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		Percentage of women see a midwife by 12 weeks and 6 days of pregnancy	90%	Q1	not yet available											
2	Maternity	Percentage of women breastfeeding at 48 hours	80%		not yet available											
3		Reduction in percentage of women smoking at delivery	<13%	Q1	not yet available											
4		Percentage of service users admitted or discharged within 4 hours of their arrival at an A&E	95%	94%	94.45%											
5	F	12 hour trolley waits	0	0	0											
6	Emergency Department	All handovers between ambulance and A&E taking place in 30-60	0	15	46											
0	Department	minutes	0	15	40											
7		All handovers between ambulance and A&E taking place in over 60 minutes	0	13	14											
8		Percentage of patients admitted directly to specialist stroke unit within 4 hours of arrival at hospital	90%	Q1 from S	SSNAP not yet available											
9		Percentage of patients assessed for thrombolysis	10%	Q1 from S	SSNAP not yet available											
10	Stroke	Percentage of patients receiving thrombolysis if clinically indicated	100%	Q1 from S	SSNAP not yet available											
11	Stroke	Percentage of patients assessed and managed by stroke nursing staff within 24 hours of admission	100%	Q1 from S	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 S	SSNAP not yet available											
13		Percentage of patients with documented MDT goals	100%	Q1 from S	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											
15		Summary hospital level mortality indicator	2 or 3	94%												
16	Mortality	Hospital Standardised Mortality rate RBH MacMillan Unit - Christchurch	<100	April 14 not yet available	May 14 not yet available											
17		Percentage staff trained in LD		86%	86.10%											-
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											
19	Fractured NOF	Average time of transfer for clinically appropriate patients with #NOF	95%	0 transfers	1 case - Not yet validated											
20	PROMS	Reported Health Gain. Case mix adjusted average health gains for;														
		i) Groin hernia		0.069	0.069											
		ii) Varicose vein		N/A	N/A											
		iii) Hip replacement (primary)		0.435	0.435											
\vdash		iv) Knee replacement (primary) Percentage of people admitted with heart failure who receive a clinical		0.308	0.308		1	-	1	-	1	1	1			\vdash
21	Heart Failure	assessment within 2 weeks of discharge	100%													
22		Percentage of people supported to die in their preferred place	75%													
23	End of Life	Number of quality statements maintained at amber or green against ELCQU measures	9 or more													
24		Number of cancellations of surgery on day of admission for non clinical reasons		15	3	-										
25	Surgery	Percentage of cancelled surgery on day of admission who are offered another binding date within 28 days		100%	May 14 not yet available											
26		Sufficient slots	·													
27	Falls	Percentage of falls assessments completed within 24 hours of admission	95%	83%	93%											
28		Number of falls resulting in moderate or severe harm	0	2	3											
29	Nutrition	Percentage of admissions screened within 24 hours of admission to hospital	95%	77%	88%											
30	Pressure ulcers	Percentage of admissions that have a risk assessment completed within 6 hours of admission	95%	87%	96%											
31		Number of New Pressure Ulcers Grade 3/4 Number of all Hospital acquired pressure ulcers	0	67	66					-						\vdash
JL		runnoer of an riospital acquired pressure dicers	U	- 37	30		1	·	1		1	1	1	1	l .	

