

Integrated Quality and Learning Report

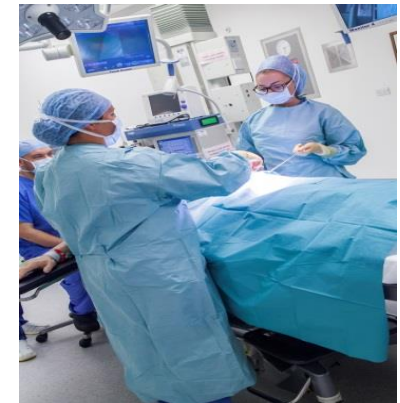
September 2019



Gateshead Health
NHS Foundation Trust



Overall Good	Safe	Good ●
	Effective	Good ●
	Caring	Outstanding ☆
	Responsive	Good ●
	Well-led	Good ●



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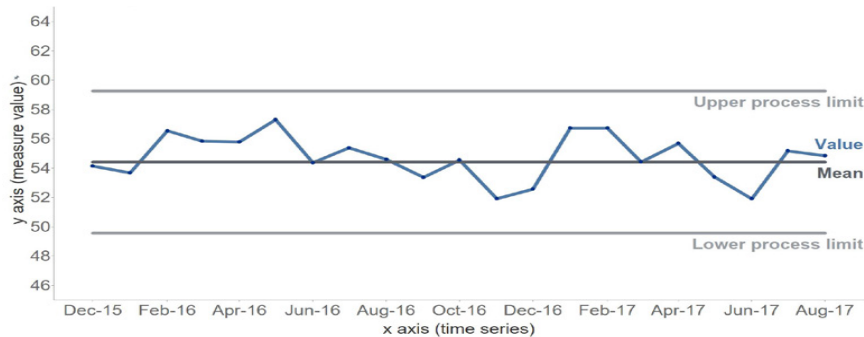
Introduction and about SPC

This report details quality indicators monitored by the Trust and also provides trust learning from these indicators. It is designed as an enhancement to replace the previous Trust Quality and Safety Dashboard and CLIP (Complaints, Litigation, Incidents, PALS).

Statistical process Control (SPC) has been used where appropriate to identify where situations may be improving or deteriorating.

Statistical process control (SPC) chart

This is an SPC chart. It's a time series line chart with three reference lines that help you appreciate variation in the data.



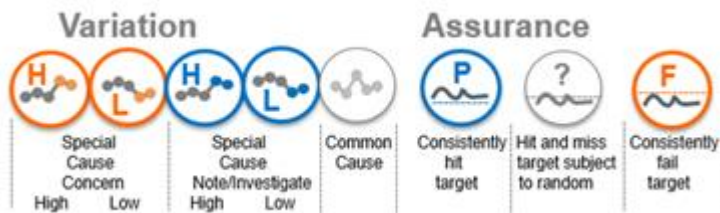
The reference lines are:

- centre reference line: the average line (often represented by the mean, sometimes the median)
- upper and lower reference lines: the process limits, also known as control limits.

You can expect approximately 99% of data points to fall within the process limits.

Key

The following symbols are used in this report to identify areas of special cause variation, or where targets are consistently achieved, failed, or may be achieved / fail as a result of normal variation.

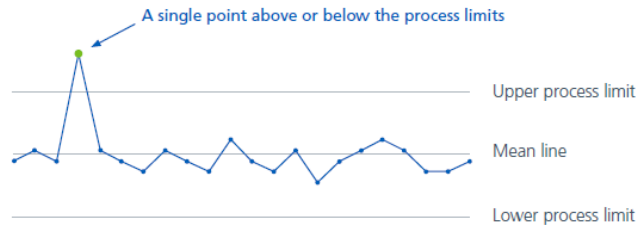


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more about SPC

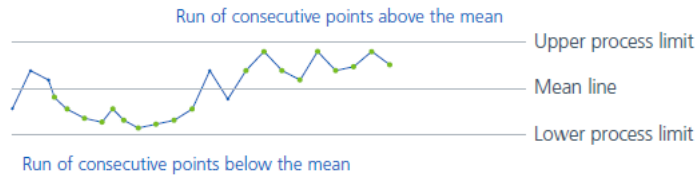
A single point outside the control limits

Whenever a data point falls outside a process limit (upper or lower) something unexpected has happened because we know that 99% of data should fall within the process limits.



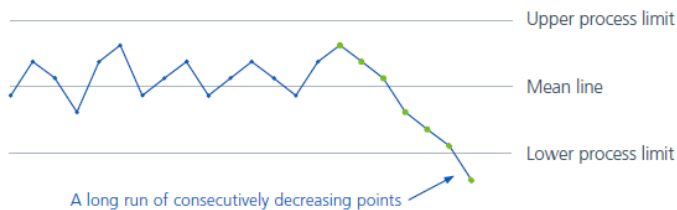
Consecutive points above or below the mean line

A run of values above or below the average (mean) line represents a trend that should not result from natural variation in the system.



Six consecutive points increasing or decreasing

A run of six or more values showing continuous increase or decrease is a sign that something unusual is happening in the system.



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Included this month



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NHS Foundation Trust

Please note that data in this report is accurate at the time of production. The severity and number of incidents may change due to additional information being available following investigation, meaning the severity may be re-categorised.

Safe	5-16	• Medication Errors • Health-Care Associated Infections • Falls • Pressure damage • Safety Thermometer • Never Events • Serious Incidents (SIs) • Patient Safety Incidents • Emergency C-Section Rate • VTE Risk Assessment
Effective	17-18	• Mortality • HSMR • SHMI
Caring	19-20	• Friends and Family Test
Responsive	21	• Compliments • Informal Complaints • Formal Complaints
Well-led	23-23	• Same Day Emergency Care (SDEC)
	24-25	• Single Oversight Framework

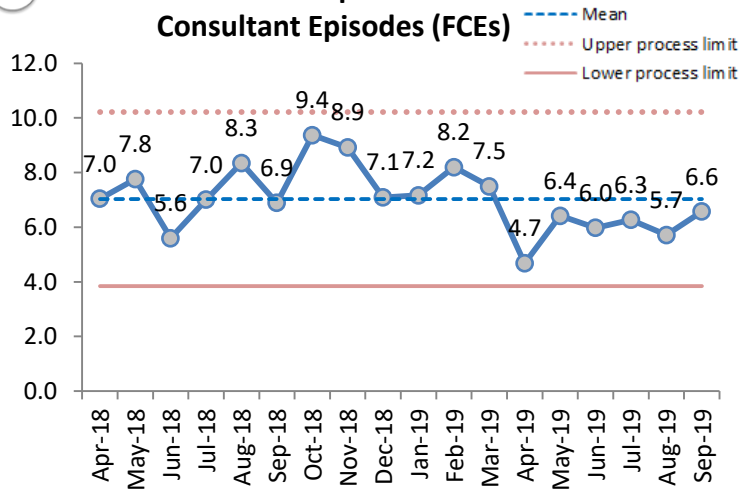
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Safe

Medication Reporting



Medication Errors per 1000 Finished Consultant Episodes (FCEs)

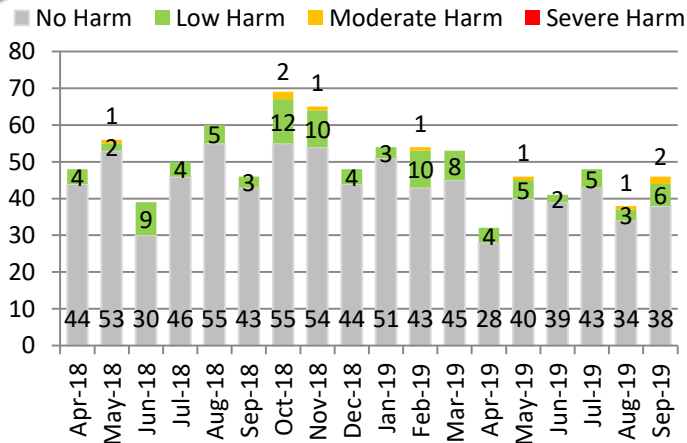


Medication Errors

- A total of 46 medication errors were reported in September 2019.
- There were 2 moderate harm and 0 severe harm errors.
- Common cause variation is observed in the medication error rate over the last 18 months.



Severity of Medication Errors



Learning from Medication Errors

- Medication incidents were spread across a large number of wards and departments with the top three areas being general surgery; pharmacy and EAU.
- There were no common themes identified however there were two instances of patients being prescribed medication to which they had an allergy. In one of these cases, the patient knew of the medication they were allergic to by the trade name rather than the generic name and therefore staff are reminded to check this information thoroughly prior to prescribing.
- There have been two instances where there has been a distraction during the medication round leading to an error being made; one involved a patient being given two doses of paracetamol as the first dose was not signed for on JAC and the second involved a changeover of staff in the middle of a medication round without the first staff member signing out.

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Healthcare Associated Infections



Gateshead Health
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The trust objective of 40 *Clostridium difficile* infection cases for 2019/20 is set by NHS Improvement. It is set using two categories of CDI:

Hospital onset healthcare associated (HOHA) – cases that are detected in the hospital two or more days after admission

Community onset healthcare associated (COHA) - cases that occur in the community (or within 2 days of admission) when the patient has been an inpatient in the trust in the previous four weeks.

For the period 01/04/19 – 30/09/19 the trust has reported 20 healthcare associated CDI cases.

