

Reporting to:	Trust Board, June 2015
Title	Care Quality Commission – Intelligent Monitoring Report – May 15 release
Sponsoring Director	Director of Corporate Governance
Author(s)	Head of Assurance
Previously considered by	Risk Committee (May 15); Operational Risk Group (June 15)
Executive Summary	<p>The Care Quality Commission (CQC) released their fifth Intelligent Monitoring Report (IMR) in May. This is in the Board Supplementary Information pack.</p> <p>The Trust has three elevated risks and four risks, giving the Trust a score of 10 (previously 8). The Trust is not banded due to the recent inspection but this score would put the trust in band 3. Two of the three elevated risks relate to mortality indicators (nephrological conditions, and infectious diseases)</p> <p>The updated action plan is attached (appendix 1)</p>
Strategic Priorities 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)
Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input checked="" type="checkbox"/> If we do not achieve safe and efficient patient flow 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 clinical service vision then we may not deliver the best services to patients <input checked="" type="checkbox"/> If we do not get good levels of staff engagement 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 the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment

Care Quality Commission (CQC) Domains	<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	Recommendation <ul style="list-style-type: none"> ▪ To review the latest Intelligent Monitoring Report from CQC ▪ To agree any further actions

1 Care Quality Commission – Intelligent Monitoring Report

The Care Quality Commission (CQC) released the latest Intelligent Monitoring Report (IMR) in May. (attachment 1) This is the fifth IMR and further changes have been made to the construction since the first version was released last year.

1.1 Identified risks

For SaTH there are now 96 applicable indicators. The identified risks are shown below:

Level	Indicator	Director	On Trust risk register?
Elevated risk NEW	Composite indicator: In-hospital mortality - Nephrological conditions (three elements and time periods)	MD	No
Elevated risk NEW	Composite indicator: In-hospital mortality - Infectious diseases (two elements and time periods)	MD	No
Elevated risk =	The number of cases assessed as achieving compliance with all nine standards of care measured within the National Hip Fracture Database.	MD	Ref 738 Score 20
Risk NEW	Composite of Central Alerting System (CAS): Dealing with (CAS) safety alerts in a timely way (01-Apr-04 to 31-Jan-15)*	DQS	No
Risk NEW	Composite indicator: A&E waiting times more than 4 hours (01-Oct-14 to 31-Dec-14)	COO	Ref 105 Score 20
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)	WD	No
Risk =	TDA - Escalation score		No

The Operational Risk Group reviews the IMR and considers recommending risks identified for inclusion on the relevant risk register.

1.2 Banding

The IMR does not place SaTH in a band as the banding indicates the priority trusts for inspection and the trust has just been inspected. However, the total risk score is 10; an increase from the previous score of 8.

	October 2013	March 2014	July 2014	December 2014	April 2015
Elevated Risks	4	2	1	1	3
Risks	5	5	7	6	4
Score	13	9	9	8	10
Band	1	3	3	(3) Not allocated band due to recent inspection	(3) Not allocated band due to recent inspection

2 Changes since the previous IMR

Two new indicators have been judged to be an **elevated risk**. The first of these, (nephrological conditions) was previously highlighted as a risk in June 2014:

- Composite indicator: In-hospital mortality - Nephrological conditions (was previously a risk for period 01-Apr-12 to 18-Jun-14)
- Composite indicator: In-hospital mortality - Infectious diseases

Two new indicators have been judged to be a **risk**. The first of these, (CAS alerts) had previously been judged a risk but had been removed from the November 2014 IMR as a risk.

- Composite of Central Alerting System (CAS): Dealing with (CAS) safety alerts in a timely way (01-Apr-04 to 31-Jan-15)

- Composite indicator: A&E waiting times more than 4 hours (01-Oct-14 to 31-Dec-14)

The following items are no longer judged to be risks compared to previous IMR

- Inpatients response percentage rate from NHS England Friends and Family Test (01-Aug-13 to 31-Jul-14)
- NHS Staff Survey - KF21. The proportion of staff reporting good communication between senior management and staff (01-Sep-13 to 31-Dec-13)
- NHS Staff Survey - KF9. Support from immediate managers

3 Comments on other indicators

3.1 Infectious diseases mortality alert

The CQC have provided a data file to help the trust analyse this result. The in-hospital mortality indicators are derived by CQC using Hospital Episode Statistics (HES) data, and in our case this indicator has triggered as an 'Elevated risk' on the basis of the CUSUM analysis of HES data in which the trust triggered an alert during 2014/15 Quarter 2 (July to September 2014). A CUSUM alert is automatically categorised as an 'Elevated risk'. The trust did not trigger as a risk in the z-score analysis for the 12-month period November 2013 to October 2014, and there were no associated mortality outlier alerts. The Mortality Group will undertake more work to understand this issue.

3.2 Nephrological diseases mortality alert

Dr Diwaker has undertaken a significant amount of work on acute kidney injury and it was acknowledged that it would be some time before there was an improvement to the indicator.

The Trust does not currently have resource dedicated to working on mortality indicators. A proposal is being drafted to address this.

3.2 A&E 4 hour wait

The Trust's performance has not previously shown as a risk, presumably because performance was similar to that of other trusts. The change in composite A&E waiting time indicator risk score for the Trust between this and the previous Intelligent Monitoring publications was specifically due to one of the underlying indicators. In the Q2 2014/15 publication of A&E waiting time data for the Trust a total of 2315/25617 patients waited more than 4 hours. In the most recent publication (Q3 2014/15) a total of 3314/25017 patients waited more than 4 hours. This yielded percentages of 9% and 13% of patients waiting longer than 4 hours in the two publications respectively, demonstrating a slight increase. However, the CQC identify risk in this indicator through use of z-scoring analysis, which in this instance assesses trust performance in relation to other trusts. In this instance although the percentage of patients waiting longer than 4 hours increased marginally, SaTH's performance when compared against other trusts had changed to a statistically significant degree and therefore resulted in a risk.

