.5	1.1	0.0	0.3	1.9	1.6	1.8	1.7	Jul 2020	0	1.70	1.77	\w^
	Apr-19	•	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %				0.6	0.5	0.9	1.9 1	1.0 0	.9 (	0.8	.3 0.3	3 1.2	0.5	0.8	0.0	0.3	0.4	0.8	1.3	1.1	Jul 2020	0	1.13	0.88	\\\\\
	Apr-19	•	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %				0.0	0.0	0.0	0.6	0.7 0	.6	0.0	.0 0.0	0.3	3 0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	Jul 2020	0	0.00	0.00	$\Delta$
													1																



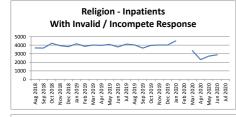


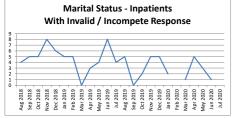
#### **CQC**: Use of Resources

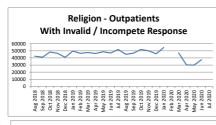
						Benc	hmark		Tru	st		I																_	Grou	ıp	
	Kitemark	Reviewed Date	Indicator	Measure	Period	Model Hospital STP Peer	Model Hospital National Median	Model Hospital Quality Account Peer	Trust Delivery	Target	Feb 2019		Apr 2019	May 2019	Jun J 2019 20	lul Aug 019 201	g Sep C	ct Nov 19 2019	Dec 2019	Jan 2020	Feb 2020		Apr Ma 020 20	ıy Jun 20 2020	Jul 2020	20/21 Year to Date	м	ss	w	I PC	сст со
			Pre-Procedure Elective Bed Days	Avg	Q3 2019/20	0.15	0.11	0.21	0.2	-	-	-	-	-	-		-		-		-	-		-	0.32	0.39	0.35	0.32	0.09		
vices			Pre-Procedure Non-Elective Bed Days	Avg	Q3 2019/20	0.74	0.66	0.54	0.66	-	-	-	0.74	0.55	0.66 0	.72 0.8	5 0.67 0	77 0.61	0.59	0.63	0.61	0.49	0.55 0.3	38 0.52	0.28	0.43	0.36	0.14	0.02	- 0.	.15 -
al Ser			DNA Rate - Inc Radiology (Model Hospital)	<= %	Q3 2019/20	8.09	7.11	6.75	8.35	-	7.6	7.8	8.1	7.8	7.8	7.9 8.4	8.1 8	.1 8.3	8.8	7.7	7.7	11.7	9.1 7.	5 8.0	8.6	8.3	6.9	10.8	13.7	0.0 7.	'.3 -
Clinic			DNA Rate - Exc Radiology (SWB)	<= %	Q3 2019/20	n/a	n/a	n/a	10.49	-	9.6	9.9	10.2	9.8	9.8	9.9 10.9	5 10.2 1	10.3	11.0	9.6	9.5	14.1	10.0	6 -	10.3	9.4	6.9	10.8	13.7	2.9 7.	'.3 -
			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= %	Q3 2019/20	7.97	7.94	7.49	8.23	-	8.7	7.8	7.5	7.9	7.4	3.4 8.3	7.8	.9 8.2	8.0	8.1	8.5	9.7	12.9 10	.4 8.9	-	10.5	11.9	4.9	7.6	- 2	2.3 -
port port ices			Top 10 Medicines - Delivery of Savings	%	To Mar2018	-	100	-	82	-	-	-	-	-	-		-		-	-	-	-		-	-	-	-	-	-		
Sup Serv			Pathology Overall Cost Per Test	£	2018/19	£1.45	£1.94	£2.46	1.33	-	Pa	thology	services	are pro	vided by	the Black	Country Pa	hology Sedel Hosp		nodel; c	osts per	test are	available	annually	only in						
			Staff Retention Rate	%	Dec2019	86	86.2	85.1	85	-	-	-	-	-	-		-		-	-	86.1	86.6	35.4 85	.5 85.7	86.3	85.7	84.1	86.7	87.1	91.3 84	4.8 87.3
			Sickness Absence (Monthly)	<= %	Dec2019	5.41	4.77	5.01	5.39	-	5.3	4.9	4.7	4.6	4.7	1.6 4.5	5 4.6 5	4 5.4	5.2	5.2	5.0	6.1	8.3 6.	4 5.0	4.8	6.1	5.6	5.8	4.2	4.3 4.	4.3
			Total Cost per WAU	£	2018/19	£3,614	£3,500	-	3359	-												•									
ople			Total Pay Cost per WAU	£	2018/19	£1,940	£1,923	-	1901	-																					
Peo			Clinial Staff Pay Cost WAU	£	2018/19	£1,940	£1,923	-	1901	-	Boy	and No	o Boy o	ooto no	·ε \Λ/ΔΙΙ.	oro publi	ished on Mo	dol Hoor	sital ann	ually o	ftor tho	Notoin	ol Coot (	`allaatia	o window						
			Substantive Medical Staff Cost Per WAU	£	2018/19	£780	£763	-	770	-	(forr	nerly ki	nown as	Refer	nce Cos	t Submis	ssion); we	re theref	ore una	ble to	comple	e mont	nly trend	s on a p	er WAU						
			Substantive Nursing Staff Cost Per WAU	£	2018/19	£924	£892	-	901	-								Dasis													
			Professional Technical and Therapies Staff Cost Per WAU	£	2018/19	£236	£268	-	230	-																					
, s			Total Non-Pay Cost Per WAU	£	2018/19	£1,674	£1,577	-	1458	-																					
rvices			Finance Cost Per £100m Turnover	£000	2018/19	483.8k	653.3k	653.3k	634.6k	-	-	-	-	-	-		-		-	-	-	-		-	-	-	-	-	-		
orate serv ement, Est Facilities			HR Cost Per £100m Turnover	£000	2018/19	686.9k	910.7k	767.5k	794.9k	-	-	-	-	-	-		-		-	-	-	-		-	-	-	-	-	-		
Curen			Estates & Facilities Cost (£ per m2)	£	-	-	-	-		-	-	-	-	-	-		-		-		-	-		-	-	-	-	-	-		
Pro			Procurement League Table: Process Efficiency and Price Performance Score (scaled 0 to 100)	No	Q2 2019/20	54	57	57	74	-	-	-	-	-	- 1	74>	>		-		-	-		-	-	74	-	-	-		
			Capital Service Capacity - Value	No	-	n/a	n/a	n/a		-	-	-	-	-	-		-		-	2	2	-		-	-	4	-	-	-		
e,			Liquidity (Days) - Value	No	-	n/a	n/a	n/a	-	-	-	-	-	-	-		-		-	-15	-11	-		-	-	-26	-	-	-		
Finance			Distance From Agency Spend Cap - Value	%	-	n/a	n/a	n/a	-	-	-	-	-	-	-		-		-	76.0	75.0	-			-	75.5	-	-	-		
遣			Income and Expenditure (I &E) Margin - Value	%	-	n/a	n/a	n/a	-	-	-	-	-	-	-		-	-	-	-0.4	-0.5	-		-	-	-0.5	-	- 1	-		

