

Clinical Operations

Performance & Quality Indicators




Summary Report

Month 11
February 2012




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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	Feb	1	0	0	✓	1	0	✓	↔	Carolyn Mills
MRSA Rate per 1000 bed days	Feb	n/a	0	0	✓	n/a	0	✓	↔	Carolyn Mills
MRSA CHs >2 Days	Feb	n/a	0	0	✓	n/a	0	✓	↔	Carolyn Mills
MRSA Screening Elective	Feb	95%	95.8%	+0.8%	✓	n/a	n/a		↑	Carolyn Mills
MRSA Screening Non-Elective	Feb	95%	87.8%	-7.2%	✖	n/a	n/a		↓	Carolyn Mills
MSSA Acute >2 Days	Feb	n/a	0	n/a	✓	n/a	7	✓	↔	Carolyn Mills
MSSA CHs >2 Days	Feb	n/a	0	n/a	✓	n/a	0	✓	↔	Carolyn Mills
E. Coli Acute >2 Days	Feb	n/a	1	n/a	✓	n/a	22	✓	↔	Carolyn Mills
E.Coli East CHs >2 Days	Feb	n/a	0	n/a	✓	n/a	2	✓	↔	Carolyn Mills
E.Coli North CHs >2 Days	Feb	n/a	0	n/a	✓	n/a	0	✓	↔	Carolyn Mills
C.Difficile Acute >3 Days	Feb	1	2	+1	✓	16	15	✓	↔	Carolyn Mills
C.Diff Rate/1000 bed days - Acute	Feb	n/a	0.32	n/a	✓	n/a	0.19	✓	↔	Carolyn Mills
C.Difficile North CHs >3 Days	Feb	n/a	0	n/a	✓	n/a	4	✓	↔	Carolyn Mills
C.Difficile East CHs >3 Days	Feb	n/a	1	n/a	✓	n/a	29	✖	↑	Carolyn Mills
Hand Hygiene Compliance North	Feb	95%	93.8%	271/289	✖	n/a	n/a		↑	Carolyn Mills
1.2 Cancer Waiting Time Standards (Plan = national standards)										
Cancer 14 Day Urgent Referral	Feb	93%	97.3%	398/409	✓	93%	97.5%	✓	↔	Kate Lyons
Symptomatic Breast 14 Day	Feb	93%	100%	12/12	✓	93%	94.3%	✓	↑	Kate Lyons
Cancer 31Day Diag. to Treat	Feb	96%	100%	63/63	✓	96%	99.2%	✓	↔	Kate Lyons
Cancer 31Day Subs Surgery	Feb	94%	100%	12/12	✓	94%	96.7%	✓	↔	Kate Lyons
Cancer 31Day Subs Drug	Feb	98%	100%	44/44	✓	98%	100%	✓	↔	Kate Lyons
62 Day Urg Ref to Treat within NDHT	Feb	85%	93.5%	29/31	✓	85%	87.9%	✓	↑	Kate Lyons
62 Day Urg Ref to Treat other Hosp	Jan Cum	This data is cumulative YTD and available 2mths in arrears		17.5/32	n/a	85%	54.7%	✖	↔	Kate Lyons
62 Day Urg Ref to Treat Trust Overall	Jan Cum			287.5/341	n/a	85%	84.3%	✖	↑	Kate Lyons

Cancer 62 Day Screening	Feb	90%	n/a	0/0	✓	90%	95.9%	✓	↔	Kate Lyons
Cancer 62 Day Cons Upgrade	Feb	n/a	100%	4/4	✓	n/a	98.3%	✓	↔	Kate Lyons

1.3 Key Quality Indicators (Plan = contracted standards)										
Indicator	Mth	Latest Month				Year Cumulative			Dir	Executive Director Lead
		Plan	Actual	Variance		Plan	Actual			
Never Events	Feb	0	0	0	✓	0	1	✗	↔	Alison Diamond
Breach of EMSA ICU/CCU/ASU	Feb	0	25 pts	n/a	✓	n/a	n/a		↔	Carolyn Mills
Breach of EMSA General Wards	Feb	0	10pts	2.15/1000 FCE	◇	n/a	n/a		↓	Carolyn Mills
Cancelled Ops. As % of Elective	Feb	<0.8%	0.43%	8	✓	<0.8%	0.64%	✓	↑	Kate Lyons
Cancelled Ops. <28 day (Cum)	Feb	>95%	100%	8/8	✓	>95%	100%	✓	↔	Kate Lyons
Fractured NOF operated 24hrs	Jan	90%	73.7%	-16.3%	◇	90%	90%	✓	↓	Kate Lyons
Thrombolysis Call To Needle	Feb	>68%	0%	0/0	✓	>68%	0% 0/1	✓	↔	Kate Lyons
GUM Offer <48Hrs (East & North)	Feb	>98%	100%	1184/1184	✓	>98%	100%	✓	↔	Kate Lyons
GU Seen <48Hrs (East & North)	Feb	n/a	76.6%	907/1184	✓	n/a	n/a		↔	Kate Lyons
Delayed Transfer of Care (Acute)	Feb	<3.5%	0.8%	-2.7%	✓	<3.5%	2.0%	✓	↔	Kate Lyons
Delayed Transfer of Care (Nor. CHs)	Feb	<3.5%	15.6%	+12.1%	✗	<3.5%	12.7%	✗	↓	Kate Lyons
Delayed Transfer Care (East CHs)	Feb	<3.5%	4.7%	+1.2%	✗	<3.5%	6.7%	✗	↑	Kate Lyons
Stroke >90% stay North Acute	Feb	80%	60.7%	17/28	✗	80%	67.4%	✗	↓	Kate Lyons
Stroke >90% stay North Superspell	Feb	80%	57.1%	16/28	✗	80%	66.1%	✗	↓	Kate Lyons
Stroke >90% stay East Community	Feb	80%	71.4%	10/14	◇	80%	76.3%	◇	↑	Kate Lyons
Stroke Swallow Screening 4Hrs	Feb	95%	73.9%	22/30	✗	95%	91.0%	◇	↓	Carolyn Mills
Stroke Swallow Assessment 24Hrs	Feb	95%	86.4%	26/30	◇	95%	87.6%	✗	↓	Carolyn Mills
Women Seen by 13 Wks Pregnancy	Feb	90%	84.0%	126/150	◇	90%	85.0%	◇	↓	Carolyn Mills
Smoking at Delivery	Feb	<20%	17.0%	-3.0%	✓	<20%	14.0%	✓	↔	Carolyn Mills
Breastfeeding Initiation	Feb	>71%	73.7%	+2.7%	✓	>71%	72.6%	✓	↓	Carolyn Mills
Reduce Elective Caesarean Sect.	Feb	<11.6%	12.8%	+1.2%	✓	<11.6%	10.4%	✓	↔	Alison Diamond

