

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											
		Number of handovers between ambulance and A&E taking place within 15 and 30 minutes	0	Not currently produced														
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	0	32	27	37	49											
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	19	6	14	33											
	Stroke (SSNAP indicators)	(2.1) Proportion of patients directly admitted to a stroke unit within 4 hours of clock start	C or above	66.7%	78.6%	84.1%	72.1%											
		(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														
		(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														
	Mortality	Summary hospital level mortality indicator (score) (most recent published)	<1 - Green	1	1	1	n/a											
		Summary hospital level mortality indicator (Band)		1.15	1.15	1.15	n/a											
		Hospital Standardised Mortality rate	<100 = Green	108	105	104	n/a											
	Learning Disability	Compliance with Monitor requirements in relation to services for people with a learning disability	Red/Amber or Green	Completed via link to integrated scorecard	Compliant	Compliant	Compliant											
	Surgical Checklist	Percentage compliance with WHO Check list	100% - Green	99.9%	99.9%	99.9%	99.9%											
	Risk Assessments and Screening	Percentage of FALLS assessments completed within 24 hours of admission	100% - Green 90% - 95% - Amber Under 90% - Red	90.00%	89.67%	95.35%	91.58%											
		Percentage of VTE risk assessments completed upon admission		95.7%	96.7%	95.7%	95.3%											
		Percentage of admissions screened for NUTRITION within 24 hours of admission to hospital		74.84%	79.34%	87.6%	74.70%											
		Percentage of admissions that have a PRESSURE ULCER risk assessment completed within 6 hours of admission		90.32%	90.61%	95.35%	91.58%											
		Percentage of patients screened for MRSA		93.6%	95.6%	93.5%	94.5%											
	Pressure ulcers	Number of all provider acquired pressure Ulcers	N/A	3	7	4	2											
		Number of all provider inherited pressure ulcers	N/A	46	46	43	37											
	Staffing	Staffing Levels Publicly displayed	Yes/No	Yes	Yes	Yes	yes											
		Staff turnover		9.8%	10.5%	10.8%	10.8%											
		Staff appraisal rate	90% - Green 80% - 90% - Amber Under 80% - Red	82.0%	82.0%	80.0%	80.0%											
		Mandatory training rate		88.0%	87.0%	88.0%	86.0%											
		Sickness rate	Internal Trust target	3.6%	2.9%	3.30%	NA											
		Percentage of eligible staff Annual Flu Vaccination	Internal Trust target															
	Mixed Sex accomodation Breach	Number of non-clinically indicated mixed sex accomodation breaches	0 = Green 1 or above = Red	5	0	0	4											
	Infection Control	MRSA Bacteraemia	0 = Green 1 or above = Red	0	0	0	0											
		Clostridium Difficile	As per contract	1	0	0	0											
		Percentage of eligible pateints who have a VTE risk assement completed upon admission	95% or above - Green 90% - 95% - Amber Under 90% - Red	95.7%	96.7%	95.7%	95.3%											

Ind No.	Area of Practice	Quality Requirement	Threshold	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Most recent RAG Rating	
	VTE	Percentage of patients who receive appropriate VTE prophylaxis	100% - Green 90% - 95% - Amber Under 90% - Red	94.0%	92.52%	89.81%	89.06%										
	Medication Errors	No Harm		22	34	21	27										
		Low Harm		8	13	7	2										
		Moderate Harm		0	1	1	0										
		Severe Harm		0	0	0	0										
		Death		0	0	1	0										
			Number of medication errors relating to controlled drugs		5	7	4	4									
	Duty of Candour	Number of times duty of candour used	N/A	18	10	12	18										
	Never Events	Number of Never Events	0	1	0	0	1										
	Serious Incidents	Number of serious incidents relating to Pressure Ulcers		1	2	0	0										
		Number of serious incidents relating to Falls		1	2	0	2										
		Number of serious incidents - other	N/A	0	4	0	0										
	Incidents	Number of incidents by harms;		356	418	442	370										
		No Harm		275	334	355	279										
		Low Harm		63	74	67	73										
		Moderate Harm		12	9	20	16										
		Severe Harm		6	1	0	2										
		Death		0	0	0	0										
	Early Warning Score	Percentage of observations and scores completed	100%	98%	98%	98%	98%										
	Safeguarding	Percentage of eligible staff trained in Level 1 Safeguarding Children	90-100% - Green 80%-90% - Amber Under 80% - Red	100%	100%	100%	100%										
		Percentage of eligible staff trained in Level 2 Safeguarding Children		85%	83%	83%	82%										
		Percentage eligible staff trained in Level 3 Safeguarding Children		86%	90%	87%	87%										
		Percentage staff trained in Safeguarding Adults Level 1		100%	100%	100%	100%										
		Percentage staff trained in Safeguarding Adults Level 2		90%	90%	88%	87%										
		Percentage staff trained in relation to Mental Capacity Act and DOLs		86%	85%	80%	85%										
	COPD	Percentage of patients of eligible pateints discharged with a completed COPD bundle	80% = Green 70 - 80% =Amber under 70% = Red														
	Complaints	Number of complaints received	N/A	16	23	20	26										
		Percentage of complaints acknowledged within 3 operational days	100% - Green 90% - 99% - Amber Under 90% - Red	100%	100%	100%	100%										
		Percentage of complaints responded to within agreed timescales		March 32%, April 76%	63%	46%	Due Aug/Sep										
		Date when last complaints summary published on website	N/A	Mar/Apr	May	June	July										

