

Report to	Trust Board
Date	Tuesday 22 November 2011
Agenda Number	2.3
Agenda Item	Clinical Operations & Key Quality Indicators Performance Report – October 2011
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Prepared by	Performance Team
Presented by	Michael Lock, Head of Performance

EXECUTIVE SUMMARY

1 Purpose and Key Issues

The purpose of this paper is to present a summary of Trust achievement against key performance indicators and to brief the Trust Board on operational performance issues from the Clinical Directorates.

Key issues include:

- C Difficile Acute – increasing in last two months.
- Cancer Waiting Times – 2 breaches of 31 day standard.
- Standardised Mortality Ratio – continuing review and data validation.
- Delayed Transfer of Care – continues relatively high in Northern Community Hospitals.
- Mixed Sex Accommodation – no general breaches in September or October.
- A&E – small underperformance against 4 hour standard in October.

2 Supporting Information

- Some items are reported regularly to comply with national 'Trust Board' reporting requirements.

3 Controls and Assurances

The Clinical Operations Performance & Quality Indicators Detailed Report is presented to the Executive Team prior to Trust Board. A summary report is also presented to CSEC. The items within this report are the subject of scrutiny through internal performance management and governance systems. Most items are also subject to external reporting to the Department of Health, South West Strategic Health Authority, or commissioning Primary Care Trusts.

4 Legal Implications

The legal implications have been considered and none have been identified.

5 Equality and Diversity Implications

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. No adverse or positive impacts have been identified from this report.

6 Patient, Public and Staff Involvement

The Trust ensures that patients, the public and staff are involved in the decision-making process when appropriate.

7 Cost Implications

There are no direct cost implications.

8 Potential Risk to the Organisation

This report aims to reduce the risk of non-achievement against NHS national and locally agreed key performance standards by clearly showing the current performance position and highlighting any areas of specific concern.

Non-compliance with standards may lead to further external scrutiny, eg from commissioners or via Care Quality Commission specific inspections.

9 Board Prompts

None

10 Recommendations

The Trust Board is asked to **NOTE** this report.

11 References

Not applicable.

12 Strategic Objectives

The Trust's Strategic Objectives were reviewed by the Board in September 2011.

X	Effective care		Modern environments
X	Sustainable services	X	Financial health
	Integrated care		Governance & compliance
	Exceptional workforce		Marketing
	Innovative improvement		Structure & partnerships

13 Principal Risks

The Principal Risks have been identified through the Trust's risk management processes. They are updated as and when required.

x	Financial planning & management		Clinical records management
x	Strategic & business planning		Leadership & management
	Workforce numbers		Unsafe behaviour
	Workforce skills	x	External demands
	Procedural management		Partnership arrangements
	Equipment & facilities arrangements		Communication

Clinical Operations

Performance & Quality Indicators

Summary Report

Month 7
October 2011

Prepared: 16 November 2011
Updated:

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Key to Performance Traffic Lights

Traffic Light	Key	Performance
Red	✘	Worse than plan
Amber	◆	Almost on plan
Green	✔	As plan or better

Key to Direction of Travel

	Key
↑	Variation between actual performance and planned performance indicates an improvement since last month
↔	Variation between actual performance and planned performance has remained constant since last month
↓	Variation between actual performance and planned performance indicates a deterioration since last month

SECTION 1

KEY INDICATORS - SUMMARY

1.1 Control of Infection (Plan = contracted standards)

Indicator	Latest Month					Year Cumulative				Executive Director Lead
	Mth	Plan	Actual	Variance		Plan	Actual		Dir	
MRSA Acute >2 Days	Oct	1	0	0	✓	1	0	✓	↔	Carolyn Mills
MRSA Rate per 1000 bed days	Oct	n/a	0	0	✓	n/a	0	✓	↔	Carolyn Mills
MRSA CHs >2 Days	Oct	n/a	0	0	✓	n/a	0	✓	↔	Carolyn Mills
MRSA Screening Elective	Oct	95%	93.9%	-1.1%	◇	n/a	n/a		↑	Carolyn Mills
MRSA Screening Non-Elective	Oct	95%	89.9%	-5.1%	◇	n/a	n/a		↑	Carolyn Mills
MSSA Acute >2 Days	Oct	n/a	1	n/a	✓	n/a	6	✓	↔	Carolyn Mills
MSSA CHs >2 Days	Oct	n/a	0	n/a	✓	n/a	0	✓	↔	Carolyn Mills
E. Coli Acute >2 Days	Oct	n/a	0	n/a	✓	n/a	13	✓	↔	Carolyn Mills
E.Coli CHs >2 Days	Oct	n/a	1	n/a	✓	n/a	1	✓	↔	Carolyn Mills
C.Difficile Acute >3 Days	Oct	1	4	+3	✗	12	10	✓	↓	Carolyn Mills
C.Diff Rate/1000 bed days - Acute	Oct	n/a	0.56	n/a	✓	n/a	0.19	✓	↔	Carolyn Mills
C.Difficile East CHs >3 Days	Oct	n/a	4	n/a	◇	n/a	19	◇	↓	Carolyn Mills

