

Scorecard 2014/15 Royal Bournemouth and Christchurch Hospitals 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%	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%					
5		12 hour trolley waits	0	0	0	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	33	75	74					
7		All handovers between ambulance and A&E taking place in over 60 minutes (unvalidated)	0	13	14	9	4	9	9	13	13					
8	Stroke	Percentage of patients admitted directly to specialist stroke unit within 4 hours of arrival at hospital	90%	64.50%			75.50%	63.00%	69.40%	66.2%	60.7%					
9		Percentage of patients assessed for thrombolysis (and received thrombolysis)	10%	13.70%			28.30%	14.80%	8.30%	9.2%	9.8%					
10		Percentage of patients receiving thrombolysis if clinically indicated (proportion of eligible patients given thrombolysis)	100%	96.40%			n/a	n/a	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%			96.20%	87.00%	91.70%	89.2%	82.0%					
12		Percentage of patients assessed by all members of the specialist rehab team within 72 hours of admission	100%	70.30%			n/a	n/a	n/a	n/a	n/a					
13		Percentage of patients with documented MDT goals (within 5 days)	100%	96.60%			n/a	n/a	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%			63.80%	64.20%	56.30%	70%	59.3%					
13.2		Percentage of patients that are scanned within 1 hr of Admission		30.20%			41.50%	37.00%	36.10%	26.2%	39.3%					
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					
15	Mortality															
16		Hospital Standardised Mortality rate RBH MacMillan Unit - Christchurch	<100	79.38 179.74	84.19 150.55	75.42 149.36	67.09 155.44	August 14 not yet available	Sept 14 not yet available	Oct 14 not yet available	Nov 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%					
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					
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					

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								
		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	15								
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%								
26		Sufficient slots																	
27	Falls	Percentage of falls assessments completed within 24 hours of admission	95%	83%	92%	91%	91%	88%	91%	91%	88%								
28		Number of falls (Reported as AIRS) resulting in moderate or severe harm	0	1	3	3	2	0	1	1	4								
29	Nutrition	Percentage of admissions screened within 24 hours of admission to hospital	95%	77%	88%	88%	89%	90%	91%	87%	80%								
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%								
31		Number of New Pressure Ulcers Grade 3/4 (AIRS reported)	0	2	2	2	4	9	7	4	6								
32		Number of all Hospital acquired pressure ulcers (AIRS reported, Category 1-4)	0	65	67	61	69	65	73	82	74								
33	Staffing	Staffing Levels Publicly displayed	Y/N	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%								
35		Staff appraisal rate	90%	78.8%	76.3%	72.9%	73.8%	74.3%	72.2%	72.4%	72.5%								
36		Mandatory training rate	90%	78.6%	78.6%	78.7%	79.1%	79.7%	79.3%	78.9%	78.6%								
37		Sickness rate		3.76%	3.74%	3.70%	3.71%	3.75%	3.82%	3.83%	3.84%								
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								
40	Mixed Sex accommodation Breach	number of mixed sex accommodation breaches	0	0	0	0	0	0	0	0	0								
41	Infection Control	MRSA Bacteraemia	0	0	0	0	0	1	0	0	0								
42		Clostridium Difficile		0	1	0	2	3	1	3	1								
43		Norovirus number of cases	N/A	0	0	0	0	0	0	0	0								
44		Norovirus number of bed days lost	N/A	0	0	0	0	0	0	0	0								
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								
46		MSSA	N/A	2	0	0	2	1	0	2	1								
47		E-Coli	N/A	1	6	3	9	4	3	6	3								

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%						
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%						
50		Number of Hospital acquired thrombus with a requested RCA	N/A	1	1	2	0	1	0	2	0						
51	Medicines	Publication of a formulary	Yes/No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes						
52		Total Number of medication errors		83	100	119	85	80	62	68	44						
		No Harm		74	97	111	76	72	58	56	36						
		Minor Harm		8	3	7	6	7	4	11	8						
		Moderate and Severe		1	0	1	1	1	0	1	0						
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)	12 (RCA)	Not yet available						
55	Never Events	Number of Never Events	0	0	1	1	0	1	0	0	0						
56	Serious Incidents	Number of serious incidents	N/A	0	4	3	2	1	3	4	3						
57	Incidents	Number of patient safety incidents by harms;															
58		No Harm		439	468	443	385	374	397	363	270						
59		Minor Harm		154	170	177	202	146	166	230	180						
60		Moderate or Severe Harm		6	14	9	17	16	10	10	15						
61	Early Warning Score	Percentage of observations and scores completed	100%	99%	99%	99%	99%	99%	99%	99%	Validating						
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%						
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%						
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%						
65		Percentage staff trained in Safeguarding Adults	90%	86%	86.1%	86.2%	86.2%	87.2%	87.1%	86.3%	86.3%						
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						
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%	Validating	Validating						
68	Complaints	Number of complaints received	N/A	55	34	31	33	27	34	32	26						
69		Percentage of complaints acknowledged within 3 operational days	95%	90%	95%	89%	94%	85%	94%	100%	100%						
70		Percentage of complaints responded to within agreed timescales	95%	61%	53%	43%	30%	54%	67%	36%	38%						
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		Q1 - Submitted			Q2 - Submitted			n/a	n/a						
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%						
		FFT Increased response rates; inpatients	Q1 -25% Q4 -30%	47%	42%	40%	40%	48%	47%	43%	46%						
1.3		FFT decreasing negative responses	<1.5%	2.2%	1.7%	2.5%	2.6%	3.0%	2.0%	2.3%	1.5%						
2.1a		Reduction in prevalence of pressure ulcers		17	9	4	7	11	14	16	14						

