



















Contract Scorecard 2014/15

Operational Standards (including Monitor Risk Assessment Framework)	Plan 2014/15	Latest Month	Apr-14	May-14	Movement on Previous month	Monitor Weighting 2014/15	Forecast Monitor Qtr 1
18 Week Referral To Treatment Waiting Times - % of patients seen within 18wks (Admitted)	90%	May	92.0%	91.8%	↓	1.0	
18 Week Referral To Treatment Waiting Times - % of patients seen within 18wks (Non-Admitted)	95%	May	96.5%	97.2%	↑	1.0	
18 Week Referral To Treatment Waiting Times - % of patients under 18wks (Incomplete pathway)	92%	May	93.7%	93.5%	↓	1.0	
ED - Maximum waiting time of 4 hours from arrival to admission/transfer/ discharge (DCH Only)	95%	May	95.1%	94.4%	↓	1.0	
Cancer (ALL) - 14 day from urgent gp referral to first seen	93%	May	97.1%	92.9%	↓	0.5	
Cancer (Breast Symptoms) - 14 day from gp referral to first seen	93%	May	100%	95.1%	↓		
Cancer (ALL) - 31 day diagnosis to first treatment	96%	May	100%	100%	↔	0.5	
Cancer (ALL) - 31 day DTT for subsequent treatment - Surgery	94%	May	100%	91.7%	↓	1.0	
Cancer (ALL) - 31 day DTT for subsequent treatment - Chemotherapy	98%	May	100%	100%	↔		
Cancer (ALL) - 31 day DTT for subsequent treatment - Other Palliative	94%	May	100%	100%	↔		
Cancer (ALL) - 62 day referral to treatment following an urgent referral from GP	85%	May	78.3%	81.3%	↑	1.0	
Cancer (ALL) - 62 day referral to treatment following a referral from screening service	90%	May	100%	100%	↔		
Infection Control - C-Diff hospital acquired (post 72 hours)	22	May	0	0	↔	1.0	
Compliance with requirements regarding access to healthcare for people with a learning disability	0	May	compliant	compliant	↔	1.0	
% patients waiting less than 6wks for a diagnostic test	99%	May	87.5%	88.1%	↑		
Mixed Sex Accommodation Breaches - Number of non-clinical breaches	0	May	0	0	↔		
Cancelled Operations - 28 day rebook within 5 days following cancellation	0	May	0	0	↔		
<b>National Quality Requirements</b>	<b>Plan 2014/15</b>	<b>Latest Month</b>	<b>Apr-14</b>	<b>May-14</b>	<b>Movement on Previous month</b>	<b>Monitor Weighting 2013/14</b>	<b>Forecast Monitor Qtr 1</b>
Infection Control - Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia hospital acquired post 48hrs	0	May	0	0	↔		
Zero tolerance Referral To Treatment waits over 52 weeks	0	May	0	0	↔		
Emergency Department - Trolley waits in A&E	No trolley waits > 12 hours	May	0	0	↔		
Cancelled Operations - no urgent operation should be cancelled for a second time	0		tbc	tbc			
Failure to publish Formulary: Publication on Provider's website			tbc	tbc			
VTE Risk Assessment	95%	May	96.5%	95.9%	↓		
Duty of candour			tbc	tbc			
Completion of valid NHS Number field in data sets submitted via SUS	99%	March	99.9%	tbc			
Completion of valid NHS Number field in A&E data sets submitted via SUS	95%	March	99.3%	tbc			
Ambulance Handovers >30 minutes but less than 60 minutes	0	May	26	39	↓		
Ambulance Handovers > 60 minutes	0	May	10	13	↓		
<b>Trust Operational Indicators</b>	<b>Plan 2014/15</b>	<b>Latest Month</b>	<b>Apr-14</b>	<b>May-14</b>	<b>Movement on Previous month</b>	<b>Monitor Weighting 2013/14</b>	<b>Forecast Monitor Qtr 1</b>
Fracture Neck Of Femur - % of # NoF patients operated on <36 hours of admission	90%	May	93.3%	100.0%	↑		
Emergency Department - Unplanned re-attendance rate	<= 5%	May	3.9%	5.1%	↓		
Emergency Department - Left department without being seen	<= 5%	May	1.0%	1.1%	↓		
Emergency Department - Time to initial assessment (95th percentile)	<= 15 minutes	May	00:22:00	00:27:00	↓		
Emergency Department - Time to treatment in department (median)	<= 60 minutes	May	00:46:00	00:45:00	↑		
Cancelled Operations - Provider cancellation of elective care operation for non-clinical reasons either before or after patient admission (%)	0.7%	May	0.5%	0.9%	↓		
Cancelled Operations - Provider cancellation of elective care operation for non-clinical reasons either before or after patient admission (number of)	0	May	9	17	↓		
Outpatients - Provider failure to ensure that "sufficient appointment slots" are made available on the choose & book system (RAG rating based on weekly performance)	10%	May	20.3%	18.0%	↑		
Delayed Transfers – Delayed transfers of care / discharges to be maintained at a minimal level	<3.5%	May	3.7%	2.3%	↑		
% Stroke patients with 90% of their stay on the stroke unit	80%	May	77.8%	75.9%	↓		
Stroke - % of stroke patients who received CT within 24hrs	100%	May	93.1%	93.8%	↑		
Stroke - % of stroke patients admitted directly to Acute Stroke Unit ≤ 4hrs	90%	May	71.0%	78.6%	↑		
High Risk (ABCD2 Score 4-7) TIA patients assessed and treated < 24 hours	60%	May	46.2%	72.7%	↑		

