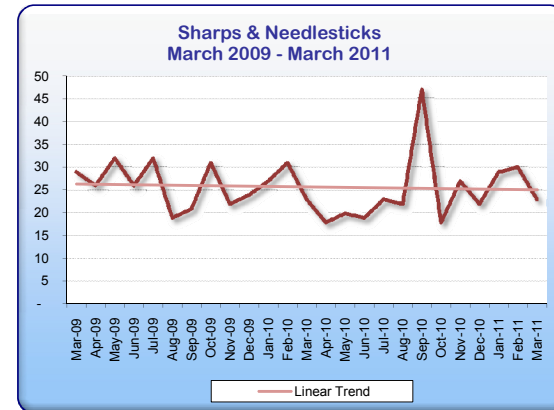
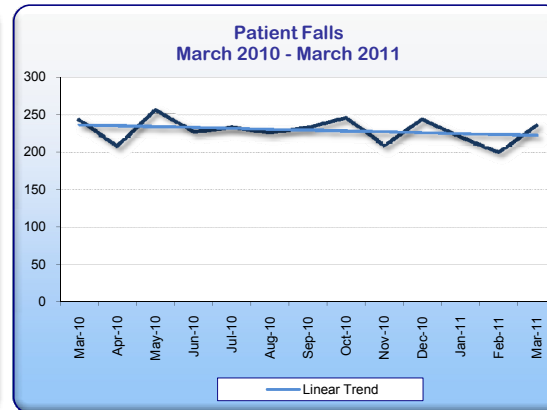
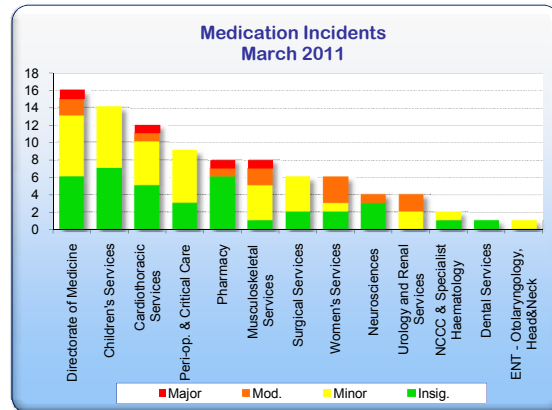


The Newcastle upon Tyne Hospitals 
NHS Foundation Trust

Quality & Performance Account
March 2011

The Newcastle upon Tyne Hospitals NHS Foundation Trust Quality & Performance Account March 2011

Safety	Actual 2009/10	Target 2010/11	Monthly Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4	February	March
Slip, trip and fall - patient (Datix)	2,651	2,386	199	689 ●	689 ●	696 ●	653 ●	199 ●	235 ●
Slip, trip and fall - visitor and staff (Datix)	400	Not defined	Not defined	89	64	74	40	9	18
Fall from height - patient (Datix)	567	Not defined	Not defined	106	135	102	111	32	41
Fall from height - visitor and staff (Datix)	34	Not defined	Not defined	13	6	3	8	1	4
Sharps and needlestick injuries (Datix)	332	299	25	57 ●	92 ●	67 ●	82 ●	30 ●	23 ●
Hospital acquired pressure ulcers grade 2 or above	Not available	Not defined	Not defined	Not available	Not available			48	65
Hospital acquired pressure ulcers that have deteriorated	Not available	Not defined	Not defined	Not available	Not available			33	39
Community acquired pressure ulcers grade 2 or above	Not available	Not defined	Not defined	Not available	Not available			60	64
Community acquired pressure ulcers that have deteriorated	Not available	Not defined	Not defined	Not available	Not available			2	11
Surgical Rectification	0	0	0	0 ●	0 ●	0 ●	0 ●	0 ●	0 ●
Surgical Rectification - Dentistry	10	0	0	1 ●	0 ●	0 ●	0 ●	0 ●	0 ●
Mismatched transfusion (severe event)	0	0	0	0 ●	0 ●	0 ●	0 ●	0 ●	0 ●
Mismatched transfusion (near miss)	4	0	0	0 ●	1 ●	0 ●	0 ●	0 ●	0 ●
Medication: Total number of incidents	686	Not defined	Not defined	205	191	226	245	65	91
Total number of incidents reported (Datix)	9,933	Not defined	Not defined	2,712	2,977	3,182	3,447	1,078	1,235
Total number of CNST claims	116	Not defined	Not defined	21	34	35	40	12	19
Number of radiation incidents reported to HSE and CQC	8	Not defined	Not defined	1	1	2	0	0	0
Number of staff achieving a pass in falls training	1,236	Not defined	Not defined	1,235	1,183	765	872	326	264



