

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	5	8	
% compliance with STEIS data entry requirements - reporting			100%	100%	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%	100%	57%	
No. of never events	1	0	0	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%	92%	93%	
Percentage of patients screened for MRSA (non elective)			71%	74%	60%	82%	50%	70%	68%	82%	83%	65%	38%	
Number of patients with MRSA Bacteraemia	0		0	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	1	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	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	0	0	
Number of patients with Norovirus symptoms			0	0	0	0	0	0	4	0	0	17	6	
Number of bays and ward closures			0	0	0	0	0	0	1	0	0	1 ward, 2 bays	restricted for 4 days	
Number of bed days lost			0	0	0	0	0	0	0	0	0	100	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	0	0	
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%	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%	96%	96%	
% 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%	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%	98%	96%	
% of patients whose VTE risk assessment was completed in 24 hrs	Av. 98%	95%	98%	97%	97%	96%	95%	96%	99%	98%	98%	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%	2 100%	2 100%	
% 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%	100%	100%	
% new cases of psychosis served by the Early Intervention Service	100%	100%	100%	100%	95%	79%	88%	96%	100%	94%	100%	100%	100%	

Ind No.	Area of Practice	Quality Requirement	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan
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%	tbc	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%	88.2%	88.1%	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		Percentage 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
		Who Checklist	99.29%	99.61%	99.52%	99.05%	99.10%	98.62%	99.68%	99.60%	99.39%	-
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	8	tbc	
33		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%	

35	Staffing	Staff appraisal rate	86.0%	86.0%	82.0%	86.0%	89.0%	89.0%	87.0%	88.0%	88.0%	
36		Mandatory training rate	78.0%	79.0%	78.0%	78.0%	78.0%	76.0%	80.0%	81.0%	81.0%	82.0%
37		Sickness rate	3.49%	2.91%	3.02%	3.02%	3.36%	3.52%		3.86%		
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	0	0	0	0	0
42		Clostridium Difficile	0	0	2	1	1	1	0	0	2	0
43		Norovirus number of outbreaks										
44		Percentage of patients screened for MRSA - elective	94.3%	97.3%	97.0%	97.2%	97.8%	97.1%	93.3%	92.8%	93.3%	6300.0%
45		Percentage of patients screened for MRSA - non-elective	96.6%	97.3%	100.0%	97.5%	100.0%	97.9%	89.9%	97.7%	96.3%	96.3%
46	MSSA	0	0	1	0	0	4	0	0	1	2	
48	VTE	E-Coli	1	1	0	0	0	0	3	1	1	1
49		Percentage of risk assessments completed upon admission										
50		Percentage of patients who receive appropriate prophylaxis										
51	Medicines	Publication of a formulary	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
54	Duty of Candour	Number of times duty of candour used	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
55	Never Events	Number of Never Events	0	0	0	0	0	0	0	0	0	0
56	Serious Incidents	Number of serious incidents	4	6	7	2	2	2	4	4	2	4
57	Incidents	Number of incidents by harm total										
58		Death										
		Severe										
		Moderate										
59		Low										
60	Early Warning Score	Percentage of observations and scores completed	98%	98%	98%	98%	98%	98%	98%	98%	98%	
61	Safeguarding	Percentage staff trained in Level 1 Safeguarding Children										
62		Percentage staff trained in Level 2 Safeguarding Children										
63		Percentage staff trained in Level 3 Safeguarding Children										
64		Percentage staff trained in Safeguarding Adults										
65		Percentage staff trained in relation to Mental Capacity Act and DOLs										
66	COPD	Percentage of eligible patients discharged with a completed COPD bundle										
67	Complaints	Number of complaints received	80	67	71	80	72	63	62	83	48	63
68		Percentage of complaints acknowledged within 3 operational days										
		Percentage of complaints responded to within agreed timescales * developmental										
		Number of complaints referred to Ombudsmen										
		Number of complaints upheld by Ombudsmen										
69		Number of complaints re-opened.										
70		Date when last complaints summary published on website										
CQUIN			April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan
	Friends and Family Test:	a) Implementation of Staff FFT	compliant	compliant	compliant	compliant	compliant	compliant	n/a	n/a	n/a	
		b) Early Implementation of FFT - Outpatients								-	-	-
	Friends and Family Test:	b) Early Implementation of FFT - Daycase								-	-	-
		Increased response rate - Inpatients minimum 25% by Q1 and 30% by Q4	44.4%	39.2%	42.2%	39.4%	38.9%	33.4%	36.0%	37.4%	38.1%	40.0%
		Increased response rate - ED minimum of 15% by Q1 and 20% by Q4	22.4%	20.0%	20.0%	20.9%	21.4%	19.4%	20.6%	22.8%	22.5%	20.9%

