

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 | 1 | 0 | | | | | |
| | | Number of handovers between ambulance and A&E taking between 30 and 60 minutes | 0 | 94 | 69 | 82 | 91 | 86 | 59 | 71 | 8 | 13 | | | | | |
| | | Number of handovers between ambulance and A&E taking place over 60 minutes | 0 | 16 | 11 | 17 | 32 | 31 | 12 | 14 | 1 | 3 | | | | | |
| | Stroke (SSNAP indicators) | Overall SSNAP score (most recent published) | C or above | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | | | | | |
| | Mortality | Summary hospital level mortality indicator (score) (most recent published) | <1 - Green | | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | | | | | |
| | | Hospital Standardised Mortality rate | <100 = Green | | n/a | n/a | n/a | n/a | n/a | 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 | | | | | |
| | Surgical Checklist | Percentage compliance with WHO Check list | 100% - Green | 100.0% | 99.2% | 99.6% | 0.0% | 100.0% | 100.0% | 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% | 100.0% | 100% | | | | | |
| | | Percentage of VTE risk assessments completed upon admission | | 90.6% | 92.10% | 92.10% | 88.87% | 86.32% | 86.45% | 85.69% | 87.38% | 85.32% | | | | | |
| | | 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 | 60.00% | 63.60% | | | | | |
| | | 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% | 100.0% | 100.0% | | | | | |
| | | Percentage of patients screened for MRSA | | 93.30% | 92.80% | 93.40% | 96.6% | 96.6% | 96.3% | 93.1% | 96.60% | 93.1% | | | | | |
| | Pressure ulcers | Number of Pressure Ulcers (Hospital acquired) Grade 2 | N/A | | | n/a | 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 | 1 | 0 | | | | | |
| | | Number of Pressure Ulcers (Hospital acquired) Grade 4 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| | | Number of inherited Pressure Ulcers Grade 2 | | 24 | 40 | 25 | 32 | 28 | 32 | 18 | 21 | 35 | | | | | |
| | | Number of inherited Pressure Ulcers Grade 3 | | 6 | 3 | 4 | 9 | 6 | 3 | 19 | 4 | 12 | | | | | |
| | | Number of inherited Pressure Ulcers Grade 4 | | 0 | 2 | 0 | 1 | 1 | 0 | 2 | 0 | 0 | | | | | |
| | Staffing | Staff turnover | | 8.8% | 8.8% | 8.9% | 9.3% | 9.7% | 9.6% | 9.7% | 10.1% | 10.1% | | | | | |
| | | 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% | 86.0% | 86.0% | | | | | |
| | | Mandatory training rate | | 87.0% | 87.0% | 87.0% | 87.0% | 87.0% | 87.0% | 88.0% | 86.0% | 86.0% | | | | | |
| | | Sickness rate | Internal Trust target | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | | | | | |

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|---------|--|--|--|---|--------|--------|----------------------|-------|--------|-------------------|--------|-------|-----|-----|-----|------------------------|--|
| | 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 | 4 | 9 | | | | | |
| | Infection Control | MRSA Bacteraemia | 0 = Green 1 or above = Red | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| | | Clostridium Difficile | 16 | 1 | 3 | 1 | 1 | 1 | 2 | 1 | 0 | 1 | | | | | |
| | VTE | Percentage of eligible patients who have a VTE risk assesment 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% | 87.40% | 85.3% | | | | | |
| | Medication Errors | No Harm | | 43 | 28 | 39 | 42 | 37 | 30 | 61 | 51 | 26 | | | | | |
| | | Low Harm | | 11 | 8 | 10 | 14 | 17 | 10 | 8 | 21 | 9 | | | | | |
