Dorset County Hospital NHS
NHS Foundation Trust

Board of Directors Meeting

05th October 2010

Date: 23rd September 2010

Title: Performance Report

Prepared by: Debi Carpanini, Associate Director of Performance and Information

Alison Tong, Director of Nursing and Operations

Presented by: Alison Tong, Director of Nursing and Operations

Action required: The Board is asked to receive the Performance Report which sets out the Trust's performance against:

- Monitor Compliance Indicators
- Contract Standards
- Quality Standards
- CQUIN Standards

For the period to the end of August 2010.

Monitoring Information

Care Quality Commission Indicators	✓		
Monitor	✓	Finance	
Service Development Strategy		Performance Management	✓
Local Delivery Plan		Business Planning	
Assurance Framework	✓	Complaints	
Equality, diversity, human rights implications assessed			
Other *(please specify)*			

1. PURPOSE

1.1 To advise the Board of the Trust's performance against the key performance standards and indicators.

2. BACKGROUND

2.1 The Trust's Annual Plan sets out the programme of work to be undertaken to ensure compliance with Monitor's Compliance Framework, National standards, indicators and local standards included in PCT commissioning contracts

2.2 Detailed results of achievement as at 31st August 2010 are presented in Appendix A: Monitor Compliance Indicators, Appendix B: Contract Standards, Appendix C: Quality Standards and Appendix D: CQUIN Standards, with the relevant exception reports contained in Appendix E:

3. KEY ISSUES

3.1 The Trust's key performance standards and targets for 2010-11 have been classified into the following four categories which reflect the source of the indicators (details of these are set out in Appendix A,B,C, D & E)

- Monitor Compliance Indicators (A)
- Contract Standards (B)
- Quality Standards (C)
- CQUIN Standards (D)
- Exception Reports (E) - FPC Only

3.2 During August 2010 the Trust under performed against agreed tolerance levels for 2010/11 for the following performance standards:

- **Cancelled Operations** – There were **70** reported cancellations for non-clinical reasons for the month of August 10. The four main reasons are lack of beds (25), run out of theatre time (14), equipment problems (9), and staff unavailability (13). This equates to **3.1%** of elective activity YTD, 2.1% above the required national tolerance level of **0.8%**.
- **Cancelled Operations Rebooked within 28 days** – One reported case within ophthalmology due to equipment failure.
- **Cancer Target - 62 day wait (screening service RTT)** – The position for July 2010 was **87%,** which is slightly below the national tolerance level of **90%**. YTD performance is **76%**
- **Cancer Target – max 2 week wait for breast symptoms** – The position for July 2010 was **86%,** which is slightly below the national tolerance level of **90%**. YTD performance is **92%.**
- **Cancer Target – max 31 day wait for subsequent treatment (surgery)** – The position for July 2010 was **90%,** which is slightly below the national tolerance level of **90%**. YTD performance is **96%.**
- **% of stroke patients spending 90% of their time on a stroke ward** – Performance is below the required tolerance levels, with **38.5%** of patients spending 90% of their time on a stroke ward in August 2010 with. This is significantly below the 90% national and contractual tolerance levels agreed for 2010/11 and a considerable deterioration on the previous four months

- **MRSA Screening**– Performance improved in August 2010 with **86.5%** of elective patients screened.
- **Never Event – 1** reported case in maternity. Root cause analysis in progress.
- **Ambulance Handovers** – For the period April to August 2010, the Trust has reported **672** handovers greater than **15** minutes, **62** greater than **30** minutes, **2** greater than **1** hour and **2** greater than **2** hours. However, there are additional investigations on-going concerning data validation and accurate times reported by ambulance crews.
- **Venous Thromboembolism (VTE) Risk Assessment** – The threshold for this indicator is 95% and is monitored through the CQUIN element of the contract. Performance in August highlighted that **15.6%** of patients were recorded as **having** a VTE risk assessment completed and **13.3%** of patients were recorded as **NOT** having a VTE risk assessment completed.
- **Delayed Discharges** – This indicator continues to be a challenge with performance for August 2010 of **4.9%** with the overall YTD position of **4.1%,** 0.6% adversely above the national tolerance level of 3.5%.
- **Mortality** – The position has changed in June 10 following the re-calculation by Dr. Foster benchmarking against which the relative risk is measured .The Hospital Standardised Mortality Ratio for the period of Apr – June 10 has been rebased from 90 to 101 and 100 is the normal position of relative risk.
- **Medication Errors** – The performance for the period April to August 2010 is **13** against a plan of no more than **8** for the year (outturn last year was 9).
- **PROMS Completed -** The percentage of completed PROMS questionnaires have deteriorated in Aug 10. (See quality schedule for further detail.)
- **Serious Untoward Incidents –** There have been 14 reported cases YTD with 2 reported cases for the month of August 2010.