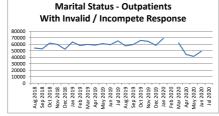
#### **Data Completeness**

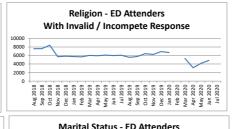
Data Quality	Last review	PAF	Indicator	Measure	Traj Year	ectory Month	F M	Α	М	J J		s Months				М	A I	M J	J	Data Period	M S		Group P I	PCCT C	5	Month	Year To Date	Trend
		•	Data Completeness Community Services	=> %	50.0	50.0	• •	•	•	• •	•	• •	•	•	• •	•	•	•	-	Jun 2020				61.	2	61.2		
0		•	Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0	• •	•	•		•	•	•	•	•	•	•		-	May 2020						77.5		_
0		•	Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0	•	•	•	•	•	•	•	9	•	•	•		-	May 2020						97.1		$\neg$
0		•	Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0	• •	•	•	• •	•	•	•	•	• •	•	•		-	May 2020						99.0		
			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0	97.2 97.5	98.2	98.1 9	16.8 98.7	97.9	96.8 97.	2 96.2	95.1	95.7 99.	97.1	95.5 98	3.4 98.6	-	Jun 2020						98.6	97.6	$\sim$
			Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS	=> %	99.0	99.0	99.8 99.6	99.6	99.7 9	99.6	99.5	99.6 99.	6 99.6	99.6	99.5 99.	7 99.5	99.6 99	9.4 99.4	-	Jun 2020						99.4	99.5	₩
			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0	97.6 97.5	97.6	97.6 9	7.3 97.3	97.2	92.6 82.	7 84.4	84.2	86.0 85.	6 88.4	90.3 89	9.9 90.2	-	Jun 2020						90.2	90.2	~
			Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0	• •	•	•	•	•	• •	•	•	•	•	•	•	-	Jun 2020						87.9	87.0	~~~
			Ethnicity Coding - percentage of outpatients with recorded response	=> %	90.0	90.0	• •	•	•	• •	•	• •	•	•	•	•	•	•	-	Jun 2020						88.8	89.2	M
			Protected Characteristic - Religion - INPATIENTS with recorded response	%			67.2 68.4	68.6	68.2 6	67.7	66.8	67.7 65.	7 65.9	65.3	62.9 -	64.5	65.5 63	8.4 65.0	-	Jun 2020						65.0	64.6	$\neg \gamma$
			Protected Characteristic - Religion - OUTPATIENTS with recorded response	%			50.1 50.1	50.7	50.2 5	0.3 50.4	51.1	50.6 50.	3 50.9	50.3	50.0 -	51.2	55.9 52	2.5 50.1	-	Jun 2020						50.1	52.8	7
			Protected Characteristic - Religion - ED patients with recorded response	%			61.2 62.6	64.0	62.8 6	64.7	64.6	63.7 59.	2 59.1	57.0	57.7 -	55.5	55.1 55	5.3 56.2	-	Jun 2020						56.2	55.6	$\neg \neg$
			Protected Characteristic - Marital Status - INPATIENTS with recorded response	%			100.0 100.0	100.0	100.0 9	100.	0 100.0	100.0	.0 100.0	100.0	00.0	100.0	99.9 10	0.0 100.0	-	Jun 2020						100.0	100.0	V
			Protected Characteristic - Marital Status - OUTPATIENTS with recorded response	%			37.4 37.1	37.5	37.4 3	7.2 37.5	37.3	36.8 36.	7 36.5	36.5	36.4 -	35.1	35.5 34	1.4 34.4	-	Jun 2020						34.4	34.8	
			Protected Characteristic - Marital Status - ED patients with recorded response	%			40.0 40.4	40.6	40.0 3	9.5 39.9	38.4	40.1 40.	5 39.8	39.1	38.3 -	37.2	33.6 36	36.3	-	Jun 2020						36.3	35.7	7
			Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0	• •	•	•	• •	•	•	•	•	• •	•	•	•	-	Jun 2020						6.5	6.7	wh
0			Open Referrals	No			325,229 341,631	311,212	223,937	216,977	215,389	213,037	213,645	216,909	217,529 216,936	215,194	207,500		209,022	Jul 2020	51,104	24,352	701	32,750		209,022		
0			Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			151,428 192,794	158,635	69,739	54,518 64,564	53,060	37, 194 46, 595	36,476	38,047	38, 104	38,197	32,736	36,323 35,780	36,553	Jul 2020	14,244	5,100	. 396	3,729		36553		_

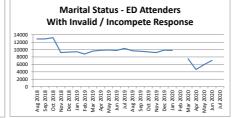














#### Legend

	Data Sources
1	Cancer Services
2	Information Department
3	Clinical Data Archive
4	Microbiology Informatics
5	снкѕ
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)

lı	ndicators which comprise the External Performance Assessment Frameworks			Groups
	CQC Regulatory Framework and NHS Oversight Framework	М		Medicine & Emergency Care
а	Caring	А		Surgery A
b	Well-led	В		Surgery B
С	Effective	W		Women & Child Health
d	Sale	I		Imaging
e	Responsive	PCCT		Primary Care, Community & Therapies
f	Finance	со	1	Corporate

		Data C	uality - Ki	temark	•	
1	2	3	4	5	6	7
Timeliness	Audit	Source	Validation	Complete ness	Granularity	Assessment of Exec Director
•	•	•	•	•	•	•

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

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

Section	Indicator	Measure	Traj Year	ectory Month	F	M	A	М	J	J			ous Mo			J	F	М	Α	М	J J	Data Period	E	Directorate EC ACA AC	В	Month	Year To Date		Trend
Patient Safety - Inf Control	C. Difficile	<= No	30	3	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	• •	Jul 2020		2 0 0	)	2	5		<b>W</b>
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0	•	•	•		•	•	•			•	•	•	•	•		•	• •	Jul 2020		0 0 0	)	0	0		
Patient Safety - Inf Control	MRSA Screening - Elective (%)	=> %	80	80	•	•	•	•	•	•	•		•	•	•	•	•		•	•	• •	Jul 2020		95 75 5	0	79.0			~~~
Patient Safety - Inf Control	MRSA Screening - Non Elective (%)	=> %	80	80	•	•	•	•			•					•	•			•	• •	Jul 2020		94 92 9	9	94.4			<b>~~~</b>
Patient Safety - Harm Free Care	Number of DOLS raised	No			16	28	20	16	21	13	14	24	19	12	25	14	17	15	13	21	23 17	Jul 2020		10 7 0	)	17	74		MM^
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			16	28	20	16	21	13	14	24	19	12	25	14	17	15	13	21	23 17	Jul 2020		10 7 0	)	17	74		<b>~~~</b>
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			0	6	2	4	11	2	4	0	4	3	6	3	4	0	2	1	3 3	Jul 2020		1 2 0	)	3	9	7	M
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			8	3	5	2	4	0	2	0	1	0	0	0	2	1	5	4	2 3	Jul 2020		0 3 0	)	3	14	7	hmn
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			12	13	11	9	9	8	8	13	12	7	16	7	10	11	12	22	19 15	Jul 2020		9 6 0	)	15	68	_ ]	~~
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			4	2	1	0	0	0	2	2	0	0	0	0	1	0	0	0	0 0	Jul 2020		0 0 0	,	0	0	- ]	\
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			12	0	4	0	2	0	0	0	0	0	0	1	0	0	0	0	0 0	Jul 2020		0 0 0	)	0	-	Ī	h
Patient Safety - Harm Free Care	Falls	<= No	0	0	43	43	51	60	47	58	58	39	30	34	47	46	42	65	21	35	44 51	Jul 2020	Ī	14		51	151		~~~
Patient Safety - Harm Free Care	Falls - Death or Severe Harm	<= No	0	0	0	1	2	2	1	2	0	0	0	1	0	1	1	0	0	1	1 2	Jul 2020		1 0 0	)	2	4		/\_^/
Patient Safety - Harm Free Care	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	16	11	14	11	16	14	12	15	12	3	14	14	17	18	15	17	6 7	Jul 2020		1		7	45		M
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0	•	•	•	•	•	•	•		•	-	•	•	•	•	•	•	• •	Jul 2020	9	98.5 93.7 96	.8	97.2	•		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0		•	•	-	•	•	•	-	•	•	•	•	•	•	•	•	• •	Jul 2020	1	00.0 100.0 100	0.0	100.0			VV
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0		•	•	•		•	•	•	•	•	•	•	•	•	•	•	• •	Jul 2020		100 100 10	00	100.0			WV
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	• •	Jul 2020	Ē	100 100 9	6	98.2			~~~/
Patient Safety - Harm Free Care	Never Events	<= No	0	0		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	• •	Jul 2020		0 0 0	)	0	0		
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0 0	Jul 2020	Ī	0 0 0	)	0	0		
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	• •	Jul 2020	Ī	1 1 0	)	2	9	Ī	~~~
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98	•	•	•	•	•	•	•		•	•	•	•	•	•	•	•		May 2020		50 93 70	6	62		_	
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			14.2	2 12.1	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 -	Jun 2020				11.9			
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			12.5	5 12.5	12.4	12.4	12.4	12.4	12.4	12.5	12.7	12.9	12.9	13.0	13.0	13.1	13.3	13.4	13.4 -	Jun 2020					13.3		

