

Sandwell and West Birmingham Hospitals

NHS Trust



## Integrated Quality & Performance Report

Month Reported: April 2021

Reported as at: 26/05/2021

TRUST BOARD

# Contents

Item	Page	Item	Page
At A Glance	2	Service Quality Performance Report (SQPR) - Local CCG Quality Requirements 2020-21	
Recovery & Restoration Position			
Persistent Reds & Exception Improvement Plans Performance	3-4	Legend	
Trust Scorecard - Safe	5	Group Performance	
Trust Scorecard - Caring	6		
Trust Scorecard - Responsive	7		
Trust Scorecard - Effective	8		
Trust Scorecard - Well Led	9		
Obstetrics	10		
Trust Scorecard - CQC Use of Resources	12		
Data Completeness	13		

## Performance At A Glance - April 2021

### Highlights

- Overall April shows some improvement in the Trust for MSSA Bacterium, VTE and RTT Incomplete waiting list in the April figures
- A&E performance delivered 85.2% for April (2.2% increase from last month) 83.3% in March; 2,808 patients breached the 4 hr target. There were 18305 Emergency Care Attendances and 6 Emergency Cate Trolley Waits in April.
- RTT incomplete performance in April is 70.5%, March was 73.2% against the national target of 92% (with the current climate of using a prioritisation system for patients it may take several months to get back to achieving this national target). A normal incomplete PTL for SWBH would be ~34k, we have risen by 13K since pandemic began. The pandemic has also meant an increase in long waiters from March 13,460 to 14,077 in April. DM01 diagnostic test performance have continued to improve, we see a drop in performance in March 11.4% and April 12.7% reaching 87% vs 99% target. The numbers of patients waiting for a diagnosis has risen by 33% from last month which was as 14% increase from the month before.
- Cancer performance remains below standards in March (latest reported position) showing a decline against targets across most cancer indicators which is clearly unprecedented for the Trust. March delivery is lower than February except for the 62 Day Cancer Treatment and Screening standards.
- Other items to highlight for April are:  
Data from SHMI mortality indicators are above tolerance levels, ward sickness has reduced to 6.3% in with a rate of 1.76 per 1000 occupied bed days.  
We have had 2 serious falls which resulted in death. Newton 5 and D47.  
We had 1 never event which was on AMU and was a fourth Oxygen / Air issue.  
Imaging GP Reporting (5 day) has reduced to 46.2% down by ~30%.  
Cancer 2 week waits at 71.8% is still falling month on month.  
3 x 28 day patient breach cancellations.  
We did not meet the HIP Fracture target of 85% of patients are operated on with 36 hours only reaching 81.3%

### RESPONSIVENESS

#### A&E Performance

- A&E performance delivered 85.2% for April (2.2% increase from last month) 83.3% in March; 2,808 patients breached the 4 hr target. There were 18305 Emergency Care Attendances and 6 Emergency Cate Trolley Waits in April.

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

The April RTT Incomplete performance was 70.5%. The April RTT Backlog of patients waiting at 52 weeks on the Incomplete Pathway was 2428 patients (and a slight improvement on March of 2584. RTT Admitted care in April was 74.7% and 86.9% for Non-Admitted Care.

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

- There were 1797 Diagnostic (DM01) tests waiting for April 2021. This was an increase of 446 diagnostics tests since March 2021. Which was a 33% increase on the previous month.
- The specific Imaging diagnostic patient volumes (CT, MRI, X rays and Ultrasounds) in April were at 27,437 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 show static performance for 1 hour around 79% and static performance for 4 weeks reporting at 83%. The main cause for concern is GP reporting (5 day) down to 46.2%, this is down by ~30%.
- Against these April volumes, and the top three Board KPIs performance achievement was: Inpatient total turnaround (TAT) time within 24hrs at 79.0% against the 90% trust target; Urgent GP tests within 5 days achieved were at 46.2% 90% target, impacted to a large degree the non-responder/non-attenders category. The KPI measuring 'Overall Imaging Turn around Time for all tests' shows 83.5% of achievement, and measures all of the 'Imaging work' delivery under the 4 weeks.

	<b>Cancer Performance</b>	<ul style="list-style-type: none"> <li>Reporting the March 21 position, the Trust has not delivered any of the key cancer standards, besides the 62 day referral to treat from screening standard at 94.7. However, we can see slight improvement to last month for 31 day treatment to surgery (2nd screening) and Rare Cancers. 2 week wait performance is a cause for concern at 71.8% and falling month on month.</li> </ul>
	<b>Cancellations</b>	<ul style="list-style-type: none"> <li>April on the day cancellations are low, this may be due to low elective activity. There were 15 hospital late cancellation which is better than the twelve month average of 20. However we have had 3 x 28 day Patient Breaches.</li> </ul>
<b>SAFE</b>	<b>Infection Control</b>	<ul style="list-style-type: none"> <li><b>Infection Control</b> metrics continue to report reasonably good performance;</li> <li>MRSA screening rates for non-elective patients delivering 91.9% against target 95%.</li> <li>Elective patients MRSA screening rates are below the 95% at 81.9%</li> <li>Sepsis treated in 1 hour was 82.7% out of 100%</li> </ul>
	<b>Harm Free Care</b>	<ul style="list-style-type: none"> <li>The Trust falls rate per 1,000 bed days in April reports an incident rate of 4.47 achieving the Trust target of below 5; we reported 33 falls and 2 serious harms (both resulting in death).</li> </ul>
		<ul style="list-style-type: none"> <li>Pressure Ulcers (Hospital or DN Caseload Acquired PUs) in April have decreased to prior months; overall the Trust reports 33 PUs (102 this month present before admission) in absolute numbers.</li> </ul>
		<ul style="list-style-type: none"> <li>1 never event was report in April in AMU - another oxygen / air event.</li> </ul>
<b>Obstetrics</b>	<ul style="list-style-type: none"> <li>VTE assessments in April delivering 95.7% at Trust level against the 95% target, Surgical and WCH are below the target however.</li> <li>Sepsis - Screening was 93.4% against a target of 100%, it was the fourth month of declining performance.</li> <li>Neutropenic Sepsis reporting delivery 88% of patients were treated within the 1hr from door to needle standard (3/22 breached). The average door to needle time was excellent at 47 minutes in April well below the 60 minutes standard (1hr). The 2 breaches show delays above the hour between 40-51 minutes were not classed as neutropenic sepsis and no harm was caused to any of the two breached patients</li> </ul>	
<b>CARING</b>	<b>Patient Experience (FFT), Mixed Sex Accommodation (MSA), Complaints, Flu Vaccination</b>	<ul style="list-style-type: none"> <li>The overall Caesarean Section rate for April is 27% in month, below 30% on a year to date basis. This overall C Section rate can be split between : <ul style="list-style-type: none"> <li>Elective C-Section rate at 12%.</li> <li>Non-elective C-Section rate at 16%.</li> </ul> </li> <li>The monthly 'Ockenden' reporting process is in place and informs Q&amp;S Committee and Trust Board on a more detailed performance basis.</li> </ul>
		<ul style="list-style-type: none"> <li>MSA has not been reported since the start of the pandemic due to COVID. It is due to start reporting from June 2021.</li> <li>We observe low score and response rates against <b>Friends &amp; Family tests</b> especially in FFT response rate in Type 1 &amp; 2 Emergency Dept, besides the Maternity Postnatal Ward compliant at 100%;</li> </ul>

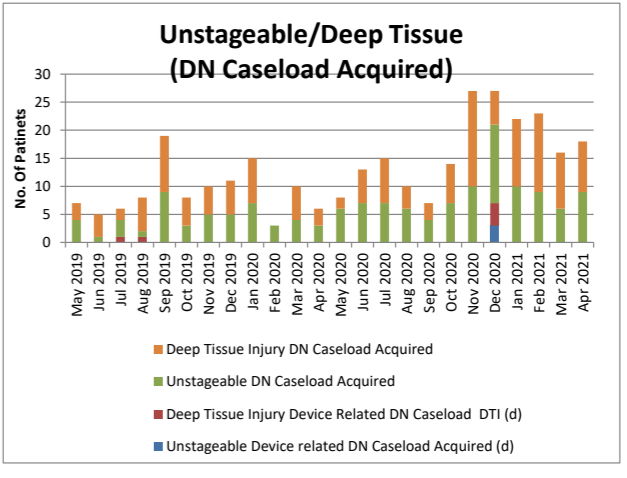
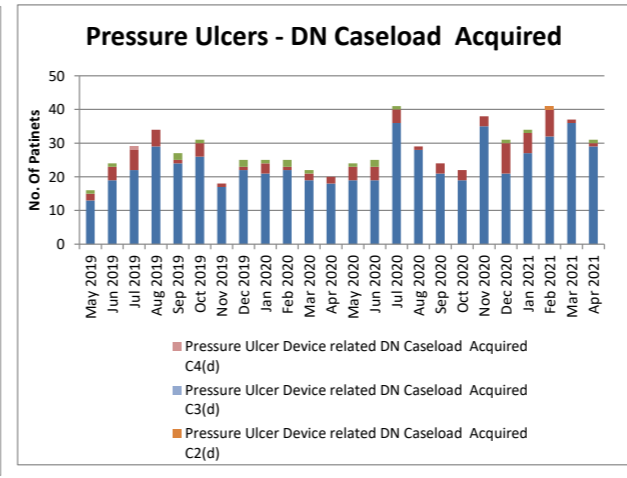
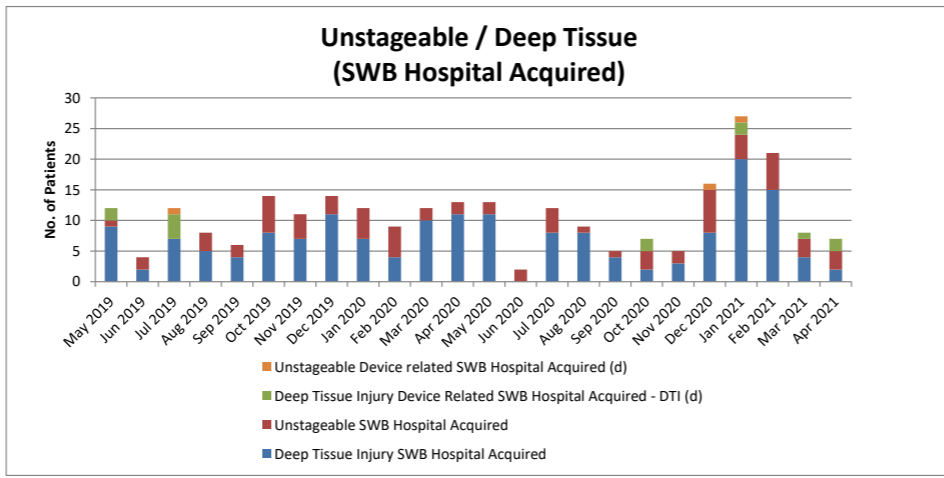
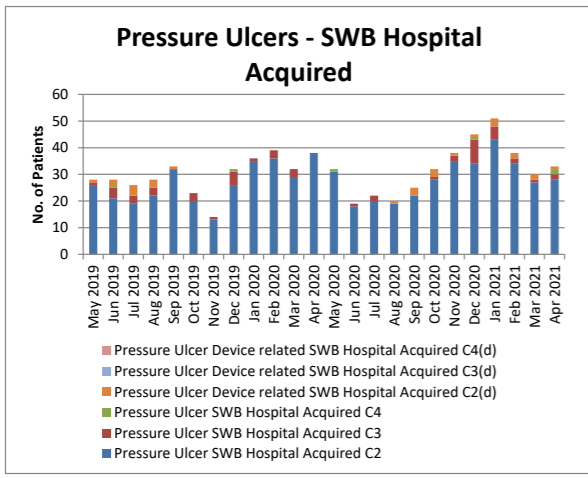
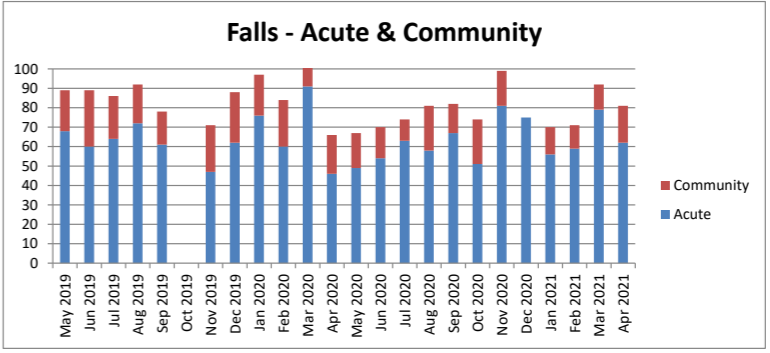
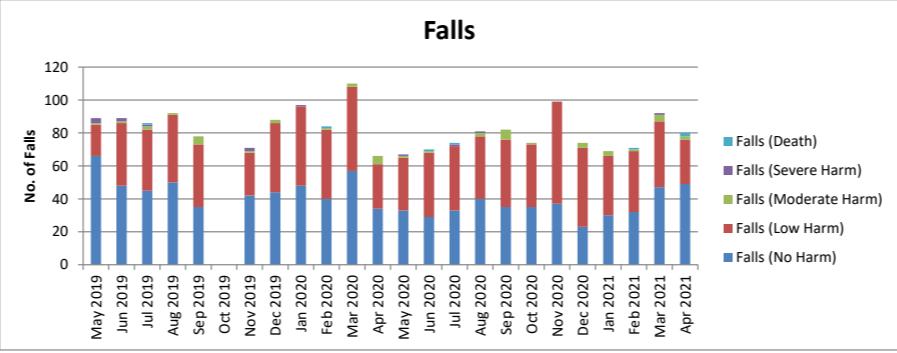
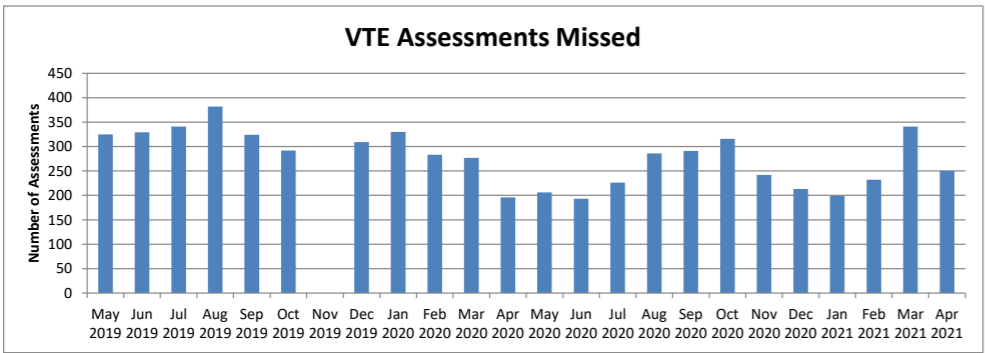
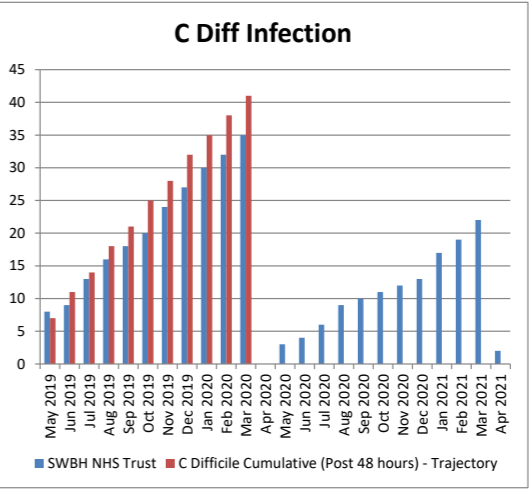
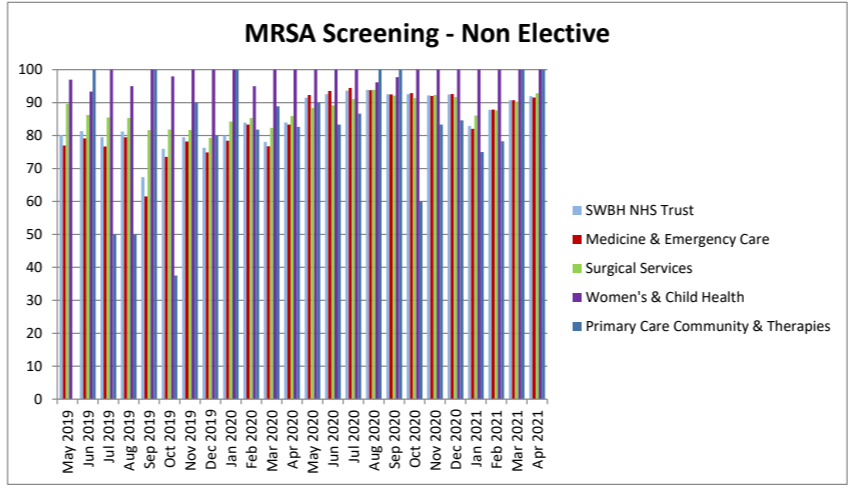
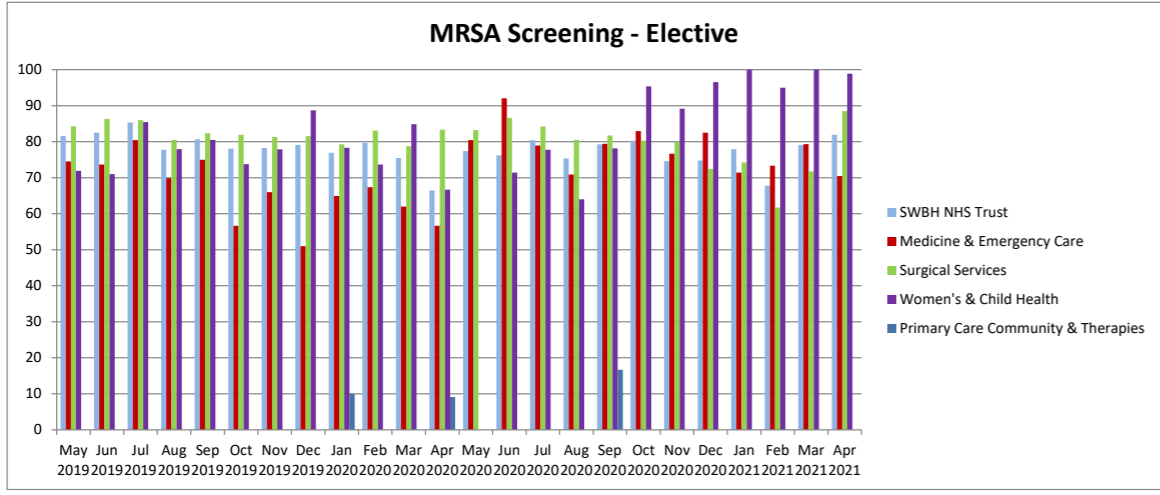
<b>EFFECTIVE</b>	<b>Mortality, Readmissions</b>	<ul style="list-style-type: none"> <li>• Readmissions rates (30 days after discharge) have reduced slightly in March to 9.9% in month (9.7% cumulatively) and remain high over the last year generally.</li> <li>• HSMR (measures expected vs actual deaths in-hospital) reporting at 144 above the tolerance levels as at the end of December 2020 (latest available reporting period and also during COVID), showing a continually, elevated position against the weekend mortality rate which is 154 and weekday at 141. This position makes the Trust HSMR position a significant outlier compared against the national picture. Deaths in which COVID19 was recorded in episode 3 or later have increased, showing hospital acquired COVID19, also the number of deaths where the Charlson Index is below 5 has increased (these are patients with few complications and comorbidities and therefore less likely to die), also we have seen an increase in the number of elective admission deaths. Our average elective deaths have increased from 3 per month to 4 per month with a spike of 9 in September 2020 within a time period we had fewer elective admissions due to COVID, Dr Awgu is looking into this.</li> <li>• SHMI (measuring expected vs actual deaths including deaths 30 days post discharge from hospital) is elevated at 115 for November 2020 (latest available position) The SHMI will also be impacted by the coding improvements, which are planned for HSMR. • Medical Examiners' mortality reviews fell below the performance target of 90% to 83.1%.</li> </ul>
	<b>Stroke &amp; Cardiology</b>	<ul style="list-style-type: none"> <li>• Stroke performance good against most indicators, but struggling to recover admissions to the stroke ward within 4 hours (at 50% in March) and 66.7% in April.</li> <li>• Thrombolysis performance is at 75% for March and no procedure performed in April</li> <li>• Patients staying on a stroke ward for more than 90% has risen to 91.2%,</li> <li>• Cardiology performance within target levels for April.</li> </ul>
	<b>Patient Flow (Responsive)</b>	<ul style="list-style-type: none"> <li>• 21+ LOS patients (long stay patients) count at the end of April at 67 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). Femur performance at 81.3% in April against the 85% target</li> <li>• Neck of</li> </ul>
<b>WELL LED</b>	<b>Workforce</b>	<ul style="list-style-type: none"> <li>• Sickness absence monthly rate recorded was 4.4% the sickness absence open cases in the month reduced to the target of 140 for the first time since Nov 19.</li> <li>• Ward sickness rate reduced to 6.3% for April showing the lowest percentage since Nov 19.</li> <li>• Nursing vacancy rate is at 12.4%; Nursing turnover at 11.1%</li> <li>• Mandatory Training (where staff are at 100% of their MT) has risen to 74.9% against the 95% aim clearly impacted by COVID pressures</li> </ul>
<b>USE OF RESOURCES</b>	<b>Use of Resources</b>	<ul style="list-style-type: none"> <li>• The Use of Resources assessment is part of the combined CQC inspection alongside the Trust's rating for Quality 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&amp;E etc, the Trust would mostly likely score 'requires improvement' again.</li> </ul>
		<ul style="list-style-type: none"> <li>• 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.</li> </ul>