33																
		Staffing Levels Publicly displayed	Y/N	Yes	Yes											
34		Staff turnover		10.6%	10.84%											
35	s. ##	Staff appraisal rate	90%	78.8%	76.29%											
36	Staffing	Mandatory training rate	90%	78.6%	78.60%											
37		Sickness rate		3.76%	3.74%											
38		Number of staff receiving Clinical supervision	N/A													
39		Percentage of eligible staff receiving clinical supervision	90%													
	Mixed Sex															
40	accommodation	number of mixed sex accommodation breaches	0	0	0											
	Breach															
41		MRSA Bacteraemia	0	0	0											
42		Clostridium Difficile		0	1											
43		Norovirus number of cases	N/A	0	0											
44	Infection Control	Norovirus number of bed days lost	N/A	0	0											
45		Percentage of patients screened for MRSA	95%	88%												
46 47		MSSA	N/A N/A	2	0											
48		E-Coli	N/A 95%	-	6 N/A											
49		Percentage of risk assessments completed upon admission Percentage of patients who receive appropriate prophylaxis	100%	95% 93%	N/A				1							
	VTE															
50		Number of Hospital acquired thrombus with a requested RCA	N/A	1	1						1					
51		Publication of a formulary	Yes/No	Yes	Yes											
52	Medicines	Number of medication errors	100/110	74	72											
53		Number of medication errors relating to controlled drugs		12	4											
54	Duty of Candour	Number of times duty of candour used	N/A	0	4											
55	Never Events	Number of Never Events	0	0	1											
56	Serious Incidents	Number of serious incidents	N/A	0	4											
57		Number of patient safety incidents by harms;														
58		Harm		179	197											
59		No Harm		396	367											
60	Early Warning Score	Percentage of observations and scores completed	100%	99%	99%											
61		Percentage staff trained in Level 1 Safeguarding Children	90%	82%	87%											
62		Percentage staff trained in Level 2 Safeguarding Children	90%	84%	85%											
63		Percentage staff trained in Level 3 Safeguarding Children	90%	81%	81%											
64	C-f	Percentage staff trained in Safeguarding Adults	90%	86%	86%											
	Safeguarding			Reviewing competency	Reviewing competency											
65		Percentage staff trained in relation to Mental Capacity Act and DOLs	90%	requirements on TNA	requirements on TNA											
	CORD	Percentage of eligible patients discharged with a completed COPD	85%	000/	Not out out idea.											
66	COPD	bundle		85%	Not yet validated											
67		Number of complaints received	N/A	53	31											
68	Complaints	Percentage of complaints acknowledged within 3 operational days	95%	90%	95%											
69	•	Percentage of complaints responded to within agreed timescales	95%	61%	53%						1					
70		Date when last complaints summary published on website	N/A													
CQUIN		and companies summary purished on weeste	Thresh-old	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	RAG
,	T	Institute of the Control of the Cont														Rating
1a 1b		Implementation of staff friends and family test Early implementation of FFT in all outpatient and day case departments by 31 October 2014														
1.2	Friends and Family	FFT increased response rates: ED	Q1 -15% Q4 - 20%	11%	11%											
		FFT Increased response rates; inpatients	Q1 - 25% Q4 - 30%	47%	42%	•	-				_			_	_	
1.3		FFT decreasing negative responses	<1.5%	2.2%	1.7%											
2.1a		Reduction in prevalence of pressure ulcers		15	9											
2.1b	Cofety The	Number of patients recorded with a new pressure ulcer as measured using ST		15	9											
	Safety Thermometer	Number of patients recorded with an old pressure ulcer as measured using ST		31	32											

2.1c		Incident report sent to commissioners for all inherited pressure ulcers		Yes	Yes						i
3.1a		Find	90%	87%	N/A						
3.1b		Assess	90%	45%	N/A						
3.1c	Dementia	Refer	90%	67%	N/A						
3.2		Clinical Leader and Training									
3.3		Carers Survey									
5.1	Admission	Early Assessment									
5.2	Admission	Impact of Early Assessment									
6.1	Admission Avoidance	Early assessment by consultant	100% Q4								
7.1		Reduction of late discharges									
7.2	Discharges	Weekend Discharges									
7.3		Completed discharge summaries									
8.1	Delayed Transfer	Numbers of delayed discharges or transfers of care each month		15	16						