Section	Indicator		Trajectory Year Month	Previous Months Trend     F   M   A   M   J   J   A   S   O   N   D   J   F   M   A   M   J   J   J	Data Period	Directorate  EC   AC   SC	Month	Year To Date	
Clinical Effect - Stroke & Card	Pts spending >90% stay on Acute Stroke Unit (%)	=> %	90.0 90.0	89.23 93.33 90.91 88.24 92.98 92.86 98.33 93.65 86.67 95	Jun 2020	-	95.0	85.7	$\neg \bot \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! $
Clinical Effect - Stroke & Card	Pts admitted to Acute Stroke Unit within 4 hrs (%)	=> %	90.0 80.0	52.27 84.91 45.16 66.67 59.65 72.34 80 78.72 84.44 84.2	Jun 2020	-	84.4	82.4	<b>~</b> _ <i>\</i> /
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0 50.0	63.64 83.02 62.9 66.1 61.4 64.58 73.91 87.5 85.9	Jun 2020		85.9	86.4	~
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0 100.0	97.73 98.11 96.77 98.31 100 95.83 100 100 100	Jun 2020	-	100.0	98.4	
Clinical Effect - Stroke & Card	Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0 85.0	66.67 100 66.67 87.5 85.71 83.33 60 50 50 100	Jun 2020		100.0	57.1	$\sim$
Clinical Effect - Stroke & Card	TIA (High Risk) Treatment <24 Hours from receipt of referral (%)	=> %	70.0 70.0	100 94.74 100 91.67 100 87.5 73.33 68.18 65.38 88.24 80 65.22 83.33 80 92.31 100	Jun 2020	-	100.0	84.2	$\neg \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$
Clinical Effect - Stroke & Card	TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=> %	75.0 75.0	94.59 100 82.86 94.74 83.33 88.89 84.21 90 88 61.11 61.9 61.11 76.19 67.57 100 96.1	Jun 2020		96.1	91.3	~~~\ 
Clinical Effect - Stroke & Card	Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=> %	80.0 80.0	92.31 95.24 95.24 85.71 100 93.75 100 77.78 100 95.65 91.67 94.12 91.67 71.43 33.33 100 100 100	Jul 2020	100.0	100.0	90.9	<b>~~</b> √
Clinical Effect - Stroke & Card	Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=> %	80.0 80.0	92.31 85.71 95.45 85.71 87.5 93.33 90.91 66.67 100 89.47 81.82 88.24 91.67 50 33.33 80 100 75	Jul 2020	75.0	75.0	77.3	<b>~~~</b>
Clinical Effect - Stroke & Card	Rapid Access Chest Pain - seen within 14 days (%)	=> %	98.0 98.0	100 100 100 100 100 100 100 100 100 100	Jul 2020	100.0	100.0	100.0	
Clinical Effect - Cancer	2 weeks	=> %	93.0 93.0		Jun 2020	78.3	79.6		7
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0 96.0		Jun 2020	100.0	100.0		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0 85.0		Jun 2020	63.6	64.7		~~~~
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No		1.5 2.5 4 0.5 2 5 4 2 3.5 1 3.5 3.5 1.5 1 - 4 3 -	Jun 2020	- 1.00 2.00	3.00	7	$\sim$
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No		1 1 1 0.5 0 1.5 1.5 2 1 1 2.5 2.5 1 0 - 0 1 -	Jun 2020	- 0.00 1.00	1.00	1	<b>√</b> √√
Clinical Effect - Cancer	Cancer - Longest wait for treatment (days)	No		154 163 168 183 91 149 147 83 141 149 145 133 156 79 - 91 173 -	Jun 2020	- 90 173	173		$\mathcal{M}$
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	<= No	0.0 0.0	9 2 7 2 3 3 4 6 6 9 15 7 11 5 4 3 2 1	Jul 2020	- 1 0	1	10	m/M
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0.0 0.0	171 7 4 0 0 31 0 9 401	May 2020		-	-	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No		24 27 33 47 26 31 24 21 37 31 29 40 36 32 14 19 32 52	Jul 2020	18 34 0	52	117	$\sim$
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No		67 62 84 80 37 58 48 47 54 50 50 58 68 59 49 51 54 52	Jul 2020	18 34 0	52		~~~

Section	Indicator	Measure	Trajector Year Mo	y nth	F	М	Α	М	J	J			s Mont			F	M	Α	М	JJ		Data Period	Direc EC A	torate .C SC	М	lonth	Year To Date	2	
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non- clinical reasons	<= %	0.8 0	.8	•	•	•	•	•	• (		•	•			•	•	•	•	• •		Jul 2020	- 1.	31 -		0.98			
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0 (	0	0	0	0	0	0 0		Jul 2020	0.0	.0 0.0		0	0		
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	0	0	0	0	0	0	0	5	3 1	2 5	5 14	5	3	0	2	9 7	. [	Jul 2020	0.0 7	.0 0.0		7	18		
Pt. Experience - Cancellations	Urgent Cancellations	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 0		Jul 2020	0.00 0.	0.00	(	0.00	0		
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95.0 95	5.0	•	•	•	•	•	•		•	•		•	•	•	•	•	•		Jul 2020	81.6	Site S/C	1	85.5	88.1		<b>~</b>
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			2318	1960	3104	2534	2570	2695	2549	2032	0			0	0	0	0	0 0	, [	Jul 2020	0	0 0		0	0		$\sim$
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0	•	•	•	•	•	•					•	•	•	•	•	• •		Jul 2020	0.0	.0 Site S/C		0	1		_/\_
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.0 15	5.0	•	•	•	•	•	•						•	•	•		•		Jul 2020	22.0 19	Site S/C		20	19		
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60.0 60	0.0		•	•	•	•	•						•	•	•	•	• •		Jul 2020	42.0 26	S.0 Site S/C		34	23		~~~
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0 5	.0	•	•	•	•	•							•	•	•		•		Jul 2020	8.3	.9 Site S/C		8.6	8.5		~~~
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0 5	.0		•	•	•	•							•	•	•		•		Jul 2020	4.6 4	.7 Site S/C		4.7	3.5		~~~
Emergency Care & Pt. Flow	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0 (	0	160	88	166	119	128	123	162	238	251	279	199	242	380	234	172	77		Jul 2020	165 1	8		183	666		~~~
Emergency Care & Pt. Flow	WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	)	8	6	5	4	4	5	9 ;	33	16	9 1	2 9	32	42	8	1	0 0	, [	Jul 2020	0 (	)		0	9	Ī	~~
Emergency Care & Pt. Flow	WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	<= %	0.02 0.	02		•		•	•							•	•	•		#DIV/0!		Jul 2020	0.00 0.	00		0.00	0.09		\\\\\
Emergency Care & Pt. Flow	WMAS - Emergency Conveyances (total)	No			4372	4655	4814	4670	4555	4658	4486	4484	4656	47.21	4848	4522	4588	3069	3282	3039		Jul 2020	2253 16	98	3	3951	13341		$\sim$
Emergency Care & Pt. Flow	Inpatients Staying 21+ Days At Month End Census - NHSI	No			108	94	118	117	112	112	101	128	132	130	128	144	129	45	38	40		Jul 2020	25	6		39	-		-
Emergency Care & Pt. Flow	21+ Days Long Stay Rate - NHSI	%			22.832	22.213	22.153	22.386	20.622	19.24	22.542	23.638	21.995	21.864 22.148	20.107	22.379	25.318	11.752	15.592	10.334		Jul 2020	13	2		9	12		~~~
Emergency Care & Pt. Flow	Estimated Beds - 21+ Days - NHSI	No			119.14	106.62	106.27	119.09	94.77	91.52	113.55	104.16	108.8	114 81	109.36	115.27	128.52	30.63	36.96	25.2		Jul 2020	16	1		23	-		m
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0 90	0.0			•										•			• .	J	Jun 2020	- 80	0.2 88.2	8	81.3			
RTT	RTT - Non Admitted Care (18-weeks) (%)	=> %	95.0 95	5.0		•				•						•	•	•		• .	J	Jun 2020	- 46	6.6 72.6		57.8			
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0 92	2.0		•	•	•	•	•							•			• .	J	Jun 2020	- 53	55.7		54.7			
RTT	RTT - Backlog	<= No	0	0	341	327	346	452 5	515 5	568 4	51 5	525 4	183 5	59 57	9 60	1 698	1034	1639	2372	2944 -	J	Jun 2020	0 14	51 1493	2	2944			
RTT	Patients Waiting >52 weeks	<= No	0	0	0	1	0	1	4	1	7	0	0	0	0	0	0	0	0	0 -	· J	Jun 2020	0	0 0		0			
RTT	Treatment Functions Underperforming	<= No	0	0	6	6	3	6	6	6	5	7	6	9 7	7	7	10	10	8	11 -	J	Jun 2020	0	5 6		11			~~~~ <u>~</u>
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0 1	.0	•	•	•	•	•	•		• (	•		•	•	•	•	•	• •	,	Jul 2020	-		4	15.67			

Section	Indicator	Measure	Tra	jectory								Prev	ious M	onths	Trend								Data		Directo	rate	7	Month	Year To	1
Section	indicator	weasure	Year	Month		F	M A	. N	l J	J	Α	S	0	N	D	J	F	M	Α	М	J	J	Period	EC	: AC	SC		Wonth	Date	J _
Data Completeness	Open Referrals	No				78,753	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	Jul 2020	11,009	22,056	18,039		51104		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Req	No				49,297	44,301	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	Jul 2020	6,721	4,634	2,889		14244		
Workforce	PDRs - 12 month rolling (%)	=> %	95.0	95.0				-	-	-	-	•	•	-	-	-	-	-	-	-	-	-	Oct 2019	63.2	-	-			50.0	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0						•	•	•	•		•		•	•	•	•	•	-	Jun 2020	100	100	100			100.0	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.00	3.00	5	.53 5.	67 5.6	9 5.5	i4 5.5	0 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	Jul 2020	5.6.	2 6.43	7.16		6.32	6.19	
Workforce	Sickness Absence - In month	<= No	3.00	3.00	$\epsilon$	.39 6.	32 6.1	3 4.9	7 4.4	9 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	Jul 2020	5.2	1 5.79	5.79		5.55	7.74	
Workforce	Sickness Absence - Long Term - In month	No				67 6	68 62	2 46	5 39	42	47	45	52	59	57	60	47	58	91	95	66	42	Jul 2020	16	14	12		42	347	] [
Workforce	Sickness Absence - Short Term - In month	No			-	201 19	96 19	0 17	1 18	8 153	142	177	209	176	183	195	188	299	338	175	162	191	Jul 2020	87	34	70		191	1031	] [
Workforce	Mandatory Training (%)	=> %	95.0	95.0						•	•	•	•	•	•	•	-	-	-	-	-	-	Jan 2020	84.1	-	-			87.6	

