CLINICAL QUALITY & PATIENT SAFETY PERFORMANCE SUMMARY

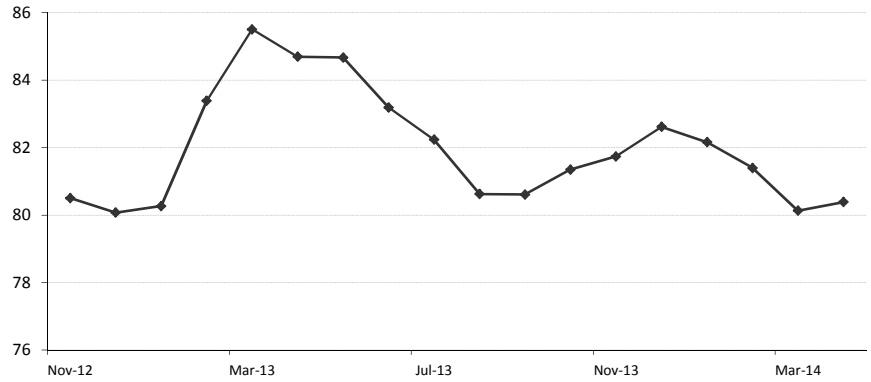
Introduction

A summary of key trends and actions of the Trust's performance against the clinical quality and patient safety indicators is provided together with supporting narrative. The report is structured around the key themes of the annually published Quality Report/Account; Patient Safety, Patient Experience and Clinical Effectiveness.

	Measure	Improvement Metric		Target 14/15	Mar-14	Mar-13	vs Mar-13	YTD
Patient Safety	Mortality Rates	HSMR		-	80.4	84.7	↓	80.4
					Q2 13/14	Q2 12/13	vs Q2 12/13	YTD
		SHMI (%)		-	86.32%	88.78%	↓	-
					Aug-14	Aug-13	vs Aug-13	YTD
		Crude Mortality: All Ages (Per 1 000)	Non-Elective	-	27.897	25.258	↑	27.266
			Elective	-	0.119	0.117	↑	0.270
	Risk Management	Serious Incidents (STEIS)	New Incidents	-	5	4	↑	-
			Open Incidents	-	59	24	↑	Cumul.
	HCAI	MRSA	Attributable	5	1	3	↓	Cumul.
		C. difficile	Post 72h	47	26	24	↑	Cumul.
	Infection Prevention	Mandatory Training Compliance (%)		95.0%	82.5%	87.5%	↓	82.9%
	Harm Free Care (HFC)	Safety Thermometer HFC (%) - Old & New Harm	EKHUFT	93.0%	93.8%	90.2%	↑	94.2%
			National	-	93.7%	93.0%	↑	-
	Nurse Sensitive Indicators	Pressure Ulcers: Category 2,3 and 4	Acquired	-	17	22	↓	95
			Avoidable	99	4	10	↓	33
		Falls		-	154	179	↓	812
	Clinical Incidents	Total Clinical Incidents		-	1025	1074	↓	5410
Patient Experience	Compliments and Complaints	Compliments:Complaints		-	34:1	15:1	↑	-
		No. Care Spells per Formal Complaint		-	826	876	↓	-
	Experience	Friends and Family Test (Star Rating)		5.0	4.4	4.6	↓	-
		Adult Inpatient Experience (%)		80.00%	88.24%	88.16%	↑	-
		Mixed Sex Accommodation Occurrences		-	8	5	↑	46
Clinical Effectiveness	Readmission				Jul-14	Jul-13	vs Jul-13	YTD
		7 Day (%)		2.00%	4.38%	4.27%	↑	4.35%
		30 Day (%)		8.32%	8.70%	8.88%	↓	8.90%
	CQUIN				Aug-14	Aug-13	vs Aug-13	YTD
		Standard Contract CQUIN		Multiple			↔	
		Specialist CQUIN		Multiple			↔	
	Bed Usage	Bed Occupancy (%)		-	84.26%	89.43%	↓	-
		Extra Beds (%)		-	4.36%	5.52%	↓	5.76%
		Outliers		-	20.03	22.29	↓	121.91
		Delayed Transfers of Care (Average)		-	33.00	36.60	↓	37.11
Care Quality Commission	Intelligent Monitoring Report	Outcome Measures	Risks	-	6	-		-
			Elevated Risks	-	2	-		-

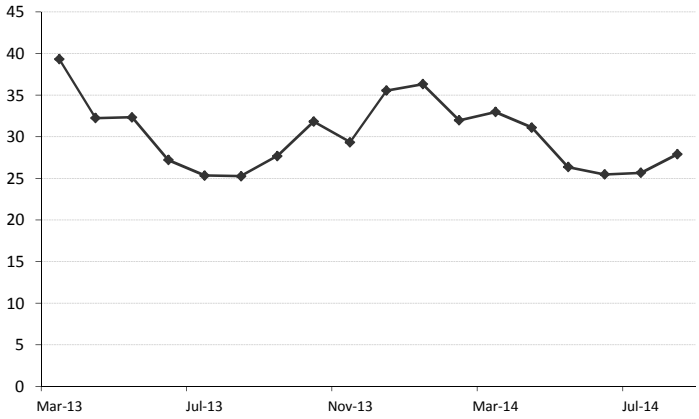
CLINICAL QUALITY & PATIENT SAFETY
PATIENT SAFETY: MORTALITY RATES

Hospital Standardised Mortality Ratio (HSMR) - All Discharges



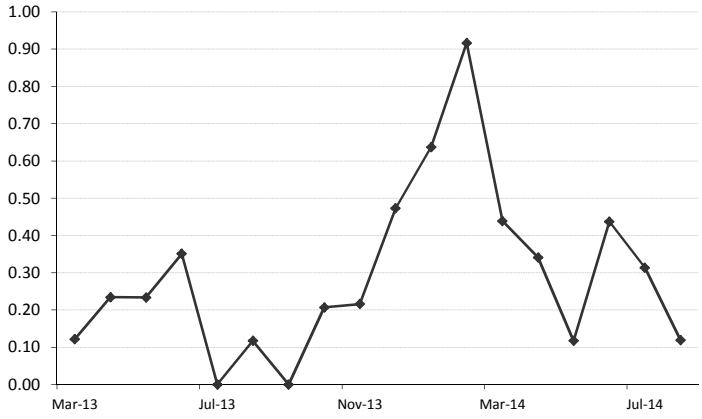
Performance at Trust level remains good across all mortality indicators with the 12 month rolling HSMR equalling 80.4 at the end of Apr-14 (that is, showing a 0.3 increase against March), and is in line with the trend demonstrated by the crude mortality metric. This also is a reflection of seasonal fluctuations, although it is hoped rates will be more consistent during Q4. HSMR for recent months is not yet reported due to the change in systems from Dr Foster to CHKS, however this will be updated when available.

Crude Mortality - Non-Elective per 1 000



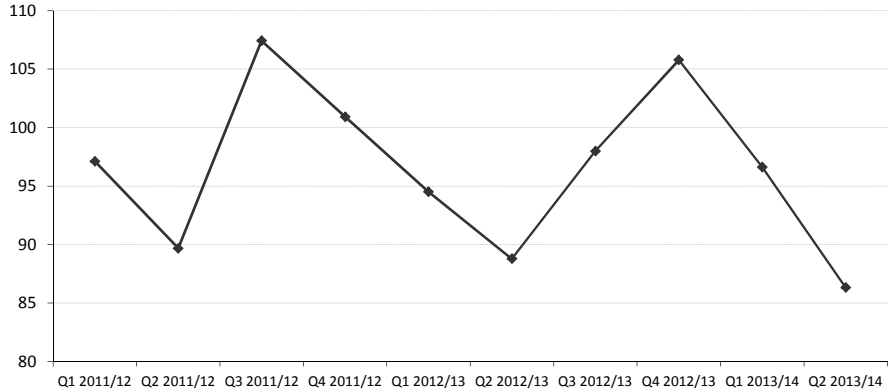
Crude mortality for non-elective patients shows a fairly seasonal trend with deaths higher during the winter months. The winter peak during 2013/14 has since faded, and following this trend performance in Aug-14 equalled 27.891 deaths per 1 000 population against July's position of 25.512. This trend appears to have stabilised through the summer months.

Crude Mortality - Elective per 1 000



During February elective crude mortality was 0.916 deaths per 1 000 population, which dropped back to expected levels seen in March at a rate of 0.439. April's position stabilises this once more, achieving 0.341 and again in May, achieving 0.117. As predicted it is expected that the levels will reduce to those seen pre Nov-13 and follow seasonal trends. Levels in August have reduced to 0.119.

Summary Hospital Mortality Indicator (SHMI)



The Summary Hospital Mortality Indicator (SHMI) includes "in hospital" and "out of hospital" deaths within 30 days of discharge. These data are supplied by an external party and are updated on a quarterly basis. During the latter part of 2011/12 SHMI for EKHUFT was higher than other mortality indicators at over 100. Improvements have been made over the last year. Data for Q2 2013/14 shows a decrease on Q1, achieving 86.32% which demonstrates an improvement against previous quarters and is in line with the achievement of the other metrics.

Serious Incidents - Open Cases

Date		Summary of Serious Incident & Remedial Action Taken	IX lv	Division	Timely Submit?
Incident	STEIS Report				
21-Aug-14	29-Aug-14	Unexpected Admission - NICU	2	Specialist	72h report overdue
24-Aug-14	29-Aug-14	Delayed Diagnosis	1	Surgical	Not Due
27-Aug-14	29-Aug-14	Intrapartum Death - term infant	2	Specialist	72h report sent
3-Aug-14	13-Aug-14	Unexpected Admission - NICU	2	Specialist	72h report sent
13-Aug-14	13-Aug-14	Adverse Media coverage - CQC report	2	Trust	Not Due
23-Jul-14	30-Jul-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	Not Due
19-Jul-14	23-Jul-14	Unexpected Death - neonatal	2	Specialist	72h report sent
7-Jul-14	18-Jul-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	Not Due
7-Apr-14	10-Jul-14	Fall - resulting in permanent harm	1	UCLTC	Not Due
3-May-14	10-Jul-14	Fall - contributing to death	1	UCLTC	Not Due
27-Jun-14	4-Jul-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	Extension
3-Jul-14	4-Jul-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	Extension
17-Jun-14	1-Jul-14	Intrauterine Death	2	Specialist	72h report sent
26-Jun-14	27-Jun-14	Unexpected Death - neonatal	2	Specialist	Stop the Clock
16-Jun-14	26-Jun-14	C. diff and Healthcare Acquired Infections	1	UCLTC	Extension
23-Jun-14	26-Jun-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	Breach
28-May-14	16-Jun-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	Surgical	Yes
20-Mar-14	13-Jun-14	Fall - resulting in subdural haematoma	1	UCLTC	Yes
20-May-14	2-Jun-14	Missed Diagnosis - meningitis	2	Specialist	Yes
27-May-14	2-Jun-14	Unexpected Death	1	UCLTC	No
19-May-14	21-May-14	Unexpected Admission - NICU	2	Specialist	Extension
7-Mar-14	13-May-14	Unexpected Death - endoscopic bleed	1	UCLTC	Yes
8-Mar-14	13-May-14	Missed Diagnosis - meningitis	2	UCLTC	Yes
10-Mar-14	13-May-14	Unexpected Admission - term baby to NICU	2	Specialist	Yes
11-May-14	12-May-14	Suboptimal Care - deteriorating patient	1	UCLTC	No
5-May-14	9-May-14	Unexpected Admission - NICU	2	Specialist	Yes
6-May-14	8-May-14	Unexpected Death - displacement of tracheostomy tube	1	UCLTC	No
31-Mar-14	1-May-14	Serious Injury - upper limb infarction following cannulation	1	UCLTC	Yes
28-Apr-14	29-Apr-14	Surgical Error - agency surgeon	1	Surgical	Breach
27-Mar-14	28-Apr-14	Category 4 hospital acquired pressure ulcer (avoidable)	1	UCLTC	No
13-Jan-14	24-Apr-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	No
17-Mar-14	24-Apr-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	Surgical	Yes
18-Mar-14	11-Apr-14	Unexpected Death - transfer/missed diagnosis	1	UCLTC	No
7-Apr-14	11-Apr-14	Category 3 hospital acquired pressure ulcer (avoidable)		UCLTC	No
8-Apr-14	10-Apr-14	Unexpected Death - post debridement	1	Surgical & UCLTC	No
3-Apr-14	3-Apr-14	Never Event - retained vaginal swab post delivery	2	Specialist	No
3-Apr-14	3-Apr-14	Intrapartum Death - placental abruption	2	Specialist	Yes
10-Mar-14	24-Mar-14	Suboptimal Care - deteriorating patient		Surgical	No
19-Feb-14	13-Mar-14	Unexpected Death - pericardial effusion	1	UCLTC	No
1-Mar-14	10-Mar-14	Never Event - wrong site pleural aspiration	2	UCLTC	No
28-Feb-14	3-Mar-14	Medication Administration Error - administered via wrong route	1	Surgical	Yes
9-Jan-14	25-Feb-14	Unexpected Death - venous thomboembolism at 6 weeks postoperative		Surgical	Yes
10-Dec-13	5-Feb-14	Unexpected Death - retroperitoneal haematoma	1	Surgical & UCLTC	Yes
18-Jan-14	24-Jan-14	Unexpected Death - sepsis	1	UCLTC	Yes
24-Jan-14	24-Jan-14	Neonatal Death - unexpected breach delivery at home, taken to QEH	2	Specialist	Yes
11-Oct-13	30-Oct-13	Allegation against a member of staff	1	UCLTC	Not Due
Aug-13	14-Aug-13	Media Interest - delayed implementation of PACS/RIS replacement resulting in a backlog of patient bookings across all modalities	0	Clinical Support	Stop the Clock
22-Jan-13	24-Jan-13	Never Event - wrong site surgery: pleural aspiration	2	UCLTC	Yes
7-Jan-13	11-Jan-13	Never Event - wrong site surgery: Ophthalmology	2	Surgical	Yes