QUALITY AND PERFORMANCE INTEGRATED SCORECARD Poole Hospital NHS Foundation Trust

	those items shaded in co	olumn A (Ind No.) are duplicated in the Integrated Performance Report														
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%	90%	96%											
2	iviaternity	Percentage of women breastfeeding at 48 hours	80%	78%	78%											
3		Reduction in percentage of women smoking at delivery	<13%	12%	12%											
4		Percentage of service users admitted or discharged within 4 hours of their arrival at an A&E	95%	95.23%	95.28%											
5	Emergency	12 hour trolley waits	0	0	0											
6	Department	All handovers between ambulance and A&E taking place in 30-60 minutes	0	45	18											
7		All handovers between ambulance and A&E taking place in over 60 minutes	0	2	6											
8		Percentage of patients admitted directly to specialist stroke unit within 4 hours of arrival at hospital	90%	71%	80%											
9		Percentage of patients assessed for thrombolysis	100%	see SSNAP	see SSNAP											
10	Stroke	Percentage of patients receiving thrombolysis if clinically indicated	100%	see SSNAP	see SSNAP											
11	Stroke	Percentage of patients assessed and managed by stroke nursing staff within 24 hours of admission	100%	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											
13		Percentage of patients with documented MDT goals	100%	see SSNAP	see SSNAP											
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%	ТВС	TBC											
15		Summary hospital level mortality indicator	2 or 3	TBC	TBC											
	Mortality	Hospital Standardised Mortality rate RBH		04.4	TBC											
16		MacMillan Unit - Christchurch	<100	84.4	IBC											
17		Percentage staff trained in LD		0	TBC											
18	Learning Disability	Number of patients who have an enhanced assessment of care needs upon emergency admission to hospital (CPI flag)	95%		TBC											
19	Fractured NOF	Average time of transfer for clinically appropriate patients with														
			95%	74%	88%											
20	PROMS	#NOF Reported Health Gain	95% Data required tbc	74%	88% 79%											
20		#NOF Reported Health Gain Percentage of people admitted with heart failure who receive a clinical														
21	PROMS	#NOF Reported Health Gain Percentage of people admitted with heart failure who receive a clinical assessment within 2 weeks of discharge	Data required tbc	74%	79% 100%											
	PROMS	#NOF Reported Health Gain Percentage of people admitted with heart failure who receive a clinical assessment within 2 weeks of discharge Percentage of people supported to die in their preferred place Number of quality statements maintained at amber or green against	Data required tbc	74%	79%											
21 22	PROMS Heart Failure	#NOF Reported Health Gain Percentage of people admitted with heart failure who receive a clinical assessment within 2 weeks of discharge Percentage of people supported to die in their preferred place Number of quality statements maintained at amber or green against ELCQU measures Number of cancellations of surgery on day of admission for non	Data required tbc 100% 75%	74%	79% 100% TBC											
21 22 23	PROMS Heart Failure	#NOF Reported Health Gain Percentage of people admitted with heart failure who receive a clinical assessment within 2 weeks of discharge Percentage of people supported to die in their preferred place Number of quality statements maintained at amber or green against ELCQU measures Number of cancellations of surgery on day of admission for non clinical reasons Percentage of cancelled surgery on day of admission who are offered	Data required tbc 100% 75%	74%	79% 100% TBC TBC											
21 22 23 24 25	PROMS Heart Failure End of Life	#NOF Reported Health Gain Percentage of people admitted with heart failure who receive a clinical assessment within 2 weeks of discharge Percentage of people supported to die in their preferred place Number of quality statements maintained at amber or green against ELCQU measures Number of cancellations of surgery on day of admission for non clinical reasons Percentage of cancelled surgery on day of admission who are offered another binding date within 28 days	Data required tbc 100% 75% 9 or more	74% 78%	79% 100% TBC TBC TBC TBC											
