

REPORT TO TRUST BOARD December 2014

Paper Title:	Risk and Compliance report for Board incorporating: 1. Board Assurance Framework 2. External assurances including the CQC Intelligent Monitoring Report
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Purpose:	To update the Board about compliance activity/risks and related developments occurring across the Trust and provide assurance about the management of risk.
Action required by the committee:	To note the report
Document previously considered by:	Quality and Risk Committee (QRC)
Executive summary	
Key Messages Board Assurance Framework (BAF): <ul style="list-style-type: none"> • The most significant risks on the BAF are detailed. • Four new risks have been included which supersede one extreme risk (now closed) regarding capacity: these four new risks identifying each separate aspect of the organisational risk of insufficient capacity. External Assurances including the CQC Intelligent Monitoring Report: <ul style="list-style-type: none"> • External assurances received during the period are detailed within the report, with no significant issues identified • The Care Quality Commission Intelligent Monitoring report, published on 4th December is included and assurance regarding the newly identified risks included in the report. 	
Risks The most significant risks on the Board Assurance Framework are detailed within the report.	
Related Corporate Objective: <i>Reference to corporate objective that this paper refers to.</i>	All
Related CQC Standard: <i>Reference to CQC standard that this paper refers to.</i>	All 16 core Essential Standards of Quality and Safety
Equality Impact Assessment (EIA): Has an EIA been carried out? Yes If yes, please provide a summary of the key findings	

1. Risks - Board Assurance Framework (BAF):

This report identifies the extreme risks on the BAF with the details of the most significant risks provided in Table 1. An executive overview of the BAF is included at Appendix 1. The rating is prior to controls being applied to the risk. Risks are reduced once there is evidence that controls are effective.

Table one: highest rated risks

Ref	Description	C	L	Rating ↓↑
3.2-05	The Trust does not deliver its cost reduction programme objectives	5	5	25 →
01-12	Bed capacity may not be sufficient for the Trust to meet demands from activity, negatively affecting quality, throughout the year.	5	4	20 new
01-13	Theatre capacity may not be sufficient for the Trust to meet demands from activity, negatively affecting quality, throughout the year.	5	4	20 new
01-14	Staffing to support capacity may not be sufficient for the Trust to open the increased bed, critical care and theatre capacity and to meet demands from activity, negatively affecting quality, throughout the year.	5	4	20 new
01-15	Critical care capacity may not be sufficient for the Trust to meet demands from activity, negatively affecting quality, throughout the year.	5	4	20 new
01-07	Risk to patient safety and experience as a result of potential Trist failure to meet 95% Emergency Access Standard	4	4	16 →
A513	Failure to achieve the National HCAI targets	4	4	16 →
02-02	Risk of diminished quality of patient care as a result of Cost Improvement Programmes (CIPs)	4	4	16 →
A410-02	Failure to sustain the Trust response rate to complaints	4	4	16 →
3.3-05	The Trust faces higher than expected costs	4	4	16 →
03-01	Ability to demonstrate compliance with Regulatory Reform (Fire Safety) Order 2005	4	4	16 →
03-02	Failure to demonstrate full Estates compliance	4	4	16 →
03-03	Ability to deliver capital programme and maintenance activity within required timeframes	4	4	16 →
01-08	Risk to patient safety due to inconsistent processes and procedures for the follow up of diagnostic test results	4	4	16 →
3.7-06	Failure to meet the minimum requirements of the NTDA Accountability Framework: Quality Indicators/Access Metrics.	4	4	16 →

1.1 New risks proposed for inclusion

There have been no newly identified risks on the BAF during the reporting period; however one extreme risk has now been separated into four risks to more accurately capture the nature of each aspect of this overarching risk. The controls are included at Appendix 2.

Table two: new risks

Ref	Description	Source	C	L	Rating	Exec
01-12	Bed capacity may not be sufficient for the Trust to meet demands from activity, negatively affecting quality, throughout the year.	Previous capacity risk reviewed and aspects of risk separated to better reflect risks and	5	4	20	MW
01-13	Theatre capacity may not be sufficient for the Trust to meet demands from activity, negatively affecting quality, throughout the year.		5	4	20	MW
01-14	Staffing to support capacity may not be sufficient for the Trust to open the increased bed, critical care and		5	4	20	MW

	theatre capacity and to meet demands from activity, negatively affecting quality, throughout the year.	controls				
01-15	Critical care capacity may not be sufficient for the Trust to meet demands from activity, negatively affecting quality, throughout the year.		5	4	20	MW

1.1 Summary of risks by score and domain

Figures one and two demonstrate there are 21 extreme risks on the BAF (a score of 15 or above) which equates to 39% of the total risks. Of these, 17 sit within the domains of Quality and Regulation and Compliance. Of the total risks on the BAF 35% relate to the Finance and Operations and 35% to Quality.

Fig 1: BAF Risks by Score

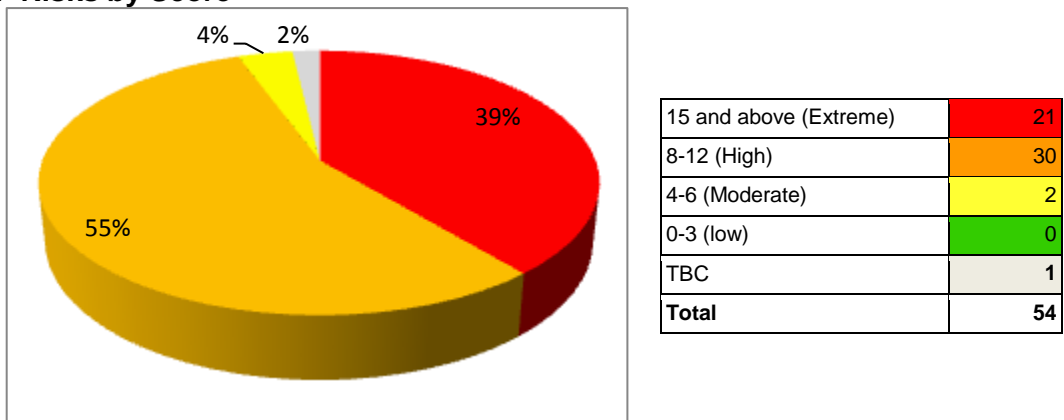


Fig 2: BAF Risks by Domain

	Extreme	High	Moderate	Low	TBC	Total
1. Quality	10	8	0	0	1	19
2. Finance & Operations	4	15	0	0	0	19
3. Regulation & Compliance	7	1	1	0	0	9
4. Strategy Transformation & Development	0	3	0	0	0	3
5. Workforce	0	3	1	0	0	4
Total	21	30	2	0	1	54

1.2 Changes to risk scores

There have been no changes to risk scores during the reporting period.

1.3 Closed risks

There have been two risks closed during the reporting period, due to these having been superseded by four new risks:

Table three: closed risks

Ref	Description	Rating	Rationale
A602.1-O1	Pressures on internal capacity may result in the Trust being unable to meet demands from activity, negatively affecting quality, throughout the year.	20	Superseded by four new risks which encompass ICU capacity also.
A411-01	Insufficient ICU capacity to handle an increasing workload	15	

2. Assurance Map

The Trust Assurance Map is a schedule of all external visits, inspections and reporting which captures on-going actions in response to external reviews and those underway to prepare for forthcoming visits. The assurances received from these external inspections help inform the board as to continued compliance with regulatory requirements including Care Quality Commission Essential Standards of Quality and Safety. The following section provides a summary of all external visits and inspections during the reporting period.

2.1 Care Quality Commission (CQC)

2.1.1 CQC Intelligent Monitoring Report – November 2014

The CQC published its most recent intelligent monitoring report on 1st December 2014. The report shows a reduction in the overall number of risks as compared to the previous report, (July 2014) and highlights two elevated risks and three risks. The assurances related to each risk identified in the report were presented to the Board in November. A summary of the risks and assurances provided is provided in table four below and the full intelligent monitoring report is included at appendix 3:

Table four: St. Georges CQC Intelligent Monitoring Report Risks: October 2014

Level of Risk	Indicator	Assurance/Actions on-going
Elevated Risk	Emergency readmissions with an overnight stay following an elective admission (01/04/2013 – 31/03/2014)	Using Dr Foster reported data: Re-admissions Month Trend - our re-admission profile by month from Aug-13 to May-14 shows our re-admission rate as having a high elevated risk from Oct-13 to Feb-14. However, from March onwards this has reduced back to within expected range and for April and May our re-admissions are below that of the national average which is positive and should lead to the risk being re-evaluated. This data is monitored via the performance team and any alert raising significant concern is escalated through performance reporting.
Elevated Risk	The proportion of cases assessed as achieving compliance with all nine standards of care measured within the National Hip Fracture data base (01/01/2013 – 31/12/2013)	Standards with which the Trust is not compliant in this most recent audit (Dec 2013): <ol style="list-style-type: none"> 1. Admission to Orthopaedic ward within 4 hours 2. Surgery on day of admission 3. Senior geriatric review within 72 hours of admission 4. Bone health medication assessment performed An action plan is in place to address each standard which is overseen by the Care Group Lead and General Manager and is monitored by the Care Group Governance Meeting.
Risk	Incidence of Methicillin-resistant Staphylococcus aureus (MRSA) (01-Aug-13 to 31-Jul-14)	The Trust has now reported 3 MRSA bacteraemia cases to the end of October. This is currently an extreme risk on the BAF: A513-01 and detailed assurance is provided to the Board through the Quality report.
Risk	In-hospital mortality – trauma and orthopaedic conditions (01/04/2012 – 18/06/2014).	The trust monitors mortality across all procedure and diagnosis groups and this routine internal benchmarking has identified a signal in the CCS diagnosis group 'crushing injury or internal injury'. This represents 8 deaths over a 12 month period (June 2013 – May 2014). Following discussion at the Mortality Monitoring Committee (MMC) on 17th September an investigation is currently underway which includes review of each case and examination of clinical coding. The outcome of

		this investigation will be reported to the MMC for discussion and identification of learning as appropriate. There are currently no other alerts related to either trauma or orthopaedics.
Risk	NHS Staff Survey - KF10. The proportion of staff receiving health and safety training in last 12 months (01-Sep-13 to 31-Dec-13)	As recorded on the Trust 'Wired' system: H&S compliance is currently 88% and the Trust standard is to achieve 85% compliance. It is possible this has been identified as a risk is due to the difficulty we have (in common with many other Trusts) that the Staff Survey question asks about annual training, whereas the requirement is to complete H&S training every 3 years.

