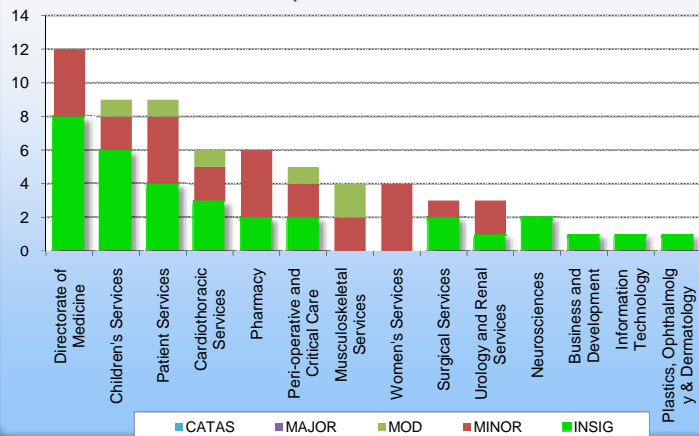


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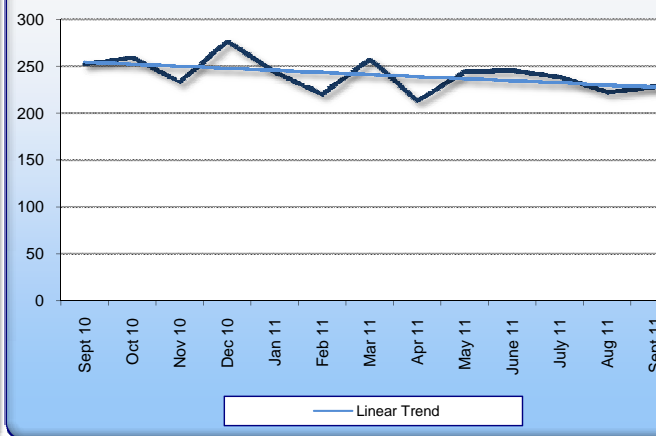
Quality Account September 2011

Safety	Actual 2010/11	Target 2011/12	Monthly Target	Quarter 1	Quarter 2	July	August	September
Slip, trip and fall - patient (Datix)	3,014	2,713	226	702 ●	688 ●	238 ●	222 ●	228 ●
Slip, trip and fall - visitor and staff (Datix)	281	Not defined	Not defined	52	62	24	17	21
Fall from height - patient (Datix)	580	Not defined	Not defined	105	81	25	27	29
Fall from height - visitor and staff (Datix)	30	Not defined	Not defined	2	5	3	1	1
Sharps and needlestick injuries (Datix)	314	283	24	75 ●	84 ●	32 ●	22 ●	30 ●
Hospital acquired pressure ulcers grade 2 or above	Not available	Not defined	Not defined	224	182	71	48	58
Hospital acquired pressure ulcers that have deteriorated	Not available	Not defined	Not defined	143	104	37	32	31
Community acquired pressure ulcers grade 2 or above	Not available	Not defined	Not defined	206	257	79	95	77
Community acquired pressure ulcers that have deteriorated	Not available	Not defined	Not defined	13	29	15	4	7
Medication: Total number of incidents	974	Not defined	Not defined	210	230	82	66	82
Total number of incidents reported (Datix)	13,647	Not defined	Not defined	3,724	3,597	1,290	1,162	1,145
Total number of CNST claims	130	Not defined	Not defined	27	20	8	12	8
Number of radiation incidents reported to HSE and CQC	4	Not defined	Not defined	2	2	0	2	0
Number of staff achieving a pass in falls training	4,055	Not defined	Not defined	444	345	144	115	86
Never Event (severe)	Not available	0	0	1 ●	0 ●	0 ●	0 ●	0 ●
Never Event (near miss)	Not available	0	0	0 ●	0 ●	0 ●	0 ●	0 ●

