

DCHFT																
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	0			
		Number of handovers between ambulance and A&E taking place between 15 and 30 minutes	0	448	405	455	413	441	421	418	417	407	373			
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	0	32	27	37	38	28	54	25	52	27	60			
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	19	6	14	27	8	15	7	3	6	16			
	Stroke (SSNAP indicators)	Overall SSNAP score (most recent published)	C or above	E	E	E	E			D	Not available until March					
	Mortality	Summary hospital level mortality indicator (score) (most recent published)	<1 - Green	1.15			1.16			1.15						
		Summary hospital level mortality indicator (Band)		1	1	1	1	1	1	1						
		Hospital Standardised Mortality rate	<100 = Green	105	104	102	100	97	95	100	98	96	N/A			
	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	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.8%	99.5%	99.9%	99.9%			
	Risk Assessments and Screening	Percentage of FALLS assessments completed within 24 hours of admission	100% - Green 90% - Amber Under 90% - Red	90.00%	89.70%	95.40%	91.60%	94.40%	95.93%	95.20%	91.20%	95.95%	92.80%			
		Percentage of VTE risk assessments completed upon admission		95.7%	96.7%	95.7%	95.3%	96.6%	97.1%	96.6%	95.9%	94.2%	93.9%			
		Percentage of admissions screened for NUTRITION within 24 hours of admission to hospital		74.84%	79.34%	87.6%	74.70%	88.30%	84.15%	76.42%	74.62%	84.21%	79.92%			
		Percentage of admissions that have a PRESSURE ULCER risk assessment completed within 6 hours of admission		90.32%	90.61%	95.40%	91.60%	93.90%	96.75%	95.63%	93.85%	97.2%	95%			
		Percentage of patients screened for MRSA		93.6%	95.6%	93.5%	94.5%	88.0%	95.2%	97.60%	92.60%	94.4%	95.3%			
	Pressure ulcers	Number of Pressure Ulcers (Hospital Acquired) Grade 2		2	5	3	1	4	3	3	3	2	2			
		Number of Pressure Ulcers (Hospital Acquired) Grade 3		1	2	1	1	2	0	1	0	1	5			
		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)		35	36	34	26	18	32	46	22	30	29			
		Number of Inherited Pressure Ulcers (Grade 3)		6	9	9	10	8	8	10	7	13	8			
		Number of Inherited Pressure Ulcers (Grade 4)		5	1	0	1	2	1	1	3	0	2			
	Staffing	Staff turnover		9.8%	10.5%	10.8%	10.8%	11.1%	11.3%	11.5%	11.1%	11.3%	11.6%			
		Staff appraisal rate	90% - Green 80% - Amber Under 80% - Red	82.0%	82.0%	80.0%	80.0%	80.0%	78.0%	80.0%	80.0%	80.0%	79.0%			
		Mandatory training rate		88.0%	87.0%	88.0%	86.0%	86%	84.0%	85.0%	85.0%	85.0%	86.0%			
		Sickness rate	Internal Trust target	3.6%	2.9%	3.26%	3.6%	3.4%	3.2%	3.4%	3.5%	3.2%	N/A			