4. ACTIONS

4.1 Exception reports for the following are attached in Appendix E and performance against plan will continue to be monitored;

- Cancelled operations (I)
- Cancelled operations re-booked within 28 days (II)
- Cancer targets (III)
- Stroke patients spending 90% of time on stroke ward (IV)
- MRSA screening (V)
- Never events (VI)
- Ambulance Handover Delays – see exception report (VII)
- VTE Risk Assessment (VIII)
- Delayed discharges (IX)

5. FINANCIAL/OTHER IMPLICATIONS

5.1 Achieving NHS plan targets and milestones is an important feature of the Trust's overall performance and demonstrates our commitment to delivering quality care to patients. There are a number of specific performance indicators within the contract where NHS Dorset have the discretion to apply financial penalties in respect of underperformance as detailed in the 2009/10 Acute Services contract with NHS Dorset.

6. RECOMMENDATIONS

6.1 The Board is asked to receive the Performance Report and note the progress that has been made together with any actions that are planned.

Appendix A

Monitor Compliance Indicators.

	Standards	Corporate Framework Element	Outturn 2009/10	Plan 2010/11	Actual Monthly Performance												Cumulative YTD Actual	Weighting
					Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
c	MRSA infections -Hosp Acq post 48Hrs	Quality Schedule / Monitor	4	2	0	0	0	0	0								0	1
g	C-difficile infections -Hosp Acq Post 72 Hrs	Quality Schedule / Monitor	58	45	5	4	5	2	2								18	1
m	Screening elective patients for MRSA (there is an exclusion criteria)	Quality Schedule / Monitor	65.2%	100%	84.0%	86.8%	87.0%	83.9%	86.5%								85.6%	**0.5**
a	% < 4 hours in A& E (Inc MIU's)	Monitor / Contract	99.4%	95.0%	98.8%	99.1%	98.3%	99.0%	98.1%								98.6%	0.5
c	All Cancers: Max 2wk OP wait	Monitor / Contract	94.2%	93.0%	99.3%	95.6%	96.5%	96.9%									97.1%	**0.5**
d	All Cancers: Max 2wk wait for breast symptoms	Monitor / Contract	97.7%	93.0%	94.5%	94.4%	95.1%	86.3%									92.3%	
e	All Cancers: Max 31 Day Diagnosis to first treatment	Monitor / Contract	99.4%	96.0%	98.7%	100.0%	98.7%	98.6%									99.0%	0.5
f	All Cancers: Max 31 Day DTT for other subsequent treatment: Surgery	Monitor / Contract	97.1%	94.0%	90.9%	100.0%	100.0%	90.0%									96.0%	1
g	All Cancers: Max 31 Day DTT for other subsequent treatments: anti cancer drugs (Chemotherapy)	Monitor / Contract	100.0%	98.0%	100.0%	100.0%	100.0%	100.0%									100.0%	
i	All Cancers: Max 62 Day RTT	Monitor / Contract	90.6%	85.0%	82.4%	92.6%	92.5%	90.0%									89.1%	**1**
j	All Cancers: Max 62 Day wait - Screening Service RTT	Monitor / Contract	90.2%	90.0%	66.7%	40.0%	60.0%	86.7%									76.1%	
z	Thrombolysis 'call to needle' < 60 mins	Quality Schedule / Monitor	52.4%	68.0%	100.0%	100.0%	100.0%	33.3%	100.0%								66.7%	**0.5**
																	Amber -Red	**2.5**