12 cases have been successfully presented for appeal, one case was not presented for appeal following internal review and 7 cases have review and possible appeal pending. Therefore the trust currently has 8 cases held against the objective of 40.

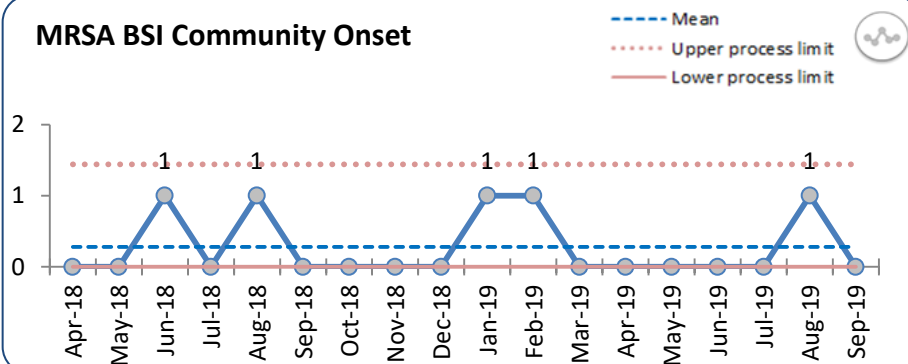
Learning from Healthcare Associated Infections

Three **COHA** CDI cases were jointly reviewed with the CCG in September 2019.

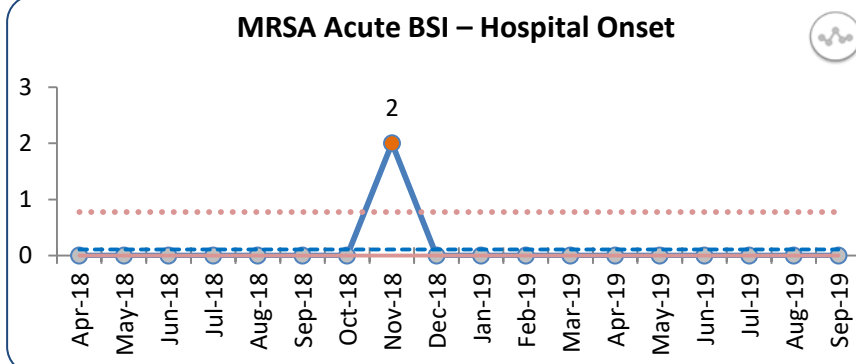
Two of the patients reviewed are part of a group that have complex medical histories requiring frequent admission to the trust and long term treatment with antibiotics. These patients are known to be colonised with *C difficile*, but due to their medical conditions and treatment are likely to represent with CDI throughout the reporting period. The CCG acknowledged that for these patients all antibiotic prescribing, sample submission, documentation and ongoing management is appropriate.

In the other case the CCG highlighted that the patient was appropriately isolated with all IPC precautions in place and fully documented; all treatment and antimicrobial management was appropriate for the patient and in line with trust policy; there was excellent documentation of the communication between the MDT and the patient/patient relatives. No lapses in care or exceptions to best practice were identified so this case was deemed to be unavoidable.

MRSA BSI Community Onset



MRSA Acute BSI – Hospital Onset

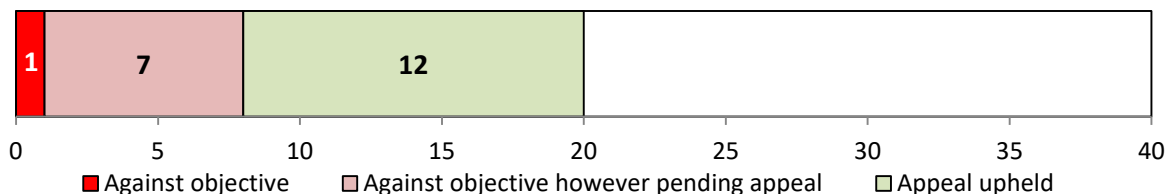


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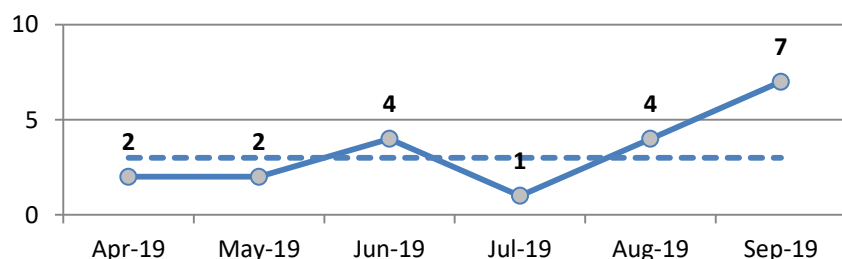
Healthcare Associated Infections

Health Care Associated *C.diff* cases against objective

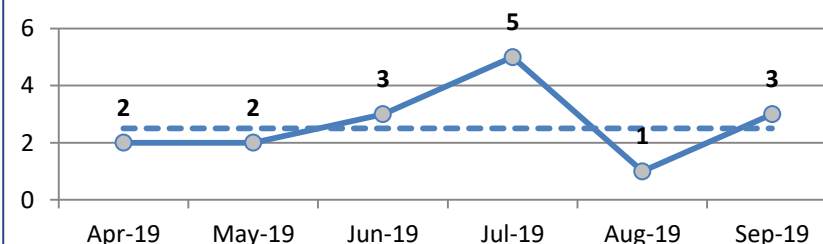


Variance from plan at September 2019
12 under objective

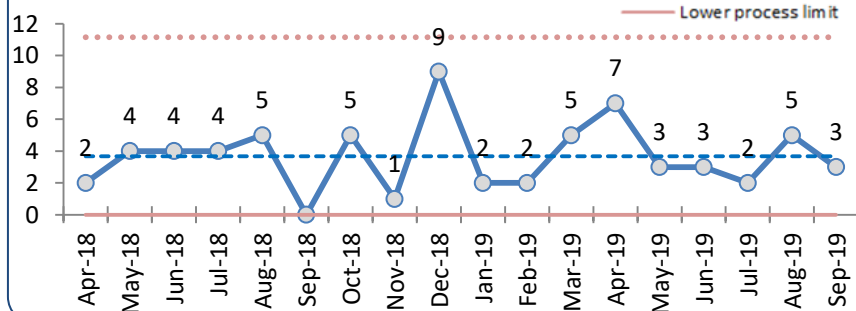
Healthcare Associated Clostridium difficile Infection (CDI) Median



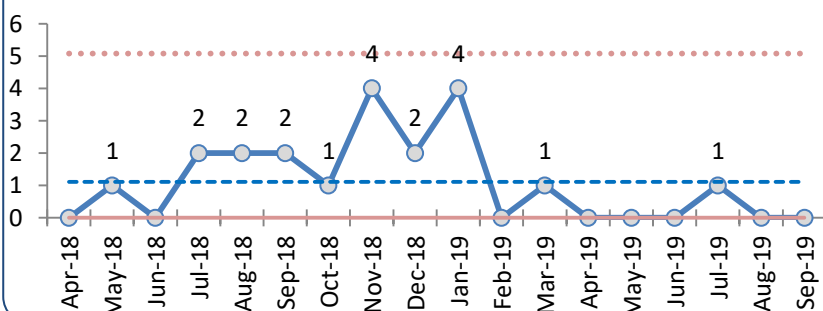
Indeterminate / Community Associated Clostridium difficile Infection (CDI) Median