1.4 Mortality Ratio (Plan = national expected level)										
		Latest Month (Qtr for SHMI)				Rolling	12 Months			
SMR Trust Overall	Dec	<100	110.9	107/96.5	◆	<100	113.3	×	↑	Alison Diamond
SMR Acute	Dec	<100	95.8	59/62	✓	<100	106.1	◆	↑	Alison Diamond
SMR North Comm. Hospitals	Dec	<100	129.8	18/14	×	<100	119.8	×	↔	Alison Diamond
SMR East Comm. (9 Months only)	Dec	<100	134.0	44/33	×	<100	118.1	×	↔	Alison Diamond
SHMI 2011/12	Q1	<100	90.5	344/380	✓	<100	93.02	✓	↑	Alison Diamond

1.5 Emergency Readmissions (Plan = national expected level)										
		Latest Month				Rolling	12 Months			Executive Director Lead
Indicator	Mth	Plan	Actual	Variance		Plan	Actual		Dir	
28 Day EM Readmissions	Sep	<100	88.5	257/290	✓	<100	91.9	✓	↔	Alison Diamond
Following Elective Admission	Sep	<100	75.7	65/86	✓	<100	86.5	✓	↔	Alison Diamond
Following EM Admission	Sep	<100	93.5	192/205	✓	<100	93.9	✓	↔	Alison Diamond

1.6 A&E Indicators (Plan = national standards)										
		Latest Month				Year Cumulative				Directorate Lead
Indicator	Mth	Plan	Actual	Variance		Plan	Actual		Dir	
<7 Day Unplanned Re-attendance	Feb	<5%	2.57%	-2.43%	✓	n/a	n/a		↔	Kate Lyons
Left Without Being Seen	Feb	<5%	1.21%	-3.79%	✓	n/a	n/a		↔	Kate Lyons
Time to Assess (95 th percentile)	Feb	<15 Mins	17 mins	+3 Mins	◆	n/a	n/a		↑	Kate Lyons
Time to Treatment (Median)	Feb	<60 Mins	49 Mins	-11 Mins	✓	n/a	n/a		↑	Kate Lyons
Total time in A&E (95 th Percentile) Admitted	Feb	<4 Hrs	5:38	+1:38	×	n/a	n/a		↑	Kate Lyons
Total time in A&E (95 th Percentile) Non-Admitted	Feb	<4 Hrs	3:54	-6 Mins	✓	n/a	n/a		↑	Kate Lyons
Breaches >6Hrs	Feb	0	44	+44	×	0	+476	×	↑	Kate Lyons
Total time in A&E Less than 4Hrs	Feb	>95%	93.3%	-1.7%	×	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	Feb	>90%	95.9%	n/a	✓	n/a	n/a		↔	Kate Lyons
RTT Admitted Median - Weeks	Feb	<11.1	8.1	n/a	✓	n/a	n/a		↔	Kate Lyons

RTT Admitted 95 th Per - Weeks	Feb	<23.0	17.7	n/a	✓	n/a	n/a		↔	Kate Lyons
18wk RTT Non-Admitted	Feb	>95%	99.7%	n/a	✓	n/a	n/a		↔	Kate Lyons
RTT Non-Admitted Median Weeks	Feb	<6.6	2.4	n/a	✓	n/a	n/a		↔	Kate Lyons
RTT Non-Admitted 95 th Per - Weeks	Feb	<18.3	11.3	n/a	✓	n/a	n/a		↔	Kate Lyons
RTT Incomplete Pathways <18 wks	Feb	92%	98.4%		✓	n/a	n/a		↔	Kate Lyons
Outpatients GP Waiting >11 wks	Feb	0	0	0	✓	0	+6	✓	↔	Kate Lyons
Elective patients Waiting >20 wks	Feb	0	0	0	✓	0	0	✓	↔	Kate Lyons
Diagnostics Waiting >6 wks	Feb	0	3	+3 CT Angio	✓	0	82	✓	↔	Kate Lyons

1.8 Referral to Treatment (East) (Plan = national standards)

Indicator	Mth	Plan	Actual	Variance		Plan	Actual		Dir	Directorate Lead
18wk RTT Admitted	Feb	>90%	100%	n/a	✓	n/a	n/a		↔	Kate Lyons
RTT Admitted Median - Weeks	Feb	<11.1	3.8	n/a	✓	n/a	n/a		↔	Kate Lyons
RTT Admitted 95 th Per - Weeks	Feb	<23.0	7.1	n/a	✓	n/a	n/a		↔	Kate Lyons
18wk RTT Non-Admitted	Feb	>95%	99.4%	n/a	✓	n/a	n/a		↔	Kate Lyons
RTT Non-Admitt Median Weeks	Feb	<6.6	2.9	n/a	✓	n/a	n/a		↔	Kate Lyons
RTT Non-Admitt 95 th Per - Weeks	Feb	<18.3	8.8	n/a	✓	n/a	n/a		↔	Kate Lyons
RTT Incomplete Pathways <18 wks	Feb	92%	100%	n/a	✓	n/a	n/a		↔	Kate Lyons
Diagnostics Waiting >6 wks	Feb	0	2	2 x Urolyn	✓	0	9	✓	↔	Kate Lyons

Issues to Highlight

CWT 62 Day

Improvement on internal pathways and against the overall standard. The latter is in part due to slightly lower numbers of shared pathways in recent months.

Currently achieving 87.9% (standard 85%) cumulatively on internal pathways. This drops to 84.3% when the impact of shared pathways is added. The Trust did not meet 85% in Q3. 85% achievement in Q4 is possible but likely to be challenging.

SMR -

Continues to show improvement within the Acute hospital.

Further corrections of admission type are progressing through the data systems for Community Hospitals. This should impact SMR by end March.

Potential inconsistency with the recording/coding of palliative care is still being assessed. NDHT use of palliative coding is significantly lower than the national average. Work is underway to confirm types of palliative input and to determine the respective recording processes to be used.

SHMI

To note that the Trust achievement against SHMI is significantly better than the national expected average for the 12 month period ending June 2011 (latest national data). SHMI does not currently consider palliative coding in mortality calculations.

Del. Transfer of Care

Continues to be high in Northern Community Hospitals. Eastern Community Hospitals has improved in Feb although still above plan.

Stroke Standards

Achievement continues to fluctuate across several of the key stroke standards. Contributing factors include:

Periods of closure on ASU for infection control measures
Late referral to ASU
Inconclusive early diagnosis
High emergency admission demand.

Exceptions are reviewed and validated with the clinical team each month and are also reported to NHS Devon/SWSHA.

