Kingston Hospital NHS
NHS Foundation Trust

Integrated Quality and Operational Compliance Report

01/03/18 10:30 | Final Report v1.4

February 2018

Living our values everyday

Contents

Author: Jane Wilson, Medical Director

Pressure Ulcers

There has been a significant reduction in pressure ulcers in February 2018, particularly in Grade 2. The numbers are more typical for the monthly Trust performance however all preventative and review actions are in place as performance needs to be maintained and the more serious pressure ulcers were deemed avoidable by the PUMP group.

Falls

The number of falls has returned within the Trusts usual performance in February 2018 and those associated with harm are continuing to be investigated through the SI process.

Infection Control

The Trust reported 3 cases of C.Difficile infections in February. These cases have undergone review and been presented to the serious incident group. All occurred in elderly patients treated with antibiotics in line with Trust guidelines and were therefore deemed unavoidable. Patients were appropriately treated with antibiotics for C.Difficile and responded well to the treatment. The KPIs for other hospital acquired infection remain in control.

Author: Sally Brittain, Director of Nursing and Quality

Patient Safety Thermometer

The safety thermometer is reporting 88.8% Harm Free Care for February 2018.

The safety thermometer is a measurement tool for improvement that focuses on the four most commonly occurring harms in healthcare: pressure ulcers, falls, UTI (in patients with a catheter) and VTEs.

Data is collected through a point of care survey on a single day each month on 100% of patients. Of note the data collected includes harm that has occurred outside of the acute Trust.

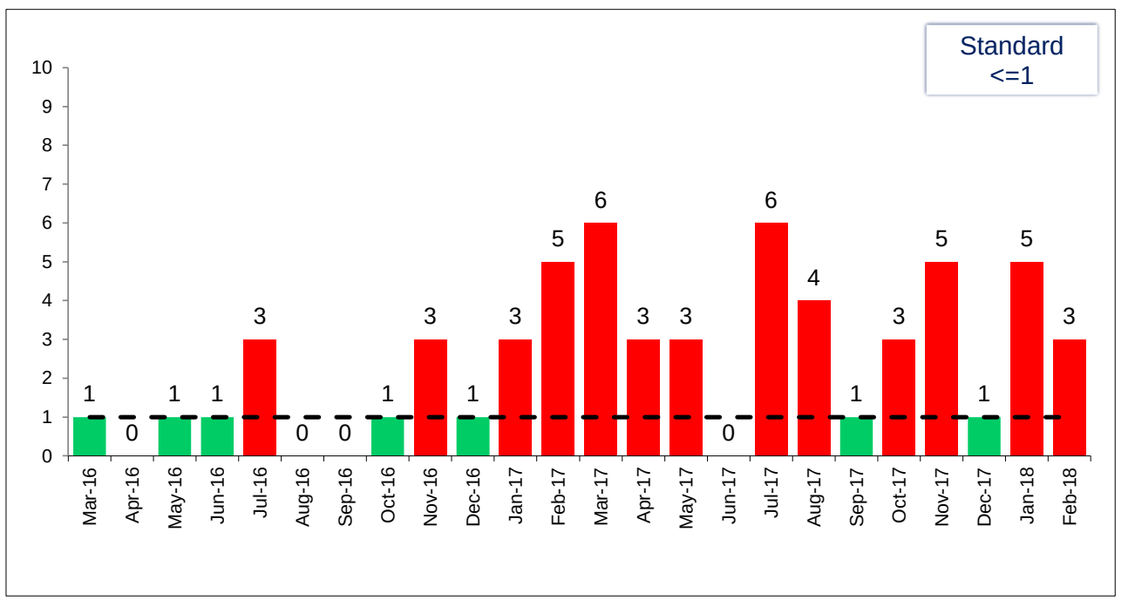
For February 2018 there were 51 harms recorded however of these only 10 were ‘new’ harms. For example, 20 ‘old’ pressure ulcers were recorded, these were pressure ulcers that were present on admission or developed within 72 hours of admission and therefore are not attributed to care in the Trust.

Only 3 ‘new’ pressure ulcers were recorded. It is therefore important not to view the safety thermometer data in isolation but to review it alongside the other measures the Trust uses to assure itself of the safety and quality of the care it provides.

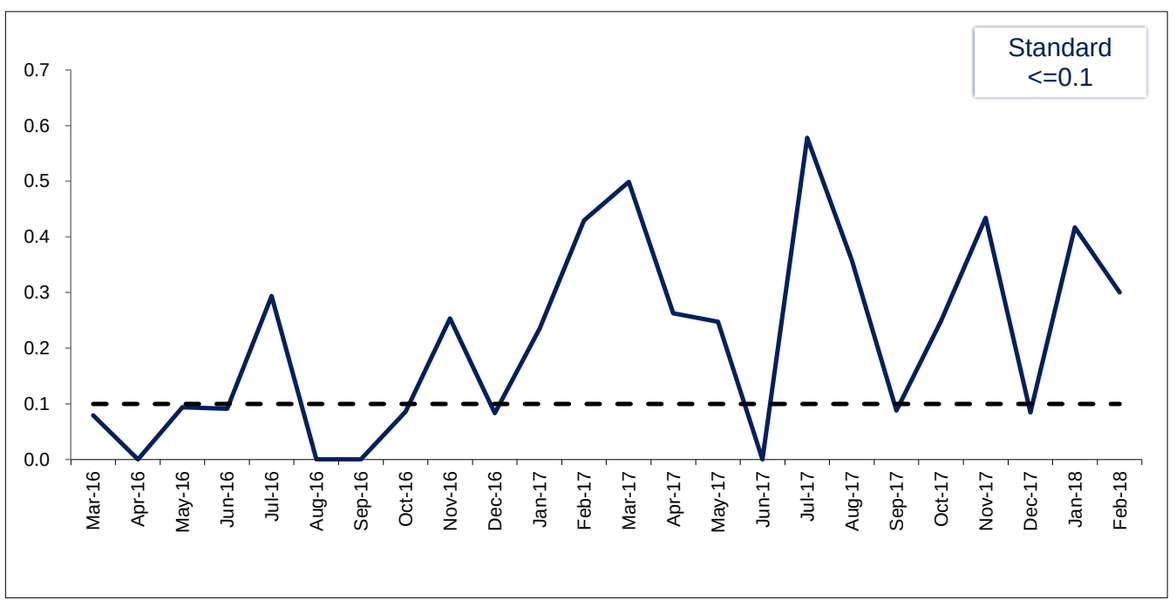
Safe

February 2018

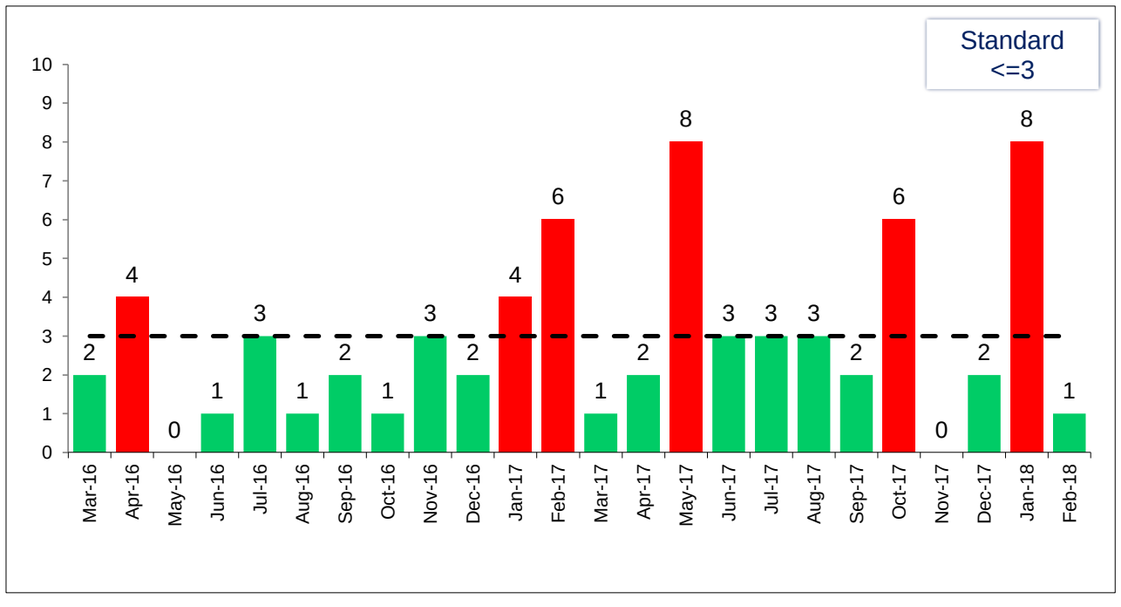
k1.01 | Number of patients with hospital acquired pressure ulcers (Grade 3&4)



