

Ind No.	Area of Practice	Quality Requirement	Threshold	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
	Emergency Department	12 hour trolley waits	0 = Green 1 or above = Red	0	0	0	0	0	0	0	0	0	0	0	0	
		Number of handovers between ambulance and A&E taking place within 15 and 30 minutes	0	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	19	39	42	33	45	45	29	54	35	61	59	103	
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	7	5	9	11	6	9	5	19	9	25	36	44	
	Stroke (SSNAP indicators)	(2.1) Proportion of patients directly admitted to a stroke unit within 4 hours of clock start	C or above	75.0%	87.1%	75.0%	70.8%	73.7%	80.0%	84.8%	81.40%	47.40%	82.80%	tbc	96.7%	
		(3.2) Proportion of eligible patients given thrombolysis	C or above	100%	100%	100%	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
		(4.3) Proportion of patients who were assessed by a nurse trained in stroke management within 24 hours of lock start	C or above	100.0%	97.4%	91.3%	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
		(8.7) Proportion of applicable patients who have rehabilitation goals agreed within 5 days of clock start	C or above	88.0%	87.9%	94.4%	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
		(8.8) Proportion of applicable patients who are assessed by a nurse within 24 hours and at least one therapist within 72 hours and have rehab goals agreed within 5 days	C or above	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
		Overall SSNAP score (most recent published)	C or above	d				d			tbc	tbc	tbc	tbc	tbc	tbc
	Mortality	Summary hospital level mortality indicator (score) (most recent published)	<1 - Green	1.12			1.08	1.08	1.08	1.10	1.10	1	1.12	1.12	1.12	
		Summary hospital level mortality indicator (Band)		2			2	2	2	2	2	2	1	1	1	
		Hospital Standardised Mortality rate	<100 = Green	110	112	113	114	113	115	118	117	117	116	112	109	
	Learning Disability	Compliance with Monitor requirements in relation to services for people with a learning disability	Red/Amber or Green	Green			Compliant	Compliant	Compliant			Compliant	compliant	compliant	Compliant	Compliant
	Surgical Checklist	Percentage compliance with WHO Check list	100% - Green	99.4%	99.4%	99.4%	99.9%	99.8%	99.7%	99.7%	99.6%	99.7%	99.6%	99.8%	100%	
	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	Not available	Not available	90.14%	86.76%	92.94%	91.00%	91.84%	95.77%	95.77%	96.32%	
		Percentage of VTE risk assessments completed upon admission		96.2%	97.1%	97.5%	96.3%	97.2%	97.6%	97.4%	97.7%	95.9%	96.2%	95.4%	95.4%	
		Percentage of admissions screened for NUTRITION within 24 hours of admission to hospital		Not available	Not available	Not available	Not available	84.51%	71.69%	80.67%	84.00%	81.21%	83.10%	83.10%	88.63%	
		Percentage of admissions that have a PRESSURE ULCER risk assessment completed within 6 hours of admission		Not available	Not available	Not available	Not available	90.49%	90.41%	92.94%	93.40%	92.6%	tbc	93.68%	95.65%	
		Percentage of patients screened for MRSA		98.5%	97.3%	96.6%	95.4%	95.1%	95.5%	95.80%	95.30%	95.6%	93.9%	95.9%	94.60%	
	Pressure ulcers	Number of all provider acquired pressure Ulcers	N/A	7	8	5	5	8	3	8	2	9	5	7	8	

