| Ind No. | Area of Practice               | Quality Requirment   | Threshold  | April  | Мау       | June | July | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | recen<br>RAG<br>Ratin |
|---------|--------------------------------|--|--|--|-----------|------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----------------------|
|         |                                | 12 hour trolley waits  | 0 = Green<br>1 or above = Red                                | 0  | 0         |      |      |     |     |     |     |     |     |     |     |                       |
|         |                                | Number of handovers between ambulance and<br>A&E taking place within 15 and 30 minutes   | 0  | Not currently produced                           |           |      |      |     |     |     |     |     |     |     |     |                       |
|         |                                | Number of handovers between ambulance and<br>A&E taking between 30 and 60 minutes  | 0  | 34   | 45        |      |      |     |     |     |     |     |     |     |     |                       |
|         |                                | Number of handovers between ambulance and<br>A&E taking place over 60 minutes  | 0  | 19   | 11        |      |      |     |     |     |     |     |     |     |     |                       |
|         |                                | (2.1) Proportion of patients directly admitted to a stroke unit within 4 hours of clock start  | C or above   | 66.7%  | 78.6%     |      |      |     |     |     |     |     |     |     |     |                       |
|         |                                | (3.2) Proportion of eligible patients given thrombolysis   | C or above   | TBC  |           |      |      |     |     |     |     |     |     |     |     |                       |
|         |                                | (4.3) Proportion of patients who were assessed by<br>a nurse trained in stroke management within 24<br>hours of lock start   | C or above   | TBC  |           |      |      |     |     |     |     |     |     |     |     |                       |
|         | indicators)                    | (8.7) Proportion of applicable patients who have rehabilitation goals agreed within 5 days of clock start  | C or above   | TBC  |           |      |      |     |     |     |     |     |     |     |     |                       |
|         |                                | (8.8) Proportion of applicable patients who are assessed by a nurse within 24 hours and at least one therapist within 24 hours and all relevant therapists within 72 hours and have rehab goals agreed within 5 days | C or above   | TBC  |           |      |      |     |     |     |     |     |     |     |     |                       |
|         |                                | Overall SSNAP score (most recent published)  | C or above   | e  |           |      |      |     |     |     |     |     |     |     |     |                       |
|         |                                | Summary hospital level mortality indicator (score) (most recent published)   | <1 - Green   | 1.129  | 1.129     |      |      |     |     |     |     |     |     |     |     |                       |
|         | Mortality                      | Summary hospital level mortality indicator (Band)  |  | 3  | 3         |      |      |     |     |     |     |     |     |     |     |                       |
|         |                                | Hospital Standardised Mortality rate   | <100 = Green   | 108  | 104       |      |      |     |     |     |     |     |     |     |     |                       |
|         | Learning Disability            | Compliance with Monitor requirements in relation to services for people with a learning disability   | Red/Amber or Green   | Completed via link<br>to integrated<br>scorecard | Compliant |      |      |     |     |     |     |     |     |     |     |                       |
|         | Surgical Checklist             | Percentage compliance with WHO Check list  | 100% - Green   | 99.9%  | 99.9%     |      |      |     |     |     |     |     |     |     |     |                       |
|         |                                | Percentage of FALLS assessments completed within 24 hours of admission   |  | 90%  | 89.67%    |      |      |     |     |     |     |     |     |     |     |                       |
|         | _                              | Percentage of VTE risk assessments completed upon admission  |  | 95.7%  | 96.7%     |      |      |     |     |     |     |     |     |     |     |                       |
|         | Risk Assessments and Screening | Percentage of admissions screened for<br>NUTRITION within 24 hours of admission to<br>hospital   | 95% - Green 85% -<br>95% - Amber Under<br>85% - Red          | 74.84%   | 79.34%    |      |      |     |     |     |     |     |     |     |     |                       |
|         |                                | Percentage of admissions that have a PRESSURE<br>ULCER risk assessment completed within 6 hours<br>of admission  | 30% Ked  | 90.32%   | 90.61%    |      |      |     |     |     |     |     |     |     |     |                       |
|         |                                | Percentage of patients screened for MRSA   |  | 93.6%  | 95.6%     |      |      |     |     |     |     |     |     |     |     |                       |
|         | _                              | Number of all provider acquired pressure Ulcers  | N/A  | 3  | 7         |      |      |     |     |     |     |     |     |     |     |                       |
|         | Pressure ulcers                | Number of all provider inherited pressure ulcers   | N/A  | 46   | 46        |      |      |     |     |     |     |     |     |     |     |                       |
|         |                                | Staffing Levels Publicly displayed   | Yes/No   | Yes  | Yes       |      |      |     |     |     |     |     |     |     |     |                       |
|         |                                | Staff turnover   |  | 9.8%   | NA        |      |      |     |     |     |     |     |     |     |     |                       |
|         |                                | Staff appraisal rate   | 90% - Green 80% -  | 82.0%  | NA        |      |      |     |     |     |     |     |     |     |     |                       |
|         | Staffing                       | Mandatory training rate  | 90% - Amber Under<br>80% - Red                               | 88.0%  | 87.0%     |      |      |     |     |     |     |     |     |     |     | $\vdash$              |
|         |                                | Sickness rate  | Internal Trust target  | 3.6%   | NA        |      |      | -   |     |     |     |     |     |     |     | $\vdash$              |
|         | 1                              | Percentage of eligible staff Annual Flu Vaccination  | Internal Trust target  | 2.370  |           |      |      |     |     |     |     |     |     |     |     | T                     |
|         | Mixed Sex accomodation Breach  | Number of non-clinically indicated mixed sex accomodation breaches   | 0 = Green 1 or<br>above = Red                                | 5  | 0         |      |      |     |     |     |     |     |     |     |     |                       |
|         |                                | MRSA Bacteraemia   | 0 = Green 1 or   | 0  | 0         |      |      |     |     |     |     |     |     |     |     |                       |
|         | Infection Control              | Clostridium Difficile  | above = Red As per contract                                  | 1  | 0         |      |      |     |     |     |     |     |     |     |     | $\vdash$              |
|         |                                | Percentage of eligible pateints who have a VTE risk assement completed upon admission  | 95% or above - Green<br>90% - 95% - Amber<br>Under 90% - Red | 95.7%  | 96.7%     |      |      |     |     |     |     |     |     |     |     |                       |

