

Ind No.	Area of Practice	Quality Requirement	Threshold	April	May	June	July	Aug	Sep	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						
		Number of handovers between ambulance and A&E taking place within 15 and 30 minutes	0	448	405	455	413	441	421						
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	0	32	27	37	38	28	54						
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	19	6	14	27	8	15						
	Stroke (SSNAP indicators)	Overall SSNAP score (most recent published)	C or above	E	E	E	E								
	Mortality	Summary hospital level mortality indicator (score) (most recent published)	<1 - Green	1.15	1.15	1.15	1.16	1.16	1.16						
		Summary hospital level mortality indicator (Band)		1	1	1	1	1	1						
		Hospital Standardised Mortality rate	<100 = Green	105	104	102	100	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						
	Surgical Checklist	Percentage compliance with WHO Check list	100% - Green	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%						
	Risk Assessments and Screening	Percentage of FALLS assessments completed within 24 hours of admission	100% - Green 90% - 95% - Amber Under 90% - Red	90.00%	89.70%	95.40%	91.60%	94.40%	95.93%						
		Percentage of VTE risk assessments completed upon admission		95.7%	96.7%	95.7%	95.3%	96.6%	97.1%						
		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%						
		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%						
		Percentage of patients screened for MRSA		93.6%	95.6%	93.5%	94.5%	88.0%	95.2%						
	Pressure ulcers	Number of Pressure Ulcers (Hospital Acquired) Grade 2		2	5	3	1	4	3						
		Number of Pressure Ulcers (Hospital Acquired) Grade 3		1	2	1	1	2	0						
		Number of Pressure Ulcers (Hospital Acquired) Grade 4		0	0	0	0	0	0						
		Number of Inherited Pressure Ulcers (Grade 2)		35	36	34	26	18	32						
		Number of Inherited Pressure Ulcers (Grade 3)		6	9	9	10	8	8						
		Number of Inherited Pressure Ulcers (Grade 4)		5	1	0	1	2	1						
	Staffing	Staff turnover	90% - Green 80% - 90% - Amber Under 80% - Red	9.8%	10.5%	10.8%	10.8%	11.1%	11.3%						
		Staff appraisal rate		82.0%	82.0%	80.0%	80.0%	80.0%	78.0%						
		Mandatory training rate		88.0%	87.0%	88.0%	88.0%	86.0%	84.0%						
		Sickness rate		Internal Trust target	3.6%	2.9%	3.26%	3.6%	3.4%	N/A					
	Mixed Sex accomodation Breach	Number of non-clinically indicated mixed sex accomodation breaches	0 = Green 1 or above = Red	5	0	0	4	0	0						
	Infection Control	MRSA Bacteraemia	0 = Green 1 or above = Red	0	0	0	0	0	0						
		Clostridium Difficile	As per contract	1	0	0	0	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%						
		Percentage of patients who receive appropriate VTE prophylaxis	100% - Green 90% - 95% - Amber Under 90% - Red	94.0%	92.52%	89.81%	89.06%	90.20%	89.83%						
	Medication Errors	No Harm		22	34	21	27	38	30						
		Low Harm		8	13	7	2	7	11						
		Moderate Harm		0	1	1	0	0	1						
		Severe Harm		0	0	0	0	0	0						
		Death		0	0	0	0	0	0						
		Number of medication errors relating to controlled drugs			5	7	4	4	10	5					
	Duty of Candour	Number of times duty of candour used	N/A	18	10	12	18	11	4						
	Never Events	Number of Never Events	0	1	0	0	1	0	0						
	Serious Incidents	Number of serious incidents relating to Pressure Ulcers		1	2	0	0	0	0						
		Number of serious incidents relating to Falls		1	2	0	2	3	2						
		Number of serious incidents - other	N/A	0	4	0	0	1	1						

