

### 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							
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	0	94	69	82	91	86	59	71							
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	16	11	17	32	31	12	14							
	Stroke (SSNAP indicators)	Overall SSNAP score (most recent published)	C or above	C	C	C	C	C	C	n/a							
	Mortality	Summary hospital level mortality indicator (score) (most recent published)	<1 - Green	1.18	1.16	1.17	1.18										
	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							
	Surgical Checklist	Percentage compliance with WHO Check list	100% - Green	100.0%	99.2%	99.6%	0.0%	100.0%	100.0%	100.0%							
	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%	n/a	96.40%	100.00%	90.00%	100.00%							
		Percentage of VTE risk assessments completed upon admission		90.6%	92.10%	92.10%	88.87%	86.32%	86.45%	85.69%							
		Percentage of admissions screened for NUTRITION within 24 hours of admission to hospital		87.04%	83.67%	n/a	64.30%	66.70%	73.30%	n/a							
		Percentage of admissions that have a PRESSURE ULCER risk assessment completed within 6 hours of admission		98.15%	93.88%	n/a	n/a	100.0%	86.7%	100.0%							
		Percentage of patients screened for MRSA		93.30%	92.80%	93.40%	96.6%	96.6%	96.3%	93.1%							
	Pressure ulcers	Number of Pressure Ulcers (Hospital acquired) Grade 2	N/A			n/a	n/a	n/a	n/a	n/a							
		Number of Pressure Ulcers (Hospital acquired) Grade 3	N/A		0	2	1	0	0	0							
		Number of Pressure Ulcers (Hospital acquired) Grade 4			0	0	0	0	0	0							
		Number of inherited Pressure Ulcers Grade 2		24	40	25	32	28	32	18							
		Number of inherited Pressure Ulcers Grade 3		6	3	4	9	6	3	19							
		Number of inherited Pressure Ulcers Grade 4		0	2	0	1	1	0	2							
	Staffing	Staff turnover		8.8%	8.8%	8.9%	9.3%	9.7%	9.6%	9.7%							
		Staff appraisal rate	90% - Green 80% - 90% - Amber Under 80% - Red	88.0%	88.0%	88.0%	87.0%	86.0%	85.5%	87.0%							
		Mandatory training rate		87.0%	87.0%	87.0%	87.0%	87.0%	87.0%	88.0%							
		Sickness rate	Internal Trust target	n/a	n/a	n/a	n/a	n/a	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	16	17	14	8	17						
	Infection Control	MRSA Bacteraemia	0 = Green 1 or above = Red	0	0	0	0	0	0	0						
		Clostridium Difficile	13	1	3	1	1	1	2	1						
	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%	92.07%										
		Percentage of patients who receive appropriate VTE prophylaxis	95% or above - Green 90% - 95% - Amber Under 90% - Red	74.2%	0.00%	71.1%	63.20%	77.2%	86.50%	85.7%						
	Medication Errors	No Harm		43	28	39	42	37	30	61						
		Low Harm		11	8	10	14	17	10	8						
		Moderate Harm		0	5	1	0	2	2	2						
		Severe Harm		0	0	0	0	0	0	0						
		Death		0	0	0	0	0	0	0						
		Number of medication errors relating to controlled drugs			9	11	11	7	9	8	8					
	Never Events	Number of Never Events	0	0	0	0	0	0	0	0						
	Serious Incidents	Number of serious incidents relating to Pressure Ulcers		0	0	0	0	0	0	0						
		Number of serious incidents relating to Falls		0	1	0	0	0	0	0						
		Number of serious incidents - other	N/A	1	0	1	3	0	2	1						
	Incidents	Number of incidents by harms;		477	458	465	512	501	485	485						
		No Harm		375	338	355	415	375	343	375						
		Low Harm		91	107	100	83	105	113	95						
		Moderate Harm		8	11	5	9	16	23	23						
		Severe Harm		2	1	4	3	4	5	0						
		Death		1	1	1	2	1	1	2						
	Safeguarding	Percentage of eligible staff trained in Level 1 Safeguarding Children		93%	93%	95%	95%	95%	94%	95%						
		Percentage of eligible staff trained in Level 2 Safeguarding Children		85%	86%	88%	87%	86%	87%	86%						
		Percentage eligible staff trained in Level 3 Safeguarding Children		77%	78%	80%	83%	83%	81%	79%						
		Percentage staff trained in Safeguarding Adults Level 1		94%	94%	95%	87%	89%	89%	88%						
		Percentage staff trained in Safeguarding Adults Level 2		83%	85%	85%	85%	85%	86%	86%						
		Percentage of staff trained in Prevent		Apr19:Jun19: 81.7%		July19:Sept19: 81.3%										
		*Number and from June 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 traning, 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%	88%	88%	89%	89%	89%							
	Number of complaints received	N/A	30	29	24	26	40	24	34							

