

<b>Reporting to:</b>	<b>Trust Board – 27 March 2014</b>
<b>Title</b>	Care Quality Commission – Intelligent Monitoring Report
<b>Sponsoring Director</b>	Director of Corporate Governance
<b>Author(s)</b>	Head of Assurance
<b>Previously considered by</b>	Hospital Executive Committee, Clinical Governance Executive, Operational Risk Group – Feb/March 2014
<b>Executive Summary</b>	<p>The Care Quality Commission (CQC) published the second version of its Intelligent Monitoring Report (IMR) on March 11<sup>th</sup> prior to publication on March 13<sup>th</sup>. This is a report which will be issued quarterly.</p> <p>The Trust is identified as having two elevated risks (four in the October edition of this report) and five other risks, (previously five) which places SaTH in Band 3 (of 6 bands, where Band 1 indicates the Trusts considered highest risk and Band 6, low risk Trusts).</p> <p>The full IMR is available in the information pack</p>
<b>Strategic Priorities</b> <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Healthcare Standards <input checked="" type="checkbox"/> People and Innovation <input type="checkbox"/> Community and Partnership <input type="checkbox"/> Financial Strength	<b>Operational Objectives</b> <b>QS 9</b> Focus on improving clinical outcomes particularly for stroke and fractured neck of femur <b>HS3</b> Deliver all key performance standards <b>PI1</b> Implement a staff engagement framework
<b>Board Assurance Framework (BAF) Risks</b>	<input checked="" type="checkbox"/> Deliver Safe Care or patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> Implement our falls prevention strategy to help prevent patients suffering serious injury <input checked="" type="checkbox"/> Achieve safe and efficient Patient Flow or we will fail the national quality and performance standards <input checked="" type="checkbox"/> Clear Clinical Service Vision or we may not deliver the best services to patients <input checked="" type="checkbox"/> Good levels of Staff Engagement to get a culture of continuous improvement or staff morale and patient outcomes may not improve <input type="checkbox"/> Resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position
<b>Care Quality Commission (CQC) Domains</b> <input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led	<b>Outcomes</b> <input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led

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|--|---|
| <input checked="" type="checkbox"/> <b>Receive</b> | <input checked="" type="checkbox"/> <b>Review</b> |
| <input checked="" type="checkbox"/> <b>Note</b>    | <input type="checkbox"/> <b>Approve</b>           |

**Recommendation**

To **REVIEW** and **NOTE** the latest Intelligent Monitoring Report from CQC.

# SHREWSBURY AND TELFORD HOSPITAL NHS TRUST TRUST BOARD 27 MARCH 2014

## Care Quality Commission – Intelligent Monitoring Report

### 1. Background

The Care Quality Commission (CQC) published the final version of its second Intelligent Monitoring Report (IMR) on March 13<sup>th</sup>. This is the second IMR and changes have been made to the construction since the first version was released last October.

The indicators in the Intelligent Monitoring Report will be used to inform questions about the quality of care in organisations, but not in isolation. CQC Judgments will always be based on the result of an inspection, which will take into account the Intelligent Monitoring Report Analysis alongside local information from the public, the trust and other organisations. The Intelligent Monitoring Report contains what CQC call Tier 1 indicators (Tier 2 and 3 are still being developed). Using statistical tests to determine risk thresholds, the IMR identifies three possible ratings against each of the indicators—‘no evidence of risk’, ‘risks’ and ‘elevated risks’.

### 2 March 2014 IMR

For SaTH there are now 93 applicable indicators (there were 83 applicable indicators in the October IMR). The identified risks are shown below:

Elevated risk	The number of cases assessed as achieving compliance with all nine standards of care measured within the National Hip Fracture Database.
Elevated risk	Referral to treatment times under 18 weeks: admitted pathway
Risk	Inpatient Survey 2012 Q32 "Were you involved as much as you wanted to be in decisions about your care and treatment?"
Risk	TDA - Escalation score
Risk	NHS Staff Survey - Support from immediate managers
Risk	NHS Staff Survey - Fairness and effectiveness of incident reporting procedures
Risk	NHS Staff Survey - Percentage reporting good communication between senior management and staff

These results placed SaTH in band 3 (of six possible bands), where band 1 indicates the Trusts considered to be of highest risk. In October, the Trust was in band 1. All the above risks are known to the Board and were also contained in the previous version of the IMR.