Meticillin Sensitive *Staphylococcus aureus* (MSSA) Community Onset



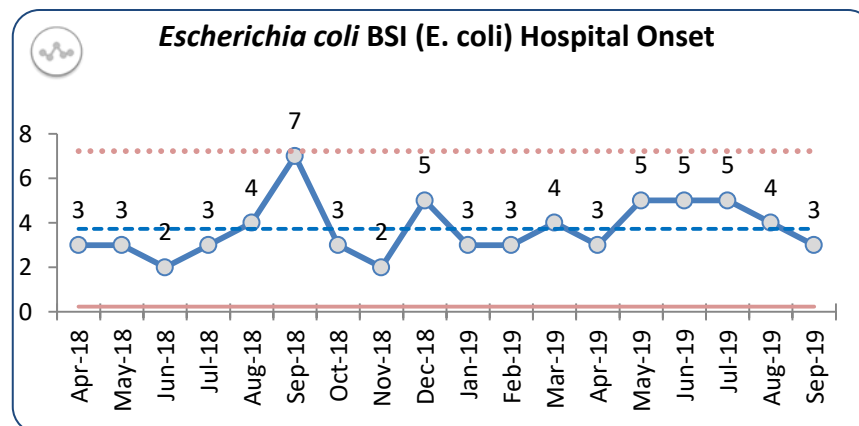
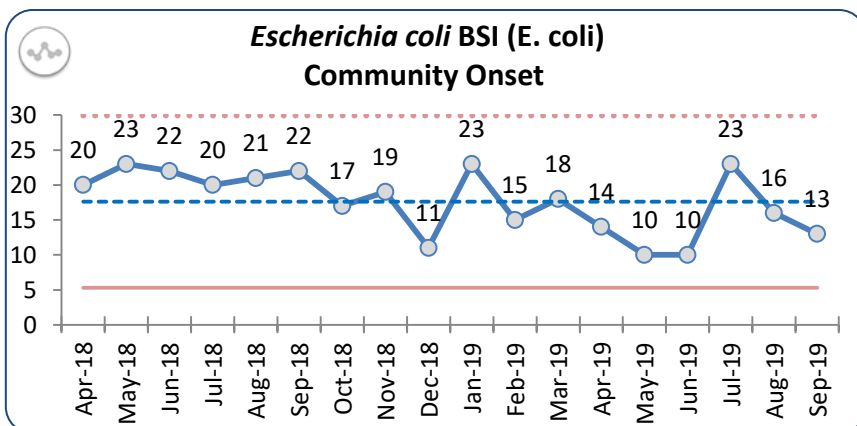
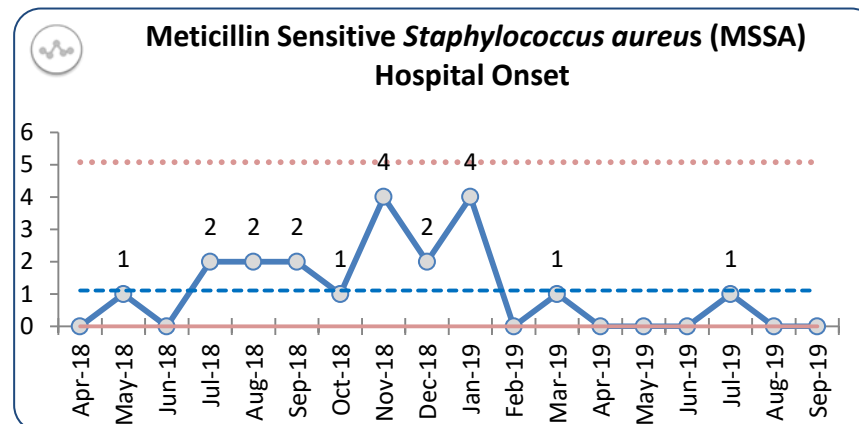
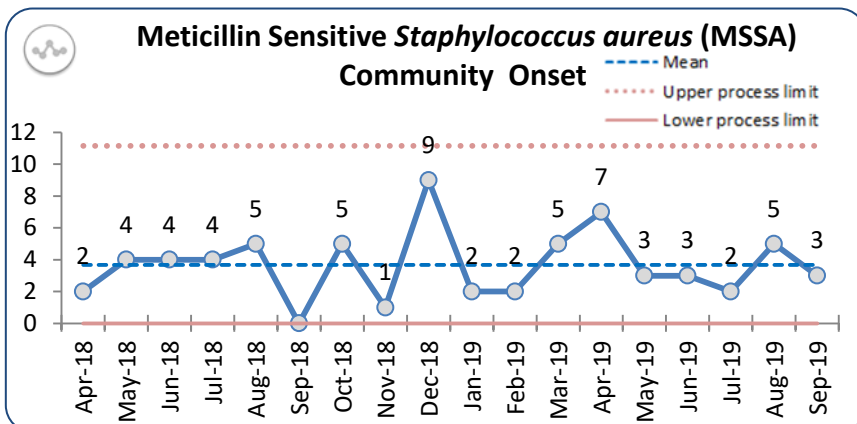
Meticillin Sensitive *Staphylococcus aureus* (MSSA) Hospital Onset



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Healthcare Associated Infections



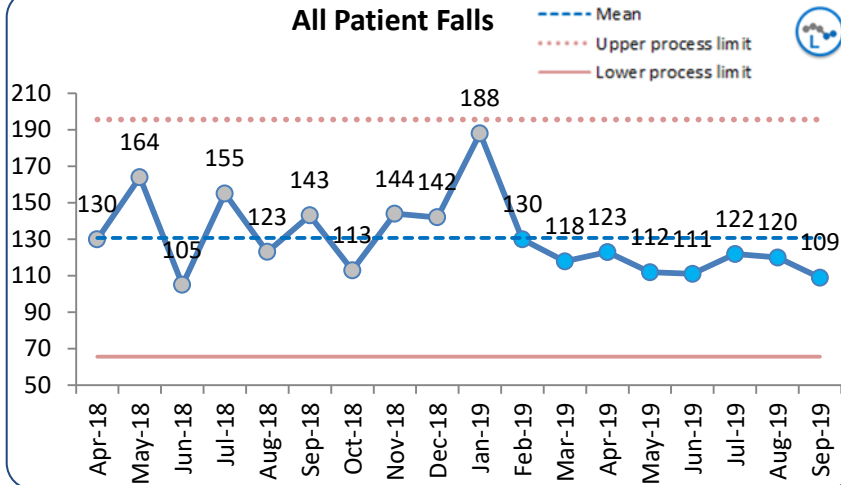
The Trust continues to promote infection prevention as a key element of its quality improvement approach and is committed to ensuring that appropriate resources are allocated for patient and staff safety.

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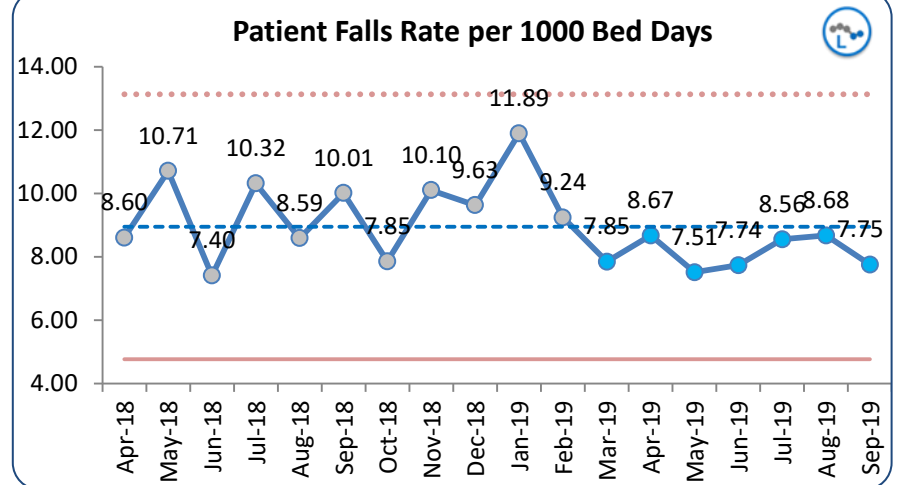
Safe

Falls

All Patient Falls



Patient Falls Rate per 1000 Bed Days



Patient Falls

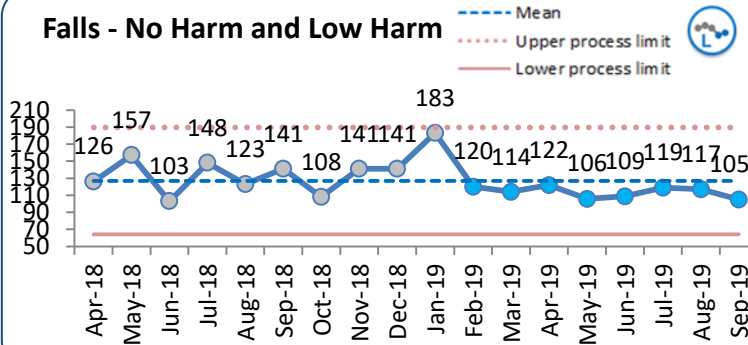
- September 2019 – 109 falls reported .
- 90 No harm; 15 low harm; 1 moderate harm; 2 severe harm and 1 death.
- The majority of the falls took place on Care of the Elderly wards – Ward 23, 24 and 25.
- The fall which resulted in moderate harm took place on ward 8; the patient suffered a fractured pubic rami.
- One of the falls which resulted in severe harm occurred on ward 4; this patient was awaiting transfer to Eastwood and suffered a fracture to their femur.
- The second fall resulting in severe harm occurred on ward 25; the patient suffered a fractured neck of femur as a result of the fall.
- The fall which resulted in the death of a patient occurred on ward 2; the investigation into this is underway
- The falls which resulted in severe harm and death are currently undergoing investigation.
- Special cause variation demonstrating improvement is displayed for the number and rate of falls, coinciding with the current falls collaborative.

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Falls

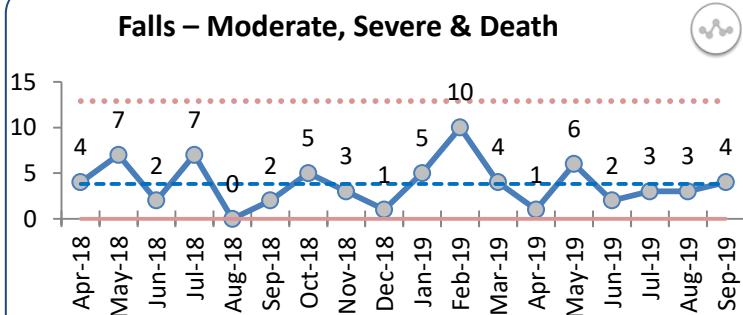
Falls - No Harm and Low Harm



Patient Falls

- Special cause variation for improvement observed for No harm and Low harm falls.