# CQC Domain - Safe

	Kitemark	Reviewed Date	Indicator	Measure	Standard		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	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Group					
					Year	Month																								M	SS
Infection Control	●●●●●●●●		C. Difficile (Post 48 hours)	<= No	41	3.4	4	3	3	2	3	0	3	1	2	3	1	1	1	1	4	2	3	2	2	2	0	0	-	0	-
	●●●●●●●●		MRSA Bacteraemia (Post 48 hours)	<= No	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	-	0	-
	●●●●●●●●		MSSA Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	<= Rate2	9.42	9.42	0.00	4.76	4.88	21.01	0.00	7.02	12.15	7.23	13.49	0.00	12.61	10.86	5.54	11.28	9.63	5.92	12.11	6.01	6.01	-	-	-	-	-	-
	●●●●●●●●		E Coli Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	<= Rate2	94.9	94.9	5.19	14.27	24.39	26.26	16.43	21.05	18.23	28.93	6.75	13.15	18.92	10.86	5.54	16.93	0.00	35.49	30.28	6.01	6.01	-	-	-	-	-	-
	●●●●●●●●		MRSA Screening - Elective	=> %	95	95	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	67.8	79.1	81.9	81.9	70.5	88.5	98.9	33.3	0.0	-
	●●●●●●●●		MRSA Screening - Non Elective	=> %	95	95	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	87.8	90.7	91.9	92.0	91.5	92.9	100.0	-	100.0	-
Harm Free Care	●●●●●●●●		Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95	95.4	99.3	98.9	98.7	98.4	-	-	-	-	-	-	-	-	-	-	-	-	97.3	-	-	-	-	-	-	
	●●●●●●●●		Patient Safety Thermometer - Catheters & UTIs	%	-	-	0.0	0.4	0.0	0.3	0.1	-	-	-	-	-	-	-	-	-	-	-	-	0.2	-	-	-	-	-	-	
	●●●●●●●●		Number of DOLS raised	No	-	-	26	36	33	31	28	32	43	45	42	26	43	40	39	50	28	28	52	46	46	32	6	0	-	8	-
	●●●●●●●●		Number of DOLS which are 7 day urgent	No	-	-	26	36	33	31	28	32	43	45	42	26	43	40	39	50	28	28	52	46	46	32	6	0	-	8	-
	●●●●●●●●		Number of delays with LA in assessing for standard DOLS application	No	-	-	3	7	6	7	0	3	3	4	8	6	6	7	3	7	2	3	6	1	1	1	0	0	-	0	-
	●●●●●●●●		Number DOLS rolled over from previous month	No	-	-	1	2	0	5	7	9	8	9	6	3	2	6	8	10	9	11	4	8	8	6	1	0	-	1	-
	●●●●●●●●		Number patients discharged prior to LA assessment targets	No	-	-	13	22	18	18	24	30	37	43	35	18	29	25	29	42	23	30	38	35	35	26	4	0	-	5	-
	●●●●●●●●		Number of DOLS applications the LA disagreed with	No	-	-	1	0	0	2	1	0	0	0	0	0	0	0	2	0	0	0	1	0	0	0	0	0	-	0	-
	●●●●●●●●		Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	0	0	1	0	0	0	0	0	0	0	4	0	6	0	0	0	0	1	1	0	1	0	-	0	-
	●●●●●●●●	Apr 19	Falls	No	-	-	71	88	97	84	110	66	67	70	74	81	82	74	99	75	70	71	92	81	81	50	11	1	-	19	-
	●●●●●●●●	Apr 19	Falls - Death or Severe Harm	<= No	0	0	2	0	1	1	0	0	1	1	2	1	0	0	0	0	0	1	1	2	2	1	0	0	0	1	0
	●●●●●●●●		Falls Per 1000 Occupied Bed Days	<= Rate1	5	5	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	3.88	5.07	4.47	4.47	-	-	-	-	-	-
	●●●●●●●●	Apr 19	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	14	32	36	39	32	38	32	19	23	20	25	32	38	45	51	38	30	33	33	16	10	1	-	6	-
	●●●●●●●●	Apr 19	Pressure Ulcers per 1000 Occupied Bed Days	Rate1	-	-	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	2.04	1.61	1.76	1.76	-	-	-	-	-	-
	●●●●●●●●	Apr 19	Pressure Ulcer DN Caseload Acquired - Total	<= No	0	0	18	25	25	26	22	20	24	25	41	29	24	22	38	33	36	42	42	33	33	2	-	-	-	31	-
	●●●●●●●●		Pressure Ulcer Present on Admission to SWBH	<= No	0	0	95	88	104	117	102	108	100	96	114	112	93	124	112	110	106	110	108	102	102	-	-	-	-	-	-
	●●●●●●●●		Venous Thromboembolism (VTE) Assessments	=> %	95	95	-	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	95.3	94.2	95.7	95.7	97.1	94.6	94.2	92.9	94.3	-
	●●●●●●●●	Apr 19	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	=> %	100	100	99.9	100.0	99.9	99.6	100.0	99.8	100.0	100.0	100.0	99.9	99.9	100.0	100.0	98.8	99.9	99.9	100.0	99.9	99.9	100.0	100.0	99.4	-	100.0	-
	●●●●●●●●	Apr 19	WHO Safer Surgery - brief(% lists where complete)	=> %	100	100	100.0	100.0	100.0	100.0	99.6	100.0	100.0	100.0	100.0	100.0	100.0	99.7	100.0	99.5	100.0	100.0	100.0	99.7	99.7	99.7	100.0	100.0	-	-	-
	●●●●●●●●	Apr 19	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	100	100	100.0	99.3	100.0	99.8	99.3	100.0	100.0	100.0	98.7	99.3	100.0	99.2	99.7	99.0	100.0	99.7	100.0	99.1	99.1	98.9	100.0	100.0	-	-	-
	●●●●●●●●		Never Events	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	2	1	1	1	1	0	0	0	0	-
	●●●●●●●●		Medication Errors causing serious harm	<= No	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	-
	●●●●●●●●		Serious Incidents	<= No	0	0	11	7	6	8	0	7	8	12	6	7	9	7	6	4	4	6	7	-	83	6	1	0	0	0	0
	●●●●●●●●		Open Central Alert System (CAS) Alerts	No	-	-	10	12	10	9	8	2	5	3	3	5	6	4	4	4	3	3	3	3	3	-	-	-	-	-	-
	●●●●●●●●		Open Central Alert System (CAS) Alerts beyond deadline date	<= No	0	0	2	1	1	0	0	0	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	97.4	95.0	93.4	93.4	92.9	97.7	89.5	-	77.8	-
		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	27.3	31.8	31.1	31.1	32.7	23.7	17.7	-	25.0	-	
		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	88.4	86.8	85.4	85.4	84.8	87.0	100.0	-	85.7	-	
		Sepsis - Treated in 1 Hour (as % Of Treated)	=> %	100	100	-	54.9	51.9	60.0	53.9	57.2	64.2	58.2	57.1	56.1	81.0	80.4	79.8	82.8	83.6	83.1	82.3	82.7	82.7	83.1	90.0	66.7	-	16.7	-	
		Sepsis - Antibiotic Review Within 72 hrs	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

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

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

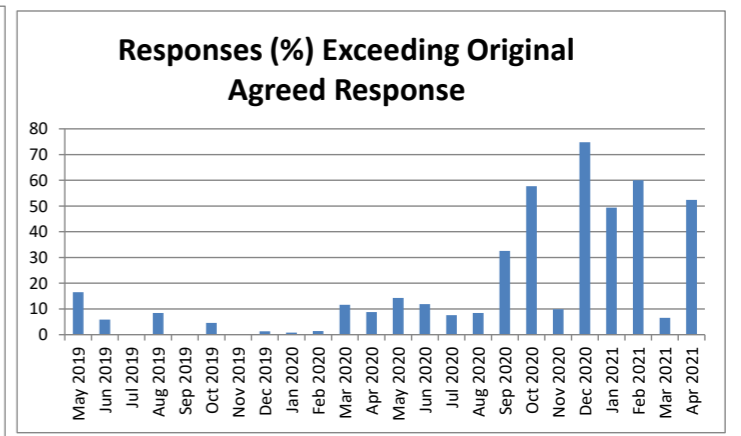
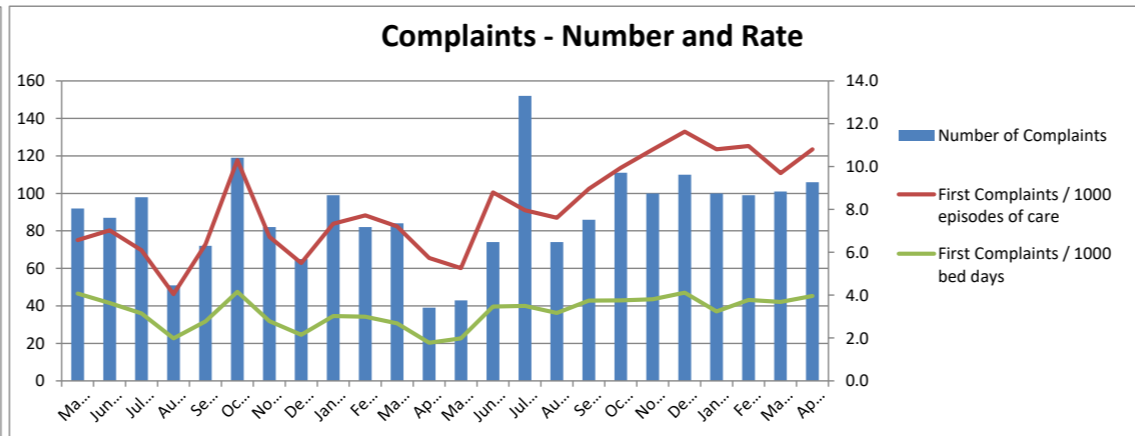
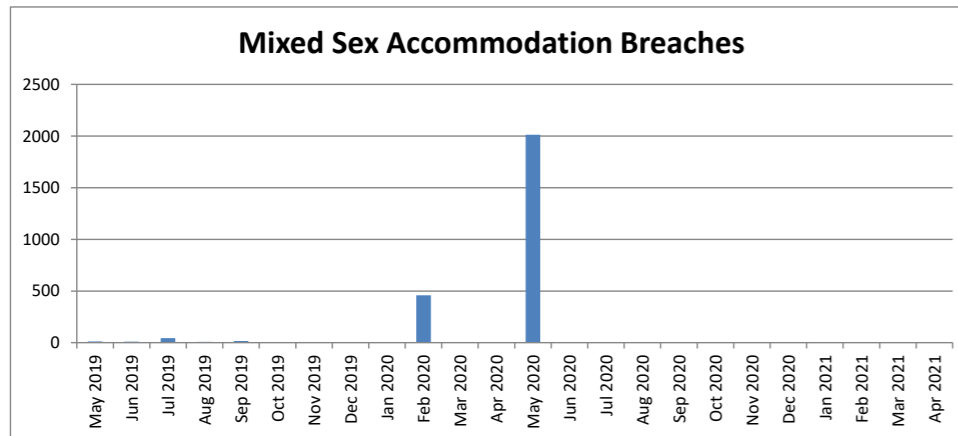


# CQC Domain - Caring

Kitemark	Reviewed Date	Indicator	Measure	Standard		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	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Group						
				Year	Month																				M	SS	W	I	PCCT	CO	
FFT		FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	25	25	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	13.8	13.3	13.4	13.4	-	-	-	-	-	-	
		FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95	95	89	86	89	-	90	86	86	88	89	82	85	84	83	82	41	89	74	82	-	-	-	-	-	-	-	-
		FFT Response Rate: Type 1 and 2 Emergency Department	=> %	25	25	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	12.0	13.3	12.9	12.9	12.9	12.9	12.9	12.9	12.9	12.9	12.9
		FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95	95	68	73	75	72	79	89	85	84	81	78	77	78	78	82	81	80	74	73	-	-	73	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Score - Outpatients	=> No	95	95	89	89	89	89	89	87	89	89	89	88	88	89	90	89	90	91	90	90	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Score - Maternity Antenatal	=> No	95	95	97	100	75	83	80	86	84	84	84	78	79	78	80	78	83	88	74	74	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Score - Maternity Postnatal Ward	=> No	95	95	93	0	97	94	100	0	67	0	100	0	100	8	80	0	5	0	0	100	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Score - Maternity Community	=> No	95	95	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Score - Maternity Birth	=> No	95	95	97	94	95	97	97	89	100	82	94	70	94	93	87	85	87	85	82	95	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Response Rate: Maternity Birth	=> %	25	25	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	7.3	5.0	6.8	6.8	-	-	-	-	-	-
MSA	●●●●●●●●	Mixed Sex Accommodation - Breaches (Patients)	<= No	0	0	-	-	-	458	-	-	2013	-	-	-	-	-	-	-	-	-	-	-	2013	-	-	-	-	-	-	
Complaints	●●●●●●●●	No. of Complaints Received (formal and link)	No	-	-	82	65	99	82	84	39	43	74	152	74	86	111	100	110	100	99	101	106	106	43	34	9	2	11	7	
	●●●●●●●●	No. of Active Complaints in the System (formal and link)	No	-	-	114	92	106	142	126	102	109	123	152	139	189	288	374	67	359	378	342	337	337	179	66	31	6	35	20	
	●●●●●●●●	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	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	3.78	3.68	3.97	3.97	2.76	7.86	2.67	-	9.14	-	
	●●●●●●●●	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	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	10.97	9.69	10.81	10.81	9.28	17.17	4.93	-	20.52	-	
	●●●●●●●●	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	82.9	76.1	83.1	10.4	7.6	84.7	82.0	76.4	84.1	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	●●●●●●●●	No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0	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	60.0	6.5	52.4	52.4	66.7	52.0	28.6	0.0	58.8	0.0	
	●●●●●●●●	No. of responses sent out	No	-	-	105	76	76	70	87	68	35	58	66	86	43	27	33	107	85	80	47	63	63	12	25	7	1	17	1	
WKF	●●●●●●●●	Apr 19	Flu Vaccination Rate	=> %	80	80	62.4	78.1	82.0	83.1	-	-	-	-	-	-	46.0	75.0	80.0	-	-	-	-	67.0	-	-	-	-	-	-	

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

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





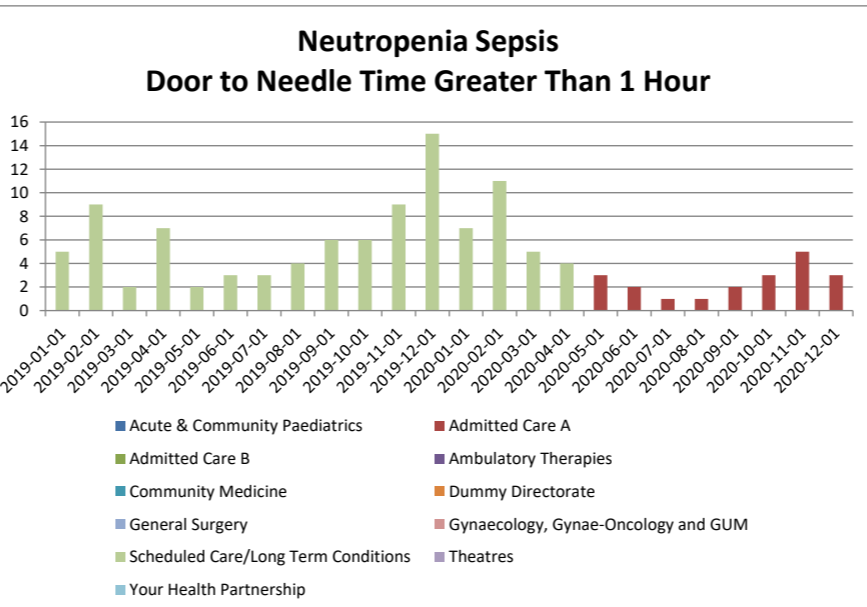
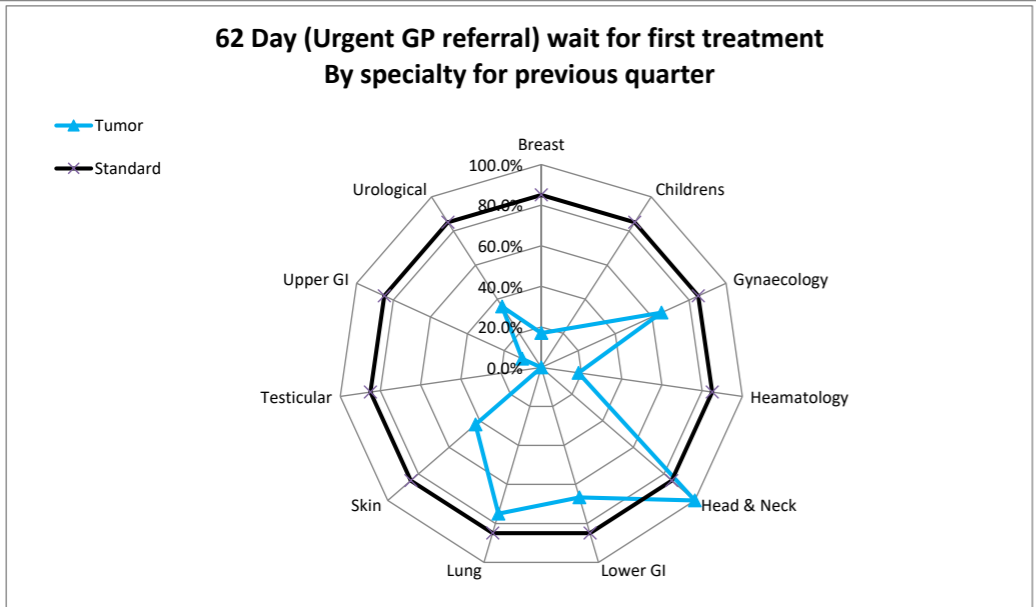
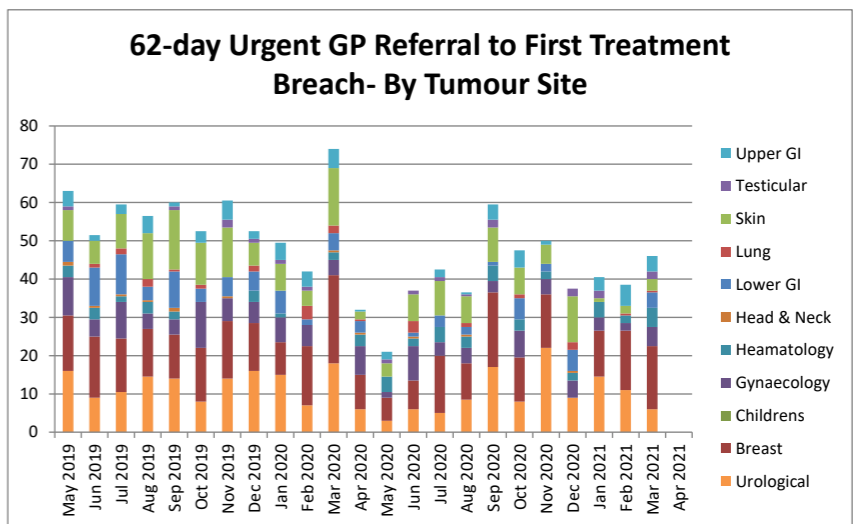
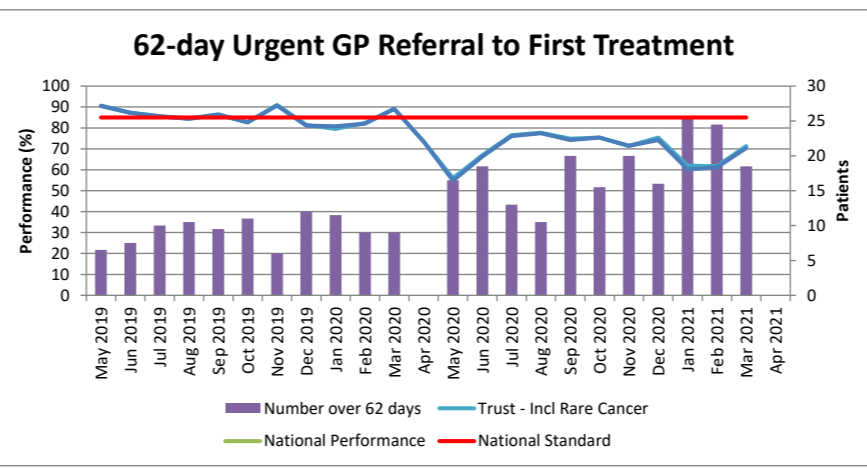
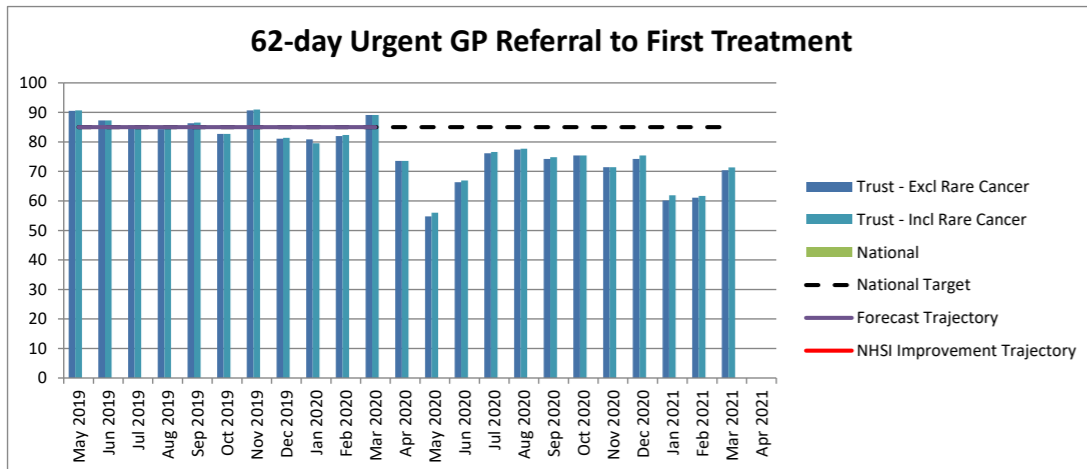
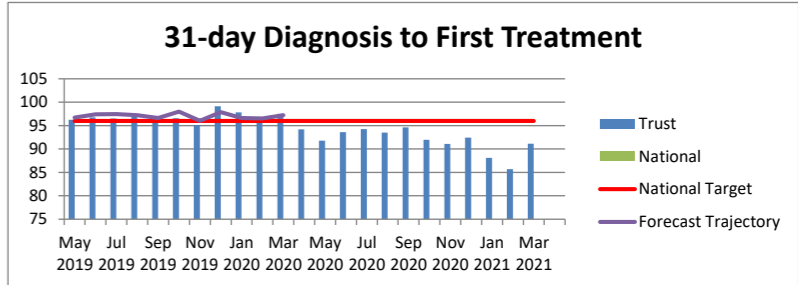
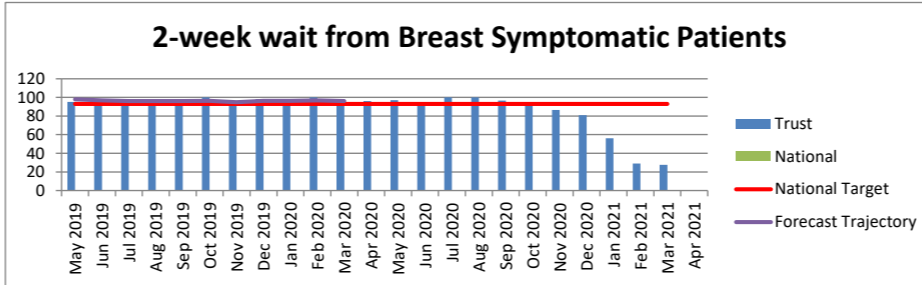
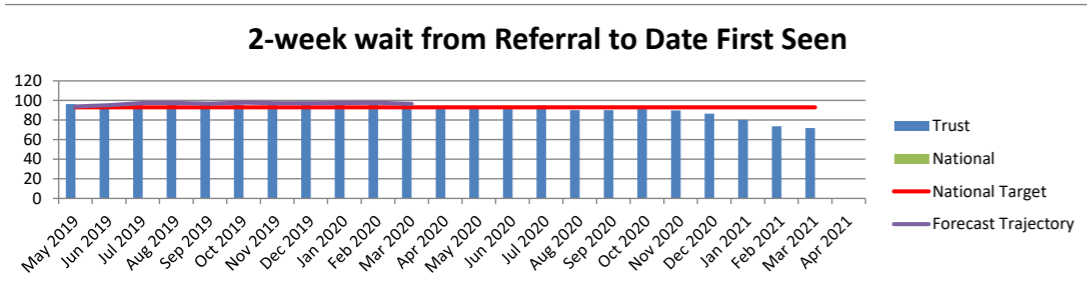
# CQC Domain - Responsive

