

<b>Reporting to:</b>	<b>Trust Board - 29 January 2015</b>
<b>Title</b>	Care Quality Commission – Intelligent Monitoring Report – Dec 14 release
<b>Sponsoring Director</b>	Director of Corporate Governance
<b>Author(s)</b>	Head of Assurance
<b>Previously considered by</b>	Exec Directors (Nov 14); Risk Committee (Nov 14)
<b>Executive Summary</b>	<p>The Care Quality Commission (CQC) released their fourth Intelligent Monitoring Report (IMR) in December 2014.</p> <p>The Trust is identified as having one elevated risk and six risks. This gives the Trust a score of 8 (previously 9). The Trust is not banded due to the recent inspection.</p> <p>The full IMR is in the Information Pack and the Action Plan for the identified risks is at Appendix 1.</p>
<b>Strategic Priorities</b> 1. Improving Quality and Safety 2. Delivery of Operational Performance Standards 3. Service Reconfiguration 4. Workforce 5. Stakeholder Engagement 6. Finance and Investment Strategy	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience through our Quality Improvement Strategy <input type="checkbox"/> To develop a transition plan, with supporting mitigation actions and contingency plans, that ensures the safety and short term sustainability of challenged clinical services. 2014/15 <input checked="" type="checkbox"/> To address the existing capacity shortfall and process issues to consistently deliver national healthcare standards. 2014/15 <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions. 2015/16 <input type="checkbox"/> Complete and embed the successful reconfiguration of Women and Children's services <input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme <input checked="" type="checkbox"/> Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy <input type="checkbox"/> Embed a customer focussed approach and improve relationships with our GPs through our Stakeholder Engagement Strategy <input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme <input type="checkbox"/> Develop a robust Investment Strategy to modernise our equipment and estate to support service transformation and increase productivity through the use of technology)
<b>Board Assurance Framework (BAF) Risks</b>	<input checked="" type="checkbox"/> If we do not deliver <b>safe care</b> then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not implement our <b>falls</b> prevention strategy then patients may suffer serious injury <input type="checkbox"/> Risk to <b>sustainability</b> of clinical services due to potential shortages of key clinical staff <input checked="" type="checkbox"/> If we do not achieve safe and efficient <b>patient flow</b> and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not have a clear <b>clinical service vision</b> then we may not deliver the best services to patients <input checked="" type="checkbox"/> If we do not get good levels of <b>staff engagement</b> to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we are unable to resolve our (historic) shortfall in <b>liquidity</b> and the structural imbalance in the Trust's <b>Income &amp; Expenditure</b> position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment

<b>Care Quality Commission (CQC) Domains</b>	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input type="checkbox"/> Receive <input checked="" type="checkbox"/> Review <input type="checkbox"/> Note <input checked="" type="checkbox"/> Approve	<b>Recommendation</b> <ul style="list-style-type: none"> <li>▪ To review the latest Intelligent Monitoring Report from CQC</li> <li>▪ To review and approve the planned actions</li> </ul>

## 1 Care Quality Commission – Intelligent Monitoring Report

The Care Quality Commission (CQC) released the latest version of the 2014 Intelligent Monitoring Report (IMR) in December. This is the fourth IMR and further changes have been made to the construction since the first version was released last year.

For SaTH there are now 86 applicable indicators. The identified risks are shown below:

Level	Indicator
Elevated risk	The number of cases assessed as achieving compliance with all nine standards of care measured within the National Hip Fracture Database.
Risk	Composite indicator: In-hospital mortality - Nephrological conditions (01-Apr-12 to 18-Jun-14)
Risk	Inpatients response percentage rate from NHS England Friends and Family Test (01-Aug-13 to 31-Jul-14)
Risk	TDA - Escalation score
Risk	NHS Staff Survey - KF9. Support from immediate managers
Risk	NHS Staff Survey - KF15. The proportion of staff who stated that the incident reporting procedure was fair and effective (01-Sep-13 to 31-Dec-13)
Risk	NHS Staff Survey - KF21. The proportion of staff reporting good communication between senior management and staff (01-Sep-13 to 31-Dec-13)

The IMR does not place SaTH in a band as the banding indicates the priority trusts for inspection and the trust has been inspected. However, the total risk score is 8; a reduction from the previous score of 9. The risk score has reduced since the first IMR was published in October 2013 as shown below:

	October 2013	March 2014	July 2014	December 2014
Elevated Risks	4	2	1	1
Risks	5	5	7	6
<b>Score</b>	<b>13</b>	<b>9</b>	<b>9</b>	<b>8</b>
Band	1	3	3	Not allocated band due to recent inspection

## 2 Changes since the previous IMR

One new indicator has been judged to be a risk:

- Inpatients response percentage rate from NHS England Friends and Family Test (01-Aug-13 to 31-Jul-14)

The following items are no longer judged to be risks

- Composite of Central Alerting System (CAS) safety alerts indicators (01-Apr-04 to 30-Apr-14) – alerts closed late
- Referral to treatment times under 18 weeks: admitted pathway

The latest version of the action plan in relation to these risks is Appendix 1.

## 3 Mortality and morbidity indicators

The IMR does not highlight areas where practice is good but it is worth pointing out that there are no risks in any of the following mortality indicators or maternity outlier alerts; and the readmission rates are lower than expected.

The following indicator is lower than expected

- Dr Foster Intelligence: Hospital Standardised Mortality Ratio (Weekday) (01-Apr-13 to 31-Mar-14)

The mortality indicators which are considered to be 'as expected' include:

- Dr Foster Intelligence: Mortality rates for conditions normally associated with a very low rate of mortality
- Hospital Standardised Mortality Rate (HSMR) - various composites
- Cardiological conditions and procedures
- Cerebrovascular conditions
- Dermatological conditions
- Endocrinological conditions
- Gastroenterological and hepatological conditions and procedures
- Genito-urinary conditions
- Haematological conditions
- Infectious diseases
- Conditions associated with Mental health
- Musculoskeletal conditions
- Neurological conditions
- Paediatric and congenital disorders and perinatal mortality
- Respiratory conditions and procedures
- Trauma and orthopaedic conditions and procedures
- Vascular conditions and procedures

In addition, the following morbidity indicators show no evidence of increased risk:

- Maternity outlier alert: Elective Caesarean section
- Maternity outlier alert: Emergency Caesarean section
- Maternity outlier alert: Puerperal sepsis and other puerperal infection
- Maternity outlier alert: Maternal readmissions
- Maternity outlier alert: Neonatal readmissions
- Emergency readmissions following an emergency admission
- Emergency readmissions following an elective admission

# Intelligent Monitoring Report

Report on  
Shrewsbury and Telford Hospital NHS Trust

December 2014

To view the most recent inspection report please visit the link below.

