Sandwell and West Birmingham Hospitals
NHS Trust

Integrated Quality & Performance Report

Month Reported: February 2021

Reported as at: 24/03/2021

TRUST BOARD

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Performance At A Glance - February 2021

Highlights		• Overall February shows significant pressure in the Trust, with performance deterioration; however some performance metrics have been sustained well and we see improvements already emerging in the February figures. Restoration and Recovery has continued to be monitored (see tab) for key items for which recovery was planned.
		• **A&E performance** delivered 77% of care within the 4hr target; 2,596 patients breached the 4 hr target. Year on year performance shows we are seeing 61% of normal (pre-COVID) February attendances.
		• **RTT** performance for February was 74.5% against the national target of 92%; clearly target is going to be difficult to achieve quickly in the current climate of prioritisation of patients and pressures as we start emerging out of COVID. A 'normal pre-COVID' incomplete PTL for SWBH would be ~34k, we have risen by 15K since pandemic began and currently at 49,000 patients, as we see referrals coming in as at pre-COVID levels. The pandemic has not just impacted the size of the patient waiting list, but also the waiting time increase for patients resulting in very long waiters. • **Clinically prioritised patients that have** missed their clinically due dates at February amount to 3226 missed dates • DM01 diagnostic test performance and waiting list have continued to improve over the last months.
		• **Cancer** performance remains below standards in January (latest reported position) showing a decline against targets across most cancer indicators which is clearly unprecedented for the Trust . January delivery is lower than December. Early forecasts suggest recovery of standards by December 2021, however, still subject to ongoing effort to restore much sooner.
		• **Other i**tems to highlight for February are: Pressure Ulcer numbers have risen to previous month, HSMR and SHMI mortality indicators are above tolerance levels, ward sickness has reduced from January high to 8.6%, readmissions have increased considerably to 11.3%; 1x never event in Critical Care, but no patient harm caused
RESPONSIVENESS	**A&E Performance**	• Performance delivered at 77% in February. Capacity pressures continued during February and we saw high levels of breaches; reported 2,596 patients, out of 11,307 attendances, breaching the 4 hr target; we saw a reduction of delayed ambulance handovers (over 60 minutes) reporting 87 compared to January's figure of 381. • All A&E indicators remain affected by COVID pressures. • Our national positioning for February performance in A&E has slipped and we are in the lower quartile behind STP peers who are in the upper quartile
	Referral to Treatment in 18 weeks (RTT Incomplete)	•RTT performance for incomplete pathways at 75% vs 92% target. • Our total patient waiting list has further risen to c48,900 patients (as a comparator a 'normal' waiting list for our Trust would be around 33,000 patients); whilst this is a high volume patient list it has accumulated over an almost full year of COVID pressures, the greater significance is the length of time that patients are actually waiting. • c12,500 patients on the waiting list are in the backlog (above 18 weeks waiting time) and this is stretching out much longer e.g. more long waiters well above the 18 weeks • Patients waiting longer than 52 weeks has risen to 2,130 on the incomplete pathway - assessment of harm caused to those patients is ongoing within Planned Care • Oral and Dermatology are the biggest concern for RTT recovery •Whilst referral numbers coming in, are close to pre-COVID levels, the ability to see those patients is strongly affected and it is therefore reasonable to assume that RTT recovery is going to be difficult over the shorter time especially as primary focus remains to see the 'prioritised patients' first irrespective of chronological order.
	Diagnostics Waits (% of patients waiting >6 weeks)	• Diagnostic tests (DM01) reporting at 86% in February and doing generally well at total level - this measures performance against the national target to screen patients within a 6 week period (from referral to test); • our diagnostic patient waiting lists shows 1,352 patients above this 6 week waiting time and only 480 patients who are waiting above 13+ weeks; and whilst this is not ideal, this is a significant improvement on prior months. • Of the 1,352 patients waiting above 6 weeks, this can be split as follows: 592 patients in Imaging (mostly Ultrasounds); 580 patients in Endoscopy, 118 patients in Neurophysiology, 56 patients in Cardiology and 6 in Audiology; there are no patients above 6 week in Respiratory physiology or Urodynamics which is an excellent achievement. • The Trust ranks well in the upper quartile on the diagnostic performance. • Clear focus is essential for the prioritised patients now - we have as at February 3226 patients who missed their clinically due dates.
		• The specific Imaging diagnostic patient volumes (CT, MRI, X rays and Ultrasounds) in February were at 23,092 and whilst getting closer to pre-COVID levels, which were at an average of c30,000-32,000 per month, we are still not seeing those patient numbers. Board KPIs below are showing a slight deterioration from recent months.
		• Against these February volumes, and the top three Board KPIs performance achievement was: Inpatient total turnaround (TAT) time within 24hrs at 79% against the 90% trust target (previous high was 91%); Urgent GP tests within 5 days achieved were at 62%s 90% target, impacted to a large degree the non-responder/non-attenders category (patient choices to stay away from hospital due to COVID anxiety). The KPI measuring 'Overall Imaging Turn around Time for all tests' shows 83% of achievement, and measures all of the 'Imaging work' delivery under the 4 weeks (target of 95% and previous highs of 94%).

Performance At A Glance - February 2021		
	Cancer Performance	• Reporting the January position (latest available reporting period), the Trust has not delivered any of the key cancer standards, which is clearly unprecedented. However, we can see small improvement to last month. 2 week waits improvement delivery expected by end of April for Breast patients and by end of May for Dermatology patients. Early forecast against the 62 days standard suggests recovery by Dec21, however much more effort is on its way to bring this recovery forward, update to forecasts will follow therefore.
	Cancellations	• February late-**on the day cancellations** are low, linked to low elective activity. However, we are still breaching the national target of 0.8% cancellations against elective activity and report a rate of 1%. • February reports 3x **28 day breaches in the Oral service** (NHS guaranteed timeline post cancellation).

Performance At A Glance - February 2021

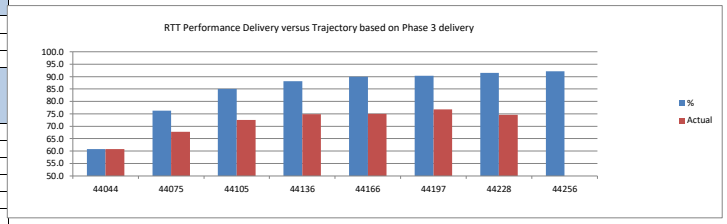
SAFE	Infection Control	• **Infection Control** metrics continue to report reasonably good performance; however E Coli Post 48 hours doubled to 35.49 per 100,000 bed days on average our performance is ~15 • MRSA screening rates for non-elective patients delivering 87.8% against target 95%. • Elective patients MRSA screening rates falling to 67.8% being under target of 95% in all Groups other than Women's & Children's
	Harm Free Care	• The Trust **falls** rate per 1,000 bed days in February reports an incident rate of 3.88 and well in line with the Trust target of 5; we reported 71 absolute falls and 1 serious harm against those falls • The Trust Falls Lead Nurse looked at a comparison of number of falls during the covid period among some of the regional Trusts; this showed that SWB is below the average for the eight Trusts in the sample. Some Trusts reported higher and lower than normal incidences. As a group they looked at the data and drew out common themes experienced during the coved surge in order to learn and prepare for the future.
		• **Pressure Ulcers** (Hospital or DN Caseload Acquired PUs) in February have increased to prior months; overall the Trust reports 106 PUs (87 last month) in absolute numbers. •The highest, hospital acquired pressure ulcer, incidence ward areas (October 2020 - February 2021) were the respiratory and critical care areas. This correlates with the increase in respiratory illness and very high risk patients. The Covid pandemic has had an effect on increased numbers of incidences of pressure damage. These patients are at very high risk of developing pressure damage due to their condition, compromised respiratory function and oxygen dependency. These elements present a challenge to pressure ulcer prevention as repositioning is more difficult in this group of patients • The Trust Tissue Viability Nurse (TVN) meets routinely with other West Midlands TVS leads, and monitors our relative position to other providers. There is an increase in 'device related damage' in all the Critical Care areas, related to patients being proned for 12 hours at a time. Nationally no solution has been found as yet, the breathing tube has to be there and the damage caused is outweighed by the risk of moving the patients. NHSE/I are trying to gather some incidence data around device related damage.
		• 1 **never event** was reported in February for Surgical Services (Critical Care) - no harm was caused to the patient.
		• **VTE assessments in February** delivering 95.3% at Trust level against the 95% target, Surgical and WCH are below the target however. • **Sepsis (adults only)** screening performance in February has been holding up to very well at 97.4% of eligible patients being screened; screened patients who are positive have increased generally during COVID and are at 27.3% in February (we were seeing just below 20% at pre-COVID levels); 88.4% of the sepsis positive patients were treated and of those 83.1% were treated within the prescribed one hour still behind the 100% target and continues to be an area of focus. • **Neutropenic Sepsis** reporting delivery 77% of patients were treated within the 1hr from door to needle standard (5/22 breached). The average door to needle time was good at 54 minutes in February below the 60 minutes standard (1hr). The 5 breaches show delays above the hour between 38-91 minutes; no harm was caused to any of the five patients which breached
	Obstetrics	• The overall **Caesarean Section** rate for February is just above 25% in month, below 30% on a year to date basis. This overall C Section rate can be split between : • Elective C-Section rate at 10.4% in line with long term average trend • Non-elective C-Section rate at 14.9% with were on average 18.7% during the full year (pre-COVID periods) • The monthly 'Ockenden' reporting process and improvement focus is in place and informs Q&S Committee and Trust Board on a more detailed performance basis against specific Trust actions identified (Must Do's and Should Do's).

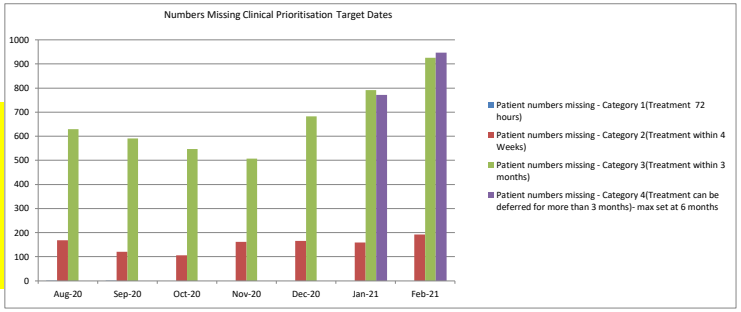
Performance At A Glance - February 2021

CARING	Patient Experience (FFT), Mixed Sex Accommodation (MSA), Complaints, Flu Vaccination	• **MSA** has not been reported since the start of the pandemic due to COVID. The Chief Nurse is planning a review of this reporting and validation process. • We observe low score and response rates against **Friends & Family tests and indicating a low benchmarking performance for the Trust** • The number of active **complaints** in the system is double the pre pandemic levels; using PublicView benchmarking tool we have analysed our relative position which is in the lower quartile and the team are looking at these findings.
EFFECTIVE	Mortality, Readmissions	• Readmissions rates (30 days after discharge) have gone up again in January to 11.3% in month (9.5% cumulatively) and remain high over the last year generally. The Trust runs an improvement task force that looks at readmissions across all groups, but this has been paused due to COVID for the time-being. • HSMR (measures expected vs actual deaths in-hospital) reporting at 142 above the tolerance levels as at the end of October 2020 (latest available reporting period and also during COVID), showing a continually, elevated position against the weekend mortality rate which is 150 and weekday at 140. 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). • SHMI (measuring expected vs actual deaths including deaths 30 days post discharge from hospital) is elevated at 115 for September 2020 (latest available position) with Cancer of the Lung, Sepsis and Pneumonia being the top three death reasons. The SHMI will also be impacted by the coding improvements, which are planned for HSMR. • Medical Examiners' mortality reviews fell below the performance target of 90% to 85.1% this maybe due to the increase in total deaths during January / February period.
	Stroke & Cardiology	• **Stroke** performance good against most indicators, but struggling to recover admissions to the stroke ward within 4 hours (at 43% in February). • Thrombolysis performance is at 50% for February (1/2 patients breaching due to delay to CT scan). • Patients staying on a stroke ward for more than 90% has been at 68%, this was due to an outbreak of COVID19 on Newton 4, patient had to be outlied to non stroke wards. N4 impact still felt in February. • **Cardiology** performance within target levels in February - on target.
	Patient Flow (Responsive)	• **21+ LOS** patients (long stay patients) count at the end of February at 74 patients (this measures patients within the acute setting; from 1 April 2020 we started reporting just the acute patients in line with current NHSI guidance and to align with our SitRep). • **Neck of Femur** performance at 93% in February against the 85% target for the forth month meeting the standard consecutively, which is a significant achievement
WELL LED	Workforce	• Sickness rate overall for February is at 5.8% in month and 5.8% on a cumulative basis • Ward sickness rate specifically is at 8.6% showing a reduction on prior months • Long term sickness when excluding COVID related cases, is at pre-COVID levels around 140 - 150 as a monthly stock figure • Nursing vacancy rate is at 13%; Nursing turnover at 12% in February • Mandatory Training (where staff are at 100% of their MT) is reducing to 69% against the 95% aim clearly impacted by COVID pressures
USE OF RESOURCES	Use of Resources	• The Use of Resources assessment is part of the combined CQC inspection alongside the Trust's rating for Quality and the wider Single Oversight Framework. The review is designed to provide an assessment and improve understanding of how effectively and efficiently Trusts are using their resources to provide high quality and sustainable care for patients. The CQC assessment includes an analysis of Trust performance against a selection of CQC initial metrics, using local intelligence, and other evidence. The last Trust rating for Use of Resources was 'Requires Improvement' and the Trust is aiming to achieve a 'Good' rating in the next CQC inspection and performance will continue to be monitored with this aspiration. • Using a crude method to predict the CQC rating based on an inspection right now, which is taking factors other than what is highlighted in use of resources e.g. RTT, A&E etc, the Trust would mostly likely score 'requires improvement' again. • We have populated 7/16 of the Use of Resources metrics. Currently, no work is under way to increase this proportion and start deep-diving in presented opportunities, however, this is significantly slowed down due to CV19 and will be picked up as part of the newly established Efficiency Group.

Recovery & Restoration SWB :	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Activity Delivery & RTT								
This measures activity % age activity achievement compared to the three different Trust Trajectories set :	**Phase 3 : 70% IP / 90% OP**	**Phase 3 : 80% IP / 80% OP**	**Phase 3 : 90% IP / 100% OP**	**Phase 3 : 90% IP / 100% OP**	**Phase 3 : 90% IP / 100% OP**	**Phase 3 : 100% IP / 100% OP**	**Phase 3 : 100% IP / 100% OP**	**Phase 3 : 100% IP / 100% OP**
% Of Phase 3 activity volumes	88.5%	102.2%	101.9%	105.9%	97.8%	61.6%	89.0%	
% of Production Plan volumes	77.5%	85.1%	85.5%	86.0%	79.4%	48.0%	69.3%	
% of Clinical Group agreed volumes	94.8%	112.2%	98.8%	101.5%	94.6%	56.1%	83.4%	
RTT Trajectory Targets :	N/A	**76.3%**	**85.0%**	**88.1%**	**89.9%**	**90.4%**	**91.5%**	**92.1%**
Variance Performance Trajectory to achieve 92% by 31st Mar21	N/A	-8.6%	-12.5%	-13.3%	-15.0%	-13.6%	-16.9%	
Diagnostics (DM01)								
This measures activity % age activity achievement compared to Phase 3 Target which is based on previous year delivery : additionally the ambition to recover to DM01 standard of 99% by Nov21 :	**Phase 3: 90%**	**Phase 3: 95%**	**Phase 3: 100%**	**Phase 3: 100% & to 99% Standard**	**100%**	**100%**	**100%**	**100%**
% of Phase 3 **activity volumes** MRI (100% by October)	128.6%	121.8%	110.8%	89.1%	89.0%	88.7%	87.3%	
% of Phase 3 **activity volumes** CT (100% by October)	104.2%	98.8%	109.4%	102.2%	100.0%	99.3%	93.0%	
% of Phase 3 letter **activity** Endoscopy (100% in October)-All Scopes	74.2%	70.3%	106.3%	84.4%	78.3%	80.6%	47.6%	
DM01 Trajectory	N/A	**94.50%**	**98.20%**	**99.00%**	**99.00%**	**99.00%**	**99.00%**	**99.00%**
Variation versus planned trajectory to achieve 99% DM01	N/A	-26.7%	-22.2%	-15.9%	-14.5%	-18.4%	-12.9%	
Cancer 62 Day Standard								
Cancer 62 Day standard aims to achieve 85% performance by Mar21 :								**85%**
104 day volumes (patient numbers)	3	8	4	10	6	5		
62 day refer to treat % (distance from 85% standard)	77.4%(-7.6%)	74.2%(-10.8%)	75.4%(-9.6%)	71.4% (-13.6%)	74.2% (-10.8%)	60.2% (-24.8%)		
31 day diagnosis to treatment % (distance from 96% standard)	93.5%(-2.5%)	94.6%(-1.4%)	92%(-4.0%)	91.1% (-4.9%)	92.5% (-3.5%)	88.1% (-7.9%)		
Cancer Trajectory-104 day	50	39	24	19	11			
Cancer Trajectory-62 day	60%	**55.00%**	**55.00%**	**80.00%**	**85.00%**	**85.00%**	**85.00%**	**85.00%**
Cancer Trajectory-31 day	94.0%	95%	96%	97%	98%			
52 Week Wait Breaches								
Shows volumes that will breach if no intervention (follows the waiting list patient queue to indicate potential breaches) :								**Zero 52 WW Breaches**
Volumes that will be breaching at 31 March 2021 - Inpatients	3,843	3,016	2,427	2,264	1,942	1,974	1892	
Straight line trajectory to zero in March21-Inpatients	3,843	3,294	2,745	2,196	1,647	1,098	549	0
Variation	-	-8.4%	-11.6%	3.1%	17.9%	79.8%	244.6%	
Volumes that will be breaching at 31 March 2021 - Outpatients	7,460	5,015	3,302	2,322	1,474	1,260	928	
Straight line trajectory to zero in March21-Outpatients	7,460	6,394	5,329	4,263	3,197	2,131	1,066	-0
Variation		-21.6%	-38.0%	-45.5%	-53.9%	-40.9%	-12.9%	
Clinical Prioritisation								
Numbers of patients who have been prioritised on the inpatient Waiting List and have not been seen within the specified time frame for their categorisation and are still waiting.	**Zero**	**Zero**	**Zero**	**Zero**	**Zero**	**Zero**	**Zero**	**Zero**
Patient numbers missing - Category 1(Treatment 72 hours)	1	1	0	0	0	0	0	
Patient numbers missing - Category 2(Treatment within 4 Weeks)	168	120	106	161	166	159	192	
Patient numbers missing - Category 3(Treatment within 3 months)	629	591	547	507	682	792	926	
Patient numbers missing - Category 4(Treatment can be deferred for more than 3 months)- max set at 6 months	0	0	0	0	0	772	947	
Clinical Prioritisation-Ophthalmology								
Numbers of patients who have been prioritised on the inpatient Waiting List and have not been seen within the specified time frame for their categorisation and are still waiting.	**Zero**	**Zero**	**Zero**	**Zero**	**Zero**	**Zero**	**Zero**	**Zero**
Patient numbers missing - Category 1(Treatment witn 24 hours)	0	0	0	0	0	0	0	
Patient numbers missing - Category 2(Treatment within 72 hours)/Realigned in Jan with Other Specs at 4 weeks	1	0	1	116	123	157	201	
Patient numbers missing - Category 3(Treatment within 4 Weeks)/Realigned in Jan with other specs at 3 months	231	225	211	472	547	462	603	
Patient numbers missing - Category 4(Treatment needed within 3-4 months)Realigned in Jan with other specs at max 6 months	190	162	166	264	265	291	357	
Safety Checks								
52 week breaches	252	376	482	641	755	1301	2130	
Potential/Actual Harm identified (whole numbers)								
Versus 104 day Cancer breaches last month %								
Potential/Actual Harm identified (whole numbers)								
Versus Clinically Prioritised Date**patients missing prioritisation date**	1220	1099	1031	1520	1783	2633	3226	

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





CQC Domain - Safe

	Kitemark	Reviewed Date	Indicator	Measure	Standard Year	Standard Month	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	20/21 Year to Date	Group M	Group SS	Group W	Group I	Group PCCT	Group CO
Infection Control			C. Difficile (Post 48 hours)	<= No	41	3.4	2	2	4	3	3	2	3	0	3	1	2	3	1	1	1	1	4	2	19	2	0	0	-	0	-
			MRSA Bacteraemia (Post 48 hours)	<= No	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	-	0	-
			MSSA Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	<= Rate2	9.42	9.42	5.65	15.18	0.00	4.76	4.88	21.01	0.00	7.02	12.15	7.23	13.49	0.00	12.61	10.86	5.54	11.28	9.63	5.92	8.78	-	-	-	-	-	-
			E Coli Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	<= Rate2	94.9	94.9	22.58	15.18	5.19	14.27	24.39	26.26	16.43	21.05	18.23	28.93	6.75	13.15	18.92	10.86	5.54	16.93	0.00	35.49	15.36	-	-	-	-	-	-
			MRSA Screening - Elective	=> %	95	95	80.6	78.1	78.2	79.1	76.9	79.7	75.5	66.4	77.4	76.2	80.4	75.4	79.3	80.3	74.6	74.8	77.9	67.8	76.8	73.3	60.2	95.0	-	0.0	-
			MRSA Screening - Non Elective	=> %	95	95	67.3	76.0	79.5	76.3	80.0	83.9	78.1	83.9	91.5	92.6	93.6	93.9	92.5	92.5	92.2	92.5	82.9	87.8	89.8	87.9	87.7	100.0	-	78.3	-
Harm Free Care			Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95	94.8	98.5	95.4	99.3	98.9	98.7	98.4	Nationally discontinued - awaiting replacement indicators to be announced											97.3	-	-	-	-	-	-
			Patient Safety Thermometer - Catheters & UTIs	%	-	-	0.5	0.5	0.0	0.4	0.0	0.3	0.1												0.2	-	-	-	-	-	-
			Number of DOLS raised	No	-	-	37	34	26	36	33	31	28	32	43	45	42	26	43	40	39	50	28	28	416	7	17	0	-	4	-
			Number of DOLS which are 7 day urgent	No	-	-	37	34	26	36	33	31	28	32	43	45	42	26	43	40	39	50	28	28	416	7	17	0	-	4	-
			Number of delays with LA in assessing for standard DOLS application	No	-	-	2	4	3	7	6	7	0	3	3	4	8	6	6	7	3	7	2	3	52	2	1	0	-	0	-
			Number DOLs rolled over from previous month	No	-	-	0	1	1	2	0	5	7	9	8	9	6	3	2	6	8	10	9	11	81	6	2	0	-	3	-
			Number patients discharged prior to LA assessment targets	No	-	-	20	22	13	22	18	18	24	30	37	43	35	18	29	25	29	42	23	30	341	8	17	0	-	5	-
			Number of DOLs applications the LA disagreed with	No	-	-	2	0	1	0	0	2	1	0	0	0	0	0	0	0	2	0	0	0	2	0	0	0	-	0	-
			Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	0	0	0	0	1	0	0	0	0	0	0	0	4	0	6	0	0	0	10	0	0	0	-	0	-
		Apr 19	Falls	No	-	-	78	-	71	88	97	84	110	66	67	70	74	81	82	74	99	75	70	71	829	43	13	1	2	12	-
		Apr 19	Falls - Death or Severe Harm	<= No	0	0	0	-	2	0	1	1	0	0	1	1	2	1	0	0	0	0	0	1	6	1	0	0	0	0	0
			Falls Per 1000 Occupied Bed Days	<= Rate1	5	5	3.78	-	3.22	3.80	4.19	3.94	5.66	4.33	4.54	4.62	4.58	4.84	4.66	3.76	5.18	3.95	3.38	3.88	4.31	-	-	-	-	-	-
		Apr 19	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	33	23	14	32	36	39	32	38	32	19	23	20	25	32	38	45	51	38	361	16	10	1	-	11	-
		Apr 19	Pressure Ulcers per 1000 Occupied Bed Days	Rate1	-	-	1.54	0.97	0.61	1.32	1.50	1.77	1.59	2.44	2.10	1.22	1.38	1.16	1.38	1.58	1.93	2.31	2.41	2.04	1.83	-	-	-	-	-	-
		Apr 19	Pressure Ulcer DN Caseload Acquired - Total	<= No	0	0	27	31	18	25	25	26	22	20	24	25	41	29	24	22	38	33	36	42	334	1	-	-	-	41	-
			Pressure Ulcer Present on Admission to SWBH	<= No	0	0	85	78	95	88	104	117	102	108	100	96	114	112	93	124	112	110	106	110	1185	-	-	-	-	-	-
			Venous Thromboembolism (VTE) Assessments	=> %	95	95	95.6	96.3	-	95.9	96.0	96.0	95.3	94.9	95.0	96.2	96.2	95.3	95.5	95.3	96.0	96.4	96.3	95.3	95.7	98.0	90.0	91.9	100.0	98.6	-
		Apr 19	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	=> %	100	100	-	100.0	99.9	100.0	99.9	99.6	100.0	99.8	100.0	100.0	100.0	99.9	99.9	100.0	100.0	98.8	99.9	99.9	99.8	100.0	100.0	100.0	-	100.0	-
		Apr 19	WHO Safer Surgery - brief(% lists where complete)	=> %	100	100	100.0	100.0	100.0	100.0	100.0	100.0	99.6	100.0	100.0	100.0	100.0	100.0	100.0	99.7	100.0	99.5	100.0	100.0	99.9	100.0	100.0	-	-	100.0	-
		Apr 19	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	100	100	100.0	99.7	100.0	99.3	100.0	99.8	99.3	100.0	100.0	100.0	98.7	99.3	100.0	99.2	99.7	99.0	100.0	99.7	99.5	99.6	100.0	-	-	100.0	-
			Never Events	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2	0	1	0	0	0	-
			Medication Errors causing serious harm	<= No	0	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	-
			Serious Incidents	<= No	0	0	11	17	11	7	6	8	0	7	8	12	6	7	9	7	6	4	4	6	76	4	1	1	0	0	0
			Open Central Alert System (CAS) Alerts	No	-	-	11	12	10	12	10	9	8	2	5	3	3	5	6	4	4	4	3	3	42	-	-	-	-	-	-
			Open Central Alert System (CAS) Alerts beyond deadline date	<= No	0	0	6	7	2	1	1	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	96.5	97.8	96.8	100.0	-	84.3	-
			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	23.4	29.9	18.1	7.7	-	11.6	-
			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	85.4	88.1	90.5	0.0	-	80.0	-
			Sepsis - Treated in 1 Hour (as % Of Treated)	=> %	100	100	-	-	-	54.9	51.9	60.0	53.9	57.2	64.2	58.2	57.1	56.1	81.0	80.4	79.8	82.8	83.6	83.1	74.2	84.4	81.0	-	-	0.0	-
			Sepsis - Antibiotic Review Within 72 hrs	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

