

Sandwell and West Birmingham Hospitals



NHS Trust

Integrated Quality & Performance Report

Month Reported: **May 2021**

Reported as at: 24/06/2021

Trust Board

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Performance At A Glance - May 2021

Highlights

- Overall May shows some variability in the Trust, from the April and May figures.
- May, A&E performance delivered 84% of care within the 4hr target; 3,235 patients breached the 4 hr target.
- This would ranks us circa 41st in the country out of 109, the median performance for the NHS was 82%.
- The number of patients who left the ED department without being seen increased from 3.6% in April to 5.1% in May.
- The time to treatment in ED shows a increase by a month on month basis of 30% increase to 217 minutes (Median time to treat). - This was discussed at OMC and it was felt that there was reduction in staff picking up ED Shifts
- RTT Incomplete performance for May has shown a slight improvement to 73% against the national target of 92%, however current climate of prioritisation of patients and pressures makes this level of performance difficult to achieve. We are ranked 36th (22nd in March) of 123 in performance for our April return against Acute/Combined Trust.
- A normal incomplete PTL for SWBH would be ~34k, we have risen by ~16K to 48,475 since the pandemic began.
- The pandemic has also meant an increase in long waiters.
- Cancer performance remains below standards (April latest reported position) showing a variable movement against targets across the cancer indicators. Two weeks waits (73.9%) are a particular issue, with 2 week Breast Symptomatic continuing to decline 21.6%. This was discussed at OMC and plans are in place for Dermatology, Breast, Haematuria. There is an issue with HDU bed availability for Gynaecology and Urology has current issues with TRUS biopsy availability. Performance may not start to come back on track until Aug/Sept.
- Other items to highlight are:
- We have removed RAMI indicators as we are no longer able to obtain the data for them, we have replaced these with the HSMR/SHMI monthly indicators.
- HSMR and SHMI (12 month cumulative) mortality indicators are above expected death rate.
- HSMR and SHMI (monthly) mortality indicators are now below pre-covid levels which may indicate that it will take 12 months for the cumulative show this cumulative effect.
- Sepsis treated within one hour was 82.7% still below the standard.
- There were 2 x Never events - wrong site surgery in Ophthalmology (patient has had corrective surgery) and an unintended connection to air instead of oxygen in City ED, both patients were unaffected.
- Ward Sickness has reduced for the fifth consecutive month to its lowest % in 18 months.
- Imaging - Urgent GP 5 day imaging performance is reporting 46%, 18 months ago it was around 71% so a reduction of 25% - This was discussed at OMC at the Clinical Group asked to produce a plan

ONSIVENESS

A&E Performance

- ED 4 hour wait Performance delivered at 84% in May.
- We saw high levels of breaches; reported 3,235 patients breaching the 4 hr target, this has to be set against an increase in our activity to 20,754 (some of which can be explained by the inclusion of the Sandwell UTC)
- WMAS May figures show 260 "finable" handovers emergency conveyances at 30-60 mins. Note - WMAS times for April not signed off yet.
- The number of patients who left the ED department without being seen increased from 3.6% in April to 5.1% in May.
- The time to treatment in ED shows a increase by a month on month basis of 30% increase to 217 minutes (Median time to treat).

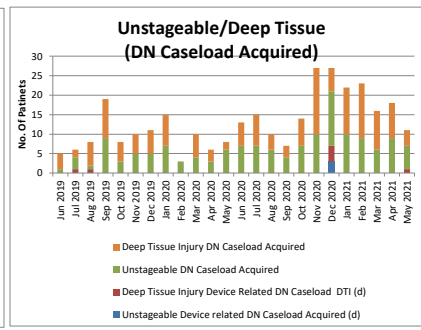
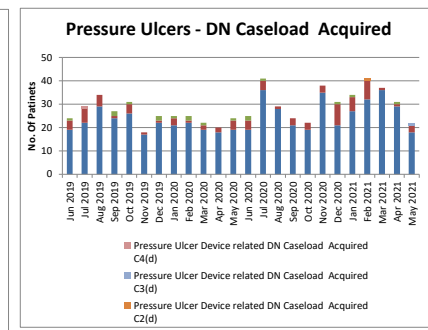
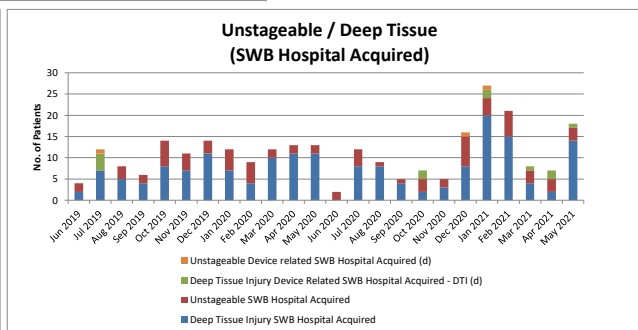
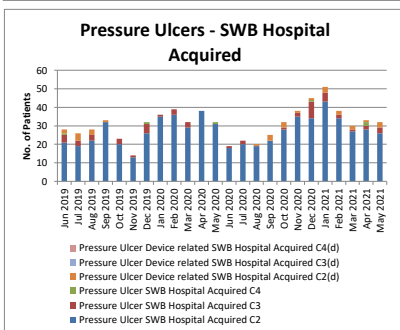
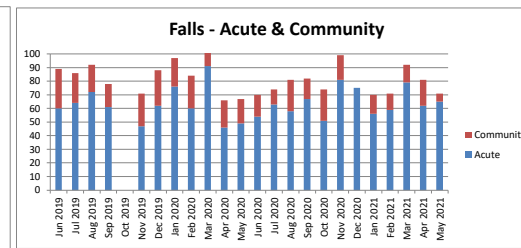
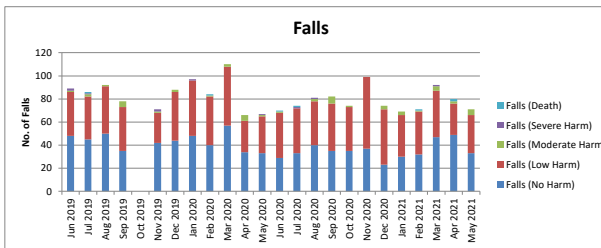
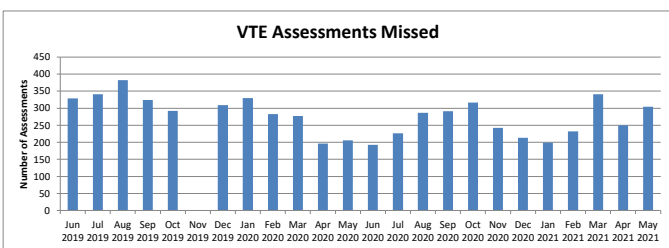
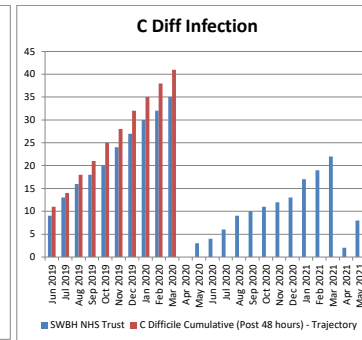
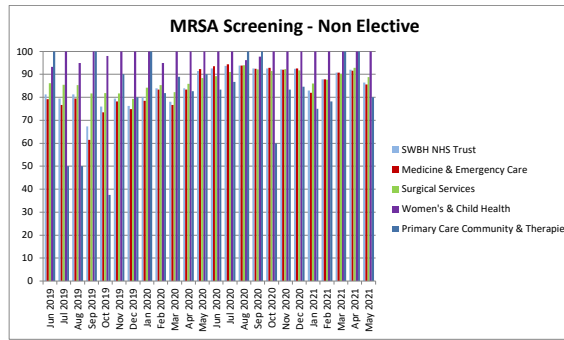
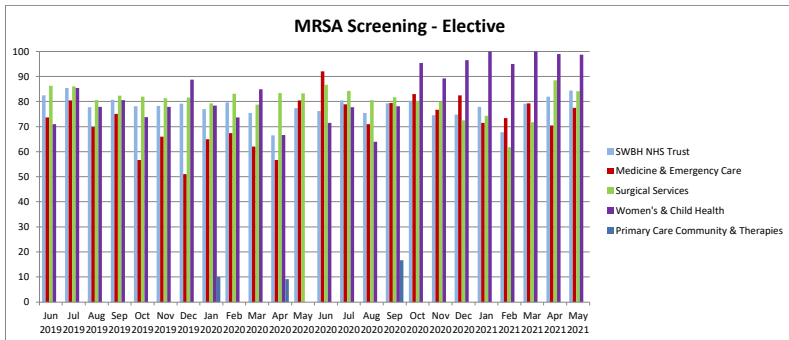
Referral to Treatment in 18 weeks (RTT Incomplete)

- RTT incomplete performance for May is 73%.
- Our total patient waiting list has further reduced to 48,475 patients (as a comparator a 'normal' waiting list for our Trust would be around 34,000 patients).. The greater significance is the length of time that patients are actually waiting.
- 13,107(May) patients on the waiting list are in the backlog (above 18 weeks waiting time) and this is stretching out much longer e.g. more long waiters well above the 18 weeks
- Patients waiting longer than 52 weeks has reduce to 2,105 on the incomplete pathway - assessment of harm caused to those patients is ongoing within Planned Care

- May - Diagnostic tests (DM01) is reporting 90.4% in May and doing generally well at total level - this measures performance against the national target to test patients within a 6 week period (from referral to test); DM01 diagnostic test performance have improved over the last 12 months although still not reaching its required 99% target.

RESP	<p>Diagnostics Waits (% of patients waiting >6 weeks)</p>	<ul style="list-style-type: none"> Imaging_May volumes, the top three Board KPIs performance achievement were: <ul style="list-style-type: none"> Inpatient total turnaround (TAT) time within 24hrs at 76% against the 90% trust target; Urgent GP tests within 5 days achieved were at 46% against 90% target. The KPI measuring 'Overall Imaging Turnaround Time for all tests' shows 83%, and measures all of the 'Imaging work' delivery under the 4 weeks (target of 95%). May saw 28,983 total Imaging scans performed which is a 5% increase on April
	<p>Cancer Performance</p>	<p>Cancer performance remains below standards (April latest reported position) showing a variable movement against targets across the cancer indicators. Two weeks waits (73.9%) are a particular issue, with 2 week Breast Symptomatic continuing to decline 21.6%.</p>
	<p>Cancellations</p>	<ul style="list-style-type: none"> May late on the day cancellations are low at 0.6% linked to low elective activity and below the national target of 0.8%. May reports 1 x 28 day breach (NHS guaranteed timeline post cancellation). There were 193 hospital cancellations with 7 days or less notice in May. There were 18 late sitrep cancellations
SAFE	<p>Infection Control</p>	<ul style="list-style-type: none"> Infection Control metrics continue to report reasonably good performance for May MRSA screening rates for May non-elective patients decreased this month to 86.4% against target 95%. MRSA screening rates for May Elective patients continues to increase to 84.4% against a target of 95%
	<p>Harm Free Care</p>	<ul style="list-style-type: none"> The Trust falls rate per 1,000 bed days in May reports an incident rate of 3.82 and below Trust target of 5; we reported 71 absolute falls and we had 0 serious harm. Pressure Ulcers (Hospital or DN Caseload Acquired PUs) in May have increased to the prior month; overall the Trust reports 108 PUs (102 last month) in absolute numbers. Neutropenic Sepsis - 5 breaches recorded for May out of 32 patients, 84% Performance VTE assessments in May delivering 95% at Trust level achieving the 95% target, Surgical and WCH are below the target however. Sepsis (adults only) screening performance in May has held up very well at 94.1% of eligible patients being screened; screened patients who are positive have increased generally during COVID and are at 30.9%; 80.8% of the sepsis positive patients were treated and of those 82.7% were treated within the prescribed one hour still behind the 100% target and continues to be an area of focus.
	<p>Obstetrics</p>	<ul style="list-style-type: none"> The overall Caesarean Section rate for May is above the target of 30% at 31.2% in month. - This was discussed at OMC and the clinical group have no concerns. This overall C Section rate can be split between : <ul style="list-style-type: none"> Elective C-Section rate at 10.2% in line with long term average trend Non-elective C-Section rate at 21.0% - this saw a 6% increase. The monthly 'Ockenden' reporting process is in place and informs Q&S Committee and Trust Board on a more detailed performance basis.
CARING	<p>Patient Experience (FFT), Mixed Sex Accommodation (MSA), Complaints, Flu Vaccination</p>	<ul style="list-style-type: none"> MSA has not been reported since the start of the pandemic due to COVID it is due to start reporting again in June 2021. We observe low score and response rates against Friends & Family tests for May; With the notable exception of Maternity postnatal achieving the Target score of 95 for the second month.
EFFECTIVE	<p>Mortality, Readmissions</p>	<ul style="list-style-type: none"> Readmissions rates (30 days after discharge) have gone back up in April to 8.9% and remain high over the last year generally. HSMR 12 month cumulative (measures expected vs actual deaths in-hospital) reporting at 149 above the tolerance levels as at the end of January 2021 (latest available reporting period and also during COVID), showing a continually, elevated position against the weekend mortality rate which is 143 and weekday at 163. This position makes the Trust HSMR position a significant outlier compared against the national picture. HSMR monthly (measures expected vs actual deaths in-hospital) reporting at 105 as at the end of March 2021, with the weekend mortality rate which is 113 and weekday at 103. This puts us below pre-covid19 levels. SHMI 12 month cumulative (measuring expected vs actual deaths including deaths 30 days post discharge from hospital) is elevated at 114 for December 2020 (latest available position). SHMI monthly is reporting 106 for February 2021 which is below pre-covid levels. Medical Examiners' mortality reviews fell below the performance target of 90% to 76.1% this maybe due to the increase in total deaths during February / March period.

	Stroke & Cardiology	<ul style="list-style-type: none"> • Stroke performance good against most indicators in May. • Thrombolysis performance is at 83.3% for May. • Patients staying on a stroke ward for more than 90% has fallen back to 85.7% during May. • Cardiology performance for Primary Angio within 90 mins fell below target to 78.9%.
	Patient Flow (Responsive)	<ul style="list-style-type: none"> • 21+ LOS patients (long stay patients) count at the end of May at 82 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).
WELL LED	Workforce	<ul style="list-style-type: none"> • May - Sickness absence monthly rate recorded was 4.7% the sickness absence • May - Open cases in the month increased to 162. • May - Ward sickness rate reduced to 5.9%, showing the lowest percentage since Nov 19. • May - Nursing vacancy rate is at 12.6%; • May - Nursing turnover at 10.5% - acheiving the target for the first time in 18 months. • May - Mandatory Training (where staff are at 100% of their MT) has risen to 79.5% 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.
TRUST EMPHASIS	Patient Admin	<ul style="list-style-type: none"> • 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.

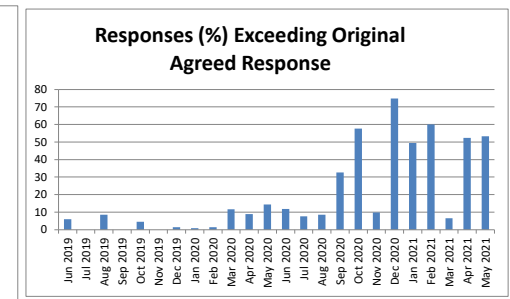
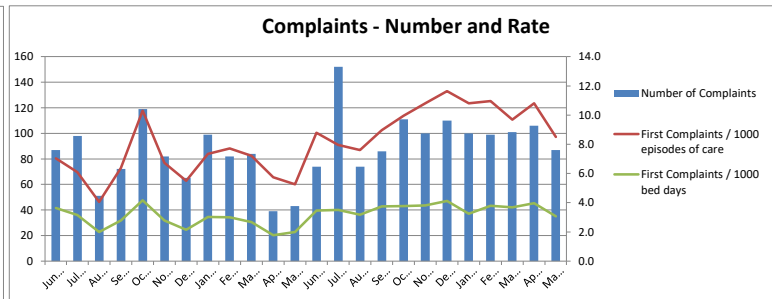
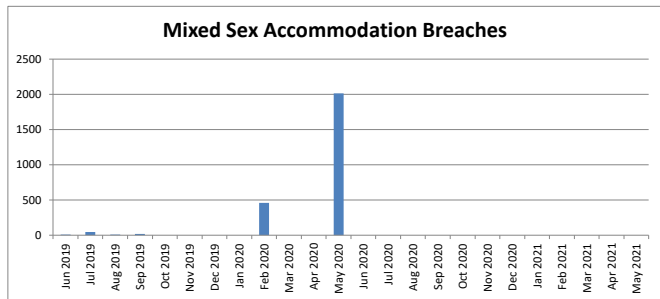


CQC Domain - Caring

	Kitemark	Reviewed Date	Indicator	Measure	Standard		2019-2021												20/21 Year to Date	Group																
					Year	Month	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020		Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	M	SS	W	I	PCCT	CO					
FFT			FFT Response Rate - Adult and Children Inpatients (including day cases and community)	=> %	25	25	18.5	20.5	26.2	26.2	13.6	16.2	15.5	23.8	14.7	18.7	17.8	15.4	14.2	13.9	13.8	13.3	13.4	14.8	14.2	-	-	-	-	-	-					
			FFT Score - Adult and Children Inpatients (including day cases and community)	=> No	95	95	86	89	-	90	86	86	88	89	82	85	84	83	82	41	89	74	82	86	-	-	-	-	-	-	-					
			FFT Response Rate: Type 1 and 2 Emergency Department	=> %	25	25	9.1	9.5	9.1	10.5	14.2	13.7	12.9	13.2	12.9	12.8	12.3	13.2	11.5	12.9	12.0	13.3	12.9	11.8	12.3	11.8	-	-	-	-	-	-				
			FFT Score - Adult and Children Emergency Department (type 1 and type 2)	=> No	95	95	73	75	72	79	89	85	84	81	78	77	78	78	82	81	80	74	73	73	-	73	-	-	-	-	-	-				
	●●●●●●	Apr 19	FFT Score - Outpatients	=> No	95	95	89	89	89	89	87	89	89	89	88	88	89	90	89	90	91	90	90	92	-	-	-	-	-	-	-	-				
	●●●●●●	Apr 19	FFT Score - Maternity Antenatal	=> No	95	95	100	75	83	80	86	84	84	84	78	79	78	80	78	83	88	74	74	79	-	-	-	-	-	-	-	-				
	●●●●●●	Apr 19	FFT Score - Maternity Postnatal Ward	=> No	95	95	0	97	94	100	0	67	0	100	0	100	8	80	0	5	0	0	100	100	-	-	-	-	-	-	-	-				
	●●●●●●	Apr 19	FFT Score - Maternity Community	=> No	95	95	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-	-	-	-				
	●●●●●●	Apr 19	FFT Score - Maternity Birth	=> No	95	95	94	95	97	97	89	100	82	94	70	94	93	87	85	87	85	82	95	88	-	-	-	-	-	-	-	-				
●●●●●●	Apr 19	FFT Response Rate: Maternity Birth	=> %	25	25	12.2	32.2	55.0	28.2	4.4	8.4	6.1	41.6	7.3	17.5	11.2	6.0	100.0	2.9	7.3	5.0	6.8	6.9	6.9	6.9	-	-	-	-	-	-					
MSA	●●●●●●		Mixed Sex Accommodation - Breaches (Patients)	<= No	0	0	-	-	458	-	-	2013	Suspended due to COVID19 - restarts in June 2021												2013	-	-	-	-	-	-	-	-	-	-	-
	●●●●●●		No. of Complaints Received (formal and link)	No	-	-	65	99	82	84	39	43	74	152	74	86	111	100	110	100	99	101	106	87	193	32	20	10	5	14	6					
Complaints	●●●●●●		No. of Active Complaints in the System (formal and link)	No	-	-	92	106	142	126	102	109	123	152	139	189	288	374	67	359	378	342	337	341	678	172	82	31	6	35	15					
	●●●●●●		No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	2.15	3.03	2.99	2.68	1.78	1.99	3.47	3.50	3.17	3.75	3.76	3.81	4.12	3.24	3.78	3.68	3.97	3.08	3.52	2.11	4.63	2.55	-	10.62	-					
	●●●●●●		No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	5.50	7.33	7.72	7.21	5.74	5.26	8.79	7.96	7.61	8.97	9.94	10.80	11.63	10.80	10.97	9.69	10.81	8.49	9.65	7.62	9.33	4.88	-	25.23	-					
	●●●●●●		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	82.9	76.1	83.1	10.4	7.6	84.7	82.0	76.4	84.1	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0				
	●●●●●●		No. of responses which have exceeded their original agreed response date (% of total active complaints)	<= %	0	0	1.3	0.8	1.4	11.6	8.8	14.3	11.9	7.6	8.5	32.6	57.7	9.9	74.8	49.4	60.0	6.5	52.4	53.2	52.9	60.0	43.5	44.4	60.0	75.0	0.0					
	●●●●●●		No. of responses sent out	No	-	-	76	76	70	87	68	35	58	66	86	43	27	33	107	85	80	47	63	77	140	25	23	9	5	12	3					
	WKF	●●●●●●	Apr 19	Flu Vaccination Rate	=> %	80	80	78.1	82.0	83.1	-	-	-	-	-	-	-	46.0	75.0	80.0	-	-	-	-	67.0	-	-	-	-	-	-	-				