Ind No.	Area of Practice	Quality Requirement	Threshold	April	May	June	July	Aug	Sep	Nov	Dec	Jan	Feb	Mar	Most recent RAG Rating	
	Incidents	Number of incidents by harms:		434	458	518	428	459	398							
		No Harm		275	334	355	279	301	297							
		Low Harm		63	74	67	73	67	52							
		Moderate Harm		12	9	20	16	11	3							
		Severe Harm		6	1	0	2	4	1							
		Death		0	0	0	0	0	0							
	Early Warning Score	Percentage of observations and scores completed	100%	98%	98%	98%	98%	99%	98%							
	Safeguarding	Percentage of eligible staff trained in Level 1 Safeguarding Children	90-100% - Green 80% - Amber Under 90% - Red	100%	100%	100%	100%	100%	100%							
		Percentage of eligible staff trained in Level 2 Safeguarding Children		85%	83%	83%	82%	81%	81%							
		Percentage eligible staff trained in Level 3 Safeguarding Children		86%	90%	87%	87%	87%	88%							
		Percentage staff trained in Safeguarding Adults Level 1		100%	100%	100%	100%	100%	100%							
		Percentage staff trained in Safeguarding Adults Level 2		90%	90%	100%	100%	100%	100%							
		Percentage of Staff Trained in Prevent								tbc						
		Percentage of Staff given LD Awareness Training								tbc						
		Percentage staff trained in relation to Mental Capacity Act and DOLs		86%	85%	80%	85%	83%	80%							
	Complaints	Number of complaints received	N/A	16	23	20	26	29	23							
		Percentage of complaints acknowledged within 3 operational days	100% - Green 90% - Amber Under 99%	100%	100%	100%	100%	100%	100%							
		Percentage of complaints responded to within agreed timescales	90% - Red	42%	72%	68%	57%	52%	N/A							
		Date when last complaints summary published on website	N/A	Mar/Apr	May	June	July	Aug	Aug							

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								
		Number of handovers between ambulance and A&E taking place within 15 and 30 minutes	0	89	66	72	57	39	60								
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	0	54	59	52	73	27	63								
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	10	9	8	3	0	7								
	Stroke (SSNAP indicators)	Overall SSNAP score (most recent published)	C or above	D													
	Mortality	Summary hospital level mortality indicator (score) (most recent published)	<1 - Green	0.875													
		Hospital Standardised Mortality rate	<100 = Green						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%								
	Risk Assessments and Screening	Percentage of FALLS assessments completed within 24 hours of admission	95% - Green 85% - Amber Under 85% - Red	96%	97%	98%	97%	98%	98%								
		Percentage of VTE risk assessments completed upon admission		98.0%	98.0%	98.0%	98.0%	97%	97%								
		Percentage of admissions screened for NUTRITION within 24 hours of admission to hospital		79%	85%	87%	91%	87%	87%								
		Percentage of admissions that have a PRESSURE ULCER risk assessment completed within 6 hours of admission		97%	98%	97%	99%	99%	99%								
		Percentage of patients screened for MRSA		93.0%	86.0%	93.0%	tbc	89%	85%								
	Pressure ulcers	Number of Pressure Ulcers (Hospital acquired) Grade 2	N/A	41	41	38	44	41	30								
		Number of Pressure Ulcers (Hospital acquired) Grade 3	N/A	3	4	3	3	3	0								
		Number of Pressure Ulcers (Hospital acquired) Grade 4		0	0	0	0	0	0								
		Number of inherited Pressure Ulcers Grade 2		30	37	41	36	36	41								
		Number of inherited Pressure Ulcers Grade 3		14	14	10	13	8	10								
		Number of inherited Pressure Ulcers Grade 4		3	5	3	2	6	3								
	Staffing	Staff turnover		1.1%	1.0%	0.7%	1.1%	1.3%	1.6%								
		Staff appraisal rate	90% - Green 80% - Amber Under 80% - Red	84.0%	85.0%	86.0%	85.0%	83.0%	84.0%								
		Mandatory training rate		87.0%	87.0%	88.0%	88.0%	88.0%	89.0%								
		Sickness rate	Internal Trust target	3.4%	3.3%	3.1%	3.2%	3.1%	2.8%								
	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								

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	
	Infection Control	MRSA Bacteraemia	0 = Green 1 or above = Red	0	0	0	0	0	0								
		Clostridium Difficile	As per contract	2	3	0	1	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	98%	98.0%	98.0%	98.0%	97%	97%								
		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% Medication Errors	No Harm		62	64	67	80	58	58								
		Low Harm		16	10	13	12	8	5								
		Moderate Harm		2	0	0	0	1	0								
		Severe Harm		0	0	0	0	0	0								
		Death		0	0	0	0	0	0								
		Number of medication errors relating to controlled drugs		4	5	5	8	6	11								
	Duty of Candour	Number of times duty of candour used	N/A	9	3	6	6	4	8								
	Never Events	Number of Never Events	0	0	1	0	0	0	1								
	Serious Incidents	Number of serious incidents relating to Pressure Ulcers		0	1	2	0	0	0								
		Number of serious incidents relating to Falls		4	2	1	3	2	2								
		Number of serious incidents - other	N/A	5	3	3	3	2	5								
	Incidents	Number of incidents by harms;		804	866	824	809	760	721								
		No Harm		383	473	427	414	358	376								
		Low Harm		373	353	365	359	345	303								
		Moderate Harm		42	34	27	29	49	39								
		Severe Harm		6	6	4	4	6	3								
		Death		0	0	1	3	2	0								
	Early Warning Score	Percentage of observations and scores completed	100%	99%	99%	99%	99%	99.0%	99.0%								
	Safeguarding	Percentage of eligible staff trained in Level 1 Safeguarding Children		90%	90%	91%	91%	92.0%	92.0%								
		Percentage of eligible staff trained in Level 2 Safeguarding Children		92%	92%	92%	93%	92.0%	92.0%								
		Percentage eligible staff trained in Level 3 Safeguarding Children		89%	89%	89%	89%	90.0%	89.0%								
		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%								
		Percentage staff trained in Safeguarding Adults Level 2		81%	82%	82%	82%	82.0%	83.0%								
		Percentage of staff trained in Prevent		57%	60%	64%	66%	70.0%	74.0%								
		*Number and from June percentage of staff given LD Awareness Training		*49	*45	82%	82%	82.0%	82.0%								
		Percentage staff trained in relation to Mental Capacity Act and DOLs		81%	82%	82%	82%	82.0%	82.0%								
	Complaints	Number of complaints received	N/A	24	22	19	22	34	17								
		Percentage of complaints acknowledged within 3 operational days	100% - Green 90% - 99% - Amber Under 90% - Red	100%	100%	100%	95%	100.0%	87.0%								
		Percentage of complaints responded to within agreed timescales		90%	100%	56%	71%	100.0%	81.0%								
		Date when last complaints summary published on website	N/A	March	March	March	March	March	Sept								