### 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>	Percentage of complaints acknowledged within 3 operational days	100% - Green 90% - 99% - Amber Under 90% - Red	100%	100%	100%	100%	100%	100%	100%						
		Percentage of complaints responded to within agreed timescales		n/a	n/a	n/a	n/a	n/a	n/a	100%						
		Date when last complaints summary published on website	N/A	April	May	June	Jul	Aug	Sep	Oct						

### 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	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	55	62	68	74	100	82	151							
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	2	6	1	11	31	31	22							
	Stroke (SSNAP indicators)	Overall SSNAP score (most recent published)	C or above	B			B			N/A							
	Mortality	Summary hospital level mortality indicator (score) (most recent published)	<1 = Green	0.9	0.9	0.89	0.89										
	Learning Disability	Compliance with Monitor requirements in relation to services for people with a learning disability	Red/Amber or Green	Amber	Amber	Amber	Amber	Amber	Amber	Amber							
	Surgical Checklist	Percentage compliance with WHO Check list	100% - Green	99.0%	96.0%	98.0%	99.1%	96.0%	99.5%	97.5%							
	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%	95.0%	99.0%	97.0%	99.0%	99.0%							
		Percentage of VTE risk assessments completed upon admission		95.1%	94.9%	95.8%	97.8%	97.8%	97.5%	97.8%							
		Percentage of admissions screened for NUTRITION within 24 hours of admission to hospital		84.0%	85.0%	85.0%	87.0%	86.0%	89.0%	88.0%							
		Percentage of admissions that have a PRESSURE ULCER risk assessment completed within 6 hours of admission		92.6%	96.9%	98.8%	98.1%	98.5%	98.9%	98.90%							
		Percentage of patients screened for MRSA		See Integrated Performance Report													
		Number of Pressure Ulcers (Hospital Acquired) Grade 2		21	21	12	18	15	18	25							

### PHFT Scorecard

	<b>Pressure ulcers</b>	Number of Pressure Ulcers (Hospital Acquired) Grade 3		9	14	9	16	10	12	9						
		Number of Pressure Ulcers (Hospital Acquired) Grade 4		0	0	0	0	0	0	0						
		Number of Inherited Pressure Ulcers (Grade 2)		44	44	32	38	36	4	47						
		Number of Inherited Pressure Ulcers (Grade 3)		23	36	38	21	32	29	29						
		Number of Inherited Pressure Ulcers (Grade 4)		1	2	3	6	2	5	3						
	<b>Staffing</b>	Staff turnover		1.07%	0.80%	1.09%	1.22%	1.40%	1.58%	1.1%						
		Staff appraisal rate	90% - Green 80% - 90% - Amber Under 80% - Red	67.0%	63.8%	68.3%	84.0%	86.0%	86.7%	87.0%						
		Mandatory training rate		86.0%	86.0%	86.0%	86.0%	86.0%	85.0%	87.0%						
		Sickness rate	Internal Trust target	3.62%	3.51%	3.57%	3.83%	3.59%	3.70%	4.3%						
	<b>Mixed Sex accomodation Breach</b>	Number of non-clinically indicated mixed sex accomodation breaches	0 = Green 1 or above = Red	0	1	0	0	0	0	0						
	<b>Infection Control</b>	MRSA Bacteraemia	0 = Green 1 or above = Red	0	0	0	0	0	0	0						
		Clostridium Difficile	14	2	3	3	0	4	1	7						
	<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	95.1%	94.9%	95.8%	97.8%	97.8%	97.5%	97.8%						
		Percentage of patients who receive appropriate VTE prophylaxis	95% or above - Green 90% - 95% - Amber Under 90% - Red	97.75%	96.98%	96.76%	95.50%	93.63%	98.11%	94.12%						