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

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



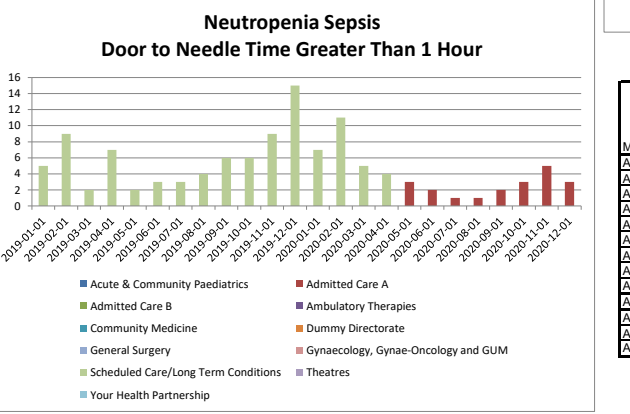
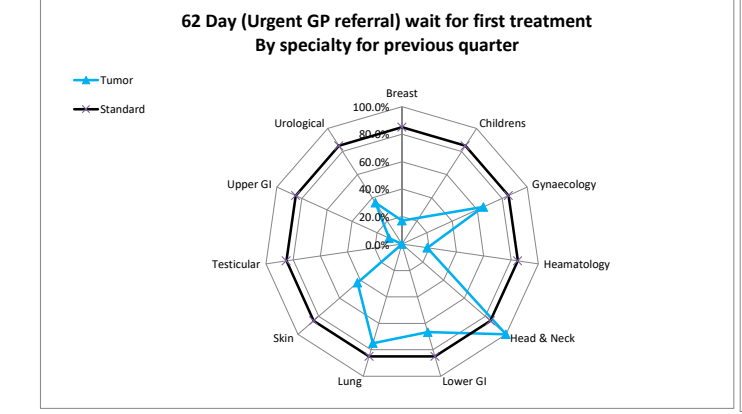
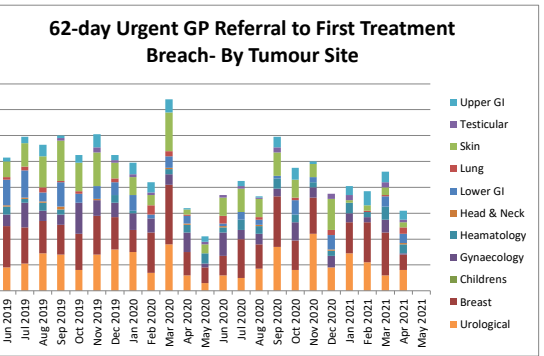
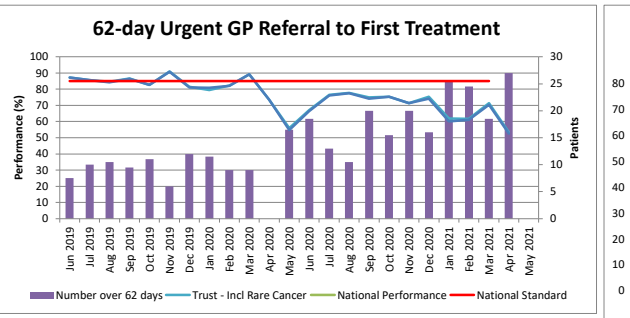
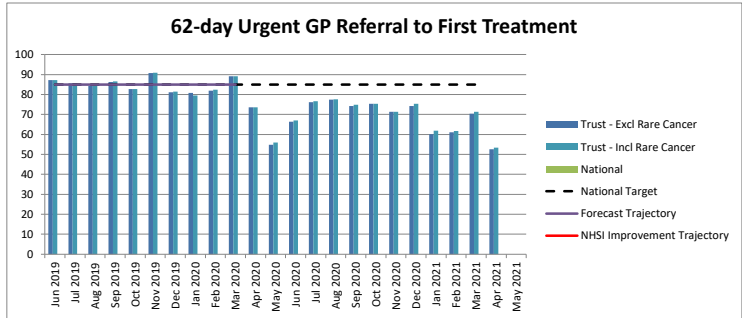
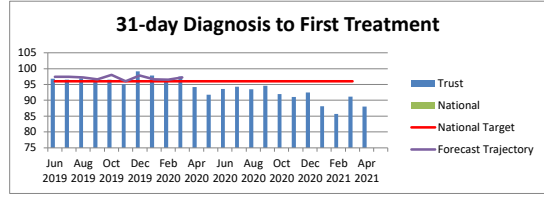
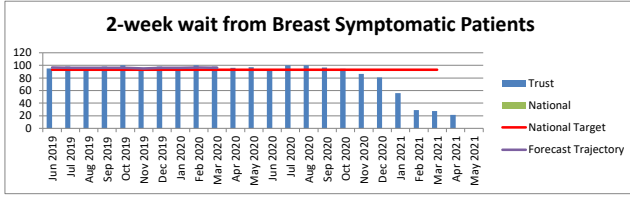
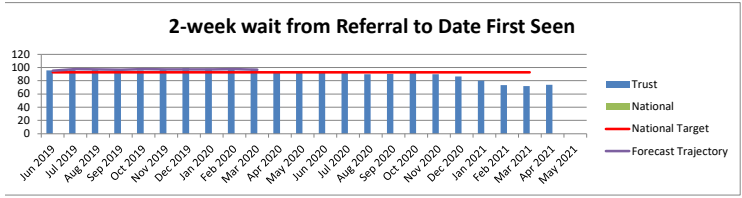
CQC Domain - Responsive

	Kitemark	Reviewed Date	Indicator	Measure	Standard		Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	20/21 Year to Date	Group											
					Year	Month																				M	SS	W	I	PCCT	CO						
Emergency Care			Emergency Care Attendances (Including Mailing)	No	-	-	19330	18477	17367	13392	7163	9828	12215	14065	15099	14548	13833	13235	12762	11887	11307	15251	18305	20754	39059	-	-	-	-	-	-						
	●●●●●●●●		Emergency Care 4-hour waits	=> %	95	95	72.2	73.0	74.6	79.3	87.8	91.6	90.0	86.2	84.9	80.3	79.1	79.2	78.1	68.6	77.0	83.3	85.2	84.4	84.6	-	-	-	-	-	-						
	●●●●●●●●		Emergency Care 4-hour breach (numbers)	No	-	-	5375	4819	4416	2768	844	828	1225	1941	2284	2860	2895	2754	2791	3731	2596	2552	2808	3235	6043	-	-	-	-	-	-						
	●●●●●●●●		Emergency Care Trolley Waits >12 hours	<= No	0	0	1	0	0	0	1	0	0	0	0	0	0	3	2	3	23	5	0	6	2	8	-	-	-	-	-	-					
	●●●●●●●●		Emergency Care Timeliness - Time to Initial Assessment (95th centile)	<= No	15	15	116	121	62	85	74	44	62	194	69	163	149	163	132	238	138	163	160	97	-	-	-	-	-	-	-						
	●●●●●●●●		Emergency Care Timeliness - Time to Treatment in Department (median)	<= No	60	60	263	254	232	151	82	82	100	136	153	168	147	165	166	160	174	198	166	217	-	-	-	-	-	-	-						
	●●●●●●●●		Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	<= %	5	5	7.9	8.1	7.5	8.8	8.6	8.9	7.5	8.4	8.2	7.1	7.7	7.0	7.1	7.4	7.7	7.9	7.4	8.0	7.7	-	-	-	-	-	-						
	●●●●●●●●		Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	<= %	5	5	9.5	8.0	7.8	5.5	2.8	2.6	3.2	4.5	4.8	4.9	4.0	3.6	3.5	3.8	3.3	3.6	3.6	5.1	4.4	-	-	-	-	-	-						
	●●●●●●●●		WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	<= No	0	0	279	199	242	380	234	172	77	183	172	161	267	186	245	415	237	268	-	260	260	-	-	-	-	-	-						
	●●●●●●●●		WMAS - Finable Handovers (emergency conveyances) >60 mins (number)	<= No	0	0	12	9	32	42	8	1	0	0	3	9	43	31	49	381	87	85	-	30	30	-	-	-	-	-	-						
●●●●●●●●		WMAS - Handover Delays > 60 mins (% all emergency conveyances)	<= %	0.02	0.02	0.2	0.2	0.7	0.9	0.3	0.0	#####	0.0	0.1	0.2	1.0	0.8	1.1	8.4	2.2	2.0	-	0.6	0.6	-	-	-	-	-	-							
●●●●●●●●		WMAS - Emergency Conveyances (total)	No	-	-	4887	4848	4522	4588	3069	3282	3039	3951	4209	4065	4323	4106	4278	4544	4033	4209	-	4766	4766	-	-	-	-	-	-							
Patient Flow	●●●●●●●●	Apr 19	Delayed Transfers of Care (Acute) (%)	<= %	3.5	3.5	2.4	2.8	3.0	4.2	1.6	-	-	0.3	0.6	0.1	0.1	0.2	Awaiting new indicators												0.4	-	-	-	-	-	-
	●●●●●●●●		Delayed Transfers of Care (Acute) (Av./Week) attributable to NHS	<= No	240	20	16	19	20	28	11	-	-	2	4	1	2	6													-	-	-	-	-	-	-
	●●●●●●●●	Apr 19	Delayed Transfers of Care (Acute) - Finable Bed Days	<= No	0	0	180	195	340	388	210	32	10	8	0	12	27	43													342	-	-	-	-	-	-
	●●●●●●●●	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - ALL	No	-	-	944	989	860	730	501	554	543	604	746	750	935	901	943	1060	805	788	718	837	1555	-	-	-	-	-	-						
	●●●●●●●●	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units	No	-	-	383	354	358	347	343	295	277	293	377	312	426	443	386	443	365	402	380	445	825	-	-	-	-	-	-						
	●●●●●●●●	Apr 19	Patient Bed Moves (10pm - 6am) (No.) - exc. Assessment Units and Clinical Transfers	No	-	-	66	71	64	95	80	47	39	25	40	52	79	118	75	122	89	74	98	50	148	-	-	-	-	-	-						
Cancellations		Apr 19	Hip Fractures Best Practice Tariff (Operation < 36 hours of admissions)	=> %	85	85	67.5	75.0	87.9	61.5	84.0	90.0	60.0	53.1	70.8	80.0	78.9	85.0	87.0	88.9	92.9	87.0	81.3	88.9	84.8	-	88.9	-	-	-	-						
	●●●●●●●●		No. of Sitrep Declared Late Cancellations - Total	<= No	240	20	65	56	60	35	1	9	18	21	17	36	40	28	27	10	12	23	15	18	33	6	8	2	-	2	-						
	●●●●●●●●		No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	41	29	17	16	1	1	5	9	11	17	21	13	12	9	7	15	4	9	13	0	7	0	-	2	-						
	●●●●●●●●		No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	24	27	43	19	0	8	13	12	6	19	19	14	15	1	5	8	11	9	20	6	1	2	-	0	-						
	●●●●●●●●		Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	<= %	0.8	0.8	1.8	1.3	1.7	1.3	0.1	0.7	1.2	0.8	0.7	1.2	1.5	1.2	1.3	0.7	1.0	1.0	0.7	0.6	0.7	0.9	0.6	0.9	-	0.2	-						
	●●●●●●●●		Number of 28 day breaches	<= No	0	0	0	0	0	0	0	0	4	0	0	0	4	5	4	6	3	0	3	1	4	0	1	0	-	0	-						
	●●●●●●●●		No. of second or subsequent urgent operations cancelled	<= No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-					
	●●●●●●●●		Urgent Cancellations	<= No	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	-	0	-					
	●●●●●●●●		No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	<= No	0	0	1	1	2	4	0	0	0	1	0	1	1	1	1	0	1	0	2	1	3	1	0	0	-	0	-						
	●●●●●●●●		Multiple Hospital Cancellations experienced by same patient (all cancellations)	<= No	0	0	65	73	124	344	19	20	42	46	49	74	107	128	42	50	18	29	25	39	64	4	31	4	-	-	-						
	●●●●●●●●		All Hospital Cancellations, with 7 or less days notice	<= No	0	0	358	347	584	890	63	58	133	138	202	220	320	409	174	253	113	129	147	193	340	27	138	28	-	-	-						
	●●●●●●●●	Apr 19	2 weeks	=> %	93	93	99.0	98.0	98.9	98.3	93.7	93.6	94.1	94.8	90.1	90.1	94.1	89.8	86.5	80.2	73.6	71.8	73.9	-	73.9	88.6	70.7	97.4	-	24.3	-						
	●●●●●●●●	Apr 19	2 weeks (Breast Symptomatic)	=> %	93	93	98.1	95.5	100.0	98.2	96.2	97.1	94.1	100.0	100.0	96.6	94.4	86.4	80.9	56.1	29.0	27.5	21.6	-	21.6	-	21.6	-	-	-	-						
	●●●●●●●●	Apr 19	31 Day (diagnosis to treatment)	=> %	96	96	99.2	97.8	96.5	97.5	94.2	91.8	93.6	94.3	93.5	94.6	92.0	91.1	92.5	88.1	85.7	91.1	88.0	-	88.0	100.0	94.1	41.2	-	90.0	-						
	●●●●●●●●	Apr 19	31 Day (second/subsequent treatment - surgery)	=> %	94	94	93.1	100.0	100.0	95.7	92.3	69.6	100.0	100.0	100.0	88.2	69.2	78.9	94.7	100.0	90.0	83.3	76.9	-	76.9	-	-	-	-	-	-						
	●●●●●●●●	Apr 19	31 Day (second/subsequent treatment - drug)	=> %	98	98	100.0	-	-	100.0	100.0	-	100.0	-	-	-	100.0	100.0	100.0	100.0	-	100.0	100.0	-	100.0	-	-	-	-	-	-						
	●●●●●●●●	Apr 19	62 Day (urgent GP referral to treatment) Excl Rare Cancers	=> %	85	85	81.1	80.8	82.0	89.2	73.6	54.8	66.4	76.1	77.4	74.2	75.4	71.4	74.2	60.2	61.1	70.4	52.6	-	52.6	76.0	55.4	6.7	-	44.4	-						
	●●●●●●●●		62 Day (urgent GP referral to treatment) - Inc Rare Cancers	=> %	85	85	81.4	79.5	82.4	89.2	73.6	56.0	67.0	76.6	77.7	74.8	75.4	71.4	75.4	61.9	61.7	71.3	53.4	-	53.5	76.0	56.7	6.7	-	44.4	-						
●●●●●●●●	Apr 19	62 Day (referral to treat from screening)	=> %	90	90	89.7	91.5	100.0	94.8	83.9	33.3	100.0	80.0	83.3	90.0	90.0	87.5	94.4	87.5	92.6	94.7	100.0	-	100.0	-	100.0	-	-	-	-							

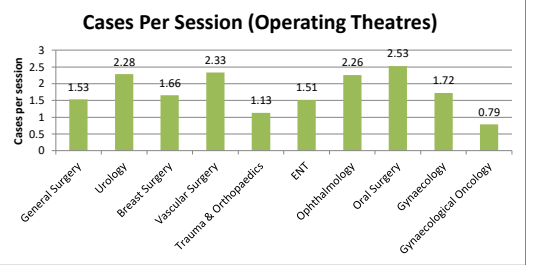
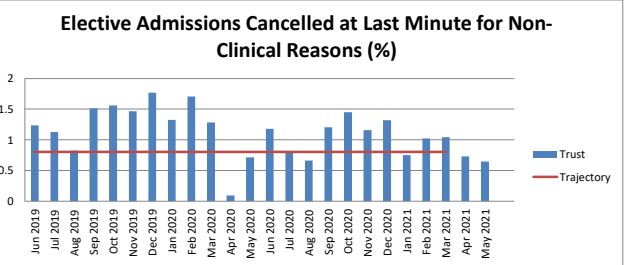
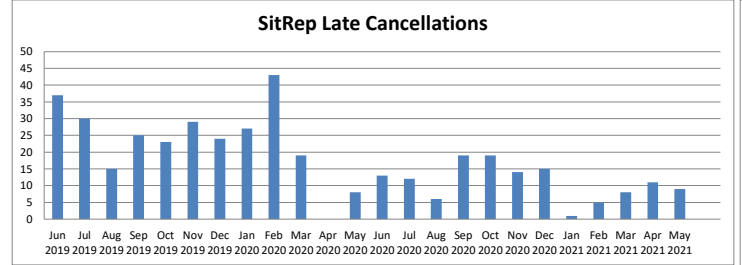
Cancer	●●●●●●	Apr 19	62 Day (referral to treat from hosp specialist)	=> %	90	90	82.3	87.5	76.1	84.6	95.5	82.1	80.3	85.3	92.9	90.7	74.2	85.1	62.0	87.2	82.2	70.2	82.5	-	82.5	83.3	100.0	28.6	-	100.0	-
	●●●●●●		Cancer = Patients Waiting Over 62 days for treatment	No	-	-	12	12	9	9	-	17	19	13	11	20	16	20	16	26	25	19	27	-	27	3	15	7	-	3	-
	●●●●●●		Cancer - Patients Waiting Over 104 days for treatment	No	-	-	6	7	4	2	-	4	10	8	3	8	4	10	6	5	9	6	12	-	12	2	6	4	-	1	-
	●●●●●●		Cancer - Longest wait for treatment (days) - TRUST	No	-	-	148	169	217	121	-	171	177	138	136	207	117	119	118	143	144	170	241	-	-	-	-	-	-	-	-
	●●●●●●	Apr 19	Neutropenia Sepsis - Door to Needle Time > 1hr	<= No	0	0	15	7	11	5	4	3	2	1	1	2	3	5	3	3	5	3	1	5	6	5	0	0	-	0	-
	●●●●●●		IPT Referrals - Within 38 Days Of GP Referral for 62 day cancer pathway	%	-	-	35.7	69.6	68.8	84.2	73.3	66.7	35.7	57.1	61.1	56.3	68.4	50.0	47.4	63.6	45.0	66.7	47.4	-	47.4	-	-	-	-	-	-
			Cancer - 28 Day FDS TWW Referral (% of Informed) - Total	%	-	-	-	85.2	97.8	96.7	84.6	96.5	94.7	99.8	76.2	70.3	76.4	77.6	77.9	89.2	92.8	68.9	59.9	-	59.9	-	-	-	-	-	-
			Cancer - 28 day FDS TWW breast symptomatic (% of Informed)	%	-	-	-	99.4	100.0	100.0	100.0	100.0	100.0	100.0	100.0	95.5	100.0	97.7	97.7	75.9	95.1	46.7	42.6	-	42.7	-	-	-	-	-	-
			Cancer - 28 day FDS screening referral (% of Informed) - Total	%	-	-	-	77.8	-	92.9	-	-	100.0	-	-	-	50.0	-	-	-	-	100.0	75.0	-	75.0	-	-	-	-	-	-
			Cancer - 28 Day FDS TWW Referral (% of Eligible) - Total	%	-	-	-	47.2	62.8	59.6	22.3	65.9	-	27.0	28.8	52.4	56.7	51.0	40.5	33.2	32.2	3.6	29.6	-	29.7	-	-	-	-	-	-
			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	153.7	148.1	5.9	41.1	-	41.1	-	-	-	-	-	-
			Cancer - 28 day FDS screening referral (% of Eligible) - Total	%	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RTT	●●●●●●	Apr 19	RTT - Admitted Care (18-weeks)	=> %	90	90	82.4	81.2	78.9	80.8	85.7	83.5	74.5	61.2	56.1	65.7	66.3	71.3	73.1	80.7	84.0	82.1	74.7	63.9	68.7	88.6	48.8	68.4	-	79.3	-
	●●●●●●	Apr 19	RTT - Non Admitted Care (18-weeks)	=> %	95	95	87.2	87.0	86.3	88.8	85.4	88.4	83.4	78.6	80.1	80.0	82.9	83.8	84.6	84.0	84.5	84.4	86.9	78.9	83.6	68.6	81.0	78.7	-	60.0	-
	●●●●●●	Apr 19	RTT - Incomplete Pathway (18-weeks)	=> %	92	92	91.1	90.7	90.4	88.0	80.5	70.7	58.2	53.5	61.0	67.7	72.5	74.8	74.9	76.8	74.5	73.2	70.5	73.0	71.8	89.1	66.8	81.2	-	59.6	-
	●●●●●●	Apr 19	RTT Waiting List - Incomplete	No	-	-	38416	39374	39364	38603	34989	34058	34436	35421	36056	35684	36566	38639	39800	46587	48933	50178	47746	48475	96221	5576	26836	2424	-	3650	0
	●●●●●●	Apr 19	RTT - Backlog	No	-	-	3433	3645	3781	4646	6823	9964	14405	16470	14061	11523	10067	9734	9978	10809	12460	13460	14077	13107	27184	610	8915	455	-	1474	0
	●●●●●●	Apr 19	Patients Waiting >52 weeks (All Pathways)	<= No	0	0	0	1	0	1	7	35	99	196	281	464	620	775	1008	1437	0	2858	2741	2645	5386	55	2028	19	0	228	0
	●●●●●●	Apr 19	Patients Waiting >52 weeks (Incomplete)	<= No	0	0	0	0	0	0	7	32	93	177	252	376	482	641	755	1301	2130	2584	2428	2105	4533	9	1664	7	0	177	0
	●●●●●●		Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	<= No	0	0	29	28	28	32	30	32	41	41	42	40	42	43	39	37	35	35	44	45	-	8	19	3	-	5	0
	●●●●●●		Treatment Functions Underperforming (Incomplete)	<= No	0	0	7	5	6	10	14	15	16	16	16	14	15	14	14	15	14	13	16	16	-	2	7	1	-	2	0
			RTT Clearance Time (Wks)	Ratio	-	-	10.8	9.5	9.8	12.4	18.1	15.5	12.3	12.6	13.8	11.3	11.7	12.0	13.5	18.2	17.6	15.3	18.6	18.5	18.5	16.3	18.3	18.2	-	26.1	-
DM01	●●●●●●	Apr 19	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	<= %	1	1	0.7	0.1	0.0	8.8	60.2	63.6	53.6	47.8	40.2	32.2	24.0	16.7	15.5	19.4	13.9	11.4	12.7	9.6	11.2	13.9	34.6	-	2.5	-	
	●●●●●●	Apr 19	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	338	1028	499	1140	78	281	232	525	974	1270	1263	1783	1157	1705	1176	1351	1797	2105	3902	249	198	-	1657	-	