	Kitemark	Reviewed Date	Indicator	Measure	Standard		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	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Group								
					Year	Month																				M	SS	W	I	PCCT	CO			
Emergency Care			Emergency Care Attendances (Including Mailing)	No	-	-	17868	19330	18477	17367	13392	7163	9828	12215	14065	15099	14548	13833	13235	12762	11887	11307	15251	18305	18305	-	-	-	-	-	-			
	●●●●●●●●		Emergency Care 4-hour waits	=> %	95	95	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	77.0	83.3	85.2	85.2	-	-	-	-	-	-			
	●●●●●●●●		Emergency Care 4-hour breach (numbers)	No	-	-	5199	5375	4819	4416	2768	844	828	1225	1941	2284	2860	2895	2754	2791	3731	2596	2552	2808	2808	-	-	-	-	-	-			
	●●●●●●●●		Emergency Care Trolley Waits >12 hours	<= No	0	0	1	1	0	0	0	1	0	0	0	0	0	0	3	2	3	23	5	0	6	6	-	-	-	-	-	-		
	●●●●●●●●		Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15	154	116	121	62	85	74	44	62	194	69	163	149	183	132	238	138	163	160	-	-	-	-	-	-	-			
	●●●●●●●●		Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60	263	263	254	232	151	82	82	100	136	153	168	147	165	166	160	174	198	166	-	-	-	-	-	-	-	-		
	●●●●●●●●		Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5	5	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	7.9	7.4	7.5	-	-	-	-	-	-	-		
	●●●●●●●●		Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5	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	3.3	3.6	3.6	3.6	3.6	-	-	-	-	-	-	-	
	●●●●●●●●		WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	228	279	199	242	380	234	172	77	183	172	161	267	186	245	415	237	268	-	-	2617	-	-	-	-	-	-	-	
	●●●●●●●●		WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	9	12	9	32	42	8	1	0	0	3	9	43	31	49	381	87	85	-	-	697	-	-	-	-	-	-	-	
●●●●●●●●		WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02	0.2	0.2	0.2	0.7	0.9	0.3	0.0	#####	0.0	0.1	0.2	1.0	0.8	1.1	8.4	2.2	2.0	-	-	1.6	-	-	-	-	-	-	-		
●●●●●●●●		WMAS - Emergency Conveyances (total)	No	-	-	4721	4887	4848	4522	4588	3069	3282	3039	3951	4209	4065	4323	4106	4278	4544	4033	4209	-	-	47108	-	-	-	-	-	-	-	-	
Patient Flow	●●●●●●●●	Apr 19	Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5	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	20	16	19	20	28	11	-	-	2	4	1	2	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	Delayed Transfers of Care (Acute) - Finable Bed Days	<= No	0	0	163	180	195	340	388	210	32	10	8	0	12	27	43	-	-	-	-	-	-	342	-	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - ALL	No	-	-	852	944	989	860	730	501	554	543	604	746	750	935	901	943	1060	805	788	718	718	-	-	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No	-	-	310	383	354	358	347	343	295	277	293	377	312	426	443	386	443	365	402	380	380	-	-	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units and Clinical Transfers	No	-	-	80	66	71	64	95	80	47	39	25	40	52	79	118	75	122	89	74	98	98	-	-	-	-	-	-	-	-	
Cancellations	●●●●●●●●	Apr 19	Hip Fractures Best Practice Tariff (Operation < 36 hours of admissions)	=> %	85	85	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	92.9	87.0	81.3	81.3	-	-	81.3	-	-	-	-	-	
	●●●●●●●●		No. of Sitrep Declared Late Cancellations - Total	<= No	240	20	59	65	56	60	35	1	9	18	21	17	36	40	28	27	10	12	23	15	15	15	0	9	4	-	2	-	-	
	●●●●●●●●		No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	30	41	29	17	16	1	1	5	9	11	17	21	13	12	9	7	15	4	4	4	0	2	0	-	2	-	-	-
	●●●●●●●●		No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	29	24	27	43	19	0	8	13	12	6	19	19	14	15	1	5	8	11	11	11	0	7	4	-	0	-	-	-
	●●●●●●●●		Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	<= %	0.8	0.8	1.5	1.8	1.3	1.7	1.3	0.1	0.7	1.2	0.8	0.7	1.2	1.5	1.2	1.3	0.7	1.0	1.0	0.7	0.7	0.7	0.3	0.9	1.5	-	0.4	-	-	
	●●●●●●●●		Number of 28 day breaches	<= No	0	0	0	0	0	0	0	0	0	4	0	0	0	4	5	4	6	3	0	3	3	3	0	3	0	-	0	-	-	-
	●●●●●●●●		No. of second or subsequent urgent operations cancelled	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-
	●●●●●●●●		Urgent Cancellations	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	-	0	-	-	-
	●●●●●●●●		No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0	0	1	1	2	4	0	0	0	1	0	1	1	1	1	0	1	0	2	2	2	0	1	0	-	1	-	-	-
	●●●●●●●●		Multiple Hospital Cancellations experienced by same patient (all cancellations)	<= No	0	0	92	65	73	124	344	19	20	42	46	49	74	107	128	42	50	18	29	25	25	25	4	18	3	-	-	-	-	-
●●●●●●●●		All Hospital Cancellations, with 7 or less days notice	<= No	0	0	376	358	347	584	890	63	58	133	138	202	220	320	409	174	253	113	129	147	147	147	26	95	26	-	-	-	-	-	
	●●●●●●●●	Apr 19	2 weeks	=> %	93	93	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	80.2	73.6	71.8	-	86.9	86.9	90.4	71.4	99.2	-	19.5	-	-	
	●●●●●●●●	Apr 19	2 weeks (Breast Symptomatic)	=> %	93	93	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	56.1	29.0	27.5	-	62.9	62.9	-	27.5	-	-	-	-	-	
	●●●●●●●●	Apr 19	31 Day (diagnosis to treatment)	=> %	96	96	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	88.1	85.7	91.1	-	91.8	91.8	100.0	98.4	61.9	-	81.8	-	-	-
	●●●●●●●●	Apr 19	31 Day (second/subsequent treatment - surgery)	=> %	94	94	100.0	93.1	100.0	100.0	95.7	92.3	69.6	100.0	100.0	100.0	88.2	69.2	78.9	94.7	100.0	90.0	83.3	-	87.0	87.0	-	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	31 Day (second/subsequent treatment - drug)	=> %	98	98	100.0	100.0	-	-	100.0	100.0	-	100.0	-	-	-	100.0	100.0	100.0	100.0	-	100.0	-	100.0	100.0	-	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	62 Day (urgent GP referral to treatment) Excl Rare Cancers	=> %	85	85	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	60.2	61.1	70.4	-	69.9	69.9	79.2	76.8	45.5	-	60.0	-	-	-
	●●●●●●●●		62 Day (urgent GP referral to treatment) - Inc Rare Cancers	=> %	85	85	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	61.9	61.7	71.3	-	70.5	70.5	79.2	78.1	45.5	-	60.0	-	-	-
	●●●●●●●●	Apr 19	62 Day (referral to treat from screening)	=> %	90	90	94.6	89.7	91.5	100.0	94.8	83.9	33.3	100.0	80.0	83.3	90.0	90.0	87.5	94.4	87.5	92.6	94.7	-	87.9	87.9	0.0	100.0	-	-	-	-	-	-

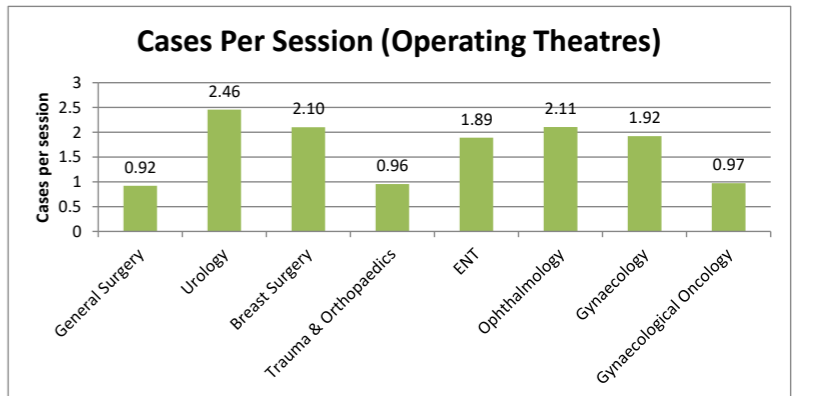
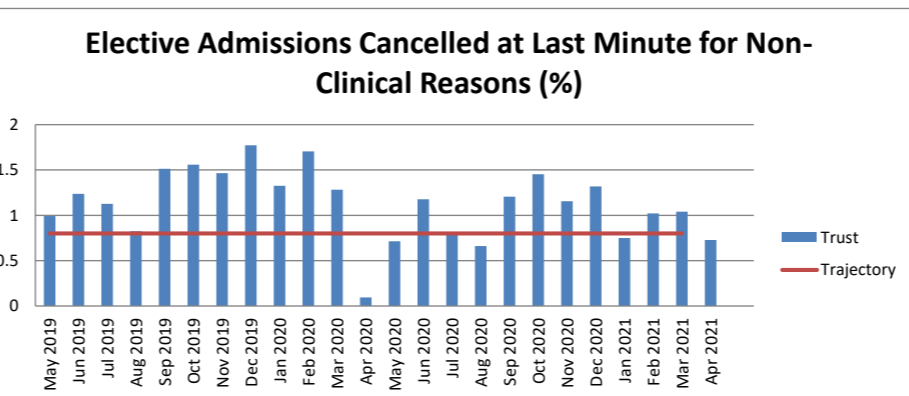
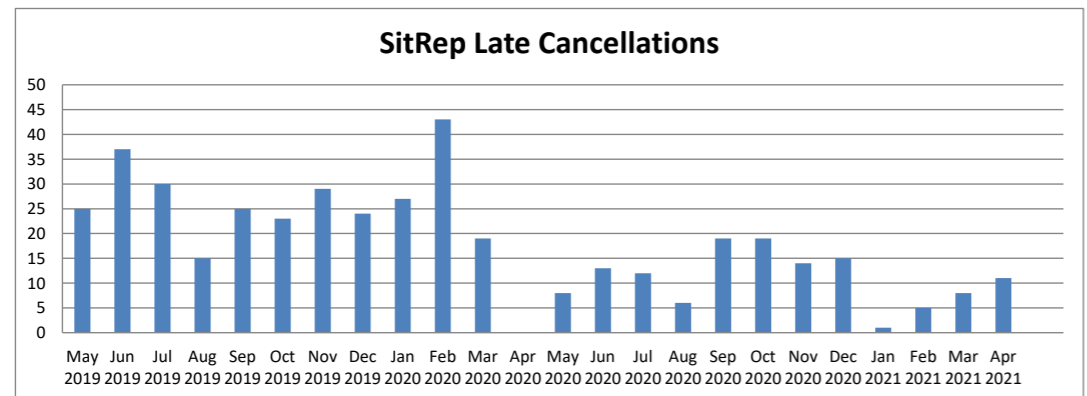
	Kitemark	Date	Metric	Target	Actual	Q1 2020															Q2 2020	Q3 2020									
						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		16	17	18	19	20	21	22	23	24	25
Cancer	●●●●●●●●	Apr 19	62 Day (referral to treat from hosp specialist)	=> %	90	90	81.8	82.3	87.5	76.1	84.6	95.5	82.1	80.3	85.3	92.9	90.7	74.2	85.1	62.0	87.2	82.2	70.2	-	81.3	56.7	95.2	50.0	-	-	-
	●●●●●●●●		Cancer = Patients Waiting Over 62 days for treatment	No	-	-	6	12	12	9	9	-	17	19	13	11	20	16	20	16	26	25	19	-	199	3	8	6	-	2	-
	●●●●●●●●		Cancer - Patients Waiting Over 104 days for treatment	No	-	-	5	6	7	4	2	-	4	10	8	3	8	4	10	6	5	9	6	-	70	1	3	2	-	0	-
	●●●●●●●●		Cancer - Longest wait for treatment (days) - TRUST	No	-	-	149	148	169	217	121	-	171	177	138	136	207	117	119	118	143	144	170	-	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	Neutropenia Sepsis - Door to Needle Time > 1hr	<= No	0	0	9	15	7	11	5	4	3	2	1	1	2	3	5	3	3	5	3	1	1	1	0	0	-	0	-
	●●●●●●●●		IPT Referrals - Within 38 Days Of GP Referral for 62 day cancer pathway	%	-	-	69.6	35.7	69.6	68.8	84.2	73.3	66.7	35.7	57.1	61.1	56.3	68.4	50.0	47.4	63.6	45.0	66.7	-	57.8	-	-	-	-	-	-
			Cancer - 28 Day FDS TWW Referral (% of Informed) - Total	%	-	-	-	-	85.2	97.8	96.7	84.6	96.5	94.7	99.8	76.2	70.3	76.4	77.6	77.9	89.2	92.8	68.9	-	82.8	-	-	-	-	-	-
			Cancer - 28 day FDS TWW breast symptomatic (% of Informed)	%	-	-	-	-	99.4	100.0	100.0	100.0	100.0	100.0	100.0	100.0	95.5	100.0	97.7	97.7	75.9	95.1	46.7	-	91.0	-	-	-	-	-	-
			Cancer - 28 day FDS screening referral (% of Informed) - Total	%	-	-	-	-	77.8	-	92.9	-	-	100.0	-	-	-	50.0	-	-	-	-	100.0	-	80.0	-	-	-	-	-	-
			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	33.2	32.2	3.6	-	39.4	-	-	-	-	-	-
			Cancer - 28 day FDS TWW breast symptomatic (% of Eligible) - Total	%	-	-	-	-	105.3	62.7	72.1	16.2	34.0	22.8	18.9	18.1	68.9	107.0	265.6	146.6	153.7	148.1	5.9	-	65.5	-	-	-	-	-	-
			Cancer - 28 day FDS screening referral (% of Eligible) - Total	%	-	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RTT	●●●●●●●●	Apr 19	RTT - Admitted Care (18-weeks)	=> %	90	90	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	84.0	82.1	74.7	74.7	80.0	64.3	63.8	-	85.2	-
	●●●●●●●●	Apr 19	RTT - Non Admitted Care (18-weeks)	=> %	95	95	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	84.5	84.4	86.9	86.9	73.1	84.6	75.1	-	55.2	-
	●●●●●●●●	Apr 19	RTT - Incomplete Pathway (18-weeks)	=> %	92	92	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	74.5	73.2	70.5	70.5	83.2	63.7	80.3	-	56.6	-
	●●●●●●●●	Apr 19	RTT Waiting List - Incomplete	No	-	-	38360	38416	39374	39364	38603	34989	34058	34436	35421	36056	35684	36566	38639	39800	46587	48933	50178	47746	47746	5473	25888	2264	-	3554	0
	●●●●●●●●	Apr 19	RTT - Backlog	No	-	-	3475	3433	3645	3781	4646	6823	9964	14405	16470	14061	11523	10067	9734	9978	10809	12460	13460	14077	14077	919	9396	446	-	1544	0
	●●●●●●●●	Apr 19	Patients Waiting >52 weeks (All Pathways)	<= No	0	0	1	0	1	0	1	7	35	99	196	281	464	620	775	1008	1437	0	2858	2741	2741	49	2083	22	0	251	0
	●●●●●●●●	Apr 19	Patients Waiting >52 weeks (Incomplete)	<= No	0	0	0	0	0	0	0	7	32	93	177	252	376	482	641	755	1301	2130	2584	2428	2428	25	1941	11	0	166	0
	●●●●●●●●		Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	<= No	0	0	32	29	28	28	32	30	32	41	41	42	40	42	43	39	37	35	35	44	-	8	20	3	-	4	0
	●●●●●●●●		Treatment Functions Underperforming (Incomplete)	<= No	0	0	7	7	5	6	10	14	15	16	16	16	14	15	14	14	15	14	13	16	-	3	7	1	-	1	0
			RTT Clearance Time (Wks)	Ratio	-	-	8.9	10.8	9.5	9.8	12.4	18.1	15.5	12.3	12.6	13.8	11.3	11.7	12.0	13.5	18.2	17.6	15.3	18.6	18.6	16.3	18.7	16.2	-	26.7	-
DM01	●●●●●●●●	Apr 19	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	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	13.9	11.4	12.7	12.7	14.7	38.9	-	6.4	-	-
	●●●●●●●●	Apr 19	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	359	338	1028	499	1140	78	281	232	525	974	1270	1263	1783	1157	1705	1176	1351	1797	1797	62	103	-	1631	-	-