Serious Incidents - Partially Closed Cases

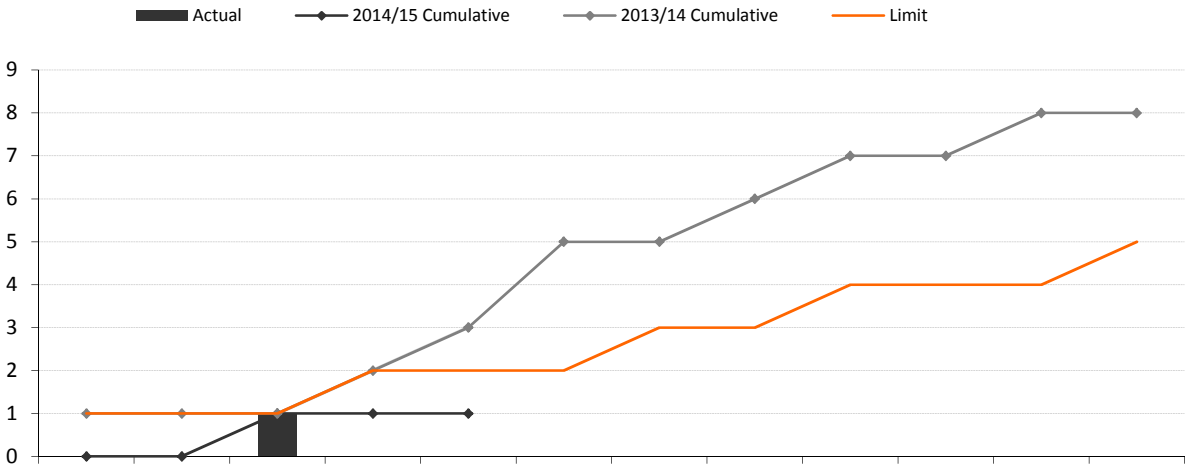
Serious Incidents closed by KMCS but remaining open on STEIS pending review by external bodies.

Date		Summary of Serious Incident & Remedial Action Taken	IX lv	Division
Incident	STEIS Report			
16-Apr-14	22-Apr-14	Unexpected Admission - NICU	2	Specialist
5-Apr-14	10-Apr-14	Unexpected Admission - NICU	2	Specialist
19-Mar-14	20-Mar-14	Neonatal Death - home birth	2	Specialist
6-Nov-13	11-Nov-13	Never Event - misplaced nasogastric tube	2	UCLTC
17-Jun-13	27-Jun-13	Screening Issue - diabetes eye screening programme and Hospital Eye Services (HES)	1	UCLTC
21-May-13	21-Jun-13	Induction of Labour - term baby developed seizures at 36h	2	Specialist
27-Feb-13	1-Mar-13	Maternal Death - 6 days postpartum	1	Specialist
28-Nov-12	14-Feb-13	Unexpected Death	1	Surgical
22-Nov-12	22-Nov-12	Unexpected Admission - NICU	2	Specialist
4-Sep-12	13-Sep-12	Neonatal Death - following shoulder dystocia	1	Specialist

Five serious incidents were reported on STEIS during Aug-14. These were: 2 unexpected admissions to NICU, 1 intrapartum death, 1 delayed diagnosis (compartment syndrome) and 1 adverse media coverage (CQC report). The Trust has had 2 notifications of closure from the CCGs. There were 10 incidents awaiting Area Team or other external body review. The Root Cause Analysis (RCA) reports have been presented either to the Risk Management Governance Group, Patient Safety Board or to the Pressure Ulcer Panel. These included the findings of the investigation and action plans to take forward recommendations, including mechanisms for monitoring and sharing learning. At the end of Aug-14 there were 59 serious incidents open on STEIS.

CLINICAL QUALITY & PATIENT SAFETY
PATIENT SAFETY: HOSPITAL ACQUIRED INFECTIONS

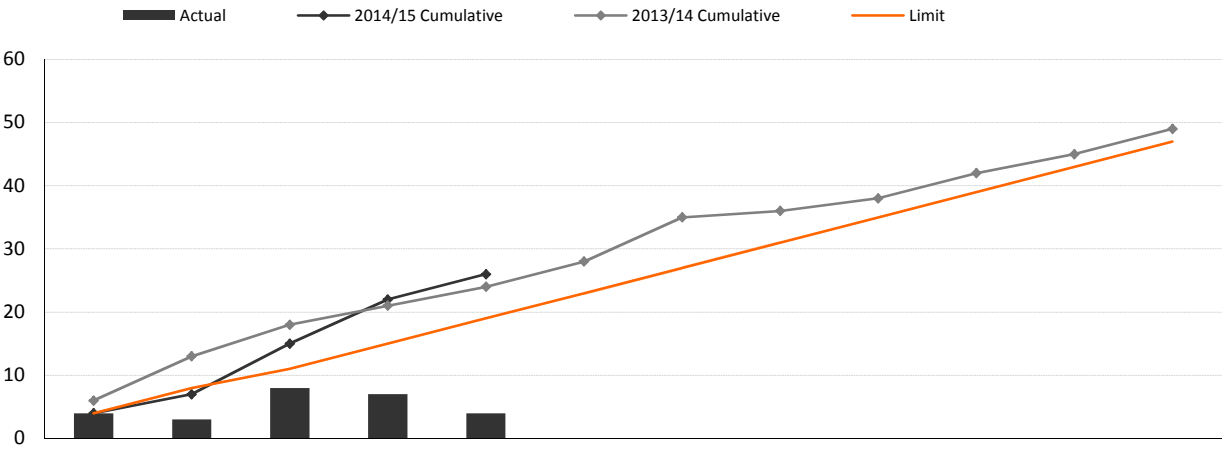
MRSA Bacteraemia - Trust Assigned Cases



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Actual	0	0	1	0	0							
2014/15 Cumulative	0	0	1	1	1							
2013/14 Cumulative	1	1	1	2	3	5	5	6	7	7	8	8
Limit	1	1	1	2	2	2	3	3	4	4	4	5

There were no cases of MRSA bacteraemia in August. The number of Trust assigned cases to date is 1.

Clostridium difficile - Incidents Post 72h



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Actual	4	3	8	7	4							
2014/15 Cumulative	4	7	15	22	26							
2013/14 Cumulative	6	13	18	21	24	28	35	36	38	42	45	49
Limit	4	8	11	15	19	23	27	31	35	39	43	47

There were 4 cases of Clostridium difficile infection in August, bringing the YTD total to 26, against a limit of 19. Two cases were within Specialist Services (1 case on Marlowe Ward at KCH, and 1 case on Birchington Ward at QEH; both RCAs will be undertaken in September), 1 case was within UCLTC (Harbledown Ward at KCH; RCA pending), and 1 case was within Surgical Services (Cheerful Sparrows Female Ward at QEH; the RCA deemed the case to be unavoidable/compliant).
Given the Kent-wide agreement on "lapses of care" definitions (as per NHS England guidance), all RCAs undertaken between April and August are currently being reviewed retrospectively in conjunction with the Clinical Commissioning Group Quality Leads, in order to determine whether there were any lapses of care (i.e. indicating that best practice was not always followed) that may have contributed to the patient's infection. From September onwards, this will be undertaken as part of the RCA process.
A Period of Increased Incidence (PII) was declared in August on Cheerful Sparrows Female at QEH, following 1 case in July and 1 case in August (and both cases occurred within 28 days). There was no evidence of cross-infection. A Meeting was held, actions implemented via a robust action plan, and the ward underwent high-level disinfection using hydrogen peroxide vapour (Deprox).
A PII was also declared on Harbledown Ward at KCH, following 1 case in July and 1 case in August, both cases occurred within 28 days. Ribotyping results are awaited. The ward has also been placed on "special measures" following concerns around compliance with infection prevention and control practice. The PII and "special measures" meeting will be held in September, but an action plan is already in place.

PATIENT SAFETY: HOSPITAL ACQUIRED INFECTIONS

Escherichia coli Bacteraemia - Incidents Pre and Post 48h

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly Average	Total YTD
2014/15	Pre 48h	32	36	32	37	25								32.4	162
	Post 48h	9	1	8	7	6								6.2	31
2013/14	Pre 48h	30	33	41	37	28	42	36	36	26	31	29	33	33.5	30
	Post 48h	4	3	4	12	3	12	10	4	8	8	6	11	7.1	4

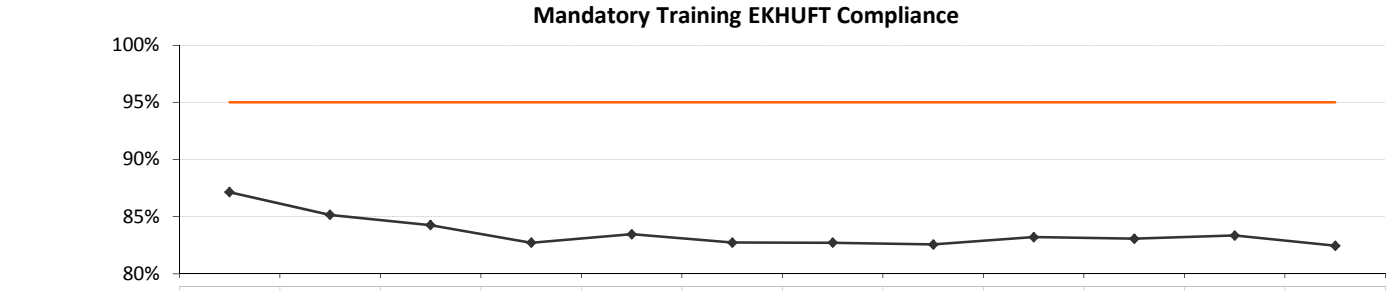
The IPC Team are now undertaking RCA for all cases of E.coli bacteraemia occurring within 30 days of a surgical procedure. There were 31 cases of E.coli bacteraemia in August, that is, 25 pre and 6 post 48h. Of these, 1 case at QEH may require RCA pending further enquiries.

Meticillin Sensitive Staphylococcus Aureus (MSSA) Bacteraemia

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly Average	Total YTD
2014/15	Pre 48h	7	6	6	7	7								6.6	33
	Post 48h	1	1	3	0	4								1.8	9

The IPC Team are now undertaking RCA for all cases of MSSA bacteraemia occurring within 30 days of a surgical procedure, or associated with an intravenous line. There were 11 cases of MSSA bacteraemia in August, namely 7 cases pre 48h and 4 cases post 48h. Of these, 3 cases require RCA (1 at QEH, and 2 at KCH).

CLINICAL QUALITY & PATIENT SAFETY
PATIENT SAFETY: INFECTION PREVENTION & CONTROL

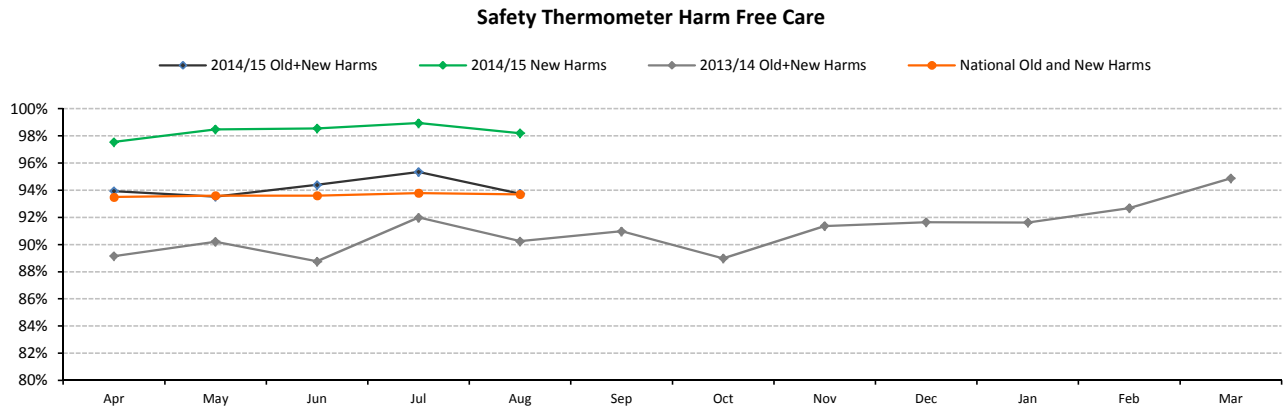


	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14
Compliance	87.1%	85.1%	84.3%	82.7%	83.5%	82.7%	82.7%	82.6%	83.2%	83.1%	83.3%	82.5%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

	Aug-14								
	Target	Trust	Clinical Support Services	Corporate	Specialist Services	Strat Dev & Capt Pln	Surgical Services	UCLTC	SERCO
Mandatory Comparative Data for Biennial Training Compliance	95%	82.5%	86.9%	83.8%	76.2%	92.1%	82.7%	81.3%	85.0%

Compliance Against Performance	
	Achieving or exceeding performance metric
	0-10% underperformance against metric
	10-20% underperformance against metric

Trust compliance has decreased from 83.3% in July, to 82.5% in August. Increases have been seen in only 2 Divisions, namely Corporate Services (from 83% to 83.8%), and Strategic Development and Capital Planning (from 91.6% to 92.1%). Decreases have been see in all other Divisions as follows: Clinical Support Services (from 87.8% to 86.9%); Specialist Services (from 77.9% to 76.2%); Surgical Services (from 83.1% to 82.7%), and UCLTC (from 82.8% to 81.3%). Within SERCO, mandatory training compliance has decreased from 90% to 85%. All Divisions are required to achieve 95% compliance by the end of Q4 2014/15 (Mar-15) via a phased attainment approach, achieving 87% by the end of Q2 (Sep-14), and 91% by the end of Q3 (Dec-14).

