QUALITY AND PERFORMANCE INTEGRATED SCORECARD - Royal Bournemouth and Christchurch Hospials

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%												
2		Percentage of women breastfeeding at 48 hours	80%	Q1 not yet available	Q1 not yet available	Q1 not yet available										
3		Reduction in percentage of women smoking at delivery	<13%	Q1 - 15.9%												
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%	Q1 from SSNAP not yet available												
9		Percentage of patients assessed for thrombolysis	10%	Q1 from SSNAP not yet available												
10		Percentage of patients receiving thrombolysis if clinically indicated	100%	Q1 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												
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												
13		Percentage of patients with documented MDT goals	100%	Q1 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										
15	**Mortality**	Summary hospital level mortality indicator	2 or 3	94%												
16		Hospital Standardised Mortality rate RBH MacMillan Unit - Christchurch	<100	April 14 not yet available	May 14 not yet available	June 14 not yet available										
17	**Learning Disability**	Percentage staff trained in LD		86%	86.10%	86.2										
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										
19	**Fractured NOF**	**Average time of transfer for** clinically appropriate patients with #NOF	95%	no transfers	1 case - Not yet validated	1 case - Not yet validated										
20	**PROMS**	Reported Health Gain. **Case mix adjusted average health gains for;**														
		i) Groin hernia		0.069	0.069	0.069										
		ii) Varicose vein		N/A	N/A	N/A										
		iii) Hip replacement (primary)		0.435	0.435	0.435										
		iv) Knee replacement (primary)		0.308	0.308	0.308										
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%	83%	93%	91%										
28		Number of falls resulting in **moderate** or severe harm	0	2	3	3										
29	**Nutrition**	Percentage of admissions screened within 24 hours of admission to hospital	95%	77%	88%	88%										
30	**Pressure ulcers**	Percentage of admissions that have a risk assessment completed within 6 hours of admission	95%	87%	96%	95%										
31		Number of New Pressure Ulcers Grade 3/4	0	2	3	4										
32		Number of all Hospital acquired pressure ulcers	0	67	66	60										
33	**Staffing**	Staffing Levels Publicly displayed	Y/N	Yes	Yes	Yes										
34		Staff turnover		10.6%	10.8%	11.4%										
35		Staff appraisal rate	90%	78.8%	76.3%	72.9%										
36		Mandatory training rate	90%	78.6%	78.6%	78.7%										
37		Sickness rate		3.76%	3.74%	3.70%										
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										
41	**Infection Control**	MRSA Bacteraemia	0	0	0	0										
42		Clostridium Difficile		0	1	0										
43		Norovirus number of cases	N/A	0	0	0										
44		Norovirus number of bed days lost	N/A	0	0	0										

45		Percentage of patients screened for MRSA	95%	87.50%	77% (unvalidated)											
46		MSSA	N/A	2	0	0										
47		E-Coli	N/A	1	6	3										
48	VTE	Percentage of risk assessments completed upon admission	95%	95%	95%	94.7%										
49		Percentage of patients who receive appropriate prophylaxis	100%	93%	92.7%	92.5%										
50		Number of Hospital acquired thrombus with a **requested** RCA	N/A	1	1	2										
51	Medicines	Publication of a formulary	Yes/No	Yes	Yes	Yes										
52		Number of medication errors		74	72	81										
53		Number of medication errors relating to controlled drugs		12	4	10										
54	Duty of Candour	Number of times duty of candour used	N/A	0	4	3										
55	Never Events	Number of Never Events	0	0	1	1										
56	Serious Incidents	Number of serious incidents	N/A	0	4	3										
57	Incidents	Number of **patient safety** incidents by harms;														
58		No Harm		400	390	305										
59		Minor Harm		172	189	203										
60		Moderate or Severe Harm		8	17	8										
61	Early Warning Score	Percentage of observations and scores completed	100%	99%	99%											
62	Safeguarding	Percentage staff trained in Level 1 Safeguarding Children	90%	86%	86.5%	86.3%										
63		Percentage staff trained in Level 2 Safeguarding Children	90%	84%	84.8%	84.9%										
64		Percentage staff trained in Level 3 Safeguarding Children	90%	81%	81.3%	Not yet validated										
65		Percentage staff trained in Safeguarding Adults	90%	86%	86.1%	86.2%										
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										
67	COPD	Percentage of eligible patients discharged with a completed COPD bundle	85%	82%	Not yet validated	Not yet validated										
68	Complaints	Number of complaints received	N/A	53	31	32										
69		Percentage of complaints acknowledged within 3 operational days	95%	90%	95%	89%										
70		Percentage of complaints responded to within agreed timescales	95%	61%	53%	43%										
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%	11%	11%	10%										
		FFT Increased response rates; inpatients	Q1 - 25% Q4 30%	47%	42%	40%										
1.3		FFT decreasing negative responses	<1.5%	2.2%	1.7%	2.5%										
2.1a	Safety Thermometer	Reduction in prevalence of pressure ulcers		15	9	4										
2.1b		Number of patients recorded with a new pressure ulcer as measured using ST		15	9	4										
		Number of patients recorded with an old pressure ulcer as measured using ST		31	32	34										
2.1c		Incident report sent to commissioners for all inherited pressure ulcers		Yes	Yes	Yes										
3.1a	Dementia	Find	90%	87%	84.30%	Not yet validated										
3.1b		Assess	90%	45%	47.10%	Not yet validated										
3.1c		Refer	90%	67%	66.70%	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	15										

