

TRUST BOARD
24 November 2016

AGENDA ITEM NUMBER	5.2	
TITLE OF PAPER	Quality Report	
Confidential	NO	
Suitable for public access	YES	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED		
None.		
STRATEGIC OBJECTIVE(S):		
Best outcomes	✓	
Excellent experience	✓	
Skilled & motivated teams	✓	Safety is improved when teams actively engage with care quality improvement.
Top productivity	✓	Performance is improved with effective pathways and safe care.
EXECUTIVE SUMMARY		
<p>This report summarises clinical quality data for October 2016¹.</p> <p>In-hospital deaths rose appreciably to 113 cases in October, and this will be tracked in the next 2 months to determine if a deeper analysis is required. The SHMI and RAMI were as expected. Refer to Chart 1 p. 4 for in-hospital mortality trends across time.</p> <p>Mortality review completion rate at 64% has plateaued at around this level across the past 10 months. Performance remains below the 90% target.</p> <p>C. difficile cases peaked with 4 cases this month, against an annual limit of 17. 2 cases were on Swift Ward. Strain typing is underway.</p> <p>The 21 stage 2 pressure ulcers (PUs) in October is above the limit of 18.2 per month and 2.18 PUs per 1000 bed days year to date days exceeds 2015/16 total of 2.08. Localised initiatives are progressing on high reporting wards.</p> <p>Emergency readmissions reached 13.9% and are rising approximately 1% per year. In early 2016 the Trust benchmarked well against our CHKS peer group. Assurance on readmissions is primarily through the monthly Performance Meeting process. Chart 2</p>		

¹ Abbreviations used: Diagnostics, Therapies, Trauma & Orthopaedics (DTTO); Emergency Department (ED); Medicine and Emergency Services (MES); Theatres, Anaesthetics, Surgery & Critical Care (TASCC); Women's Health and Paediatrics (WH&P), Intensive Care Unit (ICU). CHKS is explained on page 5 in the footnote. Friends and Family Test (FFT). Summary Hospital-level Mortality Indicator (SHMI). Risk Adjusted Mortality Index (RAMI). Care Quality Commission (CQC).

p. 6 shows emergency readmission trends since April 2013.

Stroke performance dropped from 75% to 69% which remains below the target of 90%.

The FFT Inpatient recommended score has remained stable in October at 94.7% which is marginally below the target of 95%.

FFT satisfaction score for ED has been steadily rising since August and in October is 92.3% which is above the national average.

Maternity touchpoint 2 score for FFT reached 100% in October, however, the response rate remains low which the WH&P Division is actively striving to improve.

Outpatients FFT score of 95.2% is above the national average.

The action plan measure from the Fix Dementia Care report is to be discussed and reviewed as it is not feasible to collate data quarterly - biannual or annual collation would be more appropriate.

ED sepsis screening performance of 87% is marginally below the required limit of 90%, and inpatient screening and antibiotic administration is significantly under the upcoming required level with scores of 23% and 17% in Q2 compared with the Q3 December month spot target of 90%. VitalPAC, Careflow and a senior team supported awareness campaign is being reviewed to promote achievement. Whilst a tool has been rolled out to increase performance achieving such a significant stepwise improvement in 2 months will be challenging.

Safety Thermometer falls with harm of 1.46% exceeded national average of 0.56% and this resulted in new harms of 2.51% exceeding national average of 2.13%.

Maternity Safety Thermometer combined maternity harm free care of 60.0% is below national average with multiple factors including 8 post partum haemorrhages. A maternity deeper dive review is to occur and is being monitored with oversight by Quality and Performance Committee.

Medications Safety Thermometer scores for medicines reconciliations of 61.3% and omitted critical medicines at 12.8% are less favourable than national average which Pharmacy is addressing as part of its service redesign.

Of 33 wards/areas audited in the Best Care ward clinical care audit 19 audits retained levels, 6 increased, and 8 dropped levels most significantly Dickens from 3 to 1, and Swan from 1 to zero. The Best Care Surveillance Panel oversees improvement with ward leadership.

Whilst complaints performance against timescale agreed with the complainant is 100% the extension dates indicate response time is prolonged in some cases.

At the end of October 50 complaints are pending a response which have been outstanding for 55 days on average. This is indicative of complaints building up a slight backlog.

