

# Integrated Quality and Operational Compliance Report

February 2019

Living our values everyday



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Living our values *everyday*



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

## Pressure Ulcers:

- The number of patients reported with trust acquired pressure ulcers in February was 9. 3 category 2 pressure ulcers, 5 category 3 pressure ulcers, and 1 unstageable pressure ulcer.
- Following investigation and presentation to PUMP, 3 were found to have resulted due to a lapse in care and 6 had no lapse in care. Action plans have been developed to ensure that the risk of potential damage has been minimised for those presented. Completion of actions is being monitored by PUMP.
- There were 3 device related pressure ulcers reported in February. There has been no common theme identified that links any of these incidents.
- Focussed training has been given in A&E and Sunshine Ward to further inform staff of the NHSi recommendations specific to these areas. This will continue into March.
- The pressure area management patient information leaflet has been reviewed and is awaiting ratification by the patient reader panel on the 4th March.
- Year on year pressure ulcer data on total reported trust acquired and lapses in care was presented at PUMP.

Ward based training on use of KerraPro (pressure redistributing device) organised with representatives from KCl to ensure its appropriate use

**Falls:**

The number of Falls in February remains the same as January, but with reductions in AAU and Respiratory, but slight increases in Surgery and Urology (6 from 2 in Jan) and Care of the Elderly (23 from 20 in Jan). The National Falls Audit data collection continues.

## Ongoing Actions:

Roll out of weekly RCA on falls in each area with lessons learned and themes shared through the Falls Group. Dates for the next Patient Safety event in May to be agreed

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

For the period 1st to 31st January 2019 there were:

5 new serious incidents reported  
2 serious incidents were closed during this period  
As at the 31st January 2019 there were 10 open/ongoing SI investigations

For the period 1st to 28th February 2019 there were:

1 new Serious Incident was reported.  
1 Serious Incident was closed during the reporting period.  
As at 28th February 2019 there were 10 open/ongoing SI investigations.

**Infection Control****Author: Fran Brooke-Pearce, CNS Infection Prevention & Control****Infection Control February 2019**

- There were no Trust-apportioned MRSA bacteraemia cases.
- There was one Trust-apportioned MSSA bacteraemia case in NNU.
- There were two Trust-apportioned Clostridium difficile toxin infections in AAU and Astor.
- There was one Trust-apportioned E.coli bacteraemia in AAU.
- There was one case of confirmed Norovirus in Keats ward.
- There were 202 cases of confirmed flu this month, of which six were Trust-apportioned.

**Maternity****Author: Gina Brockwell, Director of Midwifery**

The overall caesarean section rate is 27.90%, which is a reduction from the previous 3 months in 2018/19.

The maternity team have focused upon the caesarean section data with initiatives to raise awareness of the monthly caesarean section rates, which include trends in the caesarean section rate being presented to the multidisciplinary team during mandatory training and within the Birth Forum multidisciplinary meeting to improve clinical practice and facilitate vaginal birth safely.

The PPH rate is reported as 4.97% for PPH over 1500mls which continues to be over the expected rate of 3%.

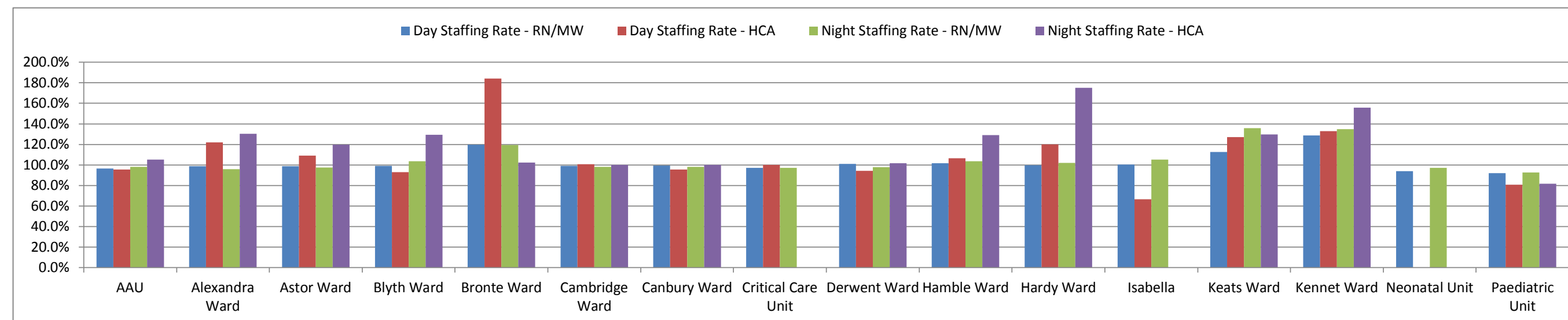
Recommendations from the recent PPH audit have been implemented with the aim of reducing PPH rates. Clinical practice initiatives have commenced to prevent PPH and reduce blood loss, following birth which is monitored by the maternity clinical governance team.

**Author: Nichola Kane, Deputy Director of Nursing**

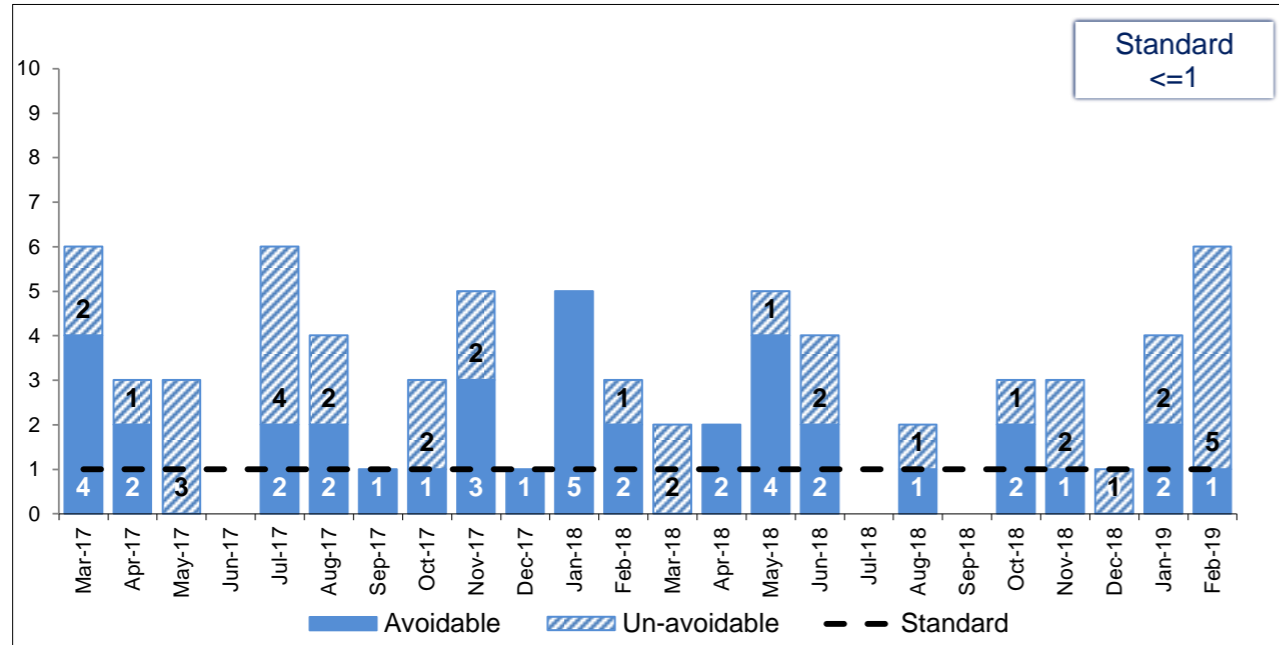
Safe staffing levels continue to be monitored via the bi-weekly Safer Staffing Meeting. Where the data indicates over 100% compliance for HCA's this is related to 1:1 and enhanced supervision required for specific patients. The wards with over 100% RN compliance relates to escalated beds being opened and high patient acuity (Bronte). When staffing levels go above the planned establishment this is 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	96.4%	95.5%	98.0%	105.3%	7.1
Alexandra Ward	98.8%	121.8%	95.9%	130.4%	7.9
Astor Ward	98.9%	108.9%	97.6%	119.6%	6.6
Blyth Ward	99.0%	92.9%	103.5%	129.4%	5.6
Bronte Ward	119.6%	184.3%	119.3%	102.3%	6.0
Cambridge Ward	99.2%	100.7%	98.0%	100.0%	7.2
Canbury Ward	99.3%	95.7%	98.2%	100.0%	7.2
Critical Care Unit	97.1%	100.0%	97.0%		29.6
Derwent Ward	101.0%	94.3%	97.8%	101.8%	5.2
Hamble Ward	101.8%	106.6%	103.6%	129.2%	5.7
Hardy Ward	99.9%	120.2%	101.9%	175.0%	7.5
Isabella	100.4%	66.5%	105.3%	#DIV/0!	6.5
Keats Ward	112.7%	127.3%	135.9%	129.9%	6.8
Kennet Ward	128.7%	133.0%	134.8%	155.7%	6.5
Neonatal Unit	94.1%		97.1%		11.0
Paediatric Unit	92.1%	80.7%	92.8%	81.6%	12.6
Maternity	100.0%	35.4%	91.9%	31.3%	13.7
<b>Trust Average</b>	<b>100.6%</b>	<b>92.9%</b>	<b>99.2%</b>	<b>98.5%</b>	<b>8.1</b>

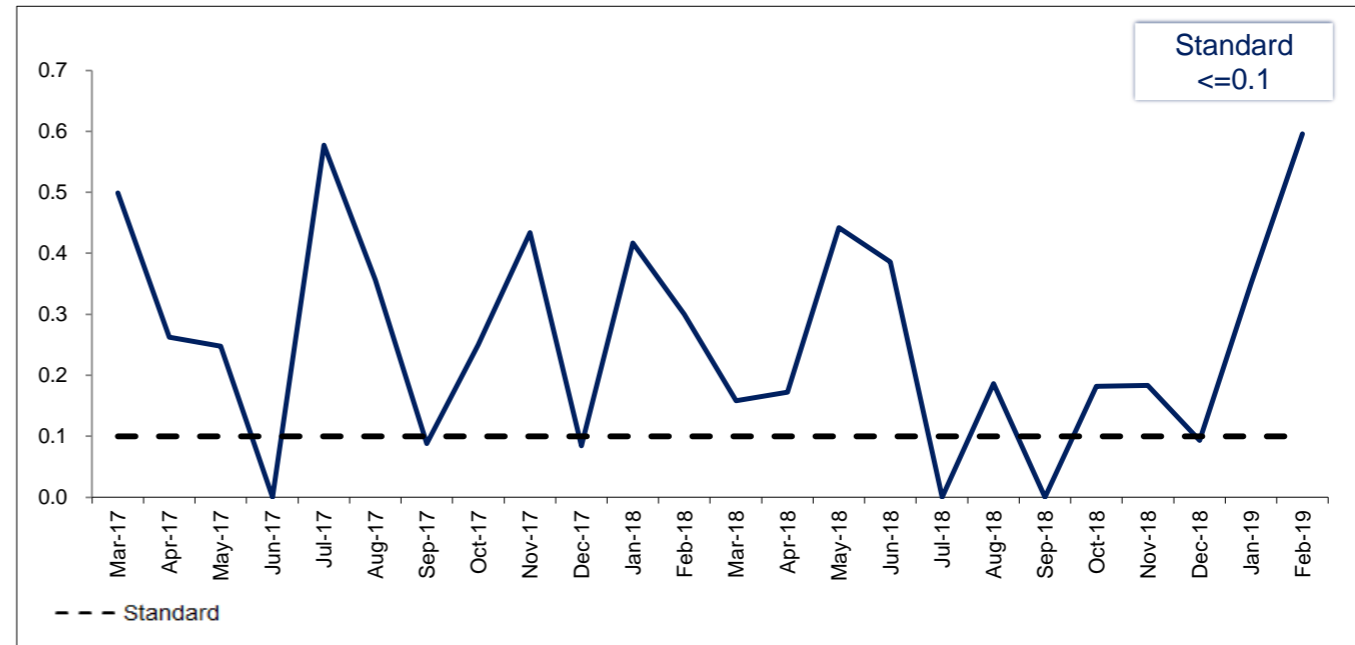
Key	
RN	Registered Nurse
MW	Registered Midwife
HCA	Healthcare Assistant



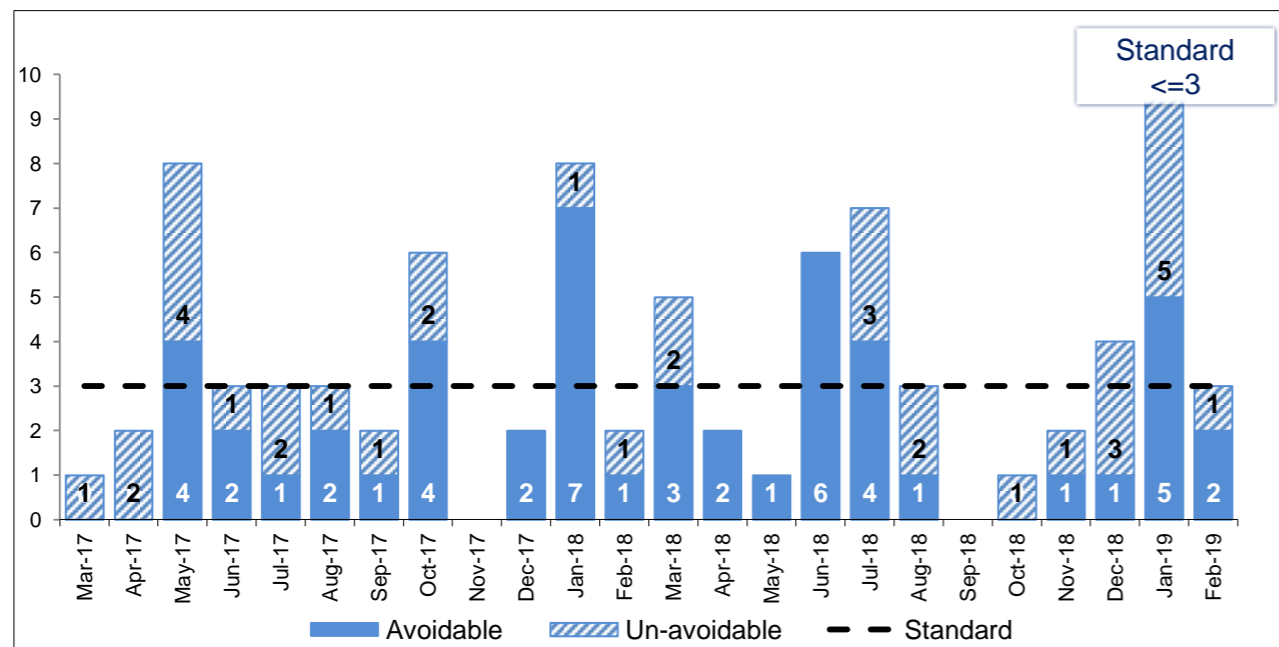
**k1.01 | Number of patients with hospital acquired pressure ulcers (Grade 3&4)**



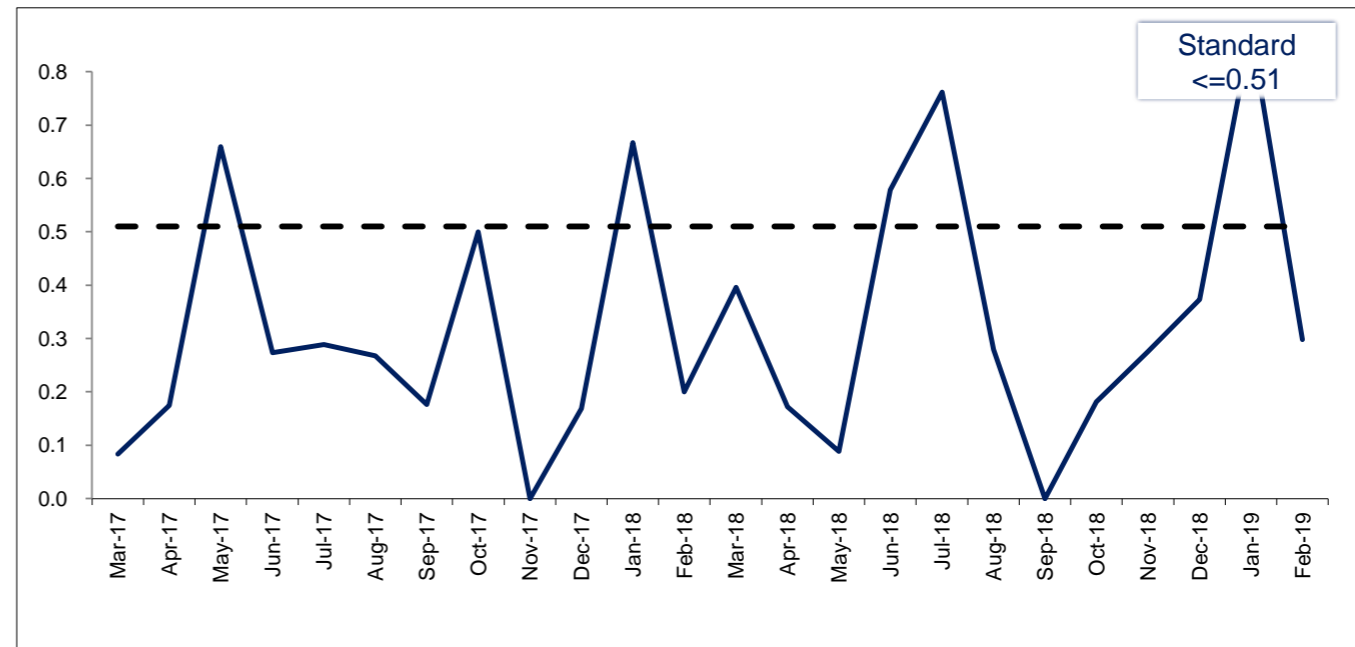
**k1.02 | Number of patients with hospital acquired pressure ulcers (Grade 3&4) per 1000 beddays**



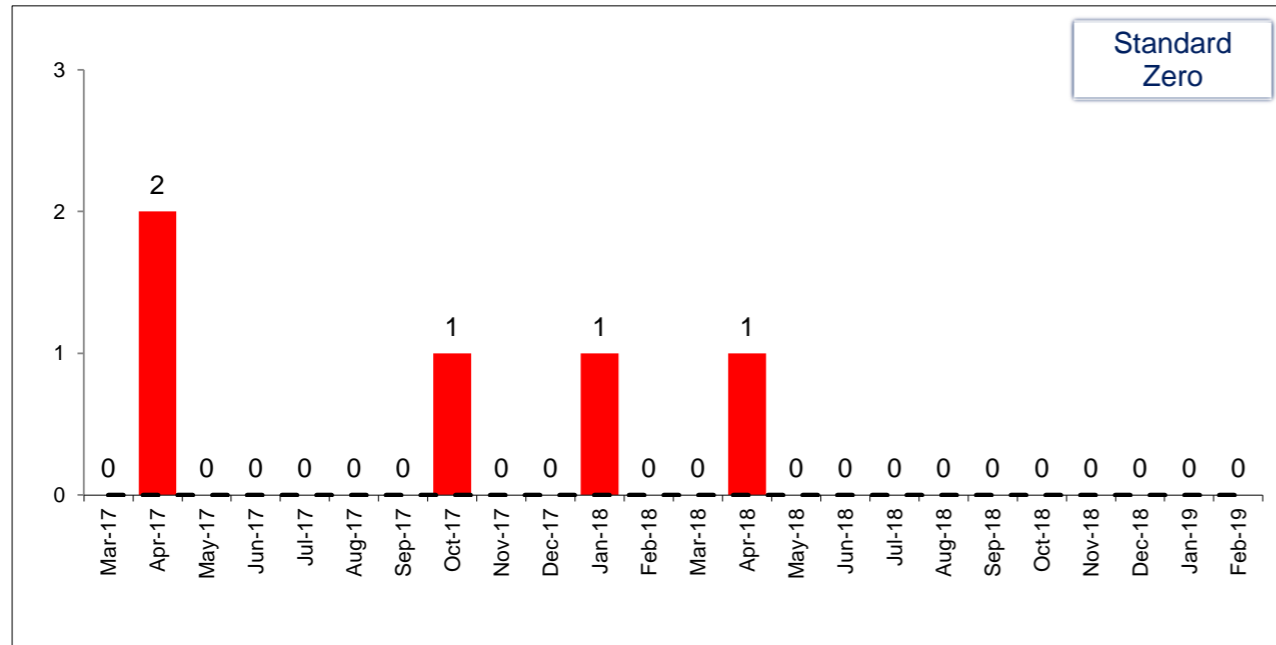
**k1.03 | Number of patients with hospital acquired pressure ulcers (Grade 2)**



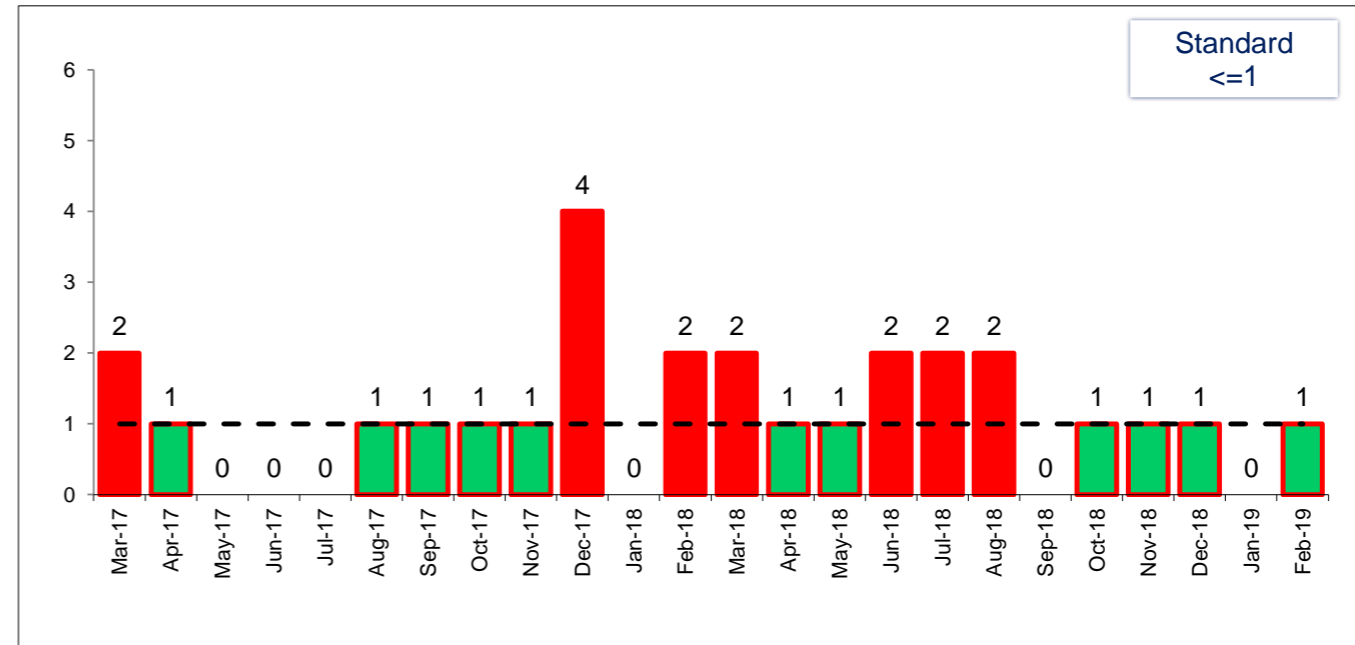
**k.1.04 | Number of patients with hospital acquired pressure ulcers (Grade 2) per 1000 beddays**



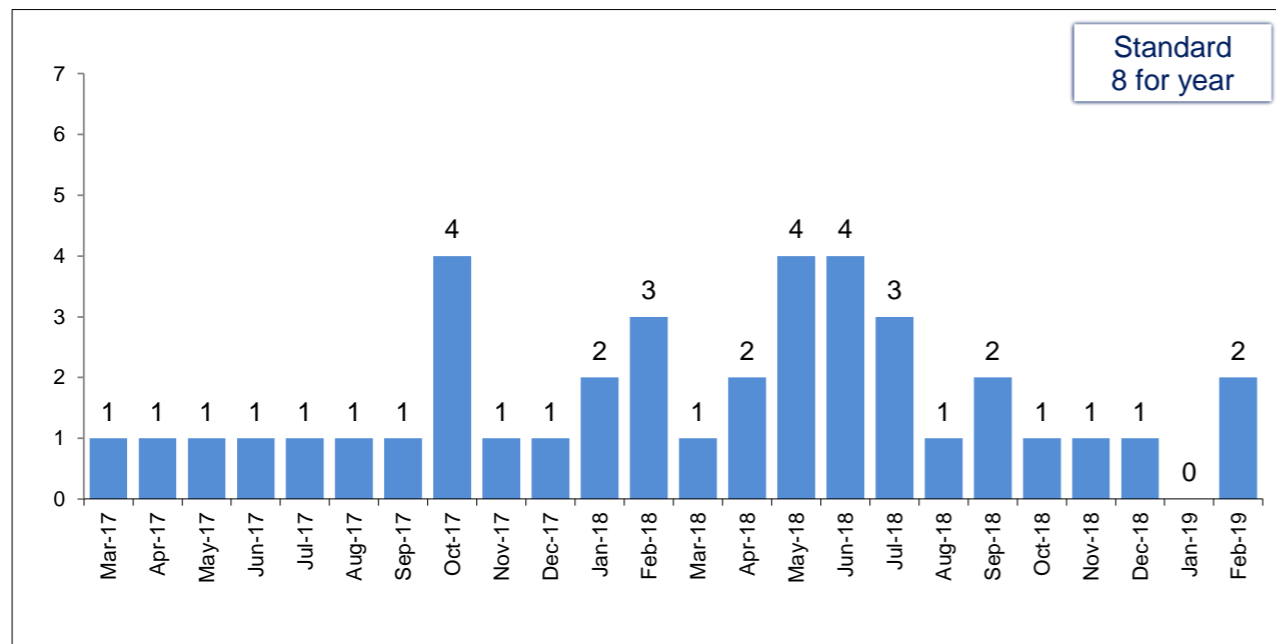
k1.05 | MRSA Bacteraemias (Hospital Assigned)



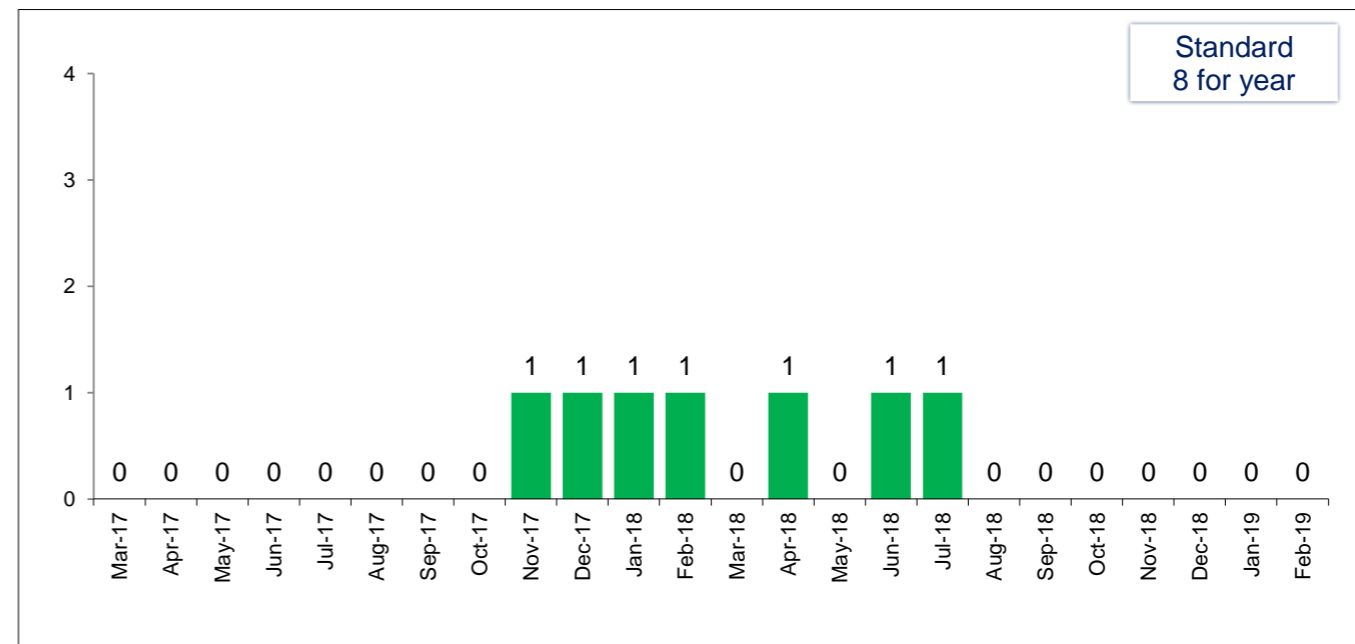
k1.06 | MSSA Bacteraemias (Hospital Apportioned)



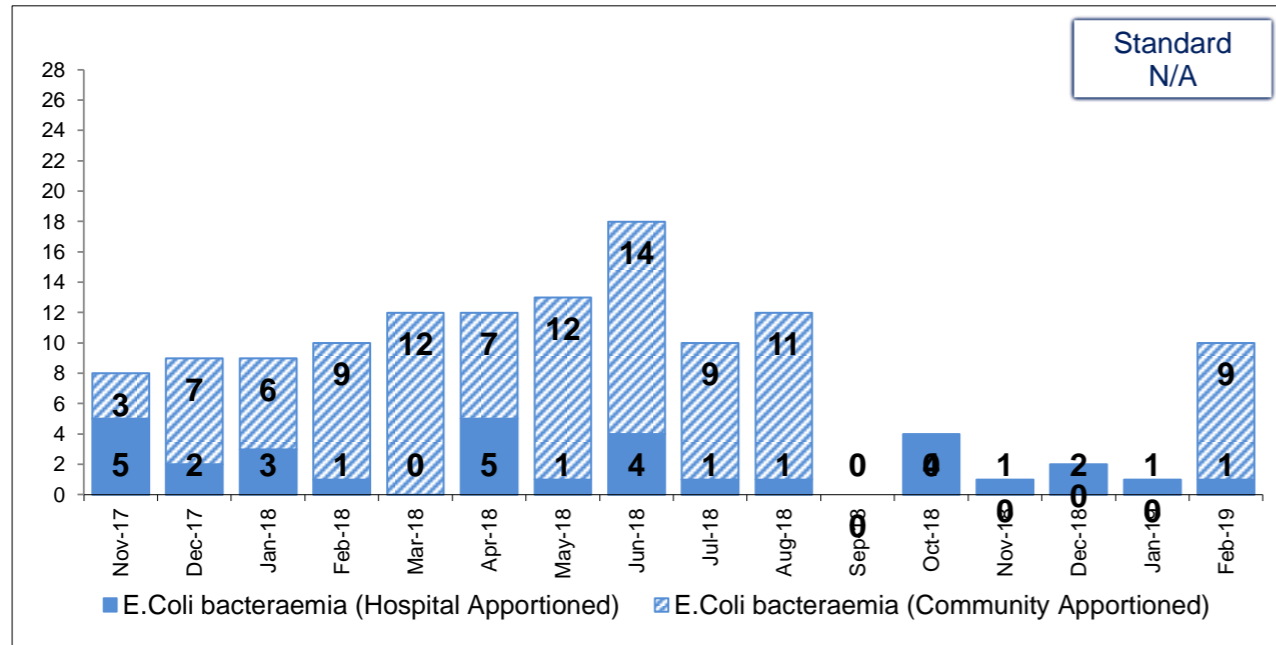
k1.07 | Clostridium difficile infections (Hospital Apportioned)



