

Integrated Quality & Performance Report

Month Reported: January 2021

Reported as at: 18/02/2021

Clinical Leadership Executive
Performance Management Committee
Quality & Safety Committee

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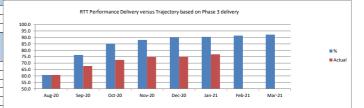
		Performance At A Glance - January 2021
		• Overall January shows significant pressure in the Trust, with performance deterioration; however some performance metrics have been sustained well and we see improvements already emerging in the February figures.
		• A&E performance delivered 68.6% of care within the 4hr target; 3,731 patients breached the 4 hr target. The performance has dropped by c10% to the previous few months. The level of breaches has risen by c1,000 patients and clearly linked to the 381 ambulance handover delays above 60 minutes, which were driven by an operational decision to 'hold ambulances' due to lack of capacity.
Hi	ghlights	• RTT performance January was 76.8% against the national target of 92% which clearly is not achievable in the current climate of prioritisation of patients and pressures. DM01 diagnostic test performance have continued to improve, we see a slight drop in performance in January to 81% vs 99% target.
		• Cancer performance remains below standards in December (latest reported position) showing a decline against targets across all cancer indicators which is clearly unprecedented for the Trust . December delivery is slightly higher than November.
		Other items to highlight for January are: Pressure Ulcer numbers have risen to previous month, HSMR and SHMI mortality indicators are above tolerance levels, ward sickness at 10%, readmissions at 9.6%
	A&E Performance	• Performance delivered at 68.6% in January, ~10% drop to previous months; this Trust January performance delivery ranks 92nd out of 110 providers. Capacity pressures continued during January and we saw high levels of breaches; reported 3,731 patients breaching the 4 hr target including 381 delayed ambulance hand overs (above 60 minutes). • Handover delays were invoked in order to avoid clinical risks of overcrowding in the corridors, which led to implementation of 'ambulance holding' (in line with other trusts). Crews required to remain with the patients and be assessed by our clinical teams on the ambulances until there was safe space within cubicles for them to be off-loaded. This was a safer option than leaving patients potentially unattended in ED corridors.
	Referral to Treatment in 18 weeks (RTT Incomplete)	**RTT performance for incomplete pathways at 76.8% vs 92% target. • Our patient waiting list has risen to c47,000 patients (as a comparator a 'normal' waiting list for our Trust would be around 33,000 patients); whilst this is a high volume patient list it has accumulated over an almost full year of COVID pressures, the greater significance is the length of time that patients are waiting. • c11,000 patients on the waiting list are in the backlog (above 18 weeks) and this is stretching out much longer e.g. more long waiters. • Patients waiting longer than 52 weeks has risen to 1,301 on the incomplete pathway (1,437 across complete and incomplete pathways) - assessment of harm caused to those patients is ongoing. • whilst referrals are close to pre-COVID levels, the ability to see those patients is strongly affected and it is therefore reasonable to assume that RTT recovery is going to be difficult over the shorter time. • Our relative ranking to other providers is good, 29th out of 122 providers in the upper quartile.
VESS		• Diagnostic tests (DM01) position is at 80.6% vs the 99% target and has been tracking improvement reasonably well (the Trust ranks 31st out of 123 diagnostic providers as at December just below the upper quartile)
RESPONSIVENESS	Diagnostics Waits	• The specific Imaging diagnostic patient volumes (CT, MRI, X rays and Ultrasounds) in January were at 23,701 and whilst getting closer to pre-COVID levels, which were at an average of c30,000-32,000 per month, we are still not seeing those patient numbers. Board KPIs below are showing improvements, it needs to be noted that they are achieved by using increased outsourcing capacity, which has higher costs associated to it, caused by vacancies in the team. The Group is looking into improvement and outsourcing reductions where possible.
RE	waiting >6 weeks)	• Against these January volumes, and the top three Board KPIs performance achievement was: Inpatient total turnaround (TAT) time within 24hrs at 80% against the 90% trust target (previous high was 91%); Urgent GP tests within 5 days achieved were at 63%s 90% target, impacted to a large degree the non-responder/non-attenders category (patient choices to stay away from hospital due to COVID anxiety). The KPI measuring 'Overall Imaging Turn around Time for all tests' shows 83% of achievement, and measures all of the 'Imaging work' delivery under the 4 weeks (target of 95% and previous highs of 94%).
	Cancer Performance	• Reporting the December position (latest available reporting period), the Trust has not delivered any of the key cancer standards, which is clearly unprecedented. However, we can see small improvement to last month.
	Cancellations	• January late, on the day cancellations are low, linked to low elective activity. We report 10 • However, more significant are the 6x 28 day breaches where we have not been able to perform the procedure for the patient after 28 days after their cancellation (NHS guaranteed timeline post cancellation).

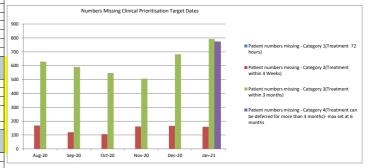
		Performance At A Glance - January 2021
	Infection Control	 Infection Control metrics continue to report reasonably good performance; however we have seen a higher CDIFF occurrence with 4x CDIFF cases in January (cases including community); this brings us to 17 cases on a year to date basis against the year to date target of 32, still below target allocation. MRSA screening rates for non-elective patients delivering 83% against target 95%. Elective patients MRSA screening rates are below the 95% at 78% being under target in all Groups other than Women's & Children's
		• The Trust falls rate per 1,000 bed days in January reports an incident rate of 3.4 and well in line with the Trust target of 5; we reported 70 absolute falls and no serious harms against those. • 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.
SAFE	Harm Free Care	• Pressure Ulcers (Hospital or DN Caseload Acquired PUs) in January have increased to prior months; overall the Trust reports 87PUs (78 last month) in absolute numbers. • The Trust Tissue Viability Nurse (TVN) meets routinely with other West Midlands TVS leads, and monitors our relative position to other providers. There is 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.
SA		No never events were reported in January.
		 VTE assessments in January delivering 96.3% at Trust level against the 95% target, which is a significant improvement, Surgical and WCH are below the target however. Sepsis (adults only) screening performance in January has been holding up to very well at 98% of eligible patients being screened; screened patients who are positive have increased generally during COVID and are at 24% in January (we were seeing just below 20% at pre-COVID levels); 93% of the sepsis positive patients were treated and of those 84% were treated within the prescribed one hour still behind the 100% target and continues to be an area of focus. Neutropenic Sepsis reporting delivery 91% of patients were treated within the 1hr from door to needle standard (3/35 breached). The average door to needle time was excellent at 37 minutes in January well below the 60 minutes standard (1hr). The 3 breaches show delays above the hour between 7-84 minutes; no harm was caused to any of the three patients which breached

		Performance At A Glance - January 2021
	Obstetrics	 The overall Caesarean Section rate for January is just above 30% in month, below 30% on a year to date basis. This overall C Section rate can be split between: Elective C-Section rate at 10.5% in line with long term average trend Non-elective C-Section rate at 20.4% with were on average 17% during the full year (pre-COVID periods) The monthly 'Ockenden' reporting process is in place and informs Q&S Committee and Trust Board on a more detailed performance basis.
CARING	Patient Experience (FFT), Mixed Sex Accommodation (MSA), Complaints, Flu Vaccination	 MSA has not been reported for a few months due to COVID. We observe low score and response rates against Friends & Family tests; complaint rate increased compared to pre-COVID rates
EFFECTIVE	Mortality, Readmissions	 Readmissions rates (30 days after discharge) have gone up again in January to 9.6% in month (9.2% cumulatively) and remain high over the last year generally. HSMR (measures expected vs actual deaths in-hospital) reporting at 141 above the tolerance levels as at the end of September 2020 (latest available reporting period and also during COVID), showing a continually, elevated position against the weekend mortality rate which is 152 and weekday at 137. This position makes the Trust HSMR position a significant outlier compared against the national picture. SHMI (measuring expected vs actual deaths including deaths 30 days post discharge from hospital) is elevated at 114 for August 2020 (latest available position) with Cancer of the Lung, Sepsis and Pneumonia being the top three death reasons. The SHMI will also be impacted by the coding improvements, which are planned for HSMR. Medical Examiners' mortality reviews picking up to 93% which is well above the trust target of 90% and demonstrating a solid process in the review of deaths.
EFFEC	Stroke & Cardiology	• Stroke performance good against most indicators, but struggling to recover admissions to the stroke ward within 4 hours (at 39% in January). In January increased stroke patient numbers have been observed, which is contrary to the waive 1 COVID causing the pressures on admissions time to stroke ward. • Thrombolysis performance is at 100% for January. • Cardiology performance within target levels in January (not populated in the IQPR at this stage)
	Patient Flow	• 21+ LOS patients (long stay patients) count at the end of January at 80 patients (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). • Neck of Femur performance at 89% in January against the 85% target for the third month meeting the standard
WELL LED	Workforce	Sickness rate overall for January is at 7% in month and 5.9% on a cumulative basis Ward sickness rate specifically is at 10.2% showing a sharp increase again on prior months Nursing vacancy rate is at 13%; Nursing turnover at 13% in January Mandatory Training (where staff are at 100% of their MT) is at 75% against the 95% aim clearly impacted by COVID pressures
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. • We have populated 7/16 of the Use of Resources metrics. Currently, no work is under way to increase this proportion and start deep-diving in presented opportunities, however, this is significantly slowed down due to CV19 and will be picked up as part of the newly established Efficiency Group.
TRUST		Source down and the placed up as part of the newly established Efficiency Group.

Recovery & Restoration SWB :	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Activity Delivery 9 DTT								
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%	105.9%	97.8%	61.6%		
% of Production Plan volumes	77.5%	85.1%	85.5%	86.0%	79.4%	48.0%		
% of Clinical Group agreed volumes	94.8%	112.2%	98.8%	101.5%	94.6%	56.1%		
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%	-13.3%	-15.0%	-13.6%		
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%	89.1%	89.0%	88.7%		
% of Phase 3 activity volumes CT (100% by October)	104.2%	98.8%	109.4%	102.2%	100.0%	99.3%		
% of Phase 3 letter activity Endoscopy (100% in October)-All Scopes	74.2%	70.3%	106.3%	84.4%	78.3%	80.6%		
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 Cancer 62 Day Standard	N/A	-26.7%	-22.2%	-15.9%	-14.5%	-18.4%		
Cancer 62 Day standard aims to achieve 85% performance by Mar21 :					Latest period available			85%
104 day volumes (patient numbers)	3	8	4	10	6			
62 day refer to treat % (distance from 85% standard)	77.4%(-7.6%)	74.2%(-10.8%)	75.4%(-9.6%)	71.4% (-13.6%)	74.2% (-10.8%)			
31 day diagnosis to treatment % (distance from 96% standard)	93.5%(-2.5%)	94.6%(-1.4%)	92%(-4.0%)	91.1% (-4.9%)	92.5% (-3.5%)			
Cancer Trajectory-104 day	50	39	24	19	11			
Cancer Trajectory-62 day Cancer Trajectory-31 day	60% 94.0%	55.00% 95%	55.00% 96%	80.00% 97%	85.00% 98%	85.00%	85.00%	85.00%
52 Week Wait Breaches	94.0%	9370	90%	97%	90%			
Shows volumes that will breach if \underline{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	2,427	2,264	1,942	1,974		
Straight line trajectory to zero in March21-Inpatients	3,843	3,294	2,745	2,196	1,647	1,098	549	0
Variation	-	-8.4%	-11.6%	3.1%	17.9%	79.8%		
Volumes that will be breaching at 31 March 2021 - Outpatients	7,460 7,460	5,015	3,302	2,322	1,474	1,260	1,066	-0
Straight line trajectory to zero in March21-Outpatients Variation	7,460	6,394 -21.6%	5,329 -38.0%	4,263 -45.5%	3,197 -53.9%	2,131 -40.9%	1,066	-0
Clinical Prioritisation		221070	30.070	43.370	331370	40.570		
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 and are still waiting.	Zero	Zero	Zero	Zero	Zero	Zero	Zero	Zero
Patient numbers missing - Category 1(Treatment 72 hours)	1	1	0	0	0	0		
Patient numbers missing - Category 2(Treatment within 4 Weeks)	168	120	106	161	166	159		
Patient numbers missing - Category 3(Treatment within 3 months)	629	591	547	507	682	792		
Patient numbers missing - Category 4(Treatment can be deferred for more than 3 months)- max set at 6 months	0	0	0	0	0	772		
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 and are still waiting.	Zero	Zero	Zero	Zero	Zero	Zero	Zero	Zero
Patient numbers missing - Category 1(Treatment witn 24 hours)	0	0	0	0	0	0		
Patient numbers missing - Category 2(Treatment within 72 hours)/Realigned in Jan with Other Specs at 4 weeks	1	0	1	116	123	157		
Patient numbers missing - Category 3(Treatment within 4 Weeks)/Realigned in Jan with other specs at 3 months	231	225	211	472	547	462		
Patient numbers missing - Category 4(Treatment needed within 3-4 months)Realigned in Jan with								
other specs at max 6 months Safety Checks	190	162	166	264	265	291		
52 week breaches	252	376	482	641	755	1301		
Potential/Actual Harm identified (whole numbers)								
Versus 104 day Cancer breaches last month %								
Potential/Actual Harm identified (whole numbers)					l —		I	I
Versus Clinically Prioritised Date**patients missing prioritisation date**	1220	1099	1031	1520	1783	2633		

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



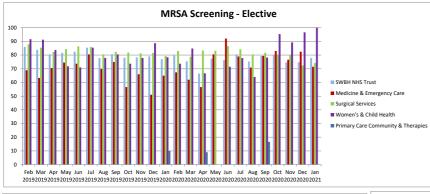


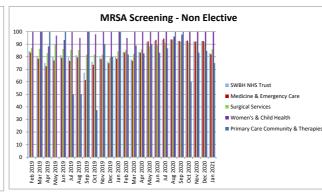
CQC Domain - Safe

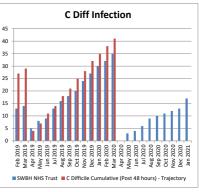
	Kitemark	Reviewed Date	Indicator	Measure	Star Year	ndard Month	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020 2	Oct 2020	Nov 2020	Dec 2020	Jan 2021	20/21 Year to Date	М	SS	Gr W	oup	PCCT CO
	• • • • • •		C. Difficile (Post 48 hours)	<= No	41	3.4	3	2	2	4	3	3	2	3	0	3	1	2	3	1	1	1	1	4	17	4	0	0	-	0 -
Control	• • • • • •		MRSA Bacteraemia (Post 48 hours)	<= No	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	-	0 -
Col	• • • • • •		MSSA Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	<= Rate2	9.42	9.42	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	2.61 1	10.86	5.54	11.28	9.63	9.07	-	-	-	-	
tion	• • • • • •		E Coli Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	<= Rate2	94.9	94.9	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	8.92 1	10.86	5.54	16.93	0.00	13.30	-	-	-	-	
Infection	••••		MRSA Screening - Elective	=> %	95	95	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	74.6	74.8	77.9	77.2	71.4	74.3	100.0	25.0	0.0 -
	•••••		MRSA Screening - Non Elective	=> %	95	95	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	92.2	92.5	82.9	90.0	82.0	86.1	100.0		75.0 -
	• • • • • •		Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95	93.7	94.8	98.5	95.4	99.3	98.9	98.7	98.4	Indi	cators	nation	ally ei	ienani	lad: av	vaitin	a renis	como	nt	97.3	-	-	-	-	
	• • • • • •		Patient Safety Thermometer - Catheters & UTIs	%	-	-	0.3	0.5	0.5	0.0	0.4	0.0	0.3	0.1	illan	cators	Hatioi	ially 3	изрепс	icu, av	waiting	grepic	iceille		0.2	-	-	-	-	
	• • • • • •		Number of DOLS raised	No	-	-	36	37	34	26	36	33	31	28	32	43	45	42	26	43	40	39	50	28	388	16	9	0	-	3 -
	• • • • • •		Number of DOLS which are 7 day urgent	No	-	-	36	37	34	26	36	33	31	28	32	43	45	42	26	43	40	39	50	28	388	16	9	0	-	3 -
	• • • • • •		Number of delays with LA in assessing for standard DOLS application	No	-	-	11	2	4	3	7	6	7	0	3	3	4	8	6	6	7	3	7	2	49	2	0	0	- '	0 -
	• • • • • •		Number DOLs rolled over from previous month	No	-	-	4	0	1	1	2	0	5	7	9	8	9	6	3	2	6	8	10	9	70	4	2	0	-	3 -
	• • • • • •		Number patients discharged prior to LA assessment targets	No	-	-	23	20	22	13	22	18	18	24	30	37	43	35	18	29	25	29	42	23	311	10	8	0	-	5 -
	• • • • • •		Number of DOLs applications the LA disagreed with	No	-	-	2	2	0	1	0	0	2	1	0	0	0	0	0	0	0	2	0	0	2	0	0	0	-	0 -
	• • • • • •		Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	0	0	0	0	0	1	0	0	0	0	0	0	0	4	0	6	0	0	10	0	0	0	-	0 -
	• • • • • •	Apr 19	Falls	No	-	-	92	78	-	71	88	97	84	110	66	67	70	74	81	82	74	99	75	70	758	42	12	2	-	14 -
	• • • • • •	Apr 19	Falls - Death or Severe Harm	<= No	0	0	0	0	-	2	0	1	1	0	0	1	1	2	1	0	0	0	0	0	5	0	0	0	0	0 0
			Falls Per 1000 Occupied Bed Days	<= Rate1	5	5	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	5.18	3.95	3.38	4.35	-	-	-	- '	
_	• • • • • •	Apr 19	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	28	33	23	14	32	36	39	32	38	32	19	23	20	25	32	38	45	51	323	27	16	1	-	7 -
Care	• • • • • •	Apr 19	Pressure Ulcers per 1000 Occupied Bed Days	Rate1	-	-	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	1.93	2.31	2.41	1.81	-	-	-	-	
Free (• • • • • •	Apr 19	Pressure Ulcer DN Caseload Acquired - Total	<= No	0	0	35	27	31	18	25	25	26	22	20	24	25	41	29	24	22	38	33	36	292	1	- 1	-	- '	34 -
m			Pressure Ulcer Present on Admission to SWBH	<= No	0	0	87	85	78	95	88	104	117	102	108	100	96	114	112	93	124	112	110	106	1075	-	<u> </u> -	-	- '	
Harm	• • • • • •		Venous Thromboembolism (VTE) Assessments	=> %	95	95	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	96.0	96.4	96.3	95.8	98.6	92.8	91.5	84.2	98.2 -
		Apr 19	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	=> %	100	100	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 1	100.0	100.0	98.8	-	99.8	96.8	99.9	99.6	-	100.0 -
		Apr 19	WHO Safer Surgery - brief(% lists where complete)	=> %	100	100	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	00.0	99.7	100.0	99.5	-	99.9	99.3	100.0	-	-	100.0 -
		Apr 19	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	100	100	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	00.0	99.2	99.7	99.0	-	99.5	98.6	100.0	-	-	100.0 -
	• • • • • •		Never Events	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0 -
	• • • • • •		Medication Errors causing serious harm	<= No	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0 -
	• • • • • •		Serious Incidents	<= No	0	0	12	11	17	11	7	6	8	0	4	8	12	6	7	10	7	8	4	3	69	1	1	0	0	1 0
	• • • • • •		Open Central Alert System (CAS) Alerts	No	-	-	8	11	12	10	12	10	9	8	2	5	3	3	5	6	4	4	4	3	39	-	-	-	-	
	• • • • • •		Open Central Alert System (CAS) Alerts beyond deadline date	<= No	0	0	5	6	7	2	1	1	0	0	0	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	97.4	97.5	97.8	96.4	97.8	98.0	92.9	-	89.7 -
			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	26.3	25.8	23.6	22.9	24.8	20.3	0.0	-	41.0 -
			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	89.7	87.8	93.0	85.0	93.4	90.5		-	80.0 -
			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	79.8	82.8	83.6	72.8	85.2	79.9	-	-	55.0 -
			Sepsis - Antibiotic Review Within 72 hrs	=> %	100	100		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Ŀ			-	<u> </u>

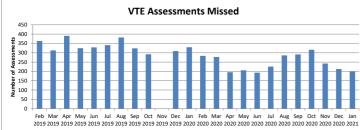
1			Data	Quality - K	itemark		
1	1	2	3	4	- 6	6	7
	Timeliness	Audit	Source	Validation	Complete ness	Granularity	Assessment of Exec Director
1	_	_			_		