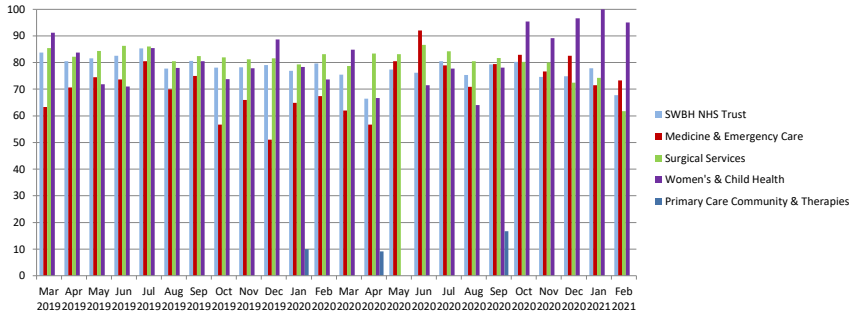
Data Quality - Kitemark

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

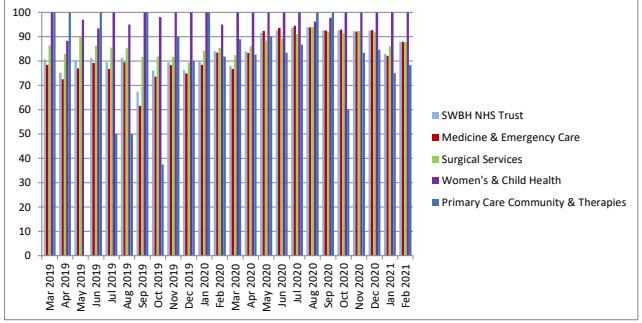
If segment 7 of the Kitemark is Black this indicates that a formal audit of this indicator has

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

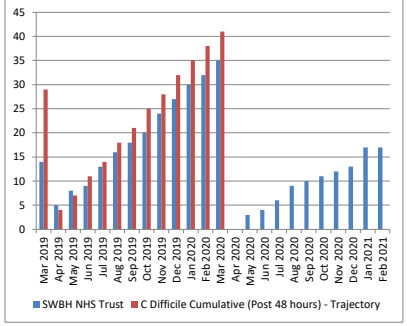
MRSA Screening - Elective



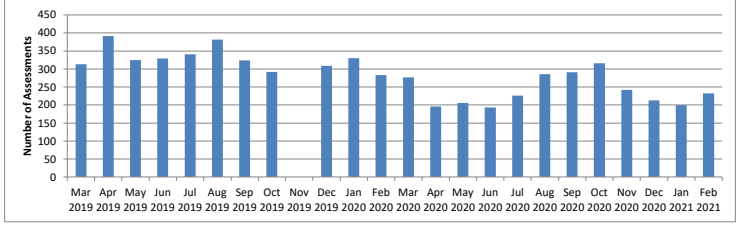
MRSA Screening - Non Elective



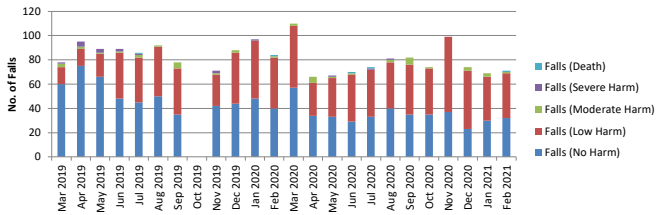
C Diff Infection



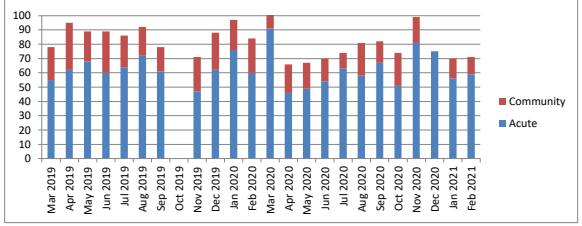
VTE Assessments Missed



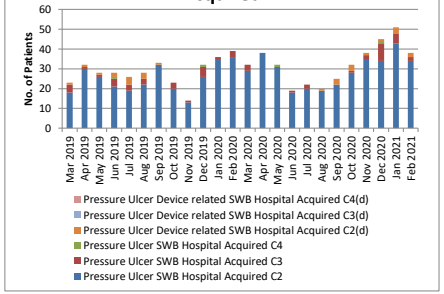
Falls



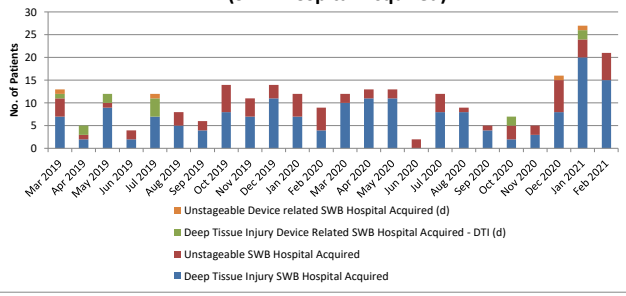
Falls - Acute & Community



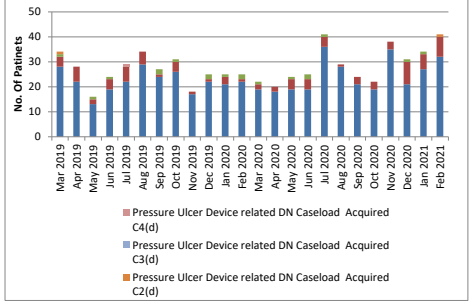
Pressure Ulcers - SWB Hospital Acquired



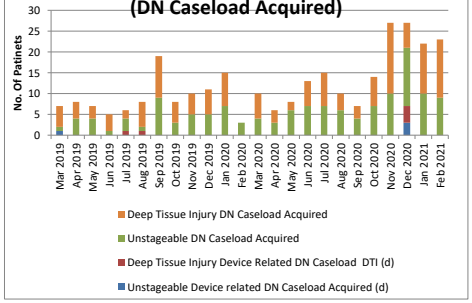
Unstageable / Deep Tissue (SWB Hospital Acquired)



Pressure Ulcers - DN Caseload Acquired



Unstageable/Deep Tissue (DN Caseload Acquired)



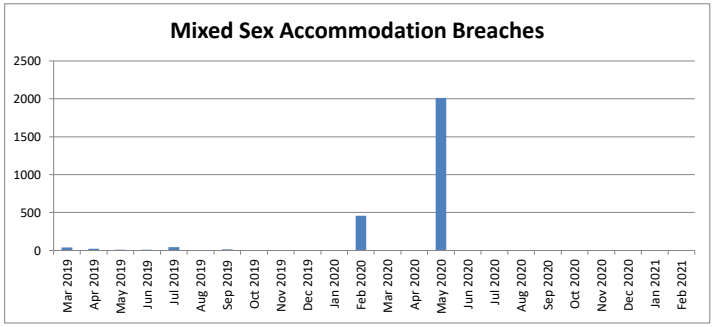
CQC Domain - Caring

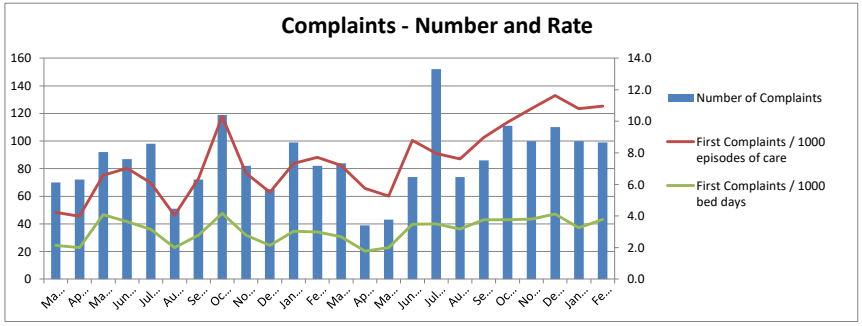
	Kitemark	Reviewed Date	Indicator	Measure	Standard Year	Standard Month	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	20/21 Year to Date	Group M	Group SS	Group W	Group I	Group PCCT	Group CO
FFT			FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	25	25	23.4	18.7	21.5	18.5	20.5	26.2	26.2	13.6	16.2	15.5	23.8	14.7	18.7	17.8	15.4	14.2	13.9	13.8	16.1	-	-	-	-	-	-
			FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95	95	89	89	89	86	89	-	90	86	86	88	89	82	85	84	83	82	41	89	-	-	-	-	-	-	-
			FFT Response Rate: Type 1 and 2 Emergency Department	=> %	25	25	9.8	10.6	9.6	9.1	9.5	9.1	10.5	14.2	13.7	12.9	13.2	12.9	12.8	12.3	13.2	11.5	12.9	12.0	12.8	12.0	-	-	-	-	-
			FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95	95	71	71	68	73	75	72	79	89	85	84	81	78	77	78	78	82	81	80	-	80	-	-	-	-	-
		Apr 19	FFT Score - Outpatients	=> No	95	95	87	87	89	89	89	89	89	87	89	89	89	88	88	89	90	89	90	91	-	-	-	-	-	-	-
		Apr 19	FFT Score - Maternity Antenatal	=> No	95	95	0	90	97	100	75	83	80	86	84	84	84	78	79	78	80	78	83	88	-	-	-	-	-	-	-
		Apr 19	FFT Score - Maternity Postnatal Ward	=> No	95	95	100	92	93	0	97	94	100	0	67	0	100	0	100	8	80	0	5	0	-	-	-	-	-	-	-
		Apr 19	FFT Score - Maternity Community	=> No	95	95	0	94	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	6	94	97	94	95	97	97	89	100	82	94	70	94	93	87	85	87	85	-	-	-	-	-	-	-
		Apr 19	FFT Response Rate: Maternity Birth	=> %	25	25	6.1	28.2	35.3	12.2	32.2	55.0	28.2	4.4	8.4	6.1	41.6	7.3	17.5	11.2	6.0	100.0	2.9	7.3	12.1	-	-	-	-	-	-
MSA			Mixed Sex Accommodation - Breaches (Patients)	<= No	0	0	16	-	-	-	-	458	-	-	2013	-	-	-	-	-	-	-	-	-	2013	-	-	-	-	-	-
Complaints			No. of Complaints Received (formal and link)	No	-	-	72	119	82	65	99	82	84	39	43	74	152	74	86	111	100	110	100	99	988	42	19	7	5	18	8
			No. of Active Complaints in the System (formal and link)	No	-	-	121	140	114	92	106	142	126	102	109	123	152	139	189	288	374	67	359	378	2280	182	78	35	5	52	26
			No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	2.78	4.16	2.78	2.15	3.03	2.99	2.68	1.78	1.99	3.47	3.50	3.17	3.75	3.76	3.81	4.12	3.24	3.78	3.35	2.78	5.75	2.59	-	17.96	-
			No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	6.38	10.31	6.72	5.50	7.33	7.72	7.21	5.74	5.26	8.79	7.96	7.61	8.97	9.94	10.80	11.63	10.80	10.97	9.08	9.55	14.08	5.09	-	31.43	-
			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	82.9	76.1	83.1	10.4	7.6	84.7	82.0	76.4	84.1	100.0	70.5	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	4.5	0.0	1.3	0.8	1.4	11.6	8.8	14.3	11.9	7.6	8.5	32.6	57.7	9.9	74.8	49.4	60.0	25.2	60.0	75.0	50.0	-	59.1	33.3
			No. of responses sent out	No	-	-	61	88	105	76	76	70	87	68	35	58	66	86	43	27	33	107	85	80	688	25	16	14	0	22	3
WKF		Apr 19	Flu Vaccination Rate	=> %	80	80	-	47.7	62.4	78.1	82.0	83.1	-	-	-	-	-	-	-	46.0	75.0	80.0	-	-	67.0	-	-	-	-	-	-

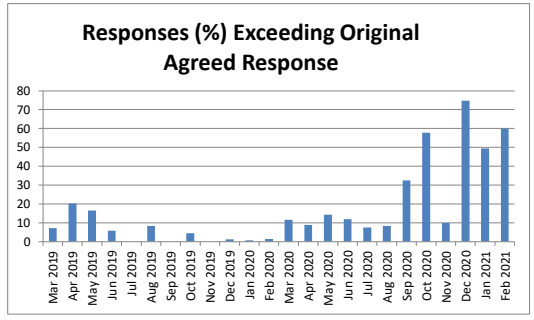
Data Quality - Kitemark

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

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







CQC Domain - Responsive

	Kitemark	Reviewed Date	Indicator	Measure	Standard Year	Standard Month	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	20/21 Year to Date	Group M	Group SS	Group W	Group I	Group PCCT	Group CO
Emergency Care			Emergency Care Attendances (Including Malling)	No	-	-	17973	18445	17868	19330	18477	17367	13392	7163	9828	12215	14065	15099	14548	13833	13235	12762	11887	11307	135942	-	-	-	-	-	-
	● ● ● ● ● ● ●		Emergency Care 4-hour waits	=> %	95	95	74.1	71.7	70.9	72.2	73.0	74.6	79.3	87.8	91.6	90.0	86.2	84.9	80.3	79.1	79.2	78.1	68.6	77.0	81.8	-	-	-	-	-	-
	● ● ● ● ● ● ●		Emergency Care 4-hour breach (numbers)	No	-	-	4764	5215	5199	5375	4819	4416	2768	844	828	1225	1941	2284	2860	2895	2754	2791	3731	2596	24749	-	-	-	-	-	-
	● ● ● ● ● ● ●		Emergency Care Trolley Waits >12 hours	<= No	0	0	2	2	1	1	0	0	0	1	0	0	0	0	0	3	2	3	23	-	32	-	-	-	-	-	-
	● ● ● ● ● ● ●		Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15	71	185	154	116	121	62	85	74	44	62	194	69	163	149	183	132	238	138	-	-	-	-	-	-	-
	● ● ● ● ● ● ●		Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60	217	250	263	263	254	232	151	82	82	100	136	153	168	147	165	166	160	174	-	-	-	-	-	-	-
	● ● ● ● ● ● ●		Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5	5	7.3	7.8	7.9	7.9	8.1	7.5	8.8	8.6	8.9	7.5	8.4	8.2	7.1	7.7	7.0	7.1	7.4	7.7	7.7	-	-	-	-	-	-
	● ● ● ● ● ● ●		Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5	5	8.8	10.5	10.2	9.5	8.0	7.8	5.5	2.8	2.6	3.2	4.5	4.8	4.9	4.0	3.6	3.5	3.8	3.3	3.8	-	-	-	-	-	-
	● ● ● ● ● ● ●		WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	238	251	228	279	199	242	380	234	172	77	183	172	161	267	186	245	415	237	2349	-	-	-	-	-	-
	● ● ● ● ● ● ●		WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	33	16	9	12	9	32	42	8	1	0	0	3	9	43	31	49	381	87	612	-	-	-	-	-	-
	● ● ● ● ● ● ●		WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02	0.7	0.3	0.2	0.2	0.2	0.7	0.9	0.3	0.0	#####	0.0	0.1	0.2	1.0	0.8	1.1	8.4	2.2	1.5	-	-	-	-	-	-
	● ● ● ● ● ● ●		WMAS - Emergency Conveyances (total)	No	-	-	4484	4656	4721	4887	4848	4522	4588	3069	3282	3039	3951	4209	4065	4323	4106	4278	4544	4033	42899	-	-	-	-	-	-
Patient Flow	● ● ● ● ● ● ●	Apr 19	Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5	3.0	2.8	2.9	2.4	2.8	3.0	4.2	Reporting nationally stopped, awaiting either national guidance on replacement monitoring or internally to develop metrics											0.4	-	-	-	-	-	-
			Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	240	20	17	19	20	16	19	20	28												-	-	-	-	-	-	-
	● ● ● ● ● ● ●	Apr 19	Delayed Transfers of Care (Acute) - Finable Bed Days	<= No	0	0	127	147	163	180	195	340	388												342	-	-	-	-	-	-
	● ● ● ● ● ● ●	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - ALL	No	-	-	675	867	852	944	989	860	730	501	554	543	604	746	750	935	901	943	1060	805	8342	-	-	-	-	-	-
	● ● ● ● ● ● ●	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No	-	-	266	330	310	383	354	358	347	343	295	277	293	377	312	426	443	386	443	365	3960	-	-	-	-	-	-
	● ● ● ● ● ● ●	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units and Clinical Transfers	No	-	-	52	52	80	66	71	64	95	80	47	39	25	40	52	79	118	75	122	89	766	-	-	-	-	-	-
		Apr 19	Hip Fractures Best Practice Tariff (Operation < 36 hours of admissions	=> %	85	85	79.2	88.5	78.6	67.5	75.0	87.9	61.5	84.0	90.0	60.0	53.1	70.8	80.0	78.9	85.0	87.0	88.9	92.9	78.1	-	92.9	-	-	-	-
Cancellations	● ● ● ● ● ● ●		No. of Sitrep Declared Late Cancellations - Total	<= No	240	20	57	63	59	65	56	60	35	1	9	18	21	17	36	40	28	27	10	12	219	2	5	3	-	2	-
	● ● ● ● ● ● ●		No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	32	40	30	41	29	17	16	1	1	5	9	11	17	21	13	12	9	7	106	0	5	0	-	2	-
	● ● ● ● ● ● ●		No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	25	23	29	24	27	43	19	0	8	13	12	6	19	19	14	15	1	5	112	2	0	3	-	0	-
	● ● ● ● ● ● ●		Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	<= %	0.8	0.8	1.5	1.6	1.5	1.8	1.3	1.7	1.3	0.1	0.7	1.2	0.8	0.7	1.2	1.5	1.2	1.3	0.7	1.0	1.0	1.3	0.9	2.0	-	0.5	-
	● ● ● ● ● ● ●		Number of 28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	4	5	4	6	3	26	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	-	-	-
	● ● ● ● ● ● ●		Urgent Cancellations	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	2	0	0	0	-	0	-
	● ● ● ● ● ● ●		No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0	1	2	0	1	1	2	4	0	0	0	1	0	1	1	1	1	0	1	6	1	0	0	-	0	-
	● ● ● ● ● ● ●		Multiple Hospital Cancellations experienced by same patient (all cancellations)	<= No	0	0	79	103	92	65	73	124	344	19	20	42	46	49	74	107	128	42	50	18	595	3	11	4	-	-	-
	● ● ● ● ● ● ●		All Hospital Cancellations, with 7 or less days notice	<= No	0	0	367	370	376	358	347	584	890	63	58	133	138	202	220	320	409	174	253	113	2083	17	74	22	-	-	-
Cancer	● ● ● ● ● ● ●	Apr 19	2 weeks	=> %	93	93	97.5	95.8	96.7	99.0	98.0	98.9	98.3	93.7	93.6	94.1	94.8	90.1	90.1	94.1	89.8	86.5	80.2	-	90.3	92.8	80.7	97.5	-	33.3	-
	● ● ● ● ● ● ●	Apr 19	2 weeks (Breast Symptomatic)	=> %	93	93	98.0	100.0	95.7	98.1	95.5	100.0	98.2	96.2	97.1	94.1	100.0	100.0	96.6	94.4	86.4	80.9	56.1	-	80.6	-	56.1	-	-	-	-
	● ● ● ● ● ● ●	Apr 19	31 Day (diagnosis to treatment)	=> %	96	96	95.8	96.6	95.1	99.2	97.8	96.5	97.5	94.2	91.8	93.6	94.3	93.5	94.6	92.0	91.1	92.5	88.1	-	92.5	100.0	93.4	55.6	-	100.0	-
	● ● ● ● ● ● ●	Apr 19	31 Day (second/subsequent treatment - surgery)	=> %	94	94	100.0	93.5	100.0	93.1	100.0	100.0	95.7	92.3	69.6	100.0	100.0	100.0	88.2	69.2	78.9	94.7	100.0	-	87.2	-	-	-	-	-	-
	● ● ● ● ● ● ●	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	-	-	-	-	-	-
	● ● ● ● ● ● ●	Apr 19	62 Day (urgent GP referral to treatment) Excl Rare Cancers	=> %	85	85	86.3	82.7	90.7	81.1	80.8	82.0	89.2	73.6	54.8	66.4	76.1	77.4	74.2	75.4	71.4	74.2	60.2	-	70.8	71.4	63.1	35.0	-	66.7	-
	● ● ● ● ● ● ●		62 Day (urgent GP referral to treatment) - Inc Rare Cancers	=> %	85	85	86.5	82.7	91.0	81.4	79.5	82.4	89.2	73.6	56.0	67.0	76.6	77.7	74.8	75.4	71.4	75.4	61.9	-	71.4	73.9	64.8	35.0	-	66.7	-
	● ● ● ● ● ● ●	Apr 19	62 Day (referral to treat from screening)	=> %	90	90	96.9	93.2	94.6	89.7	91.5	100.0	94.8	83.9	33.3	100.0	80.0	83.3	90.0	90.0	87.5	94.4	87.5	-	86.1	-	89.7	66.7	-	-	-
	● ● ● ● ● ● ●	Apr 19	62 Day (referral to treat from hosp specialist)	=> %	90	90	86.4	76.5	81.8	82.3	87.5	76.1	84.6	95.5	82.1	80.3	85.3	92.9	90.7	74.2	85.1	62.0	87.2	-	82.5	75.0	100.0	100.0	-	100.0	-
	● ● ● ● ● ● ●		Cancer = Patients Waiting Over 62 days for treatment	No	-	-	10	11	6	12	12	9	9	-	17	19	13	11	20	16	20	16	26	-	156	3	16	7	-	1	-
	● ● ● ● ● ● ●		Cancer - Patients Waiting Over 104 days for treatment	No	-	-	3	3	5	6	7	4	2	-	4	10	8	3	8	4	10	6	5	-	55	2	1	2	-	0	-
	● ● ● ● ● ● ●		Cancer - Longest wait for treatment (days) - TRUST	No	-	-	96	171	149	148	169	217	121	-	171	177	138	136	207	117	119	118	143	-	-	-	-	-	-	-	-
	● ● ● ● ● ● ●	Apr 19	Neutropenia Sepsis - Door to Needle Time > 1hr	<= No	0	0	6	6	9	15	7	11	5	4	3	2	1	1	2	3	5	3	3	5	32	5	0	0	-	0	-
	● ● ● ● ● ● ●		IPT Referrals - Within 38 Days Of GP Referral for 62 day cancer pathway	%	-	-	65.2	66.7	69.6	35.7	69.6	68.8	84.2	73.3	66.7	35.7	57.1	61.1	56.3	68.4	50.0	47.4	63.6	-	58.1	-	-	-	-	-	-
			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	-	82.3	-	-	-	-	-	-