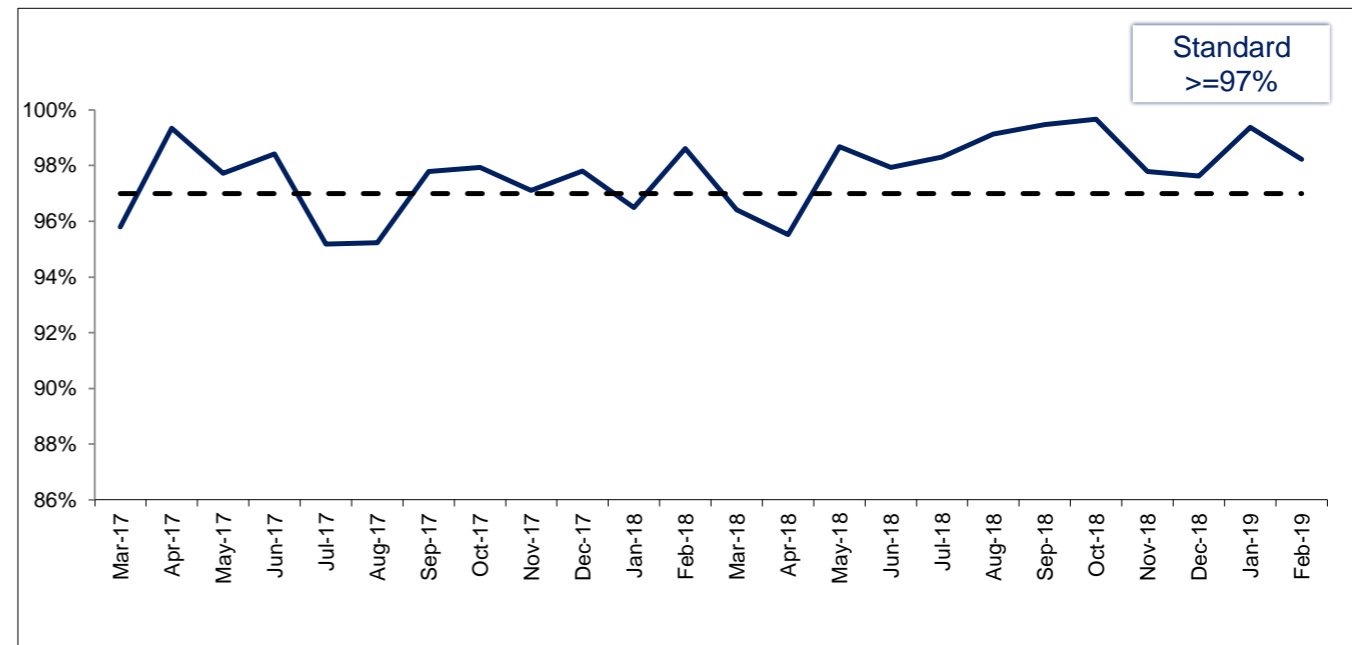
k1.08 | Clostridium difficile infections (Hospital Apportioned) due to confirmed Lapse in Care



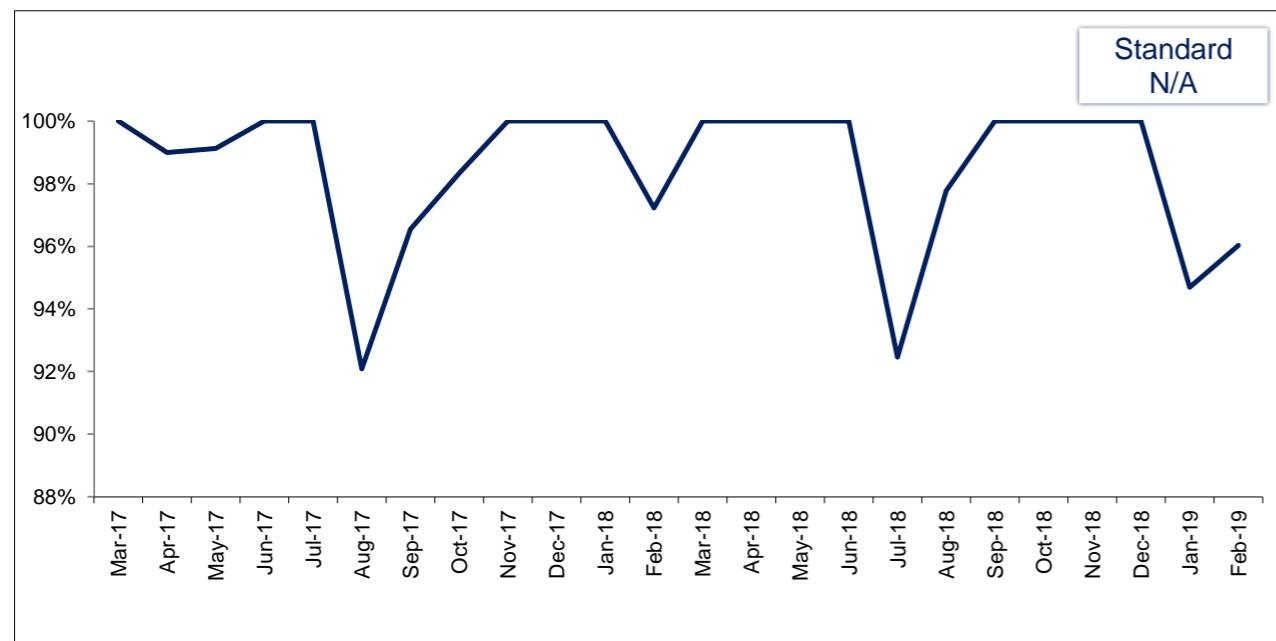
k1.19 | Number of Escherichia (E. coli) bacteraemia



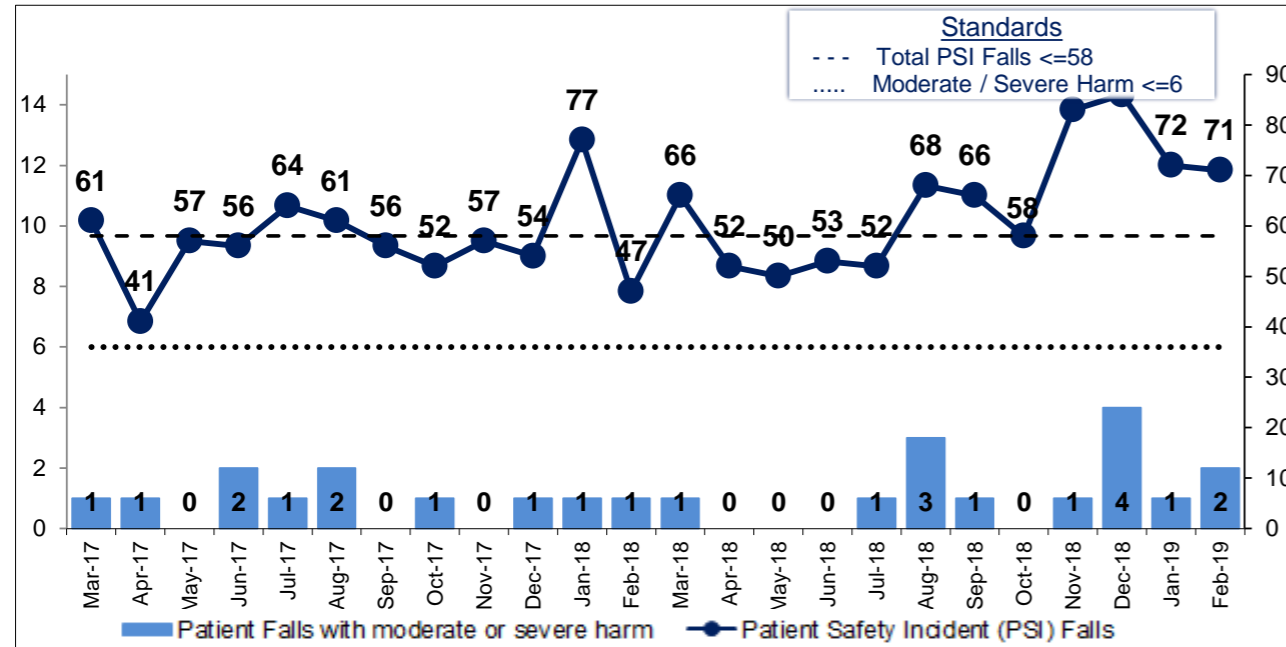
k1.09 | Completed Patient Observations - Adult inpatients (NEWS)



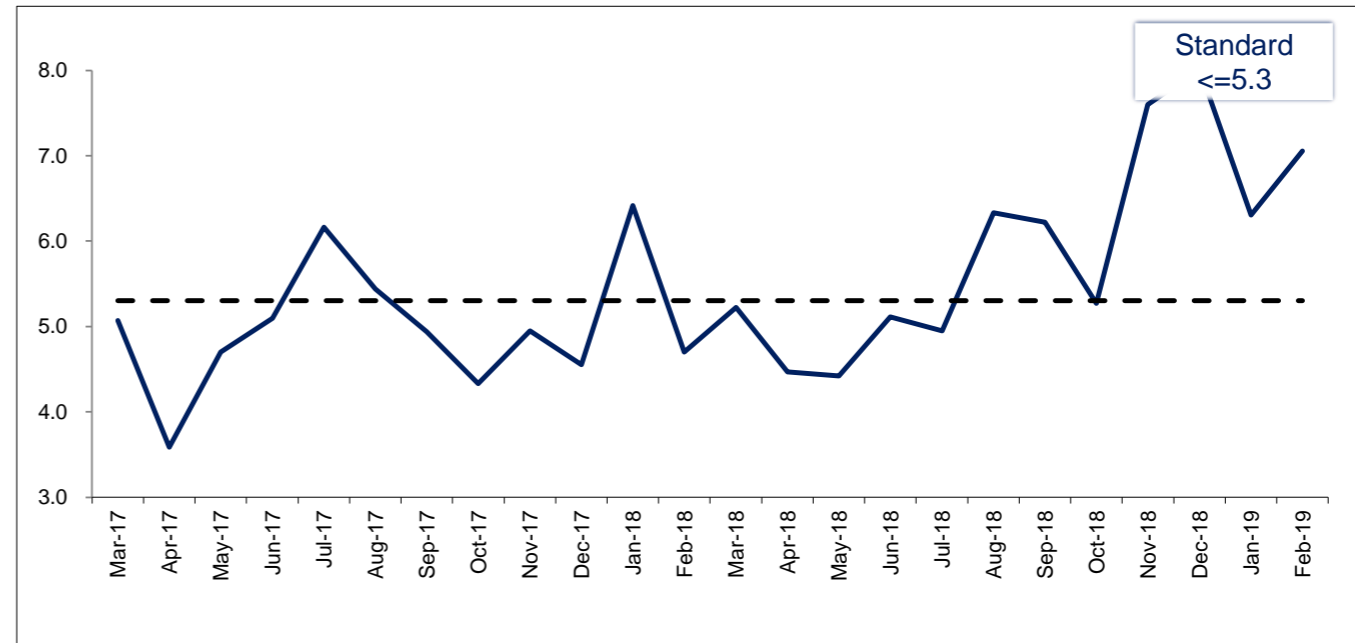
k1.10 | Completed Patient Observations - Paediatric Inpatients (NEWS)



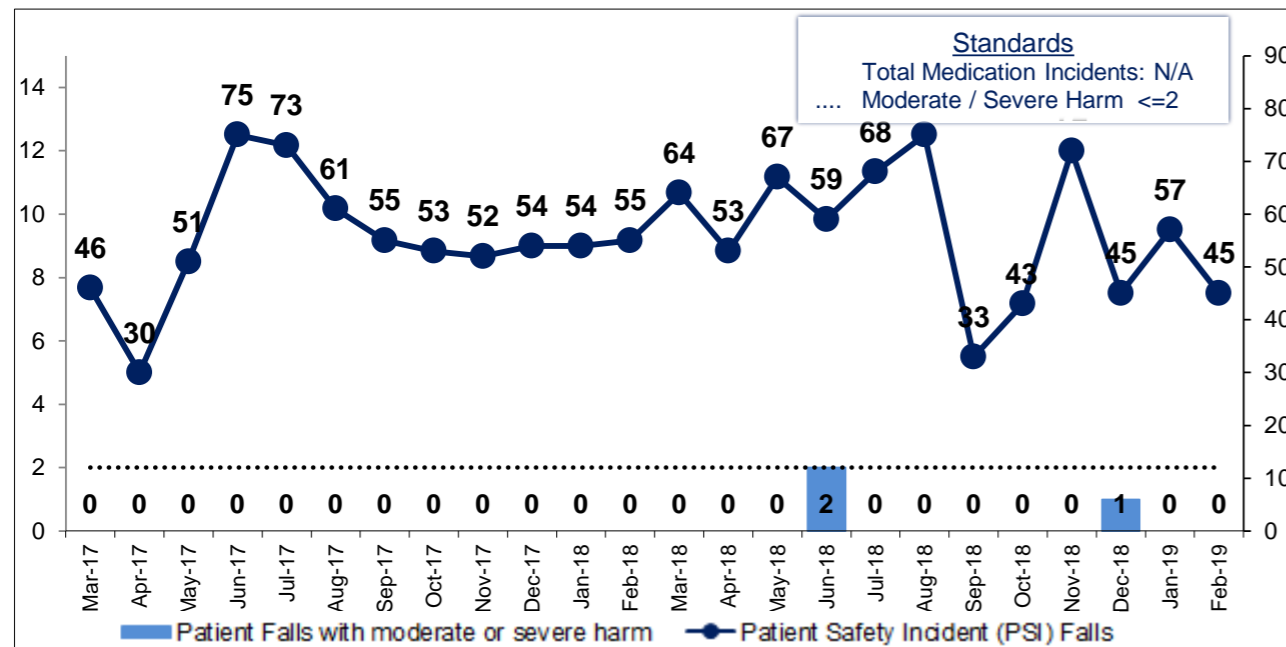
k1.12 | Number of Patient Safety Incident (PSI) Falls



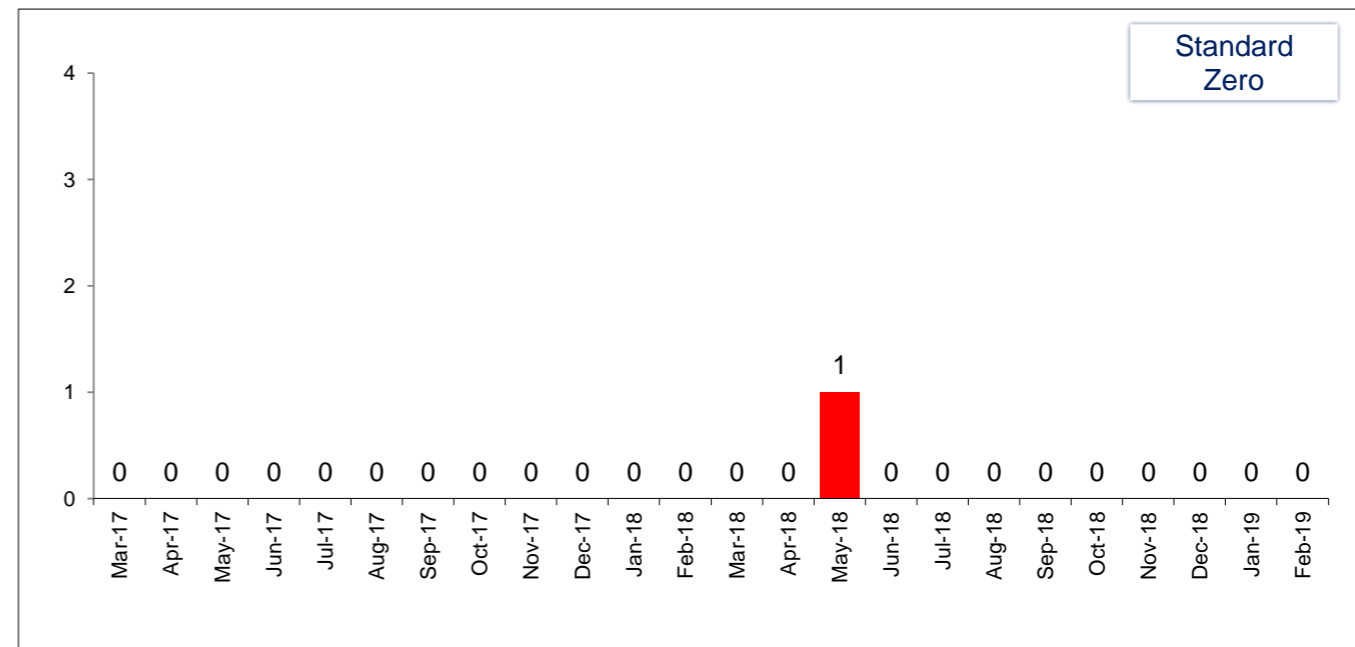
k1.13 | Number of Patient Safety Incident Falls per 1000 G&A beddays



k1.16 | Medication Incidents

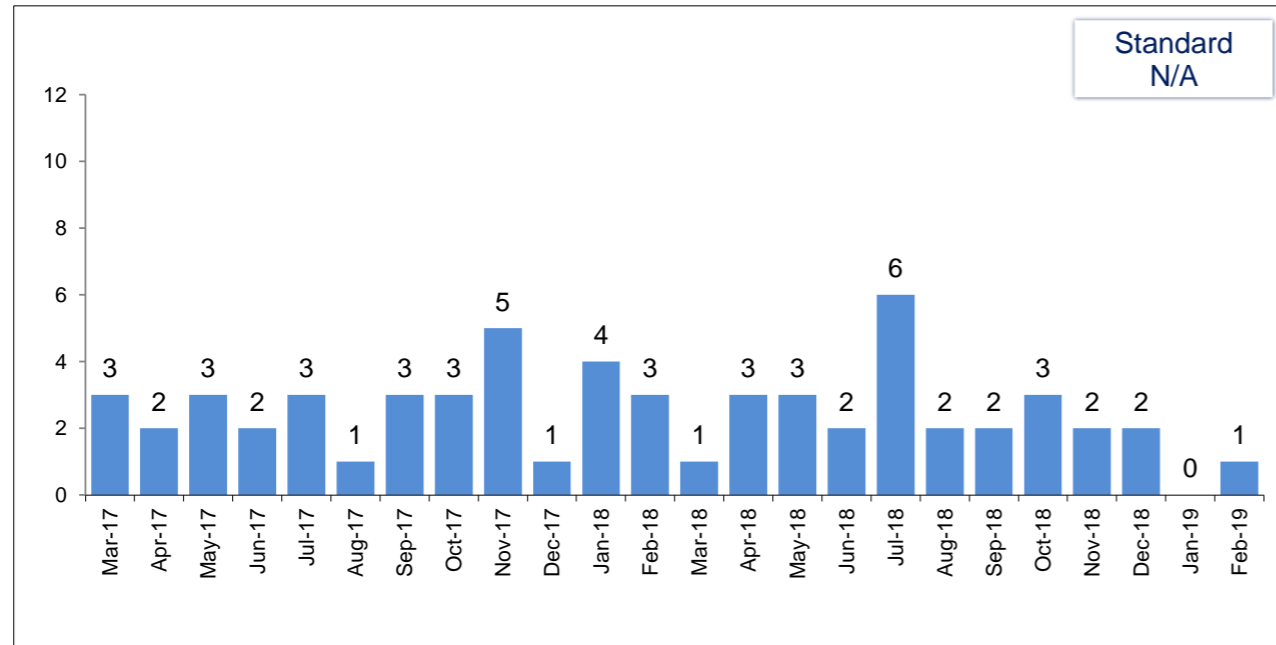


k1.15 | Never Events

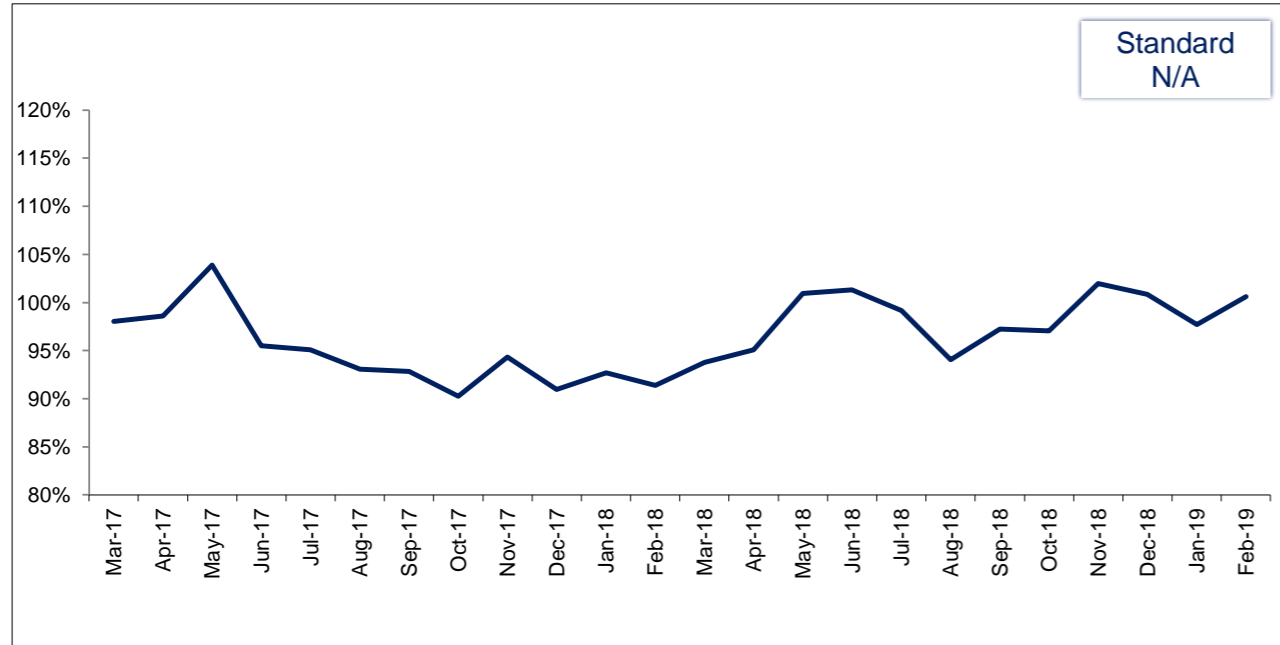




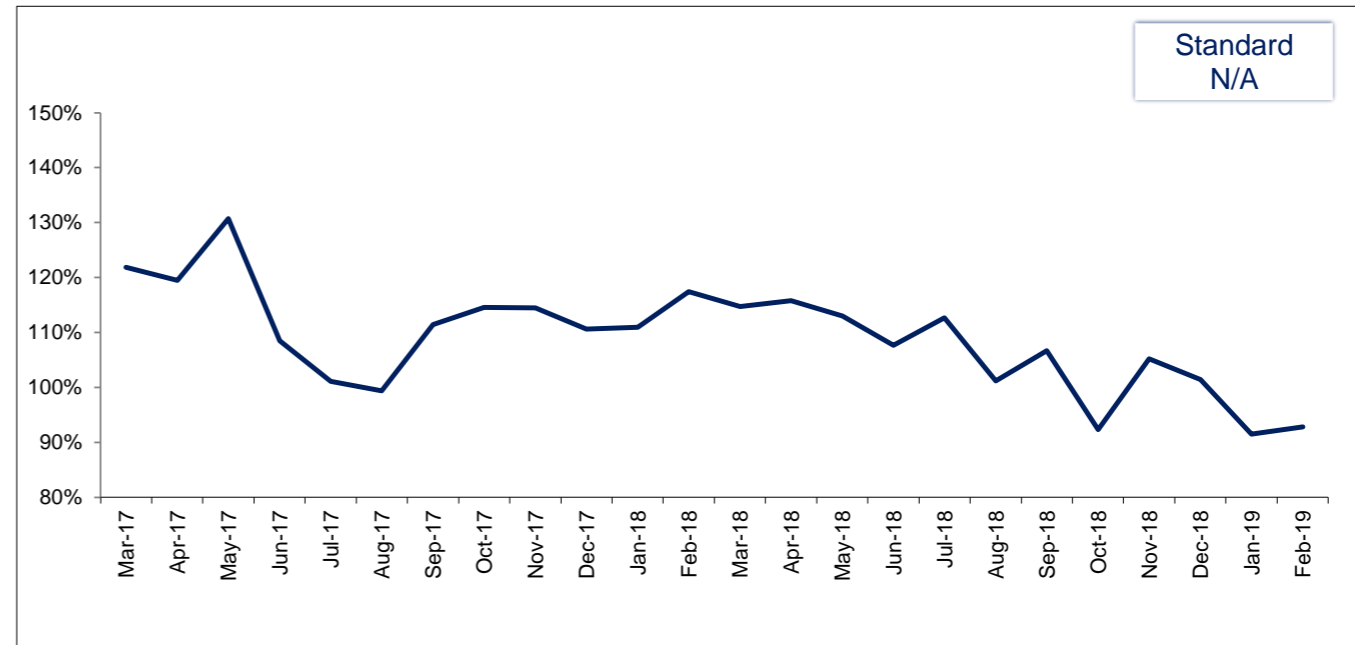
k1.18 | Number of Serious Untoward Incidents



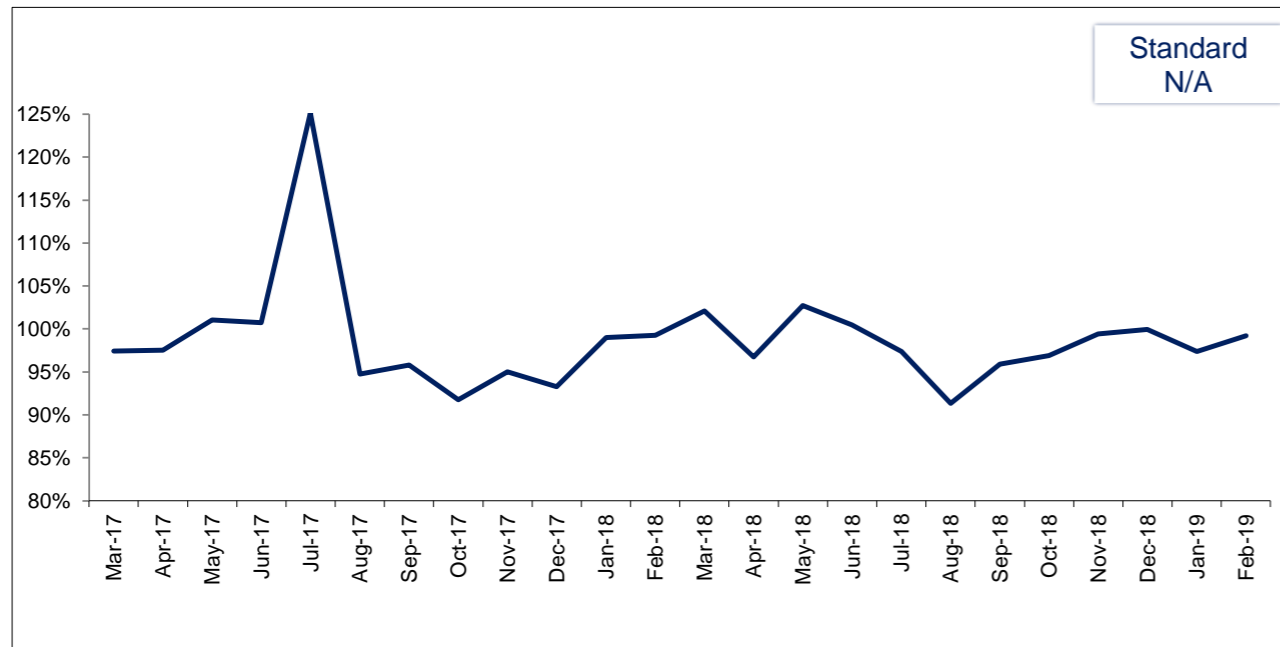
k4.01 | Day - Registered Midwives / Nurses Fill Rate



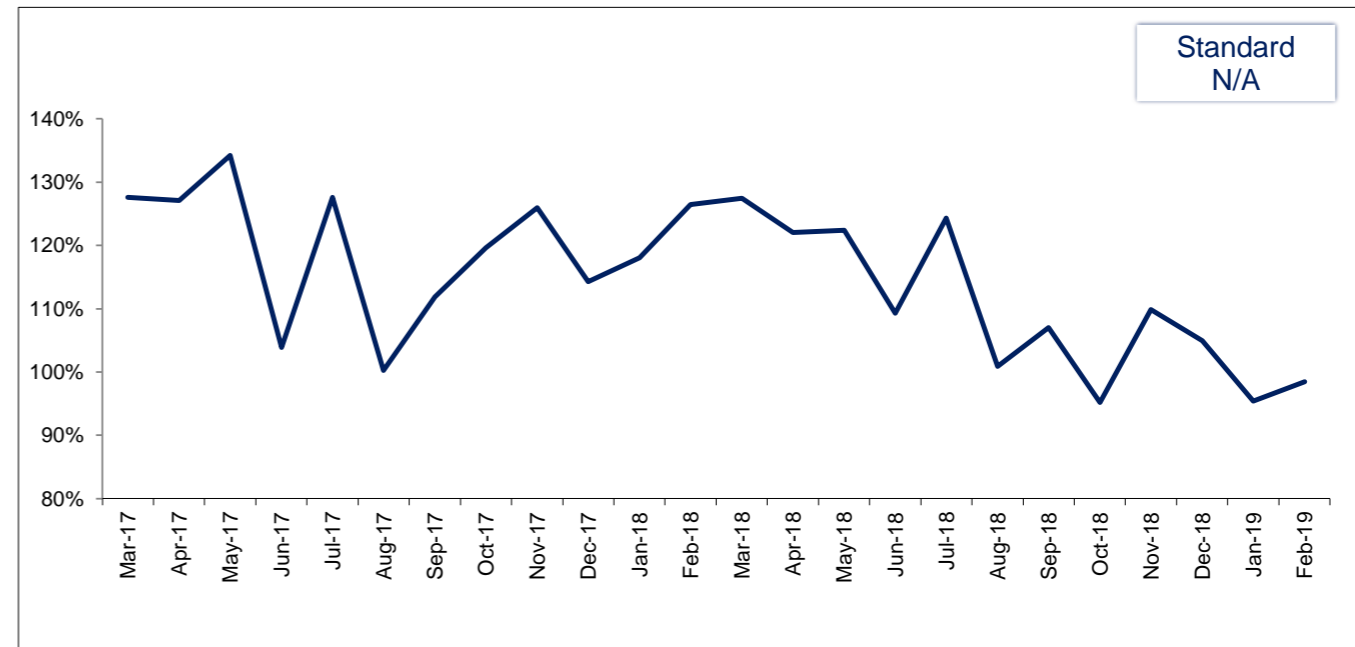
k4.02 | Day - Assistant Fill Rate



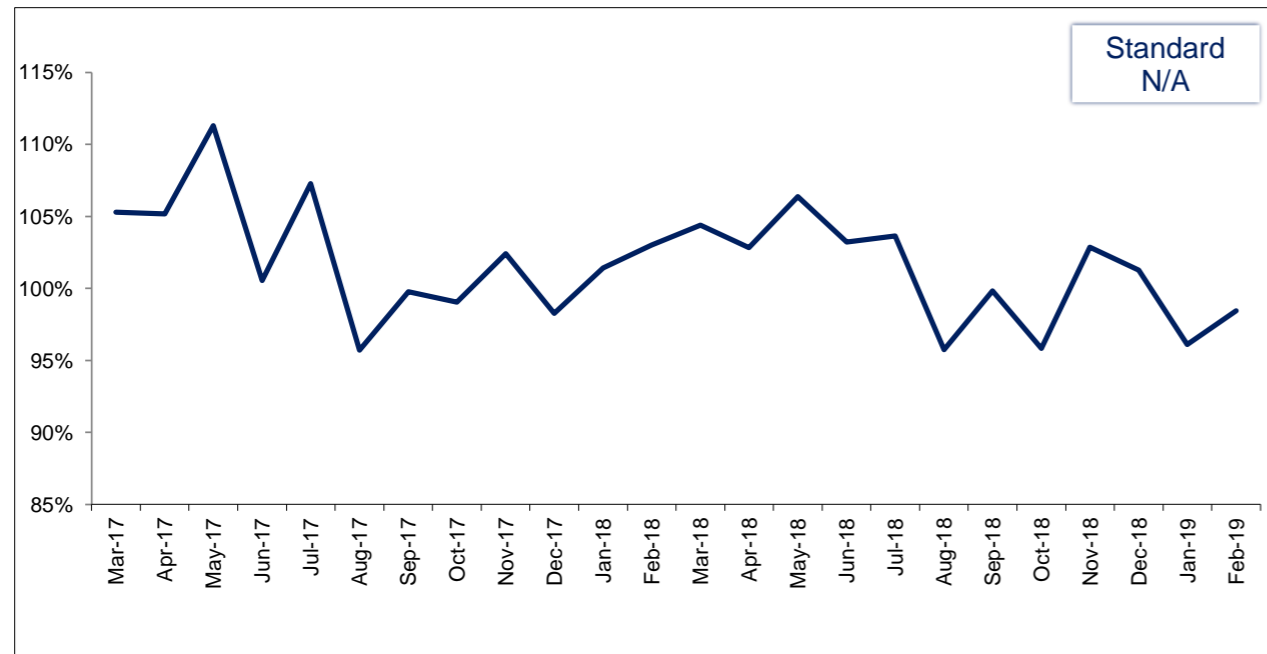
k4.03 | Night - Registered Midwives / Nurses Fill Rate



