

23	END OF LIFE	Number of quality statements maintained at amber or green against ELCQU measures	Clive Hunt/Andi Stone	9 or more			14	14	14	14	14	14	14	14
24	Surgery	Number of cancellations of surgery on day of admission for non clinical reasons	David Collier		7	37	13	24	21	10	35	36	17	42
25		Percentage of cancelled surgery on day of admission who are offered another binding date within 28 days	David Collier		100%	100%	100%	100%	100%	100%	100%	100%	94.40%	88.25%
25a		% Compliance with WHO Surgical Checklist	Vivian Stevens					Monthly Audit Sept onwards	Monthly Audit Sept onwards	To be included in Q2 report	-	-	89%	90%
26		Sufficient slots			data req'd tbc		tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
27	Falls	Percentage of falls assessments completed within 24 hours of admission	Julie Haddock	95%	99%	96%	95%	95%	95%	95%	93%	96%	91%	93%
28		Number of falls resulting in fracture or severe harm	Julie Haddock	0	3	1	3	2	1	2	1	5	2	3
29	Nutrition	Percentage of admissions screened within 24 hours of admission to hospital	Debbie Reeves	95%	82%	81%	83%	85%	83%	81%	87%	83%	70%	83%
30	Pressure ulcers	Percentage of admissions that have a risk assessment completed within 6 hours of admission	Julie Haddock	95%	95%	88%	92%	98%	98%	98%	87%	100%	100%	98%
31		Number of New Pressure Ulcers Grade 3/4	Julie Haddock	0	0	0	0	1	3	2	1	1	0	3
32		Number of all Hospital acquired pressure ulcers	Julie Haddock	0	14	11	7	12	11	12	20	13	12	21
33	Staffing	Staffing Levels Publicly displayed	Mandy Baker	Y/N	Pilot roll out	Y	Y	Y	Y	Y	Y	Y	Y	Y
34		Staff turnover	Phil Gold		0.78	0.72	0.83%	0.98%	1.56%	1.14%	1.01%	1.20%	0.84%	
35		Staff appraisal rate	Phil Gold	90%	73%	76%	77%	74%	72%	77%	76%	77%	75%	
36		Mandatory training rate	Deborah McFarland	90%	75%	76%	77%	79%	77%	81%	82%	83%	83%	83%
37		Sickness rate	Phil Gold		3.73%	3.66%	3.66%	3.88%	3.66%	3.56%	3.49%	3.67%	3.76%	
38		Number of staff receiving Clinical supervision	Yvonne Jeffrey	N/a	tbc	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
39		Percentage of eligible staff receiving clinical supervision	Yvonne Jeffrey	90%	tbc	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
40	Mixed Sex accommodation Breach	number of mixed sex accommodation breaches	Jen Bennett	0	0	0	1	0	0	0	0	0	0	0
41	Infection Control	MRSA Bacteraemia	Denise Richards	0	1	0	0	0	0	0	0	0	0	0
42		Clostridium Difficile	Denise Richards	13	0	2	0	0	2	2	3	0	2	2
43		Norovirus number of cases	Denise Richards	N/A	0	0	0	0	0	0	0	0	3	6
44		Norovirus number of bed days lost	Denise Richards	N/A	0	0	0	0	0	0	0	0	not counted	not counted
45		Percentage of patients screened for MRSA	Kate Thomas	95%	tbc	tbc	93%	tbc	tbc	tbc	tbc	tbc	tbc	tbc
46		MSSA	Denise Richards	N/A	0	0	1	0	1	1	0	2	3	1
47		E-Coli	Denise Richards	N/A	6	3	4	3	3	0	6	1	3	2
48	VTE	Percentage of risk assessments completed upon admission	Bradley Postill	95%	97.70%	97.00%	97.40%	97.63%	96.91%	97.40%	97.30%	97.50%	98.20%	
49		Percentage of patients who receive appropriate prophylaxis	Helen Ross	100%	97.45%	99%	98.40%	99.50%	97.60%	98.30%	99.30%	98.80%	99.60%	100%
50		Number of Hospital acquired thrombus with a completed RCA	Bradley Postill	N/A	40%	33%	25%	30%	0%	tbc	tbc	see qrtly report	see qrtly report	see qrtly report
51	Medicines	Publication of a formulary	Deryck Burton	Yes/No	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
52		Number of medication errors	Richard Longstaff		43	50	77	76	73	68	66	64	54	62

53		Number of medication errors relating to controlled drugs	Richard Longstaff		0	1	1	8	3	6	1	7	3	7	
54	Duty of Candour	Number of times duty of candour used	Carrie Stone	N/A	(81)	(79)	4	5	1	4	2	4	3	5	
55	Never Events	Number of Never Events	Carrie Stone	0	0	0	0	1	0	0	0	0	0	0	