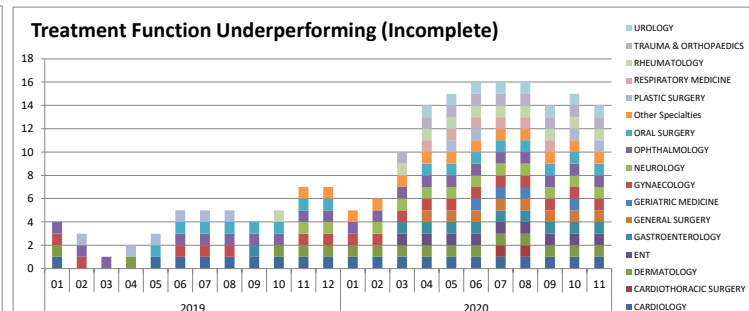
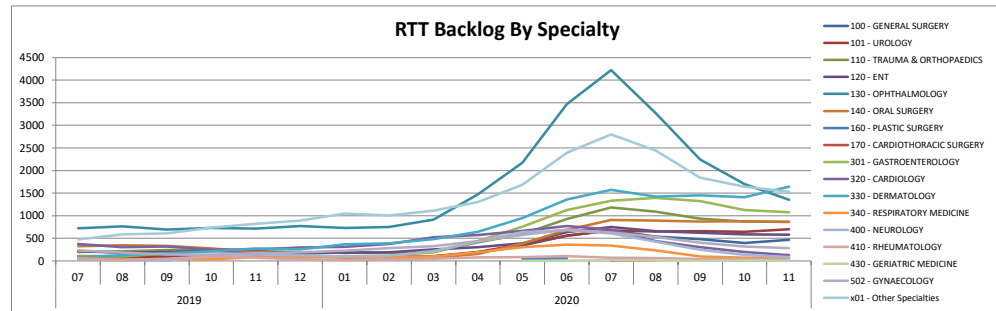
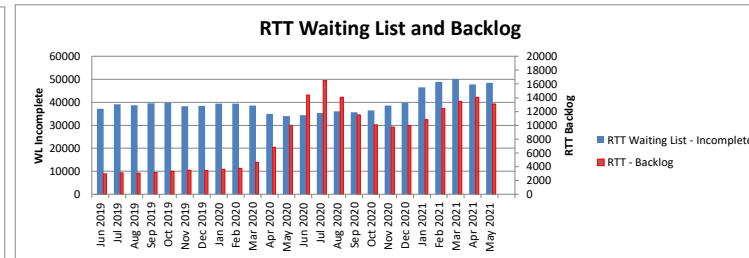
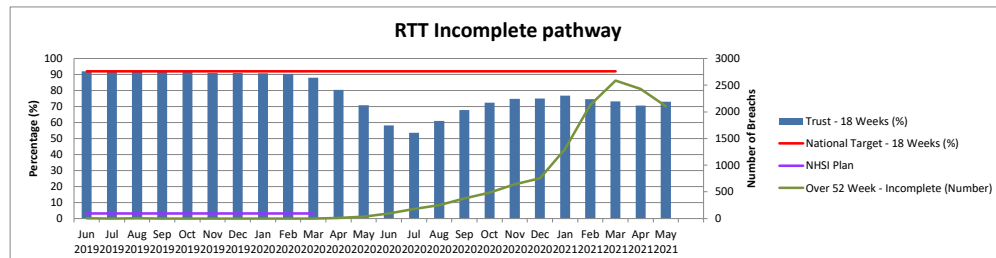
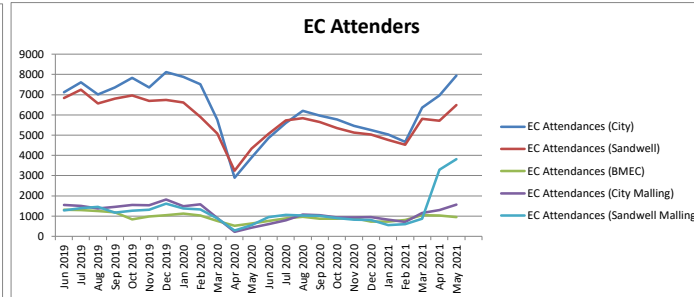
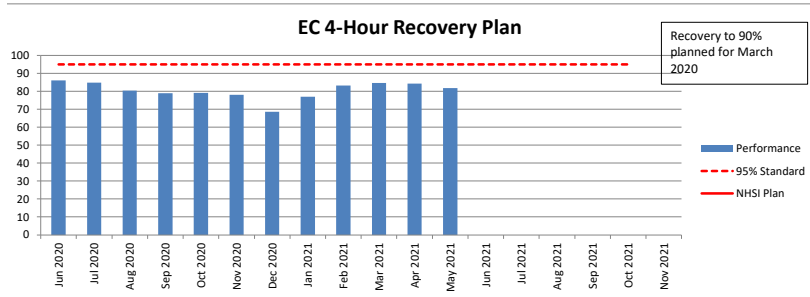
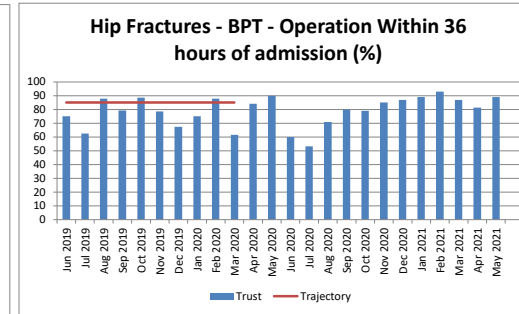
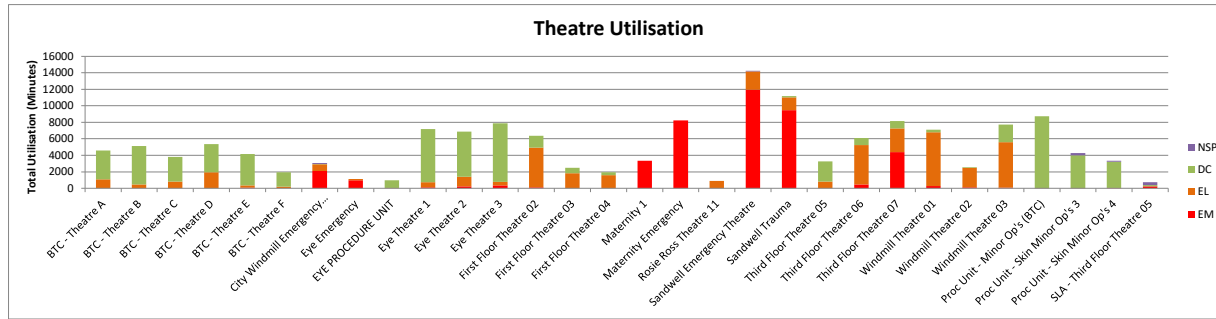
Data Quality - Kitemark						
1	2	3	4	5	6	7
Timeliness	Audit	Source	Validation	Completeness	Granularity	Assessment of Exec Director
●	●	●	●	●	●	●

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

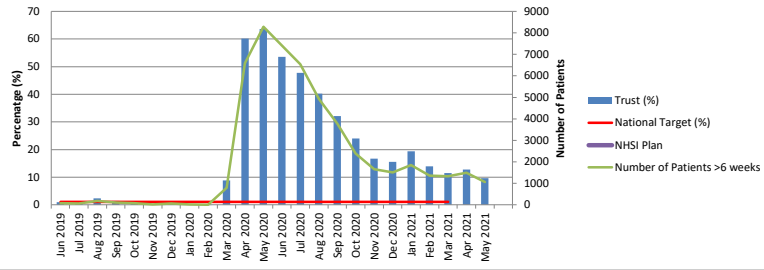


Month	Indicator	TumourSite	Informed in 28 Days	Eligible	% of Informed	% of Eligible
Apr 2021	Cancer - 28 Day FDS TWW Referral	Breast	48	230	35.29	20.87
Apr 2021	Cancer - 28 Day FDS TWW Referral	Colorectal	42	284	42.86	14.78
Apr 2021	Cancer - 28 Day FDS TWW Referral	Gynaecology	126	184	72.83	68.48
Apr 2021	Cancer - 28 Day FDS TWW Referral	Haematology	5	39	50	12.82
Apr 2021	Cancer - 28 Day FDS TWW Referral	Head & Neck	16	98	55.17	16.67
Apr 2021	Cancer - 28 Day FDS TWW Referral	Lung	4	30	66.67	13.33
Apr 2021	Cancer - 28 Day FDS TWW Referral	Skin	0	147	0	0
Apr 2021	Cancer - 28 Day FDS TWW Referral	Upper GI	135	186	88.82	72.58
Apr 2021	Cancer - 28 Day FDS TWW Referral	Urology	26	160	40	16.25
Apr 2021	28 day FDS TWW Breast Symptomatic	Breast	58	141	42.65	41.13
Apr 2021	Cancer - 28 day FDS screening referral	Breast	3	0	75	0
Apr 2021	Cancer - 28 day FDS screening referral	Colorectal	0	0	0	0
Apr 2021	Cancer - 28 day FDS screening referral	Gynaecology	0	0	0	0

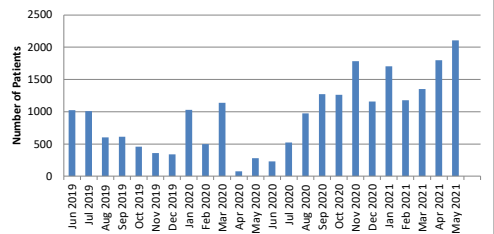




Diagnostic Waits (% and No.) Greater Than 6 Weeks



Diagnostic Waits (In Month) Greater Than 6 Weeks



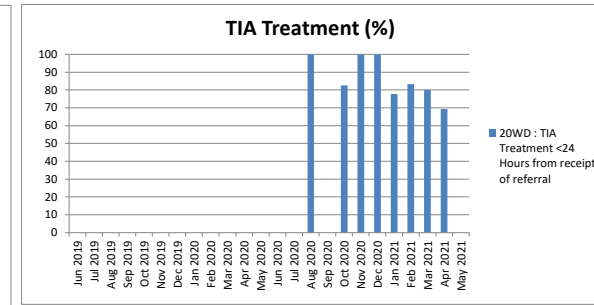
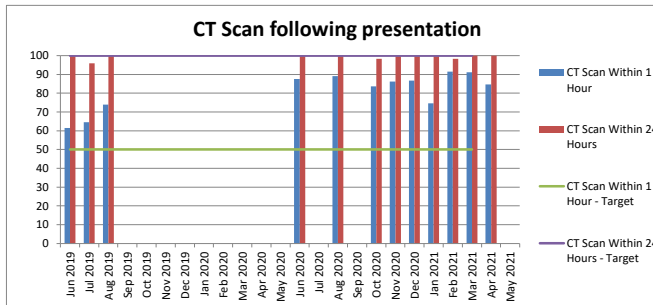
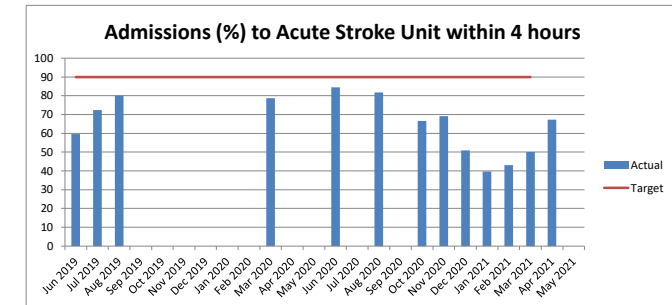
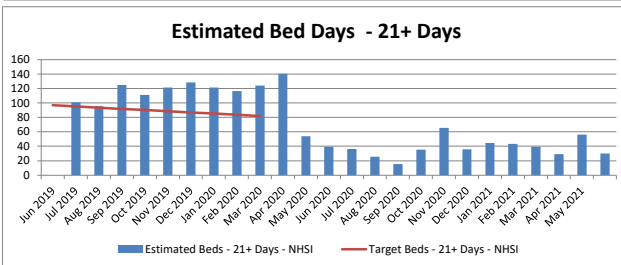
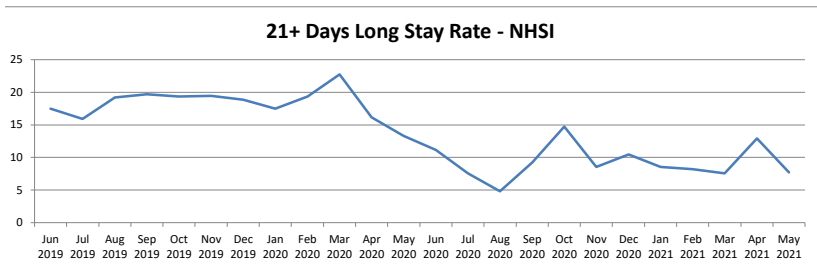
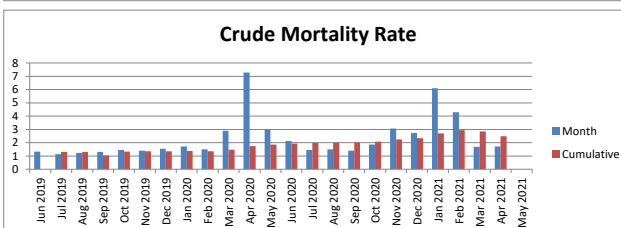
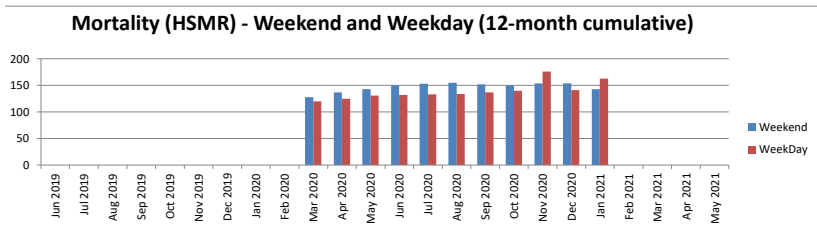
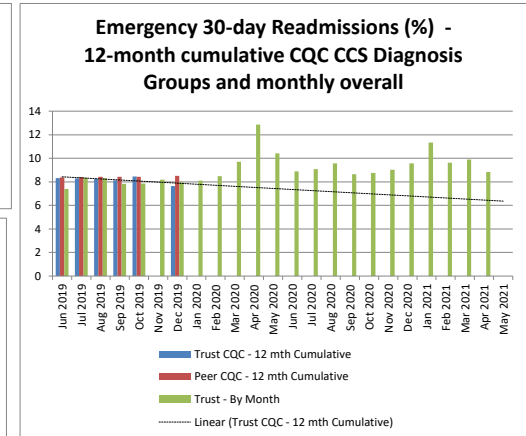
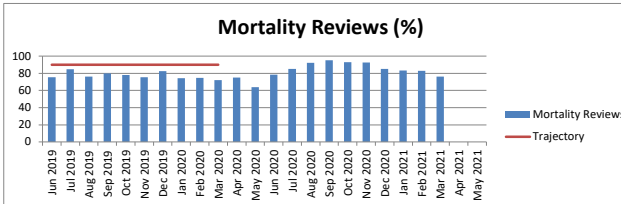
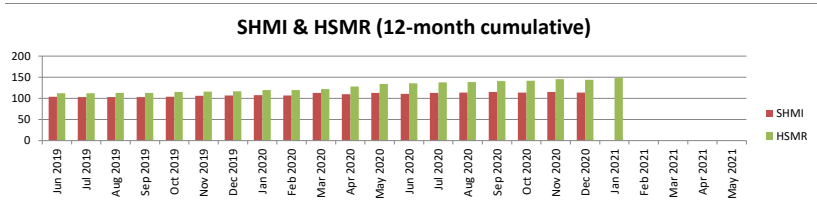
CQC Domain - Effective

	Kitemark	Reviewed Date	Indicator	Measure	Standard		Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	20/21 Year to Date	Group						
					Year	Month																				M	SS	W	I	PCCT	CO	
Mortality and Readmissions	●●●●●●●●		Hospital Standardised Mortality Rate (HSMR) - Overall (12-month cumulative)	No	-	-	117	120	120	122	128	134	136	138	139	141	142	146	144	149	-	-	-	-	-	-	-	-	-	-	-	
			Hospital Standardised Mortality Rate (HSMR) - Weekday Admission (12-month cumulative)	No	-	-	-	-	-	120	125	131	132	133	134	137	140	176	141	163	-	-	-	-	-	-	-	-	-	-	-	
			Hospital Standardised Mortality Rate (HSMR) - Weekend Admission (12-month cumulative)	No	-	-	-	-	-	128	137	143	150	153	155	152	150	154	154	143	-	-	-	-	-	-	-	-	-	-	-	
			Hospital Standardised Mortality Rate (HSMR) - Overall (monthly)	No	-	-	121	136	130	155	194	163	155	125	136	146	146	173	135	183	148	105	-	-	-	-	-	-	-	-	-	
			Hospital Standardised Mortality Rate (HSMR) - Weekday Admission (monthly)	No	-	-	116	137	130	148	186	158	142	126	127	136	151	176	119	166	150	103	-	-	-	-	-	-	-	-	-	
			Hospital Standardised Mortality Rate (HSMR) - Weekend Admission (monthly)	No	-	-	136	135	131	173	223	180	201	122	129	137	134	166	176	221	150	113	-	-	-	-	-	-	-	-	-	
	●●●●●●●●			Summary Hospital-level Mortality Index (SHMI) (12-month cumulative)	No	-	-	107	108	107	113	110	113	111	113	114	115	114	115	114	-	-	-	-	-	-	-	-	-	-	-	
				Summary Hospital-level Mortality Index (SHMI) (monthly)	No	-	-	109	107	102	133	137	126	115	109	110	118	113	120	97	135	106	-	-	-	-	-	-	-	-	-	
	●●●●●●●●			Mortality Reviews within 42 working days	=> %	90	90	82.7	74.5	74.8	72.2	75.1	63.9	78.4	85.1	92.2	95.2	93.2	92.6	85.1	83.2	83.1	76.1	-	-	82.8	75.0	100.0	-	-	76.2	-
	●●●●●●●●			Crude In-Hospital Mortality Rate (Deaths / Spells) (by month)	%	-	-	1.6	1.7	1.5	2.9	7.3	3.0	2.1	1.5	1.5	1.4	1.9	3.1	2.7	6.1	4.3	1.7	1.7	-	1.7	-	-	-	-	-	-
	●●●●●●●●			Crude In-Hospital Mortality Rate (Deaths / Spells) (12-month cumulative)	%	-	-	1.3	1.4	1.4	1.5	1.7	1.9	1.9	2.0	2.0	2.0	2.1	2.2	2.3	2.7	2.9	2.8	2.5	-	2.5	-	-	-	-	-	-
	●●●●●●●●			Deaths in The Trust	No	-	-	139	162	125	-	334	150	125	103	102	108	148	212	178	342	247	116	115	-	115	90	9	2	0	14	0
				Avoidable Deaths In the Trust	No	-	-	1	0	0	0	0	0	0	1	0	0	0	2	0	1	0	1	-	-	5	-	-	-	-	-	-
●●●●●●●●	Apr 19		Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	8.0	8.1	8.5	9.7	12.9	10.4	8.9	9.1	9.6	8.7	8.8	9.0	9.6	11.3	9.6	9.9	8.9	-	8.9	12.1	5.8	7.9	-	1.8	-	
●●●●●●●●	Apr 19		Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	8.0	8.0	8.0	8.1	8.3	8.5	8.6	8.7	8.8	8.9	9.0	9.1	9.2	9.5	9.6	9.7	9.4	-	9.4	13.1	5.5	7.7	6.7	2.6	-	
●●●●●●●●	Apr 19		Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	2.9	3.0	3.1	3.8	5.2	4.1	3.6	4.0	4.5	4.2	4.8	5.0	5.0	5.9	5.1	5.3	4.2	-	4.2	4.9	3.6	7.0	-	-	-	
●●●●●●●●	Apr 19		Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	3.2	3.2	3.1	3.1	3.2	3.3	3.4	3.4	3.5	3.6	3.8	3.9	4.1	4.4	4.6	4.7	4.6	-	4.7	6.0	3.3	6.1	-	0.0	-	
Patient Flow	●●●●●●●●	Apr 19	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	156	154	173	161	66	57	56	53	55	72	77	80	82	90	76	83	67	82	-	62	9	3	2	6	-	
	●●●●●●●●		21+ Days Long Stay Rate - NHSI	%	-	-	18.9	17.5	19.3	22.7	16.1	13.3	11.1	7.5	4.8	9.2	14.7	8.6	10.8	12.1	10.5	19.8	12.9	7.7	10.4	8.8	3.1	0.0	0.0	14.6	-	
	●●●●●●●●		Estimated Beds - 21+ Days - NHSI	No	-	-	121	117	124	140	54	39	36	26	15	35	66	36	49	87	55	107	56	30	-	25	2	0	0	2	-	
RTT	●●●●●●●●	Apr 19	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	39.6	38.0	46.0	36.4	48.8	54.9	61.7	62.7	61.4	55.2	56.2	55.7	62.2	71.4	66.0	61.2	48.6	44.8	46.7	45.8	47.6	35.3	85.7	42.6	-	
	●●●●●●●●	Apr 19	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	4029	4571	6313	4983	5886	3715	4644	5122	4706	5064	5407	5541	6485	11931	6091	5572	4992	4448	9440	876	2477	495	12	586	-	
	●●●●●●●●	Apr 19	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	54.8	55.3	56.3	55.4	49.5	94.0	82.1	78.8	76.2	73.5	68.7	69.6	77.7	71.5	80.8	86.4	76.3	79.5	78.1	76.6	82.6	72.6	86.5	67.7	-	
	●●●●●●●●	Apr 19	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	2087	2242	2207	2155	549	547	898	1435	1625	1938	2069	1833	1617	1014	944	1210	1243	1686	2929	105	1205	193	32	151	-	
Stroke			5WD: Pts spending >90% stay on Acute Stroke Unit	=> %	90	90	96.2	84.0	90.5	-	84.8	-	88.9	95.2	87.0	91.7	88.4	92.6	90.9	70.5	68.4	81.5	91.2	85.7	89.4	85.7	-	-	-	-	-	
			5WD: Pts admitted to Acute Stroke Unit within 4 hrs	=> %	80	80	48.4	52.0	66.0	-	72.5	-	82.2	84.2	81.8	75.5	65.0	67.9	49.2	39.6	43.1	50.0	66.7	82.4	74.8	82.4	-	-	-	-	-	
			5WD: Pts receiving CT Scan within 1 hr of presentation	=> %	50	50	74.6	94.1	88.7	-	82.9	-	87.5	85.9	89.1	84.0	83.6	87.9	85.9	75.5	93.2	87.5	84.3	94.7	89.8	94.7	-	-	-	-	-	
			5WD: Pts receiving CT Scan within 24 hrs of presentation	=> %	95	95	100.0	100.0	100.0	-	97.6	-	100.0	100.0	100.0	100.0	98.4	100.0	100.0	100.0	98.3	100.0	100.0	100.0	100.0	100.0	100.0	-	-	-	-	-
			5WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	=> %	85	85	50.0	75.0	83.3	-	25.0	-	50.0	100.0	50.0	66.7	80.0	100.0	85.7	100.0	50.0	75.0	0.0	83.3	71.4	83.3	-	-	-	-	-	
			5WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	=> %	70	70	80.0	65.2	83.3	80.0	82.6	-	85.7	100.0	Awaiting new TIA Indicators											86.8	100.0	-	-	-	-	
			5WD: TIA (Low Risk) Treatment <7 days from receipt of referral	=> %	75	75	61.9	61.1	76.2	67.6	25.0	-	96.2	96.2	Awaiting new TIA Indicators											93.1	96.2	-	-	-	-	
		5WD: TIA Treatment <24 Hours from receipt of referral	%	-	-	-	-	-	-	-	-	-	-	-	100.0	87.2	82.6	88.9	100.0	77.8	72.2	80.0	69.2	91.7	80.0	91.7	-	-	-	-	-	