An earlier draft of the second IMR was released in February. The final version published in March has been updated to include the latest national staff survey findings which has resulted in two additional risks being added (Fairness and effectiveness of incident reporting procedures, and percentage reporting good communication between senior management and staff).

### 3 Changes since the previous IMR

The following items are no longer judged to be a risk:

#### (i) Whistleblowing alerts (previously elevated risk)

Where a staff member or patient had raised concerns with the CQC this is automatically considered to be a risk. It had been reported that the construction of this indicator was changing so that historic whistleblowing concerns would no longer be considered a risk if the CQC is satisfied that the Trust has taken action to address the concern. However, the guidance issued with the IMR does not appear to show that the construction of the indicator has changed.

#### (ii) Patient Opinion (previously elevated risk)

The Trust raised the construction of this indicator with the CQC. In the previous version, the indicator was purely a count of the negative comments received on the national Patient Opinion website adjusted by bed days, so the crude total rather than a percentage of the total comments received. The Director of Corporate Governance raised this with the CQC as we felt that this method skewed the results for those Trusts where Patient Opinion is used actively as a means for gathering patient feedback.

In SaTH's case, the outpatient referral service managed by GPs in Telford & Wrekin actively used Patient Opinion as a mechanism for patient feedback. As a result, we had significantly more comments than comparable Trusts.

The construction of the indicator has now been changed to 'Counts of negative comments adjusted by counts of positive comments'.

**(iii) Proportion of patients risk assessed for Venous Thromboembolism (VTE) (previously risk)**

The Trust had not been achieving the 95% target for VTE risk assessment. This has now been achieved since July 2013.

**(iv) PROMs EQ-5D score: Knee Replacement (previously risk)**

This is no longer a risk; the change probably relates to the small numbers involved in the construction of this indicator. However, the inclusion in the last IMR did highlight the need for SaTH to develop an internal system for monitoring and acting on PROMs data which has now been put in place.

**4 Other points of note**

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 mortality indicators or maternity outlier alerts; and the readmission rates are lower than expected, which can be taken as a proxy for efficient discharge arrangements.

The Trust has also asked CQC for clarification of the construct for the Staff Survey risk, as previous challenge as revealed that the difference between the top 20% and bottom 20% in one indicator was not statistically significant ie was random.

**5. Hospital Inspections**

The day after the draft IMR was released, CQC published the names of the next 20 NHS trusts due for inspection between April and June this year. These trusts will receive an official overall rating of outstanding, good, requires improvement or poor. Each main service, such as maternity and accident and emergency, will also be rated in the same way, providing performance information at service and trust-level. The trusts have been selected for a range of reasons, with specialist trusts included for the first time. Some trusts inspected under the Bruce Keogh Review into high mortality rates are included for a follow-up inspection. Others are trusts judged to have a higher level of risk of providing poor care or are trusts hoping to secure foundation trust status. They are:

- Alder Hey Children's NHS Foundation Trust
- Brighton and Sussex University Hospitals NHS Trust
- Burton Hospitals NHS Foundation Trust
- Colchester Hospital University NHS Foundation Trust
- East Lancashire Hospitals NHS Trust
- George Eliot Hospital NHS Trust
- Isle Of Wight NHS Trust
- Medway NHS Foundation Trust
- North Cumbria University Hospitals NHS Trust
- North Middlesex University Hospital NHS Trust
- North West London Hospitals NHS Trust
- Northern Lincolnshire and Goole Hospitals NHS Foundation Trust
- Royal National Orthopaedic Hospital NHS Trust

- Sheffield Children's NHS Foundation Trust
- Sherwood Forest Hospitals NHS Foundation Trust
- Surrey and Sussex Healthcare NHS Trust
- Tameside Hospital NHS Foundation Trust
- The Royal Orthopaedic Hospital NHS Foundation Trust
- United Lincolnshire Hospitals NHS Trust
- Wye Valley NHS Trust

## **6. Recommendations**

The Board is asked to

To **receive** and **review** the latest Intelligent Monitoring Report from CQC

# Intelligent Monitoring Report

Report on

**Shrewsbury and Telford Hospital NHS Trust**

13 March 2014

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 statistical 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.