Ind No.	Area of Practice	Quality Requirement	Threshold	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
	Pressure ulcers	Number of all provider inherited pressure ulcers	N/A	26	30	28	22	34	36	34	37	41	41	45	52	
	Staffing	Staffing Levels Publicly displayed	Yes/No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	yes	yes	Yes	tbc	
		Staff turnover		9.4%	9.4%	9.4%	9.2%	9.2%	8.9%	8.7%	8.9%	9.3%	9.6%	tbc	9.4%	
		Staff appraisal rate	90% - Green 80% - 90% - Amber Under 80% - Red	83.0%	84.0%	87.0%	87.0%	85.0%	87.0%	85.0%	86.0%	86.0%	87.0%	89.6%	86.0%	
		Mandatory training rate		79.0%	80.0%	81.0%	81.0%	83%	85.0%	85.0%	86.0%	88.0%	88.0%	88.0%	89.0%	
		Sickness rate	Internal Trust target	3.1%	3.2%	3.6%	3.3%	3.5%	3.3%	3.6%	4.0%	3.9%	tbc	tbc	NA	
		Percentage of eligible staff Annual Flu Vaccination	Internal Trust target	Not available?	Not available?	Not available?	Not available?									
	Mixed Sex accomodation Breach	Number of non-clinically indicated mixed sex accomodation breaches	0 = Green 1 or above = Red	0	0	0	0	1	1	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	0	0	1	3	3	3	4	8	11	11	11	0	
	VTE	Percentage of eligible pateints who have a VTE risk assesment completed upon admission	95% or above - Green 90% - 95% - Amber Under 90% - Red	96.2%	97.1%	97.5%	96.3%	97.2%	97.6%	97.4%	97.7%	95.9%	96.2%	95.4%	95.4%	
		Percentage of patients who receive appropriate VTE prophylaxis	100% - Green 90% - 95% - Amber Under 90% - Red	86.21%	94.33%	91.25%	93.56%	97.05%	87.67%	95.37%	97.69%	97.64%	92.7%	97.07%	87.63%	
	Medication Errors	No Harm		16	23	17	27	31	25	30	45	22	21	29	33	
		Low Harm		0	10	9	6	3	3	3	3	4	6	9	15	
		Moderate Harm		0	0	1	1	0	1	3	0	0	1	1	5	
		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		to be collected from August						13	5	6	11	7	6	9
	Duty of Candour	Number of times duty of candour used	N/A	0	4	6	7	7	0	3	4	2	1	1	tbc	
	Never Events	Number of Never Events	0	0	0	1	0	1	0	0	0	0	0	0	0	
	Serious Incidents	Number of serious incidents relating to Pressure Ulcers		0	1	1	2	1	2	1	0	3	2	2	0	
		Number of serious incidents relating to Falls		1	1	0	3	1	0	0	2	0	0	2	2	
		Number of serious incidents - other	N/A	3	2	3	1	0	0	3	2	1	7	1	3	
	Incidents	Number of incidents by harms;		325	362	358	381	389	338	397	395	396	425	399	472	
		No Harm		223	274	247	290	292	241	342	361	321	335	308	357	
		Low Harm		97	84	101	79	88	91	46	28	66	83	81	87	
		Moderate Harm		2	0	8	7	8	4	7	4	3	3	7	26	
		Severe Harm		2	3	2	5	1	2	2	1	6	3	3	2	
		Death		1	1	0	0	0	0	0	0	1	0	0	0	
	Early Warning Score	Percentage of observations and scores completed	100%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	
	Safeguarding	Percentage of eligible staff trained in Level 1 Safeguarding Children		100%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	100%	100.0%	
		Percentage of eligible staff trained in Level 2 Safeguarding Children		57%	57%	59%	60%	66%	77%	89%	90.0%	87.0%	87.0%	87%	85.0%	
		Percentage eligible staff trained in Level 3 Safeguarding Children	90-100% - Green 80%-90% - Amber Under 80% - Red	66%	66%	66%	73%	77%	81%	84%	92.0%	94.0%	94.0%	92.0%	91.0%	
		Percentage staff trained in Safeguarding Adults Level 1		73%	69%	79%	100%	100%	100%	100%	100%	100.0%	100.0%	100.0%	100.0%	

DCHFT Scorecard

Ind No.	Area of Practice	Quality Requirement	Threshold	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		Percentage staff trained in Safeguarding Adults Level 2		No data			65%	69%	82%	89%	91.0%	91.0%	91.0%	92.0%	92.0%
		Percentage staff trained in relation to Mental Capacity Act and DOLs		No data		79%	68%	69%	TBC	tbc	74.0%	79.0%	tbc	88.0%	88.0%
	<b>COPD</b>	Percentage of patients of eligible pateints discharged with a completed COPD bundle	80% = Green 70 - 80% =Amber under 70% = Red				tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	88%
	<b>Complaints</b>	Number of complaints received	N/A	50	77	74	87	12	11	21	24	54	55	67	16
		Percentage of complaints acknowledged within 3 operational days	100% - Green 90% - 99% - Amber Under 90% - Red	94%	100%	100%	100%	100%	100%	100%	100%	100.0%	100.0%	100%	100.0%
		Percentage of complaints responded to within agreed timescales		44%	41%	45%	54%	33%	36%	43.0%	40.0%	16.0%	due feb	due March	due April
		Date when last complaints summary published on website	N/A	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	April '16