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

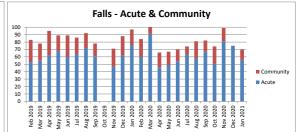


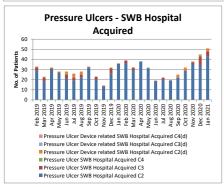


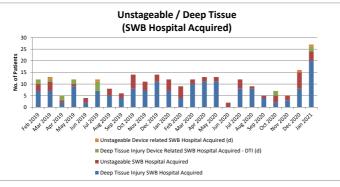


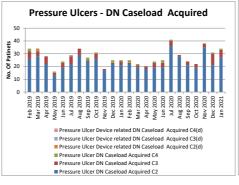


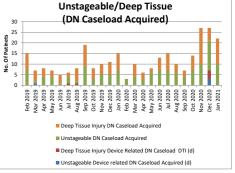








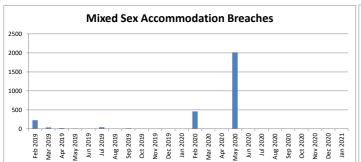




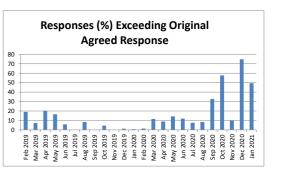
CQC Domain - Caring

	Kitemark	Reviewed	Indicator	Measure		ndard	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	20/21 Year to				oup		
		Date			Year	Month	2019	2019	2019						2020	2020	2020	2020	2020	2020	2020	2020	2020	2021	Date	М	SS	W		PCCT	CO
			FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	25	25	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	15.4	14.2	13.9	16.4	-	-	-	-	-	-
			FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95	95	90	89	89	89	86	89	-	90	86	86	88	89	82	85	84	83	82	41	-	-	-	-	-	-	-
			FFT Response Rate: Type 1 and 2 Emergency Department	=> %	25	25	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	13.2	11.5	12.9	12.9	12.9	-	-	-	-	-
			FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95	95	78	71	71	68	73	75	72	79	89	85	84	81	78	77	78	78	82	81	-	81	-	-	-	-	-
Ŀ	• • • • • •	Apr 19	FFT Score - Outpatients	=> No	95	95	76	87	87	89	89	89	89	89	87	89	89	89	88	88	89	90	89	90	-	-	-	-	-	-	-
-	• • • • • •	Apr 19	FFT Score - Maternity Antenatal	=> No	95	95	0	0	90	97	100	75	83	80	86	84	84	84	78	79	78	80	78	83	-	-	-	-	-	-	-
	• • • • • •	Apr 19	FFT Score - Maternity Postnatal Ward	=> No	95	95	100	100	92	93	0	97	94	100	0	67	0	100	0	100	8	80	0	5	-	-	-	-	-	-	-
	• • • • • •	Apr 19	FFT Score - Maternity Community	=> No	95	95	0	0	94	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-	-	-
	• • • • • •	Apr 19	FFT Score - Maternity Birth	=> No	95	95	66	6	94	97	94	95	97	97	89	100	82	94	70	94	93	87	85	87	-	-	-	-	-	-	-
	• • • • •	Apr 19	FFT Response Rate: Maternity Birth	=> %	25	25	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	6.0	100.0	2.9	12.3	-		-	-	-	-
MSA	• • • • •		Mixed Sex Accommodation - Breaches (Patients)	<= No	0	0	7	16	-	-	-	-	458	-	•	2013	-	-	-	-	-	-	-	-	2013	-	-	-	-	-	-
	• • • • • •		No. of Complaints Received (formal and link)	No	1	-	51	72	119	82	65	99	82	84	39	43	74	152	74	86	111	100	110	100	889	41	16	10	2	25	6
	• • • • • •		No. of Active Complaints in the System (formal and link)	No	1	-	91	121	140	114	92	106	142	126	102	109	123	152	139	189	288	374	67	359	1902	162	74	38	2	60	23
ints	• • • • • •		No. of First Formal Complaints received / 1000 bed days	Rate1	1	-	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	3.81	4.12	3.24	3.31	1.91	4.65	3.32	-	22.69	-
Complaints	• • • • •		No. of First Formal Complaints received / 1000 episodes of care	Rate1	ı	-	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	10.80	11.63	10.80	8.90	7.70	11.55	6.55	-	64.10	-
S	• • • • • •		No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	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	82.0	76.4	84.1	67.1	100.0	12.5	100.0	100.0	100.0	100.0
	• • • • • •		No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0	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	9.9	74.8	49.4	22.4	66.7	12.0	64.3	0.0	66.7	66.7
	• • • • • •		No. of responses sent out	No	-	-	96	61	88	105	76	76	70	87	68	35	58	66	86	43	27	33	107	85	608	33	25	14	1	9	3
WKF	• • • • • •	Apr 19	Flu Vaccination Rate	=> %	80	80	-	-	47.7	62.4	78.1	82.0	83.1	-	-	-	-	-	-	-	46.0	75.0	80.0		80.0	-	-	-	-	-	-

		Data	Quality - K	itemark		
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Timeliness	Audit	Source	Validation	Complete ness	Granularity	Assessme of Exec Director
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CQC Domain - Responsive

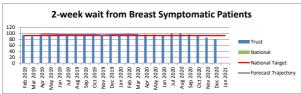
	Kitemark	Reviewed Date	Indicator	Measure	Stan Year	dard Month	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020		Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct No 2020 20			20/21 Year to Date	М	SS	Gro W		PCCT	СО
			Emergency Care Attendances (Including Malling)	No	-	-	17657			17868		18477			7163		2215				13833 132		62 11887	124635	-	-	-	-	-	-
	• • • • • •		Emergency Care 4-hour waits	=> %	95	95	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 79	.2 78	.1 68.6	82.2	-	-	-	-	-	-
	• • • • • •		Emergency Care 4-hour breach (numbers)	No	-	-	3252	4764	5215	5199	5375	4819	4416	2768	844	828 1	225	1941	2284	2860	2895 27	54 27	3731	22153	-	-	-	-	-	-
	• • • • • •		Emergency Care Trolley Waits >12 hours	<= No	0	0	0	2	2	1	1	0	0	0	1	0	0	0	0	0	3 2	: 3	23	32	-	-	-	-	-	-
Care	• • • • • •		Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15	52	71	185	154	116	121	62	85	74	44	62	194	69	163	149 18	3 13	2 238	-	-	-	-	-	-	-
	• • • • • •		Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60	208	217	250	263	263	254	232	151	82	82	100	136	153	168	147 16	5 16	6 160	-	-	-	-	-	-	-
Emergency	• • • • • •		Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5	5	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 7.	0 7.	1 7.4	7.7	-	-	-	-	-	-
mer	• • • • • •		Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5	5	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 3.	6 3.	5 3.8	3.9	-	-	-	-	-	-
"	• • • • • •		WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	162	238	251	228	279	199	242	380	234	172	77	183	172	161	267 18	6 24	5 415	2112	-	-	-	-	-	-
	• • • • • •		WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	9	33		9	12	9	32	42	8	1	0	0	3	9	43 3	1 4	381	525	-	-	-	-	-	-
	• • • • • •		WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02	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.	B 1.	1 8.4	1.5	-	-	-	-	-	-
	• • • • • •		WMAS - Emergency Conveyances (total)	No	-	-	4486	4484	4656	4721	4887	4848	4522	4588	3069	3282 3	8039	3951	4209	4065	4323 41	06 42	78 4544	38866	-	-	-	-	-	-
	• • • • • •	Apr 19	Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5	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.	2 .	-	0.4	-	-	-	-	-	-
			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	240	20	27	17	19	20	16	19	20	28	11	-	-	2	4	1	2 6		-	-	-	-	-	-	-	-
Flow	• • • • •	Apr 19	Delayed Transfers of Care (Acute) - Finable Bed Days	<= No	0	0	185	127	147	163	180	195	340	388	210	32	10	8	0	12	27 4	3 -	-	342	-	-	-	-	-	-
int F	• • • • • •	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - ALL	No	-	-	671	675	867	852	944	989	860	730	501	554	543	604	746	750	935 90	1 94	3 1060	7537	-	-	-	-	-	-
Patient	• • • • • •	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No	-		233	266	330	310	383	354	358	347	343	295	277	293	377	312	426 44	3 38	6 443	3595	-	-	-	-	-	-
1"	• • • • • •	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units and Clinical Transfers	No	-	-	45	52	52	80	66	71	64	95	80	47	39	25	40	52	79 11	8 7	122	677	-	-	-	-	-	-
		Apr 19	Hip Fractures Best Practice Tariff (Operation < 36 hours of admissions	=> %	85	85	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	.0 87	.0 88.9	76.4	-	88.9	-	-	-	-
	• • • • • •		No. of Sitrep Declared Late Cancellations - Total	<= No	240	20	32	57	63	59	65	56	60	35	1	9	18	21	17	36	40		10	207	0	4	1	-	5	-
	• • • • • •		No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	17	32	40	30	41	29	17	16	1	1	5	9	-	17	21 -		9	99	0	4	0	-	5	-
	• • • • • •		No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	15	25	23	29	24	27	43	19	0	8	13	12		19	19 -		1	107	0	0	1	-	0	-
us	• • • • •		Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	<= %	0.8	0.8	0.8	1.5	1.6	1.5	1.8	1.3	1.7	1.3	0.1	0.7	1.2	8.0	0.7	1.2	1.5 1.	2 1.	3 0.7	1.0	-	0.7	0.7	-	2.2	-
latio	• • • • • •		Number of 28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	4		6	23	0	1	0	-	5	-
Cancellations	• • • • • •		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	-	-	-
S .	• • • • • •		Urgent Cancellations	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1 -		0	2	0	0	0	-	0	-
	• • • • • •		No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0	1	1		0	1			4	0	0	0	1	0	1	1 -		0	5	0	0	0	-	0	-
	• • • • • •		Multiple Hospital Cancellations experienced by same patient (all cancellations)	<= No	0	0	67	79		92	65		124	344		20	42	46	49	74	107 12	8 4	2 50	577	11	36	3	-	-	-
	• • • • • •		All Hospital Cancellations, with 7 or less days notice	<= No	0	0	204	367	370	376	358	347	584	890		58	133	138	202	220	320 40	9 17	4 253	1970	35	192	26	-	-	-
	• • • • • • •	Apr 19	2 weeks	=> %	93	93	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	94.1 89	.8 86	.5 -	91.5	98.6	84.2	96.6		64.1	-
	• • • • • •	Apr 19	2 weeks (Breast Symptomatic)	=> %	93	93	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	94.4 86	.4 80	.9 -	91.2	-	80.9	-	-	-	-
	• • • • • •	Apr 19	31 Day (diagnosis to treatment)	=> %	96	96	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	92.0 91	.1 92	.5 -	93.0	100.	0 95.0	75.0	-	93.3	-
	• • • • • • •	Apr 19	31 Day (second/subsequent treatment - surgery)	=> %	94	94	95.2	100.0	93.5	100.0	93.1	100.0	100.0	95.7	92.3	69.6	00.0	100.0	100.0	88.2	69.2 78	.9 94	.7 -	85.2	-	-	-	-	-	-
	• • • • • •	Apr 19	31 Day (second/subsequent treatment - drug)	=> %	98	98	100.0	100.0	-	100.0	100.0	-	-	100.0	100.0	- 1	00.0	-	-	-	100.0 10	.0 10	- 0.0	100.0	-	-	-	-	-	-
	• • • • • •	Apr 19	62 Day (urgent GP referral to treatment) Excl Rare Cancers	=> %	85	85	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	75.4 71	.4 74	.2 -	72.2	72.7	7 78.5	40.9	-	92.3	-
	• • • • • •		62 Day (urgent GP referral to treatment) - Inc Rare Cancers	=> %	85	85	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	75.4 71	.4 75	4 -	72.6	76.9	9 79.7	40.9	-	92.3	-
	• • • • • •	Apr 19	62 Day (referral to treat from screening)	=> %	90	90	100.0	96.9	93.2	94.6	89.7	91.5	100.0	94.8	83.9	33.3	00.0	80.0	83.3	90.0	90.0 87	.5 94	.4 -	85.8	-	94.1	100.0	-	-	-
	• • • • • •	Apr 19	62 Day (referral to treat from hosp specialist)	=> %	90	90	80.0	86.4	76.5	81.8	82.3	87.5	76.1	84.6	95.5	82.1	30.3	85.3	92.9	90.7	74.2 85	.1 62	.0 -	82.1	42.9	95.0	0.0	-	-	-
ĕ	• • • • • •		Cancer = Patients Waiting Over 62 days for treatment	No	-	-	11	10	11	6	12	12	9	9	-	17	19	13	11	20	16 2) 1	6 -	130	2	7	7	-	1	-
Cancer	• • • • • •		Cancer - Patients Waiting Over 104 days for treatment	No	-	-	5	3	3	5	6	7	4	2	-	4	10	8	3	8	4 1			51	1	4	1	-	1	
١	• • • • • •		Cancer - Longest wait for treatment (days) - TRUST	No	-		147	96	171	149	148	169	217	121	-	171	177	138	136	207	117 11	9 11	8 -	-	-	-	-	-	-	-
	• • • • • •	Apr 19	Neutropenia Sepsis - Door to Needle Time > 1hr	<= No	0	0	4	6			15	7	11		4	3		1	1	2	3 5			27	3	0	0		0	-
	• • • • • •		IPT Referrals - Within 38 Days Of GP Referral for 62 day cancer pathway	%			51.9	65.2	66.7	69.6	35.7	69.6	68.8		73.3			57.1		56.3	68.4 50			57.3		-	-	-	-	
			Cancer - 28 Day FDS TWW Referral (% of Informed) - Total	%	-		-	-	-	-	-	85.2	97.8		84.6				76.2		76.4 77			81.7	_		-		-	_
				%	-		-		-		-		100.0			100.0 1	-				100.0 97			98.4	-	-	-	-		-
I	1		Cancer - 28 day FDS TWW breast symptomatic (% of Informed)	%		-	-			<u> </u>		99.4	100.0	100.0	100.0	100.0 1	UU.U	100.0	100.0	35.5	100.0 97	, 9/	., -	98.4	L.	1 -			-	

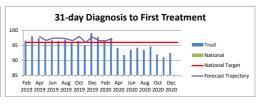
			Cancer - 28 day FDS screening referral (% of Informed) - Total	%	-	-	-	-	-	-	-	77.8	-	92.9	-	-	100.0	-	-	-	50.0	-	-	-	75.0	-	-	-	-	-	
			Cancer - 28 Day FDS TWW Referral (% of Eligible) - Total	%	-	-	-	-	-	-	-	47.2	62.8	59.6	22.3	65.9		27.0	28.8	52.4	56.7	51.0	40.5	,	44.7	-	-		-		
			Cancer - 28 day 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	107.0	265.6	146.6		55.1	-	-		-	-	
			Cancer - 28 day FDS screening referral (% of Eligible) - Total	%	-		-		-	-		100.0		-	,						-	-	-		-	-	-		-	-	ı -
	• • • • • •	Apr 19	RTT - Admittted Care (18-weeks)	=> %	90	90	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	71.3	73.1	80.7	68.9	92.5	76.8	80.5	-	58.3	-
	• • • • • •	Apr 19	RTT - Non Admitted Care (18-weeks)	=> %	95	95	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	83.8	84.6	84.0	82.9	61.7	90.0	81.6	-	53.7	-
	• • • • • •	Apr 19	RTT - Incomplete Pathway (18-weeks)	=> %	92	92	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	74.8	74.9	76.8	69.5	80.9		82.9	-	48.6	-
	• • • • • •	Apr 19	RTT Waiting List - Incomplete	No	-	-	38714	39634	39898	38360	38416	39374	39364	38603	34989	34058	34436	35421	36056	35684	36566	38639	39800	46587	379094	4849	20174	2194	-	3527	0
E	• • • • • •	Apr 19	RTT - Backlog	No	-	-	3082	3168	3360	3475	3433	3645	3781	4646	6823	9964	14405	16470	14061	11523	10067	9734	9978	10809	115473	928	6043	376	-	1812	0
RT	• • • • • •	Apr 19	Patients Waiting >52 weeks (All Pathways)	<= No	0	0	14	0	0		0		0	1			99	196	281	464	620	775	1008	1437	4922	78	984		0	164	0
	• • • • • •	Apr 19	Patients Waiting >52 weeks (Incomplete)	<= No	0	0	1	0	0	0	0	0	0	0					252	376	482	641	755	1301	4116	23	937		0	137	0
	• • • • • •		Treatment Functions Underperforming (Admitted, Non- Admitted,Incomplete	<= No	0	0	29	27	26	32	29	28	28	32						40	42	43	39		-	9			-	5	0
	• • • • • •		Treatment Functions Underperforming (Incomplete)	<= No	0	0	5	4	5					10						14	15		14		-	4		1	-	2	0
			RTT Clearance Time (Wks)	Ratio	-	-	10.5	10.3	9.6	8.9	10.8	-	9.8	-	18.1	15.5		12.6	-	11.3	11.7	12.0	-	18.2	13.8	17.3	15.5	16.5	-	31.5	-
10	• • • • • •	Apr 19	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1	1	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	16.7	15.5	19.4	39.2	13.4	34.9		18.1	-	
DM01	• • • • • •	Apr 19	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	600	614	457	359	338	1028	499	1140	78	281	232	525	974	1270	1263	1783	1157	1705	9268	55	104		1546	-	

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

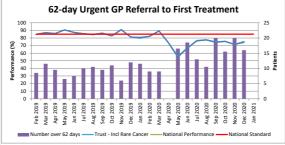
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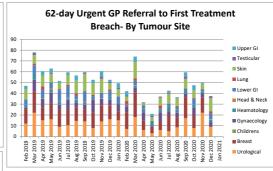




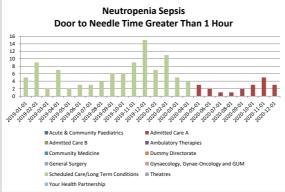




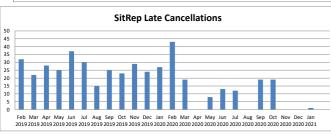


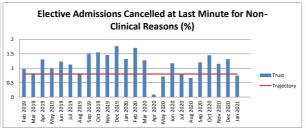


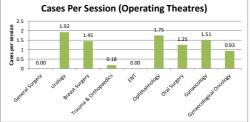
	62 Day (Urgent GP referral) wait for first treatment
	By specialty for previous quarter
Tumor	Breast
→← Standard	Urological Sp. 60.0% Resticular Apple Skin Lung Lower Gl

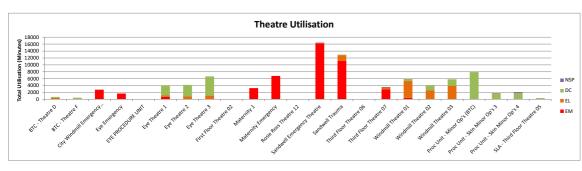


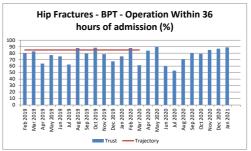
Month	Indicator	TumourSite	Informed In 28 Days	Eligible	% of Informed	% of Eligible
Dec 2020	Cancer - 28 Day FDS TWW Referral	Breast	205	325	86.86	63.08
Dec 2020	Cancer - 28 Day FDS TWW Referral	Colorectal	94	324	61.04	29.01
Dec 2020	Cancer - 28 Day FDS TWW Referral	Gynaecology	149	206	78.84	72.33
Dec 2020	Cancer - 28 Day FDS TWW Referral	Haematology	2	30	28.57	6.667
Dec 2020	Cancer - 28 Day FDS TWW Referral	Head & Neck	17	122	47.22	13.93
Dec 2020	Cancer - 28 Day FDS TWW Referral	Lung	5	29	83.33	17.24
Dec 2020	Cancer - 28 Day FDS TWW Referral	Skin	81	237	83.51	34.18
Dec 2020	Cancer - 28 Day FDS TWW Referral	Upper GI	95	252	92.23	37.7
Dec 2020	Cancer - 28 Day FDS TWW Referral	Urology	41	176	71.93	23.3
Dec 2020	28 day FDS TWW Breast Symptomatic	Breast	85	58	97.7	146.6
Dec 2020	Cancer - 28 day FDS screening referral	Breast	0	0	0	0
Dec 2020	Cancer - 28 day FDS screening referral	Colorectal	0	0	0	0
Dec 2020	Cancer - 28 day FDS screening referral	Gynaecology	0	0	0	0

