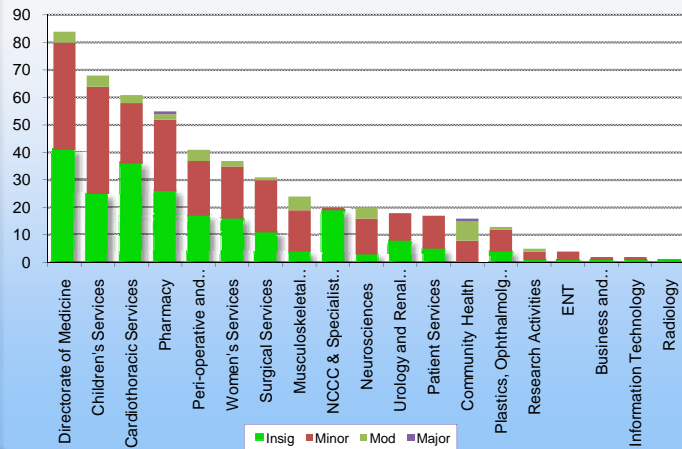


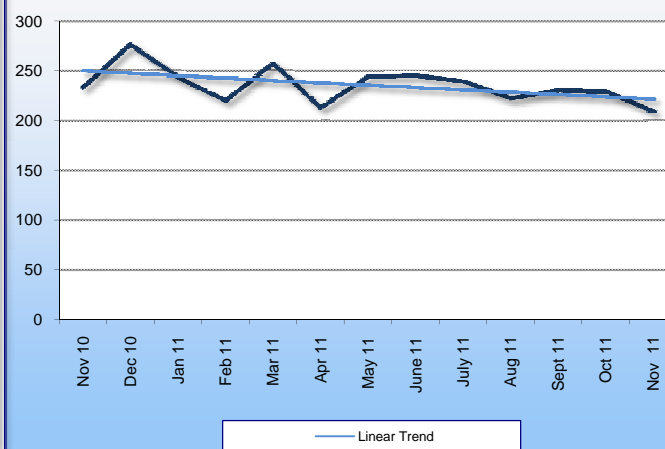
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Safety	Actual 2010/11	Target 2011/12	Monthly Target	Quarter 1	Quarter 2	September	October	November
Slip, trip and fall - patient (Datix)	3,014	2,713	226	702 ●	691 ●	230 ●	229 ●	209 ●
Slip, trip and fall - visitor and staff (Datix)	281	Not defined	Not defined	56	60	20	20	15
Fall from height - patient (Datix)	580	Not defined	Not defined	105	83	29	34	26
Fall from height - visitor and staff (Datix)	30	Not defined	Not defined	1	4	1	1	1
Sharps and needlestick injuries (Datix)	314	283	24	75 ●	84 ●	31 ●	32 ●	30 ●
Hospital acquired pressure ulcers grade 2 or above	Not available	Not defined	Not defined	229	180	57	78	51
Hospital acquired pressure ulcers that have deteriorated	Not available	Not defined	Not defined	143	104	31	42	39
Community acquired pressure ulcers grade 2 or above	Not available	Not defined	Not defined	206	263	82	86	76
Community acquired pressure ulcers that have deteriorated	Not available	Not defined	Not defined	13	30	8	11	6
Medication: Total number of incidents	974	Not defined	Not defined	210	232	85	81	69
Total number of incidents reported (Datix)	13,647	Not defined	Not defined	3,727	3,639	1,184	1,280	1,105
Total number of CNST claims	130	Not defined	Not defined	27	28	8	14	13
Number of radiation incidents reported to HSE and CQC	4	Not defined	Not defined	2	0	0	4	0
Number of staff achieving a pass in falls training	4,055	Not defined	Not defined	444	345	86	116	98
Never Event	Not available	0	0	1 ●	0 ●	0 ●	1 ●	0 ●

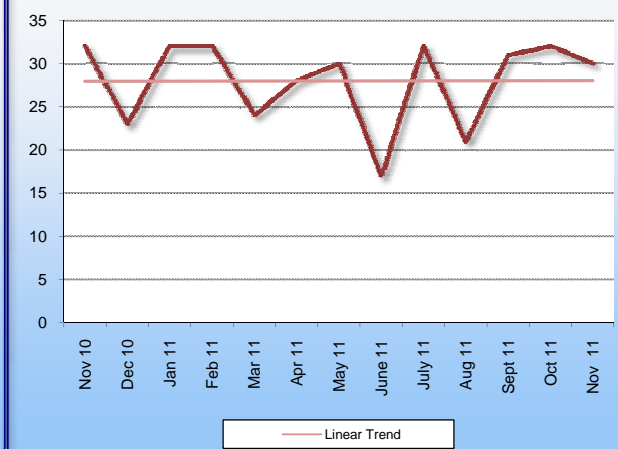
**Medication Incidents
November 2011**



**Patient Falls
November 2010 - November 2011**



**Sharps & Needlesticks
November 2010 - November 2011**



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Serious Untoward Incident (SUI)	Actual 2010/11	% reported within 24hrs	% response within 60 days	Quarter 1	Quarter 2	September	October	November
General	23	100% ●	Ongoing ●	3	5	0	4	3
HCAI	24	100% ●	Ongoing ●	2	1	1	1	4
Information Governance	2	100% ●	Ongoing ●	1	1	0	0	0