| Ind No. | Area of Practice    | Quality Requirment  | Threshold  | April                   | May           | June | July | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Most<br>recent<br>RAG<br>Rating                  |
|---------|---------------------|---|--|-------------------------|---------------|------|------|-----|-----|-----|-----|-----|-----|-----|-----|--|
|         | VIE                 | Percentage of patients who receive appropriate VTE prophylaxis                      | 100% - Green 90% -<br>95% - Amber Under<br>90% - Red | 94.0%                   | 92.52%        |      |      |     |     |     |     |     |     |     |     |  |
|         |                     | No Harm   |  | 22                      | 34            |      |      |     |     |     |     |     |     |     |     |  |
|         |                     | Low Harm  |  | 8                       | 13            |      |      |     |     |     |     |     |     |     |     |  |
|         |                     | Moderate Harm   |  | 0                       | 1             |      |      |     |     |     |     |     |     |     |     |  |
|         | Medication Errors   | Severe Harm   |  | 0                       | 0             |      |      |     |     |     |     |     |     |     |     |  |
|         |                     | Death   |  | 0                       | 0             |      |      |     |     |     |     |     |     |     |     |  |
|         |                     | Number of medication errors relating to controlled drugs                            |  | 5                       | 7             |      |      |     |     |     |     |     |     |     |     |  |
|         | Duty of Candour     | Number of times duty of candour used  | N/A  | 18                      | 10            |      |      |     |     |     |     |     |     |     |     | 1  |
|         | Never Events        | Number of Never Events  | 0  | 1                       | 0             |      |      |     |     |     |     |     |     |     |     |  |
|         | Serious Incidents   | Number of serious incidents relating to Pressure<br>Ulcers                          |  | 1                       | 2             |      |      |     |     |     |     |     |     |     |     |  |
|         |                     | Number of serious incidents relating to Falls                                       | A1/A   | 1                       | 2             |      |      |     |     |     |     |     |     |     |     |  |
| -       |                     | Number of serious incidents - other  Number of incidents by harms;                  | N/A  | 0<br>356                | 4<br>418      |      |      |     |     |     |     |     |     |     |     | <del> </del>                                     |
|         |                     | No Harm   |  | 275                     | 334           |      |      |     |     |     |     |     |     |     |     | <del>                                     </del> |
|         |                     | Low Harm  |  | 63                      | 74            |      |      |     |     |     |     |     |     |     |     | <b>†</b>   |
|         | Incidents           | Moderate Harm   |  | 12                      | 9             |      |      |     |     |     |     |     |     |     |     |  |
|         |                     | Severe Harm   |  | 6                       | 1             |      |      |     |     |     |     |     |     |     |     |  |
|         |                     | Death   |  | 0                       | 0             |      |      |     |     |     |     |     |     |     |     |  |
|         | Early Warning Score | Percentage of observations and scores completed                                     | 100%   | 98%                     | 98%           |      |      |     |     |     |     |     |     |     |     |  |
|         |                     | Percentage of eligible staff trained in Level 1<br>Safeguarding Children            |  | 100%                    | 100%          |      |      |     |     |     |     |     |     |     |     |  |
|         |                     | Percentage of eligible staff trained in Level 2<br>Safeguarding Children            |  | 85%                     | 83%           |      |      |     |     |     |     |     |     |     |     |  |
|         | Safeguarding        | Percentage eligible staff trained in Level 3<br>Safeguarding Children               | 90-100% - Green 80%-<br>90% - Amber Under            | 86%                     | 90%           |      |      |     |     |     |     |     |     |     |     |  |
|         |                     | Percentage staff trained in Safeguarding Adults<br>Level 1                          | 80% - Red  | 100%                    | 100%          |      |      |     |     |     |     |     |     |     |     |  |
|         |                     | Percentage staff trained in Safeguarding Adults<br>Level 2                          |  | 90%                     | 90%           |      |      |     |     |     |     |     |     |     |     |  |
|         |                     | Percentage staff trained in relation to Mental<br>Capacity Act and DOLs             |  | 86%                     | 85%           |      |      |     |     |     |     |     |     |     |     |  |
|         | COPD                | Percentage of patients of eligible pateints discharged with a completed COPD bundle | 80% = Green 70 -<br>80% = Amber under 70%<br>= Red   |                         |               |      |      |     |     |     |     |     |     |     |     |  |
|         |                     | Number of complaints received   | N/A  | 16                      | 23            |      |      |     |     |     |     |     |     |     |     |  |
|         |                     | Percentage of complaints acknowledged within 3 operational days                     | 100% - Green 90% -                                   | 100%                    | 100%          |      |      |     |     |     |     |     |     |     |     |  |
|         | Complaints          | Percentage of complaints responded to within agreed timescales                      | 99% - Amber Under<br>90% - Red                       | March 32%, April<br>76% | Due June/July |      |      |     |     |     |     |     |     |     |     |  |
|         |                     |   | N/A  | Mar/Apr                 | May           |      |      |     |     |     |     |     |     |     |     |  |

