

Integrated Quality and Operational Compliance Report

December 2016

Living our values everyday



Contents

Domain

Pages

Safe

03 to 12

Effective

13 to 17

Caring

18 to 21

Responsive

22 to 28

Well-led - Workforce

29 to 32

Domain Scorecard Summary

33 to 36

Glossary

37 to 42

Living our values everyday



Falls

The falls improvement project continues. Progress is being made in ensuring that all the key recommendations are in place - this will form the basis of the National Audit in Summer 2017. The review template of falls with harm has been completed as well as the new checklist which is being rolled out. The rate of falls in November 2016 was the lowest this year 2016/17. Although 6 falls were associated with harm in 5 cases this was minor. The fall associated with a fracture neck of femur was investigated through SI process.

Vital Signs Observations

A quality improvement project is being undertaken to increase the completeness of vital signs observations. All parameters must be recorded in order that a 'complete set' of observations are recorded and consequently a NEW score derived. As can be seen in the graphs the steady improvement trajectory continues. Device integration is assisting this process and the vital link facility has now been rolled out in the Emergency Department and Isabella Ward. This work has enabled the development of a live dashboard available to the outreach team alerting the team to patients with deteriorating scores. New monitoring equipment has also been installed in ITU and the Emergency Department which is networked and linked to central displays.

Serious Incidents

Nine serious incidents were reported in December 2016 relating to incidents occurring in November and December 2016. The details are presented in the Serious Incident Group paper and included 3 falls with harm, loss of data from the W drive, an information governance issue and 3 incidents related to clinical care. All the investigations are being managed through the SI process.

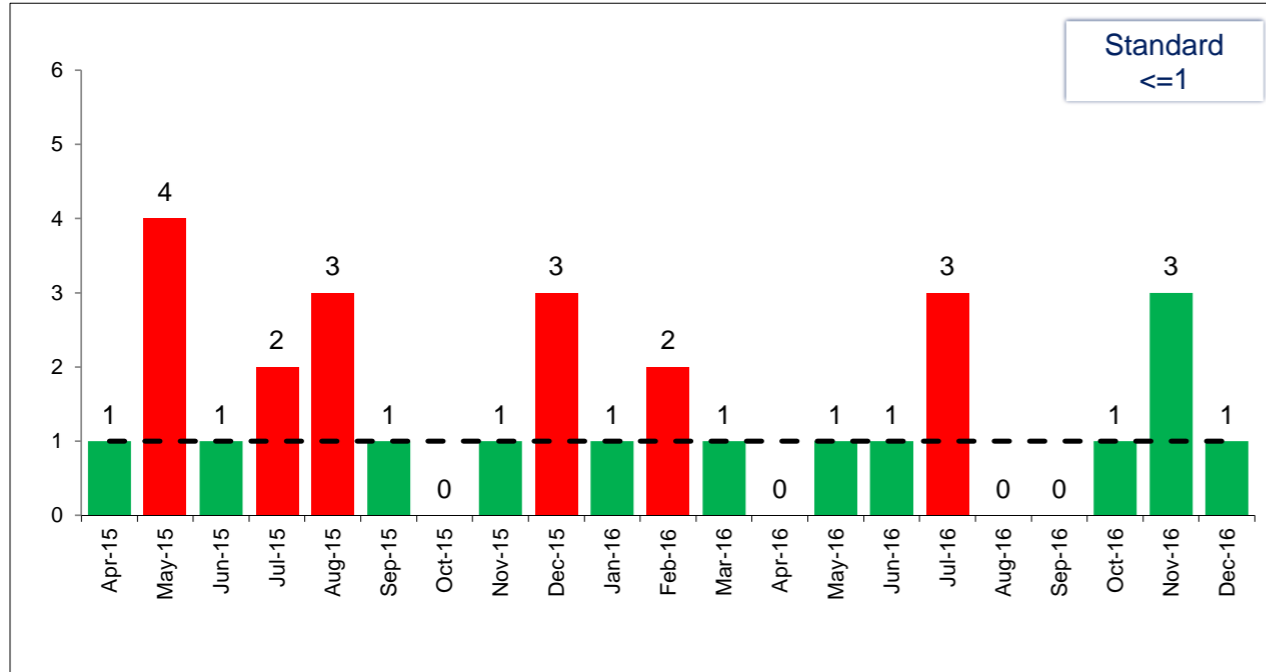
Pressure Ulcers

Three Trust acquired pressure ulcers occurred in December 2016, 1 of which was a grade 3/4. Overall the numbers of pressure ulcers this year are well below those reported in 2015/2016.

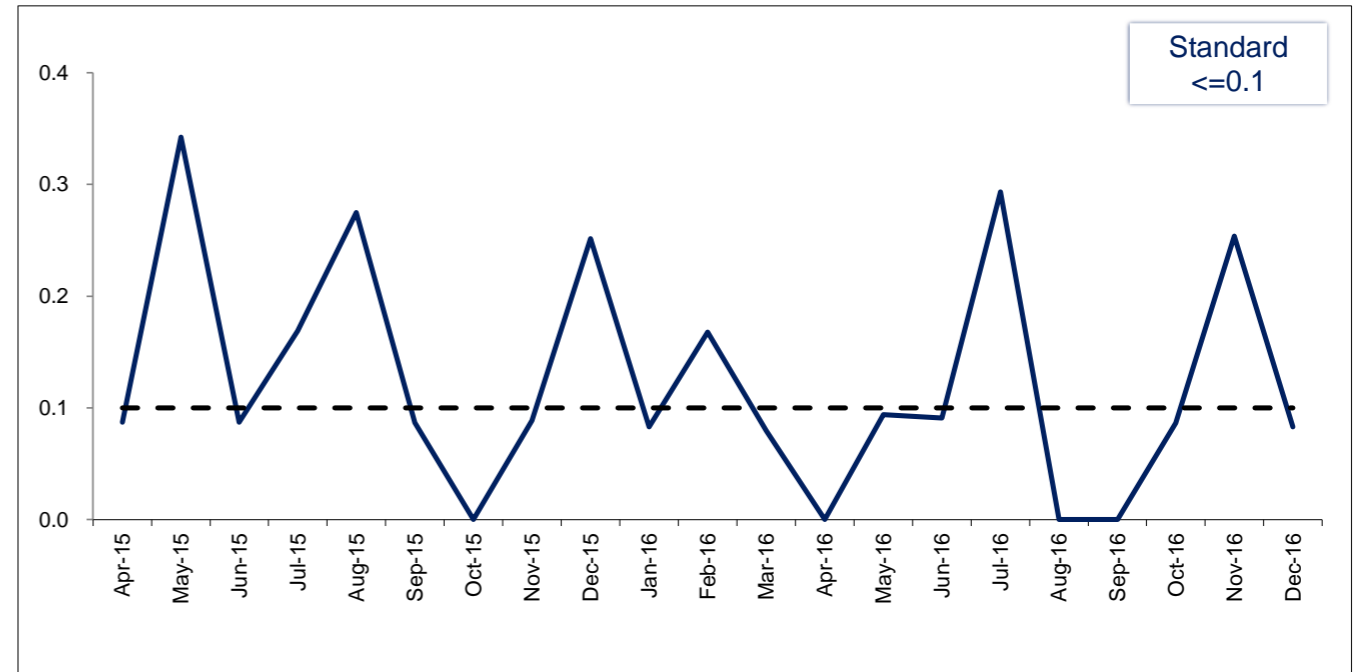
Infection Control

The rate of Hospital Acquired Infections is low. The Trust has however reported an MRSA bacteraemia in November 2016. The patient was known to be colonised with MRSA from a previous admission but despite this knowledge the patient was not decolonised in line with Trust policy and prevented from acquiring a bacteraemia in hospital. This has been presented to the Serious Incident Group and actions have been taken to inform the organisation of the requirements and response to flags made in the clinical record.

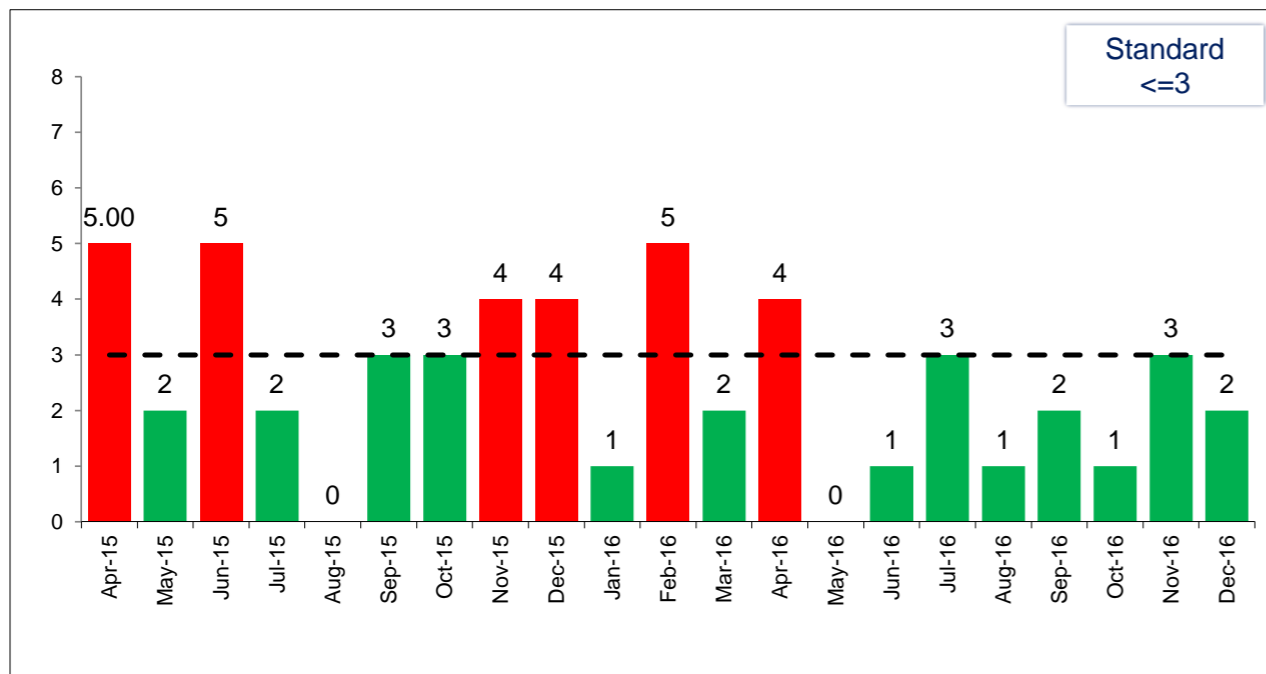
k1.01 | Number of patients with hospital acquired pressure ulcers (Grade 3&4)



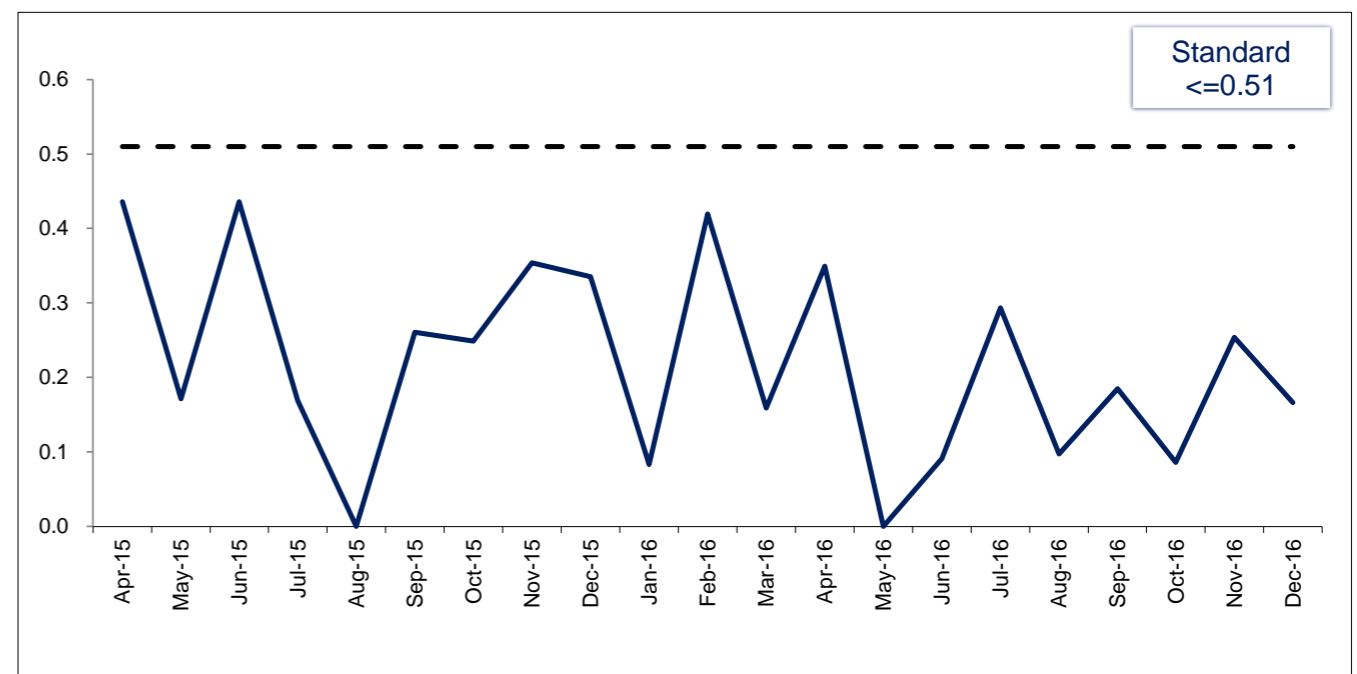
k1.02 | Number of patients with hospital acquired pressure ulcers (Grade 3&4) per 1000 beddays



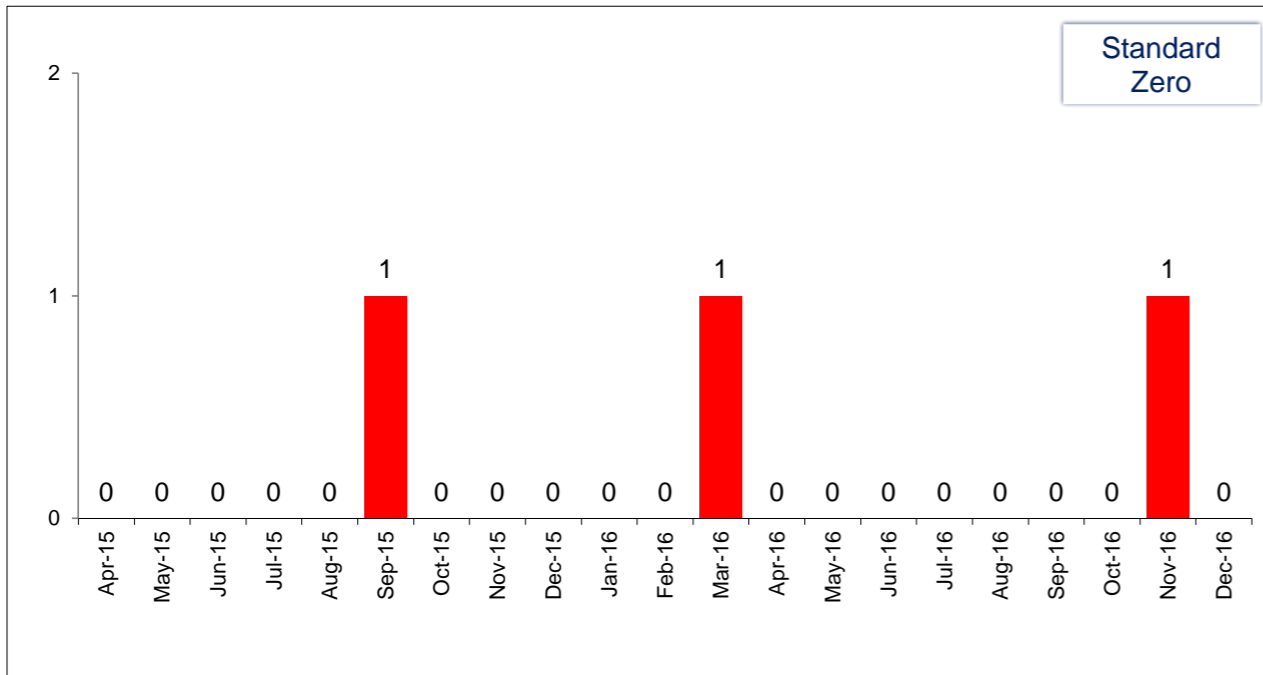
k1.03 | Number of patients with hospital acquired pressure ulcers (Grade 2)



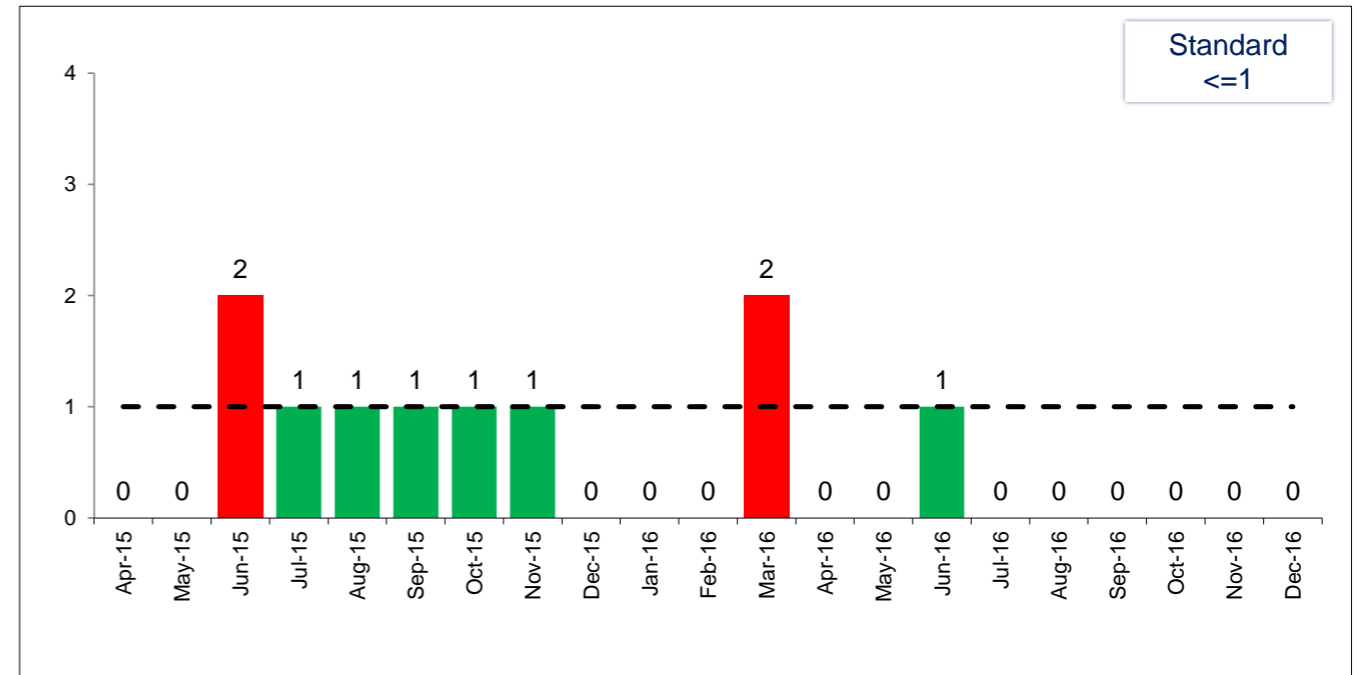
k.1.04 | Number of patients with hospital acquired pressure ulcers (Grade 2) per 1000 beddays



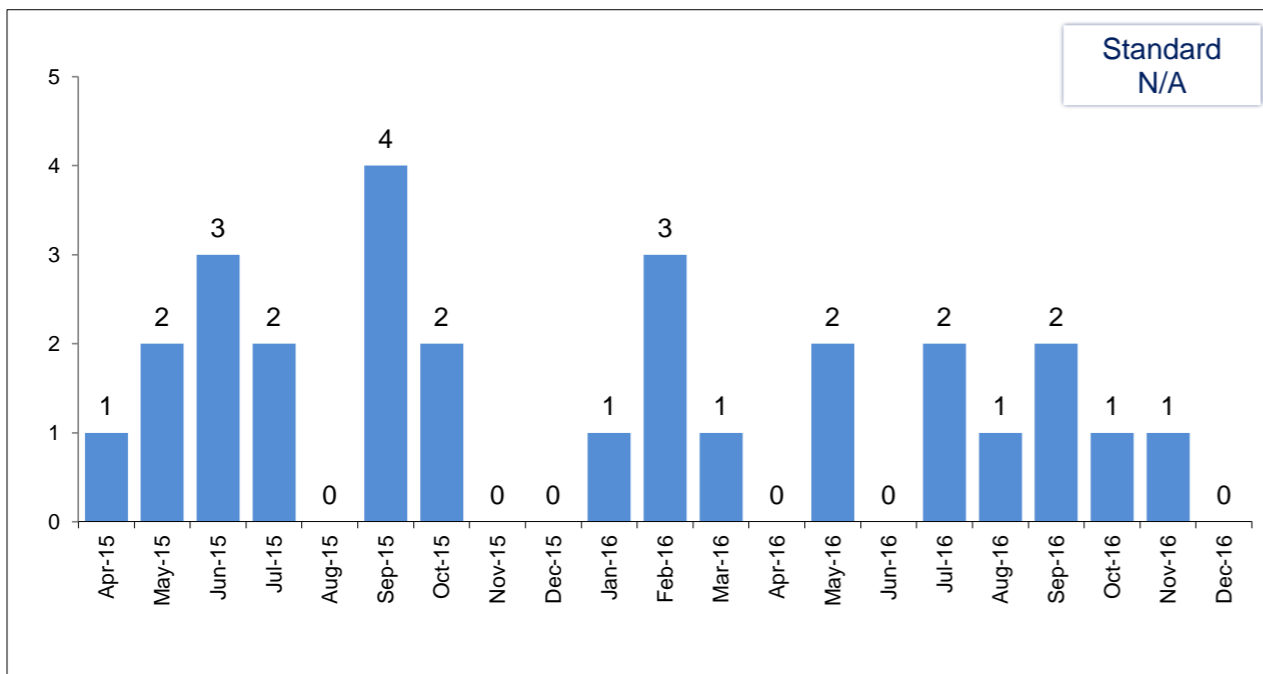
k1.05 | MRSA Bacteraemias - Post 48 hour (Hospital Acquired)



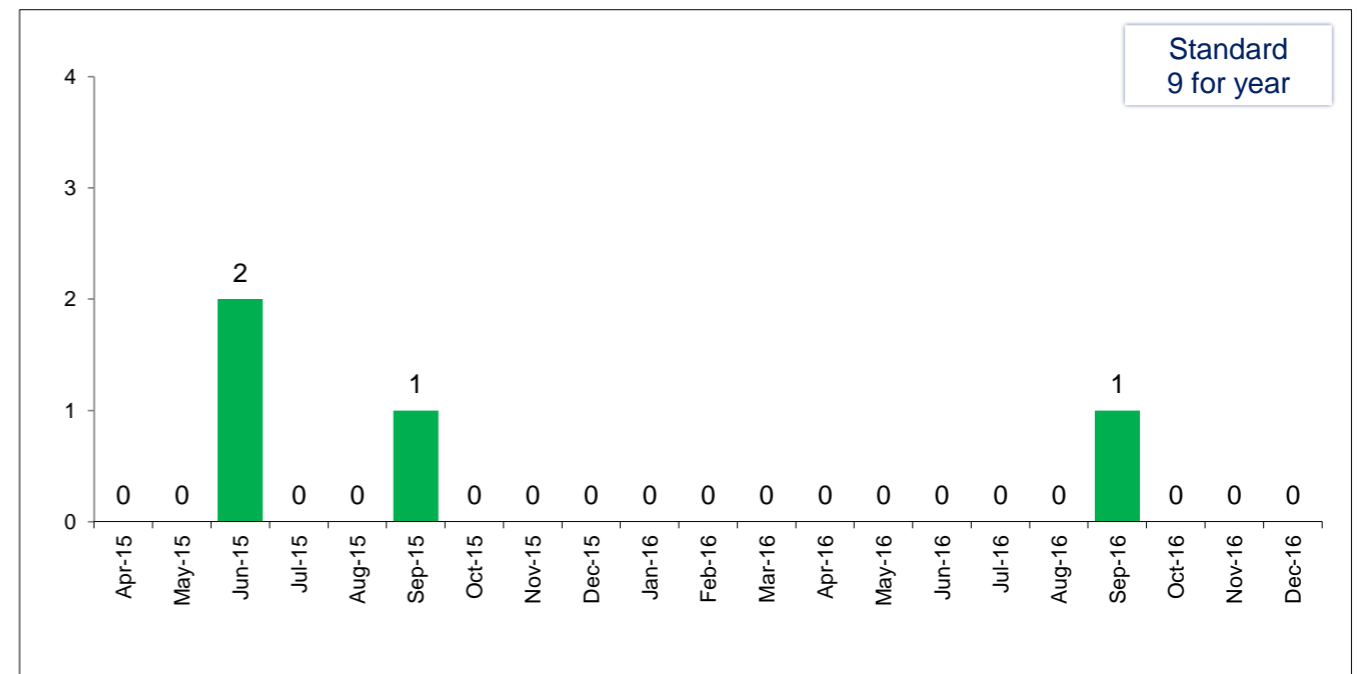
k1.06 | MSSA Bacteraemias - Post 48 hour (Hospital Acquired)



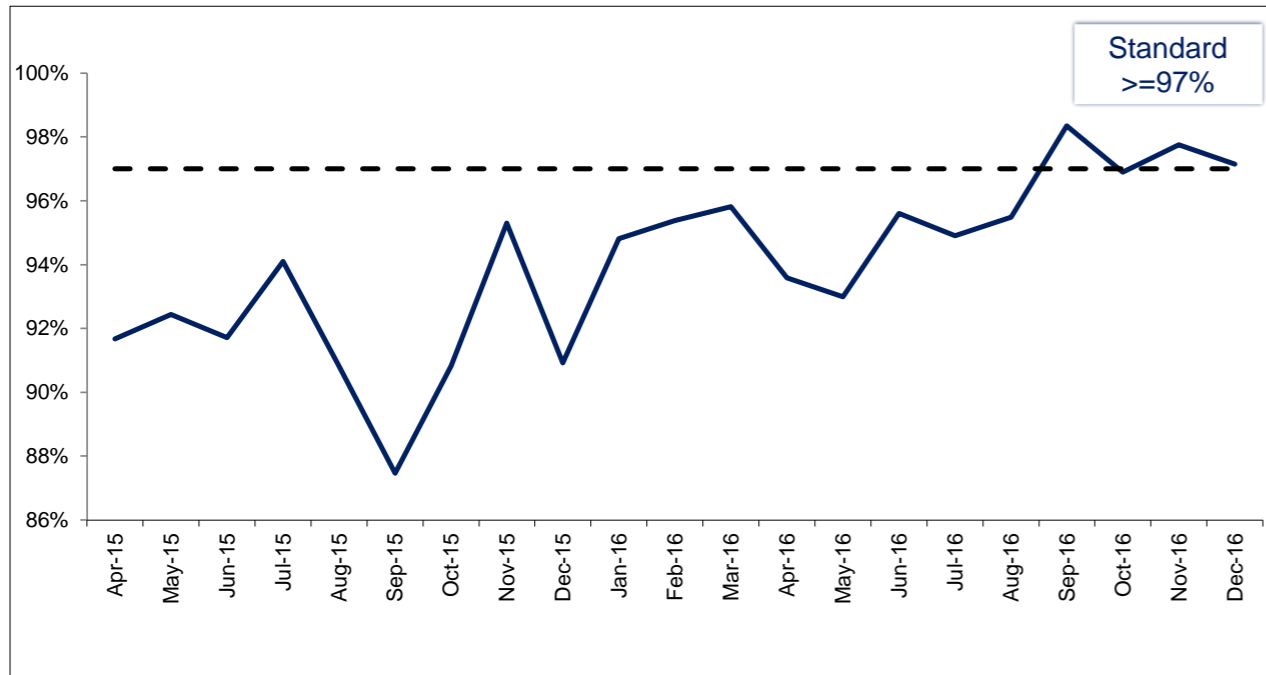
k1.07 | Clostridium difficile infections - Post 72 hours (Hospital Acquired)



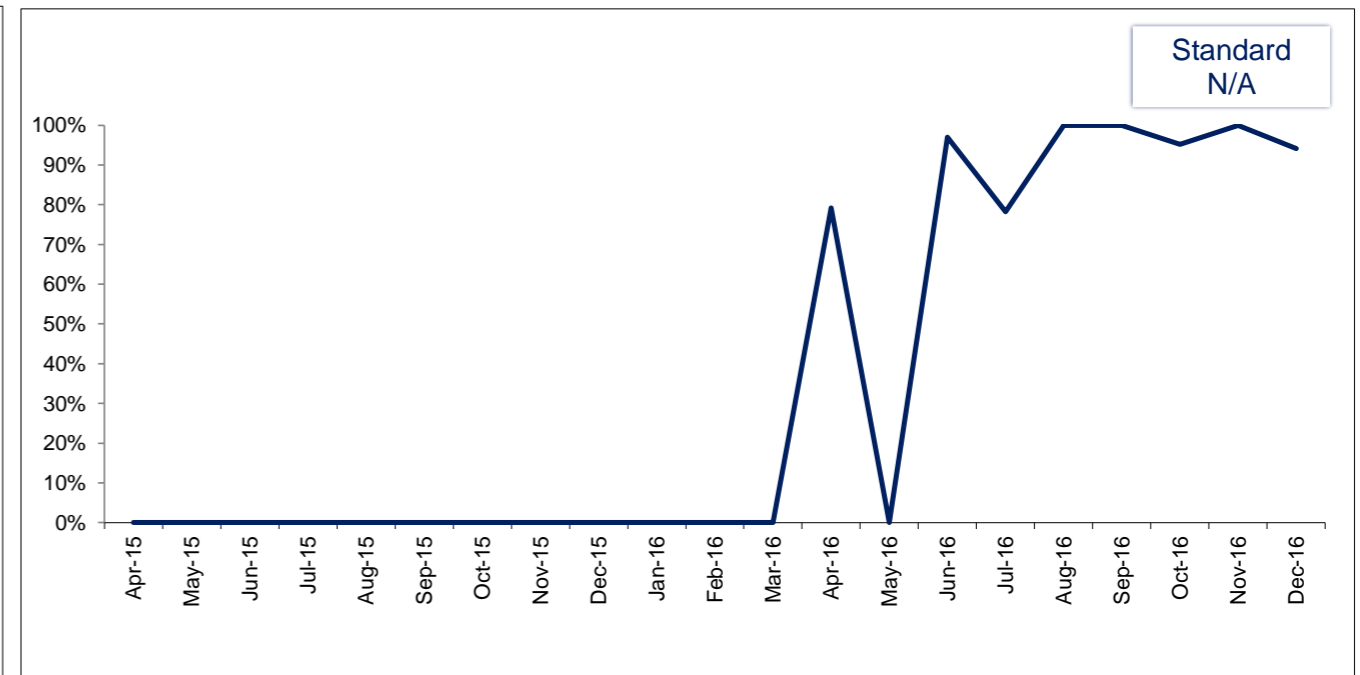
k1.08 | Clostridium difficile infections - Post 72 hours (Hospital Acquired) due to confirmed Lapse in Care



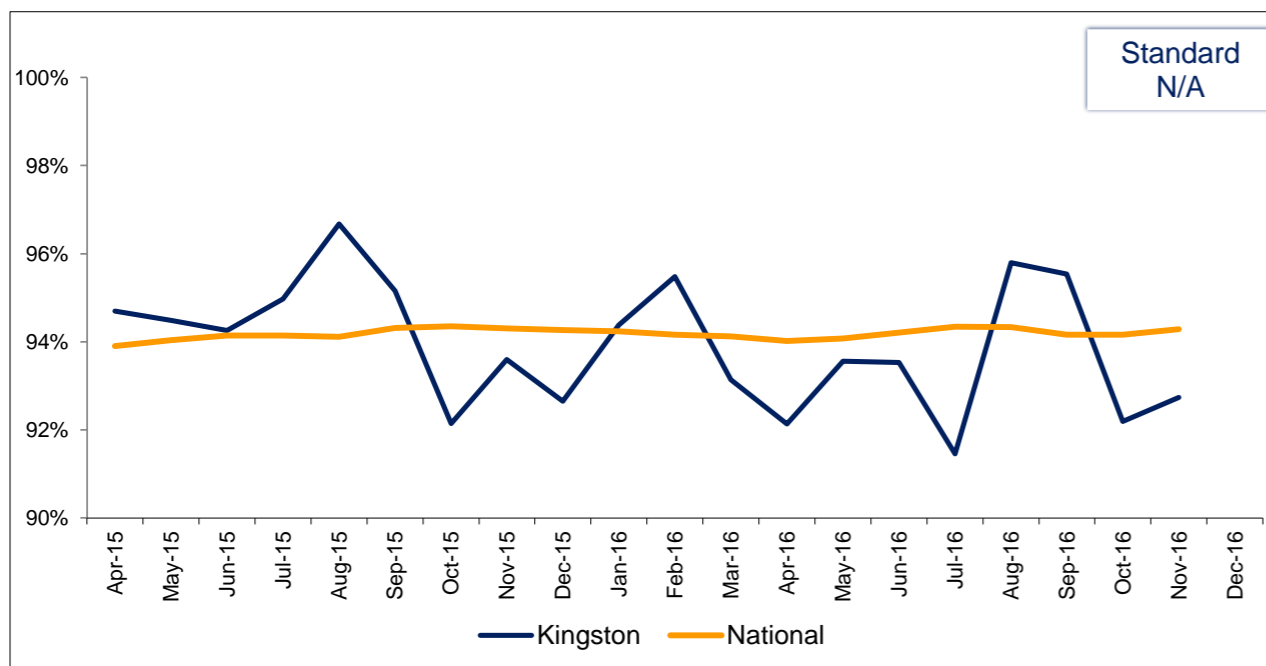
k1.09 | Completed Patient Observations - Adult inpatients



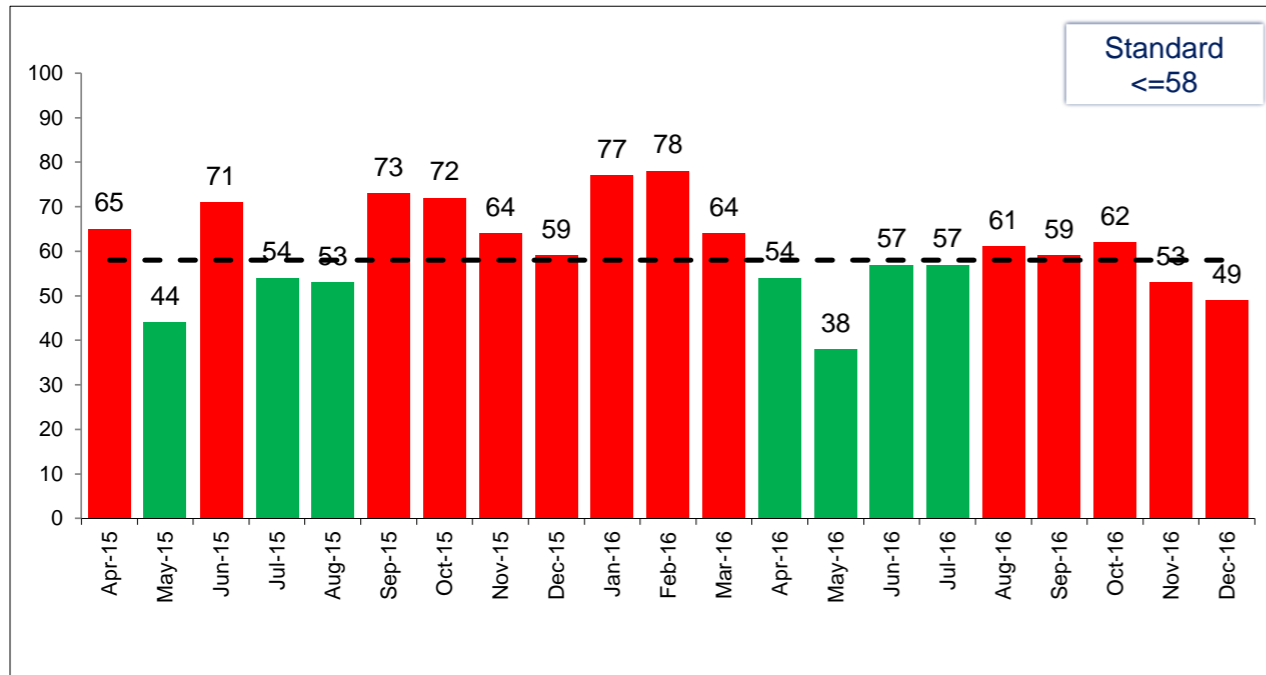
k1.10 | Completed Patient Observations - Paediatric inpatients



