Sandwell and West Birmingham Hospitals
NHS Trust

Integrated Quality & Performance Report

Month Reported: October 2020

Reported as at: 19/11/2020

TRUST BOARD

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Operational Performance at a Glance: October 2020

Highlights :		• **Recovery:** Elective activity recovery continued during October, but cancellations which started on 1st November will compromise plans. Attendance numbers in A&E have been rising steadily to last year's levels, but have been falling over the last two months, which is in line with experience in the CV19 first round; Diagnostics appointments have continued and are still picking up towards full recovery albeit still getting to grips with patients not attending their appointments or not-responding. The recovery of elective activity plans had been set for the remaining part of the calendar year and reflects the 'NHSI Phase 3' guidance in respect of speed of recovery and prioritisation; this includes the guidance criteria in respect of prioritised patients, and diagnostics. As at October, the Trust delivered the Phase 3 and Clinical Groups own targets, but has not achieved its pre-COVID contractual targets (internal Production Plan) at this stage (12.5% behind). From 1st November we have begun to make a large number of elective patient cancellations in order to release staff to support the pandemic, which clearly will impact the recovery trajectory at this stage. Clearly, future recovery depends on CV19 course and its intensity; there is likely to be a Phase 4 guidance coming up. • **A&E performance** dropped again slightly in October delivering 79.1% of care within the 4hr target. ED performance is heavily impacted by ability to manage patient flow down-stream to wards; currently and additionally to CV19 pressures, in an effort to alleviate them, ED intensively focussing on implementing the NHS111 national initiative (patients calling NHS 111 before attending ED or other, appropriate settings which aims to alleviate ED crowding (999 calls continue as before for seriously ill and injured) - the initiative goes live on 20th November 2020 • **RTT & DM01 performance** is fully dependant on recovery plans being achieved, patients attending safely diagnostics appointments, and so it is likely that we can expect an overall longer period before we are able to recover to the 92% standard; however some services should be able to achieve this faster than others. RTT plans are being finalised following group changes. GP referrals are increasing steadily, so essential that we are progressing patients through the waiting list now as more referrals are coming through. • **Cancer performance** is below standards in September (latest reported position) and below previous month's performance; and we see the unusual drop in 2 week waits standard a second month below its target, which previously has been met continually, clearly showing pressures at this time. • Other items to highlight are pressures in increasing stillbirth rates increasing again in October and trolley waits in A&E above 12 hrs including ambulance handover delays.
RESPONSIVENESS	**A&E Performance**	• Performance dipped to 79.1% in October and continues to fall in November; attendance numbers, whilst increasing steadily right up to August are starting to fall again and are in October at 13,883 so we are seeing again, as in the previous COVID round, an impact of patients staying away from attending ED. • Despite lower attendances we continue to see high levels of breaches, in October we reported 2,895 patients breaching the 4 hr target including 3x 12hr Trolley Breaches and delayed ambulance handovers; breaches are proportionally higher at Sandwell A&E ; main reasons for the breaches explained as cubicle capacity for the 'cold stream' patients and lack of patient flow into the ward bed-base. • There are 10 patient flow projects currently set up. Some of which have short-term impact and others that will focus on the longer term. A separate patient flow operational group is to be set up in November to monitor, tweak and develop the patient flow projects as to optimise patient flow throughout the organisation. This includes the latest NHSE guidance on discharges aimed at doctors. • Other Same Day Emergency Care (SDEC) initiatives are also being optimised, including the fore-mentioned NHS 111 initiative with an aim to secure ED for the most ill and injured patients.
	Referral to Treatment in 18 weeks (RTT Incomplete)	• **RTT** performance is at 72% in October against the national 92% target; the order of treating patients follows the prescribed clinical prioritisation of patients ; recovery plans put the Trust on trajectory to deliver 92% by end of March 2021, but clearly this was before the impact of the CV19 second round impact was known and hence this delivery is going to be impacted by the elective cancellations and plans set back. The October patient backlog is just below 1/3 of the total waiting list which has been a ratio improving steadily; the number of 52 week wait breaches has as anticipated increased and we report 482 patient breaches on the incomplete pathway for October. All efforts are made to manage the patients that are waiting for this amount of time.
	Diagnostics Waits (% of patients waiting >6 weeks)	• October **DM01** performance improving further to 76%, but below planned trajectory for this month and hence 99% achievement of the full standard by end November seems unlikely. • We have therefore still got a high level of patients (24%) on the diagnostics pathways waiting above the 6 week target and many sitting at 13+ weeks waiting time which has been caused by patients being unwilling to attend appointment in fear of CV19. • The **specific Imaging diagnostic** patient volumes (CT, MRI, X rays and Ultrasounds) increased in October again to 27,499 (26,957 in September) and getting closer to pre-COVID levels, which were at an average of c30,000-32,000 per month. Whilst the KPIs below are showing improvements, it needs to be noted that they are achieved by using increased outsourcing capacity, which has high costs associated to it. • Against these October volumes, and the top three Board KPIs performance was: Inpatient total turnaround (TAT) time within 24hrs has dipped again to 80% against the 90% trust target (previous high was 91%); Urgent GP tests within 5 days improved slightly to 58% vs 90% target, but on review most of the patients fitted in the non-responder/non-attenders category. Overall Imaging achieved to turn around 85% of 'all Imaging work' under the 4 weeks (target of 95% and previous highs of 94%) • Seeing now pressure in the booking of patients and patients who are too anxious to attend causing performance to fall below expected and previously achieved levels. Imaging are continuing to keep all patients who do not attend on their waiting list, whilst this is in place it will be challenging to progress recovery of the KPI or the DM01 as the impact of DNAs is significant. We continue to follow National policy by not removing patients from the waiting list who DNA or who do not want to come in at this time. • A much higher level of imaging reporting has been observed in October (c40%) as more plain film reporting goes to the two partner suppliers. This should be reviewed as it will impact costs significantly.
	Cancer Performance	• Reporting the September position (latest available reporting period), the Trust, has met some access cancer standards, but continues to fail and attempt to recover the 31-day and 62-day standard; however, additionally in September as in August we have failed to deliver the 2WW at Trust level against the national target which is the very first time within SWBH. Overall 90.1% were seen within the 2 WW target against the 93% target. Four areas were under target colorectal (92.9%), Urology (88%), Dermatology (83.8%) and Upper GI (67%). Recovery towards standards is showing an improving position and we continues to work towards March 2021 for full recovery, but with challenges now. Failed standards: 2WW at 90% vs 93% target, 31-Day at 95% vs 96% target and 62 Day 74% vs 85% target. • Neutropenic sepsis delivery drops to 80% in October with 3/15 breaches; smaller number of patients observed; avg door to treatment time is 44mins so much better than the 1 hr target. Breaching patients breached by only several minutes above the hour (range between 4, 8 and 11 minutes at the highest end)

Operational Performance at a Glance: October 2020

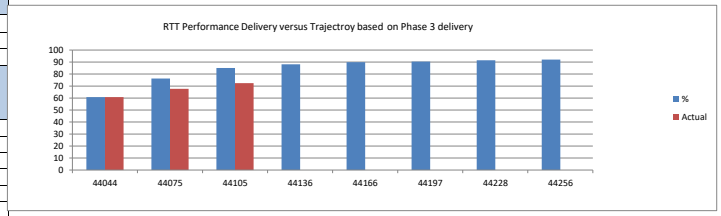
	Cancellations	• October **cancellations** have not been signed off fully by all services, in the IQPR we are reporting as seen in the data; high level of on the day cancellations of 40 have been reported which gives us a rate against elective patients of 1.5% (target 0.8%); additionally we can see 1x urgent cancellation and 4x 28 day breaches. These may be removable if the service validates fully.
SAFE	**Infection Control**	• Infection Control metrics continue to report good performance; we reported 1x CDIFF case in October (including community) and 11 cases on a year to date basis against the year to date target of 22. • MRSA screening rates non-electively delivering 92% in October and are very close against the target 95%. • Elective patients MRSA screening rates are being revised to match the new Trust Policy ratified earlier this month. The changes to reporting are yet to be reflected and are likely to show an improved positon as we extend the period in which a MRSA screen test is valid for in the case of elective patients. the New Policy has been signed off appropriately by all appropriate stakeholders.
	Harm Free Care	• The Trust **falls** rate per 1,000 bed days in October has reduced to 3.76 (last month 4.66) and well below the Trust target of 5; we report a lower number in falls of 74 actual falls in October against which there were no falls causing serious harm. • The Trust Falls Lead Nurse looked at a comparison of number of falls during the covid period among some of the regional Trusts; this showed that SWB is below the average for the eight Trusts in the sample. Some Trust reported higher and lower than normal incidences. As a group they looked at the data and drew out common themes experienced during the coved surge in order to learn and prepare for the future. This is a really positive position for the Trust.
		• **Pressure Ulcers** (Hospital or DN Caseload Acquired PUs) in October are steady to previous trends and showing low run rates; the overall Trust reports 54PUs (49 last month). There were no Grade 4 PUs reported. • The Trust Tissue Viability Nurse (TVN) met with the West Midlands TVS leads, and all saw a reduction in hospital acquired cases. There was an increase in 'device related damage' in all the Critical Care areas, related to patients being proned for 12 hours at a time. Nationally no solution has been found as yet, the breathing tube has to be there and the damage caused is outweighed by the risk of moving the patients. NHSE/I are trying to gather some incidence data around device related damage.
		• **VTE assessment** performance at 95.3% meeting the 95% target at Trust level; however missing the target in Surgical and Women's & Children's Group level • **Sepsis** screening of eligible patients at 97% in October of which 23% of screened patients being sepsis positive; 88% of the sepsis positive patients were treated, of which 80% were treated within the prescribed 1hr, which still shows room for improvement. Whilst Sepsis performance is still just below expected standards, we are seeing significant improvements based on the continuing improvement plan put in place by the Medical Director's team.; Groups are supporting and monitoring ward and ED sepsis performance routinely via available reporting and non-compliance drill down to patient level functionality.

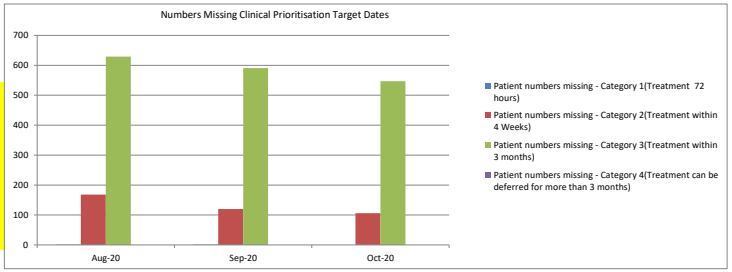
Operational Performance at a Glance: October 2020

	Obstetrics	• The overall **Caesarean Section** rate for October has reduced to last month when we noticed an increase and reports at 27.9% in month, against trust target of 25%; year to date just below 30%. This is split between : • Elective C-Section rates slightly higher than average trend and at 14% in September, but reducing to 8% in October • Non-elective C-Section rates were on average 17% during the full year, and in October at a high 20% • In October, after a spell of lower **still-birth** rates in recent month, this has again increased to 8.75 rate per 1,000 babies . • **Neo-natal** death rate in October again at zero, following an elevated few previous months • A full service review report has been submitted to the Quality & Safety Committee during the last couple of months reporting on the elevated still birth and neonatal rate position. • **Post Partum Haemorrhage** (>2000ml) rate is 8 in October, double the target rate of 4
CARING	**Patient Experience (FFT), Mixed Sex Accommodation (MSA)**	• **MSA has not been reported for a few months running** . A data cleanse in September combined with a visit by the Chief Nurse to the Assessment Units suggest that this is where our breaches are. A decision is required as to when we begin to address this issue in the context of Covid-19 pressures and capacity • **Flu vaccination** reporting resumes again for the winter season in October when vaccinations started and the Trust plans to have vaccinated 80% of the front-line staff by end of December. As at October 46% of front line staff have been vaccinated.
EFFECTIVE	**Mortality, Readmissions**	• Readmissions rates (30 days after discharge) have gone up again in October to 8.7%; the Groups are reviewing their readmissions reasons to assure themselves that these are as expected. Quality Plan is actively reviewing and leading readmissions focus. • HSMR reporting at 136 above the tolerance levels as at the end of June (latest available reporting period and also during COVID), showing an elevated position against the weekend mortality rate which is 150and weekday at 132. This position makes the Trust HSMR position a significant outlier compared against the national picture. As reported last month, an initial review concludes that some of the coding included COVID related deaths, which should have been excluded; the errors are multi-factorial e.g. delayed pathology tests after coding has taken place and other similar issues; learning from deaths facilitator and coding team will be jointly looking at corrections to ensure national guidance is appropriately applied (will take some time). The Learning from Deaths Facilitator will be producing a detailed review paper, which will summarise findings and learning. In the interim, however, looking therefore at deaths levels on a 'real' basis compared to same period last year, we can see April and May excess deaths, as expected from COVID, however more recent months are showing a reduction to prior year same period. This provides some reassurance that the outlier position is a coding related resulting in an increased HSMR rate. Coding team will be working with the Learning Deaths Facilitator to appropriately correct coding following the detailed review outcome. • Mortality review performance picking up to 85% which is lower than trust target of 90% however, reasonable against peers which is around 80% pre-COVID levels.
	Stroke & Cardiology	• **Stroke** performance good against most indicators, but dropping again in a few places in October with pressures; admission to the stroke ward within 4 hours dipped significantly to 65% in the month below the 80% target; patients have stayed less than 90% on the stroke ward and thrombolysis below the target (RCAs in progress); it is worth noting that this service does achieve good SSNAP (Sentinel Stroke National Audit Portal) ratings. • **Cardiology** performance also reporting good performance across all indicators
	Patient Flow	• **21+ LOS** patients (long stay patients) count at the end of September at 77 patients which represents 15% of inpatients and shows a large increase in this patient cohort (this measures patients 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). This represented c15% or our bed base occupied by this long stay patient cohort and is in line with other providers. • **Neck of Femur** performance recovers from to 80% in October against the 85% target. This indicator displays large fluctuations in performance.
WELL LED	**Workforce**	• Sickness rate in month has risen to 5.4% (last month 5.1%) resulting in a cumulative rate of 5.6% against the trust target of 4% (target for wards at 3%). • Ward sickness rate specifically is at 7.2% increasing again to recent months. • PDR rate for the Trust has been recorded at 91% • Mandatory Training (where staff are at 100% of their MT) is at 84% against the 95% aim.
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 and the wider Single Oversight Framework. 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. • Using a crude method to predict the CQC rating based on an inspection right now, which is taking factors other than what is highlighted in use of resources e.g. RTT, A&E etc, the Trust would mostly likely score 'requires improvement' again. Considering the COVID impact on most of these indicators this is not a worsening from where we were. • We have populated 7/16 of the Use of Resources metrics. No work is currently under way to increase this proportion and start deep-diving in presented opportunities, however, this is significantly slowed down due to CV19.
TRUST EMPHASIS	**Persistent Reds**	To follow

Recovery & Restoration SWB :	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Activity Delivery & RTT								
This measures activity % age activity achievement compared to the three different Trust Trajectories set :	**Phase 3 : 70% IP / 90% OP**	**Phase 3 : 80% IP / 80% OP**	**Phase 3 : 90% IP / 100% OP**	**Phase 3 : 90% IP / 100% OP**	**Phase 3 : 90% IP / 100% OP**	**Phase 3 : 100% IP / 100% OP**	**Phase 3 : 100% IP / 100% OP**	**Phase 3 : 100% IP / 100% OP**
% Of Phase 3 activity volumes	88.5%	102.2%	101.9%					
% of Production Plan volumes	77.5%	85.1%	85.5%					
% of Clinical Group agreed volumes	94.8%	112.2%	98.8%					
RTT Trajectory Targets :	N/A	**76.3%**	**85.0%**	**88.1%**	**89.9%**	**90.4%**	**91.5%**	**92.1%**
Variance Performance Trajectory to achieve 92% by 31st Mar21	N/A	-8.6%	-12.5%					
Diagnostics (DM01)								
This measures activity % age activity achievement compared to Phase 3 Target which is based on previous year delivery : additionally the ambition to recover to DM01 standard of 99% by Nov21 :	**Phase 3: 90%**	**Phase 3: 95%**	**Phase 3: 100%**	**Phase 3: 100% & to 99% Standard**	**100%**	**100%**	**100%**	**100%**
% of Phase 3 activity volumes MRI (100% by October)	128.6%	121.8%	110.8%					
% of Phase 3 activity volumes CT (100% by October)	104.2%	98.8%	109.4%					
% of Phase 3 letter actviity Endoscopy (100% in October)-All Scopes	74.2%	70.3%	106.3%					
DM01 Trajectory	N/A	**94.50%**	**98.20%**	**99.00%**	**99.00%**	**99.00%**	**99.00%**	**99.00%**
Variation versus planned trajectory to achieve 99% DM01	N/A	-26.7%	-22.2%					
Cancer 62 Day Standard								
Cancer 62 Day standard aims to achieve 85% performance by Mar21 :			1 Month behind					85%
104 day volumes (patient numbers)	3	8						
62 day refer to treat % (distance from 85% standard)	77.4%(-7.6%)	74.2%(-10.8%)						
31 day diagnosis to treatment % (distance from 96% standard)	93.5%(-2.5%)	94.6%(-1.4%)						
Cancer Trajectory-104 day	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cancer Trajectory-62 day	60%	**55.00%**	**55.00%**	**80.00%**	**85.00%**	**85.00%**	**85.00%**	**85.00%**
Cancer Trajectory-31 day	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
52 Week Wait Breaches								
Shows volumes that will breach if no intervention (follows the waiting list patient queue to indicate potential breaches) :								Zero 52 WW Breaches
Volumes that will be breaching at 31 March 2021 - Inpatients	3,843	3,016	2427					
Straight line trajectory to zero in March21-Inpatients	3,843	3,294	2,745	2,196	1,647	1,098	549	0
Variation	-	- 278	- 318					
Volumes that will be breaching at 31 March 2021 - Outpatients	7,460	5,015	3302					
Straight line trajectory to zero in March21-Outpatients	7,460	6,394	5,329	4,263	3,197	2,131	1,066	-0
Clinical Prioritisation								
Numbers of patients who have been prioritised on the inpatient Waiting List and have not been seen within the specified time frame for their categorisation	**Zero**	**Zero**	**Zero**	**Zero**	**Zero**	**Zero**	**Zero**	**Zero**
Patient numbers missing - Category 1(Treatment 72 hours)	1	1	0					
Patient numbers missing - Category 2(Treatment within 4 Weeks)	168	120	106					
Patient numbers missing - Category 3(Treatment within 3 months)	629	591	547					
Patient numbers missing - Category 4(Treatment can be deferred for more than 3 months)	0	0	0					
Clinical Prioritisation-Ophthalmology								
Numbers of patients who have been prioritised on the inpatient Waiting List and have not been seen within the specified time frame for their categorisation	**Zero**	**Zero**	**Zero**	**Zero**	**Zero**	**Zero**	**Zero**	**Zero**
Patient numbers missing - Category 1(Treatment witn 24 hours)	0	0	0					
Patient numbers missing - Category 2(Treatment within 72 hours)	1	0	1					
Patient numbers missing - Category 3(Treatment within 4 Weeks)	231	225	211					
Patient numbers missing - Category 4(Treatment needed within 3-4 months)	190	162	166					
Safety Checks								
52 week breaches (incomplete breaches)	252	376	482					
Potential/Actual Harm identified (whole numbers)								
Versus 104 day Cancer breaches last month %								
Potential/Actual Harm identified (whole numbers)								
Versus Clinically Prioritised Date**patients missing prioritisation date**	1220	1099	1031					

Note: Retrospective will show performance against plan - Forward months will show planned performance





