

### 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	1	0	0	0	0			
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	0	39	53	72	87	92	52	26	80	113	122			
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	4	11	20	18	26	9	2	13	23	26			
	Stroke (SSNAP indicators)	Overall SSNAP score (most recent published)	C or above	B	B	B	B	B	B	B	B	B				
	Mortality	Summary hospital level mortality indicator (score) (most recent published)	<1 - Green	1.14 -The SHMI data is published 6 months in arrears with the latest period, January to December 2017, only released on the 19th July.												
		Hospital Standardised Mortality rate	<100 = Green	117.25%	119.90%	118.80%	118.20%	119.63%	120.33%	120.58%	N/A	N/A	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	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.6%	99.40%			
	Risk Assessments and Screening	Percentage of FALLS assessments completed within 24 hours of admission	95% - Green 85% - 95% - Amber Under 85% - Red	98.00%	97.60%	98.88%	96.36%	97.50%	95.83%	98.00%	96.4%	100%	97.06%			
		Percentage of VTE risk assessments completed upon admission		100.0%	95.60%	94.69%	96.22%	94.97%	95.53%	95.88%	94.32%	93.90%	93.73%			
		Percentage of admissions screened for NUTRITION within 24 hours of admission to hospital		82.00%	85.70%	87.80%	87.30%	82.50%	62.50%	76.00%	57.14%	81.40%	72.73%			
		Percentage of admissions that have a PRESSURE ULCER risk assessment completed within 6 hours of admission		94.00%	97.60%	98.9%	98.2%	100.0%	100.0%	96.0%	100.0%	100.0%	97.06%			
		Percentage of patients screened for MRSA		94.00%	94.30%	90.20%	95.9%	95.5%	95.8%	97.1%	91.40%	97.1%	94.20%			
	Pressure ulcers	Number of Pressure Ulcers (Hospital acquired) Grade 2	N/A	0	0	0	1	0	1	0	1	1	0			
		Number of Pressure Ulcers (Hospital acquired) Grade 3	N/A	0	0	1	0	0	0	0	1	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		29	24	37	24	26	2	41	30	26	29			
		Number of inherited Pressure Ulcers Grade 3		13	7	18	11	10	3	10	11	18	11			
		Number of inherited Pressure Ulcers Grade 4		1	1	1	0	1	0	0	1	2	0			
	Staffing	Staff turnover		11.0%	11.6%	11.5%	10.5%	10.3%	10.2%	9.3%	9.1%	8.8%	8.9%			
		Staff appraisal rate	90% - Green 80% - 90% - Amber Under 80% - Red	76.0%	83.0%	84.0%	85.0%	84.0%	82.0%	81.0%	80.0%	82.0%	82.0%			
		Mandatory training rate		87.0%	89.0%	88.0%	84.0%	85.0%	85.0%	87.0%	86.0%	84.0%	86.00%			
		Sickness rate	Internal Trust target	2.82%	2.58%	2.97%	3.28%	3.3%	3.35%	3.55%	3.89%	4.14%	N/A			

