

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
	Emergency Department	12 hour trolley waits	0 = Green 1 or above = Red	0	0	0	1	0	0	0	0	0	0	0	0	
		Number of handovers between ambulance and A&E taking place between 15 and 30 minutes	0	399	435	390	413	468	468	400	395	295	453	223	256	
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	0	15	17	41	17	37	61	29	63	67	69	38	40	
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	3	0	4	1	5	12	10	13	22	13	6	34	
	Stroke (SSNAP indicators)	Overall SSNAP score (most recent published)	C or above	A	A	A	A	A	A	A	A	A	A	A	A	
	Mortality	Summary hospital level mortality indicator (score) (most recent published)	<1 - Green	1.15	1.16	1.16	1.12	1.12	1.12	1.13	1.13	1.13	1.13	1.13	1.13	
		Hospital Standardised Mortality rate	<100 = Green	100.58%	98.28%	96.42%	98.26%	99.13%	97.52%	96.70%	96.37%	97.82%	98.62%	97.34%	97.25%	
	Learning Disability	Compliance with Monitor requirements in relation to services for people with a learning disability	Red/Amber or Green	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	
	Surgical Checklist	Percentage compliance with WHO Check list	100% - Green	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%	
	Risk Assessments and Screening	Percentage of FALLS assessments completed within 24 hours of admission	95% - Green 85% - 95% - Amber Under 85% - Red	98%	96%	97%	100%	100%	0%	93%	100%	96%	95%	98%	98%	
		Percentage of VTE risk assessments completed upon admission		96.5%	95.9%	96.5%	97.5%	97%	94%	96%	97%	96%	95%	95%	95%	
		Percentage of admissions screened for NUTRITION within 24 hours of admission to hospital		92%	90%	89%	83%	91%	0%	66%	100%	88%	100%	81%	95%	
		Percentage of admissions that have a PRESSURE ULCER risk assessment completed within 6 hours of admission		98%	95%	92%	100%	100%	0%	100%	97%	100%	100%	98%	100%	
		Percentage of patients screened for MRSA		93.9%	94.7%	92.2%	94.3%	97%	95%	96%	96%	93%	95%	95%	94%	
	Pressure ulcers	Number of Pressure Ulcers (Hospital acquired) Grade 2	N/A	2	0	2	3	7	2	2	1	0	2	1	1	
		Number of Pressure Ulcers (Hospital acquired) Grade 3	N/A	0	0	6	0	0	8	3	3	0	0	0	0	
		Number of Pressure Ulcers (Hospital acquired) Grade 4		0	0	0	0	0	0	0	0	0	0	0	0	
		Number of inherited Pressure Ulcers Grade 2		26	28	34	40	33	28	29	27	26	31	33	38	
		Number of inherited Pressure Ulcers Grade 3		11	12	13	9	7	16	11	12	12	9	7	14	
		Number of inherited Pressure Ulcers Grade 4		1	0	0	0	1	1	0	1	0	2	2	4	
	Staffing	Staff turnover		11.3%	10.4%	10.3%	10.8%	10.8%	11.0%	11.3%	11.2%	11.4%	11.0%	10.9%	11.1%	
		Staff appraisal rate	90% - Green 80% - 90% - Amber Under 80% - Red	74.0%	N/A	73.0%	72.0%	79.0%	81.0%	83.0%	85.0%	85.0%	83.0%	81.0%	79.0%	
		Mandatory training rate		83.0%	84.0%	81.0%	83.0%	84.0%	84.0%	84.0%	86.0%	86.0%	86.0%	86.0%	85.0%	
		Sickness rate	Internal Trust target	2.9%	2.8%	2.8%	3.0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3.6%	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	
