

Sandwell and West Birmingham Hospitals

NHS Trust



Integrated Quality & Performance Report

Month Reported: **December 2020**

Reported as at: 11/01/2020

Clinical Leadership Executive
Quality & Safety Committee
Performance Management Committee

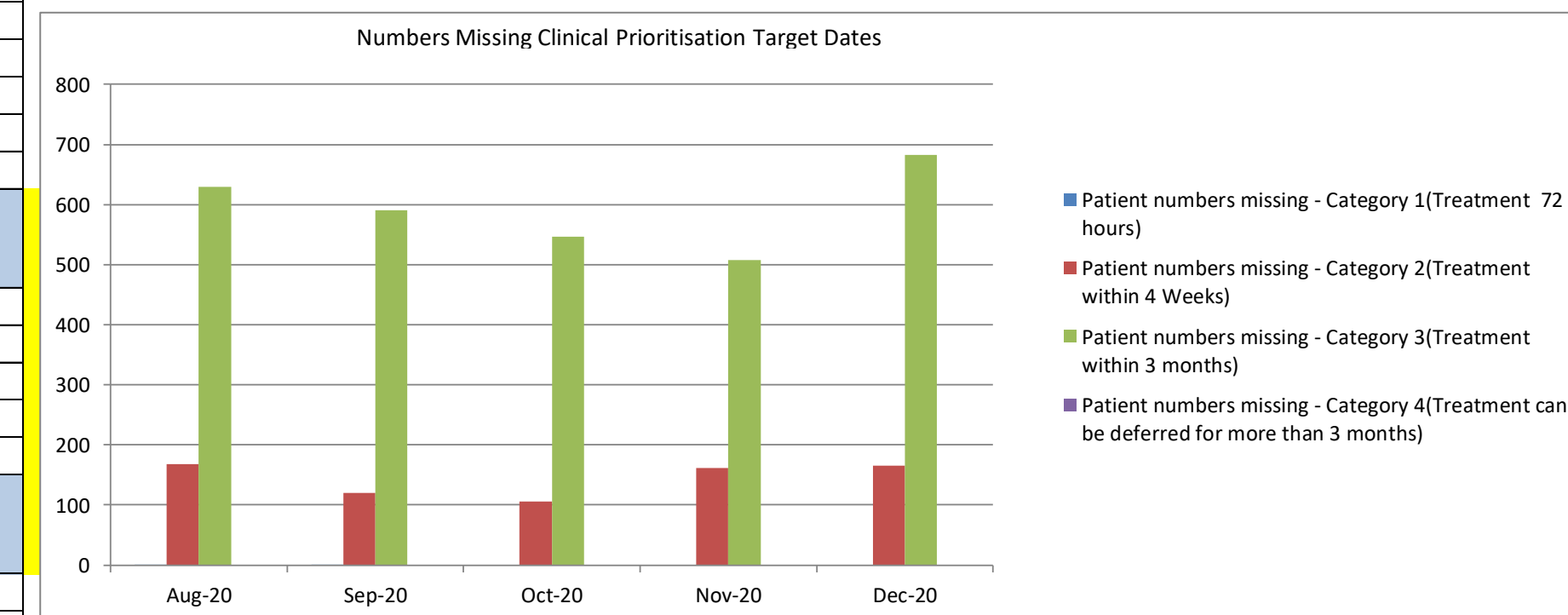
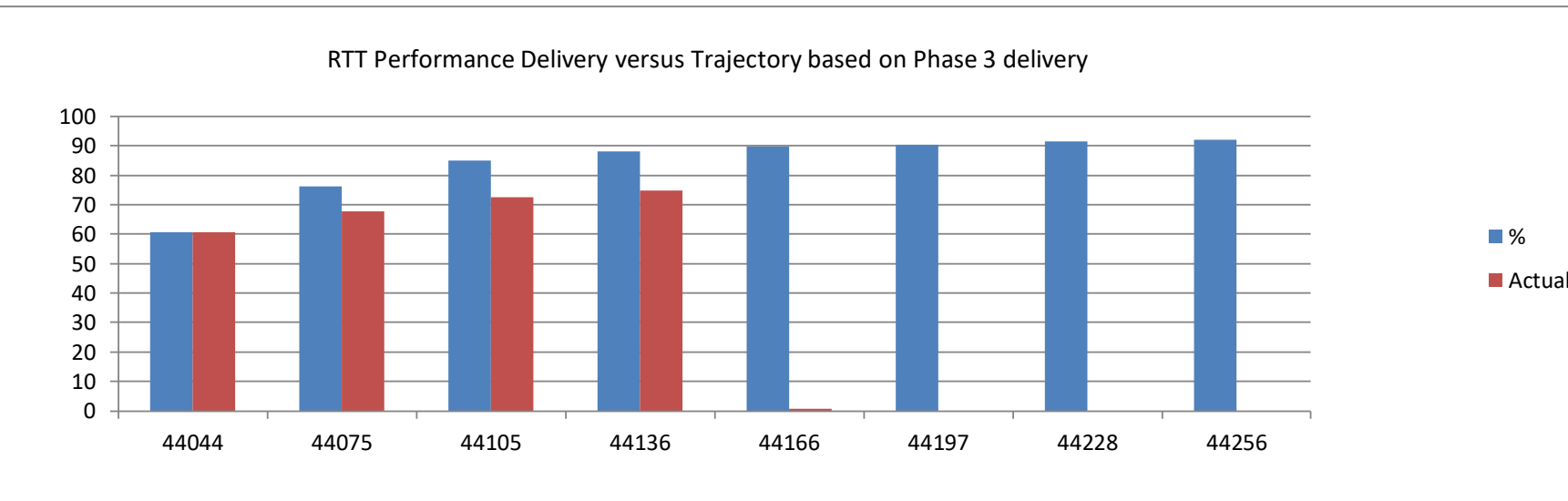
<p style="text-align: center;">Highlights</p>	<ul style="list-style-type: none"> • A&E performance delivered 78.1% of care within the 4hr target; 2,791 patients breached the 4 hr target. This performance is very similar to the last two months' pattern. Acuity of patients is high and ED performance continues to be heavily impacted by ability to manage patient flow down-stream • RTT performance as expected is below the national target, at 74.9% in December. DM01 diagnostics have continued to improve and we report 84.5% delivery of the 99% standard seeing a reduction to our 6 weeks plus wait times as we progress • Cancer performance remains below standards in November (latest reported position) now showing a decline in performance against all cancer indicators which is clearly unprecedented for the Trust • Other items to highlight for December are: 1x Never Event and 1x Maternal deaths have been reported in December, stillbirth rate rising with the Trust reporting through the Ockenden report, HSMR and SHMI mortality indicators are above tolerance levels • reflecting on positives we have seen the falls rate reducing since last month and generally being low comparatively to peers, and the trust has delivered its seasonal flu vaccination targets at the end of December a total 80% of front line staff have been vaccinated
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">RESPONSIVENESS</p>	<p>A&E Performance</p> <ul style="list-style-type: none"> • Performance delivered at 78.1% in December which is similar to the last 3 months; attendance numbers fell slightly again to around 12,726, but not as Covid wave 1. The acuity of patients attending is high. Capacity pressures continue and we see high levels of breaches, in December we report 2,791 patients breaching the 4 hr target including 3x 12hr Trolley waits (table top reviews are in progress for each), increased delayed handovers all reflective by lack of patient flow. The Trust reported only 9 Trolley Waits since last April, which are all due to COVID pressures. All are taken very seriously and reviews are in place, Our 4 hr performance at December benchmarks us 59th out of 110 A&E providers, which is an improvement on previous ranking. • There are 10 patient flow projects currently set up and monitored by the Urgent Care Board. Some of which have short-term impact and others that will focus on the longer term. A separate patient flow operational group is to be set up in November to strengthen delivery, tweak and develop the patient flow projects as to optimise patient flow throughout the organisation. This includes the latest NHSE guidance on discharges aimed at doctors. • Other Same Day Emergency Care (SDEC) initiatives are also being optimised, including the NHS 111 initiative with an aim to secure ED for the most ill and injured patients. More work is planned to improve SDEC access. Implementation of the Urgent Care Centre for Sandwell is progressing with a live date set for 1st April 2021 which will remove ED activity appropriately to this Same Day care facility. The project plan is still working to this deadline despite COVID pressures at this stage.
	<p>Referral to Treatment in 18 weeks (RTT Incomplete)</p> <ul style="list-style-type: none"> • RTT performance at December is at 74.9% with all other than 1 speciality below the 92% target, clearly impacted significantly by COVID at this stage. • Our waiting list is almost at 40,000 patients clearly the increase reflecting the inability to see patients and our backlog (patients above 18 weeks waiting time) is at 9,978 reflecting the backlog close to what we had in May of last year • From the backlog, there are 755 patients have breached against the 52 week + wait time. All of these breaches are being assessed against harm caused and we will be able to report on these figures soon, Ophthalmology is slightly behind with the largest volumes to review.
	<ul style="list-style-type: none"> • December DM01 performance improving further to 84.5% (last month 83%) • Whilst reducing significantly over the last few months, we have still got a high level of patients (16% in December vs 24% in November) on the diagnostics pathways waiting above the 6 week target (1,496) of which many are waiting at 13+ weeks (684) which has been caused by patients being unwilling to attend their appointment in fear of CV19.
	<p>Diagnostics Waits (% of patients waiting >6 weeks)</p> <ul style="list-style-type: none"> • The specific Imaging diagnostic patient volumes (CT, MRI, X rays and Ultrasounds) in December were at 25,267 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. Whilst the KPIs below are showing improvements, it needs to be noted that they are achieved by using increased outsourcing capacity, which has high costs associated to it, caused by vacancies in the team. The Group is looking into improvement and outsourcing reductions where possible. • Against these December volumes, and the top three Board KPIs performance was: Inpatient total turnaround (TAT) time within 24hrs has stabilised at 83% against the 90% trust target (previous high was 91%); Urgent GP tests within 5 days worsened slightly to 58% vs 90% target, but on review most of the patients fitted in the non-responder/non-attenders category. Overall Imaging achieved to turn around 85% of 'all Imaging work' under the 4 weeks (target of 95% and previous highs of 94%) which is a good result in this environment, however as mentioned above, these volumes and KPIs are heavily supported by the outsourcing companies. • Seeing now pressure in the booking of patients and patients who are too anxious to attend causing performance to fall below expected and previously achieved levels. Imaging are continuing to keep all patients who do not attend on their waiting list, whilst this is in place it will be challenging to progress recovery of the KPI or the DM01 as the impact of DNAs is significant. We continue to follow National policy by not removing patients from the waiting list who DNA or who do not want to come in at this time. • A much higher level of imaging reporting has been observed in November (c40%) as more plain film reporting goes to the two partner suppliers. This should be reviewed as it will impact costs significantly. The Group Director is aware.
	<p>Cancer Performance</p> <ul style="list-style-type: none"> • Reporting the November position (latest available reporting period), the Trust has not delivered any of the key cancer standards, which is clearly unprecedented. We have breached 2 week wait times, 31 and 62 day standards with 20 patients breaching the 62 day pathway.
<p>Cancellations</p> <ul style="list-style-type: none"> • December cancellations have not been signed off fully by all services therefore unable to report at this stage. 	

SAFE	Infection Control	<ul style="list-style-type: none"> • Infection Control metrics continue to report reasonably good performance; we reported 1x CDIFF case in December (including community) and 13 cases on a year to date basis against the year to date target of 28 so well below allocation. • MRSA screening rates for non-elective patients delivering 92% in December and remain very close against the target 95%. • Elective patients MRSA screening rates are below the 95% at 72% being under target in all Groups other than Women's & Children's who met their target this month.
	Harm Free Care	<ul style="list-style-type: none"> • The Trust falls rate per 1,000 bed days in December improved significantly to the spike in November and the Trust reports a lower incident rate of 3.95 (last month 5.2) and well in line with the Trust target of 5; we report 77 absolute falls and no serious harms against those. • The Trust Falls Lead Nurse looked at a comparison of number of falls during the covid period among some of the regional Trusts; this showed that SWB is below the average for the eight Trusts in the sample. Some Trust reported higher and lower than normal incidences. As a group they looked at the data and drew out common themes experienced during the covid surge in order to learn and prepare for the future.
		<ul style="list-style-type: none"> • Pressure Ulcers (Hospital or DN Caseload Acquired PUs) in December continue to show a small increase again as well as reporting 2x Grade 4 PUs; the overall Trust reports 78PUs (76 last month) in absolute numbers. Despite the 2 grade 4 pressure ulcers the Trust only reports 4 Serious Incidents in the month which is quite low in comparison to other months. • The Trust Tissue Viability Nurse (TVN) met with the West Midlands TVS leads, and monitors our relative position to other providers. There is an increase in 'device related damage' in all the Critical Care areas, related to patients being proned for 12 hours at a time. Nationally no solution has been found as yet, the breathing tube has to be there and the damage caused is outweighed by the risk of moving the patients. NHSE/I are trying to gather some incidence data around device related damage.
		<ul style="list-style-type: none"> • 1x never event has been reported in December in Ophthalmology where a foreign object was retained in the patient post-procedure and identified during their follow up appointment.
	<ul style="list-style-type: none"> • VTE assessments delivering 96.4% against the 95% target. • Sepsis (adults only) screening performance in December has been holding up to very well at 97% eligible patients being screened; screened patients who are positive has increased to 26% where we are used seeing just below 20% at pre-COVID levels; for positive patients the antibiotic administered in one hour (and recorded as such) was for 83% of patients • Neutropenic Sepsis reporting an improved delivery to last month with 90% of patients treated in the 1hr from door to antibiotic standard (3/31 breached). The average time was 45 minutes in December, very close to the 60 minutes standard (1hr). The 3 breaches show delays above the hour between 7-47 minutes and two appear to have been preventable (patient was given the appropriately timed medication, but the nurse has not recorded in the system on a timely basis hence registering a breach); no harm was caused to any of the three patients which breached 	

	Obstetrics	<ul style="list-style-type: none"> The Trust reports 2x maternal deaths in December, detailed investigations have been ongoing. There are now 3 in the year to date. The overall Caesarean Section rate for December grows to 31.3% in month but remains fairly stable but tracking much closer to 30% rather than the Trust target of 25%. This is split between : <ul style="list-style-type: none"> Elective C-Section rate at December is 11% higher than the long term average trend pre-COVID but in line during the COVID period Non-elective C-Section rates were on average 17% during the full year (pre-COVID periods), and in December we report at 20%. In December we see the still-birth rate rise from 2.33 per 1000 babies (November) to 10.81. This is the second highest month of the year (June 2020 was 11.9), which will be detailed in the new, monthly 'Ockenden' reporting process
CARING	Patient Experience (FFT), Mixed Sex Accommodation (MSA), Complaints, Flu Vaccination	<ul style="list-style-type: none"> MSA has not been reported for a few months running . A data cleanse in September combined with a visit by the Chief Nurse to the Assessment Units suggested that this is where our breaches are. A decision is required as to when we begin to address this issue in the context of Covid-19 pressures and capacity Flu vaccination completed the campaign in December reaching 80% front line staff vaccinations against the 80% target. Vaccination will continue during January and February, but the official campaign is now complete. We observe low score and response rates against FFT. Formal complaints have increased to 11.66 per 1000 bed days (3.81 in November) but have reduced to 4.06 (10.8 in November) per 1000 episodes of care. This requires further understanding.
EFFECTIVE	Mortality, Readmissions	<ul style="list-style-type: none"> Readmissions rates (30 days after discharge) have gone up again in December to 9% and remain high over the last year generally. HSMR (measures expected vs actual deaths in-hospital) reporting at 139 above the tolerance levels as at the end of August 2020 (latest available reporting period and also during COVID), showing a continually, elevated position against the weekend mortality rate which is 155 and weekday at 134. This position makes the Trust HSMR position a significant outlier compared against the national picture. As reported last month to Q&S committee, an initial review concluded that: some of the coding included COVID related deaths, which should have been excluded have been included because they are not coded on the patient's first or second episode; unnecessary volumes of patient episodes are being recorded; and palliative care coding are believed to be a significant cause. The learning from deaths facilitator and coding team are reporting to the Q&S committee bi-monthly and have agreed a set of lead measures that should provide reassurance that the HSMR will come down later this year once the improvements have been made and have filtered through the reporting system. SHMI (measuring expected vs actual deaths including deaths 30 days post discharge from hospital) is elevated at 112.6 for July 2020 (latest available position) with Cancer of the Lung, Sepsis and Pneumonia being the top three death reasons. The SHMI will also be impacted by the coding improvements. Medical Examiners' mortality reviews picking up to 93% which is well above the trust target of 90% and demonstrating a solid process in the review of deaths.
	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 , which is lowest now ever in December at 49% in the month below the 80% target; recent initiative to split the ward into 2 areas will improve the admission times and the service will be monitoring this. Cardiology performance also reporting good performance across most IQPR indicators however Primary Angioplasty (Call To Balloon Time 150 mins) also dropped unusually this month to 64% against its 80% target.
	Patient Flow	<ul style="list-style-type: none"> 21+ LOS patients (long stay patients) count at the end of December at 78 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). <ul style="list-style-type: none"> Neck of Femur performance at 91% in December against the 85% target; we see delivery of this indicator for a second months running which is positive considering the under-performance during most of the year with a year to date performance of 75% which hopefully now will be improved going forward and possibly deliver on a full year basis .
WELL LED	Workforce	<ul style="list-style-type: none"> Sickness rate overall is at 5.4% in the month resulting in a cumulative rate of 5.7% against the trust target of 4% (target for wards at 3%). Ward sickness rate specifically is at 7.8% showing an improvement to the sharp jump last month. Nursing vacancy rate is at 14% Mandatory Training (where staff are at 100% of their MT) is at 79% against the 95% aim.
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. <ul style="list-style-type: none"> 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 EMP	Persistent Reds	Paused currently with a view to review the focus post-COVID

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%			
% of Production Plan volumes	77.5%	85.1%	85.5%	86.0%	79.4%			
% of Clinical Group agreed volumes	94.8%	112.2%	98.8%	101.5%	94.6%			
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%			
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%			
% of Phase 3 activity volumes CT (100% by October)	104.2%	98.8%	109.4%	102.2%	100.0%			
% of Phase 3 letter activity Endoscopy (100% in October)-All Scopes	74.2%	70.3%	106.3%	84.4%	78.3%			
DM01 Trajectory	N/A	94.50%	98.20%	99.00%	99.00%	99.00%	99.00%	99.00%
Variance versus planned trajectory to achieve 99% DM01	N/A	-26.7%	-22.2%	-15.9%	-14.5%			
Cancer 62 Day Standard								
Cancer 62 Day standard aims to achieve 85% performance by Mar21 :								85%
104 day volumes (patient numbers)	3	8	4	10				
62 day refer to treat % (distance from 85% standard)	77.4%(-7.6%)	74.2%(-10.8%)	75.4%(-9.6%)	71.4%(-13.6%)				
31 day diagnosis to treatment % (distance from 96% standard)	93.5%(-2.5%)	94.6%(-1.4%)	92%(-4.0%)	91.1%(-4.9%)				
Cancer Trajectory-104 day	50	39	24	19	11			
Cancer Trajectory-62 day	60%	55.00%	55.00%	80.00%	85.00%	85.00%	85.00%	85.00%
Cancer Trajectory-31 day	94.0%	95%	96%	97%	98%			
52 Week Wait Breaches								
Shows volumes that will breach if no intervention (follows the waiting list patient queue to indicate potential breaches) :								Zero 52 WW Breaches
Volumes that will be breaching at 31 March 2021 - Inpatients	3,843	3,016	2,427	2,264	1,942			
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%			
Volumes that will be breaching at 31 March 2021 - Outpatients	7,460	5,015	3,302	2,322	1,474			
Straight line trajectory to zero in March21-Outpatients	7,460	6,394	5,329	4,263	3,197	2,131	1,066	-0
Clinical Prioritisation								
Numbers of patients who have been prioritised on the inpatient Waiting List and have not been seen within the specified time frame for their categorisation 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			
Patient numbers missing - Category 2(Treatment within 4 Weeks)	168	120	106	161	166			
Patient numbers missing - Category 3(Treatment within 3 months)	629	591	547	507	682			
Patient numbers missing - Category 4(Treatment can be deferred for more than 3 months)	0	0	0	0	0			
Clinical Prioritisation-Ophthalmology								
Numbers of patients who have been prioritised on the inpatient Waiting List and have not been seen within the specified time frame for their categorisation and are still waiting.	Zero	Zero	Zero	Zero	Zero	Zero	Zero	Zero
Patient numbers missing - Category 1(Treatment 24 hours)	0	0	0	0	0			
Patient numbers missing - Category 2(Treatment within 72 hours)	1	0	1	116	123			
Patient numbers missing - Category 3(Treatment within 4 Weeks)	231	225	211	472	547			
Patient numbers missing - Category 4(Treatment needed within 3-4 months)	190	162	166	264	265			
Safety Checks								
52 week breaches	252	376	482	641	755			
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			

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



CQC Domain - Safe

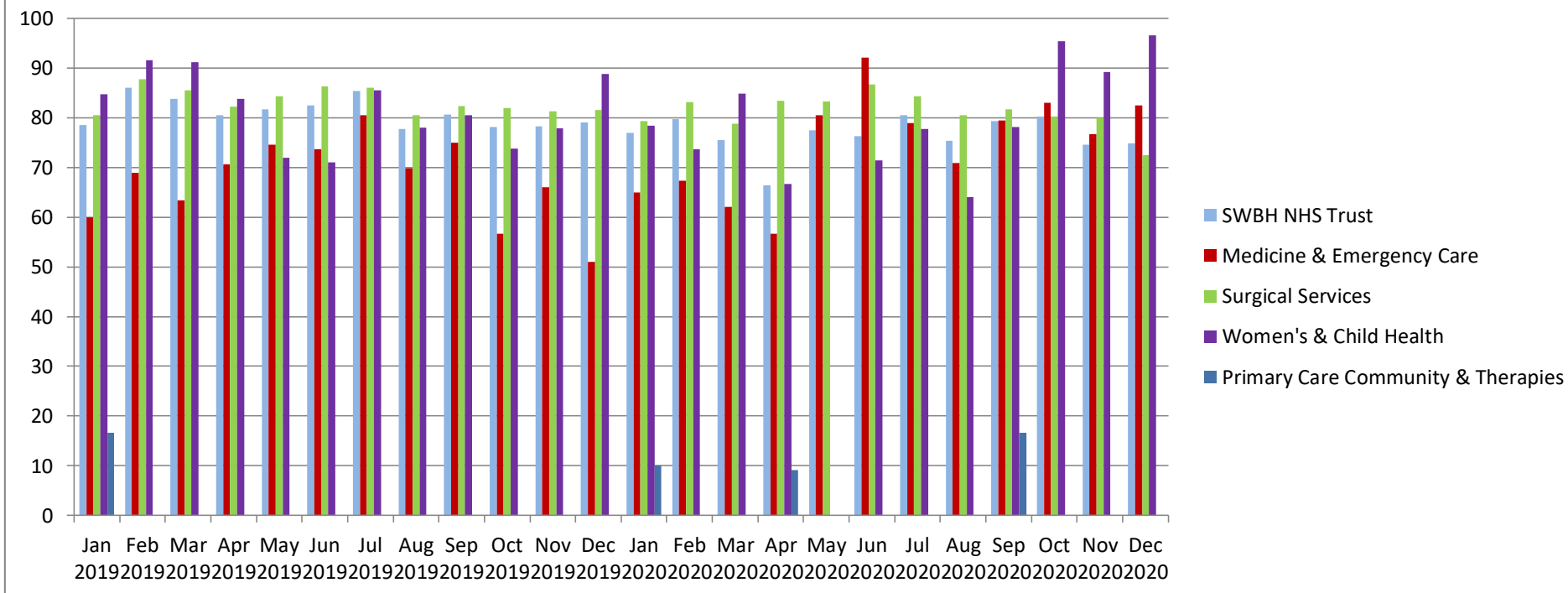
	Kitemark	Reviewed Date	Indicator	Measure	Standard		Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	20/21 Year to Date	Group								
					Year	Month	2019	2019	2019	2019	2019	2019	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020		2020	2020	2020	M	SS	W	I	PCCT	CO
Infection Control	●●●●●●		C. Difficile (Post 48 hours)	<= No	41	3.4	4	3	2	2	4	3	3	2	3	0	3	1	2	3	1	1	1	1	13	1	0	0	-	0	-			
	●●●●●●		MRSA Bacteraemia (Post 48 hours)	<= No	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	-	0	-			
	●●●●●●		MSSA Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	<= Rate2	9.42	9.42	5.46	5.49	5.65	15.18	0.00	4.76	4.88	21.01	0.00	7.02	12.15	7.23	13.49	0.00	12.61	10.86	5.54	11.28	8.99	-	-	-	-	-	-			
	●●●●●●		E Coli Bacteraemia (Post 48 Hours) - rate per 100,000 bed days	<= Rate2	94.9	94.9	5.46	10.99	22.58	15.18	5.19	14.27	24.39	26.26	16.43	21.05	18.23	28.93	6.75	13.15	18.92	10.86	5.54	16.93	15.21	-	-	-	-	-	-			
	●●●●●●		MRSA Screening - Elective	=> %	95	95	85.3	77.8	80.6	78.1	78.2	79.1	76.9	79.7	75.5	66.4	77.4	76.2	80.4	75.4	79.3	80.3	74.6	74.8	77.2	82.5	72.4	96.6	36.4	0.0	-			
	●●●●●●		MRSA Screening - Non Elective	=> %	95	95	79.5	81.3	67.3	76.0	79.5	76.3	80.0	83.9	78.1	83.9	91.5	92.6	93.6	93.9	92.5	92.5	92.2	92.5	91.0	92.6	91.7	100.0	-	84.6	-			
Harm Free Care	●●●●●●		Patient Safety Thermometer - Overall Harm Free Care	=> %	95	95	95.4	93.7	94.8	98.5	95.4	99.3	98.9	98.7	98.4	Indicator discontinued nationally - awaiting publication of replacement										97.3	-	-	-	-	-	-	-	
	●●●●●●		Patient Safety Thermometer - Catheters & UTIs	%	-	-	0.1	0.3	0.5	0.5	0.0	0.4	0.0	0.3	0.1	Indicator discontinued nationally - awaiting publication of replacement										0.2	-	-	-	-	-	-	-	-
	●●●●●●		Number of DOLS raised	No	-	-	26	36	37	34	26	36	33	31	28	32	43	45	42	26	43	40	39	50	360	23	14	0	-	13	-			
	●●●●●●		Number of DOLS which are 7 day urgent	No	-	-	26	36	37	34	26	36	33	31	28	32	43	45	42	26	43	40	39	50	360	23	14	0	-	13	-			
	●●●●●●		Number of delays with LA in assessing for standard DOLS application	No	-	-	6	11	2	4	3	7	6	7	0	3	3	4	8	6	6	7	3	7	47	2	3	0	-	2	-			
	●●●●●●		Number DOLS rolled over from previous month	No	-	-	0	4	0	1	1	2	0	5	7	9	8	9	6	3	2	6	8	10	61	6	2	0	-	2	-			
	●●●●●●		Number patients discharged prior to LA assessment targets	No	-	-	11	23	20	22	13	22	18	18	24	30	37	43	35	18	29	25	29	42	288	21	11	0	-	10	-			
	●●●●●●		Number of DOLS applications the LA disagreed with	No	-	-	0	2	2	0	1	0	0	2	1	0	0	0	0	0	0	0	2	0	2	0	0	0	0	-	0	-		
	●●●●●●		Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	3	0	0	0	0	0	1	0	0	0	0	0	0	0	4	0	6	0	10	0	0	0	-	0	-			
	●●●●●●	Apr 19		Falls	No	-	-	86	92	78	-	71	88	97	84	110	66	67	70	74	81	82	74	99	75	688	36	23	-	-	16	-		
	●●●●●●	Apr 19		Falls - Death or Severe Harm	<= No	0	0	2	0	0	-	2	0	1	1	0	0	1	1	2	1	0	0	0	0	5	0	0	0	0	0	0		
	●●●●●●			Falls Per 1000 Occupied Bed Days	<= Rate1	5	5	3.80	4.32	3.78	-	3.22	3.80	4.19	3.94	5.66	4.33	4.54	4.62	4.58	4.84	4.66	3.76	5.18	3.95	4.48	-	-	-	-	-	-		
	●●●●●●	Apr 19		Pressure Ulcer SWB Hospital Acquired - Total	<= No	0	0	26	28	33	23	14	32	36	39	32	38	32	19	23	20	25	32	38	45	272	20	13	2	-	10	-		
	●●●●●●	Apr 19		Pressure Ulcers per 1000 Occupied Bed Days	Rate1	-	-	1.16	1.27	1.54	0.97	0.61	1.32	1.50	1.77	1.59	2.44	2.10	1.22	1.38	1.16	1.38	1.58	1.93	2.31	1.73	-	-	-	-	-	-		
	●●●●●●	Apr 19		Pressure Ulcer DN Caseload Acquired - Total	<= No	0	0	29	35	27	31	18	25	25	26	22	20	24	25	41	29	24	22	38	33	256	2	-	-	-	31	-		
	●●●●●●			Pressure Ulcer Present on Admission to SWBH	<= No	0	0	125	87	85	78	95	88	104	117	102	108	100	96	114	112	93	124	112	110	969	-	-	-	-	-	-		
	●●●●●●			Venous Thromboembolism (VTE) Assessments	=> %	95	95	95.9	95.2	95.6	96.3	-	95.9	96.0	96.0	95.3	94.9	95.0	96.2	96.2	95.3	95.5	95.3	96.0	96.4	95.7	98.4	96.1	88.4	87.5	98.5	-		
	●●●●●●	Apr 19		WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	=> %	100	100	100.0	100.0	-	100.0	99.9	100.0	99.9	99.6	100.0	99.8	100.0	100.0	100.0	99.9	99.9	100.0	100.0	98.8	99.8	96.8	99.9	99.6	-	100.0	-		
	●●●●●●	Apr 19		WHO Safer Surgery - brief(% lists where complete)	=> %	100	100	100.0	99.8	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	99.7	100.0	99.5	99.9	99.3	100.0	-	-	100.0	-		
	●●●●●●	Apr 19		WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	=> %	100	100	99.8	99.6	100.0	99.7	100.0	99.3	100.0	99.8	99.3	100.0	100.0	100.0	98.7	99.3	100.0	99.2	99.7	99.0	99.5	98.6	100.0	-	-	100.0	-		
	●●●●●●			Never Events	<= No	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0	-		
	●●●●●●			Medication Errors causing serious harm	<= No	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	-		
	●●●●●●			Serious Incidents	<= No	0	0	32	12	11	17	11	7	6	8	0	4	8	12	6	7	10	7	8	4	66	2	0	1	1	0	0		
	●●●●●●			Open Central Alert System (CAS) Alerts	No	-	-	9	8	11	12	10	12	10	9	8	2	5	3	3	5	6	4	4	4	36	-	-	-	-	-	-		
	●●●●●●			Open Central Alert System (CAS) Alerts beyond deadline date	<= No	0	0	6	5	6	7	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-		
				Sepsis - Screened (as % Of Screening Required)	=> %	100	100	-	-	-	-	-	88.5	91.1	90.7	92.8	95.4	94.7	96.2	94.4	94.5	96.1	97.4	97.4	97.5	96.0	96.7	98.9	100.0	-	98.3	-		
			Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	16.2	16.3	17.6	19.6	20.2	21.1	20.8	22.8	22.9	23.5	22.9	26.3	25.8	22.8	28.1	22.1	18.2	-	23.2	-			
			Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	80.3	77.1	75.7	79.6	82.7	72.1	72.8	82.9	87.9	88.3	89.7	87.8	83.1	88.0	83.8	100.0	-	76.9	-				
			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	70.0	84.6	80.7	66.7	-	20.0	-			
			Sepsis - Antibiotic Review Within 72 hrs	=> %	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			