2.1b	Safety Thermometer	Number of patients recorded with a new pressure ulcer as measured using ST		15	9	4	7	11	13	16	14					
		Number of patients recorded with an old (community acquired) pressure ulcer as measured using Safety Thermometer		31	32	34	36	35	26	37	50					
2.1c		Incident report sent to commissioners for all inherited pressure ulcers		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Not yet Available					
3.1a	Dementia	Find	90%	86.8%	84.3%	89.6%	88.0%	80.2%	79.7%	70.4%	Not yet Available					
3.1b		Assess	90%	44.6%	47.1%	56.1%	57.3%	48.8%	41.7%	44.1%	Not yet Available					
3.1c		Refer	90%	66.7%	66.7%	76.5%	94.7%	71.4%	64.3%	54.5%	Not yet Available					
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	30	26	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	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	90%	90%	96%	94.40%	97%	97%	95.20%	97.40%						
2		Percentage of women breastfeeding at 48 hours	80%	78%	78%	78.40%	80.40%	82%	78.70%	81%						
3		Reduction in percentage of women smoking at delivery	<13%	12%	12%	13%	12.20%	9%	9.25%	10.40%						
4	Emergency Department	Percentage of service users admitted or discharged within 4 hours of their arrival at A&E	95%	95.23%	95.28%	96.31%	93.67%	93.44%	95.53%	92.26%						
5		12 hour trolley waits	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	0	45	18	22	38	21	14	32						
7		All handovers between ambulance and A&E to take place within 15 minutes with none waiting more than 60 minutes	0	2	6	6	3	0	1	1						
8	Stroke	Percentage of patients admitted directly to specialist stroke unit within 4 hours of arrival at hospital	90%	71%	80%	70%	89%	83%	86%	76%						
9		Percentage of patients assessed for thrombolysis	100%	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP	see SSNAP						
10		Percentage of patients receiving thrombolysis if clinically indicated	100%	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	100%	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	100%	See SSNAP	See SSNAP	See SSNAP	See SSNAP	see SSNAP	see SSNAP	see SSNAP						
13		Percentage of patients with documented MDT goals	100%	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	100%	tbc	tbc	tbc	tbc	tbc	tbc	tbc						
15	Mortality	Summary hospital level mortality indicator	2 or 3	tbc	tbc	tbc	tbc	tbc	tbc	tbc						
16		Hospital Standardised Mortality rate	<100	84.4	tbc	tbc	tbc	tbc	tbc	tbc						
17	Learning Disability	Percentage staff trained in LD		0	tbc	tbc	LD formal training starts Sept 2014	LD formal training starts Sept 2014	3%	5%						
18		Percentage of patients who have an enhanced assessment of care needs upon emergency admission to hospital	95%		tbc	tbc	tbc	tbc	tbc	tbc						
19	Fractured NOF	Percentage of clinically appropriate patients with #NOF operated on within 36 hours of admission	95%	74%	88%	75%	84%	90%	84%	84%						
20	PROMS	Reported Health Gain	data req'd tbc	74%	79%	70%	80%	100%	100%	94%						
21	Heart Failure	Percentage of people admitted with heart failure who receive a clinical assessment within 2 weeks of discharge	100%	78%	100%	95% quarterly	93%	95%	88%	tbc						
22	End of life	Percentage of people supported to die in their preferred place	75%		tbc	tbc	tbc	tbc	tbc	tbc						