	Mixed Sex accomodation Breach	Number of non-clinically indicated mixed sex accomodation breaches	0 = Green 1 or above = Red	0	0	0	0	0	0	1	3	2	8	4	8		
	Infection Control	MRSA Bacteraemia	0 = Green 1 or above = Red	0	1	0	0	0	0	0	0	0	0	0	0		
		Clostridium Difficile	As per contract	3	0	1	0	0	0	0	0	0	1	0	0		
	VTE	Percentage of eligible patients who have a VTE risk assement completed upon admission	95% or above - Green 90% - 95% - Amber Under 90% - Red	97%	95.9%	96.5%	97.5%	97%	94%	97%	97%	96%	96%	95.0%	95.01%		
		Percentage of patients who receive appropriate VTE prophylaxis	100% - Green 90% - 95% - Amber Under 90% - Red	91.2%	85.4%	84.6%	88.10%	90.8%	90%	83%	89%	87.6%	82%	88%	85.20%		
	Medication Errors	No Harm		24	22	30	40	31	29	33	38	32	33	21	30		
		Low Harm		9	16	4	4	2	6	12	16	3	5	10	9		
		Moderate Harm		3	2	0	0	3	0	0	2	2	1	1	1		
		Severe Harm		0	0	0	0	0	0	0	0	0	0	0	0		
		Death		0	0	0	0	0	0	0	0	0	0	0	0		
		Number of medication errors relating to controlled drugs		5	4	10	7	8	0	4	4	6	3	0	3		
	Never Events	Number of Never Events	0	0	0	0	0	0	0	0	0	0	0	1	0		
	Serious Incidents	Number of serious incidents relating to Pressure Ulcers		0	1	0	0	0	0	0	2	0	0	0	0		
		Number of serious incidents relating to Falls		0	3	0	2	1	0	0	1	0	1	0	2		
		Number of serious incidents - other	N/A	2	0	3	1	3	0	1	0	0	0	1	1		
	Incidents	Number of incidents by harms:		775	455	487	465	442	464	476	528	464	468	451	468		
		No Harm		238	276	350	348	300	316	328	345	347	343	311	355		
		Low Harm		84	101	45	48	53	59	58	81	45	66	66	72		
		Moderate Harm		25	24	38	16	20	9	4	19	13	10	11	12		
		Severe Harm		5	3	1	4	3	0	1	1	0	1	0	4		
		Death		0	1	0	0	0	0	0	0	1	0	2	1		
	Early Warning Score	Percentage of observations and scores completed	100%	99%	98%	99%	99%	99.0%	99.0%	99.0%	98.0%	98.0%	98.0%	97.0%	95.0%		
	Safeguarding	Percentage of eligible staff trained in Level 1 Safeguarding Children		100%	100%	100%	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	81.0%	99.0%		
		Percentage of eligible staff trained in Level 2 Safeguarding Children		91%	79%	78%	82%	85.0%	84.0%	85.0%	86.0%	87.0%	89.0%	88.0%	89.0%		
		Percentage eligible staff trained in Level 3 Safeguarding Children		91%	83%	84%	82%	85.0%	86.0%	84.0%	82.0%	84.0%	84.0%	86.0%	84.0%		
		Percentage staff trained in Safeguarding Adults Level 1		100%	100%	56%	66%	73.0%	76.0%	77.0%	82.0%	84.0%	87.0%	84.0%	93.0%		
		Percentage staff trained in Safeguarding Adults Level 2		92%	75%	77%	78%	81.0%	81.0%	80.0%	83.0%	83.0%	83.0%	81.0%	80.0%		
		Percentage of staff trained in Prevent		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	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 review and we are looking to re-implement awareness for staff around Learning Disability and Autism in the near future".													