Cardiology	● ● ● ● ● ● ● ●	Primary Angioplasty (Door To Balloon Time 90 mins)	=> %	80	80	91.7	94.1	91.7	71.4	33.3	100.0	100.0	100.0	100.0	88.9	81.8	87.5	85.7	90.9	100.0	90.9	94.4	78.9	86.5	79.0	-	-	-	-	-
	● ● ● ● ● ● ● ●	Primary Angioplasty (Call To Balloon Time 150 mins)	=> %	80	80	81.8	88.2	91.7	50.0	33.3	80.0	100.0	75.0	100.0	88.9	88.9	87.5	64.3	81.8	94.4	90.9	88.2	81.3	84.9	81.3	-	-	-	-	-
	● ● ● ● ● ● ● ●	Rapid Access Chest Pain - seen within 14 days	=> %	98	98	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	-	-

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

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



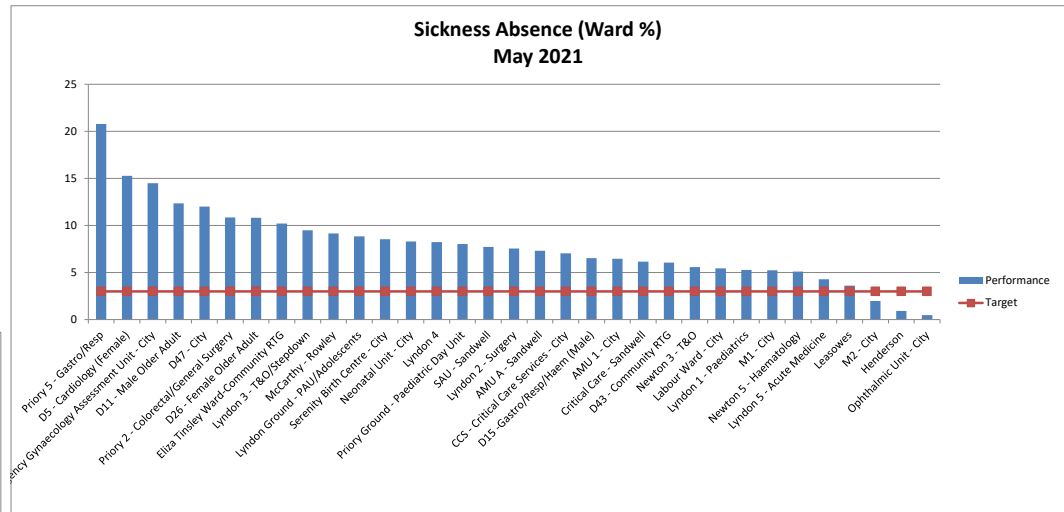
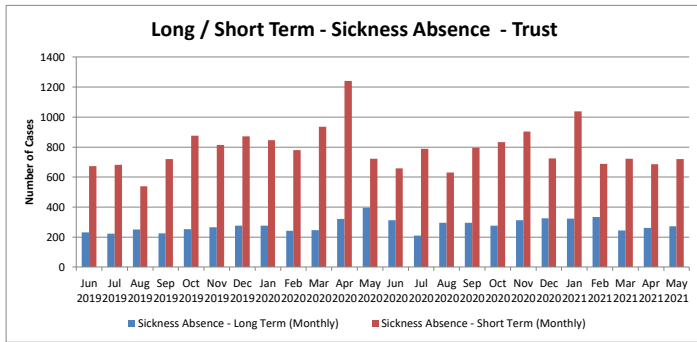
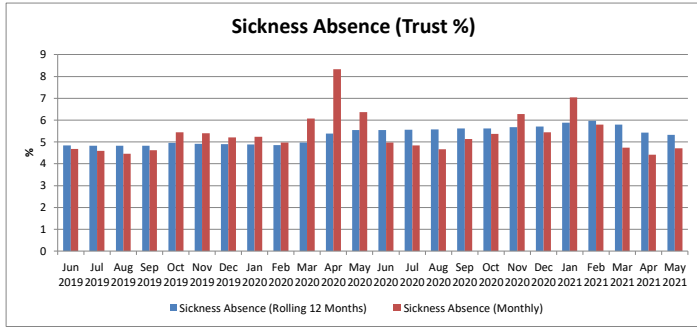
The stroke indicators in the IPR are based on 'patient arrivals' not 'patient discharged' as this monitors pathway performance rather than actual outcomes which may / may not change on discharge. National SSNAP is based on 'patient discharge' which is more appropriate for outcomes based reporting.

CQC Domain - Well Led

Kitemark	Reviewed Date	Indicator	Measure	Standard		Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	20/21 Year to Date	Group					
				Year	Month																							M	SS	W
●●●●●●●●		PDRs - 12 month rolling	=> %	95	95	-	-	-	-	-	-	-	-	-	91.4	-	-	-	-	-	-	-	-	91.4	87.8	87.3	97.2	89.8	95.9	94.7
●●●●●●●●		Medical Appraisal	=> %	90	90	94.9	94.4	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	97.0	96.3	94.0	87.2	88.7	89.3	91.2	-	91.2	90.2	90.9	92.8	93.2	94.9	88.9
●●●●●●●●	Apr 19	Sickness Absence (Rolling 12 Months)	<= %	3.0	3.0	4.9	4.9	4.9	5.0	5.4	5.5	5.5	5.6	5.6	5.6	5.7	5.7	5.9	6.0	5.8	5.4	5.3	5.4	6.2	5.9	5.4	4.5	4.7	4.5	
●●●●●●●●	Apr 19	Sickness Absence (Monthly)	<= %	3.0	3.0	5.2	5.2	5.0	6.1	8.3	6.4	5.0	4.8	4.7	5.1	5.4	6.3	5.4	7.0	5.8	4.7	4.4	4.7	4.6	5.0	5.0	4.7	4.9	5.0	3.9
		Sickness Absence - Long Term - (Open Cases in the month)	No	-	140	187	153	114	152	156	228	180	145	162	148	161	175	174	167	195	162	140	162	-	36	29	25	9	27	36
●●●●●●●●	Apr 19	Sickness Absence - Short Term (Monthly)	No	-	-	872	845	779	936	1241	722	657	789	630	794	833	904	724	1037	688	723	686	720	-	196	144	79	29	109	112
		Ward Sickness Absence (Monthly)	<= %	3.0	3.0	7.0	6.6	6.8	8.9	11.7	9.5	7.4	6.8	7.1	7.9	7.2	9.7	7.8	10.2	8.6	7.4	6.3	5.9	6.1	6.5	6.3	4.7	-	5.1	-
●●●●●●●●		Mandatory Training - Health & Safety (% staff)	=> %	95	95	81.8	92.8	92.7	94.2	93.9	96.3	97.7	96.6	97.5	97.6	98.2	98.1	98.4	98.0	97.2	96.8	97.7	98.1	97.9	96.4	97.0	98.7	98.9	99.2	99.2
		Staff at 100% compliance with mandatory training	%	-	-	80.1	52.8	71.5	74.4	72.6	78.4	89.3	87.7	86.4	85.7	83.9	81.0	78.5	74.5	69.3	73.1	74.9	79.5	77.2	66.7	78.2	81.6	86.1	85.4	85.1
		Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	9.4	25.5	15.1	15.3	16.3	13.2	6.8	8.3	9.1	8.8	10.5	12.5	13.4	15.6	18.3	15.2	15.0	12.3	13.7	17.1	13.2	11.0	10.4	9.7	10.4
		Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	4.0	10.0	5.8	4.9	5.2	3.8	1.8	1.9	2.4	2.6	2.8	3.7	4.6	5.7	6.6	6.1	5.1	4.0	4.6	7.5	3.1	4.1	1.9	2.7	3.1
		Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	11.7	7.6	5.4	5.9	4.6	2.0	2.1	2.2	2.8	2.7	2.8	3.5	4.2	5.8	5.5	4.9	4.2	4.6	8.7	5.6	3.3	1.5	2.2	1.3
●●●●●●●●	Apr 19	Nursing Turnover (Qualified Only)	<= %	10.7	10.7	12.6	12.3	12.6	12.5	12.7	12.9	12.4	12.3	12.6	12.5	12.4	12.6	11.6	12.6	12.3	11.5	11.1	10.5	10.8	-	-	-	-	-	-
●●●●●●●●	Apr 19	Nursing Vacancy Rate (Qualified)	<= %	11	11	14.5	12.9	12.3	12.4	12.4	13.3	14.2	18.0	12.6	12.1	12.8	12.9	13.9	12.9	13.0	13.4	12.4	12.6	12.5	14.1	12.4	13.1	24.6	9.8	10.6
	Apr 19	New Starters Complete Onboarding Process	=> %	100	100	100.0	94.8	100.0	96.9	38.8	100.0	98.9	100.0	97.2	93.9	92.7	97.5	-	100.0	94.6	70.2	86.8	94.1	90.4	100.0	92.3	84.6	-	93.3	-

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

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



CQC : Use of Resources

Category	Kitemark	Reviewed Date	Indicator	Measure	Benchmark							Trust	Trust	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	2021 Year to Date	Group																	
					Period	Model Hospital STP Peer	Royal Wolverth NHS Trust	Walsall Healthcare NHS Trust	Dudley Group NHS Foundation Trust	Model Hospital National Median	Model Hospital Quality Account Peer	Trust Delivery	Target																				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	-																																					
			Pre-Procedure Non-Elective Bed Days	<= Avg	Q4 2019/20	0.74	0.64	0.85	0.82	0.66	0.54	0.66	-	0.59	0.63	0.61	0.49	0.55	0.38	0.52	-	-	-	-	-	0.75	0.73	0.65	0.54	0.54	-																			
			DNA Rate - Inc Radiology (Model Hospital)	<= %	Q4 2019/20	8.09	7.31	9.92	6.63	7.11	6.75	8.35	-	8.8	7.7	7.7	11.7	9.1	7.5	8.0	8.6	9.1	9.4	9.6	9.2	10.0	10.3	9.1	8.7	9.3	9.3																			
			DNA Rate - Exc Radiology (SWB)	<= %	Q3 2019/20	n/a	-	-	-	n/a	n/a	10.49	-	11.0	9.6	9.5	14.1	10.0	8.6	8.8	10.3	11.4	11.7	11.9	11.2	12.3	12.2	11.2	10.6	11.3	11.8																			
			Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	<= %	Q4 2019/20	7.97	6.68	8.16	5.72	7.94	7.49	8.23	-	8.0	8.1	8.5	9.7	12.9	10.4	8.9	9.1	9.6	8.7	8.8	9.0	9.6	11.3	9.6	9.9	8.9	-																			
Clinical Support Services			Top 10 Medicines - Delivery of Savings	%	To Mar2018	-	-	-	-	100	-	82	-																																					
			Pathology Overall Cost Per Test	£	2018/19	£1.45	£2.08	£1.58	£1.14	£1.94	£2.46	£1.33	-																																					
People			Staff Retention Rate	%	To May2020	86	87.2	84.4	89.8	86.2	85.1	85	-																																					
			Sickness Absence (Monthly)	<= %	May2020	5.41	4.87	6.89	4.82	4.77	5.01	5.39	-	5.2	5.2	5.0	6.1	8.3	6.4	5.0	4.8	4.7	5.1	5.4	6.3	5.4	7.0	5.8	4.7	4.4	4.7																			
			Total Cost per WAU	£	2018/19	£3,614	-	-	-	£3,500	-	£3,359	-																																					
			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, Estates & Facilities			Finance Cost Per £100m Turnover	£000	2018/19	483.8k	493.42	626.25	457.75	653.3k	634.6k	-								####	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
			HR Cost Per £100m Turnover	£000	2018/19	686.9k	767.49	1270	388.35	910.7	767.5k	794.9k	-									####	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
			Estates & Facilities Cost (£ per m2)	£	2018/19	-	£360	£366	£494	-	-	-	-																																					
			Procurement League Table: Process Efficiency and Price Performance Score (scaled 0 to 100)	No	Q2 2019/20	54	58	43	50	57	57	74	-																																					
Finance			Capital Service Capacity - Value	=> No	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	2	2	2	2	2	2	2	2	2	2	2	-	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
			Liquidity (Days) - Value	=> No	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-15	-11	-15	-164	-91	-59	-52	-34	-37	-28	-31	-	-23	19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
			Distance From Agency Spend Cap - Value	=> %	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	76.0	75.0	78.0	70.0	50.0	31.0	37.0	22.0	23.0	27.0	73.2	-	40.0	67.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
			Income and Expenditure (I &E) Margin - Value	=> %	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-0.4	-0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-	0.0	0.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
			Distance Form Financial Plan - Value	=> %	Feb 20	n/a	-	-	-	n/a	n/a	-	-	-	-0.1	-0.1	0.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-	0.0	0.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			

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

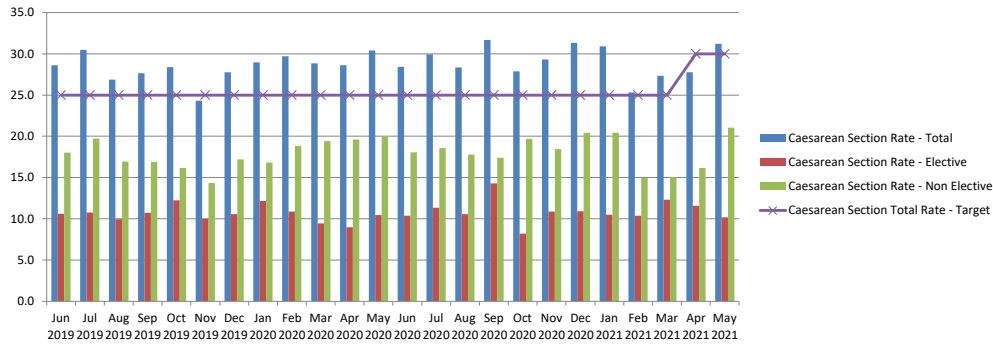
STP FootPrint Peer Group:

- 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

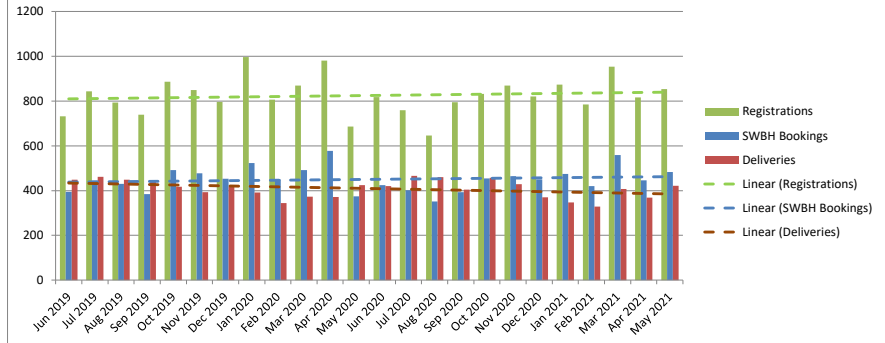
Patient Safety - Obstetrics

Data Quality	Last review	PAF	Indicator	Measure	Trajectory		Previous Months Trend (since Dec 2019)														Data Period	Month	Year To Date	Trend					
					Year	Month	D	J	F	M	A	M	J	J	A	S	O	N	D	J					F	M	A	M	
			Caesarean Section Rate - Total	<= %	30.0	30.0																				May 2021	31.2	29.6	
			Caesarean Section Rate - Elective	<= %			11	12	11	9	9	10	10	11	11	14	8	11	11	10	10	12	12	10	May 2021	10.2	10.8		
			Caesarean Section Rate - Non Elective	<= %			17	17	19	19	20	20	18	19	18	17	20	18	20	20	15	15	16	21	May 2021	21.0	18.8		
			Maternal Deaths	<= No	0	0																			May 2021	0	0		
			Post Partum Haemorrhage (>2000ml)	<= No	48	4																			Apr 2021	4	4		
			Admissions to Neonatal Intensive Care (Level 3)	<= %	10.0	10.0																			Apr 2021	0.54	0.54		
			Adjusted Perinatal Mortality Rate (per 1000 babies)	<= Rate1	8.0	8.0																			Mar 2021	13.73	9.77		
	Apr-19		Stillbirth Rate (Corrected) (per 1000 babies)	Rate1			4.78	5.10	0.00	2.68	2.70	9.43	11.90	6.44	4.35	4.94	8.75	2.33	10.81	8.65	6.08	9.83	5.42	4.75	May 2021	4.75	5.06		
	Apr-19		Neonatal Death Rate (Corrected) (per 1000 babies)	Rate1			2.39	2.55	0.00	2.68	5.39	2.36	4.76	6.44	0.00	0.00	0.00	2.33	2.70	2.91	3.06	4.91	5.39	-	Apr 2021	5.39	5.39		
			Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	=> %	85.0	85.0																			May 2021	92.4	93.3		
			Early Booking Assessment (<12 + 6 weeks) - National Definition	=> %	90.0	90.0																			May 2021	150.6	156.8		
			Breast Feeding Initiation (Quarterly)	=> %	74.0	74.0																			May 2021	84.22	83.38		
	Apr-19		Puerperal Sepsis and other puerperal infections (variation 1 - ICD10 O85 or O86) (%) -	<= %			0.5	1.1	0.0	0.3	1.9	1.6	1.8	1.7	2.1	0.6	1.0	1.3	0.8	0.4	0.9	0.4	0.6	1.3	May 2021	1.27	0.98		
	Apr-19		Puerperal Sepsis and other puerperal infections (variation 2 - ICD10 O85 or O86 Not O864) (%) -	<= %			0.5	0.8	0.0	0.3	0.4	0.8	1.3	1.1	1.8	0.6	1.0	1.3	0.8	0.4	0.9	0.4	0.9	1.3	May 2021	1.27	1.11		
	Apr-19		Puerperal Sepsis and other puerperal infections (variation 3 - ICD10 O85) (%) -	<= %			0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.8	1.0	0.4	0.4	0.0	0.0	0.5	0.8	May 2021	0.85	0.67		

Caesarean Section Rate (%)



Registrations & Deliveries

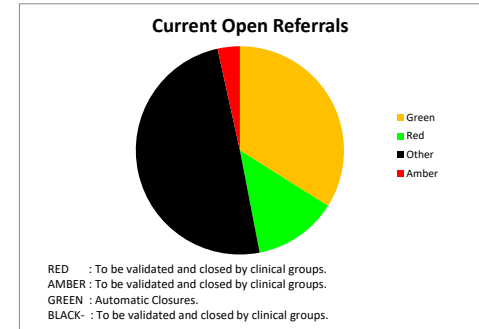
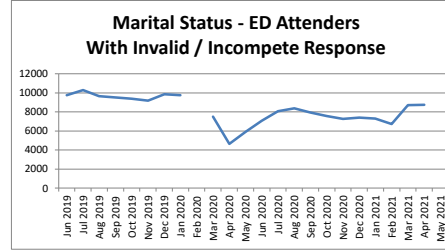
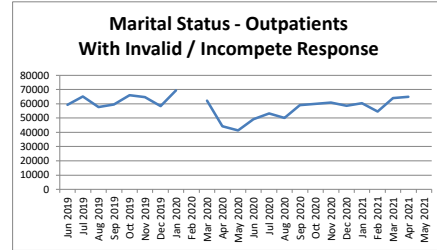
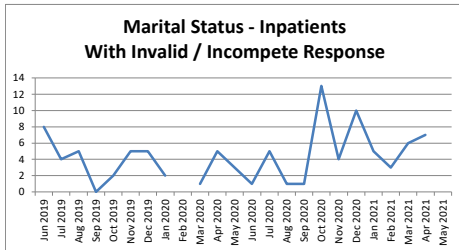
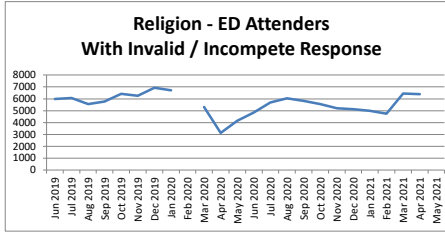
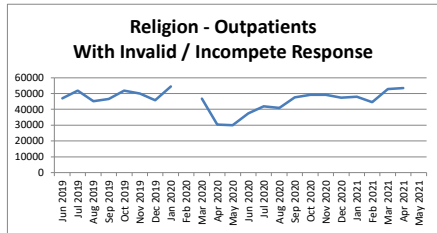
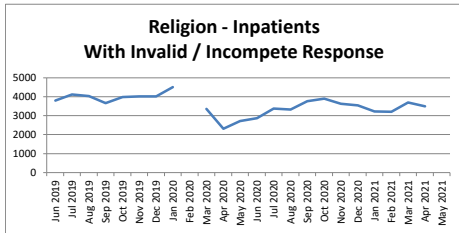