21 22 23 24 25 26	PROMS Heart Failure End of Life	#NOF Reported Health Gain Percentage of people admitted with heart failure who receive a clinical assessment within 2 weeks of discharge Percentage of people supported to die in their preferred place Number of quality statements maintained at amber or green against ELCQU measures Number of cancellations of surgery on day of admission for non clinical reasons Percentage of cancelled surgery on day of admission who are offered another binding date within 28 days Sufficient slots	Data required tbc 100% 75%	74% 78% 7	79% 100% TBC TBC TBC TBC TBC											
21 22 23 24 25 26 27	PROMS Heart Failure End of Life	#NOF Reported Health Gain Percentage of people admitted with heart failure who receive a clinical assessment within 2 weeks of discharge Percentage of people supported to die in their preferred place Number of quality statements maintained at amber or green against ELCQU measures Number of cancellations of surgery on day of admission for non clinical reasons Percentage of cancelled surgery on day of admission who are offered another binding date within 28 days Sufficient slots Percentage of falls assessments completed within 24 hours of admission	Data required tbc 100% 75% 9 or more Data required tbc 95%	74% 78% 7 100%	79% 100% TBC TBC TBC TBC TBC 96%											
21 22 23 24 25 26	PROMS Heart Failure End of Life Surgery	#NOF Reported Health Gain Percentage of people admitted with heart failure who receive a clinical assessment within 2 weeks of discharge Percentage of people supported to die in their preferred place Number of quality statements maintained at amber or green against ELCQU measures Number of cancellations of surgery on day of admission for non clinical reasons Percentage of cancelled surgery on day of admission who are offered another binding date within 28 days Sufficient slots Percentage of falls assessments completed within 24 hours of admission Number of falls resulting in moderate or severe harm	Data required tbc 100% 75% 9 or more Data required tbc	74% 78% 7	79% 100% TBC TBC TBC TBC TBC											
21 22 23 24 25 26 27	PROMS Heart Failure End of Life Surgery	#NOF Reported Health Gain Percentage of people admitted with heart failure who receive a clinical assessment within 2 weeks of discharge Percentage of people supported to die in their preferred place Number of quality statements maintained at amber or green against ELCQU measures Number of cancellations of surgery on day of admission for non clinical reasons Percentage of cancelled surgery on day of admission who are offered another binding date within 28 days Sufficient slots Percentage of falls assessments completed within 24 hours of admission Number of falls resulting in moderate or severe harm Percentage of admissions screened within 24 hours of admission to	Data required tbc 100% 75% 9 or more Data required tbc 95%	74% 78% 7 100%	79% 100% TBC TBC TBC TBC TBC 96%											
21 22 23 24 25 26 27 28	PROMS Heart Failure End of Life Surgery Falls Nutrition	#NOF Reported Health Gain Percentage of people admitted with heart failure who receive a clinical assessment within 2 weeks of discharge Percentage of people supported to die in their preferred place Number of quality statements maintained at amber or green against ELCQU measures Number of cancellations of surgery on day of admission for non clinical reasons Percentage of cancelled surgery on day of admission who are offered another binding date within 28 days Sufficient slots Percentage of falls assessments completed within 24 hours of admission Number of falls resulting in moderate or severe harm	Data required tbc 100% 75% 9 or more Data required tbc 95% 0	74% 78% 7 100% 99% 3	79% 100% TBC TBC TBC TBC TBC 11											
21 22 23 24 25 26 27 28 29	PROMS Heart Failure End of Life Surgery Falls	#NOF Reported Health Gain Percentage of people admitted with heart failure who receive a clinical assessment within 2 weeks of discharge Percentage of people supported to die in their preferred place Number of quality statements maintained at amber or green against ELCQU measures Number of cancellations of surgery on day of admission for non clinical reasons Percentage of cancelled surgery on day of admission who are offered another binding date within 28 days Sufficient slots Percentage of falls assessments completed within 24 hours of admission Number of falls resulting in moderate or severe harm Percentage of admissions screened within 24 hours of admission to hospital Percentage of admissions that have a risk assessment completed within	Data required tbc 100% 75% 9 or more Data required tbc 95% 0 95%	74% 78% 7 100% 99% 3 95%	79% 100% TBC TBC TBC TBC TBC 188%											
