|  | HEYHT |  |  |  | NLAG |  |  |  | RDASH |  |  |  | YAS |  |  |  | EMAS |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Data taken from March 2014 CMB report this provides Jan 2014 data for all measures except SI data (from 1 April 2013-28 Feb 14 per date incident logged on STEIS and CQC reports checked 11 March 2014 |  |  |  | Data taken from March 2014 CMB report this provides Dec 2013 data for all measures except SI data (from 1 April 2013-28 Feb 14 per date incident logged on STEIS and CQC reports checked 20 March 2014 |  |  |  | Data taken from January 2014 CMB report - this provides Nov 2013 data for all measures except SI data (from 1 April 2013-31 Jan 14 per date incident logged on STEIS and CQC reports checked 20 February 2014 |  |  |  | Data taken from December 2013 CMB report (meetings bi-monthly) - this provides Sept-Nov 2013 data for all measures except SI data (from 1 April 2013-31 Jan 14 per date incident logged on STEIS for NL patients only and CQC reports checked 20 Feb 14 |  |  |  | Data taken from March 2014 CMB report this provides Jan 2014 data for all measures except SI data (from 1 April 2013-28 Feb 14 per date incident logged on STEIS and CQC reports checked 20 February 2014 |  |  |  |
| Indicator | Target | Current | YTD | DoT | Target | Current | YTD | DoT | Target | Current | YTD | DoT | Target | Current | YTD | DoT | Target | Current | YTD | DoT |
| No. of c. difficile cases | 54 | 3 | 50 | $\square$ | 30 | 3 | 18 | $\Rightarrow$ | 0 | 0 | 0 | $\square$ |  |  |  |  |  |  |  |  |
| No. of MRSA cases | 0 | 0 | 2 | $\square$ | 0 | 1 | 4 | $\triangle$ | 0 | 0 | 0 | $\Rightarrow$ |  |  |  |  |  |  |  |  |
| Deep Cleans - 4 weekly (Amb) | N/A | N/A | N/A |  | N/A | N/A | N/A |  | N/A | N/A | N/A |  |  |  |  |  | 95\% | 98.30\% | 97.70\% | $\square$ |
| Deep Cleans - 6 weekly (Amb) | N/A | N/A | N/A |  | N/A | N/A | N/A |  | N/A | N/A | N/A |  |  |  |  |  | 95\% | 99.50\% | 99.40\% | $\square$ |
| No. of Serious Incidents | N/A | 9 | 25 | 4 |  | 2 | 49 | $\square$ |  | 2 | 18 | $\square$ | N/A | 0 | $\begin{gathered} \hline 1 \times \mathrm{NHS} \\ 111 \end{gathered}$ |  | 0 | 2 | 35 | $\square$ |
| Timeliness of 9 Week reporting | 100\% | 46\% | 46\% | $\square$ | 100\% | 85\% | 85\% | $\square$ | 100\% | 29\% | 29\% | $\Rightarrow$ | N/A | N/A | N/A | N/A | 100\% | 91\% | 96\% | $\xrightarrow{>}$ |
| Timeliness of 12 Week reporting | 100\% | 66\% | 66\% | $\checkmark$ | 100\% | 86\% | 86\% | $\square$ | 100\% | 50\% | 50\% | $\square$ | N/A | N/A | N/A | N/A |  |  |  |  |
| No. Extensions requested | N/A | 3 | 12 | $\square$ | N/A | 2 | 5 | $\square$ | 0 | 1 | 4 | $\Rightarrow$ | N/A | N/A | N/A | N/A | Not lo | y monitor lead com | ed - respon missioners | ibility of |
| No. Extensions granted | N/A | 3 | 8 | $\Rightarrow$ | N/A | 2 | 5 | $\Rightarrow$ | 0 | 0 | 4 | $\longrightarrow$ | N/A | N/A | N/A | N/A |  |  |  |  |
| No. of Never Events | 0 | 1 | 3 | $\square$ | 0 | 0 | $2^{*}$ |  | 0 | 0 | 0 | $\Longrightarrow$ | N/A | N/A | N/A | N/A |  |  |  |  |
| $\begin{array}{l}\text { Patient harm } \\ \text { (harm-free care) }\end{array}$ | 95\% | 95.20\% | 94.34\% | $\square$ | 95\% | 91\% | 91\% |  | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |  |  |  |  |
| Patient harm (NRLS harm rate) | N/A | 25.20\% | $\begin{gathered} 25.2 \% \\ \text { (March } \\ 13 \\ \hline \end{gathered}$ | $\square$ | N/A | 24.30\% | 24.3\% (March 13) | $\square$ | N/A | 41.70\% | 41.7\% <br> (March <br> 13) | $\square$ | N/A | 35.90\% | 35.90\% | $\square$ | N/A | 35.90\% | 35.90\% |  |
| No. of Grade 3 \& 4 Pressure Ulcers | 0 | 1 | 4 | $\square$ | Data to Oct 13 | 14 | 120 | $>$ | 0 | 0 | 0 | $\square$ | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| $\begin{aligned} & \hline \text { Deep Tissue } \\ & \text { Injury } \\ & \hline \end{aligned}$ | N/A | 1 | 44 | $\longrightarrow$ | NLAG report internally on these measures and will make these data available to commissioners |  |  |  | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Ungradable Pressure Ulcer | 42 | 4 | 35 | $\Rightarrow$ |  |  |  |  | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| No. of patient falls | 2245 | 208 | 1852 | $\triangle$ | NLAG repeat fall avoid | report on re ers - curre dable - sign mprovemen | ducing <br> nt rate 4\% <br> ficant <br> t | $\varnothing$ |  |  |  |  | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| NICE guidance non-compliance |  |  | 4 partially compliant | $\square$ | 90\% | 65\% | 65\% | $\square$ |  |  |  |  |  |  |  |  |  |  |  |  |
| CAS alerts completion of alerts | 0 | 0 | 1 outstanding | $\square$ | 100\% |  | 5 outstanding |  |  |  |  |  |  |  |  |  |  | 100\% | 100\% | $\square$ |


