QUALITY AND PERFORMANCE INTEGRATED SCORECARD - 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 not yet available	Q2 not yet available								
2		Percentage of women breastfeeding at 48 hours	80%	Q1 - 90.3%			Q2 not yet available	Q2 not yet available								
3		Reduction in percentage of women smoking at delivery	<13%	Q1 - 15.9%			Q2 not yet available	Q2 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%								
5		12 hour trolley waits	0	0	0	0	0	0								
6		All handovers between ambulance and A&E taking place in 30-60 minutes (unvalidated)	0	15	46	25	52	28								
7		All handovers between ambulance and A&E taking place in over 60 minutes (unvalidated)	0	13	14	9	4	9								
8	**Stroke**	Percentage of patients admitted directly to specialist stroke unit within 4 hours of arrival at hospital	90%	Q1 from SSNAP not yet available			Q2 from SSNAP not yet available	Q2 from SSNAP not yet available								
9		Percentage of patients assessed for thrombolysis	10%	Q1 from SSNAP not yet available			Q2 from SSNAP not yet available	Q2 from SSNAP not yet available								
10		Percentage of patients receiving thrombolysis if clinically indicated	100%	Q1 from SSNAP not yet available			Q2 from SSNAP not yet available	Q2 from SSNAP not yet available								
11		Percentage of patients assessed and managed by stroke nursing staff within 24 hours of admission	100%	Q1 from SSNAP not yet available			Q2 from SSNAP not yet available	Q2 from SSNAP not yet available								
12		Percentage of patients assessed by all members of the specialist rehab team within 72 hours of admission	100%	Q1 from SSNAP not yet available			Q2 from SSNAP not yet available	Q2 from SSNAP not yet available								
13		Percentage of patients with documented MDT goals	100%	Q1 from SSNAP not yet available			Q2 from SSNAP not yet available	Q2 from SSNAP not yet available								
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								
15	**Mortality**															
16		Hospital Standardised Mortality rate RBH MacMillan Unit - Christchurch	<100	79.38 179.74	84.19 150.55	June 14 not yet available	July 14 not yet available	August 14 not yet available								
17	**Learning Disability**	Percentage staff trained in LD		86%	86.10%	86.2	86.20%	87.20%								
18		**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								
19	**Fractured NOF**	**Average time of transfer for** clinically appropriate inpatients with #NOF	95%	No NOFs	1 case - Reviewing notes	2 cases - Reviewing notes	No NOFs	No NOFs								
20	**PROMS**	EQ-5D Reported Health Gain. **Case mix adjusted average health gains for;**														
		i) Groin hernia		0.072 (Q4 PROMSs data)	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	28								
25		Percentage of cancelled surgery on day of admission who are offered another binding date within **28** days		100%	100%	100%	96.15%	100%								
26		Sufficient slots														
27	**Falls**	Percentage of falls assessments completed within 24 hours of admission	95%	83%	93%	91%	91%	88%								
28		Number of falls resulting in **moderate** or severe harm	0	2	3	3	2	1								

29	**Nutrition**	Percentage of admissions screened within 24 hours of admission to hospital	95%	77%	88%	88%	89%	90%								
30	**Pressure ulcers**	Percentage of admissions that have a risk assessment completed within 6 hours of admission	95%	87%	96%	95%	96%	94%								
31		Number of New Pressure Ulcers Grade 3/4 (AIRS reported)	0	2	3	2	5	9								
32		Number of all Hospital acquired pressure ulcers (AIRS reported, Category 1-4)	0	66	67	61	71	60								
33	**Staffing**	Staffing Levels Publicly displayed	Y/N	Yes	Yes	Yes	Yes	Yes								
34		Staff turnover		10.6%	10.8%	11.4%	11.1%	11.5%								
35		Staff appraisal rate	90%	78.8%	76.3%	72.9%	73.8%	74.3%								
36		Mandatory training rate	90%	78.6%	78.6%	78.7%	79.1%	79.7%								
37		Sickness rate		3.76%	3.74%	3.70%	3.71%	3.75%								
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								
40	**Mixed Sex accommodation Breach**	number of mixed sex accommodation breaches	0	0	0	0	0	0								
41	**Infection Control**	MRSA Bacteraemia	0	0	0	0	0	0								
42		Clostridium Difficile		0	1	0	2	3								
43		Norovirus number of cases	N/A	0	0	0	0	0								
44		Norovirus number of bed days lost	N/A	0	0	0	0	0								