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	
		Percentage of admissions that have a PRESSURE ULCER risk assessment completed within 6 hours of admission		100%	98%	100%	100%	84%	85%	98%	89%	100%	98%	97%	98%		
		Percentage of patients screened for MRSA		89%		82%	88%	85%	86%	N/A	N/A	N/A	N/A	77%			
	Pressure ulcers	Number of all provider acquired pressure Ulcers	N/A	17	19	9	19	24	14	13	24	32	31	37	58		
		Number of all provider inherited pressure ulcers	N/A	38	54	52	54	36	49	74	36	50	56	53	49		
	Staffing	Staffing Levels Publicly displayed	Yes/No	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
		Staff turnover		1.1%	1.2%	1.1%	1.3%	1.5%	1.1%	1.2%	1.0%	0	1.1%	0.8%	1.5%		
		Staff appraisal rate	90% - Green 80% - 90% - Amber Under 80% - Red		84.0%	85.0%	81.0%	80.0%	81.0%	79.0%	78.0%	80.0%	83.0%	86.0%	82.0%	82.0%	
		Mandatory training rate			84.0%	85.0%	81.0%	83.0%	83.0%	83.0%	84.0%	85.0%	85.0%	86.0%	86.0%	86.0%	
		Sickness rate	Internal Trust target		4.0%	3.8%	3.5%	3.3%	3.4%	3.0%	3.3%	3.1%	3.9%	3.8%	3.9%	3.3%	
		Percentage of eligible staff Annual Flu Vaccination	Internal Trust target		N/A	N/A	N/A	N/A	N/A	tbc	24.7%	34.1%	35.7%	35.7%	closed	closed	
	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	1	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	2	2	4	5	7	9	13	13	17	20	
	VTE	Percentage of eligible pateints who have a VTE risk assement completed upon admission	95% or above - Green 90% - 95% - Amber Under 90% - Red	98%	98%	99%	98%	95%	95%	94	96	98	98	98	97		
		Percentage of patients who receive appropriate VTE prophylaxis	100% - Green 90% - 95% - Amber Under 90% - Red		99.0%	99.0%	99.0%	99.0%	99.0%	99%	100%	100%	98.0%	99%	99	100	
	99%Medication Errors	No Harm		64	50	69	66	49	42	41	49	43	59	67	41		
		Low Harm		9	5	10	60	7	5	11	15	14	23	12	20		
		Moderate Harm		0	0	1	5	4	1	2	1	1	2	0	3		
		Severe Harm		0	0	0	1	0	0	0	0	0	0	0	0		
		Death		0	0	0	0	0	0	0	0	0	0	1	0		
		Number of medication errors relating to controlled drugs			16	10	8	6	17	11	2	11	3	7	13	0	
	Duty of Candour	Number of times duty of candour used	N/A	4	8	4	8	12	11	8	2	14	7	5	8		
	Never Events	Number of Never Events	0	0	0	0	0	1	0	0	0	1	0	0	0		
	Serious Incidents	Number of serious incidents relating to Pressure Ulcers		2	1	0	1	2	0	0	2	7	0	1	2		
		Number of serious incidents relating to Falls		2	3	2	3	3	5	1	0	2	4	4	2		
		Number of serious incidents - other	N/A		1	4	2	6	10	7	8	0	6	5	2	5	
	Incidents	Number of incidents by harms;		810	680	747	669	781	692	958	774	763	871	785	836		
		No Harm		524	307	478	405	408	351	497	406	367	418	362	424		
		Low Harm		270	265	258	250	342	327	428	328	353	397	374	381		
		Moderate Harm		16	18	11	14	30	10	28	36	38	47	46	25		
		Severe Harm		0	0	0	0	1	1	3	4	3	4	3	4		
		Death		0	0	0	0	0	0	3	2	0	2	5	0	2	
	Early Warning Score	Percentage of observations and scores completed	100%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99%		

