

QUALITY AND PERFORMANCE INTEGRATED SCORECARD

Royal Bournemouth and Christchurch Hospital NHS Foundation Trust

Operational Standards

REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating
1	RTT waiting times for non-urgent consultant-led treatment	Percentage of admitted patients starting treatment within a maximum of 18 weeks from referral	90%	90.5%	91.5%	91.7%	90.9%	91.1%	90.5%							
2		Percentage of non-admitted patients starting treatment within a maximum of 18 weeks from referral	95%	98.6%	98.8%	98.5%	98.8%	98.6%	98.0%							
3		Percentage of patients on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	92%	96.3%	96.1%	96.7%	96.0%	97.0%	96.7%							
4	Diagnostic test waiting times	Percentage of patients waiting more than 6 weeks from referral for a diagnostic test.	<1%	0.48%	0.33%	0.35%	0.32%	0.94%	0.65%							
5	A & E Waits	Percentage of A & E attendances where the patient was admitted, transferred or discharged within 4hours of their arrival at an A&E department	95%	94.01%	98.29%	96.39%	96.7%	93.23%	95.81%							
6	Cancer waits – 2 week wait month lag) (1	Percentage of patients referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment.	93%	94.5%	93.9%	93.5%	95.3%	95.0%								
7		Percentage of patients referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment	93%	100.0%	96.2%	96.2%	94.7%	100%								
8	Cancer waits – 31 days month lag) (1	Percentage of patients waiting no more than one month (31-days) from diagnosis to first definitive treatment for all cancers	96%	96.6%	98.1%	96.7%	97.2%	96.1%								
9		Percentage of patients waiting no more than 31 days for subsequent treatment where that treatment is surgery	94%	100.0%	100.0%	100%	94.4%	100%								
10		Percentage of patients waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen	98%	100.0%	100.0%	100%	100%	100%								
11		Percentage of patients waiting no more than 31 days for subsequent treatment where that treatment is a course of radiotherapy	94%	n/a	n/a	n/a	n/a	n/a								
12	Cancer waits – 62 days month lag) (1	Percentage of patients waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer	85%	81.4%	88.1%	87.9%	76.3%	75.8%								
13		Percentage of patients waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers	90%	100.0%	100.0%	100%	92.9%	100%								
14		Percentage of patients waiting no more than 62 days for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	90%	100.0%	100.0%	100.0%	90.0%	100%								
15	Mixed Sex Accommodation	Sleeping Accommodation Breach	<0	0	0	0	0	0	0							
16	Cancelled Operations	All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice.	<0	4	1	0	0	4	0							
17	RTT 52 week waits	Zero tolerance RTT waits over 52 weeks	<0	>0	0	0	1	0	0							
18	Ambulance Handovers	All handovers between ambulance and A & E must take place within 30 minutes	<30 minutes	awaiting validation	awaiting validation	awaiting validation	awaiting validation	awaiting validation	awaiting validation							
19		All handovers between ambulance and A & E must take place within 60 minutes	<60 minutes	awaiting validation	awaiting validation	awaiting validation	awaiting validation	awaiting validation	awaiting validation							
20		Trolley waits in A&E over 12 hours	0	3	0	0	0	0	1							
21	Cancelled Urgent Operations	No urgent operation should be cancelled for a second time	0	0	0	0	0	0	0							
22	Published Formulary	Failure to publish Formulary	Yes				0	0	0							
23	Duty of Candour	Duty of Candour: Times used	n/a	2	5	3	4	7	5							
24		Failure to notify the Relevant Person of a suspected or actual Reportable Patient Safety Incident (as per Guidance)	0	0	0	0	0	0	0							

REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating
Domain 1: Preventing People from Dying Prematurely																
REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating
25	Patient Early Warning Scores	95% of patients have observations completed as specified with their Care Plan	95%	Compliance with NEWS =76% VitalPac roll out from 01/09/13			See Quarterly Report									
26	Mortality Rates	Number of hospital deaths reviewed.All hospital deaths reviewed to determine if expected or unexpected. All unexpected hospital deaths (i.e. Service Users who were not expected to die at time of admission) have a Root Cause Analysis (RCA) and where applicable are STEIS reported. All patients admitted following a stroke who subsequently die in hospital have a RCA.	n/a	E Mortality system being rolled out across all specialities. All inpatients deaths to be reviewed using standard templates												
27		Summary Hospital Mortality Index (SHIMI)		tbc												
28		Hospital Standardised Mortality rates (HSMR)		117.8	100.9	113.9	not currently available	not currently available								
29		Percentage of admitted patients whose deaths were included in the SHMI and whose treatment included palliative care (Quality Account standard).		n/a			n/a	n/a	n/a							
30	Meningococcal septicaemia	Children and Young people who have had bacterial meningitis or meningococcal septicaemia have a follow up appointment with a consultant paediatrician ithin 6 weeks of discharge. (NICE quality standard)	100%	n/a	n/a	n/a	n/a	n/a	n/a							
31	Maternity	Improve Breastfeeding initiation at 48 hours	80%	Working with maternity to develop rates												
32		Improve or Maintain smoking at delivery rates to 13%	13%	9.5%												
33		90% of women see a midwife or a maternity healthcare professional for health and social care assessment of needs, risk and choices by 12 weeks and 6 days of pregnancy.	90%	86.20%												
34	VTE	Report of local audits of the percentage of patients risk assessed for venous thromboembolism who receive the appropriate prophylaxis	90%	90.30%	91.30%	92.00%	91.50%	85.70%								
35	Cardiac Arrest	Number of confirmed cardio-pulmonary arrest calls to the Emergency Department	n/a	10	16	11	10	17	9							
36		Number of confirmed cardio-pulmonary arrest calls to all other areas of the Trust	n/a	10	13	14	16	9	9							
37	WHO Checklist	Compliance with WHO surgical site Checklist	100%	97.16%	98.10%	97.40%	97.20%	97.40%	97.60%							