21 22 23 24 25 26 27 28 29	PROMS Heart Failure End of Life Surgery Falls Nutrition	#NOF Reported Health Gain Percentage of people admitted with heart failure who receive a clinical assessment within 2 weeks of discharge Percentage of people supported to die in their preferred place Number of quality statements maintained at amber or green against ELCQU measures Number of cancellations of surgery on day of admission for non clinical reasons Percentage of cancelled surgery on day of admission who are offered another binding date within 28 days Sufficient slots Percentage of falls assessments completed within 24 hours of admission Number of falls resulting in moderate or severe harm Percentage of admissions screened within 24 hours of admission to hospital Percentage of admissions that have a risk assessment completed within 6 hours of admission	Data required tbc 100% 75% 9 or more Data required tbc 95% 0 95%	74% 78% 7 100% 99% 3 95% 100%	79% 100% TBC TBC TBC TBC 188% 1 88%											
21 22 23 24 25 26 27 28 29 30	PROMS Heart Failure End of Life Surgery Falls Nutrition	#NOF Reported Health Gain Percentage of people admitted with heart failure who receive a clinical assessment within 2 weeks of discharge Percentage of people supported to die in their preferred place Number of quality statements maintained at amber or green against ELCQU measures Number of cancellations of surgery on day of admission for non clinical reasons Percentage of cancelled surgery on day of admission who are offered another binding date within 28 days Sufficient slots Percentage of falls assessments completed within 24 hours of admission Number of falls resulting in moderate or severe harm Percentage of admissions screened within 24 hours of admission to hospital Percentage of admissions that have a risk assessment completed within 6 hours of admission Number of New Pressure Ulcers Grade 3/4	Data required tbc 100% 75% 9 or more Data required tbc 95% 0 95% 95% 0	74% 78% 7 100% 99% 3 95% 100%	79% 100% TBC TBC TBC TBC 188% 79% 0											
21 22 23 24 25 26 27 28 29 30 31 32	PROMS Heart Failure End of Life Surgery Falls Nutrition	#NOF Reported Health Gain Percentage of people admitted with heart failure who receive a clinical assessment within 2 weeks of discharge Percentage of people supported to die in their preferred place Number of quality statements maintained at amber or green against ELCQU measures Number of cancellations of surgery on day of admission for non clinical reasons Percentage of cancelled surgery on day of admission who are offered another binding date within 28 days Sufficient slots Percentage of falls assessments completed within 24 hours of admission Number of falls resulting in moderate or severe harm Percentage of admissions screened within 24 hours of admission to hospital Percentage of admissions streened within 24 hours of admission to hospital Percentage of admissions that have a risk assessment completed within 6 hours of admission Number of New Pressure Ulcers Grade 3/4 Number of all Hospital acquired pressure ulcers	Data required tbc 100% 75% 9 or more Data required tbc 95% 0 95% 95% 0 0	74% 78% 7 100% 99% 3 95% 100% 0 14	79% 100% TBC TBC TBC TBC 188% 1 88% 79% 0											
21 22 23 24 25 26 27 28 29 30 31 32 33	PROMS Heart Failure End of Life Surgery Falls Nutrition	#NOF Reported Health Gain Percentage of people admitted with heart failure who receive a clinical assessment within 2 weeks of discharge Percentage of people supported to die in their preferred place Number of quality statements maintained at amber or green against ELCQU measures Number of cancellations of surgery on day of admission for non clinical reasons Percentage of cancelled surgery on day of admission who are offered another binding date within 28 days Sufficient slots Percentage of falls assessments completed within 24 hours of admission Number of falls resulting in moderate or severe harm Percentage of admissions screened within 24 hours of admission to hospital Percentage of admissions that have a risk assessment completed within 6 hours of admission Number of New Pressure Ulcers Grade 3/4 Number of all Hospital acquired pressure ulcers Staffing Levels Publicly displayed	Data required tbc 100% 75% 9 or more Data required tbc 95% 0 95% 95% 0 0	74% 78% 7 100% 99% 3 95% 100% 0 14 Pilot roll out	79% 100% TBC TBC TBC TBC 188% 79% 0 11 Y											