1.2 Cancer Waiting Time Standards (Plan = national standards)

Cancer 14 Day Urgent Referral	Oct	93%	94.1%	333/357	✓	93%	97.3%	✓	↔	Kate Lyons
Symptomatic Breast 14 Day	Oct	93%	100%	17/17	✓	93%	91.4%	◇	↑	Kate Lyons
Cancer 31Day Diag. to Treat	Oct	96%	100%	55/55	✓	96%	99.35%	✓	↔	Kate Lyons
Cancer 31Day Subs Surgery	Oct	94%	85.6%	11/13	◇	94%	97.6%	✓	↓	Kate Lyons
Cancer 31Day Subs Drug	Oct	98%	100%	40/40	✓	98%	100%	✓	↔	Kate Lyons
Cancer 62 Day Urg Ref to Treat	Oct	85%	87.9%	29/33	✓	85%	86.5%	✓	↔	Kate Lyons
Cancer 62 Day Screening	Oct	90%	100%	1/1	✓	90%	100%	✓	↔	Kate Lyons
Cancer 62 Day Cons Upgrade	Oct	n/a	100%	7/7	✓	n/a	97.6%	✓	↔	Kate Lyons

1.3 Standardised Mortality Ratio (Plan = national expected level)

Indicator	Mth	Latest Month				Rolling 12 Months			Dir	Executive Director Lead
		Plan	Actual	Variance		Plan	Actual			
SMR Trust	Aug	<100	100	83/83	✓	<100	112.7	✗	↔	Alison Diamond
SMR North	Aug	<100	79.1	42/53	✓	<100	114.6	✗	↔	Alison Diamond
SMR East (5 Months only)	Aug	<100	137.3	41/30	✗	<100	105.5	✗	↓	Alison Diamond

SMR – To note that the national benchmark was reset with inclusion of June 2011 data.

1.4 Emergency Readmissions (Plan = national expected level)

Indicator	Mth	Latest Month				Rolling 12 Months			Dir	Executive Director Lead
		Plan	Actual	Variance		Plan	Actual			

28 Day EM Readmissions	May	<100	90.7	249/275	✓	<100	88.2	✓	↔	Alison Diamond
Following Elective Admission	May	<100	76.2	57/75	✓	<100	83.5	✓	↑	Alison Diamond
Following EM Admission	May	<100	96.1	193/201	✓	<100	90.1	✓	↔	Alison Diamond