<http://www.cqc.org.uk/Provider/RXW>

CQC has developed a new model for monitoring a range of key indicators about NHS acute and specialist hospitals. These indicators relate to the five key questions we will ask of all services – are they safe, effective, caring, responsive and well-led? The indicators will be used to raise questions about the quality of care. They will not be used on their own to make judgements. Our judgements will always be based on the result of an inspection, which will take into account our Intelligent Monitoring analysis alongside local information from the public, the trust and other organisations.

### **What does this report contain?**

This report presents CQC's analysis of the key indicators (which we call 'tier one indicators') for Shrewsbury and Telford Hospital NHS Trust. We have analysed each indicator to identify two possible levels of risk.

We have used a number of tests to determine where the thresholds of "risk" and "elevated risk" sit for each indicator, based on our judgement of which statistical tests are most appropriate. These tests include CUSUM and z-scoring techniques. Where an indicator has 'no evidence of risk' this refers to where our statistical analysis has not deemed there to be a "risk" or "elevated risk". For some data sources these thresholds are determined by a rules-based approach - for example concerns raised by staff to CQC (and validated by CQC) are always flagged in the model.

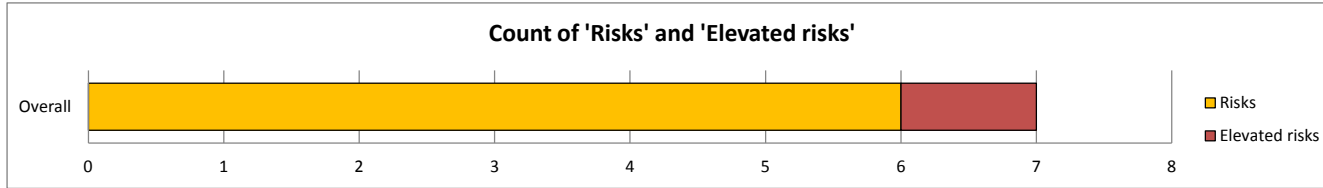
NHS Trusts that have had an inspection at the time of producing this update of Intelligent Monitoring have not been assigned a banding; all other indicator analysis results are shown in their report. "Recently inspected" is stated for these trusts. This is to reflect the fact that CQC's new comprehensive inspections will provide its definitive judgements for each organisation.

Further details of the analysis applied are explained in the accompanying guidance document.

### **What guidance is available?**

We have published a document setting out the definition and full methodology for each indicator. If you have any queries or need more information, please email [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or use the contact details at [www.cqc.org.uk/contact-us](http://www.cqc.org.uk/contact-us)

Trust Summary



Priority banding for inspection	Recently inspected
Number of 'Risks'	6
Number of 'Elevated risks'	1
Overall Risk Score	8
Number of Applicable Indicators	94
Percentage Score	4.26%
Maximum Possible Risk Score	188

- Elevated risk** The proportion of cases assessed as achieving compliance with all nine standards of care measured within the National Hip Fracture Database. (01-Jan-13 to 31-Dec-13)
- Risk** Composite indicator: In-hospital mortality - Nephrological conditions
- Risk** Inpatients response percentage rate from NHS England Friends and Family Test (01-Aug-13 to 31-Jul-14)
- Risk** TDA - Escalation score (01-Jun-14 to 30-Jun-14)
- Risk** NHS Staff Survey - KF9. The proportion of staff reported receiving support from immediate managers (01-Sep-13 to 31-Dec-13)
- Risk** NHS Staff Survey - KF15. The proportion of staff who stated that the incident reporting procedure was fair and effective (01-Sep-13 to 31-Dec-13)
- Risk** NHS Staff Survey - KF21. The proportion of staff reporting good communication between senior management and staff (01-Sep-13 to 31-Dec-13)

Tier One Indicators

Section	ID	Indicators	Observed	Expected	Risk?
Never Events	STEISNE	Never Event incidence (01-Sep-13 to 31-Aug-14)	0	-	No evidence of risk
Avoidable infections	CDIFF	Incidence of Clostridium difficile (C.difficile) (01-Aug-13 to 31-Jul-14)	37	36.08	No evidence of risk
	MRSA	Incidence of Meticillin-resistant Staphylococcus aureus (MRSA) (01-Aug-13 to 31-Jul-14)	1	2.77	No evidence of risk
Deaths in low risk diagnosis groups	MORTLOWR	Dr Foster Intelligence: Mortality rates for conditions normally associated with a very low rate of mortality (01-Apr-13 to 31-Mar-14)	Within expected range	-	No evidence of risk
Patient safety incidents	NRLSL03	Proportion of reported patient safety incidents that are harmful (01-Jun-13 to 31-May-14)	0.23	0.28	No evidence of risk
	NRLSL04	Potential under-reporting of patient safety incidents resulting in death or severe harm (01-Jun-13 to 31-May-14)	23	47.98	No evidence of risk
	NRLSL05	Potential under-reporting of patient safety incidents (01-Jun-13 to 31-May-14)	7385	8682.46	No evidence of risk
Central Alerting System	COM_CASIM	Composite of Central Alerting System (CAS) safety alerts indicators (01-Apr-04 to 31-Aug-14)	-	-	No evidence of risk
	CASIM01A01	<i>The number of alerts which CAS stipulated should have been closed by trusts during the preceding 12 months, but which were still open on the date CQC extracted data from the CAS system (01-Sep-13 to 31-Aug-14)</i>	0 alerts still open	-	No evidence of risk
	CASIM01B01	<i>The number of alerts which CAS stipulated should have been closed by trusts more than 12 months before, but which were still open on the date CQC extracted data from the CAS system (01-Apr-04 to 31-Aug-13)</i>	0 alerts still open	-	No evidence of risk
	CASIM01C01	<i>Percentage of CAS alerts with closing dates during the preceding 12 months which the trust has closed late (01-Sep-13 to 31-Aug-14)</i>	< 25% of alerts closed late	-	No evidence of risk
Venous Thromboembolism	VTERA03	Proportion of patients risk assessed for Venous Thromboembolism (VTE) (01-Apr-14 to 30-Jun-14)	0.95	0.95	No evidence of risk
Mortality: Trust Level	SHMI01	Summary Hospital-level Mortality Indicator (01-Apr-13 to 31-Mar-14)	Trust's mortality rate is 'As Expected'	-	No evidence of risk
	COM_HSMR	Dr Foster Intelligence: Composite of Hospital Standardised Mortality Ratio indicators (01-Apr-13 to 31-Mar-14)	-	-	No evidence of risk
	HSMR	<i>Dr Foster Intelligence: Hospital Standardised Mortality Ratio (01-Apr-13 to 31-Mar-14)</i>	Within expected range	-	No evidence of risk
	HSMRWKDAY	<i>Dr Foster Intelligence: Hospital Standardised Mortality Ratio (Weekday) (01-Apr-13 to 31-Mar-14)</i>	Lower than expected	-	No evidence of risk
	HSMRWKEND	<i>Dr Foster Intelligence: Hospital Standardised Mortality Ratio (Weekend) (01-Apr-13 to 31-Mar-14)</i>	Within expected range	-	No evidence of risk