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 above = Red	5	0	0	4	0	0	0	3	0	0				
	Infection Control	MRSA Bacteraemia	0 = Green above = Red	0	0	0	0	0	0	0	0	0	0				
		Clostridium Difficile	As per contract	1	0	0	0	1	0	3	1	1	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	95.7%	96.7%	95.7%	95.3%	96.6%	97.1%	96.6%	96	94	94				
		Percentage of patients who receive appropriate VTE prophylaxis	100% - Green 95% - Amber Under 90% - Red	94.0%	92.52%	89.81%	89.06%	90.20%	89.83%	93.70%	93	88	93				
	Medication Errors	No Harm		22	34	21	27	38	30	25	30	33	46				
		Low Harm		8	13	7	2	7	11	4	12	3	7				
		Moderate Harm		0	1	1	0	0	1	1	1	0	2				
		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	7	4	4	10	5	2	14	10	13				
	Duty of Candour	Number of times duty of candour used	N/A	18	10	12	18	11	4	11	15	11	22				
	Never Events	Number of Never Events	0	1	0	0	1	0	0	0	0	0	1				
	Serious Incidents	Number of serious incidents relating to Pressure Ulcers		1	2	0	0	0	0	0	0	0	0				
		Number of serious incidents relating to Falls		1	2	0	2	3	2	2	0	2	0				
		Number of serious incidents - other	N/A	0	4	0	0	1	1	0	1	3	3				
	Incidents	Number of incidents by harms;		434	458	518	428	459	398	456	423	399	446				
		No Harm		275	334	355	279	301	297	289	284	273	302				
		Low Harm		63	74	67	73	67	52	90	66	58	71				
		Moderate Harm		12	9	20	16	11	3	8	23	12	22				
		Severe Harm		6	1	0	2	4	1	3	0	3	1				
		Death		0	0	0	0	0	0	0	1	0	1				
	Early Warning Score	Percentage of observations and scores completed	100%	98%	98%	98%	98%	99%	98%	99%	98	98	98				
	Safeguarding	Percentage of eligible staff trained in Level 1 Safeguarding Children		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				
		Percentage of eligible staff trained in Level 2 Safeguarding Children		85%	83%	83%	82%	81%	81%	82%	83%	83%	84%				
		Percentage eligible staff trained in Level 3 Safeguarding Children		90%	87%	87%	87%	88%	84%	86%	82%	82%	87%				
		Percentage staff trained in Safeguarding Adults Level 1		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				
		Percentage staff trained in Safeguarding Adults Level 2		90%	88%	87%	84%	83%	79%	78%	78.0%	78.0%	77.0%				
		Percentage of Staff Trained in Prevent		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				
		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 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		85%	80%	85%	83%	80%	76%	73%	72.0%	72.0%	70.0%				
	Complaints	Number of complaints received	N/A	16	23	20	26	29	23	35	20	20	26				
		Percentage of complaints acknowledged within 3 operational days	100% - Green 99% - Amber Under 90% - Red	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
		Percentage of complaints responded to within agreed timescales		42%	72%	68%	57%	52%	52%	48%	40%	40%	N/A				
		Date when last complaints summary published on website	N/A	Mar/Apr	May	June	July	Aug	Aug	October	November	December	January				

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
	Emergency Department	12 hour trolley waits	0 = Green 1 or above = Red	0	0	0	0	0	0	0	0	1	0			
		Number of handovers between ambulance and A&E taking place between 15 and 30 minutes	0	89	66	72	57	39	60	61	73	68	62			
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	0	54	59	52	73	27	62	41	82	58	86			
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	10	9	8	3	0	7	4	7	6	35			
	Stroke (SSNAP indicators)	Overall SSNAP score (most recent published)	C or above	D						C						
	Mortality	Summary hospital level mortality indicator (score) (most recent published)	<1 - Green	0.875												
		Hospital Standardised Mortality rate	<100 = Green	tbc	tbc	tbc	tbc	tbc	tbc							
	Learning Disability	Compliance with Monitor requirements in relation to services for people with a learning disability	Red/Amber or Green	Compliant												
	Surgical Checklist	Percentage compliance with WHO Check list	100% - Green	90.0%	93.0%	91.0%	96.0%	97.0%	93.0%	95.0%	94.0%	94.0%	95.0%			
	Risk Assessments and Screening	Percentage of FALLS assessments completed within 24 hours of admission	95% - Green 85% - 95% - Amber Under 85% - Red	96%	97%	98%	97%	98%	98%	96%	96%	96%	99%			
		Percentage of VTE risk assessments completed upon admission		98.0%	98.0%	98.0%	98.0%	97%	97%	97%	98%	97%	96%			
		Percentage of admissions screened for NUTRITION within 24 hours of admission to hospital		79%	85%	87%	91%	87%	87%	88%	88%	88%	83%			
		Percentage of admissions that have a PRESSURE ULCER risk assessment completed within 6 hours of admission		97%	98%	97%	99%	99%	99%	99%	99%	98%	99%			
		Percentage of patients screened for MRSA		93.0%	86.0%	93.0%	tbc	89%	85%	91%						
	Pressure ulcers	Number of Pressure Ulcers (Hospital acquired) Grade 2	N/A	41	41	38	44	41	30	33	34	33	35			
		Number of Pressure Ulcers (Hospital acquired) Grade 3	N/A	3	4	3	3	3	0	3	6	5	2			
		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	37	41	36	36	41	40	32	36	31			
		Number of inherited Pressure Ulcers Grade 3		14	14	10	13	8	10	13	16	10	9			
		Number of inherited Pressure Ulcers Grade 4		3	5	3	2	6	3	6	3	1	3			
	Staffing	Staff turnover		1.1%	1.0%	0.7%	1.1%	1.3%	1.6%	1.1%	0.6%	1.0%	1.0%			
		Staff appraisal rate	90% - Green 80% - 90% - Amber Under 80% - Red	84.0%	85.0%	86.0%	85.0%	83.0%	84.0%	86.0%	85.0%	84.0%	83.0%			
		Mandatory training rate		87.0%	87.0%	88.0%	88.0%	88.0%	89.0%	89.0%	89.0%	90.0%	89.0%			
		Sickness rate	Internal Trust target	3.4%	3.3%	3.1%	3.2%	3.1%	2.8%	3.6%	4.0%	3.7%	0.0%			

