

QUALITY SCORECARD

| | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | 17/18 YTD Actual | YTD Target | Target | |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|------------|--------|--------|
| EFFECTIVENESS | | | | | | | | | | | | | | | | | | | |
| Effectiveness domain score | | | | | | | | | | | | | | | | | | | |
| Trust-wide mortality | | | | | | | | | | | | | | | | | | | |
| E01 | Trust crude mortality rate (non-elective) | 3.32% | 3.37% | 2.81% | 2.85% | 2.72% | 2.68% | 3.73% | 3.57% | 4.39% | 4.75% | 3.98% | 3.39% | 2.89% | 3.03% | 2.72% | 2.89% | tbc | tbc |
| E02 | Crude mortality rate (non-elective): 12 month rolling | 3.40% | 3.35% | 3.38% | 3.37% | 3.33% | 3.29% | 3.30% | 3.30% | 3.42% | 3.46% | 3.49% | 3.46% | 3.43% | 3.40% | 3.39% | 3.39% | tbc | tbc |
| E03 | Trust Hospital Standardised Mortality Ratio (HSMR) (rolling 12m) | 89.91 | 88.49 | 89.84 | 90.07 | 89.46 | 92.03 | 92.54 | 91.92 | 93.75 | 94.16 | 94.66 | | | | | | <100 | <100 |
| E04 | Summary Hospital-level Mortality Indicator (SHMI) (rolling 12m) | 90.18 | | 88.90 | | | | | | | | | | | | | | <100 | <100 |
| Improve mortality in specific conditions | | | | | | | | | | | | | | | | | | | |
| E07 | Crude non-elective mortality for Renal failure | 9.09% | 13.05% | 10.02% | 10.02% | 10.60% | 9.66% | 11.62% | 13.04% | 14.61% | 13.55% | 13.71% | 11.71% | 11.13% | 13.33% | 8.55% | 11.32% | 18.60% | 18.60% |
| Reduce mortality following hip fracture | | | | | | | | | | | | | | | | | | | |
| E09 | SMR for hip fracture (all diagnoses/procedures) (rolling 12M) | 67.5 | 72.9 | 69.9 | 74.3 | 75.0 | 71.0 | 78.2 | 73.6 | 75.8 | 76.6 | 78.7 | 79.6 | | | | 79.6 | 100 | 100 |
| E10 | 30 day mortality rate following hip fracture (rolling 12M) | 67.1% | 71.0% | 72.0% | 79.0% | 75.0% | 78.0% | 82.0% | 76.0% | 79.0% | 72.0% | 77.0% | | | | | 78.0% | 5.70% | 5.70% |
| Reduce the rate of readmission following discharge from the Trust | | | | | | | | | | | | | | | | | | | |
| E11 | Emergency readmissions within 30 days % | 13.5% | 14.1% | 13.9% | 13.9% | 13.4% | 12.9% | 14.0% | 13.8% | 14.0% | 13.3% | | | | | | | 10.50% | |
| To improve maternity care by encouraging natural childbirth | | | | | | | | | | | | | | | | | | | |
| E13 | C-Section Rate | 29.8% | 28.0% | 29.8% | 25.8% | 30.0% | 35.4% | 26.1% | 25.9% | 29.9% | 30.9% | 25.1% | 30.3% | 33.3% | 32.5% | 30.1% | 32.0% | 26% | 26% |
| E14 | % Mothers requiring forceps for delivery | 4.0% | 5.0% | 4.3% | 6.0% | 3.9% | 5.9% | 5.3% | 5.8% | 6.7% | 5.8% | 6.6% | 5.0% | 4.6% | 6.7% | 5.6% | 5.7% | <15% | <15% |
| E15 | % Deliveries complicated by post-partum haemorrhage | 1.0% | 1.0% | 0.6% | 1.5% | 0.2% | 0.4% | 0.8% | 0.7% | 0.4% | 0.7% | 0.3% | 0.8% | 0.5% | 0.6% | 1.2% | 0.8% | 1% | 1% |
| E16 | Maternal deaths | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| E17 | Admission of term babies to neonatal care | 3.5% | 3.5% | 2.3% | 4.9% | 5.3% | 5.5% | 5.2% | 3.9% | 1.9% | 4.8% | 5.5% | 5.1% | 5.2% | 3.0% | 4.0% | 4.1% | < 10% | < 10% |
| Caring for the elderly patient | | | | | | | | | | | | | | | | | | | |
| E18 | % Emergency admissions staying over 72h screened for dementia | 93.3% | 91.4% | 94.2% | 91.6% | 95.4% | 85.6% | 87.9% | 87.4% | 83.6% | 94.7% | 94.4% | 92.2% | 91.9% | 93.8% | | | 90% | 90% |
| E19 | % Patients identified as at risk of dementia for whom further investigations are carried out | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | | 90% | 90% |
| E20 | % Patients with identified dementia referred to specialist services | 96.0% | 94.3% | 100.0% | 92.9% | 90.3% | 92.6% | 90.9% | 91.3% | 86.8% | 93.5% | 96.6% | 96.6% | 93.3% | 86.7% | | | 90% | 90% |
| E25 | Number of admissions for patients with dementia flag | | | | | | | | | | | | | | | | | NA | NA |
| E39 | Ward moves for patients flagged with dementia | | | | | | | | | | | | | | | | | tbc | tbc |
| E42 | Night-time ward moves for patients flagged with dementia (23:00 - 07:00) | | | | | | | | | | | | | | | | | tbc | tbc |
| E43 | Documentation Audit: % patients with dementia with Knowing Me document | | | | | | | | | | | | | | | | | 75% | 75% |

