

Sandwell and West Birmingham Hospitals



NHS Trust

Integrated Quality & Performance Report

Month Reported: **March 2021**

Reported as at: 22/04/2021

Clinical Leadership Executive
Management Committee

Performance
Quality & Safety
Committee

Performance At A Glance - March 2021

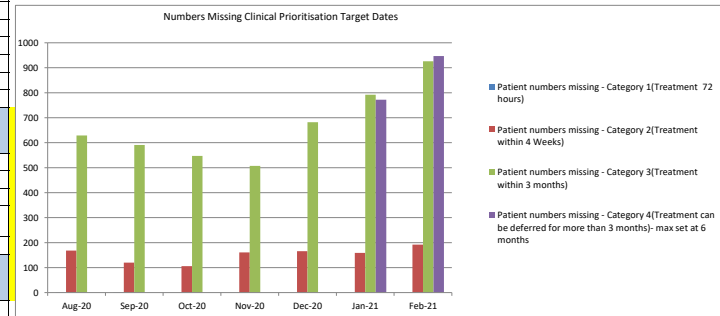
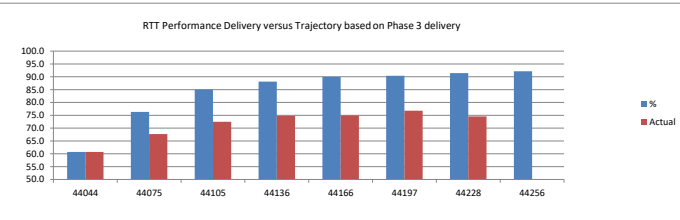
		<ul style="list-style-type: none"> Overall March shows some improvement in the Trust, in the March figures.
Highlights		<ul style="list-style-type: none"> A&E performance delivered 83% (6% month on month increase) of care within the 4hr target; 2,552 patients breached the 4 hr target. This ranks us 67 in the country out of 110, the median performance for the NHS was 85%. Year on year performance shows we are only seeing 82% of a normal March attendances. Of note our actual numbers of patients increase by 4,000 on the previous month. RTT performance for March shows a worsening position of 73% against the national target of 92%, however current climate of prioritisation of patients and pressures makes this level of performance difficult to achieve (within our local trusts we are ranked the second in performance for our February return) . A normal incomplete PTL for SWBH would be ~34k, we have risen by ~16K to 50,178 since pandemic began. The pandemic has also meant an increase in long waiters. DM01 diagnostic test performance have continued to improve, we see a slight improvement in performance in March to 88.6% vs 99% target. Cancer performance remains below standards in February (latest reported position) showing a decline against targets across most cancer indicators which is clearly unprecedented for the Trust . Other items to highlight for March are: Pressure Ulcer numbers are high, HSMR and SHMI mortality indicators are above tolerance levels, ward sickness has reduced tot 7.4%, 1 x Never event for the same reason as the two for last month (Air / Oxygen Tube).
	A&E Performance	<ul style="list-style-type: none"> Performance delivered at 83% in March. Capacity pressures continued during March and we saw high levels of breaches; reported 2,552 patients breaching the 4 hr target including a reduced 85 delayed ambulance hand overs (above 60 minutes).
	Referral to Treatment in 18 weeks (RTT Incomplete)	<ul style="list-style-type: none"> RTT performance for March reports incomplete pathways at 73% vs 92% target. • Our total patient waiting list has further risen to c50,178 patients (as a comparator a 'normal' waiting list for our Trust would be around 34,000 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. • 13,460 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 2,584 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)	<ul style="list-style-type: none"> Diagnostic tests (DM01) for March is reporting at 88.6% in March and doing generally well at total level - this measures performance against the national target to test patients within a 6 week period (from referral to test); The specific Imaging diagnostic patient volumes (CT, MRI, X rays and Ultrasounds) in March were at 27,041 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 March volumes, and the top three Board KPIs performance achievement was: Inpatient total turnaround (TAT) time within 24hrs at 78% against the 90% trust target (previous high was 91%); Urgent GP tests within 5 days achieved were at 54% vs 90% target, impacted to a large degree the non-responder/non-attenders category (patient choices to stay away from hospital due to COVID anxiety). The KPI measuring 'Overall Imaging Turn around Time for all tests' shows 83% of achievement, and measures all of the 'Imaging work' delivery under the 4 weeks (target of 95% and previous highs of 94%).
	Cancer Performance	<ul style="list-style-type: none"> Reporting the February position (latest available reporting period), the Trust has not delivered any of the key cancer standards, which is clearly unprecedented. 2 week breast symptomatic only reported 29% for a target of 93%
Cancellations	<ul style="list-style-type: none"> March - 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%. • March reports NO 28 day breaches (NHS guaranteed timeline post cancellation). 	
RESPONSIVENESS	Infection Control	<ul style="list-style-type: none"> Infection Control metrics continue to report reasonably good performance; however we have a persistently higher E Coli Post 48 hours @ 30.28 per 100,000 bed days on average our performance is ~15 MRSA screening rates for non-elective patients delivering 90.7% against target 95%. Elective patients MRSA screening rates are below the 95% at 79.1% but increasing from last month (67.8%)
	Harm Free Care	<ul style="list-style-type: none"> The Trust falls rate per 1,000 bed days in March reports an incident rate of 5.07 and is just above the Trust target of 5; we reported 92 absolute falls and we had 1 serious harm. Pressure Ulcers (Hospital or DN Caseload Acquired PUs) in March have decreased to prior months; overall the Trust reports 72 PUs (106 last month) in absolute numbers. The Trust Tissue Viability Nurse (TVN) meets routinely with other West Midlands TVS leads, and monitors our relative position to other providers. 1 never event was report in March in Medicine (AMU), this event was the same reason as last months two issues.
	SAFE	<ul style="list-style-type: none"> VTE assessments in March delivering 94.2% at Trust level against the 95% target, Surgical and WCH are below the target however. Sepsis (adults only) screening performance in March has been holding up to very well at 95.0% of eligible patients being screened; screened patients who are positive have increased generally during COVID and are at 31.8% in March (we were seeing just below 20% at pre-COVID levels); 86.8% of the sepsis positive patients were treated and of those 82.3% were treated within the prescribed one hour still behind the 100% target and continues to be an area of focus. Neutropenic Sepsis reporting delivery 88% of patients were treated within the 1hr from door to needle standard (3/22 breached). The average door to needle time was excellent at 47 minutes in March well below the 60 minutes standard (1hr). The 3 breaches show delays above the hour between 40-51 minutes; no harm was caused to any of the three patients which breached

Performance At A Glance - March 2021

	Obstetrics	<ul style="list-style-type: none"> The overall Caesarean Section rate for March 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 12.3% in line with long term average trend Non-elective C-Section rate at 15.0% with an average of 18.4% during the full year (pre-COVID periods) The monthly 'Ockenden' reporting process is in place and informs Q&S Committee and Trust Board on a more detailed performance basis.
CARING	Patient Experience (FFT), Mixed Sex Accommodation (MSA), Complaints, Flu Vaccination	<ul style="list-style-type: none"> MSA has not been reported since the start of the pandemic due to COVID. We observe low score and response rates against Friends & Family tests; MSA is still nationally not reported.
EFFECTIVE	Mortality, Readmissions	<ul style="list-style-type: none"> Readmissions rates (30 days after discharge) have gone back down in February to 9.6% in month (9.6% cumulatively) and remain high over the last year generally. HSMR (measures expected vs actual deaths in-hospital) reporting at 146 above the tolerance levels as at the end of November 2020 (latest available reporting period and also during COVID), showing a continually, elevated position against the weekend mortality rate which is 154 and weekday at 176. This position makes the Trust HSMR position a significant outlier compared against the national picture. Deaths in which COVID19 was recorded in episode 3 or later have increased, showing hospital acquired COVID19, also the number of deaths where the Charlson Index is below 5 has increased (these are patients with few complications and comorbidities and therefore less likely to die), also we have seen an increase in the number of elective admission deaths. Our average elective deaths have increased from 3 per month to 4 per month with a spike of 9 in September 2020 within a time period we had fewer elective admissions due to COVID - this is being looked into. SHMI (measuring expected vs actual deaths including deaths 30 days post discharge from hospital) is elevated at 113 for November 2020 (latest available position) The SHMI will also be impacted by the coding improvements, which are planned for HSMR. • Medical Examiners' mortality reviews fell below the performance target of 90% to 83.2% this maybe due to the increase in total deaths during February / March period.
	Stroke & Cardiology	<ul style="list-style-type: none"> Stroke performance good against most indicators, but struggling to recover admissions to the stroke ward within 4 hours (at 50% in March). • Thrombolysis performance is at 75% for March. • Patients staying on a stroke ward for more than 90% has risen to 81%, some patients are still outlied on non stroke wards. Cardiology performance within target levels in March - on target.
	Patient Flow (Responsive)	<ul style="list-style-type: none"> 21+ LOS patients (long stay patients) count at the end of March at 83 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 87% in month (93% previous) against the 85% target for the fifth month meeting the standard.
WELL LED	Workforce	<ul style="list-style-type: none"> Sickness rate overall for March is at 4.7% in month and 5.8% on a cumulative basis Ward sickness rate specifically is at 7.4% showing a reduction on prior months Nursing vacancy rate is at 13%; Nursing turnover at 11% Mandatory Training (where staff are at 100% of their MT) has risen to 73% against the 95% aim clearly impacted by COVID pressures
USE OF RESOURCES	Use of Resources	<ul style="list-style-type: none"> The Use of Resources assessment is part of the combined CQC inspection alongside the Trust's rating for Quality and the wider Single Oversight Framework. The review is designed to provide an assessment and improve understanding of how effectively and efficiently Trusts are using their resources to provide high quality and sustainable care for patients. The CQC assessment includes an analysis of Trust performance against a selection of CQC initial metrics, using local intelligence, and other evidence. The last Trust rating for Use of Resources was 'Requires Improvement' and the Trust is aiming to achieve a 'Good' rating in the next CQC inspection and performance will continue to be monitored with this aspiration. • Using a crude method to predict the CQC rating based on an inspection right now, which is taking factors other than what is highlighted in use of resources e.g. RTT, A&E etc, the Trust would mostly likely score 'requires improvement' again. We have populated 7/16 of the Use of Resources metrics. Currently, no work is under way to increase this proportion and start deep-diving in presented opportunities, however, this is significantly slowed down due to CV19 and will be picked up as part of the newly established Efficiency Group.
TRUST EMPHASIS		

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%	87.6%
% of Production Plan volumes	77.5%	85.1%	85.5%	86.0%	79.4%	48.0%	69.3%	76.9%
% of Clinical Group agreed volumes	94.8%	112.2%	98.8%	101.5%	94.6%	56.1%	83.4%	86.4%
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%
Variance Performance 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	From YG	From YG	From YG	From YG		
62 day refer to treat % (distance from 85% standard)	77.4%(-7.6%)	74.2%(-10.8%)						
31 day diagnosis to treatment % (distance from 96% standard)	93.5%(-2.5%)	94.6%(-1.4%)						
Cancer Trajectory-104 day	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	1,892	
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 withn 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

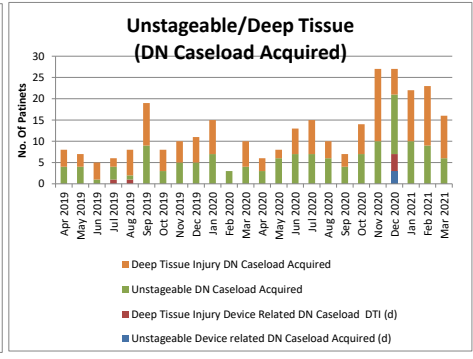
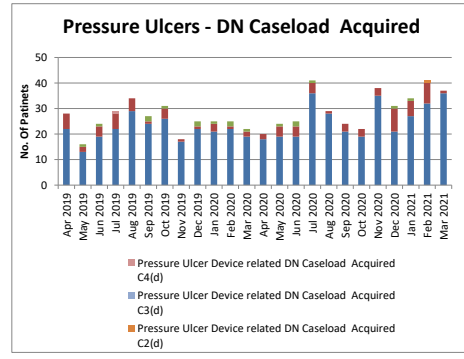
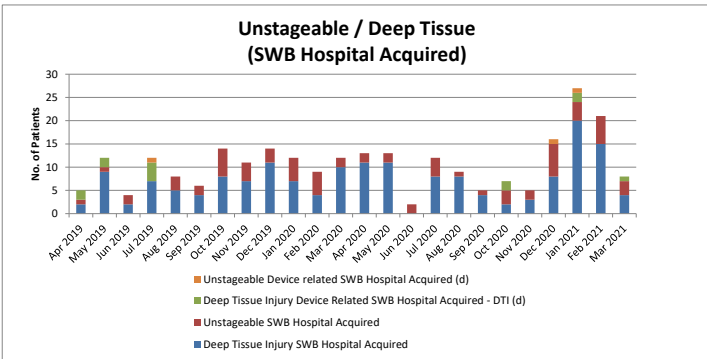
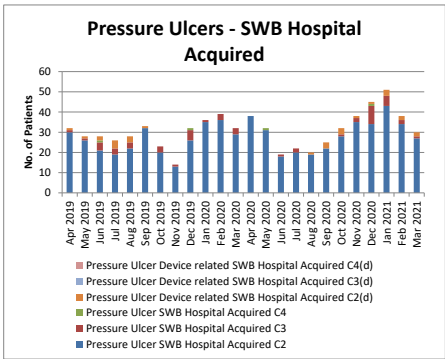
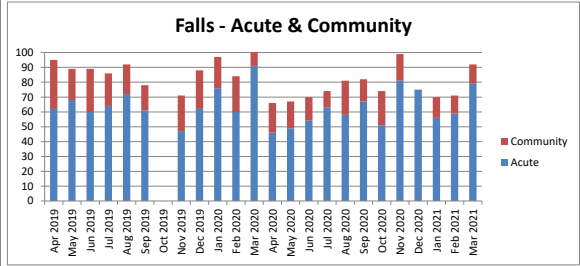
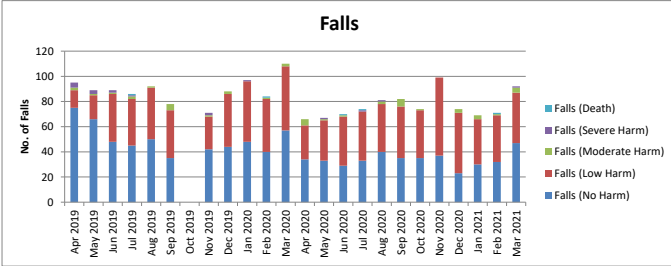
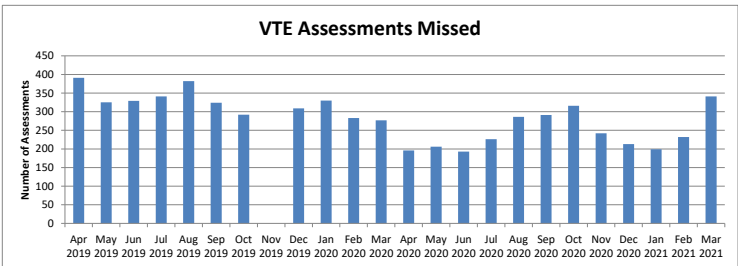
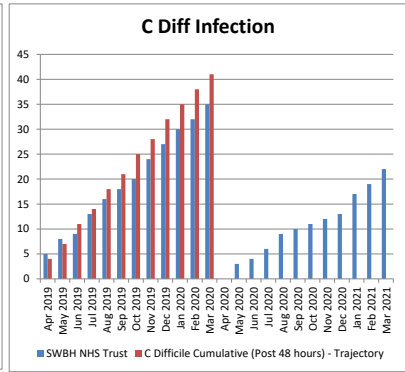
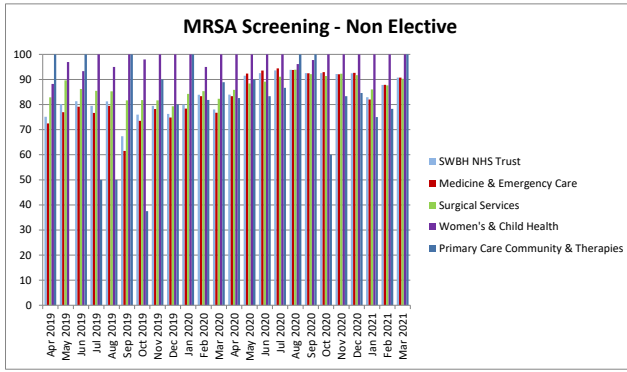
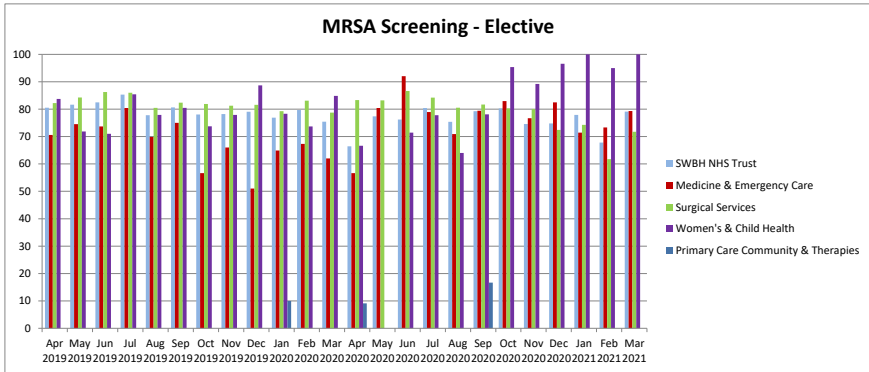