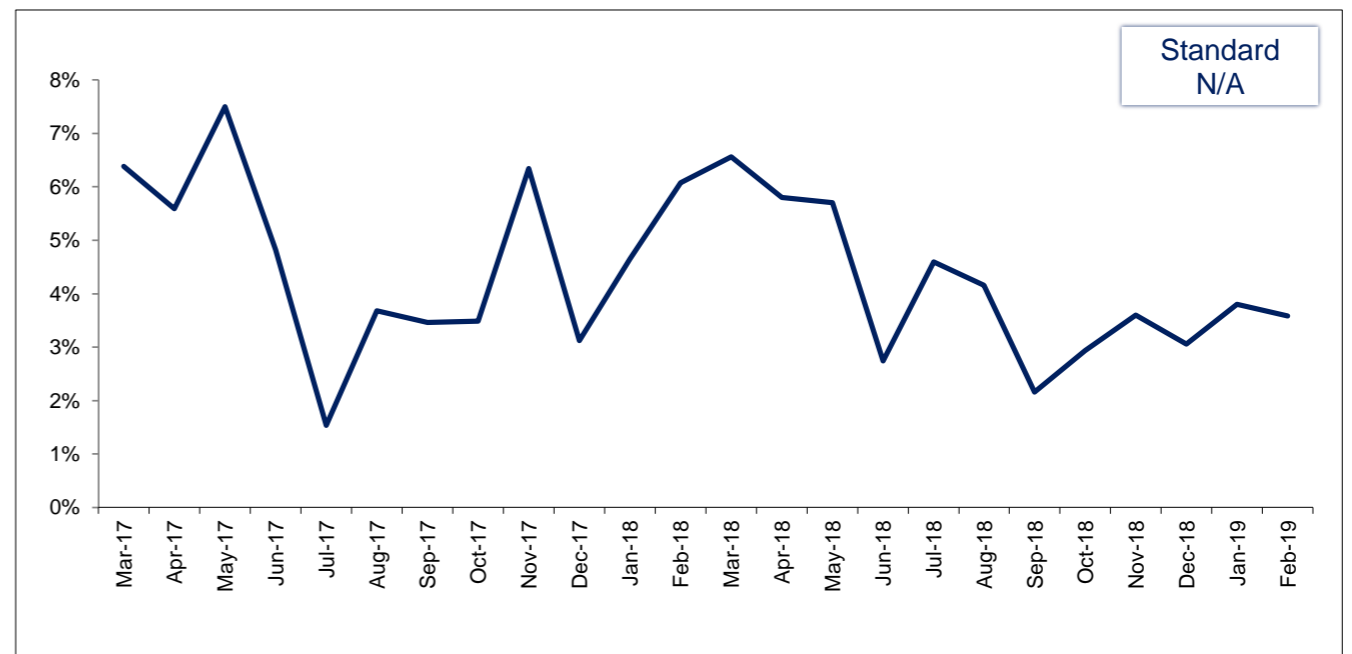
k4.04 | Night - Assistant Fill Rate



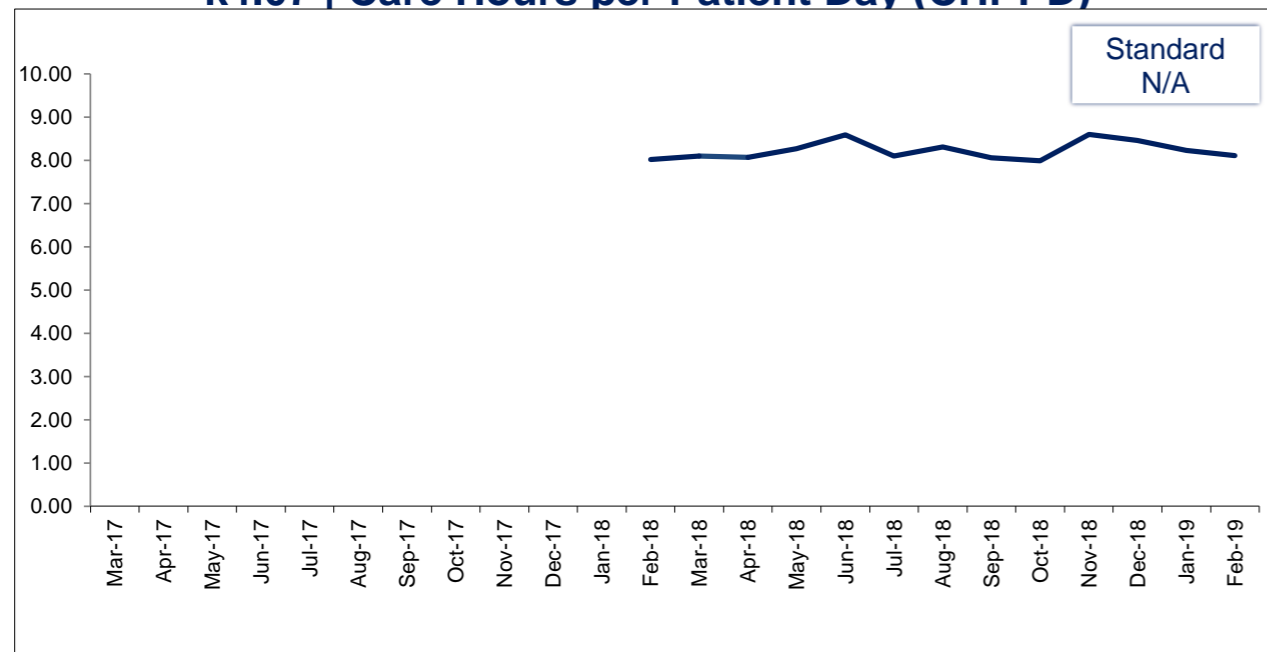
k4.05 | Overall Trust Fill Rate



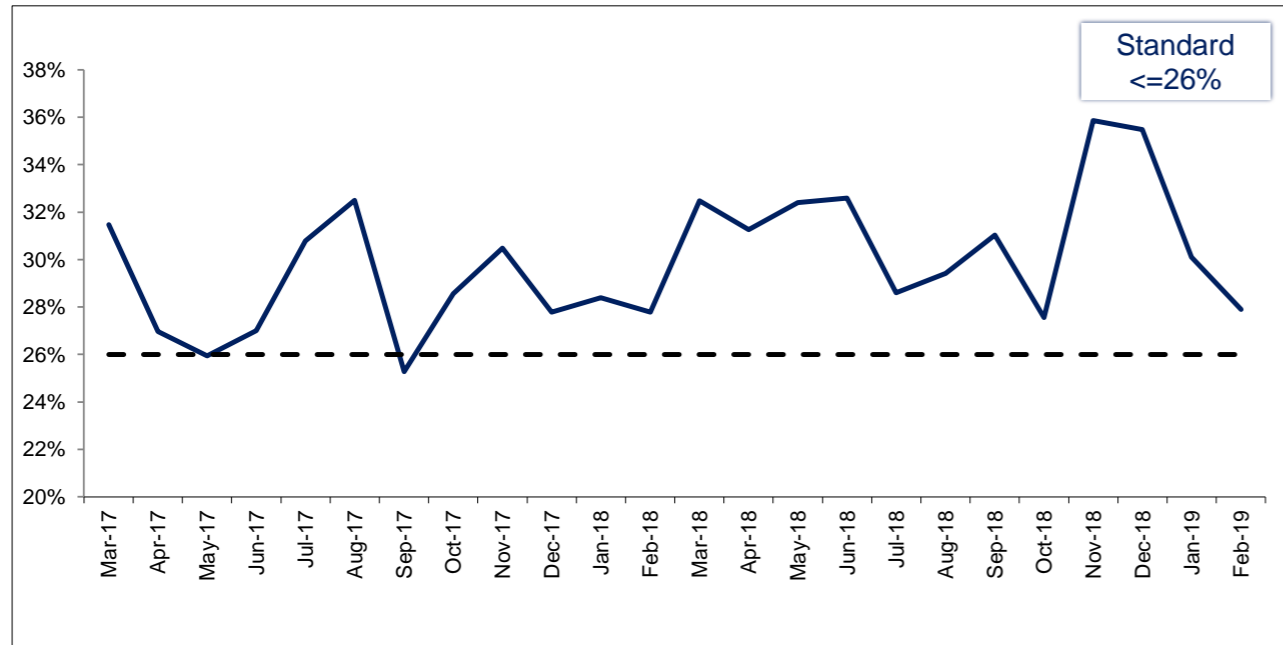
k4.06 | % of Registered Nurse and Midwife Expenditure on Agency Staff



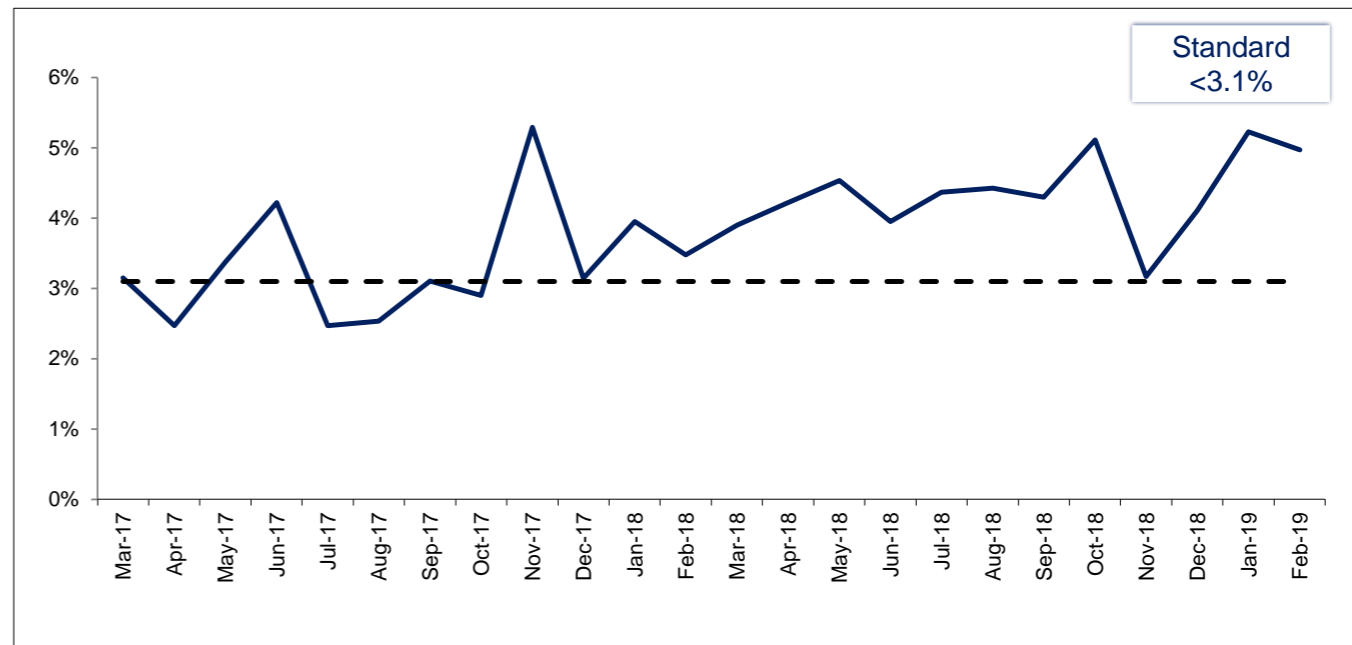
k4.07 | Care Hours per Patient Day (CHPPD)



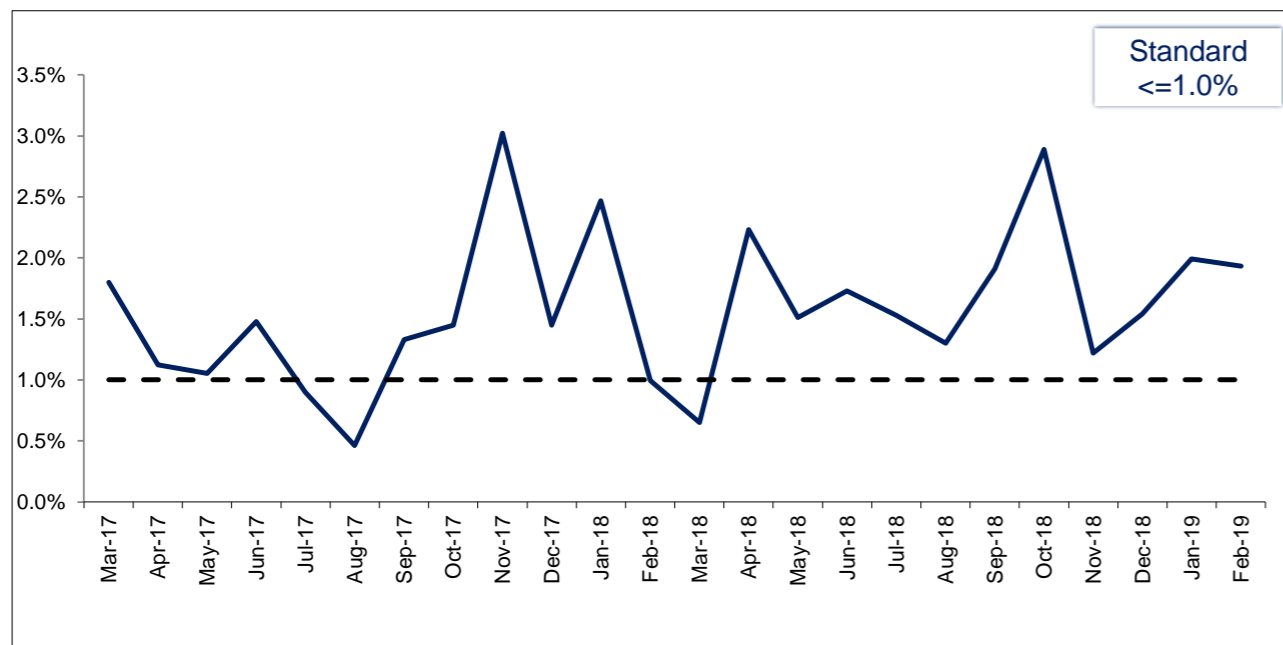
k5.01 | Caesarean section rate



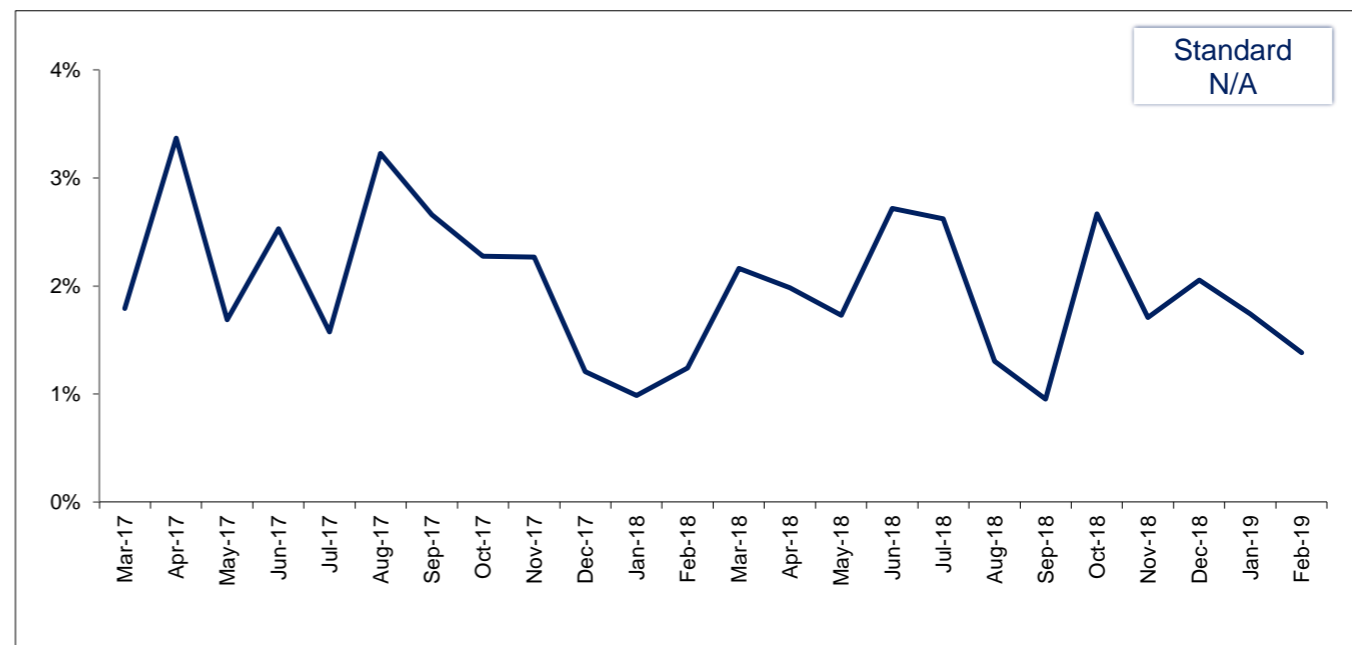
k5.02 | % women with a primary postpartum haemorrhage of 1500ml or more



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



k5.04 | Significant Perineal Trauma



**Jane Wilson, Medical Director****Mortality:**

The SHMI at 0.82 remains below expected and although the unadjusted mortality has risen in February 2019 this is consistent with the annual variation.

The Learning from Deaths process continues well with good attendance at the monthly mortality meetings. The review process is working well with speciality Mortality and Morbidity meetings though the recording of reviews still requires embedding in some areas. The structured judgement review process continues well. A recent national audit of End of Life care indicated that the time from recognition of dying to death was shorter at Kingston. This is consistent with the SJR findings. This is being investigated and an improvement project will follow.

**Dementia Screening:**

Following recommendations at the Trust Board January 2019 a business case has been prepared for a Dementia CNS. This is currently being reviewed – it is recognised that this would enhance care to the patients on the Elderly Care Wards and enable performance with screening and assessment to improve.

**Prevention of DVT:**

Risk assessment for DVT remains good and the number of Hospital Acquired Thrombosis low. Each reported case is assessed to determine if the TRsut polci of prophylaxis has been followed and whether further interventions could have avoided the occurrence of the thrombosis.

**Joscelin Miles, Head of Clinical Audit and Effectiveness****Kingston Hospital continues to deliver excellent care to patients with heart failure as demonstrated by latest performance in the National Audit of Heart Failure**

3 Patients with diseases of the heart muscle, for example as a result of heart attacks or from congenital conditions, might develop heart failure, which is a worsening of the heart's ability to pump blood. The National Heart Failure Audit aims to examine and improve service delivery for and outcomes of patients admitted to hospital with heart failure.

**How are we doing compared to previous?****KHFT performance remains at 100% for a second year for:**

- Treatment: Prescription of disease modifying treatment at discharge (ACEi, beta blocker and MRA). Only 44% of patients nationally were discharged on all three medicines.

**KHFT performance has improved compared to previous for:**

- Assessment and diagnosis: Cardiology inpatient, input from consultant cardiologist and input from specialist.
- Discharge and follow up: Received discharge planning, referral to heart failure nurse follow up, referral to cardiology follow-up and referral to cardiac rehabilitation.

**How are doing compared to other Trusts nationally:****KHFT performance is better than the national average for:**

- Treatment: ACEi on discharge, ACEi/ARB on discharge, beta blocker on discharge and MRA on discharge.
- Discharge and follow up: Referral to heart failure nurse follow up, referral to cardiology follow-up and referral to cardiac rehabilitation.

**Performance is in line with the national average for:**

- Assessment and diagnosis: Received echo, cardiology inpatient, input from consultant cardiologist and input from specialist.
- Discharge and follow up: Received discharge planning.

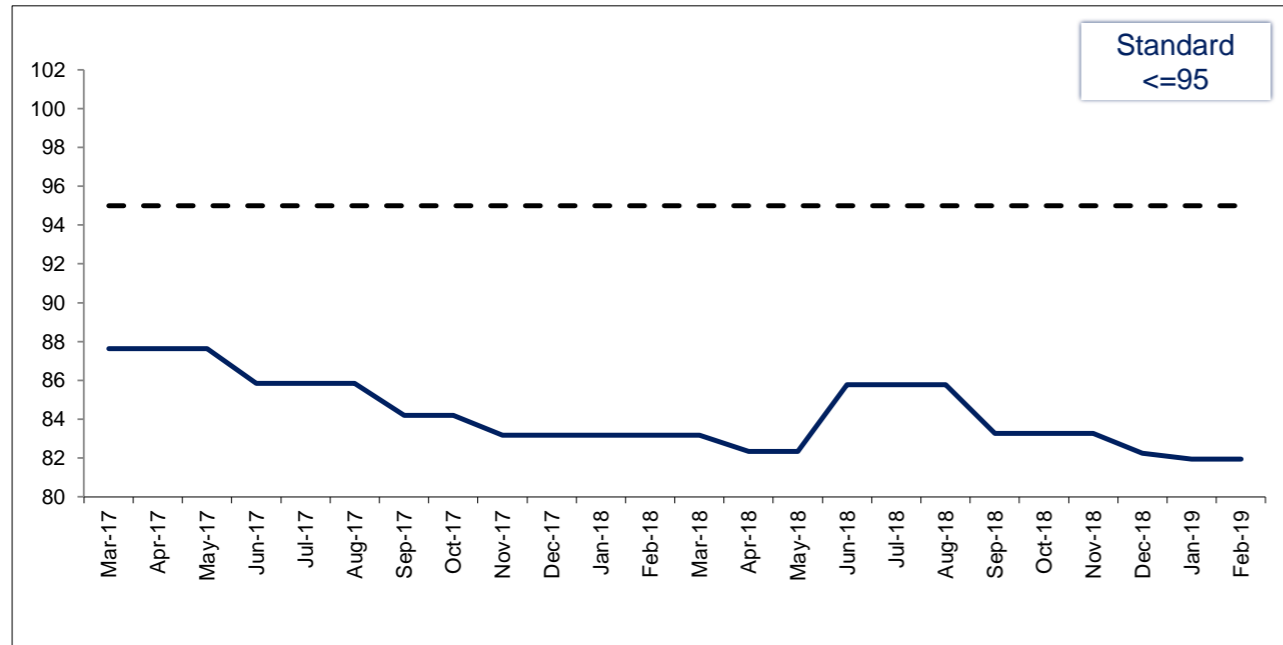
**What makes this happen?**

- Recruitment and retention of full time Heart Failure Nurse specialists and development of Heart Failure Ward Rounds during the working week with active daily ward Heart Failure In-reach.
- Recruitment of further consultant cardiologist with a specialist interest in heart failure.
- Appointment of a full time Community Heart Failure Nurse specialist for South Richmond, who works out of Kingston Hospital.
- Regular heart failure MDT meetings with attendance from community heart failure nurse specialists from Kingston, Richmond and Surrey Downs CCGs.

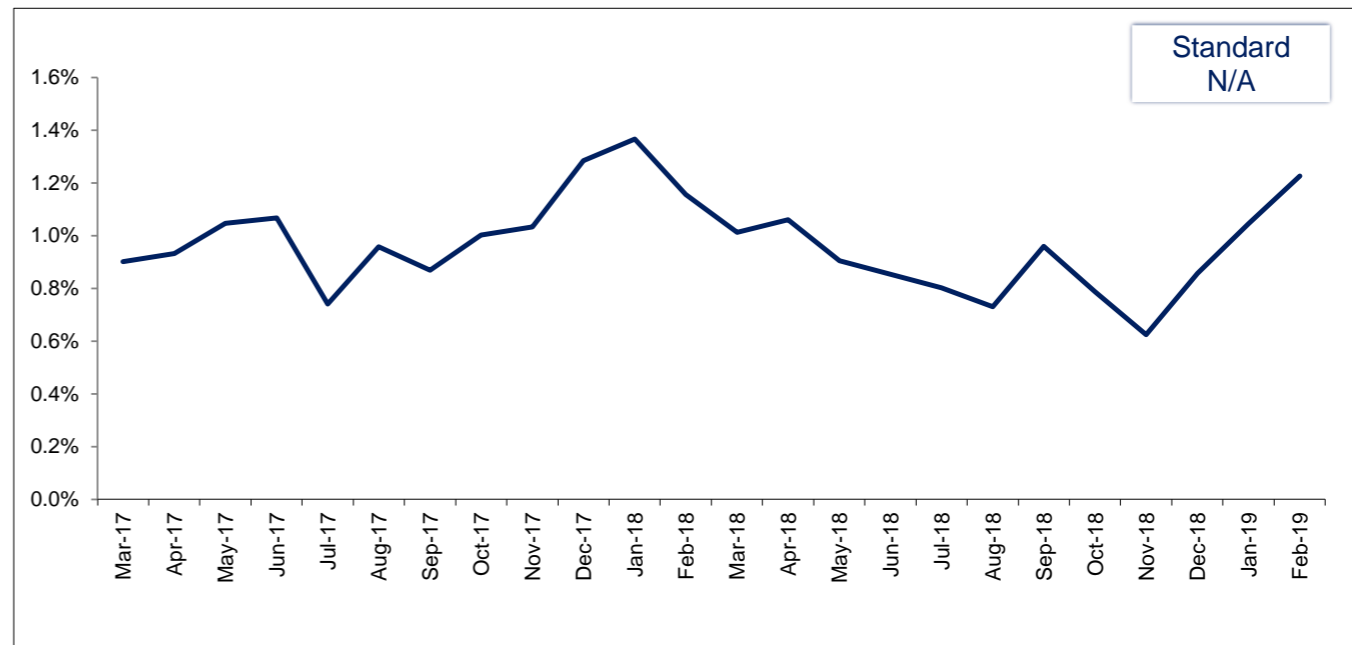
**Plans for the future:**

- Recruitment of further KHFT Heart Failure Nurse Specialist.
- Development of the Advanced Care Planning processes fort Heart Failure.
- Proposal to Kingston CCG for Heart-Kidney Clinics at Kingston Hospital.

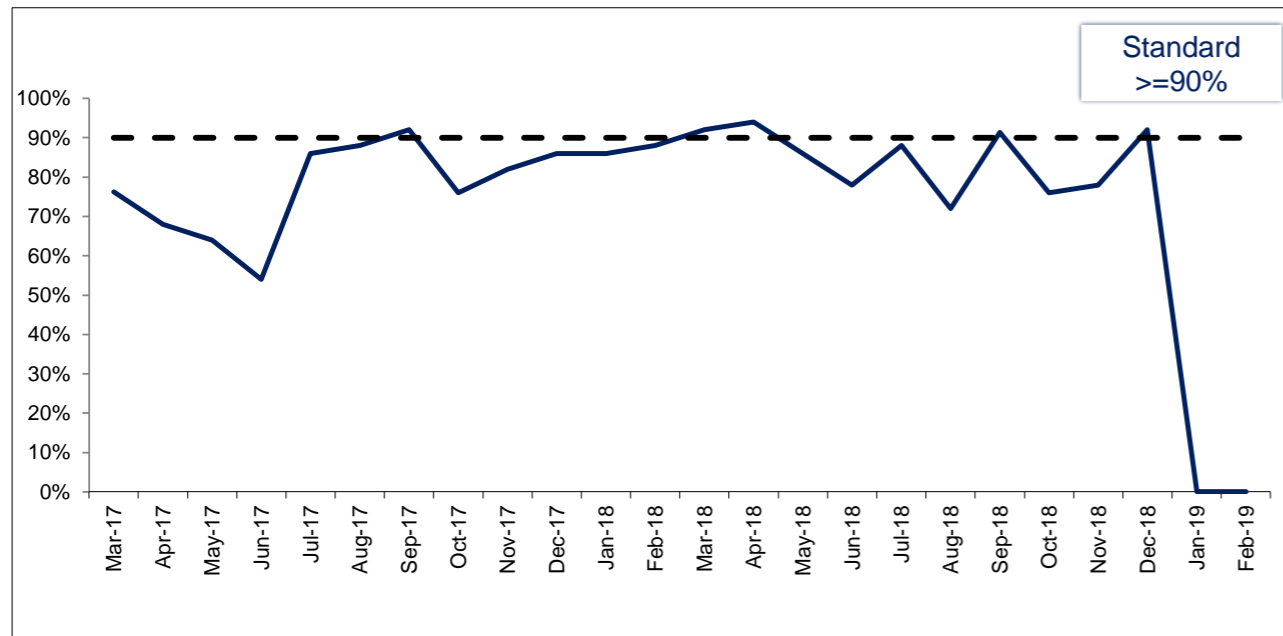
k2.01 | SHMI



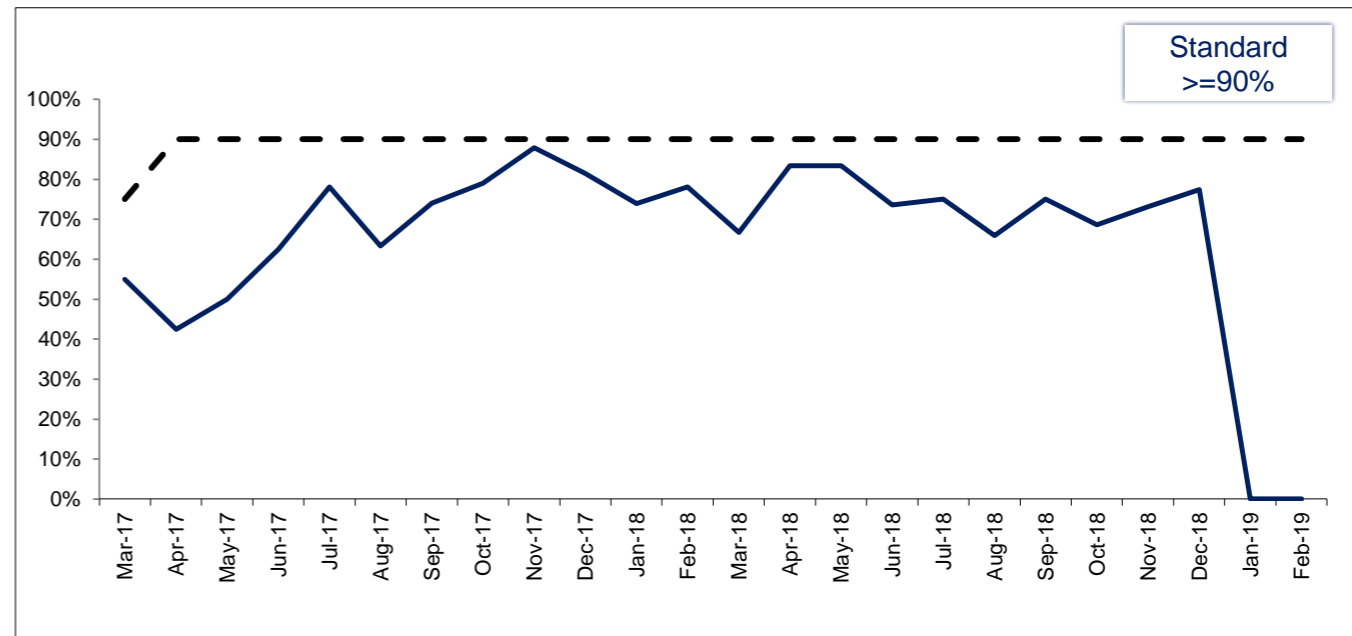
k2.02 | Unadjusted Mortality Rate



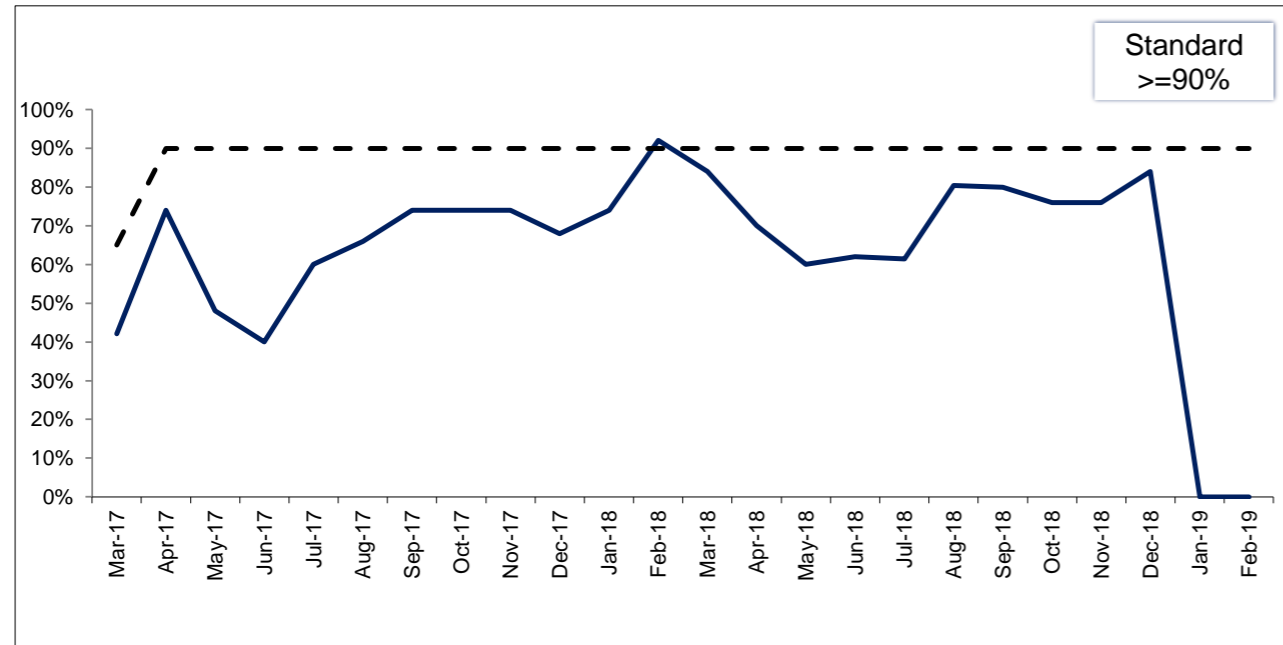
k2.03 | Sepsis - % of eligible patients screened for sepsis - Emergency Department