| | | Moderate Harm | | 0 | 5 | 1 | 0 | 2 | 2 | 2 | 1 | 1 | | | | | |
| | | Severe Harm | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| | | Death | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| | | Number of medication errors relating to controlled drugs | | | 9 | 11 | 11 | 7 | 9 | 8 | 8 | 6 | 9 | | | | |
| | Never Events | Number of Never Events | 0 | 0 | 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 | 1 | 0 | | | | | |
| | | Number of serious incidents relating to Falls | | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| | | Number of serious incidents - other | N/A | 1 | 0 | 1 | 3 | 0 | 2 | 1 | 1 | 0 | | | | | |
| | Incidents | Number of incidents by harms; | | 477 | 458 | 465 | 512 | 501 | 485 | 485 | 422 | 448 | | | | | |
| | | No Harm | | 375 | 338 | 355 | 415 | 375 | 343 | 375 | 308 | 342 | | | | | |
| | | Low Harm | | 91 | 107 | 100 | 83 | 105 | 113 | 95 | 94 | 98 | | | | | |
| | | Moderate Harm | | 8 | 11 | 5 | 9 | 16 | 23 | 23 | 11 | 7 | | | | | |
| | | Severe Harm | | 2 | 1 | 4 | 3 | 4 | 5 | 0 | 4 | 1 | | | | | |
| | | Death | | 1 | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 0 | | | | | |
| | Early Warning Score | Percentage of observations and scores completed | 100% | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | | | | | |
| | Safeguarding | Percentage of eligible staff trained in Level 1 Safeguarding Children | | 93% | 93% | 95% | 95% | 95% | 94% | 95% | 95% | 94% | | | | | |
| | | Percentage of eligible staff trained in Level 2 Safeguarding Children | | 85% | 86% | 88% | 87% | 86% | 87% | 86% | 88% | 87% | | | | | |
| | | Percentage eligible staff trained in Level 3 Safeguarding Children | | 77% | 78% | 80% | 83% | 83% | 81% | 79% | 78% | 80% | | | | | |
| | | Percentage staff trained in Safeguarding Adults Level 1 | | 94% | 94% | 95% | 87% | 89% | 89% | 88% | 89% | 89% | | | | | |
| | | Percentage staff trained in Safeguarding Adults Level 2 | | 83% | 85% | 85% | 85% | 85% | 86% | 86% | 87% | 86% | | | | | |
| | | Percentage of staff trained in Prevent | | Apr19:Jun19: 81.7% | | | July19:Sept19: 81.3% | | | Oct19:Dec19 = 91% | | | | | | | |
| | | *Number and from June percentage of staff given LD Awareness Training | 90-100% - Green 80%-90% - Amber Under 80% - Red | <p>LD is covered in general safeguarding training as an element of those with safeguarding needs. Regarding specific LD only tranning, 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."</p> | | | | | | | | | | | | | |
| | Percentage staff trained in relation to Mental Capacity Act and DOLs | | 88% | 88% | 88% | 88% | 89% | 89% | 89% | 89% | 89% | | | | | | |

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|---------|-------------------|---|--|-------|------|------|------|------|------|------|------|------|---------|-----|-----|------------------------|
| | Complaints | Number of complaints received | N/A | 30 | 29 | 24 | 26 | 40 | 24 | 34 | 27 | 25 | | | | |
| | | Percentage of complaints acknowledged within 3 operational days | 100% - Green 90% - 99% - Amber Under 90% - Red | 100% | 100% | 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 | n/a | 100% | 100% | 100.00% | | | |
| | | Date when last complaints summary published on website | N/A | April | May | June | Jul | Aug | Sep | Oct | Nov | Dec | | | | |

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 | 13 | 8 | | | | | |