CQC Domain - Safe

	Kitemark	Reviewed Date	Indicator	Measure	Standard		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	Mar 2021	20/21 Year to Date	Group															
					Year	Month																				M	SS	W	I	PCCT	CO										
Infection Control	●●●●●●●●		C. Difficile (Post 48 hours)	<= No	41	3.4	2	4	3	3	2	3	0	3	1	2	3	1	1	1	1	1	4	2	3	22	3	0	0	-	0	-									
	●●●●●●●●		MRSA Bacteraemia (Post 48 hours)	<= No	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0								
	●●●●●●●●		MSSA Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	<= Rate2	9.42	9.42	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	12.11	9.05	-	-	-	-	-	-	-	-								
	●●●●●●●●		E Coli Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	<= Rate2	94.9	94.9	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	30.28	16.60	-	-	-	-	-	-	-	-								
	●●●●●●●●		MRSA Screening - Elective	=> %	95	95	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	79.1	77.0	79.3	71.7	100.0	0.0	37.5	-	-									
	●●●●●●●●		MRSA Screening - Non Elective	=> %	95	95	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	92.5	92.2	92.5	82.9	87.8	90.7	89.9	90.7	90.3	100.0	-	88.9	-	-								
Harm Free Care	●●●●●●●●		Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95	98.5	95.4	99.3	98.9	98.7	98.4	Indicators suspended nationally - awaiting replacement															97.3	-	-	-	-	-	-	-	-	-	-	-	-	-
	●●●●●●●●		Patient Safety Thermometer - Catheters & UTIs	%	-	-	0.5	0.0	0.4	0.0	0.3	0.1	Indicators suspended nationally - awaiting replacement															0.2	-	-	-	-	-	-	-	-	-	-	-	-	-
	●●●●●●●●		Number of DOLS raised	No	-	-	34	26	36	33	31	28	32	43	45	42	26	43	40	39	50	28	28	52	468	36	12	0	-	4	-	-	-								
	●●●●●●●●		Number of DOLS which are 7 day urgent	No	-	-	34	26	36	33	31	28	32	43	45	42	26	43	40	39	50	28	28	52	468	36	12	0	-	4	-	-	-								
	●●●●●●●●		Number of delays with LA in assessing for standard DOLS application	No	-	-	4	3	7	6	7	0	3	3	4	8	6	6	7	3	7	2	3	6	58	5	1	0	-	0	-	-	-								
	●●●●●●●●		Number DOLs rolled over from previous month	No	-	-	1	1	2	0	5	7	9	8	9	6	3	2	6	8	10	9	11	4	85	3	1	0	-	0	-	-	-								
	●●●●●●●●		Number patients discharged prior to LA assessment targets	No	-	-	22	13	22	18	18	24	30	37	43	35	18	29	25	29	42	23	30	38	379	26	10	0	-	2	-	-	-								
	●●●●●●●●		Number of DOLS applications the LA disagreed with	No	-	-	0	1	0	0	2	1	0	0	0	0	0	0	0	0	2	0	0	0	1	3	1	0	0	-	0	-	-								
	●●●●●●●●		Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	0	0	0	1	0	0	0	0	0	0	0	0	4	0	6	0	0	0	10	0	0	0	-	0	-	-	-								
	●●●●●●●●	Apr 19	Falls	No	-	-	-	71	88	97	84	110	66	67	70	74	81	82	74	99	75	70	71	92	921	63	9	5	-	15	-	-	-								
	●●●●●●●●	Apr 19	Falls - Death or Severe Harm	<= No	0	0	-	2	0	1	1	0	0	1	1	2	1	0	0	0	0	0	1	1	7	1	0	0	0	0	0	0	0								
	●●●●●●●●		Falls Per 1000 Occupied Bed Days	<= Rate1	5	5	-	3.22	3.80	4.19	3.94	5.66	4.33	4.54	4.62	4.58	4.84	4.66	3.76	5.18	3.95	3.38	3.88	5.07	4.37	-	-	-	-	-	-	-	-								
	●●●●●●●●	Apr 19	Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	23	14	32	36	39	32	38	32	19	23	20	25	32	38	45	51	38	30	391	21	5	-	-	4	-	-	-								
	●●●●●●●●	Apr 19	Pressure Ulcers per 1000 Occupied Bed Days	Rate1	-	-	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	1.61	1.81	-	-	-	-	-	-	-	-								
	●●●●●●●●	Apr 19	Pressure Ulcer DN Caseload Acquired - Total	<= No	0	0	31	18	25	25	26	22	20	24	25	41	29	24	22	38	33	36	42	42	376	5	-	-	-	37	-	-	-								
	●●●●●●●●		Pressure Ulcer Present on Admission to SWBH	<= No	0	0	78	95	88	104	117	102	108	100	96	114	112	93	124	112	110	106	110	108	1293	-	-	-	-	-	-	-	-								
	●●●●●●●●		Venous Thromboembolism (VTE) Assessments	=> %	95	95	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	94.2	95.6	95.8	90.3	92.5	100.0	98.8	-	-	-								
	●●●●●●●●	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	100.0	99.8	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	99.6	100.0	100.0	100.0	100.0	100.0	100.0	99.7	100.0	99.5	100.0	100.0	100.0	99.9	99.9	100.0	100.0	-	-	-	-	-	-								
	●●●●●●●●	Apr 19	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	100	100	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	100.0	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	2	1	4	1	0	0	0	0	0	0	-							
	●●●●●●●●		Medication Errors causing serious harm	<= No	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0	-							
	●●●●●●●●		Serious Incidents	<= No	0	0	17	11	7	6	8	0	7	8	12	6	7	9	7	6	4	4	6	7	83	6	1	0	0	0	0	0	0	-							
●●●●●●●●		Open Central Alert System (CAS) Alerts	No	-	-	12	10	12	10	9	8	2	5	3	3	5	6	4	4	4	3	3	3	45	-	-	-	-	-	-	-	-	-								
●●●●●●●●		Open Central Alert System (CAS) Alerts beyond deadline date	<= No	0	0	7	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-	-	-									
		Sepsis - Screened (as % Of Screening Required)	=> %	100	100	-	-	88.5	91.1	90.7	92.8	95.4	94.7	96.2	94.4	94.5	96.1	97.4	97.4	97.5	97.8	97.4	95.0	96.4	94.7	94.7	98.2	100.0	-	81.8	-	-									
		Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	16.2	16.3	17.6	19.6	20.2	21.1	20.8	22.8	22.9	23.5	22.9	26.3	25.8	23.6	27.3	31.8	23.9	33.8	21.9	6.7	-	19.4	-	-	-									
		Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	80.3	77.1	75.7	79.6	82.7	72.1	72.8	82.9	87.9	88.3	89.7	87.8	89.7	87.8	93.0	86.8	85.5	86.0	89.3	100.0	-	100.0	-	-	-									
		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	82.3	74.8	82.6	85.3	100.0	-	42.9	-	-	-									
		Sepsis - Antibiotic Review Within 72 hrs	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-									

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

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

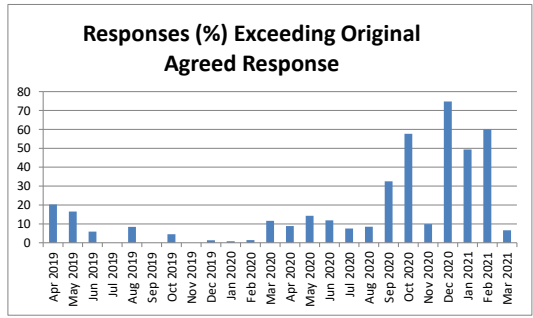
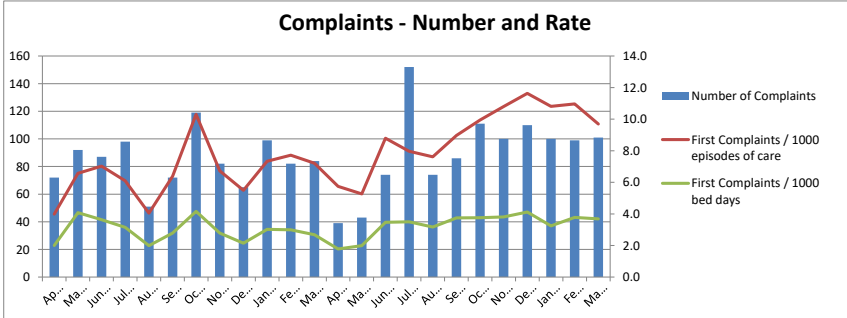
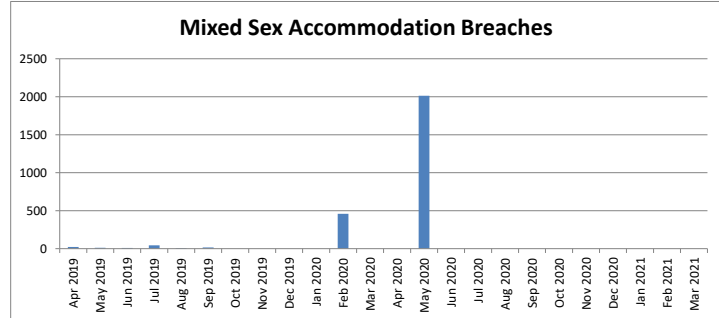


CQC Domain - Caring

	Kitemark	Reviewed Date	Indicator	Measure	Standard		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	Mar 2021	20/21 Year to Date	Group					
					Year	Month																				M	SS	W	I	PCCT	CO
FFT			FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	25	25	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	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	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	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	89	89	89	89	87	89	89	89	88	88	89	90	89	90	91	-	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19		FFT Score - Maternity Antenatal	=> No	95	95	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	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	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	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	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	-	-	-	-	458	-	-	2013	Nationally Suspended - due to COVID19										2013	-	-	-	-	-	-
Complaints	●●●●●●●●		No. of Complaints Received (formal and link)	No	-	-	119	82	65	99	82	84	39	43	74	152	74	86	111	100	110	100	99	101	1089	41	20	13	2	19	6
	●●●●●●●●		No. of Active Complaints in the System (formal and link)	No	-	-	140	114	92	106	142	126	102	109	123	152	139	189	288	374	67	359	378	342	2622	169	73	31	7	46	16
	●●●●●●●●		No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	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	3.68	3.38	2.23	6.17	3.63	-	16.89	-
	●●●●●●●●		No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	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	9.69	9.13	7.11	13.06	6.82	-	31.75	-
	●●●●●●●●		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	82.9	76.1	83.1	10.4	7.6	84.7	82.0	76.4	84.1	100.0	100.0	73.1	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	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	6.5	20.8	2.4	2.7	16.1	0.0	22.5	0.0
	●●●●●●●●		No. of responses sent out	No	-	-	88	105	76	76	70	87	68	35	58	66	86	43	27	33	107	85	80	47	735	14	8	9	3	12	1
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	2	3	4	5	6	7
Timeliness	Audit	Source	Validation	Completeness	Granularity	Assessment of Exec Director
●	●	●	●	●	●	●

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



CQC Domain - Responsive

	Kitemark	Reviewed Date	Indicator	Measure	Standard		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	Mar 2021	2021 Year to Date	Group									
					Year	Month																				M	SS	W	I	PCCT	CO				
Emergency Care			Emergency Care Attendances (Including Mailing)	No	-	-	18445	17868	19330	18477	17367	13392	7163	9828	12215	14065	15099	14548	13833	13235	12762	11887	11307	15251	151193	-	-	-	-	-	-				
	●●●●●●		Emergency Care 4-hour waits	=> %	95	95	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	83.3	81.9	-	-	-	-	-	-				
	●●●●●●		Emergency Care 4-hour breach (numbers)	No	-	-	5215	5199	5375	4819	4416	2768	844	828	1225	1941	2284	2860	2895	2754	2791	3731	2596	2552	27301	-	-	-	-	-	-				
	●●●●●●		Emergency Care Trolley Waits >12 hours	<= No	0	0	2	1	1	0	0	0	1	0	0	0	0	0	0	3	2	3	23	5	0	37	-	-	-	-	-				
	●●●●●●		Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15	185	154	116	121	62	85	74	44	62	194	69	163	149	183	132	238	138	163	-	-	-	-	-	-					
	●●●●●●		Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60	250	263	263	254	232	151	82	82	100	136	153	168	147	165	166	160	174	198	-	-	-	-	-	-					
	●●●●●●		Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5	5	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	7.9	7.8	-	-	-	-	-					
	●●●●●●		Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5	5	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	3.6	3.8	-	-	-	-	-					
	●●●●●●		WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	251	228	279	199	242	380	234	172	77	183	172	161	267	186	245	415	237	268	2617	-	-	-	-	-					
	●●●●●●		WMAS - Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	16	9	12	9	32	42	8	1	0	0	3	9	43	31	49	381	87	85	697	-	-	-	-	-					
●●●●●●		WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02	0.3	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	2.0	1.6	-	-	-	-	-						
●●●●●●		WMAS - Emergency Conveyances (total)	No	-	-	4656	4721	4887	4848	4522	4588	3069	3282	3039	3951	4209	4065	4323	4106	4278	4544	4033	4209	47108	-	-	-	-	-						
Patient Flow	●●●●●●	Apr 19	Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5	2.8	2.9	2.4	2.8	3.0	4.2	1.6	-	-	0.3	0.6	0.1	0.1	0.2	Nationally Suspended Due to COVID19					0.4	-	-	-	-	-				
	●●●●●●		Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	240	20	19	20	16	19	20	28	11	-	-	2	4	1	2	6						-	-	-	-	-	-	-	-	-	
	●●●●●●	Apr 19	Delayed Transfers of Care (Acute) - Finable Bed Days	<= No	0	0	147	163	180	195	340	388	210	32	10	8	0	12	27	43						-	-	-	-	342	-	-	-	-	-
	●●●●●●	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - ALL	No	-	-	867	852	944	989	860	730	501	554	543	604	746	750	935	901						943	1060	805	788	9130	-	-	-	-	-
	●●●●●●	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No	-	-	330	310	383	354	358	347	343	295	277	293	377	312	426	443						386	443	365	402	4362	-	-	-	-	-
	●●●●●●	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units and Clinical Transfers	No	-	-	52	80	66	71	64	95	80	47	39	25	40	52	79	118						75	122	89	74	840	-	-	-	-	-
Cancellations	●●●●●●		Hip Fractures Best Practice Tariff (Operation < 36 hours of admissions)	=> %	85	85	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	87.0	78.7	-	-	87.0	-	-					
	●●●●●●		No. of Sitrep Declared Late Cancellations - Total	<= No	240	20	63	59	65	56	60	35	1	9	18	21	17	36	40	28	27	10	12	23	242	1	11	4	-	7					
	●●●●●●		No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	40	30	41	29	17	16	1	1	5	9	11	17	21	13	12	9	7	15	121	0	7	1	-	7					
	●●●●●●		No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	23	29	24	27	43	19	0	8	13	12	6	19	19	14	15	1	5	8	120	1	4	3	-	0					
	●●●●●●		Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	<= %	0.8	0.8	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	1.0	0.1	1.5	1.4	-	1.4					
	●●●●●●		Number of 28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	4	0	0	0	4	5	4	6	3	0	26	0	0	0	-	0					
	●●●●●●		No. of second or subsequent urgent operations cancelled	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	2	0	1	1	2	4	0	0	0	1	0	1	1	1	1	1	0	1	0	6	0	0	0	-	0				
	●●●●●●		Multiple Hospital Cancellations experienced by same patient (all cancellations)	<= No	0	0	103	92	65	73	124	344	19	20	42	46	49	74	107	128	42	50	18	29	624	3	26	0	-	-					
●●●●●●		All Hospital Cancellations, with 7 or less days notice	<= No	0	0	370	376	358	347	584	890	63	58	133	138	202	220	320	409	174	253	113	129	2212	29	89	11	-	-						
Cancer	●●●●●●	Apr 19	2 weeks	=> %	93	93	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	73.6	-	88.8	88.5	70.6	98.1	-	31.3					
	●●●●●●	Apr 19	2 weeks (Breast Symptomatic)	=> %	93	93	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	29.0	-	72.3	-	29.0	-	-	-					
	●●●●●●	Apr 19	31 Day (diagnosis to treatment)	=> %	96	96	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	85.7	-	91.9	100.0	89.2	64.7	-	60.0					
	●●●●●●	Apr 19	31 Day (second/subsequent treatment - surgery)	=> %	94	94	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	90.0	-	87.5	-	-	-	-	-					
	●●●●●●	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	-	-	-	-	-					
	●●●●●●	Apr 19	62 Day (urgent GP referral to treatment) Excl Rare Cancers	=> %	85	85	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	61.1	-	69.9	84.2	65.4	22.2	-	50.0					
	●●●●●●		62 Day (urgent GP referral to treatment) - Inc Rare Cancers	=> %	85	85	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	61.7	-	70.5	85.7	65.4	22.2	-	50.0					
	●●●●●●	Apr 19	62 Day (referral to treat from screening)	=> %	90	90	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	92.6	-	86.8	-	92.0	100.0	-	-					
	●●●●●●	Apr 19	62 Day (referral to treat from hosp specialist)	=> %	90	90	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	82.0	87.2	82.2	-	82.5	71.4	95.2	66.7	-	-					
	●●●●●●		Cancer - Patients Waiting Over 62 days for treatment	No	-	-	11	6	12	12	9	9	-	17	19	13	11	20	16	20	16	26	25	-	180	2	14	7	-	2					
	●●●●●●		Cancer - Patients Waiting Over 104 days for treatment	No	-	-	3	5	6	7	4	2	-	4	10	8	3	8	4	10	6	5	9	-	64	1	7	1	-	0					
	●●●●●●		Cancer - Longest wait for treatment (days) - TRUST	No	-	-	171	149	148	169	217	121	-	171	177	138	136	207	117	119	118	143	144	-	-	-	-	-	-	-					
	●●●●●●	Apr 19	Neutropenia Sepsis - Door to Needle Time > 1hr	<= No	0	0	6	9	15	7	11	5	4	3	2	1	1	2	3	5	3	3	5	3	35	3	0	0	-	0					
	●●●●●●		IPT Referrals - Within 38 Days Of GP Referral for 62 day cancer pathway	%	-	-	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	45.0	-	56.8	-	-	-	-	-					
		Cancer - 28 Day FDS TWW Referral (% of Informed) - Total	%	-	-	-	-	-	85.2	97.8	96.7	84.6	96.5	94.7	99.8	76.2	70.3	76.4	77.6	77.9	89.2	92.8	-	82.9	-	-	-	-	-						
		Cancer - 28 day FDS TWW breast symptomatic (% of Informed)																																	