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	
	Safeguarding	Percentage of eligible staff trained in Level 1 Safeguarding Children	90-100% - Green 80%-90% - Amber Under 80% - Red	90.0%	90.0%	89.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	90.0%	89.0%		
		Percentage of eligible staff trained in Level 2 Safeguarding Children		89.0%	89.0%	89.0%	90.0%	91.0%	91.0%	91.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	
		Percentage eligible staff trained in Level 3 Safeguarding Children		90.0%	92.0%	94.0%	95.0%	95.0%	93.0%	92.0%	91.0%	90.0%	93.0%	92.0%	91.0%		
		Percentage staff trained in Safeguarding Adults Level 1		78.0%	78.0%	69.0%	64.0%	68.0%	71.0%	76.0%	79.0%	80.0%	82.0%	83.0%	83.0%		
		Percentage staff trained in Safeguarding Adults Level 2				79.0%	72.0%	74.0%	75.0%	77.0%	78.0%	79.0%	80.0%	80.0%	80.0%		
		Percentage staff trained in relation to Mental Capacity Act and DOLs		78.0%	78.0%	79.0%	70.0%	74.0%	75.0%	77.0%	78.0%	79.0%	80.0%	80.0%	80.0%		
	COPD	Percentage of patients of eligible pateints discharged with a completed COPD bundle	80% = Green 70 - 80% =Amber under 70% = Red								*See exception report	*See exception report	*See exception report	*See exception report			
	Complaints	Number of complaints received	N/A	40	39	27	27	30	26	21	21	25	30	30	39		
		Percentage of complaints acknowledged within 3 operational days	100% - Green 90% - 99% - Amber Under 90% - Red	55.0%	59.0%	56.0%	68.0%	57.0%	61.0%	75.0%	100.0%	86.0%	100%	100.0%	100.0%		
		Percentage of complaints responded to within agreed timescales		13.0%	8.0%	7.0%	15.0%	23.0%	22.0%	33.0%	31.3%	20.0%	55.0%	57.0%	66.0%		
		Date when last complaints summary published on website	N/A				29/07/15					25/11/15	25/11/15%	25.11.15	02/03/2016	02/03/2016	

