

Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

Safety	Target	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Trend
Infection Control - MRSA Bacteremia (Cumulative)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
Infection Control - MRSA Screening	95%	93%	92%	92%	92%	92%	93%	88%	91.80%	86.8%	88.0%	86.8%	86.8%		
Infection Control - Norovirus Outbreaks (Cumulative)	N/A	1	7	0	0	0	2	1	0	0	0	0	2	13	
Infection Control - C.Diff (Cumulative)	38	3	1	1	3	2	1	5	1	0	5	3	6	31	
MSSA (Cumulative)	N/A	4	2	2	4	9	3	4	6	2	3	6	3	48	
E.Coli (Cumulative)	N/A	21	18	14	19	24	24	25	33	15	4	8	5	210	
Infection Control - Handwashing audit compliance	92%	90%			87%			90%			83%				
National Reporting and Learning System (% of low/no harm incidents)	N/A	96%						96.30%					97.80%	96%	
National Reporting and Learning System (% of severe harm incidents)	0.70%	0.6%						0.50%					0.40%	0.55%	
NPSA Safety Alerts - Number outstanding	0	1	1	1	0	0	0	0	0	0	0	0	0	3	
Number of Serious Incidents Requiring Investigation (declared)	N/A	1	2	2	2	5	0	5	7	7	5	3	2		
No of Serious Incidents Requiring Investigation open outside of timescale	0	1	1	4	0	0	0	0	0	0	0	0	0	0	
Percentage of staff trained in safeguarding adults		73%	73.80%	75.40%	73.60%	72.90%	72.80%	73.30%	75%	76%	77.0%	76.0%	77.0%		
Staff trained in safeguarding children to level 1 (all staff as % of workforce)		73%			74%			75%	75.80%	77%	77.9%	77.3%	78.0%		
Staff trained in safeguarding children to level 2 (clinical staff as % of workforce)		35.00%			46%			59%			66%				
Number of confirmed Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Emergency Department Ambulance Handover delays (61-90 mins)		8	7	7	6	6	26							60	
Hospital Standardise Mortality Indicator (HSMR)	>100	Nov 11 - October 12 = 105										April 12-Jan 13 HSMR = 107.1 (re based)			
Summary-Level Hospital Mortality Indicator (SHMI)	N/A	April 11 - March 12 SHMI = 100.43										October 11-September 12 SHMI = 1.01		1.01	
Compliance with WHO surgical site Checklist		94%	96%	97%	97%	96.90%	96.90%	95.56%	96.60%	97.3%	97.6%	96.6%	97.6%		
<b>Effectiveness</b>															
Patient falls resulting in a fracture or significant injury	0	1	1	1	2	4	0	2	4	2	2	1	1		
Stage 3 or 4 pressure Ulcer occurrence (acquired in care)	0	0	0	0	0	0	0	1	3	1	2	1	0		
Percentage of patients who fell more than once (as a % of falls)		16%			17.80%										
VTE % of risk assessments	90%	94%	94.30%	94.80%	94.80%	94.70%	95%	94.53%	94%	94%	93.67%	94.22%	91%		
PROMS EQ5D average score (Groin) health gain	0.088							0.073						0.073	
PROMS EQ5D average score (Knee) health gain	0.305							0.299						0.299	
PROMS EQ5D average score (Hip) health gain	0.417							0.391						0.391	
<b>Patient Experience</b>															
Total number of Complaints	N/A	19	21	16	37	24	18	27	26	14	37	32	36	307	
Total number of Complaints acknowledged within 3 working days	N/A	68%			86%			91%			75%				
Percentage of cancelled Operations	0.7%	0.5%	0.4%	0.30%	0.30%	0.50%	0.50%	0.50%	0.30%	0.50%					
Breaches in same sex accommodation	0	0	0	0	0	0	0	0	0	0				0	
Patient satisfaction - Were you involved as much as you wanted to be in decisions about your care and treatment?	7.25	7.2										7.2			
Patient satisfaction - Did you find someone on the hospital staff to talk about your worries and fears?	6.10	5.7										5.7			
Patient satisfaction - Were you given enough privacy when discussing your condition or treatment?	8.30	8.1										8.1			
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?	7.05	7.3										7.3			
Patient satisfaction - Did a member of staff tell you about medication side effects to watch for when you went home?	5.50	5.2										5.2			
<b>Workforce</b>															
Sickness absence rate monthly%		3.42%			3.51%										
Staff turnover rate %		10%			9.86%										
Mandatory Training %		70.6%	72.3%	73.7%	73.70%	74.4%	74.8%	76.5%	78.80%	79.60%					
Appraisal %	90%	87%	86%	87%	87%	86%	84%	84.31%	81.44%	79.03%					

