Kingston Hospital
NHS Foundation Trust

Integrated Quality and Operational Compliance Report

October 2018

Living our values everyday

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Pressure Ulcers
Author: Berenice Constable, Head of Nursing, Unplanned Care Division

- Four patients had Trust acquired pressure ulcers in October 2018 of these 3 were Stage 3 and 1 Stage 2.
- Following investigation and presentation to PUMP, 3 were found to have resulted due to a lapse in care. Action plans have been developed to ensure that the risk of potential damage has been minimised.
- There were no device related pressure ulcers reported in October. 2018

Pressure Ulcer Awareness Day has been organised to coincide with International Stop Pressure Ulcer day on 15th November 2018. The Tissue Viability Team and TV link nurses will be providing training throughout the hospital regarding the importance of pressure ulcer prevention

- The Pressure Area Management Policy consultation period has been completed and the policy will be approved through relevant committees.
- Good progress is being made to deliver all recommendations detailed in the NHSI pressure ulcer management recommendations published in July 2018.

Falls
Author: Berenice Constable, Head of Nursing, Unplanned Care Division
The number of Falls reported in October 2018 was 58 a reduction from September 2018 (66). There were no falls with harm. Work continues through the Falls Prevention Group to reduce falls and the group is moving forward with the plans for the Falls Focus Patient Safety event 13th November 2018. Focused attention with deep dives is being delivered in areas noted to have a higher incidence of falls or an unexpected increase. Any themes in the cause of falls or specific resulting actions are being shared during the Falls Focus Event.

The Slips Trips and Falls Inpatient Policy has been reviewed and updated to include the recent introduction of Yellow Socks and changes to the assessment of patients at risk of falls. The Trust has signed up to take part in the National Audit of Inpatient Falls (NAIF) with organisational data collection taking place throughout December 2018, the clinical audit will follow in January 2019.

Infection Control
Author: Fran Brooke-Pearce, CNS Infection Prevention & Control .

- There were no Trust apportioned MRSA bacteraemia in October 2018.
- There was one MSSA bacteraemia in AAU in a patient with multiple comorbidities which probably related to a femoral line insertion.
- There was one Trust-apportioned Clostridium difficile toxin infection in ITU in a patient who had a laparotomy for perforated diverticulitis and peritonitis, emergency Hartman's procedure and colostomy. Repeated antibiotics were required and approved following Consultant microbiologist advice.
- There were four Trust apportioned E.coli bacteraemia. Two had a likely primary source in the urinary tract, one had a likely primary source in the gastrointestinal system and one had a likely primary source in the hepatobiliary system due to cholecystitis.
- There were three cases of confirmed Norovirus, one in Bronte ward and two in Hardy ward.
- There were five cases of confirmed flu, three in AAU, one in ED and one in Sunshine ward.

Serious Incidents
Author: Melanie Whitfield, Head of Patient Safety, Governance and Risk
In October 2018:

- 3 new Serious Incidents were reported.
- 5 Serious Incidents were closed during the reporting period.
- As at 31st October 2018 there were 4 open/ongoing SI investigations.

Maternity
Author: Susana Pereira, Maternity Clinical Lead
LSCS rate:
The LSCS rate having reached a peak over April-June 2018, has once again fallen slightly, but there has been no overall change for the last 2 years. Maternity has taken the approach to respect and support patients that request elective caesarean sections with no medical indication and at the same time reduce the chances of unnecessary intervention intrapartum for those who aim for a safe vaginal delivery. It is then crucial that the caesarean section rates are divided into elective and emergency rates for better understanding of the impact of this policy and on going quality improvement projects. The intrapartum caesarean section rate has 2 components: first and second stage of labour. There is an ongoing improvement project aiming to reduce caesarean section in the second stage of labour. These deliveries represent a small proportion of the emergency caesarean sections but are those related with a higher rate of complications including major PPH (postpartum bleeding). Several PDSA cycles have been done and the data shows a trend towards reduction of second stage caesarean sections but the numbers are still within normal variation so it is early to conclude the success of the initiatives put in place . To achieve a major impact on intrapartum caesarean section rates a reduction in caesarean section in the first stage of labour would be required. The team is working on a business case to introduce STAN (S-T analysis technology for intrapartum fetal monitoring). There is evidence that STAN can reduce the number of caesarean sections and instrumental deliveries for suspected fetal distress.

PPH rates:
PPH rates have increased over the past year, as has been noted generally within the UK (MBRRACE 2018).
The maternity unit recently completed an audit of notes to ascertain any reversible causative factors for PPH. Two themes were identified:-
1) Delay in recognition of abnormal insidious bleeding after delivery
2) A clear association of PPH with instrumental deliveries, especially forceps, and to a less extent caesarean sections.
It is therefore likely that interventions in reducing caesarean sections and instrumental deliveries will have also a positive impact in PPH rates. A multidisciplinary team is now looking at possible interventions within the quality improvement framework to increase early recognition of abnormal bleeding following delivery. The audit also concluded that once the PPH is recognised and declared the management is timely and appropriated.

Safe

Safer Staffing : Ward and Shift Analysis

October 2018

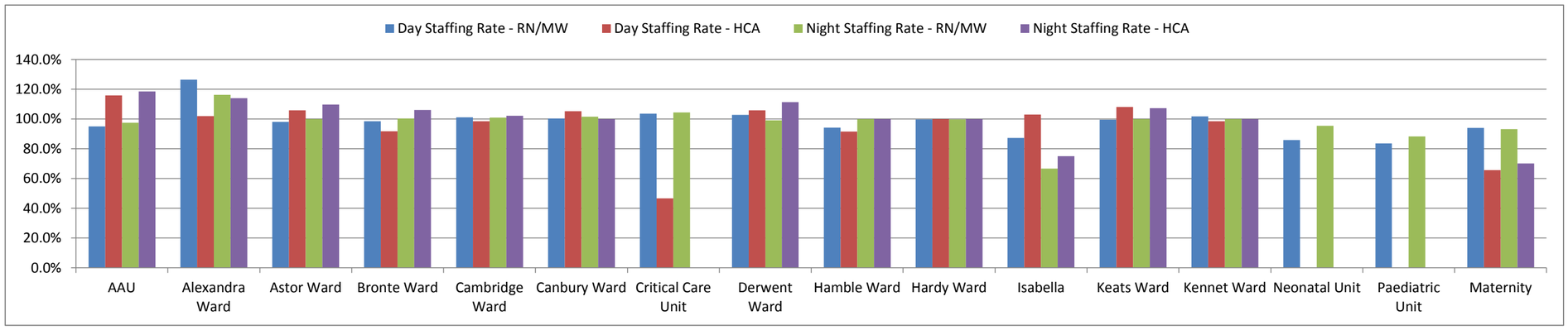
Author: Nichola Kane, Deputy Director of Nursing

The safer staffing group continues to meet bi-weekly. The group are currently focusing the integration of the first Nursing Associates, who are due to qualify early next year. We have also successfully recruited a further 13 trainee Nursing Associates and they are due to commence their training mid-December.

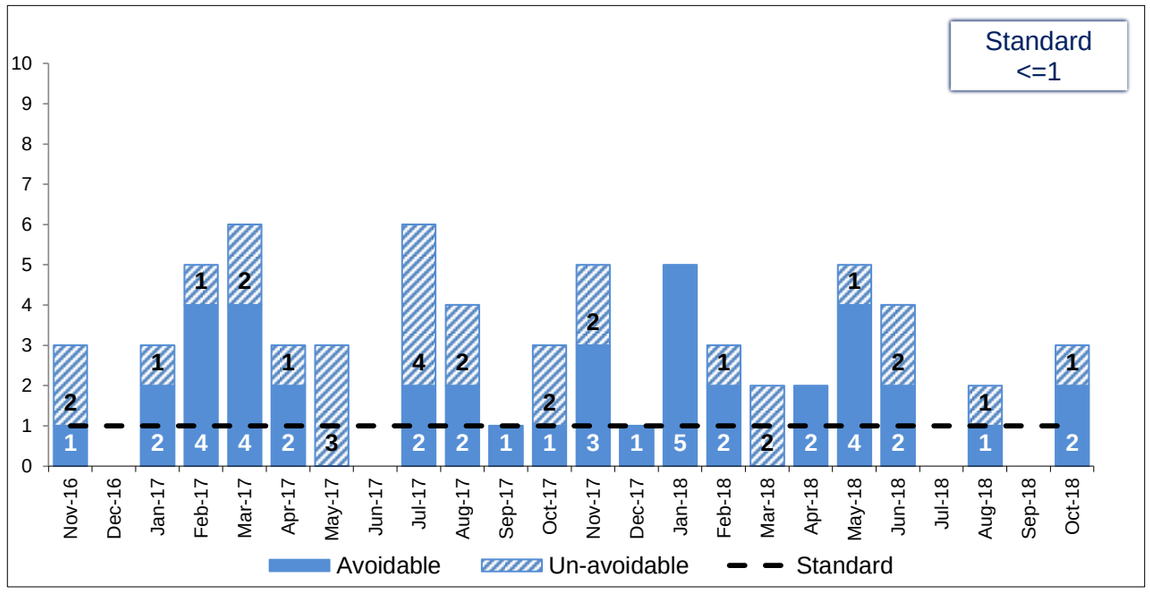
Where the data indicates over 100% compliance this is related to 1:1 and enhanced supervision required for specific patients. Any additional staff, over the agreed establishment to support safety is monitored robustly by the relevant matron for that area and agreed by the Head of Nursing for the Division.

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	95.0%	115.8%	97.6%	118.5%	3.3
Alexandra Ward	126.3%	102.0%	116.1%	114.0%	7.6
Astor Ward	98.1%	105.7%	100.0%	109.7%	0.0
Bronte Ward	98.5%	91.8%	100.3%	106.0%	5.4
Cambridge Ward	101.2%	98.4%	100.9%	102.2%	7.4
Canbury Ward	100.3%	105.2%	101.6%	100.0%	7.6
Critical Care Unit	103.6%	46.8%	104.5%		32.0
Derwent Ward	102.7%	105.8%	99.0%	111.3%	5.6
Hamble Ward	94.2%	91.6%	100.0%	99.9%	5.3
Hardy Ward	99.7%	99.9%	99.8%	100.0%	6.2
Isabella	87.2%	102.9%	66.7%	75.0%	7.5
Keats Ward	99.6%	108.1%	100.0%	107.3%	6.5
Kennet Ward	101.7%	98.5%	100.0%	100.0%	5.3
Neonatal Unit	85.8%		95.5%		2.4
Paediatric Unit	83.5%	0.0%	88.2%	0.0%	4.8
Maternity	94.0%	65.7%	93.2%	70.0%	13.9
Trust Average	**92.6%**	**86.0%**	**93.4%**	**90.2%**	**8.0**

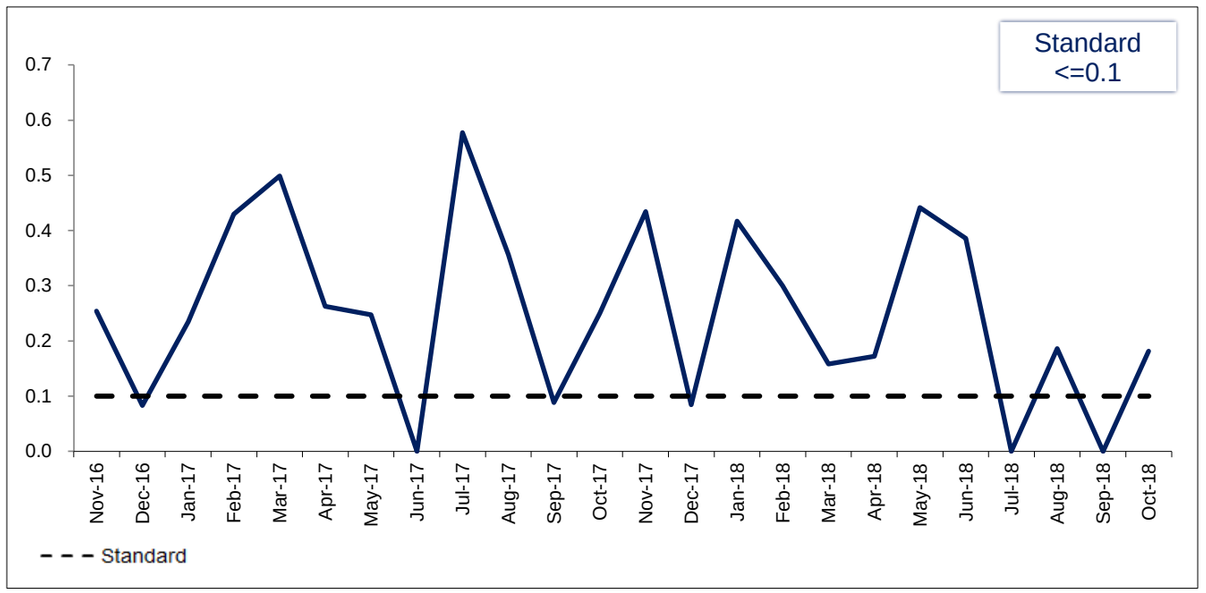
Key	
RN	Registered Nurse
MW	Registered Midwife
HCA	Healthcare Assistant



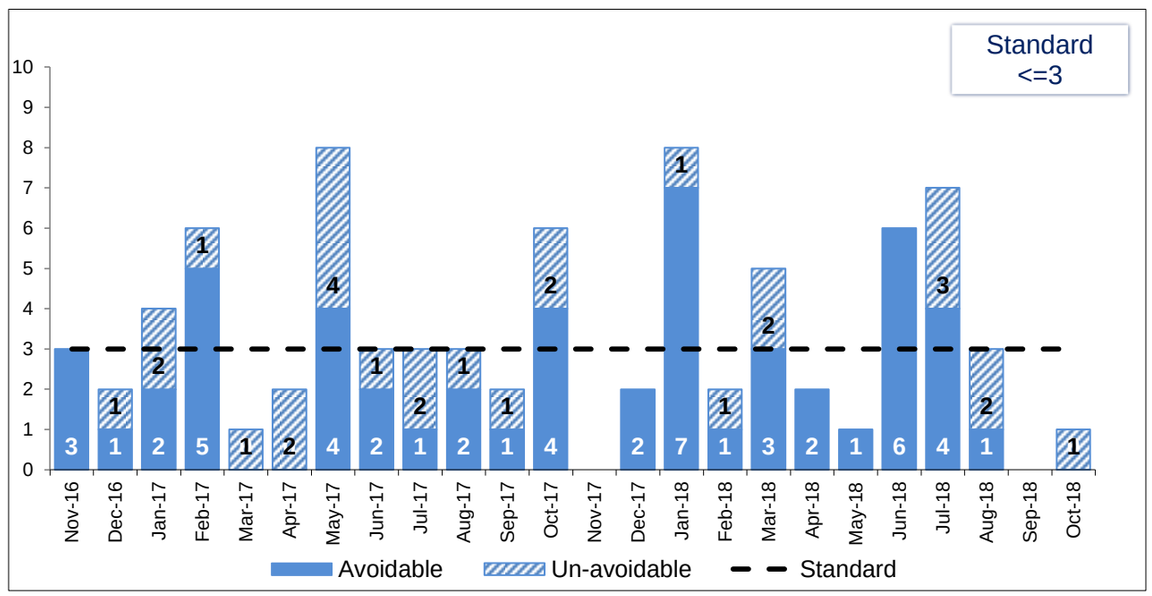
k1.01 | Number of patients with hospital acquired pressure ulcers (Grade 3&4)



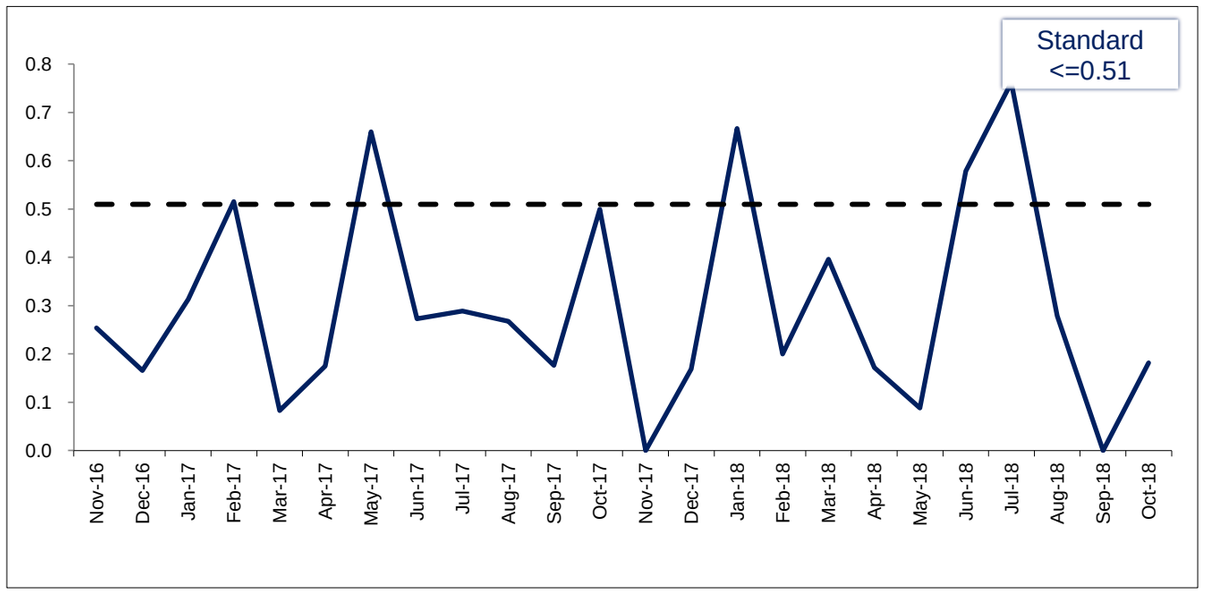
k1.02 | Number of patients with hospital acquired pressure ulcers (Grade 3&4) per 1000 beddays



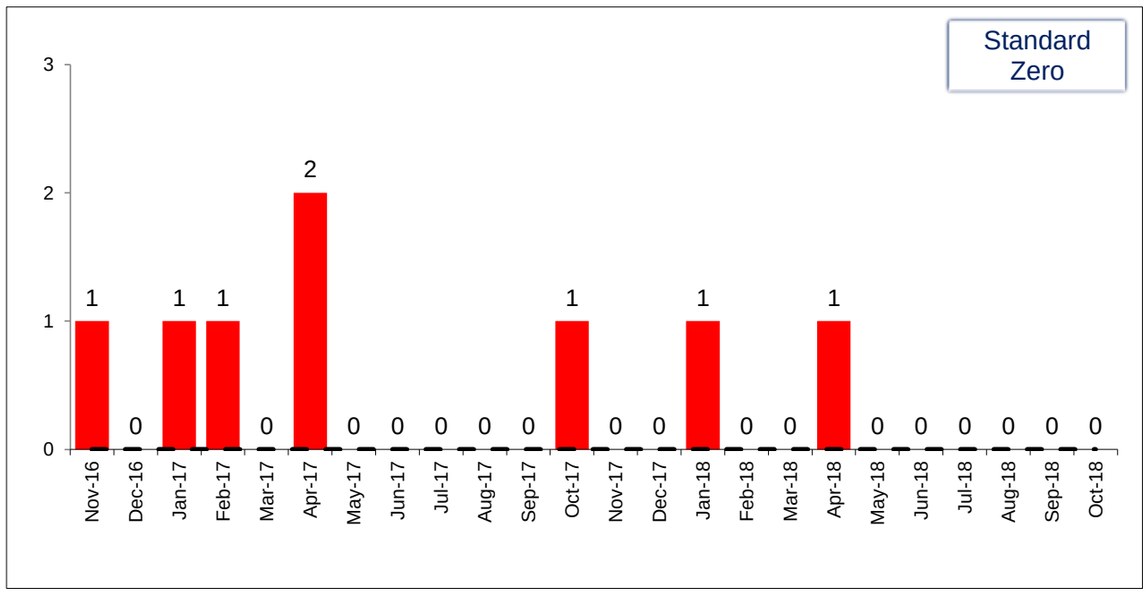
k1.03 | Number of patients with hospital acquired pressure ulcers (Grade 2)



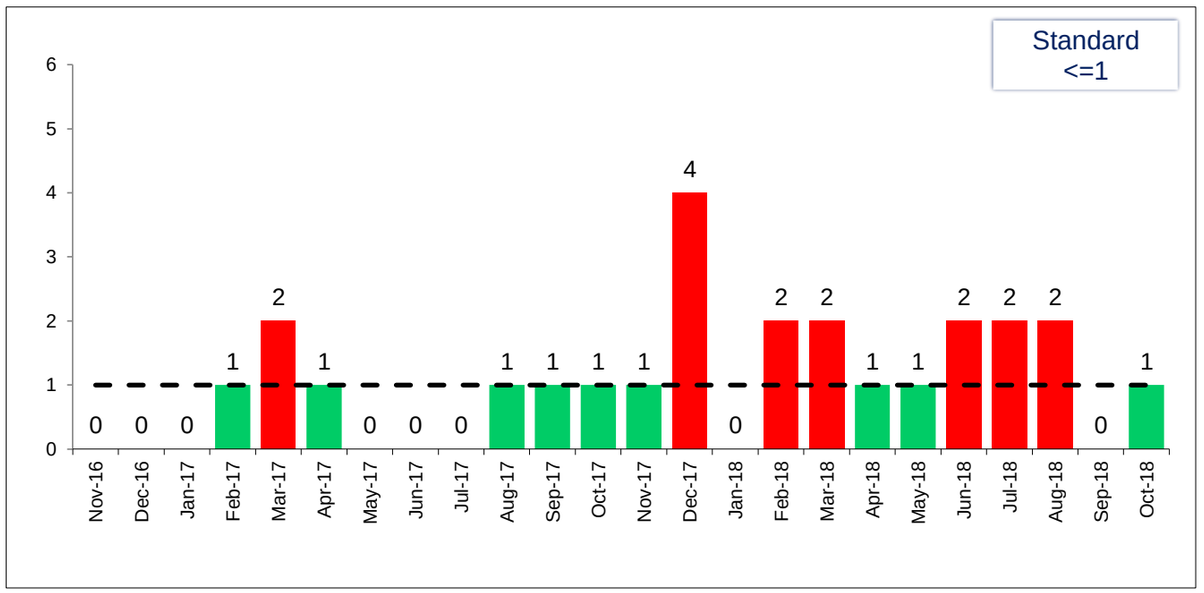
k.1.04 | Number of patients with hospital acquired pressure ulcers (Grade 2) per 1000 beddays



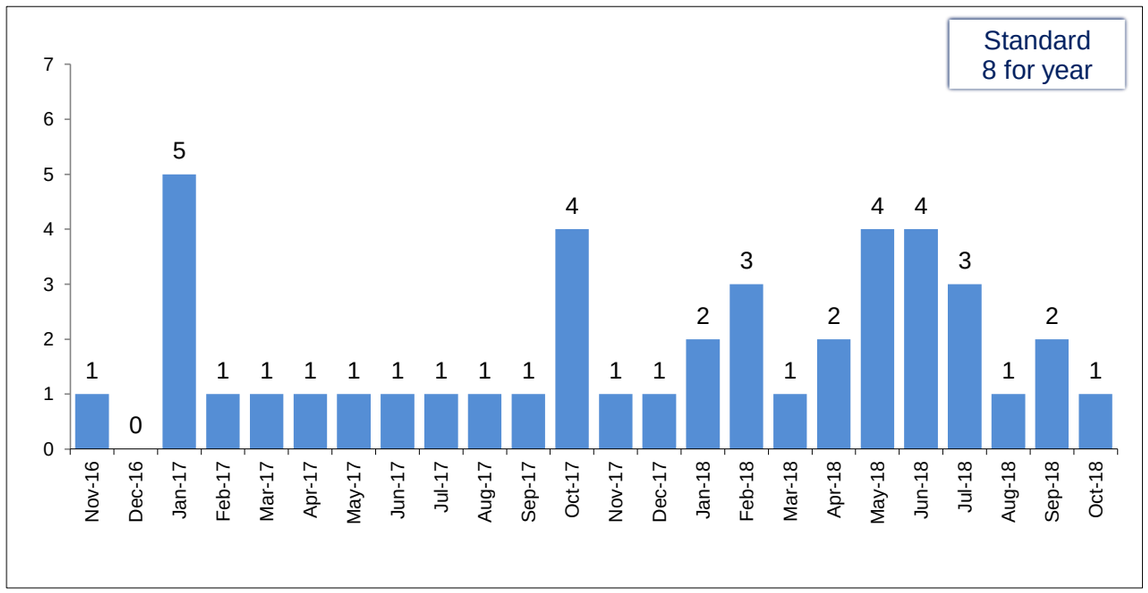
k1.05 | MRSA Bacteraemias (Hospital Assigned)



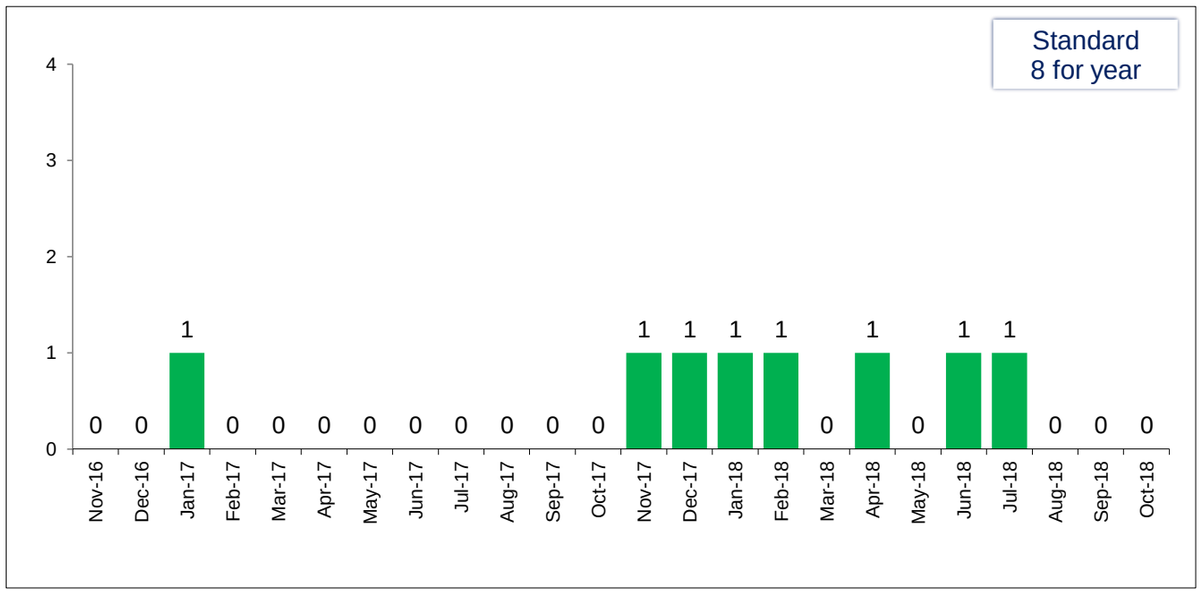
k1.06 | MSSA Bacteraemias (Hospital Apportioned)



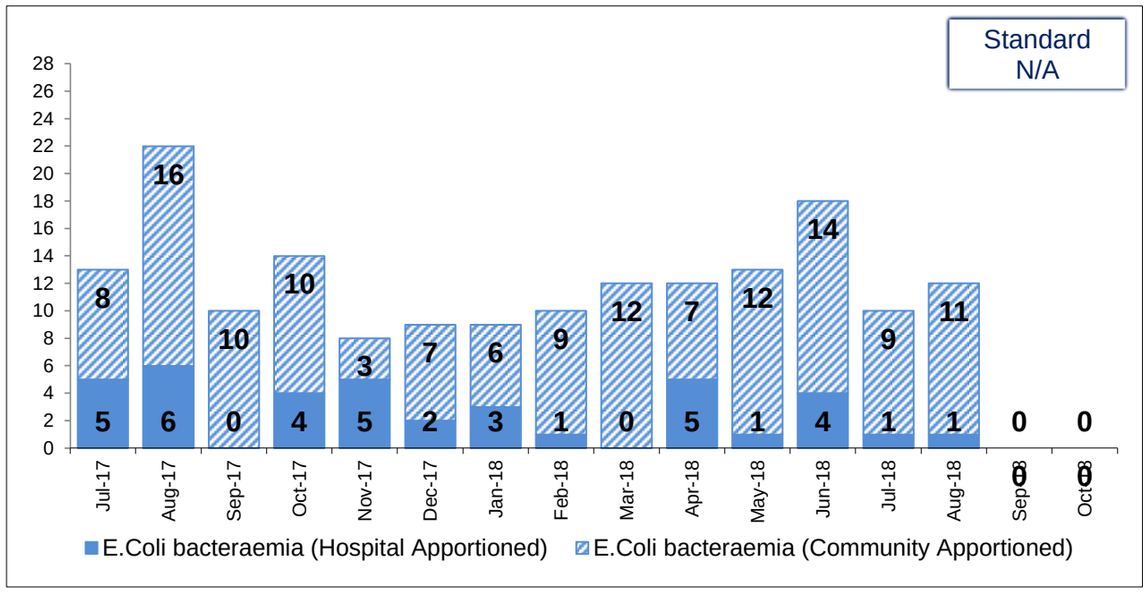
k1.07 | Clostridium difficile infections (Hospital Apportioned)