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
	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	0	0	0	0			
	Infection Control	MRSA Bacteraemia	0 = Green 1 or above = Red	0	0	0	0	0	0	0	0	0	0			
		Clostridium Difficile	As per contract	2	3	0	1	1	0	3	2	2	1			
	VTE	Percentage of eligible pateints who have a VTE risk assesment completed upon admission	95% or above - Green 90% - 95% - Amber Under 90% - Red	98%	98.0%	98.0%	98.0%	97%	97%	97%	98%	97%	96%			
		Percentage of patients who receive appropriate VTE prophylaxis	100% - Green 90% - 95% - Amber Under 90% - Red	99.0%	99.0%	99.0%	98.00%	99.0%	99%	99%	99%	99.0%	98%			
	99%Medication Errors	No Harm		62	64	67	80	58	58	65	65	58	49			
		Low Harm		16	10	13	12	8	5	12	14	11	9			
		Moderate Harm		2	0	0	0	1	0	0	0	0	1			
		Severe Harm		0	0	0	0	0	0	0	0	0	1			
		Death		0	0	0	0	0	0	0	0	0	0			
		Number of medication errors relating to controlled drugs		4	5	5	8	6	11	9	14	5	6			
	Duty of Candour	Number of times duty of candour used	N/A	9	3	6	6	4	8	4	2	10	11			
	Never Events	Number of Never Events	0	0	1	0	0	0	1	1	0	0	0			
	Serious Incidents	Number of serious incidents relating to Pressure Ulcers		0	1	2	0	0	0	0	0	2	1			
		Number of serious incidents relating to Falls		4	2	1	3	2	2	2	2	2	5			
		Number of serious incidents - other	N/A	5	3	3	3	2	5	1	0	6	5			
	Incidents	Number of incidents by harms;		804	866	824	809	760	721	852	881	744	760			
		No Harm		383	473	427	414	358	376	461	499	361	402			
		Low Harm		373	353	365	359	345	303	354	335	349	326			
		Moderate Harm		42	34	27	29	49	39	32	43	32	28			
		Severe Harm		6	6	4	4	6	3	5	4	1	3			
		Death		0	0	1	3	2	0	0	0	1	1			
	Early Warning Score	Percentage of observations and scores completed	100%	99%	99%	99%	99%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%			
	Safeguarding	Percentage of eligible staff trained in Level 1 Safeguarding Children		90%	90%	91%	91%	92.0%	92.0%	92.0%	93.0%	93.0%	93.0%			
		Percentage of eligible staff trained in Level 2 Safeguarding Children		92%	92%	92%	93%	92.0%	92.0%	92.0%	92.0%	91.0%	89.0%			
		Percentage eligible staff trained in Level 3 Safeguarding Children		89%	89%	89%	89%	90.0%	89.0%	88.0%	86.0%	85.0%	79.0%			
		Percentage staff trained in Safeguarding Adults Level 1	90-100% - Green 80%-90% - Amber Under 80% - Red	85%	86%	86%	87%	88.0%	89.0%	90.0%	90.0%	92.0%	92.0%			
		Percentage staff trained in Safeguarding Adults Level 2		81%	82%	82%	82%	82.0%	83.0%	84.0%	83.0%	84.0%	84.0%			
		Percentage of staff trainind in Prevent		57%	60%	64%	66%	70.0%	74.0%	77.0%	80.0%	82.0%	83.0%			
		*Number and from June percentage of staff given LD Awareness Training		*49	*45	82%	82%	82.0%	82.0%	84.0%	83.0%	84.0%	84.0%			
		Percentage staff trained in relation to Mental Capacity Act and DOLs		81%	82%	82%	82%	82.0%	82.0%	84.0%	83.0%	84.0%	84.0%			
	Complaints	Number of complaints received	N/A	24	22	19	22	34	17	16	21	12	14			
		Percentage of complaints acknowledged within 3 operational days	100% - Green 90% - 99% - Amber Under 90% - Red	100%	100%	100%	95%	100.0%	87.0%	88.0%	100.0%	100.0%	100%			
		Percentage of complaints responded to within agreed timescales		90%	100%	56%	71%	100.0%	81.0%	95.0%	100.0%	100.0%	100.0%			