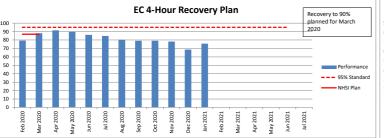


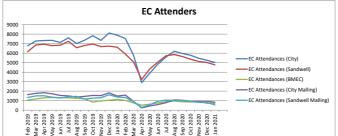


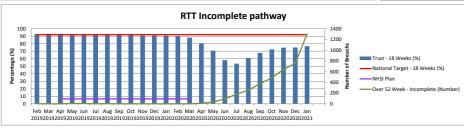




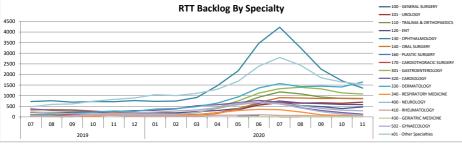




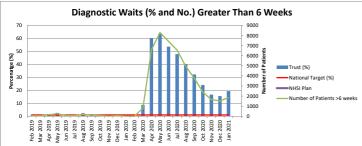


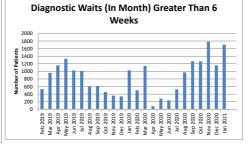








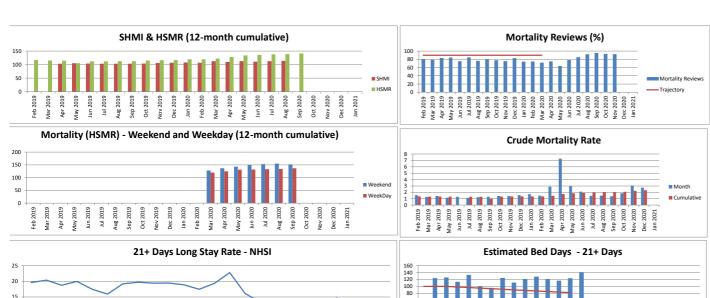


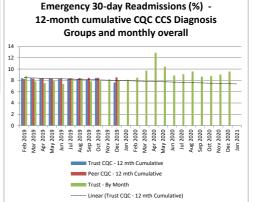


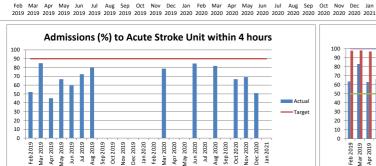
CQC Domain - Effective

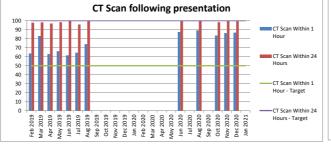
	Kitemark	Reviewed Date	Indicator	Measure		ndard Month	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	20/21 Year to Date	М	SS	Gro		PCCT	СО
	• • • • • •		Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	No	-	-	103	104	106	107	107	109	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	• • • • • •		Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	No	-	-	103	103	87	106	106	107	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	• • • • • •		Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	No	-	-	87	105	109	112	112	114	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	• • • • • •		Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	No	-	-	113	113	115	116	117	120	120	122	128	134	136	138	139	141	-	-	-	-	-	-	-	-	-	-	-
			Hospital Standardised Mortality Rate (HSMR) - Weekday Admission (12-month cumulative)	No	-	-	-	-	-	-	-	-	-	120	125	131	132	133	134	137	-	-	-	-	-	-	-	-	-	-	-
ons			Hospital Standardised Mortality Rate (HSMR) - Weekend Admission (12-month cumulative)	No	-	-	-	-	-	-	-	-	-	128	137	143	150	153	155	152	-	-	-	-	-	-	-	-	-	-	-
	• • • • • •		Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	No	-	-	103	103	104	106	107	108	107	113	110	113	111	113	114	-	-	-	-	-	-	-	-	-	-	-	-
Readmissi	• • • • • •		Deaths in Low Risk Diagnosis Groups (RAMI) - month	No	-	-	85	88	152	97	121	71	-	-		i	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
	• • • • • •		Mortality Reviews within 42 working days	=> %	90	90	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	95.2	93.2	92.6	-	-	83.0	93.5	72.7	-	-	100.0	-
y and	• • • • • •		Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%	-	-	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	1.9	3.1	2.7	-	2.5	-	-	-	-	-	-
Mortality	• • • • • •		Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%	-	-	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	2.1	2.2	2.3	-	2.0	-	-	-	-	-	-
Mo	• • • • • •		Deaths in The Trust	No	-	-	118	114	133	136	139	162	125	-	334	150	125	103	102	108	148	212	178	-	1460	158	11	5	0	4	0
			Avoidable Deaths In the Trust	No	-	-	0	1	1	0	1	0	0	0	0	0	0	1	0	0	0	2	-	-	3		-	-	-	-	-
	• • • • •	Apr 19	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	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	8.8	9.0	9.6	-	9.5	13.4	5.6	7.3	16.7	2.2	-
	• • • • • •	Apr 19	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	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	9.0	9.1	9.2	-	8.8	13.4	5.0	8.1	6.9	2.5	-
	• • • • •	Apr 19	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	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	4.8	5.0	5.0	-	4.5	6.8	3.2	6.2	-	-	-
	• • • • • •	Apr 19	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	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	3.8	3.9	4.1	-	3.6	5.3	2.8	6.4	-	0.1	-
Flow	• • • • • •	Apr 19	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	118	152	159	148	156	154	173	161	66	57	56	53	55	72	77	80	82	80	-	59	10	1	0	6	-
Patient F	• • • • • •		21+ Days Long Stay Rate - NHSI	%	-	-	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	8.6	10.8	12.1	13.5	7.9	12.7	1.3	0.0	13.9	-
Pat	• • • • • •		Estimated Beds - 21+ Days - NHSI	No	-	-	125	111	122	128	121	117	124	140	54	39	36	26	15	35	66	36	49	87	-	33	9	0	0	2	-
	• • • • • •	Apr 19	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	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	55.7	62.2	71.4	59.7	92.2	49.6	34.7	-	47.1	-
 	• • • • •	Apr 19	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	3034	3711	4512	4735	4029	4571	6313	4983	5886	3715	4644	5122	4706	5064	5407	5541	6485	11931	58501	8433	2410	504	0	584	-
RT	• • • • • •	Apr 19	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	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	69.6	77.7	71.5	73.0	54.6	75.7	87.2	92.3	48.2	-
	• • • • • •	Apr 19	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	2150	2142	2313	2388	2087	2242	2207	2155	549	547	898	1435	1625	1938	2069	1833	1617	1014	13525	78	658	171	12	95	-
			5WD: Pts spending >90% stay on Acute Stroke Unit	=> %	90	90	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	92.6	90.9	70.5	88.2	70.5	-	-	-	-	-
			5WD: Pts admitted to Acute Stroke Unit within 4 hrs	=> %	80	80	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	67.9	49.2	39.6	68.9	39.6	-	-	-	-	-
			5WD: Pts receiving CT Scan within 1 hr of presentation	=> %	50	50	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	87.9	85.9	75.5	85.0	75.5	-	-	-	-	-
			5WD: Pts receiving CT Scan within 24 hrs of presentation	=> %	95	95	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	100.0	100.0	100.0	99.4	100.0	-	-	-	-	-
g.			5WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85	85	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	100.0	85.7	100.0	76.5	100.0	-	-	-	-	-
Stroke			5WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	=> %	70	70	75.0	68.2	65.4	88.2	80.0	65.2	83.3	80.0	82.6	-	85.7	100.0	Indic	ators re		d by or	ne indi	cator	86.8	100.0	-		-	-	-
"			5WD: TIA (Low Risk) Treatment <7 days from receipt of referral	=> %	75	75	90.9	90.0	88.0	61.1	61.9	61.1	76.2	67.6	25.0	-	96.2	96.2			bel	ow			93.1	96.2	-		-	-	-
			5WD : TIA Treatment <24 Hours from receipt of referral	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0	87.2	82.6	88.9	100.0	77.8	88.6	77.8	-	-	-	-	-
	• • • • • •		Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80	80	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	87.5	85.7	-	89.6	85.7	-	-	-	-	
	• • • • • •		Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80	80	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	87.5	64.3	-	82.7	64.3	-	-	-	-	-
	• • • • • •		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	-	-	-	-	-

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

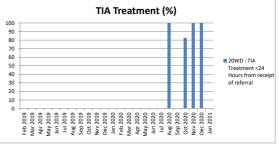








Estimated Beds - 21+ Days - NHSI — Target Beds - 21+ Days - NHSI



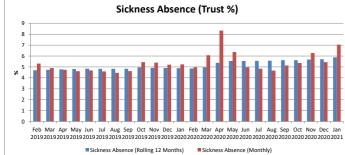
The stroke indicators in the IPR are based on 'patient arrivals' not 'patient discharged' as this monitors pathway performance rather than actual outcomes which may / may not change on discharge National SSNAP is based on 'patient discharge' which is more appropriate for outcomes based reporting.

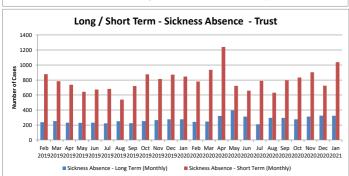
CQC Domain - Well Led

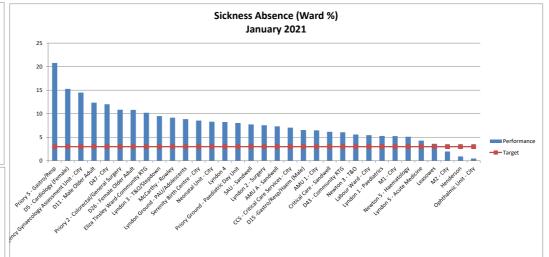
	Kitemark	Reviewed Date	Indicator	Measure	Star Year	ndard Month	Aug	Sep 2019	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul 2020	Aug	Sep	Oct	Nov	Dec 2020	Jan 2021	20/21 Year to Date	М	SS	Gro W		PCCT	-
	• • • • • •	2410	PDRs - 12 month rolling	=> %	95	95	-		78.9	-	-	-	-	-	-	-	-	-	-	91.4	-	-	-	-	91.4					95.9	
	• • • • • •		Medical Appraisal	=> %	90	90	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	97.0	96.3	94.0	-	98.7	91.4	93.0	96.8	100.0	100.0	100.0
	• • • • • •	Apr 19	Sickness Absence (Rolling 12 Months)	<= %	3.0	3.0	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	5.7	5.7	5.9	5.6	7.2	6.4	5.8	4.7	5.2	5.1
	• • • • • •	Apr 19	Sickness Absence (Monthly)	<= %	3.0	3.0	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	6.3	5.4	7.0	5.8	7.9	8.1	7.1	6.3	5.7	6.3
			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	175	174	167	-	39	44	26	4	14	40
	• • • • • •	Apr 19	Sickness Absence - Short Term (Monthly)	No	-	-	539	719	875	814	872	845	779	936	1241	722	657	789	630	794	833	904	724	1037	-	256	251	102	47	155	177
92			Ward Sickness Absence (Monthly)	<= %	3.0	3.0	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	9.7	7.8	10.2	8.6	11.7	9.3	9.6	-	9.1	-
Norkforce	• • • • • •		Mandatory Training - Health & Safety (% staff)	=> %	95	95	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	98.1	98.4	98.0	97.4	95.7	97.7	98.7	99.6	98.9	99.1
Š			Staff at 100% compliance with mandatory training	%	-	-	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	81.0	78.5	74.5	81.8	59.2	74.3	81.0		79.5	-
			Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	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	12.5	13.4	15.6	11.5	22.2	14.7	10.9		15.0	-
			Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	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	3.7	4.6	5.7	3.5	9.4	6.4	4.3		4.0	-
			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	2.8	3.5	4.2	3.3	9.2	4.6	3.8	-	1.5	-
	• • • • • •	Apr 19	Nursing Turnover (Qualified Only)	<= %	10.7	10.7	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	11.6	12.6	12.5	-	-	-	-	-	-
	• • • • • •	Apr 19	Nursing Vacancy Rate (Qualified)	<= %	11	11	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	12.9	13.9	12.9	13.5	12.8	13.6	14.2	29.7	11.5	5.6
		Apr 19	New Starters Complete Onboarding Process	=> %	100	100	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	97.5	-	100.0	81.4	100.0	100.0	100.0	-	100.0	-

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

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







CQC: Use of Resources

								Benchmark				Tru	ıst																	Gr	oup	
	Kitemark	Reviewed Date	Indicator	Measure	Period	Model Hospital STP Peer	Royal Wolverh NHS Trust	Healthcare	Dudley Group NHS Foundation Trust	Model Hospital National Median	Model Hospital Quality Account Peer	Trust Delivery	Target	Aug Sep 2019 2019	Oct 2019	Nov 2019	Dec J:	an Feb 020 2020	Mar 2020	Apr 2020	May Ji 2020 20	ın Jul 20 2020	Aug 2020	Sep 2020	Oct I 2020 2	Nov Dec 2020 2020	Jan 2021	20/21 Year to Date	M SS	w	I F	ест со
			Pre-Procedure Elective Bed Days	Avg	Q4 2019/20	0.15		0.03	0.08	0.11	0.21				-	-	-		-	-	-		-	-	-	- 0.18	-	0.25	0.64 0.10	0.07	0.00).00 -
vices			Pre-Procedure Non-Elective Bed Days	<= Avg	Q4 2019/20	0.74	0.64	0.85	0.82	0.66	0.54	0.66		0.85 0.67	0.77	0.61	0.59 0.	.63 0.61	0.49	0.55	0.38 0.	52 -		-	-	- 0.75		0.60	0.92 0.35	0.11	- '	1.41 -
al Se			DNA Rate - Inc Radiology (Model Hospital)	<= %	Q4 2019/20	8.09		9.92	6.63	7.11	6.75			8.4 8.1	8.1	8.3	8.8 7	7.7	11.7	9.1	7.5 8	.0 8.6	9.1	9.4	9.6	9.2 10.0	10.3	9.1	7.6 15.1	14.7	0.0	8.4 -
Clinic			DNA Rate - Exc Radiology (SWB)	<= %	Q3 2019/20	n/a				n/a	n/a	10.49		10.5 10.2	10.2	10.3	11.0 9	9.6 9.5	14.1	10.0	8.6	- 10.3	11.4	11.7	11.9	11.2 12.3	12.2	10.9	7.6 15.1	14.7	4.2	8.4 -
			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			8.3 7.8	7.9	8.2	8.0 8	8.1 8.5	9.7	12.9	10.4 8	.9 9.1	9.6	8.7	8.8	9.0 9.6		9.5	13.4 5.6	7.3	16.7	2.2 -
ical oort ices			Top 10 Medicines - Delivery of Savings	%	To Mar2018		-			100					-		-		-		-		-	-	-		-	-		-	-	
Clinical Support Services			Pathology Overall Cost Per Test	£	2018/19	£1.45	£2.08	£1.58	£1.14	£1.94	£2.46	£1.33		Pathology	services	s are pi	rovided by	the Black			gy Service Hospital	es model;	costs p	er test a	re availat	ole annually	only in		•			
			Staff Retention Rate	%	To May2020	86	87.2	84.4	89.8	86.2	85.1				-		-	- 86.1	86.6	85.4	85.5 88	5.7 86.3	86.6	86.4	90.7	86.7 86.8	86.7	86.7	85.1 87.6	86.2	92.9	86.7 86.6
			Sickness Absence (Monthly)	<= %	May2020	5.41	4.87	6.89	4.82	4.77	5.01	5.39		4.5 4.6	5.4	5.4	5.2 5	5.2 5.0	6.1	8.3	6.4 5	.0 4.8	4.7	5.1	5.4	6.3 5.4	7.0	5.8	7.9 8.1	7.1	6.3	5.7 6.3
			Total Cost per WAU	£	2018/19	£3,614	-		-	£3,500		£3,359	-	·			· · · · ·	•				•				•						
ble			Total Pay Cost per WAU	£	2018/19	£1,940	-			£1,923		£1,901	-																			
Peo			Clinial Staff Pay Cost WAU	£	2018/19	£1,940	-			£1,923		£1,901		Day and Ma	- D		10/011 -						-61 11-		104	0-11						
			Substantive Medical Staff Cost Per WAU	£	2018/19	£780		£786	£793	£763			-	Pay and No (formerly kr	n-Pay d	s Refe	mce Cost	t Submiss	nea on sion); w	e are t	herefore	unable to	compl	ete mor	nthly trer	nds on a p	er WAU					
			Substantive Nursing Staff Cost Per WAU	£	2018/19	£924	£839	£948	£1,005	£892		£901								Da	isis											
			Professional Technical and Therapies Staff Cost Per WAU	£	2018/19	£236	-			£268		£230																				
∞5			Total Non-Pay Cost Per WAU	£	2018/19	£1,674	-			£1,577		£1,458	-																			
rvices			Finance Cost Per £100m Turnover	£000	2018/19	483.8k	483.42	626.25	457.75	653.3	653.3k	634.6k			-	-	-		-	-	-		#####	-	-		-	0.7		-	-	
ate ser nent, Es			HR Cost Per £100m Turnover	£000	2018/19	686.9k	767.49		388.35	910.7	767.5k	794.9k			-				-		-	-	#####	-	-		-	0.7		-	-	
Corporate rocurement Facili			Estates & Facilities Cost (£ per m2)	£	2018/19	-	£360	£366	£494	-	-	-	-		-		-		-		-			-	-			-		-	-	
O P			Procurement League Table: Process Efficiency and Price Performance Score (scaled 0 to 100)	No	Q2 2019/20	54	58			57	57	74			-		-		-		-			-	-			74		-	-	
			Capital Service Capacity - Value	No	Feb 20	n/a	-	-		n/a	n/a		-		-		- 1	2 2	2	2	2	2 2	2	2	2	2 -	2	20		-	-	
ø,			Liquidity (Days) - Value	No	Feb 20	n/a	-			n/a	n/a		-		-	-		15 -11	-15	-164	-91 -	59 -52	-34	-37	-28	-31 -	-23	-518		-	-	
Financ			Distance From Agency Spend Cap - Value	%	Feb 20	n/a	-	-	-	n/a	n/a	-	-		-	-	- 76	6.0 75.0	78.0	70.0	50.0 3	1.0 37.0	22.0	23.0	27.0	73.2 -	40.0	70.5		-	-	
正			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 -	0.0	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 -	0.0	0.6		-	-	

Benchmark:

Quality Account Peer Group :

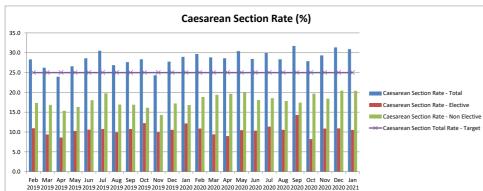
- Bradford Teaching NHS Foundation Trust (BTH)
- Kings College Hospital NHS Foundation Trust (KCH)
 Royal Liverpool & Broadgreen University NHS Foundation Trust (RLBUH)
- The Royal Wolverhampton NHS Trust (RWH)
- University Hospital Bristol NHS Foundation Trust (UH Bristol)
- Worcestershire Acute Hospital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

