Clinical Operations

Trust Board Briefing Paper

Month 1
April 2013

Prepared: **14 May 2013**
Updated: **22 May 2013**

CONTENTS

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

Trust Board – Monitor Governance Risk Assessment (shadow monitoring 2013/14)

Key Indicators		Quarter	WTD	DQ	LFY	Last 4 Quarters	Current Quarter – Early View Data								Commentary
Safety		Target	Score		Year	1 2 3 4	A	M	J	FOT	A	M	J	FOT	Score	
C. Difficile (Acute only) Annual threshold 10		3	1.0	✓	✓	✓✓✓✓	✓			✓	0			<3	0	Annual Target = 10
MRSA (Acute only) Annual threshold 0		0	1.0	✓	✓	✓✓✓✓	✓			✓	0			0	0	
Quality																
Cancer 31-day subsequent treatment	Surgery	94%	1.0	✓	✓	✓✓✓✓	✓			✓	100			>94	0	
	Drug Treatment	98%	1.0	✓	✓	✓✓✓✓	✓			✓	100			>98	0	
Cancer 62 day Referral from	Urgent GP	85%	1.0	✓	✓	✓✓✓✓	✓			✓	89.3			>85	0	Apr shared breach data is not yet confirmed.
	Screening And Cons	90%	1.0	✓	✓	✓✓✓✓	✓			✓	100			>90	0	
Cancer 31day Diagnosis to treatment		96%	0.5	✓	✓	✓✓✓✓	✓			✓	98			>96	0	
2 Week wait from referral to date first seen	All cancers	93%	0.5	✓	✓	✓✓✓✓	✓			✓	93			>93	0	
	Breast Symptom	93%	0.5	✓	✓	✓✓✓✓	✓			✓	100			>93	0	
A&E Type 1+ MIU + WIC Combined Max. WT 4Hrs		95%	1.0	✓	✓	✓✓✓✓	✓			✓	97.3			>95	0	National performance reporting is at provider combined level
Patient Experience																
Referral to treatment waiting time Admitted <18Wks		90%	1.0	✓	✓	✓✓✓✓	✓			✓	94.7			>94	0	Fail in one month = Quarterly Fail
Referral to treatment waiting time Non-Admitted <18Wks		95%	1.0	✓	✓	✓✓✓✓	✓			✓	99.4			>98	0	Each indicator scores 1.0 but max impact is capped at 2.0 (Latest mth may be early view data)
Referral to treatment waiting time Incompletes <18Wks		92%	1.0	✓	✓	✓✓✓✓	✓			✓	97.7			>95	0	
Access for people with learning disability – 6 criteria		Yes All	0.5	✓	✓	✓✓✓✓	✓			✓	■			■	0	
Effectiveness																
Data Completeness Referral to Treatment		50%	1.0	■	NA	✓✓✓✓	✓			✓	80			80	0	Refers to data completeness levels for community services (CIDS). Each indicator scores 1.0 but max impact capped at 1.0. Failure of same measure for 3 quarters = Red-rating.
Data Completeness Referral Information		50%	1.0	■	NA	✓✓✓✓	✓			✓	90			80	0	
Data Completeness Treatment Activity Info.		50%	1.0	■	NA	✓✓✓✓	✓			✓	90			80	0	
KPI Risk Score															0.0	

Third Parties Assessment				
Care Quality Commission				
Moretonhampstead Hospital	October 2012	(Moderate Concern)		**0**
NDDH Planned Inspection	February 2013	- Report Received - Fully Compliant		**0**
NHS Litigation Authority				
CNST October 11	Level 1	Ongoing		**0**
NHSLA March 12	Level 1	Ongoing		
3. Mandatory Services – Declared risk of, or actual, failure to deliver mandatory services				
No Items				**0**
4. Other Certification Failures – If not covered above. Failure to either (i)provide or (ii) subsequently comply with annual or quarterly board statements				
No items				**0**
5. Other Factors – Failure to comply with material obligations in areas not directly monitored by Monitor, includes exception or third party reports, represents a material risk to compliance				
No Items				**0**
Total				**0**
Monitor Overall Compliance Score				**0**

Monitoring Risk Scoring System

- Green score of less than 1.0
- Amber-Green score between 1.0 – 2.0
- Amber-Red score between 2.5 and 4.0
- Red score of more than 4.0

Monitor uses a number of triggers to establish whether a Trust should be considered for escalation. These include:

- A red Compliance Risk Rating (i.e. with a score greater than 4.0)
- A Financial Risk Rating of 1 or 2
- Reports raising significant concerns about clinical quality, patient safety or service performance or investigations by the care Quality Commission or other similar body.

Patient Safety

Healthcare Acquired Infection	Quarter Target	KPI Source	Last FY	Last 4 Quarters 1 2 3 4	Current Quarter – Early View Data A M J	FOT	A M J	FOT	Travel	Commentary
MRSA Acute > 2 Day Annual threshold = 0	0	DH	✓	✓✓✓✓	✓	✓	0	0	→	
MRSA (East CHs >2 Day) Annual threshold = 0	0	Local	✓	✓✓✓✓	✓	✓	0	0	→	
MRSA (North CHs >2 Day) Annual threshold = 0	0	Local	✓	✓✓✓✓	✓	✓	0	0	→	
MRSA Screening Acute Elective	95%	Local	✓	✓✓✓✓	△	△	92.3	>95	→	
MRSA Screening Acute Non-Elective	95%	Local	△	△△△△	✓	✓	94.9	>95	→	
MSSA (Acute >2 Days) Annual threshold = 7	3	Local	✓	✓✓✓✓	✓	✓	0	3	→	
MSSA (East CHs >2 Days) Annual threshold = 0	0	Local	✓	✓✓✓✓	△	△	1	1	↓	Whipton
MSSA (North CHs >2 Days) Annual threshold = 0	0	Local	✓	✓✓✓✓	✓	✓	0	0	→	
E.Coli (Acute >3 Days) Annual threshold = 14	4	Local	✓	△✓✓✓	✓	✓	2	4	↑	Glossop, Victoria
E.Coli (East CHs >3 Days) Annual threshold = 4	1	Local	✓	✓■△✓	✓	✓	0	1	→	
E.Coli (North CHs >3 Days) Annual threshold = 1	1	Local	✓	✓✓✓✓	✓	✓	0	1	→	
C.Difficile Acute >3Day) Annual threshold = 10	3	DH	✓	✓✓✓△	✓	✓	0	<4	↑	
C.Difficile (East CH >3Day) Annual threshold = 13	4	Local	✓	✓✓✓✓	✓	✓	0	<4	→	
C.Difficile (Nth CH >3 Days) Annual threshold = 4	1	Local	✓	✓■✓✓	✓	✓	0	1	→	
Hand Hygiene Compliance	95%	Local	△	△△✓✓	△	✓	94	>95	↑	

Hospital Mortality Ratios	Quarter	KPI	Last	Last 4 Quarters	Current Quarter – Early View Data						**Commentary**
	Target	Source	FY	3 4 1 2	J F M	FOT	J F M	FOT	Travel	
SMR Trust Overall	<100	Local					106.4,104.7,105.2	>100	→	Data = Feb12 – Jan13
SMR Acute Only	<100	Local					95.6, 94.6, 93.3	<100	↑	Data = Feb12 – Jan13
SMR North Community Hospitals	<100	Local					103.2,104.8,100.6	100	→	Data = Feb12 – Jan13
SMR East Community Hospitals	<100	Local					121.5,118.1,122.9	>100	→	Data = Feb12 – Jan13
	Quarter	KPI	Last	Last 4 Quarters						**Commentary**
	Target	Source	FY	2 3 4 1					Travel	
Summary Hospital Mortality Indicator - Trust Overall	<100	NHS IC					RYQ3 RYQ4 RYQ1 97.3 97.8 100		→	Latest SHMI data Jul11– Jun12
SHMI Elective	<100	EMQO					RYQ3 RYQ4 RYQ1 162 111 140		↓	Small number recorded as mortality within 30 days of discharge.
SHMI Non-Elective	<100	EMQO					RYQ3 RYQ4 RYQ1 95.9 97.5 98.8		→	
SHMI Stroke (66)	<100	EMQO					RYQ3 RYQ4 RYQ1 70.5 66.5 69.4		→	
SHMI COPD (75)	<100	EMQO					RYQ3 RYQ4 RYQ1 140 162 179		↓	Investigation by Medical Director and report to CQC Dec 2012
SHMI MI (57)	<100	EMQO					RYQ3 RYQ4 RYQ1 82.7 82.4 85.4		→	
SHMI #NOF (120)	<100	EMQO					RYQ3 RYQ4 RYQ1 52.6 61.8 59.4		→	
SHMI Pneumonia (73)	<100	EMQO					RYQ3 RYQ4 RYQ1 92.2 88.0 75.0		↑	
SHMI Renal (99)	<100	EMQO					RYQ3 RYQ4 RYQ1 92.2 90.1 80.9		↑	
SHMI CHF (65)	<100	EMQO					RYQ3 RYQ4 RYQ1 117 113 128		↓	Under investigation
SHMI Diabetes (35)	<100	EMQO					RYQ3 RYQ4 RYQ1 68.0 45.6 26.0		→	Very small numbers

Safe Care Environment	Quarter Target	KPI Source	Last FY	Last 4 Quarters 1 2 3 4	Current Quarter – Early View Data A M J FOT	A M J FOT	Travel	Commentary
Bed Occupancy Acute G&A Specialties	86%	Local	88	90, 85, 89, 93		93.1	93.2	→	
Bed Occupancy Eastern Community Hospitals	86%	Local	90	90, 91, 93, 93		95.2	93.3	↑	
Bed Occupancy Northern Community Hospitals	86%	Local	93	91, 86, 87, 90		93.0	90.5	↑	

Further Patient Safety Indicators	Quarter Target	KPI Source	Last FY	Last 4 Quarters 1 2 3 4	Current Quarter – Early View Data A M J FOT	A M J FOT	Travel	Commentary
Never Events	0	DH				0	0	→	
Compliance with WHO Checklist	100% TBC	Local	96	95, 97, 96, 96		96.4	96	→	
Medication Errors Per 1000 Bed days	7.17	EMQO	2010/11 10.11	Q3-Q4 15.61				↓	Q3-Q4 Combined = 15.61 National Mean = 7.17
NHSLA Claims Per 10,000 Bed Days	<4.0 TBC	Local	4.0	3.6, 5.0, 4.8, 4.2		2.4	3.4	↑	Includes all claims
CNST Claims Per 10,000 Bed Days	1.91 Nat. Av.	EMQO/ Local	2011/12 1.44	2.6, 3.6, 2.1, 2.9		1.8	2.5	↓	Indicator definition is under review by MEQO
New Serious Incidents Requiring Investigation	< 9 TBC	Local	36			4	<9	→	
Medicines Reconciliation Acute	95%	Local				95	<90	→	
Medicines Reconciliation East Community	95%	Local					<95	↑	Data validation in progress
Medicines Reconciliation North Community	95%	Local					<95	↓	Data validation in progress
VTE Acute Prophylaxis Prescribed	90%	Local				90	100	→	
Unplanned Ward Transfers >1 Transfer	30 (TBC)	Local		32, 36, 48, 30		32	>30	→	Periods of increased pressure on EM admissions
Breach of EMSA General Wards	0	DH				18	18	↓	18 x breaches on MAU due to admission pressures
Cancelled Operations Rebooked <28 day	100%	DH				100	100	→	
Delayed Transfer of Care (Acute monthly average)	<3.5%	DH				1.1	2.3	→	
Delayed Transfer of Care (Northern CHs average)	<8%	DH				4.8	<8	→	Threshold increased to 8%
Delayed Transfer Care (Eastern CHs average)	<8%	DH				3.9	<8	→	Threshold increased to 8%

Quality of Services

Stroke Indicators	Quarter	KPI	Last	Last 4 Quarters	Current Quarter – Early View Data								Commentary
	Target	Source	FY	1 2 3 4	A	M	J	FOT	A	M	J	FOT	Travel	
Stroke Direct Admission to Acute Stroke Unit	90%	Local							67			63.0	↑	
Stroke >90% stay on Unit North Acute	80%	TDA							53			65.0	↓	17 breaches in Apr of which 7 were <1 day hospital LOS.
Stroke >90% stay on Unit N. Acute – Excl 1 day LOS	80%	Local							64			78.8	↓	Subset report with <1 Day LOS breaches assumed compliant
Stroke >90% stay on Unit North Super spell	80%	TDA							49			<80	↓	
Stroke >90% stay on Unit North Super spell Excluding Patient/Clinician Choice	80%	Local	NA	NA NA					50			<80	↓	Excludes stay on non-stroke unit due to patient choice or specific clinical decision
Stroke Urgent Scan <1Hr	90%	Local							86			78	↓	6/7
Stroke Routine Scan <24Hr	90%	Local							90			92	↑	
Stroke >90% stay on Unit East Community Hospital	80%	TDA							91			80	↑	Data is early view
Stroke >90% stay on Unit East Community Excluding Patient/Clinician Choice	80%	Local	NA	NA NA					91			80	↑	Excludes stay on non-stroke unit due to patient choice or specific clinical decision

Endoscopy (New)	Quarter	KPI	Last	Last 4 Quarters	Current Quarter – Early View Data								Commentary
	Target	Source	*FY*	1 2 3 4	A	M	J	FOT	A	M	J	FOT	Travel	
Urgent Waiting < 2 Weeks	95%	Local							93.9			90.8	↑	3 x waiting >2wks at Apr End
Routine Waiting < 6 Weeks	95%	Local							94.6			97.2	→	7 x waiting >6wks at Apr End

Emergency Readmissions	Quarter	KPI	Last	Last 4 Quarters	Current Quarter – Early View Data								Commentary
	Target	Source	FY	4 1 2 3	J	F	M	FOT	J	F	M	FOT	Travel	
28 Day Emergency Readmissions	<100	Local							96.2,	95.6,	94.5	<100	↓	Latest Data = Nov11 – Oct12
Following Previous Elective Admission	<100	Local							98.0,	97.0,	94.3	<100	↓	Latest Data = Nov11 – Oct12

Following Previous Emergency Admission	<100	Local					95.6, 95.2, 94.6	<100		Latest Data = Nov11 – Oct12

A&E Indicators Type 1 - NDDH	Quarter Target	KPI Source	Last FY	Last 4 Quarters 1 2 3 4	Current Quarter – Early View Data A M J	FOT	A M J	FOT	Travel	Commentary
A&E Type 1 maximum waiting time of 4 hours	95%	Local					90.6	<95	→	National performance reporting is at provider combined level of A&E +MIU+WIC in accordance with national Operating Framework.
A&E Type 1+ MIU + WIC Combined Max. WT 4Hrs	95%	Monitor					97.3	>95	→	
% Admitted from A&E	TBC	Local	32.1%	31.9, 31.6, 36.7, 36.7			35.1	37	→	

(National Experimental Indicators)

A&E Unplanned Re-attendance at A&E <7 Days	<5%	DH					6.02	5.7	↑	National = 7.1% (NHS IC Data Nov 2012)
Total time in A&E 95th Centile Admitted	<4hrs	DH					6:09	5:44	→	National = 7:18
Number waiting over 6Hrs Admitted	0	DH					69	132	→	No benchmarking available
Total time in A&E 95th Centile Non-Admitted	<4hrs	DH					3:55	<4	→	National = 3:56
Number waiting over 6Hrs Non-Admitted	0	DH					14	38	→	No benchmarking available
Left Department without being Seen	<5%	DH					2.04%	<5	→	National = 2.6%
Time to Initial Assessment 95th Cent. Ambulance Arriv.	<15 Min	DH					0:20	15	→	National = 39 Min
Time to Treatment Median	<60 Min	DH					0:58	<60	↓	National = 53 Min

Ambulance Handovers % > 15 Mins	0%	Contract					43	35	→	Standard generally not being achieved, SW average 42%
Ambulance Handovers % > 30 Mins	0%	Contract					11.2	9	↓	Financial penalties to apply - £12.5K
Ambulance Handovers > 1 Hour	0	Contract					15	15	↓	Financial penalties to apply - £15K
Ambulance Handovers > 2 Hours	0	Contract					0	0	→	

Patient Experience

RTT and Elective Waiting Times	Quarter Target	KPI Source	Last FY	Last 4 Quarters 1 2 3 4	Current Quarter – Early View Data A M J	FOT	A M J	FOT	Travel	Commentary
RTT Admitted Median - Weeks	<11.1	DH	✓	✓ ✓ ✓ ✓	✓	✓	9.1	<11	→	
RTT Admitted 95th Percentile - Weeks	<23.0	DH	✓	✓ ✓ ✓ ✓	✓	✓	18.3	<23	→	
RTT Non-Admitted Median Weeks	<6.6	DH	✓	✓ ✓ ✓ ✓	✓	✓	3.6	<6.6	→	
RTT Non-Admitted 95th Percentile - Weeks	<18.3	DH	✓	✓ ✓ ✓ ✓	✓	✓	11	<18	→	
RTT Admitted Specialties Failed 18Wks	0	DH	△	✓ ✓ ✓ △	△	✓	1	2	→	1 breach in Plastic Surgery. Very low volumes.
RTT Non-Admitted Specialties Failed 18Wks	0	DH	✓	✓ ✓ ✓ ✓	✓	✓	0	0	→	
RTT Waiting Time >52Wk Waiters	0	TDA	NA	△ ✓ ✓ ✓	■	△	1	1	↓	1 in Ophthalmology.
Outpatients GP Referred Waiting >11 wks	2	Local	✓	✓ △ ✓ △	✓	△	0	3	→	
Outpatient Waiting List	2049	Local	NA	3511, 2945, 2790	△	△	2077	NA	↓	High WL results in longer OP waiting and greater RTT risks
Elective patients Waiting >20 wks	2	Local	✓	✓ ✓ ✓ ✓	✓	✓	0	0	→	
Elective Waiting list	1106	Local	NA	1340, 1545, 1677, 1579	△	△	1347	NA	↑	
AHP RTT Waiting Time Non-Admitted <18Wks	95%	Contract	NA	NA NA NA 96.8			TBC			Data delays, further validation and review work is in progress
Planned Elective Waiting List	1340	Local	NA	1329, 1380, 1494, 1441	△	△	1377	NA	↑	Includes Endoscopy
Medically Suspended Elective Waiting list	20	Local	NA	△ △ △ △	△	△	30	NA	↓	
Diagnostics Waiting >6 wks (<1%)	>99%	DH	✓	✓ ✓ ✓ ✓	✓	✓	99.8	99.4	→	

Further Key Indicators	Quarter Target	KPI Source	Last FY	Last 4 1 2 3 4	Current Quarter – Early View Data A M J	FOT	A M J	FOT	Travel	Commentary
Cancelled Operations As % of Electives	<0.8%	Local	✓	✓ △ △ △	△	△	1.1	0.96	↓	

GUM Offer <48Hrs	100%	TDA	✓	✓✓✓✓	✓	✓	100	100	→	

Maternity Indicators

Key Indicators	Quarter	KPI	Last	Last 4	Current Quarter – Early View Data								Commentary
	Target	Source	FY	1 2 3 4	A	M	J	FOT	A	M	J	FOT	Travel	
Women Seen <13 weeks of Pregnancy (Local PCTs)	90%	Local	87.0%	89, 86, 86, 87	✓			✓	90.2			90	–	
% Eligible Referred to Smoking Cessation	>90%	Local	✓	✓✓✓✓	✓			✓	100			>90	–	
Deliveries	N/A	Local	1572	401,440, 399,362	✓			✓	146			360	–	
Caesarean % Overall	24.5% Nat. Av.	EMQO	23%	23, 27, 28, 30	△			△	26			27	–	
Caesarean % Elective	10.45% Nat. Av.	EMQO	10.5%	11, 14, 12, 14	△			△	11			13	–	Patient Choice applies
Caesarean % Emergency	14.29% Nat. Av.	EMQO	12.9%	12, 13, 16, 16	△			△	15			14	–	
Breastfeeding Initiation within 48 Hours	>71%	Local	76.4%	78, 78, 77, 73	✓			✓	76			73	–	
Smoking at Delivery	<20%	Local	13.5%	15, 12, 13, 14	✓			✓	12			14	↑	
% of Full Term Babies Admitted to Neonatal Care	<15.4 TBC	Local	15.4%	15, 14, 13, 16	J=△			△	J=19.1			>15	↓	Feb/Mar data not yet available
% Babies Readmitted within 28 Days of Delivery	0.8%.	Local	0.7%	0.2, 0.4, 0.3	NYA			■	NYA			<0.8	–	Dr Foster PPM – data to Sep 12 (SWSHA average = 1.0%)

Operational Effectiveness

Key Indicators	Quarter	KPI	Last	Last 4 Quarters	Current Quarter – Early View Data								Commentary
	Target	Source	FY	4 1 2 3	J	F	M	FOT	J	F	M	FOT	Travel	
Admitted Patient Care % Valid Data (Average)	98.18% Nat. Av.	EMQO	■	98.4, 98.2, 98.4	■	■		■	Jan 13 Data			✓	–	(SUS National DQ Dashboard) EMQO latest is Jan 13
Outpatient % Valid Data	95.98% Nat. Av.	EMQO	■	93.3, 93.6, 93.6	■	■		■	Jan 13 Data			△	–	(SUS National DQ Dashboard)
A&E % Valid Data	97.55% Nat. Av.	EMQO	■	94.9, 95.5, 95.7	■	■		■	Jan 13 Data			△	–	(SUS National DQ Dashboard)
APC % Records First Submitted with Valid HRG	95.1% Nat. Av.	EMQO	■	76.0, 98.7, 97.2	■	■		■	Dec 12 Data			✓	↑	
CDC Coded within 5 days of Discharge	95%	Contract	■	66, 45, 55, 59	●	●	●	●	A=55			>90	–	Data as at Month End

CDC Coding Backlog	**<500**	**Local**					A=861	**1216**	↑	Data as at Month End
OP First To Follow Up Ratio	**2.5 tbc**	**Local**	**2.5**	**2.6, 2.5, 2.4, 2.4**			2.5, 2.5, 2.6	**2.5**	–	Dr Foster PPM4 – Jan 13 latest National Median 3.0
OP FST DNA Rate	**<5.9 tbc**	**Local**	**5.93%**	**6.3, 5.5, 5.5, 5.9**			5.9 6.1, 6.4	**6.2**	↓	Dr Foster PPM4 – Jan 13 latest
OP FUP DNA Rate	**<8.0 tbc**	**Local**	**8.1%**	**7.9, 7.8, 8.0, 8.0**			7.9 8.4, 8.6	**8.3**	↓	Dr Foster PPM4 – Jan 13 latest

Contracted Activity Delivered

Acute Contract Activity (Plan = contracted volumes)												
	Latest Month						**Year Cumulative**					
Indicator	**Mth**	**Plan**	**Actual**	**Diff**	**%**		**Plan**	**Actual**	**Diff**	**%**		**Commentary**
GP Referrals	Apr	2615	2614	-1	-0.04%		2615	2614	-1	-0.04%		Excludes Obs/Mid
Other Referrals	Apr	1362	1235	-127	-9.3%		1362	1235	-127	-9.3%		Excludes Obs/Mid
Total Referrals	Apr	**3977**	**3849**	**-128**	**-3.2%**		**3977**	**3849**	**-128**	**-3.2%**		
Outpatient First Attends	Apr	**3859**	**3636**	**-223**	**-5.8%**		**3859**	**3636**	**-223**	**-5.8%**		Referral demand is still higher than cumulative OP attends.
Outpatient Waiting List	Apr	2049	2077	28	1.4%							High OP WL increases pressure on RTT achievement.
Outpatient Follow Up Attends	Apr	7510	7905	395	5.3%		7510	7905	395	5.3%		
Outpatient Follow Up Overdue Backlog	Apr	N/A	1727	N/A	N/A							Was 2164 in March
Elective DC Activity	Apr	1577	1725	148	9.4%		1577	1725	148	9.4%		Plan amended to reflect change in Cystoscopy (-960 DC FYE)
Elective IP Activity	Apr	309	239	-70	-22.7%		309	239	-70	-22.7%		
Elective Total Activity	Apr	**1886**	**1964**	**78**	**4.1%**		**1886**	**1964**	**78**	**4.1%**		
DC Rate Overall	Apr	83.6%	87.8%				83.6%	87.8%				
Elective Waiting List	Apr	1106	1347	216	19.1%							High in several main specialties
Non-elective (All inc Mat.)	Apr	1510	1707	197	13%		1510	1707	197	13%		
Non-elective (Gen & Acute)	Apr	**1360**	**1378**	**18**	**1.3%**		**1360**	**1378**	**18**	**1.3%**		
A&E Attends (NDDH)	Apr	3353	3294	-59	-1.8%		3353	3294	-59	-1.8%		

North Community Hospital Contract Activity (Plan = Last Year Actual)

	Latest Month						Year Cumulative					
Indicator	**Mth**	**Plan**	**Actual**	**Diff**	**%**		**Plan**	**Actual**	**Diff**	**%**		**Commentary**
Elective DC Activity	Apr	22	35	13	59.1%		22	35	13	59.1%		
Elective IP Activity	Apr	6	4	-2	-33.3%		6	4	-2	-33.3%		Current Plan is for minimal Elective IP activity at CHs
Elective Total Activity	Apr	**28**	**39**	**11**	**39.3%**		**28**	**39**	**11**	**39.3%**		
Non-elective (Gen & Acute)	Apr	**104**	**101**	**-3**	**-2.9%**		**104**	**101**	**-3**	**-2.9%**		
MIU Attendances	Apr	1171	902	-269	-23%		1171	902	-269	-23%		

East Community Hospital Contract Activity (Plan = Last Year Actual) Subject to Validation

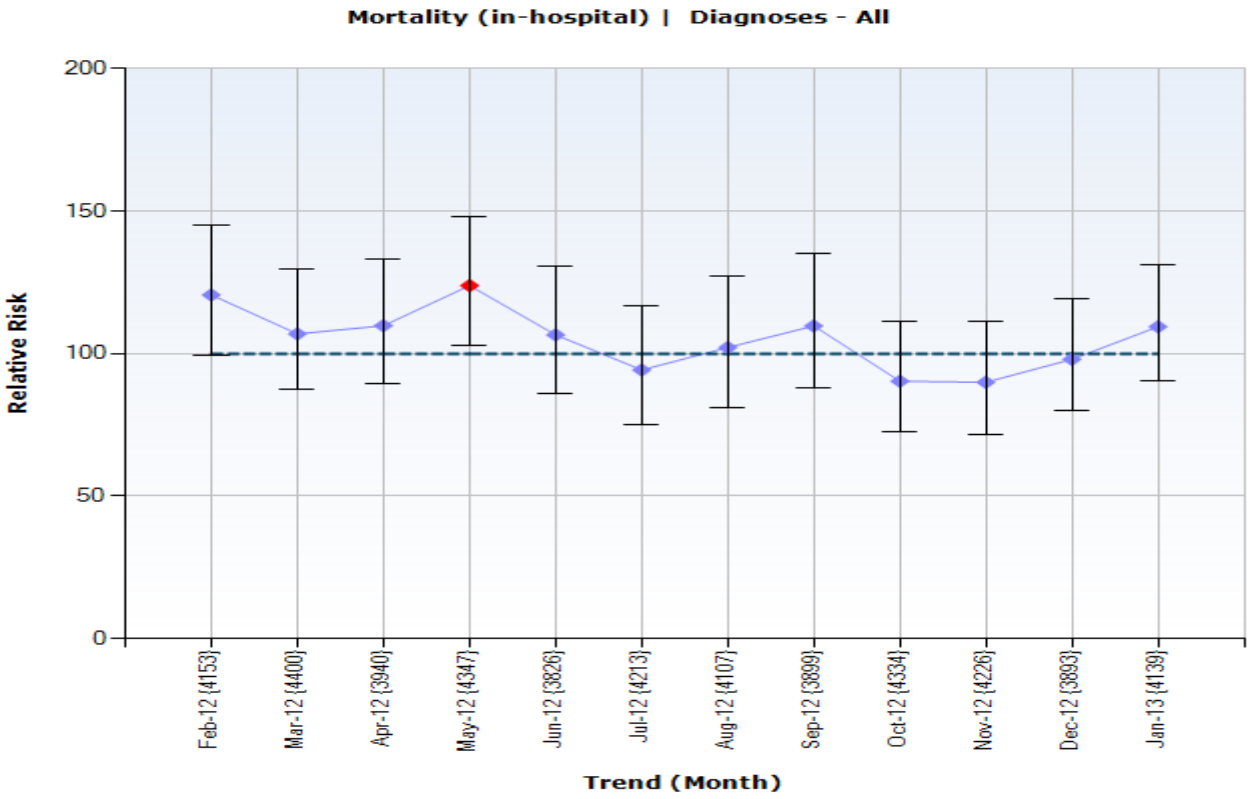
	Latest Month						Year Cumulative					
Indicator	**Mth**	**Plan**	**Actual**	**Diff**	**%**		**Plan**	**Actual**	**Diff**	**%**		**Commentary**
Outpatient Clinic Attendances	Apr	1011	926	-85	-8.4%		1011	926	-85	-8.4%		Under-reporting likely due to delays in outcoming
Elective Day Care Treatment Activity	Apr	69	69	0	0%		69	69	0	0%		
Elective Daycase Procedures Activity	Apr	38	40	2	+5.3%		38	40	2	+5.3%		
Non-elective Transfers (Gen Medical)	Apr	**161**	**143**	**-18**	**-11.2%**		**161**	**143**	**-18**	**-11.2%**		
Non-elective Direct (Gen Medical)	Apr	85	86	1	1.2%		85	86	1	1.2%		
Non-elective Others (Gen Medical)	Apr	21	9	-12	-57%		21	9	-12	-57%		(Validation in progress)
Non-Elective Total (Including Stroke)	Apr	279	254	-24	-8.6%		279	254	-24	-8.6%		16 stroke admissions
Occupied Beds	Apr	6496	6147	-349	-5.4%		6496	6147	-349	-5.4%		

MIU Attendances	Apr	4535	3572	-963	-21.2%		4535	3572	-963	-21.2%		
WIC Sidwell Street	Apr	2050	1926	-124	-6.0%		2050	1926	-124	-6.0%		
WIC Wonford	Apr	1892	1783	-109	-5.8%		1892	1783	-109	-5.8%		

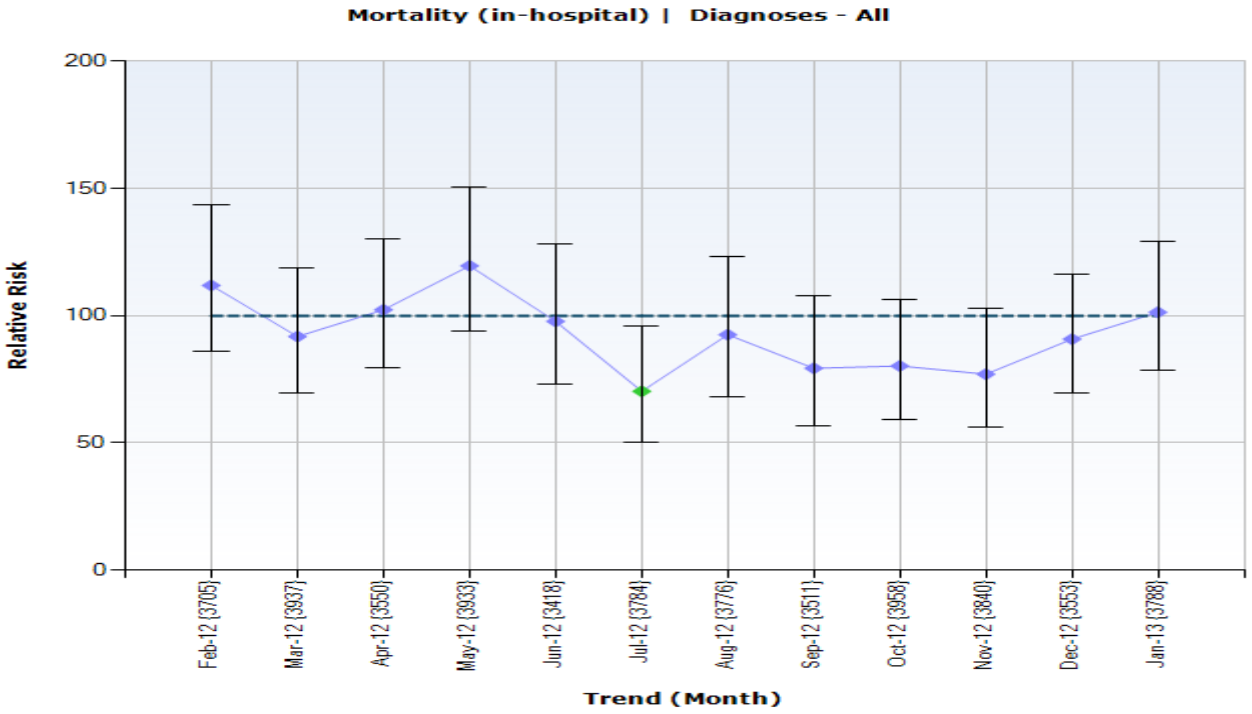
HSMR Data Refresh 28 March (Data Feb12 – Jan13)

(Source Data: Dr Foster RTM Version 8)

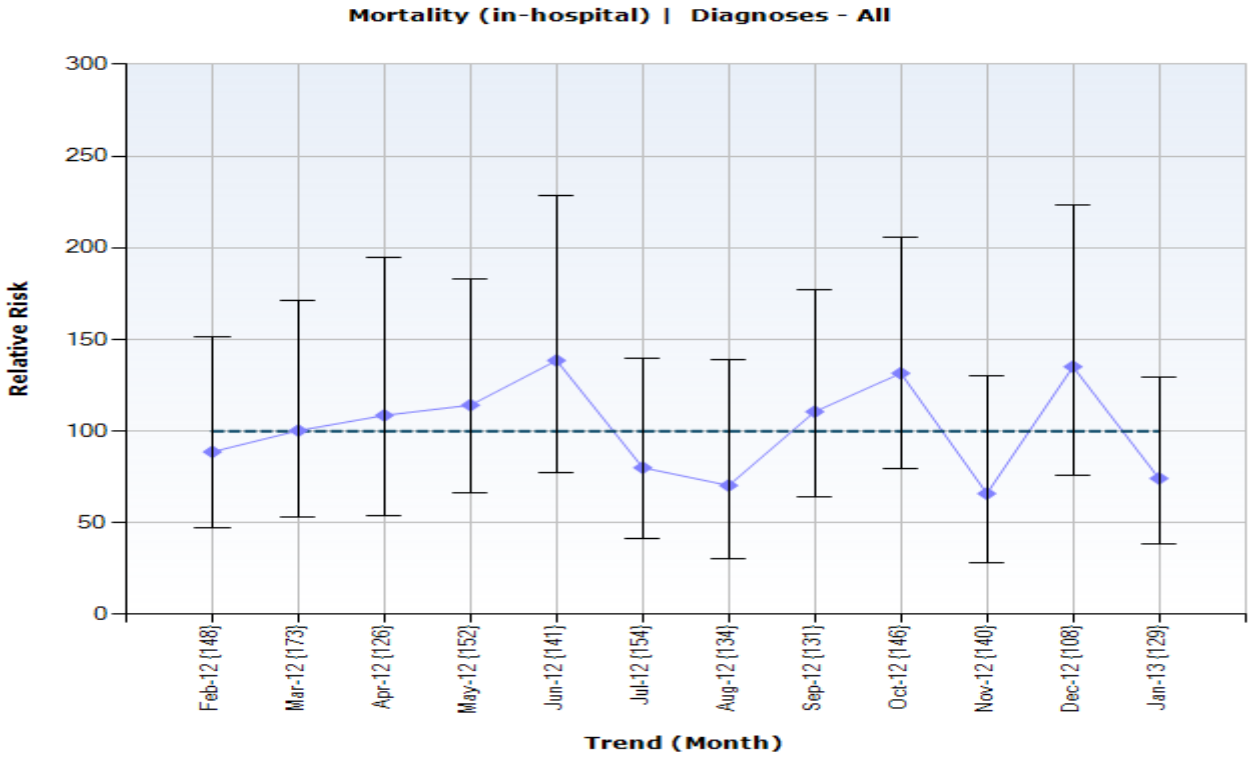
Trust Overall – All Diagnoses RR = 105.2 (Last month 104.7)



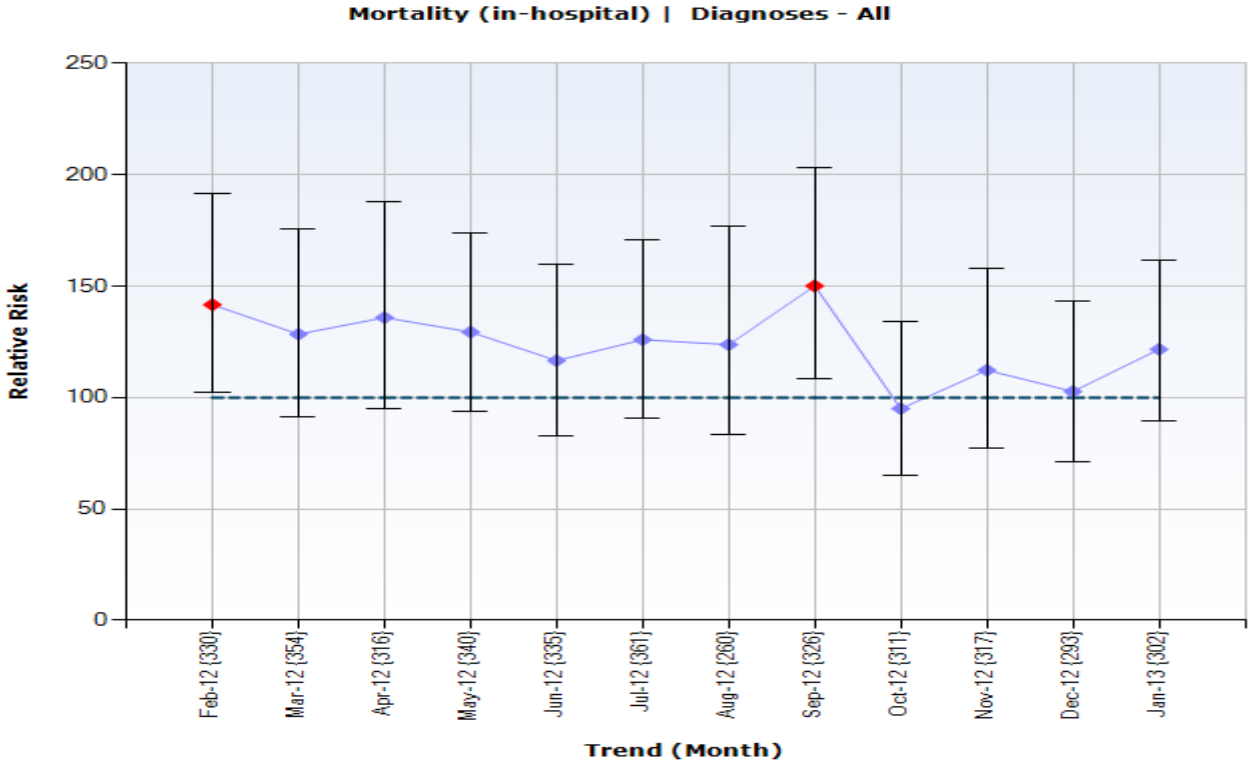
NDDH Overall –All Diagnoses RR = 93.3 (Last month 94.6)



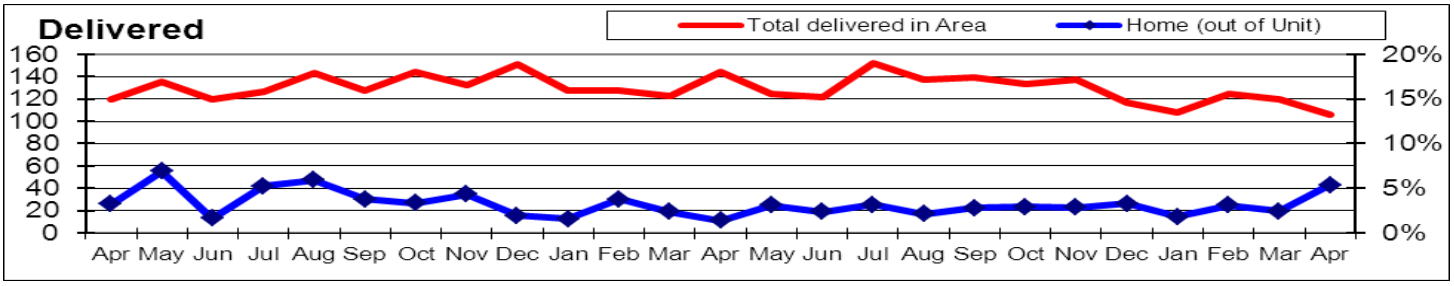
Northern Community Hospitals - All RR = 100.6 (Last month 104.8)

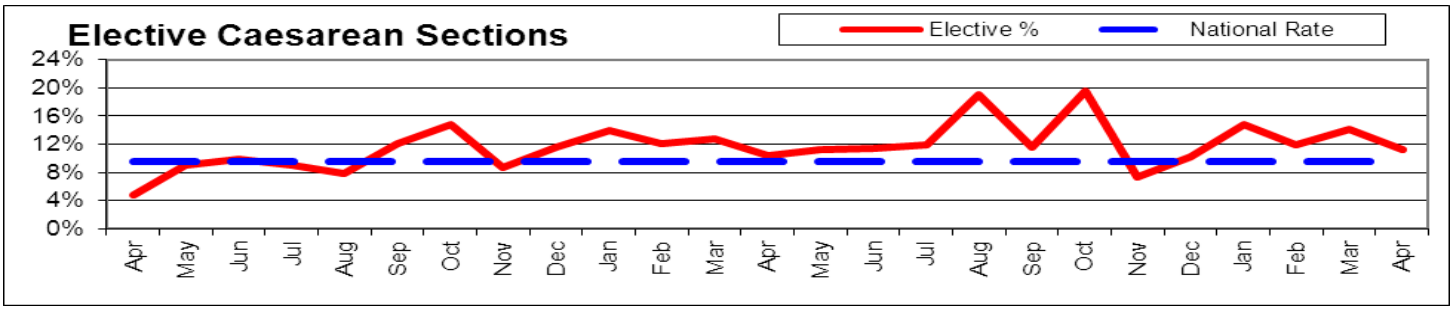


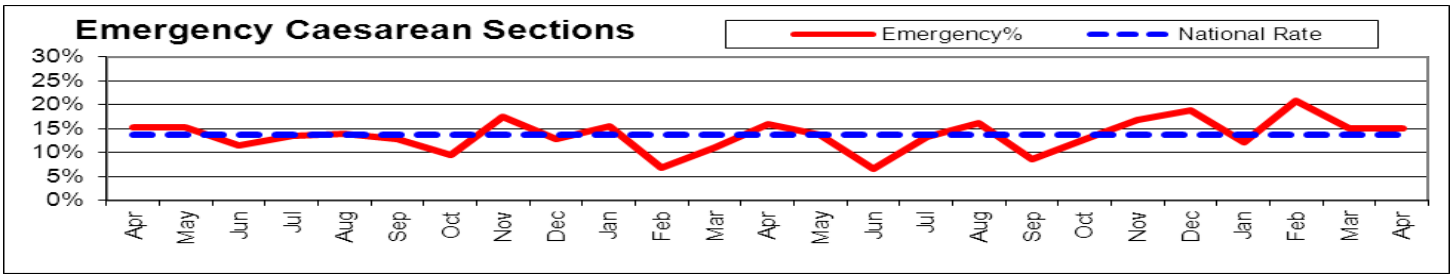
Eastern Community Hospitals- All RR = 122.9 (Last month 118.1)

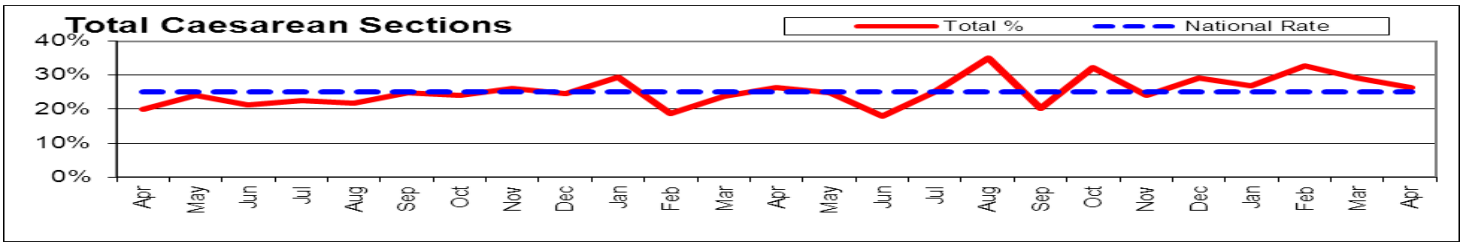


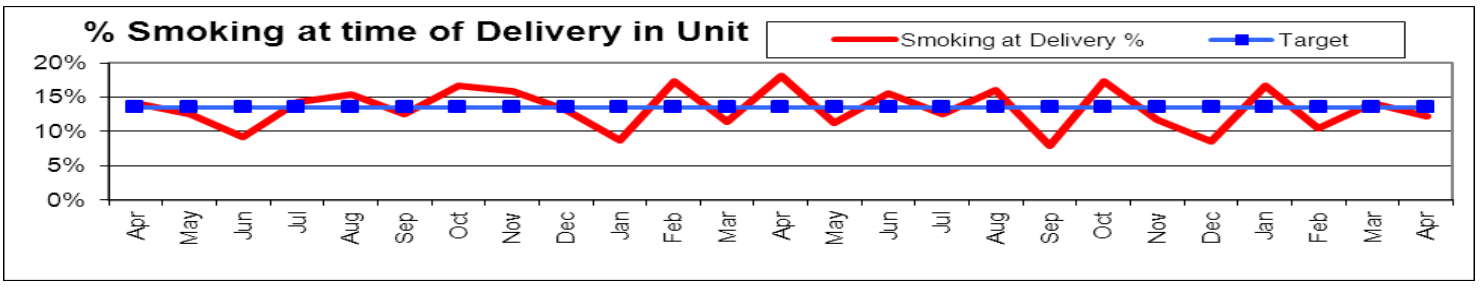
Maternity Key Indicator – Trends

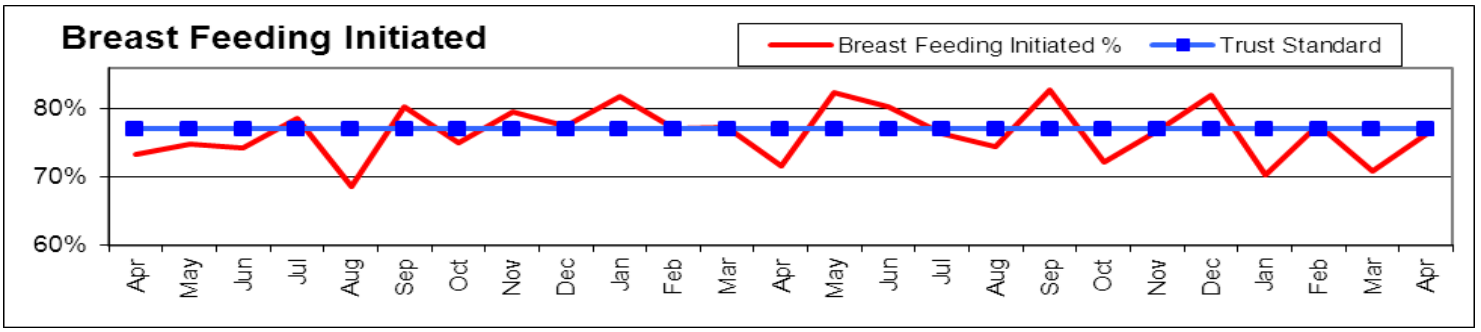











Breast Feeding Initiated
Breast Feeding Initiated %
Trust Standard
80%
70%
60%
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr

CQUIN Summary

ACUTE CONTRACT	Last Update	Current Target	Current Value	Short Term Trend Arrow	Traffic Light Icon	Spark Chart
Friends and Family test - Phased expansion (Acute)	Implement Friends and Family Test in Maternity Services: Q2 – establish baseline Q3 – collect and analyse data Q4 – evidence improvement in results					
Friends and Family test - Phased expansion (Acute)	Q4 – evidence improved results from Q3 to Q4					
Friends and Family test - Improved response rate (Acute)	Q1 – establish baseline Q4 – demonstrate improved response rate from Q1, with performance in top 50%				Data flows in place	
Friends and Family test - Improved Performance on the Staff Friends and Family Test (Acute)	2012/13 result is 3.55	<3.55	Yearly survey			
NHS Safety Thermometer - Pressure Ulcer improvement (Acute)	Baseline value is 6.17 category 2-4 PUs per month Q2 – aim to achieve average 4.67 per month Q3 and 4 – aim to sustain average 4.67 per month				Data collection in place	
NHS Safety Thermometer - Pressure Ulcer, old (Acute)	Q1-Q3 – collect data via Safety Thermometer on old category 2-4 PUs per month Q4 – share data				Data collection in place	
Dementia Screening (Acute)	March 2013	90%	100%	↑	✓	
Dementia Risk Assessment (Acute)	March 2013	90%	100%	–	✓	
Dementia Referral for Specialist Diagnosis (Acute)	March 2013	90%	100%	–	✓	
Dementia - Clinical Leadership (Acute)	Confirm named lead clinician for dementia					
Dementia - Clinical Leadership (Training) (Acute)	Q1 – clinical lead to scope training and trajectory Q2-Q4 – deliver training					
Dementia - Supporting Carers of People with Dementia	Q1 – design audit process covering supporting carers of people with dementia Q2 – implement quarterly audit					
VTE Risk Assessment (Acute)	April 2013	95%	95.43%	↑	✓	
VTE Root Cause Analyses (Acute)	Complete an RCA for all validated cases of hospital associated thrombosis. Reporting is quarterly.					
High Risk Medication - Omissions (Acute)	Q1 – baseline audit					
Clarity of Discharge Information for changes of Drug Therapy	Q1 – baseline audit and scoping report Q2 – review findings and agree actions Q3-4 implement actions as agreed					
Fracture Clinic - Osteoporosis, low risk (Acute)	Process and data flows agreed with operational lead Q1 – produce scoping report on staff training and identification of clinical lead Q2 – train staff and implement data collection Q3-4 – report data Payment is 50% for each of Q3 and Q4					
Fracture Clinic - Osteoporosis, medium risk (Acute)						
Fracture Clinic - Osteoporosis, high risk (Acute)						
Fracture Clinic - Osteoporosis, total (Acute)						
TIA Access	Q1 – option appraisal of NICE compliant service models and produce scoping report					

	Q2 – agree recommendations, implement change and test KPIs Q3-4 – measure and report improvement

Commentary:

3.1 Dementia FAIR – April data will be available at end of May. Piloting data collection process for all eligible patients.

EASTERN COMMUNITY CONTRACT	Last Update	Current Target	Current Value	Short Term Trend Arrow	Traffic Light Icon	Spark Chart
Friends and Family test - Phased expansion (Community)	Implement Friends and Family Test in Community Hospitals (inpatients): Q2 – establish baseline Q3 – collect and analyse data Q4 – evidence improvement in results					
Friends and Family test - Phased expansion (Community)	Q4 – evidence improved results from Q3 to Q4					
Friends and Family test - Improved response rate (Community)	Q1 – establish baseline Q4 – demonstrate improved response rate from Q1, with performance in top 50%					
Friends and Family test - Improved Performance on the Staff Friends and Family Test (Community)	2012/13 result is 3.55	<3.55	Yearly survey			
NHS Safety Thermometer - Pressure Ulcer improvement (Community)	Baseline value is 11.17 category 2-4 PUs per month Q2 – aim to achieve average 8.33 per month Q3 and 4 – aim to sustain average 8.33 per month				Data collection in place	
NHS Safety Thermometer - Pressure Ulcer, old (Community)	Q1-Q3 – collect data via Safety Thermometer on old category 2-4 PUs per month Q4 – share data				Data collection in place	
Dementia Screening (Community)	March 2013	90%	100%			
Dementia Risk Assessment (Community)	March 2013	90%	100%			
Dementia Referral for Specialist Diagnosis (Community)	March 2013	90%	100%			
Dementia - Clinical Leadership (Community)	Confirm named lead clinician for dementia					
Dementia - Clinical Leadership (Training) (Community)	Q1 – clinical lead to scope training and trajectory Q2-Q4 – deliver training					
Dementia - Supporting Carers of People with Dementia	Q1 – design audit process covering supporting carers of people with dementia Q2 – implement quarterly audit					
VTE Risk Assessment (Community)	March 2013	90%	99.25%			
VTE Root Cause Analyses (Community)	Complete an RCA for all validated cases of hospital associated thrombosis. Reporting is quarterly					
Community Hospitals Discharge Summary (Community)	Q2 – commence reporting					
Community Hospitals Clinical Quality	Q1 – establish baseline Q2 onwards – report monthly					
Fracture Clinic - Osteoporosis, low risk (Community)	Process and data flows agreed with operational lead					

Fracture Clinic - Osteoporosis, medium risk (Community)	Applies to Exmouth and Tiverton only Q1 – produce scoping report on staff training and identification of clinical lead Q2 – train staff and implement data collection Q3-4 – report data Payment is 50% for each of Q3 and Q4
Fracture Clinic - Osteoporosis, high risk (Community)	
Fracture Clinic - Osteoporosis, total (Community)	

Commentary:

Dementia FAIR – April data will be available at end of May. Data collection process in place for all eligible patients.

NORTHERN COMMUNITY CONTRACT	Last Update	Current Target	Current Value	Short Term Trend Arrow	Traffic Light Icon	Spark Chart
Friends and Family test - Phased expansion (Community)	Implement Friends and Family Test in Community Hospitals (inpatients): Q2 – establish baseline Q3 – collect and analyse data Q4 – evidence improvement in results					
Friends and Family test - Phased expansion (Community)	Q4 – evidence improved results from Q3 to Q4					
Friends and Family test - Improved response rate (Community)	Q1 – establish baseline Q4 – demonstrate improved response rate from Q1, with performance in top 50%					
Friends and Family test - Improved Performance on the Staff Friends and Family Test (Community)	2012/13 result is 3.55	<3.55	Yearly survey			
NHS Safety Thermometer - Pressure Ulcer improvement (Community)	Baseline value is 11.17 category 2-4 PUs per month Q2 – aim to achieve average 8.33 per month Q3 and 4 – aim to sustain average 8.33 per month				Data collection in place	
NHS Safety Thermometer - Pressure Ulcer, old (Community)	Q1-Q3 – collect data via Safety Thermometer on old category 2-4 PUs per month Q4 – share data				Data collection in place	
Dementia Screening (Community)	March 2013	90%	100%	–		
Dementia Risk Assessment (Community)	March 2013	90%	100%	–		
Dementia Referral for Specialist Diagnosis (Community)	March 2013	90%	100%	–		
Dementia - Clinical Leadership (Community)	Confirm named lead clinician for dementia					
Dementia - Clinical Leadership (Training) (Community)	Q1 – clinical lead to scope training and trajectory Q2-Q4 – deliver training					
Dementia - Supporting Carers of People with Dementia	Q1 – design audit process covering supporting carers of people with dementia Q2 – implement quarterly audit					
VTE Risk Assessment (Community)	March 2013	90%	99.25%	–		
VTE Root Cause Analyses (Community)	Complete an RCA for all validated cases of hospital associated thrombosis. Reporting is quarterly					
Community Hospitals Discharge Summary (Community)	Q2 – commence reporting					
Community Hospitals Clinical Quality	Q1 – establish baseline Q2 onwards – report monthly					

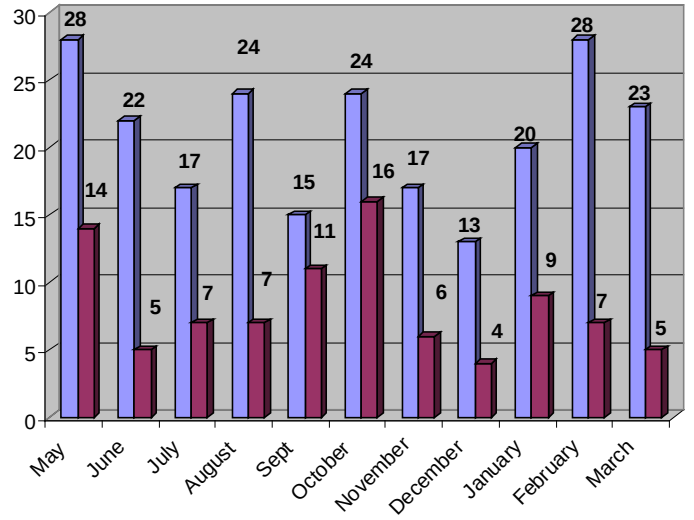
Commentary:

Dementia FAIR – April data will be available at end of May. Piloting data collection process for all eligible patients.
Specialist Commissioning CQUINs still to be confirmed for 2013-14.

Patient Complaints, Comments and Satisfaction Scores – 1 April 2012 – 31 March 2013

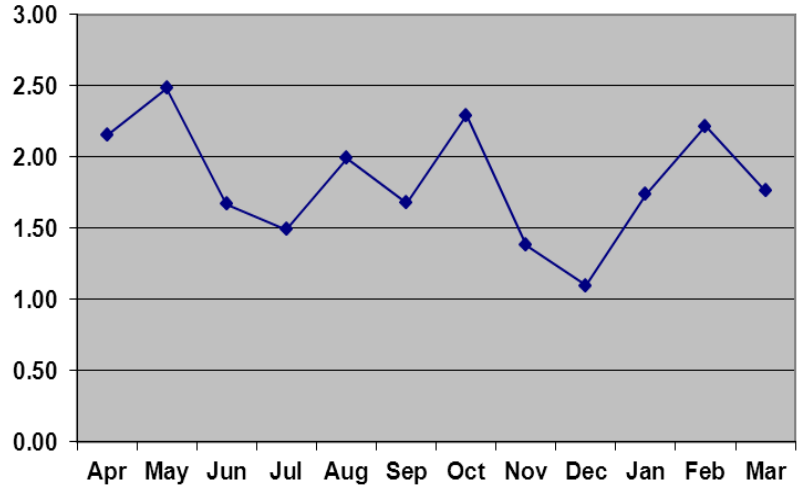
Northern Devon Healthcare NHS
NHS Trust
Incorporating community services in Exeter, East and Mid Devon

Number of Complaints and Concerns received April 2012 - March 2013



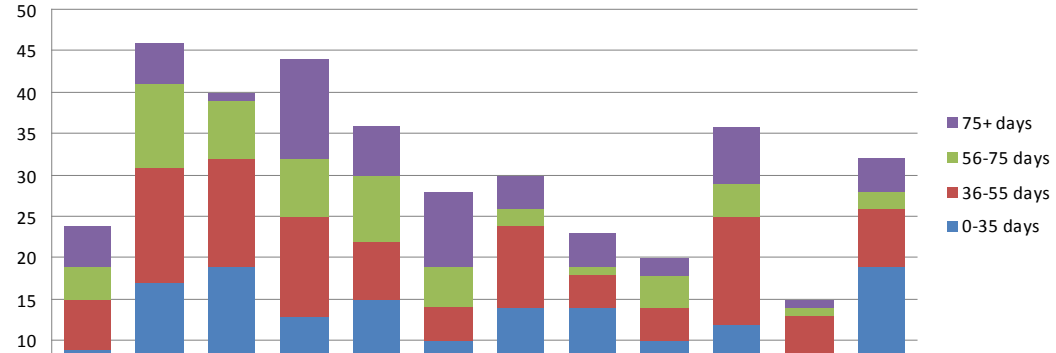
A total **of 358 complaints/concerns** were received in the period 1 April 2012 – 31 March 2013. The decision on the type of response provided (e.g. formal or informal) is undertaken by the person making the complaint when they are contacted at the start of the process. An investigation is undertaken regardless of the method of response.

Complaints and concerns rate per 1000 bed days



The numbers of complaints and concerns received remain **low** in proportion to activity.

Complaints response time performance by month for complaints closed 1 April - 31 March 2013

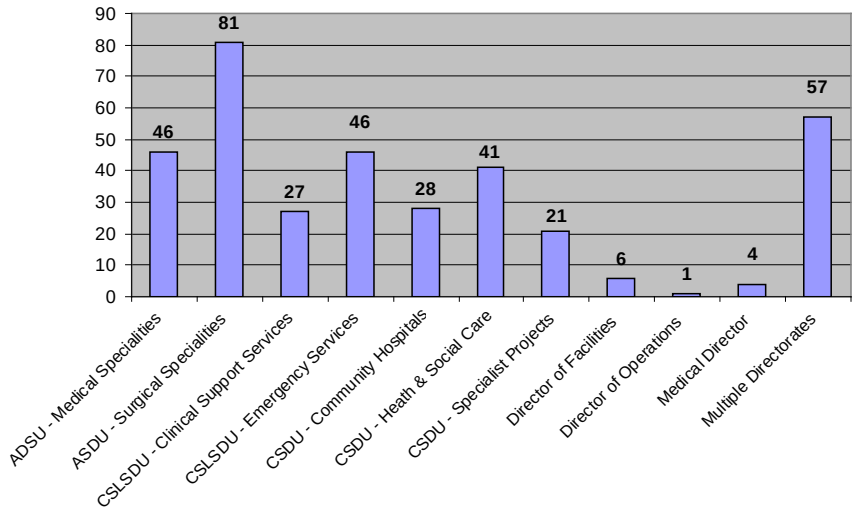


Where a complaint has not been responded to within the initial 35 working days (or alternative agreed timescale), an extension is agreed. A review of the complaints process (with service managers) and the timeframes

Northern Devon Healthcare NHS
NHS Trust

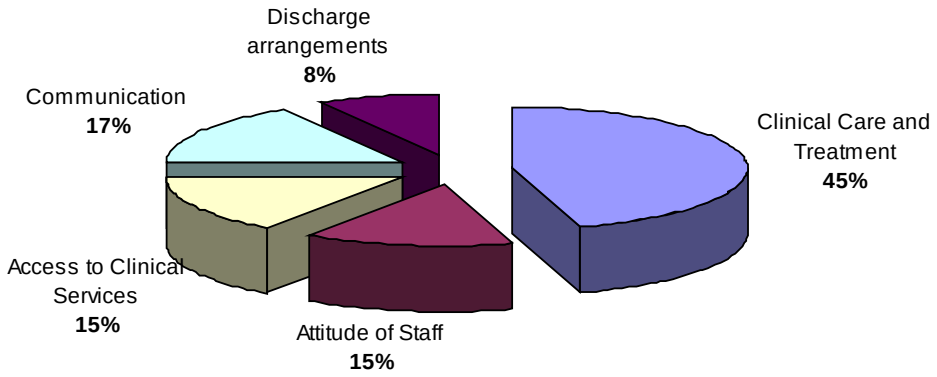
Incorporating community services in Exeter, East and Mid Devon

Complaints and Concerns received by Directorate
1 April - 31 March 2013



Of the **57** complaints that were logged as multiple directorates, **42** involved Surgery, **29** involved Clinical Support Services, 24 involved Emergency Services, **21** involved Medicine, **10** involved Health and Social Care, **6** involved Community Hospitals, **3** involved Facilities, **2** involved finance and **1** involved specialist services.

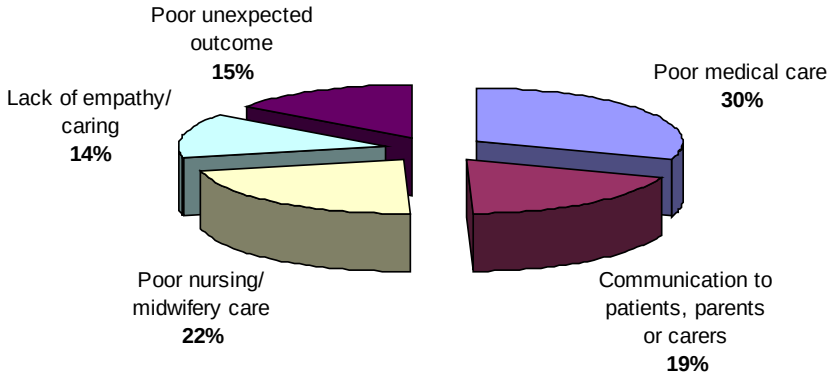
Top 5 Subject themes for complaints/concerns received
1 April - 31 March 2013



The Directorates mainly involved in the Top 5 subjects above were:

Clinical Care and Treatment - ADSU Surgical Specialities **(86)**,
Attitude of Staff - ADSU Surgical Specialities **(16)**,
Access to Clinical Services - ADSU Surgical Specialities **(32)**,
Communication -ADSU Surgical Specialities **(12)**,
Discharge Arrangements - ASDU - Medical Specialities **(9)**

Complaints/Concerns by Sub-subject received 1 April - 31 March 2013



The Directorates mainly involved in the Top 5 subjects above were:

Poor Medical Care - ADSU Surgical Specialities **(30)**,
Communication - ADSU Surgical Specialities **(15)**,
Poor Nursing/Midwifery care - ADSU Surgical Specialities **(16)**,
Lack of Empathy - ADSU Surgical Specialities **(9)**,
Poor unexpected outcome - ADSU Surgical Specialities **(10)**

Ombudsman activity

Complaints referred by Outcome	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Request received from Ombudsman	0	**1**	**2**	0	0	**2**	**1**	0	0	0	**3**	**0**
Returned for local resolution (further response or meeting)	0	0	**1**	**2**	0	0	**2**	**1**	0	0	0	0
Case closed with no further action	0	**1**	0	**1**	0	**2**	0	**1**	0	0	0	0
Issue upheld and recommendations made	0	0	0	0	0	**0**	0	0	0	0	0	0

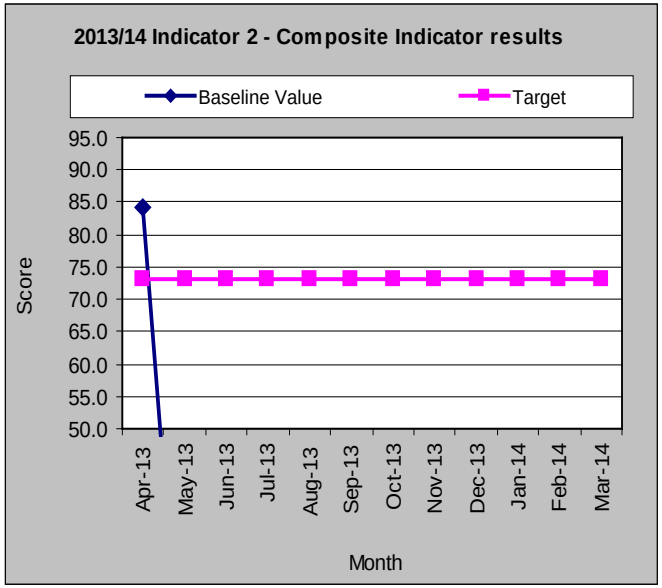
Number of local resolution meetings held by month

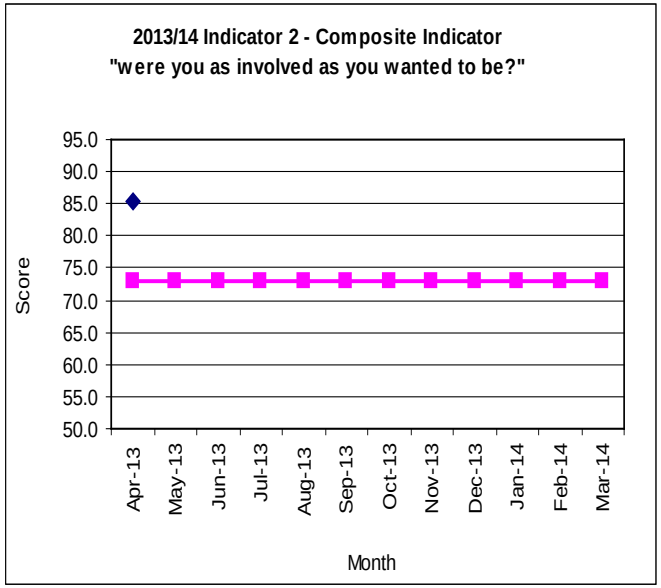
Month held	Number of meetings
Apr	3
May	3
Jun	2
Jul	2
Aug	3
Sept	3
October	2
November	4
December	13
January	4
February	8
March	5

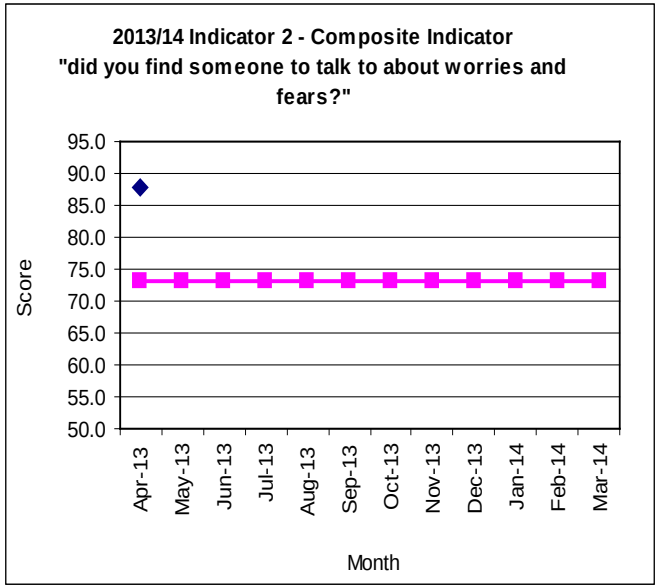
Historically the majority of resolution meetings occur once a written complaint response has been issued. All complainants are offered the opportunity of meeting with staff at the outset as part of our acknowledgement, and the take-up of meetings at the beginning of the complaint process is being monitored by the Customer Relations department. At the time of this report there are **8** meetings waiting to take place.

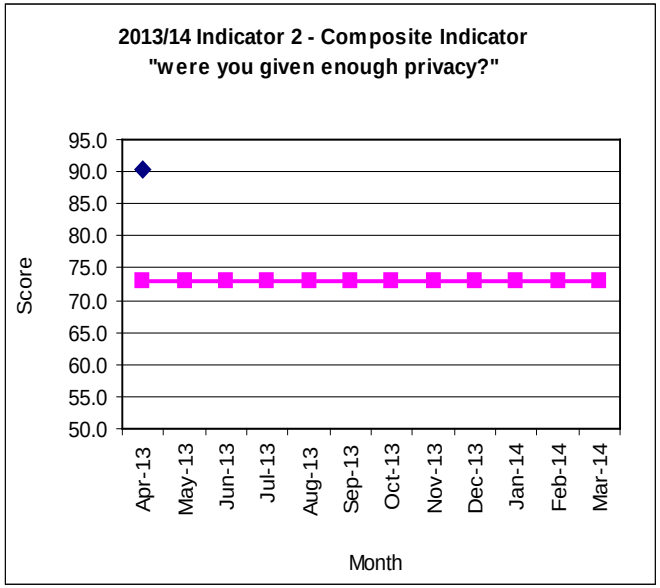
Total	**52**

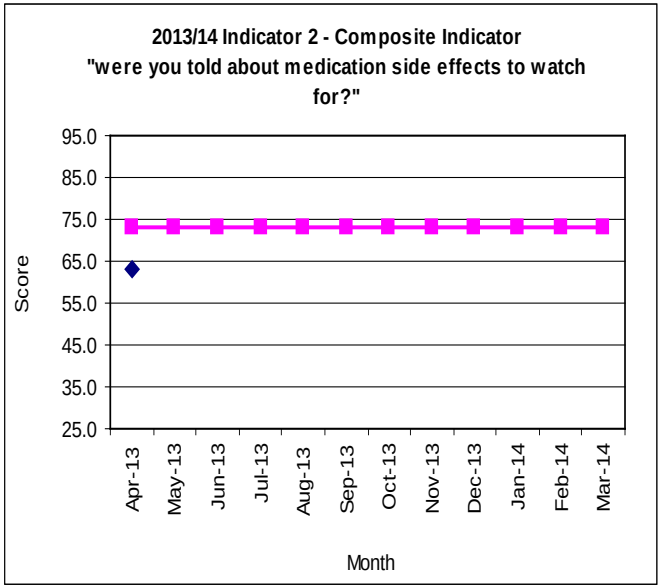
Patient Experience Report – from April 2013

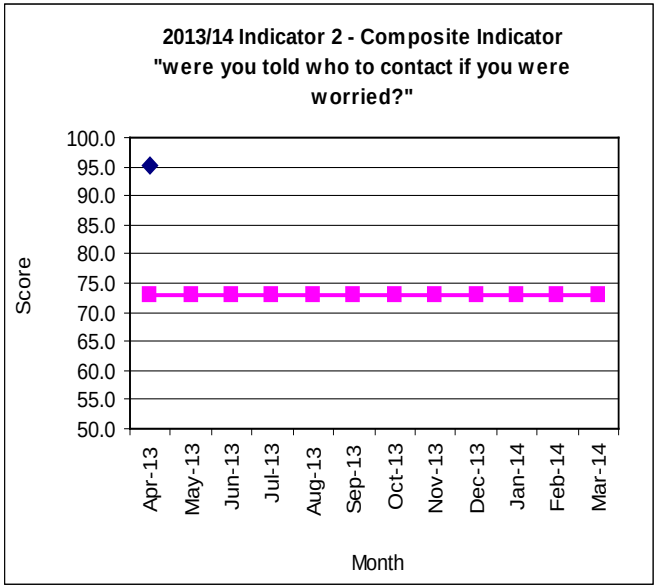












CQUIN/Outcome Frameworks - Composite Indicator

Eastern Community

(data is taken from the Matrons walkaround)

Adjusted scores	2011 Patient Survey	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Were you as involved as you wanted to be		78.1											
Did you find someone to talk to about worries and fears?		91.0											
Were you given enough privacy		95.6											
Were you told about medication side effects to watch for		54.4											
Were you told who to contact if you were worried		94.0											
Baseline Value		**82.6**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
Sample Size of Audit		40											

Northern Community

(data is taken from the Matrons walkaround)

Adjusted scores	2011 Patient Survey	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14

Were you as involved as you wanted to be		85.1											
Did you find someone to talk to about worries and fears?		80.9											
Were you given enough privacy		92.5											
Were you told about medication side effects to watch for		77.3											
Were you told who to contact if you were worried		103.4											
Baseline Value		**87.8**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
Sample Size of Audit		22											

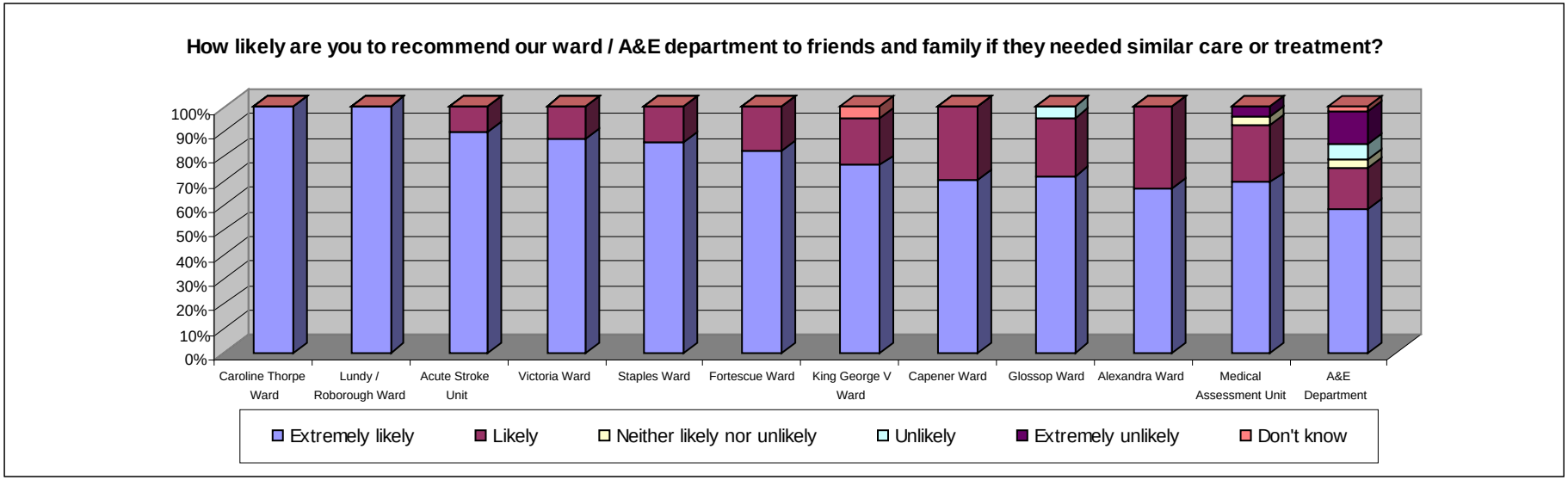
Acute and Northern Community

(data is taken from volunteers using Patient Experience Trackers)

Adjusted scores	**2011 Patient Survey**	**Apr-13**	**May-13**	**Jun-13**	**Jul-13**	**Aug-13**	**Sep-13**	**Oct-13**	**Nov-13**	**Dec-13**	**Jan-14**	**Feb-14**	**Mar-14**
Were you as involved as you wanted to be	79.1	85.5											
Did you find someone to talk to about worries and fears?	61.6	87.7											
Were you given enough privacy	84.3	90.4											
Were you told about medication side effects to watch for	49.7	62.9											
Were you told who to contact if you were worried	80.7	95.1											
Baseline Value	**71.1**	**84.3**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
Target	**73.0**	**73.0**	**73.0**	**73.0**	**73.0**	**73.0**	**73.0**	**73.0**	**73.0**	**73.0**	**73.0**	**73.0**	**73.0**
Sample Size of Audit		168											

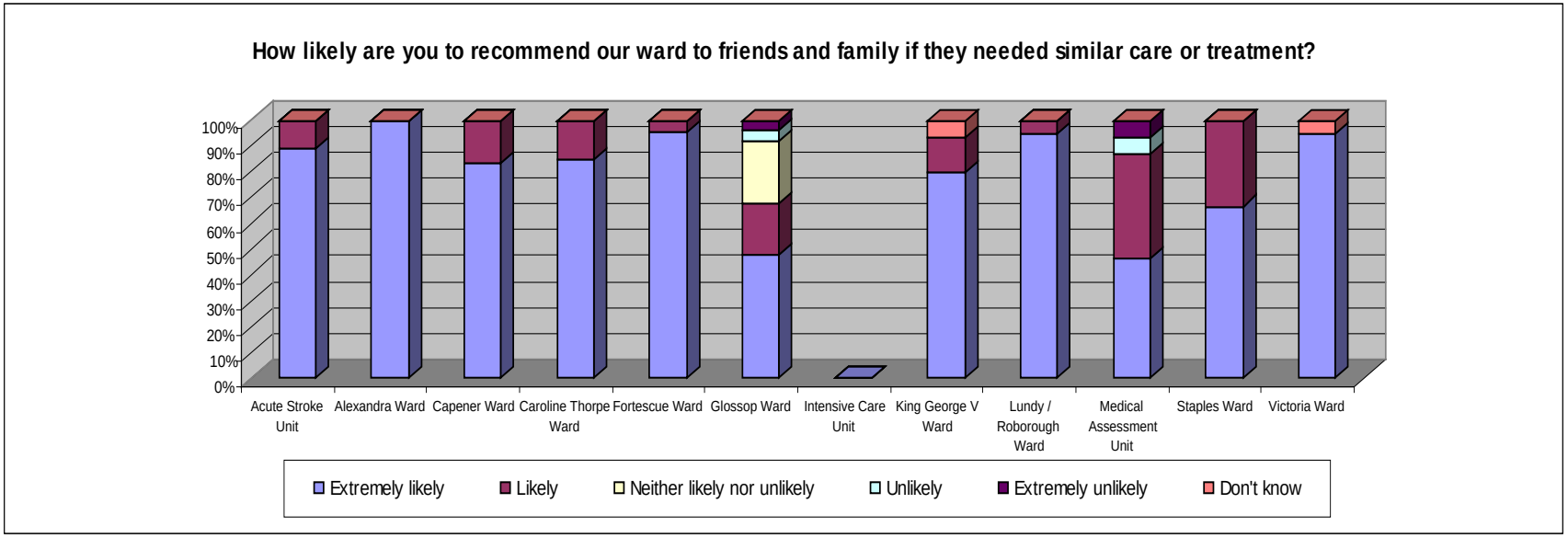
National 'Friends and Family Test' - Apr-13

The first National Friends and Family Test scores for Apr-13 are strong, reflecting the positive results also obtained to this question from our real-time patient experience tracker. The response rate across the acute wards was 15.3%. The response rate of 8% will need to rise quickly to meet the requirements of CQUIN.



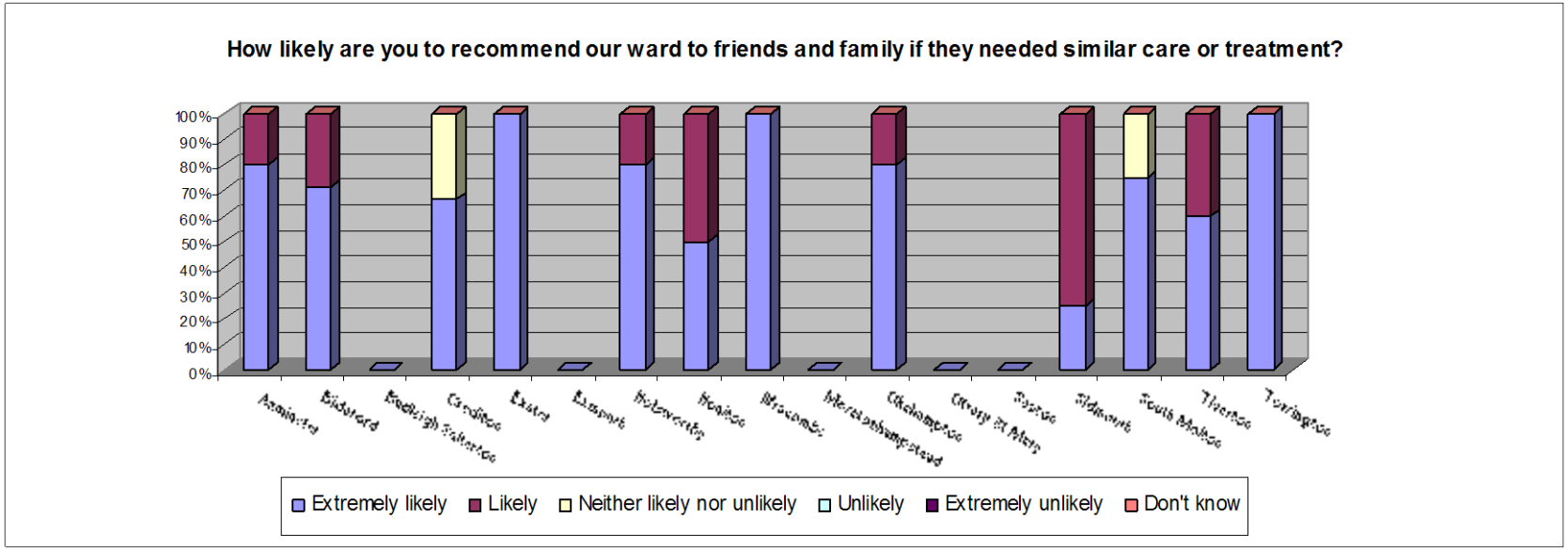
	Ward / Department	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know	Total	FFT Score	Discharges	Response Rate
1	Caroline Thorpe Ward	3	0	0	0	0	0	3	**100**	**14**	**21.4**
2	Lundy / Roborough Ward	16	0	0	0	0	0	16	**100**	**179**	**8.9**
3	Acute Stroke Unit	9	1	0	0	0	0	10	**90**	**49**	**20.4**
4	Victoria Ward	20	3	0	0	0	0	23	**87**	**81**	**28.4**
5	Staples Ward	6	1	0	0	0	0	7	**86**	**57**	**12.3**
6	Fortescue Ward	14	3	0	0	0	0	17	**82**	**160**	**10.6**
7	King George V Ward	16	4	0	0	0	1	21	**80**	**172**	**12.2**
8	Capener Ward	14	6	0	0	0	0	20	**70**	**132**	**15.2**
9	Glossop Ward	15	5	0	1	0	0	21	**67**	**77**	**27.3**
10	Alexandra Ward	4	2	0	0	0	0	6	**67**	**18**	**33.3**
11	Medical Assessment Unit	18	6	1	0	1	0	26	**62**	**96**	**27.1**
12	A&E Department	35	10	2	4	8	1	60	**36**	**1852**	**3.2**
	Total	**170**	**41**	**3**	**5**	**9**	**2**	**230**	**67**	**2887**	**8.0**
	Percentage	**74**	**18**	**1**	**2**	**4**	**1**	**100**			

Acute Wards - Inpatient Friends and Family Test - Apr-13



Ward	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know	Total	FFT Score
Acute Stroke Unit	8	1	0	0	0	0	9	**89**
Alexandra Ward	3	0	0	0	0	0	3	**100**
Capener Ward	20	4	0	0	0	0	24	**83**
Caroline Thorpe Ward	11	2	0	0	0	0	13	**85**
Fortescue Ward	22	1	0	0	0	0	23	**96**
Glossop Ward	12	5	6	1	1	0	25	**16**
Intensive Care Unit	0	0	0	0	0	0	0	**No data**
King George V Ward	12	2	0	0	0	1	15	**86**
Lundy / Roborough Ward	17	1	0	0	0	0	18	**94**
Medical Assessment Unit	7	6	0	1	1	0	15	**33**
Staples Ward	2	1	0	0	0	0	3	**67**
Victoria Ward	19	0	0	0	0	1	20	**100**
Total	**133**	**23**	**6**	**2**	**2**	**2**	**168**	
Percentage	**79**	**14**	**4**	**1**	**1**	**1**	**100**	

Community Hospitals - Inpatient Friends and Family Test - Apr-13



Hospital	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know	Total	FFT Score
Axminster	4	1	0	0	0	0	5	**80**
Bideford	5	2	0	0	0	0	7	**71**
Budleigh Salterton	0	0	0	0	0	0	0	**No data**
Crediton	2	0	1	0	0	0	3	**33**
Exeter	9	0	0	0	0	0	9	**100**
Exmouth	0	0	0	0	0	0	0	**No data**
Holsworthy	4	1	0	0	0	0	5	**80**
Honiton	2	2	0	0	0	0	4	**50**
Ilfracombe	3	0	0	0	0	0	3	**100**
Moretonhampstead	0	0	0	0	0	0	0	**No data**
Okehampton	4	1	0	0	0	0	5	**80**
Ottery St Mary	0	0	0	0	0	0	0	**No data**
Seaton	0	0	0	0	0	0	0	**No data**
Sidmouth	1	3	0	0	0	0	4	**25**
South Molton	3	0	1	0	0	0	4	**50**
Tiverton	6	4	0	0	0	0	10	**60**
Torrington	3	0	0	0	0	0	3	**100**
Total	**46**	**14**	**2**	**0**	**0**	**0**	**62**	**71**

Percentage	**74**	**23**	**3**	**0**	**0**	**0**	**100**

Glossary of Terms

A&E	Accident and Emergency Department
ASU	Acute Stroke Unit
C.DIFF	Clostridium Difficile
CONS	Consultant
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
CUM	Cumulative
CWT	Cancer Waiting Times
DC	Day Case
DGH	District General Hospital
DIR	Direction
EM	Emergency
FST	First (New Outpatient Attendance)
FUP	Follow Up (Outpatient Attendance)
G&A	General and Acute specialties only (excludes Obstetrics & Midwifery)
GU	Genito Urinary Medicine
HSMR	Hospital Standardised Mortality Ratio (56 Nationally defined Diagnoses)
IP	In Patient
IT	Information Technology
KPI	Key Performance Indicator
LFY	Last Financial Year
LOS	Length of Stay
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
Q1	Quarter 1 (IE April – June)
Q of S	Quality of Service
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 Foundation Trust
TBC	To Be Confirmed
TYPE 1	A&E department located at main hospital
VTE	Venous-thromboembolism
WL	Waiting List
YTD	Year To Date