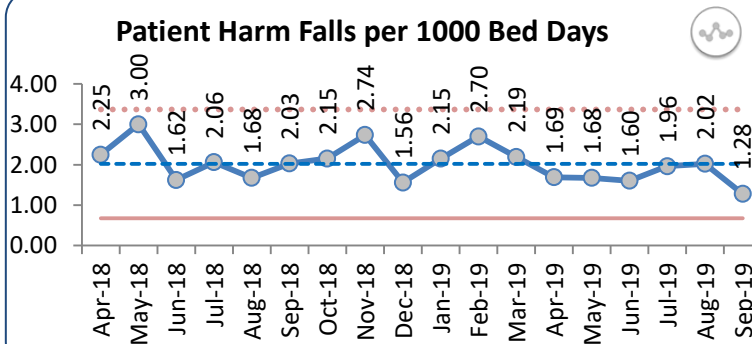
Falls – Moderate, Severe & Death



Learning from Patient Falls

- The requirement to record lying and standing BP measurements has been identified following a number of investigations.
- Staff responding to a patient who has fallen and there is a suspected long bone injury are reminded to consider using a hover jack to safely transfer the patient from the floor to a place of safety.
- The current process for investigating patient falls is being reviewed to ensure that the level of investigation is in proportion to the learning identified, as stated within the NHS Patient Safety Strategy.
- In keeping with the Trust's investigative processes for incidents resulting in moderate, severe and death harms the documentation for falls investigations is under review to ensure a human factors approach is utilised.

Patient Harm Falls per 1000 Bed Days

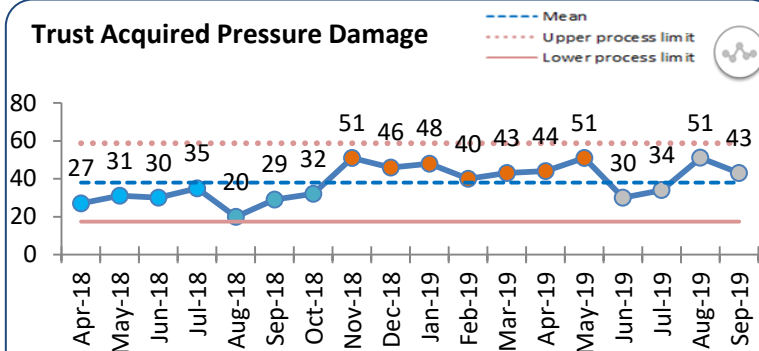


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Safe

Trust & Hospital Acquired Pressure Damage

Trust Acquired Pressure Damage



Trust Acquired Pressure Damage

(Category 2 and above including deterioration, unstageable and deep tissue injuries)

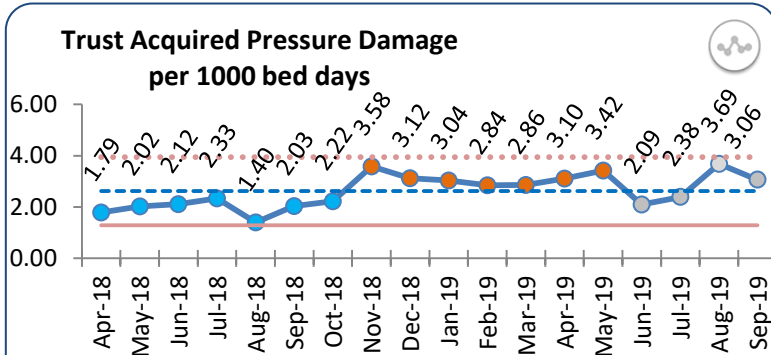
Please note that these figures include pressure damage acquired in both acute and community settings whilst under the care of the Trust.

- 43 incidents of Trust acquired pressure damage were reported in September 2019.
 - 6 incidents observed in an acute setting (5 x category 2, 1 x unstageable).
 - 37 incidents observed in a community setting during Trust care (26 x category 2, 5 x unstageable, 3 deep tissue injuries, 1 x category 3, 1 x deterioration to category 3, 1 x device related category 2)
- Common cause variation displayed from June 2019.
- Special cause variation (low) is observed prior to November 2018.
- Special cause variation (high) is identified in Trust acquired pressure damage with 7 points above the mean from November 2018 to May 2019.

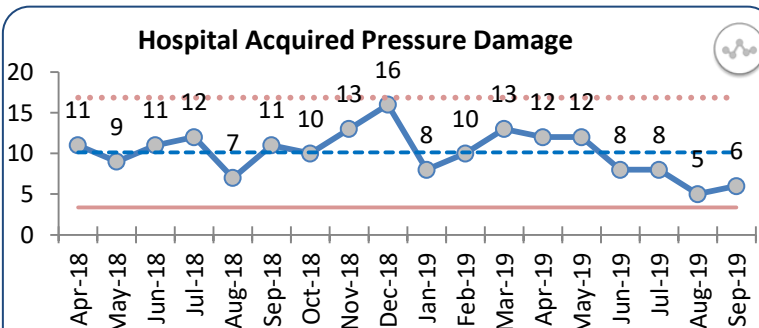
Pressure damage has been identified as an area for improvement as outlined in our QI Strategy. A pressure damage collaborative has been developed to look at system wide improvements.

Learning from Pressure Damage Incidents will be reported in full in October 2019 report.

Trust Acquired Pressure Damage
per 1000 bed days



Hospital Acquired Pressure Damage



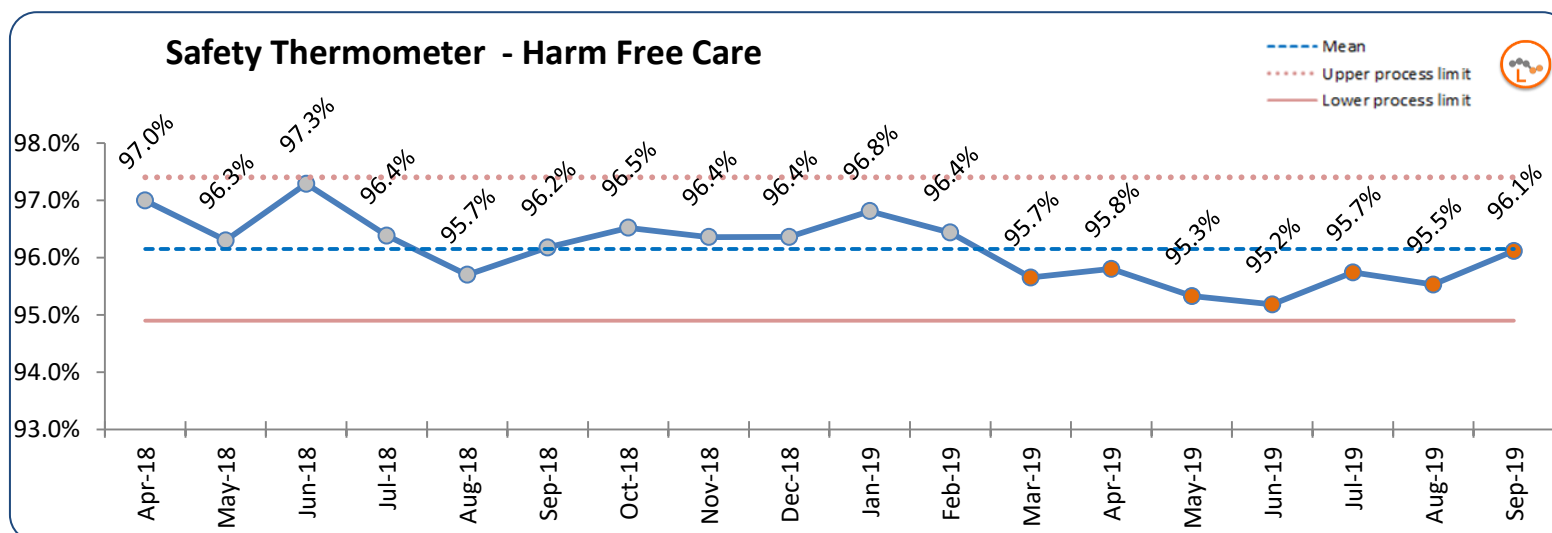
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Safety Thermometer – Harm Free Care

The Safety Thermometer is a measurement tool for improvement that focuses on the four most commonly occurring harms in healthcare: pressure ulcers, falls, UTI (in patients with a catheter) and VTEs.

Data is collected through a point of care survey on a **single day each month** on 100% of patients across all NHS Trusts. This enables wards, teams and organisations to: understand the burden of particular harms at their organisation, measure improvement over time and connect frontline teams to the issues of harm, enabling immediate improvements to patient care.



Safety Thermometer – Harm Free Care

- The Trust continues to demonstrate harm free care in excess of 95%.
- Special cause variation in harm free care triggered as the results are showing a run seven points below the mean.
- 10 new harms were identified during the September survey of 670 patients.
 - 5 Pressure damage.
 - 0 Falls with harm.
 - 5 Catheter and UTI.
 - 0 VTEs.