### **Surgical Services Group**

Section	Indicator	Measure	Tra Year	jectory Month	F	M	A M	J	J			Months T		JF	М	Α	M J J	Data Period	G	Directorate S SS TH An	0	Month	Year To Date	Trend
Patient Safety - Inf Control	C. Difficile	<= No	7	1	•	•	•	•	•	• •	•	•	•	•	•	•	• • •	Jul 2020	(	0 0 0	0	0	1	<b>/_/_/</b>
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0	•	•	•	•	•	• •	•	•	•	•	•	•	• • •	Jul 2020	(	0 0 0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80	80	•	•	•	•	•	•		•	•	•	•	•	• • •	Jul 2020	92	.31 80 - 12.5 5	5.56	84.2		~~~
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80	80	•	•	•	•		• 6		•	•		•	•	• • •	Jul 2020	90	.91 92.36 - 100 8	1.62	91.1		<b>~~</b>
Patient Safety - Harm Free Care	Number of DOLS raised	No			3	8 8	8	8	7	9 8	8	8	7 1	3 9	9	10	16 14 12	Jul 2020	8	8 0 0 4	0	12	52	<b></b> ^
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			3	8 8	8 8	8	7	9 8	8	8	7 1	3 9	9	10	16 14 12	Jul 2020	8	8 0 0 4	0	12	52	<b></b> ~
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			0	1 2	2 0	1	1	1 2	. 0	0	0 2	2 0	0	1	2 1 1	Jul 2020	(	0 0 1	0	1	5	$\Lambda$
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			3	1 (	0 2	1	0	0 0	0	0	1 (	) 1	6	2	2 4 1	Jul 2020		1 0 0 0	0	1	9	M
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			5	5 6	6 8	6	2	7 5	6	4	5 9	6	12	9	10 15 10	Jul 2020		7 0 0 3	0	10	44	~~~
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			0	1 (	0 1	1	0	0 0	0	1	0 0	) 1	1	0	0 0 0	Jul 2020	(	0 0 0	0	0	0	MLML
Patient Safety - Harm Free Care	Falls	<= No	0	0	11 1	12 1	1 8	12	6	9 10	6 9	11	13 2	0 8	16	20	12 8 8	Jul 2020	4	4 3 1 -	-	8	48	$\sim$
Patient Safety - Harm Free Care	Falls - Death or Severe Harm	<= No	0	0	0	0 (	0 0	0	0	0 0	1	0	0 0	0	0	0	0 0 0	Jul 2020	(	0 0 0	0	0	0	
Patient Safety - Harm Free Care	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	7	7 8	8 8	7	6	8 8	7	4	6 1	3 9	7	16	5 7 2	Jul 2020		- 1 - 1	-	2	30	~~~\\\\
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0	•	•		•	•	•		-	•			•	• • •	Jul 2020	95	.88 97.21 - 98.65 9	7.09	96.8		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0	•			•			•	•	•	•		•	• • •	Jul 2020	10	00 100 100 100 1	00	100.0		VV
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0	•	•	•	•	•	• •	•	•	• •	•	•	•	• • •	Jul 2020		- 100 100 - 1	00	100.0		V
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0	•	•	•	•	•	•	•	•	•	•	•	•	• • •	Jul 2020		- 100 100 - 1	00	100.0		<b>~~~~</b>
Patient Safety - Harm Free Care	Never Events	<= No	0	0	0	0 (	0 1	0	1	0 0	0	0	0 0	0	0	0	0 0 0	Jul 2020	(	0 0 0	0	0	0	_M
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0 (	0 0	0	0	0 0	0	0	0 0	1	0	0	0 0 0	Jul 2020	(	0 0 0 0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0	•	•	•	•	•	•	•	•	•	•	•	•	• • •	Jul 2020	(	0 0 0 0	0	0	2	M
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98.0	•			•	•	•		•	•	•	•	•		May 2020	10	00 100	-	100.0		my
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			6.3 6	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 -	Jun 2020				4.9		~~~
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			6.22 6	6.3 6.	16 6.18	8 6.07	5.84	5.63 5.4	5.32	5.13	4.87 4.7	75 4.61	4.54	4.56	.48 4.47 -	Jun 2020					4.5	

## **Surgical Services Group**

Section	Indicator	Measure	Traj Year	ectory Month	F	М	Α	M J	I J	Α	Previo		ths Tren		F	М	Α	M J	J	Data Period	Directorate  GS   SS   TH   An   O	Month	Year To Date	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0	•	•	•	• •	•	•	•	•	•	•	•	•	•	•	-	Jun 2020	97.7	97.69		
Clinical Effect - Cancer	2 weeks (Breast Symptomatic)	=> %	93.0	93.0	•	•	•	• •		•	•	•	• •	•	•	•		•		Jun 2020	94.1	94.12		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0	•	•	•	• •	•	•	•	•	•	•	•	•			-	Jun 2020	100.0	100		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0	•	•	•	• 6			•	•	•	•		•	•		-	Jun 2020	73.2	73.17		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			4	6	5	4 4	3	6	5	4	4 6	6	2	4	-	7 6	-	Jun 2020		5.5	13	$\sim\sim$
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			1	3	1	4 1	1	3	1	1	4 3	4	0	1	-	3 4	-	Jun 2020	3.5 - 0	3.5	7	M
Clinical Effect - Cancer	Cancer - Longest wait for treatment (days)	No			116	175	131	120	105	168	167	137	202	204	102	166	.	141		Jun 2020	141 - 0	141		$\sim\sim$
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	Jul 2020	0 - 0	0	0	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	58	33	18	11 9	13	7	7	-		-	57	-	-		-	May 2020		-	-	$\mathcal{L}$
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			19	18	18	16 18	8 22	15	22	42	28 19	26	32	25	12	9 19	43	Jul 2020	21 5 3 5 9	43	83	<b>₩</b>
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			52	41	34	26 30	0 38	26	33	41	32 19	30	41	28	27 2	28 34	43	Jul 2020	21 5 3 5 9	43		$\searrow$
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non- clinical reasons	<= %	0.8	0.8	•	•	•	• •	•	•	•	•	• •	•	•	•	•	•	•	Jul 2020	0.88 1.68	0.8		~~~
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	0	0	0 0	0	0	0	0	0 0	0	0	0	0	0 0	0	Jul 2020	0 0 0 0 0	0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	27	26	38	31 3:	2 39	27	42	55	32 54	35	40	21	0	1 4	10	Jul 2020	4 0 0 0 6	10	15	~~~_
Pt. Experience - Cancellations	Urgent Cancellations	<= No	0	0	0	0	0	0 0	0	0	0	0	0 0	0	0	0	0	0 0	0	Jul 2020	0 0 0 0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (%)	=> %	95.0	95.0	98.6	99.7	98.8	95	.9 95.7	98.3	93.2	90.3	93.3 96	4 95.8	98.0	97.0	8.8 9	9.7 97.9	96.0	Jul 2020	95.96	-	-	w.
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	<= No	0	0	64	56	145	102 9	4 148	144	165	88	72 4	48	21	23	3	2 15	32	Jul 2020	0 0 0 0 32	32	52	~
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0	0	0	0	0 0	0	0	0	0	0 0	0	0	0	0	0 0	0	Jul 2020	0	-	-	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0	1.7	1.0	2.1	2.1 1.	7 2.6	2.2	6.3	5.2	7.2 9.	8.3	4.1	7.3	5.6 5	5.6 7.0	5.0	Jul 2020	4.98	-	-	~~~
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0	3.6	4.8	4.8	4.5 5.	5 6.7	3.7	3.5	6.4	5.9 0.	7 2.1	2.7	1.4	0.6	0.8 2.4	2.3	Jul 2020	2.27	-	-	~^~
Emergency Care & Pt. Flow	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15	0	0	0	0 0	0	0	0	0	0 0	0	0	0	0	0 0	0	Nov 2018	153	0	0	
Emergency Care & Pt. Flow	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60	5	19	7	14 6	3	10	7	12	12 6	7	6	12	23	2 11	3	Jul 2020	1.29 1.29 - 0 0	2.58	39	Mnh
Emergency Care & Pt. Flow	Hip Fractures BPT (Operation < 36 hours of admissions	=> %	85.0	85.0						•		•	•							Jul 2020		53.1	69.6	WW
Emergency Care & Pt. Flow	Inpatients Staying 21+ Days At Month End Census - NHSI	No			17	22	21	13 1	0 15	16	23	21	17 2	5 24	28	29	15	18 12	12	Jul 2020	9 3 0 0 0	12	-	~~~
Emergency Care & Pt. Flow	21+ Days Long Stay Rate - NHSI	%			5	15	6	12 5	3	8	6	10	9 5	7	6	12	39	4 16	3	Jul 2020	2.92 5.17 - 0 0	3.49	15	mah
Emergency Care & Pt. Flow	Estimated Beds - 21+ Days - NHSI	No			5	19	7	14 6	3	10	7	12	12 6	7	6	12	23	2 11	3	Jul 2020	1.29 1.29 - 0 0	2.58	-	hanh

### **Surgical Services Group**

Section	Indicator	Measure	Traj Year	ectory Month	F	A M J J .			ths Trend N D	J F	M A	M J J	Data Period	Directorate GS   SS   TH   An   O	Month	Year To Date	
RTT	RTT - Admittled Care (18-weeks) (%)	=> %	90.0	90.0	•	• • • •		•	• •	•	•	• • .	Jun 2020	76.5 76.8 66.7	72.2		
RTT	RTT - Non Admittled Care (18-weeks) (%)	=> %	95.0	95.0	•			•			•	• • -	Jun 2020	90.0 96.2 86.9	89.7		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0	•	• • • •		•			• •	• • .	Jun 2020	59.5 59.2 54.4	57.0		
RTT	RTT - Backlog	<= No	0	0	1303	1722 1630 1415	1668	1690	1480	1378	2721	6903	Jun 2020	2448 988 0 0 3467	6903		/
RTT	Patients Waiting >52 weeks	<= No	0	0	3	0 9 19 7	5 0	0	1 0	1 0	0 7	32 80 -	Jun 2020	8 0 0 0 72	80		<b>/</b>
RTT	Treatment Functions Underperforming	<= No	0	0	15	13 14 15 16 1	16 13	12 1	13 12 1	11 11	11 11	13 18 -	Jun 2020	11 4 0 0 3	18		~~~/
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0				•	• •	•	•	• • •	Jul 2020	68.7	68.74		
Data Completeness	Open Referrals	No			172,359	106,808 108,313 107,915 162,783	104,317	105,170	106,065	104,619	99,486	98,850 98,167	Jul 2020	49,474 4,851 0 13,845 31,945	100115		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requi	No			92,552	20,182 24,862 25,583 81,553	16,396	12,243	12,848	12,672	11,899	12,933 12,641 12,476	Jul 2020	4,088 1,615 0 2,995 4,235	12933		<u></u>
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	-			•	-	-   -			Oct 2019	88.3 89.4 93.0 96.5 81.8		89.2	٨٨
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	•	• • • •		•		•	• •	• • .	Jun 2020	100 100 - 100 100		100.0	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.0	3.0	4.8	4.84 4.90 4.97 5.01 4.	.96 4.92	5.09 5.	.12 5.18 5	.23 5.26	5.39 5.85	6.16 6.22 6.30	Jul 2020	5.9 7.7 9.1 5.2 3.8	6.3	6.1	_
Workforce	Sickness Absence - In Month	<= %	3.0	3.0	5.0	4.85 4.54 5.34 4.87 4.	.33 4.37	6.30 6.	.27 5.90 5	.93 5.53	6.80 8.97	7.90 6.07 5.80	Jul 2020	4.6 9.0 7.0 5.5 3.5	5.8	7.2	~~^
Workforce	Sickness Absence - Long Term - In Month	No			41	42 38 46 43 4	14 39	47 5	58 55 6	50	41 59	99 75 54	Jul 2020	12.0 17.0 10.0 9.0 6.0	54	287	~~ <b>~</b>
Workforce	Sickness Absence - Short Term - In Month	No			15	144 142 141 133 9	133	181 1	74 171 1	18 148	214 238	167 149 187	Jul 2020	44.0 37.0 43.0 36.0 27.0	187	741	<b>_</b> ~
Workforce	Mandatory Training	=> %	95.0	95.0		• • • •		•					Jan 2020	87.2 88.0 93.2 92.8 90.6		91.3	

Section	Indicator	Measure	Traj	jectory								P	reviou	ıs Mon	ths Tre	end							Data	1	Directorate	Month	Year To	Trend
Section	indicator	Weasure	Year	Month	F	M	Α	М	J	J	Α	S	0	N	D	J	F	М	Α	М	J	J	Period	G	MP	WONTH	Date	rrend
Patient Safety - Inf Control	C. Difficile	<= No	0	0	•	•	•			•	•	•	•			•	•		•	•	•	•	Jul 2020	C	0 0	0	0	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0		•	•	•	•	•	•	•		•	•	•	•	•	•	•	•	•	Jul 2020	С	0 0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.00	80.00		•		•	•	•				•	•	•	•	•		•	•	•	Jul 2020	77	.8	77.8		<b>~~~</b> \
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	80.00	80.00	•	•		•	•	•	•	•		•	•	•	•	•		•	•	•	Jul 2020		100	100.0		<b>M</b>
Patient Safety - Harm Free Care	Falls	<= No	0	0	1	1	0	0	1	0	1	-	1	-	-	1	1	1	3	1	-	-	Jul 2020			-	4	<b>√</b>
Patient Safety - Harm Free Care	Falls - Death or Severe Harm	<= No	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Jul 2020	C	0 0	0	0	
Patient Safety - Harm Free Care	Pressure Ulcer SWB Hospital Acquired - Total	<= %	0	0	0	2	4	0	2	-	-	-	-	-	2	-	2	-	2	4	2	-	Jul 2020	][-		-	4	<b>/</b> /
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0	•	•	•	•	•	•	•	•		-		•				•	•	•	Jul 2020	80	.5 94.6	90.2		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0	•	•	•	-	•	•	•	-		•	•	•	•	•		•	•	•	Jul 2020	10	0 100	100.0		VV
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0	•	-	•	-		-	-	-	•	-	-	-	-	-	•	-	-	-	Jul 2020		-	-		<b></b>
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0	•	-	-	-	-	-	-	-		-	-	-	-	-	•	-	-	-	Jul 2020	] [-	-	-		LL
Patient Safety - Harm Free Care	Never Events	<= No	0	0	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Jul 2020	C	0 0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	•	•	•		•	•	•	•	•	•		•	•		•	•	•	•	Jul 2020	C	0 0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Jul 2020	C	1 0	1	2	<b>W</b> .~

Section	Indicator	Measure	Traj Year	ectory Month	F	М	Α	М	J	J	Α		reviou:				F	М	Α	М	J	J	Data Period		rectorate	Month	Year To Date	
Patient Safety - Obstetrics	Caesarean Section Rate - Total	<= %	25.0	25.0			•		•		•			•					•	•			Jul 2020		29.9	29.9	29.4	\M~~
Patient Safety - Obstetrics	Caesarean Section Rate - Elective	%			11	9	9	10	11	11	10	11	12	10	11	12	11	9	9	10	10	11	Jul 2020		11.4	11.4	10.4	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Caesarean Section Rate - Non Elective	%			17	17	15	16	18	20	17	17	16	14	17	17	19	19	20	20	18	19	Jul 2020		18.6	18.6	19.0	
Patient Safety - Obstetrics																									16.0	16.0	19.0	V V
Patient Safety - Obstetrics	Maternal Deaths	<= No	0	0	•	•	•	•	•	•	•	•	•		•	•	•	•	•	•	•	•	Jul 2020		1	1	1	/
Patient Safety - Obstetrics	Post Partum Haemorrhage (>2000ml)	<= No	48	4	•		•	•	•	•	•	•	•				•		•	•	•	•	Jul 2020		4	4	15	<b>~~~</b>
Patient Safety - Obstetrics	Admissions to Neonatal Intensive Care	<= %	10.0	10.0			•	•	•		•			•	•	•			•			•	Jul 2020		4.51	4.5	4.8	~~~
Patient Safety - Obstetrics	Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		Jul 2020		12.9	12.9		<b>~~</b> ✓
Patient Safety - Obstetrics	Stillbirth (Corrected) Mortality Rate (per 1000 babies)	Rate1			2.51	4.64	0.00	6.25	4.45	6.51	8.93	2.24	4.80	2.54	4.78	5.10	0.00	2.68	2.70	9.43	11.90	6.44	Jul 2020		6.44	6.44	7.73	~~~
Patient Safety - Obstetrics	Neonatal Death (Corrected) Mortality Rate (per 1000 babies)	Rate1			2.51	0.00	0.00	2.08	0.00	0.00	0.00	0.00	2.40	5.09	2.39	2.55	0.00	2.68	5.39	2.36	4.76	3.00	Jul 2020		6.44	6.44	4.76	
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific	=> %	85.0	85.0	•	•	•	•	•		•				•				•	•	•	•	Jul 2020		92	92.0		$\mathbb{W}^{\mathbb{W}}$
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=> %	90.0	90.0	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Jul 2020		125	125.2		M
Patient Safety - Obstetrics	Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Jul 2020		78.6	78.6		~~~
Patient Safety - Obstetrics	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	%			0.6	0.5	1.8	2.2	1.4	0.9	0.8	0.3	0.3	1.2	0.5	1.1	0.0	0.3	1.9	1.6	1.8	1.7	Jul 2020		1.69	1.7		\w\
Patient Safety - Obstetrics	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	%			0.6	0.5	0.9	1.9	1.0	0.9	0.8	0.3	0.3	1.2	0.5	0.8	0.0	0.3	0.4	0.8	1.3	1.1	Jul 2020		1.13	1.1		\~\
Patient Safety - Obstetrics	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 085) (%)	%			0.0	0.0	0.0	0.6	0.7	0.6	0.0	0.0	0.0	0.3	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	Jul 2020		0	0.0		$\Delta$
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100.0	97.0	N/A	N/A		N/A	N/A	N/A	N/A			N/A		N/A	N/A	•	N/A	N/A	-	-	May 2020	-		-		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			4.8	3.9	4.3	4.0	3.7	9.2	9.4	6.2	7.9	7.1	7.5	7.5	8.4	9.2	8.7	9.4	7.6	-	Jun 2020			7.6		~~~
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			4.7	4.7	4.6	4.6	4.5	4.6	4.8	4.9	5.0	5.1	5.0	5.1	5.3	5.7	6.1	6.9	8.1	-	Jun 2020				6.9	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0	•	•	•	•	•	•	•	•	•	•		•	•	•	•	•	•	-	Jun 2020	99.3	-	99.3		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•			-	Jun 2020	75		75.0		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0	•		•	•	•	•	•	•	•	•		•	•	•	•	•	•	-	Jun 2020	47.4		47.4		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			3	3	0.5	2	1.5	2	1	3	3.5	1.5	2.5	2	5.5	4	-	5.5	10	-	Jun 2020	10	- 0	10	15.5	~~~\ \
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			1	3	1	0	0	0.5	0.5	0	1	0	1	0.5	3	1	-	0.5	5	-	Jun 2020	5	- 0	5	5.5	\\
Clinical Effect - Cancer	Cancer - Longest wait for treatment (days)	No			177	209	241	97	85	196	109	96	171	104	148	169	217	121	-	171	177	-	Jun 2020	177	- 0	177		WW
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	Jul 2020	0	- 0	0	0	

