

BSUH INTEGRATED PERFORMANCE REPORT

- 1) Responsive Domain
- 2) Safe Domain
- 3) Effective Domain
- 4) Caring Domain
- 5) Well Led Domain

RESPONSIVE DOMAIN

Metric	Defined by	Standard	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Referral to Treatment - Incomplete	NHSI	92% (local 82.7%)	73.78%	73.02%	73.51%	74.77%	75.26%	75.32%	75.10%	76.83%	77.83%	80.06%	79.60%	81.42%	82.10%
Incompletes 52+ week waiters	NHSI	0	62	85	100	87	92	211	226	184	185	161	150	152	143
Diagnostic Waiting Times	NHSI	1%	2.19%	5.06%	6.57%	2.57%	1.65%	2.13%	2.84%	0.99%	1.93%	1.06%	1.40%	0.77%	0.58%
A&E: Emergency Access Standard	NHSI	95% (local 89%)	81.56%	80.97%	83.94%	86.25%	85.05%	84.11%	81.16%	83.75%	82.64%	82.13%	80.44%	77.11%	80.12%
A&E: Total 12 hour waits from arrival (incl non DTA pts)	L	0	451	546	361	254	266	263	403	389	439	506	529	709	493
A&E: ambulance handover delays > 60 mins	L	0	126	167	51	77	56	97	139	96	175	170	197	302	168
A&E: 12 hour trolley waits	NHSI	0	10	8	9	2	2	0	1	1	2	0	5	28	0
Cancer Two Week Wait Standard	NHSI	93%	87.10%	91.50%	88.60%	93.80%	95.10%	94.70%	94.10%	94.50%	95.12%	94.10%	93.93%	90.68%	NYA
Breast Symptom Two Week Wait	NHSI	93%	97.10%	94.10%	97.80%	94.80%	98.80%	98.40%	96.60%	97.40%	99.38%	98.91%	97.66%	96.89%	NYA
31 Day Standard	NHSI	96%	99.10%	97.40%	100.00%	97.30%	99.10%	98.40%	98.60%	98.20%	98.59%	97.27%	97.18%	97.94%	NYA
31 Day Subsequent Drug Standard	NHSI	98%	100.00%	100.00%	97.90%	97.60%	99.00%	100.00%	100.00%	98.70%	100.00%	98.20%	100.00%	100.00%	NYA
31 Day Subsequent Surgery	NHSI	94%	100.00%	91.70%	95.70%	95.50%	100.00%	91.30%	97.80%	97.80%	92.10%	89.70%	96.60%	95.45%	NYA
62 Day Standard	NHSI	85%	73.70%	81.90%	78.10%	77.20%	81.10%	74.50%	74.70%	85.90%	77.90%	76.50%	66.70%	77.82%	NYA
62 Day Screening Standard	NHSI	90%	66.00%	73.80%	75.00%	66.00%	62.00%	73.00%	87.50%	74.20%	75.00%	96.60%	84.20%	86.67%	NYA
Cancer 104 day waits	NHSI	0	7.5	9.0	8.5	7.0	5.5	11.0	10.5	8.5	11.0	7.0	6.0	5.5	NYA
Cancelled operations (last minute non clinical reason)	NHSI	0	39	55	28	27	41	35	47	34	68	70	56	56	33
Number of patients not treated within 28 days of last minute	NHSI	0	10	3	7	2	3	2	8	2	8	2	5	8	4
Delayed Transfers of Care	NHSI	<3.5%	6.8%	5.7%	5.9%	6.7%	6.9%	6.8%	7.4%	9.6%	8.90%	9.51%	8.66%	9.78%	9.65%

Lead : Chief Operating Officer - where forecast in red , significant risk of hitting year end standard and senior intervention involved (please see exception report for action)