Appendix B

Contract Standards

	Standards	Corporate Framework Element	Outturn 2009/10	Plan 2010/11	Actual Monthly Performance												Cumulative YTD Actual
					Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	
1	**Patient Focus**																
an	Safeguarding vulnerable adults	Contract		tbc	tbc												
ah	National Bowel Cancer Audit (NBOCAP)	Contract		tbc	tbc												
ai	National COPD Audit	Contract		tbc	tbc												
aj	National Lung Cnacer Audit (LUCADA)	Contract		tbc	tbc												
ao	STEMI - ST elevated myocardial infarction - audit	Contract		tbc	tbc												
ap	TIA - Transient Ischaemic Attack - audit	Contract		tbc	tbc												
ak	National Vascular Database	Contract		tbc	tbc												
al	QUIP - Quality and Patient Safety Improvement Programme	Contract		tbc	tbc												
am	Radical Prostatectomy - performance of radical prostatectomy	Contract	1	0	0	0	0	0									0
2	**Safety**																
t	Medication Errors (actual)	Contract	9	8	4	3	5	1	0								13
bc	Maternal death after elective caesarian	Contract		tbc	tbc												
bd	Misplaced nasogstric or orogastric tube	Contract		tbc	tbc												
be	MRSA - root casue analysis within 28 days of MRSA bacteraemias	Contract		100.0%													
bf	Multidisciplinary "deterioration recognition group" with action plan to implement NICE guidance	Contract		tbc	tbc												
bg	Patient safety incident reporting	Contract		tbc	tbc												
bh	Intravenious administration of mis-selected concentrated potassium chloride	Contract		tbc	tbc												
bi	Suicide - inpatient suicide by use of non collapsible rails	Contract		0	tbc												
bj	Wrong Site Surgery	Contract		0	tbc												
3	**Clinical Outcomes**																
a	Emergency readmissions within 28 days of discharge (following elective admission)	Contract	3.1%	tbc	3.2%	3.0%	3.7%	3.8%									3.4%
b	Emergency readmissions within 14 days of discharge (following elective admission)	Contract	2.3%	tbc	2.6%	2.2%	2.7%	2.7%									2.6%
c	Emergency readmissions within 28 days of discharge (following emergency admission)	Contract	8.8%	tbc	9.8%	8.9%	7.8%	6.8%									8.3%
d	Emergency readmissions within 14 days of discharge (following emergency admission)	Contract	6.3%	tbc	6.9%	5.6%	5.4%	5.2%									5.8%
4	**People management**																
n	Workforce - evidence adherence to workforce related activities (clause 11 contract)	Contract		tbc	tbc												
5	**Clinical Effectiveness**																
u	Diabetes	Contract		tbc	tbc												
ae	Renal dialysis - Patients dialysed in most appropriate setting	Contract		tbc	tbc												
af	Retained instruments post operative	Contract		0	tbc												
ag	Retained swabs or metal work	Contract		tbc	tbc												
7	**Activity**																
a	A&E Attendances (PbR)	Contract	36,638	36,638	3,174	3,269	3,340	3,527	3,636								16,946
b	Elective IP (PbR Care Spell Level))	Contract	6,143	6,029	496	539	526	592	458								2,611
c	Day Case (PbR Care Spell Level)	Contract	20,397	20,271	1,686	1,711	1,837	1,775	1,661								8,670
