

Sandwell and West Birmingham Hospitals



NHS Trust

Integrated Quality & Performance Report

Month Reported: **January 2021**

Reported as at: 18/02/2021

Clinical Leadership Executive
Performance Management Committee
Quality & Safety Committee

Performance At A Glance - January 2021

Highlights

- Overall January shows significant pressure in the Trust, with performance deterioration; however some performance metrics have been sustained well and we see improvements already emerging in the February figures.
- **A&E performance** delivered 68.6% of care within the 4hr target; 3,731 patients breached the 4 hr target. The performance has dropped by c10% to the previous few months. The level of breaches has risen by c1,000 patients and clearly linked to the 381 ambulance handover delays above 60 minutes, which were driven by an operational decision to 'hold ambulances' due to lack of capacity.
- **RTT performance** January was 76.8% against the national target of 92% which clearly is not achievable in the current climate of prioritisation of patients and pressures. **DM01** diagnostic test performance have continued to improve, we see a slight drop in performance in January to 81% vs 99% target.
- **Cancer** performance remains below standards in December (latest reported position) showing a decline against targets across all cancer indicators which is clearly unprecedented for the Trust. December delivery is slightly higher than November.
- **Other** items to highlight for January are: Pressure Ulcer numbers have risen to previous month, HSMR and SHMI mortality indicators are above tolerance levels, ward sickness at 10%, readmissions at 9.6%

RESPONSIVENESS

A&E Performance

- Performance delivered at 68.6% in January, ~10% drop to previous months; this Trust January performance delivery ranks 92nd out of 110 providers. Capacity pressures continued during January and we saw high levels of breaches; reported 3,731 patients breaching the 4 hr target including 381 delayed ambulance hand overs (above 60 minutes). • Handover delays were invoked in order to avoid clinical risks of overcrowding in the corridors, which led to implementation of 'ambulance holding' (in line with other trusts). Crews required to remain with the patients and be assessed by our clinical teams on the ambulances until there was safe space within cubicles for them to be off-loaded. This was a safer option than leaving patients potentially unattended in ED corridors.

Referral to Treatment in 18 weeks (RTT Incomplete)

- RTT performance for incomplete pathways at 76.8% vs 92% target. • Our patient waiting list has risen to c47,000 patients (as a comparator a 'normal' waiting list for our Trust would be around 33,000 patients); whilst this is a high volume patient list it has accumulated over an almost full year of COVID pressures, the greater significance is the length of time that patients are waiting. • c11,000 patients on the waiting list are in the backlog (above 18 weeks) and this is stretching out much longer e.g. more long waiters. • Patients waiting longer than 52 weeks has risen to 1,301 on the incomplete pathway (1,437 across complete and incomplete pathways) - assessment of harm caused to those patients is ongoing. • whilst referrals are close to pre-COVID levels, the ability to see those patients is strongly affected and it is therefore reasonable to assume that RTT recovery is going to be difficult over the shorter time. • Our relative ranking to other providers is good, 29th out of 122 providers in the upper quartile.

Diagnostics Waits (% of patients waiting >6 weeks)

- Diagnostic tests (DM01) position is at 80.6% vs the 99% target and has been tracking improvement reasonably well (the Trust ranks 31st out of 123 diagnostic providers as at December just below the upper quartile)
- The specific Imaging diagnostic patient volumes (CT, MRI, X rays and Ultrasounds) in January were at 23,701 and whilst getting closer to pre-COVID levels, which were at an average of c30,000-32,000 per month, we are still not seeing those patient numbers. Board KPIs below are showing improvements, it needs to be noted that they are achieved by using increased outsourcing capacity, which has higher costs associated to it, caused by vacancies in the team. The Group is looking into improvement and outsourcing reductions where possible.
- Against these January volumes, and the top three Board KPIs performance achievement was: Inpatient total turnaround (TAT) time within 24hrs at 80% against the 90% trust target (previous high was 91%); Urgent GP tests within 5 days achieved were at 63% vs 90% target, impacted to a large degree the non-responder/non-attenders category (patient choices to stay away from hospital due to COVID anxiety). The KPI measuring 'Overall Imaging Turn around Time for all tests' shows 83% of achievement, and measures all of the 'Imaging work' delivery under the 4 weeks (target of 95% and previous highs of 94%).

Cancer Performance

- Reporting the December position (latest available reporting period), the Trust has not delivered any of the key cancer standards, which is clearly unprecedented. However, we can see small improvement to last month.

Cancellations

- January late, **on the day cancellations** are low, linked to low elective activity. We report 10 • However, more significant are the 6x **28 day breaches** where we have not been able to perform the procedure for the patient after 28 days after their cancellation (NHS guaranteed timeline post cancellation).

Performance At A Glance - January 2021

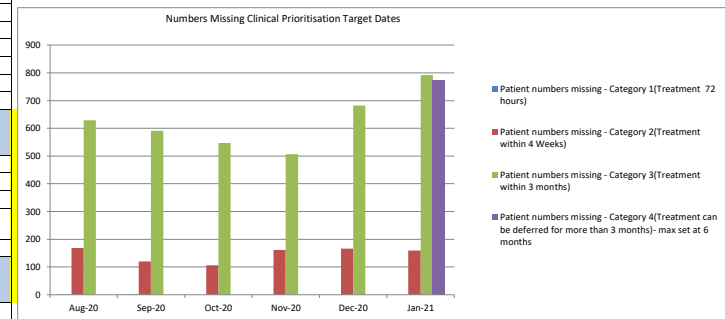
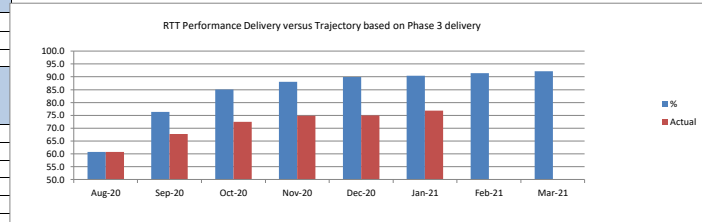
SAFE	Infection Control	<ul style="list-style-type: none"> • Infection Control metrics continue to report reasonably good performance; however we have seen a higher CDIFF occurrence with 4x CDIFF cases in January (cases including community); this brings us to 17 cases on a year to date basis against the year to date target of 32, still below target allocation. • MRSA screening rates for non-elective patients delivering 83% against target 95%. • Elective patients MRSA screening rates are below the 95% at 78% being under target in all Groups other than Women's & Children's
	Harm Free Care	<ul style="list-style-type: none"> • The Trust falls rate per 1,000 bed days in January reports an incident rate of 3.4 and well in line with the Trust target of 5; we reported 70 absolute falls and no serious harms against those. • The Trust Falls Lead Nurse looked at a comparison of number of falls during the covid period among some of the regional Trusts; this showed that SWB is below the average for the eight Trusts in the sample. Some Trust reported higher and lower than normal incidences. As a group they looked at the data and drew out common themes experienced during the 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 January have increased to prior months; overall the Trust reports 87PUs (78 last month) in absolute numbers. • The Trust Tissue Viability Nurse (TVN) meets routinely with other West Midlands TVS leads, and monitors our relative position to other providers. There is an increase in 'device related damage' in all the Critical Care areas, related to patients being prone 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"> • No never events were reported in January.
		<ul style="list-style-type: none"> • VTE assessments in January delivering 96.3% at Trust level against the 95% target, which is a significant improvement, Surgical and WCH are below the target however. • Sepsis (adults only) screening performance in January has been holding up to very well at 98% of eligible patients being screened; screened patients who are positive have increased generally during COVID and are at 24% in January (we were seeing just below 20% at pre-COVID levels); 93% of the sepsis positive patients were treated and of those 84% were treated within the prescribed one hour still behind the 100% target and continues to be an area of focus. • Neutropenic Sepsis reporting delivery 91% of patients were treated within the 1hr from door to needle standard (3/35 breached). The average door to needle time was excellent at 37 minutes in January well below the 60 minutes standard (1hr). The 3 breaches show delays above the hour between 7-84 minutes; no harm was caused to any of the three patients which breached

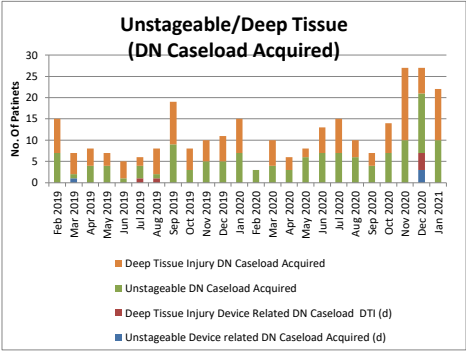
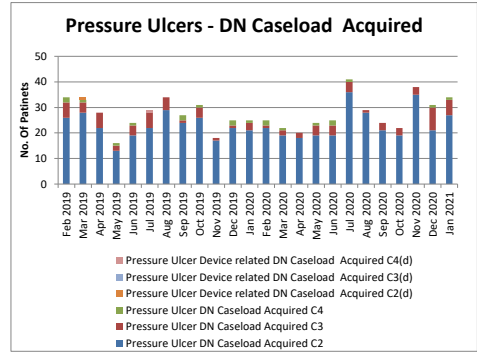
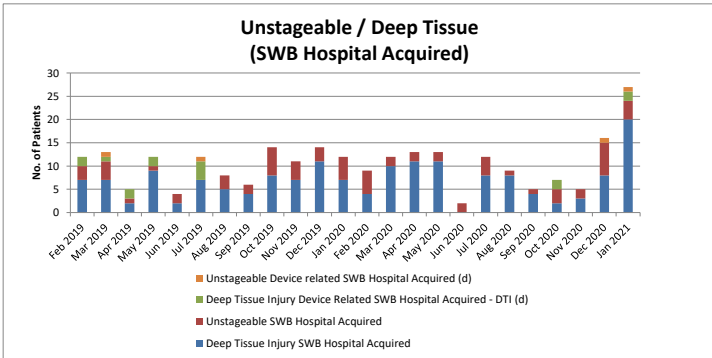
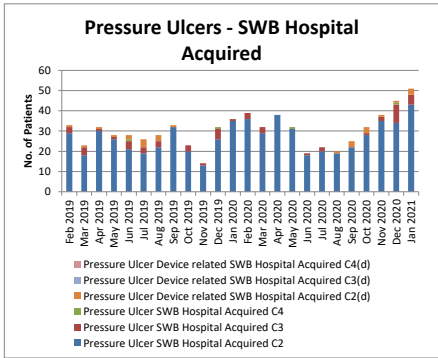
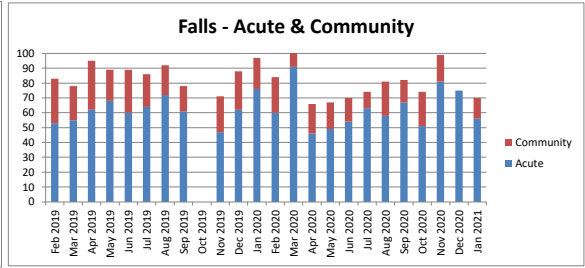
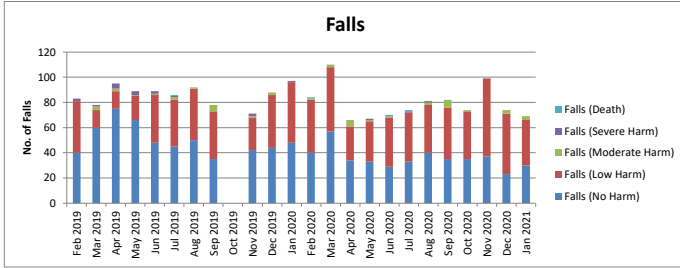
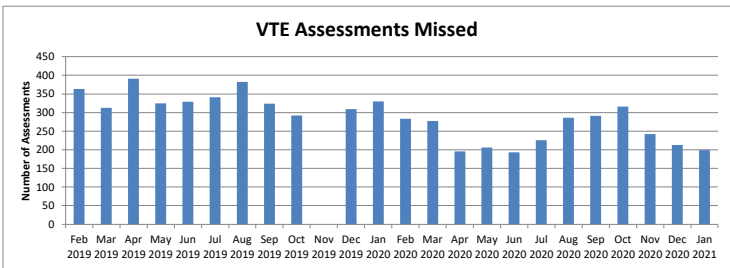
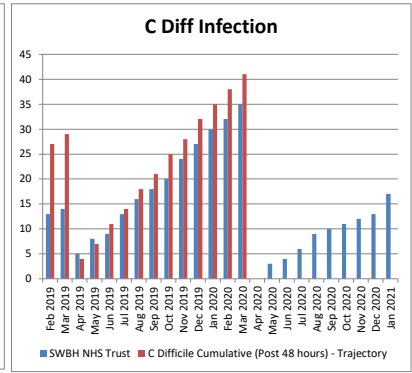
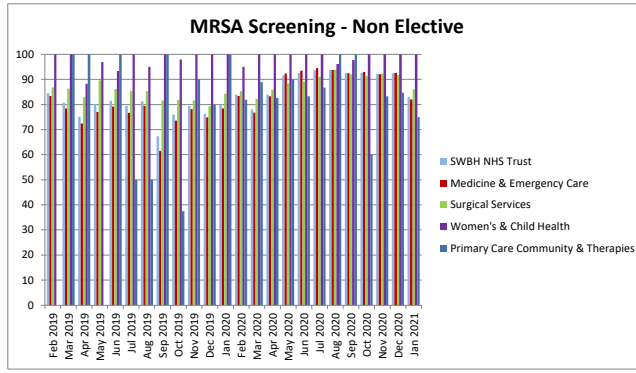
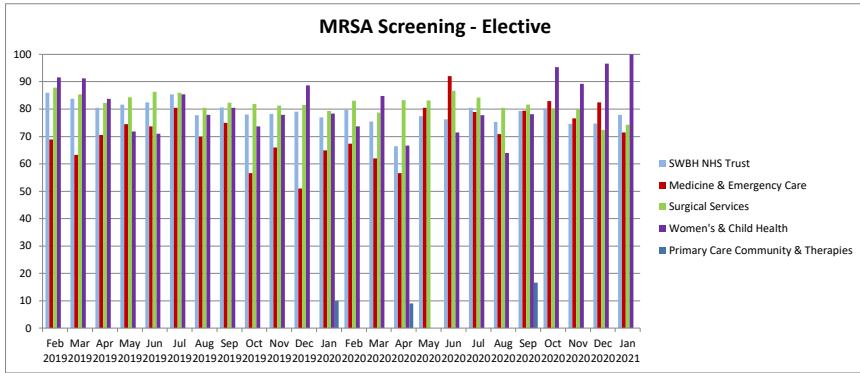
Performance At A Glance - January 2021