SAFE DOMAIN

Metric	Defined by	Standard	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
C Difficile - number of cases	NHSI	46	4	3	4	2	2	7	3	9	5	4	4	4	4
MRSA Bacteraemia -	NHSI	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Never Events - number of	NHSI	0	0	0	0	0	0	0	0	2	0	3	0	0	0
Serious Incidents - number declared	L	Trajectory to be set	0	0	8	3	4	6	6	6	5	6	5	4	10
Patient Safety Incidents that are harmful	NHSI	Trajectory to be set	0.13%	0.13%	0.24%	0.12%	0.20%	0.10%	0.10%	0.23%	0.22%	0.23%	0.12%	0.22%	0.26%
Medication Errors - causing serious harm per 1000 bed days	NHSI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medication Errors - number causing serious harm	L	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Patient Falls - Total	L	Trajectory to be set	74	81	93	83	89	83	110	100	109	104	88	96	121
Patient Falls - SI's	L	Trajectory to be set	0	0	1	2	2	2	1	3	3	2	0	0	1
Fire Risk assessments completed	L	100%				69%	73%	100%	100%	100%	100%	100%	100%	100%	100%
CAS Alerts - overdue alerts	NHSI	0	0	0	0	0	0	11	20	11	9	20	20	10	12
Hand Hygiene compliance	L	98%			93.00%	77.00%	71.00%	80.00%	85.00%	64.00%	65%	67%	63%	64%	62%
Mean wait of patients in corridor area A&E (mins)	L	TBC	69	70	60	46	48	51	57	51	53	61	72	74	64
Max wait of a patient in corridor A&E (mins)	L	TBC	773	471	688	690	387	810	518	657	335	959	658	732	663
Avoidable Pressure Ulcers (category 3 & 4)	L	0	3	1	0	1	0	1	1	1	0	1	0	2	1
Histology reporting turnaround (% within 7 days)		80%	22%	16%	30%	26%	19%	18%	33%	18%	21.33%	15.36%	15.40%	21.27%	NYA
Emergency C section rate	NHSI	<12%	11.57%	15.08%	15.09%	12.11%	12.03%	12.50%	12.90%	13.60%	13.0%	14.5%	18.7%	20.2%	12.5%
VTE Risk Assessment	NHSI	95%	81.09%	79.12%	84.52%	85.46%	82.99%	89.98%	88.69%	89.16%	92.60%	92.60%	91.80%	NYA	NYA
% Harm Free Care	NHSI	95%	94.30%	93.80%	94.81%	94.90%	95.10%	95.46%	95.78%	95.31%	94.51%	94.66%	94.70%	95.20%	93.90%