n	sub total Elective (PbR Care Spell Level)	Contract	26,540	26,300	2,182	2,250	2,363	2,367	2,119								11,281
d	Other Non-Elective (PbR Care Spell Level)	Contract		3,211	376	470	439	475	462								2,222
	Non-Elective Long Stay (PbR Care Spell Level)	Contract		11,666	966	951	892	937	976								4,722
	Non-Elective Short Stay (PbR Care Spell Level)	Contract		5,415	446	472	423	426	409								2,176
	sub total Non-Elective (PbR Care Spell Level)	Contract	20,285	17,081	1,788	1,893	1,754	1,838	1,847								9,120
e	Outpatient Attendances (consultant led) - New (PbR Single Professional)	Contract		48,203	3,993	4,079	4,312	4,461	3,923								20,768
	Outpatient Attendances (consultant led) - New (PbR Multiple Professional)	Contract		2,432	262	201	225	245	230								1,163
	sub total Outpatient Attendances (consultant led) - New (PbR)	Contract	54,679	50,635	4,255	4,280	4,537	4,706	4,153								21,931
f	Outpatient Attendances (consultant led) - Follow Up (PbR Single Professional)	Contract		107,758	8,736	8,475	9,039	9,252	8,698								44,200
	Outpatient Attendances (consultant led) - Follow Up (PbR Multiple Professional)	Contract		4,664	450	456	423	376	406								2,111
	sub total Outpatient Attendances (consultant led) - Follow Up (PbR)	Contract	133,689	112,422	9,186	8,931	9,462	9,628	9,104								46,311
	Outpatient Procedures (PbR)	Contract		8,261	706	691	832	812	698								3,739
g	Elective IP (non-PbR Care Spell Level Inc RDA's)	Contract	62	36,487	2,977	3,004	3,010	3,108	3,006								15,105
h	Planned Same Day (non-PbR Care Spell Level)	Contract	266														
i	Regular day Attenders (non-PbR)	Contract	27,722														
o	sub total Elective Activity (non-PbR)	Contract	28,050		2,977	3,004	3,010	3,108	3,006								15,105
j	Non-Elective (non-PbR Care Spell Level)	Contract	191	143	16	14	15	19	18								82
k	Outpatient Attendances - New (non-PbR)	Contract	25,829	20,971	2,097	2,162	2,271	2,278	2,103								10,911
l	Outpatients Attendances - Follow Up (non-PbR)	Contract	73,491	69,587	7,086	6,753	7,466	7,594	6,930								35,829
m	Outpatient Procedures (non-PbR)	Contract		6,051	613	613	723	578	553								3,080
8	**Productivity**																
t	No of Consultant to consultant referrals for same condition	Contract		0													
u	Spinal Procedures outside of service specification	Contract		0													
v	Urgent and Emergency care - reduce the conversion rate of ED attendance to admission	Contract		-15% 2009/10													
9	**Access**																
a	% < 4 hours in A& E (Inc MIU's)	Monitor / Contract	99.4%	95.0%	98.8%	99.1%	98.3%	99.0%	98.1%								98.6%
c	All Cancers: Max 2wk OP wait	Monitor / Contract	94.2%	93.0%	99.3%	95.6%	96.5%	96.9%									97.1%
d	All Cancers: Max 2wk wait for breast symptoms	Monitor / Contract	97.7%	93.0%	94.5%	94.4%	95.1%	86.3%									92.3%
e	All Cancers: Max 31 Day Diagnosis to first treatment	Monitor / Contract	99.4%	96.0%	98.7%	100.0%	98.7%	98.6%									99.0%
f	All Cancers: Max 31 Day DTT for other subsequent treatment: Surgery	Monitor / Contract	97.1%	94.0%	90.9%	100.0%	100.0%	90.0%									96.0%