56	Serious Incidents	Number of serious incidents	Carrie Stone	N/A	9	3	8	5	5	4	1	7	7	6	
57	Incidents	Number of incidents by harms:	Richard Longstaff		556	691	731	743	780	818	674	817	646	715	
58		Harm	Richard Longstaff		237	285	259	321	324	315	265	319	267	287	
59		No Harm	Richard Longstaff		319	406	472	422	456	503	409	498	379	428	
60	Early Warning Score	Percentage of observations and scores completed		100%	97%	100%	98%	98%	97%	98%	98%	94%	98%	97%	
61	Safeguarding	Percentage staff trained in Level 1 Safeguarding Children	Deborah McFarland	90%	89%	89%	90%	90%	88%	90%	90%	90%	90%	90%	
62		Percentage staff trained in Level 2 Safeguarding Children	Deborah McFarland	90%	87%	88%	89%	90%	87%	90%	90%	90%	90%	90%	
63		Percentage staff trained in Level 3 Safeguarding Children	Deborah McFarland	90%	81%	87%	87%	85%	85%	84%	84%	85%	86%	87%	
64		Percentage staff trained in Safeguarding Adults	Deborah McFarland	90%	68%	68%	70%	71%	69%	74%	75%	76%	77%	77%	
65		Percentage staff trained in relation to Mental Capacity Act and DOLs	Deborah McFarland	90%	68%	68%	70%	71%	69%	74%	75%	76%	77%	77%	
66	COPD	Percentage of patients of eligible patients discharged with a completed COPD bundle	Anne-Marie Helyar	85%	-	-	83%	see CQUIN	- quarterly	See CQUIN	See CQUIN	See CQUIN	See CQUIN	See CQUIN	
67	Complaints	Number of complaints received	Carrie Stone	N/A	32	45	47	53	39	48	47	40	34	44	
68		Percentage of complaints acknowledged within 3 operational days	Carrie Stone	95%	100%	91%	93%	98%	92%	98%	98%	94%	94%	tbc	
69		Percentage of complaints responded to within agreed timescales	Carrie Stone	85%	93%	84%	93%	86%	92%	90%	90%	79%	81%	tbc	
70		Date when last complaints summary published on website	Carrie Stone	N/A	tba	tbc	tbc	tbc	30.07.14	30.07.14	30.07.14	30.07.14	31.12.14	31.12.14	
CQUIN				Thresh- old	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	
1a	Friends and Family	Implementation of staff friends and family test	Marie Cleary		see exception report			Y	Y	Y	Y	Y	Y	Y	
1b		Early implementation of FFT in all outpatient and day case departments by 31 October 2014	Maria Bennett		n/a	n/a	n/a	n/a	n/a	n/a	Y	Y	Y	15.10%	
1.2		FFT increased response rates: ED	Maria Bennett	Q1 -15% Q4 - 20%	15%	12%	11.20%	8.60%	13.80%	15.70%	15.60%	14.30%	17.20%	18.50%	
1.2a		FFT Increased response rates; inpatients	Maria Bennett	Q1 - 25% Q4 -30%	65%	60%	60.50%	56.50%	55.30%	42.50%	44.40%	57.40%	59.80%	53.70%	
1.3		FFT decreasing negative responses	Maria Bennett	<1.5%	1.83%	2.47%	3.14%	2.36%	1.92%	2.66%	2.96%	2.71%	4.55%	1.58%	
2.1a	Safety Thermometer	Reduction in prevalence of pressure ulcers	Helen Ross		0.98	0.4	0.00%	0.83	0.98%	1.49%	0.65%	1.84%	0.60%	0.96%	
2.1b		Number of patients recorded with a new or old pressure ulcers as measured using ST	Helen Ross		21	19	12	27	26	20	15	23	24	27	
2.1c		Incident report sent to commissioners for all inherited pressure ulcers	Julie Haddock		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
3.1a	Dementia	Find	Helen Ross	90%	97%	98%	99%	99%	95%	99%	99%	99%	99%	tbc	
3.1b		Assess	Helen Ross	90%	98%	99%	99%	99%	95%	99%	99%	99%	99%	98%	tbc
3.1c		Refer	Helen Ross	90%	95%	93%	94%	93.50%	93.10%	91%	81%	99%	99%	tbc	
3.2		Clinical Leader and Training	Helen Ross		tbc	tbc	tbc	See CQUIN	tbc	tbc	See CQUIN	See CQUIN	See CQUIN	See CQUIN	
3.3		Carers Survey	Helen Ross		tbc	tbc	tbc	See CQUIN	tbc	tbc	See CQUIN	See CQUIN	See CQUIN	See CQUIN	

5.1	Admission	Early Assessment	Helen Ross to check	data req'd tbc	tba	tba	tba	See CQUIN	See CQUIN	See CQUIN	See CQUIN	See CQUIN	See CQUIN	See CQUIN
5.2		Impact of Early Assessment	Helen Ross to check	data req'd tbc	tba	tba	tba	See CQUIN	See CQUIN	See CQUIN	See CQUIN	See CQUIN	See CQUIN	See CQUIN