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							
		Number of handovers between ambulance and A&E taking place within 15 and 30 minutes	0	Not available	Not available	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							
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	7	2	10	1	4	8							
	Stroke (SSNAP indicators)	Overall SSNAP score (most recent)	C or above	A												
	Mortality	Summary hospital level mortality indicator (score)	<1 - Green	Not yet available			n/a			0.95						
		Summary hospital level mortality indicator (Band)		Not yet available			n/a		n/a							
		Hospital Standardised Mortality rate	<100 = Green	80.16	78.55	92.63	N/a									
	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							
	Surgical Checklist	Percentage compliance with WHO Check list	100% - Green	94.7%	93.4%	93.5%	94.0%	94.6%	93.9%							
	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%							
		Percentage of VTE risk assessments completed upon admission		96.4%	96.7%	96.5%	96.20%	96%	N/A							
		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%							
		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%							
		Percentage of patients screened for MRSA		Not yet available	Not yet available	Not yet available	Not yet available	Not yet available	Not yet available							
	Pressure ulcers	Number of hospital acquired pressure Ulcers Grade 2	N/A	64	58	68	74	42	49							
		Number of hospital acquired pressure Ulcers Grade 3		16	11	6	13	17	12							
		Number of hospital acquired pressure Ulcers Grade 4		6	2	1	1	3	3							
		Number of inherited pressure ulcers Grade 2		129	115	133	138	139	113							
		Number of inherited pressure ulcers Grade 3		37	59	76	44	27	45							
		Number of inherited pressure ulcers Grade 4	N/A	21	29	15	21	14	15							
	Staffing	Staff turnover		12.00%	12.00%	12%	12.0%	11.5%	11.2%							
		Staff appraisal rate	90% - Green 80% - Amber Under 80% - Red	82.4%	78.8%	73.0%	63.5%	57.2%	82.9%							
		Mandatory training rate		88.2%	88.9%	89.4%	90.2%	91.0%	89.9%							
		Sickness rate	Internal Trust target	3.9%	3.9%	3.9%	3.9%	3.9%	4.0%							
	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							
	Infection Control	MRSA Bacteraemia	0 = Green 1 or above = Red	0	0	0	0	0	0							
		Clostridium Difficile	As per contract	0	2	1	1	2	3							

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APPENDIX 1

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 safety thermometer		38 2.07%	28 1.59%	36 2.07%	25 1.43%	33 1.96%							
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%							
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%	5 1.56%							
No. and rate of new hospital acquired pressure ulcers which were found to be unavoidable		4 80%	1 50%	4 100%	0	tbc							
Number of incidents reported on STEIS		6	10	14	4	8							
No. and % compliance with STEIS data entry requirements - reporting		6 100%	10 100%	14 100%	4 100%	7 87.5%							
No. and % compliance with STEIS data entry requirements - closing		8 100%	5 100%	4 100%	8 89%	13 76.5%							
No. of patients with MRSA Bacteraemia		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							
No. C diff cases deemed trajectory cases		0	1	N/A	1	tbc							

No. & % complaints responded to in agreed timescales		49/66 (74%)		74 63%									
No. complaints referred to ombudsman and outcome		3		2									
Mixed sex breach (nationally reportable)		0	0	0	0	0							
Mixed sex breach (locally reportable)		2	6	1	1	0							
Well-led													
Duty of candour – no. of times used		2	3	1	5	4							

4 Working to within 24 hours from Q2