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
		Date when last complaints summary published on website	N/A	March	March	March	March	March	Sept	Sept	Sept	Sept	Sept			

APPENDIX 1

APPENDIX 1

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				
		Number of handovers between ambulance and A&E taking place between 15 and 30 minutes	0	Not available	Not available	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	0	66	67	67	58	67	59	50	53	64				
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	7	2	10	1	4	8	11	10	8				
	Stroke (SSNAP indicators)	Overall SSNAP score (most recent)	C or above	A												
	Mortality	Summary hospital level mortality indicator (score)	<1 - Green	tbc	tbc	tbc	tbc	tbc	0.95	tbc	tbc	tbc				
		Summary hospital level mortality indicator (Band)		tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc				
		Hospital Standardised Mortality rate	<100 = Green	80.16	78.55	92.63	tbc			tbc	tbc	tbc				
	Learning Disability	Compliance with Monitor requirements in relation to services for people with a learning disability	Red/Amber or Green	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes				
	Surgical Checklist	Percentage compliance with WHO Check list	100% - Green	94.7%	93.4%	93.5%	94.0%	94.6%	93.9%	94.00%	92.1%	96.2%				
	Risk Assessments and Screening	Percentage of FALLS assessments completed within 24 hours of admission	95% - Green 85% - Amber Under 85% - Red	64.6%	69.0%	73.1%	73.3%	82.9%	81.0%	83%	82%	84%				
		Percentage of VTE risk assessments completed upon admission		96.4%	96.7%	96.5%	96.20%	96%	96%	95.30%	95.40%	96%				
		Percentage of admissions screened for NUTRITION within 24 hours of admission to hospital		77.8%	82.6%	87.0%	85.7%	85.30%	83.75%	86%	85%	86%				
		Percentage of admissions that have a PRESSURE ULCER risk assessment completed within 6 hours of admission		75.4%	80.1%	85.2%	84.3%	83.8%	82%	84%	84%	84%				
		Percentage of patients screened for MRSA		tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc			
	Pressure ulcers	Number of hospital acquired pressure Ulcers Grade 2	N/A	64	58	68	74	42	49	68	79	72				
		Number of hospital acquired pressure Ulcers Grade 3		16	11	6	13	17	12	21	16	14				
		Number of hospital acquired pressure Ulcers Grade 4		6	2	1	1	3	3	2	6	1				
		Number of inherited pressure ulcers Grade 2		129	115	133	138	139	113	152	121	182				
		Number of inherited pressure ulcers Grade 3		37	59	76	44	27	45	42	29	53				
		Number of inherited pressure ulcers Grade 4	N/A	21	29	15	21	14	15	12	29	17				
	Staffing	Staff turnover		12.00%	12.00%	12%	12.0%	11.5%	11.2%	10.9%	11.0%	6.9%				
		Staff appraisal rate	90% - Green 80% - Amber Under 90% - Red	82.4%	78.8%	73.0%	63.5%	57.2%	82.9%	84.3%	87.9%	90.1%				
		Mandatory training rate	80% - Red	88.2%	88.9%	89.4%	90.2%	91.0%	89.9%	89.6%	90.6%	90.6%				
		Sickness rate	Internal Trust target	3.9%	3.9%	3.9%	3.9%	3.9%	4.0%	4.0%	4.1%	4.2%				
	Mixed Sex accomodation Breach	Number of non-clinically indicated mixed sex accomodation breaches	0 = Green 1 or above = Red	2	0	0	1	0	0	0	4	0				