1.5 Key Quality Indicators (Plan = contracted standards)										
		Latest Month				Year Cumulative				
Never Events	Oct	0	0	0	✓	0	0	✓	↔	Alison Diamond
Breach of EMSA ICU/CCU/ASU	Oct	0	6 pts	n/a	✓	n/a	n/a		↔	Carolyn Mills
Breach of EMSA General Wards	Oct	0	0 pts	0/1000 FCE	✓	n/a	n/a		↔	Carolyn Mills
Cancelled Ops. As % of Elective	Oct	<0.8%	0.37%	7	✓	<0.8%	0.58%	✓	↑	Kate Lyons
Cancelled Ops. <28 day (Cum)	Oct	>95%	100%	7/7	✓	>95%	100%	✓	↔	Kate Lyons
Fractured NOF operated 24hrs	Oct	90%	75%	3/4	◆	90%	87%	◆	↑	Kate Lyons
Thrombolysis Call To Needle	Oct	>68%	0%	0/0	✓	>68%	0% 0/1	✓	↔	Kate Lyons
Rapid Access Chest Pain Clinic	Oct	>98%	100%	23/23	✓	>98%	100%	✓	↔	Kate Lyons
GUM Offer <48Hrs (East & North)	Oct	>98%	100%	1169/1169	✓	>98%	100%	✓	↔	Kate Lyons
GU Seen <48Hrs (East & North)	Oct	n/a	78.7%	920/1169	✓	n/a	n/a		↔	Kate Lyons
Delayed Transfer of Care (Acute)	Oct	<3.5%	2.0%	-1.5%	✓	<3.5%	2.05%	✓	↔	Kate Lyons
Delayed Transfer of Care (Nor. CHs)	Oct	<3.5%	21.9%	+18.4%	✗	<3.5%	12.3%	✗	↓	Kate Lyons
Delayed Transfer Care (East CHs)	Oct	<3.5%	6.7%	+3.2%	✗	<3.5%	6.2%	✗	↓	Kate Lyons
Stroke >90% stay North Acute	Oct	80%	72.0%	-8.0%	✗	80%	73.0%	✗	↑	Kate Lyons
Stroke >90% stay North Superspell	Oct	80%	78.0%	-2.0%	◆	80%	71.0%	✗	↓	Kate Lyons
Stroke >90% stay East Community	Oct	80%	75%	-5%	◆	80%	77.7%	◆	↔	Kate Lyons
Stroke Swallow Screening 4Hrs	Oct	95%	76.0%	17/22	✗	95%	90.0%	◆	↓	Carolyn Mills
Stroke Swallow Assessment 24Hrs	Oct	95%	89.0%	20/22	✗	95%	89.0%	◆	↓	Carolyn Mills
Women Seen by 12 Wks Pregnancy	Oct	90%	86.76%	118/139	◆	90%	90.3%	✓	↑	Carolyn Mills
Smoking at Delivery	Oct	<20%	16.7%	-3.3%	✓	<20%	13.7%	✓	↓	Carolyn Mills
Breastfeeding Initiation	Oct	>71%	72.9%	+1.9%	✓	>71%	74.5%	✓	↓	Carolyn Mills
Reduce Elective Caesarean Sect.	Oct	<11.6%	14.6%	+3.0%	◆	<11.6%	9.7%	✓	↓	Alison Diamond

1.6 A&E Indicators (Plan = national standards)										
		Latest Month				Year Cumulative				

Indicator	Mth	Plan	Actual	Variance		Plan	Actual		Dir	Directorate Lead
<7 Day Unplanned Re-attendance	Oct	<5%	1.4%	-3.6%	✓	n/a	n/a		↑	Kate Lyons
Left Without Being Seen	Oct	<5%	2.2%	-2.8%	✓	n/a	n/a		↑	Kate Lyons
Time to Assess (95 th percentile)	Oct	<15 Mins	13 mins	-2 Mins	✓	n/a	n/a		↑	Kate Lyons
Time to Treatment (Median)	Oct	<60 Mins	54 Mins	-6 Mins	✓	n/a	n/a		↔	Kate Lyons
Total time in A&E (95 th Percentile) Admitted	Oct	<4 Hrs	5:24	+1:24	✗	n/a	n/a		↓	Kate Lyons
Total time in A&E (95 th Percentile) Non-Admitted	Oct	<4 Hrs	3:55	-5 Mins	✓	n/a	n/a		↔	Kate Lyons
Breaches >6Hrs	Oct	0	38	+38	✗	0	+266	✗	↔	Kate Lyons
Total time in A&E Less than 4Hrs	Oct	>95%	94.4%	-0.6%	✗	n/a	n/a		↓	Kate Lyons

1.7 Referral to Treatment (North) (Plan = national standards)										
Indicator	Mth	Plan	Actual	Variance		Plan	Actual		Dir	Directorate Lead
18wk RTT Admitted	Sep	>90%	95.8%	n/a	✓	n/a	n/a		↔	Kate Lyons
RTT Admitted Median - Weeks	Sep	<11.1	7.4	n/a	✓	n/a	n/a		↔	Kate Lyons
RTT Admitted 95 th Per - Weeks	Sep	<23.0	17.9	n/a	✓	n/a	n/a		↔	Kate Lyons
18wk RTT Non-Admitted	Sep	>95%	99.5%	n/a	✓	n/a	n/a		↔	Kate Lyons
RTT Non-Admitted Median Weeks	Sep	<6.6	3.1	n/a	✓	n/a	n/a		↔	Kate Lyons
RTT Non-Admitted 95 th Per - Weeks	Sep	<18.3	11.0	n/a	✓	n/a	n/a		↔	Kate Lyons
Outpatients GP Waiting >11 wks	Sep	0	0	0	✓	0	+5	✓	↔	Kate Lyons
Elective patients Waiting >20 wks	Sep	0	0	0	✓	0	0	✓	↔	Kate Lyons
Diagnostics Waiting >6 wks	Oct	0	0	0	✓	0	77	◇	↑	Kate Lyons