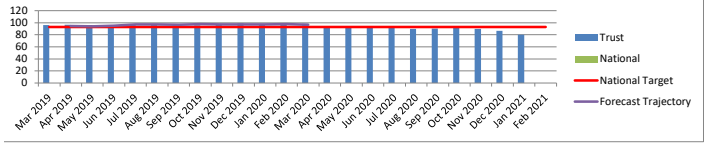
			Cancer - 28 day FDS TWW breast symptomatic (% of Informed)	%	-	-	-	-	-	-	99.4	100.0	100.0	100.0	100.0	100.0	100.0	100.0	95.5	100.0	97.7	97.7	75.9	-	91.3	-	-	-	-	-	-
			Cancer - 28 day FDS screening referral (% of Informed) - Total	%	-	-	-	-	-	-	77.8	-	92.9	-	-	100.0	-	-	-	50.0	-	-	-	-	75.0	-	-	-	-	-	-
			Cancer - 28 Day FDS TWW Referral (% of Eligible) - Total	%	-	-	-	-	-	-	47.2	62.8	59.6	22.3	65.9	-	27.0	28.8	52.4	56.7	51.0	40.5	33.2	-	43.5	-	-	-	-	-	-
			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	-	66.2	-	-	-	-	-	-
			Cancer - 28 day FDS screening referral (% of Eligible) - Total	%	-	-	-	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RTT		Apr 19	RTT - Admittted Care (18-weeks)	=> %	90	90	80.6	82.6	81.4	82.4	81.2	78.9	80.8	85.7	83.5	74.5	61.2	56.1	65.7	66.3	71.3	73.1	80.7	84.0	69.8	94.0	79.1	78.2	-	78.3	-
		Apr 19	RTT - Non Admittted Care (18-weeks)	=> %	95	95	89.8	87.3	87.3	87.2	87.0	86.3	88.8	85.4	88.4	83.4	78.6	80.1	80.0	82.9	83.8	84.6	84.0	84.5	83.0	72.7	89.4	81.9	-	43.7	-
		Apr 19	RTT - Incomplete Pathway (18-weeks)	=> %	92	92	92.0	91.6	90.9	91.1	90.7	90.4	88.0	80.5	70.7	58.2	53.5	61.0	67.7	72.5	74.8	74.9	76.8	74.5	70.1	80.2	66.6	79.6	-	51.7	-
		Apr 19	RTT Waiting List - Incomplete	No	-	-	39634	39898	38360	38416	39374	39364	38603	34989	34058	34436	35421	36056	35684	36566	38639	39800	46587	48933	428027	5162	22185	2279	-	3425	0
		Apr 19	RTT - Backlog	No	-	-	3168	3360	3475	3433	3645	3781	4646	6823	9964	14405	16470	14061	11523	10067	9734	9978	10809	12460	127933	1022	7404	465	-	1656	0
		Apr 19	Patients Waiting >52 weeks (All Pathways)	<= No	0	0	0	0	1	0	1	0	1	7	35	99	196	281	464	620	775	1008	1437	0	4922	0	0	0	0	0	0
		Apr 19	Patients Waiting >52 weeks (Incomplete)	<= No	0	0	0	0	0	0	0	0	0	7	32	93	177	252	376	482	641	755	1301	2130	6246	35	1586	28	0	216	0
			Treatment Functions Underperforming (Admitted, Non-Admitted,Incomplete	<= No	0	0	27	26	32	29	28	28	32	30	32	41	41	42	40	42	43	39	37	35	-	8	17	3	-	5	0
			Treatment Functions Underperforming (Incomplete)	<= No	0	0	4	5	7	7	5	6	10	14	15	16	16	16	14	15	14	14	15	14	-	3	7	1	-	2	0
			RTT Clearance Time (Wks)	Ratio	-	-	10.3	9.6	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	14.1	19.4	16.1	18.1	-	21.3	-
DM01		Apr 19	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1	1	1.5	1.1	0.2	0.7	0.1	0.0	8.8	60.2	63.6	53.6	47.8	40.2	32.2	24.0	16.7	15.5	19.4	13.9	37.2	12.8	34.9	-	9.4	-	-
		Apr 19	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	614	457	359	338	1028	499	1140	78	281	232	525	974	1270	1263	1783	1157	1705	1176	10444	12	25	-	1139	-	-

Data Quality - Kitemark

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

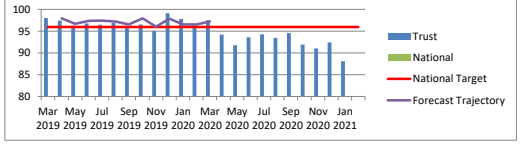
If segment 2 of the Kitemark is Blank this indicates that a formal audit of this indicator has not yet taken place

2-week wait from Referral to Date First Seen

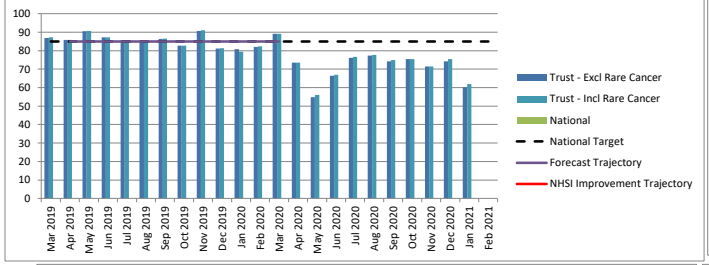


2-week wait from Breast Symptomatic Patients

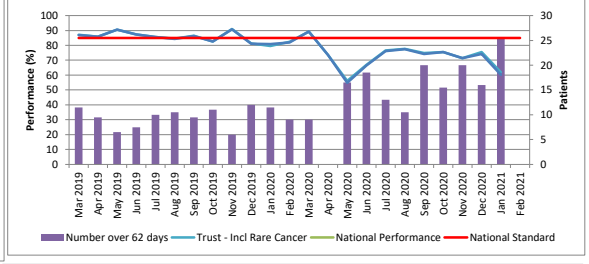
31-day Diagnosis to First Treatment



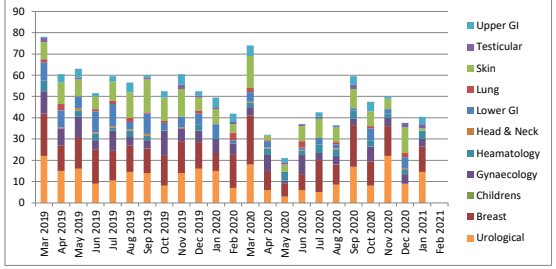
62-day Urgent GP Referral to First Treatment



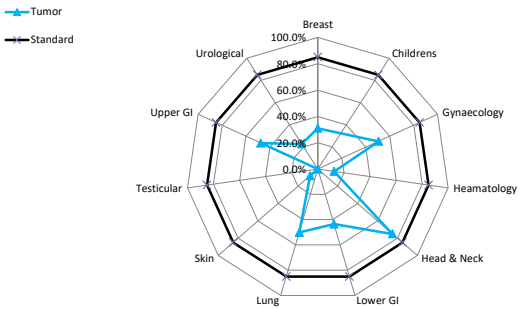
62-day Urgent GP Referral to First Treatment



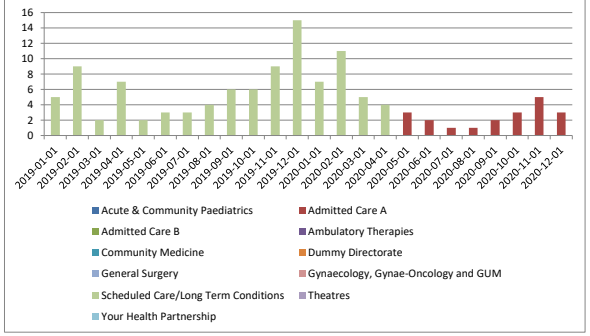
62-day Urgent GP Referral to First Treatment Breach- By Tumour Site



62 Day (Urgent GP referral) wait for first treatment By specialty for previous quarter

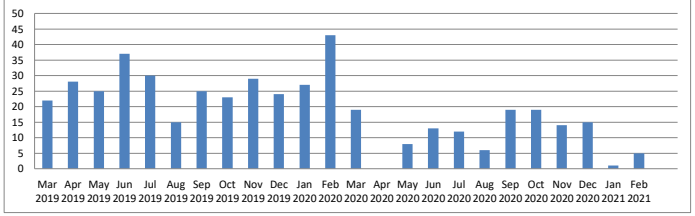


Neutropenia Sepsis Door to Needle Time Greater Than 1 Hour

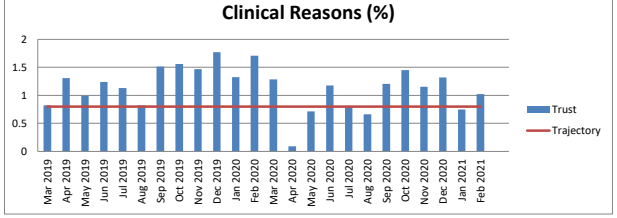


Month	Indicator	TumourSite	Informed In 28 Days	Eligible	% of Informed	% of Eligible
Jan 2021	Cancer - 28 Day FDS TWW Referral	Breast	151	319	76.26	47.34
Jan 2021	Cancer - 28 Day FDS TWW Referral	Colorectal	79	338	98.75	23.37
Jan 2021	Cancer - 28 Day FDS TWW Referral	Gynaecology	110	199	98.21	55.28
Jan 2021	Cancer - 28 Day FDS TWW Referral	Haematology	7	39	100	17.95
Jan 2021	Cancer - 28 Day FDS TWW Referral	Head & Neck	6	109	75	5.505
Jan 2021	Cancer - 28 Day FDS TWW Referral	Lung	6	33	100	18.18
Jan 2021	Cancer - 28 Day FDS TWW Referral	Skin	35	204	76.09	17.16
Jan 2021	Cancer - 28 Day FDS TWW Referral	Upper GI	116	219	100	52.97
Jan 2021	Cancer - 28 Day FDS TWW Referral	Urology	34	181	91.89	18.78
Jan 2021	28 day FDS TWW Breast Symptomatic	Breast	126	82	75.9	153.7
Jan 2021	Cancer - 28 day FDS screening referral	Breast	0	0	0	0
Jan 2021	Cancer - 28 day FDS screening referral	Colorectal	0	0	0	0
Jan 2021	Cancer - 28 day FDS screening referral	Gynaecology	0	0	0	0

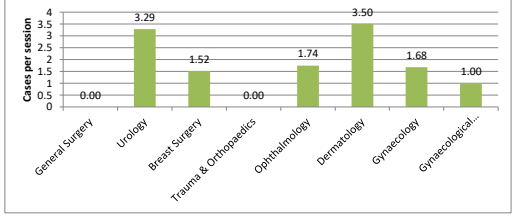
SitRep Late Cancellations

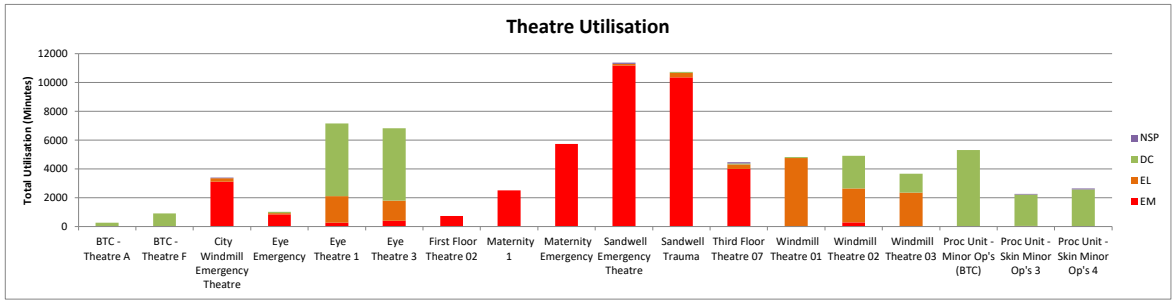


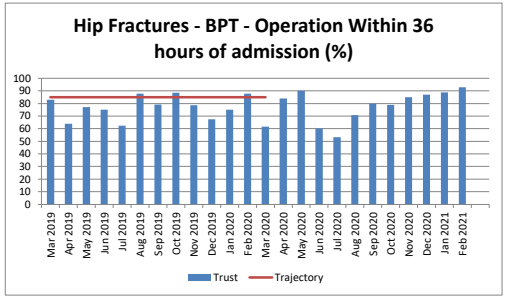
Elective Admissions Cancelled at Last Minute for Non-Clinical Reasons (%)

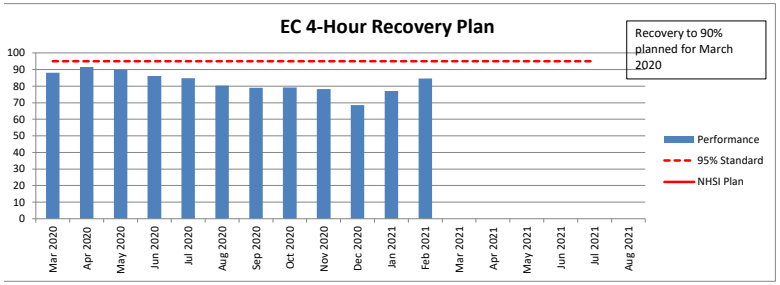


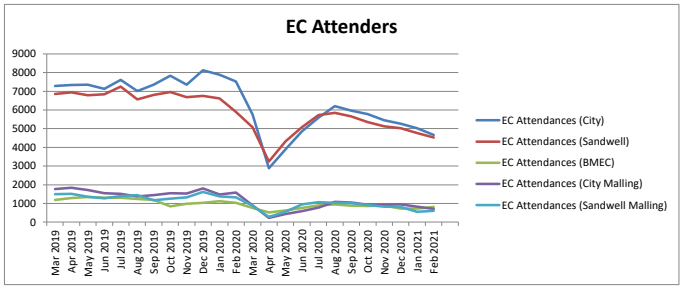
Cases Per Session (Operating Theatres)

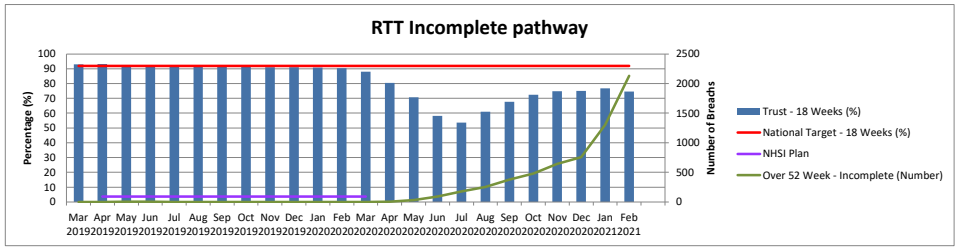


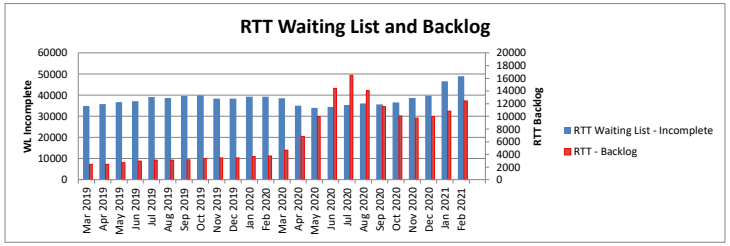

Theatre Utilisation
Total Utilisation (Minutes)
BTC - Theatre A
BTC - Theatre F
City Windmill Emergency Theatre
Eye Emergency
Eye Theatre 1
Eye Theatre 3
First Floor Theatre 02
Maternity 1
Maternity Emergency
Sandwell Emergency Theatre
Sandwell Trauma
Third Floor Theatre 07
Windmill Theatre 01
Windmill Theatre 02
Windmill Theatre 03
Proc Unit - Minor Op's (BTC)
Proc Unit - Skin Minor Op's 3
Proc Unit - Skin Minor Op's 4
NSP
DC
EL
EM

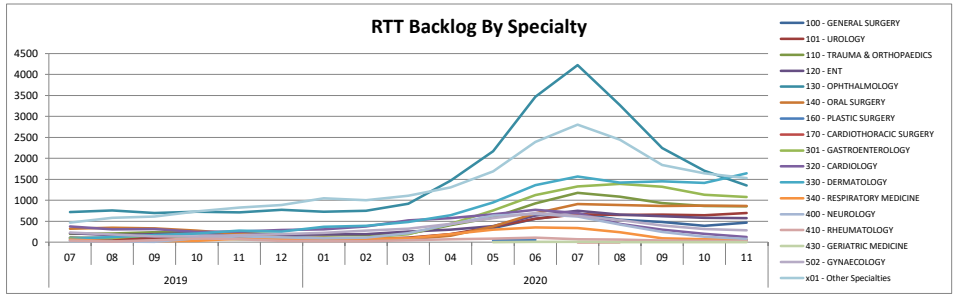

Hip Fractures - BPT - Operation Within 36 hours of admission (%)
Trust
Trajectory

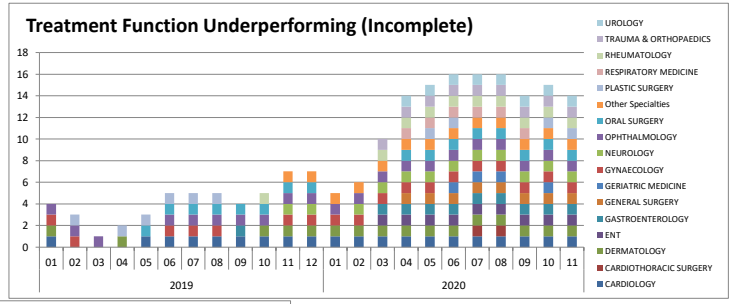

EC 4-Hour Recovery Plan
Recovery to 90% planned for March 2020
Performance
95% Standard
NHSI Plan

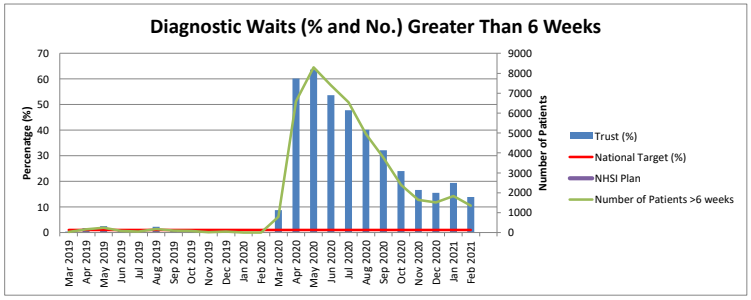

EC Attenders
EC Attendances (City)
EC Attendances (Sandwell)
EC Attendances (BMEC)
EC Attendances (City Malling)
EC Attendances (Sandwell Malling)

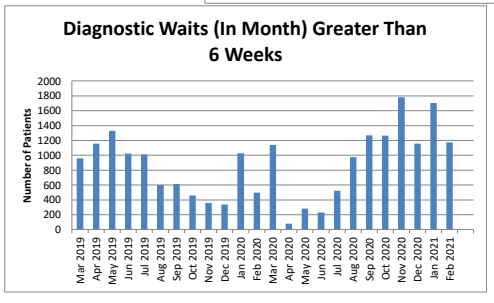

RTT Incomplete pathway
Percentage (%)
Number of Breaths
Trust - 18 Weeks (%)
National Target - 18 Weeks (%)
NHSI Plan
Over 52 Week - Incomplete (Number)


RTT Waiting List and Backlog
WL Incomplete
RTT Backlog
RTT Waiting List - Incomplete
RTT - Backlog


RTT Backlog By Specialty
100 - GENERAL SURGERY
101 - UROLOGY
110 - TRAUMA & ORTHOPAEDICS
120 - ENT
130 - OPHTHALMOLOGY
140 - ORAL SURGERY
160 - PLASTIC SURGERY
170 - CARDIOTHORACIC SURGERY
301 - GASTROENTEROLOGY
320 - CARDIOLOGY
330 - DERMATOLOGY
340 - RESPIRATORY MEDICINE
400 - NEUROLOGY
410 - RHEUMATOLOGY
430 - GERIATRIC MEDICINE
502 - GYNAECOLOGY
x01 - Other Specialties


Treatment Function Underperforming (Incomplete)
UROLOGY
TRAUMA & ORTHOPAEDICS
RHEUMATOLOGY
RESPIRATORY MEDICINE
PLASTIC SURGERY
Other Specialties
ORAL SURGERY
OPHTHALMOLOGY
NEUROLOGY
GYNAECOLOGY
GERIATRIC MEDICINE
GENERAL SURGERY
GASTROENTEROLOGY
ENT
DERMATOLOGY
CARDIOTHORACIC SURGERY
CARDIOLOGY


Diagnostic Waits (% and No.) Greater Than 6 Weeks
Percentage (%)
Number of Patients
Trust (%)
National Target (%)
NHSI Plan
Number of Patients >6 weeks


