

QUALITY SCORECARD

Apr-16 May-16 Jun-16 Jul-16 Aug-16 Sep-16 Oct-16 Nov-16 Dec-16 Jan-17 Feb-17 Mar-17 Apr-17 16/17 YTD Actual YTD Target Target

EFFECTIVENESS

| | | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | 16/17 YTD Actual | YTD Target | Target |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|------------|--------|
| Effectiveness domain score | | | | | | | | | | | | | | | | | |
| Trust-wide mortality | | | | | | | | | | | | | | | | | |
| E01 | Trust crude mortality rate (non-elective) | 3.32% | 3.37% | 2.81% | 2.85% | 2.72% | 2.68% | 3.73% | 3.57% | 4.39% | 4.75% | 3.98% | 3.39% | 2.92% | | tbc | tbc |
| E02 | Crude mortality rate (non-elective): 12 month rolling | | | | | | | | | | | | | | | tbc | tbc |
| E03 | Trust Hospital Standardised Mortality Ratio (HSMR) | 89.91 | 88.49 | 89.84 | 90.07 | 89.46 | 92.03 | 92.54 | 91.92 | 93.75 | 94.16 | 94.66 | | | | <100 | <100 |
| E04 | Summary Hospital-level Mortality Indicator (SHMI) (rolling 12M) | 90.18 | | 88.90 | | | | | | | | | | | | <100 | <100 |
| Improve mortality in specific conditions | | | | | | | | | | | | | | | | | |
| E07 | Crude non-elective mortality for Renal failure | | | | | | | | | | | | | | | 18.60% | 18.60% |
| Reduce mortality following hip fracture | | | | | | | | | | | | | | | | | |
| E09 | SMR for hip fracture (all diagnoses/procedures) (rolling 12M) | 67.5 | 72.6 | 69.5 | 77.4 | 74.4 | 70.4 | 77.5 | 72.7 | 74.8 | 65.7 | 76.7 | | | 77.2 | 100 | 100 |
| E09a | RSCH SMR for hip fracture (all diagnoses/procedures) (rolling 12M) | 79.0 | 82.6 | 106.3 | 140.6 | 162.6 | 166.6 | 183.8 | 182.2 | 139.1 | 130.8 | 134.1 | | | 206.9 | 100 | 100 |
| E09b | PRH SMR for hip fracture (all diagnoses/procedures) (rolling 12M) | 63.7 | 70.4 | 65.4 | 71.9 | 67.0 | 63.9 | 69.4 | 65.4 | 67.9 | 60.5 | 72.1 | | | 67.8 | 100 | 100 |
| E10 | 30 day mortality rate following hip fracture (rolling 12M) | 67.1% | 71.8% | 72.6% | 75.7% | 77.0% | 81.8% | 83.9% | 77.7% | 80.1% | 73.1% | | | | 74.2% | 5.70% | 5.70% |
| Reduce the rate of readmission following discharge from the Trust | | | | | | | | | | | | | | | | | |
| E11 | Emergency readmissions within 30 days % | 13.5% | 14.1% | 13.9% | 13.9% | 13.4% | 12.9% | 14.0% | 13.8% | 14.0% | 13.3% | | | | | 10.50% | |
| To improve maternity care by encouraging natural childbirth | | | | | | | | | | | | | | | | | |
| E13 | C-Section Rate | 29.8% | 28.0% | 29.8% | 25.8% | 30.0% | 35.4% | 26.1% | 25.9% | 29.9% | 30.9% | 25.1% | 30.3% | 33.3% | 29.0% | 26% | 26% |
| E14 | % Mothers requiring forceps for delivery | 4.0% | 5.0% | 4.3% | 6.0% | 3.9% | 5.9% | 5.3% | 5.8% | 6.7% | 5.8% | 6.6% | 5.0% | 4.6% | 5.3% | <15% | <15% |
| E15 | % Deliveries complicated by post-partum haemorrhage | 1.0% | 1.0% | 0.6% | 1.5% | 0.2% | 0.4% | 0.8% | 0.7% | 0.4% | 0.7% | 0.3% | 0.8% | 0.5% | 0.7% | 1% | 1% |
| E16 | Maternal deaths | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 1 | 0 | 0 |
| E17 | Admission of term babies to neonatal care | 3.5% | 3.5% | 2.3% | 4.9% | 5.3% | 5.5% | 5.2% | 3.9% | 1.9% | 4.8% | 5.5% | 5.1% | 5.2% | 4.3% | < 10% | < 10% |
| Caring for the elderly patient | | | | | | | | | | | | | | | | | |
| E18 | % Emergency admissions staying over 72h screened for dementia | | | | | | | | | | | | | | | 90% | 90% |
| E19 | % Patients identified as at risk of dementia for whom further investigations are carried out | | | | | | | | | | | | | | | 90% | 90% |
| E20 | % Patients with identified dementia referred to specialist services | | | | | | | | | | | | | | | 90% | 90% |
| E25 | Number of admissions for patients with dementia flag | | | | | | | | | | | | | | | NA | NA |
| E39 | Ward moves for patients flagged with dementia | | | | | | | | | | | | | | | tbc | tbc |