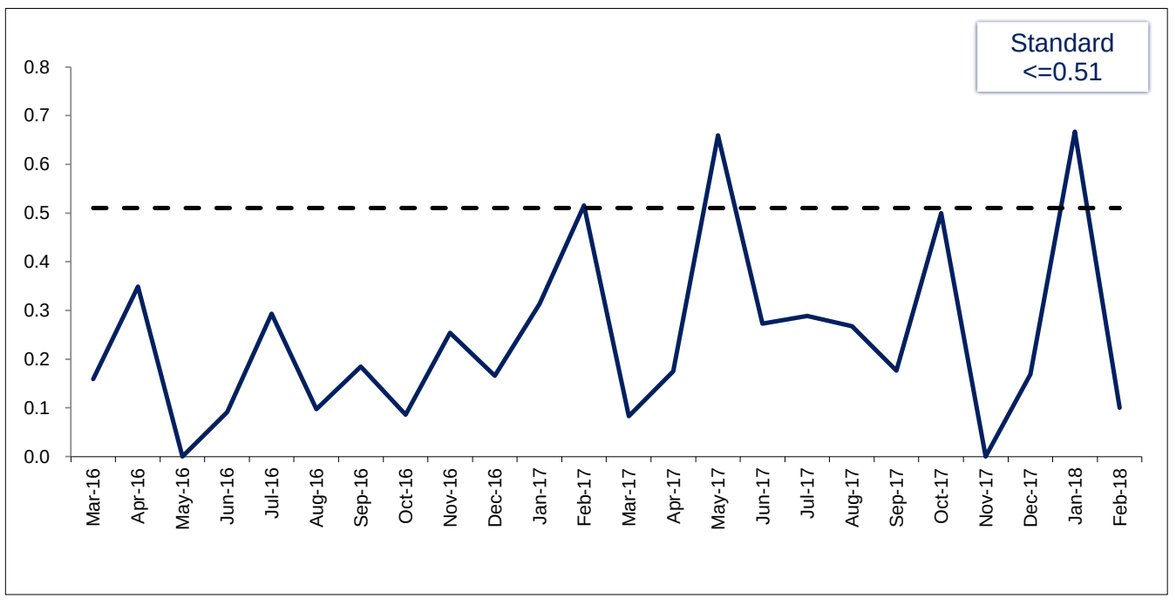
k1.02 | Number of patients with hospital acquired pressure ulcers (Grade 3&4) per 1000 beddays



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



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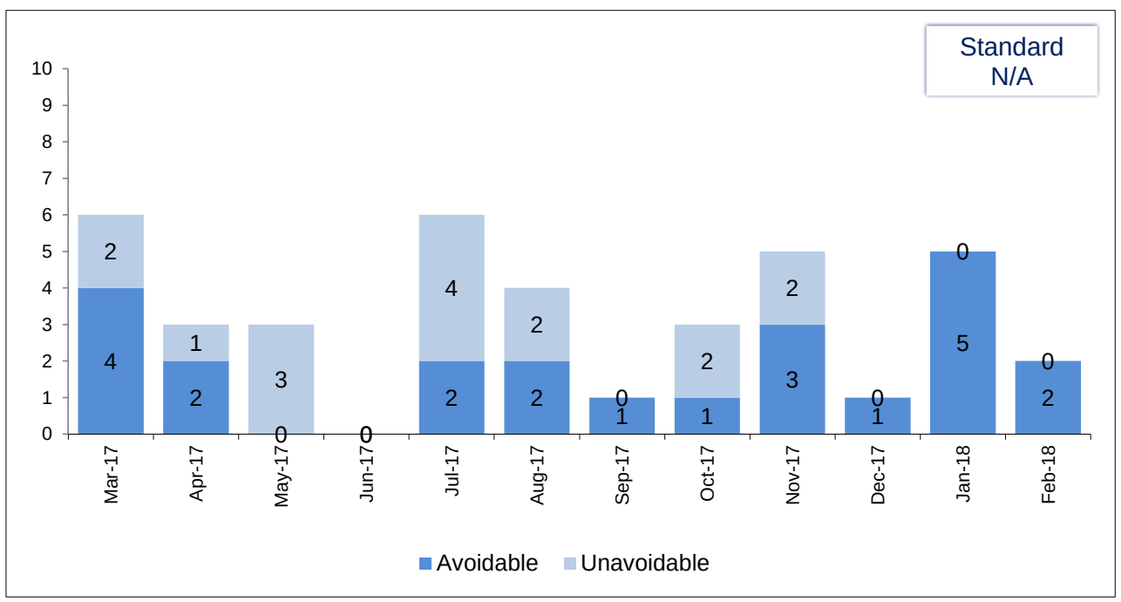
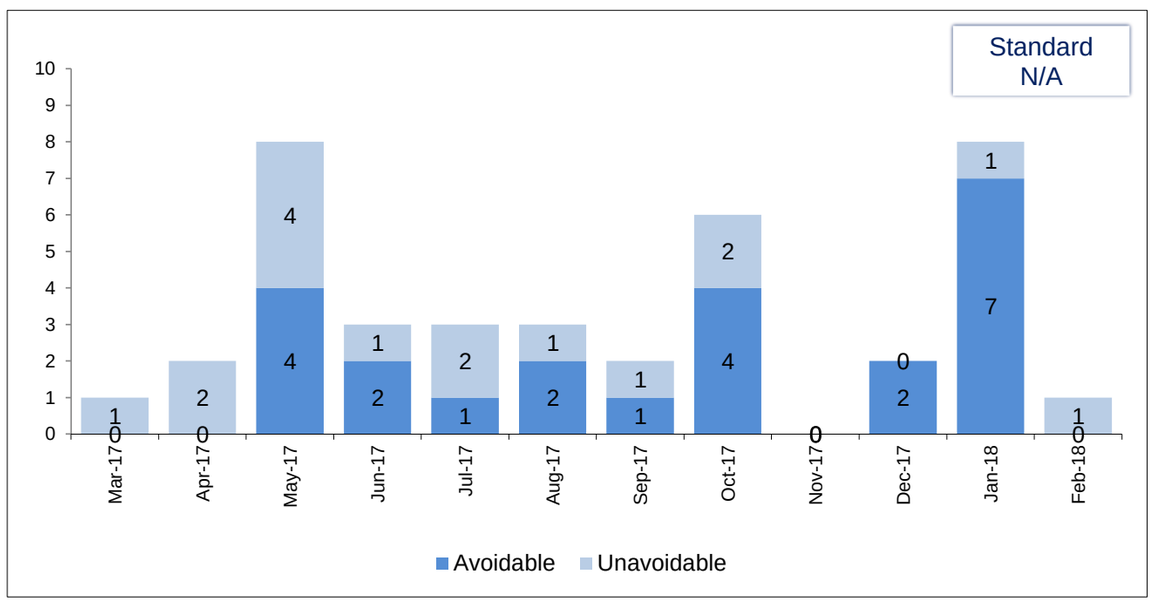
k1.011/2 | Number of patients with hospital acquired pressure ulcers (Grade 3&4) - Avoidable / Unavoidable



k1.031/2 | Number of patients with hospital acquired pressure ulcers (Grade 2) - Avoidable / Unavoidable