| | | 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 | 196 | 141 | | | | | |
| | | Number of handovers between ambulance and A&E taking place over 60 minutes | 0 | 2 | 6 | 1 | 11 | 31 | 31 | 22 | 48 | 33 | | | | | |
| | Stroke (SSNAP indicators) | Overall SSNAP score (most recent published) | C or above | Quarter 1 2019/20 reporting period closed and was submitted on 9th August. Results will be made available to Trusts in September 2019. | | | Quarter 2 2019/20 reporting period will close on 8th November. Results will be made available to Trusts in December 2019. | | | Quarter 3 2019/20 reporting period will close on 10th February 2020. Results will be made available to Trusts in March 2020. | | | | | | | |
| | Mortality | Summary hospital level mortality indicator (score) (most recent published) | <1 - Green <100 = Green | See Integrated Performance Report | | | | | | | | | | | | | |
| | 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 | 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% | 98.5% | | | | | | |
| | 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% | 96.0% | 98.0% | | | | | |
| | | Percentage of VTE risk assessments completed upon admission | | 95.1% | 94.9% | 95.8% | 97.8% | 97.8% | 97.5% | 97.8% | 97.8% | 98.1% | | | | | |
| | | 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% | 82.0% | 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% | 95.62% | 97.9% | | | | | |
| | | 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 | 25 | 23 | | | | | |

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|--|--------------------------------------|---|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|---|--|--|--|--|
| | Pressure ulcers | Number of Pressure Ulcers (Hospital Acquired) Grade 3 | | 9 | 14 | 9 | 16 | 10 | 12 | 9 | 9 | 8 | | | | | |
| | | 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) | | 44 | 44 | 32 | 38 | 36 | 4 | 47 | 41 | 45 | | | | | |
| | | Number of Inherited Pressure Ulcers (Grade 3) | | 23 | 36 | 38 | 21 | 32 | 29 | 29 | 25 | 27 | | | | | |
| | | Number of Inherited Pressure Ulcers (Grade 4) | | 1 | 2 | 3 | 6 | 2 | 5 | 3 | 2 | 1 | | | | | |
| | Staffing | Staff turnover | | 1.07% | 0.80% | 1.09% | 1.22% | 1.40% | 1.58% | 1.1% | 1.1% | 1.1% | | | | | |
| | | Staff appraisal rate | 90% - Green 80% - Amber Under 80% - Red | 67.0% | 63.8% | 68.3% | 84.0% | 86.0% | 86.7% | 87.0% | 87.2% | 87.3% | | | | | |
| | | Mandatory training rate | | 86.0% | 86.0% | 86.0% | 86.0% | 86.0% | 85.0% | 87.0% | 87% | 88.0% | | | | | |
| | | Sickness rate | Internal Trust target | 3.62% | 3.51% | 3.57% | 3.83% | 3.59% | 3.70% | 4.3% | 4.21% | 4.12% | | | | | |
| | Mixed Sex accomodation Breach | Number of non-clinically indicated mixed sex accomodation breaches | 0 = Green 1 or above = Red | 0 | 1 | 0 | 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 | | | | | |
| | | Clostridium Difficile | 34 | 2 | 3 | 3 | 0 | 4 | 1 | 7 | 4 | 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 | 95.1% | 94.9% | 95.8% | 97.8% | 97.8% | 97.5% | 97.8% | 97.8% | 98.1% | | | | | |
| | | 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% | 94.83% | 93.12% | | | | | |

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|--|----------------------------|---|---|--------|--------|--------|--------|--------|--------|--------|---------|---------|--------|--|--|--|--|
| | | No Harm | | 90 | 85 | 65 | 66 | 96 | 87 | 94 | 93 | 86 | | | | | |