3.3 CAS alerts

The indicator examines the percentage of alerts that were due for completion between 1 February 2014 and 31 January 2015 that were closed after their completion deadline dates. CAS records show that there were 141 alerts that were due for completion in that 12 month period. All have been closed, but 40 (28%) were closed late. Of these 40 alerts:

- 18 relate to Estates alerts (16 of these related to high and low voltage hazard alerts)
- 14 relate to medical devices
- 8 are patient safety alerts (2 are the same alert which was issued twice)

More work is being undertaken to understand the reasons for the delays but all open medical device and estates alerts will be reviewed at the monthly Estates Assurance meeting. Patient safety alerts are already reviewed at Clinical Governance Executive. There are currently no outstanding alerts.

3.4 Action plan

The Trust action plan has been updated and is attached at appendix 1.

Appendix 1: Action plan – updated following release of May 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 -	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 but there is an issue with their supervision. Recruitment for a further Consultant in Orthogeriatrics is ongoing As this is an annual reporting cycle risk will not reduce until 2015 The data which underpins this indicator has not been updated in this version of the IMR Lack of therapy staffing also impacts on compliance.
NEW Elevated risk (deteriorated from 'risk' in Nov 14)	Composite indicator: In-hospital mortality - Nephrological conditions (01-Apr-12 to 18-Jun-14)	Was an elevated risk in June 14, but categorised as a risk in Nov 14. Now deteriorated to elevated risk again.	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.. Actions taken include: <ul style="list-style-type: none"> Guidelines and care bundles for AKI have been written and added to the Trust Intranet A staging 'New AKI' alert is being applied within biochemistry blood results The next stage is to link the alert to the appropriate care bundle Patient information leaflets to advise patients to stop nephrotoxic drugs for 48 hours have been written, and are awaiting approval and publication 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 Health Foundation for funding for an AKI nurse who will respond to 'new AKI patients' in the community to try and prevent further deterioration and admission to SATH with AKI <p>These interventions will improve mortality over the winter of 2014/2015. It will be some time before this is reflected in the CQC IMR. This was discussed at the Mortality Group in early May. The CQC data is for a different time period to that produced by CHKS; however, the CHKS data again shows the Trust as an outlier.</p>
Elevated risk	Composite indicator: In-hospital mortality - Infectious diseases	New	Edwin Borman	Tracey Lloyd & Trust Mortality Group	This was discussed at the Mortality Group in early May. The CQC data is for a different time period to that produced by CHKS; however, the CHKS data also shows the Trust as an outlier. More work needs to be undertaken to understand the reasons for the alert. The CQC have provided some information on the alert, however, there is no dedicated time to support this work, and consequently progress is slow.
Risk	Composite indicator: A&E waiting times more than 4 hours (01-Oct-14 to 31-Dec-14)	New	Debbie Kadum	Ian Donnelley	Various workstreams in place to progress this.

Level	Indicator	Comment	Director	Responsible	Current Position / Actions
Risk	Composite of Central Alerting System (CAS): Dealing with (CAS) safety alerts in a timely way (01-Apr-04 to 31-Jan-15)	New	Sarah Bloomfield	Jo Banks - Associated Director of Patient Safety	There are currently no alerts outstanding. New process implemented whereby medical device and estates alerts will be discussed at the monthly Estates Assurance meeting to speed up closure. All patient safety alerts are agreed and signed off at CGE.
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 - Associated Director of Patient Safety	Guidelines for Managers and Employees on the management of individuals involved in adverse events have been reissued. One minute brief to be issued. Incident reporting feedback has been improved on Datix and discussed at senior nurse meetings.
Risk	TDA - Escalation score	Remains a risk			linked to other risks

Risks removed from the IMR

Level	Indicator	Comment	Director	Responsible	Current Position / Actions
Removed	NHS Staff Survey - KF9. Support from immediate managers	No longer judged to be a risk	Victoria Maher	Paula Dabbs	Values launched in Autumn 2013 with behaviours associated with values launched at the Trust Leadership Conference in October 2014 following extensive consultation with staff.
Removed	NHS Staff Survey - KF21. The proportion of staff reporting good communication between senior management and staff	No longer judged to be a risk	Victoria Maher	Paula Dabbs	In house leadership development programme underway which will be rolled out to all band 8 staff. Revised appraisal process linked to Trust values
Removed	Inpatients response percentage rate from NHS England Friends and Family Test (01-Aug-13 to 31-Jul-14)	No longer judged to be a risk	Sarah Bloomfield	Jackie Harrison	Volunteers are currently supporting staff with data collection in ward areas. This has resulted in an improvement in quarter 2 with an overall response rate of 31.3% for in-patients. 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.

Intelligent Monitoring Report

Report on
Shrewsbury and Telford Hospital NHS Trust

May 2015

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

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

Intelligent Monitoring Report: May 2015

Intelligent Monitoring is a tool which assesses risk within care services. It has been developed to support CQC's regulatory function and purpose of ensuring that health and social care services provide people with safe, effective, compassionate, and high-quality care. Intelligent Monitoring highlights those areas of care to be followed up through inspections and other engagements.

What does this report contain?

Intelligent Monitoring is built on a set of indicators for monitoring risks to the quality of care. These indicators measure outcomes that have a high impact on service users and relate to the five key questions that are asked during inspections, namely: are services safe, effective, caring, responsive, and well-led?

This report presents the results of Intelligent Monitoring for Shrewsbury and Telford Hospital NHS Trust.

A number of tests are used to determine the levels of risk for each indicator. The tests include Cumulative Sums (CUSUM) and z-scoring techniques which are applied based on the judgement of which is the most appropriate test for each indicator. Where an indicator has 'no evidence of risk' this refers to where the statistical analysis has not deemed the result to be outside the confidence limits or pre-determined threshold.

For some indicators the 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.

From these analyses, each trust is assigned to one of six risk bands by producing a weighted sum of the indicators that have been identified as 'risk' or 'elevated risk', and comparing that score with all of the indicators which apply to that trust. In this process, the weighting refers to 'elevated risks' being scored as double the value of 'risks'.

Priority bands are not assigned to those trusts that have had inspection reports published in the last twelve months. For these trusts, the priority band is displayed as "Recently inspected". This reflects the fact that CQC's comprehensive inspections provide the definitive judgements for each organisation.