Section	ID	Indicators	Observed	Expected	Risk?
	<b>COM_CARDI</b>	<b>Composite indicator: In-hospital mortality - Cardiological conditions and procedures</b>	-	-	<b>No evidence of risk</b>
	HESMORT24CU	<i>In-hospital mortality: Cardiological conditions (01-May-13 to 30-Apr-14)</i>	-	-	<i>No evidence of risk</i>
	MORTAMI	<i>Mortality outlier alert: Acute myocardial infarction (case status as at 19-Nov-14)</i>	-	-	<i>No evidence of risk</i>
	MORTARRES	<i>Mortality outlier alert: Cardiac arrest and ventricular fibrillation (case status as at 19-Nov-14)</i>	-	-	<i>No evidence of risk</i>
	MORTCABGI	<i>Mortality outlier alert: CABG (isolated first time) (case status as at 19-Nov-14)</i>	Not included	Not included	Not included
	MORTCABGO	<i>Mortality outlier alert: CABG (other) (case status as at 19-Nov-14)</i>	Not included	Not included	Not included
	MORTCASUR	<i>Mortality outlier alert: Adult cardiac surgery (case status as at 19-Nov-14)</i>	Not included	Not included	Not included
	MORTCATH	<i>Mortality outlier alert: Coronary atherosclerosis and other heart disease (case status as at 19-Nov-14)</i>	-	-	<i>No evidence of risk</i>
	MORTCHF	<i>Mortality outlier alert: Congestive heart failure; nonhypertensive (case status as at 19-Nov-14)</i>	-	-	<i>No evidence of risk</i>
	MORTDYSRH	<i>Mortality outlier alert: Cardiac dysrhythmias (case status as at 19-Nov-14)</i>	-	-	<i>No evidence of risk</i>
	MORTHVD	<i>Mortality outlier alert: Heart valve disorders (case status as at 19-Nov-14)</i>	-	-	<i>No evidence of risk</i>
	MORTPHD	<i>Mortality outlier alert: Pulmonary heart disease (case status as at 19-Nov-14)</i>	-	-	<i>No evidence of risk</i>
	<b>COM_CEREB</b>	<b>Composite indicator: In-hospital mortality - Cerebrovascular conditions</b>	-	-	<b>No evidence of risk</b>
	HESMORT21CU	<i>In-hospital mortality: Cerebrovascular conditions (01-May-13 to 30-Apr-14)</i>	-	-	<i>No evidence of risk</i>
	MORTACD	<i>Mortality outlier alert: Acute cerebrovascular disease (case status as at 19-Nov-14)</i>	-	-	<i>No evidence of risk</i>
	<b>COM_DERMA</b>	<b>Composite indicator: In-hospital mortality - Dermatological conditions</b>	-	-	<b>No evidence of risk</b>
	HESMORT35CU	<i>In-hospital mortality: Dermatological conditions (01-May-13 to 30-Apr-14)</i>	-	-	<i>No evidence of risk</i>
	MORTSKINF	<i>Mortality outlier alert: Skin and subcutaneous tissue infections (case status as at 19-Nov-14)</i>	-	-	<i>No evidence of risk</i>
	MORTSKULC	<i>Mortality outlier alert: Chronic ulcer of skin (case status as at 19-Nov-14)</i>	-	-	<i>No evidence of risk</i>
	<b>COM_ENDOC</b>	<b>Composite indicator: In-hospital mortality - Endocrinological conditions</b>	-	-	<b>No evidence of risk</b>
	HESMORT29CU	<i>In-hospital mortality: Endocrinological conditions (01-May-13 to 30-Apr-14)</i>	-	-	<i>No evidence of risk</i>
	MORTDIABWC	<i>Mortality outlier alert: Diabetes mellitus with complications (case status as at 19-Nov-14)</i>	-	-	<i>No evidence of risk</i>
	MORTDIABWOC	<i>Mortality outlier alert: Diabetes mellitus without complications (case status as at 19-Nov-14)</i>	-	-	<i>No evidence of risk</i>
	MORTFLUID	<i>Mortality outlier alert: Fluid and electrolyte disorders (case status as at 19-Nov-14)</i>	-	-	<i>No evidence of risk</i>