### 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
	<b>Mixed Sex accomodation Breach</b>	Number of non-clinically indicated mixed sex accomodation breaches	0 = Green 1 or above = Red	6	1	0	0	1	2	3	2	4	4			
	<b>Infection Control</b>	MRSA Bacteraemia	0 = Green 1 or above = Red	0	0	0	0	0	0	0	0	0	0			
		Clostridium Difficile	13	0	0	0	0	0	0	0	3	2	1			
	<b>VTE</b>	Percentage of eligible patients who have a VTE risk assement completed upon admission	95% or above - Green 90% - 95% - Amber Under 90% - Red	95.63%	95.60%	94.69%	96.22%	94.97%	95.53%	95.83%	94.26%	93.9%	93.73%			
		Percentage of patients who receive appropriate VTE prophylaxis	95% or above - Green 90% - 95% - Amber Under 90% - Red	83.8%	85.7%	80.7%	72.69%	84.1%	83.6%	82.1%	79.50%	80.4%	81.00%			
	<b>Medication Errors</b>	No Harm		24	34	33	42	28	29	41	39	36	48			
		Low Harm		10	10	8	11	4	10	10	7	8	10			
		Moderate Harm		2	1	4	1	3	2	2	0	0	1			
		Severe Harm		0	0	0	0	0	0	0	0	0	0			
		Death		0	0	0	0	1	0	0	0	0	0			
		Number of medication errors relating to controlled drugs			2	8	5	8	6	4	9	5	6	9		
	<b>Never Events</b>	Number of Never Events	0	0	0	1	0	1	1	0	0	0	0			
	<b>Serious Incidents</b>	Number of serious incidents relating to Pressure Ulcers		0	0	0	1	0	0	0	1	0	0			
		Number of serious incidents relating to Falls		1	1	0	0	0	1	0	0	0	2			
		Number of serious incidents - other	N/A	1	2	1	0	0	1	2	0	0	0			
	<b>Incidents</b>	Number of incidents by harms;		486	478	493	517	482	420	444	435	399	460			
		No Harm		347	307	323	356	293	324	358	337	311	352			
		Low Harm		58	71	70	75	69	80	65	81	74	90			
		Moderate Harm		13	16	16	8	25	11	18	13	9	15			
		Severe Harm		2	0	0	2	0	2	2	2	1	2			
		Death		0	1	1	3	1	3	1	2	1	1			
	<b>Early Warning Score</b>	Percentage of observations and scores completed	100%	94%	95%	95%	97%	96%	96%	96%	96%	96%	96%			
	<b>Safeguarding</b>	Percentage of eligible staff trained in Level 1 Safeguarding Children	90-100% - Green 80%-90% - Amber Under 80% - Red	98%	98%	97%	93%	94%	92%	93%	96%	94%	95%			
		Percentage of eligible staff trained in Level 2 Safeguarding Children		89%	89%	89%	86%	82%	80%	82%	86%	80%	83%			
		Percentage eligible staff trained in Level 3 Safeguarding Children		85%	83%	79%	74%	78%	68%	71%	74%	71%	72%			
		Percentage staff trained in Safeguarding Adults Level 1		98%	98%	97%	91%	92%	93%	98%	98%	93%	95%			
		Percentage staff trained in Safeguarding Adults Level 2		81%	83%	84%	81%	75%	77%	75%	79%	76%	78%			
		Percentage of staff trained in Prevent		81%	97%	97%	76%			71%						
		*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 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%	87%	86%	82%	86%	N/A	79%	83%	79%	83%				

### 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
	<b>Complaints</b>	Number of complaints received	N/A	20	28	17	21	28	24	21	18	22	30			
		Percentage of complaints acknowledged within 3 operational days	100% - Green 90% - 99% - Amber Under 90% - Red	100%	100%	95%	100%	100%	100%	100%	100%	100%	100%			
		Percentage of complaints responded to within agreed timescales		75%	70%	79%	81%	64%	64%	85%	86%	N/A	N/A			
		Date when last complaints summary published on website	N/A	April	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan			

### 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	0	0					
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	penalties apply for service user waiting over 30 mins	71	82	46	20	6	18	40	45	80	60					
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	1	3	2	1	0	7	0	1	1	0					
	Stroke (SSNAP indicators)	Overall SSNAP score (most recent published)	C or above	C	C	C	C	C	C	C	C	C						
	Mortality	Summary hospital level mortality indicator (score) (most recent published)	<1 - Green  <100 = Green	0.87-The SHMI data is published 6 months in arrears with the latest period, January to December 2017 only released on the 19th July.														
	Learning Disability	Compliance with Monitor requirements in relation to services for people with a learning disability	Red/Amber or Green															
	Surgical Checklist	Percentage compliance with WHO Check list	100% - Green	81.0%	81.0%	88.0%	92.0%	94.0%	86.0%	96.0%	89.0%	98.0%	97%					
	Risk Assessments and Screening	Percentage of FALLS assessments completed within 24 hours of admission	100% - Green 90% - Amber Under 90% - Red	97.0%	97.0%	97.0%	95.0%	95.0%	97.0%	96.0%	99.0%	99.0%	99%					
		Percentage of VTE risk assessments completed upon admission		97.2%	96.9%	97.5%	97.4%	96.7%	96.3%	96.4%	96.7%	96.6%	95.30%					
		Percentage of admissions screened for NUTRITION within 24 hours of admission to hospital		90.0%	90.0%	90.0%	90.0%	94.0%	90.0%	93.0%	87.0%	90.0%	86.00%					
		Percentage of admissions that have a PRESSURE ULCER risk assessment completed within 6 hours of admission		96.0%	96.0%	96.0%	91.0%	91.0%	89.7%	97.66%	98.03%	98.4%	98.60%					
		Percentage of patients screened for MRSA		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	29	N/A	N/A				
		Number of Pressure Ulcers (Hospital Acquired) Grade 2		23	25	18	23	15	22	26	24	29	36					