**The Newcastle upon Tyne Hospitals NHS Foundation Trust
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Serious Untoward Incident (SUI)	Actual 2009/10	% reported within 24hrs	% response within 60 days	Quarter 1	Quarter 2	Quarter 3	Quarter 4	February	March
General	15	100%	Ongoing	4	2	7	3	0	2
HCAI	67	100%	Ongoing	4	7	4	9	3	2
Information Governance	3	100%	Ongoing	0	0	0	0	0	0

Details of each SUI reported during March:

General - There were two General SUIs reported. One was in relation to an administration error in relation to a prescription error. The second was in relation to a neonatal death.

HCAI - Two patients died, one with c difficile reported on Part 1 of the death Certificate and one with c difficile reported on Part 2 of the death Certificate.

Information Governance - Nil.

Exception Summary:

There has been a significant increase in the number of patient falls reported at 235. Appendix 1 illustrates actual number of Patient Falls by Directorate vs. 2010/2011 predicted trajectory. Work continues to further decrease both the number and severity of patient falls, with planned mandatory Falls workshops.

The number of medication incidents reported this month is 91 which is a significant increase on last month. There were two major incidents reported within this field, one was reported as a SUI. The second incident was in relation to a patient developing a pulmonary embolus which required treatment.

The number of Sharps and Needle stick Incidents has slightly decreased this month at 23, which is within trajectory. A graphical representation on Appendix 1 shows Sharps and Needlestick Incidents Actual vs. 2010/2011 predicted trajectory. Work continues to further decrease the number of Sharps and Needle stick Incidents.

HSMR: The 1 Year overall mortality rate is at 89.26 for March as displayed on NHS Choices website. A graphical representation of HSMR comparatives for Regional Hospitals can be seen on page 5. On page 5 there is also data extracted from the CHKS system in the format of a Funnel plot which plots the Expected deaths by the Index.

Appendix 2 is a paper on the rebase of the CHKS Risk Adjusted Mortality Index (RAMI) in the form of a letter sent by the CHKS.

Clinical Outcomes	Actual 2009/10	Target 2010/11	Monthly Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4	February	March
Hospital standardised mortality ratio (NHS Choices)	0	<80	<80	80.7	82.3	89.09	89.67	89.89	89.26
Smoking during pregnancy (Cumulative)	17.7%	17.7%	17.7%	17.0%	16.1%	16.1%	16.2%	16.3%	16.2%
Breast feeding initiation (Cumulative)	63.0%	63.0%	63.0%	63.5%	64.5%	64.6%	64.7%	64.4%	64.7%
Data quality on ethnic group (Cumulative)	91.7%	85.0%	85.0%	91.3%	91.1%	91.1%	91.5%	91.4%	91.5%

Exception Summary:

Breastfeeding initiation: Final performance for 2010/11 against the CQC indicator was 64.7% an increase on the previous year of 63%.