Appendix B

Contract Standards

	Standards	Corporate Framework Element	Outturn 2009/10	Plan 2010/11	Actual Monthly Performance												Cumulative YTD Actual
					Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	
g	All Cancers: Max 31 Day DTT for other subsequent treatments: anti cancer drugs (Chemotherapy)	Monitor / Contract	100.0%	98.0%	100.0%	100.0%	100.0%	100.0%									100.0%
i	All Cancers: Max 62 Day RTT	Monitor / Contract	90.6%	85.0%	82.4%	92.6%	92.5%	90.0%									89.1%
j	All Cancers: Max 62 Day wait - Screening Service RTT	Monitor / Contract	90.2%	90.0%	66.7%	40.0%	60.0%	86.7%									76.1%
k	All Cancers: Max 62 Day wait - Cons Upgrade to treatment	Contract		86.0%													
m	% treated < 18 weeks (Admitted) Mthly 18 wk RTT aggregate or Qtrly at specialty level.	Contract	91.9%	90.0%	84.6%	89.9%	92.8%	94.5%	96.0%								91.6%
n	% treated < 18 weeks (Non-Admit) Mthly 18 wk RTT aggregate or Qtrly at specialty level	Contract	97.6%	95.0%	97.1%	97.3%	97.1%	97.8%	98.1%								97.5%
ab	Max. 2 week wait for Chest Pain Clinic	Contract	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%								100.0%
ap	Cancer - care of patients who died within 30 days of receiving systemic anit cancer therapy	Contract		tbc	tbc												
ar	Cardiology - inter hospital transfers will occur within 3 days	Contract		tbc	tbc												
as	Elective Admissions - reduce multiple elective admissions for same condition	Contract		0	tbc												
at	Emergency Admissions - GP referred emergency admissions admitted directly to ward, not via ED	Contract		tbc	tbc												
au	Emergency Department - Patients presenting at ED referred to primary care without treatment	Contract		tbc	tbc												
av	Emergency Department - Achievement of NHS South West ED trajectory	Contract		tbc	tbc												
aw	Trauma delays - remove delays in treating non-elective trauma and fractures	Contract		tbc	tbc												
ax	Wrong route Chemotherapy - wrong route of administration Chemotherapy	Contract		tbc	tbc												
12	**Transfer of and Discharge from Care**																
d	All those being discharged their relatives and carers (where appropriate) have been involved in determining the date of discharge, where possible this should be discussed on admission	Contract		90%	Not available												
e	Where health and social care services will be delivering care to patients after discharge adequate notice (at least 24 hours) will be given of the need for the service to the relevant care provider.	Contract		90%	Not available												
f	All those requiring drugs on discharge will be supplied with those drugs in a timely manner for the clinically relevant period for up to 28 days	Contract		90%	Not available												
g	All fields on the discharge form must be completed appropriately and in full. Required fields are as defined in Dorset PCT ASC Schedule 1 – "Discharge Summary"	Contract		95%	Not available												
j	All patients to be given Healthy Lifestyle advice during their visit or episode of care relevant to their condition and ability.	Contract		100%	Not available												
l	Discharge from care (work to discharge from care standards, schedule 2 pt2. Audit results leading to 100% compliance of all standards	Contract		100%	Not available												
m	Discharge from care (Eligibility for continuing healthcare process. Implement common assessment framework)	Contract		tbc	Not available												
n	Outpatient attendances and investigation reports submitted to GP within 3 working days	Contract		tbc	Not available												
13	**Data Quality**																
q	Clostridium Difficile NHS database will include NHS number	Contract		100.0%	tbc												
r	Short Stay Admissions - reduce short stays following ED attendance	Contract		0	tbc												