In November 2016 the Care Quality Commission (CQC) issued the results of its review into its NHS National Patient Survey Programme. Going forward the Trust will participate in a programme comprising 1 annual Inpatient Survey plus rolling 2 yearly surveys in Urgent and Emergency Care, Maternity, and Children and Young People.

RECOMMENDATION:	Review the paper and seek additional assurance as necessary.
SPECIFIC ISSUES CHECKLIST:	
Quality and safety	Y
Patient impact	Y
Employee	Y
Other stakeholder	Quality priorities are set following consultation with internal and external stakeholders.
Equality & diversity	All of our services give consideration to equality of access, taking into consideration disability and age and all matters are dealt with in a fair and equitable way regardless of the ethnicity or religion of patients.
Finance	Not applicable.
Legal	Poor quality care for patients can lead to potential litigation, non-compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and could affect the Care Quality Commission registration and NHS Improvement licences.
Link to BAF principal risk	Vulnerable groups care is part of Board Assurance Framework (BAF) risk 2.2.
AUTHOR NAME/ROLE	Dr Erica Heppleston, Assistant Director Regulation and Improvement
PRESENTED BY	Dr David Fluck, Medical Director and Mrs Heather Caudle, Chief Nurse
DATE	24 November 2016
BOARD ACTION	Assurance.

1.0 Background and Scope

The Board receives assurance and information on key clinical quality and improvement measures from the performance dashboard in Appendix 1 pages 10 to 11. Results by exception by either the ratings below or significance are summarised in Section 1.1.

Rating table

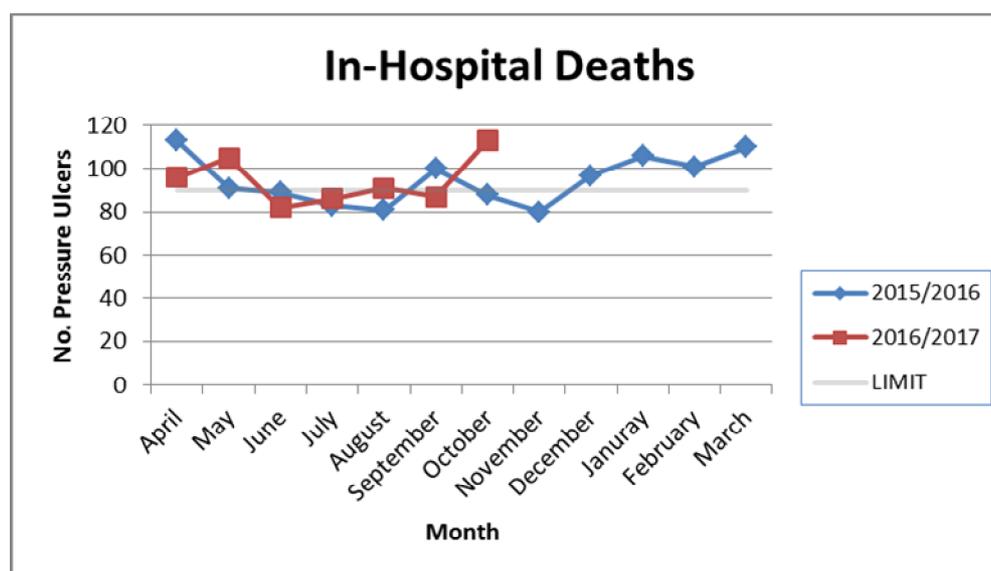
Delivering or exceeding target		Improvement month on month
Underachieving target		In line with or just below last month
Failing target		Below target

1.1 Performance by exception – October clinical quality data

In-hospital deaths

In-hospital deaths have followed a similar trend to last year, including seasonal variation, until this month when they rose to 113 for October. The SHMI and the RAMI are in line with expectations. The level of in-hospital deaths will be monitored across the next 2 months to determine if a deeper analysis is required. Mortality reviews are undertaken as outlined in the next section, however, full coverage is not yet being achieved. The assurance review group for this measure is the Mortality Review Group.

Chart 1 - In-hospital deaths



Mortality reviews

Mortality review completion rates in MES are steadily rising and reached 71% in October. MES rolled out a new template and introduced Registrar case presentations at QUASH day. TASC performance at 60% is below the usual 100% rate. DTTO completed 0% which will be rectified by November QUASH meeting review. WH&P scored 0%.