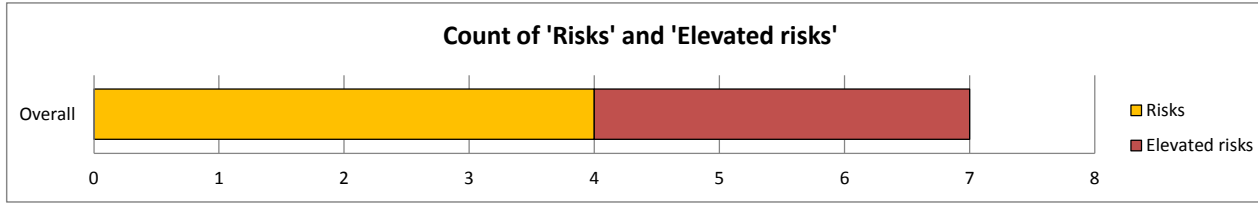
What guidance is available?

The Indicator and Methodology Guidance document describes more about Intelligent Monitoring and provides definitions and the full methodology for each indicator. It also provides details of time periods covered and the analysis applied.

The Statistical Methodology document provides a more detailed description of the statistical methods of data analysis used.

Both documents are available on Intelligent Monitoring section of the CQC website- <http://www.cqc.org.uk/public/hospital-intelligent-monitoring>

Trust Summary



Priority banding for inspection	Recently inspected
Number of 'Risks'	4
Number of 'Elevated risks'	3
Overall Risk Score	10
Number of Applicable Indicators	95
Percentage Score	5.26%
Maximum Possible Risk Score	190

Safe	Composite of Central Alerting System (CAS): Dealing with (CAS) safety alerts in a timely way	Risk
	NHS Staff Survey. The proportion of staff who stated that the incident reporting procedure was fair and effective (KF 14 - 2014)	Risk
Effective	Composite indicator: In-hospital mortality - Infectious diseases	Elevated risk
	Composite indicator: In-hospital mortality - Nephrological conditions	Elevated risk
	The proportion of cases assessed as achieving compliance with all nine standards of care measured within the National Hip Fracture Database.	Elevated risk
Responsive	Composite indicator: A&E waiting times more than 4 hours	Risk
Well-led	TDA - Escalation score	Risk

Key question	Indicator ID	Indicator description	Indicator status	Observed	Expected	Risk?
Safe	STEISNE	Never Event incidence (01-Feb-14 to 31-Jan-15)	Data updated	0	-	No evidence of risk
	CDIFF	Incidence of Clostridium difficile (C.difficile) (01-Jan-14 to 31-Dec-14)	Data updated	27	35.7	No evidence of risk
	MRSA	Incidence of Meticillin-resistant Staphylococcus aureus (MRSA) (01-Jan-14 to 31-Dec-14)	Data updated	2	2.4	No evidence of risk
	MORTLOWR	Dr Foster Intelligence: Mortality rates for conditions normally associated with a very low rate of mortality (01-Jul-13 to 30-Jun-14)	Data updated	Within expected range	-	No evidence of risk
	NRLSL03	Proportion of reported patient safety incidents that are harmful (01-Dec-13 to 30-Nov-14)	Data updated	0.23	0.27	No evidence of risk
	NRLSL04	Potential under-reporting of patient safety incidents resulting in death or severe harm (01-Dec-13 to 30-Nov-14)	Data updated	33	46.51	No evidence of risk
	NRLSL05	Potential under-reporting of patient safety incidents (01-Dec-13 to 30-Nov-14)	Data updated	7135	8948.83	No evidence of risk
	COM_CASIM	Composite of Central Alerting System (CAS): Dealing with (CAS) safety alerts in a timely way (01-Apr-04 to 31-Jan-15)	Data updated	-	-	Risk
	CASIM01A01	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-Feb-14 to 31-Jan-15)	Data updated	0 alerts still open	-	No evidence of risk
	CASIM01B01	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-Jan-14)	Data updated	0 alerts still open	-	No evidence of risk
	CASIM01C01	Percentage of CAS alerts with closing dates during the preceding 12 months which the trust has closed late (01-Feb-14 to 31-Jan-15)	Data updated	>=25% & <50% alerts closed late	-	Risk
	VTERA03	Proportion of patients risk assessed for Venous Thromboembolism (VTE) (01-Oct-14 to 31-Dec-14)	Data updated	0.94	0.95	No evidence of risk
	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)	No change	6.98	-	No evidence of risk
	AMBTURN06	Proportion of ambulance journeys where the ambulance vehicle remained at hospital for more than 60 minutes (01-Dec-14 to 31-Dec-14)	Data updated	0.034	0.056	No evidence of risk
	NRLSL08	Consistency of reporting to the National Reporting and Learning System (NRLS) (01-Apr-14 to 30-Sep-14)	Data updated	6 months of reporting	-	No evidence of risk
	NHSSTAFF07	NHS Staff Survey - KF10. The proportion of staff receiving health and safety training in last 12 months (01-Sep-14 to 31-Dec-14)	Data updated	0.67	0.76	No evidence of risk
	NHSSTAFF11	NHS Staff Survey. The proportion of staff who stated that the incident reporting procedure was fair and effective (KF 14 - 2014) (01-Sep-14 to 31-Dec-14)	Data updated	0.61	0.63	Risk
	ESRSUP	Composite risk rating of ESR items relating to staff support/ supervision (01-Jan-14 to 31-Dec-14)	Modified, data updated	-	-	No evidence of risk
	ESRSUP01	Ratio of Band 6 Nurses to Band 5 Nurses (01-Jan-14 to 31-Dec-14)	Modified, data updated	0.4	0.41	No evidence of risk
	ESRSUP02	Ratio of Charge Nurse/ Ward Sister (Band 7) to Band 5/6 Nurses (01-Jan-14 to 31-Dec-14)	Modified, data updated	0.15	0.18	No evidence of risk
	ESRSUP03	Proportion of all ward staff who are registered nurses (01-Jan-14 to 31-Dec-14)	Modified, data updated	0.66	0.68	No evidence of risk
	ESRSUP04	Ratio of consultant doctors to non-consultant doctors (01-Jan-14 to 31-Dec-14)	Modified, data updated	0.7	0.67	No evidence of risk
ESRSUP05	Ratio of band 7 Midwives to band 5/6 Midwives (01-Jan-14 to 31-Dec-14)	Modified, data updated	0.21	0.25	No evidence of risk	