Patient Safety - Obstetrics

_						ectory																		_				
Data Quality	Last review	PAF	Indicator	Measure	Year	6-2017 Month	-	A S	0	N	D	Prev J				(since			S	0	N	D J	Data Period		Month		Year To Date	Trend
(Caesarean Section Rate - Total	<= %	25.0	25.0		26.9 27.6	28.4	24.3	27.8	28.9	29.7	28.8 2	8.6 3	0.4 28	4 29.	.9 28.4	31.7	27.9	29.3	31.3 30.9	Jan 202	1	30.9	Ī	29.6	~~\\\
0		•	Caesarean Section Rate - Elective	<= %				10 11	12	10	11	12	11	9	9	10 10) 11	1 11	14	8	11	11 10	Jan 202	1	10.5		10.6	mh
		•	Caesarean Section Rate - Non Elective	<= %				17 17	16	14	17	17	19	19	20 2	20 18	3 19	9 18	17	20	18	20 20	Jan 202	.1	20.4		19.0	V
		•d	Maternal Deaths	<= No	0	0		0 1	0	0	0	0	0	0	0	0 0	1	. 0	0	0	0	2 0	Jan 202	.1	0		3	\wedge \wedge \wedge
			Post Partum Haemorrhage (>2000ml)	<= No	48	4		•	•	•	•	•	•	•		•	•	•	•	•	•	• •	Jan 202	.1	3		36	
			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0		• •	•	•	•	•	•	•		• •	•	•	•	•	•	• •	Jan 202	.1	7.21		5.59	
			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0		8.93 2.24	7.19	7.63	7.18	7.65	0.00	5.36 8	.09 11	1.79 16.	57 12.8	88 4.35	4.94	8.75	2.33 1	3.51 11.53	Jan 202	.1	11.53		9.40	WW
	Apr-19		Stillbirth Rate (Corrected) (per 1000 babies)	Rate1				8.93 2.24	4.80	2.54	4.78	5.10	0.00	2.68 2	.70 9	.43 11.	90 6.4	4.35	4.94	8.75	2.33	0.81 8.65	Jan 202	.1	8.65		6.99	\sim
	Apr-19		Neonatal Death Rate (Corrected) (per 1000 babies)	Rate1				0.00 0.00	2.40	5.09	2.39	2.55	0.00	2.68 5	.39 2	.36 4.7	6 6.4	0.00	0.00	0.00	2.33	2.70 2.91	Jan 202	.1	2.91		2.65	$\mathcal{M}_{\mathcal{L}}$
			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	85.0	85.0		• •	•	•	•	•	•	•	•	•	•	•	•	•	•	• •	Jan 202	.1	94.3		92.6	\mathbb{W}
			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0		• •	•	•	•	•	•	•	•	•	•	•	•	•	•	• •	Jan 202	.1	191.6		144.9	M
			Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0		• •	•	•	•	•	•	•		•	•	•	•	•	•	• •	Jan 202	1	83.67		83.25	
	Apr-19	•	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %				0.8 0.3	0.3	1.2	0.5	1.1	0.0	0.3	1.9	1.6 1.	В 1.	7 2.1	0.6	1.0	1.3	0.8 0.4	Jan 202	1	0.43		1.26	Wh
	Apr-19	•	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %				0.8 0.3	0.3	1.2	0.5	0.8	0.0	0.3).4	0.8 1.	3 1.	1 1.8	0.6	1.0	1.3	0.8 0.4	Jan 202	1	0.43		0.96	MM
	Apr-19	•	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %				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	1.0	0.4 0.4	Jan 202	1	0.43		0.38	$^{\sim}$
												٦٢																

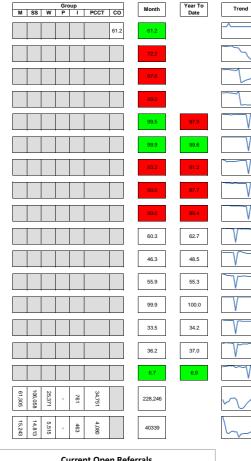




Data Completeness

Data			1		7	
Quality	Last review	PAF	Indicator	Measure	Year	ectory Month
Quality					rear	Wonth
0		•	Data Completeness Community Services	=> %	50.0	50.0
0		•	Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0
C		•	Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0
C		•	Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0
C			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0
C			Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS	=> %	99.0	99.0
0			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0
0			Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0
0			Ethnicity Coding - percentage of outpatients with recorded response	=> %	90.0	90.0
0			Protected Characteristic - Religion - INPATIENTS with recorded response	%		
0			Protected Characteristic - Religion - OUTPATIENTS with recorded response	%		
0			Protected Characteristic - Religion - ED patients with recorded response	%		
0			Protected Characteristic - Marital Status - INPATIENTS with recorded response	%		
0			Protected Characteristic - Marital Status - OUTPATIENTS with recorded response	%		
0			Protected Characteristic - Marital Status - ED patients with recorded response	%		
0			Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0
0			Open Referrals	No		
0			Open Referrals without Future Activity/ Waiting List: Requiring Validation	No		

Α	S	0	N	D	J	F	us Mon M	A	ena (si M	J	g 2019 J	Α	S	0	N	D	J
0	•	•		•	•	•	•	•	•	•		•	•		•	-	-
9																-	-
9			9													-	-
	•	•			•	•		9			9			9		-	-
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	96.5	99.4	99.5	-
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	99.8	99.8	99.9	
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	92.0	93.2	93.3	
•	•	•	9									-					-
0	•	•	•	•		•	•					-					-
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	61.1	60.6	60.3	-
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	46.3	46.5	46.3	
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	54.7	55.2	55.9	
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	99.9	100.0	99.9	-
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	34.4	33.6	33.5	-
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	38.4	37.6	36.2	-
•		•	•	•	•	•	•	•	•	•	•	-	•	•	•	•	-
215,389	210,947	213,037	213,645	216,909	216,936	217,529	215,194	207,500	206,550	206,748	209,022	211,836	213,760	215,688	218,431	220,048	228,246
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	38,864	38,86	40,339



Nov 2020

Nov 2020

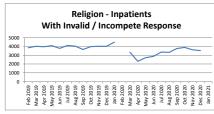
Nov 2020

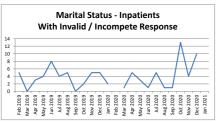
Nov 2020

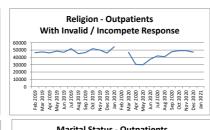
Dec 2020

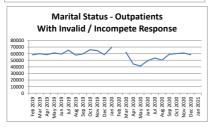
Jan 2021

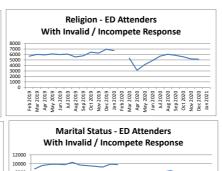
Jan 2021

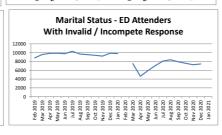














Legend

		Data Sources		li	ndicators whic	ch comprise t	he External P	erformance A	Assessment F	rameworks	
1		Cancer Services			CQC Regula	tory Framew	ork and NHS	Oversight Fr	amework		
2		Information Department		а	Caring						
3		Clinical Data Archive		b	Well-led						
4		Microbiology Informatics		С	Effective						
5		CHKS		d	Safe						
6		Healthcare Evaluation Data (HED) Tool		е	Responsive						
7]	Workforce Directorate		f	Finance						
8]	Nursing and Facilities Directorate									
9]	Governance Directorate						Quality - Ki			7
10]	Nurse Bank			Timeliness	2 Audit	3 Source	4 Validation	5 Complete ness	6 Granularity	Assessment of Exec Director
11		West Midlands Ambulance Service			•	•	•	•	•	•	•
12		Obstetric Department			If segment 2	2 of the Kiten		this indicates at yet taken pla		audit of this ir	ndicator has
13		Operations Directorate			Key					•	
14		Community and Therapies Group			•		ent 1-6 ficient	As asse	nent 7 essed by e Director		
15]	Strategy Directorate			•	Suff	icient		essed by e Director		
16]	Surgery B			•	Not Yet	Assessed		sessment by e Director		
17		Women & Child Health									
18]	Finance Directorate									
19		Medicine & Emergency Care Group									

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Change Team (Information)

	Groups
М	Medicine & Emergency Care
А	Surgery A
В	Surgery B
W	Women & Child Health
1	Imaging
PCCT	Primary Care, Community & Therapies
СО	Corporate

CQC Domain	Indicator	Measure	Star Year	ndard Month	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	Nov 2020	Dec 2020	Jan 2021	20/21 Year to Date		rectorat	tes AC_B
	C. Difficile (Post 48 hours)	No	30	3	1	2	1	2	2	1	2	3	0	3	1	2	3	1	1	0	1	4	16	4	0	0
	MRSA Bacteraemia (Post 48 hours)	No	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	-	0	0	0
	MRSA Screening - Elective	%	95	95	69.9	75.0	56.7	66.0	51.0	64.9	67.3	62.0	56.7	80.4	92.1	78.9	70.9	79.4	82.9	76.7	82.5	71.4	-	40.0	76.9	100.0
	MRSA Screening - Non Elective	%	95	95	79.5	61.5	73.5	78.2	74.9	78.4	83.4	76.7	83.3	92.3	93.5	94.4	93.8	92.5	92.9	92.0	92.6	82.0	89.7	82.1	87.8	65.2
	Number of DOLS raised	No	-	-	14	24	19	12	25	14	17	15	13	21	23	17	15	21	16	20	23	16	185	4	12	0
	Number of DOLS which are 7 day urgent	No	-	-	14	24	19	12	25	14	17	15	13	21	23	17	15	21	16	20	23	16	185	4	12	0
	Number of delays with LA in assessing for standard DOLS application	No	-	-	4	0	4	3	6	3	4	0	2	1	3	3	3	2	4	2	2	2	24	1	1	0
	Number DOLs rolled over from previous month	No	-	-	2	0	1	0	0	0	2	1	5	4	2	3	1	1	2	4	6	4	32	0	4	0
	Number patients discharged prior to LA assessment targets	No	-	-	8	13	12	7	16	7	10	11	12	22	19	15	11	17	8	11	21	10	146	1	9	0
	Number of DOLs applications the LA disagreed with	No	-	-	2	2	0	0	0	0	1	0	0	0	0	0	0	0	0	2	0	0	2	0	0	0
	Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	0	0	0	0	0	1	0	0	0	0	0	0	0	2	0	3	0	0	5	0	0	0
	Falls	No	-	-	58	39	1	34	47	46	42	65	21	35	44	51	44	54	44	60	36	42	431	18	-	-
Safe	Falls - Death or Severe Harm	No	0	0	0	0	1	1	0	1	1	0	0	1	1	2	0	0	0	0	0	0	4	0	0	0
တိ	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	12	15	12	3	14	14	17	18	15	17	6	7	11	10	23	26	20	27	162	5	-	-
	Venous Thromboembolism (VTE) Assessments	%	95	95	92.5	93.0	96.9	-	97.7	96.4	96.4	95.3	97.1	97.7	97.8	97.2	97.2	96.8	97.5	97.3	98.4	98.6	-	99.0	97.0	96.8
	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	%	100	100	100.0	-	100.0	100.0	100.0	100.0	99.0	100.0	100.0	100.0	100.0	100.0	99.9	100.0	100.0	100.0	96.8	-	-	100.0	100.0	95.4
	WHO Safer Surgery - brief(% lists where complete)	%	100	100	99.7	100.0	100.0	100.0	100.0	100.0	100.0	99.6	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	99.3	-	-	100.0	98.4	100.0
	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	%	100	100	99.7	100.0	99.7	100.0	100.0	100.0	99.7	99.6	100.0	100.0	100.0	98.1	99.7	100.0	100.0	100.0	98.6	-	-	100.0	98.4	98.6
	Never Events	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
	Medication Errors causing serious harm	No	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	1	0	0	0
	Serious Incidents	No	0	0	5	1	4		4	4		0	2	1	4	2	3		3	4	2	1	27	0	1	0
	Sepsis - Screened (as % Of Screening Required)	%	100	100	-	-		-	-	-	,	-	-	-	-	93.2	92.9	95.2	96.9	96.8	96.7	97.8	96.0	-	-	-
	Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	24.9	24.4	25.3	24.2	27.2	28.1	24.8	25.1	-	-	-
	Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	1	-	-	-	-	83.4	88.7	89.5	89.8	91.1	88.0	93.4	88.1	-	-	-
	Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	,	-	-	-	-	54.3	58.2	81.9	81.8	82.3	84.5	85.2	77.4	-	-	-
	Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

CQC Domain	Indicator	Measure	Star Year	ndard Month	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	Nov 2020	Dec 2020	Jan 2021	20/21 Year to Date		irectorat AC_A	
	Mixed Sex Accommodation - Breaches (Patients)	No	0	0	0	9	-	-	-	-	401	-	-	-	-	-	-	-		-	-	-	-	-	-	-
	No. of Complaints Received (formal and link)	No	-	-	24	21	37	31	29	40	36	32	14	19	32	52	34	37	37	44	43	41	353	23	18	0
	No. of Active Complaints in the System (formal and link)	No	-	-	48	47	54	50	50	58	68	59	49	51	54	52	61	89	121	157	67	162	-	72	90	0
Caring	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	1.59	1.41	2.15	1.78	1.62	2.17	2.17	1.81	1.02	1.56	2.58	1.98	2.75	2.87	2.21	2.77	2.62	1.91	2.24	-	-	-
Car	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	4.01	4.32	7.48	6.18	6.08	7.50	7.68	6.37	3.49	4.38	7.42	5.52	8.27	8.99	8.19	10.55	9.60	7.70	7.46	-	-	-
	No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	2.8	0.0	100.0	100.0	100.0	100.0	76.7	-	-	-
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	6.1	0.0	13.3	0.0	4.2	0.0	0.0	16.2	13.8	6.3	3.6	6.3	0.0	11.8	50.0	2.5	94.7	66.7	17.8	-	-	-
	No. of responses sent out	No	-	-	32	28	30	34	24	31	28	37	29	16	28	32	25	17	8	7	38	33	233	-	-	-
	Emergency Care Attendances (Including Malling)	No	-	-	16413	16783	17602	16885	18288	17355	16335	12630	6641	9204	11457	13175	14143	13675	12971	12336	12033	11168	116803	5316	5852	-
	Emergency Care 4-hour waits	%	95	95	80.3	72.5	70.8	69.6	70.8	71.5	73.1	78.3	86.9	91.0	89.4	85.5	84.2	79.4	78.2	78.1	77.2	67.0	81.3	62.4	71.1	-
	Emergency Care 4-hour breach (numbers)	No	-	-	2549	2032	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Emergency Care Trolley Waits >12 hours	No	0	0	0	2	2	1	1	0	0	0	1	0	0	0	0	0	3	2	3	23	32	16	7	-
	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	No	-	-	14	18	29	24	29	24	27	26	20	19	18	20	22	28	31	29	32	92	30	-	-	-
	Emergency Care Timeliness - Time to Treatment in Department (median)	No	-	-	52	64	78	84	86	82	76	44	16	17	24	34	39	45	36	37	36	40	33	-	-	-
	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	%	5	5	5.9	7.4	7.9	8.0	7.8	8.1	7.7	8.8	8.9	9.2	7.5	8.6	8.4	7.3	7.9	7.1	7.1	7.6	7.9	7.2	7.9	-
	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	%	5	5	6.7	9.5	10.7	10.5	10.1	8.4	8.1	5.8	3.0	2.7	3.2	4.7	5.0	5.1	4.1	3.7	3.6	4.0	4.0	4.1	3.9	-
	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	No	0	0	162	238	251	228	279	199	242	380	234	172	77	183	172	161	267	186	245	415	2112	287	128	-
	WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	No	0	0	9	33	16	9	12	9	32	42	8	1	0	0	3	9	43	31	49	381	525	245	136	-
	WMAS - Handover Delays > 60 mins (% all emergency conveyances)	%	0.02	0.02	0.2	0.7	0.3	0.2	0.2	0.2	0.7	0.9	0.3	0.0	1	0.0	0.1	0.2	1.0	8.0	1.1	8.4	1.5	10.3	6.3	-
	WMAS - Emergency Conveyances (total)	No	-	-	4486	4484	4656	4721	4887	4848	4522	4588	3069	3282	3039	3951	4209	4065	4323	4106	4278	4544	38866	2369	2175	-
	No. of Sitrep Declared Late Cancellations - Total	No	0	0	0	5	3	12	5	14	5	3	0	2	9	7	0	7	10	-	-	0	46	0	0	0
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	0	0	2	0	0	0	0	0	0	0	0	0	-	2	0	-	-	0	2	0	0	0
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	0	5	1	12	5	14	5	3	0	2	9	7	-	5	10	-	-	0	43	0	0	0
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	-	0.6	0.2	1.5	0.6	1.6	0.6	0.4	-	0.3	1.5	1.0	-	1.0	1.9	1.1	0.9	-	-	-	-	-
	Number of 28 day breaches	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	0	0	0	0	0
	No. of second or subsequent urgent operations cancelled	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	0	0	-	-	-
	Urgent Cancellations	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	0	1	0	0	0
	No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	No	0	0	0	0	0	0	1	1	1	3	0	0	0	1	0	1	0	-	-	0	3	0	0	0
ø	Multiple Hospital Cancellations experienced by same patient (all cancellations)	No	0	0	2	7	6	9	6	11	8	20	5	7	5	5	3	2	6	6	2	11	52	-	-	-
nsiv	All Hospital Cancellations, with 7 or less days notice	No	0	0	14	24	39	69	98	93	41	66	25	27	42	23	26	23	29	27	11	35	268	-	-	-
Responsive	2 weeks	%	93	93	92.8	97.3	92.2	93.5	98.5	98.3	98.5	98.1	88.3	57.5	79.6	86.9	74.5	69.5	97.2	96.3	98.6	-	-	-	100.0	98.3
å	31 Day (diagnosis to treatment)	%	96	96	100.0	100.0	100.0	96.9	100.0	95.1	97.1	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	Indicator	Measure	Star Year	ndard Month	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	Nov 2020	Dec 2020	Jan 2021	20/21 Year to Date		rectorat AC_A	tes AC_B
	62 Day (urgent GP referral to treatment) Excl Rare Cancers	%	85	85	84.3	90.5	81.1	94.7	78.1	78.1	88.5	96.0	72.7	60.0	64.7	70.6	100.0	69.6	68.0	46.2	72.7	-	-	-	100.0	57.1
	62 Day (urgent GP referral to treatment) - Inc Rare Cancers	%	85	85	84.9	90.5	81.1	94.7	78.1	78.1	88.5	96.0	72.7	60.0	64.7	70.6	100.0	69.6	68.0	46.2	76.9	-	-	-	100.0	57.1
	62 Day (referral to treat from screening)	%	90	90	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-		-	-	-	-		-
	62 Day (referral to treat from hosp specialist)	%	90	90	73.2	86.7	73.1	76.7	80.0	82.0	65.2	78.9	92.3	60.0	75.0	80.0	84.6	81.5	57.6	68.4	42.9	-	70.4	-	-	-
	Cancer = Patients Waiting Over 62 days for treatment	No	-	-	4	2	4	1	4	4	2	1	-	4	3	3	0	4	4	4	2	-	22	-	0	2
	Cancer - Patients Waiting Over 104 days for treatment	No	-	-	2	2	1	1	3	3	1	0	-	0	1	2	0	3	1	2	1	-	8	-	0	1
	Neutropenia Sepsis - Door to Needle Time > 1hr	No	0	0	4	6	6	9	15	7	11	5	4	3	2	1	1	2	3	5	3	3	27	-	3	0
	RTT - Admitted Care (18-weeks)	%	90	90	90.5	87.5	89.1	84.4	87.2	81.1	83.9	88.9	83.3	100.0	81.3	58.6	77.0	86.2	84.5	86.1	89.5	92.5	-	-	92.0	100.0
	RTT - Non Admittted Care (18-weeks)	%	95	95	82.4	80.2	68.7	72.4	68.2	67.8	73.7	77.7	67.2	64.8	57.8	52.1	55.6	57.1	60.6	63.8	71.2	61.7	-	-	75.3	54.4
	RTT - Incomplete Pathway (18-weeks)	%	92	92	93.6	92.7	93.3	92.0	91.9	91.8	90.5	85.8	76.1	64.4	54.7	52.5	59.1	63.9	71.7	74.9	76.8	80.9	-	-	89.3	76.2
	RTT Waiting List - Incomplete	No	-	-	7041	7147	7231	6977	7163	7328	7293	7261	6858	6660	6501	6289	6113	5457	5446	5390	5182	4849	65603	0	1731	3118
	RTT - Backlog	No	-	-	451	525	483	559	579	601	695	1034	1639	2372	2944	2989	2501	1969	1542	1355	1203	928	-	0	185	743
	Patients Waiting >52 weeks (All Pathways)	No	0	0	7	0	0	0	0	0	0	0	0	0	0		1	34	46	28	34	78	-	0	45	33
	Patients Waiting >52 weeks (Incomplete)	No	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	31	17	17		23	-	0	7	16
	Treatment Functions Underperforming (Admitted, Non- Admitted,Incomplete	No	0	0	5	7	6	9	7	7	7	10	10	8	11	12	12	11	10	10	10	9	-	0	5	4
	Treatment Functions Underperforming (Incomplete)	No	0	0	1	2	1	2	2	1	2	3	4	4	5	6	6	4	4	3	3	4	-	0	2	2
	RTT Clearance Time (Wks)	Ratio	-	-	21.0	20.8	17.2	17.5	22.7	-	17.1	-	35.0	35.2	1	20.4	-	13.4	15.6	16.4	-	17.3	20.9	-	16.5	17.8
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	1.5	0.9	1.2	0.3	2.4	0.4	0.0	8.3	53.9	63.8	40.9	45.7	43.0	32.3	23.5	18.6	14.8	13.4	-	-		-
	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	59	19	18	25	42	29	54	33	-	253	51	112	133	246	246	140	73	55	1309	-	-	-
	Cancer - Longest wait for treatment (days) - GROUP	No	-	-	147	83	141	149	145	133	156	79	-	91	173	134	62	210	130	165	104	-	-	-	55	104
	Mortality Reviews within 42 working days	%	90	90	76.2	79.0	78.3	74.1	81.1	73.5	74.3	71.4	75.3	61.9	80.5	85.9	93.3	95.7	92.4	93.5		-	-	95.0	85.7	91.8
	Deaths In the Group	No	-	-	106	100	122	114	125	147	109	-	319	141	110	86	89	93	132	199	158	-	1327	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	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	13.2	12.5	13.4	-	-	-	1	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	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	13.6	13.4	13.4	-	13.4	-		-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	4.0	3.7	3.9	4.5	3.8	3.9	3.8	4.5	5.5	4.7	4.3	5.3	6.0	6.5	6.4	6.4	6.8	-	5.8	-		-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	4.0	4.0	4.1	4.1	4.0	3.9	3.9	3.8	4.0	4.1	4.2	4.3	4.4	4.7	4.9	5.1	5.3	-	4.5	-	-	-
	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	101	128	132	128	130	128	144	129	45	38	40	39	32	46	53	69	64	63	469	24	20	15
	21+ Days Long Stay Rate - NHSI	%	-		22.5	23.6	22.0	21.9	22.1	20.1	22.4	25.3	11.8	15.6	10.3	9.1	4.5	10.8	7.4	8.8	12.0	12.1	10.1	5.1	15.1	10.2
	Estimated Beds - 21+ Days - NHSI	No	-	-	114	104	109	112	115	109	115	129	31	37	25	23	10	30	22	28	43	76	300	12	7	13
	Routine Outpatient Appointments with Short Notice(<3Wks)	%		-	35.0	36.3	44.9	40.2	49.0	38.0	38.1	39.5	61.6	68.8	68.1	68.0	73.5	66.5	68.3	67.3	79.1	92.2	74.7	100.0	46.0	67.7
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	599	584	1017	998	1078	1065	2011	1921	3644	1318	1432	1471	1423	1722	1528	1667	2246	8433	24884	7352	283	798
ctive	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	61.2	67.5	79.4	79.3	76.8	53.7	57.8	44.9	37.1	96.8	84.8	95.7	92.9	85.2	61.9	64.0	51.9	54.5	70.3	80.0	53.7	50.0