		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	32.2	-	42.5	-	-	-	-	-	-		
		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	148.1	-	74.2	-	-	-	-	-	-		
		Cancer - 28 day FDS screening referral (% of Eligible) - Total	%	-	-	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
RTT	●●●●●●●●	Apr 19	RTT - Admitted Care (18-weeks)	=> %	90	90	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	82.1	70.8	91.6	75.2	76.0	-	81.2	-	
	●●●●●●●●	Apr 19	RTT - Non Admitted Care (18-weeks)	=> %	95	95	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	84.4	83.1	78.7	86.4	79.8	-	63.1	-	
	●●●●●●●●	Apr 19	RTT - Incomplete Pathway (18-weeks)	=> %	92	92	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	73.2	70.4	80.6	64.8	78.6	-	54.2	-	
	●●●●●●●●	Apr 19	RTT Waiting List - Incomplete	No	-	-	39898	38360	38416	39374	39364	38603	34989	34058	34436	35421	36056	35684	36566	38639	39800	46587	48933	50178	478205	5247	24092	2229	-	3477	0	
	●●●●●●●●	Apr 19	RTT - Backlog	No	-	-	3360	3475	3433	3645	3781	4646	6823	9964	14405	16470	14061	11523	10067	9734	9978	10809	12460	13460	141393	1016	8485	477	-	1592	0	
	●●●●●●●●	Apr 19	Patients Waiting >52 weeks (All Pathways)	<= No	0	0	0	1	0	1	0	1	7	35	99	196	281	464	620	775	1008	1437	0	2858	7780	70	2087	33	0	296	0	
	●●●●●●●●	Apr 19	Patients Waiting >52 weeks (Incomplete)	<= No	0	0	0	0	0	0	0	7	32	93	177	252	376	482	641	755	1301	2130	2584	8830	33	1977	27	0	236	0		
	●●●●●●●●		Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	<= No	0	0	26	32	29	28	28	32	30	32	41	41	42	40	42	43	39	37	35	35	-	7	18	3	-	4	0	
	●●●●●●●●		Treatment Functions Underperforming (Incomplete)	<= No	0	0	5	7	7	5	6	10	14	15	16	16	16	14	15	14	14	14	15	14	13	-	3	7	1	-	1	0
			RTT Clearance Time (Wks)	Ratio	-	-	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	15.3	14.2	16.0	15.5	13.3	-	22.6	-	
DM01	●●●●●●●●	Apr 19	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1	1	1.1	0.2	0.7	0.1	0.0	8.8	60.2	63.6	53.6	47.8	40.2	32.2	24.0	16.7	15.5	19.4	13.9	11.4	35.0	9.8	35.3	-	6.8	-		
	●●●●●●●●	Apr 19	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	457	359	338	1028	499	1140	78	281	232	525	974	1270	1263	1783	1157	1705	1176	1351	11795	34	63	-	1253	-		

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.

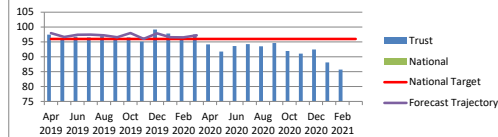
2-week wait from Referral to Date First Seen



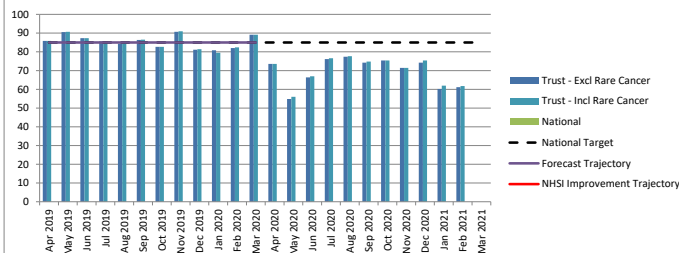
2-week wait from Breast Symptomatic Patients



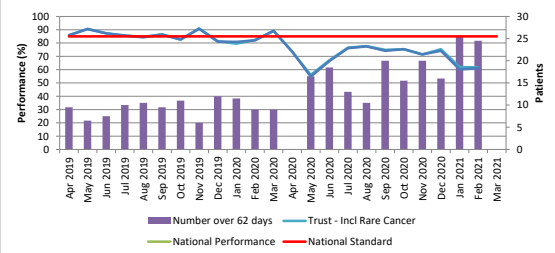
31-day Diagnosis to First Treatment



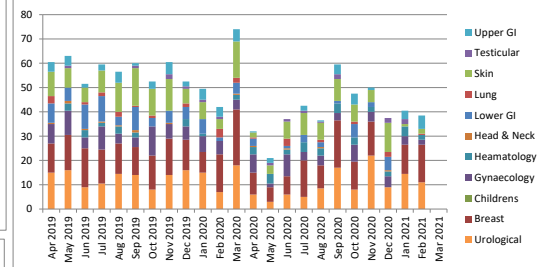
62-day Urgent GP Referral to First Treatment



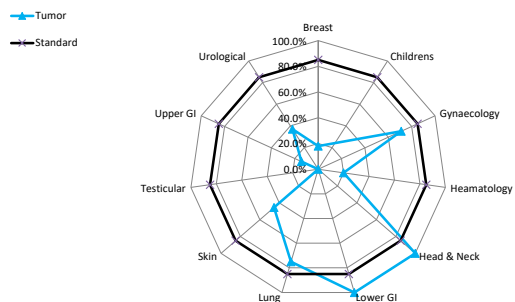
62-day Urgent GP Referral to First Treatment



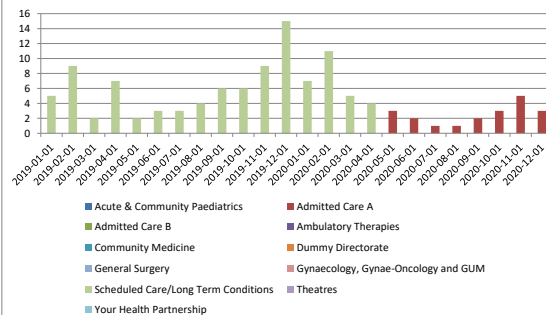
62-day Urgent GP Referral to First Treatment Breach- By Tumour Site



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

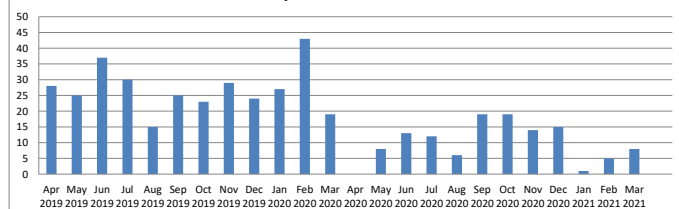


Neutropenia Sepsis Door to Needle Time Greater Than 1 Hour

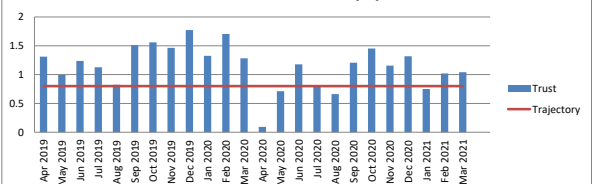


Month	Indicator	Tumour Site	Referred in 28 Days	Eligible	% of Referred	% of Eligible
Feb 2021	Cancer - 28 Day FDS TWW Referral	Breast	166	305	94.86	54.43
Feb 2021	Cancer - 28 Day FDS TWW Referral	Colorectal	20	312	100	6.41
Feb 2021	Cancer - 28 Day FDS TWW Referral	Gynaecology	140	188	100	74.47
Feb 2021	Cancer - 28 Day FDS TWW Referral	Haematology	2	41	66.67	4.878
Feb 2021	Cancer - 28 Day FDS TWW Referral	Head & Neck	6	109	100	5.505
Feb 2021	Cancer - 28 Day FDS TWW Referral	Lung	3	38	100	7.895
Feb 2021	Cancer - 28 Day FDS TWW Referral	Skin	30	162	61.22	18.52
Feb 2021	Cancer - 28 Day FDS TWW Referral	Upper GI	98	200	95.15	49
Feb 2021	Cancer - 28 Day FDS TWW Referral	Urology	26	172	86.67	15.32
Feb 2021	28 day FDS TWW Breast Symptomatic	Breast	117	79	95.12	148.1
Feb 2021	Cancer - 28 day FDS screening referral	Breast	0	0	0	0
Feb 2021	Cancer - 28 day FDS screening referral	Colorectal	0	0	0	0
Feb 2021	Cancer - 28 day FDS screening referral	Gynaecology	0	0	0	0

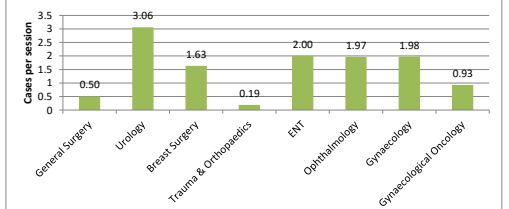
SitRep Late Cancellations

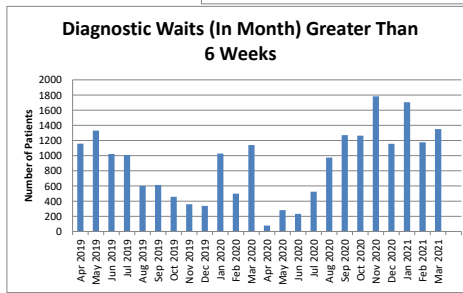
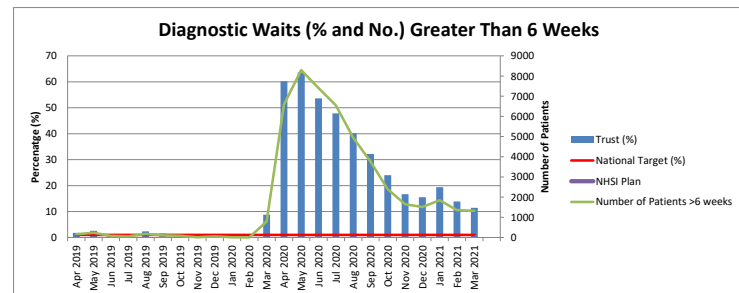
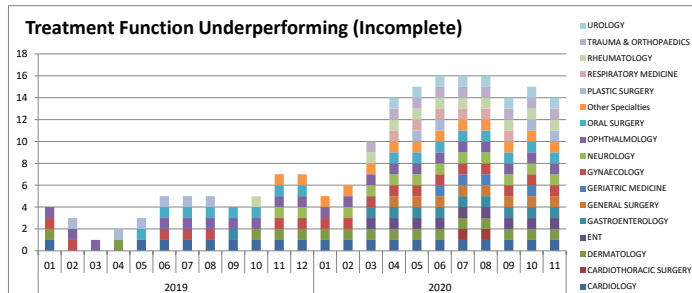
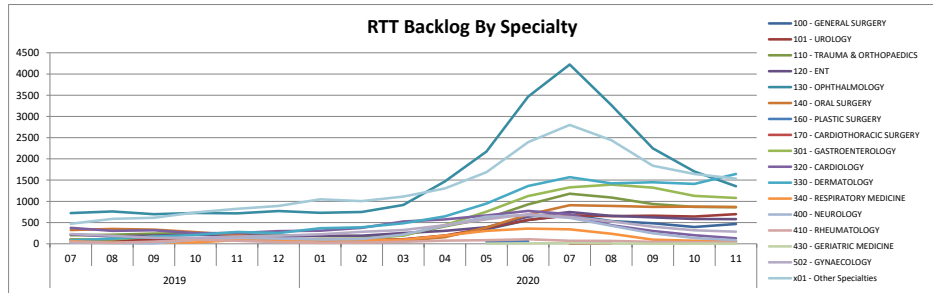
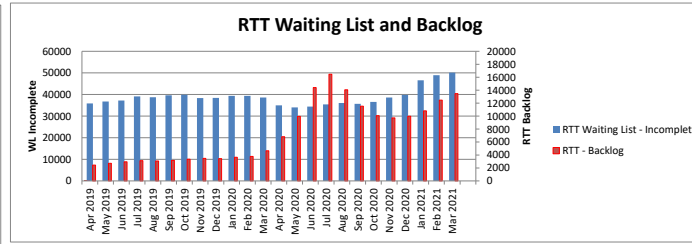
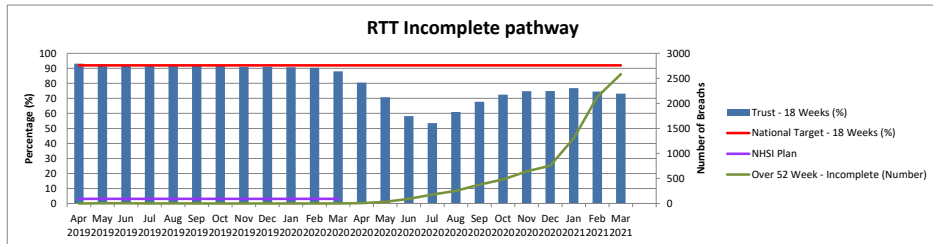
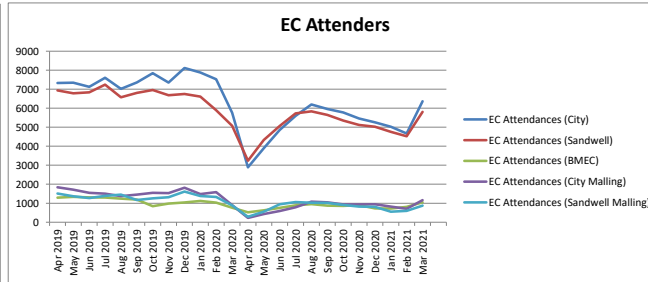
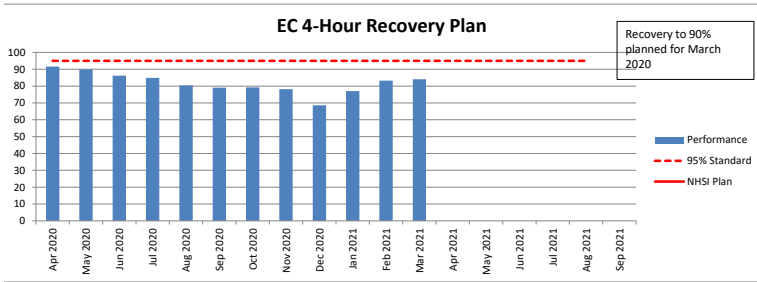
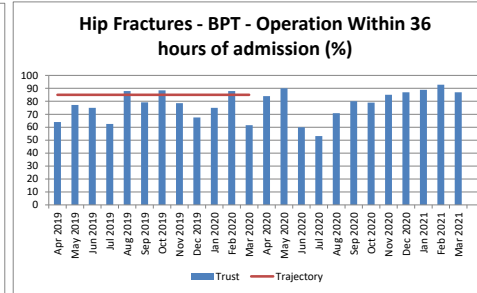
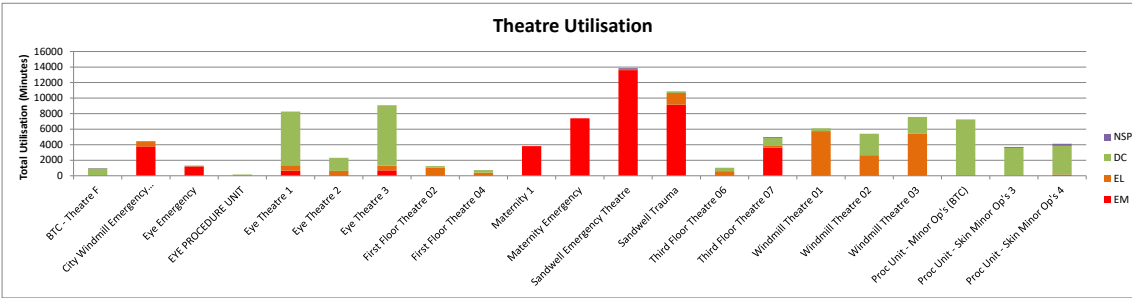