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|---|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|------------|--------|------|
| Stroke care | | | | | | | | | | | | | | | | | | | |
| E26 | % CT scans undertaken within 12 hours | 97.9% | 98.1% | 96.2% | 97.0% | 100.0% | 98.0% | 98.3% | 96.2% | 98.0% | 97.8% | 97.9% | 97.9% | 100.0% | 100.0% | | 100.0% | 95% | 95% |
| E27 | % Stroke thrombolysis within 60 minutes of hospital arrival | | | | | | | | | | | | | | | | | 95% | 95% |
| E28 | % Swallow screen for stroke patients within 4 hours of admission | | | | | | | | | | | | | | | | | 95% | 95% |
| E29 | % of stroke patients admitted to stroke unit within 4 hours of admission | 77.6% | 74.1% | 64.2% | 68.7% | 78.0% | 70.6% | 56.7% | 65.4% | 57.7% | 65.2% | 64.0% | 60.0% | 55.4% | 65.8% | | 59.6% | 90% | 90% |
| E30 | % high risk TIA patients seen within 24 hours | 100.0% | 87.5% | 78.9% | 85.7% | 100.0% | 77.8% | 94.7% | 75.0% | 88.2% | 88.5% | 83.3% | 81.3% | 85.0% | 75.0% | 100.0% | 86.0% | 60% | 60% |
| Ensure active engagement with research | | | | | | | | | | | | | | | | | | | |
| E21 | Patients recruited to interventional studies within CRN portfolio | | | | | | | | | | | | | | | | | tbc | tbc |
| E22 | Patients recruited to observational studies within CRN portfolio | | | | | | | | | | | | | | | | | tbc | tbc |
| E23 | Local Clinical Research Network (LCRN) Score | | | | | | | | | | | | | | | | | 1410 | 1410 |
| Data Quality | | | | | | | | | | | | | | | | | | | |
| E24 | NHS IC Data validity summary (YTD) | | | | | | | | | | | | | | | | | 96.6 | 96.6 |
| E37 | % inpatients with electronic discharge summaries produced | 49.6% | 51.5% | 53.5% | 48.2% | 50.5% | 50.1% | 51.1% | 54.5% | 51.8% | 53.3% | 47.5% | 55.2% | 49.0% | | | | tbc | tbc |