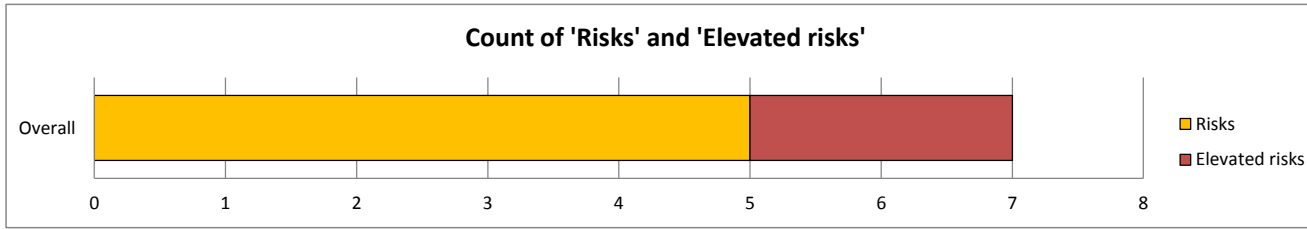
NHS Trusts that have had an inspection at the time of producing this update of Intelligent Monitoring have not been assigned a banding; all other indicator analysis results are shown in their report. "No Banding: New Approach Inspection" is stated for these trusts. This is to reflect the fact that CQC's 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



Band	3
Number of 'Risks'	5
Number of 'Elevated risks'	2
Overall Risk Score	9
Number of Applicable Indicators	93
Proportional Score	4.84%
Maximum Possible Risk Score	186

<b>Elevated risk</b>	The proportion of cases assessed as achieving compliance with all nine standards of care measured within the National Hip Fracture Database.
<b>Elevated risk</b>	Composite indicator: Referral to treatment
<b>Risk</b>	Inpatient Survey 2012 Q32 "Were you involved as much as you wanted to be in decisions about your care and treatment?" (Score out of 10)
<b>Risk</b>	TDA - Escalation score
<b>Risk</b>	NHS Staff Survey - Support from immediate managers
<b>Risk</b>	NHS Staff Survey - Fairness and effectiveness of incident reporting procedures
<b>Risk</b>	NHS Staff Survey - Percentage reporting good communication between senior management and staff



Tier One Indicators

Section	ID	Indicators	Observed	Expected	Risk?
Never Events	STEISNE	Never Event incidence	0	-	No evidence of risk
Avoidable infections	CDIFF	Incidence of Clostridium difficile (C.difficile)	43	40.05	No evidence of risk
	MRSA	Incidence of Meticillin-resistant Staphylococcus aureus (MRSA)	1	1.97	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.	23	-	No evidence of risk
Patient safety incidents	NRLSL03	Proportion of reported patient safety incidents that are harmful	0.22	0.29	No evidence of risk
	NRLSL04	Potential under-reporting of patient safety incidents resulting in death or severe harm	45	49.7	No evidence of risk
	NRLSL05	Potential under-reporting of patient safety incidents	7967	8258.93	No evidence of risk
Venous Thromboembolism	VTERA03	Proportion of patients risk assessed for Venous Thromboembolism (VTE)	0.95	0.95	No evidence of risk
Mortality: Trust Level	SHMI01	Summary Hospital-level Mortality Indicator	Trust's mortality rate is 'As Expected'	-	No evidence of risk
	COM_HSMR	Dr Foster Intelligence: Composite of Hospital Standardised Mortality Ratio indicators	-	-	No evidence of risk
	HSMR	Dr Foster Intelligence: Hospital Standardised Mortality Ratio	1535	1624.45	No evidence of risk
	HSMRWKDAY	Dr Foster Intelligence: Hospital Standardised Mortality Ratio (Weekday)	1124	1202.15	No evidence of risk
	HSMRWKEND	Dr Foster Intelligence: Hospital Standardised Mortality Ratio (Weekend)	368	370.22	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	-	-	No evidence of risk
	MORTAMI	Mortality outlier alert: Acute myocardial infarction	-	-	No evidence of risk
	MORTARRES	Mortality outlier alert: Cardiac arrest and ventricular fibrillation	-	-	No evidence of risk
	MORTCABGI	Mortality outlier alert: CABG (isolated first time)	Not included	Not included	Not included
	MORTCABGO	Mortality outlier alert: CABG (other)	Not included	Not included	Not included
	MORTCASUR	Mortality outlier alert: Adult cardiac surgery	Not included	Not included	Not included
	MORTCATH	Mortality outlier alert: Coronary atherosclerosis and other heart disease	-	-	No evidence of risk
	MORTCHF	Mortality outlier alert: Congestive heart failure; nonhypertensive	-	-	No evidence of risk
	MORTDYSRH	Mortality outlier alert: Cardiac dysrhythmias	-	-	No evidence of risk
	MORTHVD	Mortality outlier alert: Heart valve disorders	-	-	No evidence of risk
	MORTPHD	Mortality outlier alert: Pulmonary heart disease	-	-	No evidence of risk
	COM_CEREB	Composite indicator: In-hospital mortality - Cerebrovascular conditions	-	-	No evidence of risk
	HESMORT21CU	In-hospital mortality: Cerebrovascular conditions	-	-	No evidence of risk
	MORTACD	Mortality outlier alert: Acute cerebrovascular disease	-	-	No evidence of risk

