

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	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	N/A					
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	0	19	39	42	33	45	45	29	42					
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	7	5	9	11	6	9	5	14					
	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%					
		(3.2) Proportion of eligible patients given thrombolysis	C or above	100%	100%	100%	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					
		(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					
		(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								tbc					
		Overall SSNAP score (most recent published)	C or above									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					
		Summary hospital level mortality indicator (Band)			2		2	2	2	2	2					
		Hospital Standardised Mortality rate	<100 = Green	110	112	113	114	113	115	117	100					
	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					
	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%					
	Risk Assessments and Screening	Percentage of FALLS assessments completed within 24 hours of admission	95% - Green 85% - Amber Under 85% - Red	Not available	Not available	Not available	Not available	90.14%	86.76%	92.94%	tbc					
		Percentage of VTE risk assessments completed upon admission		96.2%	97.1%	97.5%	96.3%	97.2%	97.6%	97.4%	97.7%					
		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%	tbc					
		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%	tbc					

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	
		Percentage of patients screened for MRSA		98.5%	97.3%	96.6%	95.4%	95.1%	95.5%	95.80%	95.30%						
	Pressure ulcers	Number of all provider acquired pressure Ulcers	N/A	7	8	5	5	8	3	8	2						
		Number of all provider inherited pressure ulcers	N/A	26	30	28	22	34	36	34	37						
	Staffing	Staffing Levels Publicly displayed	Yes/No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes						
		Staff turnover		9.4%	9.4%	9.4%	9.2%	9.2%	8.9%	8.7%	tbc						
		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%	tbc					
		Mandatory training rate			79.0%	80.0%	81.0%	81.0%	83%	85.0%	0.0%	85.0%					
		Sickness rate	Internal Trust target		3.1%	3.2%	3.6%	3.3%	3.5%	3.3%	tbc						
		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						
	Infection Control	MRSA Bacteraemia	0 = Green 1 or above = Red	0	0	0	0	0	0	0	0						
		Clostridium Difficile	As per contract		0	0	1	2	0	0	1	3					
	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%						
		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%					
	Medication Errors	No Harm		16	23	17	27	31	25	30	45						
		Low Harm		0	10	9	6	3	3	3	3						
		Moderate Harm		0	0	1	1	0	1	3	0						
		Severe Harm		0	0	0	0	0	0	0	0						
		Death		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					
	Duty of Candour	Number of times duty of candour used	N/A	0	4	6	7	7	0	3	4						
	Never Events	Number of Never Events	0	0	0	0	1	0	1	0	0						
	Serious Incidents	Number of serious incidents relating to Pressure Ulcers		0	1	1	2	1	2	1	0						
		Number of serious incidents relating to Falls		1	1	0	3	1	0	0	2						
		Number of serious incidents - other	N/A		3	2	3	1	0	0	3	2					
	Incidents	Number of incidents by harms;		325	362	358	381	389	338	397	395						
		No Harm		223	274	247	290	292	241	342	361						
		Low Harm		97	84	101	79	88	91	46	28						
		Moderate Harm		2	0	8	7	8	4	7	4						
		Severe Harm		2	3	2	5	1	2	2	1						
		Death		1	1	0	0	0	0	0	1						
	Early Warning Score	Percentage of observations and scores completed	100%	98%	98%	98%	98%	98%	98%	98%	98%						
		Percentage of eligible staff trained in Level 1 Safeguarding Children		100%	100%	100%	100%	100%	100%	100%	100%						
		Percentage of eligible staff trained in Level 2 Safeguarding Children			57%	57%	59%	60%	66%	77%	89%	90.0%					

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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	
	Safeguarding	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%						
		Percentage staff trained in Safeguarding Adults Level 1		73%	69%	79%	100%	100%	100%	100%	100%						
		Percentage staff trained in Safeguarding Adults Level 2		No data			65%	69%	82%	89%	91.0%						
		Percentage staff trained in relation to Mental Capacity Act and DOLs		No data			79%	68%	69%	TBC	tbc	74.0%					
	COPD	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						
	Complaints	Number of complaints received	N/A	50	77	74	87	12	11	21	24						
		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%					
		Percentage of complaints responded to within agreed timescales		44%	41%	45%	54%	33%	36%	43.0%	due Dec						
		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						

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	Emergency Department	12 hour trolley waits	0 = Green 1 or above = Red	0	0	0	0	0	0	0	0						
		Number of handovers between ambulance and A&E taking place within 15 and 30 minutes	0	49	22	42	29	47	26	93	71						
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	0	22	6	12	4	18	1	74	42						
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	0	0	1	0	1	0	5	10						
	Stroke (SSNAP indicators)	(2.1) Proportion of patients directly admitted to a stroke unit within 4 hours of clock start	C or above	B			C			Not available until Dec							
		(3.2) Proportion of eligible patients given thrombolysis	C or above	B			C			Not available until Dec							
		(4.3) Proportion of patients who were assessed by a nurse trained in stroke management within 24 hours of lock start	C or above	88%			85.80%			Not available until Dec							
		(8.7) Proportion of applicable patients who have rehabilitation goals agreed within 5 days of clock start	C or above	83%			85.50%			Not available until Dec							
		(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	42.60%			56.50%			Not available until Dec							
		Overall SSNAP score (most recent published)	C or above	D 46.8%			D 56.5%			Not available until Dec							
	Mortality	Summary hospital level mortality indicator (score) (most recent published)	<1 - Green			101.3	tbc										
		Summary hospital level mortality indicator (Band)		tbc	tbc	tbc	tbc										
		Hospital Standardised Mortality rate	<100 = Green			95.5	tbc										
	Learning Disability	Compliance with Monitor requirements in relation to services for people with a learning disability	Red/Amber or Green	Green			Green										
	Surgical Checklist	Percentage compliance with WHO Check list	100% - Green	91.0%	87.0%	93.0%	88.0%	88.0%	90.0%	88.5%	87.5%						
	Risk Assessments and Screening	Percentage of FALLS assessments completed within 24 hours of admission	95% - Green 85% - 95% - Amber Under 85% - Red	99%	94%	97%	95%	97%	98%	97%	92%						
		Percentage of VTE risk assessments completed upon admission		98%	98%	99%	98%	95%	95%	94%	96%						
		Percentage of admissions screened for NUTRITION within 24 hours of admission to hospital		79%	84%	86%	84%	93%	85%	88%	88%						
		Percentage of admissions that have a PRESSURE ULCER risk assessment completed within 6 hours of admission		100%	98%	100%	100%	84%	85%	98%	89%						
		Percentage of patients screened for MRSA		89%		82%	88%	85%	86%	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	
	Pressure ulcers	Number of all provider acquired pressure Ulcers	N/A	17	19	9	19	24	14	13	24						
		Number of all provider inherited pressure ulcers	N/A	38	54	52	54	36	49	74	36						
	Staffing	Staffing Levels Publicly displayed	Yes/No	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%						
		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%					
		Mandatory training rate			84.0%	85.0%	81.0%	83.0%	83.0%	83.0%	84.0%	85.0%					
		Sickness rate	Internal Trust target		4.0%	3.8%	3.5%	3.3%	3.4%	3.0%	3.3%	3.1%					
		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%					
		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					
	Infection Control	MRSA Bacteraemia	0 = Green 1 or above = Red	0	0	0	0	0	0	0	0						
		Clostridium Difficile	As per contract		1	1	2	0	2	1	2	2					
	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						
		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%					
	99%Medication Errors	No Harm		64	50	69	66	49	42	41	49						
		Low Harm		9	5	10	60	7	5	11	15						
		Moderate Harm		0	0	1	5	4	1	2	1						
		Severe Harm		0	0	0	1	0	0	0	0						
		Death		0	0	0	0	0	0	0	0						
		Number of medication errors relating to controlled drugs			16	10	8	6	17	11	2	11					
	Duty of Candour	Number of times duty of candour used	N/A	4	8	4	8	12	11	8	2						
	Never Events	Number of Never Events	0	0	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						
		Number of serious incidents relating to Falls		2	3	2	3	3	5	1	0						
		Number of serious incidents - other	N/A		1	4	2	6	10	7	8	0					
	Incidents	Number of incidents by harms;		810	680	747	669	781	692	958	774						
		No Harm		524	307	478	405	408	351	497	406						
		Low Harm		270	265	258	250	342	327	428	328						
		Moderate Harm		16	18	11	14	30	10	28	36						
		Severe Harm		0	0	0	0	1	1	3	4						
		Death		0	0	0	0	0	0	3	2	0					
	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%						
		Percentage of eligible staff trained in Level 1 Safeguarding Children		90.0%	90.0%	89.0%	91.0%	91.0%	91.0%	91.0%	91.0%						
		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%						