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Domain 2: Enhancing Quality of Life for People with Long-term Conditions																
REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating
38	Improving care for people with Learning Disability	90% of service users with a flag on the PAS as having a learning disability receive enhanced assessment of care needs upon emergency admission to hospital. Provider must have system in place to identify and flag whether Service Users have Learning Disabilities and to what extent these may require adjustments to care (with Service User consent).	95%													
39	Stroke Services	100% assessed and managed by stroke nursing staff and at least one member of the specialist rehabilitation team within 24 hours of admission.	100%	Work in progress												
40		100% assessed by all relevant member of the specialist rehabilitation team within 72 hours.	100%	work in progress												
41		90% of patients admitted directly to specialist acute stroke unit within 4 hours of arrival at hospital.	90%	54%	52%	40%	61%	61%								
42		100% assessed for thrombolysis	100%													
43		100% receive thrombolysis if clinically indicated.	100%	100%												
44		100% with documented multidisciplinary goals.	100%	Work in progress												
45	Care plans for Long Term conditions	Percentage of pateints with long term conditions offered a personalised care plan	100%													
Domain 3: Helping people to recover from episodes of ill health or following injury																
REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating
46	Improved outcomes following Fractured Neck of Femur	90% of clinically appropriate patients with #NOF operated on with 36 hours of admission. Trajectory to achieve 95% consistently by Q4 to be agreed by end of Q1.	90% - 95%													
47		Patient level data on hours:minutes taken to transfer patient to hospital following diagnosis of #NOF														
48	Annual Reported Health Gain	PROMs for Groin hernia surgery, Varicose vein surgery, Hip replacement surgery and knee replacement surgery. (Quality Account scorecard)														
49	Heart Failure	100% of people admitted to hospital because of heart failure are only discharged when stable and receive a clinical assessment from a member of the multidisciplinary heart failure team within 2 weeks of discharge. (National Heart failure Audit)(National Heart failure Audit)	100%													

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Domain 4: Ensuring that people have a positive experience of care																	
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50	Innovation Health and Wealth	100% of the IHW Prequalification Criteria are achieved and maintained	100%														
51	End of Life care	9 Quality statement to be fully completed by 31 March 2014 showing amber or green against ELCQUA measures	9														
52		Percentage of Service Users supported to die in their preferred place.	95%														
53	Access to appropriate services within 18 weeks	99% of all patients to be seen within 26 weeks with effect from 1 October 2013															
54		100% of all patients to be seen within 35 weeks with effect from 1 July 2013															
55	Transfer to other providers	99% of all patients to be transferred (if required) to another provider within 6 weeks of referral with effect from 1 July 2013.	99%	tbc	tbc	tbc	tbc	tbc									
56	Access diagnostic services within 6 weeks across all modalities	99% of all 'active' patients across individual modalities are seen within 6 weeks (exception where less than 20 tests are undertaken each month), with effect from 1 July 2013	99%	99.5%	99.7%	99.7%	99.7%	99.1%									
57		100% of all 'planned' patients are seen within 6 weeks of their planned date, with effect from 1 April 2013	100%														
58	Treatment within Emergency Department	Reduce Un-planned re-attendances at A&E within 7 days of original attendance to 5% by 1 July 2013	5%	4.3%	4.4%	4.4%	4.4%										
59		Reduce Left department without being seen rate to 5% by 1 July 2013	5%	2.5%	1.7%	2.9%	3.0%										
60		Reduce Time to initial assessment - 95th centile to less than 15 minutes TIME TO ASSESSMENT TRIAGE (MAJORS)	<15 mins	00:01	00:01	00:01	00:01										
61		Reduce Time to treatment in department – median to less than 60 minutes TIME TO BE SEEN BY CLINICIAN (MEDIAN)	<60 mins	00:55	00:46	01:06	01:04										
62	Cancelled elective admission	Zero cancellations with a threshold of 0.7% of all elective admissions for non clinical reasons either before or after admission	0.7%	0.4%	0.3%	0.2%	0.6%	0.5%									
63	Choose and book	<4% Slot Availability Issues	<4%														
64	Delayed Transfers of care	Delayed Discharges to be <3.5% of occupied beds	<3.5%	3.2%	2.7%	3.2%	4.9%	3.6%									
65	Summary of Complaints	Summary of complaints, themes and improvement priorities reported to Provider Board and published on Provider Website.	Yes														
66		Total number of Complaints	n/a	31	30	21	22	32	36								
67		Total number of Complaints acknowledged within 3 working days	100%														
68	Emergency Department	Mixed Sex Accommodation Breach	0	0	0	0	0	0	0								
69		No of ambulance handover taking more than 15 minutes		as above													
70		No of minutes of handover above 15 minutes															
71		Trolley waits in A&E above 4 hours															
72		Trolley waits in A&E above 12 hours		as above						1							
73	Return to Theatre	Number of patients with an unplanned return to theatre during the same inpatient admission, by procedure, by type and speciality.		work in progress													
74	Patients Satisfaction	Patient satisfaction - Were you involved as much as you wanted to be in decisions about your care and treatment?		93	96	91	93	95	93								
75		Patient satisfaction - Did you find someone on the hospital staff to talk about your worries and fears?		86	87	81	77	75	78								
76		Patient satisfaction - Were you given enough privacy when discussing your condition or treatment?		94	96	93	93	93	94								
77		Patient satisfaction - Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?		80	82	57	64	61	62								
78		Patient satisfaction -Did a member of staff tell you about medication side effects to watch for when you went home?		89	87	79	71	63	74								
79	Patient Moves	Number of patients moved 3 or more times with frequency distribution															
80	Friends and Family Test	Emergency Department (Includes ED, RACE and Ansty)		58	68	61	54	60	66								
81		Inpatients		78	78	78	73	75	69								
82		Maternity		n/a	n/a	n/a	n/a	n/a	n/a								
83		% reported extremely likely to recommend to a family member		15%	17%	14%	14%	17%	17%								