**PHFT Scorecard**

<b>Pressure ulcers</b>	Number of Pressure Ulcers (Hospital Acquired) Grade 3		3	10	8	11	5	9	11	10	18	16			
	Number of Pressure Ulcers (Hospital Acquired) Grade 4		0	0	1	0	0	0	0	0	0	0			
	Number of Inherited Pressure Ulcers (Grade 2)		41	54	46	45	37	29	41	50	41	38			
	Number of Inherited Pressure Ulcers (Grade 3)		25	25	19	34	25	28	17	31	29	26			
	Number of Inherited Pressure Ulcers (Grade 4)		2	4	5	4	1	2	0	2	1	4			
<b>Staffing</b>	Staff turnover		0.70%	0.80%	1.10%	0.80%	1.30%	1.50%	0.9%	1.2%	1.0%	1.02%			
	Staff appraisal rate	90% - Green 80% - 90% - Amber Under 80% - Red	72.3%	76.8%	79.5%	80.5%	82.9%	82.6%	82.7%	83.5%	82.1%	79.70%			
	Mandatory training rate		91.0%	91.0%	91.0%	90.0%	89.0%	89.0%	88.0%	TBC	87.0%	87.00%			
	Sickness rate	Internal Trust target	3.30%	3.50%	3.60%	3.60%	3.70%	3.50%	3.9%	4.30%	3.90%	4.40%			
<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	0	0	0	0	0			
<b>Infection Control</b>	MRSA Bacteraemia	0 = Green or above = Red	1	0	0	0	0	0	0	0	0	0			
	Clostridium Difficile	14	0	3	3	0	3	2	0	1	2	0			
<b>VTE</b>	Percentage of eligible patients who have a VTE risk assement completed upon admission	95% or above - Green 90% - 95% - Amber Under 90% - Red	97.2%	96.9%	97.5%	97.4%	96.7%	96.3%	96.4%	96.7%	96.6%	95.30%			
	Percentage of patients who receive appropriate VTE prophylaxis	95% or above - Green 90% - 95% - Amber Under 90% - Red	96.00%	94.00%	95.60%	97.10%	97.95%	96.80%	95.15%	97.64%	96.71%	94.90%			

### PHFT Scorecard

		No Harm		74	51	36	69	74	65	85	64	89	90				
		Low Harm		13	19	8	13	7	7	18	13	6	7				
		Moderate Harm		0	0	1	1	0	0	1	3	2	0				
		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		9	8	6	9	16	12	15	7	5	9				
	<b>Never Events</b>	Number of Never Events	0	0	1	0	0	0	1	0	1	0	0				
	<b>Serious Incidents</b>	Number of serious incidents relating to Pressure Ulcers		1	1	1	0	0	0	0	0	0	0				
		Number of serious incidents relating to Falls		2	1	4	2	4	3	5	5	1	1				
		Number of serious incidents - other	N/A	2	1	0	2	2	0	0	0	2	2				
	<b>Incidents</b>	Number of incidents by harms;		748	835	754	843	754	829	973	864	839	901				
		No Harm		371	376	360	378	366	437	525	414	431	455				
		Low Harm		336	413	350	405	350	343	409	396	351	393				
		Moderate Harm		38	40	35	55	34	43	39	49	56	48				
		Severe Harm		3	5	9	5	4	5	0	5	1	5				
		Death		0	1	0	0	0	1	0	0	0	0				
	<b>Early Warning Score</b>	Percentage of observations and scores completed	100%	99.0%	99.0%	99.0%	99.0%	99.9%	99.9%	99%	99%	99%	99%				
	<b>Safeguarding</b>	Percentage of eligible staff trained in Level 1 Safeguarding Children	90-100% - Green 80%-90% - Amber Under 80% - Red	96.0%	96.0%	96.0%	95.0%	94.0%	94.0%	93%	TBC	92%	92%				
		Percentage of eligible staff trained in Level 2 Safeguarding Children		90.0%	90.0%	91.0%	90.0%	89.0%	89.0%	89.0%	TBC	86%	86%				
		Percentage eligible staff trained in Level 3 Safeguarding Children		80.0%	81.0%	85.0%	81.0%	81.0%	85.0%	83%	TBC	TBC	TBC				
		Percentage staff trained in Safeguarding Adults Level 1		96.0%	96.0%	96.0%	95.0%	94.0%	94.0%	93%	TBC	92%	92%				
		Percentage staff trained in Safeguarding Adults Level 2		89.0%	88.0%	88.0%	87.0%	87.0%	86.0%	85%	TBC	81%	82%				
		Percentage of Staff Trained in Prevent		94.0%	93.0%	94.0%	94.0%	93.0%	92%	92%	TBC	91%	91%				
		Percentage of Staff given LD Awareness Training		89.0%	88.0%	88.0%	87.0%	87.0%	86.0%	85%	TBC	81%	82%				
		Percentage staff trained in relation to Mental Capacity Act and DOLs		89.0%	88.0%	88.0%	87.0%	87.0%	86.0%	85%	TBC	81%	82%				
		Number of complaints received	N/A	28	21	29	34	33	9	15	16	17	27				
	<b>Complaints</b>	Percentage of complaints acknowledged within 3	100% - Green 90% - 99% - Amber Under 90% - Red	100.0%	100.0%	100.0%	91.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
		Percentage of complaints responded to within agreed timescales		100.0%	93.0%	100.0%	100.0%	97.0%	100%	96%	100.00%	100.00%	100.00%				
		Date when last complaints summary published on website	N/A	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan				