Section	ID	Indicators	Observed	Expected	Risk?
Mortality	COM_DERMA	Composite indicator: In-hospital mortality - Dermatological conditions	-	-	No evidence of risk
	HESMORT35CU	<i>In-hospital mortality: Dermatological conditions</i>	-	-	No evidence of risk
	MORTSKINF	<i>Mortality outlier alert: Skin and subcutaneous tissue infections</i>	-	-	No evidence of risk
	MORTSKULC	<i>Mortality outlier alert: Chronic ulcer of skin</i>	-	-	No evidence of risk
	COM_ENDOC	Composite indicator: In-hospital mortality - Endocrinological conditions	-	-	No evidence of risk
	HESMORT29CU	<i>In-hospital mortality: Endocrinological conditions</i>	-	-	No evidence of risk
	MORTDIABWC	<i>Mortality outlier alert: Diabetes mellitus with complications</i>	-	-	No evidence of risk
	MORTDIABWOC	<i>Mortality outlier alert: Diabetes mellitus without complications</i>	-	-	No evidence of risk
	MORTFLUID	<i>Mortality outlier alert: Fluid and electrolyte disorders</i>	-	-	No evidence of risk
	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</i>	-	-	No evidence of risk
	MORTALCLIV	<i>Mortality outlier alert: Liver disease, alcohol-related</i>	-	-	No evidence of risk
	MORTBILIA	<i>Mortality outlier alert: Biliary tract disease</i>	-	-	No evidence of risk
	MORTGASHAE	<i>Mortality outlier alert: Gastrointestinal haemorrhage</i>	-	-	No evidence of risk
	MORTGASN	<i>Mortality outlier alert: Noninfectious gastroenteritis</i>	-	-	No evidence of risk
	MORTINTOBS	<i>Mortality outlier alert: Intestinal obstruction without hernia</i>	-	-	No evidence of risk
	MORTOGAS	<i>Mortality outlier alert: Other gastrointestinal disorders</i>	-	-	No evidence of risk
	MORTOLIV	<i>Mortality outlier alert: Other liver diseases</i>	-	-	No evidence of risk
	MORTOPJEJ	<i>Mortality outlier alert: Operations on jejunum</i>	-	-	No evidence of risk
	MORTPERI	<i>Mortality outlier alert: Peritonitis and intestinal abscess</i>	-	-	No evidence of risk
	MORTTEPBI	<i>Mortality outlier alert: Therapeutic endoscopic procedures on biliary tract</i>	-	-	No evidence of risk
	MORTTEPLGI	<i>Mortality outlier alert: Therapeutic endoscopic procedures on lower GI tract</i>	-	-	No evidence of risk
	MORTTEPUGI	<i>Mortality outlier alert: Therapeutic endoscopic procedures on upper GI tract</i>	-	-	No evidence of risk
	MORTTOJI	<i>Mortality outlier alert: Therapeutic operations on jejunum and ileum</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</i>	-	-	No evidence of risk
	MORTUTI	<i>Mortality outlier alert: Urinary tract infections</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</i>	-	-	No evidence of risk
	MORTDEFI	<i>Mortality outlier alert: Deficiency and other anaemia</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</i>	-	-	No evidence of risk
	MORTSEPT	<i>Mortality outlier alert: Septicaemia (except in labour)</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</i>	-	-	No evidence of risk
	MORTSENI	<i>Mortality outlier alert: Senility and organic mental disorders</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</i>	-	-	No evidence of risk
	MORTPATH	<i>Mortality outlier alert: Pathological fracture</i>	-	-	No evidence of risk
	COM_NEPHR	Composite indicator: In-hospital mortality - Nephrological conditions	-	-	No evidence of risk
	HESMORT30CU	<i>In-hospital mortality: Nephrological conditions</i>	-	-	No evidence of risk
	MORTRENA	<i>Mortality outlier alert: Acute and unspecified renal failure</i>	-	-	No evidence of risk
	MORTRENC	<i>Mortality outlier alert: Chronic renal failure</i>	-	-	No evidence of risk