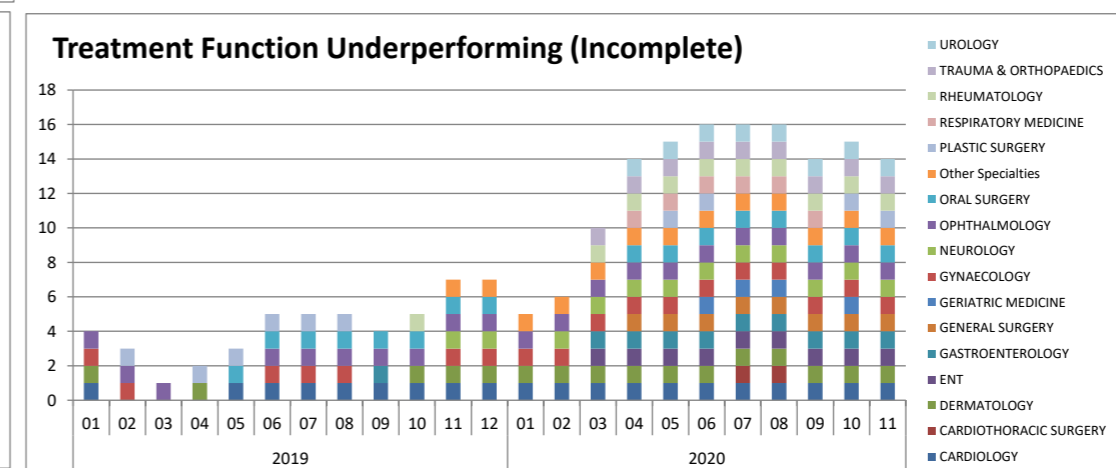
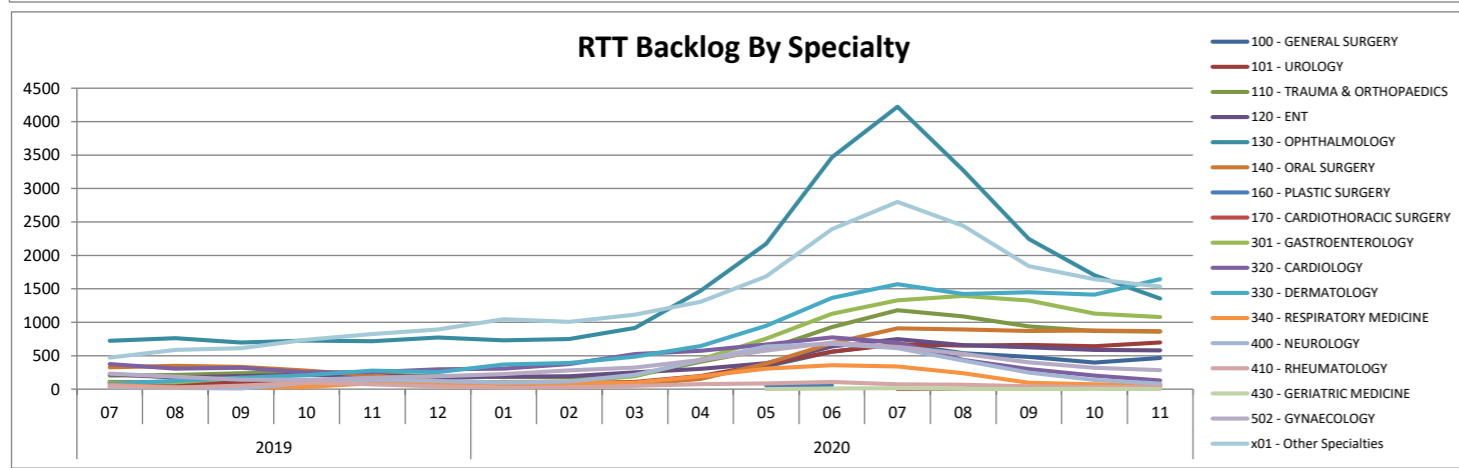
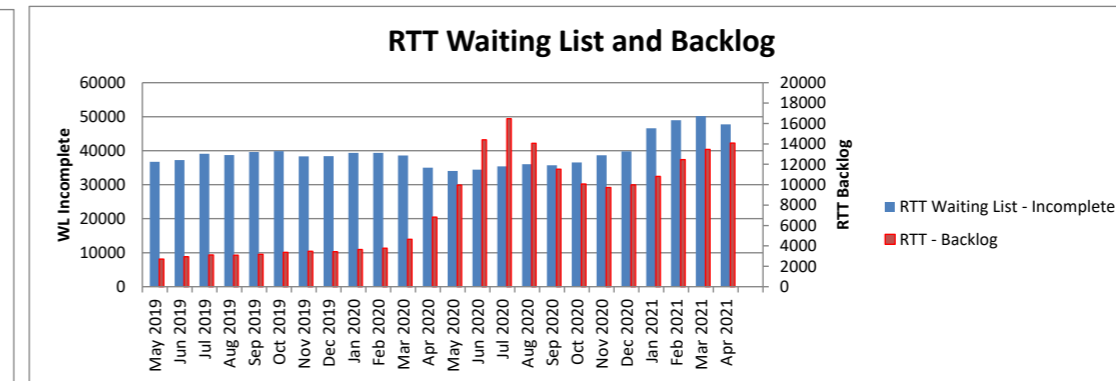
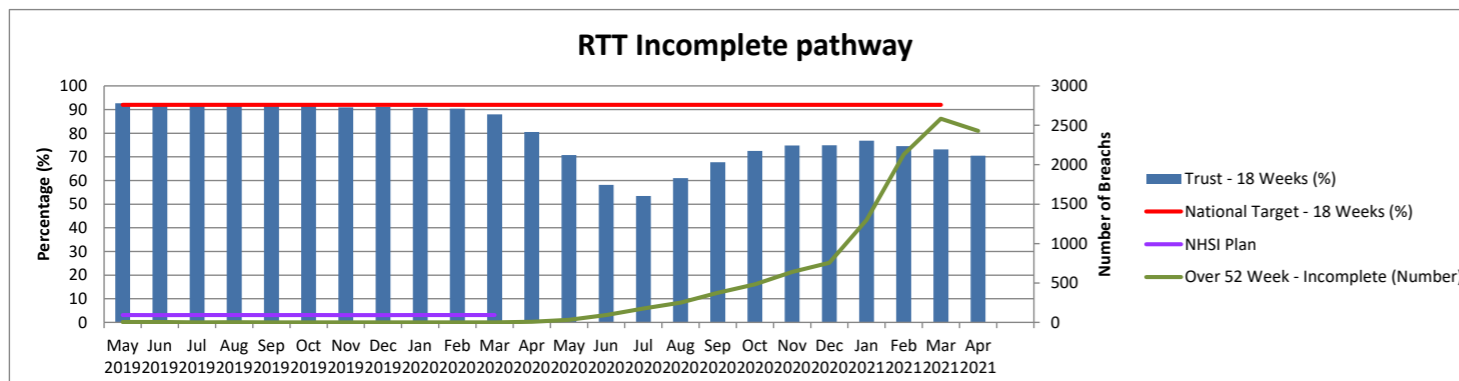
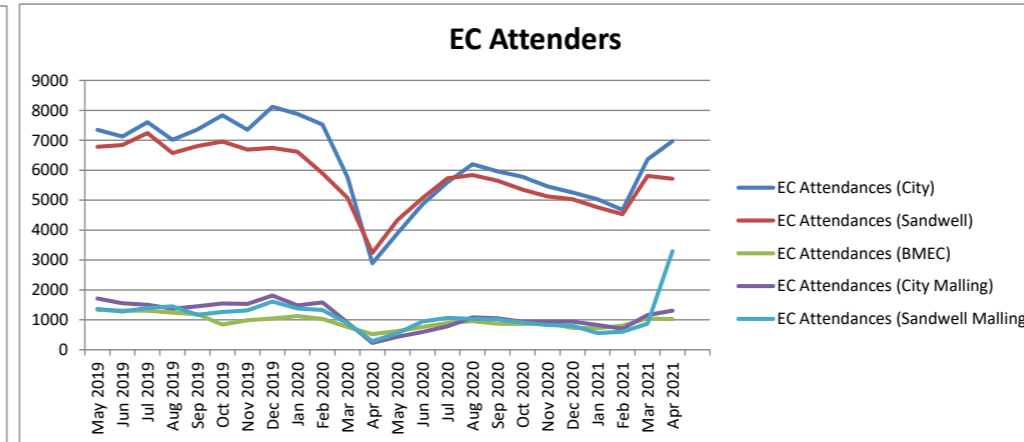
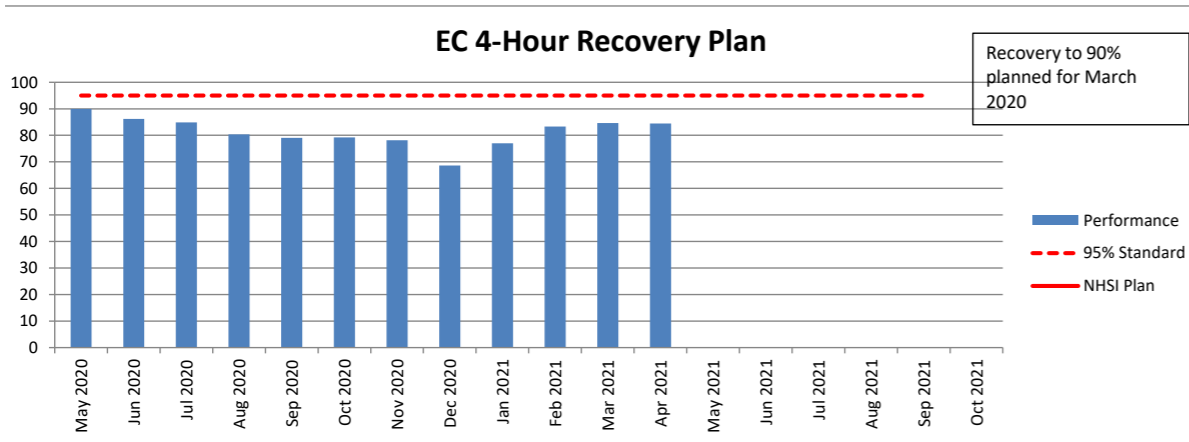
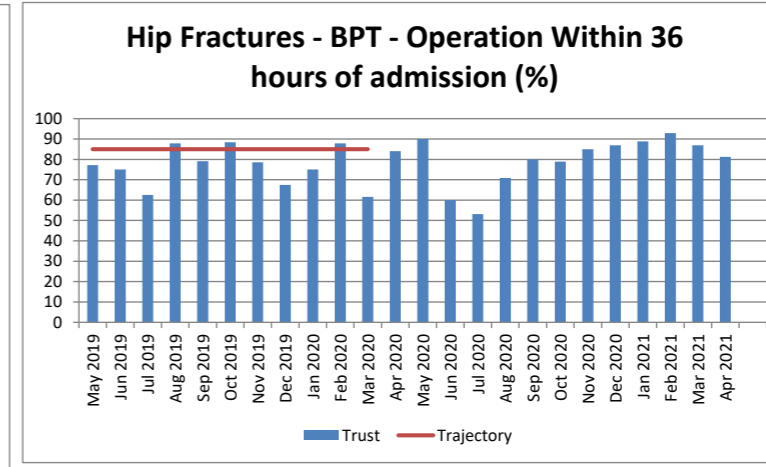
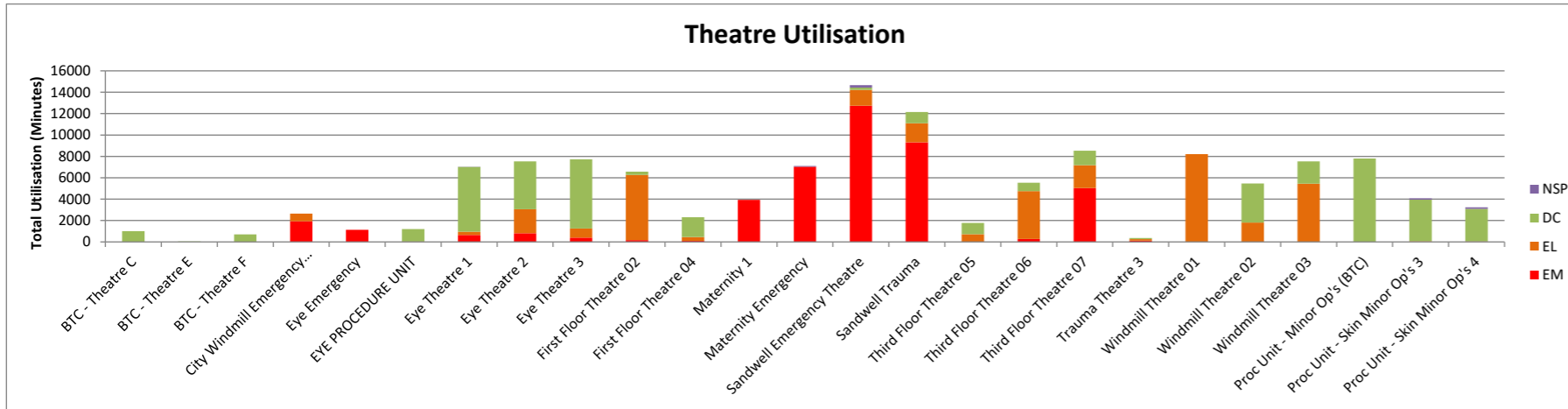
Data Quality - Kitemark						
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Timeliness	Audit	Source	Validation	Completeness	Granularity	Assessment of Exec Director
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If segment 2 of the Kitemark is Blank this indicates that a formal audit of this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

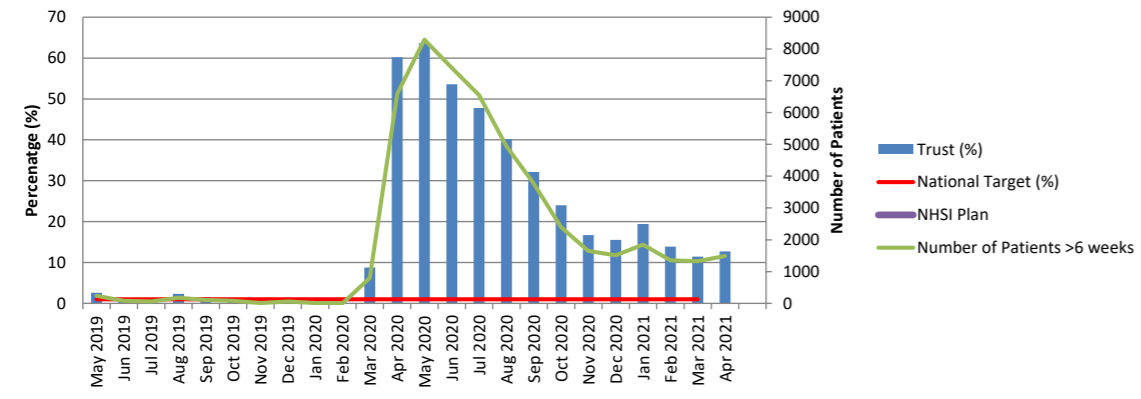


Month	Indicator	TumourSite	Informed In 28 Days	Eligible	% of Informed	% of Eligible
Mar 2021	Cancer - 28 Day FDS TWW Referral	Breast	4	254	23.53	1.575
Mar 2021	Cancer - 28 Day FDS TWW Referral	Colorectal	6	307	66.67	1.954
Mar 2021	Cancer - 28 Day FDS TWW Referral	Gynaecology	11	183	100	6.011
Mar 2021	Cancer - 28 Day FDS TWW Referral	Haematology	0	45	0	0
Mar 2021	Cancer - 28 Day FDS TWW Referral	Head & Neck	1	102	100	0.98
Mar 2021	Cancer - 28 Day FDS TWW Referral	Lung	0	33	0	0
Mar 2021	Cancer - 28 Day FDS TWW Referral	Skin	15	145	68.18	10.34
Mar 2021	Cancer - 28 Day FDS TWW Referral	Upper GI	11	186	100	5.914
Mar 2021	Cancer - 28 Day FDS TWW Referral	Urology	3	175	100	1.714
Mar 2021	28 day FDS TWW Breast Symptomatic	Breast	7	118	46.67	5.932
Mar 2021	Cancer - 28 day FDS screening referral	Breast	1	0	100	0
Mar 2021	Cancer - 28 day FDS screening referral	Colorectal	0	0	0	0
Mar 2021	Cancer - 28 day FDS screening referral	Gynaecology	0	0	0	0

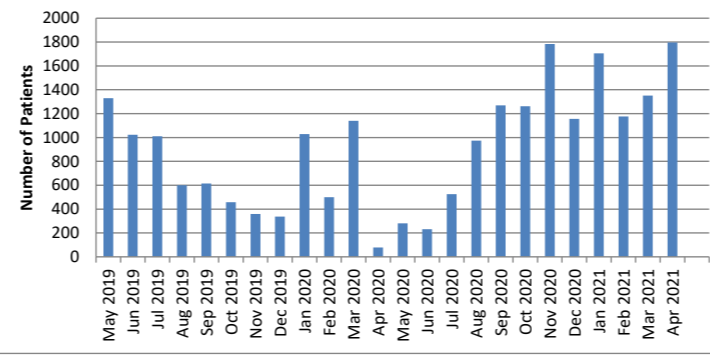




**Diagnostic Waits (% and No.) Greater Than 6 Weeks**



**Diagnostic Waits (In Month) Greater Than 6 Weeks**



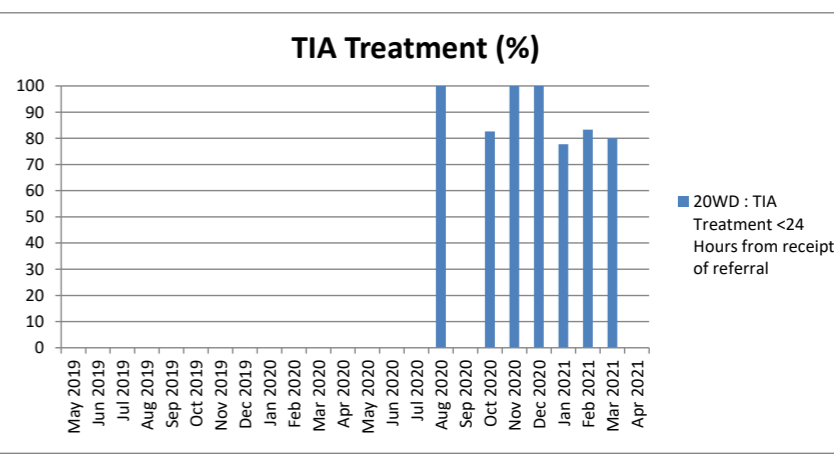
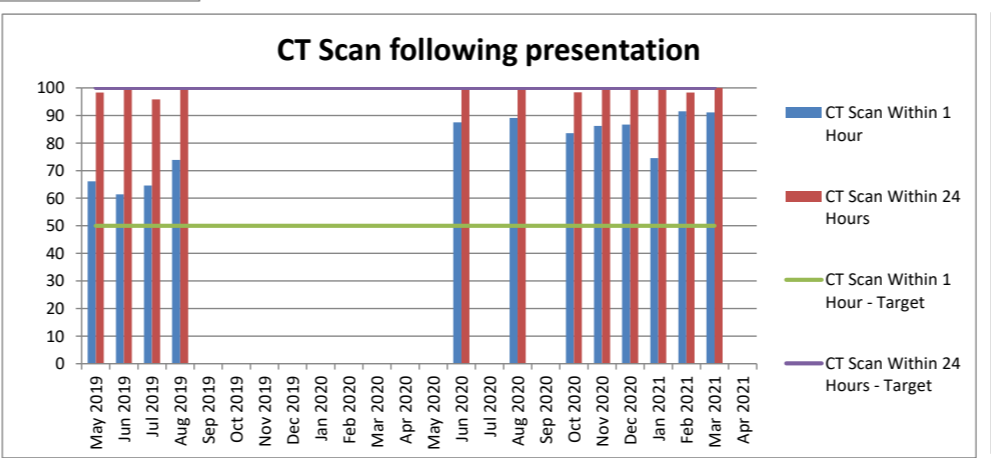
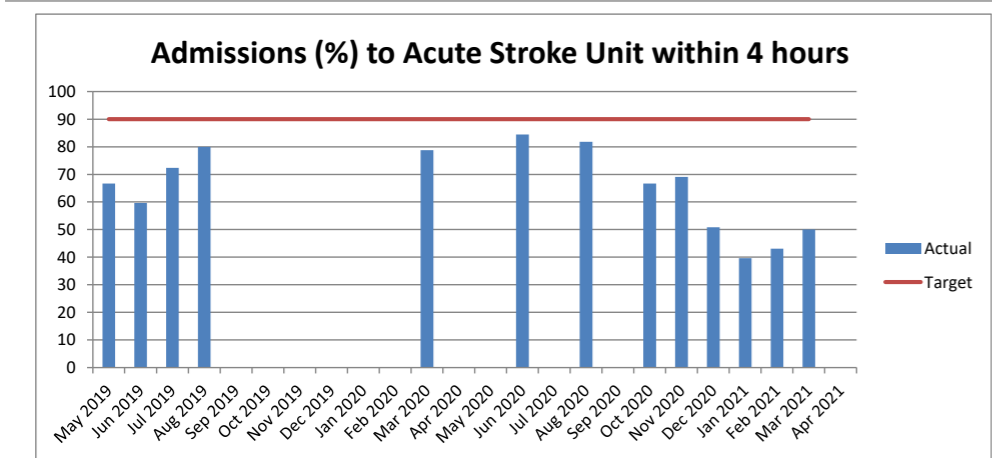
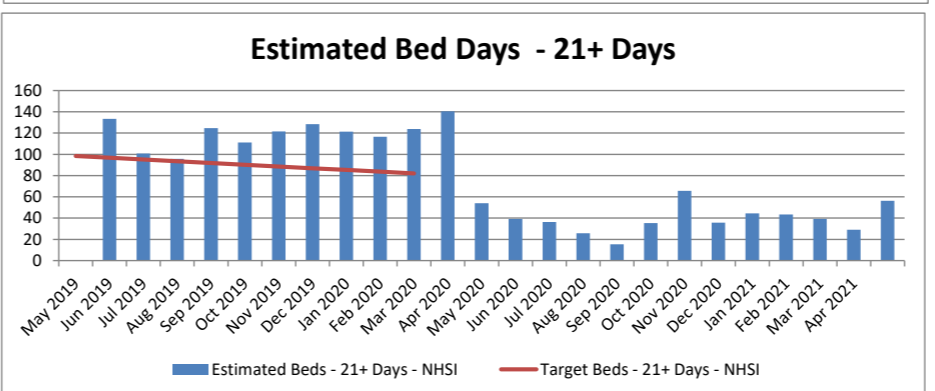
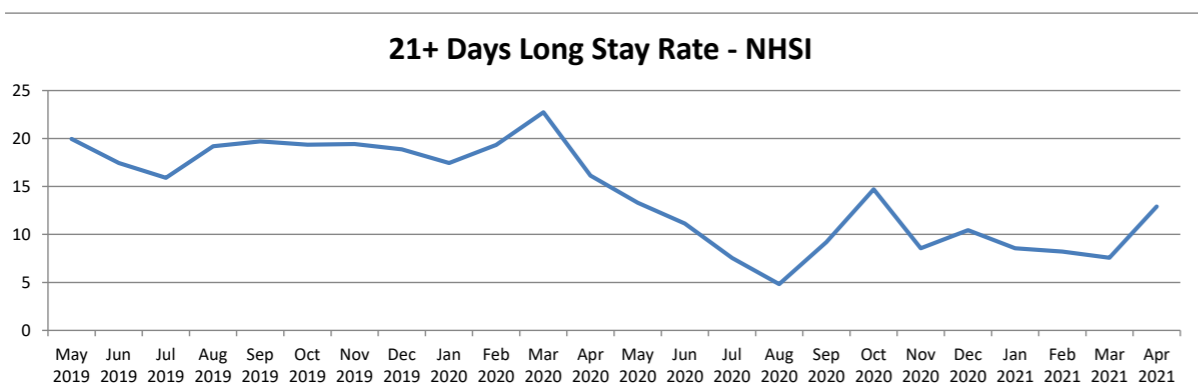
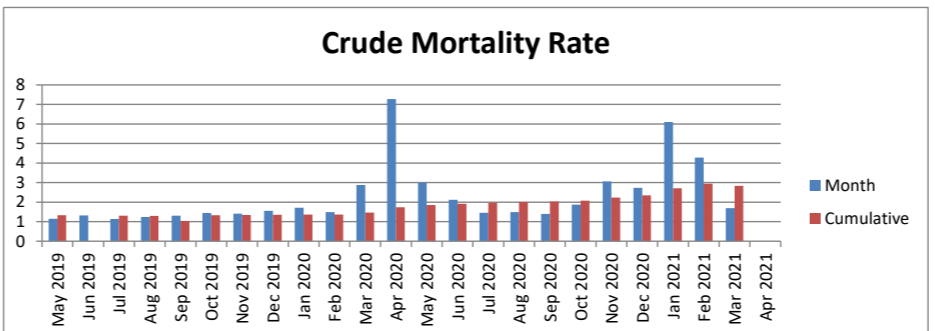
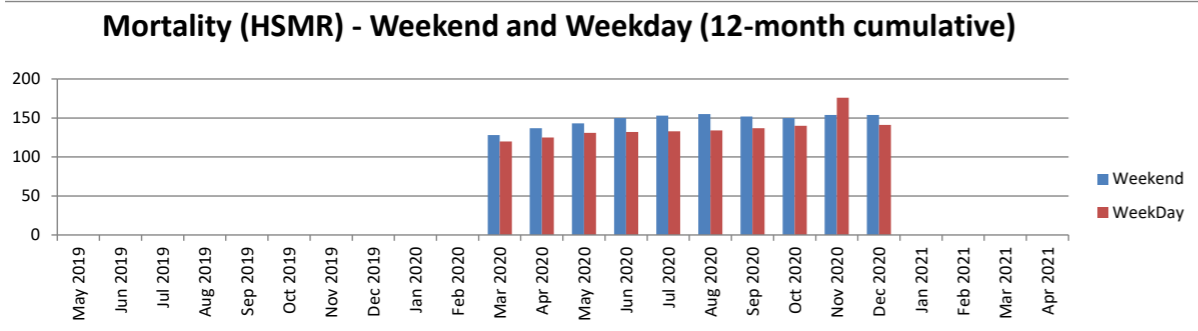
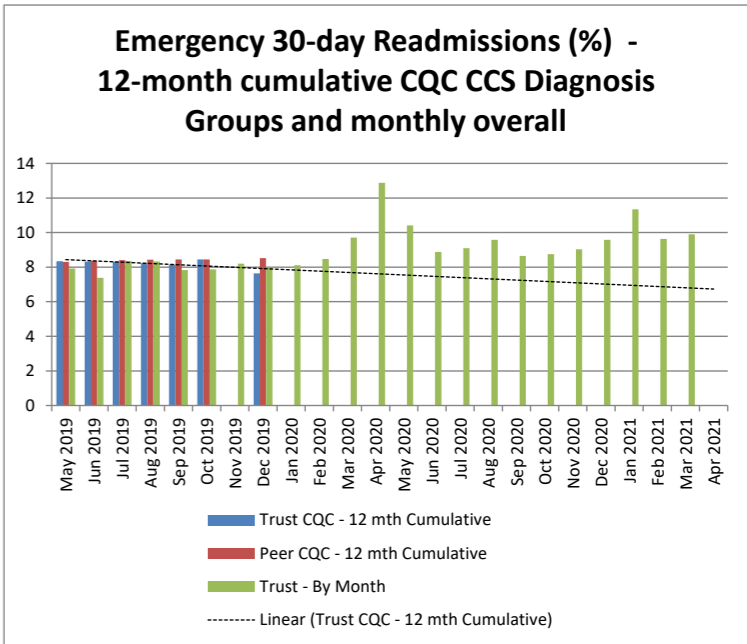
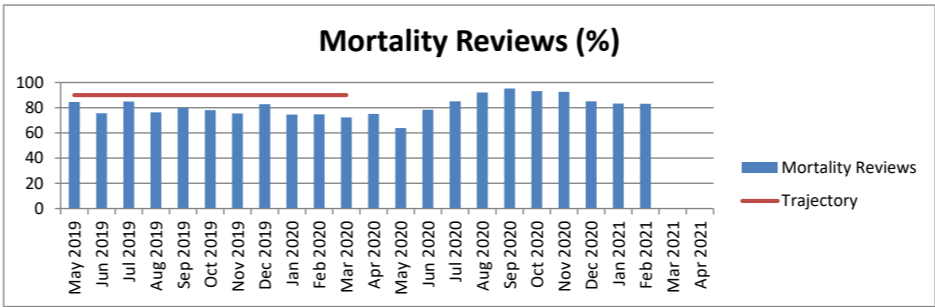
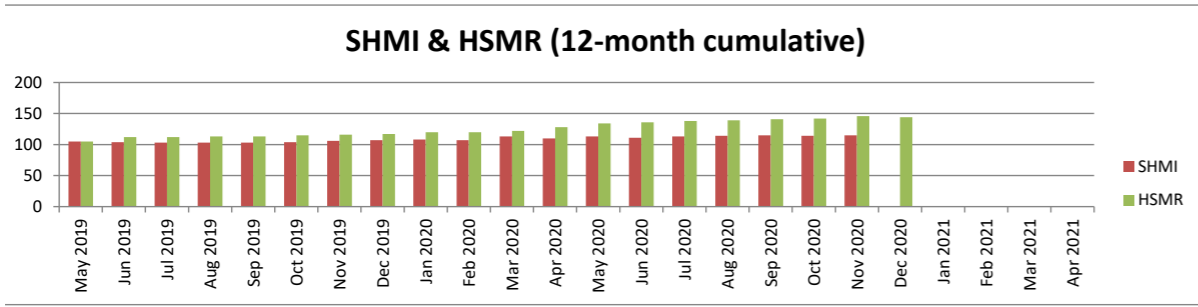