QUALITY AND PERFORMANCE INTEGRATED SCORECARD 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	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%	94.40%										
2		Percentage of women breastfeeding at 48 hours	80%	78%	78%	78.40%										
3		Reduction in percentage of women smoking at delivery	<13%	12%	12%	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														
7		All handovers between ambulance and A&E taking place in over 60 minutes														
8	**Stroke**	Percentage of patients admitted directly to specialist stroke unit within 4 hours of arrival at hospital	90%	71%	80%	70%										
9		Percentage of patients assessed for thrombolysis	100%	see SSNAP	see SSNAP	see SSNAP										
10		Percentage of patients receiving thrombolysis if clinically indicated	100%	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										
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										
13		Percentage of patients with documented MDT goals	100%	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 appoint with consultant paediatrician within 6 weeks of discharge	100%	tbc	tbc	tbc										
15	**Mortality**	Summary hospital level mortality indicator	2 or 3	tbc	tbc											
16		Hospital Standardised Mortality rate RBH MacMillan Unit - Christchurch	<100	84.4	tbc	tbc										
17	**Learning Disability**	Percentage staff trained in LD		0	tbc	0										
18		**Number** of patients who have an enhanced assessment of care needs upon emergency admission to hospital **(CPI flag)**	95%		tbc	tbc										
19	**Fractured NOF**	**Average time of transfer for** clinically appropriate patients with #NOF	95%	74%	88%	75%										
20	**PROMS**	Reported Health Gain	data req'd tbc	74%	79%	70%										
21	**Heart Failure**	Percentage of people admitted with heart failure who receive a clinical assessment within 2 weeks of discharge	100%	78%	100%	91% quarterly										
22	**End of Life**	Percentage of people supported to die in their preferred place	75%		tbc	tbc										
23		Number of quality statements maintained at amber or green against ELCQU measures	9 or more			14										
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%	99%	96%	95%										
28		Number of falls resulting in **moderate** or severe harm	0	3	1	3										
29	**Nutrition**	Percentage of admissions screened within 24 hours of admission to hospital	95%	82%	81%	83%										
30	**Pressure ulcers**	Percentage of admissions that have a risk assessment completed within 6 hours of admission	95%	95%	88%	92%										
31		Number of New Pressure Ulcers Grade 3/4	0	0	0	0										
32		Number of all Hospital acquired pressure ulcers	0	14	11	7										
33		Staffing Levels Publicly displayed	Y/N	Pilot roll out	Y	Y										
34		Staff turnover		0.78	0.72	0.83%										