Section	ID	Indicators	Observed	Expected	Risk?
Mortality	COM_GASTR	Composite indicator: In-hospital mortality - Gastroenterological and hepatological conditions and procedures	-	-	No evidence of risk
	HESMORT27CU	<i>In-hospital mortality: Gastroenterological and hepatological conditions (01-May-13 to 30-Apr-14)</i>	-	-	No evidence of risk
	MORTALCLIV	<i>Mortality outlier alert: Liver disease, alcohol-related (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTBILIA	<i>Mortality outlier alert: Biliary tract disease (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTGASHAE	<i>Mortality outlier alert: Gastrointestinal haemorrhage (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTGASN	<i>Mortality outlier alert: Noninfectious gastroenteritis (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTINTOBS	<i>Mortality outlier alert: Intestinal obstruction without hernia (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTOGAS	<i>Mortality outlier alert: Other gastrointestinal disorders (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTOLIV	<i>Mortality outlier alert: Other liver diseases (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTOPJEJ	<i>Mortality outlier alert: Operations on jejunum (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTPERI	<i>Mortality outlier alert: Peritonitis and intestinal abscess (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTTEPBI	<i>Mortality outlier alert: Therapeutic endoscopic procedures on biliary tract (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTTEPLGI	<i>Mortality outlier alert: Therapeutic endoscopic procedures on lower GI tract (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTTEPUGI	<i>Mortality outlier alert: Therapeutic endoscopic procedures on upper GI tract (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTTOJI	<i>Mortality outlier alert: Therapeutic operations on jejunum and ileum (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	COM_GENIT	Composite indicator: In-hospital mortality - Genito-urinary conditions	-	-	No evidence of risk
	HESMORT31CU	<i>In-hospital mortality: Genito-urinary conditions (01-May-13 to 30-Apr-14)</i>	-	-	No evidence of risk
	MORTUTI	<i>Mortality outlier alert: Urinary tract infections (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	COM_HAEMA	Composite indicator: In-hospital mortality - Haematological conditions	-	-	No evidence of risk
	HESMORT28CU	<i>In-hospital mortality: Haematological conditions (01-May-13 to 30-Apr-14)</i>	-	-	No evidence of risk
	MORTDEFI	<i>Mortality outlier alert: Deficiency and other anaemia (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	COM_INFEC	Composite indicator: In-hospital mortality - Infectious diseases	-	-	No evidence of risk
	HESMORT26CU	<i>In-hospital mortality: Infectious diseases (01-May-13 to 30-Apr-14)</i>	-	-	No evidence of risk
	MORTSEPT	<i>Mortality outlier alert: Septicaemia (except in labour) (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	COM_MENTA	Composite indicator: In-hospital mortality - Conditions associated with Mental health	-	-	No evidence of risk
	HESMORT33CU	<i>In-hospital mortality: Conditions associated with Mental health (01-May-13 to 30-Apr-14)</i>	-	-	No evidence of risk
	MORTSENI	<i>Mortality outlier alert: Senility and organic mental disorders (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	COM_MUSCU	Composite indicator: In-hospital mortality - Musculoskeletal conditions	-	-	No evidence of risk
	HESMORT36CU	<i>In-hospital mortality: Musculoskeletal conditions (01-May-13 to 30-Apr-14)</i>	-	-	No evidence of risk
	MORTPATH	<i>Mortality outlier alert: Pathological fracture (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	COM_NEPHR	Composite indicator: In-hospital mortality - Nephrological conditions	-	-	Risk
	HESMORT30CU	<i>In-hospital mortality: Nephrological conditions (01-May-13 to 30-Apr-14)</i>	-	-	Risk
	MORTRENA	<i>Mortality outlier alert: Acute and unspecified renal failure (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
MORTRENC	<i>Mortality outlier alert: Chronic renal failure (case status as at 19-Nov-14)</i>	-	-	No evidence of risk	
COM_NEURO	Composite indicator: In-hospital mortality - Neurological conditions	-	-	No evidence of risk	
HESMORT34CU	<i>In-hospital mortality: Neurological conditions (01-May-13 to 30-Apr-14)</i>	-	-	No evidence of risk	
MORTEPIL	<i>Mortality outlier alert: Epilepsy, convulsions (case status as at 19-Nov-14)</i>	-	-	No evidence of risk	

Section	ID	Indicators	Observed	Expected	Risk?
	COM_PAEDI	Composite indicator: In-hospital mortality - Paediatric and congenital disorders and perinatal mortality	-	-	No evidence of risk
	HESMORT32CU	<i>In-hospital mortality: Paediatric and congenital disorders (01-May-13 to 30-Apr-14)</i>	-	-	No evidence of risk
	MATPERIMOR	<i>Maternity outlier alert: Perinatal mortality (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	COM_RESPI	Composite indicator: In-hospital mortality - Respiratory conditions	-	-	No evidence of risk
	HESMORT25CU	<i>In-hospital mortality: Respiratory conditions (01-May-13 to 30-Apr-14)</i>	-	-	No evidence of risk
	MORTASTHM	<i>Mortality outlier alert: Asthma (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTBRONC	<i>Mortality outlier alert: Acute bronchitis (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTCOPD	<i>Mortality outlier alert: Chronic obstructive pulmonary disease and bronchiectasis (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTPLEU	<i>Mortality outlier alert: Pleurisy, pneumothorax, pulmonary collapse (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTPNEU	<i>Mortality outlier alert: Pneumonia (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	COM_TRAUM	Composite indicator: In-hospital mortality - Trauma and orthopaedic conditions and procedures	-	-	No evidence of risk
	HESMORT37CU	<i>In-hospital mortality: Trauma and orthopaedic conditions (01-May-13 to 30-Apr-14)</i>	-	-	No evidence of risk
	MORTCRAN	<i>Mortality outlier alert: Craniotomy for trauma (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTFNOF	<i>Mortality outlier alert: Fracture of neck of femur (hip) (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTHFREP	<i>Mortality outlier alert: Head of femur replacement (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTHIPREP	<i>Mortality outlier alert: Hip replacement (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTINTINJ	<i>Mortality outlier alert: Intracranial injury (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTOFRA	<i>Mortality outlier alert: Other fractures (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTREDFB	<i>Mortality outlier alert: Reduction of fracture of bone (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTREDFBL	<i>Mortality outlier alert: Reduction of fracture of bone (upper/lower limb) (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTREDFNOF	<i>Mortality outlier alert: Reduction of fracture of neck of femur (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTSHUN	<i>Mortality outlier alert: Shunting for hydrocephalus (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	COM_VASCU	Composite indicator: In-hospital mortality - Vascular conditions and procedures	-	-	No evidence of risk
	HESMORT23CU	<i>In-hospital mortality: Vascular conditions (01-May-13 to 30-Apr-14)</i>	-	-	No evidence of risk
	MORTAMPUT	<i>Mortality outlier alert: Amputation of leg (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTANEUR	<i>Mortality outlier alert: Aortic, peripheral, and visceral artery aneurysms (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTCLIP	<i>Mortality outlier alert: Clip and coil aneurysms (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTOFB	<i>Mortality outlier alert: Other femoral bypass (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTPVA	<i>Mortality outlier alert: Peripheral and visceral atherosclerosis (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTREPAAA	<i>Mortality outlier alert: Repair of abdominal aortic aneurysm (AAA) (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTTOFA	<i>Mortality outlier alert: Transluminal operations on the femoral artery (case status as at 19-Nov-14)</i>	-	-	No evidence of risk