CQC Domain - Safe

	Kitemark	Reviewed Date	Indicator	Measure	Standard Year	Standard Month	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	20/21 Year to Date	Group M	Group SS	Group W	Group I	Group PCCT	Group CO
Infection Control			C. Difficile (Post 48 hours)	<= No	41	3.4	3	1	4	3	2	2	4	3	3	2	3	0	3	1	2	3	1	1	11	1	0	0	-	0	-
			MRSA Bacteraemia (Post 48 hours)	<= No	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	1	0	0	0	-	0	-
			MSSA Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	<= Rate2	9.42	9.42	5.44	0.00	5.46	5.49	5.65	15.18	0.00	4.76	4.88	21.01	0.00	7.02	12.15	7.23	13.49	0.00	12.61	10.86	9.19	-	-	-	-	-	-
			E Coli Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	<= Rate2	94.9	94.9	5.44	17.68	5.46	10.99	22.58	15.18	5.19	14.27	24.39	26.26	16.43	21.05	18.23	28.93	6.75	13.15	18.92	10.86	16.54	-	-	-	-	-	-
			MRSA Screening - Elective	=> %	95	95	81.6	82.5	85.3	77.8	80.6	78.1	78.2	79.1	76.9	79.7	75.5	66.4	77.4	76.2	80.4	75.4	79.3	80.3	77.8	82.9	80.3	95.4	37.5	0.0	-
			MRSA Screening - Non Elective	=> %	95	95	80.2	81.3	79.5	81.3	67.3	76.0	79.5	76.3	80.0	83.9	78.1	83.9	91.5	92.6	93.6	93.9	92.5	92.5	90.6	92.9	91.4	100.0	-	60.0	-
Harm Free Care			Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95	96.3	99.0	95.4	93.7	94.8	98.5	95.4	99.3	98.9	98.7	98.4	-	-	-	-	-	-	-	97.3	-	-	-	-	-	-
			Patient Safety Thermometer - Catheters & UTIs	%	-	-	0.2	0.3	0.1	0.3	0.5	0.5	0.0	0.4	0.0	0.3	0.1	-	-	-	-	-	-	-	0.2	-	-	-	-	-	-
			Number of DOLS raised	No	-	-	30	34	26	36	37	34	26	36	33	31	28	32	43	45	42	26	43	40	271	16	13	0	-	11	-
			Number of DOLS which are 7 day urgent	No	-	-	30	34	26	36	37	34	26	36	33	31	28	32	43	45	42	26	43	40	271	16	13	0	-	11	-
			Number of delays with LA in assessing for standard DOLS application	No	-	-	5	15	6	11	2	4	3	7	6	7	0	3	3	4	8	6	6	7	37	4	1	0	-	2	-
			Number DOLs rolled over from previous month	No	-	-	5	7	0	4	0	1	1	2	0	5	7	9	8	9	6	3	2	6	43	2	1	0	-	3	-
			Number patients discharged prior to LA assessment targets	No	-	-	22	17	11	23	20	22	13	22	18	18	24	30	37	43	35	18	29	25	217	8	9	0	-	8	-
			Number of DOLs applications the LA disagreed with	No	-	-	1	1	0	2	2	0	1	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	-	0	-
			Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	0	4	3	0	0	0	0	0	1	0	0	0	0	0	0	0	4	0	4	0	0	0	-	0	-
		Apr 19	Falls	No	-	-	89	89	86	92	78	-	71	88	97	84	110	66	67	70	74	81	82	74	514	44	5	1	-	24	-
		Apr 19	Falls - Death or Severe Harm	<= No	0	0	3	2	2	0	0	-	2	0	1	1	0	0	1	1	2	1	0	0	5	0	0	0	0	0	0
			Falls Per 1000 Occupied Bed Days	<= Rate1	5	5	4.20	3.97	3.80	4.32	3.78	-	3.22	3.80	4.19	3.94	5.66	4.33	4.54	4.62	4.58	4.84	4.66	3.76	4.46	-	-	-	-	-	-
		Apr 19	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	28	28	26	28	33	23	14	32	36	39	32	38	32	19	23	20	25	32	189	23	7	-	-	2	-
		Apr 19	Pressure Ulcers per 1000 Occupied Bed Days	Rate1	-	-	1.37	1.34	1.16	1.27	1.54	0.97	0.61	1.32	1.50	1.77	1.59	2.44	2.10	1.22	1.38	1.16	1.38	1.58	1.59	-	-	-	-	-	-
		Apr 19	Pressure Ulcer DN Caseload Acquired - Total	<= No	0	0	16	24	29	35	27	31	18	25	25	26	22	20	24	25	41	29	24	22	185	-	-	-	-	22	-
			Pressure Ulcer Present on Admission to SWBH	<= No	0	0	130	141	125	87	85	78	95	88	104	117	102	108	100	96	114	112	93	124	747	-	-	-	-	-	-
			Venous Thromboembolism (VTE) Assessments	=> %	95	95	96.0	95.7	95.9	95.2	95.6	96.3	-	95.9	96.0	96.0	95.3	94.9	95.0	96.2	96.2	95.3	95.5	95.3	95.6	97.5	93.7	91.3	95.7	98.5	-
		Apr 19	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	=> %	100	100	-	100.0	100.0	100.0	-	100.0	99.9	100.0	99.9	99.6	100.0	99.8	100.0	100.0	100.0	99.9	99.9	100.0	100.0	100.0	100.0	99.7	-	100.0	-
		Apr 19	WHO Safer Surgery - brief(% lists where complete)	=> %	100	100	100.0	99.8	100.0	99.8	100.0	100.0	100.0	100.0	100.0	100.0	99.6	100.0	100.0	100.0	100.0	100.0	100.0	99.7	100.0	100.0	100.0	-	-	100.0	-
		Apr 19	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	100	100	100.0	99.8	99.8	99.6	100.0	99.7	100.0	99.3	100.0	99.8	99.3	100.0	100.0	100.0	98.7	99.3	100.0	99.2	99.5	100.0	98.2	-	-	100.0	-
			Never Events	<= No	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
			Medication Errors causing serious harm	<= No	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0	0	0	-
			Serious Incidents	<= No	0	0	3	12	32	12	11	17	11	7	6	8	0	4	8	12	6	7	10	7	54	3	1	3	0	0	0
			Open Central Alert System (CAS) Alerts	No	-	-	15	4	9	8	11	12	10	12	10	9	8	2	5	3	3	5	6	4	28	-	-	-	-	-	-
			Open Central Alert System (CAS) Alerts beyond deadline date	<= No	0	0	7	3	6	5	6	7	2	1	1	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-	-
			Sepsis - Screened (as % Of Screening Required)	=> %	100	100	-	-	-	-	-	-	-	88.5	91.1	90.7	92.8	95.4	94.7	96.2	94.4	94.5	96.1	97.4	95.6	96.9	99.6	96.4	-	97.4	-
			Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	16.2	16.3	17.6	19.6	20.2	21.1	20.8	22.8	22.9	23.5	22.9	21.7	24.2	17.5	11.1	-	13.2	-
			Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	80.3	77.1	75.7	79.6	82.7	72.1	72.8	82.9	87.9	89.7	88.3	80.9	89.8	82.6	66.7	-	60.0	-
			Sepsis - Treated in 1 Hour (as % Of Treated)	=> %	100	100	-	-	-	-	-	-	-	54.9	51.9	60.0	53.9	57.2	64.2	58.2	57.1	56.1	81.0	80.4	65.2	81.8	79.0	100.0	-	33.3	-
			Sepsis - Antibiotic Review Within 72 hrs	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

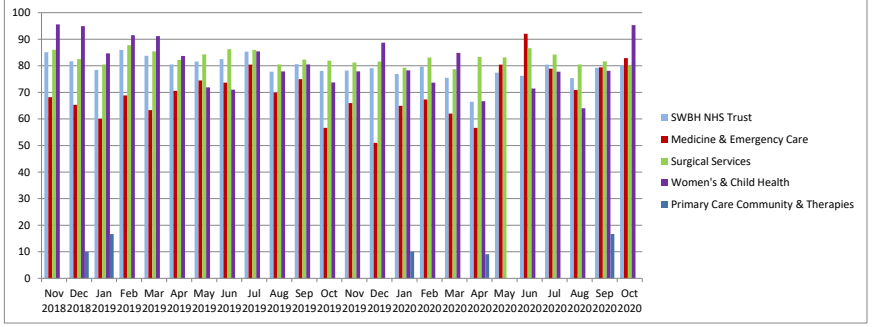
Data Quality - Kitemark

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

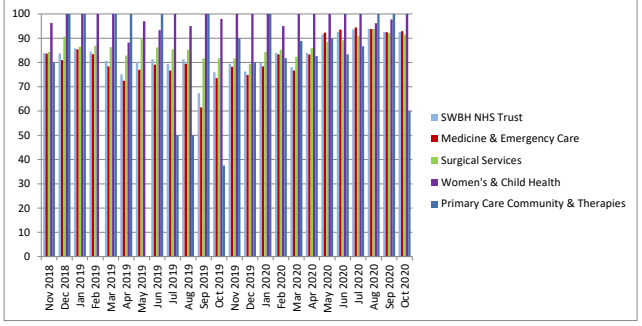
CQC Domain - Safe

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

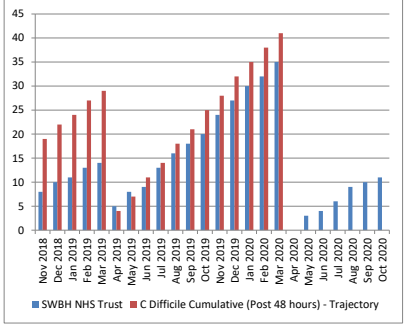
MRSA Screening - Elective



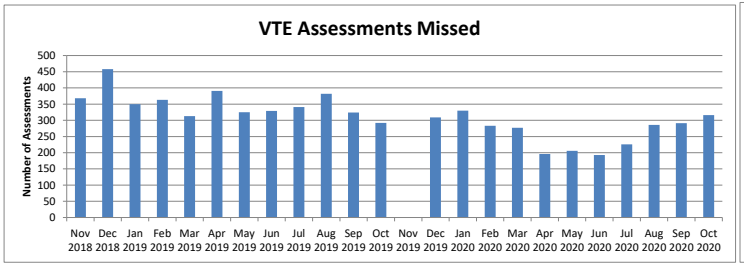
MRSA Screening - Non Elective



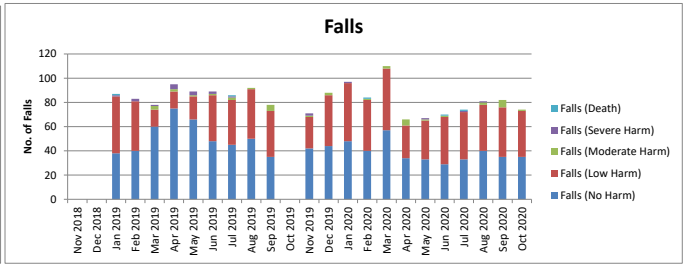
C Diff Infection



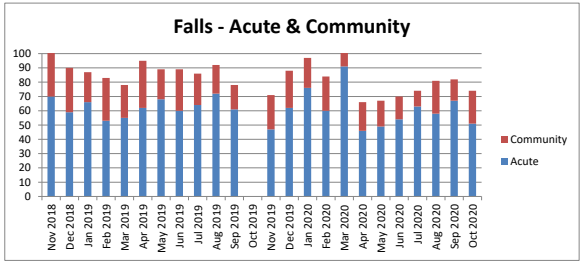
VTE Assessments Missed



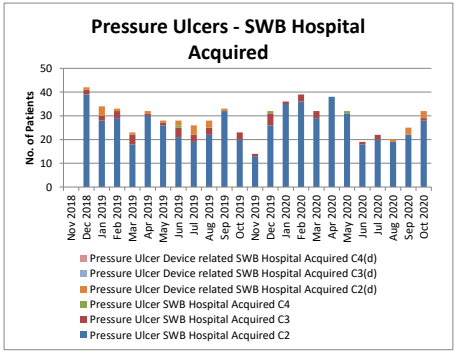
Falls



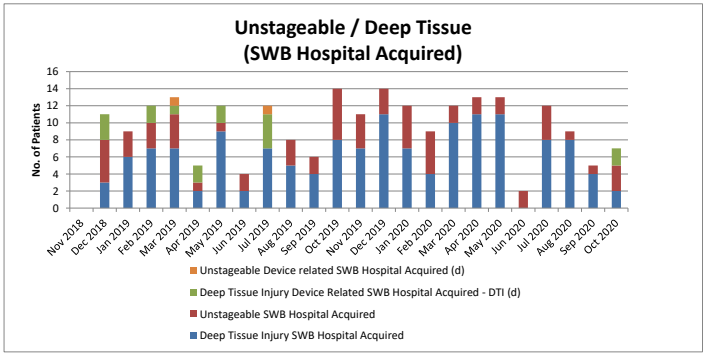
Falls - Acute & Community



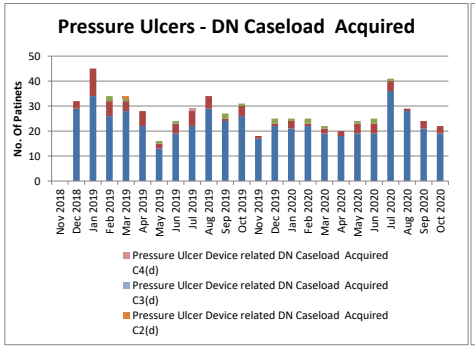
Pressure Ulcers - SWB Hospital Acquired



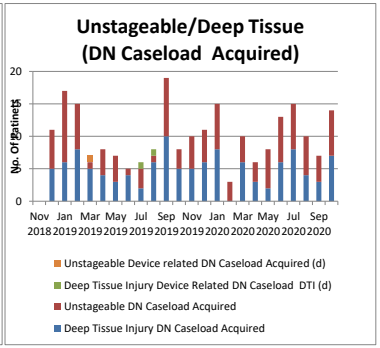
Unstageable / Deep Tissue (SWB Hospital Acquired)



Pressure Ulcers - DN Caseload Acquired



Unstageable/Deep Tissue (DN Caseload Acquired)



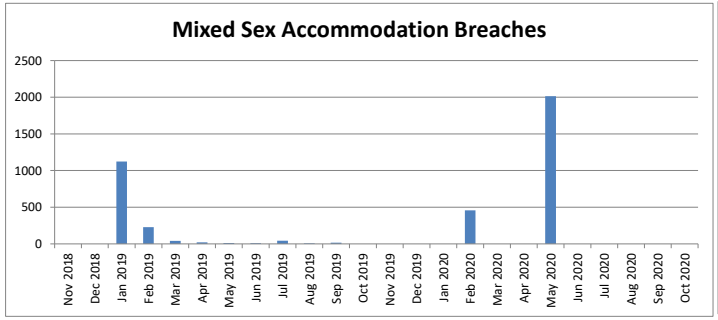
CQC Domain - Caring

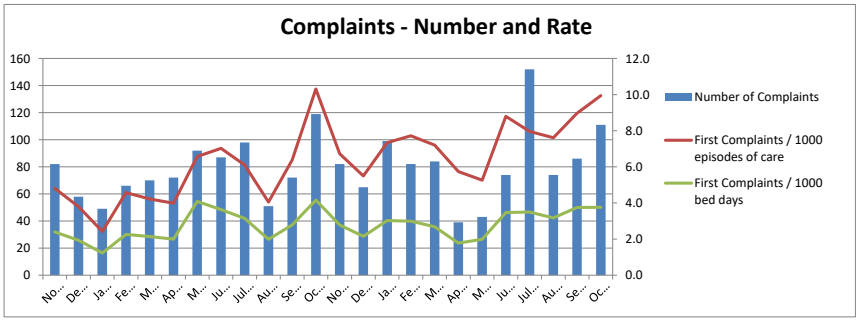
	Kitemark	Reviewed Date	Indicator	Measure	Standard Year	Standard Month	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	20/21 Year to Date	Group M	Group SS	Group W	Group I	Group PCCT	Group CO
FFT			FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	25	25	29.0	25.7	23.1	20.9	23.4	18.7	21.5	18.5	20.5	26.2	26.2	13.6	16.2	15.5	23.8	14.7	18.7	17.8	17.3	-	-	-	-	-	-
			FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95	95	89	92	91	90	89	89	89	86	89	-	90	86	86	88	89	82	85	84	-	-	-	-	-	-	-
			FFT Response Rate: Type 1 and 2 Emergency Department	=> %	25	25	10.8	9.6	10.4	9.5	9.8	10.6	9.6	9.1	9.5	9.1	10.5	14.2	13.7	12.9	13.2	12.9	12.8	12.3	13.1	12.3	-	-	-	-	-
			FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95	95	76	73	76	78	71	71	68	73	75	72	79	89	85	84	81	78	77	78	-	78	-	-	-	-	-
		Apr 19	FFT Score - Outpatients	=> No	95	95	90	89	88	76	87	87	89	89	89	89	89	87	89	89	89	88	88	89	-	-	-	-	-	-	-
		Apr 19	FFT Score - Maternity Antenatal	=> No	95	95	0	0	0	0	0	90	97	100	75	83	80	86	84	84	84	78	79	78	-	-	-	-	-	-	-
		Apr 19	FFT Score - Maternity Postnatal Ward	=> No	95	95	100	0	100	100	100	92	93	0	97	94	100	0	67	0	100	0	100	8	-	-	-	-	-	-	-
		Apr 19	FFT Score - Maternity Community	=> No	95	95	0	0	0	0	0	94	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-	-	-
		Apr 19	FFT Score - Maternity Birth	=> No	95	95	94	94	91	66	6	94	97	94	95	97	97	89	100	82	94	70	94	93	-	-	-	-	-	-	-
		Apr 19	FFT Response Rate: Maternity Birth	=> %	25	25	3.5	8.3	10.2	1.4	6.1	28.2	35.3	12.2	32.2	55.0	28.2	4.4	8.4	6.1	41.6	7.3	17.5	11.2	15.0	-	-	-	-	-	-
MSA			Mixed Sex Accommodation - Breaches (Patients)	<= No	0	0	11	9	44	7	16	-	-	-	-	458	-	-	2013	-	-	-	-	-	2013	-	-	-	-	-	-
Complaints			No. of Complaints Received (formal and link)	No	-	-	92	87	98	51	72	119	82	65	99	82	84	39	43	74	152	74	86	111	579	37	27	15	2	20	10
			No. of Active Complaints in the System (formal and link)	No	-	-	149	121	148	91	121	140	114	92	106	142	126	102	109	123	152	139	189	288	1102	121	64	33	5	43	22
			No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	4.08	3.63	3.15	1.98	2.78	4.16	2.78	2.15	3.03	2.99	2.68	1.78	1.99	3.47	3.50	3.17	3.75	3.76	3.11	2.21	5.33	4.11	-	22.00	-
			No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	6.57	7.02	6.10	4.05	6.38	10.31	6.72	5.50	7.33	7.72	7.21	5.74	5.26	8.79	7.96	7.61	8.97	9.94	7.95	8.19	9.56	7.13	-	39.06	-
			No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	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	10.4	7.6	84.7	59.3	100.0	37.0	100.0	100.0	100.0	100.0
			No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0	16.5	5.9	0.0	8.4	0.0	4.5	0.0	1.3	0.8	1.4	11.6	8.8	14.3	11.9	7.6	8.5	32.6	57.7	14.6	50.0	0.0	57.1	100.0	100.0	-
			No. of responses sent out	No	-	-	98	97	95	96	61	88	105	76	76	70	87	68	35	58	66	86	43	27	383	8	4	7	1	6	1
WKF		Apr 19	Flu Vaccination Rate	=> %	80	80	-	-	-	-	-	47.7	62.4	78.1	82.0	83.1	-	-	-	-	-	-	-	-	70.7	-	-	-	-	-	-