Friends and Family Test:	Increased response rate - Inpatients 40% for the month of March 2015										
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%)	2.55%	1.01%	1.97%	2.14%	2.18%	2.52%	0.70%	2.46%	0.31%	
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%	
	Dementia Risk Assessment - 90% of applicable patients who have had a diagnostic assessment including investigations	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%	
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	
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	
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	
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%	
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%	4.7%	5.9%	7.2%	5.6%

Scorecard 2014/15 Royal Bournemouth and Christchurch Hospitals																
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 - 86.9%			Q4 not yet available			
2		Percentage of women breastfeeding at 48 hours	80%	Q1 - 90.3%			Q2 - 85.1%			Q3 - 90.6%			Q4 not yet available			
3		Reduction in percentage of women smoking at delivery	<13%	Q1 - 15.9%			Q2 - 4%			Q3 - 13.7%			Q4 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%	89.84%	91.59%	95.87%	
5		12 hour trolley waits	0	0	0	0	0	0	0	0	0	1	2	5	0	
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	66	55	49	
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	31	31	6	
8	Stroke	Percentage of patients admitted directly to specialist stroke unit within 4 hours of arrival at hospital	90%	64.5%			68.3%			60.0%			64.9%	68.1%	70.0%	
9		Percentage of patients assessed for thrombolysis (and received thrombolysis)	10%	13.7%			15.5%			10.2%			14.0%	19.1%	17.3%	
10		Percentage of patients receiving thrombolysis if clinically indicated (proportion of eligible patients given thrombolysis)	100%	96.4%			75.7%			66.7%			n/a	n/a	n/a	
11		Percentage of patients assessed and managed by stroke nursing staff within 24 hours of admission	100%	88.8%			90.9%			87.6%			91.2%	91.5%	90.4%	
12		Percentage of patients assessed by all members of the specialist rehab team within 72 hours of admission	100%	70.3%			73.2%			72.2%			n/a	n/a	n/a	
13		Percentage of patients with documented MDT goals (within 5 days)	100%	96.6%			97.5%			98.8%			n/a	n/a	n/a	
13.1		Percentage of patients that spend more than 90% of their stay on a Stroke ward		73.8%			70.9%			73.5%			66.7%	83.7%	72.7%	
13.2		Percentage of patients that are scanned within 1 hr of Admission		30.2%			38.0%			32.3%			35.1%	42.6%	55.8%	
16	Mortality	Hospital Standardised Mortality rate RBH	<100	94.3	104.0	86.7	84.2	103.0	72.8	92.5	97.7	99.0	Jan 15 not yet available	Feb 15 not yet available	Mar 15 not yet available	
		MacMillan Unit - Christchurch		207.2	168.2	176.3	173.5	159.1	198.4	195.9	209.2	190.4				
17		Percentage staff trained in LD		86.4%	86.1%	86.20%	86.2%	87.2%	87.1%	86.3%	86.3%	87.4%	87.4%	86.5%	84.1%	