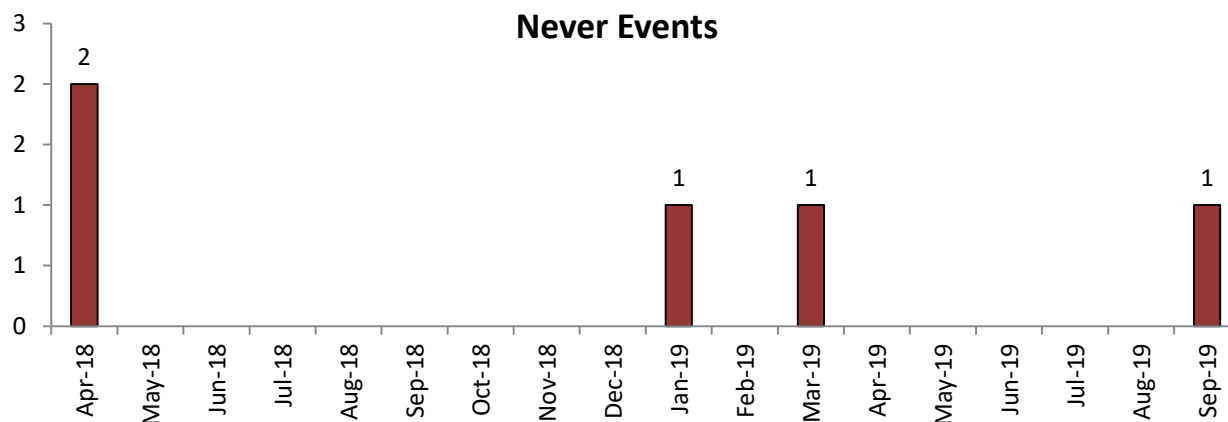
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Never Events

Never Events are defined as Serious Incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

The Trust operates a zero tolerance approach to Never Events. When Never Events occur a comprehensive investigation is undertaken to identify learning and implement appropriate actions.



Never Events

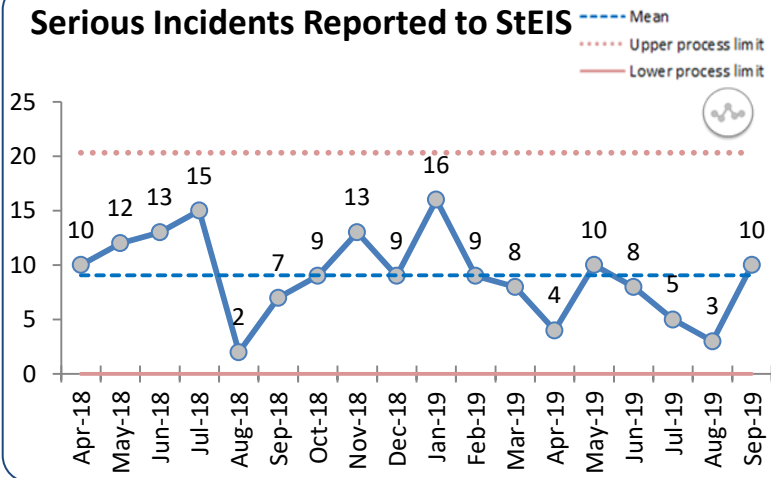
- September 2019 – Overdose of methotrexate for non-cancer treatment (Moderate Harm)
- March 2019 - Wrong Patient for treatment/procedure (Low Harm)
- January 2019 - Incorrect Site for Surgery (Low Harm)
- April 2018, Two historical events reported; wrong implant/prosthesis - August 2015 and March 2017.
- One Never Event was reported in September (see description above). A patient prescribed methotrexate which was charted as being given by Staff Nurse A. The following day, the patient told Staff Nurse A that he had not had the medication and as Staff Nurse A could not recall administering it, despite it being signed for, it was given the following day without it being re-prescribed. The patient had baseline observations recorded and their condition was closely monitored; they have since made a full recovery. This incident has been reported to CQC, CCG and NHSI and a rapid review of the incident has been completed by the business unit and full investigation report will be presented at SI Review Panel.

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Safe

Serious Incidents

Serious Incidents Reported to StEIS



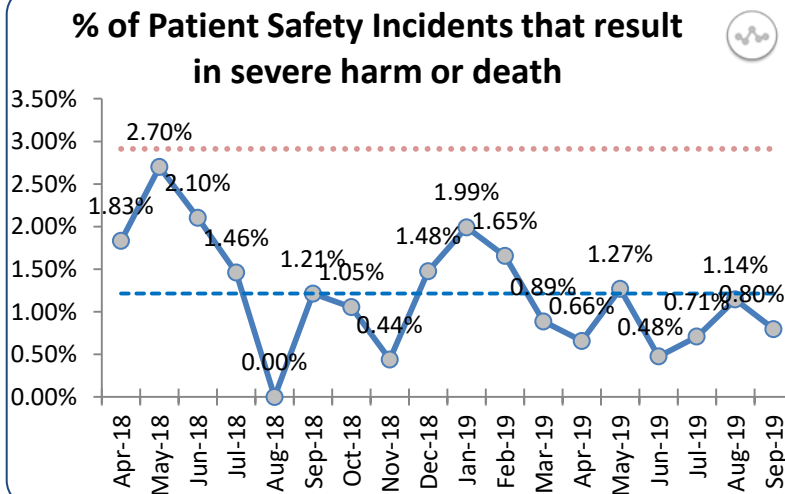
A review of the Serious Incident process was undertaken in March 2018, outcomes from this review introduced a new panel structure to ensure appropriate consideration to all information received.

Serious Incidents Reported to StEIS

10 serious incidents were reported in September 2019:

- 3 x Severe harm falls
- 2 x Category 3 pressure damage
- 1 x Treatment / procedure - delay / failure
- 1 x Test results - failure / delay in acting upon
- 1 x Diagnosis – delay / failure
- 1 x More Extensive Surgery Than Planned Pre-Op
- 1 x Non-controlled drug incident

% of Patient Safety Incidents that result in severe harm or death



Learning from SI Review Panel during Q2

Following a number of incidents, each clinical department is developing a SOP to ensure that un-actioned patient results and those flagged as red alerts on the ICE system are being reviewed and filed appropriately. This is being monitored by the Medical Director and discussed within Clinical Policy Group.

Following a Serious Incident involving a child who suffered an out of hospital cardiac arrest as a result of sepsis, the learning identified that a further set of observations should be repeated if the initial observations were abnormal. This practice has been strengthened within the department.

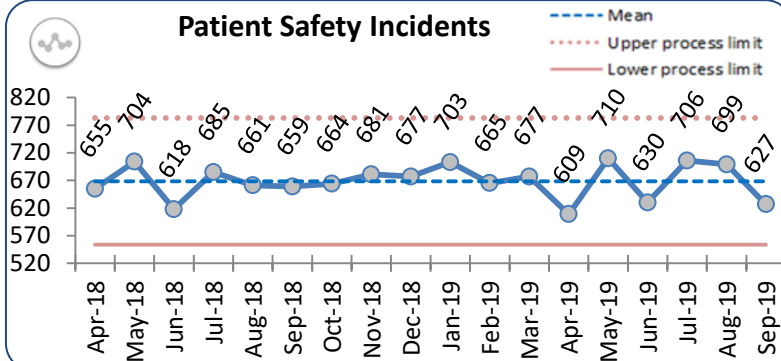
Following a Serious Incident involving a patient who presented to A&E with stroke-like symptoms and was declined for admission by NUTH, the learning identified that the existing stroke pathway between GHNFT and NUTH requires review, and this has been escalated to the CCG.

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Patient Safety Incidents

Patient Safety Incidents



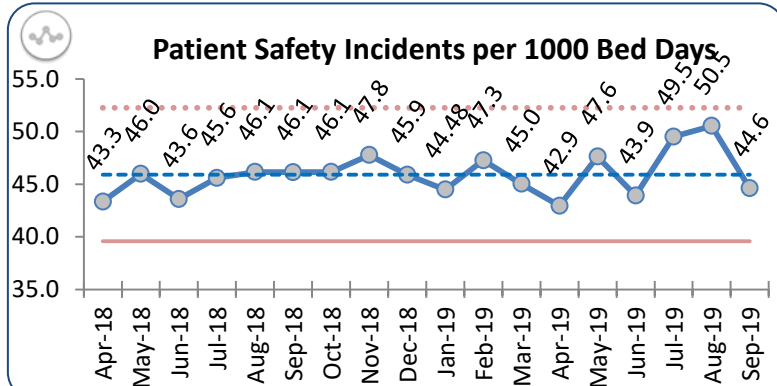
Patient Safety Culture

The NRLS (National Reporting & Learning System) incident reported rate was 32.72 incidents per 1000 bed days in September 2019.

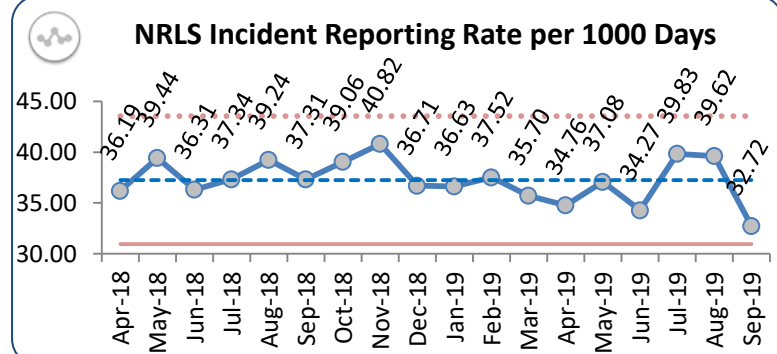
Patient Safety Incidents

- 627 patient safety incidents were reported in September 2019
- The top 5 incident types are listed below:
 - Pressure damage (197) **NB:** all pressure damage (Trust and community) all categories
 - Patient Falls (109)
 - Medication (46)
 - Discharge or transfer issue (43)
 - Communication failure (29)

Patient Safety Incidents per 1000 Bed Days



NRLS Incident Reporting Rate per 1000 Days



Learning from Patient Safety Incidents

There has been a recent trend in incidents whereby positive patient identification has not been carried out. These have included medications being administered to the wrong patient, investigations being filed within the wrong patient's records and investigation requests being made under the wrong patient's demographics. Fortunately, no patients have come to any significant harm as a result of these incidents however staff are reminded to ensure that they have the right patient, first time, every time.

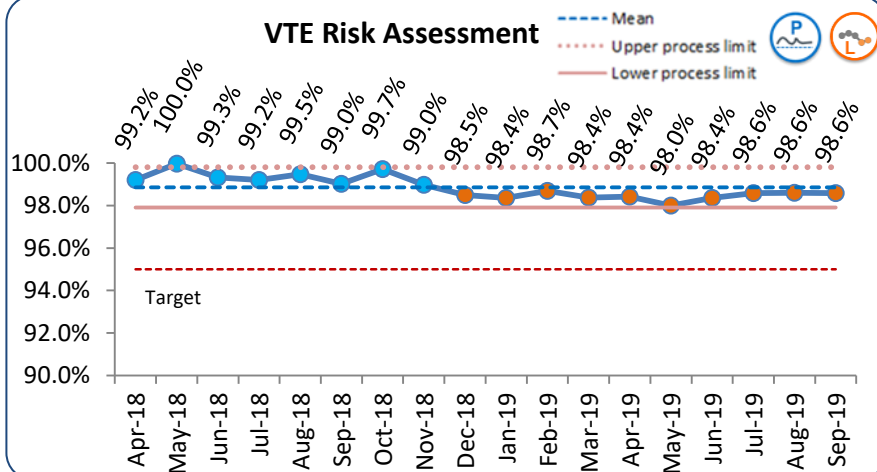
All staff should be assured that reporting incidents is a positive process. The purpose of reporting is to ensure processes and practices are being adhered to, embed a just culture and to ensure best possible outcomes for patients.

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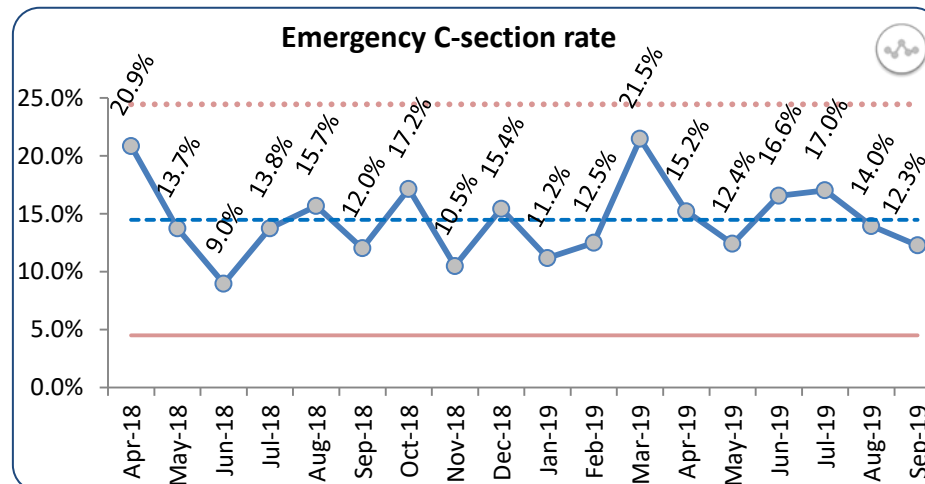
Safe

Safe – Other Incidents

VTE Risk Assessment



Emergency C-section rate



VTE Risk Assessment

95% target achieved.

- September VTE risk assessment was 98.6%
- The Trust consistently achieves the 95% target with variation between 98.0% and 100%.
- The Trust is in the top quartile of Trusts when compared nationally.
- Special cause variation displayed with the last nine months below the mean compliance, this is under review and plans are to include appraisal of the VTE Risk assessment process and practice to address any actions required. Discussed with Medical Director - Reporting arrangements have recently been agreed to go through the Morbidity and Mortality Steering Group.

Emergency Caesarean-section rate

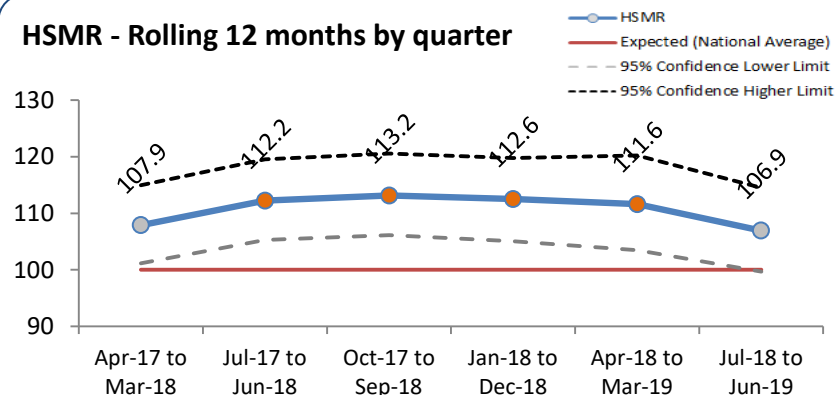
- September 2019 – 12.3% and displaying common cause variation.

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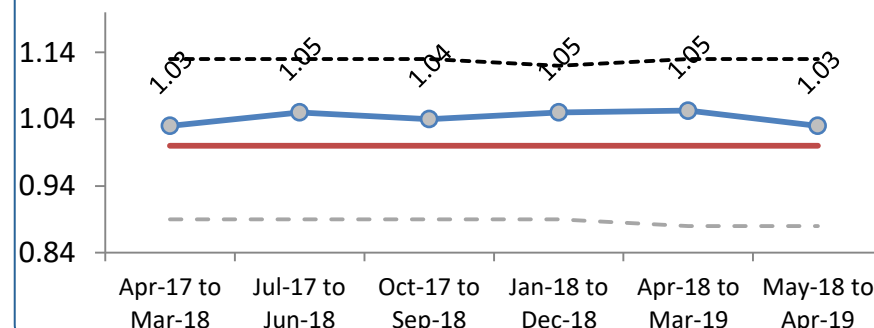
Effective

Mortality

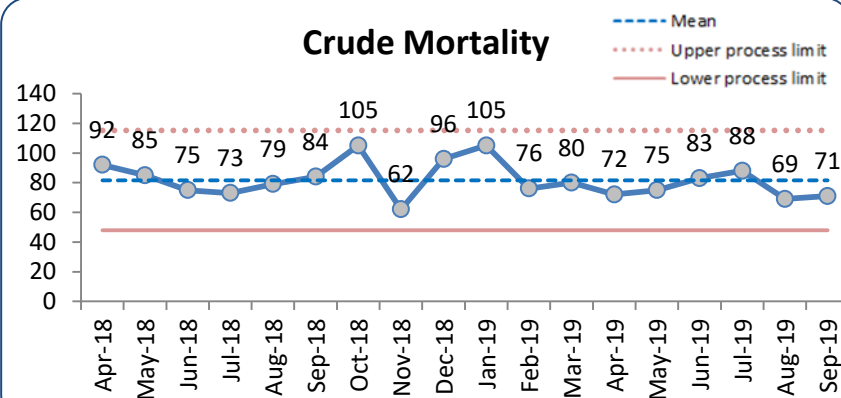
HSMR - Rolling 12 months by quarter



SHMI



Crude Mortality



Mortality Review

Period: September 2018 to August 2019

	Deaths in period	Deaths reviewed	%
All Deaths	1032	819	79.4%
Learning Disability Deaths	4	4	100.0%

	Hogan 1	Hogan 2	Hogan 3	Hogan 4	Hogan 5	Hogan 6
All Deaths	97.9%	1.5%	0.4%	0.2%	0.0%	0.0%
Learning Disability Deaths	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%

- HSMR – For the most recent 12 months the Trust is demonstrating deaths within the expected range.
- Palliative Care coding for the Trust remains relatively low compared to other Trusts which will result in a higher HSMR.
- SHMI – The trust has consecutive scores of over the England Average (1) and has a banding of 'As Expected'. The SHMI does not adjust for palliative care coding.
- Crude mortality for inpatient deaths is displaying common cause variation.
- Mortality review compliance is 79.4% of deaths reviewed; 97.9% Definitely not preventable.

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Learning From Deaths

Effective

Learning from Mortality Council – September 2019

Case One

Level 1 review outcome – Hogan 1 and NCEPOD 1

Mortality Council Level 2 review outcome – Hogan 1 and NCEPOD 2

Reason for referral to Mortality Council – elective surgery within 30 days of death

Lessons learned:

Case review by both the Critical Care Team and General Surgical Team. Patient underwent high risk elective surgery and was transferred to High Dependency Unit, initially well, however went on to develop complications of infection and necrotic fasciitis. Case discussed with the Coroner who recognised that this was a necessary procedure with an unavoidable complication. Mortality Council accepted that treatment was required, however there was no documentation to suggest that a 'no treatment' option and the consequences was discussed with the patient as per 'Montgomery' consent ruling.

Action:

Raise awareness of the need to discuss and document 'no treatment' option and the consequences when undertaking consent as per Montgomery ruling.

Case Two

Level 1 review outcome – Hogan 1 and NCEPOD 3

Mortality Council Level 2 review outcome – Hogan 1 and NCEPOD 4

Reason for referral to Mortality Council – readmission within 30 days of death

Outcome:

Patient rapidly deteriorated at home following discharge from hospital earlier that day. The patient was brought to the Emergency Department and was resuscitated following a cardiac arrest, later passed away without regaining consciousness. GP Notification of Death had not been sent. Previous discharge letter was written on discharge prescription - GP will not have received this. Panel review outcome - Room for improvement with regards to documentation in notes. Limited documentation in relation to discharge planning. The patient had two previous long admissions in which palliative care should have been considered. No evidence of end of life planning documented in the notes. Time for discharge not recorded in the notes

Action:

Feedback to be given in relation to inadequate discharge planning and correct correspondence for GP.