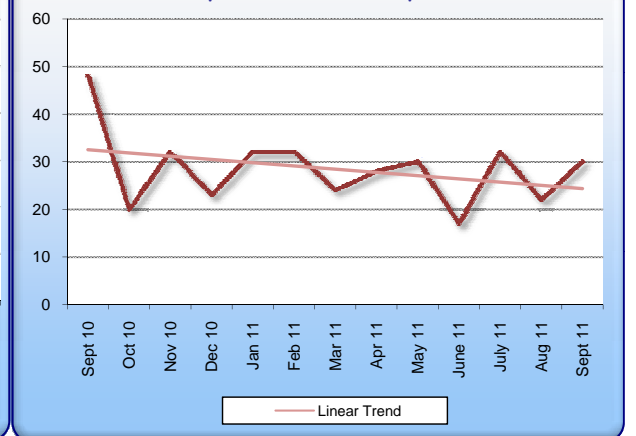
**Medication Incidents
September 2011**



**Patient Falls
September 2010 - September 2011**



**Sharps & Needlesticks
September 2010 - September 2011**



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

Never Events	Actual 2010/11	Target 2011/12	Monthly Target	Quarter 1	Quarter 2	July	August	September
Surgical	Not available	0	0	1 ●	0 ●	0 ●	0 ●	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 September:

General - None

HCAI - C.Diff death reported on part 2 of a death certificate.

Information Governance - None

Exception Summary:

Safety:

The number of patient falls incidents reported this month is 228, which is above the monthly target. Work continues to embed Trust strategies in clinical practice and the overall trend is downward.

Sharps incidents have increased to 30 this month, work continues following a prevention of sharps injuries launch of safety devices in August, the overall trend is downward.

The number of hospital acquired pressure ulcers has risen in September compared to August however the incidence is lower than earlier in the year.

There have been 82 medication incidents reported in September, none of which were graded as major or above. A review of data has shown that 44% of medication incidents were reported as administration or supply of medication errors in clinical areas. Of these 25% were attributed to medicine not administered/missed. Work continues following medication awareness week in September 2011.

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Clinical Outcomes	Actual 2010/11	Target 2011/12	Monthly Target	Quarter 1	Quarter 2	July	August	September
Hospital standardised mortality ratio (NHS Choices)	0	<80	<80	89.5 ●	266.2 ●	88.0 ●	88.9 ●	88.9 ●
CHKS RAMI				85 ●		77 ●	Not available	Not available

Clinical Effectiveness	Actual 2010/11	Target 2011/12	Monthly Target	Quarter 1	Quarter 2	July	August	September
Compliance with national PROMS (hips, knees, varicose veins & hernia procedures) response rate	87%	80%	80%	96.0% ●	96.0% ●	98.0% ●	98.0% ●	91.0% ●
Number of complaints received	633	Not defined	Not defined	154	148	52	46	50
NICE guidelines (non-compliant)	Not defined	Not defined	Not defined	Not defined	34	32	33	34
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	7	7

Exception Summary

NCEPOD: There are five reports with recommendations outstanding: one risk (acute kidney - action plan developed with audit to be undertaken) is ranked as high risk (red) four risks are ranked as moderate risk (amber). In addition, there are three NCEPOD studies which are yet to report recommendations.

NICE: There are 34 guidelines which are non-compliant: four guidelines (CG 119 Diabetic foot problems, CG 90 and 91 Depression and CG 94 Unstable angina and NSTEMI) are ranked as high risk (red) actions plans are developed for all but diabetic foot which is under development, fourteen guidelines are ranked as moderate risk (amber).

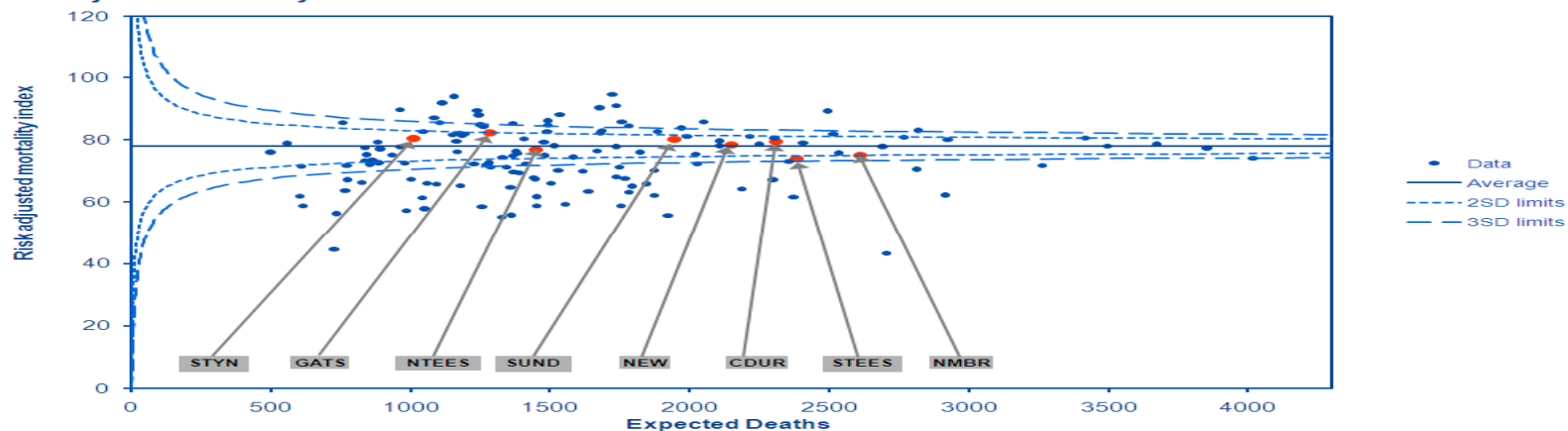
AUDIT: Of the 45 National Clinical Audits which the Trust reported as having participated in during 2010/11 in its annual report there remain seven National Audits which have still not reported their findings. The seven audits include: Paediatric pneumonia, Paediatric intensive care, COPD, Hip, knee and ankle replacements, Coronary angioplasty, Heart Failure and Adult critical care.