Appendix C

Quality Standards

	Standards	Corporate Framework Element	Outturn 2009/10	Plan 2010/11	Actual Monthly Performance												Cumulative YTD Actual
					Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	
1	**Patient Focus**																
a	Total number of contacts (complaints)	Quality Schedule	505	tbc	88	53	65										206
ae	% of complaints acknowledged within 3 days	Quality Schedule		tbc	100%	100%	100%										100%
b	% of informal complaints handled within 20 days	Quality Schedule	84%	90%	96%	97%	98%										97%
c	% of formal complaints handled within 20 days	Quality Schedule	59%	70%	73%	83%	80%										79%
d	% of complex complaints handled within 40 days	Quality Schedule	88%	85%	28%	33%	86%										49%
e	Complaints - Nursing care	Quality Schedule		tbc	16	5	9										30
f	Complaints - Medical care	Quality Schedule		tbc	66	45	53										164
g	Complaints - Access	Quality Schedule		tbc	6	4	10										20
h	Privacy & Dignity Results - positive response PATIENTS	Quality Schedule	67%	tbc	Annual Report - January												
i	Mixed Sex Accommodation - No of Incidents	Quality Schedule	2	0	1	0	2	0									3
j	Inpatient Survey Results	Quality Schedule		tbc	(Reporting 2009 CQC) - Annual												
k	Outpatient Survey Results	Quality Schedule		tbc	(Reporting 2009 CQC) - Annual												
l	Maternity Survey Results	Quality Schedule		tbc	(Reporting 2009 CQC) - Annual												
m	Local Patient Surveys	Quality Schedule		tbc	Six monthly local patient survey of 200 patients to be collated by audit												
n	Patient Response recommendation to Friend or Relative	Quality Schedule		tbc	Not available												
p	Heart Disease Audits	Quality Schedule	5	5	Non identified for 2010/11												
q	Assurance & Safety Audits	Quality Schedule		tbc	Non identified for 2010/11												
r	National Sentinel Audit of Stroke	Quality Schedule		60 cases	National Sentinel Stroke Clinical and Organisation Audit.												
s	Local Audits	Quality Schedule		tbc	Adult Inpatient Record audit and review of unplanned admissions from Day Surgery audit.												
t	National Audits	Quality Schedule		tbc	Issuing of EDS and discharge planning audit, End of Life audit and Inpatient Discharge details audit.												
u	Cancer Audits	Quality Schedule		tbc	Dorset Cancer Network CVC line audit												
v	Positive Feedback from Patients	Quality Schedule		tbc	38	49	13										100
y	Number of safeguard referrals to Adult Safeguarding Triage Team	Quality Schedule		tbc	3	1	5	8	3								20
ah	Safeguarding children (compliant with CQC standards)	Quality Schedule		tbc	tbc												
ad	% PROMS Completed	Quality Schedule	58%	tbc	74.7%	66.7%	66.2%	60.4%	55.6%								64.7%
ai	% PROMS Completed - Primary Unilateral Hip or Knee Replacements	Quality Schedule	68%	tbc	81.0%	73.4%	73.6%	68.0%	68.5%								72.9%
aj	% PROMS Completed - Groin Hernia Surgery and Varicose Vein Procedures	Quality Schedule	31%	tbc	50.0%	41.2%	33.3%	25.0%	29.6%								35.8%
af	Patient Moves (more than twice by 1000 bed days)	Quality Schedule		tbc	Under investigation												
ag	Annual clinical audit plan and bi-annual report against progress	Quality Schedule		tbc	tbc												
2	**Safety**																
b	MRSA infections Total(Cumulative)	Quality Schedule	9	4	0	0	0	0	0								0
c	MRSA infections -Hosp Acq post 48Hrs	Quality Schedule / Monitor	4	2	0	0	0	0	0								0
f	C-difficile infections Total	Quality Schedule	119		11	7	12	6	4								40
g	C-difficile infections -Hosp Acq Post 72 Hrs	Quality Schedule / Monitor	58	45	5	4	5	2	2								18
l	Overall Ward Cleaning Score	Quality Schedule		tbc	89.6%	92.2%	88.6%	85.0%	90.1%								89.1%
