

RBCHFT Scorecard

Ind No.	Area of Practice	Quality Requirement	Threshold	Royal Bournemouth and Christchurch				Poole Hospital				Dorset County Hospital				Dorset Healthcare University NHS Foundation Trust			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	Emergency Department	12 hour trolley waits	0 = Green 1 or above = Red	0	0			0	0			0	0						
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	0	66	184			40	23			100	78						
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	9	23			1	1			21	17						
	Stoke Services	Overall SSNAP score	C or above (>60)	C	B			D	D			D	D						
	Mortality	Summary hospital level mortality indicator (score)	<1 - Green	1.027	N/a			0.99	0.99			1.12	1.08						
		Summary hospital level mortality indicator (Band)		2	2			2	2			2	2						
		Hospital Standardised Mortality rate	<100 = Green		tbc				tbc				108						
	Learning Disability	Compliance with Monitor requirements in relation to services for people with a learning disability	Red/Amber or Green	Green	Green			Green	Green			Green	Green						
	Surgical Checklist	Percentage compliance with WHO Check list	100% - Green	90.1%	93.8%			90.3%	89.0%			99.4%	100						
	Risk Assessments and Screening	Percentage of FALLS assessments completed within 24 hours of admission	95% - Green 85% - 95% - Amber Under 85% - Red	90%	65%			97%	97%			Au	90%			98%	95%		
		Percentage of VTE risk assessments completed upon admission		95%	96%			98%	97%			97%	97%			96%	95%		
		Percentage of admissions screened for NUTRITION within 24 hours of admission to hospital		87%	62%			83%	87%				85%			93%	97%		
		Percentage of admissions that have a PRESSURE ULCER risk assessment completed within 6 hours of admission		94%	67%			99%	90%				90%			98%	94%		
		Percentage of patients screened for MRSA						86%	86%			97%	94%			86%	97%		
	Pressure ulcers	Number of all provider acquired pressure Ulcers	N/A	369	319			45	57			20	13			111	86		
		Number of all provider inherited pressure ulcers	N/A	693	771			144	139			84	56			239	197		
	Staffing	Staffing Levels Publicly displayed	Yes/No	Yes	Yes			Yes	Yes			Yes	Yes			Yes	Yes		
		Staff turnover		12.7%	13.3%			1.1%	14.37%			9.4%	9.2%						
		Staff appraisal rate	90% - Green 80% - 90% - Amber Under 80% - Red	8.5%	31.8%			83.0%	80.0%			85.0%	86.0%						
		Mandatory training rate		77.2%	79.1%			83.0%	83.0%			80.1%	79.0%						
		Sickness rate	Internal Trust target	4.1%	4.0%			4.0%	3.3%			3.2%	3						

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		Percentage of eligible staff Annual Flu Vaccination	Internal Trust target								
	<b>Mixed Sex accomodation Breach</b>	Number of non-clinically indicated mixed sex accomodation breaches	0 = Green or above = Red 1	0	33	0	0	0	1	0	0
	<b>Infection Control</b>	MRSA Bacteraemia	0 = Green or above = Red 1	0	0	0	0	0	0	0	0
		Clostridium Difficile	As per contract	1	6	4	3	1	1	5	4
	<b>VTE</b>	Percentage of eligible pateints who have a VTE risk assement completed upon admission	95% or above - Green 90% - 95% - Amber Under 90% - Red	95.4%	96.0%	98.0%	96.0%	97.0%	97	97.0%	95
		Percentage of patients who receive appropriate VTE prophylaxis	100% - Green 90% - 95% - Amber Under 90% - Red	94.1%	87.0%	99.0%	99.0%	91	95	tbc	tbc
	<b>Medication Errors</b>	No Harm		157	161	183	157	56	40		
		Low Harm		35	40	69	72	19	37		
		Moderate Harm		3	4	1	10	1	4		
		Severe Harm		1	0	0	1	0	0		
		Death		0	0	0	0	0	0		
		Number of medication errors relating to controlled drugs		42	43	34	34	*	13		
	<b>Duty of Candour</b>	Number of times duty of candour used	N/A	100%	100%	14	20	10	14		
	<b>Never Events</b>	Number of Never Events	0	0	2	0	1	0	1	0	0
	<b>Serious Incidents</b>	Number of serious incidents relating to Pressure Ulcers		3	0	3	3	2	2		
		Number of serious incidents relating to Falls		5	2	7	11	2	4		
		Number of serious incidents - other	N/A	5	3	7	23	6	1		
	<b>Incidents</b>	Number of incidents by harms;									
		No Harm		1126	1236	1399	1164	1045	582		
		Low Harm		438	620	793	919	743	167		
		Moderate Harm		17	11	45	54	283	15		
		Severe Harm		0	5	0	2	10	6		
	Death		1	tbc	0	3	2	0			
	<b>Early Warning Score</b>	Percentage of observations and scores completed	95%		98.8%	99.0%	99.0%	98.0%	98.0%	94.0%	
	<b>Safeguarding</b>	Percentage of eligible staff trained in Level 1 Safeguarding Children		83.0%	84.3%	90.0%	91.0%	100.0%	100.0%	99.6%	tbc
		Percentage of eligible staff trained in Level 2 Safeguarding Children		82.0%	82.2%	89.0%	91.0%	58.0%	66.0%	90.0%	tbc
		Percentage eligible staff trained in Level 3 Safeguarding Children	90-100% - Green 80%-90% - Amber Under 80% - Red	79.0%	61.2%	92.0%	93.0%	66.0%	77.0%	96.0%	tbc
		Percentage staff trained in Safeguarding Adults Level 1		83.0%	85.1%	72.0%	71.0%	74.0%	10.0%	93.0%	tbc
		Percentage staff trained in Safeguarding Adults Level 2		32.0%	61.4%	75.0%	75.0%	68.0%	69.0%	90.0%	tbc
	Percentage staff trained in relation to Mental Capacity Act and DOLs		*	85.1%	70.0%	42.0%	79.0%	69.0%	90.0%	tbc	

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	<b>COPD</b>	Percentage of patients of eligible pateints discharged with a completed COPD bundle	80% = Green 70 - 80% =Amber under 70% = Red	82.0%	84.2%			*				*	N/A			1	tbc		
	<b>Complaints</b>	Number of complaints received	N/A	87	57			27	83			201	99			91	tbc		
		Percentage of complaints acknowledged within 3 operational days	100% - Green 90% - 99% - Amber Under 90% - Red	93.0%	96.0%			57.0%	62.0%			98.0%	100.0%			90.0%	tbc		
		Percentage of complaints responded to within agreed timescales		51.0%	44.0%			9.0%	20.0%			43.0%	43.5%			58.0%	tbc		
		Date when last complaints summary published on website	N/A									Juk-15	Sep-15						

nb. DCHFT and DHUFT data only available to August 2015