Key question	Indicator ID	Indicator description	Indicator status	Observed	Expected	Risk?
Safe	ESRSTAFF	Composite risk rating of ESR items relating to ratio: Staff vs bed occupancy (01-Jan-14 to 31-Dec-14)	Modified, data updated	-	-	No evidence of risk
	ESRRAT01	Ratio of all medical and dental staff to occupied beds (number of beds per staff) (01-Jan-14 to 31-Dec-14)	Modified, data updated	5.31	4.56	No evidence of risk
	ESRRAT02	Ratio of all nursing staff to occupied beds (number of beds per staff) (01-Jan-14 to 31-Dec-14)	Modified, data updated	2.58	2.23	No evidence of risk
	ESRRAT03	Ratio of all other clinical staff to occupied beds (number of beds per staff) (01-Jan-14 to 31-Dec-14)	Modified, data updated	2.21	2.05	No evidence of risk
	ESRRAT04	Ratio of all midwifery staff to births (number of births per staff) (01-Jan-14 to 31-Dec-14)	Modified, data updated	23.41	26.93	No evidence of risk
	SAFEGUARDING	Safeguarding concerns (25-Feb-14 to 24-Feb-15)	Data updated	-	-	No evidence of risk
Effective	SHMI01	Summary Hospital-level Mortality Indicator (01-Jul-13 to 30-Jun-14)	Data updated	Trust's mortality rate is 'As Expected'	-	No evidence of risk
	COM_HSMR	Dr Foster Intelligence: Composite of Hospital Standardised Mortality Ratio indicators (01-Jul-13 to 30-Jun-14)		-	-	No evidence of risk
	HSMR	Dr Foster Intelligence: Hospital Standardised Mortality Ratio (01-Jul-13 to 30-Jun-14)	Data updated	Lower than expected	-	No evidence of risk
	HSMRWKDAY	Dr Foster Intelligence: Hospital Standardised Mortality Ratio (Weekday) (01-Jul-13 to 30-Jun-14)	Data updated	Lower than expected	-	No evidence of risk
	HSMRWKEND	Dr Foster Intelligence: Hospital Standardised Mortality Ratio (Weekend) (01-Jul-13 to 30-Jun-14)	Data updated	Within expected range	-	No evidence of risk
	COM_CARDI	Composite indicator: In-hospital mortality - Cardiological conditions and procedures		-	-	No evidence of risk
	HESMORT24CU	In-hospital mortality: Cardiological conditions (01-Nov-13 to 31-Oct-14)	Data updated	-	-	No evidence of risk
	MORTAMI	Mortality outlier alert: Acute myocardial infarction (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	MORTARRES	Mortality outlier alert: Cardiac arrest and ventricular fibrillation (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	MORTCABGI	Mortality outlier alert: CABG (isolated first time) (case status as at 15-May-15)	Data updated	Not included	Not included	Not included
	MORTCABGO	Mortality outlier alert: CABG (other) (case status as at 15-May-15)	Data updated	Not included	Not included	Not included
	MORTCASUR	Mortality outlier alert: Adult cardiac surgery (case status as at 15-May-15)	Data updated	Not included	Not included	Not included
	MORTCATH	Mortality outlier alert: Coronary atherosclerosis and other heart disease (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	MORTCHF	Mortality outlier alert: Congestive heart failure; nonhypertensive (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	MORTDYSRH	Mortality outlier alert: Cardiac dysrhythmias (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	MORTHVD	Mortality outlier alert: Heart valve disorders (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	MORTPHD	Mortality outlier alert: Pulmonary heart disease (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	COM_CEREB	Composite indicator: In-hospital mortality - Cerebrovascular conditions		-	-	No evidence of risk
	HESMORT21CU	In-hospital mortality: Cerebrovascular conditions (01-Nov-13 to 31-Oct-14)	Data updated	-	-	No evidence of risk
	MORTACD	Mortality outlier alert: Acute cerebrovascular disease (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	COM_DERMA	Composite indicator: In-hospital mortality - Dermatological conditions		-	-	No evidence of risk
	HESMORT35CU	In-hospital mortality: Dermatological conditions (01-Nov-13 to 31-Oct-14)	Data updated	-	-	No evidence of risk
	MORTSKINF	Mortality outlier alert: Skin and subcutaneous tissue infections (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	MORTSKULC	Mortality outlier alert: Chronic ulcer of skin (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	COM_ENDOC	Composite indicator: In-hospital mortality - Endocrinological conditions		-	-	No evidence of risk
	HESMORT29CU	In-hospital mortality: Endocrinological conditions (01-Nov-13 to 31-Oct-14)	Data updated	-	-	No evidence of risk
	MORTDIABWC	Mortality outlier alert: Diabetes mellitus with complications (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	MORTDIABWOC	Mortality outlier alert: Diabetes mellitus without complications (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	MORTFLUID	Mortality outlier alert: Fluid and electrolyte disorders (case status as at 15-May-15)	Data updated	-	-	No evidence of risk