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|-----|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|------------|--------|
| E42 | Night-time ward moves for patients flagged with dementia (23:00 - 07:00) | | | | | | | | | | | | | | | tbc | tbc |
| E43 | Documentation Audit: % patients with dementia with Knowing Me document | | | | | | | | | | | | | | | 75% | 75% |

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|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|------------|--------|
| Stroke care | | | | | | | | | | | | | | | | |
| E26 % CT scans undertaken within 12 hours | | | | | | | | | | | | | | | 95% | 95% |
| E27 % Stroke thrombolysis within 60 minutes of hospital arrival | | | | | | | | | | | | | | | 95% | 95% |
| E28 % Swallow screen for stroke patients within 4 hours of admission | | | | | | | | | | | | | | | 95% | 95% |
| E29 % of stroke patients admitted to stroke unit within 4 hours of admission | 77.6% | 74.1% | 64.2% | 68.7% | 78.0% | 70.6% | 56.7% | 65.4% | 56.9% | 65.2% | 62.5% | 60.6% | 67.0% | 67.0% | 90% | 90% |
| E30 % high risk TIA patients seen within 24 hours | 100.0% | 87.5% | 78.9% | 85.7% | 100.0% | 77.8% | 94.7% | 75.0% | 88.2% | 88.5% | 83.3% | 81.3% | 85.0% | 85.3% | 60% | 60% |
| Ensure active engagement with research | | | | | | | | | | | | | | | | |
| E21 Patients recruited to interventional studies within CRN portfolio | | | | | | | | | | | | | | | tbc | tbc |
| E22 Patients recruited to observational studies within CRN portfolio | | | | | | | | | | | | | | | tbc | tbc |
| E23 Local Clinical Research Network (LCRN) Score | | | | | | | | | | | | | | | 1410 | 1410 |
| Data Quality | | | | | | | | | | | | | | | | |
| E24 NHS IC Data validity summary (YTD) | | | | | | | | | | | | | | | 96.6 | 96.6 |
| E37 % inpatients with electronic discharge summaries produced | 49.6% | 51.5% | 53.5% | 48.2% | 50.5% | 50.1% | 51.1% | 54.5% | 51.8% | 53.3% | 47.5% | 55.2% | 49.0% | | tbc | tbc |

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SAFETY

| Safety domain score (Patient Aggregate Safety Score - PASS) | | | | | | | | | | | | | | | | | |
|---|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------|--------------|
| Safer staffing | | | | | | | | | | | | | | | | | |
| S36 | Safer Staffing: Average fill rate - registered nurses/ midwives (day shifts) | 92.8% | 94.6% | 91.9% | 91.6% | 92.1% | 91.8% | 91.7% | 93.7% | 91.5% | 93.6% | 91.7% | 92.0% | 92.1% | 92.4% | 95% | 95% |
| S37 | Safer Staffing: Average fill rate - registered nurses/ midwives (night shifts) | 94.9% | 95.8% | 95.3% | 93.4% | 93.6% | 89.1% | 92.7% | 95.1% | 93.6% | 95.4% | 95.8% | 94.8% | 93.2% | 94.1% | 95% | 95% |
| S38 | Safer Staffing: Average fill rate - care staff (day shifts) | 97.2% | 99.4% | 104.3% | 99.5% | 97.3% | 97.4% | 96.0% | 96.6% | 95.1% | 99.0% | 96.4% | 93.6% | 96.6% | 97.7% | 95% | 95% |
| S39 | Safer Staffing: Average fill rate - care staff (night shifts) | 114.9% | 116.3% | 117.5% | 113.7% | 113.8% | 115.9% | 112.7% | 113.9% | 114.1% | 118.9% | 116.6% | 114.1% | 1.1058 | 115.2% | 95% | 95% |
| S41 | Care Hours Per Patient Day (CHPPD) | | | | | | | | | | | | | | | tbc | tbc |
| NHS safety thermometer | | | | | | | | | | | | | | | | | |
| S02 | Safety Thermometer: % of patients harm-free | 94.8 | 94.9 | 95.1 | 95.5 | 95.8 | 95.3 | 94.5 | 94.7 | 94.7 | 95.2 | 93.9 | 96.3 | 95.2 | 95.1% | 95.70% | 95.70% |
| S03 | Safety Thermometer: % of patients with no new harms | 98.7% | 98.8% | 98.6% | 98.8% | 98.8% | 98.8% | 99.0% | 98.3% | 99.2% | 99.1% | 97.7% | 98.6% | 98.43% | 98.7% | 99% | 99% |
| S29 | % of patients with catheters and UTIs where best practice protocol was not followed. | | | | | | | | | | | | | | | 0.1% | 0.1% |
| Monitoring of clinical incidents | | | | | | | | | | | | | | | | | |
| S04 | Total incidents | 842 | 858 | 986 | 992 | 1009 | 877 | 905 | 866 | 835 | 935 | 803 | 862 | 779 | 10770 | 8122-10988 | 8122 - 10988 |
| S05 | Total moderate, severe or death incidents | 10 | 11 | 8 | 15 | 10 | 13 | 11 | 8 | 4 | 12 | 8 | 12 | 18 | 122 | 153 | 153 |
| S06 | Total serious incidents (SIRIs) | 8 | 3 | 4 | 6 | 6 | 6 | 5 | 6 | 5 | 4 | 10 | 5 | 4 | 72 | 60 | 60 |
| S07 | Number of outstanding CAS alerts | 0 | 0 | 0 | 11 | 20 | 11 | 9 | 20 | 20 | 10 | 12 | 3 | 0 | | 0 | 0 |
| Improve safety of prescribing | | | | | | | | | | | | | | | | | |
| S08 | Total incidents involving drug/prescribing errors | 129 | 143 | 142 | 158 | 142 | 130 | 131 | 127 | 122 | 133 | 105 | 136 | 134 | 1598 | 1056-1428 | 1056 - 1428 |
| S09 | Moderate/severe incidents involving drug/prescribing errors | 2 | 2 | 0 | 1 | 1 | 0 | 3 | 0 | 0 | 2 | 0 | 1 | 0 | 12 | 5 | 5 |
| Reduce incidence of healthcare acquired infections | | | | | | | | | | | | | | | | | |
| S14 | Number of hospital attributable MRSA cases | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 3 | 0 | 0 |
| S15 | Number of hospital C.diff cases | 4 | 2 | 2 | 7 | 3 | 9 | 5 | 4 | 4 | 4 | 4 | 3 | 1 | 51 | | |
| S28 | Number of C. diff cases where a lapse in the quality of care was noted | | | | | | | | | | | | | | | 16 | 16 |
| S16 | Number of reportable MSSA bacteraemia cases | | | | | | | | | | | | | | | tbc | tbc |
| S17 | Number of reportable E.coli cases | | | | | | | | | | | | | | | tbc | tbc |