2.2 Care Quality Commission mortality outlier alert for acute myocardial infarction

Analysis performed by the Care Quality Commission previously indicated significantly high mortality rates for acute myocardial infarction and in July 2014 the CQC wrote to the Trust to advise that this outlier alert had been passed to the Trust's local inspection team who would follow up on progress with implementing the planned actions in order to be certain that the high mortality rates in this area had been recognised, explanations explored and appropriate actions taken by the trust in a timely manner to ensure the future safety of patients.

The inspection team has now confirmed that they are satisfied that sufficient action has been taken to reduce the risks to patients in relation to issues identified by our review of the alert. As a result, this outlier case has now been closed.

2.3 Care Quality Commission – Compliance Action plan update

There is an on-going action plan to address the two identified issues of non-compliance during the CQC inspection in February 2014 (mandatory actions). All actions on the compliance action plan have now been completed, however monitoring the effectiveness these actions will continue. The action plan is due to be presented to the Commissioners and the NTDA at a quarterly review meeting in January 2015, alongside the improvement action plan to address issues where the CQC recommended action be considered (non-mandatory actions). Good progress is being made against the improvement plan.

2.4 Summary of external assurance and third party inspections Dec 2014

The full Trust Assurance Map is presented to the Quality and Risk Committee bi-monthly for monitoring and scrutiny. The QRC seeks assurance, on behalf of the Trust Board, around the progress and appropriateness of actions in place to address any issues of non-conformities identified through an external or third party inspection or peer review. A summary of the findings of external inspections is presented here to the Board and, by exception, any significant risks arising out of external inspections identified by QRC will also be included.

2.4.1 Major Trauma Dashboard – Q2 2014/15

The Trust has now received its Quarter 2 2014/15 Major Trauma Centre dashboard final report and no major concerns were noted and no action is required.

2.4.2 Major Trauma Peer Review

The national peer review for all Major Trauma Centres (MTCs) and Networks will commence in Jan 2015. St Georges Hospital Major Trauma Centre / Network date for peer review is 12th March 2015 and preparations are underway.

2.4.3 G4S Mock CQC Internal Audit – October 2014

G4S conducted an internal mock CQC compliance audit in late October 2014. The purpose of this internal audit was to ensure that internal systems are compliant with quality standards set out in

the CQC framework. The results of this internal review have been shared with G4S and services were found to be adequate – a detailed report with any issues requiring action will follow.

2.5 Forthcoming Inspections – December 2014

2.5.1 London Fire and Emergency Planning Authority (LFEPA)

The LFEPA are conducting monthly visits to the trust to audit units that have not previously been inspected. The LFEPA have also informed the trust that they will be undertaking a follow up visit in February 2015. The purpose of this visit is to re-inspect Grosvenor and Lanesborough wings' which were issued with Enforcement and Deficiency Notices in February 2013. There is a detailed action plan in place to address the issues highlighted in these notices. The plan is on target and is monitored by the Health, Safety and Fire Committee. The potential consequence of a failure to comply with the regulations is also recorded as a risk on the BAF.

Conclusion

In conclusion, each risk contained on the CQC Intelligent Monitoring (IM) report had been identified through the Trust's internal assurance systems and where appropriate, actions and/or further monitoring is underway in relation to each highlighted risk. The IM report has not identified any concerns or risks of which the Trust was previously unaware.

There are detailed action plans in place to address the issues identified through external inspections, and these are monitored by the QRC. This monitoring includes oversight of the action plan in response to the CQC inspection of February 2014, against which good progress has been made. The Trust Board can be assured that no significant risks have been identified through external inspections reports received during the reporting period.

Appendix 1: Executive Overview of Board Assurance Framework

Domain: 1. Quality

Strategic Objective/Principal Risk	Lead	Jul 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	In month change	Change/progress
1.1 Patient Safety								↓↑	
A602.1-O1 Pressures on internal capacity may result in the Trust being unable to meet demands from activity, negatively affecting quality, throughout the year.	MW	20	20	20	20	20	n/a	Closed	Superseded by new risks: 01-12; 01-13; 01-14; 01-15
01-12 Bed capacity may not be sufficient for the Trust to meet demands from activity, negatively affecting quality, throughout the year.	MW						20	NEW	Formerly A602.1-01 Risk score 20
01-13 Theatre capacity may not be sufficient for the Trust to meet demands from activity, negatively affecting quality, throughout the year.	MW						20	NEW	Formerly A602.1-01 Risk score 20
01-14 Staffing to support capacity may not be sufficient for the Trust to open the increased bed, critical care and theatre capacity and to meet demands from activity, negatively affecting quality, throughout the year.	MW						20	NEW	Formerly A602.1-01 Risk score 20 Links to Workforce Risk 5.1-01
01-15 Critical care capacity may not be sufficient for the Trust to meet demands from activity, negatively affecting quality, throughout the year.	MW						20	NEW	Supersedes A411-O1: Risk score 15
A411-O1: Insufficient ICU capacity to handle an increasing workload	SC	15	15	15	15	15	n/a	Closed	Closed – superseded by new risk:01-15
A513-O1: Failure to achieve the National HCAI targets for MRSA and C Diff	JH	16	16	16	16	16	16	→	
01-01 A risk to patient safety of inappropriate antimicrobial prescribing due to conflicting and out of date guidance being available within the Trust.	JH	12	12	12	12	12	12	→	
01-02: 01-02 Lack of established process for use, provision, decontamination and maintenance of pressure relieving mattresses	JH	9	9	9	9	9	9	→	
01-03 Lack of embedded process for use, provision and maintenance of bed rails	JH	12	12	12	12	12	12	→	
01-04 Risk to patient safety should the organisation fail to meet its	JH	12	12	12	12	12	12	→	

statutory duties under Section 11 in respect of number and levels of staff trained in safeguarding children.									
01-05 Risk to patient safety arising from a lack of standardised and centralised decontamination practice across several areas of the Trust.	JH	12	12	12	12	12	12	→	
01-06 Risk to patient safety as patients waiting greater than 18 weeks on elective waiting lists	MW	15	15	15	15	15	15	→	
01-07 Risk to patient safety and experience as a result of potential Trust failure to meet 95% Emergency Access Standard	MW	16	16	16	16	16	16	→	
01-08 Risk to patient safety due to inconsistent processes and procedures for the follow up of diagnostic test results	RGW	16	16	16	16	16	16	→	
01-09 Risk to patient safety due to a lack of a Trust wide visible training needs analysis, and lack of a system for ensuring these have been met in relation to Medical Devices	JH				12	12	12	→	
01-10 Risk to patients, staff and public health and safety in the event the Trust has failed to prepare adequately for an Ebola incident.						10	10	→	
01-11 Risk that patients will potentially receive sub-standard care due to reduced availability of prison staff to support and inadequate healthcare response to clinical emergencies							tbc		

Strategic Objective/Principal Risk	Lead	Jul 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	In month change	Change/progress
1.2 Patient Experience									
A410-O2: Failure to sustain the Trust response rate to complaints	JH	16	16	16	16	16	16	→	
02-02 Risk of diminished quality of patient care as a result of Cost Improvement Programmes (CIPs)	JH	16	16	16	16	16	16	→	
02-03 Risk of poor patient experience due to long delays when trying to contact central booking service					12	12	12	→	

Domain: 2. Finance & Performance

Strategic Objective/Principal Risk	Lead	Jul 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	In month change	Change/progress
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2.1 Meet all financial targets									
2.2-O5 Tariff Risk – Emergency Threshold Tariff. The Trust’s income and service contribution is reduced due to application of 30% tariff to emergency activity exceeding the contract thresholds	SB	9	9	9	9	9	9	→	
2.1-O5 Tariff Risk - The tariffs applicable to Trust clinical services are adversely changed as a result of:- •National Tariff changes •Local Tariff changes •Specialist Commissioning changes • Transfer of tariff responsibilities to Monitor	SB	12	12	12	12	12	12	→	
1.2-O5 Volume Risk – Decommissioning of Services Activity and associated income/contribution will be lost from services decommissioned due to:- • risks to the safe delivery of care • changing national guidance • centralisation plans	SB	9	9	9	9	9	9	→	
3.3-O5 Cost Pressures * The Trust faces higher than expected costs due to:- •unforeseen service pressures •higher than expected inflation	SB	16	16	16	16	16	16	→	
3.2-O5 Cost Reduction slippage* The Trust does not deliver its cost reduction programme objectives:- •Objective 3: to detail savings plans for the next two years	SB	20	20	20	20	25	25	→	
2.3-O5 Tariff Risk – CQUIN Premium Trust income is not maximised due to failure to deliver required performance against CQUIN quality standards.	SB	12	12	12	12	8	8	→	
1.3-O5 Volume Risk – Tendering of services Activity and associated income/contribution will be lost due to:- • Competition from Any Qualified Providers • Service Line Tenders	SB	9	9	9	9	9	9	→	
1.1-O5 Volume Risk – Competition with other providers Activity and associated income/contribution will be lost due to competition from other service providers resulting in reductions in market share *	SB	9	9	9	9	9	9	→	
2.4-O5 Tariff Risk – Performance Penalties & Payment	SB	12	12	12	12	12	12	→	