34	Staffing	Staff turnover		10.6%	10.8%	11.4%	11.1%	11.5%	11.2%	11.3%	12.5%	12.5%	12.3%	12.2%	12.2%	
35		Staff appraisal rate	90%	78.8%	76.3%	72.9%	73.8%	74.3%	72.2%	72.4%	72.5%	72.4%	74.3%	72.5%	71.3%	
36		Mandatory training rate	90%	78.6%	78.6%	78.7%	79.1%	79.7%	79.3%	78.9%	78.6%	78.9%	77.5%	75.5%	75.5%	
37		Sickness rate		3.76%	3.74%	3.70%	3.71%	3.75%	3.82%	3.83%	3.84%	3.83%	3.82%	3.85%	3.93%	
38		Number of staff receiving Clinical supervision	N/A													
40	Mixed Sex accommodation Breach	number of mixed sex accommodation breaches	0	0	0	0	0	0	0	0	0	0	0	0	1	
41	Infection Control	MRSA Bacteraemia	0	0	0	0	0	1	0	0	0	0	0	0	0	
42		Clostridium Difficile	25	0	1	0	2	3	1	3	1	1	2	2	5	
43		Norovirus number of cases	N/A	0	0	0	0	0	0	0	0	2	3	6	11	
44		Norovirus number of bed days lost	N/A	0	0	0	0	0	0	0	0	17	0	0	62	
45		Percentage of patients screened for MRSA	95%	87.50%	77% (unvalidated)	84.9%	89.5%	89.6%	83.2%	Not available	Not available	Not available	Not available	Not available	Not available	
46		MSSA	N/A	2	0	0	2	1	0	2	1	2	3	3	1	
47	E-Coli	N/A	1	6	3	9	4	3	6	3	5	4	4	4		
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%	95.0%	95.5%	95.8%	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%	92.4%	94.1%	93.8%	Not yet available	
50		Number of Hospital acquired thrombus with a requested RCA	N/A	1	1	2	0	1	0	2	0	0	0	0	0	
51	Medicines	Publication of a formulary	Yes/No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
52		Total Number of medication errors		76	94	111	81	74	59	66	46	67	47	75	43	
		No Harm		70	92	104	73	67	55	57	40	59	40	66	36	
		Minor Harm		5	2	6	5	6	4	8	6	5	5	9	6	
	Moderate and Severe		1	0	1	3	1	0	1	0	3	2	0	1		
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)	5 (SI)	11 (SI)	4 (SI)	
55	Never Events	Number of Never Events	0	0	1	1	0	1	0	0	0	0	0	0	1	
56	Serious Incidents	Number of serious incidents	N/A	0	4	3	2	1	3	4	3	6	5	11	4	
57	Incidents	Number of patient safety incidents by harms;														
58		No Harm		440	469	446	385	375	400	382	307	362	343	415	323	
59		Minor Harm		153	171	178	202	147	165	229	197	160	201	191	170	
60	Moderate or Severe Harm		6	14	9	18	18	10	12	15	20	13	19	7		
61	Early Warning Score	Percentage of observations and scores completed	100%	99%	99%	99%	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%	84.9%	84.3%	83.5%	
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%	81.1%	81.2%	81.2%	
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%	45.1%	53.1%	Not yet available	
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%	87.4%	86.5%	84.1%	

