

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				
		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				
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	0	15	17	41	17	37	61	29	63	67	72				
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	3	0	4	1	5	12	10	13	22	14				
	Stroke (SSNAP indicators)	Overall SSNAP score (most recent published)	C or above	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					1.13	1.13				
		Hospital Standardised Mortality rate	<100 = Green	101	98	96	98	98	97	96	N/A	99	99				
	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				
	Surgical Checklist	Percentage compliance with WHO Check list	100% - Green	100.0%	100.0%	100.0%	100.0%	100%	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% - Amber Under 85% - Red	98%	96%	97%	100%	100%	0%	93%	100%	96%	95%				
		Percentage of VTE risk assessments completed upon admission		96.5%	95.9%	96.5%	97.5%	97%	94%	96%	97%	96%	95%				
		Percentage of admissions screened for NUTRITION within 24 hours of admission to hospital		92%	90%	89%	83%	91%	0%	66%	100%	88%	100%				
		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%				
		Percentage of patients screened for MRSA		93.9%	94.7%	92.2%	94.3%	97%	95%	96%	96%	93%	95%				
	Pressure ulcers	Number of Pressure Ulcers (Hospital acquired) Grade 2	N/A	2	0	2	3	7	2	2	1	0	2				
		Number of Pressure Ulcers (Hospital acquired) Grade 3	N/A	0	0	6	0	0	8	3	3	0	0				
		Number of Pressure Ulcers (Hospital acquired) Grade 4		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				
		Number of inherited Pressure Ulcers Grade 3		11	12	13	9	7	16	11	12	12	9				
		Number of inherited Pressure Ulcers Grade 4		1	0	0	0	1	1	0	1	0	2				
	Staffing	Staff turnover		11.3%	10.4%	10.3%	10.8%	10.8%	11.0%	11.3%	11.2%	11.4%	11.0%				
		Staff appraisal rate	90% - Green 80% - Amber Under 80% - Red	74.0%	N/A	73.0%	72.0%	79.0%	81.0%	83.0%	85.0%	85.0%	83.0%				
		Mandatory training rate		83.0%	84.0%	81.0%	83.0%	84.0%	84.0%	84.0%	86.0%	86.0%	86.0%				
		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				

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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	0	0	0	0	1	3	2	8			

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Ind No.	Area of Practice	Quality Requirement	Threshold	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Most recent RAG Rating
	Infection Control	MRSA Bacteraemia	0 = Green 1 or above = Red	0	1	0	0	0	0	0	0	0	0			
		Clostridium Difficile	As per contract	3	0	1	0	0	0	0	0	0	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	97%	95.9%	96.5%	97.5%	97%	94%	97%	97%	96%	96%			
		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%			
	Medication Errors	No Harm		24	22	30	40	31	29	33	38	32	33			
		Low Harm		9	16	4	4	2	6	12	16	3	5			
		Moderate Harm		3	2	0	0	3	0	0	2	2	1			
		Severe Harm		0	0	0	0	0	0	0	0	0	0			
		Death		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			
	Never Events	Number of Never Events	0	0	0	0	0	0	0	0	0	0	0			
	Serious Incidents	Number of serious incidents relating to Pressure Ulcers		0	1	0	0	0	0	0	2	0	0			
		Number of serious incidents relating to Falls		0	3	0	2	1	0	0	1	0	1			
		Number of serious incidents - other	N/A	2	0	3	1	3	0	1	0	0	0			
	Incidents	Number of incidents by harms;		775	455	487	465	442	464	476	528	464	677			
		No Harm		238	276	350	348	300	316	328	345	347	343			
		Low Harm		84	101	45	48	53	59	58	81	45	66			
		Moderate Harm		25	24	38	16	20	9	4	19	13	10			
		Severe Harm		5	3	1	4	3	0	1	1	0	1			
		Death		0	1	0	0	0	0	0	0	0	1	0		
	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%			
	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%			
		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%			
		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%			
		Percentage staff trained in Safeguarding Adults Level 1	90-100% - Green 80%-90% - Amber Under 80% - Red	100%	100%	56%	66%	73.0%	76.0%	77.0%	82.0%	84.0%	87.0%			
		Percentage staff trained in Safeguarding Adults Level 2		92%	75%	77%	78%	81.0%	81.0%	80.0%	83.0%	83.0%	83.0%			
		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		
		*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 training, 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%	86%	86%	88%	88.0%	88.0%	88.0%	86.0%	81.0%	84.0%			
	Complaints	Number of complaints received	N/A	10	14	17	17	18	19	27	23	20	23			
		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%			
		Percentage of complaints responded to within agreed timescales		80%	26%	66%	47%	44.0%	50.0%	37.0%	N/A	N/A	N/A			
		Date when last complaints summary published on website	N/A	April	May	June	July	August	Sept	Oct	Nov	Dec	100.0%			