23	ELCQU	Number of quality statements maintained at amber or green against ELCQU measures	9 or more			14	14	14	14	14								
24	Surgery	Number of cancellations of surgery on day of admission for non clinical reasons		7	37	13	24	21	10	35								
25		Percentage of cancelled surgery on day of admission who are offered another binding date within 28 days		100%	100%	100%	100%	100%	100%	100%								
25a		% Compliance with WHO Surgical Checklist						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	tbc	tbc							
27	Falls	Percentage of falls assessments completed within 24 hours of admission	95%	99%	96%	95%	95%	95%	95%	93%								
28		Number of falls resulting in fracture or severe harm	0	3	1	3	2	1	2	1								
29	Nutrition	Percentage of admissions screened within 24 hours of admission to hospital	95%	82%	81%	83%	85%	83%	81%	87%								
30	Pressure ulcers	Percentage of admissions that have a risk assessment completed within 6 hours of admission	95%	95%	88%	92%	98%	98%	98%	87%								
31		Number of New Pressure Ulcers Grade 3/4	0	0	0	0	1	3	2	1								
32		Number of all Hospital acquired pressure ulcers	0	14	11	7	12	11	12	20								
33	Staffing	Staffing Levels Publicly displayed	Y/N	Pilot roll out	Y	Y	Y	Y	Y	Y								
34		Staff turnover		0.78	0.72	0.83%	0.98%	1.56%	1.14%	1.01%								
35		Staff appraisal rate	90%	73%	76%	77%	74%	72%	77%	76%								
36		Mandatory training rate	90%	75%	76%	77%	79%	77%	81%	82%								
37		Sickness rate		3.69%	3.59%	3.70%	3.88%	3.71%	3.47%	3.47%								
38		Number of staff receiving Clinical supervision	N/a	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc							
39		Percentage of eligible staff receiving clinical supervision	90%	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc							
40	Mixed Sex accomodation Breach	number of mixed sex accomodation breaches	0	0	0	1	0	0	0	0								
41	Infection Control	MRSA Bacteraemia	0	1	0	0	0	0	0	0								
42		Clostridium Difficile	13	0	2	0	0	2	2	3								
43		Norovirus number of cases	N/A	0	0	0	0	0	0	0								
44		Norovirus number of bed days lost	N/A	0	0	0	0	0	0	0								
45		Percentage of patients screened for MRSA	95%	tbc	tbc	93%	tbc	tbc	tbc	tbc								
46		MSSA	N/A	0	0	1	0	1	1	0								
47		E-Coli	N/A	6	3	4	3	3	0	6								
48	VTE	Percentage of risk assessments completed upon admission	95%	97.70%	97.00%	97.40%	97.63%	96.91%	97.40%	97.30%								
49		Percentage of patients who receive appropriate prophylaxis	100%	97.45%	99%	98.40%	99.50%	97.60%	98.30%	99.30%								
50		Number of Hospital acquired thrombus with a completed RCA	N/A	40%	33%	25%	30%	0%	tbc	tbc								
51	Medicines	Publication of a formulary	Yes/No	Y	Y	Y	Y	Y	Y	Y								
52		Number of medication errors		43	50	77	76	73	68	66								