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Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm																	
REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating	
84	Nutrition	95% of all admissions receive a MUST assessment within 24 hours of admission to hospital.	95%	Data collection from polited. Audit to be included as part of monthly safety thermometer compliance from 1 July 13			75%	69%	73%								
85		Number of patients screened for malnutrition (exception report on actions taken for those not screened and those identified as at risk)															
86		95% of nutritional screening on admission to hospital															
87	Pressure Ulcers	95% of high risk admissions have a completed pressure ulcer risk assessment within 6 hours of admission.	95%	Data collection from polited. Audit to be included as part of monthly safety thermometer compliance from 1 July 13			91%	84%	88%								
88		Number of acquired pressure sores all grade 2+		91			29	20	28								
89		Number acquired in care, grade 3 and 4		16			2	3	1								
90		Number admitted with pressur sore(s) all grade		309			106	95	83								
92		95% of all other Service Users to receive a risk assessment within 24 hours. Reduction trajectory to be agreed by the end of Q2. Consequence of breach will only apply if trajectory missed	95%	Data collection from polited. Audit to be included as part of monthly safety thermometer compliance from 1 July 13			91%	84	88								
	Consultant Cover	Annual report prospectively detailing and confirming that rosters are in place that provides the required cover including Saturdays and Sunday and out of hours to include hours covered.	100%														
		Annual retrospective report that details when there has been no cover which should be reported as and when on an exception basis	100%														
	Staff Levels publically available	All actual nurse and skill mix staffing levels displayed prominently on each inpatient area on a daily basis.	95%														
	Falls	Number of falls		195	140	155	146	166	140								
		95% of high risk Service Users receive a risk assessment within 12 hours of admission	95%														
		95% of all other Service Users receive a falls assessment within 24 hours of admission.	95%														
		Patient falls resulting in a fracture or significant injury		1	1	1	1	3	1								
		Percentage of falls assessments completed within 24 hours of admission.		Data collection from polited. Audit to be included as part of monthly safety thermometer compliance from 1 July 13			86	90	93								
		Number of patients falling more than once		90	48	54	48	21	22								
	Safeguarding	Percentage of Staff Trained in Safeguarding Children Level 1		79.80%	80.90%	82.00%	83.90%	83.60%	84.70%								
		Percentage of Staff Trained in Safeguarding Children Level 2			71.70%	74.60%	76.10%	74.80%	76.90%								
		Percentage of Staff Trained in Safeguarding Children Level 3			86.80%	82.10%	77.50%	77.50%	90.90%								
		Percentage of Staff Trained in Safeguarding Adults		78.80%	80.30%	81.20%	82.80%	82.80%	84%								
		Percentage of Staff Trained in MCA/DOLS		see quarterly report			see quarterly report										
		Number of DOLs applications made		3			7										
	Infection Control	MRSA Bacteraemia	>0	0	0	0	0	1	0								
		MRSA Screening															
		E.Coli (Cumulative)				2	5	3	3								
		MSSA (Cumulative)		8	0	5	2	1	0								
		Rates of Clostridium difficile (cumulative ytd figure each month)	29	2	1	2	0	1	0								
		Infection Control - Hand washing audit compliance		67%	70%	90%	86%	87%	83%								
	NRLS	National Reporting and Learning System (% of low/no harm incidents)		95.20%			96.94%										
		National Reporting and Learning System (% of severe harm incidents)		1.40%			0.41%										
	Safety Alerts	NPSA Safety Alerts - Number outstanding		0	0	0	0	0	0								
	Never Events	Number of Never Events		0	0	0	0	0	1								
	Incidents	Monthly summary report of all incidents requiring reporting		see quarterly report			see quarterly report										
		Number of Independent Investigations commissioned by provider		0	0	0	0	0	0								
	Medication	Number of medication errors all harms		see quarterly report			see quarterly report										
		Number of medication errors relating to controlled drugs, all harm		7	3	3	8	9	9								
	Serious Incidents	Number of Serious Incidents Requiring Investigation (declared)		2	5	3	4	7	5								
		No of Serious Incidents reported within timescale		100%	100%	100%	100%	100%	100%								
	Workforce	Sickness absence rate monthly%	3.86%	3.75%													
		Staff turnover rate %	0.6%	8.98%													
		Mandatory Training %		79.90%			80.3%	80.0%	80.80%								
		Appraisal %		79.80%													

REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating		
CQUIN SCHEME																		
REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
	Friends and Family Test Increased Response Rate - per month:	Emergency Department		58	68	61	54	60	66									
		Inpatients		78	78	78	73	75	69									
		% reported extremely likely to recommend to a family member		15%	17%	14%	14%	17%	17%									
	Safety Thermometer	% Harm Free Care		88.50%	88.50%	90.66%	87.50%	88.40%	90.54%									
		Number of patients with harm free care		522	512	524	420	463	488									
		Number of patient eligible for survey		626	619	588	624	561	590									
		Number of patients surveyed		590	578	578	480	524	539									
	Safety Thermometer - Pressure Ulcers	% of patients submitted		94%	93%	98%	76%	93%	91%									
		Pressure ulcers - All %		10.17%	9.69%	7.96%	10.62%	8.97%	7.61%									
		Pressure ulcers - New %		2.20%	1.90%	1.73%	1.46%	1.15%	1.11%									
	Dementia	% of patients aged 75+ admitted to ED with a LoS .72 hours who are asked the dementia case finding question		14.20%	10.50%	56.60%	67.10%	62.50%	Data submitted to UNIFY 29th of following month									
		% identified as potentially having dementia who are then appropriately assessed		6.80%	33.30%	68.80%	77.10%	54.10%	Data submitted to UNIFY 29th of following month									
		% diagnostically assessed who have a positive diagnosis and are then referred to specialist services		Not yet available, IT resolving data extract and load processes				33.30%	81.80%	Data submitted to UNIFY 29th of following month								
		Dementia training programme																
		Dementia support for carers - monthly audit of carer support		Audit template developed, new Carers audit launched 5 Aug 2013. Results to be reported end Q2. Narrative update provided in Q2 report.														
	VTE	% risk assessment compliance		92.20%	93.34%	93.90%	94.24%	93.77%	94.13%									
		% of all hospital associated thrombosis with a completed RCA		RCA process in place for all cases				RCA process in place for all cases										
	COPD	% of patients discharged with a completed COPD care bundle																
	Urgent Care Pathway	Senior management representation on Urgent Care Steering Group		COO has attended UCSG				COO has attended UCSG										
		Audit of proactive and discharge planning to ensure people avoid crisis - TBC																
		% DNAR compliance																
	PROMS - Total Knee Replacement	Number of patients listed (per quarter) with a score above and below 29 and the reasons for listing any patients above 29		11.5% OKS>29 Hip				13.9% OKS> Knee										
					unvalidated													