Diagnostic Waits (In Month) Greater Than 6 Weeks
Number of Patients

CQC Domain - Effective

	Kitemark	Reviewed Date	Indicator	Measure	Standard Year	Standard Month	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	20/21 Year to Date	Group M	Group SS	Group W	Group I	Group PCCT	Group CO
Mortality and Readmissions			Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	No	-	-	104	106	107	107	109	All RAMI indicators are no longer utilised in the Trust													-	-	-	-	-	-	-
			Risk Adjusted Mortality Index (RAMI) - Weekday Admission (12-month cumulative)	No	-	-	103	87	106	106	107														-	-	-	-	-	-	-
			Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	No	-	-	105	109	112	112	114														-	-	-	-	-	-	-
			Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	No	-	-	113	115	116	117	120	120	122	128	134	136	138	139	141	142	-	-	-	-	-	-	-	-	-	-	-
			Hospital Standardised Mortality Rate (HSMR) - Weekday Admission (12-month cumulative)	No	-	-	-	-	-	-	-	-	120	125	131	132	133	134	137	140	-	-	-	-	-	-	-	-	-	-	-
			Hospital Standardised Mortality Rate (HSMR) - Weekend Admission (12-month cumulative)	No	-	-	-	-	-	-	-	-	128	137	143	150	153	155	152	150	-	-	-	-	-	-	-	-	-	-	-
			Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	No	-	-	103	104	106	107	108	107	113	110	113	111	113	114	115	-	-	-	-	-	-	-	-	-	-	-	-
			Deaths in Low Risk Diagnosis Groups (RAMI) - month	No	-	-	88	152	97	121	71	All RAMI indicators are no longer utilised in the Trust													-	-	-	-	-	-	-
			Mortality Reviews within 42 working days	=> %	90	90	80.0	78.0	75.4	82.7	74.5	74.8	72.2	75.1	63.9	78.4	85.1	92.2	95.2	93.2	92.6	85.1	-	-	83.2	86.0	81.8	0.0	-	100.0	-
			Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%	-	-	1.3	1.4	1.4	1.6	1.7	1.5	2.9	7.3	3.0	2.1	1.5	1.5	1.4	1.9	3.1	2.7	6.1	-	2.8	-	-	-	-	-	-
			Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%	-	-	1.0	1.3	1.3	1.3	1.4	1.4	1.5	1.7	1.9	1.9	2.0	2.0	2.0	2.1	2.2	2.3	#####	-	11.7	-	-	-	-	-	-
			Deaths in The Trust	No	-	-	114	133	136	139	162	125	-	334	150	125	103	102	108	148	212	178	342	-	1802	312	24	2	0	4	0
			Avoidable Deaths In the Trust	No	-	-	1	1	0	1	0	0	0	0	0	0	1	0	0	0	2	0	-	-	3	-	-	-	-	-	-
		Apr 19	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	7.8	7.9	8.2	8.0	8.1	8.5	9.7	12.9	10.4	8.9	9.1	9.6	8.7	8.8	9.0	9.6	11.3	-	9.6	14.3	7.2	7.0	25.0	4.1	-
		Apr 19	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	7.9	8.0	8.1	8.0	8.0	8.0	8.1	8.3	8.5	8.6	8.7	8.8	8.9	9.0	9.1	9.2	9.5	-	8.8	13.5	5.3	8.1	7.9	2.6	-
		Apr 19	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	3.2	3.0	3.3	2.9	3.0	3.1	3.8	5.2	4.1	3.6	4.0	4.5	4.2	4.8	5.0	5.0	5.9	-	4.6	7.4	4.0	5.5	-	-	-
		Apr 19	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	3.3	3.4	3.3	3.2	3.2	3.1	3.1	3.2	3.3	3.4	3.4	3.5	3.6	3.8	3.9	4.1	4.4	-	3.6	5.7	3.0	6.4	-	0.1	-
Patient Flow		Apr 19	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	152	159	148	156	154	173	161	66	57	56	53	55	72	77	80	82	90	74	-	54	7	2	0	1	-
			21+ Days Long Stay Rate - NHSI	%	-	-	19.7	19.4	19.4	18.9	17.5	19.3	22.7	16.1	13.3	11.1	7.5	4.8	9.2	14.7	8.6	10.8	12.1	10.5	17.7	9.2	4.5	0.0	-	3.3	-
			Estimated Beds - 21+ Days - NHSI	No	-	-	111	122	128	121	117	124	140	54	39	36	26	15	35	66	36	49	87	55	-	36	3	0	-	0	-
RTT		Apr 19	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	37.9	38.6	38.9	39.6	38.0	46.0	36.4	48.8	54.9	61.7	62.7	61.4	55.2	56.2	55.7	62.2	71.4	66.0	60.2	85.4	54.4	44.9	-	61.5	-
		Apr 19	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	3711	4512	4735	4029	4571	6313	4983	5886	3715	4644	5122	4706	5064	5407	5541	6485	11931	6091	64592	3063	1766	563	0	698	-
		Apr 19	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	51.4	51.4	53.7	54.8	55.3	56.3	55.4	49.5	94.0	82.1	78.8	76.2	73.5	68.7	69.6	77.7	71.5	80.8	73.5	96.2	84.9	79.0	100.0	58.6	-
		Apr 19	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	2142	2313	2388	2087	2242	2207	2155	549	547	898	1435	1625	1938	2069	1833	1617	1014	944	14469	101	556	158	17	112	-
Stroke			5WD: Pts spending >90% stay on Acute Stroke Unit	=> %	90	90	88.2	93.7	91.5	96.2	84.0	90.5	-	84.8	-	88.9	95.2	87.0	91.7	88.4	92.6	90.9	70.5	68.4	86.1	68.4	-	-	-	-	-
			5WD: Pts admitted to Acute Stroke Unit within 4 hrs	=> %	80	80	47.4	45.6	70.6	48.4	52.0	66.0	-	72.5	-	82.2	84.2	81.8	75.5	65.0	67.9	49.2	39.6	43.1	66.3	43.1	-	-	-	-	-
			5WD: Pts receiving CT Scan within 1 hr of presentation	=> %	50	50	53.4	60.3	73.5	74.6	94.1	88.7	-	82.9	-	87.5	85.9	89.1	84.0	83.6	87.9	85.9	75.5	93.2	85.9	93.2	-	-	-	-	-
			5WD: Pts receiving CT Scan within 24 hrs of presentation	=> %	95	95	96.6	100.0	100.0	100.0	100.0	100.0	-	97.6	-	100.0	100.0	100.0	100.0	98.4	100.0	100.0	100.0	98.3	99.3	98.3	-	-	-	-	-
			5WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85	85	100.0	50.0	66.7	50.0	75.0	83.3	-	25.0	-	50.0	100.0	50.0	66.7	80.0	100.0	85.7	100.0	50.0	75.5	50.0	-	-	-	-	-
			5WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	=> %	70	70	68.2	65.4	88.2	80.0	65.2	83.3	80.0	82.6	-	85.7	100.0	Indicators no longer classified as High and Low risk just as an overall taret within 24 hours to be treated from referral - replacement indicator below							86.8	100.0	-	-	-	-	-
			5WD: TIA (Low Risk) Treatment <7 days from receipt of referral	=> %	75	75	90.0	88.0	61.1	61.9	61.1	76.2	67.6	25.0	-	96.2	96.2								93.1	96.2	-	-	-	-	-
			5WD : TIA Treatment <24 Hours from receipt of referral	%	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0	87.2	82.6	88.9	100.0	77.8	72.2	86.6	72.2	-	-	-	-	-
			Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80	80	77.8	100.0	95.7	91.7	94.1	91.7	71.4	33.3	100.0	100.0	100.0	100.0	88.9	81.8	87.5	85.7	90.9	100.0	91.5	100.0	-	-	-	-	-
			Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80	80	66.7	100.0	89.5	81.8	88.2	91.7	50.0	33.3	80.0	100.0	75.0	100.0	88.9	88.9	87.5	64.3	81.8	94.4	84.6	94.4	-	-	-	-	-

| | | |

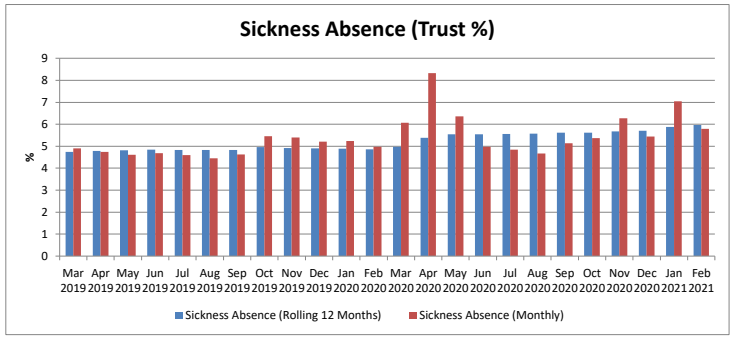
CQC Domain - Well Led

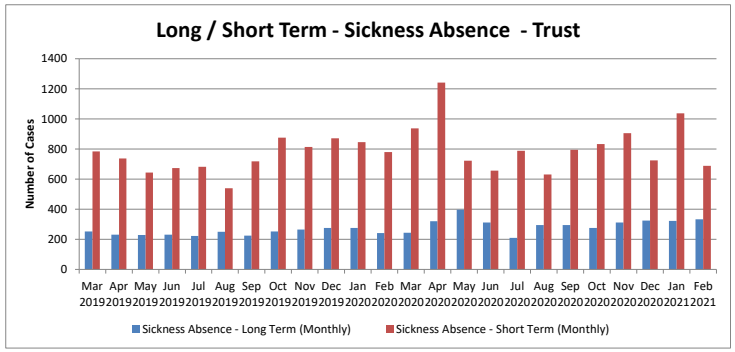
	Kitemark	Reviewed Date	Indicator	Measure	Standard Year	Standard Month	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	20/21 Year to Date	Group M	Group SS	Group W	Group I	Group PCCT	Group CO
Workforce	●●●●●○		PDRs - 12 month rolling	=> %	95	95	75.3	78.9	-	-	-	-	-	-	-	-	-	-	91.4	-	-	-	-	-	91.4	87.8	87.3	97.2	89.8	95.9	94.7
	●○●●●○		Medical Appraisal	=> %	90	90	97.3	94.7	94.7	94.9	94.4	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	97.0	96.3	94.0	87.2	-	97.6	87.7	84.7	85.0	93.2	94.6	100.0
	●●●●●●	Apr 19	Sickness Absence (Rolling 12 Months)	<= %	3.0	3.0	4.8	5.0	4.9	4.9	4.9	4.9	5.0	5.4	5.5	5.5	5.6	5.6	5.6	5.6	5.7	5.7	5.9	6.0	5.7	7.2	6.6	5.9	4.7	5.1	5.1
	●●●●●●	Apr 19	Sickness Absence (Monthly)	<= %	3.0	3.0	4.6	5.4	5.4	5.2	5.2	5.0	6.1	8.3	6.4	5.0	4.8	4.7	5.1	5.4	6.3	5.4	7.0	5.8	5.8	6.0	8.1	5.8	3.7	4.5	4.8
			Sickness Absence - Long Term - (Open Cases in the month)	No	-	140	131	156	169	187	153	114	152	156	228	160	145	162	148	161	175	174	167	195	-	49	57	26	4	22	37
	●●●●●●	Apr 19	Sickness Absence - Short Term (Monthly)	No	-	-	719	875	814	872	845	779	936	1241	722	657	789	630	794	833	904	724	1037	688	-	164	182	80	34	100	94
			Ward Sickness Absence (Monthly)	<= %	3.0	3.0	6.7	7.2	7.6	7.0	6.6	6.8	8.9	11.7	9.5	7.4	6.8	7.1	7.9	7.2	9.7	7.8	10.2	8.6	8.6	8.2	9.9	8.1	-	7.8	-
	●○●●●●		Mandatory Training - Health & Safety (% staff)	=> %	95	95	86.2	89.0	90.4	91.8	92.8	92.7	94.2	93.9	96.3	97.7	98.6	97.5	97.6	98.2	98.1	98.4	98.0	97.2	97.4	95.2	97.1	98.9	99.6	98.9	96.6
			Staff at 100% compliance with mandatory training	%	-	-	72.0	73.6	79.1	80.1	52.8	71.5	74.4	72.6	78.4	89.3	87.7	86.4	85.7	83.9	81.0	78.5	74.5	69.3	80.7	53.3	63.4	77.1	-	79.9	-
			Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	12.7	13.8	10.1	9.4	25.5	15.1	15.3	16.3	13.2	6.8	8.3	9.1	8.8	10.5	12.5	13.4	15.6	18.3	12.1	24.4	21.1	13.6	-	15.1	-
			Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	5.7	4.6	3.8	4.0	10.0	5.8	4.9	5.2	3.8	1.8	1.9	2.4	2.6	2.8	3.7	4.6	5.7	6.6	3.8	10.5	7.4	5.6	-	3.6	-
			Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	11.7	7.6	5.4	5.9	4.6	2.0	2.1	2.2	2.8	2.7	2.8	3.5	4.2	5.8	3.5	11.8	8.2	3.7	-	1.3	-
	●●●●●●	Apr 19	Nursing Turnover (Qualified Only)	<= %	10.7	10.7	11.5	12.2	12.1	12.6	12.3	12.6	12.5	12.7	12.9	12.4	12.3	12.6	12.5	12.4	12.6	11.6	12.6	12.3	12.5	-	-	-	-	-	-
	●●●●●●	Apr 19	Nursing Vacancy Rate (Qualified)	<= %	11	11	14.3	14.6	13.8	14.5	12.9	12.3	12.4	12.4	13.3	14.2	18.0	12.6	12.1	12.8	12.9	13.9	12.9	13.0	13.5	12.8	13.3	16.2	24.6	9.7	6.3
		Apr 19	New Starters Complete Onboarding Process	=> %	100	100	93.5	99.2	100.0	100.0	94.8	100.0	96.9	38.8	100.0	98.9	100.0	97.2	93.9	92.7	97.5	-	100.0	94.6	82.2	94.4	100.0	100.0	-	88.9	-

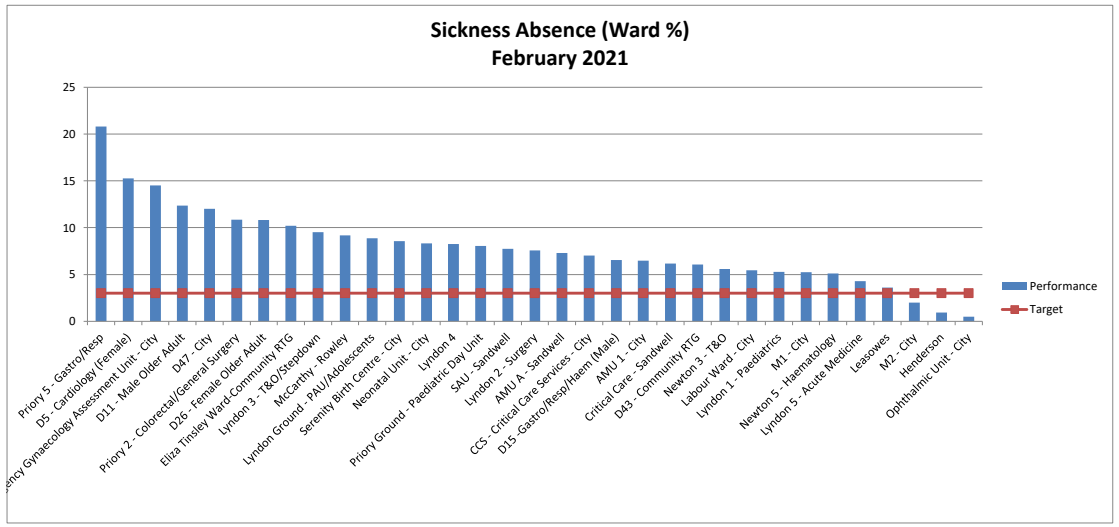
Data Quality - Kitemark

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

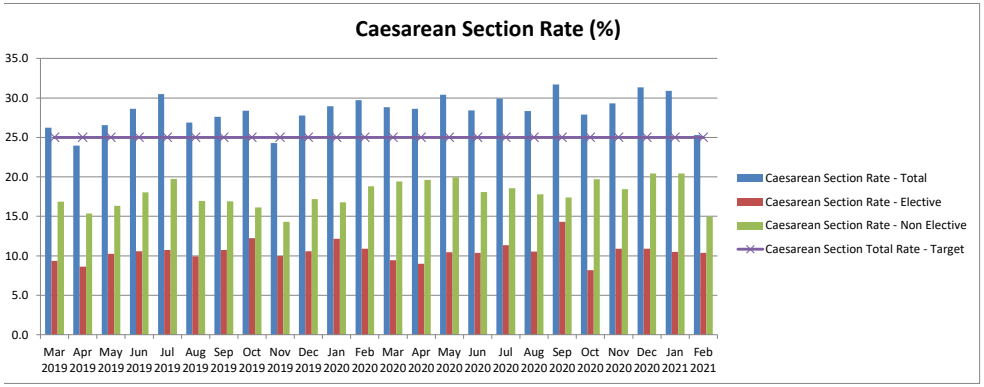


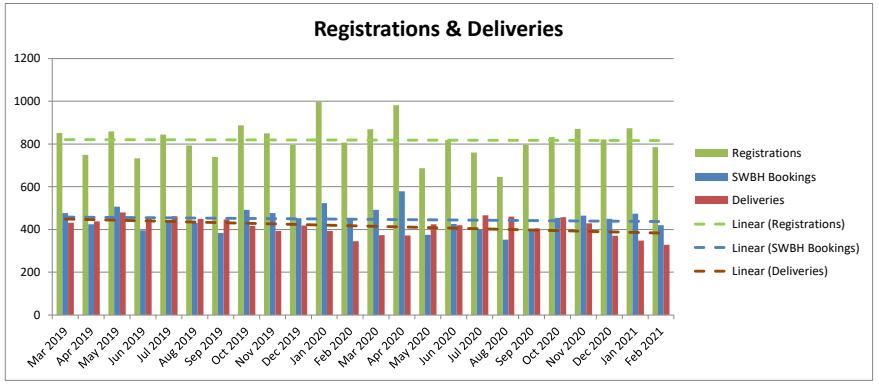




Patient Safety - Obstetrics

Data Quality	Last review	PAF	Indicator	Measure	Trajectory 2016-2017 Year	Trajectory 2016-2017 Month	Previous Months Trend (since Sep 2019) S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Month	Year To Date	Trend
			Caesarean Section Rate - Total	<= %	25.0	25.0																			Feb 2021	25.3	29.3	
		•	Caesarean Section Rate - Elective	<= %			11	12	10	11	12	11	9	9	10	10	11	11	14	8	11	11	10	10	Feb 2021	10.4	10.6	
		•	Caesarean Section Rate - Non Elective	<= %			17	16	14	17	17	19	19	20	20	18	19	18	17	20	18	20	20	15	Feb 2021	14.9	18.7	
		•d	Maternal Deaths	<= No	0	0																			Feb 2021	0	3	
			Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Feb 2021	3	39	
			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0																			Feb 2021	7.93	5.76	
			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																			Feb 2021	9.12	9.38	
	Apr-19		Stillbirth Rate (Corrected) (per 1000 babies)	Rate1			2.24	4.80	2.54	4.78	5.10	0.00	2.68	2.70	9.43	11.90	6.44	4.35	4.94	8.75	2.33	10.81	8.65	6.08	Feb 2021	6.08	6.92	
	Apr-19		Neonatal Death Rate (Corrected) (per 1000 babies)	Rate1			0.00	2.40	5.09	2.39	2.55	0.00	2.68	5.39	2.36	4.76	6.44	0.00	0.00	0.00	2.33	2.70	2.91	3.06	Feb 2021	3.06	2.68	
			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	85.0	85.0																			Feb 2021	94.2	92.7	
			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0																			Feb 2021	179.0	147.4	
			Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0																			Feb 2021	83.74	83.28	
	Apr-19	•	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %			0.3	0.3	1.2	0.5	1.1	0.0	0.3	1.9	1.6	1.8	1.7	2.1	0.6	1.0	1.3	0.8	0.4	0.9	Feb 2021	0.94	1.24	
	Apr-19	•	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %			0.3	0.3	1.2	0.5	0.8	0.0	0.3	0.4	0.8	1.3	1.1	1.8	0.6	1.0	1.3	0.8	0.4	0.9	Feb 2021	0.94	0.95	
	Apr-19	•	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %			0.0	0.0	0.3	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.8	1.0	0.4	0.4	0.0	Feb 2021	0.00	0.35	





CQC : Use of Resources

	Kitemark	Reviewed Date	Indicator	Measure	Benchmark							Trust		Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	20/21 Year to Date	Group					
					Period	Model Hospital STP Peer	Royal Wolverh NHS Trust	Walsall Healthcare NHS Trust	Dudley Group NHS Foundation Trust	Model Hospital National Median	Model Hospital Quality Account Peer	Trust Delivery	Target																						M	SS	W	I	PCCT	CO
Clinical Services			Pre-Procedure Elective Bed Days	Avg	Q4 2019/20	0.15	0.18	0.03	0.08	0.11	0.21	0.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.18	0.45	-	0.26	0.58	0.59	0.19	0.00	1.00	-
			Pre-Procedure Non-Elective Bed Days	<= Avg	Q4 2019/20	0.74	0.64	0.85	0.82	0.66	0.54	0.66	-	0.67	0.77	0.61	0.59	0.63	0.61	0.49	0.55	0.38	0.52	-	-	-	-	-	0.75	0.73	-	0.62	0.82	0.43	0.20	-	2.12	-
			DNA Rate - Inc Radiology (Model Hospital)	<= %	Q4 2019/20	8.09	7.31	9.92	6.63	7.11	6.75	8.35	-	8.1	8.1	8.3	8.8	7.7	7.7	11.7	9.1	7.5	8.0	8.6	9.1	9.4	9.6	9.2	10.0	10.3	9.1	9.1	8.9	12.2	13.8	0.0	7.5	-
			DNA Rate - Exc Radiology (SWB)	<= %	Q3 2019/20	n/a	-	-	-	n/a	n/a	10.49	-	10.2	10.2	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	10.9	8.9	12.2	13.8	13.0	7.5	-
			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= %	Q4 2019/20	7.97	6.68	8.16	5.72	7.94	7.49	8.23	-	7.8	7.9	8.2	8.0	8.1	8.5	9.7	12.9	10.4	8.9	9.1	9.6	8.7	8.8	9.0	9.6	11.3	-	9.6	14.3	7.2	7.0	25.0	4.1	-
Clinical Support Services			Top 10 Medicines - Delivery of Savings	%	To Mar2018	-	-	-	-	100	-	82	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			Pathology Overall Cost Per Test	£	2018/19	£1.45	£2.08	£1.58	£1.14	£1.94	£2.46	£1.33	-	Pathology services are provided by the Black Country Pathology Services model; costs per test are available annually only in Model Hospital																									
People			Staff Retention Rate	%	To May2020	86	87.2	84.4	89.8	86.2	85.1	85	-	-	-	-	-	-	86.1	86.6	85.4	85.5	85.7	86.3	86.6	86.4	90.7	86.7	86.8	86.7	87.3	86.7	85.2	88.1	86.8	93.3	88.2	87.0
			Sickness Absence (Monthly)	<= %	May2020	5.41	4.87	6.89	4.82	4.77	5.01	5.39	-	4.6	5.4	5.4	5.2	5.2	5.0	6.1	8.3	6.4	5.0	4.8	4.7	5.1	5.4	6.3	5.4	7.0	5.8	5.8	6.0	8.1	5.8	3.7	4.5	4.8
			Total Cost per WAU	**£**	**2018/19**	**£3,614**	**-**	**-**	**-**	**£3,500**	**-**	**£3,359**	**-**	Pay and Non-Pay costs per WAU are published on Model Hospital annually after the Natoinal Cost Collection window (formerly known as Refernce Cost Submission); we are therefore unable to complete monthly trends on a per WAU basis																									
			Total Pay Cost per WAU	**£**	**2018/19**	**£1,940**	**-**	**-**	**-**	**£1,923**	**-**	**£1,901**	**-**																									
			Clinial Staff Pay Cost WAU	£	2018/19	£1,940	-	-	-	£1,923	-	£1,901	-																									
			Substantive Medical Staff Cost Per WAU	£	2018/19	£780	£774	£786	£793	£763	-	£770	-																									
			Substantive Nursing Staff Cost Per WAU	£	2018/19	£924	£839	£948	£1,005	£892	-	£901	-																									
			Professional Technical and Therapies Staff Cost Per WAU	£	2018/19	£236	-	-	-	£268	-	£230	-																									
Corporate services, Procurement, Estates & Facilities			**Total Non-Pay Cost Per WAU**	**£**	**2018/19**	**£1,674**	**-**	**-**	**-**	**£1,577**	**-**	**£1,458**	**-**																									
			Finance Cost Per £100m Turnover	£000	2018/19	483.8k	483.42	626.25	457.75	653.3	653.3k	634.6k	-	-	-	-	-	-	-	-	-	-	-	-	#####	-	-	-	-	-	-	0.7	-	-	-	-	-	-
			HR Cost Per £100m Turnover	£000	2018/19	686.9k	767.49	1270	388.35	910.7	767.5k	794.9k	-	-	-	-	-	-	-	-	-	-	-	-	#####	-	-	-	-	-	-	0.7	-	-	-	-	-	-
			Estates & Facilities Cost (£ per m2)	£	2018/19	-	£360	£366	£494	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			Procurement League Table: Process Efficiency and Price Performance Score (scaled 0 to 100)	No	Q2 2019/20	54	58	43	50	57	57	74	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	74	-	-	-	-	-	-
Finance			Capital Service Capacity - Value	No	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-	-	-	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	-	-	-	-	-	-
			Distance Form Financial Plan - Value	%	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-	-	-	-0.1	-0.1	0.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-	0.0	0.0	0.5	-	-	-	-	-	-