1.8 Referral to Treatment (East) (Plan = national standards)										
Indicator	Mth	Plan	Actual	Variance		Plan	Actual		Dir	Directorate Lead
18wk RTT Admitted	Sep	>90%	None	n/a	✓	n/a	n/a		↔	Kate Lyons
RTT Admitted Median - Weeks	Sep	<11.1	0	n/a	✓	n/a	n/a		↔	Kate Lyons
RTT Admitted 95 th Per - Weeks	Sep	<23.0	0	n/a	✓	n/a	n/a		↔	Kate Lyons
18wk RTT Non-Admitted	Sep	>95%	100%	n/a	✓	n/a	n/a		↔	Kate Lyons
RTT Non-Admitt Median Weeks	Sep	<6.6	6.7	n/a	✓	n/a	n/a		↔	Kate Lyons
RTT Non-Admitt 95 th Per - Weeks	Sep	<18.3	12.8	n/a	✓	n/a	n/a		↔	Kate Lyons
Diagnostics Waiting >6 wks	Oct	0	0	0	✓	0	6	✓	↑	Kate Lyons

Issues to Highlight

C.Difficile	<p>4 cases last month attributed to acute Trust makes October the highest month this year. In respect of the testing methodology 5 out the 10 cases year to date were detected using the new testing methodology.</p> <p>4 cases within the East Community Hospitals makes October the highest month this year. (Exmouth 3, Sidmouth 1)</p>
Cancer Standards	<p>31 Day Subsequent Surgery - there were 2 breaches in October. 1 x Breast case - treated in 33 days due to no earlier theatre slots available. This is very unusual. 1 x Urology case cancelled due to a bed shortage – treated 38 days. PAS did not clearly indicate that this was a cancer case. Underlying processes are being reviewed for both these cases.</p>
SMR	<p>Recent increase in East Community Hospital position. Clinical review is in progress.</p> <p>Continuing HSMR review and data validation work in relation to Northern position.</p>
Del. Transfer of Care	<p>North Community Hospital delays increased significantly in September/October. Analysis indicates that main contributing factors are</p> <ul style="list-style-type: none">• Assignment of care managers• Completion of assessments• Nursing/residential home placements <p>Bideford, Torrington and Ilfracombe significantly affected.</p>
90% Stroke Standard	<p>Continuing difficulty to achieve standard the 90% standard. Exceptions are reviewed every month with clinical input, and are also reported to NHS Devon/SWSHA.</p> <p>Main issues continue to be:</p> <ul style="list-style-type: none">• Initial diagnosis uncertain• Patients moved off ASU to accommodate higher clinical need• Patient choice of rehab. location• Peaks in ASU admission demand
Stroke Swallow	<p>Achievement against the 24Hr indicator dropped to 89% in October. August/September had been 93% and 95%.</p> <p>Achievement against the 4Hr indicator dropped to 76% in October. August/September had been 100% and 96%. Directorate Teams are investigating the breach reasons.</p>
A&E Indicators -	<p>Position remains good on several indicators. Increased emergency admission pressure in October has resulted in a small underperformance against the 4 hour standard.</p>

SECTION 2 KEY ACTIVITY INDICATORS - SUMMARY

Acute Contract Activity (Plan = contracted volumes) (Early View data)											
Indicator	Latest Month					Year Cumulative			Dir	Dir. Lead	
	Mth	Plan	Actual	Variance		Plan	Actual	Variance			
GP Referrals	Oct	2329	2583	+10.9%	✓	16189	17289	+6.8%	✓	↓	K Lyons
Other Referrals	Oct	1417	1529	+7.9%	✓	9849	10707	+8.7%	✓	↓	K Lyons
Total Referrals	Oct	3746	4112	+9.8%	✓	26038	27996	+7.5%	✓	↓	K Lyons
Outpatient FST Attends	Oct	3577	3658	+2.3%	✓	24868	25990	+4.5%	✓	↓	K Lyons
Outpatient FUP Attends	Oct	6937	7727	+11.4%	◇	48228	53136	+10.2%	✓	↓	K Lyons
Outpatient Waiting List	Oct	2599	3240	+641	◇	n/a	n/a	n/a		↓	K Lyons
Elective DC Activity	Oct	1500	1567	+4.5%	✓	10431	10963	+5.1%	✓	↓	K Lyons
Elective IP Activity	Oct	363	314	-13.5%	◇	2522	2210	-12.4%	◇	↔	K Lyons
Elective Total Activity	Oct	1863	1881	+1.0%	✓	12953	13173	+1.7%	✓	↔	K Lyons
DC Rate Overall	Oct	80.5%	83.3%	+2.8%	✓	80.5%	83.2%	+2.7%	✓	↔	K Lyons
Elective Waiting List	Oct	1449	1392	-57	✓	n/a	n/a	n/a		↔	K Lyons
Non-elective (All inc Mat.)	Oct	1501	1792	+19.4%	◇	10360	11856	+14.4%	◇	↔	K Lyons
Non-elective (Gen & Acute)	Oct	1130	1357	+20.1%	◇	7799	9150	+17.3%	◇	↔	K Lyons
A&E Attends (NDDH)	Oct	3397	3300	-2.9%	✓	24862	24428	-1.7%	✓	↔	K Lyons
North Community Contract Activity (Plan = Last Year Actual) (Early View Data)											
Elective DC Activity	Sep	24	68	+183%	✓	135	269	+99.3%	✓	↔	K Lyons
Elective IP Activity	Sep	21	13	-38.1%	◇	38	51	+34.2%	◇	↔	K Lyons
Elective Total Activity	Sep	45	81	+80.0%	✓	173	320	+85.0%	✓	↔	K Lyons
Non-elective (Gen & Acute)	Sep	101	100	-0.9%	✓	611	624	+2.1%	✓	↔	K Lyons
MIU Attends	Oct	1167	1256	+7.6%	✓	9421	9729	+3.3%	✓	↔	K Lyons