Lead : Medical Director and Chief Nurse

EFFECTIVENESS DOMAIN

EFFECTIVENESS DOMAIN

Metric	Defined by	Standard	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
HSMR (All)	NHSI	<100	90.57	90.96	89.08	88.28	89.88	90.84	90.41	90.3	92.26	92.34	94.09	NYA	NYA
HSMR (Weekends)	NHSI	<100	91.66	93.55	90.99	91.68	95.46	98.3	98.61	97.55	99.81	100.55	101.92	NYA	NYA
SHMI	NHSI	<100	96.01	96.6	95.29	94.38	94.84	95.13	94.93	94.63	94.99	94.37	NYA	NYA	NYA
Crude Mortality (non elective pts)	NHSI	monitor	3.58%	3.75%	3.32%	3.37%	2.81%	2.85%	2.72%	2.68%	3.73%	3.57%	4.39%	4.75%	3.98%
Emergency readmissions 30 days	L	10.50%	13.43%	13.34%	13.50%	14.37%	13.91%	13.89%	13.37%	12.79%	13.93%	13.26%	NYA	NYA	NYA
A&E % patients who began treatment within 60 minutes (RSCH)	L	95.00%	48.1%	44.8%	48.6%	48.1%	49.8%	48.1%	49.4%	51.6%	49.5%	47.9%	51.8%	49.7%	49.5%
IP - Discharges before Midday Medical (%)	L	TBC	26.37%	25.63%	29.0%	28.2%	28.2%	27.9%	29.0%	28.3%	28.7%	30.3%	27.8%	26.1%	27.6%
IP - Discharges before Midday Surgical (%)	L	TBC	18.73%	19.66%	18.9%	20.0%	17.1%	19.3%	18.1%	20.7%	20.0%	19.3%	19.5%	18.5%	17.7%
Avg LoS Discharges 75+	L	Var = 0			5.23	5.05	4.45	4.65	4.65	4.90	5.18	4.91	5.48	5.37	5.47
DNA rate	L	<6%	7.93%	8.21%	8.22%	8.72%	8.80%	8.80%	8.53%	8.72%	7.98%	7.80%	8.02%	8.00%	7.58%
Theatres Utilisation	L	85%	84.58%	82.68%	83.39%	85.54%	83.63%	85.76%	82.68%	80.83%	81.22%	83.51%	81.32%	81.70%	83.75%
% of Emergency #NOF receiving surgery within 48 hours	L	90%	91.67%	87.18%	85.71%	87.50%	88.33%	88.68%	80.85%	94.23%	95.00%	90.57%	NYA	NYA	NYA
Stroke patients > 90% on a stroke ward	NHSI/ CQC	80%	95.74%	83.05%	81.63%	84.48%	86.79%	83.33%	86.44%	94.12%	86.44%	92.31%	80.43%	93.75%	NYA
Stroke % admitted directly to a stroke ward	NHSI/ CQC	90%	59.57%	57.63%	77.55%	74.14%	64.15%	68.18%	77.97%	70.59%	57.63%	65.38%	56.52%	62.50%	NYA
Stroke patients scanned within 24 hours	NHSI/ CQC	50%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	NYA
Stroke % of high risk TIA treated in 24 hours	NHSI/ CQC	60%	100.00%	100.00%	100.00%	87.50%	78.95%	85.71%	100.00%	77.78%	94.74%	75.00%	88.24%	88.46%	81.82%
Stroke % of low risk TIA treated within 7 days	NHSI/ CQC	100%	90%	100.00%	100.00%	92.00%	100.00%	100.00%	96.55%	100.00%	100.00%	92.00%	100.00%	100.00%	100.00%

Lead Chief Nurse and Medical
Director and COO

CARING DOMAIN

Metric	Defined by	Standard	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
FFT - Inpatient - % positive	NHSI	95%	97.7%	99.3%	95.9%	97.6%	94.8%	96.0%	95.4%	95.9%	95.3%	93.8%	94.0%	95.9%	92.90%
FFT - Inpatient Response Rate	NHSI	35%	10.8%	16.6%	15.4%	15.4%	13.5%	12.7%	11.3%	12.3%	14.4%	11.6%	10.5%	13.1%	8.40%
FFT - A&E/WiC/MIIU - % positive	NHSI	95%	88.5%	87.5%	87.7%	87.0%	89.9%	87.5%	86.6%	86.8%	86.1%	88.1%	87.5%	88.2%	89.4%
FFT - Maternity - % positive	NHSI	95%	96.3%	93.0%	90.6%	94.9%	94.7%	96.8%	97.1%	91.3%	92.0%	94.5%	94.5%	94.7%	95.6%
Complaints responded to < 40 days	NHSI	90%			63.8%	74.4%	67.0%	51.92%	45.86%	46.09%	46.61%	72.22%	NYA	NYA	NYA
Number of complaints received	L	monitor			105	90	106	104	133	128	118	90	108	112	105
Outstanding complaints over 6 months	L	0							28	28	24	25	24	29	35
Re-opened complaints	L	<10%			11.4%	18.9%	10.4%	11.5%	13.5%	6.3%	7.6%	7.8%	10.20%	7.1%	12.0%
Mixed Sex Accommodation breaches	NHSI	0	0	2	57	69	76	77	113	80	41	137	72	61	92