45		Percentage of patients screened for MRSA	95%	87.50%	77% (unvalidated)	84.9%	89.5%	89.6%								
46		MSSA	N/A	2	0	0	2	1								
47		E-Coli	N/A	1	6	3	9	4								
48	**VTE**	Percentage of risk assessments completed upon admission	95%	95.2%	95.0%	94.7%	95.6%	95.0%								
49		Percentage of patients who receive appropriate prophylaxis	100%	93.3%	92.7%	92.5%	93.7%	92.8%								
50		Number of Hospital acquired thrombus with a **requested** RCA	N/A	1	1	2	0	1								
51	**Medicines**	Publication of a formulary	Yes/No	Yes	Yes	Yes	Yes	Yes								
52		Total Number of medication errors		84	100	117	81	63								
		No Harm		73	97	106	71	52								
		Minor Harm		10	3	10	7	10								
		Moderate and Severe		1	0	1	3	1								
54	**Duty of Candour**	Number of times duty of candour used (for Serious Incidents only)	N/A	N/A	4	3	1	1								
55	**Never Events**	Number of Never Events	0	0	1	1	0	1								
56	**Serious Incidents**	Number of serious incidents	N/A	0	4	3	1	1								
57	**Incidents**	Number of **patient safety** incidents by harms;														
58		No Harm		422	447	406	352	321								
59		Minor Harm		166	184	205	218	146								
60		Moderate or Severe Harm		9	17	10	20	18								
61	**Early Warning Score**	Percentage of observations and scores completed	100%	99%	99%	99%	99%	Not yet available								
62	**Safeguarding**	Percentage staff trained in Level 1 Safeguarding Children	90%	86%	86.5%	86.3%	86.6%	86.2%								
63		Percentage staff trained in Level 2 Safeguarding Children	90%	84%	84.8%	84.9%	84.9%	83.5%								
64		Percentage staff trained in Level 3 Safeguarding Children	90%	81%	81.3%	82.9%	52.6%	61.4%								
65		Percentage staff trained in Safeguarding Adults	90%	86%	86.1%	86.2%	86.2%	87.2%								
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								
67	**COPD**	Percentage of eligible patients discharged with a completed COPD bundle	85%	74.5%	81.5%	82.1%	79.1% (Not yet validated)	Not yet available								
68	**Complaints**	Number of complaints received	N/A	53	31	32	33	27								
69		Percentage of complaints acknowledged within 3 operational days	95%	90%	95%	89%	94%	85%								
70		Percentage of complaints responded to within agreed timescales	95%	61%	53%	43%	30%	54%								
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														
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%								
		FFT Increased response rates; inpatients	Q1 - 25% Q4 -30%	47%	42%	40%	40%	48%								
1.3		FFT decreasing negative responses	<1.5%	2.2%	1.7%	2.5%	2.6%	3.0%								
2.1a	Safety Thermometer	Reduction in prevalence of pressure ulcers		15	9	4	7	11								
2.1b		Number of patients recorded with a new pressure ulcer as measured using ST		15	9	4	7	11								
		Number of patients recorded with an old (communityacquired) pressure ulcer as measured using Safety Thermometer		31	32	34	36	35								
2.1c		Incident report sent to commissioners for all inherited pressure ulcers		Yes	Yes	Yes	Yes	Not yet available								
3.1a	Dementia	Find	90%	86.8%	84.3%	89.6%	88.0%	Not yet validated								
3.1b		Assess	90%	44.6%	47.1%	56.1%	57.3%	Not yet validated								
3.1c		Refer	90%	66.7%	66.7%	76.5%	94.7%	Not yet validated								
3.2		Clinical Leader and Training														
3.3		Carers Survey														
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								

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	RAG Rating
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%							
2		Percentage of women breastfeeding at 48 hours	Dawn Jackson	80%	78%	78%	78.40%	80.40%	82%	78.70%							
3		Reduction in percentage of women smoking at delivery	Dawn Jackson	<13%	12%	12%	13%	12.20%	9%	9.25%							
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%	94.48%							
5		12 hour trolley waits	David Hannington	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							
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							
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%							
9		Percentage of patients assessed for thrombolysis	Barry Duell	100%	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							
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							
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							
13		Percentage of patients with documented MDT goals	Barry Duell	100%	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							