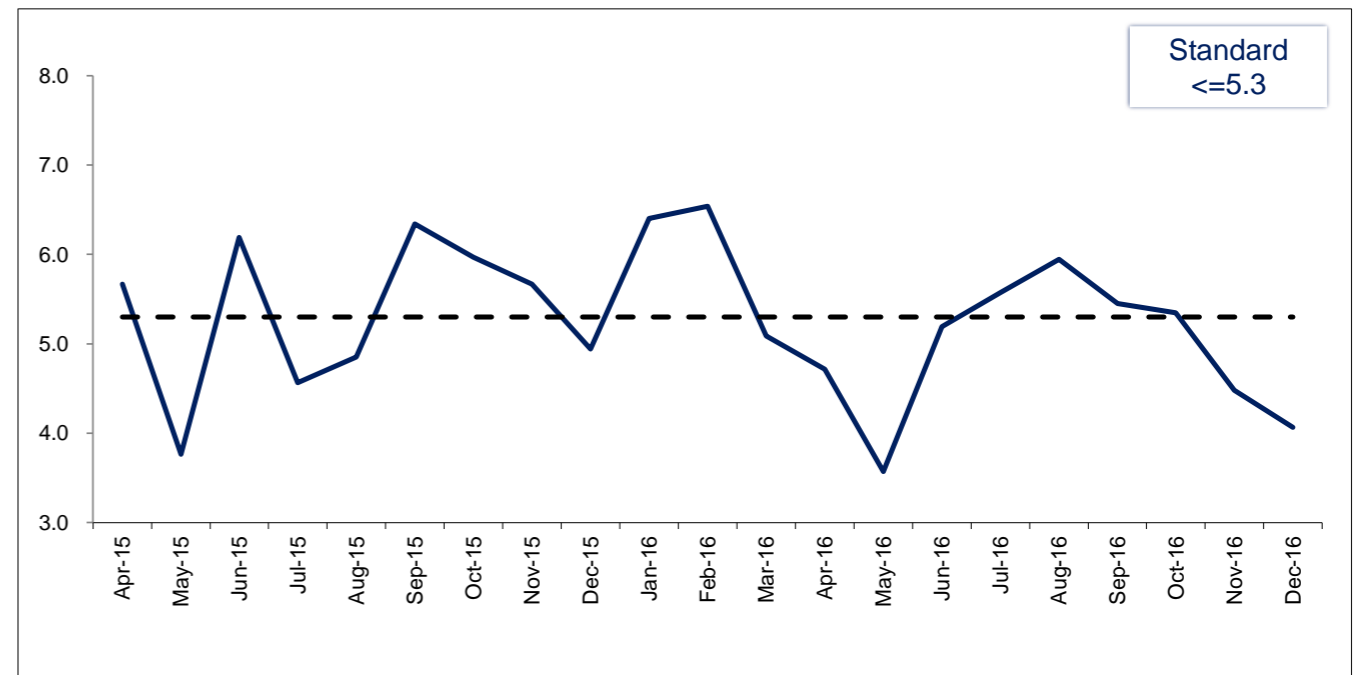
k1.11 | Patient Safety Thermometer - % Harm Free Care



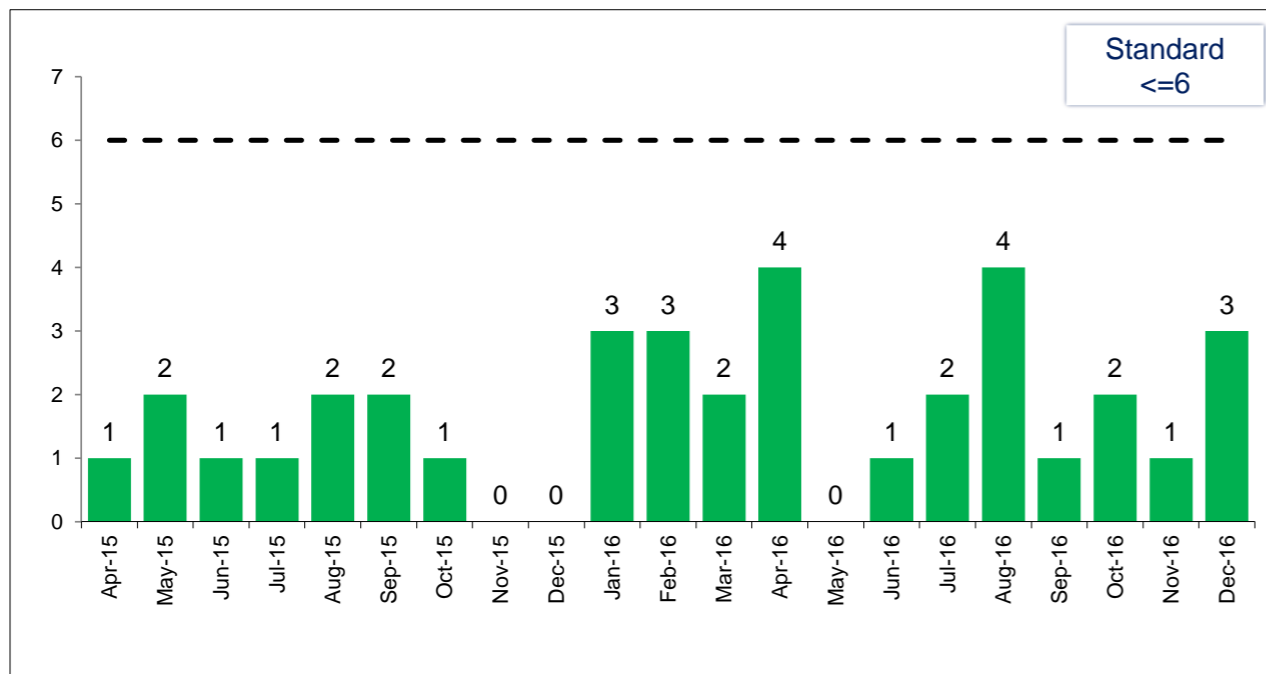
k1.12 | Number of Patient Safety Incident (PSI) Falls



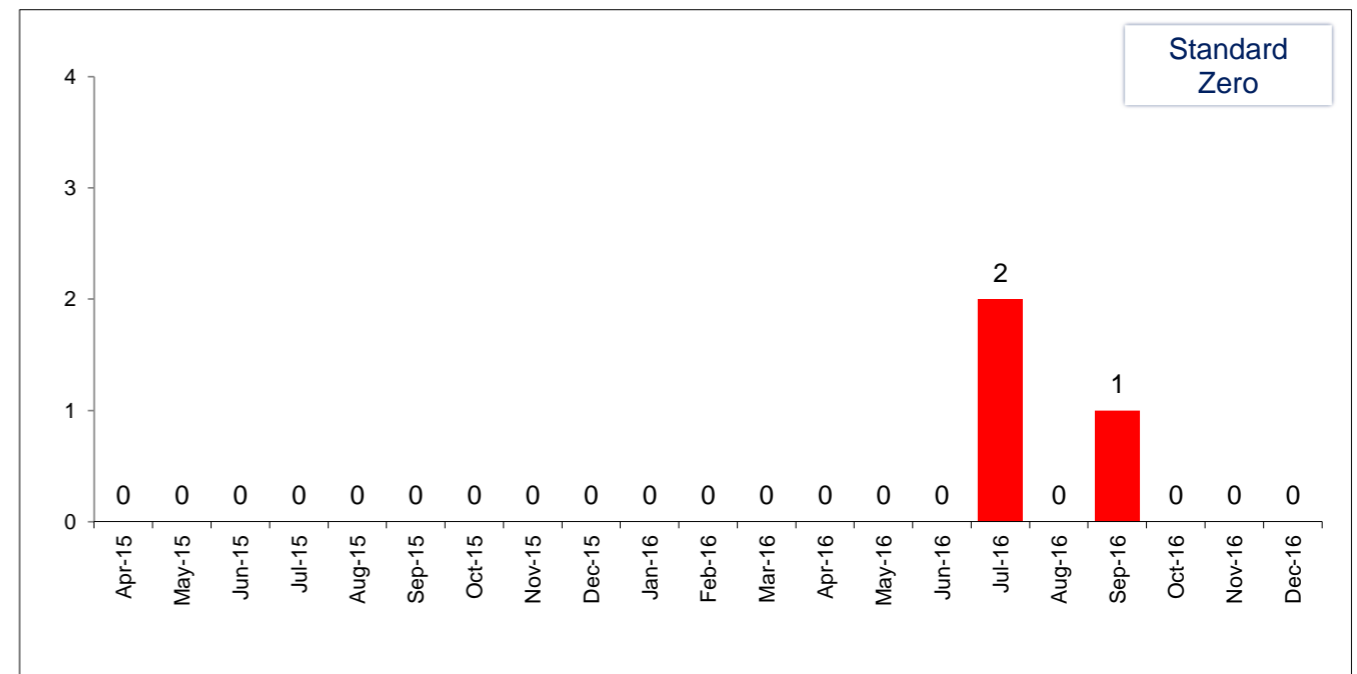
k1.13 | Number of Patient Safety Incident Falls per 1000 G&A beddays



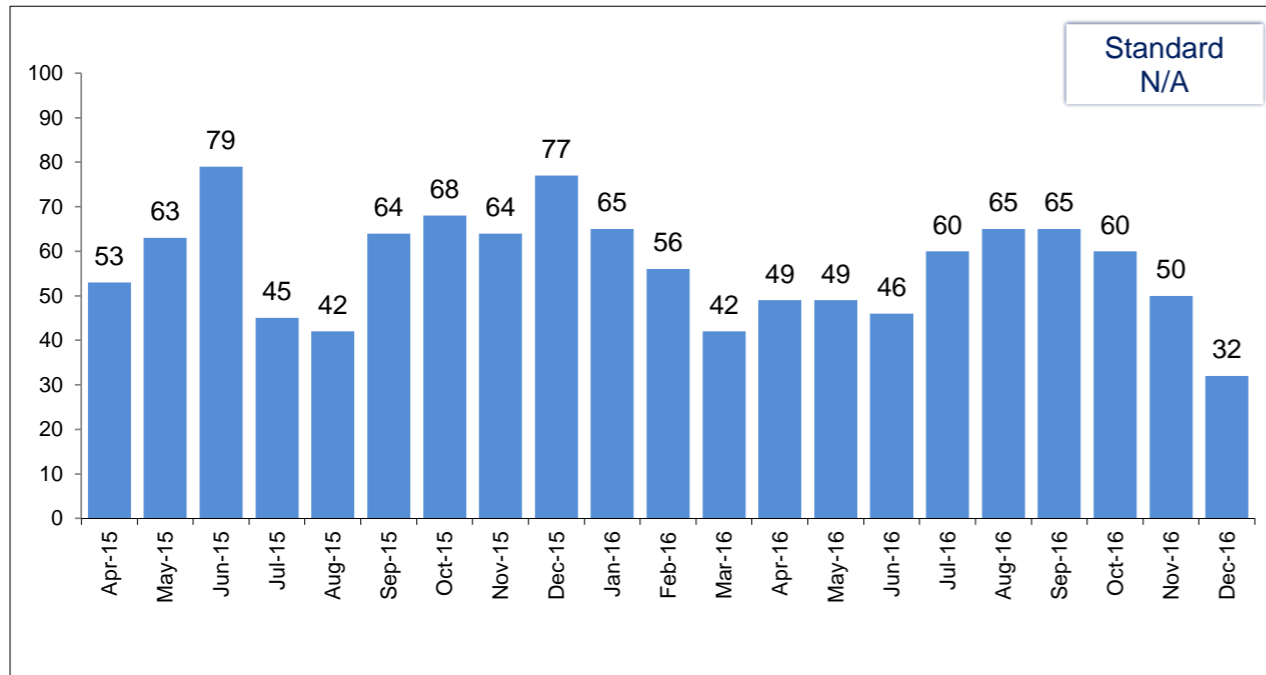
k1.14 | Number of Patient Safety Incident Falls where moderate or severe harm occurred



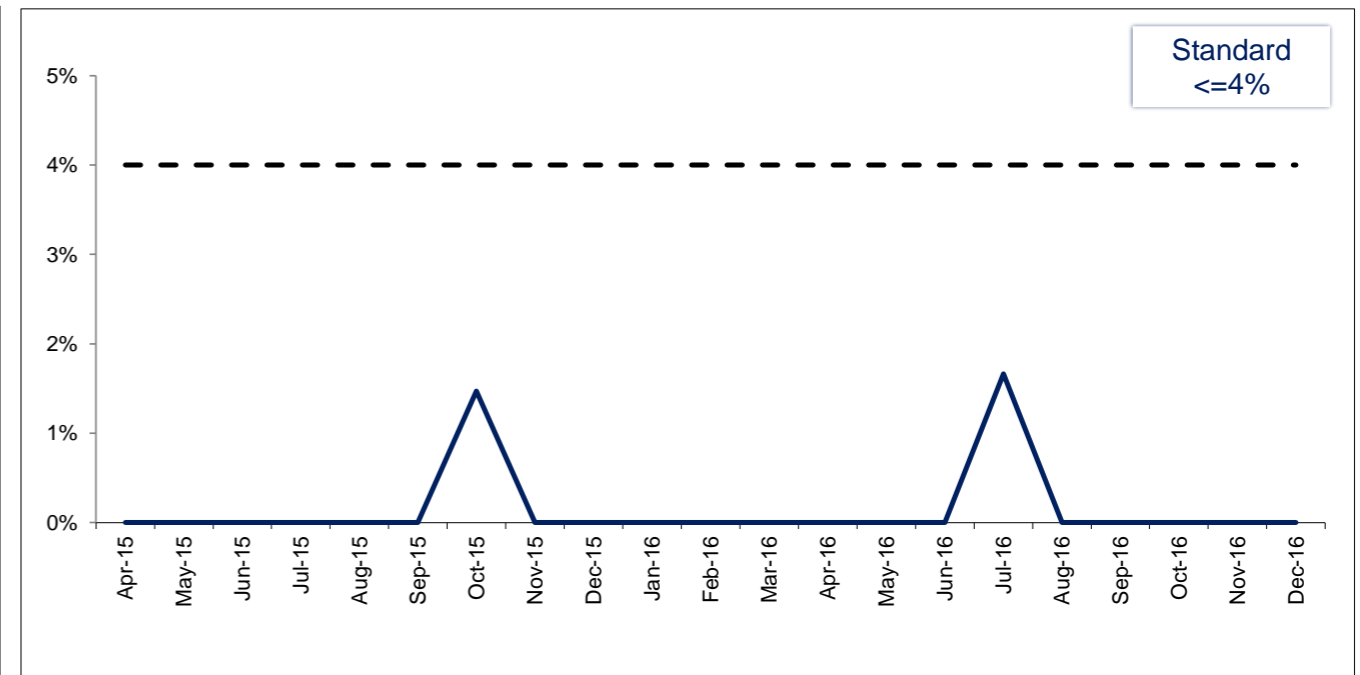
k1.15 | Never Events



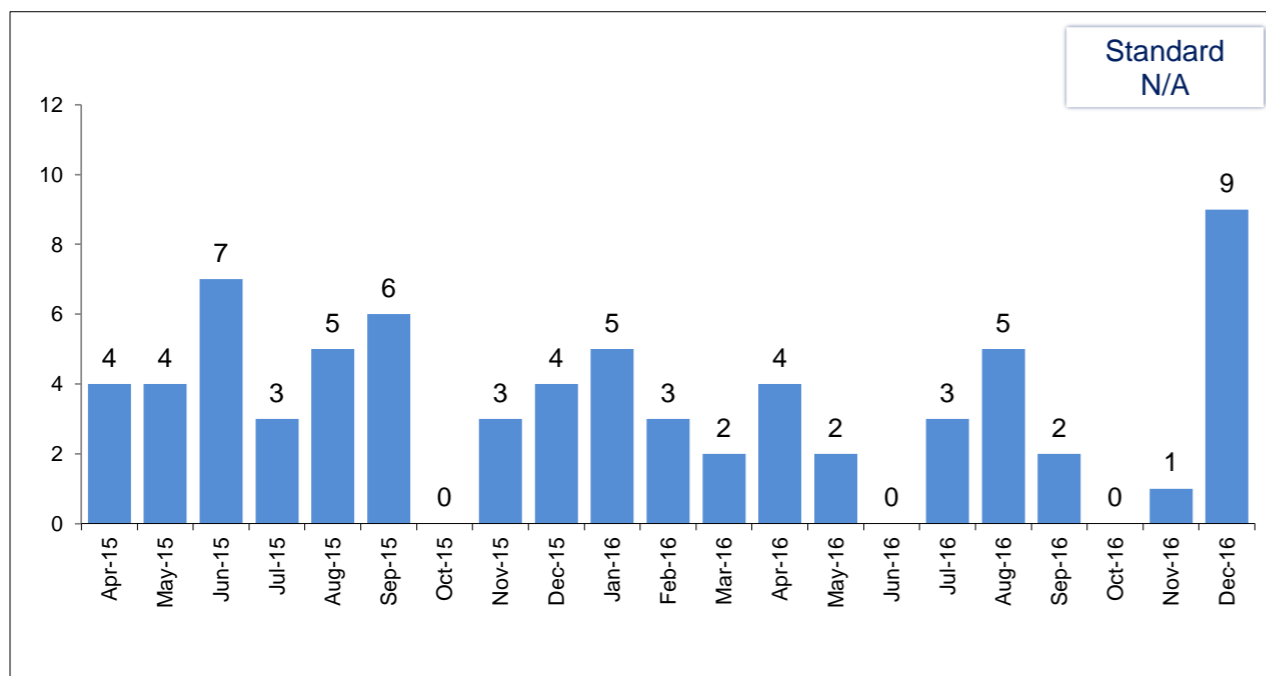
k1.16 | Medication Incidents



k1.17 | % of Medication Incidents Where Moderate or Severe Harm Occurred



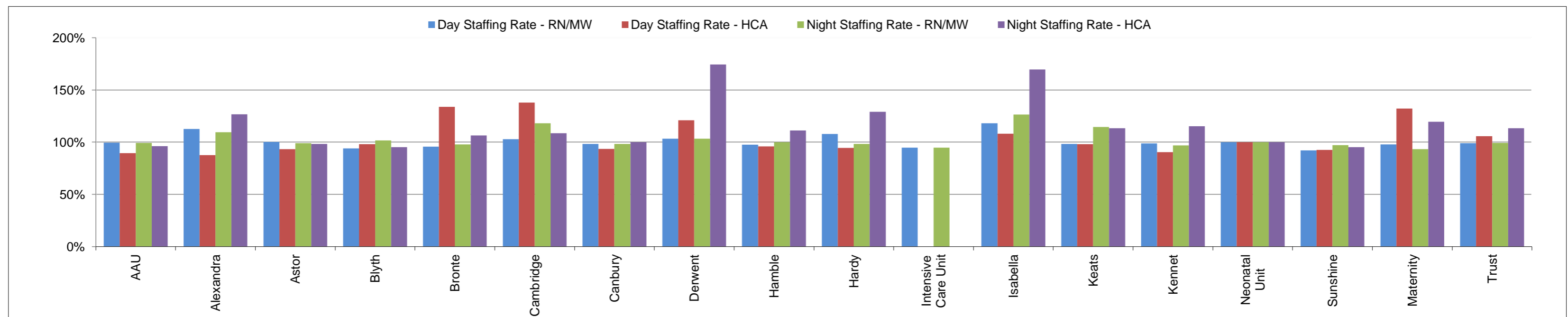
k1.18 | Number of Serious Untoward Incidents



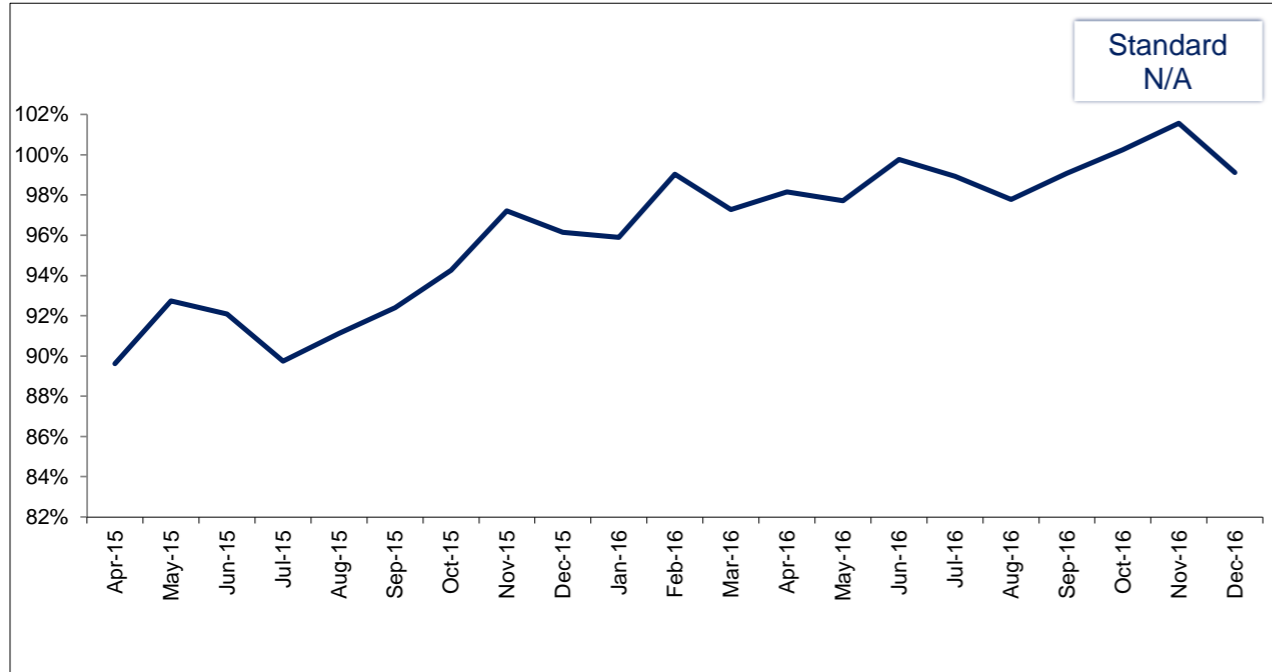
In December 2016 the staffing rates continue to be at a good level. The higher rates higher rates of Healthcare Assistants availability compared to expected figures are due to requirements for 1:1 nursing care during the period (to support patients identified at high risk e.g. falling, confusion), and replacement of registered nurses where they cannot be sourced. Care Hours per Patient Day (CHPPD) continues to be included as part of the reporting in line with national requirements. Further benchmarking data has become available on the Carter portal to support benchmarking. Analysis and Trust representatives are attending a national master class on 25th January 2017, to support its use as a metric in the Trust. An increase in nursing agency expenditure took place in December 2016 to 7.24 % which reflects additional escalation capacity and staff sickness.

Ward	Day Staffing Rate - RN/MW	Day Staffing Rate - HCA	Night Staffing Rate - RN/MW	Night Staffing Rate - HCA	Care Hours Per Patient Day (CHPPD)
AAU	99.47%	89.59%	99.21%	96.21%	7.86
Alexandra	112.61%	87.50%	109.55%	126.67%	6.82
Astor	100.31%	93.34%	98.92%	98.39%	6.14
Blyth	94.07%	98.10%	101.52%	95.08%	5.49
Bronte	95.68%	133.87%	97.85%	106.45%	5.03
Cambridge	102.90%	137.82%	118.12%	108.66%	6.37
Canbury	98.39%	93.55%	98.39%	100.00%	6.23
Derwent	103.30%	120.94%	103.23%	174.36%	6.32
Hamble	97.52%	96.01%	100.00%	111.23%	5.39
Hardy	107.84%	94.43%	98.24%	128.99%	5.10
Intensive Care Unit	94.72%	-	94.82%	-	28.47
Isabella	117.98%	108.06%	126.41%	169.57%	6.72
Keats	98.21%	98.17%	114.60%	113.39%	6.25
Kennet	98.71%	90.45%	96.89%	115.23%	5.28
Neonatal Unit	100.00%	100.00%	100.00%	100.00%	8.08
Sunshine	92.01%	92.46%	97.02%	95.24%	10.00
Maternity	97.73%	132.15%	93.35%	119.5%	9.90
Trust	99.11%	105.76%	99.27%	113.38%	7.33

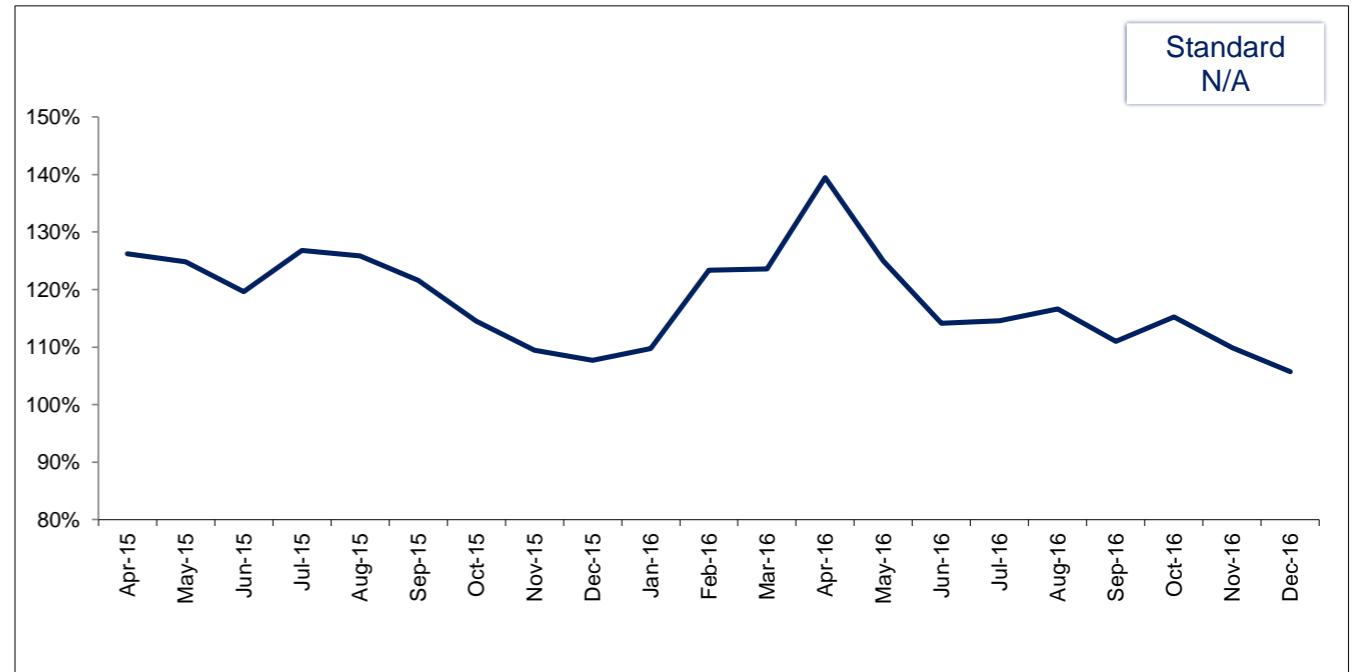
Key	
RN	Registered Nurse
MW	Registered Midwife
HCA	Healthcare Assistant



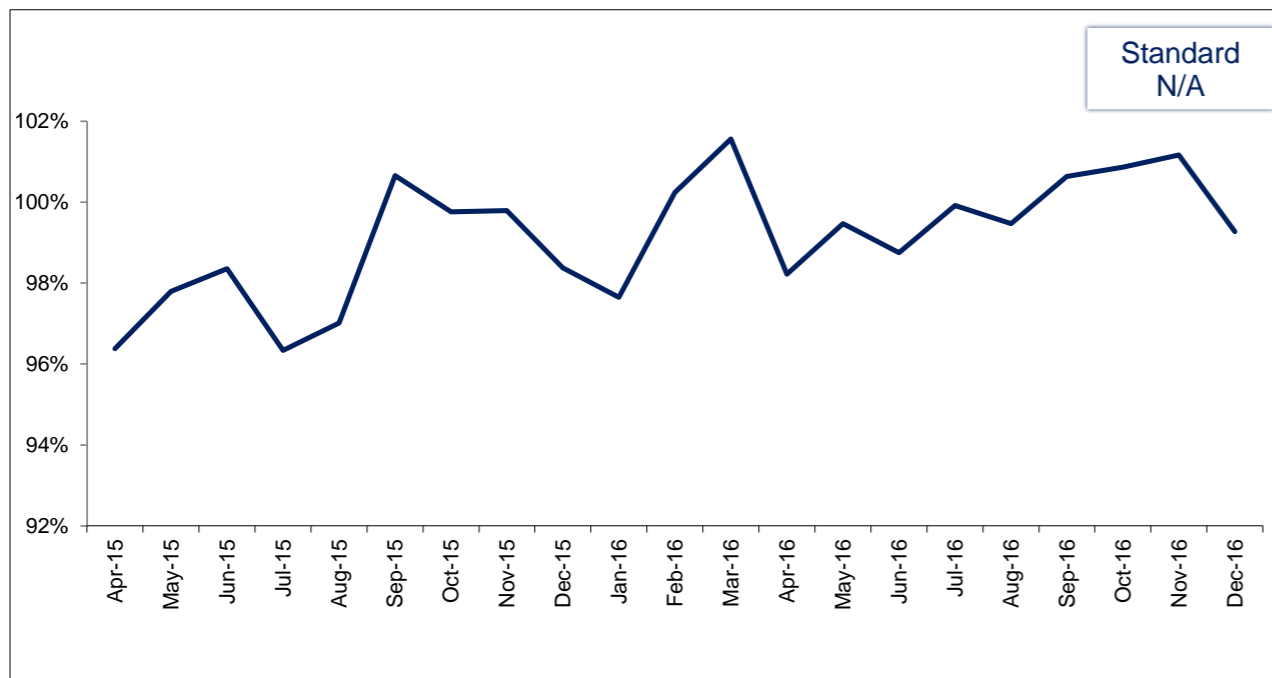
k4.01 | Day - Registered Midwives / Nurses Fill Rate



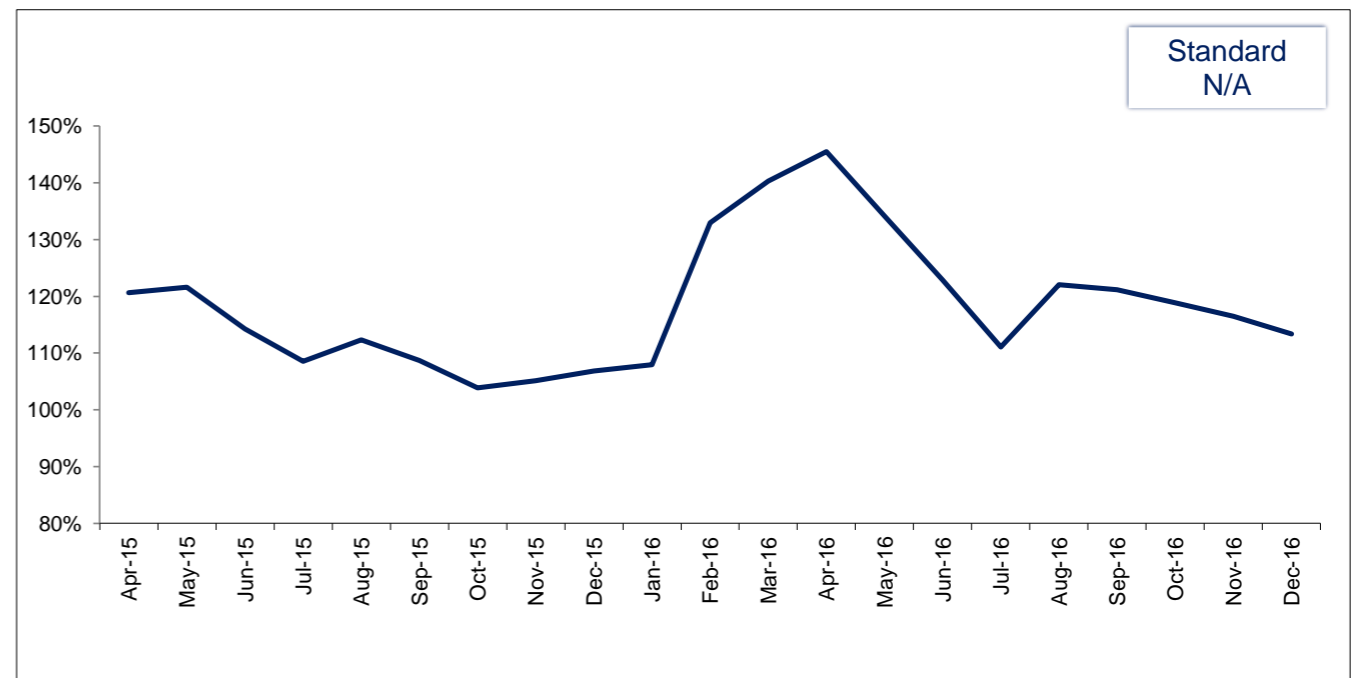
k4.02 | Day - Assistant Fill Rate



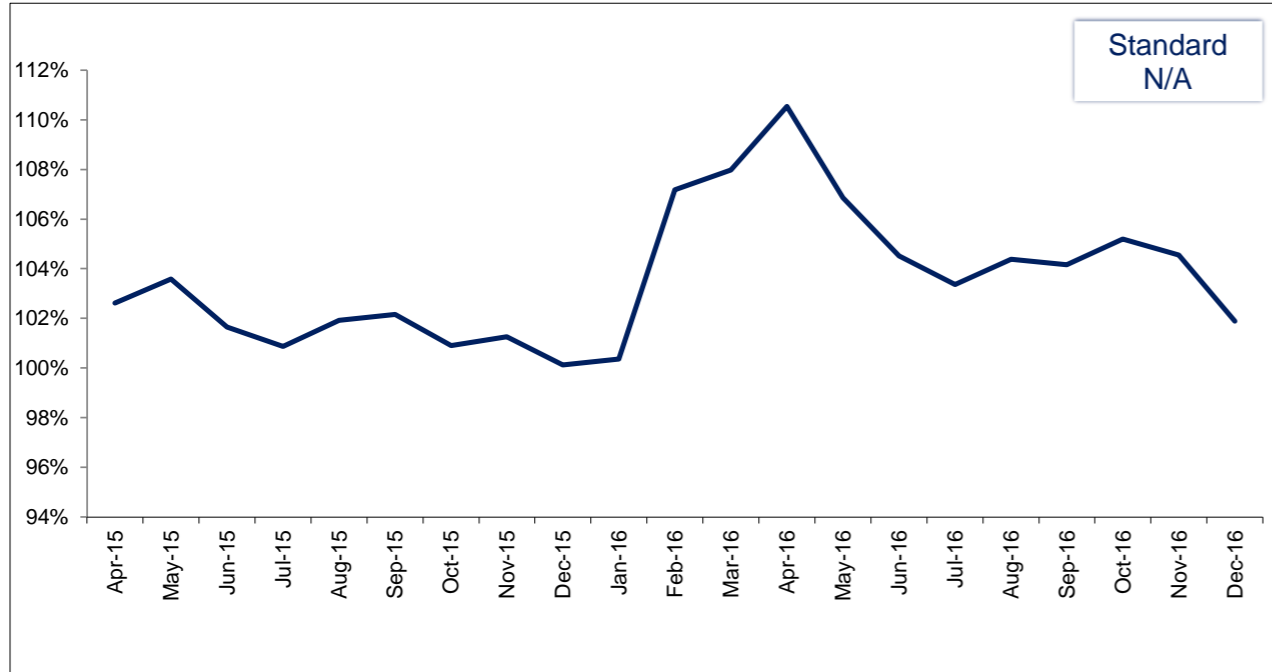
k4.03 | Night - Registered Midwives / Nurses Fill Rate