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

CQC Domain - Safe

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

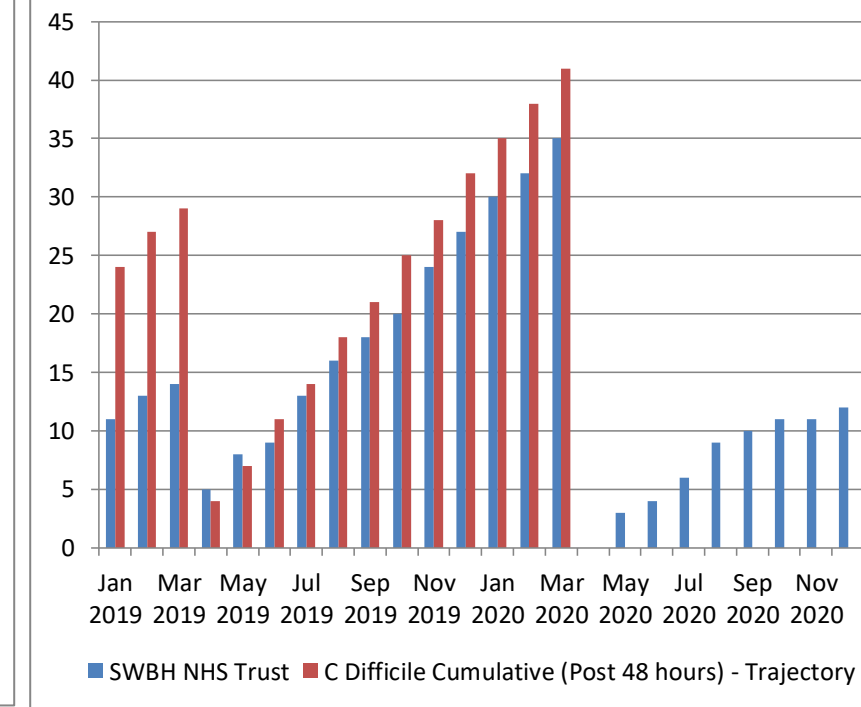
MRSA Screening - Elective



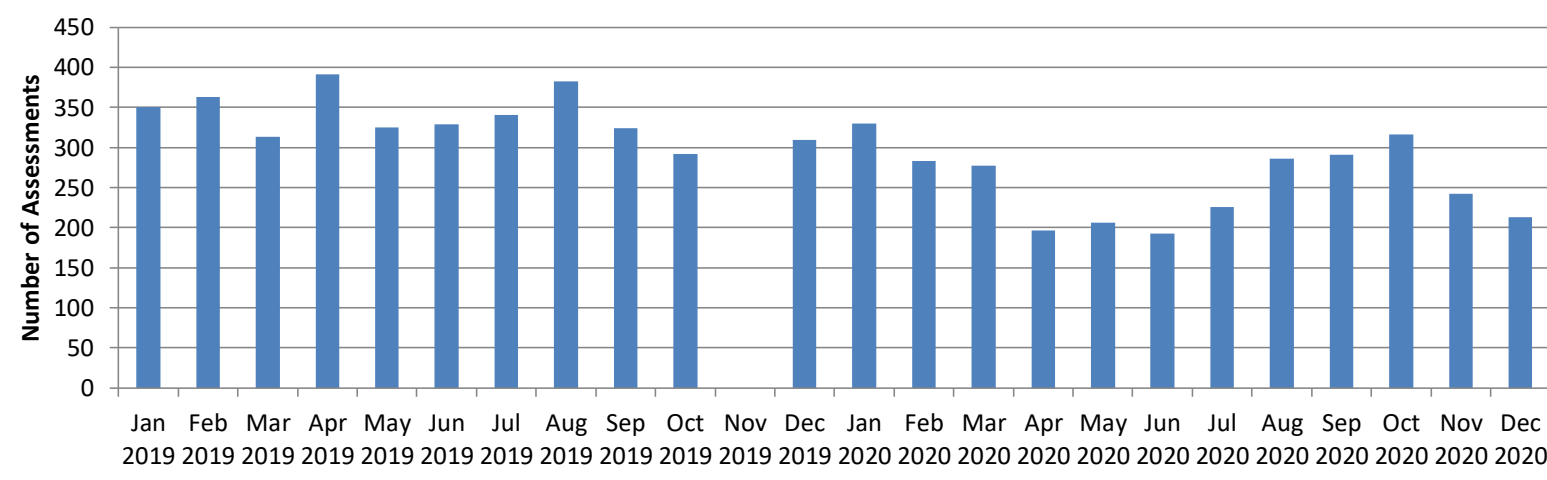
MRSA Screening - Non Elective



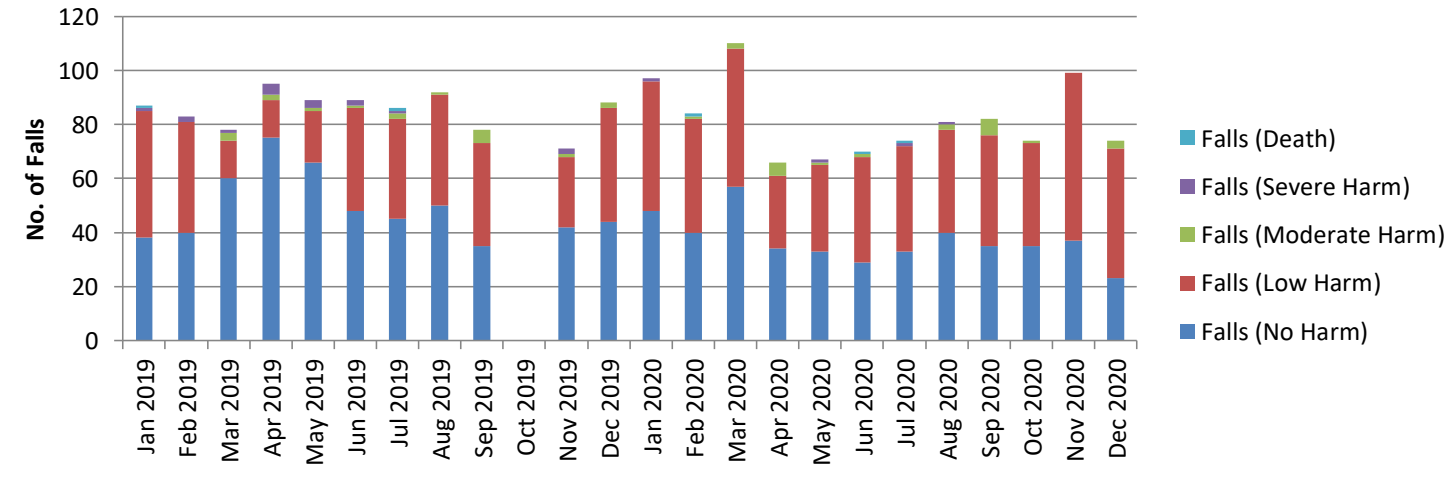
C Diff Infection



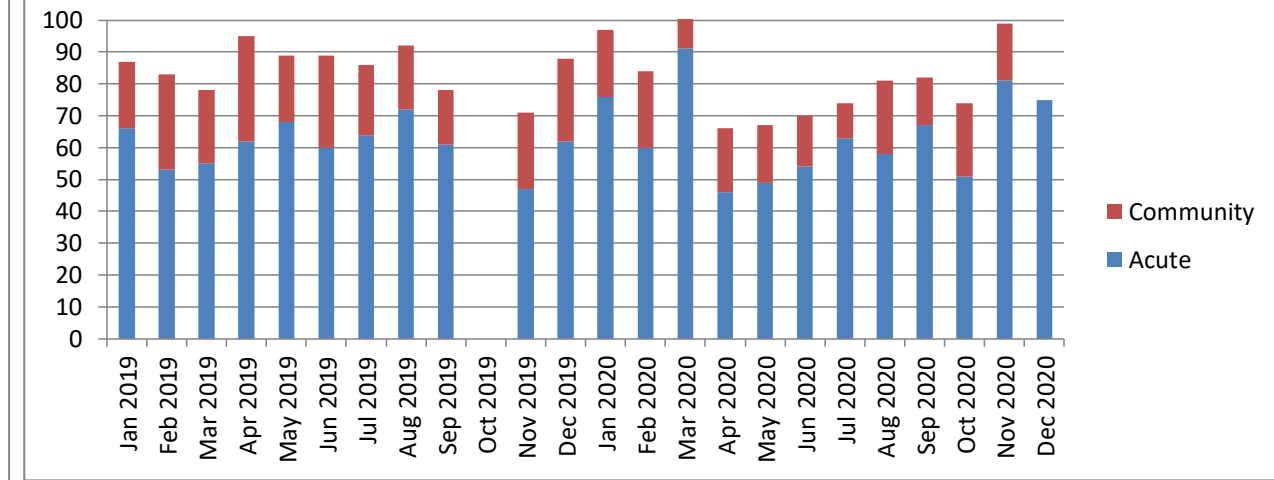
VTE Assessments Missed



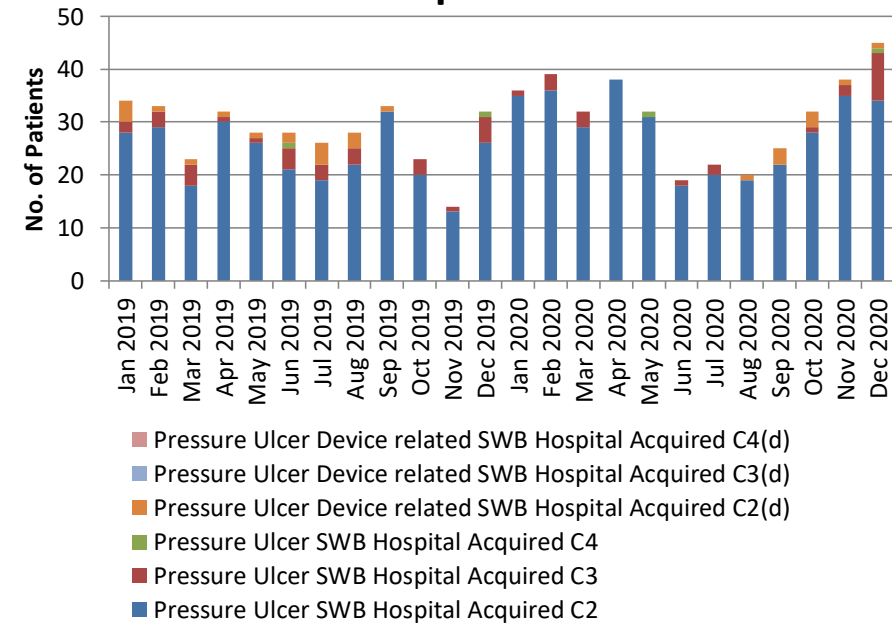
Falls



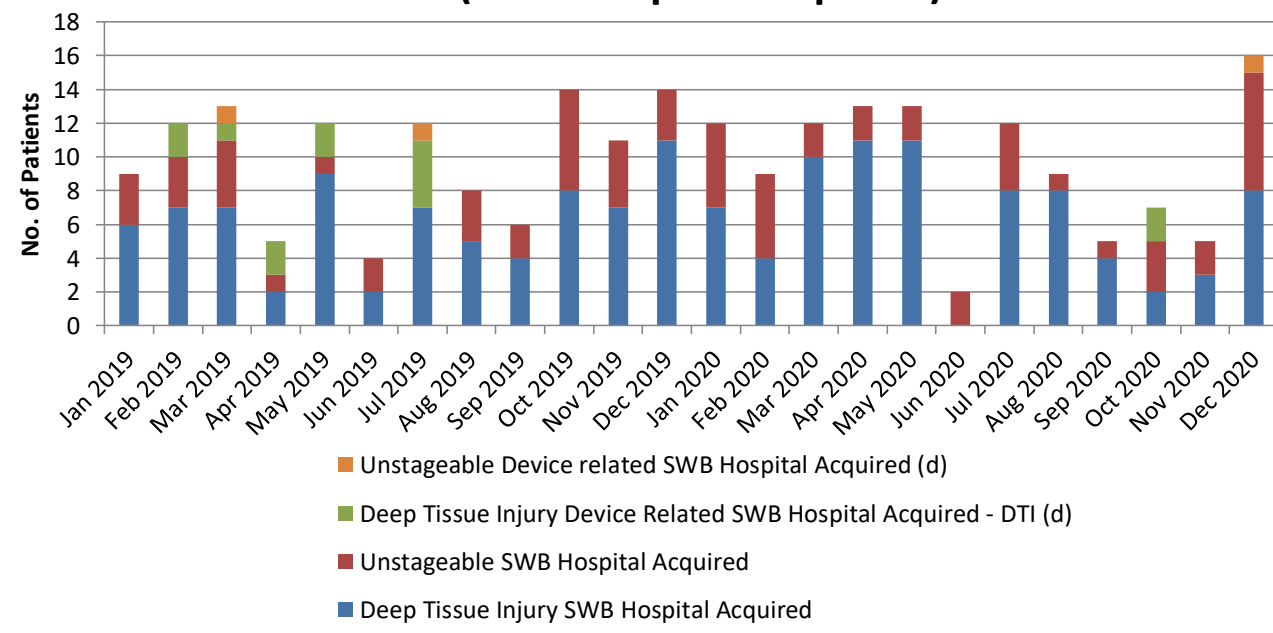
Falls - Acute & Community



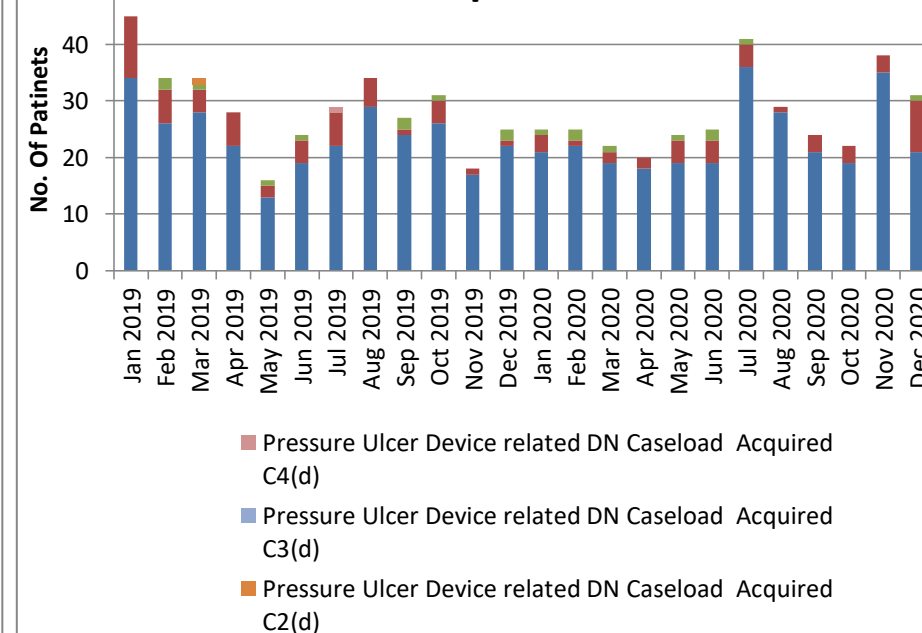
Pressure Ulcers - SWB Hospital Acquired



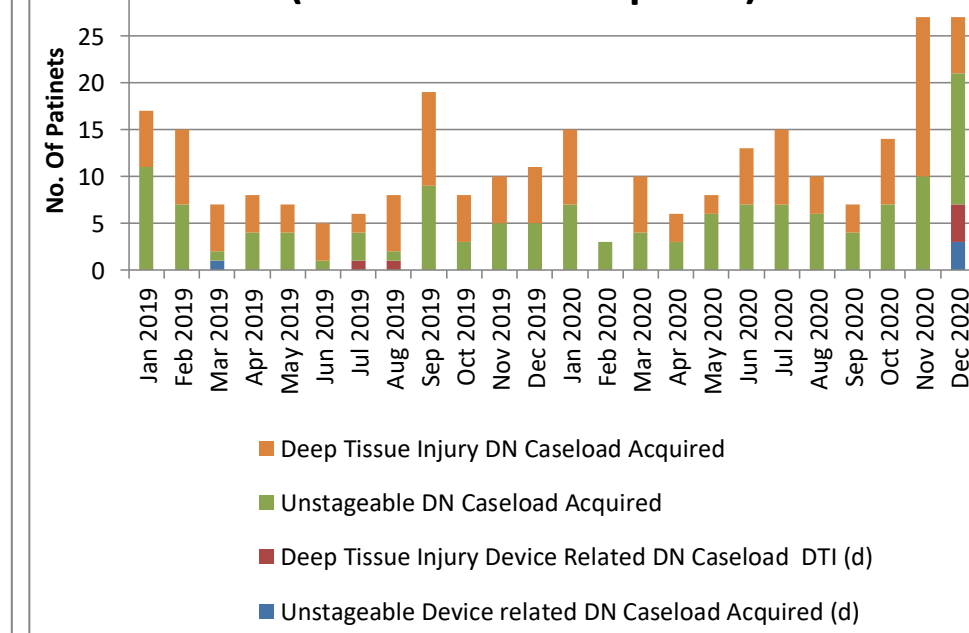
Unstageable / Deep Tissue (SWB Hospital Acquired)



Pressure Ulcers - DN Caseload Acquired



Unstageable/Deep Tissue (DN Caseload Acquired)

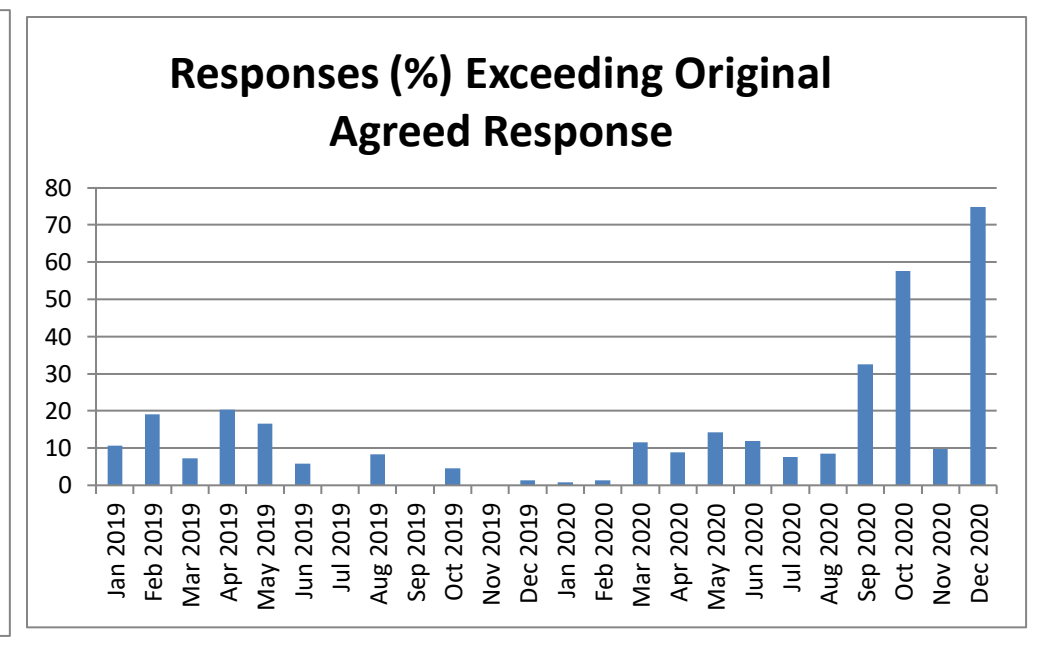
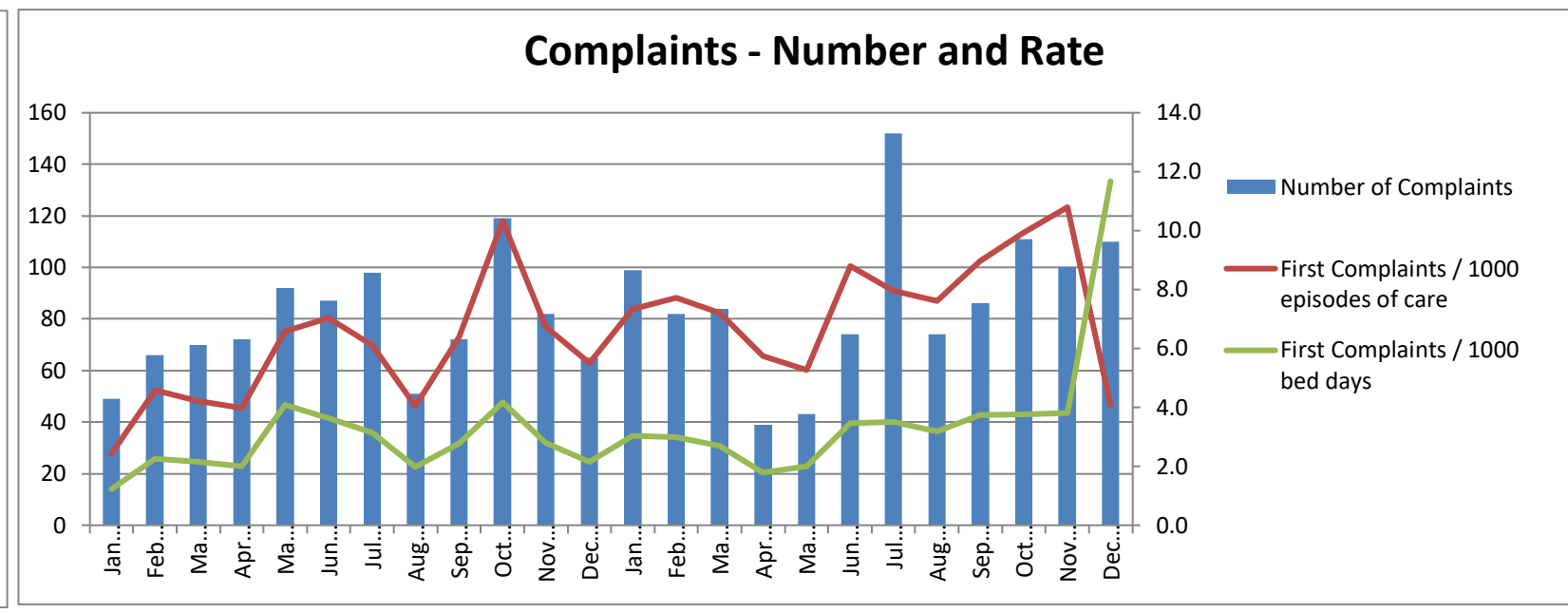
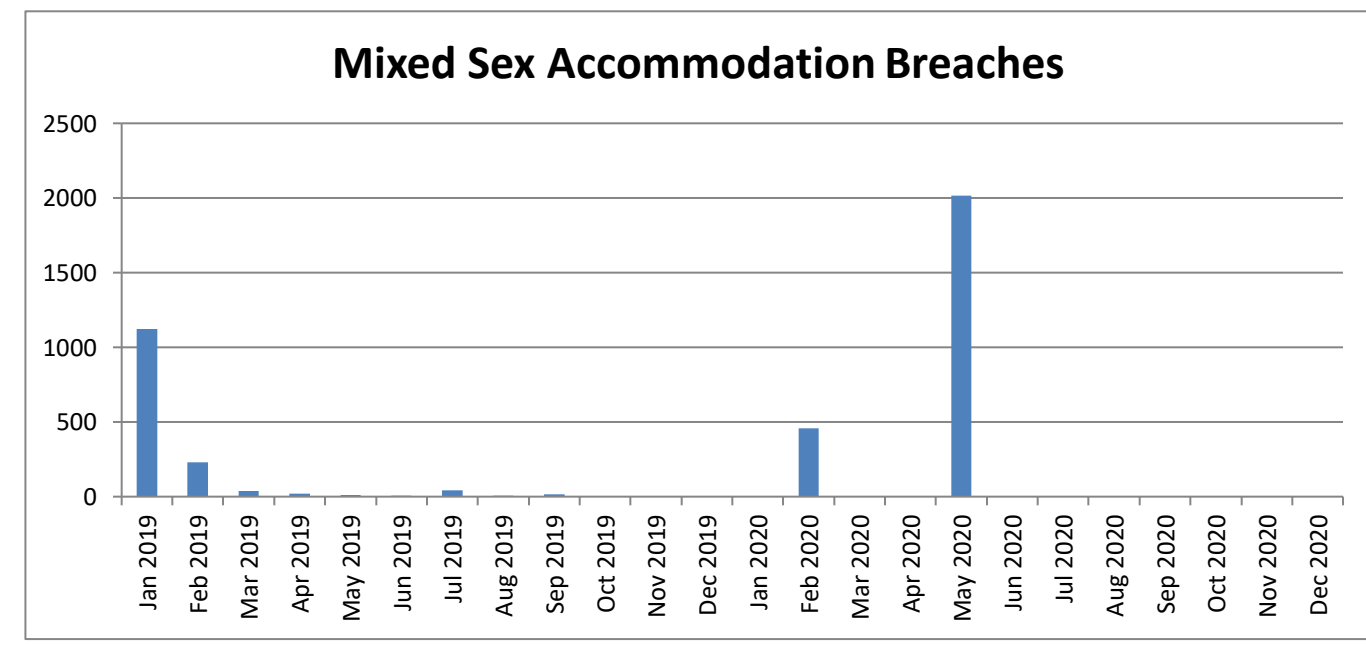


CQC Domain - Caring

	Kitemark	Reviewed Date	Indicator	Measure	Standard		2020												20/21 Year to Date	Group													
					Year	Month	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020		Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	M	SS	W	I	PCCT	CO		
FFT			FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	25	25	23.1	20.9	23.4	18.7	21.5	18.5	20.5	26.2	26.2	13.6	16.2	15.5	23.8	14.7	18.7	17.8	15.4	14.2	16.8	-	-	-	-	-	-		
			FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95	95	91	90	89	89	89	86	89	-	90	86	86	88	89	82	85	84	83	82	-	-	-	-	-	-	-	-	
			FFT Response Rate: Type 1 and 2 Emergency Department	=> %	25	25	10.4	9.5	9.8	10.6	9.6	9.1	9.5	9.1	10.5	14.2	13.7	12.9	13.2	12.9	12.8	12.3	13.2	11.5	12.9	11.5	-	-	-	-	-	-	
			FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95	95	76	78	71	71	68	73	75	72	79	89	85	84	81	78	77	78	78	82	-	82	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	FFT Score - Outpatients	=> No	95	95	88	76	87	87	89	89	89	89	89	87	89	89	89	88	88	89	90	89	-	-	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Score - Maternity Antenatal	=> No	95	95	0	0	0	90	97	100	75	83	80	86	84	84	84	78	79	78	80	78	-	-	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Score - Maternity Postnatal Ward	=> No	95	95	100	100	100	92	93	0	97	94	100	0	67	0	100	0	100	8	80	0	-	-	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Score - Maternity Community	=> No	95	95	0	0	0	94	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Score - Maternity Birth	=> No	95	95	91	66	6	94	97	94	95	97	97	89	100	82	94	70	94	93	87	85	-	-	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	FFT Response Rate: Maternity Birth	=> %	25	25	10.2	1.4	6.1	28.2	35.3	12.2	32.2	55.0	28.2	4.4	8.4	6.1	41.6	7.3	17.5	11.2	6.0	100.0	14.5	-	-	-	-	-	-	-	-
MSA	●●●●●●●●		Mixed Sex Accommodation - Breaches (Patients)	<= No	0	0	44	7	16	-	-	-	-	458	-	-	2013	-	-	-	-	-	-	2013	-	-	-	-	-	-	-	-	
Complaints	●●●●●●●●		No. of Complaints Received (formal and link)	No	-	-	98	51	72	119	82	65	99	82	84	39	43	74	152	74	86	111	100	110	789	43	30	15	3	17	2		
	●●●●●●●●		No. of Active Complaints in the System (formal and link)	No	-	-	148	91	121	140	114	92	106	142	126	102	109	123	152	139	189	288	374	67	1543	67	0	0	0	0	0	0	
	●●●●●●●●		No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	3.15	1.98	2.78	4.16	2.78	2.15	3.03	2.99	2.68	1.78	1.99	3.47	3.50	3.17	3.75	3.76	3.81	11.66	3.61	9.64	14.93	8.65	-	26.82	-		
	●●●●●●●●		No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	6.10	4.05	6.38	10.31	6.72	5.50	7.33	7.72	7.21	5.74	5.26	8.79	7.96	7.61	8.97	9.94	10.80	4.06	7.15	2.60	7.14	4.76	-	12.98	-		
	●●●●●●●●		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	82.9	76.1	83.1	10.4	7.6	84.7	82.0	76.4	65.1	100.0	13.3	100.0	100.0	100.0	100.0		
	●●●●●●●●		No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0	0.0	8.4	0.0	4.5	0.0	1.3	0.8	1.4	11.6	8.8	14.3	11.9	7.6	8.5	32.6	57.7	9.9	74.8	19.9	94.7	39.1	85.7	40.0	81.8	66.7		
	●●●●●●●●		No. of responses sent out	No	-	-	95	96	61	88	105	76	76	70	87	68	35	58	66	86	43	27	33	107	523	38	23	11	5	21	9		
WKF	●●●●●●●●	Apr 19	Flu Vaccination Rate	=> %	80	80	-	-	-	47.7	62.4	78.1	82.0	83.1	-	-	-	-	-	-	-	-	-	70.7	-	-	-	-	-	-	-		

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		Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	20/21 Year to Date	Group							
					Year	Month																									M	SS	W
Emergency Care			Emergency Care Attendances (Including Mailing)	No	-	-	19047	17657	17973	18445	17868	19330	18477	17367	13392	7163	9828	12215	14065	15099	14548	13833	13235	12762	112748	-	-	-	-	-	-		
	●●●●●●●●		Emergency Care 4-hour waits	=> %	95	95	81.4	81.6	74.1	71.7	70.9	72.2	73.0	74.6	79.3	87.8	91.6	90.0	86.2	84.9	80.3	79.1	79.2	78.1	83.6	-	-	-	-	-	-		
	●●●●●●●●		Emergency Care 4-hour breach (numbers)	No	-	-	3542	3252	4764	5215	5199	5375	4819	4416	2768	844	828	1225	1941	2284	2860	2895	2754	2791	18422	-	-	-	-	-	-		
	●●●●●●●●		Emergency Care Trolley Waits >12 hours	<= No	0	0	0	0	2	2	1	1	0	0	0	1	0	0	0	0	0	3	2	3	9	-	-	-	-	-	-		
	●●●●●●●●		Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15	45	52	71	185	154	116	121	62	85	74	44	62	194	69	163	149	183	132	-	-	-	-	-	-	-		
	●●●●●●●●		Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60	261	208	217	250	263	263	254	232	151	82	82	100	136	153	168	147	165	166	-	-	-	-	-	-	-		
	●●●●●●●●		Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5	5	5.2	5.6	7.3	7.8	7.9	7.9	8.1	7.5	8.8	8.6	8.9	7.5	8.4	8.2	7.1	7.7	7.0	7.1	7.8	-	-	-	-	-	-		
	●●●●●●●●		Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5	5	7.4	6.4	8.8	10.5	10.2	9.5	8.0	7.8	5.5	2.8	2.6	3.2	4.5	4.8	4.9	4.0	3.6	3.5	3.9	-	-	-	-	-	-		
	●●●●●●●●		WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	123	162	238	251	228	279	199	242	380	234	172	77	183	172	161	267	186	245	1697	-	-	-	-	-	-		
	●●●●●●●●		WMAS - Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	5	9	33	16	9	12	9	32	42	8	1	0	0	3	9	43	31	49	144	-	-	-	-	-	-		
	●●●●●●●●		WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02	0.1	0.2	0.7	0.3	0.2	0.2	0.2	0.7	0.9	0.3	0.0	#DIV/0!	0.0	0.1	0.2	1.0	0.8	1.1	0.5	-	-	-	-	-	-		
	●●●●●●●●		WMAS - Emergency Conveyances (total)	No	-	-	4658	4486	4484	4656	4721	4887	4848	4522	4588	3069	3282	3039	3951	4209	4065	4323	4106	4278	34322	-	-	-	-	-	-		
Patient Flow	●●●●●●●●	Apr 19	Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5	-	4.7	3.0	2.8	2.9	2.4	2.8	3.0	4.2	1.6	Data collection paused temporarily											-	-	-	-	-	-
	●●●●●●●●		Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	240	20	-	27	17	19	20	16	19	20	28	11	Data collection paused temporarily											-	-	-	-	-	-
	●●●●●●●●	Apr 19	Delayed Transfers of Care (Acute) - Finable Bed Days	<= No	0	0	295	185	127	147	163	180	195	340	388	210	Data collection paused temporarily											-	-	-	-	-	-
	●●●●●●●●	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - ALL	No	-	-	684	671	675	867	852	944	989	860	730	501	554	543	604	746	750	935	901	943	6477	-	-	-	-	-	-		
	●●●●●●●●	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No	-	-	218	233	266	330	310	383	354	358	347	343	295	277	293	377	312	426	443	386	3152	-	-	-	-	-	-		
	●●●●●●●●	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units and Clinical Transfers	No	-	-	46	45	52	52	80	66	71	64	95	80	47	39	25	40	52	79	118	75	555	-	-	-	-	-	-		
Cancellations	●●●●●●●●	Apr 19	Hip Fractures Best Practice Tariff (Operation < 36 hours of admissions)	=> %	85	85	62.5	87.9	79.2	88.5	78.6	67.5	75.0	87.9	61.5	84.0	90.0	60.0	53.1	70.8	80.0	78.9	85.0	91.3	75.9	-	91.3	-	-	-	-		
	●●●●●●●●		No. of Sitrep Declared Late Cancellations - Total	<= No	240	20	46	32	57	63	59	65	56	60	35	1	9	18	21	17	36	40	-	-	142	10	23	5	-	2	-		
	●●●●●●●●		No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	16	17	32	40	30	41	29	17	16	1	1	5	9	-	17	21	-	-	65	0	16	3	-	2	-		
	●●●●●●●●		No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	30	15	25	23	29	24	27	43	19	0	8	13	12	-	19	19	-	-	77	10	7	2	-	0	-		
	●●●●●●●●		Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	<= %	0.8	0.8	1.1	0.8	1.5	1.6	1.5	1.8	1.3	1.7	1.3	0.1	0.7	1.2	0.8	0.7	1.2	1.5	1.2	1.3	1.0	0.9	1.3	1.6	-	2.0	-		
	●●●●●●●●		Number of 28 day breaches	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	4	-	-	8	0	4	0	-	0	-		
	●●●●●●●●		No. of second or subsequent urgent operations cancelled	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	0	0	0	0	-	-	-		
	●●●●●●●●		Urgent Cancellations	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	-	-	1	0	1	0	-	0	-		
	●●●●●●●●		No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0	1	1	1	2	0	1	1	2	4	0	0	0	1	0	1	1	-	-	3	0	1	0	-	0	-		
	●●●●●●●●		Multiple Hospital Cancellations experienced by same patient (all cancellations)	<= No	0	0	86	67	79	103	92	65	73	124	344	19	20	42	46	49	74	107	128	42	527	2	34	6	-	-	-		
●●●●●●●●		All Hospital Cancellations, with 7 or less days notice	<= No	0	0	296	204	367	370	376	358	347	584	890	63	58	133	138	202	220	320	409	174	1717	11	138	25	-	-	-			
Cancer	●●●●●●●●	Apr 19	2 weeks	=> %	93	93	96.1	96.2	97.5	95.8	96.7	99.0	98.0	98.9	98.3	93.7	93.6	94.1	94.8	90.1	90.1	94.1	89.8	-	92.2	96.3	86.4	97.8	-	90.9	-		
	●●●●●●●●	Apr 19	2 weeks (Breast Symptomatic)	=> %	93	93	98.1	95.8	98.0	100.0	95.7	98.1	95.5	100.0	98.2	96.2	97.1	94.1	100.0	100.0	96.6	94.4	86.4	-	93.7	-	86.4	-	-	-	-		
	●●●●●●●●	Apr 19	31 Day (diagnosis to treatment)	=> %	96	96	96.5	96.9	95.8	96.6	95.1	99.2	97.8	96.5	97.5	94.2	91.8	93.6	94.3	93.5	94.6	92.0	91.1	-	93.1	100.0	95.9	56.3	-	100.0	-		
	●●●●●●●●	Apr 19	31 Day (second/subsequent treatment - surgery)	=> %	94	94	96.2	95.2	100.0	93.5	100.0	93.1	100.0	100.0	95.7	92.3	69.6	100.0	100.0	100.0	88.2	69.2	78.9	-	83.5	-	-	-	-	-	-		
	●●●●●●●●	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	-	-	-	-	-	-	
	●●●●●●●●	Apr 19	62 Day (urgent GP referral to treatment) Excl Rare Cancers	=> %	85	85	85.6	84.3	86.3	82.7	90.7	81.1	80.8	82.0	89.2	73.6	54.8	66.4	76.1	77.4	74.2	75.4	71.4	-	71.9	46.2	79.2	38.1	-	100.0	-		
	●●●●●●●●		62 Day (urgent GP referral to treatment) - Inc Rare Cancers	=> %	85	85	85.6	84.6	86.5	82.7	91.0	81.4	79.5	82.4	89.2	73.6	56.0	67.0	76.6	77.7	74.8	75.4	71.4	-	72.2	46.2	79.2	38.1	-	100.0	-		
	●●●●●●●●	Apr 19	62 Day (referral to treat from screening)	=> %	90	90	94.4	100.0	96.9	93.2	94.6	89.7	91.5	100.0	94.8	83.9	33.3	100.0	80.0	83.3	90.0	90.0	87.5	-	83.6	-	87.5	-	-	-	-		
	●●●●●●●●	Apr 19	62 Day (referral to treat from hosp specialist)	=> %	90	90	84.3	80.0	86.4	76.5	81.8	82.3	87.5	76.1	84.6	95.5	82.1	80.3	85.3	92.9	90.7	74.2	85.1	-	84.8	68.4	95.5	100.0	-	100.0	-		
	●●●●●●●●		Cancer = Patients Waiting Over 62 days for treatment	No	-	-	10	11	10	11	6	12	12	9	9	-	17	19	13	11	20	16	20	-	114	4	10	7	-	0	-		
	●●●●●●●●		Cancer - Patients Waiting Over 104 days for treatment	No	-	-	3	5	3	3	5	6	7	4	2	-	4	10	8	3	8	4	10	-	45	2	5	3	-	0	-		
	●●●●●●●●		Cancer - Longest wait for treatment (days) - TRUST	No	-	-	196	147	96	171	149	148	169	217	121	-	171	177	138	136	207	117	119	-	-	-	-	-	-	-	-		
	●●●●●●●●	Apr 19	Neutropenia Sepsis - Door to Needle Time > 1hr	<= No	0	0	3	4	6	6	9	15	7	11	5	4	3	2	1	1	2	3	5	3	24	3	0	0	-	0	-		
	●●●●●●●●		IPT Referrals - Within 38 Days Of GP Referral for 62 day cancer pathway	%	-	-	74.1	51.9	65.2	66.7	69.6	35.7	69.6	68.8	84.2	73.3	66.7	35.7	57.1	61.1	56.3	68.4	50.0	-	58.8	-	-	-	-	-	-		
		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	-	82.2	-	-	-	-	-	-			
		Cancer - 28 day FDS TWW breast symptomatic (% of Informed)	%	-	-	-	-	-	-	-	-	99.4	100.0	100.0	100.0	100.0	100.0	100.0	100.0	95.5	100.0	97.7	-	98.6	-	-	-	-	-	-			
		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	-	45.3	-	-	-	-	-	-			