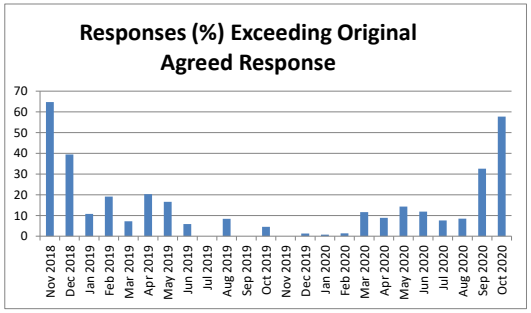
Data Quality - Kitemark

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

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







CQC Domain - Responsive

	Kitemark	Reviewed Date	Indicator	Measure	Standard		May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	20/21 Year to Date	Group					
					Year	Month																			M	SS	W	I	PCCT	CO
Emergency Care			Emergency Care Attendances (Including Malling)	No	-	-	18541	18091	19047	17657	17973	18445	17868	19330	18477	17367	13392	7163	9828	12215	14065	15099	14548	13833	86751	-	-	-	-	-	-
			Emergency Care 4-hour waits	=> %	95	95	82.7	81.8	81.4	81.6	74.1	71.7	70.9	72.2	73.0	74.6	79.3	87.8	91.6	90.0	86.2	84.9	80.3	79.1	85.1	-	-	-	-	-	-
			Emergency Care 4-hour breach (numbers)	No	-	-	3213	3288	3542	3252	4764	5215	5199	5375	4819	4416	2768	844	828	1225	1941	2284	2860	2895	12877	-	-	-	-	-	-
			Emergency Care Trolley Waits >12 hours	<= No	0	0	0	0	0	0	2	2	1	1	0	0	0	1	0	0	0	0	0	3	4	-	-	-	-	-	-
			Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15	39	89	45	52	71	185	154	116	121	62	85	74	44	62	194	69	163	149	-	-	-	-	-	-	-
			Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60	264	255	261	208	217	250	263	263	254	232	151	82	82	100	136	153	168	147	-	-	-	-	-	-	-
			Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5	5	5.2	5.4	5.2	5.6	7.3	7.8	7.9	7.9	8.1	7.5	8.8	8.6	8.9	7.5	8.4	8.2	7.1	7.7	8.0	-	-	-	-	-	-
			Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5	5	6.6	7.1	7.4	6.4	8.8	10.5	10.2	9.5	8.0	7.8	5.5	2.8	2.6	3.2	4.5	4.8	4.9	4.0	4.0	-	-	-	-	-	-
			WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	119	128	123	162	238	251	228	279	199	242	380	234	172	77	183	172	161	267	1266	-	-	-	-	-	-
			WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	4	4	5	9	33	16	9	12	9	32	42	8	1	0	0	0	3	9	43	64	-	-	-	-	-	-
			WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02	0.1	0.1	0.1	0.2	0.7	0.3	0.2	0.2	0.2	0.7	0.9	0.3	0.0	#####	0.0	0.1	0.2	1.0	0.3	-	-	-	-	-	-
			WMAS - Emergency Conveyances (total)	No	-	-	4670	4555	4658	4486	4484	4656	4721	4887	4848	4522	4588	3069	3282	3039	3951	4209	4065	4323	25938	-	-	-	-	-	-
Patient Flow		Apr 19	Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5	-	1.0	-	4.7	3.0	2.8	2.9	2.4	2.8	3.0	4.2	1.6	-	-	0.3	0.6	0.1	0.1	0.4	-	-	-	-	-	-
			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	240	20	-	14	-	27	17	19	20	16	19	20	28	11	-	-	2	4	1	2	-	-	-	-	-	-	-
		Apr 19	Delayed Transfers of Care (Acute) - Finable Bed Days	<= No	0	0	149	239	295	185	127	147	163	180	195	340	388	210	32	10	8	0	12	27	299	-	-	-	-	-	-
		Apr 19	Patient Bed Moves (10pm - 6am) (No.) - ALL	No	-	-	698	583	684	671	675	867	852	944	989	860	730	501	554	543	604	746	750	935	4633	-	-	-	-	-	-
		Apr 19	Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No	-	-	228	185	218	233	266	330	310	383	354	358	347	343	295	277	293	377	312	426	2323	-	-	-	-	-	-
		Apr 19	Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units and Clinical Transfers	No	-	-	37	30	46	45	52	52	80	66	71	64	95	80	47	39	25	40	52	79	362	-	-	-	-	-	-
		Apr 19	Hip Fractures Best Practice Tariff (Operation < 36 hours of admissions	=> %	85	85	77.1	75.0	62.5	87.9	79.2	88.5	78.6	67.5	75.0	87.9	61.5	84.0	90.0	60.0	53.1	70.8	80.0	78.9	73.0	-	79.0	-	-	-	-
Cancellations			No. of Sitrep Declared Late Cancellations - Total	<= No	240	20	38	40	46	32	57	63	59	65	56	60	35	1	9	18	21	17	36	40	142	10	23	5	-	2	-
			No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	13	3	16	17	32	40	30	41	29	17	16	1	1	5	9	-	17	21	65	0	16	3	-	2	-
			No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	25	37	30	15	25	23	29	24	27	43	19	0	8	13	12	-	19	19	77	10	7	2	-	0	-
			Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	<= %	0.8	0.8	1.0	1.2	1.1	0.8	1.5	1.6	1.5	1.8	1.3	1.7	1.3	0.1	0.7	1.2	0.8	0.7	1.2	1.5	1.0	1.9	1.4	2.6	-	0.7	-
			Number of 28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	4	8	0	4	0	-	0	-
			No. of second or subsequent urgent operations cancelled	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-
			Urgent Cancellations	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	0	-	0	-
			No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0	1	2	1	1	1	2	0	1	1	2	4	0	0	0	1	0	1	1	3	0	1	0	-	0	-
			Multiple Hospital Cancellations experienced by same patient (all cancellations)	<= No	0	0	64	75	86	67	79	103	92	65	73	124	344	19	20	42	46	49	74	107	357	6	96	5	-	-	-
			All Hospital Cancellations, with 7 or less days notice	<= No	0	0	262	277	296	204	367	370	376	358	347	584	890	63	58	133	138	202	220	320	1134	29	263	28	-	-	-
Cancer		Apr 19	2 weeks	=> %	93	93	96.4	95.7	96.1	96.2	97.5	95.8	96.7	99.0	98.0	98.9	98.3	93.7	93.6	94.1	94.8	90.1	90.1	-	92.3	69.5	97.1	92.9	-	90.9	-
		Apr 19	2 weeks (Breast Symptomatic)	=> %	93	93	95.3	95.1	98.1	95.8	98.0	100.0	95.7	98.1	95.5	100.0	98.2	96.2	97.1	94.1	100.0	100.0	96.6	-	97.1	-	96.6	-	-	-	-
		Apr 19	31 Day (diagnosis to treatment)	=> %	96	96	96.2	96.8	96.5	96.9	95.8	96.6	95.1	99.2	97.8	96.5	97.5	94.2	91.8	93.6	94.3	93.5	94.6	-	93.8	100.0	96.1	75.0	-	100.0	-
		Apr 19	31 Day (second/subsequent treatment - surgery)	=> %	94	94	94.7	95.0	96.2	95.2	100.0	93.5	100.0	93.1	100.0	100.0	95.7	92.3	69.6	100.0	100.0	100.0	88.2	-	87.0	-	-	-	-	-	-
		Apr 19	31 Day (second/subsequent treatment - drug)	=> %	98	98	100.0	-	-	100.0	100.0	-	100.0	100.0	-	-	100.0	100.0	-	100.0	-	-	-	-	100.0	-	-	-	-	-	-
		Apr 19	62 Day (urgent GP referral to treatment) Excl Rare Cancers	=> %	85	85	90.5	87.3	85.6	84.3	86.3	82.7	90.7	81.1	80.8	82.0	89.2	73.6	54.8	66.4	76.1	77.4	74.2	-	71.3	69.6	72.8	54.6	-	100.0	-
			62 Day (urgent GP referral to treatment) - Inc Rare Cancers	=> %	85	85	90.6	87.3	85.6	84.6	86.5	82.7	91.0	81.4	79.5	82.4	89.2	73.6	56.0	67.0	76.6	77.7	74.8	-	71.8	69.6	73.8	54.6	-	100.0	-
		Apr 19	62 Day (referral to treat from screening)	=> %	90	90	98.2	91.7	94.4	100.0	96.9	93.2	94.6	89.7	91.5	100.0	94.8	83.9	33.3	100.0	80.0	83.3	90.0	-	80.7	-	87.5	100.0	-	-	-
		Apr 19	62 Day (referral to treat from hosp specialist)	=> %	90	90	83.1	92.9	84.3	80.0	86.4	76.5	81.8	82.3	87.5	76.1	84.6	95.5	82.1	80.3	85.3	92.9	90.7	-	87.3	81.5	100.0	100.0	-	100.0	-
			Cancer = Patients Waiting Over 62 days for treatment	No	-	-	7	8	10	11	10	11	6	12	12	9	9	-	17	19	13	11	20	-	79	4	14	3	-	0	-
			Cancer - Patients Waiting Over 104 days for treatment	No	-	-	4	1	3	5	3	3	5	6	7	4	2	-	4	10	8	3	8	-	31	3	5	1	-	0	-
			Cancer - Longest wait for treatment (days) - TRUST	No	-	-	183	91	196	147	96	171	149	148	169	217	121	-	171	177	138	136	207	-	-	-	-	-	-	-	-
		Apr 19	Neutropenia Sepsis - Door to Needle Time > 1hr	<= No	0	0	2	3	3	4	6	6	9	15	7	11	5	4	3	2	1	1	2	3	16	3	0	0	-	0	-
			IPT Referrals - Within 38 Days Of GP Referral for 62 day cancer pathway	%	-	-	53.3	63.6	74.1	51.9	65.2	66.7	69.6	35.7	69.6	68.8	84.2	73.3	66.7	35.7	57.1	61.1	56.3	-	58.7	-	-	-	-	-	-
			Cancer - 28 Day FDS TWW Referral (% of Informed) - Total	%	-	-	-	-	-	-	-	-	-	-	85.2	97.8	96.7	84.6	96.5	94.7	99.8	76.2	70.3	-	84.8	-	-	-	-	-	-
			Cancer - 28 day FDS TWW breast symptomatic (% of Informed)	%	-	-	-	-	-	-	-	-	-	-	99.4	100.0	100.0	100.0	100.0	100.0	100.0	100.0	95.5	-	98.6	-	-	-	-	-	-
			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	%	-	-	-	-	-	-	-	-	-	-	47.2	62.8	59.6	22.3	65.9	-	27.0	28.8	52.4	-	42.4	-	-	-	-	-	-
			Cancer - 28 day FDS TWW breast symptomatic (% of Eligible) - Total	%	-	-	-	-	-	-	-	-	-	-	105.3	62.7	72.1	16.2	34.0	22.8	18.9	18.1	68.9	-	27.4	-	-	-	-	-	-

CQC Domain - Responsive

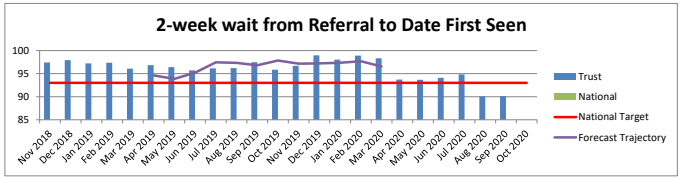
			Cancer - 28 day FDS screening referral (% of Eligible) - Total	%	-	-	-	-	-	-	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RTT		Apr 19	RTT - Admittted Care (18-weeks)	=> %	90	90	83.1	80.5	77.6	80.5	80.6	82.6	81.4	82.4	81.2	78.9	80.8	85.7	83.5	74.5	61.2	56.1	65.7	66.3	66.8	84.5	56.1	65.7	-	90.4	-
		Apr 19	RTT - Non Admittted Care (18-weeks)	=> %	95	95	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	78.6	80.1	80.0	82.9	82.3	60.6	86.5	78.7	-	77.2	-
		Apr 19	RTT - Incomplete Pathway (18-weeks)	=> %	92	92	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	53.5	61.0	67.7	72.5	66.6	71.7	72.4	85.3	-	52.2	-
		Apr 19	RTT Waiting List - Incomplete	No	-	-	36762	37231	39115	38714	39634	39898	38360	38416	39374	39364	38603	34989	34058	34436	35421	36056	35684	36566	254068	5446	18542	2160	-	3023	0
		Apr 19	RTT - Backlog	No	-	-	2710	2951	3118	3082	3168	3360	3475	3433	3645	3781	4646	6823	9964	14405	16470	14061	11523	10067	84952	1542	5117	318	-	1446	0
		Apr 19	Patients Waiting >52 weeks (All Pathways)	<= No	0	0	11	24	12	14	0	0	1	0	1	0	1	7	35	99	196	281	464	620	1702	46	406	20	0	50	0
		Apr 19	Patients Waiting >52 weeks (Incomplete)	<= No	0	0	5	6	0	1	0	0	0	0	0	0	0	7	32	93	177	252	376	482	1419	17	324	9	0	41	0
			Treatment Functions Underperforming (Admitted, Non-Admitted,Incomplete	<= No	0	0	27	29	30	29	27	26	32	29	28	28	32	30	32	41	41	42	40	42	-	10	21	3	-	5	0
			Treatment Functions Underperforming (Incomplete)	<= No	0	0	3	5	5	5	4	5	7	7	5	6	10	14	15	16	16	16	14	15	-	4	7	1	-	2	0
			RTT Clearance Time (Wks)	Ratio	-	-	9.7	10.0	9.7	10.5	10.3	9.6	8.9	10.8	-	9.8	-	18.1	15.5	-	12.6	-	11.3	11.7	13.5	15.6	11.4	14.7	-	24.0	-
DM01		Apr 19	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1	1	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	40.2	32.2	24.0	46.7	23.5	47.5	-	19.0	-	-
		Apr 19	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	1330	1023	1010	600	614	457	359	338	1028	499	1140	78	281	232	525	974	1270	1263	4623	246	201	-	816	-	-

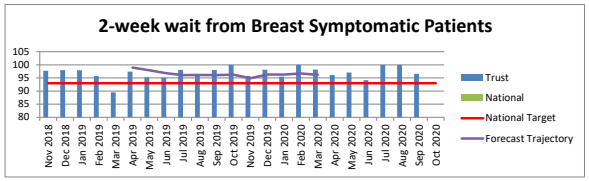
Data Quality - Kitemark

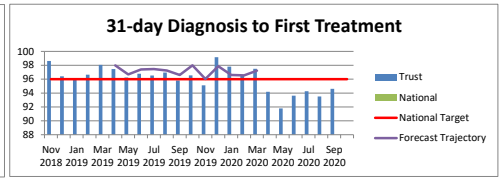
1	2	3	4	5	6	7
Timeliness	Audit	Source	Validation	Completeness	Granularity	Assessment of Exec Director
●	●	●	●	●	●	●

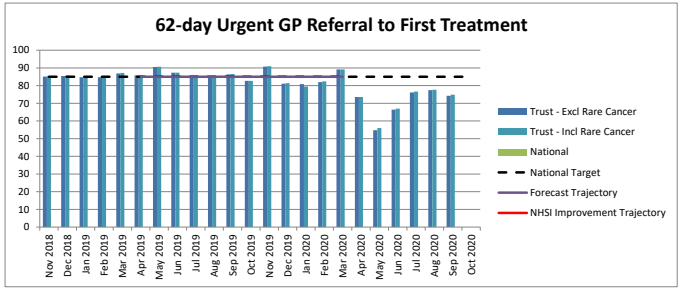
If segment 2 of the Kitemark is Blank this indicates that a formal audit of this indicator has not yet taken place

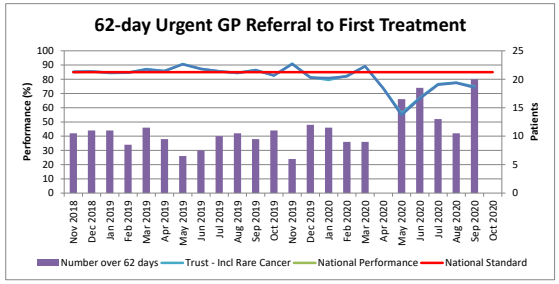
CQC Domain - Responsive

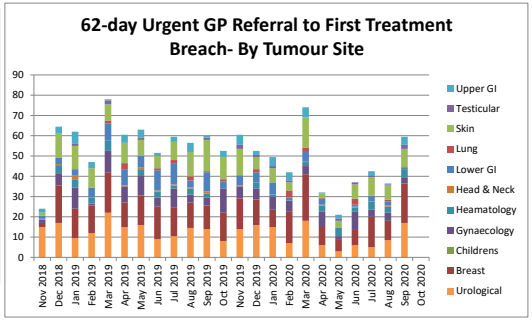


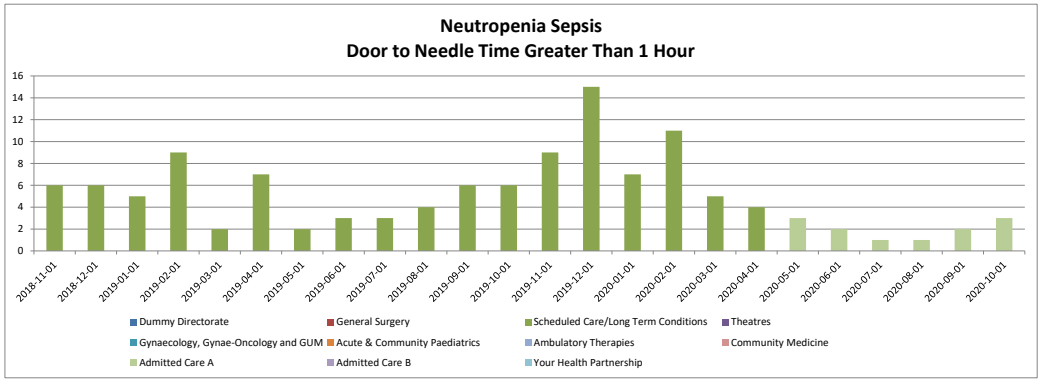




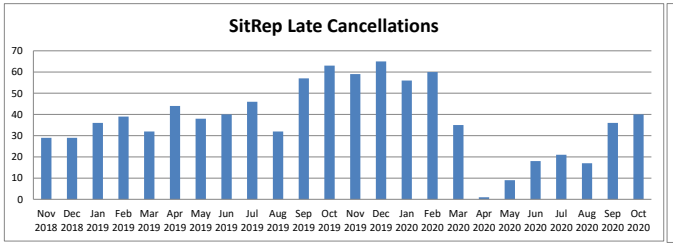


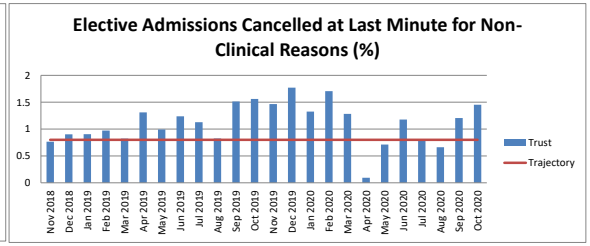


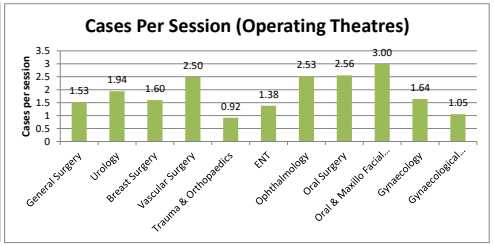




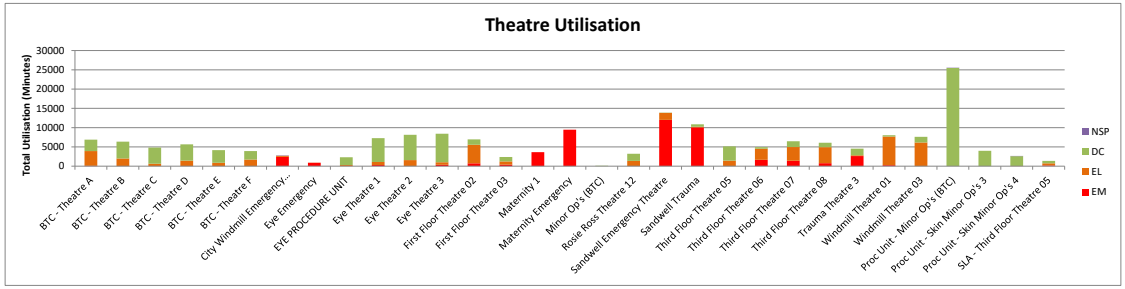
Month	Indicator	TumourSite	Informed In 28 Days	Eligible	% of Informed	% of Eligible
Sep 2020	Cancer - 28 Day FDS TWW Referral	Breast	155	321	93.94	48.29
Sep 2020	Cancer - 28 Day FDS TWW Referral	Colorectal	147	286	61	51.4
Sep 2020	Cancer - 28 Day FDS TWW Referral	Gynaecology	135	185	79.88	72.97
Sep 2020	Cancer - 28 Day FDS TWW Referral	Haematology	0	29	0	0
Sep 2020	Cancer - 28 Day FDS TWW Referral	Head & Neck	27	113	48.21	23.89
Sep 2020	Cancer - 28 Day FDS TWW Referral	Lung	9	25	69.23	36
Sep 2020	Cancer - 28 Day FDS TWW Referral	Skin	147	226	91.3	65.04
Sep 2020	Cancer - 28 Day FDS TWW Referral	Upper GI	125	201	51.87	62.19
Sep 2020	Cancer - 28 Day FDS TWW Referral	Urology	57	144	62.64	39.58
Sep 2020	28 day FDS TWW Breast Symptomatic	Breast	42	61	95.45	68.85
Sep 2020	Cancer - 28 day FDS screening referral	Breast	0	0	0	0
Sep 2020	Cancer - 28 day FDS screening referral	Colorectal	0	0	0	0
Sep 2020	Cancer - 28 day FDS screening referral	Gynaecology	0	0	0	0

