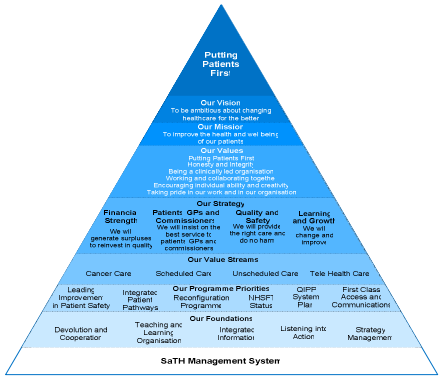
The Shrewsbury and Telford Hospital NHS
NHS Trust

Performance Report

as at Month 4



Date of Report 16/08/2011

Putting Patients First | Honesty and Integrity | Being a Clinically-Led Organisation | Working and Collaborating Together | Encouraging Individual Ability and Creativity | Taking Pride in our Work and our Organisation

Balanced Score Card

FINANCIAL STRENGTH

We will develop & deliver robust plans that generate surpluses to reinvest in quality

				Status Report			Directors Risk Assessment	
Ref	Freq	Objectives	Measures	Month RAG	Year-to-Date RAG	Direction of Travel	Forecast RAG	Level of Confidence in Delivery
A1	M	Develop & implement sustainable clinical strategies	% Contribution	RED	RED	=	RED	5
A2	Q	Develop & grow services that make a positive financial contribution	Service Portfolio Matrix					
A3	M	Increase surpluses to reinvest in quality and innovation	Financial Risk Rating	RED	RED	=	GREEN	5
A4	M	Maximise the productivity and efficiency of our services	Upper Quartile benchmark Index	AMBER	AMBER	=	GREEN Mth 12	4
A5	M	Eliminate waste and non value adding processes	Reference Cost Index	RED	RED	=	RED	5

PATIENTS, GP'S & COMMISSIONERS

We will insist that we deliver the best service to our patients, GP's & Commissioners

				Status Report			Directors Risk Assessment	
Ref	Freq	Objectives	Measures	Month RAG	Year-to-Date RAG	Direction of Travel	Forecast RAG	Level of Confidence in Delivery
B1	Q	Involve patients in decisions about them	Patient Involvement Index					
B2	Q	Ensure our patients have a good experience	Patient Satisfaction Score					
B3	Q	Deliver services which are convent & timely for patients	Convenience & Timely Services Index					
B4	Q	Ensure access to clear care pathways to meet the needs of pour patients	GP Satisfaction Score (Signposting)					
B5	Q	Improve our appointments system and process	GP Satisfaction Score (Scheduling)					
B6	Q	Improve the communication processes and the information we provide	GP Satisfaction Score (Communication)					
B7	Q	Work in partnership to ensure services meet the local needs	Commissioner Satisfaction Score (Delivery)					
B8	Q	Engage with GP's to plan & deliver future services	Commissioner Satisfaction Score (Planning)					
B9	M	Reflect commissioners plans in our capacity plans & deliver our contractual commitments	Contractual Commitments Index	RED	RED	=	GREEN	3

QUALITY & SAFETY

We will always provide the right care for our patients

				Status Report			Directors Risk Assessment	
Ref	Freq	Objectives	Measures	Month RAG	Year-to-Date RAG	Direction of Travel	Forecast RAG	Level of Confidence in Delivery
C1	Q	Ensure that we learn from mistakes & embrace what works well	Staff Reported Outcomes Score					
C2	Q	Design care around patient needs	Local Inpatient Survey					
C3	M	Provide the right care, right time, right place, right professional	Time & Place Index	AMBER	AMBER	=	GREEN Month 9	3
C4	M	Deliver services that offer safe, evidence-based practice	Fewer Avoidable Deaths	RED	RED	=	GREEN Oct 2012	3
C5	Q	Meet regulatory requirements & healthcare standards	Compliance Index	AMBER	AMBER	=	AMBER	3
C6	M	Ensure that our patients suffer no avoidable harm	Patient Care Index	RED	RED	=	AMBER Q3	3

Legend		
RAG	*Status Report (in mth and YTD performance)*	*Directors Forecast*
RED	Target Not achieved in line with Performance Directory Threshold	Performance is off track and **plans will be put in place but there remains some level of risk**
AMBER	Target underachieved in line with Performance Directory Thresholds	Performance is off track but **action plans are in place** and expected to deliver original plan by the agreed timescale
GREEN	Target achieved in line with Performance Directory Threshold	Performance against plan and **targets have been achieved** within the defined tolerance level

Putting Patients First

Honesty and Integrity

Being a Clinically-Led Organisation

Working and Collaborating Together

Encouraging Individual Ability and Creativity

Taking Pride in our Work and our Organisation

A1. Develop & Implement a Sustainable Clinical Strategy

Executive Sponsor	Headline Measure	Mth Status	YTD Status	Direction of Travel	Forecast	Level of Confidence in Recovery Plan	Supporting Papers
Finance Director	Percentage Contribution	Red	Red	=	Red	5	

Supporting Measure	Current Performance	Forecast Performance	Exception Report
Percentage Contribution (Trust/Centre/ Service Line)			
Division 1	30% in month and 25% YTD. Income has increased by circa £0.4m from last month due to the number of working days available and an increase in casemix from last month. Non pay expenditure has reduced by circa £0.1m and pay expenditure has decreased circa £0.3m. Division 1 however, did overspend against their planned expenditure budgets in July by circa £0.4m which illustrates why their percentage achieved is lower than Division 2.	40% (Target Contribution for Indirect and Overhead costs i.e. Division 3 and Corporate Services respectively)	
Division 2	43% in Month and 41% YTD. As with Division 1, Income has increased by circa £0.1m in Month due to the number of working days available and a richer casemix. Expenditure has remained constant, however, an increase in pay costs of £0.1m is offset by a similar reduction to non-pay costs. Direct expenditure budgets for Division 2 are reporting a balanced position for July 2011, therefore the improvement on this target from month 3 is due to the increase in activity/casemix in July.	40% (Target Contribution for Indirect and Overhead costs i.e. Division 3 and Corporate Services respectively)	

A3. Increase Surpluses to Reinvest in Quality & Innovation

Executive Sponsor	Headline Measure	Mth Status	YTD Status	Direction of Travel	Forecast	Level of Confidence in Recovery Plan	Supporting Papers
Finance Director	Financial Risk Rating	RED	RED	=	GREEN	5	

Supporting Measure	Current Performance	Forecast Performance	Exception Report
FRR Overall	**2 (Plan 3)**	Month 4 review of the financial position illustrates that whilst income will come back in line with plan, expenditure will continue to overspend if management actions of £2.94m are not implemented.	
EBITDA Margin	**2: +3.8%**The majority of the in month EBITDA improvement is due to income over performance, the recognition of SHA support and a reduction in pay costs to £16.3m (£16.6m Mth 3). Excluding the SHA support the EBITDA is £1.8m and would result in an EBITDA margin of 1.9% this would still have scored 2. **Planned +5%**		
EBITDA Percentage Achieved of Plan	**3: +90.5%** An over-performance of £0.5m within income has been offset by adverse pay variances of £0.4m and adverse non-pay variances of £0.5m. The pay position improvement being offset by non pay deterioration.This results in the Trust not achieving the planned EBITDA. EBITDA Planned to Month 4 £4.0m Actual £3.6m. **Planned 100% of the Plan.**		
Return on Assets	**2: (0.4%) Planned +3.4%**		
Income & Expenditure Surplus Margin	**1: (1.2%)** As with the EBITDA plan, the Trust planned a £0.7m deficit to Month 4 which it has underachieved by £0.4m. **Planned Surplus Margin 0% (breakeven)**		
Liquidity Ratio	**2: 13.2 days** Improvement in liquidity ratio of 0.6 days from previous month. This is the result of the in month improvements within the EBITDA position and the resulting positive effects within working capital. **Planned 11 days**		

A4. Maximise the Productivity of Our Services

Executive Sponsor	Headline Measure	Mth Status	YTD Status	Direction of Travel	Forecast	Level of Confidence in Delivery	Supporting Papers
Chief Operating Officer	Upper Quartile Benchmark Index	AMBER	AMBER	=	GREEN Mth 12	4	

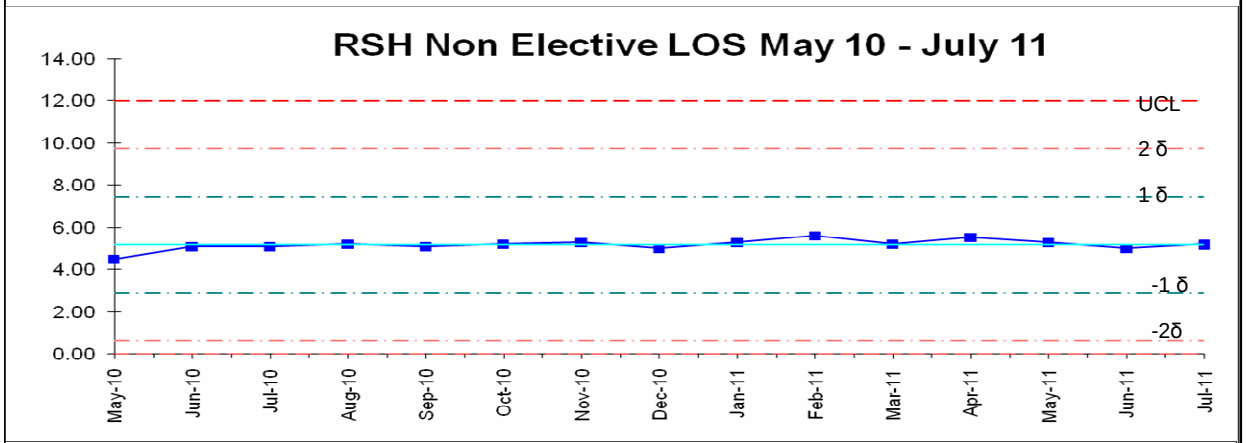
Supporting Measure	Current Monthly Performance	Forecast Performance	Exception Report
Elective Length of Stay (mean) - monthly	The target for the Trust is 2.8 days, the performance in July was as follows: RSH 3.7 days PRH 2.5 days	The current forecast is that the Trust will deliver the target by February 2012	N
Elective surgical pre-op bed days - monthly	The target for 2011/12 is a 60% reduction against the 2010/11 out-turn equating to 60days per month There were 180 elective surgical pre-op bed-days in July	The current forecast is that the Trust will deliver the target by September 2011	N
Non Elective Length of Stay - monthly	The target is 4.7 days, the performance in July was as follows: RSH 5.2 days PRH 6.0 days	The current forecast is that the Trust will deliver the target by February 2012	Y
Elective (funded) Theatre Utilisation - monthly	The target for 2011/12 is 85% on both sites, the utilisation for July was as follows: RSH – 83% PRH – 79%	The current forecast is that the Trust will achieve 85% on both sites by March 2012	N
Sickness Absence %	The target for 2011/12 is an average sickness rate of **3.9%**. Validated sickness rate for April was **4.1%.** 2010/11 validated average was **4.5%**.	The current forecast is that the Trust will achieve an average of 3.9% sickness rate for 2011/12. On-going work will help achieve this including the use of HR generated trigger lists to ensure early intervention in management of sickness absence.	N

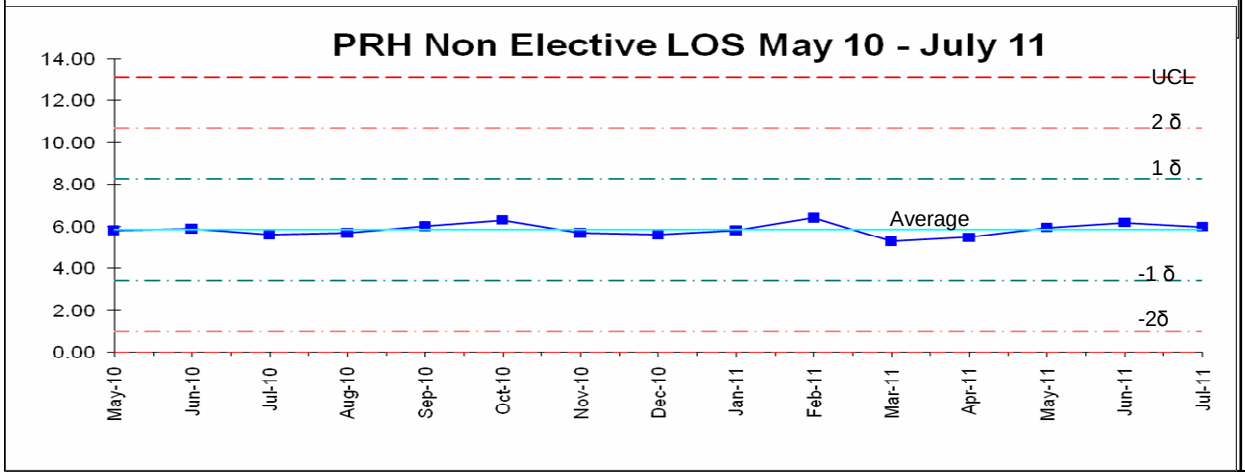
Exception Report

A4. Maximise the productivity of our services – non elective length of stay

		Status Report			Directors Risk Assessment		
Executive Sponsor	Headline Measure	Mth status	YTD status	Direction of Travel	Forecast	Level of Confidence in Delivery	Supporting Papers
Chief Operating Officer	Upper Quartile Benchmark index	RED	AMBER	=	GREEN Mth 12	3	

Position RSH 5.2 days, PRH 6.0days Target – 4.7 days





- **RSH Non Elective LOS**

  Increased between June and July by 0.18 days

- **PRH Non Elective LOS**

  Decreased between June and July by 0.20 days

Future Actions:

- Continued implementation of the unscheduled care improvement plan
- Sustained reduction in the number of patients with delayed transfers of care – target of 26 achieved during July 2011
- Daily board rounds in place on all inpatient wards by 31st October 2011
- Implementation of new physician on call rota at RSH by October 2011
- Progress Implementation of CEOs reform of medicine task force
- Implementation of HSAG (hospital status at a glance), project underway – full completion by March 31st 2012

A5. Eliminate Waste & Non Value Adding Processes

Executive Sponsor	Headline Measure	Mth Status	YTD Status	Direction of Travel	Forecast	Level of Confidence in Recovery Plan	Supporting Papers
Finance Director	Reference Cost Index	Red	Red	=	Red	5	

Supporting Measure	Current Performance	Forecast Performance	Exception Report
Reference Cost Index Availability	The Reference Cost Index (RCI) is produced on an annual basis as a national submission to the Department of Health. The calculations are based on FCE data rather than spell data. SATH has a FCE to Spell ratio significantly higher than the national average, and as a result, the unit price calculated is diluted which improves the Trust's RCI. As a result the RCI, although a measure, does not truly reflect the Trust's cost per spell of care.		
Monthly Trend of Average Cost per Spell	£2,906 in Month and £2,911 YTD. This reflects the reduction in expenditure between June and July.	£2,748 (Target based on annual budgeted expenditure and planned activity)	

B9. Reflect Commissioner's Plans in Our Capacity Plans & Deliver Our Contractual Commitments

Executive Sponsor	Headline Measure	Mth Status	YTD Status	Direction of Travel	Forecast	Level of Confidence in Recovery Plan	Supporting Papers
Finance Director	Contractual Commitments Index	RED	RED	=	GREEN	3	