HSMR: The 1 Year overall mortality rate remains unchanged at 88.9 for September as displayed on NHS Choices website, this is the last month that this data will be reported as the new methodology for gathering and collating this data nationally will be SHMI - Standardised Hospital Mortality Index.

SHMI is a new hospital-level indicator that sets the standard for reporting mortality at hospital level across the NHS and will be published quarterly on the NHS Information Centre and NHS Choices websites. This is due to go live on the 27th October 2011. At present individual organisations have restricted access to their data. NuTH score for April 2010- March 2011 is 0.94, we are unable to compare this to other organisations until the 27th October, although it is reported as "within expected range". The mortality indicator is a three year data set to create the risk adjusted model and includes all patients (except day cases) who have died in hospital or within 30 days post discharge from hospital.

RAMI July result was favourable at 77 as against peer result of 85, however Q1 index was 85 against peer score of 84. Below is a graphical representation of Risk Adjusted Mortality for Regional Acute Trusts April 2010-March 2011 demonstrating NuTH(New) and other Trusts in the region are below +3SD Limit. A CHKS report entitled "CHKS: Review of Mortality across the Health Economy Report 10 April 2010- March 2011, is being attached as an additional paper for information.

Risk Adjusted Mortality - Acute Trusts



Source: HES April 2010 - March 2011

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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	●	Results Available Dec 2011			
NM2: National Patient Experience Indicator	0.03%	£ 102,295	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	●	Results Available Dec 2011			
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	●	Results Available Dec 2011			
SCGN2: National Patient Experience Indicator	7.50%	£ 68,625	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 :

All Q2 (July, August September) data is to be submitted on October 31st to North of Tyne and North East Specialised Commissioners. Results for Q2 submission will be available from December 14th 2011.

2012/2013 CQUIN Indicators

The Trust have been approached by the SHA to assist in the development of the of the 2012/13 Commissioning for Quality and Innovation (CQUIN) Scheme. PCT clusters have been working with the SHA on a timetable for next year's commissioning round, beginning the process as early as possible, in order to optimise the outcomes and maximise the likelihood of full agreement and sign off of contracts by 16 March 2011. To that end the SHA have canvassed views of North East clinical groups (Safer Care North East, Better Health Fairer Health and Clinical Networks) for their proposals. The subject has also been discussed between providers and commissioners at locality meetings. They now seek suggestions from providers for consideration in a prioritisation exercise both locally and across the clusters for possible inclusion in the 2012/13 CQUIN schemes. They are aiming to start the regional prioritisation process in late October and have meetings scheduled to undertake this with a view to completion by 17 November. Goals/Indicators that we have undertaken this year and are being considered for continuation next year for the Trust include; National goal to reduce avoidable death, disability and chronic ill health from VTE Risk assessment, National Patient Experience indicator and Early Warning Score (with development). There is a proposal that the Adoption & Compliance with Liverpool Care Pathway work be stopped as its potential will be fully achieved.

Goals/Indicators that we have undertaken this year and are being considered for continuation next year for the Community include; National goal to reduce avoidable death, disability and chronic ill health from VTE Risk assessment, Patient Experience indicator, Palliative Care - Advanced Care Plan, Adoption & Compliance with LCP, Development of a more integrated approach to "stop smoking" intervention (possible with Public Health Input) and Waiting Times for Therapy Services.

We are currently developing proposals for consideration for the following: MEWS, Advanced Care Planning in the Community, Shared Decision Making and TARN.