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	0	0	
		Number of handovers between ambulance and A&E taking place within 15 and 30 minutes	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	87	N/A	N/A	N/A	N/A	
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	0	20	20	22	43	56	85	106	12	31	95	68	123	
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	5	2	2	4	9	10	38	12	3	12	12	21	
	Stroke (SSNAP indicators)	(2.1) Proportion of patients directly admitted to a stroke unit within 4 hours of clock start	C or above	D			B	D	C	D	C (71.7%) (38/53)	C (70.8%) (46/65)	C (72.7%) (40/55)	C (69.1%)(38/55)	C(74.2%)(46/62)	
		(3.2) Proportion of eligible patients given thrombolysis	C or above	B			A	B	A	A	A (5/5)	A (6/6)	A(83.3%) (5/6)	A(100%) (8/8)	A (100%) (7/7)	
		(4.3) Proportion of patients who were assessed by a nurse trained in stroke management within 24 hours of lock start	C or above	B			A	A	A	A	A (92.7%) (51/55)	A (91.0%) (61/67)	A (94.5%) (52/55)	A(100%) (55/55)	A(100%) (62/62)	
		(8.7) Proportion of applicable patients who have rehabilitation goals agreed within 5 days of clock start	C or above	A			A	A	A	A	A (92.9%) (39/42)	A (96.4%) (53/55)	A (94.6%) (53/56)	A(97.2%) (35/36)	A (100%) (58/58)	
		(8.8) Proportion of applicable patients who are assessed by a nurse within 24 hours and at least one therapist within 24 hours and all relevant therapists within 72 hours and have rehab goals agreed within 5 days	C or above	D			C	B	C	D (72.0%) (36/50)	E (64.3%) (27/42)	D (74.5%) (41/55)	D (73.2%) (41/56)	A(88.9%) (32/36)	A (86.2%) (32/36)	
		Overall SSNAP score (most recent)	C or above	B			B			N/A	NOT YET AVAILABLE	N/A	N/A	NOT YET AVAILABLE	NOT YET AVAILABLE	
	Mortality	Summary hospital level mortality indicator (score)	<1 - Green	N/A			N/A	N/A	N/A	N/A	NOT YET AVAILABLE	N/A	N/A	NOT YET AVAILABLE	NOT YET AVAILABLE	
		Summary hospital level mortality indicator (Band)		N/A			N/A	N/A	N/A	N/A	NOT YET AVAILABLE	N/A	N/A	NOT YET AVAILABLE	NOT YET AVAILABLE	
		Hospital Standardised Mortality rate	<100 = Green	76.1	91.4	98.5	86.5	N/A	N/A	N/A	NOT YET AVAILABLE	N/A	N/A	NOT YET AVAILABLE	NOT YET AVAILABLE	
	Learning Disability	Compliance with Monitor requirements in relation to services for people with a learning disability	Red/Amber or Green	Green			Green	Green	Green	Green	Green	Green	NOT YET AVAILABLE			
	Surgical Checklist	Percentage compliance with WHO Check list	100% - Green	90.7%	89.0%	90.7%	92.2%	93.8%	93.8%	93.20%	94.0%	94.7%	92.5%	NOT YET AVAILABLE	94.1%	
	Risk Assessments and Screening	Percentage of FALLS assessments completed within 24 hours of admission	95% - Green 85% - Amber Under 85% - Red	90%	89%	90%	95%	N/A	N/A	88%	90%	95%	95%	92.0%	92%	
		Percentage of VTE risk assessments completed upon admission		96%	95%	95%	96%	96%	96%	N/A	1	97%	N/A	97.0%	Not yet available	
		Percentage of admissions screened for NUTRITION within 24 hours of admission to hospital		83%	87%	90%	89%	N/A	N/A	88%	89%	96%	95%	93.0%	94%	
		Percentage of admissions that have a PRESSURE ULCER risk assessment completed within 6 hours of admission		91%	96%	94%	97%	N/A	37%	51%	60%	73%	70%	67%	63%	
		Percentage of patients screened for MRSA		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NOT YET AVAILABLE	N/A	N/A	NOT YET AVAILABLE	NOT YET AVAILABLE
	Pressure ulcers	Number of all provider acquired pressure Ulcers	N/A	154	98	112	112	91	105	114	133	170	191	152	134	