Supporting Measure	Current Performance	Forecast Performance	Exception Report
DoH Performance Framework	The Trust continues to under perform against a number of key National Targets in respect of Cancer, 18 Weeks and A&E	High level discussions to sign off and implement recovery / improvement plans are continuing	Y
CQUIN	9 CQUIN goals agreed with local Commissioners for 11/12.	Current forecast is that all CQUINs will achieve targets for 2011/12 with the exception of VTE assessments. Please see slide C4.	Y
Other Contractual Commitments	Discussion with local commissioners regarding the specific local measures to be included within the contract are continuing		N
Activity Plan Variation	To Be Progressed		N

Exception Report

B9. Reflect Commissioner's Plans in Our Capacity Plans & Deliver Our Contractual Commitments

		Status Report			Directors Risk Assessment		
Executive Sponsor	Supporting Measure	Mth status	YTD status	Direction of Travel	Forecast	Confidence Level	Supporting Papers
Finance Director	DoH Performance Framework	RED	RED	=	AMBER	3	SaTH DOH Framework

Acute Trusts

Service Performance (Integrated Performance M

Quality of service

Performance Indicator	Thresholds: Performing	Thresholds: Under-performing	July 2011 Performance	Year-to-date 2011 Performance
Four-hour maximum wait in A&E from arrival to admission, transfer or discharge[1]	95%	94%	98.20%	94.02%
Unplanned re-attendance rate - Unplanned re-attendance at A&E within 7 days of original attendance (including if referred back by another health professional)		>5%	1.96%	2.01%
Left department without being seen rate		>5%	1.26%	1.98%
Time to initial assessment - 95th centile		>15 Mins	25 Minutes	25 Minutes
Time to treatment in department - median		>60 Mins	49 Minutes	63 Minutes
Cancelled ops - breaches of 28 days readmission guarantee as % of cancelled ops	5.0%	15.0%	0	0
MRSA	0	>1SD*	0	0
C Diff	0	>1SD	6	19
RTT - admitted - 95th percentile@	<=23	>27.7	45.27	44.9
RTT - non-admitted - 95th percentile@	<=18.3		29.45	29.37
RTT - incomplete - 95th percentile	<=28	>36	41.4	37.24
RTT - admitted - 90% in 18 weeks	90%	85%	65.14%	69.08%
RTT - non-admitted - 95% in 18 weeks	95%	90%	85.47%	87.35%

For C.Diff the Trust is 1 case above trajectory at the end of July. See C6.

Delivery of the RTT targets remains a significant challenge for the Trust and is the subject of ongoing discussions between the relevant executive directors and operational managers.

Exception Report - Continued

B9. Reflect Commissioner's Plans in Our Capacity Plans & Deliver Our Contractual Commitments

Position Analysis - Continued

Performance Indicator	Performing	Under-performing	July 2011 Performance	Year-to-date 2011 Performance
2 week GP referral to 1st outpatient	93%	88%	97.44%	94.61%
2 week GP referral to 1st outpatient - breast symptoms	93%	88%	97.89%	94.52%
31 day second or subsequent treatment - surgery	94%	89%	93.75%	94.63%
31 day second or subsequent treatment - drug	98%	93%	100.00%	99.18%
31 day diagnosis to treatment for all cancers	96%	91%	97.47%	97.59%
Proportion of patients waiting no more than 31 days for second or subsequent cancer treatment (radiotherapy treatments)	94%	89%	96.13%	96.23%
62 day referral to treatment from screening	90%	85%	91.30%	88.30%
62 day referral to treatment from hospital specialist	85%	80%	90.48%	86.67%
62 days urgent GP referral to treatment of all cancers	85%	80%	81.42%	76.71%
Patients that have spent more than 90% of their stay in hospital on a stroke unit	80%	60%	90.30%	87.90%
Delayed transfers of care	3.5%	5.0%	3.20%	5.05%
Overall			Underperforming	

Future Actions / Key Points

In month performance for the Cancer targets has improved from 3 Amber and 2 Red in June to 2 Amber and no Red in July.

July was the first month in 2010/11 when the Trust's performance for DTOCs was within the national target.

Exception Report

B9. Reflect Commissioner's Plans in Our Capacity Plans & Deliver Our Contractual Commitments

		Status Report			Directors Risk Assessment		
Executive Sponsor	Supporting Measure	Mth status	YTD status	Direction of Travel	Forecast	Confidence Level	Supporting Papers
Finance Director	CQUIN	Amber	Green	=	AMBER	3	

CQUIN Goal	Lead Manager / Executive	% of overall scheme	Month	Year to Date	Narrative
VTE	Medical Director	15.00%			Months 1, 2 and 3 not achieved. Month 4 unvalidated data also shows not achieved but a significant improvement. See C4
Patient Experience	Director of Quality & Safety	15.00%			Measure agreed with commissioners. End of year assessment.
Reduction in Falls of Patients admitted to Hospital	Director of Quality & Safety	10.00%			Months 1, 2 and 3 achieved but Month 4 marginally below profile. YTD achieved.
Tissue Viability - Pressure Ulcers	Director of Quality & Safety	15.00%			4 of the 5 measures are annual or bi-annual. The monthly measure (see C6) has been achieved in Months 1, 2, 3 & 4.
End of Life - Liverpool Care Pathway	Medical Director	10.00%			Months 1, 2 and 3 achieved. Month 4 not yet available.
Medicines Management	Medical Director	10.00%			Measure agreed with commissioners. Bi-annual audits.
Maternity	Director of Quality & Safety	5.00%			Q1 achieved. Month 4 data to set the baseline not yet available.
Improved Patient Discharge Ready to Go No Delays and EDD for all Inpatients	Chief Operating Officer	10.00%			Baseline audit agreed (April data).
Nutrition	Director of Quality & Safety	10.00%			Measure agreed. Bi-annual data.

	Month	Year to Date
Green	75.00%	85.00%
Not Green	25.00%	15.00%
Total RAG	100%	100%
Green %	75.00%	85.00%
Overall RAG		

The RAG rating applied to CQUINs within B9 reflects the status against the agreed CQUIN measure from a financial achievement perspective and as such the RAG rating may differ to that reported for the same measure in other areas of the report.

C3: Provide the Right Care, Right Time, Right Place and Right Professional

Executive Sponsor	Headline Measure	Mth Status	YTD Status	Direction of Travel	Forecast	Level of Confidence in Delivery	Supporting Papers
Chief Operating Officer	Time and Place Index	AMBER	AMBER	=	GREEN Month 9	3	

Supporting Measure	Current Monthly Performance	Forecast Performance	Exception Report
Delayed Transfers of Care	The target for 2011/12 is 26 patients per day (3.5% of bed base) In July the average daily number of patients confirmed as Delayed Transfers of Care was 20 (50 in April 2011). It is important to note that this is the first month the target has been achieved however there are indications that there has been an increase in the numbers of delayed patients during the first 2 weeks in August 2011.	The Trust is forecasting that the overall number of 26 patients or less will be achieved by December 2011	N
Discharge Time	The current target is for 50% of discharges to take place before midday (adult inpatient wards excluding maternity). 34% of patients were discharged before midday during July	The Trust is forecasting delivery of the 50% target by 30th September 2011	Y
Day Surgery Rate	The target for 2011/12 is 78%, the trust achieved a 78% day surgery rate during June 2011	The Trust is forecasting that the this performance will be sustainable by August 2011	N
Outliers (Division 1)	15% of surgical, gynaecology, head & neck, oncology & haematology beds had outliers within them during July (an outlier being defined as a medical or orthopaedic patient) Note – a new specialty outlier report by clinical centre will be available for the August 2011 performance report.	Working towards zero medical outliers by 31st March 2012	N

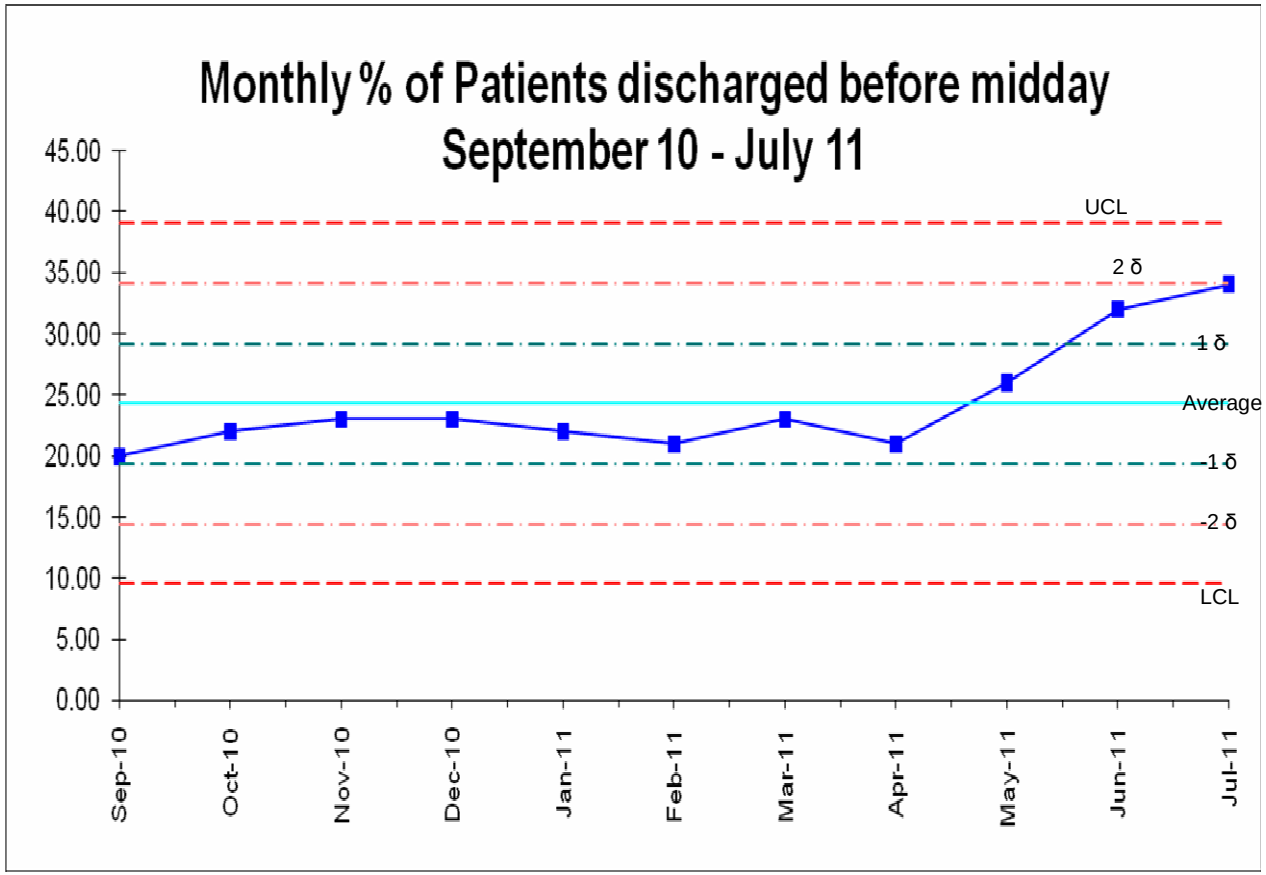
Exception Report

C3: Provide the Right Care, Right Time, Right Place and Right Professional – Discharge time

		Status Report			Directors Risk Assessment		
Executive Sponsor	Headline Measure	Mth status	YTD status	Direction of Travel	Forecast	Level of Confidence in Delivery	Supporting Papers
Chief Operating Officer	Time and Place Index	RED	RED	⇧	GREEN Mth 7	3	

Position Analysis – Discharge time

34% of patients discharged before 12:00 in July 2011



Future Actions

Weekly ward level discharge time automated email league table reports to all key stakeholders.

Intervention / rapid improvement for all wards not achieving 50% of discharges before midday

Daily morning board rounds by decision making clinicians by 31st October

Expected date and time of discharge in place for all patients by the end of October

All staff, patients and visitors to be made aware that discharges take place before midday

C4. Deliver Services that Offer Safe Evidence-Based Practice

Executive Sponsor	Headline Measure	Mth Status	YTD Status	Direction of Travel	Forecast	Level of Confidence in Delivery	Supporting Papers
Medical Director	Fewer Avoidable Deaths	RED	RED	=	GREEN Oct 2012	3	

Supporting Measure	Current Performance	Forecast Performance	Exception Report
HSMR	Rebased YTD: SaTH = 111.9 In Month: SaTH = 107.7 In month not as good as the previous 2 months but still a steady downward trend with the HSMR remaining on track against trajectory to achieve National index of 100 by Oct 2012	At present if the current trend continues we should achieve the target of re-based HSMR at the National index of 100 in Month Oct 2012.	Y
Crude Number of Deaths	The number of deaths YTD: SaTH = 575 against a target of 532. This is 15 less than the same period last year	The LIPS programme is expected to start to positively impact crude death rates from end July 2011 at the earliest.	Y
VTE	Rollout of VTE on Vitalpac at RSH and PRH has been completed as planned. June figure reported Mid July was 60.21%. The draft figure for the whole of July is 75.04%. This is 5% above trajectory to hit target for Sept 2011.	The trust target is now set for achieving 90% for data for the month of Sept 2011 (reported Nov 2011).	N

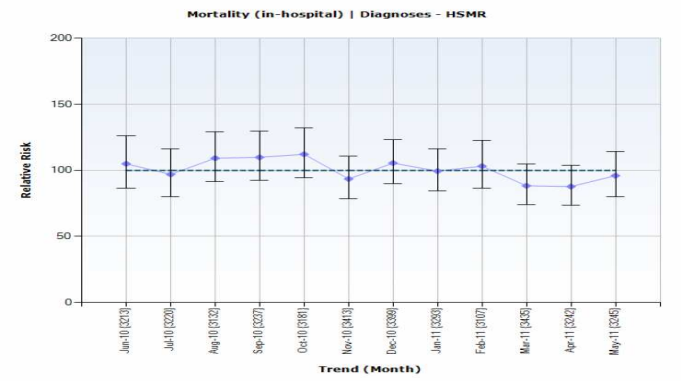
EXCEPTION REPORT

C4: Deliver services that offer safe, evidence-based practice

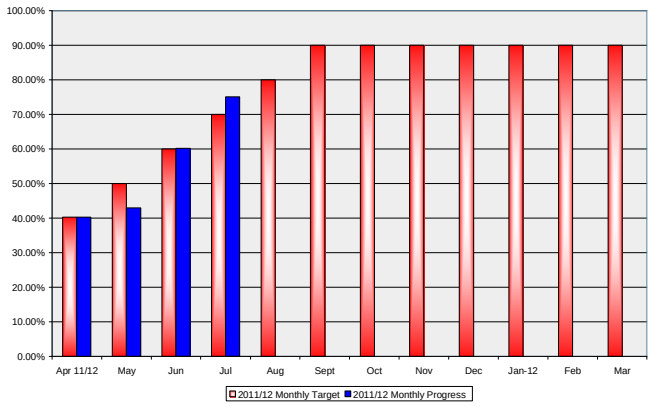
		Status Report			Directors Risk Assessment		
Executive Sponsor	Supporting Measure	Mth status	YTD status	Direction of Travel	Forecast	Level of Confidence in Delivery	Supporting Papers
Medical Director	HSMR + Crude Deaths	RED	RED		GREEN Oct 2012	3	

Position Analysis

Graph – SaTH HSMR Monthly Trend (not re-based) and Progress against target – VTE



VTE Progress -v- Target



Future Actions/Key Points

Crude Deaths – slight decrease of 10 against the same YTD last year. YTD Target = 532. Achieved = 575

This will not significantly decrease until LIPS improvements start to have an impact

HSMR – Continued downward trend but not as good as the previous 2 months.

Last 12 months ending April 11 SaTH HSMR = 111.7. In month HSMR (May) = 107.7

Analysis of HSMR data has identified clinical opportunities which are included in the improvements within the LIPS programme. Additional opportunities for further improving coding have been identified and implemented at PRH.

Key point with the HSMR is that coding improvements are expected to deliver an HSMR of approx 108. Further reductions must come from clinical improvements and impact mortality before Nov 2011 for the current downward trend to continue.

C5. Meet regulatory Requirements and Healthcare Standards

Executive Sponsor	Headline Measure	Mth Status	YTD Status	Direction of Travel	Forecast	Level of Confidence in Delivery	Supporting Papers
Director of Compliance & Risk Management	Compliance Index	AMBER	AMBER	=	AMBER	3	

Supporting Measure	Current Performance	Forecast Performance	Exception Report
CQC quality and risk profile (QRP)	The June QRP showed an improvement in relation to three outcomes (meeting nutritional needs; safety and suitability of premises and safety; and availability and suitability of equipment.) which had improved from low neutral to high green (a one step improvement.) The July QPR shows an improvement in relation to outcome 4: Care and welfare of people who use services. Outcome 14 (supporting staff) remains as low red.	The low red rating is due to the results of the annual staff survey. The next survey will take place in October 2011 with the results published in April/May 2012 so it is unlikely that the position will change in year. In July, the QRP became avaialble as a web based tool, which allows easier review of the information. Risk estimates over time are available, and this graph is included in the exception report. This clearly shows an improving position over time.	N
NHSLA compliance	The Trust is currently at level 2 of the NHSLA standards and Level 1 of the CNST maternity standards. Level 2 CNST assessment is on track and will take place in June 2012	The Trust will be reassessed against the NHSLA standards in December 2011. Following a meeting with the Assessor in July 2011, it has been agreed that this will be a level 1 assessment. There are two main reasons: 1) due to the management changes in the Trust it will not be possible to provide 12 months of continual evidence to support a level 2 assessment. 2) insufficient numbers of ward staff have received annual (statutory) update training	N
IGT compliance – status of action plan	The Information Governance Toolkit Assessment was completed and submitted by the Trust by the 31 March 2011. The overall result for SaTH was 72%. The Trust attained level 2 or higher in the 22 key requirements and achieved level 2 in 43/45 requirements overall. However, the mandatory requirement is for all NHS organisations to achieve level 2 compliance in all 45 requirements otherwise a 'not satisfactory' score is awarded. All staff are required to undergo IG training by end June 2011. Compliance at July 31st was 71%	The two requirements scored at level one were: 8-324 - Pseudonymised and/or anonymised data is used for all secondary purposes. 8-505 - This requirement is scored by using the results from a 'clinical coding audit'. This was carried out in early March and the results of accuracy did not meet the requirement to achieve a level 2. IG Training sessions being held in workplace. IG manager has trained over 1000 members of staff. E learning also available.	N
HSE – status of action plans	Work place Transport – HSE improvement notice lifted and action plan on target Management Audit – action plan has been submitted to HSE in line with timescale		N

C5. Meet regulatory Requirements and Healthcare Standards

Supporting Measure	Current Performance	Forecast Performance	Exception Report
FOI compliance – response times	Overall performance for last three months – 69% April - 50% (8/16) May - 72% (18/25) June – 79% (19/24)	Overdue responses are in the main only overdue by 1 or 2 days. Where there are long delays, this relates to the complexity of the request One request from June has still not been responded to (Division 2)	N
Rule 43 responses – timeliness and status of action plans	One rule 43 letter within the quarter.(April – June 11) The response was submitted within the timeframe. No action plan required as Trust had already taken all pertinent actions prior to the inquest. No Rule 43 letters received in July.		N
Monitor compliance	Finance and Performance requirements currently reported in A3 and B9 Developing measure to assess Quality Governance		

C6. Ensure Our Patients Suffer No Avoidable Harm (1 of 2)

Executive Sponsor	Headline Measure	Mth Status	YTD Status	Direction of Travel	Forecast	Level of Confidence in Delivery	Supporting Papers
Director of Quality & Safety / Chief Nurse	Patient Care Index	RED	RED	=	Amber Q3	3	

Supporting Measure	Current Performance	Forecast Performance	Exception Report
No. of Patient Safety Incidents	There have been 691 patient safety incidents identified in July 2011 which equates to a 6.3% reporting rate . This is within control limits: but SPC charting shows a statistically significant increase in reporting starting in April 2010.	The current rate of reporting datix incidents reflects an improvement within the 'reporting culture' of the organisation. Work is ongoing in relation to improving RCA's and action planning. Future work will include benchmarking to understand how the Trust compares to other Trusts.	N
No of Serious Incidents	There have been 9 SIs declared in July 2011. All of these incidents are being reviewed and RCA's will be completed in line with the agreed timescales.	In line with the SI policy, each case is being investigated fully with an RCA and Action Plan for Improvement. Action plans will be implemented following the completion of the RCAs with a process for tracking through the agreed improvements. In addition themes will be monitored and fully addressed.	Y
No. of inpatient Falls	There were 129 falls in July which is a reduction in 3 from June but an increase of 4 patients from this time last year. Of this number, 1 was RIDDOR reportable. RCA is in progress and will be completed in line with agreed timescales	The High Impact Actions Group continue to focus on improvements to ensure that effective assessment and preventative measures continue. The number of RIDDOR falls has reduced this month. Although an increase this month there remains confidence the Trust will achieve its 5% improvement .	N
No. of grade 3 /4 Pressure Sores	The Trust had 2 Grade 3 ulcers this month	Although there was 2 ulcers reported this month compared to 1 in each of the previous three months . The Trust is still within its monthly threshold and its trajectory to reduce ulcers by 10%	N
No. of HCAIs	In July there were **zero** MRSA bacteraemia, **20** C Diff cases of which **6** are apportioned to SaTH. There were also 5 MSSA bacteraemia of which **2** were post 48 hours. We also had **15** EColi bacteraemia of which **2** were post 48, but 3 were probably acquired in SaTH.	The Trust is now amber again with regard to C difficile as we are just outside our trajectory at 19 cases year to date (trajectory 18 cases). At this point last year we had had 26 cases but our target is very challenging this year. We continue to perform RCA on all cases. Antibiotic use is the commonest cause but mostly in line with policy	N

C6. Ensure Our Patients Suffer No Avoidable Harm (2 of 2)

Supporting Measure	Current Performance	Forecast Performance	Exception Report
Breaches in Same Sex Accommodation	In accordance with current Policy there have been no same sex accommodation breaches in July	Despite on going bed pressures there continue to be no breaches . The SHA have asked for a review of SSA in the Intermediate Care areas in Surgery . These areas have currently been agreed as exempt due to the clinical needs of patients	N
Cleanliness Score	Overall Domestic Cleanliness Monitoring scores for July were as follows: PRH: 94.76% RSH: 94.06% SATH :94.41% The target is to maintain a cleanliness score of 92% across the Trust	On-going staff shortages are impacting on quality standards on both sites Interviews currently underway for all domestic vacancies Supervisors continue to monitor standards and support Domestic Staff during periods of staff shortages. Recruitment to Bank staff on-going	N
No of Complaints	There have been 49 complaints in July compared to 68 last year . Of these the main areas of concern were 19 related to clinical concerns, 12 to access times and 10 to communication	There has been a reduction in the number of complaints from last month and from this time last year ..	N
No of Drug Errors Resulting in Harm	There were 60 medication errors reported in Datix, none of which resulted in harm to the patient. This is a small increase in the number of incidents to the previous month, but a reduction in the level of harm.	There have been no serious incidents or never events reported for drug administration in July 2011.	N

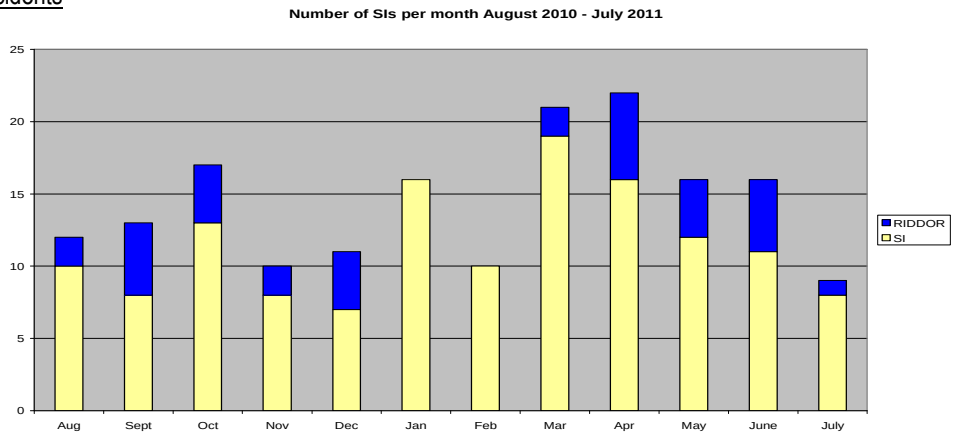
EXCEPTION REPORT

C6: Ensure that our patients suffer no avoidable harm – Serious Incidents and Drug Errors

		Status Report			Directors Risk Assessment		
Executive Sponsor	Supporting Measure	Mth status	YTD status	Direction of Travel	Forecast	Level of Confidence in Delivery	Supporting Papers
Director of Quality and Safety	**No. of Serious Incidents**	AMBER	RED		AMBER Q3	3	Serious Incident Update paper to HEC and Trust Board

Position Analysis

Serious Incidents



The 9 SIs in July related to:

2 x unexpected admission to NNU

1 x screening issues (maternity)

1 x delayed diagnosis

1 x RIDDOR reportable fall

1 x infection risk (PII – MRSA screening)

1 x grade 3 pressure sore

1 x unexpected death

1 x theatre count (infection risk)

Future Actions

Serious Incidents

Leading Improvements In Patient Safety (LIPS) will work on projects to improve reliability in healthcare and improve safety.

The key actions re tracking of outcomes include
interim support to lead:

1. Formal Panel Reviews
2. Development of a tracking outcomes process
3. Lead the development of identifying trends and themes

All Serious Incidents have a full root cause analysis and action plan in place and there are falls and pressure sore workstreams with action plans to reduce these incidents