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|--|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|------------|--------|
| Improve theatre safety for patients | | | | | | | | | | | | | | | | | |
| S18 | Full compliance with WHO Surgical Safety Checklist | 99.0 | 98.5 | 96.1 | 95.0 | 95.3 | 94.4 | 92.4 | 93.3 | 96.9 | 97.2 | 97.1 | 98.6 | 93.3 | 95.7 | 100% | 100% |
| S19 | NEVER events | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 |
| S30 | SSIs: Total hip replacement (YTD is rolling 12 months) | | | | | | | | | | | | | | | 1.1% | 1.1% |
| S33 | SSIs: Total knee replacement (YTD is rolling 12 months) | | | | | | | | | | | | | | | 1.5% | 1.5% |
| S34 | SSIs: Large bowel surgery (YTD is rolling 12 months) | | | | | | | | | | | | | | | 12% | 12% |
| S35 | SSIs: Breast surgery (YTD is rolling 12 months) | | | | | | | | | | | | | | | 3.8% | 3.8% |
| Reduce number of falls in hospital | | | | | | | | | | | | | | | | | |
| S21 | Falls resulting in harm | 93 | 82 | 90 | 81 | 110 | 100 | 107 | 103 | 86 | 96 | 97 | 76 | 91 | 1212 | 456 | 456 |
| S22 | Falls resulting in severe harm or death | 1 | 2 | 2 | 2 | 1 | 2 | 3 | 1 | 0 | 0 | 2 | 3 | 1 | 20 | 1 | 1 |
| S40 | Repeat falls | 4 | 6 | 5 | 6 | 10 | 8 | 8 | 6 | 4 | 12 | 4 | 3 | 4 | 80 | 113 | 113 |
| S23 | Falls assessment within 24hrs of admission | 99.4 | 99.6 | 99.1 | 99.7 | 98.1 | 98.7 | 97.9 | 98.0 | 98.3 | 98.2 | 98.6 | 98.6 | 98.7 | 98.7 | 80% | 80% |
| S24 | Avoidable falls identified on the Safety Thermometer | 1.08% | 0.95% | 1.17% | 1.35% | 1.49% | 1.06% | 1.49% | 1.39% | 1.51% | 0.45% | 1.02% | 0.80% | 0.60% | 1.09% | 0.76% | 0.76% |
| Pressure ulcers | | | | | | | | | | | | | | | | | |
| S25 | Grade 2 pressure ulcers | 13 | 8 | 11 | 15 | 7 | 15 | 19 | 12 | 7 | 21 | 14 | 12 | 17 | 171 | 156 | 156 |
| S26 | Grade 3 & 4 pressure ulcers | 0 | 1 | 0 | 1 | 2 | 2 | 0 | 0 | 1 | 3 | 1 | 0 | 0 | 11 | 11 | 23 |
| Other safety metrics | | | | | | | | | | | | | | | | | |
| S11 | VTE Assessment Compliance | 84.5% | 85.5% | 83.0% | 90.0% | 88.7% | 89.2% | 92.6% | 92.6% | 91.8% | 92.0% | 92.4% | 92.0% | | | 95% | 95% |