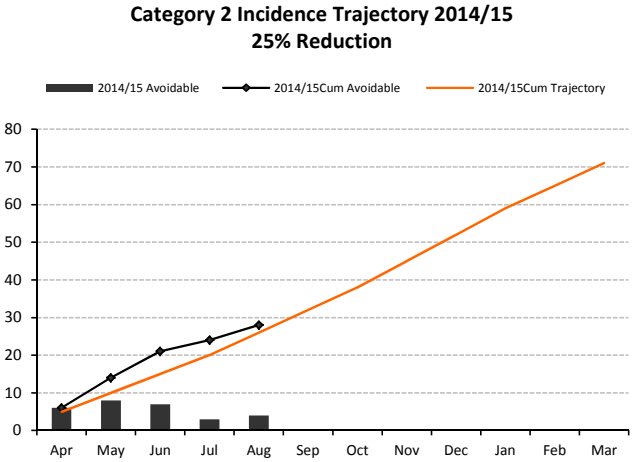


The chart above shows the percentage of Harm Free Care expressed as a one-day snapshot in each month. It is known as the NHS Safety Thermometer and is a quick and simple method for surveying patient harms. The aim of the Safety Thermometer is to identify, through a monthly survey of all adult inpatients, the percentage of patients who receive Harm Free Care. Four areas of harm are currently measured:

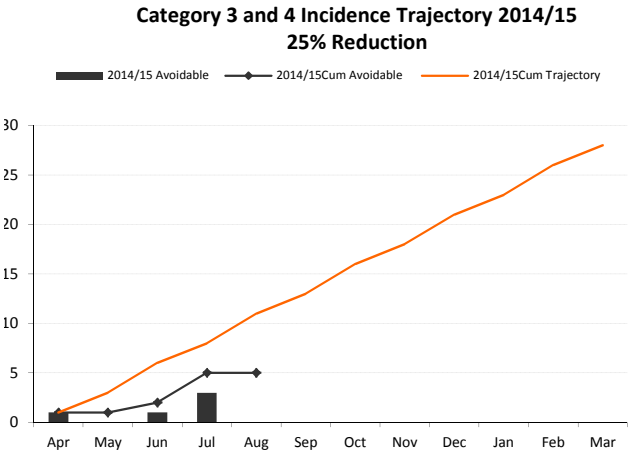
- All categories of pressure ulcers whether acquired in hospital or before admission;
- All falls whether they occurred in hospital or before admission;
- Urinary tract infection (inpatients with a catheter);
- Venous thromboembolism, risk assessment and appropriate prevention.

The strength of the NHS Safety Thermometer lies in allowing front line teams to measure how safe their services are and to deliver improvement locally. There are several different ways in which harm in healthcare is measured and there are strengths and limitations to the range of approaches available. The NHS Safety Thermometer measures prevalence of harms, rather than incidence, by surveying all appropriate patients on one day every month in order to count all occurrences of harms.

Harm Free Care includes both harms acquired in hospital ("new harms") and those acquired before admission to hospital ("old harms"). There is limited ability to influence "old harms" if a patient is admitted following a fall at home, or with a pressure ulcer, but these are included in the overall performance reported to the Health and Social Care Information Centre. "New harms only" are included separately when reporting performance to Divisional teams to enable success to be celebrated and to incentivise improvement. Harm Free Care performance is incorporated within the monthly ward quality dashboard and is triangulated with the existing funded establishment, acuity and dependency of patients, and effectiveness of rostering to enable analysis of influencing factors and thereby focusing improvement actions. In Aug-14, 93.8% of our inpatients were deemed "harm free" which is lower than last month (95.4%). This figure includes those patients admitted with harms and those who suffered harm whilst with us. The national figure is 93.7%, so we offer a similar percentage of harm free care than the national average. The percentage of patients receiving Harm Free Care during their admission with us (which we are able to influence) is 98.2%, and is slightly lower than last month (98.9%). Further analysis of these data show that all elements of the Safety Thermometer had increased during August, except the number of hospital acquired pressure ulcers which had reduced. Given the Trust's higher harm free care percentage, this emphasises the importance of the work we are undertaking with the Area Team to develop Kent and Medway wide improvements that should positively impact on these indicators across the whole of the patient pathway prior to their admission with the Trust.

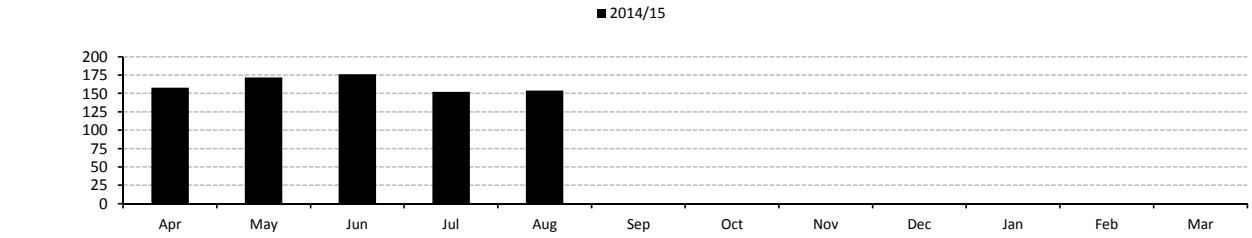


In August there were 17 reported hospital acquired Category 2 pressure ulcers. Four of these Category 2 pressure ulcers were deemed avoidable. Ten incidents were reported at KCH, 4 at QEH and 3 at WHH. Of these ulcers, 1 was avoidable at KCH due to insufficient early intervention, 1 at QEH and 2 at WHH due to lack of documentary evidence for planned care. Intensive investigations and regular spot check audits continue with identified areas and learning shared with colleagues. These measures are proving successful at bringing us back towards the set trajectory.



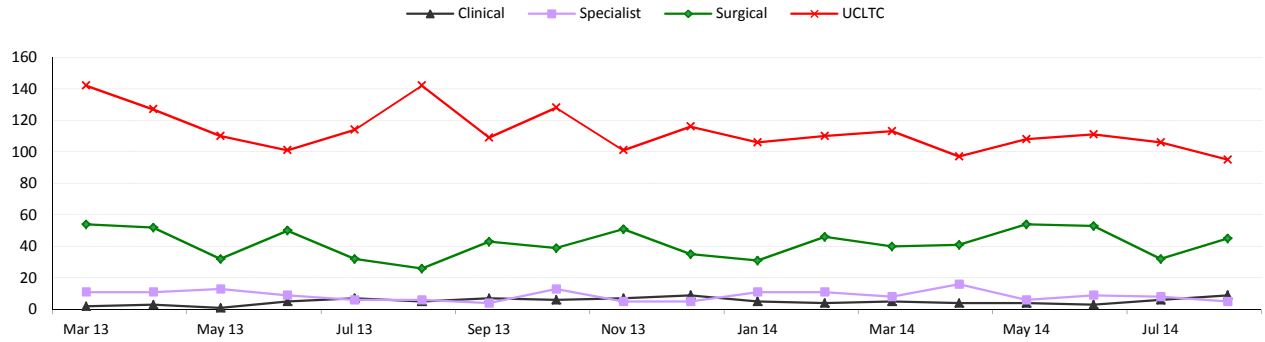
In August, no deep pressure ulcers were reported and the total number of heel ulcers amounted to 5. Celebrations were held to acknowledge the achievements of 26 ward areas in keeping their patients protected from pressure damage. The first wards to achieve 300 consecutive avoidable pressure ulcer free days were Kings C1, Oxford, ITU (QEH), CDU (KCH), Invicta and Kent; 10 wards achieved 200 days and 10 wards achieved 100 days. These areas were congratulated by the Chairman of the Board and the Deputy Chief Nurse, and presented with their certificates.

Patient Falls - Injurious and Non-Injurious



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
2014/15	158	172	176	152	154							
2014/15 Cum	158	330	506	658	812							

Patient Falls - Injurious and Non-Injurious By Division

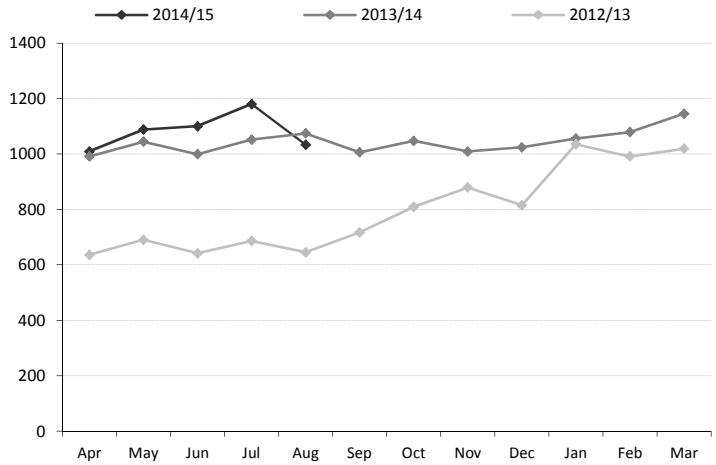


There were 154 in patient falls in August compared with 152 in July. Wards with the most reported falls were Harbledown (9), CDU at WHH (13), Cambridge M2 (12), Cambridge L (8) and Kings D Male (12). Two falls resulted in fractures (1 wrist and 1 humeral), 1 resulted in a neck injury (graded as severe and STEIS reported) and 1 patient was found to have an intracranial bleed following a fall (however, it is unclear whether this was a result of the fall or if it caused the fall). These incidences all occurred at WHH and the Falls Team are continuing with their additional support to embed best practice and learning from incidence. RCAs are planned to examine these incidences. An additional 30 low level beds have been ordered for use across the 3 sites for high risk patients, and non slip socks are now available for all wards to order and supply to patients. All falls and injury prevention equipment will eventually be managed through the Medical Equipment Library which will ensure rapid availability and maintenance and repair of items.

CLINICAL QUALITY & PATIENT SAFETY
PATIENT SAFETY: CLINICAL INCIDENTS

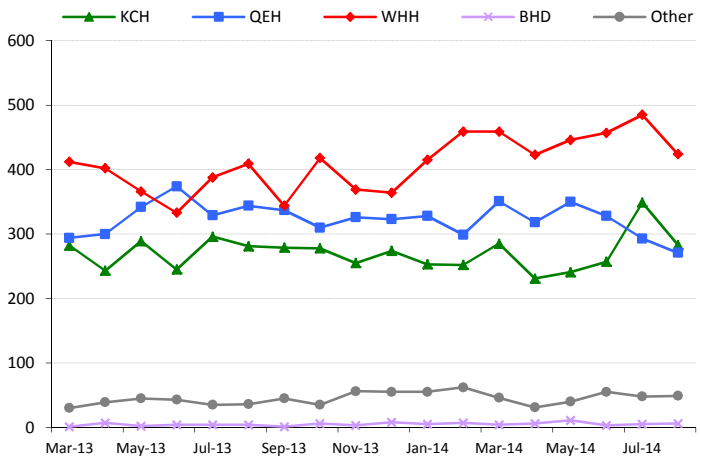
In Aug-14 a total of 1025 clinical incidents including patient falls were reported. This includes 3 incidents graded as death, and 4 graded as severe. All are under investigation. Unapproved incidents may be downgraded following investigation. In addition to these 7 serious incidents, 23 incidents have been escalated as serious near misses, of which all are under investigation.
Five serious incidents were required to be reported on STEIS in August. Two cases have been closed since the last report; there remain 59 serious incidents open at the end of August.

Overall Incident Rates by Year



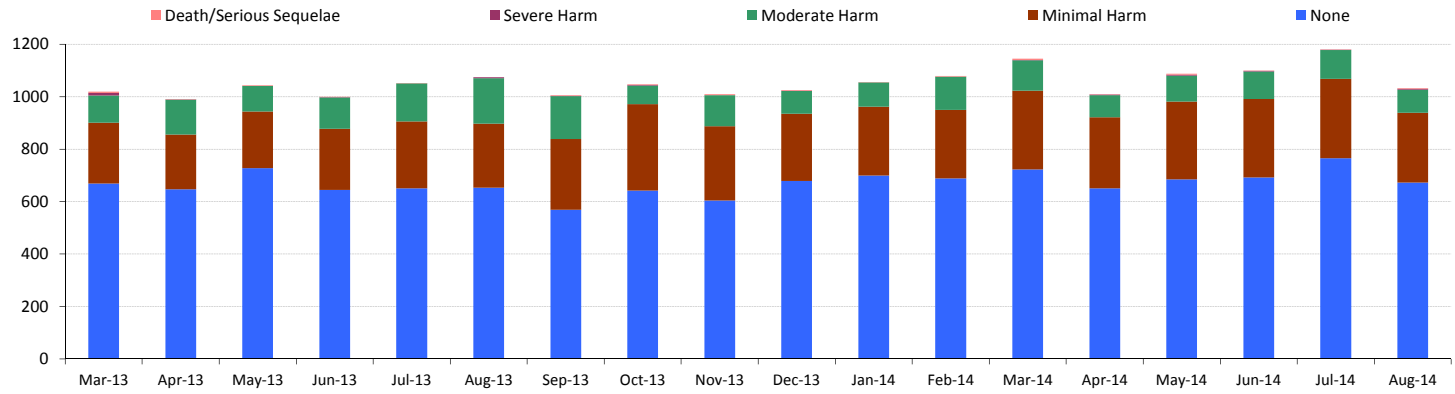
A total of 1025 clinical incidents have been logged in as occurring in August compared with 1179 recorded for Jul-14.