Challenges* Trust income is reduced by:- - contractual penalties due to poor performance against quality standards and KPIs - payment challenges									
3.4-O5 The Trust faces higher than expected costs due to higher marginal costs - higher than expected investment required to deliver service increases.	SB	9	9	9	9	9	9	→	
3.5-05 - Cashflow Risks – Forecast Cash balances will be depleted due to delays in receipt of:- Major Charitable donations towards the C&W development. Land Sales receipts Loan Finance	SB	9	9	9	9	12	12	→	
3.6-05 - Cashflow Risks – Operational Finance Forecast Cash balances will be depleted due to:- Adverse Income & Expenditure performance Delays in receipt of SLA funding from Commissioners	SB	9	12	12	12	16	16	→	
3.9-05 Minimise financial impact of Better Care Fund	SB	12	12	12	12	9	9	→	

Strategic Objective/Principal Risk	Lead	Jul 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	In month change	Change/progress
2.2 Meet all operational & performance requirements									
3.7- 06 Failure to meet the minimum requirements of the NTDA Accountability Framework: Quality and Governance Indicators/Access Metrics.	SB	12	12	12	12	16	16	→	
3.8 – 06 Low compliance with new working practices introduced as part of new ICT enabled change programme	SB	12	12	12	12	12	12	→	
3.9 – 06 Risk of inappropriate deployment of e-prescribing and electronic clinical documentation	SB	12	12	12	12	12	12	→	
3.10-06 Risk of failure to effectively manage exit from national Cerner programme	SB	10	10	10	10	10	10	→	
3.11 - 06 Poor environment in ICT department/on site data centre may lead to interruptions or failure of essential ICT services	SB	16	16	16	16	12	12	→	
3.12-06 3.12- O6 Risk to patient safety due to data quality issues with Patient Administration System (PAS), Cerner, inhibiting ability	SB			15	15	9	9	→	

to be able to monitor patient pathways and manage 18 week performance.									
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Domain: 3. Regulation & compliance

Strategic Objective/Principal Risk	Lead	Jul 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	In month change	Change/progress
3.1 Maintain compliance with all statutory & regulatory requirements									
A534-O7: Failure to provide adequate supporting evidence for all the CQC Essential standards of Quality and Safety	PJ	5	5	5	5	5	5	→	
A509-O8: Trust unable to achieve readiness for FT status by planned authorisation date as per agreed TFA	PJ	15	15	15	15	15	15	→	
A537-O6: Confidential data reaching unintended audiences	RGW	15	15	15	15	15	15	→	
A610-O6: The Trust will not attain the nationally mandated target of 95% of all staff receiving annual information governance training	RGW	15	15	15	15	15	15	→	
03-01 Risk of premises closure, prosecution and fines as a result of non-compliance with fire regulations in accordance with the Regulatory Reform (Fire Safety) Order 2005 (RRO)	EM	16	16	16	16	16	16	→	
03-02 Risk of premises closure, prosecution and fines as a result of failure to demonstrate full compliance with Estates and Facilities legislation	EM	16	16	16	16	16	16	→	
03-03 Lack of decant space will result in delays in delivering the capital programme.	EM	16	16	16	16	16	16	→	
03-04 Delay to the ability to deliver the capital programme and maintenance activity due to clinical and capacity demands preventing access for estates and projects works.	EM	16	16	16	16	16	16	→	
03-05 Trust wide risk to patient, public and staff safety of Legionella	EM			12	12	12	12	→	

Domain: 4. Strategy, transformation & development

Strategic Objective/Principal Risk	Lead	Jul 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	In month change	Change/progress
4.1 Redesign pathways to keep more people out of hospital									
01-O8 Prolonged strategic uncertainty in SW London.	SM	12	12	12	12	12	12	→	

Strategic Objective/Principal Risk	Lead	Jul 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	In month change	Change/progress
4.2 Redesign & configure our local hospital services to provide higher quality care									
A533-O8: Reconfiguration of healthcare services in SWL result in unfavourable changes to SGHT services and finances	SM	8	8	8	8	8	8	→	

Strategic Objective/Principal Risk	Lead	Jul 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	In month change	Change/progress
4.5 Drive research & innovation through our clinical services									
05-05 Research does not form a key part of St. George's future activity which may result in the loss of funding and an inability to recruit and retain staff.	RGW	8	8	8	8	8	8	→	

Domain: 5. Workforce

Strategic Objective/Principal Risk	Lead	Jul 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	In month change	Change/progress
5.1 Develop a highly skilled & engaged workforce championing our values									
A518-O4: Failure to reduce the unacceptable levels of bullying & harassment reported by staff in the annual staff survey	WB	12	12	12	12	12	12	→	
A516-O4: Possible reductions in the overall number of junior doctors available with a possible impact on particular specialty areas	WB	4	4	4	4	4	4	→	
A520-O4: Failure to maintain required levels of attendance at core mandatory and statutory training (MAST)	WB	12	12	12	12	12	12	→	
5.1-01 Failure to recruit and retain sufficient staff to manage turnover rates and support future increases in capacity	WB			12	12	12	12	→	

JH	Jennie Hall	Chief Nurse	PJ	Ros Given-Wilson	Medical Director
SC	Sofia Colas	Divisional Director of Operations – CWS	RGW	Steve Bolam	Director of Finance Performance & Information
PJ	Peter Jenkinson	Director of Corporate Affairs	SM	Suzanne Marsello	Interim Director of Strategy
MS	Miles Scott	Chief Executive	TK	Wendy Brewer	Director of Human Resources
DH	Eric Munro	Director of Estates & Facilities	MW	Martin Wilson	Director of Delivery & Performance

Appendix 2 – Board Assurance Framework: New Risks

Principal Risk	01-12 Bed capacity may not be sufficient for the Trust to meet demands from activity, negatively affecting quality, throughout the year.				
Description	<p>Requirement for high activity volumes in some specialities in order to meet patient and commissioner needs, and to deliver income margin as part of Trust Cost Improvement Programme.</p> <p>Potential for commissioner challenges and financial penalties</p> <p>Unlimited demand on A&E which impacts on increase in emergency admissions & capacity for elective admissions affecting 28 day rebook timeframes.</p> <p>Potential subsequent impact on patient pathways & patient safety. Delayed patient repatriation to host hospitals block beds for emergency/elective activity.</p> <p>Winter pressures relate to flu and winter vomiting viruses that increase demand on side rooms and closure of beds.</p> <p>Reduced numbers of discharges at weekends and on bank holidays causing capacity problems.</p> <p>Adverse reputation</p>				
Domain	1. Quality			Strategic Objective	1.1 Patient Safety
	Original	Current	Updated Nov 14	Exec Sponsor	Martin Wilson
Consequence	5	5	5	Date opened	01/11/2012 (split into 4 component capacity risks November 2014)
Likelihood	4	4	4	Date closed	
Score	20	20	20		
Controls & Mitigating Actions	<p>Controls:</p> <p>Director of Delivery and Improvement appointed to lead organisation's work on (in year and next year) capacity planning and delivery. Supported by full time Programme Manager dedicated to capacity.</p> <p>Significant additional bed capacity being developed in 2014/15 and 2015/16. This includes development of additional physical capacity in Q3 and Q4, and gains in patient flow from the Improvement Programme.</p> <p>Equivalent total bed capacity realisable by year end - 169 beds.</p> <p>Operational Capacity Planner (OCP) developed to plan and track progress on all capacity creation and release schemes. Reviewed weekly at OMT and EMT. OCP managed by Programme Manager and includes 4 key areas: staffing, clinical pathway; physical capacity; and commercial / contracting arrangements.</p> <p>Business Planning for 2015/16 commenced with focus on</p>			Assurance	<p>Participation in System Resilience Group that has reviewed Trust's capacity plans. Additional funds secured through SRG 1 & 2 non elective winter funds.</p> <p>Monitor FT assessment process has scrutinised Trust Capacity Plan ECIST reviews (September 2013 and May 2014)</p> <p>Negative assurance:</p> <ul style="list-style-type: none"> - 4 hour operational standard performance - RTT backlog of patients- cross ref BAF Risk 01-06 - Cancelled elective surgery during periods of significantly high activity i.e. Feb 2014

	<p>aligning divisional activity and capacity plans. If delivered as planned, capacity pressures will substantially diminish and performance and CIP targets can be met. There are however risks with respect to the timing and delivery of both aspects of the plan. To control these risks, we have: Ensured that maximum possible resource is deployed towards the improving patient flow programme so that optimal delivery can be achieved A structured approach to appraising the options for creating further physical capacity for 2015-16 and beyond. This work is underway. Increased capital project management capability</p> <p>Mitigations:</p> <ul style="list-style-type: none"> • Seek additional external capacity • Cap demand for services 		
Gaps in controls		Gaps in assurance	Lack of critical path currently identified for all forecast building schemes.
Actions next period:	<p>Realisation of new physical bed capacity Development of critical path for all forecast building schemes, and embedding the holding to account of Senior Responsible Owners for delivery of agreed schemes. 2015/16 business planning accelerated</p>		