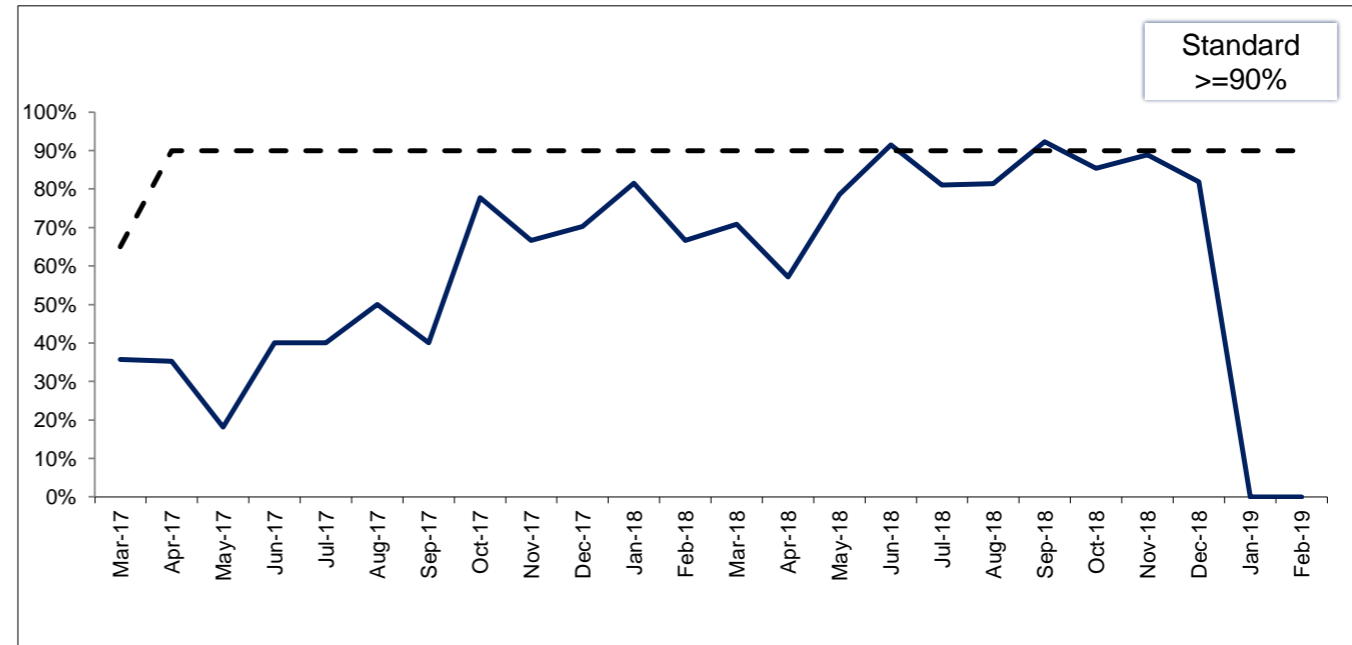
k2.04 | Sepsis - % of eligible patients who received antibiotics within 1 hour of arrival - Emergency Department



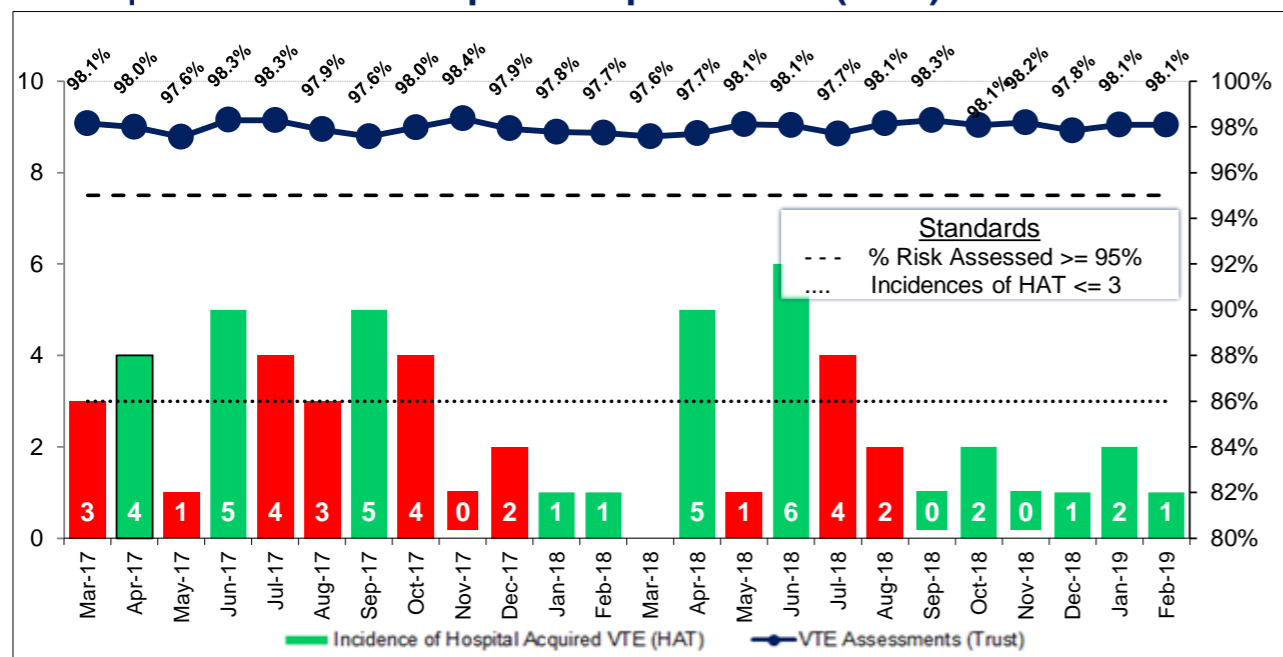
**k2.13 | Sepsis - % of eligible patients screened for sepsis - Inpatients**



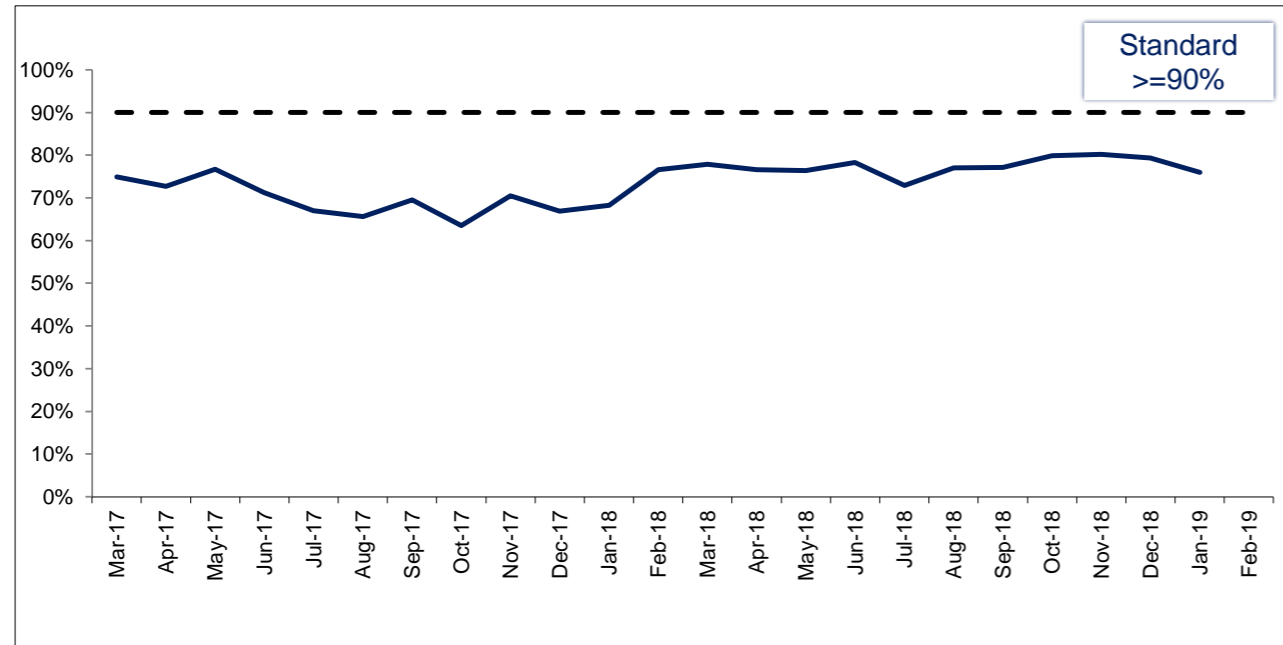
**k2.14 | Sepsis - % of eligible patients who received antibiotics within 1 hour - Inpatients**



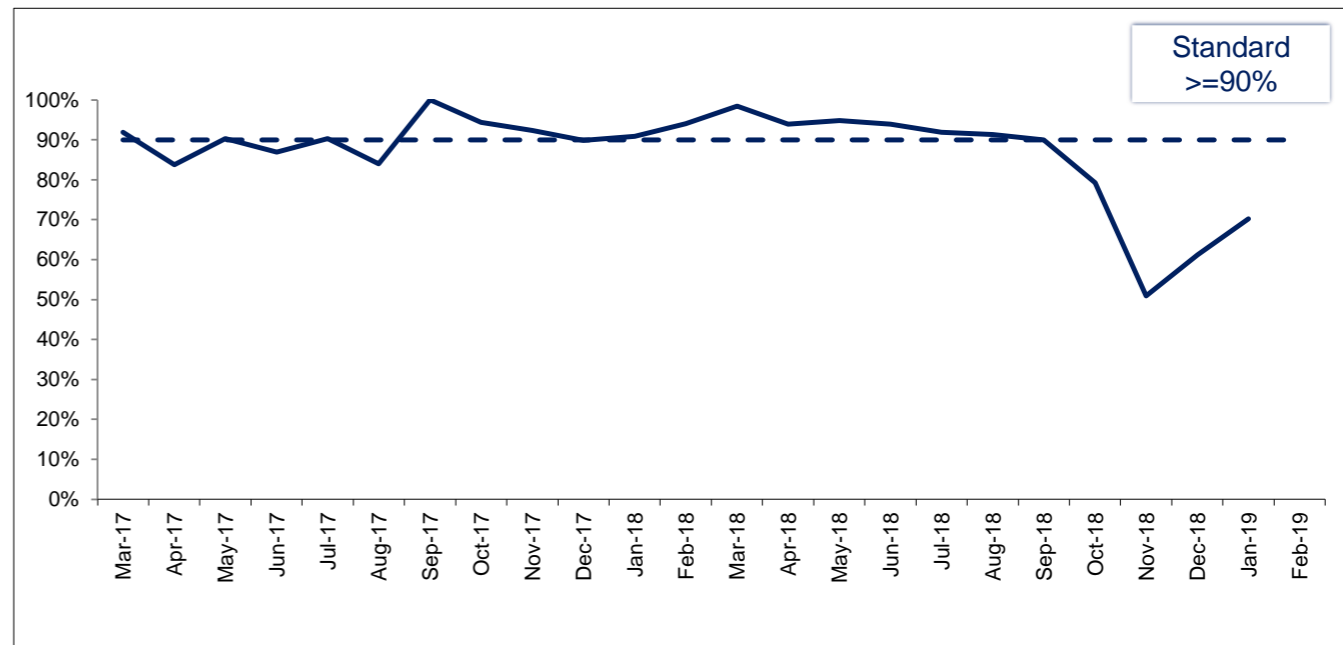
**k2.05 | Prevention of Hospital Acquired VTE (% patients risk assessed)**  
**k2.06 | Incidence of Hospital Acquired VTE (HAT)**



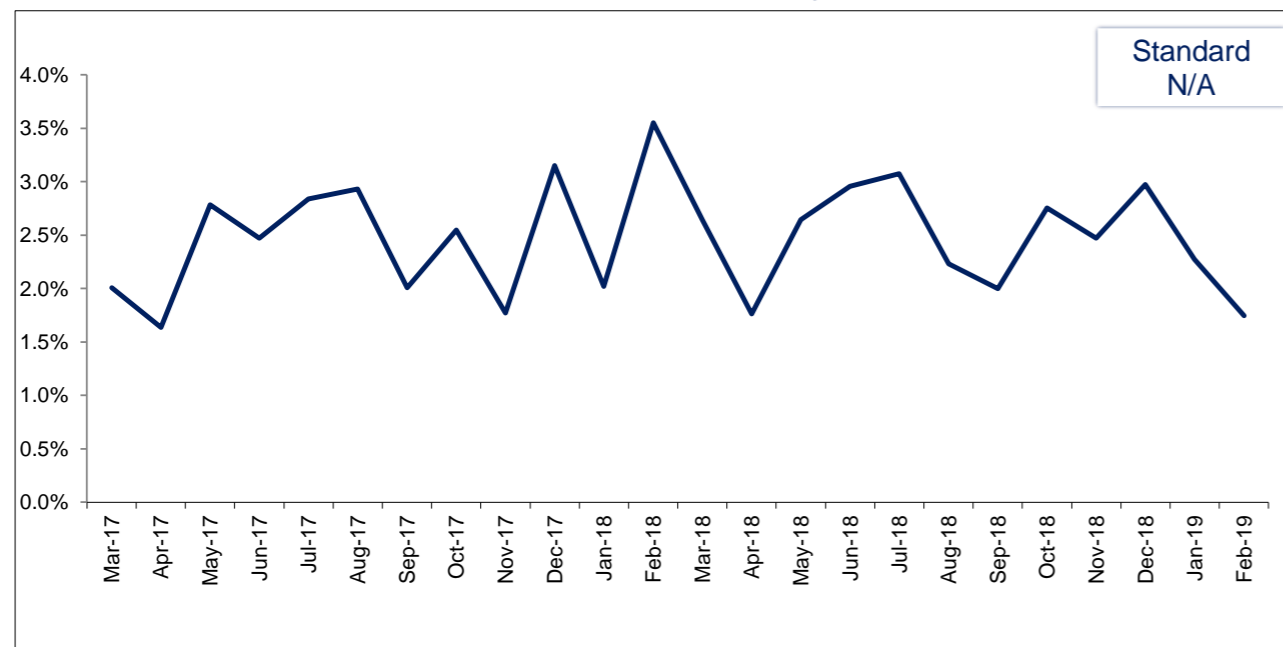
k2.07 | % of eligible patients screened for dementia



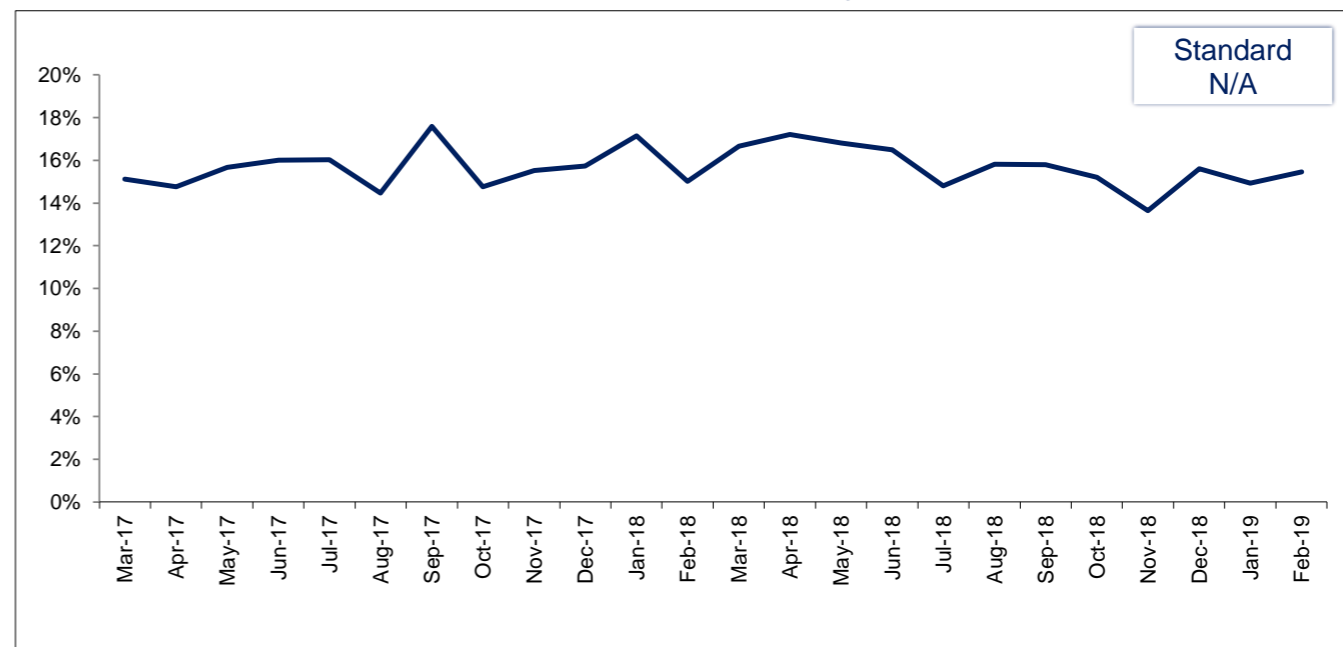
k2.08 | % of patients with dementia who were appropriately assessed



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



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



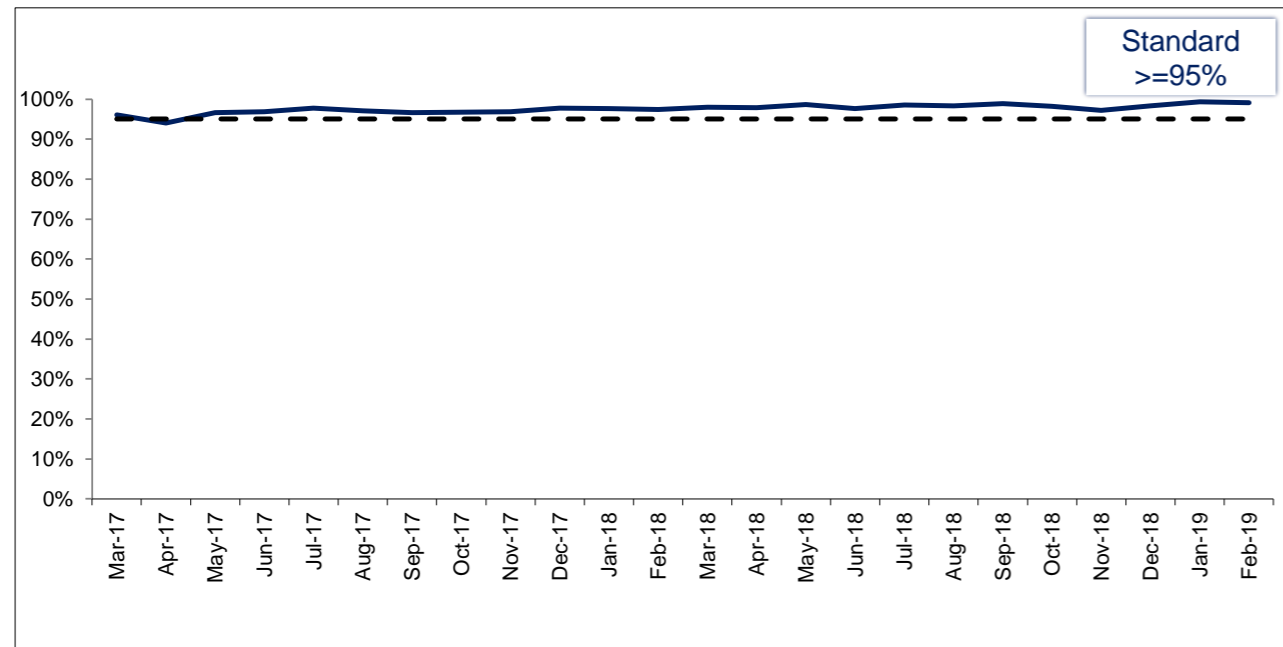


Effective

# Is Care Effective?

February 2019

## k3.15 | Hand Hygiene



Reporting Month

Feb-19

Total Number of Deaths

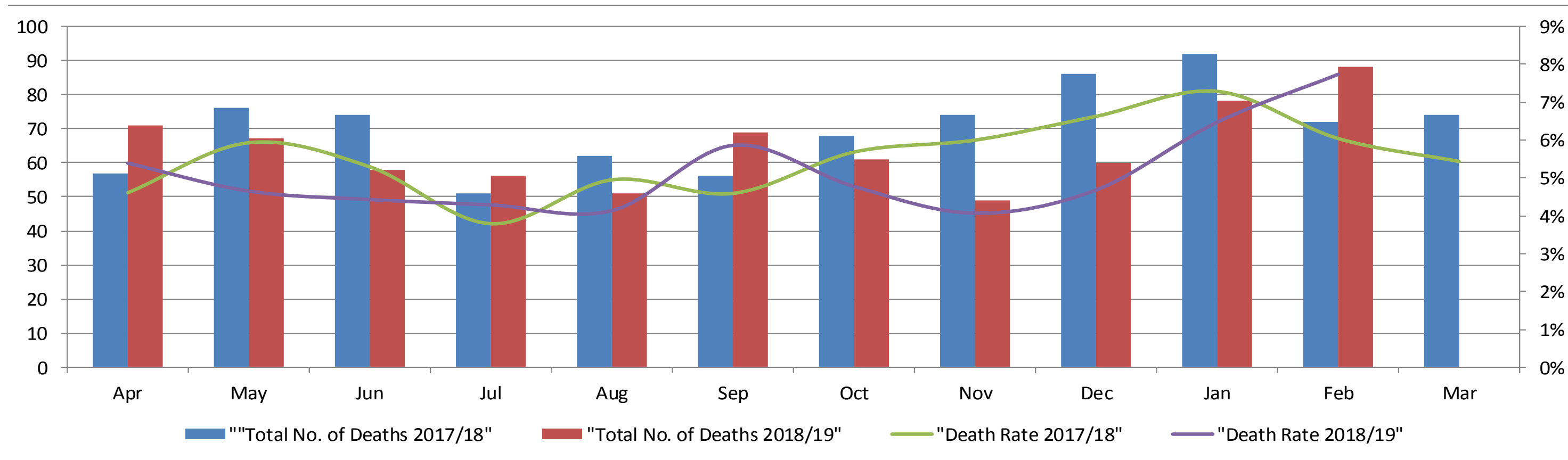
This Month	Last month
88	78
This Year (YTD)	Last Year (same YTD)
708	768

Total Deaths Reviewed

This Month	Last month
29	44
This Year (YTD)	Last Year (same YTD)
507	529

SJR Outcome

SJR'S In Progress	20
Awaiting Presentation	0
SJR'S Presented	69
2nd Stage Review	11
<b>Total SJR's Reviewed</b>	<b>100</b>



**Complaints****Author: Clare Parker, Head Litigation**

The trust received **25** complaints in January 2019 compared to in **32** January 2018.

Specialist Services received the highest number of complaints accounting for 48% of the total followed by Emergency Services 40%, Corporate Services 4%, Clinical Support Services 4% and Trust 4%.

Within Specialist Services, the following service lines received complaints in January 2019

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

Within Emergency Services, the following service lines received complaints in January 2019

Accident & Emergency (2), Elderly Care (2), Gastroenterology & Endoscopy (2)  
Cardiology & Haematology (2), Acute Assessment Unit (1) Respiratory (1)

The most frequent subjects related to Communication (25%), Appointments (25%), Admission/Discharge (12%) and Care & Treatment (12%)

**Reopened Complaints**

5 Complaints were reopened in January 2019. The reasons for the complaints being reopened were Further Questions (5)

**Ombudsman Referrals**

No complaints were referred to the Ombudsman in January 2019.

**Friends and Family Test****Author: Elizabeth Tsangarakiwilding, Patient Experience & Quality Improvement Lead (Job-share with Jane Suppiah)**

The Trust's response rate for the Friends & Family Test in February was 19% with a total of with 6655 ratings received and 4694 patient comments.

The '% Would Recommend' rating for the Trust remained steady at 93% with the top three positive themes identified including, 'staff attitude' (3040 comments), 'implementation of care' (1294) and 'environment' (986). The '% Would Not Recommend' rating was 3.9% and the top three themes identified from patient comments were 'staff attitude' (178 comments), 'waiting times' (141) and 'environment' (123).

There was a significant increase in the response rate for Inpatients from 48% to 62% with a total of 783 ratings and 689 comments; response rates for Day case areas decreased by 6% to 31% with 677 ratings and 510 comments however, patient satisfaction increased by 1%.

Both the response rate and patient satisfaction in Paediatrics, continue to rise, and 48% and 98% respectively.

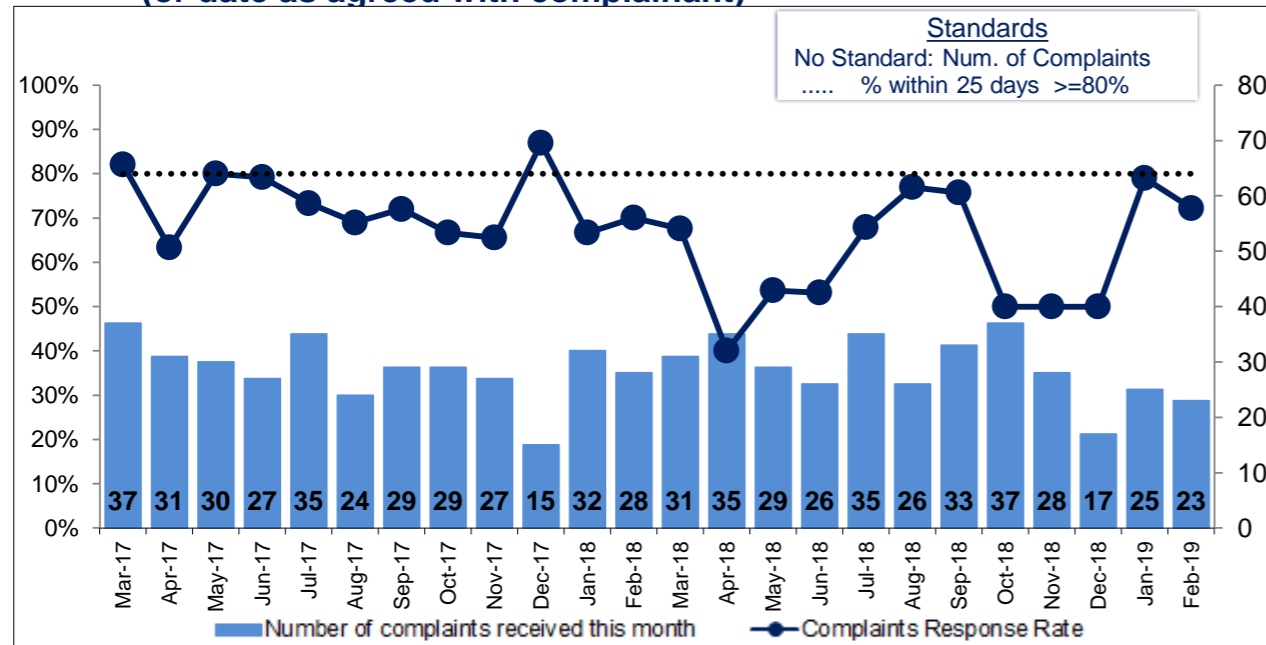
Maternity response rates have also risen significantly, with 68 ratings and 54 patient comments. There were no negative themes identified.

Patient Satisfaction remained steady in the Emergency Department and also the response rate, which was 24% with 1374 ratings and 904 comments.

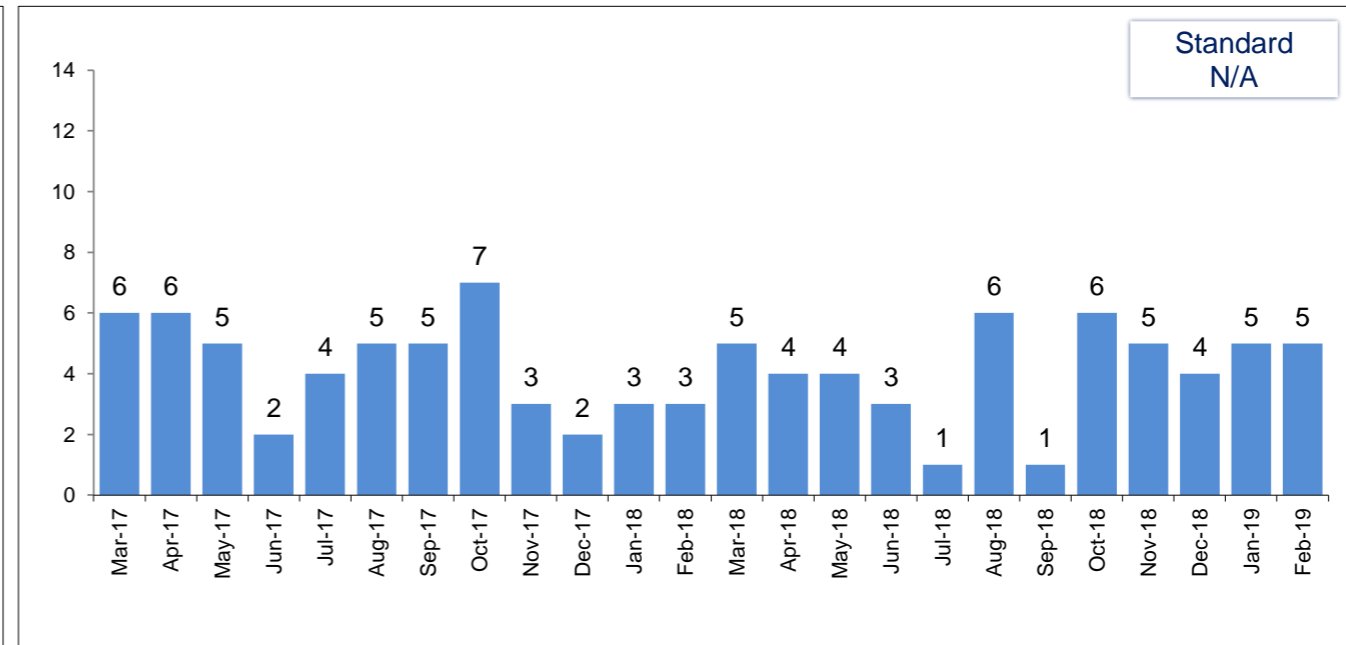
Response rates for Outpatient services was 14% and patient satisfaction remained steady at 93%.

k3.01 | Number of Complaints received

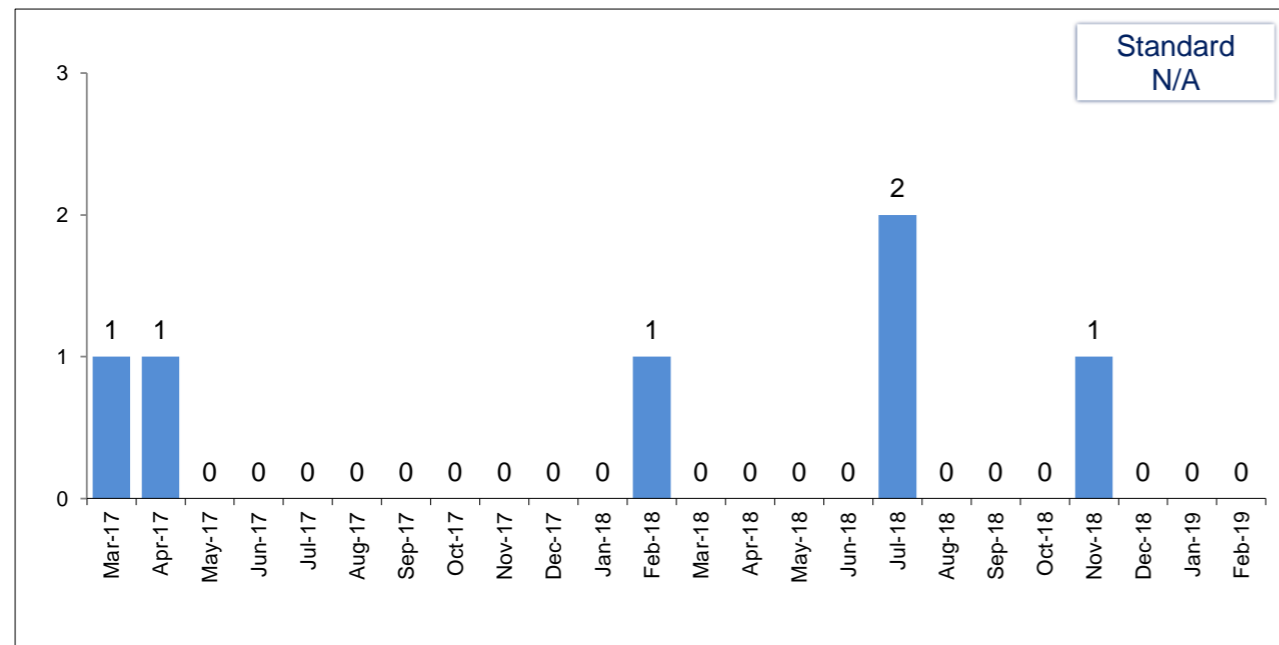
k3.14 | % Complaints responded to within 25 working days  
(or date as agreed with complainant)



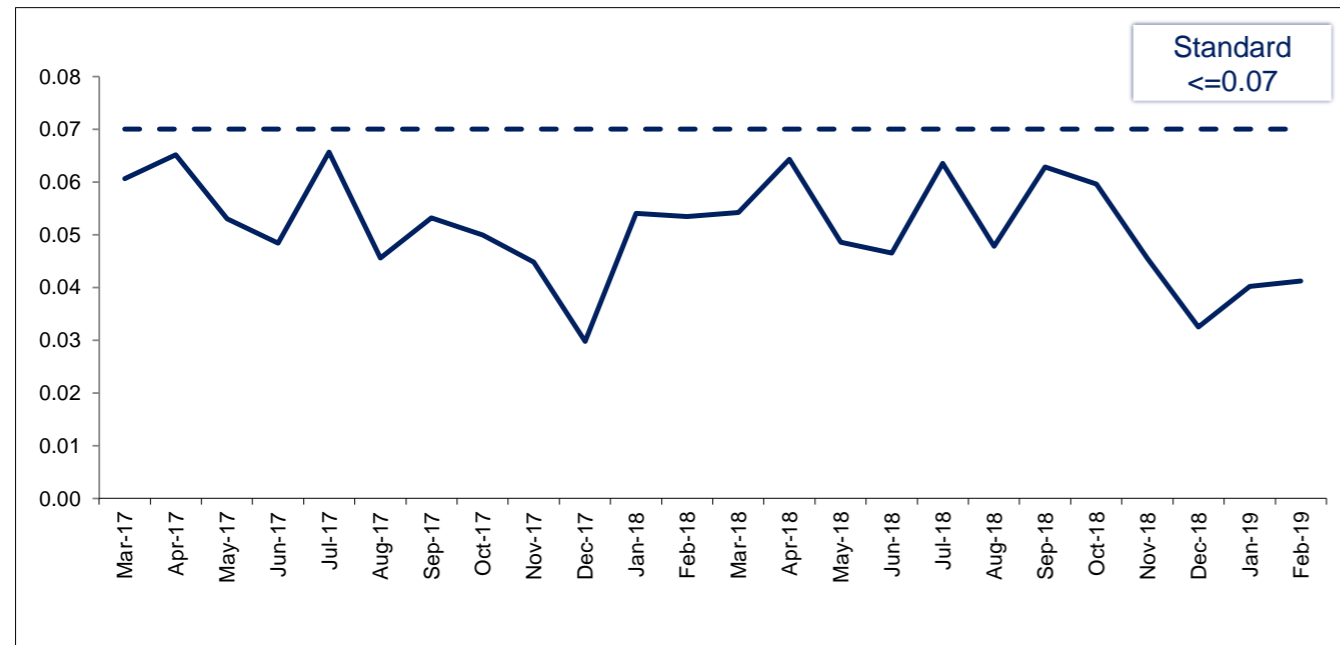
k3.02 | Number of Complaints reopened



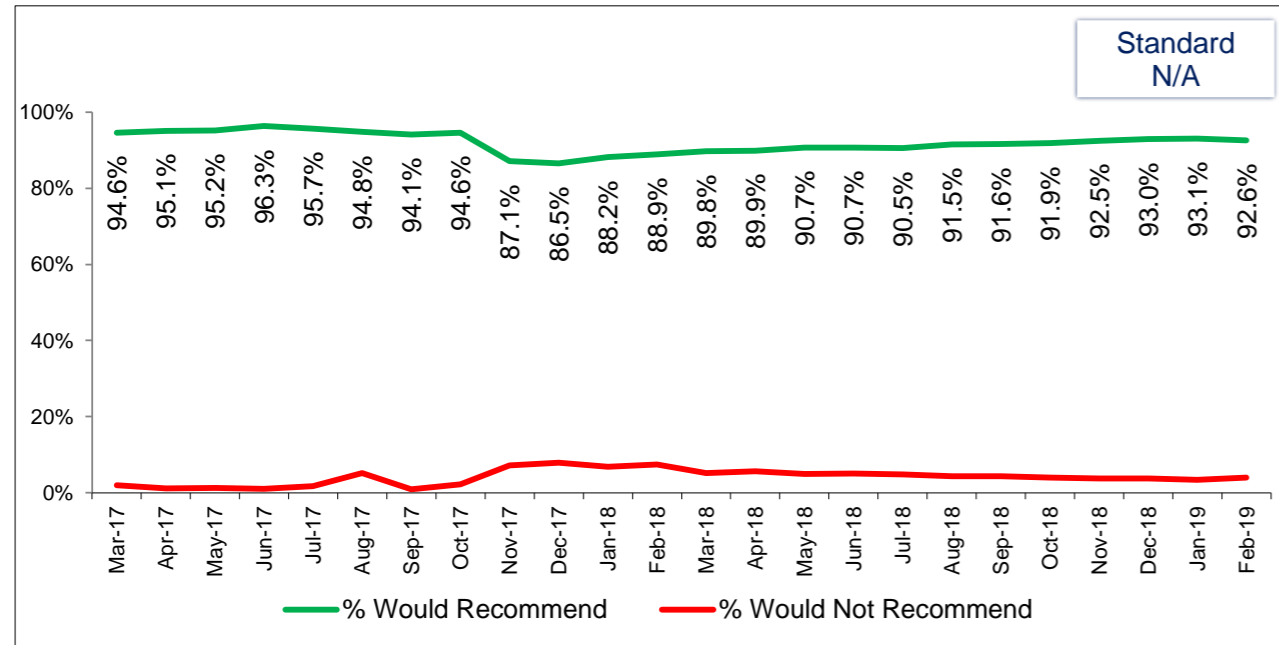
k3.03 | Number of Complaints referred to ombudsman



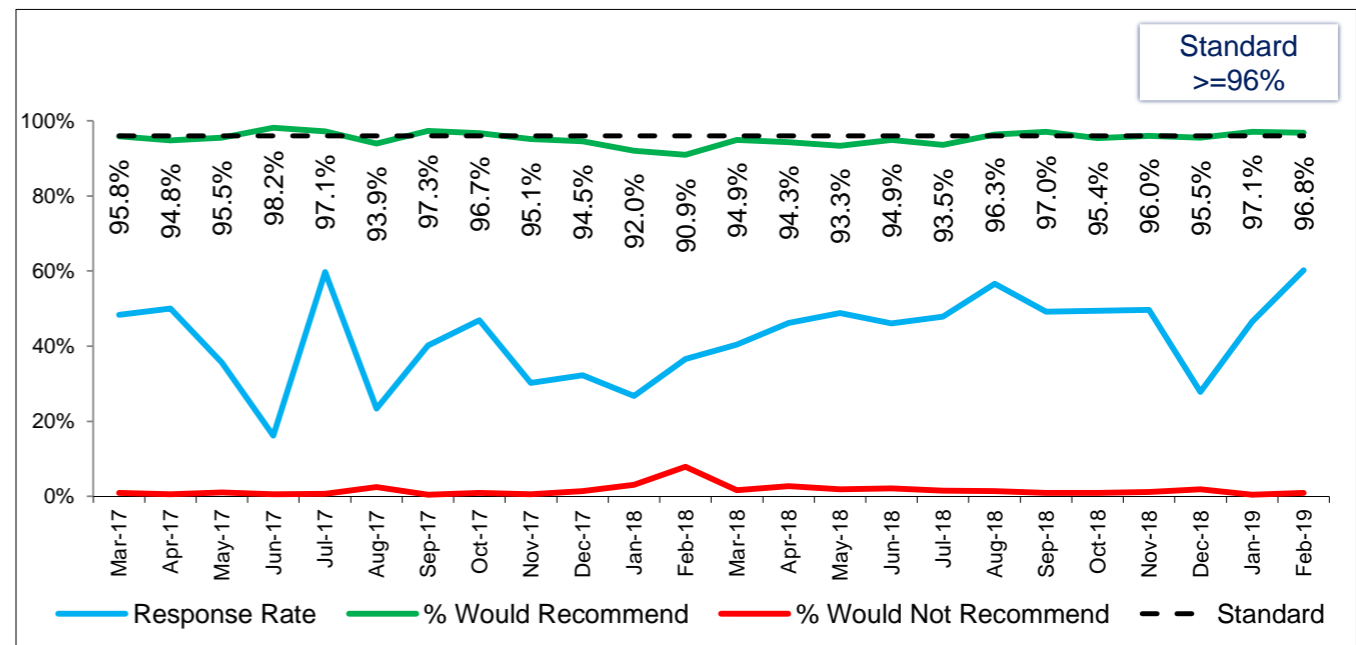
k3.20 | Complaints per 100 patient contacts



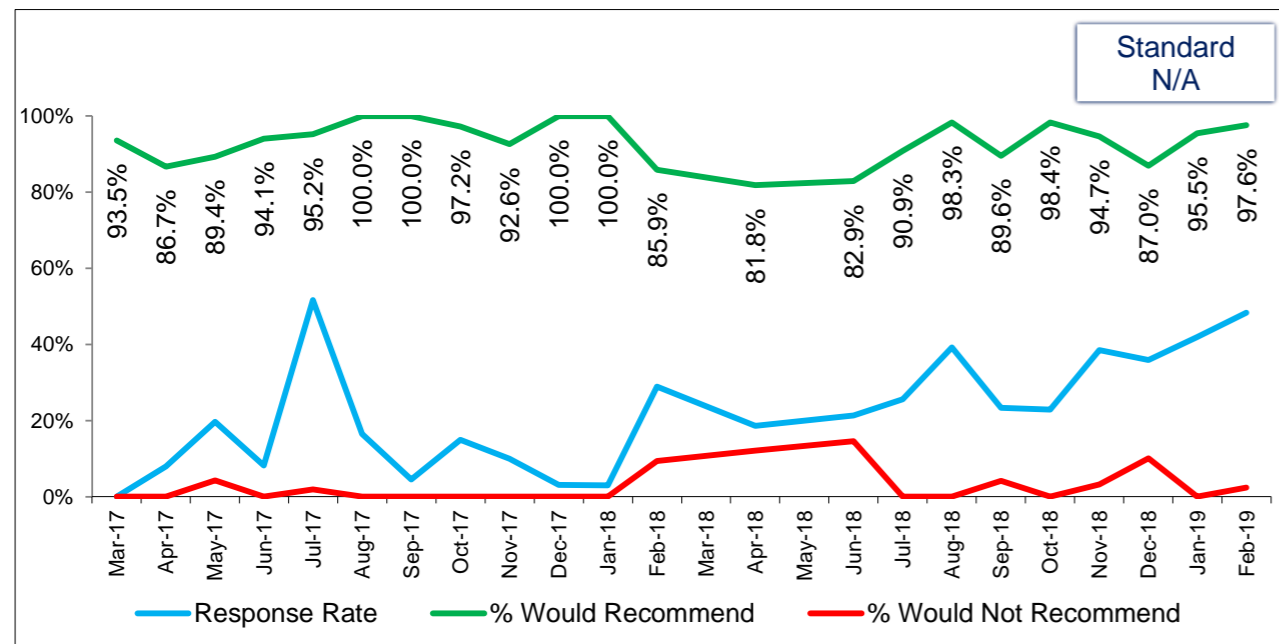
k3.05 | Friends and Family Score - Trust



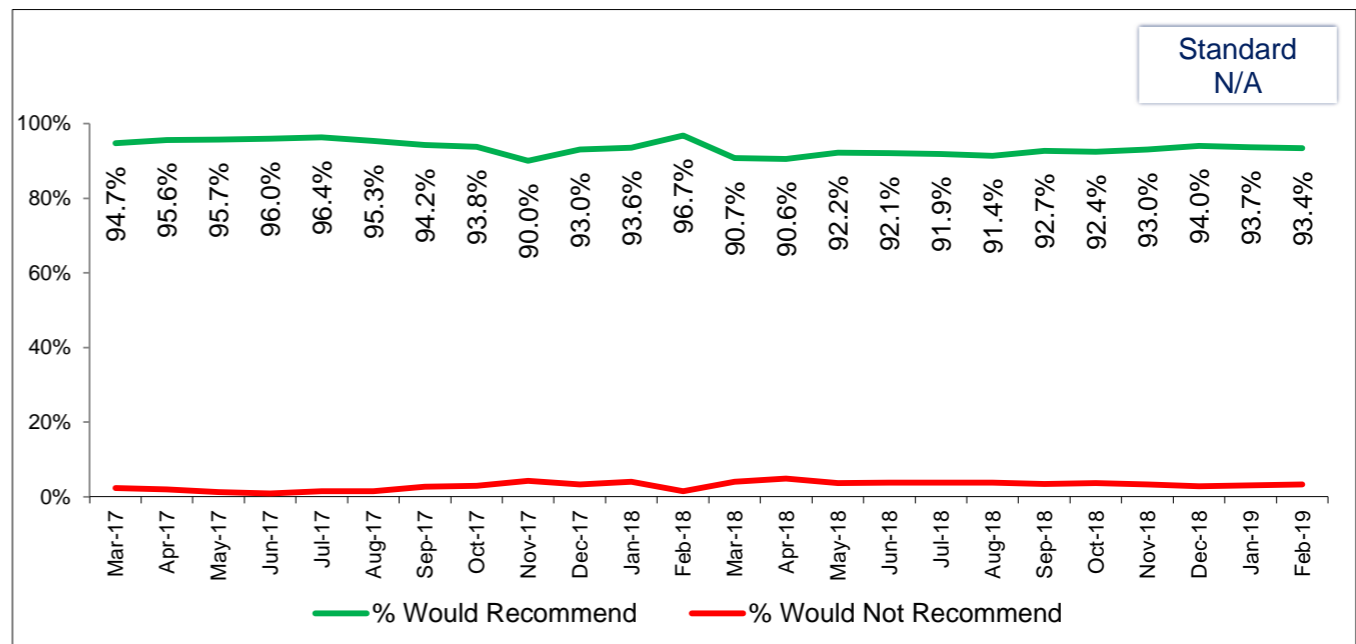
k3.06 | Friends and Family Score - Inpatients (excluding daycases)



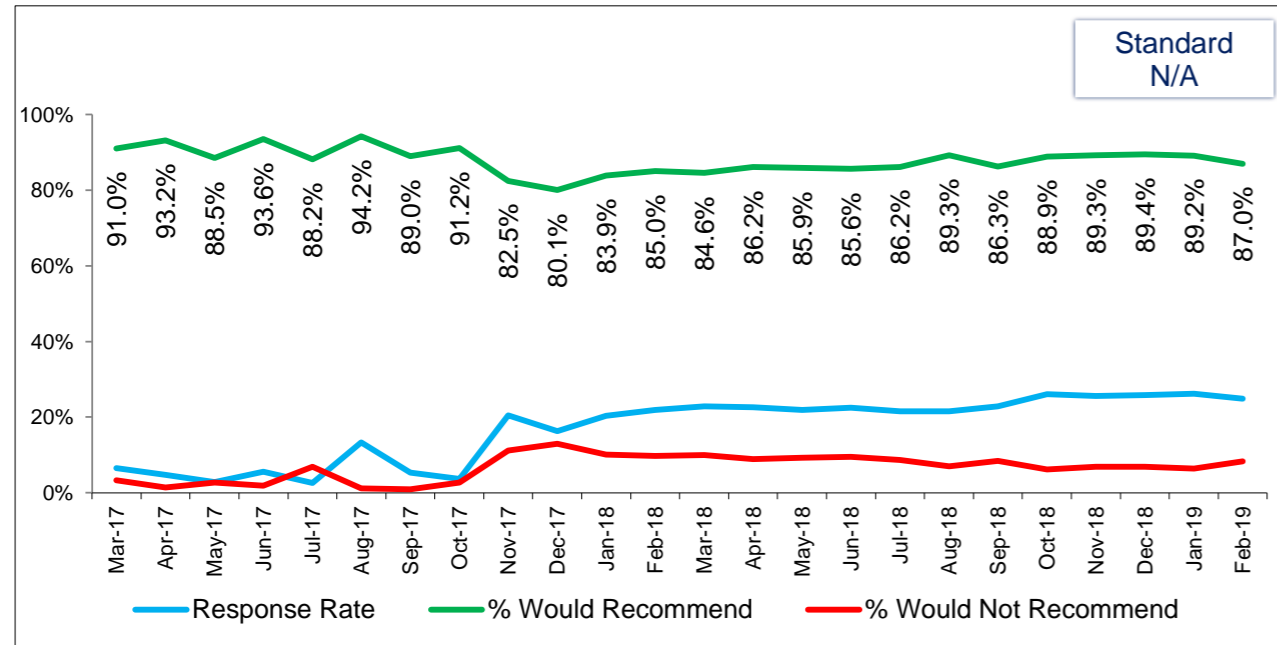
k3.07 | Friends and Family Score - Paediatric Inpatient



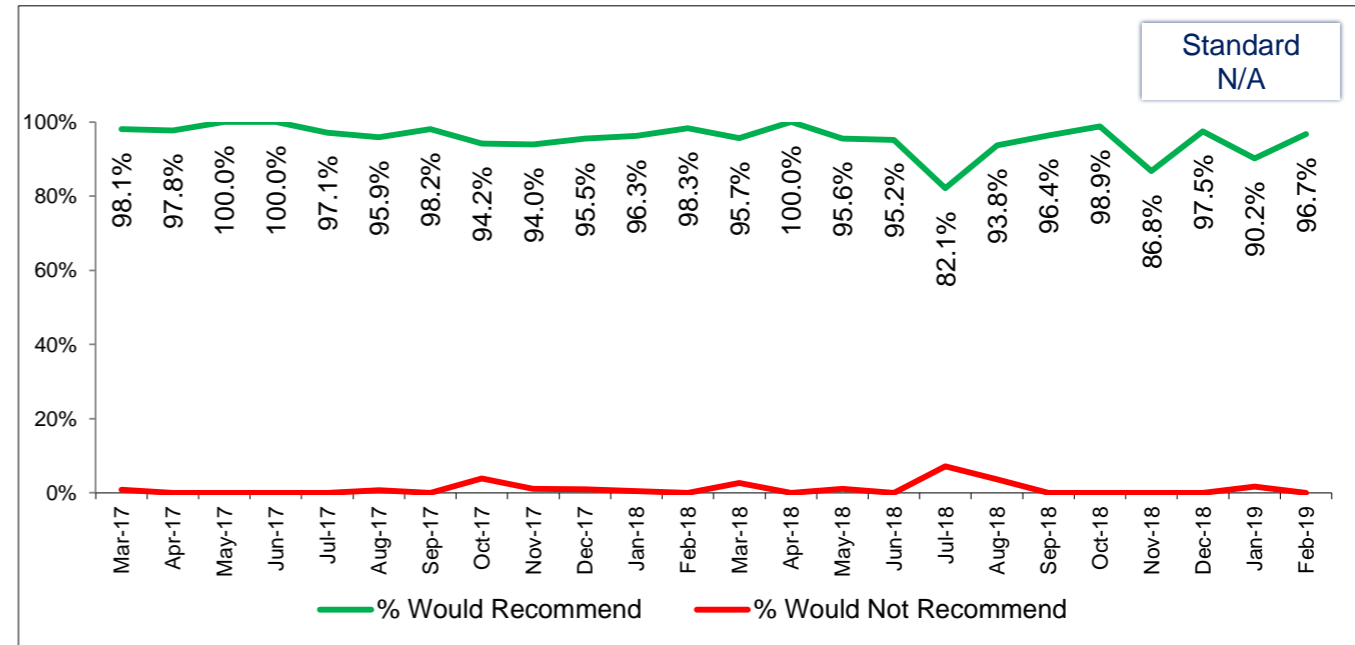
k3.08 | Friends and Family Score - Outpatient



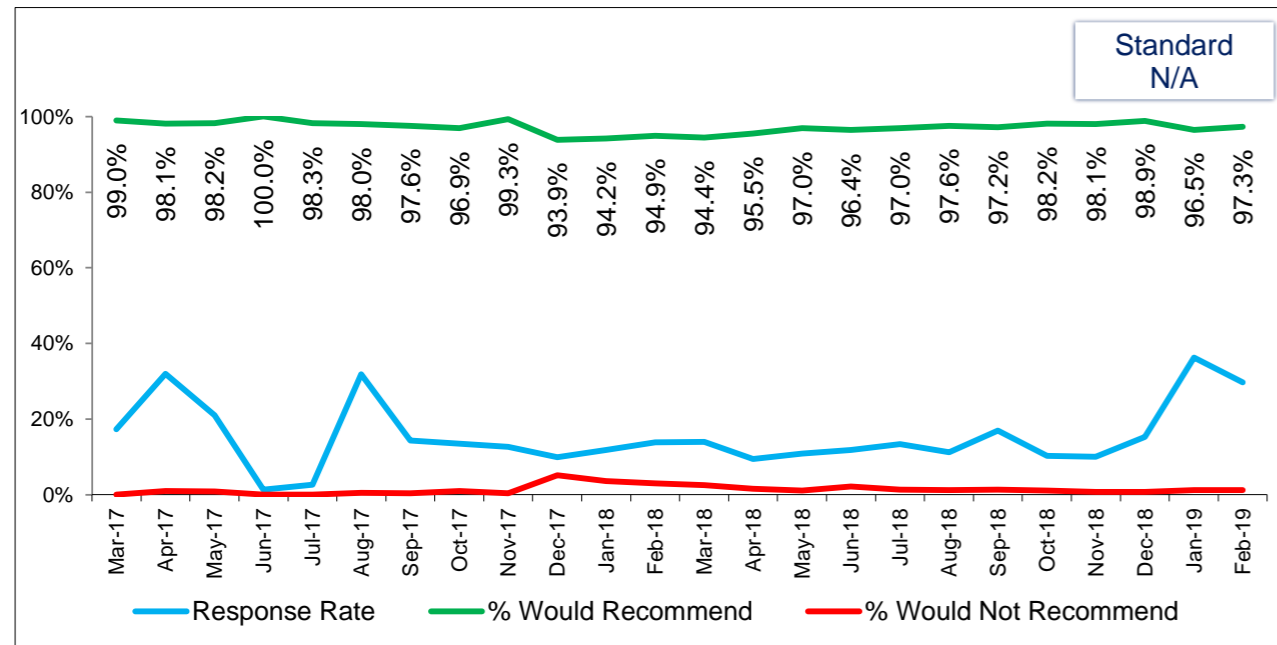
k3.09 | Friends and Family Score - A&E



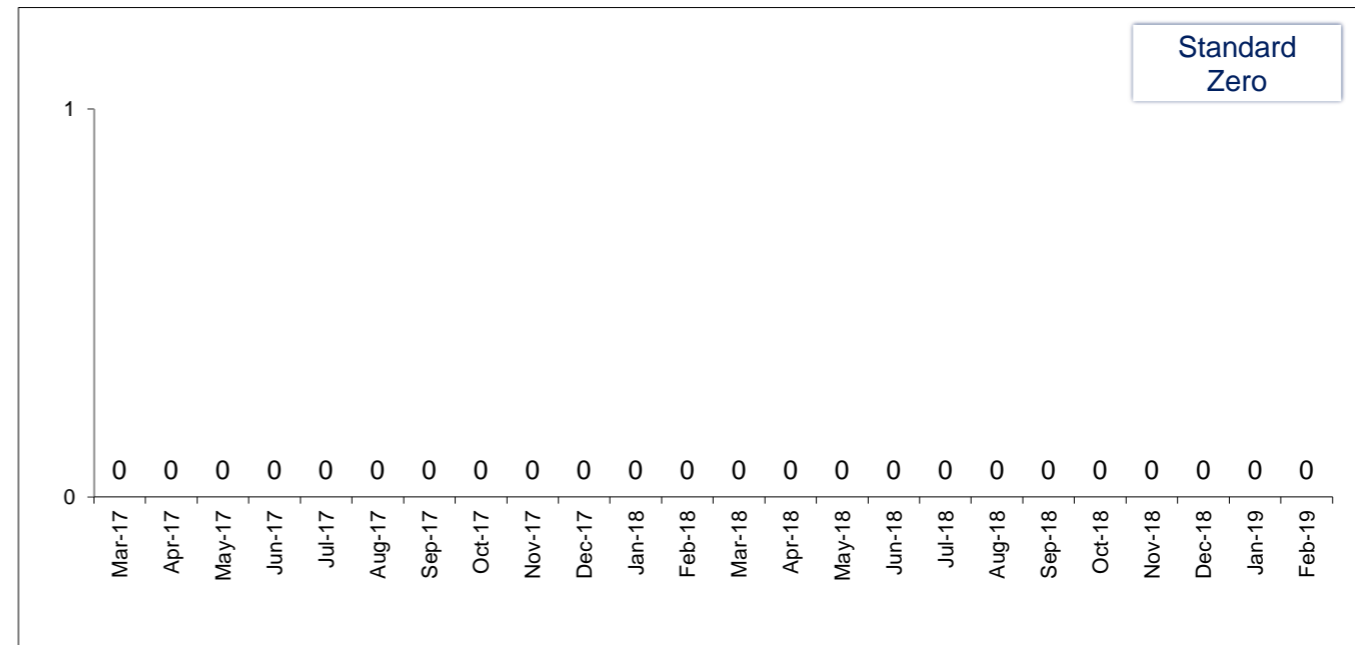
k3.10 | Friends and Family Score - Maternity



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 achieved all cancer targets in January and there were no 100 day breaches. The new breach allocation process goes live from the 1st of April and this is likely to have a negative impact on the Trusts 62 day performance. Sustaining cancer performance remains challenging, mainly due to the competing demands on diagnostics and the continual increase in 2ww referrals.

**Referral To Treatment (RTT) and Diagnostic Performance**

**Author: Anna Jebb, Associate Director, Planned Care**

RTT Incomplete performance was 92.98% (no 52+ week waiters). Diagnostics was comfortably above the 99% target this month. The endoscopy department have recovered the endoscopy diagnostic position following an issue last month with a number of referrals not being made correctly on CRS. This incident has been closely managed and all patients have been booked now for their diagnostic. We do not expect a further endoscopy impact on the diagnostic position.

**A&E Performance**

**Author: Tracey Moore, Associate Director, Unplanned Care**

Performance in February 2019 was 86.68% . Activity in February ( categories 1 and 2) continued to increase – 16% higher than in February 2018. Silver command and control was stood down in February but senior leadership of the bed meetings continued including attendance on site at weekends as required. As a result, the planned elective programme was delivered and stranded patient metrics and delayed transfers of care remained low (the latter being 3.25%). One 60 minutes ambulance handover breach occurred in February.

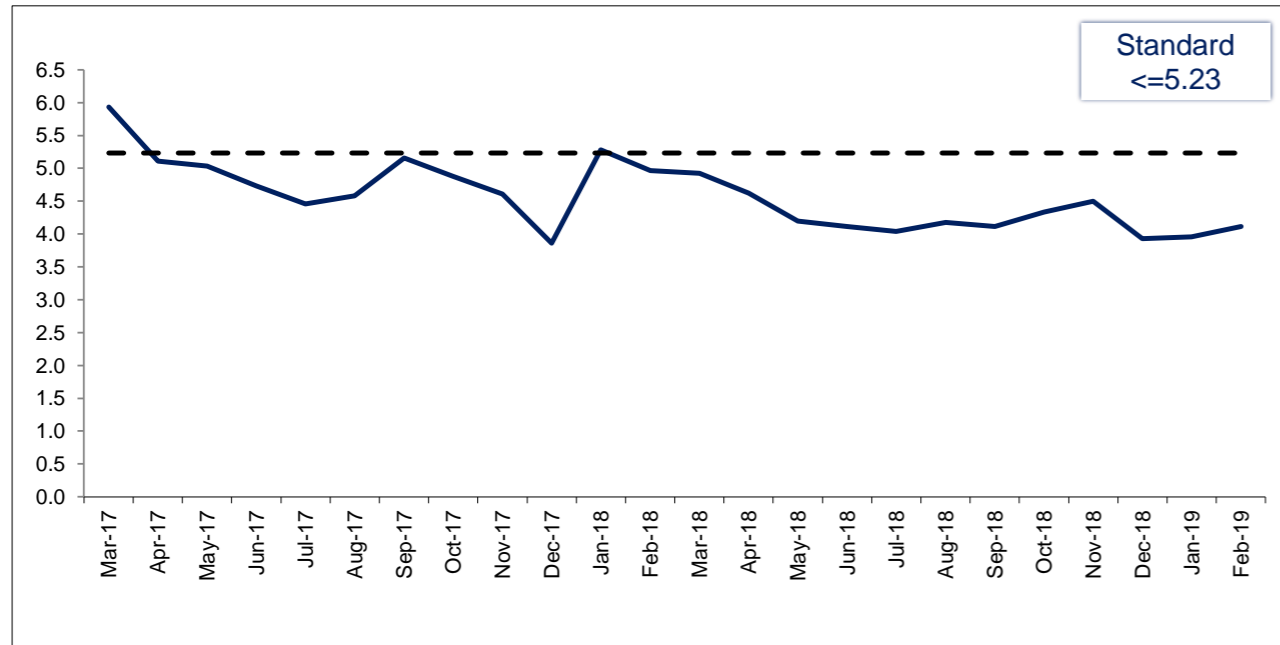
The table below shows the significant reduction that has been made in ambulance handover times over the last 12 months. This has been supported by the availability of additional resus and majors bays and the relocation of the ambulance handover area.