**Strok**

● ● ● ● ● ● ● ●	20WD: Pts admitted to Acute Stroke Unit within 4 hrs	=> %	80	80	-	-	-	-	78.7	-	-	84.4	-	81.8	-	66.7	69.1	50.9	39.6	43.1	50.0	-	65.5	50.0	-	-	-	-	-
● ● ● ● ● ● ● ●	20WD: Pts receiving CT Scan within 1 hr of presentation	=> %	50	50	-	-	-	-	-	-	-	87.5	-	89.1	-	83.6	86.2	86.7	74.5	91.5	91.1	-	85.7	91.1	-	-	-	-	-
● ● ● ● ● ● ● ●	20WD: Pts receiving CT Scan within 24 hrs of presentation	=> %	95	95	-	-	-	-	-	-	-	100.0	-	100.0	-	98.4	100.0	100.0	100.0	98.3	100.0	-	99.4	100.0	-	-	-	-	-
● ● ● ● ● ● ● ●	20WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85	85	-	-	-	-	50.0	-	-	50.0	-	50.0	-	80.0	100.0	83.3	100.0	50.0	75.0	-	75.0	75.0	-	-	-	-	-
	20WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	=> %	70	70	88.2	80.0	65.2	83.3	80.0	-	-	92.3	-	100.0	-	-	-	-	-	-	-	-	86.1	100.0	-	-	-	-	-
	20WD: TIA (Low Risk) Treatment <7 days from receipt of referral	=> %	75	75	61.1	61.9	61.1	76.2	67.6	-	-	100.0	-	-	-	-	-	-	-	-	-	-	91.3	100.0	-	-	-	-	-
	20WD : TIA Treatment <24 Hours from receipt of referral	%	-	-	-	-	-	-	-	-	-	-	-	100.0	-	82.6	100.0	100.0	77.8	83.3	80.0	-	87.4	80.0	-	-	-	-	-
● ● ● ● ● ● ● ●	Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80	80	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	90.9	100.0	90.9	94.4	94.4	94.4	-	-	-	-	-
● ● ● ● ● ● ● ●	Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80	80	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	81.8	94.4	90.9	88.2	88.2	88.2	-	-	-	-	-
● ● ● ● ● ● ● ●	Rapid Access Chest Pain - seen within 14 days	=> %	98	98	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	-	-	-

Data Quality - Kitemark						
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Timeliness	Audit	Source	Validation	Completeness	Granularity	Assessment of Exec Director
●	●	●	●	●	●	●

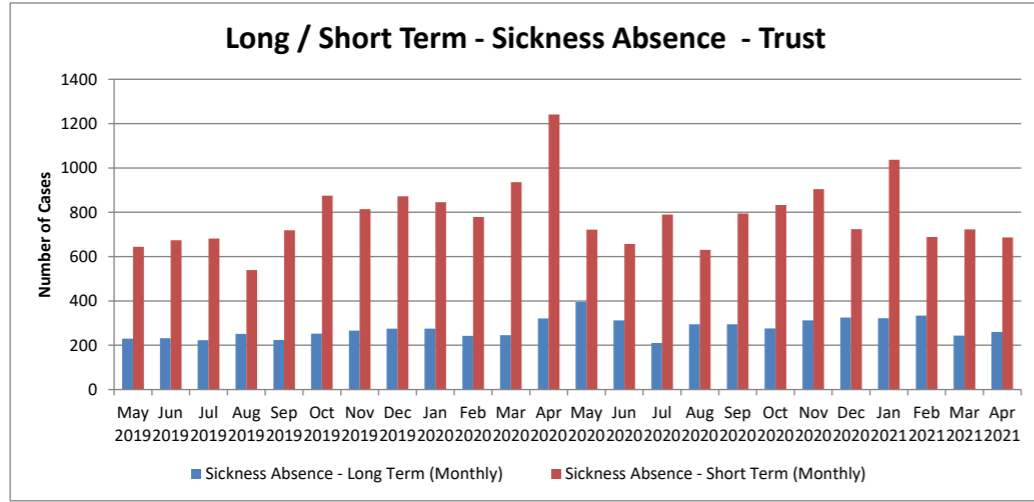
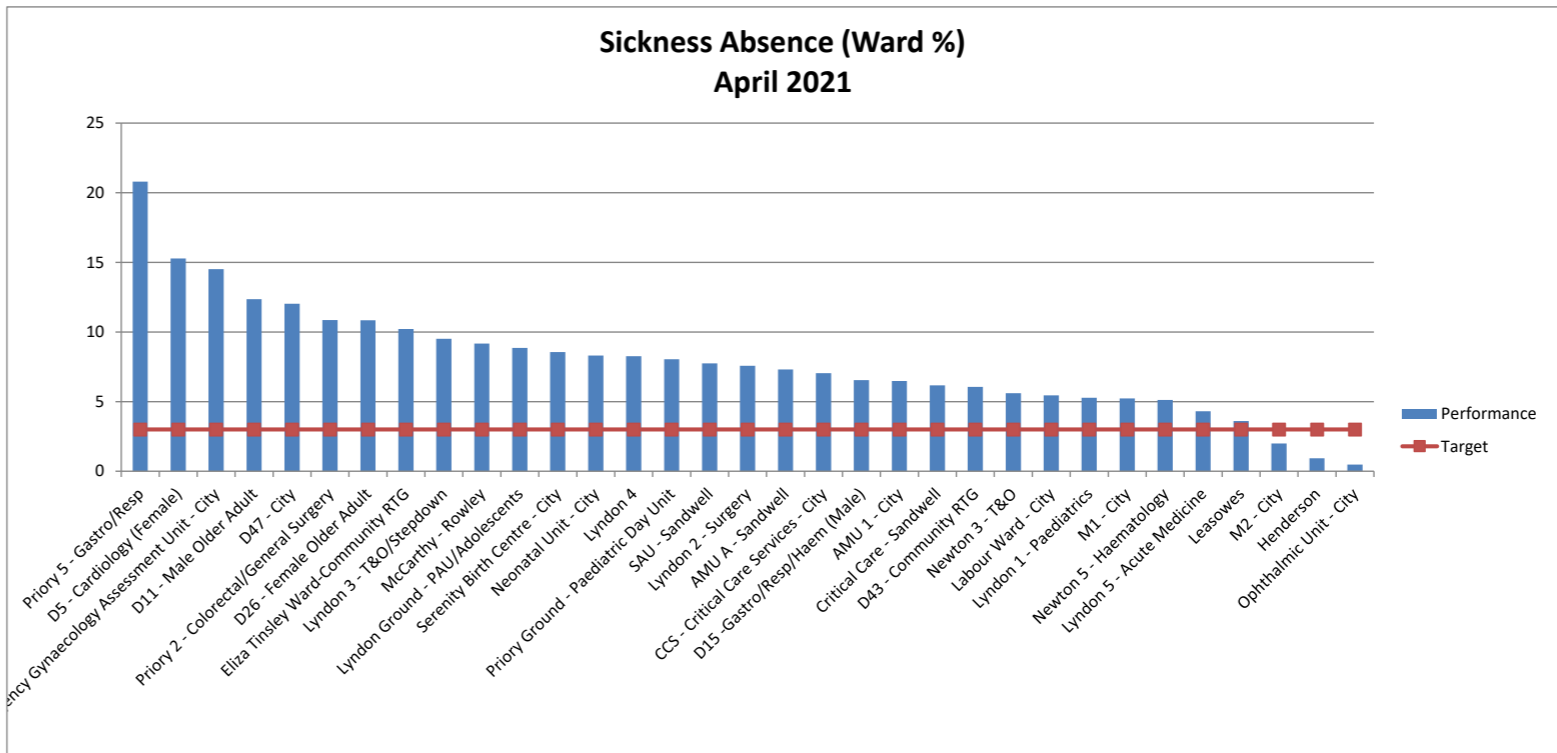
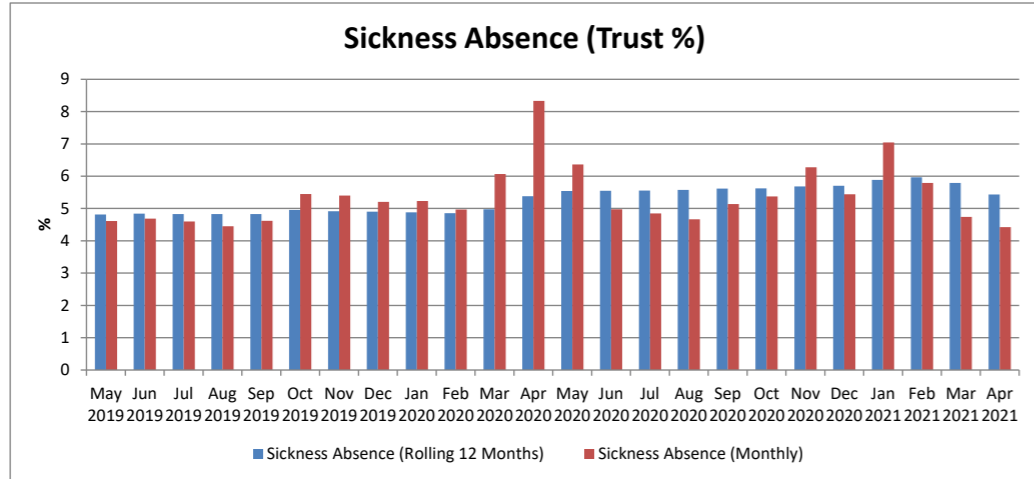
If segment 2 of the Kitemark is Blank this indicates that a formal audit of this indicator has not yet taken place



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







# CQC : Use of Resources

	Kitemark	Reviewed Date	Indicator	Measure	Period	Benchmark					Trust		2020/21												20/21 Year to Date	Group																							
						Model Hospital STP Peer	Royal Wolverh NHS Trust	Walsall Healthcare NHS Trust	Dudley Group NHS Foundation Trust	Model Hospital National Median	Model Hospital Quality Account Peer	Trust Delivery	Target	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	Feb 2021	Mar 2021	Apr 2021	M	SS	W	I	PCCT	CO											
Clinical Services			Pre-Procedure Elective Bed Days	Avg	Q4 2019/20	0.15	0.18	0.03	0.08	0.11	0.21	0.2	-	-	-	-	-	-	-	-	-	-	0.18	0.45	0.24	0.18	-	0.26	0.41	0.16	0.06	0.00	0.50	-															
			Pre-Procedure Non-Elective Bed Days	<= Avg	Q4 2019/20	0.74	0.64	0.85	0.82	0.66	0.54	0.66	-	0.61	0.59	0.63	0.61	0.49	0.55	0.38	0.52	-	-	-	-	-	0.75	0.73	0.65	0.54	-	0.61	0.61	0.43	0.22	-	0.74	-											
			DNA Rate - Inc Radiology (Model Hospital)	<= %	Q4 2019/20	8.09	7.31	9.92	6.63	7.11	6.75	8.35	-	8.3	8.8	7.7	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	8.7	9.3	9.3	7.0	13.2	15.0	0.0	8.4	-											
			DNA Rate - Exc Radiology (SWB)	<= %	Q3 2019/20	n/a	-	-	-	n/a	n/a	10.49	-	10.3	11.0	9.6	9.5	14.1	10.0	8.6	8.8	10.3	11.4	11.7	11.9	11.2	12.3	12.2	11.2	10.6	11.3	11.3	7.0	13.2	15.0	0.0	8.4	-											
Clinical Support Services			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= %	Q4 2019/20	7.97	6.68	8.16	5.72	7.94	7.49	8.23	-	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	11.3	9.6	9.9	-	9.7	13.4	6.8	7.1	9.5	1.7	-											
			Top 10 Medicines - Delivery of Savings	%	To Mar2018	-	-	-	-	100	-	82	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-												
People			Pathology Overall Cost Per Test	£	2018/19	£1.45	£2.08	£1.58	£1.14	£1.94	£2.46	£1.33	-	Pathology services are provided by the Black Country Pathology Services model; costs per test are available annually only in Model Hospital												-																							
			Staff Retention Rate	%	To May2020	86	87.2	84.4	89.8	86.2	85.1	85	-	-	-	86.1	86.6	85.4	85.5	85.7	86.3	86.6	86.4	90.7	86.7	86.8	86.7	87.3	87.3	84.5	84.5	84.6	87.8	86.9	91.1	86.9	78.2												
			Sickness Absence (Monthly)	<= %	May2020	5.41	4.87	6.89	4.82	4.77	5.01	5.39	-	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	4.7	4.4	4.4	5.4	5.3	3.8	4.6	4.3	3.1											
			Total Cost per WAU	£	2018/19	£3,614	-	-	-	£3,500	-	£3,359	-	Pay and Non-Pay costs per WAU are published on Model Hospital annually after the National Cost Collection window (formerly known as Reference Cost Submission); we are therefore unable to complete monthly trends on a per WAU basis												-																							
			Total Pay Cost per WAU	£	2018/19	£1,940	-	-	-	£1,923	-	£1,901	-													-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			Clinical Staff Pay Cost WAU	£	2018/19	£1,940	-	-	-	£1,923	-	£1,901	-													-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			Substantive Medical Staff Cost Per WAU	£	2018/19	£780	£774	£786	£793	£763	-	£770	-													-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		Substantive Nursing Staff Cost Per WAU	£	2018/19	£924	£839	£948	£1,005	£892	-	£901	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-												
		Professional Technical and Therapies Staff Cost Per WAU	£	2018/19	£236	-	-	-	£268	-	£230	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-													
Corporate services, Procurement, Estates & Facilities			Total Non-Pay Cost Per WAU	£	2018/19	£1,674	-	-	-	£1,577	-	£1,458	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-													
			Finance Cost Per £100m Turnover	£000	2018/19	483.8k	483.42	626.25	457.75	653.3	653.3k	634.6k	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.7												
			HR Cost Per £100m Turnover	£000	2018/19	686.9k	767.49	1270	388.35	910.7	767.5k	794.9k	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.7												
			Estates & Facilities Cost (£ per m2)	£	2018/19	-	£360	£366	£494	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-												
Finance			Procurement League Table: Process Efficiency and Price Performance Score (scaled 0 to 100)	No	Q2 2019/20	54	58	43	50	57	57	74	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	74												
			Capital Service Capacity - Value	No	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-	2	2	2	2	2	2	2	2	2	2	2	-	2	3	-	-	-	-	-	-	22													
			Liquidity (Days) - Value	No	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-	-15	-11	-15	-164	-91	-59	-52	-34	-37	-28	-31	-	-23	19	-	-	-	-	-	-	-499													
			Distance From Agency Spend Cap - Value	%	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-	76.0	75.0	78.0	70.0	50.0	31.0	37.0	22.0	23.0	27.0	73.2	-	40.0	67.0	-	-	-	-	-	70.5														
			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	-	0.0	0.0	-	-	-	-	-	0.0													
		Distance From 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	-	0.0	0.0	-	-	-	-	-	0.5														

**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

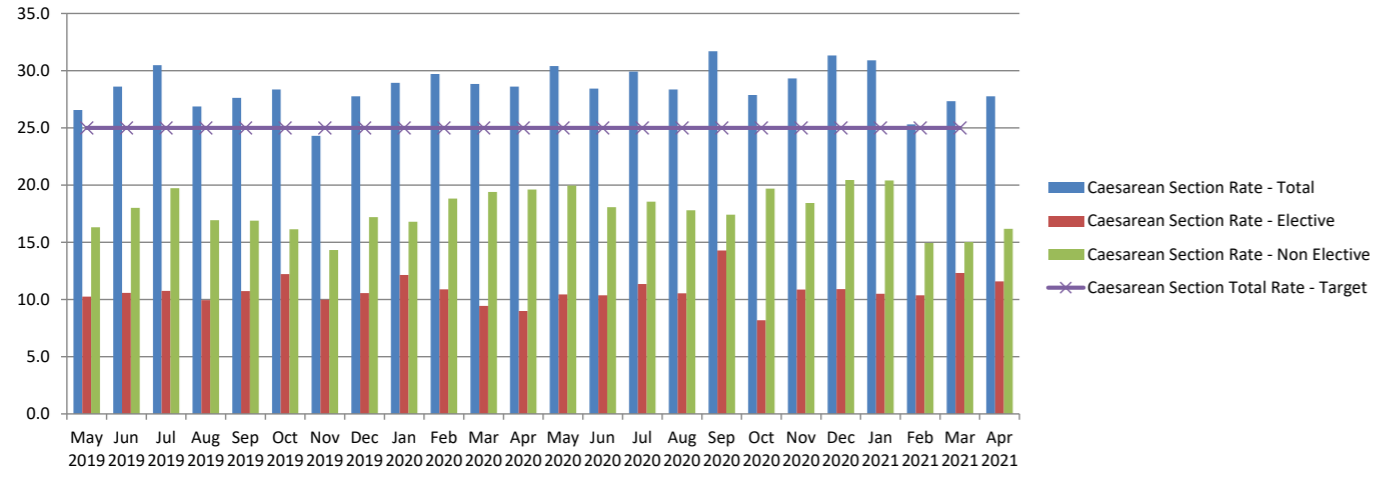
# Patient Safety - Obstetrics

Data Quality	Last review	PAF	Indicator	Measure	Trajectory	
					2016-2017	Year   Month
			Caesarean Section Rate - Total	<= %	30.0	30.0
		●	Caesarean Section Rate - Elective	<= %		
		●	Caesarean Section Rate - Non Elective	<= %		
		●d	Maternal Deaths	<= No	0	0
			Post Partum Haemorrhage (>2000ml)	<= No	48	4
			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0
			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0
	Apr-19		Stillbirth Rate (Corrected) (per 1000 babies)	Rate1		
	Apr-19		Neonatal Death Rate (Corrected) (per 1000 babies)	Rate1		
			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	85.0	85.0
			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0
			Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0
	Apr-19	●	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %		
	Apr-19	●	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %		
	Apr-19	●	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %		

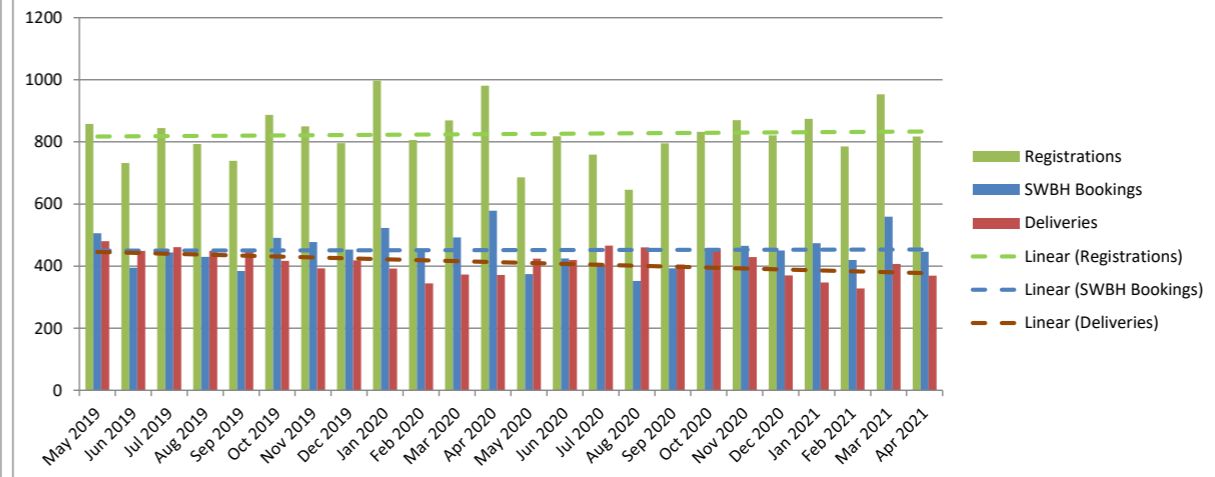
Previous Months Trend (since Nov 2019)																	
N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
10	11	12	11	9	9	10	10	11	11	14	8	11	11	10	10	12	12
14	17	17	19	19	20	20	18	19	18	17	20	18	20	20	15	15	16
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
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	6.08	9.83	5.42
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	3.06	4.91	5.39
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
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	0.9	0.4	0.6
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	0.9	0.4	0.9
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
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	0.0	0.0	0.5

Data Period	Month	Year To Date	Trend
Apr 2021	27.8	27.8	
Apr 2021	11.6	11.6	
Apr 2021	16.2	16.2	
Apr 2021	0	0	
Apr 2021	4	4	
Apr 2021	0.54	0.54	
Mar 2021	13.73	9.77	
Apr 2021	5.42	5.42	
Apr 2021	5.39	5.39	
Apr 2021	94.3	94.3	
Apr 2021	163.7	163.7	
Apr 2021	82.42	82.42	
Apr 2021	0.58	0.57	
Apr 2021	0.94	0.94	
Apr 2021	0.47	0.47	