	Obstetrics	<ul style="list-style-type: none"> The overall Caesarean Section rate for January is just above 30% in month, below 30% on a year to date basis. This overall C Section rate can be split between : <ul style="list-style-type: none"> Elective C-Section rate at 10.5% in line with long term average trend Non-elective C-Section rate at 20.4% with were on average 17% during the full year (pre-COVID periods) The monthly 'Ockenden' reporting process is in place and informs Q&S Committee and Trust Board on a more detailed performance basis.
CARING	Patient Experience (FFT), Mixed Sex Accommodation (MSA), Complaints, Flu Vaccination	<ul style="list-style-type: none"> MSA has not been reported for a few months due to COVID. We observe low score and response rates against Friends & Family tests; complaint rate increased compared to pre-COVID rates
EFFECTIVE	Mortality, Readmissions	<ul style="list-style-type: none"> Readmissions rates (30 days after discharge) have gone up again in January to 9.6% in month (9.2% cumulatively) and remain high over the last year generally. HSMR (measures expected vs actual deaths in-hospital) reporting at 141 above the tolerance levels as at the end of September 2020 (latest available reporting period and also during COVID), showing a continually, elevated position against the weekend mortality rate which is 152 and weekday at 137. This position makes the Trust HSMR position a significant outlier compared against the national picture. SHMI (measuring expected vs actual deaths including deaths 30 days post discharge from hospital) is elevated at 114 for August 2020 (latest available position) with Cancer of the Lung, Sepsis and Pneumonia being the top three death reasons. The SHMI will also be impacted by the coding improvements, which are planned for HSMR. Medical Examiners' mortality reviews picking up to 93% which is well above the trust target of 90% and demonstrating a solid process in the review of deaths.
	Stroke & Cardiology	<ul style="list-style-type: none"> Stroke performance good against most indicators, but struggling to recover admissions to the stroke ward within 4 hours (at 39% in January). In January increased stroke patient numbers have been observed, which is contrary to the waive 1 COVID causing the pressures on admissions time to stroke ward. • Thrombolysis performance is at 100% for January. Cardiology performance within target levels in January (not populated in the IQPR at this stage)
	Patient Flow	<ul style="list-style-type: none"> 21+ LOS patients (long stay patients) count at the end of January at 80 patients (this measures patients within the acute setting; from 1 April 2020 we started reporting just the acute patients in line with current NHSI guidance and to align with our SitRep). <ul style="list-style-type: none"> Neck of Femur performance at 89% in January against the 85% target for the third month meeting the standard
WELL LED	Workforce	<ul style="list-style-type: none"> Sickness rate overall for January is at 7% in month and 5.9% on a cumulative basis Ward sickness rate specifically is at 10.2% showing a sharp increase again on prior months Nursing vacancy rate is at 13%; Nursing turnover at 13% in January Mandatory Training (where staff are at 100% of their MT) is at 75% against the 95% aim clearly impacted by COVID pressures
USE OF RESOURCES	Use of Resources	<ul style="list-style-type: none"> The Use of Resources assessment is part of the combined CQC inspection alongside the Trust's rating for Quality and the wider Single Oversight Framework. The review is designed to provide an assessment and improve understanding of how effectively and efficiently Trusts are using their resources to provide high quality and sustainable care for patients. The CQC assessment includes an analysis of Trust performance against a selection of CQC initial metrics, using local intelligence, and other evidence. The last Trust rating for Use of Resources was 'Requires Improvement' and the Trust is aiming to achieve a 'Good' rating in the next CQC inspection and performance will continue to be monitored with this aspiration. • Using a crude method to predict the CQC rating based on an inspection right now, which is taking factors other than what is highlighted in use of resources e.g. RTT, A&E etc, the Trust would mostly likely score 'requires improvement' again. We have populated 7/16 of the Use of Resources metrics. Currently, no work is under way to increase this proportion and start deep-diving in presented opportunities, however, this is significantly slowed down due to CV19 and will be picked up as part of the newly established Efficiency Group.
TRUST EMPHASIS		

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

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



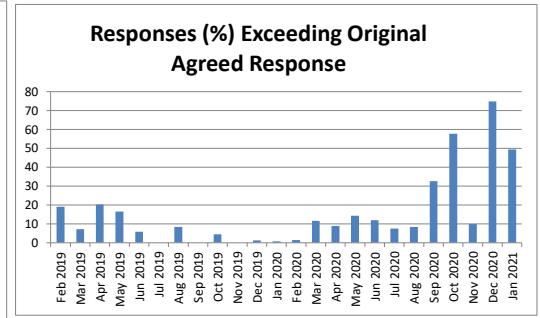
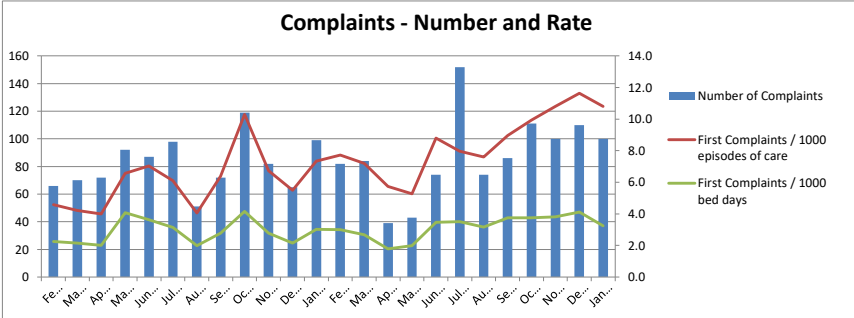
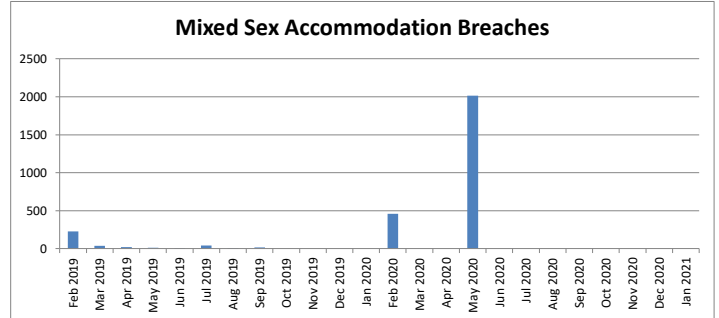


CQC Domain - Caring

	Kitemark	Reviewed Date	Indicator	Measure	Standard		2019-2021												20/21 Year to Date	Group												
					Year	Month	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020		Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	M	SS	W	I	PCCT	CO	
FFT			FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	25	25	20.9	23.4	18.7	21.5	18.5	20.5	26.2	26.2	13.6	16.2	15.5	23.8	14.7	18.7	17.8	15.4	14.2	13.9	16.4	-	-	-	-	-	-	
			FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95	95	90	89	89	89	86	89	-	90	86	86	88	89	82	85	84	83	82	41	-	-	-	-	-	-	-	
			FFT Response Rate: Type 1 and 2 Emergency Department	=> %	25	25	9.5	9.8	10.6	9.6	9.1	9.5	9.1	10.5	14.2	13.7	12.9	13.2	12.9	12.8	12.3	13.2	11.5	12.9	12.9	12.9	-	-	-	-	-	
			FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95	95	78	71	71	68	73	75	72	79	89	85	84	81	78	77	78	78	82	81	-	81	-	-	-	-	-	
	●●●●●●●●	Apr 19		FFT Score - Outpatients	=> No	95	95	76	87	87	89	89	89	89	87	89	89	89	88	88	89	90	89	90	-	-	-	-	-	-	-	
	●●●●●●●●	Apr 19		FFT Score - Maternity Antenatal	=> No	95	95	0	0	90	97	100	75	83	80	86	84	84	84	78	79	78	80	78	83	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19		FFT Score - Maternity Postnatal Ward	=> No	95	95	100	100	92	93	0	97	94	100	0	67	0	100	0	100	8	80	0	5	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19		FFT Score - Maternity Community	=> No	95	95	0	0	94	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-	-	-
	●●●●●●●●	Apr 19		FFT Score - Maternity Birth	=> No	95	95	66	6	94	97	94	95	97	97	89	100	82	94	70	94	93	87	85	87	-	-	-	-	-	-	-
●●●●●●●●	Apr 19		FFT Response Rate: Maternity Birth	=> %	25	25	1.4	6.1	28.2	35.3	12.2	32.2	55.0	28.2	4.4	8.4	6.1	41.6	7.3	17.5	11.2	6.0	100.0	2.9	12.3	-	-	-	-	-	-	
MSA	●●●●●●●●		Mixed Sex Accommodation - Breaches (Patients)	<= No	0	0	7	16	-	-	-	-	458	-	-	2013	-	-	-	-	-	-	-	-	2013	-	-	-	-	-	-	
Complaints	●●●●●●●●		No. of Complaints Received (formal and link)	No	-	-	51	72	119	82	65	99	82	84	39	43	74	152	74	86	111	100	110	100	889	41	16	10	2	25	6	
	●●●●●●●●		No. of Active Complaints in the System (formal and link)	No	-	-	91	121	140	114	92	106	142	126	102	109	123	152	139	189	288	374	67	359	1902	162	74	38	2	60	23	
	●●●●●●●●		No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	1.98	2.78	4.16	2.78	2.15	3.03	2.99	2.68	1.78	1.99	3.47	3.50	3.17	3.75	3.76	3.81	4.12	3.24	3.31	1.91	4.65	3.32	-	22.69	-	
	●●●●●●●●		No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	4.05	6.38	10.31	6.72	5.50	7.33	7.72	7.21	5.74	5.26	8.79	7.96	7.61	8.97	9.94	10.80	11.63	10.80	8.90	7.70	11.55	6.55	-	64.10	-	
	●●●●●●●●		No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	=> %	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	82.9	76.1	83.1	10.4	7.6	84.7	82.0	76.4	84.1	67.1	100.0	12.5	100.0	100.0	100.0	100.0	
	●●●●●●●●		No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0	8.4	0.0	4.5	0.0	1.3	0.8	1.4	11.6	8.8	14.3	11.9	7.6	8.5	32.6	57.7	9.9	74.8	49.4	22.4	66.7	12.0	64.3	0.0	66.7	66.7	
	●●●●●●●●		No. of responses sent out	No	-	-	96	61	88	105	76	76	70	87	68	35	58	66	86	43	27	33	107	85	608	33	25	14	1	9	3	
WKF	●●●●●●●●	Apr 19	Flu Vaccination Rate	=> %	80	80	-	-	47.7	62.4	78.1	82.0	83.1	-	-	-	-	-	-	-	46.0	75.0	80.0	80.0	-	-	-	-	-	-		

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

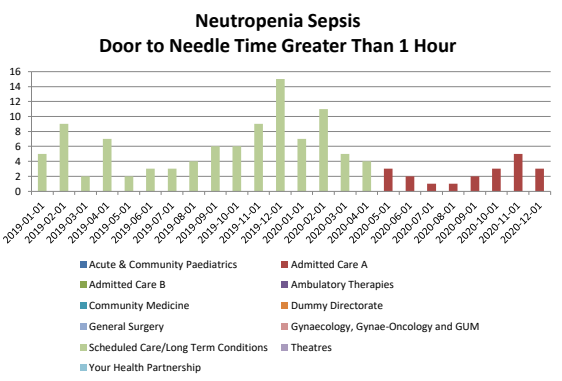
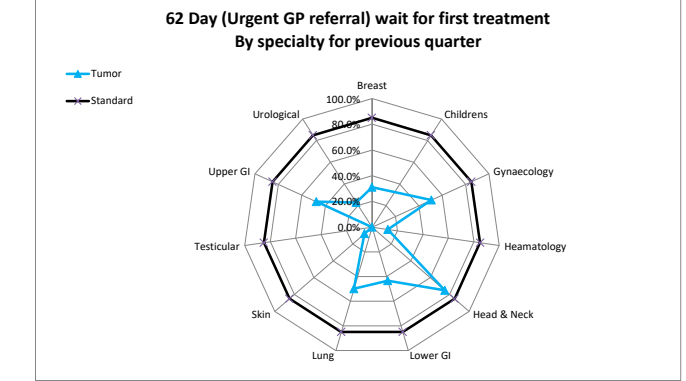
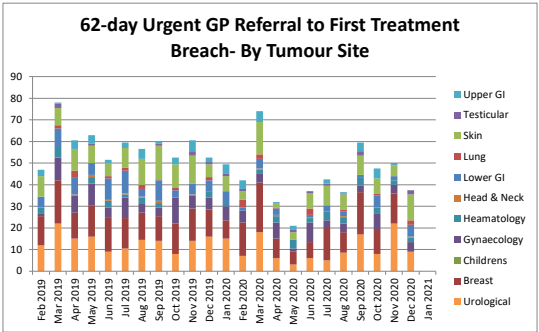
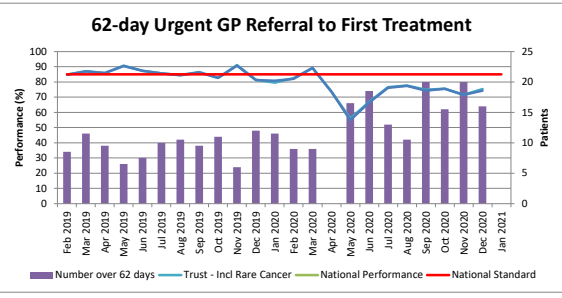
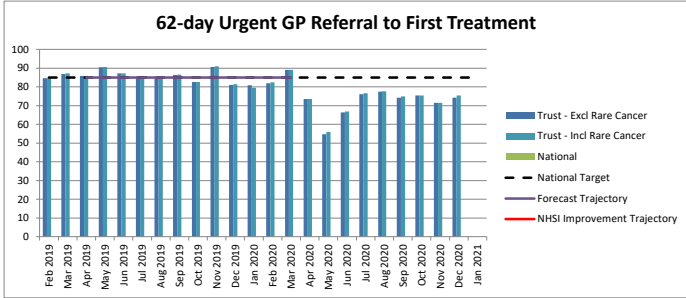
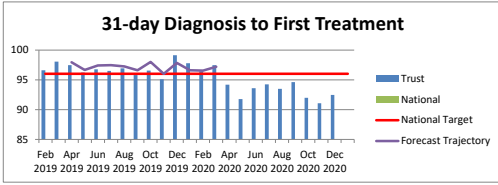
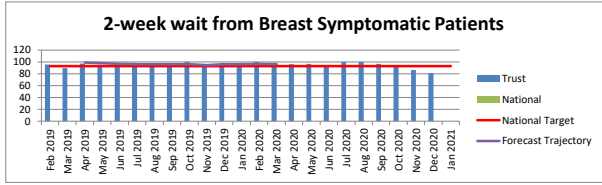
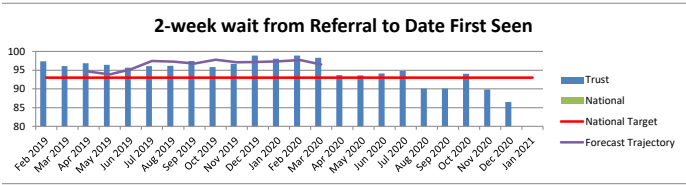
If segment 2 of the Kitemark is blank this indicates that a formal audit of this indicator has not yet taken place



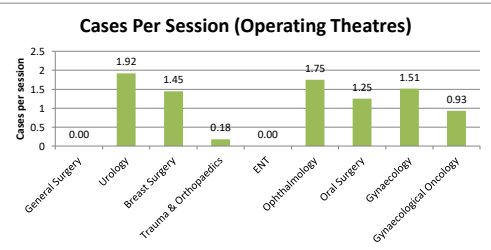
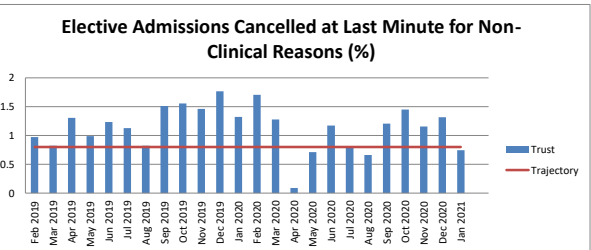
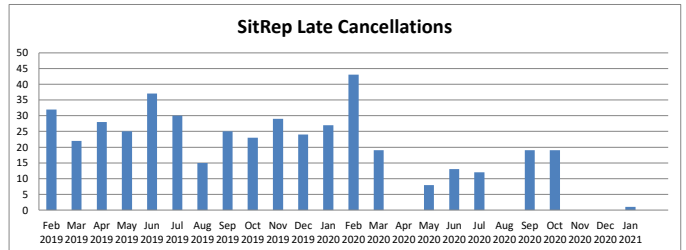
		Cancer - 28 day FDS screening referral (% of Informed) - Total	%	-	-	-	-	-	-	77.8	-	92.9	-	-	100.0	-	-	-	50.0	-	-	-	75.0	-	-	-	-	-	-		
		Cancer - 28 Day FDS TWW Referral (% of Eligible) - Total	%	-	-	-	-	-	-	47.2	62.8	59.6	22.3	65.9	-	27.0	28.8	52.4	56.7	51.0	40.5	-	44.7	-	-	-	-	-	-		
		Cancer - 28 day FDS TWW breast symptomatic (% of Eligible) - Total	%	-	-	-	-	-	-	105.3	62.7	72.1	16.2	34.0	22.8	18.9	18.1	68.9	107.0	265.6	146.6	-	55.1	-	-	-	-	-	-		
		Cancer - 28 day FDS screening referral (% of Eligible) - Total	%	-	-	-	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
RTT	●●●●●●	Apr 19	RTT - Admitted Care (18-weeks)	==> %	90	90	80.5	80.6	82.6	81.4	82.4	81.2	78.9	80.8	85.7	83.5	74.5	61.2	56.1	65.7	66.3	71.3	73.1	80.7	68.9	92.5	76.8	80.5	-	58.3	-
	●●●●●●	Apr 19	RTT - Non Admitted Care (18-weeks)	==> %	95	95	89.2	89.8	87.3	87.3	87.2	87.0	86.3	88.8	85.4	88.4	83.4	78.6	80.1	80.0	82.9	83.8	84.6	84.0	82.9	61.7	90.0	81.6	-	53.7	-
	●●●●●●	Apr 19	RTT - Incomplete Pathway (18-weeks)	==> %	92	92	92.0	92.0	91.6	90.9	91.1	90.7	90.4	88.0	80.5	70.7	58.2	53.5	61.0	67.7	72.5	74.8	74.9	76.8	69.5	80.9	70.1	82.9	-	48.6	-
	●●●●●●	Apr 19	RTT Waiting List - Incomplete	No	-	-	38714	39634	39898	38360	38416	39374	39364	38603	34989	34058	34436	35421	36056	35684	36566	38639	39800	46587	379094	4849	20174	2194	-	3527	0
	●●●●●●	Apr 19	RTT - Backlog	No	-	-	3082	3168	3360	3475	3433	3645	3781	4646	6823	9964	14405	16470	14061	11523	10067	9734	9978	10809	115473	928	6043	376	-	1812	0
	●●●●●●	Apr 19	Patients Waiting >52 weeks (All Pathways)	<= No	0	0	14	0	0	1	0	1	0	1	7	35	99	196	281	464	620	775	1008	1437	4922	78	984	15	0	164	0
	●●●●●●	Apr 19	Patients Waiting >52 weeks (Incomplete)	<= No	0	0	1	0	0	0	0	0	0	0	7	32	93	177	252	376	482	641	755	1301	4116	23	937	14	0	137	0
	●●●●●●		Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	<= No	0	0	29	27	26	32	29	28	28	32	30	32	41	41	42	40	42	43	39	37	-	9	17	3	-	5	0
	●●●●●●		Treatment Functions Underperforming (Incomplete)	<= No	0	0	5	4	5	7	7	5	6	10	14	15	16	16	16	14	15	14	14	15	-	4	7	1	-	2	0
			RTT Clearance Time (Wks)	Ratio	-	-	10.5	10.3	9.6	8.9	10.8	-	9.8	-	18.1	15.5	-	12.6	-	11.3	11.7	12.0	-	18.2	13.8	17.3	15.5	16.5	-	31.5	-
DM01	●●●●●●	Apr 19	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1	1	2.3	1.5	1.1	0.2	0.7	0.1	0.0	8.8	60.2	63.6	53.6	47.8	40.2	32.2	24.0	16.7	15.5	19.4	39.2	13.4	34.8	-	18.1	-	
	●●●●●●	Apr 19	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	600	614	457	359	338	1028	499	1140	78	281	232	525	974	1270	1263	1783	1157	1705	9268	55	104	-	1546	-	