Month	Number of LAS conveyances	% within 15 mins	30 min breach	60 min breach
2017/18	21,491	46.10%	288	29
2018/19 YTD (10.3.19)	1,893	41.20%	64	4

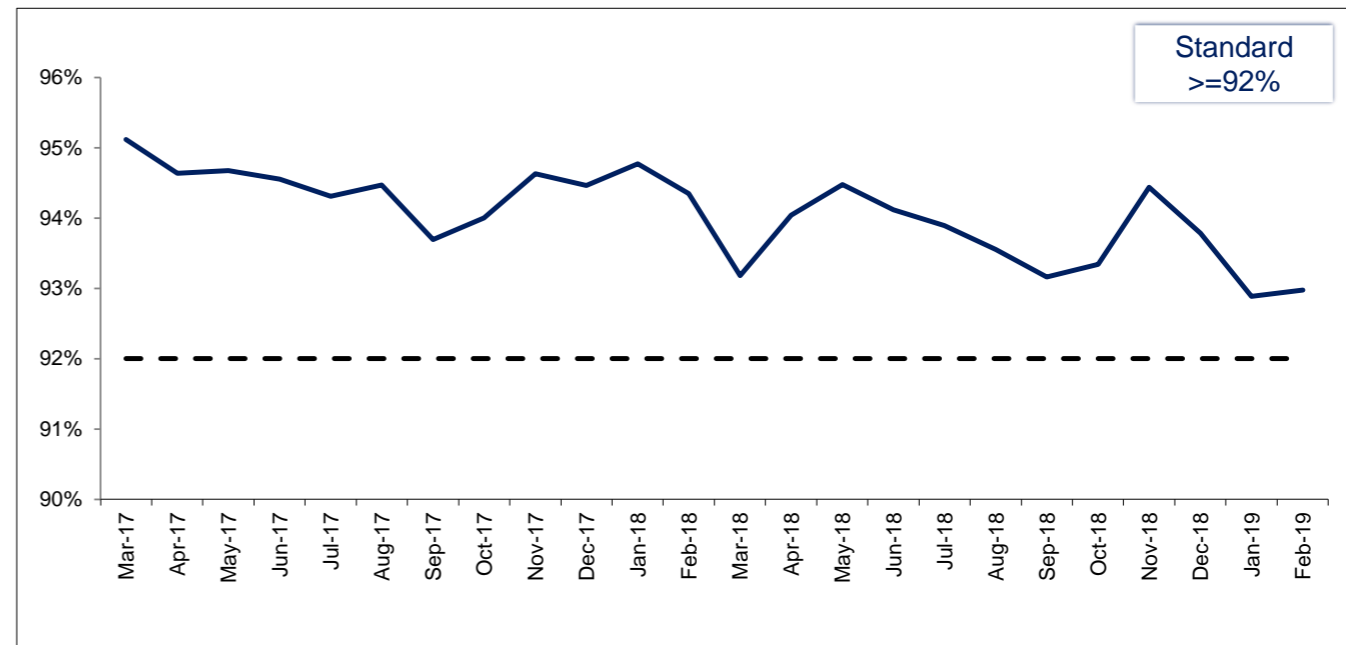
Work has progressed in February on the identification of flow projects for 2018/19 and discussions have been held with partner organisations on ways in which we can work together to support patients at the beginning of their pathway, thereby optimising the chances of being discharge home earlier. Further collaborative events are planned for April 2019.



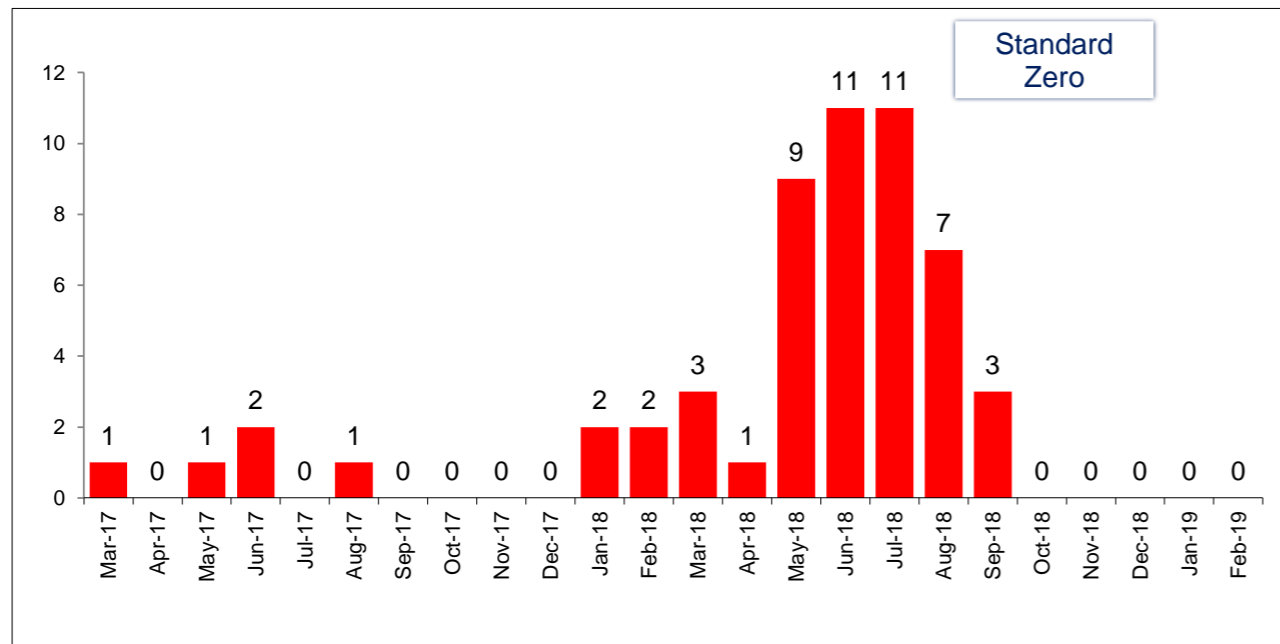
**k6.01 | Average length of stay - Emergency Admissions**



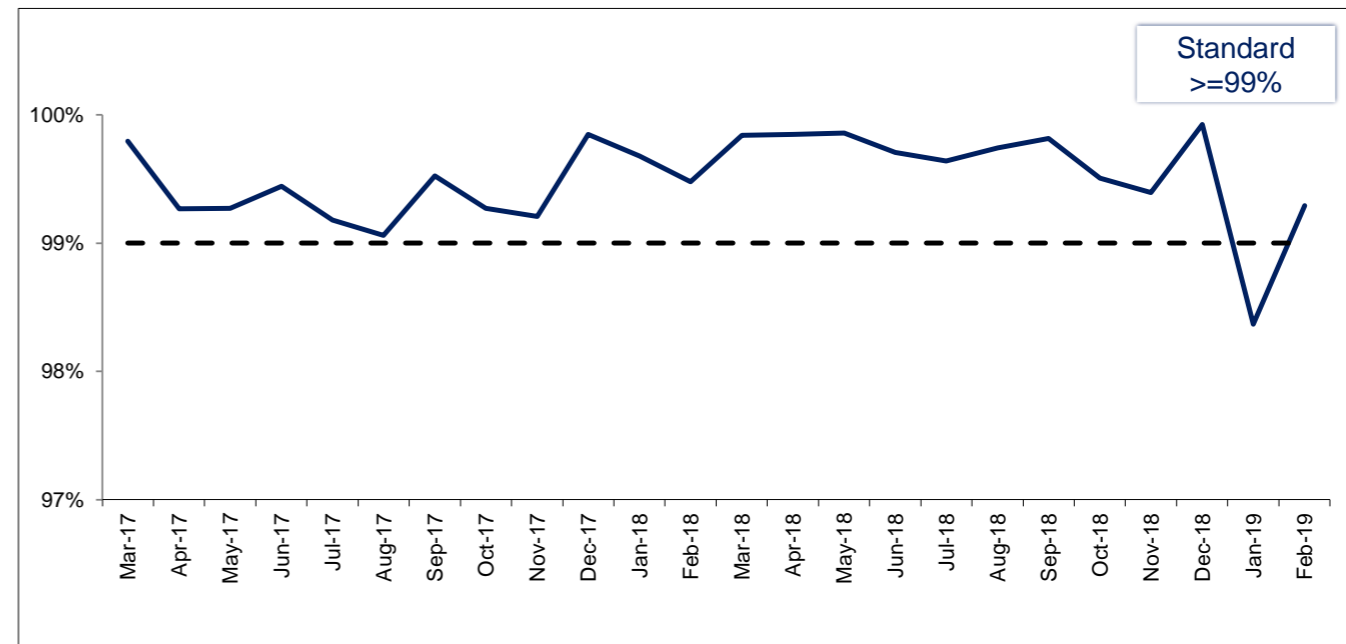
**k6.02 | 18 weeks Referral to Treatment - Incomplete pathways**



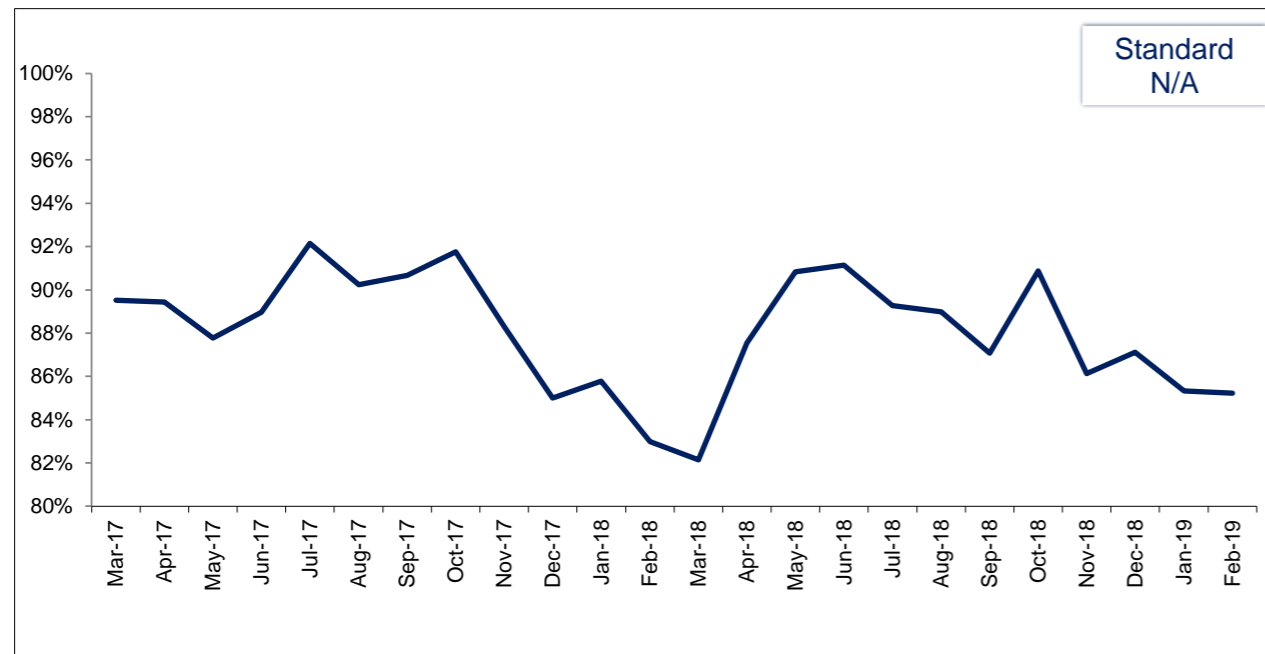
**k6.03 | 18 weeks Referral to Treatment - number of incomplete over 52 week waiters**



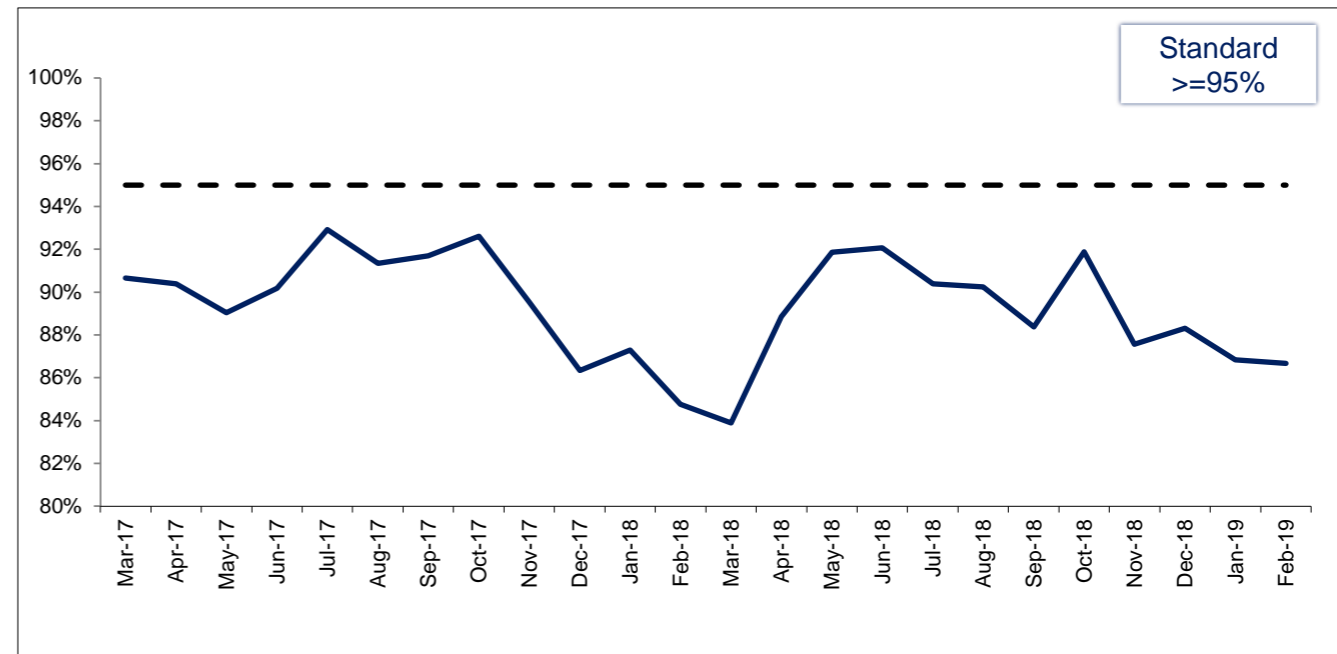
**k6.04 | Diagnostic test - % waiting 6 weeks or less**



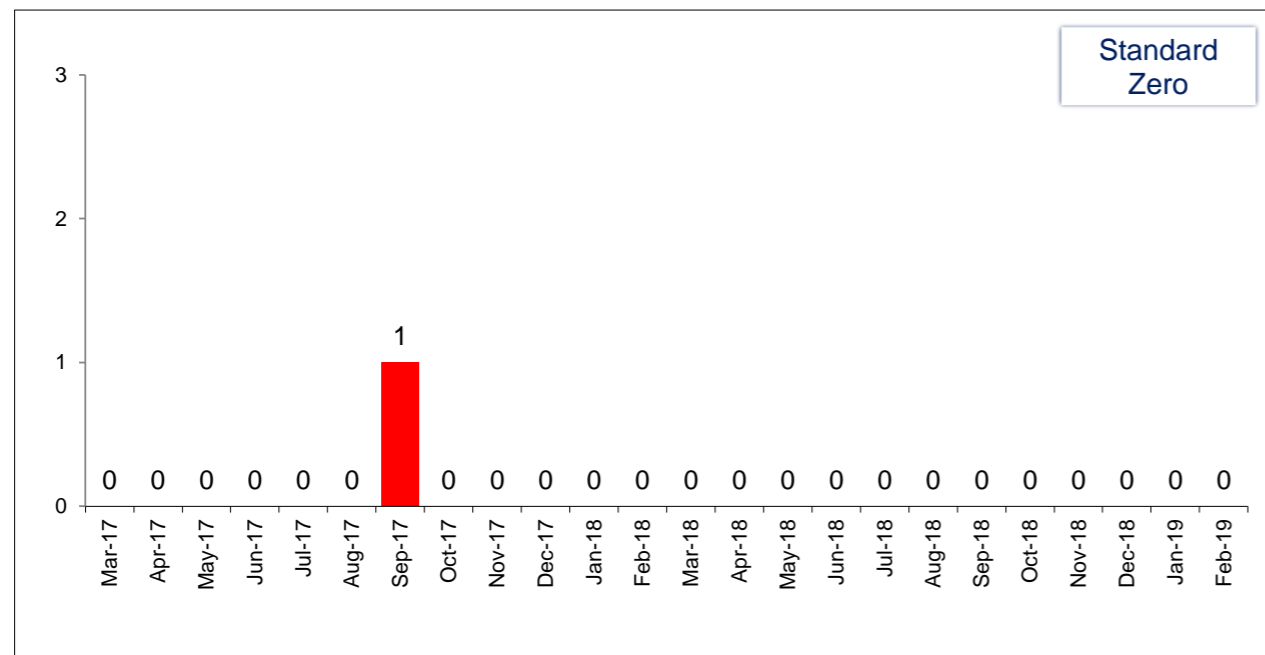
**k6.05 | A&E 4 hour waiting time (type 1)**



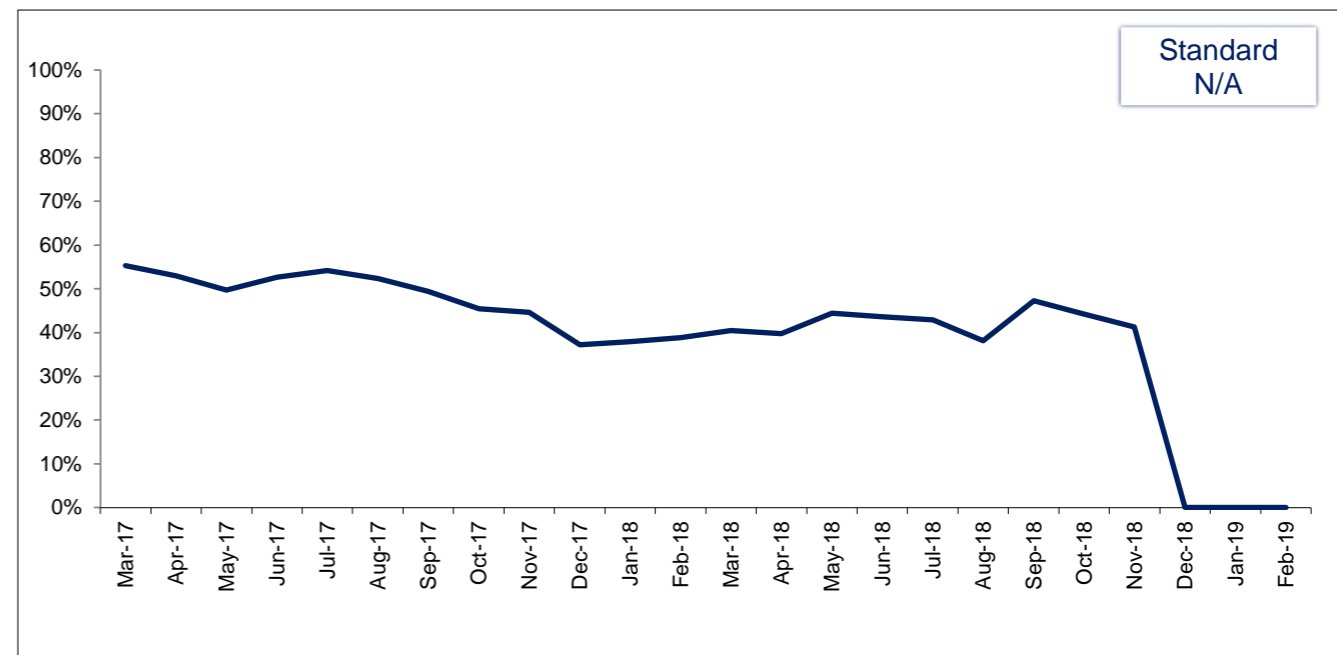
**k6.06 | A&E 4 hour waiting time (all types)**



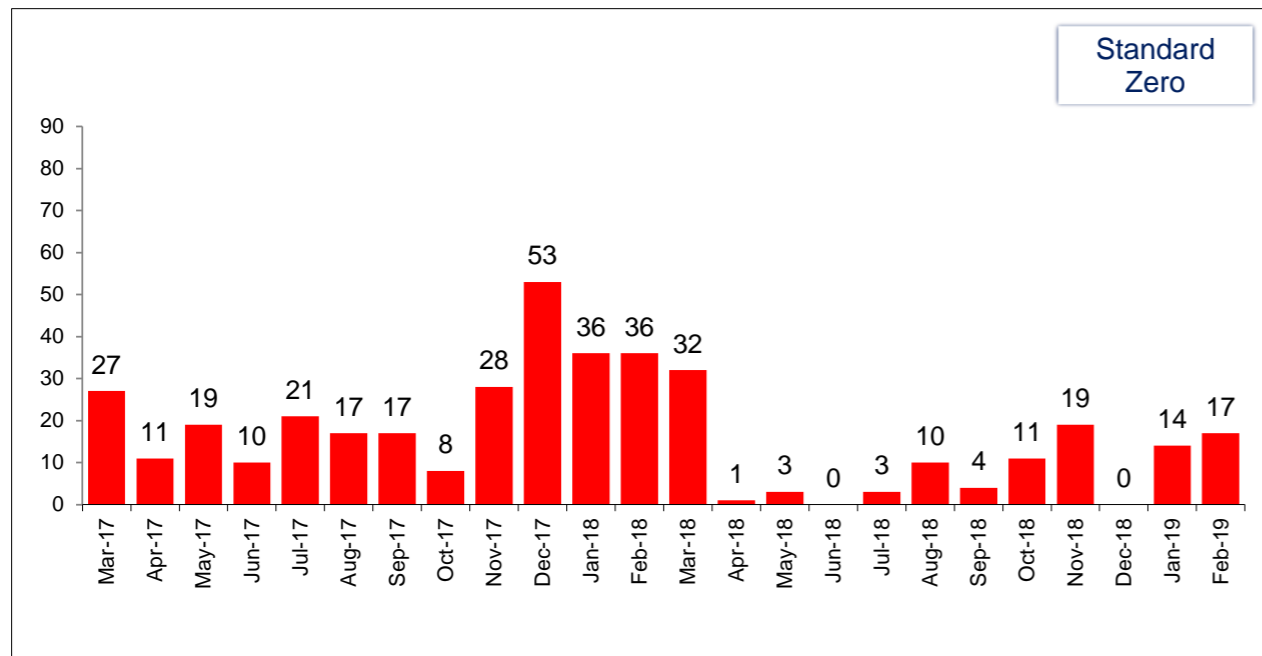
**k6.07 | Number of A&E 12 hour trolley waits**



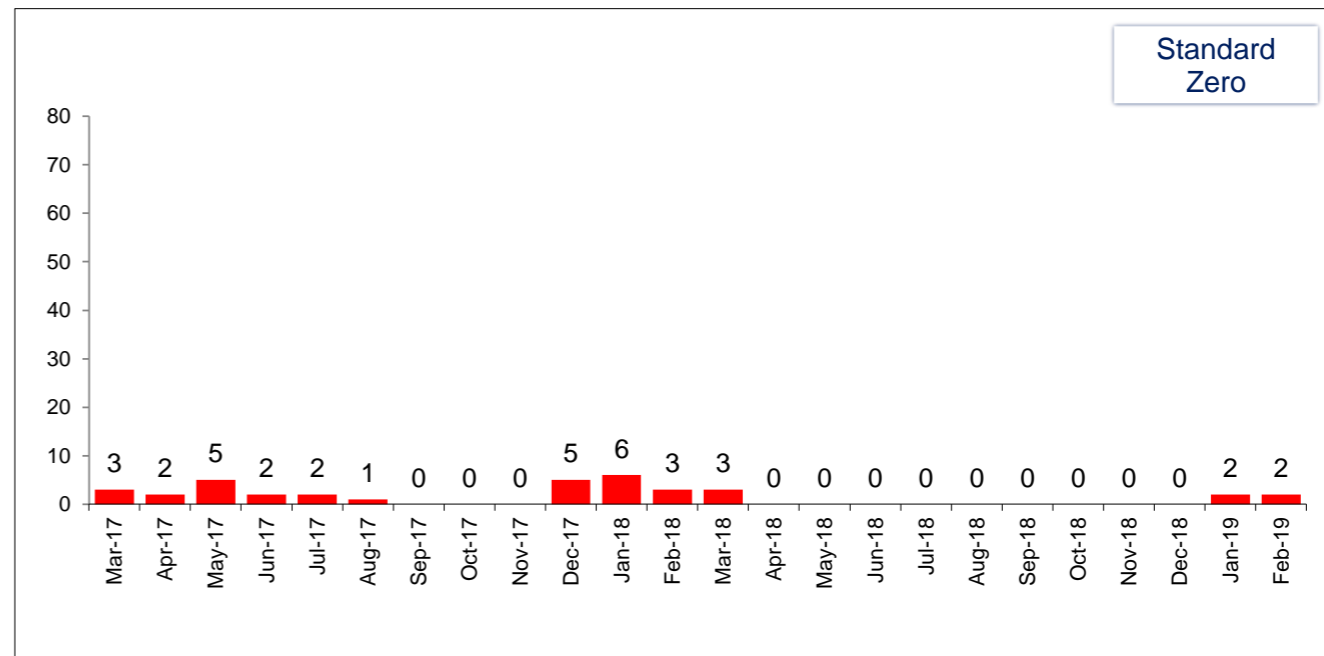
**k6.08 | LAS Ambulance Handovers - % within 15 minutes**



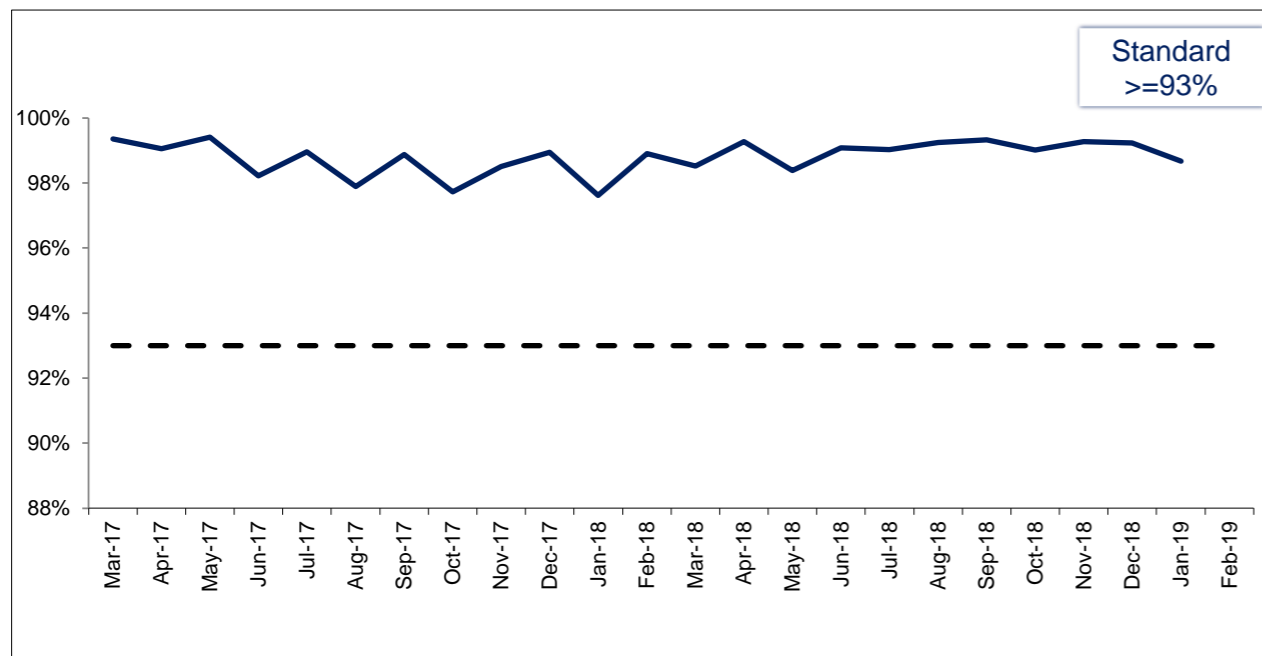
**k6.09 | LAS Ambulance Handovers - 30 min waits**



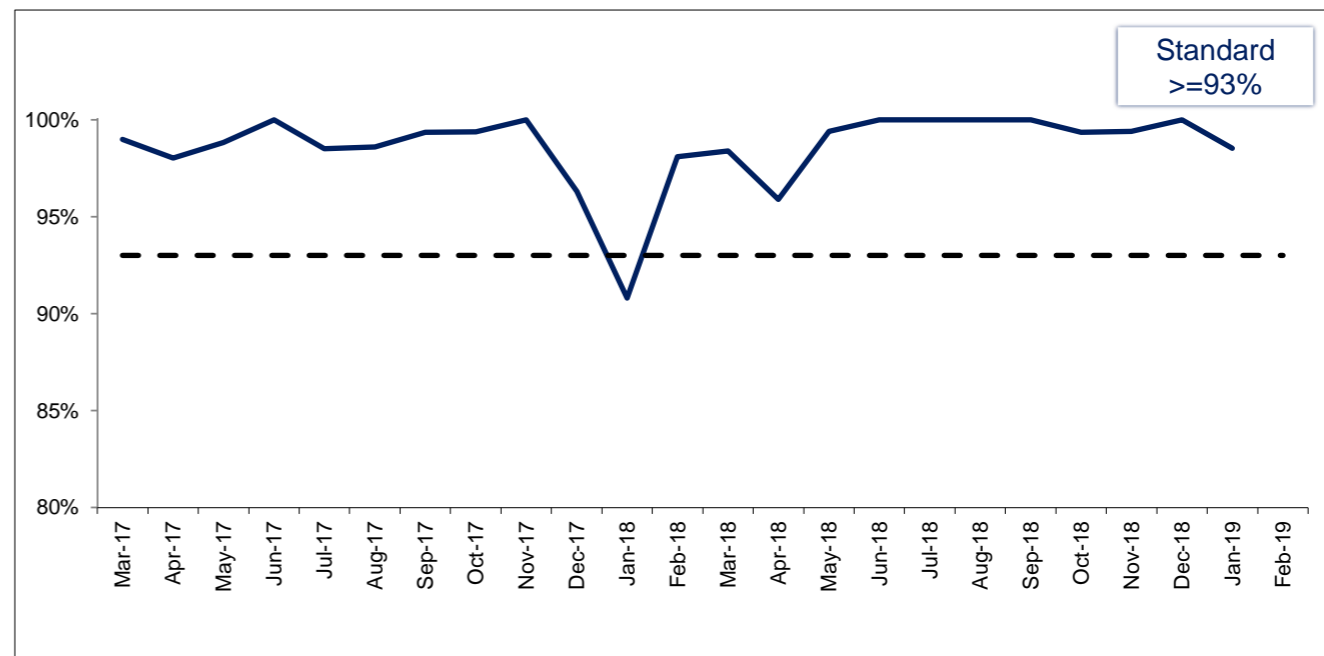
**k6.10 | LAS Ambulance Handovers - 60 min waits**