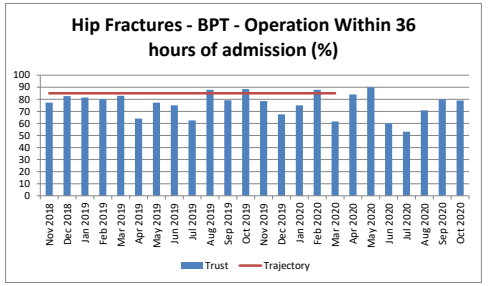


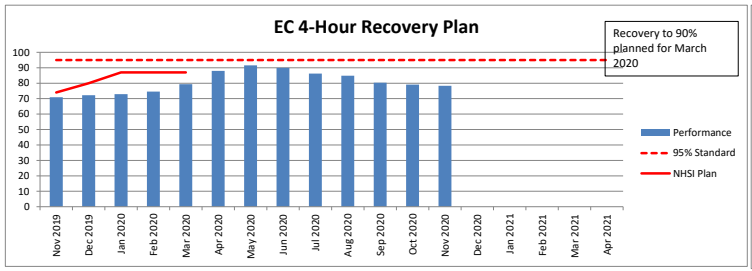


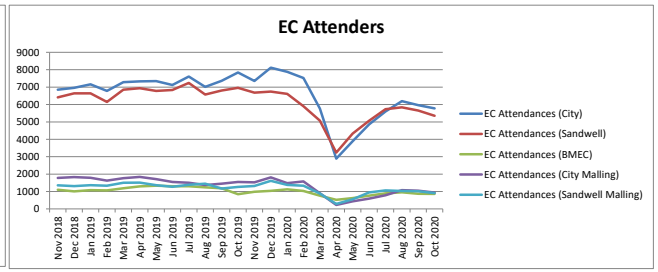


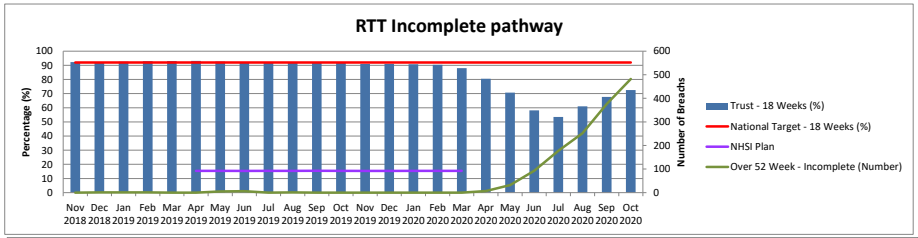
CQC Domain - Responsive

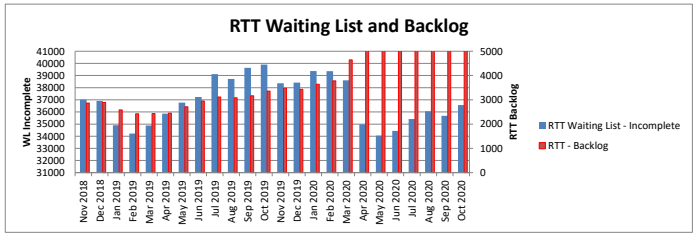


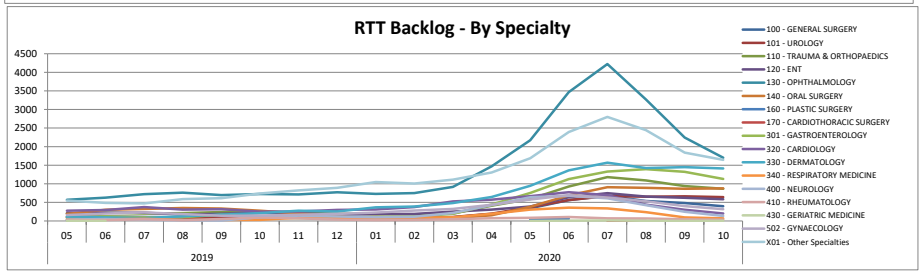


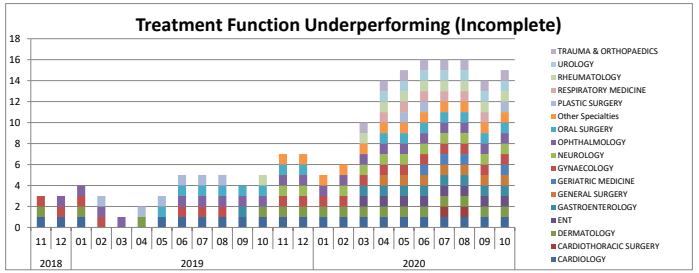


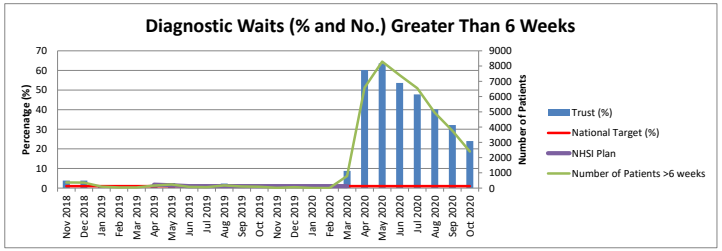


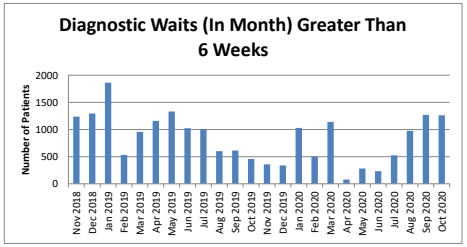












CQC Domain - Effective

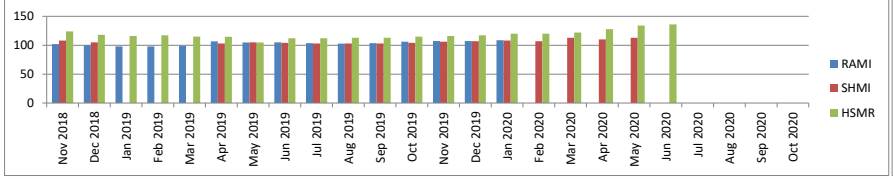
	Kitemark	Reviewed Date	Indicator	Measure	Standard Year	Standard Month	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	20/21 Year to Date	Group M	Group SS	Group W	Group I	Group PCCT	Group CO
Mortality and Readmissions			Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	No	-	-	105	105	104	103	104	106	107	107	109	RAMI indicators are no longer reportable for the Trust									-	-	-	-	-	-	-
			Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	No	-	-	105	105	104	103	103	87	106	106	107										-	-	-	-	-	-	-
			Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	No	-	-	105	103	99	87	105	109	112	112	114										-	-	-	-	-	-	-
			Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	No	-	-	105	112	112	113	113	115	116	117	120	120	122	128	134	136	-	-	-	-	-	-	-	-	-	-	-
			Hospital Standardised Mortality Rate (HSMR) - Weekday Admission (12-month cumulative)	No	-	-	-	-	-	-	-	-	-	-	-	-	120	125	131	132	-	-	-	-	-	-	-	-	-	-	-
			Hospital Standardised Mortality Rate (HSMR) - Weekend Admission (12-month cumulative)	No	-	-	-	-	-	-	-	-	-	-	-	-	128	137	143	150	-	-	-	-	-	-	-	-	-	-	-
			Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	No	-	-	105	104	103	103	103	104	106	107	108	107	113	110	113	-	-	-	-	-	-	-	-	-	-	-	-
			Deaths in Low Risk Diagnosis Groups (RAMI) - month	No	-	-	-	93	125	85	88	152	97	121	71	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			Mortality Reviews within 42 working days	=> %	90	90	84.5	75.7	84.9	76.3	80.0	78.0	75.4	82.7	74.5	74.8	72.2	75.1	63.9	78.4	85.1	92.2	-	-	77.0	93.3	83.3	-	-	100.0	-
			Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%	-	-	1.2	1.3	1.1	1.2	1.3	1.4	1.4	1.6	1.7	1.5	2.9	7.3	3.0	2.1	1.5	1.5	1.4	-	2.5	-	-	-	-	-	-
			Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%	-	-	1.3	-	1.3	1.3	1.0	1.3	1.3	1.3	1.4	1.4	1.5	1.7	1.9	1.9	2.0	2.0	2.0	-	1.9	-	-	-	-	-	-
			Deaths in The Trust	No	-	-	112	117	109	118	114	133	136	139	162	125	-	334	150	125	103	102	108	-	922	93	7	3	0	5	0
			Avoidable Deaths In the Trust	No	-	-	0	1	1	0	1	1	0	1	0	0	0	0	0	0	1	0	-	-	1	-	-	-	-	-	-
		Apr 19	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	7.9	7.4	8.4	8.3	7.8	7.9	8.2	8.0	8.1	8.5	9.7	12.9	10.4	8.9	9.1	9.6	8.7	-	9.7	13.3	5.0	3.9	7.7	2.8	-
		Apr 19	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	7.9	7.9	7.9	7.9	7.9	8.0	8.1	8.0	8.0	8.0	8.1	8.3	8.5	8.6	8.7	8.8	8.9	-	8.6	13.6	4.5	7.7	6.8	2.2	-
		Apr 19	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	3.0	2.6	3.5	3.5	3.2	3.0	3.3	2.9	3.0	3.1	3.8	5.2	4.1	3.6	4.0	4.5	4.2	-	4.2	6.5	2.7	2.6	-	-	-
		Apr 19	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	3.5	3.4	3.4	3.3	3.3	3.4	3.3	3.2	3.2	3.1	3.1	3.2	3.3	3.4	3.4	3.5	3.6	-	3.4	4.7	2.4	6.1	0.5	0.1	-
Patient Flow		Apr 19	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	130	124	129	118	152	159	148	156	154	173	161	66	57	56	53	55	72	77	-	53	17	0	0	7	-
			21+ Days Long Stay Rate - NHSI	%	-	-	20.0	17.5	15.9	19.2	19.7	19.4	19.4	18.9	17.5	19.3	22.7	16.1	13.3	11.1	7.5	4.8	9.2	14.7	11.7	7.4	28.8	0.0	89.3	9.0	-
			Estimated Beds - 21+ Days - NHSI	No	-	-	133	101	96	125	111	122	128	121	117	124	140	54	39	36	26	15	35	66	-	22	38	0	6	1	-
RTT		Apr 19	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	35.4	34.5	36.3	33.9	37.9	38.6	38.9	39.6	38.0	46.0	36.4	48.8	54.9	61.7	62.7	61.4	55.2	56.2	56.7	68.3	58.7	38.7	-	36.8	-
		Apr 19	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	3767	3498	3838	3034	3711	4512	4735	4029	4571	6313	4983	5886	3715	4644	5122	4706	5064	5407	34544	1528	3047	467	0	358	-
		Apr 19	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	57.4	56.1	53.8	54.4	51.4	51.4	53.7	54.8	55.3	56.3	55.4	49.5	94.0	82.1	78.8	76.2	73.5	68.7	73.2	61.9	72.0	53.7	80.8	61.6	-
		Apr 19	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	2414	2136	2375	2150	2142	2313	2388	2087	2242	2207	2155	549	547	898	1435	1625	1938	2069	9061	130	1584	151	21	183	-
Stroke			5WD: Pts spending >90% stay on Acute Stroke Unit	=> %	90	90	87.9	92.9	90.2	98.2	88.2	93.7	91.5	96.2	84.0	90.5	-	84.8	-	88.9	95.2	87.0	91.7	88.4	89.4	88.4	-	-	-	-	-
			5WD: Pts admitted to Acute Stroke Unit within 4 hrs	=> %	80	80	67.3	63.5	76.6	77.1	47.4	45.6	70.6	48.4	52.0	66.0	-	72.5	-	82.2	84.2	81.8	75.5	65.0	77.5	65.0	-	-	-	-	-
			5WD: Pts receiving CT Scan within 1 hr of presentation	=> %	50	50	66.1	60.3	70.2	73.5	53.4	60.3	73.5	74.6	94.1	88.7	-	82.9	-	87.5	85.9	89.1	84.0	83.6	85.8	83.6	-	-	-	-	-
			5WD: Pts receiving CT Scan within 24 hrs of presentation	=> %	95	95	98.3	100.0	97.9	100.0	96.6	100.0	100.0	100.0	100.0	100.0	-	97.6	-	100.0	100.0	100.0	100.0	98.4	99.1	98.4	-	-	-	-	-
			5WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85	85	85.7	85.7	83.3	60.0	100.0	50.0	66.7	50.0	75.0	83.3	-	25.0	-	50.0	100.0	50.0	66.7	80.0	70.3	80.0	-	-	-	-	-
			~~5WD: TIA (High Risk) Treatment <24 Hours from receipt of referral~~	=> %	70	70	88.9	64.3	87.5	75.0	68.2	65.4	88.2	80.0	65.2	83.3	80.0	82.6	-	85.7	100.0	100.0	Indicators replaced with new metric below		86.8	100.0	-	-	-	-	-
			~~5WD: TIA (Low Risk) Treatment <7 days from receipt of referral~~	=> %	75	75	93.3	77.8	88.4	90.9	90.0	88.0	61.1	61.9	61.1	76.2	67.6	25.0	-	96.2	96.2	-			93.1	96.2	-	-	-	-	-
			5WD : TIA Treatment <24 Hours from receipt of referral	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0	87.2	82.6	89.4	82.6	-	-	-	-	-
			Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80	80	85.7	100.0	93.8	100.0	77.8	100.0	95.7	91.7	94.1	91.7	71.4	33.3	100.0	100.0	100.0	100.0	88.9	81.8	90.9	81.8	-	-	-	-	-
			Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80	80	85.7	87.5	93.3	90.9	66.7	100.0	89.5	81.8	88.2	91.7	50.0	33.3	80.0	100.0	75.0	100.0	88.9	88.9	86.8	88.9	-	-	-	-	-
			Rapid Access Chest Pain - seen within 14 days	=> %	98	98	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	-	-	-

CQC Domain - Effective

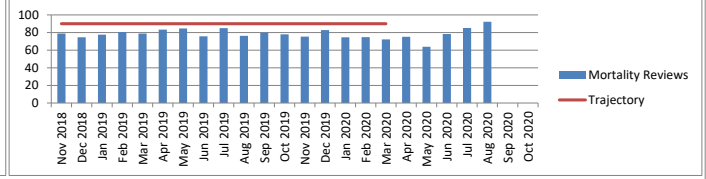
Data Quality - Kitemark						
1	2	3	4	5	6	7
Timeliness	Audit	Source	Validation	Completeness	Granularity	Assessment of Exec Director
●	●	●	●	●	●	●

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

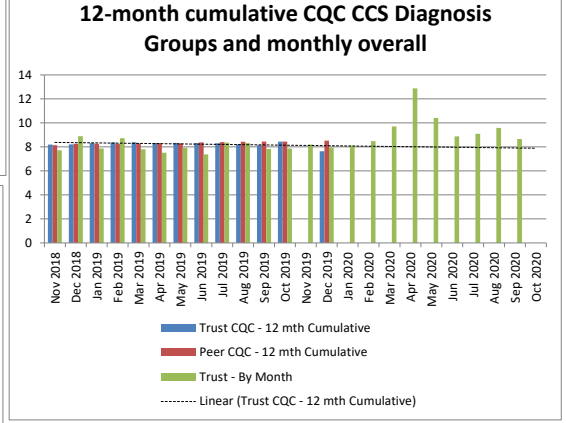
RAMI, SHMI & HSMR (12-month cumulative)



Mortality Reviews (%)

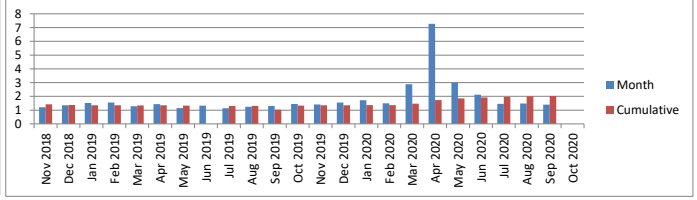


Emergency 30-day Readmissions (%) - 12-month cumulative CQC CCS Diagnosis Groups and monthly overall

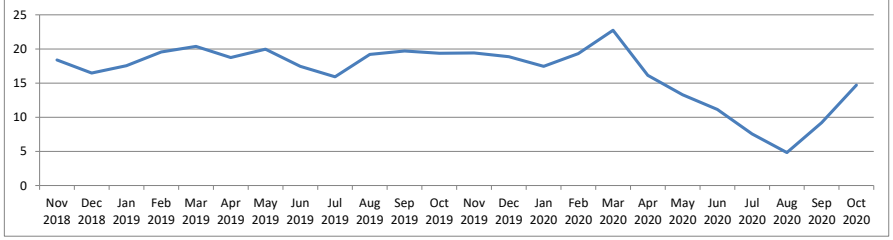


Mortality (RAMI) - Weekend and Weekday (12-month cumulative)

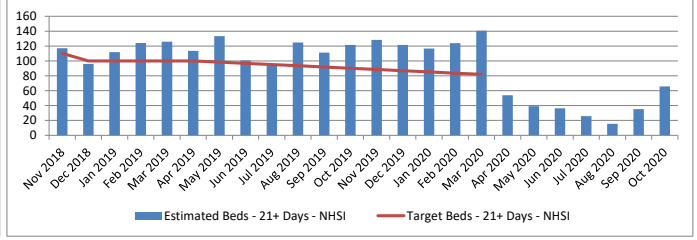
Crude Mortality Rate



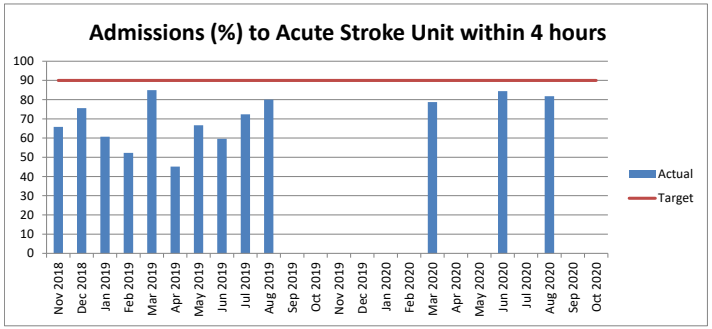
21+ Days Long Stay Rate - NHSI



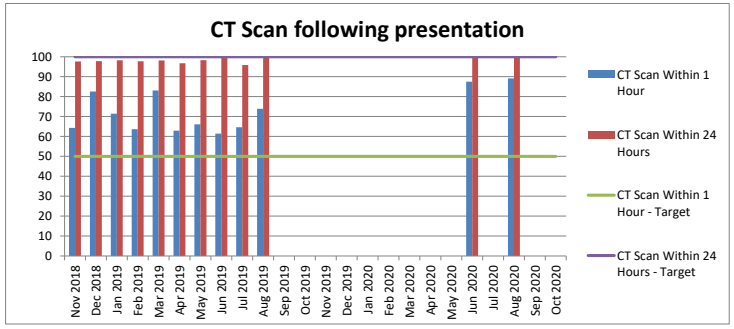
Estimated Bed Days - 21+ Days



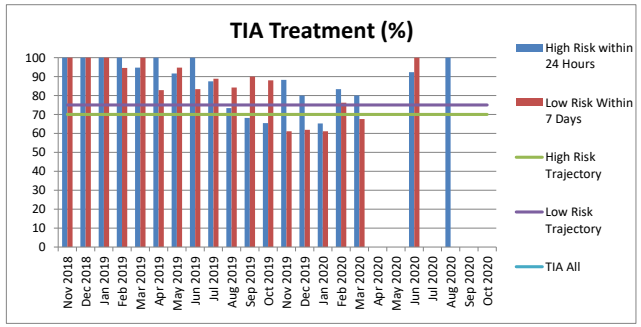
Admissions (%) to Acute Stroke Unit within 4 hours