Section	ID	Indicators	Observed	Expected	Risk?
Maternity and women's health	MATELECCS	Maternity outlier alert: Elective Caesarean section (case status as at 19-Nov-14)	-	-	No evidence of risk
	MATEMERCs	Maternity outlier alert: Emergency Caesarean section (case status as at 19-Nov-14)	-	-	No evidence of risk
	MATSEPSIS	Maternity outlier alert: Puerperal sepsis and other puerperal infections (case status as at 19-Nov-14)	-	-	No evidence of risk
Re-admissions	MATMATRE	Maternity outlier alert: Maternal readmissions (case status as at 19-Nov-14)	-	-	No evidence of risk
	MATNEORE	Maternity outlier alert: Neonatal readmissions (case status as at 19-Nov-14)	-	-	No evidence of risk
	COM_ELRE_ON	Composite indicator: Emergency readmissions with an overnight stay following an elective admission (01-Apr-13 to 31-Mar-14)	-	-	No evidence of risk
	HESELRE_ON	Emergency readmissions with an overnight stay following an elective admission (Cross sectional) (01-Apr-13 to 31-Mar-14)	523	650.11	No evidence of risk
	HESELRECU_ON	Emergency readmissions with an overnight stay following an elective admission (CUSUM) (01-Jan-14 to 31-Mar-14)	-	-	No evidence of risk
	COM_EMRE_ON	Composite indicator: Emergency readmissions with an overnight stay following an emergency admission (01-Apr-13 to 31-Mar-14)	-	-	No evidence of risk
	HESEMRE_ON	Emergency readmissions with an overnight stay following an emergency admission (Cross sectional) (01-Apr-13 to 31-Mar-14)	3512	3787.51	No evidence of risk
	HESEMRECU_ON	Emergency readmissions with an overnight stay following an emergency admission (CUSUM) (01-Jan-14 to 31-Mar-14)	-	-	No evidence of risk
PROMs	PROMS52	PROMs EQ-5D score: Groin Hernia Surgery (01-Apr-13 to 31-Mar-14)	0.08	0.09	No evidence of risk
	PROMS_HIP	Composite of hip related PROMS indicators (01-Apr-13 to 31-Mar-14)	-	-	No evidence of risk
	PROMS53	PROMs EQ-5D score: Hip Replacement (PRIMARY) (01-Apr-13 to 31-Mar-14)	0.43	0.44	No evidence of risk
	PROMS54	PROMs Oxford score: Hip Replacement (PRIMARY) (01-Apr-13 to 31-Mar-14)	21.01	21.29	No evidence of risk
	PROMS_KNEE	Composite of knee related PROMS indicators (01-Apr-13 to 31-Mar-14)	-	-	No evidence of risk
	PROMS55	PROMs EQ-5D score: Knee Replacement (PRIMARY) (01-Apr-13 to 31-Mar-14)	0.31	0.32	No evidence of risk
	PROMS56	PROMs Oxford score: Knee Replacement (PRIMARY) (01-Apr-13 to 31-Mar-14)	16.58	16.24	No evidence of risk
Audit	NHFD01	The proportion of cases assessed as achieving compliance with all nine standards of care measured within the National Hip Fracture Database. (01-Jan-13 to 31-Dec-13)	0	0.6	Elevated risk
	SSNAPD02	SSNAP Domain 2: overall team-centred rating score for key stroke unit indicator (01-Apr-14 to 30-Jun-14)	Level B	-	No evidence of risk

Section	ID	Indicators	Observed	Expected	Risk?
Compassionate care	IPSURTALKWOR	Inpatient Survey Q34 "Did you find someone on the hospital staff to talk to about your worries and fears?" (Score out of 10) (01-Jun-13 to 31-Aug-13)	5.58	-	No evidence of risk
	IPSURSUPEMOT	Inpatient Survey Q35 "Do you feel you got enough emotional support from hospital staff during your stay?" (Score out of 10) (01-Jun-13 to 31-Aug-13)	7.12	-	No evidence of risk
Meeting physical needs	IPSURHELPEAT	Inpatient Survey Q23 "Did you get enough help from staff to eat your meals?" (Score out of 10) (01-Jun-13 to 31-Aug-13)	7.18	-	No evidence of risk
	IPSURINVDECI	Inpatient Survey Q32 "Were you involved as much as you wanted to be in decisions about your care and treatment?" (Score out of 10) (01-Jun-13 to 31-Aug-13)	7.01	-	No evidence of risk
	IPSURCNTPAIN	Inpatient Survey Q39 "Do you think the hospital staff did everything they could to help control your pain?" (Score out of 10) (01-Jun-13 to 31-Aug-13)	8.09	-	No evidence of risk
Overall experience	IPSUROVERALL	Inpatient Survey Q68 "Overall..." (I had a very poor/good experience) (Score out of 10) (01-Jun-13 to 31-Aug-13)	7.73	-	No evidence of risk
	FFTNHSESCORE	NHS England inpatients score from Friends and Family Test (% change) (01-Aug-13 to 31-Jul-14)	-2.9% Short Term - 1.7% Long Term	-	No evidence of risk
Treatment with dignity and respect	IPSURRSPDIGN	Inpatient Survey Q67 "Overall, did you feel you were treated with respect and dignity while you were in the hospital?" (Score out of 10) (01-Jun-13 to 31-Aug-13)	8.88	-	No evidence of risk
Trusting relationships	IPSURCONFDOC	Inpatient Survey Q25 "Did you have confidence and trust in the doctors treating you?" (Score out of 10) (01-Jun-13 to 31-Aug-13)	8.67	-	No evidence of risk
	IPSURCONFNUR	Inpatient Survey Q28 "Did you have confidence and trust in the nurses treating you?" (Score out of 10) (01-Jun-13 to 31-Aug-13)	8.83	-	No evidence of risk
A&E Survey	AESURWAIT	A&E Survey Q7: From the time you first arrived at the A&E Department, how long did you wait before being examined by a doctor or nurse? (01-Jan-14 to 31-Mar-14)	6.98	-	No evidence of risk
	AESURCONFID	A&E Survey Q14: Did you have confidence and trust in the doctors and nurses examining and treating you? (01-Jan-14 to 31-Mar-14)	8.32	-	No evidence of risk
	AESURPRIV	A&E Survey Q18: Were you given enough privacy when being examined or treated? (01-Jan-14 to 31-Mar-14)	9.03	-	No evidence of risk
	AESURATTENT	A&E Survey Q19: If you needed attention, were you able to get a member of medical or nursing staff to help you? (01-Jan-14 to 31-Mar-14)	8.1	-	No evidence of risk
	AESURREASS	A&E Survey Q22: If you were feeling distressed while you were in the A&E Department, did a member of staff help to reassure you? (01-Jan-14 to 31-Mar-14)	6.24	-	No evidence of risk
	AESURPAIN	A&E Survey Q30: Do you think the hospital staff did everything they could to help control your pain? (01-Jan-14 to 31-Mar-14)	7.49	-	No evidence of risk
	AESURCONT	A&E Survey Q41: Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left the A&E Department? (01-Jan-14 to 31-Mar-14)	7.3	-	No evidence of risk
	AESURDIGRES	A&E Survey Q42: Overall, did you feel you were treated with respect and dignity while you were in the A&E Department? (01-Jan-14 to 31-Mar-14)	8.85	-	No evidence of risk