### PHFT Scorecard

<b>Medication Errors</b>	No Harm		90	85	65	66	96	87	94						
	Low Harm		9	8	4	8	5	4	6						
	Moderate Harm		2	2	0	1	2	1	1						
	Severe Harm		0	0	0	0	1	0	0						
	Death		0	0	0	0	0	0	0						
	Number of medication errors relating to controlled drugs		5	25	10	3	7	17	8						
<b>Never Events</b>	Number of Never Events	0	0	0	0	0	0	0	2						
<b>Serious Incidents</b>	Number of serious incidents relating to Pressure Ulcers		0	0	1	0	0	0	0						
	Number of serious incidents relating to Falls		4	2	0	1	0	0	1						
	Number of serious incidents - other	N/A	0	1	1	0	0	2	2						
<b>Incidents</b>	Number of incidents by harms;		902	881	812	875	842	886	952						
	No Harm		689	635	608	647	629	677	688						
	Low Harm		170	189	153	203	182	177	233						
	Moderate Harm		39	54	48	23	30	31	27						
	Severe Harm		4	3	3	2	1	1	4						
	Death		0	0	0	0	0	0	0						
<b>Early Warning Score</b>	Percentage of observations and scores completed	100%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99%						
<b>Safeguarding</b>	Percentage of eligible staff trained in Level 1 Safeguarding Children	90-100% - Green 80%-90% - Amber Under 80% - Red	91.0%	91.0%	91.0%	92.0%	91.0%	91.0%	92%						
	Percentage of eligible staff trained in Level 2 Safeguarding Children		86.0%	86.0%	86.0%	87.0%	85.0%	84.0%	88.0%						
	Percentage eligible staff trained in Level 3 Safeguarding Children		70.0%	70.0%	71.0%	74.0%	74.0%	73.0%	73%						
	Percentage staff trained in Safeguarding Adults Level 1		91.0%	90.0%	90.0%	91.0%	90.0%	90.0%	91%						
	Percentage staff trained in Safeguarding Adults Level 2		81.0%	81.0%	80.0%	81.0%	79.0%	78.0%	81%						
	Percentage of Staff Trained in Prevent		91.0%	89.0%	90.0%	90.0%	90.0%	89%	90%						
	Percentage of Staff given LD Awareness Training		81.0%	81.0%	80.0%	81.0%	79.0%	78.0%	81%						
	Percentage staff trained in relation to Mental Capacity Act and DOLs		81.0%	81.0%	80.0%	81.0%	79.0%	78.0%	81%						
<b>Complaints</b>	Number of complaints received	N/A	20	26	15	24	17	15	22						
	Percentage of complaints acknowledged within 3	100% - Green 90% - 99% - Amber Under 90% - Red	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%						
	Percentage of complaints responded to within agreed timescales		100.0%	100.0%	100.0%	100.0%	96.0%	100%	100%						
	Date when last complaints summary published on website	N/A	Sept	Sept	Sept	Sept	Sept	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	0	0	0	0	0							
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	0	129	74	49	78	86	55	95							
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	7	7	0	3	1	4	10							
	Stroke (SSNAP indicators)	Overall SSNAP score (most recent)	C or above	A													
	Mortality	Summary hospital level mortality indicator (score) (most recent published)	<1 - Green	0.92	0.91	0.89	0.88										
		Hospital Standardised Mortality rate (RBH)	<100 = Green	82.9	89	84.9	68.2	68.2%	68.2%	89.5%							
		Hospital Standardised Mortality rate (X'CH)		178.3	195.5	171.5	230.9	230.9	230.9	204.9							
	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	Yes							
	Surgical Checklist	Percentage compliance with WHO Check list	100% - Green	98.0%	97.2%	97.6%	98.2%	97.6%	96.4%	96.6%							
	Pressure ulcers	Number of hospital acquired pressure Ulcers Grade 2	N/A	50	46	52	60	58	48	57							
		Number of hospital acquired pressure Ulcers Grade 3		9	7	11	9	6	13	10							
		Number of hospital acquired pressure Ulcers Grade 4		0	1	2	1	1	0	1							
		Number of inherited pressure ulcers Grade 2		86	100	108	101	104	105	93							
		Number of inherited pressure ulcers Grade 3		42	22	29	43	35	32	28							
		Number of inherited pressure ulcers Grade 4	N/A	12	10	7	7	1	5	3							
	Staffing	Staff turnover		10%	11%	11%	10%	11%	10%	10%							
		Staff appraisal rate	90% - Green 80% - 90% - Amber Under 80% - Red	84.0%	9.0%	20.7%	37.4%	55.9%	78.1%	86.2%							
		Mandatory training rate		93.4%	93.7%	94.2%	94.2%	94.5%	93.7%	94.6%							
		Sickness rate	Internal Trust target	4.2%	4.2%	4.2%	4.2%	4.1%	4.0%	3.9%							
	Mixed Sex accomodation Breach	Number of non-clinically indicated mixed sex accomodation breaches	0 = Green 1 or above = Red	10	0	3	1	5	9	4							
	Infection Control	MRSA Bacteraemia	0 = Green 1 or above = Red	0	0	0	0	0	0	0							
		Clostridium Difficile	13	1	2	0	0	0	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	95.7%	96.4%	96.7%	96.6%	96.3%	96.1%	96.3%							
		Percentage of patients who receive appropriate VTE prophylaxis	95% or above - Green 90% - 95% - Amber Under 90% - Red	92.4%	93.2%	93.8%	93.6%	93.0%	93.4%	93.1%							