Principal Risk	01-13 Theatre capacity may not be sufficient for the Trust to meet demands from activity, negatively affecting quality, throughout the year.			
Description	Requirement for high activity volumes in some specialities in order to meet patient and commissioner needs in particular to deliver 18 week RTT standards, and to deliver income margin as part of Trust Cost Improvement Programme. Potential for commissioner challenges and financial penalties Adverse reputation			
Domain	2. Quality			Strategic Objective
	Original	Current	Updated Nov 14	1.1 Patient Safety
				Exec Sponsor
				Martin Wilson
Consequence	5	5	5	Date opened
				01/11/2012 (split into 4 component capacity risks November 2014)
Likelihood	4	4	4	Date closed
Score	20	20	20	
Controls & Mitigating Actions	<p>Controls: Director of Delivery and Improvement appointed to lead organisation's work on (in year and next year) capacity planning and delivery. Supported by full time Programme Manager dedicated to capacity. Theatre Capacity Plan for 2015 to 2018 developed by Director of Delivery and Improvement with senior leadership from SNCT leadership team. Plan reviewed by extraordinary OMT and regularly reviewed by EMT. Additional capacity being realised through:</p> <ol style="list-style-type: none"> 3. Increased in session utilisation within existing theatre sessions 4. All day operating sessions within day surgery 5. Extended day operating in main theatres 6. Commissioning the planned Hybrid theatre as an additional theatre 7. Building 6 additional theatres on site (part in conjunction with Moorfields) 8. Offsite capacity options (NHS and independent sector) <p>The above require significant additional staff (see next risk) Operational Capacity Planner (OCP) developed to plan and track progress on all capacity creation and release schemes. Reviewed weekly at OMT and EMT. OCP managed by</p>			<p>Assurance</p> <p>Internal theatres capacity plan and tactical implementation plan developed by Director of Delivery and Improvement. Approved by Executive Management Team. Reported to Finance and Performance committee. Participation in System Resilience Group that has reviewed Trust's capacity plans. Additional funds secured through SRG 1 elective RTT funds. Monitor FT assessment process has scrutinised Trust Capacity Plan Negative assurance:</p> <ul style="list-style-type: none"> - RTT backlog of patients- cross ref BAF Risk 01-06 - Cancelled elective surgery during periods of significantly high activity i.e. Feb 2014

	<p>Programme Manager and includes 4 key areas: staffing, clinical pathway; physical capacity; and commercial / contracting arrangements.</p> <p>Business Planning for 2015/16 commenced with focus on aligning divisional activity and capacity plans.</p> <p>Specific theatre capacity analysis and plan developed linked to a longer term theatres strategy currently in development..</p> <p>Ensured that maximum possible resource is deployed towards the improving patient flow programme so that optimal delivery can be achieved</p> <p>A structured approach to appraising the options for creating further physical capacity for 2015-16 and beyond. This work is underway.</p> <p>Increased capital project management capability</p> <p>Mitigations:</p> <ul style="list-style-type: none"> • Seek additional external capacity • Cap demand for services 		
Gaps in controls	Maintenance of theatres behind plan for a number of years, leading to a risk that theatres will break down.	Gaps in assurance	Admitted backlog of over 18 week waiters greater than sustainable. Non-admitted backlog numbers not being reduced at planned rate. Theatre performance data dashboards not yet fit for purpose with divisional clinical teams.
Actions next period:	<p>Day Surgery Unit extended day to commence, including reallocating 14 sessions worth of activity from main theatres</p> <p>Estates risk assessment undertaken to ensure good shared understanding of theatres maintenance needs and programme.</p> <p>Implementation plan for medium term theatres plan to be developed by divisional leadership team.</p> <p>Star chamber held by Director of Finance and Director of Delivery and Improvement with each divisional leadership team to ensure that planned activity numbers are robust. 2015/16 business planning accelerated.</p>		

Principal Risk	01-14 Staffing to support capacity may not be sufficient for the Trust to open the increased bed, critical care and theatre capacity and to meet demands from activity, negatively affecting quality, throughout the year.				
Description	Trust is planning to open significant additional beds (10% + of current stock), theatre sessions (16% + of current lists), and critical care beds (c30% of current bed stock) however this will require significant additional staffing (nursing, medical, other clinical and other support staff). In many of these staff groups there are already high vacancy levels so staffing will be a significant challenge. Additional staff are required for high activity volumes in some specialities in order to meet patient and commissioner needs in particular to deliver emergency services, 18 week RTT standards, and to deliver income margin as part of Trust Cost Improvement Programme. Potential for commissioner challenges and financial penalties Adverse reputation				
Domain	9. Quality			Strategic Objective	1.1 Patient Safety
	Original	Current	Updated Nov 14	Exec Sponsor	Martin Wilson (as exec lead for capacity) Jennie Hall (as exec lead for nursing and safe staffing) Wendy Brewer (as exec lead for staffing and recruitment)
Consequence	5	5	5	Date opened	01/11/2012 (split into 4 component capacity risks November 2014)
Likelihood	4	4	4	Date closed	
Score	20	20	20		
Controls & Mitigating Actions	<p>Controls: Operational Capacity Planner (OCP) developed to plan and track progress on all capacity creation and release schemes. Reviewed weekly at OMT and EMT. OCP managed by Programme Manager and includes 4 key areas: staffing, clinical pathway; physical capacity; and commercial / contracting arrangements. Director of Delivery and Improvement appointed to lead organisation's work on (in year and next year) capacity planning and delivery. Supported by full time Programme Manager dedicated to capacity, who is mapping total additional staffing required by week for each new scheme. Chief Nurse and Director of Human Resources working closely together to lead recruitment to staff new schemes and to reduce existing staff turnover. Business Planning for 2015/16 commenced with focus on aligning divisional activity and capacity plans.</p> <p>Mitigations:</p> <ul style="list-style-type: none"> Seek additional external temporary staffing capacity and also external physical capacity with own staffing 			Assurance	<p>Workforce updates given to Trust Board. Nursing staffing plan considered by Trust Board. Participation in System Resilience Group that has reviewed Trust's capacity plans. Additional funds secured through SRG 1 & 2 non elective winter funds, and through SRG 1 elective RTT funds. Monitor FT assessment process has scrutinised Trust Capacity Plan ECIST reviews (September 2013 and May 2014) Negative assurance:</p> <ul style="list-style-type: none"> 4 hour operational standard performance RTT backlog of patients- cross ref BAF Risk 01-06 Cancelled elective surgery during periods of significantly high activity i.e. Feb 2014 <p>Internal theatres capacity plan and tactical implementation plan developed by Director of Delivery and Improvement. Approved by Executive Management Team. Reported to Finance and Performance committee.</p>

	<ul style="list-style-type: none"> • Cap demand for services 		
Gaps in controls		Gaps in assurance	
Actions next period:	<p>New physical capacity schemes come on line. Enhanced programme of staff recruitment underway. Star chamber held by Director of Finance and Director of Delivery and Improvement with each divisional leadership team to ensure that planned activity numbers are robust. 2015/16 business planning accelerated.</p>		

Principal Risk	01-15 Critical care capacity may not be sufficient for the Trust to meet demands from activity, negatively affecting quality, throughout the year.				
Description	Requirement for high activity volumes in some specialities in order to meet patient and commissioner needs in particular to support emergency services and deliver 18 week RTT standards. Also any shortage in critical care capacity will impact on trust's ability to deliver income margin as part of Trust Cost Improvement Programme. Potential for commissioner challenges and financial penalties and adverse reputation				
Domain	10. Quality			Strategic Objective	1.1 Patient Safety
	Original	Current	Updated Nov 14	Exec Sponsor	Martin Wilson
Consequence	5	5	5	Date opened	01/11/2012 (split into 4 component capacity risks November 2014)
Likelihood	4	4	4	Date closed	
Score	20	20	20		
Controls & Mitigating Actions	<p>Controls: Director of Delivery and Improvement appointed to lead organisation's work on (in year and next year) capacity planning and delivery. Supported by full time Programme Manager dedicated to capacity. Critical Care Business Case for 4 additional neuro beds and 9 additional general ITU beds developed by divisional leadership team and shortly to be considered by Trust Board. Trust Capacity Plan for 2015 to 2018 developed by Director of Delivery and Improvement with senior leadership from SNCT leadership team. Plan reviewed by extraordinary OMT and regularly reviewed by EMT. Additional capacity for winter 2014/15 being considered through redevelopment of a store room and staff room adjacent to coronary care unit. This will require additional staff (see next risk) Operational Capacity Planner (OCP) developed to plan and track progress on all capacity creation and release schemes. Reviewed weekly at OMT and EMT. OCP managed by Programme Manager and includes 4 key areas: staffing, clinical pathway; physical capacity; and commercial / contracting arrangements. Business Planning for 2015/16 commenced with focus on Increased capital project management capability</p> <p>Mitigations:</p> <ul style="list-style-type: none"> • Seek additional external capacity • Cap demand for services 			Assurance	Monitor FT assessment process has scrutinised Trust Capacity Plan Negative assurance: <ul style="list-style-type: none"> - RTT backlog of patients- cross ref BAF Risk 01-06 - Cancelled elective surgery during periods of significantly high activity i.e. Feb 2014
Gaps in controls				Gaps in assurance	

Actions next period:	Business case for 13 additional beds to be considered by Trust Board. Design plans and costs for 3/4 additional beds in coronary care to be considered and where appropriate – approved. Star chamber held by Director of Finance and Director of Delivery and Improvement with each divisional leadership team to ensure that planned activity numbers are robust. 2015/16 business planning accelerated.
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Intelligent Monitoring Report

Report on
St George's Healthcare NHS Trust

December 2014

To view the most recent inspection report please visit the link below.
<http://www.cqc.org.uk/Provider/817>

CQC has developed a new model for monitoring a range of key indicators about NHS acute and specialist hospitals. These indicators relate to the five key questions we will ask of all services – are they safe, effective, caring, responsive and well-led? The indicators will be used to raise questions about the quality of care. They will not be used on their own to make judgements. Our judgements will always be based on the result of an inspection, which will take into account our Intelligent Monitoring analysis alongside local information from the public, the trust and other organisations.