| Ind No. | Area of Practice     | Quality Requirment   | Threshold                                  | April | Мау   | June | July | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Most<br>recent<br>RAG<br>Rating |
|---------|----------------------|--|--|-------|-------|------|------|-----|-----|-----|-----|-----|-----|-----|-----|---------------------------------|
|         |                      | 12 hour trolley waits  | 0 = Green<br>1 or above = Red              | 0     | 0     |      |      |     |     |     |     |     |     |     |     |                                 |
|         |                      | Number of handovers between ambulance and<br>A&E taking place within 15 and 30 minutes   | 0  | 89    | 66    |      |      |     |     |     |     |     |     |     |     |                                 |
|         |                      | Number of handovers between ambulance and<br>A&E taking between 30 and 60 minutes  | 0  | 54    | 59    |      |      |     |     |     |     |     |     |     |     |                                 |
|         |                      | Number of handovers between ambulance and<br>A&E taking place over 60 minutes  | 0  | 10    | 9     |      |      |     |     |     |     |     |     |     |     |                                 |
|         |                      | (2.1) Proportion of patients directly admitted to a stroke unit within 4 hours of clock start  | C or above                                 |       | tbc   |      |      |     |     |     |     |     |     |     |     |                                 |
|         |                      | (3.2) Proportion of eligible patients given thrombolysis   | C or above                                 |       | tbc   |      |      |     |     |     |     |     |     |     |     |                                 |
|         |                      | (4.3) Proportion of patients who were assessed by a nurse trained in stroke management within 24 hours of lock start   | C or above                                 |       | tbc   |      |      |     |     |     |     |     |     |     |     |                                 |
|         | indicators)          | (8.7) Proportion of applicable patients who have rehabilitation goals agreed within 5 days of clock start  | C or above                                 |       | tbc   |      |      |     |     |     |     |     |     |     |     |                                 |
|         |                      | (8.8) Proportion of applicable patients who are assessed by a nurse within 24 hours and at least one therapist within 24 hours and all relevant therapists within 72 hours and have rehab goals agreed within 5 days | C or above                                 |       | tbc   |      |      |     |     |     |     |     |     |     |     |                                 |
|         |                      | Overall SSNAP score (most recent published)  | C or above                                 |       | d     |      |      |     |     |     |     | 1   |     |     |     |                                 |
|         |                      | Summary hospital level mortality indicator (score) (most recent published)   | <1 - Green                                 |       |       |      |      |     |     |     |     |     |     |     |     |                                 |
|         |                      | Summary hospital level mortality indicator (Band)  |  |       |       |      |      |     |     |     |     |     |     |     |     |                                 |
|         |                      | Hospital Standardised Mortality rate   | <100 = Green                               |       |       |      |      |     |     |     |     |     |     |     |     |                                 |
|         |                      | Compliance with Monitor requirements in relation to services for people with a learning disability   | Red/Amber or Green                         |       |       |      |      |     |     |     |     |     |     |     |     |                                 |
|         | _                    | Percentage compliance with WHO Check list  | 100% - Green                               | 90.0% | 93.0% |      |      |     |     |     |     |     |     |     |     |                                 |
|         |                      | Percentage of FALLS assessments completed within 24 hours of admission   |  | 96%   | 97%   |      |      |     |     |     |     |     |     |     |     |                                 |
|         |                      | Percentage of VTE risk assessments completed upon admission  |  | 98%   | 98%   |      |      |     |     |     |     |     |     |     |     |                                 |
|         | Risk Assessments and | Percentage of admissions screened for<br>NUTRITION within 24 hours of admission to<br>hospital   | 95% - Green 85% -<br>95% - Amber Under 85% | 79%   | 85%   |      |      |     |     |     |     |     |     |     |     |                                 |