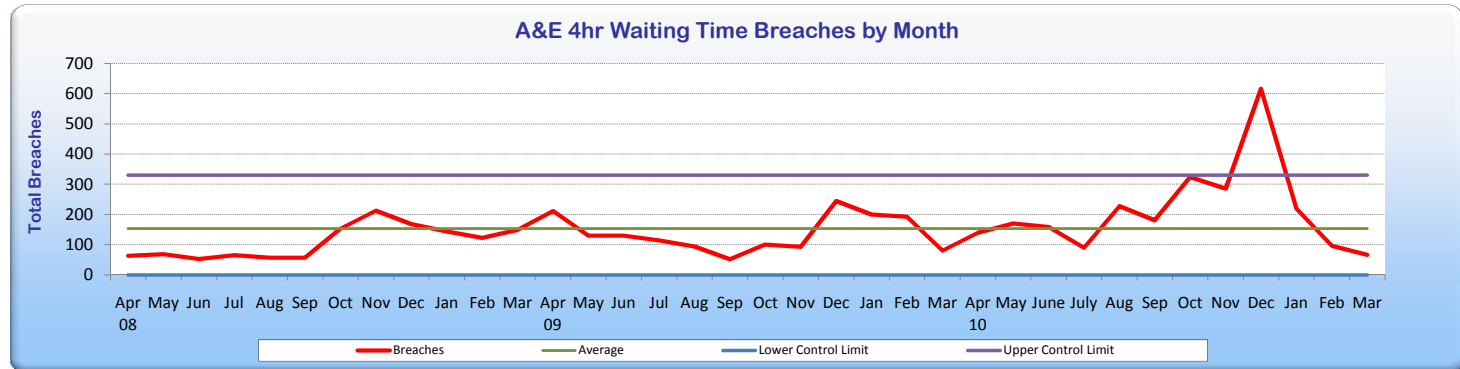
Smoking during pregnancy: Performance for year is 16.2% lower than the 2009/10 rate of 17.7% against the CQC indicator.

Delayed Discharges: During Quarter 4 there were 60 patients delayed and 1684 cumulative days delayed. The number of patients delayed has increased by 28 (89%) compared to Quarter 3 2010/11, and the cumulative days delayed has increased by 560 (50%) compared to Quarter 3 2010/11. The number of delays has also increased compared to Quarter 4 2009/10. This increase was anticipated due to the high level of emergency activity experienced in January 2011.

Cancelled Operations and 28 day breaches: There were 155 cancelled operations in Quarter 4, 38% up on the same time last year (112). During Quarter 4, 1 patient breached the standard of being re-admitted within 28 days; the breach occurred in Cardiothoracic Services and the patient was given the earliest date to come in for surgery.

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Clinical Effectiveness	Actual 2009/10	Target 2010/11	Monthly Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4	February	March
Compliance with national PROMS (hips, knees, varicose veins & hernia procedures)	87%	80%	80%	94% ●	98% ●	97% ●	98% ●	98% ●	99% ●
Number of complaints received	616	Not defined	Not defined	164	157	138	164	57	69
Total time in A&E	98.7%	98.0%	98.0%	98.6% ●	98.4% ●	96.2% ●	98.9% ●	99.1% ●	99.5% ●
Delayed transfers of care (Quarterly)	0.7%	minimal	minimal	0.8%	0.6%	0.6%	1.2%		
Waiting times for rapid access chest pain clinic (Quarterly)	100.0%	100.0%	100.0%	100.0% ●	100.0% ●	100.0% ●	100.0% ●		
Cancelled operations (Quarterly)	0.3%	0.8%	0.8%	0.3% ●	0.4% ●	0.2% ●	0.5% ●		
Those not admitted within 28 days (Quarterly)	2.0%	5.0%	5.0%	0.0% ●	1.8% ●	2.8% ●	0.6% ●		
Percentage patients who spend more than 90% of their time on stroke unit (Quarterly)	64.7%	80.0%	80.0%	88.2% ●	90.4% ●	82.2% ●	94.6% ●		
Percentage high risk TIA cases treated within 24 hours (Quarterly)	89%	60%	60%	94.1% ●	75.0% ●	100.0% ●	77.8% ●		
Choose and Book: Referrals	99%	95%	95%	100.0% ●	98.9% ●	98.9% ●	100.0% ●	100.0% ●	100.0% ●
Choose and Book: Appointments	99%	100%	100%	99.7% ●	99.7% ●	100.0% ●	100.0% ●	100.0% ●	100.0% ●
Choose and Book: Slot issues	7.7%	<4%	<4%	9.4% ●	4.1% ●	5.4% ●	6.7% ●	6.3% ●	10.1% ●