6.1	Admission Avoidance	Early assessment by consultant	Helen Ross to check	100% Q4	tba	tba	tba	See CQUIN	See CQUIN	See CQUIN	See CQUIN	See CQUIN	See CQUIN	See CQUIN
7.1	Discharges	Reduction of late discharges			415	423	421	508	tbc	tbc	tbc	tbc	tbc	tbc
7.2		Weekend Discharges	Jane Brennan		400	448	475	368	490	384	415	714	385	
7.3		Completed discharge summaries				tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
8.1	Delayed Transfer	Numbers of delayed discharges or transfers of care each month			3.46%	3.46%	2.17%	3.26%	4.86%	5.13%	6.21%	7.84%	7.49%	tbc

Ind No.	Area of Practice	Quality Requirement	Threshold	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	RAG Rating	
1	Maternity	Percentage of women see a midwife by 12 weeks and 6 days of pregnancy	90%	Q1 - 88.9%			Q2 - 82.7%			Q3 not yet available							
2		Percentage of women breastfeeding at 48 hours	80%	Q1 - 90.3%			Q2 - 85.1%			Q3 not yet available							
3		Reduction in percentage of women smoking at delivery	<13%	Q1 - 15.9%			Q2 - 4%			Q3 not yet available							
4	Emergency Department	Percentage of service users admitted or discharged within 4 hours of their arrival at an A&E	95%	94%	94.45%	95.24%	93.15%	95.91%	92.56%	92.93%	94.12%	89.94%					
5		12 hour trolley waits	0	0	0	0	0	0	0	0	0	1					
6		All handovers between ambulance and A&E taking place in 30-60 minutes (unvalidated)	0	15	46	25	52	28	33	75	74	73					
7		All handovers between ambulance and A&E taking place in over 60 minutes (unvalidated)	0	13	14	9	4	9	9	13	13	28					
8	Stroke	Percentage of patients admitted directly to specialist stroke unit within 4 hours of arrival at hospital	90%	64.50%			68.30%			66.2%	60.7%	54.2%					
9		Percentage of patients assessed for thrombolysis (and received thrombolysis)	10%	13.70%			15.50%			9.2%	9.8%	11.90%					
10		Percentage of patients receiving thrombolysis if clinically indicated (proportion of eligible patients given thrombolysis)	100%	96.40%			75.70%			n/a	n/a	n/a					
11		Percentage of patients assessed and managed by stroke nursing staff within 24 hours of admission	100%	88.80%			90.90%			89.2%	82.0%	93.2%					
12		Percentage of patients assessed by all members of the specialist rehab team within 72 hours of admission	100%	70.30%			73.20%			n/a	n/a	n/a					
13		Percentage of patients with documented MDT goals (within 5 days)	100%	96.60%			97.50%			n/a	n/a	n/a					
13.1		Percentage of patients that spend more than 90% of their stay on a Stroke ward		73.80%			70.90%			70%	59.3%	61.4%					
13.2		Percentage of patients that are scanned within 1 hr of Admission		30.20%			38.00%			26.2%	39.3%	35.6%					
14	Children	Percentage of children and young people who have had bacterial meningococcal septicaemia who have a follow up appoint with consultant paediatrician within 6 weeks of discharge	100%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a					
15	Mortality																
16		Hospital Standardised Mortality rate RBH MacMillan Unit - Christchurch	<100	88.5 201.9	95.3 161.2	79.4 165.1	77.5 163	99.2 150.4	Sept 14 not yet available	Oct 14 not yet available	Nov 14 not yet available	Dec 14 not yet available					
17		Percentage staff trained in LD		86%	86.10%	86.2	86.20%	87.20%	87.1%	86.3%	86.3%	87.4%					
18	Learning Disability	Number of patients who have an enhanced assessment of care needs upon emergency admission to hospital (CPI flag)	95%	LD = 10, Reasonable Adj=6, 100% care plans in place	LD = 15, Reasonable Adj=6, 100% care plans in place	LD = 12, Reasonable Adj=9, 100% care plans in place	LD = 10, Reasonable Adj=4, 100% care plans in place	LD = 11, Reasonable Adj = 4, 100% had care plans in place	LD = 10, Reasonable Adj = 2, 100% had care plans in place	LD = 10, Reasonable Adj = 8, 100% had care plans in place	LD = 13, Reasonable Adj = 9, 100% had care plans in place	LD = 14, Reasonable Adj = 8, 100% had care plans in place					