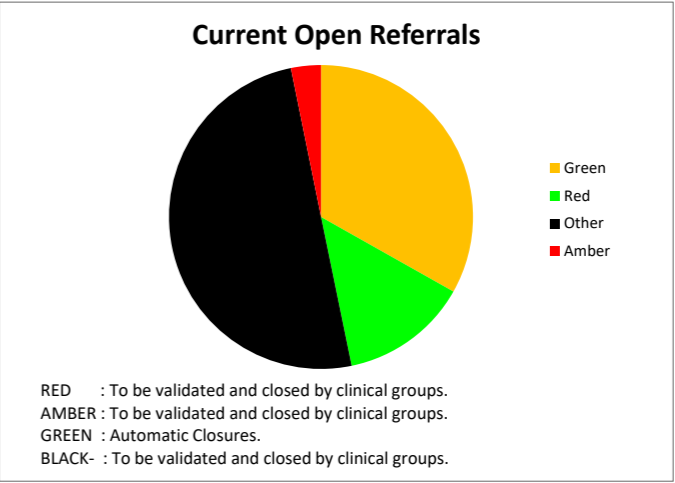
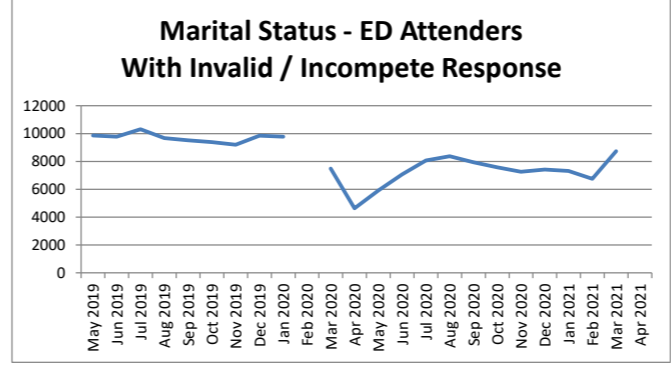
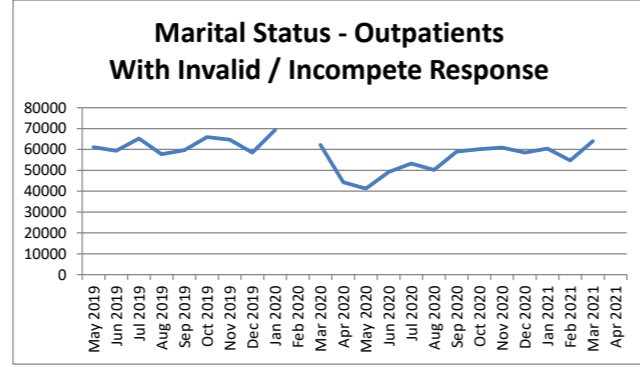
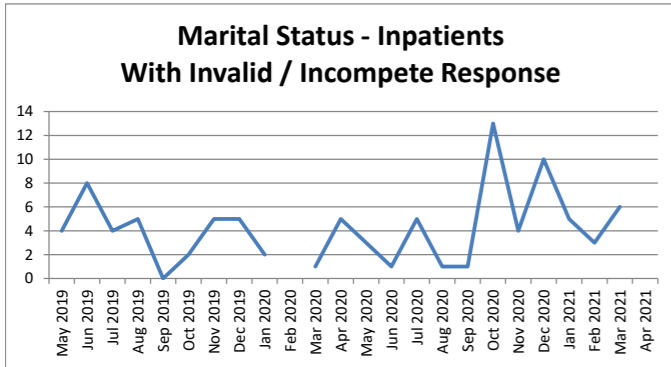
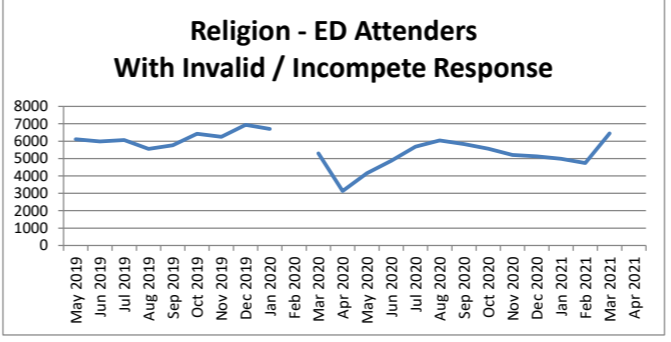
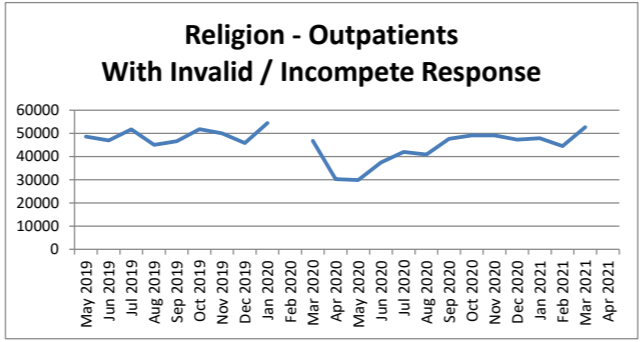
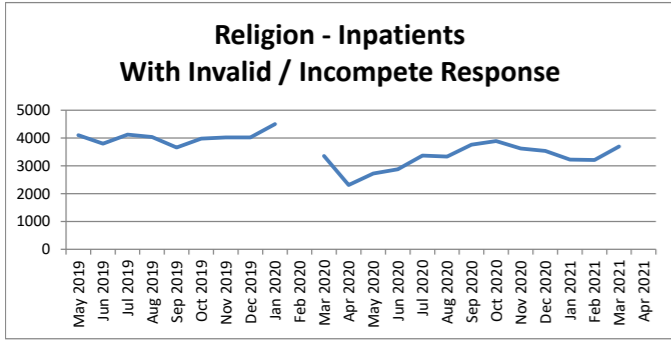
**Caesarean Section Rate (%)**



**Registrations & Deliveries**











# Legend

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

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

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

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

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

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

# Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		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	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorates			
			Year	Month	EC	AC_A	AC_B																				
Safe	C. Difficile (Post 48 hours)	No	30	3	2	2	1	2	3	0	3	1	2	3	1	1	0	1	4	2	3	2	2	2	0	0	
	MRSA Bacteraemia (Post 48 hours)	No	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	-	0	0	0	
	MRSA Screening - Elective	%	95	95	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	73.3	79.3	70.5	-	79.0	92.9	27.3	
	MRSA Screening - Non Elective	%	95	95	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	87.9	90.7	91.5	91.5	91.8	92.3	81.7	
	Number of DOLS raised	No	-	-	12	25	14	17	15	13	21	23	17	15	21	16	20	23	16	7	36	32	32	12	20	0	
	Number of DOLS which are 7 day urgent	No	-	-	12	25	14	17	15	13	21	23	17	15	21	16	20	23	16	7	36	32	32	12	20	0	
	Number of delays with LA in assessing for standard DOLS application	No	-	-	3	6	3	4	0	2	1	3	3	3	2	4	2	2	2	2	5	1	1	0	1	0	
	Number DOLS rolled over from previous month	No	-	-	0	0	0	2	1	5	4	2	3	1	1	2	4	6	4	6	3	6	6	2	4	0	
	Number patients discharged prior to LA assessment targets	No	-	-	7	16	7	10	11	12	22	19	15	11	17	8	11	21	10	8	26	26	26	8	18	0	
	Number of DOLS applications the LA disagreed with	No	-	-	0	0	0	1	0	0	0	0	0	0	0	0	2	0	0	0	1	0	0	0	0	0	
	Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	0	0	1	0	0	0	0	0	0	0	2	0	3	0	0	0	0	0	0	0	0	0	
	Falls	No	-	-	34	47	46	42	65	21	35	44	51	44	54	44	60	36	42	43	63	50	50	9	-	-	
	Falls - Death or Severe Harm	No	0	0	1	0	1	1	0	0	1	1	2	0	0	0	0	0	0	1	1	1	1	1	0	0	0
	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	3	14	14	17	18	15	17	6	7	11	10	23	26	20	27	16	21	16	16	-	-	-	
	Venous Thromboembolism (VTE) Assessments	%	95	95	-	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	98.0	95.8	97.1	-	97.9	95.5	93.6	
	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	%	100	100	100.0	100.0	100.0	99.0	100.0	100.0	100.0	100.0	100.0	100.0	99.9	100.0	100.0	96.8	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	99.6	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	99.3	100.0	100.0	100.0	99.6	-	100.0	100.0	99.3	
	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	%	100	100	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	99.6	100.0	98.9	-	100.0	98.4	99.3	
	Never Events	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	0	0
	Medication Errors causing serious harm	No	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Serious Incidents	No	0	0	5	4	4	2	0	3	1	4	2	3	4	3	3	2	2	4	6	-	37	1	5	0		
Sepsis - Screened (as % Of Screening Required)	%	100	100	-	-	-	-	-	-	-	-	93.2	92.9	95.2	96.9	96.8	96.7	97.8	97.8	94.7	92.9	92.9	-	-	-		
Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	24.9	24.4	25.3	24.2	27.2	28.1	24.8	29.9	33.8	32.7	32.7	-	-	-		
Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	83.4	88.7	89.5	89.8	91.1	88.0	93.4	88.1	86.0	84.8	84.8	-	-	-		
Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	-	-	54.3	58.2	81.9	81.8	82.3	84.5	85.2	84.4	82.6	83.1	83.1	-	-	-		
Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
ing	Mixed Sex Accommodation - Breaches (Patients)	No	0	0	-	-	-	401	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	No. of Complaints Received (formal and link)	No	-	-	31	29	40	36	32	14	19	32	52	34	37	37	44	43	41	42	41	43	43	24	18	1	
	No. of Active Complaints in the System (formal and link)	No	-	-	50	50	58	68	59	49	51	54	52	61	89	121	157	67	162	182	169	179	-	89	88	2	
	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	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	2.78	2.23	2.76	2.76	-	-	-	

# Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		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	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorates			
			Year	Month	EC	AC_A	AC_B																				
Care	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	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	9.55	7.11	9.28	9.28	-	-	-	
	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	2.8	0.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	-
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	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	60.0	2.4	66.7	66.7	-	-	-	
	No. of responses sent out	No	-	-	34	24	31	28	37	29	16	28	32	25	17	8	7	38	33	25	14	12	12	-	-	-	
Responsive	Emergency Care Attendances (Including Mailing)	No	-	-	16885	18288	17355	16335	12630	6641	9204	11457	13175	14143	13675	12971	12336	12033	11168	10502	14206	17279	17279	9007	8272	-	
	Emergency Care 4-hour waits	%	95	95	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	76.1	83.3	84.7	84.7	83.7	85.7	-	
	Emergency Care 4-hour breach (numbers)	No	-	-	0	0	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	1	1	0	0	0	1	0	0	0	0	0	3	2	3	23	5	0	6	6	4	2	-	
	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	No	-	-	24	29	24	27	26	20	19	18	20	22	28	31	29	32	92	46	40	35	35	-	-	-	
	Emergency Care Timeliness - Time to Treatment in Department (median)	No	-	-	84	86	82	76	44	16	17	24	34	39	45	36	37	36	40	37	38	42	42	-	-	-	
	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	%	5	5	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	8.0	8.0	7.5	7.5	7.4	7.6	-	
	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	%	5	5	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	3.3	3.6	3.6	3.6	3.6	3.3	3.9	-
	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	No	0	0	228	279	199	242	380	234	172	77	183	172	161	267	186	245	415	237	268	-	2617	236	32	-	
	WMAS - Finable Handovers (emergency conveyances) >60 mins (number)	No	0	0	9	12	9	32	42	8	1	0	0	3	9	43	31	49	381	87	85	-	697	80	5	-	
	WMAS - Handover Delays > 60 mins (% all emergency conveyances)	%	0.02	0.02	0.2	0.2	0.2	0.7	0.9	0.3	0.0	-	0.0	0.1	0.2	1.0	0.8	1.1	8.4	2.2	2.0	-	1.6	3.5	0.3	-	
	WMAS - Emergency Conveyances (total)	No	-	-	4721	4887	4848	4522	4588	3069	3282	3039	3951	4209	4065	4323	4106	4278	4544	4033	4209	-	47108	2300	1909	-	
	No. of Sitrep Declared Late Cancellations - Total	No	0	0	12	5	14	5	3	0	2	9	7	0	7	10	6	5	0	2	1	0	0	0	0	0	0
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	0	0	0	0	0	0	0	0	0	-	2	0	0	0	0	0	0	0	0	0	0	0	0
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	12	5	14	5	3	0	2	9	7	-	5	10	5	5	0	2	1	0	0	0	0	0	0
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	1.5	0.6	1.6	0.6	0.4	-	0.3	1.5	1.0	-	1.0	1.9	1.1	0.9	-	1.3	0.1	0.3	-	3.8	-	-	
	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	0	0	0
	No. of second or subsequent urgent operations cancelled	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-
	Urgent Cancellations	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
	No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	No	0	0	0	1	1	1	3	0	0	0	1	0	1	0	0	1	0	1	0	0	0	0	0	0	0
	Multiple Hospital Cancellations experienced by same patient (all cancellations)	No	0	0	9	6	11	8	20	5	7	5	5	3	2	6	6	2	11	3	3	4	4	-	-	-	
	All Hospital Cancellations, with 7 or less days notice	No	0	0	69	98	93	41	66	25	27	42	23	26	23	29	27	11	35	17	29	26	26	-	-	-	
	2 weeks	%	93	93	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	92.8	88.5	90.4	-	-	-	100.0	89.1	
31 Day (diagnosis to treatment)	%	96	96	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	100.0	-	-	-	100.0	100.0		
62 Day (urgent GP referral to treatment) Excl Rare Cancers	%	85	85	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	71.4	84.2	79.2	-	-	-	83.3	75.0		
62 Day (urgent GP referral to treatment) - Inc Rare Cancers	%	85	85	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	73.9	85.7	79.2	-	-	-	83.3	75.0		

# Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		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	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorates				
			Year	Month	EC	AC_A	AC_B																					
	62 Day (referral to treat from screening)	%	90	90	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0	-	0.0	-	-	-		
	62 Day (referral to treat from hosp specialist)	%	90	90	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	75.0	71.4	56.7	-	69.4	-	-	-		
	Cancer = Patients Waiting Over 62 days for treatment	No	-	-	1	4	4	2	1	-	4	3	3	0	4	4	4	2	3	2	3	-	29	-	1	2		
	Cancer - Patients Waiting Over 104 days for treatment	No	-	-	1	3	3	1	0	-	0	1	2	0	3	1	2	1	2	1	1	-	12	-	0	1		
	Neutropenia Sepsis - Door to Needle Time > 1hr	No	0	0	9	15	7	11	5	4	3	2	1	1	2	3	5	3	3	5	3	1	1	-	1	-	1	0
	RTT - Admitted Care (18-weeks)	%	90	90	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	94.0	91.6	80.0	-	-	-	75.7	100.0	
	RTT - Non Admitted Care (18-weeks)	%	95	95	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	72.7	78.7	73.1	-	-	-	73.8	72.7	
	RTT - Incomplete Pathway (18-weeks)	%	92	92	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	80.2	80.6	83.2	-	-	-	93.0	77.4	
	RTT Waiting List - Incomplete	No	-	-	6977	7163	7328	7293	7261	6858	6660	6501	6289	6113	5457	5446	5390	5182	4849	5162	5247	5473	5473	0	2038	3435		
	RTT - Backlog	No	-	-	559	579	601	695	1034	1639	2372	2944	2989	2501	1969	1542	1355	1203	928	1022	1016	919	-	0	143	776		
	Patients Waiting >52 weeks (All Pathways)	No	0	0	0	0	0	0	0	0	0	0	1	1	34	46	28	34	78	0	70	49	-	0	3	46		
	Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	0	0	0	0	0	31	17	17	9	23	35	33	25	-	0	1	24		
	Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	No	0	0	9	7	7	7	10	10	8	11	12	12	11	10	10	10	9	8	7	8	-	0	4	4		
	Treatment Functions Underperforming (Incomplete)	No	0	0	2	2	1	2	3	4	4	5	6	6	4	4	3	3	4	3	3	3	-	0	1	2		
	RTT Clearance Time (Wks)	Ratio	-	-	17.5	22.7	17.4	17.1	25.3	35.0	35.2	20.6	20.4	23.6	13.4	15.6	16.4	16.5	17.3	19.4	15.9	16.3	16.3	-	15.3	16.9		
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	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	12.8	9.8	14.7	-	-	-	-		
	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	25	42	29	54	33	-	253	51	112	133	246	246	140	73	55	12	34	62	62	-	-	-		
	Cancer - Longest wait for treatment (days) - GROUP	No	-	-	149	145	133	156	79	-	91	173	134	62	210	130	165	104	141	361	116	-	-	-	72	116		
ative	Mortality Reviews within 42 working days	%	90	90	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	86.0	83.5	82.7	-	-	-	77.8	83.3	90.1		
	Deaths In the Group	No	-	-	114	125	147	109	-	319	141	110	86	89	93	132	199	158	312	200	88	-	1927	-	-	-		
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	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	14.3	12.5	13.4	-	-	-	-	-		
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	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	13.5	13.4	13.3	-	13.4	-	-	-		
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	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	7.4	6.3	6.5	-	6.1	-	-	-		
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	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	5.7	5.9	6.1	-	4.9	-	-	-		
	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	128	130	128	144	129	45	38	40	39	32	46	53	69	64	73	66	69	51	51	31	8	12		
	21+ Days Long Stay Rate - NHSI	%	-	-	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	11.7	22.8	11.3	11.3	8.1	23.7	7.8		
	Estimated Beds - 21+ Days - NHSI	No	-	-	112	115	109	115	129	31	37	25	23	10	30	22	28	43	76	52	105	36	36	11	16	9		
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	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	85.4	70.0	49.9	49.9	93.8	27.7	38.8		
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	998	1078	1065	2011	1921	3644	1318	1432	1471	1423	1722	1528	1667	2246	8433	3063	1642	1347	1347	625	166	556		
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	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	96.2	91.7	44.7	44.7	100.0	45.0	25.0		

# Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		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	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorates		
			Year	Month	EC	AC_A	AC_B																			
Effe	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	376	268	187	338	262	112	91	140	202	196	202	130	119	97	78	101	133	51	51	1	49	1
	20WD: Pts spending >90% stay on Acute Stroke Unit	%	90	90	-	-	-	-	93.7	-	-	86.7	-	87.5	-	85.0	89.3	88.5	66.7	61.1	78.6	-	82.9	-	-	78.6
	20WD: Pts admitted to Acute Stroke Unit within 4 hrs	%	80	80	-	-	-	-	78.7	-	-	84.4	-	81.8	-	66.7	69.1	50.9	39.6	43.1	50.0	-	65.5	-	-	50.0
	20WD: Pts receiving CT Scan within 1 hr of presentation	%	50	50	-	-	-	-	-	-	-	87.5	-	89.1	-	83.6	86.2	86.7	74.5	91.5	91.1	-	85.7	-	-	91.1
	20WD: Pts receiving CT Scan within 24 hrs of presentation	%	95	95	-	-	-	-	-	-	-	100.0	-	100.0	-	98.4	100.0	100.0	100.0	98.3	100.0	-	99.4	-	-	100.0
	20WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	%	85	85	-	-	-	-	50.0	-	-	50.0	-	50.0	-	80.0	100.0	83.3	100.0	50.0	75.0	-	75.0	-	-	75.0
	20WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	%	-	-	88.2	80.0	65.2	83.3	80.0	-	-	92.3	-	100.0	-	-	-	-	-	-	-	-	86.1	-	-	100.0
	20WD: TIA (Low Risk) Treatment <7 days from receipt of referral	%	-	-	61.1	61.9	61.1	76.2	67.6	-	-	100.0	-	-	-	-	-	-	-	-	-	-	91.3	-	-	100.0
	20WD : TIA Treatment <24 Hours from receipt of referral	%	-	-	-	-	-	-	-	-	-	-	-	100.0	-	82.6	100.0	100.0	77.8	83.3	80.0	-	87.4	-	80.0	-
	Primary Angioplasty (Door To Balloon Time 90 mins)	%	80	80	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	90.9	100.0	90.9	94.4	94.4	-	94.4	-
	Primary Angioplasty (Call To Balloon Time 150 mins)	%	80	80	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	81.8	94.4	90.9	88.2	88.2	-	88.2	-
	Rapid Access Chest Pain - seen within 14 days	%	98	98	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-
	Well Led	PDRs - 12 month rolling	%	95	95	-	-	-	-	-	-	-	-	-	-	87.8	-	-	-	-	-	-	-	-	85.9	90.2
Medical Appraisal		%	90	90	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	87.7	88.1	89.3	-	95.7	86.7	93.9	91.1
Sickness Absence (Rolling 12 Months)		%	3	3	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	7.2	6.9	6.4	6.4	5.8	6.7	6.9
Sickness Absence (Monthly)		%	3	3	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	6.0	5.8	5.4	5.4	5.4	4.7	5.8
Sickness Absence - Long Term - (Open Cases in the month)		No	-	-	43	43	37	22	37	46	55	42	38	45	41	48	56	51	39	49	48	37	37	17	9	11
Sickness Absence - Short Term (Monthly)		No	-	-	176	183	195	188	299	338	175	162	191	166	201	221	201	171	256	164	202	170	170	86	27	57
Ward Sickness Absence (Monthly)		%	3	3	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	8.2	8.2	6.9	6.9	6.7	5.9	7.6
Mandatory Training - Health & Safety (% staff)		%	95	95	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	95.2	95.2	96.1	96.1	-	-	-
Staff at 100% compliance with mandatory training		%	-	-	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	53.3	57.0	59.5	59.5	-	-	-
Staff requiring to complete 1 module to be at 100% compliance with mandatory training		%	-	-	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	24.4	21.6	20.6	20.6	-	-	-
Staff requiring to complete 2 modules to be at 100% compliance with mandatory training		%	-	-	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	10.5	9.7	9.4	9.4	-	-	-
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	11.8	11.7	10.5	10.5	-	-	-
Nursing Vacancy Rate (Qualified)		%	11	11	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	12.8	13.7	12.7	12.7	12.7	-	-
New Starters Complete Onboarding Process	%	100	100	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	73.3	94.1	94.1	94.1	-	-	-
Patient Admin	Open Referrals	No	-	-	52552	54131	55024	55223	53611	50679	50502	50369	51104	51936	51949	52368	52741	53540	61305	61956	61376	57297	-	15068	22926	19303
	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No	-	-	15603	16166	16654	16294	14829	12044	13757	14228	14244	13873	14160	14417	14818	14857	15243	15066	15346	15093	-	7915	4487	2691