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EXPERIENCE

| | | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | 16/17 YTD Actual | YTD Target | Target |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|------------|--------|
| Experience domain score | | | | | | | | | | | | | | | | | |
| Friends and Family Test | | | | | | | | | | | | | | | | | |
| X38 | Trust Friends and Family Recommend %: Inpatient | 95.9% | 97.6% | 94.8% | 96.0% | 95.4% | 95.9% | 95.3% | 93.8% | 94.0% | 95.9% | 92.9% | 95.0% | 96.7% | | 95.00% | 95.00% |
| X39 | Trust Friends and Family Recommend %: A&E | 87.7% | 87.0% | 89.9% | 87.5% | 86.6% | 86.8% | 86.1% | 88.1% | 87.5% | 88.2% | 89.4% | 89.6% | 88.7% | | 93% | 93% |
| X40 | Maternity Friends and Family Recommend %: Antenatal care (36 weeks) | 96.1% | 91.3% | 96.4% | 100.0% | 100.0% | 95.0% | 100.0% | 80.0% | 100.0% | N/A | 100.0% | 100.0% | 100.0% | | 95.00% | 95.00% |
| X41 | Maternity Friends and Family Recommend %: Delivery care | 94.7% | 98.3% | 97.3% | 99.1% | 95.7% | 94.0% | 96.1% | 92.9% | 97.0% | 93.5% | 98.5% | 92.9% | 96.8% | | 95.00% | 95.00% |
| X42 | Maternity Friends and Family Recommend %: Postnatal ward | 83.5% | 95.7% | 96.8% | 95.1% | 96.7% | 91.2% | 91.1% | 98.8% | 91.7% | 97.1% | 94.2% | 88.2% | 90.4% | | 95.00% | 95.00% |
| X43 | Maternity Friends and Family Recommend %: Postnatal community care | 89.1% | 86.7% | 79.4% | 93.5% | 100.0% | 86.2% | 80.0% | 91.4% | 92.3% | 93.7% | 92.1% | 83.9% | 80.0% | | 95.00% | 95.00% |
| X44 | Trust Friends and Family Recommend %: Outpatient | 95.1% | 98.6% | 93.7% | 92.2% | 87.8% | 91.5% | 94.2% | 96.7% | 92.1% | 82.0% | 100.0% | 96.3% | 93.8% | | 95.00% | 95.00% |
| Friends and Family Test response rates | | | | | | | | | | | | | | | | | |
| X24 | Trust Friends and Family Response Rate: Inpatient | 15.4% | 15.4% | 13.5% | 12.7% | 11.3% | 12.3% | 14.4% | 11.6% | 10.5% | 13.1% | 8.4% | 10.0% | 7.9% | | 40% | 40% |
| X25 | Trust Friends and Family Response Rate: A&E | 20.8% | 17.2% | 18.3% | 20.3% | 18.9% | 19.2% | 19.5% | 17.1% | 16.9% | 18.3% | 15.9% | 17.8% | 18.1% | | 23% | 23% |
| X33 | Maternity Friends and Family Response Rate: Delivery care | 23.8% | 24.3% | 21.9% | 23.5% | 20.1% | 17.7% | 25.3% | 22.9% | 21.7% | 21.6% | 17.4% | 17.7% | 22.3% | | 40% | 40% |
| Reduction in patients suffering a bad experience dealing with the Trust | | | | | | | | | | | | | | | | | |
| X08 | Percentage of re-booked outpatient appointments | | | | | | | | | | | | | | | 7.80% | 7.80% |
| X09 | Clinics cancelled with less than 6 weeks notice for annual/study leave | | | | | | | | | | | | | | | 281 | 281 |
| X11 | PALS contacts relating to appointment problems (pior % of total appts) | | | | | | | | | | | | | | | 0.08% | 0.08% |
| X12 | Reduce patients cancelled on the day of surgery for non-clinical reasons | | | | | | | | | | | | | | | 337 | 337 |
| X13 | Breaches of mixed sex accommodation arrangements | 57 | 69 | 76 | 77 | 113 | 80 | 41 | 137 | 72 | 61 | 92 | 48 | 76 | | 0 | 0 |
| Nutritional Assessment | | | | | | | | | | | | | | | | | |
| X14 | Compliance with MUST tool after 24 hours | | | | | | | | | | | | | | | 80% | 80% |
| X15 | Compliance with MUST tool after 7 days | | | | | | | | | | | | | | | 95% | 95% |

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Cleanliness / PLACE Survey

| | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | 16/17 YTD Actual | YTD Target | Target |
|--------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|------------|--------|
| X16 Internal PLACE compliance : RSCH | | | | | | | | | | | | | | | 95% | 95% |
| X17 Internal PLACE compliance : PRH | | | | | | | | | | | | | | | 95% | 95% |

Improve our customer service and become a more caring organisation

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|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|------------|--------|
| X18 Number of complaints | 105 | 90 | 106 | 104 | 133 | 128 | 118 | 90 | 108 | 112 | 112 | 140 | 73 | | tbc | tbc |
| X19 Complaints where staff attitude or behaviour is an issue | 11 | 15 | 6 | 12 | 12 | 12 | 11 | 7 | 10 | 10 | 5 | 9 | 8 | | tbc | tbc |
| X20 Complaints where staff communication is an issue | 37 | 47 | 47 | 37 | 28 | 46 | 35 | 26 | 29 | 32 | 33 | 39 | 13 | | tbc | tbc |
| X21 Complaints about nursing | 4 | 1 | 8 | 6 | 7 | 2 | 6 | 4 | 4 | 9 | 7 | 2 | 6 | | tbc | tbc |