Elective Admissions Cancelled at Last Minute for Non-Clinical Reasons (%)



Cases Per Session (Operating Theatres)



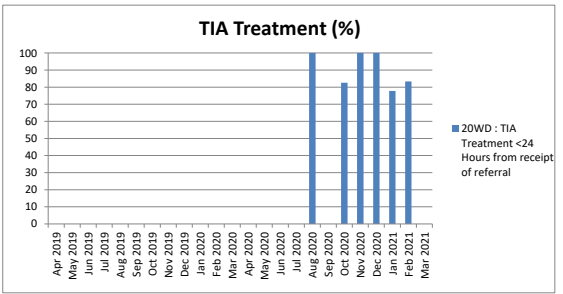
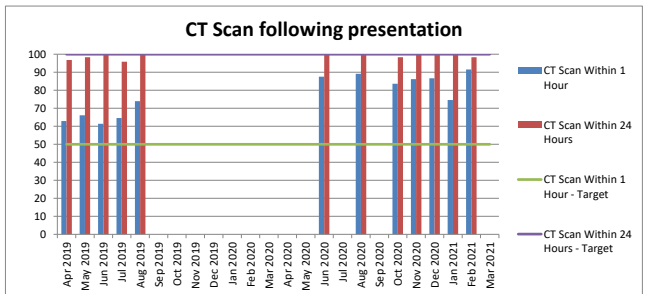
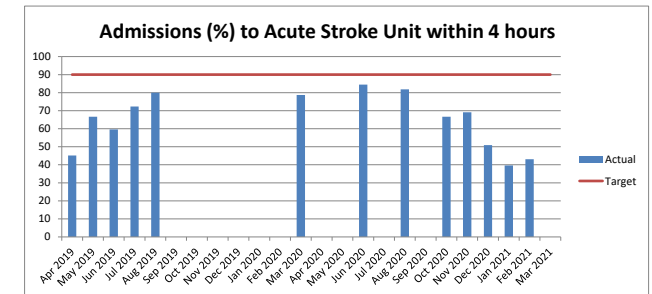
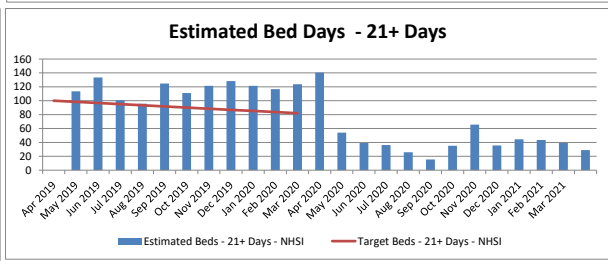
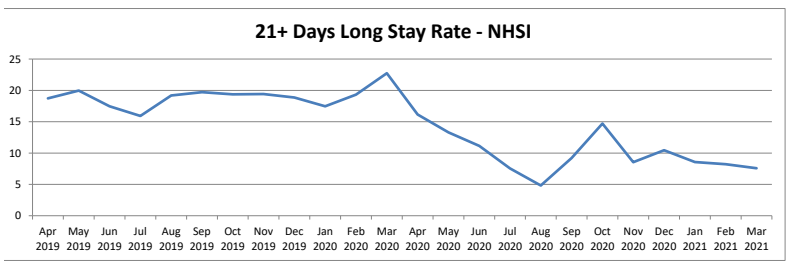
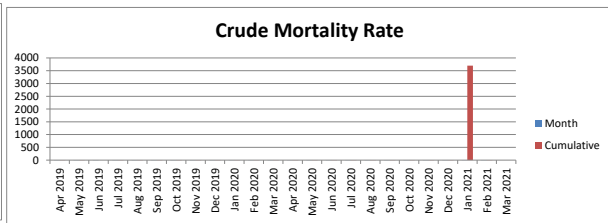
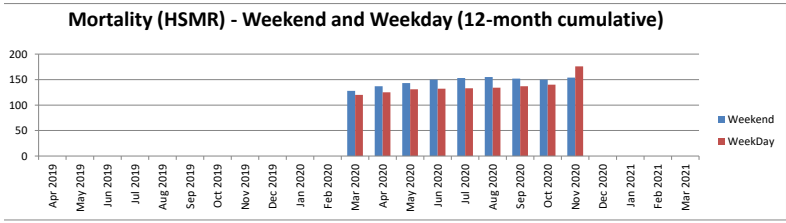
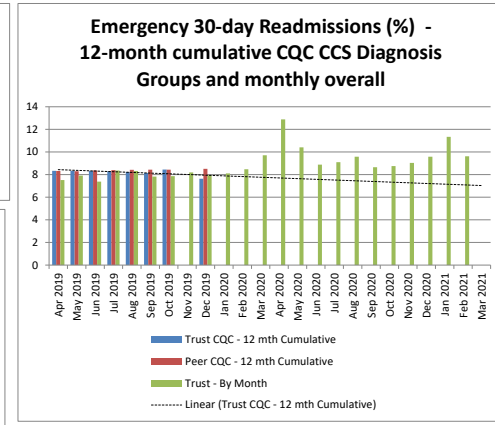
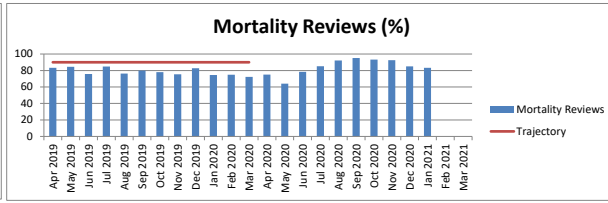
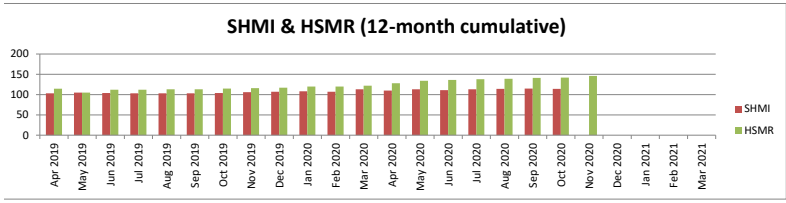


CQC Domain - Effective

	Kitemark	Reviewed Date	Indicator	Measure	Standard		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	Mar 2021	2021 Year to Date	Group									
					Year	Month																				M	SS	W	I	PCCT	CO				
Mortality and Readmissions	●●●●●●		Risk Adjusted Mortality Index (RAMI) - Overall (12-month cumulative)	No	-	-	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	-	-	87	106	106	107	All RAMI indicators are no longer utilised in the Trust												-	-	-	-	-	-	-	-	-	-	-	-	-
	●●●●●●		Risk Adjusted Mortality Index (RAMI) - Weekend Admission (12-month cumulative)	No	-	-	109	112	112	114	All RAMI indicators are no longer utilised in the Trust												-	-	-	-	-	-	-	-	-	-	-	-	-
	●●●●●●		Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	No	-	-	115	116	117	120	120	122	128	134	136	138	139	141	142	146	-	-	-	-	-	-	-	-	-	-					
			Hospital Standardised Mortality Rate (HSMR) - Weekday Admission (12-month cumulative)	No	-	-	-	-	-	-	-	120	125	131	132	133	134	137	140	176	-	-	-	-	-	-	-	-	-	-					
			Hospital Standardised Mortality Rate (HSMR) - Weekend Admission (12-month cumulative)	No	-	-	-	-	-	-	-	128	137	143	150	153	155	152	150	154	-	-	-	-	-	-	-	-	-	-					
	●●●●●●		Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	No	-	-	104	106	107	108	107	113	110	113	111	113	114	115	114	-	-	-	-	-	-	-	-	-	-	-					
	●●●●●●		Deaths in Low Risk Diagnosis Groups (RAMI) - month	No	-	-	152	97	121	71	All RAMI indicators are no longer utilised in the Trust												-	-	-	-	-	-	-	-	-	-	-	-	
	●●●●●●		Mortality Reviews within 42 working days	=> %	90	90	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	-	-	-	83.2	83.6	76.0	100.0	-	100.0	-			
	●●●●●●		Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%	-	-	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	4.3	-	-	3.0	-	-	-	-	-	-			
	●●●●●●		Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%	-	-	1.3	1.3	1.3	1.4	1.4	1.5	1.7	1.9	1.9	2.0	2.0	2.0	2.1	2.2	2.3	2.7	2.9	-	-	10.9	-	-	-	-	-	-			
	●●●●●●		Deaths in The Trust	No	-	-	133	136	139	162	125	-	334	150	125	103	102	108	148	212	178	342	247	-	-	2049	200	10	0	0	37	0			
			Avoidable Deaths In the Trust	No	-	-	1	0	1	0	0	0	0	0	0	0	1	0	0	0	2	0	1	-	-	4	-	-	-	-	-	-			
	●●●●●●	Apr 19		Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	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	-	9.6	12.5	6.5	7.0	-	2.5	-			
	●●●●●●	Apr 19		Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	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	9.6	-	8.9	13.4	5.5	8.0	6.6	2.8	-			
●●●●●●	Apr 19		Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	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	5.1	-	4.7	6.4	4.0	5.6	-	0.2	-				
●●●●●●	Apr 19		Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	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	4.6	-	3.7	5.9	3.1	6.3	-	0.1	-				
Patient Flow	●●●●●●	Apr 19	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	159	148	156	154	173	161	66	57	56	53	55	72	77	80	82	90	76	83	-	67	4	2	1	7	-				
	●●●●●●		21+ Days Long Stay Rate - NHSI	%	-	-	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	19.8	-	19.5	9.0	2.4	0.0	-	0.0	-			
	●●●●●●		Estimated Beds - 21+ Days - NHSI	No	-	-	122	128	121	117	124	140	54	39	36	26	15	35	66	36	49	87	55	107	-	-	27	1	0	-	13	-			
RTT	●●●●●●	Apr 19	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	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	61.2	-	60.3	70.0	67.0	35.1	-	54.9	-			
	●●●●●●	Apr 19	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	4512	4735	4029	4571	6313	4983	5886	3715	4644	5122	4706	5064	5407	5541	6485	11931	6091	5572	-	70164	1642	2732	487	0	707	-			
	●●●●●●	Apr 19	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	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	86.4	-	74.4	91.7	82.7	94.2	97.7	86.1	-			
	●●●●●●	Apr 19	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	2313	2388	2087	2242	2207	2155	549	547	898	1435	1625	1938	2069	1833	1617	1014	944	1210	-	15679	133	624	194	42	217	-			
Stroke			SWD: Pts spending >90% stay on Acute Stroke Unit	=> %	90	90	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	81.5	-	85.7	81.5	-	-	-	-				
			SWD: Pts admitted to Acute Stroke Unit within 4 hrs	=> %	80	80	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	50.0	-	64.8	50.0	-	-	-	-	-			
			SWD: Pts receiving CT Scan within 1 hr of presentation	=> %	50	50	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	87.5	-	86.0	87.5	-	-	-	-	-			
			SWD: Pts receiving CT Scan within 24 hrs of presentation	=> %	95	95	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	100.0	-	99.4	100.0	-	-	-	-	-			
			SWD: Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85	85	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	75.0	-	75.4	75.0	-	-	-	-	-			
			SWD: TIA (High Risk) Treatment <24 Hours from receipt of referral	=> %	70	70	65.4	88.2	80.0	65.2	83.3	80.0	82.6	-	85.7	100.0	Indicators no longer used for High/Low risk classification; replaced with one indicator measuring TIA Treatment within 24hrs										86.8	100.0	-	-	-	-	-		
			SWD: TIA (Low Risk) Treatment <7 days from receipt of referral	=> %	75	75	88.0	61.1	61.9	61.1	76.2	67.6	25.0	-	96.2	96.2	Indicators no longer used for High/Low risk classification; replaced with one indicator measuring TIA Treatment within 24hrs										93.1	96.2	-	-	-	-	-		
			SWD : TIA Treatment <24 Hours from receipt of referral	%	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0	87.2	82.6	88.9	100.0	77.8	72.2	80.0	-	86.2	80.0	-	-	-	-			
	●●●●●●		Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80	80	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	90.9	-	91.5	90.9	-	-	-	-	-			
	●●●●●●		Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80	80	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	90.9	-	85.2	90.9	-	-	-	-	-			
●●●●●●		Rapid Access Chest Pain - seen within 14 days	=> %	98	98	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	100.0	-	-	-	-				

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

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



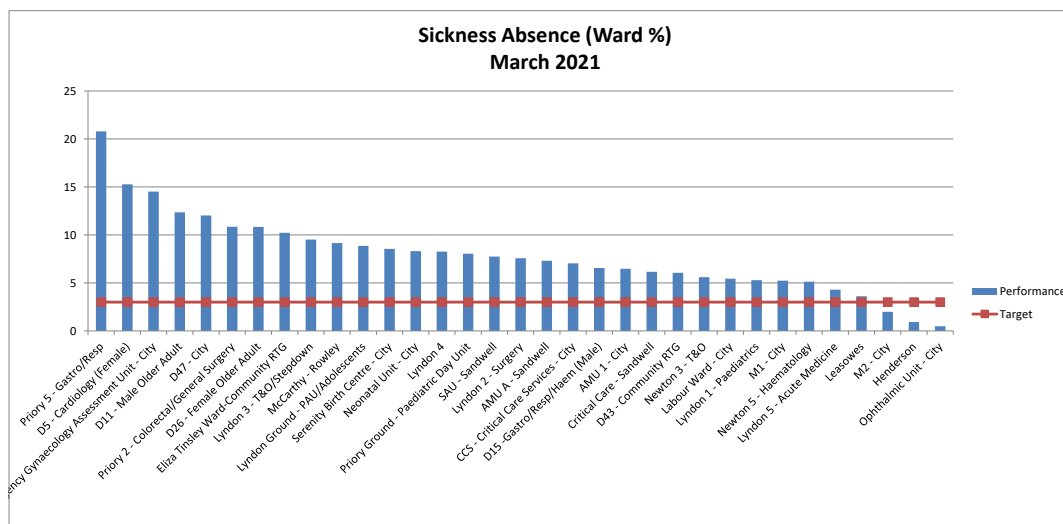
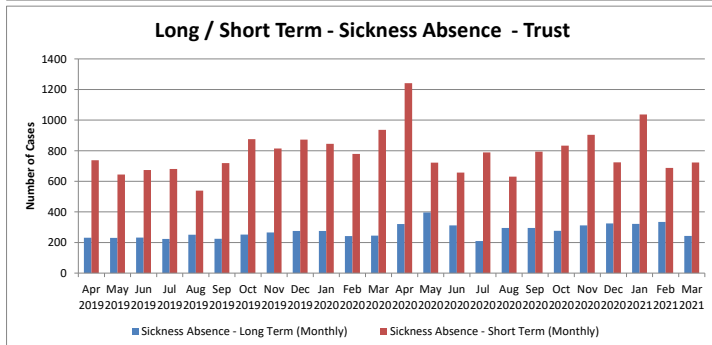
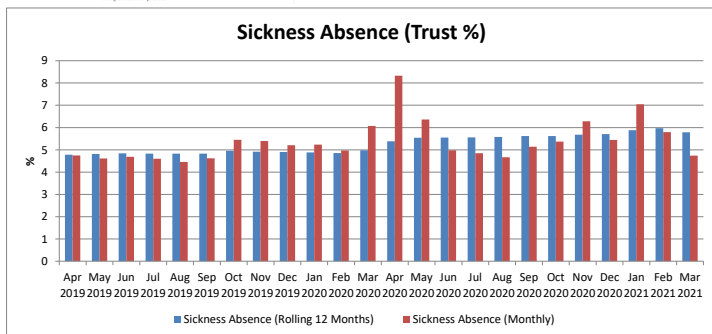
The stroke indicators in the IPR are based on 'patient arrivals' not 'patient discharged' as this monitors pathway performance rather than actual outcomes which may / may not change on discharge. National SSNAP is based on 'patient discharge' which is more appropriate for outcomes based reporting.