Infection Control	MRSA Bacteraemia	0 = Green 1 or above = Red	0	0	0	0	0	0	0	0	0				
	Clostridium Difficile	As per contract	0	2	1	1	2	3	2	3	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	96.40%	96.70%	96.50%	95.2%	95.6%	81.9%	96.10%	95.40%	95.80%				
	Percentage of patients who receive appropriate VTE prophylaxis	100% - Green 90% - 95% - Amber Under 90% - Red	82.80%	82.10%	82.00%	80.8%	80.2%	81.9%	85.00%	83.80%	85.50%				
Medication Errors	No Harm		59	58	49	70	81	47	52	72	71				
	Low Harm		7	2	7	10	5	6	12	11	5				
	Moderate Harm		1	1	0	2	1	3	3	3	2				
	Severe Harm		0	0	0	1	0	0	0	0	0				
	Death		0	0	0	0	0	0	0	0	0				
	Number of medication errors relating to controlled drugs		9	12	8	20	11	11	9	15	7				
Duty of Candour	Number of times duty of candour used	N/A	2	2	2	2	3	4	1	2	2				
Never Events	Number of Never Events	0	0	0	0	0	0	0	0	0	0				
Serious Incidents	Number of serious incidents relating to Pressure Ulcers		1	0	0	0	0	0	0	1	0				
	Number of serious incidents relating to Falls		0	0	2	1	0	0	0	0	0				
	Number of serious incidents - other	N/A	1	2	0	1	3	4	1	1	2				
Incidents	Number of incidents by harms;														
	No Harm		427	385	403	456	481	434	334	484	385				
	Low Harm		201	212	237	211	192	187	230	234	204				
	Moderate Harm		16	11	10	13	15	14	19	17	3				
	Severe Harm		8	0	4	3	3	2	3	2	3				
	Death		0	0	0	0	0	0	0	0	0				
Early Warning Score	Percentage of observations and scores completed	100%	98.7%	98.70%	98.9%	99.0%	98.8%	98.4%	98.7%	98.5%	98.50%				
Safeguarding	Percentage of eligible staff trained in Level 1 Safeguarding Children		92.4%	93.5%	93.6%	94.1%	95.6%	94.4%	94.0%	94.5%	94.6%				
	Percentage of eligible staff trained in Level 2 Safeguarding Children		88.6%	89.6%	90.3%	91.2%	93.2%	91.9%	91.3%	91.6%	91.9%				
	Percentage eligible staff trained in Level 3 Safeguarding Children		83.7%	84.8%	86.8%	85.8%	85.4%	82.0%	83.5%	82.7%	82.2%				
	Percentage staff trained in Safeguarding Adults Level 1	90-100% - Green 90% - Amber Under 80% - Red	93.2%	93.8%	93.6%	94.3%	95.5%	95.1%	94.9%	95.9%	95.5%				
	Percentage staff trained in Safeguarding Adults Level 2		88.9	89.5	91.6	92.2%	94.5%	93.4%	93.4%	93.9%	94.1%				
	Percentage of staff trained in Prevent		18.60%	27.70%	36.40%	44.2%	48.5%	55.9%	65.6%	75.6%	80.2%				
	Percentage of staff given LD Awareness Training		tbc	tbc	tbc	tbc	tbc	tbc	tbc	94.9%	94.8%				
Complaints	Percentage staff trained in relation to Mental Capacity Act and DOLs		18.2%	27.30%	37.70%	44.60%	48.60%	55.90%	65.20%	74.9%	78.7%				
	Number of complaints received	N/A	33	16	27	34	24	23	28	22	19				
	Percentage of complaints acknowledged within 3 operational days	100% - Green 90% - 99% - Amber Under 90% - Red	82.00%	81.00%	74.00%	79.0%	92.0%	91.0%	89.0%	100.0%	95.0%				
	Percentage of complaints responded to within agreed timescales		64.0%	63.0%	55.0%	71.0%	61.0%	72.0%	82%	90.0%	95.0%				
	Date when last complaints summary published on website	N/A	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc				