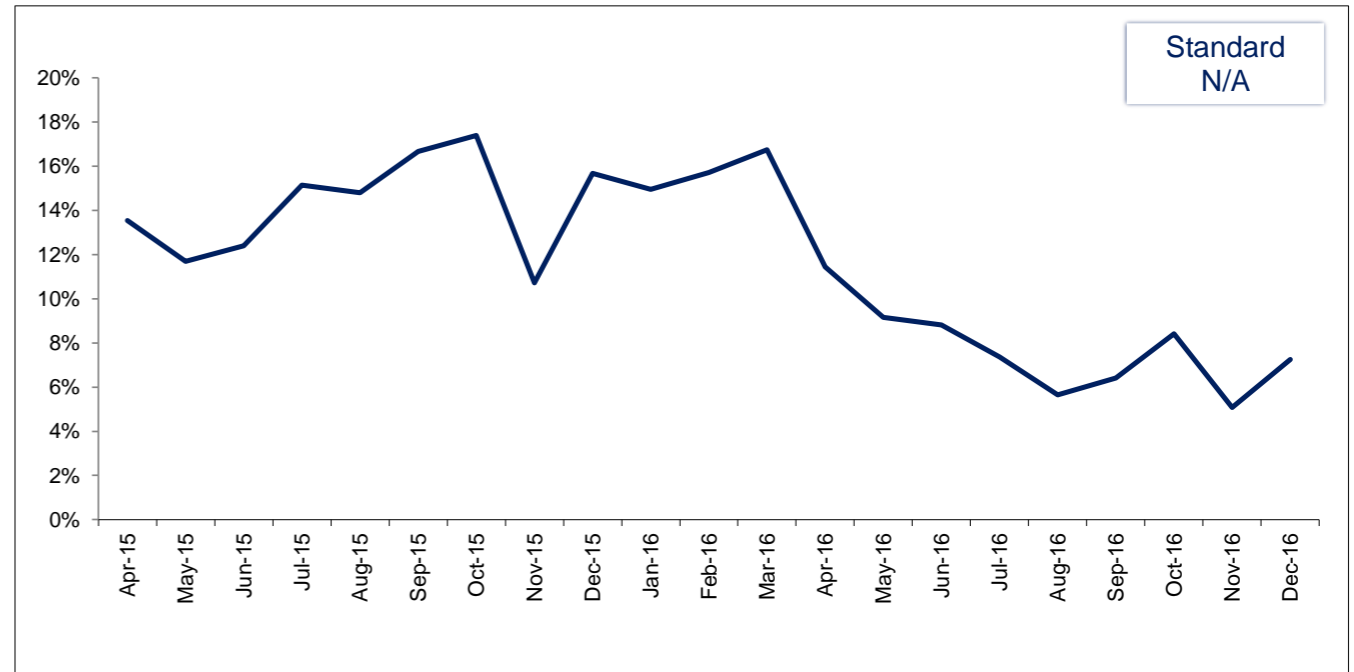
k4.04 | Night - Assistant Fill Rate



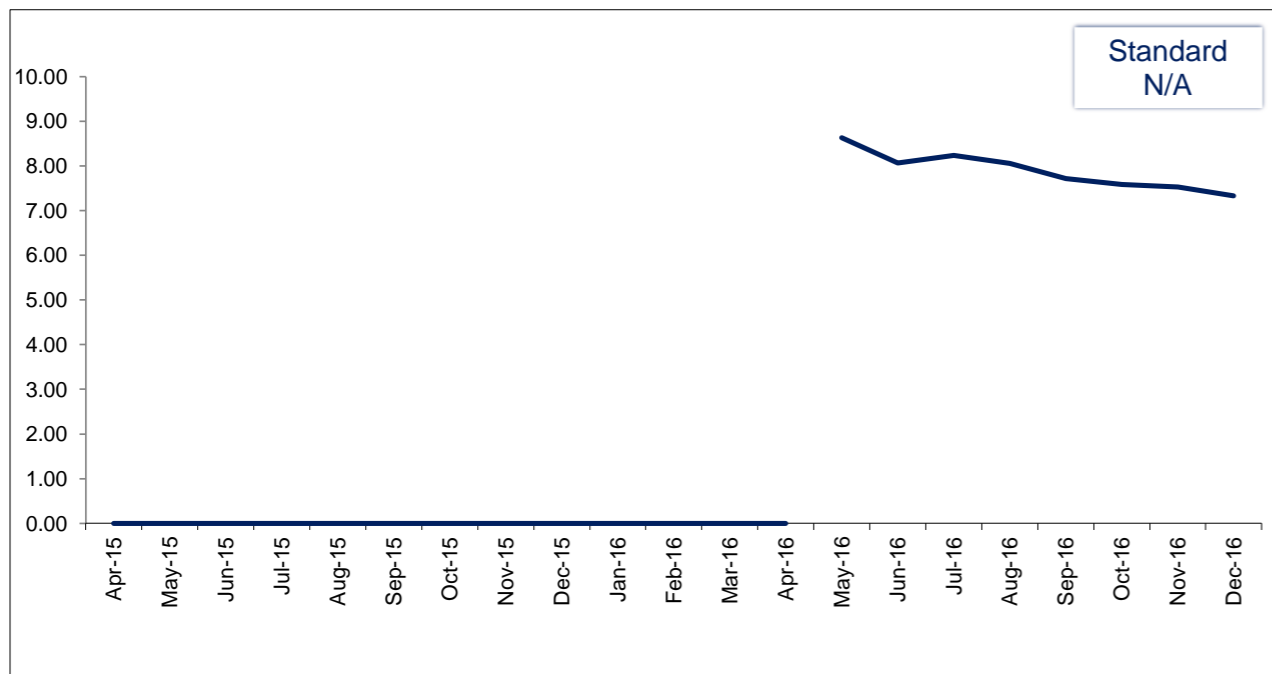
k4.05 | Overall Trust Fill Rate



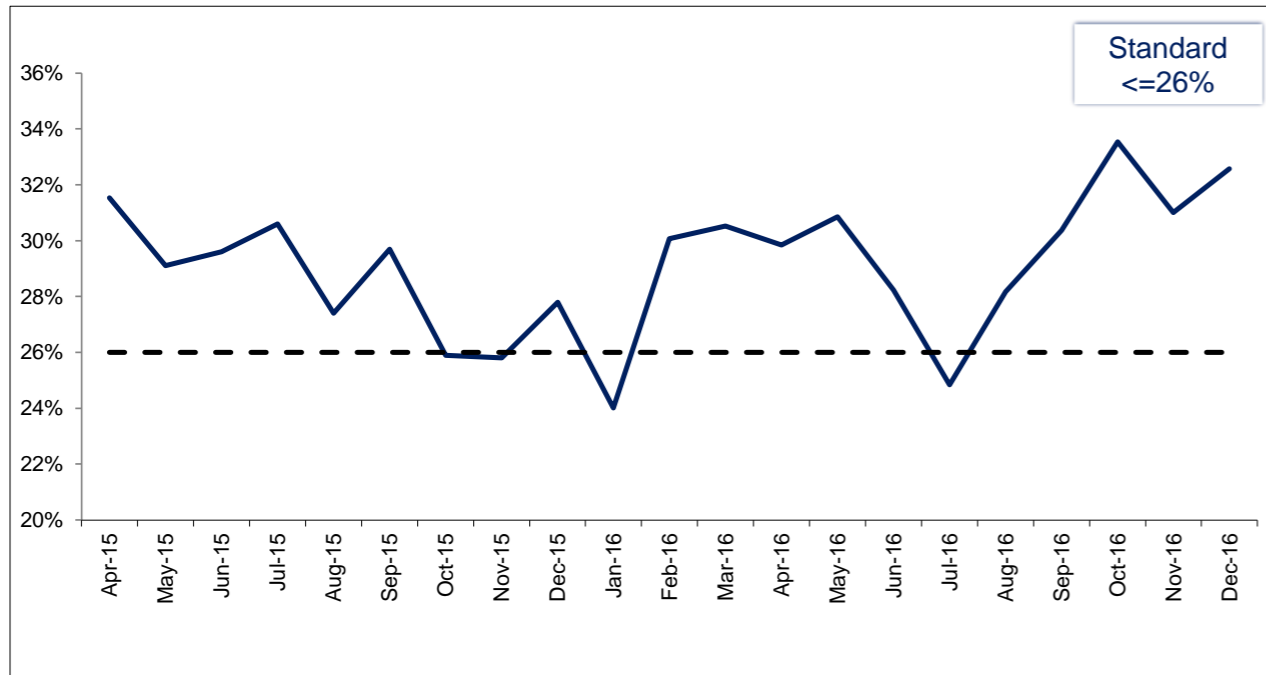
k4.06 | % of Registered Nurse and Midwife Expenditure on Agency Staff



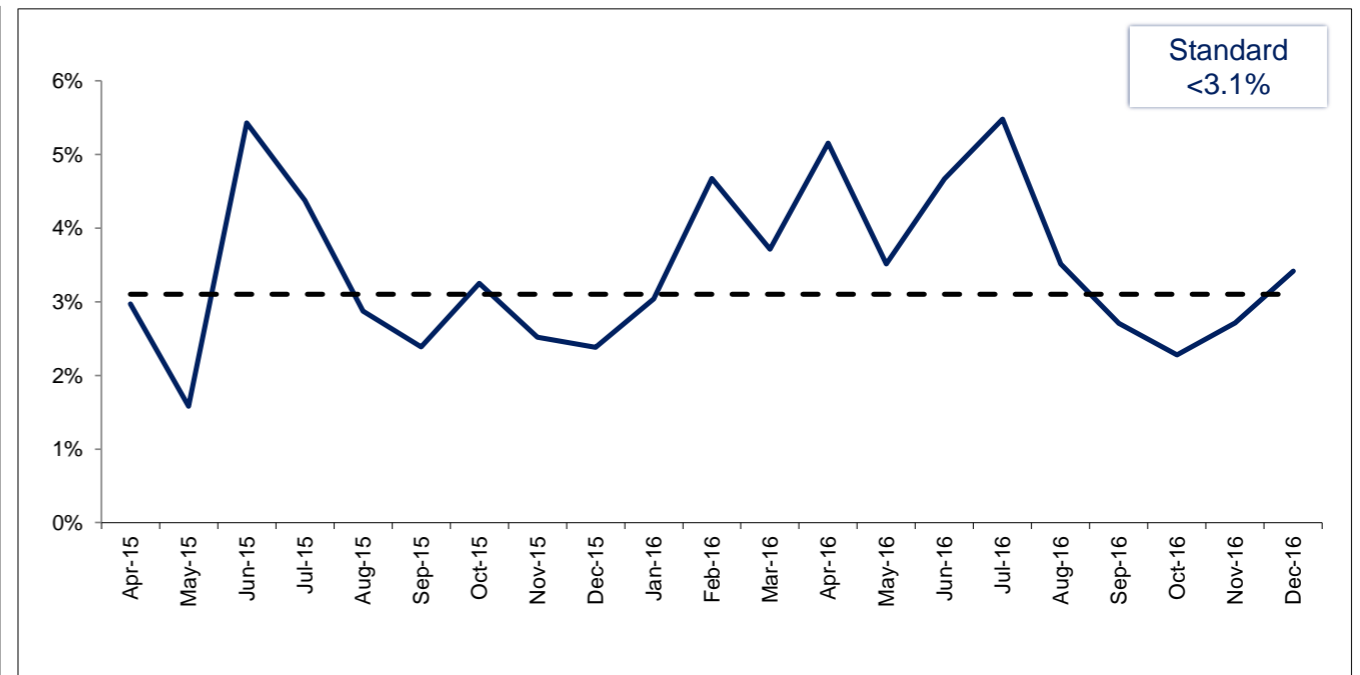
k4.07 | Care Hours per Patient Day (CHPPD)



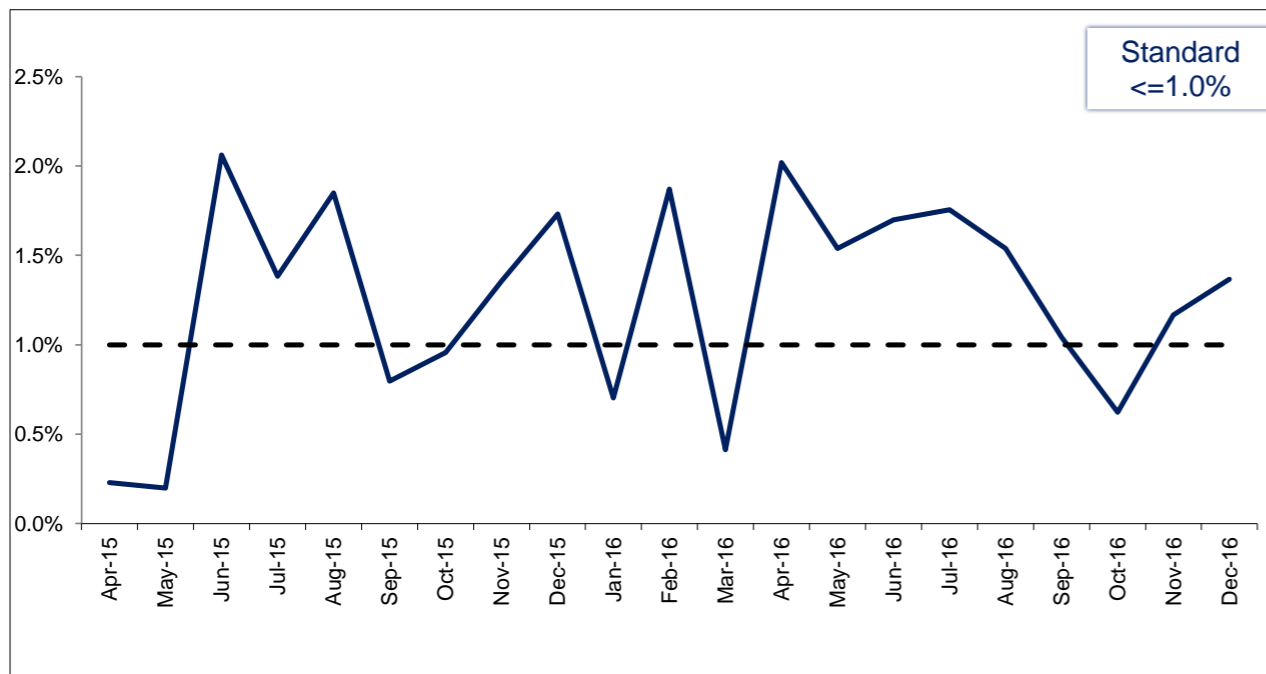
k5.01 | Caesarean section rate



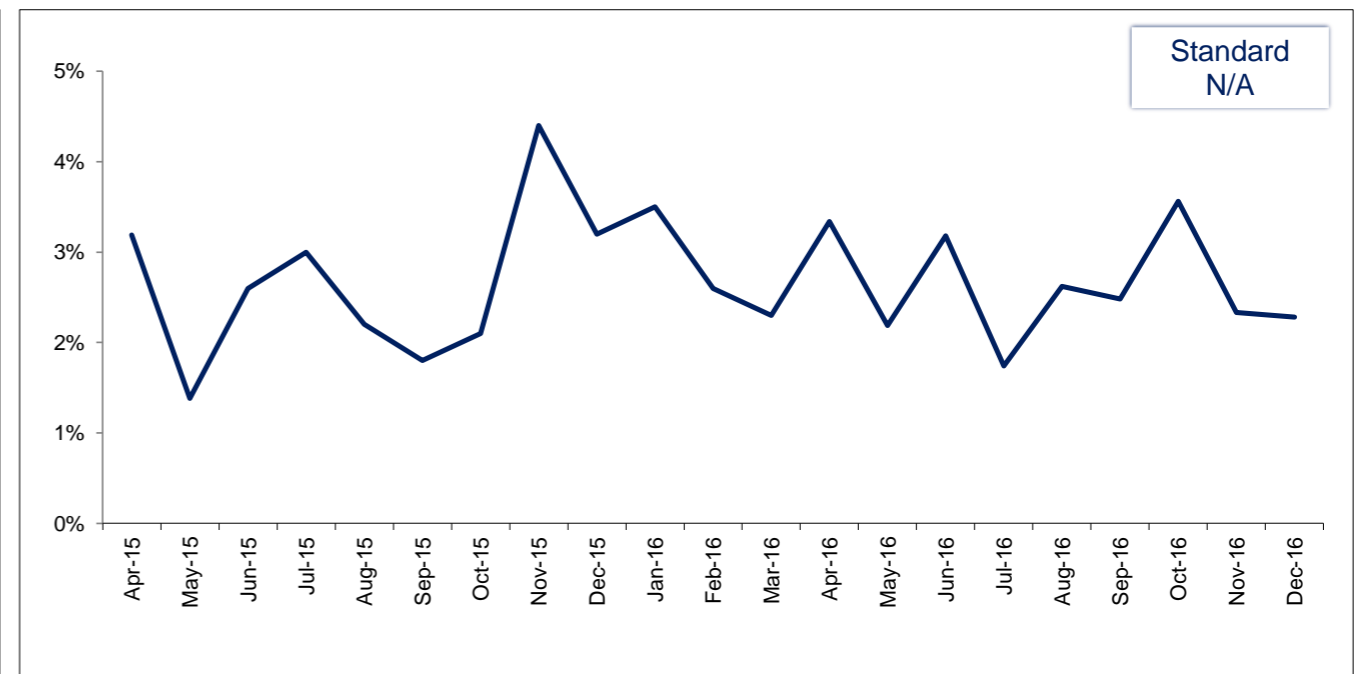
k5.02 | % women with a primary postpartum haemorrhage of 1500ml or more



k5.03 | % women with a primary postpartum haemorrhage of 2000ml or more



k5.04 | Significant Perineal Trauma



Hand Hygiene

There has been a steady increase in hand hygiene audit scores over the last few months from 83% in June 2016 to 95% in October and 92% in December 2016.

Following investigation into alternative methods of hand hygiene auditing the IPCT have shared a brand new proposal which consists of a simpler way of auditing and the inclusion of responsibility for training; promotion and awareness; facility/product availability; and patient hand hygiene. This new system is currently being trialled in five separate areas by the Link Practitioners, with an aim for Trust-wide use from April 2017.

The IPCT continue to train staff on hand hygiene at corporate and all other induction programmes. There is a plan in place to re-hire the 'Surewash' mobile hand hygiene training and assessment unit again for three months during the summer. Poor compliance areas continue to complete weekly audits until an improvement is seen.

Mortality Indices

Both the standardised and unadjusted mortality indices continue to be good through December 2016.

Sepsis

The Sepsis quality improvement project continues to make good progress, screening and treatment rates are improving although the rate of administration of antibiotics within the timeframe has plateaued for both A&E and inpatient areas. The sepsis leads continue to promote training, identification and timely treatment. New guidelines have been published by NICE, in line with this there will be a re-launch of the project in February to aim to continue with our improvement trajectory.

Readmissions

Readmissions following both elective and emergency care increased in December 2016. The trend in this KPI and relevant factors contributing to this are tracked continuously at CQIC. Analysis for December has not yet been completed, it would appear that the rise following emergency admissions has shown a steady increase over recent months. The underlying causes for this will be analysed and reported next month.

Open Incidents - % of managers reports completed within 10 days (K2.12)

Performance in this area has increased to 44.2% in November 2016. The Quality Governance team are currently undertaking an exercise with the service lines to ensure all incidents have been appropriately investigated and signed off by managers. They are also ensuring the incident system is updated to facilitate this on an on-going basis. This does not impact the escalation and investigation of serious incidents for which processes are in place. A new moderate incident tracker is now in place and forms part of the Serious Incident Groups tracking of incidents to support Duty of Candour requirements. A proposal to increase the profile and learning from incidents as a Quality Improvement Project is currently being scoped.

Clinical Audit

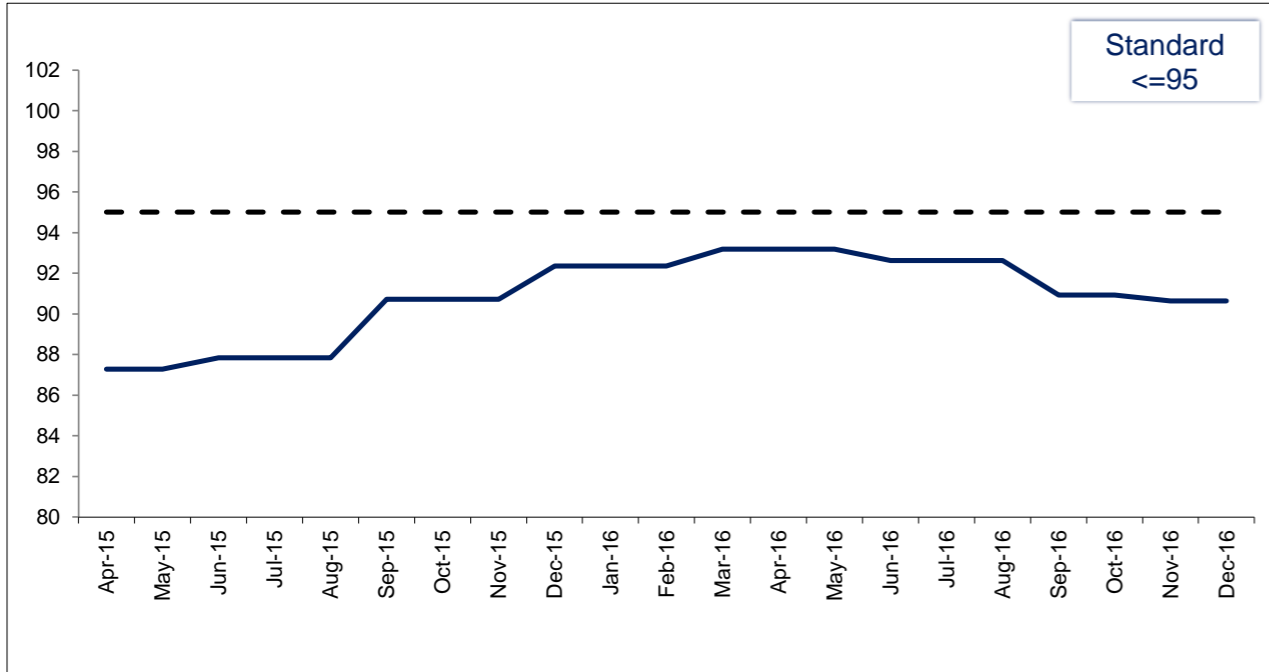
Audit of dementia screening

Caring well for patients with dementia is extremely important to Kingston Hospital and this received a boost with the opening of our dementia friendly ward Derwent at the end of November. As well as caring well for our patients who already have a diagnosis of dementia, it is important that we screen appropriate patients to pick this condition up as early as possible. This is usually done at the beginning of the patient's hospital stay. Then, if the basic screening test is positive, a further assessment is carried out, followed by specialist referral for the patient where necessary.

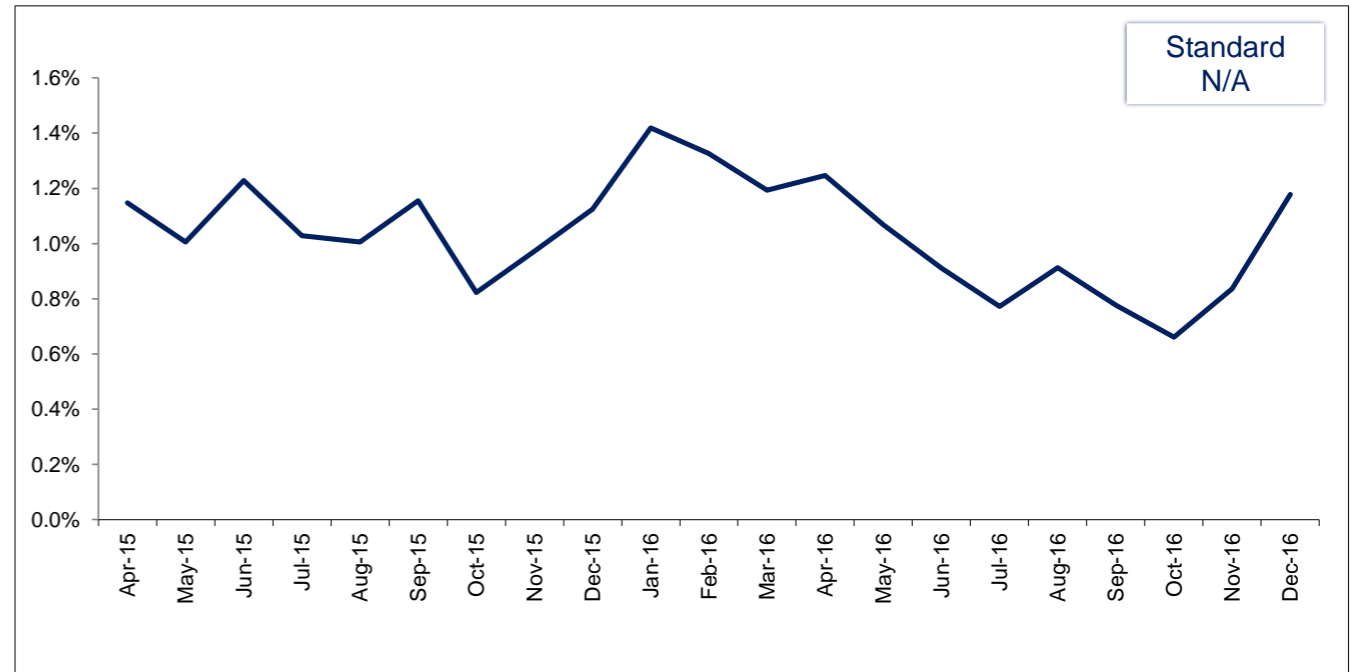
The hospital undertakes a monthly audit of this screening process. Our most recent results show that the large majority of patients who are screened positively on initial assessment, then receive a further assessment (91%) and are referred on for consideration of a specialist opinion by their GP (94%). We are currently screening around two-thirds to three-quarters of appropriate patients and are working on ways to ensure that this improves.

A review of the screening, assessing and recording of dementia screening is being undertaken to determine the effectiveness of the process. This will involve a change in the CRS workflow.

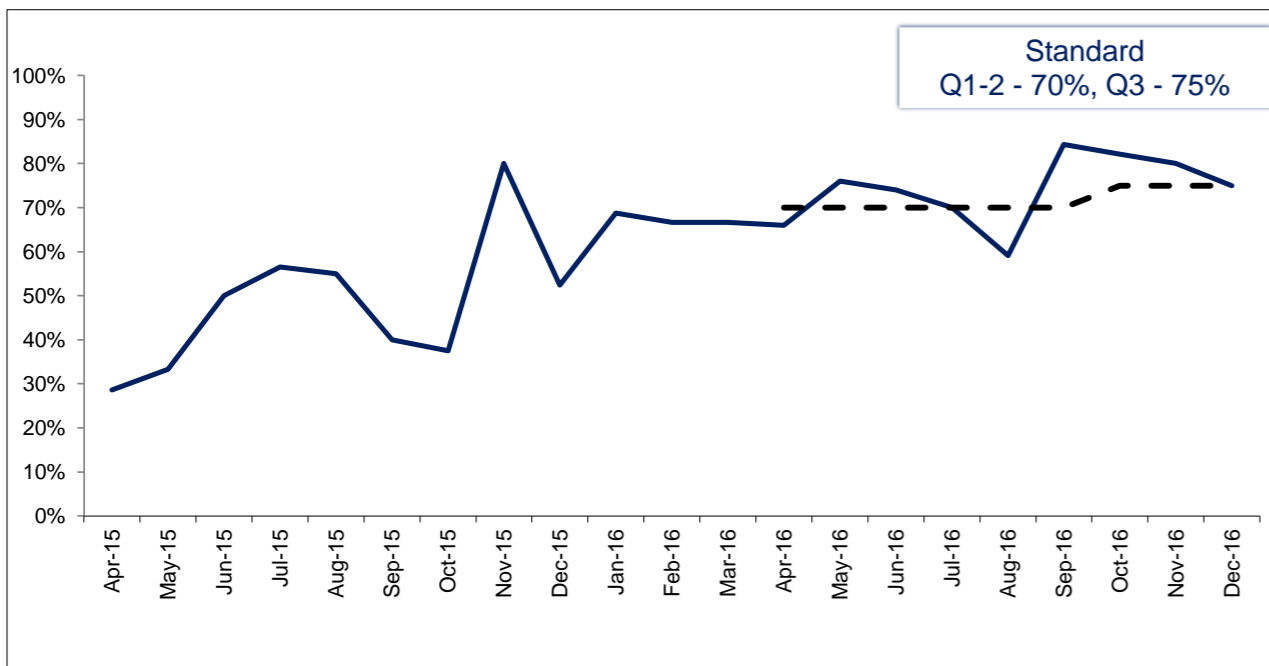
k2.01 | SHMI



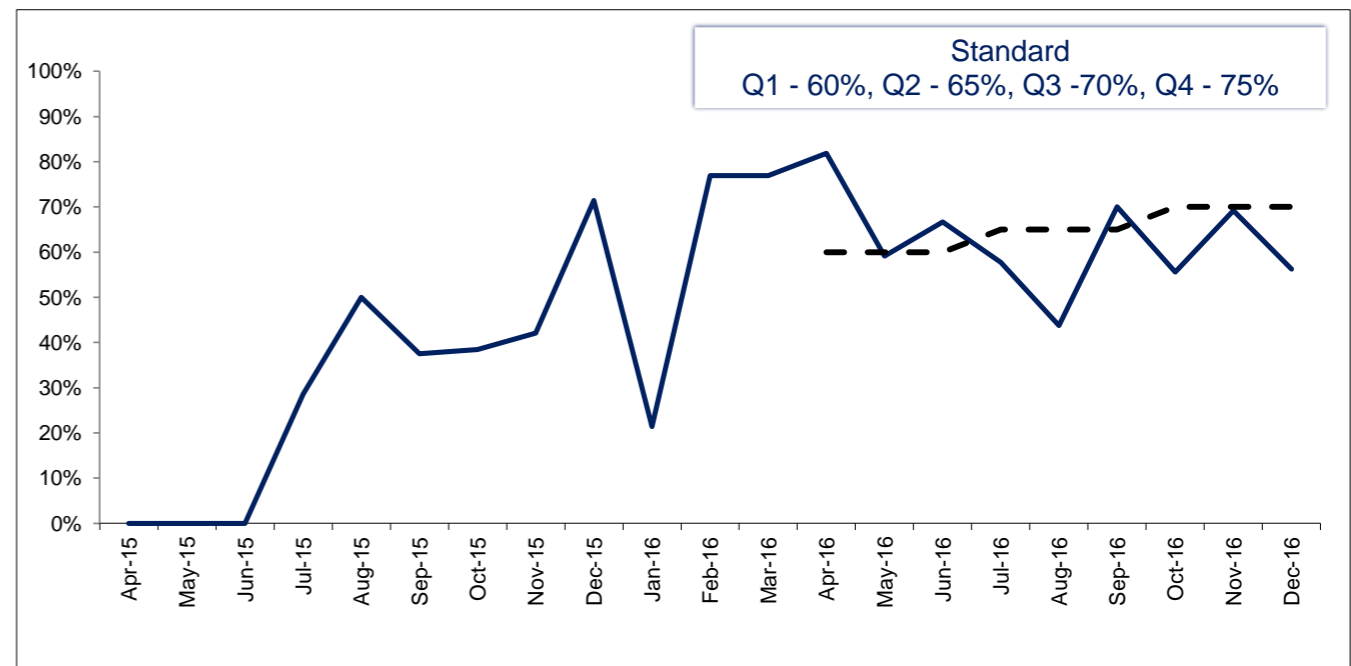
k2.02 | Unadjusted Mortality Rate



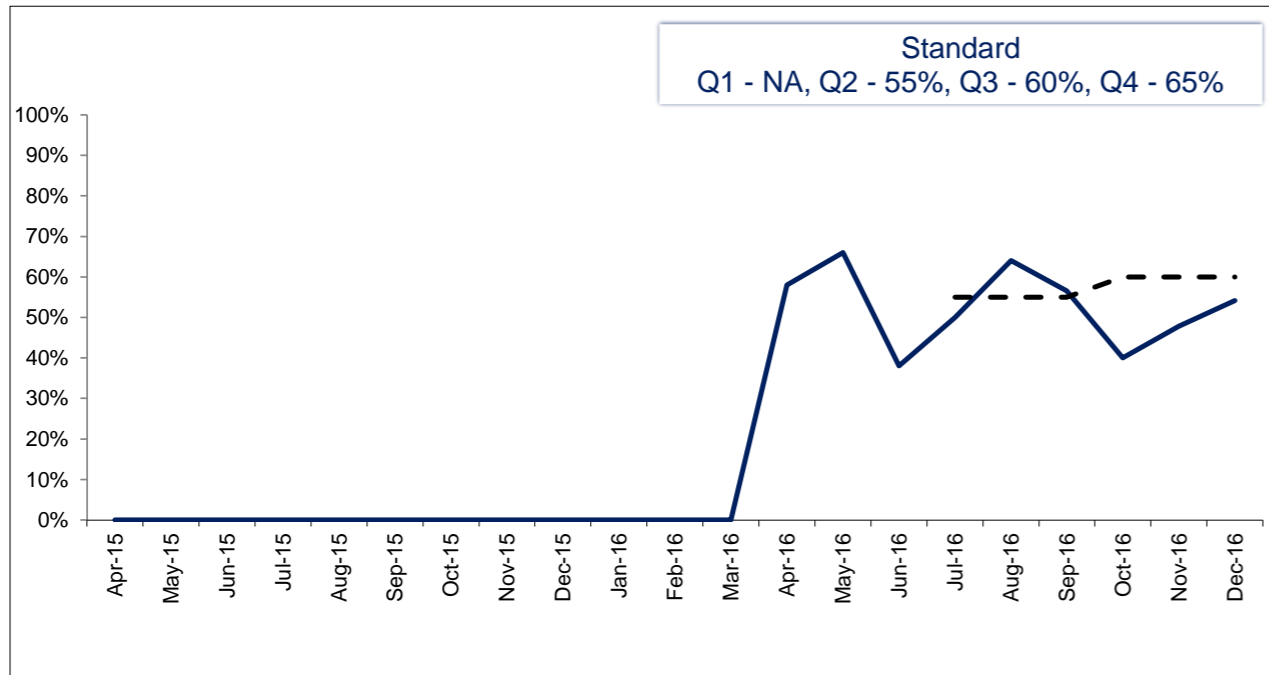
k2.03 | Sepsis - % of eligible patients screened for sepsis - Emergency Department



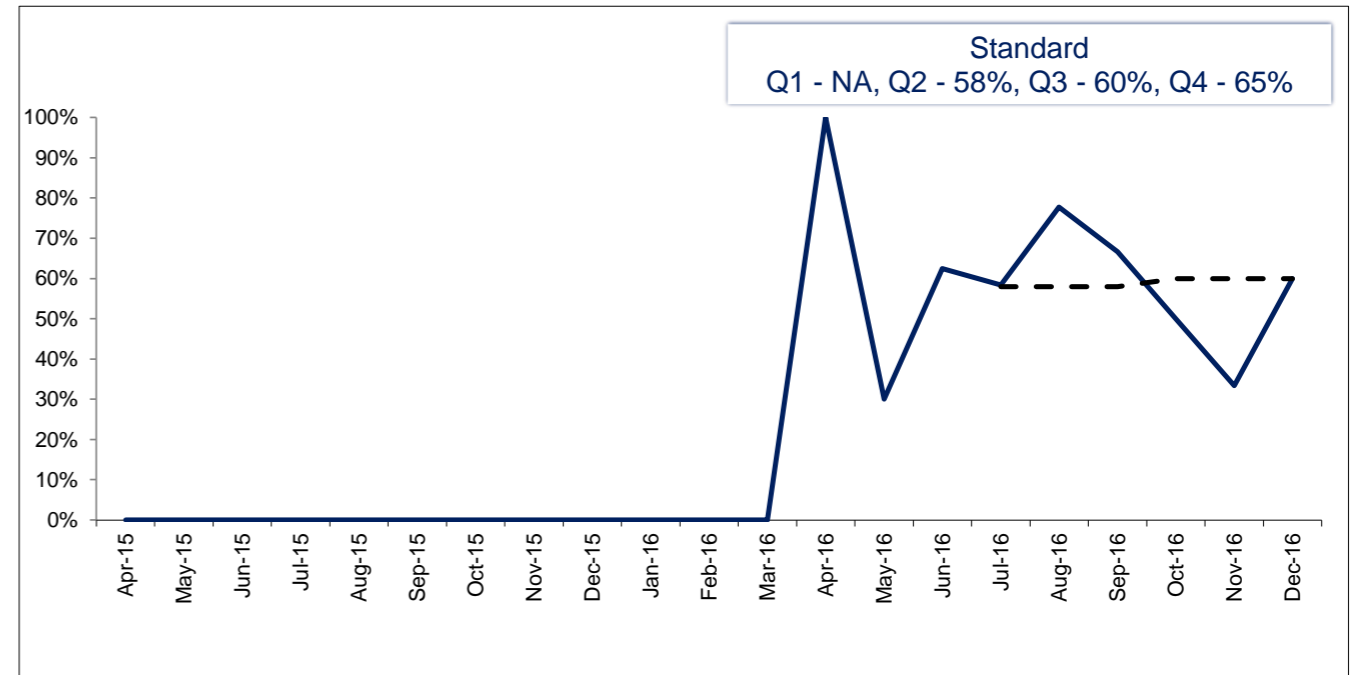
k2.04 | Sepsis - % of eligible patients who received antibiotics within 1 hour of arrival - Emergency Department