CT Scan following presentation



TIA Treatment (%)



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

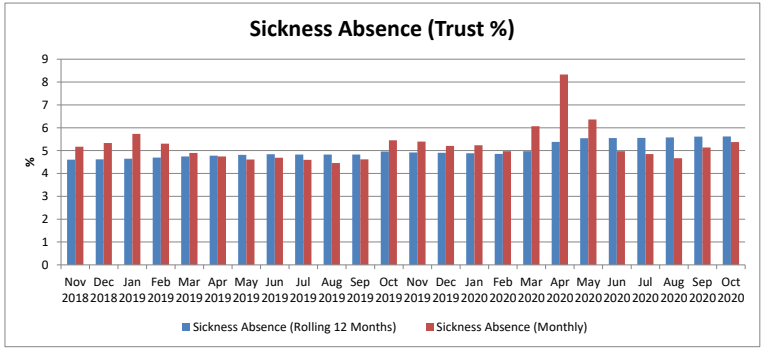
CQC Domain - Well Led

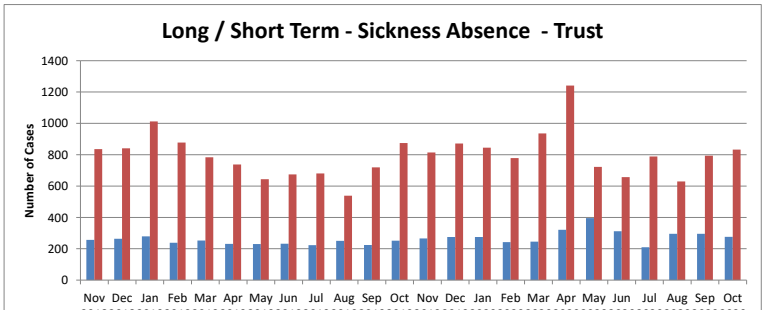
	Kitemark	Reviewed Date	Indicator	Measure	Standard Year	Standard Month	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	20/21 Year to Date	Group M	Group SS	Group W	Group I	Group PCCT	Group CO
Workforce	● ○ ● ● ● ●		PDRs - 12 month rolling	=> %	95	95	-	-	-	-	75.3	78.9	-	-	-	-	-	-	-	-	-	-	91.4	-	91.4	87.8	87.3	97.2	89.8	95.9	94.7
	● ○ ● ● ○ ○		Medical Appraisal	=> %	90	90	95.2	94.4	93.6	94.6	97.3	94.7	94.7	94.9	94.4	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	● ● ● ● ● ●	Apr 19	Sickness Absence (Rolling 12 Months)	<= %	3	3	4.8	4.8	4.8	4.8	4.8	5.0	4.9	4.9	4.9	4.9	5.0	5.4	5.5	5.5	5.6	5.6	5.6	5.6	5.6	6.7	6.3	5.6	4.3	4.9	4.8
	● ● ● ● ● ●	Apr 19	Sickness Absence (Monthly)	<= %	3	3	4.6	4.7	4.6	4.5	4.6	5.4	5.4	5.2	5.2	5.0	6.1	8.3	6.4	5.0	4.8	4.7	5.1	5.4	5.7	7.1	4.8	5.8	5.3	4.7	4.5
			Sickness Absence - Long Term - (Open Cases in the month)	No	-	140	-	-	-	-	131	156	169	187	153	114	152	156	228	160	145	162	148	161	-	48	26	25	5	15	42
	● ● ● ● ● ●	Apr 19	Sickness Absence - Short Term (Monthly)	No	-	-	644	674	681	539	719	875	814	872	845	779	936	1241	722	657	789	630	794	833	-	221	176	97	38	110	144
			Ward Sickness Absence (Monthly)	<= %	3	3	6.6	6.7	5.8	5.8	6.7	7.2	7.6	7.0	6.6	6.8	8.9	11.7	9.5	7.4	6.8	7.1	7.9	7.2	8.3	8.7	7.1	5.4	-	6.5	-
	● ○ ● ● ● ●		Mandatory Training - Health & Safety (% staff)	=> %	95	95	94.0	71.0	80.3	85.3	86.2	89.0	90.4	91.8	92.8	92.7	94.2	93.9	96.3	97.7	98.6	97.5	97.6	98.2	97.1	96.0	97.7	99.3	99.3	99.3	99.1
			Staff at 100% compliance with mandatory training	%	-	-	72.7	56.8	64.4	60.4	72.0	73.6	79.1	80.1	52.8	71.5	74.4	72.6	78.4	89.3	87.7	86.4	85.7	83.9	83.5	72.0	83.2	86.4	-	88.5	-
			Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	12.9	23.0	18.7	22.0	12.7	13.8	10.1	9.4	25.5	15.1	15.3	16.3	13.2	6.8	8.3	9.1	8.8	10.5	10.4	16.8	11.4	8.1	-	8.6	-
			Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	6.5	8.5	7.2	7.6	5.7	4.6	3.8	4.0	10.0	5.8	4.9	5.2	3.8	1.8	1.9	2.4	2.6	2.8	2.9	5.1	2.2	3.7	-	1.8	-
			Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	11.7	7.6	5.4	5.9	4.6	2.0	2.1	2.2	2.8	2.7	3.2	6.1	3.2	1.8	-	1.1	-
	● ● ● ● ● ●	Apr 19	Nursing Turnover (Qualified Only)	<= %	10.7	10.7	12.4	12.3	12.3	11.7	11.5	12.2	12.1	12.6	12.3	12.6	12.5	12.7	12.9	12.4	12.3	12.6	12.5	12.4	12.6	-	-	-	-	-	-
	● ● ● ● ● ●	Apr 19	Nursing Vacancy Rate (Qualified)	<= %	11	11	15.8	15.9	16.1	15.8	14.3	14.6	13.8	14.5	12.9	12.3	12.4	12.4	13.3	14.2	18.0	12.6	12.1	12.8	13.7	12.7	14.1	15.6	48.9	8.9	2.2
		Apr 19	New Starters Complete Onboarding Process	=> %	100	100	77.6	87.5	94.6	87.0	93.5	99.2	100.0	100.0	94.8	100.0	96.9	38.8	100.0	98.9	100.0	97.2	93.9	92.7	77.8	100.0	82.4	100.0	-	100.0	-

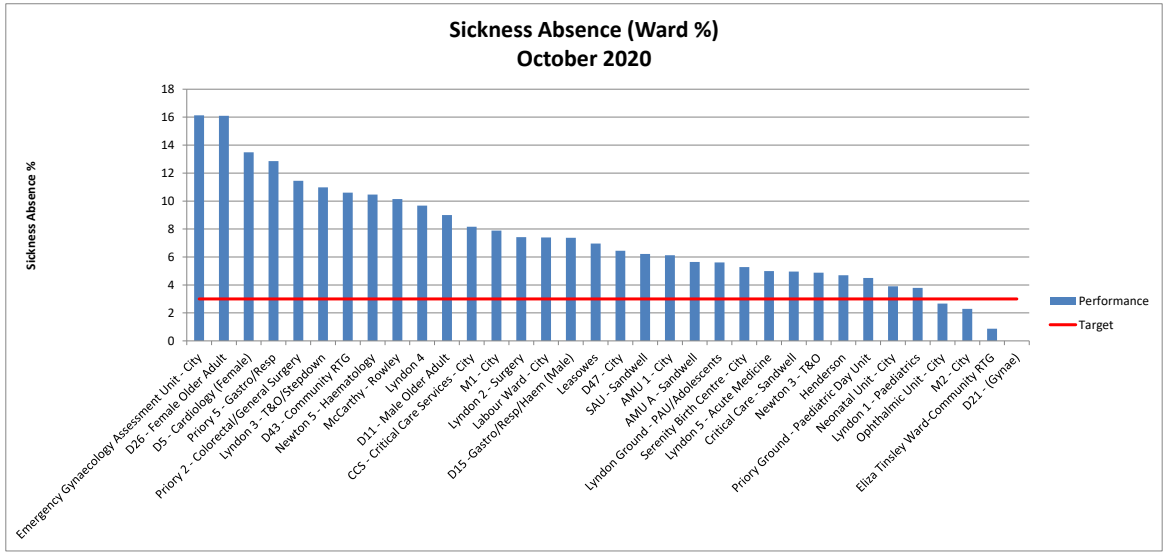
Data Quality - Kitemark

1 Timeliness	2 Audit	3 Source	4 Validation	5 Completeness	6 Granularity	7 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

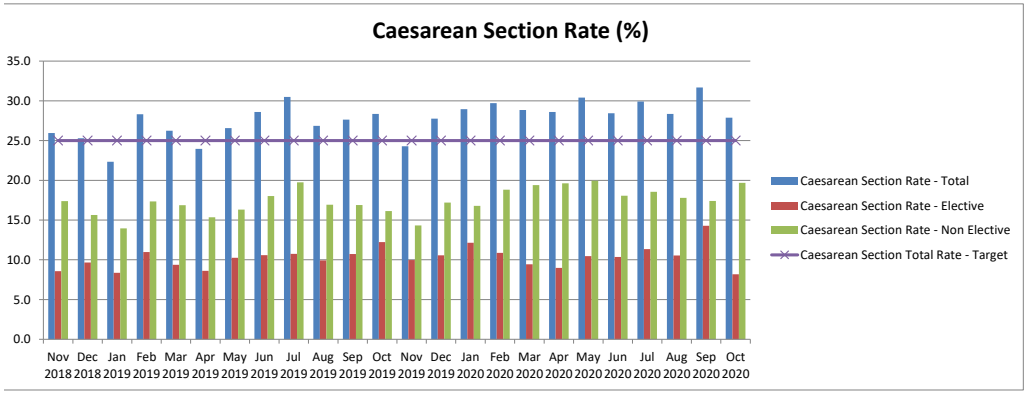


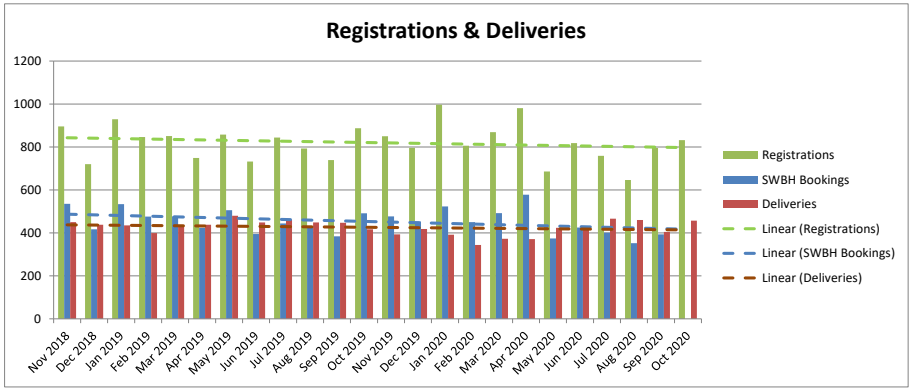




Patient Safety - Obstetrics

Data Quality	Last review	PAF	Indicator	Measure	Trajectory 2016-2017 Year	Trajectory 2016-2017 Month	Previous Months Trend (since May 2019) M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Month	Year To Date	Trend
			Caesarean Section Rate - Total	<= %	25.0	25.0																			Oct 2020	27.9	29.3	
		•	Caesarean Section Rate - Elective	<= %			10	11	11	10	11	12	10	11	12	11	9	9	10	10	11	11	14	8	Oct 2020	8.2	10.6	
		•	Caesarean Section Rate - Non Elective	<= %			16	18	20	17	17	16	14	17	17	19	19	20	20	18	19	18	17	20	Oct 2020	19.7	18.7	
		•d	Maternal Deaths	<= No	0	0																			Oct 2020	0	1	
			Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Oct 2020	8	27	
			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0																			Oct 2020	6.78	5.26	
			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																			Oct 2020	8.75	9.66	
	Apr-19		Stillbirth Rate (Corrected) (per 1000 babies)	Rate1			6.25	4.45	6.51	8.93	2.24	4.80	2.54	4.78	5.10	0.00	2.68	2.70	9.43	11.90	6.44	4.35	4.94	8.75	Oct 2020	8.75	6.99	
	Apr-19		Neonatal Death Rate (Corrected) (per 1000 babies)	Rate1			2.08	0.00	0.00	0.00	0.00	2.40	5.09	2.39	2.55	0.00	2.68	5.39	2.36	4.76	6.44	0.00	0.00	0.00	Oct 2020	0.00	2.66	
			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	85.0	85.0																			Oct 2020	93.1	92.5	
			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0																			Oct 2020	136.8	135.8	
			Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0																			Oct 2020	83.15	83.25	
	Apr-19	•	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %			2.2	1.4	0.9	0.8	0.3	0.3	1.2	0.5	1.1	0.0	0.3	1.9	1.6	1.8	1.7	2.1	0.6	1.0	Oct 2020	1.04	1.44	
	Apr-19	•	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %			1.9	1.0	0.9	0.8	0.3	0.3	1.2	0.5	0.8	0.0	0.3	0.4	0.8	1.3	1.1	1.8	0.6	1.0	Oct 2020	1.04	1.00	
	Apr-19	•	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %			0.6	0.7	0.6	0.0	0.0	0.0	0.3	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.8	Oct 2020	0.78	0.28	





CQC : Use of Resources

	Kitemark	Reviewed Date	Indicator	Measure	Benchmark							Trust		May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	20/21 Year to Date	Group					
					Period	Model Hospital STP Peer	Royal Wolverh NHS Trust	Walsall Healthcare NHS Trust	Dudley Group NHS Foundation Trust	Model Hospital National Median	Model Hospital Quality Account Peer	Trust Delivery	Target																						M	SS	W	I	PCCT	CO
Clinical Services			Pre-Procedure Elective Bed Days	Avg	Q4 2019/20	0.15	0.18	0.03	0.08	0.11	0.21	0.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.32	0.31	0.25	0.22	0.33	1.15	0.07	0.17	0.00	0.00	-
			Pre-Procedure Non-Elective Bed Days	<= Avg	Q4 2019/20	0.74	0.64	0.85	0.82	0.66	0.54	0.66	-	0.55	0.66	0.72	0.85	0.67	0.77	0.61	0.59	0.63	0.61	0.49	0.55	0.38	0.52	0.28	0.25	0.33	0.44	0.39	0.54	0.33	0.06	-	0.93	-
			DNA Rate - Inc Radiology (Model Hospital)	<= %	Q4 2019/20	8.09	7.31	9.92	6.63	7.11	6.75	8.35	-	7.8	7.8	7.9	8.4	8.1	8.1	8.3	8.8	7.7	7.7	11.7	9.1	7.5	8.0	8.6	9.1	9.4	9.6	8.8	10.4	12.5	14.3	0.0	8.1	-
			DNA Rate - Exc Radiology (SWB)	<= %	Q3 2019/20	n/a	-	-	-	n/a	n/a	10.49	-	9.8	9.8	9.9	10.5	10.2	10.2	10.3	11.0	9.6	9.5	14.1	10.0	8.6	-	10.3	11.4	11.7	11.9	10.4	10.4	12.5	14.3	23.1	8.1	-
			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= %	Q4 2019/20	7.97	6.68	8.16	5.72	7.94	7.49	8.23	-	7.9	7.4	8.4	8.3	7.8	7.9	8.2	8.0	8.1	8.5	9.7	12.9	10.4	8.9	9.1	9.6	8.7	-	9.7	13.3	5.0	3.9	7.7	2.8	-
Clinical Support Services			Top 10 Medicines - Delivery of Savings	%	To Mar2018	-	-	-	-	100	-	82	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			Pathology Overall Cost Per Test	£	2018/19	£1.45	£2.08	£1.58	£1.14	£1.94	£2.46	£1.33	-	Pathology services are provided by the Black Country Pathology Services model; costs per test are available annually only in Model Hospital																									
People			Staff Retention Rate	%	To May2020	86	87.2	84.4	89.8	86.2	85.1	85	-	-	-	-	-	-	-	-	-	-	86.1	86.6	85.4	85.5	85.7	86.3	86.6	86.4	90.7	86.7	83.9	86.7	86.8	92.2	124.0	86.8
			Sickness Absence (Monthly)	<= %	May2020	5.41	4.87	6.89	4.82	4.77	5.01	5.39	-	4.6	4.7	4.6	4.5	4.6	5.4	5.4	5.2	5.2	5.0	6.1	8.3	6.4	5.0	4.8	4.7	5.1	5.4	5.7	7.1	4.8	5.8	5.3	4.7	4.5
			Total Cost per WAU	**£**	**2018/19**	**£3,614**	**-**	**-**	**-**	**£3,500**	**-**	**£3,359**	**-**	Pay and Non-Pay costs per WAU are published on Model Hospital annually after the Natoinal Cost Collection window (formerly known as Refernce Cost Submission); we are therefore unable to complete monthly trends on a per WAU basis																									
			Total Pay Cost per WAU	**£**	**2018/19**	**£1,940**	**-**	**-**	**-**	**£1,923**	**-**	**£1,901**	**-**																									
			Clinial Staff Pay Cost WAU	£	2018/19	£1,940	-	-	-	£1,923	-	£1,901	-																									
			Substantive Medical Staff Cost Per WAU	£	2018/19	£780	£774	£786	£793	£763	-	£770	-																									
			Substantive Nursing Staff Cost Per WAU	£	2018/19	£924	£839	£948	£1,005	£892	-	£901	-																									
			Professional Technical and Therapies Staff Cost Per WAU	£	2018/19	£236	-	-	-	£268	-	£230	-																									
Corporate services, Procurement, Estates & Facilities			**Total Non-Pay Cost Per WAU**	**£**	**2018/19**	**£1,674**	**-**	**-**	**-**	**£1,577**	**-**	**£1,458**	**-**																									
			Finance Cost Per £100m Turnover	£000	2018/19	483.8k	483.42	626.25	457.75	653.3	653.3k	634.6k	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	#####	-	-	0.7	-	-	-	-	-	-
			HR Cost Per £100m Turnover	£000	2018/19	686.9k	767.49	1270	388.35	910.7	767.5k	794.9k	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	#####	-	-	0.7	-	-	-	-	-	-
			Estates & Facilities Cost (£ per m2)	£	2018/19	-	£360	£366	£494	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			Procurement League Table: Process Efficiency and Price Performance Score (scaled 0 to 100)	No	Q2 2019/20	54	58	43	50	57	57	74	-	-	-	74	-->	-->	-	-	-	-	-	-	-	-	-	-	-	-	-	-	74	-	-	-	-	-	-
Finance			Capital Service Capacity - Value	No	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-	-	-	-	-	-	-	2	2	2	2	2	2	2	2	2	2	16	-	-	-	-	-	-
			Liquidity (Days) - Value	No	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-	-	-	-	-	-	-	-15	-11	-15	-164	-91	-59	-52	-34	-37	-28	-464	-	-	-	-	-	-
			Distance From Agency Spend Cap - Value	%	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-	-	-	-	-	-	-	76.0	75.0	78.0	70.0	50.0	31.0	37.0	22.0	23.0	27.0	37.1	-	-	-	-	-	-
			Income and Expenditure (I &E) Margin - Value	%	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-	-	-	-	-	-	-	-0.4	-0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-	-	-	-	-	-
			Distance Form Financial Plan - Value	%	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-	-	-	-	-	-	-	-0.1	-0.1	0.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	-	-	-	-	-	-

Benchmark:

Quality Account Peer Group :

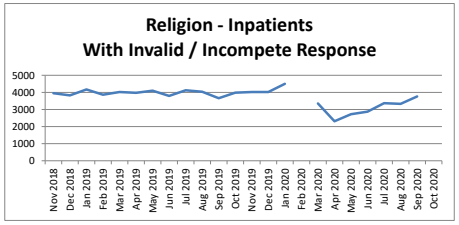
- Bradford Teaching NHS Foundation Trust (BTH)
- Kings College Hospital NHS Foundation Trust (KCH)
- Royal Liverpool & Broadgreen University NHS Foundation Trust (RLBUH)
- The Royal Wolverhampton NHS Trust (RWH)
- University Hospital Bristol NHS Foundation Trust (UH Bristol)
- Worcestershire Acute Hospital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