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SAFETY

| | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | 17/18 YTD Actual | YTD Target | Target | |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|------------|------------|------------|
| Safety domain score (Patient Aggregate Safety Score - PASS) | | | | | | | | | | | | | | | | | | | |
| Safer staffing | | | | | | | | | | | | | | | | | | | |
| S36 | Safer Staffing: Average fill rate - registered nurses/ midwives (day shifts) | 92.8% | 94.6% | 91.9% | 91.6% | 92.1% | 91.8% | 91.7% | 93.7% | 91.5% | 93.6% | 91.7% | 92.0% | 92.1% | 92.4% | 91.7% | | 95% | 95% |
| S37 | Safer Staffing: Average fill rate - registered nurses/ midwives (night shifts) | 94.9% | 95.8% | 95.3% | 93.4% | 93.6% | 89.1% | 92.7% | 95.1% | 93.6% | 95.4% | 95.8% | 94.8% | 93.2% | 92.6% | 92.5% | | 95% | 95% |
| S38 | Safer Staffing: Average fill rate - care staff (day shifts) | 97.2% | 99.4% | 104.3% | 99.5% | 97.3% | 97.4% | 96.0% | 96.6% | 95.1% | 99.0% | 96.4% | 93.6% | 96.6% | 95.5% | 95.5% | | 95% | 95% |
| S39 | Safer Staffing: Average fill rate - care staff (night shifts) | 114.9% | 116.3% | 117.5% | 113.7% | 113.8% | 115.9% | 112.7% | 113.9% | 114.1% | 118.9% | 116.6% | 114.1% | 110.6% | 112.9% | 111.7% | | 95% | 95% |
| S41 | Care Hours Per Patient Day (CHPPD) | | 9.20 | 9.50 | 9.50 | 9.40 | 9.40 | 9.10 | 9.50 | 9.50 | 9.40 | 9.30 | 9.50 | 9.70 | 9.70 | 9.70 | | tbc | tbc |
| NHS safety thermometer | | | | | | | | | | | | | | | | | | | |
| S02 | Safety Thermometer: % of patients harm-free | 94.8% | 94.9% | 95.1% | 95.5% | 95.8% | 95.3% | 94.5% | 94.7% | 94.7% | 95.2% | 93.9% | 96.3% | 95.2% | 96.5% | 97.1% | 95.3% | 95.70% | 95.70% |
| S03 | Safety Thermometer: % of patients with no new harms | 98.7% | 98.8% | 98.6% | 98.8% | 98.8% | 98.8% | 99.0% | 98.3% | 99.2% | 99.1% | 97.7% | 98.6% | 98.43% | 98.80% | 99.16% | 98.7% | 99% | 99% |
| S29 | % of patients with catheters and UTIs where best practice protocol was not followed. | | | | | | | | | | | | | | | | | 0.1% | 0.1% |
| Monitoring of clinical incidents | | | | | | | | | | | | | | | | | | | |
| S04 | Total incidents | 842 | 857 | 980 | 992 | 1006 | 876 | 903 | 866 | 837 | 935 | 805 | 853 | 790 | 885 | 865 | 2540 | 8122-10988 | 8122-10988 |
| S05 | Total moderate, severe or death incidents | 10 | 11 | 8 | 13 | 10 | 13 | 12 | 8 | 5 | 11 | 8 | 7 | 7 | 5 | 12 | 24 | 153 | 153 |
| S06 | Total serious incidents (SIRIs) | 8 | 3 | 4 | 6 | 6 | 6 | 5 | 6 | 5 | 4 | 10 | 5 | 4 | 4 | 2 | 10 | 60 | 60 |
| S07 | Number of outstanding CAS alerts | 0 | 0 | 0 | 11 | 20 | 11 | 9 | 20 | 20 | 10 | 12 | 3 | 0 | 0 | 1 | 1 | 0 | 0 |
| Improve safety of prescribing | | | | | | | | | | | | | | | | | | | |
| S08 | Total incidents involving drug/prescribing errors | 129 | 143 | 142 | 158 | 141 | 130 | 131 | 127 | 122 | 135 | 107 | 135 | 133 | 112 | 120 | 365 | 1056-1428 | 1056-1428 |
| S09 | Moderate/severe incidents involving drug/prescribing errors | 2 | 2 | 0 | 1 | 1 | 0 | 3 | 0 | 0 | 2 | 0 | 1 | 0 | 1 | 1 | 2 | 5 | 5 |
| Reduce incidence of healthcare acquired infections | | | | | | | | | | | | | | | | | | | |
| S14 | Number of hospital attributable MRSA cases | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 1 | 0 | 0 |
| S15 | Number of hospital C.diff cases | 4 | 2 | 2 | 7 | 3 | 9 | 5 | 4 | 4 | 4 | 4 | 3 | 1 | 3 | 3 | 7 | | |
| S28 | Number of C. diff cases where a lapse in the quality of care was noted | | | | | | | | | | | | | | | | | 16 | 16 |
| S16 | Number of reportable MSSA bacteraemia cases | | | | | | | | | | | | | | | | | tbc | tbc |
| S17 | Number of reportable E.coli cases | | | | | | | | | | | | | | | | | tbc | tbc |