Safe

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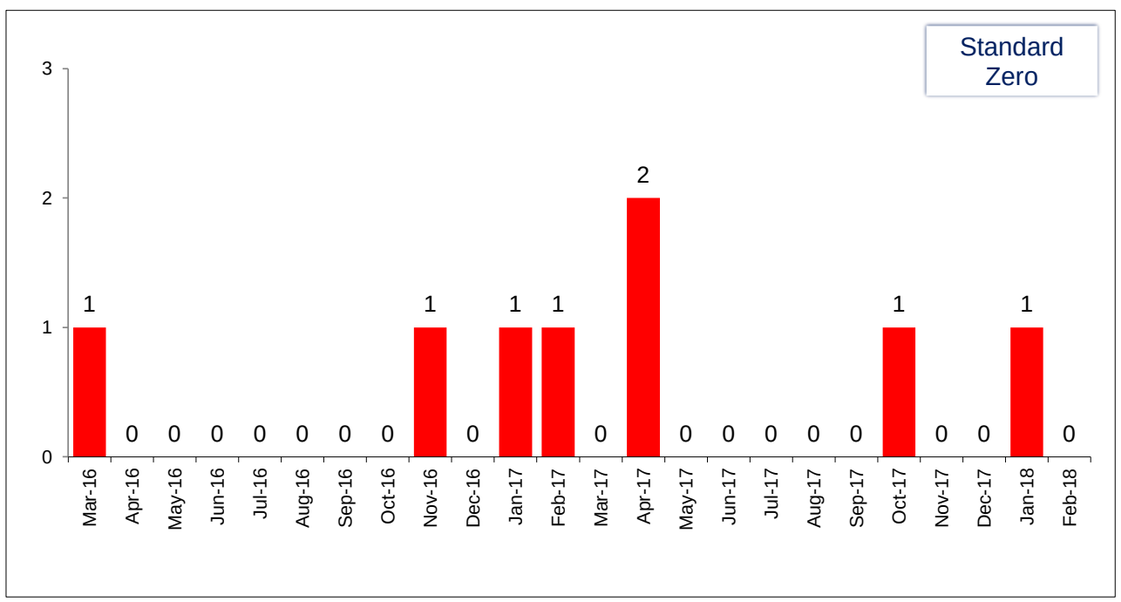
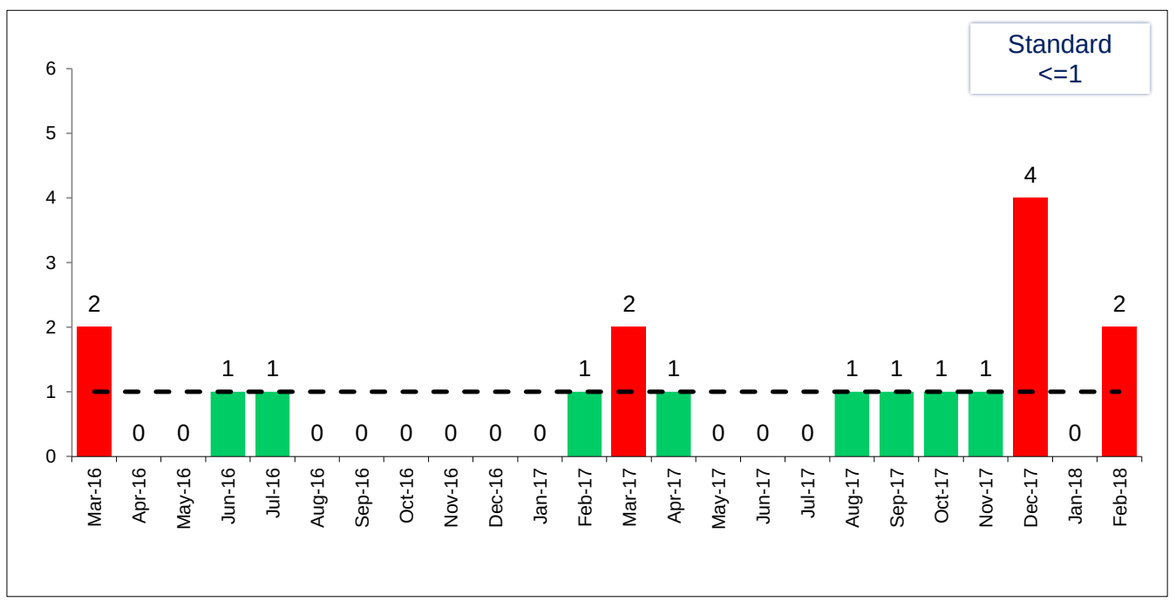
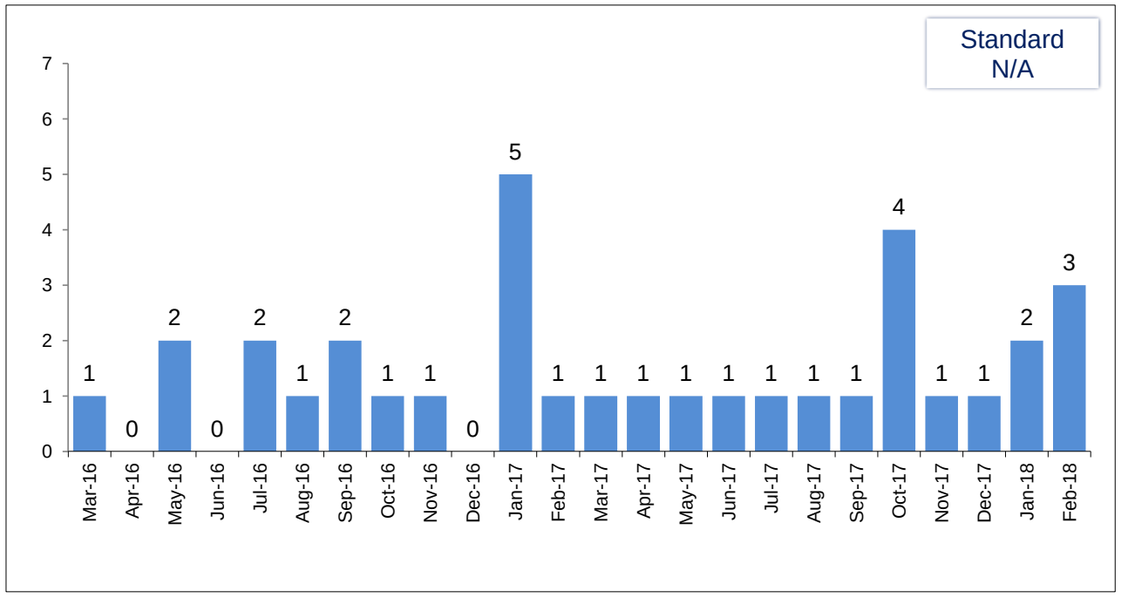
k1.05 | MRSA Bacteraemias (Hospital Assigned)



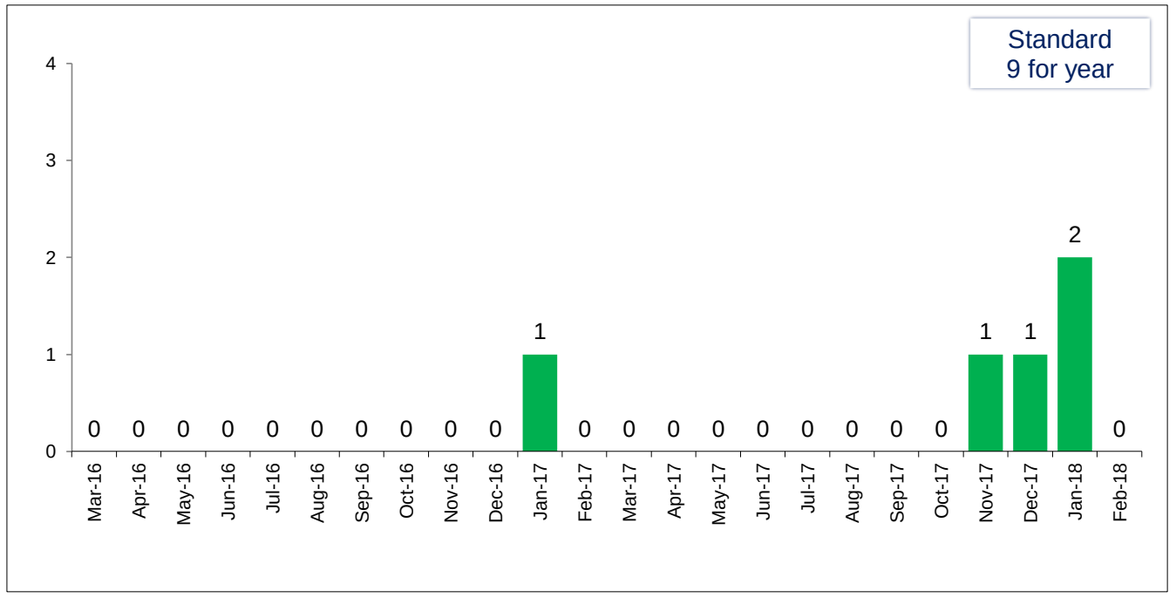
k1.06 | MSSA Bacteraemias (Hospital Apportioned)



k1.07 | Clostridium difficile infections (Hospital Apportioned)