Benchmark:

Quality Account Peer Group :

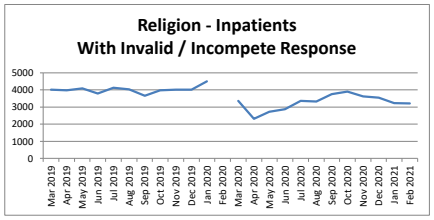
- Bradford Teaching NHS Foundation Trust (BTH)
- Kings College Hospital NHS Foundation Trust (KCH)
- Royal Liverpool & Broadgreen University NHS Foundation Trust (RLBUH)
- The Royal Wolverhampton NHS Trust (RWH)
- University Hospital Bristol NHS Foundation Trust (UH Bristol)
- Worcestershire Acute Hospital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

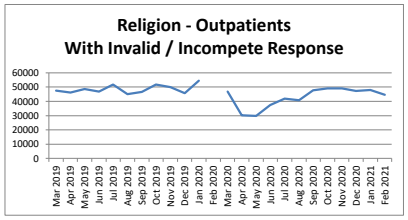
STP FootPrint Peer Group:

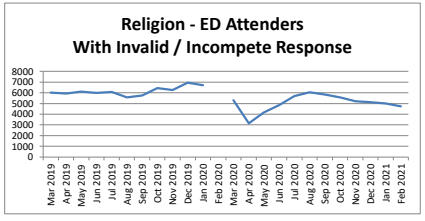
- Black Country Partnership NHS Foundation Trust
- Dudley and Walsall Mental Health Partnership NHS Trust
- Dudley Group NHS Foundation Trust
- Royal Wolverhampton NHS Trust
- Sandwell and West Birmingham Hospitals NHS Trust
- Walsall Healthcare NHS Trust
- West Midlands Ambulance Service NHS Foundation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

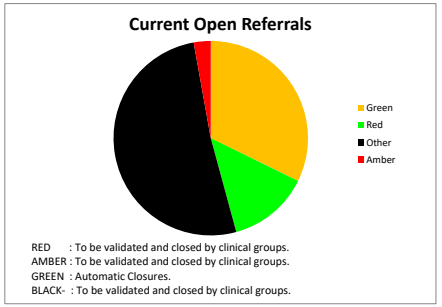
Data Completeness

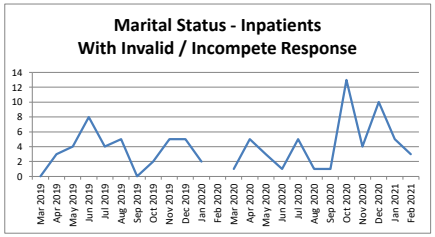
Data Quality	Last review	PAF	Indicator	Measure	Trajectory Year	Trajectory Month	Previous Months Trend (since Sep 2019) S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	Data Period	Group M	SS	W	P	I	PCCT	CO	Month	Year To Date	Trend
			Data Completeness Community Services	=> %	50.0	50.0																			Feb 2021							61.2	61.2		
			Percentage SUS Records for AE with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																	#DIV/0!	-	Jan 2021								-		
			Percentage SUS Records for IP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		-	Jan 2021								97.5		
			Percentage SUS Records for OP care with valid entries in mandatory fields - provided by HSCIC	=> %	99.0	99.0																		-	Jan 2021								99.0		
			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0	96.8	97.2	96.2	95.1	95.7	99.0	97.1	95.5	98.4	98.6	96.2	98.4	98.3	96.5	99.4	99.5	99.3	-	Jan 2021								99.3	98.1	
			Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS	=> %	99.0	99.0	99.6	99.6	99.6	99.6	99.5	99.7	99.5	99.6	99.4	99.4	99.5	99.5	99.7	99.8	99.8	99.9	99.7	-	Jan 2021								99.7	99.7	
			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0	92.6	82.7	84.4	84.2	86.0	85.6	88.4	90.3	89.9	90.2	90.2	90.1	91.2	92.0	93.2	93.3	94.4	-	Jan 2021								94.4	91.6	
			Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0																		-	Jan 2021								92.1	88.1	
			Ethnicity Coding - percentage of outpatients with recorded response	=> %	90.0	90.0																		-	Jan 2021								88.0	89.3	
			Protected Characteristic - Religion - INPATIENTS with recorded response	%			67.7	65.7	65.9	65.3	62.9	-	64.5	65.5	63.4	65.0	63.6	63.8	62.1	61.1	60.6	60.3	62.1	60.3	Feb 2021								60.3	62.4	
			Protected Characteristic - Religion - OUTPATIENTS with recorded response	%			50.6	50.3	50.9	50.3	50.0	-	51.2	55.9	52.5	50.1	48.1	46.5	46.9	46.3	46.5	46.3	46.7	44.9	Feb 2021								44.9	48.0	
			Protected Characteristic - Religion - ED patients with recorded response	%			63.7	59.2	59.1	57.0	57.7	-	55.5	55.1	55.3	56.2	55.3	55.0	54.8	54.7	55.2	55.9	54.7	53.9	Feb 2021								53.9	55.1	
			Protected Characteristic - Marital Status - INPATIENTS with recorded response	%			100.0	100.0	100.0	100.0	100.0	-	100.0	99.9	100.0	100.0	99.9	100.0	100.0	99.9	100.0	99.9	99.9	100.0	Feb 2021								100.0	100.0	
			Protected Characteristic - Marital Status - OUTPATIENTS with recorded response	%			36.8	36.7	36.5	36.5	36.4	-	35.1	35.5	34.4	34.4	34.1	34.3	34.3	34.4	33.6	33.5	32.8	32.3	Feb 2021								32.3	33.9	
			Protected Characteristic - Marital Status - ED patients with recorded response	%			40.1	40.5	39.8	39.1	38.3	-	37.2	33.6	36.5	36.3	36.5	37.7	38.6	38.4	37.6	36.2	33.6	34.4	Feb 2021								34.4	36.5	
			Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0																		-	Jan 2021								6.8	6.9	
			Open Referrals	No			210,947	213,037	213,645	216,909	216,936	217,529	215,194	207,500	206,550	206,748	209,022	211,836	213,760	215,688	218,431	220,048	228,246	231,630	Feb 2021	61,956	107,967	26,119	-	763	34,825		231,630		
			Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			46,595	37,194	38,476	38,047	38,823	38,104	38,197	32,736	35,780	36,323	38,553	38,380	37,027	38,053	38,864	38,861	40,339	39,952	Feb 2021	15,066	14,338	5,876	-	463	3,995		39952		
			Future Appts Where the Referral is Closed	No			290	342	283	279	246	236	169	221	221	393	353	354	389	322	338	344	285	300	Feb 2021	89	172	31	-	0	8		300		

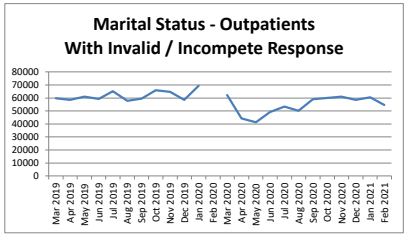


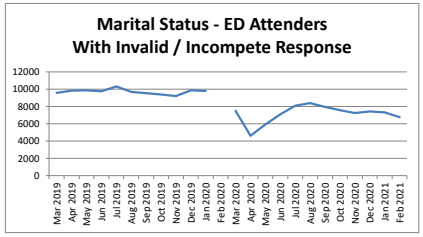












Legend

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

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

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

Data Quality - Kitemark

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

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

Key

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

Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	20/21 Year to Date	Directorates		
			Year	Month																				EC	AC_A	AC_B
Safe	C. Difficile (Post 48 hours)	No	30	3	2	1	2	2	1	2	3	0	3	1	2	3	1	1	0	1	4	2	18	0	2	0
	MRSA Bacteraemia (Post 48 hours)	No	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	-	0	0	0
	MRSA Screening - Elective	%	95	95	75.0	56.7	66.0	51.0	64.9	67.3	62.0	56.7	80.4	92.1	78.9	70.9	79.4	82.9	76.7	82.5	71.4	73.3	-	60.0	100.0	33.3
	MRSA Screening - Non Elective	%	95	95	61.5	73.5	78.2	74.9	78.4	83.4	76.7	83.3	92.3	93.5	94.4	93.8	92.5	92.9	92.0	92.6	82.0	87.9	89.6	87.9	89.2	83.9
	Number of DOLS raised	No	-	-	24	19	12	25	14	17	15	13	21	23	17	15	21	16	20	23	16	7	192	3	4	0
	Number of DOLS which are 7 day urgent	No	-	-	24	19	12	25	14	17	15	13	21	23	17	15	21	16	20	23	16	7	192	3	4	0
	Number of delays with LA in assessing for standard DOLS application	No	-	-	0	4	3	6	3	4	0	2	1	3	3	3	2	4	2	2	2	2	26	0	2	0
	Number DOLs rolled over from previous month	No	-	-	0	1	0	0	0	2	1	5	4	2	3	1	1	2	4	6	4	6	38	2	4	0
	Number patients discharged prior to LA assessment targets	No	-	-	13	12	7	16	7	10	11	12	22	19	15	11	17	8	11	21	10	8	154	3	5	0
	Number of DOLs applications the LA disagreed with	No	-	-	2	0	0	0	0	1	0	0	0	0	0	0	0	0	2	0	0	0	2	0	0	0
	Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	0	0	0	0	1	0	0	0	0	0	0	0	2	0	3	0	0	0	5	0	0	0
	Falls	No	-	-	39	-	34	47	46	42	65	21	35	44	51	44	54	44	60	36	42	43	474	16	-	-
	Falls - Death or Severe Harm	No	0	0	0	-	1	0	1	1	0	0	1	1	2	0	0	0	0	0	0	1	5	1	0	0
	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	15	12	3	14	14	17	18	15	17	6	7	11	10	23	26	20	27	16	178	3	-	-
	Venous Thromboembolism (VTE) Assessments	%	95	95	93.0	96.9	-	97.7	96.4	96.4	95.3	97.1	97.7	97.8	97.2	97.2	96.8	97.5	97.3	98.4	98.6	98.0	-	98.1	97.8	98.1
	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	%	100	100	-	100.0	100.0	100.0	100.0	99.0	100.0	100.0	100.0	100.0	100.0	99.9	100.0	100.0	100.0	96.8	100.0	100.0	-	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	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	100.0	100.0
	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	%	100	100	100.0	99.7	100.0	100.0	100.0	99.7	99.6	100.0	100.0	100.0	98.1	99.7	100.0	100.0	100.0	98.6	100.0	99.6	-	100.0	100.0	99.2
	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	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0
	Serious Incidents	No	0	0	1	4	5	4	4	2	0	3	1	4	2	3	4	3	3	2	2	4	31	1	3	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	96.3	-	-	-
	Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	-	-	24.9	24.4	25.3	24.2	27.2	28.1	24.8	29.9	25.8	-	-	-
	Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	-	-	83.4	88.7	89.5	89.8	91.1	88.0	93.4	88.1	88.1	-	-	-
	Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	-	-	-	-	54.3	58.2	81.9	81.8	82.3	84.5	85.2	84.4	78.7	-	-	-
	Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Caring	Mixed Sex Accommodation - Breaches (Patients)	No	0	0	9	-	-	-	-	401	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	No. of Complaints Received (formal and link)	No	-	-	21	37	31	29	40	36	32	14	19	32	52	34	37	37	44	43	41	42	395	17	25	0
	No. of Active Complaints in the System (formal and link)	No	-	-	47	54	50	50	58	68	59	49	51	54	52	61	89	121	157	67	162	182	-	79	103	0
	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	1.41	2.15	1.78	1.62	2.17	2.17	1.81	1.02	1.56	2.58	1.98	2.75	2.87	2.21	2.77	2.62	1.91	2.78	2.29	-	-	-
	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	4.32	7.48	6.18	6.08	7.50	7.68	6.37	3.49	4.38	7.42	5.52	8.27	8.99	8.19	10.55	9.60	7.70	9.55	7.65	-	-	-

Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	20/21 Year to Date	Directorates		
			Year	Month																				EC	AC_A	AC_B
	No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	2.8	0.0	100.0	100.0	100.0	100.0	100.0	79.5	-	-	-
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	0.0	13.3	0.0	4.2	0.0	0.0	16.2	13.8	6.3	3.6	6.3	0.0	11.8	50.0	2.5	94.7	66.7	60.0	20.2	-	-	-
	No. of responses sent out	No	-	-	28	30	34	24	31	28	37	29	16	28	32	25	17	8	7	38	33	25	258	-	-	-
Responsive	Emergency Care Attendances (Including Malling)	No	-	-	16783	17602	16885	18288	17355	16335	12630	6641	9204	11457	13175	14143	13675	12971	12336	12033	11168	10502	127305	5127	5375	-
	Emergency Care 4-hour waits	%	95	95	72.5	70.8	69.6	70.8	71.5	73.1	78.3	86.9	91.0	89.4	85.5	84.2	79.4	78.2	78.1	77.2	67.0	76.1	80.9	71.0	80.9	-
	Emergency Care 4-hour breach (numbers)	No	-	-	2032	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	2	2	1	1	0	0	0	1	0	0	0	0	0	3	2	3	23	-	32	16	7	-
	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	No	-	-	18	29	24	29	24	27	26	20	19	18	20	22	28	31	29	32	92	46	31	-	-	-
	Emergency Care Timeliness - Time to Treatment in Department (median)	No	-	-	64	78	84	86	82	76	44	16	17	24	34	39	45	36	37	36	40	37	33	-	-	-
	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	%	5	5	7.4	7.9	8.0	7.8	8.1	7.7	8.8	8.9	9.2	7.5	8.6	8.4	7.3	7.9	7.1	7.1	7.6	8.0	7.9	7.6	8.4	-
	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	%	5	5	9.5	10.7	10.5	10.1	8.4	8.1	5.8	3.0	2.7	3.2	4.7	5.0	5.1	4.1	3.7	3.6	4.0	3.3	4.0	3.3	3.4	-
	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	No	0	0	238	251	228	279	199	242	380	234	172	77	183	172	161	267	186	245	415	237	2349	191	46	-
	WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	No	0	0	33	16	9	12	9	32	42	8	1	0	0	3	9	43	31	49	381	87	612	77	10	-
	WMAS - Handover Delays > 60 mins (% all emergency conveyances)	%	0.02	0.02	0.7	0.3	0.2	0.2	0.2	0.7	0.9	0.3	0.0	-	0.0	0.1	0.2	1.0	0.8	1.1	8.4	2.2	1.5	3.8	0.5	-
	WMAS - Emergency Conveyances (total)	No	-	-	4484	4656	4721	4887	4848	4522	4588	3069	3282	3039	3951	4209	4065	4323	4106	4278	4544	4033	42899	2035	1998	-
	No. of Sitrep Declared Late Cancellations - Total	No	0	0	5	3	12	5	14	5	3	0	2	9	7	0	7	10	6	5	0	2	48	0	2	0
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	0	2	0	0	0	0	0	0	0	0	0	-	2	0	0	0	0	0	2	0	0	0
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	5	1	12	5	14	5	3	0	2	9	7	-	5	10	5	5	0	2	45	0	2	0
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	0.6	0.2	1.5	0.6	1.6	0.6	0.4	-	0.3	1.5	1.0	-	1.0	1.9	1.1	0.9	-	1.3	-	15.6	0.5	-
	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
	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	-	-	-
	Urgent Cancellations	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0
	No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	No	0	0	0	0	0	1	1	1	3	0	0	0	1	0	1	0	0	1	0	1	4	1	0	0
	Multiple Hospital Cancellations experienced by same patient (all cancellations)	No	0	0	7	6	9	6	11	8	20	5	7	5	5	3	2	6	6	2	11	3	55	-	-	-
	All Hospital Cancellations, with 7 or less days notice	No	0	0	24	39	69	98	93	41	66	25	27	42	23	26	23	29	27	11	35	17	285	-	-	-
	2 weeks	%	93	93	97.3	92.2	93.5	98.5	98.3	98.5	98.1	88.3	57.5	79.6	86.9	74.5	69.5	97.2	96.3	98.6	92.8	-	-	-	100.0	91.7
	31 Day (diagnosis to treatment)	%	96	96	100.0	100.0	96.9	100.0	95.1	97.1	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	-	100.0	100.0
	62 Day (urgent GP referral to treatment) Excl Rare Cancers	%	85	85	90.5	81.1	94.7	78.1	78.1	88.5	96.0	72.7	60.0	64.7	70.6	100.0	69.6	68.0	46.2	72.7	71.4	-	-	-	80.0	63.6
	62 Day (urgent GP referral to treatment) - Inc Rare Cancers	%	85	85	90.5	81.1	94.7	78.1	78.1	88.5	96.0	72.7	60.0	64.7	70.6	100.0	69.6	68.0	46.2	76.9	73.9	-	-	-	83.3	63.6
	62 Day (referral to treat from screening)	%	90	90	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	62 Day (referral to treat from hosp specialist)	%	90	90	86.7	73.1	76.7	80.0	82.0	65.2	78.9	92.3	60.0	75.0	80.0	84.6	81.5	57.6	68.4	42.9	75.0	-	70.8	-	-	-

Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	20/21 Year to Date	Directorates		
			Year	Month																				EC	AC_A	AC_B
	Cancer = Patients Waiting Over 62 days for treatment	No	-	-	2	4	1	4	4	2	1	-	4	3	3	0	4	4	4	2	3	-	25	-	1	2
	Cancer - Patients Waiting Over 104 days for treatment	No	-	-	2	1	1	3	3	1	0	-	0	1	2	0	3	1	2	1	2	-	10	-	1	1
	Neutropenia Sepsis - Door to Needle Time > 1hr	No	0	0	6	6	9	15	7	11	5	4	3	2	1	1	2	3	5	3	3	5	32	-	5	0
	RTT - Admittted Care (18-weeks)	%	90	90	87.5	89.1	84.4	87.2	81.1	83.9	88.9	83.3	100.0	81.3	58.6	77.0	86.2	84.5	86.1	89.5	92.5	94.0	-	-	93.2	100.0
	RTT - Non Admittted Care (18-weeks)	%	95	95	80.2	68.7	72.4	68.2	67.8	73.7	77.7	67.2	64.8	57.8	52.1	55.6	57.1	60.6	63.8	71.2	61.7	72.7	-	-	74.5	71.4
	RTT - Incomplete Pathway (18-weeks)	%	92	92	92.7	93.3	92.0	91.9	91.8	90.5	85.8	76.1	64.4	54.7	52.5	59.1	63.9	71.7	74.9	76.8	80.9	80.2	-	-	89.9	75.0
	RTT Waiting List - Incomplete	No	-	-	7147	7231	6977	7163	7328	7293	7261	6858	6660	6501	6289	6113	5457	5446	5390	5182	4849	5162	70765	0	1801	3361
	RTT - Backlog	No	-	-	525	483	559	579	601	695	1034	1639	2372	2944	2989	2501	1969	1542	1355	1203	928	1022	-	0	182	840
	Patients Waiting >52 weeks (All Pathways)	No	0	0	0	0	0	0	0	0	0	0	0	0	1	1	34	46	28	34	78	0	-	0	0	0
	Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	31	17	17	9	23	35	-	0	4	31
	Treatment Functions Underperforming (Admitted, Non-Admitted,Incomplete	No	0	0	7	6	9	7	7	7	10	10	8	11	12	12	11	10	10	10	9	8	-	0	4	4
	Treatment Functions Underperforming (Incomplete)	No	0	0	2	1	2	2	1	2	3	4	4	5	6	6	4	4	3	3	4	3	-	0	1	2
	RTT Clearance Time (Wks)	Ratio	-	-	20.8	17.2	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	20.8	-	14.3	24.0
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	0.9	1.2	0.3	2.4	0.4	0.0	8.3	53.9	63.8	40.9	45.7	43.0	32.3	23.5	18.6	14.8	13.4	12.8	-	-	-	-
	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	19	18	25	42	29	54	33	-	253	51	112	133	246	246	140	73	55	12	1321	-	-	-
	Cancer - Longest wait for treatment (days) - GROUP	No	-	-	83	141	149	145	133	156	79	-	91	173	134	62	210	130	165	104	141	-	-	-	140	141
Effective	Mortality Reviews within 42 working days	%	90	90	79.0	78.3	74.1	81.1	73.5	74.3	71.4	75.3	61.9	80.5	85.9	93.3	95.7	92.4	93.5	86.0	-	-	-	83.7	75.0	91.2
	Deaths In the Group	No	-	-	100	122	114	125	147	109	-	319	141	110	86	89	93	132	199	158	312	-	1639	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	12.6	13.3	14.1	13.3	13.8	13.9	13.7	14.9	12.8	11.9	13.3	14.5	13.3	13.2	12.5	13.4	14.3	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	12.5	12.7	12.9	12.9	13.0	13.0	13.1	13.3	13.4	13.4	13.4	13.5	13.6	13.6	13.4	13.4	13.5	-	13.4	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	3.7	3.9	4.5	3.8	3.9	3.8	4.5	5.5	4.7	4.3	5.3	6.0	6.5	6.4	6.4	6.8	7.4	-	6.0	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	4.0	4.1	4.1	4.0	3.9	3.9	3.8	4.0	4.1	4.2	4.3	4.4	4.7	4.9	5.1	5.3	5.7	-	4.6	-	-	-
	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	128	132	128	130	128	144	129	45	38	40	39	32	46	53	69	64	73	64	523	16	25	13
	21+ Days Long Stay Rate - NHSI	%	-	-	23.6	22.0	21.9	22.1	20.1	22.4	25.3	11.8	15.6	10.3	9.1	4.5	10.8	7.4	8.8	12.0	12.1	11.7	10.0	8.5	15.0	6.6
	Estimated Beds - 21+ Days - NHSI	No	-	-	104	109	112	115	109	115	129	31	37	25	23	10	30	22	28	43	76	52	336	18	11	7
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	36.3	44.9	40.2	49.0	38.0	38.1	39.5	61.6	68.8	68.1	68.0	73.5	66.5	68.3	67.3	79.1	92.2	85.4	75.7	99.3	62.0	72.7
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	584	1017	998	1078	1065	2011	1921	3644	1318	1432	1471	1423	1722	1528	1667	2246	8433	3063	27947	1928	357	778
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	67.5	79.4	79.3	76.8	53.7	57.8	44.9	37.1	96.8	84.8	95.7	92.9	85.2	61.9	64.0	51.9	54.5	96.2	71.6	100.0	98.0	33.3
	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	281	408	376	268	187	338	262	112	91	140	202	196	202	130	119	97	78	101	1468	2	98	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	-	86.2	-	-	66.7
	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	-	69.8	-	-	39.6

Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	20/21 Year to Date	Directorates		
			Year	Month																				EC	AC_A	AC_B
	20WD: Pts receiving CT Scan within 1 hr of presentation	%	50	50	-	-	-	-	-	-	-	-	-	87.5	-	89.1	-	83.6	86.2	86.7	74.5	-	84.5	-	-	74.6
	20WD: Pts receiving CT Scan within 24 hrs of presentation	%	95	95	-	-	-	-	-	-	-	-	-	100.0	-	100.0	-	98.4	100.0	100.0	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	-	76.0	-	-	100.0
	20WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	%	-	-	68.2	65.4	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	%	-	-	90.0	88.0	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	-	89.3	-	77.8	-
	Primary Angioplasty (Door To Balloon Time 90 mins)	%	80	80	77.8	100.0	95.7	91.7	94.1	91.7	71.4	33.3	100.0	100.0	100.0	100.0	88.9	81.8	87.5	85.7	90.9	100.0	91.5	-	100.0	-
	Primary Angioplasty (Call To Balloon Time 150 mins)	%	80	80	66.7	100.0	89.5	81.8	88.2	91.7	50.0	33.3	80.0	100.0	75.0	100.0	88.9	88.9	87.5	64.3	81.8	94.4	84.6	-	94.4	-
	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	48.3	51.6	-	-	-	-	-	-	-	-	-	-	87.8	-	-	-	-	-	-	85.9	90.2	88.0
	Medical Appraisal	%	90	90	97.4	94.1	94.0	93.7	94.3	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	94.6	93.9	91.4	87.7	-	96.9	83.3	90.9	93.8
	Sickness Absence (Rolling 12 Months)	%	3	3	5.3	5.4	5.4	5.2	5.1	5.1	5.3	6.0	6.2	6.3	6.3	6.4	6.5	6.7	6.9	7.0	7.2	7.2	6.6	6.5	7.8	7.7
	Sickness Absence (Monthly)	%	3	3	5.2	5.9	6.1	5.4	5.5	5.5	8.3	11.7	7.8	5.9	5.6	5.8	6.7	7.1	8.4	6.8	7.9	6.0	7.2	6.3	6.2	5.5
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	29	35	43	43	37	22	37	46	55	42	38	45	41	48	56	51	39	49	510	19	17	13
	Sickness Absence - Short Term (Monthly)	No	-	-	177	209	176	183	195	188	299	338	175	162	191	166	201	221	201	171	256	164	2411	93	25	46
	Ward Sickness Absence (Monthly)	%	3	3	7.0	7.6	8.1	6.4	7.6	7.9	11.6	14.2	9.4	7.3	7.3	7.9	9.1	8.7	12.1	9.3	11.7	8.2	9.8	9.3	8.7	6.8
	Mandatory Training - Health & Safety (% staff)	%	95	95	77.3	79.8	81.6	84.0	85.0	88.1	91.7	91.8	96.2	95.5	97.0	95.1	94.7	96.0	96.3	96.0	95.7	95.2	95.4	-	-	-
	Staff at 100% compliance with mandatory training	%	-	-	56.6	58.0	63.6	64.6	38.4	57.3	61.7	61.2	72.3	86.5	82.9	81.6	75.9	72.0	70.9	66.5	59.2	53.3	71.1	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	17.6	18.0	14.7	13.9	25.4	18.7	20.8	22.1	17.4	8.3	10.3	11.4	14.4	16.8	17.9	18.8	22.2	24.4	16.7	-	-	-
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	7.4	6.7	5.7	6.3	13.9	8.2	7.1	6.5	4.4	1.9	3.0	3.3	4.2	5.1	5.8	7.6	9.4	10.5	5.6	-	-	-
	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	6.6	-	-	-
	Nursing Vacancy Rate (Qualified)	%	11	11	13.7	14.3	14.1	15.3	12.8	11.9	11.9	11.7	14.5	14.1	11.6	9.7	10.8	12.7	12.5	13.1	12.8	12.8	12.4	-	-	-
	New Starters Complete Onboarding Process	%	100	100	95.2	100.0	100.0	100.0	100.0	100.0	94.7	100.0	100.0	100.0	100.0	100.0	77.4	100.0	100.0	-	100.0	94.4	94.4	-	-	-
Patient Admin	Open Referrals	No	-	-	51785	52607	52552	54131	55024	55223	53611	50679	50502	50369	51104	51936	51949	52368	52741	53540	61305	61956	-	21782	22031	18143
	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No	-	-	19410	16093	15603	16166	16654	16294	14829	12044	13757	14228	14244	13873	14160	14417	14818	14857	15243	15066	-	7698	4860	2508

Surgical Services Group

CQC Domain	Indicator	Measure	Standard		Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	20/21 Year to Date	Directorate				
			Year	Month																				GS	SS	TH	APCC	O
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	82.4	81.9	81.3	81.6	79.3	83.1	78.7	83.3	83.2	86.6	84.2	80.5	81.7	80.2	80.0	72.4	74.3	61.7	-	60.0	62.5	-	0.0	65.2
	MRSA Screening - Non Elective	%	95	95	81.7	81.8	81.7	79.3	84.2	85.3	82.3	85.9	88.4	89.2	91.1	93.9	92.1	91.4	92.3	91.7	86.1	87.7	90.3	88.0	85.7	-	100.0	91.9
	Number of DOLS raised	No	-	-	8	8	8	7	13	9	9	10	16	14	12	6	13	13	12	14	9	17	136	15	0	0	2	0
	Number of DOLS which are 7 day urgent	No	-	-	8	8	8	7	13	9	9	10	16	14	12	6	13	13	12	14	9	17	136	15	0	0	2	0
	Number of delays with LA in assessing for standard DOLS application	No	-	-	2	0	0	0	2	0	0	1	2	1	1	1	2	1	0	3	0	1	13	1	0	0	0	0
	Number DOLs rolled over from previous month	No	-	-	0	0	0	1	0	1	6	2	2	4	1	1	1	1	3	2	2	2	21	2	0	0	0	0
	Number patients discharged prior to LA assessment targets	No	-	-	5	6	4	5	9	6	12	9	10	15	10	4	10	9	13	11	8	17	116	16	0	0	1	0
	Number of DOLs applications the LA disagreed with	No	-	-	0	0	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3	0	0	0	4	0	0	0	0	0
	Falls	No	-	-	16	-	11	13	20	8	16	20	12	8	8	12	7	5	12	23	12	13	132	5	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
	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	8	7	4	6	13	9	7	16	5	7	2	5	9	7	9	13	16	10	99	2	5	-	3	-
	Venous Thromboembolism (VTE) Assessments	%	95	95	97.6	97.5	-	95.1	98.0	96.2	96.0	91.9	92.4	95.4	96.8	93.6	94.4	93.7	97.2	96.1	92.8	90.0	-	88.2	92.8	-	100.0	88.0
	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	%	100	100	-	100.0	100.0	100.0	99.9	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	99.9	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	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
	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	%	100	100	100.0	99.6	100.0	98.3	100.0	100.0	99.0	100.0	100.0	100.0	100.0	97.7	100.0	98.2	99.2	100.0	100.0	100.0	-	-	100.0	100.0	-	100.0
	Never Events	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2	0	0	0	1	0
	Medication Errors causing serious harm	No	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Serious Incidents	No	0	0	1	4	0	0	0	1	0	0	0	2	0	1	1	1	1	0	1	1	8	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	-	-	-	-	-
	Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	-	-	18.6	19.2	18.7	17.5	27.1	22.0	20.3	18.0	20.1	-	-	-	-	-
	Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	-	-	81.0	84.7	90.4	82.6	87.3	83.8	90.5	90.4	84.6	-	-	-	-	-
	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	75.0	-	-	-	-	-
	Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Caring	Mixed Sex Accommodation - Breaches (Patients)	No	0	0	7	-	-	-	-	57	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	No. of Complaints Received (formal and link)	No	-	-	22	42	28	19	26	32	25	12	9	19	43	8	19	27	21	30	16	19	223	6	7	0	1	5
	No. of Active Complaints in the System (formal and link)	No	-	-	33	41	32	19	30	41	28	27	28	34	43	29	43	64	78	0	74	78	-	28	21	1	6	22
	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	4.16	8.16	4.99	3.59	4.52	6.16	5.17	4.34	2.77	5.81	5.67	2.08	4.33	5.33	5.24	7.29	4.65	5.75	4.89	-	-	-	-	-
	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	6.92	12.83	7.66	6.31	6.89	11.23	9.30	15.87	8.74	14.42	10.00	3.50	7.55	9.56	9.70	14.74	11.55	14.08	10.17	-	-	-	-	-
	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	100.0	100.0	22.2	10.5	40.9	87.5	31.6	37.0	14.3	13.3	12.5	100.0	37.6	-	-	-	-	-

Surgical Services Group

CQC Domain	Indicator	Measure	Standard		Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	20/21 Year to Date	Directorate				
			Year	Month																				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	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	28.9	-	-	-	-	-
	No. of responses sent out	No	-	-	16	29	34	28	22	24	28	23	6	15	17	20	6	4	10	23	25	16	165	-	-	-	-	-
Responsive	Emergency Care Attendances (Including Malling)	No	-	-	1190	843	983	1042	1122	1032	762	522	624	758	890	956	873	862	899	729	719	805	-	-	-	-	-	-
	Emergency Care 4-hour breach (numbers)	No	-	-	165	88	72	41	48	21	23	3	2	15	32	47	45	55	44	36	39	55	373	0	0	0	0	55
	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	-	-	-	-	-	-	-
	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	No	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-
	Emergency Care Timeliness - Time to Treatment in Department (median)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	%	5	5	6.3	5.2	7.2	9.9	8.3	4.1	7.3	5.6	5.6	7.0	5.0	6.2	4.6	5.0	5.6	6.6	5.6	4.1	-	-	-	-	-	-
	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	%	5	5	3.5	6.4	5.9	0.7	2.1	2.7	1.4	0.6	0.8	2.4	2.3	2.2	1.5	2.4	2.6	2.2	1.7	3.3	-	-	-	-	-	-
	Hip Fractures Best Practice Tariff (Operation < 36 hours of admissions	%	85	85	79.2	88.5	78.6	67.5	75.0	87.9	61.5	84.0	90.0	60.0	53.1	70.8	80.0	78.9	85.0	87.0	88.9	92.9	78.1	-	92.9	-	-	-
	No. of Sitrep Declared Late Cancellations - Total	No	0	0	42	55	32	54	35	40	21	0	1	4	10	15	22	23	13	14	4	5	111	1	0	0	0	4
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	32	38	29	40	25	15	10	0	1	2	8	10	11	16	9	10	4	5	76	1	0	0	0	4
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	10	17	3	14	10	25	11	0	0	2	2	5	11	7	4	4	0	0	35	0	0	0	0	0
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	1.8	2.3	1.3	2.4	1.4	2.0	1.5	0.0	0.3	0.8	0.8	1.1	1.3	1.4	0.9	1.3	0.7	0.9	-	0.5	-	-	-	1.6
	Number of 28 day breaches	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	5	3	1	3	16	3	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	-	-	-	-	-
	Urgent Cancellations	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0
	No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	No	0	0	1	2	0	0	0	1	1	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0
	Multiple Hospital Cancellations experienced by same patient (all cancellations)	No	0	0	64	91	76	54	56	97	295	10	7	28	34	41	61	96	120	34	36	11	478	-	-	-	-	-
	All Hospital Cancellations, with 7 or less days notice	No	0	0	293	289	280	230	221	484	769	25	20	71	93	155	173	263	355	138	192	74	1559	-	-	-	-	-
	2 weeks	%	93	93	97.6	97.3	98.3	99.0	97.8	99.0	98.4	94.6	98.3	97.7	95.7	94.4	97.1	93.5	86.4	84.2	80.7	-	-	80.7	-	-	-	-
	2 weeks (Breast Symptomatic)	%	93	93	98.0	100.0	95.7	98.1	95.5	100.0	98.2	96.2	97.1	94.1	100.0	100.0	96.6	94.4	86.4	80.9	56.1	-	80.6	56.1	-	-	-	-
	31 Day (diagnosis to treatment)	%	96	96	94.6	100.0	95.8	98.5	98.8	96.6	98.0	95.7	88.2	100.0	93.0	93.0	96.1	89.8	95.9	95.0	93.4	-	-	93.4	-	-	-	-
	62 Day (urgent GP referral to treatment) Excl Rare Cancers	%	85	85	89.2	86.4	90.8	84.8	83.1	92.3	92.0	71.2	56.3	73.2	74.2	78.8	72.8	76.9	79.2	78.5	63.1	-	-	63.1	-	-	-	-
	62 Day (urgent GP referral to treatment) - Inc Rare Cancers	%	85	85	89.4	86.4	91.3	85.2	82.2	92.6	92.0	71.2	58.8	74.4	75.0	79.2	73.8	76.9	79.2	79.7	64.8	-	-	64.8	-	-	-	-
	62 Day (referral to treat from screening)	%	90	90	96.9	93.2	94.6	89.7	91.1	100.0	94.5	83.9	33.3	100.0	75.0	83.3	87.5	88.9	87.5	94.1	89.7	-	85.5	-	-	-	-	-
	62 Day (referral to treat from hosp specialist)	%	90	90	84.4	85.7	86.4	88.2	96.3	95.7	94.7	100.0	94.1	100.0	100.0	100.0	100.0	96.2	95.5	95.0	100.0	-	97.7	-	-	-	-	-
	Cancer = Patients Waiting Over 62 days for treatment	No	-	-	5	4	4	6	6	2	4	-	7	6	8	6	14	8	10	7	16	-	80	16	-	0	-	-
	Cancer - Patients Waiting Over 104 days for treatment	No	-	-	1	1	4	3	4	0	1	-	3	4	5	1	5	3	5	4	1	-	29	1	-	0	-	-
	Neutropenia Sepsis - Door to Needle Time > 1hr	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	-	-
	RTT - Admittted Care (18-weeks)	%	90	90	76.4	78.8	79.2	80.0	80.3	78.7	81.5	94.2	85.5	72.2	58.1	49.2	57.9	56.1	62.3	67.1	76.8	79.1	-	84.3	50.0	-	-	79.0
	RTT - Non Admittted Care (18-weeks)	%	95	95	92.8	92.1	92.3	93.1	92.7	93.4	94.2	92.7	95.4	89.7	85.2	85.5	85.4	86.5	87.9	87.5	90.0	89.4	-	83.4	95.1	-	-	91.0

Surgical Services Group

CQC Domain	Indicator	Measure	Standard		Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	20/21 Year to Date	Directorate				
			Year	Month																				GS	SS	TH	APCC	O
	RTT - Incomplete Pathway (18-weeks)	%	92	92	90.8	90.5	90.6	90.9	91.8	92.0	90.1	82.1	71.7	57.0	51.2	60.3	67.9	72.4	74.8	74.1	70.0	66.6	-	64.6	61.5	-	-	72.1
	RTT Waiting List - Incomplete	No	-	-	18121	17767	16706	16248	16860	17180	16659	15170	15184	16062	17224	17863	18127	18542	19392	20022	20174	22185	199945	10580	4024	0	0	7581
	RTT - Backlog	No	-	-	1668	1690	1573	1480	1382	1378	1643	2721	4298	6903	8409	7097	5820	5117	4887	5176	6043	7404	-	3742	1550	0	0	2112
	Patients Waiting >52 weeks (All Pathways)	No	0	0	0	0	1	0	1	0	0	7	32	80	142	203	297	406	512	695	984	0	-	0	0	0	0	0
	Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	0	0	7	29	74	129	187	251	324	436	575	937	1586	-	728	331	0	0	527
	Treatment Functions Underperforming (Admitted, Non-Admitted,Incomplete	No	0	0	13	12	13	12	11	11	11	11	13	18	18	18	18	21	21	18	17	17	-	9	5	0	0	3
	Treatment Functions Underperforming (Incomplete)	No	0	0	2	2	2	2	1	1	3	6	7	7	6	6	6	7	7	7	7	7	-	4	2	0	0	1
	RTT Clearance Time (Wks)	Ratio	-	-	8.5	8.0	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	13.2	27.0	19.2	-	-	9.8
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	0.2	0.1	0.3	0.1	0.1	0.1	5.8	65.9	64.8	70.1	68.7	58.8	57.6	47.5	31.1	27.0	34.9	34.9	-	34.9	-	-	-	-
	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	34	56	62	57	112	67	96	11	12	99	165	155	118	201	156	69	104	25	1115	13	-	12	-	-
	Cancer - Longest wait for treatment (days) - GROUP	No	-	-	167	137	202	239	204	102	166	-	228	141	177	234	248	258	332	294	339	-	-	339	-	0	-	-
Effective	Mortality Reviews within 42 working days	%	90	90	100.0	81.8	82.4	100.0	81.8	100.0	82.4	66.7	100.0	50.0	90.9	83.3	100.0	100.0	72.7	81.8	-	-	-	85.7	75.0	-	-	-
	Deaths In the Group	No	-	-	9	10	17	11	11	11	-	9	7	10	11	12	7	9	9	11	24	-	109	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	4.6	3.7	4.1	3.7	3.6	4.2	5.7	10.4	6.3	4.8	4.2	5.1	5.0	4.8	5.4	5.6	7.2	-	-	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	5.5	5.3	5.1	4.9	4.7	4.6	4.5	4.6	4.5	4.5	4.4	4.5	4.5	4.6	4.7	4.9	5.3	-	4.6	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	2.7	1.9	2.2	1.9	2.2	2.2	2.7	5.6	3.0	2.4	2.1	3.3	2.6	3.4	3.5	3.2	4.0	-	3.1	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	3.2	3.1	2.9	2.7	2.7	2.6	2.5	2.5	2.4	2.4	2.4	2.4	2.4	2.5	2.7	2.8	3.0	-	2.5	-	-	-	-	-
	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	23	21	17	25	24	28	29	15	18	12	12	16	21	17	15	21	24	17	148	5	2	0	0	0
	21+ Days Long Stay Rate - NHSI	%	-	-	6.3	10.3	9.1	5.1	6.6	5.7	12.2	38.8	4.3	16.2	3.5	6.3	3.7	28.8	7.6	9.1	24.7	16.7	12.9	6.4	1.2	-	-	0.0
	Estimated Beds - 21+ Days - NHSI	No	-	-	7	12	12	6	7	6	12	23	2	11	3	5	3	38	7	9	53	19	108	3	0	-	0	0
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	38.1	40.4	41.8	40.2	44.5	57.0	37.5	41.3	58.5	75.1	72.3	63.2	57.2	58.7	60.0	63.1	49.6	54.4	58.8	52.5	74.9	-	100.0	50.4
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	2058	2633	2857	2218	2741	3279	2263	1704	1733	2131	2636	2436	2690	3047	3058	3364	2410	1766	26975	768	278	0	14	706
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	47.8	46.4	50.1	52.0	55.7	55.7	53.9	44.4	96.6	82.1	78.6	77.2	71.5	72.0	72.2	82.4	75.7	84.9	75.0	88.9	53.3	-	95.2	86.6
	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	1420	1434	1597	1481	1726	1497	1446	232	255	472	898	1106	1319	1584	1415	1132	658	556	9627	177	40	0	99	240
Well Led	PDRs - 12 month rolling	%	95	95	89.0	89.4	-	-	-	-	-	-	-	-	-	-	87.3	-	-	-	-	-	-	74.4	83.0	96.9	86.4	97.9
	Medical Appraisal	%	90	90	97.2	94.0	93.1	94.7	94.6	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	98.2	96.8	93.0	84.7	-	97.4	84.2	92.3	-	75.0	89.8
	Sickness Absence (Rolling 12 Months)	%	3	3	4.9	5.1	5.1	5.2	5.2	5.3	5.4	5.8	6.2	6.2	6.3	6.3	6.4	6.3	6.2	6.1	6.4	6.6	6.3	6.5	6.5	10.0	5.2	3.8
	Sickness Absence (Monthly)	%	3	3	4.4	6.3	6.3	5.9	5.9	5.5	6.8	9.0	7.9	6.1	5.8	4.7	5.2	4.8	5.8	5.9	8.1	8.1	6.5	9.0	6.5	14.1	4.7	3.7
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	24	40	49	43	42	33	29	35	56	40	40	29	28	26	25	32	44	57	412	16	5	25	6	5
	Sickness Absence - Short Term (Monthly)	No	-	-	133	181	174	171	118	148	214	238	167	149	187	144	176	176	217	185	251	182	2072	60	35	32	36	19
	Ward Sickness Absence (Monthly)	%	3	3	5.4	7.7	7.4	7.4	6.4	6.4	7.9	10.0	11.2	8.5	8.4	7.6	8.1	7.1	8.8	7.0	9.3	9.8	8.7	16.1	9.0	-	5.5	4.7
	Mandatory Training - Health & Safety (% staff)	%	95	95	85.4	88.4	90.5	91.2	92.5	92.6	93.2	93.5	97.3	96.6	98.0	96.3	97.8	97.6	97.7	98.1	97.7	97.1	97.1	-	-	-	-	-

Surgical Services Group

CQC Domain	Indicator	Measure	Standard		Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	20/21 Year to Date	Directorate				
			Year	Month																				GS	SS	TH	APCC	O
	Staff at 100% compliance with mandatory training	%	-	-	68.8	72.7	75.9	77.2	50.8	67.8	71.0	65.3	73.7	86.8	85.0	85.1	83.5	83.2	81.4	78.2	74.3	63.4	78.2	-	-	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	13.8	12.7	11.7	11.8	22.7	16.0	15.9	19.3	15.2	7.0	10.1	9.1	9.6	11.4	10.9	12.9	14.7	21.1	12.8	-	-	-	-	-
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	7.2	6.3	5.5	4.7	12.3	7.4	6.4	7.5	5.5	2.9	2.5	2.9	3.6	2.2	4.0	4.5	6.4	7.4	4.5	-	-	-	-	-
	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	4.5	-	-	-	-	
	Nursing Vacancy Rate (Qualified)	%	11	11	21.3	20.6	19.7	20.2	19.2	17.8	17.8	17.2	17.7	17.8	17.8	17.8	14.6	14.1	13.5	18.3	13.6	13.3	16.0	-	-	-	-	
	New Starters Complete Onboarding Process	%	100	100	88.6	100.0	100.0	100.0	100.0	100.0	100.0	92.3	100.0	96.2	100.0	87.5	100.0	82.4	100.0	-	100.0	100.0	95.3	-	-	-	-	
Patient Admin	Open Referrals	No	-	-	104317	105170	105645	106065	104786	104619	104392	99486	98167	98850	100115	101729	102705	103707	104864	105969	106058	107967	-	37782	14152	0	4856	
	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No	-	-	16396	12243	12318	12848	13069	12672	13789	11899	12476	12641	12933	13059	13252	14040	14187	14244	14813	14338	-	5287	2919	0	2136	