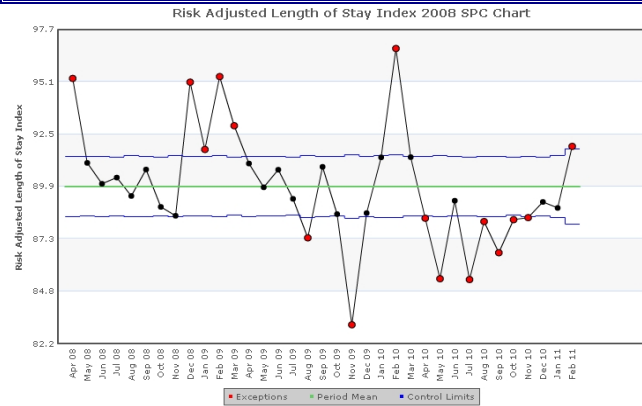
Clinical Effectiveness - Cancer Waiting Times	Quarter 4 2009/10	Target 2010/11	Monthly Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4	February	March
All cancers: 2 week wait	95.4%	93.0%	93.0%	96.5% ●	95.8% ●	95.2% ●		97.0% ●	
2 Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected) *	95.4%	93.0%	93.0%	99.0% ●	97.7% ●	96.8% ●		97.8% ●	
All cancers: 1 month diagnosis to first treatment	99.5%	96.0%	96.0%	99.1% ●	99.2% ●	99.5% ●		99.1% ●	
All cancers: 1 month diagnosis to subsequent treatment	98.3%	94.0%	94.0%	99.4% ●	99.5% ●	97.8% ●		100.0% ●	
All cancers: 2 month urgent referral to treatment	90.0%	85.0%	85.0%	89.8% ●	89.7% ●	88.5% ●		86.3% ●	
Percentage cancer patients treated within 62 days of consultant decision to upgrade priority status	94.4%	n/a	n/a	87.9%	87.8%	90.0%		0.0%	
Percentage patients referred from cancer screening service treated within 62 days	100.0%	90.0%	90.0%	97.7% ●	100.0% ●	95.8% ●		100.0% ●	

Note: Cancer target are reported one month in arrears due to the national data collection timetable

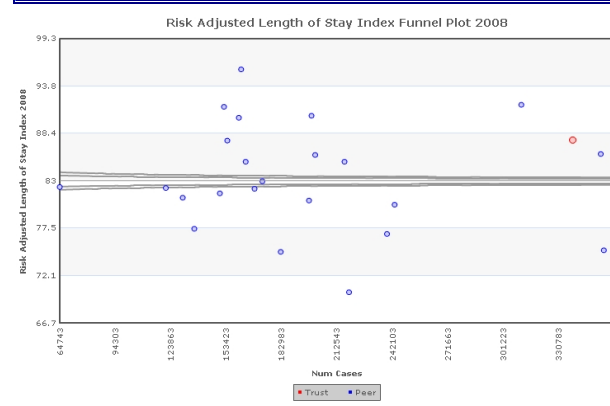
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Clinical Effectiveness - 18 weeks & diagnostics	Actual 2009/10	Target 2010/11	Monthly Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4	February	March
18 week RTT times: admitted patients	>90%	90%	90%	92.8% ●	93.1% ●	93.2% ●	94.0% ●	94.0% ●	93.9% ●
18 week RTT times: non-admitted patients	>95%	95%	95%	96.9% ●	96.6% ●	96.8% ●	97.0% ●	96.8% ●	97.1% ●
18 week RTT times: direct access Audiology	>95%	95%	95%	98.7% ●	97.9% ●	98.4% ●	99.2% ●	98.6% ●	99.5% ●
18 week RTT times: data completeness Admitted	90-110%	90-110%	90-110%	103.5% ●	93.9% ●	103.0% ●	104.5% ●	104.4% ●	104.7% ●
18 week RTT times: data completeness Non-Admitted	90-110%	90-110%	90-110%	94.9% ●	93.4% ●	95.2% ●	93.9% ●	92.5% ●	95.1% ●
Patients waiting more than 6 weeks for non-audiology diagnostic tests	0	0	0	0 ●	0 ●	0 ●	0 ●	0 ●	0 ●
Patients waiting more than 6 weeks for audiology tests	0	0	0	0 ●	0 ●	0 ●	0 ●	0 ●	0 ●

Trust Risk Adjusted Length of Stay (SPC)
April 2008 – January 2011 (Source: CHKS)



Trust Risk Adjusted Length of Stay (Funnel Chart)
Apr 2010-Dec 2010 Peer: Teaching Peers (Source: CHKS)



Exception Summary:

TIA: Performance against this target for high risk patients has been maintained again this quarter at 77.8% and the performance for 2010/11 is 91%, well above the 60% threshold.