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Effe	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	224	281	408	376	268	187	338	262	112	91	140	202	196	202	130	119	97	78	1367	4	73	1
	20WD: Pts spending >90% stay on Acute Stroke Unit	%	90	90	98.3	-	-	-	-	-	-	93.7	-	-	86.7	-	87.5	-	85.0	89.3	88.5	-	88.4	-	-	88.5
	20WD: Pts admitted to Acute Stroke Unit within 4 hrs	%	80	80	80.0	-	-	-	-	-	-	78.7	-	-	84.4	-	81.8	-	66.7	69.1	50.9	-	73.5	-	-	50.9
	20WD: Pts receiving CT Scan within 1 hr of presentation	%	50	50	73.9	-	-	-	-	-	-	-	-	-	87.5	-	89.1	-	83.6	86.2	86.7	-	85.6	-	-	86.7
	20WD: Pts receiving CT Scan within 24 hrs of presentation	%	95	95	100.0	-	-	-	-	-	-	-	-	-	100.0	-	100.0	-	98.4	100.0	100.0	-	99.4	-	-	100.0
	20WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	%	85	85	60.0	-	-	-	-	-	-	50.0	1	-	50.0	-	50.0	-	80.0	100.0	83.3	-	74.5	-	-	83.3
	20WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	%	-	-	73.3	68.2	65.4	88.2	80.0	65.2	83.3	80.0	1	-	92.3	-	100.0	-	-	-	-	-	86.1	-	-	100.0
	20WD: TIA (Low Risk) Treatment <7 days from receipt of referral	%	-	-	84.2	90.0	88.0	61.1	61.9	61.1	76.2	67.6	1	-	100.0	-	-	-	-	-	-	-	91.3	-	-	100.0
	20WD : TIA Treatment <24 Hours from receipt of referral	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0	-	82.6	100.0	100.0	-	93.0	-	100.0	-
	Primary Angioplasty (Door To Balloon Time 90 mins)	%	80	80	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	87.5	85.7	-	89.6	-	85.7	-
	Primary Angioplasty (Call To Balloon Time 150 mins)	%	80	80	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	87.5	64.3	-	82.7	-	64.3	-
	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	-
	PDRs - 12 month rolling	%	95	95	-	48.3	51.6	-	-	-	-	-	1	-	1	-	- 1	87.8	-	-	-	-	-	85.9	90.2	88.0
	Medical Appraisal	%	90	90	93.5	97.4	94.1	94.0	93.7	94.3	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	94.6	93.9	91.4	-	97.9	90.3	93.9	91.7
	Sickness Absence (Rolling 12 Months)	%	3	3	5.4	5.3	5.4	5.4	5.2	5.1	5.1	5.3	6.0	6.2	6.3	6.3	6.4	6.5	6.7	6.9	7.0	7.2	6.6	6.4	7.6	7.8
	Sickness Absence (Monthly)	%	3	3	4.7	5.2	5.9	6.1	5.4	5.5	5.5	8.3	11.7	7.8	5.9	5.6	5.8	6.7	7.1	8.4	6.8	7.9	7.4	8.1	6.6	8.7
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	-	29	35	43	43	37	22	37	46	55	42	38	45	41	48	56	51	39	461	12	10	17
	Sickness Absence - Short Term (Monthly)	No	-	-	142	177	209	176	183	195	188	299	338	175	162	191	166	201	221	201	171	256	2247	126	47	83
Peq	Ward Sickness Absence (Monthly)	%	3	3	6.1	7.0	7.6	8.1	6.4	7.6	7.9	11.6	14.2	9.4	7.3	7.3	7.9	9.1	8.7	12.1	9.3	11.7	9.9	10.8	11.7	12.5
Well Led	Mandatory Training - Health & Safety (% staff)	%	95	95	76.2	77.3	79.8	81.6	84.0	85.0	88.1	91.7	91.8	96.2	95.5	97.0	95.1	94.7	96.0	96.3	96.0	95.7	95.4	-	-	-
_	Staff at 100% compliance with mandatory training	%	-	-	44.0	56.6	58.0	63.6	64.6	38.4	57.3	61.7	61.2	72.3	86.5	82.9	81.6	75.9	72.0	70.9	66.5	59.2	72.9	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	26.8	17.6	18.0	14.7	13.9	25.4	18.7	20.8	22.1	17.4	8.3	10.3	11.4	14.4	16.8	17.9	18.8	22.2	16.0	-	-	-
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	10.9	7.4	6.7	5.7	6.3	13.9	8.2	7.1	6.5	4.4	1.9	3.0	3.3	4.2	5.1	5.8	7.6	9.4	5.1	-	-	-
	Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	22.4	15.8	10.4	10.2	6.0	3.4	3.8	3.7	5.4	6.1	5.4	7.0	9.2	6.0	-	-	-
	Nursing Vacancy Rate (Qualified)	%	11	11	15.5	13.7	14.3	14.1	15.3	12.8	11.9	11.9	11.7	14.5	14.1	11.6	9.7	10.8	12.7	12.5	13.1	12.8	12.4	-	-	-
	New Starters Complete Onboarding Process	%	100	100	88.2	95.2	100.0	100.0	100.0	100.0	100.0	94.7	100.0	100.0	100.0	100.0	100.0	77.4	100.0	100.0	-	100.0	94.4	-	-	-
nin	Open Referrals	No	-	-	52647	51785	52607	52552	54131	55024	55223	53611	50679	50502	50369	51104	51936	51949	52368	52741	53540	61305	-	21456	21912	17937
Patient Admin	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No	-	-	20501	19410	16093	15603	16166	16654	16294	14829	12044	13757	14228	14244	13873	14160	14417	14818	14857	15243	-	7662	4949	2632

CQC	Indicator	Measure	Stan		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	20/21 Year to			Direct		
Domain	C. Difficile (Post 48 hours)	No	Year 7	Month 1	2019	2019	2019	2019	2019	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	0	Date 0	GS 0	SS 0	TH 0	APCC 0	0
	MRSA Bacteraemia (Post 48 hours)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	0	0	0	0
	MRSA Screening - Elective	%	95	95	80.5	82.4	81.9	81.3	81.6	79.3	83.1	78.7	83.3	83.2	86.6	84.2	80.5	81.7	80.2	80.0	72.4	74.3	-	73.9	73.7		-	76.5
	MRSA Screening - Non Elective	%	95	95	85.3	81.7	81.8	81.7	79.3	84.2	85.3	82.3	85.9	88.4	89.2	91.1	93.9	92.1	91.4	92.3	91.7	86.1	90.5	86.4	83.6	-	0.0	96.6
	Number of DOLS raised	No	-	-	9	8	8	8	7	13	9	9	10	16	14	12	6	13	13	12	14	9	119	9	0	0	0	0
	Number of DOLS which are 7 day urgent	No	-	-	9	8	8	8	7	13	9	9	10	16	14	12	6	13	13	12	14	9	119	9	0	0	0	0
	Number of delays with LA in assessing for standard DOLS application	No	-	-	1	2	0	0	0	2	0	0	1	2	1	1	1	2	1	0	3	0	12	0	0	0	0	0
	Number DOLs rolled over from previous month	No	-	-	0	0	0	0	1	0	1	6	2	2	4	1	1	1	1	3	2	2	19	2	0	0	0	0
	Number patients discharged prior to LA assessment targets	No	-	-	7	5	6	4	5	9	6	12	9	10	15	10	4	10	9	13	11	8	99	8	0	0	0	0
	Number of DOLs applications the LA disagreed with	No	-	-	0	0	0	1	0	0	1	1	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3	0	0	4	0	0	0	0	0
	Falls	No	-	-	9	16	-	11	13	20	8	16	20	12	8	8	12	7	5	12	23	12	119	5	6	-	-	-
f e	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	0	0	0	0	0	0
Safe	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	8	8	7	4	6	13	9	7	16	5	7	2	5	9	7	9	13	16	89	-	8	-	8	-
	Venous Thromboembolism (VTE) Assessments	%	95	95	97.0	97.6	97.5	-	95.1	98.0	96.2	96.0	91.9	92.4	95.4	96.8	93.6	94.4	93.7	97.2	96.1	92.8	-	91.0	96.2	-	100.0	91.6
	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	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	99.9	-	-	99.7	100.0	100.0	100.0	100.0
	WHO Safer Surgery - brief(% lists where complete)	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	99.5	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	-	100.0	100.0	-	100.0
	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	%	100	100	99.5	100.0	99.6	100.0	98.3	100.0	100.0	99.0	100.0	100.0	100.0	100.0	97.7	100.0	98.2	99.2	100.0	-	-	-	100.0	100.0	-	100.0
	Never Events	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0
	Medication Errors causing serious harm	No	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Serious Incidents	No	0	0	0	1	4	0	0	0		0	0	0	2	0	1	1	1	1	0	1	7	0	0	0	0	1
	Sepsis - Screened (as % Of Screening Required)	%	100	100	-	-	-	-	,	•	1	-	-	-	-	97.8	99.3	99.3	99.5	99.4	98.9	98.0	98.5	-	1	-	-	-
	Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	1	-	1	-	•	-	-	18.6	19.2	18.7	17.5	27.1	22.0	20.3	20.4	-	ì	-	-	-
	Sepsis - Treated (as % Of Screened Positive)	%	-	-	-		-	-		-		-	-		-	81.0	84.7	90.4	82.6	87.3	83.8	90.5	83.7	-		-	-	-
	Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	1	-	-	-	-	-	-	69.1	58.3	75.5	78.9	75.2	80.7	79.9	74.1	-	1	-		-
	Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

CQC Domain	Indicator	Measure	Stan Year	dard Month	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	Nov 2020	Dec 2020	Jan 2021	20/21 Year to Date	GS	SS	Directo	orate APCC	0
	Mixed Sex Accommodation - Breaches (Patients)	No	0	0	7	7	-	-	-	-	57	-		-	-	-		-	-	-	-	-	-	-	-	-	-	-
	No. of Complaints Received (formal and link)	No	-	-	15	22	42	28	19	26	32	25	12	9	19	43	8	19	27	21	30	16	204	5	5	0	2	4
	No. of Active Complaints in the System (formal and link)	No	-	-	26	33	41	32	19	30	41	28	27	28	34	43	29	43	64	78	0	74	-	26	15	2	5	26
bu	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	2.34	4.16	8.16	4.99	3.59	4.52	6.16	5.17	4.34	2.77	5.81	5.67	2.08	4.33	5.33	5.24	7.29	4.65	4.81	-	-	-	-	-
Caring	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	3.58	6.92	12.83	7.66	6.31	6.89	11.23	9.30	15.87	8.74	14.42	10.00	3.50	7.55	9.56	9.70	14.74	11.55	9.88	-	-	-	-	-
	No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	22.2	10.5	40.9	87.5	31.6	37.0	14.3	13.3	12.5	31.2	-	-	-	-	-
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	8.0	0.0	0.0	0.0	0.0	0.0	4.0	7.4	4.3	50.0	26.7	11.8	35.7	100.0	0.0	25.0	39.1	12.0	25.6	-	-	-	-	-
	No. of responses sent out	No	-	-	22	16	29	34	28	22	24	28	23	6	15	17	20	6	4	10	23	25	149	-	-	-	-	-
	Emergency Care Attendances (Including Malling)	No	-	-	1244	1190	843	983	1042	1122	1032	762	522	624	758	890	956	873	862	899	729	719	-	-	-	-	-	-
	Emergency Care 4-hour breach (numbers)	No	-	-	144	165	88	72	41	48	21	23	3	2	15	32	47	45	55	44	36	39	318	0	0	0	0	39
	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	-	-	-	-	-	-
	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	No	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-
	Emergency Care Timeliness - Time to Treatment in Department (median)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	%	5	5	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	5.6	6.6	5.6	-	-	-	-	-	-
	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	%	5	5	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	2.6	2.2	1.7	-	-	-	-	-	-
	Hip Fractures Best Practice Tariff (Operation < 36 hours of admissions	%	85	85	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	85.0	87.0	88.9	76.4	-	88.9	-	-	-
	No. of Sitrep Declared Late Cancellations - Total	No	0	0	27	42	55	32	54	35	40	21	0	1	4	10	15	22	23		-	4	106	4	0	0	0	0
	No. of Sitrep Declared Late Cancellations - Avoidable	No	1	-	16	32	38	29	40	25	15	10	0	1	2	8	-	11	16	1	•	4	71	4	0	0	0	0
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	,	-	11	10	17	3	14	10	25	11	0	0	2	2		11	7			0	35	0	0	0	0	0
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	1.2	1.8	2.3	1.3	2.4	1.4	2.0	1.5	0.0	0.3	0.8	0.8	1.1	1.3	1.4	0.9	1.3	0.7	-	1.9	•	-	-	-
	Number of 28 day breaches	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	1		1	13	0	0	0	0	1
	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	1	•	0	0	-	•	-	-	-
	Urgent Cancellations	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		1	•	0	1	0	0	0	0	0
	No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	No	0	0	0	1	2	0	0	0	1	1	0	0	0	0	0	0	1	1		0	1	0	0	0	0	0
	Multiple Hospital Cancellations experienced by same patient (all cancellations)	No	0	0	61	64	91	76	54	56	97	295	10	7	28	34	41	61	96	120	34	36	467	-	•	-	-	-
	All Hospital Cancellations, with 7 or less days notice	No	0	0	166	293	289	280	230	221	484	769	25	20	71	93	155	173	263	355	138	192	1485	-	•	-	-	-
	2 weeks	%	93	93	98.5	97.6	97.3	98.3	99.0	97.8	99.0	98.4	94.6	98.3	97.7	95.7	94.4	97.1	93.5	86.4	84.2	-	-	84.2	•	-	-	-
sive	2 weeks (Breast Symptomatic)	%	93	93	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	94.4	86.4	80.9	-	91.2	80.9	•	-	-	-
	31 Day (diagnosis to treatment)	%	96	96	95.9	94.6	100.0	95.8	98.5	98.8	96.6	98.0	95.7	88.2	100.0	93.0	93.0	96.1	89.8	95.9	95.0	-	-	95.0	-	-	-	
Respon	62 Day (urgent GP referral to treatment) Excl Rare Cancers	%	85	85	84.9	89.2	86.4	90.8	84.8	83.1	92.3	92.0	71.2	56.3	73.2	74.2	78.8	72.8	76.9	79.2	78.5	-	-	78.5	-	-	-	-
	62 Day (urgent GP referral to treatment) - Inc Rare Cancers	%	85	85	84.9	89.4	86.4	91.3	85.2	82.2	92.6	92.0	71.2	58.8	74.4	75.0	79.2	73.8	76.9	79.2	79.7	-	-	79.7	-	-	-	-
	62 Day (referral to treat from screening)	%	90	90	100.0	96.9	93.2	94.6	89.7	91.1	100.0	94.5	83.9	33.3	100.0	75.0	83.3	87.5	88.9	87.5	94.1	-	84.8	-	-	-	-	-
	62 Day (referral to treat from hosp specialist)	%	90	90	87.9	84.4	85.7	86.4	88.2	96.3	95.7	94.7	100.0	94.1	100.0	100.0	100.0	100.0	96.2	95.5	95.0	-	97.5	-	-	-	-	-