**Rating Key**  
■ Not achieving target  
■ Achieving target

**Movement Key**  
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# Patient Safety & Quality Scorecard 2014/15

New Domains (Contract)	Standards	Source of Indicator	Outturn 2013/14	Apr-14	May-14	Jun-14	Movement from previous month
	<b>Operational Standards</b>						
<b>Operational Standards</b>	Mixed Sex Accommodation Breaches - Number of non-clinical breaches	N/C/L	0	0			↔
	<b>National Quality Requirements</b>						
<b>National Quality Requirement</b>	Infection Control - Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia hospital acquired post 48hrs	N/C/L	1	0			↔
	Infection Control - C-Diff hospital acquired (post 72 hours)	N/C/L	27	0			↑
	<b>Commissioning for Quality and Innovation (CQUIN)</b>						
<b>CQUIN</b>	Friends and Family Test Response Rate - Emergency Department		11.7%	22.4%			↑
	Friends and Family Test Response Rate - Inpatient Wards		25.7%	44.4%			↑
	<b>Local Quality Requirements</b>						
	<b>Domain 1: Preventing people dying prematurely</b>						
<b>Domain 1: Preventing people dying prematurely</b>	Mortality Indicator SHMI (in-hospital and those occurring 30 days post discharge) - Rolling 12 months [source CHKS]	N/C/L	72.2	One month arrears			
	<b>Domain 3: Helping people to recover from episodes of ill-health or following injury</b>						
<b>Domain 3: Helping people to recover from episodes of ill-health or following injury</b>	Fracture Neck Of Femur - % of # NoF patients operated on <36 hours of admission	N/C/L	93.9%	93.3%			↑
	<b>Domain 4: Ensuring that people have a positive experience of care</b>						
<b>Domain 4: Ensuring that people have a positive experience of care</b>	Complaints - Number of informal contacts	N/C/L	450	46			↓
	Complaints - Number of formal & complex contacts	N/C/L	428	32			↑
	Complaints - Total number received (Informal & Formal)	N/C/L	878	80			↔
	Complaints - Number of informal contacts - (Dementia)	N/C/L	1	0			↔

New Domains (Contract)	Standards	Source of Indicator	Outturn 2013/14	Apr-14	May-14	Jun-14	Movement from previous month
	Complaints - Number of formal & complex contacts - (Dementia)	N/C/L	8	1			↔
	Complaints - Total number received (Informal & Formal) - (Dementia)	N/C/L	9	1			↔
	Friends and Family Test Response Rate - Inpatient		26%	44.4%			↑
	Friends and Family Test Response Rate - Emergency Department		12%	22.4%			↑
	Friends and Family Test Response Rate - Emergency Department and Inpatient Wards (increase response rate >15% Q1, >20% Q4)		17%	30.6%			↑
	Friends and Family - Antenatal care (Question 1) - phased start from October 2013)		24%	14.9%			↓
	Friends and Family - Birth (Question 2) - phased start from October 2013)		35%	25.0%			↓
	Friends and Family - Care on postnatal ward (Question 3) - phased start from October 2013)		22%	21.5%			↓
	Friends and Family - Postnatal community provision (Question 4) - phased start from October 2013)		27%	21.4%			↓
	Friends and Family Test Score - Inpatient		81.1	83.2			↑
	Friends and Family Test Score - Emergency Department		74.1	60.9			↓
	Friends and Family Test Score - Emergency Department and Inpatient Wards		77.6	73.2			↓

# Patient Safety & Quality Scorecard 2014/15

New Domains (Contract)	Standards	Source of Indicator	Outturn 2013/14	Apr-14	May-14	Jun-14	Movement from previous month
	<b>Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm</b>						
	CAS - Number of CAS alerts received	L	230	No data available			
	CAS - Number of CAS alerts outstanding beyond required implementation date - report latest month	N/C/L	0	No data available			
	Cardiac Arrests (Cardio-respiratory arrest) - Total number of Cardiac Arrests	L	183	20			↓
	Cardiac Arrests in Emergency areas (ED/EMU)	L	22	10			↓
	Cardiac Arrests in Critical Care Areas(CCU/ITU/HDU/Cath Lab/Theatres)	L	33	3			↓
	Cardiac Arrests in Wards and Other Departments	L	47	5			↓
	Cardiac Arrests Emergency Care Area - Out of Hospital	L	81	2			↑
	Infection Control - Methicillin Sensitive Staphylococcus Aureus (MSSA)	N/C	4	0			↔
	Infection Control - E.Coli bloodstream infections (hospital acquired post 72 hours)	N/C	12	1			↑
	Infection Control - MRSA screening rates - Elective	N/C/L	96.1%	94.3%			↑
	Infection Control - MRSA screening rates - Non Elective	N/C/L	97.7%	96.6%			↑
	Infection Control - Ward cleaning audit results	C/L	94.8%	94.9%			↓
	Infection Control - Hand Hygiene audits compliance levels (all areas)	C/L	98.1%	98.3%			↓
	Time to isolate symptomatic patients (under 2 hours)	L	22	no patients			
	Time to isolate symptomatic patients (over 2 hours)	L	21	no patients			
	Nutritional Screening - (% screened for malnutrition)	C/L	88.3%	Quarterly			
	Medication - Missed doses	C/L	162	7			

New Domains (Contract)	Standards	Source of Indicator	Outturn 2013/14	Apr-14	May-14	Jun-14	Movement from previous month
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Medication - Poor insulin management	L	108	2			
	Medication - Serious penicillin incidents	L	0	0			
	Incident Reporting - Number of falls	N/C/L	788	35			
	Incident Reporting - Number of falls resulting in no harm	N/C/L	629	18			
	Incident Reporting - Number of falls resulting in minor harm	N/C/L	145	16			
	Incident Reporting - Number of falls resulting in moderate harm	N/C/L	9	0			
	Incident Reporting - Number of falls resulting in fracture or major harm	N/C/L	5	1			
	Incident Reporting - % of falls risk assessment completed within 24 hrs of admission	N / L	95%	Quarterly			
	Incident Reporting - Never events	N/C/L	1	0			
	Incident Reporting - Number of serious incidents reported (SIs)	N/C/L	28	5			
	Mortality Indicator <b>SHMI</b> (in-hospital and those occurring 30 days post discharge) - Rolling 12 months [source <b>CHKS</b> ]	N/C/L	72.2	One month arrears			
	Mortality Indicator <b>RAMI</b> (all admitted patient care UK based) - Rolling 12 months [source <b>CHKS</b> ]	N/C/L	100.1	One month arrears			
	Harm Free Care (Safety Thermometer)			96.3%			
	Pressure Ulcers - Hospital acquired pressure ulcers (stage 2)	N/C/L	75	8			
	Pressure Ulcers - Hospital acquired pressure ulcers (stage 3)	N/C/L	9	1			
	Pressure Ulcers - Hospital acquired pressure ulcers (stage 4)	N/C/L	1	0			
	Pressure Ulcers - Patients admitted with pressure ulcers (stage 2)	L	183	33			
	Pressure Ulcers - Patients admitted with pressure ulcers (stage 3)	L	61	1			

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New Domains (Contract)	Standards	Source of Indicator	Outturn 2013/14	Apr-14	May-14	Jun-14	Movement from previous month
	Pressure Ulcers - Patients admitted with pressure ulcers (stage 4)	L	27	1			
	Venous Thrombus Embolism - % of all adult patients who have had a VTE risk assessment	N	97.5%	96.5%			↓
	Thrombolysis (call to needle) % of patients that received thrombolysis <60 minutes	N/C		No patients			
	Thrombolysis (call to balloon) % of patients that received thrombolysis <150 mins	N/C	100.0%	100%			↔
	WHO checklist	N/C/L	98.8%	99.3%			↓
	Quaterly audit report of PEWs data. Annual Assurance report.		97.9%	Quarterly			