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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	
	Safeguarding	Percentage eligible staff trained in Level 3 Safeguarding Children	90-100% - Green 80% - Amber Under 80% - Red	90.0%	92.0%	94.0%	95.0%	95.0%	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%						
		Percentage staff trained in Safeguarding Adults Level 2		78.0%	78.0%	79.0%	72.0%	74.0%	75.0%	77.0%	78.0%						
		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%						
	COPD	Percentage of patients of eligible pateints discharged with a completed COPD bundle	80% = Green 70 - 80% =Amber under 70% = Red								*See exception report						
	Complaints	Number of complaints received	N/A	40	39	27	27	30	26	21	21						
		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%						
		Percentage of complaints responded to within agreed timescales		13.0%	8.0%	7.0%	15.0%	23.0%	22.0%	33.0%	31.3%						
		Date when last complaints summary published on website	N/A				29/07/15				25/11/15						

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					
		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					
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	0	20	20	22	43	56	85	106	12					
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	5	2	2	4	9	10	38						
	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	NOT YET AVAILABLE					
		(3.2) Proportion of eligible patients given thrombolysis	C or above	B			A	B	A	A	NOT YET AVAILABLE					
		(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	NOT YET AVAILABLE					
		(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	NOT YET AVAILABLE					
		(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			E	B	D	D	NOT YET AVAILABLE					
		Overall SSNAP score (most recent)	C or above	B			N/A	N/A	N/A	N/A	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					
		Summary hospital level mortality indicator (Band)		N/A			N/A	N/A	N/A	N/A	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					
	Learning Disability	Compliance with Monitor requirements in relation to services for people with a learning disability	Red/Amber or Green	Green			Green	Green	Green	N/A	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%	NOT YET AVAILABLE					
	Risk Assessments and Screening	Percentage of FALLS assessments completed within 24 hours of admission	95% - Green 85% - 95% - Amber Under 85% - Red	90%	89%	90%	95%	N/A	N/A	88%	89%					
		Percentage of VTE risk assessments completed upon admission		96%	95%	95%	96%	96%	96%	N/A	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%					
		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%					
		Percentage of patients screened for MRSA		N/A	N/A	N/A	N/A	N/A	N/A	N/A	NOT YET AVAILABLE					

	Pressure ulcers	Number of all provider acquired pressure Ulcers	N/A	154	98	112	112	91	105	114	133						
		Number of all provider inherited pressure ulcers	N/A	160	279	261	279	235	257	294	280						
	Staffing	Staffing Levels Publicly displayed	Yes/No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	YES						
		Staff turnover		12.5%	12.8%	12.8%	13.3%	13.3%	13.4%	12.6%	0						
		Staff appraisal rate	90% - Green 80% - Amber Under 80% - Red		8.5%	9.3%	12.3%	15.9%	21.7%	31.8%	49.2%	61.3%					
		Mandatory training rate			75.7%	76.5%	77.5%	78.6%	78.8%	79.1%	80.4%	81.1%					
		Sickness rate	Internal Trust target		4.0%	4.1%	4.1%	4.0%	4.0%	3.9%	3.9%	0					
		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					
	Mixed Sex accomodation Breach	Number of non-clinically indicated mixed sex accomodation breaches	0 = Green 1 or above = Red	0	0	0	0	29	4	6	2						
	Infection Control	MRSA Bacteraemia	0 = Green 1 or above = Red	0	0	0	0	0	0	0	0						
		Clostridium Difficile	As per contract		0	0	1	1	4	1	2	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	95.7%	95.4%	95.1%	95.6%	96.0%	96.1%	96.10%	N/A						
		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%	N/A					
	Medication Errors	No Harm		39	69	50	52	58	54	63	69						
		Low Harm		9	15	12	18	13	9	11	6						
		Moderate Harm		0	0	2	2	0	2	2	5						
		Severe Harm		1	0	0	0	0	0	0	1						
		Death		0	0	0	0	0	0	0	0						
		Number of medication errors relating to controlled drugs			10	20	12	11	20	12	12	16					
	Duty of Candour	Number of times duty of candour used	N/A	100%	100%	100%	100%	100%	100%	100%	1						
	Never Events	Number of Never Events	0	0	0	0	1	0	1	0	1						
	Serious Incidents	Number of serious incidents relating to Pressure Ulcers		0	0	3	0	0	0	2	0						
		Number of serious incidents relating to Falls		1	2	2	2	0	0	3	1						
		Number of serious incidents - other	N/A		1	2	2	1	1	1	2	1					
	Incidents	Number of incidents by harms;															
		No Harm		402	368	367	433	387	429	388	225						
		Low Harm		234	209	232	232	188	209	208	118						
		Moderate Harm		7	5	5	6	3	2	0	1						
		Severe Harm		3	2	1	3	1	0	0	0						
		Death		0	0	1	0	0	0	0	0						
	Early Warning Score	Percentage of observations and scores completed	100%	98.6%	98.9%	98.8%	98.8%	98.6%	98.9%	98.8%	98.8%						
	Safeguarding	Percentage of eligible staff trained in Level 1 Safeguarding Children		83.1%	83.4%	83.6%	83.9%	83.9%	84.3%	85.5%	86.0%						
		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%						
		Percentage eligible staff trained in Level 3 Safeguarding Children	90-100% - Green 80%-90% - Amber Under 80% - Red		77.6%	77.7%	81.9%	85.2%	78.5%	61.2%	65.7%	70.6%					
		Percentage staff trained in Safeguarding Adults Level 1			82.3%	82.7%	83.7%	83.6%	84.4%	85.1%	85.9%	86.7%					
		Percentage staff trained in Safeguarding Adults Level 2			23.0%	32.7%	41.7%	48.9%	56.8%	61.4%	66.9%	70.2%					