C.difficile

There have been 10 C. difficile cases in 7 months which leaves a narrow margin of 7 cases for the remainder of this year, given the Trust's annual limit of 17 cases. The 4 cases in October includes 2 cases on Swift Ward which also had a case in September. Swift Ward cases are

being strain typed to determine if transmission is likely. Initial data shows that the first 2 samples were different types and 1 result is pending. Root cause analyses are progressing.

Cardiac arrests in non-critical care areas

6 cardiac arrests in non-critical care areas for October is higher than the level the team is seeking, although this is not a formal target. The Resuscitation Service aims to introduce a treatment escalation plan (TEP) pilot on 2 wards in the upcoming months. A TEP process means that levels of care including resuscitation status are evaluated early in the patient's admission. If successful the TEP process will then be rolled out Trustwide.

Pressure ulcers

21 stage 2 pressure ulcers (PUs) in October is above the limit of 18.2 per month and 2.18 PUs per 1000 bed year to date days exceeds 2015/16 of 2.08. Wards with higher levels were 4 on Swift, 3 on ITU and BACU, and 2 on Cedar. The approach to improvement includes Trustwide initiatives including mandatory preventing pressure ulcer training and new alternating air mattresses. This quarter focus is on localised harms initiatives on high reporting wards including promoting the SSKIN² care bundle within the ICU Metavision system and skin integrity checks each shift. A Project Management Office supported quality initiative for Swift ward is under development.

Emergency 30-day readmissions

Emergency readmissions is tracking upwards from 13.1% for 2015/16 to 13.9% this month, and 13.9% year to date, which exceeds Q4 target of 12.5%. Significant areas by volume included upper gastrointestinal surgery 20.5% and colorectal surgery 15.2% within TASCC, 16.3% for general medicine and 15.6% for A&E within MES, and 15.9% within Trauma and Orthopaedics. In MES readmissions is discussed in all specialty quality governance meetings, with Consultant review of readmissions for the same presenting diagnosis to take forward learning. The Trust's journey in respect of tackling readmission rates is outlined below.

Reducing readmissions was a Quality Account priority progressed via a 2 year long Trustwide improvement programme which ended in 2015. The readmissions programme involved specialty led pathway improvement, interventions for at-risk patient cohorts, and a pilot of phoning patients after discharge. In September 2015 a further deep dive into patient level readmissions by specialty reiterated that the majority of readmissions over limit were multifactorial cases in general medicine and Accident and Emergency which are difficult to unbundle.

In early 2016 CHKS³ external outcome data confirmed that the Trust was performing well regarding overall readmissions compared to other acute trusts - both nationally and against our CHKS peer group of approximately 15 Trusts. At that time there was again found to be no specific single suitable improvement initiative which could be monitored owing to the influence from the complex combination of items such as community initiatives and emergency pathway reconfiguration.

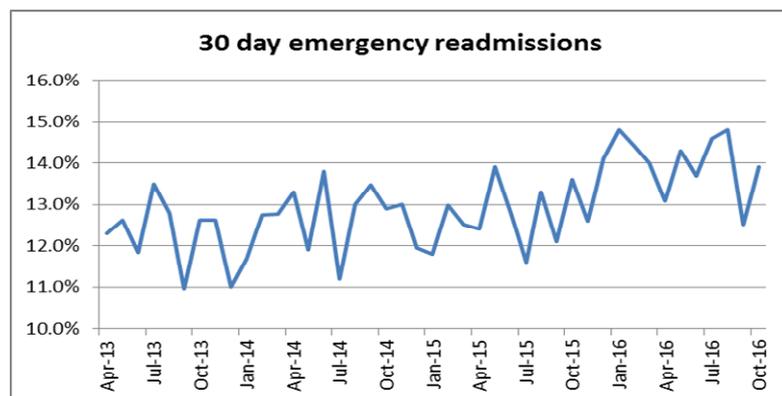
² SSKIN: skin assessment, surface (patient is on), keep moving (promote mobility), incontinence / moisture (keep skin clean and dry), and nutrition (optimising patient's nutrition and hydration). This tool is in place elsewhere in the Trust, and is the basis underpinning mandatory training, but has only recently been incorporated in the Metavision system in Intensive Care Unit (ICU).

³ CHKS is an external informatics service provider which generates health sector benchmarking data.

Chart 2 below tracks 30 day emergency readmissions from April 2013 onwards and the level is tracking upwards by approximately 1% per year, with month-on-month variability of up to 2.5% and expected seasonal variability.

Assurance on specialty level elective and non-elective readmissions is primarily through the monthly Performance Meeting process including review of the Integrated Performance Report.