Women & Child Health Group

CQC Domain	Indicator	Measure	Standard		Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 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
	MRSA Screening - Elective	%	95	95	80.5	73.8	77.9	88.7	78.3	73.7	84.8	66.7	0.0	71.4	77.8	64.0	78.1	95.3	89.2	96.6	100.0	95.0	-	95.0	-	-
	MRSA Screening - Non Elective	%	95	95	100.0	98.0	100.0	100.0	100.0	95.0	100.0	100.0	100.0	100.0	100.0	96.2	97.7	100.0	100.0	100.0	100.0	100.0	99.3	-	100.0	-
	Falls	No	-	-	-	-	-	-	1	1	1	3	1	-	-	2	-	1	3	-	2	1	13	-	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
	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	-	-	-	1	-	1	-	1	2	1	-	-	-	-	-	2	1	1	8	1	-	-
	Venous Thromboembolism (VTE) Assessments	%	95	95	96.2	88.8	-	90.8	85.9	92.6	92.1	89.0	87.1	91.6	90.2	91.0	92.4	91.3	88.1	88.4	91.5	91.9	-	92.3	92.7	0.0
	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	%	100	100	-	100.0	99.7	100.0	99.7	100.0	100.0	99.3	100.0	100.0	100.0	99.6	97.7	99.7	100.0	99.6	100.0	100.0	-	100.0	100.0	-
	WHO Safer Surgery - brief(% lists where complete)	%	100	100	-	100.0	-	-	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	%	100	100	-	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	2	1	0	1	0	0	0	1	0	0	1	1	1	3	1	1	0	1	10	0	1	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	97.0	-	-	-
	Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	-	-	21.1	12.5	14.3	11.1	19.2	18.2	0.0	7.7	14.6	-	-	-
	Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	-	-	100.0	66.7	100.0	66.7	80.0	100.0	-	0.0	78.6	-	-	-
	Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	-	-	-	-	75.0	50.0	100.0	100.0	50.0	66.7	-	-	68.2	-	-	-
	Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Safe (Obstetric)	Caesarean Section Rate - Total	%	25	25	27.6	28.4	24.3	27.8	28.9	29.7	28.8	28.6	30.4	28.4	29.9	28.4	31.7	27.9	29.3	31.3	30.9	25.3	29.3	-	25.3	-
	Caesarean Section Rate - Elective	%	-	-	10.7	12.2	10.0	10.6	12.1	10.9	9.4	9.0	10.5	10.4	11.4	10.5	14.3	8.2	10.9	10.9	10.5	10.4	10.6	-	10.4	-
	Caesarean Section Rate - Non Elective	%	-	-	16.9	16.1	14.3	17.2	16.8	18.8	19.4	19.6	20.0	18.1	18.6	17.8	17.4	19.7	18.4	20.4	20.4	14.9	18.7	-	14.9	-
	Maternal Deaths	No	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2	0	0	3	-	0	-
	Post Partum Haemorrhage (>2000ml)	No	48	4	2	1	4	1	4	3	3	3	4	4	4	1	3	8	3	3	3	3	39	-	3	-
	Admissions to Neonatal Intensive Care	%	10	10	1.6	0.7	1.0	0.2	1.0	2.3	6.2	5.7	5.0	4.3	4.5	3.7	7.2	6.8	6.8	5.4	7.2	7.9	5.8	-	7.9	-
	Corrected Perinatal Mortality Rate (per 1000 babies)	Rate1	8	8	2.24	7.19	7.63	7.18	7.65	0.00	5.36	8.09	11.79	16.67	12.88	4.35	4.94	8.75	2.33	13.51	11.53	9.12	-	-	9.12	-
	Stillbirths (Corrected)	Rate1	-	-	2.24	4.80	2.54	4.78	5.10	0.00	2.68	2.70	9.43	11.90	6.44	4.35	4.94	8.75	2.33	10.81	8.65	6.08	6.92	-	6.08	-
	Corrected Neonatal Mortality Rate (0 - 28 days)	Rate1	-	-	0.00	2.40	5.09	2.39	2.55	0.00	2.68	5.39	2.36	4.76	6.44	0.00	0.00	0.00	2.33	2.70	2.91	3.06	2.68	-	3.06	-
	Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	%	85	85	94.1	91.1	93.2	94.4	91.6	91.4	93.2	91.5	93.4	92.5	92.0	93.0	92.0	93.1	91.3	93.0	94.3	94.2	-	-	94.2	-
	Early Booking Assessment (<12 + 6 weeks) - National Definition	%	90	90	124.4	160.1	158.9	147.7	188.7	164.5	172.2	181.7	120.2	139.3	125.2	106.9	150.9	136.8	153.1	165.3	191.6	179.0	-	-	179.0	-

Women & Child Health Group

CQC Domain	Indicator	Measure	Standard		Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	20/21 Year to Date	Directorate		
			Year	Month																				G	M	P
	Breast Feeding Initiation	%	74	74	87.5	82.6	83.3	83.8	85.0	79.9	84.8	85.5	82.7	84.3	78.6	85.6	83.5	83.1	80.6	85.8	83.7	83.7	-	-	83.7	-
	Puerperal Sepsis and other puerperal infections (%) Variation 1 ICD10 O85 or O86	%	-	-	0.3	0.3	1.2	0.5	1.1	0.0	0.3	1.9	1.6	1.8	1.7	2.1	0.6	1.0	1.3	0.8	0.4	0.9	-	-	0.9	-
	Puerperal Sepsis and other puerperal infections (%) Variation 2 ICD10 O85 or O86 Not O864	%	-	-	0.3	0.3	1.2	0.5	0.8	0.0	0.3	0.4	0.8	1.3	1.1	1.8	0.6	1.0	1.3	0.8	0.4	0.9	-	-	0.9	-
	Puerperal Sepsis and other puerperal infections (%) Variation 2 ICD10 O85	%	-	-	0.0	0.0	0.3	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.8	1.0	0.4	0.4	0.0	-	-	0.0	-
Safe (Neonatal)	Mothers who received at least one dose of antenatal steroids (NNAP)	%	85	85	66.7	80.0	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	-	-	-	-	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	No. of Complaints Received (formal and link)	No	-	-	17	19	10	6	11	5	9	3	6	10	23	8	12	15	11	15	10	7	120	0	3	4
	No. of Active Complaints in the System (formal and link)	No	-	-	22	25	12	13	13	14	15	9	12	15	23	14	22	33	40	0	38	35	-	11	16	8
	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	4.14	4.55	2.37	1.43	2.82	1.43	2.40	0.98	1.89	3.16	3.95	2.29	3.95	4.11	3.15	4.89	3.32	2.59	3.13	-	-	-
	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	7.35	8.42	4.24	2.27	4.73	2.48	4.38	2.44	3.84	5.96	7.40	4.36	6.33	7.13	5.90	8.73	6.55	5.09	5.94	-	-	-
	No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.0	100.0	100.0	100.0	100.0	100.0	82.0	-	-	-
	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	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	33.8	-	-	-
	No. of responses sent out	No	-	-	9	15	21	8	12	5	10	9	4	6	7	17	3	7	4	11	14	14	96	-	-	-
	Emergency Care 4-hour breach (numbers)	No	-	-	20	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	10	5	8	6	7	13	4	0	1	3	3	1	7	5	8	3	1	3	35	3	-	0
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	0	0	0	1	4	0	2	0	0	1	0	-	4	3	3	0	0	0	11	0	-	0
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	10	5	8	5	3	13	2	0	1	2	3	1	3	2	5	3	1	3	24	3	-	0
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	4.6	2.1	3.6	3.0	3.0	6.0	2.5	-	1.0	1.7	1.5	0.6	3.2	2.6	4.0	1.6	0.7	2.0	-	3.1	-	-
	Number of 28 day breaches	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	-	0
	No. of second or subsequent urgent operations cancelled	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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
	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	1	0	0	0	1	0	-	0
	Multiple Hospital Cancellations experienced by same patient (all cancellations)	No	0	0	8	6	7	5	6	19	29	4	6	9	7	5	11	5	2	6	3	4	62	-	-	-
	All Hospital Cancellations, with 7 or less days notice	No	0	0	50	42	27	30	33	59	55	13	11	20	22	21	24	28	27	25	26	22	239	-	-	-
	2 weeks	%	93	93	97.5	97.9	98.1	100.0	98.5	99.4	98.4	95.2	97.1	99.3	98.0	95.1	92.9	94.0	97.8	96.6	97.5	-	-	97.5	-	-

Women & Child Health Group

CQC Domain	Indicator	Measure	Standard		Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	20/21 Year to Date	Directorate		
			Year	Month																				G	M	P
Responsive	31 Day (diagnosis to treatment)	%	96	96	93.8	82.6	88.2	100.0	100.0	94.7	89.5	78.6	87.5	75.0	88.9	84.6	75.0	89.5	56.3	75.0	55.6	-	-	55.6	-	-
	62 Day (urgent GP referral to treatment) Excl Rare Cancers	%	85	85	57.1	77.4	80.0	68.8	76.5	50.0	50.0	75.0	21.4	47.4	58.3	53.3	54.5	70.0	38.1	40.9	35.0	-	-	35.0	-	-
	62 Day (urgent GP referral to treatment) - Inc Rare Cancers	%	85	85	57.1	77.4	80.0	68.8	70.6	50.0	50.0	75.0	21.4	47.4	58.3	53.3	54.5	70.0	38.1	40.9	35.0	-	-	35.0	-	-
	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	-	93.3	-	-	-
	62 Day (referral to treat from hosp specialist)	%	90	90	100.0	100.0	100.0	-	100.0	100.0	0.0	100.0	100.0	40.0	75.0	100.0	100.0	0.0	100.0	0.0	100.0	-	82.1	-	-	-
	Cancer = Patients Waiting Over 62 days for treatment	No	-	-	3	4	2	3	2	6	4	-	6	10	3	4	3	3	7	7	7	-	47	7	-	0
	Cancer - Patients Waiting Over 104 days for treatment	No	-	-	0	1	0	1	1	3	1	-	1	5	1	1	1	1	3	1	2	-	14	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
	RTT - Admittted Care (18-weeks)	%	90	90	78.0	71.4	72.6	75.9	70.1	69.2	78.2	100.0	93.3	76.6	55.5	65.8	63.3	65.7	65.8	64.5	80.5	78.2	-	78.2	-	-
	RTT - Non Admittted Care (18-weeks)	%	95	95	85.2	86.8	89.5	86.8	89.0	83.8	83.0	80.6	79.5	71.7	67.5	80.6	80.6	78.7	77.0	78.6	81.6	81.9	-	81.9	-	-
	RTT - Incomplete Pathway (18-weeks)	%	92	92	93.1	92.8	91.2	90.8	89.6	87.5	85.5	78.8	72.2	64.4	66.4	74.5	81.4	85.3	87.0	85.7	82.9	79.6	-	79.6	-	-
	RTT Waiting List - Incomplete	No	-	-	2049	1970	1922	2077	2161	2254	2230	2058	2072	1957	1880	2075	2161	2160	2184	2228	2194	2279	23248	2279	-	-
	RTT - Backlog	No	-	-	141	142	169	191	225	282	324	437	577	696	632	529	401	318	284	318	376	465	-	465	-	-
	Patients Waiting >52 weeks (All Pathways)	No	0	0	0	0	0	0	0	0	0	0	0	4	11	18	36	20	17	15	15	0	-	0	0	0
	Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	0	0	0	0	4	9	18	17	9	9	4	14	28	-	28	0	0
	Treatment Functions Underperforming (Admitted, Non-Admitted,Incomplete	No	0	0	2	2	3	3	3	3	3	2	2	3	3	3	3	3	3	3	3	3	-	3	-	-
	Treatment Functions Underperforming (Incomplete)	No	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	-	1	-	-
	RTT Clearance Time (Wks)	Ratio	-	-	10.8	10.1	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	16.9	18.1	-	-
	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	-	-	96	171	104	148	169	217	121	-	171	177	138	136	207	117	119	118	143	-	-	143	-	0
Effective	Mortality Reviews within 42 working days	%	90	90	50.0	0.0	-	100.0	-	-	100.0	-	-	-	-	-	-	-	-	0.0	-	-	-	0.0	0.0	-
	Deaths In the Group	No	-	-	5	1	4	2	1	1	-	2	1	3	2	1	3	0	0	5	2	-	19	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	6.2	7.9	7.1	7.5	7.5	8.4	9.2	8.7	9.4	7.6	11.3	5.1	3.8	9.4	10.6	7.3	7.0	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	4.9	5.0	5.1	5.0	5.1	5.3	5.7	6.1	6.9	8.1	8.2	7.8	7.7	7.8	8.1	8.1	8.1	-	7.5	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	5.7	6.0	5.9	5.7	6.1	7.1	7.9	7.5	5.6	6.2	9.7	4.0	2.6	7.5	7.4	6.2	5.5	-	6.1	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	3.4	3.5	3.6	3.6	3.7	3.9	4.3	4.7	5.4	6.6	6.7	6.4	6.1	6.2	6.4	6.4	6.4	-	6.0	-	-	-
	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	1	3	1	1	1	1	1	4	0	2	0	3	4	0	7	10	15	12	17	2	0	0
	21+ Days Long Stay Rate - NHSI	%	-	-	0.0	3.7	23.0	7.4	0.0	15.5	0.0	0.0	0.0	0.0	0.4	4.5	4.4	0.0	3.7	13.2	32.7	27.2	1.8	0.0	-	-
	Estimated Beds - 21+ Days - NHSI	No	-	-	0	0	5	1	0	2	0	0	0	0	0	0	0	0	0	5	44	16	2	0	-	0

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			Year	Month																				G	M	P
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	39.8	35.6	33.6	29.9	31.0	33.1	30.5	26.2	34.7	43.5	41.0	42.5	33.1	38.7	35.9	35.6	34.7	44.9	37.8	34.7	67.4	39.2
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	542	458	408	293	362	358	376	252	320	692	567	493	356	467	465	484	504	563	5163	200	232	131
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	68.5	63.2	60.7	54.3	53.1	57.4	58.4	58.7	86.4	80.6	72.2	50.9	71.6	53.7	62.1	69.3	87.2	79.0	68.8	74.6	-	86.5
	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	200	211	170	144	152	170	171	88	95	166	182	116	189	151	167	160	171	158	1643	94	0	64
Well Led	PDRs - 12 month rolling	%	95	95	79.7	85.6	-	-	-	-	-	-	-	-	-	-	97.2	-	-	-	-	-	-	100.0	94.2	99.7
	Medical Appraisal	%	90	90	98.4	95.5	98.4	95.2	92.1	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	97.0	98.4	96.8	85.0	-	97.9	86.2	83.3	84.2
	Sickness Absence (Rolling 12 Months)	%	3	3	5.5	5.7	5.7	5.8	5.7	5.6	5.5	5.8	5.8	5.7	5.7	5.6	5.6	5.6	5.6	5.6	5.8	5.9	5.7	4.5	6.9	5.2
	Sickness Absence (Monthly)	%	3	3	5.2	6.0	6.6	6.1	5.3	3.9	5.1	7.1	5.4	5.1	4.2	4.4	5.4	5.8	6.4	5.5	7.1	5.8	5.7	3.7	6.9	4.9
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	21	23	30	36	20	9	25	16	22	15	16	21	22	25	29	26	26	26	244	2	17	7
	Sickness Absence - Short Term (Monthly)	No	-	-	98	98	106	103	101	94	96	137	79	77	86	66	92	97	96	59	102	80	971	4	45	31
	Ward Sickness Absence (Monthly)	%	3	3	7.9	6.9	8.1	6.9	4.9	4.4	4.7	8.5	7.7	7.3	5.1	5.5	6.4	5.4	7.5	6.8	9.6	8.0	7.1	12.2	7.0	11.5
	Mandatory Training - Health & Safety (% staff)	%	95	95	84.5	87.0	88.2	90.5	91.7	90.6	93.1	93.6	98.3	99.0	99.6	98.9	98.4	99.3	99.0	99.6	98.7	98.9	98.5	-	-	-
	Staff at 100% compliance with mandatory training	%	-	-	67.5	60.4	70.4	74.0	49.2	66.5	68.7	72.5	82.2	91.5	90.8	89.0	89.0	86.4	85.5	83.6	81.0	77.1	84.4	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	15.1	23.5	14.0	11.2	24.1	17.0	17.9	14.6	10.9	5.4	5.6	6.4	6.6	8.1	9.4	9.3	10.9	13.6	9.2	-	-	-
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	7.6	6.1	4.8	6.1	11.4	5.8	5.7	5.7	3.0	2.1	1.7	2.2	2.3	3.7	3.6	4.4	4.3	5.6	3.5	-	-	-
	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	2.9	-	-	-
	Nursing Vacancy Rate (Qualified)	%	11	11	12.6	11.7	11.3	11.5	10.8	11.2	12.0	12.7	12.4	16.4	17.9	15.3	15.7	15.6	16.2	15.4	14.2	16.2	15.3	-	-	-
	New Starters Complete Onboarding Process	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	92.9	90.9	100.0	100.0	100.0	100.0	100.0	100.0	90.0	-	100.0	100.0	98.0	-	-	-
Patient Admin	Open Referrals	No	-	-	22333	22687	22895	23733	24099	24479	23888	23681	24706	24448	24352	24511	24854	25085	25436	25190	25371	26119	-	6995	11003	8121
	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No	-	-	5139	4857	4788	5150	5048	5068	4875	4425	5000	4890	5100	5164	5234	5302	5367	5176	5515	5876	-	1645	3504	727
	HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregancy	No	-	-	-	928	-	-	908	-	-	1004	-	-	1008	-	-	866	-	-	-	-	2878	-	-	866
	HV (C2) - % of births that receive a face to face new birth visit by a HV =<14 days	%	95	95	-	90.9	-	-	91.3	-	-	94.1	-	-	90.3	-	-	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	%	-	-	-	7.4	-	-	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	-	97.3	-	-	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	%	-	-	-	95.1	-	-	96.5	-	-	96.0	-	-	96.0	-	-	97.1	-	-	96.1	-	96.3	-	-	96.1
	HV (C6i) - % of children who received a 2 - 2.5 year review	%	95	95	-	96.6	-	-	97.0	-	-	97.5	-	-	96.9	-	-	95.9	-	-	93.8	-	96.0	-	-	93.8
	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%	-	-	-	98.4	-	-	98.2	-	-	98.1	-	-	98.4	-	-	99.1	-	-	99.1	-	98.7	-	-	99.1
	HV (C7) - No. of Sure Start Advisory Boards / Childrens Centre Boards witha HV presence	No	100	100	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	1

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			Year	Month																				G	M	P
WCH Group	HV (C8) - % of children who receive a 6 - 8 week review	%	95	95	-	99.7	-	-	99.5	-	-	100.0	-	-	99.8	-	-	99.7	-	-	99.1	-	99.6	-	-	99.1
	HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check	%	100	100	-	99.7	-	-	99.1	-	-	100.0	-	-	99.1	-	-	99.5	-	-	98.9	-	99.4	-	-	98.9
	HV - % of infants being breastfed at 6 - 8 weeks	%	-	-	-	45.1	-	-	43.0	-	-	46.6	-	-	43.7	-	-	42.8	-	-	42.8	-	43.9	-	-	42.8
	HV - % HV staff who have completed mandatory training at L1,2 or 3 in child protection in last 3 years	%	95	95	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0	-	100.0	-
	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	No	-	-	-	1125	-	-	1004	-	-	979	-	-	1035	-	-	1073	-	-	1000	-	4087	-	-	1000
	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	99.4	-	-	99.4
	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	No	-	-	-	21	-	-	19	-	-	14	-	-	37	-	-	22	-	-	16	-	89	-	-	16
	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2.2	-	-	2.2
	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	No	-	-	-	28	-	-	35	-	-	27	-	-	22	-	-	25	-	-	28	-	102	-	-	28
	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3.6	-	-	3.6
	HV - movers into provider <1 year of age to be checked =<14 d following notification to HV service	No	-	-	-	196	-	-	210	-	-	170	-	-	120	-	-	147	-	-	142	-	579	-	-	142
	HV - all untested babies <1 year of age will be offered NBBS screening & results to HV.	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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			Year	Month																				DR	IR	NM	BS	BCP
Safe	MRSA Screening - Elective	%	95	95	25.0	21.4	20.0	25.0	55.6	44.4	0.0	22.2	50.0	60.0	42.9	75.0	37.5	37.5	0.0	36.4	25.0	-	-	-	-	-	-	-
	Never Events	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Medication Errors causing serious harm	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Serious Incidents	No	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	3	0	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	-	-	0	1	3	3	5	1	0	1	1	1	4	2	1	2	2	3	2	5	24	2	2	0	0	1
	No. of Active Complaints in the System (formal and link)	No	-	-	1	2	3	2	5	2	1	2	2	3	4	4	2	5	3	0	2	5	-	4	1	0	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	100.0	0.0	0.0	100.0	100.0	100.0	100.0	100.0	85.7	-	-	-	-	-
	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	-	0.0	100.0	100.0	20.0	40.0	0.0	-	28.6	-	-	-	-	-
Responsive	No. of responses sent out	No	-	-	1	0	3	5	1	3	0	1	1	0	0	2	2	1	2	5	1	0	15	-	-	-	-	-
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	2.0	1.5	0.1	0.2	0.0	0.0	9.9	62.5	63.3	53.6	43.5	35.0	26.1	19.0	12.4	12.8	18.1	9.4	-	9.4	-	-	-	-
	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	552	381	268	233	878	378	1011	67	16	82	247	686	905	816	1486	1015	1546	1139	8005	1139	-	-	-	-
Effective	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	4.0	3.7	13.8	6.7	5.9	13.3	-	11.1	14.3	-	15.4	-	7.7	7.1	8.3	16.7	25.0	-	-	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	5.4	5.1	6.0	6.0	6.2	7.4	6.7	6.8	6.4	5.5	6.7	6.4	6.8	7.2	6.2	6.9	7.9	-	6.6	-	-	-	-	-
	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	0
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	83.3	96.6	90.9	93.1	80.0	96.8	96.0	92.9	85.7	100.0	93.3	100.0	100.0	80.8	95.5	90.0	92.3	100.0	92.7	100.0	-	-	-	-
	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	25	28	30	27	20	30	24	13	6	15	14	1	10	21	21	9	12	17	139	17	0	0	0	0
	20WD: Pts receiving CT Scan within 1 hr of presentation	%	50	50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	20WD: Pts receiving CT Scan within 24 hrs of presentation	%	95	95	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	PDRs - 12 month rolling	%	95	95	60.5	84.8	-	-	-	-	-	-	-	-	-	-	89.8	-	-	-	-	-	-	89.8	63.6	85.7	97.8	-
	Medical Appraisal	%	90	90	100.0	100.0	100.0	100.0	96.4	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	93.2	-	99.3	93.1	-	100.0	-	92.3
	Sickness Absence (Rolling 12 Months)	%	3	3	4.6	4.5	4.2	4.1	4.0	4.0	4.1	4.2	4.3	4.2	4.4	4.3	4.2	4.3	4.4	4.4	4.7	4.7	4.4	5.3	4.8	1.8	4.6	0.2
	Sickness Absence (Monthly)	%	3	3	4.5	4.2	4.1	3.6	3.6	3.6	5.2	5.9	4.6	3.3	4.3	3.3	3.8	5.3	4.5	3.7	6.3	3.7	4.4	5.0	3.3	0.3	1.3	0.0
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	6	3	6	4	2	3	4	2	6	4	5	6	4	5	4	5	4	4	49	4	0	0	0	0