Case Three

Level 1 review outcome – Hogan 1 and NCEPOD 1

Mortality Council Level 2 review outcome – Hogan 1 and NCEPOD 1

Reason for referral to Mortality Council – random quality assurance check

Outcome:

Patient was treated for sepsis in Emergency Department and seen by a consultant in Emergency Admissions Unit. The patient deteriorated very quickly, a 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) in place and in notes. A palliative care referral was made. Correct GP Notification of Death was completed and a fast track discharge was discussed and included within the notes. Mortality Council agreed with the findings of the Level 1 review and acknowledged the evident good practice.

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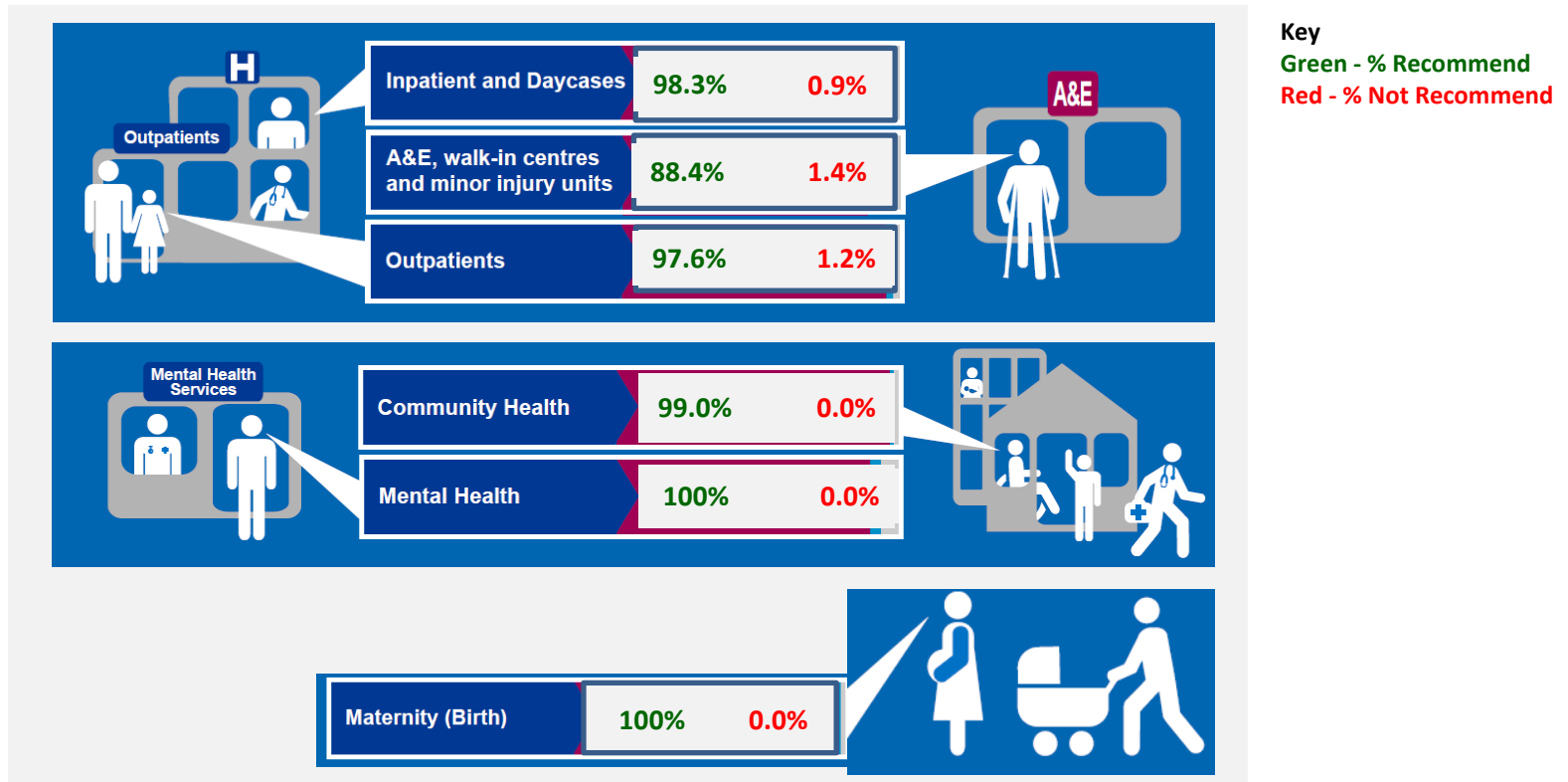
Caring

The NHS Friends and Family Test See how we did in September 2019



In September 2019 the Trust received 3,139 responses. 93.7% of patients would recommend the services to friends and family.

The following numbers show the proportion of people that would recommend or not recommend these services to a friend or family member if they needed similar care or treatment.

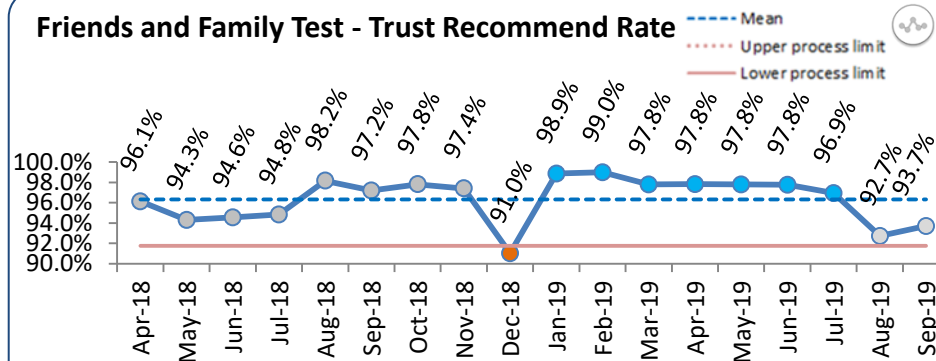


Integrated Quality and Learning Report

Caring

NHS Friends and Family Test- Trust Recommend Rate

Friends and Family Test - Trust Recommend Rate



F&FT Trust Recommend Rate

- The friends and family test recommend rate for September was 93.7%.
- A&E received an a relatively low response rate for a second month however the recent results are within normal variation.
- The dip in the Trust recommend rate is a result of the dip in the A&E recommend rate.

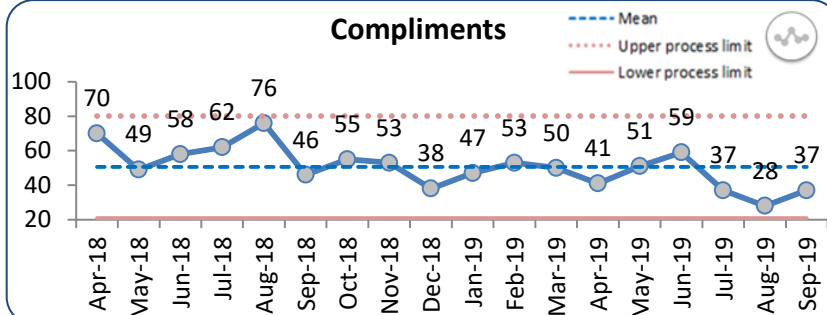
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Inpatient and Daycases	98.5%	98.4%	98.0%	98.4%	99.2%	98.4%	98.3%	99.2%	98.6%	99.1%	99.1%	99.2%	98.5%	98.6%	99.3%	98.0%	97.5%	98.3%
A&E, walk in centres, and minor injuries unit	94.5%	89.5%	91.1%	90.9%	96.9%	95.7%	96.9%	95.3%	85.2%	99.4%	99.0%	96.8%	96.8%	96.9%	97.0%	95.9%	87.6%	88.4%
Outpatients	97.3%	95.6%	96.7%	97.4%	97.9%	97.2%	98.6%	98.4%	97.4%	96.7%	98.8%	98.7%	98.7%	99.2%	97.1%	98.1%	94.7%	97.6%
Community Health	96.8%	97.5%	97.2%	98.9%	100.0%	98.0%	99.4%	98.3%	98.5%	96.8%	98.7%	98.5%	98.1%	97.7%	93.8%	98.0%	100.0%	100.0%
Mental Health	100.0%	100.0%	97.5%	94.6%	96.7%	100.0%	100.0%	100.0%	100.0%	99.2%	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Maternity (Birth)	100.0%	96.0%	100.0%	100.0%	98.5%	96.7%	98.6%	100.0%	97.7%	97.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Trust	96.1%	94.3%	94.6%	94.8%	98.2%	97.2%	97.8%	97.4%	91.0%	98.9%	99.0%	97.8%	97.8%	97.8%	97.8%	96.9%	92.7%	93.7%

Integrated Quality and Learning Report

Responsive

Learning From Compliments and Complaints

Compliments



Learning from Compliments and Complaints

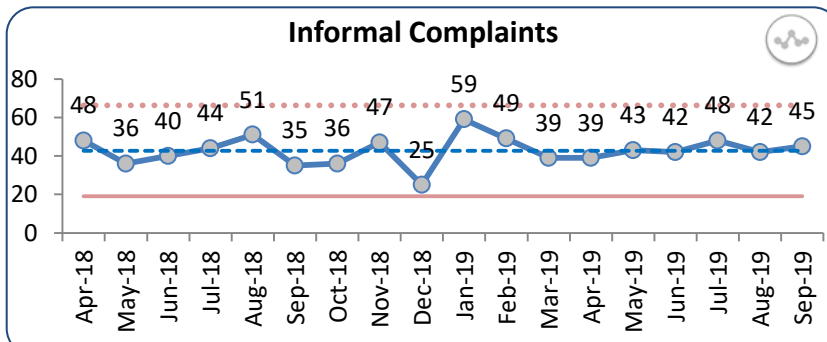
Compliments

- 37 compliments were reported in September 2019.