Chart 2 – 30 day emergency readmissions from April 2013 onwards



Direct stroke unit admission

Stroke performance has been predominantly within the range of 65% to 75% during the past year. In October results dropped from 75% to 69% which remains below the target of 90% due to different presenting conditions, lack of ring fenced beds and pathway disruptions.

FFT satisfaction score

The inpatient recommended score has remained stable in October at 94.7% which is marginally below the target of 95%.

FFT satisfaction score for ED has been steadily rising since August and in October is 92.3% which is above the national average.

Maternity touchpoint 2 score for FFT reached 100% in October which is valuable feedback, however, as the response rate remains low this could skew the data. The WH&P Division is actively striving to improve response rate.

Outpatients FFT score of 95.2% is above the national average.

Sepsis screening and antibiotic treatment CQUIN⁴

Data for this measure is compiled quarterly and is shown to end of Q2. CQUIN performance is monitored at Transformation Programme Board.

87% of eligible patients were screened in ED which is just below target of 90%.

81% of patients via ED were given antibiotics which were then reviewed on day 3 which met the Q2 target of 80%. Q3 target is 90%.

⁴ Commissioning for Quality and Innovation (CQUIN) is an incentivised improvement scheme

The goal on timely identification and treatment of inpatient sepsis is systematic screening of applicable inpatients and timely and appropriate commencement and cessation of treatment. The Trust uses a local adaptation of the UK Sepsis Trust Inpatient Sepsis Screening and Treatment Tool on inpatient wards which has been rolled out supported by implementation training. Performance in both measures at end Q2 were below the upcoming targets of Q3 December *month only* target of 90% and Q4 target of 90%.

Dementia

The action plan measure from the *Fix Dementia Care* report is under review as it is not feasible to collate data quarterly - biannual or annual collation would be more practicable.

Patient safety alerts

There was 1 new stage 3 safety alert received on 4 October on the risk of oxygen tubing being connected to air flow meters which could result in death. The Trust is implementing systems to address the 3 barriers to human error described in the alert and to establish ongoing equipment checks or audit to ensure these barriers are maintained.

Safety thermometer

New harms of 2.51% were above national average of 2.13% owing to an excess of falls giving cumulative harms of 7 falls, 4 new pressure ulcers, and 1 new DVT (deep vein thrombosis). Falls with harm of 1.46% exceeded national average of 0.56%. Of these 7 falls 6 were low harm and 1 moderate, with locations being AMU - 5, BACU - 1, and Cherry - 1. There were no new catheter associated urinary tract infections (CAUTIs) and the level of new pressure ulcers of 0.84% was below the national average of 0.9%.

Combined maternity harm free care of 60.0% is below the national average of 69.3% which reflects 8 post partum haemorrhages, 3 term babies transferred to NICU, 2 women with third or fourth degree perineal trauma, 2 women who reported being worried at being left alone during part of labour care and 2 women with concerns about safety during labour and birth that they perceived were not taken seriously.

Patients with a medicines reconciliation started within 24 hours of admissions at 61.3% were lower than the national average of 78.9%. Pharmacy is working through a service redesign to provide medicines reconciliation 7 days per week at key admission points which is due to complete by the end December 2016.

Patients with an omitted critical medicine in October at 12.8% was less favourable than the national average of 8.8%. The Pharmacy redesign is to incorporate keeping medication charts in the clinical area and an area on the chart to document actions taken if a drug is unavailable.

Best care audits

In October 33 wards/areas were audited as part of the Best Care ward clinical care audit. 19 areas retained their previous levels, 6 areas increased levels, including the Emergency Department which rose from level 0 to level 3. 8 wards dropped accreditation levels the most significant being Dickens from 3 to 1, and Swan from 1 to zero.

Learning from new complaints

33 new complaints were received in October of which 69% pertain to experiences at the Trust in the past 2 months.

The timing of care/incident giving rise to the complaint was October 2016 – 10 cases (30%), September 2016 13 cases (39%) and May to August 2016 - 7 cases (21%). The largest specialties by volume were Emergency Department (ED) with 6 complaints and Trauma and Orthopaedics (T&O) with 4 cases.

Within the 6 ED cases there was a surgical missed diagnosis and a missed fracture. Within the 4 T&O cases the reasons included delayed imaging that was not followed-up, delay in providing trauma surgery, and delayed physiotherapy for an inpatient.