What does this report contain?

This report presents CQC's analysis of the key indicators (which we call 'tier one indicators') for St George's Healthcare NHS Trust. We have analysed each indicator to identify two possible levels of risk.

We have used a number of tests to determine where the thresholds of "risk" and "elevated risk" sit for each indicator, based on our judgement of which statistical tests are most appropriate. These tests include CUSUM and z-scoring techniques. Where an indicator has 'no evidence of risk' this refers to where our statistical analysis has not deemed there to be a "risk" or "elevated risk". For some data sources these thresholds are determined by a rules-based approach - for example concerns raised by staff to CQC (and validated by CQC) are always flagged in the model.

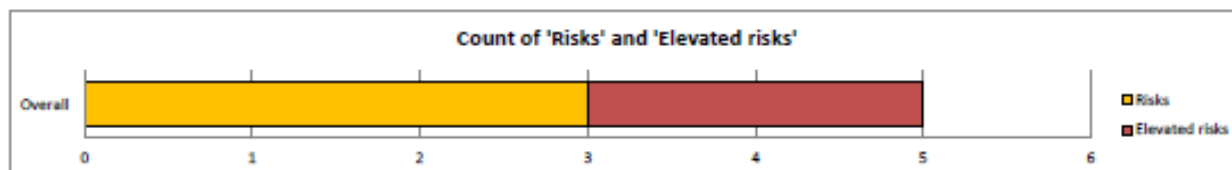
NHS Trusts that have had an inspection at the time of producing this update of Intelligent Monitoring have not been assigned a banding; all other indicator analysis results are shown in their report. "Recently inspected" is stated for these trusts. This is to reflect the fact that CQC's new comprehensive inspections will provide its definitive judgements for each organisation.

Further details of the analysis applied are explained in the accompanying guidance document.

What guidance is available?

We have published a document setting out the definition and full methodology for each indicator. If you have any queries or need more information, please email enquiries@cqc.org.uk or use the contact details at www.cqc.org.uk/contact-us

Trust Summary



Priority banding for inspection	Recently Inspected
Number of 'Risks'	3
Number of 'Elevated risks'	2
Overall Risk Score	7
Number of Applicable Indicators	91
Percentage Score	3.85%
Maximum Possible Risk Score	182

Elevated risk Composite Indicator: Emergency readmissions with an overnight stay following an elective admission (01-Apr-13 to 31-Mar-14)

Elevated risk The proportion of cases assessed as achieving compliance with all nine standards of care measured within the National Hip Fracture Database. (01-Jan-13 to 31-Dec-13)

Risk Incidence of Methicillin-resistant Staphylococcus aureus (MRSA) (01-Aug-13 to 31-Jul-14)

Risk Composite Indicator: In-hospital mortality - Trauma and orthopaedic conditions and procedures

Risk NHS Staff Survey - KF10. The proportion of staff receiving health and safety training in last 12 months (01-Sep-13 to 31-Dec-13)

Tier One Indicators

Section	ID	Indicators	Observed	Expected	Risk?
Never Events	STEISNE	Never Event incidence (01-Sep-13 to 31-Aug-14)	4	-	No evidence of risk
Avoidable infections	CDIFF	Incidence of Clostridium difficile (C.difficile) (01-Aug-13 to 31-Jul-14)	28	43.74	No evidence of risk
	MRSA	Incidence of Meticillin-resistant Staphylococcus aureus (MRSA) (01-Aug-13 to 31-Jul-14)	8	3.36	Risk
Deaths in low risk diagnosis groups	MORTLOWR	Dr Foster Intelligence: Mortality rates for conditions normally associated with a very low rate of mortality (01-Apr-13 to 31-Mar-14)	Within expected range	-	No evidence of risk
Patient safety incidents	NRLSL03	Proportion of reported patient safety incidents that are harmful (01-Jun-13 to 31-May-14)	0.27	0.28	No evidence of risk
	NRLSL04	Potential under-reporting of patient safety incidents resulting in death or severe harm (01-Jun-13 to 31-May-14)	16	58.15	No evidence of risk
	NRLSL05	Potential under-reporting of patient safety incidents (01-Jun-13 to 31-May-14)	9959	10521.7	No evidence of risk
Central Alerting System	COM_CASIM	Composite of Central Alerting System (CAS) safety alerts indicators (01-Apr-04 to 31-Aug-14)	-	-	No evidence of risk
	CASIM01A01	The number of alerts which CAS stipulated should have been closed by trusts during the preceding 12 months, but which were still open on the date CQC extracted data from the CAS system (01-Sep-13 to 31-Aug-14)	0 alerts still open	-	No evidence of risk
	CASIM01B01	The number of alerts which CAS stipulated should have been closed by trusts more than 12 months before, but which were still open on the date CQC extracted data from the CAS system (01-Apr-04 to 31-Aug-13)	0 alerts still open	-	No evidence of risk
	CASIM01C01	Percentage of CAS alerts with closing dates during the preceding 12 months which the trust has closed late (01-Sep-13 to 31-Aug-14)	< 25% of alerts closed late	-	No evidence of risk
Venous Thromboembolism	VTERA03	Proportion of patients risk assessed for Venous Thromboembolism (VTE) (01-Apr-14 to 30-Jun-14)	0.97	0.95	No evidence of risk
Mortality: Trust Level	SHMI01	Summary Hospital-level Mortality Indicator (01-Apr-13 to 31-Mar-14)	Trust's mortality rate is 'Lower than expected'	-	No evidence of risk
	COM_HSMR	Dr Foster Intelligence: Composite of Hospital Standardised Mortality Ratio indicators (01-Apr-13 to 31-Mar-14)	-	-	No evidence of risk
	HSMR	Dr Foster Intelligence: Hospital Standardised Mortality Ratio (01-Apr-13 to 31-Mar-14)	Lower than expected	-	No evidence of risk
	HSMRWKDAY	Dr Foster Intelligence: Hospital Standardised Mortality Ratio (Weekday) (01-Apr-13 to 31-Mar-14)	Lower than expected	-	No evidence of risk
	HSMRWKEND	Dr Foster Intelligence: Hospital Standardised Mortality Ratio (Weekend) (01-Apr-13 to 31-Mar-14)	Within expected range	-	No evidence of risk

Section	ID	Indicators	Observed	Expected	Risk?
	COM_CARDI	Composite indicator: In-hospital mortality - Cardiological conditions and procedures	-	-	No evidence of risk
	HESMORT24CU	<i>In-hospital mortality: Cardiological conditions (01-May-13 to 30-Apr-14)</i>	-	-	No evidence of risk
	MORTAMI	<i>Mortality outlier alert: Acute myocardial infarction (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTARRES	<i>Mortality outlier alert: Cardiac arrest and ventricular fibrillation (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTCABGI	<i>Mortality outlier alert: CABG (isolated first time) (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTCABGO	<i>Mortality outlier alert: CABG (other) (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTCASUR	<i>Mortality outlier alert: Adult cardiac surgery (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTCATH	<i>Mortality outlier alert: Coronary atherosclerosis and other heart disease (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTCHF	<i>Mortality outlier alert: Congestive heart failure; nonhypertensive (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTDYSRH	<i>Mortality outlier alert: Cardiac dysrhythmias (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTHVD	<i>Mortality outlier alert: Heart valve disorders (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTPHD	<i>Mortality outlier alert: Pulmonary heart disease (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	COM_CEREB	Composite indicator: In-hospital mortality - Cerebrovascular conditions	-	-	No evidence of risk
	HESMORT21CU	<i>In-hospital mortality: Cerebrovascular conditions (01-May-13 to 30-Apr-14)</i>	-	-	No evidence of risk
	MORTACD	<i>Mortality outlier alert: Acute cerebrovascular disease (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	COM_DERMA	Composite indicator: In-hospital mortality - Dermatological conditions	-	-	No evidence of risk
	HESMORT35CU	<i>In-hospital mortality: Dermatological conditions (01-May-13 to 30-Apr-14)</i>	-	-	No evidence of risk
	MORTSKINF	<i>Mortality outlier alert: Skin and subcutaneous tissue infections (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTSKULC	<i>Mortality outlier alert: Chronic ulcer of skin (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	COM_ENDOC	Composite indicator: In-hospital mortality - Endocrinological conditions	-	-	No evidence of risk
	HESMORT29CU	<i>In-hospital mortality: Endocrinological conditions (01-May-13 to 30-Apr-14)</i>	-	-	No evidence of risk
	MORTDIABWC	<i>Mortality outlier alert: Diabetes mellitus with complications (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTDIABWOC	<i>Mortality outlier alert: Diabetes mellitus without complications (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTFLUID	<i>Mortality outlier alert: Fluid and electrolyte disorders (case status as at 19-Nov-14)</i>	-	-	No evidence of risk