Section	ID	Indicators	Observed	Expected	Risk?
Access measures	COM_AD_A&E	Composite indicator: A&E waiting times more than 4 hours (01-Jul-14 to 30-Sep-14)	-	-	No evidence of risk
	AD_A&E13	Proportion of patients spending more than 4 hours in Type 1 only A&E departments from arrival to discharge, transfer or admission (01-Jul-14 to 30-Sep-14)	0.09	0.05	No evidence of risk
	AD_A&E14	Proportion of patients spending more than 4 hours in Type 2 only A&E departments from arrival to discharge, transfer or admission (01-Jul-14 to 30-Sep-14)	0	0.05	No evidence of risk
	AD_A&E15	Proportion of patients spending more than 4 hours in Type 3 only A&E departments from arrival to discharge, transfer or admission (01-Jul-14 to 30-Sep-14)	0	0.05	No evidence of risk
	COM_RTT	Composite indicator: Referral to treatment (01-Jul-14 to 31-Jul-14)	-	-	No evidence of risk
	RTT_01	Monthly Referral to Treatment (RTT) waiting times for completed admitted pathways (on an adjusted basis): percentage within 18 weeks (01-Jul-14 to 31-Jul-14)	84.2%	88.4%	No evidence of risk
	RTT_02	Monthly Referral to Treatment (RTT) waiting times for completed non-admitted pathways: percentage within 18 weeks (01-Jul-14 to 31-Jul-14)	92.1%	95.8%	No evidence of risk
	RTT_03	Monthly Referral to Treatment (RTT) waiting times for incomplete pathways: percentage within 18 weeks (01-Jul-14 to 31-Jul-14)	91.2%	93.2%	No evidence of risk
	DIAG6WK01	Diagnostics waiting times: patients waiting over 6 weeks for a diagnostic test (01-Jul-14 to 31-Jul-14)	0.001	0.017	No evidence of risk
	WT_CAN26	All cancers: 62 day wait for first treatment from urgent GP referral (01-Apr-14 to 30-Jun-14)	0.82	0.85	No evidence of risk
	WT_CAN27	All cancers: 62 day wait for first treatment from NHS cancer screening referral (01-Apr-14 to 30-Jun-14)	0.89	0.9	No evidence of risk
	WT_CAN22	All cancers: 31 day wait from diagnosis (01-Apr-14 to 30-Jun-14)	0.97	0.96	No evidence of risk
	CND_OPS02	The proportion of patients whose operation was cancelled (01-Apr-14 to 30-Jun-14)	0.01	0.008	No evidence of risk
	CND_OPS01	The number of patients not treated within 28 days of last minute cancellation due to non-clinical reason (01-Apr-14 to 30-Jun-14)	0.007	0.051	No evidence of risk
AMBTURN06	Proportion of ambulance journeys where the ambulance vehicle remained at hospital for more than 60 minutes (01-Apr-14 to 30-Apr-14)	0.009	0.024	No evidence of risk	
Discharge and Integration	DTC40	Ratio of the total number of days delay in transfer from hospital to the total number of occupied beds (01-Apr-14 to 30-Jun-14)	0.025	0.023	No evidence of risk
Patient-led assessments of the care environment	COM_PLACE	Composite of PLACE indicators (29-Jan-14 to 17-Jun-14)	-	-	No evidence of risk
	PLACE01	PLACE score for cleanliness of environment (29-Jan-14 to 17-Jun-14)	0.99	0.97	No evidence of risk
	PLACE02	PLACE score for food (29-Jan-14 to 17-Jun-14)	0.87	0.89	No evidence of risk
	PLACE03	PLACE score for privacy, dignity and well being (29-Jan-14 to 17-Jun-14)	0.79	0.87	No evidence of risk
	PLACE04	PLACE score for facilities (29-Jan-14 to 17-Jun-14)	0.91	0.92	No evidence of risk