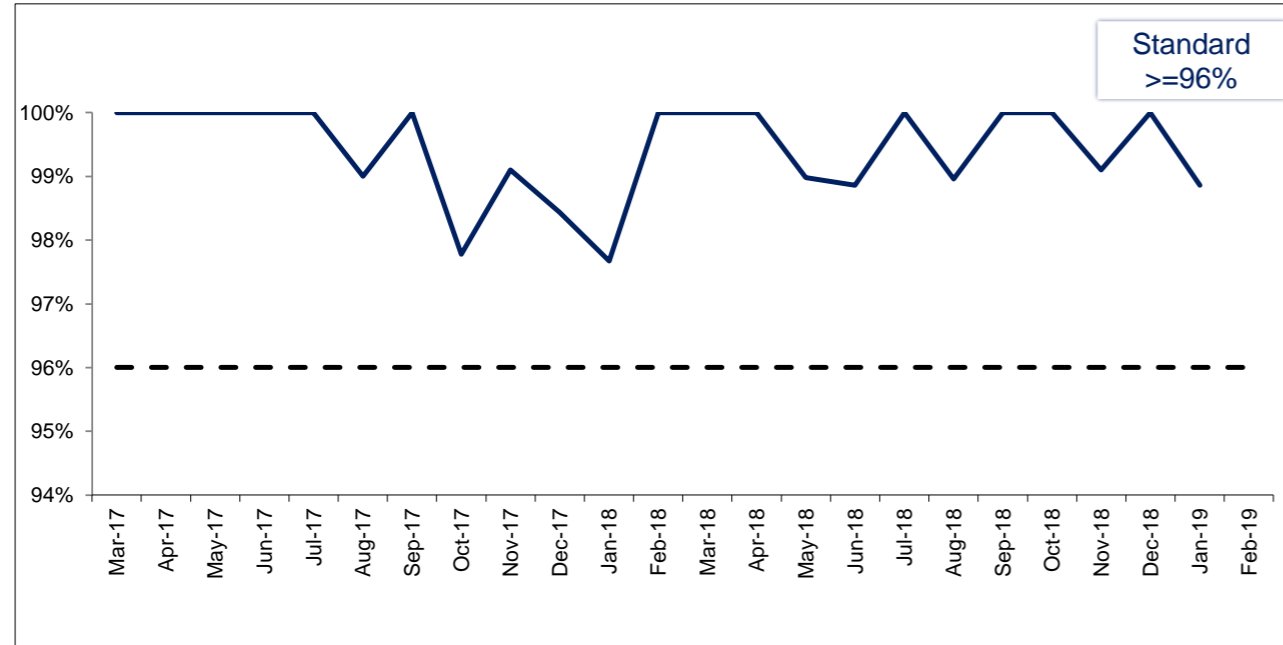
**k6.11 | Cancer - Two week wait**



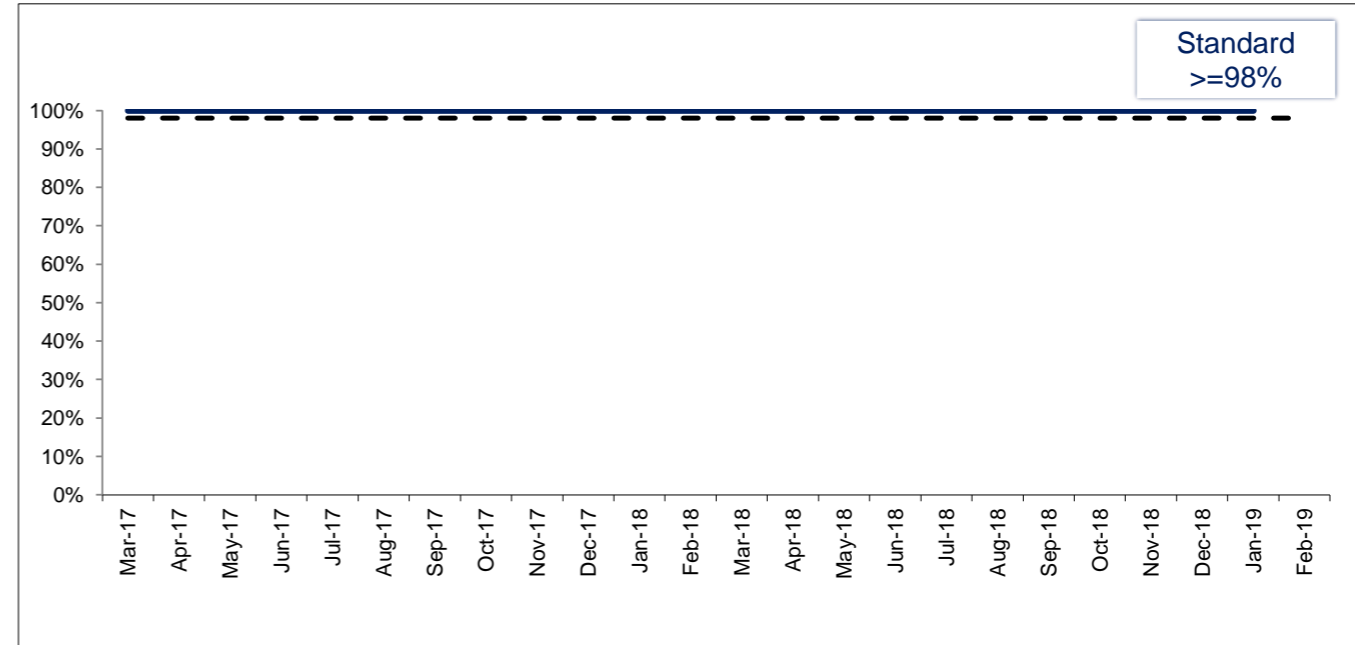
**k6.12 | Cancer - Two week referral to 1st outpatient - breast symptoms**



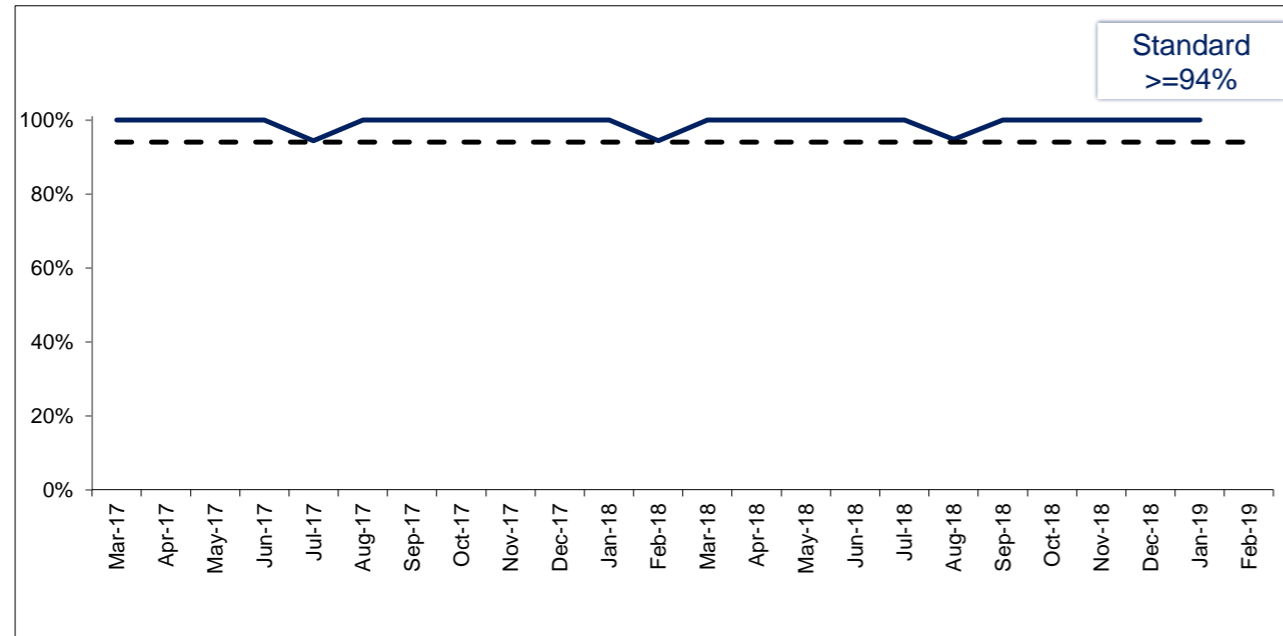
**k6.13 | Cancer - Patients receiving first definitive treatment within one month (31 days) of a cancer diagnosis**



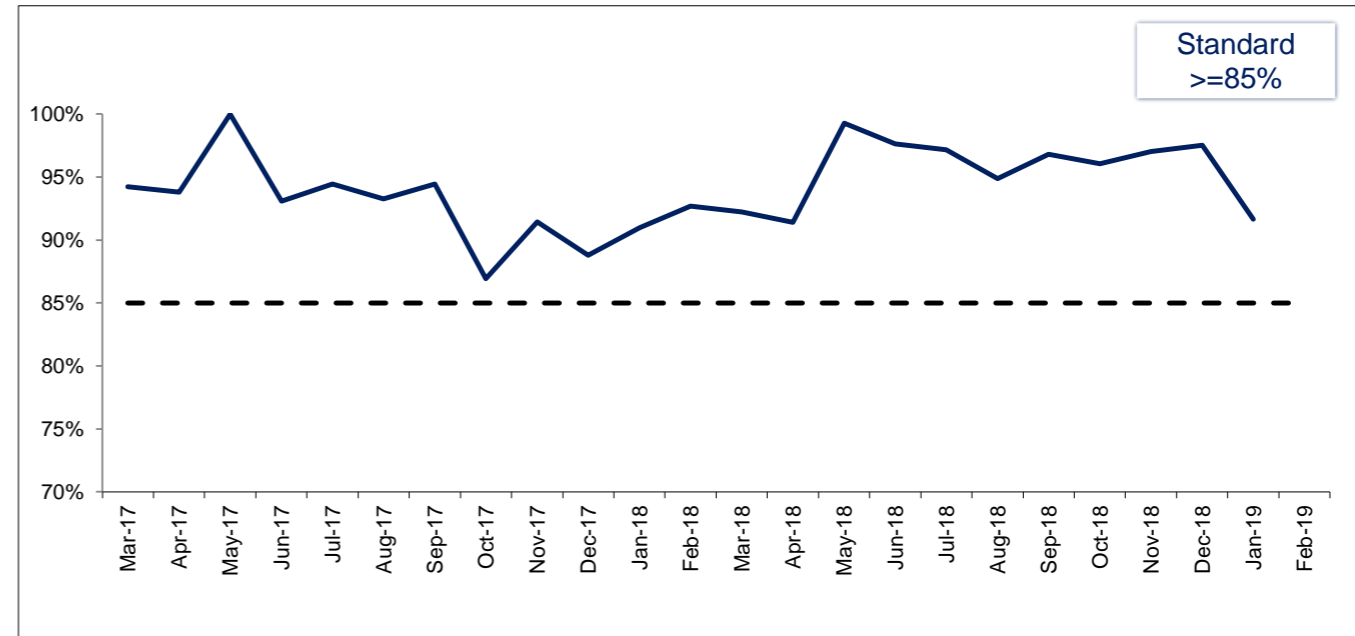
**k6.14 | Cancer - 31 day second or subsequent treatment - drug**



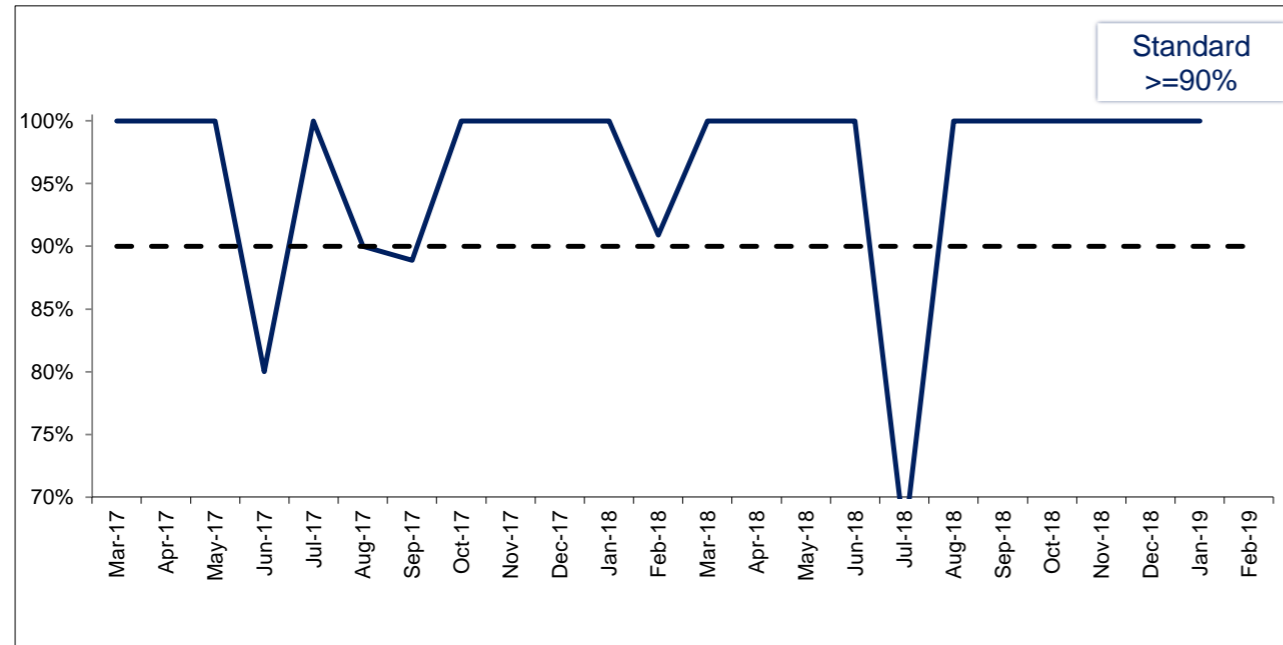
**k6.15 | Cancer - 31 day second or subsequent treatment - surgery**



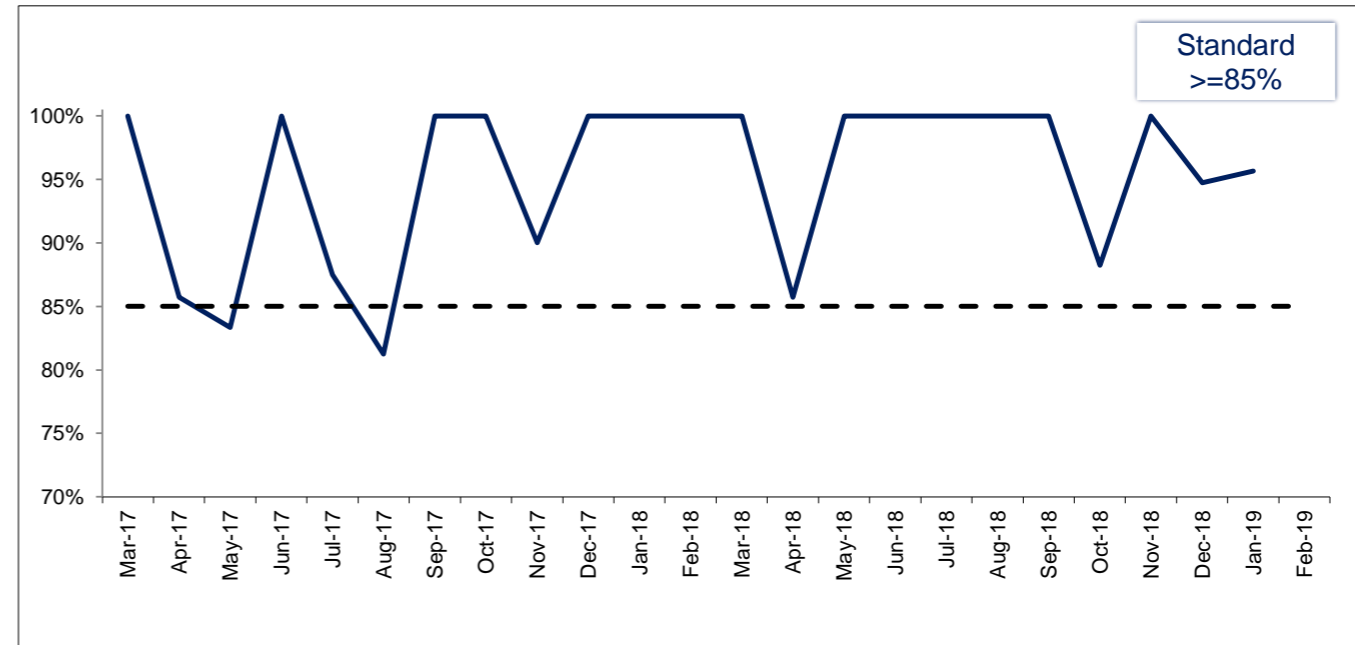
**k6.16 | Cancer - Two month urgent referral to treatment wait**



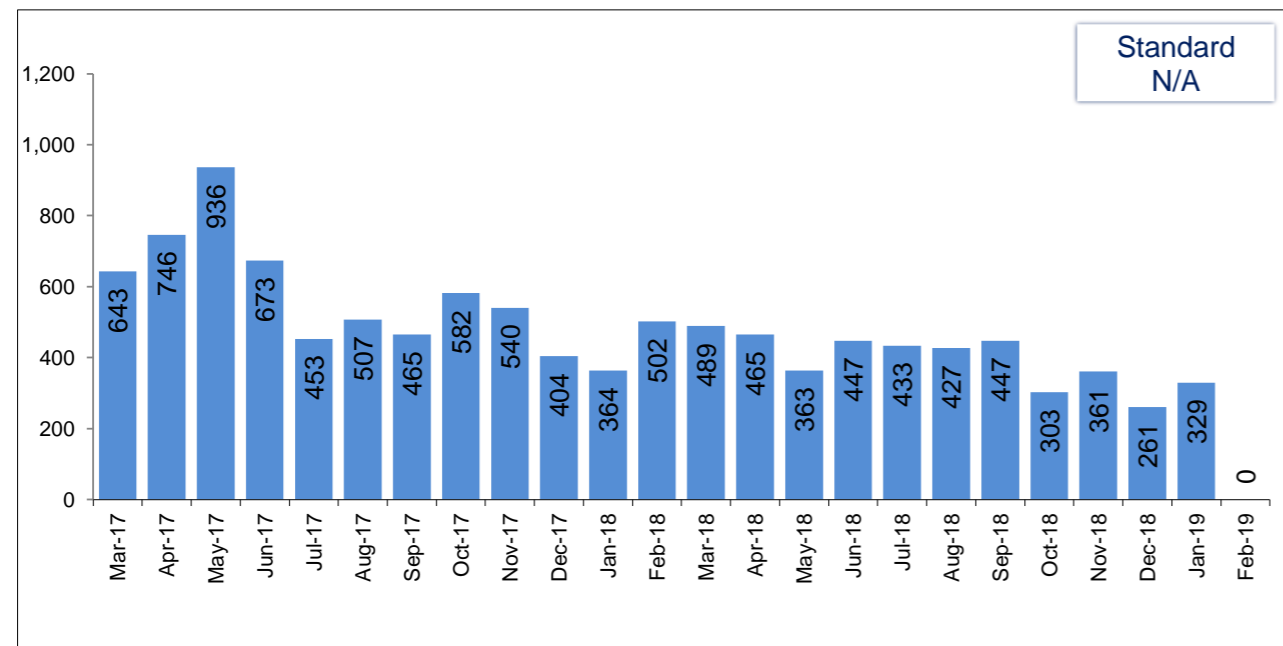
**k6.17 | Cancer - 62 day wait for first treatment following referral from a NHS Cancer Screening Service**



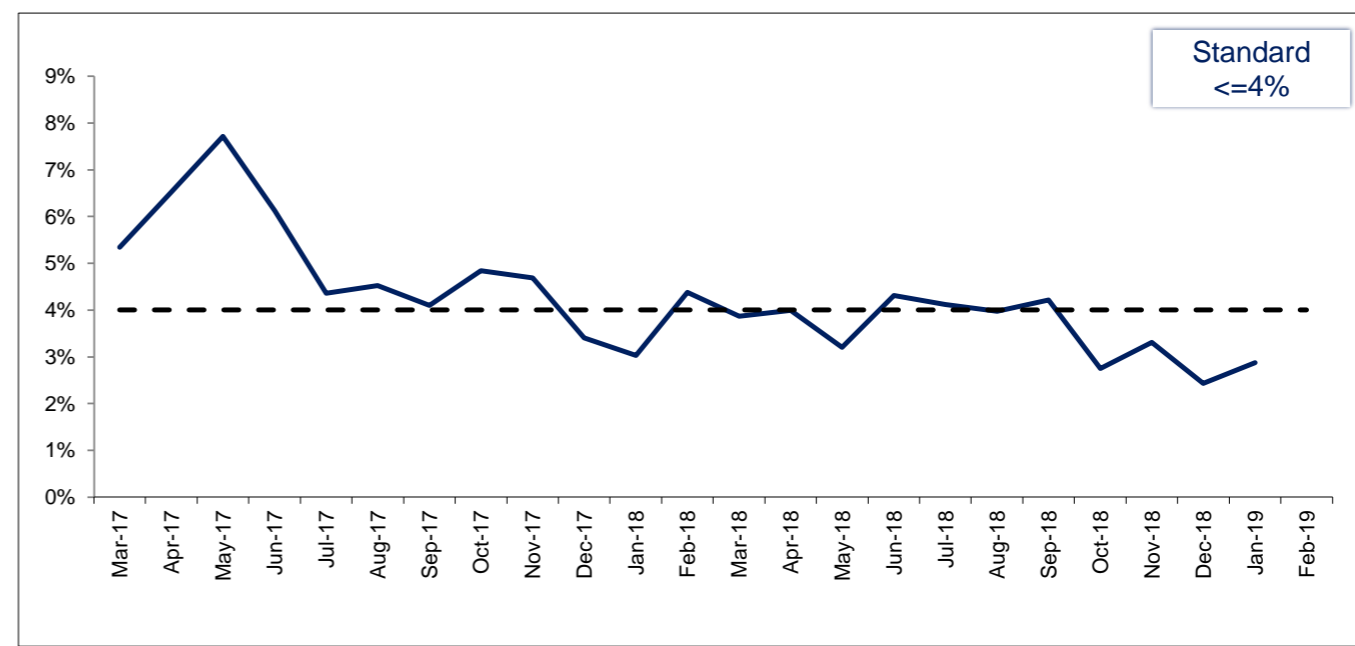
**k6.18 | Cancer - 62 day wait for first treatment following consultant upgrade**



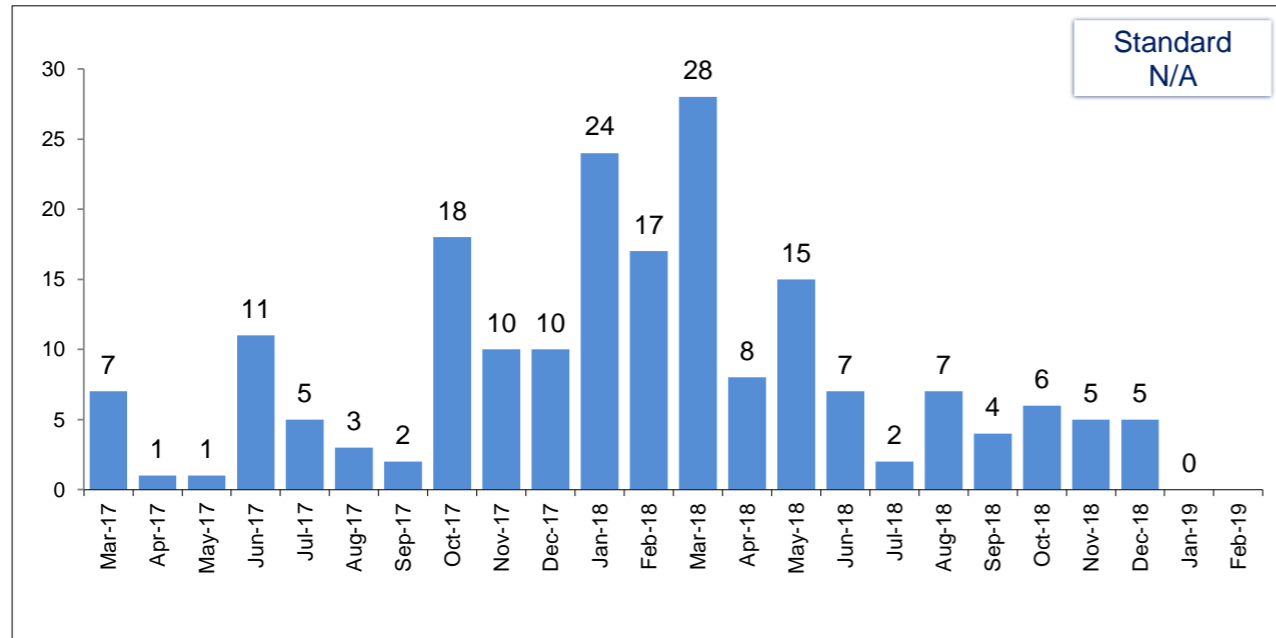
**k6.20 | Number of delayed transfers of care - bed days**



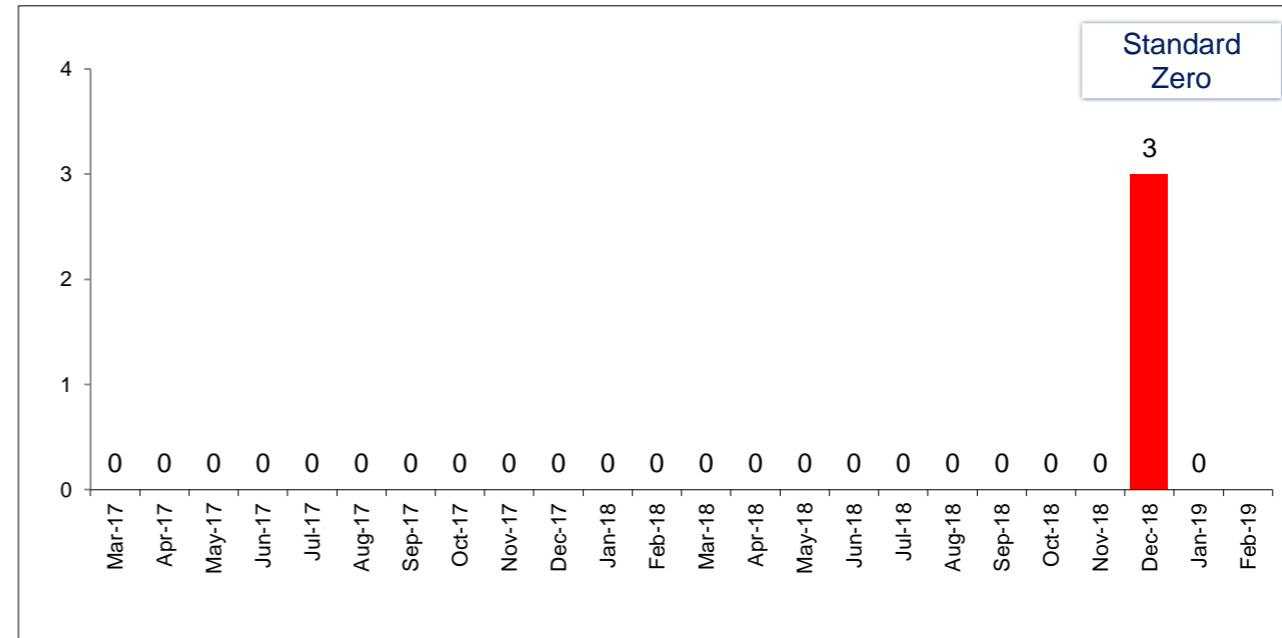
**k6.21 | Delayed transfers of care - Rate per occupied bed day**



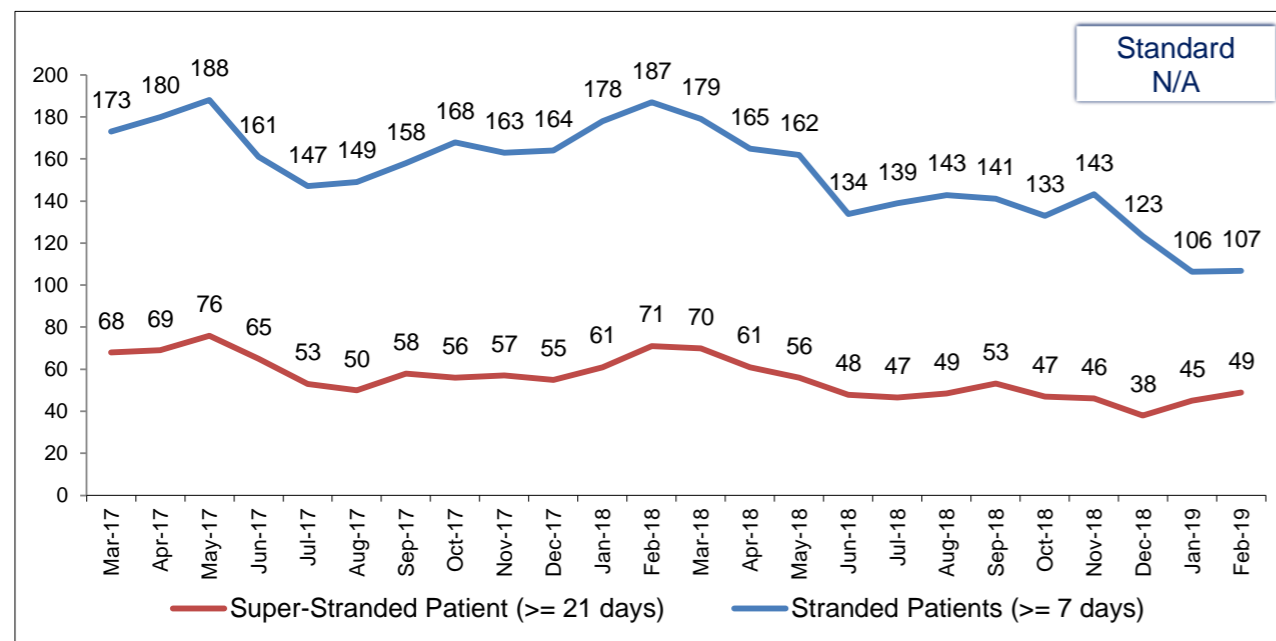
**k6.22 | Number of cancelled operations**



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



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



**Author: Carolyn Floyd, Workforce Information & Planning Manager**

### 1. Vacancy (target 6%)

The Vacancy rate remains static an amber rating and only 0.77% above target. The slight increase is due to the number of leavers this month exceed the number of starters by three. The highest Vacant WTE remain in the Admin & Estates staff group and this is particularly in the clinical areas in the Planned Care Division. The three Services Lines with highest Vacant WTE overall remain; A&E, Anaesthetics, Theatres & DSU and Elderly Care.

Vacancy rates are 2% lower than they were this time last year.

The average vacancy rate for our comparators is 11.42% (Nov-18) which the Trust fall well below.

### 2. Turnover (target 15.75%)

The Trust turnover remains static this month at 14.40%, still a green rating and remains much lower than in the previous couple of years.

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. Cluster 4 is the only group of Service Lines with red rated turnover and retention programmes in these Service Lines need to be addressed, in particular Ophthalmology.

The average turnover rate for our comparator's is 13.81% (Nov-18) which the Trust are still above.

### 3. Sickness (target 2.7%)

The Sickness rate has reduced slightly this month to 3.17%. 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. The clusters with the highest sickness percentage fall in Unplanned Care; Cluster 2 and 3. Service Lines with high Sickness are Cardiology, Diabetes & Neurology and Respiratory.

Sickness is recording higher than than same time in the previous 2 years.

The average sickness rate for our local comparator's is 3.58% (Nov-18) which the Trust fall below with only one other Trust recording a lower percentage.

### 4. Mandatory Training (target 85%)

This month the compliance rate has increased again to 75.55% but remains red rated. Activity for the now on-line Training continues to increase and this will have a positive impact on compliance going forward. The subject of compliance is under constant review at EMC. There are a large number of employees whose core Mandatory subjects are out of compliance over the next few months and so data may not improve rapidly. Guidance on completing this training is being reissued to reinforce the need for full participation. Lowest compliance is within the Nursing staff groups and highest rates are recorded in the Admin areas.

The average Mandatory Training compliance for our comparator's is 87.22% (Nov-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. but we have reached an Amber rating of 85.74% this month, lower than the same time last year.

### 10. Stability (target 85%)

Stability rates have reduced slightly this month to an amber rating of 84.79%. Band 5 is the only group that are recording a red rate, but this is not an unusual trend due to natural career progression. The Service Lines with low stability are Pharmacy and A&E.

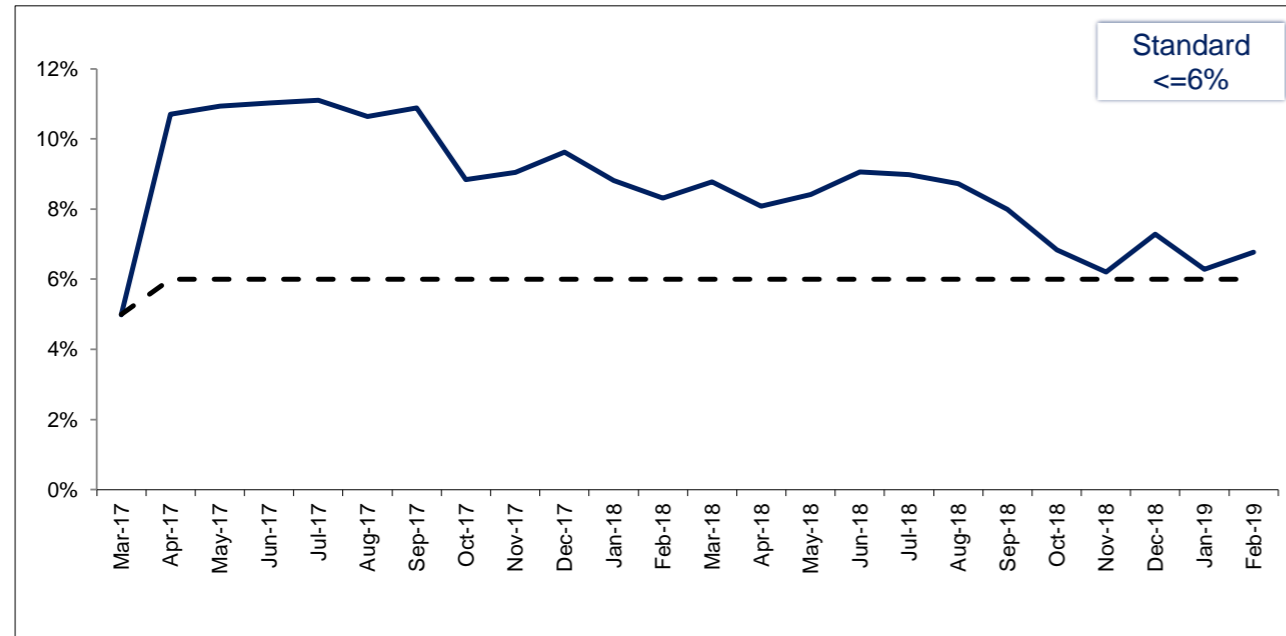
### 11. Time to Hire (target 85%)

Time to Hire has decreased slightly this month to 77.12%. We are currently reviewing this measure to make it a more meaningful statistic. The plan is measure the time to Hire in working days from Advert end date to unconditional offer. New RAG rates will be available from April.