Poole Hospital NHS Foundation Trust

Safety	Target	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Trend	
Infection Control - MRSA Bacteraemias (Cumulative)	1	0	0	1	0	0	1	0	0	0	0	0	2	4		
Infection Control - MRSA Screening	95%															
Infection Control - Norovirus Outbreaks (Cumulative)	N/A	3	0	0	0	0	0	0	0	0	0	0	0	3		
Infection Control - C.Diff (Cumulative)	25	2	4	0	3	2	2	1	4	1	3	2	3	27		
MSSA (Cumulative)	N/A	4	3	7	2	0	3	1	0	4	2	2	1	29		
E.Coli (Cumulative)	N/A	13	11	13	18	19	18	14	6	3	5	3	1	124		
Infection Control - Handwashing audit compliance		99%			93%	98%	97%	99%	99%	98%	99%	98%	99%			
National Reporting and Learning System (% of low/no harm incidents)	N/A	96%						98%					98%			
National Reporting and Learning System (% of severe harm incidents)	0.70%	0.2%						0.40%					0.20%			
NPSA Safety Alerts - Number outstanding	0	3	5	5	5	3	3	3	3	3	3	0	0	3		
Number of Serious Incidents Requiring Investigation (declared)	N/A	3	3	5	2	1	2	1	0	1	2	0	1	21		
No of Serious Incidents Requiring Investigation open outside of timescale	0	0	0	3	2	0	2	1	0	0	0	0	0	2		
Percentage of staff trained in safeguarding adults		73%			73%	74%	74%	76%	76%	76%	76%	75%	75%	76%		
Staff trained in safeguarding children to level 1 (all staff as % of workforce)		75%			74%	78%	78%	80%	81%	81%	80%	78%	77%	80%		
Staff trained in safeguarding children to level 2 (clinical staff as % of workforce)					26%	28%	28%	27%	27%	28%	31%	41%	44%			
Number of confirmed Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Emergency Department Ambulance Handover delays (61-90 mins)		2	3	0	0	1	4							10		
Hospital Standardise Mortality Indicator (HSMR)	>100	109					n/a	n/a							109	
Summary-Level Hospital Mortality Indicator (SHMI)	N/A	0.9					n/a	n/a							0.9	
Compliance with WHO surgical site Checklist		Annual audit due in March 2013														
<b>Effectiveness</b>																
Patient falls resulting in a fracture or significant injury	0	2	2	1	2	0	1		1	1	1	3	3	17		
Stage 3 or 4 pressure Ulcer occurrence (acquired in care)	0	0	0	3	0	1	0	1	1	0	0	3	3	12		
Percentage of patients who fell more than once (as a % of falls)		Not Currently Available				17%	25%	22%	12%	12%	n/a	20%	10%			
VTE % of risk assessments	90%	87%				87.60%	88.80%	91%	89%	91%	90.38%	91%	92%	93%	89%	
PROMS EQ5D average score (Groin) health gain	0.088	Not enough data to be statistically reliable														
PROMS EQ5D average score (Knee) health gain	0.305	No applicable activity														
PROMS EQ5D average score (Hip) health gain	0.417	No applicable activity														
<b>Patient Experience</b>																
Total number of Complaints	N/A	127				112			50	36	31	42	30	41	469	
Total number of Complaints acknowledged within 3 working days	N/A	98%				100%	100%	99%	99%	97%	n/a	n/a	99%			
Percentage of cancelled Operations	N/A					1.70%	1.50%	2.33%	1.20%	1.41%	1.60%	1.40%	1.00%	2.00%	2.83%	
Breaches in same sex accomodation	0	0	0	0	0	0	0	0	0	0	5*	3	1	9		
Patient satisfaction - Were you involved as much as you wanted to be in decisions about your care and treatment?	7.25	7.8														
Patient satisfaction - Did you find someone on the hospital staff to talk about your worries and fears?	6.10	6.3														
Patient satisfaction - Were you given enough privacy when discussing your condition or treatment?	8.30	8.7														
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?	7.05	7.1														
Patient satisfaction -Did a member of staff tell you about medication side effects to watch for when you went home?	5.50	5.0														
<b>Workforce</b>																
Sickness absence rate %		3.16%				3.43%			3.53%	3.41%	3.58%	3.94%	3.82%	3.71%		
Staff turnover rate %		1.64%				3.97%			0.62%	0.59%	0.79%	0.59%	0.80%	1.05%		
Mandatory Training %		74%	76%	76%	76%	77%	78%	79%	80%	80%	78%	77%	76%			
Appraisal %		Not Currently Available														