		Percentage staff trained in relation to Mental Capacity Act and DOLs		74%	86%	86%	88%	88.0%	88.0%	88.0%	86.0%	81.0%	84.0%	85.0%	84.0%		
	Complaints	Number of complaints received	N/A	10	14	17	17	18	19	27	23	20	23	40	24		
		Percentage of complaints acknowledged within 3 operational days	100% - Green 90% - 99% - Amber Under 90% - Red	100%	100%	100%	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
		Percentage of complaints responded to within agreed timescales		80%	26%	66%	47%	44.0%	50.0%	37.0%	50.0%	65.0%	39.0%	25.0%	N/A		
		Date when last complaints summary published on website	N/A	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar		

PHFT Scorecard

Ind No.	Area of Practice	Quality Requirement	Threshold	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	0	0	0	0	0	0	0	0	0	
		Number of handovers between ambulance and A&E taking place between 15 and 30 minutes	0	34	47	26	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	penalties apply for service user waiting over 30 mins	33	34	20	43	41	32	58	105	99	76	94	
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	1	3	6	0	13	1	28	29	9	10	2	
	Stroke (SSNAP indicators)	Overall SSNAP score (most recent published)	C or above	B	B	B	B	B	B	B	B	B	B	B	
	Mortality	Summary hospital level mortality indicator (score) (most recent published)	<1 - Green	0.875	0.875	0.875	0.875	0.875	0.875	0.875	0.875	0.875	0.875	0.875	
		Hospital Standardised Mortality rate	<100 = Green	93.47	93.47	93.47	93.47	93.47	93.47	93.47	93.47	93.47	93.47	93.47	
	Learning Disability	Compliance with Monitor requirements in relation to services for people with a learning disability	Red/Amber or Green												
	Surgical Checklist	Percentage compliance with WHO Check list	100% - Green	98.3% The non compliance in month was from surgeon/anaesthetist not signing 'Time Out' in Day Theatres Gynae list on day of audit	91.0%	92.9%	98% the number of patients audited was increased to 74 in month using the new reporting audit format as part of the Safer Surgery package introduced in June 2017	95.0%	94.0%	90.0%	90.0%	89.0%	79.0%	N/A	
	Risk Assessments and Screening	Percentage of FALLS assessments completed within 24 hours of admission	100% - Green 90% - 95% - Amber Under 90% - Red	97.9%	99.0%	98.0%	97.0%	97.0%	95.0%	93.0%	97.0%	98.0%	98.0%	99.00%	
		Percentage of VTE risk assessments completed upon admission		97.9%	97.4%	96.5%	96.6%	96.3%	95.7%	96.0%	97.0%	96.4%	95.9%	96.1%	
		Percentage of admissions screened for NUTRITION within 24 hours of admission to hospital		90.00%	90.00%	83.00%	94.00%	86.0%	89.0%	91.00%	89.0%	89.0%	92.00%	92.00%	
		Percentage of admissions that have a PRESSURE ULCER risk assessment completed within 6 hours of admission		99.00%	99.00%	97.00%	98.00%	98.00%	96.00%	97.00%	95.0%	97%	99.00%	99.00%	
		Percentage of patients screened for MRSA		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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	Pressure ulcers	Number of Pressure Ulcers (Hospital Acquired) Grade 2		21	21	35	24	17	12	19	24	28	16	22	
		Number of Pressure Ulcers (Hospital Acquired) Grade 3		6	5	5	1	3	0	3	7	9	0	7	
		Number of Pressure Ulcers (Hospital Acquired) Grade 4		0	0	0	0	0	0	0	0	0	0	0	
		Number of Inherited Pressure Ulcers (Grade 2)		52	36	39	37	45	36	41	40	46	31	38	
		Number of Inherited Pressure Ulcers (Grade 3)		15	12	14	20	13	12	16	22	9	32	23	
		Number of Inherited Pressure Ulcers (Grade 4)		1	4	0	7	2	1	6	1	1	1	6	
	Staffing	Staff turnover		0.9%	0.9%	1.3%	1.1%	1.3%	0.7%	0.9%	1.1%	0.9%	0.73%	1.7%	
		Staff appraisal rate	90% - Green 80% - 90% - Amber Under 80% - Red	84.0%	83.0%	84.0%	84.0%	85.0%	82.0%	80.0%	77.0%	76.0%	73.0%	73.0%	
		Mandatory training rate		89.0%	89.0%	90.0%	90%	90.0%	91.0%	92.0%	92.0%	91.0%	92.0%	91.0%	
		Sickness rate	Internal Trust target	3.3%	3.30%	3.5%	3.5%	3.4%	3.7%	3.7%	3.8%	4.3%	3.9%	3.4%	
	Mixed Sex accomodation Breach	Number of non-clinically indicated mixed sex accomodation breaches	0 = Green 1 or above = Red	0	1	0	0	0	0	0	0	0	0	0	
	Infection Control	MRSA Bacteraemia	0 = Green 1 or above = Red	0	1	0	0	0	0	0	0	0	0	0	
		Clostridium Difficile	As per contract	2	4	5	2	2	2	2	2	0	0	1	
	VTE	Percentage of eligible pateints who have a VTE risk assement completed upon admission	95% or above - Green 90% - 95% - Amber Under 90% - Red	97.9%	97.4%	96.5%	96.6%	96.3%	95.7%	96.0%	96.5%	96.4%	95.9%	96.1%	
		Percentage of patients who receive appropriate VTE prophylaxis	100% - Green 90% - 95% - Amber Under 90% - Red	92.6%	94.1%	96.6%	96.0%	99.0%	94.2%	91.4%	96.8%	94.0%	92.00%	97.70%	

PHFT Scorecard

		No Harm		54	50	48	62	42	68	52	43	49	53	55		
		Low Harm		13	12	10	10	13	14	8	14	7	11	18		
		Moderate Harm		0	0	0	1	1	0	2	0	0	0	1		
		Severe Harm		1	0	0	0	0	0	0	1	0	0	0		
		Death		0	0	0	0	0	0	0	0	0	0	0		
		Number of medication errors relating to controlled drugs		8	9	11	5	7	7	5	5	6	5	6		
	Never Events	Number of Never Events	0	0	0	0	0	0	1	0	1	0	1	1		
	Serious Incidents	Number of serious incidents relating to Pressure Ulcers		6	0	1	0	1	1	0	0	0	0	2		
		Number of serious incidents relating to Falls		6	3	7	4	1	3	1	0	5	2	3		
		Number of serious incidents - other	N/A	0	3	1	2	3	2	6	7	0	4	0		
	Incidents	Number of incidents by harms;		797	787	763	773	768	719	734	681	774	646	833		
		No Harm		439	421	437	390	420	403	365	332	367	320	434		
		Low Harm		311	320	299	333	322	293	329	312	353	284	352		
		Moderate Harm		43	40	24	43	22	19	33	35	48	40	38		
		Severe Harm		3	5	3	7	3	3	7	2	6	2	8		
		Death		1	1	0	0	1	1	0	0	0	0	1		
	Early Warning Score	Percentage of observations and scores completed	100%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%		
	Safeguarding	Percentage of eligible staff trained in Level 1 Safeguarding Children	90-100% - Green 80%-90% - Amber Under 80% - Red	96%	96%	96%	96%	96%	97%	97%	97%	96%	96%	96%		
		Percentage of eligible staff trained in Level 2 Safeguarding Children		89%	89%	88%	89%	89%	90%	90%	90%	90%	91%	91%		
		Percentage eligible staff trained in Level 3 Safeguarding Children		74%	78%	86%	87%	86%	85%	81%	81%	80%	78%	80%		
		Percentage staff trained in Safeguarding Adults Level 1		96%	96%	96%	96%	96%	97%	97%	97%	97%	97%	96%		
		Percentage staff trained in Safeguarding Adults Level 2		90%	89%	89%	89%	89%	90%	90%	90%	90%	89.0%	90%	89%	
		Percentage of Staff Trained in Prevent		95%	95%	95%	95%	95%	96%	96%	96%	96%	95.0%	95.0%	94.0%	
		Percentage of Staff given LD Awareness Training		90%	89%	89%	89%	89%	90.0%	90.0%	90.0%	90.0%	89.0%	90.0%	89%	
		Percentage staff trained in relation to Mental Capacity Act and DOLs		90%	89%	89%	89%	89%	90%	90%	90%	90%	89.0%	90.0%	89.0%	
	Complaints	Number of complaints received	N/A	17	21	31	24	17	22	19	21	19	32	25		
		Percentage of complaints acknowledged within 3	100% - Green 90%	100%	100%	100%	96%	100%	100%	100%	100%	100%	100%	100%		
		Percentage of complaints responded to within agreed timescales	- 99% - Amber Under 90% - Red	100%	100%	100%	96%	100%	100%	100%	95%	100%	100%	100%		
		Date when last complaints summary published on website	N/A									Sep-17	July	July		

RBCHFT 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	0	0	0	0	0	0	0	1	0	0		
		Number of handovers between ambulance and A&E taking place between 15 and 30 minutes	0	Not available	Not available	Not available	Not available	Not available	Not available	140	310	312	N/A	N/A	N/A		
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	0	60	81	84	107	74	115	55	66	162	126	29	98		
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	2	11	21	33	11	12	6	4	41	11	1	10		
	Stroke (SSNAP indicators)	Overall SSNAP score (most recent)	C or above	A	A	A	A	A	A	A	A	A	A	A	A		
	Mortality	Summary hospital level mortality indicator (score)	<1 - Green	0.937								0.937	0.937	2	2	2	
		Hospital Standardised Mortality rate (RBH)	<100 = Green	79.4	96.8	84.7	65.3	82.8	90.1	85.4	85.4	85.4	85.4	107.3	107.3		
		Hospital Standardised Mortality rate (X'CH)		196	188.5	180.9	219.2	219.2	199.9	186.3	186.3	186.3	186.3	206.7	206.7		
	Learning Disability	Compliance with Monitor requirements in relation to services for people with a learning disability	Red/Amber or Green	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
	Surgical Checklist	Percentage compliance with WHO Check list	100% - Green	95.0%	94.0%	96.0%	97.0%	98.0%	96.0%	97.00%	97.00%	97.00%	97.00%	98.0%	97.0%		
	Pressure ulcers	Number of hospital acquired pressure Ulcers Grade 2	N/A	39	69	59	50	46	36	52	36	49	52	46	51		
		Number of hospital acquired pressure Ulcers Grade 3		8	10	14	8	7	4	4	6	7	4	3	1		
		Number of hospital acquired pressure Ulcers Grade 4		2	2	1	0	1	1	0	1	1	0	0	0		
		Number of inherited pressure ulcers Grade 2		102	94	81	110	100	79	98	90	101	110	109	113		
		Number of inherited pressure ulcers Grade 3		46	40	29	40	23	30	27	29	32	48	35	30		
		Number of inherited pressure ulcers Grade 4	N/A	9	12	9	12	7	6	4	5	13	14	4	12		
	Staffing	Staff turnover		11.00%	11.00%	11%	11.0%	11.0%	10.0%	10.0%	10.0%	10.0%	10.0%	9.0%	9.0%		
		Staff appraisal rate	90% - Green 80% - 90% - Amber Under 80% - Red	3.3%	10.8%	21.4%	37.1%	57.2%	84.9%	89.0%	89.0%	89.9%	90.5%	90.5%	90.4%		
		Mandatory training rate		91.6%	92.1%	92.3%	92.6%	92.9%	92.6%	92.9%	93.3%	93.5%	93.7%	93.5%	93.2%		
		Sickness rate	Internal Trust target	4.2%	4.2%	4.2%	4.2%	4.3%	4.2%	4.2%	4.2%	4.2%	4.1%	4.0%	4.0%		
	Mixed Sex accomodation Breach	Number of non-clinically indicated mixed sex accomodation breaches	0 = Green 1 or above = Red	1	0	0	1	0	0	0	0	0	0	0	0		
	Infection Control	MRSA Bacteraemia	0 = Green 1 or above = Red	0	0	0	0	0	0	0	0	0	0	0	0		
		Clostridium Difficile	As per contract	1	0	0	4	1	1	5	2	2	2	1	1		
	VTE	Percentage of eligible patients who have a VTE risk assesment completed upon admission	95% or above - Green 90% - 95% - Amber Under 90% - Red	*95.8%	*96.0%	*96.0%	*95.5%	*96.3%	*96.6%	*96.6%	*96.8%	96.30%	96.7%	96.2%	96%		
		Percentage of patients who receive appropriate VTE prophylaxis	100% - Green 90% - 95% - Amber Under 90% - Red	*87.8%	*87.9%	*88.8%	87.10%	*88.1%	*88.9	*89.2%	*89.5%	93.4%	94.0%	93.6%	93.1%		

RBCHFT Scorecard

Medication Errors	No Harm		58	88	65	87	67	49	78	74	61	72	59	70	
	Low Harm		7	12	10	11	10	9	7	6	8	2	11	12	
	Moderate Harm		2	6	4	2	5	3	0	1	1	3	2	3	
	Severe Harm		0	0	1	0	0	0	0	0	0	0	0	0	
	Death		0	0	0	0	0	0	0	0	0	0	0	0	
	Number of medication errors relating to controlled drugs		11	16	17	16	15	4	16	10	9	12	17	18	
Never Events	Number of Never Events	0	0	1	1	1	0	0	0	1	2	0	1	1	
Serious Incidents	Number of serious incidents relating to Pressure Ulcers		0	0	0	0	1	0	0	1	0	0	0	0	
	Number of serious incidents relating to Falls		0	1	0	0	2	0	0	1	0	0	0	0	
	Number of serious incidents - other	N/A	0	3	2	3	0	0	0	2	3	1	2	1	
Incidents	Number of incidents by harms;														
	No Harm		329	438	379	394	362	347	415	432	339	391	411	418	
	Low Harm		180	229	199	258	196	164	212	210	213	203	206	196	
	Moderate Harm		6	8	2	5	7	4	0	1	3	3	6	5	
	Severe Harm		1	0	1	0	0	1	1	1	1	1	0	2	
Death		0	0	0	0	0	0	0	0	0	0	0	0		
Early Warning Score	Percentage of observations and scores completed	100%	98.5%	98.40%	98.6%	98.7%	98.8%	98.8%	98.7%	98.7%	98.80%	98.6%	98.5%	98.5%	
Safeguarding	Percentage of eligible staff trained in Level 1 Safeguarding Children	90-100% - Green 80%-90% - Amber Under 80% - Red	96.8%	96.7%	96.6%	97.2%	97.6%	97.1%	97.4%	97.3%	98.3%	98.6%	98.2%	98.2%	
	Percentage of eligible staff trained in Level 2 Safeguarding Children		94.9%	94.9%	94.8%	95.4%	96.2%	95.5%	95.8%	95.7%	96.3%	96.5%	95.3%	95.0%	
	Percentage eligible staff trained in Level 3 Safeguarding Children		78.8%	77.1%	76.0%	80.4%	81.0%	82.1%	86.7%	84.5%	81.3%	86.3%	83.9%	84.4%	
	Percentage staff trained in Safeguarding Adults Level 1		97.9%	97.4%	97.5%	98.1%	98.0%	98.3%	98.3%	98.2%	98.4%	98.5%	98.2%	98.3%	
	Percentage staff trained in Safeguarding Adults Level 2		95.90%	96%	96.20%	96.6%	97.1%	96.1%	96.1%	96.6%	97.0%	97.0%	96.9%	95.8%	
	Percentage of staff trained in Prevent		85.20%	88.00%	88.40%	88.8%	89.8%	91.0%	91.0%	91.8%	92.2%	92.8%	93.0%	93.6%	
	Percentage of staff given LD Awareness Training		96.9%	96.7%	96.7%	97.3%	97.6%	97.2%	97.2%	97.2%	97.5%	97.6%	97.4%	96.7%	
Percentage staff trained in relation to Mental Capacity Act and DOLs		84.8%	87.90%	87.90%	89.20%	90.40%	90.20%	91.40%	92.6%	93.2%	93.4%	93.7%	94.4%		
Complaints	Number of complaints received	N/A	24	21	19	19	21	31	29	36	23	23	21	44	
	Percentage of complaints acknowledged within 3 operational days	100% - Green 90% - 99% - Amber Under 90% - Red	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	Percentage of complaints responded to within agreed timescales		83.3%	85.7%	72.7%	69.6%	83.3%	77.8%	58%	61.9%	67.6%	62.1%	77.8%	64.0%	
	Date when last complaints summary published on website	N/A	April	April	April	April	April	Agreed at Sept 17	Agreed at Sept 17	October	October	Dec	Dec	Dec	

DHUF Scorecard

Metric	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Safe													
No. and rate of new pressure ulcers from patient safety thermometer		40	34	38	45	34	28	38	37	29	40	36	39
		2.18%	2.03%	2.10%	2.67%	2.09%	1.68%	2.35%	2.19%	1.71%	2.27%	2.12%	2.33%
No. and rate of old pressure ulcers from patient safety thermometer		98	102	82	105	100	95	95	104	102	103	115	100
		5.63%	6.27%	4.84%	6.22%	6.16%	5.70%	5.89%	6.16%	6.03%	5.86%	6.76%	5.98%
No. and rate of all new hospital acquired pressure ulcers on the patient safety thermometer (New pressure ulcers only)	<1.5%	4	2	3	3	5	0	2	2	2	6	4	4
Number of incidents reported on STEIS		13	4	21	10	10	15	10	17	14	10	7	9
No. and % compliance with STEIS data entry requirements - reporting (excluding pressure ulcers)		10	3	8	5	7	7	4	9	10	10	6	8
		89.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	82%	100%	100%	100%	63%
No. and % compliance with STEIS data entry requirements - closing		3	5	19	12	6	13	16	11	9	12	10	13