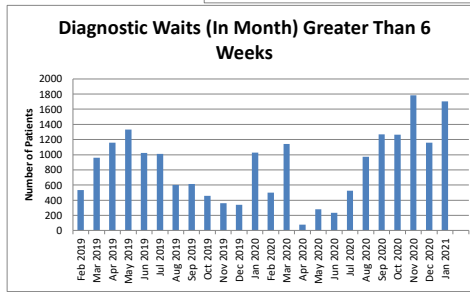
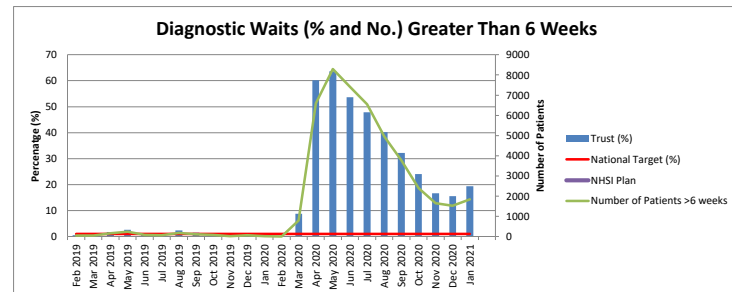
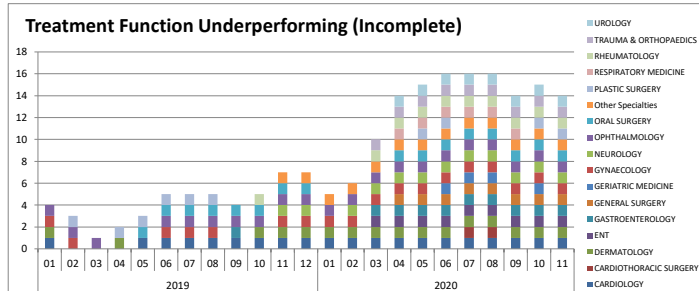
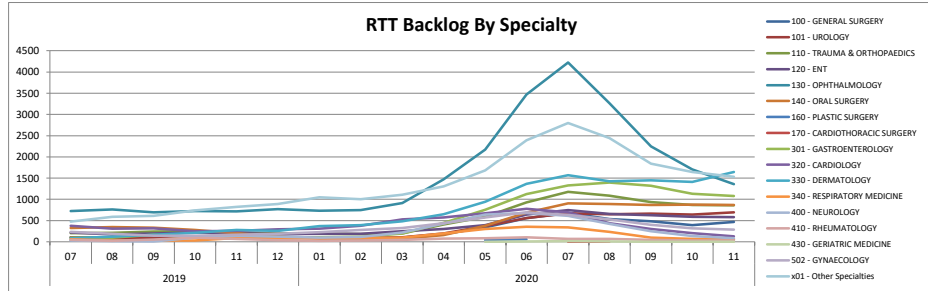
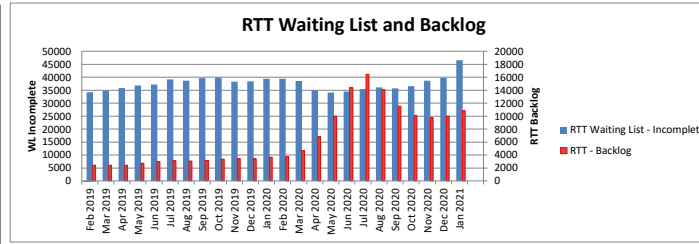
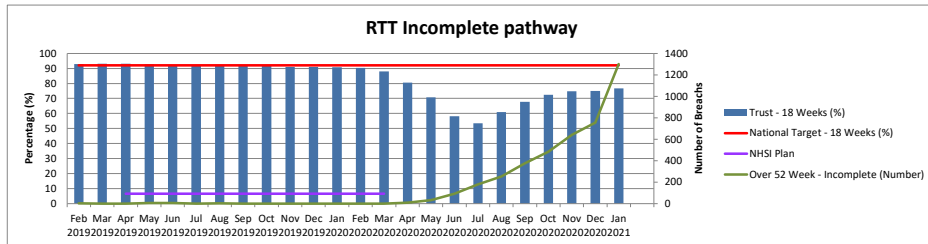
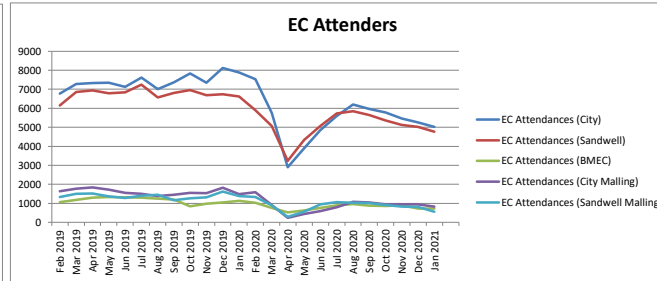
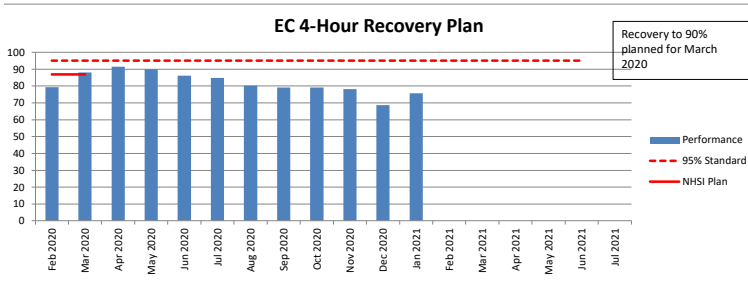
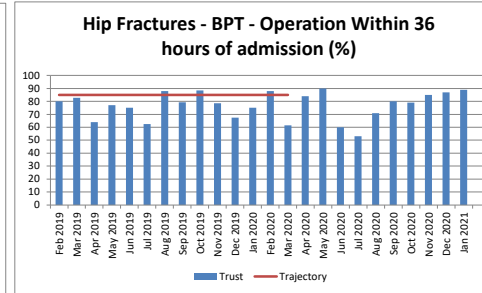
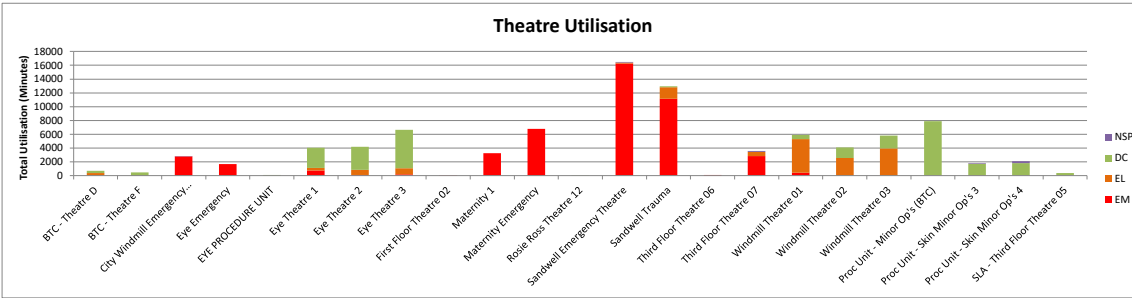
Data Quality - Kitemark						
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Timeliness	Audit	Source	Validation	Complete ness	Granularity	Assessment of Exec Director
●	●	●	●	●	●	●

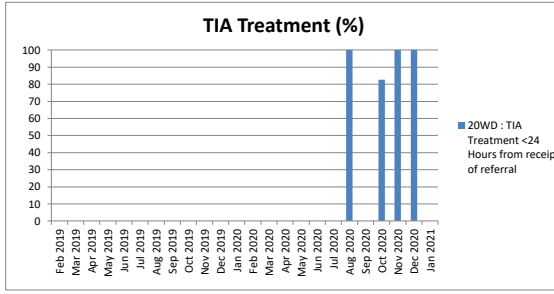
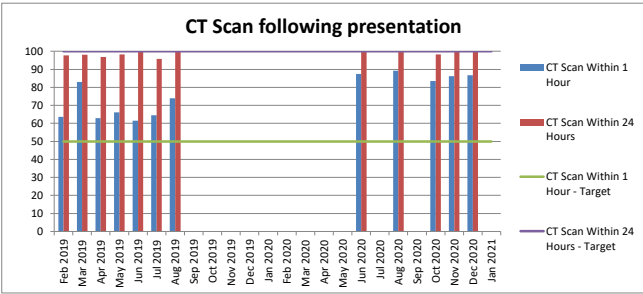
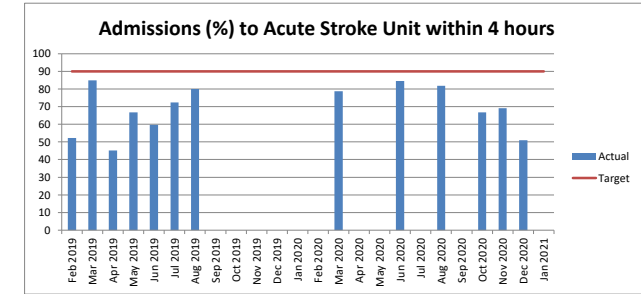
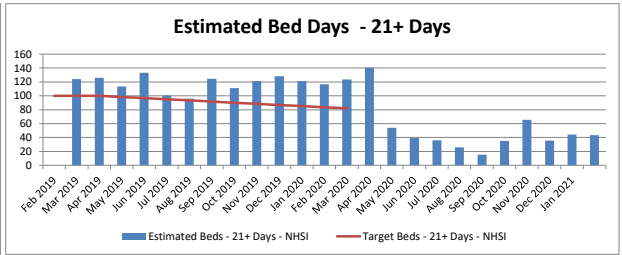
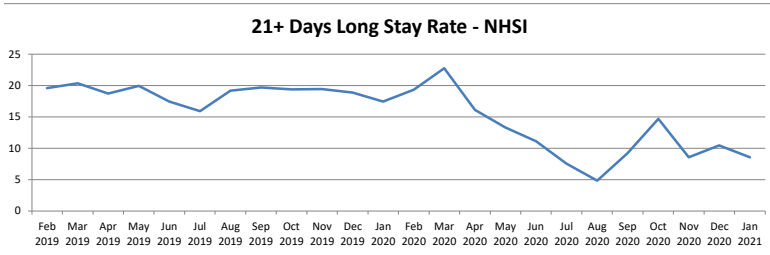
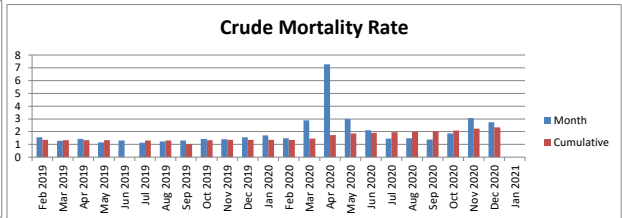
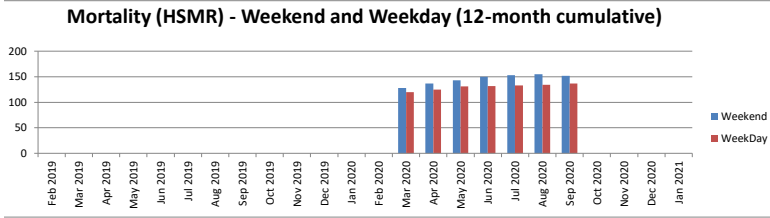
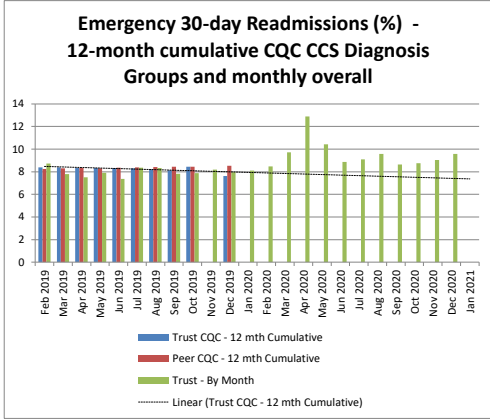
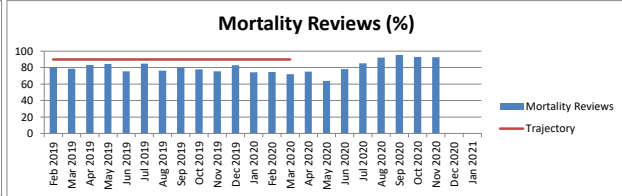
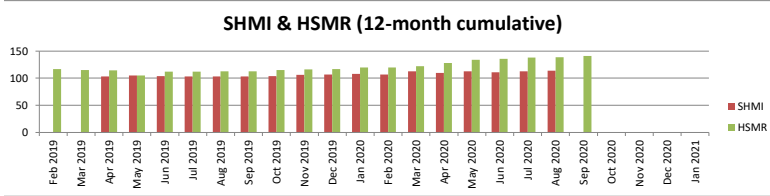
If segment 2 of the Kitemark is Blank this indicates that a formal audit of this indicator has not yet taken place.