53		Number of medication errors relating to controlled drugs		0	1	1	8	3	6	1						
54	Duty of Candour	Number of times duty of candour used	N/A	(81)	(79)	4	5	1	4	2						
55	Never Events	Number of Never Events	0	0	0	0	1	0	0	0						
56	Serious Incidents	Number of serious incidents	N/A	9	3	8	5	5	4	1						
57	Incidents	Number of incidents by harms:		556	691	731	743	780	818	674						
58		Harm		237	285	259	321	324	315	265						
59		No Harm		319	406	472	422	456	503	409						
60	Early Warning Score	Percentage of observations and scores completed	100%	99%	100%	98%	98%	97%	98%	94%						
61	Safeguarding	Percentage staff trained in Level 1 Safeguarding Children	90%	89%	89%	90%	90%	88%	90%	90%						
62		Percentage staff trained in Level 2 Safeguarding Children	90%	87%	88%	89%	90%	87%	90%	90%						
63		Percentage staff trained in Level 3 Safeguarding Children	90%	81%	87%	87%	85%	85%	84%	84%						
64		Percentage staff trained in Safeguarding Adults	90%	68%	68%	70%	71%	69%	74%	75%						
65		Percentage staff trained in relation to Mental Capacity Act and DOLs	90%	68%	68%	70%	71%	69%	74%	75%						
66	COPD	Percentage of patients of eligible patients discharged with a completed COPD bundle	85%	-	-	quarterly	see CQUIN	-	quarterly	See CQUIN						
67	Complaints	Number of complaints received	N/A	32	45	47	53	39	56	47						
68		Percentage of complaints acknowledged within 3 operational days	95%	100%	91%	93%	98%	92%	98%	tbc						
69		Percentage of complaints responded to within agreed timescales	85%	93%	84%	93%	86%	92%	92%	tbc						
70		Date when last complaints summary published on website	N/A	tba	tbc	tbc	tbc	30.07.14	30.07.14	30.07.14						
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		see exception report			Y	Y	Y	Y						
1b		Early implementation of FFT in all outpatient and day case departments by 31 October 2014		n/a	n/a	n/a	n/a	n/a	n/a	Y						
1.2		FFT increased response rates: ED	Q1 -15% Q4 - 20%	15%	12%	11.20%	8.60%	13.80%	15.70%	15.60%						
1.2a		FFT Increased response rates; inpatients	Q1 - 25% Q4 -30%	65%	60%	60.50%	56.50%	55.30%	42.50%	44.40%						
1.3		FFT decreasing negative responses	<1.5%	1.83%	2.47%	3.14%	2.36%	1.92%	2.66%	2.96%						
2.1a	Safety Thermometer	Reduction in prevalence of pressure ulcers		0.98	0.4	0.00%	0.83	0.98%	1.49%	0.65%						
2.1b		Number of patients recorded with a new or old pressure ulcers as measured using ST		21	19	12	27	26	19	14						
2.1c		Incident report sent to commissioners for all inherited pressure ulcers		Yes	Yes	Yes	Yes	Yes	Yes	Yes						
3.1a	Dementia	Find	90%	97%	98%	99%	99%	tbc	tbc	tbc						
3.1b		Assess	90%	98%	99%	99%	99%	95%	99%	99%						
3.1c		Refer	90%	95%	93%	94%	93.50%	93.10%	91%	81%						
3.2		Clinical Leader and Training		tbc	tbc	tbc	See CQUIN	tbc	tbc	See CQUIN						
3.3	Carers Survey		tbc	tbc	tbc	See CQUIN	tbc	tbc	See CQUIN							
5.1	Admission	Early Assessment	data req'd tbc	tba	tba	tba	See CQUIN	See CQUIN	See CQUIN	See CQUIN						

5.2	Admission	Impact of Early Assessment	data req'd tbc	tba	tba	tba	See CQUIN	See CQUIN	See CQUIN	See CQUIN						
6.1	Admission Avoidance	Early assessment by consultant	100% Q4	tba	tba	tba	See CQUIN	See CQUIN	See CQUIN	See CQUIN						
7.1	Discharges	Reduction of late discharges		415	423	421	508	tbc	tbc	tbc						
7.2		Weekend Discharges		400	448	475	368	490	384	415						
7.3		Completed discharge summaries		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%						

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					
% compliance with STEIS data entry requirements - reporting			100%	100%	100%	100%	100%	100%	100%					
% compliance with STEIS data entry requirements - closing			100%	37.5%	41%	58%	50%	69%	67%					
No. of never events	1	0	0	0	0	0	0	0	0					
Child Safeguarding Level 1 – No. & % staff trained	Q4 99%				99.5%			99.5%						
Child Safeguarding Level 2 - No. & % staff trained	Q4 91%				90%			90%						
Child Safeguarding Level 3 - No. & % staff trained	Q4 97%				95%			95%						
Adult Safeguarding - No. & % staff trained	Q4 91%				92%			92%						
MCA/DOLS - No. & % staff trained	Q4 89%				90%			90%						
Learning Disability Awareness - No. & % staff trained					90%			90%						
Number of patients with hospital acquired thrombosis	2			0			1							
% patients who may be at risk of crisis offered a crisis plan		95%		68.9%			65.4%							
Infection Control														
Percentage of patients screened for MRSA (elective)			93%	100%	100%	100%	100%	95%	100%					
Percentage of patients screened for MRSA (non elective)			71%	74%	60%	82%	50%	70%	68%					
Number of patients with MRSA Bacteraemia	0		0	0	0	0	0	0	0					
Number of cases of C Diff	7		1	2	2	1	1	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					
Number of patients whose death certificates include C-diff in part 1(a)	0		0	0	0	1	0	0	0					
Number of patients with Norovirus symptoms			0	0	0	0	0	0	4					
Number of bays and ward closures			0	0	0	0	0	0	1					
Number of bed days lost			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%					
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%					
% 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%					
% 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%					
% 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%					
% of patients whose VTE risk assessment was completed in 24 hrs	Av. 98%	95%	98%	97%	97%	96%	95%	96%	99%					
Number and % of patients commenced on appropriate prophylaxis		95%	77 (100%)	63 (100%)	49 (100%)	20 (100%)	12 (100%)	0 N/A	2 100%					
% patient admitted for >48hrs to hospital with COPD have a COPD bundle on discharge	100%	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	100%	100%					
% new cases of psychosis served by the Early Intervention Service	100%	100%	100%	100%	95%	79%	88%	96%	100%					