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



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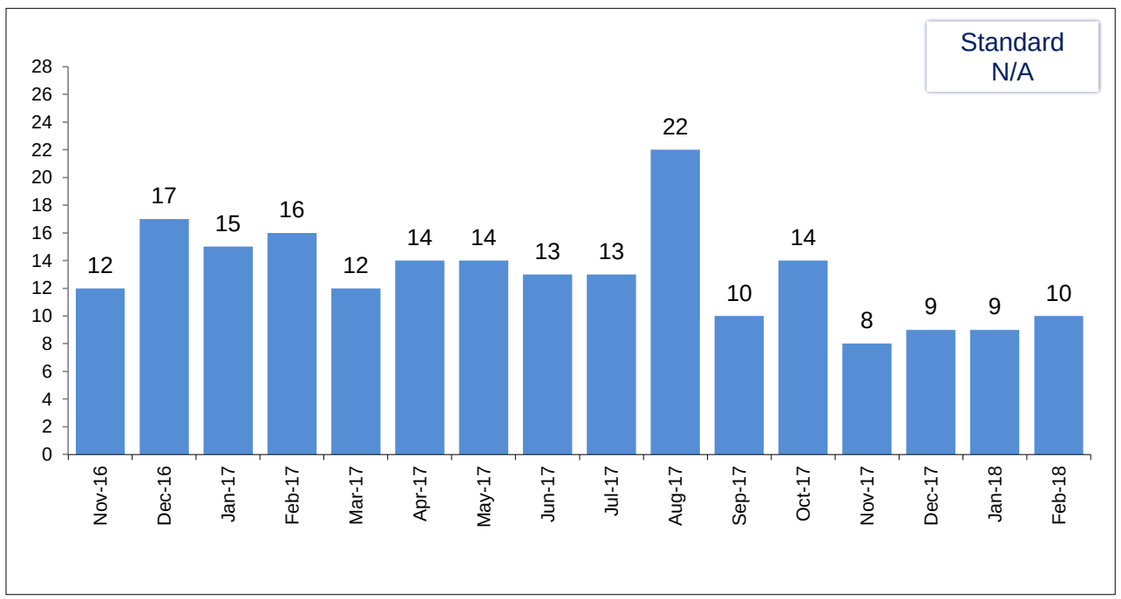
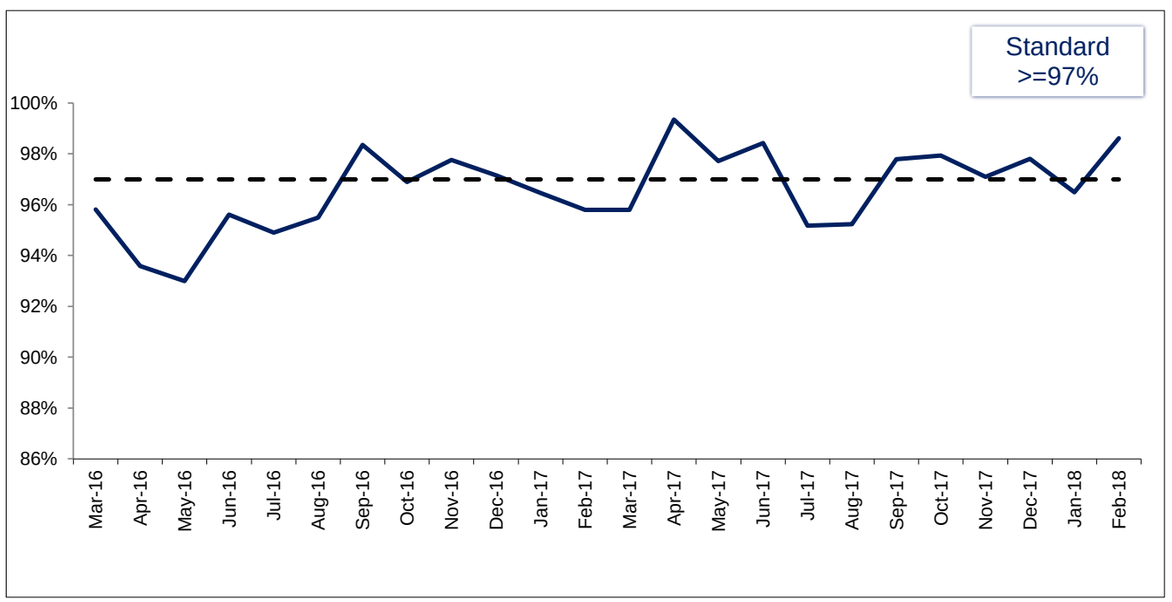
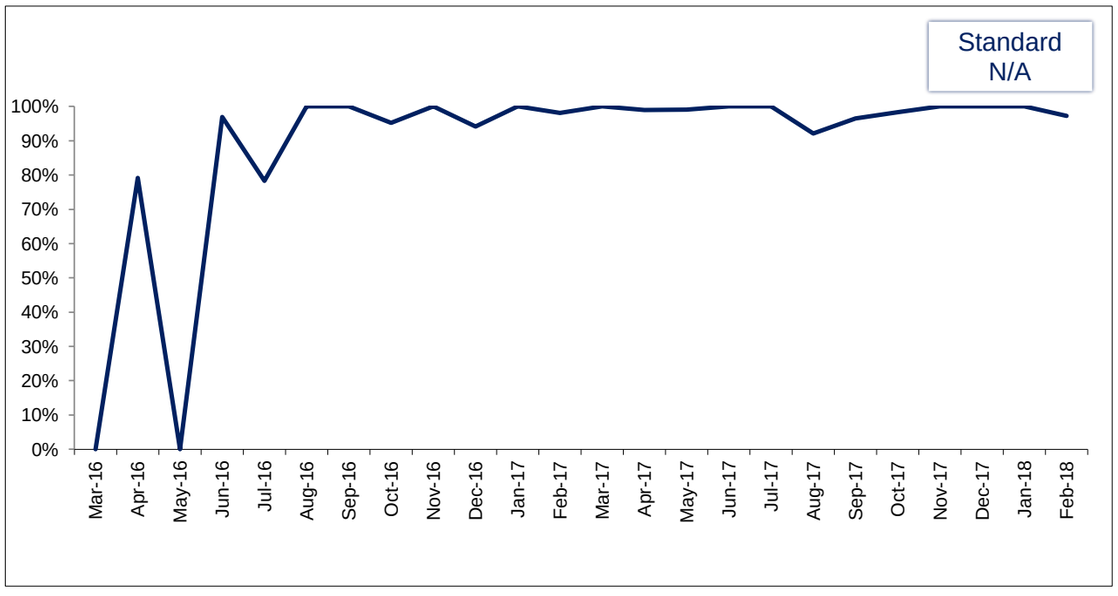
k1.19 | Number of Escherichia (E. coli) bacteraemia (all)



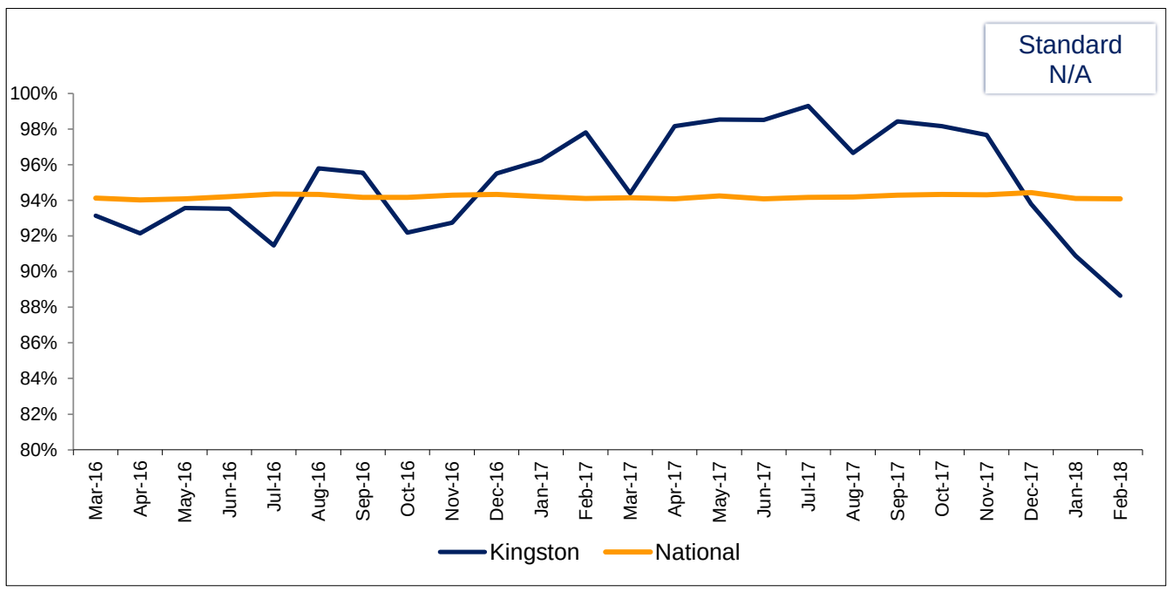
k1.09 | Completed Patient Observations - Adult inpatients