Section	ID	Indicators	Observed	Expected	Risk?
Mortality	COM_GASTR	Composite indicator: In-hospital mortality - Gastroenterological and hepatological conditions and procedures	-	-	No evidence of risk
	HESMORT27CU	In-hospital mortality: Gastroenterological and hepatological conditions (01-May-13 to 30-Apr-14)	-	-	No evidence of risk
	MORTALCLIV	Mortality outlier alert: Liver disease, alcohol-related (case status as at 19-Nov-14)	-	-	No evidence of risk
	MORTBILIA	Mortality outlier alert: Biliary tract disease (case status as at 19-Nov-14)	-	-	No evidence of risk
	MORTGASHAE	Mortality outlier alert: Gastrointestinal haemorrhage (case status as at 19-Nov-14)	-	-	No evidence of risk
	MORTGASN	Mortality outlier alert: Noninfectious gastroenteritis (case status as at 19-Nov-14)	-	-	No evidence of risk
	MORTINTOBS	Mortality outlier alert: Intestinal obstruction without hernia (case status as at 19-Nov-14)	-	-	No evidence of risk
	MORTOGAS	Mortality outlier alert: Other gastrointestinal disorders (case status as at 19-Nov-14)	-	-	No evidence of risk
	MORTOLIV	Mortality outlier alert: Other liver diseases (case status as at 19-Nov-14)	-	-	No evidence of risk
	MORTOPIEJ	Mortality outlier alert: Operations on jejunum (case status as at 19-Nov-14)	-	-	No evidence of risk
	MORTPERI	Mortality outlier alert: Peritonitis and intestinal abscess (case status as at 19-Nov-14)	-	-	No evidence of risk
	MORTTEPBI	Mortality outlier alert: Therapeutic endoscopic procedures on biliary tract (case status as at 19-Nov-14)	-	-	No evidence of risk
	MORTTEPLGI	Mortality outlier alert: Therapeutic endoscopic procedures on lower GI tract (case status as at 19-Nov-14)	-	-	No evidence of risk
	MORTTEPUGI	Mortality outlier alert: Therapeutic endoscopic procedures on upper GI tract (case status as at 19-Nov-14)	-	-	No evidence of risk
	MORTTOJI	Mortality outlier alert: Therapeutic operations on jejunum and ileum (case status as at 19-Nov-14)	-	-	No evidence of risk
	COM_GENIT	Composite indicator: In-hospital mortality - Genito-urinary conditions	-	-	No evidence of risk
	HESMORT31CU	In-hospital mortality: Genito-urinary conditions (01-May-13 to 30-Apr-14)	-	-	No evidence of risk
	MORTUTI	Mortality outlier alert: Urinary tract infections (case status as at 19-Nov-14)	-	-	No evidence of risk
	COM_HAEMA	Composite indicator: In-hospital mortality - Haematological conditions	-	-	No evidence of risk
	HESMORT28CU	In-hospital mortality: Haematological conditions (01-May-13 to 30-Apr-14)	-	-	No evidence of risk
	MORTDEFI	Mortality outlier alert: Deficiency and other anaemia (case status as at 19-Nov-14)	-	-	No evidence of risk
	COM_INFEC	Composite indicator: In-hospital mortality - Infectious diseases	-	-	No evidence of risk
	HESMORT26CU	In-hospital mortality: Infectious diseases (01-May-13 to 30-Apr-14)	-	-	No evidence of risk
	MORTSEPT	Mortality outlier alert: Septicaemia (except in labour) (case status as at 19-Nov-14)	-	-	No evidence of risk
	COM_MENTA	Composite indicator: In-hospital mortality - Conditions associated with Mental health	-	-	No evidence of risk
	HESMORT33CU	In-hospital mortality: Conditions associated with Mental health (01-May-13 to 30-Apr-14)	-	-	No evidence of risk
	MORTSENI	Mortality outlier alert: Senility and organic mental disorders (case status as at 19-Nov-14)	-	-	No evidence of risk
	COM_MUSCU	Composite indicator: In-hospital mortality - Musculoskeletal conditions	-	-	No evidence of risk
	HESMORT36CU	In-hospital mortality: Musculoskeletal conditions (01-May-13 to 30-Apr-14)	-	-	No evidence of risk
	MORTPATH	Mortality outlier alert: Pathological fracture (case status as at 19-Nov-14)	-	-	No evidence of risk
	COM_NEPHR	Composite indicator: In-hospital mortality - Nephrological conditions	-	-	No evidence of risk
	HESMORT30CU	In-hospital mortality: Nephrological conditions (01-May-13 to 30-Apr-14)	-	-	No evidence of risk
	MORTRENA	Mortality outlier alert: Acute and unspecified renal failure (case status as at 19-Nov-14)	-	-	No evidence of risk
	MORTRENC	Mortality outlier alert: Chronic renal failure (case status as at 19-Nov-14)	-	-	No evidence of risk
	COM_NEURO	Composite indicator: In-hospital mortality - Neurological conditions	-	-	No evidence of risk
	HESMORT34CU	In-hospital mortality: Neurological conditions (01-May-13 to 30-Apr-14)	-	-	No evidence of risk
	MORTEPIL	Mortality outlier alert: Epilepsy, convulsions (case status as at 19-Nov-14)	-	-	No evidence of risk

Section	ID	Indicators	Observed	Expected	Risk?
	COM_PAEDI	Composite indicator: In-hospital mortality - Paediatric and congenital disorders and perinatal mortality	-	-	No evidence of risk
	HESMORT32CU	<i>In-hospital mortality: Paediatric and congenital disorders (01-May-13 to 30-Apr-14)</i>	-	-	No evidence of risk
	MATPERIMOR	<i>Maternity outlier alert: Perinatal mortality (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	COM_RESPI	Composite indicator: In-hospital mortality - Respiratory conditions	-	-	No evidence of risk
	HESMORT25CU	<i>In-hospital mortality: Respiratory conditions (01-May-13 to 30-Apr-14)</i>	-	-	No evidence of risk
	MORTASTHM	<i>Mortality outlier alert: Asthma (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTBRONC	<i>Mortality outlier alert: Acute bronchitis (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTCOPD	<i>Mortality outlier alert: Chronic obstructive pulmonary disease and bronchiectasis (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTPLEU	<i>Mortality outlier alert: Pleurisy, pneumothorax, pulmonary collapse (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTPNEU	<i>Mortality outlier alert: Pneumonia (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	COM_TRAUM	Composite indicator: In-hospital mortality - Trauma and orthopaedic conditions and procedures	-	-	Risk
	HESMORT37CU	<i>In-hospital mortality: Trauma and orthopaedic conditions (01-May-13 to 30-Apr-14)</i>	-	-	Risk
	MORTCRAN	<i>Mortality outlier alert: Craniotomy for trauma (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTFNOF	<i>Mortality outlier alert: Fracture of neck of femur (hip) (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTHFREP	<i>Mortality outlier alert: Head of femur replacement (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTHIPREP	<i>Mortality outlier alert: Hip replacement (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTINTINJ	<i>Mortality outlier alert: Intracranial injury (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTOFRA	<i>Mortality outlier alert: Other fractures (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTREDFB	<i>Mortality outlier alert: Reduction of fracture of bone (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTREDFBL	<i>Mortality outlier alert: Reduction of fracture of bone (upper/lower limb) (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTREDFNOF	<i>Mortality outlier alert: Reduction of fracture of neck of femur (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTSHUN	<i>Mortality outlier alert: Shunting for hydrocephalus (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	COM_VASCU	Composite indicator: In-hospital mortality - Vascular conditions and procedures	-	-	No evidence of risk
	HESMORT23CU	<i>In-hospital mortality: Vascular conditions (01-May-13 to 30-Apr-14)</i>	-	-	No evidence of risk
	MORTAMPUT	<i>Mortality outlier alert: Amputation of leg (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTANEUR	<i>Mortality outlier alert: Aortic, peripheral, and visceral artery aneurysms (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTCLIP	<i>Mortality outlier alert: Clip and coil aneurysms (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTOFB	<i>Mortality outlier alert: Other femoral bypass (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTPVA	<i>Mortality outlier alert: Peripheral and visceral atherosclerosis (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTREPAEA	<i>Mortality outlier alert: Repair of abdominal aortic aneurysm (AAA) (case status as at 19-Nov-14)</i>	-	-	No evidence of risk
	MORTTOFA	<i>Mortality outlier alert: Transluminal operations on the femoral artery (case status as at 19-Nov-14)</i>	-	-	No evidence of risk