The 23 other cases were for varying reasons. There was 1 significant harm from early discharge resulting in a fall.

Table 3 – New complaints by division and specialty

New Complaints by Division					New complaints		
MES	ED	6	Gastro.	2	Others	6	14
TASCC	Colorectal	2	Gen. surg.	2	Others	4	8
DTTO	T&O	4			Others	2	6
WH&P	Gynaecol.	1	Obstetrics	1	Paeds	1	3
Estates & Facilities	Roads	1					1
Informatics					Other	1	1
Grand Total							33

Complaints performance

In October 100% of complaints were responded to within a timescale agreed with the complainant.

18% (4/22) of grade 1 or 2 complaints were responded to in 25 days and average response time overall was 35.3 days.

There were 2 grade 3 or 4 complaints closed in October which took an average of 149 days to respond to as they were serious incidents requiring investigation (SIRIs).

At the end of October 50 complaints are pending a response which have been outstanding for 55 days on average. This is indicative of complaints building up a slight backlog.

The 2 follow-up complaints in October gives a 5.7% return rate which is below the 10% threshold.

PHSO⁵ cases

In October 4 cases were closed with the PHSO. 3 of these were partially upheld and 1 was not upheld. 1 new TASCC case was received for investigation by the PHSO in October. Case overviews are as below.

⁵ Parliamentary and Health Service Ombudsman

Case 1 (TASCC) was partially upheld with consent process failure regarding demonstrating risk associated with the procedure.

Case 2 (MES) was partially upheld regarding inadequate provision of information about the patient's condition and a deficient complaint response in not acknowledging such failures.

Case 3 (MES) was partially upheld regarding failed support for the patient.

The 1 case not upheld pertained to care in ED.

Claims

There were 7 new claims reported in October 2016; 3 for DTTO, 2 for WH&P, 1 for TASCC and 1 for MES. 12 claims were intimated; 5 for MES, 4 for WH&P, 2 for TASCC and 1 for DTTO.

2.0 Other matters

1.1 CQC Surveys Update

In November 2016 the CQC issued the results of its review into its NHS National Patient Survey Programme. The key decisions are below. Going forward the Trust will participate in a programme comprising 1 annual Inpatient Survey plus rolling 2 yearly surveys in Urgent and Emergency Care, Maternity, and Children and Young People.

1. **Outpatient Survey** – In 2017 the CQC is exploring discontinuing the Outpatient Survey but incorporating questions on outpatient experience as part of the Inpatient Survey.
2. **Urgent and Emergency Care Survey** – the existing Accident and Emergency Survey will be expanded to cover other areas including Urgent Care Centres, GP Out of Hours Services, NHS 111, and Ambulance Services. A benefit of this is gaining better information on the urgent care patient pathway. A number of challenges have been acknowledged by the CQC including provider identification, attribution of responses to providers, and data presentation across multiple providers. The CQC plans to modify the survey as outlined, however, the next iteration of the survey still needs to be redesigned in order to address these survey design complexities. The survey is anticipated to be 2 yearly going forward.
3. **Annual Inpatient Survey** – to continue. See the point above regarding incorporating questions on aspects of outpatient experience.
4. **Maternity Survey** – to continue on 2 yearly cycle.
5. **Children and Young People's Survey** – this is to be a regular 2 yearly survey going forward. The format of the new survey is yet to be determined by the CQC.
6. **Pilot Survey in Community Health** – the CQC is to develop a pilot survey in community health. This survey is not anticipated to involve this Trust based on the consultation guidance.

Communications to staff about the new programme have commenced.