Section	ID	Indicators	Observed	Expected	Risk?
Reporting culture	NRLSL08	Consistency of reporting to the National Reporting and Learning System (NRLS) (01-Oct-13 to 31-Mar-14)	6 months of reporting	-	No evidence of risk
	COM_SUSDQ	Data quality of trust returns to the HSCIC (01-Apr-14 to 30-Jun-14)	-	-	No evidence of risk
	SUSA&E02	Percentage of Secondary Uses Service (SUS) records for Accident and Emergency care with valid entries in mandatory fields. (01-Apr-14 to 30-Jun-14)	99.6%	96.7%	No evidence of risk
	SUSAPC02	Percentage of Secondary Uses Service (SUS) records for inpatient care with correct entries in mandatory fields. (01-Apr-14 to 30-Jun-14)	99.8%	97.3%	No evidence of risk
	SUSOP02	Percentage of Secondary Uses Service (SUS) records for outpatient care with valid entries in mandatory fields. (01-Apr-14 to 30-Jun-14)	99.8%	97.3%	No evidence of risk
	FFTRESP02	Inpatients response percentage rate from NHS England Friends and Family Test (01-Aug-13 to 31-Jul-14)	21.8%	32.9%	Risk
Partners	MONITOR01	Monitor - Governance risk rating (09-Sep-14 to 09-Sep-14)	Not included	Not included	Not included
	MONITOR02	Monitor - Continuity of service rating (09-Sep-14 to 09-Sep-14)	Not included	Not included	Not included
	TDA03	TDA - Escalation score (01-Jun-14 to 30-Jun-14)	2. Intervention (significant delivery issues)	-	Risk
	NTS12	GMC National Training Survey – trainee's overall satisfaction (26-Mar-14 to 08-May-14)	Within the middle quartile (Q2/IQR)	-	No evidence of risk
Staff survey	STASURBG01	NHS Staff Survey - The proportion of staff who would recommend the trust as a place to work or receive treatment (01-Sep-13 to 31-Dec-13)	0.59	0.65	No evidence of risk
	NHSSTAFF04	NHS Staff Survey - KF7. The proportion of staff who were appraised in last 12 months (01-Sep-13 to 31-Dec-13)	0.78	0.83	No evidence of risk
	NHSSTAFF06	NHS Staff Survey - KF9. The proportion of staff reported receiving support from immediate managers (01-Sep-13 to 31-Dec-13)	0.63	0.65	Risk
	NHSSTAFF07	NHS Staff Survey - KF10. The proportion of staff receiving health and safety training in last 12 months (01-Sep-13 to 31-Dec-13)	0.65	0.75	No evidence of risk
	NHSSTAFF11	NHS Staff Survey - KF15. The proportion of staff who stated that the incident reporting procedure was fair and effective (01-Sep-13 to 31-Dec-13)	0.60	0.62	Risk
	NHSSTAFF16	NHS Staff Survey - KF21. The proportion of staff reporting good communication between senior management and staff (01-Sep-13 to 31-Dec-13)	0.22	0.29	Risk

Section	ID	Indicators	Observed	Expected	Risk?
Staffing	ESRSIC	Composite risk rating of ESR items relating to staff sickness rates (01-Aug-13 to 31-Jul-14)	-	-	No evidence of risk
	ESRSIC01	Proportion of days sick due to back problems in the last 12 months (01-Aug-13 to 31-Jul-14)	0.003	0.003	No evidence of risk
	ESRSIC02	Proportion of days sick due to stress in the last 12 months (01-Aug-13 to 31-Jul-14)	0.007	0.007	No evidence of risk
	ESRSIC03	Proportion of days sick in the last 12 months for Medical and Dental staff (01-Aug-13 to 31-Jul-14)	0.019	0.035	No evidence of risk
	ESRSIC04	Proportion of days sick in the last 12 months for Nursing and Midwifery staff (01-Aug-13 to 31-Jul-14)	0.046	0.042	No evidence of risk
	ESRSIC05	Proportion of days sick in the last 12 months for other clinical staff (01-Aug-13 to 31-Jul-14)	0.046	0.046	No evidence of risk
	ESRSIC06	Proportion of days sick in the last 12 months for non-clinical staff (01-Aug-13 to 31-Jul-14)	0.043	0.039	No evidence of risk
	ESRReg	Composite risk rating of ESR items relating to staff registration (31-Jul-14 to 31-Jul-14)	-	-	No evidence of risk
	ESRREG01	Proportion of Medical and Dental staff that hold an active professional registration (31-Jul-14 to 31-Jul-14)	1	0.99	No evidence of risk
	ESRREG02	Proportion of Nursing and Midwifery staff that hold an active professional registration (31-Jul-14 to 31-Jul-14)	1	0.99	No evidence of risk
	ESRTO	Composite risk rating of ESR items relating to staff turnover (01-Aug-13 to 31-Jul-14)	-	-	No evidence of risk
	ESRTURO1	Turnover rate (leavers) for Medical and Dental staff (01-Aug-13 to 31-Jul-14)	0.11	0.1	No evidence of risk
	ESRTURO2	Turnover rate (leavers) for Nursing and Midwifery staff (01-Aug-13 to 31-Jul-14)	0.06	0.12	No evidence of risk
	ESRTURO3	Turnover rate (leavers) for other clinical staff (01-Aug-13 to 31-Jul-14)	0.09	0.12	No evidence of risk
	ESRTURO4	Turnover rate (leavers) for all other staff (01-Aug-13 to 31-Jul-14)	0.08	0.11	No evidence of risk
	ESRSTAB	Composite risk rating of ESR items relating to staff stability (01-Aug-13 to 31-Jul-14)	-	-	No evidence of risk
	ESRSTA01	Stability Index for Medical and Dental staff (01-Aug-13 to 31-Jul-14)	0.92	0.94	No evidence of risk
	ESRSTA02	Stability Index for Nursing and Midwifery staff (01-Aug-13 to 31-Jul-14)	0.94	0.9	No evidence of risk
	ESRSTA03	Stability Index for other clinical staff (01-Aug-13 to 31-Jul-14)	0.92	0.9	No evidence of risk
	ESRSTA04	Stability Index for non clinical staff (01-Aug-13 to 31-Jul-14)	0.93	0.91	No evidence of risk
	ESRSUP	Composite risk rating of ESR items relating to staff support/ supervision (01-Aug-13 to 31-Jul-14)	-	-	No evidence of risk
	ESRSUP01	Ratio of Band 6 Nurses to Band 5 Nurses (01-Aug-13 to 31-Jul-14)	0.39	0.4	No evidence of risk
	ESRSUP02	Ratio of Charge Nurse/ Ward Sister (Band 7) to Band 5/6 Nurses (01-Aug-13 to 31-Jul-14)	0.15	0.18	No evidence of risk
	ESRSUP03	Proportion of all ward staff who are registered nurses (01-Aug-13 to 31-Jul-14)	0.67	0.68	No evidence of risk
	ESRSUP04	Ratio of consultant doctors to non-consultant doctors (01-Aug-13 to 31-Jul-14)	0.72	0.66	No evidence of risk
	ESRSUP05	Ratio of band 7 Midwives to band 5/6 Midwives (01-Aug-13 to 31-Jul-14)	0.24	0.26	No evidence of risk
	ESRSTAFF	Composite risk rating of ESR items relating to ratio: Staff vs bed occupancy (01-Aug-13 to 31-Jul-14)	-	-	No evidence of risk
	ESRRAT01	Ratio of all medical and dental staff to occupied beds (number of beds per staff) (01-Aug-13 to 31-Jul-14)	5.6	4.6	No evidence of risk
	ESRRAT02	Ratio of all nursing staff to occupied beds (number of beds per staff) (01-Aug-13 to 31-Jul-14)	2.63	2.23	No evidence of risk
	ESRRAT03	Ratio of all other clinical staff to occupied beds (number of beds per staff) (01-Aug-13 to 31-Jul-14)	2.35	2.07	No evidence of risk
	ESRRAT04	Ratio of all midwifery staff to births (number of births per staff) (01-Aug-13 to 31-Jul-14)	24.73	28.23	No evidence of risk
	FLUVAC01	Healthcare Worker Flu vaccination uptake (01-Sep-13 to 31-Jan-14)	0.69	0.59	No evidence of risk