| Ind No. | Area of Practice     | Quality Requirment  | Threshold  | April | Мау     | June | July | Aug | Sep  | Oct | Nov | Dec | Jan | Feb | Mar | Most<br>recent<br>RAG<br>Rating |
|---------|----------------------|---|--|-------|---------|------|------|-----|--|-----|-----|-----|-----|-----|-----|---------------------------------|
|         |                      | Percentage of admissions that have a PRESSURE<br>ULCER risk assessment completed within 6 hours<br>of admission | - Neu  | 97%   | 98%     |      |      |     |  |     |     |     |     |     |     |                                 |
|         |                      | Percentage of patients screened for MRSA  |  | 93%   |         |      |      |     |  |     |     |     |     |     |     |                                 |
|         | Pressure ulcers      | Number of all provider acquired pressure Ulcers   | N/A  | 47    | 49      |      |      |     |  |     |     |     |     |     |     |                                 |
|         |                      | Number of all provider inherited pressure ulcers  | N/A  | 52    | 59      |      |      |     |  |     |     |     |     |     |     |                                 |
|         |                      | Staffing Levels Publicly displayed  | Yes/No   | Υ     | Y       |      |      |     |  |     |     |     |     |     |     |                                 |
|         |                      | Staff turnover  |  | 1.1%  | 1.0%    |      |      |     |  |     |     |     |     |     |     |                                 |
|         |                      | Staff appraisal rate  | 90% - Green 80% -  | 84.0% | 85.0%   |      |      |     |  |     |     |     |     |     |     |                                 |
|         | Staffing             | Mandatory training rate   | 90% - Amber Under 80% -<br>- Red                             | 87.0% | 87.0%   |      |      |     |  |     |     |     |     |     |     |                                 |
|         |                      | Sickness rate   | Internal Trust target  | 3.4%  | 3.2%    |      |      |     | 1  |     |     |     |     |     | İ   |                                 |
|         |                      | Percentage of eligible staff Annual Flu Vaccination   | Internal Trust target  | na    | na      |      |      |     |  |     |     |     |     |     |     |                                 |
|         |                      | Number of non-clinically indicated mixed sex accomodation breaches  | 0 = Green 1 or<br>above = Red                                | 0     | 0       |      |      |     |  |     |     |     |     |     |     |                                 |
|         | Infection Control    | MRSA Bacteraemia  | 0 = Green 1 or<br>above = Red                                | 0     | 0       |      |      |     |  |     |     |     |     |     |     |                                 |
|         |                      | Clostridium Difficile   | As per contract  | 2     | 3       |      |      |     |  |     |     |     |     |     |     |                                 |
|         |                      | Percentage of eligible pateints who have a VTE risk assement completed upon admission                           | 95% or above - Green<br>90% - 95% - Amber<br>Under 90% - Red | 98%   | 98*%    |      |      |     |  |     |     |     |     |     |     |                                 |
|         |                      | Percentage of patients who receive appropriate<br>VTE prophylaxis   | 100% - Green 90% -<br>95% - Amber Under 90%<br>- Red         | 99.0% | 99.0%   |      |      |     |  |     |     |     |     |     |     |                                 |
|         |                      | No Harm   |  | 62    | 64      |      |      |     |  |     |     |     |     |     |     |                                 |
|         |                      | Low Harm<br>Moderate Harm   |  | 16    | 10<br>0 |      |      |     |  |     |     |     |     |     |     | +                               |
|         | 99%Medication Errors | Moderate Harm<br>Severe Harm  |  | 2     | 0       |      |      |     |  |     |     |     |     |     |     | +                               |
|         | 007504.04.10 20.0    | Death   |  | 0     | 0       |      |      |     |  |     |     |     |     |     |     | +                               |
|         |                      | Number of medication errors relating to controlled drugs  |  | 4     | 5       |      |      |     |  |     |     |     |     |     |     | 1                               |
|         | Duty of Candour      | Number of times duty of candour used  | N/A  | 9     | 3       |      |      |     |  |     |     |     |     |     |     |                                 |
|         |                      | Number of Never Events  | 0  | 0     | 1       |      |      |     |  |     |     |     |     |     |     | $\perp$                         |
|         | Sarious Incidents    | Number of serious incidents relating to Pressure<br>Ulcers  |  | 0     | 1       |      |      |     |  |     |     |     |     |     |     |                                 |
|         |                      | Number of serious incidents relating to Falls   | N/A  | 4     | 2       |      |      |     | -  |     |     |     | 1   |     |     | +                               |
| -       |                      | Number of serious incidents - other  Number of incidents by harms;  | IN/A   | 804   | 866     |      |      |     | <del>                                     </del> |     |     |     |     |     |     | +                               |
|         |                      | No Harm   |  | 383   | 473     |      |      |     |  |     |     |     |     |     |     | †                               |
|         | Incidente            | Low Harm  |  | 373   | 353     |      | 1    |     | 1  |     |     |     | 1   |     |     | 1                               |
|         | Incidents            | Moderate Harm   |  | 42    | 34      |      |      |     |  |     |     |     |     |     |     |                                 |
|         |                      | Severe Harm   |  | 6     | 6       |      |      |     |  |     |     |     |     |     |     |                                 |
|         |                      | Death   |  | 0     | 0       |      |      |     |  |     |     |     |     |     |     |                                 |
|         | Early Warning Score  | Percentage of observations and scores completed   | 100%   | 99.0% | 99.0%   |      |      |     |  |     |     |     |     |     |     |                                 |