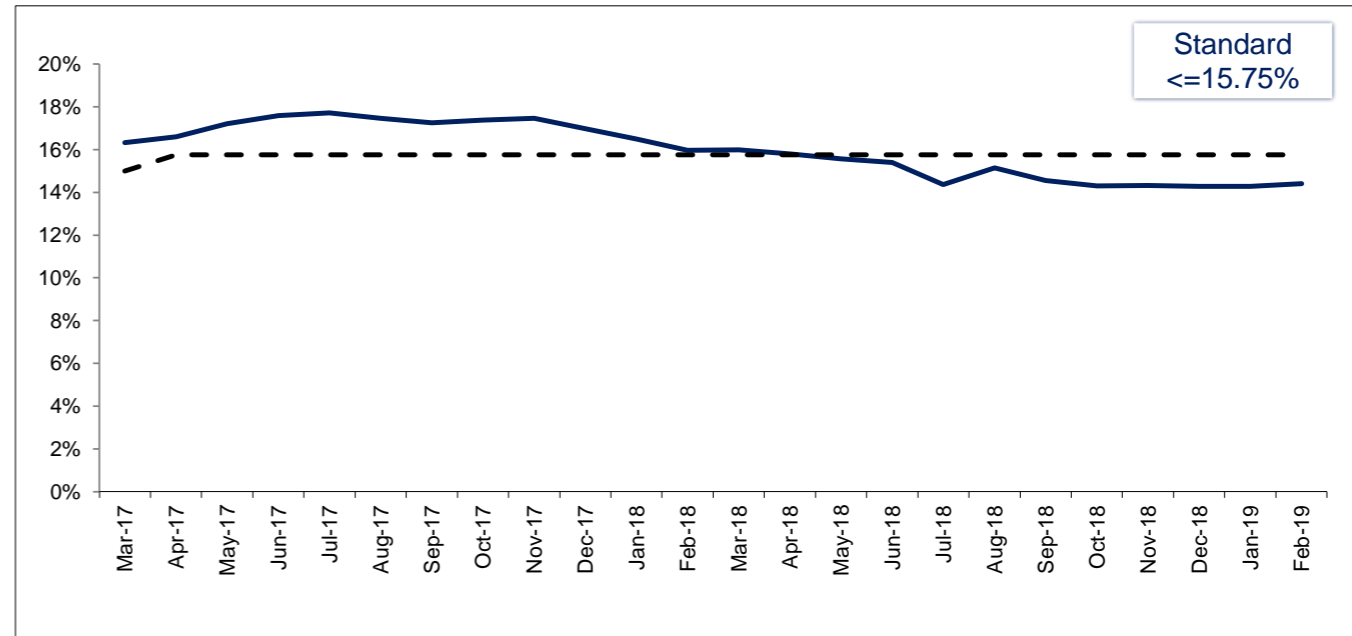
#### Comparators (14 Trusts):

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.

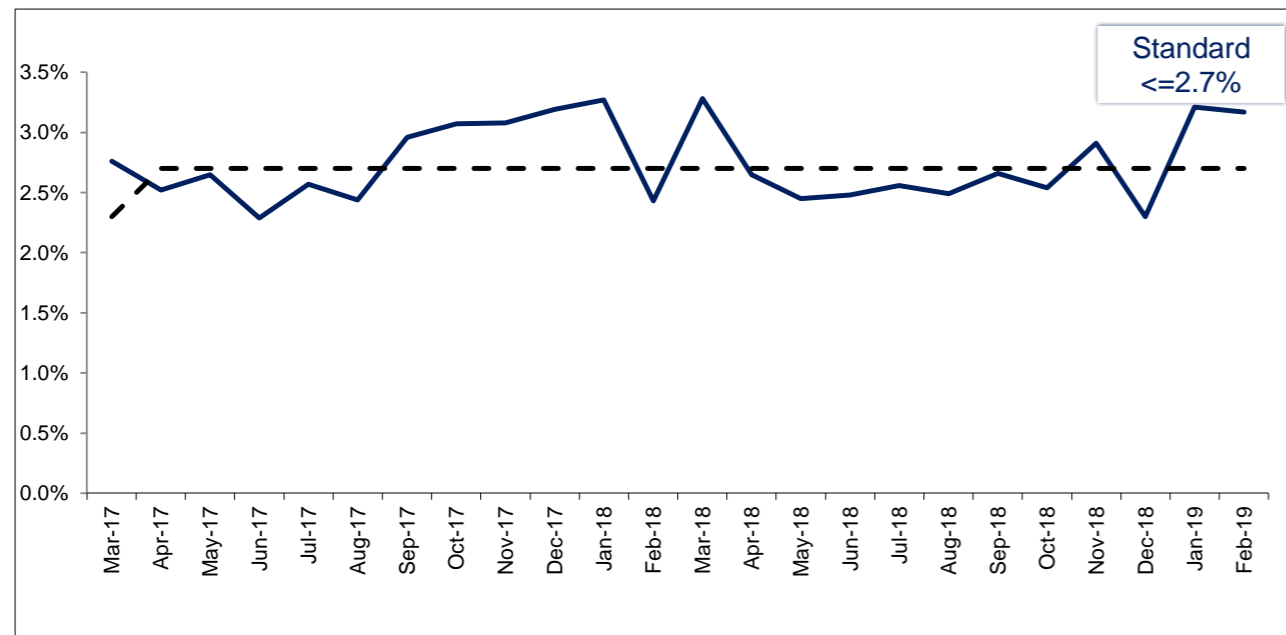
k7.01 | Vacancy rate



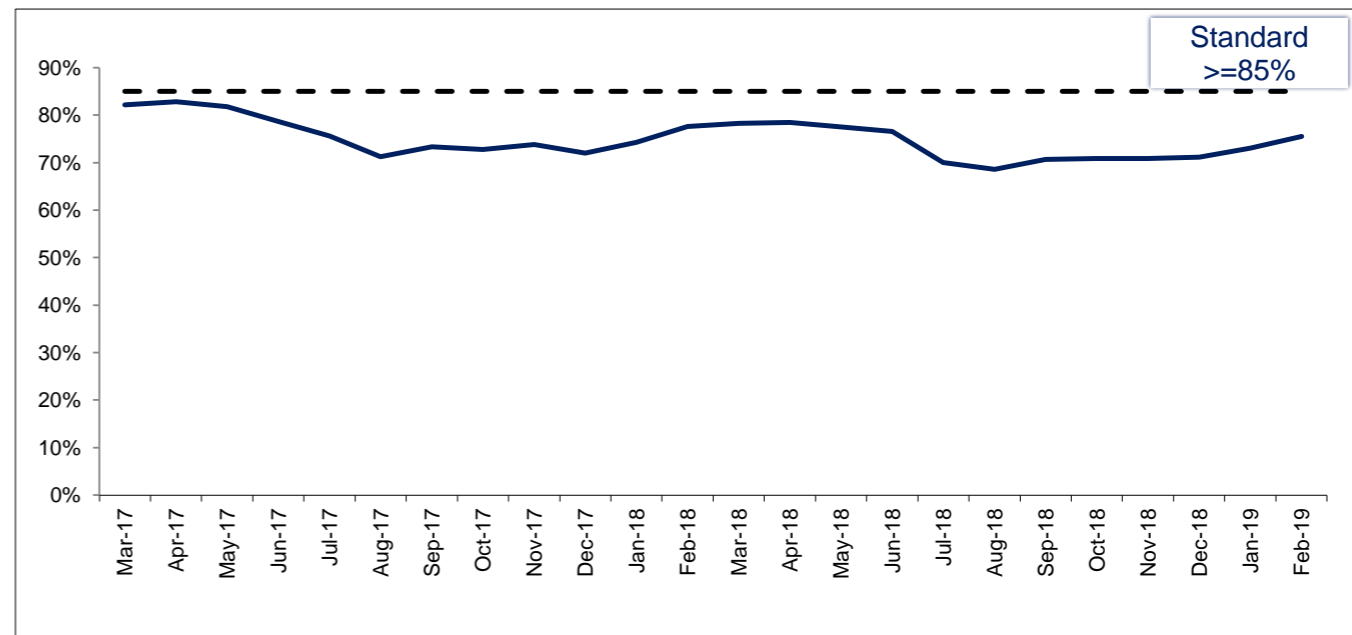
k7.02 | Turnover rate



k7.03 | Sickness rate

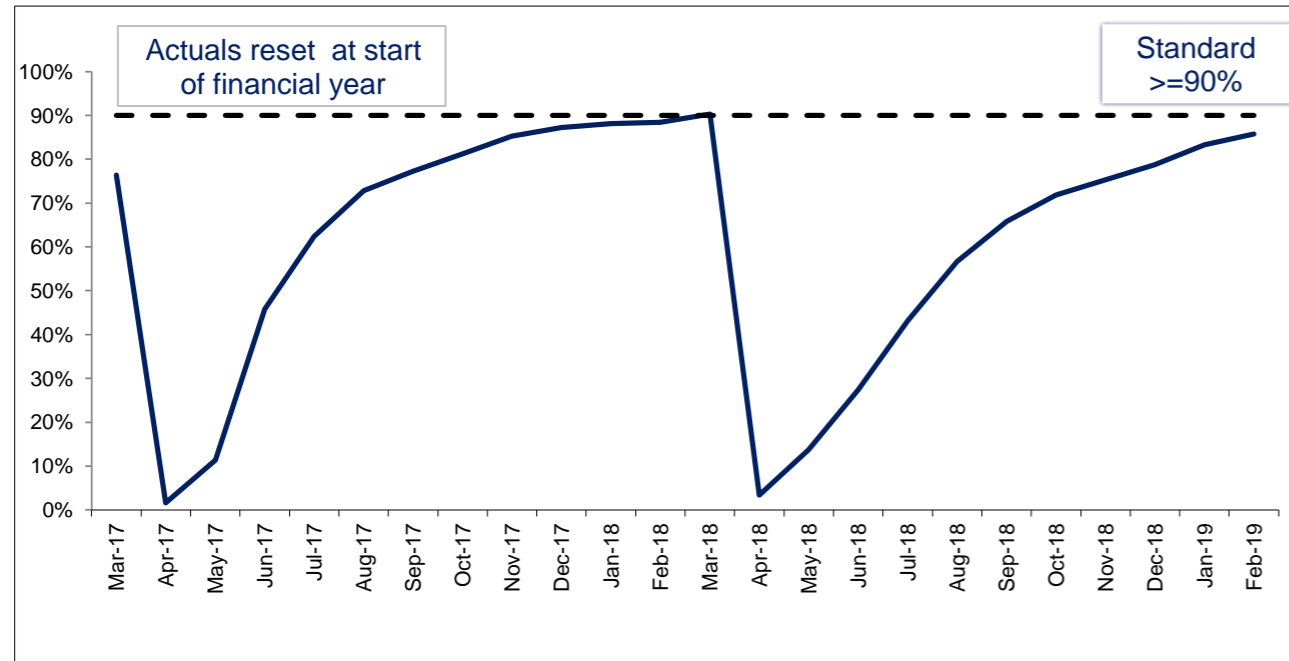


k7.04 | Mandatory training

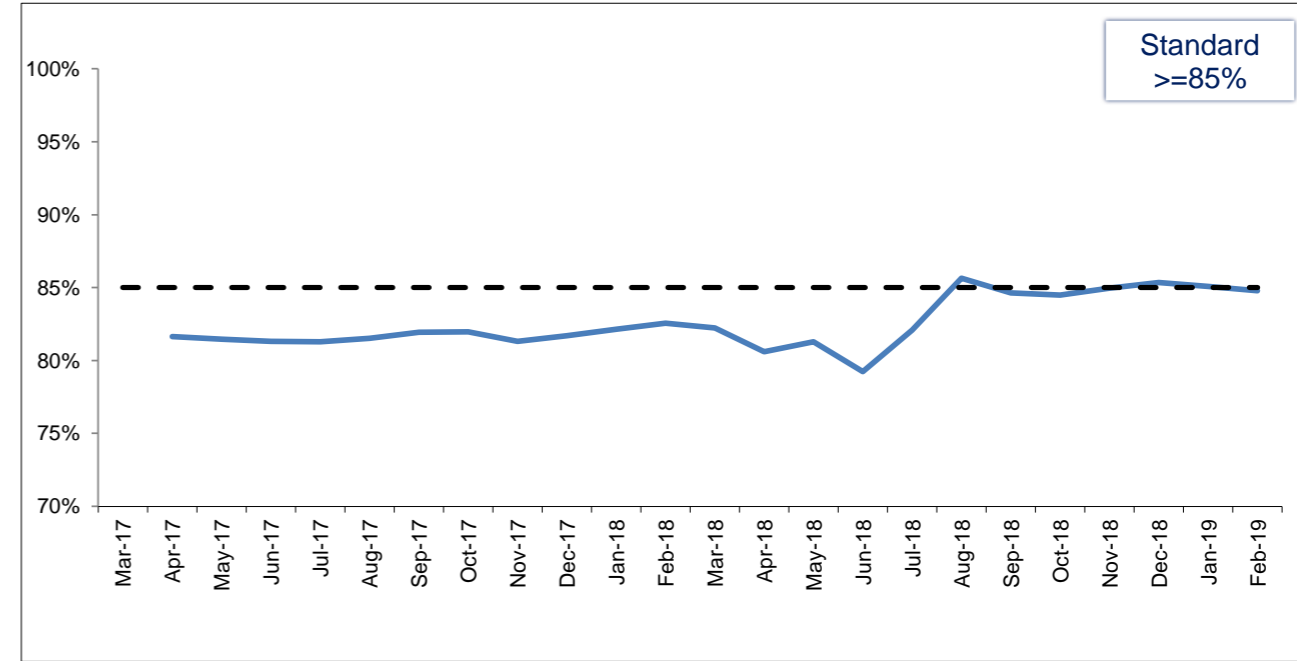




k7.05 | Appraisals / PDRs completed



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



KPI	Description	Standard (From Apr '18)	Type	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	YTD (2018/19)	2017/18 (Full Year)
<b>Safe</b>																	
k1.01	Pressure ulcers - Hospital acquired (Grade 3 and 4)	<=10 per month	Number	2	2	5	4	0	2	0	2	2	1	4	6	28	36
k1.011	Pressure ulcers - Hospital acquired (Grade 3 and 4) - Avoidable		Number	0	2	4	2		1	0	2	1	0	2	1	0	0
k1.012	Pressure ulcers - Hospital acquired (Grade 3 and 4) - Unavoidable		Number	2	0	1	2	0	1	0	1	2	1	2	5	42	44
k1.02	Patients with Hospital acquired pressure ulcers (Grade 3 and 4) per 1000 beddays	<=0.1 per month	Rate	0.16	0.17	0.44	0.39	0.00	0.19	0.00	0.18	0.18	0.09	0.35	0.60	0.23	0.26
k1.03	Pressure ulcers - Hospital acquired (Grade 2)	<=3 per month	Number	5	2	1	6	8	3	0	2	3	4	10	3	42	44
k1.031	Pressure ulcers - Hospital acquired (Grade 2) - Avoidable		Number	3	2	1	6	4	1	0	0	1	1	5	2	12	13
k1.032	Pressure ulcers - Hospital acquired (Grade 2) - Unavoidable		Number	2	0	0	0	3	2	0	1	1	3	5	1	21	18
k1.04	Patients with Hospital acquired pressure ulcers (Grade 2) per 1000 beddays	<=0.51 per month	Rate	0.40	0.17	0.09	0.58	0.76	0.28	0.00	0.18	0.27	0.37	0.88	0.30	0.35	0.32
k1.05	MRSA Bacteraemias (Hospital Assigned)	=0 per month	Number	0	1	0	0	0	0	0	0	0	0	0	0	1	4
k1.06	MSSA Bacteraemias (Hospital Apportioned)	<=1 per month	Number	2	1	1	2	2	2	0	1	1	1	0	1	12	13
k1.07	Clostridium difficile Infections (Hospital Apportioned)		Number	1	2	4	4	3	1	2	1	1	1	0	2	21	18
k1.08	Clostridium difficile Infections (Hospital Apportioned) due to Lapse in Care (confirmed cases)	<=8 per annum	Number	0	1	0	1	1	0	0	0	0	0	0	0	3	4
k1.09	Completed Patient Observations - Adult inpatients (NEWS)	>=0.97 per month	%	96.4%	95.5%	98.7%	97.9%	98.3%	99.1%	99.5%	99.7%	97.8%	97.6%	99.4%	98.2%	98.3%	97.3%
k1.10a	Completed Patient Observations - Paediatric Inpatients (NEWS)	>=0.97 per month	%	100.0%	100.0%	100.0%	100.0%	92.5%	97.8%	100.0%	100.0%	100.0%	100.0%	94.7%	96.0%	98.3%	98.6%
k1.12	Patient Safety Incident (PSI) Falls	<=58 per month	Number	66	52	50	53	52	68	66	58	83	86	72	71	711	688
k1.13	Number of Patient Safety incident Falls per 1000 (G&A) bed days	<=5.3 per month	Rate	5.23	4.47	4.42	5.11	4.95	6.33	6.22	5.27	7.60	8.02	6.30	7.05	6.55	5.00
k1.14	Patient Falls with moderate or severe harm	<=6 per month	Number	1	0	0	0	1	3	1	0	1	4	1	2	13	11
k1.15	Never Events	=0 per month	Number	0	0	1	0	0	0	0	0	0	0	0	0	1	0
k1.16	Medication Incidents	-	Number	64	53	67	59	68	75	33	43	72	45	57	45	616	677
k1.17	% Medication Incidents where Moderate or Severe Harm occurred	<=0.04 per month	%	0.0%	0.0%	0.0%	3.4%	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%	0.0%	0.0%	0.5%	0.0%
k1.18	Serious Untoward Incidents	-	Number	1	3	3	2	6	2	2	3	2	2	0	1	26	31
k1.19	Escherichia Coli bacteraemia (all)	-	Number	12	12	13	18	10	12	14	20	8	2	11	10	130	148
k4.01	Safer Staffing - Day - Registered Midwives / Nurses fill rate	-	%	93.7%	95.1%	100.9%	101.3%	99.1%	94.1%	97.2%	97.0%	102.0%	100.9%	97.7%	100.6%	98.7%	94.3%
k4.02	Safer Staffing - Day - Assistant Fill Rate	-	%	114.7%	115.8%	113.0%	107.6%	112.7%	101.2%	106.7%	92.3%	105.2%	101.5%	91.5%	92.8%	103.4%	112.5%
k4.03	Safer Staffing - Night - Registered Midwives / Nurses fill rate	-	%	102.1%	96.7%	102.7%	100.4%	97.4%	91.3%	95.9%	96.9%	99.4%	100.0%	97.4%	99.2%	98.0%	99.1%
k4.04	Safer Staffing - Night - Assistant Fill Rate	-	%	127.5%	122.0%	122.4%	109.3%	124.3%	100.9%	107.0%	95.2%	109.9%	104.9%	95.4%	98.5%	107.4%	119.2%
k4.05	Safer Staffing - Overall trust fill rate	-	%	104.4%	102.8%	106.4%	103.2%	103.6%	95.8%	99.8%	95.8%	102.9%	101.3%	96.1%	98.4%	100.5%	102.3%
k4.06	Safer Staffing - % of Registered Nurse and Midwife expenditure on agency staff	-	%	6.6%	5.8%	5.7%	2.7%	4.6%	4.2%	2.2%	2.9%	3.6%	3.1%	3.80%	3.58%	3.8%	4.8%

KPI	Description	Standard (From Apr '18)	Type	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	YTD (2018/19)	2017/18 (Full Year)
k4.07	Safer Staffing - Care Hours per Patient Day	-	Rate	8.10	8.07	8.27	8.59	8.10	8.31	8.06	7.99	8.60	8.46	8.23	8.11	8.25	8.05
k5.01	Maternity - Caesarean section rate	<=0.26 per month	%	32.5%	31.3%	32.4%	32.6%	28.6%	29.4%	31.0%	27.6%	35.9%	35.5%	30.1%	27.9%	31.1%	28.6%
k5.02	Maternity - % of women with a primary postpartum haemorrhage of 1500ml or more	<0.031 per month	%	3.9%	4.2%	4.5%	4.0%	4.4%	4.4%	4.3%	5.1%	3.2%	4.1%	5.2%	5.0%	4.4%	3.4%
k5.03	Maternity - % of women with a primary postpartum haemorrhage of 2000ml or more	<=0.01 per month	%	0.6%	2.2%	1.5%	1.7%	1.5%	1.3%	1.9%	2.9%	1.2%	1.5%	2.0%	1.9%	1.8%	1.3%
k5.04	Maternity - Significant Perineal Trauma	-	%	2.2%	2.0%	1.7%	2.7%	2.6%	1.3%	1.0%	2.7%	1.7%	2.1%	1.7%	1.4%	1.9%	2.1%

### Effective

k2.01	Standardised healthcare mortality index (SHMI) - most recent score	<=95	Index	83.182	82.349	82.349	85.782	85.782	85.782	83.266	83.266	83.266	82.247	81.939	81.939		
k2.02	Unadjusted Mortality Rate	-	%	1.0%	1.1%	0.9%	0.9%	0.8%	0.7%	1.0%	0.8%	0.6%	0.9%	1.0%	1.2%	0.9%	1.0%
k2.03	Sepsis - % of eligible patients screened for sepsis - ED	>=90% per month	%	92.0%	94.0%	86.0%	78.0%	88.0%	72.0%	91.4%	76.0%	78.0%	92.00%			84.1%	80.2%
k2.04	Sepsis - % of eligible patients who received antibiotics within 1 hour of arrival - ED	>=90% per month	%	66.7%	83.3%	83.3%	73.5%	75.0%	65.9%	75.0%	68.6%	73.2%	77.42%			74.5%	70.1%
k2.13	Sepsis - % of eligible patients screened for sepsis - Inpatients	>=90% per month	%	84.0%	70.0%	60.0%	62.0%	61.4%	80.4%	80.0%	76.0%	76.0%	84.00%			72.1%	69.0%
k2.14	Sepsis - % of eligible patients who received antibiotics within 1 hour - Inpatients	>=90% per month	%	70.8%	57.1%	78.6%	91.4%	81.1%	81.4%	92.3%	85.4%	88.9%	81.82%			83.8%	62.1%
k2.05	VTE Assessments (Trust)	>=95% per month	%	97.6%	97.7%	98.1%	98.1%	97.7%	98.1%	98.3%	98.1%	98.2%	97.8%	98.1%	98.1%	98.0%	97.9%
k2.06	Incidence of Hospital Acquired VTE (HAT)	-	Number	0	5	1	6	4	2	0	2	0	1	2	1	24	30
k2.07	% of eligible patients screened for dementia	>=90% per month	%	77.9%	76.6%	76.3%	78.3%	72.9%	77.0%	77.2%	79.9%	80.2%	79.4%	76.0%		77.4%	70.5%
k2.08	% of patients with dementia who were properly assessed	>=90% per month	%	98.4%	93.9%	94.8%	93.9%	91.8%	91.3%	90.0%	79.2%	50.9%	61.2%	70.2%		81.6%	91.2%
k2.09	% emergency readmissions following elective admission - 30 days	-	%	2.6%	1.8%	2.6%	3.0%	3.1%	2.2%	2.0%	2.8%	2.5%	3.0%	2.3%	1.7%	2.5%	2.5%
k2.10	% emergency readmissions following emergency admission - 30 days	-	%	16.7%	17.2%	16.8%	16.5%	14.8%	15.8%	15.8%	15.2%	13.6%	15.6%	14.9%	15.5%	15.6%	15.8%
k3.15	Hand Hygiene (Infection Control - Core Elements Tool)	>=95% per month	%	97.9%	97.8%	98.6%	97.6%	98.6%	98.3%	98.9%	98.2%	97.2%	98.3%	99.3%	99.2%	98.5%	96.9%

### Caring

k3.01	Number of complaints received this month	-	Number	31	35	29	26	35	26	33	37	28	17	25	23	314	338
k3.02	Number of complaints reopened this month	-	Number	5	4	4	3	1	6	1	6	5	4	5	5	44	50
k3.03	Number of complaints referred to ombudsman this month	-	Number	0	0	0	0	2	0	0	0	1	0	0	0	3	2
k3.14	Complaints Response Rate	>=80%	%	67.6%	40.0%	53.7%	53.1%	67.9%	76.9%	75.8%	50.0%	50.0%	50.0%	78.9%	72.2%	60.1%	71.3%
k3.05b	FFT - Trust - % Would Recommend	-	%	89.8%	89.9%	90.7%	90.7%	90.5%	91.5%	91.6%	91.9%	92.5%	93.0%	93.1%	92.6%	91.6%	91.6%
k3.06a	FFT - InPatients - % Would Recommend	>96% per month	%	94.9%	94.3%	93.3%	94.9%	93.5%	96.3%	97.0%	95.4%	96.0%	95.5%	97.1%	96.8%	95.5%	95.4%
k3.07	FFT - Paediatric InPatients - % Would Recommend	-	%		81.8%		82.9%	90.9%	98.3%	89.6%	98.4%	94.7%	87.0%	95.5%	97.6%	#N/A	93.2%
k3.08a	FFT - OutPatients - % Would Recommend	-	%	90.7%	90.6%	92.2%	92.1%	91.9%	91.4%	92.7%	92.4%	93.0%	94.0%	93.7%	93.4%	92.5%	93.2%

KPI	Description	Standard (From Apr '18)	Type	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	YTD (2018/19)	2017/18 (Full Year)
k3.09a	FFT - A&E - % Would Recommend	-	%	84.6%	86.2%	85.9%	85.6%	86.2%	89.3%	86.3%	88.9%	89.3%	89.4%	89.2%	87.0%	87.5%	86.1%
k3.10c	FFT - Maternity - % Would Recommend	-	%	95.7%	100.0%	95.6%	95.2%	82.1%	93.8%	96.4%	98.9%	86.8%	97.5%	90.2%	96.7%	94.8%	96.6%
k3.11	FFT - Daycases - % Would Recommend	-	%	94.4%	95.5%	97.0%	96.4%	97.0%	97.6%	97.2%	98.2%	98.1%	98.9%	96.5%	97.3%	97.2%	97.0%
k3.13	Number of Mixed Sex accommodation breaches	=0	Number	0	0	0	0	0	0	0	0	0	0	0	0	0	0
k3.2	Complaints per 100 patient contacts	<=0.07	Rate	0.05	0.06	0.05	0.05	0.06	0.05	0.06	0.06	0.05	0.03	0.04	0.04	0.00	0.00

### Responsive

k6.01	Average length of stay - Emergency Services (Emergency admissions only)	<=5.23 per month	Rate	4.93	4.62	4.20	4.12	4.04	4.17	4.11	4.34	4.50	3.93	3.96	4.12	4.19	4.77
k6.02	RTT - incomplete 92% in 18 weeks (NONC)	>=92% per month	%	93.2%	94.0%	94.5%	94.1%	93.9%	93.6%	93.2%	93.3%	94.4%	93.8%	92.9%	93.0%	93.7%	94.3%
k6.03	RTT - incomplete 52+ Week Waiters (NONC)	=0 per month	Number	3	1	9	11	11	7	3	0	0	0	0	0	42	11
k6.04	Diagnostic Test Waiting Times - Completed within 6 weeks (ALL)	>=99% per month	%	99.8%	99.8%	99.9%	99.7%	99.6%	99.7%	99.8%	99.5%	99.4%	99.9%	98.4%	99.3%	99.5%	99.4%
k6.05	A&E 4 hour waiting time (type 1)	-	%	82.1%	87.5%	90.8%	91.1%	89.3%	89.0%	87.1%	90.9%	86.1%	87.1%	85.3%	85.2%	88.1%	87.9%
k6.06	A&E 4 hour waiting time (all types)	>=95% per month	%	83.9%	88.9%	91.9%	92.1%	90.4%	90.2%	88.4%	91.9%	87.6%	88.3%	86.8%	86.7%	89.4%	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	-	%	40.5%	39.7%	44.4%	43.6%	42.9%	38.1%	47.3%	44.2%	41.3%	0.0%	0.0%	0.0%	39.7%	46.1%
k6.09	LAS Ambulance Handovers - 30 min handover waits	=0 per month	Number	32	1	3	0	3	10	4	11	19	0	14	17	85	288
k6.10	LAS Ambulance Handovers - 60 min handover waits	=0 per month	Number	3	0	0	0	0	0	0	0	0	0	2	2	4	29
k6.11	All Cancer Two Week Wait	>=93% per month	%	98.5%	99.3%	98.4%	99.1%	99.0%	99.2%	99.3%	99.0%	99.3%	99.2%	98.7%		99.0%	98.5%
k6.12	2 week GP referral to 1st outpatient - breast symptoms	>=93% per month	%	98.4%	95.9%	99.4%	100.0%	100.0%	100.0%	100.0%	99.3%	99.4%	100.0%	98.5%		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	%	100.0%	100.0%	99.0%	98.9%	100.0%	99.0%	100.0%	100.0%	99.1%	100.0%	98.9%		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%	100.0%	100.0%	94.7%	100.0%	100.0%	100.0%	100.0%	100.0%		99.1%	98.9%
k6.16	All Cancer Two Month Urgent Referral to Treatment Wait	>=85% per month	%	92.2%	91.4%	99.3%	97.6%	97.2%	94.9%	96.8%	96.1%	97.0%	97.5%	91.7%		96.2%	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%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		98.2%	95.2%
k6.18	62-Day Wait for First Treatment Following Referral from Consultant Upgrade	>=85% per month	%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	88.2%	100.0%	94.7%	95.7%		96.8%	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	489	465	363	447	433	427	447	303	361	261	329	0	3836	6661
k6.21	Delayed transfers of care (rate per occupied bed days)	<=4% per month	%	3.9%	4.0%	3.2%	4.3%	4.1%	4.0%	4.2%	2.8%	3.3%	2.4%	2.9%		3.5%	4.8%
k6.22	Number of last minute cancelled operations	-	Number	28	8	15	7	2	7	4	6	5	5			59	130

KPI	Description	Standard (From Apr '18)	Type	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	YTD (2018/19)	2017/18 (Full Year)
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	3			3	0
k6.30	Stranded Patients (>= 7 days)		Number	179	165	162	134	139	143	141	133	143	123	106	107	0	0
k6.31	Super-Stranded Patient (>= 21 days)		Number	70	61	56	48	47	49	53	47	46	38	45	49	0	0

#### Well-led

k7.01	Vacancy rate	<=6% per month	%	8.8%	8.1%	8.4%	9.1%	9.0%	8.7%	8.0%	6.8%	6.2%	7.3%	6.3%	6.8%		
k7.02	Turnover rate	<=15.75% per month	%	16.0%	15.8%	15.6%	15.4%	14.4%	15.2%	14.6%	14.3%	14.3%	14.3%	14.3%	14.4%		
k7.03	Sickness rate	<=2.7% per month	%	3.3%	2.7%	2.5%	2.5%	2.6%	2.5%	2.7%	2.5%	2.9%	2.3%	3.2%	3.2%		
k7.04	Mandatory Training	>=85% per month	%	78.3%	78.4%	77.5%	76.6%	70.0%	68.6%	70.6%	70.9%	70.9%	71.1%	73.0%	75.6%		
k7.05	Appraisals / PDRs completed	>=90% year end	%	90.3%	3.4%	13.7%	27.5%	43.1%	56.6%	65.9%	71.9%	75.3%	78.8%	83.3%	85.7%		
K7.10	Stability (% Staff Retained >1yr)	>52.8%	%	82.2%	80.6%	81.3%	79.3%	82.1%	85.6%	84.7%	84.5%	85.0%	85.4%	85.1%	84.8%		
K7.11	Time to Hire (% staff hired in < 88 working days)	>52.8%	%								78.4%	77.8%	0.0%	0.0%	0.0%		

## 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 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	

## Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
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.		
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	

## Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
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	
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	



## Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
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	
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	

## Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
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	
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	

## Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
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		
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	

## Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
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 over 1 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)