CQC Domain - Responsive

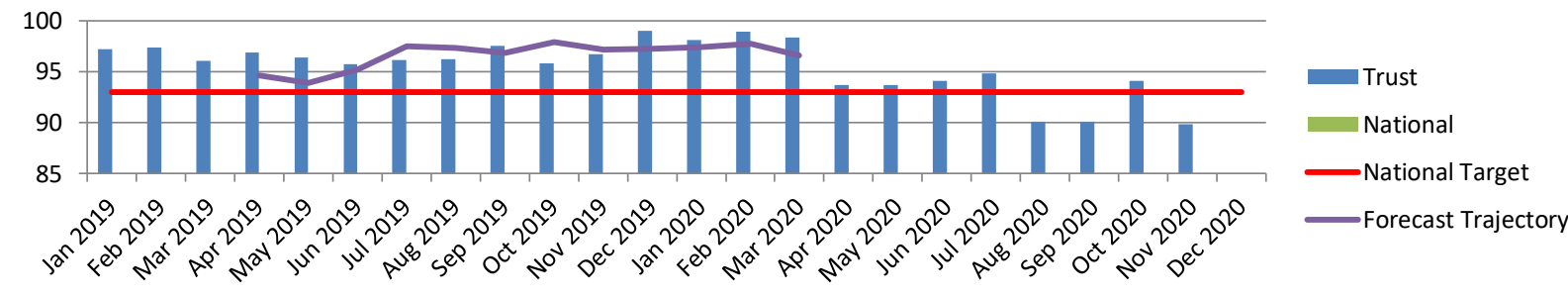
		Cancer - 28 day FDS TWW breast symptomatic (% of Eligible) - Total	%	-	-	-	-	-	-	-	-	105.3	62.7	72.1	16.2	34.0	22.8	18.9	18.1	68.9	107.0	265.6	-	46.1	-	-	-	-	-	-	
		Cancer - 28 day FDS screening referral (% of Eligible) - Total	%	-	-	-	-	-	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RTT	●●●●●●	Apr 19	RTT - Admitted Care (18-weeks)	=> %	90	90	77.6	80.5	80.6	82.6	81.4	82.4	81.2	78.9	80.8	85.7	83.5	74.5	61.2	56.1	65.7	66.3	71.3	73.1	68.1	89.5	67.1	64.6	-	69.7	-
	●●●●●●	Apr 19	RTT - Non Admitted Care (18-weeks)	=> %	95	95	89.6	89.2	89.8	87.3	87.3	87.2	87.0	86.3	88.8	85.4	88.4	83.4	78.6	80.1	80.0	82.9	83.8	84.6	82.7	71.2	87.5	78.6	-	64.0	-
	●●●●●●	Apr 19	RTT - Incomplete Pathway (18-weeks)	=> %	92	92	92.0	92.0	92.0	91.6	90.9	91.1	90.7	90.4	88.0	80.5	70.7	58.2	53.5	61.0	67.7	72.5	74.8	74.9	68.5	76.8	74.2	85.7	-	50.0	-
	●●●●●●	Apr 19	RTT Waiting List - Incomplete	No	-	-	39115	38714	39634	39898	38360	38416	39374	39364	38603	34989	34058	34436	35421	36056	35684	36566	38639	39800	332507	5182	20022	2228	-	3460	0
	●●●●●●	Apr 19	RTT - Backlog	No	-	-	3118	3082	3168	3360	3475	3433	3645	3781	4646	6823	9964	14405	16470	14061	11523	10067	9734	9978	104664	1203	5176	318	-	1730	0
	●●●●●●	Apr 19	Patients Waiting >52 weeks (All Pathways)	<= No	0	0	12	14	0	0	1	0	1	0	1	7	35	99	196	281	464	620	775	1008	3485	34	695	15	0	106	0
	●●●●●●	Apr 19	Patients Waiting >52 weeks (Incomplete)	<= No	0	0	0	1	0	0	0	0	0	0	0	7	32	93	177	252	376	482	641	755	2815	9	575	4	0	44	0
	●●●●●●		Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	<= No	0	0	30	29	27	26	32	29	28	28	32	30	32	41	41	42	40	42	43	39	-	10	18	3	-	5	0
	●●●●●●		Treatment Functions Underperforming (Incomplete)	<= No	0	0	5	5	4	5	7	7	5	6	10	14	15	16	16	16	14	15	14	14	-	3	7	1	-	2	0
			RTT Clearance Time (Wks)	Ratio	-	-	9.7	10.5	10.3	9.6	8.9	10.8	-	9.8	-	18.1	15.5	-	12.6	-	11.3	11.7	12.0	-	13.3	16.4	11.5	14.9	-	29.4	-
DM01	●●●●●●	Apr 19	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1	1	0.8	2.3	1.5	1.1	0.2	0.7	0.1	0.0	8.8	60.2	63.6	53.6	47.8	40.2	32.2	24.0	16.7	15.5	41.0	14.8	27.0	-	12.8	-	-
	●●●●●●	Apr 19	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	1010	600	614	457	359	338	1028	499	1140	78	281	232	525	974	1270	1263	1783	1157	7563	73	69	-	1015	-	-

Data Quality - Kitemark						
1	2	3	4	5	6	7
●	●	●	●	●	●	●
●	●	●	●	●	●	●
●	●	●	●	●	●	●
●	●	●	●	●	●	●
●	●	●	●	●	●	●
●	●	●	●	●	●	●

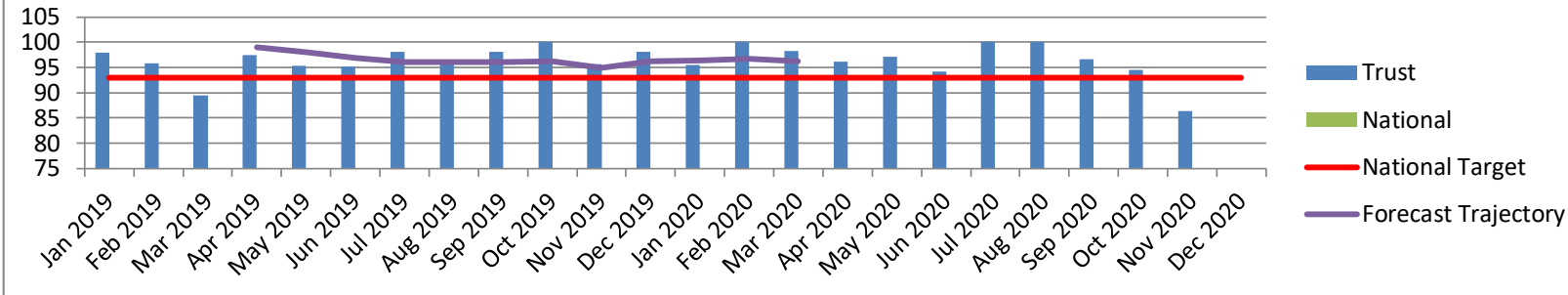
If segment 2 of the Kitemark is Blank this indicates that a formal audit of this indicator has not yet taken place

CQC Domain - Responsive

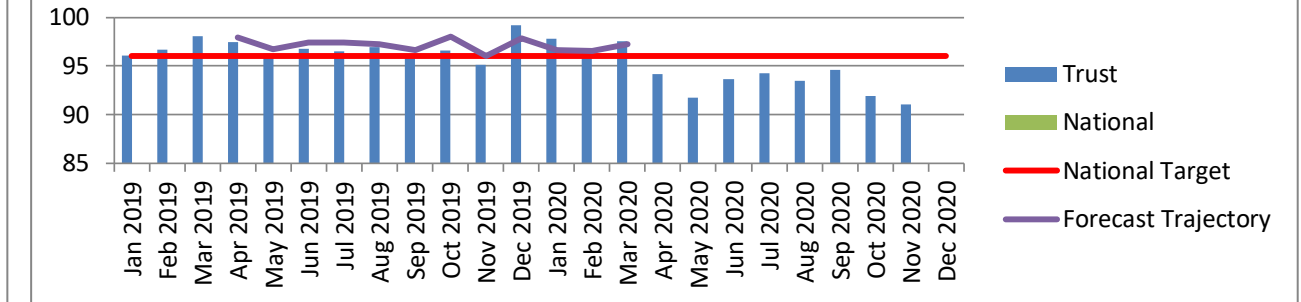
2-week wait from Referral to Date First Seen



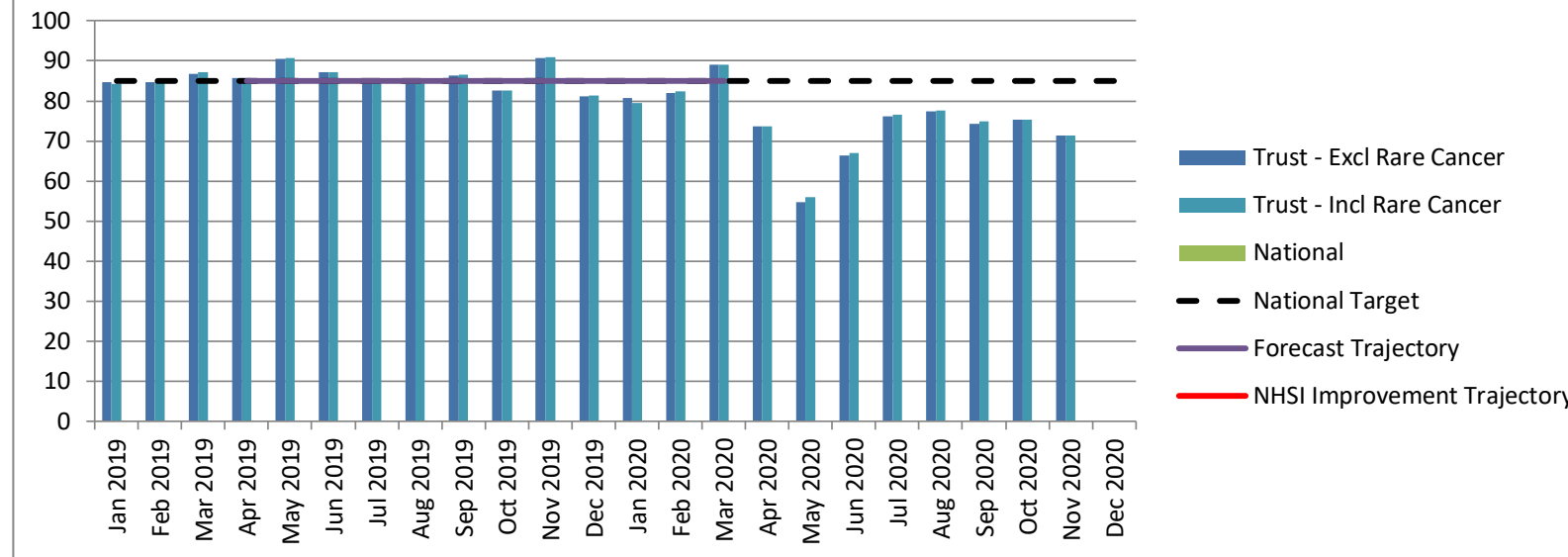
2-week wait from Breast Symptomatic Patients



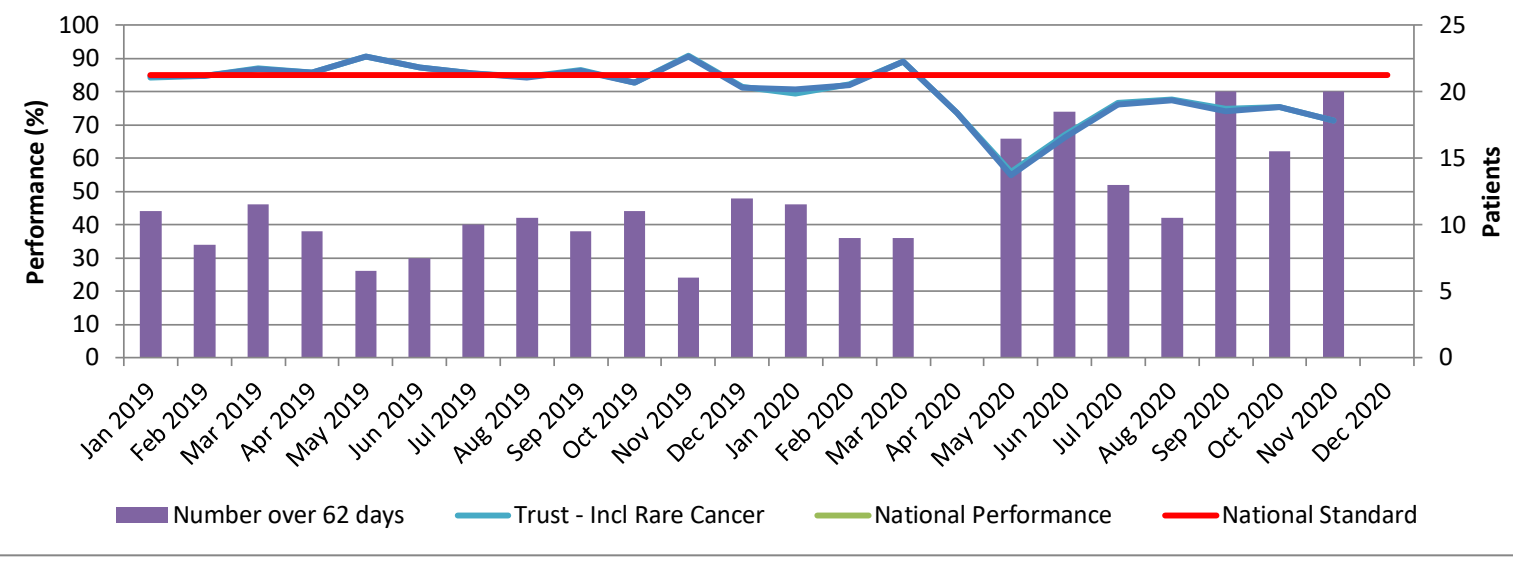
31-day Diagnosis to First Treatment



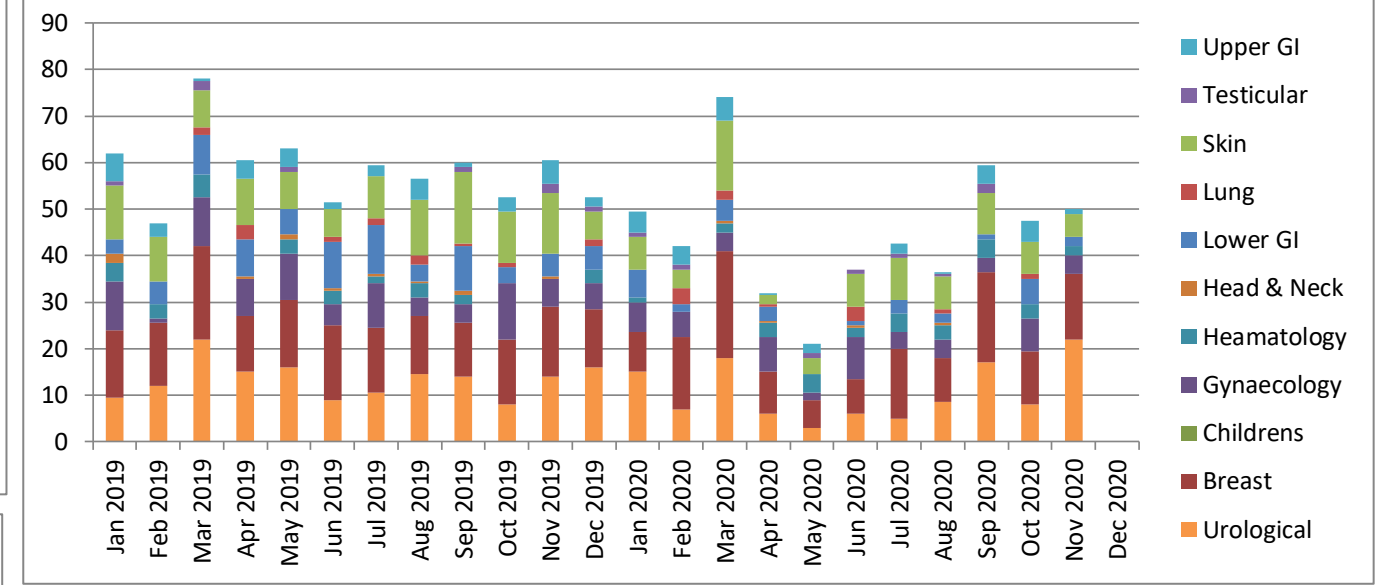
62-day Urgent GP Referral to First Treatment



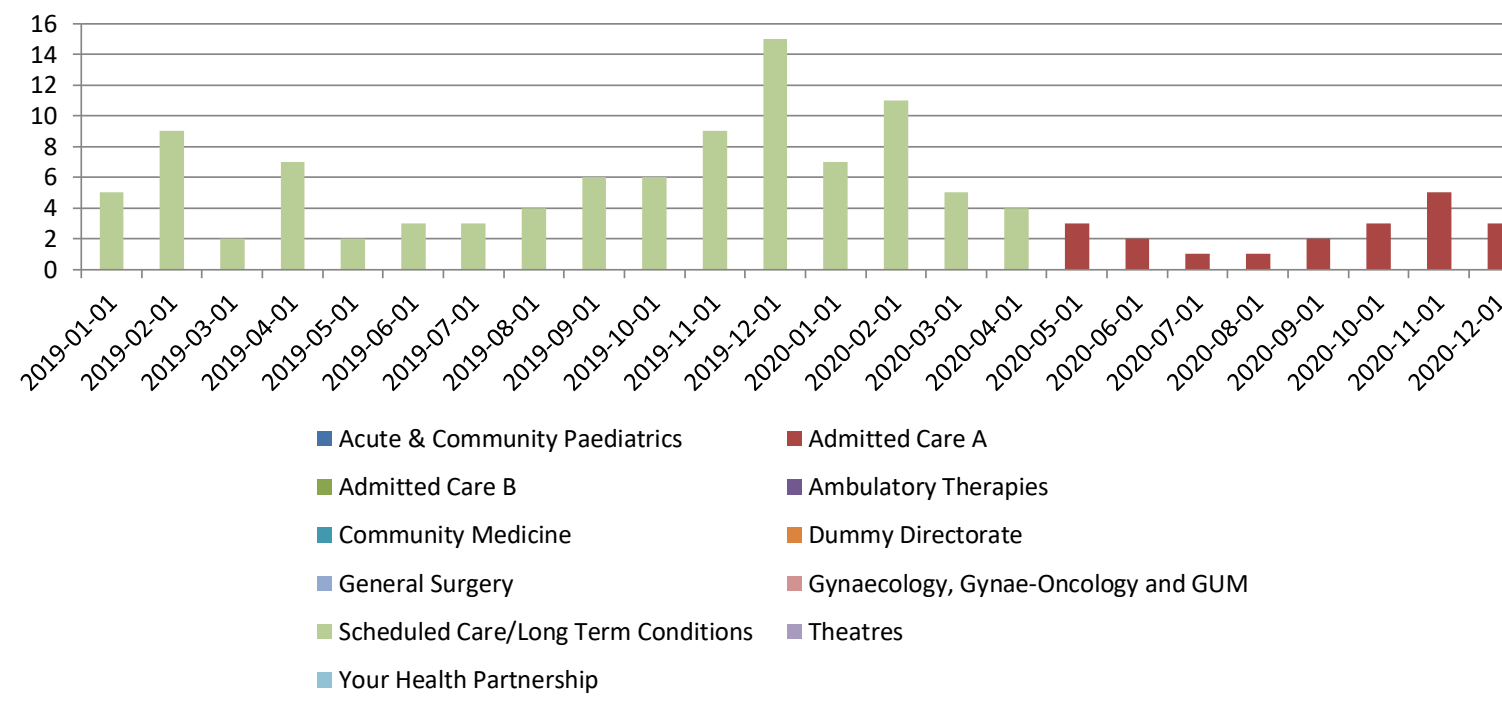
62-day Urgent GP Referral to First Treatment



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

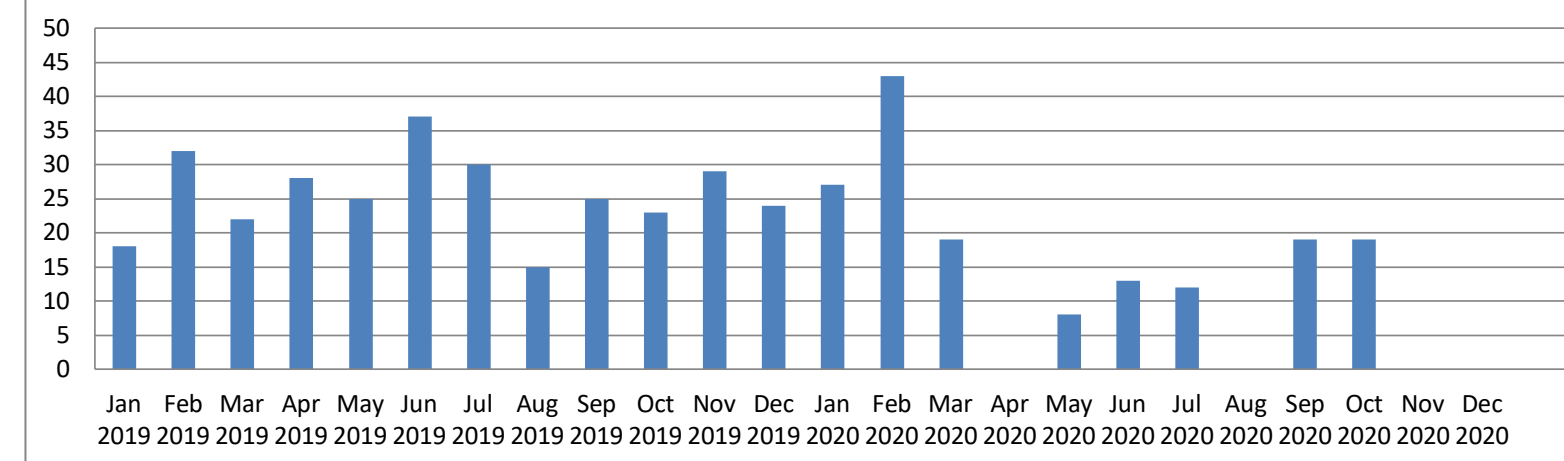


Neutropenia Sepsis Door to Needle Time Greater Than 1 Hour

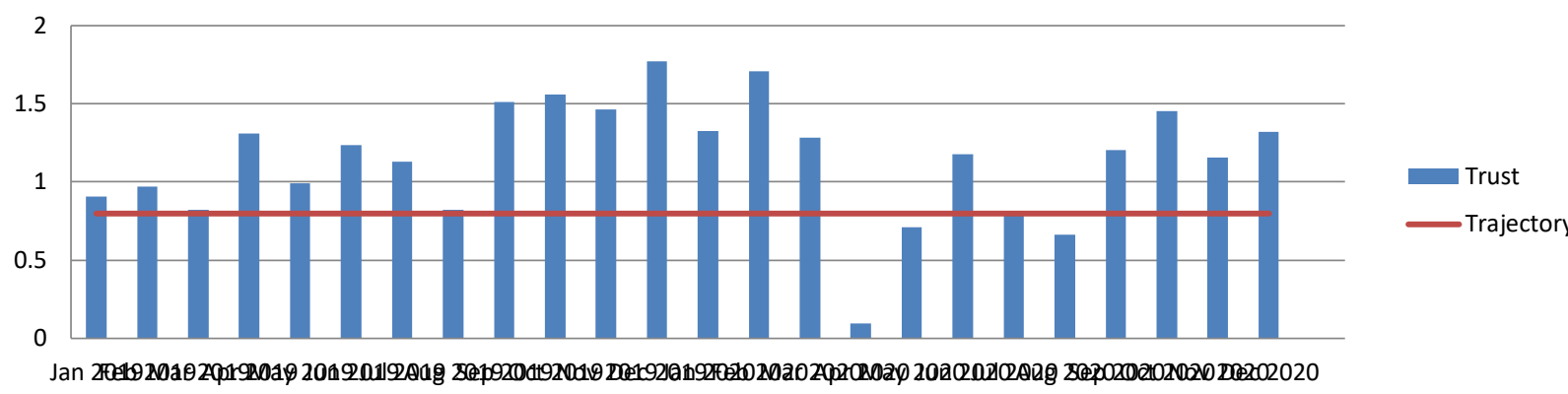


Month	Indicator	TumourSite	Informed in 28 Days	Eligible	% of Informed	% of Eligible
Nov 2020	Cancer - 28 Day FDS TWW Referral	Breast	293	293	98.65	100
Nov 2020	Cancer - 28 Day FDS TWW Referral	Colorectal	106	323	53	32.82
Nov 2020	Cancer - 28 Day FDS TWW Referral	Gynaecology	129	208	73.3	62.02
Nov 2020	Cancer - 28 Day FDS TWW Referral	Haematology	1	31	16.67	3.226
Nov 2020	Cancer - 28 Day FDS TWW Referral	Head & Neck	24	109	36.36	22.02
Nov 2020	Cancer - 28 Day FDS TWW Referral	Lung	8	23	80	34.78
Nov 2020	Cancer - 28 Day FDS TWW Referral	Skin	99	245	99	40.41
Nov 2020	Cancer - 28 Day FDS TWW Referral	Upper GI	128	229	92.75	55.9
Nov 2020	Cancer - 28 Day FDS TWW Referral	Urology	43	167	55.13	25.75
Nov 2020	28 day FDS TWW Breast Symptomatic	Breast	85	32	97.7	265.6
Nov 2020	Cancer - 28 day FDS screening referral	Breast	0	0	0	0
Nov 2020	Cancer - 28 day FDS screening referral	Colorectal	0	0	0	0
Nov 2020	Cancer - 28 day FDS screening referral	Gynaecology	0	0	0	0

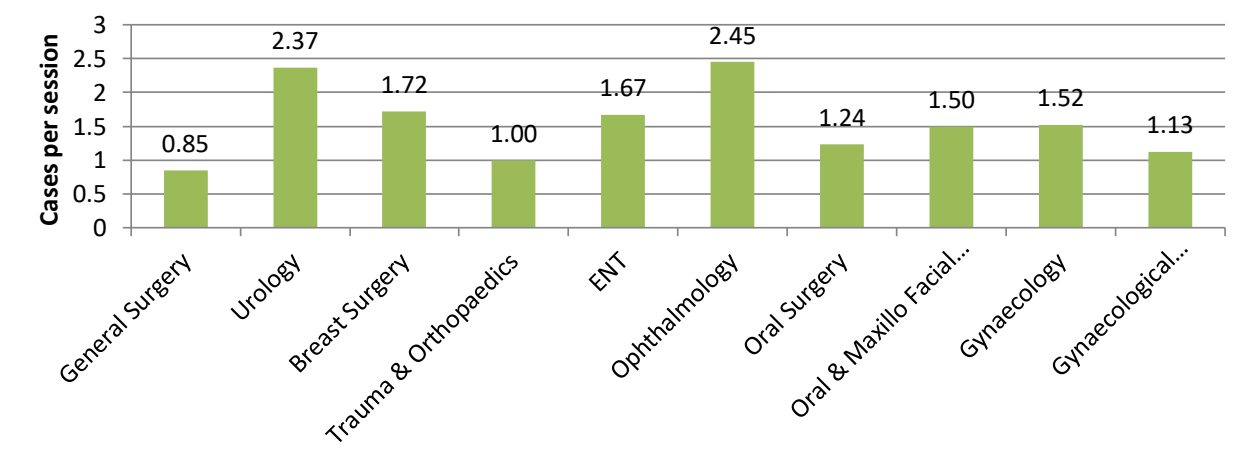
SitRep Late Cancellations



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

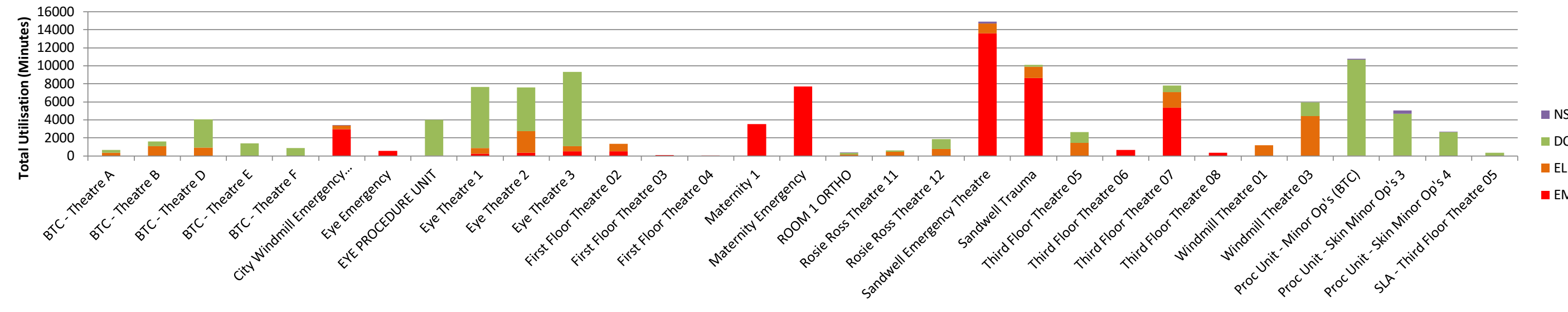


Cases Per Session (Operating Theatres)