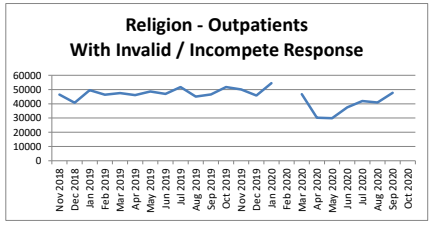
STP FootPrint Peer Group:

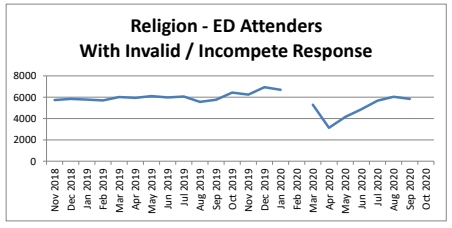
- Black Country Partnership NHS Foundation Trust
- Dudley and Walsall Mental Health Partnership NHS Trust
- Dudley Group NHS Foundation Trust
- Royal Wolverhampton NHS Trust
- Sandwell and West Birmingham Hospitals NHS Trust
- Walsall Healthcare NHS Trust
- West Midlands Ambulance Service NHS Foundation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

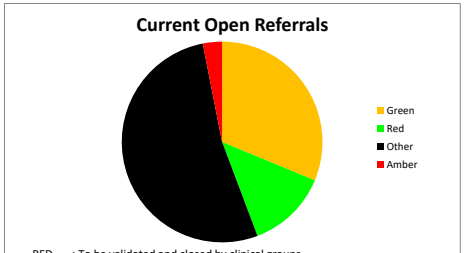
Data Completeness

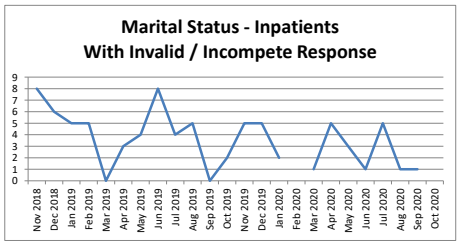
Data Quality	Last review	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since May 2019) M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
			Data Completeness Community Services	=> %	50.0	50.0																		-	Sep 2020							61.2	61.2		
			Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																-	-	-	Jul 2020								71.5		
			Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																-	-	-	Jul 2020								97.4		
			Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																-	-	-	Jul 2020								99.0		
			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0	98.1	96.8	98.7	97.9	96.8	97.2	96.2	95.1	95.7	99.0	97.1	95.5	98.4	98.6	96.2	-	98.3	-	Sep 2020								98.3	97.7	
			Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS	=> %	99.0	99.0	99.7	99.6	99.6	99.5	99.6	99.6	99.6	99.6	99.5	99.7	99.5	99.6	99.4	99.4	99.5	-	99.7	-	Sep 2020								99.7	99.5	
			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0	97.6	97.3	97.3	97.2	92.6	82.7	84.4	84.2	86.0	85.6	88.4	90.3	89.9	90.2	90.2	-	91.2	-	Sep 2020								91.2	90.4	
			Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0																-		-	Sep 2020								87.2	87.1	
			Ethnicity Coding - percentage of outpatients with recorded response	=> %	90.0	90.0																-		-	Sep 2020								89.4	89.1	
			Protected Characteristic - Religion - INPATIENTS with recorded response	%			68.2	68.0	67.7	66.8	67.7	65.7	65.9	65.3	62.9	-	64.5	65.5	63.4	65.0	63.6	63.8	62.1	-	Sep 2020								62.1	63.8	
			Protected Characteristic - Religion - OUTPATIENTS with recorded response	%			50.2	50.3	50.4	51.1	50.6	50.3	50.9	50.3	50.0	-	51.2	55.9	52.5	50.1	48.1	46.5	46.9	-	Sep 2020								46.9	49.7	
			Protected Characteristic - Religion - ED patients with recorded response	%			62.8	62.9	64.7	64.6	63.7	59.2	59.1	57.0	57.7	-	55.5	55.1	55.3	56.2	55.3	55.0	54.8	-	Sep 2020								54.8	55.3	
			Protected Characteristic - Marital Status - INPATIENTS with recorded response	%			100.0	99.9	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	99.9	100.0	100.0	99.9	100.0	100.0	-	Sep 2020								100.0	100.0	
			Protected Characteristic - Marital Status - OUTPATIENTS with recorded response	%			37.4	37.2	37.5	37.3	36.8	36.7	36.5	36.5	36.4	-	35.1	35.5	34.4	34.4	34.1	34.3	34.3	-	Sep 2020								34.3	34.5	
			Protected Characteristic - Marital Status - ED patients with recorded response	%			40.0	39.5	39.9	38.4	40.1	40.5	39.8	39.1	38.3	-	37.2	33.6	36.5	36.3	36.5	37.7	38.6	-	Sep 2020								38.6	36.8	
			Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0																-		-	Sep 2020								7.6	6.9	
			Open Referrals	No			223,937	221,026	216,977	215,369	210,947	213,037	213,645	216,909	216,936	217,529	215,194	207,500	206,550	206,748	209,022	211,836	213,760	215,688	Oct 2020	52,368	103,707	25,085	-	738	33,790		215,688		
			Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			69,739	64,564	54,518	53,060	46,595	37,194	36,476	38,047	38,823	38,104	38,197	32,736	35,780	36,323	36,553	36,380	37,027	38,053	Oct 2020	14,417	14,040	5,302	-	432	3,696		38053		

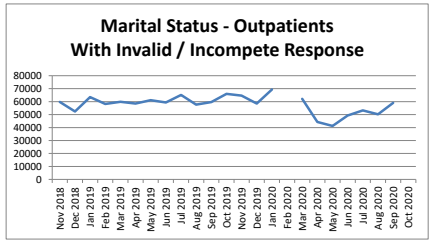


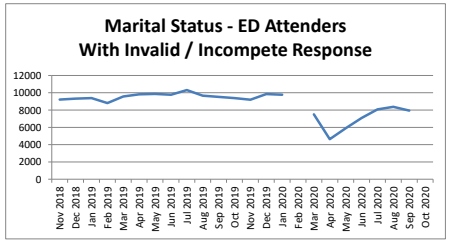












Legend

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

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

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

Data Quality - Kitemark

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

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

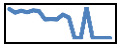
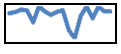
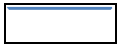
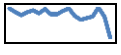
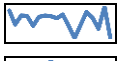
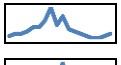
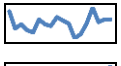
Key

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

Medicine & EC Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate			Month	Year To Date	Trend
			Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		EC	ACA	ACB			
Patient Safety - Inf Control	C. Difficile	<= No	30	3																		Oct 2020	1	0	0	1	11	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																		Oct 2020	0	0	0	0	1	
Patient Safety - Inf Control	MRSA Screening - Elective (%)	=> %	95	95																		Oct 2020	80	100	50	82.9		
Patient Safety - Inf Control	MRSA Screening - Non Elective (%)	=> %	95	95																		Oct 2020	93	98	89	92.9		
Patient Safety - Harm Free Care	Number of DOLS raised	No			16	21	13	14	24	19	12	25	14	17	15	13	21	23	17	15	21	16	Oct 2020	4	12	0	16	126	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			16	21	13	14	24	19	12	25	14	17	15	13	21	23	17	15	21	16	Oct 2020	4	12	0	16	126	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			4	11	2	4	0	4	3	6	3	4	0	2	1	3	3	3	2	4	Oct 2020	2	2	0	4	18	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			2	4	0	2	0	1	0	0	0	2	1	5	4	2	3	1	1	2	Oct 2020	1	1	0	2	18	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			9	9	8	8	13	12	7	16	7	10	11	12	22	19	15	11	17	8	Oct 2020	2	6	0	8	104	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			0	0	0	2	2	0	0	0	0	1	0	0	0	0	0	0	0	0	Oct 2020	0	0	0	0	0	
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			0	2	0	0	0	0	0	0	1	0	0	0	0	0	0	0	2	0	Oct 2020	0	0	0	0	-	
Patient Safety - Harm Free Care	Falls	<= No	0	0	60	47	58	58	39	-	34	47	46	42	65	21	35	44	51	44	54	44	Oct 2020	14	-	-	44	293	
Patient Safety - Harm Free Care	Falls - Death or Severe Harm	<= No	0	0	2	1	2	0	0	-	1	0	1	1	0	0	1	1	2	0	0	0	Oct 2020	0	0	0	0	4	
Patient Safety - Harm Free Care	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	11	16	14	12	15	12	3	14	14	17	18	15	17	6	7	11	10	23	Oct 2020	5	-	-	23	89	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0							-												Oct 2020	98.3	95.3	96.3	97.5		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0	-				-														Oct 2020	100.0	100.0	100.0	100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0																			Oct 2020	100	100	100	100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0																			Oct 2020	100	100	100	100.0		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Oct 2020	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	Oct 2020	0	0	0	0	1	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Oct 2020	2	1	0	3	20	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98																-	-		Aug 2020	98	87	84	93		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			12.7	12.3	13.0	12.9	12.6	13.3	14.1	13.3	13.8	13.9	13.7	14.9	12.8	11.9	13.3	14.5	13.3	-	Sep 2020				13.3		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			12.4	12.4	12.4	12.4	12.5	12.7	12.9	12.9	13.0	13.0	13.1	13.3	13.4	13.4	13.4	13.5	13.6	-	Sep 2020					13.4	

Medicine & EC Group

Section	Indicator		Trajectory Year	Trajectory Month	Previous Months Trend M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	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	88.24	92.98	92.86	98.33	-	-	-	-	-	-	93.65	-	-	86.67	-	87.5	-	-	Aug 2020		-		87.5	88.1	
Clinical Effect - Stroke & Card	Pts admitted to Acute Stroke Unit within 4 hrs (%)	=> %	90.0	90.0	66.67	59.65	72.34	80	-	-	-	-	-	-	78.72	-	-	84.44	-	81.82	-	-	Aug 2020		-		81.8	82.3	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0	66.1	61.4	64.58	73.91	-	-	-	-	-	-	-	-	-	87.5	-	89.13	-	-	Aug 2020		-		89.1	86.8	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.0	98.31	100	95.83	100	-	-	-	-	-	-	-	-	-	100	-	100	-	-	Aug 2020		-		100.0	99.2	
Clinical Effect - Stroke & Card	Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85.0	85.0	87.5	85.7	83.3	60.0	-	-	-	-	-	-	50.0	-	-	50.0	-	50.0	-	-	Aug 2020		-		50.0	66.7	
Clinical Effect - Stroke & Card	Stroke Admissions - Swallowing assessments (<24h) (%)	=> %	98.0	98.0	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Jun 2019		-		100.0	100.0	
Clinical Effect - Stroke & Card	TIA (High Risk) Treatment <24 Hours from receipt of referral (%)	=> %	70.0	70.0	91.67	100	87.5	73.33	68.18	65.38	88.24	80	65.22	83.33	80	-	-	92.31	-	100	-	-	Aug 2020		-		100.0	86.1	
Clinical Effect - Stroke & Card	TIA (Low Risk) Treatment <7 days from receipt of referral (%)	=> %	75.0	75.0	94.74	83.33	88.89	84.21	90	88	61.11	61.9	61.11	76.19	67.57	-	-	100	-	-	-	-	Jun 2020		-		100.0	91.3	
Clinical Effect - Stroke & Card	Primary Angioplasty (Door To Balloon Time 90 mins) (%)	=> %	80.0	80.0	85.71	100	93.75	100	77.78	100	95.65	91.67	94.12	91.67	71.43	33.33	100	100	100	100	88.89	81.82	Oct 2020		81.8		81.8	90.9	
Clinical Effect - Stroke & Card	Primary Angioplasty (Call To Balloon Time 150 mins) (%)	=> %	80.0	80.0	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	100	88.89	88.89	Oct 2020		88.9		88.9	86.8	
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	100	100	100	100	100	100	100	100	Oct 2020		100.0		100.0	100.0	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																			Sep 2020			67.1	69.5		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																			Sep 2020			100.0	100.0		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																			Sep 2020			61.5	69.6		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			0.5	2	5	4	2	3.5	1	3.5	3.5	1.5	1	-	4	3	2.5	0	3.5	-	Sep 2020	-	1.00	2.50	3.50	13	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			0.5	0	1.5	1.5	2	1	1	2.5	2.5	1	0	-	0	1	1.5	0	2.5	-	Sep 2020	-	1.00	1.50	2.50	5	
Clinical Effect - Cancer	Cancer - Longest wait for treatment (days)	No			183	91	149	147	83	141	149	145	133	156	79	-	91	173	134	62	210	-	Sep 2020	-	210	140	210		
Clinical Effect - Cancer	Neutropenia Sepsis Door to Needle Time Greater than 1hr	<= No	0.0	0.0	2	3	3	4	6	6	9	15	7	11	5	4	3	2	1	1	2	3	Oct 2020	-	3	0	3	16	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0.0	0.0	0	0	31	0	9	-	-	-	-	401	-	-	-	-	-	-	-	-	May 2020	-	-	-	-	-	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			47	26	31	24	21	37	31	29	40	36	32	14	19	32	52	34	37	37	Oct 2020	37	0	0	37	225	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			80	37	58	48	47	54	50	50	58	68	59	49	51	54	52	61	89	121	Oct 2020	121	0	0	121		

Medicine & EC Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Directorate EC	AC	SC	Month	Year To Date	
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Oct 2020	1.67	2.12	0.90	1.87		
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	Oct 2020	0.0	0.0	0.0	0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	0	0	0	0	5	3	12	5	14	5	3	0	2	9	7	0	7	10	Oct 2020	0.0	10.0	0.0	10	35	
Pt. Experience - Cancellations	Urgent Cancellations	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2020	0.00	0.00	0.00	0.00	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour waits (%)	=> %	95.0	95.0																			Oct 2020	76.6	79.8	Site S/C	78.2	84.4	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			2534	2570	2695	2549	2032	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2020	0	0	0	0	0	
Emergency Care & Pt. Flow	Emergency Care Trolley Waits >12 hours	<= No	0	0																			Oct 2020	1.0	2.0	Site S/C	3	4	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15.0	15.0																			Oct 2020	26.0	41.0	Site S/C	31	23	
Emergency Care & Pt. Flow (Group Sheet Only)	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60.0	60.0																			Oct 2020	42.0	32.0	Site S/C	36	30	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0																			Oct 2020	7.5	8.3	Site S/C	7.9	8.2	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0																			Oct 2020	3.6	4.5	Site S/C	4.1	4.1	
Emergency Care & Pt. Flow	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	119	128	123	162	238	251	228	279	199	242	380	234	172	77	183	172	161	267	Oct 2020	204	63		267	1266	
Emergency Care & Pt. Flow	WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	4	4	5	9	33	16	9	12	9	32	42	8	1	0	0	3	9	43	Oct 2020	11	32		43	64	
Emergency Care & Pt. Flow	WMAS - Turnaround Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02														#DIV/0!					Oct 2020	0.49	1.54		0.99	0.28	
Emergency Care & Pt. Flow	WMAS - Emergency Conveyances (total)	No			4670	4555	4658	4486	4484	4656	4721	4887	4848	4522	4588	3069	3282	3039	3951	4209	4065	4323	Oct 2020	2250	2073		4323	25938	
Emergency Care & Pt. Flow	Inpatients Staying 21+ Days At Month End Census - NHSI	No			117	112	112	101	128	132	128	130	128	144	129	45	38	40	39	32	46	53	Oct 2020	30	10		53	-	
Emergency Care & Pt. Flow	21+ Days Long Stay Rate - NHSI	%			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	9.1135	4.535	10.839	7.4439	Oct 2020	9	7		7	10	
Emergency Care & Pt. Flow	Estimated Beds - 21+ Days - NHSI	No			119.09	94.77	91.52	113.55	104.16	108.8	111.8	114.81	109.36	115.27	128.52	30.63	36.96	25.2	22.51	10.19	30.4	21.71	Oct 2020	14	3		22	-	
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																			Oct 2020	-	83.7	89.5	84.5		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																			Oct 2020	-	51.4	67.4	60.6		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Oct 2020	-	81.9	66.4	71.7		
RTT	RTT - Backlog	<= No	0	0	452	515	568	451	525	483	559	579	601	695	1034	1639	2372	2944	2989	2501	1969	1542	Oct 2020	0	337	1205	1542		
RTT	Patients Waiting >52 weeks	<= No	0	0	1	4	1	7	0	0	0	0	0	0	0	0	0	0	1	1	34	46	Oct 2020	0	42	4	46		
RTT	Treatment Functions Underperforming	<= No	0	0	6	6	6	5	7	6	9	7	7	7	10	10	8	11	12	12	11	10	Oct 2020	0	5	5	10		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Oct 2020	-	-	-	23.51		

Medicine & EC Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	
			Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		EC	AC	SC			
Data Completeness	Open Referrals	No			58,658	56,434	54,224	52,647	51,785	52,607	52,552	54,131	55,024	55,223	53,611	50,679	50,502	50,369	51,104	51,936	51,949	52,368	Oct 2020	12,607	21,503	18,258	52368		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Req	No			27,937	25,112	21,330	20,501	19,410	16,093	15,603	16,166	16,654	16,294	14,829	12,044	13,757	14,228	14,244	13,873	14,160	14,417	Oct 2020	7,100	4,736	2,581	14417		
Workforce	PDRs - 12 month rolling (%)	=> %	95.0	95.0	-	-	-	-	●	●	-	-	-	-	-	-	-	-	-	-	●	-	Sep 2020	85.89	90.16	87.98		87.8	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	-	Sep 2020	100	100	100		100.0	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.00	3.00	5.54	5.50	5.43	5.38	5.32	5.44	5.41	5.24	5.14	5.06	5.33	5.96	6.21	6.28	6.32	6.41	6.55	6.66	Oct 2020	6.00	6.92	7.30	6.66	6.34	
Workforce	Sickness Absence - In month	<= No	3.00	3.00	4.97	4.49	4.41	4.68	5.20	5.90	6.05	5.43	5.50	5.54	8.32	11.74	7.83	5.87	5.55	5.82	6.72	7.05	Oct 2020	6.65	7.26	7.39	7.05	7.22	
Workforce	Sickness Absence - Long Term - In month	No			46	39	42	47	45	52	59	57	60	47	58	91	95	66	42	66	77	66	Oct 2020	28	16	22	66	556	
Workforce	Sickness Absence - Short Term - In month	No			171	188	153	142	177	209	176	183	195	188	299	338	175	162	191	166	201	221	Oct 2020	97	43	81	221	1619	
Workforce	Mandatory Training (%)	=> %	95.0	95.0	●	●	●	●	●	●	●	●	●	-	-	-	-	-	-	-	-	-	Jan 2020	84.12	-	-		87.6	

Surgical Services Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate					Month	Year To Date	Trend
			Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		GS	SS	TH	An	O			
Patient Safety - Inf Control	C. Difficile	<= No	7	1																			Oct 2020	0	0	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Oct 2020	0	0	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	95	95																			Oct 2020	95.22	84.25	-	0	30.77	80.3		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	95	95																			Oct 2020	92.39	87.95	-	100	96.77	91.4		
Patient Safety - Harm Free Care	Number of DOLS raised	No			8	8	7	9	8	8	8	7	13	9	9	10	16	14	12	6	13	13	Oct 2020	10	0	0	3	0	13	84	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			8	8	7	9	8	8	8	7	13	9	9	10	16	14	12	6	13	13	Oct 2020	10	0	0	3	0	13	84	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			0	1	1	1	2	0	0	0	2	0	0	1	2	1	1	1	2	1	Oct 2020	1	0	0	0	0	1	9	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			2	1	0	0	0	0	0	1	0	1	6	2	2	4	1	1	1	1	Oct 2020	1	0	0	0	0	1	12	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			8	6	2	7	5	6	4	5	9	6	12	9	10	15	10	4	10	9	Oct 2020	7	0	0	2	0	9	67	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			1	1	0	0	0	0	1	0	0	1	1	0	0	0	0	0	0	0	Oct 2020	0	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Falls	<= No	0	0	8	12	6	9	16	-	11	13	20	8	16	20	12	8	8	12	7	5	Oct 2020	-	5	-	-	-	5	72	
Patient Safety - Harm Free Care	Falls - Death or Severe Harm	<= No	0	0	0	0	0	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2020	0	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	8	7	6	8	8	7	4	6	13	9	7	16	5	7	2	5	9	7	Oct 2020	1	2	-	4	-	7	51	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0							-												Oct 2020	95.01	96.36	-	100	86.96	93.7		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0	-				-														Oct 2020	100	100	100	100	100	100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0																			Oct 2020	-	-	100	-	100	100.0		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0																			Oct 2020	-	-	100	-	97.78	98.2		
Patient Safety - Harm Free Care	Never Events	<= No	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2020	0	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	Oct 2020	0	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Oct 2020	0	0	1	0	0	1	5	
Clinical Effect - Mort & Read	Mortality Reviews within 42 working days	=> %	100	98.0																	-	-	Aug 2020	82	100	-	-	-	83.3		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			6.0	4.8	4.8	4.5	4.6	3.7	4.1	3.7	3.6	4.2	5.7	10.4	6.3	4.8	4.2	5.1	5.0	-	Sep 2020						5.0		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			6.18	6.07	5.84	5.63	5.48	5.32	5.13	4.87	4.75	4.61	4.54	4.56	4.48	4.47	4.41	4.45	4.48	-	Sep 2020							4.5	