| Ind No. | Area of Practice   | Quality Requirment   | Threshold  | April  | Мау   | June | July | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Most<br>recent<br>RAG<br>Rating |
|---------|--|--|--|--------|-------|------|------|-----|-----|-----|-----|-----|-----|-----|-----|---------------------------------|
|         |  | Percentage of eligible staff trained in Level 1 Safeguarding Children  |  | 90.0%  | 90.0% |      |      |     |     |     |     |     |     |     |     |                                 |
|         |  | Percentage of eligible staff trained in Level 2<br>Safeguarding Children   |  | 92.0%  | 92.0% |      |      |     |     |     |     |     |     |     |     |                                 |
|         | Safaguardina   | Percentage eligible staff trained in Level 3<br>Safeguarding Children  | 90-100% - Green 80%-<br>90% - Amber Under          | 89.0%  | 89.0% |      |      |     |     |     |     |     |     |     |     |                                 |
|         | Sareguarding   | Safeguarding Percentage staff trained in Safeguarding Adults Level 1 Percentage staff trained in Safeguarding Adults | 80% - Red  | 85.0%  | 86.0% |      |      |     |     |     |     |     |     |     |     |                                 |
|         | <u> </u>   | Percentage staff trained in Safeguarding Adults<br>Level 2   |  | 81.0%  | 82.0% |      |      |     |     |     |     |     |     |     |     |                                 |
|         |  | Percentage staff trained in relation to Mental<br>Capacity Act and DOLs  |  | 81.0%  | 82.0% |      |      |     |     |     |     |     |     |     |     |                                 |
|         | COPD   | Percentage of patients of eligible pateints discharged with a completed COPD bundle                                  | 80% = Green 70 -<br>80% = Amber under 70%<br>= Red | tbc    |       |      |      |     |     |     |     |     |     |     |     |                                 |
|         |  | Number of complaints received  | N/A  | 24     | 22    |      |      |     |     |     |     |     |     |     |     |                                 |
|         | Complaints Property of Propert | Percentage of complaints acknowledged within 3 operational days  | 100% - Green 90% -<br>99% - Amber Under 90%        | 100.0% | tbc   |      |      |     |     |     |     |     |     |     |     |                                 |
|         |  | Percentage of complaints responded to within<br>agreed timescales  | - Red  | 52.0%  | tbc   |      |      |     |     |     |     |     |     |     |     |                                 |
|         |  | Date when last complaints summary published on website   | N/A  | March  | March | -    |      |     |     |     |     |     |     |     |     |                                 |

| Ind<br>No. | Area of Practice                  | Quality Requirment   | Threshold   | April             | Мау                   | June | July | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Most<br>recent<br>RAG<br>Rating |
|------------|-----------------------------------|--|---|-------------------|-----------------------|------|------|-----|-----|-----|-----|-----|-----|-----|-----|---------------------------------|
|            |                                   | 12 hour trolley waits  | 0 = Green<br>1 or above = Red                       | 0                 | 0                     |      |      |     |     |     |     |     |     |     |     |                                 |
|            | Emergency                         | Number of handovers between ambulance and A&E taking place within 15 and 30 minutes  | 0   | Not available     | Not available         |      |      |     |     |     |     |     |     |     |     |                                 |
|            | Department                        | Number of handovers between ambulance and A&E taking between 30 and 60 minutes   | 0   | 66                | 67                    |      |      |     |     |     |     |     |     |     |     |                                 |
|            |                                   | Number of handovers between ambulance and A&E taking place over 60 minutes   | 0   | 7                 | 2                     |      |      |     |     |     |     |     |     |     |     |                                 |
|            |                                   | (2.1) Proportion of patients directly admitted to a stroke unit within 4 hours of clock start  | C or above  | D(66.7%) (36/54)  | C (76.4%) (55/72)     |      |      |     |     |     |     |     |     |     |     |                                 |
|            |                                   | (3.2) Proportion of eligible patients given thrombolysis   | C or above  | A (100%) (4/4)    | A (100%) (7/7)        |      |      |     |     |     |     |     |     |     |     |                                 |
|            | Stroke (SSNAP                     | (4.3) Proportion of patients who were assessed by a nurse trained in stroke management within 24 hours of lock start   | C or above  | A (96.3%) (52/54) | A (95.9%)<br>(70-/73) |      |      |     |     |     |     |     |     |     |     |                                 |
|            | indicators)                       | (8.7) Proportion of applicable patients who have rehabilitation goals agreed within 5 days of clock start  | C or above  | A (94.4%) (34/32) | A (95.0%) (55/57)     |      |      |     |     |     |     |     |     |     |     |                                 |
|            |                                   | (8.8) Proportion of applicable patients who are assessed by a nurse within 24 hours and at least one therapist within 24 hours and all relevant therapists within 72 hours and have rehab goals agreed within 5 days | C or above  | A (86.1%) (31/36) | A (86.0%) (49/57)     |      |      |     |     |     |     |     |     |     |     |                                 |
|            |                                   | Overall SSNAP score (most recent)  | C or above  |                   | Not yet available     |      |      |     |     |     |     |     |     |     |     |                                 |
|            |                                   | Summary hospital level mortality indicator (score)   | <1 - Green  |                   | Not yet available     |      |      |     |     |     |     |     |     |     |     |                                 |
|            | Mortality                         | Summary hospital level mortality indicator (Band)  |   |                   | Not yet available     |      |      |     |     |     |     |     |     |     |     |                                 |
|            |                                   | Hospital Standardised Mortality rate   | <100 = Green  |                   | Not yet available     |      |      |     |     |     |     |     |     |     |     |                                 |
|            | Learning Disability               | Compliance with Monitor requirements in relation to services for people with a learning disability   | Red/Amber or Green                                  |                   | Not yet available     |      |      |     |     |     |     |     |     |     |     |                                 |
|            | Surgical Checklist                | Percentage compliance with WHO Check list  | 100% - Green  | 94.7%             | 93.4%                 |      |      |     |     |     |     |     |     |     |     |                                 |
|            |                                   | Percentage of FALLS assessments completed within 24 hours of admission   |   | 62.0%             | 67.0%                 |      |      |     |     |     |     |     |     |     |     |                                 |
|            |                                   | Percentage of VTE risk assessments completed upon admission  |   | 63.0%             | 68.0%                 |      |      |     |     |     |     |     |     |     |     |                                 |
|            | Risk Assessments and<br>Screening | Percentage of admissions screened for<br>NUTRITION within 24 hours of admission to<br>hospital   | 95% - Green 85% -<br>95% - Amber Under<br>85% - Red | 65.0%             | 70.0%                 |      |      |     |     |     |     |     |     |     |     |                                 |
|            | -                                 | Percentage of admissions that have a<br>PRESSURE ULCER risk assessment completed<br>within 6 hours of admission  | 05 /6 - NBU   | 63%               | 68%                   |      |      |     |     |     |     |     |     |     |     |                                 |
|            |                                   | Percentage of patients screened for MRSA   |   | Not yet available | Not yet available     |      |      |     |     |     |     |     |     |     |     |                                 |
|            | Proceura ulcare                   | Number of all provider acquired pressure Ulcers  | N/A   | 133               | 134                   |      |      |     |     |     |     |     |     |     |     |                                 |