Never Events	Actual 2010/11	Target 2011/12	Monthly Target	Quarter 1	Quarter 2	September	October	November
Surgical	Not available	0	0	1 ●	0 ●	0 ●	1 ●	0 ●
Medication events	Not available	0	0	0 ●	0 ●	0 ●	0 ●	0 ●
Mental health	Not available	0	0	0 ●	0 ●	0 ●	0 ●	0 ●
General healthcare	Not available	0	0	0 ●	0 ●	0 ●	0 ●	0 ●
Maternity	Not available	0	0	0 ●	0 ●	0 ●	0 ●	0 ●

Details of each SUI reported during November:

General - There were three incidents. 1. Maternal death due to Subarachnoid Haemorrhage. 2. Medication error, which resulted in no patient harm. 3. Delayed report on Chest XRay.

HCAI - There were four incidents. C. Diff death was reported on part 2 of two death certificates, and on part one of another. There was also an incident in relation to broncoscope cross infection due to possible decontamination failure.

Information Governance - None

Exception Summary:

Safety:

The number of patient falls incidents reported this month is within target at 209. Work continues across the organisation to embed falls prevention strategies.

Sharps incidents has reduced slightly to 30 this month, however this is still above trajectory. The planned trust wide audit due to be undertaken in November has been carried out with results currently being collated.

Work continues in relation to pressure ulcers and there has been a reduction this month in the number of incidents reported.

There have been 69 medication incidents reported in November which is a reduction in the number of incidents reported in the previous month. One incident this month is graded as major and is in relation to inaccessibility of drug (Alteplase) from high dependency clinical areas. This drug is now being considered for inclusion in the blue drug box for all arrest calls.

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Clinical Outcomes	Actual 2010/11	Target 2011/12	Monthly Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
SHMI	Not defined	Not defined	Not defined	Not defined	0.94	Available Jan 2012		
CHKS RAMI	Not defined	Not defined	Not defined	92	82	Not available		

Clinical Effectiveness	Actual 2010/11	Target 2011/12	Monthly Target	Quarter 1	Quarter 2	September	October	November
Compliance with national PROMS (hips, knees, varicose veins & hernia procedures) response rate	87%	80%	80%	96.0% ●	96.0% ●	91.0% ●	95.0% ●	93.0% ●
Number of complaints received	633	Not defined	Not defined	154	148	50	54	60
NICE guidelines (non-compliant)	Not defined	Not defined	Not defined	Not defined	34	34	35	33
NCEPOD (non-compliant)	Not defined	Not defined	Not defined	Not defined	5	5	5	5
National Clinical Audit identified in 2010/2011 Quality Account - results awaited	Not defined	Not defined	Not defined	Not defined	7	7	6	4

Exception Summary

SHMI: The next SHMI report will be published in January 2012. There may be some slight alteration in the methodology to the next report, we are awaiting confirmation. However SHMI will still continue to include palliative care patients in their reports unlike HSMR methodology which makes an adjustment for patients coded under palliative care. This is why the two measures may differ for the same organisation. The chart below shows these differences (source: dr foster intelligence).

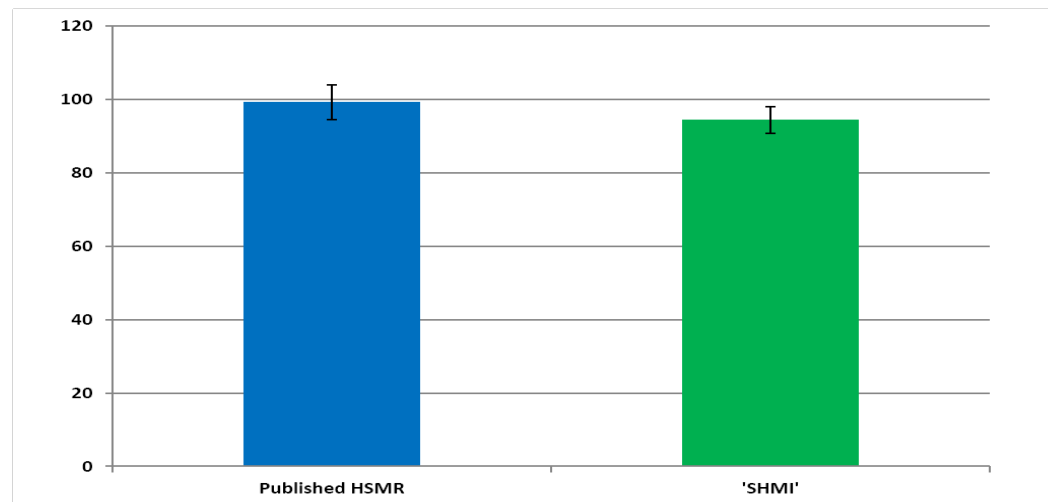
CHKS RAMI: Quarter one saw us at 92 against a peer score of 87, Quarter two has seen us at 82 against a peer score of 85.

NICE: Two Public Health Guidance documents previously reported as Moderate risk to the Trust (PHI 33 Increasing the uptake of HIV testing to reduce undiagnosed infection and prevent transmission among Black African communities and PHI 34 Increasing the uptake of HIV testing to reduce undiagnosed infection and prevent transmission among men who have sex with men) are now compliant.

NCEPOD: The issue of non-compliance is being examined by the Trust NCEPOD Ambassador and Cgard.

National Clinical Audit: A further two National Audits have reported their findings: Paediatric Pneumonia, which was found to be compliant and National Joint Registry (Hip, Knee and Ankle replacements), which requires further work to be undertaken in the form of development of guidelines to prevent the failing of joints. This leaves four National audits still to report including: COPD, Coronary angioplasty, Heart failure and Adult Critical Care.

SHMI compared with HSMR for 2010/11



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CQUIN Indicators - North of Tyne (Newcastle upon Tyne Hospitals)	Proposed 2011/12 (%)	Estimated Financial Amount	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
NM1: National Goal to reduce avoidable death, disability & chronic ill health from VTE	0.25%	£ 1,022,950	●	●			
NM2: National Patient Experience Indicator	0.03%	£ 102,295	Annual ●	Annual ●			
RS1: Adoption & compliance with completion of LCP	0.25%	£ 1,022,950	●	●			
LS5: Sexual Health	0.23%	£ 920,655	●	●			
LS7: Development of a more integrated approach to stop smoking interventions	0.15%	£ 613,770	●	●			
RS4: Coding learning disabilities	0.10%	£ 409,180	●	●			
RS4ii: Learning disability pathways	0.25%	£ 1,022,950	●	●			
RS21: Early Warning Score	0.25%	£ 1,022,950	●	●			
CQUIN Indicators - North of Tyne (Community)	Proposed 2011/12 (%)	Estimated Financial Amount	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
NM1: National Goal to reduce avoidable death, disability & chronic ill health from VTE	0.20%	£ 78,667	●	●			
NM2: National Patient Experience Indicator	0.10%	£ 39,333	●	●			
LS3: Waiting time to see AHP	0.50%	£ 196,667	●	●			
RS1: % of palliative care patients on community services case load with advanced care plan	0.25%	£ 98,333	●	●			
RS2: % of adult patients near to death on caseload on Liverpool Care Pathway	0.20%	£ 78,667	●	●			
LSC7: Development of an integrated approach to stop smoking	0.25%	£ 98,333	●	●			
CQUIN Indicators - North East Specialised Commissioning	Proposed 2011/12 (%)	Estimated Financial Amount	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
SCGN1: National Goal to reduce avoidable death, disability & chronic ill health from VTE	7.50%	£ 68,625	●	●			
SCGN2: National Patient Experience Indicator	7.50%	£ 68,625	Annual ●	Annual ●			
SCG11.3: Immunoglobulin efficient Prescribing	22.50%	£ 205,875	●	●			
SCG11.5a: HIV / AIDS Hepatitis B Vaccination	22.50%	£ 205,875	●	●			
SCG11.5b: HIV / AIDS CV assessment / referral	22.50%	£ 205,875	●	●			
SCG11.6a: Renal - Home therapies	22.50%	£ 205,875	●	●			
SCG11.8: Allocation & Handover of Powered Wheelchairs	22.50%	£ 205,875	●	●			
SCG13.8: Neurosciences - Choose & Book	22.50%	£ 205,875	●	●			

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CQUIN Exception Summary:

Q2 Data Submission :

Q2 official feedback from the North East Specialised Commissioners indicates achievement with the exception of Allocation & Handover of powered wheelchairs which received partial payment, the HIV and Renal indicators also achieved partial payment however this can be reconciled at year end. We did not receive any payment for the Neurosciences Choose and Book indicator. Results of the North of Tyne submission, show payment for all indicators apart from the National Patient Experience Indicator which is an Annual Indicator, due to be published next year. Work is currently underway in collating Q3 data.