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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	0	0	0	0	0	0	0	0			
		Number of handovers between ambulance and A&E taking place between 15 and 30 minutes	0	20	34	47	26	TBC	TBC	TBC	TBC	TBC	TBC			
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	0	23	33	34	20	43	41	32	58	105	99			
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	6	1	3	6	0	13	1	28	29	9			
	<b>Stroke (SSNAP indicators)</b>	Overall SSNAP score (most recent published)	C or above	B	B	B	B	B	B	B	B	B	B			
	<b>Mortality</b>	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			
		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			
	<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	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	95.0%	94.0%	90.0%	90.0%	89.0%			
	<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%	97.90%	99.00%	98.00%	97.00%	97.00%	95.00%	93.00%	97.00%	98.00%			
		Percentage of VTE risk assessments completed upon admission		97.3%	97.9%	97.4%	96.5%	96.6%	96.3%	95.7%	96.0%	97.0%	96.4%			
		Percentage of admissions screened for NUTRITION within 24 hours of admission to hospital		93.00%	90.00%	90.00%	83.00%	94.00%	86.00%	89.00%	91.00%	89.00%	89.00%			
		Percentage of admissions that have a PRESSURE ULCER risk assessment completed within 6 hours of admission		97.00%	99.00%	99.00%	97.00%	98.00%	98.00%	96.00%	97.00%	95.0%	97%			
		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		

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Pressure ulcers	Number of Pressure Ulcers (Hospital Acquired) Grade 2		29	21	21	35	24	17	12	19	24	28			
	Number of Pressure Ulcers (Hospital Acquired) Grade 3		9	6	5	5	1	3	0	3	7	9			
	Number of Pressure Ulcers (Hospital Acquired) Grade 4		0	0	0	0	0	0	0	0	0	0			
	Number of Inherited Pressure Ulcers (Grade 2)		30	52	36	39	37	45	36	41	40	46			
	Number of Inherited Pressure Ulcers (Grade 3)		17	15	12	14	20	13	12	16	22	9			
	Number of Inherited Pressure Ulcers (Grade 4)		2	1	4	0	7	2	1	6	1	1			
Staffing	Staff turnover		1.4%	0.9%	0.9%	1.3%	1.1%	1.3%	0.7%	0.9%	1.1%	0.9%			
	Staff appraisal rate	90% - Green 80% - 90% - Amber Under 80% Red	85.0%	84.0%	83.0%	84.0%	84.0%	85.0%	82.0%	80.0%	77.0%	76.0%			
	Mandatory training rate		88.0%	89.0%	89.0%	90.0%	90%	90.0%	91.0%	92.0%	92.0%	91.0%			
	Sickness rate	Internal Trust target	3.0%	3.3%	3.30%	3.5%	3.5%	3.4%	3.7%	3.7%	3.8%	4.3%			
Mixed Sex accomodation Breach	Number of non-clinically indicated mixed sex accomodation breaches	0 = Green 1 or above = Red	0	0	1	0	0	0	0	0	0	0			
Infection Control	MRSA Bacteraemia	0 = Green 1 or above = Red	0	1	1	0	0	0	0	0	0	0			
	Clostridium Difficile	As per contract	0	2	5	5	2	2	4	2	4	0			
VTE	Percentage of eligible pateints who have a VTE risk assement completed upon admission	95% or above - Green 90% - 95% - Amber Under 90% - Red	97.3%	97.9%	97.4%	96.5%	96.6%	96.3%	95.7%	96.0%	96.5%	96.4%			
	Percentage of patients who receive appropriate VTE prophylaxis	100% - Green 90% - 95% - Amber Under 90% - Red	94.1%	92.58%	94.05%	96.64%	95.99%	99.00%	94.22%	91.40%	96.80%	94.00%			
Medication Errors	No Harm		44	54	50	48	62	42	68	52	43	49			
	Low Harm		12	13	12	10	10	13	14	8	14	7			
	Moderate Harm		2	0	0	0	1	1	0	2	0	0			
	Severe Harm		0	1	0	0	0	0	0	0	1	0			
	Death		0	0	0	0	0	0	0	0	0	0			
	Number of medication errors relating to controlled drugs		6	8	9	11	5	7	7	5	5	6			
Never Events	Number of Never Events	0	0	0	0	0	0	0	1	8	1	0			

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		Number of serious incidents relating to Pressure Ulcers		2	6	0	1	0	1	1	0	0	0			
		Number of serious incidents relating to Falls		1	6	3	7	4	1	3	1	0	5			
	<b>Serious Incidents</b>	Number of serious incidents - other	N/A	4	0	3	1	2	3	2	6	7	0			
		Number of incidents by harms;		755	797	787	763	773	768	719	734	681	774			
		No Harm		410	439	421	437	390	420	403	365	332	367			
		Low Harm		286	311	320	299	333	322	293	329	312	353			
		Moderate Harm		57	43	40	24	43	22	19	33	35	48			
		Severe Harm		2	3	5	3	7	3	3	7	2	6			
		Death		0	1	1	0	0	1	1	0	0	0			
	<b>Early Warning Score</b>	Percentage of observations and scores completed	100%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%			
		Percentage of eligible staff trained in Level 1 Safeguarding Children		95%	96%	96%	96%	96%	96%	97%	97%	97%	96%			
		Percentage of eligible staff trained in Level 2 Safeguarding Children		88%	89%	89%	88%	89%	89%	90%	90%	90%	90%			
		Percentage eligible staff trained in Level 3 Safeguarding Children		77%	74%	78%	86%	87%	86%	85%	81%	81%	80%			
		Percentage staff trained in Safeguarding Adults Level 1	90-100% - Green 80%-90% - Amber Under 80% - Red	95%	96%	96%	96%	96%	96%	97%	97%	97%	97%			
		Percentage staff trained in Safeguarding Adults Level 2		89%	90%	89%	89%	89%	89%	90%	90%	90%	89.0%			
		Percentage of Staff Trained in Prevent		94%	95%	95%	95%	95%	95%	96%	96%	96%	95.0%			
		Percentage of Staff given LD Awareness Training		88	90	89	89	89	89	90.0%	90.0%	90.0%	89			
		Percentage staff trained in relation to Mental Capacity Act and DOLs		88%	90%	89%	89%	89%	89%	90%	90%	90%	89.0%			
		Number of complaints received	N/A	18	17	21	31	24	17	22	19	21	19			
		Percentage of complaints acknowledged within 3 operational days	100% - Green 90% - 99% - Amber Under 90% Red	100%	100%	100%	100%	96%	100%	100%	100%	100%	100%			
		Percentage of complaints responded to within agreed timescales		90%	100%	100%	100%	96%	100%	100%	100%	95%	100%			
		Date when last complaints summary published on website	N/A	Sept	Sept	Sept	Sept	Sept	Sept	Sept	Sept	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	0	0	0	0	0	0	0	1				
		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				
		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				
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	2	11	21	33	11	12	6	4	41	11				
	Stroke (SSNAP indicators)	Overall SSNAP score (most recent)	C or above	A	A	A	A	A	A	A	A	A	A				
	Mortality	Summary hospital level mortality indicator (score)	<1 - Green	0.947								0.947	0.947	0.947			
		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				
		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				
	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				
	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%				
	Risk Assessments and Screening	Percentage of FALLS assessments completed within 24 hours of admission	95% - Green 85% - Amber Under 85% - Red														
		Percentage of VTE risk assessments completed upon admission		95.8%	96.0%	96.7%	96.5%	96.3%	96.6%	*96.6%	*96.6%	*96.6%	1				
		Percentage of admissions screened for NUTRITION within 24 hours of admission to hospital		Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available			
		Percentage of admissions that have a PRESSURE ULCER risk assessment completed within 6 hours of admission		Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available			
		Percentage of patients screened for MRSA		Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available				
	Pressure ulcers	Number of hospital acquired pressure Ulcers Grade 2	N/A	39	69	59	50	46	36	52	36	49	52				
		Number of hospital acquired pressure Ulcers Grade 3		8	10	14	8	7	4	4	6	7	4				
		Number of hospital acquired pressure Ulcers Grade 4		2	2	1	0	1	1	0	1	1	0				
		Number of inherited pressure ulcers Grade 2		102	94	81	110	100	79	98	90	101	110				
		Number of inherited pressure ulcers Grade 3		46	40	29	40	23	30	27	29	32	48				
		Number of inherited pressure ulcers Grade 4	N/A	9	12	9	12	7	6	4	5	13	14				
	Staffing	Staff turnover		11.00%	11.00%	11%	11.0%	11.0%	10.0%	10.0%	10.0%	10.0%	10.0%				
		Staff appraisal rate	90% - Green 80% - Amber Under 80% - Red	3.3%	10.8%	21.4%	37.1%	57.2%	84.9%	89.0%	89.0%	89.9%	90.5%				
		Mandatory training rate		91.6%	92.1%	92.3%	92.6%	92.9%	92.6%	92.9%	93.3%	93.5%	93.7%				
		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%				

RCHFT Scorecard

<b>Mixed Sex accomodation Breach</b>	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		
<b>Infection Control</b>	MRSA Bacteraemia	0 = Green 1 or above = Red	0	0	0	0	0	0	0	0	0	0		
	Clostridium Difficile	As per contract	1	0	0	1	0	4	1	3	4	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	*95.8%	*96.0%	*96.0%	*95.5%	*96.3%	*96.6%	*96.6%	*96.8%	96.30%	96.70%		
	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%	93.40%	94%		
<b>Medication Errors</b>	No Harm		58	88	65	87	67	49	78	74	61	72		
	Low Harm		7	12	10	11	10	9	7	6	8	2		
	Moderate Harm		2	6	4	2	5	3	0	1	1	3		
	Severe Harm		0	0	1	0	0	0	0	0	0	0		
	Death		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		
<b>Never Events</b>	Number of Never Events	0	0	1	1	1	0	0	0	1	2	0		
<b>Serious Incidents</b>	Number of serious incidents relating to Pressure Ulcers		0	0	0	0	1	0	0	1	0	0		
	Number of serious incidents relating to Falls		0	1	0	0	2	0	0	1	0	0		
	Number of serious incidents - other	N/A	0	3	2	3	0	0	0	2	3	1		
<b>Incidents</b>	Number of incidents by harms:													
	No Harm		388	520	454	479	434	419	443	444	357	391		
	Low Harm		179	226	232	246	194	176	233	214	215	203		
	Moderate Harm		17	12	14	12	13	8	4	6	4	3		
	Severe Harm		0	5	5	3	2	3	1	2	1	1		
	Death		0	0	0	0	0	0	0	0	0	0		
<b>Early Warning Score</b>	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%		
<b>Safeguarding</b>	Percentage of eligible staff trained in Level 1 Safeguarding Children		96.8%	96.7%	96.6%	97.2%	97.6%	97.1%	97.4%	97.3%	98.3%	98.6%		
	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%		
	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%		
	Percentage staff trained in Safeguarding Adults Level 1	90-100% - Green 80%-90% - Amber Under 80% - Red	97.9%	97.4%	97.5%	98.1%	98.0%	98.3%	98.3%	98.2%	98.4%	98.5%		
	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%		
	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%		
	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%		
	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%		
<b>Complaints</b>	Number of complaints received	N/A	24	21	19	19	21	31	29	36	23	23		
	Percentage of complaints acknowledged within 3 operational days	100% - Green 90% - 99% - Amber Under 90% - Red	100.00%	100.00%	100.00%	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%		
	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		



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Metric	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	38	45	34	28	38	37	29	40		
		2.18%	2.03%	2.10%	2.67%	2.09%	1.68%	2.35%	2.19%	1.71%	2.27%		
No. and rate of old pressure ulcers from patient safety		98	102	82	105	100	95	95	104	102	103		
		5.63%	6.27%	4.84%	6.22%	6.16%	5.70%	5.89%	6.16%	6.03%	5.86%		
No. and rate of all new hospital acquired pressure ulcers on the patient safety thermometer		4	2	3	3	5	0	2	2	2	5		
(New pressure ulcers only)	<1.5%	1.68%	0.76%	1.21%	1.27%	1.80%	0.00%	0.70%	0.69%	0.72%	1.94%		
Number of incidents reported on STEIS		13	4	21	10	10	15	10	17	14	10		
No. and % compliance with STEIS data entry requirements - reporting (excluding pressure ulcers)		10	3	8	5	7	7	4	9	10	10		
		89.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	82%	100%	100%		
No. and % compliance with STEIS data entry requirements - closing		3	5	19	12	6	13	16	11	9	12		
		100.0%	100.0%	84.00%	83.00%	100.00%	87%	94	91	100%	100%		
No. of patients with MRSA Bacteraemia	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	0	0	14.25%	0	0	0	7.42%	0	6.74		
No. C diff cases deemed trajectory cases		0	0	0	1	0	0	0	1	0	0		
No. of patients whose death certificates include C-diff in part 1(a)		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		
No. cases of suspected/confirmed norovirus		18	0	0	6	14	0	0	0	10	17		
No. & % of staff trained to Child Safeguarding Lvl 1	Quarterly			99.9%			93.3%			95%			
No. & % of staff trained to Child Safeguarding Lvl 2	Quarterly			94.4%			89.2%			87%			
No. & % of staff trained to Child Safeguarding Lvl 3	Quarterly			78.5%			72.9%			79%			
No. and % of staff trained in Adult Safeguarding Lv1	Quarterly			99.9%			93.3%			94.80%			
No. and % of staff trained in Adult Safeguarding Lv2	Quarterly			94.8%			90.0%			91.30%			
No. and % of staff trained in Basic MCA/DOLS awareness	Quarterly			94.8%			90.0%			91.30%			
No. and % of staff trained in MCA / DOLS	Quarterly			85.9%			91.8%			93.20%			
No. and % of staff trained in Prevent Levels 1-2	Quarterly			82.7%			83.8%			95.40%			
No. and % of staff trained in Prevent Levels 3-5	Quarterly			15.2%			16.1%			15.90%			
No. and % of staff trained in Learning Disability Awareness	Quarterly			96.3%			91.0%			92.30%			
<b>Effective</b>													
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		
		100%	100%	100%	75%	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%	98.40%	97.30%		
No. & % of patients nutritionally screened within 24 hours of admission to hospital.	95%	294	255	255	232	234	218	218	263	237	238		
		97.7%	97.3%	97.3%	97.1%	97.1%	94.8%	97.3%	98.1%	96.70%	96%		

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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		
		97.5%	98.1%	98.6%	66.7%	91.1%	87.2%	85.6%	94.2%	92.80%	93.90%		
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		
		97.6%	99.7%	97.7%	99.0%	97.4%	99.6%	98.5%	98.4%	98.60%	99.70%		
No & % of patients who have had appropriate prophylaxis for VTE				76 (100%)									
<b>Caring</b>													
No. and % of patients who may be at risk of crisis with a crisis plan	95% Quarterly			86.3% Quarterly		91.8%				91.14%			
Carer's assessment commenced within 4 weeks	100% Quarterly			100% Quarterly		100% Quarterly				87.5% Quarterly			
<b>Responsive</b>													
No. complaints	Quarterly			89			87			78			
No. & % complaints acknowledged in 3 operational days	Quarterly			88			81			78			
No. & % complaints responded to in agreed timescales	Quarterly			8			9			100%			
No. complaints referred to ombudsman	Quarterly			2			0			38			
Mixed sex breach (nationally reportable)		0	0	0	0	0	0	0	0	72%	0		
Mixed sex breach (locally reportable)		0	2	3	1	0	1	2	3	1	2		
<b>Well-led</b>													