Data Completeness

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

Previous Months Trend (since Dec 2019)																	
D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M
95.1	95.7	99.0	97.1	95.5	98.4	98.6	96.2	98.4	98.3	96.5	99.4	99.5	99.3	99.5	99.7	99.5	-
99.6	99.5	99.7	99.5	99.6	99.4	99.4	99.5	99.5	99.7	99.8	99.8	99.9	99.7	99.8	99.9	99.9	-
84.2	86.0	85.6	88.4	90.3	89.9	90.2	90.2	90.1	91.2	92.0	93.2	93.3	94.4	95.8	95.5	95.6	-
65.3	62.9	-	64.5	65.5	63.4	65.0	63.6	63.8	62.1	61.1	60.6	60.3	62.1	60.3	59.9	61.4	-
50.3	50.0	-	51.2	55.9	52.5	50.1	48.1	46.5	46.9	46.3	46.5	46.3	46.7	44.9	44.9	44.8	-
57.0	57.7	-	55.5	55.1	55.3	56.2	55.3	55.0	54.8	54.7	55.2	55.9	54.7	53.9	52.9	54.0	-
100.0	100.0	-	100.0	99.9	100.0	100.0	99.9	100.0	100.0	99.9	100.0	99.9	99.9	100.0	99.9	99.9	-
36.5	36.4	-	35.1	35.5	34.4	34.4	34.1	34.3	34.3	34.4	33.6	33.5	32.8	32.3	33.1	33.0	-
39.1	38.3	-	37.2	33.6	36.5	36.3	36.5	37.7	38.6	38.4	37.6	36.2	33.6	34.4	36.3	37.1	-
216,909	216,936	217,529	215,194	207,500	206,550	206,748	209,022	211,836	213,760	215,688	218,431	220,048	228,246	231,630	234,637	234,160	237,452
38,047	38,823	38,104	38,197	32,736	35,780	36,323	36,553	36,380	37,027	38,053	38,864	38,861	40,339	39,652	39,970	39,528	42,259
279	246	286	188	221	221	383	353	354	369	322	338	344	285	300	313	353	349

Data Period	Group						Month	Year To Date	Trend
	M	SS	W	P	I	CO			
May 2021						61.2	61.2		
Mar 2021						-	-		
Mar 2021							97.6		
Mar 2021							99.1		
Apr 2021							99.5	99.5	
Apr 2021							99.9	99.9	
Apr 2021							95.6	95.6	
Apr 2021							92.7	92.7	
Apr 2021							90.8	90.8	
Apr 2021							61.4	61.4	
Apr 2021							44.8	44.8	
Apr 2021							54.0	54.0	
Apr 2021							99.9	99.9	
Apr 2021							33.0	33.0	
Apr 2021							37.1	37.1	
Apr 2021							6.3	6.4	
May 2021							237,452		
May 2021							42,259		
May 2021							349		



Legend

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

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

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

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

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

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

Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	20/21 Year to Date	Directorates			
			Year	Month	EC	AC_A	AC_B																				
Safe	C. Difficile (Post 48 hours)	No	30	3	2	1	2	3	0	3	1	2	3	1	1	0	1	4	2	3	2	6	8	6	0	0	
	MRSA Bacteraemia (Post 48 hours)	No	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	-	0	0	0	
	MRSA Screening - Elective	%	95	95	51.0	64.9	67.3	62.0	56.7	80.4	92.1	78.9	70.9	79.4	82.9	76.7	82.5	71.4	73.3	79.3	70.5	77.4	-	100.0	83.3	28.6	
	MRSA Screening - Non Elective	%	95	95	74.9	78.4	83.4	76.7	83.3	92.3	93.5	94.4	93.8	92.5	92.9	92.0	92.6	82.0	87.9	90.7	91.5	85.6	88.6	85.2	89.4	87.0	
	Number of DOLS raised	No	-	-	25	14	17	15	13	21	23	17	15	21	16	20	23	16	7	36	32	27	59	13	14	0	
	Number of DOLS which are 7 day urgent	No	-	-	25	14	17	15	13	21	23	17	15	21	16	20	23	16	7	36	32	27	59	13	14	0	
	Number of delays with LA in assessing for standard DOLS application	No	-	-	6	3	4	0	2	1	3	3	3	2	4	2	2	2	2	5	1	4	5	1	3	0	
	Number DOLS rolled over from previous month	No	-	-	0	0	2	1	5	4	2	3	1	1	2	4	6	4	6	3	6	9	15	6	3	0	
	Number patients discharged prior to LA assessment targets	No	-	-	16	7	10	11	12	22	19	15	11	17	8	11	21	10	8	26	26	25	51	15	10	0	
	Number of DOLS applications the LA disagreed with	No	-	-	0	0	1	0	0	0	0	0	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0
	Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	0	1	0	0	0	0	0	0	0	2	0	3	0	0	0	0	0	0	0	0	0	0	0
	Falls	No	-	-	47	46	42	65	21	35	44	51	44	54	44	60	36	42	43	63	50	54	104	13	-	-	
	Falls - Death or Severe Harm	No	0	0	0	1	1	0	0	1	1	2	0	0	0	0	0	0	1	1	1	0	1	1	0	0	0
	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	14	14	17	18	15	17	6	7	11	10	23	26	20	27	16	21	16	14	30	2	-	-	
	Venous Thromboembolism (VTE) Assessments	%	95	95	97.7	96.4	96.4	95.3	97.1	97.7	97.8	97.2	97.2	96.8	97.5	97.3	98.4	98.6	98.0	95.8	97.1	97.6	-	97.6	97.7	97.3	
	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	%	100	100	100.0	100.0	99.0	100.0	100.0	100.0	100.0	100.0	99.9	100.0	100.0	100.0	96.8	100.0	100.0	100.0	100.0	100.0	-	100.0	100.0	100.0	
	WHO Safer Surgery - brief(% lists where complete)	%	100	100	100.0	100.0	100.0	99.6	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	99.3	100.0	100.0	100.0	99.6	100.0	-	100.0	100.0	100.0	
	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	%	100	100	100.0	100.0	99.7	99.6	100.0	100.0	100.0	98.1	99.7	100.0	100.0	100.0	98.6	100.0	99.6	100.0	98.9	100.0	-	100.0	100.0	100.0	
	Never Events	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	2	1	0	0	
	Medication Errors causing serious harm	No	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
	Serious Incidents	No	0	0	4	4	2	0	3	1	4	2	3	4	3	3	2	2	4	6	-	5	43	0	5	0	
	Sepsis - Screened (as % Of Screening Required)	%	100	100	-	-	-	-	-	-	-	93.2	92.9	95.2	96.9	96.8	96.7	97.8	97.8	94.7	92.9	93.7	93.3	-	-	-	
	Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	24.9	24.4	25.3	24.2	27.2	28.1	24.8	29.9	33.8	32.7	32.7	32.7	-	-	-	
	Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	83.4	88.7	89.5	89.8	91.1	88.0	93.4	88.1	86.0	84.8	79.5	82.1	-	-	-	
	Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	-	54.3	58.2	81.9	81.8	82.3	84.5	85.2	84.4	82.6	83.1	82.7	82.9	-	-	-	
	Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Mixed Sex Accommodation - Breaches (Patients)	No	0	0	-	-	401	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
No. of Complaints Received (formal and link)	No	-	-	29	40	36	32	14	19	32	52	34	37	37	37	44	43	41	42	41	43	32	75	21	11	0	
No. of Active Complaints in the System (formal and link)	No	-	-	50	58	68	59	49	51	54	52	61	89	121	157	67	162	182	169	179	172	-	89	83	0		

Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	20/21 Year to Date	Directorates			
			Year	Month	EC	AC_A	AC_B																				
Caring	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	1.62	2.17	2.17	1.81	1.02	1.56	2.58	1.98	2.75	2.87	2.21	2.77	2.62	1.91	2.78	2.23	2.76	2.11	2.44	-	-	-	
	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	6.08	7.50	7.68	6.37	3.49	4.38	7.42	5.52	8.27	8.99	8.19	10.55	9.60	7.70	9.55	7.11	9.28	7.62	8.49	-	-	-	
	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	2.8	0.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	-
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	4.2	0.0	0.0	16.2	13.8	6.3	3.6	6.3	0.0	11.8	50.0	2.5	94.7	66.7	60.0	2.4	66.7	60.0	62.2	-	-	-	
	No. of responses sent out	No	-	-	24	31	28	37	29	16	28	32	25	17	8	7	38	33	25	14	12	25	37	-	-	-	
Responsive	Emergency Care Attendances (Including Mailing)	No	-	-	18288	17355	16335	12630	6641	9204	11457	13175	14143	13675	12971	12336	12033	11168	10502	14206	17279	19809	37088	10299	9510	-	
	Emergency Care 4-hour waits	%	95	95	70.8	71.5	73.1	78.3	86.9	91.0	89.4	85.5	84.2	79.4	78.2	78.1	77.2	67.0	76.1	83.3	84.7	84.2	84.3	83.7	84.7	-	
	Emergency Care 4-hour breach (numbers)	No	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Emergency Care Trolley Waits >12 hours	No	0	0	1	0	0	0	1	0	0	0	0	0	3	2	3	23	5	0	6	2	8	1	1	-	
	Emergency Care Timeliness - Time to Initial Assessment (95th centile)	No	-	-	29	24	27	26	20	19	18	20	22	28	31	29	32	92	46	40	35	28	31	-	-	-	
	Emergency Care Timeliness - Time to Treatment in Department (median)	No	-	-	86	82	76	44	16	17	24	34	39	45	36	37	36	40	37	38	42	53	47	-	-	-	
	Emergency Care Patient Impact - Unplanned Reattendance Rate (%)	%	5	5	7.8	8.1	7.7	8.8	8.9	9.2	7.5	8.6	8.4	7.3	7.9	7.1	7.1	7.6	8.0	8.0	7.5	8.1	7.8	7.6	8.5	-	
	Emergency Care Patient Impact - Left Department Without Being Seen Rate (%)	%	5	5	10.1	8.4	8.1	5.8	3.0	2.7	3.2	4.7	5.0	5.1	4.1	3.7	3.6	4.0	3.3	3.6	3.6	5.3	4.5	4.4	6.0	-	
	WMAS - Finable Handovers (emergency conveyances) 30 - 60 mins (number)	No	0	0	279	199	242	380	234	172	77	183	172	161	267	186	245	415	237	268	-	260	260	107	153	-	
	WMAS -Finable Handovers (emergency conveyances) >60 mins (number)	No	0	0	12	9	32	42	8	1	0	0	3	9	43	31	49	381	87	85	-	30	30	27	3	-	
	WMAS - Handover Delays > 60 mins (% all emergency conveyances)	%	0.02	0.02	0.2	0.2	0.7	0.9	0.3	0.0	-	0.0	0.1	0.2	1.0	0.8	1.1	8.4	2.2	2.0	-	0.6	0.6	1.0	0.1	-	
	WMAS - Emergency Conveyances (total)	No	-	-	4887	4848	4522	4588	3069	3282	3039	3951	4209	4065	4323	4106	4278	4544	4033	4209	-	4766	4766	2593	2173	-	
	No. of Sitrep Declared Late Cancellations - Total	No	0	0	5	14	5	3	0	2	9	7	0	7	10	6	5	0	2	1	0	6	6	0	6	0	
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	0	0	0	0	0	0	0	0	-	2	0	0	0	0	0	0	0	0	0	0	0	0	0
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	5	14	5	3	0	2	9	7	-	5	10	5	5	0	2	1	0	6	6	0	6	0	
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	0.6	1.6	0.6	0.4	-	0.3	1.5	1.0	-	1.0	1.9	1.1	0.9	-	1.3	0.1	0.3	0.9	-	-	1.2	-	
	Number of 28 day breaches	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	No. of second or subsequent urgent operations cancelled	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-
	Urgent Cancellations	No	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
	No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	No	0	0	1	1	1	3	0	0	0	1	0	1	0	0	1	0	1	0	0	1	1	1	0	1	0
	Multiple Hospital Cancellations experienced by same patient (all cancellations)	No	0	0	6	11	8	20	5	7	5	5	3	2	6	6	2	11	3	3	4	4	8	-	-	-	
	All Hospital Cancellations, with 7 or less days notice	No	0	0	98	93	41	66	25	27	42	23	26	23	29	27	11	35	17	29	26	27	53	-	-	-	
	2 weeks	%	93	93	98.5	98.3	98.5	98.1	88.3	57.5	79.6	86.9	74.5	69.5	97.2	96.3	98.6	92.8	88.5	90.4	88.6	-	-	-	100.0	87.2	
31 Day (diagnosis to treatment)	%	96	96	100.0	95.1	97.1	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	100.0	100.0		

Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 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	78.1	78.1	88.5	96.0	72.7	60.0	64.7	70.6	100.0	69.6	68.0	46.2	72.7	71.4	84.2	79.2	76.0	-	-	-	77.8	75.0		
	62 Day (urgent GP referral to treatment) - Inc Rare Cancers	%	85	85	78.1	78.1	88.5	96.0	72.7	60.0	64.7	70.6	100.0	69.6	68.0	46.2	76.9	73.9	85.7	79.2	76.0	-	-	-	77.8	75.0		
	62 Day (referral to treat from screening)	%	90	90	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0	-	-	-	-	-	-	-	
	62 Day (referral to treat from hosp specialist)	%	90	90	80.0	82.0	65.2	78.9	92.3	60.0	75.0	80.0	84.6	81.5	57.6	68.4	42.9	75.0	71.4	56.7	83.3	-	83.3	-	-	-	-	
	Cancer = Patients Waiting Over 62 days for treatment	No	-	-	4	4	2	1	-	4	3	3	0	4	4	4	2	3	2	3	3	-	3	-	-	1	2	
	Cancer - Patients Waiting Over 104 days for treatment	No	-	-	3	3	1	0	-	0	1	2	0	3	1	2	1	2	1	1	2	-	2	-	-	1	1	
	Neutropenia Sepsis - Door to Needle Time > 1hr	No	0	0	15	7	11	5	4	3	2	1	1	2	3	5	3	3	5	3	3	1	5	6	-	5	0	
	RTT - Admitted Care (18-weeks)	%	90	90	87.2	81.1	83.9	88.9	83.3	100.0	81.3	58.6	77.0	86.2	84.5	86.1	89.5	92.5	94.0	91.6	80.0	88.6	-	-	-	86.8	100.0	
	RTT - Non Admitted Care (18-weeks)	%	95	95	68.2	67.8	73.7	77.7	67.2	64.8	57.8	52.1	55.6	57.1	60.6	63.8	71.2	61.7	72.7	78.7	73.1	68.6	-	-	-	79.6	62.7	
	RTT - Incomplete Pathway (18-weeks)	%	92	92	91.9	91.8	90.5	85.8	76.1	64.4	54.7	52.5	59.1	63.9	71.7	74.9	76.8	80.9	80.2	80.6	83.2	89.1	-	-	-	93.9	86.1	
	RTT Waiting List - Incomplete	No	-	-	7163	7328	7293	7261	6858	6660	6501	6289	6113	5457	5446	5390	5182	4849	5162	5247	5473	5576	11049	0	2121	3455	-	-
	RTT - Backlog	No	-	-	579	601	695	1034	1639	2372	2944	2989	2501	1969	1542	1355	1203	928	1022	1016	919	610	-	0	130	480	-	-
	Patients Waiting >52 weeks (All Pathways)	No	0	0	0	0	0	0	0	0	1	1	34	46	28	34	78	0	70	49	55	-	0	22	33	-	-	
	Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	0	0	0	31	17	17	9	23	35	33	25	9	-	0	1	8	-	-	
	Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	No	0	0	7	7	7	10	10	8	11	12	12	11	10	10	10	9	8	7	8	8	-	0	3	5	-	-
	Treatment Functions Underperforming (Incomplete)	No	0	0	2	1	2	3	4	4	5	6	6	4	4	3	3	4	3	3	3	2	-	0	0	2	-	-
	RTT Clearance Time (Wks)	Ratio	-	-	22.7	17.4	17.1	25.3	35.0	35.2	20.6	20.4	23.6	13.4	15.6	16.4	16.5	17.3	19.4	15.9	16.3	16.3	16.3	-	-	16.8	15.9	
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	2.4	0.4	0.0	8.3	53.9	63.8	40.9	45.7	43.0	32.3	23.5	18.6	14.8	13.4	12.8	9.8	14.7	13.9	-	-	-	-	-	
	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	42	29	54	33	-	253	51	112	133	246	246	140	73	55	12	34	62	249	311	-	-	-	-	
	Cancer - Longest wait for treatment (days) - GROUP	No	-	-	145	133	156	79	-	91	173	134	62	210	130	165	104	141	361	116	124	-	-	-	-	124	106	
	Mortality Reviews within 42 working days	%	90	90	81.1	73.5	74.3	71.4	75.3	61.9	80.5	85.9	93.3	95.7	92.4	93.5	86.0	83.5	82.7	75.0	-	-	-	-	81.1	66.7	66.7	
	Deaths In the Group	No	-	-	125	147	109	-	319	141	110	86	89	93	132	199	158	312	200	88	90	-	90	-	-	-	-	
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	13.3	13.8	13.9	13.7	14.9	12.8	11.9	13.3	14.5	13.3	13.2	12.5	13.4	14.3	12.5	13.4	12.1	-	-	-	-	-	-	
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	12.9	13.0	13.0	13.1	13.3	13.4	13.4	13.4	13.5	13.6	13.6	13.4	13.4	13.5	13.4	13.3	13.1	-	13.1	-	-	-	-	
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	3.8	3.9	3.8	4.5	5.5	4.7	4.3	5.3	6.0	6.5	6.4	6.4	6.8	7.4	6.3	6.5	4.9	-	4.9	-	-	-	-	
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	4.0	3.9	3.9	3.8	4.0	4.1	4.2	4.3	4.4	4.7	4.9	5.1	5.3	5.7	5.9	6.1	6.0	-	6.0	-	-	-	-	
	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	130	128	144	129	45	38	40	39	32	46	53	69	64	73	66	69	51	62	113	28	16	18	-	-
	21+ Days Long Stay Rate - NHSI	%	-	-	22.1	20.1	22.4	25.3	11.8	15.6	10.3	9.1	4.5	10.8	7.4	8.8	12.0	12.1	11.7	22.8	11.3	8.8	10.1	12.1	5.5	5.5	-	-
	Estimated Beds - 21+ Days - NHSI	No	-	-	115	109	115	129	31	37	25	23	10	30	22	28	43	76	52	105	36	25	61	18	3	5	-	-

Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	20/21 Year to Date	Directorates		
			Year	Month	EC	AC_A	AC_B																			
Effective	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	49.0	38.0	38.1	39.5	61.6	68.8	68.1	68.0	73.5	66.5	68.3	67.3	79.1	92.2	85.4	70.0	49.9	45.8	48.2	100.0	43.1	43.1
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	1078	1065	2011	1921	3644	1318	1432	1471	1423	1722	1528	1667	2246	8433	3063	1642	1347	876	2223	91	250	535
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	76.8	53.7	57.8	44.9	37.1	96.8	84.8	95.7	92.9	85.2	61.9	64.0	51.9	54.5	96.2	91.7	44.7	76.6	62.2	-	76.5	100.0
	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	268	187	338	262	112	91	140	202	196	202	130	119	97	78	101	133	51	105	156	0	104	1
	20WD: Pts spending >90% stay on Acute Stroke Unit	%	90	90	-	-	-	93.7	-	-	86.7	-	87.5	-	85.0	89.3	88.5	66.7	61.1	78.6	91.2	-	91.2	-	-	91.2
	20WD: Pts admitted to Acute Stroke Unit within 4 hrs	%	80	80	-	-	-	78.7	-	-	84.4	-	81.8	-	66.7	69.1	50.9	39.6	43.1	50.0	67.3	-	67.4	-	-	67.4
	20WD: Pts receiving CT Scan within 1 hr of presentation	%	50	50	-	-	-	-	-	-	87.5	-	89.1	-	83.6	86.2	86.7	74.5	91.5	91.1	84.6	-	84.6	-	-	84.6
	20WD: Pts receiving CT Scan within 24 hrs of presentation	%	95	95	-	-	-	-	-	-	100.0	-	100.0	-	98.4	100.0	100.0	100.0	98.3	100.0	100.0	-	100.0	-	-	100.0
	20WD: Stroke Admission to Thrombolysis Time (% within 60 mins)	%	85	85	-	-	-	50.0	-	-	50.0	-	50.0	-	80.0	100.0	83.3	100.0	50.0	75.0	0.0	-	0.0	-	-	0.0
	20WD: TIA (High Risk) Treatment <24 Hours from receipt of referral	%	-	-	80.0	65.2	83.3	80.0	-	-	92.3	-	100.0	-	-	-	-	-	-	-	-	-	86.1	-	-	100.0
	20WD: TIA (Low Risk) Treatment <7 days from receipt of referral	%	-	-	61.9	61.1	76.2	67.6	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	91.3	-	-	100.0
	20WD : TIA Treatment <24 Hours from receipt of referral	%	-	-	-	-	-	-	-	-	-	-	100.0	-	82.6	100.0	100.0	77.8	83.3	80.0	69.2	-	69.2	-	69.2	-
	Primary Angioplasty (Door To Balloon Time 90 mins)	%	80	80	91.7	94.1	91.7	71.4	33.3	100.0	100.0	100.0	100.0	88.9	81.8	87.5	85.7	90.9	100.0	90.9	94.4	78.9	86.5	-	79.0	-
	Primary Angioplasty (Call To Balloon Time 150 mins)	%	80	80	81.8	88.2	91.7	50.0	33.3	80.0	100.0	75.0	100.0	88.9	88.9	87.5	64.3	81.8	94.4	90.9	88.2	81.3	84.9	-	81.3	-
	Rapid Access Chest Pain - seen within 14 days	%	98	98	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-
Well Led	PDRs - 12 month rolling	%	95	95	-	-	-	-	-	-	-	-	87.8	-	-	-	-	-	-	-	-	-	-	85.9	90.2	88.0
	Medical Appraisal	%	90	90	93.7	94.3	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	94.6	93.9	91.4	87.7	88.1	89.3	90.2	-	90.2	84.6	97.7	94.7
	Sickness Absence (Rolling 12 Months)	%	3	3	5.2	5.1	5.1	5.3	6.0	6.2	6.3	6.3	6.4	6.5	6.7	6.9	7.0	7.2	7.2	6.9	6.4	6.2	6.3	5.8	6.3	6.6
	Sickness Absence (Monthly)	%	3	3	5.4	5.5	5.5	8.3	11.7	7.8	5.9	5.6	5.8	6.7	7.1	8.4	6.8	7.9	6.0	5.8	5.4	5.0	5.2	5.5	4.8	4.6
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	43	37	22	37	46	55	42	38	45	41	48	56	51	39	49	48	37	36	73	15	7	14
	Sickness Absence - Short Term (Monthly)	No	-	-	183	195	188	299	338	175	162	191	166	201	221	201	171	256	164	202	170	196	366	104	33	59
	Ward Sickness Absence (Monthly)	%	3	3	6.4	7.6	7.9	11.6	14.2	9.4	7.3	7.3	7.9	9.1	8.7	12.1	9.3	11.7	8.2	8.2	6.9	6.5	6.7	6.9	7.2	5.8
	Mandatory Training - Health & Safety (% staff)	%	95	95	84.0	85.0	88.1	91.7	91.8	96.2	95.5	97.0	95.1	94.7	96.0	96.3	96.0	95.7	95.2	95.2	96.1	96.4	96.3	-	-	-
	Staff at 100% compliance with mandatory training	%	-	-	64.6	38.4	57.3	61.7	61.2	72.3	86.5	82.9	81.6	75.9	72.0	70.9	66.5	59.2	53.3	57.0	59.5	66.7	63.1	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	13.9	25.4	18.7	20.8	22.1	17.4	8.3	10.3	11.4	14.4	16.8	17.9	18.8	22.2	24.4	21.6	20.6	17.1	18.8	-	-	-
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	6.3	13.9	8.2	7.1	6.5	4.4	1.9	3.0	3.3	4.2	5.1	5.8	7.6	9.4	10.5	9.7	9.4	7.5	8.4	-	-	-
	Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	22.4	15.8	10.4	10.2	6.0	3.4	3.8	3.7	5.4	6.1	5.4	7.0	9.2	11.8	11.7	10.5	8.7	9.6	-	-	-
	Nursing Vacancy Rate (Qualified)	%	11	11	15.3	12.8	11.9	11.9	11.7	14.5	14.1	11.6	9.7	10.8	12.7	12.5	13.1	12.8	12.8	13.7	12.7	14.1	13.4	-	-	-
	New Starters Complete Onboarding Process	%	100	100	100.0	100.0	100.0	94.7	100.0	100.0	100.0	100.0	100.0	77.4	100.0	100.0	-	100.0	94.4	73.3	94.1	100.0	97.1	-	-	-

Medicine & EC Group

CQC Domain	Indicator	Measure	Standard		Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	20/21 Year to Date	Directorates		
			Year	Month																				EC	AC_A	AC_B
Patient Admin	Open Referrals	No	-	-	54131	55024	55223	53611	50679	50502	50369	51104	51936	51949	52368	52741	53540	61305	61956	61376	57297	57677	-	14629	23293	19755
	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No	-	-	16166	16654	16294	14829	12044	13757	14228	14244	13873	14160	14417	14818	14857	15243	15066	15346	15093	16056	-	8260	4849	2947

Surgical Services Group

CQC Domain	Indicator	Measure	Standard		Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	20/21 Year to Date	Directorate				
			Year	Month	GS	SS	TH	APCC	O																			
Safe	C. Difficile (Post 48 hours)	No	7	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MRSA Bacteraemia (Post 48 hours)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	0	0	0	0
	MRSA Screening - Elective	%	95	95	81.6	79.3	83.1	78.7	83.3	83.2	86.6	84.2	80.5	81.7	80.2	80.0	72.4	74.3	61.7	71.7	88.5	84.1	-	94.6	95.8	-	0.0	40.0
	MRSA Screening - Non Elective	%	95	95	79.3	84.2	85.3	82.3	85.9	88.4	89.2	91.1	93.9	92.1	91.4	92.3	91.7	86.1	87.7	90.3	92.9	88.8	90.9	89.8	86.5	-	-	88.1
	Number of DOLS raised	No	-	-	7	13	9	9	10	16	14	12	6	13	13	12	14	9	17	12	6	4	10	4	0	0	0	0
	Number of DOLS which are 7 day urgent	No	-	-	7	13	9	9	10	16	14	12	6	13	13	12	14	9	17	12	6	4	10	4	0	0	0	0
	Number of delays with LA in assessing for standard DOLS application	No	-	-	0	2	0	0	1	2	1	1	1	2	1	0	3	0	1	1	0	1	1	1	0	0	0	0
	Number DOLS rolled over from previous month	No	-	-	1	0	1	6	2	2	4	1	1	1	1	3	2	2	2	1	1	2	3	1	0	0	1	0
	Number patients discharged prior to LA assessment targets	No	-	-	5	9	6	12	9	10	15	10	4	10	9	13	11	8	17	10	4	3	7	2	0	0	1	0
	Number of DOLS applications the LA disagreed with	No	-	-	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number patients cognitively improved regained capacity did not require LA assessment	No	-	-	0	0	0	0	0	0	0	0	0	1	0	3	0	0	0	0	1	0	1	0	0	0	0	0
	Falls	No	-	-	13	20	8	16	20	12	8	8	12	7	5	12	23	12	13	9	11	8	19	3	3	-	-	2
	Falls - Death or Severe Harm	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	6	13	9	7	16	5	7	2	5	9	7	9	13	16	10	5	10	9	19	-	2	-	7	-
	Venous Thromboembolism (VTE) Assessments	%	95	95	95.1	98.0	96.2	96.0	91.9	92.4	95.4	96.8	93.6	94.4	93.7	97.2	96.1	92.8	90.0	90.3	94.6	93.6	-	94.7	98.0	-	99.4	87.9
	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	%	100	100	100.0	99.9	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	99.9	100.0	100.0	100.0	100.0	100.0	-	100.0	100.0	100.0	100.0	100.0
	WHO Safer Surgery - brief(% lists where complete)	%	100	100	100.0	100.0	100.0	99.5	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	100.0	100.0	-	-
	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	%	100	100	98.3	100.0	100.0	99.0	100.0	100.0	100.0	100.0	97.7	100.0	98.2	99.2	100.0	100.0	100.0	100.0	100.0	100.0	-	-	100.0	100.0	-	-
	Never Events	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	1	1	0	0	0	0	1
	Medication Errors causing serious harm	No	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Serious Incidents	No	0	0	0	0	1	0	0	0	2	0	1	1	1	1	0	1	1	1	-	1	22	0	1	0	0	0
	Sepsis - Screened (as % Of Screening Required)	%	100	100	-	-	-	-	-	-	-	97.8	99.3	99.3	99.5	99.4	98.9	98.0	96.8	98.2	97.7	97.0	97.4	-	-	-	-	-
	Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	18.6	19.2	18.7	17.5	27.1	22.0	20.3	18.0	21.9	23.7	24.7	24.1	-	-	-	-	-
	Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	81.0	84.7	90.4	82.6	87.3	83.8	90.5	90.4	89.3	87.0	88.8	87.9	-	-	-	-	-
	Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	-	69.1	58.3	75.5	78.9	75.2	80.7	79.9	81.0	85.3	90.0	87.3	88.7	-	-	-	-	-
	Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Caring	Mixed Sex Accommodation - Breaches (Patients)	No	0	0	-	-	57	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	No. of Complaints Received (formal and link)	No	-	-	19	26	32	25	12	9	19	43	8	19	27	21	30	16	19	20	34	20	54	6	4	0	1	9
	No. of Active Complaints in the System (formal and link)	No	-	-	19	30	41	28	27	28	34	43	29	43	64	78	0	74	78	73	66	82	-	28	13	0	25	16
	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	3.59	4.52	6.16	5.17	4.34	2.77	5.81	5.67	2.08	4.33	5.33	5.24	7.29	4.65	5.75	6.17	7.86	4.63	6.25	-	-	-	-	-
	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	6.31	6.89	11.23	9.30	15.87	8.74	14.42	10.00	3.50	7.55	9.56	9.70	14.74	11.55	14.08	13.06	17.17	9.33	13.10	-	-	-	-	-

Surgical Services Group

CQC Domain	Indicator	Measure	Standard		Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	20/21 Year to Date	Directorate				
			Year	Month	GS	SS	TH	APCC	O																			
	RTT - Admitted Care (18-weeks)	%	90	90	80.0	80.3	78.7	81.5	94.2	85.5	72.2	58.1	49.2	57.9	56.1	62.3	67.1	76.8	79.1	75.2	64.3	48.8	-	49.0	47.5	-	-	48.9
	RTT - Non Admitted Care (18-weeks)	%	95	95	93.1	92.7	93.4	94.2	92.7	95.4	89.7	85.2	85.5	85.4	86.5	87.9	87.5	90.0	89.4	86.3	84.5	81.0	-	76.0	73.6	-	-	87.4
	RTT - Incomplete Pathway (18-weeks)	%	92	92	90.9	91.8	92.0	90.1	82.1	71.7	57.0	51.2	60.3	67.9	72.4	74.8	74.1	70.0	66.6	64.8	63.7	66.8	-	65.0	58.6	-	-	73.2
	RTT Waiting List - Incomplete	No	-	-	16248	16860	17180	16659	15170	15184	16062	17224	17863	18127	18542	19392	20022	20174	22185	24092	25888	26836	52724	12633	4677	0	0	9526
	RTT - Backlog	No	-	-	1480	1382	1378	1643	2721	4298	6903	8409	7097	5820	5117	4887	5176	6043	7404	8485	9396	8915	-	4426	1936	0	0	2553
	Patients Waiting >52 weeks (All Pathways)	No	0	0	0	1	0	0	7	32	80	142	203	297	406	512	695	984	0	2087	2083	2026	-	1041	403	0	0	582
	Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	7	29	74	129	187	251	324	436	575	937	1586	1977	1941	1664	-	855	356	0	0	453
	Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	No	0	0	12	11	11	11	11	13	18	18	18	18	21	21	18	17	17	18	20	19	-	12	4	0	0	3
	Treatment Functions Underperforming (Incomplete)	No	0	0	2	1	1	3	6	7	7	6	6	6	7	7	7	7	7	7	7	7	-	4	2	0	0	1
	RTT Clearance Time (Wks)	Ratio	-	-	8.1	7.6	8.2	10.3	15.2	14.2	12.3	12.9	13.5	11.3	11.4	11.4	13.2	15.5	16.1	15.5	18.7	18.3	18.5	23.2	20.3	-	-	13.8
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	0.1	0.1	0.1	5.8	65.9	64.8	70.1	68.7	58.8	57.6	47.5	31.1	27.0	34.9	34.9	35.3	38.9	34.6	-	34.6	-	-	-	-
	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	57	112	67	96	11	12	99	165	155	118	201	156	69	104	25	63	103	198	301	95	-	103	-	-
	Cancer - Longest wait for treatment (days) - GROUP	No	-	-	239	204	102	166	-	228	141	177	234	248	258	332	294	339	185	138	265	-	-	265	-	0	-	-
Effective	Mortality Reviews within 42 working days	%	90	90	100.0	81.8	100.0	82.4	66.7	100.0	50.0	90.9	83.3	100.0	100.0	72.7	81.8	76.0	77.8	100.0	-	-	-	100.0	100.0	-	-	-
	Deaths in the Group	No	-	-	11	11	11	-	9	7	10	11	12	7	9	9	11	24	10	4	9	-	9	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	3.7	3.6	4.2	5.7	10.4	6.3	4.8	4.2	5.1	5.0	4.8	5.4	5.6	7.2	6.5	6.8	5.8	-	-	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	4.9	4.7	4.6	4.5	4.6	4.5	4.5	4.4	4.5	4.5	4.6	4.7	4.9	5.3	5.5	5.6	5.5	-	5.5	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	1.9	2.2	2.2	2.7	5.6	3.0	2.4	2.1	3.3	2.6	3.4	3.5	3.2	4.0	4.0	4.6	3.6	-	3.6	-	-	-	-	-
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	2.7	2.7	2.6	2.5	2.5	2.4	2.4	2.4	2.4	2.4	2.5	2.7	2.8	3.0	3.1	3.3	3.3	-	3.3	-	-	-	-	-
	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	25	24	28	29	15	18	12	12	16	21	17	15	21	24	19	6	8	9	17	5	4	0	0	0
	21+ Days Long Stay Rate - NHSI	%	-	-	5.1	6.6	5.7	12.2	38.8	4.3	16.2	3.5	6.3	3.7	28.8	7.6	9.1	24.7	16.7	36.2	0.8	3.1	2.0	2.9	4.5	-	-	0.0
	Estimated Beds - 21+ Days - NHSI	No	-	-	6	7	6	12	23	2	11	3	5	3	38	7	9	53	19	79	1	2	3	1	1	-	0	0
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	40.2	44.5	57.0	37.5	41.3	58.5	75.1	72.3	63.2	57.2	58.7	60.0	63.1	49.6	54.4	67.0	54.6	47.6	51.0	48.8	43.4	-	43.9	49.9
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	2218	2741	3279	2263	1704	1733	2131	2636	2436	2690	3047	3058	3364	2410	1766	2732	2753	2477	5230	898	538	0	148	893
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	52.0	55.7	55.7	53.9	44.4	96.6	82.1	78.6	77.2	71.5	72.0	72.2	82.4	75.7	84.9	82.6	80.2	82.6	81.7	78.3	67.2	-	94.2	87.7
	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	1481	1726	1497	1446	232	255	472	898	1106	1319	1584	1415	1132	658	556	624	767	1205	1972	498	78	0	131	498
	PDRs - 12 month rolling	%	95	95	-	-	-	-	-	-	-	-	-	87.3	-	-	-	-	-	-	-	-	-	74.4	83.0	96.9	86.4	97.9
	Medical Appraisal	%	90	90	94.7	94.6	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	98.2	96.8	93.0	84.7	87.1	88.9	90.9	-	90.9	86.2	97.7	-	86.6	95.2
	Sickness Absence (Rolling 12 Months)	%	3	3	5.2	5.2	5.3	5.4	5.8	6.2	6.2	6.3	6.3	6.4	6.3	6.2	6.1	6.4	6.6	6.5	6.1	5.9	6.0	6.0	5.7	9.3	4.5	3.2
	Sickness Absence (Monthly)	%	3	3	5.9	5.9	5.5	6.8	9.0	7.9	6.1	5.8	4.7	5.2	4.8	5.8	5.9	8.1	8.1	6.2	5.3	5.0	5.2	5.3	5.9	7.8	2.6	2.5
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	43	42	33	29	35	56	40	40	29	28	26	25	32	44	57	41	36	29	65	7	3	12	2	5

Surgical Services Group

CQC Domain	Indicator	Measure	Standard		Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	20/21 Year to Date	Directorate				
			Year	Month																						GS	SS	TH
Well Led	Sickness Absence - Short Term (Monthly)	No	-	-	171	118	148	214	238	167	149	187	144	176	176	217	185	251	182	180	152	144	296	49	34	19	29	13
	Ward Sickness Absence (Monthly)	%	3	3	7.4	6.4	6.4	7.9	10.0	11.2	8.5	8.4	7.6	8.1	7.1	8.8	7.0	9.3	9.8	7.7	6.8	6.3	6.6	7.4	9.4	-	3.6	5.2
	Mandatory Training - Health & Safety (% staff)	%	95	95	91.2	92.5	92.6	93.2	93.5	97.3	96.6	98.0	96.3	97.8	97.6	97.7	98.1	97.7	97.1	96.6	96.9	97.0	97.0	-	-	-	-	-
	Staff at 100% compliance with mandatory training	%	-	-	77.2	50.8	67.8	71.0	65.3	73.7	86.8	85.0	85.1	83.5	83.2	81.4	78.2	74.3	63.4	69.0	72.9	78.2	75.5	-	-	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	11.8	22.7	16.0	15.9	19.3	15.2	7.0	10.1	9.1	9.6	11.4	10.9	12.9	14.7	21.1	17.6	15.2	13.1	14.2	-	-	-	-	-
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	4.7	12.3	7.4	6.4	7.5	5.5	2.9	2.5	2.9	3.6	2.2	4.0	4.5	6.4	7.4	6.0	4.7	3.1	3.9	-	-	-	-	-
	Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	14.2	8.7	6.8	7.9	5.6	3.3	2.4	3.0	3.4	3.2	3.7	4.5	4.6	8.2	7.3	7.2	5.6	6.4	-	-	-	-	-
	Nursing Vacancy Rate (Qualified)	%	11	11	20.2	19.2	17.8	17.8	17.2	17.7	17.8	17.8	17.8	14.6	14.1	13.5	18.3	13.6	13.3	14.0	12.1	12.4	12.2	-	-	-	-	-
	New Starters Complete Onboarding Process	%	100	100	100.0	100.0	100.0	100.0	92.3	100.0	96.2	100.0	87.5	100.0	82.4	100.0	-	100.0	100.0	43.8	100.0	92.3	94.7	-	-	-	-	-
Patient Admin	Open Referrals	No	-	-	106065	104786	104619	104392	99486	98167	98850	100115	101729	102705	103707	104864	106969	106058	107967	110635	111410	113481	-	39382	14512	0	4978	
	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No	-	-	12848	13069	12672	13789	11899	12476	12641	12933	13059	13252	14040	14187	14244	14813	14338	13891	13332	13893	-	5074	2885	0	1855	

Women & Child Health Group

CQC Domain	Indicator	Measure	Standard		Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	20/21 Year to Date	Directorate		
			Year	Month	G	M	P																			
Safe	C. Difficile (Post 48 hours)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MRSA Bacteraemia (Post 48 hours)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	0	0
	MRSA Screening - Elective	%	95	95	88.7	78.3	73.7	84.8	66.7	0.0	71.4	77.8	64.0	78.1	95.3	89.2	96.6	100.0	95.0	100.0	98.9	98.7	-	100.0	-	0.0
	MRSA Screening - Non Elective	%	95	95	100.0	100.0	95.0	100.0	100.0	100.0	100.0	100.0	96.2	97.7	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-
	Falls	No	-	-	-	1	1	1	3	1	-	-	2	-	1	3	-	2	1	5	1	2	3	-	-	2
	Falls - Death or Severe Harm	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	1	-	1	-	1	2	1	-	-	-	-	-	2	1	1	-	1	-	1	-	-	-
	Venous Thromboembolism (VTE) Assessments	%	95	95	90.8	85.9	92.6	92.1	89.0	87.1	91.6	90.2	91.0	92.4	91.3	88.1	88.4	91.5	91.9	92.5	94.2	88.7	-	94.6	86.6	0.0
	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	%	100	100	100.0	99.7	100.0	100.0	99.3	100.0	100.0	100.0	99.6	97.7	99.7	100.0	99.6	100.0	100.0	100.0	99.4	100.0	-	100.0	100.0	-
	WHO Safer Surgery - brief(% lists where complete)	%	100	100	-	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	100.0	-	-	-	-	-
	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	%	100	100	-	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	100.0	-	-	-	-	-
	Never Events	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Medication Errors causing serious harm	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Serious Incidents	No	0	0	1	0	0	0	1	0	0	1	1	1	3	1	1	0	1	0	-	1	1	0	1	0
	Sepsis - Screened (as % Of Screening Required)	%	100	100	-	-	-	-	-	-	-	90.5	100.0	100.0	96.4	100.0	100.0	92.9	100.0	100.0	89.5	93.8	91.4	-	-	-
	Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	21.1	12.5	14.3	11.1	19.2	18.2	0.0	7.7	6.7	17.6	13.3	15.6	-	-	-
	Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	100.0	66.7	100.0	66.7	80.0	100.0	-	0.0	100.0	100.0	100.0	100.0	-	-	-
	Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	-	75.0	50.0	100.0	100.0	50.0	66.7	-	-	100.0	66.7	100.0	80.0	-	-	-
	Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Safe (Obstetric)	Caesarean Section Rate - Total	%	30	30	27.8	28.9	29.7	28.8	28.6	30.4	28.4	29.9	28.4	31.7	27.9	29.3	31.3	30.9	25.3	27.3	27.8	31.2	29.6	-	31.2	-
	Caesarean Section Rate - Elective	%	-	-	10.6	12.1	10.9	9.4	9.0	10.5	10.4	11.4	10.5	14.3	8.2	10.9	10.9	10.5	10.4	12.3	11.6	10.2	10.8	-	10.2	-
	Caesarean Section Rate - Non Elective	%	-	-	17.2	16.8	18.8	19.4	19.6	20.0	18.1	18.6	17.8	17.4	19.7	18.4	20.4	20.4	14.9	15.0	16.2	21.0	18.8	-	21.0	-
	Maternal Deaths	No	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2	0	0	0	0	0	0	-	0	-
	Post Partum Haemorrhage (>2000ml)	No	48	4	1	4	3	3	3	4	4	4	1	3	8	3	3	3	3	3	4	-	4	-	4	-
	Admissions to Neonatal Intensive Care	%	10	10	0.2	1.0	2.3	6.2	5.7	5.0	4.3	4.5	3.7	7.2	6.8	6.8	5.4	7.2	7.9	0.5	0.5	-	0.5	-	0.5	-
	Corrected Perinatal Mortality Rate (per 1000 babies)	Rate1	8	8	7.18	7.65	0.00	5.36	8.09	11.79	16.67	12.88	4.35	4.94	8.75	2.33	13.51	11.53	9.12	13.73	-	-	-	-	13.73	-
	Stillbirths (Corrected)	Rate1	-	-	4.78	5.10	0.00	2.68	2.70	9.43	11.90	6.44	4.35	4.94	8.75	2.33	10.81	8.65	6.08	9.83	5.42	4.75	5.06	-	4.75	-
	Corrected Neonatal Mortality Rate (0 - 28 days)	Rate1	-	-	2.39	2.55	0.00	2.68	5.39	2.36	4.76	6.44	0.00	0.00	0.00	2.33	2.70	2.91	3.06	4.91	5.39	-	5.39	-	5.39	-
	Early Booking Assessment (<12 + 6 weeks) - SWBH Specific	%	85	85	94.4	91.6	91.4	93.2	91.5	93.4	92.5	92.0	93.0	92.0	93.1	91.3	93.0	94.3	94.2	92.9	94.3	92.4	-	-	92.4	-

Women & Child Health Group

CQC Domain	Indicator	Measure	Standard		Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	20/21 Year to Date	Directorate			
			Year	Month	G	M	P																				
Caring	Early Booking Assessment (<12 + 6 weeks) - National Definition	%	90	90	147.7	188.7	164.5	172.2	181.7	120.2	139.3	125.2	106.9	150.9	136.8	153.1	165.3	191.6	179.0	173.2	163.7	150.6	-	-	150.6	-	
	Breast Feeding Initiation	%	74	74	83.6	85.0	79.9	84.8	85.5	82.7	84.3	78.6	85.6	83.5	83.1	80.6	85.8	83.7	83.7	83.7	82.4	84.2	-	-	84.2	-	
	Puerperal Sepsis and other puerperal infections (%) Variation 1 ICD10 O85 or O86	%	-	-	0.5	1.1	0.0	0.3	1.9	1.6	1.8	1.7	2.1	0.6	1.0	1.3	0.8	0.4	0.9	0.4	0.6	1.3	-	-	1.3	-	
	Puerperal Sepsis and other puerperal infections (%) Variation 2 ICD10 O85 or O86 Not O864	%	-	-	0.5	0.8	0.0	0.3	0.4	0.8	1.3	1.1	1.8	0.6	1.0	1.3	0.8	0.4	0.9	0.4	0.9	1.3	-	-	1.3	-	
	Puerperal Sepsis and other puerperal infections (%) Variation 2 ICD10 O85	%	-	-	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.8	1.0	0.4	0.4	0.0	0.0	0.5	0.8	-	-	0.9	-	
Safe (Neonatal)	Mothers who received at least one dose of antenatal steroids (NNAP)	%	85	85	100.0	66.7	100.0	66.7	100.0	78.6	66.7	-	-	-	-	-	-	-	-	-	-	-	80.0	-	66.7	-	
	Eligible mothers who received antenatal magnesium sulphate (NNAP)	%	85	85	-	-	-	-	100.0	100.0	100.0	-	-	-	-	-	-	-	-	-	-	-	100.0	-	100.0	-	
	Promoting normal temperature on admission for very preterm babies (NNAP)	%	90	90	-	-	-	-	100.0	50.0	40.0	-	-	-	-	-	-	-	-	-	-	-	61.5	-	40.0	-	
	Parental consultation within 24 hours of admission (NNAP)	%	100	100	-	-	-	-	93.9	92.7	98.0	-	-	-	-	-	-	-	-	-	-	-	94.8	-	98.0	-	
	On-time screening for retinopathy of prematurity (NNAP)	%	-	-	-	-	-	-	25.0	60.0	57.1	-	-	-	-	-	-	-	-	-	-	-	50.0	-	57.1	-	
	Central line associated bloodstream infection (QISD) (NNAP)	Rate1	100	100	-	-	-	-	0.00	0.00	0.00	-	-	-	-	-	-	-	-	-	-	-	0.00	-	0.00	-	
Caring	Mixed Sex Accommodation - Breaches (Patients)	No	0	0	-	-	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	No. of Complaints Received (formal and link)	No	-	-	6	11	5	9	3	6	10	23	8	12	15	11	15	10	7	13	9	10	19	3	4	3	
	No. of Active Complaints in the System (formal and link)	No	-	-	13	13	14	15	9	12	15	23	14	22	33	40	0	38	35	31	31	31	-	8	13	10	
	No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	1.43	2.82	1.43	2.40	0.98	1.89	3.16	3.95	2.29	3.95	4.11	3.15	4.89	3.32	2.59	3.63	2.67	2.55	2.61	-	-	-	
	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	2.27	4.73	2.48	4.38	2.44	3.84	5.96	7.40	4.36	6.33	7.13	5.90	8.73	6.55	5.09	6.82	4.93	4.88	4.90	-	-	-	
	No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	-
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	0.0	7.1	0.0	20.0	0.0	0.0	16.7	14.3	14.3	33.3	57.1	10.0	85.7	64.3	50.0	16.1	28.6	44.4	37.5	-	-	-	
	No. of responses sent out	No	-	-	8	12	5	10	9	4	6	7	17	3	7	4	11	14	14	9	7	9	16	-	-	-	
Caring	Emergency Care 4-hour breach (numbers)	No	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	No. of Sitrep Declared Late Cancellations - Total	No	0	0	6	7	13	4	0	1	3	3	1	7	5	8	3	1	3	4	4	2	6	2	-	0	
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	1	4	0	2	0	0	1	0	-	4	3	3	0	0	0	1	0	0	0	0	0	0	
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	5	3	13	2	0	1	2	3	1	3	2	5	3	1	3	3	4	2	6	2	-	0	
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	3.0	3.0	6.0	2.5	-	1.0	1.7	1.5	0.6	3.2	2.6	4.0	1.6	0.7	2.0	1.4	1.5	0.9	-	1.2	-	-	
	Number of 28 day breaches	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	
	No. of second or subsequent urgent operations cancelled	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Urgent Cancellations	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	No. of Sitrep Declared Late Cancellations (Pts. >1 occasion)	No	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	
	Multiple Hospital Cancellations experienced by same patient (all cancellations)	No	0	0	5	6	19	29	4	6	9	7	5	11	5	2	6	3	4	0	3	4	7	-	-	-	

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CQC Domain	Indicator	Measure	Standard		Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	20/21 Year to Date	Directorate				
			Year	Month	G	M	P																					
Responsive	All Hospital Cancellations, with 7 or less days notice	No	0	0	30	33	59	55	13	11	20	22	21	24	28	27	25	26	22	11	26	28	54	-	-	-		
	2 weeks	%	93	93	100.0	98.5	99.4	98.4	95.2	97.1	99.3	98.0	95.1	92.9	94.0	97.8	96.6	97.5	98.1	99.2	97.4	-	-	97.4	-	-		
	31 Day (diagnosis to treatment)	%	96	96	100.0	100.0	94.7	89.5	78.6	87.5	75.0	88.9	84.6	75.0	89.5	56.3	75.0	55.6	64.7	61.9	41.2	-	-	41.2	-	-		
	62 Day (urgent GP referral to treatment) Excl Rare Cancers	%	85	85	68.8	76.5	50.0	50.0	75.0	21.4	47.4	58.3	53.3	54.5	70.0	38.1	40.9	35.0	22.2	45.5	6.7	-	-	-	6.7	-	-	
	62 Day (urgent GP referral to treatment) - Inc Rare Cancers	%	85	85	68.8	70.6	50.0	50.0	75.0	21.4	47.4	58.3	53.3	54.5	70.0	38.1	40.9	35.0	22.2	45.5	6.7	-	-	-	6.7	-	-	
	62 Day (referral to treat from screening)	%	90	90	-	100.0	-	100.0	-	-	100.0	100.0	-	100.0	100.0	-	100.0	66.7	100.0	-	-	-	-	-	-	-	-	-
	62 Day (referral to treat from hosp specialist)	%	90	90	-	100.0	100.0	0.0	100.0	100.0	40.0	75.0	100.0	100.0	0.0	100.0	0.0	100.0	66.7	50.0	28.6	-	28.6	-	-	-	-	-
	Cancer - Patients Waiting Over 62 days for treatment	No	-	-	3	2	6	4	-	6	10	3	4	3	3	7	7	7	7	7	6	7	-	7	7	-	0	
	Cancer - Patients Waiting Over 104 days for treatment	No	-	-	1	1	3	1	-	1	5	1	1	1	1	3	1	2	1	2	4	-	4	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	75.9	70.1	69.2	78.2	100.0	93.3	76.6	55.5	65.8	63.3	65.7	65.8	64.5	80.5	78.2	76.0	63.8	68.4	-	-	68.4	-	-	
	RTT - Non Admitted Care (18-weeks)	%	95	95	86.8	89.0	83.8	83.0	80.6	79.5	71.7	67.5	80.6	80.6	78.7	77.0	78.6	81.6	81.9	79.8	75.0	78.7	-	-	78.7	-	-	
	RTT - Incomplete Pathway (18-weeks)	%	92	92	90.8	89.6	87.5	85.5	78.8	72.2	64.4	66.4	74.5	81.4	85.3	87.0	85.7	82.9	79.6	78.6	80.3	81.2	-	-	81.2	-	-	
	RTT Waiting List - Incomplete	No	-	-	2077	2161	2254	2230	2058	2072	1957	1880	2075	2161	2160	2184	2228	2194	2279	2229	2264	2424	4688	2424	-	-		
	RTT - Backlog	No	-	-	191	225	282	324	437	577	696	632	529	401	318	284	318	376	465	477	446	455	-	455	-	-		
	Patients Waiting >52 weeks (All Pathways)	No	0	0	0	0	0	0	0	4	11	18	36	20	17	15	15	0	33	22	19	-	-	19	0	0		
	Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	4	9	18	17	9	9	4	14	28	27	11	7	-	-	7	0	0		
	Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	No	0	0	3	3	3	3	2	2	3	3	3	3	3	3	3	3	3	3	3	3	-	-	3	-	-	
	Treatment Functions Underperforming (Incomplete)	No	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	-	-	1	-	-	
	RTT Clearance Time (Wks)	Ratio	-	-	16.5	13.4	14.6	16.8	24.5	29.6	13.3	14.1	17.4	14.7	14.7	14.9	17.7	16.5	18.1	13.3	16.2	18.2	17.2	18.2	-	-		
Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Cancer - Longest wait for treatment (days) - GROUP	No	-	-	148	169	217	121	-	171	177	138	136	207	117	119	118	143	144	170	241	-	-	241	-	0			
ve	Mortality Reviews within 42 working days	%	90	90	100.0	-	-	100.0	-	-	-	-	-	-	-	-	0.0	100.0	-	-	-	-	-	-	-	-		
	Deaths In the Group	No	-	-	2	1	1	-	2	1	3	2	1	3	0	0	5	2	0	5	2	-	2	-	-			
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	7.5	7.5	8.4	9.2	8.7	9.4	7.6	11.3	5.1	3.8	9.4	10.6	7.3	7.0	7.0	7.1	7.9	-	-	-	-			
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	5.0	5.1	5.3	5.7	6.1	6.9	8.1	8.2	7.8	7.7	7.8	8.1	8.1	8.1	8.0	7.7	7.7	-	7.7	-	-			
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	5.7	6.1	7.1	7.9	7.5	5.6	6.2	9.7	4.0	2.6	7.5	7.4	6.2	5.5	5.6	6.0	7.0	-	7.0	-	-			
Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	3.6	3.7	3.9	4.3	4.7	5.4	6.6	6.7	6.4	6.1	6.2	6.4	6.4	6.4	6.3	6.1	6.1	-	6.1	-	-				

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CQC Domain	Indicator	Measure	Standard		Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	20/21 Year to Date	Directorate		
			Year	Month																						G
Effecti	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	1	1	1	1	4	0	2	0	3	4	0	7	10	15	14	4	1	3	4	3	0	0
	21+ Days Long Stay Rate - NHSI	%	-	-	7.4	0.0	15.5	0.0	0.0	0.0	0.0	0.4	4.5	4.4	0.0	3.7	13.2	32.7	27.2	46.6	20.8	0.0	11.7	0.0	-	0.0
	Estimated Beds - 21+ Days - NHSI	No	-	-	1	0	2	0	0	0	0	0	0	0	0	0	5	44	16	78	3	0	3	0	-	0
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	29.9	31.0	33.1	30.5	26.2	34.7	43.5	41.0	42.5	33.1	38.7	35.9	35.6	34.7	44.9	35.1	36.7	35.3	36.0	17.9	64.6	26.3
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	293	362	358	376	252	320	692	567	493	356	467	465	484	504	563	487	485	495	980	70	268	157
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	54.3	53.1	57.4	58.4	58.7	86.4	80.6	72.2	50.9	71.6	53.7	62.1	69.3	87.2	79.0	94.2	77.5	72.6	75.2	72.6	100.0	71.0
	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	144	152	170	171	88	95	166	182	116	189	151	167	160	171	158	194	231	193	424	146	3	44
Well Led	PDRs - 12 month rolling	%	95	95	-	-	-	-	-	-	-	-	-	97.2	-	-	-	-	-	-	-	-	-	100.0	94.2	99.7
	Medical Appraisal	%	90	90	95.2	92.1	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	97.0	98.4	96.8	85.0	88.5	86.4	92.8	-	92.8	96.9	92.9	87.0
	Sickness Absence (Rolling 12 Months)	%	3	3	5.8	5.7	5.6	5.5	5.8	5.8	5.7	5.7	5.6	5.6	5.6	5.6	5.6	5.8	5.9	5.7	5.5	5.4	5.4	3.9	6.3	4.7
	Sickness Absence (Monthly)	%	3	3	6.1	5.3	3.9	5.1	7.1	5.4	5.1	4.2	4.4	5.4	5.8	6.4	5.5	7.1	5.8	4.4	3.8	4.7	4.3	2.0	4.6	5.5
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	36	20	9	25	16	22	15	16	21	22	25	29	26	26	26	19	19	25	44	1	12	12
	Sickness Absence - Short Term (Monthly)	No	-	-	103	101	94	96	137	79	77	86	66	92	97	96	59	102	80	77	67	79	146	4	41	34
	Ward Sickness Absence (Monthly)	%	3	3	6.9	4.9	4.4	4.7	8.5	7.7	7.3	5.1	5.5	6.4	5.4	7.5	6.8	9.6	8.0	6.1	4.6	4.7	4.7	0.0	4.7	5.5
	Mandatory Training - Health & Safety (% staff)	%	95	95	90.5	91.7	90.6	93.1	93.6	98.3	99.0	99.6	98.9	98.4	99.3	99.0	99.6	98.7	98.9	97.5	98.2	98.7	98.5	-	-	-
	Staff at 100% compliance with mandatory training	%	-	-	74.0	49.2	66.5	68.7	72.5	82.2	91.5	90.8	89.0	89.0	86.4	85.5	83.6	81.0	77.1	77.7	76.3	81.6	79.0	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	11.2	24.1	17.0	17.9	14.6	10.9	5.4	5.6	6.4	6.6	8.1	9.4	9.3	10.9	13.6	12.2	14.5	11.0	12.8	-	-	-
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	6.1	11.4	5.8	5.7	5.7	3.0	2.1	1.7	2.2	2.3	3.7	3.6	4.4	4.3	5.6	5.9	5.9	4.0	5.0	-	-	-
	Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	15.3	10.8	7.7	7.3	3.8	1.0	1.9	2.4	2.1	1.8	1.4	2.7	3.8	3.7	4.1	3.3	3.3	3.3	-	-	-
	Nursing Vacancy Rate (Qualified)	%	11	11	11.5	10.8	11.2	12.0	12.7	12.4	16.4	17.9	15.3	15.7	15.6	16.2	15.4	14.2	16.2	16.1	14.9	13.1	14.0	-	-	-
	New Starters Complete Onboarding Process	%	100	100	100.0	100.0	100.0	92.9	90.9	100.0	100.0	100.0	100.0	100.0	100.0	90.0	-	100.0	100.0	62.5	76.9	84.6	80.8	-	-	-
	Patient Admin	Open Referrals	No	-	-	23733	24099	24479	23888	23681	24706	24448	24352	24511	24854	25085	25436	25190	25371	26119	26741	29217	29891	-	8944	12036
Open Referrals without Future Activity/ Waiting List: Requiring Validation		No	-	-	5150	5048	5068	4875	4425	5000	4890	5100	5164	5234	5302	5367	5176	5515	5876	6056	6435	6987	-	1950	3825	1212
HV (C1) - No. of mothers who receive a face to face AN contact with a HV at =>28 weeks of pregnancy		No	-	-	-	908	-	-	1004	-	-	1008	-	-	866	-	-	-	-	-	799	-	799	-	-	799
HV (C2) - % of births that receive a face to face new birth visit by a HV =<14 days		%	95	95	-	91.3	-	-	94.1	-	-	90.3	-	-	90.2	-	-	87.5	-	-	91.0	-	91.0	-	-	91.0
HV (C3) - % of births that receive a face to face new birth visit by a HV >14 days		%	-	-	-	8.2	-	-	5.9	-	-	6.0	-	-	5.6	-	-	6.7	-	-	6.0	-	6.0	-	-	6.0
HV (C4) - % of children who received a 12 months review by 12 months	%	95	95	-	96.6	-	-	96.8	-	-	95.8	-	-	96.2	-	-	94.6	-	-	94.6	-	94.7	-	-	94.7	

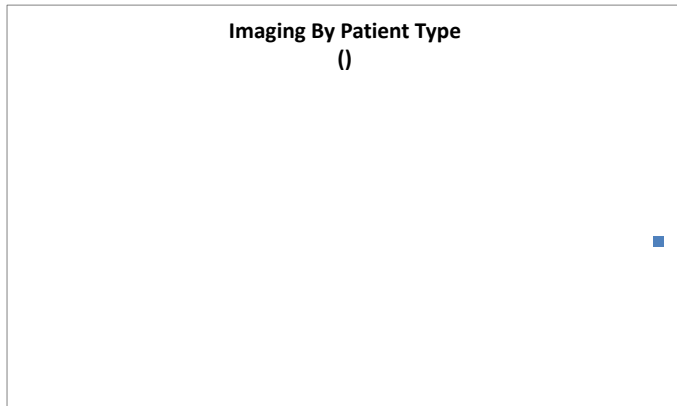
Imaging Group

CQC Domain	Indicator	Measure	Standard		Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	20/21 Year to Date	Directorate					
			Year	Month	DR	IR	NM	BS	BCP																				
Safe	MRSA Screening - Elective	%	95	95	25.0	55.6	44.4	0.0	22.2	50.0	60.0	42.9	75.0	37.5	37.5	0.0	36.4	25.0	-	0.0	33.3	0.0	-	-	0.0	-	-	-	
	Never Events	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Medication Errors causing serious harm	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Serious Incidents	No	0	0	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0	0	-	0	0	0	0	0	0	
	Sepsis - Screened (as % Of Screening Required)	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Caring	No. of Complaints Received (formal and link)	No	-	-	3	5	1	0	1	1	1	4	2	1	2	2	3	2	5	2	2	5	7	2	0	0	3	0	
	No. of Active Complaints in the System (formal and link)	No	-	-	2	5	2	1	2	2	3	4	4	2	5	3	0	2	5	7	6	6	-	4	0	0	2	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	0.0	0.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	-	-	
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	0.0	0.0	0.0	0.0	0.0	0.0	-	0.0	100.0	100.0	20.0	40.0	0.0	-	0.0	0.0	60.0	50.0	-	-	-	-	-	-	
Responsive	No. of responses sent out	No	-	-	5	1	3	0	1	1	0	0	2	2	1	2	5	1	0	3	1	5	6	-	-	-	-	-	
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	0.2	0.0	0.0	9.9	62.5	63.3	53.6	43.5	35.0	26.1	19.0	12.4	12.8	18.1	9.4	6.8	6.4	2.5	-	2.5	-	-	-		
	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	233	878	378	1011	67	16	82	247	686	905	816	1486	1015	1546	1139	1253	1631	1657	3288	1657	-	-	-		
Effective	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	6.7	5.9	13.3	-	11.1	14.3	-	15.4	-	7.7	7.1	8.3	16.7	25.0	-	9.5	-	-	-	-	-	-	-		
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	6.0	6.2	7.4	6.7	6.8	6.4	5.5	6.7	6.4	6.8	7.2	6.2	6.9	7.9	6.6	7.6	6.7	-	6.7	-	-	-	-		
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	0.3	0.3	0.4	0.4	0.4	0.4	0.4	0.4	0.5	0.5	0.5	-	-	-	-	-	-	-	-	-	-	-	-		
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	85.7	85.7	-	-	-		
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12	12	0	0	0	0	
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	93.1	80.0	96.8	96.0	92.9	85.7	100.0	93.3	100.0	100.0	80.8	95.5	90.0	92.3	100.0	97.7	66.7	86.5	76.7	88.9	-	-	-	0.0	
	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	27	20	30	24	13	6	15	14	1	10	21	21	9	12	17	42	24	32	56	32	0	0	0	0	
	20WD: Pts receiving CT Scan within 1 hr of presentation	%	50	50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
20WD: Pts receiving CT Scan within 24 hrs of presentation	%	95	95	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	PDRs - 12 month rolling	%	95	95	-	-	-	-	-	-	-	-	-	89.8	-	-	-	-	-	-	-	-	-	-	89.8	63.6	85.7	97.8	-
	Medical Appraisal	%	90	90	100.0	96.4	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	93.2	93.3	93.2	93.2	-	93.2	93.1	-	100.0	-	92.3	
	Sickness Absence (Rolling 12 Months)	%	3	3	4.1	4.0	4.0	4.1	4.2	4.3	4.2	4.4	4.3	4.2	4.3	4.4	4.4	4.7	4.7	4.6	4.4	4.4	4.4	4.4	5.1	2.4	1.7	4.1	0.2
	Sickness Absence (Monthly)	%	3	3	3.6	3.6	3.6	5.2	5.9	4.6	3.3	4.3	3.3	3.8	5.3	4.5	3.7	6.3	3.7	4.5	4.6	4.9	4.8	5.5	0.0	0.1	6.3	0.0	