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|--|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|------------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------|------|
| Improve theatre safety for patients | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S18 | Full compliance with WHO Surgical Safety Checklist | | | | | | | | | | | | | | | 99.0 | 98.5 | 96.1 | 95.0 | 95.3 | 94.4 | 92.4 | 93.3 | 96.9 | 97.2 | 97.1 | 98.6 | 93.3 | | | 96.3 | 100% | 100% | | |
| S19 | NEVER events | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | |
| S30 | SSIs: Total hip replacement (YTD is rolling 12 months) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1.1% | 1.1% | | | |
| S33 | SSIs: Total knee replacement (YTD is rolling 12 months) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1.5% | 1.5% | | |
| S34 | SSIs: Large bowel surgery (YTD is rolling 12 months) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 12% | 12% | |
| S35 | SSIs: Breast surgery (YTD is rolling 12 months) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3.8% | 3.8% |
| Reduce number of falls in hospital | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S21 | Falls resulting in harm | | | | | | | | | | | | | | | 93 | 82 | 90 | 81 | 110 | 100 | 107 | 103 | 86 | 96 | 97 | 76 | 91 | 76 | 94 | 261 | 456 | 456 | | |
| S22 | Falls resulting in severe harm or death | | | | | | | | | | | | | | | 1 | 2 | 2 | 2 | 1 | 2 | 3 | 1 | 0 | 0 | 2 | 3 | 1 | 1 | 1 | 3 | 1 | 1 | | |
| S40 | Repeat falls | | | | | | | | | | | | | | | 4 | 6 | 5 | 6 | 10 | 8 | 8 | 6 | 4 | 12 | 4 | 3 | 4 | 6 | 7 | 17 | 113 | 113 | | |
| S23 | Falls assessment within 24hrs of admission | | | | | | | | | | | | | | | 99.4 | 99.6 | 99.1 | 99.7 | 98.1 | 98.7 | 97.9 | 98.0 | 98.3 | 98.2 | 98.6 | 98.6 | 98.7 | 98.3 | 98.7 | 98.7 | 80% | 80% | | |
| S24 | Avoidable falls identified on the Safety Thermometer | | | | | | | | | | | | | | | 1.08% | 0.95% | 1.17% | 1.35% | 1.49% | 1.06% | 1.49% | 1.39% | 1.51% | 0.45% | 1.02% | 0.80% | 0.60% | 0.84% | 1.90% | 1.14% | 0.76% | 0.76% | | |
| Pressure ulcers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S25 | Grade 2 pressure ulcers | | | | | | | | | | | | | | | 13 | 8 | 10 | 14 | 6 | 15 | 17 | 11 | 9 | 17 | 11 | 11 | 18 | 12 | 16 | 46 | 156 | 156 | | |
| S26 | Grade 3 & 4 pressure ulcers | | | | | | | | | | | | | | | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 1 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 11 | 23 | |
| Other safety metrics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S11 | VTE Assessment Compliance | | | | | | | | | | | | | | | 84.5% | 85.5% | 83.0% | 90.0% | 88.7% | 89.2% | 92.6% | 92.6% | 91.8% | 92.0% | 92.4% | 92.0% | | | | | 95% | 95% | | |