Section	ID	Indicators	Observed	Expected	Risk?
Qualitative intelligence	WHISTLEBLOW	Whistleblowing alerts (18-Jul-13 to 29-Sep-14)	0	-	No evidence of risk
	GMC	GMC - Enhanced monitoring (01-Mar-09 to 22-Jul-14)	-	-	No evidence of risk
	SAFEGUARDING	Safeguarding concerns (23-Sep-13 to 22-Sep-14)	-	-	No evidence of risk
	SYE	CQC Share Your Experience - the number of negative comments is high relative to positive comments (09-Sep-13 to 08-Sep-14)	6	9.59	No evidence of risk
	NHSCHOICES	NHS Choices - the number of negative comments is high relative to positive comments (01-May-13 to 30-Apr-14)	19	33.28	No evidence of risk
	P_OPINION	Patient Opinion - the number of negative comments is high relative to positive comments (28-May-13 to 27-May-14)	48	3823.01	No evidence of risk
	CQC_COM	CQC complaints (23-Sep-13 to 22-Sep-14)	20	38.73	No evidence of risk
	PROV_COM	Provider complaints (01-Apr-13 to 31-Mar-14)	444	562.57	No evidence of risk

Paper 5, Appendix 1: Action plan – updated following release of November 2014 IMR

Level	Indicator	Comment	Director	Responsible	Current Position / Actions
Elevated risk	The number of cases assessed as achieving compliance with all nine standards of care measured within the National Hip Fracture Database.	Remains elevated risk - annual reporting cycle	Edwin Borman	Mark Cheetham – Care Group Medical Director (Scheduled Care)	Action plan in place Quality of care as measured through compliance with the Best Practice Tariff criteria has improved at the Royal Shrewsbury Hospital. Since April 2014, 54% of patients at RSH have achieved all criteria. A Speciality Doctor in Orthogeriatrics has been recruited for PRH. Recruitment for a further Consultant in Orthogeriatrics is ongoing As this is an annual reporting cycle risk will not reduce until 2015
Risk	Composite indicator: In-hospital mortality - Nephrological conditions (01-Apr-12 to 18-Jun-14)	Was an Elevated risk but now categorised as a risk	Edwin Borman	Dr Diwaker, and Trust mortality group	Tracey Lloyd [Patient Safety Advisor] Dr Diwaker [Consultant Nephrologist] have undertaken work to understand the issues related by this alert. We know that the alert occurred as a result of a “spike” in deaths in September 2013; these cases already have been reviewed, individually, looking for features suggesting avoiding mortality. This cluster was unusual in a much longer pattern of “normal for predicted deaths” in this speciality area. Actions taken include: <ul style="list-style-type: none"> <li>Guidelines and care bundles for AKI have been written and added to the Trust Intranet</li> <li>A staging ‘New AKI’ alert is being applied within biochemistry blood results</li> <li>The next stage is to link the alert to the appropriate care bundle</li> <li>Patient information leaflets to advise patients to stop nephrotoxic drugs for 48 hours have been written, and are awaiting approval and publication</li> <li>The results of the preventable AKI audit showed that many of the patients were admitted with AKI and prevention starts in the community. Dr Diwaker (Consultant Nephrologist) has applied to the IHI for funding for an AKI nurse who will respond to ‘new AKI patients’ to try and prevent further deterioration and admission.</li> </ul> These interventions will improve mortality over the winter of 2014/2015. It will be some time before this is reflected in the CQC SMR.
Risk	Inpatients response percentage rate from NHS England Friends and Family Test (01-Aug-13 to 31-Jul-14)	NEW	Sarah Bloomfield	Jackie Harrison	The Trust is currently reviewing a range of options to improve data collection and data analysis including the use of text messaging, automated telephone messages and on-line surveys. There has been an improvement in quarter 2 with an overall response rate of 31.3% for in-patients.
Risk	TDA - Escalation score	Remains a risk			linked to other risks

Risk	NHS Staff Survey - KF9. Support from immediate managers	Remains a risk	Victoria Maher		<ul style="list-style-type: none"> <li>▪ Values launched in Autumn 2013 with behaviours associated with values launched at the Trust Leadership Conference in October 2014 following extensive consultation with staff.</li> </ul>
Risk	NHS Staff Survey - KF21. The proportion of staff reporting good communication between senior management and staff	Remains a risk	Victoria Maher		<ul style="list-style-type: none"> <li>▪ In house leadership development programme underway which will be rolled out to all band 8 staff.</li> <li>▪ Revised appraisal process linked to Trust values</li> <li>▪ Introduction of Core Brief in October 2014 to support communication and engagement, held monthly led by CEO.</li> <li>▪ Introduction of one minute brief to support key messages being received quickly</li> <li>▪ Introduction of video messages for staff</li> <li>▪ Recruiting managers attending values based interviewing training to support becoming a values driven organisation</li> </ul>
Risk	NHS Staff Survey - KF15. The proportion of staff who stated that the incident reporting procedure was fair and effective	Remains a risk	Sarah Bloomfield	Jo Banks - Acting Deputy Director of Nursing and Quality	Revise and relaunch Guidelines for Managers and Employees on the management of individuals involved in adverse events. This guidance is currently out for consultation and should be approved in November 2014.