Month	Indicator	TumourSite	Informed in 20 Days	% of Eligible	% of Informed	% of Eligible
Dec 2020	Cancer - 28 Day FDS TWW Referral	Breast	205	325	86.86	63.08
Dec 2020	Cancer - 28 Day FDS TWW Referral	Colorectal	94	324	61.04	29.01
Dec 2020	Cancer - 28 Day FDS TWW Referral	Gynaecology	149	206	78.84	72.33
Dec 2020	Cancer - 28 Day FDS TWW Referral	Haematology	2	30	28.57	6.667
Dec 2020	Cancer - 28 Day FDS TWW Referral	Head & Neck	17	122	47.22	13.93
Dec 2020	Cancer - 28 Day FDS TWW Referral	Lung	5	29	83.33	17.24
Dec 2020	Cancer - 28 Day FDS TWW Referral	Skin	81	237	83.51	34.18
Dec 2020	Cancer - 28 Day FDS TWW Referral	Upper GI	95	252	92.23	37.7
Dec 2020	Cancer - 28 Day FDS TWW Referral	Urology	41	176	71.93	23.3
Dec 2020	28 day FDS TWW Breast Symptomatic	Breast	85	58	97.7	146.6
Dec 2020	Cancer - 28 day FDS screening referral	Breast	0	0	0	0
Dec 2020	Cancer - 28 day FDS screening referral	Colorectal	0	0	0	0
Dec 2020	Cancer - 28 day FDS screening referral	Gynaecology	0	0	0	0







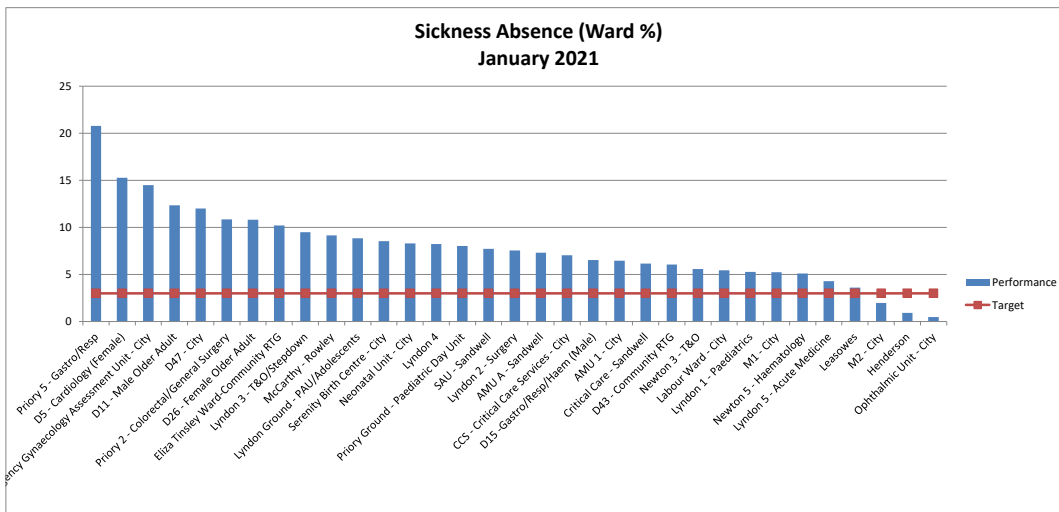
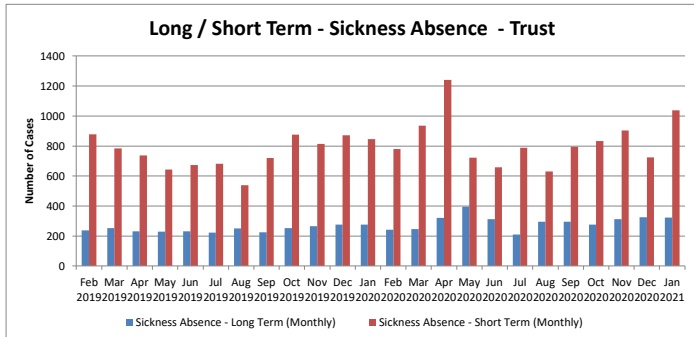
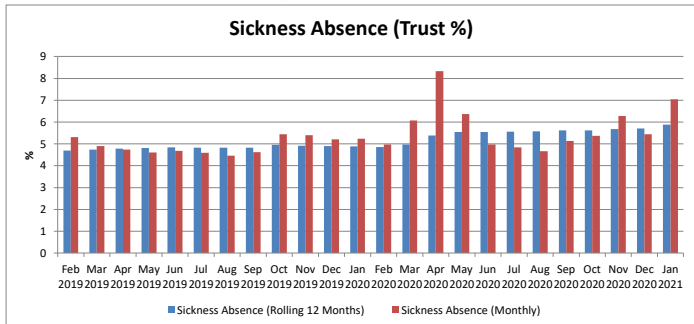
The stroke indicators in the IPR are based on 'patient arrivals' not 'patient discharged' as this monitors pathway performance rather than actual outcomes which may / may not change on discharge. National SSNAP is based on 'patient discharge' which is more appropriate for outcomes based reporting.

CQC Domain - Well Led

Kitemark	Reviewed Date	Indicator	Measure	Standard		Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	20/21 Year to Date	Group					
				Year	Month																				M	SS	W	I	PCCT	CO
				●●●●●●●●																					PDRs - 12 month rolling	=> %	95	95	-	75.3
●●●●●●●●		Medical Appraisal	=> %	90	90	94.6	97.3	94.7	94.7	94.9	94.4	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	97.0	96.3	94.0	-	98.7	91.4	93.0	96.8	100.0	100.0	100.0
●●●●●●●●	Apr 19	Sickness Absence (Rolling 12 Months)	<= %	3.0	3.0	4.8	4.8	5.0	4.9	4.9	4.9	4.9	5.0	5.4	5.5	5.5	5.6	5.6	5.6	5.6	5.7	5.7	5.9	5.6	7.2	6.4	5.8	4.7	5.2	5.1
●●●●●●●●	Apr 19	Sickness Absence (Monthly)	<= %	3.0	3.0	4.5	4.6	5.4	5.4	5.2	5.2	5.0	6.1	8.3	6.4	5.0	4.8	4.7	5.1	5.4	6.3	5.4	7.0	5.8	7.9	8.1	7.1	6.3	5.7	6.3
		Sickness Absence - Long Term - (Open Cases in the month)	No	-	140	-	131	156	169	187	153	114	152	156	228	160	145	162	148	161	175	174	167	-	39	44	26	4	14	40
●●●●●●●●	Apr 19	Sickness Absence - Short Term (Monthly)	No	-	-	539	719	875	814	872	845	779	936	1241	722	657	789	630	794	833	904	724	1037	-	256	251	102	47	155	177
		Ward Sickness Absence (Monthly)	<= %	3.0	3.0	5.8	6.7	7.2	7.6	7.0	6.6	6.8	8.9	11.7	9.5	7.4	6.8	7.1	7.9	7.2	9.7	7.8	10.2	8.6	11.7	9.3	9.6	-	9.1	-
●●●●●●●●		Mandatory Training - Health & Safety (% staff)	=> %	95	95	85.3	86.2	89.0	90.4	91.8	92.8	92.7	94.2	93.9	96.3	97.7	98.6	97.5	97.6	98.2	98.1	98.4	98.0	97.4	95.7	97.7	96.7	99.6	98.9	99.1
		Staff at 100% compliance with mandatory training	%	-	-	60.4	72.0	73.6	79.1	80.1	52.8	71.5	74.4	72.6	78.4	89.3	87.7	86.4	85.7	83.9	81.0	78.5	74.5	81.8	59.2	74.3	81.0	-	79.5	-
		Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	22.0	12.7	13.8	10.1	9.4	25.5	15.1	15.3	16.3	13.2	6.8	8.3	9.1	8.8	10.5	12.5	13.4	15.6	11.5	22.2	14.7	10.9	-	15.0	-
		Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	7.6	5.7	4.6	3.8	4.0	10.0	5.8	4.9	5.2	3.8	1.8	1.9	2.4	2.6	2.8	3.7	4.6	5.7	3.5	9.4	6.4	4.3	-	4.0	-
		Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	11.7	7.6	5.4	5.9	4.6	2.0	2.1	2.2	2.8	2.7	2.8	3.5	4.2	3.3	9.2	4.6	3.8	-	1.5	-
●●●●●●●●	Apr 19	Nursing Turnover (Qualified Only)	<= %	10.7	10.7	11.7	11.5	12.2	12.1	12.6	12.3	12.6	12.5	12.7	12.9	12.4	12.3	12.6	12.5	12.4	12.6	11.6	12.6	12.5	-	-	-	-	-	-
●●●●●●●●	Apr 19	Nursing Vacancy Rate (Qualified)	<= %	11	11	15.8	14.3	14.6	13.6	14.5	12.9	12.3	12.4	12.4	13.3	14.2	18.0	12.6	12.1	12.8	12.9	13.9	12.9	13.5	12.8	13.6	14.2	29.7	11.5	5.6
	Apr 19	New Starters Complete Onboarding Process	=> %	100	100	87.0	93.5	99.2	100.0	100.0	94.8	100.0	96.9	38.8	100.0	98.9	100.0	97.2	93.9	92.7	97.5	-	100.0	81.4	100.0	100.0	100.0	-	100.0	-

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



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	Model Hospital Quality Account Peer	Trust Delivery	Target	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	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	-																			0.25	0.64	0.10	0.07	0.00	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	-	0.85	0.67	0.77	0.61	0.59	0.63	0.61	0.49	0.55	0.38	0.52	-	-	-	-	-	0.75	-	0.60	0.92	0.35	0.11	-	1.41	-									
			DNA Rate - Inc Radiology (Model Hospital)	<= %	Q4 2019/20	8.09	7.31	9.92	6.63	7.11	6.75	8.35	-	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	10.3	9.1	7.6	15.1	14.7	0.0	8.4	-									
			DNA Rate - Exc Radiology (SWB)	<= %	Q3 2019/20	n/a	-	-	-	n/a	n/a	10.49	-	10.5	10.2	10.2	10.3	11.0	9.6	9.5	14.1	10.0	8.6	-	10.3	11.4	11.7	11.9	11.2	12.3	12.2	10.9	7.6	15.1	14.7	4.2	8.4	-									
Clinical Services			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= %	Q4 2019/20	7.97	6.68	8.16	5.72	7.94	7.49	8.23	-	8.3	7.8	7.9	8.2	8.0	8.1	8.5	9.7	12.9	10.4	8.9	9.1	9.6	8.7	8.8	9.0	9.6	-	9.5	13.4	5.6	7.3	16.7	2.2	-									
			Top 10 Medicines - Delivery of Savings	%	To Mar2018	-	-	-	-	100	-	82	-																																		
People			Pathology Overall Cost Per Test	£	2018/19	£1.45	£2.08	£1.58	£1.14	£1.94	£2.46	£1.33	-	Pathology services are provided by the Black Country Pathology Services model; costs per test are available annually only in Model Hospital																																	
			Staff Retention Rate	%	To May2020	86	87.2	84.4	89.8	86.2	85.1	85	-	-	-	-	-	-	86.1	86.6	85.4	85.5	85.7	86.3	86.6	86.4	90.7	86.7	86.8	86.7	86.7	85.1	87.6	86.2	92.9	86.7	86.6										
			Sickness Absence (Monthly)	<= %	May2020	5.41	4.87	6.89	4.82	4.77	5.01	5.39	-	4.5	4.6	5.4	5.4	5.2	5.2	5.0	6.1	8.3	6.4	5.0	4.8	4.7	5.1	5.4	6.3	5.4	7.0	5.8	7.9	8.1	7.1	6.3	5.7	6.3									
			Total Cost per WAU	£	2018/19	£3,614	-	-	-	£3,500	-	£3,359	-	Pay and Non-Pay costs per WAU are published on Model Hospital annually after the Natioanal 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	-																																			
Corporate Services, Procurement & Facilities			Finance Cost Per £100m Turnover	£000	2018/19	483.8k	483.42	626.25	457.75	653.3	653.3k	634.6k	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.7	-	-	-	-	-	-									
			HR Cost Per £100m Turnover	£000	2018/19	686.9k	767.49	1270	388.35	910.7	767.5k	794.9k	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.7	-	-	-	-	-	-								
			Estates & Facilities Cost (£ per m2)	£	2018/19	-	£360	£366	£494	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Finance			Procurement League Table: Process Efficiency and Price Performance Score (scaled 0 to 100)	No	Q2 2019/20	54	58	43	50	57	57	74	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	74	-	-	-	-	-	-									
			Capital Service Capacity - Value	No	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20	-	-	-	-	-	-									
			Liquidity (Days) - Value	No	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-518	-	-	-	-	-	-									
			Distance From Agency Spend Cap - Value	%	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	70.5	-	-	-	-	-	-									
			Income and Expenditure (I & E) Margin - Value	%	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0	-	-	-	-	-	-									
		Distance Form Financial Plan - Value	%	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.6	-	-	-	-	-	-										

Benchmark:

Quality Account Peer Group :

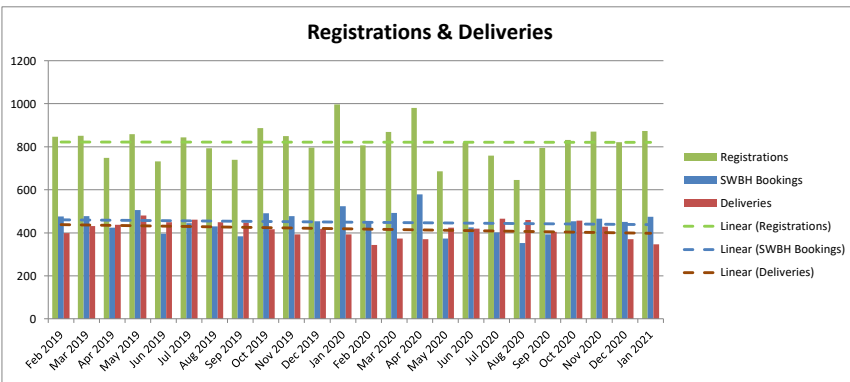
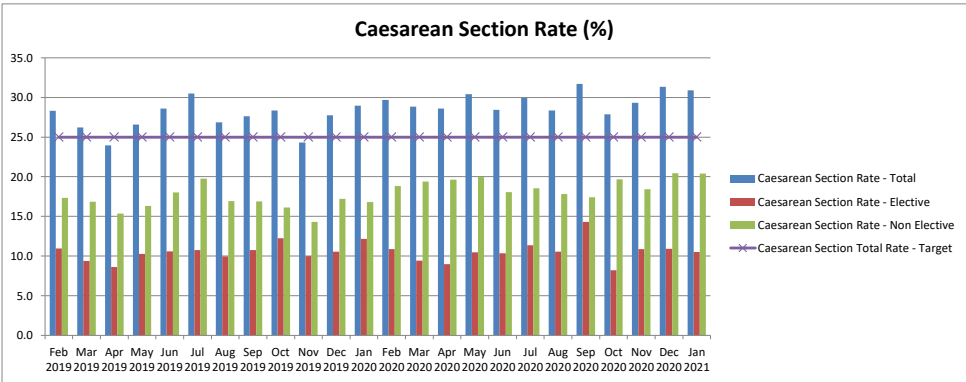
- Bradford Teaching NHS Foundation Trust (BTH)
- Kings College Hospital NHS Foundation Trust (KCH)
- Royal Liverpool & Broadgreen University NHS Foundation Trust (RLBUH)
- The Royal Wolverhampton NHS Trust (RWH)
- University Hospital Bristol NHS Foundation Trust (UH Bristol)
- Worcestershire Acute Hospital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

STP FootPrint Peer Group:

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

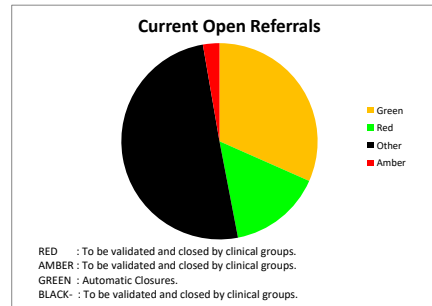
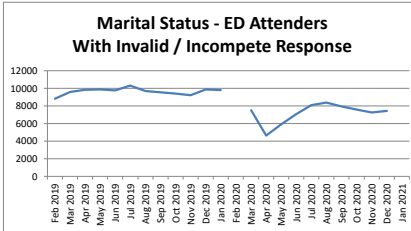
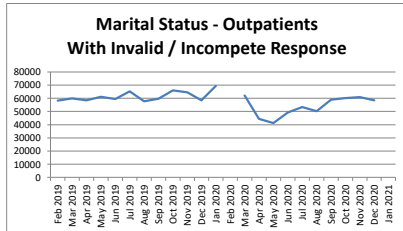
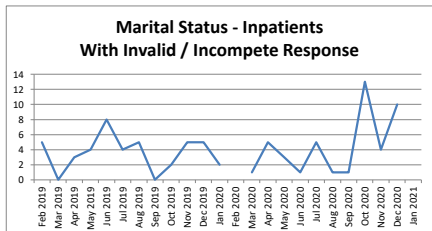
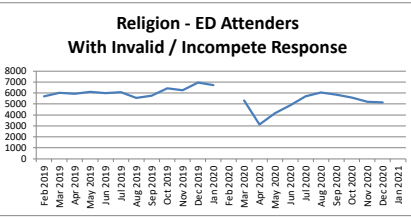
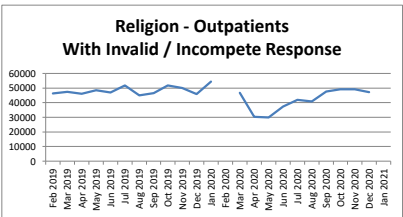
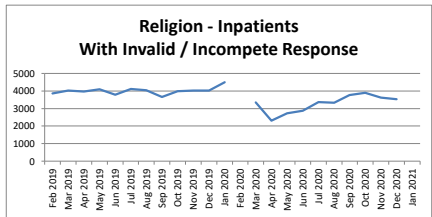
Patient Safety - Obstetrics