Section	ID	Indicators	Observed	Expected	Risk?
Maternity and women's health	MATELECCS	Maternity outlier alert: Elective Caesarean section (case status as at 19-Nov-14)	-	-	No evidence of risk
	MATEMERC5	Maternity outlier alert: Emergency Caesarean section (case status as at 19-Nov-14)	-	-	No evidence of risk
	MATSEPSIS	Maternity outlier alert: Puerperal sepsis and other puerperal infections (case status as at 19-Nov-14)	-	-	No evidence of risk
Re-admissions	MATMATRE	Maternity outlier alert: Maternal readmissions (case status as at 19-Nov-14)	-	-	No evidence of risk
	MATNEORE	Maternity outlier alert: Neonatal readmissions (case status as at 19-Nov-14)	-	-	No evidence of risk
	COM_ELRE_ON	Composite indicator: Emergency readmissions with an overnight stay following an elective admission (01-Apr-13 to 31-Mar-14)	-	-	Elevated risk
	HESELRE_ON	Emergency readmissions with an overnight stay following an elective admission (Cross sectional) (01-Apr-13 to 31-Mar-14)	1105	904.45	Risk
	HESELRECU_ON	Emergency readmissions with an overnight stay following an elective admission (CUSUM) (01-Jan-14 to 31-Mar-14)	-	-	Elevated risk
	COM_EMRE_ON	Composite indicator: Emergency readmissions with an overnight stay following an emergency admission (01-Apr-13 to 31-Mar-14)	-	-	No evidence of risk
	HESEMRE_ON	Emergency readmissions with an overnight stay following an emergency admission (Cross sectional) (01-Apr-13 to 31-Mar-14)	3625	3359.59	No evidence of risk
	HESEMRECU_ON	Emergency readmissions with an overnight stay following an emergency admission (CUSUM) (01-Jan-14 to 31-Mar-14)	-	-	No evidence of risk
PROMs	PROMS52	PROMs EQ-5D score: Groin Hernia Surgery (01-Apr-13 to 31-Mar-14)	Not included	Not included	Not included
	PROMS_HIP	Composite of hip related PROMS indicators (01-Apr-13 to 31-Mar-14)	Not included	Not included	Not included
	PROMS53	PROMs EQ-5D score: Hip Replacement (PRIMARY) (01-Apr-13 to 31-Mar-14)	Not included	Not included	Not included
	PROMS54	PROMs Oxford score: Hip Replacement (PRIMARY) (01-Apr-13 to 31-Mar-14)	Not included	Not included	Not included
	PROMS_KNEE	Composite of knee related PROMS indicators (01-Apr-13 to 31-Mar-14)	Not included	Not included	Not included
	PROMS55	PROMs EQ-5D score: Knee Replacement (PRIMARY) (01-Apr-13 to 31-Mar-14)	Not included	Not included	Not included
	PROMS56	PROMs Oxford score: Knee Replacement (PRIMARY) (01-Apr-13 to 31-Mar-14)	Not included	Not included	Not included
Audit	NHFD01	The proportion of cases assessed as achieving compliance with all nine standards of care measured within the National Hip Fracture Database. (01-Jan-13 to 31-Dec-13)	0.16	0.6	Elevated risk
	SSNAPD02	SSNAP Domain 2: overall team-centred rating score for key stroke unit indicator (01-Apr-14 to 30-Jun-14)	Level C	-	No evidence of risk

Section	ID	Indicators	Observed	Expected	Risk?
Compassionate care	IPSURTALKWOR	Inpatient Survey Q34 "Did you find someone on the hospital staff to talk to about your worries and fears?" (Score out of 10) (01-Jun-13 to 31-Aug-13)	6.02	-	No evidence of risk
	IPSURSUPEMOT	Inpatient Survey Q35 "Do you feel you got enough emotional support from hospital staff during your stay?" (Score out of 10) (01-Jun-13 to 31-Aug-13)	6.92	-	No evidence of risk
Meeting physical needs	IPSURHELPEAT	Inpatient Survey Q23 "Did you get enough help from staff to eat your meals?" (Score out of 10) (01-Jun-13 to 31-Aug-13)	6.96	-	No evidence of risk
	IPSURINVDECI	Inpatient Survey Q32 "Were you involved as much as you wanted to be in decisions about your care and treatment?" (Score out of 10) (01-Jun-13 to 31-Aug-13)	7.35	-	No evidence of risk
	IPSURCNTPAIN	Inpatient Survey Q39 "Do you think the hospital staff did everything they could to help control your pain?" (Score out of 10) (01-Jun-13 to 31-Aug-13)	8.2	-	No evidence of risk
Overall experience	IPSUROVERALL	Inpatient Survey Q68 "Overall..." (I had a very poor/good experience) (Score out of 10) (01-Jun-13 to 31-Aug-13)	8.01	-	No evidence of risk
	FFTNHSESCORE	NHS England inpatients score from Friends and Family Test (% change) (01-Aug-13 to 31-Jul-14)	0.3% Short Term - 1.6% Long Term	-	No evidence of risk
Treatment with dignity and respect	IPSURRSPDIGN	Inpatient Survey Q67 "Overall, did you feel you were treated with respect and dignity while you were in the hospital?" (Score out of 10) (01-Jun-13 to 31-Aug-13)	8.87	-	No evidence of risk
Trusting relationships	IPSURCONFDOC	Inpatient Survey Q25 "Did you have confidence and trust in the doctors treating you?" (Score out of 10) (01-Jun-13 to 31-Aug-13)	8.95	-	No evidence of risk
	IPSURCONFNUR	Inpatient Survey Q28 "Did you have confidence and trust in the nurses treating you?" (Score out of 10) (01-Jun-13 to 31-Aug-13)	8.43	-	No evidence of risk
A&E Survey	AESURWAIT	A&E Survey Q7: From the time you first arrived at the A&E Department, how long did you wait before being examined by a doctor or nurse? (01-Jan-14 to 31-Mar-14)	5.9	-	No evidence of risk
	AESURCONFID	A&E Survey Q14: Did you have confidence and trust in the doctors and nurses examining and treating you? (01-Jan-14 to 31-Mar-14)	8.66	-	No evidence of risk
	AESURPRIV	A&E Survey Q18: Were you given enough privacy when being examined or treated? (01-Jan-14 to 31-Mar-14)	9.25	-	No evidence of risk
	AESURATTENT	A&E Survey Q19: If you needed attention, were you able to get a member of medical or nursing staff to help you? (01-Jan-14 to 31-Mar-14)	7.57	-	No evidence of risk
	AESURREASS	A&E Survey Q22: If you were feeling distressed while you were in the A&E Department, did a member of staff help to reassure you? (01-Jan-14 to 31-Mar-14)	6.6	-	No evidence of risk
	AESURPAIN	A&E Survey Q30: Do you think the hospital staff did everything they could to help control your pain? (01-Jan-14 to 31-Mar-14)	8.02	-	No evidence of risk
	AESURCONT	A&E Survey Q41: Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left the A&E Department? (01-Jan-14 to 31-Mar-14)	6.48	-	No evidence of risk
	AESURDIGRES	A&E Survey Q42: Overall, did you feel you were treated with respect and dignity while you were in the A&E Department? (01-Jan-14 to 31-Mar-14)	8.96	-	No evidence of risk

Section	ID	Indicators	Observed	Expected	Risk?
Access measures	COM_AD_A&E	Composite indicator: A&E waiting times more than 4 hours (01-Jul-14 to 30-Sep-14)	-	-	No evidence of risk
	AD_A&E13	Proportion of patients spending more than 4 hours in Type 1 only A&E departments from arrival to discharge, transfer or admission (01-Jul-14 to 30-Sep-14)	0.05	0.05	No evidence of risk
	AD_A&E14	Proportion of patients spending more than 4 hours in Type 2 only A&E departments from arrival to discharge, transfer or admission (01-Jul-14 to 30-Sep-14)	Not included	Not included	Not included
	AD_A&E15	Proportion of patients spending more than 4 hours in Type 3 only A&E departments from arrival to discharge, transfer or admission (01-Jul-14 to 30-Sep-14)	0	0.05	No evidence of risk
	COM_RTT	Composite indicator: Referral to treatment (01-Jul-14 to 31-Jul-14)	-	-	No evidence of risk
	RTT_01	Monthly Referral to Treatment (RTT) waiting times for completed admitted pathways (on an adjusted basis): percentage within 18 weeks (01-Jul-14 to 31-Jul-14)	85.6%	88.4%	No evidence of risk
	RTT_02	Monthly Referral to Treatment (RTT) waiting times for completed non-admitted pathways: percentage within 18 weeks (01-Jul-14 to 31-Jul-14)	96.3%	95.8%	No evidence of risk
	RTT_03	Monthly Referral to Treatment (RTT) waiting times for incomplete pathways: percentage within 18 weeks (01-Jul-14 to 31-Jul-14)	92.0%	93.2%	No evidence of risk
	DIAG6WK01	Diagnostics waiting times: patients waiting over 6 weeks for a diagnostic test (01-Jul-14 to 31-Jul-14)	0.006	0.017	No evidence of risk
	WT_CAN26	All cancers: 62 day wait for first treatment from urgent GP referral (01-Apr-14 to 30-Jun-14)	0.87	0.85	No evidence of risk
	WT_CAN27	All cancers: 62 day wait for first treatment from NHS cancer screening referral (01-Apr-14 to 30-Jun-14)	0.9	0.9	No evidence of risk
	WT_CAN22	All cancers: 31 day wait from diagnosis (01-Apr-14 to 30-Jun-14)	0.98	0.96	No evidence of risk
	CND_OPS02	The proportion of patients whose operation was cancelled (01-Apr-14 to 30-Jun-14)	0.016	0.008	No evidence of risk
CND_OPS01	The number of patients not treated within 28 days of last minute cancellation due to non-clinical reason (01-Apr-14 to 30-Jun-14)	0.028	0.051	No evidence of risk	
AMBTURN06	Proportion of ambulance journeys where the ambulance vehicle remained at hospital for more than 60 minutes (01-Apr-14 to 30-Apr-14)	0.024	0.024	No evidence of risk	
Discharge and Integration	DTC40	Ratio of the total number of days delay in transfer from hospital to the total number of occupied beds (01-Apr-14 to 30-Jun-14)	0.006	0.023	No evidence of risk
Patient-led assessments of the care environment	COM_PLACE	Composite of PLACE indicators (29-Jan-14 to 17-Jun-14)	-	-	No evidence of risk
	PLACE01	PLACE score for cleanliness of environment (29-Jan-14 to 17-Jun-14)	0.96	0.97	No evidence of risk
	PLACE02	PLACE score for food (29-Jan-14 to 17-Jun-14)	0.88	0.89	No evidence of risk
	PLACE03	PLACE score for privacy, dignity and well being (29-Jan-14 to 17-Jun-14)	0.87	0.87	No evidence of risk
	PLACE04	PLACE score for facilities (29-Jan-14 to 17-Jun-14)	0.93	0.92	No evidence of risk