CQC Domain - Well Led

Kitemark	Reviewed Date	Indicator	Measure	Standard		2020												2021 Year to Date	Group											
				Year	Month	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	Mar 2021	M	SS	W	I	PCCT	CO
				●●●●●●●●		PDRs - 12 month rolling	=> %	95	95	78.9	-	-	-	-	-	-	-		-	-	-	91.4	-	-	-	-	-	-	91.4	87.8
●●●●●●●●		Medical Appraisal	=> %	90	90	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	88.7	-	96.8	88.1	87.1	88.5	93.3	94.1	100.0
●●●●●●●●	Apr 19	Sickness Absence (Rolling 12 Months)	<= %	3.0	3.0	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	5.8	5.7	7.0	6.5	5.8	4.6	5.0	4.9
●●●●●●●●	Apr 19	Sickness Absence (Monthly)	<= %	3.0	3.0	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	4.7	5.7	5.8	6.2	4.4	4.5	4.0	3.2
		Sickness Absence - Long Term - (Open Cases in the month)	No	-	140	156	169	187	153	114	152	156	228	160	145	162	148	161	175	174	167	195	162	-	48	41	19	7	23	24
●●●●●●●●	Apr 19	Sickness Absence - Short Term (Monthly)	No	-	-	875	814	872	845	779	936	1241	722	657	789	630	794	833	904	724	1037	688	723	-	202	180	77	35	116	90
		Ward Sickness Absence (Monthly)	<= %	3.0	3.0	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	7.4	8.5	8.2	7.7	6.1	-	6.7	-
●●●●●●●●		Mandatory Training - Health & Safety (% staff)	=> %	95	95	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	96.8	97.4	95.2	96.6	97.5	98.2	98.2	96.6
		Staff at 100% compliance with mandatory training	%	-	-	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	73.1	80.0	57.0	69.0	77.7	82.6	83.4	79.1
		Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	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	15.2	12.3	21.6	17.6	12.2	10.6	11.3	13.0
		Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	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	6.1	4.0	9.7	6.0	5.9	3.4	3.4	5.6
		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	5.5	3.7	11.7	7.3	4.1	3.4	1.9	2.3
●●●●●●●●	Apr 19	Nursing Turnover (Qualified Only)	<= %	10.7	10.7	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	11.5	12.4	-	-	-	-	-	-
●●●●●●●●	Apr 19	Nursing Vacancy Rate (Qualified)	<= %	11	11	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	13.4	13.5	13.7	14.0	16.1	24.6	9.6	5.2
	Apr 19	New Starters Complete Onboarding Process	=> %	100	100	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	70.2	81.2	73.3	43.8	62.5	-	100.0	-

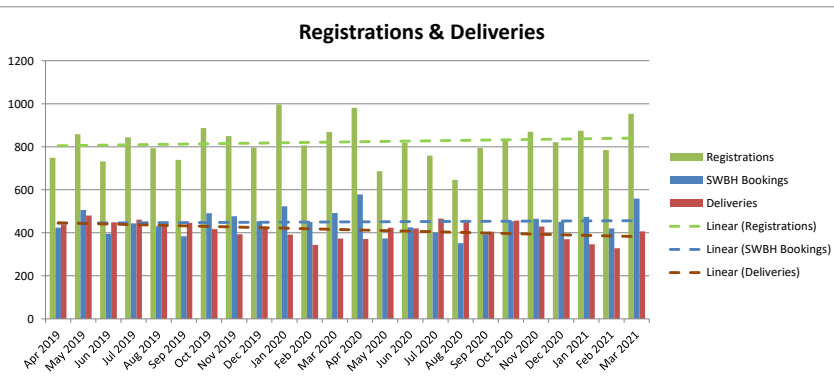
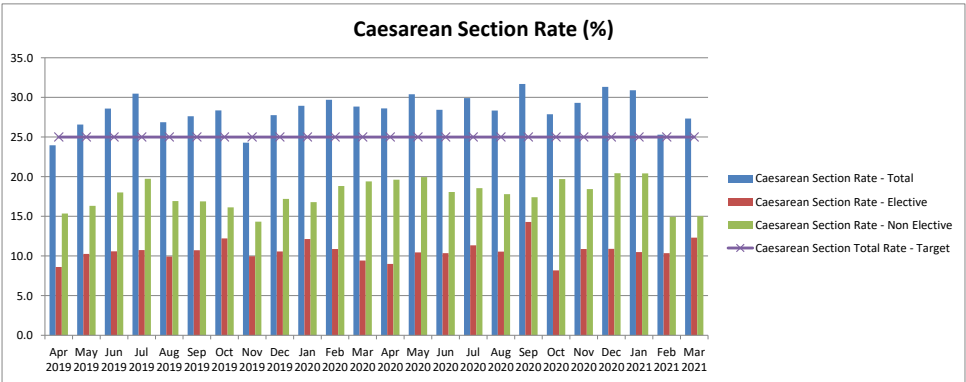
Data Quality - Kitemark						
1	2	3	4	5	6	7
Timeliness	Audit	Source	Validation	Completeness	Granularity	Assessment of Exec Director
●	●	●	●	●	●	●

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



Patient Safety - Obstetrics

Data Quality	Last review	PAF	Indicator	Measure	Trajectory		Previous Months Trend (since Oct 2019)													Data Period	Month	Year To Date	Trend					
					2016-2017 Year	2017 Month	O	N	D	J	F	M	A	M	J	J	A	S	O					N	D	J	F	M
			Caesarean Section Rate - Total	<= %	25.0	25.0		Mar 2021	27.3	29.1																		
			Caesarean Section Rate - Elective	<= %			12	10	11	12	11	9	9	10	10	11	11	14	8	11	11	10	10	12	Mar 2021	12.3	10.8	
			Caesarean Section Rate - Non Elective	<= %			16	14	17	17	19	19	20	20	18	19	18	17	20	18	20	20	15	15	Mar 2021	15.0	18.4	
			Maternal Deaths	<= No	0	0		Mar 2021	0	3																		
			Post Partum Haemorrhage (>2000ml)	<= No	48	4		Mar 2021	3	42																		
			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0		Mar 2021	0.49	5.32																		
			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0		Mar 2021	13.73	9.77																		
	Apr-19		Stillbirth Rate (Corrected) (per 1000 babies)	Rate1			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	9.83	Mar 2021	9.83	7.16	
	Apr-19		Neonatal Death Rate (Corrected) (per 1000 babies)	Rate1			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	4.91	Mar 2021	4.91	2.87	
			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	85.0	85.0		Mar 2021	92.9	92.8																		
			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0		Mar 2021	173.2	149.6																		
			Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0		Mar 2021	83.71	83.32																		
	Apr-19		Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %			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	0.4	Mar 2021	0.36	1.16	
	Apr-19		Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%)	<= %			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	0.4	Mar 2021	0.36	0.90	
	Apr-19		Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%)	<= %			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	Mar 2021	0.00	0.32	



Data Completeness

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

Previous Months Trend (since Oct 2019)												
O	N	D	J	F	M	A	M	J	J	A	S	O
●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	●	●
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	99.5	-	-	-	-	-	-	-	-	-
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
99.9	99.7	99.8	-	-	-	-	-	-	-	-	-	-
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	95.8	-	-	-	-	-	-	-	-	-
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	-	-	-	-	-	-	-	-	-
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	-	-	-	-	-	-	-	-	-
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	-	-	-	-	-	-	-	-	-
100.0	100.0	100.0	100.0	-	100.0	99.9	100.0	100.0	99.9	100.0	100.0	99.9
99.9	99.9	100.0	-	-	-	-	-	-	-	-	-	-
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	-	-	-	-	-	-	-	-	-
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	-	-	-	-	-	-	-	-	-
23,930,037	23,930,037	23,930,037	23,930,037	-	-	-	-	-	-	-	-	-
21,930,037	21,930,037	21,930,037	21,930,037	-	-	-	-	-	-	-	-	-
206,550	206,550	206,550	206,550	-	-	-	-	-	-	-	-	-
206,748	206,748	206,748	206,748	-	-	-	-	-	-	-	-	-
209,022	209,022	209,022	209,022	-	-	-	-	-	-	-	-	-
211,836	211,836	211,836	211,836	-	-	-	-	-	-	-	-	-
213,760	213,760	213,760	213,760	-	-	-	-	-	-	-	-	-
215,688	215,688	215,688	215,688	-	-	-	-	-	-	-	-	-
218,431	218,431	218,431	218,431	-	-	-	-	-	-	-	-	-
220,048	220,048	220,048	220,048	-	-	-	-	-	-	-	-	-
228,246	228,246	228,246	228,246	-	-	-	-	-	-	-	-	-
231,630	231,630	231,630	231,630	-	-	-	-	-	-	-	-	-
234,637	234,637	234,637	234,637	-	-	-	-	-	-	-	-	-
244,637	244,637	244,637	244,637	-	-	-	-	-	-	-	-	-
254,637	254,637	254,637	254,637	-	-	-	-	-	-	-	-	-
261,630	261,630	261,630	261,630	-	-	-	-	-	-	-	-	-
268,246	268,246	268,246	268,246	-	-	-	-	-	-	-	-	-
275,529	275,529	275,529	275,529	-	-	-	-	-	-	-	-	-
281,194	281,194	281,194	281,194	-	-	-	-	-	-	-	-	-
287,500	287,500	287,500	287,500	-	-	-	-	-	-	-	-	-
296,550	296,550	296,550	296,550	-	-	-	-	-	-	-	-	-
306,748	306,748	306,748	306,748	-	-	-	-	-	-	-	-	-
316,022	316,022	316,022	316,022	-	-	-	-	-	-	-	-	-
321,836	321,836	321,836	321,836	-	-	-	-	-	-	-	-	-
323,760	323,760	323,760	323,760	-	-	-	-	-	-	-	-	-
325,688	325,688	325,688	325,688	-	-	-	-	-	-	-	-	-
328,431	328,431	328,431	328,431	-	-	-	-	-	-	-	-	-
330,864	330,864	330,864	330,864	-	-	-	-	-	-	-	-	-
333,881	333,881	333,881	333,881	-	-	-	-	-	-	-	-	-
336,899	336,899	336,899	336,899	-	-	-	-	-	-	-	-	-
340,917	340,917	340,917	340,917	-	-	-	-	-	-	-	-	-
344,935	344,935	344,935	344,935	-	-	-	-	-	-	-	-	-
349,953	349,953	349,953	349,953	-	-	-	-	-	-	-	-	-
354,971	354,971	354,971	354,971	-	-	-	-	-	-	-	-	-
359,989	359,989	359,989	359,989	-	-	-	-	-	-	-	-	-
364,007	364,007	364,007	364,007	-	-	-	-	-	-	-	-	-
369,025	369,025	369,025	369,025	-	-	-	-	-	-	-	-	-
374,043	374,043	374,043	374,043	-	-	-	-	-	-	-	-	-
379,061	379,061	379,061	379,061	-	-	-	-	-	-	-	-	-
384,079	384,079	384,079	384,079	-	-	-	-	-	-	-	-	-
389,097	389,097	389,097	389,097	-	-	-	-	-	-	-	-	-
394,115	394,115	394,115	394,115	-	-	-	-	-	-	-	-	-
399,133	399,133	399,133	399,133	-	-	-	-	-	-	-	-	-
404,151	404,151	404,151	404,151	-	-	-	-	-	-	-	-	-
409,169	409,169	409,169	409,169	-	-	-	-	-	-	-	-	-
414,187	414,187	414,187	414,187	-	-	-	-	-	-	-	-	-
419,205	419,205	419,205	419,205	-	-	-	-	-	-	-	-	-
424,223	424,223	424,223	424,223	-	-	-	-	-	-	-	-	-
429,241	429,241	429,241	429,241	-	-	-	-	-	-	-	-	-
434,259	434,259	434,259	434,259	-	-	-	-	-	-	-	-	-
439,277	439,277	439,277	439,277	-	-	-	-	-	-	-	-	-
444,295	444,295	444,295	444,295	-	-	-	-	-	-	-	-	-
449,313	449,313	449,313	449,313	-	-	-	-	-	-	-	-	-
454,331	454,331	454,331	454,331	-	-	-	-	-	-	-	-	-
459,349	459,349	459,349	459,349	-	-	-	-	-	-	-	-	-
464,367	464,367	464,367	464,367	-	-	-	-	-	-	-	-	-
469,385	469,385	469,385	469,385	-	-	-	-	-	-	-	-	-
474,403	474,403	474,403	474,403	-	-	-	-	-	-	-	-	-
479,421	479,421	479,421	479,421	-	-	-	-	-	-	-	-	-
484,439	484,439	484,439	484,439	-	-	-	-	-	-	-	-	-
489,457	489,457	489,457	489,457	-	-	-	-	-	-	-	-	-
494,475	494,475	494,475	494,475	-	-	-	-	-	-	-	-	-
499,493	499,493	499,493	499,493	-	-	-	-	-	-	-	-	-
504,511	504,511	504,511	504,511	-	-	-	-	-	-	-	-	-
509,529	509,529	509,529	509,529	-	-	-	-	-	-	-	-	-
514,547	514,547	514,547	514,547	-	-	-	-	-	-	-	-	-
519,565	519,565	519,565	519,565	-	-	-	-	-	-	-	-	-
524,583	524,583	524,583	524,583	-	-	-	-	-	-	-	-	-
529,601	529,601	529,601	529,601	-	-	-	-	-	-	-	-	-
534,619	534,619	534,619	534,619	-	-	-	-	-	-	-	-	-
539,637	539,637	539,637	539,637	-	-	-	-	-	-	-	-	-
544,655	544,655	544,655	544,655	-	-	-	-	-	-	-	-	-
549,673	549,673	549,673	549,673	-	-	-	-	-	-	-	-	-
554,691	554,691	554,691	554,691	-	-	-	-	-	-	-	-	-
559,709	559,709	559,709	559,709	-	-	-	-	-	-	-	-	-
564,727	564,727	564,727	564,727	-	-	-	-	-	-	-	-	-
569,745	569,745	569,745	569,745	-	-	-	-	-	-	-	-	-
574,763	574,763	574,763	574,763	-	-	-	-	-	-	-	-	-
579,781	579,781	579,781	579,781	-	-	-	-	-	-	-	-	-
584,799	584,799	584,799	584,799	-	-	-	-	-	-	-	-	-
589,817	589,817	589,817	589,817	-	-	-	-	-	-	-	-	-
594,835	594,835	594,835	594,835	-	-	-	-	-	-	-	-	-
599,853	599,853	599,853	599,853	-	-	-	-	-	-	-	-	-
604,871	604,871	604,871										

Local Quality Indicators - 2019/2020

Data Quality	Last review	PAF	Indicator	Measure	Trajectory	
					Year	Month
			Safeguarding Adults Advanced Training	=> %	85	85
			Safeguarding Adults Basic Training	=> %	85	85
			Safeguarding Children Level 1 Training	=> %	85	85
			Safeguarding Children Level 2 Training	=> %	85	85
			Safeguarding Children Level 3 Training	=> %	85	85
			WHO Safer Surgery - Audit - brief and debrief (% lists where complete) - SQPR	=> %	100	100
			Morning Discharges (00:00 to 12:00) - SQPR	=> %	35	35
			ED Diagnosis Coding (Mental Health CQUIN) - SQPR	=> %	85	85
			CO Level >4ppm Referred For Smoking Cessation - SQPR	=> %	90	90
			BMI recorded by 12+6 weeks of pregnancy - SQPR	=> %	90	90
			CO Monitoring by 12+6 weeks of pregnancy - SQPR	=> %	90	90
			Community Gynae - Referral to first outpatient appointment Within 4 weeks of referral	=> %	90	90
			Community Gynae - New to follow-up Ratio Less than 1 to 2	=> %	95	95
			Community Gynae - Onward Referral Rate	<= %	10	10
			Community Nursing - Falls Assessment For Appropriate Patients on home visiting caseload	=> %	100	100
			Community Nursing - Pressure Ulcer Risk Assessment For New community patients at initial assessment	=> %	95	95
			Community - Screening For Dementia - SQPR	=> %	100	100
			Community - HV Falls Risk Assessment - SQPR	=> %	100	100

Previous Months Trend (From Oct 2019)																	
O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M
91	92	93	91	93	94	94	94	99	98	98	98	98	98	98	98	98	98
100	100	100	100	99	100	100	99	100	100	100	100	99	100	100	100	99	99
100	100	100	100	100	100	100	99	100	100	100	100	100	100	100	100	99	99
90	91	91	88	91	93	91	90	97	98	96	96	96	96	96	96	95	94
84	84	86	88	90	90	88	89	94	94	92	93	95	95	96	94	93	94
100	100	99	100	100	99	100	100	100	99	99	100	99	100	99	100	100	100
17	15	17	18	15	18	20	15	16	13	14	14	15	16	16	19	16	14
68	63	61	55	5	6	7	5	5	4	2	3	2	2	2	2	2	2
100	100	100	100	100	100	100	100	100	100	100	100	100	100	####	###	###	####
98	98	99	99	100	100	100	100	99	100	99	99	98	98	99	100	99	99
91	92	90	93	94	47	0	0	0	1	0	0	1	3	15	7	1	0
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
93	91	93	95	93	92	96	93	92	93	92	89	89	88	92	94	95	94
93	92	93	96	93	92	96	93	92	93	92	89	90	89	92	94	95	93
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	PCCT	CO			
Mar 2021								97.501	97.31	
Mar 2021								98.764	100	
Mar 2021								99.0	99.6	
Mar 2021								94.3	94.9	
Mar 2021								93.8	93.1	
Mar 2021	100	100	-			-		100.0	99.6	
Mar 2021	12.1	11	28			15		13.6	15.8	
Mar 2021								2.0	3.0	
Mar 2021								-	100.0	
Mar 2021								99.0	99.1	
Mar 2021								0.0	2.4	
Feb 2018								57.1	59.1	
Feb 2018								91.6	93.7	
Feb 2018								12.2	4.6	
Mar 2021								93.6	92.3	
Mar 2021								93.3	92.3	
Aug 2016								37.2	38.4	
Aug 2016								54.8	60.0	

Legend

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

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

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

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

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

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

Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		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	Mar 2021	20/21 Year to Date	Directorates		
			Year	Month	EC	AC A	AC B																			
Safe	C. Difficile (Post 48 hours)	No	30	3	1	2	2	1	2	3	0	3	1	2	3	1	1	0	1	4	2	3	21	3	0	0
	MRSA Bacteraemia (Post 48 hours)	No	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	-	0	0	0
	MRSA Screening - Elective	%	95	95	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	79.3	-	85.7	83.3	50.0
	MRSA Screening - Non Elective	%	95	95	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	90.7	89.7	90.8	92.0	82.1
	Number of DOLS raised	No	-	-	19	12	25	14	17	15	13	21	23	17	15	21	16	20	23	16	7	36	228	12	24	0
	Number of DOLS which are 7 day urgent	No	-	-	19	12	25	14	17	15	13	21	23	17	15	21	16	20	23	16	7	36	228	12	24	0
	Number of delays with LA in assessing for standard DOLS application	No	-	-	4	3	6	3	4	0	2	1	3	3	3	2	4	2	2	2	2	5	31	0	5	0
	Number DOLS rolled over from previous month	No	-	-	1	0	0	0	2	1	5	4	2	3	1	1	2	4	6	4	6	3	41	1	2	0
	Number patients discharged prior to LA assessment targets	No	-	-	12	7	16	7	10	11	12	22	19	15	11	17	8	11	21	10	8	26	180	11	15	0
	Number of DOLS applications the LA disagreed with	No	-	-	0	0	0	0	1	0	0	0	0	0	0	0	0	2	0	0	0	1	3	0	1	0
	Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	0	0	0	1	0	0	0	0	0	0	0	2	0	3	0	0	0	0	5	0	0	0
	Falls	No	-	-	-	34	47	46	42	65	21	35	44	51	44	54	44	60	36	42	43	63	537	20	-	-
	Falls - Death or Severe Harm	No	0	0	-	1	0	1	1	0	0	1	1	2	0	0	0	0	0	0	1	1	6	0	0	0
	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	12	3	14	14	17	18	15	17	6	7	11	10	23	26	20	27	16	21	199	-	-	-
	Venous Thromboembolism (VTE) Assessments	%	95	95	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	95.8	-	98.1	88.8	96.6
	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	100.0
	WHO Safer Surgery - brief(% lists where complete)	%	100	100	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	100.0
	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	%	100	100	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	100.0	100.0
	Never Events	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	1	0	0
	Medication Errors causing serious harm	No	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0
	Serious Incidents	No	0	0	4	5	4	4	2	0	3	1	4	2	3	4	3	3	2	2	4	6	37	1	5	0
	Sepsis - Screened (as % Of Screening Required)	%	100	100	-	-	-	-	-	-	-	-	-	93.2	92.9	95.2	96.9	96.8	96.7	97.8	97.8	94.7	96.1	-	-	-
	Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	-	24.9	24.4	25.3	24.2	27.2	28.1	24.8	29.9	33.8	26.4	-	-	-
Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	-	83.4	88.7	89.5	89.8	91.1	88.0	93.4	88.1	86.0	87.9	-	-	-	
Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	-	-	-	54.3	58.2	81.9	81.8	82.3	84.5	85.2	84.4	82.6	79.0	-	-	-	
Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Caring	Mixed Sex Accommodation - Breaches (Patients)	No	0	0	-	-	-	-	401	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	No. of Complaints Received (formal and link)	No	-	-	37	31	29	40	36	32	14	19	32	52	34	37	37	44	43	41	42	41	436	26	15	0
	No. of Active Complaints in the System (formal and link)	No	-	-	54	50	50	58	68	59	49	51	54	52	61	89	121	157	67	162	182	169	-	82	87	0
	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	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	2.23	2.28	-	-	-
	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	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	7.11	7.60	-	-	-

Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		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	Mar 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	2.8	0.0	100.0	100.0	100.0	100.0	100.0	100.0	81.1	-	-	-	
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	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	2.4	15.3	-	-	-	
	No. of responses sent out	No	-	-	30	34	24	31	28	37	29	16	28	32	25	17	8	7	38	33	25	14	272	-	-	-	
Responsive	Emergency Care Attendances (Including Mailing)	No	-	-	17602	16885	18288	17355	16335	12630	6641	9204	11457	13175	14143	13675	12971	12336	12033	11168	10502	14206	141511	6683	7523	-	
	Emergency Care 4-hour waits	%	95	95	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	83.3	81.1	79.4	86.8	-	
	Emergency Care 4-hour breach (numbers)	No	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Emergency Care Trolley Waits >12 hours	No	0	0	2	1	1	0	0	0	1	0	0	0	0	0	3	2	3	23	5	0	37	0	0	-	
	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	No	-	-	29	24	29	24	27	26	20	19	18	20	22	28	31	29	32	92	46	40	32	-	-	-	
	Emergency Care Timeliness - Time to Treatment in Department (median)	No	-	-	78	84	86	82	76	44	16	17	24	34	39	45	36	37	36	40	37	38	33	-	-	-	
	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	%	5	5	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	8.0	7.9	7.4	8.5	-	
	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	%	5	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	3.6	3.9	3.4	3.7	-	
	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	No	0	0	251	228	279	199	242	380	234	172	77	183	172	161	267	186	245	415	237	268	2617	236	32	-	
	WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	No	0	0	16	9	12	9	32	42	8	1	0	0	3	9	43	31	49	381	87	85	697	80	5	-	
	WMAS - Handover Delays > 60 mins (% all emergency conveyances)	%	0.02	0.02	0.3	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	2.0	1.6	3.5	0.3	-	
	WMAS - Emergency Conveyances (total)	No	-	-	4656	4721	4887	4848	4522	4588	3069	3282	3039	3951	4209	4065	4323	4106	4278	4544	4033	4209	47108	2300	1909	-	
	No. of Sitrep Declared Late Cancellations - Total	No	0	0	3	12	5	14	5	3	0	2	9	7	0	7	10	6	5	0	2	1	49	0	1	0	
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	2	0	0	0	0	0	0	0	0	0	-	2	0	0	0	0	0	0	2	0	0	0	
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	1	12	5	14	5	3	0	2	9	7	-	5	10	5	5	0	2	1	46	0	1	0	
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	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	0.1	-	-	0.2	-	
	Number of 28 day breaches	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	No. of second or subsequent urgent operations cancelled	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	
	No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	No	0	0	0	0	1	1	1	3	0	0	0	1	0	1	0	1	0	1	0	1	0	4	0	0	0
	Multiple Hospital Cancellations experienced by same patient (all cancellations)	No	0	0	6	9	6	11	8	20	5	7	5	5	3	2	6	6	2	11	3	3	58	-	-	-	
	All Hospital Cancellations, with 7 or less days notice	No	0	0	39	69	98	93	41	66	25	27	42	23	26	23	29	27	11	35	17	29	314	-	-	-	
	2 weeks	%	93	93	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	88.5	-	-	-	97.4	86.9	
	31 Day (diagnosis to treatment)	%	96	96	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	100.0	
	62 Day (urgent GP referral to treatment) Excl Rare Cancers	%	85	85	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	84.2	-	-	-	80.0	85.7	
	62 Day (urgent GP referral to treatment) - Inc Rare Cancers	%	85	85	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	85.7	-	-	-	85.7	85.7	
62 Day (referral to treat from screening)	%	90	90	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
62 Day (referral to treat from hosp specialist)	%	90	90	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	71.4	-	70.9	-	-	-		

Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		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	Mar 2021	20/21 Year to Date	Directorates		
			Year	Month	EC	AC A	AC B																			
CQC Domain	Cancer = Patients Waiting Over 62 days for treatment	No	-	-	4	1	4	4	2	1	-	4	3	3	0	4	4	4	2	3	2	-	27	-	1	1
	Cancer - Patients Waiting Over 104 days for treatment	No	-	-	1	1	3	3	1	0	-	0	1	2	0	3	1	2	1	2	1	-	11	-	1	1
	Neutropenia Sepsis - Door to Needle Time > 1hr	No	0	0	6	9	15	7	11	5	4	3	2	1	1	2	3	5	3	3	5	3	35	-	3	0
	RTT - Admitted Care (18-weeks)	%	90	90	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	91.6	-	-	90.5	100.0
	RTT - Non Admitted Care (18-weeks)	%	95	95	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	78.7	-	-	78.1	79.0
	RTT - Incomplete Pathway (18-weeks)	%	92	92	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	80.6	-	-	90.7	74.6
	RTT Waiting List - Incomplete	No	-	-	7231	6977	7163	7328	7293	7261	6858	6660	6501	6289	6113	5457	5446	5390	5182	4849	5162	5247	76012	0	1965	3282
	RTT - Backlog	No	-	-	483	559	579	601	695	1034	1639	2372	2944	2989	2501	1969	1542	1355	1203	928	1022	1016	-	0	182	834
	Patients Waiting >52 weeks (All Pathways)	No	0	0	0	0	0	0	0	0	0	0	0	1	1	34	46	28	34	78	0	70	-	0	15	55
	Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	31	17	17	9	23	35	33	-	0	1	32
	Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	No	0	0	6	9	7	7	7	10	10	8	11	12	12	11	10	10	10	9	8	7	-	0	3	4
	Treatment Functions Underperforming (Incomplete)	No	0	0	1	2	2	1	2	3	4	4	5	6	6	4	4	3	3	4	3	3	-	0	1	2
	RTT Clearance Time (Wks)	Ratio	-	-	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	15.9	20.3	-	14.8	16.7
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	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	9.8	-	-	-	-
	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	18	25	42	29	54	33	-	253	51	112	133	246	246	140	73	55	12	34	1355	-	-	-
	Cancer - Longest wait for treatment (days) - GROUP	No	-	-	141	149	145	133	156	79	-	91	173	134	62	210	130	165	104	141	361	-	-	-	361	110
Effective	Mortality Reviews within 42 working days	%	90	90	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	83.5	-	-	-	80.5	93.8	88.3
	Deaths In the Group	No	-	-	122	114	125	147	109	-	319	141	110	86	89	93	132	199	158	312	200	-	1839	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	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	12.5	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	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	-	13.4	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	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	6.3	-	6.0	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	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	5.9	-	4.8	-	-	-
	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	132	128	130	128	144	129	45	38	40	39	32	46	53	69	64	73	66	69	590	27	23	17
	21+ Days Long Stay Rate - NHSI	%	-	-	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	22.8	9.9	5.8	21.6	4.7
	Estimated Beds - 21+ Days - NHSI	No	-	-	109	112	115	109	115	129	31	37	25	23	10	30	22	28	43	76	52	105	364	8	15	5
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	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	70.0	75.4	91.4	52.1	75.2
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	1017	998	1078	1065	2011	1921	3644	1318	1432	1471	1423	1722	1528	1667	2246	8433	3063	1642	29589	233	368	1041
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	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	91.7	72.9	100.0	91.9	75.0
	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	408	376	268	187	338	262	112	91	140	202	196	202	130	119	97	78	101	133	1601	5	125	3
	20WD: Pts spending >90% stay on Acute Stroke Unit	%	90	90	-	-	-	-	-	93.7	-	-	86.7	-	87.5	-	85.0	89.3	88.5	66.7	61.1	-	83.3	-	-	61.1
20WD: Pts admitted to Acute Stroke Unit within 4 hrs	%	80	80	-	-	-	-	-	78.7	-	-	84.4	-	81.8	-	66.7	69.1	50.9	39.6	43.1	-	67.0	-	-	43.1	

Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		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	Mar 2021	20/21 Year to Date	Directorates			
			Year	Month	EC	AC_A	AC_B																				
Well Led	20WD: Pts receiving CT Scan within 1 hr of presentation	%	50	50	-	-	-	-	-	-	-	87.5	-	89.1	-	83.6	86.2	86.7	74.5	91.5	-	85.2	-	-	91.5		
	20WD: Pts receiving CT Scan within 24 hrs of presentation	%	95	95	-	-	-	-	-	-	-	100.0	-	100.0	-	98.4	100.0	100.0	100.0	98.3	-	99.3	-	-	98.3		
	20WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	%	85	85	-	-	-	-	-	50.0	-	-	50.0	-	50.0	-	80.0	100.0	83.3	100.0	50.0	-	75.0	-	-	50.0	
	20WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	%	-	-	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	%	-	-	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	83.3	-	88.2	-	83.3	-	
	Primary Angioplasty (Door To Balloon Time 90 mins)	%	80	80	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	90.9	91.5	-	90.9	-	
	Primary Angioplasty (Call To Balloon Time 150 mins)	%	80	80	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	90.9	85.2	-	90.9	-	
	Rapid Access Chest Pain - seen within 14 days	%	98	98	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-
Well Led	PDRs - 12 month rolling	%	95	95	51.6	-	-	-	-	-	-	-	-	-	-	87.8	-	-	-	-	-	-	-	-	85.9	90.2	88.0
	Medical Appraisal	%	90	90	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	88.1	-	96.2	88.0	87.9	88.4	
	Sickness Absence (Rolling 12 Months)	%	3	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	6.9	6.6	6.2	7.5	7.5	
	Sickness Absence (Monthly)	%	3	3	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	5.8	7.1	5.3	5.3	6.9	
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	35	43	43	37	22	37	46	55	42	38	45	41	48	56	51	39	49	48	558	19	12	17	
	Sickness Absence - Short Term (Monthly)	No	-	-	209	176	183	195	188	299	338	175	162	191	166	201	221	201	171	256	164	202	2613	93	40	69	
	Ward Sickness Absence (Monthly)	%	3	3	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	8.2	9.7	8.4	6.8	8.6	
	Mandatory Training - Health & Safety (% staff)	%	95	95	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	95.2	95.4	-	-	-	
	Staff at 100% compliance with mandatory training	%	-	-	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	57.0	69.9	-	-	-	
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	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	21.6	17.2	-	-	-	
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	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	9.7	6.0	-	-	-	
	Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	22.4	15.8	10.4	10.2	6.0	3.4	3.8	3.7	5.4	6.1	5.4	7.0	9.2	11.8	11.7	7.0	-	-	-	
	Nursing Vacancy Rate (Qualified)	%	11	11	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	13.7	12.5	-	-	-	
New Starters Complete Onboarding Process	%	100	100	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	73.3	92.4	-	-	-		
Patient Admin	Open Referrals	No	-	-	52607	52552	54131	55024	55223	53611	50679	50502	50369	51104	51936	51949	52368	52741	53540	61305	61956	61376	-	20196	22613	18567	
	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No	-	-	16093	15603	16166	16654	16294	14829	12044	13757	14228	14244	13873	14160	14417	14818	14857	15243	15066	15346	-	8188	4682	2476	

Surgical Services Group

CQC Domain	Indicator	Measure	Standard		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	Mar 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	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	0
	MRSA Screening - Elective	%	95	95	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	71.7	-	72.6	81.8	-	0.0	68.4	
	MRSA Screening - Non Elective	%	95	95	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	90.3	90.4	90.4	-	100.0	89.1	
	Number of DOLS raised	No	-	-	8	8	7	13	9	9	10	16	14	12	6	13	13	12	14	9	17	12	148	9	0	0	3	0	
	Number of DOLS which are 7 day urgent	No	-	-	8	8	7	13	9	9	10	16	14	12	6	13	13	12	14	9	17	12	148	9	0	0	3	0	
	Number of delays with LA in assessing for standard DOLS application	No	-	-	0	0	0	2	0	0	1	2	1	1	1	2	1	0	3	0	1	1	14	1	0	0	0	0	
	Number DOLS rolled over from previous month	No	-	-	0	0	1	0	1	6	2	2	4	1	1	1	1	3	2	2	2	1	22	0	0	0	1	0	
	Number patients discharged prior to LA assessment targets	No	-	-	6	4	5	9	6	12	9	10	15	10	4	10	9	13	11	8	17	10	126	6	0	0	4	0	
	Number of DOLS applications the LA disagreed with	No	-	-	0	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	0	0	0	0	0	0	0	0	0	0	0	1	0	3	0	0	0	0	4	0	0	0	0	0	
	Falls	No	-	-	-	11	13	20	8	16	20	12	8	8	12	7	5	12	23	12	13	9	141	5	2	-	1	1	
	Falls - Death or Severe Harm	No	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	7	4	6	13	9	7	16	5	7	2	5	9	7	9	13	16	10	5	104	1	2	-	2	-	
	Venous Thromboembolism (VTE) Assessments	%	95	95	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	90.3	-	84.2	92.7	-	100.0	96.0	
	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	100.0	
	WHO Safer Surgery - brief(% lists where complete)	%	100	100	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	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	1	0	1	0	2	0	0	0	0	0	
	Medication Errors causing serious harm	No	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	0	
	Serious Incidents	No	0	0	4	0	0	0	1	0	0	0	2	0	1	1	1	1	0	1	1	1	9	1	0	0	0	0	
	Sepsis - Screened (as % Of Screening Required)	%	100	100	-	-	-	-	-	-	-	-	-	97.8	99.3	99.3	99.5	99.4	98.9	98.0	96.8	98.2	98.2	-	-	-	-	-	
	Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	-	18.6	19.2	18.7	17.5	27.1	22.0	20.3	18.0	21.9	20.2	-	-	-	-	-	
Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	-	81.0	84.7	90.4	82.6	87.3	83.8	90.5	90.4	89.3	84.9	-	-	-	-	-		
Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	-	-	-	69.1	58.3	75.5	78.9	75.2	80.7	79.9	81.0	85.3	75.7	-	-	-	-	-		
Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Caring	Mixed Sex Accommodation - Breaches (Patients)	No	0	0	-	-	-	-	57	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	No. of Complaints Received (formal and link)	No	-	-	42	28	19	26	32	25	12	9	19	43	8	19	27	21	30	16	19	20	243	8	0	0	0	12	
	No. of Active Complaints in the System (formal and link)	No	-	-	41	32	19	30	41	28	27	28	34	43	29	43	64	78	0	74	78	73	-	23	17	1	6	26	
	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	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	6.17	4.99	-	-	-	-	-	
	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	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	13.06	10.39	-	-	-	-	-	
	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	100.0	43.5	-	-	-	-	-

Surgical Services Group

CQC Domain	Indicator	Measure	Standard		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	Mar 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	4.0	7.4	4.3	50.0	26.7	11.8	35.7	100.0	0.0	25.0	39.1	12.0	75.0	2.7	22.8	-	-	-	-	-	
	No. of responses sent out	No	-	-	29	34	28	22	24	28	23	6	15	17	20	6	4	10	23	25	16	8	173	-	-	-	-	-	
Responsive	Emergency Care Attendances (Including Mailing)	No	-	-	843	983	1042	1122	1032	762	522	624	758	890	956	873	862	899	729	719	805	1045	-	-	-	-	-		
	Emergency Care 4-hour breach (numbers)	No	-	-	88	72	41	48	21	23	3	2	15	32	47	45	55	44	36	39	55	166	539	0	0	0	0	166	
	Emergency Care Trolley Waits >12 hours	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-	-	
	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	No	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-
	Emergency Care Timeliness - Time to Treatment in Department (median)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	%	5	5	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	6.4	-	-	-	-	-	-	
	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	%	5	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	4.3	-	-	-	-	-	-	
	Hip Fractures Best Practice Tariff (Operation < 36 hours of admissions)	%	85	85	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	87.0	78.7	-	87.0	-	-	-	
	No. of Sitrep Declared Late Cancellations - Total	No	0	0	55	32	54	35	40	21	0	1	4	10	15	22	23	13	14	4	5	11	122	5	1	0	0	5	
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	38	29	40	25	15	10	0	1	2	8	10	11	16	9	10	4	5	7	83	5	0	0	0	2	
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	17	3	14	10	25	11	0	0	2	2	5	11	7	4	4	0	0	4	39	0	1	0	0	3	
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	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	1.5	-	2.5	1.3	-	-	1.5	
	Number of 28 day breaches	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	5	3	1	3	0	16	0	0	0	0	0	
	No. of second or subsequent urgent operations cancelled	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	
	Urgent Cancellations	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	
	No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	No	0	0	2	0	0	0	1	1	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	
	Multiple Hospital Cancellations experienced by same patient (all cancellations)	No	0	0	91	76	54	56	97	295	10	7	28	34	41	61	96	120	34	36	11	26	504	-	-	-	-	-	
	All Hospital Cancellations, with 7 or less days notice	No	0	0	289	280	230	221	484	769	25	20	71	93	155	173	263	355	138	192	74	89	1648	-	-	-	-	-	
	2 weeks	%	93	93	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	70.6	-	-	70.6	-	-	-	-	
	2 weeks (Breast Symptomatic)	%	93	93	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	29.0	-	72.3	29.0	-	-	-	-	
	31 Day (diagnosis to treatment)	%	96	96	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	89.2	-	-	89.2	-	-	-	-	
	62 Day (urgent GP referral to treatment) Excl Rare Cancers	%	85	85	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	65.4	-	-	65.4	-	-	-	-	
	62 Day (urgent GP referral to treatment) - Inc Rare Cancers	%	85	85	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	65.4	-	-	65.4	-	-	-	-	
	62 Day (referral to treat from screening)	%	90	90	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	92.0	-	86.2	-	-	-	-	-	
	62 Day (referral to treat from hosp specialist)	%	90	90	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	95.2	-	97.5	-	-	-	-	-	
	Cancer = Patients Waiting Over 62 days for treatment	No	-	-	4	4	6	6	2	4	-	7	6	8	6	14	8	10	7	16	14	-	94	14	-	0	-	-	
Cancer - Patients Waiting Over 104 days for treatment	No	-	-	1	4	3	4	0	1	-	3	4	5	1	5	3	5	4	1	7	-	36	7	-	0	-	-		
Neutropenia Sepsis - Door to Needle Time > 1hr	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
RTT - Admitted Care (18-weeks)	%	90	90	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	75.2	-	79.0	76.0	-	-	72.7		
RTT - Non Admitted Care (18-weeks)	%	95	95	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	86.3	-	81.3	80.5	-	-	91.4		

Surgical Services Group

CQC Domain	Indicator	Measure	Standard		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	Mar 2021	20/21 Year to Date	Directorate				
			Year	Month	2019	2019	2019	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2021		2021	2021	GS	SS	TH
CQC	RTT - Incomplete Pathway (18-weeks)	%	92	92	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	64.8	-	63.8	58.1	-	-	69.6
	RTT Waiting List - Incomplete	No	-	-	17767	16706	16248	16860	17180	16659	15170	15184	16062	17224	17863	18127	18542	19392	20022	20174	22185	24092	224037	11458	4309	0	0	8325
	RTT - Backlog	No	-	-	1690	1573	1480	1382	1378	1643	2721	4298	6903	8409	7097	5820	5117	4887	5176	6043	7404	8485	-	4145	1807	0	0	2533
	Patients Waiting >52 weeks (All Pathways)	No	0	0	0	1	0	1	0	0	7	32	80	142	203	297	406	512	695	984	0	2087	-	1000	412	0	0	675
	Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	0	7	29	74	129	187	251	324	436	575	937	1586	1977	-	971	399	0	0	607
	Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	No	0	0	12	13	12	11	11	11	11	13	18	18	18	18	21	21	18	17	17	18	-	11	4	0	0	3
	Treatment Functions Underperforming (Incomplete)	No	0	0	2	2	2	1	1	3	6	7	7	6	6	6	7	7	7	7	7	7	-	4	2	0	0	1
	RTT Clearance Time (Wks)	Ratio	-	-	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	15.5	13.4	22.1	20.5	-	-	10.1
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	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	35.3	-	35.3	-	-	-	-
	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	56	62	57	112	67	96	11	12	99	165	155	118	201	156	69	104	25	63	1178	40	-	23	-	-
	Cancer - Longest wait for treatment (days) - GROUP	No	-	-	137	202	239	204	102	166	-	228	141	177	234	248	258	332	294	339	185	-	-	185	-	0	-	-
Effective	Mortality Reviews within 42 working days	%	90	90	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	76.0	-	-	-	76.5	75.0	-	-	-
	Deaths In the Group	No	-	-	10	17	11	11	11	-	9	7	10	11	12	7	9	9	11	24	10	-	119	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month	%	-	-	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	6.5	-	-	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	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	5.5	-	4.7	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month	%	-	-	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	4.0	-	3.2	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	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	3.1	-	2.6	-	-	-	-	-
	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	21	17	25	24	28	29	15	18	12	12	16	21	17	15	21	24	19	6	152	3	1	0	0	0
	21+ Days Long Stay Rate - NHSI	%	-	-	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	36.2	12.2	3.6	0.0	-	-	0.0
	Estimated Beds - 21+ Days - NHSI	No	-	-	12	12	6	7	6	12	23	2	11	3	5	3	38	7	9	53	19	79	109	1	0	-	-	0
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	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	67.0	59.5	61.5	78.5	-	100.0	65.6
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	2633	2857	2218	2741	3279	2263	1704	1733	2131	2636	2436	2690	3047	3058	3364	2410	1766	2732	29707	1046	508	0	124	1054
Short Notice Inpatient Admission Offers (<3wks)	%	-	-	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	82.6	75.4	75.3	84.2	-	86.4	87.1	
Short Notice Inpatient Admission Offers (<3wks)	No	-	-	1434	1597	1481	1726	1497	1446	232	255	472	898	1106	1319	1584	1415	1132	658	556	624	10251	201	32	0	102	289	
Well Led	PDRs - 12 month rolling	%	95	95	89.4	-	-	-	-	-	-	-	-	-	-	87.3	-	-	-	-	-	-	-	74.4	83.0	96.9	86.4	97.9
	Medical Appraisal	%	90	90	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	87.1	-	96.5	83.3	97.4	-	78.7	92.9
	Sickness Absence (Rolling 12 Months)	%	3	3	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	6.5	6.3	6.4	6.3	10.1	5.0	3.5
	Sickness Absence (Monthly)	%	3	3	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	6.2	6.4	6.8	4.1	10.9	4.6	2.5
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	40	49	43	42	33	29	35	56	40	40	29	28	26	25	32	44	57	41	453	15	3	16	5	2
	Sickness Absence - Short Term (Monthly)	No	-	-	181	174	171	118	148	214	238	167	149	187	144	176	176	217	185	251	182	180	2252	48	30	33	50	19
	Ward Sickness Absence (Monthly)	%	3	3	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	7.7	8.6	10.0	6.4	-	6.7	4.6
	Mandatory Training - Health & Safety (% staff)	%	95	95	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	96.6	97.0	-	-	-	-	-

Surgical Services Group

CQC Domain	Indicator	Measure	Standard		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	Mar 2021	20/21 Year to Date	Directorate				
			Year	Month																				GS	SS	TH	APCC	O
	Staff at 100% compliance with mandatory training	%	-	-	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	69.0	77.4	-	-	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	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	17.6	13.2	-	-	-	-	-
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	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	6.0	4.6	-	-	-	-	-
	Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	14.2	8.7	6.8	7.9	5.6	3.3	2.4	3.0	3.4	3.2	3.7	4.5	4.6	8.2	7.3	4.8	-	-	-	-	-
	Nursing Vacancy Rate (Qualified)	%	11	11	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	14.0	15.8	-	-	-	-	-
	New Starters Complete Onboarding Process	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	92.3	100.0	96.2	100.0	100.0	87.5	100.0	82.4	100.0	-	100.0	100.0	43.8	89.6	-	-	-	-
Patient Admin	Open Referrals	No	-	-	105170	105645	106065	104786	104619	104392	99486	98167	98850	100115	101729	102705	103707	104864	105969	106058	107967	110635	-	39084	14141	0	4990	
	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No	-	-	12243	12318	12848	13069	12672	13789	11899	12476	12641	12933	13059	13252	14040	14187	14244	14813	14338	13891	-	5161	2621	0	2074	

Women & Child Health Group

CQC Domain	Indicator	Measure	Standard		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	Mar 2021	20/21 Year to Date	Directorate		
			Year	Month																				G	M	P
Safe (Obstetric)	Caesarean Section Rate - Total	%	25	25	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	27.3	29.1	-	27.3	-
	Caesarean Section Rate - Elective	%	-	-	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	12.3	10.8	-	12.3	-
	Caesarean Section Rate - Non Elective	%	-	-	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	15.0	18.4	-	15.0	-
	Maternal Deaths	No	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2	0	0	0	3	-	0	-
	Post Partum Haemorrhage (>2000ml)	No	48	4	1	4	1	4	3	3	3	4	4	4	1	3	8	3	3	3	3	3	42	-	3	-
	Admissions to Neonatal Intensive Care	%	10	10	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	0.5	5.3	-	0.5	-
	Corrected Perinatal Mortality Rate (per 1000 babies)	Rate1	8	8	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	13.73	-	-	13.73	-
	Stillbirths (Corrected)	Rate1	-	-	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	9.83	7.16	-	9.83	-
	Corrected Neonatal Mortality Rate (0 - 28 days)	Rate1	-	-	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	4.91	2.87	-	4.91	-
	Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	%	85	85	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	92.9	-	-	92.9	-
	Early Booking Assessment (<12 + 6 weeks) - National Definition	%	90	90	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	173.2	-	-	173.2	-
	Breast Feeding Initiation	%	74	74	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	-	-	83.7	-
	Puerperal Sepsis and other puerperal infections (%) Variation 1 ICD10 O85 or O86	%	-	-	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	0.4	-	-	0.4	-
	Puerperal Sepsis and other puerperal infections (%) Variation 2 ICD10 O85 or O86 Not O864	%	-	-	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	0.4	-	-	0.4	-
Puerperal Sepsis and other puerperal infections (%) Variation 2 ICD10 O85	%	-	-	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	-	-	0.0	-	
Safe (Neonatal)	Mothers who received at least one dose of antenatal steroids (NNAP)	%	85	85	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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	No. of Complaints Received (formal and link)	No	-	-	19	10	6	11	5	9	3	6	10	23	8	12	15	11	15	10	7	13	133	5	6	2
	No. of Active Complaints in the System (formal and link)	No	-	-	25	12	13	13	14	15	9	12	15	23	14	22	33	40	0	38	35	31	-	12	13	6
	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	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	3.63	3.18	-	-	-
	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	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	6.82	6.02	-	-	-
	No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.0	100.0	100.0	100.0	100.0	100.0	100.0	83.9	-	-	-
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	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	16.1	30.6	-	-	-
No. of responses sent out	No	-	-	15	21	8	12	5	10	9	4	6	7	17	3	7	4	11	14	14	9	105	-	-	-	