19	Fractured NOF	Average time of transfer for clinically appropriate inpatients with #NOF	95%	No NOFs	1 case - Transfer time > 24 hours from request to transfer	2 cases - Both transfers within 90 minutes of request	No NOFs	No NOFs	No NOFs	No NOFs	3 cases - Transfer times to be reviewed as part of RCA	3 cases - Transfer times to be reviewed as part of RCA					

20	PROMS	EQ-5D Reported Health Gain. Case mix adjusted average health gains for;		(Q4 PROMS data)													
		i) Groin hernia		0.072	No new PROMS data issued	No new PROMS data issued	No new PROMS data issued	No new PROMS data issued	No new PROMS data issued	No new PROMS data issued	No new PROMS data issued	No new PROMS data issued	No new PROMS data issued				
		ii) Varicose vein		N/A	"	"	"	"	"	"	"	"	"				
		iii) Hip replacement (primary)		0.422	"	"	"	"	"	"	"	"	"				
		iv) Knee replacement (primary)		0.304	"	"	"	"	"	"	"	"					
21	Heart Failure	Percentage of people admitted with heart failure who receive a clinical assessment within 2 weeks of discharge	100%														
22	End of Life	Percentage of people supported to die in their preferred place	75%														
23		Number of quality statements maintained at amber or green against ELCQU measures	9 or more														
24	Surgery	Number of cancellations of surgery on day of admission for non clinical reasons		14	27	40	26	25	15	23	11	11					
25		Percentage of cancelled surgery on day of admission who are offered another binding date within 28 days		100%	100%	100%	96.15%	100%	100%	95.6%	100%	Dec 14 not yet available					
26		Sufficient slots															
27	Falls	Percentage of falls assessments completed within 24 hours of admission	95%	83%	92%	91%	91%	88%	91%	91%	88%	93%					
28		Number of falls (Reported as AIRS) resulting in moderate or severe harm	0	1	3	3	2	0	1	1	4	4					
29	Nutrition	Percentage of admissions screened within 24 hours of admission to hospital	95%	77%	88%	88%	89%	90%	91%	87%	80%	87%					
30	Pressure ulcers	Percentage of admissions that have a risk assessment completed within 6 hours of admission	95%	87%	96%	95%	96%	94%	96%	96%	93%	97%					
31		Number of New Pressure Ulcers Grade 3/4 (AIRS reported)	0	2	2	2	4	9	7	4	6	4					
32		Number of all Hospital acquired pressure ulcers (AIRS reported, Category 1-4)	0	65	67	61	69	65	73	82	74	47					
33	Staffing	Staffing Levels Publicly displayed	Y/N	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes					
34		Staff turnover		10.6%	10.8%	11.4%	11.1%	11.5%	11.2%	11.3%	12.5%	12.5%					
35		Staff appraisal rate	90%	78.8%	76.3%	72.9%	73.8%	74.3%	72.2%	72.4%	72.5%	72.4%					
36		Mandatory training rate	90%	78.6%	78.6%	78.7%	79.1%	79.7%	79.3%	78.9%	78.6%	78.9%					
37		Sickness rate		3.76%	3.74%	3.70%	3.71%	3.75%	3.82%	3.83%	3.84%	3.83%					
38		Number of staff receiving Clinical supervision	N/A														
39		Percentage of eligible staff receiving clinical supervision	90%	Data not currently recorded	Data not currently recorded	Data not currently recorded	Data not currently recorded	Data not currently recorded	Data not currently recorded	Data not currently recorded	Data not currently recorded	Data not currently recorded					
40	Mixed Sex accommodation Breach	number of mixed sex accommodation breaches	0	0	0	0	0	0	0	0	0	0					
41	Infection Control	MRSA Bacteraemia	0	0	0	0	0	1	0	0	0	0					
42		Clostridium Difficile	25	0	1	0	2	3	1	3	1	1					
43		Norovirus number of cases	N/A	0	0	0	0	0	0	0	0	2					