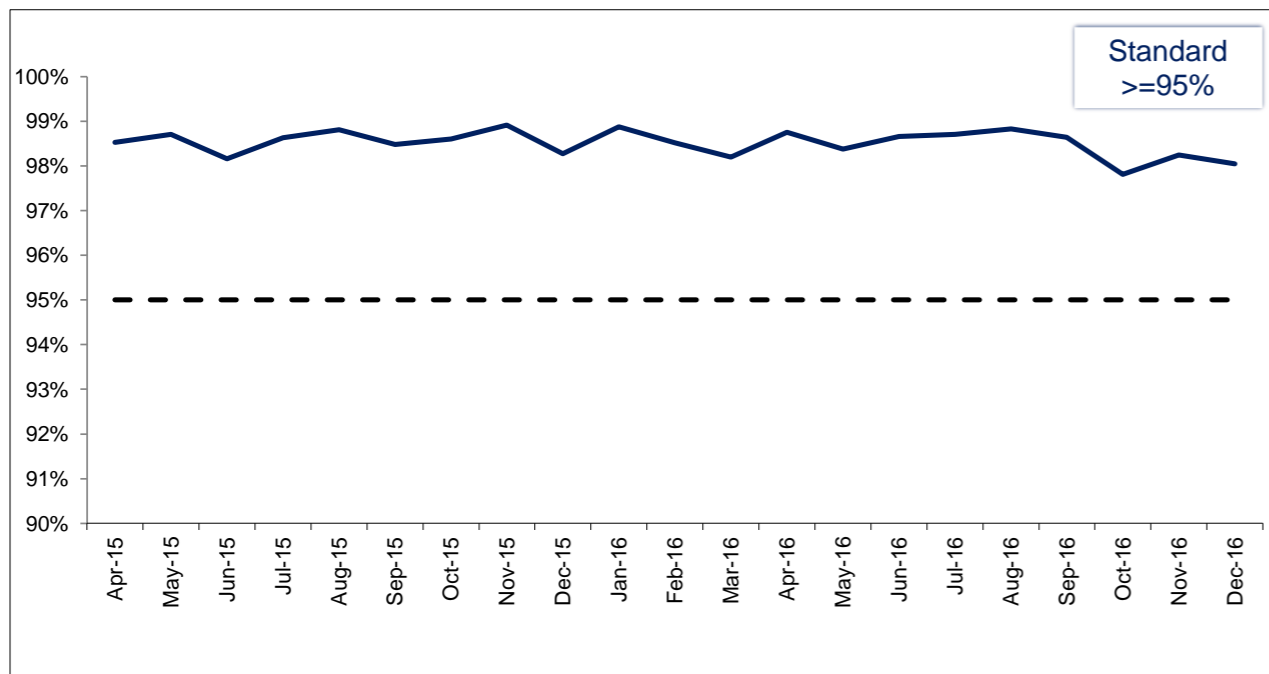
k2.13 | Sepsis - % of eligible patients screened for sepsis - Inpatients



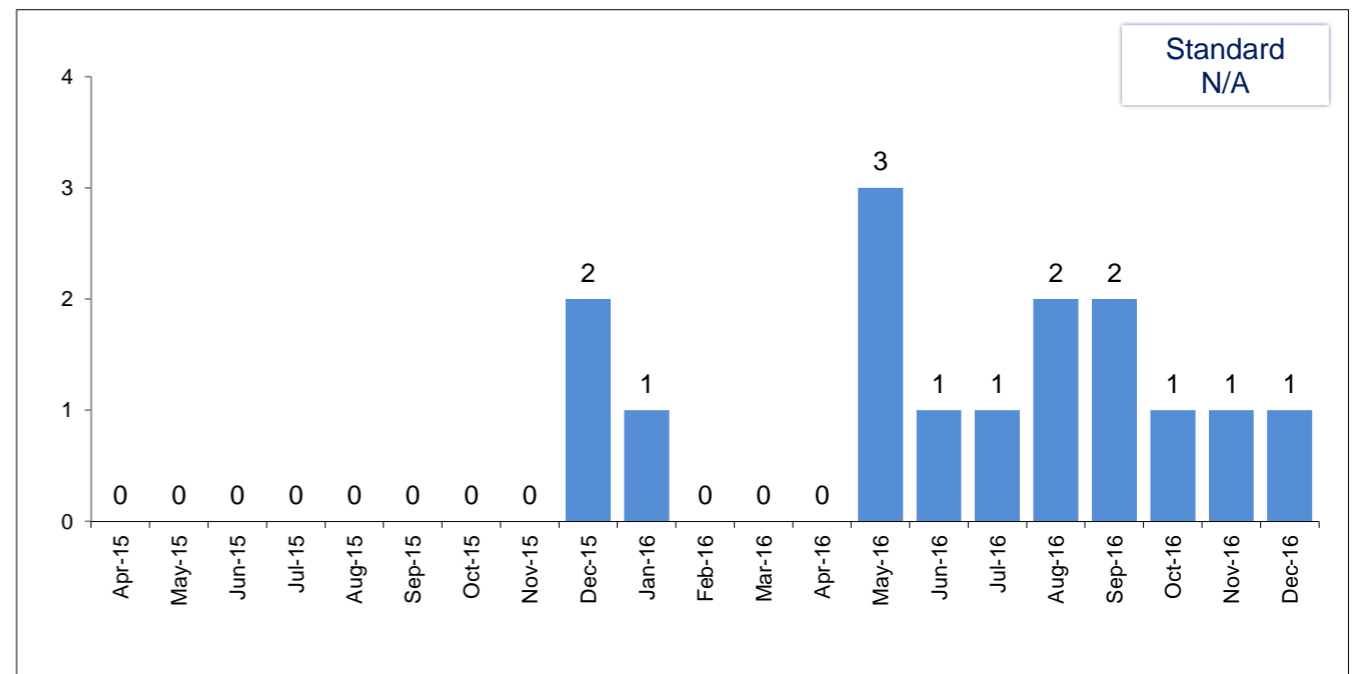
k2.14 | Sepsis - % of eligible patients who received antibiotics within 1 hour - Inpatients



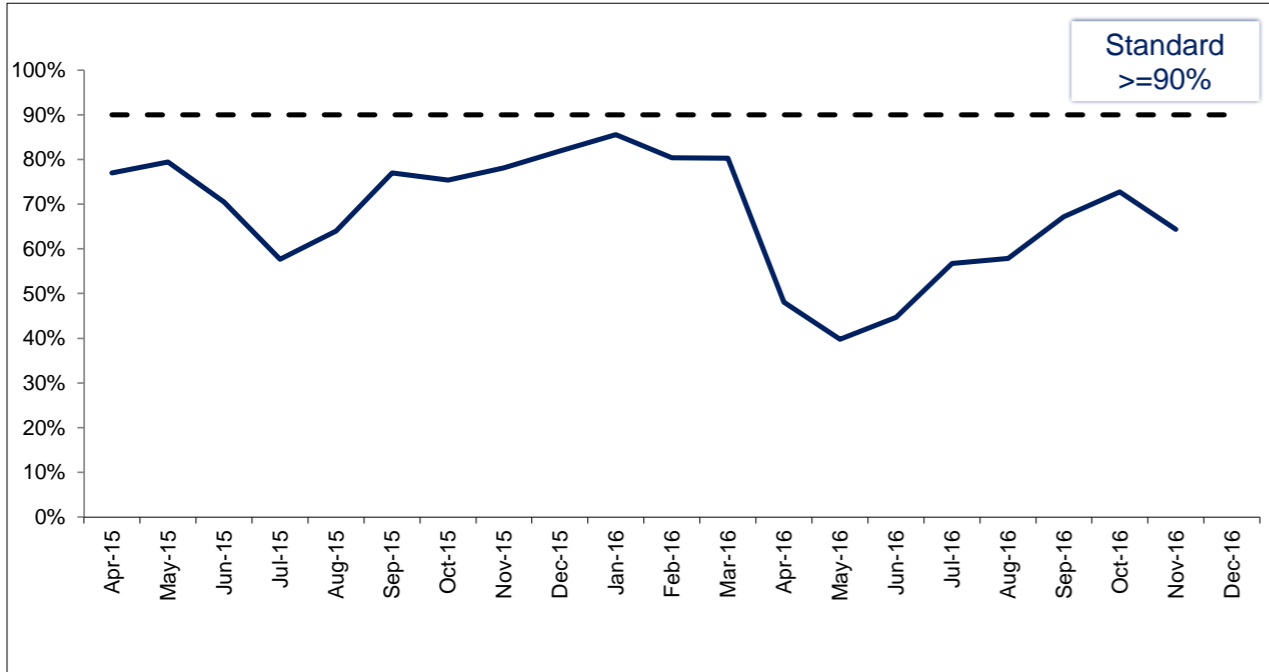
k2.05 | Prevention of hospital acquired VTE - % patients risk assessed



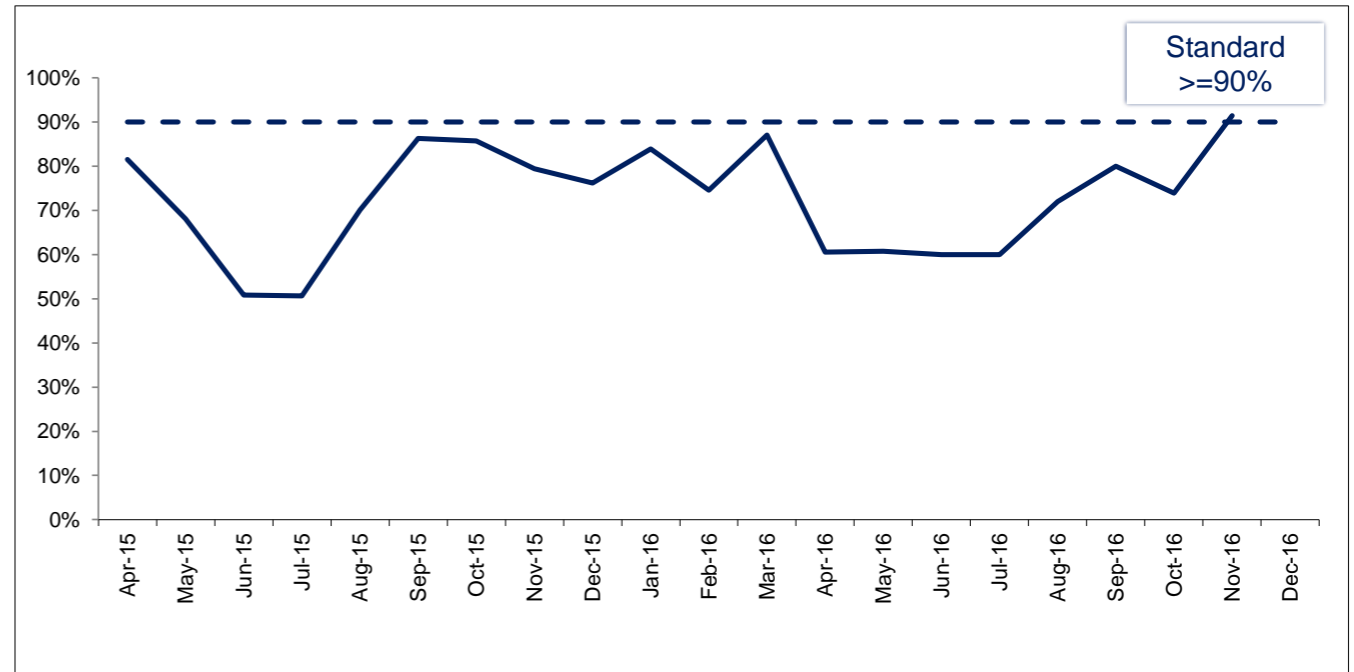
k2.06 | Incidence of Hospital Acquired VTE (HAT)



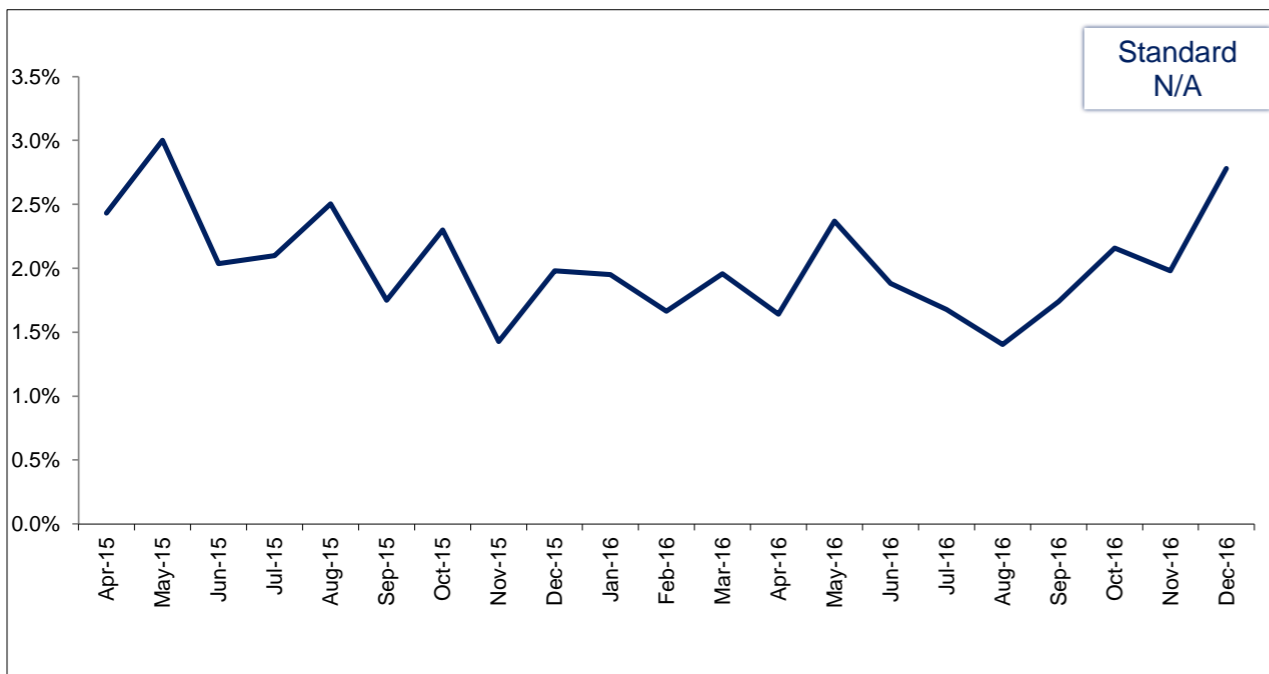
k2.07 | % of eligible patients screened for dementia



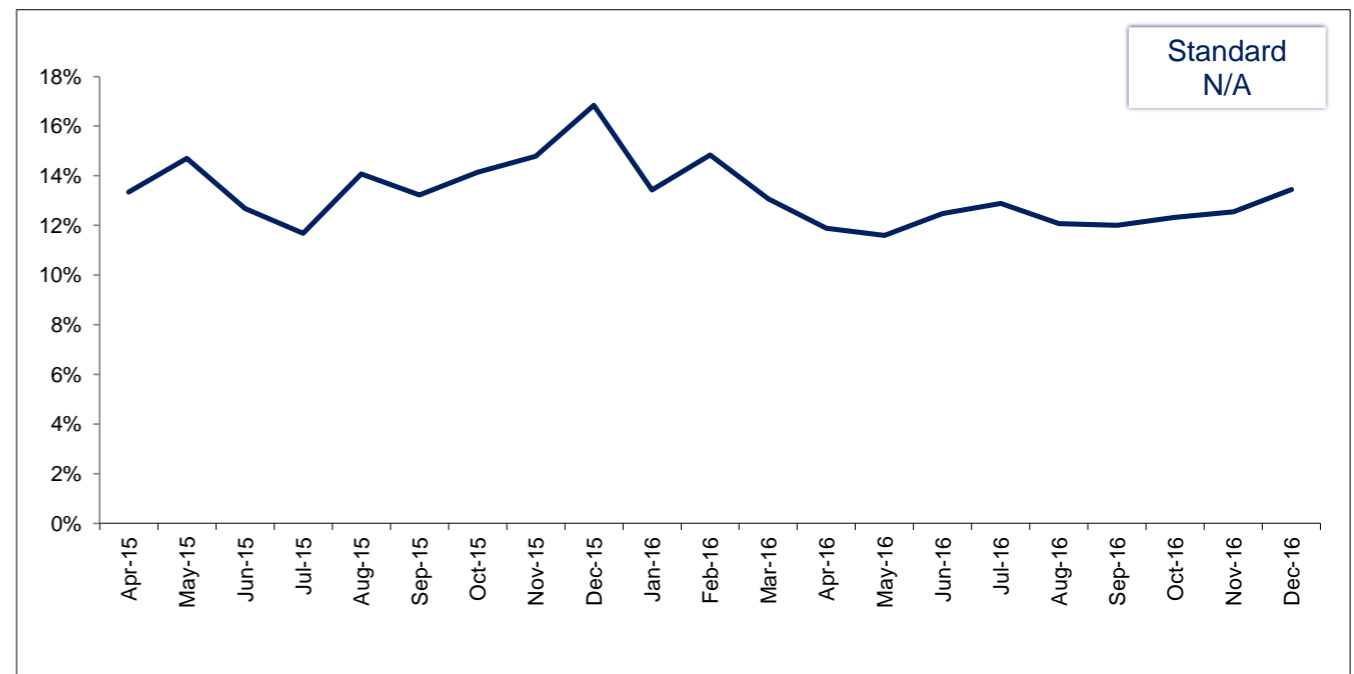
k2.08 | % of patients with dementia who were appropriately assessed



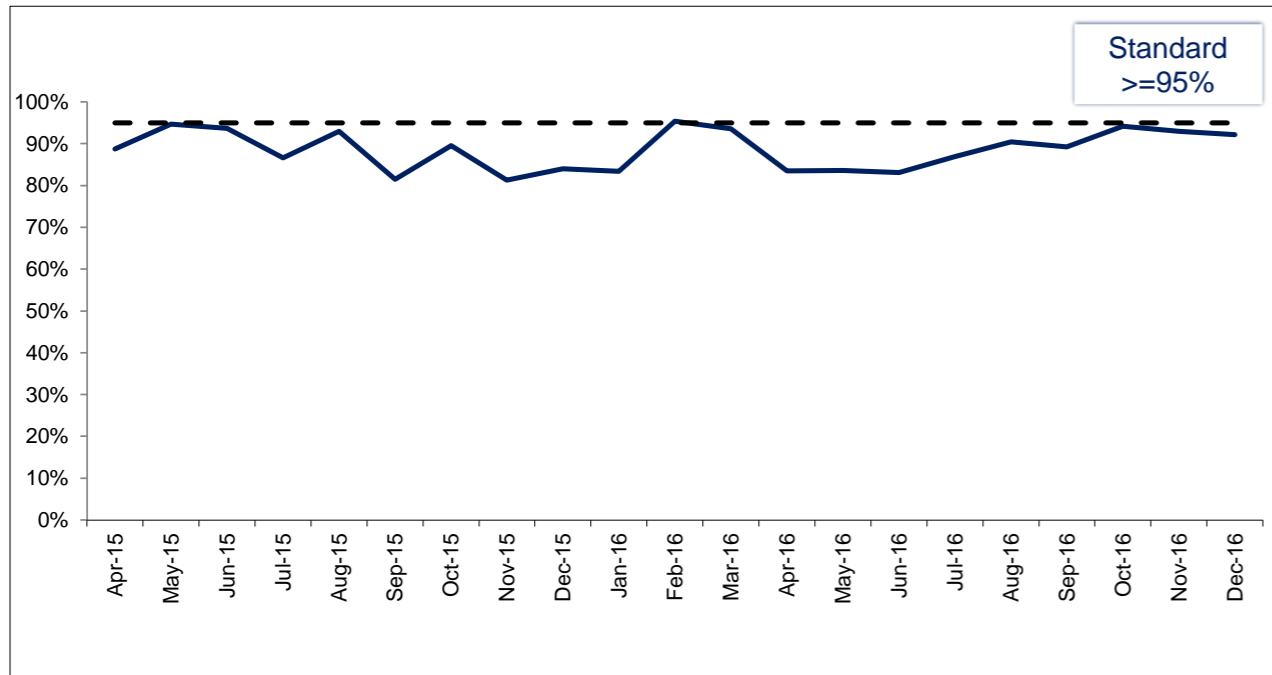
k2.09 | % Emergency Readmissions following an elective admission - 30 days



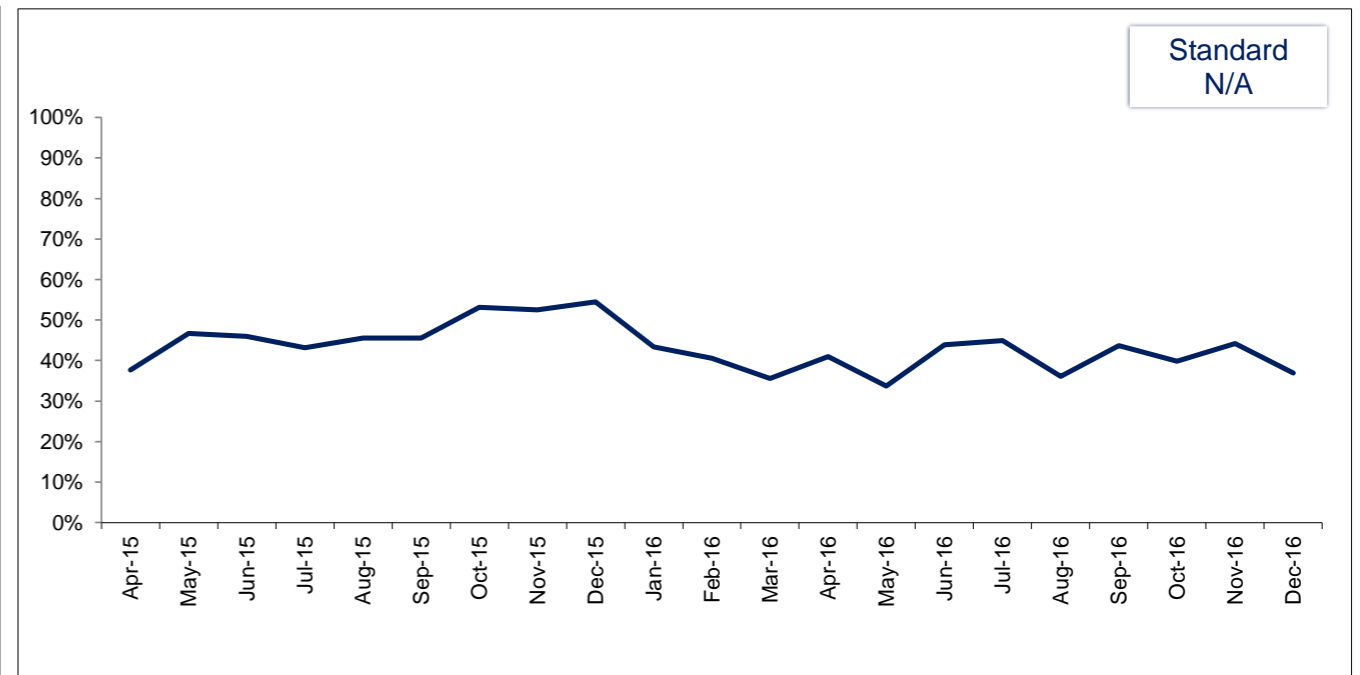
k2.10 | % Emergency Readmissions following an emergency admission - 30 days



k2.11 | Hand Hygiene



k2.12 | Open Incidents - % of Managers Reports completed within policy guidelines



Complaints

The Trust received 32 formal complaints in December 2016 compared to 35 in December 2015.

Specialist Services received the highest amount of complaints accounting for 41% of the total, followed by Emergency Services and Trust (25% each), Clinical Support Services (6%) and Corporate Services (3%).

Within Specialist Services, the following Service Lines received complaints in December 2016:

Ophthalmology (4), General Surgery & Urology (3), Oral & ENT (2), Trauma & Orthopaedics (1), Gynaecology & Breast (1), Maternity (1), Paediatrics & NNU (1).

The most frequent complaint subjects that were received related to estates (28%), followed by appointments and communication (16% each), procedure (inc. surgery, endoscopy, and anaesthesia etc.), care & treatment, diagnosis and admission/discharge (6% each), security (violence, aggression, property, financial loss), failure to monitor/escalate, tests/investigations, and finally medication and documentation (3% each).

Eight estates related complaints related to poor car parking facilities and one complaint was related to littering by Kingston Hospital staff, raised by a local resident.

One security related complaint was also received where concerns were raised about the process of collecting payment for the medication given to patients.

Reopened complaints

Five complaints were reopened in December 2016, arising from complaints first received in May 2016 (1), July 2016 (1), September 2016 (2) and November 2016 (1).

The reasons for these complaints reopening were:

Further Questions – 5

Ombudsman Referrals

There was one complaint referred to the Ombudsman in December 2016. The patient raised her concerns about the care provided by Maternity Unit. The Ombudsman is currently investigating this complaint.

% Complaints responded to within 25 working days (K3.04)

The current reported figure in is 67.50%. This could rise to 73% if complaints with longer negotiated response times are completed in line with the agreed timeframe. This remains below the Trusts performance target. Opportunities to negotiate more realistic timescales for complex complainants were missed. The complaints team will work with service lines to better identify those where a negotiated timeframe. The elderly care service line is an example of an area where this will be beneficial given the often complex nature of these complaints. A proportion of complaints however only miss the target by a few days, and the issue has again been raised with service managers and Associate Directors in order to focus on delivering an improved response time. Work pressures in ED & AAU in November added to the deliverability of the 25 day complaint response standard.

Friends & Family (FFT) Score - Trust (K3.05)

The Trusts FFT showed improvement In December 2016 with a overall rate of 95.86% and improvement across all FFT areas (K3.06-K3.11) in the previous month. The Patient Experience Committee (PEC) has requested a presentation from paediatrics to review their FFT response as it appears to have the most variation month to month in overall % FFT.

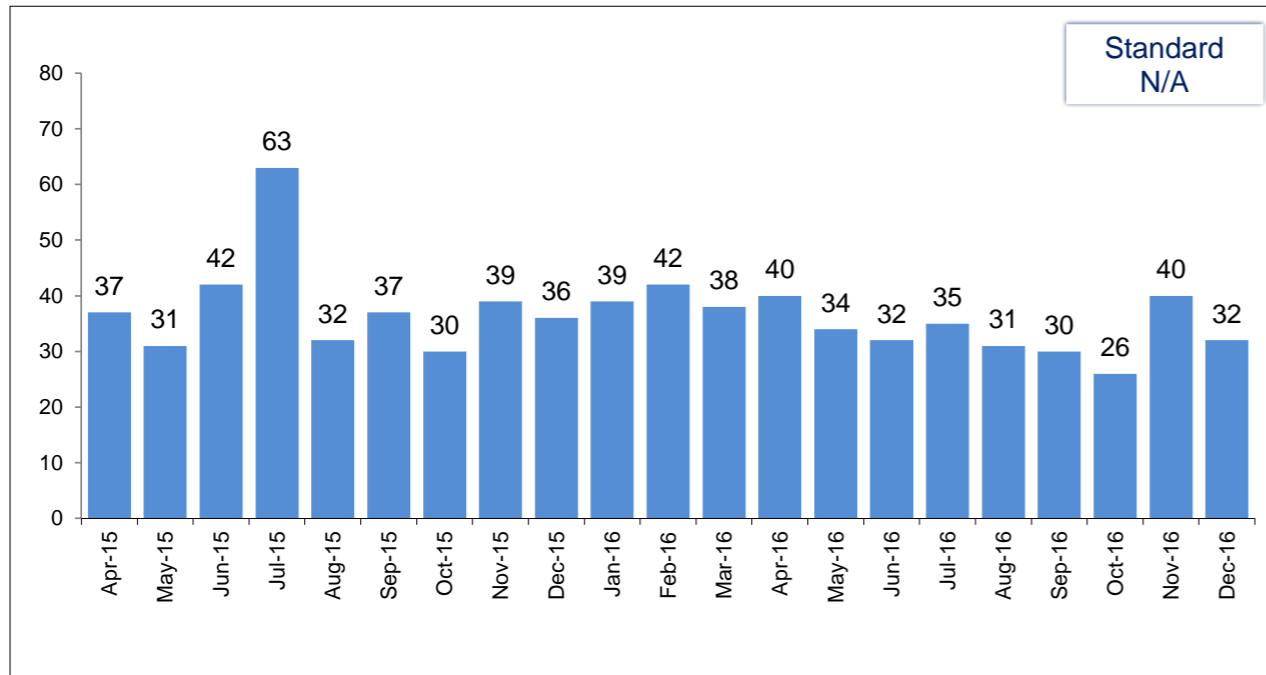
Friends & Family - A&E (K3.09)

The FFT score for A&E in December 2016 was 96.49%. The response rate for A&E FFT was 3.49% in December 2016, which remains significantly below the level required. Given the increased activity within the emergency department, sustaining FFT performance is challenging within the parameters of the current FFT system. A longer term options appraisal of potential systems that mitigate the need for nursing/other staff to ensure completion of the surveys (for example by a text based survey after discharge) was discussed at the PEC on 19th January 2017, and a working group to deliver a case for a new system was agreed.

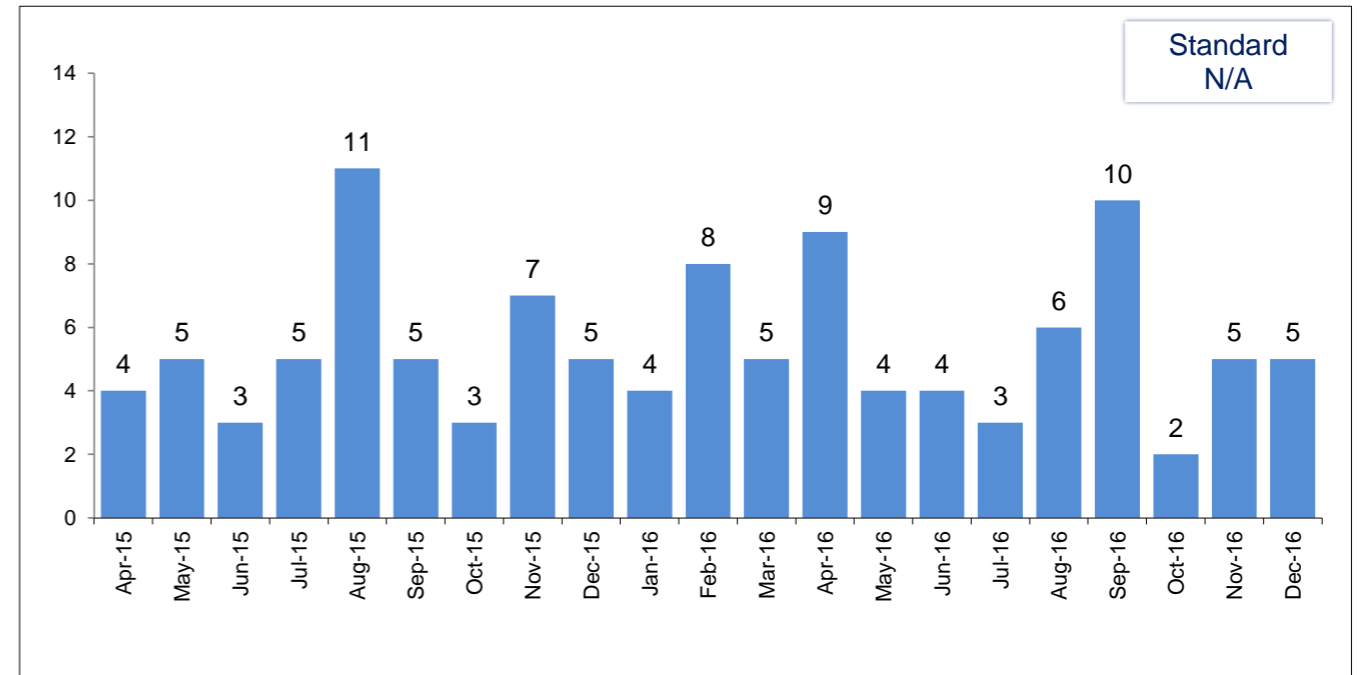
Mixed Sex Accommodation Breaches (K3.13)

There were 4 mixed sex accommodation breaches in December 2016. These occurred on Bronte Ward. There were 2 female patients in the Angiogram Recovery Bay who were not transferred prior to the mixed sex pre-assessment clinic starting. There were therefore we males who had outpatient appointments during the time where the two females were still in beds, which means that there is 4 recorded mixed sex accommodation breaches. These breaches were avoidable, and action has been taken with the clinical area and staff involved to reiterate the requirements of mixed sex accommodation and to escalate where they are unable to find a solution to this.