35	Staffing	Staff appraisal rate	90%	73%	76%	77%										
36		Mandatory training rate	90%	75%	76%	77%										
37		Sickness rate		3.44%	3.42%	3.48%										
38		Number of staff receiving Clinical supervision	N/a	tbc	tbc	tbc										
39		Percentage of eligible staff receiving clinical supervision	90%	tbc	tbc	tbc										
40	Mixed Sex accommodation Breach	number of mixed sex accommodation breaches	0	0	0	1										
41	Infection Control	MRSA Bacteraemia	0	1	0	0										
42		Clostridium Difficile	13	0	2	0										
43		Norovirus number of cases	N/A	0	0	0										
44		Norovirus number of bed days lost	N/A	0	0	0										
45		Percentage of patients screened for MRSA	95%	tbc	tbc	tbc										
46		MSSA	N/A	0	0	1										
47		E-Coli	N/A	6	3	4										
48	VTE	Percentage of risk assessments completed upon admission	95%	97.70%	97%	97.40%										
49		Percentage of patients who receive appropriate prophylaxis	100%	97.45%	99%	98.40%										
50		Number of Hospital acquired thrombus with a **requested** RCA	N/A	40%	-	-										
51	Medicines	Publication of a formulary	Yes/No	Y	Y	Y										
52		Number of medication errors		43	50	77										
53		Number of medication errors relating to controlled drugs		0	1	1										
54	Duty of Candour	Number of times duty of candour used	N/A	81	79	61										
55	Never Events	Number of Never Events	0	0	0	0										
56	Serious Incidents	Number of serious incidents	N/A	9	3	8										
57	Incidents	Number of **patient safety** incidents by harms;		556	691	731										
58		Harm		237	285	259										
59		No Harm		319	406	472										
60	Early Warning Score	Percentage of observations and scores completed	100%	99%	100%	98%										
61	Safeguarding	Percentage staff trained in Level 1 Safeguarding Children	90%	89%	89%	90%										
62		Percentage staff trained in Level 2 Safeguarding Children	90%	87%	88%	89%										
63		Percentage staff trained in Level 3 Safeguarding Children	90%	81%	87%	87%										
64		Percentage staff trained in Safeguarding Adults	90%	68%	68%	70%										
65		Percentage staff trained in relation to Mental Capacity Act and DOLs	90%	68%	68%	70%										
66	COPD	Percentage of eligible patients discharged with a completed COPD bundle	85%	-	-	quarterly										
67	Complaints	Number of complaints received	N/A	32	45	47										
68		Percentage of complaints acknowledged within 3 operational days	95%	100%	93%	tbc										
69		Percentage of complaints responded to within agreed timescales	85%	93%	93%	tbc										
70		Date when last complaints summary published on website	N/A	tba	tbc	tbc										
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	see exception report													
1b		Early implementation of FFT in all outpatient and day case departments by 31 October 2014		n/a	n/a	n/a										
1.2		FFT increased response rates: ED	Q1 -15% Q4 - 20%	15%	12%	11.20%										
1.2a		FFT Increased response rates; inpatients	Q1 - 25% Q4 -30%	65%	60%	60.50%										
1.3		FFT decreasing negative responses	<1.5%	1.83%	2.47%	3.13%										
2.1a	Safety Thermometer	Reduction in prevalence of pressure ulcers			tbc	2.39%										
2.1b		Number of patients recorded with an old pressure ulcer as measured using ST		21	19	12										
				Yes	Yes	Yes										

2.1c		Incident report sent to commissioners for all inherited pressure ulcers	90%	97%	98%	99%										
3.1a	**Dementia**	Find	90%	98%	99%	99%										
3.1b		Assess	90%	95%	93%	94%										
3.1c		Refer		tbc	tbc	tbc										
3.2		Clinical Leader and Training		tbc	tbc	tbc										
3.3		Carers Survey	data req'd tbc	tba	tba	tba										
5.1	**Admission**	Early Assessment	data req'd tbc	tba	tba	tba										
5.2		Impact of Early Assessment	100% Q4	tba	tba	tba										
6.1	**Admission Avoidance**	Early assessment by consultant		tbc	tbc	tbc										
7.1	**Discharges**	Reduction of late discharges		tbc	tbc	tbc										
7.2		Weekend Discharges		tbc	tbc	tbc										
7.3		Completed discharge summaries		3.46%	3.46%	2.17%										
8.1	**Delayed Transfer**	Numbers of delayed discharges or transfers of care each month		TBC	TBC											

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%											
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%											
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%											
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												
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%											
36		Mandatory training rate	90%	79%	79%											
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											
41	**Infection Control**	MRSA Bacteraemia	0	0												
42		Clostridium Difficile		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%											
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											
55	**Never Events**	Number of Never Events	0	0												
56	**Serious Incidents**	Number of serious incidents	N/A	5	6											
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												
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%												
		FFT Increased response rates; inpatients	Q1 - 25% Q4 -30%	44.4%												
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									
% compliance with STEIS data entry requirements - reporting			100%	100%	100%									
% compliance with STEIS data entry requirements - closing			100%	37.5%	41%									
No. of never events	1	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%									
Percentage of patients screened for MRSA (non elective)			71%	74%	60%									
Number of patients with MRSA Bacteraemia	0		0	0	0									
Number of cases of C Diff	7		1	2	2									
Number of C Diff outbreaks (2 or more cases in same area within 28 days)	0		0	0	0									
Number of patients whose death certificates include C-diff in part 1(a)	0		0	0	0									
Number of patients with Norovirus symptoms			0	0	0									
Number of bays and ward closures			0	0	0									
Number of bed days lost			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									
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%									
% 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%									
% of patients having a nutritional screening assessment within 24 hrs of admission (Comm hosps and OPMH inpts)	Av. 94%	95%	94%	91%	92%									
% of pts whose pressure ulcer risk assessment was commenced within 4hrs of admission (Comm hosps and OPMH inpts)	Av. 86%	95%	97%	96%	96%									
% of patients whose VTE risk assessment was completed in 24 hrs	Av. 98%	95%	98%	97%	97%									
Number and % of patients commenced on appropriate prophylaxis		95%	77 (100%)	63 (100%)	49 (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%									
% new cases of psychosis served by the Early Intervention Service	100%	100%	100%	100%	95%									

% main carers offered an assessment within 4 weeks		100%			TBC									
Caring?														
Number of times duty of candour used			6	5	5									
% 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%									
% patients >75 y.o. admitted asked dementia case finding question														
% adult patients having a VTE risk assessment on admission														