Comments

Lead : Chief Nurse

WELL LED DOMAIN

Metric	Defined by	Standard	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Staff Sickness	NHSI	<3%	4.16%	4.23%	4.27%	4.28%	4.28%	4.26%	4.25%	4.23%	4.25%	4.27%	4.28%	4.30%	NYA
Staff Turnover	NHSI	<12%	12.53%	12.52%	12.81%	12.81%	13.17%	13.58%	12.90%	13.30%	13.40%	13.58%	14.00%	14.20%	14.31%
% of STAM training	L	>75%				49.00%	55.00%	71%	61%	60%	60%	64%	66%	69%	71%
% of IG training		95%					50.00%	68%	67%	82%	86%	86%	87%	88%	86%
% of Appraisals	L	85%	68.20%	69.90%	69.80%	70.60%	70.20%	70.40%	66.90%	71.90%	73.40%	75.70%	77.20%	79.40%	81.30%
Safe staffing fill	NHSI	95%	95.06%	94.46%	96.84%	98.35%	98.23%	96.20%	96.10%	94.77%	95.31%	97.11%	95.54%	98.17%	96.78%
% of bank staff	CQC	<15%	14.05%	14.22%	14.66%	14.88%	14.97%	14.32%	14.83%	15.04%	15.17%	13.41%	13.90%	14.16%	13.58%
Pay actual £'000 - (Surplus) / Deficit		334,279 (Feb Target 27,225)			28,968	28,625	29,027	28,369	28,444	29,130	29,179	29,260	28,802	28,817	29,596
Non Pay actual £'000 - (Surplus) / Deficit		230,927 (Feb Target 18,807)			19,964	21,819	19,898	20,650	21,761	21,787	20,701	21,673	21,806	21,229	29,944
Income actual £'000 - (Surplus) / Deficit		(549,636) (Feb Target (45,834))			(44,229)	(44,058)	(51,275)	(43,738)	(46,117)	(45,332)	(46,019)	(46,926)	(46,027)	(45,969)	(41,727)
I&E Position £'000 - (Surplus) / Deficit		15,570 (Feb Target 197)			4,703	6,386	(2,350)	5,281	4,087	5,585	3,860	4,007	4,581	4,077	3,889
CIP's		25,110 (Feb Target 3,177)			1912	1304	1880	1694	1545	2,219	1,656	1,670	1,562	1,542	1,592
% Temporary Staff		TBC			7.40%	7.37%	6.84%	6.01%	5.76%	7.09%	9.22%	7.35%	8.37%	7.20%	8.27%
% of agency Nurse		<1%			2.64%	2.21%	1.65%	1.45%	1.59%	1.95%	2.28%	2.09%	1.58%	2.26%	3.03%
% of Nurse bank		TBC			7.82%	7.31%	8.12%	6.50%	6.37%	8.85%	12.49%	7.84%	7.59%	9.61%	8.17%

Lead : Chief Nurse/ HR director/
COO

Brighton and Sussex University Hospitals NHS Trust

Central Information Unit

Date 10/03/2017

Title: **BSUH Board Report - Definitions of Indicators Used**

Responsive Domain	Lead	
Referrral to Treatment - Incomplete	Shaun Carr	Total number of patients waiting less than 18weeks for consultant led treatment from initial referral, as a percentage of all patients currently waiting for treatment (Snapshot position taken at the end of each month) R= worse than trajectory, A= achieving trajectory G=achieving national standard
Incomplete 52+ Week Waiters	Shaun Carr	Total number of patients currently waiting over 52wks for consultant led treatment from initial referral (Snapshot position taken at the end of each month)
Diagnostic Waiting Times	Shaun Carr	Percentage of current diagnostic test waiting times from GP referral, which are longer than 6 weeks, as a proportion of the total number of diagnostic test waits as at the end of a calendar month.
Emergency Access Standard	Mark Angus	Percentage of A&E attendances where the patient spent four hours or less in A&E from arrival to transfer, admission or discharge. R= worse than trajectory, A= achieving trajectory G=achieving national standard
A&E: Total 12 hour waits from arrival (incl non DTA pts)	Mark Angus	Number of patients who have waited over 12 hours in A&E from arrival
A&E: Ambulance Handover Delays > 60 mins	Mark Angus	Number of Ambulance Handover to A&E staff subject to delays of over 60 mins, from the time of ambulance arrival at the A&E department to the time of handover of the patient to A&E staff. R= 100+ patient delays A= 1 to 100 patient delays G= Zero patient delays
A&E: 12 hour trolley waits	Mark Angus	Number of patients who have waited over 12 hours in A&E from decision to admit to admission.
Cancer Two Week Wait Standard	Shaun Carr	Percentage of urgent GP referrals for suspected cancer, whose first outpatient attendance is within two weeks of referral.
Breast Symptom Two Week Wait	Shaun Carr	Percentage of GP symptomatic breast referrals where cancer is not suspected, whose first outpatient attendance is within two weeks of referral.
31 Day Standard	Shaun Carr	Percentage receiving first definitive treatment for cancer within 31 days of decision to treat.
31 Day Subsequent Drug Standard	Shaun Carr	Percentage of all cancer patients receiving subsequent treatment (chemotherapy) within 31 days from decision to treat or earliest clinically appropriate date (ECAD).
31 Day Subsequent Surgery	Shaun Carr	Percentage of all cancer patients receiving subsequent treatment (surgery) within 31 days from decision to treat or earliest clinically appropriate date (ECAD).
62 Day Standard	Shaun Carr	Percentage receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer.
62 Day Screening Standard	Shaun Carr	Percentage receiving first definitive treatment for cancer within 62 days of a referral from a nhs cancer screening service.
Cancer 104 day waits	Shaun Carr	Number of patients receiving first definitive treatment for cancer who waited over 104 days from urgent GP referral
Cancelled Operations (last minute non clinical reason)	Shaun Carr	Number of last minute cancellations (cancelled on the planned day of surgery or admission) by the hospital for non clinical reasons
Number of patients not treated within 28 days of last minute cancellation	Shaun Carr	Number of last minute cancellations (cancelled on the planned day of surgery or admission) by the hospital for non clinical reasons, who are not subsequently treated within the maximum 28 day standard
Delayed Transfers of Care	Mark Angus	Percentage of hospital beds occupied by a Delayed Transfer of Care patient (those declared medically fit but awaiting ongoing care).

Safe Domain		
C Difficile	Helen ODell	Number of Hospital-acquired Clostridium Difficile (C. Difficile) infections (Standard of no more than 46 for whole year)
MRSA	Helen ODell	Number of Hospital-acquired Methicillin-resistant Staphylococcus Aureus (MRSA) bloodstream infections
Never Events	Helen ODell	Never Events are serious, largely preventable patient safety incidents (nationally defined) that should not occur if the available preventative measures have been implemented
Serious Incidents	Helen ODell	The number of Serious Incidents (SI's) reported as per the statutory defined process. Examples of SI's include: avoidable or unexplained deaths, child protection incidents, never events and data loss.
Patient Safety Incidents that are harmful	Helen ODell	Safety incidents are submitted as part of a national reporting requirement and are incidents where any patient could have been harmed or has suffered any level of harm, for example: patient accidents or medication/treatment errors. This indicator measures the number that are actually harmful.
Medication Errors - causing serious harm per 1000 bed days	Helen ODell	Number of reported patient safety incidents across NHS care settings that caused serious harm to the patient due to medication errors.
Medication Errors - number causing serious harm	Helen ODell	Number of reported patient safety incidents across NHS care settings that caused serious harm to the patient due to medication errors.
Patient Falls - total number	Helen ODell	
Patient Falls - Sis	Helen ODell	
Fire Risk assessments completed	Dale Vaughan	
CAS Alerts - overdue alerts	Dale Vaughan	The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS. This indicator measures the number of CAS alerts breaching the deadline for implementation.
Hand Hygiene compliance	Helen ODell	
Mean wait of patients in corridor area A&E (mins)	Mark Angus	
Max wait of a patient in corridor A&E (mins)	Mark Angus	
Avoidable Pressure Ulcers (category 3 & 4)	Mark Angus	Number of patients with newly-acquired category 3 or 4 pressure ulcers. A pressure ulcer is localised injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure. Ulcers are categorised by severity, from category 1, least severe, to the most severe, category 4. Category 3 indicates full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Category 4 indicates full thickness tissue loss with exposed bone, tendon or muscle.
Histology reporting turnaround (% within 7 days)	Alex Shaw	
Emergency C section rate	Helen ODell	Percentage of deliveries which are Emergency Caesarean Sections, i.e. an unplanned decision.
VTE Risk Assessment	Helen ODell	Percentage of adults admitted as inpatients who have been risk assessed for VTE on admission to hospital using the criteria in the National VTE Risk Assessment Tool as a proportion of all adult inpatient admissions.
% Harm Free Care	Helen ODell	The safety thermometer is used to monitor 'harm free' care by tracking the presence or absence of harms in hospital such as, pressure ulcers, falls, urinary tract infections (UTIs) in patients with a catheter and new venous thromboembolisms (VTEs).

Effective Domain		
HSMR (All)	Steve Holmberg	The hospital standardised mortality ratio (HSMR) compares the expected rate of death in a hospital with the actual rate of death for the whole week (Monday to Sunday). The baseline HSMR value is 100. A trust would only get a value of 100 if the rate of patient deaths was exactly the same as expected using the HSMR methodology. A value lower than 100 would indicate a level of deaths lower than expected.
HSMR (Weekends)	Steve Holmberg	The hospital standardised mortality ratio (HSMR) compares the expected rate of death in a hospital with the actual rate of death for weekend (Saturday to Sunday). The baseline HSMR value is 100. A trust would only get a value of 100 if the rate of patient deaths was exactly the same as expected using the HSMR methodology. A value lower than 100 would indicate a level of deaths lower than expected.
SHMI	Steve Holmberg	A trust's SHMI value is the ratio between the actual number of patients who die following treatment at the trust and up to 30 days after discharge, and the number that would be expected to die, on the basis of average England figures given the characteristics of the patients treated there. The baseline SHMI value is 100. A trust would only get a SHMI value of 100 if the number of patients who die following treatment there was exactly the same as the number expected using the SHMI methodology. A value lower than 100 would indicate a level of deaths lower than expected.
Crude Mortality (non elective pts)	Steve Holmberg	Number of patient deaths following non-elective admission, as a percentage of all non-elective discharges.
Emergency readmissions 30 days	Steve Holmberg	Percentage of emergency admissions by patients who had been discharged from hospital in the previous 30 days, as a proportion of all emergency admissions.
A&E % patients who began treatment within 60 minutes (RSCH)	Steve Holmberg	
IP - Discharges before Midday Medical (%)	Steve Holmberg	Number of discharges of patients with at least one overnight stay who were discharged between midnight and 12pm and had a medical specialty as their specialty on discharge, divided by the number of discharges of patients with at least one overnight stay who had a medical specialty as their specialty on discharge. Where patients are discharged from the discharge lounge, the time of leaving the penultimate ward is used. Does not include maternity or neonatal.
IP - Discharges before Midday Surgical (%)	Steve Holmberg	Number of discharges of patients with at least one overnight stay who were discharged between midnight and 12pm and had a surgical specialty as their specialty on discharge, divided by the number of discharges of patients with at least one overnight stay who had a surgical specialty as their specialty on discharge. Where patients are discharged from the discharge lounge, the time of leaving the penultimate ward is used. Does not include maternity or neonatal.
DNA rate	Pat Keeling	Percentage of outpatient attendances where patients did not attend (DNA) their appointment, as a proportion of all outpatient attendances and DNAs.
Theatres Utilisation	Steve Holmberg	Percentage of theatre sessions utilised (including overruns) as a proportion of available theatre capacity.
% of Emergency #NOF receiving surgery within 48 hours	Steve Holmberg	Percentage of emergency admission Fractured Neck of Femur patients receiving surgery within 48 hours.
Stroke patients > 90% on a stroke ward	Peter Lane	Percentage of stroke patients who spent at least 90% of their admission in hospital in a dedicated stroke unit.
Stroke % admitted directly to a stoke ward	Peter Lane	Percentage of stroke patients admitted directly to a dedicated stroke unit.
Stroke patients scanned within 24 hours	Peter Lane	Percentage of stroke patients brain scanned within 24 hours of arrival at hospital.
Stroke % of high risk TIA treated in 24 hours	Peter Lane	Percentage of Transient Ischaemic Attack (TIA) cases with a higher risk of stroke who are treated within 24 hours of attendance to a Neurology clinic or stroke unit.
Stroke % of low risk TIA treated within 7 days	Peter Lane	Percentage of Transient Ischaemic Attack (TIA) cases with a low risk of stroke who are seen within seven days.

Caring Domain		
FFT - Inpatient - % positive	Helen ODell	Percentage of Inpatients who responded to the Friends and Family satisfaction questionnaire, who indicated that they would recommend the NHS service they have received, to friends and family who need similar treatment or care, as a proportion of all inpatient responses.
FFT - Inpatient Response Rate	Helen ODell	Percentage of Inpatients who responded to the Friends and Family satisfaction questionnaire, as a proportion of all eligible inpatients.
FFT - A&E/WiC/MIIU - % positive	Helen ODell	Percentage of A&E patients who responded to the Friends and Family satisfaction questionnaire, who indicated that they would recommend the NHS service they have received, to friends and family who need similar treatment or care, as a proportion of all A&E patient responses.
FFT - Maternity - % positive	Helen ODell	Percentage of maternity patients who responded to the Friends and Family satisfaction questionnaire, who indicated that they would recommend the NHS service they have received, to friends and family who need similar treatment or care, as a proportion of all maternity patient responses.
Complaints responded to < 40 days	Helen ODell	Number of written complaints received by the trust.
Number of complaints received	Helen ODell	
Outstanding complaints over 6 months	Helen ODell	
Re-opened complaints	Helen ODell	
Mixed Sex Accommodation breaches	Helen ODell	Number of breaches of the patient dignity standard that men and women do not have to sleep in the same room or bay or share toilet and washing facilities and should not have to pass through areas used by the opposite sex to reach their own facilities.
Well Led Domain		
Staff Sickness	Helen Weatherill	Percentage of whole time equivalent (WTE) days lost to sickness as a percentage of WTE days available to work over the last twelve months.
Staff Turnover	Helen Weatherill	Percentage of trust staff which have left the trust within the past 12 months.
% of STAM training	Helen Weatherill	
% of IG training	Helen Weatherill	Percentage of registered nurse and unregistered nurse (care staff) hours (day and night) were provided during the period, as a proportion of the number of hours that were planned.
% of Appraisals	Helen Weatherill	
Safe staffing fill	Helen Weatherill	
% of bank staff	Helen Weatherill	
Pay actual £'000 - (Surplus) / Deficit	Spencer Prosser	
Non Pay actual £'000 - (Surplus) / Deficit	Spencer Prosser	
Income actual £'000 - (Surplus) / Deficit	Spencer Prosser	
I&E Position £'000 - (Surplus) / Deficit	Spencer Prosser	
CIP's	Spencer Prosser	
% Temporary Staff	Helen Weatherill	
% of agency Nurse	Helen Weatherill	
% of Nurse bank	Helen Weatherill	