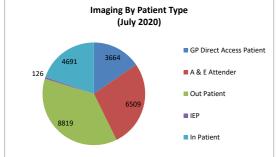
Section	Indicator	Measure		ectory Month	F	M	Α.	M			Α .			Months			- 1	И А	M	l J	J	Data Period		irectora		Month	Year To Date	
			i eai	WOTH		1 141	_ ^	IVI	<u> </u>	<u> </u>			<u> </u>	14		J   1		"   ^			J	renou		W	<u>.</u>		Date	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	0	0	0	-	-	-	- (	)	-   -	-	-	-	May 2020	_			-	-	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			10	12	5	18	12	23	4	17	19	10	6 1	11 5	5 9	3	6	10	23	Jul 2020	7	12	4	23	42	MW
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			14	18	17	26	19	23	6	22	25	12	13 1	13 1	4 1	5 9	12	15	23	Jul 2020	0	0	0	23		M-V
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non- clinical reasons	<= %	0.8	0.8	•	•	•	•	•	•	•	•	•	•	•			•	•	•	•	Jul 2020	2.24		-	1.5		~~~
Pt. Experience - Cancellations	28 day breaches	<= No	0	0	0	1	0	0	0	0	0	0	0	0	0	0 (	0 (	0	0	0	0	Jul 2020	0			0	0	Λ
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	9	5	6	7	3	5	5	10	5	8	6	7 1	3 4	0	1	3	3	Jul 2020	3			3	7	~~~
Pt. Experience - Cancellations	Urgent Cancellations	No			0	0	0	0	0	0	0	0	0	0	0	0 (	0 (	0	0	0	0	Jul 2020	0	-	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			11	17	46	20	10	13	7	20	0	0	0	0 (	0 (	0	0	0	0	Jul 2020	0	0	0	0	0	٨
Emergency Care & Pt. Flow	Inpatients Staying 21+ Days At Month End Census - NHSI	No			0	0	0	0	1	1	1	1	3	1	1	1 1	1 '	1 4	0	2	0	Jul 2020	0	0	0	0	-	
Emergency Care & Pt. Flow	21+ Days Long Stay Rate - NHSI	%			0	2	1	4	3	7	1	0	4	23	7	0 1	6	0	0	0	0	Jul 2020	0.42	-	0	0	0	
Emergency Care & Pt. Flow	Estimated Beds - 21+ Days - NHSI	No			0	0	0	0	0	1	0	0	0	5	1	0 2	2 (	0	0	0	0	Jul 2020	0.03	-	0	0	-	
RTT	RTT - Admittled Care (18-weeks)	=> %	90.0	90.0						•								•	•	•	-	Jun 2020	76.6			76.6		
RTT	RTT - Non Admitted Care (18-weeks)	=> %	95.0	95.0		•	•	•	•	•	•		•	•				•	•	•	-	Jun 2020	71.7			71.7		
RTT	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0		•	•	•		•								•		•	-	Jun 2020	64.4			64.4		
RTT	RTT - Backlog	<= No	0	0	169	142	146	162	201	231	187	141	142 1	169 1	91 2	25 28	32 32	24 437	577	696	-	Jun 2020	696			696		
RTT	Patients Waiting >52 weeks	<= No	0	0	0	0	0	0	0	0	1	0	0	0	0	0 (	) (	0	0	4	-	Jun 2020	4			4		
RTT	Treatment Functions Underperforming	<= No	0	0	3	2	2	2	3	3	3	2	2	3	3	3 3	3	2	2	3	-	Jun 2020	3			3		VV 4
RTT	Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1	0.1	•	•	•	•		•	•	•	•					•	•	•	•	Jul 2020	-			-		

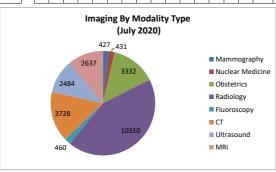
	T	T	Tra	iectory								Pı	revious	s Mont	hs Trei	nd							Data	D	rectorate		Year To	
Section	Indicator	Measure	Year	Month	F	M	Α	М	J	J	Α	S		N	D	J	F	М	Α	М	J	J	Period	G	M P	Month	Date	
										•																		
Data Completeness	Open Referrals	No			46,262	31,884	27,992	24,316	23,359	23,153	22,571	22,333	22,687	22,895	23,733	24,099	24,479	23,888	23,681	24,706	24,448	24,352	Jul 2020	5,928	7,422 11,002	24352		
	T	1	1			1 1	1	1			- 1	1		П				1	- 1								1	
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			29,926	9,906	10,961	7,086	6,248	5,887	5,518	5,139	4,857	4,788	5,150	5,048	5,068	4,875	4,425	5,000	4,890	5,100	Jul 2020	1,191	352 3,557	5100		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	-	•	-	-		-	-	•	•	-	-	-	-	-	-	-	-	-	Oct 2019	86.7	82.3 94.4		82.4	Λ.Λ
	1	1				1 1		1 1	1			1 1	1		- 1		- T							_				
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																		-	Jun 2020	100	- 100		100.0	1
r																												
Workforce	Sickness Absence - 12 month rolling	<= %	3.0	3.0	4.84	4.96	5.06	5.26	5.35	5.34	5.38	5.47	5.69	5.72	5.79	5.71	5.57	5.54	5.77	5.76	5.72	5.66	Jul 2020	4.16	6.32 5.31	5.7	5.7	
Workforce	Sickness Absence - in month	<= %	3.0	3.0	5.70	5.55	5.35	6.06	6.21	5.59	4.96	5.24	6.00	6.56	6.09	5.26	3.92	5.15	7.08	5.41	5.09	4.20	Jul 2020	3.04	5.48 2.98	4.2	5.4	~~\\
		1		1		1																						
Workforce	Sickness Absence - Long Term - in month	No			41	41	39	45	47	40	46	41	44	45	52	45	31	30	40	49	43	27	Jul 2020	2	20 5	27.0	159.0	~~\\\
				1																	•							
Workforce	Sickness Absence - Short Term - in month	No			115	102	97	78	70	87	60	98	98	106	103	101	94	96	137	79	77	86	Jul 2020	5	54 27	86.0	379.0	~~~
		_				_													-									
Workforce	Mandatory Training	=> %	95.0	95.0													-	-	-	-	-	-	Jan 2020	87.6	<b>86.4</b> 95.4		90.6	1 \