Data Quality	Last review	PAF	Indicator	Measure	Trajectory		Previous Months Trend (since Aug 2019)														Data Period	Month	Year To Date	Trend				
					2016-2017	Year	Month	A	S	O	N	D	J	F	M	A	M	J	J	A					S	O	N	D
			Caesarean Section Rate - Total	<= %	25.0	25.0	26.9	27.6	28.4	24.3	27.8	28.9	29.7	28.8	28.6	30.4	28.4	29.9	28.4	31.7	27.9	29.3	31.3	30.9	Jan 2021	30.9	29.6	
		●	Caesarean Section Rate - Elective	<= %			10	11	12	10	11	12	11	9	9	10	10	11	11	14	8	11	11	10	Jan 2021	10.5	10.6	
		●	Caesarean Section Rate - Non Elective	<= %			17	17	16	14	17	17	19	19	20	20	18	19	18	17	20	18	20	20	Jan 2021	20.4	19.0	
		● d	Maternal Deaths	<= No	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	Jan 2021	0	3	
			Post Partum Haemorrhage (>2000ml)	<= No	48	4	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jan 2021	3	36		
			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jan 2021	7.21	5.59		
			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0	8.93	2.24	7.19	7.63	7.18	7.65	0.00	5.36	8.09	11.79	16.67	12.88	4.35	4.94	8.75	2.33	13.51	Jan 2021	11.53	9.40		
	Apr-19		Stillbirth Rate (Corrected) (per 1000 babies)	Rate1			8.93	2.24	4.80	2.54	4.78	5.10	0.00	2.68	2.70	9.43	11.90	6.44	4.35	4.94	8.75	2.33	10.81	Jan 2021	8.65	6.99		
	Apr-19		Neonatal Death Rate (Corrected) (per 1000 babies)	Rate1			0.00	0.00	2.40	5.09	2.39	2.55	0.00	2.68	5.39	2.36	4.76	6.44	0.00	0.00	0.00	2.33	2.70	Jan 2021	2.91	2.65		
			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	85.0	85.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jan 2021	94.3	92.6		
			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jan 2021	191.6	144.9		
			Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	Jan 2021	83.67	83.25		
	Apr-19	●	Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %			0.8	0.3	0.3	1.2	0.5	1.1	0.0	0.3	1.9	1.6	1.8	1.7	2.1	0.6	1.0	1.3	Jan 2021	0.43	1.26			
	Apr-19	●	Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%) -	<= %			0.8	0.3	0.3	1.2	0.5	0.8	0.0	0.3	0.4	0.8	1.3	1.1	1.8	0.6	1.0	1.3	Jan 2021	0.43	0.96			
	Apr-19	●	Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%) -	<= %			0.0	0.0	0.0	0.3	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.8	1.0	Jan 2021	0.43	0.38			



Data Completeness

Data Quality	Last review	PAF	Indicator	Measure	Trajectory		Previous Months Trend (since Aug 2019)													Data Period	Group							Month	Year To Date	Trend								
					Year	Month	A	S	O	N	D	J	F	M	A	M	J	J	A		S	O	N	D	J	M	SS				W	P	I	PCCT	CO			
			Data Completeness Community Services	=> %	50.0	50.0		Nov 2020										61.2																				
			Percentage SUS Records for AE with valid entries in mandatory fields - <i>provided by HSCIC</i>	=> %	99.0	99.0		Nov 2020																														
			Percentage SUS Records for IP care with valid entries in mandatory fields - <i>provided by HSCIC</i>	=> %	99.0	99.0		Nov 2020																														
			Percentage SUS Records for OP care with valid entries in mandatory fields - <i>provided by HSCIC</i>	=> %	99.0	99.0		Nov 2020																														
			Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS	=> %	99.0	99.0	97.9	96.8	97.2	96.2	95.1	95.7	99.0	97.1	95.5	98.4	98.6	96.2	-	98.3	96.5	99.4	99.5	-	Dec 2020													
			Completion of Valid NHS Number Field in acute (outpatient) data set submissions to SUS	=> %	99.0	99.0	99.5	99.6	99.6	99.6	99.6	99.5	99.7	99.5	99.6	99.4	99.4	99.5	-	99.7	99.8	99.8	99.9	-	Dec 2020													
			Completion of Valid NHS Number Field in A&E data set submissions to SUS	=> %	95.0	95.0	97.2	92.6	92.7	84.4	84.2	86.0	85.6	88.4	90.3	89.9	90.2	90.2	-	91.2	92.0	93.2	93.3	-	Dec 2020													
			Ethnicity Coding - percentage of inpatients with recorded response	=> %	90.0	90.0		Dec 2020																														
			Ethnicity Coding - percentage of outpatients with recorded response	=> %	90.0	90.0		Dec 2020																														
			Protected Characteristic - Religion - INPATIENTS with recorded response	%			66.8	67.7	65.7	65.9	65.3	62.9	-	64.5	65.5	63.4	65.0	63.6	63.8	62.1	61.1	60.6	60.3	-	Dec 2020													
			Protected Characteristic - Religion - OUTPATIENTS with recorded response	%			51.1	50.6	50.3	50.9	50.3	50.0	-	51.2	55.9	52.5	50.1	48.1	46.5	46.9	46.3	46.5	46.3	-	Dec 2020													
			Protected Characteristic - Religion - ED patients with recorded response	%			64.6	63.7	59.2	59.1	57.0	57.7	-	55.5	55.1	55.3	56.2	55.3	55.0	54.8	54.7	55.2	55.9	-	Dec 2020													
			Protected Characteristic - Marital Status - INPATIENTS with recorded response	%			100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	99.9	100.0	100.0	99.9	100.0	100.0	99.9	100.0	99.9	-	Dec 2020													
			Protected Characteristic - Marital Status - OUTPATIENTS with recorded response	%			37.3	36.8	36.7	36.5	36.5	36.4	-	35.1	35.5	34.4	34.4	34.1	34.3	34.3	34.4	33.6	33.5	-	Dec 2020													
			Protected Characteristic - Marital Status - ED patients with recorded response	%			38.4	40.1	40.5	39.8	39.1	38.3	-	37.2	33.6	36.5	36.3	36.5	37.7	38.6	38.4	37.6	36.2	-	Dec 2020													
			Maternity - Percentage of invalid fields completed in SUS submission	<= %	15.0	15.0		Dec 2020																														
			Open Referrals	No			219,389	210,947	219,037	219,645	216,909	216,936	217,529	219,194	207,500	206,550	206,748	209,022	211,836	213,760	215,688	218,431	220,048	226,246	Jan 2021	61,395	106,058	25,371	-	761	34,751	228,246						
			Open Referrals without Future Activity/ Waiting List: Requiring Validation	No			53,080	46,955	37,194	36,676	38,647	38,623	38,104	38,197	32,736	35,780	35,532	36,552	36,380	37,027	38,053	38,654	38,661	40,239	Jan 2021	15,242	5,515	-	-	463	4,080	40,339						



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 7
●	As assessed by Executive Director
●	As assessed by Executive Director
●	Awaiting assessment by Executive Director

Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	20/21 Year to Date	Directorates			
			Year	Month	EC	AC A	AC B																				
Caring	Mixed Sex Accommodation - Breaches (Patients)	No	0	0	0	9	-	-	-	-	401	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	No. of Complaints Received (formal and link)	No	-	-	24	21	37	31	29	40	36	32	14	19	32	52	34	37	37	44	43	41	353	23	18	0	
	No. of Active Complaints in the System (formal and link)	No	-	-	48	47	54	50	50	58	68	59	49	51	54	52	61	89	121	157	67	162	-	72	90	0	
	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	1.59	1.41	2.15	1.78	1.62	2.17	2.17	1.81	1.02	1.56	2.58	1.98	2.75	2.87	2.21	2.77	2.62	1.91	2.24	-	-	-	
	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	4.01	4.32	7.48	6.18	6.08	7.50	7.68	6.37	3.49	4.38	7.42	5.52	8.27	8.99	8.19	10.55	9.60	7.70	7.46	-	-	-	
	No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	2.8	0.0	100.0	100.0	100.0	100.0	76.7	-	-	-	
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	6.1	0.0	13.3	0.0	4.2	0.0	0.0	16.2	13.8	6.3	3.6	6.3	0.0	11.8	50.0	2.5	94.7	66.7	17.8	-	-	-	
	No. of responses sent out	No	-	-	32	28	30	34	24	31	28	37	29	16	28	32	25	17	8	7	38	33	233	-	-	-	
Responsive	Emergency Care Attendances (Including Mailing)	No	-	-	16413	16783	17602	16885	18288	17355	16335	12630	6641	9204	11457	13175	14143	13675	12971	12336	12033	11168	116803	5316	5852	-	
	Emergency Care 4-hour waits	%	95	95	80.3	72.5	70.8	69.6	70.8	71.5	73.1	78.3	86.9	91.0	89.4	85.5	84.2	79.4	78.2	78.1	77.2	67.0	81.3	62.4	71.1	-	
	Emergency Care 4-hour breach (numbers)	No	-	-	2549	2032	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Emergency Care Trolley Waits >12 hours	No	0	0	0	2	2	1	1	0	0	0	1	0	0	0	0	0	3	2	3	23	32	16	7	-	
	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	No	-	-	14	18	29	24	29	24	27	26	20	19	18	20	22	28	31	29	32	92	30	-	-	-	
	Emergency Care Timeliness - Time to Treatment in Department (median)	No	-	-	52	64	78	84	86	82	76	44	16	17	24	34	39	45	36	37	36	40	33	-	-	-	
	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	%	5	5	5.9	7.4	7.9	8.0	7.8	8.1	7.7	8.8	8.9	9.2	7.5	8.6	8.4	7.3	7.9	7.1	7.1	7.6	7.9	7.2	7.9	-	
	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	%	5	5	6.7	9.5	10.7	10.5	10.1	8.4	8.1	5.8	3.0	2.7	3.2	4.7	5.0	5.1	4.1	3.7	3.6	4.0	4.0	4.1	3.9	-	
	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	No	0	0	162	238	251	228	279	199	242	380	234	172	77	183	172	161	267	186	245	415	2112	287	128	-	
	WMAS - Finable Handovers (emergency conveyances) >60 mins (number)	No	0	0	9	33	16	9	12	9	32	42	8	1	0	0	3	9	43	31	49	381	525	245	136	-	
	WMAS - Handover Delays > 60 mins (% all emergency conveyances)	%	0.02	0.02	0.2	0.7	0.3	0.2	0.2	0.2	0.7	0.9	0.3	0.0	-	0.0	0.1	0.2	1.0	0.8	1.1	8.4	1.5	10.3	6.3	-	
	WMAS - Emergency Conveyances (total)	No	-	-	4486	4484	4656	4721	4887	4848	4522	4588	3069	3282	3039	3951	4209	4065	4323	4106	4278	4544	38866	2369	2175	-	
	No. of Sitrep Declared Late Cancellations - Total	No	0	0	0	5	3	12	5	14	5	3	0	2	9	7	0	7	10	-	-	0	46	0	0	0	
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	0	0	2	0	0	0	0	0	0	0	0	0	-	2	0	-	-	0	2	0	0	0	
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	0	5	1	12	5	14	5	3	0	2	9	7	-	5	10	-	-	0	43	0	0	0	
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	-	0.6	0.2	1.5	0.6	1.6	0.6	0.4	-	0.3	1.5	1.0	-	1.0	1.9	1.1	0.9	-	-	-	-	-	
	Number of 28 day breaches	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	0	0	0	0	0	
	No. of second or subsequent urgent operations cancelled	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	0	0	-	-	-	
	Urgent Cancellations	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	0	1	0	0	0	
	No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	No	0	0	0	0	0	1	1	1	3	0	0	0	1	0	1	0	-	-	0	0	3	0	0	0	
	Multiple Hospital Cancellations experienced by same patient (all cancellations)	No	0	0	2	7	6	9	6	11	8	20	5	7	5	5	3	2	6	6	2	11	52	-	-	-	
	All Hospital Cancellations, with 7 or less days notice	No	0	0	14	24	39	69	98	93	41	66	25	27	42	23	26	23	29	27	11	35	268	-	-	-	
	2 weeks	%	93	93	92.8	97.3	92.2	93.5	98.5	98.3	98.5	98.1	88.3	57.5	79.6	86.9	74.5	69.5	97.2	96.3	98.6	-	-	-	100.0	98.3	
	31 Day (diagnosis to treatment)	%	96	96	100.0	100.0	100.0	96.9	100.0	95.1	97.1	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	-	100.0	100.0	

Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	20/21 Year to Date	Directorates			
			Year	Month	EC	AC A	AC B																				
	62 Day (urgent GP referral to treatment) Excl Rare Cancers	%	85	85	84.3	90.5	81.1	94.7	78.1	78.1	88.5	96.0	72.7	60.0	64.7	70.6	100.0	69.6	68.0	46.2	72.7	-	-	-	100.0	57.1	
	62 Day (urgent GP referral to treatment) - Inc Rare Cancers	%	85	85	84.9	90.5	81.1	94.7	78.1	78.1	88.5	96.0	72.7	60.0	64.7	70.6	100.0	69.6	68.0	46.2	76.9	-	-	-	-	100.0	57.1
	62 Day (referral to treat from screening)	%	90	90	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	62 Day (referral to treat from hosp specialist)	%	90	90	73.2	86.7	73.1	76.7	80.0	82.0	65.2	78.9	92.3	60.0	75.0	80.0	84.6	81.5	57.6	68.4	42.9	-	70.4	-	-	-	-
	Cancer = Patients Waiting Over 62 days for treatment	No	-	-	4	2	4	1	4	4	2	1	-	4	3	3	0	4	4	4	2	-	22	-	0	2	-
	Cancer - Patients Waiting Over 104 days for treatment	No	-	-	2	2	1	1	3	3	1	0	-	0	1	2	0	3	1	2	1	-	8	-	0	1	-
	Neutropenia Sepsis - Door to Needle Time > 1hr	No	0	0	4	6	6	9	15	7	11	5	4	3	2	1	1	2	3	5	3	3	27	-	3	0	-
	RTT - Admitted Care (18-weeks)	%	90	90	90.5	87.5	89.1	84.4	87.2	81.1	83.9	88.9	83.3	100.0	81.3	58.6	77.0	86.2	84.5	86.1	89.5	92.5	-	-	92.0	100.0	-
	RTT - Non Admitted Care (18-weeks)	%	95	95	82.4	80.2	68.7	72.4	68.2	67.8	73.7	77.7	67.2	64.8	57.8	52.1	55.6	57.1	60.6	63.8	71.2	61.7	-	-	75.3	54.4	-
	RTT - Incomplete Pathway (18-weeks)	%	92	92	93.6	92.7	93.3	92.0	91.9	91.8	90.5	85.8	76.1	64.4	54.7	52.5	59.1	63.9	71.7	74.9	76.8	80.9	-	-	89.3	76.2	-
	RTT Waiting List - Incomplete	No	-	-	7041	7147	7231	6977	7163	7328	7293	7261	6858	6660	6501	6289	6113	5457	5446	5390	5182	4849	65603	0	1731	3118	-
	RTT - Backlog	No	-	-	451	525	483	559	579	601	695	1034	1639	2372	2944	2989	2501	1969	1542	1355	1203	928	-	0	185	743	-
	Patients Waiting >52 weeks (All Pathways)	No	0	0	7	0	0	0	0	0	0	0	0	0	0	1	1	34	46	28	34	78	-	0	45	33	-
	Patients Waiting >52 weeks (Incomplete)	No	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	31	17	17	9	23	-	0	7	16	-
	Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	No	0	0	5	7	6	9	7	7	7	10	10	8	11	12	12	11	10	10	10	9	-	0	5	4	-
	Treatment Functions Underperforming (Incomplete)	No	0	0	1	2	1	2	2	1	2	3	4	4	5	6	6	4	4	3	3	4	-	0	2	2	-
	RTT Clearance Time (Wks)	Ratio	-	-	21.0	20.8	17.2	17.5	22.7	-	17.1	-	35.0	35.2	-	20.4	-	13.4	15.6	16.4	-	17.3	20.9	-	16.5	17.8	-
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	1.5	0.9	1.2	0.3	2.4	0.4	0.0	8.3	53.9	63.8	40.9	45.7	43.0	32.3	23.5	18.6	14.8	13.4	-	-	-	-	-
	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	59	19	18	25	42	29	54	33	-	253	51	112	133	246	246	140	73	55	1309	-	-	-	-
	Cancer - Longest wait for treatment (days) - GROUP	No	-	-	147	83	141	149	145	133	156	79	-	91	173	134	62	210	130	165	104	-	-	-	55	104	-
Active	Mortality Reviews within 42 working days	%	90	90	76.2	79.0	78.3	74.1	81.1	73.5	74.3	71.4	75.3	61.9	80.5	85.9	93.3	95.7	92.4	93.5	-	-	-	95.0	85.7	91.8	-
	Deaths In the Group	No	-	-	106	100	122	114	125	147	109	-	319	141	110	86	89	93	132	199	158	-	1327	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	12.9	12.6	13.3	14.1	13.3	13.8	13.9	13.7	14.9	12.8	11.9	13.3	14.5	13.3	13.2	12.5	13.4	-	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	12.4	12.5	12.7	12.9	12.9	13.0	13.0	13.1	13.3	13.4	13.4	13.4	13.5	13.6	13.6	13.4	13.4	-	13.4	-	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	4.0	3.7	3.9	4.5	3.8	3.9	3.8	4.5	5.5	4.7	4.3	5.3	6.0	6.5	6.4	6.4	6.8	-	5.8	-	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	4.0	4.0	4.1	4.1	4.0	3.9	3.9	3.8	4.0	4.1	4.2	4.3	4.4	4.7	4.9	5.1	5.3	-	4.5	-	-	-	-
	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	101	128	132	128	130	128	144	129	45	38	40	39	32	46	53	69	64	63	469	24	20	15	-
	21+ Days Long Stay Rate - NHSI	%	-	-	22.5	23.6	22.0	21.9	22.1	20.1	22.4	25.3	11.8	15.6	10.3	9.1	4.5	10.8	7.4	8.8	12.0	12.1	10.1	5.1	15.1	10.2	-
	Estimated Beds - 21+ Days - NHSI	No	-	-	114	104	109	112	115	109	115	129	31	37	25	23	10	30	22	28	43	76	300	12	7	13	-
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	35.0	36.3	44.9	40.2	49.0	38.0	38.1	39.5	61.6	68.8	68.1	68.0	73.5	66.5	68.3	67.3	79.1	92.2	74.7	100.0	46.0	67.7	-
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	599	584	1017	998	1078	1065	2011	1921	3644	1318	1432	1471	1423	1722	1528	1667	2246	8433	24884	7352	283	798	-
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	61.2	67.5	79.4	79.3	76.8	53.7	57.8	44.9	37.1	96.8	84.8	95.7	92.9	85.2	61.9	64.0	51.9	54.5	70.3	80.0	53.7	50.0	-

Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	20/21 Year to Date	Directorates			
			Year	Month	EC	AC A	AC B																				
Effectiveness	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	224	281	408	376	268	187	338	262	112	91	140	202	196	202	130	119	97	78	1367	4	73	1	
	20WD: Pts spending >90% stay on Acute Stroke Unit	%	90	90	98.3	-	-	-	-	-	-	93.7	-	-	86.7	-	87.5	-	85.0	89.3	88.5	-	88.4	-	-	88.5	
	20WD: Pts admitted to Acute Stroke Unit within 4 hrs	%	80	80	80.0	-	-	-	-	-	-	78.7	-	-	84.4	-	81.8	-	66.7	69.1	50.9	-	73.5	-	-	50.9	
	20WD: Pts receiving CT Scan within 1 hr of presentation	%	50	50	73.9	-	-	-	-	-	-	-	-	-	87.5	-	89.1	-	83.6	86.2	86.7	-	85.6	-	-	86.7	
	20WD: Pts receiving CT Scan within 24 hrs of presentation	%	95	95	100.0	-	-	-	-	-	-	-	-	-	100.0	-	100.0	-	98.4	100.0	100.0	-	99.4	-	-	100.0	
	20WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	%	85	85	60.0	-	-	-	-	-	-	50.0	-	-	50.0	-	50.0	-	80.0	100.0	83.3	-	74.5	-	-	83.3	
	20WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	%	-	-	73.3	68.2	65.4	88.2	80.0	65.2	83.3	80.0	-	-	92.3	-	100.0	-	-	-	-	-	86.1	-	-	100.0	
	20WD: TIA (Low Risk) Treatment <7 days from receipt of referral	%	-	-	84.2	90.0	88.0	61.1	61.9	61.1	76.2	67.6	-	-	100.0	-	-	-	-	-	-	-	91.3	-	-	100.0	
	20WD : TIA Treatment <24 Hours from receipt of referral	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0	-	82.6	100.0	100.0	-	93.0	-	100.0	-	
	Primary Angioplasty (Door To Balloon Time 90 mins)	%	80	80	100.0	77.8	100.0	95.7	91.7	94.1	91.7	71.4	33.3	100.0	100.0	100.0	100.0	88.9	81.8	87.5	85.7	-	89.6	-	85.7	-	
	Primary Angioplasty (Call To Balloon Time 150 mins)	%	80	80	90.9	66.7	100.0	89.5	81.8	88.2	91.7	50.0	33.3	80.0	100.0	75.0	100.0	88.9	88.9	87.5	64.3	-	82.7	-	64.3	-	
	Rapid Access Chest Pain - seen within 14 days	%	98	98	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	100.0	-	
Well Led	PDRs - 12 month rolling	%	95	95	-	48.3	51.6	-	-	-	-	-	-	-	-	-	-	87.8	-	-	-	-	-	-	85.9	90.2	88.0
	Medical Appraisal	%	90	90	93.5	97.4	94.1	94.0	93.7	94.3	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	94.6	93.9	91.4	-	97.9	90.3	93.9	91.7	
	Sickness Absence (Rolling 12 Months)	%	3	3	5.4	5.3	5.4	5.4	5.2	5.1	5.1	5.3	6.0	6.2	6.3	6.3	6.4	6.5	6.7	6.9	7.0	7.2	6.6	6.4	7.6	7.8	
	Sickness Absence (Monthly)	%	3	3	4.7	5.2	5.9	6.1	5.4	5.5	5.5	8.3	11.7	7.8	5.9	5.6	5.8	6.7	7.1	8.4	6.8	7.9	7.4	8.1	6.6	8.7	
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	-	29	35	43	43	37	22	37	46	55	42	38	45	41	48	56	51	39	461	12	10	17	
	Sickness Absence - Short Term (Monthly)	No	-	-	142	177	209	176	183	195	188	299	338	175	162	191	166	201	221	201	171	256	2247	126	47	83	
	Ward Sickness Absence (Monthly)	%	3	3	6.1	7.0	7.6	8.1	6.4	7.6	7.9	11.6	14.2	9.4	7.3	7.3	7.9	9.1	8.7	12.1	9.3	11.7	9.9	10.8	11.7	12.5	
	Mandatory Training - Health & Safety (% staff)	%	95	95	76.2	77.3	79.8	81.6	84.0	85.0	88.1	91.7	91.8	96.2	95.5	97.0	95.1	94.7	96.0	96.3	96.0	95.7	95.4	-	-	-	
	Staff at 100% compliance with mandatory training	%	-	-	44.0	56.6	58.0	63.6	64.6	38.4	57.3	61.7	61.2	72.3	86.5	82.9	81.6	75.9	72.0	70.9	66.5	59.2	72.9	-	-	-	
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	26.8	17.6	18.0	14.7	13.9	25.4	18.7	20.8	22.1	17.4	8.3	10.3	11.4	14.4	16.8	17.9	18.8	22.2	16.0	-	-	-	
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	10.9	7.4	6.7	5.7	6.3	13.9	8.2	7.1	6.5	4.4	1.9	3.0	3.3	4.2	5.1	5.8	7.6	9.4	5.1	-	-	-	
	Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	22.4	15.8	10.4	10.2	6.0	3.4	3.8	3.7	5.4	6.1	5.4	7.0	9.2	6.0	-	-	-	
	Nursing Vacancy Rate (Qualified)	%	11	11	15.5	13.7	14.3	14.1	15.3	12.8	11.9	11.9	11.7	14.5	14.1	11.6	9.7	10.8	12.7	12.5	13.1	12.8	12.4	-	-	-	
New Starters Complete Onboarding Process	%	100	100	88.2	95.2	100.0	100.0	100.0	100.0	100.0	94.7	100.0	100.0	100.0	100.0	100.0	77.4	100.0	100.0	-	100.0	94.4	-	-	-		
Patient Admin	Open Referrals	No	-	-	52647	51785	52607	52552	54131	55024	55223	53611	50679	50502	50369	51104	51936	51949	52368	52741	53540	61305	-	21456	21912	17937	
	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No	-	-	20501	19410	16093	15603	16166	16654	16294	14829	12044	13757	14228	14244	13873	14160	14417	14818	14857	15243	-	7662	4949	2632	

Surgical Services Group

CQC Domain	Indicator	Measure	Standard		Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	20/21 Year to Date	Directorate					
			Year	Month	GS	SS	TH	APCC	O																				
Safe	C. Difficile (Post 48 hours)	No	7	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MRSA Bacteraemia (Post 48 hours)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	0	0	0	0
	MRSA Screening - Elective	%	95	95	80.5	82.4	81.9	81.3	81.6	79.3	83.1	78.7	83.3	83.2	86.6	84.2	80.5	81.7	80.2	80.0	72.4	74.3	-	73.9	73.7	-	-	76.5	
	MRSA Screening - Non Elective	%	95	95	85.3	81.7	81.8	81.7	79.3	84.2	85.3	82.3	85.9	88.4	89.2	91.1	93.9	92.1	91.4	92.3	91.7	86.1	90.5	86.4	83.6	-	0.0	96.6	
	Number of DOLS raised	No	-	-	9	8	8	8	7	13	9	9	10	16	14	12	6	13	13	12	14	9	119	9	0	0	0	0	
	Number of DOLS which are 7 day urgent	No	-	-	9	8	8	8	7	13	9	9	10	16	14	12	6	13	13	12	14	9	119	9	0	0	0	0	
	Number of delays with LA in assessing for standard DOLS application	No	-	-	1	2	0	0	0	2	0	0	1	2	1	1	1	2	1	0	3	0	12	0	0	0	0	0	
	Number DOLS rolled over from previous month	No	-	-	0	0	0	0	1	0	1	6	2	2	4	1	1	1	1	3	2	2	19	2	0	0	0	0	
	Number patients discharged prior to LA assessment targets	No	-	-	7	5	6	4	5	9	6	12	9	10	15	10	4	10	9	13	11	8	99	8	0	0	0	0	
	Number of DOLS applications the LA disagreed with	No	-	-	0	0	0	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3	0	0	4	0	0	0	0	0	
	Falls	No	-	-	9	16	-	11	13	20	8	16	20	12	8	8	12	7	5	12	23	12	119	5	6	-	-	-	
	Falls - Death or Severe Harm	No	0	0	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	8	8	7	4	6	13	9	7	16	5	7	2	5	9	7	9	13	16	89	-	8	-	8	-	
	Venous Thromboembolism (VTE) Assessments	%	95	95	97.0	97.6	97.5	-	95.1	98.0	96.2	96.0	91.9	92.4	95.4	96.8	93.6	94.4	93.7	97.2	96.1	92.8	-	91.0	96.2	-	100.0	91.6	
	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	%	100	100	100.0	-	100.0	100.0	100.0	99.9	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	99.9	-	-	99.7	100.0	100.0	100.0	100.0		
	WHO Safer Surgery - brief(% lists where complete)	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	99.5	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	-	100.0	100.0	-	100.0	
	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	%	100	100	99.5	100.0	99.6	100.0	98.3	100.0	100.0	99.0	100.0	100.0	100.0	100.0	97.7	100.0	98.2	99.2	100.0	-	-	-	100.0	100.0	-	100.0	
	Never Events	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	
	Medication Errors causing serious harm	No	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Serious Incidents	No	0	0	0	1	4	0	0	0	1	0	0	0	2	0	1	1	1	1	0	1	7	0	0	0	0	1	
	Sepsis - Screened (as % Of Screening Required)	%	100	100	-	-	-	-	-	-	-	-	-	-	-	97.8	99.3	99.3	99.5	99.4	98.9	98.0	98.5	-	-	-	-	-	
	Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	18.6	19.2	18.7	17.5	27.1	22.0	20.3	20.4	-	-	-	-	-	
	Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	81.0	84.7	90.4	82.6	87.3	83.8	90.5	83.7	-	-	-	-	-	
	Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	-	-	-	-	-	69.1	58.3	75.5	78.9	75.2	80.7	79.9	74.1	-	-	-	-	-	
	Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

Surgical Services Group

CQC Domain	Indicator	Measure	Standard		Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	20/21 Year to Date	Directorate														
			Year	Month																					GS	SS	TH	APCC	O									
Caring	Mixed Sex Accommodation - Breaches (Patients)	No	0	0	7	7	-	-	-	-	57	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	No. of Complaints Received (formal and link)	No	-	-	15	22	42	28	19	26	32	25	12	9	19	43	8	19	27	21	30	16	204	5	5	0	2	4										
	No. of Active Complaints in the System (formal and link)	No	-	-	26	33	41	32	19	30	41	28	27	28	34	43	29	43	64	78	0	74	-	26	15	2	5	26										
	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	2.34	4.16	8.16	4.99	3.59	4.52	6.16	5.17	4.34	2.77	5.81	5.67	2.08	4.33	5.33	5.24	7.29	4.65	4.81	-	-	-	-	-										
	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	3.58	6.92	12.83	7.66	6.31	6.89	11.23	9.30	15.87	8.74	14.42	10.00	3.50	7.55	9.56	9.70	14.74	11.55	9.88	-	-	-	-	-										
	No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	22.2	10.5	40.9	87.5	31.6	37.0	14.3	13.3	12.5	31.2	-	-	-	-	-										
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	8.0	0.0	0.0	0.0	0.0	0.0	4.0	7.4	4.3	50.0	26.7	11.8	35.7	100.0	0.0	25.0	39.1	12.0	25.6	-	-	-	-	-										
	No. of responses sent out	No	-	-	22	16	29	34	28	22	24	28	23	6	15	17	20	6	4	10	23	25	149	-	-	-	-	-										
Responsive	Emergency Care Attendances (Including Mailing)	No	-	-	1244	1190	843	983	1042	1122	1032	762	522	624	758	890	956	873	862	899	729	719	-	-	-	-	-											
	Emergency Care 4-hour breach (numbers)	No	-	-	144	165	88	72	41	48	21	23	3	2	15	32	47	45	55	44	36	39	318	0	0	0	0	39										
	Emergency Care Trolley Waits >12 hours	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-											
	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	No	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-										
	Emergency Care Timeliness - Time to Treatment in Department (median)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-										
	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	%	5	5	2.2	6.3	5.2	7.2	9.9	8.3	4.1	7.3	5.6	5.6	7.0	5.0	6.2	4.6	5.0	5.6	6.6	5.6	-	-	-	-	-											
	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	%	5	5	3.7	3.5	6.4	5.9	0.7	2.1	2.7	1.4	0.6	0.8	2.4	2.3	2.2	1.5	2.4	2.6	2.2	1.7	-	-	-	-	-											
	Hip Fractures Best Practice Tariff (Operation < 36 hours of admissions)	%	85	85	87.9	79.2	88.5	78.6	67.5	75.0	87.9	61.5	84.0	90.0	60.0	53.1	70.8	80.0	78.9	85.0	87.0	88.9	76.4	-	88.9	-	-	-										
	No. of Sitrep Declared Late Cancellations - Total	No	0	0	27	42	55	32	54	35	40	21	0	1	4	10	15	22	23	-	-	4	106	4	0	0	0	0										
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	16	32	38	29	40	25	15	10	0	1	2	8	-	11	16	-	-	4	71	4	0	0	0	0										
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	11	10	17	3	14	10	25	11	0	0	2	2	-	11	7	-	-	0	35	0	0	0	0	0										
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	1.2	1.8	2.3	1.3	2.4	1.4	2.0	1.5	0.0	0.3	0.8	0.8	1.1	1.3	1.4	0.9	1.3	0.7	-	1.9	-	-	-	-										
	Number of 28 day breaches	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	-	-	1	13	0	0	0	0	1										
	No. of second or subsequent urgent operations cancelled	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	0	0	-	-	-	-	-										
	Urgent Cancellations	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	-	-	0	1	0	0	0	0	0										
	No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	No	0	0	0	1	2	0	0	0	1	1	0	0	0	0	0	0	1	-	-	0	1	0	0	0	0	0										
	Multiple Hospital Cancellations experienced by same patient (all cancellations)	No	0	0	61	64	91	76	54	56	97	295	10	7	28	34	41	61	96	120	34	36	467	-	-	-	-	-										
	All Hospital Cancellations, with 7 or less days notice	No	0	0	166	293	289	280	230	221	484	769	25	20	71	93	155	173	263	355	138	192	1485	-	-	-	-	-										
	2 weeks	%	93	93	98.5	97.6	97.3	98.3	99.0	97.8	99.0	98.4	94.6	98.3	97.7	95.7	94.4	97.1	93.5	86.4	84.2	-	-	84.2	-	-	-	-										
	2 weeks (Breast Symptomatic)	%	93	93	95.8	98.0	100.0	95.7	98.1	95.5	100.0	98.2	96.2	97.1	94.1	100.0	100.0	96.6	94.4	86.4	80.9	-	91.2	80.9	-	-	-	-										
31 Day (diagnosis to treatment)	%	96	96	95.9	94.6	100.0	95.8	98.5	98.8	96.6	98.0	95.7	88.2	100.0	93.0	93.0	96.1	89.8	95.9	95.0	-	-	95.0	-	-	-	-											
62 Day (urgent GP referral to treatment) Excl Rare Cancers	%	85	85	84.9	89.2	86.4	90.8	84.8	83.1	92.3	92.0	71.2	56.3	73.2	74.2	78.8	72.8	76.9	79.2	78.5	-	-	78.5	-	-	-	-											
62 Day (urgent GP referral to treatment) - Inc Rare Cancers	%	85	85	84.9	89.4	86.4	91.3	85.2	82.2	92.6	92.0	71.2	58.8	74.4	75.0	79.2	73.8	76.9	79.2	79.7	-	-	79.7	-	-	-	-											
62 Day (referral to treat from screening)	%	90	90	100.0	96.9	93.2	94.6	89.7	91.1	100.0	94.5	83.9	33.3	100.0	75.0	83.3	87.5	88.9	87.5	94.1	-	84.8	-	-	-	-												
62 Day (referral to treat from hosp specialist)	%	90	90	87.9	84.4	85.7	86.4	88.2	96.3	95.7	94.7	100.0	94.1	100.0	100.0	100.0	100.0	96.2	95.5	95.0	-	97.5	-	-	-	-												