| <br>i readure uncera |  | I .  |                   | 1  |  |  | ı |  | 1 | 1 |         |
|----------------------|--|--|-------------------|--|--|--|---|--|---|---|---------|
|                      | Number of all provider inherited pressure ulcers   | N/A  | 265               | 272  |  |  |   |  |   |   |         |
|                      | Staffing Levels Publicly displayed   | Yes/No   | Yes               | Yes  |  |  |   |  |   |   |         |
|                      | Staff turnover   |  | 11.86%            | 11.80%                                     |  |  |   |  |   |   |         |
|                      | Staff appraisal rate   | 90% - Green 80% -<br>90% - Amber Under                       | 8.8%              | 13.7%                                      |  |  |   |  |   |   |         |
| Staffing             | Mandatory training rate  | 80% - Red  | 87.8%             | 88.9%                                      |  |  |   |  |   |   |         |
|                      | Sickness rate  | Internal Trust target  | 3.9%              | 3.9%                                       |  |  |   |  |   |   |         |
|                      | Percentage of eligible staff Annual Flu Vaccination  | Internal Trust target  | Not yet available | Not yet available                          |  |  |   |  |   |   |         |
|                      | Number of non-clinically indicated mixed sex accomodation breaches   | 0 = Green 1<br>or above = Red                                | 2                 | 0  |  |  |   |  |   |   |         |
| Infection Control    | MRSA Bacteraemia   | 0 = Green 1<br>or above = Red                                | 0                 | 0  |  |  |   |  |   |   |         |
|                      | Clostridium Difficile  | As per contract  | 0                 | 2  |  |  |   |  |   |   |         |
|                      | Percentage of eligible pateints who have a VTE risk assement completed upon admission                              | 95% or above - Green<br>90% - 95% - Amber<br>Under 90% - Red | Not yet available | Not yet available                          |  |  |   |  |   |   |         |
|                      | Percentage of patients who receive appropriate<br>VTE prophylaxis  | 100% - Green 90% -<br>95% - Amber Under<br>90% - Red         | Not yet available | Information not sent                       |  |  |   |  |   |   |         |
|                      | No Harm  |  | 57                | miormation not                             |  |  |   |  |   |   |         |
|                      | Low Harm   |  | 7 2               | information not                            |  |  |   |  |   |   |         |
|                      | Moderate Harm<br>Severe Harm   |  | 0                 | intormation not                            |  |  |   |  |   |   |         |
| Medication Errors    |  |  |                   | Information not                            |  |  |   |  |   |   |         |
|                      | Death  |  | 0                 | sent                                       |  |  |   |  |   |   |         |
|                      | Number of medication errors relating to controlled drugs   |  | 9                 | Information not<br>sent                    |  |  |   |  |   |   |         |
| Duty of Candour      | Number of times duty of candour used   | N/A  | 4                 | Information not<br>sent                    |  |  |   |  |   |   |         |
|                      | Number of Never Events   | 0  | 0                 | Information not sent                       |  |  |   |  |   |   |         |
|                      | Number of serious incidents relating to Pressure Ulcers  |  | 1                 | Information not sent Information not       |  |  |   |  |   |   |         |
|                      | Number of serious incidents relating to Falls  |  | 0                 | sent Information not                       |  |  |   |  |   |   |         |
|                      | Number of serious incidents - other  | N/A  | 1                 | sent                                       |  |  |   |  |   |   |         |
|                      | Number of incidents by harms;  |  |                   | Information not                            |  |  |   |  |   |   | <b></b> |
|                      | No Harm  |  | 405               | sent Information not                       |  |  |   |  |   |   |         |
| Incidents            | Low Harm   |  | 198               | sent Information not                       |  |  |   |  |   |   |         |
| incluents            | Moderate Harm  |  | 10                | sent Information not                       |  |  |   |  |   |   |         |
|                      | Severe Harm  |  | 4                 | sent Information not                       |  |  |   |  |   |   |         |
|                      | Death  |  | 0                 | sent                                       |  |  |   |  |   |   |         |
| Early Warning Score  | Percentage of observations and scores completed  | 100%   | 98.7%             | Information not sent                       |  |  |   |  |   |   |         |
|                      | Percentage of eligible staff trained in Level 1 Safeguarding Children  |  | 92.4%             | Information not sent                       |  |  |   |  |   |   |         |
|                      | Percentage of eligible staff trained in Level 2 Safeguarding Children Percentage eligible staff trained in Level 3 |  | 88.6%             | Information not<br>sent<br>Information not |  |  |   |  |   |   |         |
| Safoguarding         | Safeguarding Children  Percentage staff trained in Safeguarding Adults   | 90-100% - Green 80%-<br>90% - Amber Under                    | 83.7%             | sent Information not                       |  |  |   |  |   |   |         |
|                      | Level 1  | 80% - Red  | 91.2%             | sent                                       |  |  |   |  |   |   |         |