k1.10 | Completed Patient Observations - Paediatric inpatients



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



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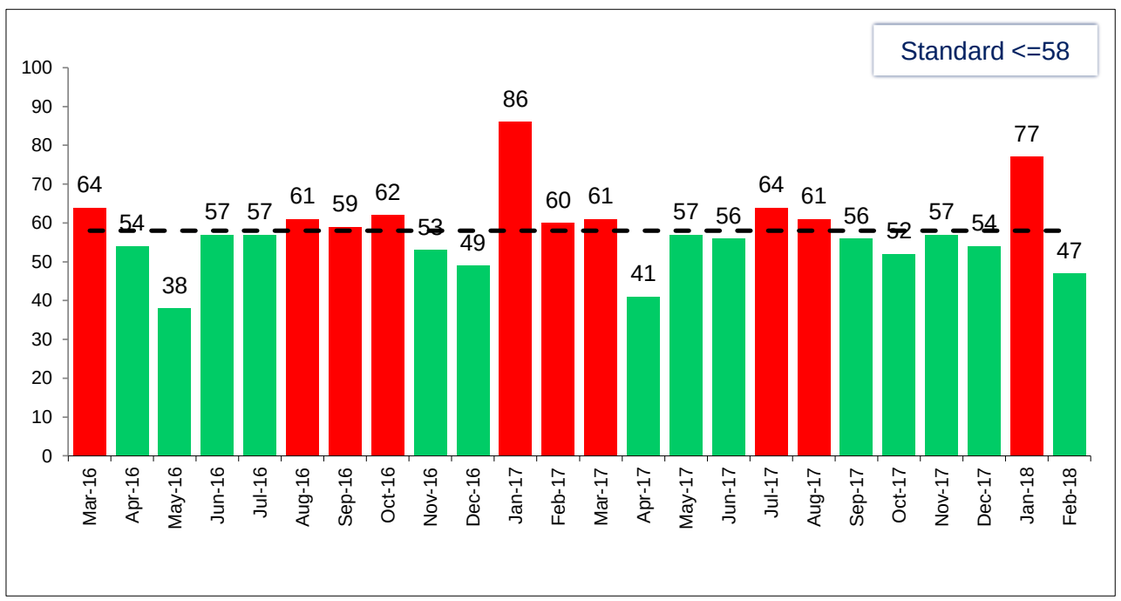
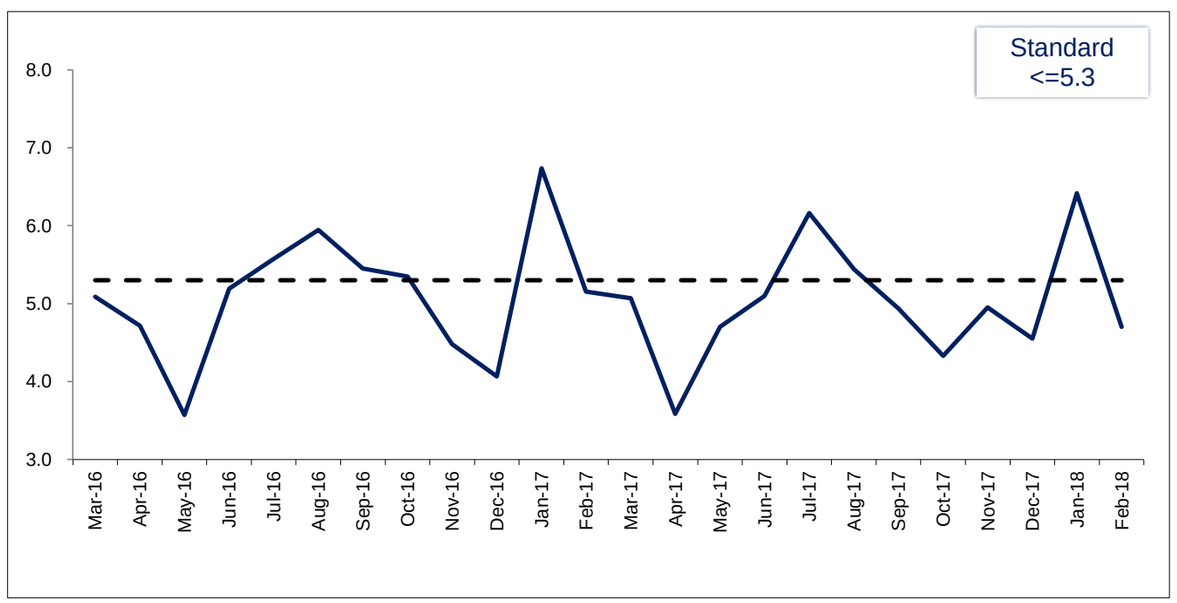
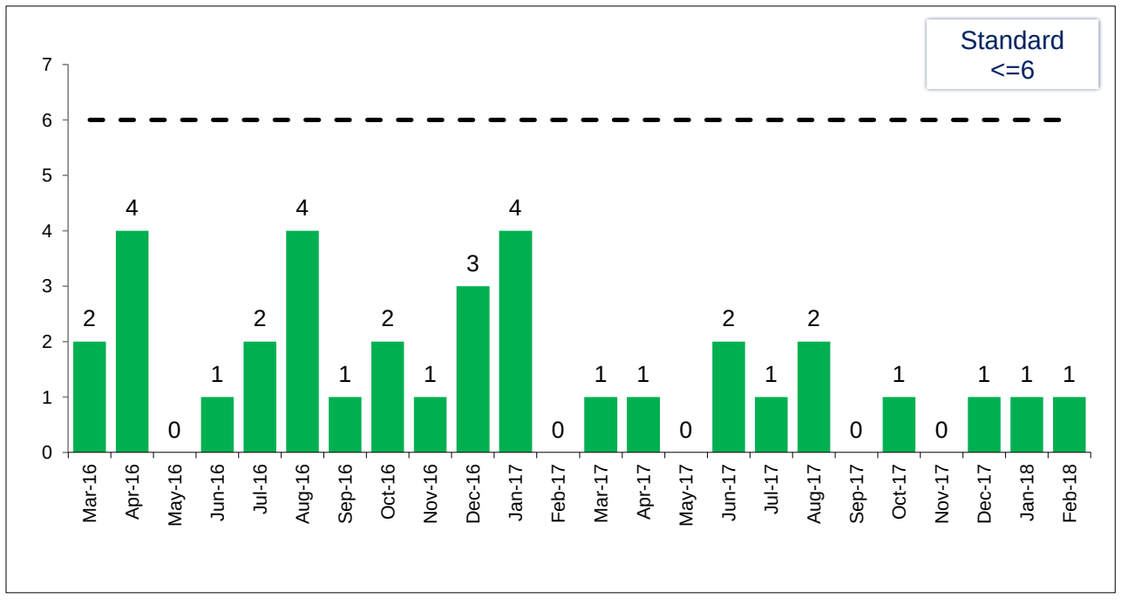
k1.12 | Number of Patient Safety Incident (PSI) Falls



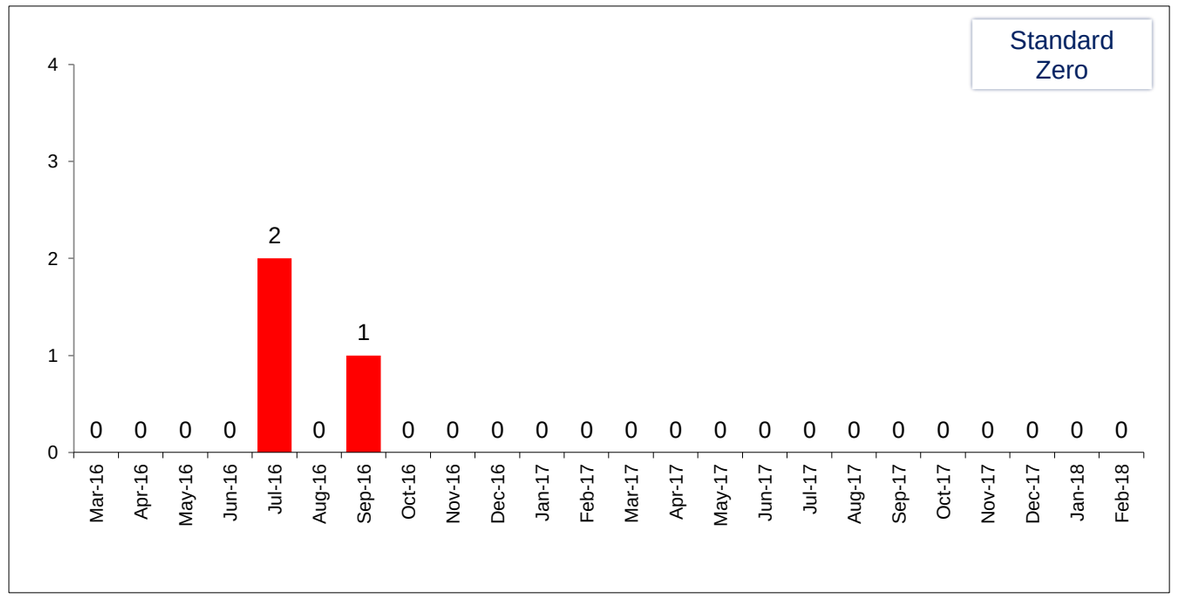
k1.13 | Number of Patient Safety Incident Falls per 1000 G&A beddays



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



k1.15 | Never Events



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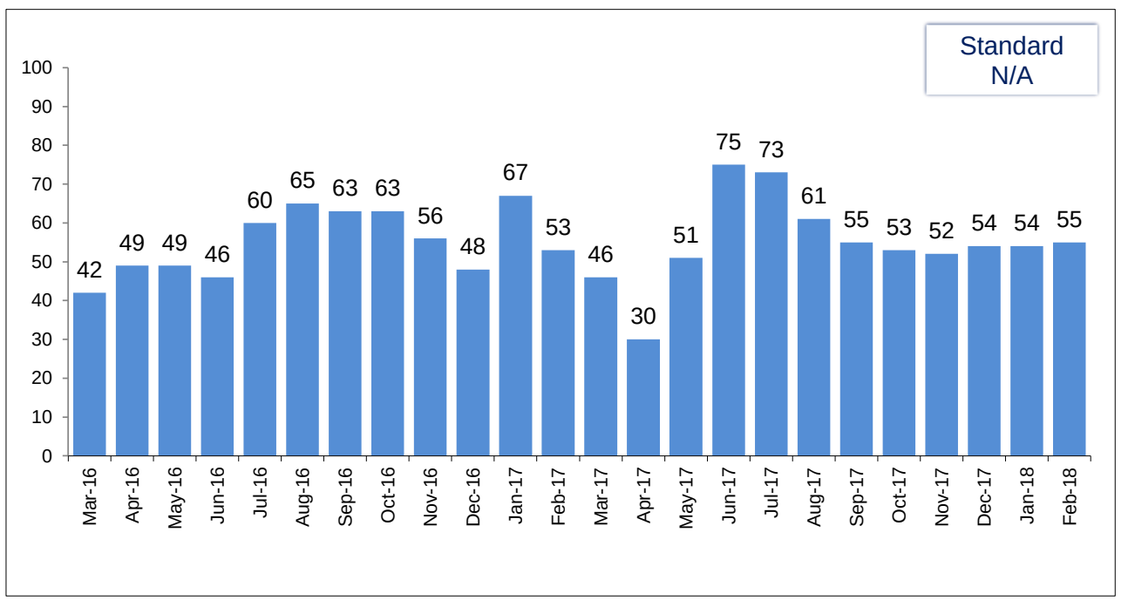
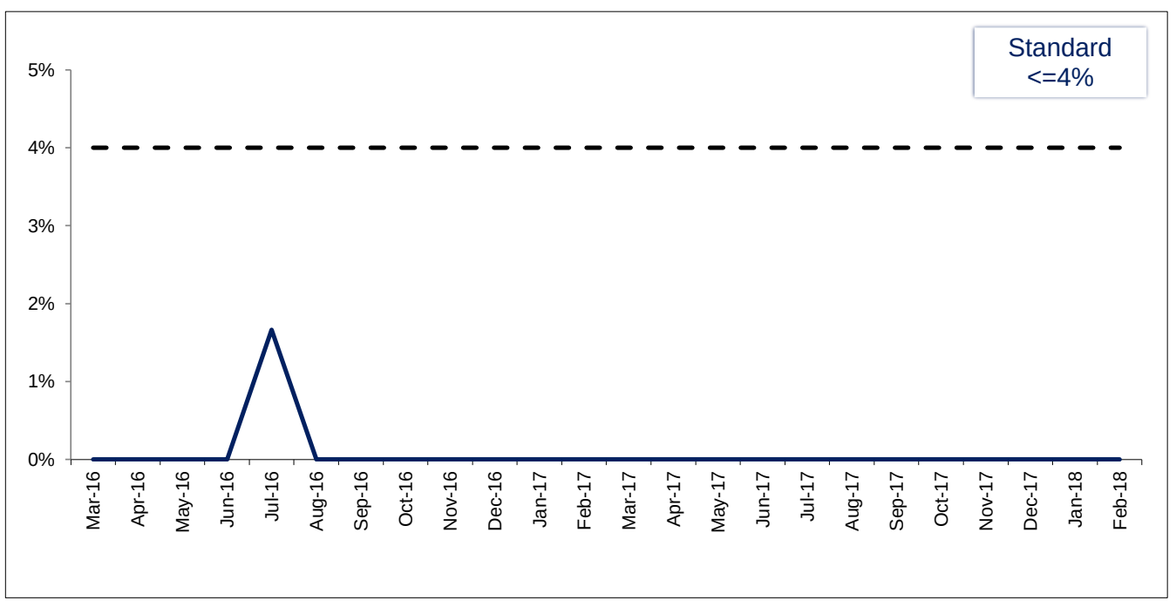
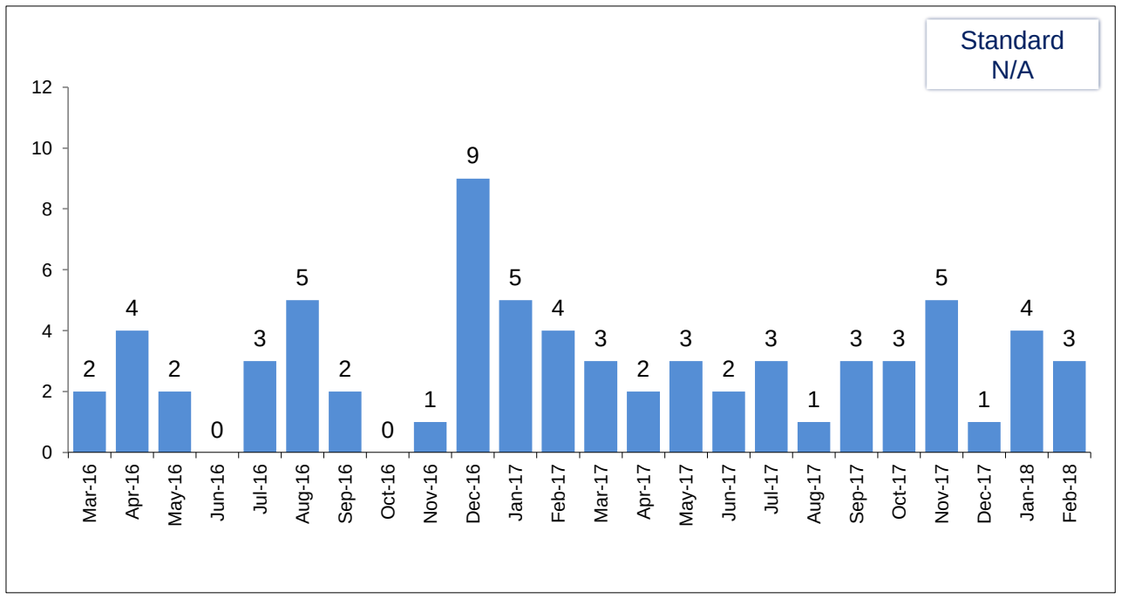
k1.16 | Medication Incidents



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



k1.18 | Number of Serious Untoward Incidents



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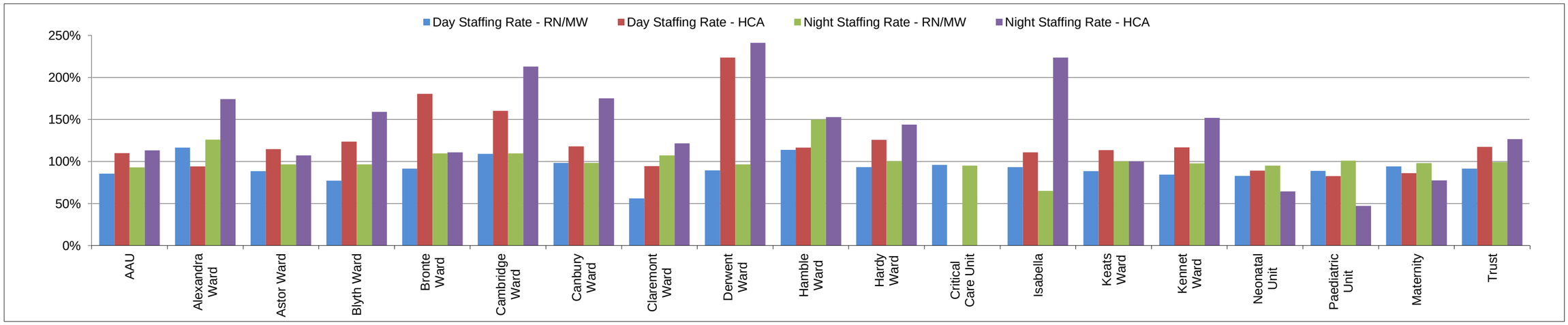
Safer Staffing : Ward and Shift Analysis

February 2018

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	85.5%	110.0%	92.8%	113.2%	7.5
Alexandra Ward	116.5%	94.2%	125.9%	174.1%	6.3
Astor Ward	88.5%	114.6%	96.4%	107.1%	5.9
Blyth Ward	77.0%	123.5%	96.4%	158.9%	6.2
Bronte Ward	91.5%	180.4%	109.6%	110.7%	5.7
Cambridge Ward	109.0%	160.2%	109.5%	212.7%	6.4
Canbury Ward	98.2%	118.0%	98.2%	174.9%	7.1
Claremont Ward	55.9%	94.4%	107.3%	121.4%	6.8
Derwent Ward	89.4%	223.4%	96.4%	241.1%	6.7
Hamble Ward	113.8%	116.4%	149.8%	152.7%	7.3
Hardy Ward	93.1%	125.7%	100.3%	143.7%	5.4
Critical Care Unit	95.8%		94.9%		27.3
Isabella	93.2%	110.8%	65.1%	223.6%	6.2
Keats Ward	88.5%	113.3%	100.0%	100.0%	6.2
Kennet Ward	84.3%	116.6%	97.7%	151.7%	5.8
Neonatal Unit	82.9%	89.1%	95.1%	64.3%	11.7
Paediatric Unit	88.7%	82.4%	101.0%	47.1%	11.2
Maternity	94.0%	86.0%	98.0%	77.4%	15.0
Trust	**91.4%**	**117.4%**	**99.3%**	**126.5%**	**8.0**