| | | Low Harm | | 9 | 8 | 4 | 8 | 5 | 4 | 6 | 3 | 10 | | | | | |
| | | Moderate Harm | | 2 | 2 | 0 | 1 | 2 | 1 | 1 | 0 | 2 | | | | | |
| | | Severe Harm | | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | | | | | |
| | | Death | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| | | Number of medication errors relating to controlled drugs | | 5 | 25 | 10 | 3 | 7 | 17 | 8 | 8 | 4 | | | | | |
| | Never Events | Number of Never Events | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | | | | | |
| | Serious Incidents | Number of serious incidents relating to Pressure Ulcers | | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| | | Number of serious incidents relating to Falls | | 4 | 2 | 0 | 1 | 0 | 0 | 1 | 3 | 4 | | | | | |
| | | Number of serious incidents - other | N/A | | 0 | 1 | 1 | 0 | 0 | 2 | 2 | 2 | 2 | | | | |
| | Incidents | Number of incidents by harms; | | 902 | 881 | 812 | 875 | 842 | 886 | 952 | 988 | 912 | | | | | |
| | | No Harm | | 689 | 635 | 608 | 647 | 629 | 677 | 688 | 741 | 652 | | | | | |
| | | Low Harm | | 170 | 189 | 153 | 203 | 182 | 177 | 233 | 219 | 229 | | | | | |
| | | Moderate Harm | | 39 | 54 | 48 | 23 | 30 | 31 | 27 | 21 | 25 | | | | | |
| | | Severe Harm | | 4 | 3 | 3 | 2 | 1 | 1 | 4 | 7 | 6 | | | | | |
| | | Death | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| | Early Warning Score | Percentage of observations and scores completed | 100% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% | 99% | 99% | | | | | | |
| | Safeguarding | 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% | 93% | 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% | 88% | 89% | | | | | |
| | | Percentage eligible staff trained in Level 3 Safeguarding Children | | 70.0% | 70.0% | 71.0% | 74.0% | 74.0% | 73.0% | 73% | 74% | 74.00% | | | | | |
| | | Percentage staff trained in Safeguarding Adults Level 1 | | 91.0% | 90.0% | 90.0% | 91.0% | 90.0% | 90.0% | 91% | 91% | 91% | | | | | |
| | | Percentage staff trained in Safeguarding Adults Level 2 | | 81.0% | 81.0% | 80.0% | 81.0% | 79.0% | 78.0% | 81% | 81% | 82% | | | | | |
| | | Percentage of Staff Trained in Prevent | | 91.0% | 89.0% | 90.0% | 90.0% | 90.0% | 89% | 90% | 91% | 90% | | | | | |
| | | Percentage of Staff given LD Awareness Training | | 81.0% | 81.0% | 80.0% | 81.0% | 79.0% | 78.0% | 81% | 81% | 82% | | | | | |
| | | Percentage staff trained in relation to Mental Capacity Act and DOLs | | 81.0% | 81.0% | 80.0% | 81.0% | 79.0% | 78.0% | 81% | 81% | 82% | | | | | |
| | Complaints | Number of complaints received | N/A | 20 | 26 | 15 | 24 | 17 | 15 | 22 | 18 | 15 | | | | | |
| | | 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% | 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% | 100.00% | 100.00% | | | | | |
| | | Date when last complaints summary published on website | N/A | Sept | Sept | Sept | 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 | 0 | 0 | | | | | | | |
| | | Number of handovers between ambulance and A&E taking between 30 and 60 minutes | 0 | 129 | 74 | 49 | 78 | 86 | 55 | 95 | 160 | 200 | | | | | | | |
| | | Number of handovers between ambulance and A&E taking place over 60 minutes | 0 | 7 | 7 | 0 | 3 | 1 | 4 | 10 | 28 | 23 | | | | | | | |
| | 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 | 0.949 | 0.949 | 0.949 | 0.949 | 0.949 | 0.896 | 0.886 | | | | | | | |