| $\left\lvert\, \begin{aligned} & \text { CQC inspection } \\ & \text { visits }\end{aligned}\right.$ | N/A | 1 | 4 |  | N/A | 1 | 2 |  | N/A | 0 | 5 |  | 0 | 0 | 0 |  | 0 | 0 | 0 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| CQC new reports published | N/A | 0 | 3 | $\sqrt{1}$ | N/A | 0 | 2 | $\square$ | N/A | 0 | 5 | $\square$ | 0 | 0 | 1 | $\triangle$ | 0 | 0 | 1 | $\triangle$ |
| Mortality - SHMI |  | 99.4 | 99,4 | $\square$ |  | 107 | 107 | $\rho$ | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| $\begin{aligned} & \text { Mortality - HSMR } \\ & \text { (MAT) } \end{aligned}$ |  | 89.3 | 89.3 | $\nabla$ |  | 109 | 102 | $\square$ | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| $\begin{aligned} & \hline \begin{array}{l} \text { Mortality - RAMI } \\ \text { (MAT) } \\ \hline \end{array}{ }^{2} \text {. } \end{aligned}$ |  | 90 | 90 | $\Rightarrow$ |  | 88 | 110 | $\square$ | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Mixed-sex accommodation breaches | 0 | 0 | 0 | $\Rightarrow$ |  | 0 | 26 under review |  | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| No. of complaints | N/A | 87 | 646 | $\square$ | N/A | 48 | 480 |  | N/A | 5 | 27 | $\Longrightarrow$ |  |  |  |  | N/A | 17 | 135 | $\Longrightarrow$ |
| No. of re-opened complaints |  |  |  |  | 0 | 3 | 36 | $\square$ |  |  |  |  |  |  |  |  | N/A | 3 (Q3) | 23 | $\square$ |

NB: SI data figures do not include SIs that have subsequently been de-logged

* One Never Event at NLAG is the ophthalmology Never Event affecting a number of patients

| Key |  |
| :--- | :--- |
| Target | threshold or trajectory target for the provider |
| Current | position for the current month/quarter |
| YTD | Year to date volume |
| DoT | Direction of travel (improving, deteriorating, maintaining, slight improvement/deterioration) |
| N/A | not applicable |
| NR | not recorded |