Key	
RN	Registered Nurse
MW	Registered Midwife
HCA	Healthcare Assistant



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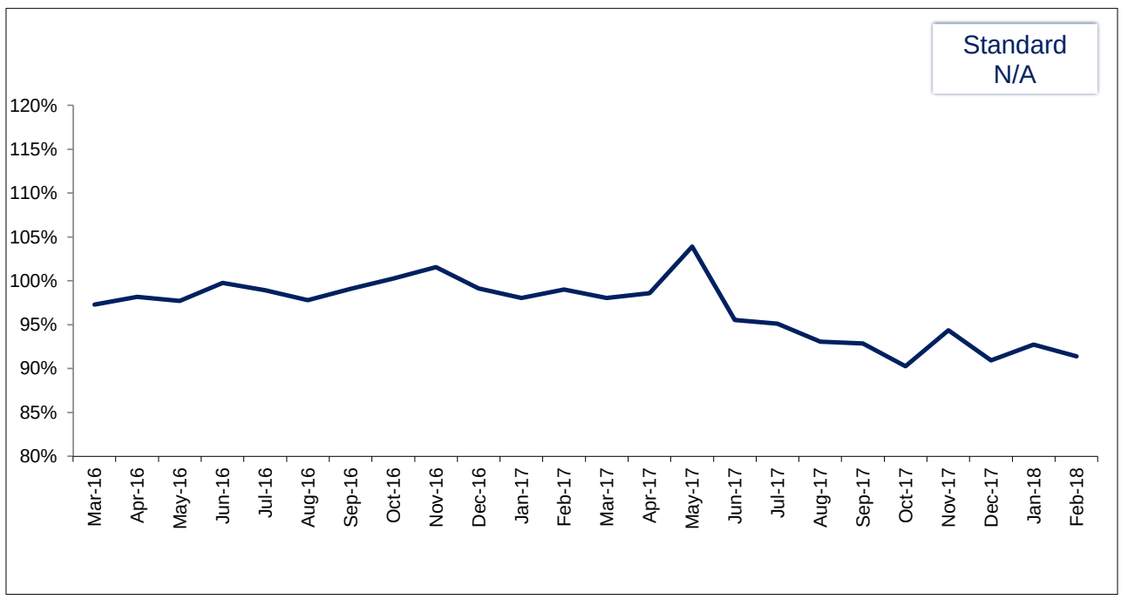
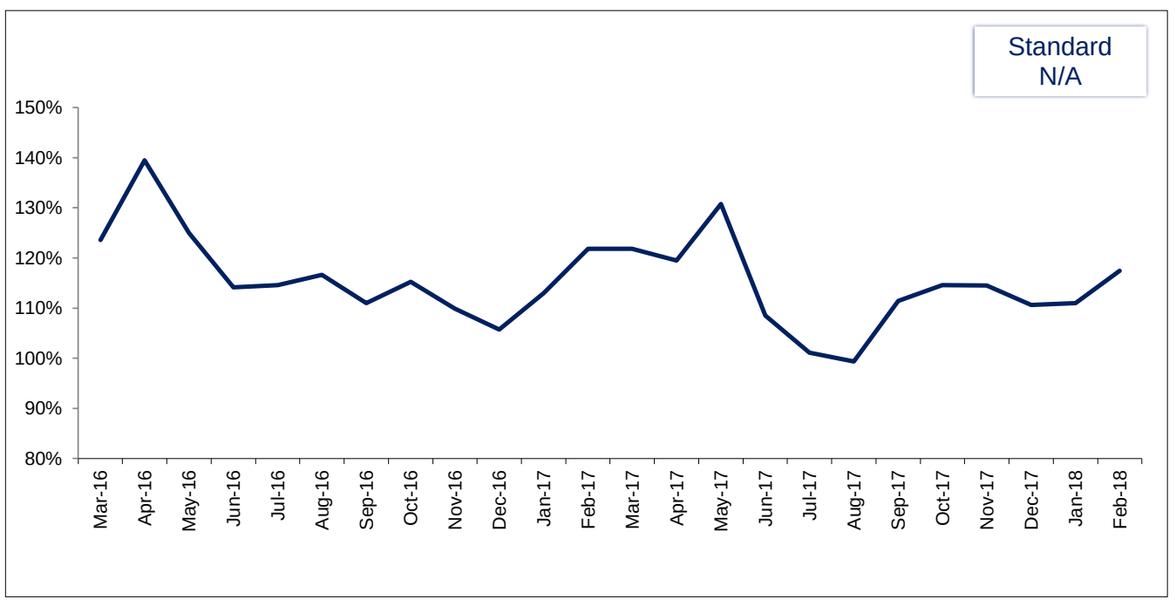
Safer Staffing

February 2018

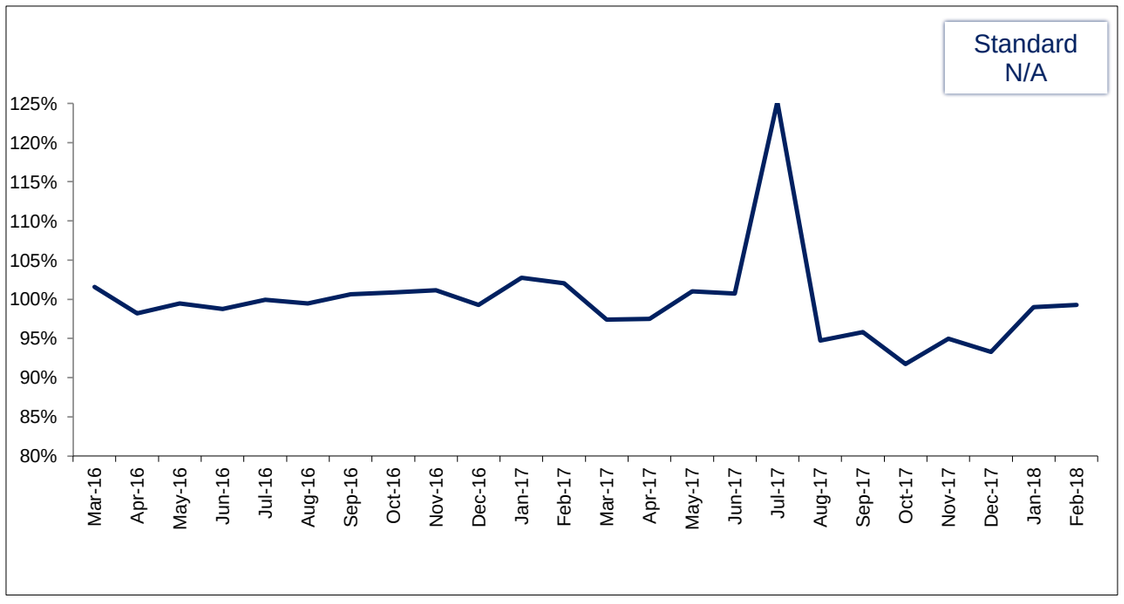
k4.01 | Day - Registered Midwives / Nurses Fill Rate