| | | Hospital Standardised Mortality rate (RBH) | <100 = Green | 82.9 | 89 | 84.9 | 68.2 | 68.2% | 68.2% | 89.5% | 97.5% | 80.5% | | | | | | | |
| | | Hospital Standardised Mortality rate (X'CH) | | 178.3 | 195.5 | 171.5 | 230.9 | 230.9 | 230.9 | 204.9 | 187.2 | 189.7 | | | | | | | |
| | 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 | 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% | 95.9% | 97.4% | | | | | | | |
| | Pressure ulcers | Number of hospital acquired pressure Ulcers Grade 2 | N/A | 50 | 46 | 52 | 60 | 58 | 48 | 57 | 55 | 55 | | | | | | | |
| | | Number of hospital acquired pressure Ulcers Grade 3 | | 9 | 7 | 11 | 9 | 6 | 13 | 10 | 4 | 12 | | | | | | | |
| | | Number of hospital acquired pressure Ulcers Grade 4 | | 0 | 1 | 2 | 1 | 1 | 0 | 1 | 0 | 0 | | | | | | | |
| | | Number of inherited pressure ulcers Grade 2 | | 86 | 100 | 108 | 101 | 104 | 105 | 93 | 95 | 123 | | | | | | | |
| | | Number of inherited pressure ulcers Grade 3 | | 42 | 22 | 29 | 43 | 35 | 32 | 28 | 27 | 29 | | | | | | | |
| | | Number of inherited pressure ulcers Grade 4 | N/A | 12 | 10 | 7 | 7 | 1 | 5 | 3 | 3 | 5 | | | | | | | |
| | Staffing | Staff turnover | | 10% | 11% | 11% | 10% | 11% | 10% | 10% | 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% | 88.2% | 88.8% | | | | | | | |
| | | Mandatory training rate | | 93.4% | 93.7% | 94.2% | 94.2% | 94.5% | 93.7% | 94.6% | 94.7% | 94.8% | | | | | | | |
| | | Sickness rate | Internal Trust target | 4.2% | 4.2% | 4.2% | 4.2% | 4.1% | 4.0% | 3.9% | 4.0% | 4.0% | | | | | | | |
| | 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 | 0 | 0 | | | | | | | |
| | Infection Control | MRSA Bacteraemia | 0 = Green 1 or above = Red | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| | | Clostridium Difficile | 30 | 1 | 2 | 0 | 0 | 0 | 2 | 3 | 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 | 95.7% | 96.4% | 96.7% | 96.6% | 96.3% | 96.1% | 96.3% | 96.6% | 96.0% | | | | | | | |
| | | 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% | 93.7% | 92.8% | | | | | | | |

RBCHFT Scorecard

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|----------------------------|---|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|--|--|
| Medication Errors | No Harm | | 73 | 66 | 63 | 75 | 48 | 67 | 78 | 74 | 54 | | | |
| | Low Harm | | 10 | 6 | 5 | 8 | 9 | 11 | 14 | 12 | 17 | | | |
| | Moderate Harm | | 0 | 1 | 3 | 4 | 1 | 2 | 0 | 0 | 4 | | | |
| | Severe Harm | | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | | | |
| | Death | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| | Number of medication errors relating to controlled drugs | | 16 | 8 | 14 | 12 | 9 | 13 | 17 | 20 | 15 | | | |
| Never Events | Number of Never Events | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | | | |
| Serious Incidents | Number of serious incidents relating to Pressure Ulcers | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| | Number of serious incidents relating to Falls | | 0 | 2 | 0 | 1 | 2 | 2 | 0 | 1 | 0 | | | |
| | Number of serious incidents - other | N/A | 3 | 1 | 0 | 1 | 3 | 0 | 1 | 4 | 1 | | | |
| Incidents | Number of incidents by harms; | | | | | | | | | | | | | |
| | No Harm | | 423 | 453 | 405 | 448 | 373 | 360 | 360 | 374 | 317 | | | |
| | Low Harm | | 192 | 172 | 170 | 184 | 185 | 186 | 188 | 173 | 199 | | | |
| | Moderate Harm | | 5 | 7 | 7 | 10 | 7 | 14 | 4 | 5 | 6 | | | |