# Surgical Services Group

CQC Domain	Indicator	Measure	Standard		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	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorate					
			Year	Month																						GS	SS	TH	APCC
Safe	C. Difficile (Post 48 hours)	No	7	1	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	0	0	
	MRSA Screening - Elective	%	95	95	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	61.7	71.7	88.5	-	97.6	73.1	-	0.0	82.1	
	MRSA Screening - Non Elective	%	95	95	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	87.7	90.3	92.9	92.9	92.9	91.3	-	-	97.6	
	Number of DOLS raised	No	-	-	8	7	13	9	9	10	16	14	12	6	13	13	12	14	9	17	12	6	6	5	0	0	1	0	
	Number of DOLS which are 7 day urgent	No	-	-	8	7	13	9	9	10	16	14	12	6	13	13	12	14	9	17	12	6	6	5	0	0	1	0	
	Number of delays with LA in assessing for standard DOLS application	No	-	-	0	0	2	0	0	1	2	1	1	1	1	2	1	0	3	0	1	1	0	0	0	0	0	0	0
	Number DOLS rolled over from previous month	No	-	-	0	1	0	1	6	2	2	4	1	1	1	1	1	3	2	2	2	1	1	1	1	0	0	0	0
	Number patients discharged prior to LA assessment targets	No	-	-	4	5	9	6	12	9	10	15	10	4	10	9	13	11	8	17	10	4	4	4	0	0	0	0	
	Number of DOLs applications the LA disagreed with	No	-	-	1	0	0	1	1	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	1	0	3	0	0	0	0	1	1	1	0	0	0	0
	Falls	No	-	-	11	13	20	8	16	20	12	8	8	12	7	5	12	23	12	13	9	11	11	2	4	-	1	3	
	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	0	
	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	4	6	13	9	7	16	5	7	2	5	9	7	9	13	16	10	5	10	10	2	4	-	4	-	
	Venous Thromboembolism (VTE) Assessments	%	95	95	-	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	90.0	90.3	94.6	-	93.3	98.3	-	99.3	93.0	
	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	%	100	100	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	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	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	-	100.0	
	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	%	100	100	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	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	1	0	1	0	0	0	0	0	0	0	0	
	Medication Errors causing serious harm	No	0	0	0	0	0	1	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	1	0	0	0	2	0	1	1	1	1	0	1	1	1	-	9	1	0	0	0	0	
	Sepsis - Screened (as % Of Screening Required)	%	100	100	-	-	-	-	-	-	-	-	97.8	99.3	99.3	99.5	99.4	98.9	98.0	96.8	98.2	97.7	97.7	-	-	-	-	-	
	Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	18.6	19.2	18.7	17.5	27.1	22.0	20.3	18.0	21.9	23.7	23.7	-	-	-	-	-	
Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	81.0	84.7	90.4	82.6	87.3	83.8	90.5	90.4	89.3	87.0	87.0	-	-	-	-	-		
Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	-	-	69.1	58.3	75.5	78.9	75.2	80.7	79.9	81.0	85.3	90.0	90.0	-	-	-	-	-		
Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Caring	Mixed Sex Accommodation - Breaches (Patients)	No	0	0	-	-	-	57	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	No. of Complaints Received (formal and link)	No	-	-	28	19	26	32	25	12	9	19	43	8	19	27	21	30	16	19	20	34	34	16	4	1	1	12	
	No. of Active Complaints in the System (formal and link)	No	-	-	32	19	30	41	28	27	28	34	43	29	43	64	78	0	74	78	73	66	-	28	13	0	6	19	
	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	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	5.75	6.17	7.86	7.86	-	-	-	-	-	
	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	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	14.08	13.06	17.17	17.17	-	-	-	-	-	
	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	22.2	10.5	40.9	87.5	31.6	37.0	14.3	13.3	12.5	100.0	100.0	100.0	100.0	-	-	-	-	-	

# Surgical Services Group

CQC Domain	Indicator	Measure	Standard		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	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorate						
			Year	Month	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	Feb 2021	Mar 2021	Apr 2021		GS	SS	TH	APCC	O		
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	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	75.0	2.7	52.0	52.0	-	-	-	-	-		
	No. of responses sent out	No	-	-	34	28	22	24	28	23	6	15	17	20	6	4	10	23	25	16	8	25	25	-	-	-	-	-		
Responsive	Emergency Care Attendances (Including Mailing)	No	-	-	983	1042	1122	1032	762	522	624	758	890	956	873	862	899	729	719	805	1045	1026	-	-	-	-	-			
	Emergency Care 4-hour breach (numbers)	No	-	-	72	41	48	21	23	3	2	15	32	47	45	55	44	36	39	55	166	110	110	0	0	0	0	110		
	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	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	0	-	-	-	-	-	
	Emergency Care Timeliness - Time to Treatment in Department (median)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	%	5	5	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	4.1	6.4	6.5	-	-	-	-	-	-	-	
	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	%	5	5	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	3.3	4.3	2.7	-	-	-	-	-	-	-	
	Hip Fractures Best Practice Tariff (Operation < 36 hours of admissions)	%	85	85	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	92.9	87.0	81.3	81.3	81.3	-	81.3	-	-	-	
	No. of Sitrep Declared Late Cancellations - Total	No	0	0	32	54	35	40	21	0	1	4	10	15	22	23	13	14	4	5	11	9	9	9	2	2	0	0	5	
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	29	40	25	15	10	0	1	2	8	10	11	16	9	10	4	5	7	2	2	2	2	0	0	0	0	
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	3	14	10	25	11	0	0	2	2	5	11	7	4	4	0	0	4	7	7	7	0	2	0	0	5	
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	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	0.9	1.5	0.9	-	-	0.6	1.7	-	-	1.2	
	Number of 28 day breaches	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	5	3	1	3	0	3	3	3	1	2	0	0	0
	No. of second or subsequent urgent operations cancelled	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-
	Urgent Cancellations	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	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	1	1	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	1	0	0	0	0	1
	Multiple Hospital Cancellations experienced by same patient (all cancellations)	No	0	0	76	54	56	97	295	10	7	28	34	41	61	96	120	34	36	11	26	18	18	18	-	-	-	-	-	
	All Hospital Cancellations, with 7 or less days notice	No	0	0	280	230	221	484	769	25	20	71	93	155	173	263	355	138	192	74	89	95	95	95	-	-	-	-	-	
	2 weeks	%	93	93	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	80.7	70.6	71.4	-	-	-	71.4	-	-	-	-	
	2 weeks (Breast Symptomatic)	%	93	93	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	56.1	29.0	27.5	-	62.9	62.9	27.5	-	-	-	-	
	31 Day (diagnosis to treatment)	%	96	96	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	93.4	89.2	98.4	-	-	-	98.4	-	-	-	-	
	62 Day (urgent GP referral to treatment) Excl Rare Cancers	%	85	85	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	63.1	65.4	76.8	-	-	-	76.8	-	-	-	-	
	62 Day (urgent GP referral to treatment) - Inc Rare Cancers	%	85	85	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	64.8	65.4	78.1	-	-	-	78.1	-	-	-	-	
	62 Day (referral to treat from screening)	%	90	90	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	89.7	92.0	100.0	-	88.2	88.2	-	-	-	-	-	
	62 Day (referral to treat from hosp specialist)	%	90	90	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	100.0	95.2	95.2	-	97.3	97.3	-	-	-	-	-	
	Cancer = Patients Waiting Over 62 days for treatment	No	-	-	4	6	6	2	4	-	7	6	8	6	14	8	10	7	16	14	8	-	102	102	8	-	0	-	-	
Cancer - Patients Waiting Over 104 days for treatment	No	-	-	4	3	4	0	1	-	3	4	5	1	5	3	5	4	1	7	3	-	39	39	3	-	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	0	0	0	0	0	
RTT - Admitted Care (18-weeks)	%	90	90	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	79.1	75.2	64.3	-	-	75.9	58.1	-	-	56.1		
RTT - Non Admitted Care (18-weeks)	%	95	95	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	89.4	86.3	84.5	-	-	78.1	80.4	-	-	90.7		

# Surgical Services Group

CQC Domain	Indicator	Measure	Standard		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	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorate				
			Year	Month	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	Feb 2021	Mar 2021	Apr 2021		GS	SS	TH	APCC	O
	RTT - Incomplete Pathway (18-weeks)	%	92	92	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	66.6	64.8	63.7	-	62.8	55.7	-	-	68.9
	RTT Waiting List - Incomplete	No	-	-	16706	16248	16860	17180	16659	15170	15184	16062	17224	17863	18127	18542	19392	20022	20174	22185	24092	25888	25888	12248	4485	0	0	9155
	RTT - Backlog	No	-	-	1573	1480	1382	1378	1643	2721	4298	6903	8409	7097	5820	5117	4887	5176	6043	7404	8485	9396	-	4557	1987	0	0	2852
	Patients Waiting >52 weeks (All Pathways)	No	0	0	1	0	1	0	0	7	32	80	142	203	297	406	512	695	984	0	2087	2083	-	1035	411	0	0	637
	Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	7	29	74	129	187	251	324	436	575	937	1586	1977	1941	-	983	391	0	0	567
	Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	No	0	0	13	12	11	11	11	11	13	18	18	18	18	21	21	18	17	17	18	20	-	11	6	0	0	3
	Treatment Functions Underperforming (Incomplete)	No	0	0	2	2	1	1	3	6	7	7	6	6	6	7	7	7	7	7	7	7	-	4	2	0	0	1
	RTT Clearance Time (Wks)	Ratio	-	-	7.0	8.1	7.6	8.2	10.3	15.2	14.2	12.3	12.9	13.5	11.3	11.4	11.4	13.2	15.5	16.1	15.5	18.7	18.7	25.4	19.4	-	-	13.6
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	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	35.3	38.9	-	38.9	-	-	-	-
	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	62	57	112	67	96	11	12	99	165	155	118	201	156	69	104	25	63	103	103	62	-	41	-	-
	Cancer - Longest wait for treatment (days) - GROUP	No	-	-	202	239	204	102	166	-	228	141	177	234	248	258	332	294	339	185	138	-	-	-	138	-	0	-
Effective	Mortality Reviews within 42 working days	%	90	90	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	81.8	76.0	77.8	-	-	-	100.0	50.0	-	-	-
	Deaths In the Group	No	-	-	17	11	11	11	-	9	7	10	11	12	7	9	9	11	24	10	4	-	123	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	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	7.2	6.5	6.8	-	-	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	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	5.3	5.5	5.6	-	4.7	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	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	4.0	4.0	4.6	-	3.3	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	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	3.0	3.1	3.3	-	2.6	-	-	-	-	-
	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	17	25	24	28	29	15	18	12	12	16	21	17	15	21	24	19	6	8	8	5	3	0	0	0
	21+ Days Long Stay Rate - NHSI	%	-	-	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	16.7	36.2	0.8	0.8	1.2	0.0	-	-	0.0
	Estimated Beds - 21+ Days - NHSI	No	-	-	12	6	7	6	12	23	2	11	3	5	3	38	7	9	53	19	79	1	1	1	0	-	0	0
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	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	54.4	67.0	54.6	54.6	52.9	47.0	-	95.6	54.7
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	2857	2218	2741	3279	2263	1704	1733	2131	2636	2436	2690	3047	3058	3364	2410	1766	2732	2753	2753	1038	554	0	282	879
Short Notice Inpatient Admission Offers (<3wks)	%	-	-	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	84.9	82.6	80.2	80.2	73.5	89.9	-	89.3	79.5	
Short Notice Inpatient Admission Offers (<3wks)	No	-	-	1597	1481	1726	1497	1446	232	255	472	898	1106	1319	1584	1415	1132	658	556	624	767	767	205	80	0	134	348	
Well Led	PDRs - 12 month rolling	%	95	95	-	-	-	-	-	-	-	-	-	-	87.3	-	-	-	-	-	-	-	-	74.4	83.0	96.9	86.4	97.9
	Medical Appraisal	%	90	90	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	84.7	87.1	88.9	-	95.9	87.0	97.4	-	83.1	91.1
	Sickness Absence (Rolling 12 Months)	%	3	3	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	6.6	6.5	6.1	6.1	6.1	5.8	9.6	4.8	3.1
	Sickness Absence (Monthly)	%	3	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	8.1	6.2	5.3	5.3	6.1	5.3	8.5	3.7	1.8
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	49	43	42	33	29	35	56	40	40	29	28	26	25	32	44	57	41	36	36	11	4	13	6	2
	Sickness Absence - Short Term (Monthly)	No	-	-	174	171	118	148	214	238	167	149	187	144	176	176	217	185	251	182	180	152	152	53	23	31	26	19
	Ward Sickness Absence (Monthly)	%	3	3	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	9.8	7.7	6.8	6.8	8.5	7.6	-	4.8	5.5
	Mandatory Training - Health & Safety (% staff)	%	95	95	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	96.6	96.9	96.9	-	-	-	-	-



# Surgical Services Group

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			Year	Month																						GS	SS	TH	APCC
	Staff at 100% compliance with mandatory training	%	-	-	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	63.4	69.0	72.9	72.9	-	-	-	-	-	
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	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	21.1	17.6	15.2	15.2	-	-	-	-	-	
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	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	7.4	6.0	4.7	4.7	-	-	-	-	-	
	Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	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	8.2	7.3	7.2	7.2	-	-	-	-	-	
	Nursing Vacancy Rate (Qualified)	%	11	11	19.7	20.2	19.2	17.8	17.8	17.2	17.7	17.8	17.8	17.8	17.8	14.6	14.1	13.5	18.3	13.6	13.3	14.0	12.1	12.1	-	-	-	-	-
	New Starters Complete Onboarding Process	%	100	100	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	100.0	43.8	100.0	100.0	100.0	-	-	-	-	-
Patient Admin	Open Referrals	No	-	-	105645	106065	104786	104619	104392	99486	98167	98850	100115	101729	102705	103707	104864	105969	106058	107967	110635	111410	-	38513	14209	0	4951		
	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No	-	-	12318	12848	13069	12672	13789	11899	12476	12641	12933	13059	13252	14040	14187	14244	14813	14338	13891	13332	-	4784	2709	0	1910		

# Women & Child Health Group

CQC Domain	Indicator	Measure	Standard		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	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorate			
			Year	Month	G	M	P																				
Safe	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	0
	MRSA Screening - Elective	%	95	95	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	95.0	100.0	98.9	-	98.9	-	-	
	MRSA Screening - Non Elective	%	95	95	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	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-
	Falls	No	-	-	-	-	1	1	1	3	1	-	-	2	-	1	3	-	2	1	5	1	1	1	-	-	1
	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
	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	-	1	-	1	-	1	2	1	-	-	-	-	-	2	1	1	-	1	1	1	1	1	-
	Venous Thromboembolism (VTE) Assessments	%	95	95	-	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	91.9	92.5	94.2	-	97.2	93.0	20.0	
	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	%	100	100	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	100.0	100.0	99.4	-	99.5	99.3	-	
	WHO Safer Surgery - brief(% lists where complete)	%	100	100	-	-	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	100.0	-	-	100.0	-	
	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	%	100	100	-	-	-	-	-	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	
	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	1	0	0	0	1	0	0	1	1	1	3	1	1	0	1	0	-	10	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	100.0	100.0	89.5	89.5	-	-	-
	Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	21.1	12.5	14.3	11.1	19.2	18.2	0.0	7.7	6.7	17.6	17.7	-	-	-	
	Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	100.0	66.7	100.0	66.7	80.0	100.0	-	0.0	100.0	100.0	100.0	-	-	-	
	Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	-	-	75.0	50.0	100.0	100.0	50.0	66.7	-	-	100.0	66.7	66.7	-	-	-	
	Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Safe (Obstetric)	Caesarean Section Rate - Total	%	25	25	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	25.3	27.3	27.8	27.8	-	27.8	-
Caesarean Section Rate - Elective		%	-	-	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	10.4	12.3	11.6	11.6	-	11.6	-	
Caesarean Section Rate - Non Elective		%	-	-	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	14.9	15.0	16.2	16.2	-	16.2	-	
Maternal Deaths		No	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2	0	0	0	0	0	0	0	-	
Post Partum Haemorrhage (>2000ml)		No	48	4	4	1	4	3	3	3	4	4	4	1	3	8	3	3	3	3	3	4	4	4	4	-	
Admissions to Neonatal Intensive Care		%	10	10	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	7.9	0.5	0.5	0.5	0.5	-	0.5	-
Corrected Perinatal Mortality Rate (per 1000 babies)		Rate1	8	8	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	9.12	13.73	-	-	-	13.73	-	
Stillbirths (Corrected)		Rate1	-	-	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	6.08	9.83	5.42	5.42	-	5.42	-	
Corrected Neonatal Mortality Rate (0 - 28 days)		Rate1	-	-	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	3.06	4.91	5.39	5.39	-	5.39	-	
Early Booking Assessment (<12 + 6 weeks) - SWBH Specific		%	85	85	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	94.2	92.9	94.3	-	-	94.3	-	

# Women & Child Health Group

CQC Domain	Indicator	Measure	Standard		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	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorate			
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	Early Booking Assessment (<12 + 6 weeks) - National Definition	%	90	90	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	179.0	173.2	163.7	-	-	163.7	-	
	Breast Feeding Initiation	%	74	74	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	83.7	82.4	-	-	82.4	-	
	Puerperal Sepsis and other puerperal infections (%) Variation 1 ICD10 O85 or O86	%	-	-	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	0.9	0.4	0.6	-	-	0.6	-	
	Puerperal Sepsis and other puerperal infections (%) Variation 2 ICD10 O85 or O86 Not O864	%	-	-	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	0.9	0.4	0.9	-	-	0.9	-	
	Puerperal Sepsis and other puerperal infections (%) Variation 2 ICD10 O85	%	-	-	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	0.0	0.0	0.5	-	-	0.5	-	
Safe (Neonatal)	Mothers who received at least one dose of antenatal steroids (NNAP)	%	85	85	77.8	100.0	66.7	100.0	66.7	100.0	78.6	66.7	-	-	-	-	-	-	-	-	-	-	80.0	-	66.7	-	
	Eligible mothers who received antenatal magnesium sulphate (NNAP)	%	85	85	-	-	-	-	-	100.0	100.0	100.0	-	-	-	-	-	-	-	-	-	-	100.0	-	100.0	-	
	Promoting normal temperature on admission for very preterm babies (NNAP)	%	90	90	-	-	-	-	-	100.0	50.0	40.0	-	-	-	-	-	-	-	-	-	-	61.5	-	40.0	-	
	Parental consultation within 24 hours of admission (NNAP)	%	100	100	-	-	-	-	-	93.9	92.7	98.0	-	-	-	-	-	-	-	-	-	-	94.8	-	98.0	-	
	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	-	
Caring	Mixed Sex Accommodation - Breaches (Patients)	No	0	0	-	-	-	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	No. of Complaints Received (formal and link)	No	-	-	10	6	11	5	9	3	6	10	23	8	12	15	11	15	10	7	13	9	9	1	4	4	
	No. of Active Complaints in the System (formal and link)	No	-	-	12	13	13	14	15	9	12	15	23	14	22	33	40	0	38	35	31	31	-	9	13	9	
	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	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	2.59	3.63	2.67	2.67	-	-	-	
	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	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	5.09	6.82	4.93	4.93	-	-	-	
	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	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	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	50.0	16.1	28.6	28.6	-	-	-	
No. of responses sent out	No	-	-	21	8	12	5	10	9	4	6	7	17	3	7	4	11	14	14	9	7	7	-	-	-		
	Emergency Care 4-hour breach (numbers)	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 Sitrep Declared Late Cancellations - Total	No	0	0	8	6	7	13	4	0	1	3	3	1	7	5	8	3	1	3	4	4	4	4	4	0	
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	0	1	4	0	2	0	0	1	0	-	4	3	3	0	0	0	1	0	0	0	0	0	
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	8	5	3	13	2	0	1	2	3	1	3	2	5	3	1	3	3	4	4	4	4	0	
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	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	2.0	1.4	1.5	-	2.0	-	-	
	Number of 28 day breaches	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	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	0	0	0	0	0	
	Urgent Cancellations	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	
	Multiple Hospital Cancellations experienced by same patient (all cancellations)	No	0	0	7	5	6	19	29	4	6	9	7	5	11	5	2	6	3	4	0	3	3	-	-	-	

# Women & Child Health Group

CQC Domain	Indicator	Measure	Standard		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	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorate			
			Year	Month																						G	M
Responsive	All Hospital Cancellations, with 7 or less days notice	No	0	0	27	30	33	59	55	13	11	20	22	21	24	28	27	25	26	22	11	26	26	-	-	-	
	2 weeks	%	93	93	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	97.5	98.1	99.2	-	-	99.2	-	-	
	31 Day (diagnosis to treatment)	%	96	96	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	55.6	64.7	61.9	-	-	61.9	-	-	
	62 Day (urgent GP referral to treatment) Excl Rare Cancers	%	85	85	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	35.0	22.2	45.5	-	-	45.5	-	-	
	62 Day (urgent GP referral to treatment) - Inc Rare Cancers	%	85	85	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	35.0	22.2	45.5	-	-	45.5	-	-	
	62 Day (referral to treat from screening)	%	90	90	-	-	100.0	-	100.0	-	-	100.0	100.0	-	100.0	100.0	-	100.0	66.7	100.0	-	-	94.1	-	-	-	
	62 Day (referral to treat from hosp specialist)	%	90	90	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	100.0	66.7	50.0	-	77.1	-	-	-	
	Cancer = Patients Waiting Over 62 days for treatment	No	-	-	2	3	2	6	4	-	6	10	3	4	3	3	7	7	7	7	6	-	60	6	-	0	
	Cancer - Patients Waiting Over 104 days for treatment	No	-	-	0	1	1	3	1	-	1	5	1	1	1	1	3	1	2	1	2	-	17	2	-	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	-	0
	RTT - Admitted Care (18-weeks)	%	90	90	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	78.2	76.0	63.8	-	63.8	-	-	
	RTT - Non Admitted Care (18-weeks)	%	95	95	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	81.9	79.8	75.0	-	75.1	-	-	
	RTT - Incomplete Pathway (18-weeks)	%	92	92	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	79.6	78.6	80.3	-	80.3	-	-	
	RTT Waiting List - Incomplete	No	-	-	1922	2077	2161	2254	2230	2058	2072	1957	1880	2075	2161	2160	2184	2228	2194	2279	2229	2264	2264	2264	-	-	
	RTT - Backlog	No	-	-	169	191	225	282	324	437	577	696	632	529	401	318	284	318	376	465	477	446	-	446	-	-	
	Patients Waiting >52 weeks (All Pathways)	No	0	0	0	0	0	0	0	0	0	4	11	18	36	20	17	15	15	0	33	22	-	22	0	0	
	Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	0	0	4	9	18	17	9	9	4	14	28	27	11	-	11	0	0	
	Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	No	0	0	3	3	3	3	3	2	2	3	3	3	3	3	3	3	3	3	3	3	-	3	-	-	
	Treatment Functions Underperforming (Incomplete)	No	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	-	1	-	-	
	RTT Clearance Time (Wks)	Ratio	-	-	10.6	16.5	13.4	14.6	16.8	24.5	29.6	13.3	14.1	17.4	14.7	14.7	14.9	17.7	16.5	18.1	13.3	16.2	16.2	16.2	-	-	
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	-	-	104	148	169	217	121	-	171	177	138	136	207	117	119	118	143	144	170	-	-	170	-	0		
ve	Mortality Reviews within 42 working days	%	90	90	-	100.0	-	-	100.0	-	-	-	-	-	-	-	0.0	100.0	-	-	-	-	-	-	-		
	Deaths In the Group	No	-	-	4	2	1	1	-	2	1	3	2	1	3	0	0	5	2	0	5	-	24	-	-		
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	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	7.0	7.0	7.1	-	-	-	-		
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	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	8.1	8.0	7.7	-	7.6	-	-		
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	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	5.5	5.6	6.0	-	6.1	-	-		
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	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	6.4	6.3	6.1	-	6.0	-	-		