Partie:	Indicator	Measure	Trai	ectory										s Mont									Data		rectorate			Year To	
Section	Indicator	Measure	Year	Month	F	M	Α	M	J	J	Α	S	0	N	D	J	F	М	Α	M	J	J	Period	G	M P	Mor	nth	Date	
WCH Group Only	HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregancy	No			>	>	978	>	>	1045	>	>	928	>	>	>	>	>	>	>	>	>	Oct 2019		928	92	18	2951	<b>M</b>
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	>	>	>	>	>	>	>	>	>	Oct 2019		91	90.	95	91.55	<b>////</b>
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	>	>	>	>	>	>	>	>	>	Oct 2019		7.38	7.3	38	7.06	<b>M</b>
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	>	>	>	>	>	>	>	>	>	Oct 2019		97.3	97	.3	96.62	<b>M</b>
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	>	>	>	>	>	>	>	>	>	Oct 2019		95.1	95.	05	95.89	<b>///</b>
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	>	>	>	>	>	>	>	>	>	Oct 2019		96.6	96.	63	95.72	<b>////</b>
WCH Group Only	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%			>	>	94.5	>	>	98.6	>	>	98.4	>	>	>	>	>	>	>	>	>	Oct 2019		98.4	98.	39	97.06	<b>////</b>
WCH Group Only	HV (C7) - No. of Sure Start Advisory Boards / Children's Centre Boards witha HV presence	=> No	100	100	>	>	>	>	>	4	>	>	>	>	>	>	>	>	>	>	>	>	Jul 2019		4	4		4	_/
WCH Group Only	HV (C8) - % of children who receive a 6 - 8 week review	=> %	95.0	95.0	>	>	99.9	>	>	99.9	>	>	99.7	>	>	>	>	>	>	>	>	>	Oct 2019		99.7	99.	72	99.83	<b>////</b>
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	>	>	>	>	>	>	>	>	>	Oct 2019		99.7	99.	72	99.8	<b>////</b>
WCH Group Only	HV - % of infants being breastfed at 6 - 8 weeks	%			>	>	40.3	>	>	44.1	>	>	45.1	>	>	>	>	>	>	>	>	>	Oct 2019		45.2	45.	15	43.17	<b>////</b>
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		-	10	10	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	>	>	>	>	>	>	>	>	>	Oct 2019		1125	11:	25	2295.4	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	=> %	100	100	>	>	>	>	>	99.4	>	>	>	>	>	>	>	>	>	>	>	>	Jul 2019		99.4	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	>	>	>	>	>	>	>	>	>	Oct 2019		21	2	1	23.01	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	=> %	100	100	>	>	>	>	>	2.2	>	>	>	>	>	>	>	>	>	>	>	>	Jul 2019		2.2	2.	2	2.2	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	No			>	>	2.2	>	>	3.6	>	>	28	>	>	>	>	>	>	>	>	>	Oct 2019		28	28	В	33.8	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	=> %	100	100	>	>	>	>	>	3.6	>	>	>	>	>	>	>	>	>	>	>	>	Jul 2019		3.6	3.	6	3.6	
WCH Group Only	HV - movers into provider <1 year of age to be checked =<14 d following notification to HV service	No			>	>	73.5	>	>	255	>	>	196	>	>	>	>	>	>	>	>	>	Oct 2019		196	19	16	524.5	₩_
WCH Group Only	HV - all untested babies <1 year of age will be offered NBBS screening & results to HV.	Y/N			>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	Jan-00						

#### **Imaging Group**

Section	Indicator	Measure	Trajector Year Mo		F	M /	A N	ı J	J			ous Mont			F	1 А	М	J	J	Data Period		Month	Year Da		Trend
Patient Safety - Harm Free Care	Never Events	<= No	0	0	•	• •	•	•	•	•		•	•	•	•	•	•	•	•	Jul 2020	0 0 0 0	0	0		
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0		• •	•	•	•	•		•	•	•	•	•	•	•		Jul 2020	0 0 0 0	0	0		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= No	0	0	-	2.0 2.	0 3.0	2.0	-	1.0 1	.0 1	.0 4.0	1.0	1.0	2.0	1.0	1.0	-	-	Jun 2020		-	-		<b>√</b> ^ <b>/</b> ^~
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	=> %	0	0	14.0	14.0 13	.0 16	0 17.0	16.0	16.0 16	6.0 15	5.0 18.0	18.0	18.0	20.0 18	.0 17.0	15.0	13.0	-	Jun 2020		-	6.2	2	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0 50	0.0	•	•	0	•	•	•	-		-	-		-	-	•	-	Jun 2020	-	87.5	86	4	~\\
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0 100	0.00		•	) (			•	-		-	-		-	-		·	Jun 2020	-	100	98	4	ΛΛ
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			0	2 (	) 6	5	3	2	0	1 3	3	5	1 (	1	1	1	4	Jul 2020	4 0 0 0 0	4	7		シェ
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			4	4 3	3 6	11	6	3	1 :	2 3	2	5	2	2	2	3	4	Jul 2020	4 0 0 0 0	4			<b>-</b> \
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0 1	.0		•	)	9		•		•	•	•	•	•	•	•		Jul 2020	43.5	43.49			
Data Completeness	Open Referrals	No			940	948	268	295	308	350	363	396	486	516	526	737	715	701	701	Jul 2020	190 0 0 489	701			7
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			867	865	8 8	178	215	233	244	304	321	357	366	382	388	395	396	Jul 2020	361 3 0 0 32	396			7
Workforce	PDRs - 12 month rolling	=> %	95.0 95	5.0	-	•		-	-	- (			-	-		-	-	-	-	Oct 2019	79.8 100 88.9 97.9 -	-	72	.8	٨٨
Workforce	Medical Appraisal and Revalidation	=> %	95.0 95	5.0	•	• •	•	•	•	•	•	•	•	•	•	•	•	•	-	Jun 2020	100 - 100 - 100	-	100	.0	
Workforce	Sickness Absence - 12 month rolling	<= %	3.00 3.	00	4.59	4.59 4.6	56 4.8	8 4.71	4.62	4.68 4.	.60 4.	52 4.24	4.07	4.03	3.99 4.0	9 4.24	4.26	4.21	4.38	Jul 2020	5.0 4.9 1.7 3.7 0.0	4.38	4.2	.7	~~~
Workforce	Sickness Absence - in month	<= %	3.00 3.	00	4.14	4.12 4.5	56 5.0	6 3.86	3.53	4.82 4.	.46 4.	20 4.12	3.57	3.64	3.57 5.3	5.88	4.58	3.35	4.31	Jul 2020	5.4 1.6 0.6 3.2 0.0	4.31	4.5	2	<b>^</b> ~^
Workforce	Sickness Absence - Long Term - in month	No			7	6 1	0 10	7	5	8	9 1	7	7	5	5 !	7	9	8	6	Jul 2020	5 0 0 1 0	6	3	J	$\sqrt{}$
Workforce	Sickness Absence - Short Term - in month	No			27	30 3	4 19	26	24	19 2	24 3	33 25	33	44	34 3	9 40	24	26	30	Jul 2020	22 1 1 6 0	30	12	0	1~M
Workforce	Mandatory Training	=> %	95.0 95	5.0		•	•	•		•		•	•	•		-	-	-	-	Jan 2020	92.9 94.6 93.3 92.7 -	93.0	93	.6	<b>\</b>
Workforce	Imaging - Total Scans	No				- 20,202	32,017	29,982	32,665	29,248	29,463	29,477	28,573	32,398	29,181	12,474	15,657	20,296	23,773	Jul 2020		23773	722	00	
Board KPI	Imaging - Inpatient Turnaround Time <=24hr	=> %	90.0 90	0.0	-	- 6	5 65	69	67	69 6	57 7	77	77	79	82 8	91	87	86	85	Jul 2020		84.8	87	.0	/
Board KPI	Imaging - Urgent Other(GP 5) Turnround Time <=5d	=> %	90.0 90	0.0	-	- 7	6 69	65	66	70 7	71 7	75	72	72	74 6	8 82	87	79	69	Jul 2020		68.6	78	.7	<b>/</b>
Board KPI	Imaging - All Imaging Work Reported in less than 4 weeks (request to report)	=> %	95.0 95	5.0	-		-	-	-	-	- 8	18 90	90	88	92 9	93	94	90	85	Jul 2020		85.5	89	.8	
												·													





# **Primary Care, Community & Therapies Group**

Section	Indicator	Measure	Trajectory Year Monti	F	M A	A M	J	J A		ious Mo	nths Tr		J F	М	A I	M J	J	Data Period	Directorate AT   IB   IC   CT   CM   YHP	Month	Year To Date	Trend
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	80.0 80.0	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Jul 2020	0 -	0		$M_{\Lambda}$
Patient Safety - Harm Free Care	Number of DOLS raised	No		6	3 4	6	5	6 13	3 5	7	6	4	6 5	4	9	6 8	13	Jul 2020	0 13 0 - 0 0	13	36	M
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No		6	3 4	6	5	6 13	3 5	7	6	4	6 5	4	9	6 8	13	Jul 2020	0 13 0 - 0 0	13	36	why
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No		0	1 1	1	3	3 6	0	0	0	1	1 3	0	0	0 0	4	Jul 2020	0 4 0 - 0 0	4	4	~^\~
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No		4	1 (	1	2	0 2	0	0	1	1	0 2	0	2	2 3	2	Jul 2020	0 2 0 - 0 0	2	9	ww^
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No		4	1 2	5	2	1 8	2	4	2	1	2 2	1	9 !	5 9	10	Jul 2020	0 10 0 - 0 0	10	33	W
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No		0	0 (	0	0	0 0	0	0	0	0	0 0	0	0	0 0	0	Jul 2020	0 0 0 - 0 0	0	0	
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No		4	0 (	0	1	0 0	0	0	0	0	0 0	0	0	0 0	0	Jul 2020	0 0 0 - 0 0	0	0	<u></u>
Patient Safety - Harm Free Care	Falls	<= No	0 0	28	22 3	3 21	29	22 24	4 23	28	26	28 2	29 32	25	22 1	9 18	14	Jul 2020	- 13 1	14	73	M
Patient Safety - Harm Free Care	Falls - Death or Severe Harm	<= No	0 0	1	0 2	1	1	0 0	0	3	1	0	0 0	0	0	0 0	0	Jul 2020	0 0 0 - 0 0	0	0	$\sim \sim$
Patient Safety - Harm Free Care	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0 0	20	8 2	6 18	8	12 16	6 20	8	14	22 1	18 24	14	12 1	6 10	28	Jul 2020	2 9 3	14	33	WW
Patient Safety - Harm Free Care	Pressure Ulcer DN Caseload Acquired - Total	<= No	0 0	34 ;	34 3	6 16	24	29 34	4 27	31	18	24 2	25 25	22	20 2	23 25	37	Jul 2020	1 - 36	37	105	<b>7</b> ~~/
Patient Safety - Harm Free Care	Never Events	<= No	0 0	•	•	•	•	• •	•	•	•	•	•	•	•	•	•	Jul 2020	0 0 0 - 0 0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0 0	•	•	•	•	• •	•	•	•	•	•	•	•	•	•	Jul 2020	0 0 0 - 0 0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0 0	•	•	•	•	•	•	•	•	•		•	•		•	Jul 2020	0 0 3 - 0 0	3	16	<b>√</b> ~~
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0 0	0	0 (	0	0	0 0	0	-	-	-	- 0	-	-	-   -	-	May 2020		-	-	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No		6	7 1	4 4	13	8 6	9	14	8	5 1	11 4	8	6	4 7	19	Jul 2020	1 4 1 - 6 7	19	36	$\sim$
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No		23	16 2	2 5	20	17 7	14	15	13	7	0 11	11	12 1	2 14	19	Jul 2020	1 4 1 - 6 7	19		<b>%</b> ~