Section	ID	Indicators	Observed	Expected	Risk?
	COM_NEURO	Composite indicator: In-hospital mortality - Neurological conditions	-	-	No evidence of risk
	HESMORT34CU	<i>In-hospital mortality: Neurological conditions</i>	-	-	No evidence of risk
	MORTEPIL	<i>Mortality outlier alert: Epilepsy, convulsions</i>	-	-	No evidence of 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</i>	-	-	No evidence of risk
	MATPERIMOR	<i>Maternity outlier alert: Perinatal mortality</i>	-	-	No evidence of risk
	COM_RESPI	Composite indicator: In-hospital mortality - Respiratory conditions and procedures	-	-	No evidence of risk
	HESMORT25CU	<i>In-hospital mortality: Respiratory conditions</i>	-	-	No evidence of risk
	MORTASTHM	<i>Mortality outlier alert: Asthma</i>	-	-	No evidence of risk
	MORTBRONC	<i>Mortality outlier alert: Acute bronchitis</i>	-	-	No evidence of risk
	MORTCOPD	<i>Mortality outlier alert: Chronic obstructive pulmonary disease and bronchiectasis</i>	-	-	No evidence of risk
	MORTPLEU	<i>Mortality outlier alert: Pleurisy, pneumothorax, pulmonary collapse</i>	-	-	No evidence of risk
	MORTPNEU	<i>Mortality outlier alert: Pneumonia</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</i>	-	-	No evidence of risk
	MORTCRAN	<i>Mortality outlier alert: Craniotomy for trauma</i>	-	-	No evidence of risk
	MORTFNOF	<i>Mortality outlier alert: Fracture of neck of femur (hip)</i>	-	-	No evidence of risk
	MORTHFREP	<i>Mortality outlier alert: Head of femur replacement</i>	-	-	No evidence of risk
	MORTHIPREP	<i>Mortality outlier alert: Hip replacement</i>	-	-	No evidence of risk
	MORTINTINJ	<i>Mortality outlier alert: Intracranial injury</i>	-	-	No evidence of risk
	MORTOFRA	<i>Mortality outlier alert: Other fractures</i>	-	-	No evidence of risk
	MORTREDFB	<i>Mortality outlier alert: Reduction of fracture of bone</i>	-	-	No evidence of risk
	MORTREDFBL	<i>Mortality outlier alert: Reduction of fracture of bone (upper/lower limb)</i>	-	-	No evidence of risk
	MORTREDFNOF	<i>Mortality outlier alert: Reduction of fracture of neck of femur</i>	-	-	No evidence of risk
	MORTSHUN	<i>Mortality outlier alert: Shunting for hydrocephalus</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</i>	-	-	No evidence of risk
	MORTAMPUT	<i>Mortality outlier alert: Amputation of leg</i>	-	-	No evidence of risk
	MORTANEUR	<i>Mortality outlier alert: Aortic, peripheral, and visceral artery aneurysms</i>	-	-	No evidence of risk
	MORTCLIP	<i>Mortality outlier alert: Clip and coil aneurysms</i>	-	-	No evidence of risk
MORTOFB	<i>Mortality outlier alert: Other femoral bypass</i>	-	-	No evidence of risk	
MORTPVA	<i>Mortality outlier alert: Peripheral and visceral atherosclerosis</i>	-	-	No evidence of risk	
MORTREPAAB	<i>Mortality outlier alert: Repair of abdominal aortic aneurysm (AAA)</i>	-	-	No evidence of risk	
MORTTOFA	<i>Mortality outlier alert: Transluminal operations on the femoral artery</i>	-	-	No evidence of risk	
Maternity and women's health	MATELECCS	Maternity outlier alert: Elective Caesarean section	-	-	No evidence of risk
	MATEMERCs	Maternity outlier alert: Emergency Caesarean section	-	-	No evidence of risk
	MATSEPSIS	Maternity outlier alert: Puerperal sepsis and other puerperal infections	-	-	No evidence of risk