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%	94.0%	80.7%	79.7%	81.3%	79.6%	80.0%	
68	Complaints	Number of complaints received	N/A	55	34	31	33	27	34	32	26	18	24	22	26	
69		Percentage of complaints acknowledged within 3 operational days	95%	90%	95%	89%	94%	85%	94%	100%	100%	100%	100%	100%	100%	
70		Percentage of complaints responded to within agreed timescales	95%	61%	53%	43%	30%	54%	67%	36%	38%	59%	42%	72%	30%	
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			Not Applicable			Q4 - Submitted			
1b		Early implementation of FFT in all 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%	13%	10%	8%	
		FFT Increased response rates; inpatients	Q1 - 25% Q4 -30%	47%	42%	40%	40%	48%	47%	43%	46%	39%	41%	42%	44%	
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%	2.0%	2.6%	2.4%	
2.1a	Safety Thermometer	Reduction in prevalence of pressure ulcers		2.24%	1.72%	0.81%	1.00%	1.81%	2.27%	2.32%	2.94%	2.04%	2.20%	2.51%	2.58%	
2.1b		Number of patients recorded with a new pressure ulcer as measured using ST		11	8	4	5	9	11	11	14	10	11	13	13	
		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	28	36	26	
2.1c		Incident report sent to commissioners for all inherited pressure ulcers		Yes	Yes	Yes	Yes	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%	58.3%	63.9%	57.1%	Not Yet available	
3.1b		Assess	90%	44.6%	47.1%	56.1%	57.3%	48.8%	41.7%	44.1%	20.5%	34.1%	25.7%	7.9%	Not Yet available	
3.1c		Refer	90%	66.7%	66.7%	76.5%	94.7%	71.4%	64.3%	54.5%	33.3%	70.0%	62.5%	0.0%	Not Yet available	
3.2		Clinical Leader and Training		Update provided in quarterly report			Update provided in quarterly report			Update provided in quarterly report			Update provided in quarterly report			
3.3		Carers Survey		Update provided in quarterly report			Update provided in quarterly report			Update provided in quarterly report			Update provided in quarterly report			
8.1	Delayed Transfer	Numbers of delayed discharges or transfers of care each month		15	16	8	20	28	30	26	24	21	29	30	24	

Scorecard 2014/15		Poole Hospital NHS Foundation Trust														
		= those items shaded in column A (Ind No.) are duplicated in the Integrated Performance Report														
Ind No.	Area of Practice	Quality Requirement	Data Source	Thresh- old	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1	Maternity	Percentage of women see a midwife by 12 weeks and 6 days of pregnancy	Dawn Jackson	90%	90%	96%	94.40%	97%	97%	95.20%	97.40%	97%	97.50%	97%	96.70%	98.50%
2		Percentage of women breastfeeding at 48 hours	Dawn Jackson	80%	78%	78%	78.40%	80.40%	82%	78.70%	81%	80.20%	81.50%	82.40%	81.30%	82.70%
3		Reduction in percentage of women smoking at delivery	Dawn Jackson	<13%	12%	12%	13%	12.20%	9%	9.25%	10.40%	9.20%	11.30%	12%	10.60%	13.15%
4	Emergency Department	Percentage of service users admitted or discharged within 4 hours of their arrival at A&E	David Hannington	95%	95.23%	95.28%	96.31%	93.67%	93.44%	95.53%	92.26%	93.75%	86.51%	90.78%	91.54%	92.24%
5		12 hour trolley waits	David Hannington	0	0	0	0	0	0	0	0	0	0	0	0	0
6		All handovers between ambulance and A&E to take place within 15 minutes with none waiting more than 30 minutes	David Hannington	0	45	18	22	38	21	14	32	17	42	23	23	20
7		All handovers between ambulance and A&E to take place within 15 minutes with none waiting more than 60 minutes	David Hannington	0	2	6	6	3	0	1	1	2	15	5	3	2
8	Stroke	Percentage of patients admitted directly to specialist stroke unit within 4 hours of arrival at hospital	Barry Duell	90%	71%	80%	70%	89%	83%	86%	76%	88%	81%	76%	78%	82%
9		Percentage of patients assessed for thrombolysis	Barry Duell	100%	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP
10		Percentage of patients receiving thrombolysis if clinically indicated	Barry Duell	100%	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP
11		Percentage of patients assessed and managed by stroke nursing staff within 24 hours of admission	Barry Duell	100%	See SSNAP	See SSNAP	See SSNAP	See SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP
12		Percentage of patients assessed by all members of the specialist rehab team within 72 hours of admission	Barry Duell	100%	See SSNAP	See SSNAP	See SSNAP	See SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP
13		Percentage of patients with documented MDT goals	Barry Duell	100%	See SSNAP	See SSNAP	See SSNAP	See SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP
14	Children	Percentage of children and young people who have had bacterial meningococcal septicaemia who have a follow up appointment with consultant paediatrician within 6 weeks of discharge	tbc	100%	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
15	Mortality	Summary hospital level mortality indicator	Kate Thomas	2 or 3	tbc	n/a	n/a	101.34	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
16		Hospital Standardised Mortality rate	Kate Thomas	<100	84.4	117.15	100.36	100.92	99.58	100.34	97.57	n/a	n/a	n/a	n/a	n/a
17	Learning Disability	Percentage staff trained in LD	Deborah McFarland		0	tbc	tbc	LD formal training starts Sept 2014	LD formal training starts Sept 2014	3%	5%	8%	7%	9%	10%	10%