44		Norovirus number of bed days lost	N/A	0	0	0	0	0	0	0	0	17					
45		Percentage of patients screened for MRSA	95%	87.50%	77% (unvalidated)	84.9%	89.5%	89.6%	83.2%	Not yet available	Not yet available	Not yet available					
46		MSSA	N/A	2	0	0	2	1	0	2	1	2					
47		E-Coli	N/A	1	6	3	9	4	3	6	3	5					

48	VTE	Percentage of risk assessments completed upon admission	95%	95.2%	95.0%	94.7%	95.6%	95.0%	95.1%	94.2%	93.0%	Not Yet available					
49		Percentage of patients who receive appropriate prophylaxis	100%	93.3%	92.7%	92.5%	93.7%	92.8%	93.1%	92.1%	91.4%	Not Yet available					
50		Number of Hospital acquired thrombus with a requested RCA	N/A	1	1	2	0	1	0	2	0	0					
51	Medicines	Publication of a formulary	Yes/No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes					
52		Total Number of medication errors		83	100	119	85	80	61	69	49	63					
		No Harm		74	97	111	76	72	57	58	41	53					
		Minor Harm		8	3	7	6	7	4	10	8	7					
	Moderate and Severe		1	0	1	1	1	0	1	0	3						
54	Duty of Candour	Number of times duty of candour used (for Moderate and Serious Incidents only)	N/A	27 (RCA)	4 (SI), 10 (RCA)	3 (SI), 17 (RCA)	1 (SI), 46 (RCA)	1 (SI), 13 (RCA)	3 (SI), 24 (RCA)	4 (SI), 12 (RCA)	3 (SI), 4 (RCA)	6 (SI), 2 (RCA)					
55	Never Events	Number of Never Events	0	0	1	1	0	1	0	0	0	0					
56	Serious Incidents	Number of serious incidents	N/A	0	4	3	2	1	3	4	3	6					
57	Incidents	Number of patient safety incidents by harms;															
58		No Harm		439	468	447	385	374	398	371	292	306					
59		Minor Harm		154	171	177	202	146	164	230	198	144					
60	Moderate or Severe Harm		6	14	9	18	17	10	11	15	16						
61	Early Warning Score	Percentage of observations and scores completed	100%	99%	99%	99%	99%	99%	99%	99%	99%	99%					
62	Safeguarding	Percentage staff trained in Level 1 Safeguarding Children	90%	86%	86.5%	86.3%	86.6%	86.2%	85.1%	84.4%	84.2%	84.7%					
63		Percentage staff trained in Level 2 Safeguarding Children	90%	84%	84.8%	84.9%	84.9%	83.5%	82.8%	81.0%	81.2%	81.0%					
64		Percentage staff trained in Level 3 Safeguarding Children	90%	81%	81.3%	82.9%	52.6%	61.4%	58.8%	37.4%	49.2%	43.0%					
65		Percentage staff trained in Safeguarding Adults	90%	86%	86.1%	86.2%	86.2%	87.2%	87.1%	86.3%	86.3%	87.4%					
66		Percentage staff trained in relation to Mental Capacity Act and DOLs	90%	Reviewing competency requirements on TNA	Reviewing competency requirements on TNA	Reviewing competency requirements on TNA	Reviewing competency requirements on TNA	Reviewing competency requirements on TNA	Reviewing competency requirements on TNA	Reviewing competency requirements on TNA	Reviewing competency requirements on TNA	Reviewing competency requirements on TNA					
67	COPD	Percentage of eligible patients discharged with a completed COPD bundle	85%	74.5%	81.5%	82.1%	80.2%	83.0%	85.0%	Not Yet available	Not Yet available	Not Yet available					
68	Complaints	Number of complaints received	N/A	55	34	31	33	27	34	32	26	32					
69		Percentage of complaints acknowledged within 3 operational days	95%	90%	95%	89%	94%	85%	94%	100%	100%	100%					
70		Percentage of complaints responded to within agreed timescales	95%	61%	53%	43%	30%	54%	67%	36%	38%	59%					
71		Date when last complaints summary published on website	N/A														
CQUIN			Thresh-old	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	RAG Rating	
1a	Friends and Family	Implementation of staff friends and family test		Q1 - Submitted			Q2 - Submitted										
1b		Early implementation of FFT in an outpatient and day case departments by 31 October 2014															
1.2		FFT increased response rates: ED	Q1 -15% Q4 - 20%	11%	11%	10%	9%	15%	14%	8%	15%	10%					