RBCHFT 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	0			
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	0	107	54	55	56	82	103	71	57	93	67			
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	11	2	1	1	4	11	3	2	11	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) (most recent published)	<1 - Green	0.97 - The SHMI data is published 6 months in arrears with the latest period, January to December 2017 only released on the 19th July.												
		Hospital Standardised Mortality rate (RBH)	<100 = Green	91.8	79.7	85.2	90.5	70.4%	76.0%	76.0%	76.0%	76.0%	76.0%	78.00%		
		Hospital Standardised Mortality rate (X'CH)		229.9	185.9	187.8	179.9	154.2	241.7	241.7	241.7	241.7	187.4			
	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	96.2%	97.6%	97.9%	98.1%	98.3%	97.6%	97.4%	98.1%	98.2%	97.80%			
	Pressure ulcers	Number of hospital acquired pressure Ulcers Grade 2	N/A	64	45	49	50	44	49	51	60	56	61			
		Number of hospital acquired pressure Ulcers Grade 3		7	10	6	4	9	8	9	6	13	10			
		Number of hospital acquired pressure Ulcers Grade 4		1	0	1	3	2	2	1	3	2	2			
		Number of inherited pressure ulcers Grade 2		117	112	84	115	111	121	134	126	112	137			
		Number of inherited pressure ulcers Grade 3		16	40	32	35	35	26	40	29	42	42			
		Number of inherited pressure ulcers Grade 4	N/A	8	14	2	8	8	5	8	9	4	5			
	Staffing	Staff turnover		10%	9%	10%	9%	9%	9%	9%	10%	10%	10%			
		Staff appraisal rate	90% - Green 80% - 90% - Amber Under 80% - Red	7.9%	16.3%	27.0%	42.6%	61.8%	82.3%	89.0%	90.0%	90.3%	89.90%			
		Mandatory training rate		93.3%	93.4%	93.4%	93.7%	94.1%	92.9%	93.1%	93.0%	92.8%	92.70%			
		Sickness rate	Internal Trust target	4.0%	3.9%	3.9%	3.9%	4.0%	4.0%	4.1%	4.1%	4.1%	4.10%			
	Mixed Sex accomodation Breach	Number of non-clinically indicated mixed sex accomodation breaches	0 = Green 1 or above = Red	0	0	0	3	0	5	0	1	0	0			
	Infection Control	MRSA Bacteraemia	0 = Green 1 or above = Red	0	0	1	0	0	0	0	0	1	0			
		Clostridium Difficile	13	2	0	0	0	2	0	0	0	1	0			
	VTE	Percentage of eligible patients who have a VTE risk assement completed upon admission	95% or above - Green 90% - 95% - Amber Under 90% - Red	96.5%	96.9%	96.4%	96.3%	96.3%	96.3%	96.5%	96.1%	95.6%	95.80%			
		Percentage of patients who receive appropriate VTE prophylaxis	95% or above - Green 90% - 95% - Amber Under 90% - Red	93.8%	94.5%	93.7%	93.5%	93.6%	93.3%	93.6%	93.3%	92.1%	100%			