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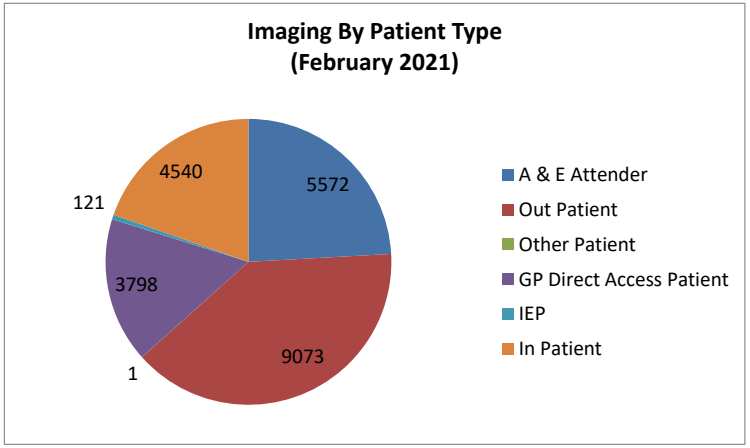
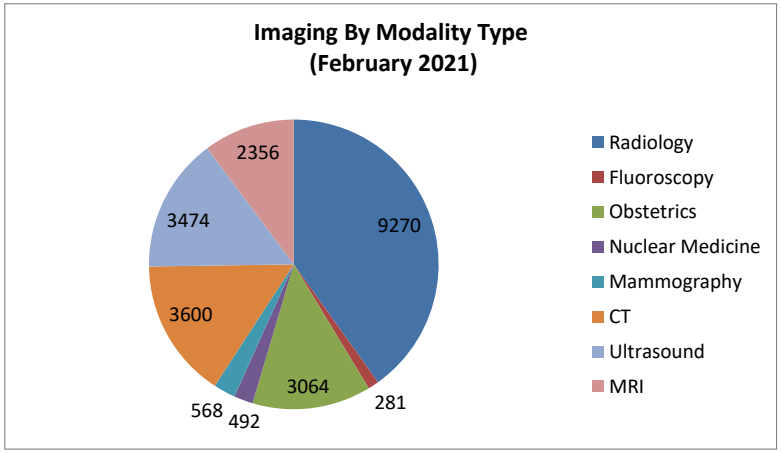
			Year	Month																				DR	IR	NM	BS	BCP
Well Led	Sickness Absence - Short Term (Monthly)	No	-	-	24	33	25	33	44	34	39	40	24	26	30	23	32	38	30	22	47	34	346	24	1	1	8	0
	Mandatory Training - Health & Safety (% staff)	%	95	95	88.2	93.5	96.0	98.2	97.4	95.2	94.1	93.8	99.3	99.3	98.9	99.6	99.6	99.3	98.9	99.6	99.6	99.6	98.9	-	-	-	-	-
	Staff at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	New Starters Complete Onboarding Process	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Patient Admin	Open Referrals	No	-	-	363.0	396.0	449.0	486.0	516.0	526.0	527.0	737.0	715.0	701.0	701.0	731.0	736.0	738.0	751.0	747.0	761.0	763.0	-	595.0	23.0	0.0	0.0	145.0
	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No	-	-	244.0	255.0	304.0	321.0	357.0	366.0	373.0	382.0	388.0	395.0	396.0	423.0	434.0	432.0	442.0	443.0	463.0	463.0	-	430.0	2.0	0.0	0.0	31.0
Imaging	Imaging - Total Scans	No	-	-	29463.0	31286.0	29477.0	28573.0	32398.0	29181.0	23026.0	12474.0	15657.0	20296.0	23773.0	24445.0	26957.0	27499.0	25757.0	25267.0	23701.0	23092.0	248918.0	-	-	-	-	-
	Imaging - Inpatient Turnaround Time <=24hr	%	90	90	66.9	76.9	77.1	77.4	79.1	82.1	86.6	91.0	87.3	86.5	84.8	84.0	82.5	79.9	82.5	83.1	80.1	79.3	83.4	-	-	-	-	-
	Imaging - Urgent Other(GP 5) Turnround Time <=5d	%	90	90	70.7	77.0	75.1	71.5	71.8	73.8	67.8	81.7	86.8	79.3	68.6	53.3	56.2	58.3	53.3	58.4	62.9	62.7	65.1	-	-	-	-	-
	Imaging - All Imaging Work Reported in less than 4 weeks (request to report)	%	95	95	-	88.2	90.1	90.0	88.4	91.8	89.7	92.9	93.5	89.8	85.5	82.9	83.2	85.0	83.4	84.8	83.0	82.9	85.4	-	-	-	-	-





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CQC Domain	Indicator	Measure	Standard		Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	20/21 Year to Date	Directorate				
			Year	Month																				AT	IB	IC	CM	YHP
Safe	C. Difficile (Post 48 hours)	No	0	0	0	1	2	1	2	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0
	MRSA Bacteraemia (Post 48 hours)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	0	0	0	0
	MRSA Screening - Elective	%	95	95	0.0	0.0	0.0	0.0	10.0	0.0	-	9.1	0.0	0.0	0.0	0.0	16.7	0.0	0.0	0.0	0.0	0.0	-	-	-	-	0.0	-
	MRSA Screening - Non Elective	%	95	95	100.0	37.5	90.0	80.0	100.0	81.8	88.9	82.6	90.0	83.3	86.7	100.0	100.0	60.0	83.3	84.6	75.0	78.3	85.3	-	-	-	78.3	-
	Number of DOLS raised	No	-	-	5	7	6	4	6	5	4	9	6	8	13	5	9	11	7	13	3	4	88	0	4	0	0	0
	Number of DOLS which are 7 day urgent	No	-	-	5	7	6	4	6	5	4	9	6	8	13	5	9	11	7	13	3	4	88	0	4	0	0	0
	Number of delays with LA in assessing for standard DOLS application	No	-	-	0	0	0	1	1	3	0	0	0	0	4	2	2	2	1	2	0	0	13	0	0	0	0	0
	Number DOLs rolled over from previous month	No	-	-	0	0	1	1	0	2	0	2	2	3	2	1	0	3	1	2	3	3	22	0	3	0	0	0
	Number patients discharged prior to LA assessment targets	No	-	-	2	4	2	1	2	2	1	9	5	9	10	3	2	8	5	10	5	5	71	0	5	0	0	0
	Number of DOLs applications the LA disagreed with	No	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0
	Falls	No	-	-	23	-	26	28	29	32	25	22	19	18	14	23	19	24	20	16	14	12	201	-	12	-	-	-
	Falls - Death or Severe Harm	No	0	0	0	-	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0
	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	10	4	7	11	9	12	7	6	8	5	14	4	6	2	3	10	7	11	76	1	10	-	-	-
	Pressure Ulcer DN Caseload Acquired - Total	No	0	0	27	31	18	24	25	25	22	20	23	25	37	29	24	22	38	31	34	41	324	-	-	41	-	-
	Venous Thromboembolism (VTE) Assessments	%	95	95	98.6	99.2	-	98.9	96.5	98.5	98.2	96.4	100.0	96.9	99.1	99.0	98.8	98.5	96.7	98.5	98.2	98.6	-	-	-	-	98.6	-
	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	%	100	100	-	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 - brief(% lists where complete)	%	100	100	-	-	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	-	-	-	100.0	-	-	100.0	-	-	100.0	100.0	-	100.0	-	100.0	-	-	-	-	-	100.0
	Never Events	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Medication Errors causing serious harm	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Serious Incidents	No	0	0	7	8	6	2	2	5	0	3	7	5	3	2	3	0	1	0	1	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	95.4	-	-	-	-	-
	Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	-	-	23.1	18.4	10.9	13.2	23.1	23.2	41.0	11.6	21.5	-	-	-	-	-
	Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	-	-	33.3	66.7	60.0	60.0	50.0	76.9	80.0	80.0	63.1	-	-	-	-	-
	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	40.0	-	-	-	-	-
Caring	Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Mixed Sex Accommodation - Breaches (Patients)	No	0	0	0	-	-	-	-	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	No. of Complaints Received (formal and link)	No	-	-	9	14	8	5	11	4	8	6	4	7	19	16	13	20	17	17	25	18	162	3	4	2	0	9
	No. of Active Complaints in the System (formal and link)	No	-	-	14	15	13	7	0	11	11	12	12	14	19	21	23	43	53	0	60	52	-	3	9	3	10	27
	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	45.23	37.04	18.56	15.72	24.88	7.71	15.84	10.69	7.50	9.37	14.94	16.08	13.90	22.00	18.01	13.61	22.69	17.96	15.82	-	-	-	-	-
	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	23.26	36.18	19.00	12.95	22.94	8.75	20.00	24.82	13.56	16.39	21.78	34.48	25.84	39.06	41.36	27.13	64.10	31.43	31.07	-	-	-	-	-

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			Year	Month																				AT	IB	IC	CM	YHP
	No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	7.7	100.0	100.0	100.0	100.0	100.0	81.5	-	-	-	-	-
	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	20.0	0.0	0.0	22.2	100.0	9.3	81.8	66.7	59.1	27.1	-	-	-	-	-
Responsive	No. of responses sent out	No	-	-	6	11	10	10	7	5	7	4	5	5	8	14	9	6	5	21	9	22	108	-	-	-	-	-
	No. of Sitrep Declared Late Cancellations - Total	No	0	0	0	0	6	0	0	2	7	1	5	2	1	1	0	2	1	5	5	2	25	0	-	0	2	0
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	0	0	0	0	0	2	4	1	0	2	1	1	0	2	1	2	5	2	17	0	-	0	2	0
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	0	0	6	0	0	0	3	0	5	0	0	-	0	0	0	3	0	0	8	0	-	0	0	0
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	0.0	0.0	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	-	-	-	-	0.5	-
	Number of 28 day breaches	No	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	5	0	9	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
	No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	0	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	-	-	-	-	-	33.3	-
	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	-	-	-	-	-	100.0	-
	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	-	-	-	-	-	66.7	-
	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	-	-	-	-	-	66.7	-
	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	0	2	0	1	0	1	1	-	4	0	-	-	1	-
	Cancer - Patients Waiting Over 104 days for treatment	No	-	-	0	0	0	0	0	0	0	-	0	0	0	2	0	0	0	1	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
	RTT - Admittted Care (18-weeks)	%	90	90	91.1	92.6	90.0	91.6	74.6	74.4	66.9	94.4	83.3	83.2	89.4	75.0	88.5	90.4	88.0	69.7	58.3	78.3	-	-	-	-	78.3	-
	RTT - Non Admittted Care (18-weeks)	%	95	95	81.5	74.6	67.0	62.2	77.7	64.6	77.6	62.4	74.5	74.1	63.2	63.1	76.3	77.1	81.2	64.0	53.6	43.7	-	-	-	-	43.7	-
	RTT - Incomplete Pathway (18-weeks)	%	92	92	93.4	91.6	89.7	91.7	88.1	86.8	82.0	73.5	60.9	46.4	43.0	50.6	50.6	52.2	52.1	50.0	48.6	51.6	-	-	-	-	51.7	-
	RTT Waiting List - Incomplete	No	-	-	3381	3642	3399	3503	3295	3170	2959	2722	2637	2741	2875	3016	3022	3023	3499	3460	3527	3425	33947	0	-	0	3425	0
	RTT - Backlog	No	-	-	222	307	350	292	391	420	533	721	1031	1470	1640	1491	1494	1446	1675	1730	1812	1656	-	0	-	0	1656	0
	Patients Waiting >52 weeks (All Pathways)	No	0	0	0	0	0	0	0	0	0	0	1	3	7	7	19	50	83	106	164	0	-	0	-	0	0	0
	Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	0	0	0	1	3	6	4	15	41	72	44	137	216	-	0	-	0	216	0
	Treatment Functions Underperforming (Admitted, Non-Admitted,Incomplete	No	0	0	3	4	4	4	4	4	5	4	6	6	5	6	5	5	5	5	5	5	-	0	-	0	5	0
	Treatment Functions Underperforming (Incomplete)	No	0	0	0	2	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	-	0	-	0	2	0
	RTT Clearance Time (Wks)	Ratio	-	-	18.6	18.6	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	25.9	-	-	-	21.3	-

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			Year	Month																				AT	IB	IC	CM	YHP
	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	0	0	-	42	62	57	154	62	93	62	113	75	-	-	0	-	-	75	-
	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	-
	Deaths In the Group	No	-	-	0	0	1	1	3	4	-	4	1	2	4	0	5	7	4	4	4	-	35	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	1.0	1.5	1.5	1.6	1.9	0.3	1.9	3.9	3.6	2.3	2.9	2.8	2.8	3.3	1.8	2.2	4.1	-	-	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	1.5	1.6	1.6	1.5	1.6	1.6	1.6	1.8	1.9	1.8	1.9	2.1	2.2	2.4	2.4	2.5	2.6	-	2.2	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	-	-	-	-	-	-	-	0.4	0.4	-	-	-	-	-	-	-	-	-	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	-	-	-	-	-
	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	0	3	2	0	1	0	0	0	0	1	1	1	0	7	7	17	20	11	25	0	0	0	1	0
	21+ Days Long Stay Rate - NHSI	%	-	-	0.0	0.0	0.0	0.0	0.0	0.0	5.2	1.9	0.0	0.0	5.0	0.0	4.0	9.0	13.9	15.4	33.9	28.2	5.9	-	-	-	3.3	-
	Estimated Beds - 21+ Days - NHSI	No	-	-	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	5	45	16	5	-	-	-	0	-
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	33.6	24.5	25.0	31.3	22.2	43.0	25.4	18.2	35.7	38.9	45.5	49.6	36.5	36.8	32.2	43.4	47.1	61.5	41.2	53.5	-	-	62.5	-
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	349	308	322	375	313	490	294	132	343	388	444	352	295	358	346	390	584	698	4330	68	0	0	630	0
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	49.5	45.3	45.8	54.6	56.0	54.5	86.4	97.0	93.5	78.9	69.5	79.2	78.4	61.6	55.8	78.8	48.2	58.6	70.8	-	-	-	58.6	-
Well Led	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	202	214	198	155	145	151	228	98	100	105	139	206	218	183	111	219	95	112	1586	0	0	0	112	0
	PDRs - 12 month rolling	%	95	95	87.3	88.6	-	-	-	-	-	-	-	-	-	-	95.9	-	-	-	-	-	-	100.0	99.3	95.5	89.2	90.1
	Medical Appraisal	%	90	90	93.8	93.0	93.8	96.8	96.7	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	97.3	97.3	100.0	94.6	-	98.9	95.5	50.0	100.0	100.0	-
	Sickness Absence (Rolling 12 Months)	%	3	3	4.3	4.4	4.2	4.2	4.2	4.2	4.3	4.6	4.8	4.8	4.8	4.8	4.9	4.9	5.1	5.1	5.1	5.1	4.9	3.5	6.1	5.2	5.8	5.1
	Sickness Absence (Monthly)	%	3	3	3.6	4.1	4.1	4.8	4.8	4.8	4.9	6.9	6.0	4.5	4.2	4.4	4.4	4.7	5.8	4.7	5.7	4.5	5.1	4.1	5.2	5.0	3.8	3.2
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	16	13	16	26	15	17	16	22	40	22	14	22	16	15	17	15	14	22	219	2	9	6	3	2
	Sickness Absence - Short Term (Monthly)	No	-	-	93	135	121	121	140	114	92	181	104	81	99	85	116	110	141	117	155	100	1292	24	37	27	11	1
	Ward Sickness Absence (Monthly)	%	3	3	6.4	5.8	5.4	8.4	7.9	7.3	6.2	10.0	9.3	5.8	5.0	6.3	6.4	6.4	8.8	7.5	9.1	7.8	7.5	-	7.8	-	-	-
	Mandatory Training - Health & Safety (% staff)	%	95	95	92.7	94.6	95.2	95.4	95.9	94.6	95.8	95.7	98.3	98.9	99.4	98.8	98.8	99.3	98.9	99.1	98.9	98.9	98.6	-	-	-	-	-
	Staff at 100% compliance with mandatory training	%	-	-	83.1	86.5	88.4	88.2	59.6	76.6	80.8	78.6	78.8	89.2	89.3	87.4	89.8	88.5	85.6	83.5	79.5	79.9	84.6	-	-	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	9.7	8.2	6.4	6.8	25.0	15.4	13.1	14.1	13.7	7.9	7.9	9.3	7.3	8.6	10.8	12.1	15.0	15.1	11.0	-	-	-	-	-
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	3.2	2.3	2.5	2.5	9.0	4.0	3.2	4.0	3.4	1.2	1.5	1.9	1.2	1.8	2.3	3.1	4.0	3.6	2.5	-	-	-	-	-
	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	1.8	-	-	-	-	-
	Nursing Vacancy Rate (Qualified)	%	11	11	9.2	13.0	10.6	11.4	8.5	8.4	8.0	8.6	8.6	8.7	11.6	8.9	7.8	8.9	9.8	8.4	11.5	9.7	9.3	-	-	-	-	-
Patient Admin	New Starters Complete Onboarding Process	%	100	100	96.2	92.3	100.0	100.0	100.0	100.0	100.0	3.1	100.0	100.0	100.0	95.0	100.0	100.0	93.3	-	100.0	88.9	44.3	-	-	-	-	-
	Open Referrals	No	-	-	25438	25630	25630	25884	25868	26083	26231	32917	32460	32380	32750	32929	33516	33790	34639	34602	34751	34825	-	2235	29	0	32561	0
	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No	-	-	3700	2751	2546	2531	2771	2797	3102	3790	3956	3990	3729	3700	3787	3696	3849	3945	4080	3995	-	932	23	0	3040	0

Primary Care, Community & Therapies Group

CQC Domain	Indicator	Measure	Standard		Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	20/21 Year to Date	Directorate				
			Year	Month																				AT	IB	IC	CM	YHP
PCCT	DVT numbers	No	730	61	27	25	29	19	21	14	1	15	22	31	26	28	23	25	21	25	26	18	260	-	-	-	-	-
	Therapy DNA rate OP services (%)	%	9	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8.2	-	-	-	-	-
	Green Stream Community Rehab response time for treatment (days)	No	15	15	22	20	19	21	19	13	15	5	6	8	9	17	16	19	14	18	16	13	139	-	-	-	-	-
	DNA/No Access Visits	%	-	-	0.1	0.8	0.8	0.8	1.1	0.9	0.8	0.4	0.5	0.7	0.9	0.9	1.0	1.0	0.8	0.9	0.7	0.7	-	-	-	-	-	-
	Falls Assessments - DN Initial Assessment only	%	95	95	95.9	93.1	91.4	93.4	95.3	92.8	91.9	96.1	93.4	92.1	92.6	92.1	88.9	89.2	88.3	92.2	94.1	95.4	-	-	-	-	-	-
	Pressure Ulcer Assessment - DN Initial Assessment only	%	95	95	95.6	93.3	92.3	93.4	95.6	93.5	92.4	96.4	93.4	91.8	92.8	91.8	89.4	89.7	88.5	91.6	94.3	95.1	-	-	-	-	-	-
	MUST Assessments - DN Initial Assessment only	%	95	95	95.4	93.1	91.4	93.6	94.9	93.0	92.4	96.4	92.6	90.6	91.5	92.1	87.0	89.0	86.9	90.6	93.6	94.5	-	-	-	-	-	-
	Dementia Assessments - DN Initial Assessment only	%	95	95	93.7	88.8	87.0	90.9	89.7	85.9	84.4	91.1	89.8	88.9	85.8	78.4	79.5	83.2	82.3	86.4	88.1	90.2	-	-	-	-	-	-
	48 hour inputting rate - DN Service Only	%	-	-	95.2	95.2	-	94.7	94.3	94.8	95.9	94.5	94.6	-	-	-	-	93.3	94.3	93.9	95.2	95.6	-	-	-	-	-	-
	Making Every Contact (MECC)	%	95	95	95.2	93.1	90.6	92.4	94.7	93.0	92.4	95.3	93.4	90.6	91.7	91.3	87.6	88.1	88.0	91.9	93.8	95.1	91.4	-	-	-	-	-
	Therapy DNA rate S1 based OP Therapy services	%	9	9	9.6	9.7	9.0	10.6	9.5	9.7	6.2	2.2	7.6	4.4	5.6	6.3	6.2	6.7	7.1	7.1	7.6	6.4	6.2	-	-	-	-	-
	Baseline Observations for DN	%	95	95	95.0	93.7	92.1	93.6	94.7	93.7	90.6	95.9	93.2	91.3	91.0	91.3	87.3	89.7	85.8	91.6	93.6	92.7	91.2	-	-	-	-	-
	Bed occupancy for Intermediate Care : D43	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	90.5	-	-	-	-	-
	Bed occupancy for Intermediate Care : D47	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	85.2	-	-	-	-	-
	Bed occupancy for Intermediate Care : Eliza Tinsley	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	88.5	-	-	-	-	-
	Bed occupancy for Intermediate Care : Henderson	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	87.0	-	-	-	-	-
	Bed occupancy for Intermediate Care : Leasowes	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	86.7	-	-	-	-	-
	Bed occupancy for Intermediate Care : McCarthu	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	86.6	-	-	-	-	-
	Average Length of Stay : D43	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Average Length of Stay : D47	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Average Length of Stay : Eliza Tinsley	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Average Length of Stay : Henderson	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Average Length of Stay : Leasowes	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Average Length of Stay : McCarthy	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Corporate Group

CQC Domain	Indicator	Measure	Standard		Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	20/21 Year to Date	Directorate						
			Year	Month																				SG	F	POD	MD	ST	N	OP
Safe	Serious Incidents	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caring	No. of Complaints Received (formal and link)	No	-	-	3	6	2	3	6	3	10	3	4	5	11	6	4	10	5	2	6	8	64	3	0	0	0	0	5	0
	No. of Active Complaints in the System (formal and link)	No	-	-	4	3	4	1	0	5	12	3	4	3	11	10	10	22	43	0	23	26	-	6	0	1	4	2	13	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	100.0	100.0	88.9	0.0	0.0	100.0	100.0	100.0	100.0	100.0	71.4	-	-	-	-	-	-	-
	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	50.0	33.3	0.0	0.0	0.0	16.7	-	10.5	66.7	66.7	33.3	23.0	-	-	-	-	-	-	-
	No. of responses sent out	No	-	-	1	3	3	1	3	5	5	2	3	4	2	8	6	1	5	9	3	3	46	-	-	-	-	-	-	-
Well Led	PDRs - 12 month rolling	%	95	95	87.9	90.5	-	-	-	-	-	-	-	-	-	-	94.7	-	-	-	-	-	-	99.0	95.1	87.1	92.1	95.3	96.1	96.5
	Medical Appraisal	%	90	90	100.0	100.0	100.0	0.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-	100.0	100.0	-	-	-
	Sickness Absence (Rolling 12 Months)	%	3	3	4.3	4.5	4.4	4.4	4.5	4.5	4.6	4.9	5.0	4.9	4.9	4.9	4.8	4.8	4.9	4.9	5.0	5.1	4.9	4.5	1.4	2.5	3.7	6.6	6.5	4.1
	Sickness Absence (Monthly)	%	3	3	4.7	5.0	4.5	4.5	4.9	4.9	4.8	6.8	4.9	3.8	4.3	4.1	4.2	4.5	5.3	4.6	6.3	4.8	4.9	5.3	0.3	2.8	4.3	5.8	5.1	5.8
	Mandatory Training - Health & Safety (% staff)	%	95	95	90.7	93.7	94.9	96.1	97.3	96.4	96.8	94.8	92.7	98.7	99.1	98.4	98.4	99.1	99.0	99.3	99.1	96.6	97.7	-	-	-	-	-	-	-
	Sickness Absence - Short Term (Monthly)	No	-	-	92	90	84	108	100	80	73	116	147	134	164	120	139	144	171	134	177	94	1557	3	1	8	12	33	19	18
	New Starters Complete Onboarding Process	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Staff at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	35	42	25	35	37	30	41	35	49	37	32	39	37	42	44	45	40	37	437	3	0	1	5	12	13	3