Appendix 1 - Quality Performance Dashboard October 2016

Table 1: Quality Performance Dashboard 31 October 2016

REF	Quality Scorecard Measures	Outturn 15/16	Monthly Target / Limit	Annual Target / Limit	Sep	Oct	6 month trend	YTD 16/17	Current month commentary
1.01	In-hospital SHMI	64	<72	<72	62	60		62	Mortality indices in line with expectation.
1.02	RAMI	62	<70	<70	55	60		60	Mortality indices in line with expectation.
1.03	In-hospital deaths	1139	90	<1082	87	113		660	In-hospital deaths have followed a similar trend to last year, including seasonal variation, until this month when they rose to 113 for October. The SHMI and the RAMI are in line with expectations. The level of in-hospital deaths will be monitored across the next 2 months to determine if a deeper analysis is required. Mortality reviews are undertaken as outlined in the next section, however, full coverage is not yet being achieved.
1.04	Proportion of mortality reviews (data 1 month in arrears)	56%	>90%	>90%	63%	64%		64%	Mortality review completion rates in MES are steadily rising and reached 71% in October. MES rolled out a new template and Registrar case presentations at QUASH day. TASC performance at 60% is below the usual 100% rate. DTTO completed 0% which will be rectified by November QUASH meeting review. WH&P scored 0%.
1.05	Number of cardiac arrests not in critical care areas	56	-	-	3	6		24	6 cardiac arrests in non-critical care areas remains higher than the level the team is seeking. The Resuscitation Service aims to introduce a treatment escalation plan (TEP) pilot on 2 wards in the upcoming months. A TEP process means that levels of care including resuscitation status are evaluated early in the patient's admission. If successful the TEP process will then be rolled out Trustwide.
1.06	Methicillin Resistant Staphylococcus Aureus (MRSA) -	0	0	0	0	0		0	No cases.
1.07	C. Difficile (hospital only)	15	1.4	17	2	4		10	Of the 4 C. difficile cases in October 2 were on Swift ward (which also had a case in September). These 3 Swift Ward samples are being typed to see if they are the same strain which could suggest transmission had occurred. Results from 2 out of 3 samples show different strains and the third result is still awaited. Root cause analyses for all October cases are currently in progress.
1.08	Falls (per 1000 beddays)	2.59	2.46	2.46	2.21	2.18		2.35	Actions to reduce falls include review for predisposing medication and daily safety huddles to raise awareness in the Clinical Decisions Unit and the Urgent Care Centre. Liaison with our commissioners and community staff is underway to promote signposting of community falls patients to the Bedser Locality Hub in Woking.
1.09	Pressure ulcers (per 1000 beddays)	2.08	1.98	1.98	1.67	2.18		2.04	21 stage 2 pressure ulcers (PUs) in October is above the limit of 18.2 per month, and year to date 2.04 PUs per 1000 bed days exceeds 2015/16 of 2.08. By ward there were 4 on Swift, being targeted with a Project Management Office quality improvement project on pressure ulcers, and 3 on ITU for which a new SSKIN care bundle has been incorporated within the ICU Metavision system following an audit. BACU had 3 and Cedar 2 for which skin integrity checking each shift is now in place. Swift had 1 hospital acquired stage 3 PU. No stage 4 PUs occurred in October.
1.10	Readmissions within 30 days - emergency only	13.1%	12.5%	12.5% by Q4	12.9%	13.9%		13.9%	Readmissions within 30 days at 13.9% was above the monthly target of 12.5%. Significant areas by volume were in TASC with upper gastrointestinal surgery at 20.5% and colorectal surgery at 15.2%; in MES with general medicine at 16.3% and A&E at 15.6% and DTTO with T&O at 15.9%. In MES, readmissions is an agenda item in all specialty quality governance meetings. Consultant review occurs for all readmissions for the same presenting diagnosis and learning is taken forward.
