

Clinical Operations

Performance & Quality Indicators




Summary Report

Month 12
March 2012




Prepared: 18 April 2012
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	Mar	1	0	0	✓	1	0	✓	↔	Carolyn Mills
MRSA Rate per 1000 bed days	Mar	n/a	0	0	✓	n/a	0	✓	↔	Carolyn Mills
MRSA CHs >2 Days	Mar	n/a	0	0	✓	n/a	0	✓	↔	Carolyn Mills
MRSA Screening Elective	Mar	95%	96.9%	+1.9%	✓	n/a	n/a		↑	Carolyn Mills
MRSA Screening Non-Elective	Mar	95%	86.9%	-8.1%	✖	n/a	n/a		↓	Carolyn Mills
MSSA Acute >2 Days	Mar	n/a	1	n/a	✓	n/a	8	✓	↔	Carolyn Mills
MSSA CHs >2 Days	Mar	n/a	0	n/a	✓	n/a	0	✓	↔	Carolyn Mills
E. Coli Acute >2 Days	Mar	n/a	1	n/a	✓	n/a	23	✓	↔	Carolyn Mills
E.Coli East CHs >2 Days	Mar	n/a	0	n/a	✓	n/a	2	✓	↔	Carolyn Mills
E.Coli North CHs >2 Days	Mar	n/a	0	n/a	✓	n/a	0	✓	↔	Carolyn Mills
C.Difficile Acute >3 Days	Mar	1	1	0	✓	17	16	✓	↔	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	Mar	n/a	0	n/a	✓	n/a	4	✓	↔	Carolyn Mills
C.Difficile East CHs >3 Days	Mar	n/a	3	n/a	✓	n/a	32	✖	↔	Carolyn Mills
Hand Hygiene Compliance North	Mar	95%	92.3%	286/310	✖	n/a	n/a		↔	Carolyn Mills
1.2 Cancer Waiting Time Standards (Plan = current national standard)										
Cancer 14 Day Urgent Referral	Mar	93%	97.8%	402/411	✓	93%	97.6%	✓	↔	Kate Lyons
Symptomatic Breast 14 Day	Mar	93%	100%	20/20	✓	93%	94.7%	✓	↑	Kate Lyons
Cancer 31Day Diag. to Treat	Mar	96%	100%	61/61	✓	96%	99.3%	✓	↔	Kate Lyons
Cancer 31Day Subs Surgery	Mar	94%	100%	13/13	✓	94%	97.1%	✓	↔	Kate Lyons
Cancer 31Day Subs Drug	Mar	98%	100%	34/34	✓	98%	100%	✓	↔	Kate Lyons
62 Day Urg Ref to Treat within NDHT	Mar	85%	85.2%	23/27	✓	85%	87.9%	✓	↔	Kate Lyons
62 Day Urg Ref to Treat other Hosp	Feb Cum	This data is cumulative YTD and available 2mths in arrears		18.5/33	n/a	85%	56.1%	✖	↑	Kate Lyons
62 Day Urg Ref to Treat Trust Overall	Feb Cum			346.5/406	n/a	85%	85.3%	✓	↑	Kate Lyons
Cancer 62 Day Screening	Mar	90%	100%	1/1	✓	90%	96.2%	✓	↔	Kate Lyons
Cancer 62 Day Cons Upgrade	Mar	n/a	100%	3/3	✓	n/a	97.6%	✓	↔	Kate Lyons

1.3 Key Quality Indicators (Plan = contracted standards)										
		Latest Month				Year Cumulative				Executive
Indicator	Mth	Plan	Actual	Variance		Plan	Actual		Dir	Director Lead
Never Events	Mar	0	1	+1	✘	0	2	✘	↓	Alison Diamond
Breach of EMSA General Wards	Mar	0	4pts	0.78/1000 FCE	◇	n/a	n/a		↑	Carolyn Mills
Cancelled Ops. As % of Elective	Mar	<0.8%	1.24%	25	◇	<0.8%	0.69%	✓	↓	Kate Lyons
Cancelled Ops. <28 day (Cum)	Mar	>95%	100%	25/25	✓	>95%	100%	✓	↔	Kate Lyons
Fractured NOF operated 24hrs	Jan	90%	73.7%	-16.3%	◇	90%	90%	✓	↓	Kate Lyons
Thrombolysis Call To Needle	Mar	>68%	0%	0/0	✓	>68%	0% 0/1	✓	↔	Kate Lyons
GUM Offer <48hrs (East & North)	Mar	>98%	100%	1187/1187	✓	>98%	100%	✓	↔	Kate Lyons
GU Seen <48hrs (East & North)	Mar	n/a	76.2%	905/1187	✓	n/a	n/a		↔	Kate Lyons
Delayed Transfer of Care (Acute)	Mar	<3.5%	0.1%	-3.4%	✓	<3.5%	1.8%	✓	↑	Kate Lyons
Delayed Transfer of Care (Nor. CHs)	Mar	<3.5%	10.7%	+7.2%	✘	<3.5%	12.6%	✘	↔	Kate Lyons
Delayed Transfer Care (East CHs)	Mar	<3.5%	7.1%	+3.6%	✘	<3.5%	6.8%	✘	↓	Kate Lyons
Stroke >90% stay North Acute	Mar	80%	60.0%	18/30	✘	80%	67.0%	✘	↓	Kate Lyons
Stroke >90% stay North Superspell	Mar	80%	57.0%	17/30	✘	80%	65.6%	✘	↓	Kate Lyons
Stroke >90% stay East Community	Mar	80%	58.8%	10/17	✘	80%	76.5%	◇	↓	Kate Lyons
Stroke Swallow Screening 4hrs	Mar	95%	100%	26/26	✓	95%	93.7%	◇	↑	Carolyn Mills
Stroke Swallow Assessment 24hrs	Mar	95%	92.3%	24/26	◇	95%	83.3%	✘	↓	Carolyn Mills
Women Seen by 13wks Pregnancy	Mar	90%	88.4%	137/155	◇	90%	87.0%	◇	↑	Carolyn Mills
Smoking at Delivery	Mar	<20%	11.0%	-9.0%	✓	<20%	13.5%	✓	↔	Carolyn Mills
Breastfeeding Initiation	Mar	>71%	77.2%	+2.7%	✓	>71%	76.4%	✓	↑	Carolyn Mills
Reduce Elective Caesarean Sect.	Mar	<11.6%	12.7%	+1.1%	◇	<11.6%	10.5%	✓	↔	Alison Diamond

1.4 Mortality Ratio (Plan = national expected level)										
		Latest Month (Qtr for SHMI)				Rolling 12 Months				
SMR Trust Overall	Jan	<100	86.7	94/108.4	✓	<100	108.2	◇	↑	Alison Diamond
SMR Acute	Jan	<100	96.8	68/70	✓	<100	95.8	✓	↑	Alison Diamond
SMR North Comm. Hospitals	Jan	<100	81.5	16/19.6	✓	<100	111.6	✘	↑	Alison Diamond
SMR East Comm. (10 Months only)	Jan	<100	66.2	22/33.2	✓	<100	111.3	✘	↑	Alison Diamond
SHMI 2011/12	Q1	<100	90.5	344/380	✓	<100	93.02	✓	↑	Alison Diamond

1.5 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	Oct	<100	98.7	280/284	✓	<100	92.7	✓	↔	Alison Diamond
Following Elective Admission	Oct	<100	107.1	85/79.4	✖	<100	87.1	✓	↓	Alison Diamond
Following EM Admission	Oct	<100	95.3	196/205.6	✓	<100	94.8	✓	↔	Alison Diamond

1.6 A&E Indicators (Plan = national standards)										
Indicator	Mth	Latest Month				Year Cumulative			Dir	Directorate Lead
		Plan	Actual	Variance		Plan	Actual			
<7 Day Unplanned Re-attendance	Mar	<5%	2.03%	-2.97%	✓	n/a	n/a		↑	Kate Lyons
Left Without Being Seen	Mar	<5%	2.76%	-2.24%	✓	n/a	n/a		↓	Kate Lyons
Time to Assess (95 th percentile)	Mar	<15 Mins	22 mins	+7 Mins	✖	n/a	n/a		↓	Kate Lyons
Time to Treatment (Median)	Mar	<60 Mins	55 Mins	-5 Mins	✓	n/a	n/a		↓	Kate Lyons
Total time in A&E (95 th Percentile) Admitted	Mar	<4 Hrs	5:26	+1:26	✖	n/a	n/a		↑	Kate Lyons
Total time in A&E (95 th Percentile) Non-Admitted	Mar	<4 Hrs	3:55	-5 Mins	✓	n/a	n/a		↔	Kate Lyons
Breaches >6Hrs	Mar	0	34	+34	✖	0	+510	✖	↑	Kate Lyons
Total time in A&E Less than 4Hrs	Mar	>95%	95.0%	0	✓	n/a	n/a		↑	Kate Lyons

1.7 Referral to Treatment (North) (Plan = national standards)										
Indicator	Mth	Latest Month				Year Cumulative			Dir	Directorate Lead
		Plan	Actual	Variance		Plan	Actual			
18wk RTT Admitted	Mar	>90%	94.7%	n/a	✓	n/a	n/a		↔	Kate Lyons
RTT Admitted Median - Weeks	Mar	<11.1	8.3	n/a	✓	n/a	n/a		↔	Kate Lyons
RTT Admitted 95 th Per - Weeks	Mar	<23.0	18.5	n/a	✓	n/a	n/a		↔	Kate Lyons
18wk RTT Non-Admitted	Mar	>95%	99.4%	n/a	✓	n/a	n/a		↔	Kate Lyons
RTT Non-Admitted Median Weeks	Mar	<6.6	3.0	n/a	✓	n/a	n/a		↔	Kate Lyons
RTT Non-Admitted 95 th Per - Weeks	Mar	<18.3	10.4	n/a	✓	n/a	n/a		↔	Kate Lyons
RTT Incomplete Pathways <18 wks	Mar	92%	98.7%	n/a	✓	n/a	n/a		↔	Kate Lyons
Outpatients GP Waiting >11 wks	Mar	0	1	+1 Gynae	✓	0	7	✓	↔	Kate Lyons
Elective patients Waiting >20 wks	Mar	0	1	+1 Col Surg	✓	0	1	✓	↔	Kate Lyons
Diagnostics Waiting >6 wks	Mar	0	0	0	✓	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	Mar	0	2	1 x UD 1 x US	✓	0	11	✓	↔	Kate Lyons

Issues to Highlight

CWT 62 Day

Continues to show improvement on internal pathways and against the overall standard. We do not yet know how many shared pathways and breaches occurred within March. The overall annual position to February is currently 85.3% against the 85.0% standard.

HSMR -

Continues to improve. Further data corrections are progressing through the information systems for Eastern Community Hospitals, in particular to correct errors in recorded type of admission from elective to non-elective.

Never Event

An event was reported in March and is currently being investigated. This is the second event reported in 2011/12.

Del. Transfer of Care

Continues to be high in Community Hospitals.

Stroke Standards

Achievement continues to fluctuate. Influencing factors in March included closure of Acute Stroke Unit on several occasions due to infection control measures.

A&E Waiting-

Ongoing pressure in March with high levels of emergency admissions and bed capacity continuing to be affected by infection control measures.

The 95% standard was achieved in month.

SECTION 2 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	Mar	2439	2847	+16.7%	✓	27942	30196	+8.1%	✓	↔	K Lyons
Other Referrals	Mar	1484	1513	+2.0%	✓	16997	18133	+6.7%	✓	↔	K Lyons
Total Referrals	Mar	3923	4360	+11.1%	✓	44940	48330	+7.5%	✓	↔	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	Mar	2599	3036	+437	◇	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	Mar	1449	1403	-46	✓	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)	Mar	3410	3301	-3.2%	✓	40233	39574	-1.6%	✓	↔	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)											
	Latest Month					Year Cumulative					Lead Executive
Indicator	Mth	Plan	Actual	Variance		Plan	Actual	Variance		Dir	Director
WIC Attends RD&E	Feb	2172	1771	-18.5%	✓	23788	20967	-11.9%	✓	↔	K Lyons
WIC Attends Sidwell Street	Feb	1696	1747	+3.0%	✓	18578	19442	+4.7%	✓	↔	K Lyons
WIC Total Attendances	Feb	3868	3518	-9.1%	✓	42366	40409	-4.6%	✓	↔	K Lyons
MIU Attends	Feb	4161	3737	-10.2%	✓	45568	49875	+9.5%	✓	↔	K Lyons
Outpatient Cons Total Activity	Feb	1090	949	-13%	◇	11937	11467	-4%	◇	↑	K Lyons
Elective DC Activity Note 1	Feb	189	96	-49%	✗	1930	1174	-39%	✗	↔	K Lyons
IP Admissions Transfers	Feb	137	171	+25%	✓	1495	1878	+26%	✓	↔	K Lyons
IP Admissions Direct	Feb	155	115	-25.9%	◇	1699	1388	-18%	◇	↔	K Lyons
Non-elective (Gen & Acute)	Feb	292	286	-2%	✓	3194	3266	+2%	✓	↔	K Lyons

Issues to Highlight

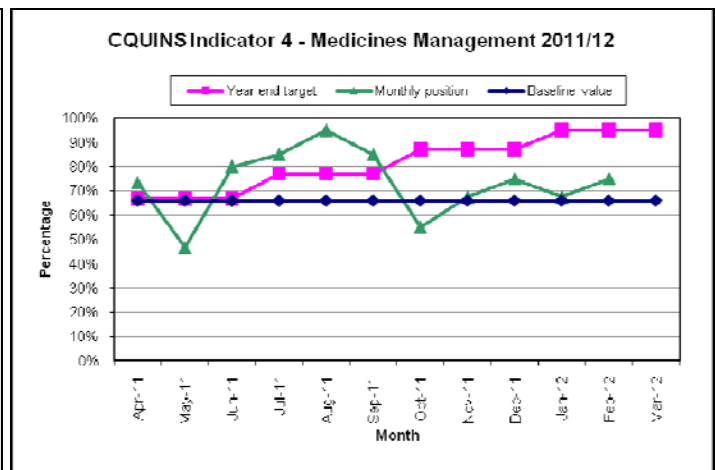
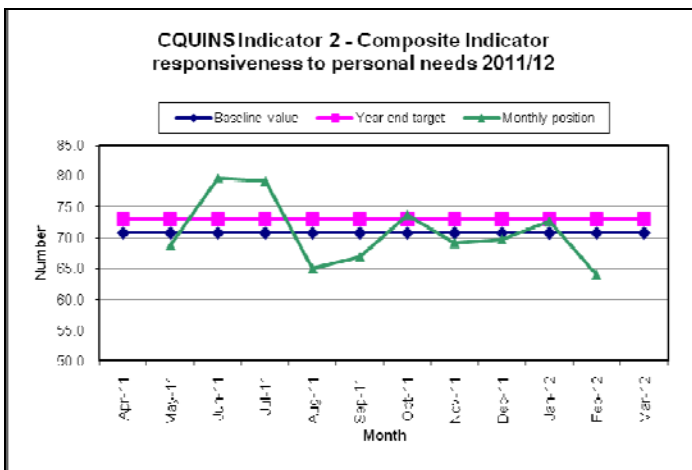
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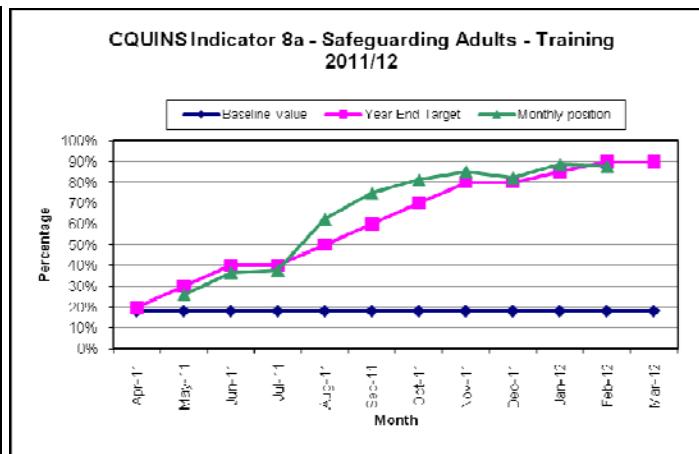
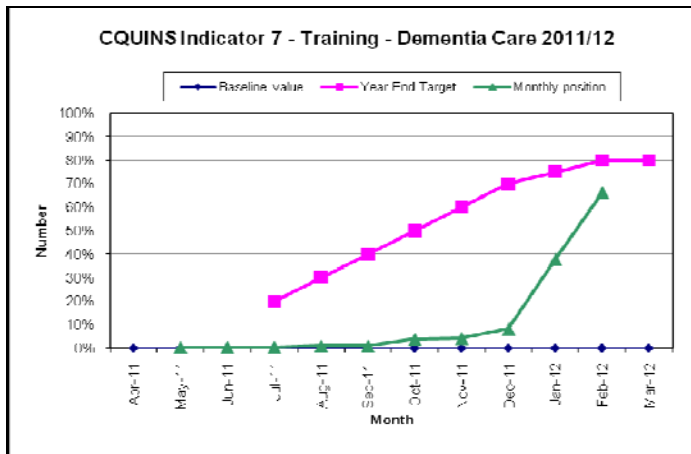
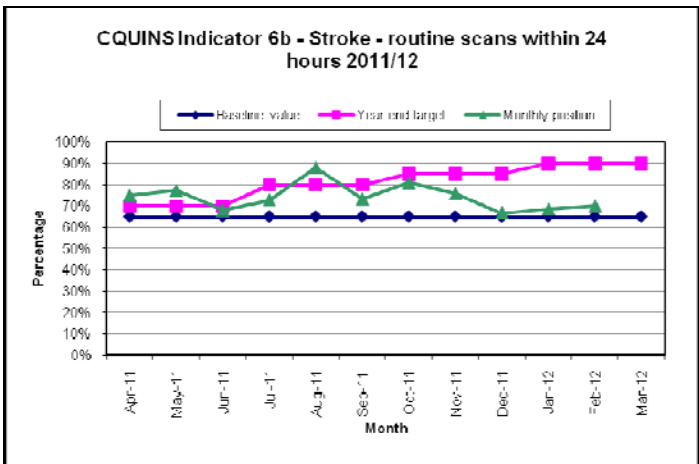
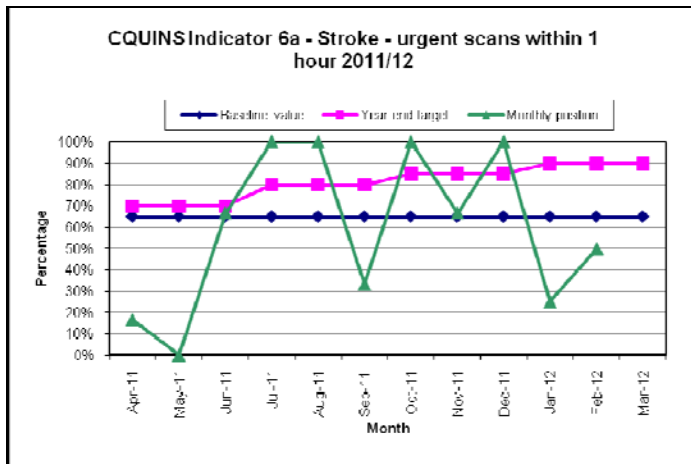
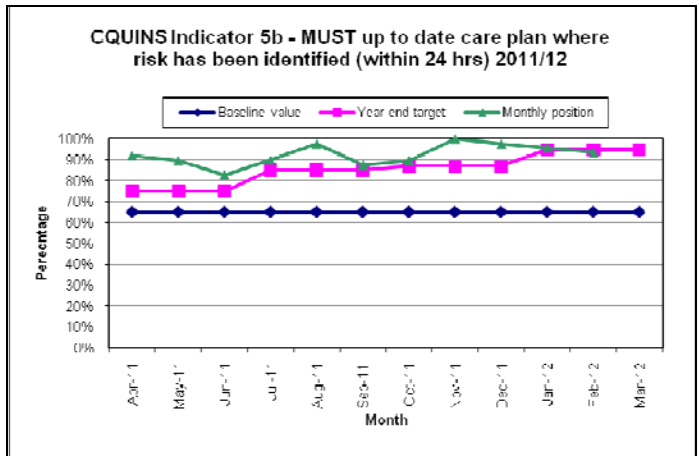
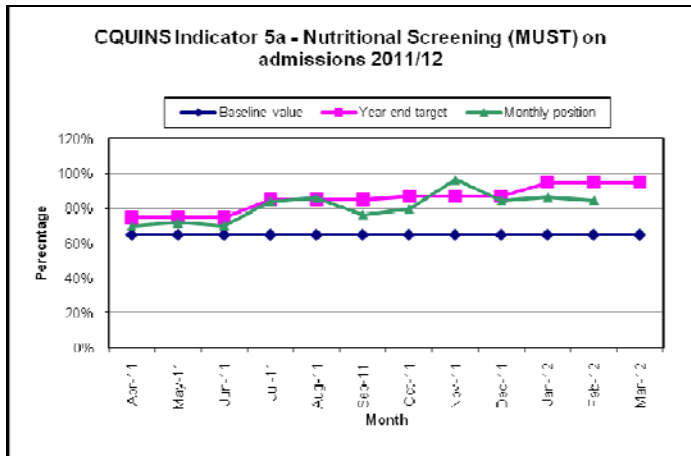
- Orthopaedics – due to service changes in year as agreed with commissioners
- Day Treatments - investigation continuing with service leads

SECTION 3 **CQUIN INDICATORS**

3.1 Acute CQUINS										
		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 –

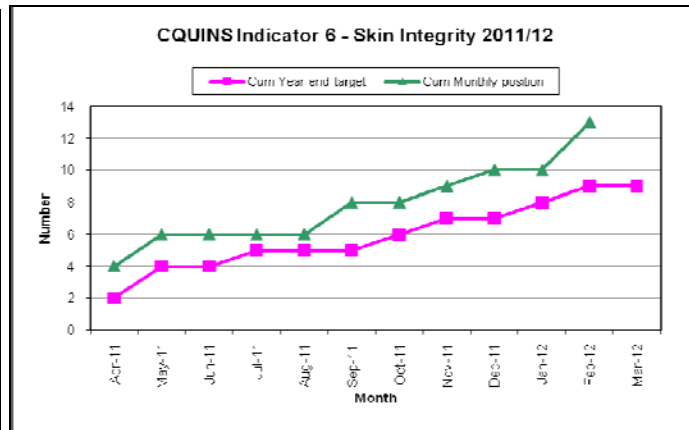
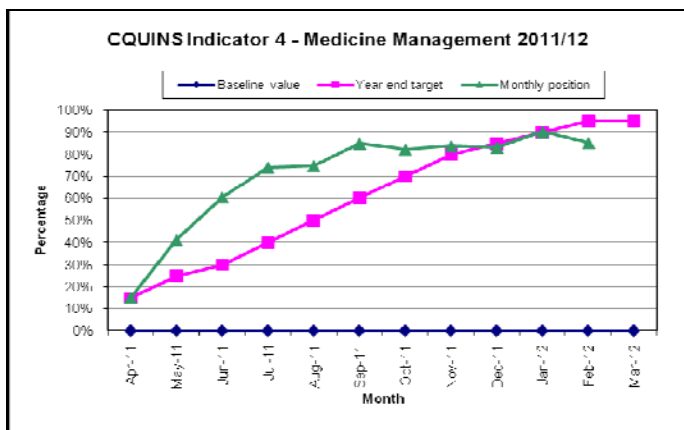
Medicine Directorate action plan in place and updated

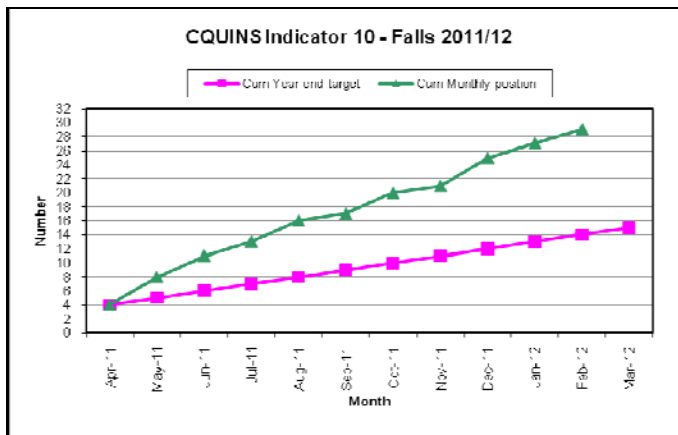
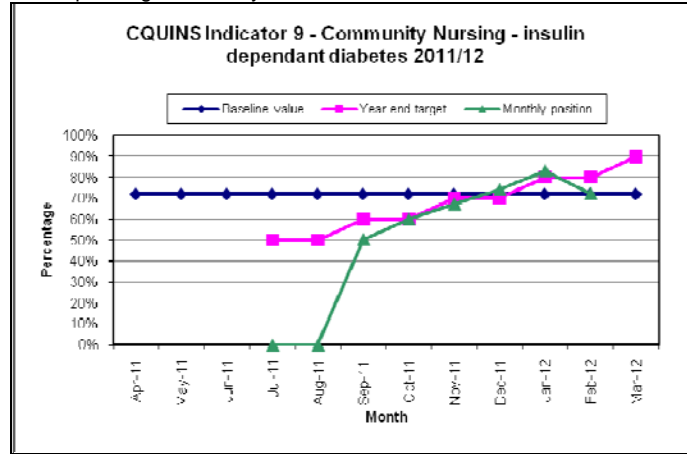
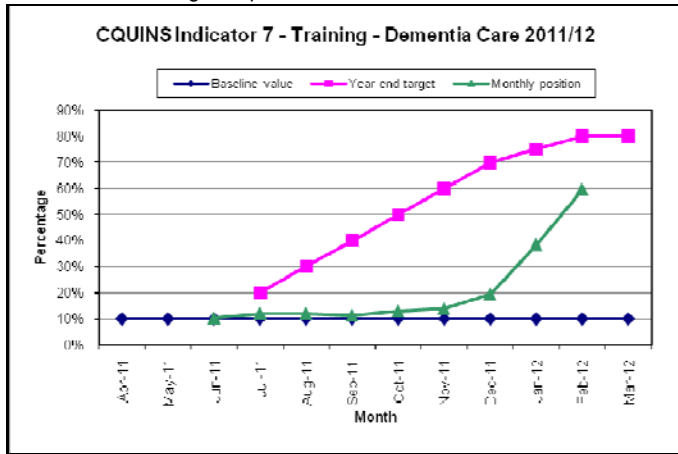
Dementia Care –

Significant improvement in February.

3.2 Community CQUINS – Eastern										
		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%	91.6%	+1.6%	✓	↑	£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 –

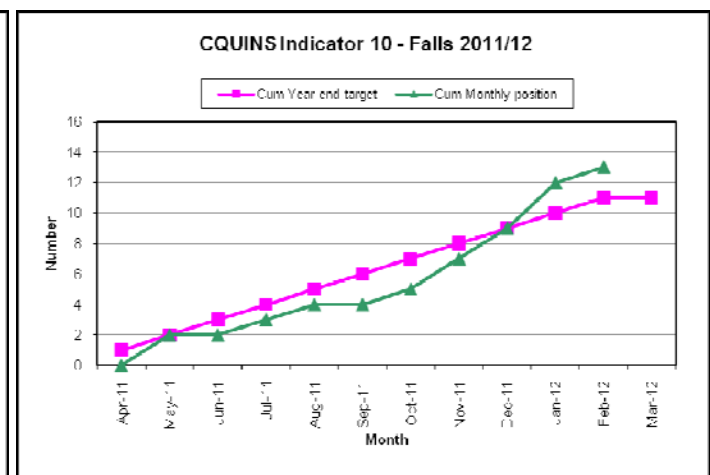
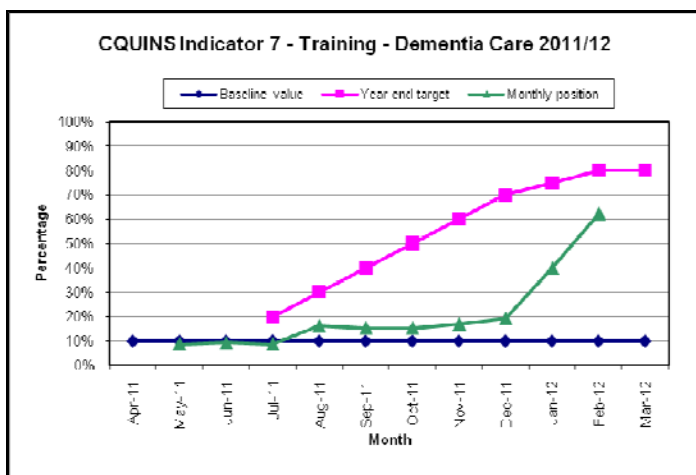
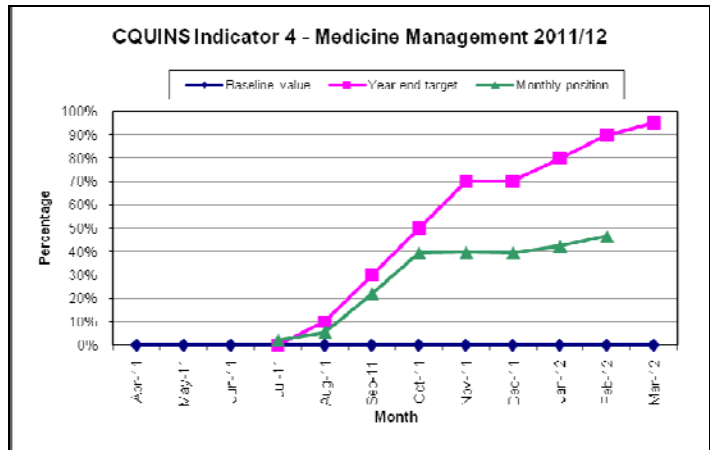
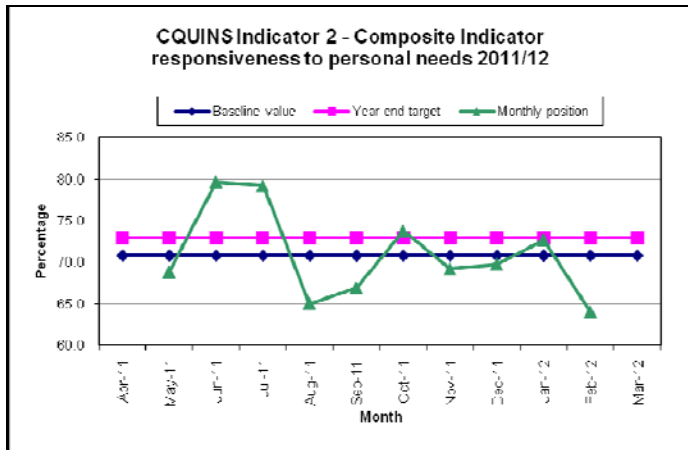
Significant improvement in February.

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.

3.3 Community CQUINS – Northern										
		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 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)

	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
Q3	Performing	Performing			2.40	Performing	5	Performing	Performing
					Max 3		Max 5		

Issues to Highlight

2011/12 Q3 information was released by DH in late March and shows the Trust maintaining overall performance standards.

To note that the Quality Standards score was lower in Q3. This was primarily due to the impact of non-achievement on Cancer Waiting Time standards.

Northern Devon Healthcare NHS Trust was noted in the DH Quarter Bulletin as having underachieved on three separate CWT standards in Q3.

Analysis confirms that two of those indicators were missed by just one case within each indicator.

SECTION 5 STANDARDISED MORTALITY RATIO

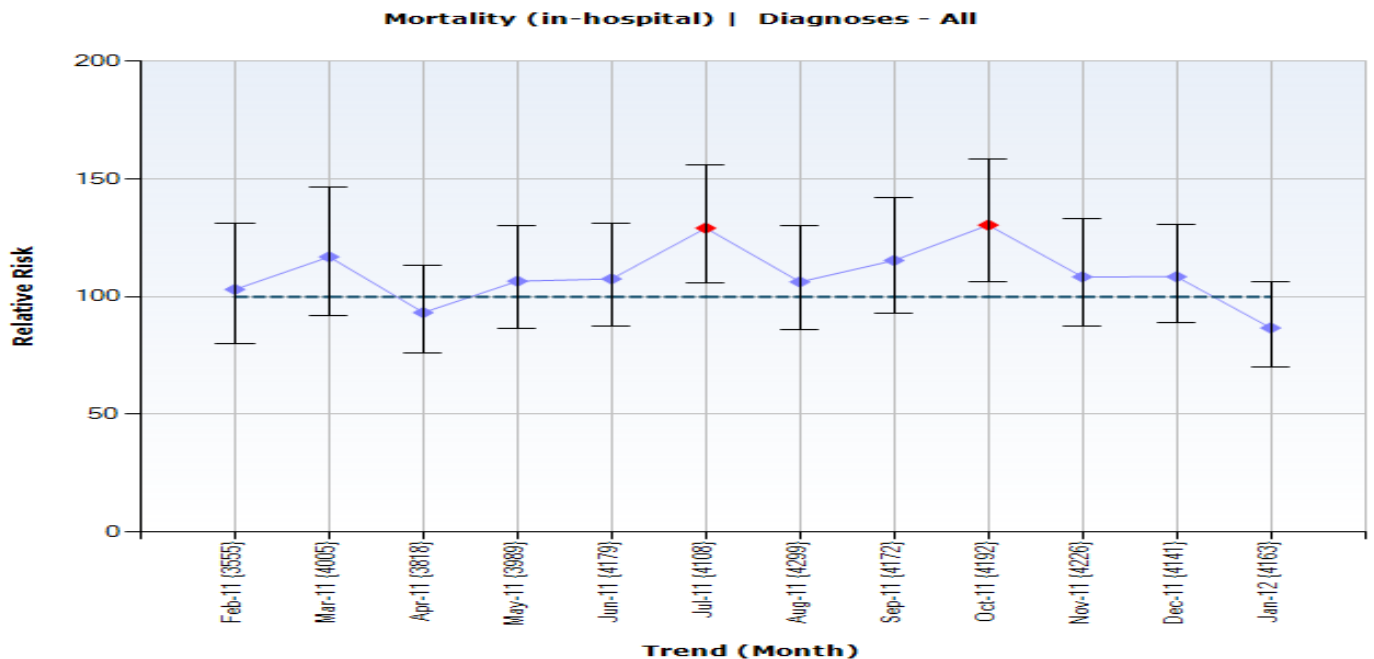
(Source Dr Foster)

SMR TRUST	Plan	Actual	Variance	Status	2011/12 Plan	Direction of Travel
Rolling 12 Months	<100	108.2	n/a	◆	<100	↑

SMR	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Period Start	Mar 10	Apr 10	May 10	Jun 10	Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11
Period End	Feb 11	Mar 11	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12
Rolling 12 Months	100	103.0	101.2	101.8	110.4	112.7	112.7	113.4	113.3	114.1	113.3	108.2

(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.

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 has been recording less palliative coding than in previous years.

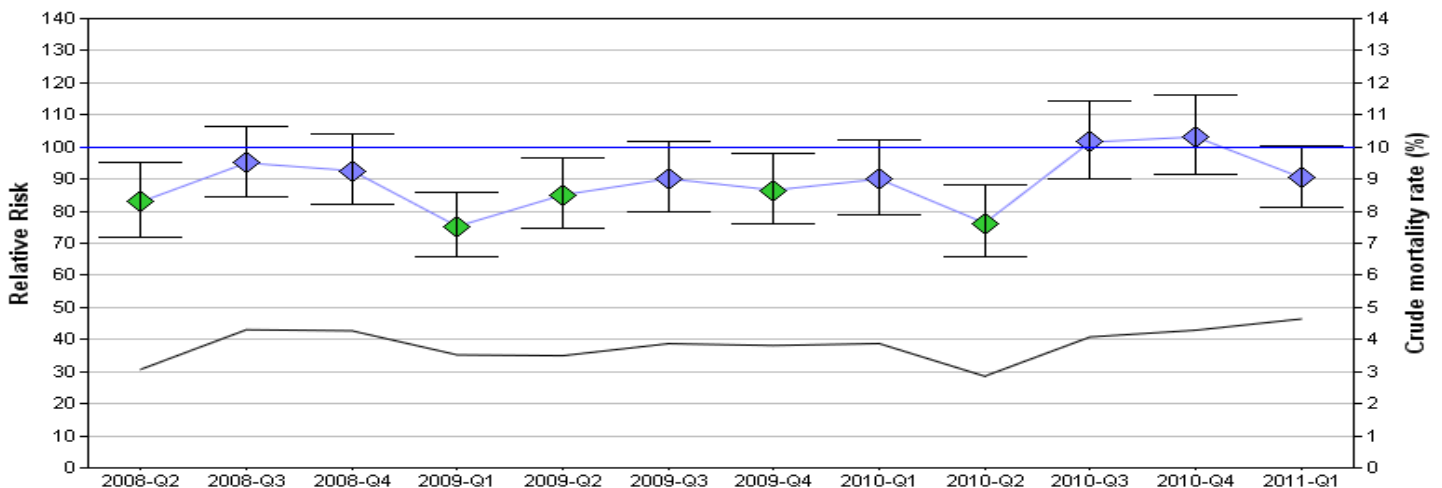
Steps have been taken to improve clarity on the recording of the provision of palliative treatment.

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.

- SHMI data is approximately 6mths behind HSMR. It is anticipated that the 12mth rolling SHMI position may deteriorate slightly on the next update, in line with the trend seen in HSMR.

SECTION 6 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	8
Coronary Care Unit									
Total	30	14	11	6	8	14	28	25	8
Medical Assessment Unit	4	13			3		8	10	4
Alex									
Capener									
Fortescue									
Glossop									
KGV									
Lundy									
S.Molton Hosp									
Torrington Hosp									
Victoria									
Total	4	13	0	0	3	0	8	10	4
FCE's	4775	5033	4842	4660	4660	4737	4912	4654	5143
Breach Rate per 1000 FCE's	0.84	2.58	0.00	0.00	0.64	0.00	1.63	2.15	0.78

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	0
FCE's	4775	5033	4842	4660	4660	4737	4912	4654	5143
Breach Rate per 1000 FCE's	0.00	0.00	0.00	0.00	5.6	11.0	4.7	9.0	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	0
FCE's	4775	5033	4842	4660	4660	4737	4912	4654	5143
Breach Rate per 1000 FCE's	0.00	0.00	0.00	2.8	0.00	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 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
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