Section	ID	Indicators	Observed	Expected	Risk?
Re-admissions	MATMATRE	Maternity outlier alert: Maternal readmissions	-	-	No evidence of risk
	MATNEORE	Maternity outlier alert: Neonatal readmissions	-	-	No evidence of risk
	COM_HESELRE	Composite indicator: Emergency readmissions following an elective admission	-	-	No evidence of risk
	HESELRE	Emergency readmissions following an elective admission (Cross sectional)	677	748.31	No evidence of risk
	HESELRECU	Emergency readmissions following an elective admission (CUSUM)	-	-	No evidence of risk
	COM_HESEMRE	Composite indicator: Emergency readmissions following an emergency admission	-	-	No evidence of risk
	HESEMRE	Emergency readmissions following an emergency admission (Cross sectional)	4288	4738.8	No evidence of risk
	HESEMRECU	Emergency readmissions following an emergency admission (CUSUM)	-	-	No evidence of risk
PROMs	PROMS41	PROMs EQ-5D score: Groin Hernia Surgery	No risk identified	-	No evidence of risk
	PROMS42	PROMs EQ-5D score: Hip Replacement (PRIMARY)	No risk identified	-	No evidence of risk
	PROMS44	PROMs EQ-5D score: Knee Replacement (PRIMARY)	No risk identified	-	No evidence of risk
Audit	MINAP22	Proportion of patients who received all the secondary prevention medications for which they were eligible	0.98	0.90	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.	0	0.6	Elevated risk
	SSNAP14	Proportion of patients scanned within 1 hour of clock start (SSNAP Pilot Report 2 - trust level)	0.33	0.5	No evidence of risk
Compassionate care	IPSurTalkWor	Inpatient Survey 2012 Q34 "Did you find someone on the hospital staff to talk to about your worries and fears?" (Score out of 10)	5.44	-	No evidence of risk
	IPSurSupEmot	Inpatient Survey 2012 Q35 "Do you feel you got enough emotional support from hospital staff during your stay?" (Score out of 10)	7.01	-	No evidence of risk
Meeting physical needs	IPSurHelpEat	Inpatient Survey 2012 Q23 "Did you get enough help from staff to eat your meals?" (Score out of 10)	7.72	-	No evidence of risk
	IPSurInvDeci	Inpatient Survey 2012 Q32 "Were you involved as much as you wanted to be in decisions about your care and treatment?" (Score out of 10)	6.67	-	Risk
	IPSurCntPain	Inpatient Survey 2012 Q39 "Do you think the hospital staff did everything they could to help control your pain?" (Score out of 10)	8.04	-	No evidence of risk
Overall experience	IPSurOverall	Inpatient Survey 2012 Q68 "Overall..." (I had a very poor/good experience) (Score out of 10)	7.6	-	No evidence of risk
	FFTNHSEscore	NHS England inpatients score from Friends and Family Test (Score out of 100)	81.42	-	No evidence of risk
Treatment with dignity and respect	IPSurRspDign	Inpatient Survey 2012 Q67 "Overall, did you feel you were treated with respect and dignity while you were in the hospital?" (Score out of 10)	8.91	-	No evidence of risk

Section	ID	Indicators	Observed	Expected	Risk?
Trusting relationships	IPSurConfDoc	Inpatient Survey 2012 Q25 "Did you have confidence and trust in the doctors treating you?" (Score out of 10)	8.56	-	No evidence of risk
	IPSurConfNur	Inpatient Survey 2012 Q28 "Did you have confidence and trust in the nurses treating you?" (Score out of 10)	8.78	-	No evidence of risk
Maternity Survey	MatSvBirAdv	Maternity Survey 2013 C1 "At the very start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?" (Score out of 10)	9.15	-	No evidence of risk
	MatSvBirCom	Maternity Survey 2013 C2 "During your labour, were you able to move around and choose the position that made you most comfortable?" (Score out of 10)	8.33	-	No evidence of risk
	MatSvCarBat	Maternity Survey 2013 D6 "Thinking about your stay in hospital, how clean were the toilets and bathrooms you used?" (Score out of 10)	8.23	-	No evidence of risk
	MatSvCarInf	Maternity Survey 2013 D3 "Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?" (Score out of 10)	7.97	-	No evidence of risk
	MatSvSfInt	Maternity Survey 2013 C12 "Did the staff treating and examining you introduce themselves?" (Score out of 10)	9.19	-	No evidence of risk
	MatSvStafCon	Maternity Survey 2013 C14 "If you raised a concern during labour and birth, did you feel that it was taken seriously?" (Score out of 10)	9.17	-	No evidence of risk
	MatSvStfDig	Maternity Survey 2013 C18 "Thinking about your care during labour and birth, were you treated with respect and dignity?" (Score out of 10)	9.66	-	No evidence of risk
	MatSvStfWor	Maternity Survey 2013 C13 "Were you and/or your partner or a companion left alone by midwives or doctors at a time when it worried you?" (Score out of 10)	7.97	-	No evidence of risk
Access measures	COM_AD_A&E	Composite indicator: A&E waiting times more than 4 hours	-	-	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	0.08	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	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	0	0.05	No evidence of risk
	COM_RTT	Composite indicator: Referral to treatment	-	-	Elevated risk
	RTT_01	Monthly Referral to Treatment (RTT) waiting times for completed admitted pathways (on an adjusted basis): percentage within 18 weeks	79.25%	90.00%	Elevated risk
	RTT_02	Monthly Referral to Treatment (RTT) waiting times for completed non-admitted pathways: percentage within 18 weeks	95.43%	95.00%	No evidence of risk
	RTT_03	Monthly Referral to Treatment (RTT) waiting times for incomplete pathways: percentage within 18 weeks	90.95%	92.00%	No evidence of risk
	DIAG6WK01	Diagnostics waiting times: patients waiting over 6 weeks for a diagnostic test	0.0056	0.0076	No evidence of risk
	WT_CAN26	All cancers: 62 day wait for first treatment from urgent GP referral	0.85	0.85	No evidence of risk
	WT_CAN27	All cancers: 62 day wait for first treatment from NHS cancer screening referral	0.95	0.9	No evidence of risk
WT_CAN22	All cancers: 31 day wait from diagnosis	0.97	0.96	No evidence of risk	
CND_OPS02	The proportion of patients whose operation was cancelled	0.0066	0.0081	No evidence of risk	

Section	ID	Indicators	Observed	Expected	Risk?
	CND_OPS01	The number of patients not treated within 28 days of last minute cancellation due to non-clinical reason	0.0426	0.0391	No evidence of risk
	AMBTURN06	Proportion of ambulance journeys where the ambulance vehicle remained at hospital for more than 60 minutes	0.0036	0.0224	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	0.0257	0.022	No evidence of risk
Reporting culture	NRLS14	Consistency of reporting to the National Reporting and Learning System (NRLS)	6 months of reporting	-	No evidence of risk
	COM_SUSDQ	Data quality of trust returns to the HSCIC	-	-	No evidence of risk
	SUSA&E02	Percentage of Secondary Uses Service (SUS) records for Accident and Emergency care with valid entries in mandatory fields.	99.51%	97.50%	No evidence of risk
	SUSAPC02	Percentage of Secondary Uses Service (SUS) records for inpatient care with correct entries in mandatory fields.	99.72%	98.80%	No evidence of risk
	SUSOP02	Percentage of Secondary Uses Service (SUS) records for outpatient care with valid entries in mandatory fields.	99.67%	98.33%	No evidence of risk
	FFTRESP02	Inpatients response percentage rate from NHS England Friends and Family Test	17.19%	27.66%	No evidence of risk
Partners	MONITOR01	Monitor - Governance risk rating	Not included	Not included	Not included
	TDA01	TDA - Escalation score	4. Material issue	-	Risk
	NTS12	GMC National Training Survey – trainee's overall satisfaction	Within Q2/IQR	-	No evidence of risk
Staff survey	STASURBG01	NHS Staff Survey - Percentage of staff who would recommend the trust as a place to work or receive treatment	58.82%	65.19%	No evidence of risk
	NHSSTAFF04	NHS Staff Survey - Percentage of staff appraised in last 12 months	77.90%	83.13%	No evidence of risk
	NHSSTAFF06	NHS Staff Survey - Support from immediate managers	0.63	0.65	Risk
	NHSSTAFF07	NHS Staff Survey - Percentage of staff receiving health and safety training in last 12 months	65.28%	75.37%	No evidence of risk
	NHSSTAFF11	NHS Staff Survey - Fairness and effectiveness of incident reporting procedures	0.6	0.62	Risk
	NHSSTAFF16	NHS Staff Survey - Percentage reporting good communication between senior management and staff	21.87%	28.67%	Risk
	ESRSIC	Composite risk rating of ESR items relating to staff sickness rates	-	-	No evidence of risk
	ESRSIC01	Proportion of days sick due to back problems in the last 12 months	0.0023	0.0025	No evidence of risk
	ESRSIC02	Proportion of days sick due to stress in the last 12 months	0.0066	0.0064	No evidence of risk
	ESRSIC03	Proportion of days sick in the last 12 months for Medical and Dental staff	0.0171	0.035	No evidence of risk
	ESRSIC04	Proportion of days sick in the last 12 months for Nursing and Midwifery staff	0.0451	0.0431	No evidence of risk
	ESRSIC05	Proportion of days sick in the last 12 months for other clinical staff	0.0439	0.0451	No evidence of risk
	ESRSIC06	Proportion of days sick in the last 12 months for non-clinical staff	0.0445	0.0393	No evidence of risk
	ESRReg	Composite risk rating of ESR items relating to staff registration	-	-	No evidence of risk
	ESRREG01	Proportion of Medical and Dental staff that hold an active professional registration	1	0.99	No evidence of risk
ESRREG02	Proportion of Nursing and Midwifery staff that hold an active professional registration	1	0.98	No evidence of risk	

Section	ID	Indicators	Observed	Expected	Risk?
Staffing	ESRTO	Composite risk rating of ESR items relating to staff turnover	-	-	No evidence of risk
	ESRTURO1	Turnover rate (leavers) for Medical and Dental staff	0.1	0.1	No evidence of risk
	ESRTURO2	Turnover rate (leavers) for Nursing and Midwifery staff	0.07	0.11	No evidence of risk
	ESRTURO3	Turnover rate (leavers) for other clinical staff	0.08	0.12	No evidence of risk
	ESRTURO4	Turnover rate (leavers) for all other staff	0.07	0.12	No evidence of risk
	ESRSTAB	Composite risk rating of ESR items relating to staff stability	-	-	No evidence of risk
	ESRSTA01	Stability Index for Medical and Dental staff	0.92	0.94	No evidence of risk
	ESRSTA02	Stability Index for Nursing and Midwifery staff	0.93	0.91	No evidence of risk
	ESRSTA03	Stability Index for other clinical staff	0.94	0.9	No evidence of risk
	ESRSTA04	Stability Index for non clinical staff	0.98	0.9	No evidence of risk
	ESRSUP	Composite risk rating of ESR items relating to staff support/ supervision	-	-	No evidence of risk
	ESRSUP01	Ratio of Band 6 Nurses to Band 5 Nurses	0.39	0.42	No evidence of risk
	ESRSUP02	Ratio of Charge Nurse/ Ward Sister (Band 7) to Band 5/6 Nurses	0.16	0.19	No evidence of risk
	ESRSUP03	Proportion of all ward staff who are registered nurses	0.69	0.72	No evidence of risk
	ESRSUP04	Ratio of consultant doctors to non-consultant doctors	0.69	0.63	No evidence of risk
	ESRSUP05	Ratio of band 7 Midwives to band 5/6 Midwives	0.26	0.25	No evidence of risk
	ESRSTAFF	Composite risk rating of ESR items relating to ratio: Staff vs bed occupancy	-	-	No evidence of risk
	ESRRATO1	Ratio of all medical and dental staff to occupied beds	5.17	4.3	No evidence of risk
	ESRRATO2	Ratio of all nursing staff to occupied beds	2.22	1.82	No evidence of risk
	ESRRATO3	Ratio of all other clinical staff to occupied beds	2.25	2.01	No evidence of risk
ESRRATO4	Ratio of all midwifery staff to births	26.15	28.4	No evidence of risk	
FLUVAC01	Healthcare Worker Flu vaccination uptake	0.66	0.58	No evidence of risk	
Qualitative intelligence	WHISTLEBLOW	Whistleblowing alerts	-	-	No evidence of risk
	GMC	GMC - Enhanced monitoring	-	-	No evidence of risk
	Safeguarding	Safeguarding concerns	-	-	No evidence of risk
	SYE	CQC Share Your Experience - the number of negative comments is high relative to positive comments	9	4.6	No evidence of risk
	NHSchoices	NHS Choices - the number of negative comments is high relative to positive comments	14	8.5	No evidence of risk
	P_OPINION	Patient Opinion - the number of negative comments is high relative to positive comments	49	6030.3	No evidence of risk
	CQC_COM	CQC complaints	20	26.54	No evidence of risk
	PROV_COM	Provider complaints	671	574.09	No evidence of risk