1.11	Stroke patients (% admitted to stroke unit within 4 hours)	65.0%	90%	90%	75.0%	69.0%		64.6%	There were 9 breaches in the stroke pathway in October 2016; of these 3 were due to different presenting conditions, 2 due to disruptions in the stroke pathway and 2 were attributed to lack of ring fenced beds.
1.12	Medication errors (rate per 1000 beddays)	2.92	-	-	3.21	2.63		2.92	The Trust continues to promote notifying and investigating medication errors which is driving increased reporting.
1.13	Sepsis screening audits - % of eligible patients that were screened in ED	70.5%	90%	90%	-	87%	-	-	New NICE guidance was introduced in July 2016 and we are currently reviewing our protocol and pathway to reflect the change in criteria for identification of sepsis. Previously SIRS Criteria were used for identification; red and amber flags are now recommended. It is anticipated that the implementation of the new criteria will improve screening rates.
1.14	Sepsis - antibiotics administered on ED patients and day 3 antibiotic review performed	-	-	80% Q2; 90% Q3	-	81%	-	-	The Q2 target of 80% has been achieved and actions are ongoing to increase the percentage of patients who receive antibiotics within 1 hour in the future.
1.15	Inpatient sepsis - % eligible patients screened for sepsis	-	-	Dec 90%; Q4 90%	-	23%	-	-	No targets have been set of inpatients for Q2; for Q3 a target of 90% has been set to be achieved in December only. In Q2 an inpatient screening tool was implemented.
1.16	Inpatient sepsis - % eligible patients receiving timely antibiotics and day 3 antibiotic review performed	-	-	Dec 90%; Q4 90%	-	17%	-	-	No targets have been set of inpatients for Q2; for Q3 a target of 90% has been set to be achieved in December only. In Q2 an inpatients antibiotic treatment tool was implemented.
3.03	Serious Incidents Requiring Investigation (SIRI) reports overdue to CCG	8	-	-	3	9		9	All of the 9 SIRIs overdue at end of October were submitted to the CCG for the November Panel.
3.04	Serious Incidents Requiring Investigation (SIRI) reports submitted to CCG	116	-	-	9	1		57	Whilst only 1 SIRI was submitted during October, subsequently in November 14 reports have now been submitted.
3.07	Friends and Family Satisfaction Score - Inpatients including Daycase	96.2%	95%	95%	94.4%	94.7%		94.6%	The inpatient recommended score has remained stable in October and is marginally below the target of 95%.
3.08	Friends and Family Satisfaction Score - Accident and Emergency Department (ED) including Paediatrics	84.3%	87%	87%	87.8%	92.3%		84.9%	The ED recommended score remains higher than the national average for the third month running. The response rate has also recovered significantly following an engagement programme in the department.
3.09	Friends and Family Satisfaction Score - Maternity Touch Point 2	96.3%	97%	97%	87.5%	100.0%		97.0%	The recommended score for touchpoint 2 has recovered and is 100% in October. The response rate remains low however and the division is working to drive up responses through promoting staff and patient engagement.
3.09a	Friends and Family Satisfaction Score - Outpatients	0.9	92%	92%	96.5%	95.2%		95.8%	Outpatients recommended score continues to track above the national average.
3.10	Follow-up complaints - complaint rate per rolling 12 month average	8.3%	<10%	<10%	8.4%	5.7%		6.4%	There were 2 follow-up complaints received in October and both were for MES division. One was a grade 2 and one was a grade 3 complaint.
3.11a	Dementia case finding	96%	>90%	>90%	28%	27%		64%	The dementia team receive patient referrals via PAS rather than Realtime; however the Dementia Team continue to refer patients to GPs where appropriate. The action plan measure from the Fix Dementia Care report is under consideration as it is not feasible to collate data quarterly - biannual or annual collation would be more practicable.
3.11b	Dementia diagnostic assessment	99%	>90%	>90%	100%	100%		100%	As above.
3.11c	Dementia referral	87%	>90%	>90%	71%	67%		90%	As above.