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EXPERIENCE

| | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | 17/18 YTD Actual | YTD Target | Target |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------|------------|--------|
| Experience domain score | | | | | | | | | | | | | | | | | | |
| Friends and Family Test | | | | | | | | | | | | | | | | | | |
| X38 Trust Friends and Family Recommend %: Inpatient | 95.9% | 97.6% | 94.8% | 96.0% | 95.4% | 95.9% | 95.3% | 93.8% | 94.0% | 95.9% | 92.9% | 95.0% | 96.7% | 96.9% | 95.4% | 96.2% | 95% | 95% |
| X39 Trust Friends and Family Recommend %: A&E | 87.7% | 87.0% | 89.9% | 87.5% | 86.6% | 86.8% | 86.1% | 88.1% | 87.5% | 88.2% | 89.4% | 89.6% | 88.7% | 89.4% | 87.6% | 88.6% | 93% | 93% |
| X40 Maternity Friends and Family Recommend %: Antenatal care (36 weeks) | 96.1% | 91.3% | 96.4% | 100.0% | 100.0% | 95.0% | 100.0% | 80.0% | 100.0% | N/A | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 95% | 95% |
| X41 Maternity Friends and Family Recommend %: Delivery care | 94.7% | 98.3% | 97.3% | 99.1% | 95.7% | 94.0% | 96.1% | 92.9% | 97.0% | 93.5% | 98.5% | 92.9% | 96.8% | 98.2% | 97.1% | 97.4% | 95% | 95% |
| X42 Maternity Friends and Family Recommend %: Postnatal ward | 83.5% | 95.7% | 96.8% | 95.1% | 96.7% | 91.2% | 91.1% | 98.8% | 91.7% | 97.1% | 94.2% | 88.2% | 90.4% | 94.9% | 89.7% | 91.8% | 95% | 95% |
| X43 Maternity Friends and Family Recommend %: Postnatal community care | 89.1% | 86.7% | 79.4% | 93.5% | 100.0% | 86.2% | 80.0% | 91.4% | 92.3% | 93.7% | 92.1% | 83.9% | 80.0% | 96.5% | 96.6% | 93.4% | 95% | 95% |
| X44 Trust Friends and Family Recommend %: Outpatient | 95.1% | 98.6% | 93.7% | 92.2% | 87.8% | 91.5% | 94.2% | 96.7% | 92.1% | 82.0% | 100.0% | 96.3% | 93.8% | 93.6% | 88.8% | 91.7% | 95% | 95% |
| Friends and Family Test response rates | | | | | | | | | | | | | | | | | | |
| X24 Trust Friends and Family Response Rate: Inpatient | 15.4% | 15.4% | 13.5% | 12.7% | 11.3% | 12.3% | 14.4% | 11.6% | 10.5% | 13.1% | 8.4% | 10.0% | 7.9% | 12.1% | 13.4% | 11.3% | 40% | 40% |
| X25 Trust Friends and Family Response Rate: A&E | 20.8% | 17.2% | 18.3% | 20.3% | 18.9% | 19.2% | 19.5% | 17.1% | 16.9% | 18.3% | 15.9% | 17.8% | 18.1% | 19.1% | 19.6% | 19.0% | 23% | 23% |
| X33 Maternity Friends and Family Response Rate: Delivery care | 23.8% | 24.3% | 21.9% | 23.5% | 20.1% | 17.7% | 25.3% | 22.9% | 21.7% | 21.6% | 17.4% | 17.7% | 22.3% | 24.0% | 25.1% | 23.9% | 40% | 40% |
| Reduction in patients suffering a bad experience dealing with the Trust | | | | | | | | | | | | | | | | | | |
| X08 Percentage of re-booked outpatient appointments | | | | | | | | | | | | | | | | | 7.80% | 7.80% |
| X09 Clinics cancelled with less than 6 weeks notice for annual/study leave | | | | | | | | | | | | | | | | | 281 | 281 |
| X11 PALS contacts relating to appointment problems (pior % of total appts) | | | | | | | | | | | | | | | | | 0.08% | 0.08% |
| X12 Reduce patients cancelled on the day of surgery for non-clinical reasons | | | | | | | | | | | | | | | | | 337 | 337 |
| X13 Breaches of mixed sex accommodation arrangements | 57 | 69 | 76 | 77 | 113 | 80 | 41 | 137 | 72 | 61 | 92 | 48 | 76 | 48 | 39 | 163 | 0 | 0 |

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Cleanliness / PLACE Survey

| | | | | | | | | | | | | | | | | | | | |
|-----|----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|-----|
| X16 | Internal PLACE compliance : RSCH | | | | | | | | | | | | | | | | | 95% | 95% |
| X17 | Internal PLACE compliance : PRH | | | | | | | | | | | | | | | | | 95% | 95% |

Improve our customer service and become a more caring organisation

| | | | | | | | | | | | | | | | | | | | |
|-----|--|-----|----|-----|-----|-----|-----|-----|----|-----|-----|-----|-----|----|----|----|-----|-----|-----|
| X18 | Number of complaints | 105 | 90 | 106 | 104 | 133 | 128 | 118 | 90 | 109 | 112 | 112 | 140 | 77 | 94 | 91 | 262 | tbc | tbc |
| X19 | Complaints where staff attitude or behaviour is an issue | 11 | 15 | 6 | 12 | 12 | 12 | 11 | 7 | 10 | 10 | 5 | 9 | 9 | 7 | 8 | 24 | tbc | tbc |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |