

Ind No.	Area of Practice	Quality Requirement	Threshold	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Most recent RAG Rating	
	Emergency Department	12 hour trolley waits	0 = Green 1 or above = Red	0	0												
		Number of handovers between ambulance and A&E taking place between 15 and 30 minutes	0	399	435												
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	0	15	17												
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	3	0												
	Stroke (SSNAP indicators)	Overall SSNAP score (most recent published)	C or above	C	C	Aug-Nov 17 due March 2018											
	Mortality	Summary hospital level mortality indicator (score) (most recent published)	<1 - Green	1.15	1.15												
		Hospital Standardised Mortality rate	<100 = Green	101	97												
	Learning Disability	Compliance with Monitor requirements in relation to services for people with a learning disability	Red/Amber or Green	Compliant	Compliant												
	Surgical Checklist	Percentage compliance with WHO Check list	100% - Green	99.9%	99.8%												
	Risk Assessments and Screening	Percentage of FALLS assessments completed within 24 hours of admission	95% - Green 85% - Amber Under 85% - Red	98%	96%												
		Percentage of VTE risk assessments completed upon admission		96.5%	95.9%												
		Percentage of admissions screened for NUTRITION within 24 hours of admission to hospital		92%	90%												
		Percentage of admissions that have a PRESSURE ULCER risk assessment completed within 6 hours of admission		98%	95%												
		Percentage of patients screened for MRSA		93.9%	94.7%												
	Pressure ulcers	Number of Pressure Ulcers (Hospital acquired) Grade 2	N/A	2	0												
		Number of Pressure Ulcers (Hospital acquired) Grade 3	N/A	0	0												
		Number of Pressure Ulcers (Hospital acquired) Grade 4		0	0												
		Number of inherited Pressure Ulcers Grade 2		26	28												
		Number of inherited Pressure Ulcers Grade 3		11	12												
		Number of inherited Pressure Ulcers Grade 4		1	0												
	Staffing	Staff turnover		11.3%	10.4%												
		Staff appraisal rate	90% - Green 80% - Amber Under 80% - Red	74.0%	N/A												
		Mandatory training rate		83.0%	84.0%												
		Sickness rate	Internal Trust target	2.9%	N/A												

DCHFT Scorecard

Ind No.	Area of Practice	Quality Requirement	Threshold	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Most recent RAG Rating	
	<b>Mixed Sex accomodation Breach</b>	Number of non-clinically indicated mixed sex accomodation breaches	0 = Green 1 or above = Red	0	0												
	<b>Infection Control</b>	MRSA Bacteraemia	0 = Green 1 or above = Red	0	1												
		Clostridium Difficile	As per contract	3	0												
	<b>VTE</b>	Percentage of eligible pateints who have a VTE risk assesment completed upon admission	95% or above - Green 90% - 95% - Amber Under 90% - Red	97%	95.9%												
		Percentage of patients who receive appropriate VTE prophylaxis	100% - Green 90% - 95% - Amber Under 90% - Red	91.2%	85.4%												
	<b>Medication Errors</b>	No Harm		24	22												
		Low Harm		9	16												
		Moderate Harm		3	2												
		Severe Harm		0	0												
		Death		0	0												
			Number of medication errors relating to controlled drugs		5	4											
	<b>Never Events</b>	Number of Never Events	0	0	0												
	<b>Serious Incidents</b>	Number of serious incidents relating to Pressure Ulcers		0	1												
		Number of serious incidents relating to Falls		0	3												
		Number of serious incidents - other	N/A	2	0												
	<b>Incidents</b>	Number of incidents by harms;		775	455												
		No Harm		238	276												
		Low Harm		84	101												
		Moderate Harm		25	24												
		Severe Harm		5	3												
		Death		0	1												
	<b>Early Warning Score</b>	Percentage of observations and scores completed	100%	99%	98%												
	<b>Safeguarding</b>	Percentage of eligible staff trained in Level 1 Safeguarding Children		100%	100%												
		Percentage of eligible staff trained in Level 2 Safeguarding Children		91%	79%												
		Percentage eligible staff trained in Level 3 Safeguarding Children		91%	83%												
		Percentage staff trained in Safeguarding Adults Level 1	90-100% - Green 80%-90% - Amber Under 80% - Red	100%	100%												
		Percentage staff trained in Safeguarding Adults Level 2		92%	75%												
		Percentage of staff trainind in Prevent		N/A	N/A												
		*Number and from June percentage of staff given LD Awareness Training		LD is covered in general safeguarding training as an element of those with safeguarding needs. Regarding specific LD only trining, Jo Findley (Lead) has provided the following response. "Currently the Trust does not provide specialist LD awareness training on a formal basis, and so there are no monthly figures to give you at this time. This is currently under													
		Percentage staff trained in relation to Mental Capacity Act and DOLs		74%	N/A												
	<b>Complaints</b>	Number of complaints received	N/A	10	14												
		Percentage of complaints acknowledged within 3 operational days	100% - Green 90% - 99% - Amber Under 90% - Red	100%	100%												
		Percentage of complaints responded to within agreed timescales		80%	N/A												
		Date when last complaints summary published on website	N/A	April	May												