Issues to Highlight

Of significant note is **Non-elective General & Acute specialties** with activity continuing at around 9% higher in real terms than the same period last year. Work is in progress with NHS Devon to try and identify contributing factors.

Elective referrals measured against working days month by month is showing a small increase in new referrals received during October. The actual level is 9.8% above the contracted plan.

EAST Contract Activity (Plan = contracted volumes) (Early View Data)											
	Latest Month					Year Cumulative					Lead Executive Director
Indicator	Mth	Plan	Actual	Variance		Plan	Actual	Variance		Dir	
WIC Attends RD&E	Oct	2172	1918	-11.7%	✓	15100	14287	-5.4%	✓	↓	K Lyons
WIC Attends Sidwell Street	Oct	1696	1961	+15.6%	✓	11793	12596	+6.8%	✓	↔	K Lyons
WIC Total Attendances	Oct	3868	3879	+0.3%	✓	26893	26883	0%	✓	↓	K Lyons
MIU Attends	Oct	4161	4542	+9.2%	✓	28926	34675	+19.9%	✓	↔	K Lyons
Outpatient Cons Total Activity	Sep	1118	885	-20.8%	◇	6351	5584	-12.1%	◇	↓	K Lyons
Elective DC Activity	Sep	198	91	Note 1	?	1127	648	Note 1	?	↔	K Lyons
IP Admissions Transfers	Sep	143	172	+20.3%	✓	813	988	+21.5%	✓	↔	K Lyons
IP Admissions Direct	Sep	163	124	-23.9%	◇	923	793	-14.1%	◇	↔	K Lyons
Non-elective (Gen & Acute)	Sep	306	296	-3.3%	✓	1736	1781	+2.6%	✓	↔	K Lyons

Note 1 – Data is currently under reported – action being pursued with RD&E to include all related activity in regular data downloads.

SECTION 3

CQUIN INDICATORS

3.1 Acute CQUINS									
		Latest Month							Lead Executive Director
Ref	Indicator	Mth	Plan	Actual	Var		Dir	£K	
1a	VTE Risk Assessment (DoH mandated).	Oct	90%	93.1%	+3.1%	✓	↔	£138	Alison Diamond
1b	VTE Prophylaxis	Oct	80%	85%	+5%	✓	↓	£138	Alison Diamond
2	Patient Needs (DoH mandated).	Oct	73.0	73.8	+0.8%	✓	↑	£184	Carolyn Mills
4	Medicines Management Medicines Reconciliation	Oct	87%	55%	-32%	✗	↓	£184	Alison Diamond
5a	Nutrition, Completion of MUST Assesment	Sep	85%	76.5%	-8.5%	✗	↓	£92	Carolyn Mills
5b	Nutrition, Care Plan in Place	Sep	85%	87.5%	+2.5%	✓	↓	£92	Carolyn Mills
6a	Stroke Urgent Brain Scans within 1hr	Oct	85%	100%	2/2	✓	↑	£55	Kate Lyons
6b	Stroke Routine Brain Scans within 24hrs	Oct	80%	78.9%	15/19	◇	↑	£55	Kate Lyons
7	Dementia Care - Training programme	Sep	40%	1%	-39%	✗	↑	£110	Maureen Bignell
8a	Safeguarding Adults Improve training figures	Oct	60%	74.9%	+14.9%	✓	↑	£55	Maureen Bignell
8b	Safeguarding Adults Details to be Agreed							£55	
9	Maternity Breast feeding within 48hrs of delivery.	Sep	74%	78.7%	100/127	✓	↑	£110	Carolyn Mills
10	Falls Reduction of Falls Associated Harm Events	Sep	10	10		◇	↔	£110	Carolyn Mills
								£1.38M	

Issues to Highlight (Acute)

Medicines Management – has fallen significantly below plan in October. Investigation is underway.