Section	ID	Indicators	Observed	Expected	Risk?
Reporting culture	NRLSL08	Consistency of reporting to the National Reporting and Learning System (NRLS) (01-Oct-13 to 31-Mar-14)	6 months of reporting	-	No evidence of risk
	COM_SUSDO	Data quality of trust returns to the HSCIC (01-Apr-14 to 30-Jun-14)	-	-	No evidence of risk
	SUSA&E02	Percentage of Secondary Uses Service (SUS) records for Accident and Emergency care with valid entries in mandatory fields. (01-Apr-14 to 30-Jun-14)	92.8%	96.7%	No evidence of risk
	SUSAPC02	Percentage of Secondary Uses Service (SUS) records for inpatient care with correct entries in mandatory fields. (01-Apr-14 to 30-Jun-14)	95.9%	97.3%	No evidence of risk
	SUSOP02	Percentage of Secondary Uses Service (SUS) records for outpatient care with valid entries in mandatory fields. (01-Apr-14 to 30-Jun-14)	94.2%	97.3%	No evidence of risk
	FFTRESP02	Inpatients response percentage rate from NHS England Friends and Family Test (01-Aug-13 to 31-Jul-14)	34.8%	32.0%	No evidence of risk
Partners	MONITOR01	Monitor - Governance risk rating (09-Sep-14 to 09-Sep-14)	Not included	Not included	Not included
	MONITOR02	Monitor - Continuity of service rating (09-Sep-14 to 09-Sep-14)	Not included	Not included	Not included
	TDA03	TDA - Escalation score (01-Jun-14 to 30-Jun-14)	4. Standard oversight (limited/no delivery issues)	-	No evidence of risk
	NTS12	GMC National Training Survey – trainee's overall satisfaction (26-Mar-14 to 08-May-14)	Within the middle quartile (Q2/IQR)	-	No evidence of risk
Staff survey	STASURBG01	NHS Staff Survey - The proportion of staff who would recommend the trust as a place to work or receive treatment (01-Sep-13 to 31-Dec-13)	0.68	0.65	No evidence of risk
	NHSSTAFF04	NHS Staff Survey - KF7. The proportion of staff who were appraised in last 12 months (01-Sep-13 to 31-Dec-13)	0.84	0.83	No evidence of risk
	NHSSTAFF06	NHS Staff Survey - KF9. The proportion of staff reported receiving support from immediate managers (01-Sep-13 to 31-Dec-13)	0.64	0.65	No evidence of risk
	NHSSTAFF07	NHS Staff Survey - KF10. The proportion of staff receiving health and safety training in last 12 months (01-Sep-13 to 31-Dec-13)	0.64	0.75	Risk
	NHSSTAFF11	NHS Staff Survey - KF15. The proportion of staff who stated that the incident reporting procedure was fair and effective (01-Sep-13 to 31-Dec-13)	0.64	0.62	No evidence of risk
	NHSSTAFF16	NHS Staff Survey - KF21. The proportion of staff reporting good communication between senior management and staff (01-Sep-13 to 31-Dec-13)	0.29	0.29	No evidence of risk

Section	ID	Indicators	Observed	Expected	Risk?
Staffing	ESRSIC	Composite risk rating of ESR items relating to staff sickness rates (01-Aug-13 to 31-Jul-14)	-	-	No evidence of risk
	ESRSIC01	Proportion of days sick due to back problems in the last 12 months (01-Aug-13 to 31-Jul-14)	0.002	0.003	No evidence of risk
	ESRSIC02	Proportion of days sick due to stress in the last 12 months (01-Aug-13 to 31-Jul-14)	0.005	0.007	No evidence of risk
	ESRSIC03	Proportion of days sick in the last 12 months for Medical and Dental staff (01-Aug-13 to 31-Jul-14)	0.009	0.035	No evidence of risk
	ESRSIC04	Proportion of days sick in the last 12 months for Nursing and Midwifery staff (01-Aug-13 to 31-Jul-14)	0.041	0.042	No evidence of risk
	ESRSIC05	Proportion of days sick in the last 12 months for other clinical staff (01-Aug-13 to 31-Jul-14)	0.038	0.046	No evidence of risk
	ESRSIC06	Proportion of days sick in the last 12 months for non-clinical staff (01-Aug-13 to 31-Jul-14)	0.038	0.039	No evidence of risk
	ESRReg	Composite risk rating of ESR items relating to staff registration (31-Jul-14 to 31-Jul-14)	-	-	No evidence of risk
	ESRREG01	Proportion of Medical and Dental staff that hold an active professional registration (31-Jul-14 to 31-Jul-14)	1	0.99	No evidence of risk
	ESRREG02	Proportion of Nursing and Midwifery staff that hold an active professional registration (31-Jul-14 to 31-Jul-14)	0.97	0.99	No evidence of risk
	ESRTO	Composite risk rating of ESR items relating to staff turnover (01-Aug-13 to 31-Jul-14)	-	-	No evidence of risk
	ESRTUR01	Turnover rate (leavers) for Medical and Dental staff (01-Aug-13 to 31-Jul-14)	0.06	0.1	No evidence of risk
	ESRTUR02	Turnover rate (leavers) for Nursing and Midwifery staff (01-Aug-13 to 31-Jul-14)	0.18	0.12	Risk
	ESRTUR03	Turnover rate (leavers) for other clinical staff (01-Aug-13 to 31-Jul-14)	0.17	0.12	No evidence of risk
	ESRTUR04	Turnover rate (leavers) for all other staff (01-Aug-13 to 31-Jul-14)	0.13	0.11	No evidence of risk
	ESRSTAB	Composite risk rating of ESR items relating to staff stability (01-Aug-13 to 31-Jul-14)	-	-	No evidence of risk
	ESRSTA01	Stability Index for Medical and Dental staff (01-Aug-13 to 31-Jul-14)	0.98	0.94	No evidence of risk
	ESRSTA02	Stability Index for Nursing and Midwifery staff (01-Aug-13 to 31-Jul-14)	0.85	0.9	No evidence of risk
	ESRSTA03	Stability Index for other clinical staff (01-Aug-13 to 31-Jul-14)	0.86	0.9	No evidence of risk
	ESRSTA04	Stability Index for non clinical staff (01-Aug-13 to 31-Jul-14)	0.88	0.91	No evidence of risk
	ESRSUP	Composite risk rating of ESR items relating to staff support/ supervision (01-Aug-13 to 31-Jul-14)	-	-	No evidence of risk
	ESRSUP01	Ratio of Band 6 Nurses to Band 5 Nurses (01-Aug-13 to 31-Jul-14)	0.56	0.4	No evidence of risk
	ESRSUP02	Ratio of Charge Nurse/ Ward Sister (Band 7) to Band 5/6 Nurses (01-Aug-13 to 31-Jul-14)	0.22	0.18	No evidence of risk
	ESRSUP03	Proportion of all ward staff who are registered nurses (01-Aug-13 to 31-Jul-14)	0.78	0.68	No evidence of risk
	ESRSUP04	Ratio of consultant doctors to non-consultant doctors (01-Aug-13 to 31-Jul-14)	0.66	0.66	No evidence of risk
	ESRSUP05	Ratio of band 7 Midwives to band 5/6 Midwives (01-Aug-13 to 31-Jul-14)	0.36	0.26	No evidence of risk
	ESRSTAFF	Composite risk rating of ESR items relating to ratio: Staff vs bed occupancy (01-Aug-13 to 31-Jul-14)	-	-	No evidence of risk
	ESRRAT01	Ratio of all medical and dental staff to occupied beds (number of beds per staff) (01-Aug-13 to 31-Jul-14)	3.43	4.6	No evidence of risk
	ESRRAT02	Ratio of all nursing staff to occupied beds (number of beds per staff) (01-Aug-13 to 31-Jul-14)	2	2.23	No evidence of risk
	ESRRAT03	Ratio of all other clinical staff to occupied beds (number of beds per staff) (01-Aug-13 to 31-Jul-14)	1.65	2.07	No evidence of risk
	ESRRAT04	Ratio of all midwifery staff to births (number of births per staff) (01-Aug-13 to 31-Jul-14)	23.88	28.23	No evidence of risk
FLUVAC01	Healthcare Worker Flu vaccination uptake (01-Sep-13 to 31-Jan-14)	0.44	0.50	No evidence of risk	

Section	ID	Indicators	Observed	Expected	Risk?
Qualitative intelligence	WHISTLEBLOW	Whistleblowing alerts (18-Jul-13 to 29-Sep-14)	0	-	No evidence of risk
	GMC	GMC - Enhanced monitoring (01-Mar-09 to 22-Jul-14)	-	-	No evidence of risk
	SAFEGUARDING	Safeguarding concerns (23-Sep-13 to 22-Sep-14)	-	-	No evidence of risk
	SYE	CQC Share Your Experience - the number of negative comments is high relative to positive comments (09-Sep-13 to 08-Sep-14)	10	9.11	No evidence of risk
	NHSCHOICES	NHS Choices - the number of negative comments is high relative to positive comments (01-May-13 to 30-Apr-14)	24	17.89	No evidence of risk
	P_OPINION	Patient Opinion - the number of negative comments is high relative to positive comments (28-May-13 to 27-May-14)	1	4.01	No evidence of risk
	CQC_COM	CQC complaints (23-Sep-13 to 22-Sep-14)	42	46.02	No evidence of risk
	PROV_COM	Provider complaints (01-Apr-13 to 31-Mar-14)	1083	868.37	No evidence of risk