PHFT Scorecard

Ind No.	Area of Practice	Quality Requirement	Threshold	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Most recent RAG Rating	
	<b>Emergency Department</b>	12 hour trolley waits	0 = Green 1 or above = Red	0	0												
		Number of handovers between ambulance and A&E taking place between 15 and 30 minutes	0	20	34												
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	0	23	33												
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	6	1												
	<b>Stroke (SSNAP indicators)</b>	Overall SSNAP score (most recent published)	C or above	D	D												
	<b>Mortality</b>	Summary hospital level mortality indicator (score) (most recent published)	<1 - Green	0.875	0.875												
		Summary hospital level mortality indicator (Band)															
		Hospital Standardised Mortality rate	<100 = Green	93.47	93.47												
	<b>Learning Disability</b>	Compliance with Monitor requirements in relation to services for people with a learning disability	Red/Amber or Green														
	<b>Surgical Checklist</b>	Percentage compliance with WHO Check list	100% - Green	98.4%	98.3% The non compliance in month was from surgeon/anaesthetist not signing 'Time Out' in Day Theatres Gynae list on day of audit												
	<b>Risk Assessments and Screening</b>	Percentage of FALLS assessments completed within 24 hours of admission	100% - Green 90% - 95% - Amber Under 90% - Red	96.00%	98.00%												
		Percentage of VTE risk assessments completed upon admission		97.3%	97.9%												
		Percentage of admissions screened for NUTRITION within 24 hours of admission to hospital		93.00%	90.00%												
		Percentage of admissions that have a PRESSURE ULCER risk assessment completed within 6 hours of admission		97.00%	99.00%												
		Percentage of patients screened for MRSA		N/A	N/A												

PHFT Scorecard

<b>Pressure ulcers</b>	Number of Pressure Ulcers (Hospital Acquired) Grade 2		29	21											
	Number of Pressure Ulcers (Hospital Acquired) Grade 3		9	6											
	Number of Pressure Ulcers (Hospital Acquired) Grade 4		0	0											
	Number of Inherited Pressure Ulcers (Grade 2)		30	52											
	Number of Inherited Pressure Ulcers (Grade 3)		17	15											
	Number of Inherited Pressure Ulcers (Grade 4)		2	1											
<b>Staffing</b>	Staff turnover		1.4%	0.9%											
	Staff appraisal rate	90% - Green 80% - 90% - Amber Under 80% - Red	85.0%	84.0%											
	Mandatory training rate	Internal Trust target	88.0%	89.0%											
	Sickness rate		3.0%	3.3%											
<b>Mixed Sex accomodation Breach</b>	Number of non-clinically indicated mixed sex accomodation breaches	0 = Green 1 or above = Red	0	0											
<b>Infection Control</b>	MRSA Bacteraemia	0 = Green 1 or above = Red	0	1											
	Clostridium Difficile	As per contract	0	2											
<b>VTE</b>	Percentage of eligible pateints who have a VTE risk assement completed upon admission	95% or above - Green 90% - 95% - Amber Under 90% - Red	97.3%	97.9%											
	Percentage of patients who receive appropriate VTE prophylaxis	100% - Green 90% - 95% - Amber Under 90% - Red	94.1%	92.58%											
<b>Medication Errors</b>	No Harm		44	54											
	Low Harm		12	13											
	Moderate Harm		2	0											
	Severe Harm		0	1											
	Death		0	0											
	Number of medication errors relating to controlled drugs		6	8											
<b>Never Events</b>	Number of Never Events	0	0	0											
	Number of serious incidents relating to Pressure Ulcers		2	6											
	Number of serious incidents relating to Falls		1	6											