Key question	Indicator ID	Indicator description	Indicator status	Observed	Expected	Risk?
Effective	COM_GASTR	Composite indicator: In-hospital mortality - Gastroenterological and hepatological conditions and procedures		-	-	No evidence of risk
	HESMORT27CU	In-hospital mortality: Gastroenterological and hepatological conditions (01-Nov-13 to 31-Oct-14)	Data updated	-	-	No evidence of risk
	MORTALCLIV	Mortality outlier alert: Liver disease, alcohol-related (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	MORTBILIA	Mortality outlier alert: Biliary tract disease (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	MORTGASHAE	Mortality outlier alert: Gastrointestinal haemorrhage (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	MORTGASN	Mortality outlier alert: Noninfectious gastroenteritis (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	MORTINTOBS	Mortality outlier alert: Intestinal obstruction without hernia (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	MORTOGAS	Mortality outlier alert: Other gastrointestinal disorders (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	MORTOLIV	Mortality outlier alert: Other liver diseases (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	MORTOPJEJ	Mortality outlier alert: Operations on jejunum (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	MORTPERI	Mortality outlier alert: Peritonitis and intestinal abscess (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	MORTTEPBI	Mortality outlier alert: Therapeutic endoscopic procedures on biliary tract (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	MORTTEPLGI	Mortality outlier alert: Therapeutic endoscopic procedures on lower GI tract (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	MORTTEPUGI	Mortality outlier alert: Therapeutic endoscopic procedures on upper GI tract (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	MORTTOJI	Mortality outlier alert: Therapeutic operations on jejunum and ileum (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	COM_GENIT	Composite indicator: In-hospital mortality - Genito-urinary conditions		-	-	No evidence of risk
	HESMORT31CU	In-hospital mortality: Genito-urinary conditions (01-Nov-13 to 31-Oct-14)	Data updated	-	-	No evidence of risk
	MORTUTI	Mortality outlier alert: Urinary tract infections (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	COM_HAEMA	Composite indicator: In-hospital mortality - Haematological conditions		-	-	No evidence of risk
	HESMORT28CU	In-hospital mortality: Haematological conditions (01-Nov-13 to 31-Oct-14)	Data updated	-	-	No evidence of risk
	MORTDEFI	Mortality outlier alert: Deficiency and other anaemia (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	COM_INFEC	Composite indicator: In-hospital mortality - Infectious diseases		-	-	Elevated risk
	HESMORT26CU	In-hospital mortality: Infectious diseases (01-Nov-13 to 31-Oct-14)	Data updated	-	-	Elevated risk
	MORTSEPT	Mortality outlier alert: Septicaemia (except in labour) (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	COM_MENTA	Composite indicator: In-hospital mortality - Conditions associated with Mental health		-	-	No evidence of risk
	HESMORT33CU	In-hospital mortality: Conditions associated with Mental health (01-Nov-13 to 31-Oct-14)	Data updated	-	-	No evidence of risk
	MORTSENI	Mortality outlier alert: Senility and organic mental disorders (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	COM_MUSCU	Composite indicator: In-hospital mortality - Musculoskeletal conditions		-	-	No evidence of risk
	HESMORT36CU	In-hospital mortality: Musculoskeletal conditions (01-Nov-13 to 31-Oct-14)	Data updated	-	-	No evidence of risk
	MORTPATH	Mortality outlier alert: Pathological fracture (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	COM_NEPHR	Composite indicator: In-hospital mortality - Nephrological conditions		-	-	Elevated risk
	HESMORT30CU	In-hospital mortality: Nephrological conditions (01-Nov-13 to 31-Oct-14)	Data updated	-	-	Elevated risk
	MORTRENA	Mortality outlier alert: Acute and unspecified renal failure (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	MORTRENC	Mortality outlier alert: Chronic renal failure (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	COM_NEURO	Composite indicator: In-hospital mortality - Neurological conditions		-	-	No evidence of risk
	HESMORT34CU	In-hospital mortality: Neurological conditions (01-Nov-13 to 31-Oct-14)	Data updated	-	-	No evidence of risk
	MORTEPIL	Mortality outlier alert: Epilepsy, convulsions (case status as at 15-May-15)	Data updated	-	-	No evidence of risk

Key question	Indicator ID	Indicator description	Indicator status	Observed	Expected	Risk?
Effective	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-Nov-13 to 31-Oct-14)</i>	Data updated	-	-	No evidence of risk
	MATPERIMOR	<i>Maternity outlier alert: Perinatal mortality (case status as at 15-May-15)</i>	Data updated	-	-	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-Nov-13 to 31-Oct-14)</i>	Data updated	-	-	No evidence of risk
	MORTASTHM	<i>Mortality outlier alert: Asthma (case status as at 15-May-15)</i>	Data updated	-	-	No evidence of risk
	MORTBRONC	<i>Mortality outlier alert: Acute bronchitis (case status as at 15-May-15)</i>	Data updated	-	-	No evidence of risk
	MORTCOPD	<i>Mortality outlier alert: Chronic obstructive pulmonary disease and bronchiectasis (case status as at 15-May-15)</i>	Data updated	-	-	No evidence of risk
	MORTPLEU	<i>Mortality outlier alert: Pleurisy, pneumothorax, pulmonary collapse (case status as at 15-May-15)</i>	Data updated	-	-	No evidence of risk
	MORTPNEU	<i>Mortality outlier alert: Pneumonia (case status as at 15-May-15)</i>	Data updated	-	-	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-Nov-13 to 31-Oct-14)</i>	Data updated	-	-	No evidence of risk
	MORTCRAN	<i>Mortality outlier alert: Craniotomy for trauma (case status as at 15-May-15)</i>	Data updated	-	-	No evidence of risk
	MORTFNOF	<i>Mortality outlier alert: Fracture of neck of femur (hip) (case status as at 15-May-15)</i>	Data updated	-	-	No evidence of risk
	MORTHFREP	<i>Mortality outlier alert: Head of femur replacement (case status as at 15-May-15)</i>	Data updated	-	-	No evidence of risk
	MORTHIPREP	<i>Mortality outlier alert: Hip replacement (case status as at 15-May-15)</i>	Data updated	-	-	No evidence of risk
	MORTINTIJ	<i>Mortality outlier alert: Intracranial injury (case status as at 15-May-15)</i>	Data updated	-	-	No evidence of risk
	MORTOFRA	<i>Mortality outlier alert: Other fractures (case status as at 15-May-15)</i>	Data updated	-	-	No evidence of risk
	MORTREDFB	<i>Mortality outlier alert: Reduction of fracture of bone (case status as at 15-May-15)</i>	Data updated	-	-	No evidence of risk
	MORTREDFBL	<i>Mortality outlier alert: Reduction of fracture of bone (upper/lower limb) (case status as at 15-May-15)</i>	Data updated	-	-	No evidence of risk
	MORTREDFNOF	<i>Mortality outlier alert: Reduction of fracture of neck of femur (case status as at 15-May-15)</i>	Data updated	-	-	No evidence of risk
	MORTSHUN	<i>Mortality outlier alert: Shunting for hydrocephalus (case status as at 15-May-15)</i>	Data updated	-	-	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-Nov-13 to 31-Oct-14)</i>	Data updated	-	-	No evidence of risk
	MORTAMPUT	<i>Mortality outlier alert: Amputation of leg (case status as at 15-May-15)</i>	Data updated	-	-	No evidence of risk
	MORTANEUR	<i>Mortality outlier alert: Aortic, peripheral, and visceral artery aneurysms (case status as at 15-May-15)</i>	Data updated	-	-	No evidence of risk
	MORTCLIP	<i>Mortality outlier alert: Clip and coil aneurysms (case status as at 15-May-15)</i>	Data updated	-	-	No evidence of risk
	MORTOFB	<i>Mortality outlier alert: Other femoral bypass (case status as at 15-May-15)</i>	Data updated	-	-	No evidence of risk
	MORTPVA	<i>Mortality outlier alert: Peripheral and visceral atherosclerosis (case status as at 15-May-15)</i>	Data updated	-	-	No evidence of risk
	MORTREPAAA	<i>Mortality outlier alert: Repair of abdominal aortic aneurysm (AAA) (case status as at 15-May-15)</i>	Data updated	-	-	No evidence of risk
	MORTTOFA	<i>Mortality outlier alert: Transluminal operations on the femoral artery (case status as at 15-May-15)</i>	Data updated	-	-	No evidence of risk
	MATELECCS	Maternity outlier alert: Elective Caesarean section (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	MATEMERC	Maternity outlier alert: Emergency Caesarean section (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	MATSEPSIS	Maternity outlier alert: Puerperal sepsis and other puerperal infections (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	MATMATRE	Maternity outlier alert: Maternal readmissions (case status as at 15-May-15)	Data updated	-	-	No evidence of risk
	MATNEORE	Maternity outlier alert: Neonatal readmissions (case status as at 15-May-15)	Data updated	-	-	No evidence of risk