CQC Domain	Indicator	Measure	Star Year	ndard Month	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	Nov 2020	Dec 2020	Jan 2021	20/21 Year to Date	GS	SS	Directo	orate	0
	Cancer = Patients Waiting Over 62 days for treatment	No	-	-	6	5	4	4	6	6	2	4	-	7	6	8	6	14	8	10	7	-	65	7	-	0	-	-
	Cancer - Patients Waiting Over 104 days for treatment	No		-	3	1	1	4	3	4	0	1	-	3	4	5	1	5	3	5	4	-	28	4	-	0	-	-
	Neutropenia Sepsis - Door to Needle Time > 1hr	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	-	-
	RTT - Admittled Care (18-weeks)	%	90	90	75.8	76.4	78.8	79.2	80.0	80.3	78.7	81.5	94.2	85.5	72.2	58.1	49.2	57.9	56.1	62.3	67.1	76.8	-	76.8	100.0	-	-	75.9
	RTT - Non Admitted Care (18-weeks)	%	95	95	90.9	92.8	92.1	92.3	93.1	92.7	93.4	94.2	92.7	95.4	89.7	85.2	85.5	85.4	86.5	87.9	87.5	90.0	-	84.1	93.9	-	-	92.3
	RTT - Incomplete Pathway (18-weeks)	%	92	92	90.5	90.8	90.5	90.6	90.9	91.8	92.0	90.1	82.1	71.7	57.0	51.2	60.3	67.9	72.4	74.8	74.1	70.0	-	66.2	67.0	-	-	76.9
	RTT Waiting List - Incomplete	No	-	-	18046	18121	17767	16706	16248	16860	17180	16659	15170	15184	16062	17224	17863	18127	18542	19392	20022	20174	177760	9486	3695	0	0	6993
	RTT - Backlog	No	-	-	1711	1668	1690	1573	1480	1382	1378	1643	2721	4298	6903	8409	7097	5820	5117	4887	5176	6043	-	3210	1219	0	0	1614
	Patients Waiting >52 weeks (All Pathways)	No	0	0	5	0	0	1	0	1	0	0	7	32	80	142	203	297	406	512	695	984	-	336	214	0	0	434
	Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	0	0	0	7	29	74	129	187	251	324	436	575	937	-	325	212	0	0	400
	Treatment Functions Underperforming (Admitted, Non- Admitted, Incomplete	No	0	0	16	13	12	13	12	11	11	11	11	13	18	18	18	18	21	21	18	17	-	10	4	0	0	3
	Treatment Functions Underperforming (Incomplete)	No	0	0	3	2	2	2	2	1	1	3	6	7	7	6	6	6	7	7	7	7	-	4	2	0	0	1
	RTT Clearance Time (Wks)	Ratio	-	-	8.8	8.5	8.0	7.0	8.1	-	8.2	-	15.2	14.2	-	12.9	-	11.3	11.4	11.4	-	15.5	12.9	23.4	18.9	-	-	10.0
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	0.1	0.2	0.1	0.3	0.1	0.1	0.1	5.8	65.9	64.8	70.1	68.7	58.8	57.6	47.5	31.1	27.0	34.9	-	34.9	-	-	-	-
	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	55	34	56	62	57	112	67	96	11	12	99	165	155	118	201	156	69	104	1090	34	-	70	-	-
	Cancer - Longest wait for treatment (days) - GROUP	No	-	-	168	167	137	202	239	204	102	166	-	228	141	177	234	248	258	332	294	-	-	294	-	0	-	-
	Mortality Reviews within 42 working days	%	90	90	77.8	100.0	81.8	82.4	100.0	81.8	100.0	82.4	66.7	100.0	50.0	90.9	83.3	100.0	100.0	72.7		-	-	66.7	75.0	-	100.0	-
	Deaths In the Group	No	1	-	10	9	10	17	11	11	11	-	9	7	10	11	12	7	9	9	11	-	85	-		-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	1	-	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	4.8	5.4	5.6	-	-	-	1	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	1	-	5.6	5.5	5.3	5.1	4.9	4.7	4.6	4.5	4.6	4.5	4.5	4.4	4.5	4.5	4.6	4.7	4.9	-	4.6	-	1	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	1	-	2.7	2.7	1.9	2.2	1.9	2.2	2.2	2.7	5.6	3.0	2.4	2.1	3.3	2.6	3.4	3.5	3.2	-	3.1	-		-	-	-
ě	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	3.3	3.2	3.1	2.9	2.7	2.7	2.6	2.5	2.5	2.4	2.4	2.4	2.4	2.4	2.5	2.7	2.8	-	2.5	-	-	-	-	-
Effective	Inpatients Staying 21+ Days At Month End Census - NHSI	No	1	-	16	23	21	17	25	24	28	29	15	18	12	12	16	21	17	15	21	14	141	7	2	0	0	1
Ш	21+ Days Long Stay Rate - NHSI	%	ı	-	7.5	6.3	10.3	9.1	5.1	6.6	5.7	12.2	38.8	4.3	16.2	3.5	6.3	3.7	28.8	7.6	9.1	24.7	13.6	9.4	14.5	-	0.0	26.2
	Estimated Beds - 21+ Days - NHSI	No	-	-	10	7	12	12	6	7	6	12	23	2	11	3	5	3	38	7	9	53	105	4	3	-	0	2
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	32.5	38.1	40.4	41.8	40.2	44.5	57.0	37.5	41.3	58.5	75.1	72.3	63.2	57.2	58.7	60.0	63.1	49.6	59.2	45.9	73.4	-	100.0	35.8
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	1604	2058	2633	2857	2218	2741	3279	2263	1704	1733	2131	2636	2436	2690	3047	3058	3364	2410	25209	866	600	0	268	676
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	53.7	47.8	46.4	50.1	52.0	55.7	55.7	53.9	44.4	96.6	82.1	78.6	77.2	71.5	72.0	72.2	82.4	75.7	74.5	78.7	100.0	-	71.3	73.8
	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	1521	1420	1434	1597	1481	1726	1497	1446	232	255	472	898	1106	1319	1584	1415	1132	658	9071	233	23	0	112	290

CQC	Indicator	Measure		ndard	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	20/21 Year to			Direct		
Domain	indicator	ououi o	Year	Month	2019	2019	2019	2019	2019	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2021	Date	GS	SS	TH	APCC	0
	PDRs - 12 month rolling	%	95	95	-	89.0	89.4	-	-	-	-	-	-	-	-	-	-	87.3	-	-	-	-	-	74.4	83.0	96.9	86.4	97.9
	Medical Appraisal	%	90	90	94.4	97.2	94.0	93.1	94.7	94.6	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	98.2	96.8	93.0	-	98.7	92.6	97.6	-	91.5	91.7
	Sickness Absence (Rolling 12 Months)	%	3	3	5.0	4.9	5.1	5.1	5.2	5.2	5.3	5.4	5.8	6.2	6.2	6.3	6.3	6.4	6.3	6.2	6.1	6.4	6.2	6.1	6.2	9.6	5.2	3.9
	Sickness Absence (Monthly)	%	3	3	4.3	4.4	6.3	6.3	5.9	5.9	5.5	6.8	9.0	7.9	6.1	5.8	4.7	5.2	4.8	5.8	5.9	8.1	6.3	9.2	8.0	13.1	4.0	4.6
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	-	24	40	49	43	42	33	29	35	56	40	40	29	28	26	25	32	44	355	10	4	24	2	4
	Sickness Absence - Short Term (Monthly)	No	-	-	93	133	181	174	171	118	148	214	238	167	149	187	144	176	176	217	185	251	1890	76	54	41	46	34
Led	Ward Sickness Absence (Monthly)	%	3	3	4.9	5.4	7.7	7.4	7.4	6.4	6.4	7.9	10.0	11.2	8.5	8.4	7.6	8.1	7.1	8.8	7.0	9.3	8.6	14.0	10.0		6.3	0.0
Well	Mandatory Training - Health & Safety (% staff)	%	95	95	84.4	85.4	88.4	90.5	91.2	92.5	92.6	93.2	93.5	97.3	96.6	98.0	96.3	97.8	97.6	97.7	98.1	97.7	97.1	-	-	-	-	-
_	Staff at 100% compliance with mandatory training	%	-	-	57.9	68.8	72.7	75.9	77.2	50.8	67.8	71.0	65.3	73.7	86.8	85.0	85.1	83.5	83.2	81.4	78.2	74.3	79.7	-	-	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	21.6	13.8	12.7	11.7	11.8	22.7	16.0	15.9	19.3	15.2	7.0	10.1	9.1	9.6	11.4	10.9	12.9	14.7	12.0	-	-	-	-	-
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	9.9	7.2	6.3	5.5	4.7	12.3	7.4	6.4	7.5	5.5	2.9	2.5	2.9	3.6	2.2	4.0	4.5	6.4	4.2	-	-	-	-	-
	Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	1	-	14.2	8.7	6.8	7.9	5.6	3.3	2.4	3.0	3.4	3.2	3.7	4.5	4.6	4.1	-	-	-	-	
	Nursing Vacancy Rate (Qualified)	%	11	11	20.9	21.3	20.6	19.7	20.2	19.2	17.8	17.8	17.2	17.7	17.8	17.8	17.8	14.6	14.1	13.5	18.3	13.6	16.3	-	-	-	-	i
	New Starters Complete Onboarding Process	%	100	100	85.7	88.6	100.0	100.0	100.0	100.0	100.0	100.0	92.3	100.0	96.2	100.0	87.5	100.0	82.4	100.0	-	100.0	94.9	-	-	-	-	ı
nt Admin	Open Referrals	No	-	-	107224	104317	105170	105645	106065	104786	104619	104392	99486	98167	98850	100115	101729	102705	103707	104864	105969	106058	-	36550	13940	0	4957	ı
Patier	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No	-	-	20403	16396	12243	12318	12848	13069	12672	13789	11899	12476	12641	12933	13059	13252	14040	14187	14244	14813	-	5575	3009	0	2208	ı

ЭC	Indicator	Measure		ndard	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	20/21 Year to	,]r	Director	ate
nain	muicator	Measure	Year	Month	2019	2019	2019	2019	2019	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2021	Date	G	M	Р
Saf	C. Difficile (Post 48 hours)	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
	MRSA Bacteraemia (Post 48 hours)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	0	0
	MRSA Screening - Elective	%	95	95	77.9	80.5	73.8	77.9	88.7	78.3	73.7	84.8	66.7	0.0	71.4	77.8	64.0	78.1	95.3	89.2	96.6	100.0	-	100.0	-	-
	MRSA Screening - Non Elective	%	95	95	95.0	100.0	98.0	100.0	100.0	100.0	95.0	100.0	100.0	100.0	100.0	100.0	96.2	97.7	100.0	100.0	100.0	100.0	99.2	-	100.0	-
	Falls	No	-	-	1	-	-	-	-	1	1	1	3	1	-	-	2	-	1	3	-	2	12	2	-	-
	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	0	0	0	0
	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	-	-	-	-	1	-	1	-	1	2	1	-	-	-	-	-	2	1	7	1	-	-
	Venous Thromboembolism (VTE) Assessments	%	95	95	95.9	96.2	88.8	-	90.8	85.9	92.6	92.1	89.0	87.1	91.6	90.2	91.0	92.4	91.3	88.1	88.4	91.5	-	96.4	91.5	7.7
	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	%	100	100	100.0	-	100.0	99.7	100.0	99.7	100.0	100.0	99.3	100.0	100.0	100.0	99.6	97.7	99.7	100.0	99.6	-	-	100.0	99.2	-
	WHO Safer Surgery - brief(% lists where complete)	%	100	100	-	-	100.0	-	-	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	T -
	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	%	100	100	-	-	100.0	-	-	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	T -
	Never Events	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
	Medication Errors causing serious harm	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
	Serious Incidents	No	0	0	0	2	1	0	1	0	0	0	1	0	0	1	1	1	3	1	1	0	9	0	0	0
	Sepsis - Screened (as % Of Screening Required)	%	100	100	-	-	-	-	-	-	-	-	-	-	-	90.5	100.0	100.0	96.4	100.0	100.0	92.9	96.8	-	-	-
	Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	21.1	12.5	14.3	11.1	19.2	18.2	0.0	15.1	_	-	-
	Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0	66.7	100.0	66.7	80.0	100.0	-	81.5] [-	-	-
	Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	-	-	-	-	-	75.0	50.0	100.0	100.0	50.0	66.7	-	68.2	I [-	-	-
	Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

CQC Domair	Indicator	Measure	Star Year	ndard Month	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	Nov 2020	Dec 2020	Jan 2021	20/21 Year to Date	G	Directora M	ate P
	Caesarean Section Rate - Total	%	25	25	26.9	27.6	28.4	24.3	27.8	28.9	29.7	28.8	28.6	30.4	28.4	29.9	28.4	31.7	27.9	29.3	31.3	30.9	29.6	-	30.9	-
	Caesarean Section Rate - Elective	%	-	-	9.9	10.7	12.2	10.0	10.6	12.1	10.9	9.4	9.0	10.5	10.4	11.4	10.5	14.3	8.2	10.9	10.9	10.5	10.6	-	10.5	-
	Caesarean Section Rate - Non Elective	%	-	-	16.9	16.9	16.1	14.3	17.2	16.8	18.8	19.4	19.6	20.0	18.1	18.6	17.8	17.4	19.7	18.4	20.4	20.4	19.0	-	20.4	-
	Maternal Deaths	No	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2	0	3	-	0	-
	Post Partum Haemorrhage (>2000ml)	No	48	4	6	2	1	4	1	4	3	3	3	4	4	4	1	3	8	3	3	3	36	-	3	-
ଚ	Admissions to Neonatal Intensive Care	%	10	10	2.0	1.6	0.7	1.0	0.2	1.0	2.3	6.2	5.7	5.0	4.3	4.5	3.7	7.2	6.8	6.8	5.4	7.2	5.6	-	7.2	-
tetri	Corrected Perinatal Mortality Rate (per 1000 babies)	Rate1	8	8	8.93	2.24	7.19	7.63	7.18	7.65	0.00	5.36	8.09	11.79	16.67	12.88	4.35	4.94	8.75	2.33	13.51	11.53	-	-	11.53	-
sqo	Stillbirths (Corrected)	Rate1	-	-	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	2.33	10.81	8.65	6.99	-	8.65	-
Safe (Obstetric)	Corrected Neonatal Mortality Rate (0 - 28 days)	Rate1	•	-	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	2.33	2.70	2.91	2.65	-	2.91	-
Ö	Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	%	85	85	92.9	94.1	91.1	93.2	94.4	91.6	91.4	93.2	91.5	93.4	92.5	92.0	93.0	92.0	93.1	91.3	93.0	94.3	-	-	94.3	-
	Early Booking Assessment (<12 + 6 weeks) - National Definition	%	90	90	135.1	124.4	160.1	158.9	147.7	188.7	164.5	172.2	181.7	120.2	139.3	125.2	106.9	150.9	136.8	153.1	165.3	191.6	-	-	191.6	-
	Breast Feeding Initiation	%	74	74	83.4	87.5	82.6	83.3	83.8	85.0	79.9	84.8	85.5	82.7	84.3	78.6	85.6	83.5	83.1	80.6	85.8	83.7	-	-	83.7	-
	Puerperal Sepsis and other puerperal infections (%) Variation 1 ICD10 O85 or O86	%	1	-	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	1.3	0.8	0.4	-	-	0.4	-
	Puerperal Sepsis and other puerperal infections (%) Variation 2 ICD10 O85 or O86 Not O864	%	1	-	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	1.3	0.8	0.4	-	-	0.4	-
	Puerperal Sepsis and other puerperal infections (%) Variation 2 ICD10 O85	%	1	-	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	1.0	0.4	0.4	-	-	0.4	-
	Mothers who received at least one dose of antenatal steroids (NNAP)	%	85	85	100.0	66.7	80.0	77.8	100.0	66.7	100.0	66.7	100.0	78.6	66.7	-	-	,	1	1	-	-	80.0	-	66.7	-
ıtal)	Eligible mothers who received antenatal magnesium sulphate (NNAP)	%	85	85	-	1	-	ı	-	-	-	-	100.0	100.0	100.0	-	-	,	1	1	-	-	100.0	-	100.0	-
(Neonatal)	Promoting normal temperature on admission for very preterm babies (NNAP)	%	90	90	-	1	-	ı	-	-	-	-	100.0	50.0	40.0	-	-	,	1	1	-	-	61.5	-	40.0	-
e (N	Parental consultation within 24 hours of admission (NNAP)	%	100	100	-	1	-	1	-	-	-	-	93.9	92.7	98.0	-	-	,	1	1	-	-	94.8	-	98.0	-
Safe	On-time screening for retinopathy of prematurity (NNAP)	%	-	-	-	-	-	-	-	-	-	-	25.0	60.0	57.1	-	-	-	-	-	-	-	50.0	-	57.1	-
	Central line associated bloodstream infection (QISD) (NNAP)	Rate1	100	100	-	-	-	-	-	-	-	-	0.00	0.00	0.00	-	-	-	-	-	-	-	0.00	-	0.00	-
	Mixed Sex Accommodation - Breaches (Patients)	No	0	0	0	0	-	-	-	-	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	No. of Complaints Received (formal and link)	No	1	-	4	17	19	10	6	11	5	9	3	6	10	23	8	12	15	11	15	10	113	4	4	2
	No. of Active Complaints in the System (formal and link)	No	1	-	6	22	25	12	13	13	14	15	9	12	15	23	14	22	33	40	0	38	-	15	19	4
Caring	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	1.55	4.14	4.55	2.37	1.43	2.82	1.43	2.40	0.98	1.89	3.16	3.95	2.29	3.95	4.11	3.15	4.89	3.32	3.18	-	-	-
Car	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	2.84	7.35	8.42	4.24	2.27	4.73	2.48	4.38	2.44	3.84	5.96	7.40	4.36	6.33	7.13	5.90	8.73	6.55	6.01	-	-	-
	No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.0	100.0	100.0	100.0	100.0	80.8	-	-	-
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	10.0	0.0	0.0	0.0	0.0	7.1	0.0	20.0	0.0	0.0	16.7	14.3	14.3	33.3	57.1	10.0	85.7	64.3	32.0	-	-	-
	No. of responses sent out	No	-	-	17	9	15	21	8	12	5	10	9	4	6	7	17	3	7	4	11	14	82	-	-	-

CQC Domair	Indicator	Measure	Stan Year	ndard Month	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	Nov 2020	Dec 2020	Jan 2021	20/21 Year to Date	Di G	rectora M	te P
	Emergency Care 4-hour breach (numbers)	No	-	-	7	20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	No. of Sitrep Declared Late Cancellations - Total	No	0	0	5	10	5	8	6	7	13	4	0	1	3	3	1	7	5	-	-	1	32	1		0
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	1	0	0	0	1	4	0	2	0	0	1	0	-	4	3	-	-	0	11	0	-	0
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	4	10	5	8	5	3	13	2	0	1	2	3	-	3	2	-	-	1	21	1	-	0
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	2.4	4.6	2.1	3.6	3.0	3.0	6.0	2.5	-	1.0	1.7	1.5	0.6	3.2	2.6	4.0	1.6	0.7	-	1.1	-	-
	Number of 28 day breaches	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	0	1	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	1	-	0	0	-	•	-
	Urgent Cancellations	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	-	0	0	0	-	0
	No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	No	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	0	1	O	-	0
	Multiple Hospital Cancellations experienced by same patient (all cancellations)	No	0	0	4	8	6	7	5	6	19	29	4	6	9	7	5	11	5	2	6	3	58	-	-	-
	All Hospital Cancellations, with 7 or less days notice	No	0	0	24	50	42	27	30	33	59	55	13	11	20	22	21	24	28	27	25	26	217	-	-	-
	2 weeks	%	93	93	96.1	97.5	97.9	98.1	100.0	98.5	99.4	98.4	95.2	97.1	99.3	98.0	95.1	92.9	94.0	97.8	96.6	-	-	96.6	-	-
	31 Day (diagnosis to treatment)	%	96	96	94.1	93.8	82.6	88.2	100.0	100.0	94.7	89.5	78.6	87.5	75.0	88.9	84.6	75.0	89.5	56.3	75.0	-	-	75.0	-	-
	62 Day (urgent GP referral to treatment) Excl Rare Cancers	%	85	85	80.0	57.1	77.4	80.0	68.8	76.5	50.0	50.0	75.0	21.4	47.4	58.3	53.3	54.5	70.0	38.1	40.9	-	-	40.9	-	-
	62 Day (urgent GP referral to treatment) - Inc Rare Cancers	%	85	85	80.0	57.1	77.4	80.0	68.8	70.6	50.0	50.0	75.0	21.4	47.4	58.3	53.3	54.5	70.0	38.1	40.9	-	-	40.9	-	-
sive	62 Day (referral to treat from screening)	%	90	90	100.0	-	-	-	-	100.0	-	100.0	-	-	100.0	100.0	-	100.0	100.0	-	100.0	-	100.0	-	-	-
Responsive	62 Day (referral to treat from hosp specialist)	%	90	90	100.0	100.0	100.0	100.0	-	100.0	100.0	0.0	100.0	100.0	40.0	75.0	100.0	100.0	0.0	100.0	0.0	-	81.1	-	-	-
Res	Cancer = Patients Waiting Over 62 days for treatment	No	-	-	1	3	4	2	3	2	6	4	-	6	10	3	4	3	3	7	7	-	40	7	-	0
	Cancer - Patients Waiting Over 104 days for treatment	No	-	-	1	0	1	0	1	1	3	1	-	1	5	1	1	1	1	3	1	-	12	1	-	0
	Neutropenia Sepsis - Door to Needle Time > 1hr	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0
	RTT - Admitted Care (18-weeks)	%	90	90	73.4	78.0	71.4	72.6	75.9	70.1	69.2	78.2	100.0	93.3	76.6	55.5	65.8	63.3	65.7	65.8	64.5	80.5	-	80.5	-	-
	RTT - Non Admitted Care (18-weeks)	%	95	95	79.5	85.2	86.8	89.5	86.8	89.0	83.8	83.0	80.6	79.5	71.7	67.5	80.6	80.6	78.7	77.0	78.6	81.6	-	81.6	-	-
	RTT - Incomplete Pathway (18-weeks)	%	92	92	91.2	93.1	92.8	91.2	90.8	89.6	87.5	85.5	78.8	72.2	64.4	66.4	74.5	81.4	85.3	87.0	85.7	82.9	-	82.9	-	-
	RTT Waiting List - Incomplete	No	-	-	2119	2049	1970	1922	2077	2161	2254	2230	2058	2072	1957	1880	2075	2161	2160	2184	2228	2194	20969	2194	-	-
	RTT - Backlog	No	-	-	187	141	142	169	191	225	282	324	437	577	696	632	529	401	318	284	318	376	-	376	-	-
	Patients Waiting >52 weeks (All Pathways)	No	0	0	1	0	0	0	0	0	0	0	0	0	4	11	18	36	20	17	15	15	-	15	0	0
	Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	0	0	0	0	0	4	9	18	17	9	9	4	14	-	14	0	0
	Treatment Functions Underperforming (Admitted, Non-Admitted,Incomplete	No	0	0	3	2	2	3	3	3	3	3	2	2	3	3	3	3	3	3	3	3	-	3	-	-
	Treatment Functions Underperforming (Incomplete)	No	0	0	1	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	-	1	-	-
	RTT Clearance Time (Wks)	Ratio	-	-	12.6	10.8	10.1	10.6	16.5	-	14.6	-	24.5	29.6	-	14.1	-	14.7	14.7	14.9	-	16.5	16.7	16.5	-	