Surgical Services Group

CQC Domain	Indicator	Measure	Standard		Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	20/21 Year to Date	Directorate								
			Year	Month	2019	2019	2019	2019	2019	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020		2021	GS	SS	TH	APCC	O			
CQC Domain	Cancer = Patients Waiting Over 62 days for treatment	No	-	-	6	5	4	4	6	6	2	4	-	7	6	8	6	14	8	10	7	-	65	7	-	0	-	-				
	Cancer - Patients Waiting Over 104 days for treatment	No	-	-	3	1	1	4	3	4	0	1	-	3	4	5	1	5	3	5	4	-	28	4	-	0	-	-				
	Neutropenia Sepsis - Door to Needle Time > 1hr	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	-	0	-	-
	RTT - Admitted Care (18-weeks)	%	90	90	75.8	76.4	78.8	79.2	80.0	80.3	78.7	81.5	94.2	85.5	72.2	58.1	49.2	57.9	56.1	62.3	67.1	76.8	-	76.8	100.0	-	-	75.9				
	RTT - Non Admitted Care (18-weeks)	%	95	95	90.9	92.8	92.1	92.3	93.1	92.7	93.4	94.2	92.7	95.4	89.7	85.2	85.5	85.4	86.5	87.9	87.5	90.0	-	84.1	93.9	-	-	92.3				
	RTT - Incomplete Pathway (18-weeks)	%	92	92	90.5	90.8	90.5	90.6	90.9	91.8	92.0	90.1	82.1	71.7	57.0	51.2	60.3	67.9	72.4	74.8	74.1	70.0	-	66.2	67.0	-	-	76.9				
	RTT Waiting List - Incomplete	No	-	-	18046	18121	17767	16706	16248	16860	17180	16659	15170	15184	16062	17224	17863	18127	18542	19392	20022	20174	177760	9486	3695	0	0	6993				
	RTT - Backlog	No	-	-	1711	1668	1690	1573	1480	1382	1378	1643	2721	4298	6903	8409	7097	5820	5117	4887	5176	6043	-	3210	1219	0	0	1614				
	Patients Waiting >52 weeks (All Pathways)	No	0	0	5	0	0	1	0	1	0	0	7	32	80	142	203	297	406	512	695	984	-	336	214	0	0	434				
	Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	0	0	0	7	29	74	129	187	251	324	436	575	937	-	325	212	0	0	400				
	Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	No	0	0	16	13	12	13	12	11	11	11	11	13	18	18	18	18	21	21	18	17	-	10	4	0	0	3				
	Treatment Functions Underperforming (Incomplete)	No	0	0	3	2	2	2	2	1	1	3	6	7	7	6	6	6	7	7	7	7	-	4	2	0	0	1				
	RTT Clearance Time (Wks)	Ratio	-	-	8.8	8.5	8.0	7.0	8.1	-	8.2	-	15.2	14.2	-	12.9	-	11.3	11.4	11.4	-	15.5	12.9	23.4	18.9	-	-	10.0				
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	0.1	0.2	0.1	0.3	0.1	0.1	0.1	5.8	65.9	64.8	70.1	68.7	58.8	57.6	47.5	31.1	27.0	34.9	-	34.9	-	-	-	-				
	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	55	34	56	62	57	112	67	96	11	12	99	165	155	118	201	156	69	104	1090	34	-	70	-	-				
Cancer - Longest wait for treatment (days) - GROUP	No	-	-	168	167	137	202	239	204	102	166	-	228	141	177	234	248	258	332	294	-	-	294	-	0	-	-					
Effective	Mortality Reviews within 42 working days	%	90	90	77.8	100.0	81.8	82.4	100.0	81.8	100.0	82.4	66.7	100.0	50.0	90.9	83.3	100.0	100.0	72.7	-	-	-	66.7	75.0	-	100.0	-				
	Deaths In the Group	No	-	-	10	9	10	17	11	11	11	-	9	7	10	11	12	7	9	9	11	-	85	-	-	-	-	-				
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	4.5	4.6	3.7	4.1	3.7	3.6	4.2	5.7	10.4	6.3	4.8	4.2	5.1	5.0	4.8	5.4	5.6	-	-	-	-	-	-	-				
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	5.6	5.5	5.3	5.1	4.9	4.7	4.6	4.5	4.6	4.5	4.5	4.4	4.5	4.5	4.6	4.7	4.9	-	4.6	-	-	-	-	-				
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	2.7	2.7	1.9	2.2	1.9	2.2	2.2	2.7	5.6	3.0	2.4	2.1	3.3	2.6	3.4	3.5	3.2	-	3.1	-	-	-	-	-				
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	3.3	3.2	3.1	2.9	2.7	2.7	2.6	2.5	2.5	2.4	2.4	2.4	2.4	2.4	2.5	2.7	2.8	-	2.5	-	-	-	-	-				
	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	16	23	21	17	25	24	28	29	15	18	12	12	16	21	17	15	21	14	141	7	2	0	0	1				
	21+ Days Long Stay Rate - NHSI	%	-	-	7.5	6.3	10.3	9.1	5.1	6.6	5.7	12.2	38.8	4.3	16.2	3.5	6.3	3.7	28.8	7.6	9.1	24.7	13.6	9.4	14.5	-	0.0	26.2				
	Estimated Beds - 21+ Days - NHSI	No	-	-	10	7	12	12	6	7	6	12	23	2	11	3	5	3	38	7	9	53	105	4	3	-	0	2				
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	32.5	38.1	40.4	41.8	40.2	44.5	57.0	37.5	41.3	58.5	75.1	72.3	63.2	57.2	58.7	60.0	63.1	49.6	59.2	45.9	73.4	-	100.0	35.8				
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	1604	2058	2633	2857	2218	2741	3279	2263	1704	1733	2131	2636	2436	2690	3047	3058	3364	2410	25209	866	600	0	268	676				
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	53.7	47.8	46.4	50.1	52.0	55.7	55.7	53.9	44.4	96.6	82.1	78.6	77.2	71.5	72.0	72.2	82.4	75.7	74.5	78.7	100.0	-	71.3	73.8				
	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	1521	1420	1434	1597	1481	1726	1497	1446	232	255	472	898	1106	1319	1584	1415	1132	658	9071	233	23	0	112	290				

Surgical Services Group

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

Women & Child Health Group

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			Year	Month																					G	M
Saf	C. Difficile (Post 48 hours)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MRSA Bacteraemia (Post 48 hours)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	0	0
	MRSA Screening - Elective	%	95	95	77.9	80.5	73.8	77.9	88.7	78.3	73.7	84.8	66.7	0.0	71.4	77.8	64.0	78.1	95.3	89.2	96.6	100.0	-	100.0	-	-
	MRSA Screening - Non Elective	%	95	95	95.0	100.0	98.0	100.0	100.0	100.0	95.0	100.0	100.0	100.0	100.0	100.0	96.2	97.7	100.0	100.0	100.0	100.0	99.2	-	100.0	-
	Falls	No	-	-	1	-	-	-	-	1	1	1	3	1	-	-	2	-	1	3	-	2	12	2	-	-
	Falls - Death or Severe Harm	No	0	0	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	-	-	-	-	1	-	1	-	1	2	1	-	-	-	-	-	2	1	7	1	-	-
	Venous Thromboembolism (VTE) Assessments	%	95	95	95.9	96.2	88.8	-	90.8	85.9	92.6	92.1	89.0	87.1	91.6	90.2	91.0	92.4	91.3	88.1	88.4	91.5	-	96.4	91.5	7.7
	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	%	100	100	100.0	-	100.0	99.7	100.0	99.7	100.0	100.0	99.3	100.0	100.0	100.0	99.6	97.7	99.7	100.0	99.6	-	-	100.0	99.2	-
	WHO Safer Surgery - brief(% lists where complete)	%	100	100	-	-	100.0	-	-	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-
	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	%	100	100	-	-	100.0	-	-	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-
	Never Events	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Medication Errors causing serious harm	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Serious Incidents	No	0	0	0	2	1	0	1	0	0	0	1	0	0	1	1	1	3	1	1	0	9	0	0	0
	Sepsis - Screened (as % Of Screening Required)	%	100	100	-	-	-	-	-	-	-	-	-	-	-	90.5	100.0	100.0	96.4	100.0	100.0	92.9	96.8	-	-	-
	Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	21.1	12.5	14.3	11.1	19.2	18.2	0.0	15.1	-	-	-
	Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0	66.7	100.0	66.7	80.0	100.0	-	81.5	-	-	-
	Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	-	-	-	-	-	75.0	50.0	100.0	100.0	50.0	66.7	-	68.2	-	-	-
	Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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			Year	Month	G	M	P																			
Safe (Obstetric)	Caesarean Section Rate - Total	%	25	25	26.9	27.6	28.4	24.3	27.8	28.9	29.7	28.8	28.6	30.4	28.4	29.9	28.4	31.7	27.9	29.3	31.3	30.9	29.6	-	30.9	-
	Caesarean Section Rate - Elective	%	-	-	9.9	10.7	12.2	10.0	10.6	12.1	10.9	9.4	9.0	10.5	10.4	11.4	10.5	14.3	8.2	10.9	10.9	10.5	10.6	-	10.5	-
	Caesarean Section Rate - Non Elective	%	-	-	16.9	16.9	16.1	14.3	17.2	16.8	18.8	19.4	19.6	20.0	18.1	18.6	17.8	17.4	19.7	18.4	20.4	20.4	19.0	-	20.4	-
	Maternal Deaths	No	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2	0	3	-	0	-
	Post Partum Haemorrhage (>2000ml)	No	48	4	6	2	1	4	1	4	3	3	3	4	4	4	1	3	8	3	3	3	36	-	3	-
	Admissions to Neonatal Intensive Care	%	10	10	2.0	1.6	0.7	1.0	0.2	1.0	2.3	6.2	5.7	5.0	4.3	4.5	3.7	7.2	6.8	6.8	5.4	7.2	5.6	-	7.2	-
	Corrected Perinatal Mortality Rate (per 1000 babies)	Rate1	8	8	8.93	2.24	7.19	7.63	7.18	7.65	0.00	5.36	8.09	11.79	16.67	12.88	4.35	4.94	8.75	2.33	13.51	11.53	-	-	11.53	-
	Stillbirths (Corrected)	Rate1	-	-	8.93	2.24	4.80	2.54	4.78	5.10	0.00	2.68	2.70	9.43	11.90	6.44	4.35	4.94	8.75	2.33	10.81	8.65	6.99	-	8.65	-
	Corrected Neonatal Mortality Rate (0 - 28 days)	Rate1	-	-	0.00	0.00	2.40	5.09	2.39	2.55	0.00	2.68	5.39	2.36	4.76	6.44	0.00	0.00	0.00	2.33	2.70	2.91	2.65	-	2.91	-
	Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	%	85	85	92.9	94.1	91.1	93.2	94.4	91.6	91.4	93.2	91.5	93.4	92.5	92.0	93.0	92.0	93.1	91.3	93.0	94.3	-	-	94.3	-
	Early Booking Assessment (<12 + 6 weeks) - National Definition	%	90	90	135.1	124.4	160.1	158.9	147.7	188.7	164.5	172.2	181.7	120.2	139.3	125.2	106.9	150.9	136.8	153.1	165.3	191.6	-	-	191.6	-
	Breast Feeding Initiation	%	74	74	83.4	87.5	82.6	83.3	83.8	85.0	79.9	84.8	85.5	82.7	84.3	78.6	85.6	83.5	83.1	80.6	85.8	83.7	-	-	83.7	-
	Puerperal Sepsis and other puerperal infections (%) Variation 1 ICD10 O85 or O86	%	-	-	0.8	0.3	0.3	1.2	0.5	1.1	0.0	0.3	1.9	1.6	1.8	1.7	2.1	0.6	1.0	1.3	0.8	0.4	-	-	0.4	-
	Puerperal Sepsis and other puerperal infections (%) Variation 2 ICD10 O85 or O86 Not O864	%	-	-	0.8	0.3	0.3	1.2	0.5	0.8	0.0	0.3	0.4	0.8	1.3	1.1	1.8	0.6	1.0	1.3	0.8	0.4	-	-	0.4	-
	Puerperal Sepsis and other puerperal infections (%) Variation 2 ICD10 O85	%	-	-	0.0	0.0	0.0	0.3	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.8	1.0	0.4	0.4	-	-	0.4	-
	Safe (Neonatal)	Mothers who received at least one dose of antenatal steroids (NNAP)	%	85	85	100.0	66.7	80.0	77.8	100.0	66.7	100.0	66.7	100.0	78.6	66.7	-	-	-	-	-	-	-	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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	No. of Complaints Received (formal and link)	No	-	-	4	17	19	10	6	11	5	9	3	6	10	23	8	12	15	11	15	10	113	4	4	2
	No. of Active Complaints in the System (formal and link)	No	-	-	6	22	25	12	13	13	14	15	9	12	15	23	14	22	33	40	0	38	-	15	19	4
	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	1.55	4.14	4.55	2.37	1.43	2.82	1.43	2.40	0.98	1.89	3.16	3.95	2.29	3.95	4.11	3.15	4.89	3.32	3.18	-	-	-
	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	2.84	7.35	8.42	4.24	2.27	4.73	2.48	4.38	2.44	3.84	5.96	7.40	4.36	6.33	7.13	5.90	8.73	6.55	6.01	-	-	-
	No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.0	100.0	100.0	100.0	100.0	80.8	-	-	-
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	10.0	0.0	0.0	0.0	0.0	7.1	0.0	20.0	0.0	0.0	16.7	14.3	14.3	33.3	57.1	10.0	85.7	64.3	32.0	-	-	-
	No. of responses sent out	No	-	-	17	9	15	21	8	12	5	10	9	4	6	7	17	3	7	4	11	14	82	-	-	-