	<b>Pressure ulcers</b>	Number of all provider inherited pressure ulcers	N/A	160	279	261	279	235	257	294	280	259	270	257	235
	<b>Staffing</b>	Staffing Levels Publicly displayed	Yes/No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	YES	yes	yes	Yes	Yes
		Staff turnover		12.5%	12.8%	12.8%	13.3%	13.3%	13.4%	12.6%	12.6%	12.5%	12.7%	12.48%	12.11%
		Staff appraisal rate	90% - Green 80% - 90% - Amber Under 80% - Red	8.5%	9.3%	12.3%	15.9%	21.7%	31.8%	49.2%	61.3%	71.4%	80.2%	83.4%	82.2%
		Mandatory training rate		75.7%	76.5%	77.5%	78.6%	78.8%	79.1%	80.4%	81.1%	82.7%	83.8%	84.2%	86.6%
		Sickness rate	Internal Trust target	4.0%	4.1%	4.1%	4.0%	4.0%	3.9%	3.9%	3.9%	3.9%	3.9%	4	3.9%
		Percentage of eligible staff Annual Flu Vaccination	Internal Trust target	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NOT YET AVAILABLE
	<b>Mixed Sex accomodation Breach</b>	Number of non-clinically indicated mixed sex accomodation breaches	0 = Green or above = Red 1	0	0	0	0	29	4	6	2	2	1	1	0
	<b>Infection Control</b>	MRSA Bacteraemia	0 = Green or above = Red 1	0	0	0	0	0	0	0	0	0	0	0	0
		Clostridium Difficile	As per contract	0	0	1	2	6	9	11	14	15	15	16	18
	<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	95.7%	95.4%	95.1%	95.6%	96.0%	96.1%	96.10%	95.90%	96.70%	N/A	97.0%	NOT YET AVAILABLE
		Percentage of patients who receive appropriate VTE prophylaxis	100% - Green 90% - 95% - Amber Under 90% - Red	94.7%	93.8%	93.8%	89.7%	88.8%	86.8%	83.60%	83.20%	84.80%	N/A	85.0%	NOT YET AVAILABLE
	<b>Medication Errors</b>	No Harm		39	69	51	52	58	55	64	71	65	59	49	44
		Low Harm		10	15	12	18	13	9	12	8	8	18	16	12
		Moderate Harm		0	0	2	2	0	2	0	4	1	4	1	1
		Severe Harm		0	0	0	0	0	0	0	1	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		10	20	12	11	20	12	12	16	13	11	6	10
	<b>Duty of Candour</b>	Number of times duty of candour used	N/A	100%	100%	100%	100%	100%	100%	100%	2	2	2	1	NOT YET AVAILABLE
	<b>Never Events</b>	Number of Never Events	0	0	0	1	0	1	0	1	0	0	0	0	
	<b>Serious Incidents</b>	Number of serious incidents relating to Pressure Ulcers		0	0	3	0	0	0	2	0	1	0	0	3
		Number of serious incidents relating to Falls		1	2	2	2	0	0	3	1	1	0	1	0
		Number of serious incidents - other	N/A	1	2	2	1	1	1	2	1	0	2	0	1
	<b>Incidents</b>	Number of incidents by harms;													
		No Harm		412	371	372	437	395	443	408	411	441	387	410	385
		Low Harm		237	210	233	238	193	211	216	213	242	255	251	226
		Moderate Harm		10	6	8	17	12	15	0	4	3	5	4	8
		Severe Harm		3	2	1	5	4	1	1	0	2	1	3	4
		Death		0	0	1	0	0	0	0	0	0	0	0	0
	<b>Early Warning Score</b>	Percentage of observations and scores completed	100%	98.6%	98.9%	98.8%	98.8%	98.6%	98.9%	98.8%	98.8%	98.90%	98.9%	98.9%	98.6%
	<b>Safeguarding</b>	Percentage of eligible staff trained in Level 1 Safeguarding Children	90-100% - Green 80% - 90% - Amber Under 80% - Red	83.1%	83.4%	83.6%	83.9%	83.9%	84.3%	85.5%	86.0%	87.4%	88.5%	88.7%	90.8%
		Percentage of eligible staff trained in Level 2 Safeguarding Children		81.6%	82.3%	82.1%	82.9%	83.0%	82.2%	83.0%	83.1%	84.3%	85.3%	84.9%	87.1%
		Percentage eligible staff trained in Level 3 Safeguarding Children		77.6%	77.7%	81.9%	85.2%	78.5%	61.2%	65.7%	70.6%	68.1%	68.0%	69.1%	76.3%
		Percentage staff trained in Safeguarding Adults Level 1		82.3%	82.7%	83.7%	83.6%	84.4%	85.1%	85.9%	86.7%	87.8%	89.1%	84.9%	91.4%
		Percentage staff trained in Safeguarding Adults Level 2		23.0%	32.7%	41.7%	48.9%	56.8%	61.4%	66.9%	70.2%	73.4%	78.7%	69.1%	86.2%
		Percentage staff trained in relation to Mental Capacity Act and DOLs		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	n/a	N/A	89.3%	89.3%
	<b>COPD</b>	Percentage of patients of eligible pateints discharged with a completed COPD bundle	80% = Green 70 - 80% =Amber under 70% = Red	85.0%	75.0%	85.0%	82.5%	81.3%	88.8%	82.0%	94.6%	93.0%	83	89	85%