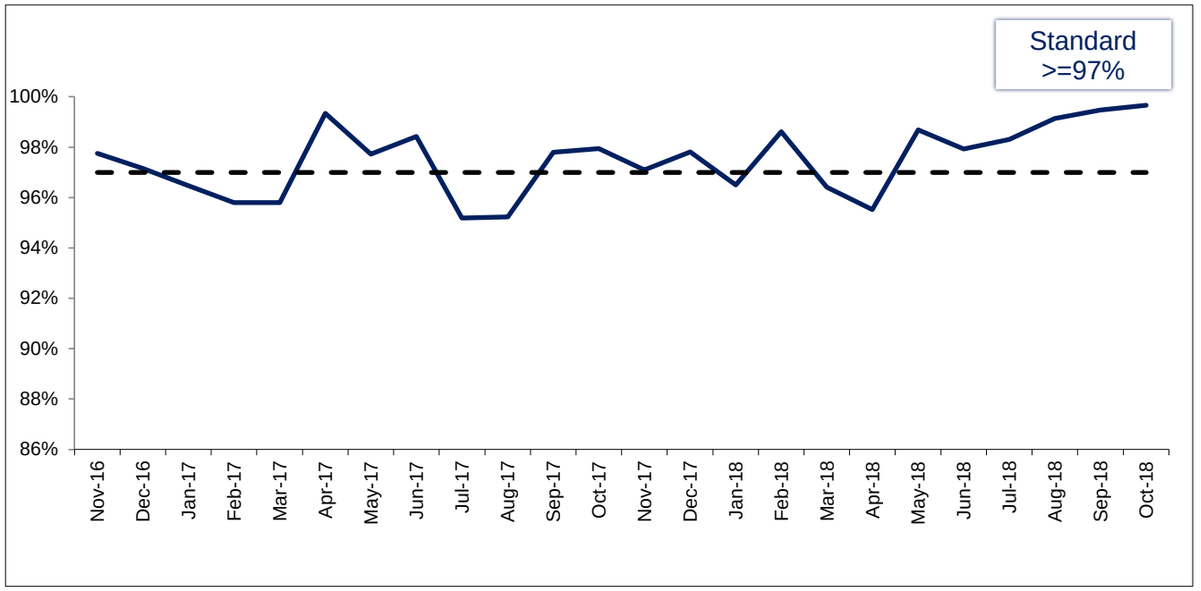
k1.08 | Clostridium difficile infections (Hospital Apportioned) due to confirmed Lapse in Care



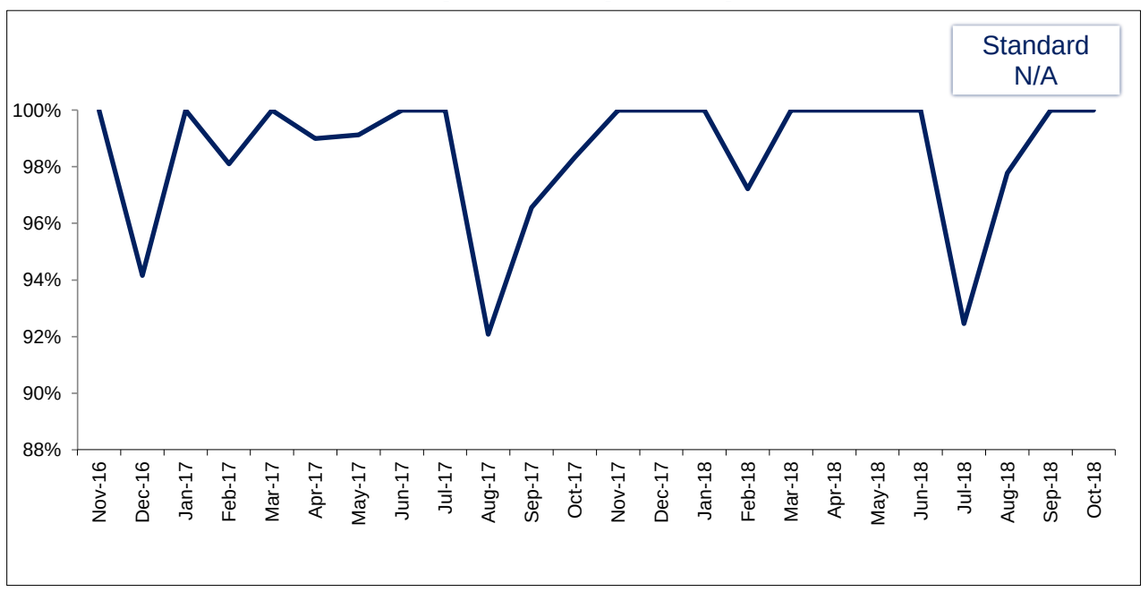
k1.19 | Number of Escherichia (E. coli) bacteraemia



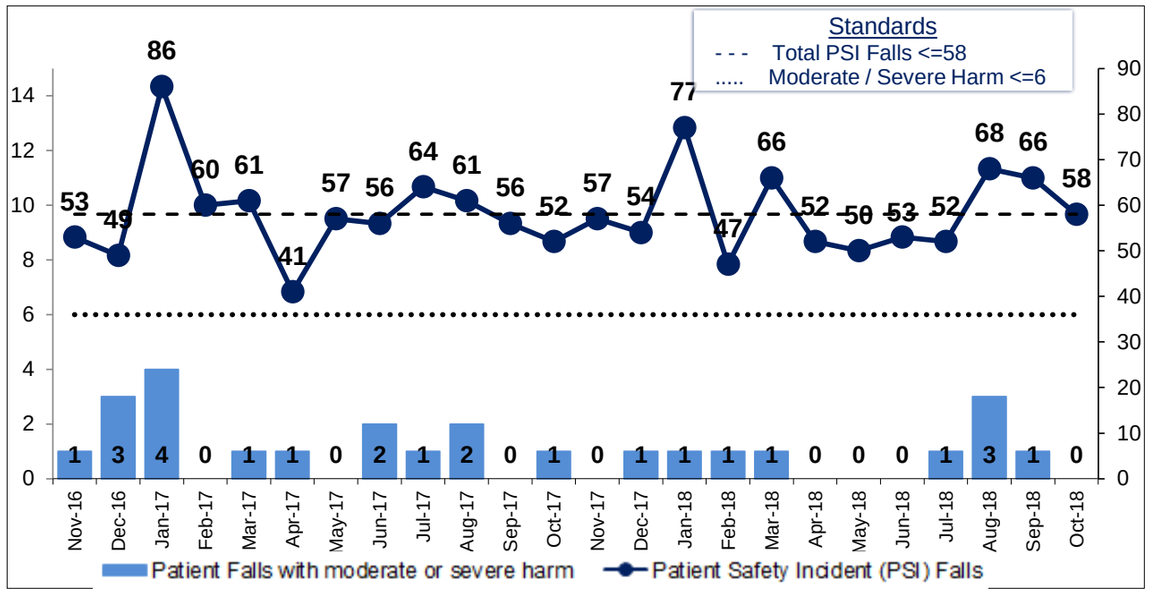
k1.09 | Completed Patient Observations - Adult inpatients (NEWS)



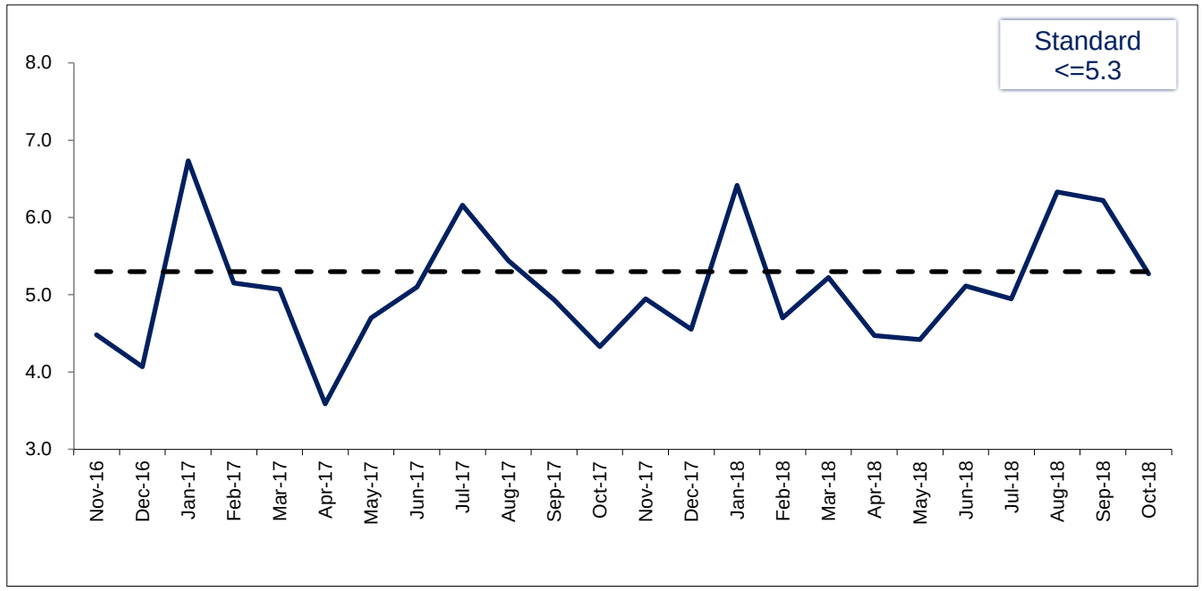
k1.10 | Completed Patient Observations - Paediatric Inpatients (NEWS)



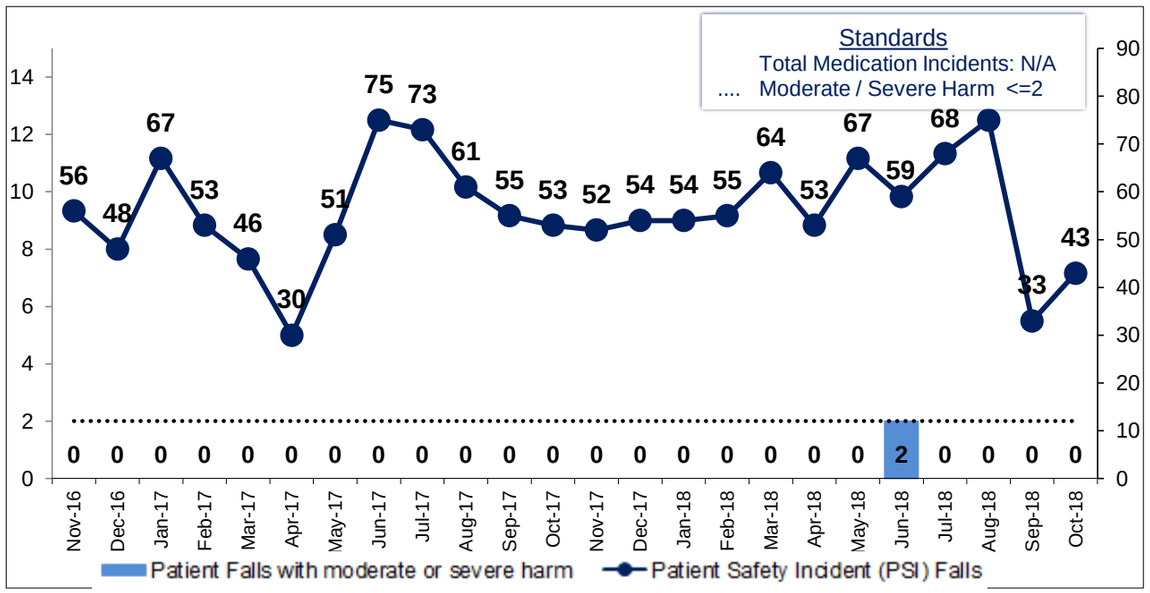
k1.12 | Number of Patient Safety Incident (PSI) Falls



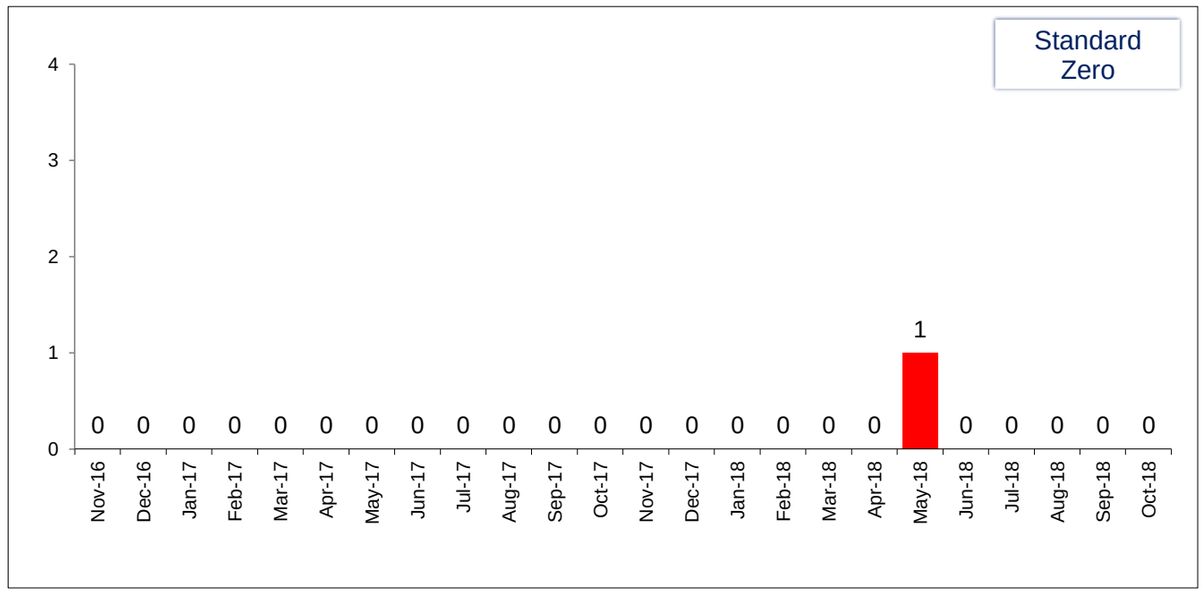
k1.13 | Number of Patient Safety Incident Falls per 1000 G&A beddays



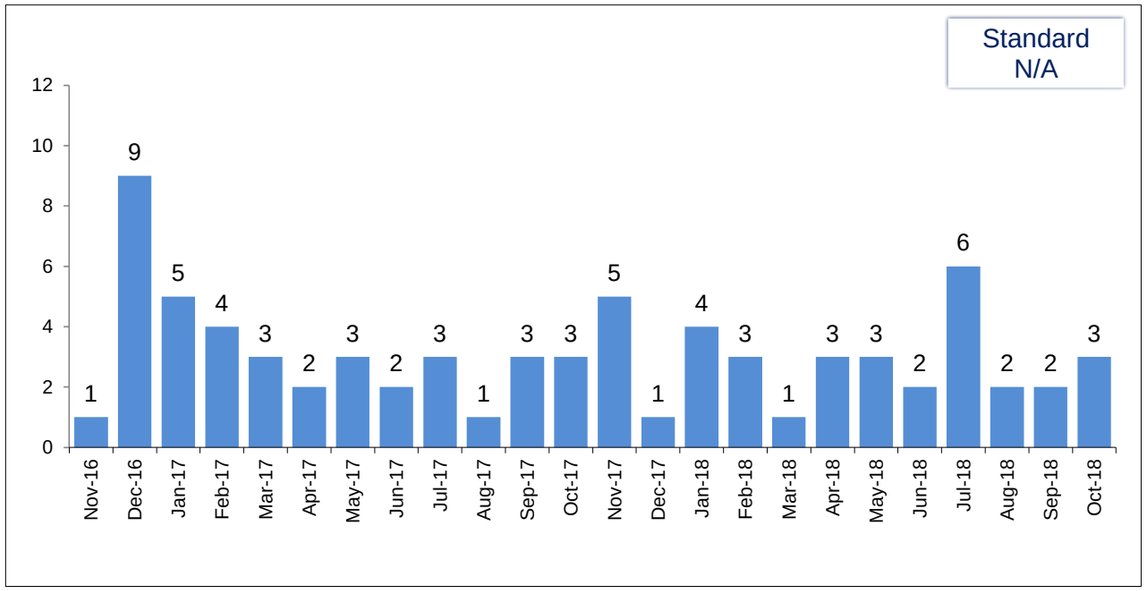
k1.16 | Medication Incidents



k1.15 | Never Events



k1.18 | Number of Serious Untoward Incidents

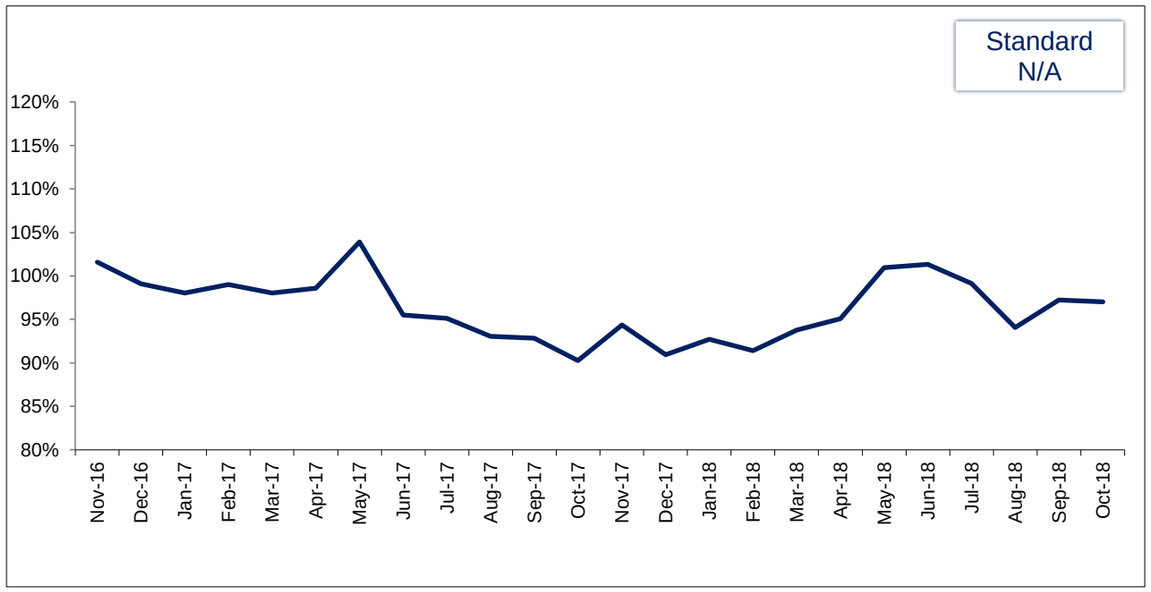


Safe

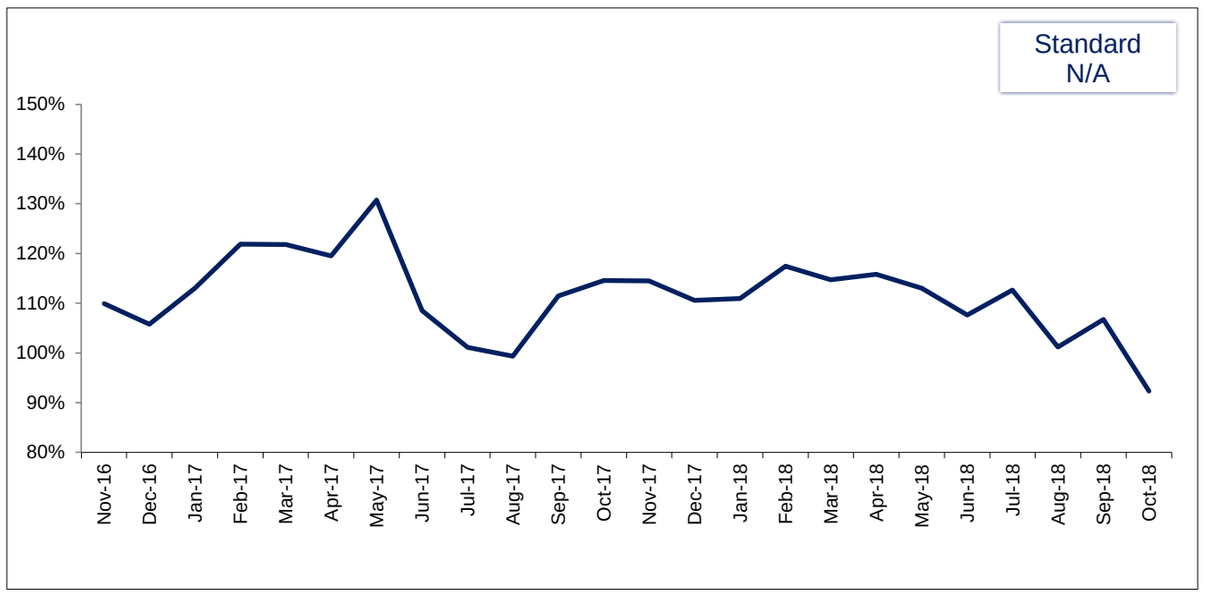
Safer Staffing

October 2018

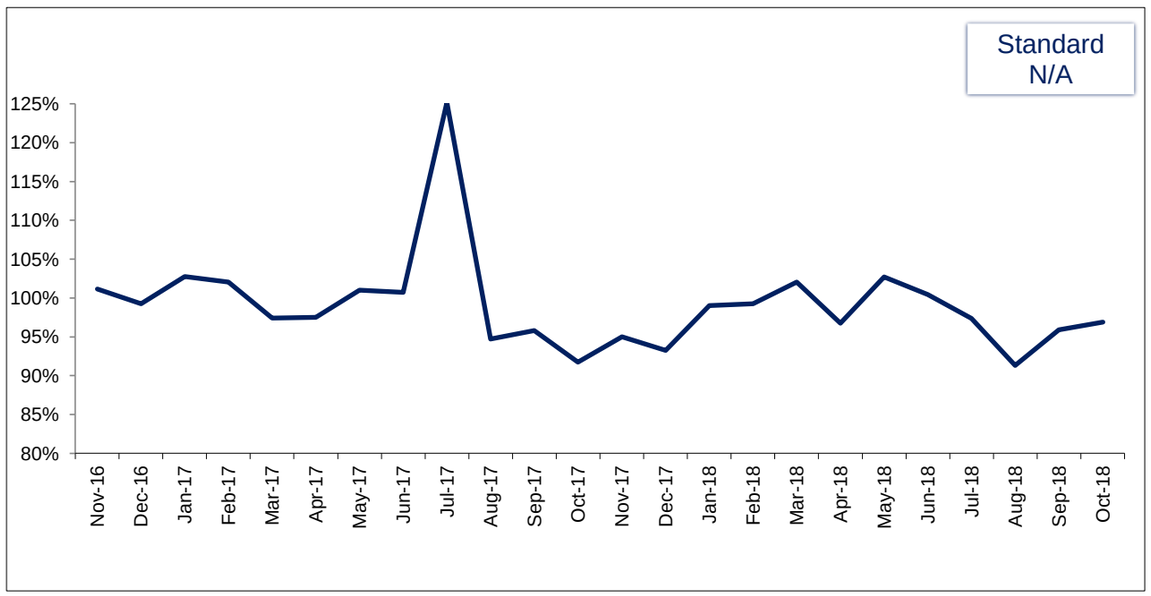
k4.01 | Day - Registered Midwives / Nurses Fill Rate



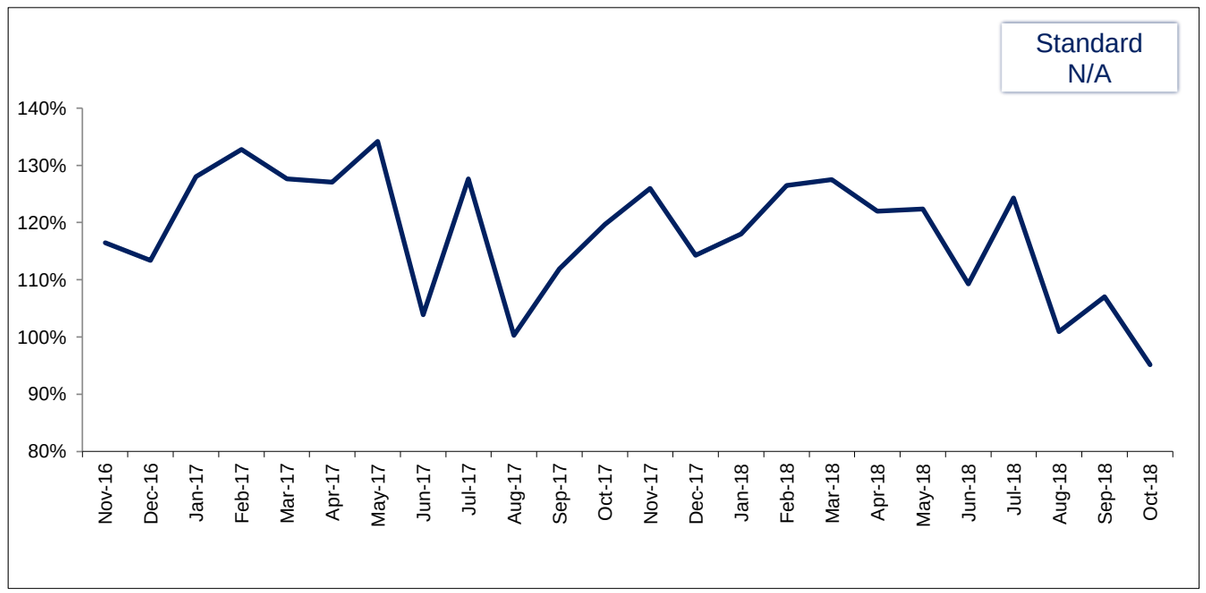
k4.02 | Day - Assistant Fill Rate



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



k4.04 | Night - Assistant Fill Rate

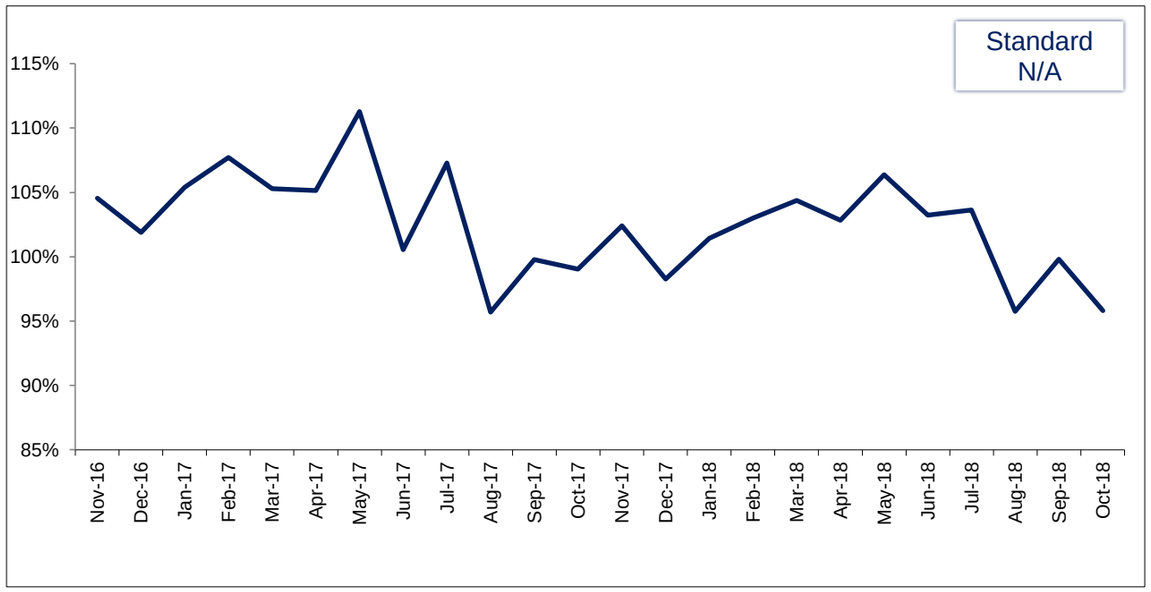


Safe

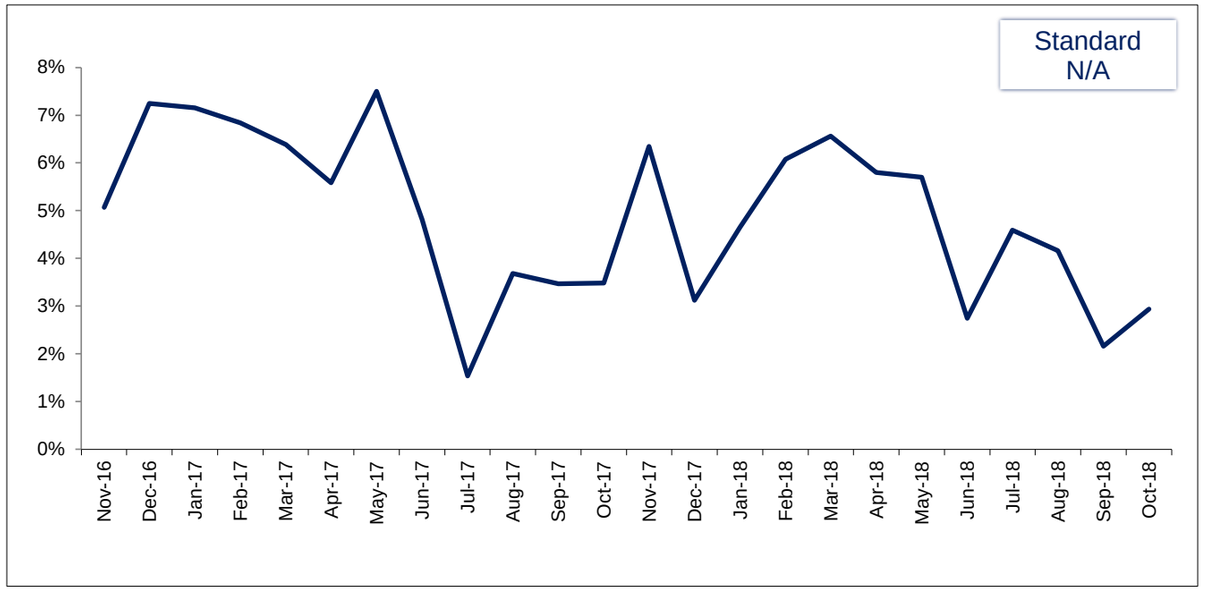
Safer Staffing

October 2018

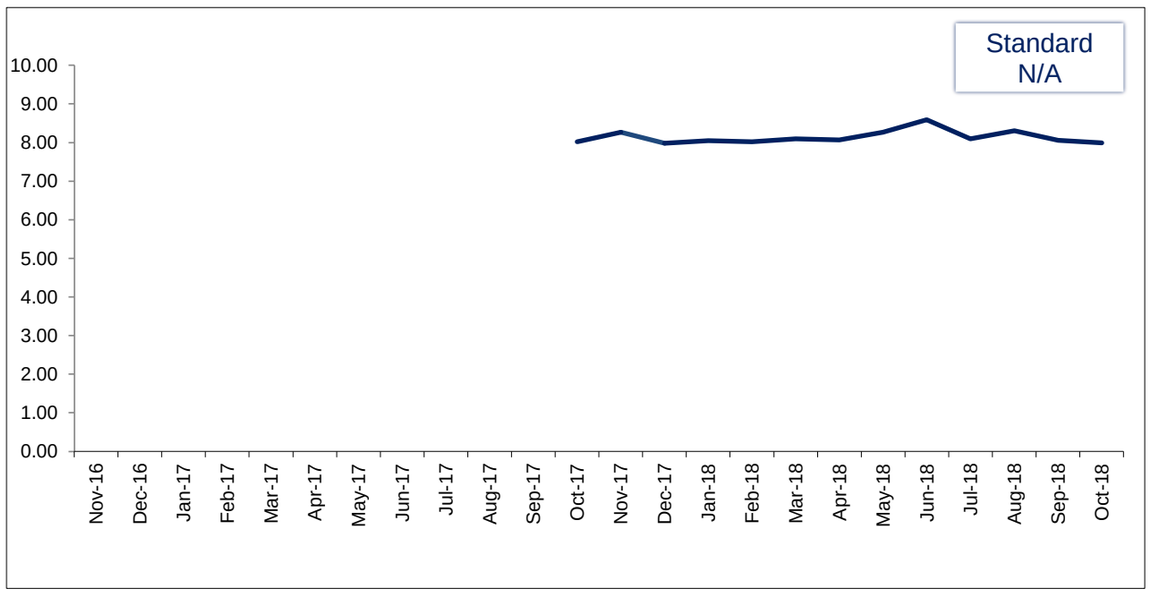
k4.05 | Overall Trust Fill Rate



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



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

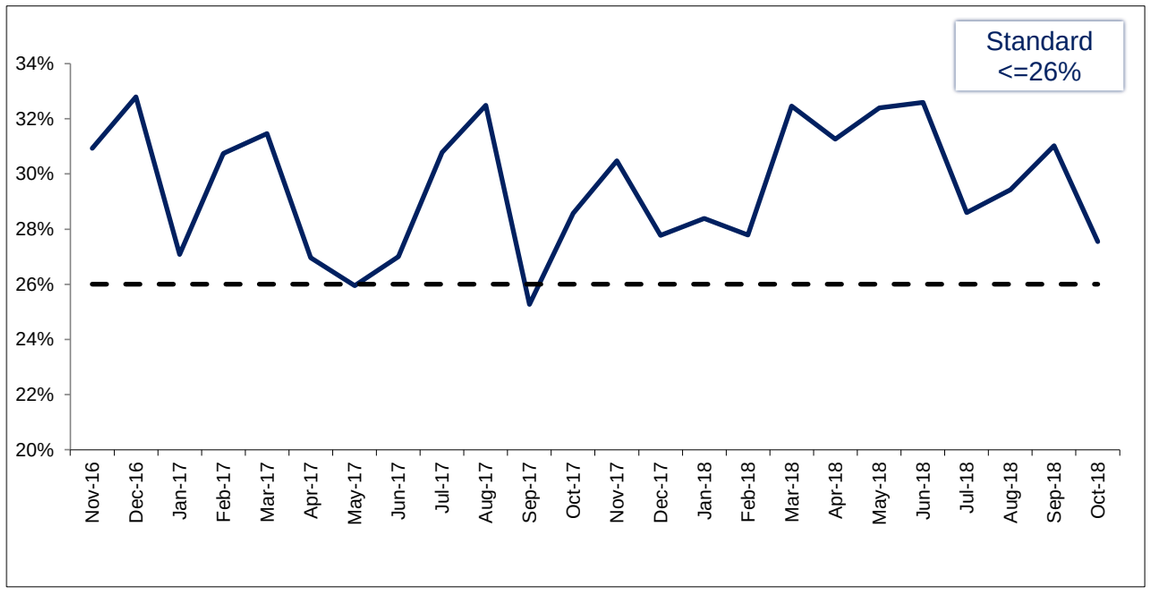


Safe

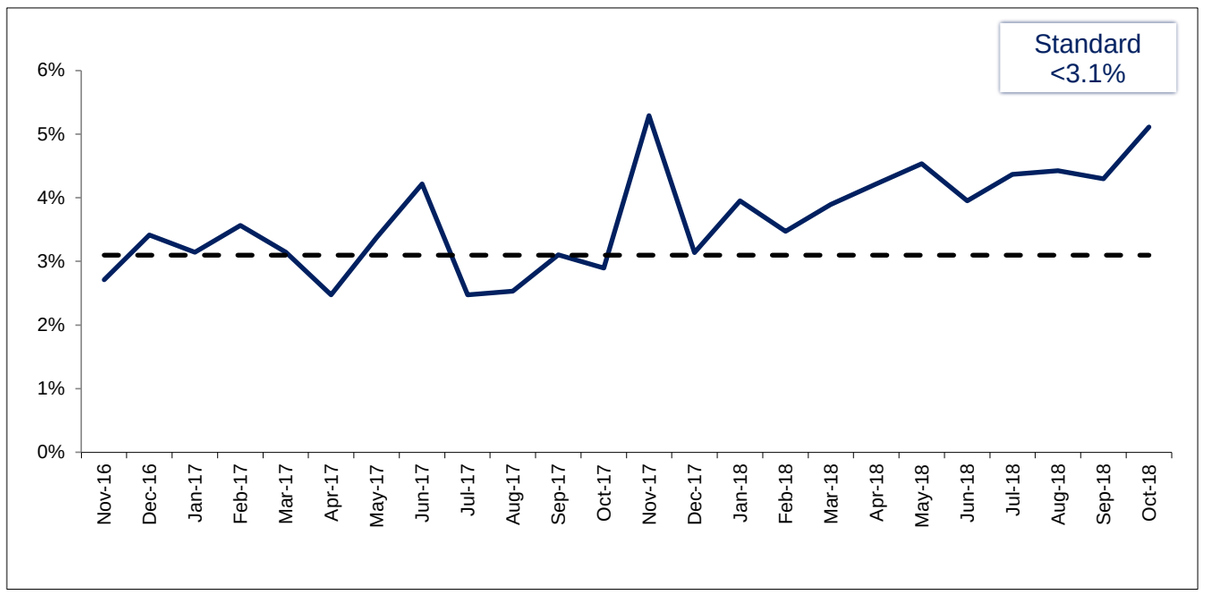
Maternity

October 2018

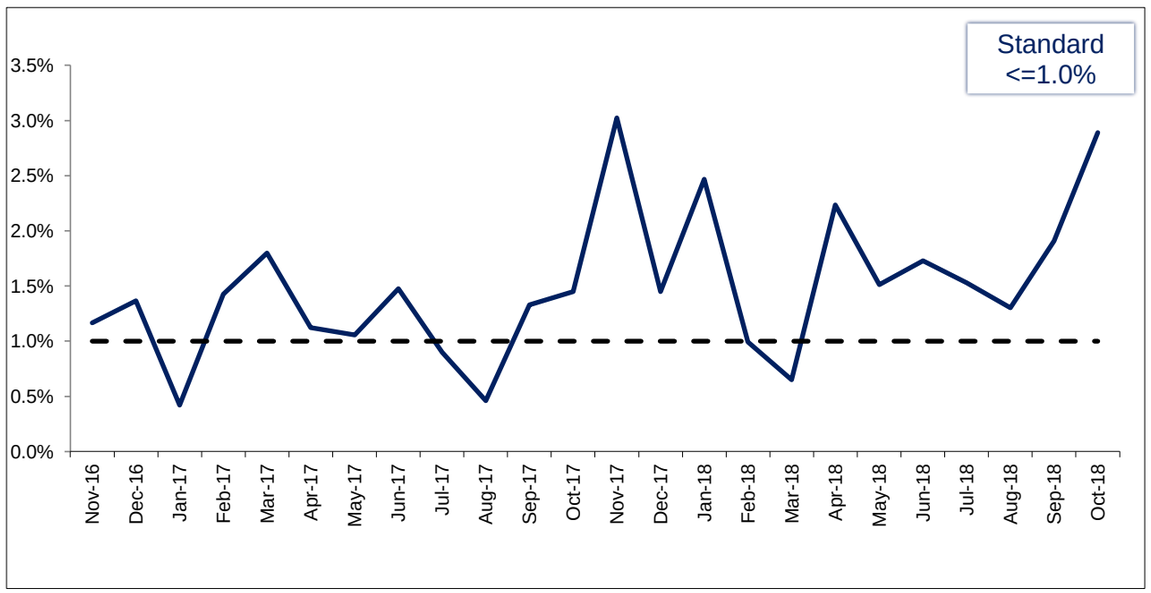
k5.01 | Caesarean section rate



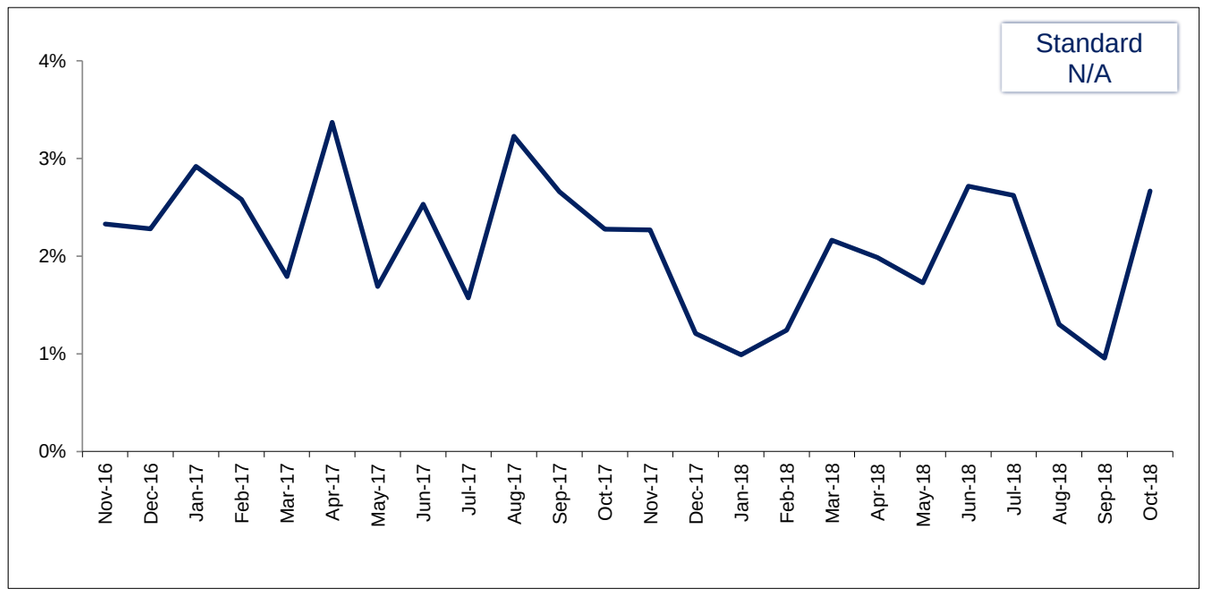
k5.02 | % women with a primary postpartum haemorrhage of 1500ml or more



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



k5.04 | Significant Perineal Trauma



Mortality:
Author: Farid Bazari, Mortality Lead

The Trust mortality tracker shows the crude mortality remains largely unchanged over the last 12 months. The Summary Hospital Mortality Indicator (SHMI) which is continually monitored at the mortality group indicates Kingston Hospital remains a good outlier with a significant reduction in deaths against those expected for the Trust's patient cohort.
In the last 2 months, the mortality surveillance group reviewed a cohort of elective surgical patients who were flagged from an audit, which has since retracted this flag. The structured judgement review of 12 cases did not identify any care issues, with areas of good care noted for the cohort of patients.
The mortality surveillance group continues to meet monthly with lead clinicians for mortality from various services across the hospital, with excellent clinician engagement in carrying out structured judgement reviews.
Nine cases were reviewed in October 2018 which were discussed at the mortality surveillance group. Four case reviews identified opportunities to improve care, with issues identified including escalation of NEWS, delay in diagnostics with imaging, missed medications following transfer from A&E, and a Serious Incident which has led to learning in A&E which include the need for improved communications and understanding of human factors in serious incidents.
All cases have been escalated for further investigation through the governance and safety mechanism to ensure identification and action on learning to improve patient care.

Open Incidents
Author: Melanie Whitfield, Head of Patient Safety, Governance and Risk

The Clinical Governance team are continuing to work with the Clinical Matrons, senior sisters and Heads of Nursing/Midwifery and Ulysses teams to reduce the number of open incidents and now have 1023 open incidents as at 16th November 2018. These are reviewed daily by the team and escalated or closed as appropriate. All moderate and Serious incident investigations are managed, reported, investigated and shared in line with Trust and national guidance.

The risk managers continue to work alongside and support the clinical teams in reviewing and updating risk registers within clusters and to review the processes for reporting, escalating and managing risks. Risks over the level of 12 are reviewed and discussed at the Trust Risk Management Committee meeting on a monthly basis.

In October 2018:
3 new Serious Incidents were reported.
5 Serious Incidents were closed during the reporting period.
As at 31st October 2018 there were 4 open/ongoing SI investigations.

Joscelin **Miles, Head of Clinical Audit and Effectiveness**

Emergency Contraception Benchmarking Audit demonstrates excellence in patient care by the Wolverton Centre

Emergency contraception provides women with a means of reducing the risk of the conception of an unintended pregnancy following unprotected sexual intercourse (UPSI). It is intended for occasional emergency use and should not be considered a substitute for effective regular contraception. The copper intrauterine contraceptive device (Cu-IUD) is the most effective method of emergency contraception and should be considered by all women who have had UPSI and do not want to conceive.
The national audit assessed four key standards of best practice for services that provide emergency contraception to benchmark their practice against to help clinicians understand how their service is performing nationally and to help them identify areas for development.

Latest performance:
The Wolverton Centre achieved 100% compliance and was ranked first nationally for the following best practice standards:
Women suitable for a copper Cu-IUD were provided with information about it as a method of emergency contraception.
Women suitable for a Cu-IUD were offered it as an option for emergency contraception
Excellent performance was also demonstrated for the two other best practice standards ‘Women given contraceptive advice’, and ‘Women given sexual health advice’, with 97.5% compliance achieved for both standards.

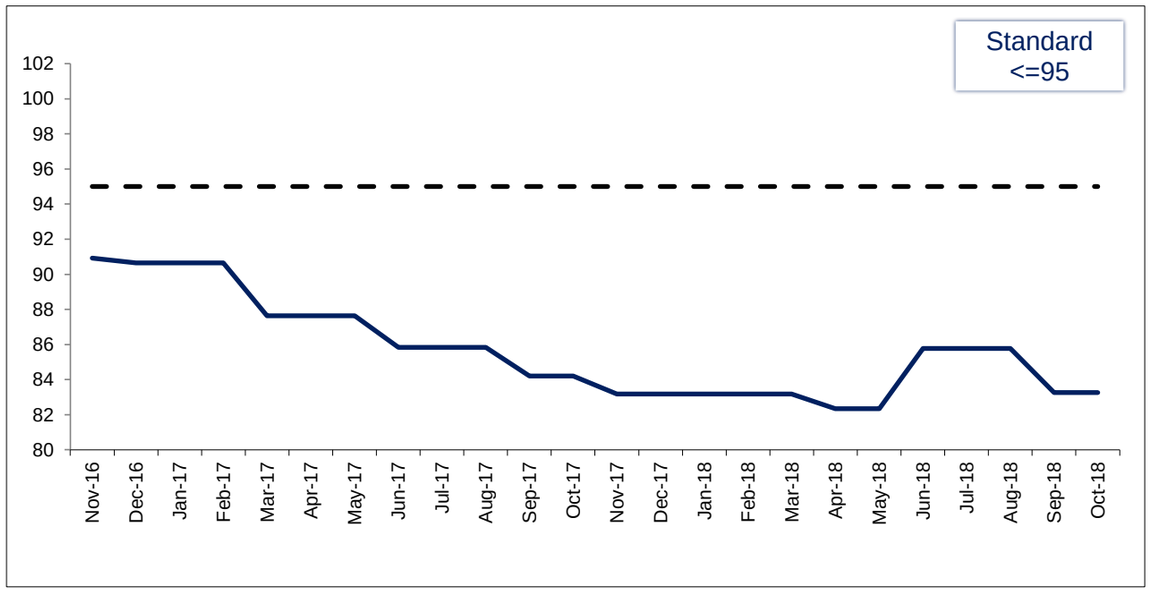
What makes this happen?
As a Level 3 Sexual and Reproductive Health Service, the Wolverton Team has a trained fitter of emergency Cu- IUDs available during opening hours. The Team offer advice to local GPs and engage with local pharmacies to ensure women who are suitable for the emergency Cu- IUD have access to the service within the appropriate time frame. Wolverton staff are aware of the time frame for emergency contraception, especially the Cu-IUD and endeavour to provide the service in the time frame required. The team also promote the Cu-IUD as the most effective form of emergency contraception and support women to make the best choice for themselves.

Plans for the future:
To improve further the team at the Wolverton Centre are planning to implement the following actions by March 2019:
The use of the emergency contraception proforma to be made a mandatory field for completion.
To create a coil patient information display in the Wolverton Centre waiting room, which will include a “myths debunked” section and other relevant information.
To give all patients not already on contraception a contraception leaflet via text on arrival at their appointment.
Nationally a set of resources will be developed including an emergency contraception consultation template which may be used to guide emergency contraception consultations and to improve the quality of recording keeping.

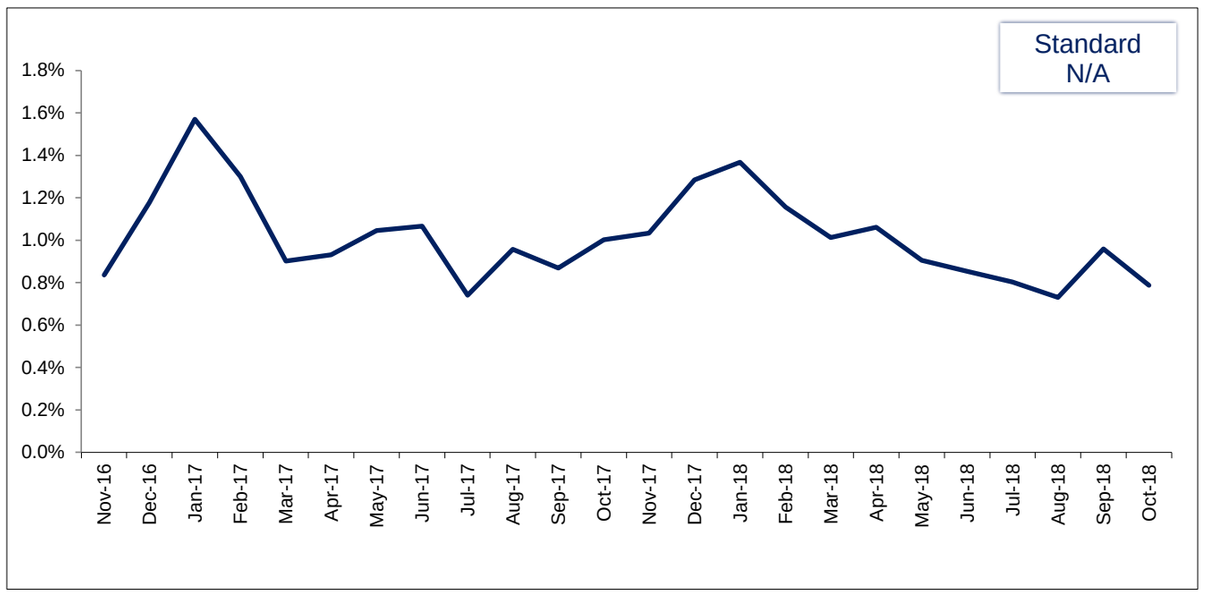
Effective

October 2018

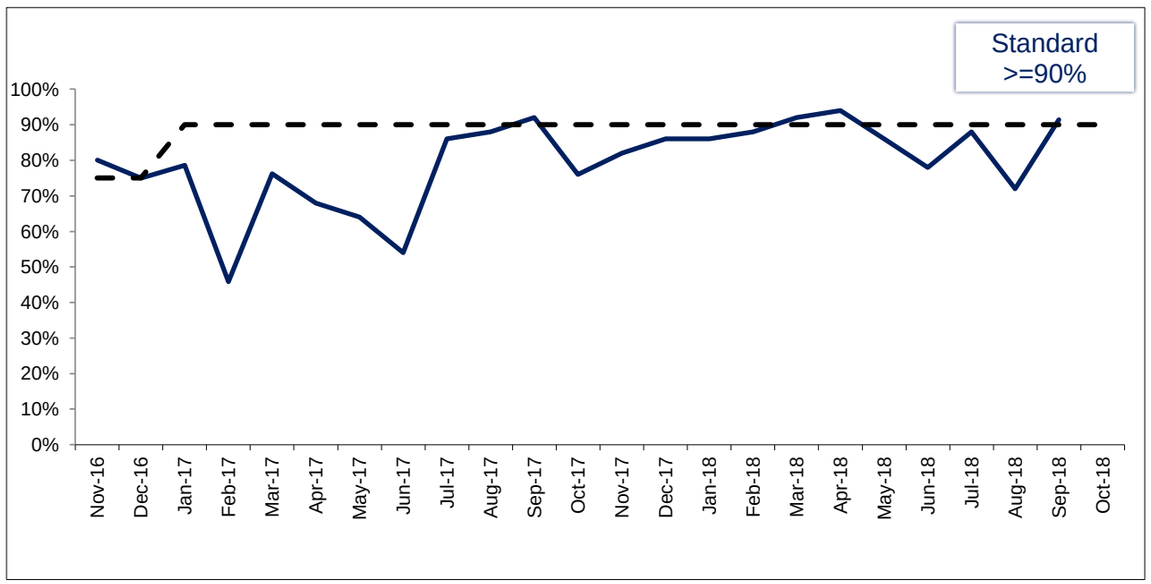
k2.01 | SHMI



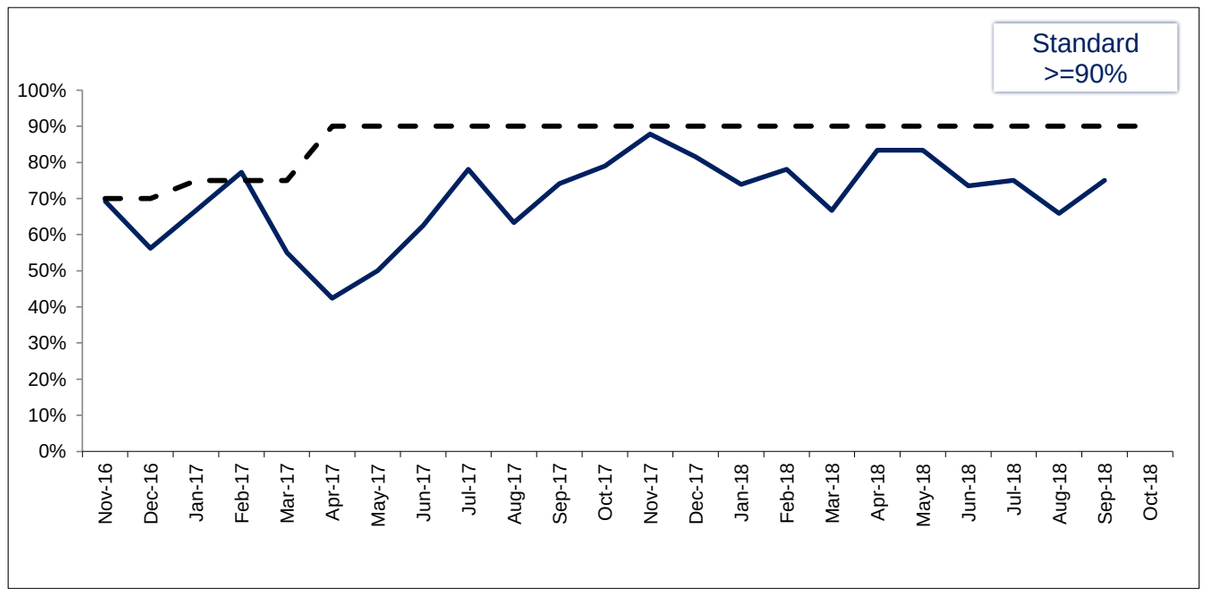
k2.02 | Unadjusted Mortality Rate



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



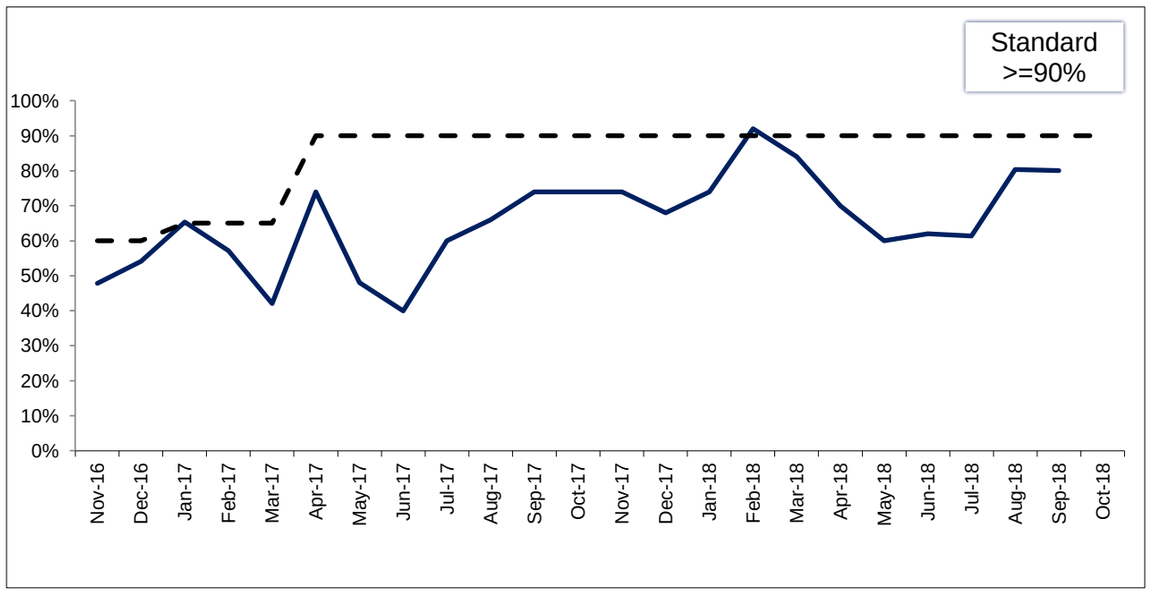
k2.04 | Sepsis - % of eligible patients who received antibiotics within 1 hour of arrival - Emergency Department



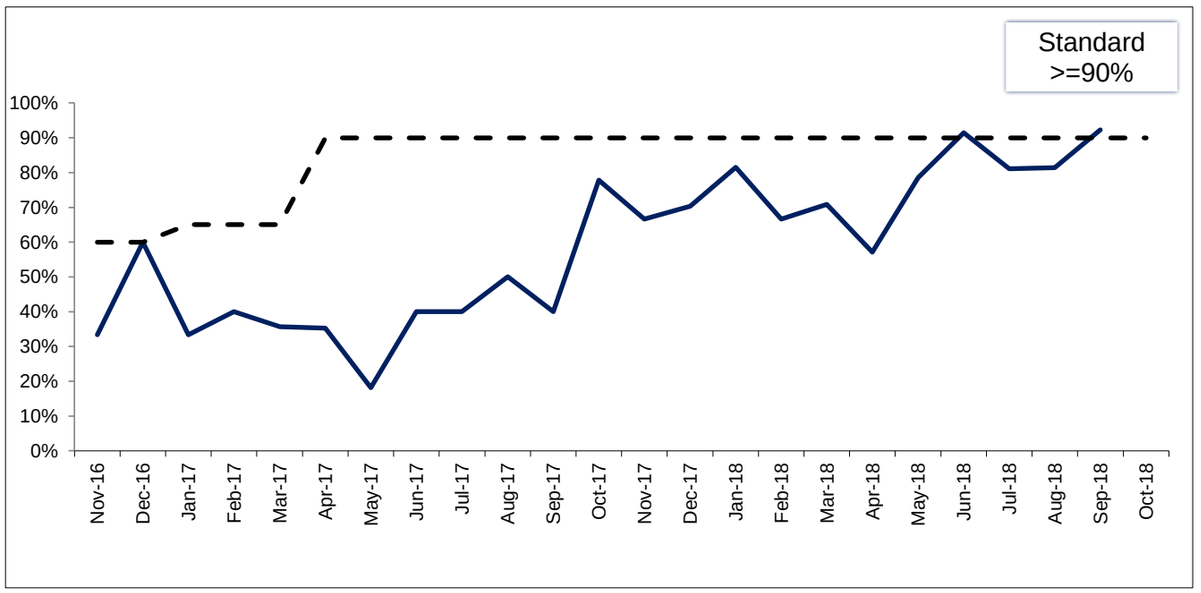
Effective

October 2018

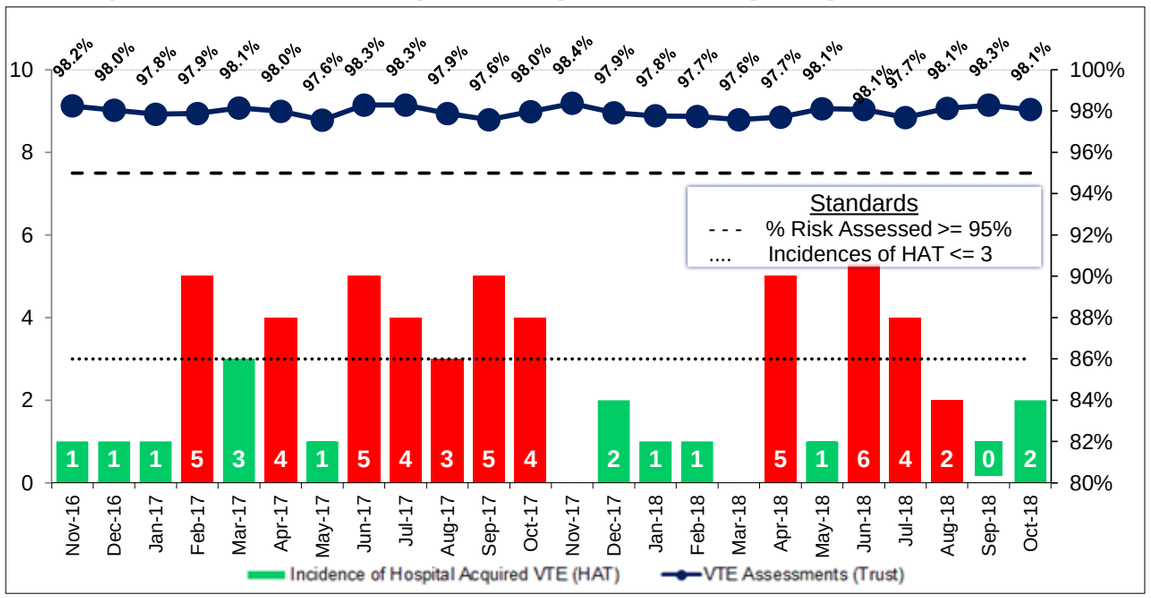
k2.13 | Sepsis - % of eligible patients screened for sepsis - Inpatients



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



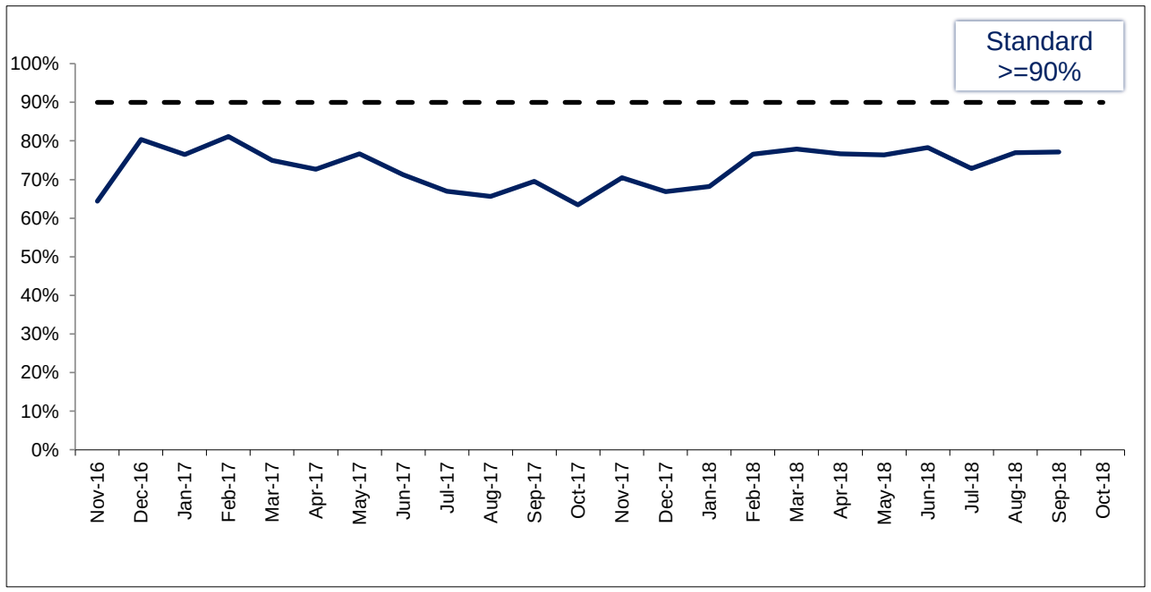
k2.05 | Prevention of Hospital Acquired VTE (% patients risk assessed)
k2.06 | Incidence of Hospital Acquired VTE (HAT)



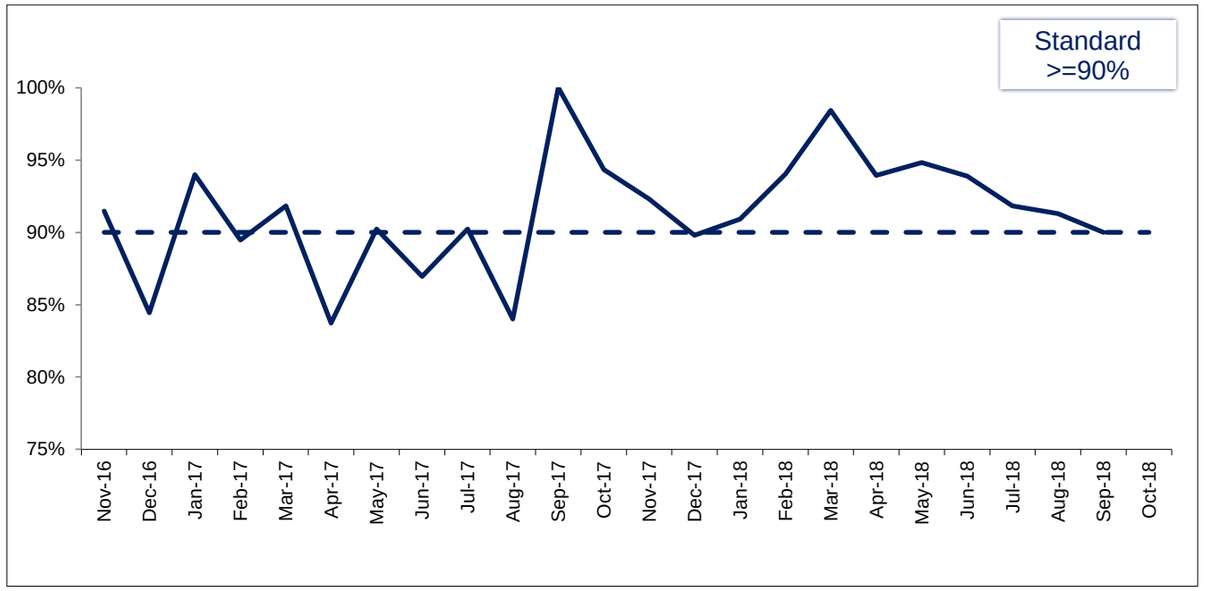
Effective

October 2018

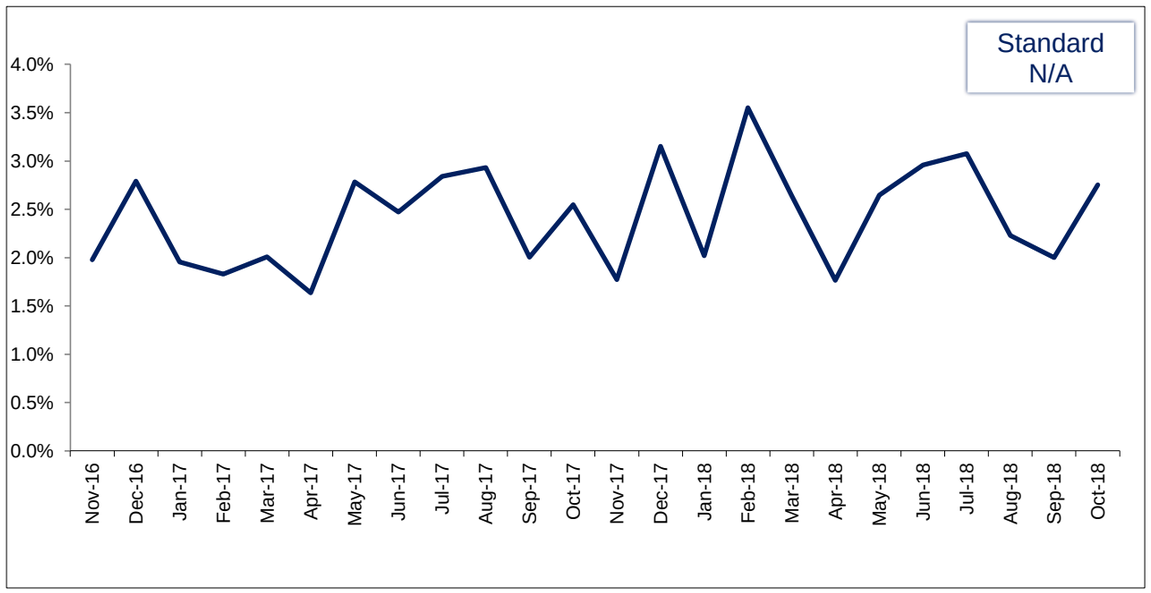
k2.07 | % of eligible patients screened for dementia



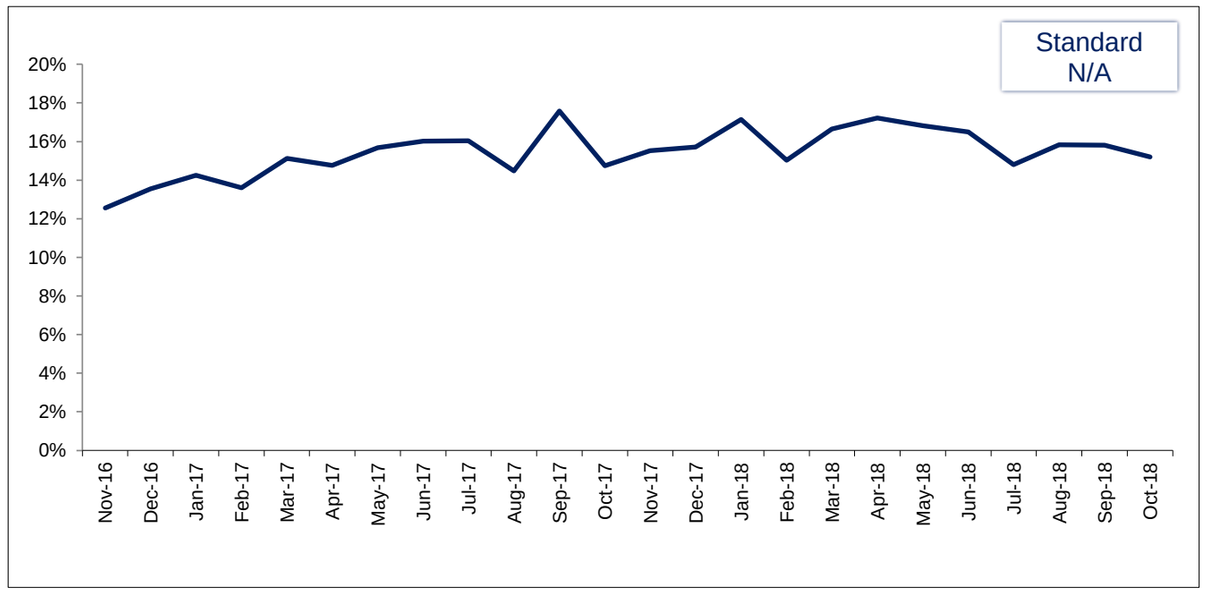
k2.08 | % of patients with dementia who were appropriately assessed



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



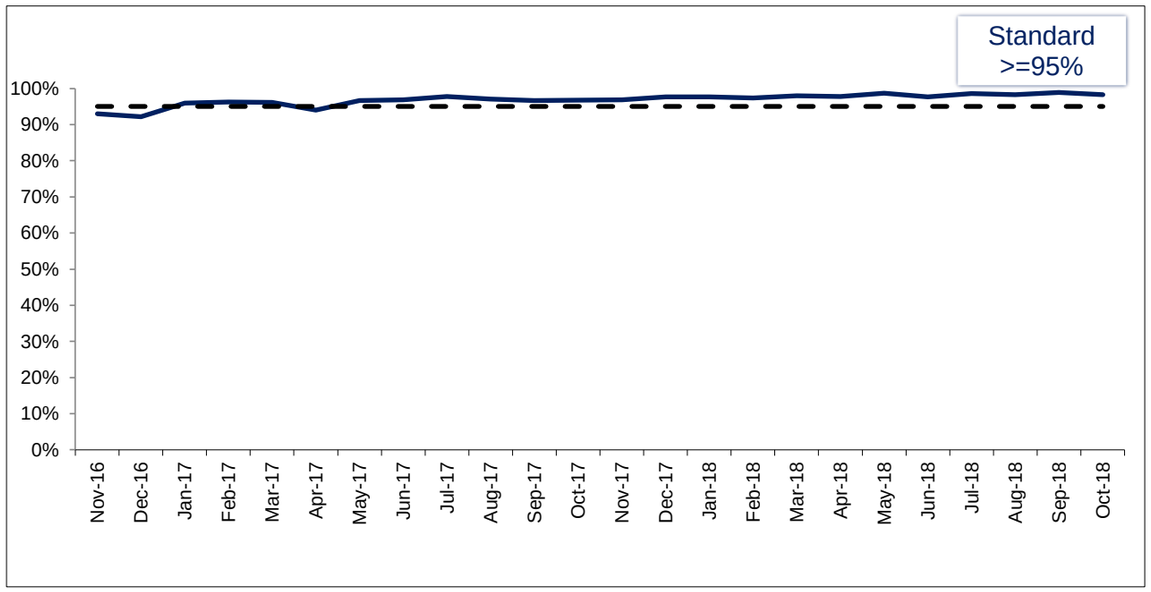
k2.10 | % Emergency Readmissions following an emergency admission - 30 days



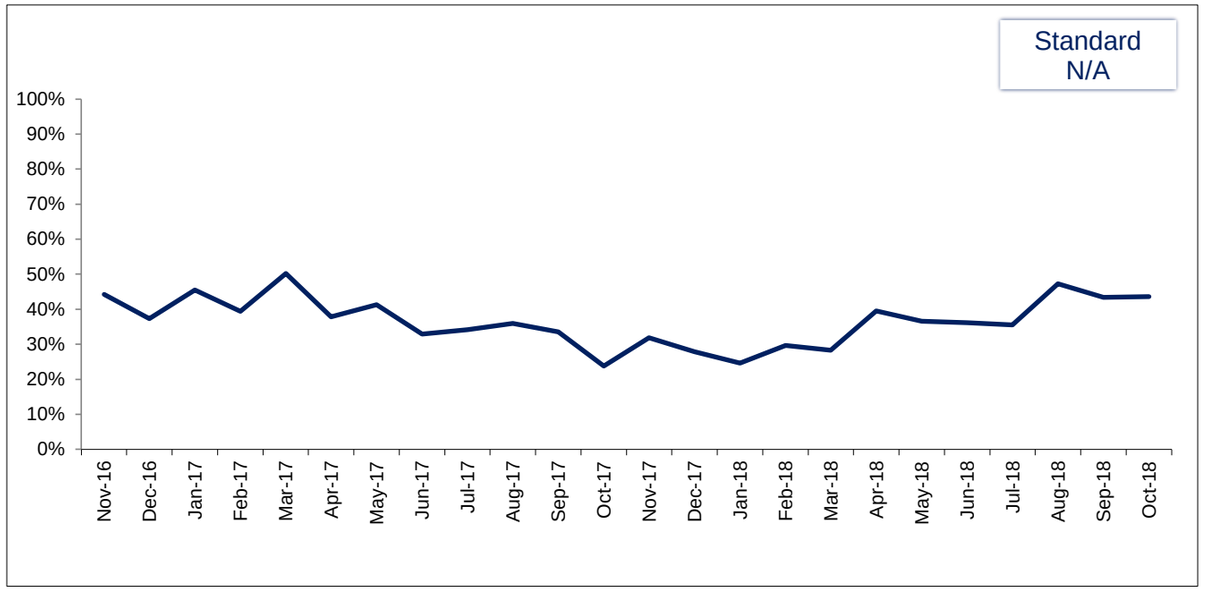
Effective

October 2018

k3.15 | Hand Hygiene



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



Effective

Learning from Deaths

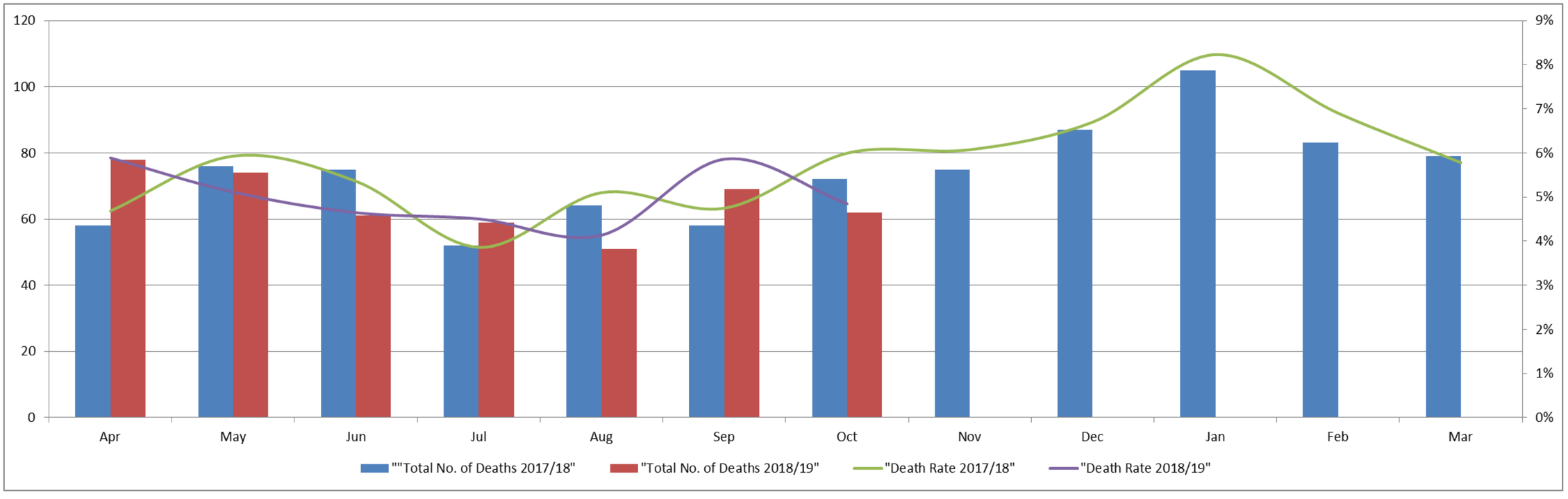
October 2018

Reporting Month	Oct-18

Total Number of Deaths	
This Month	Last month
62	69
This Year (YTD)	Last Year (same YTD)
454	455

Total Deaths Reviewed	
This Month	Last month
46	29
This Year (YTD)	Last Year (same YTD)
333	208

SJR Outcome	
SJR'S In Progress	13
Awaiting Presentation	0
SJR'S Presented	43
2nd Stage Review	9
Total SJR's Reviewed	65



Complaints

Author: Clare Parker, Head Litigation

The trust received 37 formal complaints in October 2018 compared to in 27 October 2017. Emergency Services received the highest number of complaints accounting for 46% of the total, followed by Specialist Services 43%, Clinical Support Services 8% and Corporate Services 3%.
Within Emergency Services, the following Service Lines received complaints in October 2018:
Accident & Emergency (7), Elderly Care (3), Gastroenterology & Endoscopy (3), Cardiology and Haematology (2) and Respiratory (2)
Within Specialist Services, the following Service Lines received complaints in October 2018:
Oral & ENT (6), Maternity (3), Gynaecology & Breast (2), Ophthalmology (2), Trauma and Orthopaedics (2) and General Surgery & Urology (1)
The most frequent subjects related to Care & Treatment (22%) , Communication (22%), Appointments (16%), Information Governance (8%), Admission & Discharge (5%) , Medication (5%) and Diagnosis (5%)

Ombudsman Referrals

No complaints were referred to the Ombudsman in October 2018.

Reopened complaints

6 complaints were reopened in October 2018. The reasons for the complaints being reopened were Facts Challenged (3) Issues Not Responded to Adequately (2) and Lack of Appropriate Actions (1)

Friends and Family Test

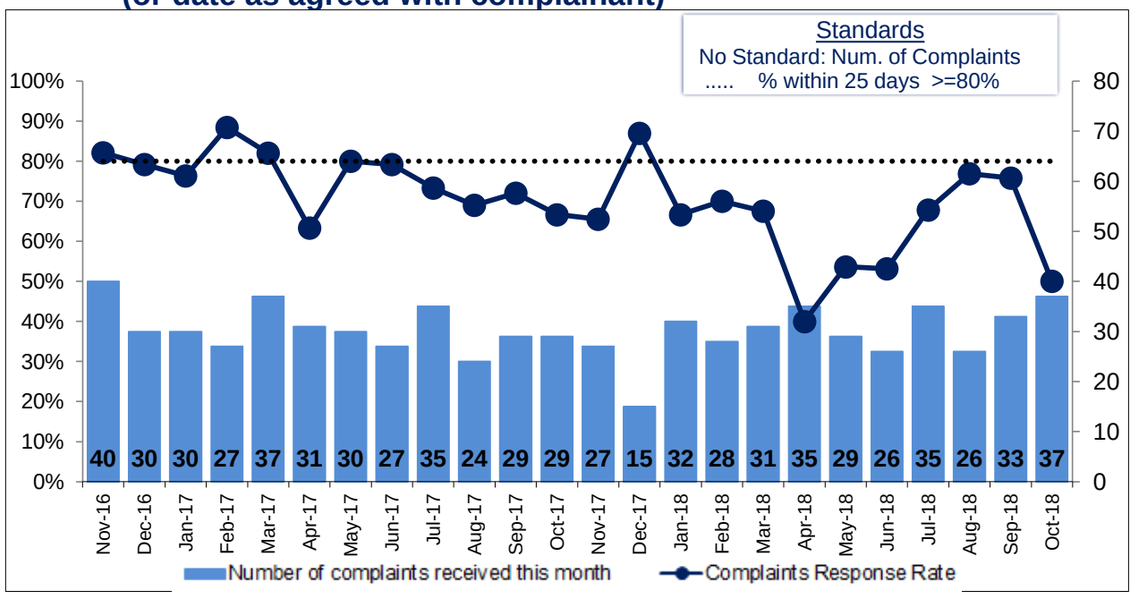
Author: Elizabeth Tsangarakiwilding, Patient Experience & Quality Improvement Lead (Job-share with Jane Suppiah)

The Friends & Family test response rate increased by 1% for the Trust in October 2018 to 19% with 8054 ratings received.
The positive '% recommend' rating also increased from 91.6% to 92.08% with the top three positive themes identified including, 'staff attitude' (1727 comments), 'implementation of care' (661) and 'clinical treatment' (660). Negative comments decreased by 0.1% to 3.9% and the top three themes identified were 'staff attitude' (59 comments), 'waiting times' (47), and 'environment' (29). Additional outpatient services are being introduced to the FFT and ongoing technical improvements are having an impact.

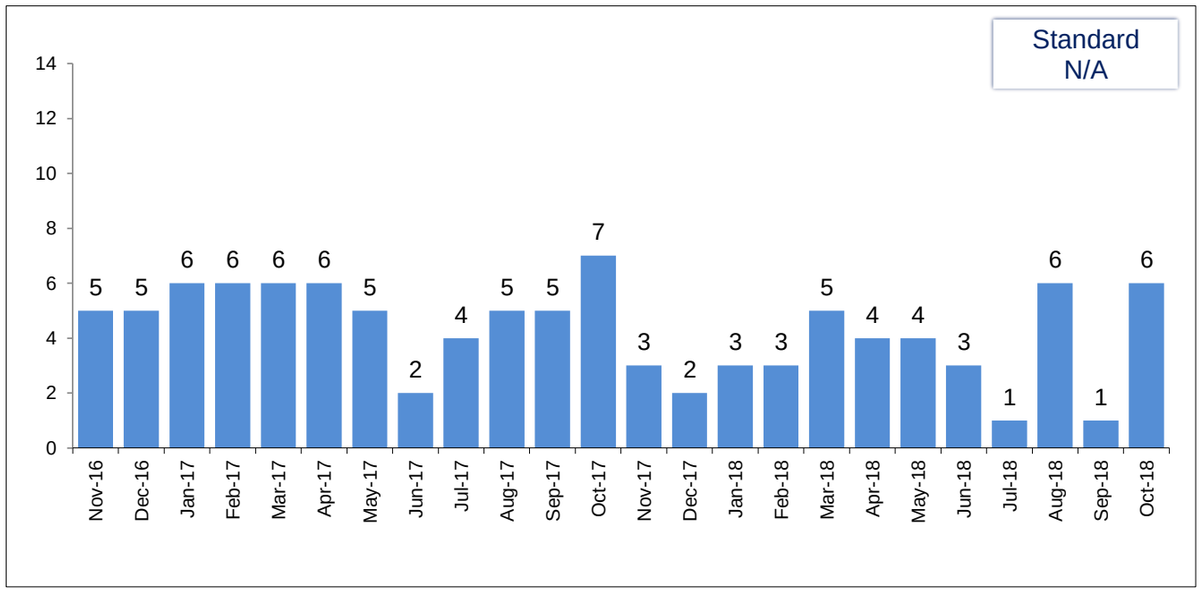
Caring

October 2018

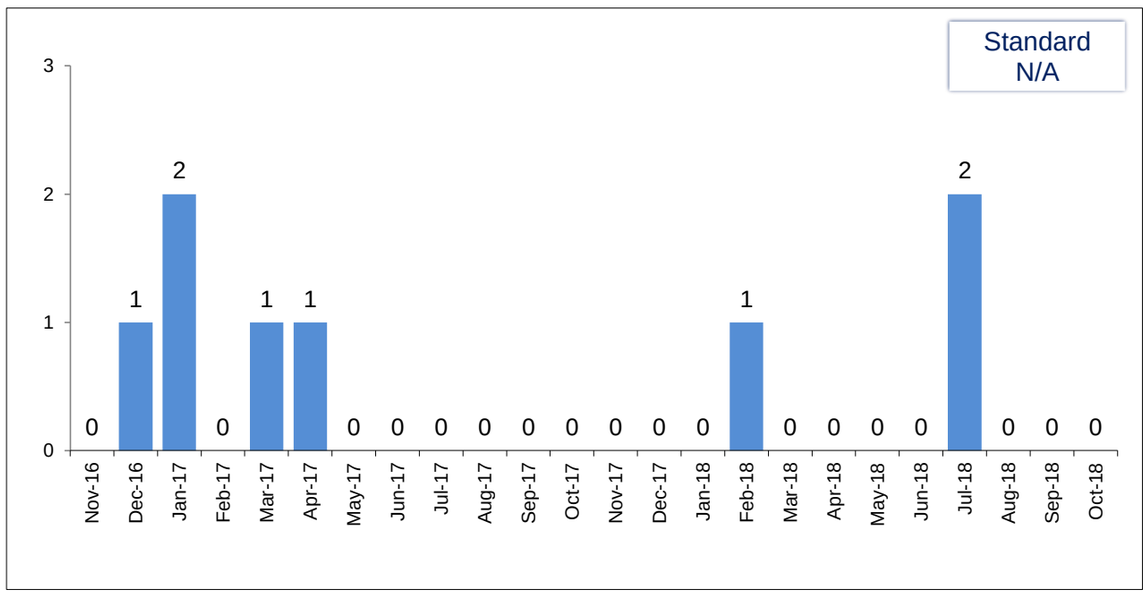
k3.01 | Number of Complaints received
k3.14 | % Complaints responded to within 25 working days
(or date as agreed with complainant)



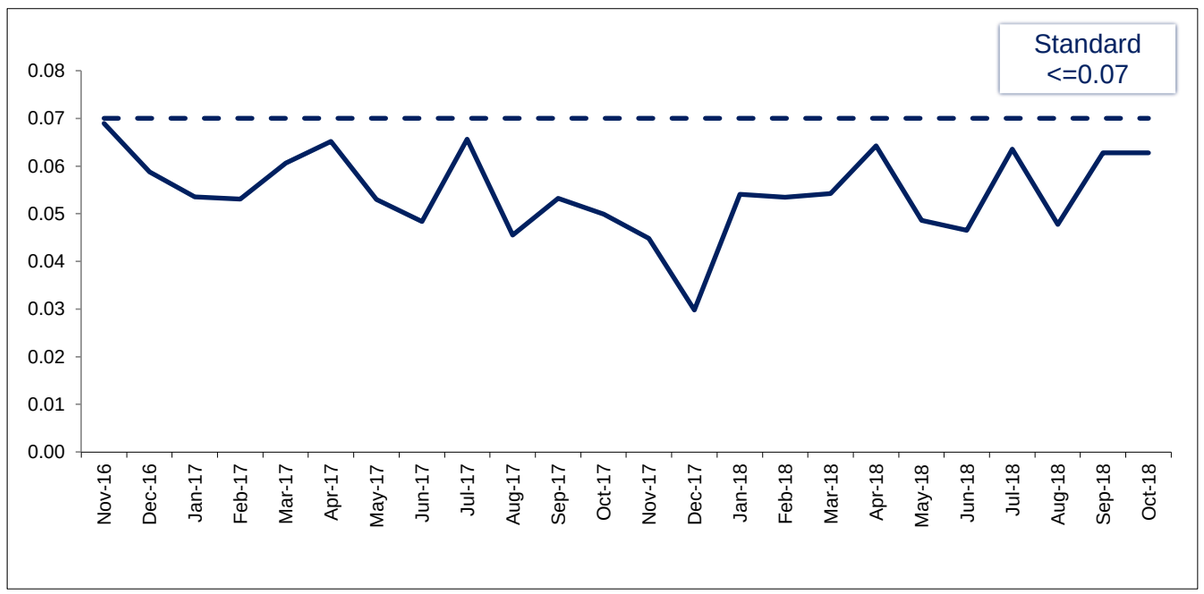
k3.02 | Number of Complaints reopened



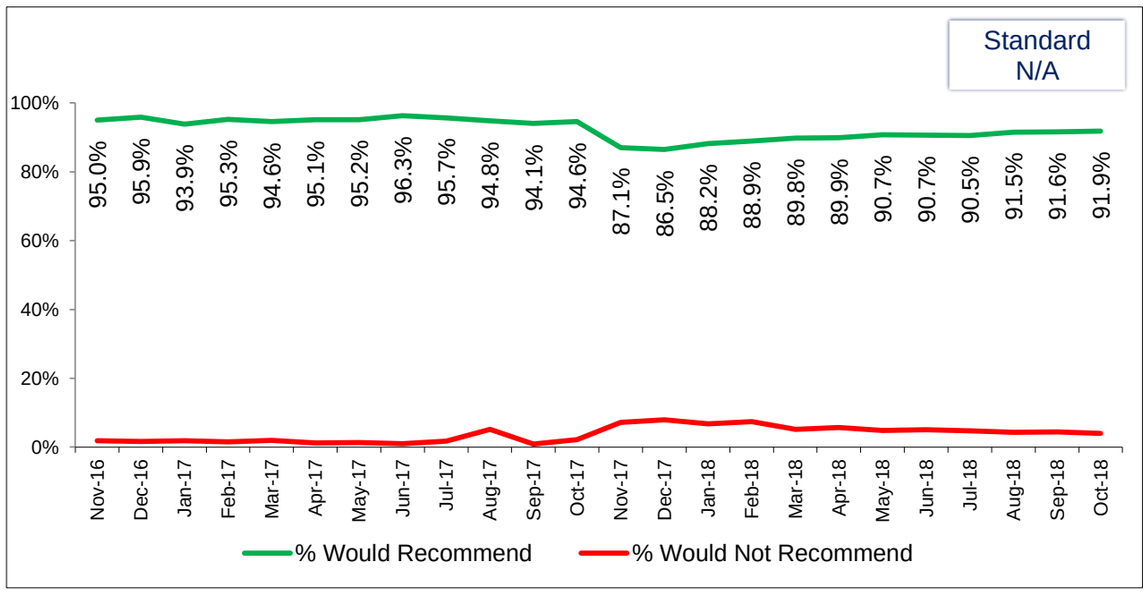
k3.03 | Number of Complaints referred to ombudsman



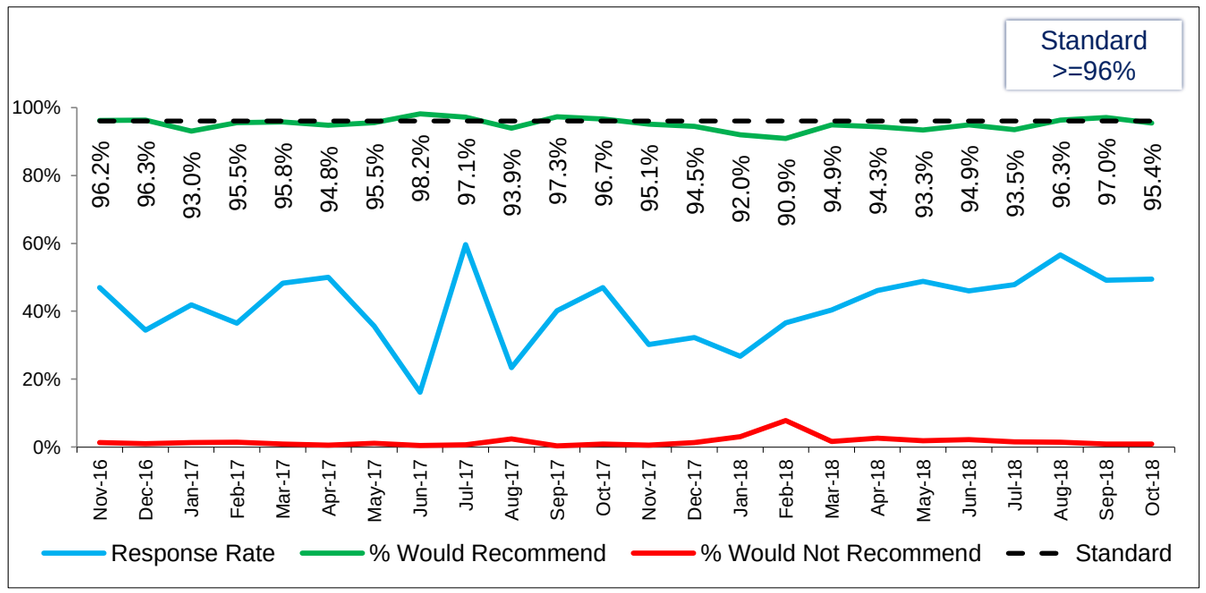
k3.20 | Complaints per 100 patient contacts



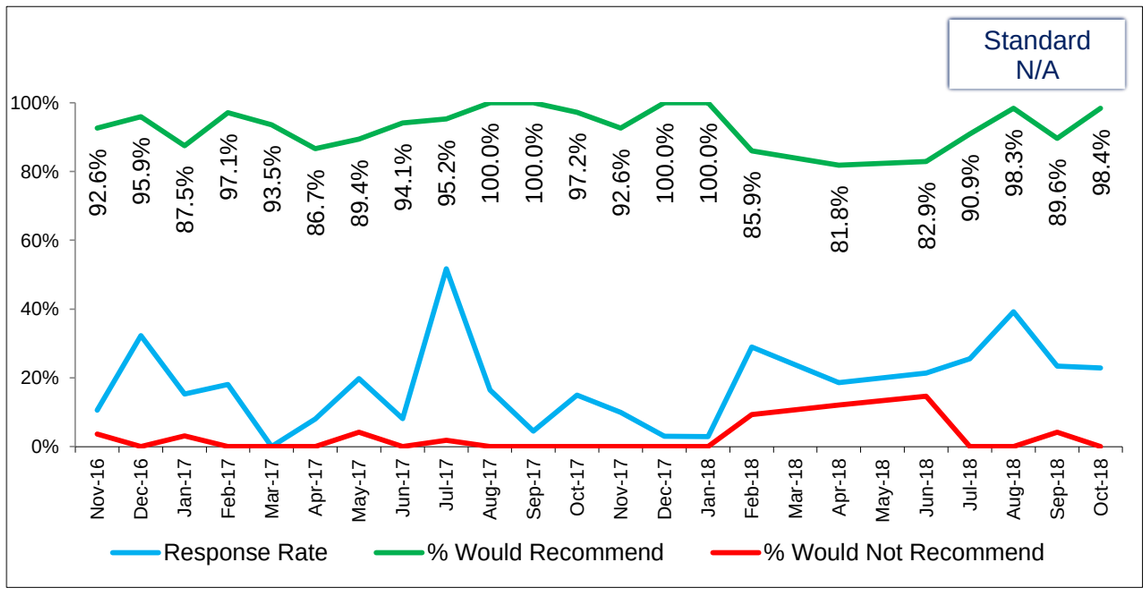
k3.05 | Friends and Family Score - Trust



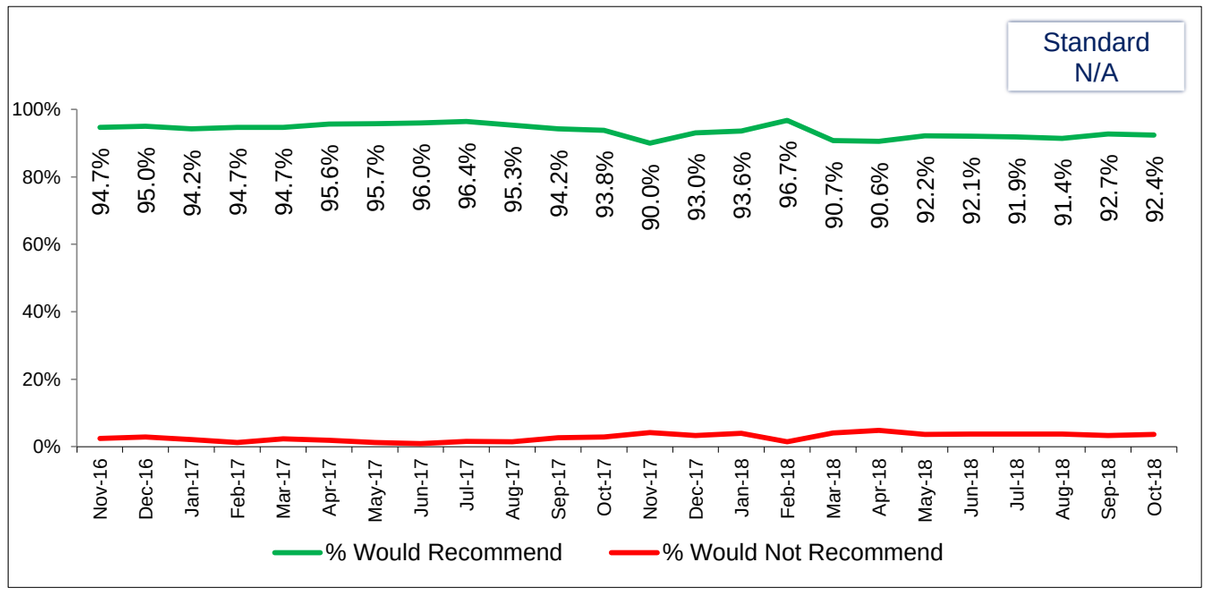
k3.06 | Friends and Family Score - Inpatients (excluding daycases)



k3.07 | Friends and Family Score - Paediatric Inpatient



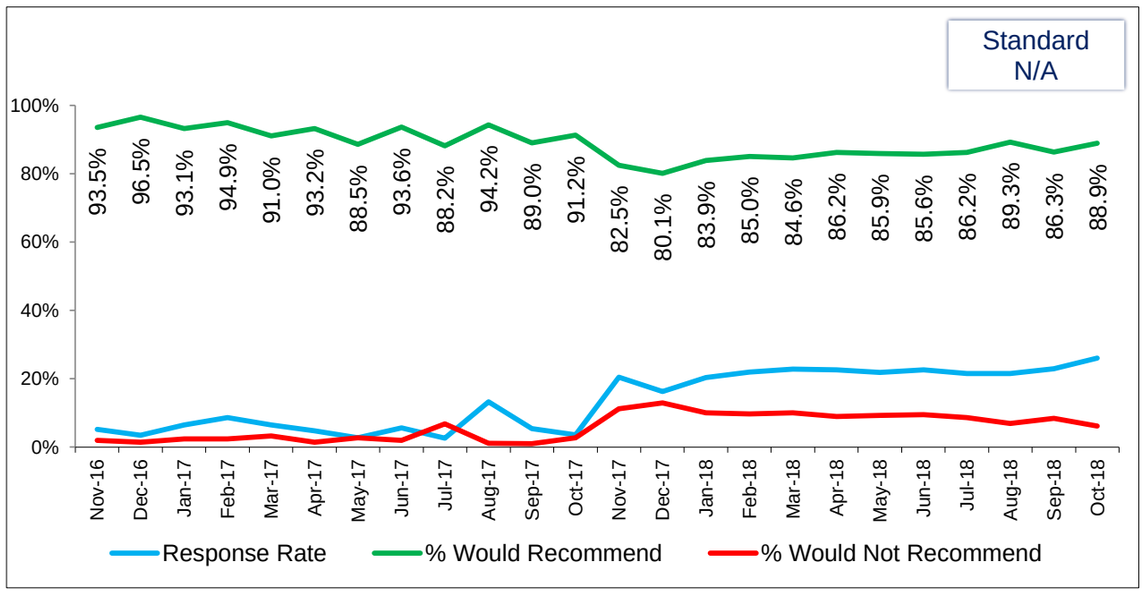
k3.08 | Friends and Family Score - Outpatient



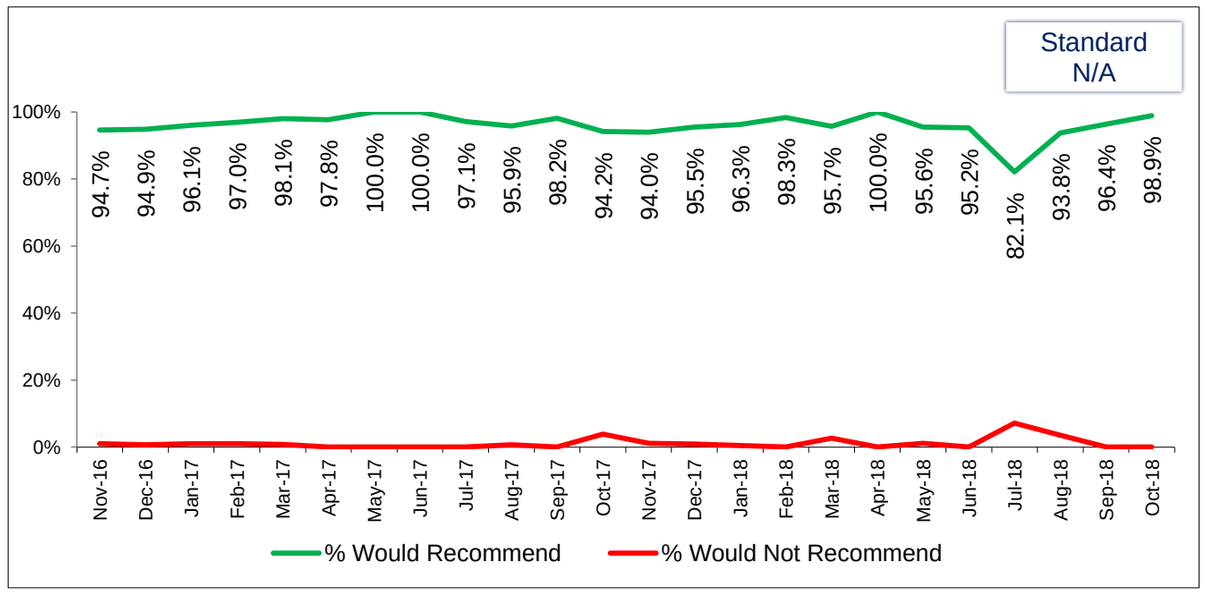
Caring

October 2018

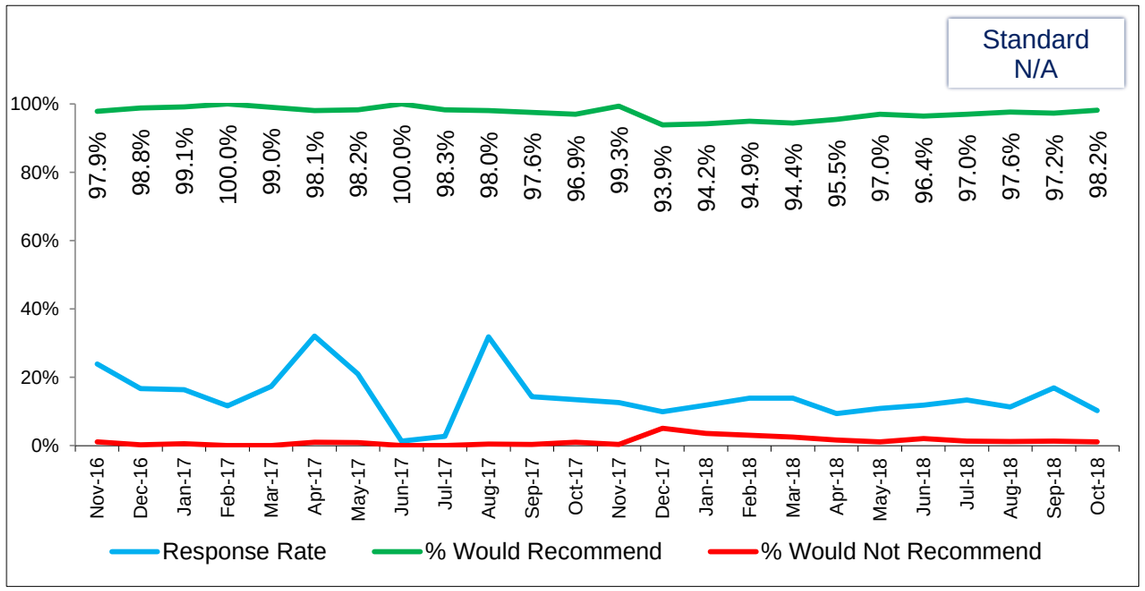
k3.09 | Friends and Family Score - A&E



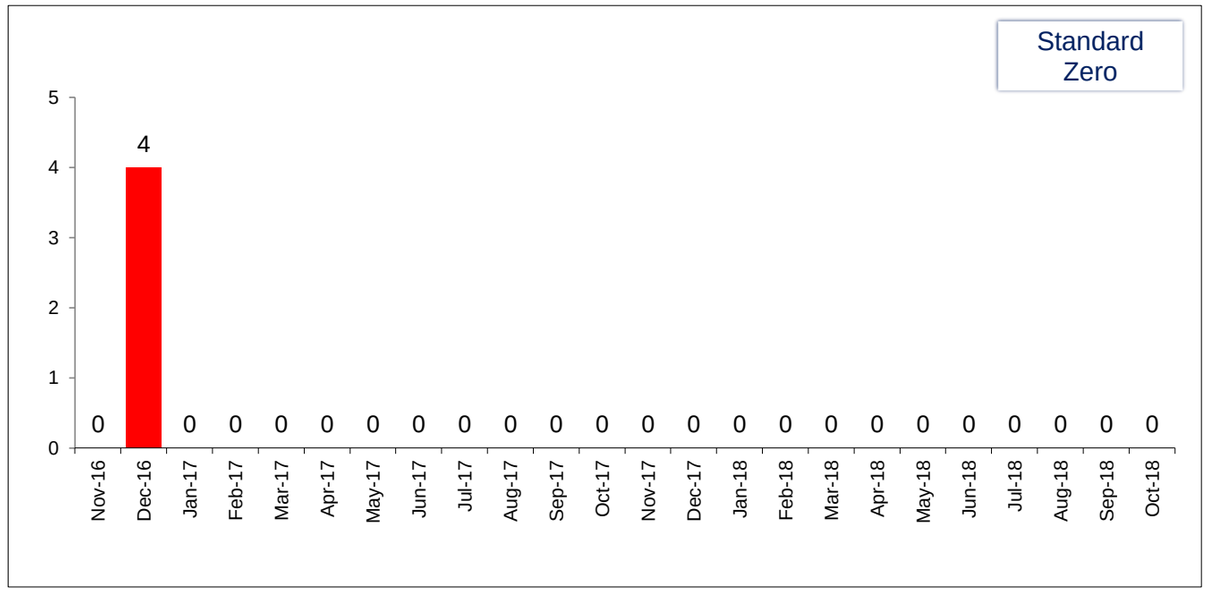
k3.10 | Friends and Family Score - Maternity



k3.11 | Friends and Family Score - Daycases



k3.13 | Number of Mixed Sex Accommodation Breaches



Cancer
Author: Nichola Kane, Deputy Director of Nursing and Quality

The Trust successfully achieved all cancer targets in September and 62 day performance remained strong at 96.24%. For the 6th consecutive month there were no 100 day breaches. At a National level, Kingston Hospital was reported as the best performing Trust in the country for cancer performance (1/131 Trusts).

ERS went live for 2ww referrals on the 1st of September 2018 and thus far we have experienced minimal issues. The number of 2ww referrals continues to be high within certain specialties and managing diagnostic capacity remains challenging.

There has been a further delay with the implementation of Day 38 reporting and further clarification from NHSE is awaited. The shadow monitoring for day 28 is due to commence in April 2019.

Referral To Treatment (RTT)
Author: Anna Jebb, Associate Director, Planned Care

RTT incomplete performance was 93.34%, comfortably above the 92% target. From October, at the request of NHSI the patients the trust is taking from SGH are excluded from our reported figures, in line with the fact that SGH is not currently reporting.

Cancelled Operations
Author: Anna Jebb, Associate Director, Planned Care

No breaches of the 28 day standard for quarter 2. A number of cancellations from the same day in orthopaedics due to high levels of trauma and the need to make space for these. Ophthalmology had a couple of cancellations due to a lens not being available.

A&E Performance
Author: Tracy Moore, Associate Director of Unplanned Care (Emergency Services)

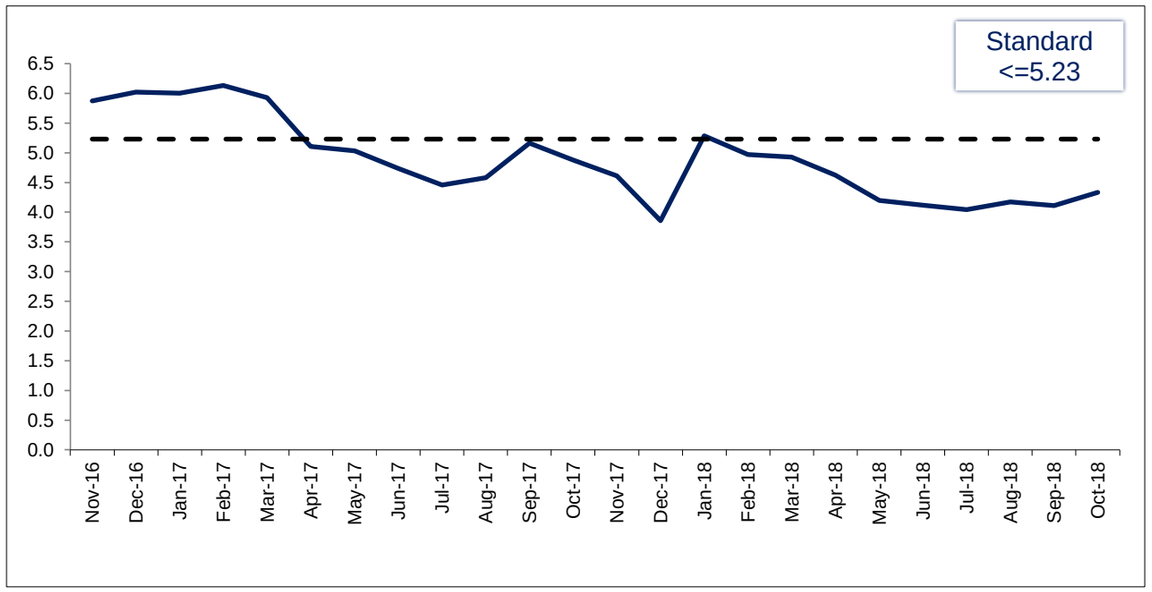
Performance in October 2018 was 91.88%, an improvement of 3.51% against the previous month. Activity in October saw an increase of 6% as compared with October 2017. The urgent treatment centred continued to perform well at above 99%. The number of ambulance handovers over 30 minutes increased to 11 but the Trust continued to have no ambulance handovers of more than 60 minutes.

Work on the development of the integrated discharge team continued during the month. The weekly multidisciplinary discharge events also continued. This included pre-planned conference calls with partners and an internal briefing regarding delays. Work continued on the implementation of the winter plan including the remodelling of beds within the medical unit, the development of the medical day unit, and the provision of additional physiotherapy and radiology at weekends. The Trust continues to progress with the design of the mental health assessment unit in ED in liaison with South West London and St George's Mental Health Trust.

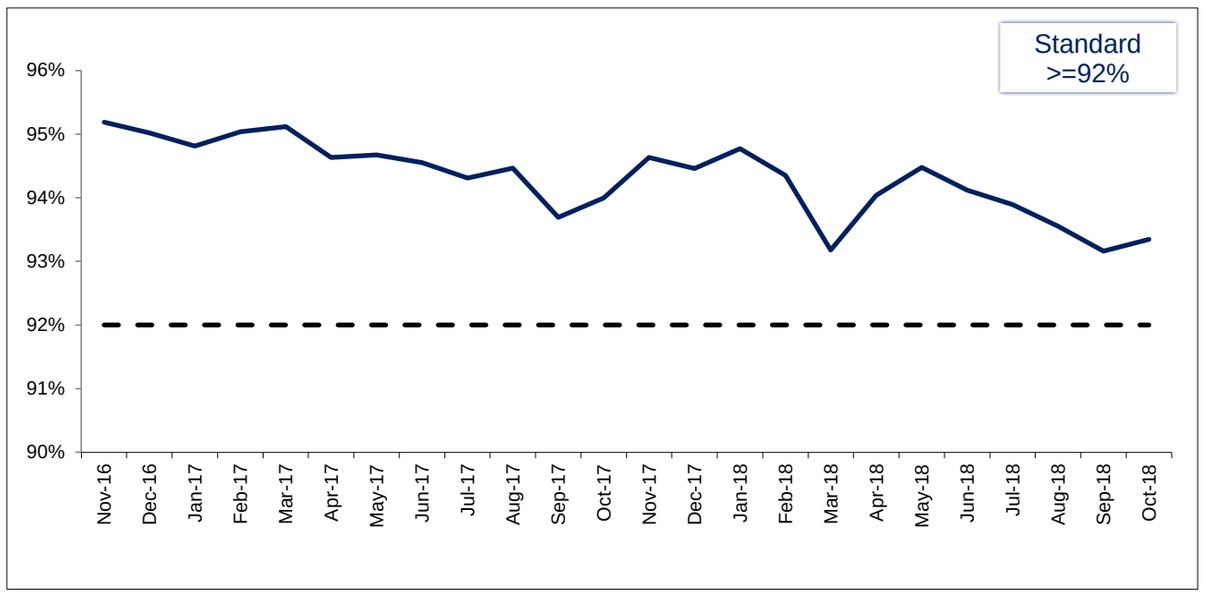
Responsive

October 2018

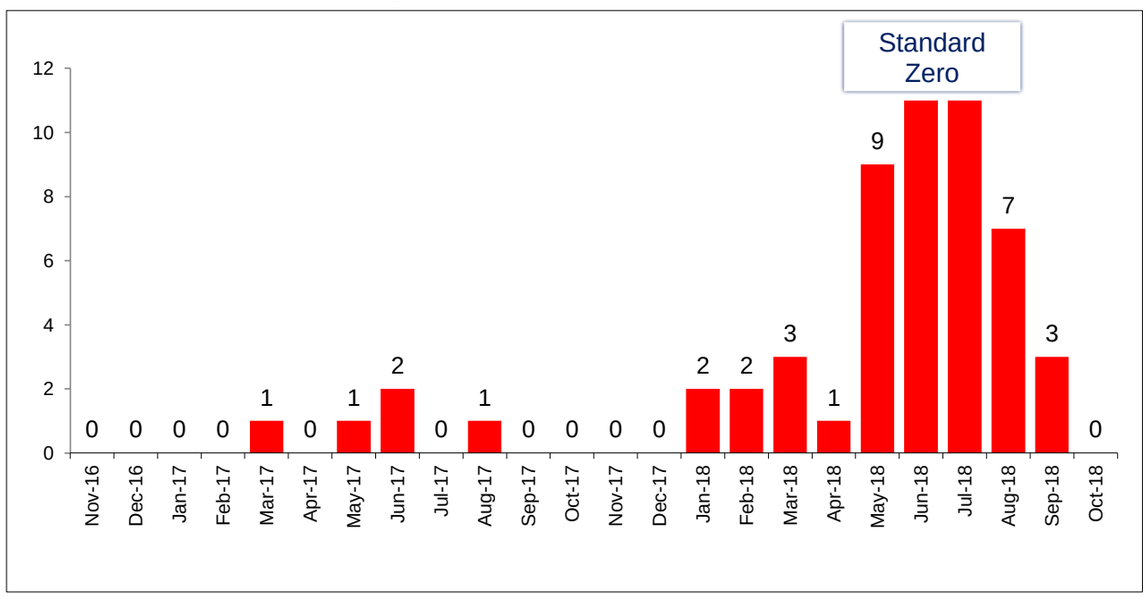
k6.01 | Average length of stay - Emergency Admissions



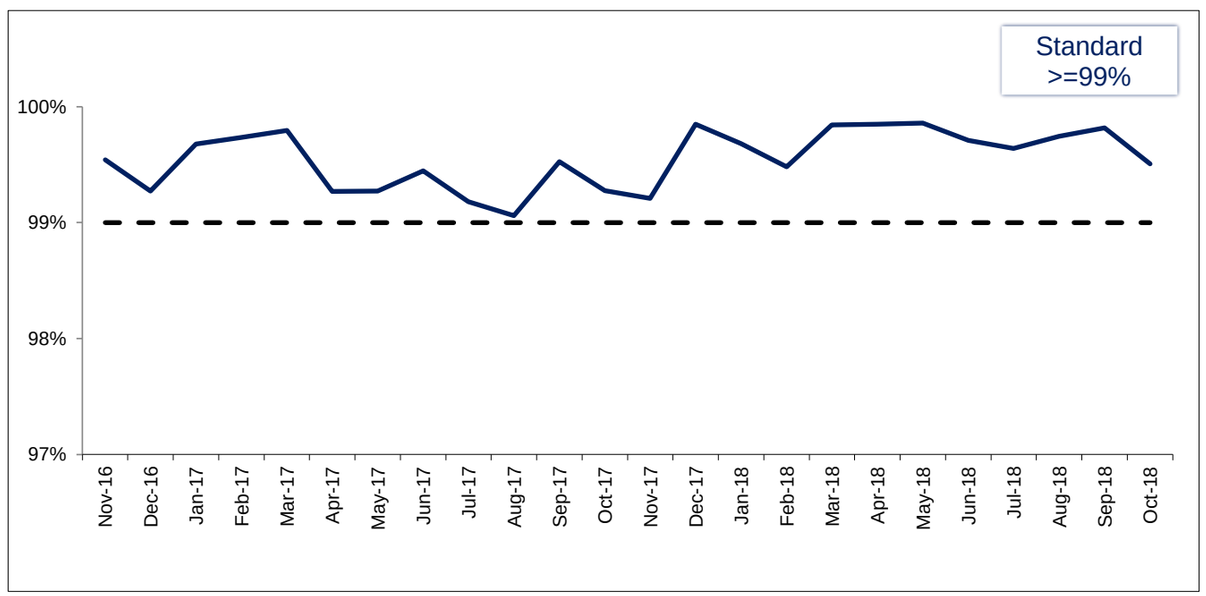
k6.02 | 18 weeks Referral to Treatment - Incomplete pathways



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



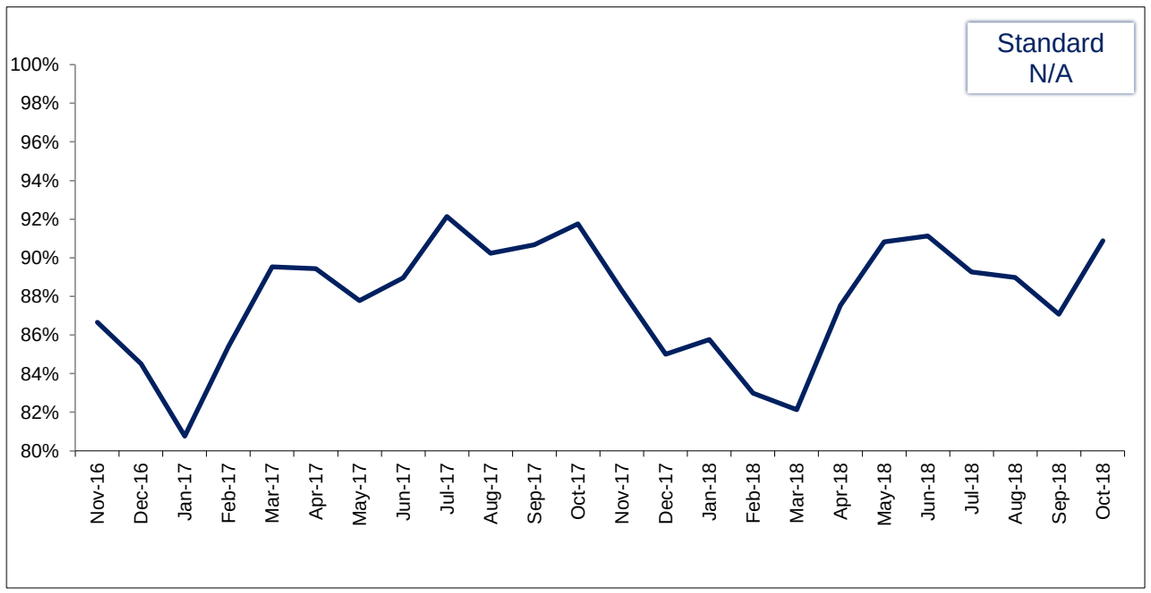
k6.04 | Diagnostic test - % waiting 6 weeks or less



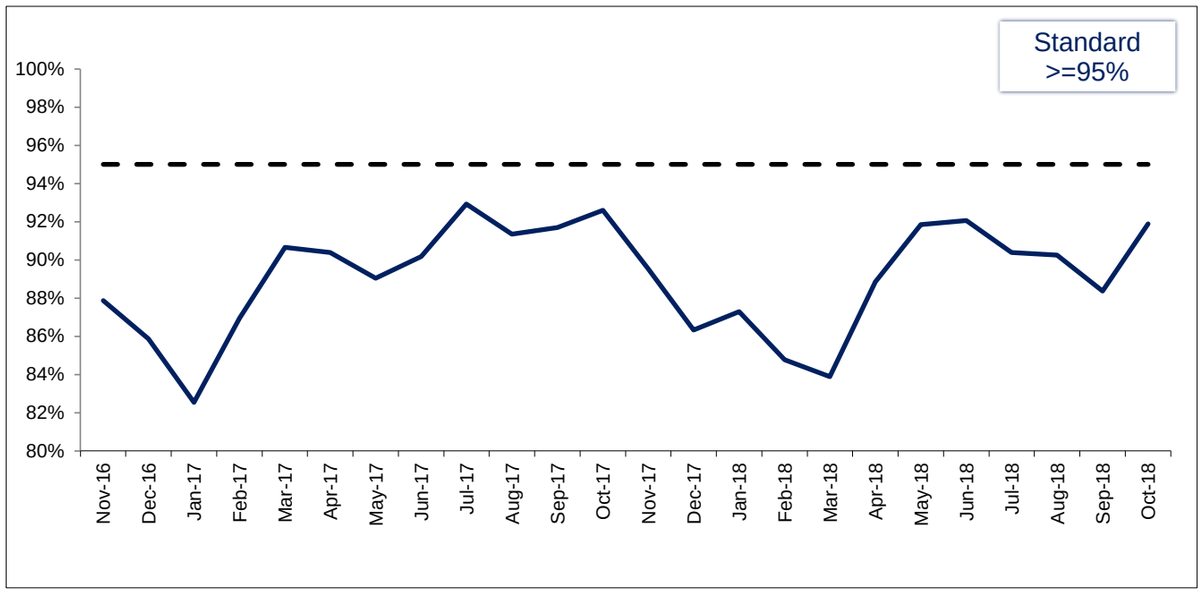
Responsive

October 2018

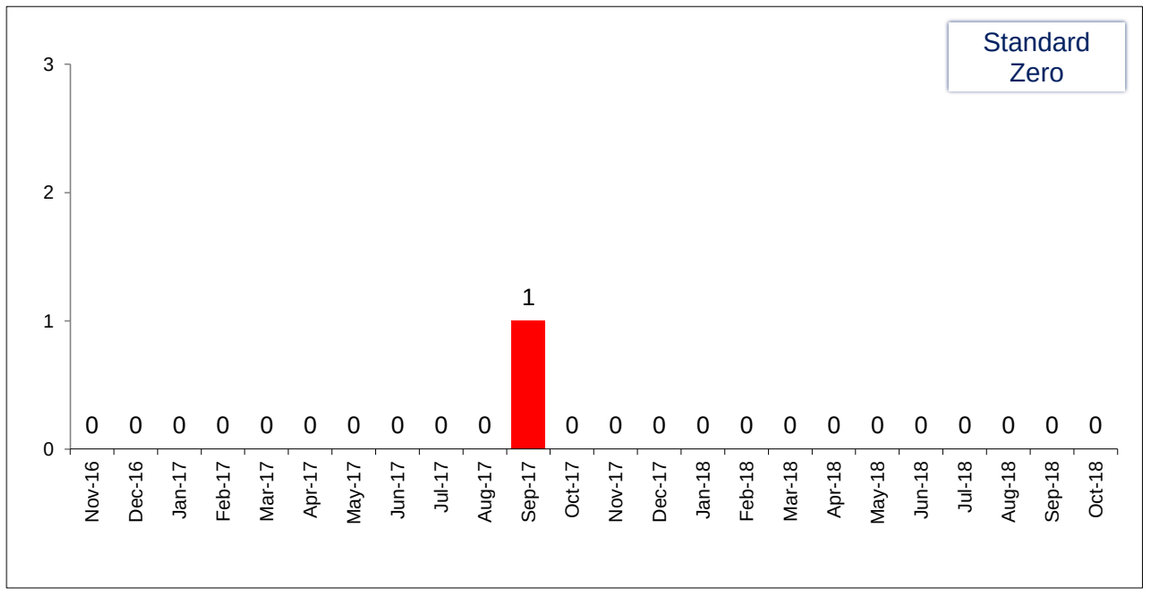
k6.05 | A&E 4 hour waiting time (type 1)



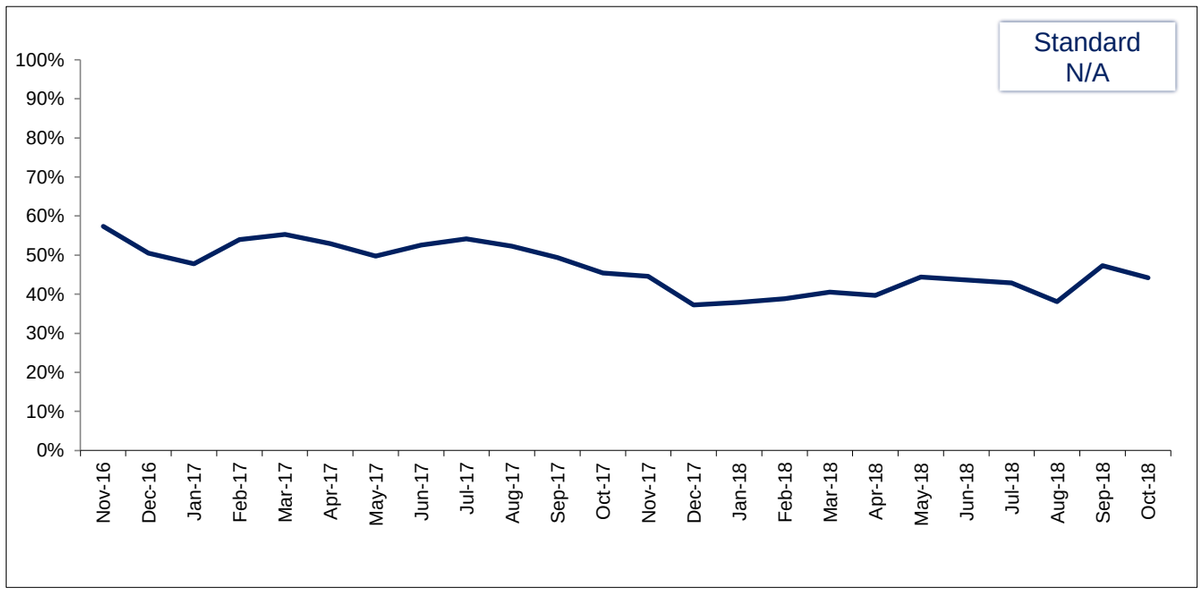
k6.06 | A&E 4 hour waiting time (all types)



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



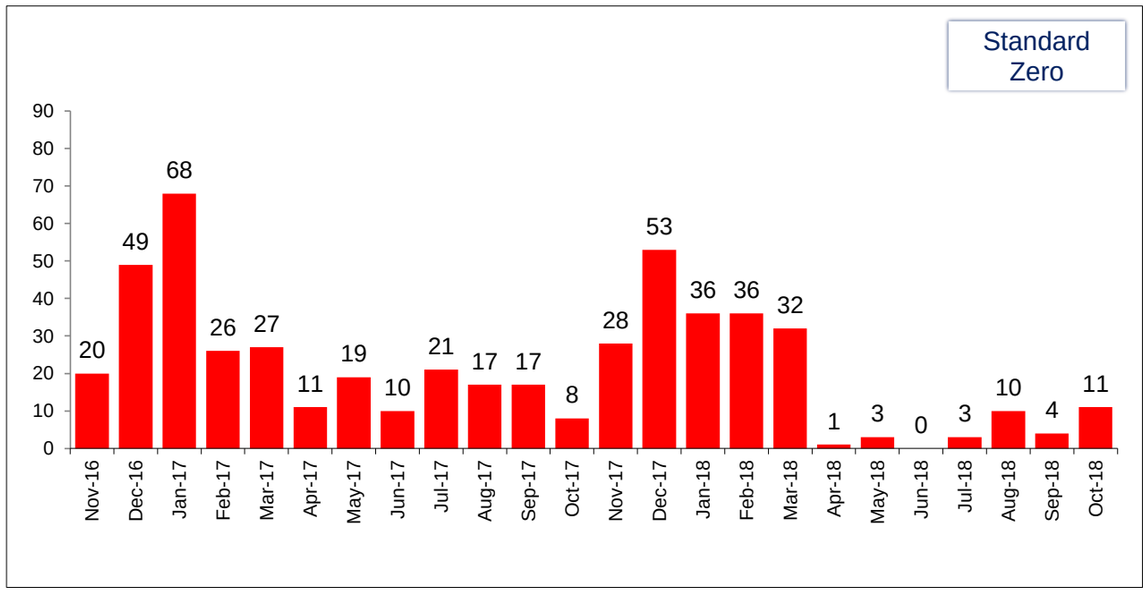
k6.08 | LAS Ambulance Handovers - % within 15 minutes



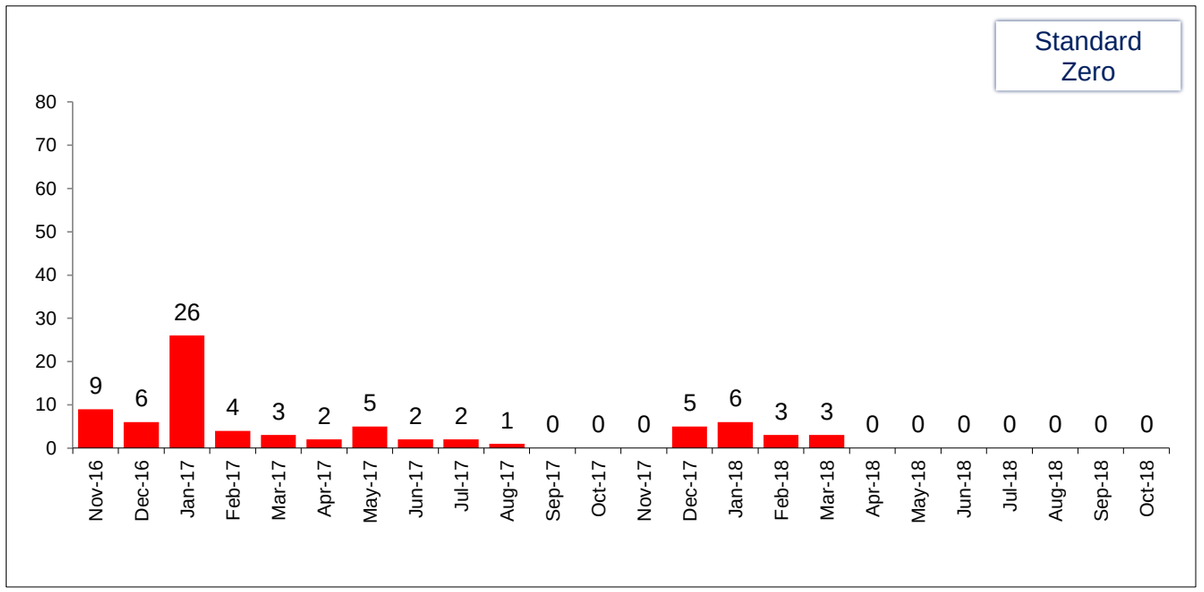
Responsive

October 2018

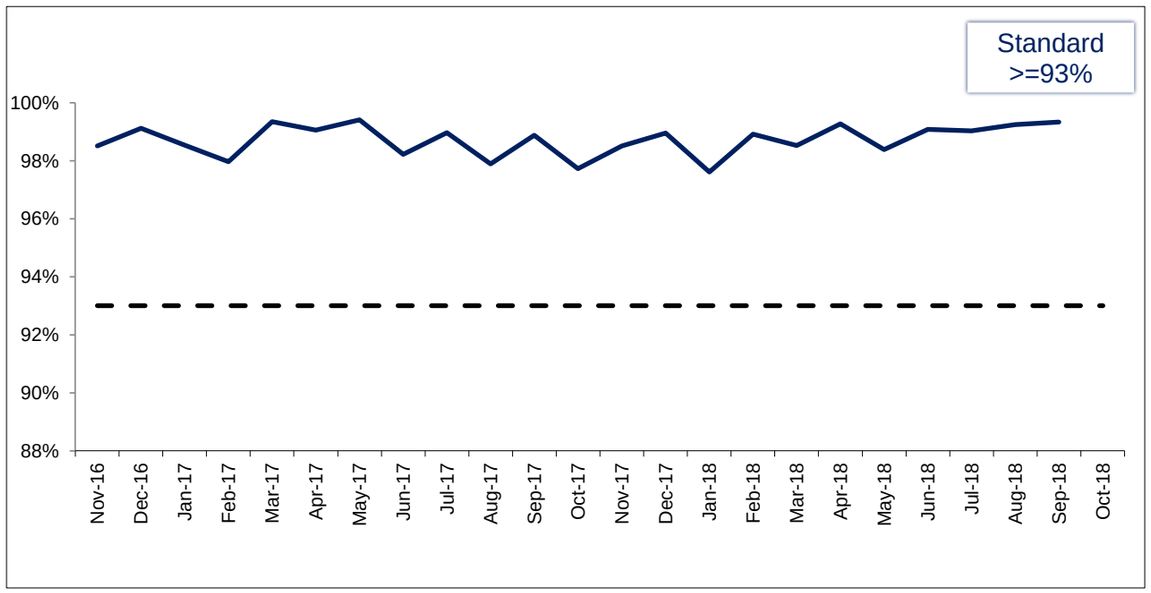
k6.09 | LAS Ambulance Handovers - 30 min waits



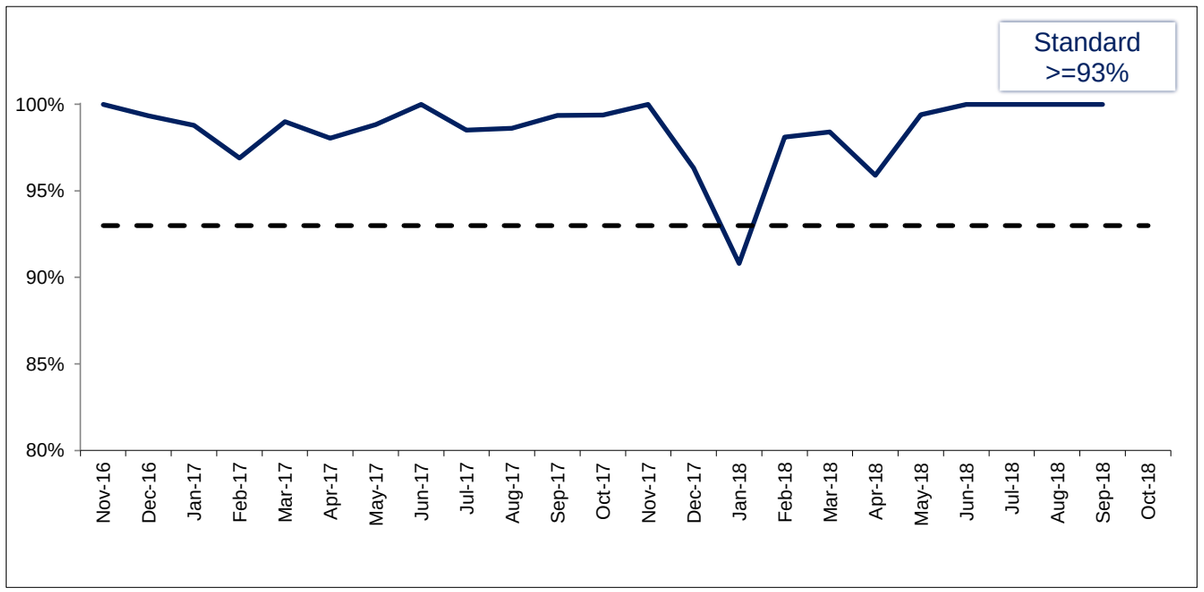
k6.10 | LAS Ambulance Handovers - 60 min waits



k6.11 | Cancer - Two week wait



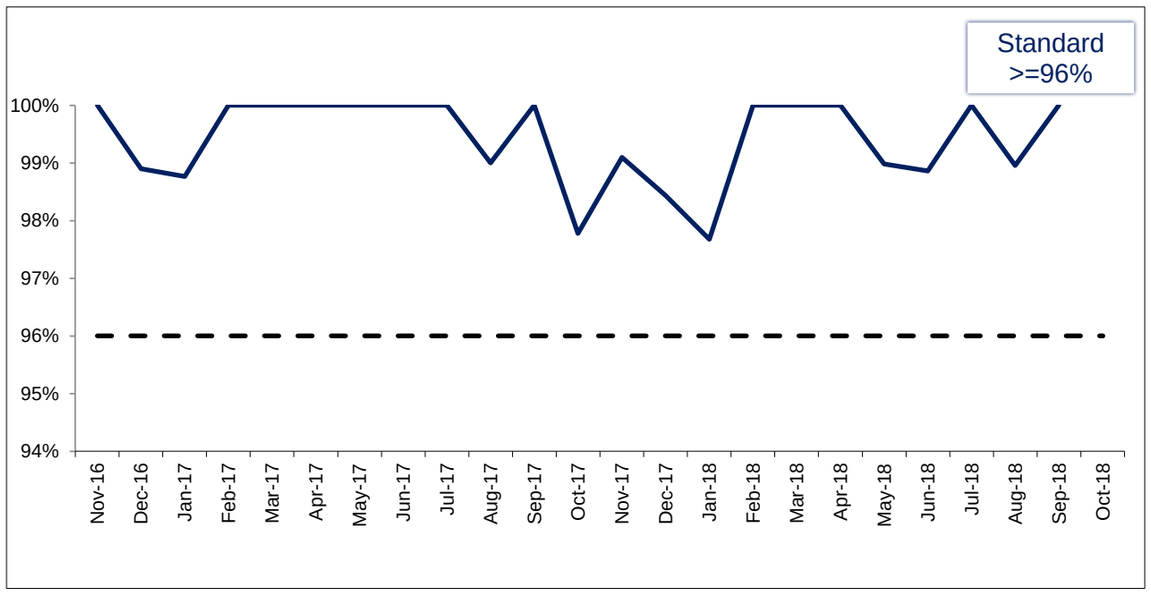
k6.12 | Cancer - Two week referral to 1st outpatient - breast symptoms



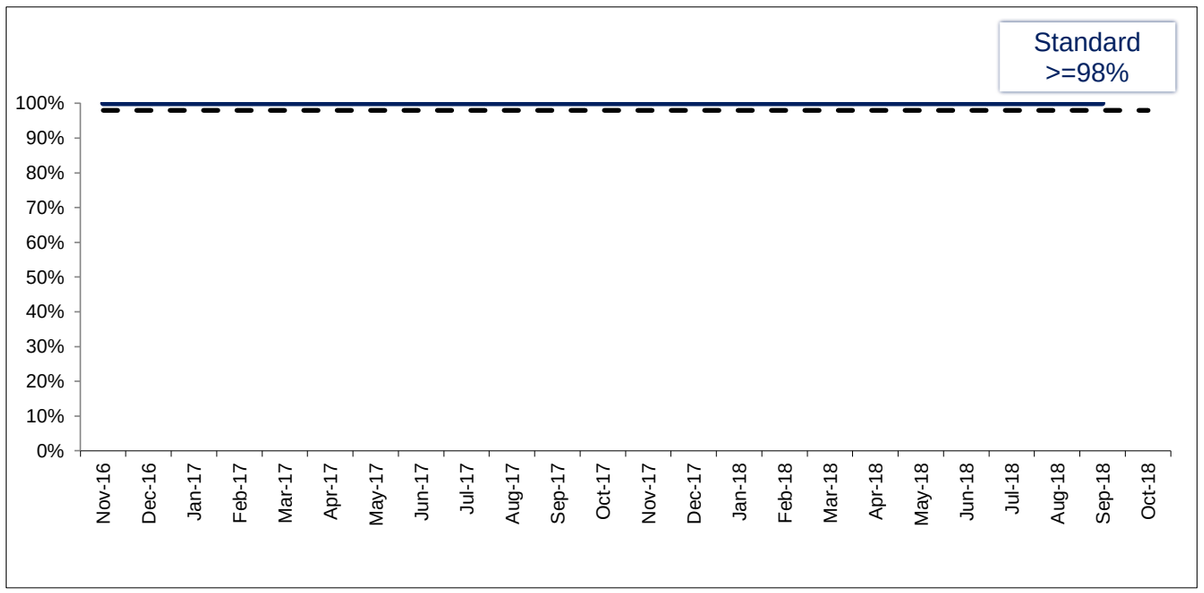
Responsive

October 2018

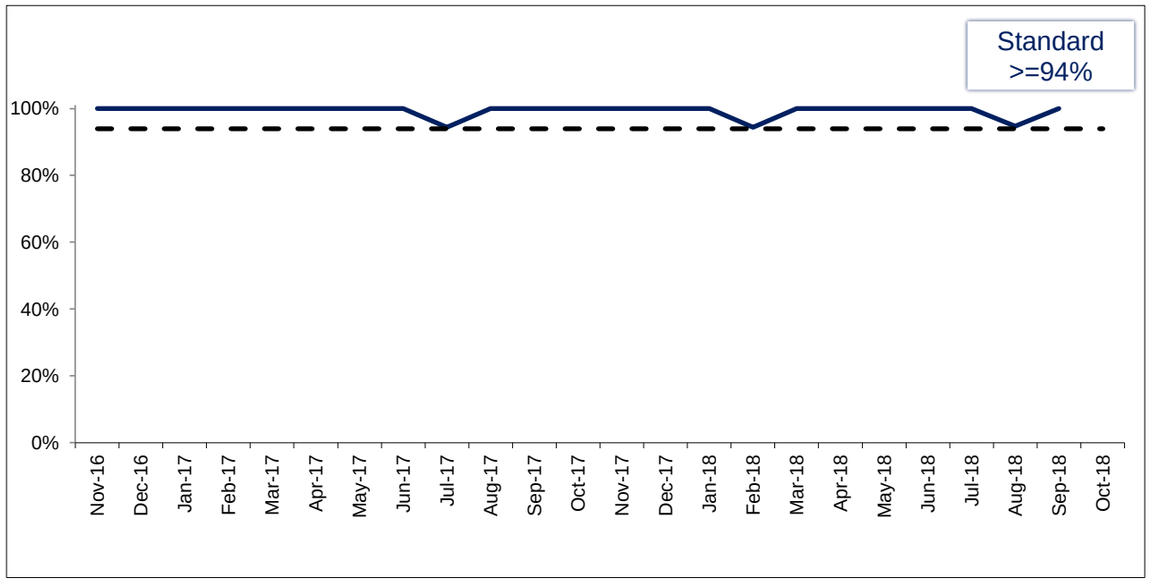
k6.13 | Cancer - Patients receiving first definitive treatment within one month (31 days) of a cancer diagnosis



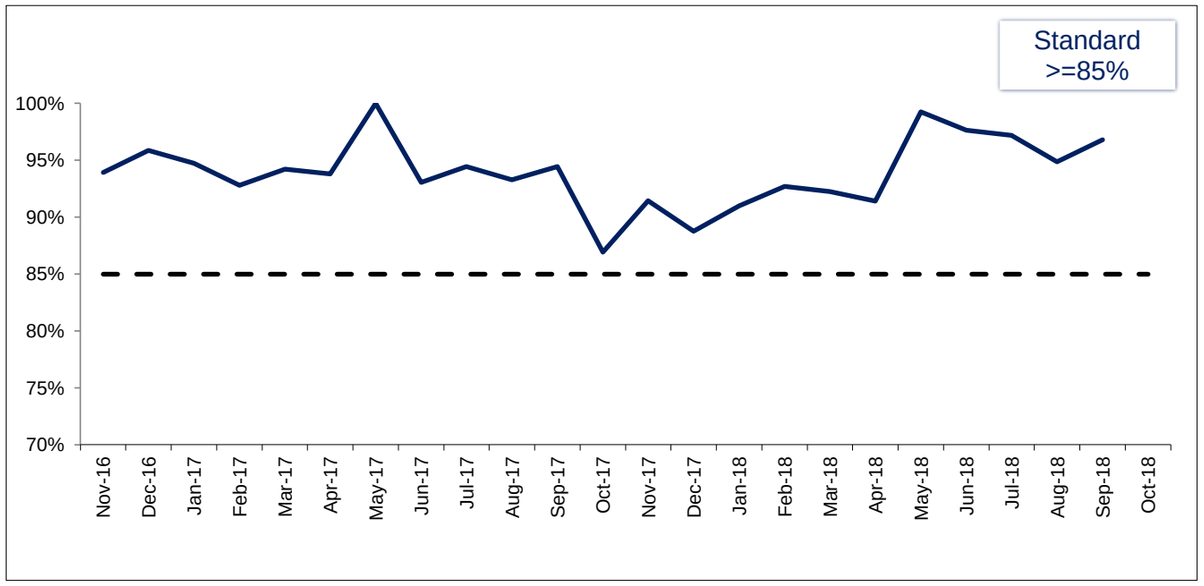
k6.14 | Cancer - 31 day second or subsequent treatment - drug



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



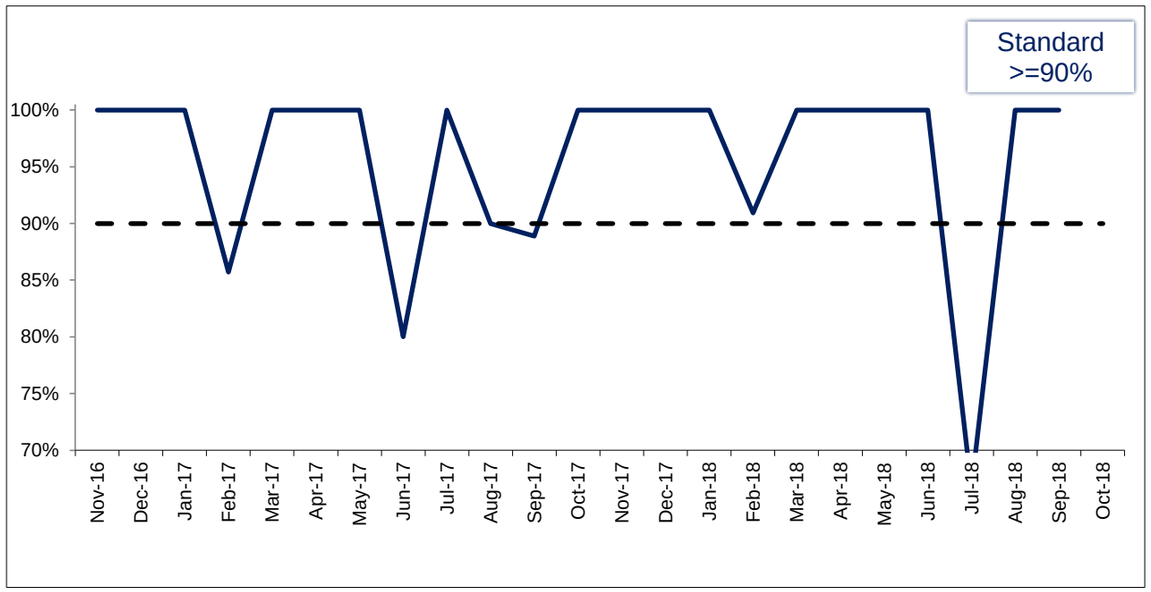
k6.16 | Cancer - Two month urgent referral to treatment wait



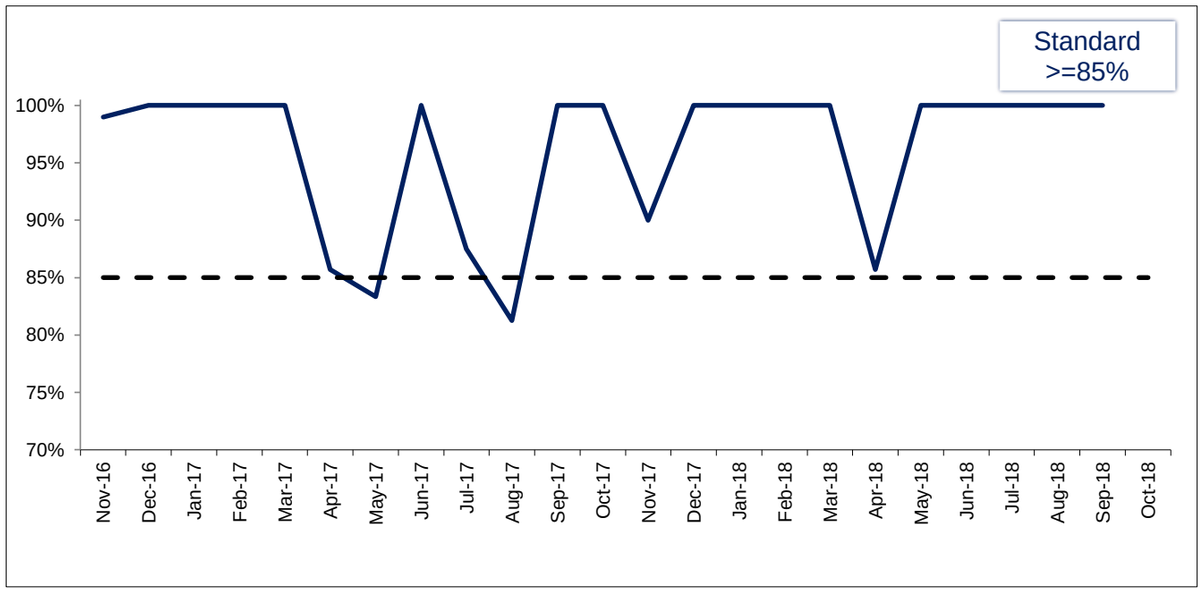
Responsive

October 2018

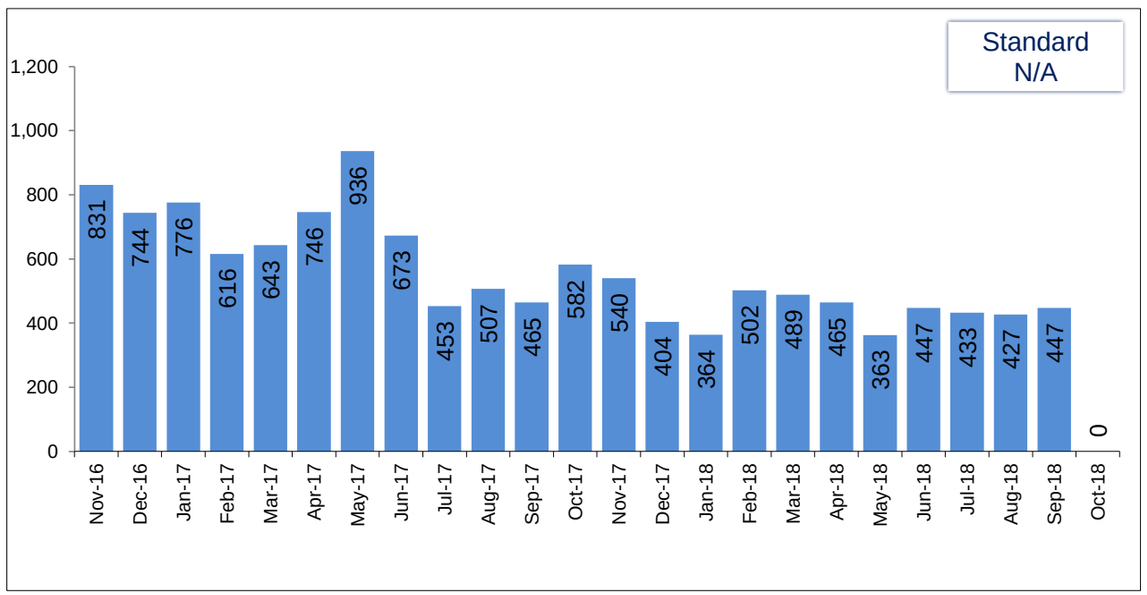
k6.17 | Cancer - 62 day wait for first treatment following referral from a NHS Cancer Screening Service



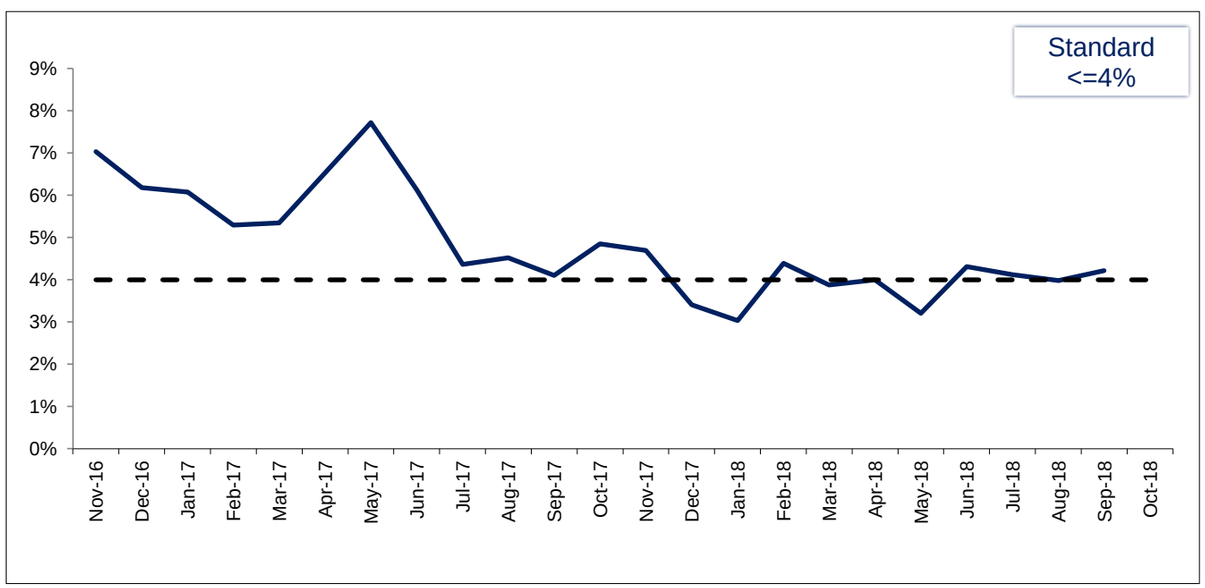
k6.18 | Cancer - 62 day wait for first treatment following consultant upgrade



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



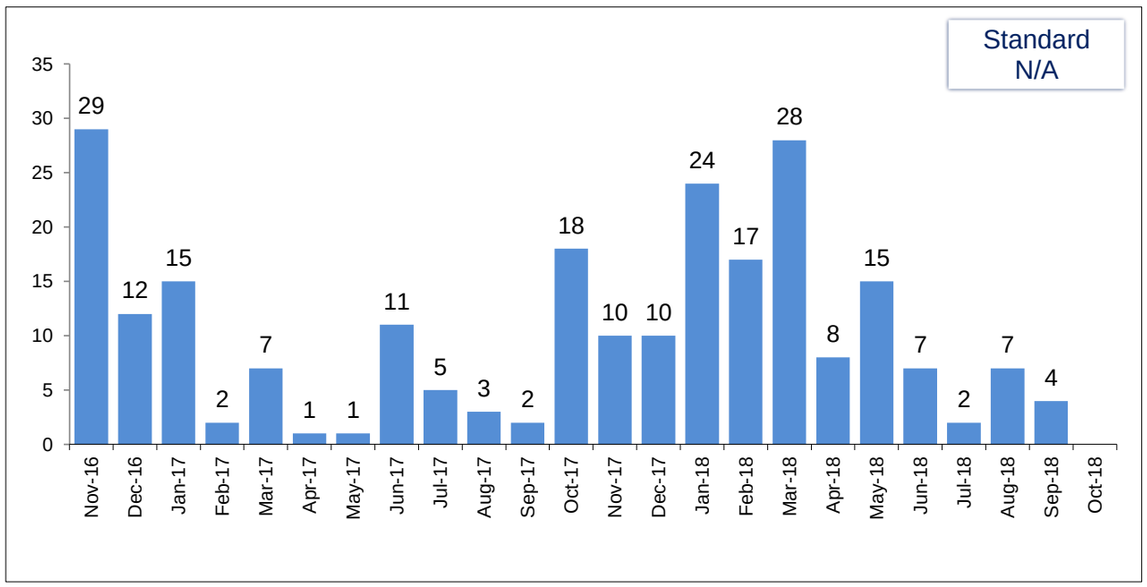
k6.21 | Delayed transfers of care - Rate per occupied bed day



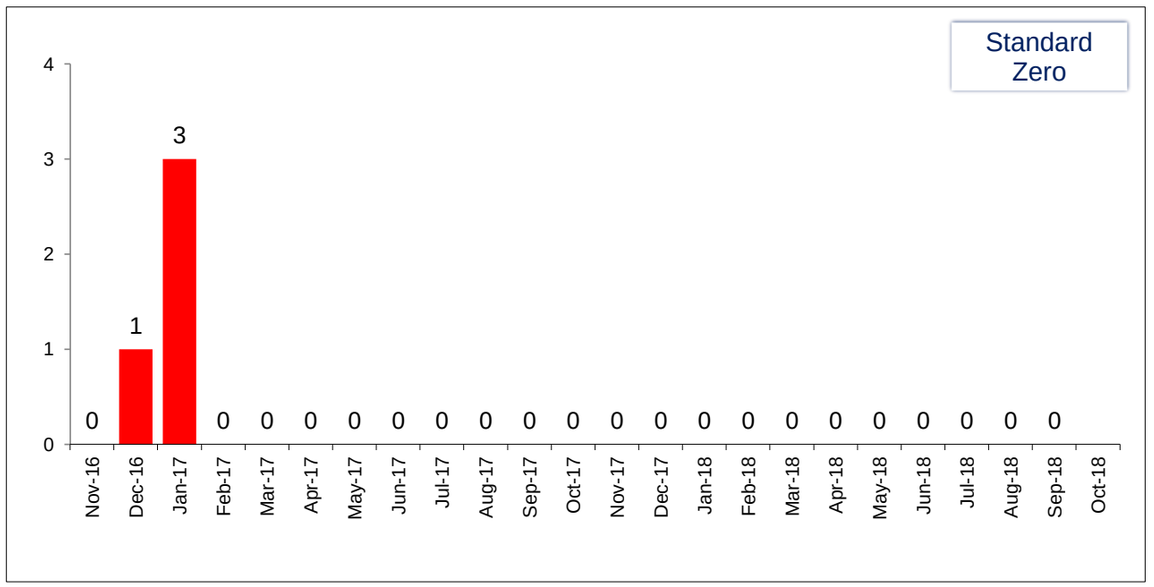
Responsive

October 2018

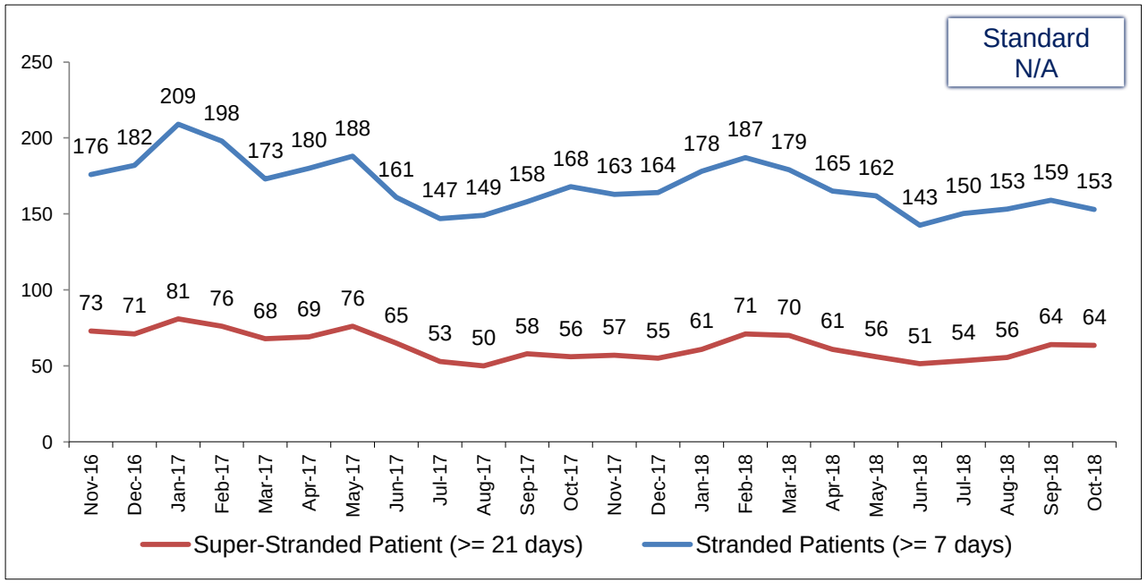
k6.22 | Number of cancelled operations



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



k6.30 | Stranded Patients (>=7 days and >=21 days)



Author: Carolyn Floyd, Workforce Information & Planning Manager

1. Vacancy (target 6%)

The Vacancy rate has reduced again this month to 6.83%, and is amber rated for the first time this year. The staff group with the highest WTE vacant remains Admin and Estates (74.73wte) which is still 30wte higher than all other staff groups, this needs to be tackled. The Trust only need to recruit 26wte to reach the target rate. There is 45.60wte in the pipeline to start next month, however this off-set by a predicted leavers and so it is likely we won't reach target until Feb-19. For the Nursing staff groups International Recruitment for Nurses continues to on-board new staff every month with two intakes in November as well as national cohort recruitment. The Nursing Assistant staff group is recording the lowest vacancy rate for the past three years.

The average vacancy rate for or comparators is 12.64% (Aug-18) which the Trust fall well below.

2. Turnover (target 15.75%)

The Trust turnover has decreased this month to 14.30% and remains green rated.
High pockets of turnover remains within the Nursing Assistants and Admin staff groups but some of this relates to natural career progression as it is within pay bands 2 and 3.

The average turnover rate for our comparator's is 14.04% (Aug-18) which the Trust is only slightly above..

3. Sickness (target 2.7%)

The Sickness rate has reduced to 2.54% and is green rated. The highest percentage of sickness falls within the lower pay bands 2 and 3, this is due to a higher number of staff recording long term sickness in these groups. It is the Qualified Nursing and Admin and Estates are the staff groups that has the highest WTE lost to sickness. These are the staff groups with the highest number of employees so it is not an unusual pattern.

There are now 13 employees with over 100 days sickness in the Trust all of which are being monitoring by the AskHR team.

The average sickness rate for our local comparator's is 3.22% (Aug-18) which the Trust fall below with only one other Trust recording a lower percentage.

4. Mandatory Training (target 85%)

This month the compliance rates have increased again to 70.85%, but we remain red rated. Activity for the now On-line Training has increased dramatically over the last few months and this will have a positive impact on compliance going forward. Lowest compliance is within the higher pay bands and the Central Directorates and these areas have been specifically targeted this month.
The average Mandatory Training compliance for our comparator's is 85.51% (Aug-18) and the Trust records the lowest percentage of all the Trusts.

6. Appraisals (target 90%)

Appraisal rates continue to improve month on month and excellent progress has been made in the Clinical divisions with several Service Lines already at target. Slow progress is within the Central Directorates and these areas have been targeted to improve compliance

10. Stability (target 85%)

A new measure for this financial year stability allows the Trust to measure how stable the organisation is by measuring staff with over one year's service. This rate has been static over the last coupe of months falling just below the 85% target at 84.49%. The Nursing Assistants and Admin and Estates staff groups are the least stable.

11. Time to Hire (target 85%)

Another new measure for this financial year the Trust is measuring the percentage of staff in a rolling year that have been recruited in under 88 days. The measure is based on number of working days between the advertising start date and start date of an employee so does take into account notice period.
Time to Hire has reduced again this month and is amber rated at 78.39%, however since introducing the measure changes have been made in the Vacancy Control Group, the Talent Pool has been introduced and Financial sign of has altered. All these factors mean that the start of the process from Advertising start date have been elongated and so this will need to considered if we continue to use this measure.

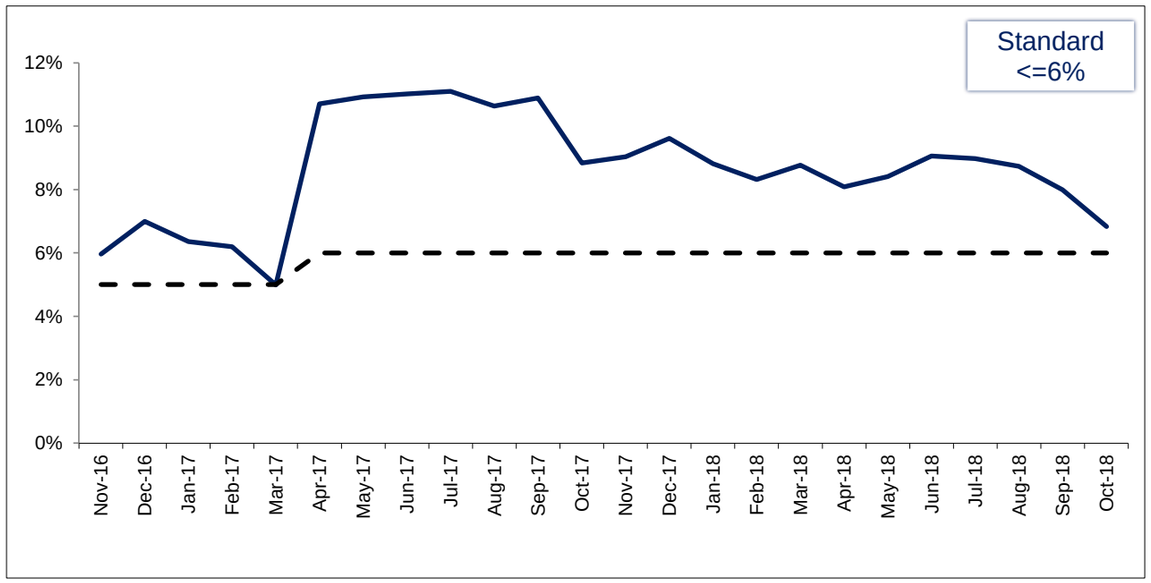
Comparators (14 Trusts):

St George's Healthcare, Epsom & St Helier, Croydon Health, Guy's and St Thomas', Imperial College Healthcare, Chelsea & Westminster, West Middlesex, Ashford & St Peter's, Frimley ,Royal Surrey, West Hertfordshire Hospitals, Dartford & Gravesham, Barking, Havering & Redbridge and Hillingdon Hospital.

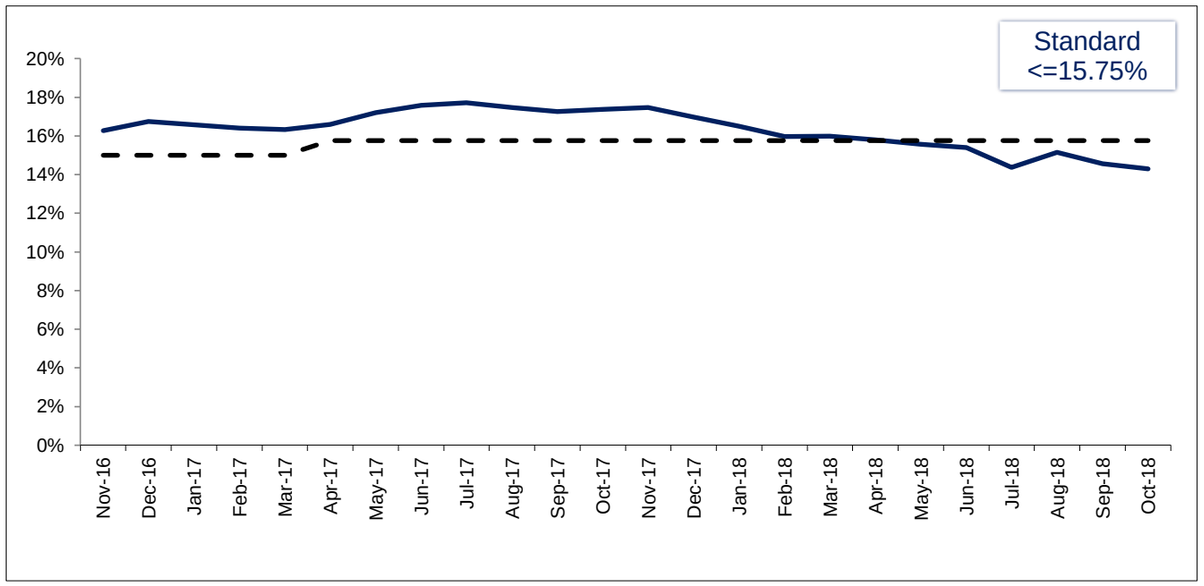
Well-led

October 2018

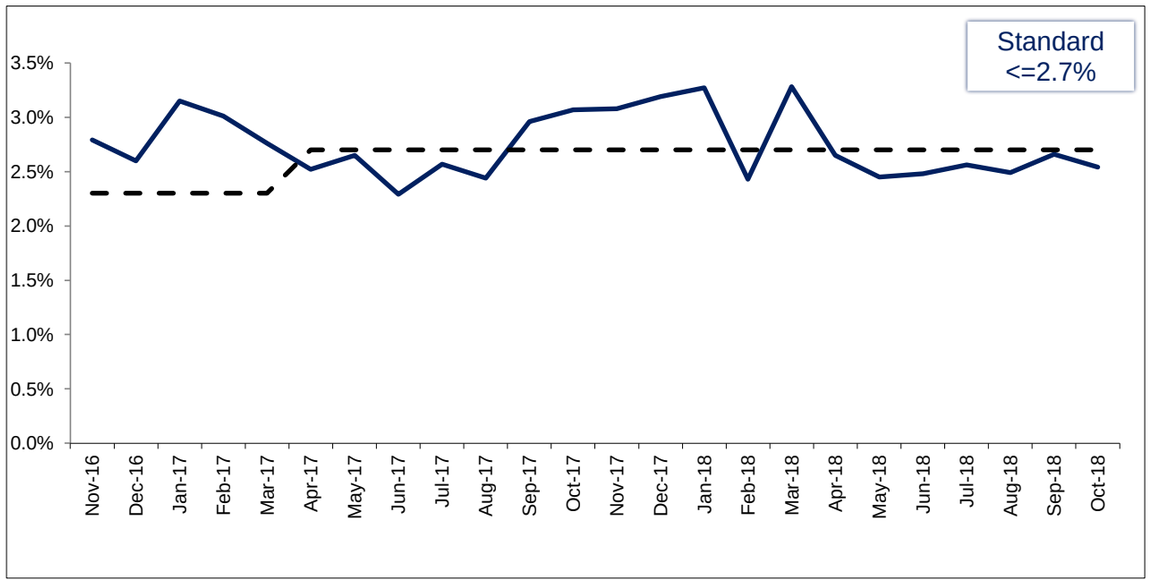
k7.01 | Vacancy rate



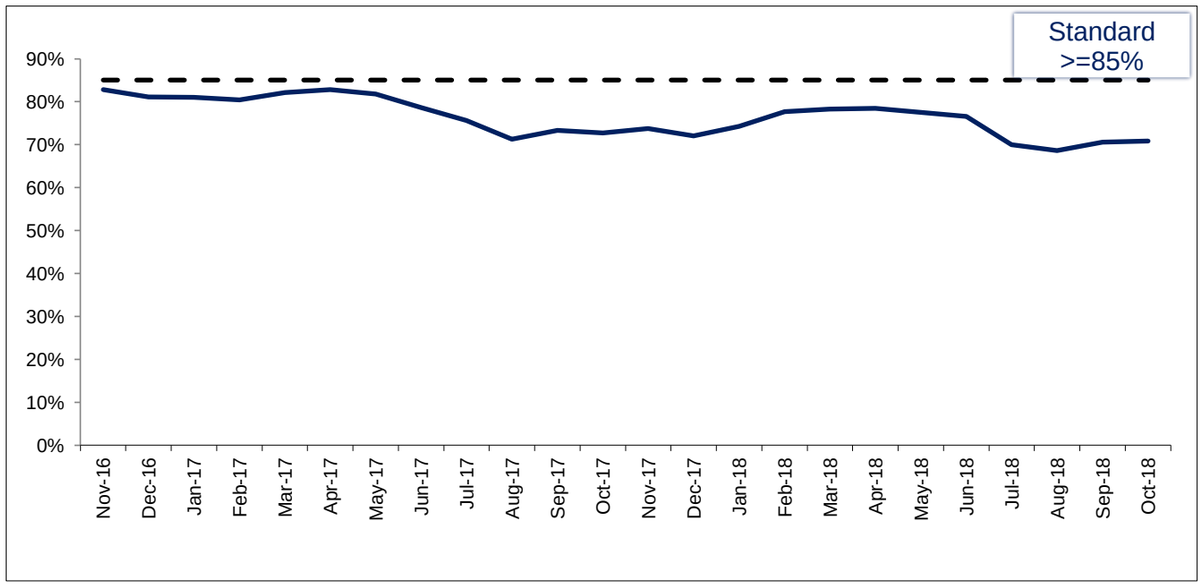
k7.02 | Turnover rate



k7.03 | Sickness rate



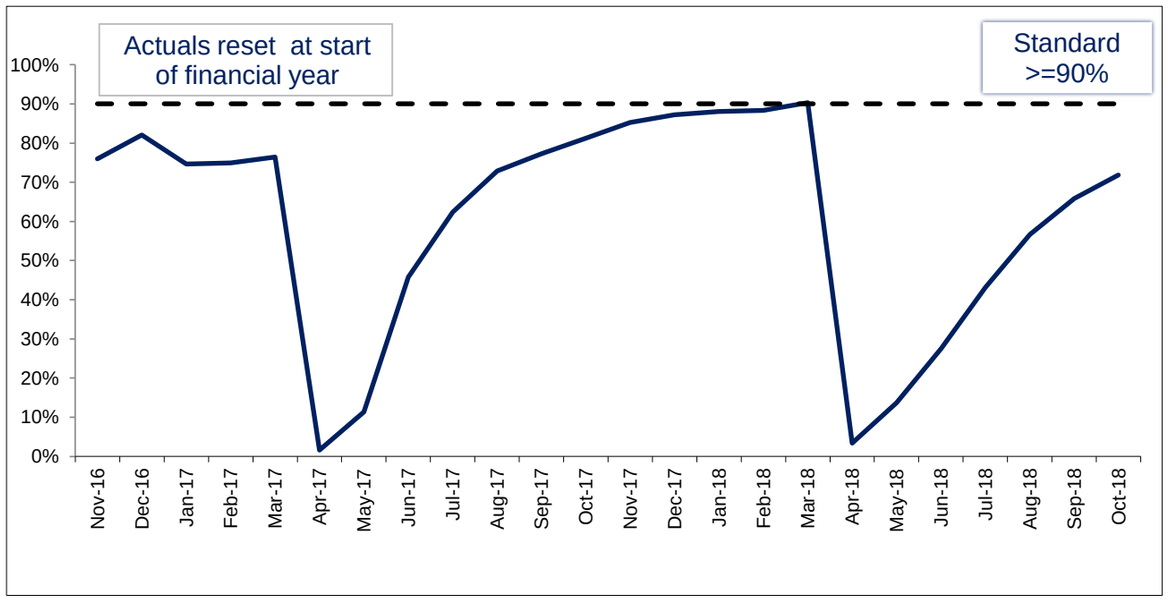
k7.04 | Mandatory training



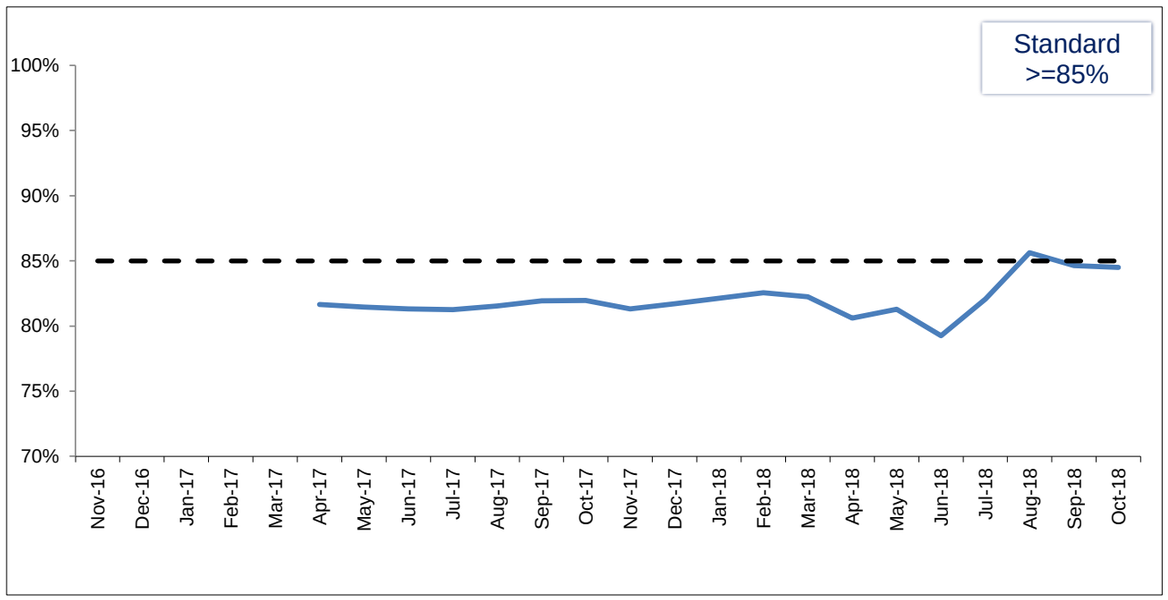
Well-led

October 2018

k7.05 | Appraisals / PDRs completed



K7.10 | Stability (% Staff Retained >1yr)



Kingston Hospital NHS
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Domain Scorecard Summary

Rolling 12-Month Scorecard

KPI	Description	Standard (From Apr '18)	Type	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	YTD (2018/19)	2017/18 (Full Year)
Safe																	
k1.01	Pressure ulcers - Hospital acquired (Grade 3 and 4)	<=10 per month	Number	5	1	5	3	2	2	5	4	0	2	0	2	15	36
k1.011	Pressure ulcers - Hospital acquired (Grade 3 and 4) - Avoidable		Number	3	1	5	2		2	4	2	0	1	0	2	0	0
k1.012	Pressure ulcers - Hospital acquired (Grade 3 and 4) - Unavoidable		Number	2	0	0	1	2	0	1	2	0	1	0	1	22	44
k1.02	Patients with Hospital acquired pressure ulcers (Grade 3 and 4) per 1000 beddays	<=0.1 per month	Rate	0.43	0.08	0.42	0.30	0.16	0.17	0.44	0.39	0.00	0.19	0.00	0.18	0.20	0.26
k1.03	Pressure ulcers - Hospital acquired (Grade 2)	<=3 per month	Number	0	2	8	2	5	2	1	6	8	3	0	2	22	44
k1.031	Pressure ulcers - Hospital acquired (Grade 2) - Avoidable		Number	0	2	7	1	3	2	1	6	4	1	0	0	9	13
k1.032	Pressure ulcers - Hospital acquired (Grade 2) - Unavoidable		Number	0	0	1	1	2	0	0	0	3	2	0	1	17	18
k1.04	Patients with Hospital acquired pressure ulcers (Grade 2) per 1000 beddays	<=0.51 per month	Rate	0.00	0.17	0.67	0.20	0.40	0.17	0.09	0.58	0.76	0.28	0.00	0.18	0.29	0.32
k1.05	MRSA Bacteraemias (Hospital Assigned)	=0 per month	Number	0	0	1	0	0	1	0	0	0	0	0	0	1	4
k1.06	MSSA Bacteraemias (Hospital Apportioned)	<=1 per month	Number	1	4	0	2	2	1	1	2	2	2	0	1	9	13
k1.07	Clostridium difficile Infections (Hospital Apportioned)		Number	1	1	2	3	1	2	4	4	3	1	2	1	17	18
k1.08	Clostridium difficile Infections (Hospital Apportioned) due to Lapse in Care (confirmed cases)	<=8 per annum	Number	1	1	1	1	0	1	0	1	1	0	0	0	3	4
k1.09	Completed Patient Observations - Adult inpatients (NEWS)	>=0.97 per month	%	97.1%	97.8%	96.5%	98.6%	96.4%	95.5%	98.7%	97.9%	98.3%	99.1%	99.5%	99.7%	98.3%	97.3%
k1.10a	Completed Patient Observations - Paediatric Inpatients (NEWS)	>=0.97 per month	%	100.0%	100.0%	100.0%	97.2%	100.0%	100.0%	100.0%	100.0%	92.5%	97.8%	100.0%	100.0%	98.7%	98.6%
k1.12	Patient Safety Incident (PSI) Falls	<=58 per month	Number	57	54	77	47	66	52	50	53	52	68	66	58	399	688
k1.13	Number of Patient Safety incident Falls per 1000 (G&A) bed days	<=5.3 per month	Rate	4.95	4.55	6.42	4.70	5.23	4.47	4.42	5.11	4.95	6.33	6.22	5.27	6.10	5.00
k1.14	Patient Falls with moderate or severe harm	<=6 per month	Number	0	1	1	1	1	0	0	0	1	3	1	0	5	11
k1.15	Never Events	=0 per month	Number	0	0	0	0	0	0	1	0	0	0	0	0	1	0
k1.16	Medication Incidents	-	Number	52	54	54	55	64	53	67	59	68	75	33	43	397	677
k1.17	% Medication Incidents where Moderate or Severe Harm occurred	<=0.04 per month	%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.4%	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%
k1.18	Serious Untoward Incidents	-	Number	5	1	4	3	1	3	3	2	6	2	2	3	21	31
k1.19	Escherichia Coli bacteraemia (all)	-	Number	8	9	9	10	12	12	13	18	10	12	14	20	99	148
k4.01	Safer Staffing - Day - Registered Midwives / Nurses fill rate	-	%	94.4%	90.9%	92.7%	91.4%	93.7%	95.1%	100.9%	101.3%	99.1%	94.1%	97.2%	97.0%	97.8%	94.3%
k4.02	Safer Staffing - Day - Assistant Fill Rate	-	%	114.5%	110.6%	111.0%	117.4%	114.7%	115.8%	113.0%	107.6%	112.7%	101.2%	106.7%	92.3%	106.9%	112.5%

Kingston Hospital NHS
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Domain Scorecard Summary

Rolling 12-Month Scorecard

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k4.03	Safer Staffing - Night - Registered Midwives / Nurses fill rate	-	%	95.0%	93.3%	99.0%	99.3%	102.1%	96.7%	102.7%	100.4%	97.4%	91.3%	95.9%	96.9%	97.4%	99.1%
k4.04	Safer Staffing - Night - Assistant Fill Rate	-	%	126.0%	114.3%	118.0%	126.5%	127.5%	122.0%	122.4%	109.3%	124.3%	100.9%	107.0%	95.2%	110.6%	119.2%
k4.05	Safer Staffing - Overall trust fill rate	-	%	102.4%	98.3%	101.4%	103.0%	104.4%	102.8%	106.4%	103.2%	103.6%	95.8%	99.8%	95.8%	101.0%	102.3%
k4.06	Safer Staffing - % of Registered Nurse and Midwife expenditure on agency staff	-	%	6.3%	3.1%	4.7%	6.1%	6.6%	5.8%	5.7%	2.7%	4.6%	4.2%	2.2%	2.9%	4.0%	4.8%
k4.07	Safer Staffing - Care Hours per Patient Day	-	Rate	8.27	7.98	8.05	8.02	8.10	8.07	8.27	8.59	8.10	8.31	8.06	7.99	8.20	8.05
k5.01	Maternity - Caesarean section rate	<=0.26 per month	%	30.5%	27.8%	28.4%	27.8%	32.5%	31.3%	32.4%	32.6%	28.6%	29.4%	31.0%	27.6%	30.4%	28.6%
k5.02	Maternity - % of women with a primary postpartum haemorrhage of 1500ml or more	<0.031 per month	%	5.3%	3.1%	4.0%	3.5%	3.9%	4.2%	4.5%	4.0%	4.4%	4.4%	4.3%	5.1%	4.4%	3.4%
k5.03	Maternity - % of women with a primary postpartum haemorrhage of 2000ml or more	<=0.01 per month	%	3.0%	1.4%	2.5%	1.0%	0.6%	2.2%	1.5%	1.7%	1.5%	1.3%	1.9%	2.9%	1.9%	1.3%
k5.04	Maternity - Significant Perineal Trauma	-	%	2.3%	1.2%	1.0%	1.2%	2.2%	2.0%	1.7%	2.7%	2.6%	1.3%	1.0%	2.7%	2.0%	2.1%
Effective																	
k2.01	Standardised healthcare mortality index (SHMI) - most recent score	<=95	Index	83.182	83.182	83.182	83.182	83.182	82.349	82.349	85.782	85.782	85.782	83.266	83.266		
k2.02	Unadjusted Mortality Rate	-	%	1.0%	1.3%	1.4%	1.2%	1.0%	1.1%	0.9%	0.9%	0.8%	0.7%	1.0%	0.8%	0.9%	1.0%
k2.03	Sepsis - % of eligible patients screened for sepsis - ED	>=90% per month	%	82.0%	86.0%	86.0%	88.0%	92.0%	94.0%	86.0%	78.0%	88.0%	72.0%	91.38%		85.1%	80.2%
k2.04	Sepsis - % of eligible patients who received antibiotics within 1 hour of arrival - ED	>=90% per month	%	87.9%	81.5%	73.9%	78.1%	66.7%	83.3%	83.3%	73.5%	75.0%	65.9%	75.00%		75.4%	70.1%
k2.13	Sepsis - % of eligible patients screened for sepsis - Inpatients	>=90% per month	%	74.0%	68.0%	74.0%	92.0%	84.0%	70.0%	60.0%	62.0%	61.4%	80.4%	80.00%		68.8%	69.0%
k2.14	Sepsis - % of eligible patients who received antibiotics within 1 hour - Inpatients	>=90% per month	%	66.7%	70.3%	81.5%	66.7%	70.8%	57.1%	78.6%	91.4%	81.1%	81.4%	92.31%		82.9%	62.1%
k2.05	VTE Assessments (Trust)	>=95% per month	%	98.4%	97.9%	97.8%	97.7%	97.6%	97.7%	98.1%	98.1%	97.7%	98.1%	98.3%	98.1%	98.0%	97.9%
k2.06	Incidence of Hospital Acquired VTE (HAT)	-	Number	0	2	1	1	0	5	1	6	4	2	0	2	20	30
k2.07	% of eligible patients screened for dementia	>=90% per month	%	70.5%	66.9%	68.2%	76.6%	77.9%	76.6%	76.3%	78.3%	72.9%	77.0%	77.2%		76.3%	70.5%
k2.08	% of patients with dementia who were properly assessed	>=90% per month	%	92.3%	89.8%	90.9%	94.0%	98.4%	93.9%	94.8%	93.9%	91.8%	91.3%	90.0%		92.9%	91.2%
k2.09	% emergency readmissions following elective admission - 30 days	-	%	1.8%	3.2%	2.0%	3.6%	2.6%	1.8%	2.6%	3.0%	3.1%	2.2%	2.0%	2.8%	2.5%	2.5%
k2.10	% emergency readmissions following emergency admission - 30 days	-	%	15.5%	15.7%	17.1%	15.0%	16.7%	17.2%	16.8%	16.5%	14.8%	15.8%	15.8%	15.2%	16.0%	15.8%
k3.15	Hand Hygiene (Infection Control - Core Elements Tool)	>=95% per month	%	96.9%	97.7%	97.7%	97.4%	97.9%	97.8%	98.6%	97.6%	98.6%	98.3%	98.9%	98.2%	98.3%	96.9%
k2.12	Open Incidents - % of managers reports completed within 10 days	-	%	31.8%	27.9%	24.6%	29.6%	28.3%	39.5%	36.6%	36.1%	35.6%	47.3%	43.4%	43.6%	40.6%	31.6%

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Caring																	
k3.01	Number of complaints received this month	-	Number	27	15	32	28	31	35	29	26	35	26	33	37	221	338
k3.02	Number of complaints reopened this month	-	Number	3	2	3	3	5	4	4	3	1	6	1	6	25	50
k3.03	Number of complaints referred to ombudsman this month	-	Number	0	0	0	1	0	0	0	0	2	0	0	0	2	2
k3.14	Complaints Response Rate	>=80%	%	65.5%	87.0%	66.7%	70.0%	67.6%	40.0%	53.7%	53.1%	67.9%	76.9%	75.8%	50.0%	60.2%	71.3%
k.3.05b	FFT - Trust - % Would Recommend	-	%	87.1%	86.5%	88.2%	88.9%	89.8%	89.9%	90.7%	90.7%	90.5%	91.5%	91.6%	91.9%	91.0%	91.6%
k3.06a	FFT - InPatients - % Would Recommend	>96% per month	%	95.1%	94.5%	92.0%	90.9%	94.9%	94.3%	93.3%	94.9%	93.5%	96.3%	97.0%	95.4%	95.0%	95.4%
k3.07	FFT - Paediatric InPatients - % Would Recommend	-	%	92.6%	100.0%	100.0%	85.9%		81.8%		82.9%	90.9%	98.3%	89.6%	98.4%	#N/A	93.2%
k3.08a	FFT - OutPatients - % Would Recommend	-	%	90.0%	93.0%	93.6%	96.7%	90.7%	90.6%	92.2%	92.1%	91.9%	91.4%	92.7%	92.4%	91.9%	93.2%
k3.09a	FFT - A&E - % Would Recommend	-	%	82.5%	80.1%	83.9%	85.0%	84.6%	86.2%	85.9%	85.6%	86.2%	89.3%	86.3%	88.9%	86.9%	86.1%
k3.10c	FFT - Maternity - % Would Recommend	-	%	94.0%	95.5%	96.3%	98.3%	95.7%	100.0%	95.6%	95.2%	82.1%	93.8%	96.4%	98.9%	95.8%	96.6%
k3.11	FFT - Daycases - % Would Recommend	-	%	99.3%	93.9%	94.2%	94.9%	94.4%	95.5%	97.0%	96.4%	97.0%	97.6%	97.2%	98.2%	97.0%	97.0%
k3.13	Number of Mixed Sex accommodation breaches	=0	Number	0	0	0	0	0	0	0	0	0	0	0	0	#N/A	#N/A
k3.2	Complaints per 100 patient contacts	<=0.07	Rate	0.04	0.03	0.05	0.05	0.05	0.06	0.05	0.05	0.06	0.05	0.06	0.06	0.00	0.00
Responsive																	
k6.01	Average length of stay - Emergency Services (Emergency admissions only)	<=5.23 per month	Rate	4.61	3.86	5.28	4.97	4.93	4.62	4.20	4.12	4.04	4.17	4.11	4.34	4.23	4.77
k6.02	RTT - incomplete 92% in 18 weeks (NONC)	>=92% per month	%	94.6%	94.5%	94.8%	94.3%	93.2%	94.0%	94.5%	94.1%	93.9%	93.6%	93.2%	93.3%	93.8%	94.3%
k6.03	RTT - incomplete 52+ Week Waiters (NONC)	=0 per month	Number	0	0	2	2	3	1	9	11	11	7	3	0	42	11
k6.04	Diagnostic Test Waiting Times - Completed within 6 weeks (ALL)	>=99% per month	%	99.2%	99.8%	99.7%	99.5%	99.8%	99.8%	99.9%	99.7%	99.6%	99.7%	99.8%	99.5%	99.7%	99.4%
k6.05	A&E 4 hour waiting time (type 1)	-	%	88.3%	85.0%	85.8%	83.0%	82.1%	87.5%	90.8%	91.1%	89.3%	89.0%	87.1%	90.9%	89.4%	87.9%
k6.06	A&E 4 hour waiting time (all types)	>=95% per month	%	89.5%	86.3%	87.3%	84.8%	83.9%	88.9%	91.9%	92.1%	90.4%	90.2%	88.4%	91.9%	90.6%	89.2%
k6.07	A&E 12 hour trolley waits	=0 per month	Number	0	0	0	0	0	0	0	0	0	0	0	0	0	1
k6.08	LAS Ambulance Handovers - within 15 minutes	-	%	44.6%	37.2%	37.9%	38.8%	40.5%	39.7%	44.4%	43.6%	42.9%	38.1%	47.3%	44.2%	39.7%	46.1%
k6.09	LAS Ambulance Handovers - 30 min handover waits	=0 per month	Number	28	53	36	36	32	1	3	0	3	10	4	11	35	288

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k6.10	LAS Ambulance Handovers - 60 min handover waits	=0 per month	Number	0	5	6	3	3	0	0	0	0	0	0	0	0	29
k6.11	All Cancer Two Week Wait	>=93% per month	%	98.5%	99.0%	97.6%	98.9%	98.5%	99.3%	98.4%	99.1%	99.0%	99.2%	99.3%		99.0%	98.5%
k6.12	2 week GP referral to 1st outpatient - breast symptoms	>=93% per month	%	100.0%	96.3%	90.8%	98.1%	98.4%	95.9%	99.4%	100.0%	100.0%	100.0%	100.0%		99.3%	97.9%
k6.13	Percentage of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat')	>=96% per month	%	99.1%	98.4%	97.7%	100.0%	100.0%	100.0%	99.0%	98.9%	100.0%	99.0%	100.0%		99.5%	99.3%
k6.14	31 day second or subsequent treatment - drug	>=98% per month	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%
k6.15	31-Day Standard for Subsequent Cancer Treatments-Surgery	>=94% per month	%	100.0%	100.0%	100.0%	94.4%	100.0%	100.0%	100.0%	100.0%	100.0%	94.7%	100.0%		98.2%	98.9%
k6.16	All Cancer Two Month Urgent Referral to Treatment Wait	>=85% per month	%	91.4%	88.8%	91.0%	92.7%	92.2%	91.4%	99.3%	97.6%	97.2%	94.9%	96.8%		96.5%	92.7%
k6.17	62-Day Wait for First Treatment Following Referral from an NHS Cancer Screening Service	>=90% per month	%	100.0%	100.0%	100.0%	90.9%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%		96.8%	95.2%
k6.18	62-Day Wait for First Treatment Following Referral from Consultant Upgrade	>=85% per month	%	90.0%	100.0%	100.0%	100.0%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%		98.6%	92.8%
k6.19	Delayed transfers of care (number)	-	Number	0	0	0	0	0	0	0	0	0	0	0	0	0	0
k6.20	Delayed transfers of care (bed days)	-	Number	540	404	364	502	489	465	363	447	433	427	447	0	2582	6661
k6.21	Delayed transfers of care (rate per occupied bed days)	<=4% per month	%	4.7%	3.4%	3.0%	4.4%	3.9%	4.0%	3.2%	4.3%	4.1%	4.0%	4.2%		4.0%	4.8%
k6.22	Number of last minute cancelled operations	-	Number	10	10	24	17	28	8	15	7	2	7	4		43	130
k6.23	Number of patients not treated within 28 days of last minute cancellation	=0 per month	Number	0	0	0	0	0	0	0	0	0	0	0		0	0
k6.30	Stranded Patients (>= 7 days)		Number	163	164	178	187	179	165	162	143	150	153	159	153	0	0
k6.31	Super-Stranded Patient (>= 21 days)		Number	57	55	61	71	70	61	56	51	54	56	64	64	0	0
Well-led																	
k7.01	Vacancy rate	<=6% per month	%	9.0%	9.6%	8.8%	8.3%	8.8%	8.1%	8.4%	9.1%	9.0%	8.7%	8.0%	6.8%		
k7.02	Turnover rate	<=15.75% per month	%	17.5%	17.0%	16.5%	16.0%	16.0%	15.8%	15.6%	15.4%	14.4%	15.2%	14.6%	14.3%		
k7.03	Sickness rate	<=2.7% per month	%	3.1%	3.2%	3.3%	2.4%	3.3%	2.7%	2.5%	2.5%	2.6%	2.5%	2.7%	2.5%		
k7.04	Mandatory Training	>=85% per month	%	73.8%	72.0%	74.3%	77.7%	78.3%	78.4%	77.5%	76.6%	70.0%	68.6%	70.6%	70.9%		
k7.05	Appraisals / PDRs completed	>=90% year end	%	85.2%	87.2%	88.1%	88.4%	90.3%	3.4%	13.7%	27.5%	43.1%	56.6%	65.9%	71.9%		
K7.10	Stability (% Staff Retained >1yr)	>52.8%	%	81.3%	81.7%	82.1%	82.6%	82.2%	80.6%	81.3%	79.3%	82.1%	85.6%	84.7%	84.5%		
K7.11	Time to Hire (% staff hired in < 88 working days)	>52.8%	%								83.3%	82.4%	80.6%	79.7%	80.3%		

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 bed days	Number of patients with a newly hospital acquired pressure ulcers (Grades 3 & 4) divided by number of General and Acute (G&A) occupied bed days	(n) Ulysses (d) Internal bedstate summary	
	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 bed days	Number of patients with a newly hospital acquired pressure ulcers (Grade 2) divided by number of General and Acute occupied bed days	(n) Ulysses (d) Internal bedstate summary	
Safe	k1.05	MRSA Bacteraemias (Hospital Assigned)	Number of hospital assigned MRSA bacteraemia. This includes all cases that are assigned through a post infection review (PIR). Any 'hospital apportioned' MRSA cases with an ongoing PIR investigation will also be reported - this includes all MRSA cases that where the patients' first positive test for MRSA was taken on their third day of admission or afterwards.	Infection Control team - as reported to PHE	
Safe	k1.06	MSSA Bacteraemias (Hospital Apportioned)	Number of hospital apportioned cases of MSSA bacteraemia. This includes all MSSA cases that where the patients' first positive test for MSSA was taken on their third day of admission or afterwards.	Infection Control team - as reported to PHE	
Safe	k1.07	Clostridium difficile Infections (Hospital Apportioned)	Number of hospital acquired C diff bacteraemia. Includes all CDiff cases that where the patients' first positive test for CDiff was taken on their fourth day of admission or afterwards.	Infection Control team - as reported to PHE	
Safe	k1.08	Clostridium difficile Infections (Hospital Apportioned) due to Lapse in Care (confirmed cases)	Number of Clostridium Difficile Infections which are attributable to a lapse in care. Only applies to Cliff cases here the patients' first positive test for CDiff was taken on their fourth day of admission or afterwards.	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	k1.12	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 bed days	Number of reported falls divided by number of General and Acute (G&A) occupied bed days	(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 administrating, 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	
Patient Experience	k3.01	Number of complaints received this month	Number of complaints received this month	Ulysses	

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
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	k3.14	% complaints responded to within agreed timeframe	Percentage of complaints that have received a response within the agreed time frame, based on the month in which the response was due.	Ulysses	
Patient Experience	k3.20	Complaints per 100 patient contacts	The number of patient complaints divided by the number of 'patient contacts' multiplied by 100. KPI defined to be the same as that at Frimley Hospital A 'patient contact' is defined as one of: An inpatient discharge, a outpatient appointment or DNA, or an A&E attendance, or a daycase attendance.	CRS and Ulysses	Added For June 2018's Board Meeting
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	

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
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	
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 caesarean 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	

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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 bed days		
Responsive	k6.21	Delayed transfers of care (rate per occupied bed days)	Delayed transfers per 1,000 bed days	CRS	
Responsive	k6.22	Number of last minute cancelled operations	Number of operations cancelled within 24 hours of the planned operation		

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
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		
Responsive	k6.30	Stranded Patients (>= 7 days)	Daily average number of patients in hospital for over 6 days.	CRS	
Responsive	k6.30	Super-Stranded Patient (>= 21 days)	Daily average number of patients in hospital for over 20 days.	CRS	
Well Led	k7.01	Vacancy rate	Vacancy rate	Human Resources	
Well Led	k7.02	Turnover rate	Turnover rate	Human Resources	
Well Led	k7.03	Sickness rate	Sickness rate	Human Resources	
Well Led	k7.04	Mandatory Training	Mandatory Training	Human Resources	
Well Led	k7.05	Appraisals / PDRs completed	Appraisals / PDRs completed	Human Resources	
Well Led	k7.06	Flu Immunisation	Percentage of staff who have received the flu vaccination	Human Resources	
Well Led	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	
Well Led	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	
Well Led	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
Well Led	k7.10	Stability (% Staff Retained >1yr)	The proportion of permanent staff with a length of service of over1 year	Human Resources	New KPI added in May 2018's Board Report (April data)
Well Led	k7.11	Time to Hire (% staff hired in < 88 working days)	The proportion of new hires which took 88 or less working days from the post being advertised for recruitment and the new staff member starting their role within the Trust	Human Resources	New KPI added in May 2018's Board Report (April data)