Stroke: Performance has been maintained for quarter 4 at 94.6% and is 90.6% for 2010/11.

A&E 4 hour waiting time: A&E Performance all types for Quarter 4 – 98.9% (measured against CQC). A&E performance type 1 only for Quarter 4 – 99.2% (less clinical exceptions) against the North of Tyne Contract performance. All types A&E attendances during Quarter 4 2010/11 have increased by 3940 (13%) compared to the same period last year, with the most noticeable increase being in January, where attendances for all types A&E were up by 1769 (19%) compared to January 2009/10, which is an increase of 57 attendances on average per day. Across the main A&E and Minor Injury Unit at the RVU and the WIC there has been a real increase in attendances, most notably in March when the number of attendances increased by 35 on average per day compared to the same period last year. Performance improved significantly in Quarter 4. There were 381 breaches in total compared to 1226 in Quarter 3. Of those 381 breaches, 185 (49%) were Clinical Exceptions. The number of admissions through A&E following an A&E attendance increased by an average of 16 (33%) patients per day in Quarter 4 2010/11 compared to Quarter 4 2009/10.

Choose and Book: Overall slot issue performance has risen again this quarter to 6.71% overall, adjusted to 6.6% with specialized services removed. This is above the contracted level of 4%. Specialised Services slot issues were 7.7% for the quarter. The Trust is still constantly the top hospital in the country for successful bookings with just under 78,500 for the year an increase of 10,000 bookings over the same period last year. Slot issues continue to be monitored and actioned on a daily basis. All 333 published services are directly bookable.

Cancer Targets: All cancer targets have been maintained to February 2011. The 62 day target remains very challenging and variances continue within tumour groups.

18 weeks: All targets including data completeness, RTT national specialties and diagnostic targets have been maintained for the year 2010/11.

Average LOS: The CHKS Risk Adjusted Length of Stay (RALI) has increased slightly in February. This continues to show better than average RALI and although there were slight increases over the winter, the overall trend remains downward at Trust level. A more detailed report will be presented to the May Board to show the quarterly position for key specialties.

The funnel chart shows the most up to date Trust position in relation to teaching peers and remains above the expected limits showing some potential for improvement. The other Trusts with high numbers of cases shown in the proximity of the Trust have been identified as Sheffield, Leeds, Leicester and Nottingham.

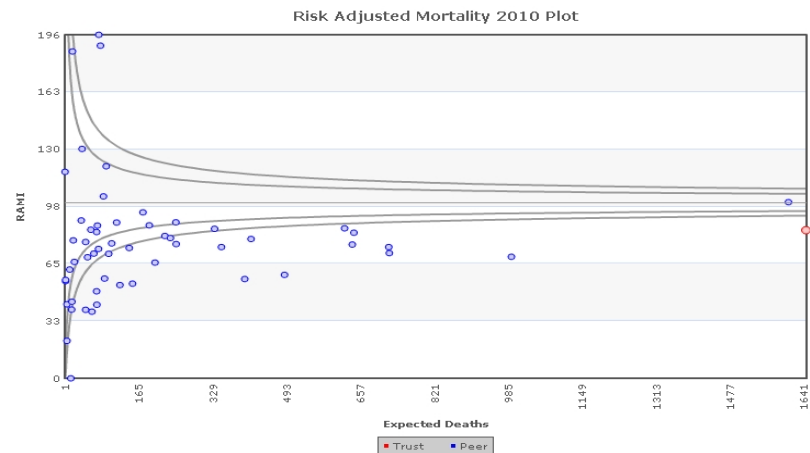
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Activity monitoring - Month on Month	Target 2010/11	Monthly Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4	February	March
Elective spells	35,795	2,983	7,128 ●	7,234 ●	7,075 ●	7,422 ●	2,395 ●	2,760 ●
Non-elective spells	63,263	5,272	16,914 ●	17,118 ●	17,414 ●	17,923 ●	5,590 ●	6,362 ●
Day Cases	82,396	6,866	22,854 ●	23,879 ●	23,736 ●	24,660 ●	7,805 ●	9,072 ●
Outpatient Procedures	29,497	2,458	21,306 ●	22,098 ●	23,192 ●	23,515 ●	7,201 ●	8,462 ●
New outpatients	232,273	19,356	60,297 ●	66,174 ●	62,307 ●	67,757 ●	21,257 ●	24,531 ●
Review outpatients	600,153	50,013	147,698 ●	146,508 ●	141,975 ●	158,430 ●	50,026 ●	56,863 ●