# Women & Child Health Group

CQC Domain	Indicator	Measure	Standard		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	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorate		
			Year	Month																						G
Effectif	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	1	1	1	1	1	4	0	2	0	3	4	0	7	10	15	14	4	1	1	1	0	0
	21+ Days Long Stay Rate - NHSI	%	-	-	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	27.2	46.6	20.8	20.8	21.0	0.0	0.0
	Estimated Beds - 21+ Days - NHSI	No	-	-	5	1	0	2	0	0	0	0	0	0	0	0	0	5	44	16	78	3	3	3	0	0
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	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	44.9	35.1	36.7	36.7	14.6	76.5	23.5
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	408	293	362	358	376	252	320	692	567	493	356	467	465	484	504	563	487	485	485	59	303	123
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	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	79.0	94.2	77.5	77.5	72.4	100.0	92.1
	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	170	144	152	170	171	88	95	166	182	116	189	151	167	160	171	158	194	231	231	160	1	70
Well Led	PDRs - 12 month rolling	%	95	95	-	-	-	-	-	-	-	-	-	-	97.2	-	-	-	-	-	-	-	-	100.0	94.2	99.7
	Medical Appraisal	%	90	90	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	85.0	88.5	86.4	-	96.4	86.2	90.9	84.2
	Sickness Absence (Rolling 12 Months)	%	3	3	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	5.9	5.7	5.5	5.5	4.3	6.4	4.7
	Sickness Absence (Monthly)	%	3	3	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	5.8	4.4	3.8	3.8	2.0	4.1	4.0
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	30	36	20	9	25	16	22	15	16	21	22	25	29	26	26	26	19	19	19	0	8	11
	Sickness Absence - Short Term (Monthly)	No	-	-	106	103	101	94	96	137	79	77	86	66	92	97	96	59	102	80	77	67	67	7	38	22
	Ward Sickness Absence (Monthly)	%	3	3	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	8.0	6.1	4.6	4.6	0.0	4.7	4.9
	Mandatory Training - Health & Safety (% staff)	%	95	95	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	98.9	97.5	98.2	98.2	-	-	-
	Staff at 100% compliance with mandatory training	%	-	-	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	77.1	77.7	76.3	76.3	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	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	13.6	12.2	14.5	14.5	-	-	-
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	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	5.6	5.9	5.9	5.9	-	-	-
	Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	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	3.7	4.1	3.3	3.3	-	-	-
	Nursing Vacancy Rate (Qualified)	%	11	11	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	16.2	16.1	14.9	14.9	-	-	-
	New Starters Complete Onboarding Process	%	100	100	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	100.0	62.5	76.9	76.9	-	-	-
	Patient Admin	Open Referrals	No	-	-	22895	23733	24099	24479	23888	23681	24706	24448	24352	24511	24854	25085	25436	25190	25371	26119	26741	29217	-	8830	11820
Open Referrals without Future Activity/ Waiting List: Requiring Validation		No	-	-	4788	5150	5048	5068	4875	4425	5000	4890	5100	5164	5234	5302	5367	5176	5515	5876	6056	6435	-	1833	3649	953
	HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregnancy	No	-	-	-	-	908	-	-	1004	-	-	1008	-	-	866	-	-	-	-	-	-	2878	-	-	866
	HV (C2) - % of births that receive a face to face new birth visit by a HV =<14 days	%	95	95	-	-	91.3	-	-	94.1	-	-	90.3	-	-	90.2	-	-	87.5	-	-	-	90.5	-	-	87.5
	HV (C3) - % of births that receive a face to face new birth visit by a HV >14 days	%	-	-	-	-	8.2	-	-	5.9	-	-	6.0	-	-	5.6	-	-	6.7	-	-	-	6.1	-	-	6.7
	HV (C4) - % of children who received a 12 months review by 12 months	%	95	95	-	-	96.6	-	-	96.8	-	-	95.8	-	-	96.2	-	-	94.6	-	-	-	95.8	-	-	94.6
	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%	-	-	-	-	96.5	-	-	96.0	-	-	96.0	-	-	97.1	-	-	96.1	-	-	-	96.3	-	-	96.1



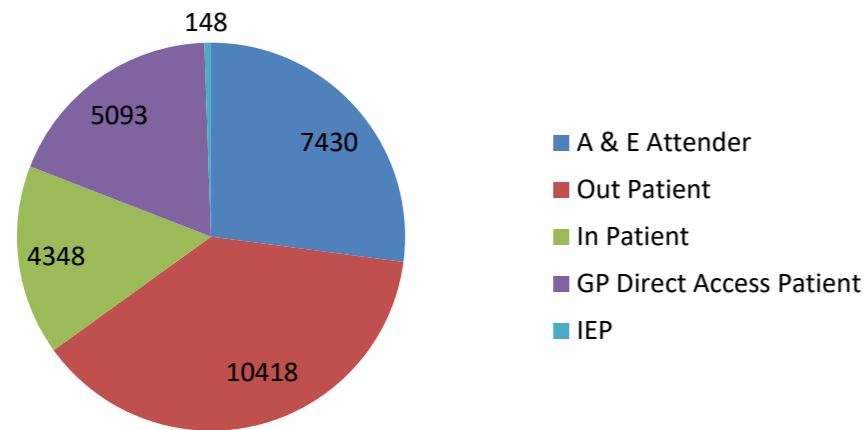
# Imaging Group

CQC Domain	Indicator	Measure	Standard		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	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorate					
			Year	Month																				DR	IR	NM	BS	BCP	
Safe	MRSA Screening - Elective	%	95	95	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	-	0.0	33.3	-	-	33.3	-	-	-	
	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	1	0	0	0	0	1	1	0	0	0	0	-	3	0	0	0	0	
	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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Caring	No. of Complaints Received (formal and link)	No	-	-	3	3	5	1	0	1	1	1	4	2	1	2	2	3	2	5	2	2	2	2	2	0	0		
	No. of Active Complaints in the System (formal and link)	No	-	-	3	2	5	2	1	2	2	3	4	4	2	5	3	0	2	5	7	6	-	5	1	0	0		
	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	0.0	0.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-		
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	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	-	0.0	0.0	0.0	0.0	-	-	-		
Responsive	No. of responses sent out	No	-	-	3	5	1	3	0	1	1	0	0	2	2	1	2	5	1	0	3	1	1	-	-	-	-		
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	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	9.4	6.8	6.4	-	6.4	-	-			
	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	268	233	878	378	1011	67	16	82	247	686	905	816	1486	1015	1546	1139	1253	1631	1631	1631	-	-			
Effective	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	13.8	6.7	5.9	13.3	-	11.1	14.3	-	15.4	-	7.7	7.1	8.3	16.7	25.0	-	9.5	-	-	-	-	-			
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	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	7.9	6.6	7.6	-	6.7	-	-	-			
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	3.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
	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	-	-	-	-	-	-	0.3	-	-	-			
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
	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		
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	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	100.0	97.7	66.7	66.7	66.7	66.7	-	-		
	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	30	27	20	30	24	13	6	15	14	1	10	21	21	9	12	17	42	24	24	24	24	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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
PDRs - 12 month rolling	%	95	95	-	-	-	-	-	-	-	-	-	-	89.8	-	-	-	-	-	-	-	-	-	-	89.8	63.6	85.7	97.8	
Medical Appraisal	%	90	90	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	93.2	93.3	93.2	-	98.3	92.9	-	100.0	-	92.9		
Sickness Absence (Rolling 12 Months)	%	3	3	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	4.7	4.6	4.4	4.4	4.4	4.4	5.1	3.2	1.8	4.1	0.2
Sickness Absence (Monthly)	%	3	3	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	3.7	4.5	4.6	4.6	4.6	4.6	4.7	0.0	4.1	5.6	0.0

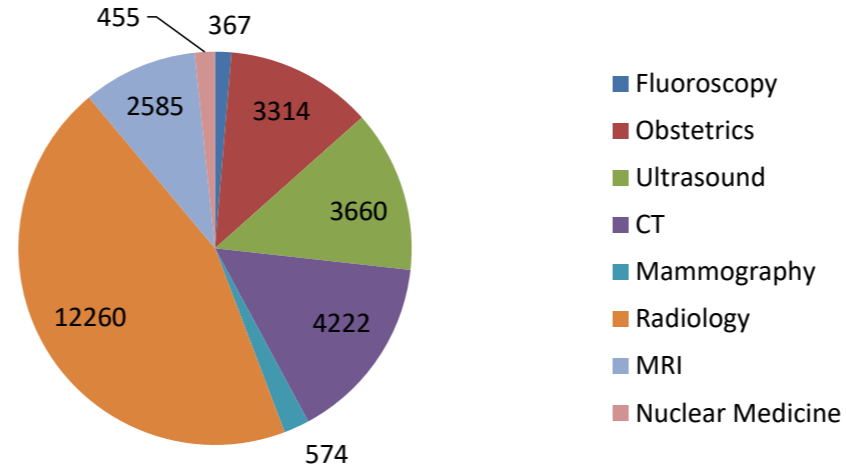
# Imaging Group

CQC Domain	Indicator	Measure	Standard		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	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorate					
			Year	Month																				DR	IR	NM	BS	BCP	
Well Led	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	6	4	2	3	4	2	6	4	5	6	4	5	4	5	4	4	7	5	5	4	0	0	1	0	
	Sickness Absence - Short Term (Monthly)	No	-	-	25	33	44	34	39	40	24	26	30	23	32	38	30	22	47	34	35	40	40	23	0	4	13	0	
	Mandatory Training - Health & Safety (% staff)	%	95	95	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	99.6	98.2	99.3	99.3	-	-	-	-	-	
	Staff at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	82.6	88.0	88.0	-	-	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10.6	8.6	8.7	-	-	-	-	-
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3.4	1.9	1.9	-	-	-	-	-
	Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3.4	1.5	1.5	-	-	-	-	-
	New Starters Complete Onboarding Process	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Patient Admin	Open Referrals	No	-	-	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	763.0	801.0	829.0	-	659.0	21.0	0.0	0.0	149.0	
	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No	-	-	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	463.0	491.0	497.0	-	472.0	2.0	0.0	0.0	25.0	
Imaging	Imaging - Total Scans	No	-	-	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	23092.0	27041.0	27437.0	27437.0	-	-	-	-	-	
	Imaging - Inpatient Turnaround Time <=24hr	%	90	90	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	79.3	78.2	79.0	79.0	-	-	-	-	-	
	Imaging - Urgent Other(GP 5) Turnround Time <=5d	%	90	90	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	62.7	54.1	46.2	46.2	-	-	-	-	-	
	Imaging - All Imaging Work Reported in less than 4 weeks (request to report)	%	95	95	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	82.9	83.2	83.5	83.5	-	-	-	-	-	

Imaging By Patient Type (April 2021)



Imaging By Modality Type (April 2021)





# Primary Care, Community & Therapies Group

CQC Domain	Indicator	Measure	Standard		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	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorate				
			Year	Month																						AT	IB	IC
Safe	C. Difficile (Post 48 hours)	No	0	0	2	1	2	0	0	0	0	0	0	0	0	0	1	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	0	0
	MRSA Screening - Elective	%	95	95	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	0.0	0.0	-	-	-	-	0.0	-
	MRSA Screening - Non Elective	%	95	95	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	78.3	100.0	100.0	100.0	100.0	-	-	100.0	-
	Number of DOLS raised	No	-	-	6	4	6	5	4	9	6	8	13	5	9	11	7	13	3	4	4	8	8	0	8	0	0	0
	Number of DOLS which are 7 day urgent	No	-	-	6	4	6	5	4	9	6	8	13	5	9	11	7	13	3	4	4	8	8	0	8	0	0	0
	Number of delays with LA in assessing for standard DOLS application	No	-	-	0	1	1	3	0	0	0	0	4	2	2	2	1	2	0	0	0	0	0	0	0	0	0	0
	Number DOLS rolled over from previous month	No	-	-	1	1	0	2	0	2	2	3	2	1	0	3	1	2	3	3	0	1	1	0	1	0	0	0
	Number patients discharged prior to LA assessment targets	No	-	-	2	1	2	2	1	9	5	9	10	3	2	8	5	10	5	5	2	5	5	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	1	0	0	0	0	0	0	0	0	0	0	0	0
	Falls	No	-	-	26	28	29	32	25	22	19	18	14	23	19	24	20	16	14	12	15	19	19	-	19	-	-	-
	Falls - Death or Severe Harm	No	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1	0	1	0	0	0
	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	7	11	9	12	7	6	8	5	14	4	6	2	3	10	7	11	4	6	6	-	5	1	-	-
	Pressure Ulcer DN Caseload Acquired - Total	No	0	0	18	24	25	25	22	20	23	25	37	29	24	22	38	31	34	41	37	31	31	-	-	31	-	-
	Venous Thromboembolism (VTE) Assessments	%	95	95	-	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	98.6	98.8	94.3	-	100.0	-	-	94.3	-
	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	%	100	100	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	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	-	-	-	-	-	-	-	-
	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	6	2	2	5	0	3	7	5	3	2	3	0	1	0	1	0	0	-	25	0	0	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	84.3	81.8	77.8	77.8	-	-	-	-
Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	-	23.1	18.4	10.9	13.2	23.1	23.2	41.0	11.6	19.4	25.0	25.0	-	-	-	-	-
Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	-	33.3	66.7	60.0	60.0	50.0	76.9	80.0	80.0	100.0	85.7	85.7	-	-	-	-	-
Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	-	-	-	33.3	0.0	66.7	33.3	50.0	20.0	55.0	0.0	42.9	16.7	16.7	-	-	-	-	-
Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mixed Sex Accommodation - Breaches (Patients)	No	0	0	-	-	-	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
No. of Complaints Received (formal and link)	No	-	-	8	5	11	4	8	6	4	7	19	16	13	20	17	17	25	18	19	11	11	1	2	2	1	5	
No. of Active Complaints in the System (formal and link)	No	-	-	13	7	0	11	11	12	12	14	19	21	23	43	53	0	60	52	46	35	-	4	10	2	7	12	
No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	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	17.96	16.89	9.14	9.14	-	-	-	-	-	

# Primary Care, Community & Therapies Group

CQC Domain	Indicator	Measure	Standard		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	Feb 2021	Mar 2021	Apr 2021	20/21 Year to Date	Directorate					
			Year	Month	AT	IB	IC	CM	YHP																				
	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	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	31.43	31.75	20.52	20.52	-	-	-	-	-	
	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	0.0	7.7	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	-	-	-
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	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	59.1	22.4	58.8	58.8	-	-	-	-	-	
Responsive	No. of responses sent out	No	-	-	10	10	7	5	7	4	5	5	8	14	9	6	5	21	9	22	12	17	17	-	-	-	-	-	
	No. of Sitrep Declared Late Cancellations - Total	No	0	0	6	0	0	2	7	1	5	2	1	1	0	2	1	5	5	2	7	2	2	0	-	0	2	0	
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	0	0	0	2	4	1	0	2	1	1	0	2	1	2	5	2	7	2	2	0	-	0	2	0	
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	6	0	0	0	3	0	5	0	0	-	0	0	0	3	0	0	0	0	0	0	-	0	0	0	0
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	1.5	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	0.5	1.4	0.4	-	-	-	-	0.4	-	
	Number of 28 day breaches	No	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	5	0	0	0	0	0	0	0	0	0	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	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	1	1	0	-	0	1	0
	Multiple Hospital Cancellations experienced by same patient (all cancellations)	No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	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	33.3	31.3	19.5	-	-	-	-	-	-	19.5	-
	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	100.0	60.0	81.8	-	-	-	-	-	-	81.8	-
	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	66.7	50.0	60.0	-	-	-	-	-	-	60.0	-
	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	66.7	50.0	60.0	-	-	-	-	-	-	60.0	-
	62 Day (referral to treat from screening)	%	90	90	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	62 Day (referral to treat from hosp specialist)	%	90	90	-	-	-	-	-	-	-	0.0	-	-	100.0	100.0	100.0	-	100.0	-	-	-	-	90.0	-	-	-	-	-
	Cancer = Patients Waiting Over 62 days for treatment	No	-	-	0	0	0	0	0	-	0	0	0	0	2	0	1	0	1	1	2	2	-	8	0	-	-	2	-
	Cancer - Patients Waiting Over 104 days for treatment	No	-	-	0	0	0	0	0	-	0	0	0	0	2	0	0	0	1	0	0	0	-	3	0	-	-	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	0	0	0	0
	RTT - Admitted Care (18-weeks)	%	90	90	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	78.3	81.2	85.2	-	-	-	-	-	85.2	-
	RTT - Non Admitted Care (18-weeks)	%	95	95	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	43.7	63.1	55.2	-	-	-	-	-	55.2	-
	RTT - Incomplete Pathway (18-weeks)	%	92	92	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	51.6	54.2	56.6	-	-	-	-	-	56.6	-
RTT Waiting List - Incomplete	No	-	-	3399	3503	3295	3170	2959	2722	2637	2741	2875	3016	3022	3023	3499	3460	3527	3425	3477	3554	3554	0	0	-	0	3554	0	
RTT - Backlog	No	-	-	350	292	391	420	533	721	1031	1470	1640	1491	1494	1446	1675	1730	1812	1656	1592	1544	-	-	0	-	0	1544	0	
Patients Waiting >52 weeks (All Pathways)	No	0	0	0	0	0	0	0	0	1	3	7	7	19	50	83	106	164	0	296	251	-	0	-	0	251	0		
Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	0	1	3	6	4	15	41	72	44	137	216	236	166	-	0	-	0	166	0		
Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	No	0	0	4	4	4	4	5	4	6	6	5	6	5	5	5	5	5	5	4	4	-	0	-	0	4	0		

# Primary Care, Community & Therapies Group

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			Year	Month																						AT	IB	IC	CM
	Treatment Functions Underperforming (Incomplete)	No	0	0	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	1	1	-	0	-	0	1	0	
	RTT Clearance Time (Wks)	Ratio	-	-	13.9	19.2	13.4	14.6	17.6	27.8	29.0	24.5	27.4	28.7	21.6	24.0	29.4	24.7	31.5	21.3	22.6	26.7	26.7	-	-	-	26.7	-	
	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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Effective	Cancer - Longest wait for treatment (days) - GROUP	No	-	-	0	0	0	0	0	-	42	62	57	154	62	93	62	113	75	95	72	-	-	0	-	-	72	-	
	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	100.0	100.0	86.1	-	-	-	81.5	-	-	100.0	-	
	Deaths In the Group	No	-	-	1	1	3	4	-	4	1	2	4	0	5	7	4	4	4	37	19	-	91	-	-	-	-	-	
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	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	4.1	2.5	1.7	-	-	-	-	-	-	-	
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	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	2.6	2.8	2.7	-	2.3	-	-	-	-	-	
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	-	-	-	-	-	0.4	0.4	-	-	-	-	-	-	-	0.2	-	-	-	0.1	-	-	-	-	-	
	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	0.0	0.1	0.1	-	0.1	-	-	-	-	-	
	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	2	0	1	0	0	0	0	1	1	1	1	0	7	7	17	20	13	9	6	6	3	0	0	3	0
	21+ Days Long Stay Rate - NHSI	%	-	-	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	28.2	48.6	52.5	52.5	11.4	-	-	71.1	-	
	Estimated Beds - 21+ Days - NHSI	No	-	-	0	0	0	0	0	0	0	0	1	0	0	1	1	5	45	16	78	17	17	1	-	-	16	-	
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	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	61.5	54.8	33.7	33.7	46.9	-	-	32.5	-	
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	322	375	313	490	294	132	343	388	444	352	295	358	346	390	584	698	707	407	407	46	0	0	361	0	
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	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	58.6	86.1	75.6	75.6	-	-	-	75.6	-	
	Well Led	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	198	155	145	151	228	98	100	105	139	206	218	183	111	219	95	112	217	170	170	0	0	0	170	0
PDRs - 12 month rolling		%	95	95	-	-	-	-	-	-	-	-	-	-	95.9	-	-	-	-	-	-	-	-	100.0	99.3	95.5	89.2	90.1	
Medical Appraisal		%	90	90	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	94.6	94.1	94.3	-	98.2	100.0	50.0	90.0	100.0	-	
Sickness Absence (Rolling 12 Months)		%	3	3	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	5.1	5.0	4.8	4.8	3.5	5.7	5.1	4.7	4.6	
Sickness Absence (Monthly)		%	3	3	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	4.5	4.0	4.3	4.3	2.5	5.5	6.5	1.8	3.8	
Sickness Absence - Long Term - (Open Cases in the month)		No	-	-	16	26	15	17	16	22	40	22	14	22	16	15	17	15	14	22	23	21	21	1	6	11	0	3	
Sickness Absence - Short Term (Monthly)		No	-	-	121	121	140	114	92	181	104	81	99	85	116	110	141	117	155	100	116	106	106	34	35	24	13	0	
Ward Sickness Absence (Monthly)		%	3	3	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	7.8	6.7	7.0	7.0	-	7.0	-	-	-	
Mandatory Training - Health & Safety (% staff)		%	95	95	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	98.9	98.2	98.6	98.6	-	-	-	-	-	
Staff at 100% compliance with mandatory training		%	-	-	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	79.9	83.3	83.8	83.8	-	-	-	-	-	
Staff requiring to complete 1 module to be at 100% compliance with mandatory training		%	-	-	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	15.1	11.3	11.2	11.2	-	-	-	-	-	
Staff requiring to complete 2 modules to be at 100% compliance with mandatory training		%	-	-	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	3.6	3.4	3.2	3.2	-	-	-	-	-	
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	1.3	1.9	1.8	1.8	-	-	-	-	-	
Nursing Vacancy Rate (Qualified)		%	11	11	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	9.7	9.6	9.6	9.6	-	-	-	-	-	