Dorset County Hospital NHS Foundation Trust

Safety	Target	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Trend
Infection Control - MRSA Bacteraemias (Cumulative)	1	0	0	0	0	0	0	0	1	0	0	0	0	1	
Infection Control - MRSA Screening	95%	97%	97%				96.90%	97.60%	96.4	96.5	94.30%	98.60%	98.20%	96%	
Infection Control - Norovirus Outbreaks (Cumulative)	N/A	0	0	0	0	0	0	0	0	0	0	0	0	0	
Infection Control - C.Diff (Cumulative)	27	4	1	2	1	0	2	1	2	3	2	1	1	21	
MSSA (Cumulative)	N/A	1	3	5	4	4	4	2	0	0	0	0	0	15	
E.Coli (Cumulative)	N/A	3	5	4	8	8	8	7	0	0	0	0	1	24	
Infection Control - Handwashing audit compliance	95%	96.20%	96.50%	97.30%	96.70%	97.40%	96.60%	98.70%	95.40%	98%	98.40%	96.60%	97.20%	97.00%	
National Reporting and Learning System (% of low/no harm incidents)	N/A	94%						94.30%					93%	94%	
National Reporting and Learning System (% of severe harm incidents)	1.20%	0.9						0.70%					1.00%	0.8%	
NPSA Safety Alerts - Number outstanding	0	2	0	0	0	0	0	0	1	0	0	0		0	
Number of Serious Incidents Requiring Investigation (declared)	N/A	0	1	0	12	10	6	2	4	2	3	1	1	37	
No of Serious Incidents Requiring Investigation open outside of timescale	0	0	0	0	0	7	17	2	0	0	0	0	0	17	
Percentage of staff trained in safeguarding adults	95%	78%						77%		78%				78%	
Staff trained in safeguarding children to level 1 (all staff as % of workforce)		Report Not Available						Report not available		61%				61%	
Staff trained in safeguarding children to level 2 (clinical staff as % of workforce)		Report Not Available						Report not available		35%				35.00%	
Number of confirmed Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Emergency Department Ambulance Handover delays (61-90 mins)		2	6	13	26	11	21	29	22	29	14	16		189	
Hospital Standardise Mortality Indicator (HSMR)	>100	109			103.3						95.2			N/A	
Summary-Level Hospital Mortality Indicator (SHMI)	N/A	106			106									106	
Compliance with WHO surgical site Checklist	100%	98.50%	95.60%	95.70%	94.20%	94.30%	91.20%	95.30%	98.50%	99.10%	99.50%	99%	94.90%	96.45%	
<b>Effectiveness</b>															
Patient falls resulting in a fracture or significant injury	0	2	2	0	0	3	2	3	0	1	0	1	1	14	
Stage 3 or 4 pressure Ulcer occurrence (acquired in care)	0	0	0	0	5	2	2	3	2	2	0	1	1	14	
Percentage of patients who fell more than once (as a % of falls)		Not Currently Available			89%			92%						91.50%	
VTE % of risk assessments	90%	92%			91.6	91.4	93.4	91.80%	93.4	91.8	92	92	88.4	92%	
PROMS EQ5D average score (Groin) health gain	0.088							0.089						0.089	
PROMS EQ5D average score (Knee) health gain	0.305							0.261						0.261	
PROMS EQ5D average score (Hip) health gain	0.417							0.442						0.442	
<b>Patient Experience</b>															
Total number of Complaints	N/A	27	29	16	30	29	32	60	22	30	32	39	27	373	
Total number of Complaints acknowledged within 3 working days	N/A	Not Currently Available			Not Currently Available			Not Currently Available			Not Currently Available				
Percentage of cancelled Operations	0.70%	0.70%	0.30%	1.10%	1.10%	0.90%	0.74%	0.71	0.78	0.4	0.94	0.44		0.65%	
Breaches in same sex accommodation	0	0	0	0	0	0	4	0	0	0	0	0	0	4	
Patient satisfaction - Were you involved as much as you wanted to be in decisions about your care and treatment?	7.25	7.1						7.1							
Patient satisfaction - Did you find someone on the hospital staff to talk about your worries and fears?	6.10	5.9						5.9							
Patient satisfaction - Were you given enough privacy when discussing your condition or treatment?	8.30	8.1						8.1							
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?	7.05	6.6						6.6							
Patient satisfaction - Did a member of staff tell you about medication side effects to watch for when you went home?	5.50	4.7						4.7							
<b>Workforce</b>															
Sickness absence rate %		3%			3.60%									TBC	
Staff turnover rate %		10.00%			9.69%									8.95%	
Mandatory Training %		74.30%			72%									75%	
Appraisal %		89.38%			85.90%									83.60%	