Surgical Services Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate					Month	Year To Date	
			Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		GS	SS	TH	An	O			
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																		Sep 2020	97.1	-	-	-	-	97.13		
Clinical Effect - Cancer	2 weeks (Breast Symptomatic)	=> %	93.0	93.0																		Sep 2020	96.6	-	-	-	-	96.55		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																		Sep 2020	96.1	-	-	-	-	96.05		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																		Sep 2020	72.8	-	-	-	-	72.82		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			4	4	3	6	5	4	4	6	6	2	4	-	7	6	8	6	14	-	Sep 2020	-	-	-	-	-	14	40	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			4	1	1	3	1	1	4	3	4	0	1	-	3	4	5	1	5	-	Sep 2020	4.5	-	0	-	-	4.5	17	
Clinical Effect - Cancer	Cancer - Longest wait for treatment (days)	No			120	111	105	168	167	137	202	239	204	102	166	-	228	141	177	234	248	-	Sep 2020	248	-	0	-	-	248		
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	Oct 2020	0	-	0	-	-	0	0	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	11	9	13	7	7	-	-	-	-	57	-	-	-	-	-	-	-	-	May 2020	-	-	-	-	-	-	-	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			16	18	22	15	22	42	28	19	26	32	25	12	9	19	43	8	19	27	Oct 2020	27	0	0	0	0	27	137	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			26	30	38	26	33	41	32	19	30	41	28	27	28	34	43	29	43	64	Oct 2020	64	0	0	0	0	64		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Oct 2020	2.03	1.52	-	-	1.4	1.37		
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	4	Oct 2020	2	2	0	0	0	4	4	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	31	32	39	27	42	55	32	54	35	40	21	0	1	4	10	15	22	23	Oct 2020	11	3	0	0	9	23	75	
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	1	Oct 2020	0	0	0	0	1	1	1	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (%)	=> %	95.0	95.0	98.7	95.9	95.7	98.3	93.2	90.3	93.3	96.4	95.8	98.0	97.0	98.8	99.7	97.9	96.0	94.1	94.7	91.9	Oct 2020	-	-	-	-	91.88	-	-	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	<= No	0	0	102	94	148	144	165	88	72	41	48	21	23	3	2	15	32	47	45	55	Oct 2020	0	0	0	0	55	55	199	
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	Oct 2020	-	-	-	-	0	-	-	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5.0	5.0	2.1	1.7	2.6	2.2	6.3	5.2	7.2	9.9	8.3	4.1	7.3	5.6	5.6	7.0	5.0	6.2	4.6	5.0	Oct 2020	-	-	-	-	4.98	-	-	
Emergency Care & Pt. Flow	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5.0	5.0	4.5	5.5	6.7	3.7	3.5	6.4	5.9	0.7	2.1	2.7	1.4	0.6	0.8	2.4	2.3	2.2	1.5	2.4	Oct 2020	-	-	-	-	2.37	-	-	
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	-	-	-	-	82	0	0	
Emergency Care & Pt. Flow	Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60	14	6	3	10	7	12	12	6	7	6	12	23	2	11	3	5	3	38	Oct 2020	35.97	1.61	-	0	0	37.58	84	
Emergency Care & Pt. Flow	Hip Fractures BPT (Operation < 36 hours of admissions	=> %	85.0	85.0																			Oct 2020						79.0	73.0	
Emergency Care & Pt. Flow	Inpatients Staying 21+ Days At Month End Census - NHSI	No			13	10	15	16	23	21	17	25	24	28	29	15	18	12	12	16	21	17	Oct 2020	9	2	0	0	6	17	-	
Emergency Care & Pt. Flow	21+ Days Long Stay Rate - NHSI	%			12	5	3	8	6	10	9	5	7	6	12	39	4	16	3	6	4	29	Oct 2020	40.47	5.84	-	0	0	28.8	16	
Emergency Care & Pt. Flow	Estimated Beds - 21+ Days - NHSI	No			14	6	3	10	7	12	12	6	7	6	12	23	2	11	3	5	3	38	Oct 2020	35.97	1.61	-	0	0	37.58	-	

Surgical Services Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate					Month	Year To Date	
			Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		GS	SS	TH	An	O			
RTT	RTT - Admittted Care (18-weeks) (%)	=> %	90.0	90.0																			Oct 2020	58.7	42.0	-	-	59.7	56.1		
RTT	RTT - Non Admittted Care (18-weeks) (%)	=> %	95.0	95.0																			Oct 2020	83.2	89.7	-	-	87.6	86.5		
RTT	RTT - Incomplete Pathway (18-weeks) (%)	=> %	92.0	92.0																			Oct 2020	69.6	73.1	-	-	75.3	72.4		
RTT	RTT - Backlog	<= No	0	0	1415	1630	1722	1711	1668	1690	1573	1480	1382	1378	1643	2721	4298	6903	8409	7097	5820	5117	Oct 2020	2499	915	0	0	1703	5117		
RTT	Patients Waiting >52 weeks	<= No	0	0	9	19	7	5	0	0	1	0	1	0	0	7	32	80	142	203	297	406	Oct 2020	80	26	0	0	300	406		
RTT	Treatment Functions Underperforming	<= No	0	0	14	15	16	16	13	12	13	12	11	11	11	11	13	18	18	18	18	21	Oct 2020	12	6	0	0	3	21		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Oct 2020	47.5	-	-	-	-	47.46		
Data Completeness	Open Referrals	No			107,915	108,313	106,808	107,224	104,317	105,170	105,645	106,065	104,786	104,619	104,392	99,486	98,167	98,850	100,115	101,729	102,705	103,707	Oct 2020	34,937	13,988	0	4,758	50,024	103707		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requi	No			25,583	24,862	20,182	20,403	16,396	12,243	12,318	12,848	13,069	12,672	13,789	11,899	12,476	12,641	12,933	13,059	13,252	14,040	Oct 2020	5,008	2,809	0	2,251	3,972	14040		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	-	-	-	-			-	-	-	-	-	-	-	-	-	-		-	Sep 2020	74.4	83.0	96.9	86.4	97.9		87.3	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																		-	Sep 2020	100	100	-	100	100		100.0	
Workforce	Sickness Absence - 12 month rolling (%)	<= %	3.0	3.0	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	6.35	6.39	6.27	Oct 2020	5.9	7.8	8.5	5.3	4.0	6.3	6.2	
Workforce	Sickness Absence - In Month	<= %	3.0	3.0	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	4.68	5.19	4.84	Oct 2020	4.5	6.6	6.3	4.2	2.8	4.8	6.2	
Workforce	Sickness Absence - Long Term - In Month	No			38	46	43	44	39	47	58	55	63	50	41	59	99	75	54	64	56	45	Oct 2020	11.0	11.0	10.0	7.0	6.0	45	452	
Workforce	Sickness Absence - Short Term - In Month	No			142	141	133	93	133	181	174	171	118	148	214	238	167	149	187	144	176	176	Oct 2020	50.0	39.0	34.0	31.0	22.0	176	1237	
Workforce	Mandatory Training	=> %	95.0	95.0										-	-	-	-	-	-	-	-	-	Jan 2020	87.2	88.0	93.2	92.8	90.6		91.3	

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	Trend
			Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		G	M	P			
Patient Safety - Inf Control	C. Difficile	<= No	0	0																			Oct 2020	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Bacteraemia	<= No	0	0																			Oct 2020	0	0	0	0	0	
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	95	95																			Oct 2020	95.4			95.4		
Patient Safety - Inf Control	MRSA Screening - Non Elective	=> %	95	95																			Oct 2020	-	100		100.0		
Patient Safety - Harm Free Care	Falls	<= No	0	0	0	1	0	1	-	-	-	-	1	1	1	3	1	-	-	2	-	1	Oct 2020	-	1	-	1	7	
Patient Safety - Harm Free Care	Falls - Death or Severe Harm	<= No	0	0	0	0	0	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2020	0	0	0	0	0	
Patient Safety - Harm Free Care	Pressure Ulcer SWB Hospital Acquired - Total	<= %	0	0	0	2	-	-	-	-	-	2	-	2	-	2	4	2	-	-	-	-	Oct 2020	-	-	-	-	4	
Patient Safety - Harm Free Care	Venous Thromboembolism (VTE) Assessments	=> %	95.0	95.0							-												Oct 2020	90.9	92.3		91.3		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections	=> %	100.0	100.0	-				-														Oct 2020	100	99.3		99.7		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections and brief	=> %	100.0	100.0	-	-	-	-	-		-	-	-	-	-		-	-	-	-	-	-	Oct 2020	-	-		-		
Patient Safety - Harm Free Care	WHO Safer Surgery Checklist - Audit 3 sections, brief and debrief	=> %	100.0	100.0	-	-	-	-	-		-	-	-	-	-		-	-	-	-	-	-	Oct 2020	-	-		-		
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Oct 2020	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Oct 2020	0	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Oct 2020	0	3	0	3	7	

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	
			Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		G	M	P			
Patient Safety - Obstetrics	Caesarean Section Rate - Total	<= %	25.0	25.0																		Oct 2020		27.9		27.9	29.3	
Patient Safety - Obstetrics	Caesarean Section Rate - Elective	%			10	11	11	10	11	12	10	11	12	11	9	9	10	10	11	11	14	8	Oct 2020		8.19		8.2	10.6	
Patient Safety - Obstetrics	Caesarean Section Rate - Non Elective	%			16	18	20	17	17	16	14	17	17	19	19	20	20	18	19	18	17	20	Oct 2020		19.7		19.7	18.7	
Patient Safety - Obstetrics	Maternal Deaths	<= No	0	0																		Oct 2020		0		0	1	
Patient Safety - Obstetrics	Post Partum Haemorrhage (>2000ml)	<= No	48	4	3	2	3	6	2	1	4	1	4	3	3	3	4	4	4	1	3	8	Oct 2020		8		8	27	
Patient Safety - Obstetrics	Admissions to Neonatal Intensive Care	<= %	10.0	10.0																		Oct 2020		6.78		6.8	5.3	
Patient Safety - Obstetrics	Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																		Oct 2020		8.75		8.8		
Patient Safety - Obstetrics	Stillbirth (Corrected) Mortality Rate (per 1000 babies)	Rate1			6.25	4.45	6.51	8.93	2.24	4.80	2.54	4.78	5.10	0.00	2.68	2.70	9.43	11.90	6.44	4.35	4.94	8.75	Oct 2020		8.75		8.75	6.99	
Patient Safety - Obstetrics	Neonatal Death (Corrected) Mortality Rate (per 1000 babies)	Rate1			2.08	0.00	0.00	0.00	0.00	2.40	5.09	2.39	2.55	0.00	2.68	5.39	2.36	4.76	6.44	0.00	0.00	0.00	Oct 2020		0		0.00	2.66	
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (>=%) - SWBH Specific	=> %	85.0	85.0																		Oct 2020		93.1		93.1		
Patient Safety - Obstetrics	Early Booking Assessment (<12 + 6 weeks) (%) - National Definition	=> %	90.0	90.0																		Oct 2020		137		136.8		
Patient Safety - Obstetrics	Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0																		Oct 2020		83.2		83.2		
Patient Safety - Obstetrics	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	%			2.2	1.4	0.9	0.8	0.3	0.3	1.2	0.5	1.1	0.0	0.3	1.9	1.6	1.8	1.7	2.1	0.6	1.0	Oct 2020		1.04		1.0		
Patient Safety - Obstetrics	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	%			1.9	1.0	0.9	0.8	0.3	0.3	1.2	0.5	0.8	0.0	0.3	0.4	0.8	1.3	1.1	1.8	0.6	1.0	Oct 2020		1.04		1.0		
Patient Safety - Obstetrics	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	%			0.6	0.7	0.6	0.0	0.0	0.0	0.3	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.8	Oct 2020		0.78		0.8		
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	N/A	-	-	Aug 2020	-	-	-	-		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%			4.0	3.7	9.2	9.4	6.2	7.9	7.1	7.5	7.5	8.4	9.2	8.7	9.4	7.6	11.3	5.1	3.8	-	Sep 2020				3.9		
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%			4.6	4.5	4.6	4.8	4.9	5.0	5.1	5.0	5.1	5.3	5.7	6.1	6.9	8.1	8.2	7.8	7.7	-	Sep 2020					7.3	
Clinical Effect - Cancer	2 weeks	=> %	93.0	93.0																	-	Sep 2020	92.9		-	92.9		
Clinical Effect - Cancer	31 Day (diagnosis to treatment)	=> %	96.0	96.0																	-	Sep 2020	75			75.0		
Clinical Effect - Cancer	62 Day (urgent GP referral to treatment)	=> %	85.0	85.0																	-	Sep 2020	54.6			54.6		
Clinical Effect - Cancer	Cancer = Patients Waiting Over 62 days for treatment	No			2	1.5	2	1	3	3.5	1.5	2.5	2	5.5	4	-	5.5	10	2.5	3.5	2.5	-	Sep 2020	2.5	-	0	2.5	24	
Clinical Effect - Cancer	Cancer - Patients Waiting Over 104 days for treatment	No			0	0	0.5	0.5	0	1	0	1	0.5	3	1	-	0.5	5	1	0.5	0.5	-	Sep 2020	0.5	-	0	0.5	7.5	
Clinical Effect - Cancer	Cancer - Longest wait for treatment (days)	No			97	85	196	109	96	171	104	148	169	217	121	-	171	177	138	136	207	-	Sep 2020	207	-	0	207		
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	Oct 2020	0	-	0	0	0	

Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	
			Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		G	M	P			
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	-	-	-	-	0	-	-	-	-	-	-	-	-	May 2020	-			-	-	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			18	12	23	4	17	19	10	6	11	5	9	3	6	10	23	8	12	15	Oct 2020	12	3	0	15	77	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			26	19	23	6	22	25	12	13	13	14	15	9	12	15	23	14	22	33	Oct 2020	0	0	0	33		
Pt. Experience - Cancellations	Elective Admissions Cancelled at last minute for non-clinical reasons	<= %	0.8	0.8																			Oct 2020	3.35		-	2.6		
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	Oct 2020	0			0	0	
Pt. Experience - Cancellations	Sitrep Declared Late Cancellations	<= No	0	0	7	3	5	5	10	5	8	6	7	13	4	0	1	3	3	1	7	5	Oct 2020	5			5	20	
Pt. Experience - Cancellations	Urgent Cancellations	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2020	0	-	0	0	0	
Emergency Care & Pt. Flow	Emergency Care 4-hour breach (numbers)	No			20	10	13	7	20	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2020	0	0	0	0	0	
Emergency Care & Pt. Flow	Inpatients Staying 21+ Days At Month End Census - NHSI	No			0	1	1	1	1	3	1	1	1	1	1	4	0	2	0	3	4	0	Oct 2020	0	0	0	0	-	
Emergency Care & Pt. Flow	21+ Days Long Stay Rate - NHSI	%			4	3	7	1	0	4	23	7	0	16	0	0	0	0	0	4	4	0	Oct 2020	0	-	0	0	2	
Emergency Care & Pt. Flow	Estimated Beds - 21+ Days - NHSI	No			0	0	1	0	0	0	5	1	0	2	0	0	0	0	0	0	0	0	Oct 2020	0	-	0	0	-	
RTT	RTT - Admittted Care (18-weeks)	=> %	90.0	90.0																			Oct 2020	65.7			65.7		
RTT	RTT - Non Admittted Care (18-weeks)	=> %	95.0	95.0																			Oct 2020	78.7			78.7		
RTT	RTT - Incomplete Pathway (18-weeks)	=> %	92.0	92.0																			Oct 2020	85.3			85.3		
RTT	RTT - Backlog	<= No	0	0	162	201	231	187	141	142	169	191	225	282	324	437	577	696	632	529	401	318	Oct 2020	318			318		
RTT	Patients Waiting >52 weeks	<= No	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	4	11	18	36	20	Oct 2020	20			20		
RTT	Treatment Functions Underperforming	<= No	0	0	2	3	3	3	2	2	3	3	3	3	3	2	2	3	3	3	3	3	Oct 2020	3			3		
RTT	Acute Diagnostic Waits in Excess of 6-weeks	<= %	0.1	0.1																			Oct 2020	-			-		

Women & Child Health Group

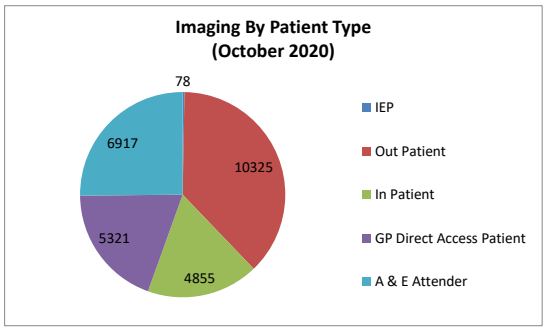
Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate			Month	Year To Date	
			Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		G	M	P			
Data Completeness	Open Referrals	No			24,316	23,359	23,153	22,571	22,333	22,687	22,895	23,733	24,099	24,479	23,888	23,681	24,706	24,448	24,352	24,511	24,854	25,085	Oct 2020	6,632	10,879	7,574	25085		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			7,086	6,248	5,887	5,518	5,139	4,857	4,788	5,150	5,048	5,068	4,875	4,425	5,000	4,890	5,100	5,164	5,234	5,302	Oct 2020	1,511	3,556	235	5302		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	-	-	-	-			-	-	-	-	-	-	-	-	-	-		-	Sep 2020	100	94.2	99.7		97.2	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																		-	Sep 2020	100	100	100		100.0	
Workforce	Sickness Absence - 12 month rolling	<= %	3.0	3.0	5.26	5.35	5.34	5.38	5.47	5.69	5.72	5.79	5.71	5.57	5.54	5.77	5.76	5.72	5.66	5.60	5.59	5.61	Oct 2020	4.07	6.15	5.38	5.6	5.7	
Workforce	Sickness Absence - in month	<= %	3.0	3.0	6.06	6.21	5.59	4.96	5.24	6.00	6.56	6.09	5.26	3.92	5.15	7.08	5.41	5.09	4.20	4.40	5.39	5.78	Oct 2020	4.28	6.68	5.07	5.8	5.3	
Workforce	Sickness Absence - Long Term - in month	No			45	47	40	46	41	44	45	52	45	31	30	40	49	43	27	43	41	49	Oct 2020	3	24	22	49.0	292.0	
Workforce	Sickness Absence - Short Term - in month	No			78	70	87	60	98	98	106	103	101	94	96	137	79	77	86	66	92	97	Oct 2020	9	56	32	97.0	634.0	
Workforce	Mandatory Training	=> %	95.0	95.0										-	-	-	-	-	-	-	-	-	Jan 2020	87.6	86.4	95.4		90.6	