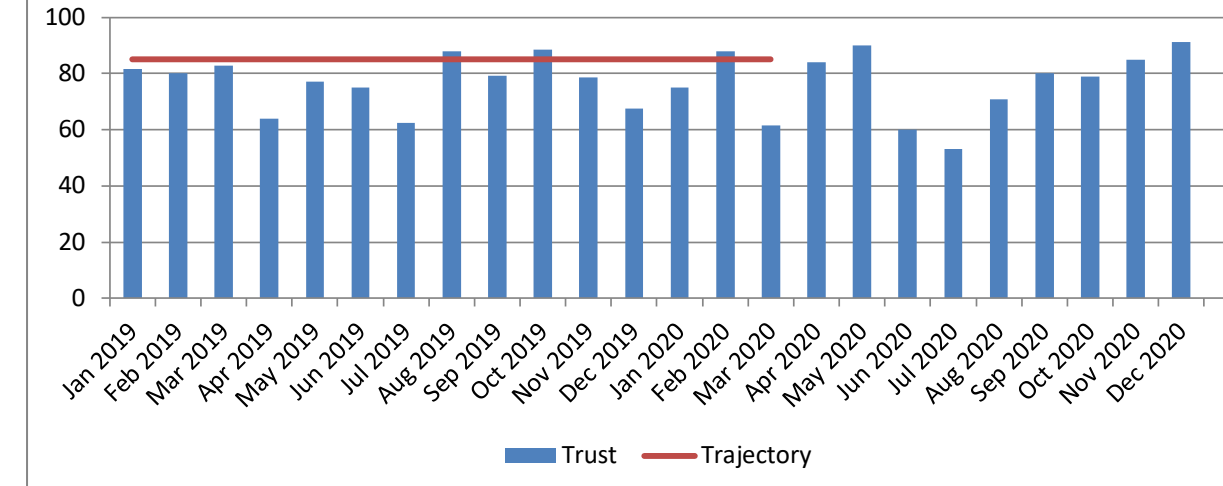


CQC Domain - Responsive

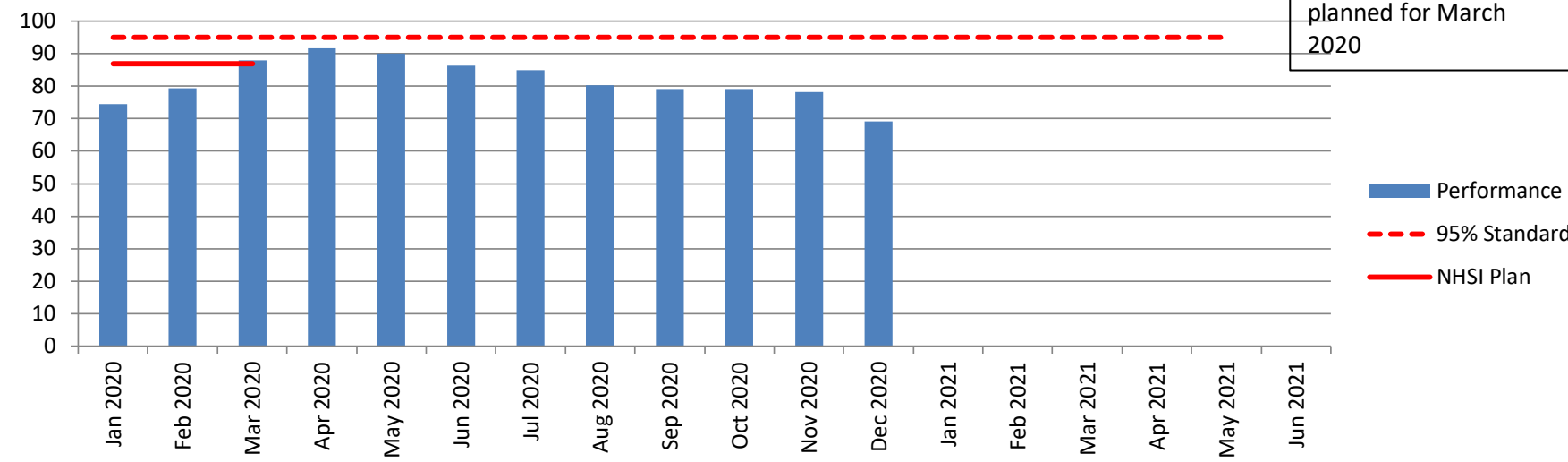
Theatre Utilisation



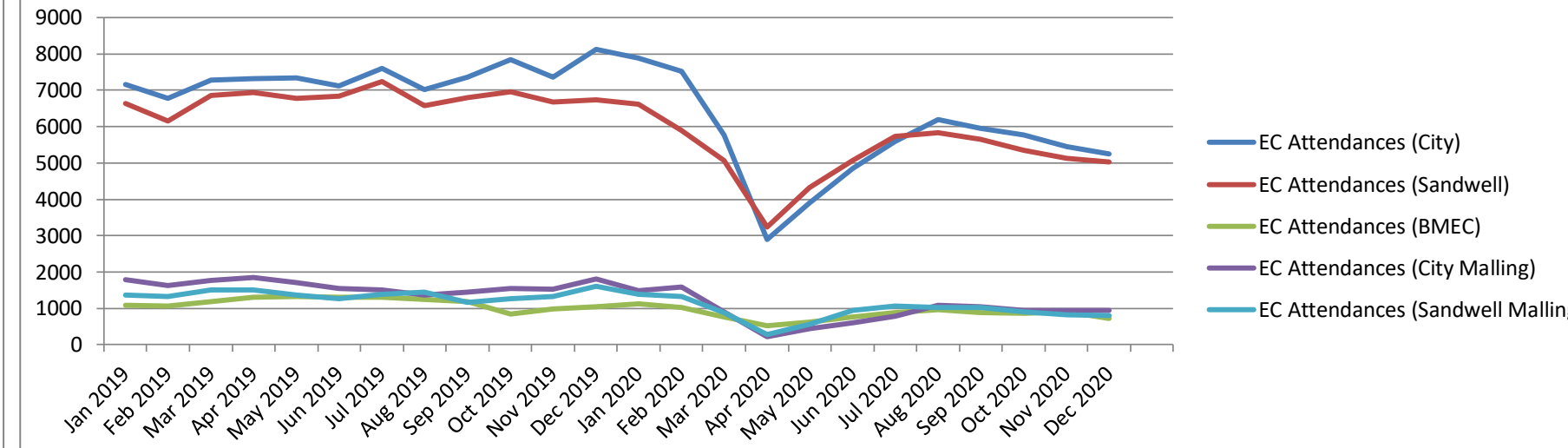
Hip Fractures - BPT - Operation Within 36 hours of admission (%)



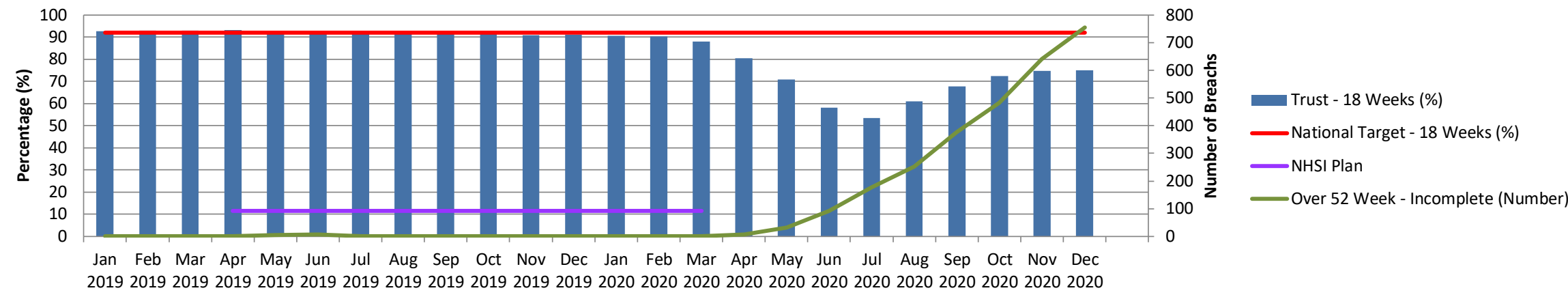
EC 4-Hour Recovery Plan



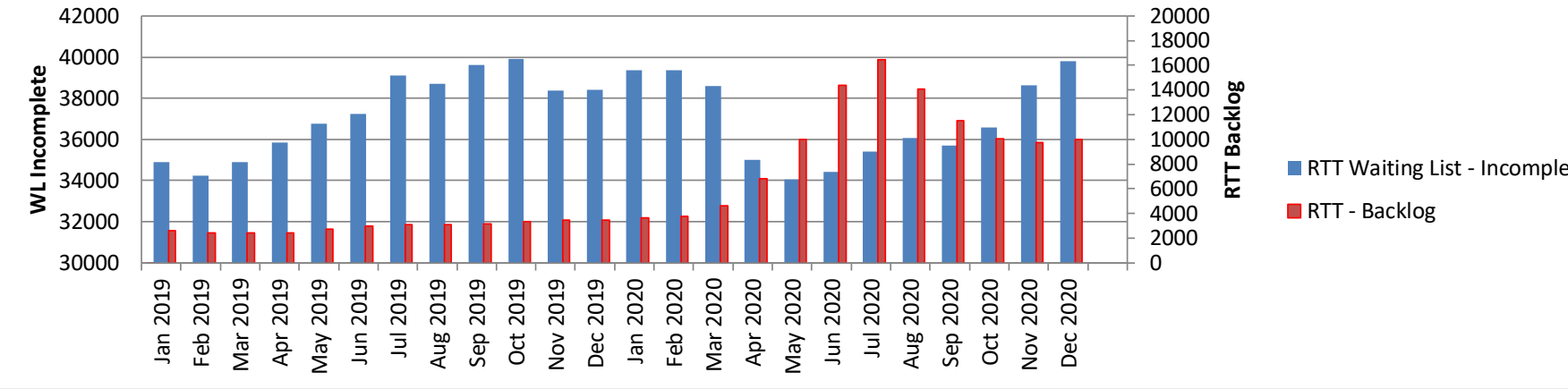
EC Attenders



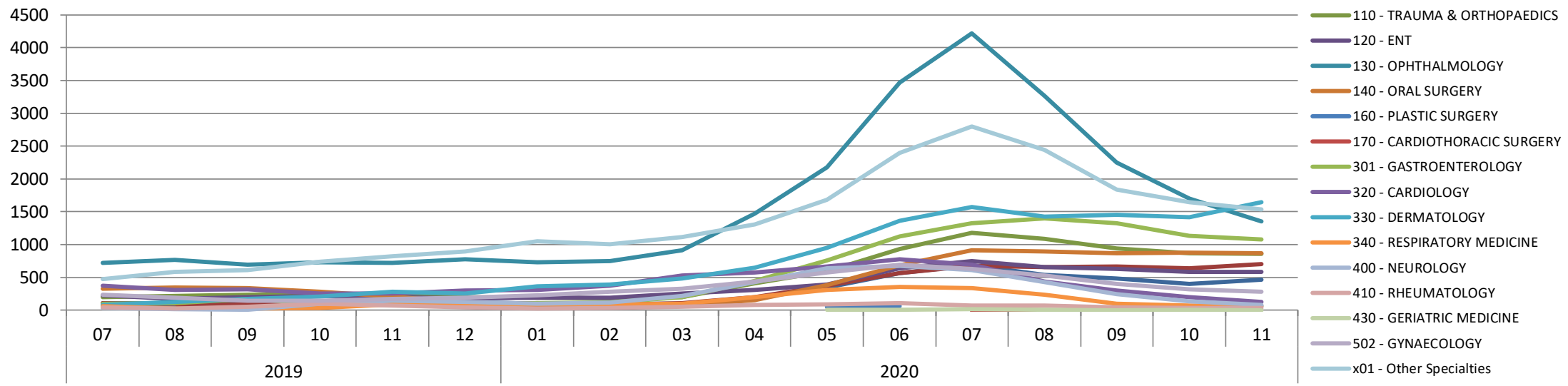
RTT Incomplete pathway



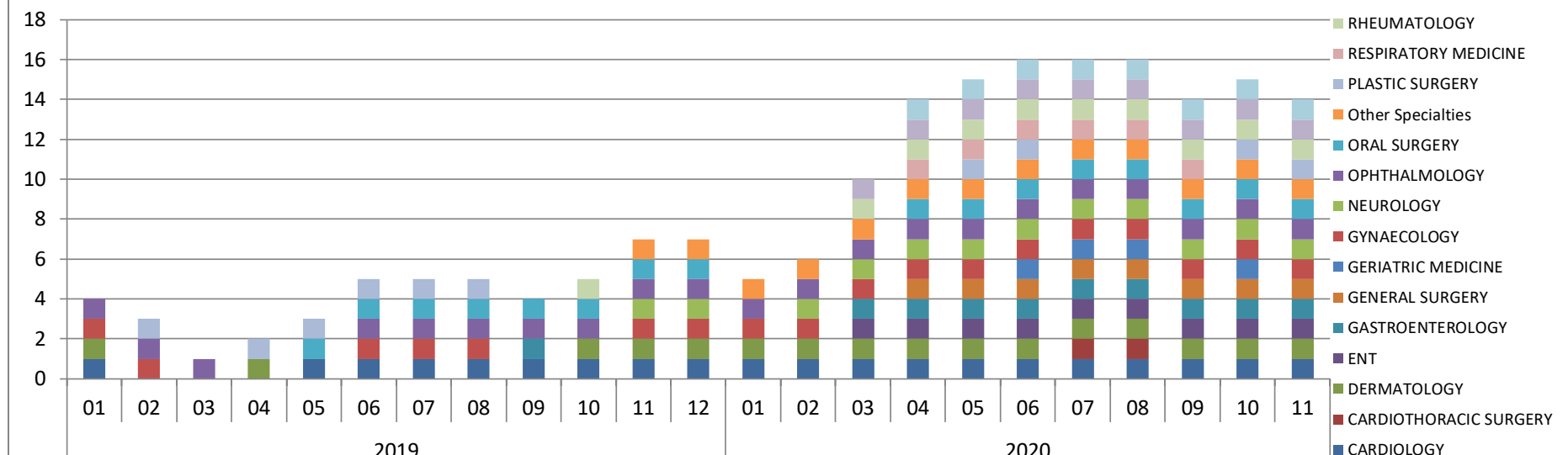
RTT Waiting List and Backlog



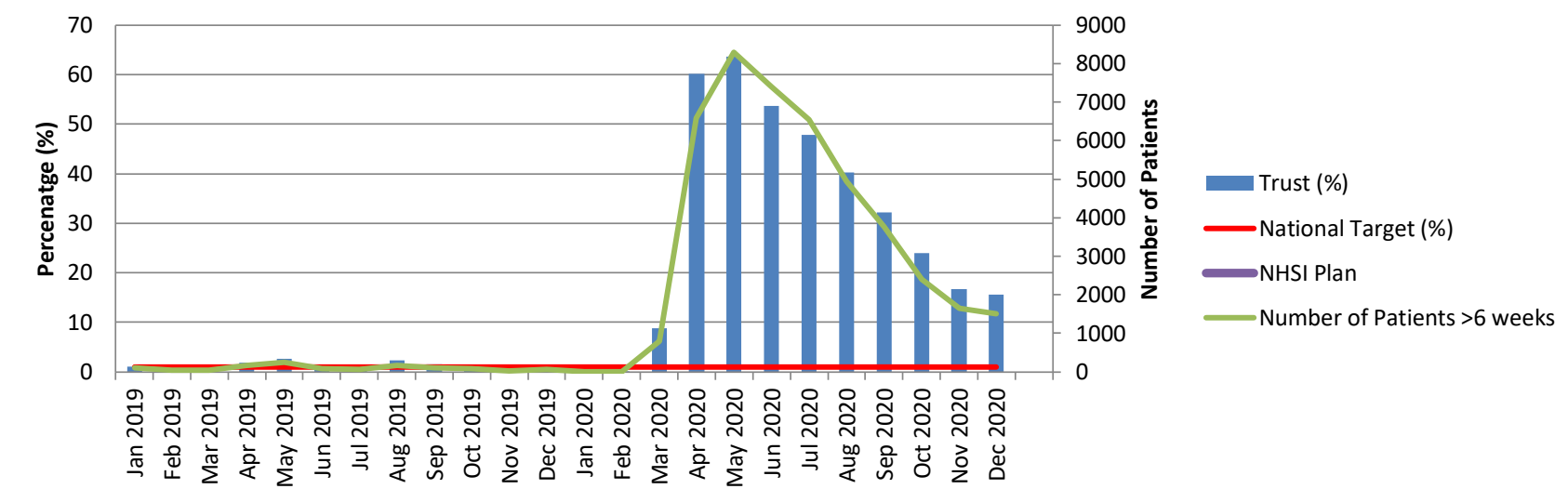
RTT Backlog By Specialty



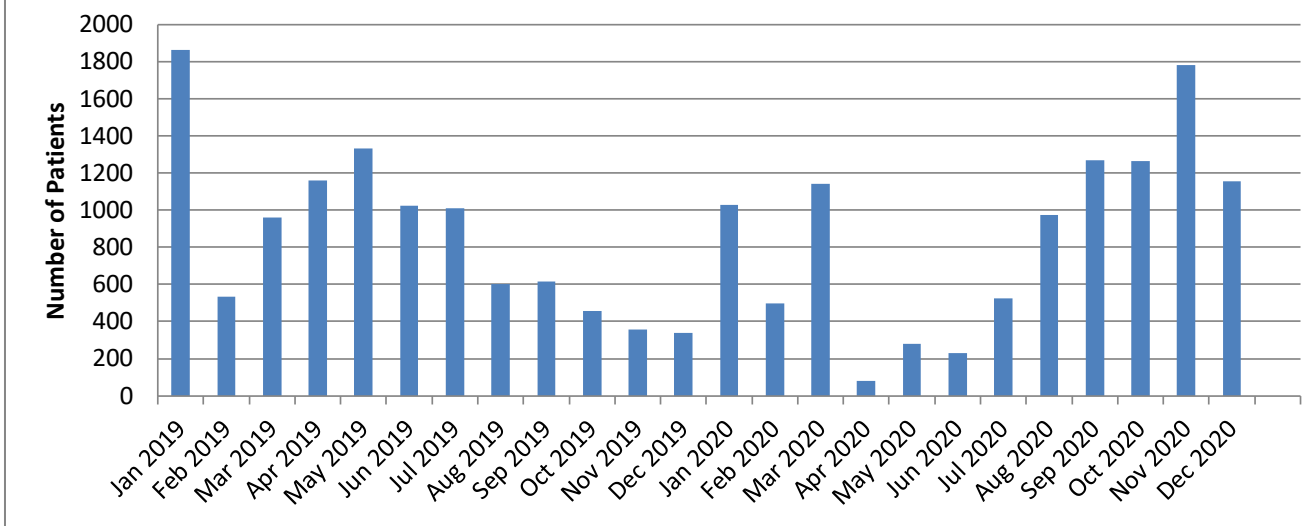
Treatment Function Underperforming (Incomplete)



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



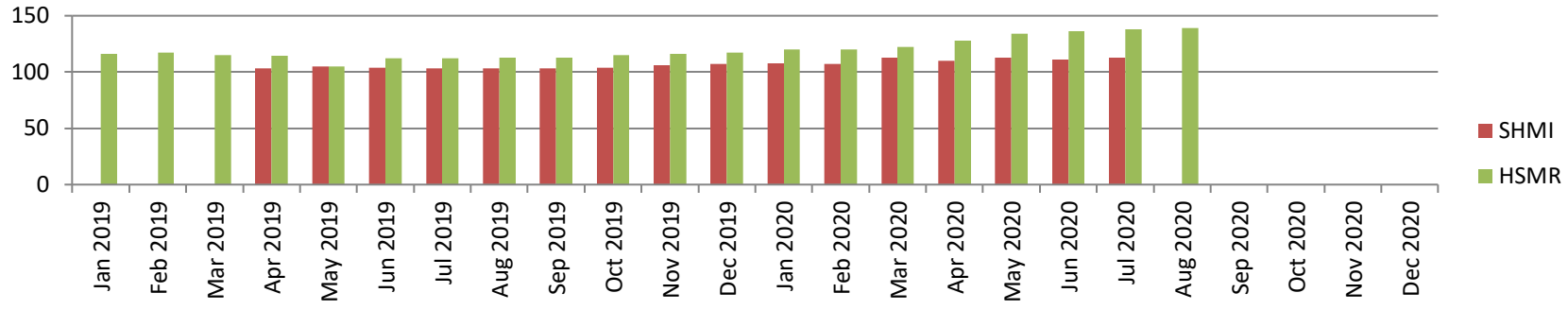
Diagnostic Waits (In Month) Greater Than 6 Weeks



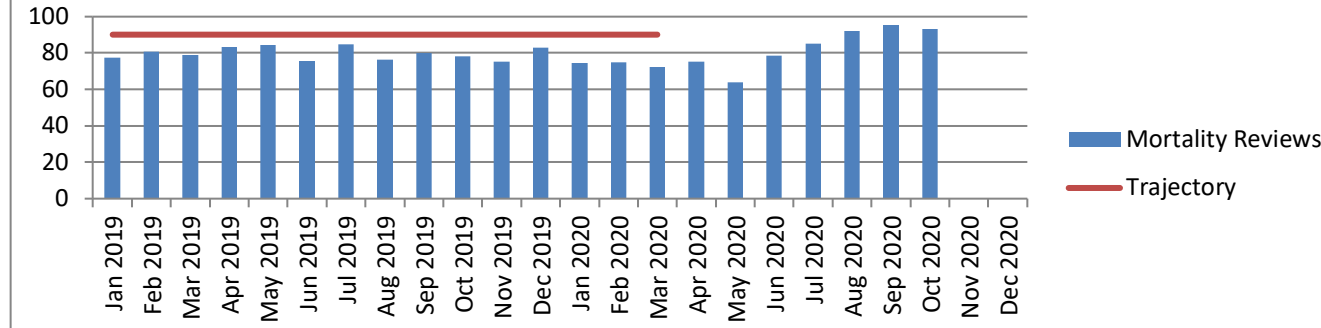
CQC Domain - Effective

not yet taken place

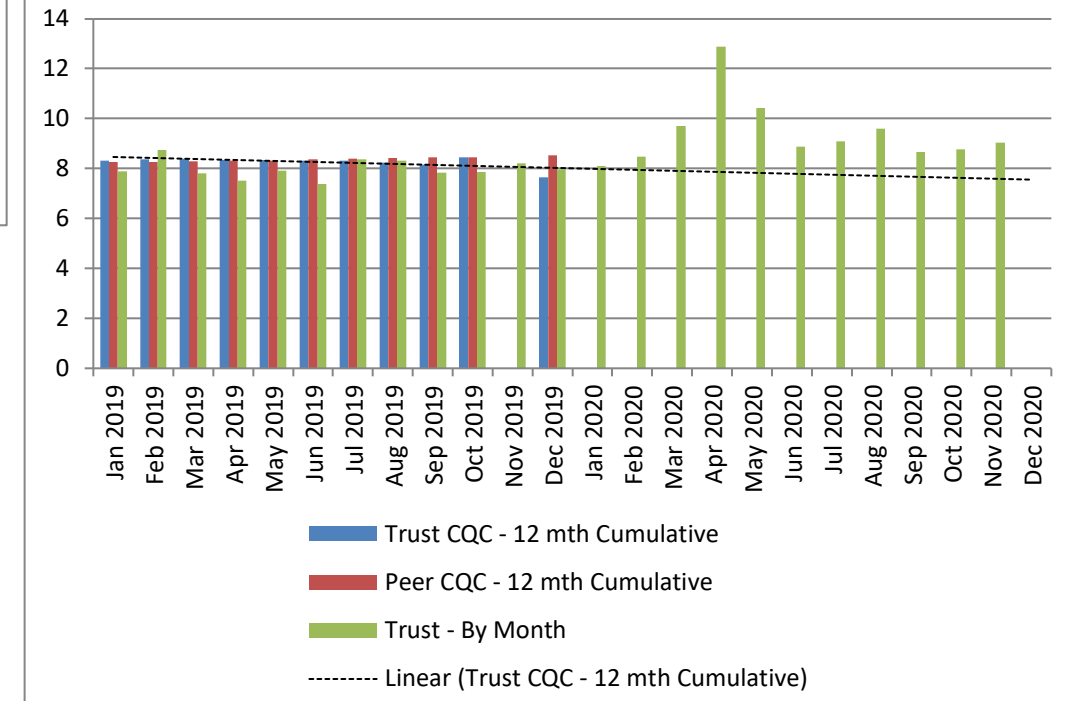
SHMI & HSMR (12-month cumulative)



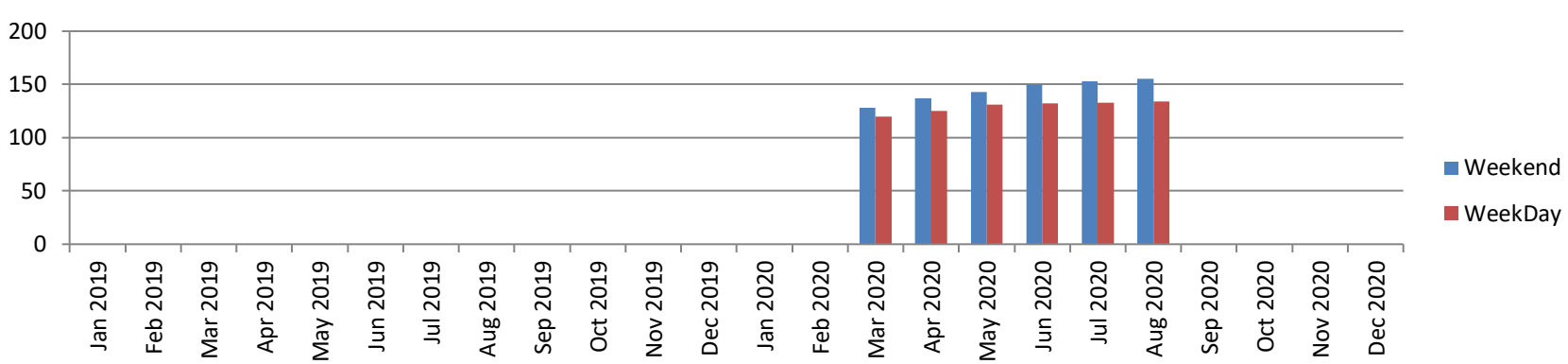
Mortality Reviews (%)



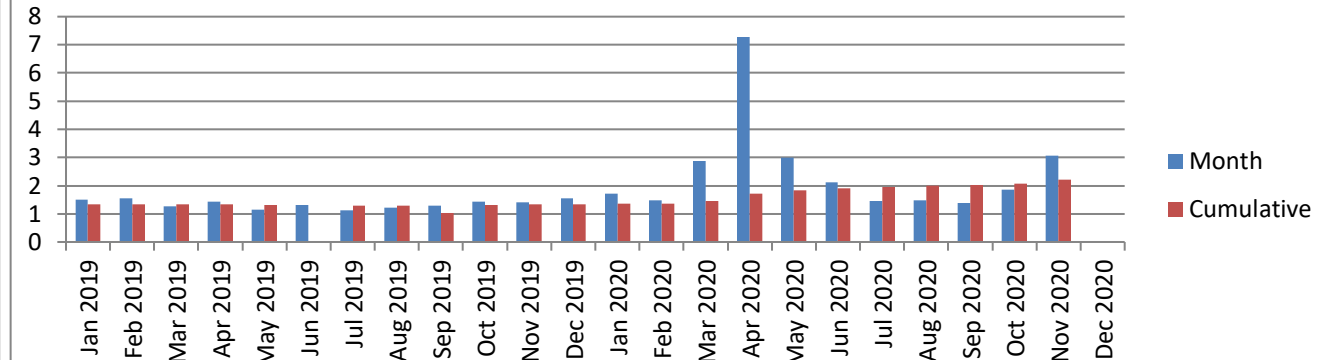
Emergency 30-day Readmissions (%) - 12-month cumulative CQC CCS Diagnosis Groups and monthly overall



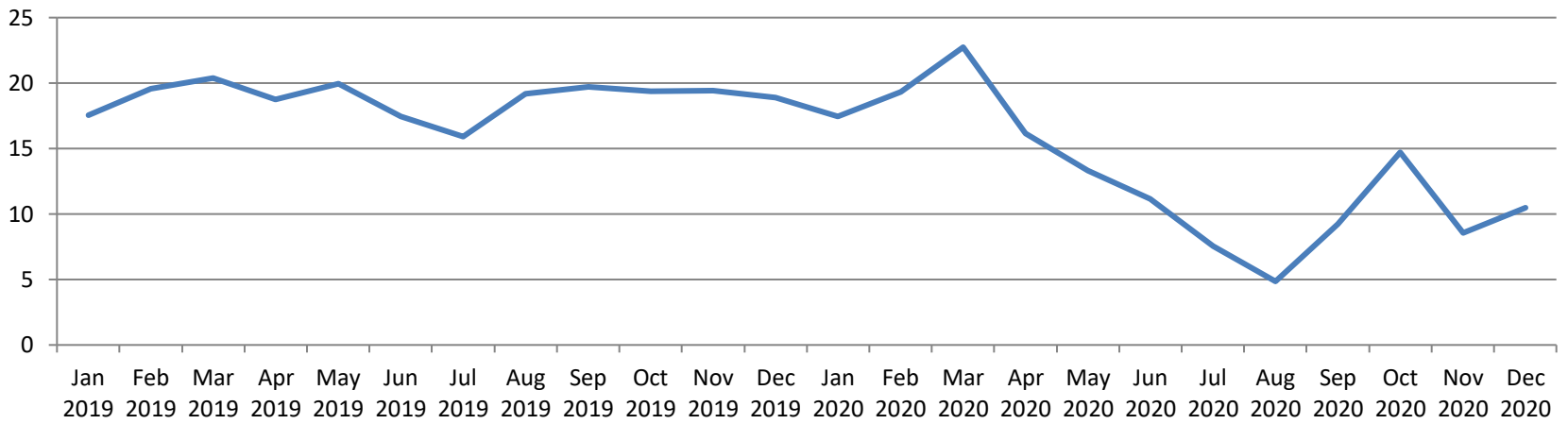
Mortality (HSMR) - Weekend and Weekday (12-month cumulative)



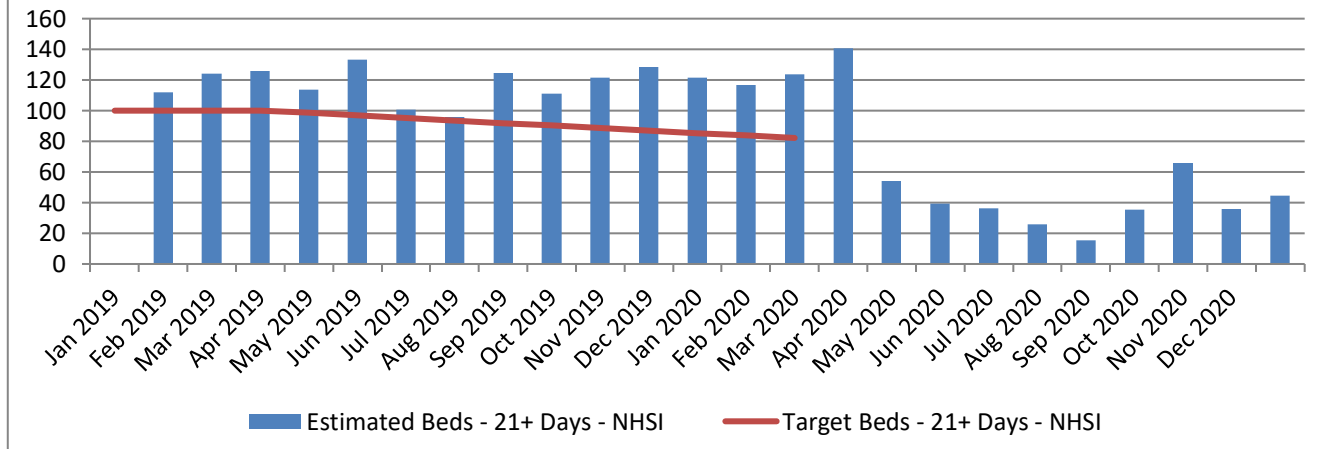
Crude Mortality Rate



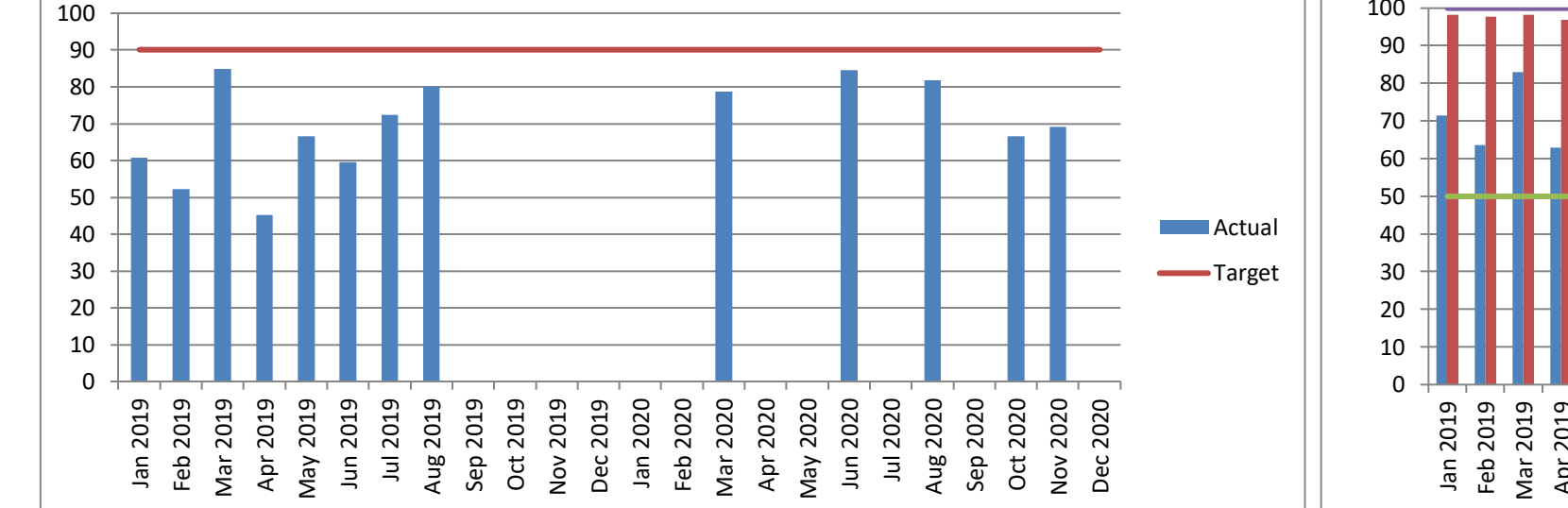
21+ Days Long Stay Rate - NHSI



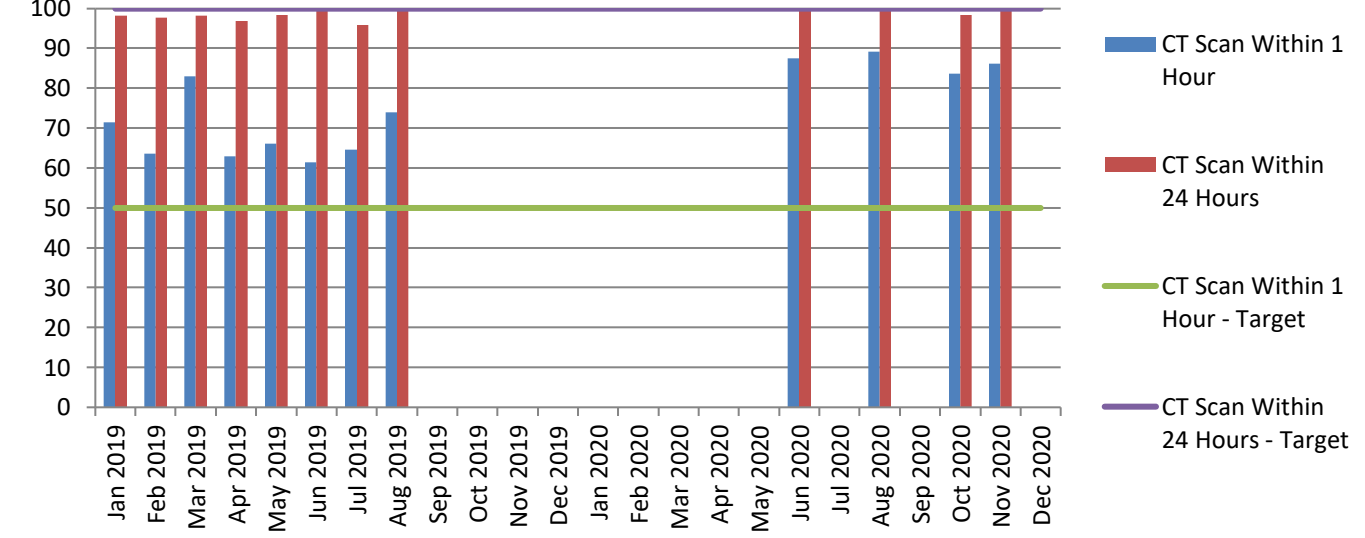
Estimated Bed Days - 21+ Days



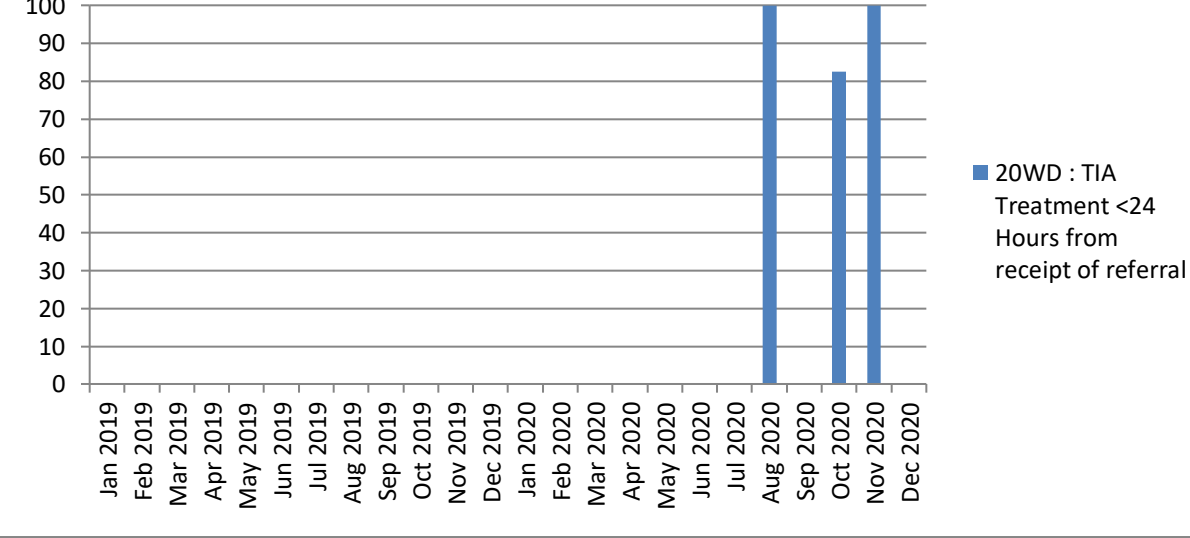
Admissions (%) to Acute Stroke Unit within 4 hours