Complaints

- 45 Informal complaints were received in September 2019.
- 15 formal complaints were received in September 2019.
- Common cause variation is displayed.

Informal Complaints



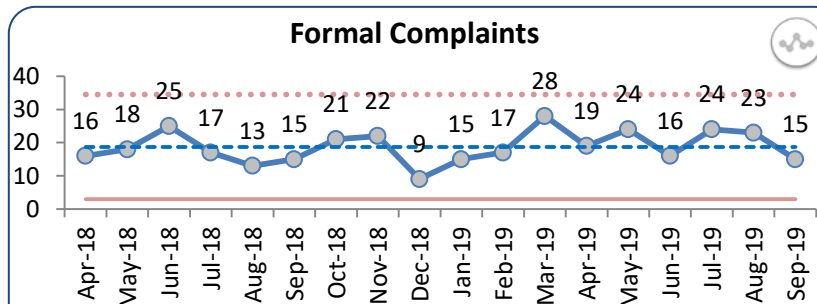
The top three themes identified in complaints were:

- Clinical Treatment - patient/family perceptions of poor medical care
- Communications - verbal
- Values and behaviours - staff conduct

The Directorates where formal complaints were received were:

- Therapy services (1); Acute medicine (1); Cardiology (1)
- Emergency care (5); Gastroenterology (1); Gynae-Oncology (2)
- Obstetrics (1); Trauma and Orthopaedics (3)

Formal Complaints



Patient Story

Description of concerns

Patient was unhappy with the medical care received regarding chest pains and felt communication with the Cardiology team was unsatisfactory.

Learning

- Regular review required of cardiology patients on other wards within the hospital
- Promotion of the role of the Cardiology Nurse Specialists.

Integrated Quality and Learning Report

15 Steps Challenge

Well-led



15 Steps Challenge Ward & Departments visited in September 2019: Ward 6 and Emergency Assessment Unit

Welcoming

Is the area welcoming? What is the atmosphere like? What are the interactions between staff and patients like?
Is there visible information useful information for staff?

Safe

Does the ward appear to think safety is important? What tells you about the quality of care here? How are medicines managed on the ward? What have I noticed that builds my confidence? What makes me less confident?

Caring and Involving

How have staff made you feel? What can I understand about patient experience on this ward? How is dignity and privacy being respected? How are staff interacting with patients? Is good team working in place?

Well organised and calm

Is the area welcoming? What is the atmosphere like? What are the interactions between staff and patients like?
Is there visible information useful information for staff?

Positive

- Staff were pleasant and made eye contact
- Photo board of nursing staff
- Notice boards with various safety initiative themes
- Confidential conversations undertaken in the staff only area
- Sign to remind staff to give out the Friends and Family Test

Recommended

- Not clear from the uniform board who was in charge
- Signage to the Nurse Station was not evident
- Time to Care board information out of date

Positive

- Stickers were in place to show that equipment had been cleaned
- Information on appropriate footwear was displayed
- Hand gels were available
- Identity badges and bracelets were worn by staff and patients
- Walking aids were available

Recommended

- Oxygen cylinders not secure in holders
- Make infection control information available
- Add fire warden detail to the fire board

Positive

- Good interactions between staff and patients
- Information available on John's Campaign
- Privacy and dignity maintained
- Good teamwork between nursing and medical staff
- Good support of student nurse was observed

Recommended

- Query whether patients felt isolated in private rooms with no televisions available

Positive

- Staff allocation board was complete for day of visit
- Equipment stored appropriately
- Dementia friendly clocks in each room
- Patient flow board in use
- Toilets well signposted
- Lack of clutter

Recommended

- Layout of the ward with bays and isolated side rooms – query whether there was difficult in providing care in that accommodation
- How safe was the use of a large fan in the centre of the floor in the staff area

Same Day Emergency Care

This CQUIN requires the achievement of 75% of patients confirmed with the following being managed in a same day setting where clinically appropriate:

- Pulmonary Embolus
- Tachycardia with Atrial Fibrillation
- Community Acquired Pneumonia

Quarter 1 performance for each of the diagnoses was above the required target, full detail is in the table below. Same Day Emergency Care reduces pressure on hospital beds, improves the Trust's length of stay and contributes to a positive patient experience.

	Payment levels	Q1 performance	Annual value
CCG11a - SDEC - Pulmonary Embolus	50%-75%	87%	£158,400
CCG11b - SDEC Tachycardia with Atrial Fibrillation	50%-75%	88%	£158,400
CCG11c - SDEC Community Acquired Pneumonia	50%-75%	96%	£158,400

The Quarter 2 audit is currently being undertaken, no concerns identified.

Integrated Quality and Learning Report

Single Oversight Framework

The report below is the most recent Single Oversight Framework - Quality of Care report for the Trust produced by NHS Improvement - Model Hospital

Report Date: 7th October 2019

Single Oversight Framework	Data Period	Trust Value	Performance Band Description	Peer median	National median
Single Oversight Framework segment	Aug-19	1 - Maximum Autonomy			
CQC Inspection Ratings (Latest at reporting date)					
CQC Inspection Rating: Overall	Aug-19	Good			
CQC Inspection Rating: Caring	Aug-19	Outstanding			
CQC Inspection Rating: Effective	Aug-19	Good			
CQC Inspection Rating: Responsive	Aug-19	Good			
CQC Inspection Rating: Safe	Aug-19	Good			
CQC Inspection Rating: Well-Led	Aug-19	Good			
Friends and Family Test scores					
Staff Friends and Family Test % Recommended - Care	Q1 2019/20	89.6%	In quartile 4 - Highest 25%	80.7%	79.9%
A&E Scores from Friends and Family Test - % positive	Jul-19	95.9%	In quartile 4 - Highest 25%	88.1%	86.7%
Inpatient Scores from Friends and Family Test - % positive	Jul-19	98.0%	In quartile 4 - Highest 25%	97.6%	96.3%
Maternity Scores from Friends and Family Test - question 2 Birth % positive	Jul-19	100.0%	In quartile 3 - Mid-High 25%	100.0%	98.7%
Organisational Health					
CQC Inpatient Survey	Sep-17	8.5	In quartile 4 - Highest 25%	8.2	8.1
Caring					
Written Complaints Rate	31/05/2019	14.56	In quartile 1 - Lowest 25%	17.15	24.23
Safe					
Central Alerting System - Patient Safety Alerts not completed by deadline	Jul-19	3	In quartile 4 - Highest 25%	0	N/A
Never events	Aug-18	1	In quartile - Lowest 25%	3	2
Emergency c-section rate	Jul-19	15.47%	In quartile 2 - Mid-High 25%	15.66%	16.58%
VTE Risk Assessment	Q1 2019/20	98.26%	In quartile 4 - Highest 25%	95.97%	95.92%
Clostridium Difficile - infection rate	To Mar 2019	11.11	In quartile 2 - Mid-High 25%	11.19	11.11
MRSA bacteraemias	To Apr 2019	1.11	In quartile 3 - Mid-High 25%	0.42	0.58
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI)	Apr-19	149	In quartile 4 - Highest 25%	140	129
Meticillin-sensitive staphylococcus aureus (MSSA) rates to quality indicators	Apr-19	9	In quartile 2 - Mid-High 25%	10	9
Safe				Peer Benchmark	
				median	value
Clostridium Difficile - variance from plan	Mar-19	-1.0	Below the benchmark	0.0	0.0
Effective				Peer Benchmark	
				median	value
Summary Hospital Mortality Indicator (SHMI)	Oct-18	1.05	Above the benchmark	N/A	1.00

Integrated Quality and Learning Report

Single Oversight Framework

The Model Hospital uses colour to indicate a trust's performance relative to a national median or other benchmark. Different colours represent quartiles of the national data set or your trust's position on a red-amber-green scale. For some metrics a relatively low value, putting the trust into Quartile 1, would indicate a weak performance, but for other metrics a low value can indicate a strong performance. The colour coding helps you understand whether low values should be interpreted as weak or strong.

	Green	Either • Lowest quartile, where low represents best productivity • Highest quartile, where high represents best productivity • Performance better than benchmark, in a chart using a red-amber-green scale
	Amber/green	Either • Mid-low quartile, where low represents best productivity • Mid-high quartile, where high represents best productivity
	Amber/red	Either • Mid-high quartile, where low represents best productivity • Mid-low quartile, where high represents best productivity
	Amber	Performance approaching benchmark, in a chart using a red-amber-green scale
	Red	Either • Highest quartile, where low represents best productivity • Lowest quartile, where high represents best productivity • Performance below benchmark, in a chart using a red-amber-green scale
	Blue	We have not judged whether a high or low quartile is more desirable.