ay	Report on environmental cleaning score for the Trust	Quality Schedule		tbc	tbc												
az	PEAT assessment outcomes and actions	Quality Schedule		tbc	tbc												
m	Screening elective patients for MRSA (there is an exclusion criteria)	Quality Schedule / Monitor	65.2%	100%	84.0%	86.8%	87.0%	83.9%	86.5%								85.6%
ag	Screening non-elective patients for MRSA (there is an exclusion criteria)	Quality Schedule		100%	70.7%	80.8%	79.5%	62.3%	77.7%								74.2%
at	Central Venous Catheter Infections	Quality Schedule		tbc	tbc												
au	The number of patients acquiring a surgical site infection following clean surgery	Quality Schedule		tbc	tbc												
av	Ventilator Associated Pneumonia	Quality Schedule		tbc	tbc												
o	No of Serious Untoward Incidents (SUIs reported to SHA)	Quality Schedule	11	10	2	5	2	3	2								14
u	% WHO Surgical Safety Checklist carried out of patients undergoing a surgical procedure	Quality Schedule		95.0%	Under development												
v	No of Falls Reported incidents	Quality Schedule	820	(-20% 08/09)	78	80	58	83	81								380
bb	Patient falls (annual audit of 10 sets of notes)	Quality Schedule		tbc	To be developed												
x	No of Bed Pressure Sores reported	Quality Schedule	41	(-20% 08/09)	1	4	4	5	3								17
y	No of Root Cause Analyses being carried out	Quality Schedule	66	tbc	2	4	1	4	5								16
ba	No of reported root cause analyses completed with action plans developed	Quality Schedule		tbc	tbc												
aa	Never Events' that occur within the trust	Quality Schedule	0	0	0	0	0	0	1								1
ab	Norovirus- beds closed (empty & occupied)	Quality Schedule	tbc	tbc	tbc												
ac	Patient Observation Audit (MEWS) [MEWs audit NICE aduit tool 50 sets of patient notes]	Quality Schedule	tbc	tbc	95%			99%									97.0%
ad	Malnutrition Universal Screening Tool (MUST)	Quality Schedule	tbc	tbc	44%			60%									52.0%
af	Global Trigger Tool (Number reviewed per month)	Quality Schedule		50 notes	Bi annual report reviewing outcomes						Bi annual report reviewing outcomes						
ag	NHSLA Standards (Compliance Level 2 NHSLA standards and status)	Quality Schedule		Level 2	Level 2	Level 2	Level 2	Level 2	Level 2								
ah	NICE technology appraisal and guidance (% compliance with all NICE technology appraisals)	Quality Schedule		tbc	tbc												
ai	Nutritional care (% of patients having nutritional assessments completed)	Quality Schedule		tbc	tbc												
aj	Pressure Ulcers (Audit of 10 patients notes against standards set out in NICE guidance)	Quality Schedule		tbc	Bi Annual Audit of 10						Bi Annual Audit of 10						
ak	Patient Falls (Audit of 10 patients notes)	Quality Schedule		tbc	Bi Annual Audit of 10						Bi Annual Audit of 10						
al	Returns to theatre (Unplanned return to theatre during same inpatient admission)	Quality Schedule		tbc	tbc												
am	Safety Alerts (Number and type of safety alerts and Chief Medical Officer alerts outstanding)	Quality Schedule		tbc	tbc												
bc	Safety Alerts - DoH Chief Medical Officer alerts outstanding	Quality Schedule		tbc	tbc												
bd	Safety Alerts - Number of CAS alerts received and actioned	Quality Schedule		tbc	12	19	19	15	8								73
be	Safety Alerts - Number of outstanding beyond require implementation date	Quality Schedule		tbc	8	8	8	8	11								43
an	Serious Untoward Incidents (Number of SUIs declared and anonymised investigation)	Quality Schedule		tbc	2	5	2	3	2								14
ao	Adverse Incidents (Number of patient safety incidents)	Quality Schedule		tbc	tbc												
ap	Caesarean section rates (% of caesarean section rates)	Quality Schedule		Max 22.1%	tbc												