		100.0%	100.0%	84.00%	83.00%	100.00%	87%	94	91	100%	100%	100%	100%
No. of patients with MRSA Bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0
No. of patients with C diff and (per 100,000 bed days)	<12 - annually	0	0	1	2	0	0	0	1	0	1	0	2
		0	0	0	14.25%	0	0	0	7.42%	0	6.74%	0	14.56
No. C diff cases deemed trajectory cases		0	0	0	1	0	0	0	1	0	0	0	2
No. of patients whose death certificates include C-diff in part 1(a)		0	0	0	0	0	0	0	0	0	0	0	0
No. of C diff outbreaks (2 or more cases in same area within 28 days)		0	0	0	0	0	0	0	0	0	0	0	1
No. cases of suspected/confirmed norovirus		18	0	0	6	14	0	0	0	10	17	8	16
No. & % of staff trained to Child Safeguarding Lvl 1	Quarterly			99.9%			93.3%			95%			95.0%
No. & % of staff trained to Child Safeguarding Lvl 2	Quarterly			94.4%			89.2%			87%			88.0%
No. & % of staff trained to Child Safeguarding Lvl 3	Quarterly			78.5%			72.9%			79%			86.0%
No. and % of staff trained in Adult Safeguarding Lv1	Quarterly			99.9%			93.3%			94.80%			96.0%
No. and % of staff trained in Adult Safeguarding Lv2	Quarterly			94.8%			90.0%			91.30%			94.0%
No. and % of staff trained in Basic MCA/DOLS awareness	Quarterly			94.8%			90.0%			91.30%			94.0%
No. and % of staff trained in MCA / DOLS	Quarterly			85.9%			91.8%			93.20%			93.7%
No. and % of staff trained in Prevent Levels 1-2	Quarterly			82.7%			83.8%			95.40%			85.6%
No. and % of staff trained in Prevent Levels 3-5	Quarterly			15.2%			16.1%			15.90%			14.2%
No. and % of staff trained in Learning Disability Awareness	Quarterly			96.3%			91.0%			92.30%			94.3%
Effective													
No. & % of service users in hospital for >1yr who have had an annual physical health check	100%	8	5	6	4	7	5	3	4	3	6	5	6
		100%	100%	100%	75%	100%	100%	100%	100%	100%	100%	100%	100%
No. & % of patients with a falls assessment completed within 24 hours of admission.4	95%	97.5%	98.1%	97.0%	96.7%	96.3%	98.3%	98.2%	99.3%	98.4%	97.3%	98.3%	98.8%
No. & % of patients nutritionally screened within 24 hours of admission to hospital.	95%	294	255	255	232	234	218	218	263	237	238	219	240
		97.7%	97.3%	97.3%	97.1%	97.1%	94.8%	97.3%	98.1%	96.7%	96%	95.2%	98.4%
No. & % of patients who have a pressure ulcer risk assessment within 4 hours of admission.	95%	236	258	216	144	204	164	155	210	181	201	173	117
		97.5%	98.1%	98.6%	66.7%	91.1%	87.2%	85.6%	94.2%	92.8%	93.9%	93.0%	87.6%
No. & % of patients who have a VTE risk assessment within 24 hours of admission.	95%	286	315	299	271	263	275	255	315	284	324	269	272

DHUFT Scorecard

		97.6%	99.7%	97.7%	99.0%	97.4%	99.6%	98.5%	98.4%	98.6%	99.7%	97.5%	97.4%
No & % of patients who have had appropriate prophylaxis for VTE				76 (100%)									
Caring													
No. and % of patients who may be at risk of crisis with a crisis plan	95% Quarterly									91.14%			92.31%
Carer's assessment commenced within 4 weeks	100% Quarterly			100% Quarterly		100% Quarterly				87.5% Quarterly			100% Quarterly
Responsive													
No. complaints	Quarterly			89			87			78			86
Percentage of complaints acknowledged in 3 operational days	Quarterly			99.0%			93.0%			100.0%			100%
Percentage of complaints responded to in agreed timescales	Quarterly			73.0%			82.0%			72%			58%
No. complaints referred to ombudsman	Quarterly			2			0			1			0
Mixed sex breach (nationally reportable)		0	0	0	0	0	0	0	0	0	0	0	0
Mixed sex breach (locally reportable)		0	2	3	1	0	1	2	3	1	2	1	3
Well-led													