REF	Reference items	Target description & limit		Sep	Oct	6 month trend	YTD 16/17	Current month commentary
1	Overdue safety alerts	<1 overdue	<1	0	0		n/a	There was 1 new stage 3 safety alert received on 4 October on the risk of oxygen tubing being connected to air flow meters. Severe harm or death can occur if medical air is accidentally administered to patients instead of oxygen. This alert requires Trusts to implement systems to ensure that the three barriers to human error described in the alert are all in place in all relevant clinical areas and to establish ongoing systems of audit or equipment checks to ensure the barriers are maintained. This alert has been actioned and is underway. Alerts received prior to October have all either been actioned and are underway or closed.
2.1	NHS Safety Thermometer - % of patients on spot day with new harms	< National av.	2.13%	1.99%	2.51%		1.34%	New harms of 2.51% were above the national average of 2.13% and relate to 7 falls, 4 new pressure ulcers and 1 new DVT.
2.2	NHS Safety Thermometer - % of patients on spot day with new CAUTIs	< National av.	0.33%	0.00%	0.00%		0.06%	There were no new CAUTIs on the October audit day.
2.3	NHS Safety Thermometer - % of patients on spot day with new pressure ulcers	< National av.	0.90%	0.88%	0.84%		0.61%	New pressure ulcers of 0.84% were below the national average of 0.90%.
2.4	NHS Safety Thermometer - % of patients on spot day with falls with harm	< National av.	0.56%	1.11%	1.46%		0.51%	Falls with harm of 1.46% were above the national average of 0.56% and relate to 7 falls of which 6 were low harm and 1 moderate (AMU - 5, BACU - 1, Cherry - 1).
2.5	NHS Maternity Safety Thermometer - % of patients with combined harm free care (physical harm and women's perception of safety)	> National av.	69.30%	0.00%	60.00%		64.52%	Combined maternity harm free care of 60.00% was below the national average of 69.30% and reflects 8 post partum haemorrhages, 3 term babies transferred to NICU, 2 women with third or fourth degree perineal trauma, 2 women who reported being worried at being left alone during part of labour care and 2 women with concerns about safety during labour and birth that were not taken seriously.
2.6	NHS Medications Safety Thermometer - % of patients with reconciliation started within 24 hours of admission	> National av.	78.90%	75.70%	61.30%		63.00%	*YTD actual is rolling median in line with national charts. Note that results for April - September 2016 which were previously reported did not exclude patients who had been in the hospital for less than 24 hours at the point of the survey; the results have been adjusted accordingly. Patients with reconciliation started within 24 hours of admissions at 61.30% were lower than the national average of 78.90%. Pharmacy is working through a redesign of its service by the end of the year to ensure ensure medicines reconciliation 7 days a week at the main admission points.
2.7	NHS Medications Safety Thermometer - % of patients with an omitted critical medicine in the last 24 hours	< National av.	8.80%	2.50%	12.80%		12.80%	*YTD actual is rolling median in line with national charts. Note that results for April - September 2016 which were previously reported did not exclude patients who had been in the hospital for less than 24 hours at the point of the survey; the results have been adjusted accordingly. Critical medicine omission in the last 24 hours at 12.80% is worse than the national average of 8.80%. Planned pharmacy re-design will keep the charts in the clinical areas and will include an administration section to document actions taken if a drug is unavailable.
3	Best care audits undertaken this month	Level 3 ward count	-		17	-		33 wards/areas were audited in October 2016. 6 wards/areas increased their accreditation levels; most significantly, ED rose to level 3 from level 0. 19 wards retained their previous levels and 8 wards decreased; the most notable being Dickens which dropped to level 1 from level 3 and Swan which decreased to level 0 from level 1.
4	WOW awards	-	n/a	47	40		n/a	MES received 15 WOW nominations, WH&P received 10 and TASCC had 5 proposals. DTTO was nominated for 2. Finance had 4 nominations and Workforce 2. Estates and Information Technology both had 1 proposal each.
5.1	Complaints % Responded to timescale as agreed with complainant	Timeliness	>95%	93.0%	100.0%		92.0%	24 out of 24 closed complaints (100%) left the Trust within a timeframe agreed with the complainant.
5.2	Complaints % Responded to timescale (Grade 1 & 2 in 25 days)	Timeliness	No target	43.0%	18.0%		47.0%	22 grade 1 or 2 complaints were closed in October. 1 of these was allocated a longer time period. 4 complaints left the Trust within a 25 day timeframe. 17 complaints allocated a 25 day turnaround left the Trust in more than 25 days. All complaints going over the 25 day turnaround target were extended in agreement with the complainants.
5.3	Complaints % Responded to timescale (Grade 3 & 4 in 35 days)	Timeliness	No target	67.0%	0.0%		21.0%	2 grade 3 or 4 complaints were closed in October. Of the 2 cases, both of these were also investigated as Serious Incidents requiring Investigation (SIRI). Neither of these left the Trust within 35 days but were not expected to due to the SIRI timeframe. All complainants were fully informed of the process and timeframes involved.
5.4	Complaints mean response time in days: variance from 25 day target (Grade 1 & 2)	Responsiveness	No target	1.5	10.3	-	5.3	The average number of days to respond to a grade 1 or 2 complaint closed in the month of October was 35.3 days.
5.5	Complaints mean response time in days: variance from 35 day target (Grade 3 & 4)	Responsiveness	No target	30	114	-	28.6	The average number of days to respond to the 2 closed grade 4 complaints in October was 149 days. These were both SIRIs which required lengthy investigation hence the prolonged period of time.
5.6	PHSO (Ombudsman) cases open - total number	Response quality	No target	4	1		-	There is currently 1 open case with the PHSO.
5.7a	PHSO (Ombudsman) cases closed but not upheld	Response quality	No target	0	1		5	1 case was closed in October and not upheld.
5.7b	PHSO (Ombudsman) cases closed and partially upheld	Response quality	No target	0	3		5	3 cases were closed in October and were partially upheld.
5.7c	PHSO (Ombudsman) cases closed and upheld	Response quality	No target	0	0		0	No cases were upheld in October.
5.8	PHSO (Ombudsman) new cases received	Response quality	No target	0	1		6	1 new case was received in October.