Key question	Indicator ID	Indicator description	Indicator status	Observed	Expected	Risk?
Effective	COM_ELRE_ON	Composite indicator: Emergency readmissions with an overnight stay following an elective admission (01-Oct-13 to 30-Sep-14)		-	-	No evidence of risk
	HESELRE_ON	Emergency readmissions with an overnight stay following an elective admission (Cross sectional) (01-Oct-13 to 30-Sep-14)	Data updated	575	686.05	No evidence of risk
	HESELRECU_ON	Emergency readmissions with an overnight stay following an elective admission (CUSUM) (01-Jul-14 to 30-Sep-14)	Data updated	-	-	No evidence of risk
	COM_EMRE_ON	Composite indicator: Emergency readmissions with an overnight stay following an emergency admission (01-Oct-13 to 30-Sep-14)		-	-	No evidence of risk
	HESEMRE_ON	Emergency readmissions with an overnight stay following an emergency admission (Cross sectional) (01-Oct-13 to 30-Sep-14)	Data updated	3590	3875.02	No evidence of risk
	HESEMRECU_ON	Emergency readmissions with an overnight stay following an emergency admission (CUSUM) (01-Jul-14 to 30-Sep-14)	Data updated	-	-	No evidence of risk
	PROMS52	PROMs EQ-5D score: Groin Hernia Surgery (01-Apr-13 to 31-Mar-14)	Data updated	0.08	0.08	No evidence of risk
	PROMS_HIP	Composite of hip related PROMS indicators (01-Apr-13 to 31-Mar-14)	Data updated	-	-	No evidence of risk
	PROMS53	PROMs EQ-5D score: Hip Replacement (PRIMARY) (01-Apr-13 to 31-Mar-14)	Data updated	0.42	0.44	No evidence of risk
	PROMS54	PROMs Oxford score: Hip Replacement (PRIMARY) (01-Apr-13 to 31-Mar-14)	Data updated	20.79	21.34	No evidence of risk
	PROMS_KNEE	Composite of knee related PROMS indicators (01-Apr-13 to 31-Mar-14)	Data updated	-	-	No evidence of risk
	PROMS55	PROMs EQ-5D score: Knee Replacement (PRIMARY) (01-Apr-13 to 31-Mar-14)	Data updated	0.31	0.32	No evidence of risk
	PROMS56	PROMs Oxford score: Knee Replacement (PRIMARY) (01-Apr-13 to 31-Mar-14)	Data updated	16.54	16.25	No evidence of risk
	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)	No change	0	0.6	Elevated risk
	SSNAPD02	SSNAP Domain 2: overall team-centred rating score for key stroke unit indicator (01-Jul-14 to 30-Sep-14)	Data updated	Level B	-	No evidence of risk
	MINAP22	Proportion of patients who received all the secondary prevention medications for which they were eligible (01-Apr-13 to 31-Mar-14)	Reinstated, data updated	0.96	0.88	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)	No change	7.49	-	No evidence of risk
	NHSSTAFF04	NHS Staff Survey - KF7. The proportion of staff who were appraised in last 12 months (01-Sep-14 to 31-Dec-14)	Data updated	0.84	0.84	No evidence of risk
	NHSSTAFF06	NHS Staff Survey - KF9. The proportion of staff reported receiving support from immediate managers (01-Sep-14 to 31-Dec-14)	Data updated	0.65	0.66	No evidence of risk
	ESRReg	Composite risk rating of ESR items relating to staff registration (31-Dec-14 to 31-Dec-14)	Data updated	-	-	No evidence of risk
ESRREG01	Proportion of Medical and Dental staff that hold an active professional registration (31-Dec-14 to 31-Dec-14)	Data updated	1	0.99	No evidence of risk	
ESRREG02	Proportion of Nursing and Midwifery staff that hold an active professional registration (31-Dec-14 to 31-Dec-14)	Data updated	1	0.99	No evidence of risk	
Caring	IPSURTALKWOR	Inpatient Survey Q35 (2014) "Did you find someone on the hospital staff to talk to about your worries and fears?" (Score out of 10) (01-Jun-14 to 31-Aug-14)	Data updated	5.61	-	No evidence of risk
	IPSURSUPEMOT	Inpatient Survey Q36 (2014) "Do you feel you got enough emotional support from hospital staff during your stay?" (Score out of 10) (01-Jun-14 to 31-Aug-14)	Data updated	6.75	-	No evidence of risk
	IPSURHELPEAT	Inpatient Survey Q23 (2014) "Did you get enough help from staff to eat your meals?" (Score out of 10) (01-Jun-14 to 31-Aug-14)	Data updated	7.42	-	No evidence of risk
	IPSURINVDECI	Inpatient Survey Q32 (2014) "Were you involved as much as you wanted to be in decisions about your care and treatment?" (Score out of 10) (01-Jun-14 to 31-Aug-14)	Data updated	6.74	-	No evidence of risk
	IPSURCNTPAIN	Inpatient Survey Q40 (2014) "Do you think the hospital staff did everything they could to help control your pain?" (Score out of 10) (01-Jun-14 to 31-Aug-14)	Data updated	8.07	-	No evidence of risk
	IPSUROVERALL	Inpatient Survey Q68 (2014) "Overall..." (I had a very poor/good experience) (Score out of 10) (01-Jun-14 to 31-Aug-14)	Data updated	7.88	-	No evidence of risk