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

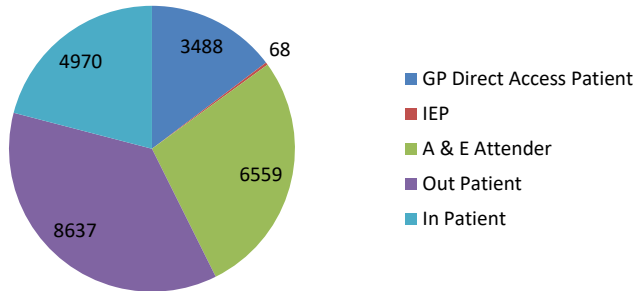
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			Year	Month																						G	M
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Cancer - Longest wait for treatment (days) - GROUP	No	-	-	109	96	171	104	148	169	217	121	-	171	177	138	136	207	117	119	118	-	-	-	118	-	0
Effective	Mortality Reviews within 42 working days	%	90	90	-	50.0	0.0	-	100.0	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Deaths In the Group	No	-	-	2	5	1	4	2	1	1	-	2	1	3	2	1	3	0	0	5	-	-	17	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	9.4	6.2	7.9	7.1	7.5	7.5	8.4	9.2	8.7	9.4	7.6	11.3	5.1	3.8	9.4	10.6	7.3	-	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	4.8	4.9	5.0	5.1	5.0	5.1	5.3	5.7	6.1	6.9	8.1	8.2	7.8	7.7	7.8	8.1	8.1	-	-	7.5	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	7.7	5.7	6.0	5.9	5.7	6.1	7.1	7.9	7.5	5.6	6.2	9.7	4.0	2.6	7.5	7.4	6.2	-	-	6.2	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	3.3	3.4	3.5	3.6	3.6	3.7	3.9	4.3	4.7	5.4	6.6	6.7	6.4	6.1	6.2	6.4	6.4	-	-	6.0	-	-	-
	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	1	1	3	1	1	1	1	1	4	0	2	0	3	4	0	7	10	5	-	15	1	0	0
	21+ Days Long Stay Rate - NHSI	%	-	-	0.8	0.0	3.7	23.0	7.4	0.0	15.5	0.0	0.0	0.0	0.0	0.4	4.5	4.4	0.0	3.7	13.2	32.7	-	2.0	1.3	-	0.0
	Estimated Beds - 21+ Days - NHSI	No	-	-	0	0	0	5	1	0	2	0	0	0	0	0	0	0	0	0	5	44	-	2	0	-	0
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	43.5	39.8	35.6	33.6	29.9	31.0	33.1	30.5	26.2	34.7	43.5	41.0	42.5	33.1	38.7	35.9	35.6	34.7	-	37.1	25.5	70.2	15.1
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	508	542	458	408	293	362	358	376	252	320	692	567	493	356	467	465	484	504	-	4600	189	264	51
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	68.7	68.5	63.2	60.7	54.3	53.1	57.4	58.4	58.7	86.4	80.6	72.2	50.9	71.6	53.7	62.1	69.3	87.2	-	67.9	92.5	-	80.9
	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	169	200	211	170	144	152	170	171	88	95	166	182	116	189	151	167	160	171	-	1485	99	0	72
	Well Led	PDRs - 12 month rolling	%	95	95	-	79.7	85.6	-	-	-	-	-	-	-	-	-	97.2	-	-	-	-	-	-	100.0	94.2	99.7
Medical Appraisal		%	90	90	95.5	98.4	95.5	98.4	95.2	92.1	100.0	100.0	100.0	100.0	100.0	100.0	100.0	97.0	98.4	96.8	-	-	99.2	96.8	100.0	95.0	
Sickness Absence (Rolling 12 Months)		%	3	3	5.4	5.5	5.7	5.7	5.8	5.7	5.6	5.5	5.8	5.8	5.7	5.7	5.6	5.6	5.6	5.6	5.6	5.8	-	5.7	4.4	6.6	5.2
Sickness Absence (Monthly)		%	3	3	5.0	5.2	6.0	6.6	6.1	5.3	3.9	5.1	7.1	5.4	5.1	4.2	4.4	5.4	5.8	6.4	5.5	7.1	-	5.6	3.8	8.8	5.9
Sickness Absence - Long Term - (Open Cases in the month)		No	-	-	-	21	23	30	36	20	9	25	16	22	15	16	21	22	25	29	26	26	-	218	2	15	9
Sickness Absence - Short Term (Monthly)		No	-	-	60	98	98	106	103	101	94	96	137	79	77	86	66	92	97	96	59	102	-	891	9	50	43
Ward Sickness Absence (Monthly)		%	3	3	6.6	7.9	6.9	8.1	6.9	4.9	4.4	4.7	8.5	7.7	7.3	5.1	5.5	6.4	5.4	7.5	6.8	9.6	-	7.0	20.8	8.6	11.9
Mandatory Training - Health & Safety (% staff)		%	95	95	83.4	84.5	87.0	88.2	90.5	91.7	90.6	93.1	93.6	98.3	99.0	99.6	98.9	98.4	99.3	99.0	99.6	98.7	-	98.4	-	-	-
Staff at 100% compliance with mandatory training		%	-	-	43.3	67.5	60.4	70.4	74.0	49.2	66.5	68.7	72.5	82.2	91.5	90.8	89.0	89.0	86.4	85.5	83.6	81.0	-	85.2	-	-	-
Staff requiring to complete 1 module to be at 100% compliance with mandatory training		%	-	-	32.7	15.1	23.5	14.0	11.2	24.1	17.0	17.9	14.6	10.9	5.4	5.6	6.4	6.6	8.1	9.4	9.3	10.9	-	8.7	-	-	-
Staff requiring to complete 2 modules to be at 100% compliance with mandatory training		%	-	-	10.4	7.6	6.1	4.8	6.1	11.4	5.8	5.7	5.7	3.0	2.1	1.7	2.2	2.3	3.7	3.6	4.4	4.3	-	3.3	-	-	-
Staff requiring to complete 3 modules to be at 100% compliance with mandatory training		%	-	-	-	-	-	-	-	15.3	10.8	7.7	7.3	3.8	1.0	1.9	2.4	2.1	1.8	1.4	2.7	3.8	-	2.8	-	-	-
Nursing Vacancy Rate (Qualified)		%	11	11	16.0	12.6	11.7	11.3	11.5	10.8	11.2	12.0	12.7	12.4	16.4	17.9	15.3	15.7	15.6	16.2	15.4	14.2	-	15.2	-	-	-
New Starters Complete Onboarding Process		%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	92.9	90.9	100.0	100.0	100.0	100.0	100.0	100.0	90.0	-	100.0	-	97.9	-	-	-

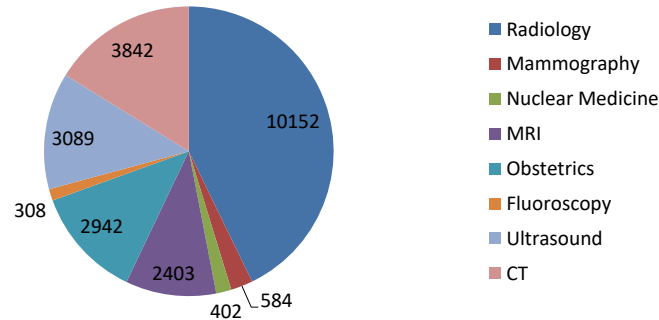
Imaging Group

CQC Domain	Indicator	Measure	Standard		Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	20/21 Year to Date	Directorate					
			Year	Month	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021		DR	IR	NM	BS	BCP	
Well Led	PDRs - 12 month rolling	%	95	95	-	60.5	84.8	-	-	-	-	-	-	-	-	-	89.8	-	-	-	-	-	-	-	89.8	63.6	85.7	97.8	-
	Medical Appraisal	%	90	90	100.0	100.0	100.0	100.0	100.0	96.4	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	100.0	-	100.0	-
	Sickness Absence (Rolling 12 Months)	%	3	3	4.7	4.6	4.5	4.2	4.1	4.0	4.0	4.1	4.2	4.3	4.2	4.4	4.3	4.2	4.3	4.4	4.4	4.7	4.3	5.2	4.4	1.9	4.6	0.1	
	Sickness Absence (Monthly)	%	3	3	4.8	4.5	4.2	4.1	3.6	3.6	3.6	5.2	5.9	4.6	3.3	4.3	3.3	3.8	5.3	4.5	3.7	6.3	4.5	8.7	0.0	0.6	2.1	0.0	
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	-	6	3	6	4	2	3	4	2	6	4	5	6	4	5	4	5	4	45	4	0	0	0	0	
	Sickness Absence - Short Term (Monthly)	No	-	-	19	24	33	25	33	44	34	39	40	24	26	30	23	32	38	30	22	47	312	39	0	2	6	0	
	Mandatory Training - Health & Safety (% staff)	%	95	95	89.2	88.2	93.5	96.0	98.2	97.4	95.2	94.1	93.8	99.3	99.3	98.9	99.6	99.6	99.3	98.9	99.6	99.6	98.8	-	-	-	-	-	
	Staff at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	New Starters Complete Onboarding Process	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Patient Admin	Open Referrals	No	-	-	350.0	363.0	396.0	449.0	486.0	516.0	526.0	527.0	737.0	715.0	701.0	701.0	731.0	736.0	738.0	751.0	747.0	761.0	-	585.0	23.0	0.0	0.0	153.0	
	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No	-	-	233.0	244.0	255.0	304.0	321.0	357.0	366.0	373.0	382.0	388.0	395.0	396.0	423.0	434.0	432.0	442.0	443.0	463.0	-	428.0	2.0	0.0	0.0	33.0	
Imaging	Imaging - Total Scans	No	-	-	29248.0	29463.0	31286.0	29477.0	28573.0	32398.0	29181.0	23026.0	12474.0	15657.0	20296.0	23773.0	24445.0	26957.0	27499.0	25757.0	25267.0	23701.0	225826.0	-	-	-	-	-	
	Imaging - Inpatient Turnaround Time <=24hr	%	90	90	68.8	66.9	76.9	77.1	77.4	79.1	82.1	86.6	91.0	87.3	86.5	84.8	84.0	82.5	79.9	82.5	83.1	80.1	83.8	-	-	-	-	-	
	Imaging - Urgent Other(GP 5) Turnround Time <=5d	%	90	90	69.8	70.7	77.0	75.1	71.5	71.8	73.8	67.8	81.7	86.8	79.3	68.6	53.3	56.2	58.3	53.3	58.4	62.9	65.4	-	-	-	-	-	
	Imaging - All Imaging Work Reported in less than 4 weeks (request to report)	%	95	95	-	-	88.2	90.1	90.0	88.4	91.8	89.7	92.9	93.5	89.8	85.5	82.9	83.2	85.0	83.4	84.8	83.0	85.7	-	-	-	-	-	

Imaging By Patient Type (January 2021)



Imaging By Modality Type (January 2021)



Primary Care, Community & Therapies Group

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

Primary Care, Community & Therapies Group

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

Primary Care, Community & Therapies Group

CQC Domain	Indicator	Measure	Standard		Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	20/21 Year to Date	Directorate				
			Year	Month																					AT	IB	IC	CM
	RTT - Backlog	No	-	-	146	222	307	350	292	391	420	533	721	1031	1470	1640	1491	1494	1446	1675	1730	1812	-	0	-	0	1812	0
	Patients Waiting >52 weeks (All Pathways)	No	0	0	0	0	0	0	0	0	0	0	0	1	3	7	7	19	50	83	106	164	-	0	-	0	164	0
	Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	0	0	0	0	1	3	6	4	15	41	72	44	137	-	0	-	0	137	0
	Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	No	0	0	3	3	4	4	4	4	4	5	4	6	6	5	6	5	5	5	5	5	-	0	-	0	5	0
	Treatment Functions Underperforming (Incomplete)	No	0	0	0	0	2	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	-	0	-	0	2	0
	RTT Clearance Time (Wks)	Ratio	-	-	16.0	18.6	18.6	13.9	19.2	-	14.6	-	27.8	29.0	-	27.4	-	21.6	24.0	29.4	-	31.5	26.6	-	-	-	31.5	-
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Effective	Cancer - Longest wait for treatment (days) - GROUP	No	-	-	0	0	0	0	0	0	0	0	-	42	62	57	154	62	93	62	113	-	-	0	-	-	113	-
	Mortality Reviews within 42 working days	%	90	90	-	-	-	100.0	100.0	100.0	25.0	60.0	75.0	100.0	100.0	60.0	100.0	80.0	100.0	100.0	-	-	-	-	-	-	100.0	-
	Deaths in the Group	No	-	-	0	0	0	1	1	3	4	-	4	1	2	4	0	5	7	4	4	-	31	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	1.2	1.0	1.5	1.5	1.6	1.9	0.3	1.9	3.9	3.6	2.3	2.9	2.8	2.8	3.3	1.8	2.2	-	-	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	1.4	1.5	1.6	1.6	1.5	1.6	1.6	1.6	1.8	1.9	1.8	1.9	2.1	2.2	2.4	2.4	2.5	-	2.1	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	-	-	-	-	-	-	-	-	0.4	0.4	-	-	-	-	-	-	-	-	0.1	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	-	-	-	-	-	-	-	-	0.0	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0	-	0.1	-	-	-	-	-
	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	0	0	3	2	0	1	0	0	0	0	1	1	1	0	7	7	17	10	24	0	0	0	6	0
	21+ Days Long Stay Rate - NHSI	%	-	-	61.4	0.0	0.0	0.0	0.0	0.0	0.0	5.2	1.9	0.0	0.0	5.0	0.0	4.0	9.0	13.9	15.4	33.9	6.1	-	-	-	13.9	-
	Estimated Beds - 21+ Days - NHSI	No	-	-	1	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	5	45	5	-	-	-	2	-
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	29.5	33.6	24.5	25.0	31.3	22.2	43.0	25.4	18.2	35.7	38.9	45.5	49.6	36.5	36.8	32.2	43.4	47.1	38.8	60.5	-	-	45.7	-
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	247	349	308	322	375	313	490	294	132	343	388	444	352	295	358	346	390	584	3632	69	0	0	515	0
Short Notice Inpatient Admission Offers (<3wks)	%	-	-	45.4	49.5	45.3	45.8	54.6	56.0	54.5	86.4	97.0	93.5	78.9	69.5	79.2	78.4	61.6	55.8	78.8	48.2	71.9	-	-	-	48.2	-	
Well Led	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	204	202	214	198	155	145	151	228	98	100	105	139	206	218	183	111	219	95	1474	0	0	0	95	0
	PDRs - 12 month rolling	%	95	95	-	87.3	88.6	-	-	-	-	-	-	-	-	-	-	95.9	-	-	-	-	-	100.0	99.3	95.5	89.2	90.1
	Medical Appraisal	%	90	90	96.8	93.8	93.0	93.8	96.8	96.7	100.0	100.0	100.0	100.0	100.0	100.0	100.0	97.3	97.3	100.0	-	99.4	100.0	100.0	100.0	100.0	-	
	Sickness Absence (Rolling 12 Months)	%	3	3	4.4	4.3	4.4	4.2	4.2	4.2	4.2	4.3	4.6	4.8	4.8	4.8	4.8	4.9	4.9	5.1	5.1	5.1	4.9	3.3	6.1	5.3	5.8	5.2
	Sickness Absence (Monthly)	%	3	3	3.8	3.6	4.1	4.1	4.8	4.8	4.8	4.9	6.9	6.0	4.5	4.2	4.4	4.4	4.7	5.8	4.7	5.7	5.2	4.2	7.0	6.1	5.9	4.3
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	-	16	13	16	26	15	17	16	22	40	22	14	22	16	15	17	15	14	197	1	2	6	4	1
	Sickness Absence - Short Term (Monthly)	No	-	-	78	93	135	121	121	140	114	92	181	104	81	99	85	116	110	141	117	155	1192	43	61	36	15	0
	Ward Sickness Absence (Monthly)	%	3	3	5.3	6.4	5.8	5.4	8.4	7.9	7.3	6.2	10.0	9.3	5.8	5.0	6.3	6.4	6.4	8.8	7.5	9.1	7.5	-	9.1	-	-	-
	Mandatory Training - Health & Safety (% staff)	%	95	95	92.8	92.7	94.6	95.2	95.4	95.9	94.6	95.8	95.7	98.3	98.9	99.4	98.8	98.8	99.3	98.9	99.1	98.9	98.6	-	-	-	-	-
	Staff at 100% compliance with mandatory training	%	-	-	74.7	83.1	86.5	88.4	88.2	59.6	76.6	80.8	78.6	78.8	89.2	89.3	87.4	89.8	88.5	85.6	83.5	79.5	85.1	-	-	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	17.4	9.7	8.2	6.4	6.8	25.0	15.4	13.1	14.1	13.7	7.9	7.9	9.3	7.3	8.6	10.8	12.1	15.0	10.6	-	-	-	-	-

Corporate Group

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