Overall Incident Rates by Site



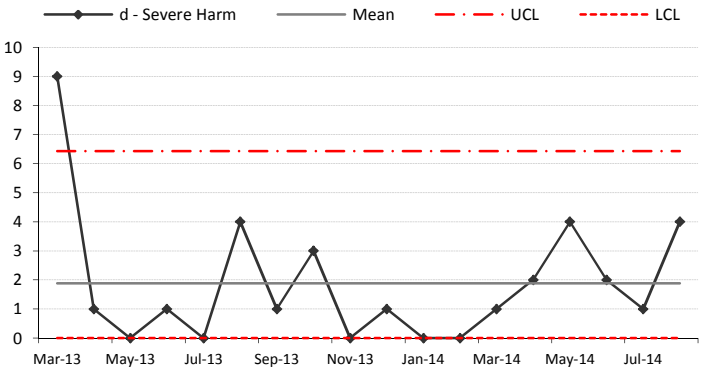
Numbers of clinical incidents have dropped at all 3 main sites.

Clinical Incidents by Severity

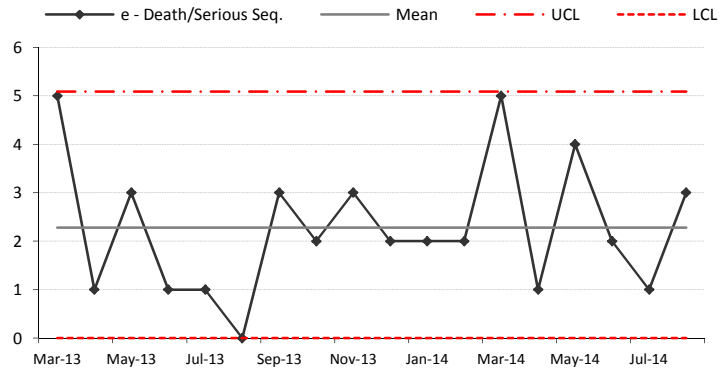


The incidents graded as moderate, serious and death have all been subject to review in order to confirm the consistency of the grading of harm across the Trust. The Board of Directors may see a change in this report to reflect the re-categorisation process undertaken. This is consistent with the data presented in the Quality Account and Quality Report.

Severe Harm

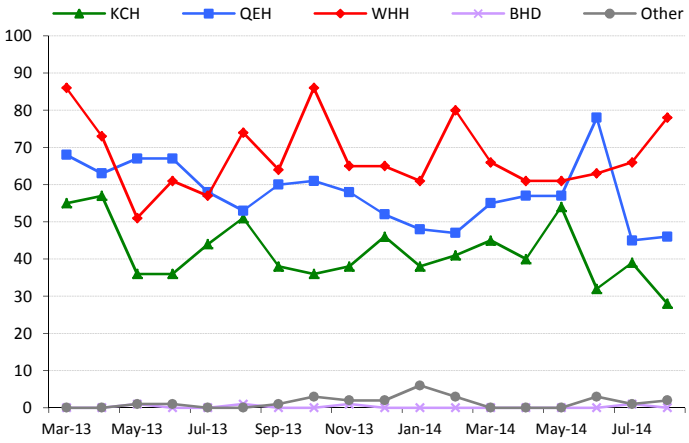


Death/Serious Sequelae



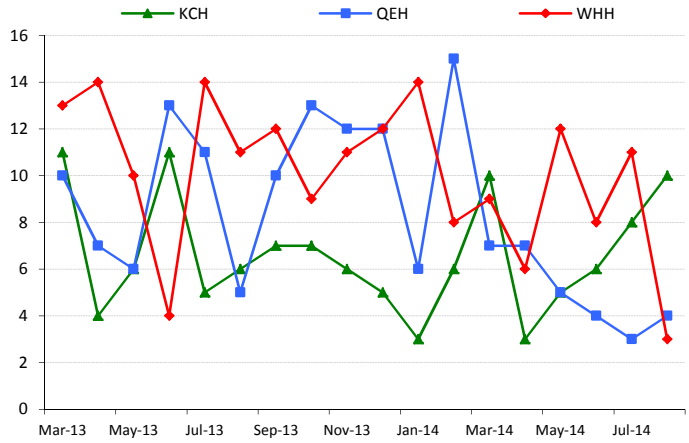
The number of death/serious and severe harm incidents reported in Aug-14 remains subject to the usual RCA investigation and review. It is possible that the severity of these cases will be downgraded once the investigation process is completed. In Aug-14, the number of incidents graded as death or severe are on a par with previous months; these are currently under investigation.

Patient Slips, Trips and Falls



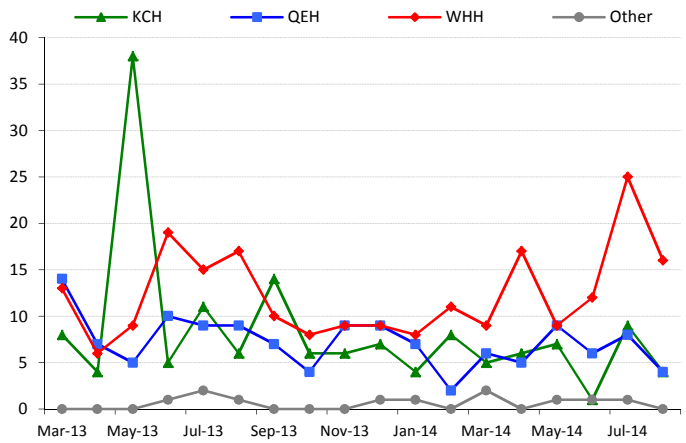
Of the 154 patient falls recorded for August (152 in July), 1 was graded as severe and is currently under investigation; none were graded as death. There were 105 falls resulting in no injury, 44 in low harm and 4 in moderate harm. The top reporting wards were CDU (WHH) with 13 falls; Cambridge M2 (WHH), Kings D Male (WHH) and Deal (QEH) with 12 each; Harbledown (KCH) with 9 falls; Cambridge L (WHH) with 8 falls; Cheerful Sparrows Male (QEH) with 7 and CDU (QEH) with 6. The remaining wards reported 5 or less falls. Of the 4 moderate harm falls, 2 resulted in fractures on Richard Stevens Stroke Unit (WHH) and Kings C1 (WHH); 2 resulted in head injuries: 1 on Cambridge M2 (WHH) and the other, an outpatient, fell on the steps near Viking Day Unit (QEH). A RCA is carried out for all falls resulting in serious harm or fracture.

Hospital Acquired Pressure Ulcers



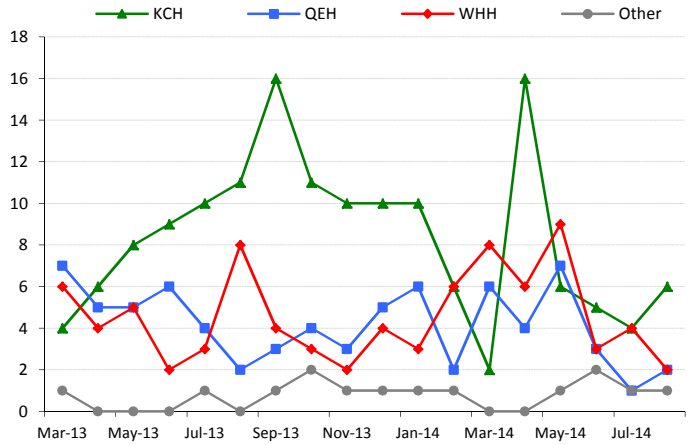
In August there were 17 reported incidents of pressure ulcers developing in hospital (22 in July). All ulcers were classified as Category 2. Four have been assessed as avoidable and 13 as unavoidable. The highest reporting wards were Kent (KCH), Kingston Stroke Unit (KCH) with 3 incidents each; Marlowe (KCH) and Cambridge L (WHH) with 2 incidents each.

Delay in Providing Treatment



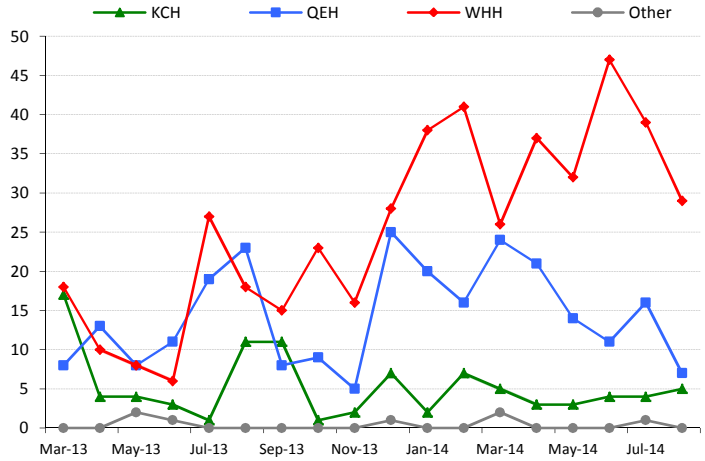
There were 19 incidents resulting in delay in providing treatment during August compared with 42 in July. No incidents have been graded as death or severe harm. Three have been graded as moderate harm, 7 have been graded as low and 9 resulted in no harm. Themes in location: 4 incidents in A&E (WHH) and 3 incidents in CDU (WHH); all other areas reported 1 or no incidents.

Incorrect Data in Patient Notes



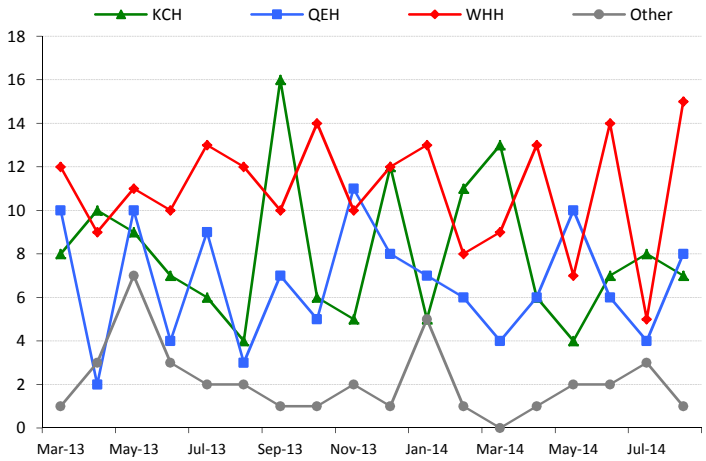
There were 11 incidents of incorrect data in patients' notes reported as occurring in August (10 in July), of which 10 were graded as no harm and 1 as low harm. Seven incidents related to incorrect data in paper notes, 3 to incorrect data in electronic discharge notifications (eDN) and 1 to incorrect data in electronic patient record (PAS). Of the incidents reported, 6 were identified at KCH, 2 at QEH, 2 at WHH and 1 at RVHF. There were no themes in the location of these incidents except for 2 incidents occurring in Outpatients (KCH).

Staffing Level Difficulties



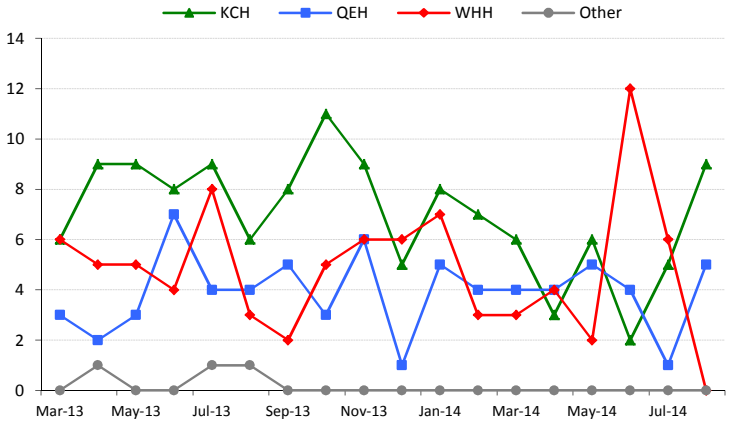
There were 41 incidents recorded in August (60 in July). These included 27 incidents relating to insufficient nurses and midwives, 5 to inadequate skill mix, 2 to insufficient doctors and 7 to general staffing level difficulties. Top reporting locations were Kings D Male (WHH) with 7 incidents; Kings A2 (WHH) and Cambridge J (WHH) with 4 incidents each; CDU (WHH) and Singleton Unit (WHH) with 3 each. Other areas reported 2 or fewer incidents. Five incidents occurred at KCH, 7 at QEH and 29 at WHH. Eight incidents have been graded as moderate and 7 as low harm due to delays in providing treatment and suboptimal care being identified. The remaining 26 incidents have been graded as no harm.