Nutritional Assessment - has fallen below plan in September.

Dementia Care – Training programme implemented from October. Expected to show improved position from next month.

Falls Reduction – 1 event in September vs tolerance of 1.5. Cumulatively on plan.

3.2 Community CQUINS - Eastern									
		Latest Month						Exec Director	
Ref	Indicator	Mth	Plan	Actual	Var		Dir	£K	
1a	VTE Risk Assessment (DoH mandated).	Sep	>90%	93.9%	+3.9%	✓	↑	£93.8	Alison Diamond
1b	VTE Prophylaxis	Sep	>70%	98.5%	+28.5%	✓	↔	£93.8	Alison Diamond
2	Patient Needs (DoH mandated).	Sep	74.0	78.5	+4.5	✓	↔	£125	Carolyn Mills
4	Medicines Management Medicines Reconciliation	Sep	60%	85.0%	+25%	✓	↓	£125	Alison Diamond
5a	Nutrition, Completion of MUST Assessment	Sep	85%	96.4%	+11.4%	✓	↓	£62.5	Carolyn Mills
5b	Nutrition, Care Plan in Place	Sep	85%	97.0%	+12%	✓	↑	£62.5	Carolyn Mills
6	Nursing Care 40% reduction in grade 3/4 PUs	Sep	0.75	2	+3	✓	↔	£75	Carolyn Mills
7	Dementia Care - Training programme	Sep	40%	11.4%	-28.6%	✗	↔	£75	Maureen Bignell
8	Safeguarding Adults Improve training figures	Sep	60%	28.9%	-31.1%	✗	↔	£75	Maureen Bignell
9	Comm. Nursing Ins.review of Caseload Diabetic Patients	Sep	60%	53.11%	-6.9%	◊	↑	£75	Carolyn Mills
10	Falls Reduction of Falls Associated Harm Events	Sep	8	16	Cum. +8	✗	↓	£75	Carolyn Mills
								£938K	

Issues to Highlight - Community East

Dementia Care – Training programme implemented from October. Expected to show improved position from next month.

Safeguarding Adults – Systems for reporting attendance are under review. It is possible that achievement is under reported where attendance is part of generic Mandatory Training sessions.

Community Nursing Insulin Reviews – initial data available in September.

Falls Reduction – 16 cases reported – now exceeds the annual plan within first 6 months. An action plan is in place to try and reduce future risks. Further investigation of case mix complexity is underway to identify any potential contributing factors.

3.3 Community CQUINS – Northern									
Ref	Indicator	Latest Month						Lead Executive	
		Mth	Plan	Actual	Var		Dir	£K	Director
1a	VTE Risk Assessment (DoH mandated).	Oct	>90%	82%	-8%	✘	↔	£32.5	Alison Diamond
1b	VTE Prophylaxis	Sep	70%	97%	+27%	✓	↑	£32.5	Alison Diamond
2	Patient Needs (DoH mandated).	Oct	73.0	73.8	+0.8	✓	↑	£43.3	Carolyn Mills
4	Medicines Management Medicines Reconciliation	Sep	30%	22%	-8%	◇	↑	£43.3	Alison Diamond
5a	Nutrition, Completion of MUST Assesment	Sep	90%	97%	+7%	✓	↑	£22.2	Carolyn Mills
5b	Nutrition, Care Plan in Place	Sep	90%	96%	+6%	✓	↔	£22.2	Carolyn Mills
6	Nursing Care 40% reduction in grade 3/4 pressure ulcers	Sep	Cum. 2.0	Cum. 2.0	0	✓	↔	£26.0	Carolyn Mills
7	Dementia Care - Training programme	Sep	40%	15.3%	-24.7%	✘	↑	£26.0	Maureen Bignell
8	Safeguarding Adults Improve training figures	Sep	60%	72.4%	+12.4%	✓	↑	£26.0	Maureen Bignell
9	Comm. Nursing Ins. review of Caseload Diabetic Patients	Sep	75%	48%	-27%	✘	↑	£26.0	Carolyn Mills
10	Falls Reduction of Falls Associated Harm Events	Sep	Cum. 6	Cum. 4	-2	✓	↔	£26.0	Carolyn Mills
								£325K	

Issues to Highlight (North Community)

VTE Risk Assessment - Further work in progress with Patient Safety Team to try and achieve the final 10% improvement required.