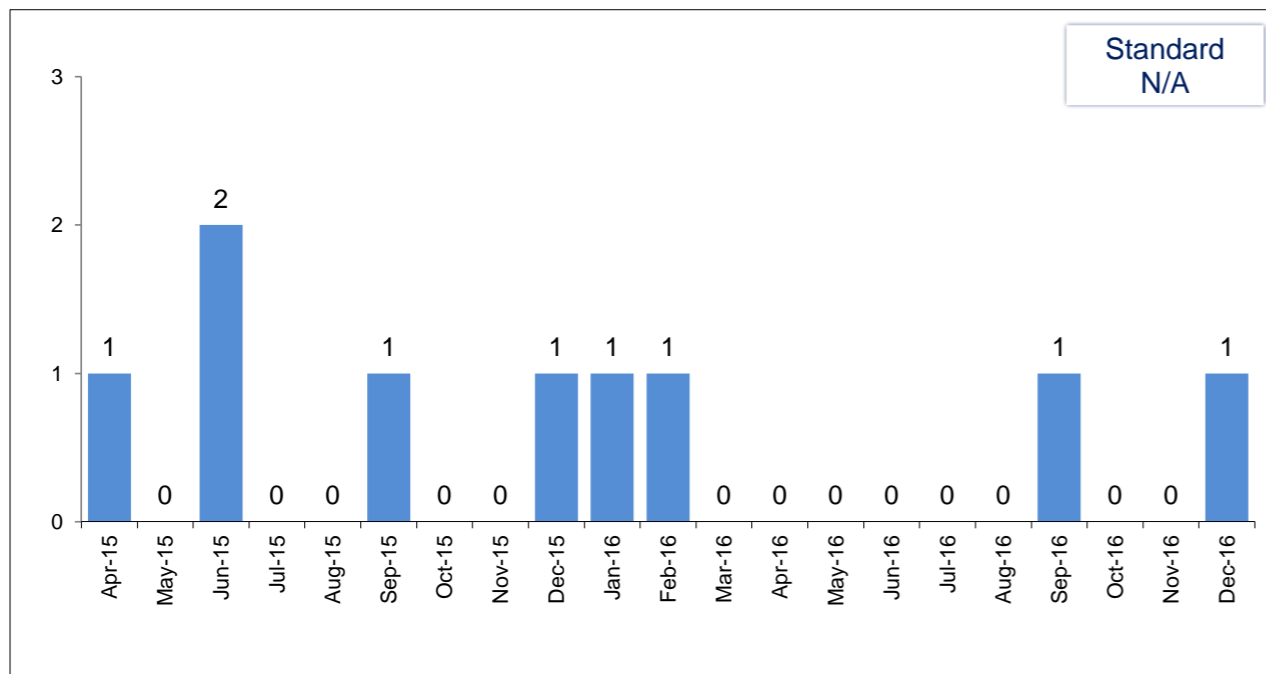
k3.01 | Number of Complaints received



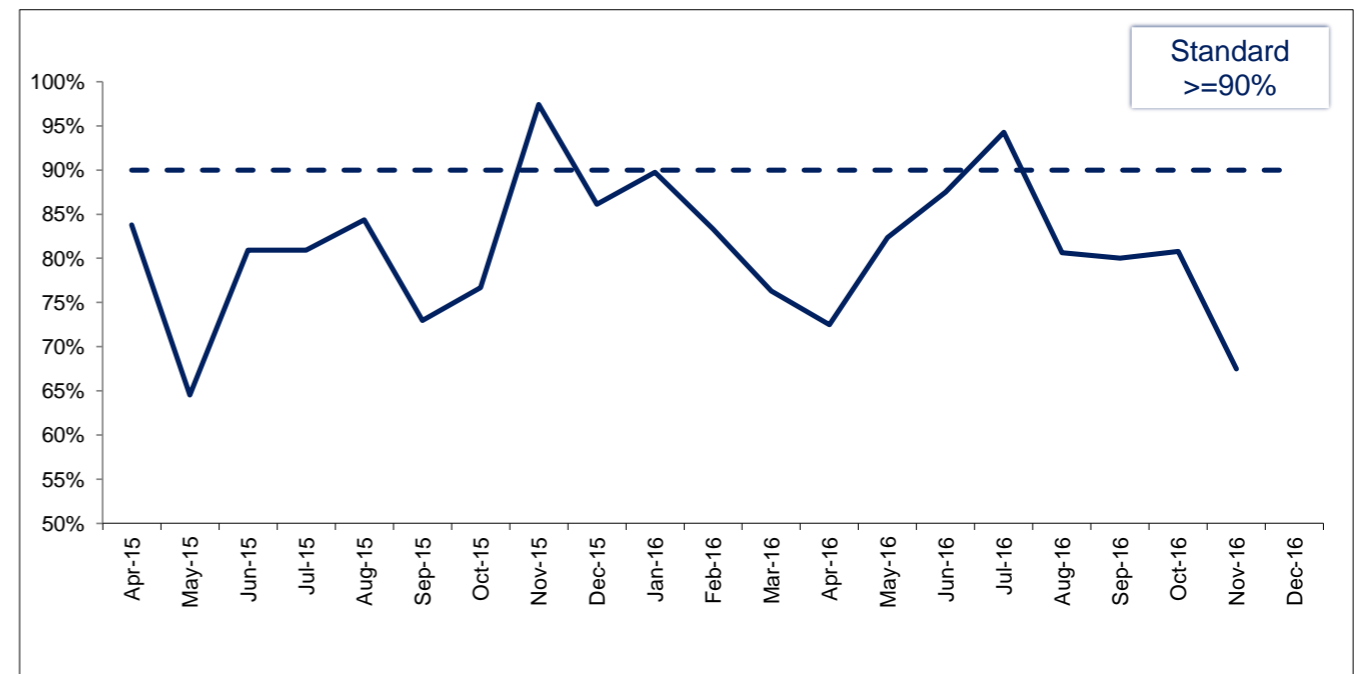
k3.02 | Number of Complaints reopened



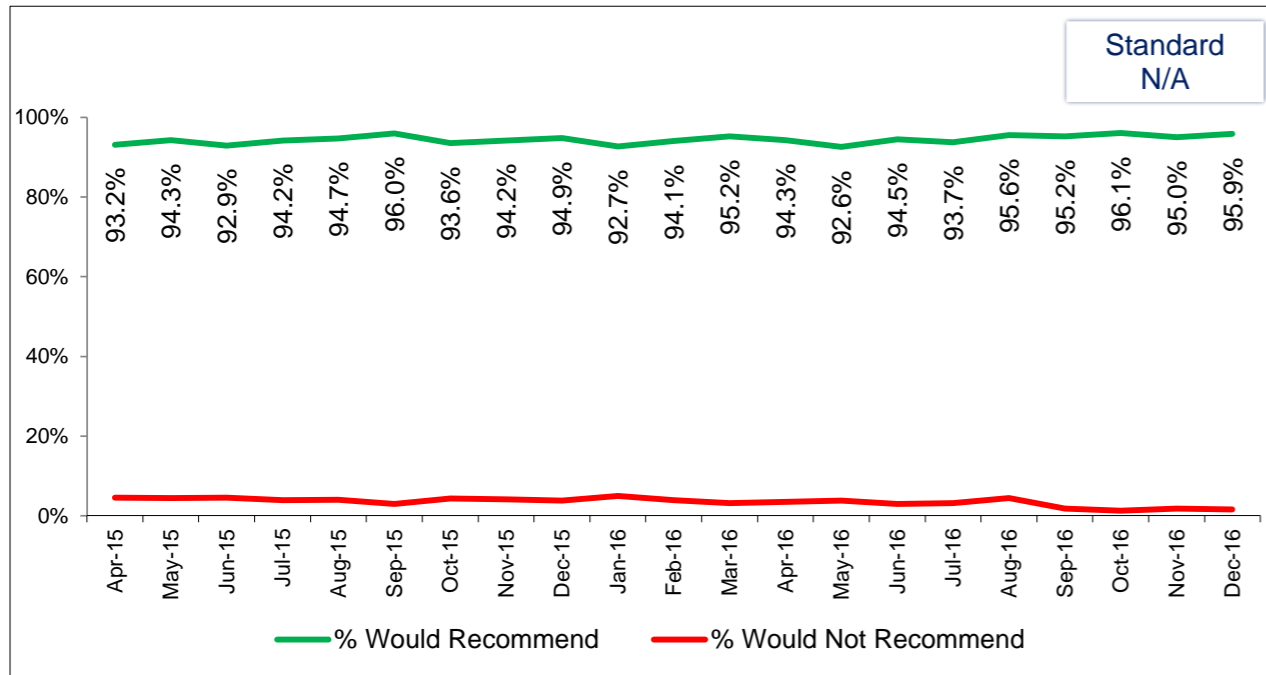
k3.03 | Number of Complaints referred to ombudsman



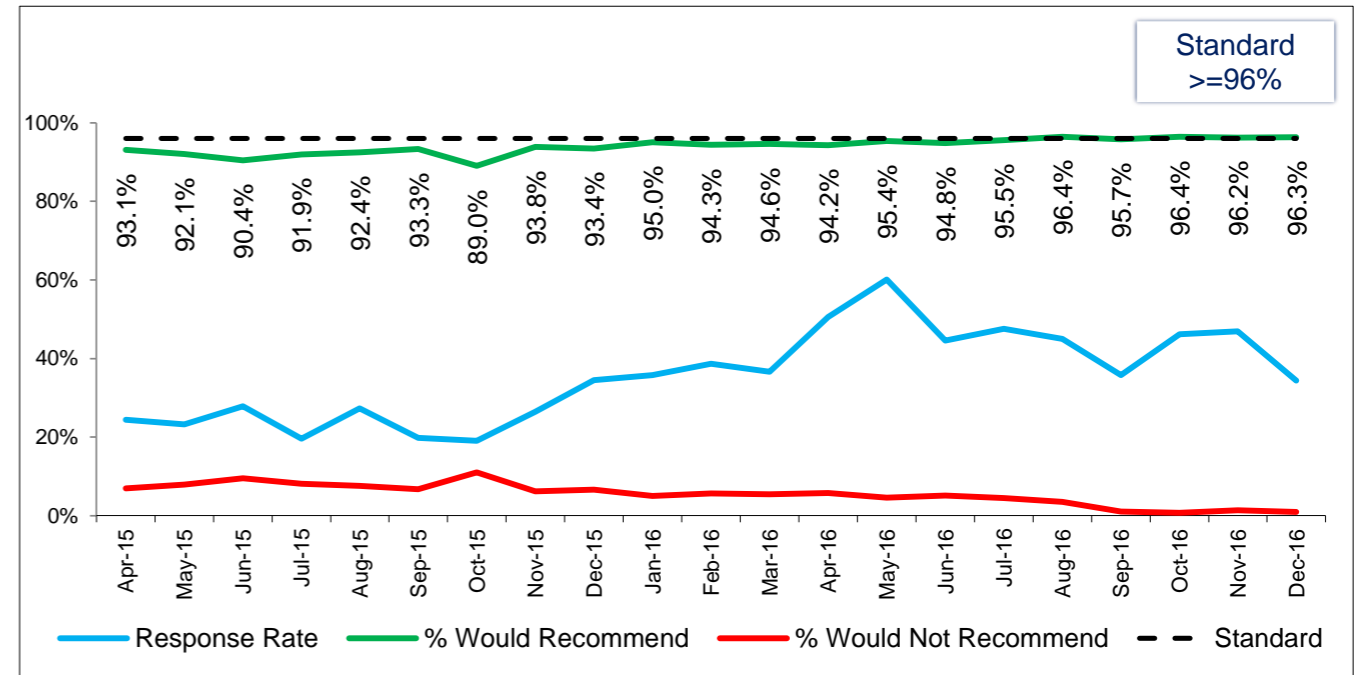
k3.04 | % Complaints responded to within 25 working days or date as agreed with complainant



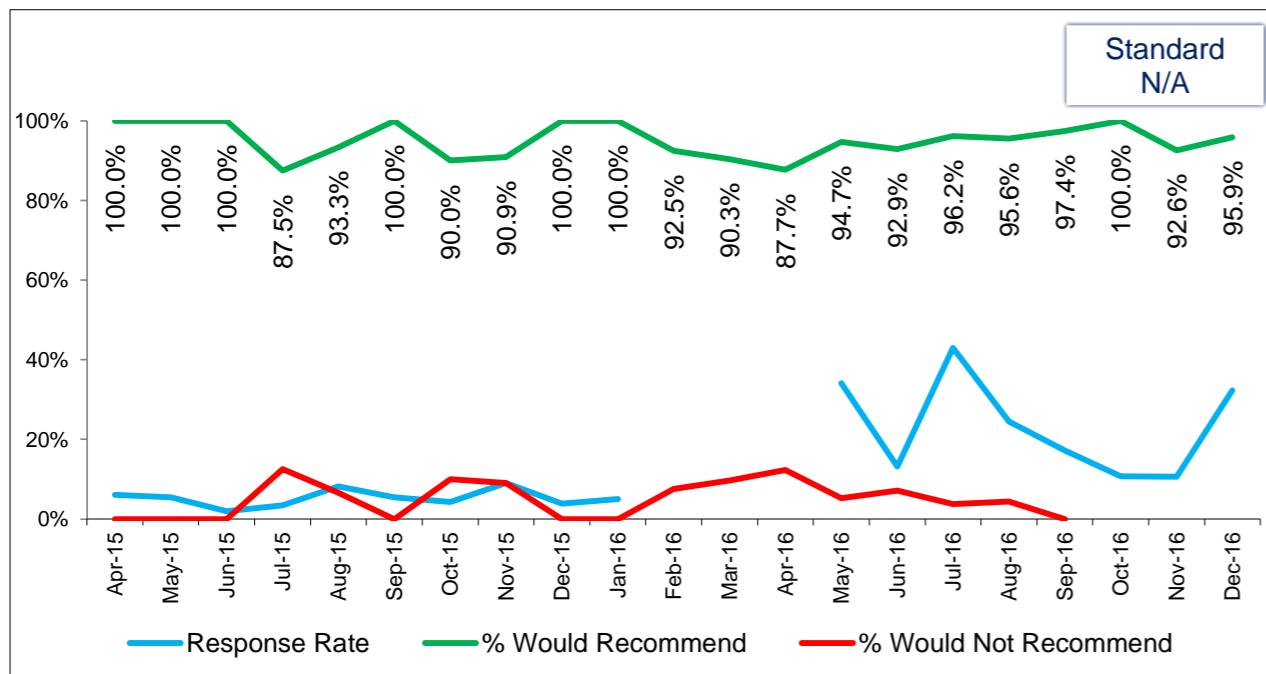
k3.05 | Friends and Family Score - Trust



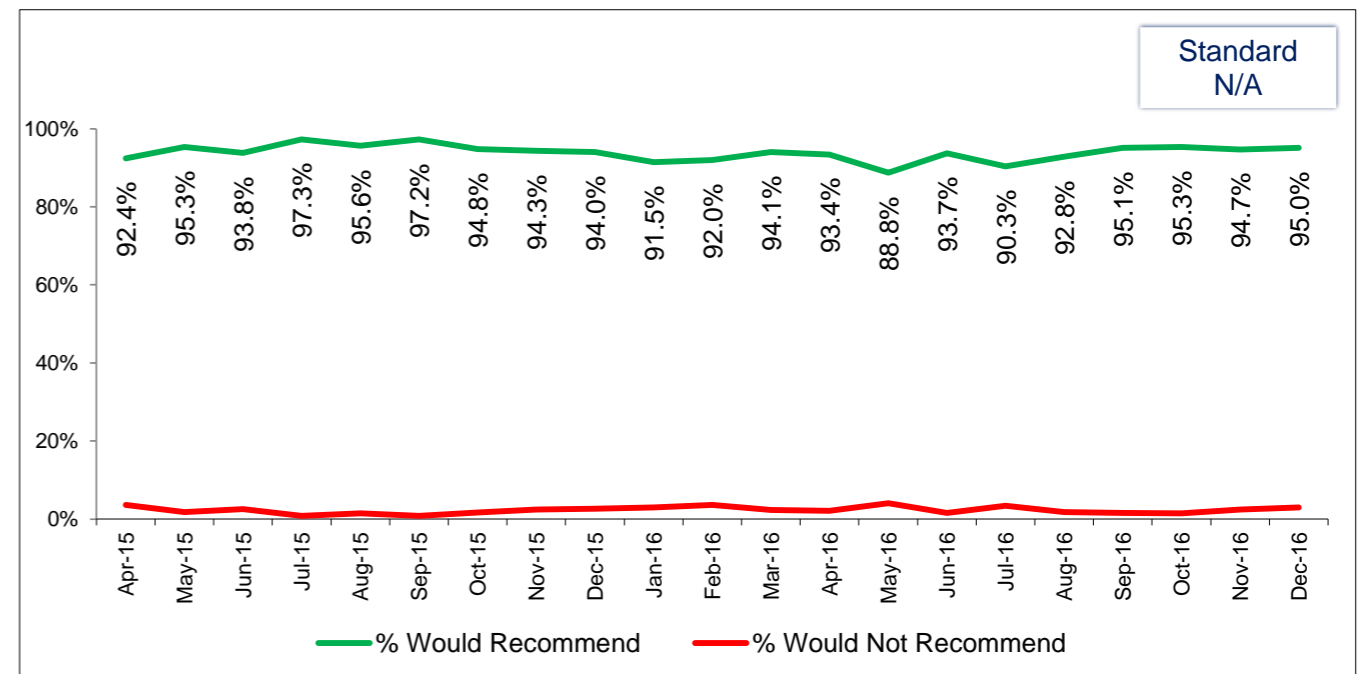
k3.06 | Friends and Family Score - Inpatients (excluding daycases)



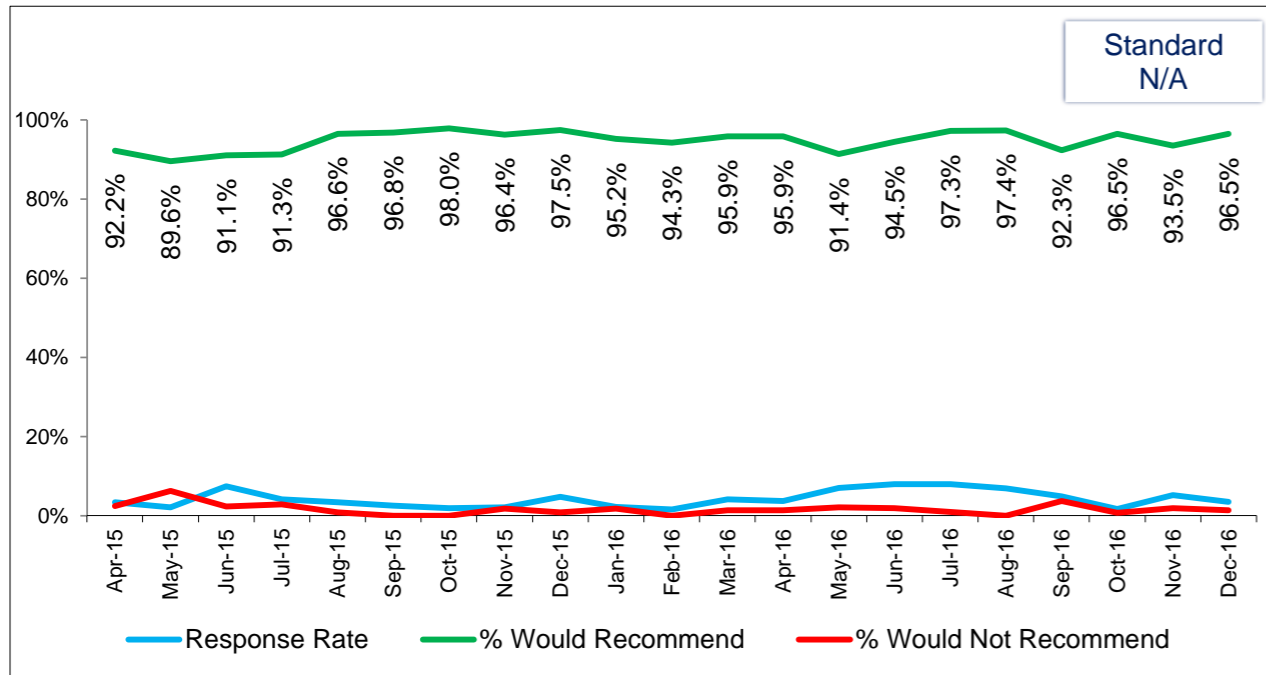
k3.07 | Friends and Family Score - Paediatric Inpatient



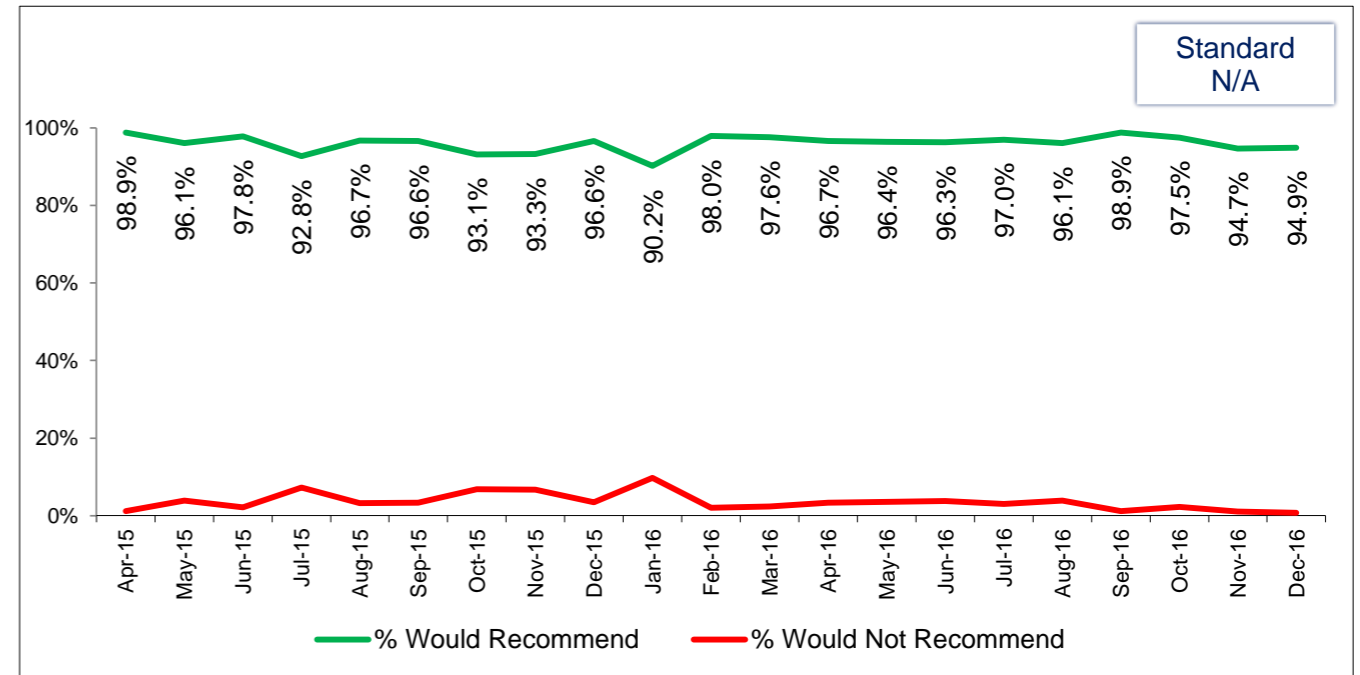
k3.08 | Friends and Family Score - Outpatient



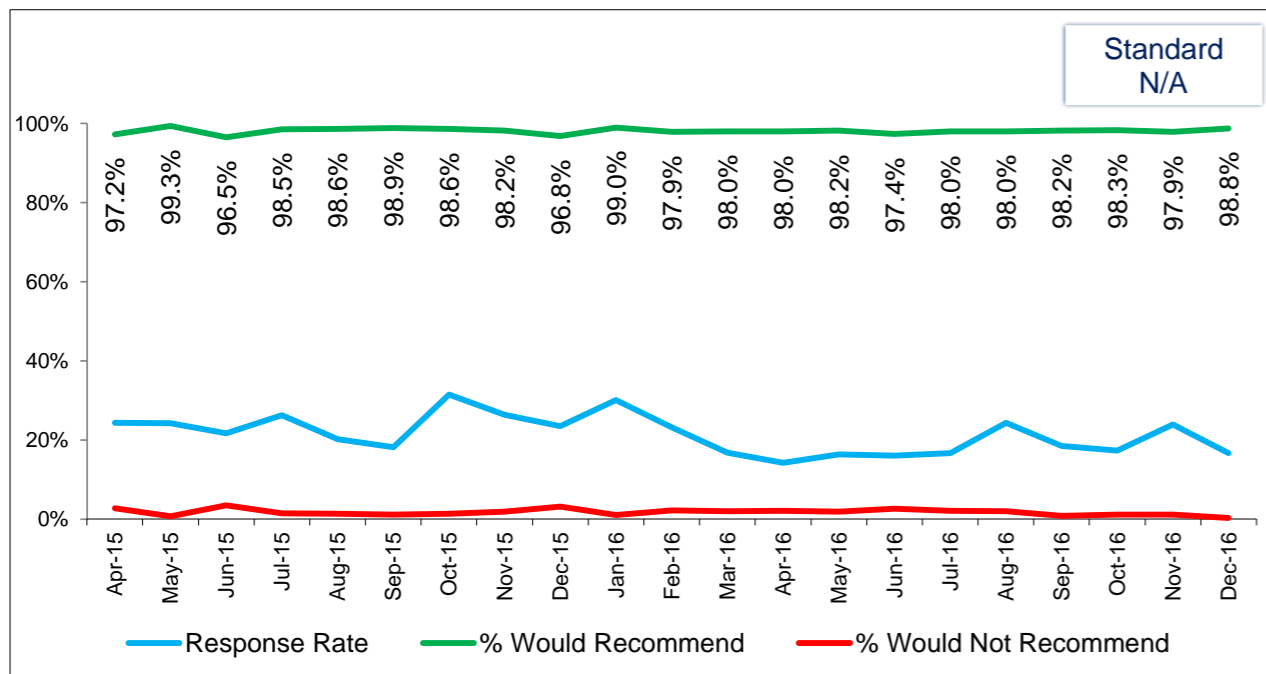
k3.09 | Friends and Family Score - A&E



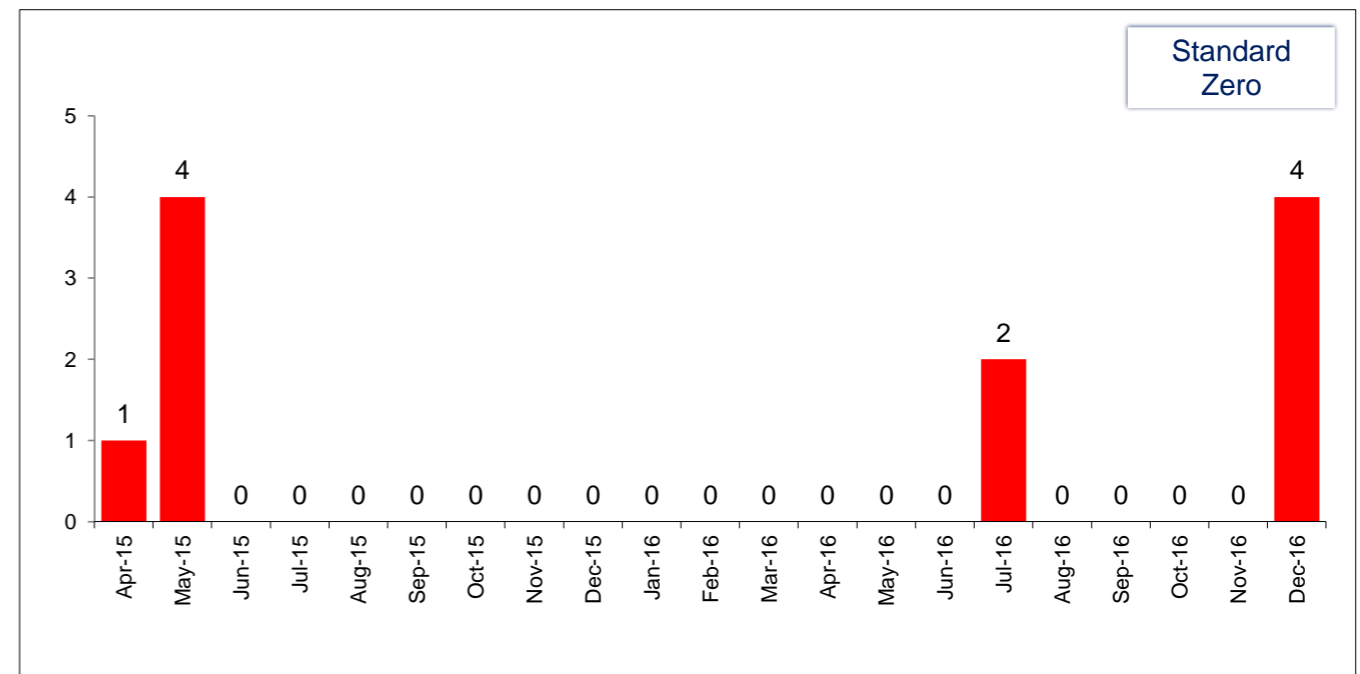
k3.10 | Friends and Family Score - Maternity



k3.11 | Friends and Family Score - Daycases



k3.13 | Number of Mixed Sex Accommodation Breaches



Referral to Treatment

November performance against the 18 week incomplete RTT national standard was 95.18%. The pain service continues to struggle with its admitted volume of patients and was at 85.19% overall. The service is working towards an action plan for improvement, and has made good use of cancelled lists over the Christmas period to catch up with the workload; however there remains a mismatch of demand versus capacity in this specialty which the division are looking at. The Trust is also working closely with community partners to move a proportion of MSK work into the community in 17.18, implementing a single point of MSK triage at the trust, which may ease throughput.

Some of the surgical specialties (e.g. Urology, Vascular), are declaring more breaches at the moment, and this is in large part a validation issue, so the service line manager is supporting the admin teams to validate more efficiently over the next few months.

Gynae shows an improving position, and was at 92.07% for November. The service is managing demand effectively, and putting on more capacity in uro-gynae which remains a pressure point.

The key services have all conducted their demand and capacity planning for the next financial year, and these will now be reviewed by the senior team to understand impacts on support services, likely activity levels for 17.18.

Cancer

The Trust achieved all cancer targets in November.

For Quarter 2, the Trust achieved all the standards with the best overall position in South West London and the best 62 day performance in the country. To date all standards for Q1 and Q2 have been achieved.

Accident & Emergency

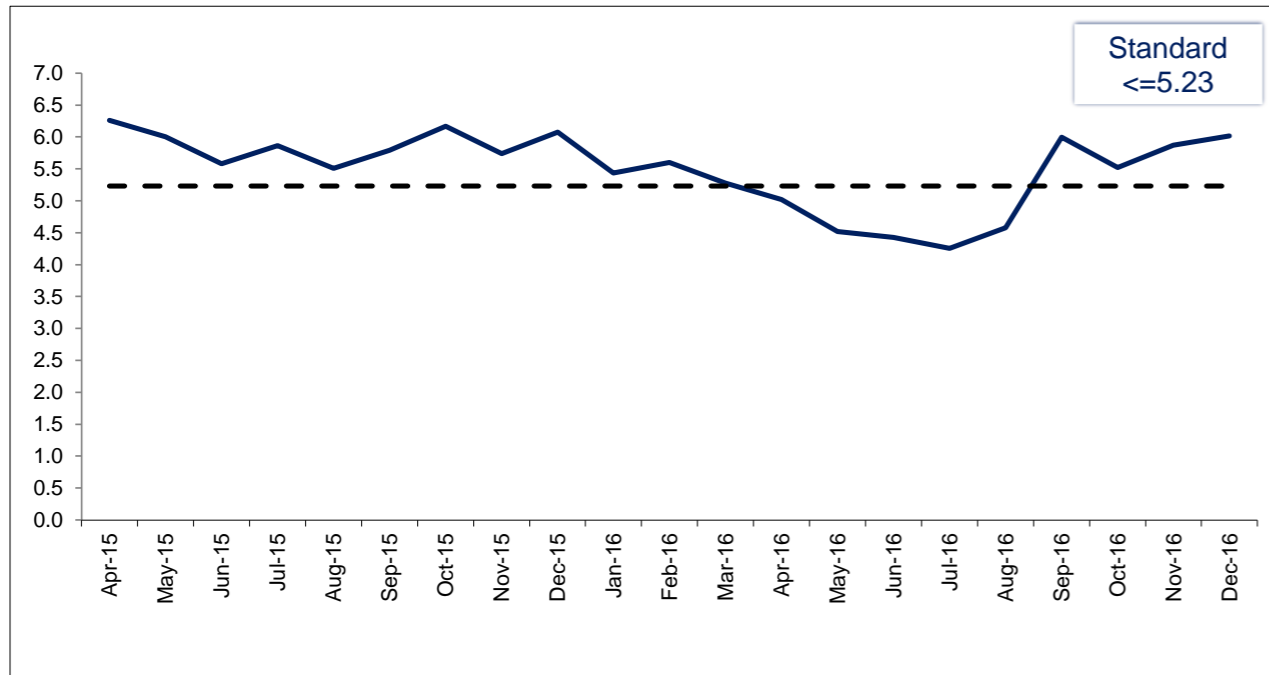
The achievement of the emergency standard has continued to be challenging with performance reducing in December to 85.94%. This was largely due to the continued increase in ED attendances with type 1 attendances increasing by 4.9% between April and December. Over the Christmas period there were 13.8% more attendances than in 2015/16. Ambulance attendances have continued to increase by 7%.

The opening of the CDU has had a positive impact but this has coincided with increased pressure on beds and an increase in the DTOC numbers. In November 2016 the DTOC increased to 7%, representing 28 beds. The Trust's position nationally in relation to performance is 54/132.

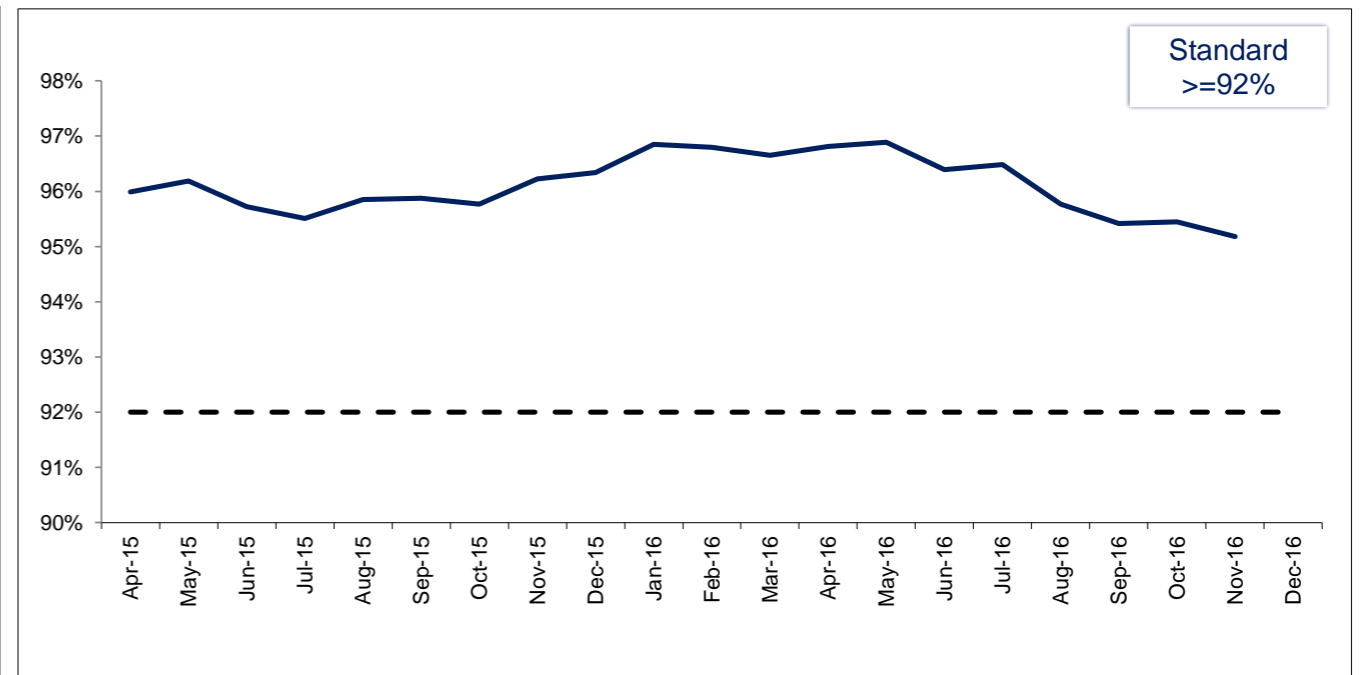
A plan to manage surge has been developed and has been successfully implemented during periods of surge in December and January. Community and social care partners have also contributed to this document.

The work of the emergency care programme board has been reviewed and a list of priorities for the early part of 2017 has been agreed. This includes workforce in ED, urgent care, ambulatory emergency care and flow and discharge.