## Dorset Healthcare University NHS Foundation Trust

Safety	Target	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Trend
Infection Control - MRSA Bacteraemias (Cumulative)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Infection Control - MRSA Screening	95%	100%	100%	98%	100%	100%	97%	100%	98%	100%	97.50%	100%	99%	99%	
Infection Control - Norovirus Outbreaks (Cumulative)	N/A	2	0	0	0	0	0	0	0	14	0	0	1	4	
Infection Control - C.Diff	20	0	1	0	0	3	1	6	1	0	1	0	0	13	
Infection Control - Handwashing audit compliance	95%	95.29% (Nov 2011)											95.29%		
National Reporting and Learning System (% of low/no harm incidents)	N/A	95%						94.20%					95.90%	95%	
National Reporting and Learning System (% of severe harm incidents)	1.05%	2.2%						1.80%					0.20%	1.95%	
NPSA Safety Alerts - Number outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Number of Serious Incidents Requiring Investigation (declared)	N/A	13	9	13	9	14	11	8	4	5	7	2	2	97	
No of Serious Incidents Requiring Investigation open outside of timescale		19	8	0	0	0	0	7	1	0	4	4	4	0	
Percentage of staff trained in safeguarding adults	95%	84.60%			86.60%			89.80%			94.10%			90%	
Staff trained in safeguarding children to level 1 (all staff as % of workforce)	95%	97.80%			97.90%			97.90%			98.30%			98%	
Staff trained in safeguarding children to level 2 (clinical staff as % of workforce)	95%	71.60%			76.90%			71.90%			80.70%			71.90%	
Number of confirmed Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospital Standardise Mortality Indicator (HSMR)		not applicable													
Summary-Level Hospital Mortality Indicator (SHMI)		not applicable													
Compliance with WHO surgical site Checklist		not applicable													
<b>Effectiveness</b>															
Patient falls resulting in a fracture or significant injury	0	1	2	1	0	2	1	1	0	1	2	0	1	9	
Stage 3 or 4 pressure Ulcer occurrence (acquired in care)	0	1	3	1	1	0	0	0	2	1	0	1	2	10	
Percentage of patients who fell more than once (as a % of falls)		19.30%	28.90%	22%	25%	23%	26%	18%	10%	19.50%	16.70%	20%	17%		
VTE % of risk assessments	95%	99.63%	99.70%	98.91%	98.60%	99.20%	99.20%	98.80%	96.75%	96.98%	94.52%	94.52%	97.67%		
<b>Patient Experience</b>															
Total number of Complaints	N/A	21	25	20	24	33	20	33	34	25	34	36	28		
Total number of Complaints acknowledged within 3 working days	100%	95%	88%	100%	100%	91%	100%	94%	97%	92%	94%	97%	100%	95.4%	
Breaches in same sex accommodation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Patient Experience - Health and Social Care Workers	N/A	8.4											8.4		
Patient Experience - Medications	N/A	7.5											7.5		
Patient Experience - Talking Therapies	N/A	7											7		
Patient Experience - Care Co-ordinator	N/A	8.2											8.2		
Patient Experience - Care Planning	N/A	7											7		
Patient Experience - Care review	N/A	7.5											7.5		
Patient Experience - Crisis Care	N/A	7.2											7.2		
Patient Experience - Day to Day Living	N/A	5.6											5.6		
Patient Experience - Overall	N/A	6.6											6.6		
<b>Workforce</b>															
Sickness absence rate %	N/A	4.80%			4.83%			4.98%			4.64%				
Staff turnover rate %	N/A	9.35%			9.36%			9.58%			9.69%				
Mandatory Training %	N/A	93.00%			93.70%			94.30%			90%				
Appraisal %	N/A	87.00%			89.01%			73.60%			72%				