PHFT Scorecard

	<b>Serious Incidents</b>	Number of serious incidents - other	N/A	4	0													
	<b>Incidents</b>	Number of incidents by harms;		755	797													
		No Harm		410	439													
		Low Harm		286	311													
		Moderate Harm		57	43													
		Severe Harm		2	3													
		Death		0	1													
	<b>Early Warning Score</b>	Percentage of observations and scores completed	100%	99%	99%													
	<b>Safeguarding</b>	Percentage of eligible staff trained in Level 1 Safeguarding Children	90-100% - Green 80%-90% - Amber Under 80% - Red	95%	96%													
		Percentage of eligible staff trained in Level 2 Safeguarding Children		88%	89%													
		Percentage eligible staff trained in Level 3 Safeguarding Children		77%	74%													
		Percentage staff trained in Safeguarding Adults Level 1		95%	96%													
		Percentage staff trained in Safeguarding Adults Level 2		89%	90%													
		Percentage of Staff Trained in Prevent		94%	95%													
		Percentage of Staff given LD Awareness Training		88	90													
		Percentage staff trained in relation to Mental Capacity Act and DOLs		88%	90%													
	<b>Complaints</b>	Number of complaints received	N/A	18	17													
		Percentage of complaints acknowledged within 3 operational days	100% - Green 90% - 99% - Amber	100%	100%													
		Percentage of complaints responded to within agreed timescales	Under 90% - Red	90%	100%													
		Date when last complaints summary published on website	N/A	Sept	Sept													

RCHFT Scorecard

Ind No.	Area of Practice	Quality Requirement	Threshold	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Most recent RAG Rating	
	Emergency Department	12 hour trolley waits	0 = Green 1 or above = Red	0	0												
		Number of handovers between ambulance and A&E taking place between 15 and 30 minutes	0	Not available	Not available												
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	0	60	81												
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	2	11												
	Stroke (SSNAP indicators)	Overall SSNAP score (most recent)	C or above	A	A												
	Mortality	Summary hospital level mortality indicator (score)	<1 - Green	0.9289	0.9289												
		Summary hospital level mortality indicator (Band)															
		Hospital Standardised Mortality rate (RBH)	<100 = Green	80.1													
		Hospital Standardised Mortality rate (X'CH)		159.4													
	Learning Disability	Compliance with Monitor requirements in relation to services for people with a learning disability	Red/Amber or Green	Y	Y												
	Surgical Checklist	Percentage compliance with WHO Check list	100% - Green	94.6%	94.6%												
	Risk Assessments and Screening	Percentage of FALLS assessments completed within 24 hours of admission	95% - Green 85% - 95% - Amber Under 85% - Red	Not available	Not available												
		Percentage of VTE risk assessments completed upon admission		Not available	Not available												
		Percentage of admissions screened for NUTRITION within 24 hours of admission to hospital		Not available	Not available												
		Percentage of admissions that have a PRESSURE ULCER risk assessment completed within 6 hours of admission		Not available	Not available												
		Percentage of patients screened for MRSA		Not available	Not available												
	Pressure ulcers	Number of hospital acquired pressure Ulcers Grade 2	N/A	39	69												
		Number of hospital acquired pressure Ulcers Grade 3		8	10												
		Number of hospital acquired pressure Ulcers Grade 4		2	2												
		Number of inherited pressure ulcers Grade 2		102	94												
		Number of inherited pressure ulcers Grade 3		46	40												
		Number of inherited pressure ulcers Grade 4	N/A	9	12												
	Staffing	Staff turnover		11.00%	11.00%												
		Staff appraisal rate	90% - Green 80% - 90% - Amber Under 80% - Red	3.3%	80.5%												
		Mandatory training rate		91.6%	92.1%												

RCHFT Scorecard

	Sickness rate	Internal Trust target	4.2%	4.2%											
<b>Mixed Sex accomodation Breach</b>	Number of non-clinically indicated mixed sex accomodation breaches	0 = Green 1 or above = Red	1	0											