15	Mortality	Summary hospital level mortality indicator	Kate Thomas	2 or 3	tbc	tbc	tbc	tbc	tbc	tbc							
16		Hospital Standardised Mortality rate	Kate Thomas	<100	84.4	tbc	tbc	tbc	tbc	tbc							
17	Learning Disability	Percentage staff trained in LD	Helen Watkins		0	tbc	tbc	LD formal training starts Sept 2014	LD formal training starts Sept 2014	3%							
18		Percentage of patients who have an enhanced assessment of care needs upon emergency admission to hospital	Karen Edge	95%		tbc	tbc	tbc	tbc	tbc							
19	Fractured NOF	Percentage of clinically appropriate patients with #NOF operated on within 36 hours of admission	Helen Currie	95%	74%	88%	75%	84%	90%	84%							
20	PROMS	Reported Health Gain		data req'd tbc	74%	79%	70%	80%	100%	100%							
21	Heart Failure	Percentage of people admitted with heart failure who receive a clinical assessment within 2 weeks of discharge	Emma Gardner	100%	78%	100%	95% quarterly	93%	95%	85%							
22	End of Life	Percentage of people supported to die in their preferred place	Clive Hunt/Andi Stone	75%		tbc	tbc	tbc	tbc	tbc							
23		Number of quality statements maintained at amber or green against ELCQU measures	Clive Hunt/Andi Stone	9 or more			14	14	14	14							
24		Number of cancellations of surgery on day of admission for non clinical reasons	David Collier		7	37	13	24	21	10							
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%							

25a	**Surgery**	% Compliance with WHO Surgical Checklist	Vivian Stevens					Monthly Audit Sept onwards	Monthly Audit Sept onwards	To be included in Q2 report							
26		Sufficient slots		data req'd 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%							
28		Number of falls resulting in fracture or severe harm	Julie Haddock	0	3	1	3	2	1	2							
29	**Nutrition**	Percentage of admissions screened within 24 hours of admission to hospital	Debbie Reeves	95%	82%	81%	83%	85%	83%	81%							
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%							
31		Number of New Pressure Ulcers Grade 3/4	Julie Haddock	0	0	0	0	1	3	2							
32		Number of all Hospital acquired pressure ulcers	Julie Haddock	0	14	11	7	12	11	12							
33	**Staffing**	Staffing Levels Publicly displayed	Mandy Baker	Y/N	Pilot roll out	Y	Y	Y	Y	Y							
34		Staff turnover	Phil Gold		0.78	0.72	0.83%	0.98%	1.56%	1.14%							
35		Staff appraisal rate	Phil Gold	90%	73%	76%	77%	74%	72%	77%							
36		Mandatory training rate	Helen Watkins	90%	75%	76%	77%	79%	77%	81%							
37		Sickness rate	Phil Gold		3.69%	3.59%	3.70%	3.88%	3.71%	3.47%							
38		Number of staff receiving Clinical supervision	Yvonne Jeffrey	N/a	tbc	tbc	tbc	tbc	tbc	tbc							
39		Percentage of eligible staff receiving clinical supervision	Yvonne Jeffrey	90%	tbc	tbc	tbc	tbc	tbc	tbc							
40	**Mixed Sex accomodation Breach**	number of mixed sex accommodation breaches	Jen Bennett	0	0	0	1	0	0	0							
41	**Infection Control**	MRSA Bacteraemia	Denise Richards	0	1	0	0	0	0	0							
42		Clostridium Difficile	Denise Richards	13	0	2	0	0	2	2							
43		Norovirus number of cases	Denise Richards	N/A	0	0	0	0	0	0							
44		Norovirus number of bed days lost	Denise Richards	N/A	0	0	0	0	0	0							
45		Percentage of patients screened for MRSA	Kate Thomas	95%	tbc	tbc	93%	tbc	tbc	tbc							
46		MSSA	Denise Richards	N/A	0	0	1	0	1	1							
47		E-Coli	Denise Richards	N/A	6	3	4	3	3	0							
48	**VTE**	Percentage of risk assessments completed upon admission	Bradley Postill	95%	97.70%	97.00%	97.40%	97.63%	96.91%	97.40%							
49		Percentage of patients who receive appropriate prophylaxis	Helen Ross	100%	97.45%	99%	98.40%	99.50%	97.60%	98.30%							
50		Number of Hospital acquired thrombus with a completed RCA	Bradley Postill	N/A	40%	33%	25%	-	-	tbc							
51	**Medicines**	Publication of a formulary	Deryck Burton	Yes/No	Y	Y	Y	Y	Y	Y							
52		Number of medication errors	Richard Longstaff		43	50	77	76	73	68							
53		Number of medication errors relating to controlled drugs	Richard Longstaff		0	1	1	8	3	6							
54	**Duty of Candour**	Number of times duty of candour used	Carrie Stone	N/A	81	79	61	133	87	4							
55	**Never Events**	Number of Never Events	Carrie Stone	0	0	0	0	1	0	0							
56	**Serious Incidents**	Number of serious incidents	Carrie Stone	N/A	9	3	8	5	5	4							
57	**Incidents**	Number of incidents by harms;	Richard Longstaff		556	691	731	743	780	818							