**RBCHFT Scorecard**

<b>Medication Errors</b>	No Harm		73	66	63	75	48	67	78						
	Low Harm		10	6	5	8	9	11	14						
	Moderate Harm		0	1	3	4	1	2	0						
	Severe Harm		0	0	0	0	1	0	1						
	Death		0	0	0	0	0	0	0						
	Number of medication errors relating to controlled drugs		16	8	14	12	9	13	17						
<b>Never Events</b>	Number of Never Events	0	1	0	0	1	1	0	0						
<b>Serious Incidents</b>	Number of serious incidents relating to Pressure Ulcers		0	0	0	0	0	0	0						
	Number of serious incidents relating to Falls		0	2	0	1	2	2	0						
	Number of serious incidents - other	N/A	3	1	0	1	3	0	1						
<b>Incidents</b>	Number of incidents by harms;														
	No Harm		423	453	405	448	373	360	360						
	Low Harm		192	172	170	184	185	186	188						
	Moderate Harm		5	7	7	10	7	14	4						
	Severe Harm		1	1	0	1	0	0	1						
	Death		0	0	0	0	0	0	0						
<b>Early Warning Score</b>	Percentage of observations and scores completed	100%	98.8%	98.7%	98.9%	98.9%	98.7%	n/a	n/a						
<b>Safeguarding</b>	Percentage of eligible staff trained in Level 1 Safeguarding Children	90-100% - Green 80%-90% - Amber Under 80% - Red	97.2%	96.9%	96.5%	96.8%	96.9%	96.1%	96.4%						
	Percentage of eligible staff trained in Level 2 Safeguarding Children		94.3%	94.5%	95.1%	95.3%	95.5%	94.5%	94.8%						
	Percentage eligible staff trained in Level 3 Safeguarding Children		79.7%	78.1%	83.0%	88.6%	88.1%	85.3%	85.4%						
	Percentage staff trained in Safeguarding Adults Level 1		96.9%	97.0%	96.5%	96.2%	96.6%	96.2%	96.8%						
	Percentage staff trained in Safeguarding Adults Level 2		94.5%	95.0%	95.9%	95.9%	95.8%	94.6%	95.3%						
	Percentage of staff trained in Prevent		95.8%	96.7%	97.3%	97.7%	98.2%	97.7%	97.9%						
	Percentage of staff given LD Awareness Training		95.3%	95.6%	96.1%	96.0%	96.1%	95.2%	95.8%						
Percentage staff trained in relation to Mental Capacity Act and DOLs	93.1%	91.2%	88.7%	88.2%	89.2%	95.4%	84.8%								
<b>Complaints</b>	Number of complaints received	N/A	37	60	36	47	34	29	39						
	Percentage of complaints acknowledged within 3 operational days	100% - Green 90% - 99% - Amber Under 90% - Red	100.0%	100.0%	100.0%	97.9%	100.0%	100.0%	100.0%						
	Percentage of complaints responded to within agreed timescales		58.8%	63.3%	46.3%	47.8%	40.5%	56.3%	77.3%						
	Date when last complaints summary published on website	N/A	Oct-18	Oct-18	Oct-18	Jun-19	Jul-19	Jul-19	Sep-19						