Appendix C

Quality Standards

	Standards	Corporate Framework Element	Outturn 2009/10	Plan 2010/11	Actual Monthly Performance												Cumulative YTD Actual
					Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	
aq	Cleaning/decontamination audits (Environment cleaning audits/PEAT assessment outcomes)	Quality Schedule		tbc	tbc												
ar	Crash Calls (Number of crash calls)	Quality Schedule		tbc	tbc												
as	Emergency plans and business continuity plans	Quality Schedule		tbc	tbc												
aw	Medicines Report (Medicines Quality Scorecard)	Quality Schedule		tbc	tbc												
3	**Clinical Outcomes**																
f	Hospital Standardised Mortality Ratio (HSMR) - Rolling 12 months [Relative Risk]	Quality Schedule	96.8	tbc	105.1	104.4	104.5										104.7
4	**People management**																
c	Sickness %	Quality Schedule		4.0%	3.96%	3.59%	3.77%	3.61%									3.73%
d	Rolling Sickness %	Quality Schedule		4.0%	4.38%	4.35%	4.31%	4.23%									4.32%
e	Sickness Cost	Quality Schedule		tbc	£187,552	£167,650	£181,716	£175,843									£712,761
f	Turnover % (WTE)	Quality Schedule		tbc	1.1	1.3	0.8	0.8	1.3								1.1
g	Appraisals	Quality Schedule		100%	2.5%	5.0%	8.9%	15.5%	18.5%								10.1%
j	Percentage of staff undertaking mandatory training	Quality Schedule		tbc	tbc												
k	Percentage of staff with professional registration checks	Quality Schedule		tbc	tbc												
l	Medical devices (Bi-annual report on staff training and register of medical devices)	Quality Schedule		tbc	tbc												
m	Percentage of relevant staff with CRB checks	Quality Schedule		tbc	tbc												
5	**Clinical Effectiveness**																
a	Number of Techlogical Appraisals	Quality Schedule		tbc	tbc												
b	Number of Techlogical Appraisals Compliant	Quality Schedule		tbc	tbc												
8	**Productivity**																
f	Cancelled Operation rates for non clinical reasons	Quality Schedule	1.5%	0.8%	2.4%	1.2%	2.3%	1.8%	3.2%								2.2%
s	Delayed Transfers of Care	Quality Schedule	3.7%	3.5%	4.1%	4.4%	2.9%	4.3%	4.9%								4.1%
9	**Access**																
w	% GUM < 48 hours Offered	Quality Schedule	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%								100.0%
z	Thrombolysis 'call to needle' < 60 mins	Quality Schedule / Monitor	52.4%	68.0%	100.0%	100.0%	100.0%	33.3%	100.0%								66.7%
ad	Choose & Book - Slot Unavailability Rate	Quality Schedule	14.4%	10.0%	5.8%	5.6%	9.6%	7.9%	8.7%								7.5%
ak	Delayed Ambulance Handovers (over 15 minutes)	Quality Schedule	10.6	0	11.0%	10.1%	14.2%	11.4%	10.6%								11.5%
al	Delayed Ambulance Handovers (over 30 minutes)	Quality Schedule		0	1.3%	0.7%	0.7%	1.0%	1.6%								1.1%
13	**Data Quality**																
h	% of SUS data altered after 5 operational days and reconciliation point	Quality Schedule		tbc	Under development												
p	Discharge audit report	Quality Schedule		tbc	Bi-annual Report						Bi-annual Report						
17	**CQIIN**																
a	Reduce avoidable death, disability and chronic ill health from Venous thromboembolism (VTE) (% of all adults inpatients who have had a VTE risk assessment on admission to hospital using the national tool)	Quality Schedule / CQUIN		95.0%			18.5%	19.7%	15.6%								18.0%
18	**Programme Specific Reports**																
g	Programme Specific reports - Planned Care and Long Term Conditions	Quality Schedule		tbc	tbc												
h	Programme Specific reports - Urgent and Emergency Care	Quality Schedule		tbc	tbc												
i	Programme Specific reports - Staying Healthy	Quality Schedule		tbc	tbc												
j	Programme Specific reports - End of Life Care	Quality Schedule		tbc	tbc												
k	Programme Specific reports - Maternity, Newborn, Children and Young People	Quality Schedule		tbc	tbc												
l	Programme Specific reports - Mental Health	Quality Schedule		tbc	tbc												

Appendix D

CQUIN Standards

					Actual Monthly Performance												
	Standards	Corporate Framework Element	Outturn 2009/10	Plan 2010/11	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Cumulative YTD Actual
17	CQIIN																
a	Reduce avoidable death, disability and chronic ill health from Venous thromboembolism (VTE) (% of all adults inpatients who have had a VTE risk assessment on admission to hospital using the national tool)	Quality Schedule / CQUIN		95.0%			18.5%	19.7%	15.6%								18.0%
b	Improve responsiveness to the personal needs of patients (responsiveness to personal needs calculated from 5 survey questions)	CQUIN		% improvement on 2009 to be agreed	To be developed												
c	Optimise elective care pathways for the management of chest pain (develop diagnostic capacity in order to implement the NHS Dorset's chest pain pathway to deliver a reduction in elective angiogram activity)	CQUIN		2009/10 outturn for elective angiogram activity	To be developed												
d	Optimise elective care pathways (reduce repeat outpatient numbers / increase patients discharged at first outpatient appointment to national average)	CQUIN		national average - 31.18%	To be developed												
e	Optimise elective care pathways (Improve the average length of stay for patients to the national median level)	CQUIN		national median level - 5.5	To be developed												
f	Reduction in admissions to hospital (reduce activity / referrals by 3% total over one year)	CQUIN		3% reduction	To be developed												