Activity monitoring - Cumulative	Target 2010/11	Cumulative Target	Cumulative Actual	Percentage Variance
Elective spells	35,795	35,795	28,859 ●	-19.4%
Non-elective spells	63,263	63,263	69,369 ●	9.7%
Day Cases	82,396	82,396	95,129 ●	15.5%
Outpatient Procedures	29,497	29,497	90,111 ●	205.5%
New outpatients	232,273	232,273	256,535 ●	10.4%
Review outpatients	600,153	600,153	594,611 ●	-0.9%

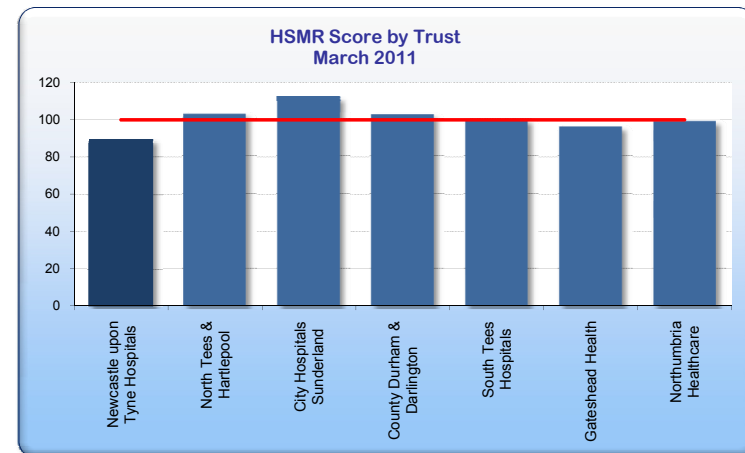
Exception Summary:

Activity: Cumulative activity for the year against the plan figures shows elective spells were below plan (-19.4%), non-elective spells (9.7%), day cases (15.5%) and new outpatients (10.4%) showed an over performance, whilst review outpatients were slightly below plan (-0.9%), however outpatient procedures were significantly above plan.



Risk Adjusted Mortality Index (RAMI) Apr-Feb 2010/11	Observed	Expected	Index	Peer Index
1,533	1,533	1,773	86	79