QUALITY AND PERFORMANCE INTEGRATED SCORECARD

POOLE HOSPITAL NHS FOUNDATION TRUST

Operational Standards

REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating
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2		Percentage of non-admitted patients starting treatment within a maximum of 18 weeks from referral	95%	97.3%	98.4%	98.2%	97.9%	97.6%	97.1%							
3		Percentage of patients on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	92%	98.4%	98.7%	98.2%	97.5%	97.3%	97.4%							
4	Diagnostic test waiting times	Percentage of patients waiting more than 6 weeks from referral for a diagnostic test.	<1%	<1%	0.1%	<1%	<1%	1.0%	3.8%							
5	A & E Waits	Percentage of A & E attendances where the patient was admitted, transferred or discharged within 4hours of their arrival at an A&E department	95%	92.5%	96.4%	97.14% qtr 95.38%	96.3%	95.6%	95.47% qtr 95.95%							
6	Cancer waits – 2 week wait month lag)	Percentage of patients referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment.	93%	94.8%	97.4%	95.4% qtr 95.9%	96.2%	94.6%	TBC							
7		Percentage of patients referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment	93%	91.9%	98.0%	94.5% qtr 94.7%	94.8%	90.2%	TBC							
8	Cancer waits – 31 days month lag)	Percentage of patients waiting no more than one month (31-days) from diagnosis to first definitive treatment for all cancers	96%	100.0%	100.0%	100% qtr 100%	99%	99%	TBC							
9		Percentage of patients waiting no more than 31 days for subsequent treatment where that treatment is surgery	94%	96.8%	96.0%	100.0% qtr 97.6%	99%	100%	TBC							
10		Percentage of patients waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen	98%	100.0%	100.0%	100% qtr 100%	100%	100%	TBC							
11		Percentage of patients waiting no more than 31 days for subsequent treatment where that treatment is a course of radiotherapy	94%	99.2%	97.2%	100.0% qtr 98.8%	99%	97%	TBC							
12	Cancer waits – 62 days month lag)	Percentage of patients waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer	85%	92.1%	85.7%	88.3% qtr 88.6%	86%	90%	TBC							
13		Percentage of patients waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers	90%	94.4%	95.7%	93.9% qtr 94.8%	85%	96%	TBC							
14		Percentage of patients waiting no more than 62 days for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	90%	100.0%	86.7%	100%	90%	95.2%	TBC							
15	Mixed Sex Accommodation	Sleeping Accommodation Breach	<0	0	0	0	0	0	0							
16	Cancelled Operations	All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice.	<0	5	0	0	1	0	0							
17	RTT 52 week waits	Zero tolerance RTT waits over 52 weeks	<0	0	0	0	0	0	0							
18	Ambulance Handovers	All handovers between ambulance and A & E must take place within 30 minutes	<30 minutes	184	177	184	128	194	160							
19		All handovers between ambulance and A & E must take place within 60 minutes	<60 minutes	17	13	11	6	9	5							
20		Trolley waits in A&E over 12 hours	0	0	0	0	0	0	0							
21	Cancelled Urgent Operations	No urgent operation should be cancelled for a second time	0													
22	Published Formulary	Failure to publish Formulary	Yes	Yes	Yes	Yes	Yes	Yes	Yes							
23	Duty of Candour	Duty of Candour: Times used	n/a	81	116	116	90	144	92							
24		Failure to notify the Relevant Person of a suspected or actual Reportable Patient Safety Incident (as per Guidance)	0	0	0	0	0	0	0							

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REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating
25	Patient Early Warning Scores	95% of patients have observations completed as specified with their Care Plan	95%					93%	94%							
26	Mortality Rates	Number of hospital deaths reviewed. All hospital deaths reviewed to determine if expected or unexpected. All unexpected hospital deaths (i.e. Service Users who were not expected to die at time of admission) have a Root Cause Analysis (RCA) and where applicable are STEIS reported. All patients admitted following a stroke who subsequently die in hospital have a RCA.	n/a						tbc							
27		Summary Hospital Mortality Index (SHIMI)														
28		Hospital Standardised Mortality rates (HSMR)		96.2	not available	95.1	95.9									
29		Percentage of admitted patients whose deaths were included in the SHMI and whose treatment included palliative care (Quality Account standard).														
30	Meningococcal septicaemia	Children and Young people who have had bacterial meningitis or meningococcal septicaemia have a follow up appointment with a consultant paediatrician within 6 weeks of discharge. (NICE quality standard)	100%													
31	Maternity	Improve Breastfeeding initiation at 48 hours	80%	68%			80%	75%	77%							
32		Improve or Maintain smoking at delivery rates to 13%	13%	12%			13.80%	13%	12.20%							
33		90% of women see a midwife or a maternity healthcare professional for health and social care assessment of needs, risk and choices by 12 weeks and 6 days of pregnancy.	90%				90.40%	98%	86%							
34	VTE	Report of local audits of the percentage of patients risk assessed for venous thromboembolism who receive the appropriate prophylaxis	100%				100%	99%	100%							
35	Cardiac Arrest	Number of confirmed cardio-pulmonary arrest calls to the Emergency Department	n/a				0	2	0							
36		Number of confirmed cardio-pulmonary arrest calls to all other areas of the Trust	n/a				9	9	2							
37	WHO Checklist	Compliance with WHO surgical site Checklist	100%	66%	n/a	n/a	n/a	n/a	53%							

REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating
Domain 2: Enhancing Quality of Life for People with Long-term Conditions																
REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating
38	Improving care for people with Learning Disability	90% of service users with a flag on the PAS as having a learning disability receive enhanced assessment of care needs upon emergency admission to hospital. Provider must have system in place to identify and flag whether Service Users have Learning Disabilities and to what extent these may require adjustments to care (with Service User consent).	95%						tbc							
39	Stroke Services	100% assessed and managed by stroke nursing staff and at least one member of the specialist rehabilitation team within 24 hours of admission.	100%													
40		100% assessed by all relevant member of the specialist rehabilitation team within 72 hours.	100%													
41		90% of patients admitted directly to specialist acute stroke unit within 4 hours of arrival at hospital.	90%													
42		100% assessed for thrombolysis	100%													
43		100% receive thrombolysis if clinically indicated.	100%													
44		100% with documented multidisciplinary goals.	100%													
45	Care plans for Long Term conditions	Percentage of pateints with long term conditions offered a personalised care plan	100%													

REF	Domain 3: Helping people to recover from episodes of ill health or following injury																YTD & RAG rating
REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating	
46	Improved outcomes following Fractured Neck of Femur	90% of clinically appropriate patients with #NOF operated on with 36 hours of admission. Trajectory to achieve 95% consistently by Q4 to be agreed by end of Q1.	90% - 95%	96%	97%	95%	96%	88%	90%								
47		Patient level data on hours:minutes taken to transfer patient to hospital following diagnosis of #NOF															
48	Annual Reported Health Gain	PROMs for Groin hernia surgery, Varicose vein surgery, Hip replacement surgery and knee replacement surgery. (Quality Account scorecard)		83%	83%	81%	57%	85%	74%								
49	Heart Failure	100% of people admitted to hospital because of heart failure are only discharged when stable and receive a clinical assessment from a member of the multidisciplinary heart failure team within 2 weeks of discharge. (National Heart failure Audit)(National Heart failure Audit)	100%		n/a		75%	62% August data not yet completed									

REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating	
Domain 4: Ensuring that people have a positive experience of care																	
REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating	
50	Innovation Health and Wealth	100% of the IHW Prequalification Criteria are achieved and maintained	100%														
51	End of Life care	9 Quality statement to be fully completed by 31 March 2014 showing amber or green against ELCQUA measures	9														
52		Percentage of Service Users supported to die in their preferred place.	95%				92% Palliative care only		tbc								
53	Access to appropriate services within 18 weeks	99% of all patients to be seen within 26 weeks with effect from 1 October 2013	99%							from Oct							
54		100% of all patients to be seen within 35 weeks with effect from 1 July 2013	100%				100%	99.99%	99.99%								
55	Transfer to other providers	99% of all patients to be transferred (if required) to another provider within 6 weeks of referral with effect from 1 July 2013.	99%														
56	Access diagnostic services within 6 weeks across all modalities	99% of all 'active' patients across individual modalities are seen within 6 weeks (exception where less than 20 tests are undertaken each month), with effect from 1 July 2013	99%														
57		100% of all 'planned' patients are seen within 6 weeks of their planned date, with effect from 1 April 2013	100%	as per national guidance, all planned patients are returned to active once their planned date is passed													
58	Treatment within Emergency Department	Reduce Un-planned re-attendances at A&E within 7 days of original attendance to 5% by 1 July 2013	5%	2.90%	2.62%	2.20%	3.00%	2.50%	3.00%								
59		Reduce Left department without being seen rate to 5% by 1 July 2013	5%	3.33%	2.96%	3.39%	3.63%	2.90%	2.60%								
60		Reduce Time to initial assessment - 95th centile to less than 15 minutes TIME TO ASSESSMENT TRIAGE (MAJORS)	<15 mins	22	19	17	21	17	17								
61		Reduce Time to treatment in department – median to less than 60 minutes TIME TO BE SEEN BY CLINICIAN (MEDIAN)	<60 mins	61	55	68	83	59	58								
62	Cancelled elective admission	Zero cancellations with a threshold of 0.7% of all elective admissions for non clinical reasons either before or after admission	0.7%							tbc							
63	Choose and book	<4% Slot Availability Issues	<4%	16%	12%	22%	20%	19%	14%								
64	Delayed Transfers of care	Delayed Discharges to be <3.5% of occupied beds	<3.5%	1.10%	3.24%	3.23%	2.90%	2.40%	2.83%								
65	Summary of Complaints	Summary of complaints, themes and improvement priorities reported to Provider Board and published on Provider Website.	Yes				tbc		na								
66		Total number of Complaints		38	41	39	46	37	38								
67		Total number of Complaints acknowledged within 3 working days		97%	100%	92%	95%	94%	na								
68	Emergency Department	Mixed Sex Accommodation Breach	0	0	0	0	0	0	0								
69		No of ambulance handover taking more than 15 minutes		1132	1047	972	1094	1080	951								
70		No of minutes of handover above 15 minutes		189h48	163h51	167h07	171h54	173h05	106h00								
71		Trolley waits in A&E above 4 hours		371	185	145	208	235	229								
72		Trolley waits in A&E above 12 hours		0	0	1	0	0	0								
73	Return to Theatre	Number of patients with an unplanned return to theatre during the same inpatient admission, by procedure, by type and speciality.		2	3	3	7	2	4								
74	Patients Satisfaction	Patient satisfaction - Were you involved as much as you wanted to be in decisions about your care and treatment?					tbc	n/a	n/a								
75		Patient satisfaction - Did you find someone on the hospital staff to talk about your worries and fears?					tbc	n/a	n/a								
76		Patient satisfaction - Were you given enough privacy when discussing your condition or treatment?					tbc	n/a	n/a								
77		Patient satisfaction - Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?					tbc	n/a	n/a								
78		Patient satisfaction - Did a member of staff tell you about medication side effects to watch for when you went home?					tbc	n/a	n/a								
79	Patient Moves	Number of patients moved 3 or more times with frequency distribution		34	33	37	45	28	25								
80	Friends and Family Test	Emergency Department (Includes ED, RACE and Ansty)					3.20%	6.70%	5.60%								
81		Inpatients					29.40%	27.40%	34.30%								
82		Maternity					Oct-13	Oct-13	Oct-13								
83		% reported extremely likely to recommend to a family member				69%	72.50%	53.80%	83%								

REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm																
REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating
84	Nutrition	95% of all admissions receive a MUST assessment within 24 hours of admission to hospital.	95%			62%	n/a		87%							
85		Number of patients screened for malnutrition (exception report on actions taken for those not screened and those identified as at risk)							90%							
86		95% of nutritional screening on admission to hospital				85%	n/a		see 84							
87	Pressure Ulcers	95% of high risk admissions have a completed pressure ulcer risk assessment within 6 hours of admission.	95%				94%	94%	96%							
88		Number of acquired pressure sores all grade 2+					7	10	10							
89		Number acquired in care, grade 3 and 4					2	0	0							
90		Number admitted with pressur sore(s) all grade					52	55	58							
92		95% of all other Service Users to receive a risk assessment within 24 hours. Reduction trajectory to be agreed by the end of Q2. Consequence of breach will only apply if trajectory missed	95%				94%	95%	92%							
	Consultant Cover	Annual report prospectively detailing and confirming that rosters are in place that provides the required cover including Saturdays and Sunday and out of hours to include hours covered.	100%													
		Annual retrospective report that details when there has been no cover which should be reported as and when on an exception basis	100%													
	Staff Levels publically available	All actual nurse and skill mix staffing levels displayed prominently on each inpatient area on a daily basis.	95%													
	Falls	Number of falls					96	69	83							
		95% of high risk Service Users receive a risk assessment within 12 hours of admission	95%				94%	94%	98%							
		95% of all other Service Users receive a falls assessment within 24 hours of admission.	95%				93%	94%	95%							
		Patient falls resulting in a fracture or significant injury					2	1	3							
		Number of patients falling more than once					16	14	14							
	Safeguarding	Percentage of Staff Trained in Safeguarding Children Level 1		74%		75%	73%	73%	72%							
		Percentage of Staff Trained in Safeguarding Children Level 2		44%		45%	48%	50%	51%							
		Percentage of Staff Trained in Safeguarding Children Level 3		37%		36%	39%	40%	40%							
		Percentage of Staff Trained in Safeguarding Adults		74%		73%	71%	70%	69%							
		Percentage of Staff Trained in MCA/DOLS		0	1	2	2		tbc							
		Number of DOLS applications made		0	1	2	2	1	tbc							
	Infection Control	MRSA Bacteraemia	0	0	0	0	0	0	0							0
		MRSA Screening		100%	104%	120%	133%	150%	135%							
		E.Coli (Cumulative)					6	3	2							
		MSSA (Cumulative)					2	3	4							
		Rates of Clostridium difficile (cumulative ytd figure each month)	19	2	2	3	4	4	0							
		Infection Control - Hand washing audit compliance					98%	99%	99%							
	NRLS	National Reporting and Learning System (% of low/no harm incidents)		95.14%	95.43%	95.80%	93.46%	94.41%	97.33%							
		National Reporting and Learning System (% of severe harm incidents)		0.20%	0.60%	0.30%	0.40%	0.32%	0							
	Safety Alerts	NPSA Safety Alerts - Number outstanding		0	0	0	0	0	0							
	Never Events	Number of Never Events		1	0	0	0	1	0							
	Incidents	Monthly summary report of all incidents requiring reporting		617	634	637	557	626	600							
		Number of Independent Investigations commissioned by provider					tbc									
	Medication	Number of medication errors all harms					54	59	44							
		Number of medication errors relating to controlled drugs, all harm					9	12	7							
	Serious Incidents	Number of Serious Incidents Requiring Investigation (declared)		1	3	3	1	12	9							
		No of Serious Incidents reported within timescale		1	3	3	1	12	9							
	Workforce	Sickness absence rate monthly%	3.86%	3.86	3.17	3.33	3.09	3.16	3.13							
		Staff turnover rate %	0.6%	0.64	1	0.41	0.77	1.12	1.28							
		Mandatory Training %		74%		74%	72%	72%	70%							
		Appraisal %		29%	38%	43%	tbc	63%	64%							

REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating
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CQUIN SCHEME																
REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
	Safety Thermometer	% Harm Free Care		87.16%	89.09%	87.14%	87.31%	91.18%	89%							
		Number of patients with harm free care		380	400	393	399	403	402							
		Number of patient eligible for survey		436	449	451	457	442	448							
		Number of patients surveyed		436	449	451	457	442	448							
	Safety Thermometer - Pressure Ulcers	% of patients submitted		100%	100%	100%	100%	100%	100%							
		Pressure ulcers - All %		8.94%	8.46%	7.76%	8.53%	4.98%	6.03%							
		Pressure ulcers - New %		1.15%	0.89%	1.33%	1.31%	0.23%	1.12%							
	Dementia	% of patients aged 75+ admitted to ED with a LoS .72 hours who are asked the dementia case finding question							52% trauma	53% trauma						
		% identified as potentially having dementia who are then appropriately assessed														
		% diagnostically assessed who have a positive diagnosis and are then referred to specialist services														
		Dementia training programme														
	VTE	Dementia support for carers - monthly audit of carer support														
		% risk assessment compliance		94.10%	95.40%	95.50%	96.20%	95.90%	97.41%							
	COPD	% of all hospital associated thrombosis with a completed RCA														
		% of patients discharged with a completed COPD care bundle														
	Urgent Care Pathway	Senior management representation on Urgent Care Steering Group														
		Audit of proactive and discharge planning to ensure people avoid crisis - TBC														
		% DNAR compliance							84%							

QUALITY AND PERFORMANCE INTEGRATED SCORECARD

Dorset County Hospital NHS Foundation Trust

Operational Standards

REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating
1	RTT waiting times for non-urgent consultant-led treatment	Percentage of admitted patients starting treatment within a maximum of 18 weeks from referral	90%	92.9%	94.0%	92.3%	92.6%	91.6%								
2		Percentage of non-admitted patients starting treatment within a maximum of 18 weeks from referral	95%	99.2%	98.7%	99.2%	98.2%	98.5%								
3		Percentage of patients on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	92%	96.5%	96.4%	95.9%	95.5%	95.2%								
4	Diagnostic test waiting times	Percentage of patients waiting more than 6 weeks from referral for a diagnostic test.	<1%	98.8%	99.0%	99.0%	99.7%	99.7%								
5	A & E Waits	Percentage of A & E attendances where the patient was admitted, transferred or discharged within 4hours of their arrival at an A&E department	95%	94.7%	95.9%	95.5%	94.5%	89.2%								
6	Cancer waits – 2 week wait month lag) (1	Percentage of patients referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment.	93%	100%	99.8%	99.7%	98.6%	97.1%								
7		Percentage of patients referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment	93%	100%	100%	100%	100%	94.7%								
8	Cancer waits – 31 days month lag) (1	Percentage of patients waiting no more than one month (31-days) from diagnosis to first definitive treatment for all cancers	96%	100%	98.0%	98.8%	99.0%	100.0%								
9		Percentage of patients waiting no more than 31 days for subsequent treatment where that treatment is surgery	94%	100%	100%	100%	96.7%	100%								
10		Percentage of patients waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen	98%													
11		Percentage of patients waiting no more than 31 days for subsequent treatment where that treatment is a course of radiotherapy	94%													
12	Cancer waits – 62 days month lag) (1	Percentage of patients waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer	85%	93.6%	79.8%	93.3%	94.5%	89.0%								
13		Percentage of patients waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers	90%	80%	100.0%	100%	100%	91.70%								
14		Percentage of patients waiting no more than 62 days for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	90%													
15	Mixed Sex Accommodation	Sleeping Accommodation Breach	<0	0	0	0	0	0								
16	Cancelled Operations	All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice.	<0	0	0	0	0	0								
17	RTT 52 week waits	Zero tolerance RTT waits over 52 weeks	<0	0	0	0	0	0								
18	Ambulance Handovers	All handovers between ambulance and A & E must take place within 30 minutes	<30 minutes													
19		All handovers between ambulance and A & E must take place within 60 minutes	<60 minutes													
20		Trolley waits in A&E over 12 hours	0	0	0	0	0	0								
21	Cancelled Urgent Operations	No urgent operation should be cancelled for a second time	0													
22	Published Formulary	Failure to publish Formulary	Yes													
23	Duty of Candour	Duty of Candour: Times used	n/a													
24		Failure to notify the Relevant Person of a suspected or actual Reportable Patient Safety Incident (as per Guidance)	0													

REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating	
Domain 1: Preventing People from Dying Prematurely																	
REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating	
25	Patient Early Warning Scores	95% of patients have observations completed as specified with their Care Plan	95%														
26	Mortality Rates	Number of hospital deaths reviewed. All hospital deaths reviewed to determine if expected or unexpected. All unexpected hospital deaths (i.e. Service Users who were not expected to die at time of admission) have a Root Cause Analysis (RCA) and where applicable are STEIS reported. All patients admitted following a stroke who subsequently die in hospital have a RCA.	n/a														
27		Summary Hospital Mortality Index (SHIMI)		six months in arrears													
28		Hospital Standardised Mortality rates (HSMR)															
29		Percentage of admitted patients whose deaths were included in the SHMI and whose treatment included palliative care (Quality Account standard).		six months in arrears													
30	Meningococcal septicaemia	Children and Young people who have had bacterial meningitis or meningococcal septicaemia have a follow up appointment with a consultant paediatrician within 6 weeks of discharge. (NICE quality standard)	100%														
31	Maternity	Improve Breastfeeding initiation at 48 hours	80%														
32		Improve or Maintain smoking at delivery rates to 13%	13%														
33		90% of women see a midwife or a maternity healthcare professional for health and social care assessment of needs, risk and choices by 12 weeks and 6 days of pregnancy.	90%														
34	VTE	Report of local audits of the percentage of patients risk assessed for venous thromboembolism who receive the appropriate prophylaxis	100%														
35	Cardiac Arrest	Number of confirmed cardio-pulmonary arrest calls to the Emergency Department	n/a	8	7	4											
36		Number of confirmed cardio-pulmonary arrest calls to all other areas of the Trust	n/a														
37	WHO Checklist	Compliance with WHO surgical site Checklist	100%	98.9%	98.1%	99%	99.6%										

REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating	
Domain 2: Enhancing Quality of Life for People with Long-term Conditions																	
REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating	
38	Improving care for people with Learning Disability	90% of service users with a flag on the PAS as having a learning disability receive enhanced assessment of care needs upon emergency admission to hospital. Provider must have system in place to identify and flag whether Service Users have Learning Disabilities and to what extent these may require adjustments to care (with Service User consent).	95%														
39	Stroke Services	100% assessed and managed by stroke nursing staff and at least one member of the specialist rehabilitation team within 24 hours of admission.	100%														
40		100% assessed by all relevant member of the specialist rehabilitation team within 72 hours.	100%														
41		90% of patients admitted directly to specialist acute stroke unit within 4 hours of arrival at hospital.	90%	71.4%	67.6%	60.0%	64.3%	71.4%									
42		100% assessed for thrombolysis	100%														
43		100% receive thrombolysis if clinically indicated.	100%														
44		100% with documented multidisciplinary goals.	100%														
45	Care plans for Long Term conditions	Percentage of pateints with long term conditions offered a personalised care plan	100%														
Domain 3: Helping people to recover from episodes of ill health or following injury																	
REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating	
46	Improved outcomes following Fractured Neck of Femur	90% of clinically appropriate patients with #NOF operated on with 36 hours of admission. Trajectory to achieve 95% consistently by Q4 to be agreed by end of Q1.	90% - 95%	92.6%	95.5%	84.0%	92.6%	93.3%									
47		Patient level data on hours:minutes taken to transfer patient to hospital following diagnosis of #NOF															
48	Annual Reported Health Gain	PROMs for Groin hernia surgery, Varicose vein surgery, Hip replacement surgery and knee replacement surgery. (Quality Account scorecard)															
49	Heart Failure	100% of people admitted to hospital because of heart failure are only discharged when stable and receive a clinical assessment from a member of the multidisciplinary heart failure team within 2 weeks of discharge. (National Heart failure Audit)(National Heart failure Audit)	100%														

REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating	
Domain 4: Ensuring that people have a positive experience of care																	
REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating	
50	Innovation Health and Wealth	100% of the IHW Prequalification Criteria are achieved and maintained	100%														
51	End of Life care	9 Quality statement to be fully completed by 31 March 2014 showing amber or green against ELCQUA measures	9														
52		Percentage of Service Users supported to die in their preferred place.	95%														
53	Access to appropriate services within 18 weeks	99% of all patients to be seen within 26 weeks with effect from 1 October 2013	99%														
54		100% of all patients to be seen within 35 weeks with effect from 1 July 2013	100%														
55	Transfer to other providers	99% of all patients to be transferred (if required) to another provider within 6 weeks of referral with effect from 1 July 2013.	99%														
56	Access diagnostic services within 6 weeks across all modalities	99% of all 'active' patients across individual modalities are seen within 6 weeks (exception where less than 20 tests are undertaken each month), with effect from 1 July 2013	99%														
57		100% of all 'planned' patients are seen within 6 weeks of their planned date, with effect from 1 April 2013	100%														
58	Treatment within Emergency Department	Reduce Un-planned re-attendances at A&E within 7 days of original attendance to 5% by 1 July 2013	5%														
59		Reduce Left department without being seen rate to 5% by 1 July 2013	5%	1.1%	0.7%	0.8%	1.3%	1.9%									
60		Reduce Time to initial assessment - 95th centile to less than 15 minutes TIME TO ASSESSMENT TRIAGE (MAJORS)	<15 mins	00:47	00:26	00:17	00:35	00:38									
61		Reduce Time to treatment in department – median to less than 60 minutes TIME TO BE SEEN BY CLINICIAN (MEDIAN)	<60 mins	00:47	00:43	00:42	00:49	00:55									
62	Cancelled elective admission	Zero cancellations with a threshold of 0.7% of all elective admissions for non clinical reasons either before or after admission	0.7%														
63	Choose and book	<4% Slot Availability Issues	<4%														
64	Delayed Transfers of care	Delayed Discharges to be <3.5% of occupied beds	<3.5%														
65	Summary of Complaints	Summary of complaints, themes and improvement priorities reported to Provider Board and published on Provider Website.	Yes														
66		Total number of Complaints		72	62	55	84										
67		Total number of Complaints acknowledged within 3 working days															
68	Emergency Department	Mixed Sex Accommodation Breach	0														
69		No of ambulance handover taking more than 15 minutes															
70		No of minutes of handover above 15 minutes															
71		Trolley waits in A&E above 4 hours															
72		Trolley waits in A&E above 12 hours															
73	Return to Theatre	Number of patients with an unplanned return to theatre during the same inpatient admission, by procedure, by type and speciality.															
74	Patients Satisfaction	Patient satisfaction - Were you involved as much as you wanted to be in decisions about your care and treatment?															
75		Patient satisfaction - Did you find someone on the hospital staff to talk about your worries and fears?															
76		Patient satisfaction - Were you given enough privacy when discussing your condition or treatment?															
77		Patient satisfaction - Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?															
78		Patient satisfaction -Did a member of staff tell you about medication side effects to watch for when you went home?															
79	Patient Moves	Number of patients moved 3 or more times with frequency distribution															
80	Friends and Family Test	Emergency Department (Includes ED, RACE and Ansty)															
81		Inpatients		77.4%	79.2%	81.5%	78.6%										
82		Maternity															
83		% reported extremely likely to recommend to a family member															

REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm																
REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating
84	Nutrition	95% of all admissions receive a MUST assessment within 24 hours of admission to hospital.	95%	88.0%												
85		Number of patients screened for malnutrition (exception report on actions taken for those not screened and those identified as at risk)														
86		95% of nutritional screening on admission to hospital														
87	Pressure Ulcers	95% of high risk admissions have a completed pressure ulcer risk assessment within 6 hours of admission.	95%													
88		Number of acquired pressure sores all grade 2+														
89		Number acquired in care, grade 3 and 4														
90		Number admitted with pressur sore(s) all grade														
92		95% of all other Service Users to receive a risk assessment within 24 hours. Reduction trajectory to be agreed by the end of Q2. Consequence of breach will only apply if trajectory missed	95%													
	Consultant Cover	Annual report prospectively detailing and confirming that rosters are in place that provides the required cover including Saturdays and Sunday and out of hours to include hours covered.	100%													
		Annual retrospective report that details when there has been no cover which should be reported as and when on an exception basis	100%													
	Staff Levels publically available	All actual nurse and skill mix staffing levels displayed prominently on each inpatient area on a daily basis.	95%													
	Falls	Number of falls		63	43	59	67									
		95% of high risk Service Users receive a risk assessment within 12 hours of admission	95%													
		95% of all other Service Users receive a falls assessment within 24 hours of admission.	95%													
		Patient falls resulting in a fracture or significant injury		0	2	0	1									
		Percentage of falls assessments completed within 24 hours of admission.		tbc												
		Number of patients falling more than once														
	Safeguarding	Percentage of Staff Trained in Safeguarding Children Level 1														
		Percentage of Staff Trained in Safeguarding Children Level 2														
		Percentage of Staff Trained in Safeguarding Children Level 3														
		Percentage of Staff Trained in Safeguarding Adults														
		Percentage of Staff Trained in MCA/DOLS														
		Number of DOLs applications made														
	Infection Control	MRSA Bacteraemia		0	0	0	1	0								
		MRSA Screening														
		E.Coli (Cumulative)		0	1	0	2									
		MSSA (Cumulative)		1	0	0	0									
		Rates of Clostridium difficile (cumulative ytd figure each month)		1	3	1	5	3								
		Infection Control - Hand washing audit compliance		97.7%	98.3%	98.7%	98.1%									
	NRLS	National Reporting and Learning System (% of low/no harm incidents)														
		National Reporting and Learning System (% of severe harm incidents)														
	Safety Alerts	NPSA Safety Alerts - Number outstanding														
	Never Events	Number of Never Events		1	0	0	0									
	Incidents	Monthly summary report of all incidents requiring reporting														
		Number of Independent Investigations commissioned by provider														
	Medication	Number of medication errors all harms														
		Number of medication errors relating to controlled drugs, all harm														
	Serious Incidents	Number of Serious Incidents Requiring Investigation (declared)		0	7	2	4									
		No of Serious Incidents reported within timescale		0	0	0	0									
	Workforce	Sickness absence rate monthly%	3.86%													
		Staff turnover rate %	0.6%													
		Mandatory Training %														
		Appraisal %														

REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating
CQUIN SCHEME																
REF	Indicator	Indicator Definition	2013/14 Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD & RAG rating
	Friends and Family Test Increased Response Rate - per month:	Emergency Department		58	68	61	54									
		Inpatients		78	78	78	73									
		% reported extremely likely to recommend to a family member		15%	17%	14%	14%									
	Safety Thermometer	% Harm Free Care		88.50%	88.50%	90.66%	87.50%									
		Number of patients with harm free care		522	512	524	420									
		Number of patient eligible for survey		626	619	588	624									
		Number of patients surveyed		590	578	578	480									
	Safety Thermometer - Pressure Ulcers	% of patients submitted		94%	93%	98%	76%									
		Pressure ulcers - All %		10.17%	9.69%	7.96%	10.62%									
	Dementia	Pressure ulcers - New %		2.20%	1.90%	1.73%	1.46%									
		% of patients aged 75+ admitted to ED with a LoS .72 hours who are asked the dementia case finding question		14.20%	10.50%	56.60%	Data submitted to UNIFY 29th									
		% identified as potentially having dementia who are then appropriately assessed		6.80%	33.30%	68.80%										
		% diagnostically assessed who have a positive diagnosis and are then referred to specialist services		Not yet available, IT resolving data extract and load processes												
	VTE	Dementia training programme														
		Dementia support for carers - monthly audit of carer support		Audit template developed, new Carers audit launched 5 Aug 2013. Results to be												
	COPD	% risk assessment compliance		92.20%	93.34%	93.90%										
		% of all hospital associated thrombosis with a completed RCA		RCA process in place for all cases												
	Urgent Care Pathway	% of patients discharged with a completed COPD care bundle														
		Senior management representation on Urgent Care Steering Group		COO has attended UCSG												
		Audit of proactive and discharge planning to ensure people avoid crisis - TBC														
	PROMS - Total Knee Replacement	% DNAR compliance														
		Number of patients listed (per quarter) with a score above and below 29 and the reasons for listing any patients above 29		64.3%	100%	68.8%										