Key question	Indicator ID	Indicator description	Indicator status	Observed	Expected	Risk?
Caring	FFTLIKERECIP	NHS England Inpatient % Likely to Recommend the Trust from Friends and Family Test (% change) (01-Jan-14 to 31-Dec-14)	Modified, data updated	4.7% Short Term 6.1% Long Term	-	No evidence of risk
	IPSURRSPDIGN	Inpatient Survey Q66 (2014) "Overall, did you feel you were treated with respect and dignity while you were in the hospital?" (Score out of 10) (01-Jun-14 to 31-Aug-14)	Data updated	8.69	-	No evidence of risk
	IPSURCONFDOC	Inpatient Survey Q25 (2014) "Did you have confidence and trust in the doctors treating you?" (Score out of 10) (01-Jun-14 to 31-Aug-14)	Data updated	8.5	-	No evidence of risk
	IPSURCONFNUR	Inpatient Survey Q28 (2014) "Did you have confidence and trust in the nurses treating you?" (Score out of 10) (01-Jun-14 to 31-Aug-14)	Data updated	8.57	-	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)	No change	8.32	-	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)	No change	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)	No change	6.24	-	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)	No change	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)	No change	8.85	-	No evidence of risk

Responsive	AESURPRIV	A&E Survey Q18: Were you given enough privacy when being examined or treated? (01-Jan-14 to 31-Mar-14)	No change	9.03	-	No evidence of risk
	COM_AD_A&E	Composite indicator: A&E waiting times more than 4 hours (01-Oct-14 to 31-Dec-14)	Data updated	-	-	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-Oct-14 to 31-Dec-14)	Data updated	0.13	0.05	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-Oct-14 to 31-Dec-14)	Data updated	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-Oct-14 to 31-Dec-14)	Data updated	0	0.05	No evidence of risk
	COM_RTT	Composite indicator: Referral to treatment (01-Dec-14 to 31-Dec-14)	Data updated	-	-	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-Dec-14 to 31-Dec-14)	Data updated	91.3%	89.2%	No evidence of risk
	RTT_02	Monthly Referral to Treatment (RTT) waiting times for completed non-admitted pathways: percentage within 18 weeks (01-Dec-14 to 31-Dec-14)	Data updated	97.1%	95.3%	No evidence of risk
	RTT_03	Monthly Referral to Treatment (RTT) waiting times for incomplete pathways: percentage within 18 weeks (01-Dec-14 to 31-Dec-14)	Data updated	94.5%	92.5%	No evidence of risk
	DIAG6WK01	Diagnostics waiting times: patients waiting over 6 weeks for a diagnostic test (01-Dec-14 to 31-Dec-14)	Data updated	0.001	0.021	No evidence of risk
	WT_CAN26	All cancers: 62 day wait for first treatment from urgent GP referral (01-Oct-14 to 31-Dec-14)	Data updated	0.88	0.85	No evidence of risk
	WT_CAN27	All cancers: 62 day wait for first treatment from NHS cancer screening referral (01-Oct-14 to 31-Dec-14)	Data updated	0.93	0.9	No evidence of risk
	WT_CAN22	All cancers: 31 day wait from diagnosis (01-Oct-14 to 31-Dec-14)	Data updated	0.98	0.96	No evidence of risk
	CND_OPS02	The proportion of patients whose operation was cancelled (01-Oct-14 to 31-Dec-14)	Data updated	0.017	0.01	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-Oct-14 to 31-Dec-14)	Data updated	0.004	0.063	No evidence of risk
	DTC40	Ratio of the total number of days delay in transfer from hospital to the total number of occupied beds (01-Oct-14 to 31-Dec-14)	Data updated	0.034	0.026	No evidence of risk
	CQC_COM	CQC concerns and complaints (25-Feb-14 to 24-Feb-15)	Data updated	21	39.2	No evidence of risk
	PROV_COM	Provider complaints (01-Apr-13 to 31-Mar-14)	No change	444	562.57	No evidence of risk
	PHSO_COM	Parliamentary and Health Service Ombudsman (01-Apr-14 to 30-Sep-14)	New	6	2.65	No evidence of risk