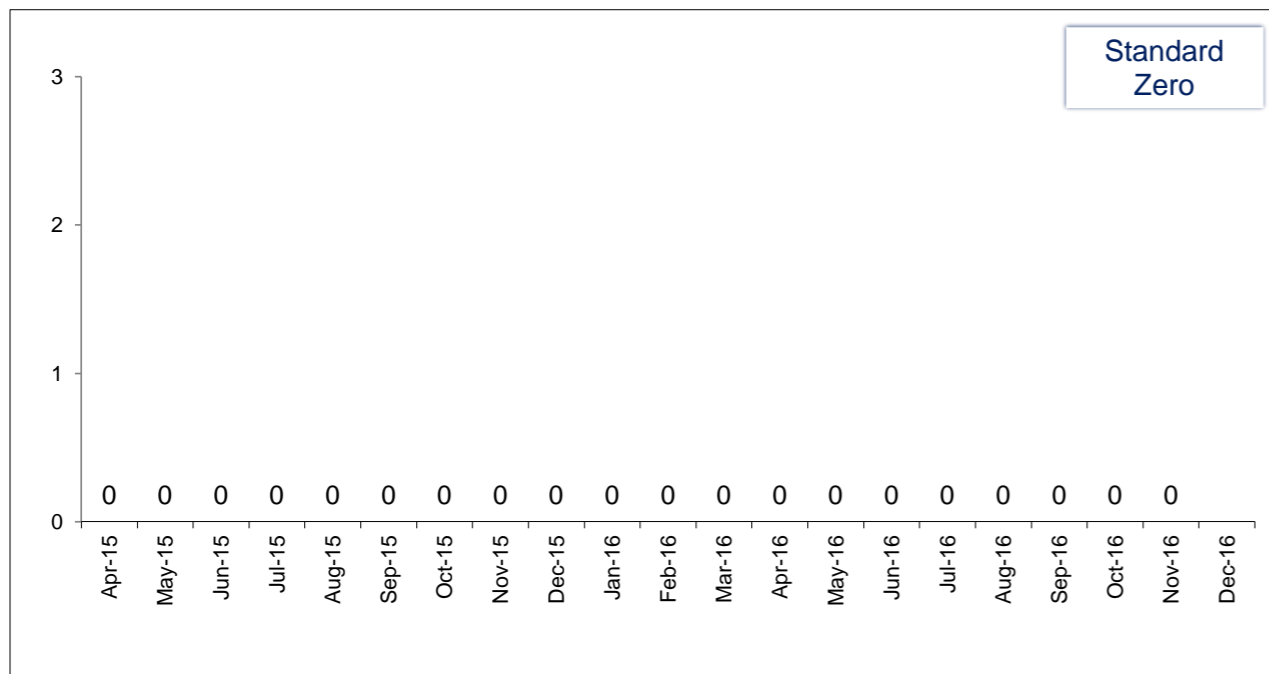
k6.01 | Average length of stay - Emergency Admissions



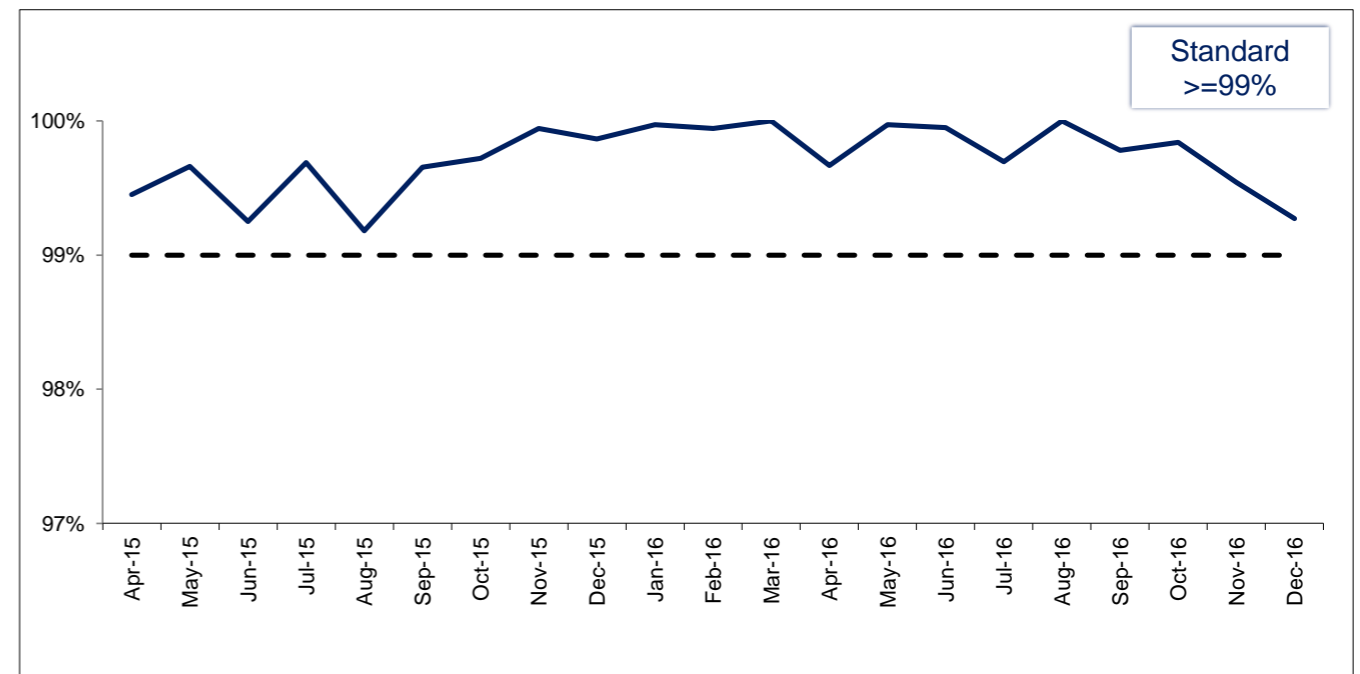
k6.02 | 18 weeks Referral to Treatment - Incomplete pathways



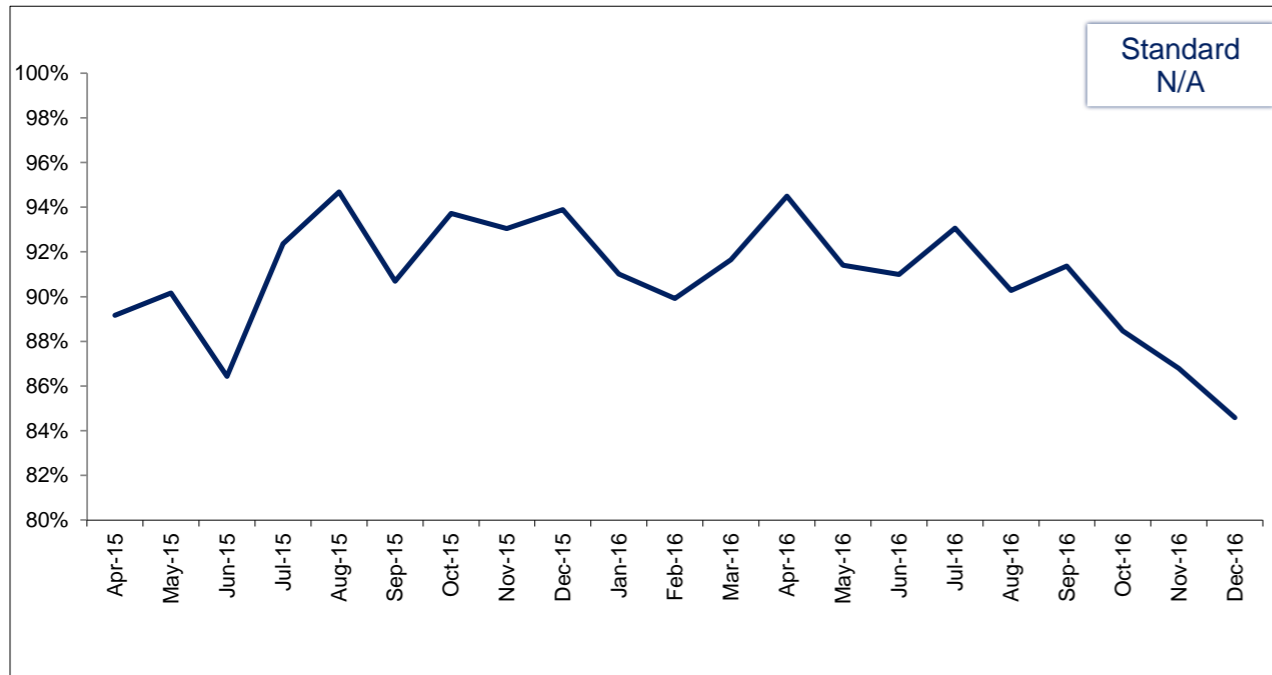
k6.03 | 18 weeks Referral to Treatment - number of incomplete over 52 week waiters



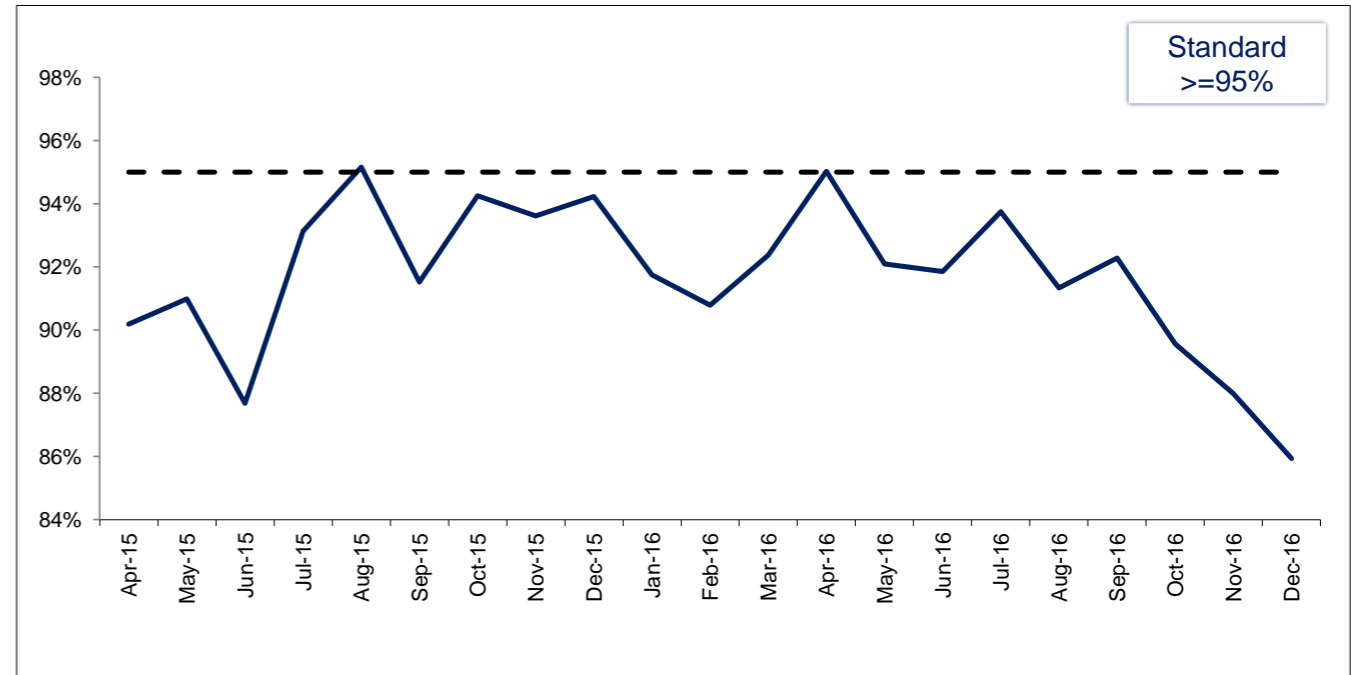
k6.04 | Diagnostic test - % waiting 6 weeks or less



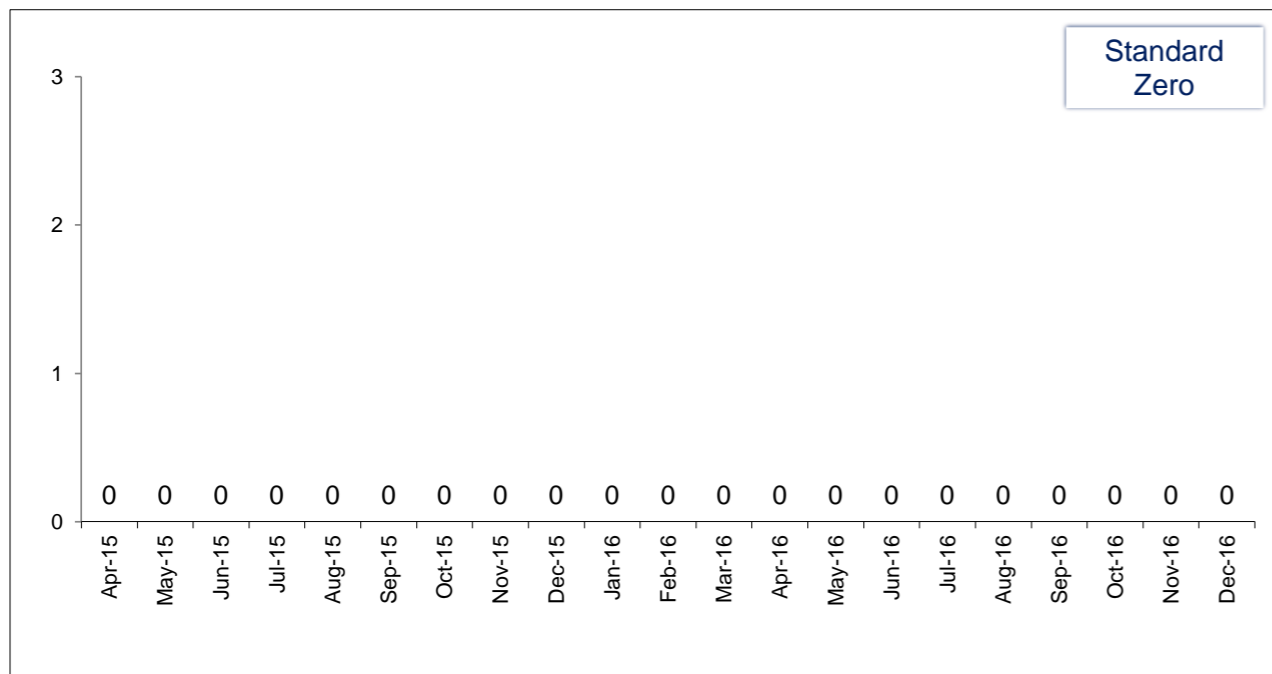
k6.05 | A&E 4 hour waiting time (type 1)



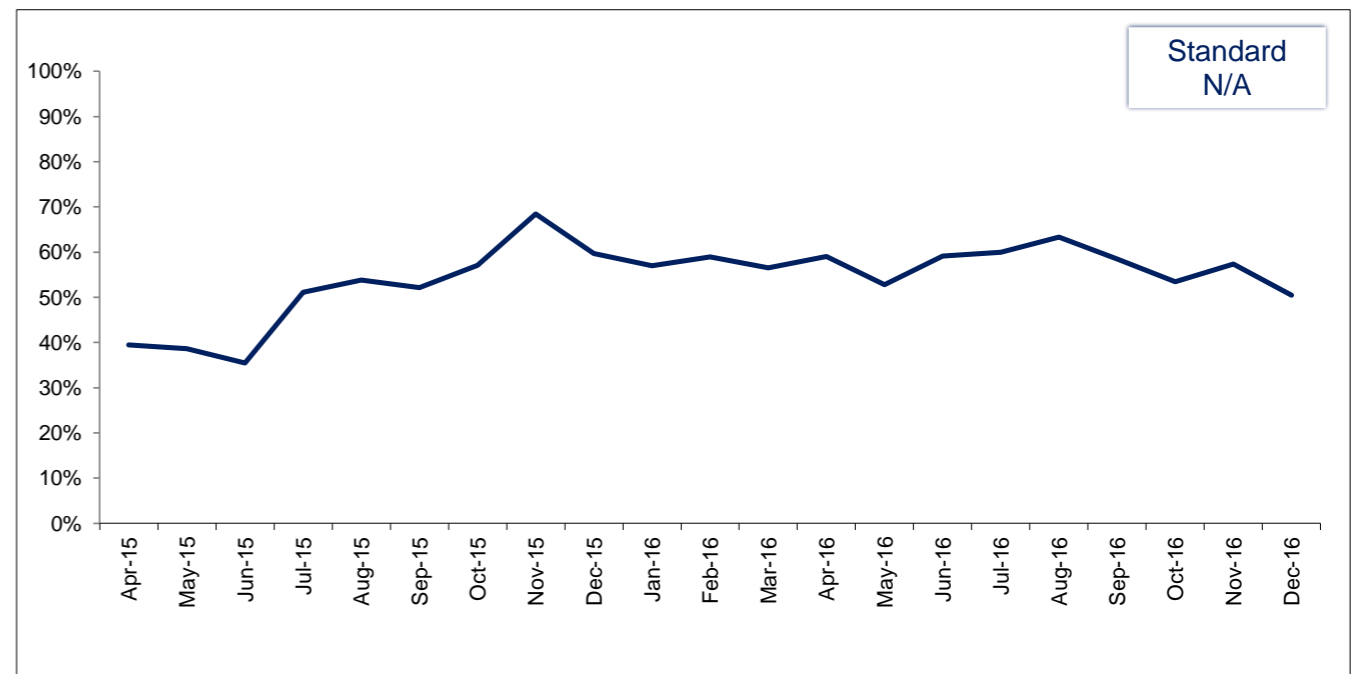
k6.06 | A&E 4 hour waiting time (all types)



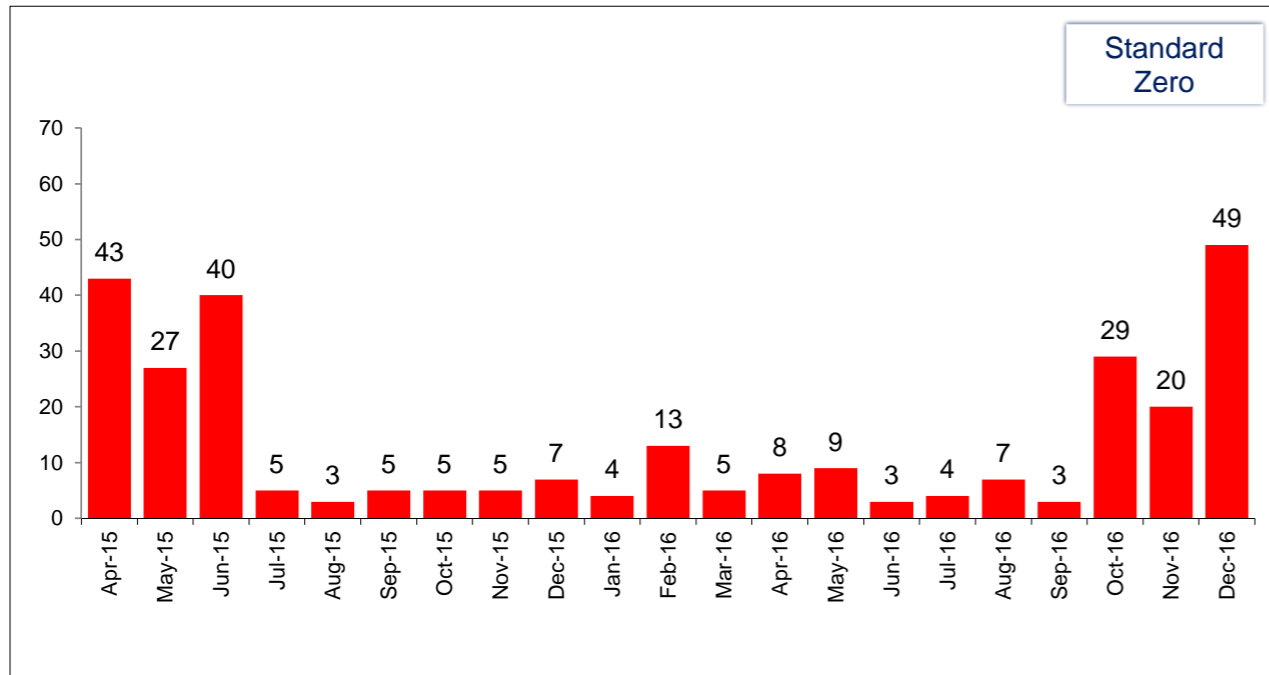
k6.07 | Number of A&E 12 hour trolley waits



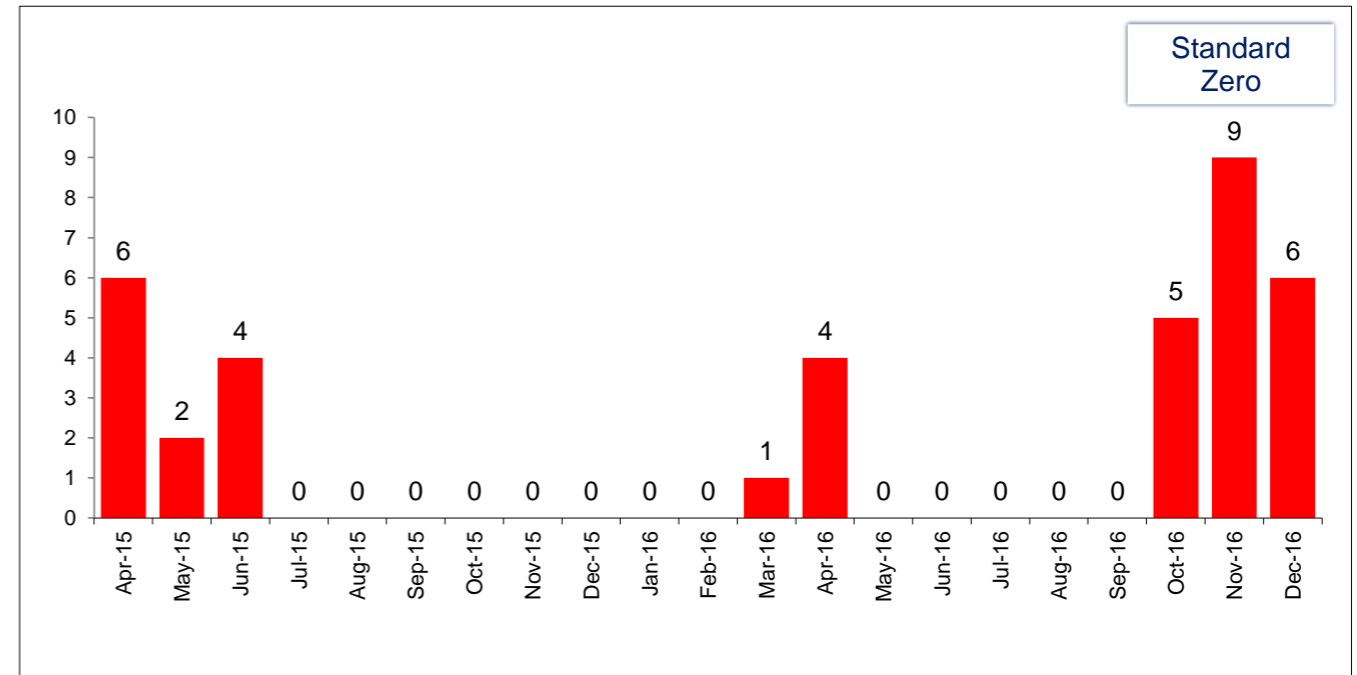
k6.08 | LAS Ambulance Handovers - % within 15 minutes



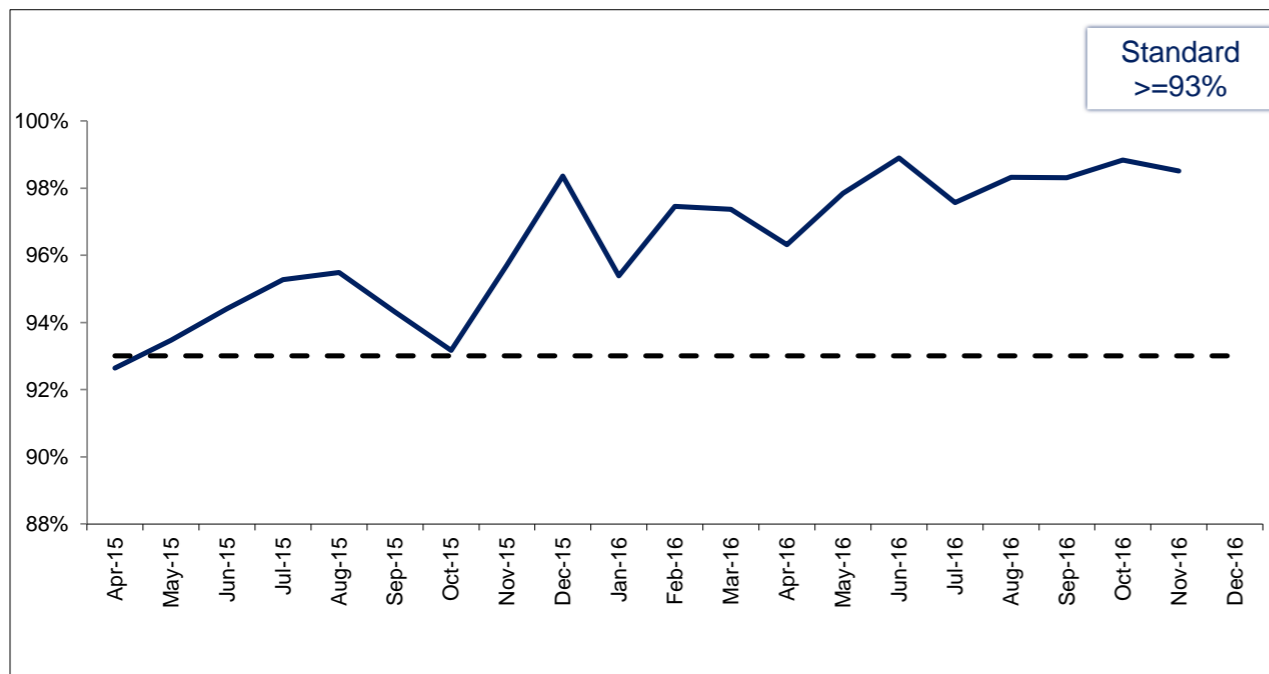
k6.09 | LAS Ambulance Handovers - 30 min waits



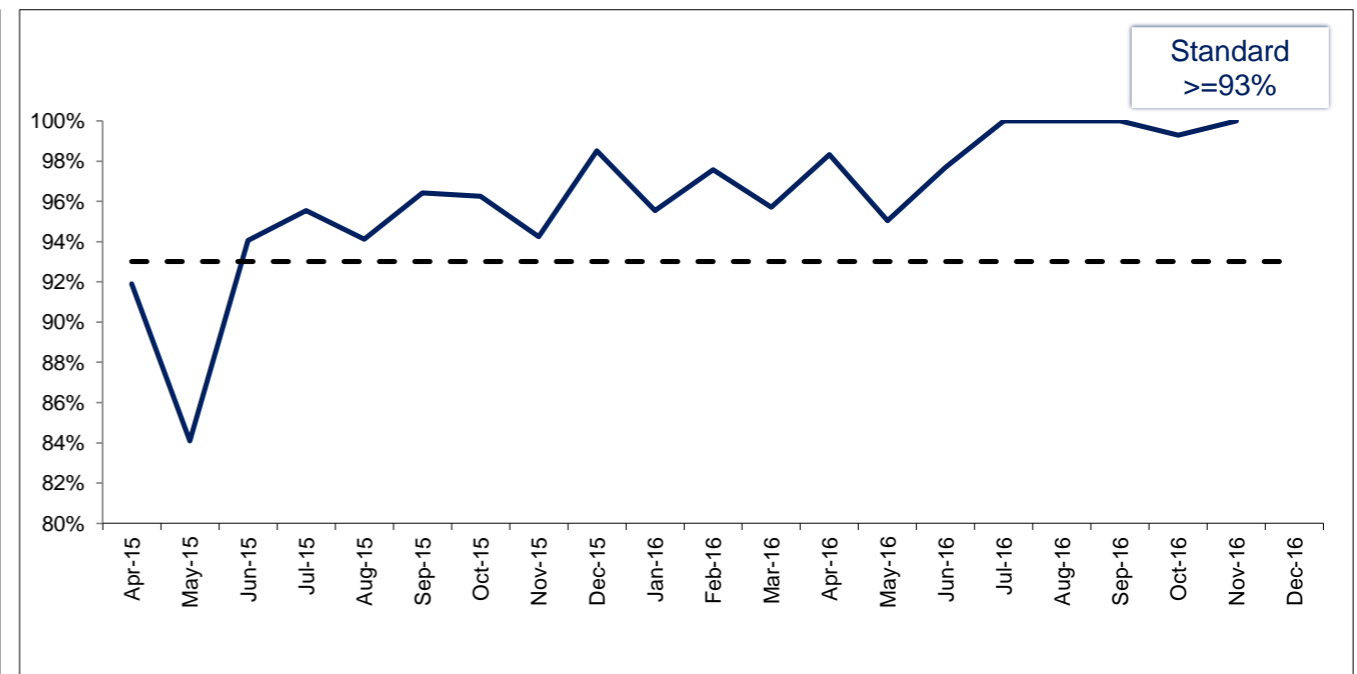
k6.10 | LAS Ambulance Handovers - 60 min waits



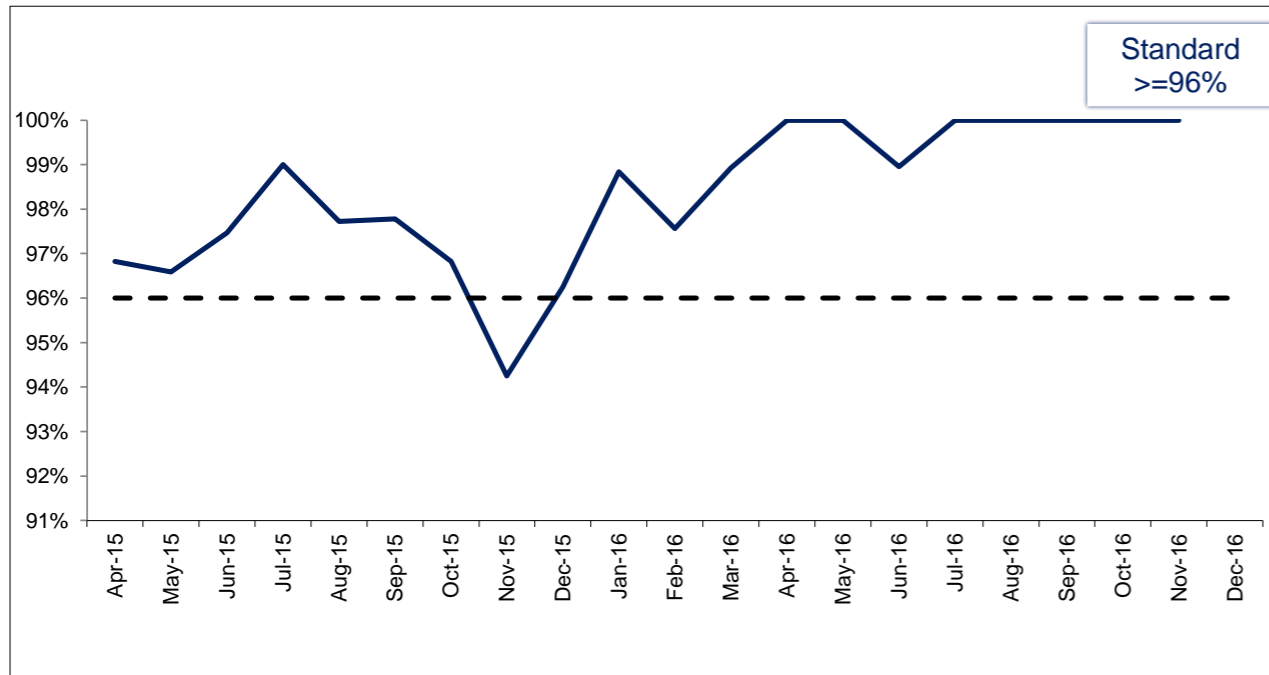
k6.11 | Cancer - Two week wait



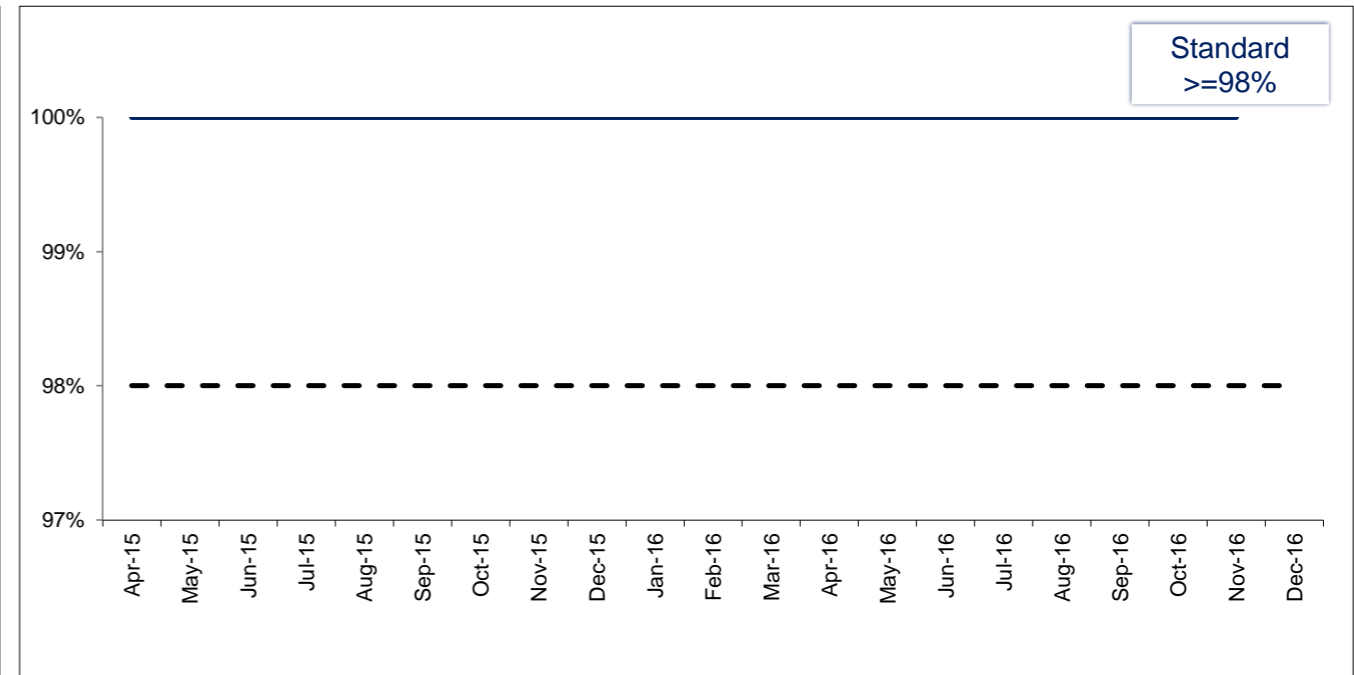
k6.12 | Cancer - Two week referral to 1st outpatient - breast symptoms



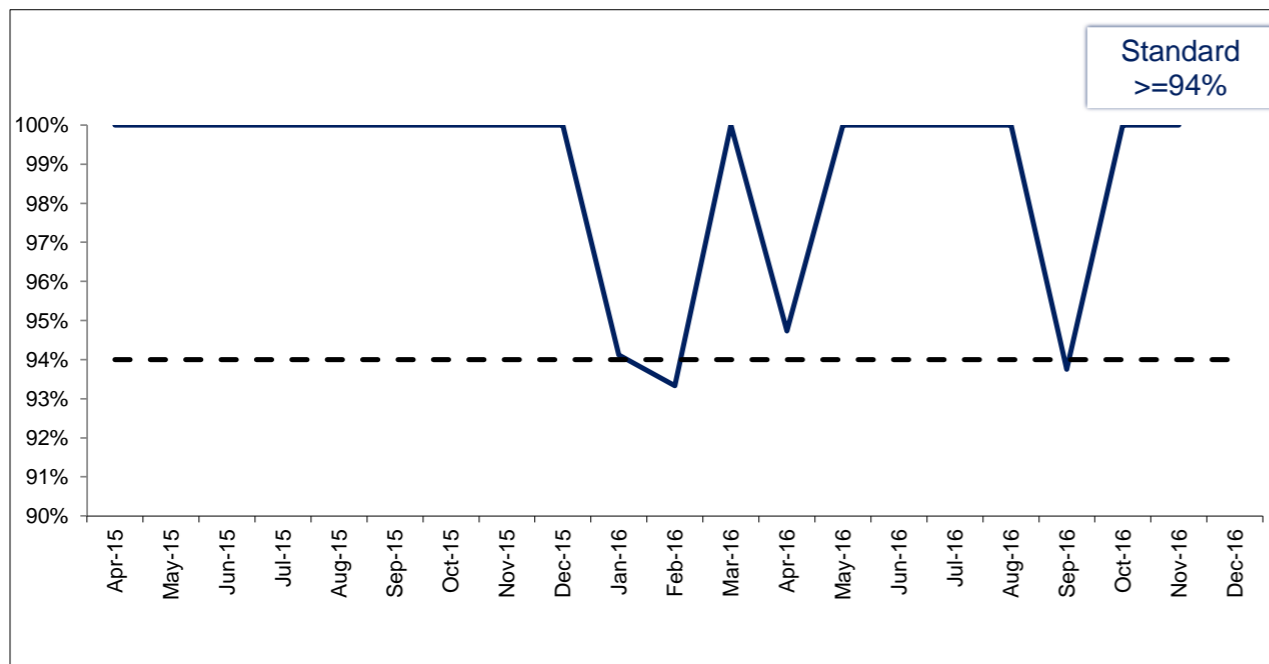
k6.13 | Cancer - Patients receiving first definitive treatment within one month (31 days) of a cancer diagnosis



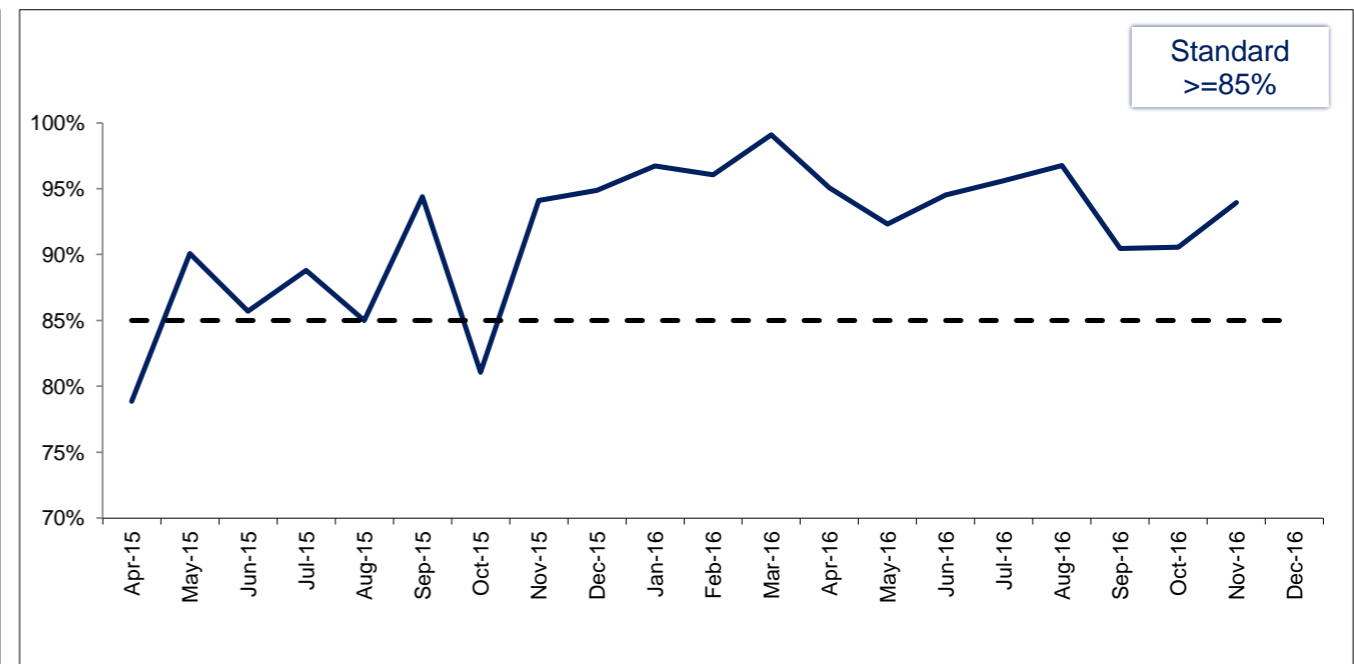
k6.14 | Cancer - 31 day second or subsequent treatment - drug



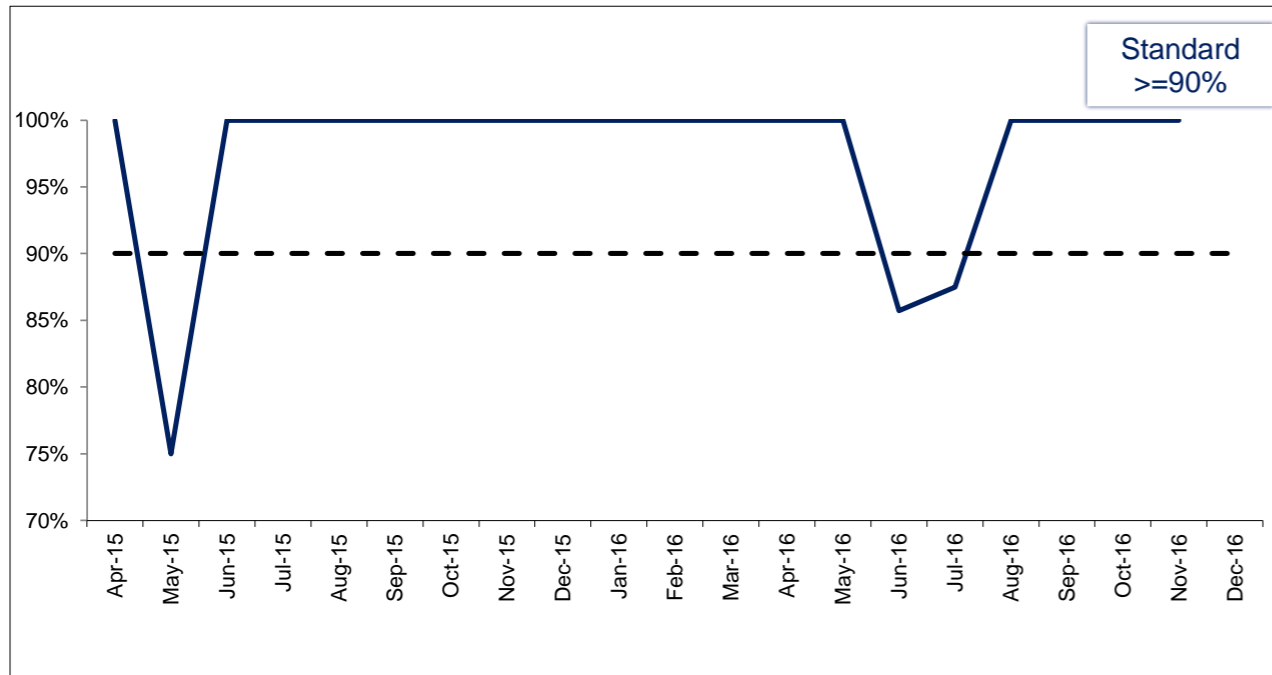
k6.15 | Cancer - 31 day second or subsequent treatment - surgery



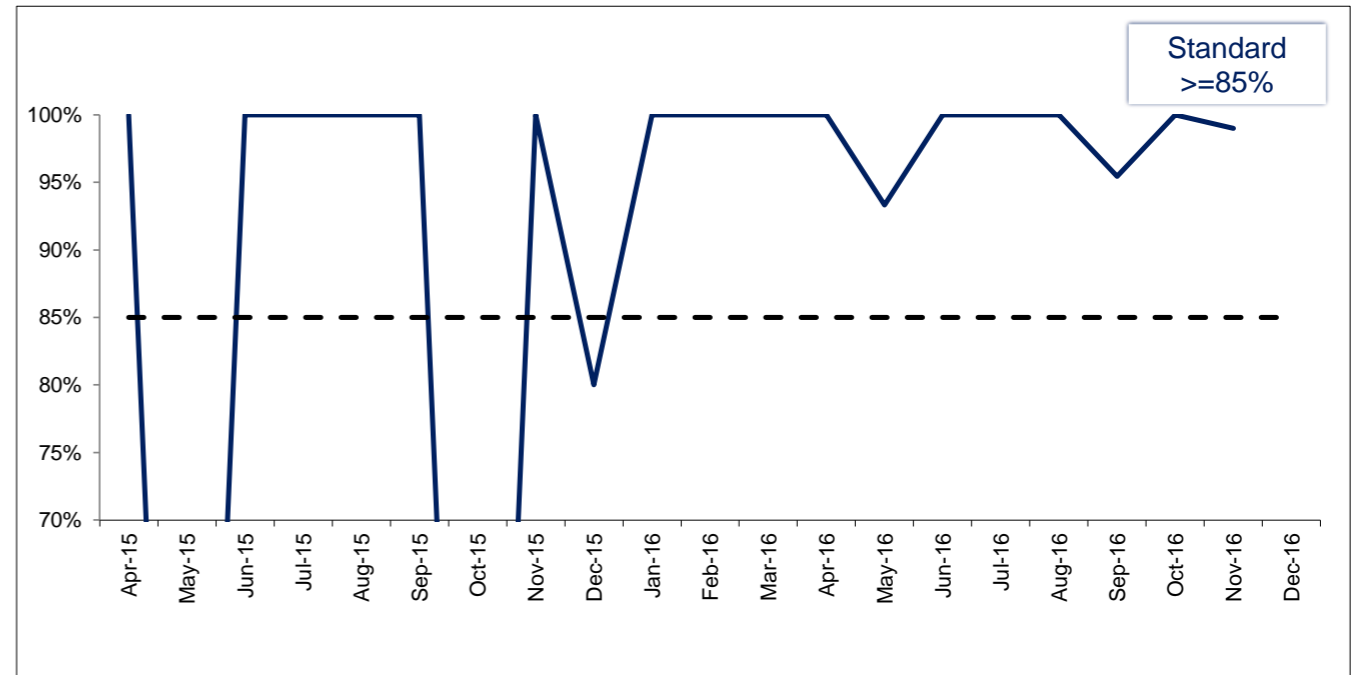
k6.16 | Cancer - Two month urgent referral to treatment wait



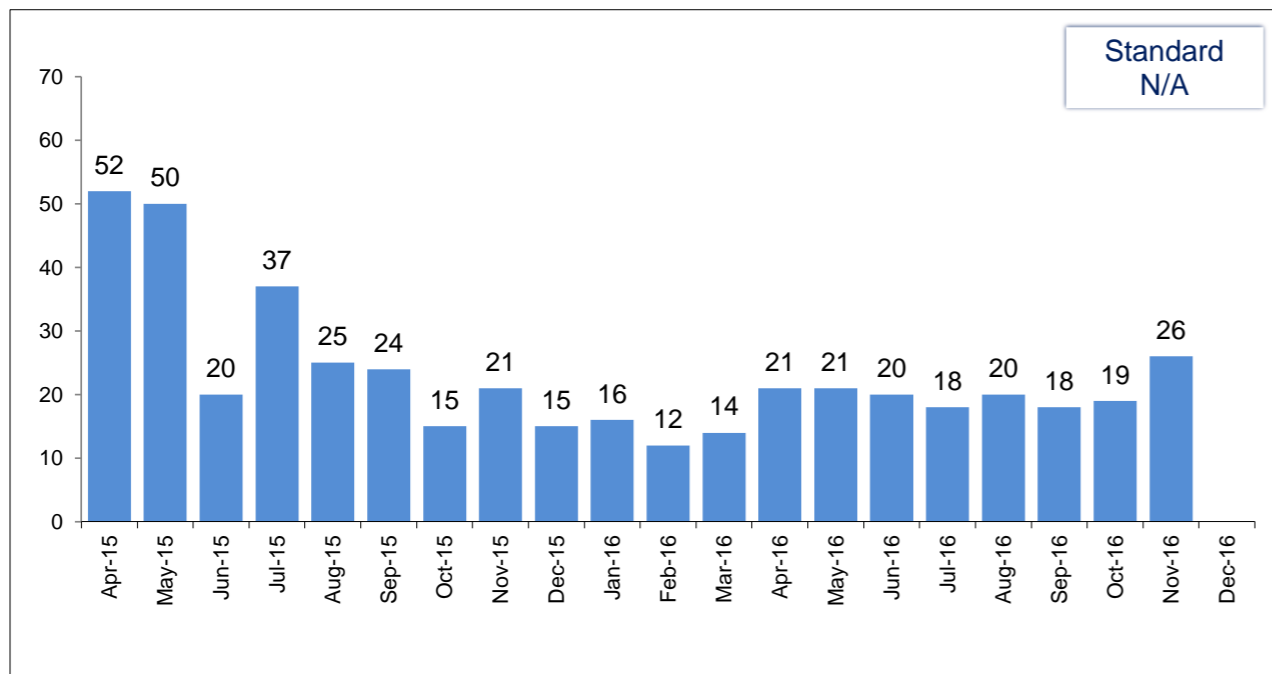
k6.17 | Cancer - 62 day wait for first treatment following referral from a NHS Cancer Screening Service



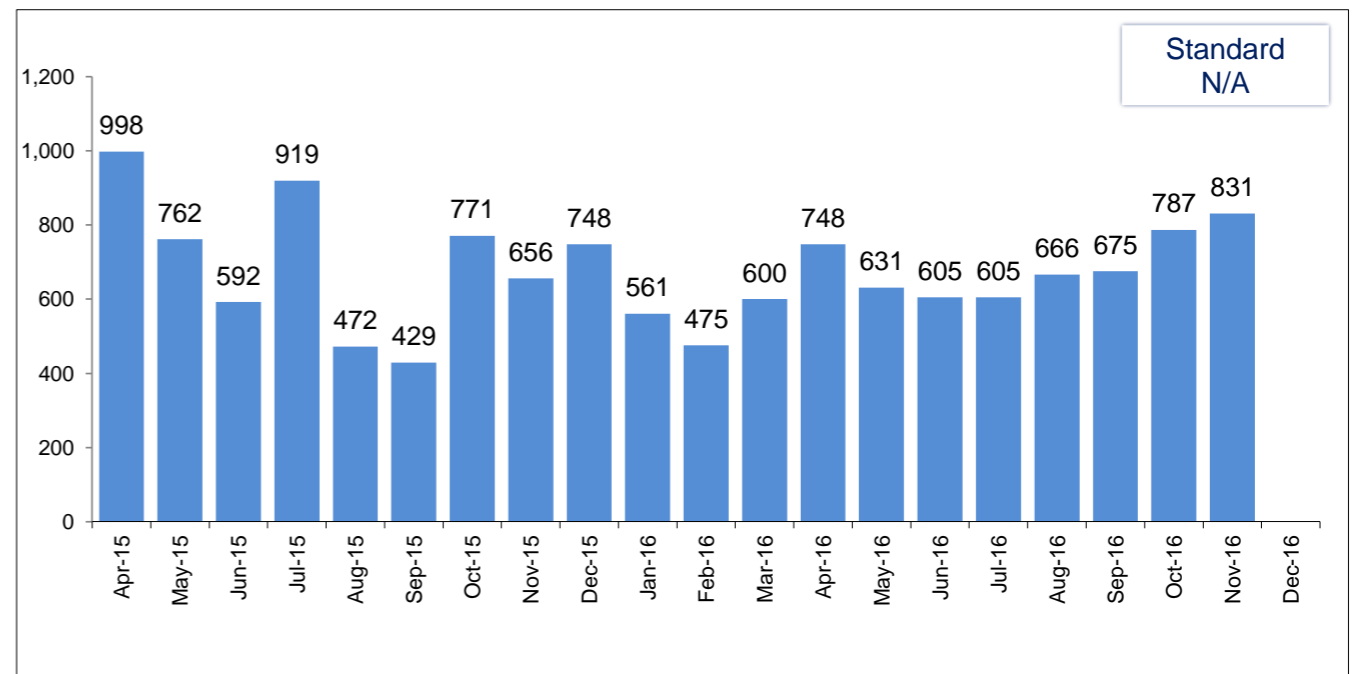
k6.18 | Cancer - 62 day wait for first treatment following consultant upgrade



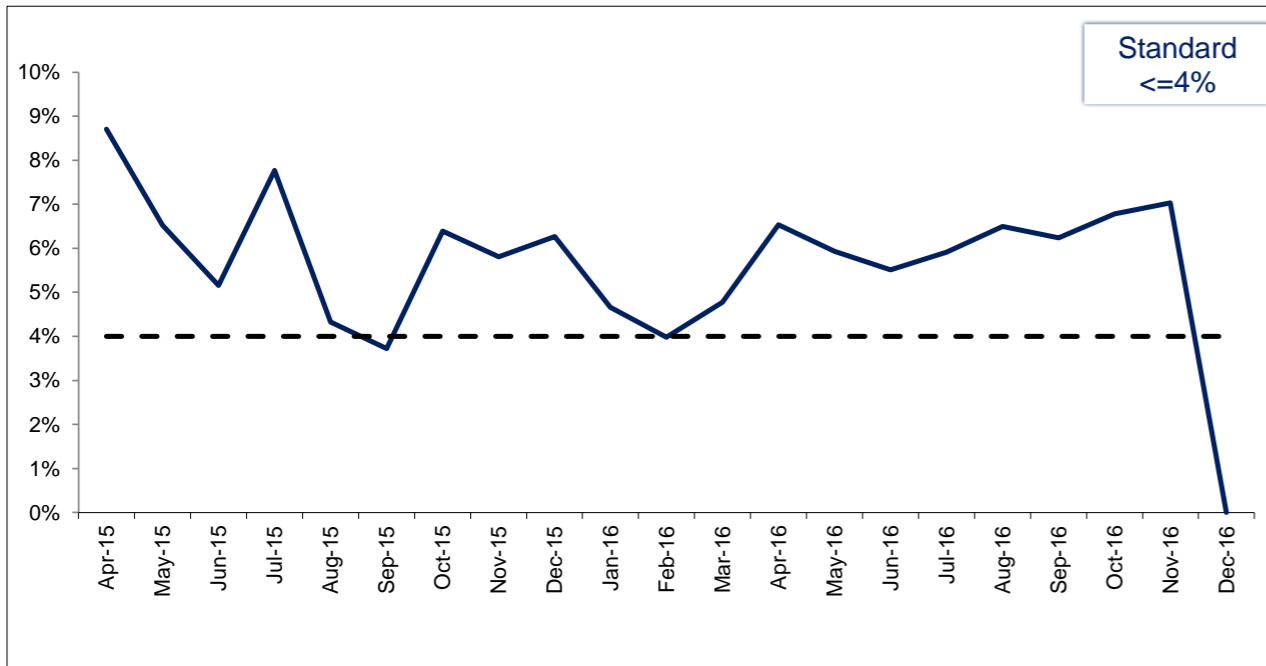
k6.19 | Number of delayed transfers of care - patients



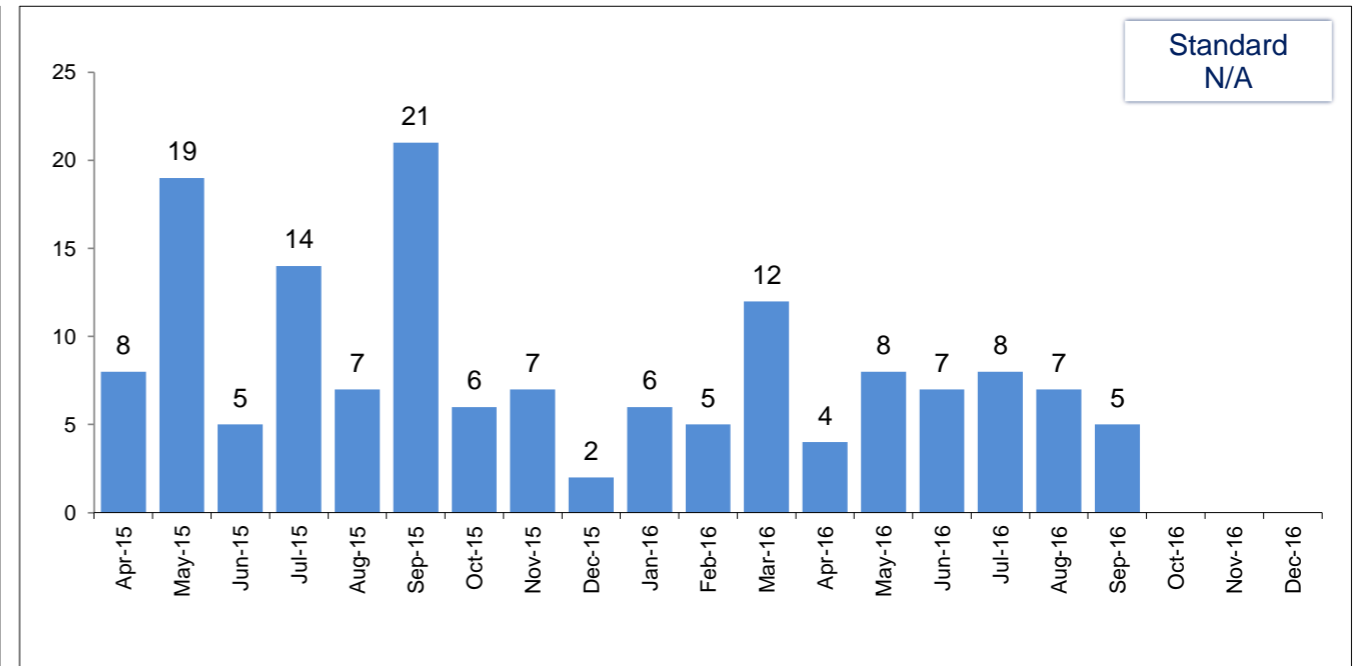
k6.20 | Number of delayed transfers of care - bed days



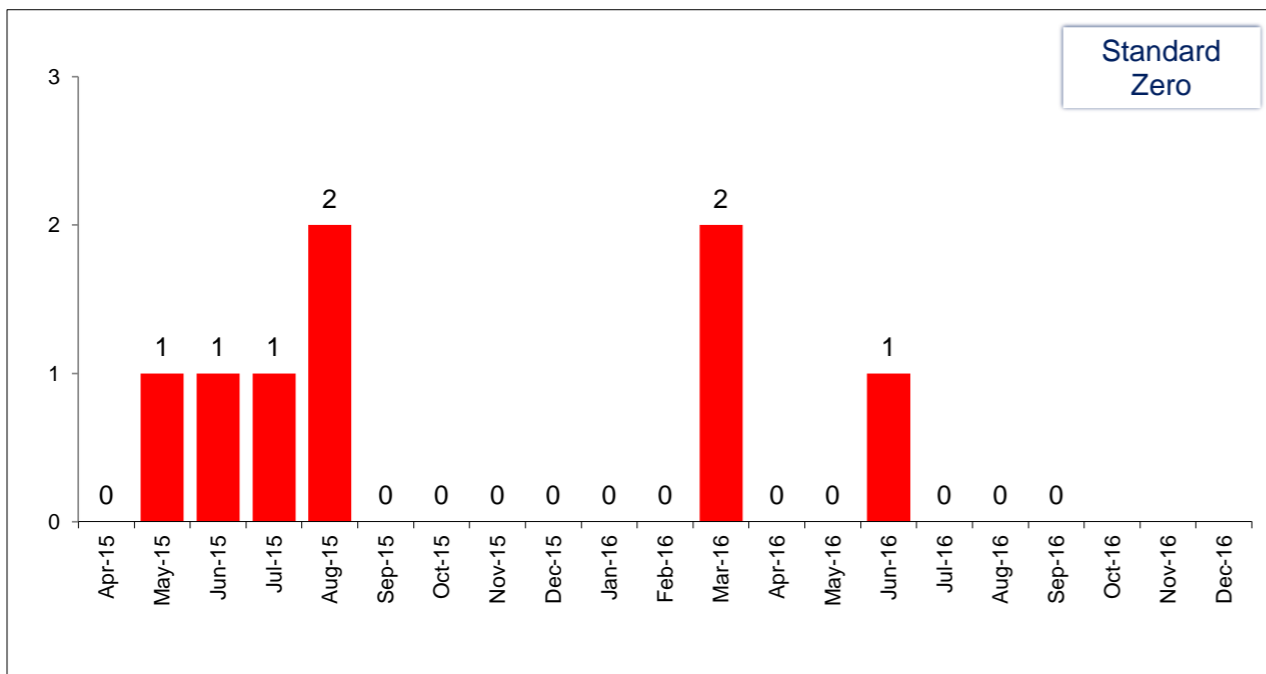
k6.21 | Delayed transfers of care - Rate per occupied bed day



k6.22 | Number of cancelled operations



k6.23 | Number of patients not treated within 28 days of last minute cancellation



Vacancy (k7.01)

The vacancy rate has increased this month by 1% to 6.99%, an amber rating. This is due to the introduction of additional budgeted posts in A&E CDU (13.57 WTE) as well as a large number of qualified nursing leavers in month. The CDU posts are currently being recruited too and so next month we should see an improved position.

It is predicted that 52 posts in the recruitment pipeline will be appointed to in January, this will also help to drive the vacant wet down and nearer to our target 95% fill rate.

Turnover (k7.02)

Turnover has increased slightly this month to 16.75%, but still remains a green rating. The increase is due to a higher number of leavers in December than predicted, 47 in total. 22 of the leavers were qualified nurses, 15 of which were band 5 nurses 9 of which had between 1 and 2 year's service. The overseas recruitment in conjunction with the cohort programme will replace these leavers over the next couple of months.

There is also a high number of admin vacancies and the focus to recruit to these posts will also be the priority over the next few months.

The average turnover rate for South London is 15.80% which we remain above.

Sickness (k7.03)

Sickness remains amber rated at 2.6% and has the lowest rate of all South London organisations. There are three Service Lines that are red rated; Elderly Care, Histopathology & Finance due to long term sickness in these areas. Nursing Assistants also continues to be the only staff group that is red rated, again due to high percentage of employees in this staff group on long term sick. The Ask HR team continue to monitor sickness triggers for employees and liaise with managers about non compliant staff.

Mandatory Training (k7.04)

Mandatory Training has reduced for the 4th month and is amber rated at 81.12%, and in danger of hitting the red rated zone. A focus on Conflict Training is required for Clinical staff as this is the subject with the least compliance. Focus needs to be on employees completing training before they come out of compliance. 107 employees in November and 139 employees in December didn't completed their Mandatory update and are now subsequently red rated. These staff need to be the focus next month to drive up compliance.

Appraisals (k7.05)

Appraisal compliance has risen to 82.08% but is now red rated as we haven't reached the 90% target set for the end of quarter 3. 16 Service Lines are red rated and these will be the focus over the next month to reach target.

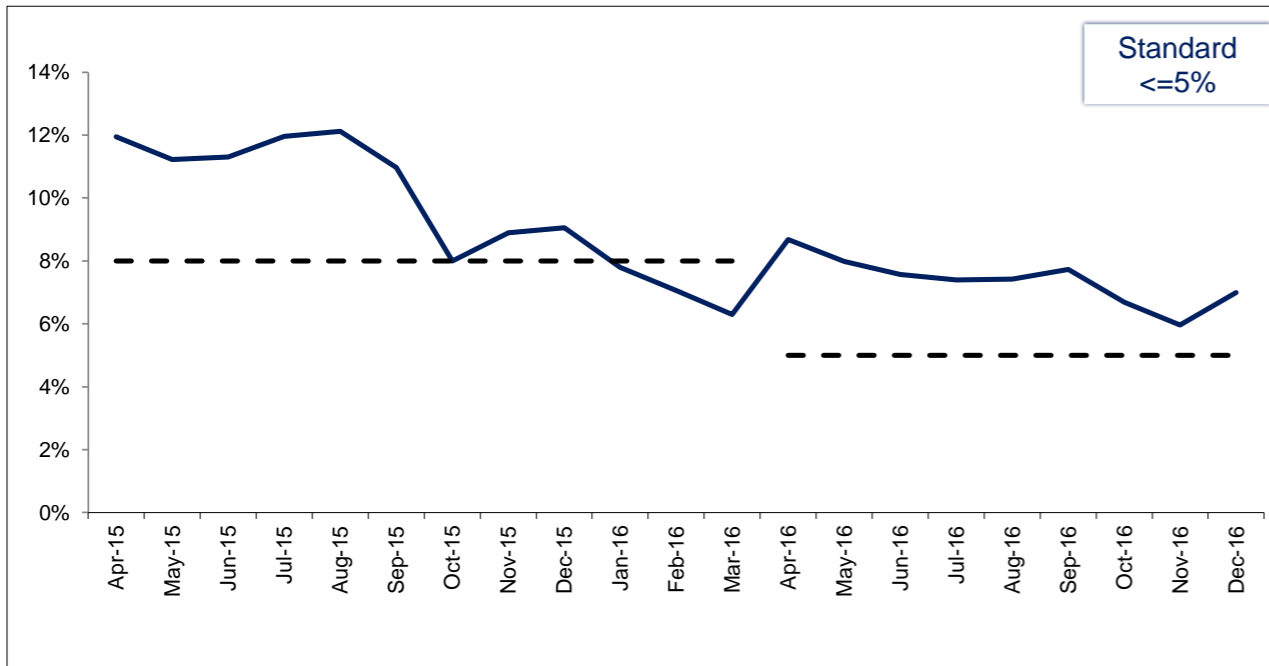
Flu Immunisation response rate (k7.06)

The Trust has now closed it's flu programme for the year. 66.1% of front line staff received their flu vaccine and so a partial CQUIN payment will be received.

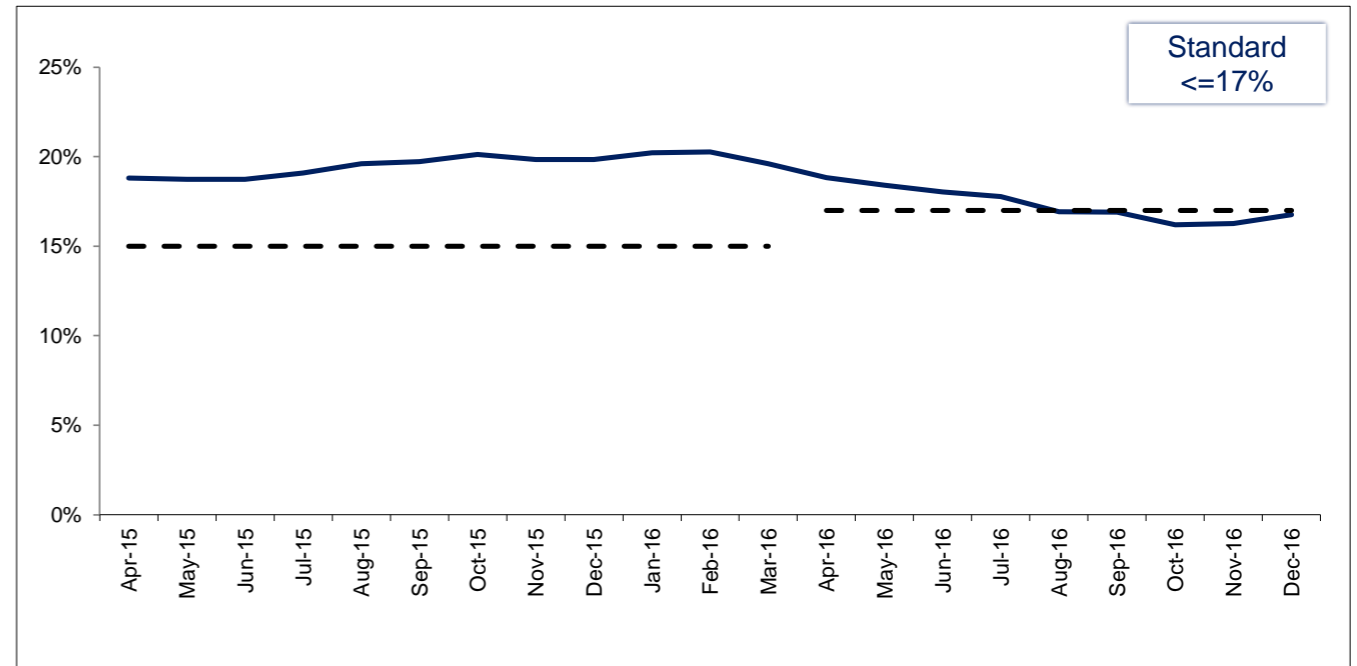
Staff Survey response rate (k7.09)

The staff survey has now closed and analysis will be available in February 2017.

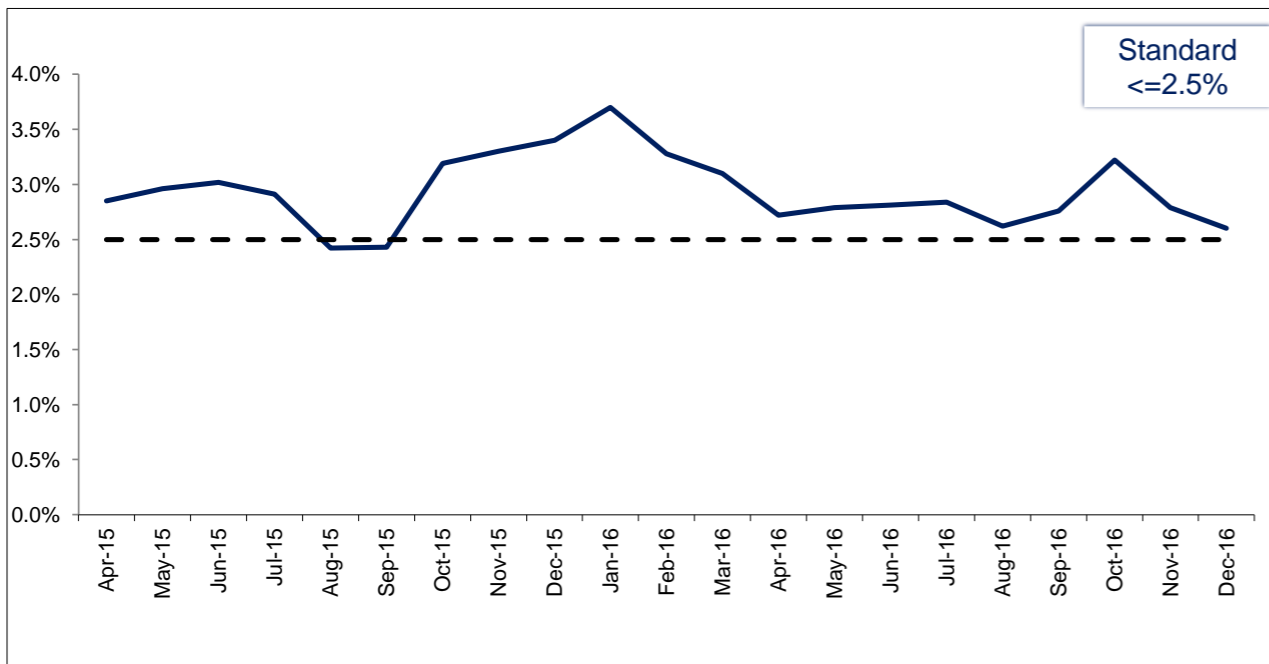
k7.01 | Vacancy rate



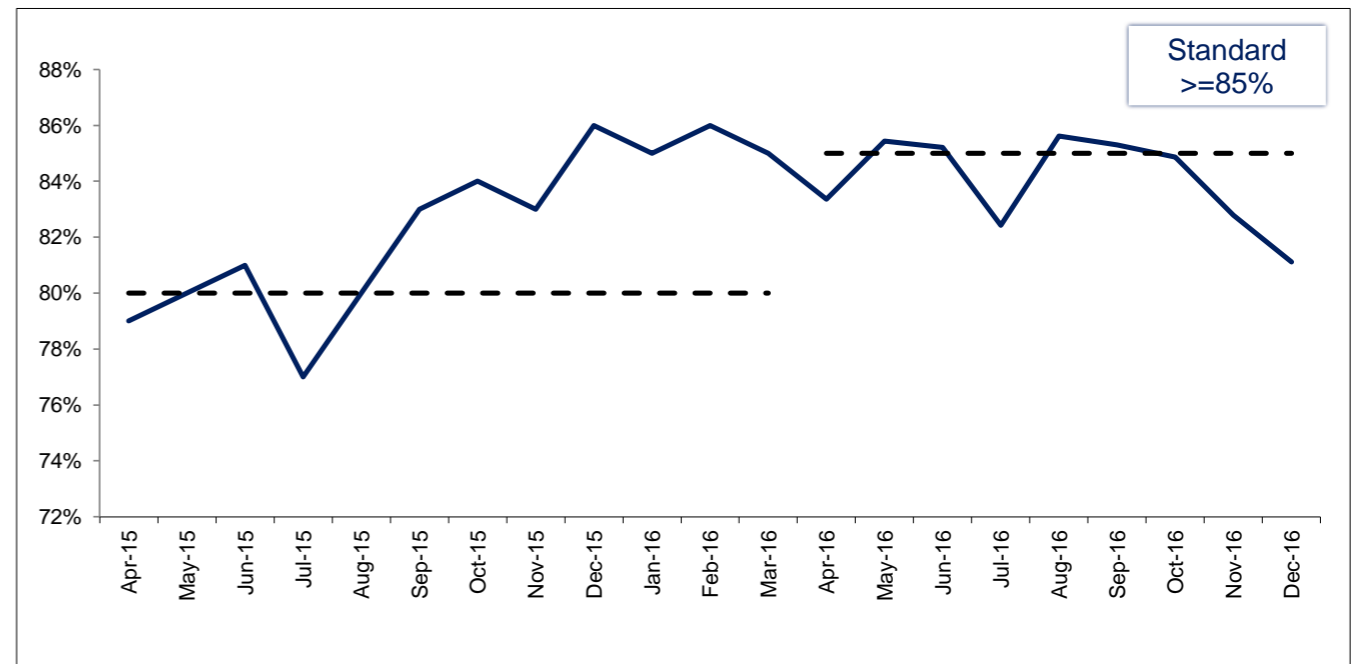
k7.02 | Turnover rate



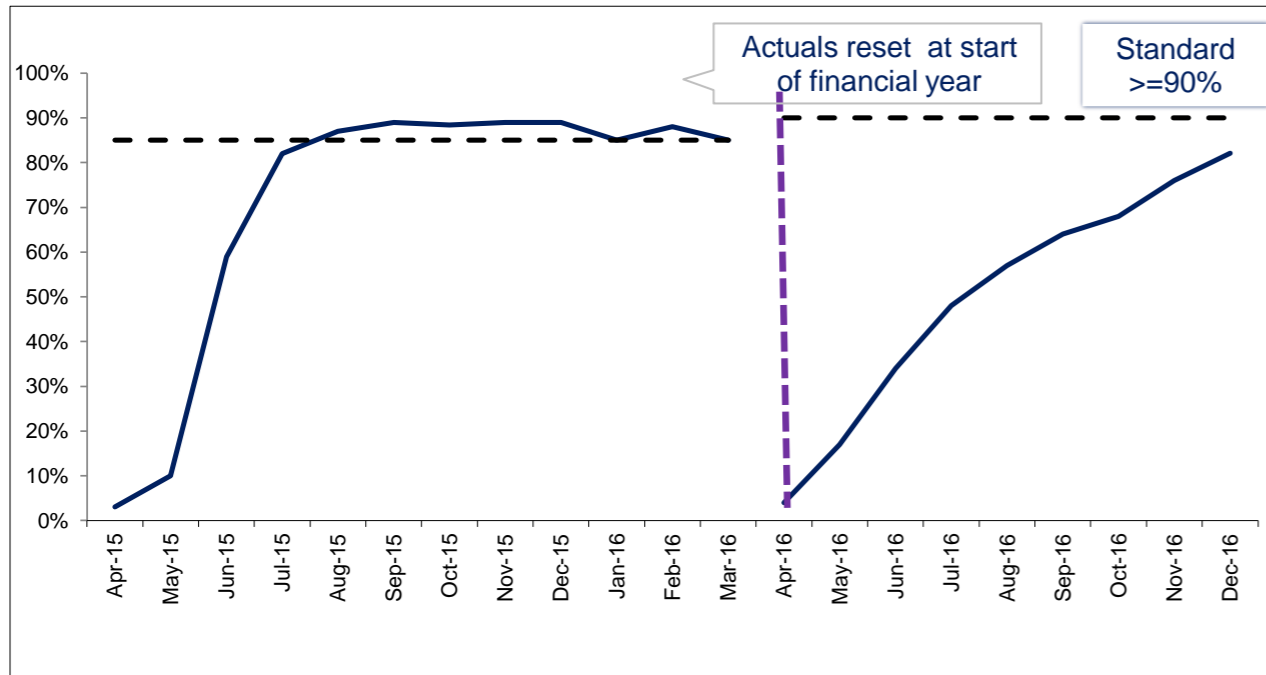
k7.03 | Sickness rate



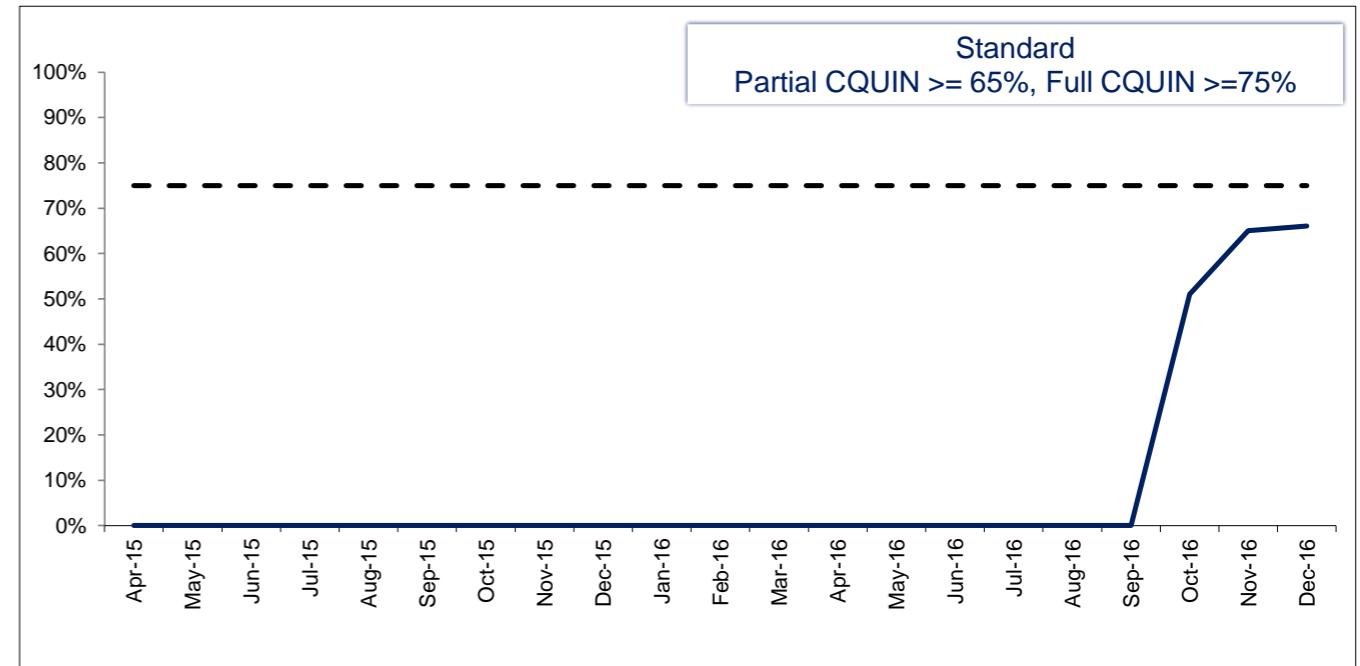
k7.04 | Mandatory training



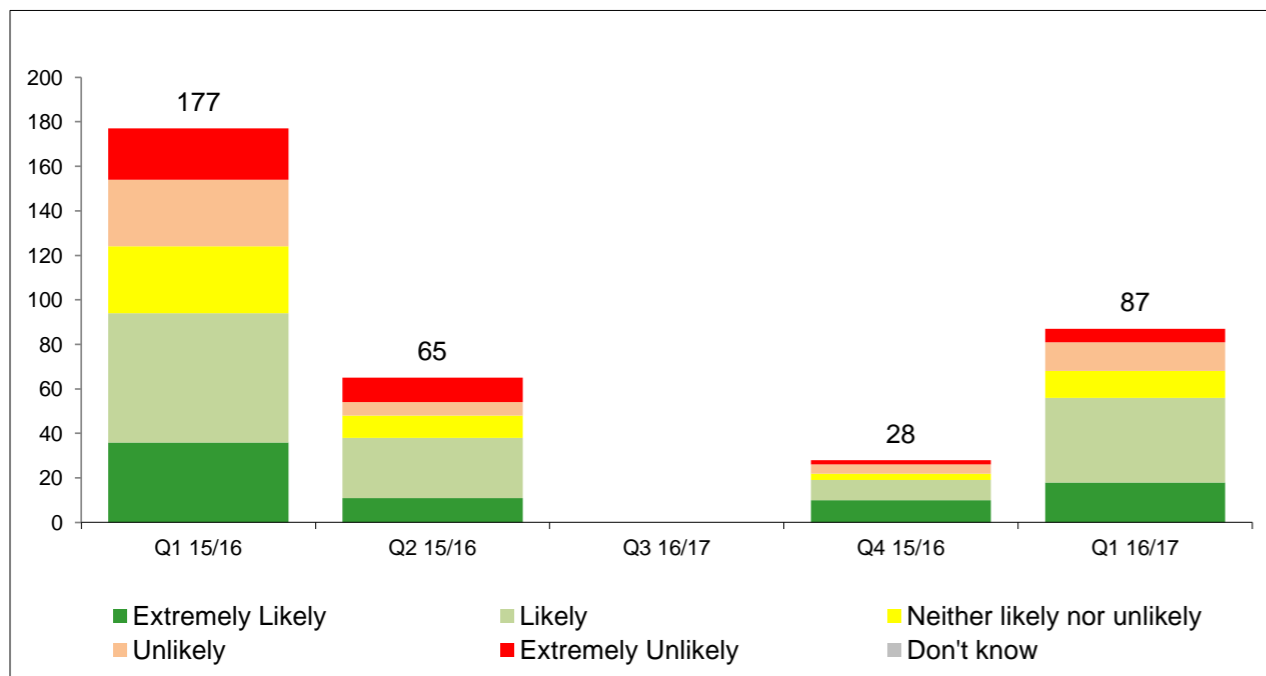
k7.05 | Appraisals / PDRs completed



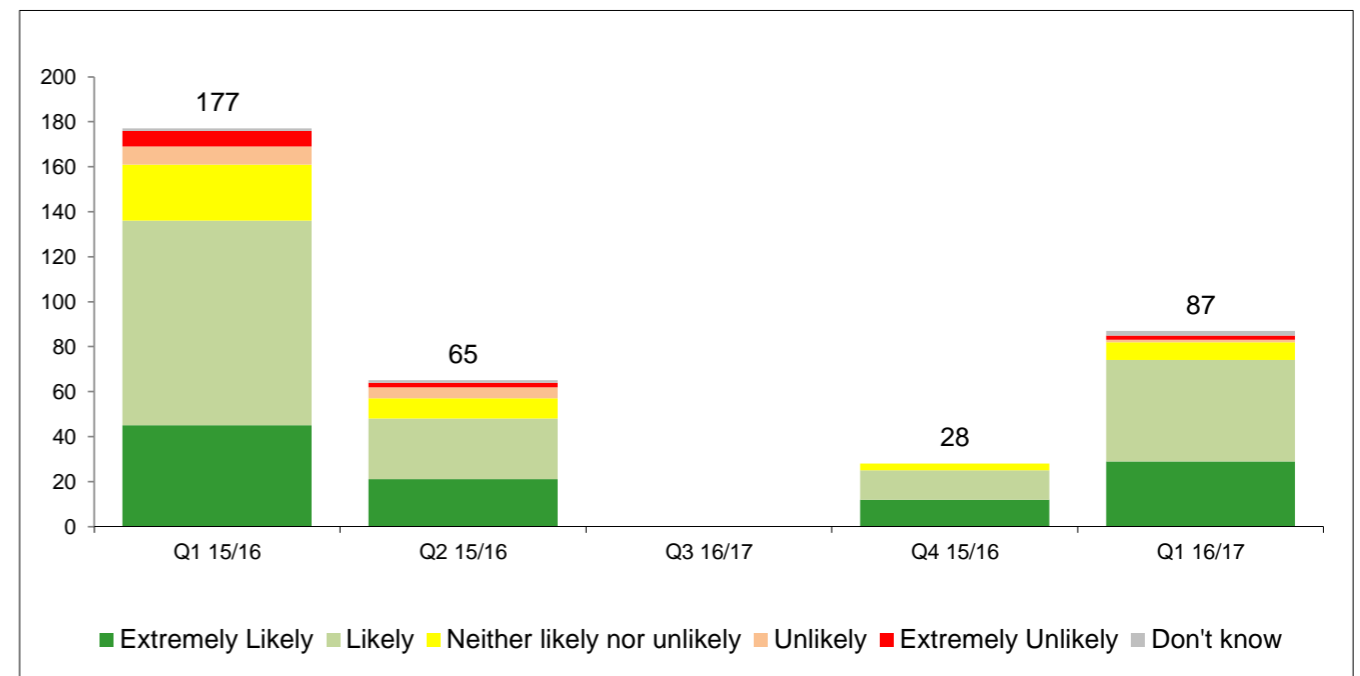
k7.06 | Flu Immunisation response rate



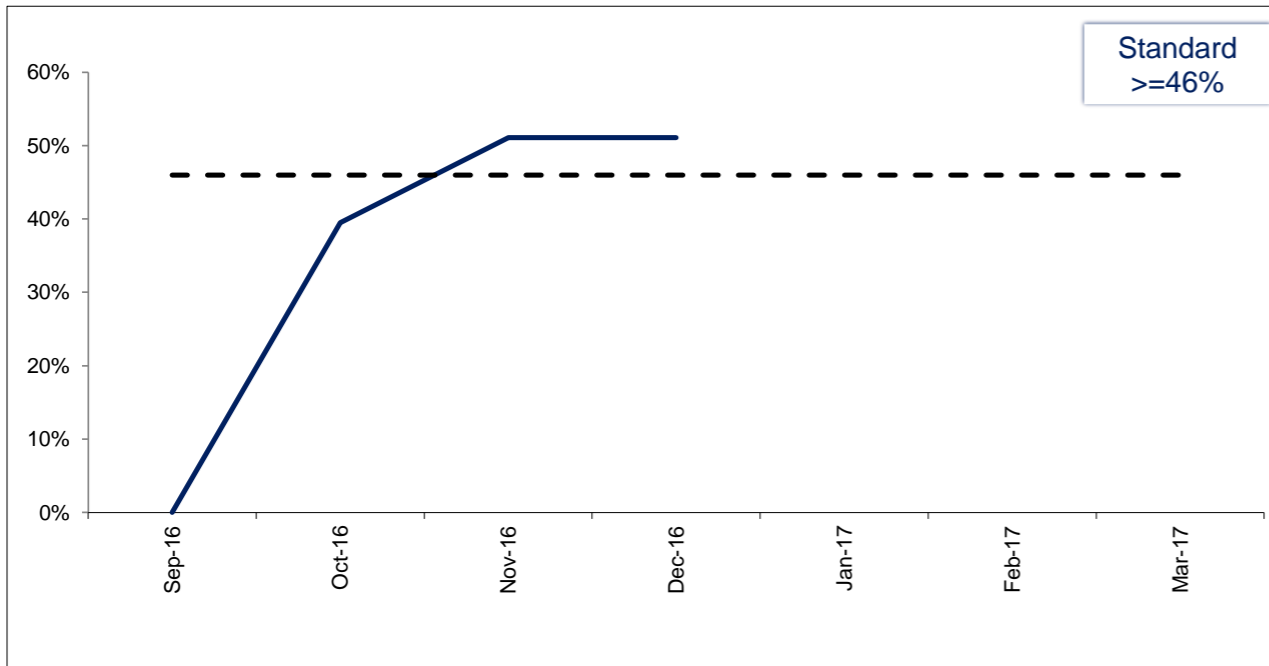
k7.07 | Staff Friends & Family Response Type - Work



k7.08 | Staff Friends & Family Response Type - Care



k7.09 | Staff Survey response rate



Domain / reference & metric	Exec Owner	Exception Report	Month												Unit	Standard	Performance											
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Safe

k1.01	Patients with hospital acquired pressure ulcers (Grades 3 & 4)	DB		Number	<=1 per month	0	1	1	3	0	0	1	3	1										10	20	
k1.02	Patients with hospital acquired pressure ulcers (Grades 3 & 4) per 1000 beddays	DB		Rate	<=0.1 per month	0.00	0.09	0.09	0.29	0.00	0.00	0.09	0.25	0.08										0.10	0.14	
k1.03	Patients with hospital acquired pressure ulcers (Grade 2)	DB		Number	<=3 per month	4	0	1	3	1	2	1	3	2										17	36	
k1.04	Patients with hospital acquired pressure ulcers (Grade 2) per 1000 beddays	DB		Rate	<=0.51 per month	0.35	0.00	0.09	0.29	0.10	0.18	0.09	0.25	0.17										0.17	0.26	
k1.05	MRSA Bacteraemias - Post 48 hour (hospital acquired)	DB		Number	=0 per month	0	0	0	0	0	0	0	1	0										1	2	
k1.06	MSSA Bacteraemias - Post 48 hour (Hospital Acquired)	DB		Number	<=1 per month	0	0	1	0	0	0	0	0	0										1	9	
k1.07	Clostridium difficile Infections - Post 72 hours (Hospital Acquired)	DB		Number	-	0	2	0	2	1	2	1	1	0										9	19	
k1.08	Clostridium difficile Infections - Post 72 hours (Hospital Acquired) due to Lapse in Care (confirmed cases)	DB		Number	<=9 per annum	0	0	0	0	0	1	0	0	0										1	3	
k1.09	Completed Patient Observations (NEWS) - Adult Inpatients	DB		%	>=97% per month	93.59%	92.99%	95.61%	94.90%	95.49%	98.35%	96.89%	97.76%	97.15%										95.8%	92.6%	
k1.10	Completed Patient Observations (NEWS) - Paediatric Inpatients	DB		%	-	79.17%		96.97%	78.26%	100.00%	100.00%	95.24%	100.00%	94.16%										91.7%	N/A	
k1.11	Patient Safety Thermometer - % Harm Free Care	DB		%	-	92.14%	93.56%	93.53%	91.46%	95.80%	95.54%	92.19%	92.74%											93.4%	94.4%	
k1.12	Number of Patient Safety Incident (PSI) Falls	JW		Number	<=58 per month	54	38	57	57	61	59	62	53	49										490	774	
k1.13	Number of Patient Safety incident Falls per 1000 (G&A) bed days	JW		Rate	<=5.3 per month	4.72	3.57	5.19	5.57	5.95	5.45	5.35	4.48	4.07										4.91	5.50	
k1.14	Number of Patient safety Incident Falls where moderate or severe harm occurred	JW		Number	<=6 per month	4	0	1	2	4	1	2	1	3										18	18	
k1.15	Number of Never Events	JW		Number	=0 per month	0	0	0	2	0	1	0	0	0										3	0	
k1.16	Number of Medication Incidents	JW		Number	-	49	49	46	60	65	65	60	50	32										476	718	
k1.17	% of Medication Incidents where Moderate or Severe Harm occurred	JW		%	<=4% per month	0.00%	0.00%	0.00%	1.67%	0.00%	0.00%	0.00%	0.00%	0.00%										0.2%	0.1%	
k1.18	Number of Serious Untoward Incidents	JW		Number	-	4	2	0	3	5	2	0	1	9										26	46	
k4.01	Safer Staffing: Day - Registered Midwives / Nurses Fill Rate	DB		%	-	98.16%	97.71%	99.77%	98.92%	97.78%	99.08%	100.25%	101.57%	99.11%										99.1%	94.0%	
k4.02	Safer Staffing: Day - Assistant Fill Rate	DB		%	-	139.48%	125.00%	114.12%	114.57%	116.62%	110.97%	115.26%	109.88%	105.76%											116.8%	119.4%
k4.03	Safer Staffing: Night - Registered Midwives / Nurses Fill Rate	DB		%	-	98.22%	99.47%	98.75%	99.91%	99.47%	100.63%	100.87%	101.16%	99.27%											99.7%	98.6%
k4.04	Safer Staffing: Night - Assistant Fill Rate	DB		%	-	145.53%	134.14%	122.87%	111.10%	122.06%	121.17%	118.84%	116.47%	113.38%											122.7%	114.9%
k4.05	Safer Staffing: Overall trust Fill Rate	DB		%	-	110.54%	106.85%	104.51%	103.37%	104.39%	104.16%	105.19%	104.55%	101.89%											105.0%	102.5%
k4.06	Safer Staffing: % of Registered Nurse and Midwife Expenditure on Agency Staff	DB		%	-	11.44%	9.15%	8.81%	7.36%	5.66%	6.40%	8.42%	5.07%	7.24%											7.8%	14.7%
k4.07	Safer Staffing: Care Hours per patient Day (CHPPD)	DB		Rate	-		8.63	8.06	8.23	8.05	7.72	7.59	7.53	7.33											7.87	N/A
k5.01	Maternity: Caesarean section rate	JW		%	<=26% per month	29.84%	30.85%	28.24%	24.84%	28.17%	30.37%	33.54%	31.01%	32.57%											29.9%	29.3%
k5.02	Maternity: % of women with a primary postpartum haemorrhage of 1500ml or more	JW		%	<3.1% per month	5.16%	3.52%	4.67%	5.48%	3.52%	2.71%	2.28%	2.71%	3.42%											3.7%	3.3%
k5.03	Maternity: % of women with a primary postpartum haemorrhage of 2000ml or more	JW		%	<=1% per month	2.02%	1.54%	1.70%	1.75%	1.54%	1.04%	0.62%	1.17%	1.37%											1.4%	1.1%

Domain / reference & metric	Exec Owner	Exception Report	Month												Unit	Standard	Year											
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Well-led

k7.01	Vacancy rate	KC	●●●●●●●●	%	<=5% per month	8.68%	7.98%	7.56%	7.40%	7.42%	7.73%	6.68%	5.96%	6.99%				7.4%	7.5%
k7.02	Turnover rate	KC	●●●●●●●●	%	<=17% per month	18.84%	18.40%	18.02%	17.77%	16.92%	16.91%	16.20%	16.27%	16.75%				17.3%	18.8%
k7.03	Sickness rate	KC	●●●●●●●●	%	<=2.5% per month	2.72%	2.79%	2.81%	2.84%	2.62%	2.76%	3.22%	2.79%	2.60%				2.8%	2.6%
k7.04	Mandatory Training	KC	●●●●●●●●	%	>=85% per month	83.35%	85.43%	85.21%	82.42%	85.61%	85.30%	84.86%	82.78%	81.12%				84.9%	77.0%
k7.05	Appraisals / PDRs completed	KC	●●●●●●●●	%	>=90% year end	4.00%	17.00%	34.00%	48.00%	57.00%	64.00%	68.00%	76.00%	82.08%				68.0%	84.6%
k7.06	Flu Immunisation response rate	KC	●●●●●●●●	%	>=75%							51.00%	65.00%	66.10%				51.0%	TBC
k7.07	Staff FFT Score - Work [reported quarterly]	KC		%	-			64.4%			0.0%							64.4%	55.9%
k7.08	Staff FFT Score - Care [reported quarterly]	KC		%	-			85.1%			0.0%							85.1%	77.4%
K7.07	Staff Survey response rate	KC	●●●●●●●●	%	>=46%							39.50%	51.10%	51.10%				51.1%	46.0%

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
Safe	k1.01	Patients with hospital acquired pressure ulcers (Grades 3 & 4)	Number of patients with a newly hospital acquired pressure ulcers (Grades 3 & 4)	Ulysses	
Safe	k1.02	Patients with hospital acquired pressure ulcers (Grades 3 & 4) per 1000 beddays	Number of patients with a newly hospital acquired pressure ulcers (Grades 3 & 4) divided by number of General and Acute (G&A) occupied beddays	(n) Ulysses (d) Internal bedstate summary	
Safe	k1.03	Patients with hospital acquired pressure ulcers (Grade 2)	Number of patients with hospital acquired pressure ulcers (Grade 2)	Ulysses	
Safe	k1.04	Number of patients with hospital acquired pressure ulcers (Grade 2) per 1000 beddays	Number of patients with a newly hospital acquired pressure ulcers (Grade 2) divided by number of General and Acute occupied beddays	(n) Ulysses (d) Internal bedstate summary	
Safe	k1.05	MRSA Bacteraemias - Post 48hour (Hospital Acquired)	Number of hospital acquired MRSA bacteraemia (admission to positive test >48 hours)	Infection Control team - as reported to PHE	
Safe	k1.06	MSSA Bacteraemias - Post 48hour (Hospital Acquired)	Number of hospital acquired MSSA bacteraemia (admission to positive test >48 hours)	Infection Control team - as reported to PHE	
Safe	k1.07	Clostridium difficile Infections - Post 72hours (Hospital Acquired)	Number of hospital acquired C diff bacteraemia (admission to positive test >72 hours)	Infection Control team - as reported to PHE	
Safe	k1.08	Clostridium difficile Infections - Post 72hours (Hospital Acquired) due to Lapse in Care (confirmed cases)	Number of Clostridium Difficile Infections acquired after being admitted for 3 or more days, which are attributable to a lapse in care	Infection Control team - as reported to PHE	
Safe	k1.09	Completed Patient Observations (NEWS) - Adult Inpatients	The percentage of patients who have received 2 or more completed sets of NEWS observations within a 24 hour period - Inpatients Only (Excluding Paeds)	Clinical Audit	
Safe	k1.10	Completed Patient Observations (NEWS) - Paediatric Inpatients	The percentage of patients who have received 2 or more completed sets of NEWS observations within a 24 hour period - Paeds only	Clinical Audit	
Safe	k1.11	Patient Safety Thermometer - % Harm Free Care	% of patients audited on Patient Safety Thermometer where no harm recorded. Harms relate to falls, pressure ulcers, hospital-acquired VTE, or UTIs as the result of a catheter	Patient Safety Thermometer	
Safe	k1.12	Number of Patient Safety Incident (PSI) Falls	Number of falls reported	Ulysses	
Safe	k1.13	Number of Patient Safety Incident Falls per 1000 G&A beddays	Number of reported falls divided by number of General and Acute (G&A) occupied beddays	(n) Ulysses (d) Internal bedstate summary	
Safe	k1.14	Number of Patient Safety Incident Falls where moderate or severe harm occurred	Includes falls resulting in moderate harm to severe harm/death	Ulysses	
Safe	k1.15	Number of Never Events	"Never events" are very serious, largely preventable patient safety incidents that should not occur if the relevant preventative measures have been put in place.		

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
Safe	k1.16	Number of Medication Incidents	The number of incidents which actually caused harm or had the potential to cause harm involving an error in administering, prescribing, preparing, dispensing or monitoring medication.	Ulysses	
Safe	k1.17	% of Medication Incidents Where Moderate or Severe Harm Occurred	The number of Medication Incidents Where Moderate or Severe Harm Occurred divided by the total Number of Medication Incidents	Ulysses	
Safe	k1.18	Number of Serious Untoward Incidents	Total number of serious untoward incidents reported	Ulysses	
Effective	k2.01	Standardised healthcare mortality index (SHMI) - most recent score	This ratio demonstrates the ratio between the actual number of deaths following hospital care in relation to the number of patients who were expected to die based on the patient's characteristics and comorbidities	HSCIC	
Effective	k2.02	Unadjusted Mortality Rate	The number of deaths as a percentage of all discharges, including daycase patients	CRS	
Effective	k2.03	Sepsis - % of eligible patients screened for sepsis - Emergency Dept.	The percentage of patients sampled who met the criteria of the local protocol and were screened for sepsis.	Clinical Audit	
Effective	k2.04	Sepsis - % of eligible patients who received antibiotics within 1 hour of arrival	The total number of patients sampled who received antibiotics within 1 hour of arrival as a percentage of those who should have received antibiotics within 1 hour of arrival.	Clinical Audit	
Effective	k2.05	VTE Assessments (Trust)	Percentage of patients risk-assessed for Venous-Thromboembolism within 24 hours of admission	CRS	
Effective	k2.06	Incidence of Hospital Acquired VTE (HAT)	Number of recorded instances of VTE acquired while admitted	Ulysses	
Effective	k2.07	% of eligible patients screened for dementia	Of the patients who were eligible to be screened for dementia (aged 75 and with a length of stay of 72 hours or greater), how many were screened	Clinical Audit	
Effective	k2.08	% of patients with dementia who were properly assessed	Of the patients who were identified using the dementia screening assessments, how many were appropriately assessed.	Clinical Audit	
Effective	k2.09	% emergency readmissions following elective admission - 30 days	Percentage of patients re-admitted within 30 days of a previous elective admission	CRS	
Effective	k2.10	% emergency readmissions following emergency admission - 30 days	Percentage of patients re-admitted within 30 days of a previous emergency admission	CRS	
Effective	k2.11	Hand Hygiene	Compliance rate with the Infection Control Saving Lives Audit	Infection Control	
Effective	k2.12	Open Incidents - % of managers reports completed within 10 days	Percentage of Incidents Recorded on Ulysses that have been completed within appropriate time frame	Ulysses	

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
Patient Experience	k3.01	Number of complaints received this month	Number of complaints received this month	Ulysses	
Patient Experience	k3.02	Number of complaints reopened this month	Number of complaints reopened this month	Ulysses	
Patient Experience	k3.03	Number of complaints referred to ombudsman this month	Number of complaints referred to ombudsman this month	Ulysses	
Patient Experience	k3.04	% complaints responded to within 25 working days	Percentage of complaints that have received a response within the agreed time frame	Ulysses	
Patient Experience	k3.05	Friends and Family Score - Trust	Number of patients who would recommend the Trust to friends and family, as a percentage of all respondents.	FFT	
Patient Experience	k3.06	Friends and Family Score - Inpatient (excluding daycases)	Number of patients who would recommend the Trust to friends and family, as a percentage of all respondents.	FFT	
Patient Experience	k3.07	Friends and Family Score - Paediatric Inpatient	Number of patients who would recommend the Trust to friends and family, as a percentage of all respondents.	FFT	
Patient Experience	k3.08	Friends and Family Score - Outpatient	Number of patients who would recommend the Trust to friends and family, as a percentage of all respondents.	FFT	
Patient Experience	k3.09	Friends and Family Score - A&E	Number of patients who would recommend the Trust to friends and family, as a percentage of all respondents.	FFT	
Patient Experience	k3.10	Friends and Family Score - Maternity	Number of patients who would recommend the Trust to friends and family, as a percentage of all respondents.	FFT	
Patient Experience	k3.11	Friends and Family Score - Daycases	Number of patients who would recommend the Trust to friends and family, as a percentage of all respondents.	FFT	
Patient Experience	k3.12	Friends and Family Score - Dementia Carers	Number of carers of patients with dementia who would recommend the Trust to friends and family, as a percentage of all respondents.	FFT	
Patient Experience	k3.13	Number of Mixed Sex accommodation breaches	Number of Mixed Sex accommodation breaches	CRS	
Safer Staffing	k4.01	Safer Staffing - Day - Registered Midwives / Nurses fill rate	Total hours worked by registered nurses and midwives as a percentage of the planned hours - Day shift	HealthRoster	
Safer Staffing	k4.02	Safer Staffing - Day - Assistant Fill Rate	Total hours worked by healthcare assistants as a percentage of the planned hours - Day shift	HealthRoster	

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
Safer Staffing	k4.03	Safer Staffing - Night - Registered Midwives / Nurses fill rate	Total hours worked by registered nurses and midwives as a percentage of the planned hours - Night shift	HealthRoster	
Safer Staffing	k4.04	Safer Staffing - Night - Assistant Fill Rate	Total hours worked by healthcare assistants as a percentage of the planned hours - Night shift	HealthRoster	
Safer Staffing	k4.05	Safer Staffing - Overall trust fill rate	Total hours worked as a percentage of the planned hours - All shifts	HealthRoster	
Safer Staffing	k4.06	Safer Staffing - % of Registered Nurse and Midwife expenditure on agency staff	Safer Staffing - % of Registered Nurse and Midwife expenditure on agency staff	HealthRoster	
Safer Staffing	k4.07	Safer Staffing - Care Hours per Patient Day	Total hours worked by staff proportionate to the number of occupied beds at midnight	HealthRoster/CRS	
Maternity	k5.01	Maternity - Caesarean section rate	Percentage of caesarian sections relative to all births	CRS/Maternity Forms	
Maternity	k5.02	Maternity - % of women with a primary postpartum haemorrhage of 1500ml or more	Maternity - % of women with a primary postpartum haemorrhage of 1500ml or more	CRS/Maternity Forms	
Maternity	k5.03	Maternity - % of women with a primary postpartum haemorrhage of 2000ml or more	Maternity - % of women with a primary postpartum haemorrhage of 2000ml or more	CRS/Maternity Forms	
Maternity	k5.04	Maternity - Significant Perineal Trauma	Maternity - Significant Perineal Trauma	CRS/Maternity Forms	
Responsive	k6.01	Average length of stay (ALOS) - Emergency Admissions	The mean length of stay for patients, calculated by dividing the total inpatient days by the number of discharges	CRS	
Responsive	k6.02	Referral to Treatment (RTT) within 18 weeks - incomplete pathways	RTT 18 weeks - incomplete pathway	UNIFY2 / NHS England	
Responsive	k6.03	RTT 18 weeks - incomplete pathway 52+ week waiters	RTT 18 weeks - incomplete pathway 52+ week waiters	UNIFY2 / NHS England	
Responsive	k6.04	Diagnostic test waiting times	Diagnostic test waiting times	UNIFY2 / NHS England	
Responsive	k6.05	A&E 4 hour waiting time (type 1)	Percentage of patients who received treatment and were admitted or discharged within 4 hours of arrival - Main A&E Only	UNIFY2 / NHS England	
Responsive	k6.06	A&E 4 hour waiting time (all types)	Percentage of patients who received treatment and were admitted or discharged within 4 hours of arrival - Both Main A&E and Royal Eye Unit	UNIFY2 / NHS England	

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
Responsive	k6.07	A&E 12 hour trolley waits	A&E 12 hour trolley waits	UNIFY2 / NHS England	
Responsive	k6.08	London Ambulance Service (LAS) Handovers - % within 15 minutes	Percentage of Ambulance handovers completed within 15 minutes of Arrival at A&E	LAS portal	
Responsive	k6.09	LAS Ambulance Handovers - 30 min waits	LAS Ambulance Handovers - 30 min waits	LAS portal	
Responsive	k6.10	LAS Ambulance Handovers - 60 min waits	LAS Ambulance Handovers - 60 min waits	LAS portal	
Responsive	k6.11	Cancer - Two week wait	Percentage of patients seen by a specialist within two weeks of an urgent GP referral for suspected cancer	Infoflex	
Responsive	k6.12	Cancer - Two week referral to 1st outpatient - breast symptoms	Percentage of patients seen by a specialist within two weeks of an urgent GP referral for suspected breast cancer	Infoflex	
Responsive	k6.13	Cancer - Patients receiving first definitive treatment within one month (31 days) of a cancer diagnosis	Percentage of patients who began first definitive treatment within 31 days of receiving a cancer diagnosis	Infoflex	
Responsive	k6.14	Cancer - 31 day second or subsequent treatment - drug	Percentage of patients who began treatment within 31 days of diagnosis, where the required treatment was an anti-cancer drug regimen	Infoflex	
Responsive	k6.15	Cancer - 31 day second or subsequent treatment - surgery	Percentage of patients who began treatment within 31 days of diagnosis, where the required treatment was surgery	Infoflex	
Responsive	k6.16	Cancer - Two month urgent referral to treatment wait	Percentage of patients treated within two months of an urgent GP referral	Infoflex	
Responsive	k6.17	Cancer - 62 day wait for first treatment following referral from an NHS Cancer Screening Service	Percentage of patients treated within two months of an urgent referral from an NHS Cancer Screening Service	Infoflex	
Responsive	k6.18	62-Day Wait for First Treatment Following Referral from Consultant Upgrade	Percentage of patients treated within two months of a consultant's decision to upgrade their priority	Infoflex	
Responsive	k6.19	Delayed transfers of care (number)	Number of patients whose transfer is delayed at midnight on the last Thursday of the month		
Responsive	k6.20	Delayed transfers of care (bed days)	Number of General and Acute (G&A) occupied beddays		
Responsive	k6.21	Delayed transfers of care (rate per occupied bed days)	Delayed transfers per 1,000 bed days		

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
Responsive	k6.22	Number of last minute cancelled operations	Number of operations cancelled within 24 hours of the planned operation		
Responsive	k6.23	Number of patients not treated within 28 days of last minute cancellation	Number of patients not treated within 28 days of last minute cancellation		
Enablers	k7.01	Vacancy rate	Vacancy rate	Human Resources	
Enablers	k7.02	Turnover rate	Turnover rate	Human Resources	
Enablers	k7.03	Sickness rate	Sickness rate	Human Resources	
Enablers	k7.04	Mandatory Training	Mandatory Training	Human Resources	
Enablers	k7.05	Appraisals / PDRs completed	Appraisals / PDRs completed	Human Resources	
Enablers	k7.06	Flu Immunisation	Percentage of staff who have received the flu vaccination	Human Resources	
Enablers	k7.07	Staff FFT (Work) - Score	Percentage of staff who would recommend the Trust to friends and family as a place to work	NHS England	
Enablers	k7.08	Staff FFT (Care) - Score	Percentage of staff who would recommend the Trust to friends and family if they needed care or treatment	NHS England	
Enablers	k7.09	Staff Survey - Response Rate	Percentage of staff who completed the survey, of those who were asked to complete it	Human Resources	Annual Survey