Medicines Reconciliation – recent commencement of data collection. Position improving.

Dementia Care – Training programme implemented from October. Expected to show improved position from next month.

Community Nursing Insulin Reviews – initial data available in September.

SECTION 4 NHS PERFORMANCE FRAMEWORK

This assessment is updated each quarter by the Department of Health and is published in The Quarter Bulletin – usually 2-3 months in arrears.

It is only reported for Non-Foundation NHS Trusts.

Rating Categories are: Performing
Performance Under Review
Under Performing

Performance is assessed across the following key domains of organisational function:



Each domain is underpinned by a series of weighted indicators with associated performance thresholds, and a scoring system to determine performance for the domain

Northern Devon Healthcare NHS Trust

(Source DH - The Quarter)

2010/11	Overall Financial Score	Overall Q of S Score	Performance Rating after Escalation		Quality Standards & Vital Signs		Quality User Experience		Quality CQC Registration
			Finance	Q of S	Score	Rating	Score	Rating	Rating
Q1	Performing	Performing			2.61	Performing	5	Performing	Performing
Q2	Performing	Performing			2.66	Performing	5	Performing	Performing
Q3	Performing	Performing			2.68	Performing	5	Performing	Performing
Q4	Performing	Performing			2.45	Performing	5	Performing	Performing
2011/12									
Q1	Performing	Performing			2.66	Performing	5	Performing	Performing
					Max 3		Max 5		

Issues to Highlight

2011/12 Q1 shows an improving position in the Quality Standards score.

SECTION 5 STANDARDISED MORTALITY RATIO

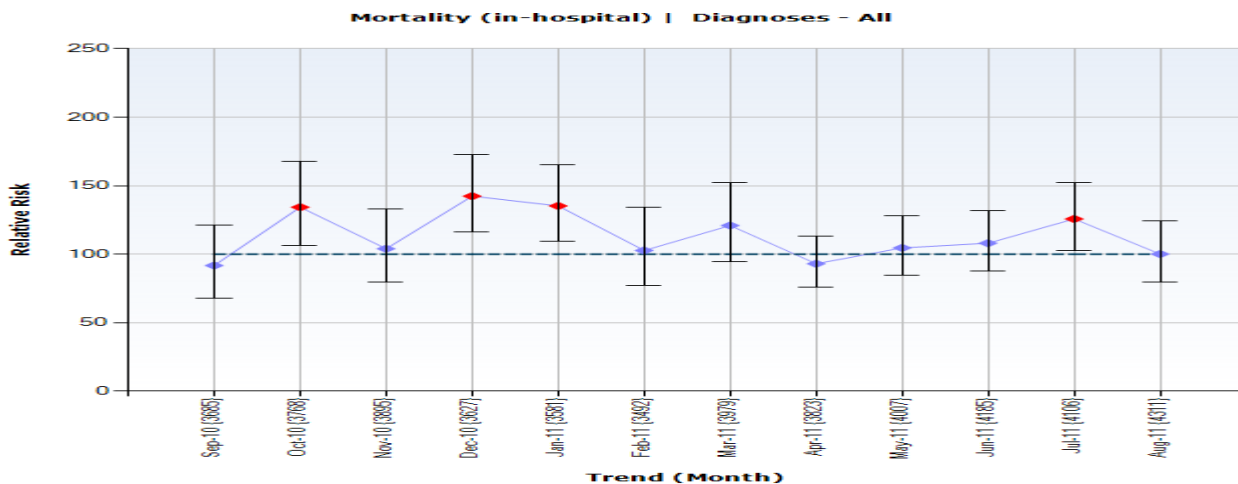
(Source Dr Foster)

SMR TRUST	Plan	Actual	Variance	Traffic Light	2011/12 Plan	Direction of Travel
Rolling 12 Months	<100	112.7	n/a	✘	<100	↔

SMR	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Start	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10	Apr 10	May 10	Jun 10	Jul 10	Aug 10	Sep 10
End	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Apr 11	May 11	Jun 11	Jul 11	Aug 11
Rolling 12 Months	93.9	96.8	95.1	98.0	98.0	100	103.0	101.2	101.8	110.4	112.7	112.7

(Mortality data is available approx 2 months in arrears). **Baseline reset nationally with June data.**

All Specialties All Spells by Month



Issues to Highlight

This is a combined elective and emergency SMR, including North Community Hospital spells. East Community Hospitals are included from April 2011.