PHFT Scorecard

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	Emergency Department	12 hour trolley waits	0 = Green 1 or above = Red	0	0	0	0											
		Number of handovers between ambulance and A&E taking place within 15 and 30 minutes	0	89	66	72	57											
		Number of handovers between ambulance and A&E taking between 30 and 60 minutes	0	54	59	52	73											
		Number of handovers between ambulance and A&E taking place over 60 minutes	0	10	9	8	3											
	Stroke (SSNAP indicators)	(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														
		(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														
	Mortality	Summary hospital level mortality indicator (score) (most recent published)	<1 - Green															
		Summary hospital level mortality indicator (Band)																
		Hospital Standardised Mortality rate	<100 = Green															
	Learning Disability	Compliance with Monitor requirements in relation to services for people with a learning disability	Red/Amber or Green															
	Surgical Checklist	Percentage compliance with WHO Check list	100% - Green	90.0%	93.0%	91.0%	90% - NB Obstetric theatres did not complete the audit for the month of July and therefore this figure is for Main and Day theatres only.											
	Risk Assessments and Screening	Percentage of FALLS assessments completed within 24 hours of admission		96%	97%	98%	97%											
		Percentage of VTE risk assessments completed upon admission		98.0%	98.0%	98.0%	98.0%											
		Percentage of admissions screened for NUTRITION within 24 hours of admission to hospital	95% - Green 85% - Amber Under 85% - Red		79%	85%	87%	91%										

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	
		Percentage of admissions that have a PRESSURE ULCER risk assessment completed within 6 hours of admission		97%	98%	97%	99%										
		Percentage of patients screened for MRSA		93.0%	86.0%	93.0%	tbc										
	Pressure ulcers	Number of all provider acquired pressure Ulcers	N/A	47	49	41	47										
		Number of all provider inherited pressure ulcers	N/A	52	59	54	51										
	Staffing	Staffing Levels Publicly displayed	Yes/No	Y	Y												
		Staff turnover		1.1%	1.0%	0.7%	1.1%										
		Staff appraisal rate	90% - Green 80% - 90% - Amber Under 80% - Red		84.0%	85.0%	86.0%	85.0%									
		Mandatory training rate			87.0%	87.0%	88.0%	88.0%									
		Sickness rate	Internal Trust target		3.4%	3.2%	3.2%	3.3%									
		Percentage of eligible staff Annual Flu Vaccination	Internal Trust target		na	na											
	Mixed Sex accomodation Breach	Number of non-clinically indicated mixed sex accomodation breaches	0 = Green 1 or above = Red	0	0	0	tbc										
	Infection Control	MRSA Bacteraemia	0 = Green 1 or above = Red	0	0	0	0										
		Clostridium Difficile	As per contract		2	3	1	0									
	VTE	Percentage of eligible pateints who have a VTE risk assement completed upon admission	95% or above - Green 90% - 95% - Amber Under 90% - Red	98%	98%	98%	98.0%										
		Percentage of patients who receive appropriate VTE prophylaxis	100% - Green 90% - 95% - Amber Under 90% - Red		99.0%	99.0%	99.0%	98.00%									
	99%Medication Errors	No Harm		62	64	67	80										
		Low Harm		16	10	13	12										
		Moderate Harm		2	0	0	0										
		Severe Harm		0	0	0	0										
		Death		0	0	0	0										
		Number of medication errors relating to controlled drugs		4	5	5	8										
	Duty of Candour	Number of times duty of candour used	N/A	9	3	6	6										
	Never Events	Number of Never Events	0	0	1	0	0										
	Serious Incidents	Number of serious incidents relating to Pressure Ulcers		0	1	2	0										
		Number of serious incidents relating to Falls		4	2	1	3										
		Number of serious incidents - other	N/A	5	3	3	3										
	Incidents	Number of incidents by harms;		804	866	824	809										
		No Harm		383	473	427	414										
		Low Harm		373	353	365	359										
		Moderate Harm		42	34	27	29										
		Severe Harm		6	6	4	4										
		Death		0	0	1	3										
	Early Warning Score	Percentage of observations and scores completed	100%	99%	99%	99%	99%										

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Ind No.	Area of Practice	Quality Requirement	Threshold	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Most recent RAG Rating		
	Safeguarding	Percentage of eligible staff trained in Level 1 Safeguarding Children	90-100% - Green 80%-90% - Amber Under 80% - Red	90%	90%	91%	91%											
		Percentage of eligible staff trained in Level 2 Safeguarding Children		92%	92%	92%	93%											
		Percentage eligible staff trained in Level 3 Safeguarding Children		89%	89%	89%	89%											
		Percentage staff trained in Safeguarding Adults Level 1		85%	86%	86%	87%											
		Percentage staff trained in Safeguarding Adults Level 2		81%	82%	82%	82%											
		Percentage staff trained in relation to Mental Capacity Act and DOLs		81%	82%	82%	82%											
	COPD	Percentage of patients of eligible pateints discharged with a completed COPD bundle	80% = Green 70 - 80% =Amber under 70% = Red	tbc														
	Complaints	Number of complaints received	N/A	24	22	19	22											
		Percentage of complaints acknowledged within 3 operational days	100% - Green 90% - 99% - Amber Under 90% - Red	100%	100%	100%	95%											
		Percentage of complaints responded to within agreed timescales		90%	100%	56%	71%											
		Date when last complaints summary published on website	N/A	March	March	March	March											

Carer's assessment offered within 4weeks		100% Quarterly		TBC									
Responsive													
No. complaints		104		154									
No. & % complaints acknowledged in 3 operational days		93 (89%)		141 92%									
No. & % complaints responded to in agreed timescales		49/66 (74%)		74 63%									
No. complaints referred to ombudsman and outcome		3		2									
Mixed sex breach (nationally reportable)		0	0	0	0								
Well-led													
Duty of candour – no. of times used		2	3	1	5								

4 Working to within 24 hours from Q2