Domain			Year	Month	Aug 2019	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	Nov 2020	Dec 2020	Jan 2021	20/21 Year to Date	G	irectora M	Р
<i>-</i>	Assita Diagnostia Waita in Europa of Council of Marsh Canada	%	1	1	2019	2019	2019	2019	2019	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2021	Date	Ŭ		_
l	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	70		'		_	-	-	-		-	-	-	-	-	-	-	-	-		-	-	-	_	-	
A	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C	Cancer - Longest wait for treatment (days) - GROUP	No	-	-	109	96	171	104	148	169	217	121	-	171	177	138	136	207	117	119	118	-	-	118	-	0
N	Mortality Reviews within 42 working days	%	90	90	-	50.0	0.0	-	100.0	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Deaths In the Group	No	-	-	2	5	1	4	2	1	1	-	2	1	3	2	1	3	0	0	5	-	17	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	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	9.4	10.6	7.3	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	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	7.8	8.1	8.1	-	7.5	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	7.7	5.7	6.0	5.9	5.7	6.1	7.1	7.9	7.5	5.6	6.2	9.7	4.0	2.6	7.5	7.4	6.2	-	6.2	-	-	-
9 8	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	3.3	3.4	3.5	3.6	3.6	3.7	3.9	4.3	4.7	5.4	6.6	6.7	6.4	6.1	6.2	6.4	6.4	-	6.0	-	-	-
Effective	npatients Staying 21+ Days At Month End Census - NHSI	No	-	-	1	1	3	1	1	1	1	1	4	0	2	0	3	4	0	7	10	5	15	1	0	0
H 2	21+ Days Long Stay Rate - NHSI	%	-	-	0.8	0.0	3.7	23.0	7.4	0.0	15.5	0.0	0.0	0.0	0.0	0.4	4.5	4.4	0.0	3.7	13.2	32.7	2.0	1.3		0.0
E	Estimated Beds - 21+ Days - NHSI	No	1	-	0	0	0	5	1	0	2	0	0	0	0	0	0	0	0	0	5	44	2	0	-	0
F	Routine Outpatient Appointments with Short Notice(<3Wks)	%	1	-	43.5	39.8	35.6	33.6	29.9	31.0	33.1	30.5	26.2	34.7	43.5	41.0	42.5	33.1	38.7	35.9	35.6	34.7	37.1	25.5	70.2	15.1
F	Routine Outpatient Appointments with Short Notice(<3Wks)	No	1	-	508	542	458	408	293	362	358	376	252	320	692	567	493	356	467	465	484	504	4600	189	264	51
s	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	68.7	68.5	63.2	60.7	54.3	53.1	57.4	58.4	58.7	86.4	80.6	72.2	50.9	71.6	53.7	62.1	69.3	87.2	67.9	92.5	-	80.9
S	Short Notice Inpatient Admission Offers (<3wks)	No	1	-	169	200	211	170	144	152	170	171	88	95	166	182	116	189	151	167	160	171	1485	99	0	72
F	PDRs - 12 month rolling	%	95	95	-	79.7	85.6	•		1	1	1		1	1	•	•	97.2	1	-	-	-	-	100.0	94.2	99.7
N	Medical Appraisal	%	90	90	95.5	98.4	95.5	98.4	95.2	92.1	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	97.0	98.4	96.8	-	99.2	96.8	100.0	95.0
s	Sickness Absence (Rolling 12 Months)	%	3	3	5.4	5.5	5.7	5.7	5.8	5.7	5.6	5.5	5.8	5.8	5.7	5.7	5.6	5.6	5.6	5.6	5.6	5.8	5.7	4.4	6.6	5.2
s	Sickness Absence (Monthly)	%	3	3	5.0	5.2	6.0	6.6	6.1	5.3	3.9	5.1	7.1	5.4	5.1	4.2	4.4	5.4	5.8	6.4	5.5	7.1	5.6	3.8	8.8	5.9
s	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	-	21	23	30	36	20	9	25	16	22	15	16	21	22	25	29	26	26	218	2	15	9
	Sickness Absence - Short Term (Monthly)	No	-	-	60	98	98	106	103	101	94	96	137	79	77	86	66	92	97	96	59	102	891	9	50	43
	Nard Sickness Absence (Monthly)	%	3	3	6.6	7.9	6.9	8.1	6.9	4.9	4.4	4.7	8.5	7.7	7.3	5.1	5.5	6.4	5.4	7.5	6.8	9.6	7.0	20.8	8.6	11.9
Well	Mandatory Training - Health & Safety (% staff)	%	95	95	83.4	84.5	87.0	88.2	90.5	91.7	90.6	93.1	93.6	98.3	99.0	99.6	98.9	98.4	99.3	99.0	99.6	98.7	98.4	-	-	-
	Staff at 100% compliance with mandatory training	%	-	-	43.3	67.5	60.4	70.4	74.0	49.2	66.5	68.7	72.5	82.2	91.5	90.8	89.0	89.0	86.4	85.5	83.6	81.0	85.2	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	32.7	15.1	23.5	14.0	11.2	24.1	17.0	17.9	14.6	10.9	5.4	5.6	6.4	6.6	8.1	9.4	9.3	10.9	8.7	-	-	-
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	10.4	7.6	6.1	4.8	6.1	11.4	5.8	5.7	5.7	3.0	2.1	1.7	2.2	2.3	3.7	3.6	4.4	4.3	3.3	-	-	-
	Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	ı	-	-	-	15.3	10.8	7.7	7.3	3.8	1.0	1.9	2.4	2.1	1.8	1.4	2.7	3.8	2.8	-	-	-
	Nursing Vacancy Rate (Qualified)	%	11	11	16.0	12.6	11.7	11.3	11.5	10.8	11.2	12.0	12.7	12.4	16.4	17.9	15.3	15.7	15.6	16.2	15.4	14.2	15.2	-	-	-
N	New Starters Complete Onboarding Process	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	92.9	90.9	100.0	100.0	100.0	100.0	100.0	100.0	90.0	-	100.0	97.9	-	-	-

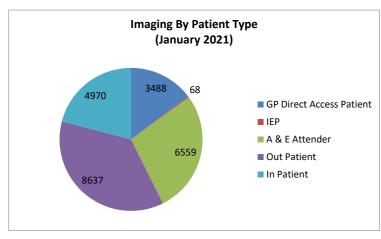
CQC	Indicator	Measure		ndard	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	20/21 Year to		irectora	te
Domain			Year	Month	2019	2019	2019	2019	2019	2020	2020	2020	2020	2020 24706	2020 24448	2020	2020	2020	2020	2020			Date -	G	M	7940
Patient Admin	Open Referrals Open Referrals without Future Activity/ Waiting List: Requiring	No	-	-	22571	22333	22687	22895	23733		24479	23888	23681			24352	24511	24854	25085			25371	-	6875	10556	-
4 €	Validation	No	-	-	5518	5139	4857	4788	5150	5048	5068	4875	4425	5000	4890	5100	5164	5234	5302	5367	5176	5515	-	1604	3314	597
	HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregancy	No	-	-	-	-	928	-	-	908	-	-	1004	-	-	1008	-	-	-	-	-	-	2012	-	-	1008
	HV (C2) - % of births that receive a face to face new birth visit by a HV =<14 days	%	95	95	-	-	90.9	-	-	91.3	-	-	94.1	-	-	90.3	-	-	-	-	-	-	92.1	-	-	90.3
	HV (C3) - % of births that receive a face to face new birth visit by a HV >14 days	%	-	-	-	-	7.4	-	-	8.2	-	-	5.9	-	-	6.0	-	-	-	-	-	-	6.0	-	-	6.0
	HV (C4) - % of children who received a 12 months review by 12 months	%	95	95	-	-	97.3	-	-	96.6	-	-	96.8	-	-	95.8	-	-	-	-	-	-	96.3	-	-	95.8
	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%	-	-	-	-	95.1	-	-	96.5	-	-	96.0	-	-	96.0	-	-	-	-	-	-	96.0	-	-	96.0
	HV (C6i) - % of children who received a 2 - 2.5 year review	%	95	95	-	-	96.6	-	-	97.0	-	-	97.5	-	-	96.9	-	-	-	-	-	-	97.2	-	-	96.9
	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%	-	-	-	-	98.4	-	-	98.2	-	-	98.1	-	-	98.4	-	-	-	-	-	-	98.2	-	-	98.4
	HV (C7) - No. of Sure Start Advisory Boards / Childrens Centre Boards witha HV presence	No	100	100	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	1
	HV (C8) - % of children who receive a 6 - 8 week review	%	95	95	-	-	99.7	1	-	99.5	-	-	100.0	-	-	99.8	-	-	-	-	-	-	99.9	-	-	99.8
	HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check	%	100	100	-	-	99.7	ı	-	99.1	-	-	100.0	-	1	99.1	-	-	-	-	-	-	99.6	-	-	99.2
Group	HV - % of infants being breastfed at 6 - 8 weeks	%	-	-	-	-	45.1	1	-	43.0	-	-	46.6	1	1	43.7	-	-	-	-	-	-	45.1	-	-	43.7
MCH (\mbox{HV} - \mbox{W} HV staff who have completed mandatory training at L1,2 or 3 in child protection in last 3 years	%	95	95	-	-	1	1	-	1	-	-	-	1	ı	-	-	-	-	-	-	-	100.0	-	100.0	-
>	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	No	-	-	-	-	1125	1	-	1004	-	-	979	1	-	1035	-	-	-	-	-	-	2014	-	-	1035
	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	%	100	100	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	99.4	-	-	99.4
	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	No	-	-	-	-	21	ı	-	19	-	-	14	1	i	37	-	-	-	-	-	-	51	-	-	37
	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	-	-	2.2
	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	No	-	-	-	-	28	-	-	35	-	-	27	-	-	22	-	-	-	-	-	-	49	-	-	22
	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	%	100	100	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3.6	-	-	3.6
	HV - movers into provider <1 year of age to be checked =<14 d following notification to HV service	No	-	-	-	-	196	-	-	210	-	-	170	-	-	120	-	-	-	-	-	-	290	-	-	120
	HV - all untested babies <1 year of age will be offered NBBS screening & results to HV.	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

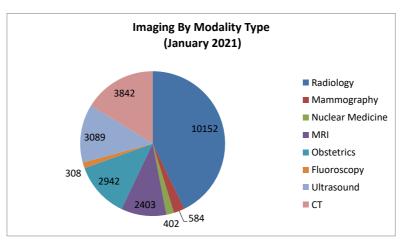
Imaging Group

CQC Domain	Indicator	Measure	Stan Year	dard Month	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	Nov 2020	Dec 2020	Jan 2021	20/21 Year to Date	DR	IR	rectora NM		ВСР
	MRSA Screening - Elective	%	95	95	18.2	25.0	21.4	20.0	25.0	55.6	44.4	0.0	22.2	50.0	60.0	42.9	75.0	37.5	37.5	0.0	36.4	25.0	-	-	25.0	-	-	-
	Never Events	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Medication Errors causing serious harm	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Serious Incidents	No	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	1	0	3	0	0	0	0	0
Safe	Sepsis - Screened (as % Of Screening Required)	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	No. of Complaints Received (formal and link)	No	-	-	2	0	1	3	3	5	1	0	1	1	1	4	2	1	2	2	3	2	19	2	0	0	0	0
Caring	No. of Active Complaints in the System (formal and link)	No	-	-	3	1	2	3	2	5	2	1	2	2	3	4	4	2	5	3	0	2	-	2	0	0	0	0
Car	No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	%	100	100	100.0	-	100.0	100.0	100.0	100.0	100.0	-	100.0	100.0	100.0	100.0	0.0	0.0	100.0	100.0	100.0	100.0	82.4	-	-	-	-	-
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	33.3	0.0	-	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-	0.0	100.0	100.0	20.0	40.0	0.0	28.6	-	-	-	-	-
sive	No. of responses sent out	No	-	-	2	1	0	3	5	1	3	0	1	1	0	0	2	2	1	2	5	1	15	-	-	-	-	-
Responsive	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	3.3	2.0	1.5	0.1	0.2	0.0	0.0	9.9	62.5	63.3	53.6	43.5	35.0	26.1	19.0	12.4	12.8	18.1	-	18.1	-	-	-	-
Res	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	481	552	381	268	233	878	378	1011	67	16	82	247	686	905	816	1486	1015	1546	6866	1546	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	4.3	4.0	3.7	13.8	6.7	5.9	13.3	-	11.1	14.3	-	15.4	-	7.7	7.1	8.3	16.7	-	-	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	5.4	5.4	5.1	6.0	6.0	6.2	7.4	6.7	6.8	6.4	5.5	6.7	6.4	6.8	7.2	6.2	6.9	-	6.5	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	-	-	-	3.4	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	-	-	-	0.3	0.3	0.3	0.4	0.4	0.4	0.4	0.4	0.4	0.5	0.5	0.5	1	-	-	0.4	-	-	-	-	-
tive	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	-	-	-	-	-	-	-	-		-	-	-	-	-	-			-	-	-	-	-	-	-
Effective	Routine Outpatient Appointments with Short Notice(<3Wks)	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
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	90.0	83.3	96.6	90.9	93.1	80.0	96.8	96.0	92.9	85.7	100.0	93.3	100.0	100.0	80.8	95.5	90.0	92.3	91.7	100.0	-	ı	-	0.0
	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	18	25	28	30	27	20	30	24	13	6	15	14	1	10	21	21	9	12	122	12	0	0	0	0
	20WD: Pts receiving CT Scan within 1 hr of presentation	%	50	50			-		-	-	-	-	-	-	_	-	-	-	-	-	-	-	-	-	-	-	-	
	20WD: Pts receiving CT Scan within 24 hrs of presentation	%	95	95	-	_	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	

Imaging Group

CQC Domain	Indicator	Measure	Star Year	dard Month	Aug 2019	Sep	Oct	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep	Oct 2020	Nov 2020	Dec 2020	Jan 2021	20/21 Year to Date	DR		irectora	ate BS	BCP
Domain	PDRs - 12 month rolling	%	95	95	-	60.5	84.8	-	-	-	-	-	-	-	-	-	-	89.8	-	-	-	-	-	89.8	63.6			-
	Medical Appraisal	%	90	90	100.0	100.0	100.0	100.0	100.0	96.4	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
	Sickness Absence (Rolling 12 Months)	%	3	3	4.7	4.6	4.5	4.2	4.1	4.0	4.0	4.1	4.2	4.3	4.2	4.4	4.3	4.2	4.3	4.4	4.4	4.7	4.3	5.2	4.4	1.9	4.6	0.1
	Sickness Absence (Monthly)	%	3	3	4.8	4.5	4.2	4.1	3.6	3.6	3.6	5.2	5.9	4.6	3.3	4.3	3.3	3.8	5.3	4.5	3.7	6.3	4.5	8.7	0.0	0.6	2.1	0.0
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	-	6	3	6	4	2	3	4	2	6	4	5	6	4	5	4	5	4	45	4	0	0	0	0
Ped	Sickness Absence - Short Term (Monthly)	No	-	-	19	24	33	25	33	44	34	39	40	24	26	30	23	32	38	30	22	47	312	39	0	2	6	0
Well	Mandatory Training - Health & Safety (% staff)	%	95	95	89.2	88.2	93.5	96.0	98.2	97.4	95.2	94.1	93.8	99.3	99.3	98.9	99.6	99.6	99.3	98.9	99.6	99.6	98.8	-	-	-	-	-
	Staff at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	New Starters Complete Onboarding Process	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
nin a	Open Referrals	No	-	-	350.0	363.0	396.0	449.0	486.0	516.0	526.0	527.0	737.0	715.0	701.0	701.0	731.0	736.0	738.0	751.0	747.0	761.0	-	585.0	23.0	0.0	0.0	153.0
Patient Admin	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No	-	-	233.0	244.0	255.0	304.0	321.0	357.0	366.0	373.0	382.0	388.0	395.0	396.0	423.0	434.0	432.0	442.0	443.0	463.0	-	428.0	2.0	0.0	0.0	33.0
5	Imaging - Total Scans	No	-	-	29248.0	29463.0	31286.0	29477.0	28573.0	32398.0	29181.0	23026.0	12474.0	15657.0	20296.0	23773.0	24445.0	26957.0	27499.0	25757.0	25267.0	23701.0	225826.0	-	-	-	-	-
Imaging	Imaging - Inpatient Turnaround Time <=24hr	%	90	90	68.8	66.9	76.9	77.1	77.4	79.1	82.1	86.6	91.0	87.3	86.5	84.8	84.0	82.5	79.9	82.5	83.1	80.1	83.8	-	-	-	-	-
트	Imaging - Urgent Other(GP 5) Turnround Time <=5d	%	90	90	69.8	70.7	77.0	75.1	71.5	71.8	73.8	67.8	81.7	86.8	79.3	68.6	53.3	56.2	58.3	53.3	58.4	62.9	65.4	-	-	-	-	-
	Imaging - All Imaging Work Reported in less than 4 weeks (request to report)	%	95	95	-	-	88.2	90.1	90.0	88.4	91.8	89.7	92.9	93.5	89.8	85.5	82.9	83.2	85.0	83.4	84.8	83.0	85.7	-	-	-	-	-





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CQC Domain	Indicator	Measure	Stai Year	ndard Month	Aug 2019	Sep	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb	Mar	Apr 2020	May	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	20/21 Year to Date	AT	IB	irectora IC		YHP
Domain	C. Difficile (Post 48 hours)	No	0	0	1	0	1	2	1	2	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0
	MRSA Bacteraemia (Post 48 hours)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	0	0	0	0
	MRSA Screening - Elective	%	95	95	-	0.0	0.0	0.0	0.0	10.0	0.0	-	9.1	0.0	0.0	0.0	0.0	16.7	0.0	0.0	0.0	0.0	-	-	-	-	0.0	-
	MRSA Screening - Non Elective	%	95	95	50.0	100.0	37.5	90.0	80.0	100.0	81.8	88.9	82.6	90.0	83.3	86.7	100.0	100.0	60.0	83.3	84.6	75.0	86.6	-	,	-	75.0	-
	Number of DOLS raised	No	-	-	13	5	7	6	4	6	5	4	9	6	8	13	5	9	11	7	13	3	84	0	3	0	0	0
	Number of DOLS which are 7 day urgent	No	-	-	13	5	7	6	4	6	5	4	9	6	8	13	5	9	11	7	13	3	84	0	3	0	0	0
	Number of delays with LA in assessing for standard DOLS application	No	-	-	6	0	0	0	1	1	3	0	0	0	0	4	2	2	2	1	2	0	13	0	0	0	0	0
	Number DOLs rolled over from previous month	No	-	-	2	0	0	1	1	0	2	0	2	2	3	2	1	0	3	1	2	3	19	0	3	0	0	0
	Number patients discharged prior to LA assessment targets	No	-	-	8	2	4	2	1	2	2	1	9	5	9	10	3	2	8	5	10	5	66	0	5	0	0	0
	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	0	0	0	0	0	0
	Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0
	Falls	No	-	-	24	23	-	26	28	29	32	25	22	19	18	14	23	19	24	20	16	14	189	-	14	-	-	-
Safe	Falls - Death or Severe Harm	No	0	0	0	0	-	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0
ιχ	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	8	10	4	7	11	9	12	7	6	8	5	14	4	6	2	3	10	7	65	-	7	-	-	-
	Pressure Ulcer DN Caseload Acquired - Total	No	0	0	34	27	31	18	24	25	25	22	20	23	25	37	29	24	22	38	31	34	283	3	-	31	-	-
	Venous Thromboembolism (VTE) Assessments	%	95	95	99.8	98.6	99.2	-	98.9	96.5	98.5	98.2	96.4	100.0	96.9	99.1	99.0	98.8	98.5	96.7	98.5	98.2	-	-	1	-	98.2	-
	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	%	100	100	100.0	-	100.0	99.5	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	-
	WHO Safer Surgery - brief(% lists where complete)	%	100	100	-	-	-	100.0	-	-	-	100.0	-	-	100.0	-	-	100.0	100.0	-	100.0	-	-	100.0	1	-	-	-
	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	%	100	100	-	-	-	100.0	-	-	-	100.0	-	-	100.0	-	-	100.0	100.0	-	100.0	-	-	100.0	-	-	-	-
	Never Events	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Medication Errors causing serious harm	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Serious Incidents	No	0	0	7	7	8	6	2	2	5	0	1	7	5	3	2	3	0	1	0	1	23	0	1	0	0	0
	Sepsis - Screened (as % Of Screening Required)	%	100	100	-	-	-	-	-	-	-	-	-	-	-	97.5	96.1	97.9	97.4	96.3	98.2	89.7	96.7	-	-	-	-	-
	Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	23.1	18.4	10.9	13.2	23.1	23.2	41.0	22.4	-	-	-	-	-
	Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	33.3	66.7	60.0	60.0	50.0	76.9	80.0	62.2	-	-	-	-	-
	Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	-	-	-	-	-	33.3	0.0	66.7	33.3	50.0	20.0	55.0	42.6	-	•	-	-	-