Data is extracted from the Dr Foster RTM system. Expected levels of mortality are calculated by taking due account of age, gender, admission method, deprivation, primary diagnosis, co-morbidities, previous emergency admissions, seasonal variation etc.

The case mix standardised expected national average is a score of 100 where lower is better. Where the confidence interval crosses the 100 line then the variation is not statistically significant. If the complete confidence interval is above or below 100 then the Trust position is considered to be statistically worse or better than the expected position.

Detailed data is reviewed monthly by the Trust Medical Director and relevant Lead Clinicians.

Summary Hospital Mortality Indicator (SHMI)

The Trust has recently received initial data for this new Department of Health indicator. SHMI also captures mortality outside of hospital within 30 days of discharge.

The Trust position against this indicator is better than the national average position. Further information will be provided to the Trust Board.

SECTION 6 ELIMINATING MIXED SEX ACCOMMODATION

Number of MSA incidents and patients affected

Sleeping Accommodation	Number of patients affected								
	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11
Ward									
Acute Stroke Unit	13	19	23	16	23	30	14	11	6
Coronary Care Unit									
Total	13	19	23	16	23	30	14	11	6
Medical Assessment Unit	36	94	50	34	42	4	13		
Alex	3		12						
Capener	9		1						
Fortescue									
Glossop		3							
KGV									
Lundy									
S.Molton Hosp									
Torrington Hosp									
Victoria									
Total	48	97	63	34	42	4	13	0	0
FCE's	4372	5100	4492	4685	4751	4775	5033	4842	4660
Breach Rate per 1000 FCE's	10.98	19.02	14.02	7.26	8.84	0.84	2.58	0.00	0.00

Bathroom Facilities	Number of patients affected								
	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11
Ward									
ASU								5	
Glossop									
Capener				4					
Total	0	0	0	4	0	0	0	0	0
FCE's	4372	5100	4492	4685	4751	4775	5033	4842	4660
Breach Rate per 1000 FCE's	0.00	0.00	0.00	0.85	0.00	0.00	0.00	0.00	0.00

Passing Through	Number of patients affected								
	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11
Ward									
ASU				5				4	
MAU	4	4							
Capener		4	1						
Fortescue		1							
Staples									13
Total	4	9	1	0	0	0	0	0	13
FCE's	4372	5100	4492	4685	4751	4775	5033	4842	4660
Breach Rate per 1000 FCE's	0.91	1.8	0.2	0.00	0.00	0.00	0.00	0.00	2.8

There have been no MSA accommodation breaches in general wards in the last two months.

Issues to Highlight

The Trust priority at all times is to ensure the safety and appropriate care of patients and to this end there may be occasions when the clinical need to admit a patient may override the objectives for avoiding mixed sex accommodation. In every such case action is taken to achieve MSA compliance as soon as possible.

SECTION 7

GLOSSARY OF TERMS

A&E	Accident and Emergency Department
ASU	Acute Stroke Unit
CCU	Coronary Care Unit
C.DIFF	Clostridium Difficile
CHD	Coronary Heart Disease
CONS	Consultant
CTN	Call To Needle time
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
CUM	Cumulative
CWT	Cancer Waiting Times
DC	Day Case
DGH	District General Hospital
DGM	Directorate General Manager
DIR	Direction
EM	Emergency
FST	First (New Outpatient Attendance)
FUP	Follow Up (Outpatient Attendance)
G&A	General and Acute specialties only (excludes Obstetrics & Midwifery)
GUM	Genito Urinary Medicine
HSMR	Hospital Standardised Mortality Ratio (Defined set of Diagnoses)
ICU	Intensive Care Unit
IP	In Patient
IT	Information Technology
MAT	Maternity
MAU	Medical Assessment Unit
MRSA	Methicillin Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NDHT	Northern Devon Healthcare NHS Trust
NICE	National Institute for Clinical Excellence
#NOF	Fractured Neck of Femur
OP	Out Patient
PCT	Primary Care Trust
Q1	Quarter 1 (IE April – June)
QIPP	Quality, Innovation, Productivity & Prevention
RD&E	Royal Devon & Exeter NHS Foundation Trust
RTM	Real Time Monitoring (Benchmarking System)
RTT	Referral To Treatment (Time)
SMR	Standardised Mortality Ratio (All Diagnoses)
SWAST	South West Ambulance Services Trust
SWSHA	South West Strategic Health Authority
TBC	To Be Confirmed
TYPE 1	A&E department located at main hospital
VTE	Venous-thromboembolism
WL	Waiting List
WTE	Whole Time Equivalent (number of staff)
YTD	Year To Date