Key question	Indicator ID	Indicator description	Indicator status	Observed	Expected	Risk?
Well-led	FFTRESP02	Inpatients response percentage rate from NHS England Friends and Family Test (01-Jan-14 to 31-Dec-14)	Data updated	26.1%	35.5%	No evidence of risk
	MONITOR01	Monitor - Governance risk rating (02-Mar-15 to 02-Mar-15)	Data updated	Not included	Not included	Not included
	MONITOR02	Monitor - Continuity of service rating (02-Mar-15 to 02-Mar-15)	Data updated	Not included	Not included	Not included
	TDA03	TDA - Escalation score (01-Nov-14 to 30-Nov-14)	Data updated	Intervention (significant delivery issues)	-	Risk
	NTS12	GMC National Training Survey – trainee's overall satisfaction (26-Mar-14 to 08-May-14)	No change	Within the middle quartile (Q2/IQR)	-	No evidence of risk
	STASURBG01	NHS Staff Survey - The proportion of staff who would recommend the trust as a place to work or receive treatment (01-Sep-14 to 31-Dec-14)	Data updated	0.61	0.66	No evidence of risk
	NHSSTAFF16	NHS Staff Survey - KF21. The proportion of staff reporting good communication between senior management and staff (01-Sep-14 to 31-Dec-14)	Data updated	0.24	0.30	No evidence of risk
	COM_ABUSESTA	Composite indicator: NHS staff survey questions relating to abuse from other staff (01-Sep-14 to 31-Dec-14)	New	-	-	No evidence of risk
	NHSSTAFF13	NHS Staff Survey - KF17. Percentage experiencing physical violence from staff in last 12 months (01-Sep-14 to 31-Dec-14)	New	2%	3%	No evidence of risk
	NHSSTAFF15	NHS Staff Survey - KF19. Percentage experiencing harassment, bullying or abuse from staff in last 12 months (01-Sep-14 to 31-Dec-14)	New	22%	25%	No evidence of risk
	ESRSIC	Composite risk rating of ESR items relating to staff sickness rates (01-Jan-14 to 31-Dec-14)	Data updated	-	-	No evidence of risk
	ESRSIC01	Proportion of days sick due to back problems in the last 12 months (01-Jan-14 to 31-Dec-14)	Data updated	0.003	0.003	No evidence of risk
	ESRSIC02	Proportion of days sick due to stress in the last 12 months (01-Jan-14 to 31-Dec-14)	Data updated	0.007	0.007	No evidence of risk
	ESRSIC03	Proportion of days sick in the last 12 months for Medical and Dental staff (01-Jan-14 to 31-Dec-14)	Data updated	0.019	0.035	No evidence of risk
	ESRSIC04	Proportion of days sick in the last 12 months for Nursing and Midwifery staff (01-Jan-14 to 31-Dec-14)	Data updated	0.047	0.044	No evidence of risk
	ESRSIC05	Proportion of days sick in the last 12 months for other clinical staff (01-Jan-14 to 31-Dec-14)	Data updated	0.046	0.047	No evidence of risk
	ESRSIC06	Proportion of days sick in the last 12 months for non-clinical staff (01-Jan-14 to 31-Dec-14)	Data updated	0.043	0.041	No evidence of risk
	ESRTO	Composite risk rating of ESR items relating to staff turnover (01-Jan-14 to 31-Dec-14)	Data updated	-	-	No evidence of risk
	ESRTUR01	Turnover rate (leavers) for Medical and Dental staff (01-Jan-14 to 31-Dec-14)	Data updated	0.1	0.1	No evidence of risk
	ESRTUR02	Turnover rate (leavers) for Nursing and Midwifery staff (01-Jan-14 to 31-Dec-14)	Data updated	0.07	0.12	No evidence of risk
	ESRTUR03	Turnover rate (leavers) for other clinical staff (01-Jan-14 to 31-Dec-14)	Data updated	0.09	0.13	No evidence of risk
	ESRTUR04	Turnover rate (leavers) for all other staff (01-Jan-14 to 31-Dec-14)	Data updated	0.09	0.12	No evidence of risk
	ESRSTAB	Composite risk rating of ESR items relating to staff stability (01-Jan-14 to 31-Dec-14)	Data updated	-	-	No evidence of risk
	ESRSTA01	Stability Index for Medical and Dental staff (01-Jan-14 to 31-Dec-14)	Data updated	0.93	0.93	No evidence of risk
	ESRSTA02	Stability Index for Nursing and Midwifery staff (01-Jan-14 to 31-Dec-14)	Data updated	0.93	0.89	No evidence of risk
	ESRSTA03	Stability Index for other clinical staff (01-Jan-14 to 31-Dec-14)	Data updated	0.91	0.89	No evidence of risk
	ESRSTA04	Stability Index for non clinical staff (01-Jan-14 to 31-Dec-14)	Data updated	0.92	0.9	No evidence of risk
	FLUVAC01	Healthcare Worker Flu vaccination uptake (01-Sep-13 to 31-Jan-14)	No change	0.69	0.59	No evidence of risk
	WHISTLEBLOW	Snapshot of whistleblowing alerts (status as at 04-Mar-15)	Data updated	Zero	-	No evidence of risk
	GMC	GMC - Enhanced monitoring (case status as at 23-Mar-15)	Data updated	-	-	No evidence of risk

Key question	Indicator ID	Indicator description	Indicator status	Observed	Expected	Risk?
Cross-cutting	COM_PLACE	Composite of PLACE indicators (29-Jan-14 to 17-Jun-14)	No change	-	-	No evidence of risk
	PLACE01	PLACE score for cleanliness of environment (29-Jan-14 to 17-Jun-14)	No change	0.99	0.97	No evidence of risk
	PLACE02	PLACE score for food (29-Jan-14 to 17-Jun-14)	No change	0.87	0.89	No evidence of risk
	PLACE03	PLACE score for privacy, dignity and well being (29-Jan-14 to 17-Jun-14)	No change	0.79	0.87	No evidence of risk
	PLACE04	PLACE score for facilities (29-Jan-14 to 17-Jun-14)	No change	0.91	0.92	No evidence of risk
	SYE	CQC Share Your Experience - the number of negative comments is high relative to positive comments (01-Feb-14 to 31-Jan-15)	Data updated	14	14.73	No evidence of risk
	P_OPINION	Patient Opinion - the number of negative comments is high relative to positive comments (04-Feb-14 to 03-Feb-15)	Data updated	60	119740	No evidence of risk