CT Scan following presentation



TIA Treatment (%)



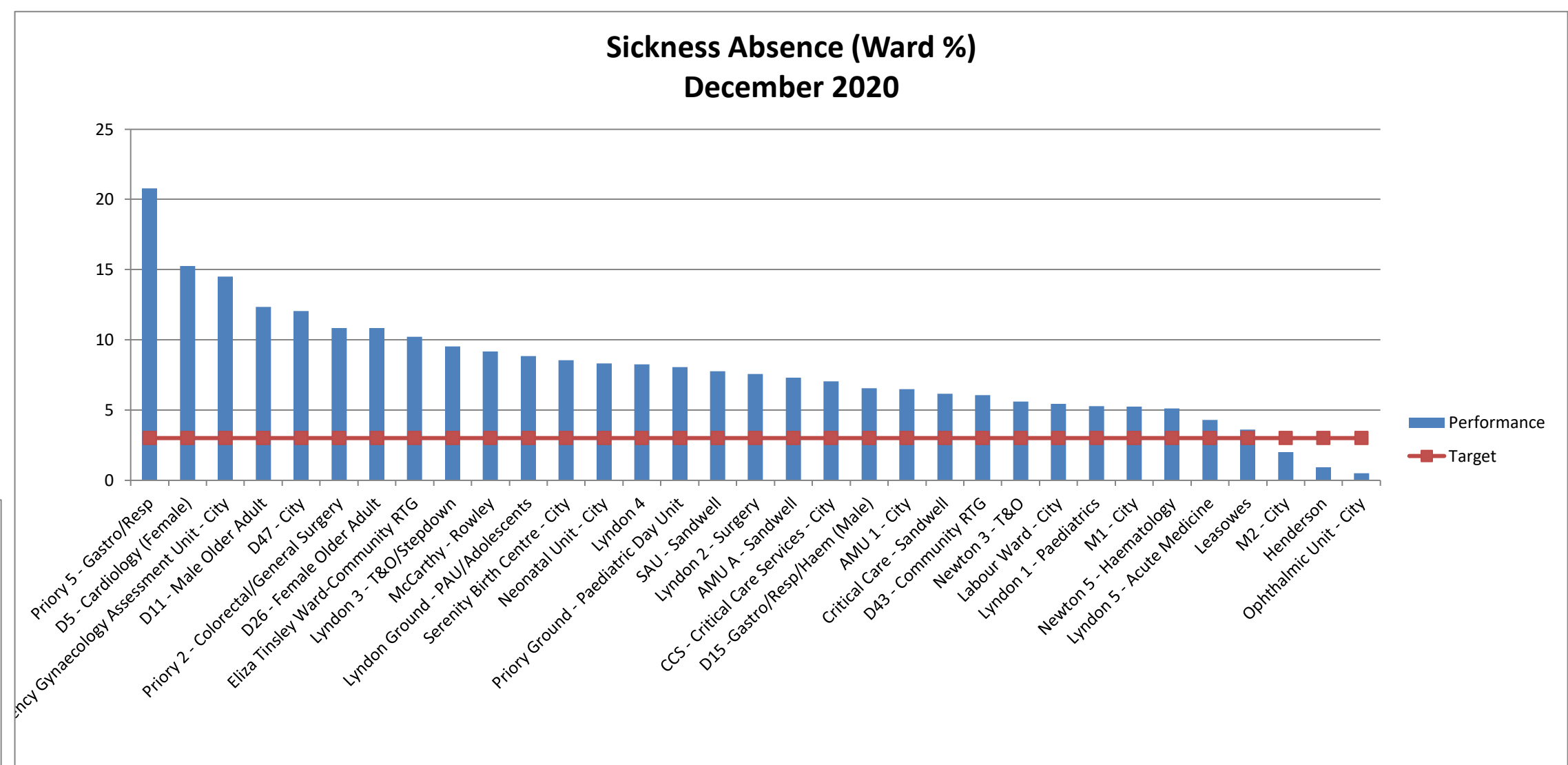
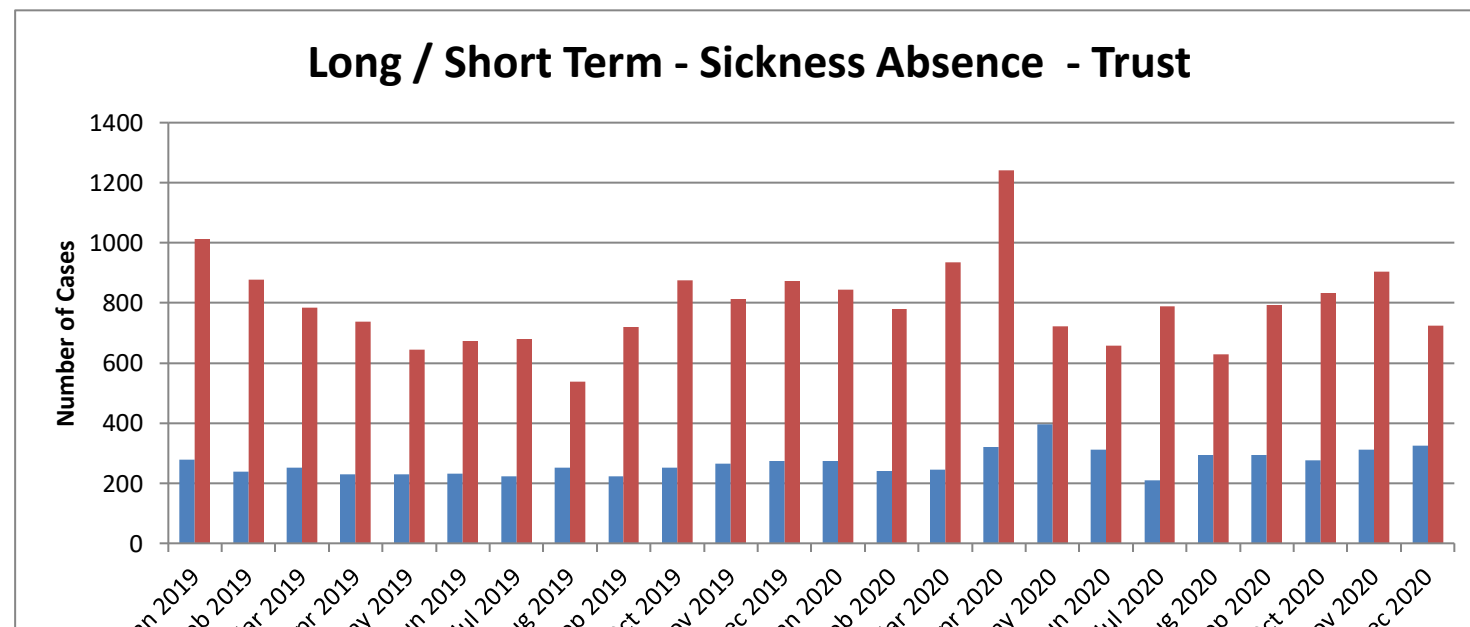
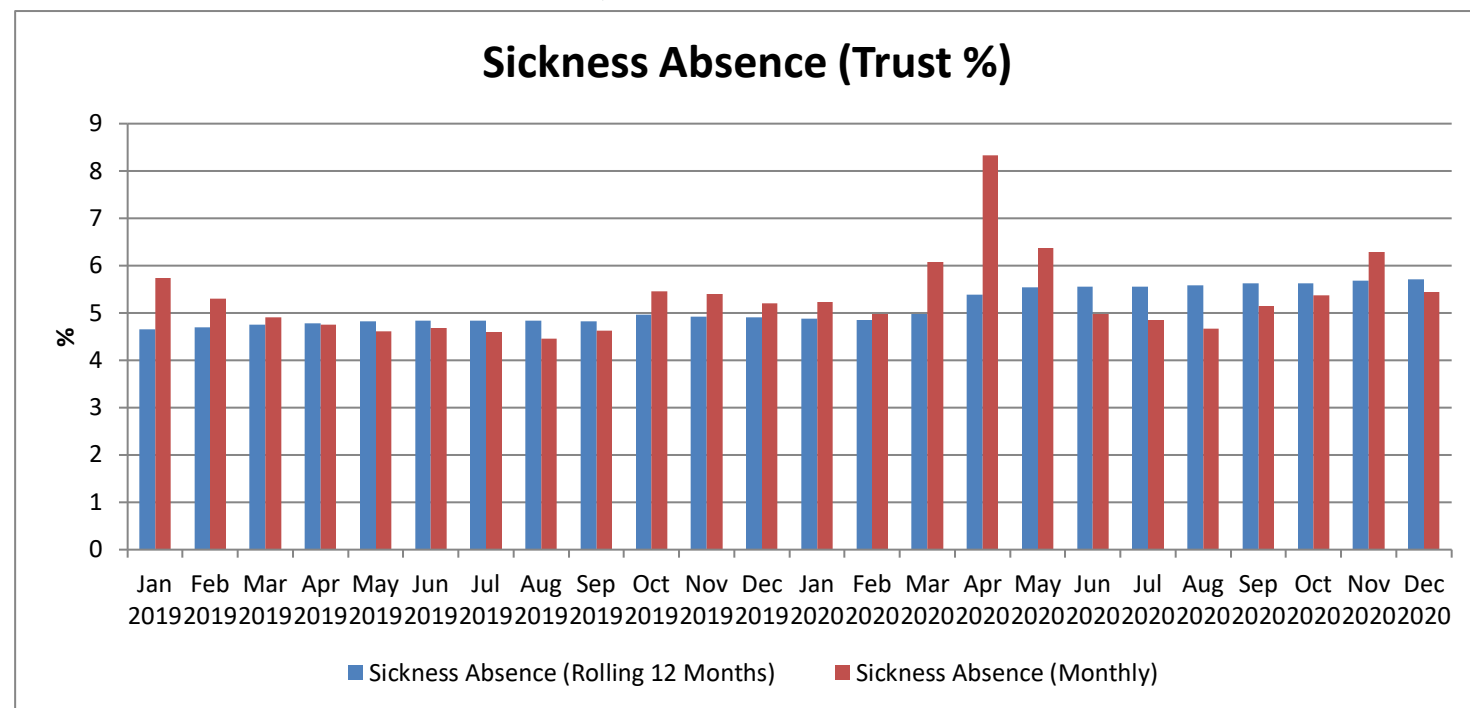
The stroke indicators in the IPR are based on 'patient arrivals' not 'patient discharged' as this monitors pathway performance rather than actual outcomes which may / may not change on discharge. National SSNAP is based on 'patient discharge' which is more appropriate for outcomes based reporting.

CQC Domain - Well Led

Kitemark	Reviewed Date	Indicator	Measure	Standard		2020												20/21 Year to Date	Group											
				Year	Month	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020		Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	M	SS	W	I	PCCT	CO
●●●●●●●●		PDRs - 12 month rolling	=> %	95	95	-	-	75.3	78.9	-	-	-	-	-	-	-	-	91.4	-	-	-	91.4	87.8	87.3	97.2	89.8	95.9	94.7		
●●●●●●●●		Medical Appraisal	=> %	90	90	93.6	94.6	97.3	94.7	94.7	94.9	94.4	100.0	100.0	100.0	100.0	100.0	100.0	100.0	97.0	96.3	-	99.2	93.9	96.8	98.4	100.0	97.3	100.0	
●●●●●●●●	Apr 19	Sickness Absence (Rolling 12 Months)	<= %	3.0	3.0	4.8	4.8	4.8	5.0	4.9	4.9	4.9	4.9	5.0	5.4	5.5	5.5	5.6	5.6	5.6	5.7	5.7	5.6	7.0	6.1	5.6	4.4	5.1	4.9	
●●●●●●●●	Apr 19	Sickness Absence (Monthly)	<= %	3.0	3.0	4.6	4.5	4.6	5.4	5.4	5.2	5.2	5.0	6.1	8.3	6.4	5.0	4.8	4.7	5.1	5.4	6.3	5.4	6.8	5.9	5.5	3.7	4.7	4.6	
		Sickness Absence - Long Term - (Open Cases in the month)	No	-	140	-	-	131	156	169	187	153	114	152	156	228	160	145	162	148	161	175	174	-	51	32	26	5	15	45
●●●●●●●●	Apr 19	Sickness Absence - Short Term (Monthly)	No	-	-	681	539	719	875	814	872	845	779	936	1241	722	657	789	630	794	833	904	724	-	171	185	59	22	117	134
		Ward Sickness Absence (Monthly)	<= %	3.0	3.0	5.8	5.8	6.7	7.2	7.6	7.0	6.6	6.8	8.9	11.7	9.5	7.4	6.8	7.1	7.9	7.2	9.7	7.8	8.4	9.3	7.0	6.8	-	7.5	-
●●●●●●●●		Mandatory Training - Health & Safety (% staff)	=> %	95	95	80.3	85.3	86.2	89.0	90.4	91.8	92.8	92.7	94.2	93.9	96.3	97.7	98.6	97.5	97.6	98.2	98.1	98.4	97.4	96.0	98.1	99.6	99.6	99.1	99.3
		Staff at 100% compliance with mandatory training	%	-	-	64.4	60.4	72.0	73.6	79.1	80.1	52.8	71.5	74.4	72.6	78.4	89.3	87.7	86.4	85.7	83.9	81.0	78.5	82.6	66.6	78.2	83.6	-	83.5	-
		Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	18.7	22.0	12.7	13.8	10.1	9.4	25.5	15.1	15.3	16.3	13.2	6.8	8.3	9.1	8.8	10.5	12.5	13.4	11.0	18.8	12.9	9.3	-	12.1	-
		Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	7.2	7.6	5.7	4.6	3.8	4.0	10.0	5.8	4.9	5.2	3.8	1.8	1.9	2.4	2.6	2.8	3.7	4.6	3.2	7.6	4.5	4.4	-	3.1	-
		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	3.2	7.0	4.5	2.7	-	1.3	-
●●●●●●●●	Apr 19	Nursing Turnover (Qualified Only)	<= %	10.7	10.7	12.3	11.7	11.5	12.2	12.1	12.6	12.3	12.6	12.5	12.7	12.9	12.4	12.3	12.6	12.5	12.4	12.6	11.6	12.5	-	-	-	-	-	-
●●●●●●●●	Apr 19	Nursing Vacancy Rate (Qualified)	<= %	11	11	16.1	15.8	14.3	14.6	13.8	14.5	12.9	12.3	12.4	13.3	14.2	18.0	12.6	12.1	12.8	12.9	13.9	13.6	13.1	18.3	15.5	39.3	8.5	3.2	
	Apr 19	New Starters Complete Onboarding Process	=> %	100	100	94.6	87.0	93.5	99.2	100.0	100.0	94.8	100.0	96.9	38.8	100.0	98.9	100.0	97.2	93.9	92.7	97.5	-	79.6	100.0	100.0	90.0	-	93.3	-

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

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



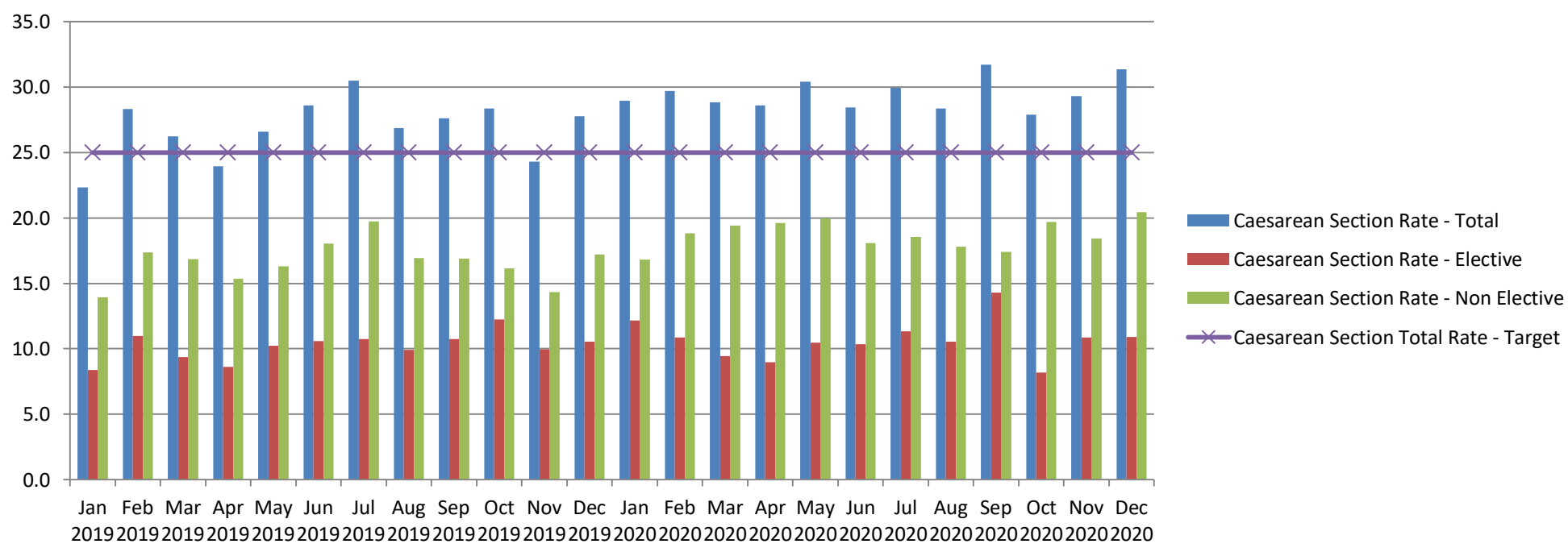
Patient Safety - Obstetrics

Data Quality	Last review	PAF	Indicator	Measure	Trajectory	
					2016-2017	Year
			Caesarean Section Rate - Total	<= %	25.0	25.0
		●	Caesarean Section Rate - Elective	<= %		
		●	Caesarean Section Rate - Non Elective	<= %		
		● d	Maternal Deaths	<= No	0	0
			Post Partum Haemorrhage (>2000ml)	<= No	48	4
			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0
			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0
	Apr-19		Stillbirth Rate (Corrected) (per 1000 babies)	Rate1		
	Apr-19		Neonatal Death Rate (Corrected) (per 1000 babies)	Rate1		
			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	85.0	85.0
			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0
			Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0
	Apr-19	●	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %		
	Apr-19	●	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%) -	<= %		
	Apr-19	●	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%) -	<= %		

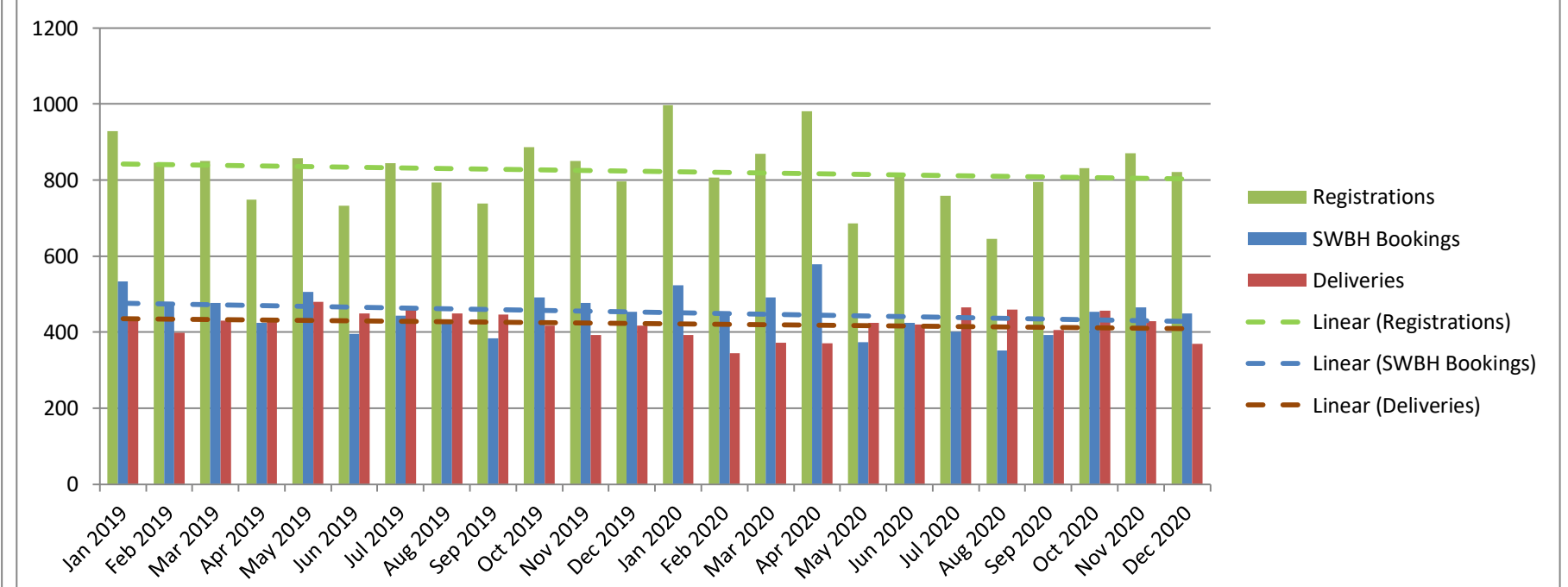
Previous Months Trend (since Jul 2019)																	
J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
30	27	28	28	24	28	29	30	29	29	30	28	30	28	32	28	29	31
11	10	11	12	10	11	12	11	9	9	10	10	11	11	14	8	11	11
20	17	17	16	14	17	17	19	19	20	20	18	19	18	17	20	18	20
6.51	8.93	2.24	4.80	2.54	4.78	5.10	0.00	2.68	2.70	9.43	11.90	6.44	4.35	4.94	8.75	2.33	10.81
0.00	0.00	0.00	2.40	5.09	2.39	2.55	0.00	2.68	5.39	2.36	4.76	6.44	0.00	0.00	0.00	2.33	2.70
0.9	0.8	0.3	0.3	1.2	0.5	1.1	0.0	0.3	1.9	1.6	1.8	1.7	2.1	0.6	1.0	1.3	0.8
0.9	0.8	0.3	0.3	1.2	0.5	0.8	0.0	0.3	0.4	0.8	1.3	1.1	1.8	0.6	1.0	1.3	0.8
0.6	0.0	0.0	0.0	0.3	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.8	1.0	0.4

Data Period	Month	Year To Date	Trend
Dec 2020	31.3	29.5	
Dec 2020	10.9	10.6	
Dec 2020	20.4	18.9	
Dec 2020	2	3	
Dec 2020	3	33	
Dec 2020	5.41	5.44	
Dec 2020	13.51	9.21	
Dec 2020	10.81	6.84	
Dec 2020	2.70	2.63	
Dec 2020	93.0	92.4	
Dec 2020	165.3	140.6	
Dec 2020	85.83	83.21	
Dec 2020	0.76	1.34	
Dec 2020	0.76	1.01	
Dec 2020	0.38	0.38	

Caesarean Section Rate (%)



Registrations & Deliveries



CQC : Use of Resources

	Kitemark	Reviewed Date	Indicator	Measure	Benchmark						Trust														20/21 Year to Date	Group												
					Period	Model Hospital STP Peer	Royal Wolverth NHS Trust	Walsall Healthcare NHS Trust	Dudley Group NHS Foundation Trust	Model Hospital National Median	Model Hospital Quality Account Peer	Trust Delivery	Target	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020		Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	M	SS	W	I	PCCT	CO
Clinical Services			Pre-Procedure Elective Bed Days	Avg	Q4 2019/20	0.15	0.18	0.03	0.08	0.11	0.21	0.2	-	-	-	-	-	-	-	-	-	-	0.32	0.31	0.25	0.22	0.18	0.69	0.33	1.17	0.23	5.67	-	0.00	-			
			Pre-Procedure Non-Elective Bed Days	<= Avg	Q4 2019/20	0.74	0.64	0.85	0.82	0.66	0.54	0.66	-	0.72	0.85	0.67	0.77	0.61	0.59	0.63	0.61	0.49	0.55	0.38	0.52	0.28	0.25	0.33	0.44	0.53	0.24	0.39	0.29	0.12	0.07	-	0.22	-
			DNA Rate - Inc Radiology (Model Hospital)	<= %	Q4 2019/20	8.09	7.31	9.92	6.63	7.11	6.75	8.35	-	7.9	8.4	8.1	8.1	8.3	8.8	7.7	7.7	11.7	9.1	7.5	8.0	8.6	9.1	9.4	9.6	9.2	10.0	9.0	9.6	12.9	15.6	0.0	8.8	-
			DNA Rate - Exc Radiology (SWB)	<= %	Q3 2019/20	n/a	-	-	-	n/a	n/a	10.49	-	9.9	10.5	10.2	10.2	10.3	11.0	9.6	9.5	14.1	10.0	8.6	-	10.3	11.4	11.7	11.9	11.2	12.3	10.7	9.6	12.9	15.6	8.3	8.8	-
			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= %	Q4 2019/20	7.97	6.68	8.16	5.72	7.94	7.49	8.23	-	8.4	8.3	7.8	7.9	8.2	8.0	8.1	8.5	9.7	12.9	10.4	8.9	9.1	9.6	8.7	8.8	9.0	-	9.4	12.5	5.4	10.6	8.3	1.8	-
Clinical Support Services			Top 10 Medicines - Delivery of Savings	%	To Mar2018	-	-	-	-	100	-	82	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
			Pathology Overall Cost Per Test	£	2018/19	£1.45	£2.08	£1.58	£1.14	£1.94	£2.46	£1.33	-	Pathology services are provided by the Black Country Pathology Services model; costs per test are available annually only in Model Hospital												-												
People			Staff Retention Rate	%	To May2020	86	87.2	84.4	89.8	86.2	85.1	85	-	-	-	-	-	-	86.1	86.6	85.4	85.5	85.7	86.3	86.6	86.4	90.7	86.7	86.8	86.7	84.8	87.4	86.7	94.0	87.0	87.2		
			Sickness Absence (Monthly)	<= %	May2020	5.41	4.87	6.89	4.82	4.77	5.01	5.39	-	4.6	4.5	4.6	5.4	5.4	5.2	5.2	5.0	6.1	8.3	6.4	5.0	4.8	4.7	5.1	5.4	6.3	5.4	5.7	6.8	5.9	5.5	3.7	4.7	4.6
			Total Cost per WAU	£	2018/19	£3,614	-	-	-	£3,500	-	£3,359	-	Pay and Non-Pay costs per WAU are published on Model Hospital annually after the National Cost Collection window (formerly known as Reference Cost Submission); we are therefore unable to complete monthly trends on a per WAU basis												-												
			Total Pay Cost per WAU	£	2018/19	£1,940	-	-	-	£1,923	-	£1,901	-																									
			Clinical Staff Pay Cost WAU	£	2018/19	£1,940	-	-	-	£1,923	-	£1,901	-																									
			Substantive Medical Staff Cost Per WAU	£	2018/19	£780	£774	£786	£793	£763	-	£770	-																									
			Substantive Nursing Staff Cost Per WAU	£	2018/19	£924	£839	£948	£1,005	£892	-	£901	-																									
			Professional Technical and Therapies Staff Cost Per WAU	£	2018/19	£236	-	-	-	£268	-	£230	-																									
		Total Non-Pay Cost Per WAU	£	2018/19	£1,674	-	-	-	£1,577	-	£1,458	-																										
		Finance Cost Per £100m Turnover	£000	2018/19	483.8k	483.42	626.25	457.75	653.3	653.3k	634.6k	-	-													-	-	-	-	-	-	-	-	-	-	-	-	-
Corporate services, Procurement, Estates & Facilities			HR Cost Per £100m Turnover	£000	2018/19	686.9k	767.49	1270	388.35	910.7	794.9k	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
			Estates & Facilities Cost (£ per m2)	£	2018/19	-	£360	£366	£494	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
			Procurement League Table: Process Efficiency and Price Performance Score (scaled 0 to 100)	No	Q2 2019/20	54	58	43	50	57	57	74	-	74	-->	-->	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			Capital Service Capacity - Value	No	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-	-	-	-	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
Finance			Liquidity (Days) - Value	No	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-	-	-	-15	-11	-15	-164	-91	-59	-52	-34	-37	-28	-31	-	-495	-	-	-	-	-			
			Distance From Agency Spend Cap - Value	%	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-	-	-	76.0	75.0	78.0	70.0	50.0	31.0	37.0	22.0	23.0	27.0	73.2	-	70.8	-	-	-	-	-			
			Income and Expenditure (I & E) Margin - Value	%	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-	-	-	-0.4	-0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
			Distance Form Financial Plan - Value	%	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-	-	-	-0.1	-0.1	0.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	-	-	-	-	-		

Benchmark:

Quality Account Peer Group :

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

STP FootPrint Peer Group:

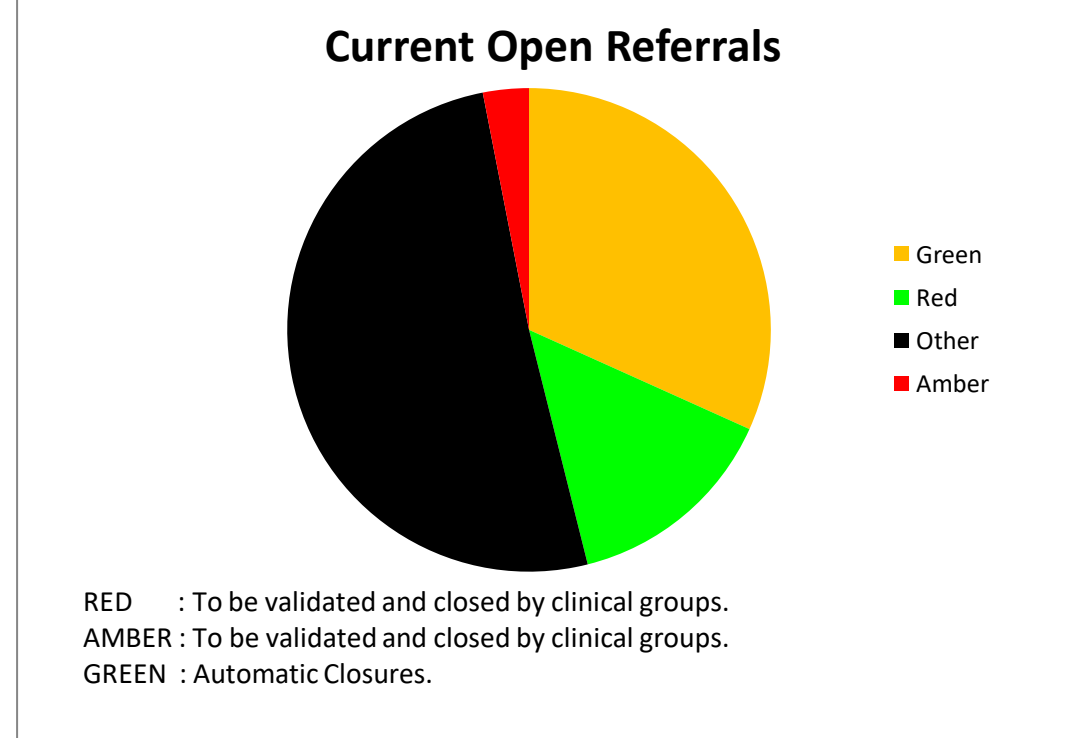
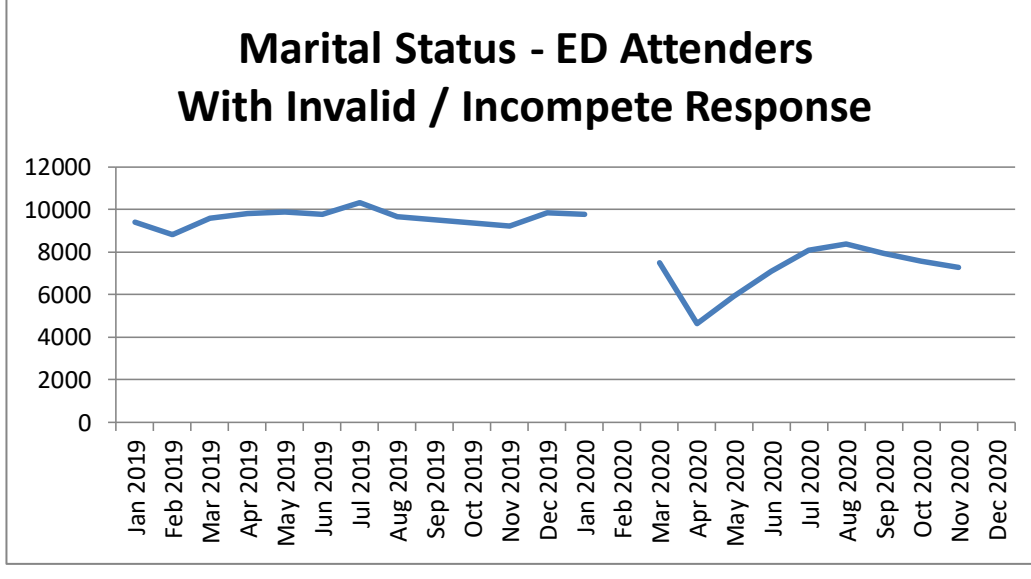
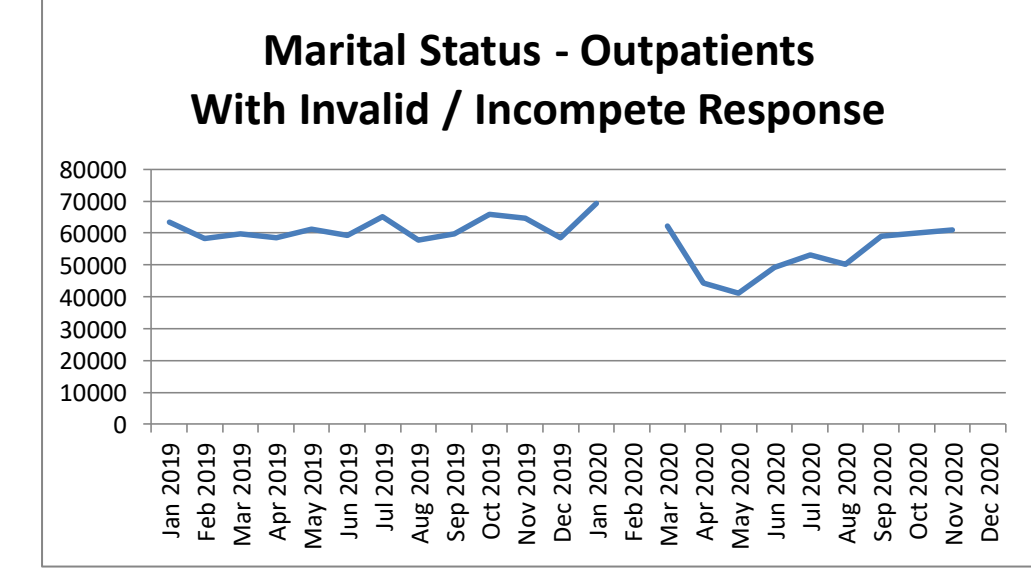
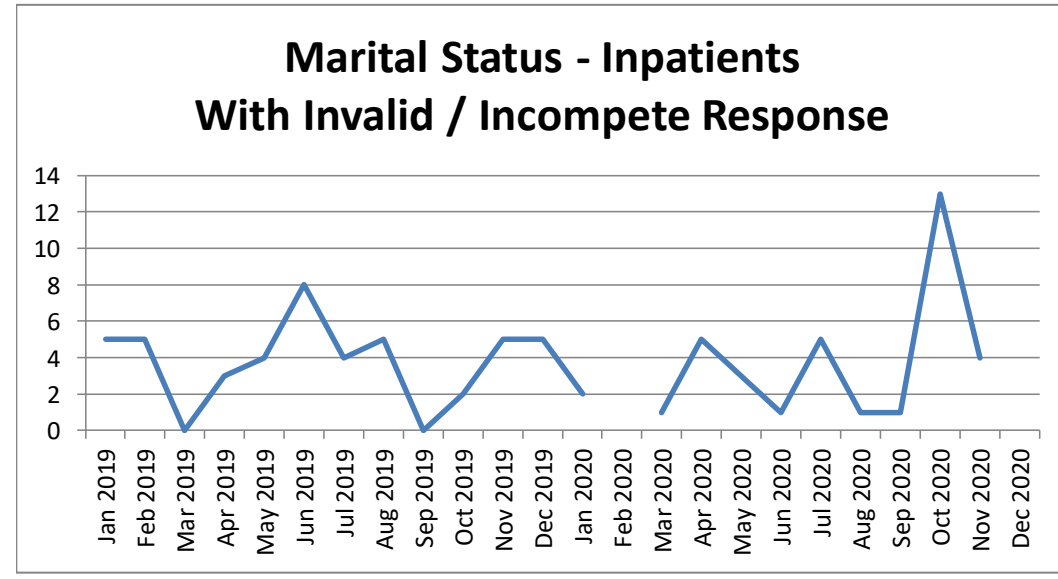
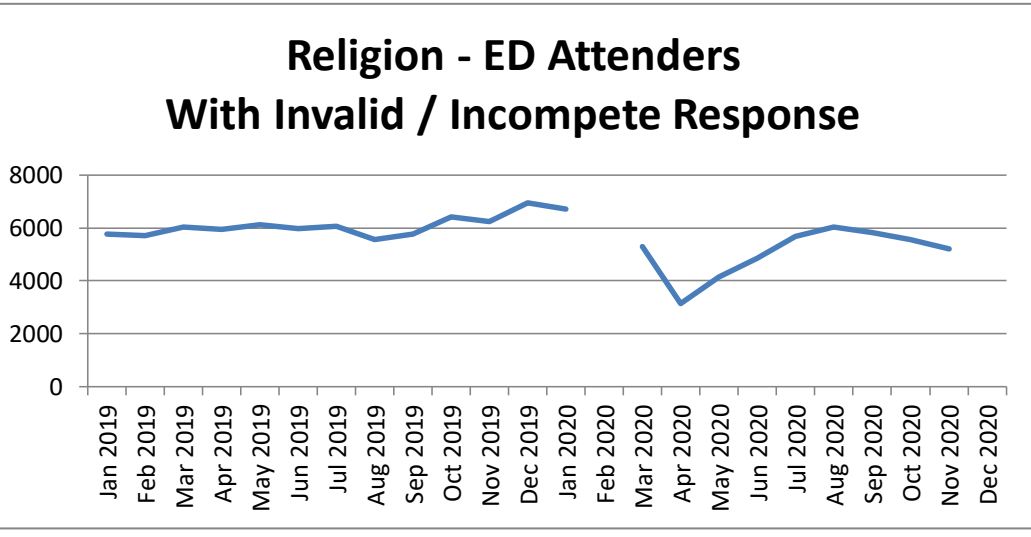
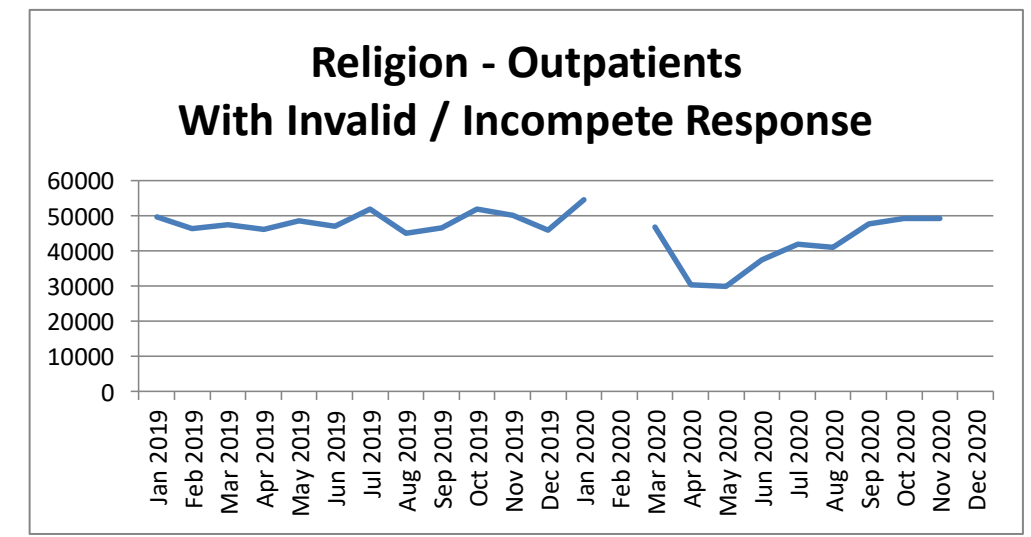
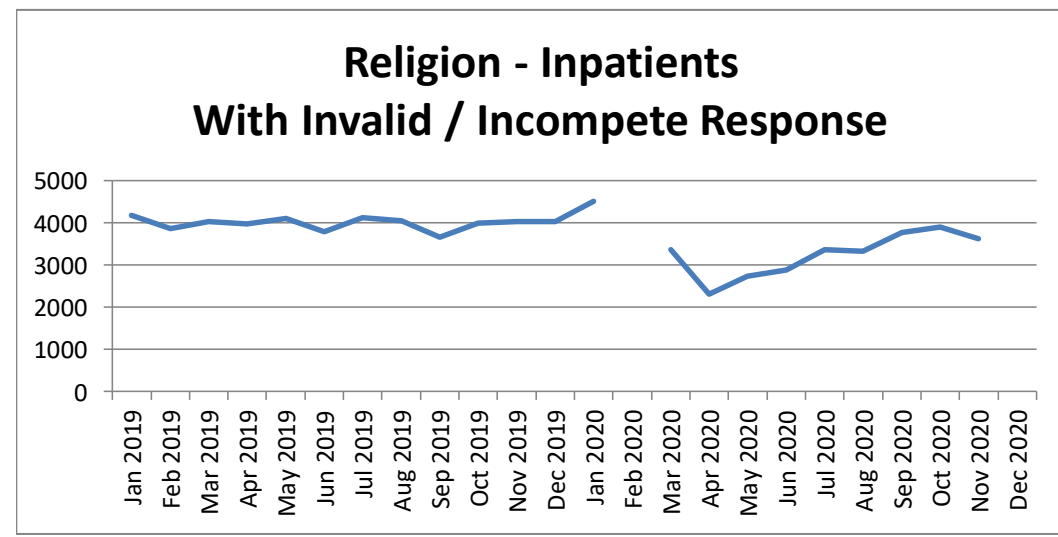
- Black Country Partnership NHS Foundation Trust
- Dudley and Walsall Mental Health Partnership NHS Trust
- Dudley Group NHS Foundation Trust
- Royal Wolverhampton NHS Trust
- Sandwell and West Birmingham Hospitals NHS Trust
- Walsall Healthcare NHS Trust
- West Midlands Ambulance Service NHS Foundation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

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 Jul 2019)																	
J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
98.7	97.9	96.8	97.2	96.2	95.1	95.7	99.0	97.1	95.5	98.4	98.6	96.2	-	98.3	96.5	99.4	-
99.6	99.5	99.6	99.6	99.6	99.6	99.5	99.7	99.5	99.6	99.4	99.4	99.5	-	99.7	99.8	99.8	-
97.3	97.2	92.6	82.7	84.4	84.2	86.0	85.6	88.4	90.3	89.9	90.2	90.2	-	91.2	92.0	93.2	-
67.7	66.8	67.7	65.7	65.9	65.3	62.9	-	64.5	65.5	63.4	65.0	63.6	63.8	62.1	61.1	60.6	-
50.4	51.1	50.6	50.3	50.9	50.3	50.0	-	51.2	55.9	52.5	50.1	48.1	46.5	46.9	46.3	46.5	-
64.7	64.6	63.7	59.2	59.1	57.0	57.7	-	55.5	55.1	55.3	56.2	55.3	55.0	54.8	54.7	55.2	-
100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	99.9	100.0	100.0	99.9	100.0	100.0	99.9	100.0	-
37.5	37.3	36.8	36.7	36.5	36.5	36.4	-	35.1	35.5	34.4	34.4	34.1	34.3	34.3	34.4	33.6	-
39.9	38.4	40.1	40.5	39.8	39.1	38.3	-	37.2	33.6	36.5	36.3	36.5	37.7	38.6	38.4	37.6	-
216,977	215,389	210,947	213,037	213,645	216,909	216,936	217,529	215,194	207,500	206,550	206,748	209,022	211,836	213,760	215,688	218,431	220,048
54,518	53,060	46,595	37,194	36,476	38,047	38,823	36,104	38,197	32,736	35,780	36,323	36,553	36,380	37,027	38,053	38,864	38,861
294	286	290	342	283	279	246	236	169	221	221	393	353	354	369	322	338	344

Data Period	Group							Month	Year To Date	Trend
	M	SS	W	P	I	PCCT	CO			
Nov 2020							61.2	61.2		
Oct 2020								71.0		
Oct 2020								97.6		
Oct 2020								98.9		
Nov 2020								99.4	97.7	
Nov 2020								99.8	99.6	
Nov 2020								93.2	91.0	
Nov 2020								87.9	87.4	
Nov 2020								89.9	89.4	
Nov 2020								60.6	63.0	
Nov 2020								46.5	48.8	
Nov 2020								55.2	55.2	
Nov 2020								100.0	100.0	
Nov 2020								33.6	34.3	
Nov 2020								37.6	37.1	
Nov 2020								6.7	6.9	
Dec 2020	53,540	105,989	25,190	-	747	34,602		220,048		
Dec 2020	14,857	14,244	5,176	-	443	3,945		38861		
Dec 2020								344		



Legend

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

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

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

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

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

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

Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	20/21 Year to Date	Directorates			
			Year	Month	EC	AC_A	AC_B																				
Safe	C. Difficile (Post 48 hours)	No	30	3	3	1	2	1	2	2	1	2	3	0	3	1	2	3	1	1	0	1	12	1	0	0	
	MRSA Bacteraemia (Post 48 hours)	No	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	-	0	0	0	
	MRSA Screening - Elective	%	95	95	80.4	69.9	75.0	56.7	66.0	51.0	64.9	67.3	62.0	56.7	80.4	92.1	78.9	70.9	79.4	82.9	76.7	82.5	-	86.4	85.7	50.0	
	MRSA Screening - Non Elective	%	95	95	76.7	79.5	61.5	73.5	78.2	74.9	78.4	83.4	76.7	83.3	92.3	93.5	94.4	93.8	92.5	92.9	92.0	92.6	90.9	92.7	94.1	85.7	
	Number of DOLS raised	No	-	-	13	14	24	19	12	25	14	17	15	13	21	23	17	15	21	16	20	23	169	4	19	0	
	Number of DOLS which are 7 day urgent	No	-	-	13	14	24	19	12	25	14	17	15	13	21	23	17	15	21	16	20	23	169	4	19	0	
	Number of delays with LA in assessing for standard DOLS application	No	-	-	2	4	0	4	3	6	3	4	0	2	1	3	3	3	2	4	2	2	22	0	2	0	
	Number DOLS rolled over from previous month	No	-	-	0	2	0	1	0	0	0	2	1	5	4	2	3	1	1	2	4	6	28	0	6	0	
	Number patients discharged prior to LA assessment targets	No	-	-	8	8	13	12	7	16	7	10	11	12	22	19	15	11	17	8	11	21	136	4	17	0	
	Number of DOLs applications the LA disagreed with	No	-	-	0	2	2	0	0	0	0	1	0	0	0	0	0	0	0	0	2	0	2	2	0	0	0
	Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	0	0	0	0	0	0	1	0	0	0	0	0	0	0	2	0	3	0	5	0	0	0	
	Falls	No	-	-	58	58	39	-	34	47	46	42	65	21	35	44	51	44	54	44	60	36	389	14	-	-	
	Falls - Death or Severe Harm	No	0	0	2	0	0	-	1	0	1	1	0	0	1	1	2	0	0	0	0	0	4	0	0	0	
	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	14	12	15	12	3	14	14	17	18	15	17	6	7	11	10	23	26	20	135	6	-	-	
	Venous Thromboembolism (VTE) Assessments	%	95	95	93.3	92.5	93.0	96.9	-	97.7	96.4	96.4	95.3	97.1	97.7	97.8	97.2	97.2	96.8	97.5	97.3	98.4	-	98.5	97.8	98.5	
	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	%	100	100	100.0	100.0	-	100.0	100.0	100.0	100.0	99.0	100.0	100.0	100.0	100.0	100.0	99.9	100.0	100.0	100.0	96.8	-	100.0	100.0	95.4	
	WHO Safer Surgery - brief(% lists where complete)	%	100	100	100.0	99.7	100.0	100.0	100.0	100.0	100.0	100.0	99.6	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	99.3	-	100.0	98.4	100.0	
	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	%	100	100	99.7	99.7	100.0	99.7	100.0	100.0	100.0	99.7	99.6	100.0	100.0	100.0	98.1	99.7	100.0	100.0	100.0	98.6	-	100.0	98.4	98.6	
	Never Events	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Medication Errors causing serious harm	No	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	
	Serious Incidents	No	0	0	10	5	1	4	5	4	4	2	0	2	1	4	2	3	5	3	4	2	26	1	1	0	
	Sepsis - Screened (as % Of Screening Required)	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	93.2	92.9	95.2	96.9	96.8	96.7	95.4	-	-	-	
	Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	24.9	24.4	25.3	24.2	27.2	28.1	25.1	-	-	-	
	Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	83.4	88.7	89.5	89.8	91.1	88.0	86.2	-	-	-	
Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	54.3	58.2	81.9	81.8	82.3	84.5	74.5	-	-	-		
Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Caring	Mixed Sex Accommodation - Breaches (Patients)	No	0	0	31	0	9	-	-	-	-	401	-	-	-	-	-	-	-	-	-	-	-	-	-		
	No. of Complaints Received (formal and link)	No	-	-	31	24	21	37	31	29	40	36	32	14	19	32	52	34	37	37	44	43	312	19	24	0	
	No. of Active Complaints in the System (formal and link)	No	-	-	58	48	47	54	50	50	58	68	59	49	51	54	52	61	89	121	157	67	-	67	0	0	
	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	2.08	1.59	1.41	2.15	1.78	1.62	2.17	2.17	1.81	1.02	1.56	2.58	1.98	2.75	2.87	2.21	2.77	9.64	2.53	-	-	-	
	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	5.27	4.01	4.32	7.48	6.18	6.08	7.50	7.68	6.37	3.49	4.38	7.42	5.52	8.27	8.99	8.19	10.55	2.60	5.66	-	-	-	
	No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	2.8	0.0	100.0	100.0	100.0	74.1	-	-	-	
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	0.0	6.1	0.0	13.3	0.0	4.2	0.0	0.0	16.2	13.8	6.3	3.6	6.3	0.0	11.8	50.0	2.5	94.7	13.7	-	-	-	
	No. of responses sent out	No	-	-	34	32	28	30	34	24	31	28	37	29	16	28	32	25	17	8	7	38	200	-	-	-	

Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	20/21 Year to Date	Directorates			
			Year	Month	EC	AC_A	AC_B																				
Responsive	Emergency Care Attendances (Including Mailing)	No	-	-	17744	16413	16783	17602	16885	18288	17355	16335	12630	6641	9204	11457	13175	14143	13675	12971	12336	12033	105635	5832	6201	-	
	Emergency Care 4-hour waits	%	95	95	80.4	80.3	72.5	70.8	69.6	70.8	71.5	73.1	78.3	86.9	91.0	89.4	85.5	84.2	79.4	78.2	78.1	77.2	82.8	72.3	81.8	-	
	Emergency Care 4-hour breach (numbers)	No	-	-	2695	2549	2032	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Emergency Care Trolley Waits >12 hours	No	0	0	0	0	2	2	1	1	0	0	0	1	0	0	0	0	0	3	2	3	9	2	1	-	
	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	No	-	-	14	14	18	29	24	29	24	27	26	20	19	18	20	22	28	31	29	32	25	-	-	-	
	Emergency Care Timeliness - Time to Treatment in Department (median)	No	-	-	61	52	64	78	84	86	82	76	44	16	17	24	34	39	45	36	37	36	32	-	-	-	
	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	%	5	5	5.4	5.9	7.4	7.9	8.0	7.8	8.1	7.7	8.8	8.9	9.2	7.5	8.6	8.4	7.3	7.9	7.1	7.1	7.9	6.4	7.8	-	
	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	%	5	5	7.4	6.7	9.5	10.7	10.5	10.1	8.4	8.1	5.8	3.0	2.7	3.2	4.7	5.0	5.1	4.1	3.7	3.6	4.0	3.4	3.7	-	
	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	No	0	0	123	162	238	251	228	279	199	242	380	234	172	77	183	172	161	267	186	245	1697	201	44	-	
	WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	No	0	0	5	9	33	16	9	12	9	32	42	8	1	0	0	3	9	43	31	49	144	17	32	-	
	WMAS - Handover Delays > 60 mins (% all emergency conveyances)	%	0.02	0.02	0.1	0.2	0.7	0.3	0.2	0.2	0.2	0.7	0.9	0.3	0.0	-	0.0	0.1	0.2	1.0	0.8	1.1	0.5	0.7	1.7	-	
	WMAS - Emergency Conveyances (total)	No	-	-	4658	4486	4484	4656	4721	4887	4848	4522	4588	3069	3282	3039	3951	4209	4065	4323	4106	4278	34322	2350	1928	-	
	No. of Sitrep Declared Late Cancellations - Total	No	0	0	0	0	5	3	12	5	14	5	3	0	2	9	7	0	7	10	-	-	35	0	10	0	
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	0	0	0	2	0	0	0	0	0	0	0	0	0	-	2	0	-	-	2	0	0	0	
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	0	0	5	1	12	5	14	5	3	0	2	9	7	-	5	10	-	-	33	0	10	0	
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	-	-	0.6	0.2	1.5	0.6	1.6	0.6	0.4	-	0.3	1.5	1.0	-	1.0	1.9	1.1	0.9	-	-	1.0	1.2	
	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	
	No. of second or subsequent urgent operations cancelled	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	0	-	-	-	
	Urgent Cancellations	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	0	0	0	0	
	No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	No	0	0	0	0	0	0	0	1	1	1	3	0	0	0	1	0	1	0	-	-	2	0	0	0	
	Multiple Hospital Cancellations experienced by same patient (all cancellations)	No	0	0	2	2	7	6	9	6	11	8	20	5	7	5	5	3	2	6	6	2	41	-	-	-	
	All Hospital Cancellations, with 7 or less days notice	No	0	0	14	14	24	39	69	98	93	41	66	25	27	42	23	26	23	29	27	11	233	-	-	-	
	2 weeks	%	93	93	94.3	92.8	97.3	92.2	93.5	98.5	98.3	98.5	98.1	88.3	57.5	79.6	86.9	74.5	69.5	97.2	96.3	-	-	-	100.0	96.0	
	31 Day (diagnosis to treatment)	%	96	96	88.6	100.0	100.0	100.0	96.9	100.0	95.1	97.1	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	-	100.0	100.0	
	62 Day (urgent GP referral to treatment) Excl Rare Cancers	%	85	85	74.4	84.3	90.5	81.1	94.7	78.1	78.1	88.5	96.0	72.7	60.0	64.7	70.6	100.0	69.6	68.0	46.2	-	-	-	66.7	28.6	
	62 Day (urgent GP referral to treatment) - Inc Rare Cancers	%	85	85	74.4	84.9	90.5	81.1	94.7	78.1	78.1	88.5	96.0	72.7	60.0	64.7	70.6	100.0	69.6	68.0	46.2	-	-	-	66.7	28.6	
	62 Day (referral to treat from screening)	%	90	90	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	62 Day (referral to treat from hosp specialist)	%	90	90	81.6	73.2	86.7	73.1	76.7	80.0	82.0	65.2	78.9	92.3	60.0	75.0	80.0	84.6	81.5	57.6	68.4	-	74.6	-	-	-	
	Cancer = Patients Waiting Over 62 days for treatment	No	-	-	5	4	2	4	1	4	4	2	1	-	4	3	3	0	4	4	4	-	21	-	1	3	
	Cancer - Patients Waiting Over 104 days for treatment	No	-	-	2	2	2	1	1	3	3	1	0	-	0	1	2	0	3	1	2	-	8	-	0	2	
	Neutropenia Sepsis - Door to Needle Time > 1hr	No	0	0	3	4	6	6	9	15	7	11	5	4	3	2	1	1	2	3	5	3	24	-	3	0	
	RTT - Admitted Care (18-weeks)	%	90	90	89.6	90.5	87.5	89.1	84.4	87.2	81.1	83.9	88.9	83.3	100.0	81.3	58.6	77.0	86.2	84.5	86.1	89.5	-	-	89.5	89.5	
RTT - Non Admitted Care (18-weeks)	%	95	95	81.0	82.4	80.2	68.7	72.4	68.2	67.8	73.7	77.7	67.2	64.8	57.8	52.1	55.6	57.1	60.6	63.8	71.2	-	-	76.1	67.3		
RTT - Incomplete Pathway (18-weeks)	%	92	92	92.2	93.6	92.7	93.3	92.0	91.9	91.8	90.5	85.8	76.1	64.4	54.7	52.5	59.1	63.9	71.7	74.9	76.8	-	-	90.6	70.2		

Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	20/21 Year to Date	Directorates			
			Year	Month	EC	AC_A	AC_B																				
CQC	RTT Waiting List - Incomplete	No	-	-	7294	7041	7147	7231	6977	7163	7328	7293	7261	6858	6660	6501	6289	6113	5457	5446	5390	5182	60754	0	1664	3518	
	RTT - Backlog	No	-	-	568	451	525	483	559	579	601	695	1034	1639	2372	2944	2989	2501	1969	1542	1355	1203	-	0	156	1047	
	Patients Waiting >52 weeks (All Pathways)	No	0	0	1	7	0	0	0	0	0	0	0	0	0	0	1	1	34	46	28	34	-	0	18	16	
	Patients Waiting >52 weeks (Incomplete)	No	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	31	17	17	9	-	0	6	3	
	Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	No	0	0	6	5	7	6	9	7	7	7	10	10	8	11	12	12	11	10	10	10	-	0	5	5	
	Treatment Functions Underperforming (Incomplete)	No	0	0	1	1	2	1	2	2	1	2	3	4	4	5	6	6	4	4	3	3	-	0	2	1	
	RTT Clearance Time (Wks)	Ratio	-	-	17.4	21.0	20.8	17.2	17.5	22.7	-	17.1	-	35.0	35.2	-	20.4	-	13.4	15.6	16.4	-	21.8	-	11.2	21.3	
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	0.4	1.5	0.9	1.2	0.3	2.4	0.4	0.0	8.3	53.9	63.8	40.9	45.7	43.0	32.3	23.5	18.6	14.8	-	-	-	-	
	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	115	59	19	18	25	42	29	54	33	-	253	51	112	133	246	246	140	73	1254	-	-	-	
	Cancer - Longest wait for treatment (days) - GROUP	No	-	-	149	147	83	141	149	145	133	156	79	-	91	173	134	62	210	130	165	-	-	-	-	100	165
Effective	Mortality Reviews within 42 working days	%	90	90	83.5	76.2	79.0	78.3	74.1	81.1	73.5	74.3	71.4	75.3	61.9	80.5	85.9	93.3	95.7	92.4	-	-	-	90.2	88.9	100.0	
	Deaths In the Group	No	-	-	92	106	100	122	114	125	147	109	-	319	141	110	86	89	93	132	199	-	1169	-	-	-	
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	13.0	12.9	12.6	13.3	14.1	13.3	13.8	13.9	13.7	14.9	12.8	11.9	13.3	14.5	13.3	13.2	12.5	-	-	-	-	-	
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	12.4	12.4	12.5	12.7	12.9	12.9	13.0	13.0	13.1	13.3	13.4	13.4	13.4	13.5	13.6	13.6	13.4	-	13.4	-	-	-	
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	4.1	4.0	3.7	3.9	4.5	3.8	3.9	3.8	4.5	5.5	4.7	4.3	5.3	6.0	6.5	6.4	6.4	-	5.7	-	-	-	
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	4.0	4.0	4.0	4.1	4.1	4.0	3.9	3.9	3.8	4.0	4.1	4.2	4.3	4.4	4.7	4.9	5.1	-	4.4	-	-	-	
	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	112	101	128	132	128	130	128	144	129	45	38	40	39	32	46	53	69	60	410	23	15	16	
	21+ Days Long Stay Rate - NHSI	%	-	-	19.2	22.5	23.6	22.0	21.9	22.1	20.1	22.4	25.3	11.8	15.6	10.3	9.1	4.5	10.8	7.4	8.8	12.0	10.4	9.9	11.3	15.2	
	Estimated Beds - 21+ Days - NHSI	No	-	-	92	114	104	109	112	115	109	115	129	31	37	25	23	10	30	22	28	43	268	19	4	15	
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	39.3	35.0	36.3	44.9	40.2	49.0	38.0	38.1	39.5	61.6	68.8	68.1	68.0	73.5	66.5	68.3	67.3	79.1	68.1	99.8	55.8	60.7	
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	838	599	584	1017	998	1078	1065	2011	1921	3644	1318	1432	1471	1423	1722	1528	1667	2246	16451	1412	350	484	
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	67.7	61.2	67.5	79.4	79.3	76.8	53.7	57.8	44.9	37.1	96.8	84.8	95.7	92.9	85.2	61.9	64.0	51.9	71.5	90.0	49.4	55.6	
	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	275	224	281	408	376	268	187	338	262	112	91	140	202	196	202	130	119	97	1289	9	83	5	
	20WD: Pts spending >90% stay on Acute Stroke Unit	%	90	90	92.9	98.3	-	-	-	-	-	-	-	93.7	-	-	86.7	-	87.5	-	85.0	89.3	-	88.4	-	-	89.3
	20WD: Pts admitted to Acute Stroke Unit within 4 hrs	%	80	80	72.3	80.0	-	-	-	-	-	-	-	78.7	-	-	84.4	-	81.8	-	66.7	69.1	-	76.8	-	-	69.1
	20WD: Pts receiving CT Scan within 1 hr of presentation	%	50	50	64.6	73.9	-	-	-	-	-	-	-	-	-	-	87.5	-	89.1	-	83.6	86.2	-	85.5	-	-	86.2
	20WD: Pts receiving CT Scan within 24 hrs of presentation	%	95	95	95.8	100.0	-	-	-	-	-	-	-	-	-	-	100.0	-	100.0	-	98.4	100.0	-	99.3	-	-	100.0
	20WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	%	85	85	83.3	60.0	-	-	-	-	-	-	-	50.0	-	-	50.0	-	50.0	-	80.0	100.0	-	73.2	-	-	100.0
	20WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	%	-	-	87.5	73.3	68.2	65.4	88.2	80.0	65.2	83.3	80.0	-	-	92.3	-	100.0	-	-	-	-	86.1	-	-	-	100.0
	20WD: TIA (Low Risk) Treatment <7 days from receipt of referral	%	-	-	88.9	84.2	90.0	88.0	61.1	61.9	61.1	76.2	67.6	-	-	100.0	-	-	-	-	-	-	91.3	-	-	-	100.0
	20WD : TIA Treatment <24 Hours from receipt of referral	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0	-	82.6	100.0	-	91.5	-	100.0	-	-
	Primary Angioplasty (Door To Balloon Time 90 mins)	%	80	80	93.8	100.0	77.8	100.0	95.7	91.7	94.1	91.7	71.4	33.3	100.0	100.0	100.0	100.0	88.9	81.8	87.5	85.7	89.6	-	85.7	-	
	Primary Angioplasty (Call To Balloon Time 150 mins)	%	80	80	93.3	90.9	66.7	100.0	89.5	81.8	88.2	91.7	50.0	33.3	80.0	100.0	75.0	100.0	88.9	88.9	87.5	64.3	82.7	-	64.3	-	
Rapid Access Chest Pain - seen within 14 days	%	98	98	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	

Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	20/21 Year to Date	Directorates		
			Year	Month	EC	AC_A	AC_B																			
Well Led	PDRs - 12 month rolling	%	95	95	-	-	48.3	51.6	-	-	-	-	-	-	-	-	-	-	87.8	-	-	-	-	85.9	90.2	88.0
	Medical Appraisal	%	90	90	92.4	93.5	97.4	94.1	94.0	93.7	94.3	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	94.6	93.9	-	98.6	93.7	94.3	93.9
	Sickness Absence (Rolling 12 Months)	%	3	3	5.4	5.4	5.3	5.4	5.4	5.2	5.1	5.1	5.3	6.0	6.2	6.3	6.3	6.4	6.5	6.7	6.9	7.0	6.5	6.2	7.4	7.7
	Sickness Absence (Monthly)	%	3	3	4.4	4.7	5.2	5.9	6.1	5.4	5.5	5.5	8.3	11.7	7.8	5.9	5.6	5.8	6.7	7.1	8.4	6.8	7.3	6.4	5.6	8.3
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	-	-	29	35	43	43	37	22	37	46	55	42	38	45	41	48	56	51	422	18	12	21
	Sickness Absence - Short Term (Monthly)	No	-	-	153	142	177	209	176	183	195	188	299	338	175	162	191	166	201	221	201	171	1991	71	30	70
	Ward Sickness Absence (Monthly)	%	3	3	4.9	6.1	7.0	7.6	8.1	6.4	7.6	7.9	11.6	14.2	9.4	7.3	7.3	7.9	9.1	8.7	12.1	9.3	9.8	7.7	13.5	9.1
	Mandatory Training - Health & Safety (% staff)	%	95	95	73.5	76.2	77.3	79.8	81.6	84.0	85.0	88.1	91.7	91.8	96.2	95.5	97.0	95.1	94.7	96.0	96.3	96.0	95.4	-	-	-
	Staff at 100% compliance with mandatory training	%	-	-	50.1	44.0	56.6	58.0	63.6	64.6	38.4	57.3	61.7	61.2	72.3	86.5	82.9	81.6	75.9	72.0	70.9	66.5	74.4	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	23.1	26.8	17.6	18.0	14.7	13.9	25.4	18.7	20.8	22.1	17.4	8.3	10.3	11.4	14.4	16.8	17.9	18.8	15.3	-	-	-
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	9.7	10.9	7.4	6.7	5.7	6.3	13.9	8.2	7.1	6.5	4.4	1.9	3.0	3.3	4.2	5.1	5.8	7.6	4.6	-	-	-
	Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	22.4	15.8	10.4	10.2	6.0	3.4	3.8	3.7	5.4	6.1	5.4	7.0	5.7	-	-	-
	Nursing Vacancy Rate (Qualified)	%	11	11	15.8	15.5	13.7	14.3	14.1	15.3	12.8	11.9	11.9	11.7	14.5	14.1	11.6	9.7	10.8	12.7	12.5	13.1	12.3	-	-	-

Surgical Services Group

CQC Domain	Indicator	Measure	Standard		Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	20/21 Year to Date	Directorate				
			Year	Month																						GS	SS	TH
Safe	C. Difficile (Post 48 hours)	No	7	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MRSA Bacteraemia (Post 48 hours)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	0	0	0	0
	MRSA Screening - Elective	%	95	95	86.0	80.5	82.4	81.9	81.3	81.6	79.3	83.1	78.7	83.3	83.2	86.6	84.2	80.5	81.7	80.2	80.0	72.4	-	81.1	65.5	-	0.0	63.6
	MRSA Screening - Non Elective	%	95	95	85.5	85.3	81.7	81.8	81.7	79.3	84.2	85.3	82.3	85.9	88.4	89.2	91.1	93.9	92.1	91.4	92.3	91.7	91.0	92.4	92.5	-	-	78.6
	Number of DOLS raised	No	-	-	7	9	8	8	8	7	13	9	9	10	16	14	12	6	13	13	12	14	110	11	0	0	3	0
	Number of DOLS which are 7 day urgent	No	-	-	7	9	8	8	8	7	13	9	9	10	16	14	12	6	13	13	12	14	110	11	0	0	3	0
	Number of delays with LA in assessing for standard DOLS application	No	-	-	1	1	2	0	0	0	2	0	0	1	2	1	1	1	2	1	0	3	12	3	0	0	0	0
	Number DOLS rolled over from previous month	No	-	-	0	0	0	0	0	1	0	1	6	2	2	4	1	1	1	1	3	2	17	2	0	0	0	0
	Number patients discharged prior to LA assessment targets	No	-	-	2	7	5	6	4	5	9	6	12	9	10	15	10	4	10	9	13	11	91	8	0	0	3	0
	Number of DOLS applications the LA disagreed with	No	-	-	0	0	0	0	1	0	0	1	1	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	-	-	3	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3	0	4	0	0	0	0	0
	Falls	No	-	-	6	9	16	-	11	13	20	8	16	20	12	8	8	12	7	5	12	23	107	6	14	-	-	2
	Falls - Death or Severe Harm	No	0	0	0	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	6	8	8	7	4	6	13	9	7	16	5	7	2	5	9	7	9	13	73	1	7	-	5	-
	Venous Thromboembolism (VTE) Assessments	%	95	95	97.4	97.0	97.6	97.5	-	95.1	98.0	96.2	96.0	91.9	92.4	95.4	96.8	93.6	94.4	93.7	97.2	96.1	-	95.5	96.9	-	99.4	95.7
	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	%	100	100	100.0	100.0	-	100.0	100.0	100.0	99.9	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	99.9	-	99.7	100.0	100.0	100.0	100.0
	WHO Safer Surgery - brief(% lists where complete)	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	99.5	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	100.0	100.0	-	100.0
	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	%	100	100	100.0	99.5	100.0	99.6	100.0	98.3	100.0	100.0	99.0	100.0	100.0	100.0	100.0	97.7	100.0	98.2	99.2	100.0	-	-	100.0	100.0	-	100.0
	Never Events	No	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1
	Medication Errors causing serious harm	No	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Serious Incidents	No	0	0	5	0	1	4	0	0	0	1	0	0	0	2	0	1	1	1	1	0	6	0	0	0	0	0	
Sepsis - Screened (as % Of Screening Required)	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	97.8	99.3	99.3	99.5	99.4	98.9	98.6	-	-	-	-	-	
Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	18.6	19.2	18.7	17.5	27.1	22.0	20.4	-	-	-	-	-	
Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	81.0	84.7	90.4	82.6	87.3	83.8	81.7	-	-	-	-	-	
Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	69.1	58.3	75.5	78.9	75.2	80.7	72.2	-	-	-	-	-	
Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Caring	Mixed Sex Accommodation - Breaches (Patients)	No	0	0	13	7	7	-	-	-	-	57	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	No. of Complaints Received (formal and link)	No	-	-	22	15	22	42	28	19	26	32	25	12	9	19	43	8	19	27	21	30	188	5	9	0	4	12
	No. of Active Complaints in the System (formal and link)	No	-	-	38	26	33	41	32	19	30	41	28	27	28	34	43	29	43	64	78	0	-	0	0	0	0	0
	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	4.07	2.34	4.16	8.16	4.99	3.59	4.52	6.16	5.17	4.34	2.77	5.81	5.67	2.08	4.33	5.33	5.24	14.93	5.14	-	-	-	-	-
	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	5.53	3.58	6.92	12.83	7.66	6.31	6.89	11.23	9.30	15.87	8.74	14.42	10.00	3.50	7.55	9.56	9.70	7.14	8.65	-	-	-	-	-
	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	22.2	10.5	40.9	87.5	31.6	37.0	14.3	13.3	32.9	-	-	-	-	-
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	0.0	8.0	0.0	0.0	0.0	0.0	0.0	4.0	7.4	4.3	50.0	26.7	11.8	35.7	100.0	0.0	25.0	39.1	27.3	-	-	-	-	-
	No. of responses sent out	No	-	-	17	22	16	29	34	28	22	24	28	23	6	15	17	20	6	4	10	23	124	-	-	-	-	-
	Emergency Care Attendances (Including Mailing)	No	-	-	1303	1244	1190	843	983	1042	1122	1032	762	522	624	758	890	956	873	862	899	729	-	-	-	-	-	-
Emergency Care 4-hour breach (numbers)	No	-	-	148	144	165	88	72	41	48	21	23	3	2	15	32	47	45	55	44	36	279	0	0	0	0	36	

Surgical Services Group

CQC Domain	Indicator	Measure	Standard		Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	20/21 Year to Date	Directorate				
			Year	Month																						GS	SS	TH
Responsive	Emergency Care Trolley Waits >12 hours	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-	-
	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	No	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-
	Emergency Care Timeliness - Time to Treatment in Department (median)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	%	5	5	2.6	2.2	6.3	5.2	7.2	9.9	8.3	4.1	7.3	5.6	5.6	7.0	5.0	6.2	4.6	5.0	5.6	6.6	-	-	-	-	-	-
	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	%	5	5	6.7	3.7	3.5	6.4	5.9	0.7	2.1	2.7	1.4	0.6	0.8	2.4	2.3	2.2	1.5	2.4	2.6	2.2	-	-	-	-	-	-
	Hip Fractures Best Practice Tariff (Operation < 36 hours of admissions)	%	85	85	62.5	87.9	79.2	88.5	78.6	67.5	75.0	87.9	61.5	84.0	90.0	60.0	53.1	70.8	80.0	78.9	85.0	91.3	75.9	-	91.3	-	-	-
	No. of Sitrep Declared Late Cancellations - Total	No	0	0	39	27	42	55	32	54	35	40	21	0	1	4	10	15	22	23	-	-	75	11	3	0	0	9
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	16	16	32	38	29	40	25	15	10	0	1	2	8	-	11	16	-	-	48	9	1	0	0	6
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	23	11	10	17	3	14	10	25	11	0	0	2	2	-	11	7	-	-	27	2	2	0	0	3
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	1.6	1.2	1.8	2.3	1.3	2.4	1.4	2.0	1.5	0.0	0.3	0.8	0.8	1.1	1.3	1.4	0.9	1.3	-	2.2	-	-	0.6	1.1
	Number of 28 day breaches	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	-	-	4	2	2	0	0	0
	No. of second or subsequent urgent operations cancelled	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	0	-	-	-	-	-
	Urgent Cancellations	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	-	-	1	0	0	0	0	1
	No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	No	0	0	0	0	1	2	0	0	0	1	1	0	0	0	0	0	0	1	-	-	1	1	0	0	0	0
	Multiple Hospital Cancellations experienced by same patient (all cancellations)	No	0	0	78	61	64	91	76	54	56	97	295	10	7	28	34	41	61	96	120	34	431	-	-	-	-	-
	All Hospital Cancellations, with 7 or less days notice	No	0	0	259	166	293	289	280	230	221	484	769	25	20	71	93	155	173	263	355	138	1293	-	-	-	-	-
	2 weeks	%	93	93	97.6	98.5	97.6	97.3	98.3	99.0	97.8	99.0	98.4	94.6	98.3	97.7	95.7	94.4	97.1	93.5	86.4	-	-	86.4	-	-	-	-
	2 weeks (Breast Symptomatic)	%	93	93	98.1	95.8	98.0	100.0	95.7	98.1	95.5	100.0	98.2	96.2	97.1	94.1	100.0	100.0	96.6	94.4	86.4	-	93.7	86.4	-	-	-	-
	31 Day (diagnosis to treatment)	%	96	96	98.8	95.9	94.6	100.0	95.8	98.5	98.8	96.6	98.0	95.7	88.2	100.0	93.0	93.0	96.1	89.8	95.9	-	-	95.9	-	-	-	-
	62 Day (urgent GP referral to treatment) Excl Rare Cancers	%	85	85	92.2	84.9	89.2	86.4	90.8	84.8	83.1	92.3	92.0	71.2	56.3	73.2	74.2	78.8	72.8	76.9	79.2	-	-	79.2	-	-	-	-
	62 Day (urgent GP referral to treatment) - Inc Rare Cancers	%	85	85	92.2	84.9	89.4	86.4	91.3	85.2	82.2	92.6	92.0	71.2	58.8	74.4	75.0	79.2	73.8	76.9	79.2	-	-	79.2	-	-	-	-
	62 Day (referral to treat from screening)	%	90	90	94.1	100.0	96.9	93.2	94.6	89.7	91.1	100.0	94.5	83.9	33.3	100.0	75.0	83.3	87.5	88.9	87.5	-	82.3	-	-	-	-	-
	62 Day (referral to treat from hosp specialist)	%	90	90	90.2	87.9	84.4	85.7	86.4	88.2	96.3	95.7	94.7	100.0	94.1	100.0	100.0	100.0	100.0	96.2	95.5	-	97.9	-	-	-	-	-
	Cancer = Patients Waiting Over 62 days for treatment	No	-	-	3	6	5	4	4	6	6	2	4	-	7	6	8	6	14	8	10	-	58	10	-	0	-	-
	Cancer - Patients Waiting Over 104 days for treatment	No	-	-	1	3	1	1	4	3	4	0	1	-	3	4	5	1	5	3	5	-	25	5	-	0	-	-
	Neutropenia Sepsis - Door to Needle Time > 1hr	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	-	-
	RTT - Admitted Care (18-weeks)	%	90	90	72.4	75.8	76.4	78.8	79.2	80.0	80.3	78.7	81.5	94.2	85.5	72.2	58.1	49.2	57.9	56.1	62.3	67.1	-	72.3	60.3	-	-	65.8
	RTT - Non Admitted Care (18-weeks)	%	95	95	91.9	90.9	92.8	92.1	92.3	93.1	92.7	93.4	94.2	92.7	95.4	89.7	85.2	85.5	85.4	86.5	87.9	87.5	-	83.6	87.5	-	-	89.9
	RTT - Incomplete Pathway (18-weeks)	%	92	92	90.9	90.5	90.8	90.5	90.6	90.9	91.8	92.0	90.1	82.1	71.7	57.0	51.2	60.3	67.9	72.4	74.8	74.1	-	70.3	71.5	-	-	80.6
	RTT Waiting List - Incomplete	No	-	-	18840	18046	18121	17767	16706	16248	16860	17180	16659	15170	15184	16062	17224	17863	18127	18542	19392	20022	157586	9414	3583	0	0	7025
	RTT - Backlog	No	-	-	1722	1711	1668	1690	1573	1480	1382	1378	1643	2721	4298	6903	8409	7097	5820	5117	4887	5176	-	2792	1020	0	0	1364
	Patients Waiting >52 weeks (All Pathways)	No	0	0	7	5	0	0	1	0	1	0	0	7	32	80	142	203	297	406	512	695	-	183	128	0	0	384
	Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	0	0	0	0	7	29	74	129	187	251	324	436	575	-	155	118	0	0	302
Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	No	0	0	16	16	13	12	13	12	11	11	11	11	13	18	18	18	18	21	21	18	-	10	5	0	0	3	
Treatment Functions Underperforming (Incomplete)	No	0	0	3	3	2	2	2	2	1	1	3	6	7	7	6	6	6	7	7	7	-	4	2	0	0	1	
RTT Clearance Time (Wks)	Ratio	-	-	8.7	8.8	8.5	8.0	7.0	8.1	-	8.2	-	15.2	14.2	-	12.9	-	11.3	11.4	11.4	-	12.6	17.1	14.7	-	-	7.4	

Surgical Services Group

CQC Domain	Indicator	Measure	Standard		Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	20/21 Year to Date	Directorate				
			Year	Month																						GS	SS	TH
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	0.6	0.1	0.2	0.1	0.3	0.1	0.1	0.1	5.8	65.9	64.8	70.1	68.7	58.8	57.6	47.5	31.1	27.0	-	27.0	-	-	-	-
	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	78	55	34	56	62	57	112	67	96	11	12	99	165	155	118	201	156	69	986	33	-	36	-	-
	Cancer - Longest wait for treatment (days) - GROUP	No	-	-	105	168	167	137	202	239	204	102	166	-	228	141	177	234	248	258	332	-	-	332	-	0	-	-
Effective	Mortality Reviews within 42 working days	%	90	90	100.0	77.8	100.0	81.8	82.4	100.0	81.8	100.0	82.4	66.7	100.0	50.0	90.9	83.3	100.0	100.0	-	-	-	100.0	100.0	-	-	-
	Deaths In the Group	No	-	-	14	10	9	10	17	11	11	11	-	9	7	10	11	12	7	9	9	-	74	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	4.8	4.5	4.6	3.7	4.1	3.7	3.6	4.2	5.7	10.4	6.3	4.8	4.2	5.1	5.0	4.8	5.4	-	-	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	5.8	5.6	5.5	5.3	5.1	4.9	4.7	4.6	4.5	4.6	4.5	4.5	4.4	4.5	4.5	4.6	4.7	-	4.5	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	2.7	2.7	2.7	1.9	2.2	1.9	2.2	2.2	2.7	5.6	3.0	2.4	2.1	3.3	2.6	3.4	3.5	-	3.1	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	3.4	3.3	3.2	3.1	2.9	2.7	2.7	2.6	2.5	2.5	2.4	2.4	2.4	2.4	2.4	2.5	2.7	-	2.5	-	-	-	-	-
	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	15	16	23	21	17	25	24	28	29	15	18	12	12	16	21	17	15	17	131	8	0	0	0	3
	21+ Days Long Stay Rate - NHSI	%	-	-	3.0	7.5	6.3	10.3	9.1	5.1	6.6	5.7	12.2	38.8	4.3	16.2	3.5	6.3	3.7	28.8	7.6	9.1	13.7	7.6	6.6	-	-	0.3
	Estimated Beds - 21+ Days - NHSI	No	-	-	3	10	7	12	12	6	7	6	12	23	2	11	3	5	3	38	7	9	96	3	1	-	0	0
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	35.6	32.5	38.1	40.4	41.8	40.2	44.5	57.0	37.5	41.3	58.5	75.1	72.3	63.2	57.2	58.7	60.0	63.1	60.4	64.7	83.8	-	99.3	44.8
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	2017	1604	2058	2633	2857	2218	2741	3279	2263	1704	1733	2131	2636	2436	2690	3047	3058	3364	22799	1344	862	0	294	864
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	53.1	53.7	47.8	46.4	50.1	52.0	55.7	55.7	53.9	44.4	96.6	82.1	78.6	77.2	71.5	72.0	72.2	82.4	74.4	71.3	85.6	-	91.0	86.5
	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	1666	1521	1420	1434	1597	1481	1726	1497	1446	232	255	472	898	1106	1319	1584	1415	1132	8413	295	101	0	162	574
	Well Led	PDRs - 12 month rolling	%	95	95	-	-	89.0	89.4	-	-	-	-	-	-	-	-	-	-	87.3	-	-	-	-	74.4	83.0	96.9	86.4
Medical Appraisal		%	90	90	93.8	94.4	97.2	94.0	93.1	94.7	94.6	100.0	100.0	100.0	100.0	100.0	100.0	100.0	98.2	96.8	-	99.4	92.6	97.6	-	98.3	98.4	
Sickness Absence (Rolling 12 Months)		%	3	3	5.0	5.0	4.9	5.1	5.1	5.2	5.2	5.3	5.4	5.8	6.2	6.2	6.3	6.3	6.4	6.3	6.2	6.1	6.2	5.7	6.0	9.1	5.3	3.6
Sickness Absence (Monthly)		%	3	3	4.9	4.3	4.4	6.3	6.3	5.9	5.9	5.5	6.8	9.0	7.9	6.1	5.8	4.7	5.2	4.8	5.8	5.9	6.1	5.1	5.3	9.9	5.8	2.0
Sickness Absence - Long Term - (Open Cases in the month)		No	-	-	-	-	24	40	49	43	42	33	29	35	56	40	40	29	28	26	25	32	311	8	3	13	6	2
Sickness Absence - Short Term (Monthly)		No	-	-	133	93	133	181	174	171	118	148	214	238	167	149	187	144	176	176	217	185	1639	44	49	39	40	13
Ward Sickness Absence (Monthly)		%	3	3	6.0	4.9	5.4	7.7	7.4	7.4	6.4	6.4	7.9	10.0	11.2	8.5	8.4	7.6	8.1	7.1	8.8	7.0	8.5	8.8	7.1	-	6.6	0.5
Mandatory Training - Health & Safety (% staff)		%	95	95	78.2	84.4	85.4	88.4	90.5	91.2	92.5	92.6	93.2	93.5	97.3	96.6	98.0	96.3	97.8	97.6	97.7	98.1	97.0	-	-	-	-	-
Staff at 100% compliance with mandatory training		%	-	-	60.0	57.9	68.8	72.7	75.9	77.2	50.8	67.8	71.0	65.3	73.7	86.8	85.0	85.1	83.5	83.2	81.4	78.2	80.3	-	-	-	-	-
Staff requiring to complete 1 module to be at 100% compliance with mandatory training		%	-	-	22.2	21.6	13.8	12.7	11.7	11.8	22.7	16.0	15.9	19.3	15.2	7.0	10.1	9.1	9.6	11.4	10.9	12.9	11.7	-	-	-	-	-
Staff requiring to complete 2 modules to be at 100% compliance with mandatory training		%	-	-	7.7	9.9	7.2	6.3	5.5	4.7	12.3	7.4	6.4	7.5	5.5	2.9	2.5	2.9	3.6	2.2	4.0	4.5	3.9	-	-	-	-	-
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	4.1	-	-	-	-	-
Nursing Vacancy Rate (Qualified)		%	11	11	20.2	20.9	21.3	20.6	19.7	20.2	19.2	17.8	17.8	17.2	17.7	17.8	17.8	17.8	14.6	14.1	13.5	18.3	16.6	-	-	-	-	-

Women & Child Health Group

CQC Domain	Indicator	Measure	Standard		Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	20/21 Year to Date	Directorate			
			Year	Month	G	M	P																				
Safe	C. Difficile (Post 48 hours)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	MRSA Bacteraemia (Post 48 hours)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	0	0	
	MRSA Screening - Elective	%	95	95	85.4	77.9	80.5	73.8	77.9	88.7	78.3	73.7	84.8	66.7	0.0	71.4	77.8	64.0	78.1	95.3	89.2	96.6	-	96.6	-	-	
	MRSA Screening - Non Elective	%	95	95	100.0	95.0	100.0	98.0	100.0	100.0	100.0	95.0	100.0	100.0	100.0	100.0	100.0	96.2	97.7	100.0	100.0	100.0	99.1	-	100.0	-	
	Falls	No	-	-	0	1	-	-	-	-	1	1	1	3	1	-	-	2	-	1	3	-	10	-	-	-	
	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
	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	-	-	-	-	-	1	-	1	-	1	2	1	-	-	-	-	-	-	2	6	2	-	-
	Venous Thromboembolism (VTE) Assessments	%	95	95	97.5	95.9	96.2	88.8	-	90.8	85.9	92.6	92.1	89.0	87.1	91.6	90.2	91.0	92.4	91.3	88.1	88.4	-	87.8	90.0	22.2	
	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	%	100	100	100.0	100.0	-	100.0	99.7	100.0	99.7	100.0	100.0	99.3	100.0	100.0	100.0	99.6	97.7	99.7	100.0	99.6	-	100.0	99.2	-	
	WHO Safer Surgery - brief(% lists where complete)	%	100	100	-	-	-	100.0	-	-	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-
	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	%	100	100	-	-	-	100.0	-	-	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-
	Never Events	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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
	Serious Incidents	No	0	0	2	0	2	1	0	1	0	0	0	1	0	0	1	1	1	3	1	1	9	0	1	0	
	Sepsis - Screened (as % Of Screening Required)	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	90.5	100.0	100.0	96.4	100.0	100.0	97.1	-	-	-
	Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	21.1	12.5	14.3	11.1	19.2	18.2	16.3	-	-	-
	Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0	66.7	100.0	66.7	80.0	100.0	81.5	-	-	-
	Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	75.0	50.0	100.0	100.0	50.0	66.7	68.2	-	-	-
	Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Safe (Obstetric)	Caesarean Section Rate - Total	%	25	25	30.5	26.9	27.6	28.4	24.3	27.8	28.9	29.7	28.8	28.6	30.4	28.4	29.9	28.4	31.7	27.9	29.3	31.3	29.5	-	31.3	-	
	Caesarean Section Rate - Elective	%	-	-	10.7	9.9	10.7	12.2	10.0	10.6	12.1	10.9	9.4	9.0	10.5	10.4	11.4	10.5	14.3	8.2	10.9	10.9	10.6	-	10.9	-	
	Caesarean Section Rate - Non Elective	%	-	-	19.7	16.9	16.9	16.1	14.3	17.2	16.8	18.8	19.4	19.6	20.0	18.1	18.6	17.8	17.4	19.7	18.4	20.4	18.9	-	20.4	-	
	Maternal Deaths	No	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2	3	-	2	-	
	Post Partum Haemorrhage (>2000ml)	No	48	4	3	6	2	1	4	1	4	3	3	3	4	4	4	1	3	8	3	3	33	-	3	-	
	Admissions to Neonatal Intensive Care	%	10	10	0.9	2.0	1.6	0.7	1.0	0.2	1.0	2.3	6.2	5.7	5.0	4.3	4.5	3.7	7.2	6.8	6.8	5.4	5.4	-	5.4	-	
	Corrected Perinatal Mortality Rate (per 1000 babies)	Rate1	8	8	6.51	8.93	2.24	7.19	7.63	7.18	7.65	0.00	5.36	8.09	11.79	16.67	12.88	4.35	4.94	8.75	2.33	13.51	-	-	13.51	-	
	Stillbirths (Corrected)	Rate1	-	-	6.51	8.93	2.24	4.80	2.54	4.78	5.10	0.00	2.68	2.70	9.43	11.90	6.44	4.35	4.94	8.75	2.33	10.81	6.84	-	10.81	-	
	Corrected Neonatal Mortality Rate (0 - 28 days)	Rate1	-	-	0.00	0.00	0.00	2.40	5.09	2.39	2.55	0.00	2.68	5.39	2.36	4.76	6.44	0.00	0.00	0.00	2.33	2.70	2.63	-	2.70	-	
	Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	%	85	85	93.1	92.9	94.1	91.1	93.2	94.4	91.6	91.4	93.2	91.5	93.4	92.5	92.0	93.0	92.0	93.1	91.3	93.0	-	-	93.0	-	
	Early Booking Assessment (<12 + 6 weeks) - National Definition	%	90	90	138.3	135.1	124.4	160.1	158.9	147.7	188.7	164.5	172.2	181.7	120.2	139.3	125.2	106.9	150.9	136.8	153.1	165.3	-	-	165.3	-	
	Breast Feeding Initiation	%	74	74	79.4	83.4	87.5	82.6	83.3	83.8	85.0	79.9	84.8	85.5	82.7	84.3	78.6	85.6	83.5	83.1	80.6	85.8	-	-	85.8	-	
	Puerperal Sepsis and other puerperal infections (%) Variation 1 ICD10 O85 or O86	%	-	-	0.9	0.8	0.3	0.3	1.2	0.5	1.1	0.0	0.3	1.9	1.6	1.8	1.7	2.1	0.6	1.0	1.3	0.8	-	-	0.8	-	
	Puerperal Sepsis and other puerperal infections (%) Variation 2 ICD10 O85 or O86 Not O864	%	-	-	0.9	0.8	0.3	0.3	1.2	0.5	0.8	0.0	0.3	0.4	0.8	1.3	1.1	1.8	0.6	1.0	1.3	0.8	-	-	0.8	-	

Women & Child Health Group

CQC Domain	Indicator	Measure	Standard		Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	20/21 Year to Date	Directorate		
			Year	Month																					G	M
	Puerperal Sepsis and other puerperal infections (%) Variation 2 ICD10 O85	%	-	-	0.6	0.0	0.0	0.0	0.3	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.8	1.0	0.4	-	-	0.4	-
Safe (Neonatal)	Mothers who received at least one dose of antenatal steroids (NNAP)	%	85	85	100.0	100.0	66.7	80.0	77.8	100.0	66.7	100.0	66.7	100.0	78.6	66.7	-	-	-	-	-	-	80.0	-	66.7	-
	Eligible mothers who received antenatal magnesium sulphate (NNAP)	%	85	85	-	-	-	-	-	-	-	-	-	100.0	100.0	100.0	-	-	-	-	-	-	100.0	-	100.0	-
	Promoting normal temperature on admission for very preterm babies (NNAP)	%	90	90	-	-	-	-	-	-	-	-	-	100.0	50.0	40.0	-	-	-	-	-	-	61.5	-	40.0	-
	Parental consultation within 24 hours of admission (NNAP)	%	100	100	-	-	-	-	-	-	-	-	-	93.9	92.7	98.0	-	-	-	-	-	-	94.8	-	98.0	-
	On-time screening for retinopathy of prematurity (NNAP)	%	-	-	-	-	-	-	-	-	-	-	-	25.0	60.0	57.1	-	-	-	-	-	-	50.0	-	57.1	-
	Central line associated bloodstream infection (QISD) (NNAP)	Rate1	100	100	-	-	-	-	-	-	-	-	-	0.00	0.00	0.00	-	-	-	-	-	-	0.00	-	0.00	-
Caring	Mixed Sex Accommodation - Breaches (Patients)	No	0	0	0	0	0	-	-	-	-	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	No. of Complaints Received (formal and link)	No	-	-	23	4	17	19	10	6	11	5	9	3	6	10	23	8	12	15	11	15	103	4	8	3
	No. of Active Complaints in the System (formal and link)	No	-	-	23	6	22	25	12	13	13	14	15	9	12	15	23	14	22	33	40	0	-	0	0	0
	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	4.02	1.55	4.14	4.55	2.37	1.43	2.82	1.43	2.40	0.98	1.89	3.16	3.95	2.29	3.95	4.11	3.15	8.65	3.31	-	-	-
	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	6.38	2.84	7.35	8.42	4.24	2.27	4.73	2.48	4.38	2.44	3.84	5.96	7.40	4.36	6.33	7.13	5.90	4.76	5.46	-	-	-
	No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.0	100.0	100.0	100.0	78.7	-	-	-
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	0.0	10.0	0.0	0.0	0.0	0.0	7.1	0.0	20.0	0.0	0.0	16.7	14.3	14.3	33.3	57.1	10.0	85.7	27.9	-	-	-
No. of responses sent out	No	-	-	21	17	9	15	21	8	12	5	10	9	4	6	7	17	3	7	4	11	68	-	-	-	
Responsive	Emergency Care 4-hour breach (numbers)	No	-	-	13	7	20	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	5	10	5	8	6	7	13	4	0	1	3	3	1	7	5	-	-	20	5	-	0
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	0	1	0	0	0	1	4	0	2	0	0	1	0	-	4	3	-	-	8	3	-	0
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	5	4	10	5	8	5	3	13	2	0	1	2	3	-	3	2	-	-	12	2	-	0
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	2.1	2.4	4.6	2.1	3.6	3.0	3.0	6.0	2.5	-	1.0	1.7	1.5	0.6	3.2	2.6	4.0	1.6	-	2.3	-	-
	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
	No. of second or subsequent urgent operations cancelled	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	0	-	-	-
	Urgent Cancellations	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	0	0	-	0
	No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	No	0	0	1	1	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	6	4	8	6	7	5	6	19	29	4	6	9	7	5	11	5	2	6	55	-	-	-
	All Hospital Cancellations, with 7 or less days notice	No	0	0	23	24	50	42	27	30	33	59	55	13	11	20	22	21	24	28	27	25	191	-	-	-
	2 weeks	%	93	93	94.2	96.1	97.5	97.9	98.1	100.0	98.5	99.4	98.4	95.2	97.1	99.3	98.0	95.1	92.9	94.0	97.8	-	-	97.8	-	-
	31 Day (diagnosis to treatment)	%	96	96	100.0	94.1	93.8	82.6	88.2	100.0	100.0	94.7	89.5	78.6	87.5	75.0	88.9	84.6	75.0	89.5	56.3	-	-	56.3	-	-
	62 Day (urgent GP referral to treatment) Excl Rare Cancers	%	85	85	82.6	80.0	57.1	77.4	80.0	68.8	76.5	50.0	50.0	75.0	21.4	47.4	58.3	53.3	54.5	70.0	38.1	-	-	38.1	-	-
	62 Day (urgent GP referral to treatment) - Inc Rare Cancers	%	85	85	82.6	80.0	57.1	77.4	80.0	68.8	70.6	50.0	50.0	75.0	21.4	47.4	58.3	53.3	54.5	70.0	38.1	-	-	38.1	-	-
	62 Day (referral to treat from screening)	%	90	90	100.0	100.0	-	-	-	-	100.0	-	100.0	-	-	100.0	100.0	-	100.0	100.0	-	-	100.0	-	-	-
	62 Day (referral to treat from hosp specialist)	%	90	90	50.0	100.0	100.0	100.0	100.0	-	100.0	100.0	0.0	100.0	100.0	40.0	75.0	100.0	100.0	0.0	100.0	-	85.7	-	-	-
Cancer = Patients Waiting Over 62 days for treatment	No	-	-	2	1	3	4	2	3	2	6	4	-	6	10	3	4	3	3	7	-	34	7	-	0	

Women & Child Health Group

CQC Domain	Indicator	Measure	Standard		Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	20/21 Year to Date	Directorate		
			Year	Month																					G	M
CQC Domain	Cancer - Patients Waiting Over 104 days for treatment	No	-	-	1	1	0	1	0	1	1	3	1	-	1	5	1	1	1	1	3	-	11	3	-	0
	Neutropenia Sepsis - Door to Needle Time > 1hr	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0
	RTT - Admitted Care (18-weeks)	%	90	90	81.6	73.4	78.0	71.4	72.6	75.9	70.1	69.2	78.2	100.0	93.3	76.6	55.5	65.8	63.3	65.7	65.8	64.5	-	64.6	-	-
	RTT - Non Admitted Care (18-weeks)	%	95	95	72.3	79.5	85.2	86.8	89.5	86.8	89.0	83.8	83.0	80.6	79.5	71.7	67.5	80.6	80.6	78.7	77.0	78.6	-	78.6	-	-
	RTT - Incomplete Pathway (18-weeks)	%	92	92	90.0	91.2	93.1	92.8	91.2	90.8	89.6	87.5	85.5	78.8	72.2	64.4	66.4	74.5	81.4	85.3	87.0	85.7	-	85.7	-	-
	RTT Waiting List - Incomplete	No	-	-	2308	2119	2049	1970	1922	2077	2161	2254	2230	2058	2072	1957	1880	2075	2161	2160	2184	2228	18775	2228	-	-
	RTT - Backlog	No	-	-	231	187	141	142	169	191	225	282	324	437	577	696	632	529	401	318	284	318	-	318	-	-
	Patients Waiting >52 weeks (All Pathways)	No	0	0	0	1	0	0	0	0	0	0	0	0	0	4	11	18	36	20	17	15	-	15	0	0
	Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	4	9	18	17	9	9	4	-	4	0	0
	Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	No	0	0	3	3	2	2	3	3	3	3	3	2	2	3	3	3	3	3	3	3	-	3	-	-
	Treatment Functions Underperforming (Incomplete)	No	0	0	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	-	1	-	-
	RTT Clearance Time (Wks)	Ratio	-	-	13.2	12.6	10.8	10.1	10.6	16.5	-	14.6	-	24.5	29.6	-	14.1	-	14.7	14.7	14.9	-	16.7	14.9	-	-
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Cancer - Longest wait for treatment (days) - GROUP	No	-	-	196	109	96	171	104	148	169	217	121	-	171	177	138	136	207	117	119	-	-	119	-	0
	Effective	Mortality Reviews within 42 working days	%	90	90	-	-	50.0	0.0	-	100.0	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-
Deaths In the Group		No	-	-	1	2	5	1	4	2	1	1	-	2	1	3	2	1	3	0	0	-	12	-	-	-
Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month		%	-	-	9.2	9.4	6.2	7.9	7.1	7.5	7.5	8.4	9.2	8.7	9.4	7.6	11.3	5.1	3.8	9.4	10.6	-	-	-	-	-
Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative		%	-	-	4.6	4.8	4.9	5.0	5.1	5.0	5.1	5.3	5.7	6.1	6.9	8.1	8.2	7.8	7.7	7.8	8.1	-	7.4	-	-	-
Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month		%	-	-	7.7	7.7	5.7	6.0	5.9	5.7	6.1	7.1	7.9	7.5	5.6	6.2	9.7	4.0	2.6	7.5	7.4	-	6.2	-	-	-
Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative		%	-	-	3.1	3.3	3.4	3.5	3.6	3.6	3.7	3.9	4.3	4.7	5.4	6.6	6.7	6.4	6.1	6.2	6.4	-	5.9	-	-	-
Inpatients Staying 21+ Days At Month End Census - NHSI		No	-	-	1	1	1	3	1	1	1	1	1	4	0	2	0	3	4	0	7	6	14	0	0	0
21+ Days Long Stay Rate - NHSI		%	-	-	7.0	0.8	0.0	3.7	23.0	7.4	0.0	15.5	0.0	0.0	0.0	0.0	0.4	4.5	4.4	0.0	3.7	13.2	2.1	2.5	-	0.0
Estimated Beds - 21+ Days - NHSI		No	-	-	1	0	0	0	5	1	0	2	0	0	0	0	0	0	0	0	0	5	1	0	-	0
Routine Outpatient Appointments with Short Notice(<3Wks)		%	-	-	41.0	43.5	39.8	35.6	33.6	29.9	31.0	33.1	30.5	26.2	34.7	43.5	41.0	42.5	33.1	38.7	35.9	35.6	37.4	12.1	77.4	19.6
Routine Outpatient Appointments with Short Notice(<3Wks)		No	-	-	591	508	542	458	408	293	362	358	376	252	320	692	567	493	356	467	465	484	4096	66	346	72
Short Notice Inpatient Admission Offers (<3wks)		%	-	-	64.8	68.7	68.5	63.2	60.7	54.3	53.1	57.4	58.4	58.7	86.4	80.6	72.2	50.9	71.6	53.7	62.1	69.3	66.0	67.4	100.0	72.3
Short Notice Inpatient Admission Offers (<3wks)		No	-	-	201	169	200	211	170	144	152	170	171	88	95	166	182	116	189	151	167	160	1314	99	1	60
Effective	PDRs - 12 month rolling	%	95	95	-	-	79.7	85.6	-	-	-	-	-	-	-	-	-	97.2	-	-	-	-	100.0	94.2	99.7	
	Medical Appraisal	%	90	90	93.9	95.5	98.4	95.5	98.4	95.2	92.1	100.0	100.0	100.0	100.0	100.0	100.0	100.0	97.0	98.4	-	99.5	96.7	100.0	100.0	
	Sickness Absence (Rolling 12 Months)	%	3	3	5.3	5.4	5.5	5.7	5.7	5.8	5.7	5.6	5.5	5.8	5.8	5.7	5.7	5.6	5.6	5.6	5.6	5.6	5.7	4.5	6.3	5.1
	Sickness Absence (Monthly)	%	3	3	5.6	5.0	5.2	6.0	6.6	6.1	5.3	3.9	5.1	7.1	5.4	5.1	4.2	4.4	5.4	5.8	6.4	5.5	5.5	5.3	6.4	4.5
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	-	-	21	23	30	36	20	9	25	16	22	15	16	21	22	25	29	26	192	2	18	6

Women & Child Health Group

CQC Domain	Indicator	Measure	Standard		Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	20/21 Year to Date	Directorate		
			Year	Month																					G	M
Well Led	Sickness Absence - Short Term (Monthly)	No	-	-	87	60	98	98	106	103	101	94	96	137	79	77	86	66	92	97	96	59	789	5	36	18
	Ward Sickness Absence (Monthly)	%	3	3	7.2	6.6	7.9	6.9	8.1	6.9	4.9	4.4	4.7	8.5	7.7	7.3	5.1	5.5	6.4	5.4	7.5	6.8	6.7	14.5	6.5	7.2
	Mandatory Training - Health & Safety (% staff)	%	95	95	78.7	83.4	84.5	87.0	88.2	90.5	91.7	90.6	93.1	93.6	98.3	99.0	99.6	98.9	98.4	99.3	99.0	99.6	98.4	-	-	-
	Staff at 100% compliance with mandatory training	%	-	-	59.4	43.3	67.5	60.4	70.4	74.0	49.2	66.5	68.7	72.5	82.2	91.5	90.8	89.0	89.0	86.4	85.5	83.6	85.6	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	18.2	32.7	15.1	23.5	14.0	11.2	24.1	17.0	17.9	14.6	10.9	5.4	5.6	6.4	6.6	8.1	9.4	9.3	8.5	-	-	-
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	9.9	10.4	7.6	6.1	4.8	6.1	11.4	5.8	5.7	5.7	3.0	2.1	1.7	2.2	2.3	3.7	3.6	4.4	3.2	-	-	-
	Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	15.3	10.8	7.7	7.3	3.8	1.0	1.9	2.4	2.1	1.8	1.4	2.7	2.7	-	-	-
	Nursing Vacancy Rate (Qualified)	%	11	11	16.2	16.0	12.6	11.7	11.3	11.5	10.8	11.2	12.0	12.7	12.4	16.4	17.9	15.3	15.7	15.6	16.2	15.4	15.3	-	-	-
	New Starters Complete Onboarding Process	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	92.9	90.9	100.0	100.0	100.0	100.0	100.0	100.0	90.0	-	97.3	-	-	-
Patient Admin	Open Referrals	No	-	-	23153	22571	22333	22687	22895	23733	24099	24479	23888	23681	24706	24448	24352	24511	24854	25085	25436	25190	-	6810	10614	7766
	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No	-	-	5887	5518	5139	4857	4788	5150	5048	5068	4875	4425	5000	4890	5100	5164	5234	5302	5367	5176	-	1513	3323	340
WCH Group	HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregnancy	No	-	-	1045	-	-	928	-	-	908	-	-	1004	-	-	1008	-	-	-	-	-	2012	-	-	1008
	HV (C2) - % of births that receive a face to face new birth visit by a HV =<14 days	%	95	95	92.4	-	-	90.9	-	-	91.3	-	-	94.1	-	-	90.3	-	-	-	-	-	92.1	-	-	90.3
	HV (C3) - % of births that receive a face to face new birth visit by a HV >14 days	%	-	-	7.6	-	-	7.4	-	-	8.2	-	-	5.9	-	-	6.0	-	-	-	-	-	6.0	-	-	6.0
	HV (C4) - % of children who received a 12 months review by 12 months	%	95	95	96.1	-	-	97.3	-	-	96.6	-	-	96.8	-	-	95.8	-	-	-	-	-	96.3	-	-	95.8
	HV (C5) - % of children who received a 12 months review by the time they were 15 months	%	-	-	96.0	-	-	95.1	-	-	96.5	-	-	96.0	-	-	96.0	-	-	-	-	-	96.0	-	-	96.0
	HV (C6i) - % of children who received a 2 - 2.5 year review	%	95	95	95.8	-	-	96.6	-	-	97.0	-	-	97.5	-	-	96.9	-	-	-	-	-	97.2	-	-	96.9
	HV (C6ii) - % of children who receive a 2 - 2.5 year review using ASQ 3	%	-	-	98.6	-	-	98.4	-	-	98.2	-	-	98.1	-	-	98.4	-	-	-	-	-	98.2	-	-	98.4
	HV (C7) - No. of Sure Start Advisory Boards / Childrens Centre Boards witha HV presence	No	100	100	4	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	1	-	-	1
	HV (C8) - % of children who receive a 6 - 8 week review	%	95	95	99.9	-	-	99.7	-	-	99.5	-	-	100.0	-	-	99.8	-	-	-	-	-	99.9	-	-	99.8
	HV - % of infants for whom breast feeding status is recorded at 6 - 8 week check	%	100	100	99.9	-	-	99.7	-	-	99.1	-	-	100.0	-	-	99.1	-	-	-	-	-	99.6	-	-	99.2
	HV - % of infants being breastfed at 6 - 8 weeks	%	-	-	44.1	-	-	45.1	-	-	43.0	-	-	46.6	-	-	43.7	-	-	-	-	-	45.1	-	-	43.7
	HV - % HV staff who have completed mandatory training at L1,2 or 3 in child protection in last 3 years	%	95	95	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0	-	100.0	-
	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	No	-	-	1071	-	-	1125	-	-	1004	-	-	979	-	-	1035	-	-	-	-	-	2014	-	-	1035
	HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 10 - 14 day developmental check	%	100	100	99.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	99.4	-	-	99.4
HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	No	-	-	0	-	-	21	-	-	19	-	-	14	-	-	37	-	-	-	-	-	51	-	-	37	
HV - % of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 6 - 8 week developmental check	%	100	100	2.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2.2	-	-	2.2	

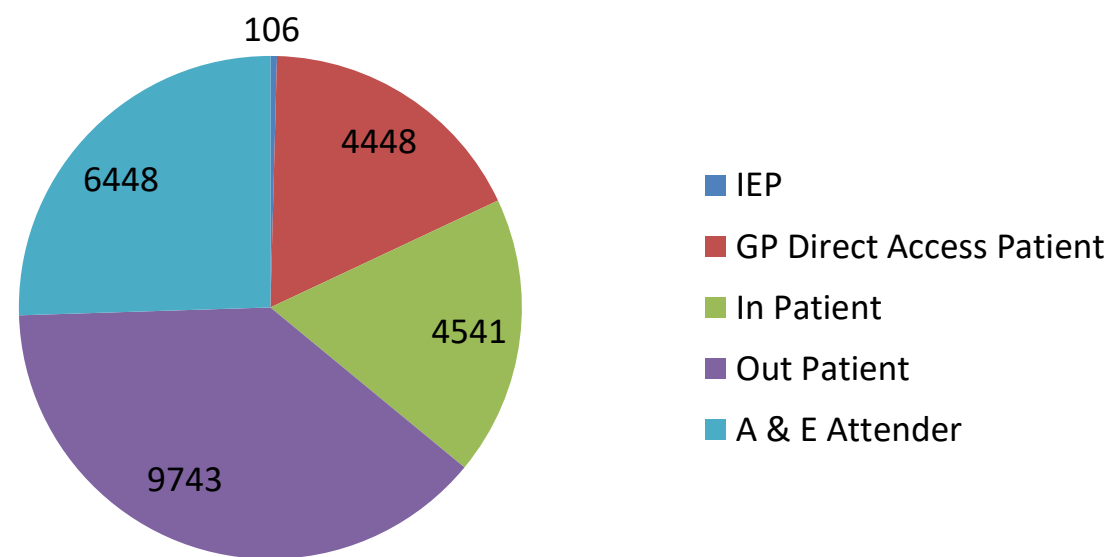
Women & Child Health Group

CQC Domain	Indicator	Measure	Standard		Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	20/21 Year to Date	Directorate		
			Year	Month																						G
	HV - No. of babies from 0 - 1 year who have a conclusive newborn bloodspot status documented at the 9 - 12 months developmental check	No	-	-	4	-	-	28	-	-	35	-	-	27	-	-	22	-	-	-	-	-	49	-	-	22

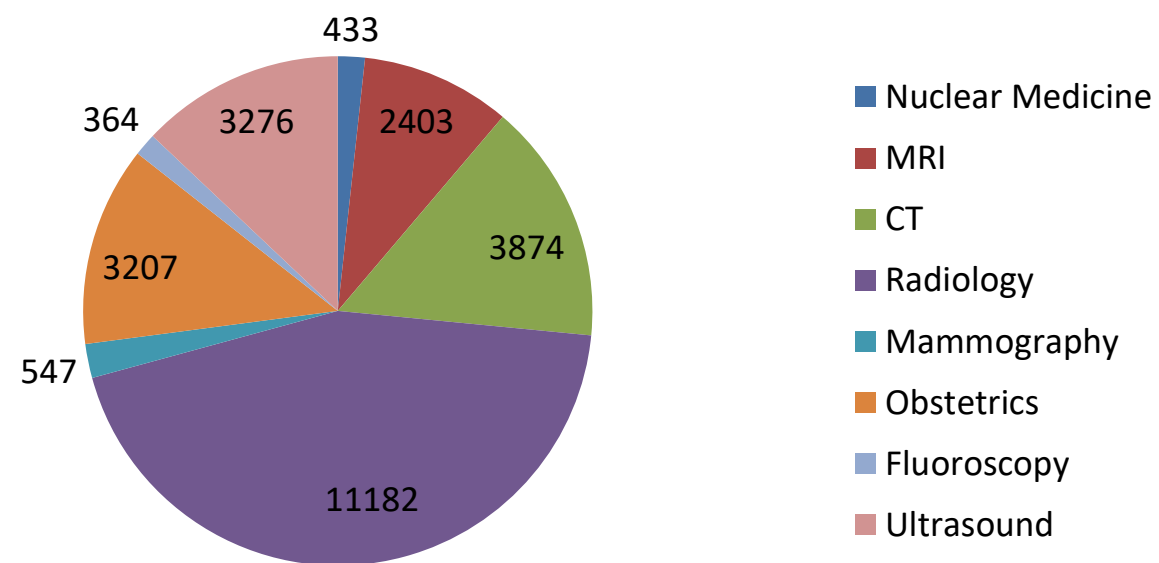
Imaging Group

CQC Domain	Indicator	Measure	Standard		Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	20/21 Year to Date	Directorate				
			Year	Month																						DR	IR	NM
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	New Starters Complete Onboarding Process	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Patient Admin	Open Referrals	No	-	-	308.0	350.0	363.0	396.0	449.0	486.0	516.0	526.0	527.0	737.0	715.0	701.0	701.0	731.0	736.0	738.0	751.0	747.0	-	563.0	24.0	0.0	0.0	160.0
	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No	-	-	215.0	233.0	244.0	255.0	304.0	321.0	357.0	366.0	373.0	382.0	388.0	395.0	396.0	423.0	434.0	432.0	442.0	443.0	-	412.0	1.0	0.0	0.0	30.0
Imaging	Imaging - Total Scans	No	-	-	32665.0	29248.0	29463.0	31286.0	29477.0	28573.0	32398.0	29181.0	23026.0	12474.0	15657.0	20296.0	23773.0	24445.0	26957.0	27499.0	25757.0	25267.0	202125.0	-	-	-	-	-
	Imaging - Inpatient Turnaround Time <=24hr	%	90	90	67.1	68.8	66.9	76.9	77.1	77.4	79.1	82.1	86.6	91.0	87.3	86.5	84.8	84.0	82.5	79.9	82.5	83.1	84.3	-	-	-	-	-
	Imaging - Urgent Other(GP 5) Turnround Time <=5d	%	90	90	66.4	69.8	70.7	77.0	75.1	71.5	71.8	73.8	67.8	81.7	86.8	79.3	68.6	53.3	56.2	58.3	53.3	58.4	65.7	-	-	-	-	-
	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	86.0	-	-	-	-	-

Imaging By Patient Type (December 2020)



Imaging By Modality Type (December 2020)



Primary Care, Community & Therapies Group

CQC Domain	Indicator	Measure	Standard		Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	20/21 Year to Date	Directorate						
			Year	Month																						AT	IB	IC	CM	YHP
Safe	C. Difficile (Post 48 hours)	No	0	0	1	1	0	1	2	1	2	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0		
	MRSA Bacteraemia (Post 48 hours)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	0	0	0		
	MRSA Screening - Elective	%	95	95	0.0	-	0.0	0.0	0.0	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	-		
	MRSA Screening - Non Elective	%	95	95	50.0	50.0	100.0	37.5	90.0	80.0	100.0	81.8	88.9	82.6	90.0	83.3	86.7	100.0	100.0	60.0	83.3	84.6	87.0	-	-	-	-	84.6	-	
	Number of DOLS raised	No	-	-	6	13	5	7	6	4	6	5	4	9	6	8	13	5	9	11	7	13	81	0	13	0	0	0	0	
	Number of DOLS which are 7 day urgent	No	-	-	6	13	5	7	6	4	6	5	4	9	6	8	13	5	9	11	7	13	81	0	13	0	0	0	0	
	Number of delays with LA in assessing for standard DOLS application	No	-	-	3	6	0	0	0	1	1	3	0	0	0	0	4	2	2	2	1	2	13	0	2	0	0	0	0	
	Number DOLS rolled over from previous month	No	-	-	0	2	0	0	1	1	0	2	0	2	2	3	2	1	0	3	1	2	16	0	2	0	0	0	0	
	Number patients discharged prior to LA assessment targets	No	-	-	1	8	2	4	2	1	2	2	1	9	5	9	10	3	2	8	5	10	61	0	10	0	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	0	0
	Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	
	Falls	No	-	-	22	24	23	-	26	28	29	32	25	22	19	18	14	23	19	24	20	16	175	-	16	-	-	-	-	
	Falls - Death or Severe Harm	No	0	0	0	0	0	-	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	
	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	6	8	10	4	7	11	9	12	7	6	8	5	14	4	6	2	3	10	58	1	5	4	-	-		
	Pressure Ulcer DN Caseload Acquired - Total	No	0	0	29	34	27	31	18	24	25	25	22	20	23	25	37	29	24	22	38	31	249	-	-	31	-	-		
	Venous Thromboembolism (VTE) Assessments	%	95	95	99.7	99.8	98.6	99.2	-	98.9	96.5	98.5	98.2	96.4	100.0	96.9	99.1	99.0	98.8	98.5	96.7	98.5	-	-	-	-	98.5	-		
	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	%	100	100	100.0	100.0	-	100.0	99.5	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-	100.0	-		
	WHO Safer Surgery - brief(% lists where complete)	%	100	100	100.0	-	-	-	100.0	-	-	-	100.0	-	-	100.0	-	-	100.0	100.0	-	100.0	-	-	100.0	-	-	-	-	
	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	%	100	100	100.0	-	-	-	100.0	-	-	-	100.0	-	-	100.0	-	-	100.0	100.0	-	100.0	-	-	100.0	-	-	-	-	
	Never Events	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	0	
	Serious Incidents	No	0	0	15	7	7	8	6	2	2	5	0	1	7	5	3	2	3	0	1	0	22	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	97.9	-	-	-	-	-		
Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	23.1	18.4	10.9	13.2	23.1	23.2	19.4	-	-	-	-	-			
Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	33.3	66.7	60.0	60.0	50.0	76.9	56.2	-	-	-	-	-			
Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	33.3	0.0	66.7	33.3	50.0	20.0	36.6	-	-	-	-	-			
Caring	Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
	Mixed Sex Accommodation - Breaches (Patients)	No	0	0	0	0	0	-	-	-	-	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
	No. of Complaints Received (formal and link)	No	-	-	8	6	9	14	8	5	11	4	8	6	4	7	19	16	13	20	17	17	119	1	3	0	6	7		
	No. of Active Complaints in the System (formal and link)	No	-	-	17	7	14	15	13	7	0	11	11	12	12	14	19	21	23	43	53	0	-	0	0	0	0	0		
	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	67.16	75.95	45.23	37.04	18.56	15.72	24.88	7.71	15.84	10.69	7.50	9.37	14.94	16.08	13.90	22.00	18.01	26.82	15.62	-	-	-	-	-		
	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	21.18	14.56	23.26	36.18	19.00	12.95	22.94	8.75	20.00	24.82	13.56	16.39	21.78	34.48	25.84	39.06	41.36	12.97	24.31	-	-	-	-	-		
	No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	7.7	100.0	100.0	100.0	74.6	-	-	-	-	-		
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	0.0	14.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	0.0	0.0	22.2	100.0	9.3	18.6	-	-	-	-	-		
No. of responses sent out	No	-	-	12	14	6	11	10	10	7	5	7	4	5	5	8	14	9	6	5	21	77	-	-	-	-	-			

Primary Care, Community & Therapies Group

CQC Domain	Indicator	Measure	Standard		Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	20/21 Year to Date	Directorate				
			Year	Month																					AT	IB	IC	CM
Responsive	No. of Sitrep Declared Late Cancellations - Total	No	0	0	2	0	0	0	6	0	0	2	7	1	5	2	1	1	0	2	-	-	12	0	-	0	2	0
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	0	0	0	0	0	0	0	2	4	1	0	2	1	-	0	2	-	-	7	0	-	0	2	0
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	2	0	0	0	6	0	0	0	3	0	5	0	0	-	0	0	-	-	5	0	-	0	0	0
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	0.5	0.0	0.0	0.0	1.5	0.0	0.0	0.5	2.3	0.5	2.2	0.9	0.2	0.3	0.0	0.6	0.5	2.0	-	-	-	-	2.0	-
	Number of 28 day breaches	No	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	-	-	4	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
	No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	0	0	-	0	0	0
	Multiple Hospital Cancellations experienced by same patient (all cancellations)	No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	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	-	-	-	-	-	90.9	-
	31 Day (diagnosis to treatment)	%	96	96	-	-	-	-	-	-	-	-	-	100.0	100.0	100.0	100.0	100.0	100.0	91.7	100.0	-	-	-	-	-	100.0	-
	62 Day (urgent GP referral to treatment) Excl Rare Cancers	%	85	85	-	-	-	-	-	-	-	-	-	100.0	100.0	100.0	100.0	82.4	100.0	87.5	100.0	-	-	-	-	-	100.0	-
	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	-	-	-	-	-	100.0	-
	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	-	88.9	-	-	-	-	-
	Cancer = Patients Waiting Over 62 days for treatment	No	-	-	0	0	0	0	0	0	0	0	0	-	0	0	0	2	0	1	0	-	3	0	-	-	0	-
	Cancer - Patients Waiting Over 104 days for treatment	No	-	-	0	0	0	0	0	0	0	0	0	-	0	0	0	2	0	0	0	-	2	0	-	-	0	-
	Neutropenia Sepsis - Door to Needle Time > 1hr	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	0	0
	RTT - Admitted Care (18-weeks)	%	90	90	89.9	93.4	91.1	92.6	90.0	91.6	74.6	74.4	66.9	94.4	83.3	83.2	89.4	75.0	88.5	90.4	88.0	69.7	-	-	-	-	69.7	-
	RTT - Non Admitted Care (18-weeks)	%	95	95	89.6	87.1	81.5	74.6	67.0	62.2	77.7	64.6	77.6	62.4	74.5	74.1	63.2	63.1	76.3	77.1	81.2	64.0	-	-	-	-	64.0	-
	RTT - Incomplete Pathway (18-weeks)	%	92	92	95.6	95.2	93.4	91.6	89.7	91.7	88.1	86.8	82.0	73.5	60.9	46.4	43.0	50.6	50.6	52.2	52.1	50.0	-	-	-	-	50.0	-
	RTT Waiting List - Incomplete	No	-	-	2822	3016	3381	3642	3399	3503	3295	3170	2959	2722	2637	2741	2875	3016	3022	3023	3499	3460	26995	0	-	0	3460	0
	RTT - Backlog	No	-	-	125	146	222	307	350	292	391	420	533	721	1031	1470	1640	1491	1494	1446	1675	1730	-	0	-	0	1730	0
	Patients Waiting >52 weeks (All Pathways)	No	0	0	2	0	0	0	0	0	0	0	0	0	1	3	7	7	19	50	83	106	-	0	-	0	106	0
	Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	0	0	0	0	0	1	3	6	4	15	41	72	44	-	0	-	0	44	0
	Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	No	0	0	3	3	3	4	4	4	4	4	5	4	6	6	5	6	5	5	5	5	-	0	-	0	5	0
	Treatment Functions Underperforming (Incomplete)	No	0	0	0	0	0	2	1	1	1	1	2	2	2	2	2	2	2	2	2	2	-	0	-	0	2	0
	RTT Clearance Time (Wks)	Ratio	-	-	13.9	16.0	18.6	18.6	13.9	19.2	-	14.6	-	27.8	29.0	-	27.4	-	21.6	24.0	29.4	-	26.3	-	-	-	29.4	-
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Cancer - Longest wait for treatment (days) - GROUP	No	-	-	0	0	0	0	0	0	0	0	0	0	0	42	62	57	154	62	93	62	-	-	0	-	-	62	-
Mortality Reviews within 42 working days	%	90	90	50.0	-	-	-	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	-	
Deaths In the Group	No	-	-	2	0	0	0	1	1	3	4	-	4	1	2	4	0	5	7	4	-	27	-	-	-	-	-	
Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	2.5	1.2	1.0	1.5	1.5	1.6	1.9	0.3	1.9	3.9	3.6	2.3	2.9	2.8	2.8	3.3	1.8	-	-	-	-	-	-	-	

Primary Care, Community & Therapies Group

CQC Domain	Indicator	Measure	Standard		Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	20/21 Year to Date	Directorate					
			Year	Month																						AT	IB	IC	CM
Effective	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	1.4	1.4	1.5	1.6	1.6	1.5	1.6	1.6	1.6	1.8	1.9	1.8	1.9	2.1	2.2	2.4	2.4	-	2.1	-	-	-	-	-	
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	-	-	-	-	-	-	-	-	-	0.4	0.4	-	-	-	-	-	-	-	0.1	-	-	-	-	-	
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	-	-	-	-	-	-	-	-	-	0.0	0.1	0.1	0.1	0.1	0.0	0.0	0.0	-	0.1	-	-	-	-	-	
	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	1	0	0	3	2	0	1	0	0	0	0	1	1	1	0	7	7	13	18	0	0	0	7	0	
	21+ Days Long Stay Rate - NHSI	%	-	-	0.0	61.4	0.0	0.0	0.0	0.0	0.0	0.0	5.2	1.9	0.0	0.0	5.0	0.0	4.0	9.0	13.9	15.4	4.9	-	-	-	7.8	-	
	Estimated Beds - 21+ Days - NHSI	No	-	-	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	5	4	-	-	-	0	-	
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	28.2	29.5	33.6	24.5	25.0	31.3	22.2	43.0	25.4	18.2	35.7	38.9	45.5	49.6	36.5	36.8	32.2	43.4	37.5	69.1	-	-	40.8	-	
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	290	247	349	308	322	375	313	490	294	132	343	388	444	352	295	358	346	390	3048	56	0	0	334	0	
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	38.0	45.4	49.5	45.3	45.8	54.6	56.0	54.5	86.4	97.0	93.5	78.9	69.5	79.2	78.4	61.6	55.8	78.8	74.4	-	-	-	78.8	-	
Well Led	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	180	204	202	214	198	155	145	151	228	98	100	105	139	206	218	183	111	219	1379	0	0	0	219	0	
	PDRs - 12 month rolling	%	95	95	-	-	87.3	88.6	-	-	-	-	-	-	-	-	-	95.9	-	-	-	-	-	-	100.0	99.3	95.5	89.2	90.1
	Medical Appraisal	%	90	90	93.3	96.8	93.8	93.0	93.8	96.8	96.7	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	97.3	97.3	-	99.3	95.2	100.0	100.0	100.0	-	
	Sickness Absence (Rolling 12 Months)	%	3	3	4.4	4.4	4.3	4.4	4.2	4.2	4.2	4.2	4.3	4.6	4.8	4.8	4.8	4.8	4.9	4.9	5.1	5.1	4.9	3.2	5.9	5.3	5.9	5.2	
	Sickness Absence (Monthly)	%	3	3	4.1	3.8	3.6	4.1	4.1	4.8	4.8	4.8	4.9	6.9	6.0	4.5	4.2	4.4	4.4	4.7	5.8	4.7	5.1	2.8	6.0	5.5	5.8	2.6	
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	-	-	16	13	16	26	15	17	16	22	40	22	14	22	16	15	17	15	183	2	3	6	4	0	
	Sickness Absence - Short Term (Monthly)	No	-	-	94	78	93	135	121	121	140	114	92	181	104	81	99	85	116	110	141	117	1037	19	43	34	21	0	
	Ward Sickness Absence (Monthly)	%	3	3	5.1	5.3	6.4	5.8	5.4	8.4	7.9	7.3	6.2	10.0	9.3	5.8	5.0	6.3	6.4	6.4	8.8	7.5	7.3	-	7.5	-	-	-	
	Mandatory Training - Health & Safety (% staff)	%	95	95	89.4	92.8	92.7	94.6	95.2	95.4	95.9	94.6	95.8	95.7	98.3	98.9	99.4	98.8	98.8	99.3	98.9	99.1	98.6	-	-	-	-	-	
	Staff at 100% compliance with mandatory training	%	-	-	79.3	74.7	83.1	86.5	88.4	88.2	59.6	76.6	80.8	78.6	78.8	89.2	89.3	87.4	89.8	88.5	85.6	83.5	85.8	-	-	-	-	-	
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	13.6	17.4	9.7	8.2	6.4	6.8	25.0	15.4	13.1	14.1	13.7	7.9	7.9	9.3	7.3	8.6	10.8	12.1	10.1	-	-	-	-	-	
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	3.5	3.2	3.2	2.3	2.5	2.5	9.0	4.0	3.2	4.0	3.4	1.2	1.5	1.9	1.2	1.8	2.3	3.1	2.2	-	-	-	-	-	
	Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	6.3	4.1	2.8	3.3	4.1	1.7	1.3	1.3	1.7	1.1	1.3	1.3	1.9	-	-	-	-	-	
	Nursing Vacancy Rate (Qualified)	%	11	11	12.6	10.8	9.2	13.0	10.6	11.4	8.5	8.4	8.0	8.6	8.6	8.7	11.6	8.9	7.8	8.9	9.8	8.4	9.0	-	-	-	-	-	
	Patient Admin	New Starters Complete Onboarding Process	%	100	100	88.9	80.0	96.2	92.3	100.0	100.0	100.0	100.0	100.0	3.1	100.0	100.0	100.0	95.0	100.0	100.0	93.3	-	40.0	-	-	-	-	-
Open Referrals		No	-	-	25873	25879	25438	25630	25630	25884	25868	26083	26231	32917	32460	32380	32750	32929	33516	33790	34639	34602	-	2275	29	0	32298	0	
	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No	-	-	5011	4548	3700	2751	2546	2531	2771	2797	3102	3790	3956	3990	3729	3700	3787	3696	3849	3945	-	978	21	0	2946	0	
	DVT numbers	No	730	61	55	43	27	25	29	19	21	14	1	15	22	31	26	28	23	25	21	25	216	-	-	-	-	-	
	Therapy DNA rate OP services (%)	%	9	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8.2	-	-	-	-	-	
	Green Stream Community Rehab response time for treatment (days)	No	15	15	19	22	22	20	19	21	19	13	15	5	6	8	9	17	16	19	14	18	110	-	-	-	-	-	
	DNA/No Access Visits	%	-	-	0.8	0.9	0.1	0.8	0.8	0.8	1.1	0.9	0.8	0.4	0.5	0.7	0.9	0.9	1.0	1.0	0.8	-	-	-	-	-	-	-	
	Falls Assessments - DN Initial Assessment only	%	95	95	96.1	97.7	95.9	93.1	91.4	93.4	95.3	92.8	91.9	96.1	93.4	92.1	92.6	92.1	88.9	89.2	88.3	-	-	-	-	-	-	-	
	Pressure Ulcer Assessment - DN Initial Assessment only	%	95	95	96.5	97.3	95.6	93.3	92.3	93.4	95.6	93.5	92.4	96.4	93.4	91.8	92.8	91.8	89.4	89.7	88.5	-	-	-	-	-	-	-	
	MUST Assessments - DN Initial Assessment only	%	95	95	96.3	97.7	95.4	93.1	91.4	93.6	94.9	93.0	92.4	96.4	92.6	90.6	91.5	92.1	87.0	89.0	86.9	-	-	-	-	-	-	-	
	Dementia Assessments - DN Initial Assessment only	%	95	95	94.2	93.3	93.7	88.8	87.0	90.9	89.7	85.9	84.4	91.1	89.8	88.9	85.8	78.4	79.5	83.2	82.3	-	-	-	-	-	-	-	
	48 hour inputting rate - DN Service Only	%	-	-	94.4	94.6	95.2	95.2	-	94.7	94.3	94.8	95.9	94.5	94.6	-	-	-	-	93.3	94.3	-	-	-	-	-	-	-	

Corporate Group

CQC Domain	Indicator	Measure	Standard		Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	20/21 Year to Date	Directorate						
			Year	Month																						SG	F	POD	MD	ST
Safe	Serious Incidents	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	No. of Complaints Received (formal and link)	No	-	-	10	0	3	6	2	3	6	3	10	3	4	5	11	6	4	10	5	2	50	0	0	0	0	0	2	0
Caring	No. of Active Complaints in the System (formal and link)	No	-	-	5	1	4	3	4	1	0	5	12	3	4	3	11	10	10	22	43	0	-	0	0	0	0	0	0	0
	No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	88.9	0.0	0.0	100.0	100.0	100.0	68.9	-	-	-	-	-	-	-	
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	50.0	33.3	0.0	0.0	0.0	16.7	-	10.5	66.7	20.0	-	-	-	-	-	-	-
	No. of responses sent out	No	-	-	5	9	1	3	3	1	3	5	5	2	3	4	2	8	6	1	5	9	40	-	-	-	-	-	-	-
	PDRs - 12 month rolling	%	95	95	-	-	87.9	90.5	-	-	-	-	-	-	-	-	-	-	94.7	-	-	-	-	99.0	95.1	87.1	92.1	95.3	96.1	96.5
Well Led	Medical Appraisal	%	90	90	100.0	100.0	100.0	100.0	100.0	0.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-	100.0	100.0	-	-	-	
	Sickness Absence (Rolling 12 Months)	%	3	3	4.2	4.3	4.3	4.5	4.4	4.4	4.5	4.5	4.6	4.9	5.0	4.9	4.9	4.9	4.8	4.8	4.9	4.9	4.9	3.8	1.3	2.8	3.7	6.5	6.3	3.7
	Sickness Absence (Monthly)	%	3	3	4.5	4.4	4.7	5.0	4.5	4.5	4.9	4.9	4.8	6.8	4.9	3.8	4.3	4.1	4.2	4.5	5.3	4.6	4.7	6.0	1.4	1.7	2.9	6.5	6.0	2.3
	Mandatory Training - Health & Safety (% staff)	%	95	95	82.3	89.1	90.7	93.7	94.9	96.1	97.3	96.4	96.8	94.8	92.7	98.7	99.1	98.4	98.4	99.1	99.0	99.3	97.7	-	-	-	-	-	-	-
	Sickness Absence - Short Term (Monthly)	No	-	-	82	54	92	90	84	108	100	80	73	116	147	134	164	120	139	144	171	134	1286	4	2	7	22	57	27	15
	New Starters Complete Onboarding Process	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Staff at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	-	-	35	42	25	35	37	30	41	35	49	37	32	39	37	42	44	45	360	6	0	1	4	17	16	1