The Royal Wolverhampton NHS Trust	
Trust Board Report	
Meeting Date:	22 April 2013
Title:	Quality & Safety Reports
Executive Summary:	• The Q&S Report details Trust wide data from March 2013 presented to the Quality & Safety Committee • The Q&S Dashboard provides Group data from March 2013 • The Q&S Scorecard provides a divisional overview based on data from March 2013
Action Requested:	For the Trust Board to note the report
Report of:	Ms Cheryl Etches, Chief Nursing Officer
Author: **Contact Details:**	Ms Charlotte Hall, Deputy Chief Nurse Quality & Safety Charlotte.Hall6@nhs.net 01902 696968
Resource Implications:	None
Public or Private:	Public
References:	The Quality and Safety Report was approved by the Quality & Safety Committee on 13 April 2013.
NHS Constitution:	In determining this matter, the committee should have regard to the core principles contained in the constitution of: • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best value • Accountability through local influence and scrutiny

Trust Board Executive Summary – Quality & Safety Reports April 2013 reporting on March data

The Quality and Safety report provides data reported to the Quality & Safety Committee on March data and details the monthly progress of the Quality & Safety indicators. This month, as requested by the Board, it includes the last 3 months data to help comparisons be drawn. In addition the exception reports with action plans have not been provided as agreed at last Trust Board.

There has been one never event reported in month which was a retained foreign object dating back to surgery in September 2010.

- ***Falls:*** The number of acute falls per 1000 bed days has increased marginally in the surgical wards where a significant number of medical patients have been required to outlie There were 3 falls causing serious injury.
- ***Pressure Ulcers***: The number of avoidable health acquired pressure ulcers has continued to reduce.
- ***Recognising the deteriorating patient***: The % of late observations has decreased Trust wide from 14% last month to 11.78%, with all areas now using the new vitalpac devices.
- ***Device Related Hospital Acquired Bacteraemia (DRHABs):*** The Trust has seen a reduction in this since last month with 6 line related DRHABs, Haematology which has been a hotspot is trialling newline decontamination caps

Quality & Safety Trust Dashboards and scorecards

Patient Experience: There has been a reduction in numbers of complaints with only one group, Renal & Diabetes experiencing a marginal increase in %. However there has been deterioration across the Trust in the % of patients confirming they had been involved with their care.

- The number of cancelled operations remains high (red) which is a further deterioration on last month and is indicative of the problems faced with capacity. Similarly a number of patients continue to be moved due to the need for emergency beds.

Patient Safety: The percentage of late observations has improved markedly from 14% to 11%. Areas with poor compliance are required to account for practice. Connectivity across the Trust using Wifi to upload information is improved with the new Apple devices.

- The number of acquired pressure ulcers both avoidable and unavoidable has reduced but in particular in Division 2 with a reduction from 16 last month to 3 in March
- There has also been a reduction in *C.Difficile* cases overall in Division 1

Patient Outcomes: Clinical correspondence turnaround within 48 hours has remained stable with some improvement in some groups.

- There has been a continued deterioration in non-elective length of stay in Orthopaedics and Cardiothoracic services predominantly due to the number of medical outliers. This has affected the divisional outcomes overall in the scorecard
- Due to improvement in readmission rates outcomes in Division 2 have moved to green rag rating.

Resources: Adult Community Services have a worsening position for sickness this month at 7% however this is the

only directorate flagging red. There has been a deterioration in number of appraisals completed in Division 1 but an improvement in Division 2.

THE ROYAL WOLVERHAMPTON NHS TRUST

Report to:	Trust Board
Date:	22 April 2013
Subject:	Quality & Safety Report
Report by:	Chief Nursing Officer
Author:	Deputy Chief Nurse
Purpose of Report	To provide the Board with information regarding performance and progress with Trust quality and safety.

Report

Review Committee Approval
The Board to receive the report

Recommendation(s)
The Board is asked to receive the report for assurance

Contents

1.0 Trust Safety & Quality Overview
1.1 Incident rate
1.2 Safeguarding Adults Incidents
1.3 Radiation Incidents
1.4 Net Promoter
1.5 Safety Thermometer

2.0 Preventing Harm, Improving Safety Measures
2.1 Mortality (HSMR)
2.2 Patient Falls
Number of inpatient falls
Number of falls resulting in serious injury
2.3 Pressure Ulcers by Grade
2.4 Recognition of the Deteriorating Patient
% late observations
Number of cardiac arrests
2.5 Healthcare Acquired Infections (HCAIs)
3.5.1 Clostridium Difficile – hospital Acquired for ages > 2
3.5.2 MSSA Bacteraemia
3.5.3 Device Related Hospital Acquired Bacteraemias
2.6 Venous Thrombo Embolism
% inpatient VTE risk assessment completed on admission
Number of hospital acquired VTE

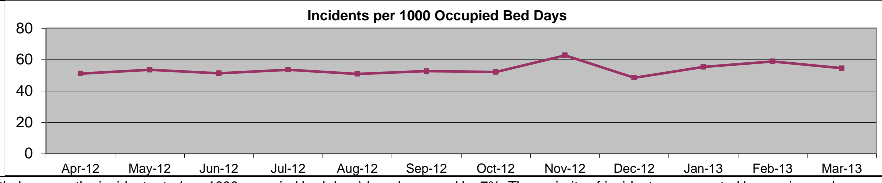
3.0 Patient Safety and Quality (other)
3.1 Hand Hygiene Practice
3.2 Environmental standards
3.3 Nursing & Midwifery staffing levels
3.4 Medication Incidents
3.5 Nutritional assessment

1.0 TRUST SAFETY & QUALITY OVERVIEW

1.1 Incident Rate

Key to providing high quality care is having good systems in place for staff to report when patients have, or could have been harmed. Organisations with good levels of reporting are able to set safety priorities and direct investment, anticipate problems and reduce costly claims, identify problems and take actions. High reporting of incidents is a mark of high reliability organisations and therefore incident reporting is to be encouraged. It is essential that staff receive feedback, there is a focus on learning, frontline staff are engaged, incident reporting is easy, reporting systems focus on improving safety rather than blaming individuals and appropriate action is taken.

	Jan-13	Feb-13	Mar-13
Div 1	392	419	398
Div2	837	753	804
Total	1229	1172	1202
Per 1000obd	55.4	58.9	54.5



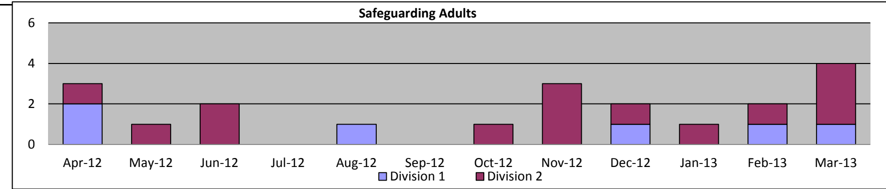
Analysis: The number of incidents reported during March appears to have increased by 3% from the previous month, however the incident rate (per 1000 occupied bed days) has decreased by 7%. The majority of incidents are reported by nursing and midwifery staff .

Actions: The reporting of incidents continues to be encouraged and the use of online reporting of incidents via Datix Web is extending. The managers are reminded to ensure sisters and matrons review their datix reports in a timely fasion as per the incident reporting policy to ensure information is as live and accurate as possible. Further work between Governance/DCNO to ascertain where delays are occuring

1.2 Safeguarding Adults Incidents

A vulnerable adult is defined in 'No Secrets' (the Government's Guidance on Adult Abuse) as "a person aged 18 years or over, who is in receipt of or may be in need of community care services by reason of 'mental or other disability, age or illness and who is or may be unable to take care of themselves, or unable to protect themselves against significant harm or exploitation." It is recognised that certain groups of people may be more likely to experience abuse and less able to access services or support to keep themselves safe. The following incidents are those that have been reported under the Wolverhampton Safeguarding Adults policy and procedure 2010.

Safeguarding Adults	Jan-13	Feb-13	Mar-13
Div 1	0	1	1
Div2	1	1	3
Total	1	2	4



Analysis: Four referrals were received for acts of ommission due to pressure damage: C24, A8, A5 and A7

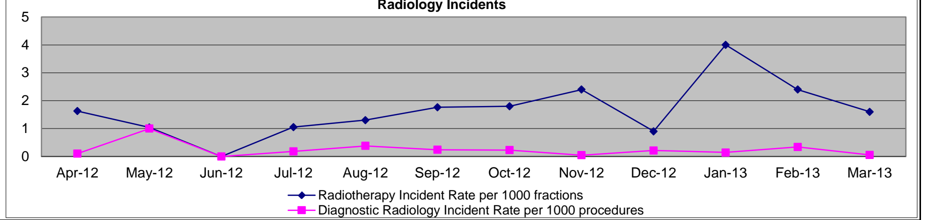
Action: To continue with investigation and update findings through Safeguarding Board . The 2 incidents reported in February were not upheld (pressure damage)

1.3 Radiation Incidents

All incidents involving radiation are reported on the Datix system following the Trusts Policies: HS05 Ionising Radiation Safety Policy and HS06 Laser Safety Policy. There is a legal requirement that incidents involving a greater than intended exposure or exposure of the incorrect patient are reported to the Care Quality Commission under the Ionising Radiation (Medical Exposures) Regulations 2000 and those involving equipment are reportable to the HSE under the Ionising Radiation Regulations 1999. The term 'greater than intended' is defined in HS05. All radiation incidents are reported to and discussed at the Trusts Radiation Safety Committee.

Radiation Incidents	Jan-13	Feb-13	Mar-13
Radiotherapy	9	6	4
Diagnostic Radiology	1	7	1
Nuclear Medicine	0	1	0
Laser/Non-ionising	0	0	1

Rates	Jan-13	Feb-13	Mar-13
Radiotherapy Incident Rate per 1000 fractions	4	2.4	0.1
Diagnostic Radiology Incident Rate per 1000 procedures	0	0	1

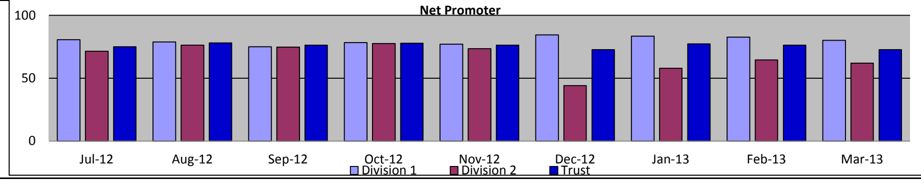


Analysis: the rate of incidents per 1000 fractions is 1.6 a further reduction from last month;

Actions:
To continue to monitor and is part of a separate report brought to QSC quarterly.

1.4	**Net promoter**
	The net promoter score is the number individual wards attain when asking patients they discharge if they would recommend our service to their friends and family. The score is calculated using promoters, detractors and passive answers.

	Jan-13	Feb-13	Mar-13
Div 1	83.4	82.6	80.0
Div2	57.9	64.5	62.0
Trust	77.2	76.2	72.6



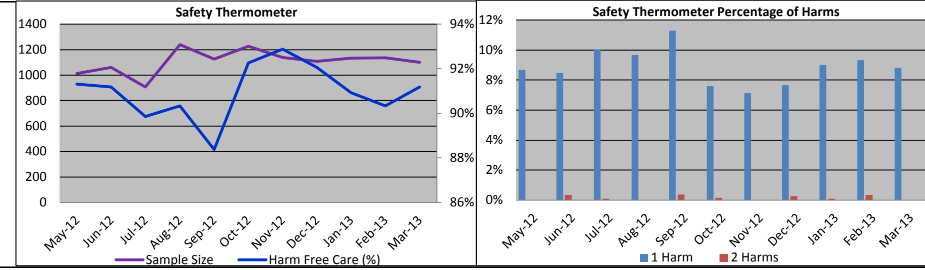
Analysis: The Trust has achieved the CQUIN target of 10 points above baseline. Reporting will be undertaken nationally from April 2013 with each ward score available through NHS Choices

Action: To continue to send out monthly scores to wards and for matrons/Directorate Managers to manage ward scores with less than 20% footfall responses and low scores

1.5	**Safety Thermometer**
	The Safety Thermometer is a national tool that measures the percentage of harm free care delivered by the organisation on one particular day of the month. The target is to achieve 95% harm free care based on four measured harms.

	Jan-13	Feb-13	Mar-13
Target	95%	95%	95%
Trust result	90.92%	90.33%	91.19%
Sample Size	1134	1137	1101

	Jan-13	Feb-13	Mar-13
1 Harm	8.99%	9.32%	8.81%
2 Harms	0.09%	0.35%	0.00%
3 Harms	0.00%	0.00%	0.00%
4 Harms	0.00%	0.00%	0.00%



Analysis: Harm free care for March is recorded as 91.9%. The number of new (acquired) pressure ulcers has declined which also constitutes the one harm reported in March.
The sample size has stabilised in the last 5 months.

Actions: To continue to use the Safety Thermometer data to triangulate with locally held databases on falls and pressure ulcers.

2.0 PREVENTING HARM, IMPROVING SAFETY MEASURES

Introduction:

This section includes progress from the Preventing Harm, Improving Safety Group for the period (month/quarter).

The following initiatives are our priority for 2011-13 and will contribute towards achieving our aim to prevent avoidable harm and avoidable death: Pressure Ulcers, Falls Prevention, Infection Prevention, Venous Thromboembolism, Deteriorating Patient, Nutritional Assessment, Device Related Infections and Clinical Handover.

The Hospital Standardised Mortality Rate (HSMR) is an important indicator of the care provided. Figures shown are the monthly average and are the latest data available by Dr Foster.

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	OUTTURN	Apr-12	May-12	Jun-12
HSMR	94.7	81.7	84	104.7	94	89	90.5	92 [100]	89.0	100.5	105.7
Observed Death Rate (56 CCS Groups)	3.50%	3.10%	3.10%	4.30%	3.80%	3.90%	3.50%	3.60%	3.90%	3.70%	4.00%
Expected Death Rate (56 CCS Groups)	3.70%	3.80%	3.70%	4.10%	3.90%	4.30%	3.90%	3.90%	4.40%	3.70%	3.80%
No of In Hospital Deaths	111	96	93	139	129	126	117	1023	115	121	121
Expected Deaths	114	114	110	132	130	140	129	1096	129.3	120.3	114.5
Excess Deaths	**-3.4**	**-18.1**	**-17.1**	**7.4**	**-1.3**	**-13.8**	**-12.2**	**-73**	**-14**	**1**	**7**

	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	YTD
HSMR	86.2	98.1	97.7	99.3	96.6	106.9	96.6	99
Observed Death Rate (56 CCS Groups)	3.20%	3.50%	3.50%	3.80%	3.80%	4.40%	3.50%	3.70%
Expected Death Rate (56 CCS Groups)	3.70%	3.50%	3.60%	3.80%	3.90%	4.10%	4.00%	3.70%
No of In Hospital Deaths	103	107	99	123	120	138	115	1045
Expected Deaths	119.5	109.1	102.4	123.9	124.3	129.1	131.7	1055.9
Excess Deaths	**-17**	**-2**	**-3**	**-1**	**-4**	**9**	**-17**	**-11**

Analysis: April 2012 to November 2012 is the latest available. The Trust's 2011/12 final HSMR was 100, this was the figure that was published in the Dr Foster Good Hospital Guide.

The latest SHMI published in Nov 2012 is a 12 month average from April 2011 to March 2012 and the Trust SHMI score is 102.5.

The last 4 SHMI data points Q1-Q4 2011/12 show the Trust's SHMI to be at 102.5 therefore showing a close degree of congruence with HSMR for the equivalent period.

Top Diagnostic Groups Contributing to Patient Deaths by Volume -2012/13

April12 -January 13

Diagnosis group	Spells	Deaths	SMR	Crude Rate
Pneumonia	960	219	106.4	23.4%
Acute cerebrovascular disease	793	117	108.2	18.0%
Congestive heart failure, nonhypertensive	494	92	125.1	19.0%
Acute myocardial infarction	1044	69	104.3	6.6%
Septicemia (except in labour)	216	52	97.1	24.3%
Aspiration pneumonitis, food/vomitus	100	43	110.0	43.0%

Alert Status

The Trust internally alerted for Complex Elderly and Aspiration Pneumonitis in October 2012.

Associated Indicators of Mortality

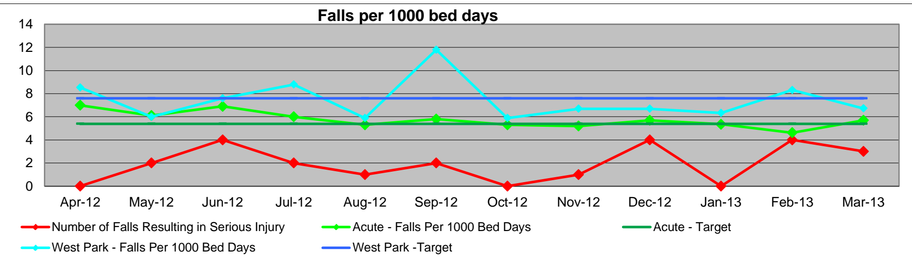
Indicator	Period	Actual	RAG	TREND
Charlson Codes Per Spell (HED)	Apr-March12	5.56		➲
Palliative Care Deaths Per 1000 Discharges (HED)	Apr-August 12	24.00	NHS England average is 24	
% Palliative Care Deaths	Apr 10-March 12	20%	NHS England range for large acute Trusts is 0-40%	
Expected Death Rate	April 12 - January 13	3.70%		➲

Analysis: The Trust's Specialist Palliative Care team has received a 67% increase in Referrals since 2009. On average 100 referrals to the Specialist Palliative Care Team are received monthly.The number presented in this report is [32] palliative care deaths per 1000 discharges with the national average being 24 per 1000 discharges, this should be viewed in the context of over 100 referrals per month to the Trust's Specialist Palliative Care Team and the Trust's status as a cancer centre.

2.2 Inpatient Falls

The proportion of reported patient falls in hospital represents avoidable episodes of harm to patients. Measurements are at a rate of falls per 1000 Occupied Bed Days.

	Jan-13	Feb-13	Mar-13
Acute - Target per occupied bed days	<5.4	<5.4	<5.4
Acute - Number of falls per 1K occupied bedbed days	**5.35**	**4.63**	**5.70**
West Park- Target per occupied bed days	7.60	7.60	7.60
West Park - Number of falls per occupied bed	**6.34**	**8.32**	**6.73**
Number of falls resulting in serious injury	0.00	4.00	3.00



Analysis: There were 3 falls causing serious harm. Patients suffered the following, a fractured neck of femur on AMU, a subdural haematoma on A5, and a subdural haematoma on A12.

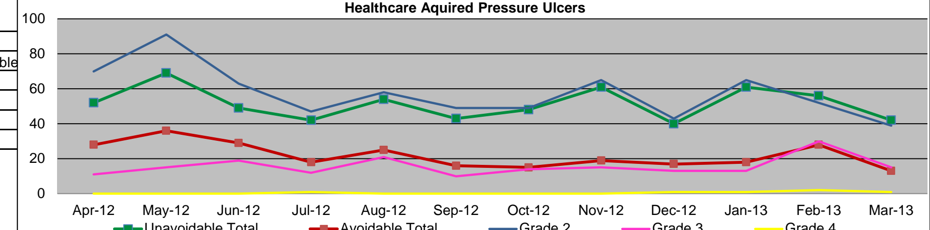
Actions: To review the implementation of the falls bundle in line with the NHSLA Report guidance.To determine new targets for falls for each ward and set an overall trajectory for Trust wide performance. To review every falls that cause serious harm at the weekly CNO Accountability meetings.

2.3 Pressure Ulcers

Pressure Ulcers are commonly encountered and represent largely avoidable episodes of harm to patients. All healthcare acquired pressure ulcers are reported and the number of pressure ulcers by grades 2,3 & 4 are represented below.

Healthcare acquired pressure ulcers (Grades 2, 3 & 4)

	Jan-13		Feb-13		Mar-13	
	Avoidable	Unavoidable	Avoidable	Unavoidable	Avoidable	Unavoidable
Grade 2	15	49	11	41	9	30
Grade 3	2	12	16	14	4	11
Grade 4	0	1	1	1	0	1
Total	17	62	28	56	13	42



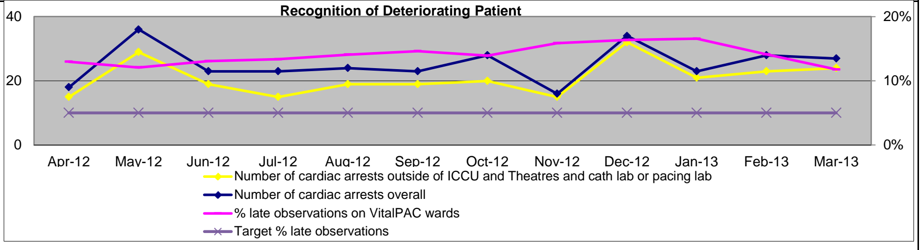
Analysis: The number of avoidable pressure ulcers has decreased in March to an all time low this is due to improved scrutiny and action by the nursing staff. The number of unavoidable pressure ulcers have also reduced and these continue to be determined as avoidable or unavoidable at the weekly accountability meeting now also attended by the CCG Quality & Risk Manager.

Actions: To continue to reduce the number of all pressure ulcers with more focus in the nursing homes and also a public facing campaign aimed at reducing pressure damage to be launched in June

2.4 Recognition of the Deteriorating Patient

The aim is to reduce in-hospital cardiac arrest and mortality rate through earlier recognition and treatment of the deteriorating patient. This involves a review of how physiological observations are recorded and acted upon by staff, ensuring that staff are trained to undertake these procedures and understand their clinical relevance. In conjunction with this is the review of the use of the Early Warning Score system and communication of the deteriorating acutely ill adult patient. Measures include: Percentage of late patient observation and number of cardiac arrest calls.

	Jan-13	Feb-13	Mar-13
Number cardiac arrests	21	28	27
% observations late	16.57%	14.13%	11.78%
Target (late observations)	5%	5%	5%



Analysis: The percentage of late observations has improved since the complete roll out of new vitalpac devices. Weekly results continue to be circulated to wards with discussion and follow up in areas with less than 20% compliance are held to account by the HoNs.

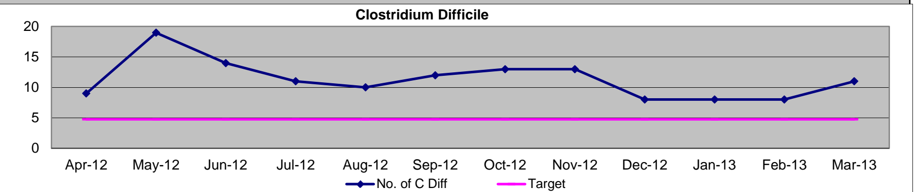
Action: To upgrade version to 2.1 which will incorporate: 24 hour VTE assessment, Pain Management, Blood Observations and devices (catheters, canullas, PIC lines). A suite of reports will be able to inform ward sisters of their compliance as part of the monitoing of outcomes .

2.5 Healthcare Acquired Infections (HCAIs)

Clostridium Difficile (C diff) and Meticillin Sensitive *Staphylococcus aureus* (MSSA) are an important indicator of infection prevention and control. The target for 2012/13, using the RWHT internal definition of attribution of cases, is no more than 4.75 C diff cases per month (2011-12 target was <6 per month) and 2.5 MSSA bacteraemias per month (30 per year attributable to RWHT).

2.5.1 Clostridium Difficile - hospital acquired for ages >2 years

	Jan-13	Feb-13	Mar-13
Number of C Diff	8	8	11
Cum Plan	90	99	108
Cum Actual	117	125	136
Cum Variance	27	26	28

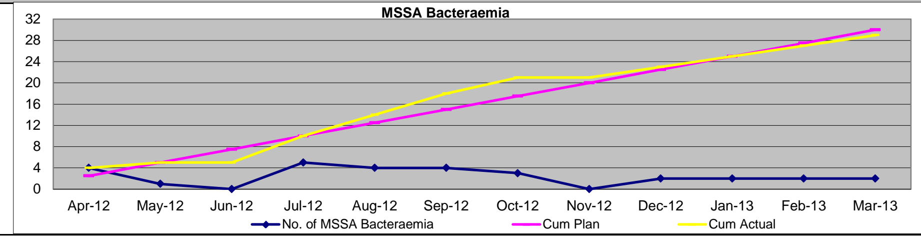


Analysis: The internal target is based on PCR results. The external target is based on Toxin EIA results. In January we reported 2 against the external target (which is 4.75 per month) for New Cross and 0 for West Park (target 1 per month). This takes our total for the year to 36 (target 47) excluding West Park and 39 (target 57) including West Park.

Actions: C diff ward rounds and review of all new patients on same day as diagnosis continues. Antimicrobial Stewardship Group meeting regularly and regular audits being undertaken. HPV of rooms that have housed C diff patients is now happening more reliably than previously. Education on hand hygiene and general infection prevention continues.

2.5.2 MSSA Bacteraemia

	Jan-13	Feb-13	Mar-13
No. of MSSA Bacteraemia	2	2	2
Cum Plan no. Cases as target	25	28	30
Cum Actual no. of cases to date	25	27	29
Cum Variance of actual versus plan	0	0	-1



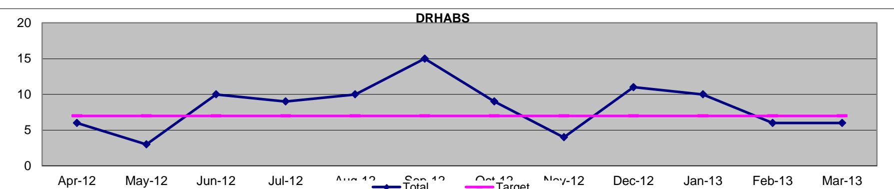
Analysis: Two RWHT-attributable cases. One was a DRHAB related to either a line or PEG. The other was due to a pneumonia in a patient receiving chemotherapy and was therefore likely to have been unavoidable. This is the lowestnumber of MSSA (annual) bacteraemia in the history of RWT recording.

Actions: For DRHAB: Urinary Catheter Working Group to continue to be active and drive up standards. The continence team will shortly be working across the Trust improving continence and catheterisation standards.

2.5.3 Device Related Hospital Acquired Bacteraemias

Following a reduction in Device Related Hospital Acquired Bacteraemias (DRHABS) by 25% in 2010/11 the aim of this initiative is to reduce device related hospital acquired bacteraemias by 10% by April 2012. The current internal target is 8 per month.

	Jan-13	Feb-13	Mar-13
Target (monthly)	7	7	7
DRHABS	10	6	6

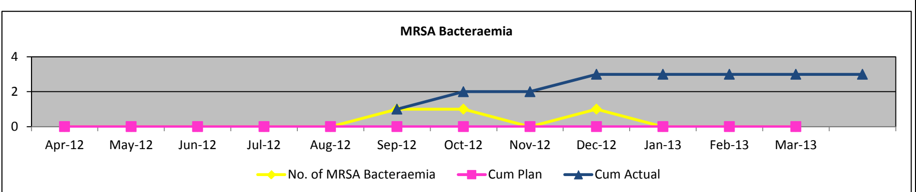


Analysis: 6 line related in March 2013.

Actions: ANTT to be relaunched as now under the umbrella of mandatory training. Haematology considering product evaluation of line decontamination caps. Implementation of the urinary catheter policy, changes to be made to incorporate the continence team cross Trust working in and out of hospital in train which will improve education and knowledge around when and when not to catheterise

2.5.4 MRSA Bacteraemia

	Jan-13	Feb-13	Mar-13
No. of MRSA Bacteraemia	0	0	0
Cum Plan	0	0	0
Cum Actual	3	3	3
Cum Variance	3	3	3

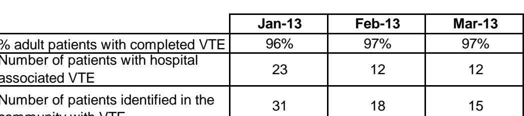


Analysis: There were no cases of MRSA Bacteraemia

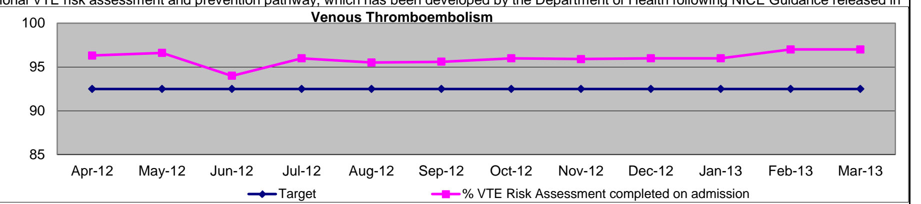
Actions: Continue to manage antimicrobial stewardship and target hand hygiene in all areas

2.60	**Venous Thrombo Embolism**

Venous thromboembolism (VTE) is one of the commonest causes of avoidable death in hospitals. There is a national VTE risk assessment and prevention pathway, which has been developed by the Department of Health following NICE Guidance released in



	Jan-13	Feb-13	Mar-13
% adult patients with completed VTE	96%	97%	97%
Number of patients with hospital associated VTE	23	12	12
Number of patients identified in the community with VTE	31	18	15



Analysis: Of the 12 hospital related VTE episodes 1 was inherited

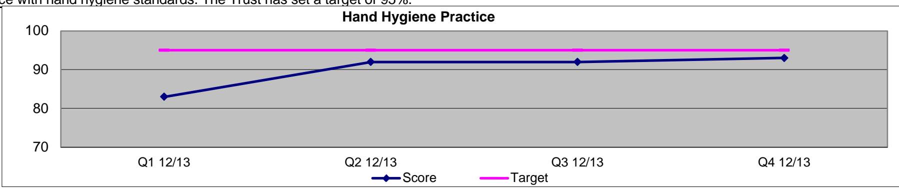
Actions: The alerting of the 24 hour reassessment on VTE vitalpac is being changed to enable improved performance management of this safety target

3.0 PATIENT SAFETY AND QUALITY

3.1 Hand Hygiene Practice

Consistent hand hygiene is key to high quality infection prevention practice. Quarterly audits measure compliance with hand hygiene standards. The Trust has set a target of 95%.

Target	Q1	Q2	Q3	**Q4**
95%	83%	92%	92%	**93%**



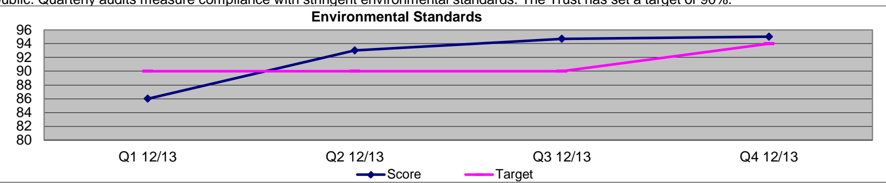
Analysis: There is an improving trend across both divisions with a continued focus on monthly reporting of five moments. Orthopeadic wards figures have improved from 77% to 90% however still more work is to be done and this is beiung undertaken by the Divisional medical directro in conjunction with the management team for this directorate.

Actions:
A relaunch of 5 moments for hand hygiene message has been undertaken and is now captured real time using a new system called Symbiotix

3.2 Environmental standards

Cleanliness and tidiness of the environment is an important quality marker and valued highly by patients and the public. Quarterly audits measure compliance with stringent environmental standards. The Trust has set a target of 90%.

Target	Q1	Q2	Q3	**Q4**
90%	86.00%	93.00%	94.70%	95.00%



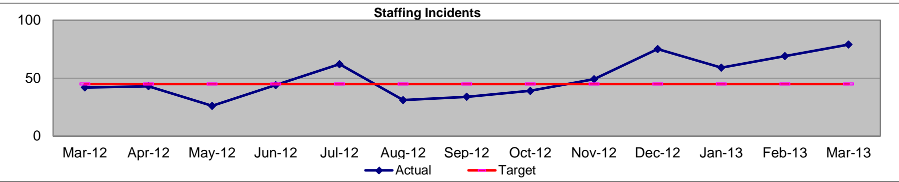
Analysis: There has been an improvement in the environment audits conducted by the Matrons

Actions: The environment Group, a sub group of the IPCC has undertaken a decluttering and improvements are demonstrated in the sustainability of the environmental audit scores.

3.3 Nursing & Midwifery staffing levels

Nursing staffing levels impact on the safety and quality of patient care. The wards and departments within the Trust have agreed normal staffing levels. Deviations from normal staffing levels that impact on the safety or quality of patient care are reported as incidents. The target is 45 incidents per month based on an average number of 50 incidents per month in 08/09.

	Jan-13	Feb-13	Mar-13
Division 1	39	42	54
Division 2	20	27	25
Total	**59**	**69**	**79**
Target	**45**	**45**	**45**



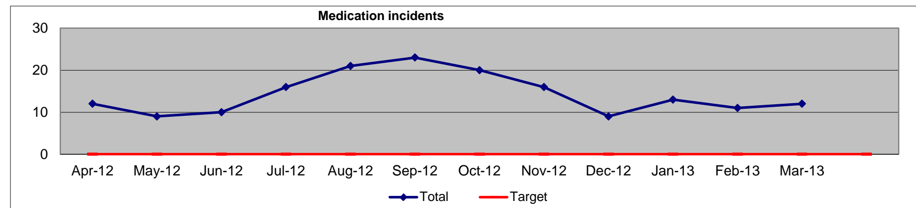
Analysis:, There were 79 breaches overall with the majority in Obstetrics and Gynae in Division 1 and in Elderley Care in Division 2

Action To monitor night time staff levels as part of workforce review. Ijmplement supervisory stauts of ward sister

3.4 Medication administration incidents

Medication incidents cover a wide range of events involving the prescription, administration and provision of medicines to take home. These incidents have the potential to harm patients and therefore all reported incidents are investigated. The indicator set for

	Jan-13	Feb-13	Mar-13
Division 1	1	3	2
Division 2	12	8	10
Total	13	11	12
Target	**0**	**0**	**0**



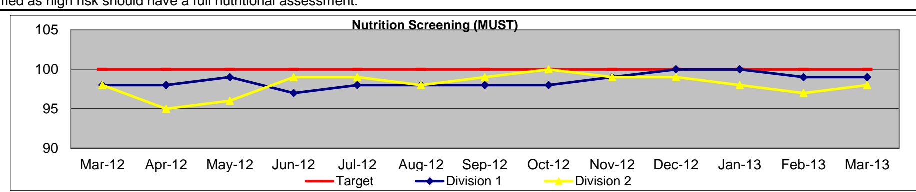
Analysis: 5 incidences of missed drugs reported and 7 incidences of the wrong drug administered reported. Actions noted appropriately managed as per policy. There has been no recorded impact on patients.

Actions: To continue to monitor reported incidents

3.5 Nutrition

MUST is a nutritional screening tool. All adult patients should undergo nutrition risk screening and those identified as high risk should have a full nutritional assessment.

% adult inpatients with completed MUST	Jan-13	Feb-13	Mar-13
Division 1	100%	99%	99%
Division 2	98%	99%	98%
Target	100%	100%	100%



Analysis: Excellent compliance continues with MUST assessment

Actions:
To fully evaluate the evidence around provision of snacks by the Hotel Services ensuring a 'food first' approach is still followed in the Trust.

Divisional Infection Prevention Performance Monitoring - 5 Moments
March 2013

	General Surgery	Urology	Cardiac	Critical care	Orthopaedic	Gynaecology	Head and Neck	Ophthalmology	Maternity
Division One	92%↓	100% ↑	100% ↑	97% ↑	90% ↑	100% ↔	98% ↓	93% ↓	100% ↔

	Acute Children and NNU	Community Children	Adult Community	West Park rehab	Care of Elderly and Stroke	Neuro, Rheum, Derm and GUM	Renal/ Diabetes	Resp/Gastro	Emergency services	Oncology /Haematology
Division Two	97% ↓	100% ↔	100% ↔	100% ↑	98% ↑	100% ↑	100% ↑	100% ↑	88% ↓	97% ↑

Green	≥ 90%
Amber	70-89%
Red	<70%
Red	<70%

Surgical Division (Division 1) - Quality & Safety Scorecard - March 2013 data

Patient Experience	This Month	Last Month	Trend
Patient Complaints as a percentage of activity	G	G	↔
Number of complaints accepted for investigation by Ombudsmen	G	G	↔
Number of serious complaints received	A	R	↑
Percentage of complaints responded to within 25 working days (or with consent to breach)			
% of people responding "yes" to the question - Are you being involved as much as you want to be in decisions about your care and treatment?	R	A	↓
Percentage of patients who rated overall satisfaction good/excellent	A	A	↔
Percentage of patients who answered "yes" to being treated with care and compassion	A	R	↑
Number of cancelled/rescheduled outpatient appointments	A	A	↔
Cancelled operations as a percentage of elective admissions	R	R	↔
Overall Rating	R		↔

Patient Safety	This Month	Last Month	Trend
Number of red incidents	A	A	↔
Number of healthcare/inpatient falls	A	A	↔
Number of healthcare/inpatient falls - resulting in serious injury	A	A	↔
Number of healthcare acquired avoidable pressure ulcers acquired/deteriorated	R	R	↔
Percentage of inpatient MUST assessments completed within 24 hours of admission	G	G	↔
MSSA Bacteraemia	G	G	↔
Clostridium Difficile - hospital acquired for ages >2 years	G	A	↑
Device related bacteraemias	G	G	↔
Percentage of VitalPAC VTE risk assessments on admitting ward	G	A	↑
Percentage of late observations (VitalPAC wards only)	R	R	↔
Overall Rating	R		↔

Patient Outcomes	This Month	Last Month	Trend
Length of stay (elective)	G	G	↔
Length of stay (non-elective)	R	A	↓
Percentage of emergency re-admissions within 30 days	G	G	↔
Delayed discharges	G	G	↔
18 week RTT - admitted	G	G	↔
18 week RTT - non-admitted	G	G	↔
Clinical correspondence turnaround within 48 hours	R	R	↓
Overall Rating	R		↓

Resources	This Month	Last Month	Trend
Sickness absence	A	A	↔
Percentage of staff who have undergone an annual appraisal	A	G	↓
Percentage of trained nursing vacancies per funded establishment	A	A	↔
Percentage of medical training grade vacancies per funded establishment	G	G	↔
Pay budget (ward pay budget only)	R	R	↔
WTE budgeted against actual (ward WTE only)	A	A	↔
Overall Rating	A		↔

Trust Dashboard: March 2013

Division 1 - Surgical Division

Directorates with any indicator that is red on 3 occasions during any 3 month rolling period is required to submit an exception report on the third occasion.

N/A=data not available, hash box=not reportable

Trends:
→ No change
↑ Improvement on previous month
↓ Deterioration on previous month

Patient Experience	Target	Tolerance	Data Source	Diagnostics Service Group				Theatres/ ICCU Service Group				Cardio- thoracic/ Cardiology Service Group			
				This Month	February	January	Trend	This Month	February	January	Trend	This Month	February	January	Trend
Patient complaints as a percentage of activity	<0.5%	<0.5 = Green, 0.5+ = Red	Jamie Emery	0%	0.1%	0	↑	0%	0	0	→	0.1%	0.1%	0	→
Number of complaints accepted for investigation by the Ombudsman	0	0 = Green, else Red	Jamie Emery	0	0	0	→	0	0	0	→	0	0	0	→
Number of serious complaints received	0	0 = Green, else Red	Jamie Emery	0	0	0	→	0	0	0	→	0	0	0	→
Percentage of complaints responded to within 25 working days (or with consent to breach)	90%	>/= 90% = Green, else Red	Jamie Emery												
% of people responding "yes" to the question - Are you being involved as much as you want to be in decisions about your care	95%	>95% = Green, 85-95% = Amber, <85% =	Jamie Emery									78%	96%	100%	↓
Percentage patients who rated overall satisfaction good/excellent	95%	>95% = Green, 85-95% = Amber, <85% =	Jamie Emery									100%	100%	96%	→
Percentage of patients who answered "yes" to being treated with care and compassion	95%	>95% = Green, 85-95% = Amber, <85% =	Jamie Emery									94%	93%	96%	↑
Number of cancelled/rescheduled outpatient appointments	–	Reduction of 40% in year	Lesley Taff									59	0	48	↓
Cancelled operations as a percentage of elective admissions	0.8%	< 0.8% = Green, else Red	Lesley Taff									13.13%	6.25%	8.69%	↓
Patient Safety															
Number of red incidents	0	0 = Green, else Red	Sukhy Khunkhuna	0	0	0	→	0	0	1	→	0	0	0	→
Number of healthcare/inpatient falls *RAG= tolerance multiplied by the number of inpatient wards	0	Ward specific	Sukhy Khunkhuna	0	2	1	↑	2	0	2	↓	6	2	10	↓
Number of healthcare/inpatient falls - resulting in serious injury *RAG= tolerance multiplied by the number of inpatient wards	0	*Green = 0, Amber = 1-4,	Sukhy Khunkhuna	0	0	0	→	0	0	0	→	0	0	0	→
Number of healthcare acquired avoidable pressure ulcers acquired/deteriorated (Grade 2, 3 & 4)	Basline to be agreed		Julie Evans	0	0	0	→	0	0	0	→	1	1	1	→
Percentage inpatient MUST assessments completed within 6 hours of admission	100%	100% = Green, 75-99% = Amber, <75% Red	Rose Baker Zena Young					100%	100%	100%	→	100%	100%	100%	→
MSSA bacteraemia	–	<2 = Green, 2-3 = Amber, >3 = Red	Mike Cooper	0	0	0	→	0	0	0	→	0	1	0	↑
Clostridium Difficile - hospital acquired for ages >2 years	–	Green = 0,Amber = 1-2,	Mike Cooper	0	0	0	→	0	0	1	→	1	0	1	↓
Device related bacteraemias	–	Green = 0,Amber = 1,Red = >1	Mike Cooper	0	0	0	→					0	0	1	→
Device related bacteraemias (Haem/Onc, ICCU, Renal, Neonates)	–	Green = 0,Amber = 1-2	Mike Cooper					0	0	0	→				
Percentage VitalPAC VTE risk assessments assessed on admitting ward (VitalPAC wards only represented by Directorate, excludes maternity & low risk cohorts)	90%	90% = Green, 70-89% = Amber, <70% = Red	Jayne Lawrence	100%	100%	100%	→	95.30%	95.14%	93.56%	↑	94.12%	91.16%	90.36%	↑
Percentage of late observations (VitalPAC wards only)	5%	<5% = Green, 5-10% = Amber, >10% = Red						4.80%	6.5%	5.00%	↑	16.4%	18.4%	18.3%	↑
Patient Outcomes															
Length of stay (elective)	specific	Specific	Lesley Taff									5.0	4.8	4.5	↓
Length of stay (non elective)	specific	Specific	Lesley Taff									7.50	7.1	7.9	↓
Percentage of emergency readmissions within 30 days	4.19%	<4.19% = Green, 4.2-5% = Amber, >5%=	Lesley Taff									2.50%	2.08%	0.97%	↓
Delayed discharges			Lesley Taff	0.0%	0.0%	0.0%	→	0.0%	0.0%	0.0%	→	1.0%	1.5%	1.0%	↑
18 week RTT - admitted	90%	90% = Green, else Red	Lesley Taff									91.24%	95.03%	93.92%	↓
18 week RTT - non-admitted	95%	95% = Green, else Red	Lesley Taff									98.29%	98.67%	97.19%	↓
Clinical correspondence turnaround within 48 hours	100%	100% = Green, 75-99% = Amber, else Red	Lesley Taff	95.2%	76.5%	99.8%	↑					71.8%	84.3%	88.9%	↓
Support Services															
Sickness absence	<3.74%	<3.74% = G, 3.74 - 6% = Amber, >6% = Red	Lesley Taff	1.34%	1.62%	2.64%	↑	4.71%	4.62%	6.31%	↓	4.24%	4.34%	4.27%	↑
Percentage of staff who have undergone annual appraisal	80%	>/=80% = Green, 70-79% = Amber, <70% =	Lesley Taff	87.3%	88.6%	92.6%	↓	86.2%	85.6%	87.3%	↑	81.7%	83.0%	81.7%	↓
Percentage of trained nursing vacancies per funded establishment	2%	</=2% funded est = G, 2%-5% = A, else Red	Lesley Taff	0.00%	0.00%	0.00%	→	3.67%	1.10%	1.10%	↓	1.11%	1.00%	0.51%	↓
Percentage of medical training grades vacancies per funded establishment	2%	</=2% funded est = G, 2%-5% = A, else Red	Lesley Taff	0.00%	0.00%	0.00%	→	0.00%	0.00%	0.00%	→	0.00%	0.00%	0.00%	→
Pay budget (ward pay budget only)	In balance	Yes = Green, Agreed = Amber, No = Red	Alison Reynolds									£(195)k	£(168) k	£(155) k	↓
WTE budgeted against actual (ward WTE only)	In balance	variance < 5% = Green variance 5-10% = Amber variance >10% = Red	Alison Reynolds									(6.85) %	(4.5) %	(2.68) %	↓

Patient Experience	General Surgery/ Urology				Orthopaedics				Obstetrics & Gynaecology				Ophthalmology/ Head & Neck Services Group			
	This Month	February	January	Trend	This Month	February	January	Trend	This Month	February	January	Trend	This Month	Last Month	January	Trend
Patient complaints as a percentage of activity	0.2%	0.5%	0.2%	↑	0.1%	0.2%	0.1%	↑	0.2%	0.3%	0.2%	↑	0.1%	0.1%	0.2%	→
Number of complaints accepted for investigation by the Ombudsman	0	0	0	→	0	0	0	→	0	0	0	→	0	0	0	→
Number of serious complaints received	1	2	0	↑	0	0	0	→	0	0	1	→	0	0	0	→
Percentage of complaints responded to within 25 working days (or with consent to breach)																
% of people responding "yes" to the question - Are you being involved as much as you want to be in decisions about your care	78%	92%	91%	↓	70%	94%	90%	↓	73%	100%	94%	↓	74%	86%	100%	↓
Percentage patients who rated overall satisfaction good/excellent	96%	93%	98%	↑	94%	96%	97%	↓	93%	92%	94%	↑	89%	96%	92%	↓
Percentage of patients who answered "yes" to being treated with care and compassion	83%	81%	87%	↑	88%	88%	93%	→	93%	92%	92%	↑	89%	81%	92%	↑
Number of cancelled/rescheduled outpatient appointments	370	222	564	↓	68	95	201	↑	19	16	62	↓	239	429	800	↑
Cancelled operations as a percentage of elective admissions	2.75%	1.80%	3.47%	↓	11.53%	10.84%	7.78%	↓	2.05%	3.26%	1.20%	↑	0.00%	1.89%	2.36%	↑
Patient Safety																
Number of red incidents	1	0	0	↓	0	0	0	→	0	1	0	↑	0	0	0	→
Number of healthcare/inpatient falls *RAG= tolerance multiplied by the number of inpatient wards	9	12	11	↑	8	8	9	→	1	0	2	↓	1	4	2	↑
Number of healthcare/inpatient falls - resulting in serious injury *RAG= tolerance multiplied by the number of inpatient wards	1	0	0	↓	1	1	0	→	0	0	0	→	0	0	0	→
Number of healthcare acquired avoidable pressure ulcers acquired/deteriorated (Grade 2, 3 & 4)	1	1	3	→	5	5	2	→	0	0	1	→	1	0	0	↓
Percentage inpatient MUST assessments completed within 6 hours of admission	100%	100%	100%	↓	100%	96%	100%	↑	100%	100%	100%	→	100%	100%	100%	→
MSSA bacteraemia	0	0	0	→	0	0	0	→	0	0	0	→	0	0	0	→
Clostridium Difficile - hospital acquired for ages >2 years	0	2	1	↑	0	1	1	↑	0	1	0	↑	0	0	0	→
Device related bacteraemias	2	0	2	↓	0	0	2	→	0	0	0	→	0	0	0	→
Device related bacteraemias (Haem/Onc, ICCU, Renal, Neonates)																
Percentage VitalPAC VTE risk assessments assessed on admitting ward (VitalPAC wards only represented by Directorate, excludes maternity & low risk cohorts)	88.79%	88.10%	88.07%	↑	91.76%	81.16%	89.33%	↑	96.14%	93.79%	94.56%	↑	98.07%	98.20%	99.23%	↓
Percentage of late observations (VitalPAC wards only)	12.4%	12.0%	12.4%	↓	14.0%	18.5%	10.5%	↑	12.00%	11.00%	11.00%	↓	22.0%	19.0%	19.0%	↓
Patient Outcomes																
Length of stay (elective)	2.6	2.6	2.6	→	2.7	2.8	2.8	↑	2.5	2.5	2.5	→	1.5	1.6	1.7	↑
Length of stay (non elective)	3.4	3.5	3.6	↑	7.8	7.5	7.2	↓	1.0	1.0	0.9	→	2.0	2.0	1.8	→
Percentage of emergency readmissions within 30 days	1.07%	1.65%	0.13%	↑	0.68%	0.00%	0.58%	↓	0.51%	0.93%	0.00%	↑	0.50%	0.31%	0.00%	↓
Delayed discharges	0.0%	1.0%	1.5%	↓	0.0%	0.0%	1.0%	→	0.0%	0.0%	0.0%	→	0.0%	0.0%	0.0%	→
18 week RTT - admitted	90.32%	92.00%	91.47%	↓	90.09%	90.04%	90.10%	↑	90.42%	90.66%	90.09%	↓	93.49%	92.29%	92.31%	↑
18 week RTT - non-admitted	96.04%	95.93%	95.97%	↑	95.05%	95.14%	95.09%	↓	97.58%	97.46%	95.76%	↑	98.54%	98.29%	98.69%	↑
Clinical correspondence turnaround within 48 hours	55.3%	58.4%	61.3%	↓	80.4%	69.0%	89.7%	↑	90.1%	84.8%	99.9%	↑	64.6%	57.5%	66.5%	↑
Support Services																
Sickness absence	4.80%	3.80%	4.43%	↓	2.90%	4.00%	7.54%	↑	4.61%	4.35%	4.84%	↓	4.83%	2.27%	3.31%	↓
Percentage of staff who have undergone annual appraisal	71.9%	72.6%	76.8%	↓	67.5%	70.50%	67.0%	↓	81.3%	84.6%	87.5%	↓	78.1%	81.3%	85.7%	↓
Percentage of trained nursing vacancies per funded establishment	-0.90%	0.50%	0.24%	↑	4.30%	5.55%	6.17%	↑	2.57%	3.23%	3.68%	↑	0.80%	1.00%	0.57%	↑
Percentage of medical training grades vacancies per funded establishment	0.55%	0.55%	0.55%	→	0.00%	0.00%	0.00%	→	0.00%	0.00%	0.00%	→	0.00%	0.00%	0.00%	→
Pay budget (ward pay budget only)	£(244)k	£(218) k	£(196) k	↓	£(232)k	£(198)k	£(171)k	↓	£(2)k	£(18) k	£(32) k	↑	£33 k	£32k	£27 k	↑
WTE budgeted against actual (ward WTE only)	(5.48) %	(0.8)%	2.30%	↓	(21.49) %	(14.4) %	(3.55) %	↓	13.78%	13.40%	16.28%	↑	(7.94)%	1.80%	(1.16) %	↓

Emergency, Medical and Community Services (Division 2) - Quality & Safety Scorecard - March 2013 data

Patient Experience	This Month	Last Month	Trend
Patient Complaints as a percentage of activity	G	A	↑
Number of complaints accepted for investigation by Ombudsmen	G	A	↑
Number of serious complaints received	G	A	↑
Percentage of complaints responded to within 25 working days (or with consent to breach)			
% of people responding "yes" to the question - Are you being involved as much as you want to be in decisions about your care and treatment?	R	A	↓
Percentage of patients who rated overall satisfaction good/excellent	A	G	↓
Percentage of patients who answered "yes" to being treated with care and compassion	A	A	↔
Number of cancelled/rescheduled outpatient appointments	G	G	↔
Overall Rating	A		↔

Patient Safety	This Month	Last Month	Trend
Number of red incidents	A	A	↔
Number of healthcare/inpatient falls	A	A	↔
Number of healthcare/inpatient falls - resulting in serious injury	A	A	↔
Number of healthcare acquired avoidable pressure ulcers acquired/deteriorated	A	R	↑
Percentage of inpatient MUST assessments completed within 24 hours of admission	G	G	↔
MSSA Bacteraemia	G	G	↔
Clostridium Difficile - hospital acquired for ages >2 years	A	A	↔
Device related bacteraemias	G	G	↔
Percentage of VitalPAC VTE risk assessments on admitting ward	A	A	↔
Percentage of late observations (VitalPAC wards only)	A	R	↑
Overall Rating	A		↔

Patient Outcomes	This Month	Last Month	Trend
Length of stay (elective)	A	A	↔
Length of stay (non-elective)	G	G	↔
Percentage of emergency re-admissions within 30 days	G	A	↑
Delayed discharges	G	G	↔
18 week RTT - admitted	G	G	↔
18 week RTT - non-admitted	G	G	↔
Clinical correspondence turnaround within 48 hours	A	A	↔
Overall Rating	G		↑

Resources	This Month	Last Month	Trend
Sickness absence	A	A	↔
Percentage of staff who have undergone an annual appraisal	G	A	↑
Percentage of trained nursing vacancies per funded establishment	A	A	↔
Percentage of medical training grade vacancies per funded establishment	G	G	↔
Pay budget (ward pay budget only)	R	R	↔
WTE budgeted against actual (ward WTE only)	A	A	↔
Overall Rating	A		↔

Trust Dashboard: March 2013

Directorates with any indicator that is red on 3 occasions during any 3 month rolling period is required to submit an exception report on the third occasion.

N/A=data not available, hash box=not reportable

Trends:

Trends:
→ No change
↑ Improvement on previous month
↓ Deterioration on previous month

Division 2 - Emergency, Medical & Community Service Division

Indicator	Target	Tolerance	Data Source	Children's Services Group				Adult Community Services Group				Elderly Care & Stroke				Rehab (West Park)			
				This Month	February	January	Trend	This Month	February	January	Trend	This Month	February	January	Trend	This Month	February	January	Trend
Patient Experience																			
Patient complaints as a percentage of activity	<0.5%	<0.5 = Green, 0.5+ = Red	Jamie Emery	0%	0.1%	0.2%	↑	0.1%	0.4%	0.1%	↑	0%	0.1%	0.1%	↑	0.1%	0.1%	0.1%	→
Number of complaints accepted for investigation by the Ombudsman	0	0 = Green, else Red	Jamie Emery	0	0	0	→	0	0	0	→	0	0	0	→	0	0	0	→
Number of serious complaints received	0	0 = Green, else Red	Jamie Emery	0	0	0	→	0	0	0	→	0	0	1	→	0	0	0	→
Percentage of complaints responded to within 25 working days (or with consent to breach)	90%	>/= 90% = Green, else Red	Jamie Emery																
% of people responding "yes" to the question - Are you being involved as much as you want to be in decisions about your care and	95%	>95% = Green, 85-95% = Amber, <85%	Jamie Emery									79%	100%	89%	↓	N/A	N/A	N/A	
Percentage patients who rated overall satisfaction good/excellent	95%	>95% = Green, 85-95% = Amber, <85%	Jamie Emery									100%	100%	100%	→	N/A	N/A	N/A	
Percentage of patients who answered "yes" to being treated with care and compassion	95%	>95% = Green, 85-95% = Amber, <85%	Jamie Emery									93%	100%	100%	↓	N/A	N/A	N/A	
Number of cancelled/rescheduled outpatient appointments	–	Reduction of 40% in year	Lesley Taff	68	73	248	↑	N/A	N/A	N/A		4	1	21	↓	N/A	N/A	N/A	
Patient Safety																			
Number of red incidents	0	0 = Green, else Red	Sukhy Khunkhuna	0	1	0	↑	0	0	0	→	0	0	0	→	0	0	0	→
Number of healthcare/inpatient falls *RAG= tolerance multiplied by the number of inpatient wards	0	Ward specific	Sukhy Khunkhuna	1	0	2	↓	0	0	2	→	20	29	33	↑	20	18	17	↓
Number of healthcare/inpatient falls - resulting in serious injury *RAG= tolerance multiplied by the number of inpatient wards	0	*Green = 0, Amber = 1-4,	Sukhy Khunkhuna	0	0	0	→	0	0	0	→	0	0	0	→	0	0	0	→
Number of healthcare acquired avoidable pressure ulcers acquired/deteriorated (Grade 2, 3 & 4)	0	0 = Green, else Red	Julie Evans	0	0	0	→	2	2	2	→	0	2	4	↑	0	4	0	↑
Percentage inpatient MUST assessments completed within 6 hours of admission	100%	100% = Green, 75-99% = Amber, <75%	Rose Baker Zena Young									100%	100%	100%	→	100%	100%	100%	→
MSSA bacteraemia	–	<2 = Green, 2-3 = Amber, >3 = Red	Mike Cooper	0	0	0	→	0	0	0	→	0	0	0	→	0	0	0	→
Clostridium Difficile - hospital acquired for ages >2 years	–	Green = 0,Amber = 1-2,	Mike Cooper	0	0	0	→	0	0	0	→	1	0	0	↓	1	0	0	↓
Device related bacteraemias	–	Green = 0,Amber = 1,Red = >1	Mike Cooper	0	0	0	→	0	0	0	→	0	1	0	↑	0	0	0	→
Device related bacteraemias (Haem/Onc, ICCU, Renal, Neonates)	–	Green = 0,Amber = 1-2	Mike Cooper	0	0	1	→												
Percentage VitalPAC VTE risk assessments assessed on admitting ward (VitalPAC wards only represented by Directorate, excludes maternity & low risk cohorts)	90%	90% = Green, 70-89% = Amber, <70% = Red	Jayne Lawrence									89.13%	91.11%	97.73%	↓	N/A	N/A	N/A	
Percentage of late observations (VitalPAC wards only)	5%	<5% = Green, 5-10% = Amber, >10% =	Lisa Miller									10.7%	19.5%	23.0%	↑				
Patient Outcomes																			
Length of stay (elective)	specific	Specific	Lesley Taff	1.6	1.8	1.7	↑												
Length of stay (non elective)	specific	Specific	Lesley Taff	0.7	0.7	0.7	→												
Percentage of emergency readmissions within 30 days	4.19%	<4.19% = Green, 4.2-5% = Amber, >5%=	Lesley Taff	1.37%	1.20%	3.37%	↓					0.00%	0.00%	0.00%	→	0.0%	0.0%	0.0%	→
Delayed discharges			Lesley Taff	0.0%	0.0%	0.0%	→					2.0%	2.0%	2.0%	→	0.0%	1.5%	1.0%	↑
18 week RTT - admitted	90%	90% = Green, else Red	Lesley Taff																
18 week RTT - non-admitted	95%	95% = Green, else Red	Lesley Taff	100%	100%	98.78%	→	100%	100%	100%	→	97.44%	99.07%	100.00%	↓				
Clinical correspondence turnaround within 48 hours	100%	100% = Green, 75-99% = Amber, else	Lesley Taff	86.2%	87.0%	88.6%	↓	N/A	N/A	N/A		83.5%	96.6%	95.8%	↓	N/A	N/A	N/A	
Support Services																			
Sickness absence	<3.74%	<3.74% = G, 3.74 - 6% = Amber, >6% =	Lesley Taff	0.60%	3.97%	4.89%	↑	7.16%	4.66%	7.26%	↓	5.82%	4.28%	6.06%	↓	4.46%	3.69%	4.17%	↓
Percentage of staff who have undergone annual appraisal	80%	>/=80% = Green, 70-79% = Amber, <70%	Lesley Taff	92.5%	94.1%	95.4%	↓	88.4%	88.7%	90.4%	↓	83.7%	87.5%	85.6%	↓	85.7%	94.8%	94.7%	↓
Percentage of trained nursing vacancies per funded establishment	2%	</=2% funded est = G, 2%-5% = A, else	Lesley Taff	4.62%	3.50%	4.05%	↓	3.43%	1.50%	1.81%	↓	2.19%	-0.97%	-0.97%	↓	0.57%	0.50%	0.24%	↓
Percentage of medical training grades vacancies per funded establishment	2%	</=2% funded est = G, 2%-5% = A, else	Lesley Taff	0.00%	0.22%	0.22%	↑	0.00%	0.00%	0.00%	→	1.66%	0.52%	1.52%	↓	0.45%	0.00%	0.00%	↓
Pay budget (ward pay budget only)	In balance	Yes = Green, Agreed = Amber, No = Red	Alison Reynolds	£22 k	£33k	£22 k	↓	£(5) k	£(5) k	£(5) k	→	£(353) k	£(264) k	£(294) k	↓	£(86) k	£(73) k	£(59) k	↓
WTE budgeted against actual (ward WTE only)	In balance	variance < 5% = Green variance 5-10% = Amber	Alison Reynolds	(4.94)%	6.50%	6.36%	↓	None	None	None		(7.46)%	(2.9)%	(8.51)%	↓	(10.0)%	(6.7)%	(4.91)%	↓

Indicator	Neurology Rheumatology Dermatology				Renal & Diabetes				Resp & Gastro				Emergency Services Gro		
	This Month	February	January	Trend	This Month	February	January	Trend	This Month	February	January	Trend	This Month	February	January
Patient Experience															
Patient complaints as a percentage of activity	0%	0%	0%	→	0.4%	0.1%	0.2%	↓	0%	0.2%	0.2%	↑	0.4%	0.7%	0.30%
Number of complaints accepted for investigation by the Ombudsman	0	0	0	→	1	1	0	→	0	0	0	→	0	0	0
Number of serious complaints received	0	0	0	→	1	0	1	↓	0	0	0	→	1	1	1
Percentage of complaints responded to within 25 working days (or with consent to breach)															
% of people responding "yes" to the question - Are you being involved as much as you want to be in decisions about your care and					63%	89%	100%	↓	60%	81%	100%	↓	79%		89%
Percentage patients who rated overall satisfaction good/excellent					88%	89%	93%	↓	90%	87%	97%	↑	53%		100%
Percentage of patients who answered "yes" to being treated with care and compassion					88%	89%	85%	↓	88%	87%	89%	↑	74%		89%
Number of cancelled/rescheduled outpatient appointments	94	114	403	↑	130	105	35	↓	30	80	220	↑			
Patient Safety															
Number of red incidents	0	0	0	→	1	0	0	↓	0	0	1	→	0	1	0
Number of healthcare/inpatient falls *RAG= tolerance multiplied by the number of inpatient wards	1	1	0	→	15	9	16	↓	21	13	16	↓	17	13	7
Number of healthcare/inpatient falls - resulting in serious injury *RAG= tolerance multiplied by the number of inpatient wards	0	0	0	→	0	0	0	→	0	1	0	↑	1	1	0
Number of healthcare acquired avoidable pressure ulcers acquired/deteriorated (Grade 2, 3 & 4)	0	0	0	→	0	1	2	↑	1	6	3	↑	0	0	0
Percentage inpatient MUST assessments completed within 6 hours of admission					100%	100%	100%	→	99%	100%	100%	→	96%	94%	96%
MSSA bacteraemia	0	0	0	→	2	0	1	↓	0	1	0	↑	0	0	0
Clostridium Difficile - hospital acquired for ages >2 years	0	0	0	→	1	0	0	↓	2	2	1	→	0	1	0
Device related bacteraemias	0	0	0	→	0	0	0	→	0	1	0	↑	0	0	0
Device related bacteraemias (Haem/Onc, ICCU, Renal, Neonates)					4	1	1	↓							
Percentage VitalPAC VTE risk assessments assessed on admitting ward (VitalPAC wards only represented by Directorate, excludes maternity & low risk cohorts)	98.0%	99.4%	98.8%	↓	99.76%	99.71%	99.96%	↑	80.00%	62.5%	88.24%	↑	94.30%	93.23%	95.43%
Percentage of late observations (VitalPAC wards only)					10.4%	11.2%	11.6%	↑	8.8%	11.3%	20.0%	↑	8.2%	11.0%	17.0%
Patient Outcomes															
Length of stay (elective)	0.0	0.6	1.3	↑	0.6	0.4	0.4	↓	3.3	3.2	3.8	↑			
Length of stay (non elective)	3.0	2.8	1.7	↓	2.9	2.5	2.1	↓	3.5	3.5	3.6	→			
Percentage of emergency readmissions within 30 days	0.00%	0.00%	0.68%	→	0.0%	10.0%	0.0%	↑	0.00%	0.0%	5.26%	→	0.0%	0.0%	0.0%
Delayed discharges	0.0%	0.0%	0.0%	→	0.0%	0.0%	0.0%	→	0.0%	0.0%	1.0%	→	0.0%	0.0%	0.0%
18 week RTT - admitted	100%	100%	100%	→	100%	100%	100%	→		97.34%	96.82%	↑			
18 week RTT - non-admitted	99.4%	99.2%	98.9%	↑	100.00%	99.39%	99.51%	↑	97.93%	97.75%	97.89%	↑			
Clinical correspondence turnaround within 48 hours	87.1%	80.0%	88.2%	↑	89.7%	99.7%	99.7%	↓	69.1%	59.10%	91.4%	↑	98.8%	84.8%	78.8%
Support Services															
Sickness absence	1.68%	0.92%	2.97%	↓	3.79%	2.08%	8.42%	↓	4.07%	3.01%	3.92%	↓	4.07%	3.48%	5.55%
Percentage of staff who have undergone annual appraisal	76.4%	77.8%	89.5%	↓	86.3%	81.4%	80.6%	↑	84.5%	84.6%	84.5%	↓	76.4%	63.6%	69.3%
Percentage of trained nursing vacancies per funded establishment	0.41%	0.38%	0.38%	↓	0.80%	4.50%	5.75%	↑	3.14%	1.00%	1.88%	↓	3.74%	1.50%	2.02%
Percentage of medical training grades vacancies per funded establishment	0.00%	0.00%	0.00%	→	0.00%	0.00%	0.00%	→	0.00%	0.79%	0.79%	↑	1.67%	2.50%	2.50%
Pay budget (ward pay budget only)					£(243) k	£(82) k	£(188) k	↓	£(90) k	£(148) k	£(100) k	↑	£(100) k	£(80) k	£(72) k
WTE budgeted against actual (ward WTE only)					(21.58)%	(38.5)%	(6.04)%	↓	5.77%	3.70%	8.47%	↑	(1.40)%	3.70%	4.12%