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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
Safe													
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%					
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%					
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%					
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%	TBC	TBC					
Number of incidents reported on STEIS		6	6	7	11	10	6	6					
No. and % compliance with STEIS data entry requirements - reporting		6 100%	5 83%	7 100%	11 100%	10 100%	6 100%	6 100%					
No. and % compliance with STEIS data entry requirements - closing		4 50%	5 80%	11 36%	6 85%	1 100%	6 100%	6 55%					
No. & % of patients screened for MRSA (elective)		18 100%	11 100%	17 94%	10 100%	20 95%	21 95%	14 100%					
No. & % of patients screened for MRSA (non-elective)		19 76%	20 80%	16 64%	12 55%	14 74%	11 55%	6 38%					
No. of patients with MRSA Bacteraemia	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)					
No. C diff cases deemed trajectory cases		0	0	3	2	1	1	0					

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

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	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%)						
No. and % of staff trained in Adult Safeguarding	Quarterly			4419 93%			4418 (92%)						
No. and % of staff trained in MCA / DOLS	Quarterly			3084 90%			3052 (89%)						
No. and % of staff trained in Learning Disability Awareness	Quarterly			3084 90%			3052 (89%)						
Effective													
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%					

No. & % of patients with a falls assessment completed within 48 hours of admission. ⁴	95%	173 97%	180 98%	281 97%	270 95.4%	249 95.0%	257 (95.9%)	268 94.4%					
No. & % of patients nutritionally screened within 24 hours of admission to hospital.	95%	258 90%	249 95%	270 95%	267 96.7%	251 98.4%	251 (96.5%)	256 89.5%					
No. & % of patients who have a pressure ulcer risk assessment within 4 hours of admission.	95%	172 97%	179 98%	281 97%	275 97.2%	242 92.4%	257 (95.9%)	275 94.8%					
No. & % of patients who have a VTE risk assessment within 24 hours of admission.	95%	225 97%	244 94.6%	340 96.9%	267 95.4%	242 94.2%	247 (94.6%)	267 93.4%					
No. & % of patients who have had appropriate prophylaxis for VTE	95%			TBC			TBC						
Caring													
No. and % of patients who may be at risk of crisis offered a crisis plan	95% Quarterly			145 84%			147 69%						
No. and % of patients with a long-term condition offered a personalized care plan	100% Quarterly			13918 (92.6%)			91%						
Carer's assessment offered within 4weeks	100% Quarterly			100%			92%						
Responsive													
No. complaints	Quarterly			91			97						
No. & % complaints acknowledged in 3 operational days	Quarterly			82 (90%)			91 (94%)						
No. & % complaints responded to in agreed timescales	Quarterly			34/59 (58%)			39/57 (68%)						
No. complaints referred to ombudsman and outcome	Quarterly			5			0						

Mixed sex breach (nationally reportable)		0	0	0	0	0	0	0					
Well-led													
Duty of candour – no. of times used		3	3	2	2	6	3	6					

⁴ Working to within 24 hours from Q2