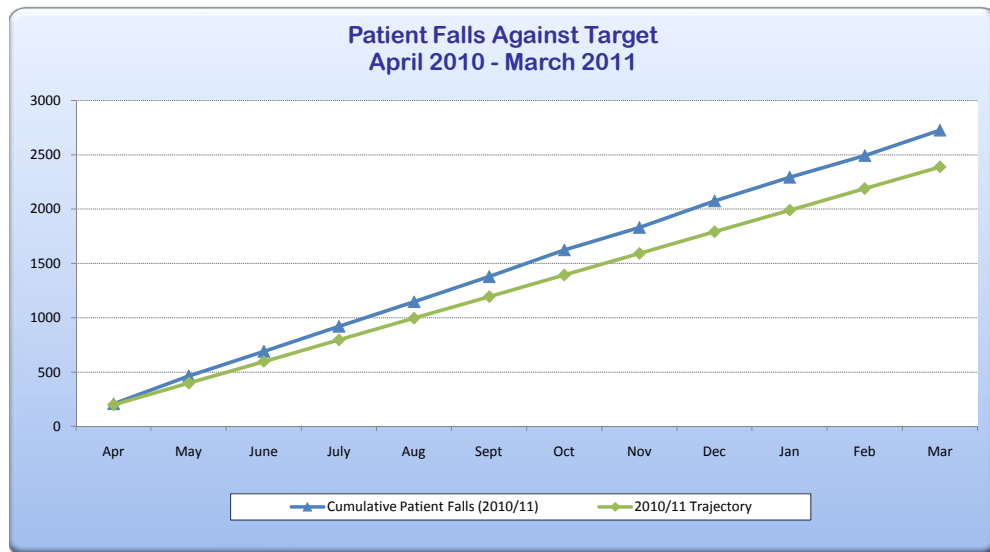
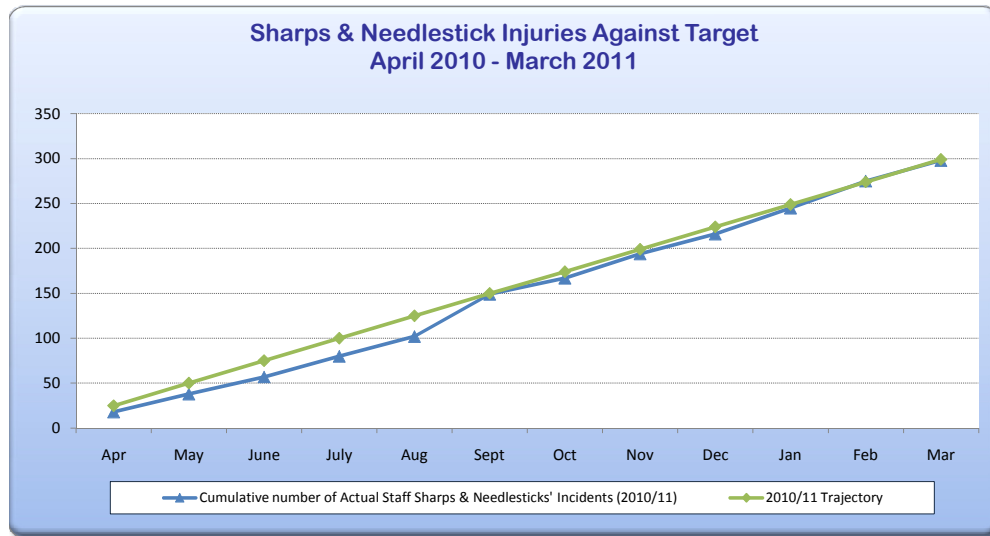
Source: CHKS



source: NHS Choices

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Appendix 1



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Appendix 2

RAMI 2011 – the rebase of the CHKS Risk Adjusted Mortality Index (RAMI)

Dear CHKS *live* user

RAMI 2011 – the rebase of the CHKS Risk Adjusted Mortality Index (RAMI)

In the first quarter of 2011 we recalibrated the baseline for the Risk Adjusted Mortality Index (RAMI). On 1st April 2011 we made this newly created indicator available upon request for CHKS*live*. It will appear as Risk Adjusted Mortality Index 2011 (RAMI 2011).

The previous version of the RAMI indicator will still be available on CHKS *live* for trend and baseline analysis.

What do we do when we recalibrate and create RAMI 2011?

We recreate the database norms that are applied to the data. What this means is, for example:

We look at the HRG, primary diagnosis, secondary diagnosis, primary procedure and other procedure codes that we use in the tables. (These are the codes which ultimately affect the risk scores for each patient)

For each code, we recreate the relative risks for all of the variables in the model. These risks may have changed since the last time the relative risks were created (i.e. in the last RAMI model)

We also look at the relative risks for age, sex, hospital type and method of admission and take account of any changes

We take palliative care patients out of the model (coded as Z515)

We remove patients with a very small risk of dying (see online definitions)

We reset the average index for all patients to 100

What effect could all this have on RAMI scores?

Over time, the norm of 100 decreases hence the need to recalibrate and bring it back to 100. This rebase shows an average increase of 19 points so Trusts are likely to observe a step increase in their index score and this should not be interpreted as a shift in performance.

Reasons for significant shifts in index scores can relate to changes in coding and clinical practice, and the new methodology for coding palliative care/end of life care patients

The review and recreation of the relative risks for the variables can affect the individual risk scores

This can in turn affect the number of expected deaths

This can impact upon the individual Trust index score when:

$$\frac{\text{Observed deaths}}{\text{Expected deaths}} \times 100 = \text{RAMI score}$$

Where do I go if I have any questions?

If any of this process is unclear, you can access the online help text, contact your CHKS Consultant or Business Manager for further support or explanation.