|            | Percentage staff trained in Safeguarding Adults<br>Level 2                          |  |       | Not yet available       |  |  |  |  |  |  |
|------------|---|--|-------|-------------------------|--|--|--|--|--|--|
|            | Percentage staff trained in relation to Mental<br>Capacity Act and DOLs             |  | 91.2% | Information not sent    |  |  |  |  |  |  |
| COPD       | Percentage of patients of eligible pateints discharged with a completed COPD bundle | 80% = Green 70 -<br>80% = Amber under<br>70% = Red | 89.0% | Information not sent    |  |  |  |  |  |  |
|            | Number of complaints received   | N/A  | 32    | Information not sent    |  |  |  |  |  |  |
| Complaints | Percentage of complaints acknowledged within 3 operational days                     | 100% - Green 90% -<br>99% - Amber Under            |       | Not yet available       |  |  |  |  |  |  |
|            | Percentage of complaints responded to within agreed timescales                      | 90% - Red  | 69.0% | Information not<br>sent |  |  |  |  |  |  |
|            | Date when last complaints summary published on website                              | N/A  |       | Information not<br>sent |  |  |  |  |  |  |

| Metric                              | Target   | Apr      | May  | Jun | Jul | Aug | Sep | Oct | Nov      | Dec | Jan | Feb | Mar |
|-------------------------------------|----------|----------|--|-----|-----|-----|-----|-----|----------|-----|-----|-----|-----|
|                                     | 2016/17  | 16       | 16   | 16  | 16  | 16  | 16  | 16  | 16       | 16  | 17  | 17  | 17  |
|                                     |          |          |  |     |     |     |     |     |          |     |     |     |     |
| Safe                                | <u> </u> |          |  |     |     |     |     |     | <u> </u> |     |     |     |     |
| No. and rate of new                 |          | 38       | 28   |     |     |     |     |     |          |     |     |     |     |
| pressure ulcers from                |          | 2.07%    | 1.59%  |     |     |     |     |     |          |     |     |     |     |
| safety thermometer                  |          |          |  |     |     |     |     |     |          |     |     |     |     |
| No. and rate of old                 |          | 107      | 82 4.66%   |     |     |     |     |     |          |     |     |     |     |
| pressure ulcers from patient safety |          | 5.84%    |  |     |     |     |     |     |          |     |     |     |     |
| thermometer                         |          |          |  |     |     |     |     |     |          |     |     |     |     |
| No. and rate of all new             |          | 6        | 2  |     |     |     |     |     |          |     |     |     |     |
| hospital acquired                   |          | 1.82%    | 0.62%  |     |     |     |     |     |          |     |     |     |     |
| pressure                            |          |          |  |     |     |     |     |     |          |     |     |     |     |
| ulcers on the patient               |          |          |  |     |     |     |     |     |          |     |     |     |     |
| safety thermometer                  |          |          |  |     |     |     |     |     |          |     |     |     |     |
| No. and rate of new                 |          | 1        | 1  |     |     |     |     |     |          |     |     |     |     |
| hospital acquired                   |          |          | 50%  |     |     |     |     |     |          |     |     |     |     |
| pressure ulcers                     |          |          |  |     |     |     |     |     |          |     |     |     |     |
| which were found to be unavoidable  |          |          |  |     |     |     |     |     |          |     |     |     |     |
|                                     |          |          | 1  |     |     |     |     |     |          | 1   |     |     |     |
| Number of incidents                 |          | 6        | 10   |     |     |     |     |     |          |     |     |     |     |
| reported on STEIS                   |          |          |  |     |     |     |     |     |          |     |     |     |     |
| No. and % compliance                |          | 6        | 10   |     |     |     |     |     |          |     |     |     |     |
| with STEIS data entry               |          | 100%     | 100%   |     |     |     |     |     |          |     |     |     |     |
|                                     |          |          |  |     |     |     |     |     |          |     |     |     |     |
| requirements - reporting            |          |          |  |     |     |     |     |     |          |     |     |     |     |
|                                     |          |          |  |     |     |     |     |     |          |     |     |     |     |
| No. and % compliance                |          | 8        | 5  |     |     |     |     |     |          |     |     |     |     |
| with STEIS data entry               |          | 100%     | 100%   |     |     |     |     |     |          |     |     |     |     |
|                                     |          |          |  |     |     |     |     |     |          |     |     |     |     |
| and the second section of           |          |          |  |     |     |     |     |     |          |     |     |     |     |
| requirements - closing              |          |          |  |     |     |     |     |     |          |     |     |     |     |
| No. & % of patients                 |          | 0        | <del>                                     </del> |     |     | 1   |     |     |          |     |     |     |     |
| screened for MRSA                   |          |          |  |     |     |     |     |     |          |     |     |     |     |
|                                     |          |          | <u>                                       </u>   |     |     |     |     |     |          |     |     |     |     |
| No. & % of patients                 |          | 10 (55%) |  |     |     |     |     |     |          |     |     |     |     |
| screened for MRSA (non-             |          |          |  |     |     |     |     |     |          |     |     |     |     |
| elective)                           |          |          |  |     |     |     |     |     |          |     |     |     |     |
|                                     |          |          |  |     |     | 1   |     |     |          |     |     |     |     |
| No. of patients with                |          | 0        | 0  |     |     |     |     |     |          |     |     |     |     |
| MRSA Bacteraemia                    | 1        |          |  |     |     |     |     |     |          |     |     |     |     |