36	Staffing	Mandatory training rate	90%	75%	76%	1			1	1				I		I
37	Starring	Sickness rate	2070	3.44%	3.42%											
38		Number of staff receiving Clinical supervision	N/A	TBC	TBC											
39	1		90%	TBC	TBC											
39		Percentage of eligible staff receiving clinical supervision	90%	IBC	IBC											
40	Mixed Sex accommodation Breach	number of mixed sex accommodation breaches	0	0	0											
41		MRSA Bacteraemia	0	1	0											
42		Clostridium Difficile		0	4											
43		Norovirus number of cases	N/A	0	0											
44	Infection Control	Norovirus number of bed days lost	N/A	0	0											
45		Percentage of patients screened for MRSA	95%	TBC	TBC											
46		MSSA	N/A	0	0											
47		E-Coli	N/A	6	3											
48		Percentage of risk assessments completed upon admission	95%	97.70%	TBC											
49		Percentage of patients who receive appropriate prophylaxis	100%	97.45%	99%											
50	VTE	Number of Hospital acquired thrombus with a requested RCA	N/A	See Q4 Report	TBC											
51		Publication of a formulary	Yes/No	Y	Y											
52	Medicines	Number of medication errors		43	50											
53		Number of medication errors relating to controlled drugs		0	1											
54	Duty of Candour	Number of times duty of candour used	N/A	81	79											
55	Never Events	Number of Never Events	0	0	0											
56	Serious Incidents	Number of serious incidents	N/A	9	3											
57		Number of patient safety incidents by harms;		556	691											
58	Incidents	Harm		237	285											
59		No Harm		319	406											
60	Early Warning Score	Percentage of observations and scores completed	100%	99%	100%											
61		Percentage staff trained in Level 1 Safeguarding Children	90%	89%	89%											
62		Percentage staff trained in Level 2 Safeguarding Children	90%	87%	88%											
63	Safeguarding	Percentage staff trained in Level 3 Safeguarding Children	90%	81%	87%											
64		Percentage staff trained in Safeguarding Adults	90%	68%	68%											
65		Percentage staff trained in relation to Mental Capacity Act and DOLs Percentage of eligible patients discharged with a completed COPD	90%	68%	68%											
66	COPD	bundle	85% N/A	TBC 32	TBC 45											
	1	Number of complaints received	N/A													
68	Complaints	Percentage of complaints acknowledged within 3 operational days	95%	100%	100%											
69 70	-	Percentage of complaints responded to within agreed timescales Date when last complaints summary published on website	95% N/A	97% TBA	TBC											
70	i			100			1	1								RAG
		Due when his complaints summary published on website														
CQUIN		pare when has complained stammary phonomer on website	Thresh-old	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Rating
CQUIN 1a	I	Implementation of staff friends and family test	Thresh-old	April see exception report	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
			Thresh-old	·	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
1a	Friends and Family	Implementation of staff friends and family test Early implementation of FFT in all outpatient and day case	Thresh-old Q1 -15% Q4 - 20%	see exception repor	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
1a 1b 1.2 1.2a	Friends and Family	Implementation of staff friends and family test Early implementation of FFT in all outpatient and day case departments by 31 October 2014 FFT increased response rates: ED FFT Increased response rates; inpatients	Thresh-old Q1-15% Q4- 20% Q1-25% Q4- 30%	n/a 15%	May t n/a 12% 60%	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
1a 1b 1.2 1.2a 1.3	Friends and Family	Implementation of staff friends and family test Early implementation of FFT in all outpatient and day case departments by 31 October 2014 FFT increased response rates: ED FFT Increased response rates; inpatients FFT decreasing negative responses	Q1 -15% Q4 - 20% Q4 - 25% Q4 -	n/a	May 12% 60% 2.47%	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
1a 1b 1.2 1.2a 1.3 2.1a	Friends and Family	Implementation of staff friends and family test Early implementation of FFT in all outpatient and day case departments by 31 October 2014 FFT increased response rates: ED FFT Increased response rates; inpatients	Thresh-old Q1-15% Q4- 20% Q1-25% Q4- 30%	n/a 15%	May t n/a 12% 60%	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
1a 1b 1.2 1.2a 1.3	Friends and Family Safety Thermometer	Implementation of staff friends and family test Early implementation of FFT in all outpatient and day case departments by 31 October 2014 FFT increased response rates: ED FFT Increased response rates; inpatients FFT decreasing negative responses	Thresh-old Q1-15% Q4- 20% Q1-25% Q4- 30%	n/a 15%	May 12% 60% 2.47%	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
1a 1b 1.2 1.2a 1.3 2.1a 2.1b		Implementation of staff friends and family test Early implementation of FFT in all outpatient and day case departments by 31 October 2014 FFT increased response rates: ED FFT Increased response rates; inpatients FFT decreasing negative responses Reduction in prevalence of pressure ulcers Number of patients recorded with an old pressure ulcer as measured	Thresh-old Q1 -15% Q4 - 20% Q1 - 25% Q4 - 30% <1.5%	n/a 15% 65% 1.83% 21	May t n/a 12% 60% 2.47% tbc 19 Yes	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
1a 1b 1.2 1.2a 1.3 2.1a 2.1b		Implementation of staff friends and family test Early implementation of FFT in all outpatient and day case departments by 31 October 2014 FFT increased response rates: ED FFT Increased response rates; inpatients FFT decreasing negative responses Reduction in prevalence of pressure ulcers Number of patients recorded with an old pressure ulcer as measured using ST	Thresh-old Q1-15% Q4- 20% Q1-25% Q4- 30%	n/a 15% 65% 1.83%	May t n/a 12% 60% 2.47% tbc	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

3.1b]	Assess	90%	TBC	TBC						
3.1c	Dementia	Refer	90%	TBC	TBC						
3.2		Clinical Leader and Training		TBC	TBC						
3.3		Carers Survey		TBC	TBC						
5.1	Admission	Early Assessment	Data required tbc	TBC	TBC						
5.2	Aumission	Impact of Early Assessment	Data required tbc	TBC	TBC						
6.1	Admission Avoidance	Early assessment by consultant	100% Q4	TBC	TBC						
7.1		Reduction of late discharges		TBC	TBC						
7.2	Discharges	Weekend Discharges		TBC	TBC						
7.3		Completed discharge summaries		TBC	TBC						
8.1	Delayed Transfer	Numbers of delayed discharges or transfers of care each month		TBC	TBC						

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?			<u>'</u>											
No. adverse incidents reported on STEIS			6											1
% compliance with STEIS data entry requirements - reporting			100%											
% compliance with STEIS data entry requirements - closing			100%											
No. of never events	1	0	0											
Child Safeguarding Level 1 – No. & % staff trained	Q4 99%													1
Child Safeguarding Level 2 - No. & % staff trained	Q4 91%													
Child Safeguarding Level 3 - No. & % staff trained	Q4 97%													1
Adult Safeguarding - No. & % staff trained	Q4 91%													
MCA/DOLS - No. & % staff trained	Q4 89%													
Learning Disability Awareness - No. & % staff trained														1
Number of patients with hospital accuired thrombosis	2													1
% patients who may be at risk of crisis offered a crisis plan		95%												1
Infection Control														
Percentage of patients screened for MRSA (elective)			93%											1
Percentage of patients screened for MRSA (non elective)			71%											1
Number of patients with MRSA Bacteraemia	0		0											1
Number of cases of C Diff	7		1											
Number of C Diff outbreaks (2 or more cases in same area within 28 days)	0		0%											
Number of patients whose death certificates include C-diff in part 1(a)	0		0											1
Number of patients with Norovirus symptoms			0											
Number of bays and ward closures			0											
Number of bed days lost			0											
Number and % of identified infected patients (inc C Diff and Norovirus) isolated within 2hrs of symptoms onset of diarrhoea			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%											
% of patients having a falls risk assessments carried out within 48 hrs of admission (Commhosps and OPMH inpts)	Av. 93%	95%	95%											
% of patients having a nutritional screening assessment within 24 hrs of admission (Commhosps and OPMH inpts)	Av. 94%	95%	94%											
% of pts whose pressure ulcer risk assessment was commenced within 4hrs of admission (Comm hosps and OPMH inpts)	Av. 86%	95%	97%											
% of patients whose VTE risk assessment was completed in 24 hrs	Av. 98%	95%	98%											1
Number and % of patients commenced on appropriate prophylaxis		95%	77 (100%)											
% patient admitted for >48hrs to hospital with COPD have a COPD bundle on discharge	100%	100%												
Responsive?														
% of patients with a learning disability admitted as an emergency to hospital who have had an enhanced assessment		95%	100%											
% new cases of psychosis served by the Early Intervention Service	100%	100%	100%											

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

Contract Scorecard 2014/15

Dorset County Hospital NHS
NHS Foundation Trust

				N	HS Foundatio	on Trust	
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%	4	1.0	
18 Week Referral To Treatment Waiting Times - % of patients seen within 18wks (Non-Admitted)	95%	May	96.5%	97.2%	1	1.0	
18 Week Referral To Treatment Waiting Times - % of patients under 18wks (Incomplete pathway)	92%	May	93.7%	93.5%	4	1.0	
ED - Maximum waiting time of 4 hours from arrival to admission/transfer/ discharge (DCH Only)	95%	May	95.1%	94.4%	4	1.0	
Cancer (ALL) - 14 day from urgent gp referral to first seen	93%	May	97.1%	92.9%	4	0.5	
Cancer (Breast Symptoms) - 14 day from gp referral to first seen	93%	May	100%	95.1%	4	0.5	
Cancer (ALL) - 31 day diagnosis to first treatment	96%	May	100%	100%	\leftrightarrow	0.5	
Cancer (ALL) - 31 day DTT for subsequent treatment -Surgery	94%	May	100%	91.7%	4		
Cancer (ALL) - 31 day DTT for subsequent treatment - Chemotherapy	98%	May	100%	100%	\leftrightarrow	1.0	
Cancer (ALL) - 31 day DTT for subsequent treatment - Other Palliative	94%	May	100%	100%	\leftrightarrow		
Cancer (ALL) - 62 day referral to treatment following an urgent referral from GP	85%	May	78.3%	81.3%	↑		
Cancer (ALL) - 62 day referral to treatment following a referral from screening service	90%	May	100%	100%	\leftrightarrow	1.0	
Infection Control - C-Diff hospital acquired (post 72 hours)	22	May	0	0	\leftrightarrow	1.0	
Compliance with requirements regarding access to healthcare for people with a learning disability	0	May	compliant	compliant	\leftrightarrow	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	\leftrightarrow		
Cancelled Operations - 28 day rebook within 5 days following cancellation	0	May	0	0	\leftrightarrow		
National Quality Requirements	Plan 2014/15	Latest Month	Apr-14	May-14	Movement on Previous month	Monitor Weighting 2013/14	Forecast Monitor Qtr 1
Infection Control - Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia hospital acquired post 48hrs	0	May	0	0	\leftrightarrow	2010/14	
Zero tolerance Referral To Treatment waits over 52 weeks	0	May	0	0	\leftrightarrow		
Emergency Department - Trolley waits in A&E	No trolley waits > 12 hours	May	0	0	\leftrightarrow		
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 Assessmment	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	4		
Trust Operational Indicators	Plan 2014/15	Latest Month	Apr-14	May-14	Movement on Previous month	Monitor Weighting 2013/14	Forecast Monitor Qtr 1
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%	V		
Emergency Department - Left department without being seen	<= 5%	May	1.0%	1.1%	V		
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%	V		
Cancelled Operations - Provider cancellation of elective care operation for non-clinical reasons either before or after patient admission (number of)	0	May	9	17	4		
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%	4		
Stroke - % of stroke patients who received CT within 24hrs	100%	May	93.1%	93.8%	1		
Stroke - % of stroke patients admitted directly to Acute Stroke Unit ≤ 4hrs	90%	May	71.0%	78.6%	1		
High Risk (ABCD2 Score 4-7) TIA patients assessed and treated < 24 hours	60%	May	46.2%	72.7%	↑		
	1	1			1		

Rating Key

Not achieving target
Achieving target



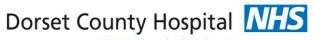
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New Domains (Contract)	Standards	Source of Indicator	Outturn 2013/14	Apr-14	May-14	Jun-14	Movement from previous month
	Operational Standards						
Operational Standards	Mixed Sex Accommodation Breaches - Number of non-clinical breaches	N/C/L	0	0			\leftrightarrow
	National Quality Requirements						
National Quality	Infection Control - Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia hospital acquired post 48hrs	N/C/L	1	0			\leftrightarrow
Requirement	Infection Control - C-Diff hospital acquired (post 72 hours)	N/C/L	27	0			↑
	Commissioning for Quality and Innovation (CQUIN)						
0011111	Friends and Family Test Response Rate - Emergency Department		11.7%	22.4%			↑
CQUIN	Friends and Family Test Response Rate - Inpatient Wards		25.7%	44.4%			↑
	Local Quality Requirements						
	Domain 1: Preventing people dying prematurely						
Domain 1: Preventing people dying prematurely	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			
	Domain 3: Helping people to recover from episodes of ill-health or following injury						
Domain 3: Helping people to recover from episodes of ill-health or following injury	Fracture Neck Of Femur - % of # NoF patients operated on <36 hours of admission	N/C/L	93.9%	93.3%			↑
	Domain 4: Ensuring that people have a positive experience of care						
Domain 4: Ensuring that people have a positive	Complaints - Number of informal contacts	N/C/L	450	46			4
experience of care	Complaints - Number of formal & complex contacts	N/C/L	428	32			↑
	Complaints - Total number received (Informal & Formal)	N/C/L	878	80			\leftrightarrow
	Complaints - Number of informal contacts - (Dementia)	N/C/L	1	0			\leftrightarrow



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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			\leftrightarrow
	Complaints - Total number received (Informal & Formal) - (Dementia)	N/C/L	9	1			\leftrightarrow
	Friends and Family Test Response Rate - Inpatient		26%	44.4%			1
	Friends and Family Test Response Rate - Emergency Department		12%	22.4%			1
	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%			V
	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			1
	Friends and Family Test Score - Emergency Department		74.1	60.9			4
	Friends and Family Test Score - Emergency Department and Inpatient Wards		77.6	73.2			+



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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						
	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			4
	Cardiac Arrests in Emergency areas (ED/EMU)	L	22	10			4
	Cardiac Arrests in Critical Care Areas(CCU/ITU/HDU/Cath Lab/Theatres)	L	33	3			4
	Cardiac Arrests in Wards and Other Departments	L	47	5			4
	Cardiac Arrests Emergency Care Area - Out of Hospital	L	81	2			↑
	Infection Control - Methicillin Sensitive Staphylococcus Aureus (MSSA)	N/C	4	0			\leftrightarrow
	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%			4
	Infection Control - Hand Hygiene audits compliance levels (all areas)	C/L	98.1%	98.3%			4
	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			

Pressure Ulcers - Hospital acquired pressure ulcers (stage 4)

Pressure Ulcers - Patients admitted with pressure ulcers (stage 2)

Pressure Ulcers - Patients admitted with pressure ulcers (stage 3)



NHS Foundation Trust Source of Outturn Movement from **New Domains (Contract) Standards** Jun-14 Apr-14 May-14 Indicator 2013/14 previous month Medication - Poor insulin management L 2 108 Medication - Serious penicillin incidents L 0 0 Incident Reporting - Number of falls N/C/L 788 35 Domain 5: Treating and caring for people in a safe Incident Reporting - Number of falls resulting in no harm N/C/L 629 18 environment and protecting them from avoidable harm 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 5 28 Mortality Indicator SHMI (in-hospital and those occurring 30 days post discharge) -One month N/C/L 72.2 Rolling 12 months [source CHKS] arrears Mortality Indicator RAMI (all admitted patient care UK based) - Rolling 12 months One month N/C/L 100.1 [source CHKS] 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

N/C/L

L

L

1

183

61

0

33

1



New Domains (Contract)	Standards	Source of Indicator	Outturn 2013/14	Apr-14	May-14	.IIIn-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%			\leftrightarrow
	WHO checklist	N/C/L	98.8%	99.3%			4
	Quaterly audit report of PEWs data. Annual Assurance report.		97.9%		Quarterly		