Ind No.	Area of Practice	Quality Requirement	Data Source	Thresh- old	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
40	Mixed Sex accomodation Breach	number of mixed sex accommodation breaches	Jen Bennett	0	0	0	1	0	0	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	0	0	
42		Clostridium Difficile	Denise Richards	13	0	2	0	0	2	2	3	0	2	2	0	2	
43		Norovirus number of cases	Denise Richards	N/A	0	0	0	0	0	0	0	0	0	3	6	0	27
44		Norovirus number of bed days lost	Denise Richards	N/A	0	0	0	0	0	0	0	0	0	not counted	not counted	0	not counted
45		Percentage of patients screened for MRSA	Kate Thomas	95%	tbc	tbc	93%	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
46		MSSA	Denise Richards	N/A	0	0	1	0	1	1	0	2	3	1	1	3	
47		E-Coli	Denise Richards	N/A	6	3	4	3	3	0	6	1	3	2	2	2	
48	VTE	Percentage of risk assessments completed upon admission	Tracy Sandell	95%	97.70%	97.00%	97.40%	97.63%	96.91%	97.40%	97.30%	97.50%	98.20%	97.50%	98.90%	97.70%	
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%	97.80%	100%	
50		Number of Hospital acquired thrombus with a completed RCA	Tracy Sandell	N/A	40%	33%	25%	30%	0%	tbc	tbc	see qrtly report	see qrtly report	see qrtly report	see qrtly report	see qrtly report	
51	Medicines	Publication of a formulary	Dena Godward	Yes/No	Y	Y	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	70	
53		Number of medication errors relating to controlled drugs	Richard Longstaff		0	1	1	8	3	6	1	7	3	7	4	10	
54	Duty of Candour	Number of times duty of candour used	Denise Richards / Carrie Stone	N/A	(81)	(79)	4	5	1	4	2	4	3	5	2	tbc	
55	Never Events	Number of Never Events	Denise Richards / Carrie Stone	0	0	0	0	1	0	0	0	0	0	0	0	0	
56	Serious Incidents	Number of serious incidents	Denise Richards / Carrie Stone	N/A	9	3	8	5	5	4	1	7	7	6	6	6	
57	Incidents	Number of incidents by harms;	Richard Longstaff		556	691	731	743	780	818	674	817	646	715	706	737	
58		Harm	Richard Longstaff		237	285	259	321	324	315	265	319	267	287	299	289	
59		No Harm	Richard Longstaff		319	406	472	422	456	503	409	498	379	428	407	448	
60	Early Warning Score	Percentage of observations and scores completed		100%	97%	100%	98%	98%	97%	98%	98%	94%	98%	97%	99%	100%	
61	Safeguarding	Percentage staff trained in Level 1 Safeguarding Children	Deborah McFarland	90%	89%	89%	90%	90%	88%	90%	90%	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%	90%	90%	
63		Percentage staff trained in Level 3 Safeguarding Children	Deborah McFarland	90%	81%	87%	87%	85%	85%	84%	84%	85%	86%	87%	87%	90%	

Ind No.	Area of Practice	Quality Requirement	Data Source	Thresh- old	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
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%	8.02%	4.74%	6.60%