RCHFT Scorecard

Infection Control	MRSA Bacteraemia	0 = Green 1 or above = Red	0	0														
	Clostridium Difficile	As per contract	1	0														
VTE	Percentage of eligible patients who have a VTE risk assessment completed upon admission	95% or above - Green 90% - 95% - Amber Under 90% - Red	*95.8%	*96.0%														
	Percentage of patients who receive appropriate VTE prophylaxis	100% - Green 90% - 95% - Amber Under 90% - Red	*87.8%	*87.9%														
Medication Errors	No Harm		58	88														
	Low Harm		7	12														
	Moderate Harm		2	6														
	Severe Harm		0	0														
	Death		0	0														
	Number of medication errors relating to controlled drugs		11	16														
Never Events	Number of Never Events	0	0	1														
Serious Incidents	Number of serious incidents relating to Pressure Ulcers		0	0														
	Number of serious incidents relating to Falls		0	1														
	Number of serious incidents - other	N/A	0	3														
Incidents	Number of incidents by harms:																	
	No Harm		329	438														
	Low Harm		180	229														
	Moderate Harm		6	8														
	Severe Harm		1	0														
Death		0	0															
Early Warning Score	Percentage of observations and scores completed	100%	98.5%	98.40%														
Safeguarding	Percentage of eligible staff trained in Level 1 Safeguarding Children		96.8%	96.7%														
	Percentage of eligible staff trained in Level 2 Safeguarding Children		94.9%	94.9%														
	Percentage eligible staff trained in Level 3 Safeguarding Children		78.8%	77.1%														
	Percentage staff trained in Safeguarding Adults Level 1	90-100% - Green 80%-90% - Amber Under 80% - Red		97.9%	97.4%													
	Percentage staff trained in Safeguarding Adults Level 2		95.90%	96%														
	Percentage of staff trained in Prevent		85.20%	88.00%														
	Percentage of staff given LD Awareness Training		96.9%	96.7%														
Percentage staff trained in relation to Mental Capacity Act and DOLS		84.8%	87.90%															
Complaints	Number of complaints received	N/A	24	21														
	Percentage of complaints acknowledged within 3 operational days	100% - Green 90% - 99% - Amber Under 90% - Red	100.00%	100.00%														
	Percentage of complaints responded to within agreed timescales		83.3%	85.7%														
	Date when last complaints summary published on website	N/A	April	April														



DHUFT Scorecard

DHUFT	APPENDIX 1													
	Target 2017/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	
<b>Safe</b>														
No. and rate of new pressure ulcers from patient safety thermometer		40	34											
		2.12%	1.95%											
No. and rate of old pressure ulcers from patient safety		99	103											
		5.25%	C											
No. and rate of all new hospital acquired pressure ulcers on the patient safety thermometer (New pressure ulcers only)	<1.5%	4	1.15											
		1.73%	1.15%											
Number of incidents reported on STEIS		9	4											
No. and % compliance with STEIS data entry requirements - reporting (excluding pressure ulcers)		8	4											
		89.0%	100.0%											
No. and % compliance with STEIS data entry requirements - closing		3	5											
		100.0%	100.0%											
No. of patients with MRSA Bacteraemia	0	0	0											
No. of patients with C diff and (per 100,000 bed days)	<12 - annually	0	0											
		0	0											
No. C diff cases deemed trajectory cases		0	0											
No. of patients whose death certificates include C-diff in part 1(a)		0	0											
No. of C diff outbreaks (2 or more cases in same area within 28 days)		0	0											
No. cases of suspected/confirmed norovirus		18	0											
No. & % of staff trained to Child Safeguarding Lvl 1	Quarterly													
No. & % of staff trained to Child Safeguarding Lvl 2	Quarterly													
No. & % of staff trained to Child Safeguarding Lvl 3	Quarterly													
No. and % of staff trained in Adult Safeguarding Lv1	Quarterly													
No. and % of staff trained in Adult Safeguarding Lv2	Quarterly													
No. and % of staff trained in Basic MCA/DOLS awareness	Quarterly													
No. and % of staff trained in MCA / DOLS	Quarterly													
No. and % of staff trained in Prevent Levels 1-2	Quarterly													
No. and % of staff trained in Prevent Levels 3-5	Quarterly													
No. and % of staff trained in Learning Disability Awareness	Quarterly													
<b>Effective</b>														
No. & % of service users in hospital for >1yr who have had an annual physical health check	100%	8	5											
		100%	100%											

DHUFT Scorecard

No. & % of patients with a falls assessment completed within 24 hours of admission.4	95%	97.5%	98.1%																
No. & % of patients nutritionally screened within 24 hours of admission to hospital.	95%	294	255																
		97.7%	97.3%																
No. & % of patients who have a pressure ulcer risk assessment within 4 hours of admission.	95%	236	258																
		97.5%	98.1%																
No. & % of patients who have a VTE risk assessment within 24 hours of admission.	95%	286	315																
		97.6%	99.7%																
No & % of patients who have had appropriate prophylaxis for VTE																			
<b>Caring</b>																			
No. and % of patients who may be at risk of crisis with a crisis plan	95% Quarterly																		
Carer's assessment commenced within 4 weeks	100% Quarterly																		
<b>Responsive</b>																			
No. complaints	Quarterly																		
No. & % complaints acknowledged in 3 operational days	Quarterly																		
No. & % complaints responded to in agreed timescales	Quarterly																		
No. complaints referred to ombudsman	Quarterly																		
Mixed sex breach (nationally reportable)		0	0																
Mixed sex breach (locally reportable)		0	2																
<b>Well-led</b>																			