

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														
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	0	94	69														
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	16	11														
	Stroke (SSNAP indicators)	Overall SSNAP score (most recent published)	C or above	n/a	n/a														
	Mortality	Summary hospital level mortality indicator (score) (most recent published)	<1 - Green		n/a														
		Hospital Standardised Mortality rate	<100 = Green		n/a														
	Learning Disability	Compliance with Monitor requirements in relation to services for people with a learning disability	Red/Amber or Green	compliant	compliant														
	Surgical Checklist	Percentage compliance with WHO Check list	100% - Green	100.0%	99.2%														
	Risk Assessments and Screening	Percentage of FALLS assessments completed within 24 hours of admission	95% - Green 85% - 95% - Amber Under 85% - Red	98.15%	97.96%														
		Percentage of VTE risk assessments completed upon admission		90.6%	92.10%														
		Percentage of admissions screened for NUTRITION within 24 hours of admission to hospital		87.04%	83.67%														
		Percentage of admissions that have a PRESSURE ULCER risk assessment completed within 6 hours of admission		98.15%	93.88%														
		Percentage of patients screened for MRSA		93.30%	92.80%														
	Pressure ulcers	Number of Pressure Ulcers (Hospital acquired) Grade 2	N/A																
		Number of Pressure Ulcers (Hospital acquired) Grade 3	N/A		0														
		Number of Pressure Ulcers (Hospital acquired) Grade 4			0														
		Number of inherited Pressure Ulcers Grade 2			24	40													
		Number of inherited Pressure Ulcers Grade 3			6	3													
		Number of inherited Pressure Ulcers Grade 4			0	2													
	Staffing	Staff turnover		8.8%	8.8%														
		Staff appraisal rate	90% - Green 80% - 90% - Amber Under 80% - Red	88.0%	88.0%														
		Mandatory training rate		87.0%	87.0%														
		Sickness rate	Internal Trust target		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
	Mixed Sex accomodation Breach	Number of non-clinically indicated mixed sex accomodation breaches	0 = Green 1 or above = Red	15	5											
	Infection Control	MRSA Bacteraemia	0 = Green 1 or above = Red	0	0											
		Clostridium Difficile	13	1	3											
	VTE	Percentage of eligible patients who have a VTE risk assement completed upon admission	95% or above - Green 90% - 95% - Amber Under 90% - Red	90.61%	92.13%											
		Percentage of patients who receive appropriate VTE prophylaxis	95% or above - Green 90% - 95% - Amber Under 90% - Red	74.2%	0.00%											
	Medication Errors	No Harm		43	28											
		Low Harm		11	8											
		Moderate Harm		0	5											
		Severe Harm		0	0											
		Death		0	0											
		Number of medication errors relating to controlled drugs			9	11										
	Never Events	Number of Never Events	0	0	0											
	Serious Incidents	Number of serious incidents relating to Pressure Ulcers		0	0											
		Number of serious incidents relating to Falls		0	1											
		Number of serious incidents - other	N/A	1	0											
	Incidents	Number of incidents by harms;		477	458											
		No Harm		375	338											
		Low Harm		91	107											
		Moderate Harm		8	11											
		Severe Harm		2	1											
		Death		1	1											
	Early Warning Score	Percentage of observations and scores completed	100%	n/a	n/a											
	Safeguarding	Percentage of eligible staff trained in Level 1 Safeguarding Children		93%	93%											
		Percentage of eligible staff trained in Level 2 Safeguarding Children		85%	86%											
		Percentage eligible staff trained in Level 3 Safeguarding Children		77%	78%											
		Percentage staff trained in Safeguarding Adults Level 1		94%	94%											
		Percentage staff trained in Safeguarding Adults Level 2		83%	85%											
		Percentage of staff trained in Prevent														
		*Number and fromJune percentage of staff given LD Awareness Training	90-100% - Green 80%-90% - Amber Under 80% - Red		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			88%	88%											

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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	
	Complaints	Number of complaints received	N/A	30	29												
		Percentage of complaints acknowledged within 3 operational days	100% - Green 90% - 99% - Amber Under 90% - Red	100%	100%												
		Percentage of complaints responded to within agreed timescales		n/a	n/a												
		Date when last complaints summary published on website	N/A	April	May												

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 or above = Red	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	55	62													
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	2	6													
	Stroke (SSNAP indicators)	Overall SSNAP score (most recent published)	C or above	Quarter 4 2018/19 reporting period will close in May 2019 with results released to Trusts in July 2019.														
	Mortality	Summary hospital level mortality indicator (score) (most recent published)	<1 - Green	See Integrated Performance Report														
			<100 = Green															
	Learning Disability	Compliance with Monitor requirements in relation to services for people with a learning disability	Red/Amber or Green	Amber	Amber													
	Surgical Checklist	Percentage compliance with WHO Check list	100% - Green	99.0%	96.0%													
	Risk Assessments and Screening	Percentage of FALLS assessments completed within 24 hours of admission	100% - Green 90% - 95% - Amber Under 90% - Red	96.0%	98.0%													
		Percentage of VTE risk assessments completed upon admission		95.1%	94.9%													
		Percentage of admissions screened for NUTRITION within 24 hours of admission to hospital		84.0%	85.0%													
		Percentage of admissions that have a PRESSURE ULCER risk assessment completed within 6 hours of admission		92.6%	96.9%													
		Percentage of patients screened for MRSA		See Integrated Performance Report														
		Number of Pressure Ulcers (Hospital Acquired) Grade 2		21	21													
		Number of Pressure Ulcers (Hospital Acquired) Grade 3		9	14													

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	Pressure ulcers	Number of Pressure Ulcers (Hospital Acquired) Grade 4		0	0													
		Number of Inherited Pressure Ulcers (Grade 2)		44	44													
		Number of Inherited Pressure Ulcers (Grade 3)		23	36													
		Number of Inherited Pressure Ulcers (Grade 4)		1	2													
	Staffing	Staff turnover		1.07%	0.80%													
		Staff appraisal rate	90% - Green 80% - 90% - Amber Under 80% - Red	67.0%	63.8%													
		Mandatory training rate		86.0%	86.0%													
		Sickness rate	Internal Trust target	3.62%	3.51%													
	Mixed Sex accomodation Breach	Number of non-clinically indicated mixed sex accomodation breaches	0 = Green 1 or above = Red	0	1													
	Infection Control	MRSA Bacteraemia	0 = Green 1 or above = Red	0	0													
		Clostridium Difficile	14	2	3													
	VTE	Percentage of eligible patients who have a VTE risk assement completed upon admission	95% or above - Green 90% - 95% - Amber Under 90% - Red	95.1%	94.9%													
		Percentage of patients who receive appropriate VTE prophylaxis	95% or above - Green 90% - 95% - Amber Under 90% - Red	97.75%	96.98%													

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Medication Errors	No Harm		90	85														
	Low Harm		9	8														
	Moderate Harm		2	2														
	Severe Harm		0	0														
	Death		0	0														
	Number of medication errors relating to controlled drugs			5	25													
Never Events	Number of Never Events	0	0	0														
Serious Incidents	Number of serious incidents relating to Pressure Ulcers		0	0														
	Number of serious incidents relating to Falls		4	2														
	Number of serious incidents - other	N/A	0	1														
Incidents	Number of incidents by harms;		902	881														
	No Harm		689	635														
	Low Harm		170	189														
	Moderate Harm		39	54														
	Severe Harm		4	3														
	Death		0	0														
Early Warning Score	Percentage of observations and scores completed	100%	99.0%	99.0%														
Safeguarding	Percentage of eligible staff trained in Level 1 Safeguarding Children		91.0%	91.0%														
	Percentage of eligible staff trained in Level 2 Safeguarding Children		86.0%	86.0%														
	Percentage eligible staff trained in Level 3 Safeguarding Children		70.0%	70.0%														
	Percentage staff trained in Safeguarding Adults Level 1	90-100% - Green 80%-90% - Amber Under 80% - Red	91.0%	90.0%														
	Percentage staff trained in Safeguarding Adults Level 2		81.0%	81.0%														
	Percentage of Staff Trained in Prevent		91.0%	89.0%														
	Percentage of Staff given LD Awareness Training		81.0%	81.0%														
	Percentage staff trained in relation to Mental Capacity Act and DOLs		81.0%	81.0%														
Complaints	Number of complaints received	N/A	20	26														
	Percentage of complaints acknowledged within 3		100.0%	100.0%														
	Percentage of complaints responded to within agreed timescales	100% - Green 90% - 99% - Amber Under 90% - Red	100.0%	100.0%														
	Date when last complaints summary published on website	N/A	Sept	Sept														

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											
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	0	129	74											
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	7	7											
	Stroke (SSNAP indicators)	Overall SSNAP score (most recent)	C or above	not yet available												
	Mortality	Summary hospital level mortality indicator (score) (most recent published)	<1 - Green	0.998	0.949											
		Hospital Standardised Mortality rate (RBH)	<100 = Green	82.9	89											
		Hospital Standardised Mortality rate (X'CH)		178.3	195.5											
	Learning Disability	Compliance with Monitor requirements in relation to services for people with a learning disability	Red/Amber or Green	Yes	Yes											
	Surgical Checklist	Percentage compliance with WHO Check list	100% - Green	98.0%	97.2%											
	Pressure ulcers	Number of hospital acquired pressure Ulcers Grade 2	N/A	50	46											
		Number of hospital acquired pressure Ulcers Grade 3		9	7											
		Number of hospital acquired pressure Ulcers Grade 4		0	1											
		Number of inherited pressure ulcers Grade 2		86	100											
		Number of inherited pressure ulcers Grade 3		42	22											
		Number of inherited pressure ulcers Grade 4	N/A	12	10											
	Staffing	Staff turnover		10%	11%											
		Staff appraisal rate	90% - Green 80% - 90% - Amber Under 80% - Red	84.0%	9.0%											
		Mandatory training rate		93.4%	93.7%											
		Sickness rate	Internal Trust target	4.2%	4.2%											
	Mixed Sex accomodation Breach	Number of non-clinically indicated mixed sex accomodation breaches	0 = Green 1 or above = Red	10	0											
	Infection Control	MRSA Bacteraemia	0 = Green 1 or above = Red	0	0											
		Clostridium Difficile	13	1	2											
	VTE	Percentage of eligible patients who have a VTE risk assement completed upon admission	95% or above - Green 90% - 95% - Amber Under 90% - Red	95.7%	96.4%											
		Percentage of patients who receive appropriate VTE prophylaxis	95% or above - Green 90% - 95% - Amber Under 90% - Red	92.4%	93.2%											

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Medication Errors	No Harm		73	66															
	Low Harm		10	6															
	Moderate Harm		0	1															
	Severe Harm		0	0															
	Death		0	0															
	Number of medication errors relating to controlled drugs		16	8															
Never Events	Number of Never Events	0	1	0															
Serious Incidents	Number of serious incidents relating to Pressure Ulcers		0	0															
	Number of serious incidents relating to Falls		0	2															
	Number of serious incidents - other	N/A	3	1															
Incidents	Number of incidents by harms;																		
	No Harm		423	453															
	Low Harm		192	172															
	Moderate Harm		5	7															
	Severe Harm		1	1															
	Death		0	0															
Early Warning Score	Percentage of observations and scores completed	100%	98.8%	98.7%															
Safeguarding	Percentage of eligible staff trained in Level 1 Safeguarding Children	90-100% - Green 80%-90% - Amber Under 80% - Red	97.2%	96.9%															
	Percentage of eligible staff trained in Level 2 Safeguarding Children		94.3%	94.5%															
	Percentage eligible staff trained in Level 3 Safeguarding Children		79.7%	78.1%															
	Percentage staff trained in Safeguarding Adults Level 1		96.9%	97.0%															
	Percentage staff trained in Safeguarding Adults Level 2		94.5%	95.0%															
	Percentage of staff trained in Prevent		95.8%	96.7%															
	Percentage of staff given LD Awareness Training		95.3%	95.6%															
Percentage staff trained in relation to Mental Capacity Act and DOLs	93.1%	91.2%																	
Complaints	Number of complaints received	N/A	37	60															
	Percentage of complaints acknowledged within 3 operational days	100% - Green 90% - 99% - Amber Under 90% - Red	100.0%	100.0%															
	Percentage of complaints responded to within agreed timescales		58.8%	63.3%															
	Date when last complaints summary published on website	N/A	Oct-18	Oct-18															

DHUFT Scorecard

Metric	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Safe													
No. and rate of new pressure ulcers from patient safety thermometer		43	33										
		2.75%	2.14%										
No. and rate of old pressure ulcers from patient safety thermometer		102	111										
		6.51%	7.20%										
No. and rate of all new hospital acquired pressure ulcers on the patient safety thermometer (New pressure ulcers only)	<1.5%	3	5										
Number of incidents reported on STEIS		9	3										
No. and % compliance with STEIS data entry requirements - reporting (excluding pressure ulcers)		7	2										
		100.0%	100.0%										
No. and % compliance with STEIS data entry requirements - closing		0	10										
			100.0%										
No. of patients with MRSA Bacteraemia	0	0	0										
No. of patients with C diff and (per 100,000 bed days)	<12 - annually	0	1										
			8.06										
No. C diff cases deemed trajectory cases		0	0										
No. of patients whose death certificates include C-diff in part 1(a)		0	0										
No. of C diff outbreaks (2 or more cases in same area within 28 days)		0	0										
No. cases of suspected/confirmed norovirus		0	18										
No. & % of staff trained to Child Safeguarding Lvl 1	Quarterly												
No. & % of staff trained to Child Safeguarding Lvl 2	Quarterly												
No. & % of staff trained to Child Safeguarding Lvl 3	Quarterly												
No. and % of staff trained in Adult Safeguarding Lv1	Quarterly												
No. and % of staff trained in Adult Safeguarding Lv2	Quarterly												
No. and % of staff trained in Basic MCA/DOLS awareness	Quarterly												
No. and % of staff trained in MCA / DOLS	Quarterly												
No. and % of staff trained in Prevent Levels 1-2	Quarterly												
No. and % of staff trained in Prevent Levels 3-5	Quarterly												
No. and % of staff trained in Learning Disability Awareness	Quarterly												
Effective													
No. & % of service users in hospital for >1yr who have had an annual physical health check	100%	4	4										
		100%	100%										
No. & % of patients with a falls assessment completed within 24 hours of admission.4	95%	98.7%	96.7%										
No. & % of patients nutritionally screened within 24 hours of admission to hospital.	95%	151	154										
		97.4%	100.0%										
No. & % of patients who have a pressure ulcer risk assessment within 4 hours of admission.	95%	146	143										
		92.4%	94.1%										
No. & % of patients who have a VTE risk assessment within 24 hours of admission.	95%	195	177										

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		99.5%	100.0%										
No & % of patients who have had appropriate prophylaxis for VTE													
Caring													
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												
Responsive													
No. complaints	Quarterly												
Percentage of complaints acknowledged in 3 operational days	Quarterly												
Percentage of complaints responded to in agreed timescales	Quarterly												
No. complaints referred to ombudsman	Quarterly												
Mixed sex breach (nationally reportable)		0	0										
Mixed sex breach (locally reportable)		4	0										
Well-led													