Metric	Target 2016/17	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Safe													
No. and rate of new pressure ulcers from patient safety thermometer		38 2.07%	28 1.59%	36 2.07%	25 1.43%	33 1.96%	35 1.98%	41 2.18%	46 2.51%	22 1.23%			
No. and rate of old pressure ulcers from patient safety thermometer		107 5.84%	82 4.66%	79 4.53%	108 6.80%	87 5.17%	86 4.86%	88 4.67%	94 5.13%	76 4.24%			
No. and rate of all new hospital acquired pressure ulcers on the patient safety thermometer	<1.5%	5 1.75%	2 0.62%	4 1.50%	1 0.40%	4 1.25%	3 0.96%	3 1.01%	4 1.22%	2 0.60%			
No. and rate of new hospital acquired pressure ulcers which were found to be unavoidable		4 80%	1 50%	4 100%	0	3 75%	TBC	TBC	TBC				
Number of incidents reported on STEIS		6	10	14	4	8	5	9	10	10			
No. and % compliance with STEIS data entry requirements - reporting		6 100%	10 100%	14 100%	4 100%	7 87.5%	5 100%	8 89%	10 100%	10 100%			
No. and % compliance with STEIS data entry requirements - closing		8 100%	5 100%	4 100%	8 89%	13 76.5%	14 82%	6 100%	0	7 100%			
No. of patients with MRSA Bacteraemia		0	0	0	0	0	0	0	0	0			
No. of patients with C diff and (per 100,000 bed days)		1 6.91	2 13.56	0	2 13.94	1 6.91	2 14.34%	1 7.13%	4	0			
No. C diff cases deemed trajectory cases		0	1	N/A	1	1	2	1	3	0			

No. of patients whose death certificates include C-diff in part 1(a)		0	1	N/A	N/A	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			
No. cases of suspected/confirmed norovirus		1	0	4	0	1	0		0	2			
No. & % of staff trained to Child Safeguarding Lvl 1		1374 (99.8%)		1381 99.7%			1397 99.7%			1420 99.8%			
No. & % of staff trained to Child Safeguarding Lvl 2		2715 (94%)		2733 95%			2764 95%			2750 94.4%			

1 Excludes one patient who was already reported in April

2 Two confirmed norovirus outbreaks and one viral gastroenteritis

3 Viral gastroenteritis, organism unknown, in July 2015

Metric													
No. & % of staff trained to Child Safeguarding Lvl 3		522 (96%)		556 93%			564 93.45%			580 90%			
No. and % of staff trained in Adult Safeguarding		4611 (96%)		1381 99.7%			1397 99.7%			1421 99.9%			
No. and % of staff trained in MCA / DOLS		3237 (94%)		3306 95%			3343 95.0%			3348 94.0%			
No. and % of staff trained in Prevent Levels 1-2				5008 84.12%			5114 84.2%			5278 86.5%			
No. and % of staff trained in Prevent Levels 3-5				351 8.63%			405 9.7%			463 10.9%			
No. and % of staff trained in Learning Disability Awareness		3237 (94%)		3306 95%			4740 96.5%			4769 95.7%			

Effective													
No. & % of service users in hospital for >1yr who have had an annual physical health check		1 50%	3 75%	2 67%	3 100%	2 67%	7 70%	4 80%	5 71%	4 50%			
No. & % of patients with a falls assessment completed within 48 hours of admission.4		96.8%	95.9%	98.30%	98.40%	98.10%	98%	98%	97.40%	97.60%			
No. & % of patients nutritionally screened within 24 hours of admission to hospital.		242 97.2%	235 97.1%	229 97.4%	242 98.4%	204 97.6%	221 96.1%	244 96.8%	251 97.3%	243 98.0%			
No. & % of patients who have a pressure ulcer risk assessment within 4 hours of admission.		241 97.6%	242 97.6%	229 96.6%	251 98.8%	203 96.2%	229 98.3%	250 98.8%	256 97.8%	246 97.2%			
No. & % of patients who have a VTE risk assessment within 24 hours of admission.		296 98.6%	276 96.8%	222 99.6%	235 100%	195 97%	208 97.2%	240 97.60%	253 97.8%	245 100%			
Caring													
No. and % of patients who may be at risk of crisis offered a crisis plan		95% Quarterly		86%			86.30%			85.70%			
No. and % of patients with a long-term condition offered a personalized care plan		100% quarterly		74%			91%						
Carer's assessment offered within 4weeks		100% Quarterly		TBC			89%			91%			

Responsive													
No. complaints		104		154			136			115			
No. & % complaints acknowledged in 3 operational days		93 (89%)		141 92%			130 96%			111 96%			
No. & % complaints responded to in agreed timescales		49/66 (74%)		74 63%			74 72%			69 78%			
No. complaints referred to ombudsman and outcome		3		2			2			1			
Mixed sex breach (nationally reportable)		0	0	0	0	0	0	0	0	0			
Mixed sex breach (locally reportable)		2	6	1	1	0	1	0	1	0			
Well-led													
Duty of candour – no. of times used		2	3	1	5	4	3	4	2	8			

4 Working to within 24 hours from Q2