	FFT Increased response rates: inpatients	Q1 - 25% Q4 -30%	47%	42%	40%	40%	48%	47%	43%	46%	39%						
1.3	FFT decreasing negative responses	<1.5%	2.2%	1.7%	2.5%	2.6%	3.0%	2.0%	2.3%	1.5%	1.2%						
2.1a		Reduction in prevalence of pressure ulcers															
2.1b		Number of patients recorded with a new pressure ulcer as		11	8	4	5	9	11	11	14	10					

	Safety Thermometer	Number of patients recorded with an old (community acquired) pressure ulcer as measured using Safety Thermometer		31	31	31	36	31	22	30	48	30				
2.1c		Incident report sent to commissioners for all inherited pressure ulcers		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes				
3.1a	Dementia	Find	90%	86.8%	84.3%	89.6%	88.0%	80.2%	79.7%	70.4%	79.9%	Not yet Available				
3.1b		Assess	90%	44.6%	47.1%	56.1%	57.3%	48.8%	41.7%	44.1%	20.5%	Not yet Available				
3.1c		Refer	90%	66.7%	66.7%	76.5%	94.7%	71.4%	64.3%	54.5%	33.3%	Not yet Available				
3.2		Clinical Leader and Training		Update provided in quarterly report				Update provided in quarterly report								
3.3		Carers Survey		Update provided in quarterly report				Update provided in quarterly report								
5.1	Admission	Early Assessment														
5.2		Impact of Early Assessment														
6.1	Admission Avoidance	Early assessment by consultant	100% Q4													
7.1	Discharges	Reduction of late discharges														
7.2		Weekend Discharges														
7.3		Completed discharge summaries														
8.1	Delayed Transfer	Numbers of delayed discharges or transfers of care each month		15	16	8	20	28	30	26	24	21				
8.1	Delayed Transfer	Numbers of delayed discharges or transfers of care each month		15	16	8	20	28	30	26	24					

QUALITY AND PERFORMANCE INTEGRATED SCORECARD Dorset Healthcare University NHS Foundation Trust

	2013/14	Target 2014/15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Safe?														
No. adverse incidents reported on STEIS			6	9	6	9	11	11	7	9	6			
% compliance with STEIS data entry requirements - reporting			100%	100%	100%	100%	100%	100%	100%	100%	100%			
% compliance with STEIS data entry requirements - closing			100%	37.5%	41%	58%	50%	69%	67%	100%	50%			
No. of never events	1	0	0	0	0	0	0	0	0	0	0			
Child Safeguarding Level 1 – No. & % staff trained	Q4 99%				99.5%			99.5%			99.5%			
Child Safeguarding Level 2 - No. & % staff trained	Q4 91%				90%			90%			89%			
Child Safeguarding Level 3 - No. & % staff trained	Q4 97%				95%			95%			97%			
Adult Safeguarding - No. & % staff trained	Q4 91%				92%			92%			92%			
MCA/DOLS - No. & % staff trained	Q4 89%				90%			90%			90%			
Learning Disability Awareness - No. & % staff trained					90%			90%			90%			
Number of patients with hospital acquired thrombosis	2			0			1			5				
% patients who may be at risk of crisis offered a crisis plan		95%		68.9%			65.4%			61.2%				
Infection Control														
Percentage of patients screened for MRSA (elective)			93%	100%	100%	100%	100%	95%	100%	100%	100%			
Percentage of patients screened for MRSA (non elective)			71%	74%	60%	82%	50%	70%	68%	82%	83%			
Number of patients with MRSA Bacteraemia	0		0	0	0	0	0	0	0	0	0			
Number of cases of C Diff	7		1	2	2	1	1	0	0	0	0			
Number of C Diff outbreaks (2 or more cases in same area within 28 days)	0		0	0	0	0	0	0	0	0	0			
Number of patients whose death certificates include C-diff in part 1(a)	0		0	0	0	1	0	0	0	0	0			
Number of patients with Norovirus symptoms			0	0	0	0	0	0	4	0	0			
Number of bays and ward closures			0	0	0	0	0	0	1	0	0			
Number of bed days lost			0	0	0	0	0	0	0	0	0			
Number and % of identified infected patients (inc C Diff and Norovirus) isolated within 2hrs of symptoms onset of diarrhoea			0	0	0	0	0	N/A	4 100%	N/A	N/A			
Effective?														