|   |              |            | <br> |  |  | <br> |  |
|---|--------------|------------|------|--|--|------|--|
| No. of patients with C diff and (per 100,000 bed days)                | 1<br>6.91    | 2<br>13.56 |      |  |  |      |  |
| No. C diff cases deemed trajectory cases                              | TBC          |            |      |  |  |      |  |
| 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                            | 1            | 0          |      |  |  |      |  |
| No. bays/ward closures  | 1            |            |      |  |  |      |  |
| Number of bed days lost   | 8            |            |      |  |  |      |  |
| No. & % infected patients isolated within 2 hours                     | 0            |            |      |  |  |      |  |
| No. & % of staff trained to Child Safeguarding Lvl 1                  | 1374 (99.8%) |            |      |  |  |      |  |
| No. & % of staff trained to Child Safeguarding Lvl 2                  | 2715 (94%)   |            |      |  |  |      |  |

<sup>1</sup> Excludes one patient who was already reported in April

3 Viral gastroenteritis, organism unknown, in July 2015

| Metric   |            |  |  |  |  |  |  |
|--|------------|--|--|--|--|--|--|
| No. & % of staff trained to Child Safeguarding Lvl 3 | 522 (96%)  |  |  |  |  |  |  |
| No. and % of staff trained in Adult Safeguarding     | 4611 (96%) |  |  |  |  |  |  |
| No. and % of staff trained in MCA / DOLS             | 3237 (94%) |  |  |  |  |  |  |

<sup>2</sup> Two confirmed norovirus outbreaks and one viral gastroenteritis

| No. and % of staff trained in Learning Disability Awareness                                | 32 | 237 (94%)    |              |  |  |  |  |  |
|--|----|--------------|--------------|--|--|--|--|--|
| Effective  |    |              |              |  |  |  |  |  |
| No. & % of service users in hospital for >1yr who have had an annual physical health check |    | 50%          | 75%          |  |  |  |  |  |
| No. & % of patients with a falls assessment completed within 48 hours of admission.4       |    | 96.8%        | 95.9%        |  |  |  |  |  |
| No. & % of patients nutritionally screened within 24 hours of admission to hospital.       |    | 242<br>97.2% | 235<br>97.1% |  |  |  |  |  |
| No. & % of patients who have a pressure ulcer risk assessment within 4 hours of admission. |    | 241<br>97.6% | 242<br>97.6% |  |  |  |  |  |
| No. & % of patients who have a VTE risk assessment within 24 hours of admission.           |    | 296<br>98.6% | 276<br>96.8% |  |  |  |  |  |
| No. & % of patients who have had appropriate prophylaxis for VTE                           |    |              | 100%         |  |  |  |  |  |
| Caring   |    |              |              |  |  |  |  |  |
| No. and % of patients who may be at risk of crisis offered a crisis plan                   | 16 | 67 (70%)     |              |  |  |  |  |  |
| No. and % of patients with a long-term condition  offered a personalized care plan         | 17 | 7271 (90.1%) |              |  |  |  |  |  |

| Carer's assessment offered within 4weeks              | 100%        |   |  |  |  |  |  |
|---|-------------|---|--|--|--|--|--|
|   |             |   |  |  |  |  |  |
| Responsive  |             |   |  |  |  |  |  |
| No. complaints  | 104         |   |  |  |  |  |  |
| No. & % complaints acknowledged in 3 operational days | 93 (89%)    |   |  |  |  |  |  |
| No. & % complaints responded to in agreed timescales  | 49/66 (74%) |   |  |  |  |  |  |
| No. complaints referred to ombudsman and outcome      | 3           |   |  |  |  |  |  |
| Mixed sex breach (nationally reportable)              | 0           | 0 |  |  |  |  |  |
| Well-led  |             |   |  |  |  |  |  |
| Duty of candour – no. of times used                   | 2           | 3 |  |  |  |  |  |

<sup>4</sup> Working to within 24 hours from Q2