Communication Breakdowns



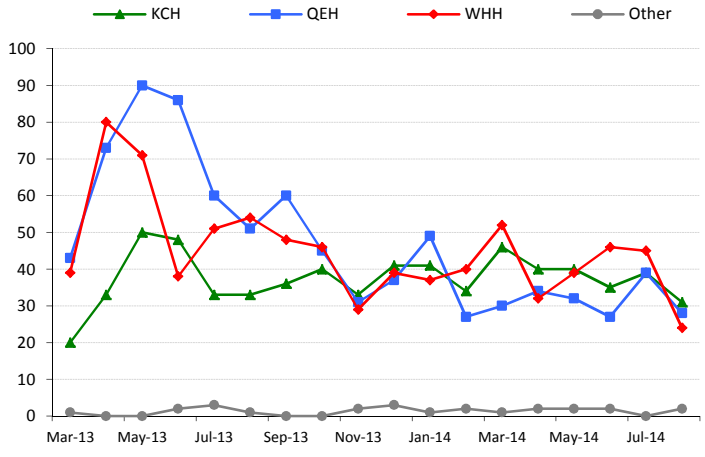
In Aug-14 there were 31 incidents of communication breakdown (20 in July). Of these, 23 involved staff to staff communication failures, 4 were staff to patient and 4 were staff to relative (or other visitor). Of the 31 incidents reported, 7 were reported as occurring at KCH, 8 at QEH and 15 at WHH. Themes by location: Outpatients (WHH) reported 4 incidents; Kennington (WHH) and Kings B (WHH) reported 2 incidents each; other areas reported 1 or none. Incidents in August were graded as follows: 27 as no harm, 2 as low harm and 2 as moderate harm.

Blood Transfusion Errors



In August, there were 14 blood transfusion errors reported (12 in July). Themes arising in the period were: 4 incidents related to delay in provision of blood component/product, 2 inappropriate transfusions given and 2 incidents of wastage of blood products. Of the 14 incidents reported, 12 were graded no harm and 2 as low harm. Reporting by site: 9 at KCH (of which 2 were on Kent and 2 on Brabourne), none at WHH and 5 occurred at QEH.

Medicines Management



There were 85 medication incidents reported as occurring in August (123 in July).

Medicines Management

Category	Aug-14
Prescribing	20
Dispensing	17
Administering	35
Missing (lost or stock discrepancy)	6
Shortage (drug unavailable)	0
Suspected adverse reaction	1
Infusion problems (drug related)	4
Infusion injury (extravasation)	2
TOTAL	**85**

Of the 85 incidents reported, 72 were graded as no harm including 3 serious near misses, 11 as low harm and 2 as moderate harm. Top reporting areas were: CDU (WHH) with 9 incidents; CDU (QEH) with 5; Cathedral Day Unit (KCH), Coronary Care Unit (KCH), Pharmacy (KCH) and Viking Day Unit (QEH) with 4; 3 incidents occurred on Marlowe (KCH) and Cheerful Sparrows Male (QEH); other areas reported 2 incidents or fewer. Thirty one incidents occurred at KCH, 28 at QEH, 24 at WHH, and 2 in the community.

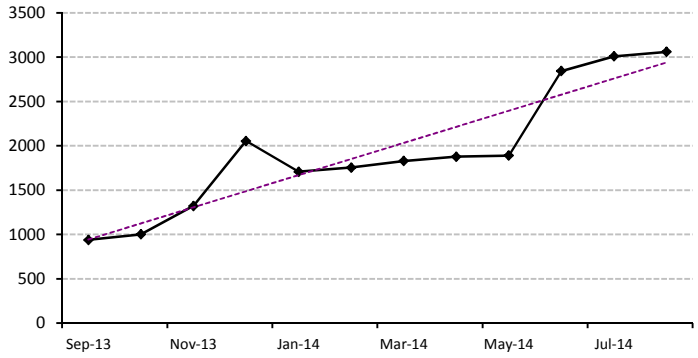
PATIENT EXPERIENCE: CONCERNS, COMPLAINTS & COMPLIMENTS

The experience of the patients and their families is of paramount importance to the Trust. Patient views are sought via a number of ways including the Patient Opinion website, the Friends and Family Test, via NHS Choices and also through the Trust's formal systems. This report provides the Board of Directors with activity and performance information about the complaints, concerns, comments and compliments during Aug-14. The information reported is for cases received in August and formal cases with target dates due that month.

• Activity: Formal complaints - 90; informal contacts - 46; compliments - 3060; PALS contacts - 245.

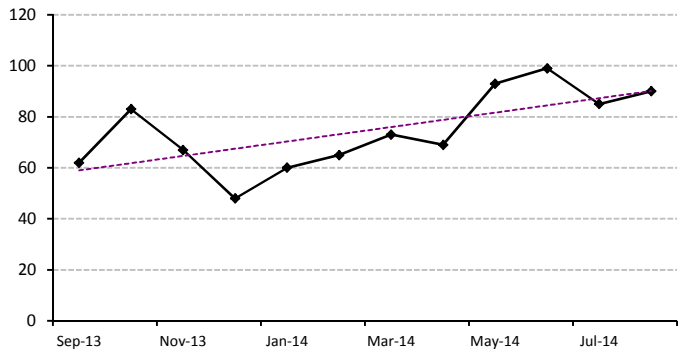
The charts below show the number of complaints and compliments received on a monthly basis. One formal complaint has been received for every 826 recorded spells of care (0.01%) in comparison to July's figures where 1 formal complaint was received for every 1031 recorded spells of care.

Number of Compliments



The number of compliments received increased by 1.9% compared to the previous month. This slight increase is primarily due to the department continuing to actively encourage the Divisions to report on compliments received. The ratio of compliments to formal complaints received for the month is 34:1. There has been 1 compliment being received for every 24 recorded spells of care.

Number of Formal Complaints



The number of formal complaints received has increased by 7% compared to Jul-14. The number of formal complaints has increased by 1% compared to Aug-13.

Top Five Concerns Expressed in Formal Complaints
August 2014

Concerns		No.
Problems with Communication	Misleading or contradictory information given	13
	Doctor communication issues	12
	Nursing communication issues	8
	Lack of information/explanation of procedure outcome	6
	A&C staff communication issues	2
	Unable to contact department/ward	2
	Unhappy with information on medical records	2
	Other staff communication issues	1
Problems with Diagnosis	Delay in receiving diagnosis	9
	Misdiagnosis	7
	Missed fracture/or other medical problem	3
	Delay for results	1
	Test incomplete	1
Problems with Surgical Management	Unexpected outcome/post operative complications	14
	Pre-assessment issues	3
	Consent issues	1
Problems with Clinical Management	Unhappy with treatment	7
	Incomplete examination carried out	5
	Blood tests not carried out	2
	Inappropriate ward	1
	Lack of/inappropriate pain management	1
	Scans/X-rays not taken	1
Problems with Discharge Arrangements	Unfit for discharge/or poor arrangements	10
	Problems with going to another hospital	2
	Lack of information provided at discharge	1
	Unhappy about follow up arrangements	1
	Waiting for documentation	1
Delays	Delays in receiving treatment	5
	Delay with elective admission	3
	Delay in going to theatre	2
	Delay in referral	2
	Delay in receiving X-ready results	1
	Delays in allocation of outpatient appointment	1

The common themes raised within the top 5 informal concerns are led by problems with communication, delays, problems with clinical management, problems with attitude, and problems with diagnosis.

With regards to formal complaints, the highest recurring subjects raised in Aug-14 were problems with communication, problems with diagnosis, problems with surgical management, problems with clinical management, problems with discharge arrangements, and delays.

In comparison to Jul-14, problems with communication have remained the top concern. Problems with diagnosis, clinical management, discharge arrangements and delays all remain in the top 5 subject areas. Concerns with surgical management replaced problems with nursing care.

Concerns, Complaints and Compliments - Divisional Performance

August 2014

Division	Divisional Activity				Divisional Performance	
	Formal Complaints	Compliments	Informal Contacts	Compliments: Complaints	Response Date Agreed with Client	Returning Complaints
Clinical Support	4	251	7	62:1	4 of 5	0
Specialist Services	15	1112	3	74:1	13 of 16	0
Surgical Services	38	709	20	18:1	25 of 32	14
UCLTC	33	987	12	29:1	19 of 24	5
Corporate	0	1	3	1:0	0	0
Other	0	0	1	0:0	0	0
TOTAL	**90**	**3060**	**46**	**34:1**	**61 of 77**	**19**

Compliance Against First Response Met	
	≥85 - 100%
	75 - 84%
	<75%

The table above shows the monthly Divisional activity and performance for Aug-14, reporting on the percentage of cases where target dates falling within the month have been met. The response date is the date agreed with the client for the receipt of a substantive response to their complaints; this will either be via a letter or at a meeting. During Aug-14 the data show that 79.2% of these responses were sent out on target, and 4 out of 5 Divisions sent out a minimum of 75% of their responses on time. There has been an increase in the number of formal complaints received in August (6%) together with a slight increase in the number of returning complaints (27%).

Parliamentary and Health Service Ombudsman (PHSO) Cases - Latest Action

Status of Cases	Actions in Aug-14
Cases carried over from previous month	19
New cases referred to the Trust	2
Cases closed by PHSO	1
Current open cases with the PHSO	22

The PHSO is the second and last stage of the National Complaints process and it is open to all clients to approach the Office if they are dissatisfied with the way their formal complaint has been handled.
In August, the PHSO have been in contact with the Trust with regards to 2 new cases brought to their attention. One of the cases relate to the Surgical Division (Trauma and Orthopaedics), and the remaining case is linked to the UCLTC Division (General Medicine - Gastroenterology). One case relating to the Specialist Division (Renal) was closed by the PHSO in Aug-14 and was not upheld.

Friends and Family Test (FFT)

The Friends and Family Test asks the patient how likely they are to recommend the ward or A&E department to their friends or family. The scoring ranges from:

- Extremely likely;
- Likely;
- Neither likely nor unlikely;
- Unlikely;
- Extremely unlikely.

There is also a "don't know" option which isn't scored, and an opportunity to write further comments. Nationally, Trusts are measured using the Net Promoter Score (NPS) where a score of approximately 50 is deemed good. The Trust's NPS was 55 in August slightly higher than July. This is the combined satisfaction from 3725 responses from inpatients and A&E. Maternity services achieved 317 responses. The NPS for inpatients was 68, for A&E it equalled 39 which was higher than July (28), and for Maternity it was 81. The inpatient score is at the national average, but the A&E score is below national average (54). Further work is underway regarding the low A&E NPS to take a close look at the feedback and achieve the improvement plan to address the issues our patients are telling us about regarding waiting times, pain management, staff attitude, and food and drink availability.

The company iWantGreatCare which reports FFT data on behalf of the Trust have converted the NPS into a "star score" value (ranging from 0 to 5) thus making the interpretation of FFT results easier. The star score is calculated using an arithmetic mean, so a ward that scores 4 stars has an overall average rating of "likely" to be recommended. The Trust score for August was 4.4 stars out of 5 stars and is the same as last month.

The response rate for inpatients and A&E combined in Aug-14 achieved 28.8%. This awaits Unify2 validation. Inpatients achieved 39.5% this month, and the A&E departments achieved 21% thus exceeding their 15% standard. Maternity services achieved 14.2% combined which is lower than last month and below the 15% expectation. Staff FFT is being implemented and FFT for Outpatients and Day Cases is being planned for October this year, rolling out during September.

We Care Programme

In order to improve the experience for patients and their visitors, as well as ensuring we look after one another, the Trust is working on the "We Care" Programme. After listening to over 1500 patients and members of staff 3 new Trust values and behaviour standards have been developed. They describe how the Trust employees aim to interact with patients, family members and each other. These values and standards also outline the Trust's ambition to "show that we care" and to provide an excellent experience for everyone who works within the Trust. They will become an integral part of the Trust's working practices and will be used to guide staff recruitment and appraisal processes, illustrate how both patients and colleagues will be cared for, and how improvements in their experience will be measured.

The values and behaviours are:

- CARING: People will feel cared for as individuals. Because we are welcoming and polite; attentive and helpful; we respect people, their dignity and their time, and we have the courage to speak up when others don't.
- SAFE: People will feel safe, reassured and involved. Because we are consistently safe and reassuringly professional, we listen and communicate clearly, and we work as an effective team.
- MAKING A DIFFERENCE: People will feel confident we are making a difference. Because we take responsibility for delivering the best outcomes, act as leaders where we can, and we look to improve and develop ourselves and our services.

Events have taken place across the Trust during the past 12 months led by frontline staff. These have sought feedback from patients and families, as well as having discussions about the We Care values within teams. We have undergone a "branding" piece of work that ensures our communications with each other and the public are empathetic and sensitive. This has been labelled the "Tone of Voice" work led by Human Resources. In addition, work is in progress to embed the values as part of job advertisements, the recruitment process, and our engagement with staff. The roll out of the "We Care" Champions has commenced following the approval by the Board of Directors of the Trust values with around 85 Champions in place. A second event focusing on developing listening skills took place in June. In addition, the behaviours linked to the values were shared with staff during June in a separate publication.

The Tender document for the programme has gone out to market with tenders received ready for the appointment of an external partner to take forward the programme. This will progress apace and will enable the embedding of the values and behaviours into everyday practice.

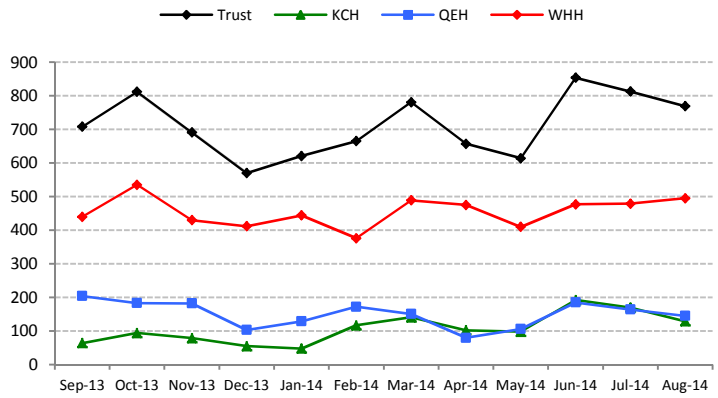
PATIENT EXPERIENCE: REAL-TIME MONITORING QUESTIONNAIRE

Real time patient experience monitoring using iPads have captured data since 1 Apr-13. During Aug-14, 769 adult inpatients were asked about their experiences of being an inpatient; 129 responses were received from patients treated at KCH, 145 from QEH patients, and 495 responses from patients based at WHH. (Compared with the previous month the number of responses were 170, 163 and 479 respectively). The combined result from all submitted questionnaires in Aug-14 was that of 88.24% satisfaction.

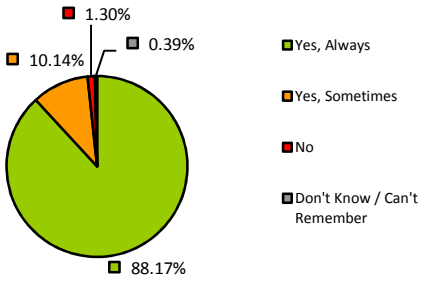
Overall Adult Inpatient Experience August 2014

Experience (%)	No. of Responses
88.24	769

Number of Adult Inpatient Survey Responses

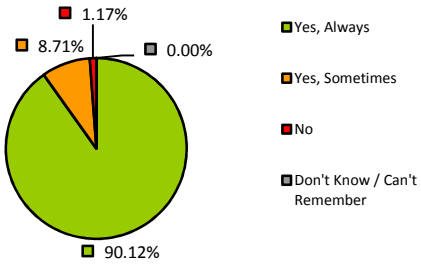


Were you given enough privacy when discussing your treatment?



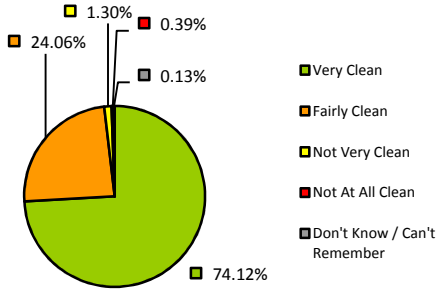
Overall Score = 93.60%

Overall, did you feel you were treated with respect and dignity while you were in hospital?



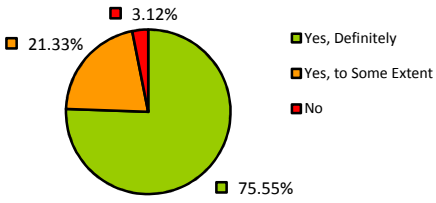
Overall Score = 94.47%

In your opinion, how clean was the hospital room or ward that you were in?



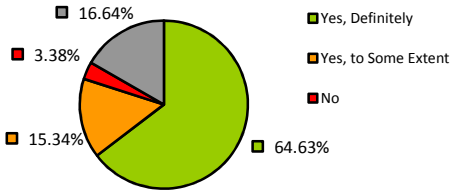
Overall Score = 90.71%

Were you involved as much as you wanted to be in the decisions about your care and treatment?



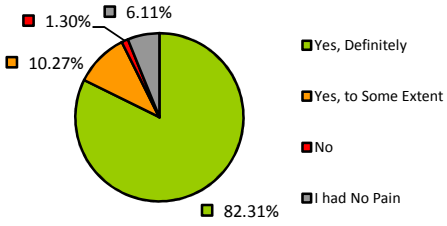
Overall Score = 86.22%

Did you find someone on the hospital staff to talk about your worries and fears?



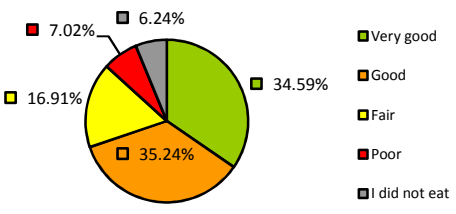
Overall Score = 86.74%

Do you think the hospital staff did everything they could to help control your pain?



Overall Score = 93.14%

How would you rate the hospital food?

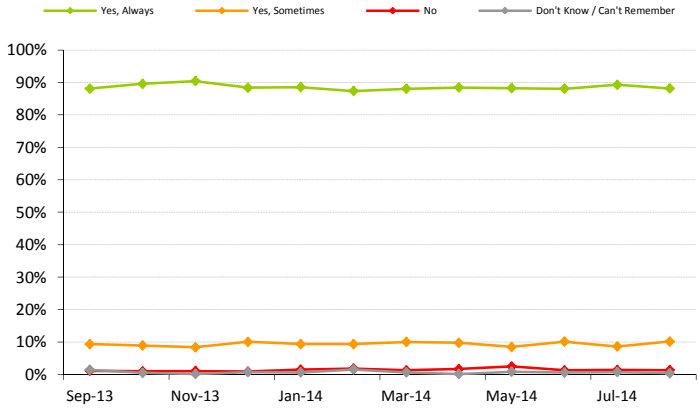


Overall Score = 67.96%

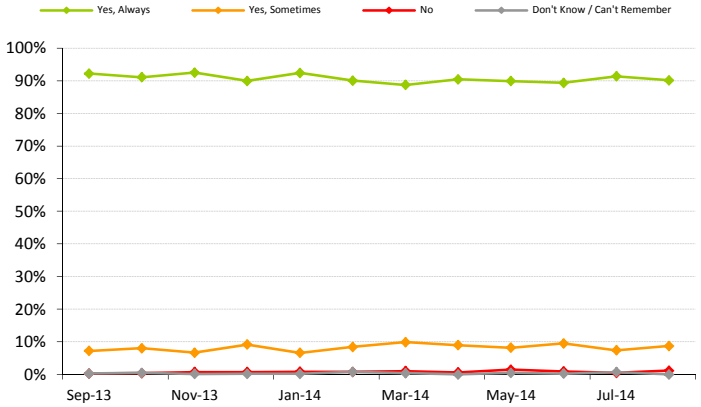
Each ward reviews their real-time monitoring data regularly. They are also shared as "heat maps" with other teams. From this actions are taken to address the themes which are considered with the Friends and Family Test feedback, and compliments and complaint information. A particular focus at present is around improving the catering and cleaning standards. The Trust is working closely with Serco to ensure high standards are maintained at all times. The Pain Team are working closely with ward teams to improve this aspect of care, and the wards continue their comfort rounds to ensure that at all times patients and families have their needs met.

PATIENT EXPERIENCE: REAL-TIME MONITORING QUESTIONNAIRE

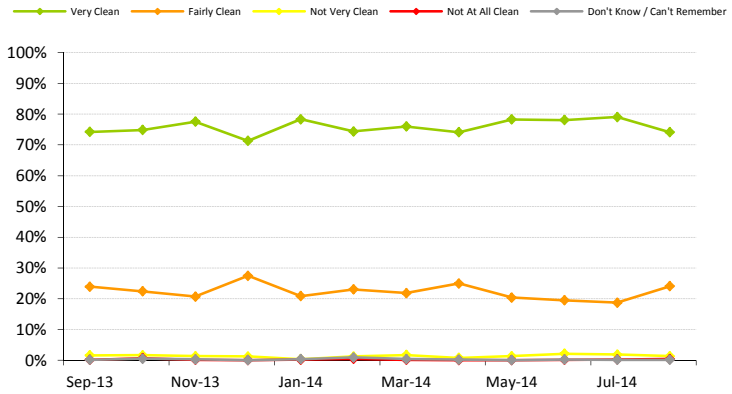
Were you given enough privacy when discussing your treatment?



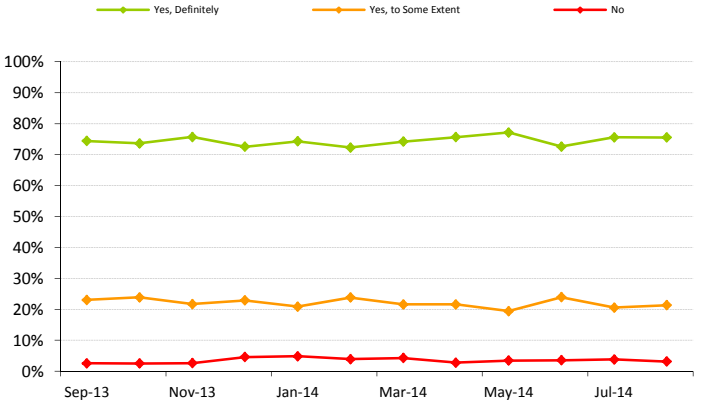
Overall, did you feel you were treated with respect and dignity while you were in hospital?



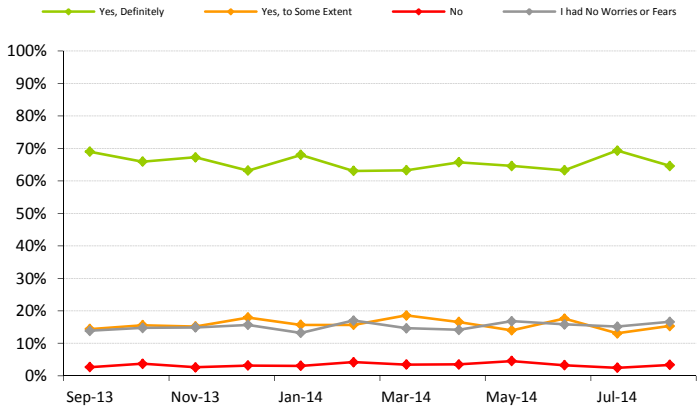
In your opinion, how clean was the hospital room or ward that you were in?



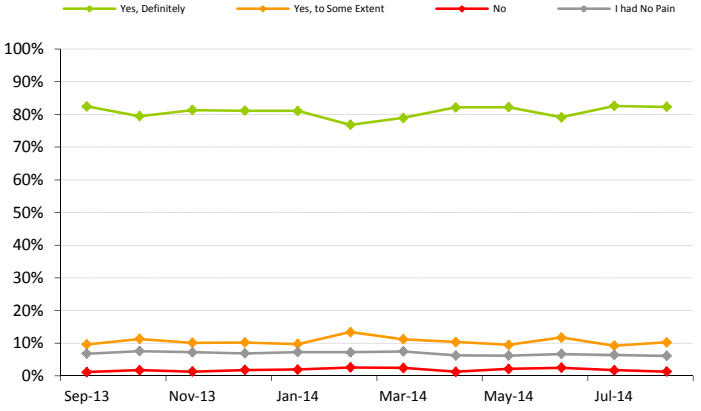
Were you involved as much as you wanted to be in the decisions about your care and treatment?



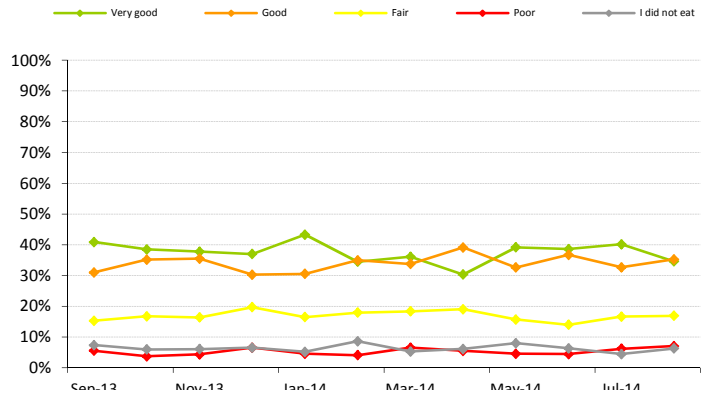
Did you find someone on the hospital staff to talk about your worries and fears?



Do you think the hospital staff did everything they could to help control your pain?



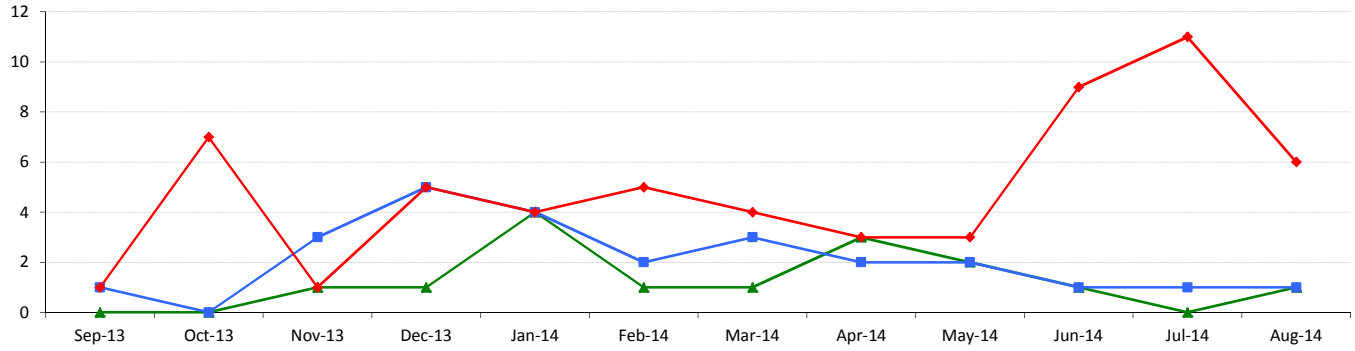
How would you rate the hospital food?



The Trust received its PLACE results during August showing an improvement against the cleanliness, food and condition, appearance and maintenance elements. There was a decrease on last year's results on the privacy, dignity and well-being metric mainly due to the inclusion of criteria around Wi-Fi, entertainment and aspects of the toilet facilities. Nationally the Trust compares less well in cleanliness and privacy, dignity and well-being categories, but more favourably in the food and condition, appearance and maintenance elements.

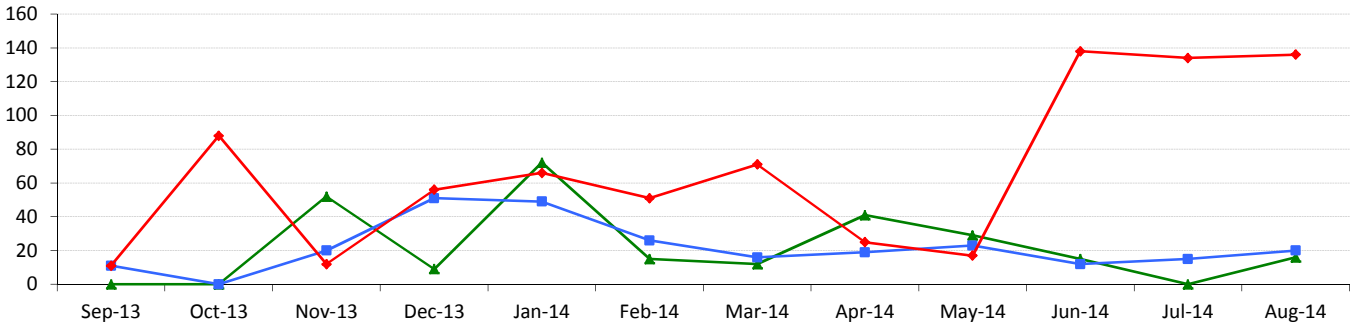
CLINICAL QUALITY & PATIENT SAFETY
PATIENT EXPERIENCE: MIXED SEX ACCOMMODATION

Number of Episodes of Mixed Sex Occurrence



	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14
KCH	0	0	1	1	4	1	1	3	2	1	0	1
QEH	1	0	3	5	4	2	3	2	2	1	1	1
WHH	1	7	1	5	4	5	4	3	3	9	11	6

Number of Hours of Mixed Sex Occurrence



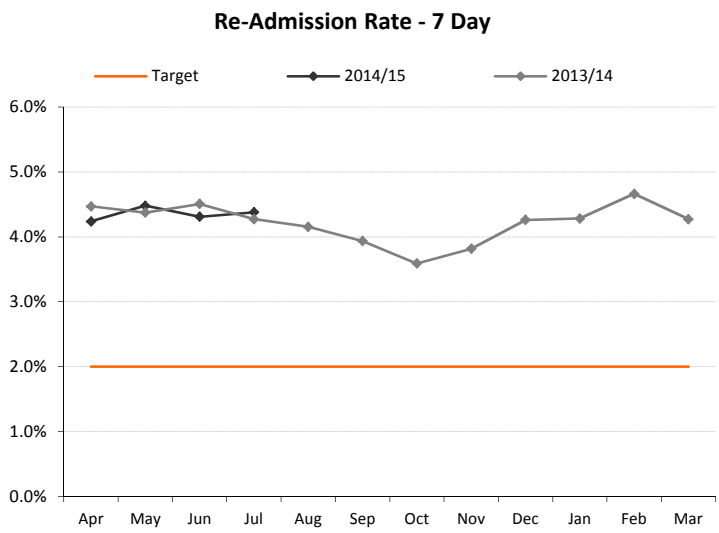
	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14
KCH	0	0	52	9	72	15	12	41	29	15	0	16
QEH	11	0	20	51	49	26	16	19	23	12	15	20
WHH	11	88	12	56	66	51	71	25	17	138	134	136

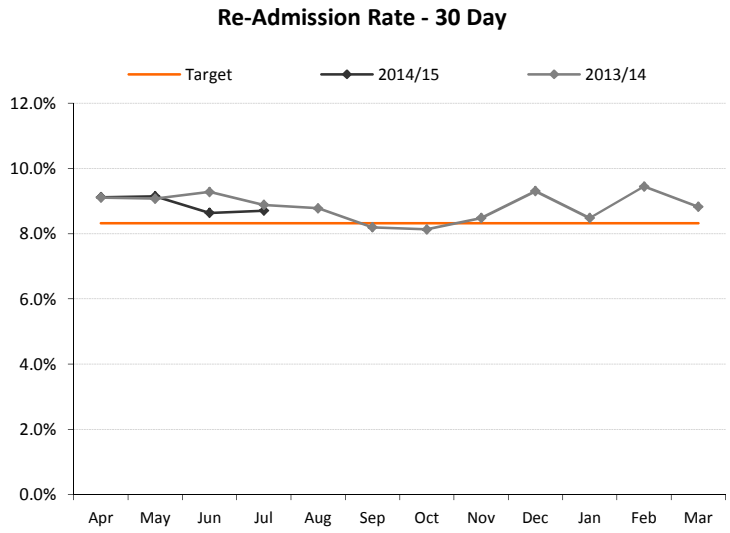
Mixed Sex Accommodation Occurrrences August 2014

Site	Clinical Area	Total No. of Occurrences	Total No. of Patients Affected
KCH	Kingston	1	4
QEH	CDU	1	7
WHH	CDU	6	46
TOTAL		**8**	**57**

During Aug-14 there were no reportable mixed sex accommodation breaches to NHS England via the Unify2 system. These were not reported as they complied with current agreed criteria, such as clinical need. There were 8 clinically justified mixed sex accommodation occurrences affecting 57 patients. (Last month there were 12 occurrences affecting 86 patients). The high number of clinically justified occurrences reported in previous months in the CDU at WHH has reduced this month. Howeve,r the Trust is still seeing a high level of activity through both A&E and CDU at the WHH. The Trust is working closely with the CCGs in order to ensure that mixed sex bathroom occurrences are minimised as much as possible. Collaborative work continues with the CCGs where the policy scenarios have been revised. This new policy and revised justifications are due to be ratified collaboratively.

CLINICAL QUALITY & PATIENT SAFETY
CLINICAL EFFECTIVENESS: READMISSION RATES





There has been an in-depth data dive conducted on readmission data. A number of issues surrounding the working processes currently in place relating to the recording of readmissions have been identified, and these will form part of the readmission reduction programme refresh that is currently being undertaken.

			CQUIN	2013/14 Baseline	2014/15 Target	YTD Status	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Q1	Q2	Q3	Q4	Year End Position
			National CQUINS																				
Performance	Friends and Family Test	1a	Implementation of FFT to staff	N/A	Implemented by Jul-14																		
		1b	Implementation to Outpatient and Day Case Units	N/A	Implemented by Oct-14																		
		1c	Increased Response Rates in A&E	Q1 2014/15 - 20.7%	Improvement from at least 15% in Q1 to at least 20%, or higher than Q1 baseline if higher than 20% by Q4	22.4%	19.6%	18.7%	23.9%	28.5%	21.1%								20.7%				
		1d	Increased Response Rates in Inpatient Areas	Q1 2014/15 - 33.1%	Improvement from 25% in Q1 to 30% by Q4, or maintaining a response rate of 30%	34.7%	35.2%	29.6%	34.4%	35.0%	39.5%								33.1%				
		1e	Reduced Negative Responses in A&E, Inpatient and Maternity Areas (Aggregate Measure - Full Payment)	Q4 2013/14 - 9%	Reduction in negative responses as a proportion of total responses in A&E, Inpatient and Maternity areas	6.4%	6.0%	6.0%	7.0%	7.0%	6.0%								6.3%				
		1e	Partial Payment - Negative Responses in Inpatient Areas	Q4 2013/14 - 1%	No increase in negative responses in Inpatient areas	1.6%	1.0%	1.0%	2.0%	1.0%	3.0%								1.3%				
		1e	Partial Payment - Negative Responses in A&E Areas	Q4 2013/14 - 16%	Reduction in negative responses in A&E areas	13.2%	13.0%	12.0%	15.0%	14.0%	12.0%								13.3%				
		1e	Partial Payment - Reduction in Negative Responses in Maternity Areas	Q4 2013/14 - 1%	No increase in negative responses in Maternity areas	1.0%	1.0%	1.0%	1.0%	2.0%	0.0%								1.0%				
	NHS Safety Thermometer	2a	Reduction in Falls - Risk Assessment/Care Plan	2013/14 audit - 20%.	50% compliance with completion of falls risk assessment and care plan																		
		2a	Reduction in Falls - Improvement in Prevalence	Apr-13 to Jan-14 - 1.13%	25% improvement in prevalence of falls with harm - NHS Safety Thermometer in Q4	11	2	1	0	3	5								3				
		2b	Reduction in UTIs in Patients with Urinary Catheters	Apr-13 to Jan-14 - 1.98%	25% improvement in prevalence of UTIs in patients with urinary catheters - NHS Safety Thermometer in Q4	49	5	12	12	7	13								29				
		2c	Reduction in Pressure Ulcers - New	Apr-13 to Jan-14 - 1.09%	5% improvement in prevalence of new pressure ulcers - NHS Safety Thermometer in Q4	34	16	10	3	3	2								29				
		2c	Reduction in Pressure Ulcers - Old	Apr-13 to Jan-14 - 5.01%	Leading the Pressure Ulcer Work Stream																		
	Improving Diagnosis of Dementia	3.1	Dementia Case Finding	98.8%	Average of 90% in each of the elements of the indicator each month for any 3 consecutive months	99.6%	99.7%	99.4%	99.7%	99.4%									99.6%				
		3.1	Dementia Assessment within 72h	90.1%		94.0%	94.7%	94.7%	93.2%	93.3%									94.2%				
		3.1	Appropriate Referral	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%									100.0%				
		3.2	Staff Training/Leadership	20.0%	35% of appropriate staff trained	23.9%	22.3%	23.3%	25.0%	25.0%									23.5%				
		3.3	Care for People with Dementia	N/A	Self assessment of person-centred care in wards																		

Commentary	Friends and Family Test	1a	Implementation of FFT to staff	FFT for staff implemented in June 14 via a Picker Survey. All staff will receive the survey 3 times/year and the second survey was completed at the beginning of September.
		1b	Implementation to Outpatient and Day Case Units	Implementation of FFT to Outpatients and Day Case Surgery has commenced.
		1c	Increased Response Rates in A&E	
		1d	Increased Response Rates in Inpatient Areas	ECC at KCH included within inpatient areas. The response rate in inpatient areas continues to increase month by month and has now reached nearly 40% of patients providing feedback.
		1e	Reduced Negative Responses in A&E, Inpatient and Maternity Areas	There continues to be an overall reduction in the number of negative responses received in the combined view of A&E, inpatient and maternity areas. However, there has been an increase in the number of negative comments received in inpatient areas in Month 5, and the volume remains significantly higher in A&E.
		1e	Negative Responses in Inpatient areas	Negative responses have increased to 3% in Month 5 and will need monitoring.
		1e	Negative Responses in A&E Areas	Negative responses have reduced in Month 5, but remain much higher than those seen in inpatient and maternity areas.
		1e	Reduction in Negative Responses in Maternity Areas	Month 5 is showing a <1% negative responses received.
	NHS Safety Thermometer	2a	Reduction in Falls - Risk Assessment/Care Plan	The risk assessment/care plan has been updated and has been implemented as part of the Risk Assessment Booklet. Link workers plus other staff were trained in Jul-14. An audit of compliance with risk assessments is planned for Q3.
		2a	Reduction in Falls - Improvement in Prevalence	YTD NHS Safety Thermometer data - 11 falls with harm, against a trajectory of up to 40. Prevalence equalled 0.53% in Month 5, against a 1.13% 2013/14 baseline prevalence and against a Q4 target of no more than 0.85% prevalence.
		2b	Reduction in UTIs in Patients with Urinary Catheters	YTD NHS Safety Thermometer data - 49 UTIs in patients with catheters, against a trajectory of up to 65. Prevalence equalled 1.38% in Month 5, against a 1.98% 2013/14 baseline prevalence and against a Q4 target of no more than 1.49% prevalence.
		2c	Reduction in Pressure Ulcers - New	
		2c	Lead Pressure Ulcer Work Stream	The first meeting of the Work stream Collaborative group took place in May-14, with a further meeting on 24 Jun-14. Further meetings are also planned for August, September and November 2014.
	Improving Diagnosis of Dementia	3a	Dementia Case Finding	Q1 has met the year target for average of 90% for 3 consecutive months.
		3a	Dementia Assessment within 72h	Q1 has met the year target for average of 90% for 3 consecutive months.
		3a	Appropriate Referral	Q1 has met the year target for average of 90% for 3 consecutive months.
		3b	Staff Training/Leadership	This measure will be reported 1 month retrospectively. Numbers remain provisional; reporting includes Pharmacy staff but SERCO staff also need to be added.
		3c	Care for People with Dementia	The ability to survey carers of dementia sufferers via the Meridian system is being explored.

Compliance Against Performance		On target
		Monthly target missed; quarterly/annual target at risk
		Monthly target missed; annual target at risk

	Local CQUIN			2013/14 Baseline	2014/15 Target	YTD Status	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Q1	Q2	Q3	Q4	Year End Position
Performance	Heart Failure	4a	Develop an Integrated Care Pathway	N/A																			
		4b	EQ Pathway Measures (Jan-14 to Dec-14)	74.21%	Maintain 2013/14 levels	75.3%	78.3%	81.1%	70.6%	71.4%													
	COPD	5a	Develop an Integrated Care Pathway	N/A																			
		5b	Improved referral rate to the Community Respiratory Team	4.6%	Improved referral rate - Improvement rate TBA	5.1%	4.5%	6.7%	4.8%	4.2%	5.2%								5.3%				
		5c	Improved referral rate to the Stop Smoking Service	9%	Improved referral rate - Improvement rate TBA	9.5%	8.0%	12.9%	10.0%	8.8%	8.1%								10.3%				
	Diabetes	6	Develop an Integrated Care Pathway	N/A																			
	Over 75 Frailty Pathway	7	Develop an Integrated Care Pathway	N/A																			

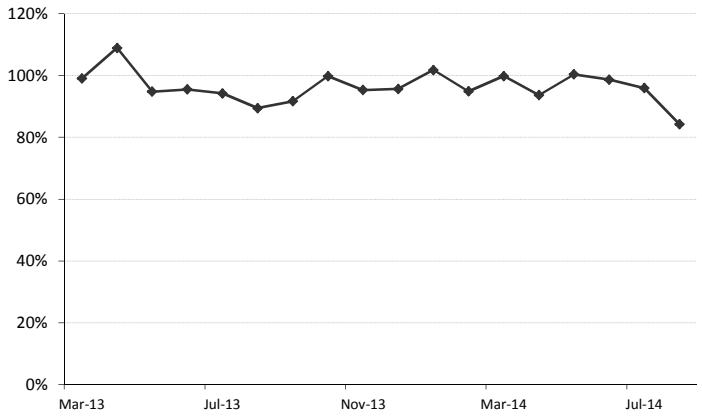
Commentary	Heart Failure	4a	Develop an Integrated Care Pathway	This measure was agreed within the CQUIN programme after the start of the financial year. A collaborative Cardiology Task and Finish Group is in place and are meeting regularly. HF and AF have been identified as separate workstreams.
		4b	EQ Pathway Measures	This measure will be reported Month 1 - 12, Jan-14 to Dec-14. March and April data indicate lower compliance with LV function evaluation, and issuing of discharge instructions. This is being reviewed. A failed measures case review has identified cases where the required care was provided leading to an outcome of 71.43% for April. Further improvement is still required.
	COPD	5a	Develop an Integrated Care Pathway	This measure was agreed within the CQUIN programme after the start of the financial year. A collaborative COPD Task and Finish Group has come to a close. Discussions are due to take place with the CCGs to understand how this work should progress. This CQUIN measure requires Project, Clinical and Information Team support to ensure that it will progresses.
		5b	Improved referral rate to the Community Respiratory Team	The reporting processes for these referrals continues to be investigated to ensure all data is being captured. Stable improvement is not yet evident.
		5c	Improved referral rate to the Stop Smoking Service	All previous months referral rates are revised as patient data is updated. Data is likely to be refreshed further next month as the process of ensuring that all referrals are being captured in the reporting process comes to a conclusion. Current data indicates that greater improvement in referral rates is required. This is likely to tie in with the COPD integrated pathway development work.
	Diabetes	6	Develop an Integrated Care Pathway	A CCG led Project group has been developing an Integrated Diabetes Pathway. A CCG led meeting took place 3 Sep-14 to discuss the many outstanding issues that need to be resolved to enable the pathway development to progress, including resolution of the contractual structure, specific details around the new pathway delivery, and funding. The Trust is due to identify numbers (by the end of Sep-14) of diabetic patients who would fall into each level of service within the new pathway, and this will require support from the Information Team to deliver this quickly.
	Over 75 Frailty Pathway	7	Develop an Integrated Care Pathway	A third CCG led multi provider Pathway Development meeting took place 2 Sep-14. The Trust is due to conduct an audit to identify the proportion of patients who would be identified as frail if the Prisma frailty tool was applied. This audit is being supported by the Clinical Audit Team and the results are due to be fed back to the next CCG led meeting at the end of October. This CQUIN measure requires Project, Clinical and Information Team support to ensure that it remains on track.

Compliance Against Performance	On target
	Monthly target missed; quarterly/annual target at risk
	Monthly target missed; annual target at risk

	Specialist CQUIN		2013/14 Baseline	2014/15 Target	YTD Status	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Q1	Q2	Q3	Q4	Year End Position
	National CQUINS																					
Performance	**ODNs**	Support the Operational Delivery Networks (ODNs)	N/A	Provide financial support to ODNs																		
Performance	**Quality Dashboard**	Regular Submission of Data via a Specialised Services Quality Dashboard	N/A	Submit data to Specialty Dashboard as per reporting schedule																		
Commentary	**ODNs**	Support the Operational Delivery Networks (ODNs)																				
Commentary	**Quality Dashboard**	Regular Submission of Performance Data via a Quality Dashboard																				
	Local CQUINS																					
Performance	**Dental Dashboard**	Submit Data to the Dental Dashboard	N/A	Submit data to Dental Dashboard as per reporting schedule																		
Performance	**Hand Held Patient Records**	TBC	TBC																			
Performance	**Neonatal**	TBC	TBC																			
Performance	**Public Health Screening**	TBC	TBC																			
Commentary	**Dental Dashboard**																					
Commentary	**Hand Held Patient Records**																					
Commentary	**Neonatal**																					
Commentary	**Public Health Screening**																					

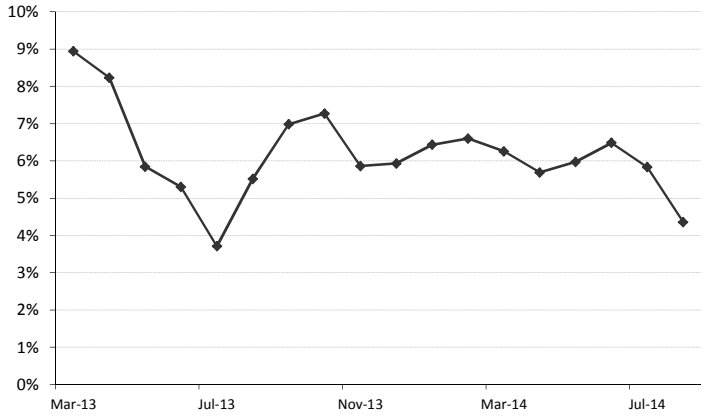
Compliance Against Performance		On target
		Monthly target missed; quarterly/annual target at risk
		Monthly target missed; annual target at risk

Bed Occupancy



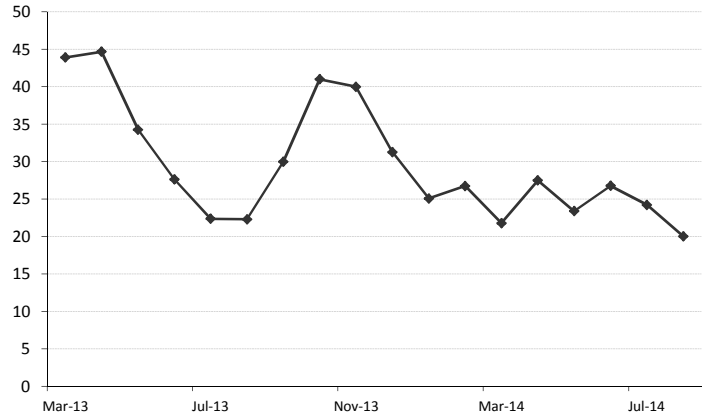
The bed occupancy metric looks only at adult inpatient beds and excludes any ring fenced wards such as Maternity. Since Aug-13 occupancy steadily increased with levels becoming static from Oct-13 (99.7%) to May-14 (100.37%). However, occupancy for Aug-14 shows a continued decreased position at 84.26% against that seen in May, and represents the lowest level recorded during the previous 18 month period.

Extra Beds



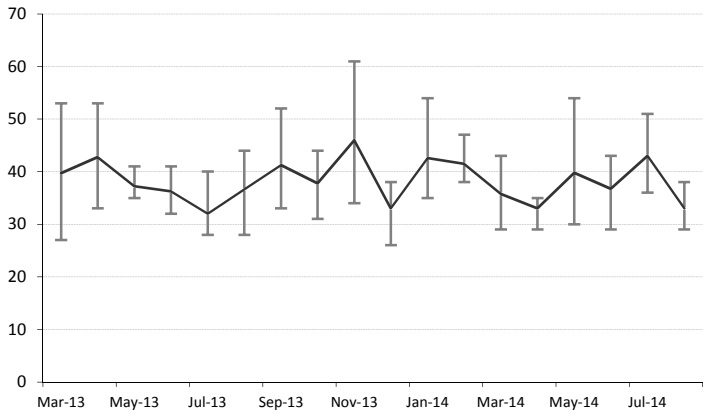
This metric is built up using the number of funded beds on each ward and reviewing those occupied on a daily basis. Where the number of occupied beds exceeds the funded bed base for the ward these are classified as "extra". Following on from months of fluctuation, the position in May-14 showed consistency against Apr-14. In Jun-14 however, this value increased to 6.48%, subsequently dropping thereafter to a value of 5.62% in Aug-14 thus indicating further fluctuation in the use of extra beds.

Outliers



The outliers data show the average number of patients bedded in a ward outside of the relevant Division over a given month. In line with the number of extra beds, the number of outliers peaked in Apr-13 when the Trust, and local health economy, was under extreme pressure with unseasonably high emergency flows. The position stabilised at approximately 25 extra beds per month from Jan-14 to Jul-14, with August showing a reduction at 20.03. It is hoped this position will stabilise further moving into 2014/15 being, as it is, underpinned by a reduction in both the number of extra beds and the bed occupancy performance.

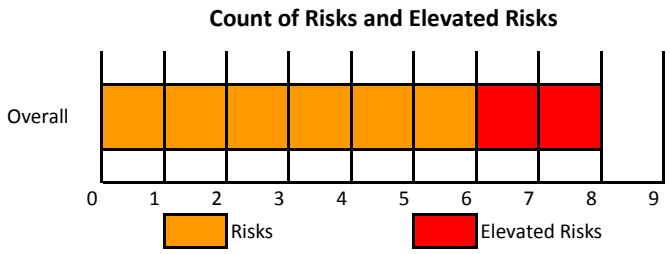
Average Delayed Transfers of Care



In Aug-14, the number of patients on the Delayed Transfer of Care (DToC) list decreased resulting in a position of 33.00, against 43.00 in July.
The Trust now provides 60 reablement beds, 20 of which became operational on 31 Jan-14. The primary issues for DToC remain, that is, continuing health care, pending assessment by Social Services, and care provision and community resources.

CARE QUALITY COMMISSION: INTELLIGENT MONITORING REPORT

Trust Summary



Priority Banding for Inspection	Recently Inspected
Number of Risks	6
Number of Elevated Risks	2
Overall Risk Score	10
Number of Applicable Indicators	96
Percentage Score	5.21%
Maximum Possible Risk Score	192

Elevated Risk	Composite of Central Alerting System (CAS) safety alerts indicators (1 Apr-04 to 30 Apr-14)
Elevated Risk	Whistle blowing alerts (22 Mar-13 to 2 Jun-14)
Risk	Never Event incidence (1 May-13 to 30 Apr-14)
Risk	Composite indicator: In-hospital mortality: Trauma and Orthopaedic conditions and procedures
Risk	SSNAP Domain 2: overall team-centred rating score for key stroke unit indicator (1 Oct-13 to 31 Dec-13)
Risk	All cancers: 62 day wait for first treatment from NHS cancer screening referral (1 Jan-14 to 31 Mar-14)
Risk	Composite of PLACE indicators (1 Apr-13 to 30 Jun-13)
Risk	GMC: Enhanced Monitoring (1 Mar-09 to 21 Apr-14)

The Trust was initially rated as a Band 3 organisation based on the risk scores calculated by the CQC in the first Intelligent Monitoring Report published in Oct-13. The banding process is no longer being adopted by the CQC. Three further reports have been issued since this time; the most recent being in Jul-14. There are 8 areas showing as a risk; 2 of these are classified as "elevated". These are the composite scores for the Central Alert System (CAS) where at the time, the Trust had 15 outstanding Estates and Facilities alerts and the number of whistle-blowing alerts from Trust staff made directly to the CQC. The outstanding CAS alerts have been closed and, this will not flag as a risk in the next iteration of the Intelligent Monitoring Report. This is a new indicator in the Jul-14 report. The whistle-blowing alerts are not quantified by the CQC.
The remaining areas are classified as "risk". The number of Never Events occurring is the annual figure from 1 May-13 to 30 Apr-14. We have sought clarification on 2 of the reported Never Events from NHS England. The chest aspiration is not considered to fulfil the criteria, as this was undertaken outside an operating theatre environment. The retained pack, because it was knowingly inserted as a pack, rather than an unaccounted item during surgery, is also not considered a Never Event. We have alerted the commissioners and are awaiting a response.
The GMC enhanced monitoring risk is invoked when there are 1 or more entries where the GMC status is not closed over a period from 1 Mar-09 to 21 Apr-14.
The risk around orthopaedic conditions is specifically around head of femur replacement following trauma. The time period covering the alert has been extended in this report to 2 years and the CUSUM alerts seen in 2013/13 are now included. The team-centred rating score for the Sentinel Stroke National Audit is at level “D”; in the most recent report the overall team-centred score this level is only levied at the KCH; the ratings for QEH and the KCH are both “C”. This area of risk may have been incorrectly attributed. The 62 day cancer screening referral compliance was below the 90% level for Q4 of 2013/14. This is the time period of the assessment. The Trust is currently performance at above the 90% level for Q1 2014/15.
The Trust was placed in "Special Measures" by Monitor at the end of August following publication of the CQC Report. The High Level CQC Action Plan is being developed and will be submitted to the CQC on the 23 Sep-14. Divisions are undertaking many of the actions while the plan is in development.