| | Severe Harm | | 1 | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | | | |
| | Death | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Early Warning Score | Percentage of observations and scores completed | 100% | 98.8% | 98.7% | 98.9% | 98.9% | 98.7% | n/a | n/a | n/a | n/a | | | |
| Safeguarding | 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% | 96.0% | 96.5% | | | |
| | Percentage of eligible staff trained in Level 2 Safeguarding Children | | 94.3% | 94.5% | 95.1% | 95.3% | 95.5% | 94.5% | 94.8% | 94.8% | 94.4% | | | |
| | Percentage eligible staff trained in Level 3 Safeguarding Children | | 79.7% | 78.1% | 83.0% | 88.6% | 88.1% | 85.3% | 85.4% | 87.2% | 87.1% | | | |
| | Percentage staff trained in Safeguarding Adults Level 1 | | 96.9% | 97.0% | 96.5% | 96.2% | 96.6% | 96.2% | 96.8% | 96.5% | 97.2% | | | |
| | Percentage staff trained in Safeguarding Adults Level 2 | | 94.5% | 95.0% | 95.9% | 95.9% | 95.8% | 94.6% | 95.3% | 95.8% | 95.5% | | | |
| | Percentage of staff trained in Prevent | | 95.8% | 96.7% | 97.3% | 97.7% | 98.2% | 97.7% | 97.9% | 98.0% | 98.2% | | | |
| | Percentage of staff given LD Awareness Training | | 95.3% | 95.6% | 96.1% | 96.0% | 96.1% | 95.2% | 95.8% | 96.0% | 96.1% | | | |
| | 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% | 86.1% | 86.7% | | | |
| Complaints | Number of complaints received | N/A | 37 | 60 | 36 | 47 | 34 | 29 | 39 | 45 | 48 | | | |
| | 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% | 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% | 66.7% | 77.8% | | | |
| | Date when last complaints summary published on website | N/A | Oct-18 | Oct-18 | Oct-18 | Jun-19 | Jul-19 | Jul-19 | Sep-19 | Nov-19 | Dec-19 | | | |

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 | 45 | 42 | 29 | 44 | 51 | 33 | 29 | | | |
| | | 2.75% | 2.14% | 2.83% | 2.80% | 1.82% | 2.93% | 3.18% | 2.15% | 1.94% | | | |
| No. and rate of old pressure ulcers from patient safety thermometer | | 102 | 111 | 109 | 97 | 99 | 94 | 108 | 91 | 99 | | | |
| | | 6.51% | 7.20% | 6.85% | 6.47% | 6.20% | 6.25% | 6.74% | 5.92% | 6.61% | | | |
| 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 | 3 | 2 | | | |
| Number of incidents reported on STEIS | | 9 | 3 | 5 | 10 | 1 | 9 | 3 | 4 | 7 | | | |
| No. and % compliance with STEIS data entry requirements - reporting (excluding pressure ulcers) | | 7 | 2 | 4 | 6 | 1 | 7 | 3 | 3 | 6 | | | |
| | | 100.0% | 100.0% | 75.0% | 100.0% | 100.0% | 78.0% | 100.0% | 100.0% | 100.0% | | | |
| No. and % compliance with STEIS data entry requirements - closing | | 0 | 10 | 5 | 11 | 0 | 4 | 3 | 2 | 7 | | | |
| | | | 100.0% | 100.0% | 91.0% | n/a | 100.0% | 100% | 100% | 86% | | | |
| No. of patients with MRSA Bacteraemia | 0 | 0 | 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 | 3 | 0 | | | |
| | | | 8.06 | 8.61 | 0 | 16.68 | 0 | 0 | 25.46 | 0 | | | |
| No. C diff cases deemed trajectory cases | | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | | | |
| No. of patients whose death certificates include C-diff in part 1(a) | | 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 | | | |
| No. cases of suspected/confirmed norovirus | | 0 | 18 | 0 | 0 | 0 | 0 | 0 | 9 | 15 | | | |
| No. & % of staff trained to Child Safeguarding Lvl 1 | Quarterly | | | 1391 | | | 1439 | | | 1462 | | | |
| | | | | 97.00% | | | 96.0% | | | 96% | | | |