## Quality Scorecard - Acute Providers through Associate Commissioning

	SALISBURY					YEOVIL					SOUTH WEST AMBULNACE				
	Period	Target	Actual	Period Indicator	Trend	Period	Target	Actual	Period Indicator	Trend	Period	Target	Actual	Period Indicator	Trend
<b>Safety</b>															
Infection Control - MRSABacteraemias (Cumulative)	Mar-13	3	3		↓	Mar-13	1	1		→					
Infection Control - MRSA screening	Q3	95%	91%		→										
Infection Control - C.Diff (Cumulative)	Mar-13	25	25		↑	Mar-13	28	10		→					
MSSA (Cumulative)	Mar-13	N/A	22			Mar-13	N/A	15							
E.Coli (Cumulative)	Jan-13	N/A	86			Mar-13	N/A	76							
Infection Control - Handwashing audit compliance	Mar-13	95%	92%		→	not contractual requirement-not provided									
National Reporting and Learning System (consistency of reporting)	Mar-13	6/6	6/6		→	Mar-13	6/6	6/6		↓	Mar-13	6/6	6/6		→
National Reporting and Learning System (% of sever harm incidents)	Mar-13	1.00%	0.80%		↓	Mar-13	1.00%	0.10%		↑	Mar-13	1.90%	0.00%		↓
Medication errors	Not Contractual Requirement					Q4	20% reduction from 08/09 baseline	122		↑					
Safety Alerts - Number outstanding	Mar-13	0	0		→	Mar-13	0	0		→	Mar-13	0	0		→
Number of Serious Untoward Incidents (declared)	Mar-13	N/A	13 (YTD)		→	Q3	N/A	7			Mar-13		9		→
Number of Serious Incidents open outside of timescale	Not Contractual Requirement					Q3	0	10		↑	Dec-12	0	0		→
Percentage of staff trained in safeguarding adults	Not Contractual Requirement					Q4		315 (% unavailable)							
Percentage of staff trained in safeguarding children	Not Contractual Requirement					Q4		349 (% unavailable)							
Number of Never Events	Mar-13	0	2		→	YTD	0	1 (shared)		→	Mar-13	0	0		→
Standardised Hospital Mortality Indicator (SHMI)	Nov-12	N/A	105			Mar-13		102							
<b>Effectiveness</b>															
Patient falls	Q4		5 (high harm)		↑	Q4	20% reduction on 08/09 baseline	86		↓					
Pressure Ulcer occurrence	Q4	0	2 (grade 3 or 4)		↑	Q4	20% reduction on 08/09 baseline	57		↓					
VTE % of risk assessments (UNIFY data)	Q4	95%	98%		↑	TBC	TBC	TBC		↑					
<b>Patient Experience</b>															
Total number of Complaints	Q3	N/A	75		→	Q4	N/A	66		↑	YTD	N/A	343		↓
Total number of Complaints acknowledged within 3 working days	not provided					not provided									
Breaches in same sex accommodation	Q4	0	0		→	Q3	0	0		↑					
Patient satisfaction - Were you involved as much as you wanted to be in decisions about your care and treatment?	2011	7.25	7.0		↓	2011	7.25	7.6		↑					
Patient satisfaction - Did you find someone on the hospital staff to talk about your worries and fears?	2011	6.10	6.0		↑	2011	6.10	6.3		↑					
Patient satisfaction - Were you given enough privacy when discussing your condition or treatment?	2011	8.30	8.6		↑	2011	8.30	8.4		↓					
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?	2011	7.05	6.5		→	2011	7.05	6.2		↓					
Patient satisfaction -Did a member of staff tell you about medication side effects to watch for when you went home?	2011	5.50	5.1		↓	2011	5.50	5.0		↑					

red text=not updated since previous report

Key	
	Failing to achieve compliance/achieving trajectory/target
	Partial achievement of target/trajectory
	Achieving compliance/achieving trajectory/target
	Information currently unavailable
	Not scored due to no target
SHMI	target = PO upper limit

For Patient satisfaction the average between lowest and highest scoring trusts has been used to reflect target