**A&E Waiting-
of 95%.**

Improved in February but did not achieve national standard

Contributing factors have been continuing pressure on A&E with high levels of emergency admissions, and also bed capacity affected by infection control measures.

**C.Difficile
has**

- East Community Hospitals >3 Days – recent data validation identified that there were additional cases as follows:

Sidmouth x 1 November 2011
Seaton x 1 January 2012
Whipton x 1 January 2012

These are now included in monthly reporting.

SECTION 2

NO ITEM

NO INFORMATION

NO INFORMATION

SECTION 3 KEY ACTIVITY INDICATORS - SUMMARY

Acute Contract Activity (Plan = contracted volumes)											
Indicator	Latest Month					Year Cumulative			Dir	Dir. Lead	
	Mth	Plan	Actual	Variance		Plan	Actual	Variance			
GP Referrals	Feb	2329	2551	+9.5%	✓	25503	27349	+7.2%	✓	↔	K Lyons
Other Referrals	Feb	1416	1504	+6.2%	✓	15513	16598	+7.0%	✓	↔	K Lyons
Total Referrals	Feb	3745	4055	+8.3%	✓	41016	43947	+7.14%	✓	↔	K Lyons
Outpatient FST Attends	Feb	3577	3853	+7.7%	✓	39176	41182	+5.1%	◇	↑	K Lyons
Outpatient FUP Attends	Feb	6937	7979	+15.0%	◇	75976	84427	+11.1%	◇	↓	K Lyons
Outpatient Waiting List	Feb	2599	3018	+419	◇	n/a	n/a	n/a		↓	K Lyons
Elective DC Activity	Feb	1500	1638	+9.2%	✓	16432	17391	+5.8%	✓	↔	K Lyons
Elective IP Activity	Feb	363	299	-17.6%	◇	3973	3389	-14.7%	◇	↔	K Lyons
Elective Total Activity	Feb	1863	1937	+4.0%	✓	20405	20780	+1.8%	◇	↔	K Lyons
DC Rate Overall	Feb	80.5%	84.6%	+4.1%	✓	80.5%	83.7%	+3.2%	✓	↔	K Lyons
Elective Waiting List	Feb	1449	1420	-29	✓	n/a	n/a	n/a		↔	K Lyons
Non-elective (All inc Mat.)	Feb	1404	1698	+20.9%	◇	16218	18821	+16.1%	◇	↔	K Lyons
Non-elective (Gen & Acute)	Feb	1057	1273	+20.4%	◇	12209	14467	+18.5%	◇	↔	K Lyons
A&E Attends (NDDH)	Feb	2826	2954	+4.5%	✓	36823	36273	-1.5%	✓	↔	K Lyons
North Community Contract Activity (Plan = Last Year Actual)											
Elective DC Activity	Feb	24	42	+75%	✓	263	588	+124%	✓	↔	K Lyons
Elective IP Activity	Feb	7	7	0%	✓	76	35	-53.9%	✓	↔	K Lyons
Elective Total Activity	Feb	31	49	+58%	✓	308	574	+86%	✓	↔	K Lyons
Non-elective (Gen & Acute)	Feb	106	103	-2.8%	✓	1161	1213	+4.5%	✓	↑	K Lyons
MIU Attends	Feb	947	934	-1.4%	✓	13144	13533	+3.0%	✓	↔	K Lyons

Issues to Highlight

Non-elective (General & Acute specialties) - activity Apr 11 – Feb 12 is 7.1% higher than the same period last year.

EAST Contract Activity (Plan = contracted volumes)											
Indicator	Latest Month					Year Cumulative					Lead Executive
	Mth	Plan	Actual	Variance		Plan	Actual	Variance	Dir	Director	
WIC Attends RD&E	Jan	2172	1717	-20.9%	✓	21616	19189	-11.2%	✓	↔	K Lyons
WIC Attends Sidwell Street	Jan	1696	1770	+4.3%	✓	16882	17689	+4.8%	✓	↔	K Lyons
WIC Total Attendances	Jan	3868	3487	-9.9%	✓	38498	36878	-4.2%	✓	↔	K Lyons
MIU Attends	Jan	4161	3767	-9.5%	✓	41408	46139	+11.4%	✓	↔	K Lyons
Outpatient Cons Total Activity	Jan	1090	1088	0%	✓	10847	10494	-3.8%	◇	↑	K Lyons
Elective DC Activity Note 1	Jan	189	107	-43%	✗	1884	1142	-39%	✗	↔	K Lyons
IP Admissions Transfers	Jan	137	167	+22.3%	✓	1359	1707	+25.7%	✓	↔	K Lyons
IP Admissions Direct	Jan	155	114	-26.5%	◇	1544	1269	-17.8%	◇	↔	K Lyons
Non-elective (Gen & Acute)	Jan	292	281	-3.7%	✓	2903	2976	+2.5%	✓	↔	K Lyons

Issues to Highlight

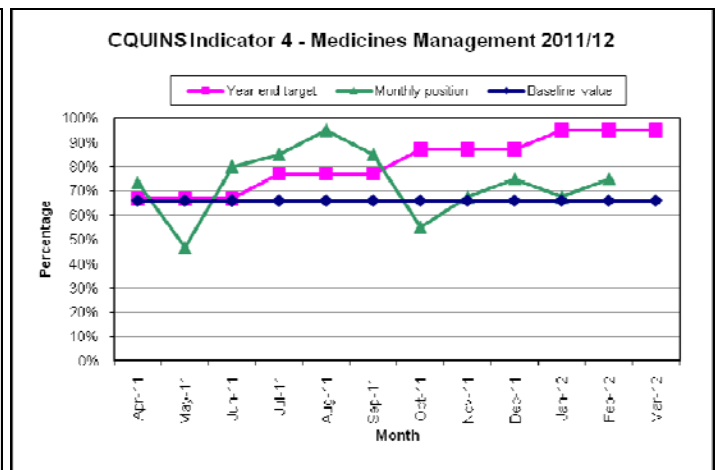
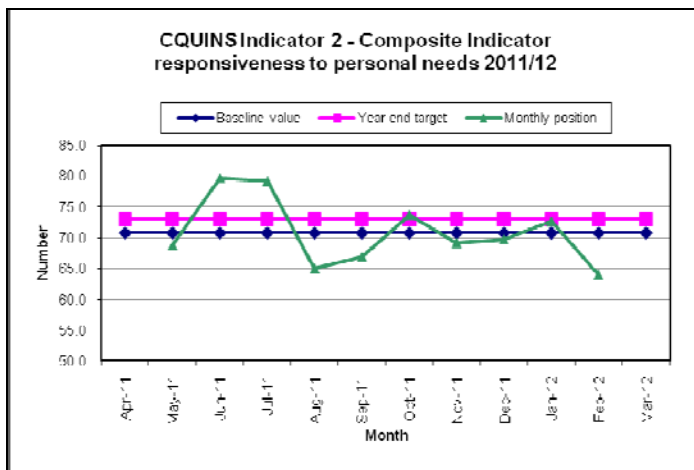
Note 1 – Data validation has been completed. Activity under performance includes:

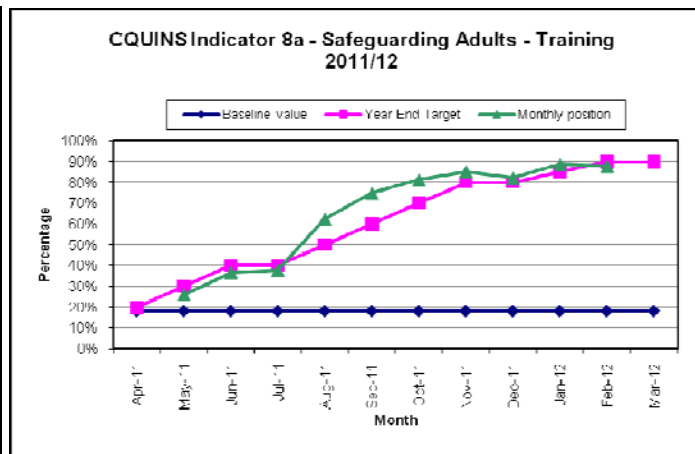
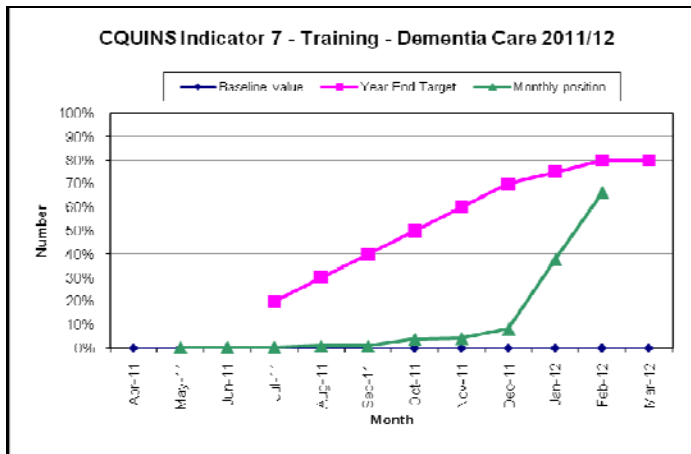
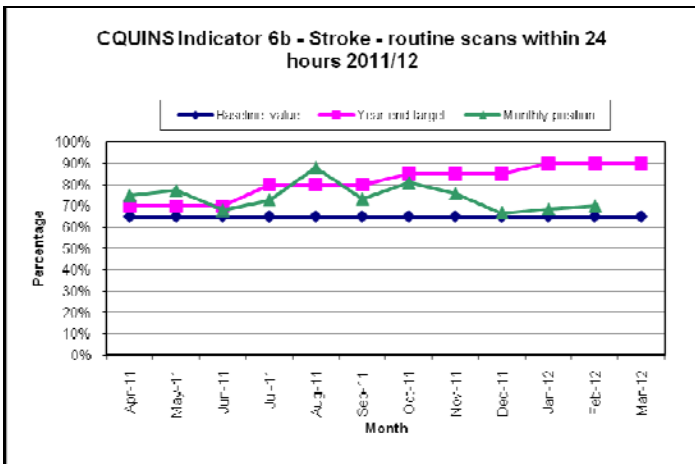
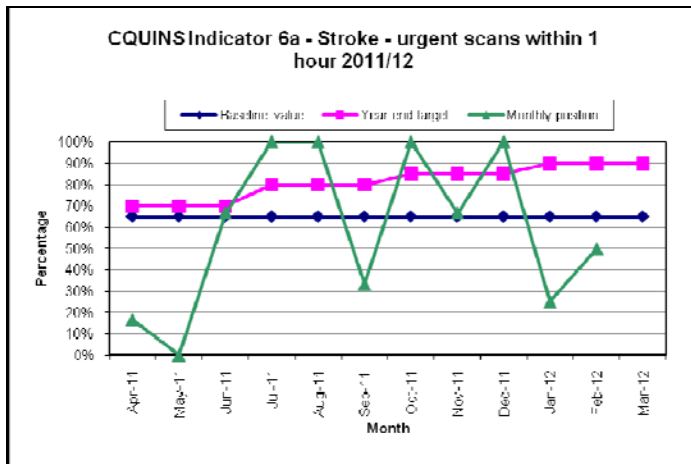
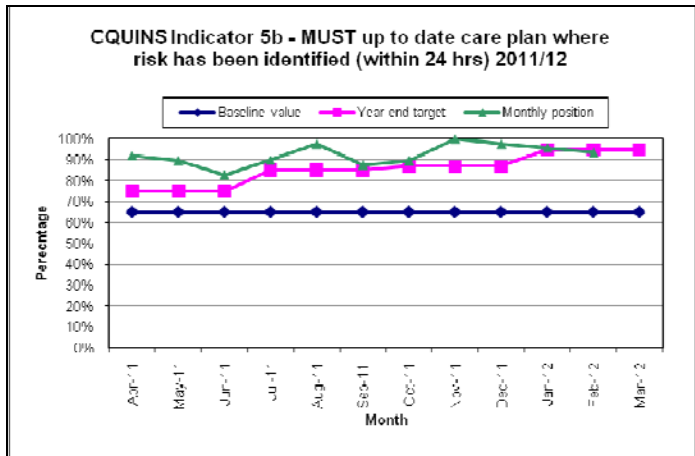
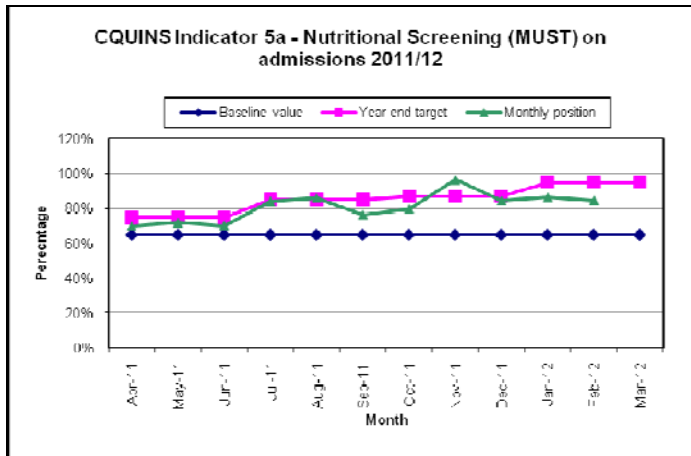
- Orthopaedics – due to service changes in year as agreed with commissioners
- Day Treatments - further investigation in progress with service leads

SECTION 4 **CQUIN INDICATORS**

4.1 Acute CQUINS (Early View)										
		Latest Month							FOT	Executive Director
Ref	Indicator	Mth	Plan	Actual	Var		Dir	£K		
1a	VTE Risk Assessment (DoH mandated).	Feb	90%	95.6%	+5.6%	✓	↔	£138	✓	Alison Diamond
1b	VTE Prophylaxis	Feb	90%	94.7%	+4.7%	✓	↔	£138	✓	Alison Diamond
2	Patient Needs (DoH mandated).	Nat. Survey	73.0	69.2	-3.8%	✗	↔	£184	60%	Carolyn Mills
4	Medicines Management Medicines Reconciliation	Feb	95%	75.0%	-15%	◇	↑	£184	◇	Alison Diamond
5a	Nutrition, Completion of MUST Assessment	Feb	95%	84.8%	-10.5%	◇	↔	£92	✓	Carolyn Mills
5b	Nutrition, Care Plan in Place	Feb	95%	93.5%	-1.5%	◇	↓	£92	✓	Carolyn Mills
6a	Stroke Urgent Brain Scans within 1hr	Feb	90%	50%	4/8	✗	↑	£55	◇	Kate Lyons
6b	Stroke Routine Brain Scans within 24hrs	Feb	90%	70%	14/20	✗	↑	£55	◇	Kate Lyons
7	Dementia Care - Training programme	Feb	80%	66.1%	-13.9%	✗	↑	£110	✓	Maureen Bignell
8a	Safeguarding Adults Improve training figures	Feb	90%	87.9%	-2.1%	◇	↔	£55	✓	Maureen Bignell
8b	Safeguarding Adults Nursing consent	Feb	90%	90.7%	+0.7%	✓	↔	£55	✓	Carolyn Mills
9	Maternity Breast feeding within 48hrs of delivery.	Feb	76%	77.0%	+1.0%	✓	↔	£110	✓	Carolyn Mills
10	Falls Reduction of Falls Associated Harm Events	Feb	Cum. 16	Cum. 13	Cum. -3	✓	↔	£110	✓	Carolyn Mills
								£1.38M		

Acute CQUIN Adverse Trends





Issues to Highlight (Acute)

Composite Indicator

National Patient Survey results (early view) shows 69.2 achieved
This would qualify for 60% of available CQUIN payment.

Questions with lower responsiveness to personal needs are:
Did you find someone to talk to about worries and fears?
Were you told about medication side effects to watch for?

Medicines Reconciliation –

Improved to 75% in February.
Action Plan reviewed by Dr Alison Diamond. Further
communication and subsequent update of action plan.
Expected to be on plan in March.

Stroke –

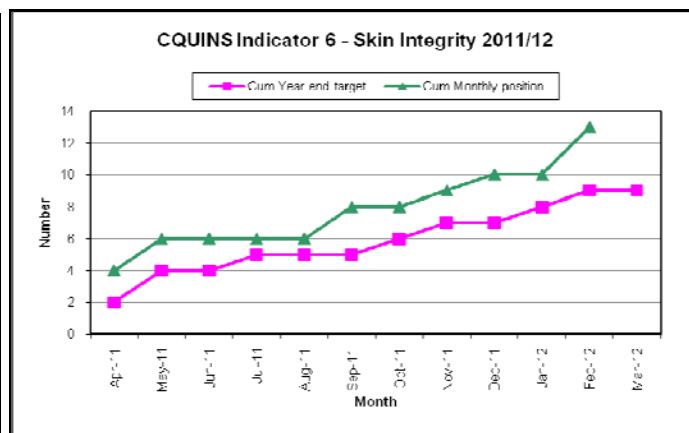
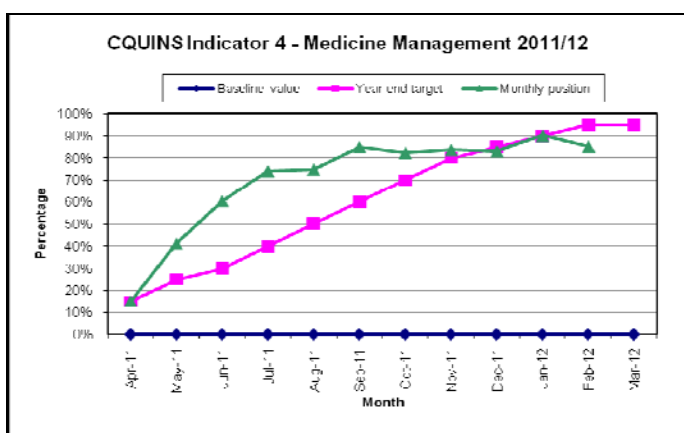
Medicine Directorate action plan in place and updated

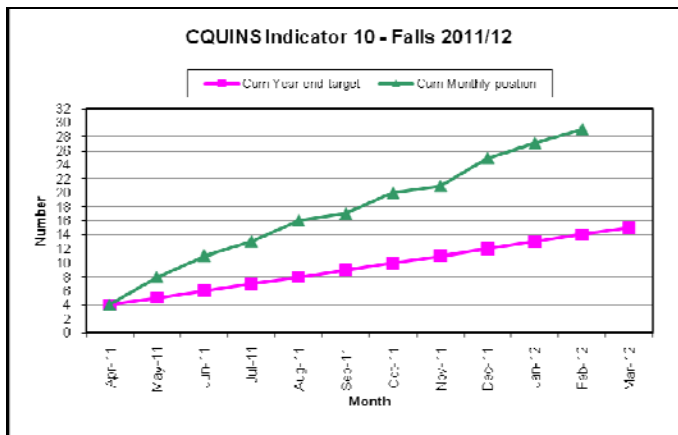
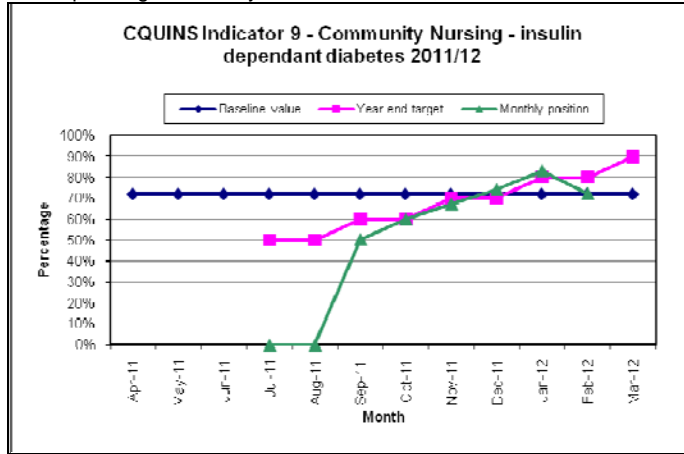
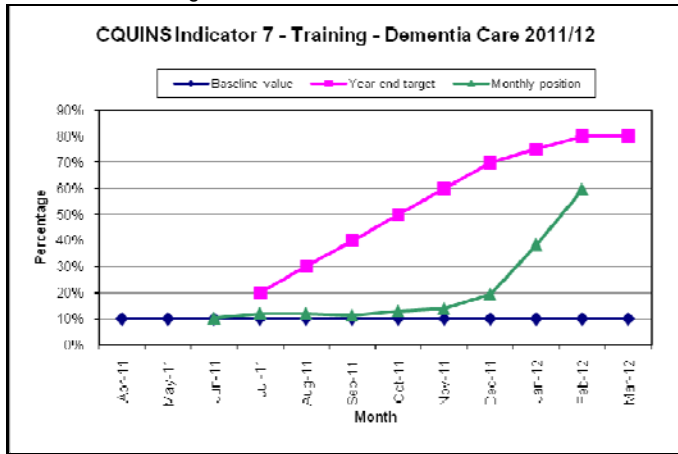
Dementia Care –

Significant improvement in February.

4.2 Community CQUINS – Eastern – early view										
		Latest Month							FOT	Exec Director
Ref	Indicator	Mth	Plan	Actual	Var		Dir	£K		
1a	VTE Risk Assessment (DoH mandated).	Feb	>90%	95%	+5%	✓	↔	£93.8	✓	Alison Diamond
1b	VTE Prophylaxis	Feb	>90%	98%	+8%	✓	↔	£93.8	✓	Alison Diamond
2	Patient Needs (DoH mandated).	Feb	73.0	84.4	+11.4%	✓	↔	£125	See Notes	Carolyn Mills
4	Medicines Management Medicines Reconciliation	Feb	95%	85%	-10.0%	◇	↓	£125	✓	Alison Diamond
5a	Nutrition, Completion of MUST Assessment	Feb	95%	95%	0%	✓	↔	£62.5	✓	Carolyn Mills
5b	Nutrition, Care Plan in Place	Feb	95%	92%	-3.0%	◇	↓	£62.5	✓	Carolyn Mills
6	Nursing Care 40% reduction in grade 3/4 PUs	Feb	Cum. 9	Cum. 13	Cum. +4	✗	↔	£75	◇	Carolyn Mills
7	Dementia Care - Training programme	Feb	80%	59.6%	-20.4%	✗	↑	£75	✓	Maureen Bignell
8a	Safeguarding Adults Improve training figures	Feb	90%	82.9%	-7.1%	✓	↔	£37.5	✓	Maureen Bignell
8b	Safeguarding Adults Nursing consent	Feb	90%	90.2%	+0.2%	✓	↔	£37.5	✓	Carolyn Mills
9	Comm. Nursing Ins.review of Caseload Diabetic Patients	Feb	80%	72%	-8.0%	◇	↓	£75	✓	Carolyn Mills
10	Falls Reduction of Falls Associated Harm Events	Feb	Cum. 14	Cum. 29	Cum. +15	✗	↔	£75	✗	Carolyn Mills
								£938K		

East Community CQUIN Adverse Trends





Issues to Highlight - Community East

Patient Needs

Composite Indicator

Further discussion needed with Commissioners to understand impact of national survey acute results on community CQUIN indicator. There were no community hospital patients surveyed this year within the national IP Survey. Because this is a nationally defined CQUIN it is not yet clear whether local survey data can be used as evidence of achievement.

Nursing Care -

Grade 3/4 Pressure Ulcers are 4 above annual cumulative plan. Data validation in progress to confirm that hospital acquired PUs are correctly identified within the overall data.

Safeguarding Training

Data for February is being rechecked.

Dementia Care –

Significant improvement in February.

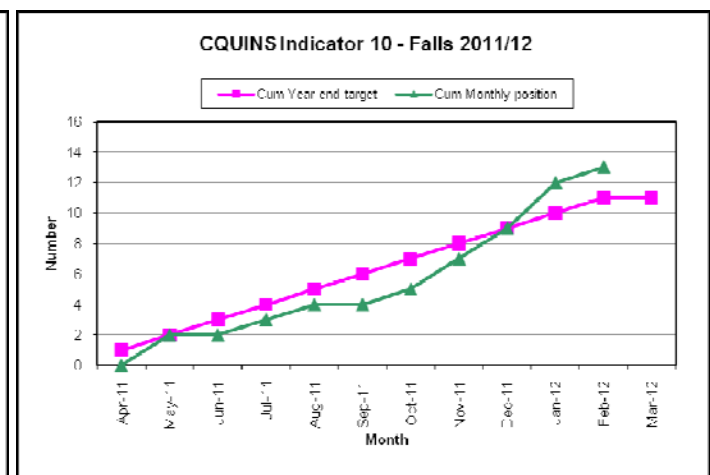
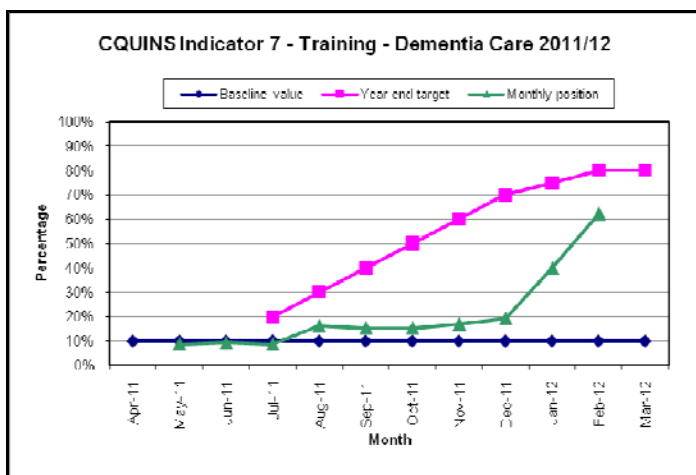
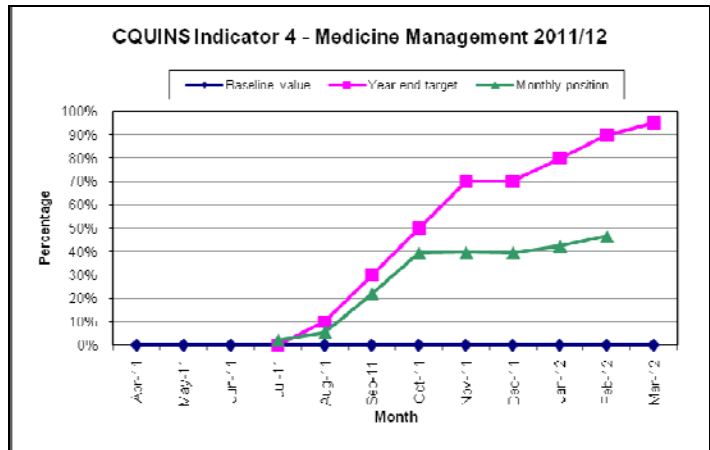
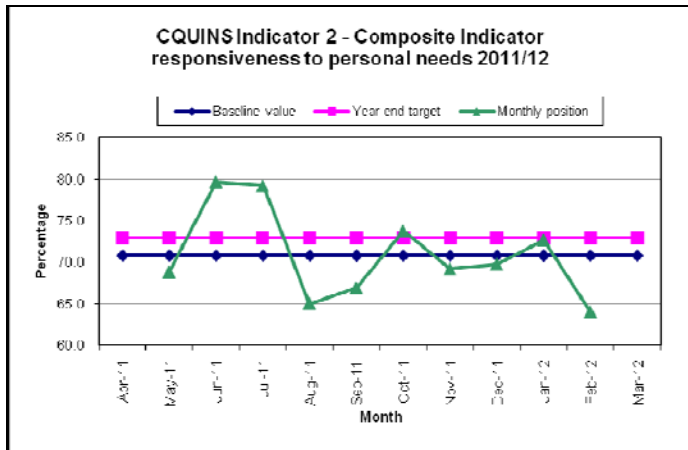
Falls Reduction –

29 cases reported – 15 cases above annual plan. Action plan in place to reduce harm to patients as a result of a fall. Casemix complexity is under review.

4.3 Community CQUINS – Northern – early view

		Latest Month						FOT	Exec Director	
Ref	Indicator	Mth	Plan	Actual	Var		Dir	£K		
1a	VTE Risk Assessment (DoH mandated).	Feb	>90%	97%	+7%	✓	↔	£32.5	✓	Alison Diamond
1b	VTE Prophylaxis	Feb	>90%	96%	+6%	✓	↔	£32.5	✓	Alison Diamond
2	Patient Needs (DoH mandated).	Feb	73.0	64.0	-9.0	◆	↓	£43.3	See Note	Carolyn Mills
4	Medicines Management Medicines Reconciliation	Feb	90%	47.0%	-43.0%	✗	↑	£43.3	◆	Alison Diamond
5a	Nutrition, Completion of MUST Assesment	Feb	95%	97.0%	+2.0%	✓	↑	£22.2	✓	Carolyn Mills
5b	Nutrition, Care Plan in Place	Feb	95%	100%	+5.0%	✓	↑	£22.2	✓	Carolyn Mills
6	Nursing Care 40% reduction in grade 3/4 pressure ulcers	Feb	Cum. 3	Cum. 3	Cum. 0	✓	↔	£26.0	✓	Carolyn Mills
7	Dementia Care - Training programme	Feb	80%	62.3%	-17.7%	✗	↑	£26.0	✓	Maureen Bignell
8a	Safeguarding Adults Improve training figures	Feb	90%	89.2%	-0.8%	✓	↔	£13.0	✓	Maureen Bignell
8b	Safeguarding Nursing consent	Feb	90%	93.6%	+3.6%	✓	↑	£13.0	✓	Carolyn Mills
9	Comm. Nursing Ins. review of Caseload Diabetic Patients	Feb	90%	88%	-2.0%	✓	↑	£26.0	✓	Carolyn Mills
10	Falls Reduction of Falls Associated Harm Events	Feb	Cum. 11	Cum. 13	Cum. 0	✗	↓	£26.0	✗	Carolyn Mills
								£325K		

North Community CQUIN Trends



Issues to Highlight (North Community)

- Composite Indicator** Downturn in February is being investigated.
- Medicines Reconciliation –** Action Plan reviewed by Dr Alison Diamond. Expected to be on plan in March.
- Dementia Care –** Significant improvement in February.
- Falls** Recent cases have prohibited achievement of year end target.

SECTION 5 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)

	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
2010/11									
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
Q2	Performing	Performing			2.53	Performing	5	Performing	Performing
					Max 3		Max 5		

Issues to Highlight

2011/12 Q2 information was released in December and shows the Trust maintaining overall performance standards.

SECTION 6 **STANDARDISED MORTALITY RATIO**

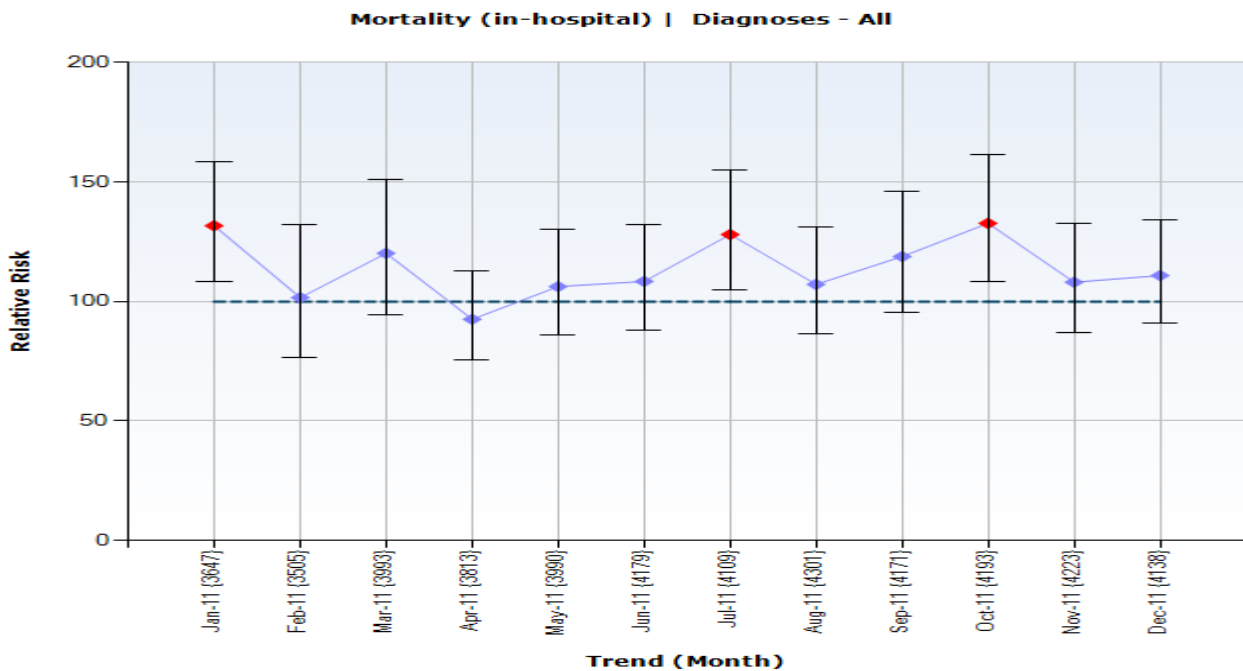
(Source Dr Foster)

SMR TRUST	Plan	Actual	Variance	Status	2011/12 Plan	Direction of Travel
Rolling 12 Months	<100	113.3	n/a	✘	<100	↔

SMR	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Period Start	Feb 10	Mar 10	Apr 10	May 10	Jun 10	Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11
Period End	Jan 11	Feb 11	Mar 11	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11
Rolling 12 Months	98.0	100	103.0	101.2	101.8	110.4	112.7	112.7	113.4	113.3	114.1	113.3

(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 and including North Community Hospital spells. East Community Hospital Spells 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, palliative care 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.

Detailed investigation on the depth of comorbidity coding identified some shortfalls, however correction of identified data discrepancies over a trial period did not significantly improve the overall HSMR position on a rolling 12 month basis.

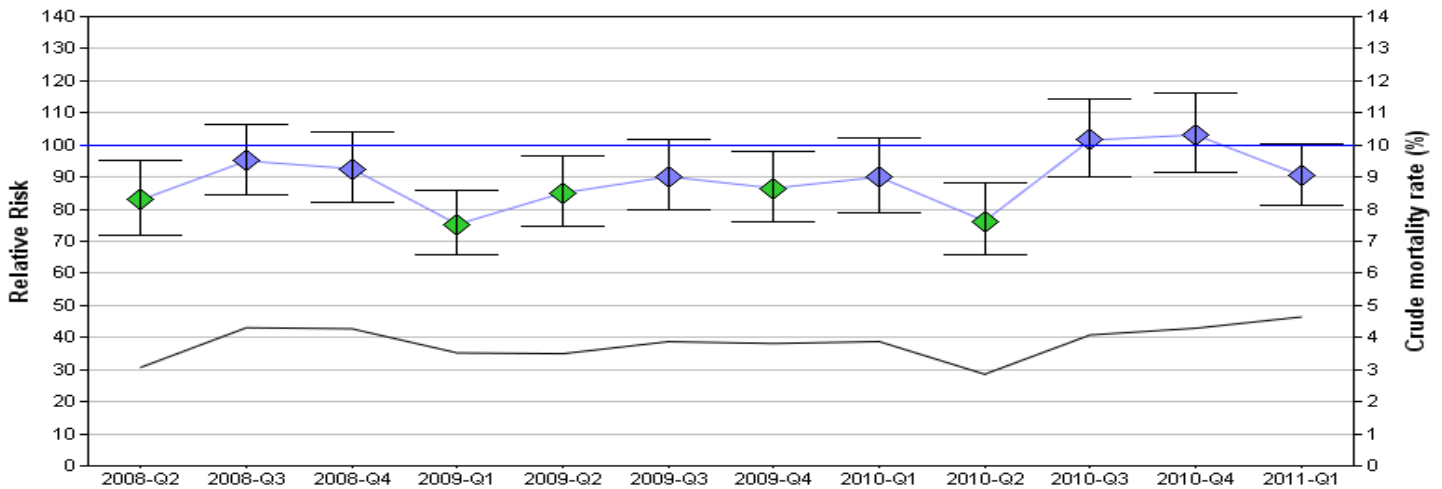
The Trust is investigating the impact of changes in use of palliative coding following national guidance updates during the last 18 months. It has been established that NDHT is recording less palliative coding than in previous years. It is also evident that there is variation in the use of palliative coding nationally. The consequences of this national variation are not yet fully understood and are being investigated further, specifically to understand how this position relates to the combination of acute and community hospital services that NDHT now provides.

It is noted that the NHS new Summary Hospital Mortality Indicator (SHMI) shows a better than average mortality benchmark position for NDHT.

SHMI TRUST	Plan	Actual	Variance	Status	2011/12 Plan	Direction of Travel
Rolling 12 Months	<100	93.02	n/a	✓	<100	↑

SHMI Data Release	Nov	Feb	May	Aug	Nov	Nov	Feb	May	Aug	Nov	Feb
Period Start	Apr 10	Jul 10									
Period End	Mar 11	Jun 11									
Rolling 12 Months	94.64	93.02									

SHMI trend for all activity across the last 3 years



SMR & SHMI rely on similar demographic, diagnosis and co-morbidity data. The main differences between the two measures are that:

HSMR reflects only deaths in hospital care whereas SHMI also includes deaths occurring outside of hospital care within 30 days of discharge.

The HSMR makes allowances for palliative care whereas the SHMI does not take palliative care coding into account.

SECTION 7 ELIMINATING MIXED SEX ACCOMMODATION

Number of MSA incidents and patients affected

Sleeping Accommodation	Number of patients affected								
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec 11	Jan 12	Feb 12	Mar 12
Ward									
Acute Stroke Unit	30	14	11	6	8	14	28	25	
Coronary Care Unit									
Total	30	14	11	6	8	14	28	25	
Medical Assessment Unit	4	13			3		8	10	
Alex									
Capener									
Fortescue									
Glossop									
KGV									
Lundy									
S.Molton Hosp									
Torrington Hosp									
Victoria									
Total	4	13	0	0	3	0	8	10	
FCE's	4775	5033	4842	4660	4660	4737	4912	4654	
Breach Rate per 1000 FCE's	0.84	2.58	0.00	0.00	0.64	0.00	1.63	2.15	

Bathroom Facilities	Number of patients affected								
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec 11	Jan 12	Feb 12	Mar 12
Ward									
ASU			5						
Glossop									
Capener					26	51	23	42	
Total	0	0	0	0	26	51	23	42	
FCE's	4775	5033	4842	4660	4660	4737	4912	4654	
Breach Rate per 1000 FCE's	0.00	0.00	0.00	0.00	5.6	11.0	4.7	9.0	

Passing Through	Number of patients affected								
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec 11	Jan 12	Feb 12	Mar 12
Ward									
ASU			4						
MAU									
Capener									
Fortescue									
Staples				13					
Total	0	0	0	13	0	0	0	0	
FCE's	4775	5033	4842	4660	4660	4737	4912	4654	
Breach Rate per 1000 FCE's	0.00	0.00	0.00	2.8	0.00	0.00	0.00	0.00	

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 8

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
PU	Pressure Ulcer
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)
SHMI	Summary Hospital Mortality Indicator
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
YTD	Year To Date