58		Harm	Richard Longstaff		237	285	259	321	324	315							
59		No Harm	Richard Longstaff		319	406	472	422	456	503							

60	**Early Warning Score**	Percentage of observations and scores completed		100%	99%	100%	98%	98%	97%	98%							
61	**Safeguarding**	Percentage staff trained in Level 1 Safeguarding Children	Helen Watkins	90%	89%	89%	90%	90%	88%	90%							
62		Percentage staff trained in Level 2 Safeguarding Children	Helen Watkins	90%	87%	88%	89%	90%	87%	90%							
63		Percentage staff trained in Level 3 Safeguarding Children	Helen Watkins	90%	81%	87%	87%	85%	85%	84%							
64		Percentage staff trained in Safeguarding Adults	Helen Watkins	90%	68%	68%	70%	71%	69%	74%							
65		Percentage staff trained in relation to Mental Capacity Act and DOLs	Helen Watkins	90%	68%	68%	70%	71%	69%	74%							
66	**COPD**	Percentage of patients of eligible patients discharged with a completed COPD bundle	Anne-Marie Helyar	85%	-	-	quarterly	see CQUIN	-	quarterly							
67	**Complaints**	Number of complaints received	Carrie Stone	N/A	32	45	47	53	39	56							
68		Percentage of complaints acknowledged within 3 operational days	Carrie Stone	95%	100%	91%	93%	98%	92%	tbc							
69		Percentage of complaints responded to within agreed timescales	Carrie Stone	85%	93%	84%	93%	86%	95%	tbc							
70		Date when last complaints summary published on website	Carrie Stone	N/A	tba	tbc	tbc	tbc	30.07.14	30.07.14							
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	Marie Cleary		see exception report			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							
1.2		FFT increased response rates: ED	Maria Bennett	Q1 -15% Q4 - 20%	15%	12%	11.20%	8.60%	13.80%	15.70%							
1.2a		FFT Increased response rates; inpatients	Maria Bennett	Q1 - 25% Q4 -30%	65%	60%	60.50%	56.50%	55.30%	42.50%							
1.3		FFT decreasing negative responses	Maria Bennett	<1.5%	1.83%	2.47%	3.14%	2.36%	1.92%	2.66%							
2.1a	**Safety Thermometer**	Reduction in prevalence of pressure ulcers	Helen Ross		0.98	0.4	0.00%	0.83	0.98%	1.49%							
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							
2.1c		Incident report sent to commissioners for all inherited pressure ulcers	Andrea Graham		Yes	Yes	Yes	Yes	Yes	Yes							
3.1a	**Dementia**	Find	Helen Ross	90%	97%	98%	99%	99%	tbc	tbc							
3.1b		Assess	Helen Ross	90%	98%	99%	99%	99%	95%	99%							
3.1c		Refer	Helen Ross	90%	95%	93%	94%	93.50%	93.10%	91%							
3.2		Clinical Leader and Training	Helen Ross		tbc	tbc	tbc	See CQUIN	tbc	tbc							
3.3		Carers Survey	Helen Ross		tbc	tbc	tbc	See CQUIN	tbc	tbc							
5.1	**Admission**	Early Assessment	Helen Ross to check	data req'd tbc	tba	tba	tba	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							
6.1	**Admission Avoidance**	Early assessment by consultant	Helen Ross to check	100% Q4	tba	tba	tba	See CQUIN	See CQUIN	See CQUIN							
7.1	**Discharges**	Reduction of late discharges	Mandy Leigh		tbc	tbc	tbc	tbc	tbc	tbc							
7.2		Weekend Discharges	Jane Brennan		400	448	475	368	490	384							
7.3		Completed discharge summaries	Mandy Leigh		tbc	tbc	tbc	tbc	tbc	tbc							
8.1	**Delayed Transfer**	Numbers of delayed discharges or transfers of care each month	Mandy Leigh		3.46%	3.46%	2.17%	3.26%	4.86%	5.13%							

QUALITY AND PERFORMANCE INTEGRATED SCORECARD - Dorset County Hospital NHS Foundation Trust

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%													
2		Percentage of women breastfeeding at 48 hours	80%													
3		Reduction in percentage of women smoking at delivery	<13%													
4	**Emergency Department**	Percentage of service users admitted or discharged within 4 hours of their arrival at an A&E		In the performance report												
5		12 hour trolley waits														
6		All handovers between ambulance and A&E taking place in 30-60 minutes (unvalidated)														
7		All handovers between ambulance and A&E taking place in over 60 minutes (unvalidated)														
8	**Stroke**	Percentage of patients admitted directly to specialist stroke unit within 4 hours of arrival at hospital	90%	71%	78.6%	50.0%	81.0%	93.8%	76.0%							
9		Percentage of patients assessed for thrombolysis	10%													
10		Percentage of patients receiving thrombolysis if clinically indicated	100%													
11		Percentage of patients assessed and managed by stroke nursing staff within 24 hours of admission	100%	93.1%	93.8%	94.7%	94.7%	100.0%	100.0%							
12		Percentage of patients assessed by all members of the specialist rehab team within 72 hours of admission	100%													
13		Percentage of patients with documented MDT goals	100%													
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%													
15	**Mortality**	Summary hospital level mortality indicator	2 or 3	One month in arrears												
16		Hospital Standardised Mortality rate RBH MacMillan Unit - Christchurch	<100													
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)**	95%													
19	**Fractured NOF**	**Average time of transfer for** clinically appropriate patients with #NOF	95%	93.3%	100%	100%	95.8%	90.0%	100%							
20	**PROMS**	Reported Health Gain. **Case mix adjusted average health gains for;**														
		i) Groin hernia														
		ii) Varicose vein														
		iii) Hip replacement (primary)														
		iv) Knee replacement (primary)														
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		In the performance report												
25		Percentage of cancelled surgery on day of admission who are offered another binding date within **28** days														
26		Sufficient slots														
27	**Falls**	Percentage of falls assessments completed within 24 hours of admission	95%	Quarterly												
28		Number of falls resulting in **moderate** or severe harm	0	1		2	0									
29	**Nutrition**	Percentage of admissions screened within 24 hours of admission to hospital	95%													
30	**Pressure ulcers**	Percentage of admissions that have a risk assessment completed within 6 hours of admission	95%													
31		Number of New Pressure Ulcers Grade 3/4	0	1												
32		Number of all Hospital acquired pressure ulcers	0	9												
33	**Staffing**	Staffing Levels Publicly displayed	Y/N													
34		Staff turnover														
35		Staff appraisal rate	90%	86%	86%	87.0%	86%	89%								
36		Mandatory training rate	90%	79%	79%	78.0%	78%	78%	76%							
37		Sickness rate		2.9%												
38		Number of staff receiving Clinical supervision	N/A													
39		Percentage of eligible staff receiving clinical supervision	90%													

40	**Mixed Sex accommodation Breach**	number of mixed sex accommodation breaches	0	0	0	0	0	0	0							
41	**Infection Control**	MRSA Bacteraemia	0	0												
42		Clostridium Difficile		0	0	2	0	0	0							
43		Norovirus number of cases	N/A													
44		Norovirus number of bed days lost	N/A													
45		Percentage of patients screened for MRSA	95%	94.3% elective/96.6% non elective												
46		MSSA	N/A	0												
47		E-Coli	N/A	1												
48	**VTE**	Percentage of risk assessments completed upon admission	95%	96.5%	95.9%	95.3%	95.5%	95.0%	95.3%							
49		Percentage of patients who receive appropriate prophylaxis	100%													
50		Number of Hospital acquired thrombus with a **requested** RCA	N/A													
51	**Medicines**	Publication of a formulary	Yes/No													
52		Number of medication errors														
53		Number of medication errors relating to controlled drugs														
54	**Duty of Candour**	Number of times duty of candour used	N/A	tbc	tbc	tbc	tbc	tbc	tbc							
55	**Never Events**	Number of Never Events	0	0												
56	**Serious Incidents**	Number of serious incidents	N/A	5	6	2	2									
57	**Incidents**	Number of **patient safety** incidents by harms;														
58		No Harm														
59		Minor Harm														
60		Moderate or Severe Harm														
61	**Early Warning Score**	Percentage of observations and scores completed	100%													
62	**Safeguarding**	Percentage staff trained in Level 1 Safeguarding Children	90%													
63		Percentage staff trained in Level 2 Safeguarding Children	90%													
64		Percentage staff trained in Level 3 Safeguarding Children	90%													
65		Percentage staff trained in Safeguarding Adults	90%													
66		Percentage staff trained in relation to Mental Capacity Act and DOLs	90%													
67	**COPD**	Percentage of eligible patients discharged with a completed COPD bundle	85%													
68	**Complaints**	Number of complaints received	N/A	80	67	71	80									
69		Percentage of complaints acknowledged within 3 operational days	95%													
70		Percentage of complaints responded to within agreed timescales	95%													
71		Date when last complaints summary published on website	N/A													
CQUIN			**Threshold**	**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														
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%	22.4%	20.0%	20.0%	20.9%	21.4%								
		FFT Increased response rates; inpatients	Q1 - 25% Q4 -30%	44.4%	39.2%	42.2%	34.9%	38.9%								
1.3		FFT decreasing negative responses	<1.5%													
2.1a	**Safety Thermometer**	Reduction in prevalence of pressure ulcers														
2.1b		Number of patients recorded with a new pressure ulcer as measured using ST Number of patients recorded with an old pressure ulcer as measured using ST														
2.1c		Incident report sent to commissioners for all inherited pressure ulcers														
3.1a	**Dementia**	Find	90%													
3.1b		Assess	90%													
3.1c		Refer	90%													
3.2		Clinical Leader and Training														
3.3		Carers Survey														
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														

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							
% compliance with STEIS data entry requirements - reporting			100%	100%	100%	100%	100%							
% compliance with STEIS data entry requirements - closing			100%	37.5%	41%	58%	50%							
No. of never events	1	0	0	0	0	0	0							
Child Safeguarding Level 1 – No. & % staff trained	Q4 99%				99.5%									
Child Safeguarding Level 2 - No. & % staff trained	Q4 91%				90%									
Child Safeguarding Level 3 - No. & % staff trained	Q4 97%				95%									
Adult Safeguarding - No. & % staff trained	Q4 91%				92%									
MCA/DOLS - No. & % staff trained	Q4 89%				90%									
Learning Disability Awareness - No. & % staff trained					90%									
Number of patients with hospital accuired thrombosis	2				0									
% patients who may be at risk of crisis offered a crisis plan		95%			68.9%									
Infection Control														
Percentage of patients screened for MRSA (elective)			93%	100%	100%	100%	100%							
Percentage of patients screened for MRSA (non elective)			71%	74%	60%	82%	50%							
Number of patients with MRSA Bacteraemia	0		0	0	0	0	0							
Number of cases of C Diff	7		1	2	2	1	1							
Number of C Diff outbreaks (2 or more cases in same area within 28 days)	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							
Number of patients with Norovirus symptoms			0	0	0	0	0							
Number of bays and ward closures			0	0	0	0	0							
Number of bed days lost			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							
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%							
% 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%							
% 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%							
% 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%							
% of patients whose VTE risk assessment was completed in 24 hrs	Av. 98%	95%	98%	97%	97%	96%	95%							
Number and % of patients commenced on appropriate prophylaxis		95%	77 (100%)	63 (100%)	49 (100%)	20 (100%)	12 (100%)							
% patient admitted for >48hrs to hospital with COPD have a COPD bundle on discharge	100%	100%			100%									
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							
% new cases of psychosis served by the Early Intervention Service	100%	100%	100%	100%	95%	79%	88%							

% main carers offered an assessment within 4 weeks		100%			TBC									
Caring?														
Number of times duty of candour used			6	5	5	7	11							
% patients with a long-term condition who have a personalised up to date care plan	Q4 100%	95%			93%									
Number and % written complaints acknowledged in 3 days	90%				113 (99%)									
Number and % written complaints responded to in agreed timeframes	39%				37 (32%)									
Number complaints referred to the ombudsman	4				0									
CQUINS														
Friends and Family Test response rate														
NHS Safety Thermometer – no. of pts with a new cat. 2-4 pressure ulcer (hospital acquired)*			0%	0.6%	0%	0%	0%							
% patients >75 y.o. admitted asked dementia case finding question														
% adult patients having a VTE risk assessment on admission														