% of service users who have been in hospital/long-term health care for >1yr who have had an annual physical health check	Av. 98%	100%	100%	75%	100%	100%	100%	100%	100%	100%	100%			
% of patients having a falls risk assessments carried out within 48 hrs of admission (Comm hosps and OPMH inpts)	Av. 93%	95%	95%	97%	94%	97%	87%	90%	96%	97%	97%			
% of patients having a nutritional screening assessment within 24 hrs of admission (Comm hosps and OPMH inpts)	Av. 94%	95%	94%	91%	92%	90%	90%	91%	96%	94%	94%			
% of pts whose pressure ulcer risk assessment was commenced within 4hrs of admission (Comm hosps and OPMH inpts)	Av. 86%	95%	97%	96%	96%	95%	95%	96%	97%	98%	99%			
% of patients whose VTE risk assessment was completed in 24 hrs	Av. 98%	95%	98%	97%	97%	96%	95%	96%	99%	98%	98%			
Number and % of patients commenced on appropriate prophylaxis		95%	77 (100%)	63 (100%)	49 (100%)	20 (100%)	12 (100%)	0 N/A	2 100%	3 100%	1 100%			
% patient admitted for >48hrs to hospital with COPD have a COPD bundle on discharge	100%	100%		100%			100%			50%				
Responsive?														
% of patients with a learning disability admitted as an emergency to hospital who have had an enhanced assessment		95%	100%	100%	100%	100%	0 admissions	100%	100%	100%	100%			
% new cases of psychosis served by the Early Intervention Service	100%	100%	100%	100%	95%	79%	88%	96%	100%	94%	100%			

Scorecard 2014/15 Dorset County Hospital NHS Foundation Trust

Ind No.	Area of Practice	Quality Requirement	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	RAG Rating
1	Maternity	Percentage of women see a midwife by 12 weeks and 6 days of pregnancy											
2		Percentage of women breastfeeding at 48 hours											
3		Reduction in percentage of women smoking at delivery											
4	Emergency Department	Percentage of service users admitted or discharged within 4 hours of their arrival at an A&E	95.1%	94.4%	97.3%	97.8%	97.2%	94.5%	97.2%	97.9%	94.0%	92.3%	
5		12 hour trolley waits	0	0	0	0	0	0	0	0	0	0	
6		All handovers between ambulance and A&E taking place in 30-60 minutes	30	41	16	15	5	41	4	9	47	80	
7		All handovers between ambulance and A&E taking place in over 60 minutes	10	17	4	5	5	14	3	1	10	34	
8	Stroke	Percentage of patients admitted directly to specialist stroke unit within 4 hours of arrival at hospital	71.0%	78.6%	50.0%	81.0%	93.8%	76.0%	80.0%	78.6%	73.9%	68.2%	
9		Percentage of patients assessed for thrombolysis											
10		Percentage of patients receiving thrombolysis if clinically indicated											
11		Percentage of patients assessed and managed by stroke nursing staff within 24 hours of admission											
12		Percentage of patients assessed by all members of the specialist rehab team within 72 hours of admission											
13		Percentage of patients with documented MDT goals											
14	Children	Percentage of children and young people who have had bacterial meningococcal septicaemia who have a follow up appoint with consultant paediatrician within 6 weeks of discharge											
15	Mortality	Summary hospital level mortality indicator (banding) 6 months in arears (published quarterly)			2			2			tbc		
16		Summary hospital level mortality indicator 6 months in arears (published quarterly)			1.122			1.112			tbc		
17	Learning Disability	Percentage staff trained in LD											
18		Number of patients who have an enhanced assessment of care needs upon emergency admission to hospital (CPI flag)											
19	Fractured NOF	Fracture Neck of Femur - % of # NoF patients operated on <36 hour of admission	96.6%	100.0%	100.0%	95.8%	90.0%	100.0%	85.7%	88.9%	87.8%	92.0%	
22	End of Life	Percentage of people supported to die in their preferred place											
23		Number of quality statements maintained at amber or green against ELCQU measures											
24	Surgery	Number of cancellations of surgery on day of admission for non clinical reasons	9	17	10	24	12	10	16	10	23	26	
25		Number of cancelled surgery on day of admission who are NOT offered another binding date within 28 days	0	0	0	0	0	1	0	0	1	2	
26		Who Checklist	99.29%	99.61%	99.52%	99.05%	99.10%	98.62%	99.68%	99.60%	99.39%	98.03%	