CQC	Indicator	Measure	Stan	dard	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	20/21 Year to		Di	rectora		
Domain	indicator	Weasure	Year	Month	2019	2019	2019	2019	2019	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2021	Date	AT	IB	IC	СМ	YHP
	Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Mixed Sex Accommodation - Breaches (Patients)	No	0	0	0	0	-	-	-	-	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	No. of Complaints Received (formal and link)	No	-	-	6	9	14	8	5	11	4	8	6	4	7	19	16	13	20	17	17	25	144	3	2	0	6	14
Caring	No. of Active Complaints in the System (formal and link)	No	-	-	7	14	15	13	7	0	11	11	12	12	14	19	21	23	43	53	0	60	-	3	10	4	13	30
Ca	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	75.95	45.23	37.04	18.56	15.72	24.88	7.71	15.84	10.69	7.50	9.37	14.94	16.08	13.90	22.00	18.01	13.61	22.69	15.60	-	-	-	-	-
	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	14.56	23.26	36.18	19.00	12.95	22.94	8.75	20.00	24.82	13.56	16.39	21.78	34.48	25.84	39.06	41.36	27.13	64.10	31.03	-	-	-	-	-
	No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	7.7	100.0	100.0	100.0	100.0	79.3	-		1	-	-
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	14.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	0.0	0.0	22.2	100.0	9.3	81.8	66.7	21.8	-	-	1	-	-
	No. of responses sent out	No	-	-	14	6	11	10	10	7	5	7	4	5	5	8	14	9	6	5	21	9	86	-	-	-	-	-
	No. of Sitrep Declared Late Cancellations - Total	No	0	0	0	0	0	6	0	0	2	7	1	5	2	1	1	0	2	-	-	5	23	0	-	0	5	0
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	0	0	0	0	0	0	2	4	1	0	2	1	1	0	2	-	-	5	15	0	-	0	5	0
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	0	0	0	6	0	0	0	3	0	5	0	0	-	0	0		-	0	8	0		0	0	0
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	0.0	0.0	0.0	1.5	0.0	0.0	0.5	2.3	0.5	2.2	0.9	0.2	0.3	0.0	0.6	0.5	2.0	2.2	-	-	,	-	2.2	-
	Number of 28 day breaches	No	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	-	-	5	9	0	-	0	5	0
	No. of second or subsequent urgent operations cancelled	No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Urgent Cancellations	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	0	0	0	-	0	0	0
	No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	0	0	0	-	0	0	0
	Multiple Hospital Cancellations experienced by same patient (all cancellations)	No	0	0	-	-	-	-	-	-	-	-	-	-	-	- 1	-	-	-	-	-	-	-	-	-	-	-	-
	All Hospital Cancellations, with 7 or less days notice	No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	2 weeks	%	93	93	-	-	-	-	-	-	-	-	95.6	100.0	97.7	97.2	83.8	90.9	92.6	90.9	64.1	-	-	-	-	-	64.1	-
	31 Day (diagnosis to treatment)	%	96	96	-	-	-	-	-	-	-	-	100.0	100.0	100.0	100.0	100.0	100.0	91.7	100.0	93.3	-	-	-	-	-	93.3	-
	62 Day (urgent GP referral to treatment) Excl Rare Cancers	%	85	85	-	-	-	-	-	-	-	-	100.0	100.0	100.0	100.0	82.4	100.0	87.5	100.0	92.3	-	-	-		-	92.3	-
φ	62 Day (urgent GP referral to treatment) - Inc Rare Cancers	%	85	85	-	-	-	-	-	-	-	-	100.0	100.0	100.0	100.0	82.4	100.0	87.5	100.0	92.3	-	-	-	-	-	92.3	-
Responsive	62 Day (referral to treat from screening)	%	90	90	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
odse	62 Day (referral to treat from hosp specialist)	%	90	90	-	-	-	-	-	-	-	-	-	-	0.0	-	-	100.0	100.0	100.0	-	-	88.9	-	-	-	-	-
Ä	Cancer = Patients Waiting Over 62 days for treatment	No	-	-	0	0	0	0	0	0	0	0	-	0	0	0	2	0	1	0	1	-	4	0	-	-	1	-
	Cancer - Patients Waiting Over 104 days for treatment	No	-	-	0	0	0	0	0	0	0	0	-	0	0	0	2	0	0	0	1	-	3	0	-	-	1	-
	Neutropenia Sepsis - Door to Needle Time > 1hr	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
	RTT - Admitted Care (18-weeks)	%	90	90	93.4	91.1	92.6	90.0	91.6	74.6	74.4	66.9	94.4	83.3	83.2	89.4	75.0	88.5	90.4	88.0	69.7	58.3	-	-	-	-	58.3	-
	RTT - Non Admittted Care (18-weeks)	%	95	95	87.1	81.5	74.6	67.0	62.2	77.7	64.6	77.6	62.4	74.5	74.1	63.2	63.1	76.3	77.1	81.2	64.0	53.6	-	-	-	-	53.7	-
	RTT - Incomplete Pathway (18-weeks)	%	92	92	95.2	93.4	91.6	89.7	91.7	88.1	86.8	82.0	73.5	60.9	46.4	43.0	50.6	50.6	52.2	52.1	50.0	48.6	-	-	-	-	48.6	-
	RTT Waiting List - Incomplete	No	-	-	3016	3381	3642	3399	3503	3295	3170	2959	2722	2637	2741	2875	3016	3022	3023	3499	3460	3527	30522	0	-	0	3527	0
•		-				•	•	•																-				

CQC Domain	Indicator	Measure	Stan Year	dard Month	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	Nov 2020	Dec 2020	Jan 2021	20/21 Year to Date	AT	Di IB	rectora	ate CM	YHP
	RTT - Backlog	No	-	-	146	222	307	350	292	391	420	533	721	1031	1470	1640	1491	1494	1446	1675	1730	1812	-	0		0	1812	0
	Patients Waiting >52 weeks (All Pathways)	No	0	0	0	0	0	0	0	0	0	0	0	1	3	7	7	19	50	83	106	164	-	0	-	0	164	0
	Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	0	0	0	0	1	3	6	4	15	41	72	44	137	-	0		0	137	0
	Treatment Functions Underperforming (Admitted, Non-Admitted,Incomplete	No	0	0	3	3	4	4	4	4	4	5	4	6	6	5	6	5	5	5	5	5	-	0	-	0	5	0
	Treatment Functions Underperforming (Incomplete)	No	0	0	0	0	2	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	-	0	-	0	2	0
	RTT Clearance Time (Wks)	Ratio	-	-	16.0	18.6	18.6	13.9	19.2		14.6	-	27.8	29.0	-	27.4	-	21.6	24.0	29.4	-	31.5	26.6	-	-	-	31.5	-
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	-	-	-				-	-	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-
	Cancer - Longest wait for treatment (days) - GROUP	No	-	-	0	0	0	0	0	0	0	0	-	42	62	57	154	62	93	62	113	-	-	0		-	113	-
	Mortality Reviews within 42 working days	%	90	90	-	-	-	100.0	100.0	100.0	25.0	60.0	75.0	100.0	100.0	60.0	100.0	80.0	100.0	100.0	-	-	-	-	-	1	100.0	-
	Deaths In the Group	No	-	-	0	0	0	1	1	3	4	-	4	1	2	4	0	5	7	4	4	-	31	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	1.2	1.0	1.5	1.5	1.6	1.9	0.3	1.9	3.9	3.6	2.3	2.9	2.8	2.8	3.3	1.8	2.2	-	-	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	1.4	1.5	1.6	1.6	1.5	1.6	1.6	1.6	1.8	1.9	1.8	1.9	2.1	2.2	2.4	2.4	2.5	-	2.1	-		-	-	-
e ×	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	-	-	-	-		1	-	-	0.4	0.4	-	-	-	-	-	-	-	-	0.1	-		-	-	-
Effective	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	-	-	-				-	-	0.0	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0	-	0.1	-		-	-	-
Ē	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	0	0	3	2	0	1	0	0	0	0	1	1	1	0	7	7	17	10	24	0	0	0	6	0
	21+ Days Long Stay Rate - NHSI	%	-	-	61.4	0.0	0.0	0.0	0.0	0.0	0.0	5.2	1.9	0.0	0.0	5.0	0.0	4.0	9.0	13.9	15.4	33.9	6.1	-	-	1	13.9	-
	Estimated Beds - 21+ Days - NHSI	No	ı	-	1	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	5	45	5	-		1	2	-
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	29.5	33.6	24.5	25.0	31.3	22.2	43.0	25.4	18.2	35.7	38.9	45.5	49.6	36.5	36.8	32.2	43.4	47.1	38.8	60.5		-	45.7	-
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	247	349	308	322	375	313	490	294	132	343	388	444	352	295	358	346	390	584	3632	69	0	0	515	0
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	45.4	49.5	45.3	45.8	54.6	56.0	54.5	86.4	97.0	93.5	78.9	69.5	79.2	78.4	61.6	55.8	78.8	48.2	71.9	-	-	1	48.2	-
	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	204	202	214	198	155	145	151	228	98	100	105	139	206	218	183	111	219	95	1474	0	0	0	95	0
	PDRs - 12 month rolling	%	95	95	-	87.3	88.6				-	-	-	-	-	-	-	95.9	-	-	-	-	-	100.0	99.3	95.5	89.2	90.1
	Medical Appraisal	%	90	90	96.8	93.8	93.0	93.8	96.8	96.7	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	97.3	97.3	100.0	-	99.4	100.0	100.0	100.0	100.0	-
	Sickness Absence (Rolling 12 Months)	%	3	3	4.4	4.3	4.4	4.2	4.2	4.2	4.2	4.3	4.6	4.8	4.8	4.8	4.8	4.9	4.9	5.1	5.1	5.1	4.9	3.3	6.1	5.3	5.8	5.2
	Sickness Absence (Monthly)	%	3	3	3.8	3.6	4.1	4.1	4.8	4.8	4.8	4.9	6.9	6.0	4.5	4.2	4.4	4.4	4.7	5.8	4.7	5.7	5.2	4.2	7.0	6.1	5.9	4.3
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	-	16	13	16	26	15	17	16	22	40	22	14	22	16	15	17	15	14	197	1	2	6	4	1
Led	Sickness Absence - Short Term (Monthly)	No	-	-	78	93	135	121	121	140	114	92	181	104	81	99	85	116	110	141	117	155	1192	43	61	36	15	0
Well Led	Ward Sickness Absence (Monthly)	%	3	3	5.3	6.4	5.8	5.4	8.4	7.9	7.3	6.2	10.0	9.3	5.8	5.0	6.3	6.4	6.4	8.8	7.5	9.1	7.5	-	9.1	1	-	_
_	Mandatory Training - Health & Safety (% staff)	%	95	95	92.8	92.7	94.6	95.2	95.4	95.9	94.6	95.8	95.7	98.3	98.9	99.4	98.8	98.8	99.3	98.9	99.1	98.9	98.6	-	-	-	-	-
	Staff at 100% compliance with mandatory training	%	-	-	74.7	83.1	86.5	88.4	88.2	59.6	76.6	80.8	78.6	78.8	89.2	89.3	87.4	89.8	88.5	85.6	83.5	79.5	85.1	-	-	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	1	-	17.4	9.7	8.2	6.4	6.8	25.0	15.4	13.1	14.1	13.7	7.9	7.9	9.3	7.3	8.6	10.8	12.1	15.0	10.6	-	-	i	-	-

CQC	Indicator	Measure		ndard	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	20/21 Year to			irectora		
Domain	Staff requiring to complete 2 modules to be at 100% compliance with		Year	Month	2019		2019	2019	2019	2020	2020	2020		2020		2020	2020	2020	2020	2020	2020	2021	Date	AT	IB	IC	CM	YHP
	mandatory training	%	-	-	3.2	3.2	2.3	2.5	2.5	9.0	4.0	3.2	4.0	3.4	1.2	1.5	1.9	1.2	1.8	2.3	3.1	4.0	2.4	-	-	-		-
	Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	6.3	4.1	2.8	3.3	4.1	1.7	1.3	1.3	1.7	1.1	1.3	1.3	1.5	1.8	-	-	-	-	-
	Nursing Vacancy Rate (Qualified)	%	11	11	10.8	9.2	13.0	10.6	11.4	8.5	8.4	8.0	8.6	8.6	8.7	11.6	8.9	7.8	8.9	9.8	8.4	11.5	9.3	-	-	-	-	-
Patient Admin	New Starters Complete Onboarding Process	%	100	100	80.0	96.2	92.3	100.0	100.0	100.0	100.0	100.0	3.1	100.0	100.0	100.0	95.0	100.0	100.0	93.3	-	100.0	42.9	-	-	-	-	-
Pati	Open Referrals	No	-	-	25879	25438	25630	25630	25884	25868	26083	26231	32917	32460	32380	32750	32929	33516	33790	34639	34602	34751	-	2255	29	0	32467	0
	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No	-	-	4548	3700	2751	2546	2531	2771	2797	3102	3790	3956	3990	3729	3700	3787	3696	3849	3945	4080	-	904	23	0	3153	0
	DVT numbers	No	730	61	43	27	25	29	19	21	14	1	15	22	31	26	28	23	25	21	25	26	242	-	-	-	-	-
	Therapy DNA rate OP services (%)	%	9	9	-		-	-	,	1	1	ı	-	-	-	-	-	-	-	1	-	-	8.2	-	1	-	-	-
	Green Stream Community Rehab response time for treatment (days)	No	15	15	22	22	20	19	21	19	13	15	5	6	8	9	17	16	19	14	18	16	126	-	1	-	-	-
	DNA/No Access Visits	%	1	-	0.9	0.1	0.8	0.8	0.8	1.1	0.9	0.8	0.4	0.5	0.7	0.9	0.9	1.0	1.0	0.8	-	-	-	-	1	-	-	-
	Falls Assessments - DN Initial Assessment only	%	95	95	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	89.2	88.3	-	-	-	-	1	-	-	-
	Pressure Ulcer Assessment - DN Initial Assessment only	%	95	95	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	89.7	88.5	-	-	-	-	1	-	-	-
	MUST Assessments - DN Initial Assessment only	%	95	95	97.7	95.4	93.1	91.4	93.6	94.9	93.0	92.4	96.4	92.6	90.6	91.5	92.1	87.0	89.0	86.9	-	-	-	-	1	-	-	-
	Dementia Assessments - DN Initial Assessment only	%	95	95	93.3	93.7	88.8	87.0	90.9	89.7	85.9	84.4	91.1	89.8	88.9	85.8	78.4	79.5	83.2	82.3	-	-	-	-	-	-	-	-
	48 hour inputting rate - DN Service Only	%	-	-	94.6	95.2	95.2	-	94.7	94.3	94.8	95.9	94.5	94.6	-	-	-	-	93.3	94.3	-	-	-	-	-		-	-
	Making Every Contact (MECC)	%	95	95	97.1	95.2	93.1	90.6	92.4	94.7	93.0	92.4	95.3	93.4	90.6	91.7	91.3	87.6	88.1	88.0	-	-	90.7	-	-	-	-	-
_	Therapy DNA rate S1 based OP Therapy services	%	9	9	10.5	9.6	9.7	9.0	10.6	9.5	9.7	6.2	2.2	7.6	4.4	5.6	6.3	6.2	6.7	7.1	-	-	5.9	-	-	-	-	-
PCCT	Baseline Observations for DN	%	95	95	97.3	95.0	93.7	92.1	93.6	94.7	93.7	90.6	95.9	93.2	91.3	91.0	91.3	87.3	89.7	85.8	-	-	90.7	-	1	-	-	-
"	Bed occupancy for Intermediate Care : D43	%	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-		-	-	90.5	-	-	-	-	-
	Bed occupancy for Intermediate Care : D47	%	1	-	-	1	-	-	1	1	1	1	-	-	-	-	-	-	-	1	-	-	85.2	-	1	-	-	-
	Bed occupancy for Intermediate Care : Eliza Tinsley	%	-	-	-		-	-	•		1	1	-	-	-	-	-	-	-	-	-	-	88.5	-	1	-	-	-
	Bed occupancy for Intermediate Care : Henderson	%	1	-	-		-	-	,	1	1	ı	-	-	-	-	-	-	-	1	-	-	87.0	-	1	-	-	-
	Bed occupancy for Intermediate Care : Leasowes	%	1	-	-	1	-	-	1	1	1	1	-	-	-	-	-	-	-	1	-	-	86.7	-	1	-	-	-
	Bed occupancy for Intermediate Care : McCarthu	%	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	86.6	-	1	-	-	-
	Average Length of Stay : D43	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Average Length of Stay : D47	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	
	Average Length of Stay : Eliza Tinsley	No	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Average Length of Stay : Henderson	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	_		
	Average Length of Stay : Leasowes	No	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Average Length of Stay : McCarthy	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-	-

Corporate Group

CQC	Indicator	Measure	Stan	dard	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	20/21 Year to				Directo			
Domain	illuicatoi	Weasure	Year	Month	2019	2019	2019	2019	2019	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2021	Date	SG	F	POD	MD	ST	N	OP
Safe	Serious Incidents	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	No. of Complaints Received (formal and link)	No		-	0	3	6	2	3	6	3	10	3	4	5	11	6	4	10	5	2	6	56	3	0	0	1	0	2	0
D _U	No. of Active Complaints in the System (formal and link)	No	-	-	1	4	3	4	1	0	5	12	3	4	3	11	10	10	22	43	0	23	-	5	0	1	3	2	12	0
Carin	No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	88.9	0.0	0.0	100.0	100.0	100.0	100.0	70.2	-	-	,	-	-	-	-
0	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	50.0	33.3	0.0	0.0	0.0	16.7		10.5	66.7	66.7	22.4	-	-	-	-	-	-	-
	No. of responses sent out	No	-	-	9	1	3	3	1	3	5	5	2	3	4	2	8	6	1	5	9	3	43	-	-	-	-	-	-	-
	PDRs - 12 month rolling	%	95	95	-	87.9	90.5	-	-	-	-	-	-	-	-	-	-	94.7	-	-	-	-	-	99.0	95.1	87.1	92.1	95.3	96.1	96.5
	Medical Appraisal	%	90	90	100.0	100.0	100.0	100.0	0.0	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	-	-	-
	Sickness Absence (Rolling 12 Months)	%	3	3	4.3	4.3	4.5	4.4	4.4	4.5	4.5	4.6	4.9	5.0	4.9	4.9	4.9	4.8	4.8	4.9	4.9	5.0	4.9	4.2	1.4	2.7	3.7	6.7	6.5	3.9
	Sickness Absence (Monthly)	%	3	3	4.4	4.7	5.0	4.5	4.5	4.9	4.9	4.8	6.8	4.9	3.8	4.3	4.1	4.2	4.5	5.3	4.6	6.3	4.9	6.9	0.8	3.0	4.2	8.2	8.1	5.8
eq	Mandatory Training - Health & Safety (% staff)	%	95	95	89.1	90.7	93.7	94.9	96.1	97.3	96.4	96.8	94.8	92.7	98.7	99.1	98.4	98.4	99.1	99.0	99.3	99.1	97.8	-	-		•	-	-	-
Well L	Sickness Absence - Short Term (Monthly)	No	ı	-	54	92	90	84	108	100	80	73	116	147	134	164	120	139	144	171	134	177	1463	7	3	8	20	69	47	23
Š	New Starters Complete Onboarding Process	%	100	100	-	-	-			-	•			-	-	-				-		-	-	-	-		-	-	-	-
	Staff at 100% compliance with mandatory training	%		-	-		-		-	-			-	-	-		-	-		-		-	-	-	-		1	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-		-	-	-	-	-	-				-	-	-	-		-	-	-	-
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	-	35	42	25	35	37	30	41	35	49	37	32	39	37	42	44	45	40	400	4	0	2	5	15	9	5