**RBCHFT Scorecard**

<b>Medication Errors</b>	No Harm		72	76	67	76	56	76	99	84	82	73			
	Low Harm		6	3	11	11	11	8	7	12	11	9			
	Moderate Harm		0	1	2	3	2	1	1	2	1	1			
	Severe Harm		1	0	0	0	0	0	0	1	0	1			
	Death		0	0	0	0	0	0	0	0	0	0			
	Number of medication errors relating to controlled drugs		18	17	9	9	15	11	19	13	14	12			
<b>Never Events</b>	Number of Never Events	0	0	0	1	0	0	1	0	0	0	1			
<b>Serious Incidents</b>	Number of serious incidents relating to Pressure Ulcers		0	0	0	0	0	0	0	0	0	0			
	Number of serious incidents relating to Falls		0	1	0	1	0	0	0	0	0	0			
	Number of serious incidents - other	N/A	1	1	3	3	1	2	0	1	0	2			
<b>Incidents</b>	Number of incidents by harms;														
	No Harm		399	418	381	397	401	425	388	367	340	339			
	Low Harm		187	158	181	190	184	186	172	184	166	195			
	Moderate Harm		5	1	2	3	3	4	4	6	3	7			
	Severe Harm		0	1	1	3	1	2	1	0	2	1			
	Death		0	0	0	0	0	0	0	0	0	0			
<b>Early Warning Score</b>	Percentage of observations and scores completed	100%	98.6%	98.7%	99.0%	98.9%	98.7%	98.5%	98.8%	98.8%	98.8%	98.70%			
<b>Safeguarding</b>	Percentage of eligible staff trained in Level 1 Safeguarding Children	90-100% - Green 80%-90% - Amber Under 80% - Red	98.0%	98.0%	97.5%	97.2%	98.1%	97.6%	97.5%	96.7%	96.5%	96.70%			
	Percentage of eligible staff trained in Level 2 Safeguarding Children		95.2%	94.8%	95.4%	95.7%	96.0%	94.4%	94.7%	93.9%	93.9%	93.60%			
	Percentage eligible staff trained in Level 3 Safeguarding Children		75.7%	70.5%	70.1%	73.7%	72.5%	78.6%	74.3%	76.9%	79.0%	76.20%			
	Percentage staff trained in Safeguarding Adults Level 1		98.1%	97.4%	96.7%	96.4%	98.0%	97.4%	97.1%	96.5%	96.4%	96.20%			
	Percentage staff trained in Safeguarding Adults Level 2		95.4%	94.5%	94.3%	94.8%	94.8%	93.5%	93.7%	94.1%	93.6%	94.20%			
	Percentage of staff trained in Prevent		94.0%	94.6%	95.0%	95.3%	96.0%	94.9%	96.3%	95.3%	95.5%	95.60%			
	Percentage of staff given LD Awareness Training		96.4%	95.6%	95.2%	95.4%	96.0%	94.9%	94.9%	95.0%	94.6%	95.00%			
Percentage staff trained in relation to Mental Capacity Act and DOLs	95.4%	95.7%	96.1%	96.4%	97.0%	96.1%	96.3%	96.6%	96.7%	96.70%					
<b>Complaints</b>	Number of complaints received	N/A	36	41	31	33	42	33	27	32	34	40			
	Percentage of complaints acknowledged within 3 operational days	100% - Green 90% - 99% - Amber Under 90% - Red	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%			
	Percentage of complaints responded to within agreed timescales		65.1%	69.7%	72.2%	75.0%	67.7%	48.6%	78.0%	56.0%	75.9%	67.50%			
	Date when last complaints summary published on website	N/A	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Oct-18			