26	Outpatients	Sufficient slots choose and book	20.3%	18.0%	17.7%	19.2%	16.5%	14.7%	20.1%	20.30%	15.80%	18.10%	
27	Falls	Percentage of falls assessments completed within 24 hours of admission											
28		Number of falls resulting in # or severe harm											
29	Nutrition	Percentage of adult admissions screened within 24 hours of admission to hospital - quartely											
30	Pressure ulcers	Percentage of admissions that have a risk assessment completed within 6 hours of admission											
31		Number of avoidable New Pressure Ulcers Grade 3/4											
32		Number of all Hospital acquired pressure ulcers	9	20	10	12	14	7	8	7	8	tbc	
33	Staffing	Staffing Levels Publicly displayed											
34		Staff turnover	9.57%	9.50%	9.50%	9.62%	9.86%	10.00%	9.90%	9.71%	9.59%	tbc	
35		Staff appraisal rate	86.0%	86.0%	82.0%	86.0%	89.0%	89.0%	87.0%	88.0%	88.0%	tbc	
36		Mandatory training rate	78.0%	79.0%	78.0%	78.0%	78.0%	76.0%	80.0%	81.0%	81.0%	82.0%	

Friends and Family Test:	Increased response rate - Negative responses to FFT in ED and inpatients must not exceed 1.5% in aggregate in each month of Q4											
NHS Safety Thermometer - Improvement	Reduction in the prevalence of pressure ulcers category 2-4 new only . (Mean for last 6 months of 13-14 = 1.14%, 50% of this = 0.57%)	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Dementia & Delirium - Find, Assess, Investigate and Refer: % of patients aged >75 admitted as an emergency with length of stay >72 hours	Dementia Screening - 90% of applicable patients with a known diagnosis of dementia or clinical diagnosis of delirium or who have been asked the dementia case finding question	47.0%	38.0%	42.3%	32.5%	33.8%	31.4%	31.8%	20.6%	26.2%	28.0%	
	Dementia Risk Assessment - 90% of applicable patients who have had a diagnostic assessment including investigations	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Dementia Specialist Referral - 90% of applicable patients referred for further diagnostic advice in line with local pathways agreed with commissioners	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Dementia - Clinical Leadership	Named Lead Clinician for Dementia and appropriate training for staff (planned training plan to be provided and undertaken)	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	
Dementia - Supporting Carers of people with dementia	Undertake monthly audit of carers of people with dementia to test whether they feel supported and report results to the Board. Provider and Commissioner to agree content of audit.	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	
Emergency Admission - Early Assessment	Initial Consultant Assessment within 14 hours, all ages, 7 days per week. Q1 agree system, Q2 baseline audit and set trajectories to achieve for Q4. Stretch target 100%							89%				
Emergency Admission - Impact of Early Assessment	Assessment of impact of Consultant Assessment within 14 hours, all ages, 7 days per week. Identify Clinical Lead, agree data set, submit report											
Emergency Admission Avoidance	Reduce admissions associated with the 19 ambulatory care conditions. Q1 agree baseline and set trajectories, Q2 agree action plan to achieve. Monitor against trajectories for Q3, Q4.	326	342	336	340	328	300	320	307	401	tbc	
Transfer and Discharge - reduction in late discharges/transfers	Reduction in % of patients aged 70+ discharged or transferred between 21:00 and 07:59 the following day.	1.7%	1.7%	2.0%	2.1%	1.7%	2.4%	1.7%	0.9%	2.0%	2.2%	
Transfer and Discharge - weekend discharges	Increase % of patients discharged at weekends.	10.6%	13.2%	12.5%	11.1%	15.0%	11.3%	10.2%	16.4%	10.8%	12.8%	
Transfer and Discharge - discharge summaries	Increase % of discharge summaries issued within 24 hours - outturn 13/14 - 65.5%	65.7%	63.6%	66.4%	68.6%	65.5%	68.7%	69.5%	69.5%	69.8%	69.4%	
Transfer and Discharge - delayed transfers of care	Dorset County Council area: reduce average from 50.1 people to 24 by April 2015. (Clarity requested from CCG. In the meantime delayed transfer % being reported - threshold of 3.5% as per contract.)	3.69%	2.30%	2.71%	3.57%	2.50%	3.34%	4.8%	5.9%	7.2%	5.6%	