## **Primary Care, Community & Therapies Group**

Section	Indicator	Measure		ectory
5000.0.1	maiotio	ououi o	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

							Previ	ous M	onths	Trend								Data	Directorate	Month	Year To
F	М	Α	М	J	J	Α	S	0	N	D	J	F	M	Α	M	J	J	Period	AT   IB   IC   CT   CM   YHP	Wonth	Date
-		-	-	-	-	-			-	-	-	-	-	-	-	-	-	Oct 2019	97 88 97 - 59 -		88.0
1.25	4.27	4.30	4.37	4.40	4.39	4.38	4.33	4.36	4.23	4.24	4.19	4.17	4.26	4.60	4.80	4.84	4.81	Jul 2020	2.8 5.4 5.2 - 5.5 5.9	4.81	4.76
5.21	4.06	3.79	4.08	3.67	4.08	3.84	3.57	4.13	4.07	4.78	4.82	4.82	4.91	6.89	5.98	4.55	4.21	Jul 2020	3.8 3.5 5.5 - 3.6 4.71	4.21	5.4
29	33	25	31	25	25	26	23	27	23	32	30	31	36	29	50	44	27	Jul 2020	5	27	151
147	102	101	79	86	94	78	93	135	121	121	140	114	92	181	104	81	99	Jul 2020	25 29 33 0 10 2	99	468
•	•	•	•	•	•	•	•	•	•	•	•	-	-	-	-	-	-	Jan 2020	96 93 94 - 91 -		95.4

# **Primary Care, Community & Therapies Group**

Section	Indicator	Measure	Trajectory Year Month		F	М	Α	М	J	J	Α				Trend		F	M	A	М	J	J	Data Period	E	Directorate AT   IB   IC   CT   CM   Y	HP	Month	Year 1 Date		
Community & Therapies Group Only	DVT numbers	=> No	730 61		25	12	20	38	43	55	43	27	25	29	19	21	14	1	15	22	31	26	Jul 2020				26	94		<b>√</b> ~~
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	1	11.2	9.76	6.87	7.84	12	11.5	12.7	11.6	-	-	-	-	-	-	-	-	-	-	Sep 2019				10.8	11.1		$\sim$
Community & Therapies Group Only	Therapy DNA rate S1 based OP Therapy services	<= %	9 9	8	8.56	8.78	3.92	3.23	10.1	8.7	10.5	9.59	9.67	9.01	10.6	9.49	9.71	6.16	2.25	7.63	3 4.4	1 -	Jun 2020				4.4	4.7		
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	2	20.6	20.3	24 2	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	Jul 2020				9	27.0	1	~~~
Community & Therapies Group Only	DNA/No Access Visits	%			1	1	1	1	1	1	1	0	1	1	1	1	1	1	0	0	1	-	Jun 2020				0.73			
Community & Therapies Group Only	Baseline Observations for DN	=> %	95 95	9	96.4	95.8	91.2	97.7	96.8	95.7	97.3	95	93.7	92.1	93.6	94.7	93.7	90.6	95.9	93.2	91.	3 -	Jun 2020				91.34	93.3	7	
Community & Therapies Group Only	Falls Assessments  ON Intial Assessments only	=> %	95 95	9	96.2	96.6	93	97.5	96.5	96.1	97.7	95.9	93.1	91.4	93.4	95.3	92.8	91.9	96.1	93.4	92.	1 -	Jun 2020				92.08			
Community & Therapies Group Only	Pressure Ulcer Assessment  - DN Intial Assessments only	=> %	95 95	9	96.4	96.4	93.2	97.5	96.8	96.5	97.3	95.6	93.3	92.3	93.4	95.6	93.5	92.4	96.4	93.4	91.	8 -	Jun 2020				91.83			
Community & Therapies Group Only	MUST Assessments y - DN Intial Assessments only	=> %	95 95	9	95.7	95.8	92.6	97.2	96.8	96.3	97.7	95.4	93.1	91.4	93.6	94.9	93	92.4	96.4	92.6	90.	6 -	Jun 2020				90.59			
Community & Therapies Group Only	Dementia Assessments  - DN Intial Assessments only	=> %	95 95	9	92.3	93.2	91.3	95.4	91.6	94.2	93.3	93.7	88.8	87	90.9	89.7	85.9	84.4	91.1	89.8	88.	9 -	Jun 2020				88.89			
Community & Therapies Group Only	48 hour inputting rate  / - DN Service Only	%			95	96	-	95	1	94	95	95	95	-	95	94	95	96	95	95	-	-	May 2020				94.62			WV
Community & Therapies Group Only	Making Every Contact (MECC)  - DN Intial Assessments only	=> %	95 95	9	96.7	95.8	92.4	97.5	96.8	96.3	97.1	95.2	93.1	90.6	92.4	94.7	93	92.4	95.3	93.4	90.	6 -	Jun 2020				90.59	93.0	2	
Community & Therapies Group Only	Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload acquired)	No			20	8	26	18	8	12	16	20	8	14	22	18	24	14	12	16	10	28	Jul 2020				14	33		MAN
Community & Therapies Group Only	Avoidable Grade 2 Pressure Ulcers (IDN 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	Traje Year	ectory Month	F	M	A	M	JJ	A	Prev	ious M	onths Tr	rend D	J   F	М	Α	M J	J	Data Period	S		ectorate M E N O	Mo	nth	Year To Date	Trend
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			5	4	2	1 1	2 10	0	3	6	2	3	6 3	10	3	4 5	11	Jul 2020		2 0 0	0 2 7 0	1	1	23	SW
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			8	9	2	6	4 5	1	4	3	4	1	0 5	12	3	4 3	11	Jul 2020		2 0 0	0 2 7 0	1	1		$\mathcal{M}$
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	-	•	-	-		-	•	•	-	-		-	-		-	Oct 2019	7	96 94	89 97 89 -			89.2	٨٨
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	•	•	•	•	•	•	•	•	•	•	•	•	•	• •	-	Jun 2020		95		10	0.0	100	<b>✓</b>
Workforce	Sickness Absence - 12 month rolling	<= %	3.00	3.00	4.23	4.21	4.21	4.21 4.	22 4.2	1 4.26	4.32	4.47	4.41	4.43 4	1.47 4.5	1 4.59	4.94	4.99 4.91	4.88	Jul 2020	3.	02 1.86 3.44	4.04 6.04 6.26 3.82	4.1	88	4.93	
Workforce	Sickness Absence - in month	<= %	3.00	3.00	4.64	3.81	3.71	3.80 4.	21 4.4	7 4.42	4.68	5.03	4.48	4.46 4	1.91 4.8	9 4.77	6.75	4.87 3.81	4.31	Jul 2020	2.	63 0.68 1.87	3.19 5.51 6.44 2.25	4.3	31	4.89	\\
Workforce	Sickness Absence - Long Term - in month	No			28	28	20	25 3	2 32	40	33	35	32	27	27 3	31	37	77 62	45	Jul 2020	1.	00 1.00 4.00	2.00 18.00 16.00 3.00	45.	.00	227.00	^
Workforce	Sickness Absence - Short Term - in month	No			112	86	79	57 6	5 82	54	92	90	84	108 1	100 8	73	116	147 134	164	Jul 2020	8.	00 0.00 3.00	20.00 77.00 44.00 12.00	164	1.00	578.00	<b>\</b>
Workforce	Mandatory Training	=> %	95.0	95.0	•	•	•	•		•	•	•	•	•	• .	-	-		-	Jan 2020	9	97 97	96 - 93 -	94	1.3	94	\