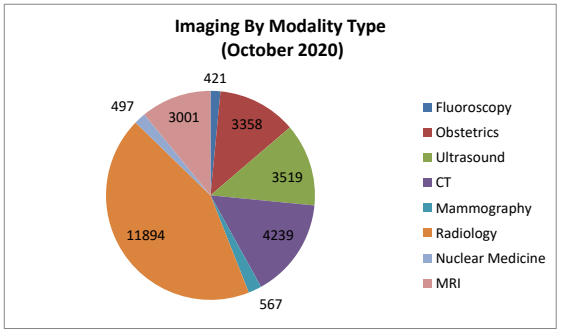
Women & Child Health Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																	Data Period	Directorate			Month	Year To Date	
			Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		G	M	P			
WCH Group Only	HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregancy	No			-->	-->	1045	-->	-->	928	-->	-->	908	-->	-->	1004	-->	-->	1008	-->	-->	-->	Jul 2020			1008	1008	2012	
WCH Group Only	HV (C2) - % of births that receive a face to face new birth visit by a HV =<14 days	=> %	95.0	95.0	-->	-->	92.4	-->	-->	90.9	-->	-->	91.3	-->	-->	94.1	-->	-->	90.3	-->	-->	-->	Jul 2020			90.3	90.29	92.12	
WCH Group Only	HV (C3) - % of births that receive a face to face new birth visit by a HV >days	%			-->	-->	7.64	-->	-->	7.38	-->	-->	8.18	-->	-->	5.86	-->	-->	6.03	-->	-->	-->	Jul 2020			6.03	6.03	5.95	
WCH Group Only	HV (C4) - % of children who received a 12 months review by 12 months	=> %	95.0	95.0	-->	-->	96.1	-->	-->	97.3	-->	-->	96.6	-->	-->	96.8	-->	-->	95.8	-->	-->	-->	Jul 2020			95.8	95.75	96.29	
WCH Group Only	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%			-->	-->	96	-->	-->	95.1	-->	-->	96.5	-->	-->	96	-->	-->	96	-->	-->	-->	Jul 2020			96	96.02	96.03	
WCH Group Only	HV (C6i) - % of children who received a 2 - 2.5 year review	=> %	95.0	95.0	-->	-->	95.8	-->	-->	96.6	-->	-->	97	-->	-->	97.5	-->	-->	96.9	-->	-->	-->	Jul 2020			96.9	96.91	97.23	
WCH Group Only	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%			-->	-->	98.6	-->	-->	98.4	-->	-->	98.2	-->	-->	98.1	-->	-->	98.4	-->	-->	-->	Jul 2020			98.4	98.41	98.24	
WCH Group Only	HV (C7) - No. of Sure Start Advisory Boards / Children's Centre Boards witha HV presence	=> No	100	100	-->	-->	4	-->	-->	-->	-->	-->	1	-->	-->	-->	-->	-->	1	-->	-->	-->	Jul 2020			1	1	1	
WCH Group Only	HV (C8) - % of children who receive a 6 - 8 week review	=> %	95.0	95.0	-->	-->	99.9	-->	-->	99.7	-->	-->	99.5	-->	-->	100	-->	-->	99.8	-->	-->	-->	Jul 2020			99.8	99.79	99.89	
WCH Group Only	HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check	=> %	100	100	-->	-->	99.9	-->	-->	99.7	-->	-->	99.1	-->	-->	100	-->	-->	99.1	-->	-->	-->	Jul 2020			99.2	99.15	99.57	
WCH Group Only	HV - % of infants being breastfed at 6 - 8 weeks	%			-->	-->	44.1	-->	-->	45.1	-->	-->	43	-->	-->	46.6	-->	-->	43.7	-->	-->	-->	Jul 2020			43.7	43.68	45.09	
WCH Group Only	HV - % HV staff who have completed mandatory training at L1,2 or 3 in child protection in last 3 years	=> %	95.0	95.0	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Feb 2017			-	100	100	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	No			-->	-->	1071	-->	-->	1125	-->	-->	1004	-->	-->	979	-->	-->	1035	-->	-->	-->	Jul 2020			1035	1035	2014	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	=> %	100	100	-->	-->	99.4	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jul 2019			99.4	99.44	99.44	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	No			-->	-->	0.21	-->	-->	21	-->	-->	19	-->	-->	14	-->	-->	37	-->	-->	-->	Jul 2020			37	37	51	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	=> %	100	100	-->	-->	2.2	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jul 2019			2.2	2.2	2.2	
WCH Group Only	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	No			-->	-->	3.6	-->	-->	28	-->	-->	35	-->	-->	27	-->	-->	22	-->	-->	-->	Jul 2020			22	22	49	
WCH Group Only	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	=> %	100	100	-->	-->	3.6	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jul 2019			3.6	3.6	3.6	
WCH Group Only	HV - movers into provider <1 year of age to be checked =<14 d following notification to HV service	No			-->	-->	255	-->	-->	196	-->	-->	210	-->	-->	170	-->	-->	120	-->	-->	-->	Jul 2020			120	120	290	
WCH Group Only	HV - all untested babies <1 year of age will be offered NBBS screening & results to HV.	Y/N			-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	-->	Jan-00						

Imaging Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Directorate DR	IR	NM	BS	BCP	Month	Year To Date	Trend
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Oct 2020	0	0	0	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Oct 2020	0	0	0	0	0	0	0	
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= No	0	0	3.0	2.0	-	1.0	1.0	1.0	4.0	1.0	1.0	2.0	-	1.0	1.0	-	2.0	-	1.0	-	Sep 2020						7.69	-	
Clinical Effect - Mort & Read	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	=> %	0	0	16.0	17.0	16.0	16.0	16.0	15.0	18.0	18.0	18.0	20.0	18.0	17.0	15.0	13.0	15.0	14.0	14.0	-	Sep 2020						-	6.4	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 1 hr of presentation (%)	=> %	50.0	50.0					-	-	-	-	-	-	-	-	-		-		-	-	Aug 2020			-			89.13	86.81	
Clinical Effect - Stroke & Card	Pts receiving CT Scan within 24 hrs of presentation (%)	=> %	100.0	100.00					-	-	-	-	-	-	-	-	-		-		-	-	Aug 2020			-			100	99.15	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			6	5	3	2	0	1	3	3	5	1	0	1	1	1	4	2	1	2	Oct 2020	2	0	0	0	0	2	12	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			6	11	6	3	1	2	3	2	5	2	1	2	2	3	4	4	2	5	Oct 2020	5	0	0	0	0	5		
RTT	Acute Diagnostic Waits in Excess of 6-weeks (%)	<= %	1.0	1.0																			Oct 2020	19					18.96		
Data Completeness	Open Referrals	No			268	295	308	350	363	396	449	486	516	526	527	737	715	701	701	731	736	738	Oct 2020	542	26	0	0	170	738		
Data Completeness	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			186	178	215	233	244	255	304	321	357	366	373	382	388	395	396	423	434	432	Oct 2020	400	4	0	0	28	432		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	-	-	-	-			-	-	-	-	-	-	-	-	-	-		-	Sep 2020	89.8	63.6	85.7	97.8	-	-	89.8	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																		-	Sep 2020	100	-	100	-	100	-	100.0	
Workforce	Sickness Absence - 12 month rolling	<= %	3.00	3.00	4.88	4.71	4.62	4.68	4.60	4.52	4.24	4.07	4.03	3.99	4.09	4.24	4.26	4.21	4.38	4.33	4.24	4.26	Oct 2020	4.8	1.8	1.7	4.3	0.0	4.26	4.28	
Workforce	Sickness Absence - in month	<= %	3.00	3.00	5.06	3.86	3.53	4.82	4.46	4.20	4.12	3.57	3.64	3.57	5.24	5.88	4.58	3.35	4.31	3.31	3.79	5.31	Oct 2020	5.9	0.0	0.3	6.7	0.0	5.31	4.36	
Workforce	Sickness Absence - Long Term - in month	No			10	7	5	8	9	10	7	7	5	5	5	7	9	8	6	11	7	9	Oct 2020	8	0	0	1	0	9	57	
Workforce	Sickness Absence - Short Term - in month	No			19	26	24	19	24	33	25	33	44	34	39	40	24	26	30	23	32	38	Oct 2020	28	0	1	9	0	38	213	
Workforce	Mandatory Training	=> %	95.0	95.0										-	-	-	-	-	-	-	-	-	Jan 2020	92.9	94.6	93.3	92.7	-	93.0	93.6	
Workforce	Imaging - Total Scans	No			32,017	29,982	32,665	29,248	29,463	31,286	29,477	28,573	32,398	29,181	23,026	12,474	15,657	20,296	23,773	24,445	26,957	27,499	Oct 2020						27499	151101	
Board KPI	Imaging - Inpatient Turnaround Time <=24hr	=> %	90.0	90.0	65	69	67	69	67	77	77	77	79	82	87	91	87	86	85	84	82	80	Oct 2020						79.9	84.7	
Board KPI	Imaging - Urgent Other(GP 5) Turnround Time <=5d	=> %	90.0	90.0	69	65	66	70	71	77	75	72	72	74	68	82	87	79	69	53	56	58	Oct 2020						58.4	68.9	
Board KPI	Imaging - All Imaging Work Reported in less than 4 weeks (request to report)	=> %	95.0	95.0	-	-	-	-	-	88	90	90	88	92	90	93	94	90	85	83	83	85	Oct 2020						85.0	86.7	





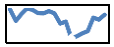
Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate						Month	Year To Date	Trend
			Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		AT	IB	IC	CT	CM	YHP			
Patient Safety - Inf Control	MRSA Screening - Elective	=> %	95	95																			Oct 2020	-	-	-	-	0	-	0		
Patient Safety - Harm Free Care	Number of DOLS raised	No			6	5	6	13	5	7	6	4	6	5	4	9	6	8	13	5	9	11	Oct 2020	0	11	0	-	0	0	11	61	
Patient Safety - Harm Free Care	Number of DOLS which are 7 day urgent	No			6	5	6	13	5	7	6	4	6	5	4	9	6	8	13	5	9	11	Oct 2020	0	11	0	-	0	0	11	61	
Patient Safety - Harm Free Care	Number of delays with LA in assessing for standard DOLS application	No			1	3	3	6	0	0	0	1	1	3	0	0	0	0	4	2	2	2	Oct 2020	0	2	0	-	0	0	2	10	
Patient Safety - Harm Free Care	Number DOLs rolled over from previous month	No			1	2	0	2	0	0	1	1	0	2	0	2	2	3	2	1	0	3	Oct 2020	0	3	0	-	0	0	3	13	
Patient Safety - Harm Free Care	Number patients discharged prior to LA assessment targets	No			5	2	1	8	2	4	2	1	2	2	1	9	5	9	10	3	2	8	Oct 2020	0	8	0	-	0	0	8	46	
Patient Safety - Harm Free Care	Number of DOLs applications the LA disagreed with	No			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Oct 2020	0	0	0	-	0	0	0	0	
Patient Safety - Harm Free Care	Number patients cognitively improved regained capacity did not require LA assessment	No			0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	Oct 2020	0	0	0	-	0	0	0	1	
Patient Safety - Harm Free Care	Falls	<= No	0	0	21	29	22	24	23	-	26	28	29	32	25	22	19	18	14	23	19	24	Oct 2020	-	23	1	-	-	-	24	139	
Patient Safety - Harm Free Care	Falls - Death or Severe Harm	<= No	0	0	1	1	0	0	0	-	1	0	0	0	0	0	0	0	0	1	0	0	Oct 2020	0	0	0	-	0	0	0	1	
Patient Safety - Harm Free Care	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	18	8	12	16	20	8	14	22	18	24	14	12	16	10	28	8	12	4	Oct 2020	-	1	1	-	-	-	2	45	
Patient Safety - Harm Free Care	Pressure Ulcer DN Caseload Acquired - Total	<= No	0	0	16	24	29	34	27	31	18	24	25	25	22	20	23	25	37	29	24	22	Oct 2020	-	-	22	-	-	-	22	180	
Patient Safety - Harm Free Care	Never Events	<= No	0	0																			Oct 2020	0	0	0	-	0	0	0	0	
Patient Safety - Harm Free Care	Medication Errors	<= No	0	0																			Oct 2020	0	0	0	-	0	0	0	0	
Patient Safety - Harm Free Care	Serious Incidents	<= No	0	0																			Oct 2020	0	0	0	-	0	0	0	21	
Pt. Experience - FFT,MSA,Comp	Mixed Sex Accommodation Breaches	<= No	0	0	0	0	0	0	0	-	-	-	-	0	-	-	-	-	-	-	-	-	May 2020	-	-	-	-	-	-	-	-	
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			4	13	8	6	9	14	8	5	11	4	8	6	4	7	19	16	13	20	Oct 2020	0	0	0	-	20	0	20	85	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			5	20	17	7	14	15	13	7	0	11	11	12	12	14	19	21	23	43	Oct 2020	0	0	0	-	43	0	43		

Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																Data Period	Directorate						Month	Year To Date	
			Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		AT	IB	IC	CT	CM	YHP			
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	-	-	-	-			-	-	-	-	-	-	-	-	-	-		-	Sep 2020	100	99	96	-	89	90.1		95.9	
Workforce	Sickness Absence - 12 month rolling	<= %	3.00	3.00	4.37	4.40	4.39	4.38	4.33	4.36	4.23	4.24	4.19	4.17	4.26	4.60	4.80	4.84	4.81	4.84	4.89	4.94	Oct 2020	3	5.6	5.3	-	5.6	5.69	4.94	4.82	
Workforce	Sickness Absence - in month	<= %	3.00	3.00	4.08	3.67	4.08	3.84	3.57	4.13	4.07	4.78	4.82	4.82	4.91	6.89	5.98	4.55	4.21	4.44	4.44	4.74	Oct 2020	4.5	5.8	4.1	-	4.1	4.79	4.74	5.03	
Workforce	Sickness Absence - Long Term - in month	No			**31**	**25**	**25**	**26**	**23**	**27**	**23**	**32**	**30**	**31**	**36**	**29**	**50**	**44**	**27**	**40**	**38**	**33**	Oct 2020	10	-	-	-	-	-	33	262	
Workforce	Sickness Absence - Short Term - in month	No			**79**	**86**	**94**	**78**	**93**	**135**	**121**	**121**	**140**	**114**	**92**	**181**	**104**	**81**	**99**	**85**	**116**	**110**	Oct 2020	25	46	27	0	11	1	110	779	
Workforce	Mandatory Training	=> %	95.0	95.0										-	-	-	-	-	-	-	-	-	Jan 2020	96	93	94	-	91	-		95.4	

Primary Care, Community & Therapies Group

Section	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	Data Period	Directorate AT	IB	IC	CT	CM	YHP	Month	Year To Date	
Community & Therapies Group Only	DVT numbers	=> No	730	61	38	43	55	43	27	25	29	19	21	14	1	15	22	31	26	28	23	25	Oct 2020							25	170	
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	7.84	12	11.5	12.7	11.6	-	-	-	-	-	-	-	-	-	-	-	-	-	Sep 2019							10.8	11.1	
Community & Therapies Group Only	Therapy DNA rate S1 based OP Therapy services	<= %	9	9	8.23	10.1	8.7	10.5	9.59	9.67	9.01	10.6	9.49	9.71	6.16	2.25	7.63	4.41	5.56	6.29	6.2	-	Sep 2020							6.2	5.4	
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	21.8	15	19	22.5	21.7	19.7	19.4	20.7	19.4	13.3	14.6	4.76	5.75	7.5	9	16.8	15.7	18.7	Oct 2020							18.73	78.26	
Community & Therapies Group Only	DNA/No Access Visits	%			1	1	1	1	0	1	1	1	1	1	1	0	0	1	1	1	1	-	Sep 2020							1.04		
Community & Therapies Group Only	Baseline Observations for DN	=> %	95	95	97.7	96.8	95.7	97.3	95	93.7	92.1	93.6	94.7	93.7	90.6	95.9	93.2	91.3	91	91.3	87.3	-	Sep 2020							87.3	91.61	
Community & Therapies Group Only	Falls Assessments - DN Intial Assessments only	=> %	95	95	97.5	96.5	96.1	97.7	95.9	93.1	91.4	93.4	95.3	92.8	91.9	96.1	93.4	92.1	92.6	92.1	88.9	-	Sep 2020							88.89		
Community & Therapies Group Only	Pressure Ulcer Assessment - DN Intial Assessments only	=> %	95	95	97.5	96.8	96.5	97.3	95.6	93.3	92.3	93.4	95.6	93.5	92.4	96.4	93.4	91.8	92.8	91.8	89.4	-	Sep 2020							89.42		
Community & Therapies Group Only	MUST Assessments - DN Intial Assessments only	=> %	95	95	97.2	96.8	96.3	97.7	95.4	93.1	91.4	93.6	94.9	93	92.4	96.4	92.6	90.6	91.5	92.1	87	-	Sep 2020							87.04		
Community & Therapies Group Only	Dementia Assessments - DN Intial Assessments only	=> %	95	95	95.4	91.6	94.2	93.3	93.7	88.8	87	90.9	89.7	85.9	84.4	91.1	89.8	88.9	85.8	78.4	79.5	-	Sep 2020							79.53		
Community & Therapies Group Only	48 hour inputting rate - DN Service Only	%			95	1	94	95	95	95	-	95	94	95	96	95	95	-	-	-	-	-	May 2020							94.62		
Community & Therapies Group Only	Making Every Contact (MECC) - DN Intial Assessments only	=> %	95	95	97.5	96.8	96.3	97.1	95.2	93.1	90.6	92.4	94.7	93	92.4	95.3	93.4	90.6	91.7	91.3	87.6	-	Sep 2020							87.57	91.61	
Community & Therapies Group Only	Avoidable Grade 2,3 or 4 Pressure Ulcers (DN Caseload acquired)	No			18	8	12	16	20	8	14	22	18	24	14	12	16	10	28	8	12	4	Oct 2020							2	45	
Community & Therapies Group Only	Avoidable Grade 2 Pressure Ulcers (DN caseload acquired)	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Nov 2018							26	37	
Community & Therapies Group Only	Avoidable Grade 3 Pressure Ulcers (DN caseload acquired)	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Nov 2018							11	14	
Community & Therapies Group Only	Avoidable Grade 4 Pressure Ulcers (DN caseload acquired)	No			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Nov 2018							0	1	

Corporate Group

Section	Indicator	Measure	Trajectory		Previous Months Trend																		Data Period	Directorate							Month	Year To Date	Trend
			Year	Month	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O		SG	F	W	M	E	N	O			
Pt. Experience - FFT,MSA,Comp	No. of Complaints Received (formal and link)	No			1	12	10	0	3	6	2	3	6	3	10	3	4	5	11	6	4	10	Oct 2020	2	0	0	0	0	8	0	10	43	
Pt. Experience - FFT,MSA,Comp	No. of Active Complaints in the System (formal and link)	No			6	4	5	1	4	3	4	1	0	5	12	3	4	3	11	10	10	22	Oct 2020	2	0	0	0	0	20	0	22		
Workforce	PDRs - 12 month rolling	=> %	95.0	95.0	-	-	-	-			-	-	-	-	-	-	-	-	-	-		-	Sep 2020	99	95	87	92	95	96	96		94.7	
Workforce	Medical Appraisal and Revalidation	=> %	95.0	95.0																		-	Sep 2020			95					100.0	100	
Workforce	Sickness Absence - 12 month rolling	<= %	3.00	3.00	4.21	4.22	4.21	4.26	4.32	4.47	4.41	4.43	4.47	4.51	4.59	4.94	4.99	4.91	4.88	4.86	4.84	4.82	Oct 2020	3.41	1.47	3.03	3.78	6.12	6.20	3.84	4.82	4.89	
Workforce	Sickness Absence - in month	<= %	3.00	3.00	3.80	4.21	4.47	4.42	4.68	5.03	4.48	4.46	4.91	4.89	4.77	6.75	4.87	3.81	4.31	4.14	4.21	4.51	Oct 2020	4.23	2.67	1.72	2.69	7.06	5.23	3.10	4.51	4.64	
Workforce	Sickness Absence - Long Term - in month	No			25	32	32	40	33	35	32	27	27	33	31	37	77	62	45	62	67	63	Oct 2020	5.00	1.00	2.00	3.00	32.00	15.00	5.00	63.00	419.00	
Workforce	Sickness Absence - Short Term - in month	No			57	65	82	54	92	90	84	108	100	80	73	116	147	134	164	120	139	144	Oct 2020	6.00	7.00	2.00	22.00	53.00	41.00	13.00	144.00	981.00	
Workforce	Mandatory Training	=> %	95.0	95.0										-	-	-	-	-	-	-	-	-	Jan 2020	93	97	97	96	-	93	-	94.3	94	