**DHUF 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
<b>Safe</b>													
No. and rate of new pressure ulcers from patient safety thermometer		43	33	45	42	29	44	51					
		2.75%	2.14%	2.83%	2.80%	1.82%	2.93%	3.18%					
No. and rate of old pressure ulcers from patient safety thermometer		102	111	109	97	99	94	108					
		6.51%	7.20%	6.85%	6.47%	6.20%	6.25%	6.74%					
No. and rate of all new hospital acquired pressure ulcers on the patient safety thermometer (New pressure ulcers only)	<1.5%	3	5	1	5	0	4	3					
Number of incidents reported on STEIS		9	3	5	10	1	9	3					
No. and % compliance with STEIS data entry requirements - reporting (excluding pressure ulcers)		7	2	4	6	1	7	3					
		100.0%	100.0%	75.0%	100.0%	100.0%	78.0%	100.0%					
No. and % compliance with STEIS data entry requirements - closing		0	10	5	11	0	4	3					
			100.0%	100.0%	91.0%	n/a	100.0%	100%					
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 - annually	0	1	1	0	2	0	0					
			8.06	8.61	0	16.68	0	0					
No. C diff cases deemed trajectory cases		0	0	1	0	0	0	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	0	0	0	0	0					
No. cases of suspected/confirmed norovirus		0	18	0	0	0	0	0					
No. & % of staff trained to Child Safeguarding Lvl 1	Quarterly			1391			1439						
				97.00%			96.0%						
No. & % of staff trained to Child Safeguarding Lvl 2	Quarterly			2008			1990						
				94.00%			94.0%						
No. & % of staff trained to Child Safeguarding Lvl 3	Quarterly			1331			1315						
				91.00%			89.0%						
No. and % of staff trained in Adult Safeguarding Lv1	Quarterly			1390			1438						
				97.00%			96.0%						
No. and % of staff trained in Adult Safeguarding Lv2	Quarterly			3340			3389						
				94.00%			95.0%						
No. and % of staff trained in Basic MCA/DOLS awareness	Quarterly			3340			3389						
				94.00%			95.0%						
No. and % of staff trained in MCA / DOLS	Quarterly			2097			2052						
				91.00%			86.4%						
No. and % of staff trained in Prevent Levels 1-2	Quarterly			5898			5969						
				97.00%			96.4%						
No. and % of staff trained in Prevent Levels 3-5	Quarterly			2205			2365						
				52.60%			56.1%						
No. and % of staff trained in Learning Disability Awareness	Quarterly			4730			4827						
				95.00%			95.0%						
<b>Effective</b>													
No. & % of service users in hospital for >1yr who have had an annual physical health check	100%	4	4	6	5	13	5	3					
		100%	100%	100%	100%	100%	100%	100%					
No. & % of patients with a falls assessment completed within 24 hours of admission.4	95%	156	147	145	159	171	147	163%					
		98.7%	96.7%	96.7%	96.4%	95.0%	96.7%	95.9%					

**DHFT Scorecard**

No. & % of patients nutritionally screened within 24 hours of admission to hospital.	95%	151	154	144	156	169	146	161					
		97.4%	100.0%	96.0%	96.9%	94.9%	96.1%	96.4%					
No. & % of patients who have a pressure ulcer risk assessment within 4 hours of admission.	95%	146	143	134	144	163	142	160					
		92.4%	94.1%	91.2%	90.0%	91.1%	93.4%	97.0%					
No. & % of patients who have a VTE risk assessment within 24 hours of admission.	95%	195	177	209	199	198	197	231					
		99.5%	100.0%	99.5%	98.5%	99.5%	99.0%	99.6%					
No & % of patients who have had appropriate prophylaxis for VTE						8							
						100%							
<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												
<b>Responsive</b>													
No. complaints	Quarterly			113			126						
Percentage of complaints acknowledged in 3 operational days	Quarterly			100.00%			99.00%						
Percentage of complaints responded to in agreed timescales	Quarterly			86.00%			73.00%						
No. complaints referred to ombudsman	Quarterly			2			0						
Mixed sex breach (nationally reportable)		0	0	0	0	0	0	0					
Mixed sex breach (locally reportable)		4	0	0	2	1	1	1					
<b>Well-led</b>													