| No. & % of staff trained to Child Safeguarding Lvl 2 | Quarterly | | | 2008 | | | 1990 | | | 2036 | | | |
| | | | | 94.00% | | | 94.0% | | | 94% | | | |
| No. & % of staff trained to Child Safeguarding Lvl 3 | Quarterly | | | 1331 | | | 1315 | | | 1278 | | | |
| | | | | 91.00% | | | 89.0% | | | 86% | | | |
| No. and % of staff trained in Adult Safeguarding Lv1 | Quarterly | | | 1390 | | | 1438 | | | 1454 | | | |
| | | | | 97.00% | | | 96.0% | | | 96.00% | | | |
| No. and % of staff trained in Adult Safeguarding Lv2 | Quarterly | | | 3340 | | | 3389 | | | 3413 | | | |
| | | | | 94.00% | | | 95.0% | | | 93.00% | | | |
| No. and % of staff trained in Basic MCA/DOLS awareness | Quarterly | | | 3340 | | | 3389 | | | 3413 | | | |
| | | | | 94.00% | | | 95.0% | | | 9300.00% | | | |
| No. and % of staff trained in MCA / DOLS | Quarterly | | | 2097 | | | 2052 | | | 1936 | | | |
| | | | | 91.00% | | | 86.4% | | | 83.00% | | | |
| No. and % of staff trained in Prevent Levels 1-2 | Quarterly | | | 5898 | | | 5969 | | | 6028 | | | |
| | | | | 97.00% | | | 96.4% | | | 97.00% | | | |
| No. and % of staff trained in Prevent Levels 3-5 | Quarterly | | | 2205 | | | 2365 | | | 2385 | | | |
| | | | | 52.60% | | | 56.1% | | | 55.00% | | | |
| No. and % of staff trained in Learning Disability Awareness | Quarterly | | | 4730 | | | 4827 | | | 4867 | | | |
| | | | | 95.00% | | | 95.0% | | | 94.00% | | | |
| Effective | | | | | | | | | | | | | |
| No. & % of service users in hospital for >1yr who have had an annual physical health check | 100% | 4 | 4 | 6 | 5 | 13 | 5 | 3 | 5 | 3 | | | |
| | | 100% | 100% | 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 | 147 | 159 | | | |
| | | 98.7% | 96.7% | 96.7% | 96.4% | 95.0% | 96.7% | 95.9% | 98.7% | 97.0% | | | |

DHFT Scorecard

| | | | | | | | | | | | | | |
|--|----------------|-------|--------|---------|-------|-------|--------|-------|-------|---------|--|--|--|
| No. & % of patients nutritionally screened within 24 hours of admission to hospital. | 95% | 151 | 154 | 144 | 156 | 169 | 146 | 161 | 147 | 155 | | | |
| | | 97.4% | 100.0% | 96.0% | 96.9% | 94.9% | 96.1% | 96.4% | 99.3% | 95.7% | | | |
| No. & % of patients who have a pressure ulcer risk assessment within 4 hours of admission. | 95% | 146 | 143 | 134 | 144 | 163 | 142 | 160 | 140 | 148 | | | |
| | | 92.4% | 94.1% | 91.2% | 90.0% | 91.1% | 93.4% | 97.0% | 96.6% | 93.7% | | | |
| No. & % of patients who have a VTE risk assessment within 24 hours of admission. | 95% | 195 | 177 | 209 | 199 | 198 | 197 | 231 | 187 | 483 | | | |
| | | 99.5% | 100.0% | 99.5% | 98.5% | 99.5% | 99.0% | 99.6% | 97.4% | 98.4% | | | |
| No & % of patients who have had appropriate prophylaxis for VTE | | | | | | 8 | | | | | | | |
| | | | | | | 100% | | | | | | | |
| 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 | | | 113 | | | 126 | | | 81 | | | |
| Percentage of complaints acknowledged in 3 operational days | Quarterly | | | 100.00% | | | 99.00% | | | 100.00% | | | |
| Percentage of complaints responded to in agreed timescales | Quarterly | | | 86.00% | | | 73.00% | | | 64.00% | | | |
| No. complaints referred to ombudsman | Quarterly | | | 2 | | | 0 | | | 0 | | | |
| Mixed sex breach (nationally reportable) | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Mixed sex breach (locally reportable) | | 4 | 0 | 0 | 2 | 1 | 1 | 1 | 1 | 0 | | | |
| Well-led | | | | | | | | | | | | | |