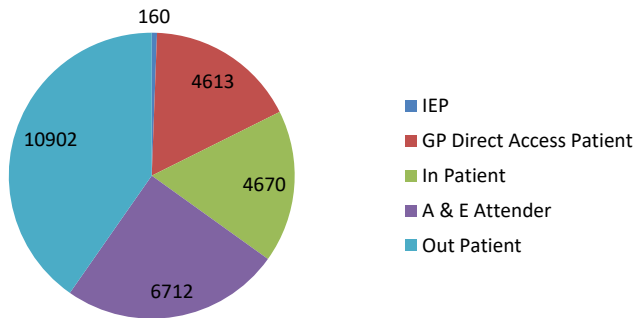
Women & Child Health Group

CQC Domain	Indicator	Measure	Standard		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	Mar 2021	20/21 Year to Date	Directorate									
			Year	Month																				G	M	P							
Responsive	Emergency Care 4-hour breach (numbers)	No	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	No. of Sitrep Declared Late Cancellations - Total	No	0	0	5	8	6	7	13	4	0	1	3	3	1	7	5	8	3	1	3	4	39	4	-	0							
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	0	0	1	4	0	2	0	0	1	0	-	4	3	3	0	0	0	1	12	1	-	0							
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	5	8	5	3	13	2	0	1	2	3	1	3	2	5	3	1	3	3	27	3	-	0							
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	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	1.4	-	2.0	-	-							
	Number of 28 day breaches	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	-	0							
	No. of second or subsequent urgent operations cancelled	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-							
	Urgent Cancellations	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0						
	No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	-	0							
	Multiple Hospital Cancellations experienced by same patient (all cancellations)	No	0	0	6	7	5	6	19	29	4	6	9	7	5	11	5	2	6	3	4	0	62	-	-	-							
	All Hospital Cancellations, with 7 or less days notice	No	0	0	42	27	30	33	59	55	13	11	20	22	21	24	28	27	25	26	22	11	250	-	-	-							
	2 weeks	%	93	93	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	98.1	-	-	98.1	-	-							
	31 Day (diagnosis to treatment)	%	96	96	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	64.7	-	-	64.7	-	-							
	62 Day (urgent GP referral to treatment) Excl Rare Cancers	%	85	85	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	22.2	-	-	22.2	-	-							
	62 Day (urgent GP referral to treatment) - Inc Rare Cancers	%	85	85	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	22.2	-	-	22.2	-	-							
	62 Day (referral to treat from screening)	%	90	90	-	-	-	100.0	-	100.0	-	-	100.0	100.0	-	100.0	100.0	-	100.0	66.7	100.0	-	94.1	-	-	-							
	62 Day (referral to treat from hosp specialist)	%	90	90	100.0	100.0	-	100.0	100.0	0.0	100.0	100.0	40.0	75.0	100.0	100.0	0.0	100.0	0.0	100.0	66.7	-	81.0	-	-	-							
	Cancer = Patients Waiting Over 62 days for treatment	No	-	-	4	2	3	2	6	4	-	6	10	3	4	3	3	7	7	7	7	-	54	7	-	0							
	Cancer - Patients Waiting Over 104 days for treatment	No	-	-	1	0	1	1	3	1	-	1	5	1	1	1	1	3	1	2	1	-	15	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	-	0						
	RTT - Admitted Care (18-weeks)	%	90	90	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	76.0	-	76.0	-	-							
	RTT - Non Admitted Care (18-weeks)	%	95	95	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	79.8	-	79.8	-	-							
	RTT - Incomplete Pathway (18-weeks)	%	92	92	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	78.6	-	78.6	-	-							
	RTT Waiting List - Incomplete	No	-	-	1970	1922	2077	2161	2254	2230	2058	2072	1957	1880	2075	2161	2160	2184	2228	2194	2279	2229	25477	2229	-	-							
	RTT - Backlog	No	-	-	142	169	191	225	282	324	437	577	696	632	529	401	318	284	318	376	465	477	-	477	-	-							
	Patients Waiting >52 weeks (All Pathways)	No	0	0	0	0	0	0	0	0	0	0	4	11	18	36	20	17	15	15	0	33	-	33	0	0							
	Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	0	0	0	4	9	18	17	9	9	4	14	28	27	-	27	0	0							
	Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	No	0	0	2	3	3	3	3	3	2	2	3	3	3	3	3	3	3	3	3	3	-	3	-	-							
	Treatment Functions Underperforming (Incomplete)	No	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	-	1	-	-							
	RTT Clearance Time (Wks)	Ratio	-	-	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	13.3	16.5	13.3	-	-							

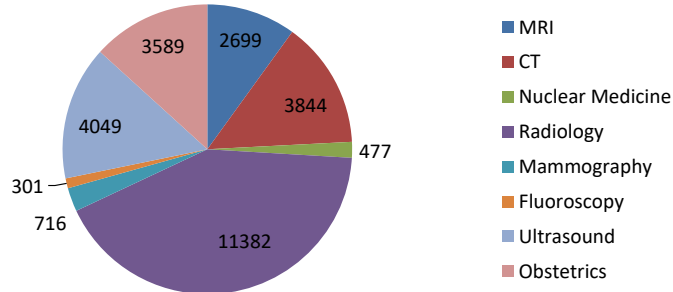
Imaging Group

CQC Domain	Indicator	Measure	Standard		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	Mar 2021	20/21 Year to Date	Directorate						
			Year	Month	DR	IR	NM	BS	BCP																					
Well Led	PDRs - 12 month rolling	%	95	95	84.8	-	-	-	-	-	-	-	-	-	-	89.8	-	-	-	-	-	-	-	-	89.8	89.8	63.6	85.7	97.8	-
	Medical Appraisal	%	90	90	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	93.3	-	98.8	98.8	93.1	-	100.0	-	92.9	-
	Sickness Absence (Rolling 12 Months)	%	3	3	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	4.6	4.4	4.4	4.4	5.2	4.4	2.0	4.3	0.2
	Sickness Absence (Monthly)	%	3	3	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	4.5	4.4	4.4	4.4	5.1	0.3	3.9	3.5	0.0
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	3	6	4	2	3	4	2	6	4	5	6	4	5	4	5	4	4	4	7	56	56	6	0	0	1	0
	Sickness Absence - Short Term (Monthly)	No	-	-	33	25	33	44	34	39	40	24	26	30	23	32	38	30	22	47	34	35	381	381	23	1	2	9	0	
	Mandatory Training - Health & Safety (% staff)	%	95	95	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	98.2	98.8	98.8	-	-	-	-	-	
	Staff at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	82.6	82.6	82.6	-	-	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10.6	10.6	10.6	-	-	-	-	-
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3.4	3.4	3.4	-	-	-	-	-
	Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3.4	3.4	3.4	-	-	-	-	-
	New Starters Complete Onboarding Process	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Patient Admin	Open Referrals	No	-	-	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	801.0	-	-	636.0	21.0	0.0	0.0	144.0
Open Referrals without Future Activity/ Waiting List: Requiring Validation		No	-	-	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	491.0	-	-	461.0	2.0	0.0	0.0	28.0	
Imaging	Imaging - Total Scans	No	-	-	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	27041.0	275959.0	275959.0	-	-	-	-	-	
	Imaging - Inpatient Turnaround Time <=24hr	%	90	90	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	78.2	82.9	82.9	-	-	-	-	-	
	Imaging - Urgent Other(GP 5) Turnround Time <=5d	%	90	90	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	54.1	63.9	63.9	-	-	-	-	-	
	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	83.2	85.2	85.2	-	-	-	-	-	

Imaging By Patient Type (March 2021)



Imaging By Modality Type (March 2021)



Primary Care, Community & Therapies Group

CQC Domain	Indicator	Measure	Standard		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	Mar 2021	20/21 Year to Date	Directorate				
			Year	Month	AT	IB	IC	CM	YHP																			
Safe	C. Difficile (Post 48 hours)	No	0	0	1	2	1	2	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	
	MRSA Bacteraemia (Post 48 hours)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	0	0	0	
	MRSA Screening - Elective	%	95	95	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	-	100.0	-	-	0.0	-
	MRSA Screening - Non Elective	%	95	95	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	100.0	85.5	83.3	-	-	100.0	-
	Number of DOLS raised	No	-	-	7	6	4	6	5	4	9	6	8	13	5	9	11	7	13	3	4	4	92	0	4	0	0	0
	Number of DOLS which are 7 day urgent	No	-	-	7	6	4	6	5	4	9	6	8	13	5	9	11	7	13	3	4	4	92	0	4	0	0	0
	Number of delays with LA in assessing for standard DOLS application	No	-	-	0	0	1	1	3	0	0	0	0	4	2	2	2	1	2	0	0	0	13	0	0	0	0	0
	Number DOLS rolled over from previous month	No	-	-	0	1	1	0	2	0	2	2	3	2	1	0	3	1	2	3	3	0	22	0	0	0	0	0
	Number patients discharged prior to LA assessment targets	No	-	-	4	2	1	2	2	1	9	5	9	10	3	2	8	5	10	5	5	2	73	0	2	0	0	0
	Number of DOLS applications the LA disagreed with	No	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0
	Falls	No	-	-	-	26	28	29	32	25	22	19	18	14	23	19	24	20	16	14	12	15	216	-	13	1	1	-
	Falls - Death or Severe Harm	No	0	0	-	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0	0
	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	4	7	11	9	12	7	6	8	5	14	4	6	2	3	10	7	11	4	80	-	4	-	-	-
	Pressure Ulcer DN Caseload Acquired - Total	No	0	0	31	18	24	25	25	22	20	23	25	37	29	24	22	38	31	34	41	37	361	1	1	35	-	-
	Venous Thromboembolism (VTE) Assessments	%	95	95	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	98.8	-	-	-	-	98.8	-
	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	-	-	-	-	100.0	-
	WHO Safer Surgery - brief(% lists where complete)	%	100	100	-	100.0	-	-	-	100.0	-	-	100.0	-	-	100.0	100.0	-	100.0	-	100.0	-	-	-	-	-	-	-
	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	%	100	100	-	100.0	-	-	-	100.0	-	-	100.0	-	-	100.0	100.0	-	100.0	-	100.0	-	-	-	-	-	-	-
	Never Events	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medication Errors causing serious harm	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Serious Incidents	No	0	0	8	6	2	2	5	0	3	7	5	3	2	3	0	1	0	1	0	0	25	0	0	0	0	0	
Sepsis - Screened (as % Of Screening Required)	%	100	100	-	-	-	-	-	-	-	-	-	-	97.5	96.1	97.9	97.4	96.3	98.2	89.7	84.3	81.8	94.3	-	-	-	-	
Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	-	23.1	18.4	10.9	13.2	23.1	23.2	41.0	11.6	19.4	21.3	-	-	-	-		
Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	-	33.3	66.7	60.0	60.0	50.0	76.9	80.0	80.0	100.0	65.5	-	-	-	-		
Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	-	-	-	33.3	0.0	66.7	33.3	50.0	20.0	55.0	0.0	42.9	40.3	-	-	-	-		
Caring	Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Mixed Sex Accommodation - Breaches (Patients)	No	0	0	-	-	-	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	No. of Complaints Received (formal and link)	No	-	-	14	8	5	11	4	8	6	4	7	19	16	13	20	17	17	25	18	19	181	2	5	0	4	8
	No. of Active Complaints in the System (formal and link)	No	-	-	15	13	7	0	11	11	12	12	14	19	21	23	43	53	0	60	52	46	-	5	10	1	8	22
	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	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	16.89	15.93	-	-	-	-	
	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	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	31.75	31.14	-	-	-	-	

Primary Care, Community & Therapies Group

CQC Domain	Indicator	Measure	Standard		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	Mar 2021	20/21 Year to Date	Directorate					
			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	0.0	7.7	100.0	100.0	100.0	100.0	100.0	100.0	83.4	-	-	-	-	-	
	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	0.0	20.0	0.0	0.0	22.2	100.0	9.3	81.8	66.7	59.1	22.4	26.0	-	-	-	-	-	
Responsive	No. of responses sent out	No	-	-	11	10	10	7	5	7	4	5	5	8	14	9	6	5	21	9	22	12	120	-	-	-	-	-	
	No. of Sitrep Declared Late Cancellations - Total	No	0	0	0	6	0	0	2	7	1	5	2	1	1	0	2	1	5	5	2	7	32	0	-	0	7	0	
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	0	0	0	0	2	4	1	0	2	1	1	0	2	1	2	5	2	7	24	0	-	0	7	0	
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	0	6	0	0	0	3	0	5	0	0	-	0	0	0	3	0	0	0	8	0	-	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	1.5	0.0	0.0	0.5	2.3	0.5	2.2	0.9	0.2	0.3	0.0	0.6	0.5	2.0	2.2	0.5	1.4	-	-	-	-	1.4	-	
	Number of 28 day breaches	No	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	5	0	0	9	0	-	0	0	0	0
	No. of second or subsequent urgent operations cancelled	No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Urgent Cancellations	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	31.3	-	-	-	-	-	-	31.3	-
	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	60.0	-	-	-	-	-	-	60.0	-
	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	50.0	-	-	-	-	-	-	50.0	-
	62 Day (urgent GP referral to treatment) - Inc Rare Cancers	%	85	85	-	-	-	-	-	-	100.0	100.0	100.0	100.0	82.4	100.0	87.5	100.0	92.3	66.7	50.0	-	-	-	-	-	-	50.0	-
	62 Day (referral to treat from screening)	%	90	90	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	62 Day (referral to treat from hosp specialist)	%	90	90	-	-	-	-	-	-	-	-	0.0	-	-	100.0	100.0	100.0	-	100.0	-	-	90.0	-	-	-	-	-	-
	Cancer = Patients Waiting Over 62 days for treatment	No	-	-	0	0	0	0	0	0	-	0	0	0	2	0	1	0	1	1	2	-	6	0	-	-	2	-	-
	Cancer - Patients Waiting Over 104 days for treatment	No	-	-	0	0	0	0	0	0	-	0	0	0	2	0	0	0	1	0	0	-	3	0	-	-	0	-	-
	Neutropenia Sepsis - Door to Needle Time > 1hr	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	RTT - Admitted Care (18-weeks)	%	90	90	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	81.2	-	-	-	-	81.2	-	
	RTT - Non Admitted Care (18-weeks)	%	95	95	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	63.1	-	-	-	-	63.1	-	
	RTT - Incomplete Pathway (18-weeks)	%	92	92	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	54.2	-	-	-	-	54.2	-	
	RTT Waiting List - Incomplete	No	-	-	3642	3399	3503	3295	3170	2959	2722	2637	2741	2875	3016	3022	3023	3499	3460	3527	3425	3477	37424	0	-	0	3477	0	
	RTT - Backlog	No	-	-	307	350	292	391	420	533	721	1031	1470	1640	1491	1494	1446	1675	1730	1812	1656	1592	-	0	-	0	1592	0	
	Patients Waiting >52 weeks (All Pathways)	No	0	0	0	0	0	0	0	0	1	3	7	7	19	50	83	106	164	0	296	-	0	-	0	296	0		
Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	0	1	3	6	4	15	41	72	44	137	216	236	-	0	-	0	236	0			
Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	No	0	0	4	4	4	4	4	5	4	6	6	5	6	5	5	5	5	5	5	4	-	0	-	0	4	0		
Treatment Functions Underperforming (Incomplete)	No	0	0	2	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	1	-	0	-	0	1	0		
RTT Clearance Time (Wks)	Ratio	-	-	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	22.6	25.6	-	-	-	22.6	-		

Primary Care, Community & Therapies Group

CQC Domain	Indicator	Measure	Standard		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	Mar 2021	20/21 Year to Date	Directorate						
			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	-	42	62	57	154	62	93	62	113	75	95	-	-	-	-	0	-	-	95	-
	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	-	-	-	-	-	-	-	-	100.0	-
	Deaths In the Group	No	-	-	0	1	1	3	4	-	4	1	2	4	0	5	7	4	4	4	37	-	-	72	-	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	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	2.5	-	-	-	-	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	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	2.8	-	-	2.2	-	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	-	-	-	-	-	-	0.4	0.4	-	-	-	-	-	-	-	-	0.2	-	-	0.1	-	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	-	-	-	-	-	-	0.0	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.1	-	-	0.1	-	-	-	-	-	-
	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	3	2	0	1	0	0	0	0	1	1	1	0	7	7	17	20	13	9	-	32	-	0	0	0	7	0
	21+ Days Long Stay Rate - NHSI	%	-	-	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	48.6	-	5.6	-	-	-	-	0.0	-
	Estimated Beds - 21+ Days - NHSI	No	-	-	0	0	0	0	0	0	0	0	0	1	0	0	1	1	5	45	16	78	-	35	-	13	-	-	0	-
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	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	54.8	-	42.7	-	39.7	-	-	55.8	-
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	308	322	375	313	490	294	132	343	388	444	352	295	358	346	390	584	698	707	-	5037	-	31	0	0	676	0
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	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	86.1	-	72.3	-	-	-	-	86.1	-
Well Led	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	214	198	155	145	151	228	98	100	105	139	206	218	183	111	219	95	112	217	1803	-	0	0	0	217	0	
	PDRs - 12 month rolling	%	95	95	88.6	-	-	-	-	-	-	-	-	-	-	95.9	-	-	-	-	-	-	-	-	-	100.0	99.3	95.5	89.2	90.1
	Medical Appraisal	%	90	90	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	94.1	-	98.5	-	100.0	50.0	90.0	100.0	-	
	Sickness Absence (Rolling 12 Months)	%	3	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	5.0	-	4.9	-	3.3	6.0	5.1	5.4	5.0
	Sickness Absence (Monthly)	%	3	3	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	4.0	-	5.0	-	1.8	5.1	6.0	2.0	3.4
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	13	16	26	15	17	16	22	40	22	14	22	16	15	17	15	14	22	23	-	242	-	1	7	11	1	3
	Sickness Absence - Short Term (Monthly)	No	-	-	135	121	121	140	114	92	181	104	81	99	85	116	110	141	117	155	100	116	-	1408	-	23	50	29	12	2
	Ward Sickness Absence (Monthly)	%	3	3	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	6.7	-	7.4	-	-	6.7	-	-	-
	Mandatory Training - Health & Safety (% staff)	%	95	95	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	98.2	-	98.6	-	-	-	-	-	-
	Staff at 100% compliance with mandatory training	%	-	-	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	83.3	-	84.5	-	-	-	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	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	11.3	-	11.1	-	-	-	-	-	-
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	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	3.4	-	2.6	-	-	-	-	-	-
	Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	6.3	4.1	2.8	3.3	4.1	1.7	1.3	1.3	1.7	1.1	1.3	1.3	1.5	1.3	1.9	-	1.8	-	-	-	-	-	-
Nursing Vacancy Rate (Qualified)	%	11	11	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	9.6	-	9.4	-	-	-	-	-	-	
Patient Admin	New Starters Complete Onboarding Process	%	100	100	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	100.0	-	48.7	-	-	-	-	-	-
	Open Referrals	No	-	-	25630	25630	25884	25868	26083	26231	32917	32460	32380	32750	32929	33516	33790	34639	34602	34751	34825	35084	-	-	-	2293	29	0	32762	0