## DHUFT

Metric	Target 2015/16	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
<b>Safe</b>													
No. and rate of new pressure ulcers from patient safety thermometer		36 1.97%	45 2.58%	30 1.70%	52 2.99%	34 1.83%	35 1.97%	20 1.18%	43 2.40%	40 2.35%	29 1.70%	28 1.59%	
No. and rate of old pressure ulcers from patient safety thermometer		93 5.08%	71 4.08%	75 4.26%	93 5.35%	104 5.61%	123 6.91%	96 5.67%	113 6.32%	91 5.35%	104 6.09%	111 6.29%	
No. and rate of all new hospital acquired pressure ulcers on the patient safety thermometer	<1.5%	4 1.22%	4 1.22%	0 0%	7 2.14%	1 0.3%	3 0.95%	5 1.71%	7 2.73%	9 2.80%	4 1.17%	3 0.87%	
No. and rate of new hospital acquired pressure ulcers which were found to be unavoidable		4 100%	4 100%	N/A	7 100%	1 100%	2	2	6	2	tbc	tbc	
Number of incidents reported on STEIS		6	6	7	11	10	6	6	6	6	10	5	
No. and % compliance with STEIS data entry requirements - reporting		6 100%	5 83%	7 100%	11 100%	10 100%	6 100%	6 100%	4 67%	6 100%	10 100%	5 100%	
No. and % compliance with STEIS data entry requirements - closing		4 50%	5 80%	11 36%	6 85%	1 100%	6 100%	6 55%	10 91%	10 83%	3 43%	3 100%	
No. & % of patients screened for MRSA (elective)		18 100%	11 100%	17 94%	10 100%	20 95%	21 95%	14 100%	17 100%	3 100%	28 100%	13 100%	
No. & % of patients screened for MRSA (non-elective)		19 76%	20 80%	16 64%	12 55%	14 74%	11 55%	6 38%	18 82%	13 68%	21 96%	16 80%	
No. of patients with MRSA Bacteraemia	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	1 (7.16)	1 (6.81)	3 (21.41)	3 (21.22)	1 (6.91)	2 (14.30)	1 (6.85)	0	0	1 (6.62)	0	
No. C diff cases deemed trajectory cases		0	0	3	2	1	1	0	na	na	1	N/A	

No. of patients whose death certificates include C-diff in part 1(a)		0	0	0	0	0	0	0	na	na	na	N/A	
No. of C diff outbreaks (2 or more cases in same area within 28 days)		0	0	1	1	0	0	0	0	0	0	0	
No. cases of suspected/confirmed norovirus		3 <sup>2</sup> (27 pts)	1 (1 pt)	0	1 <sup>3</sup> (4 pts & 4 (1 pt))	1 (5 pts)	0	0	1	0	0	4	
No. bays/ward closures		3 wards	1 ward	0	1	restricted	N/A	N/A	1	na	na	4 Restricted	
Number of bed days lost		31	0	N/A	14	0	N/A	N/A	57	na	na	219	
No. & % infected patients isolated within 2 hours		0	1	N/A	5	0	1	1	0	na	na	0	
No. & % of staff trained to Child Safeguarding Lvl 1	Quarterly			1334 99.6%			1363 (99%)			1377 99.6%			
No. & % of staff trained to Child Safeguarding Lvl 2	Quarterly			2588 90%			2566 (89%)			2631 90%			

<sup>1</sup> Excludes one patient who was already reported in April

<sup>2</sup> Two confirmed norovirus outbreaks and one viral gastroenteritis

<sup>3</sup> Viral gastroenteritis, organism unknown, in July 2015

Metric	Target 2015/16	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
No. & % of staff trained to Child Safeguarding Lvl 3	Quarterly			511 96%			502 (96%)			509 94%			
No. and % of staff trained in Adult Safeguarding	Quarterly			4419 93%			4418 (92%)			4500 92.9%			
No. and % of staff trained in MCA / DOLS	Quarterly			3084 90%			3052 (89%)			3122 90%			
No. and % of staff trained in Learning Disability Awareness	Quarterly			3084 90%			3052 (89%)			3122 90%			
<b>Effective</b>													
No. & % of service users in hospital for >1yr who have had an annual physical health check	100%	4 100%	2 100%	2 100%	2 100%	6 100%	5 100%	6 100%	4 67%	8 100%	4 100%	7 100%	



<b>Well-led</b>													
Duty of candour – no. of times used		3	3	2	2	6	3	6	4	3		4	

<sup>4</sup> Working to within 24 hours from Q2