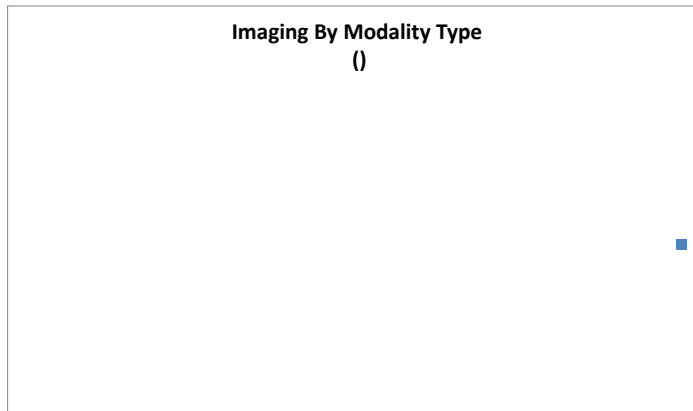
Imaging Group

CQC Domain	Indicator	Measure	Standard		Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	20/21 Year to Date	Directorate				
			Year	Month																						DR	IR	NM
Well Led	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	4	2	3	4	2	6	4	5	6	4	5	4	5	4	4	7	5	9	14	7	0	0	2	0
	Sickness Absence - Short Term (Monthly)	No	-	-	33	44	34	39	40	24	26	30	23	32	38	30	22	47	34	35	40	29	69	23	0	1	5	0
	Mandatory Training - Health & Safety (% staff)	%	95	95	98.2	97.4	95.2	94.1	93.8	99.3	99.3	98.9	99.6	99.6	99.3	98.9	99.6	99.6	99.6	98.2	99.3	98.9	99.1	-	-	-	-	-
	Staff at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	82.6	88.0	86.1	87.1	-	-	-	-	-
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10.6	8.6	10.4	9.5	-	-	-	-	-
	Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3.4	1.9	1.9	1.9	-	-	-	-	-
	Staff requiring to complete 3 modules to be at 100% compliance with mandatory training	%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3.4	1.5	1.5	1.5	-	-	-	-	-
	New Starters Complete Onboarding Process	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Patient Admin	Open Referrals	No	-	-	486.0	516.0	526.0	527.0	737.0	715.0	701.0	701.0	731.0	736.0	738.0	751.0	747.0	761.0	763.0	801.0	829.0	858.0	-	693.0	21.0	0.0	0.0	144.0
	Open Referrals without Future Activity/ Waiting List: Requiring Validation	No	-	-	321.0	357.0	366.0	373.0	382.0	388.0	395.0	396.0	423.0	434.0	432.0	442.0	443.0	463.0	463.0	491.0	497.0	529.0	-	499.0	2.0	0.0	0.0	28.0
Imaging	Imaging - Total Scans	No	-	-	28573.0	32398.0	29181.0	23026.0	12474.0	15657.0	20296.0	23773.0	24445.0	26957.0	27499.0	25757.0	25267.0	23701.0	23092.0	27041.0	27437.0	28983.0	56420.0	-	-	-	-	-
	Imaging - Inpatient Turnaround Time <=24hr	%	90	90	77.4	79.1	82.1	86.6	91.0	87.3	86.5	84.8	84.0	82.5	79.9	82.5	83.1	80.1	79.3	78.2	79.0	76.0	77.5	-	-	-	-	-
	Imaging - Urgent Other(GP 5) Turnround Time <=5d	%	90	90	71.5	71.8	73.8	67.8	81.7	86.8	79.3	68.6	53.3	56.2	58.3	53.3	58.4	62.9	62.7	54.1	46.2	46.7	46.5	-	-	-	-	-
	Imaging - All Imaging Work Reported in less than 4 weeks (request to report)	%	95	95	90.0	88.4	91.8	89.7	92.9	93.5	89.8	85.5	82.9	83.2	85.0	83.4	84.8	83.0	82.9	83.2	83.5	82.9	83.2	-	-	-	-	-

Imaging By Patient Type
()



Imaging By Modality Type
()



Primary Care, Community & Therapies Group

CQC Domain	Indicator	Measure	Standard		Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	20/21 Year to Date	Directorate					
			Year	Month																					AT	IB	IC	CM	YHP
Safe	C. Difficile (Post 48 hours)	No	0	0	1	2	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	0.0	10.0	0.0	-	9.1	0.0	0.0	0.0	0.0	16.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-	-	-	-	0.0	-
	MRSA Screening - Non Elective	%	95	95	80.0	100.0	81.8	88.9	82.6	90.0	83.3	86.7	100.0	100.0	60.0	83.3	84.6	75.0	78.3	100.0	100.0	80.0	80.0	84.2	100.0	-	-	78.6	-
	Number of DOLS raised	No	-	-	4	6	5	4	9	6	8	13	5	9	11	7	13	3	4	4	8	1	9	9	0	1	0	0	0
	Number of DOLS which are 7 day urgent	No	-	-	4	6	5	4	9	6	8	13	5	9	11	7	13	3	4	4	8	1	9	9	0	1	0	0	0
	Number of delays with LA in assessing for standard DOLS application	No	-	-	1	1	3	0	0	0	0	4	2	2	2	1	2	0	0	0	0	0	0	0	0	0	0	0	0
	Number DOLS rolled over from previous month	No	-	-	1	0	2	0	2	2	3	2	1	0	3	1	2	3	3	0	1	4	5	5	0	4	0	0	0
	Number patients discharged prior to LA assessment targets	No	-	-	1	2	2	1	9	5	9	10	3	2	8	5	10	5	5	2	5	4	9	9	0	4	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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Falls	No	-	-	28	29	32	25	22	19	18	14	23	19	24	20	16	14	12	15	19	6	25	25	-	6	-	-	-
	Falls - Death or Severe Harm	No	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	1	1	0	0	0	0	0
	Pressure Ulcer SWB Hospital Acquired - Total	No	0	0	11	9	12	7	6	8	5	14	4	6	2	3	10	7	11	4	6	9	15	15	-	9	-	-	-
	Pressure Ulcer DN Caseload Acquired - Total	No	0	0	24	25	25	22	20	23	25	37	29	24	22	38	31	34	41	37	31	22	53	53	2	-	20	-	-
	Venous Thromboembolism (VTE) Assessments	%	95	95	98.9	96.5	98.5	98.2	96.4	100.0	96.9	99.1	99.0	98.8	98.5	96.7	98.5	98.2	98.6	98.8	94.3	97.0	-	-	100.0	-	-	97.0	-
	WHO Safer Surgery - Audit - 3 sections (%pts where all sections complete)	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	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	-	-	-	-	-	-	-	-	-	-
	WHO Safer Surgery - Audit - brief and debrief (% lists where complete)	%	100	100	-	-	-	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	2	2	5	0	3	7	5	3	2	3	0	1	0	1	0	0	-	0	7	7	0	0	0	0	0
	Sepsis - Screened (as % Of Screening Required)	%	100	100	-	-	-	-	-	-	-	-	97.5	96.1	97.9	97.4	96.3	98.2	89.7	84.3	81.8	77.8	71.9	75.0	-	-	-	-	-
	Sepsis - Screened Positive (as % Of Screened)	%	-	-	-	-	-	-	-	-	-	23.1	18.4	10.9	13.2	23.1	23.2	41.0	11.6	19.4	25.0	30.4	27.5	27.5	-	-	-	-	-
	Sepsis - Treated (as % Of Screened Positive)	%	-	-	-	-	-	-	-	-	-	33.3	66.7	60.0	60.0	50.0	76.9	80.0	80.0	100.0	85.7	71.4	78.6	78.6	-	-	-	-	-
Sepsis - Treated in 1 Hour (as % Of Treated)	%	100	100	-	-	-	-	-	-	-	33.3	0.0	66.7	33.3	50.0	20.0	55.0	0.0	42.9	16.7	0.0	9.1	9.1	-	-	-	-	-	
Sepsis - Antibiotic Review Within 72 hrs	%	100	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Mixed Sex Accommodation - Breaches (Patients)	No	0	0	-	-	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
No. of Complaints Received (formal and link)	No	-	-	5	11	4	8	6	4	7	19	16	13	20	17	17	25	18	19	11	14	25	25	0	1	2	3	8	
No. of Active Complaints in the System (formal and link)	No	-	-	7	0	11	11	12	12	14	19	21	23	43	53	0	60	52	46	35	35	-	-	2	9	3	7	14	
No. of First Formal Complaints received / 1000 bed days	Rate1	-	-	15.72	24.88	7.71	15.84	10.69	7.50	9.37	14.94	16.08	13.90	22.00	18.01	13.61	22.69	17.96	16.89	9.14	10.62	9.92	9.92	-	-	-	-	-	

Primary Care, Community & Therapies Group

CQC Domain	Indicator	Measure	Standard		Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	20/21 Year to Date	Directorate						
			Year	Month	AT	IB	IC	CM	YHP																					
Responsive	No. of First Formal Complaints received / 1000 episodes of care	Rate1	-	-	12.95	22.94	8.75	20.00	24.82	13.56	16.39	21.78	34.48	25.84	39.06	41.36	27.13	64.10	31.43	31.75	20.52	25.23	22.91	-	-	-	-	-		
	No. of Days to acknowledge a formal or link complaint (% within 3 working days after receipt)	%	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	7.7	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	-	-	-	
	No. of responses which have exceeded their original agreed response date (% of total active complaints)	%	0	0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	0.0	0.0	22.2	100.0	9.3	81.8	66.7	59.1	22.4	58.8	75.0	65.5	-	-	-	-	-	-	
	No. of responses sent out	No	-	-	10	7	5	7	4	5	5	8	14	9	6	5	21	9	22	12	17	12	29	-	-	-	-	-	-	
	No. of Sitrep Declared Late Cancellations - Total	No	0	0	0	0	2	7	1	5	2	1	1	0	2	1	5	5	2	7	2	2	4	0	-	0	2	0		
	No. of Sitrep Declared Late Cancellations - Avoidable	No	-	-	0	0	2	4	1	0	2	1	1	0	2	1	2	5	2	7	2	2	4	0	-	0	2	0		
	No. of Sitrep Declared Late Cancellations - Unavoidable	No	-	-	0	0	0	3	0	5	0	0	-	0	0	0	3	0	0	0	0	0	0	0	-	-	-	-	-	
	Elective Admissions Cancelled at last minute for non-clinical reasons (as a percentage of admissions)	%	0.8	0.8	0.0	0.0	0.5	2.3	0.5	2.2	0.9	0.2	0.3	0.0	0.6	0.5	2.0	2.2	0.5	1.4	0.4	0.2	-	-	-	-	0.2	-		
	Number of 28 day breaches	No	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	5	0	0	0	0	0	0	0	-	0	0	
	No. of second or subsequent urgent operations cancelled	No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Urgent Cancellations	No	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	0	
	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	1	0	1	0	-	0	0	0	
	Multiple Hospital Cancellations experienced by same patient (all cancellations)	No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	All Hospital Cancellations, with 7 or less days notice	No	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	2 weeks	%	93	93	-	-	-	-	95.6	100.0	97.7	97.2	83.8	90.9	92.6	90.9	64.1	33.3	31.3	19.5	24.3	-	-	-	-	-	-	24.3	-	
	31 Day (diagnosis to treatment)	%	96	96	-	-	-	-	100.0	100.0	100.0	100.0	100.0	100.0	91.7	100.0	93.3	100.0	60.0	81.8	90.0	-	-	-	-	-	-	90.0	-	
	62 Day (urgent GP referral to treatment) Excl Rare Cancers	%	85	85	-	-	-	-	100.0	100.0	100.0	100.0	82.4	100.0	87.5	100.0	92.3	66.7	50.0	60.0	44.4	-	-	-	-	-	-	44.4	-	
	62 Day (urgent GP referral to treatment) - Inc Rare Cancers	%	85	85	-	-	-	-	100.0	100.0	100.0	100.0	82.4	100.0	87.5	100.0	92.3	66.7	50.0	60.0	44.4	-	-	-	-	-	-	44.4	-	
	62 Day (referral to treat from screening)	%	90	90	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	62 Day (referral to treat from hosp specialist)	%	90	90	-	-	-	-	-	-	0.0	-	-	100.0	100.0	100.0	-	100.0	-	-	100.0	-	100.0	100.0	-	-	-	-	-	
	Cancer = Patients Waiting Over 62 days for treatment	No	-	-	0	0	0	0	-	0	0	0	2	0	1	0	1	1	2	2	3	-	3	0	-	-	-	3	-	
	Cancer - Patients Waiting Over 104 days for treatment	No	-	-	0	0	0	0	-	0	0	0	2	0	0	0	1	0	0	0	1	-	1	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	-	0	0
	RTT - Admitted Care (18-weeks)	%	90	90	91.6	74.6	74.4	66.9	94.4	83.3	83.2	89.4	75.0	88.5	90.4	88.0	69.7	58.3	78.3	81.2	85.2	79.3	-	-	-	-	-	79.3	-	
	RTT - Non Admitted Care (18-weeks)	%	95	95	62.2	77.7	64.6	77.6	62.4	74.5	74.1	63.2	63.1	76.3	77.1	81.2	64.0	53.6	43.7	63.1	55.2	60.0	-	-	-	-	-	60.0	-	
	RTT - Incomplete Pathway (18-weeks)	%	92	92	91.7	88.1	86.8	82.0	73.5	60.9	46.4	43.0	50.6	50.6	52.2	52.1	50.0	48.6	51.6	54.2	56.6	59.6	-	-	-	-	-	59.6	-	
	RTT Waiting List - Incomplete	No	-	-	3503	3295	3170	2959	2722	2637	2741	2875	3016	3022	3023	3499	3460	3527	3425	3477	3554	3650	7204	0	-	-	0	3650	0	
	RTT - Backlog	No	-	-	292	391	420	533	721	1031	1470	1640	1491	1494	1446	1675	1730	1812	1656	1592	1544	1474	-	0	-	0	1474	0		
	Patients Waiting >52 weeks (All Pathways)	No	0	0	0	0	0	0	0	1	3	7	7	19	50	83	106	164	0	296	251	228	-	0	-	0	228	0		
	Patients Waiting >52 weeks (Incomplete)	No	0	0	0	0	0	0	0	1	3	6	4	15	41	72	44	137	216	236	166	177	-	0	-	0	177	0		

Primary Care, Community & Therapies Group

CQC Domain	Indicator	Measure	Standard		Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	20/21 Year to Date	Directorate					
			Year	Month	AT	IB	IC	CM	YHP																				
	Treatment Functions Underperforming (Admitted, Non-Admitted, Incomplete)	No	0	0	4	4	4	5	4	6	6	5	6	5	5	5	5	5	5	4	4	5	-	0	-	0	5	0	
	Treatment Functions Underperforming (Incomplete)	No	0	0	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	1	1	2	-	0	-	0	2	0	
	RTT Clearance Time (Wks)	Ratio	-	-	19.2	13.4	14.6	17.6	27.8	29.0	24.5	27.4	28.7	21.6	24.0	29.4	24.7	31.5	21.3	22.6	26.7	26.1	26.4	-	-	-	26.1	-	
	Acute Diagnostic Waits in Excess of 6-weeks (End of Month Census)	%	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters)	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Effective	Cancer - Longest wait for treatment (days) - GROUP	No	-	-	0	0	0	0	-	42	62	57	154	62	93	62	113	75	95	72	139	-	-	0	-	-	139	-	
	Mortality Reviews within 42 working days	%	90	90	100.0	100.0	25.0	60.0	75.0	100.0	100.0	60.0	100.0	80.0	100.0	100.0	100.0	100.0	86.1	76.2	-	-	-	73.7	-	-	100.0	-	
	Deaths In the Group	No	-	-	1	3	4	-	4	1	2	4	0	5	7	4	4	4	37	19	14	-	14	-	-	-	-	-	
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month	%	-	-	1.6	1.9	0.3	1.9	3.9	3.6	2.3	2.9	2.8	2.8	3.3	1.8	2.2	4.1	2.5	1.7	1.8	-	-	-	-	-	-	-	
	Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	1.5	1.6	1.6	1.6	1.8	1.9	1.8	1.9	2.1	2.2	2.4	2.4	2.5	2.6	2.8	2.7	2.6	-	2.6	-	-	-	-	-	
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) month	%	-	-	-	-	-	-	0.4	0.4	-	-	-	-	-	-	-	-	0.2	-	-	-	-	-	-	-	-	-	
	Emergency Readmissions (within 30 days) - Same Spec (exc. Deaths and Stillbirths) 12-month cumulative	%	-	-	-	-	-	-	0.0	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0	-	0.0	-	-	-	-	-	
	Inpatients Staying 21+ Days At Month End Census - NHSI	No	-	-	0	1	0	0	0	0	1	1	1	0	7	7	17	20	13	9	6	6	12	3	0	0	3	0	
	21+ Days Long Stay Rate - NHSI	%	-	-	0.0	0.0	0.0	5.2	1.9	0.0	0.0	5.0	0.0	4.0	9.0	13.9	15.4	33.9	28.2	48.6	52.5	14.6	39.0	31.0	-	-	1.0	-	
	Estimated Beds - 21+ Days - NHSI	No	-	-	0	0	0	0	0	0	0	1	0	0	1	1	5	45	16	78	17	2	19	2	-	-	0	-	
	Routine Outpatient Appointments with Short Notice(<3Wks)	%	-	-	31.3	22.2	43.0	25.4	18.2	35.7	38.9	45.5	49.6	36.5	36.8	32.2	43.4	47.1	61.5	54.8	33.7	42.6	38.4	69.9	-	-	40.4	-	
	Routine Outpatient Appointments with Short Notice(<3Wks)	No	-	-	375	313	490	294	132	343	388	444	352	295	358	346	390	584	698	707	407	586	993	72	0	0	514	0	
	Short Notice Inpatient Admission Offers (<3wks)	%	-	-	54.6	56.0	54.5	86.4	97.0	93.5	78.9	69.5	79.2	78.4	61.6	55.8	78.8	48.2	58.6	86.1	75.6	67.7	71.7	-	-	-	67.7	-	
Well Led	Short Notice Inpatient Admission Offers (<3wks)	No	-	-	155	145	151	228	98	100	105	139	206	218	183	111	219	95	112	217	170	151	321	0	0	0	151	0	
	PDRs - 12 month rolling	%	95	95	-	-	-	-	-	-	-	-	-	95.9	-	-	-	-	-	-	-	-	-	100.0	99.3	95.5	89.2	90.1	
	Medical Appraisal	%	90	90	96.8	96.7	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	97.3	97.3	100.0	94.6	94.1	94.3	94.9	-	94.9	95.7	50.0	100.0	100.0	-	
	Sickness Absence (Rolling 12 Months)	%	3	3	4.2	4.2	4.2	4.3	4.6	4.8	4.8	4.8	4.8	4.9	4.9	5.1	5.1	5.1	5.1	5.0	4.8	4.7	4.8	3.6	5.5	5.3	4.2	4.5	
	Sickness Absence (Monthly)	%	3	3	4.8	4.8	4.8	4.9	6.9	6.0	4.5	4.2	4.4	4.4	4.7	5.8	4.7	5.7	4.5	4.0	4.3	5.0	4.7	4.2	5.3	6.3	3.5	5.3	
	Sickness Absence - Long Term - (Open Cases in the month)	No	-	-	26	15	17	16	22	40	22	14	22	16	15	17	15	14	22	23	21	27	48	6	10	6	1	4	
	Sickness Absence - Short Term (Monthly)	No	-	-	121	140	114	92	181	104	81	99	85	116	110	141	117	155	100	116	106	109	215	28	33	28	20	0	
	Ward Sickness Absence (Monthly)	%	3	3	8.4	7.9	7.3	6.2	10.0	9.3	5.8	5.0	6.3	6.4	6.4	8.8	7.5	9.1	7.8	6.7	7.0	5.1	6.0	-	5.1	-	-	-	
	Mandatory Training - Health & Safety (% staff)	%	95	95	95.4	95.9	94.6	95.8	95.7	98.3	98.9	99.4	98.8	98.8	99.3	98.9	99.1	98.9	98.9	98.2	98.6	99.2	98.9	-	-	-	-	-	
	Staff at 100% compliance with mandatory training	%	-	-	88.2	59.6	76.6	80.8	78.6	78.8	89.2	89.3	87.4	89.8	88.5	85.6	83.5	79.5	79.9	83.3	83.8	85.3	84.6	-	-	-	-	-	
	Staff requiring to complete 1 module to be at 100% compliance with mandatory training	%	-	-	6.8	25.0	15.4	13.1	14.1	13.7	7.9	7.9	9.3	7.3	8.6	10.8	12.1	15.0	15.1	11.3	11.2	9.7	10.5	-	-	-	-	-	
Staff requiring to complete 2 modules to be at 100% compliance with mandatory training	%	-	-	2.5	9.0	4.0	3.2	4.0	3.4	1.2	1.5	1.9	1.2	1.8	2.3	3.1	4.0	3.6	3.4	3.2	2.7	3.0	-	-	-	-	-		