DHUF Scorecard

Metric	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
<b>Safe</b>													
No. and rate of new pressure ulcers from patient safety thermometer		35	28	39	29	33	26	32	19	21	23		
		2.04%	1.68%	2.36%	1.73%	2.08%	1.64%	2.02%	1.20%	1.49%	1.33%		
No. and rate of old pressure ulcers from patient safety thermometer		121	100	118	107	115	78	108	76	102	87		
		7.06%	6.01%	7.13%	6.40%	7.26%	4.92%	6.81%	4.79%	7.24%	5.05%		
No. and rate of all new hospital acquired pressure ulcers on the patient safety thermometer (New pressure ulcers only)	<1.5%	8	4	6	2	5	2	1	3	4	5		
Number of incidents reported on STEIS		7	13	10	10	6	14	14	8	6	15		
No. and % compliance with STEIS data entry requirements - reporting (excluding pressure ulcers)		6	8	8	6	5	11	11	4	6	13		
		100.0%	88.0%	100.0%	100.0%	100.0%	91.0%	100.0%	100.0%	100.0%	100%		
No. and % compliance with STEIS data entry requirements - closing		6	15	6	11	10	7	9	12	10	6		
		100.0%	93.0%	100.0%	91.0%	90.0%	100.0%	67%	100%	91%	83%		
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	1	0	1	1	1	1	0	2	1	0		
		7.57	0	7.89	7.61	7.57	8.11	0	17.3	8.44	0.00%		
No. C diff cases deemed trajectory cases		0	0	1	1	1	TBA	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		0	0	0	0	0	0	0	0	3	0		
No. & % of staff trained to Child Safeguarding Lvl 1	Quarterly			94.37% (1360)			94.9% (1333)			95.0% (1348)			
No. & % of staff trained to Child Safeguarding Lvl 2	Quarterly			86.38% (1847)			84.9% (1748)			91.0% (1902)			
No. & % of staff trained to Child Safeguarding Lvl 3	Quarterly			87.52% (1256)			91% (1257)			89.0% (1253)			
No. and % of staff trained in Adult Safeguarding Lv1	Quarterly			94.86% (1367)			94.9% (1334)			95.0% (1351)			
No. and % of staff trained in Adult Safeguarding Lv2	Quarterly			94.17% (3365)			92.8% (3194)			91.0% (3196)			
No. and % of staff trained in Basic MCA/DOLS awareness	Quarterly			94.17% (3365)			92.8% (3194)			91.0% (1396)			
No. and % of staff trained in MCA / DOLS	Quarterly			94.21% (2212)			94.75% (2149)			92.3% (2104)			
No. and % of staff trained in Prevent Levels 1-2	Quarterly			84.4% (5173)			96.2% (5839)			98.7% (5873)			
No. and % of staff trained in Prevent Levels 3-5	Quarterly			15.4% (73)			20.5% (176)			33.3% (322)			
No. and % of staff trained in Learning Disability Awareness	Quarterly			94.37% (4732)			93.4% (4528)			92.5% (4547)			
<b>Effective</b>													
No. & % of service users in hospital for >1yr who have had an annual physical health check	100%	7	5	6	10	7	7	7	2	4	3		
		100%	100%	100%	100%	88%	100%	100%	67%	100%	100%		
No. & % of patients with a falls assessment completed within 24 hours of admission.4	95%	99.6%	95.6%	97.6%	97.8%	97.4%	97.3%	94.5%	96.8%	93.3%	95.5%		
No. & % of patients nutritionally screened within 24 hours of admission to hospital.	95%	218	213	197	216	223	140	133	149	140	150		

**DHFT Scorecard**

No. & % of patients who have a pressure ulcer risk assessment within 4 hours of admission.	95%	96.5%	93.4%	95.2%	97.3%	96.1%	95.2%	92.4%	95.5%	95.2%	97.4%		
		216	211	205	70	146	139	122	148	129	142		
		95.2%	93.0%	97.6%	87.5%	90.0%	93.3%	85.3%	93.7%	89.0%	90.4%		
No. & % of patients who have a VTE risk assessment within 24 hours of admission.	95%	270	295	263	273	259	197	195	197	171	199		
		99.3%	98.3%	99.6%	99.6%	97.7%	97.5%	98.5%	99.0%	98.3%	98.5%		
No & % of patients who have had appropriate prophylaxis for VTE													
<b>Caring</b>													
No. and % of patients who may be at risk of crisis with a crisis plan	95% Quarterly												
Carer's assessment commenced within 4 weeks	100% Quarterly			TBA									
<b>Responsive</b>													
No. complaints	Quarterly			106			96			96			
Percentage of complaints acknowledged in 3 operational days	Quarterly			98			95			96			
				92%			99%			100.0%			
Percentage of complaints responded to in agreed timescales	Quarterly			69			87			75			
				80%			90%			89%			
No. complaints referred to ombudsman	Quarterly												
Mixed sex breach (nationally reportable)		0	0	0	0	0	0	0	0	0	0		
Mixed sex breach (locally reportable)		3	0	2	1	0	0	2	0	0	1		
<b>Well-led</b>													