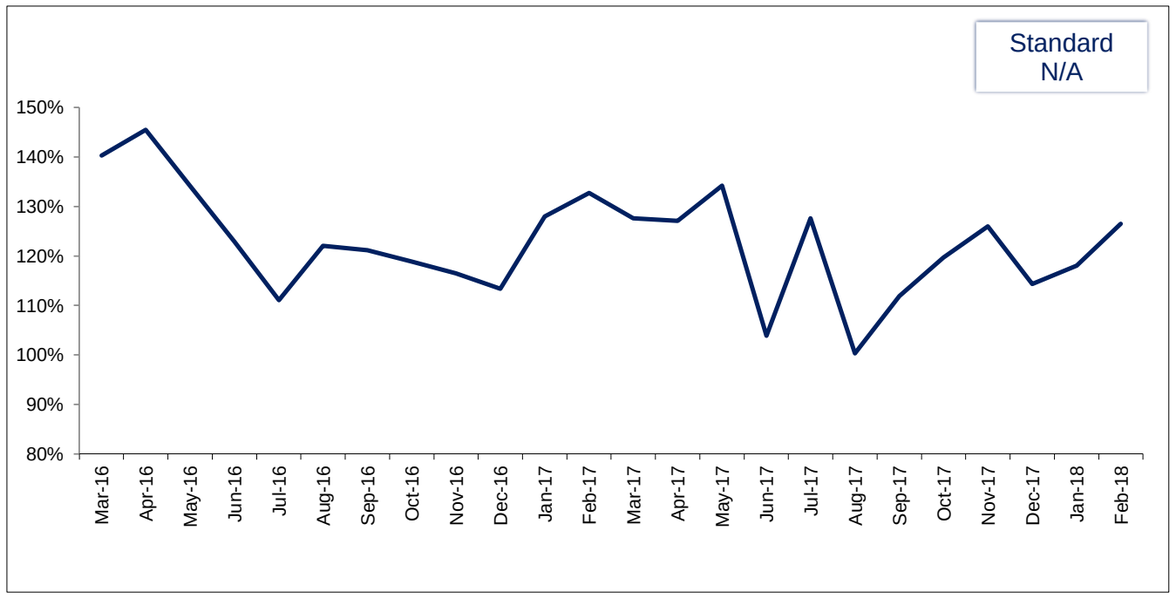
k4.02 | Day - Assistant Fill Rate



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



k4.04 | Night - Assistant Fill Rate



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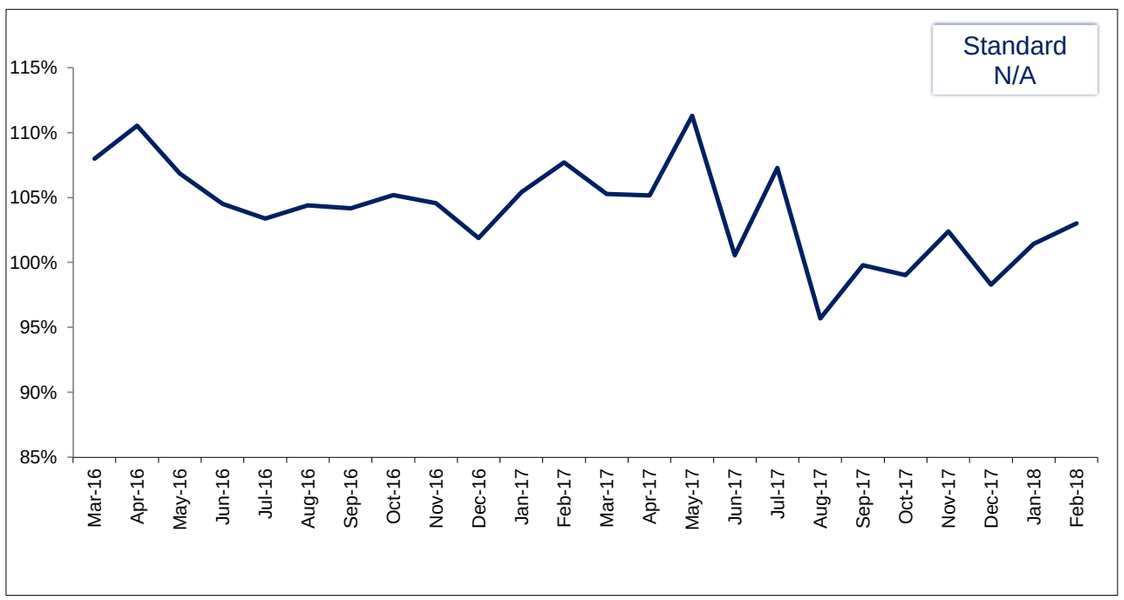
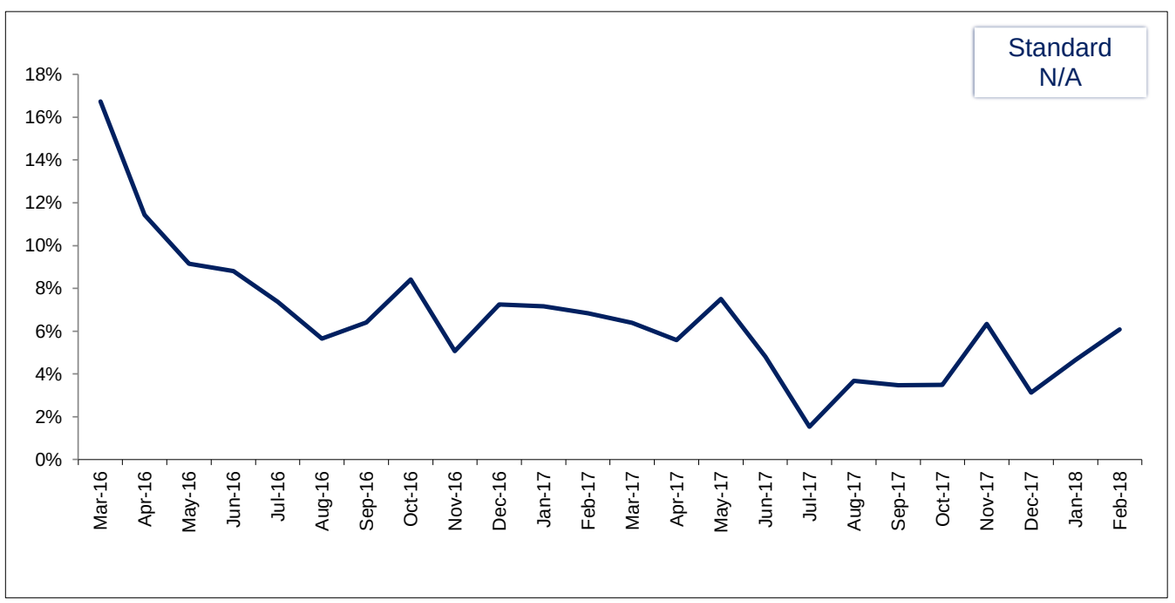
Safer Staffing

February 2018

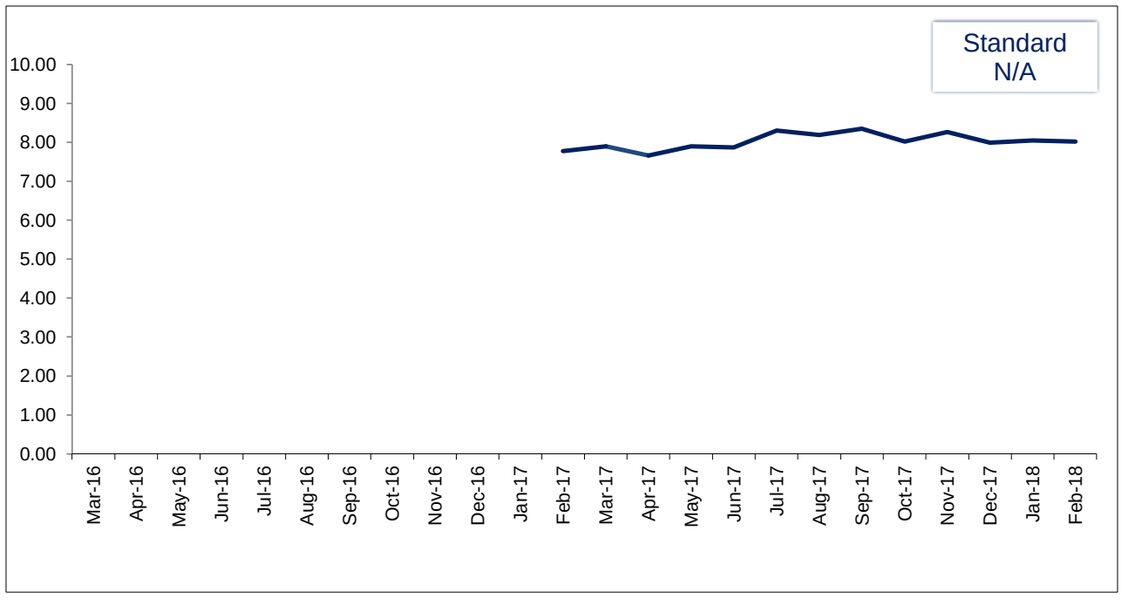
k4.05 | Overall Trust Fill Rate



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



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



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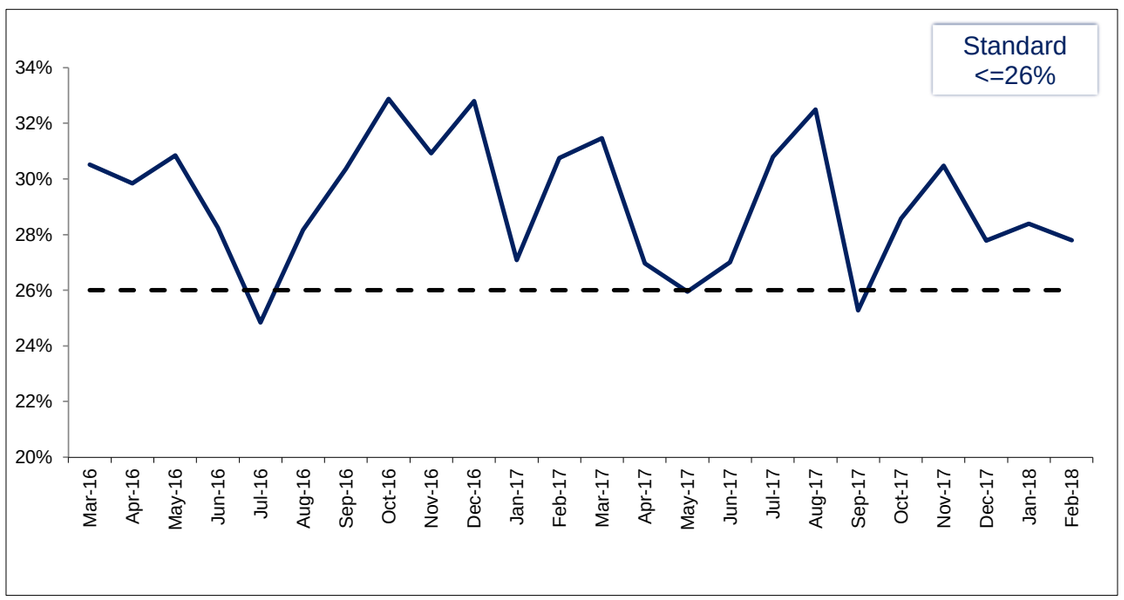
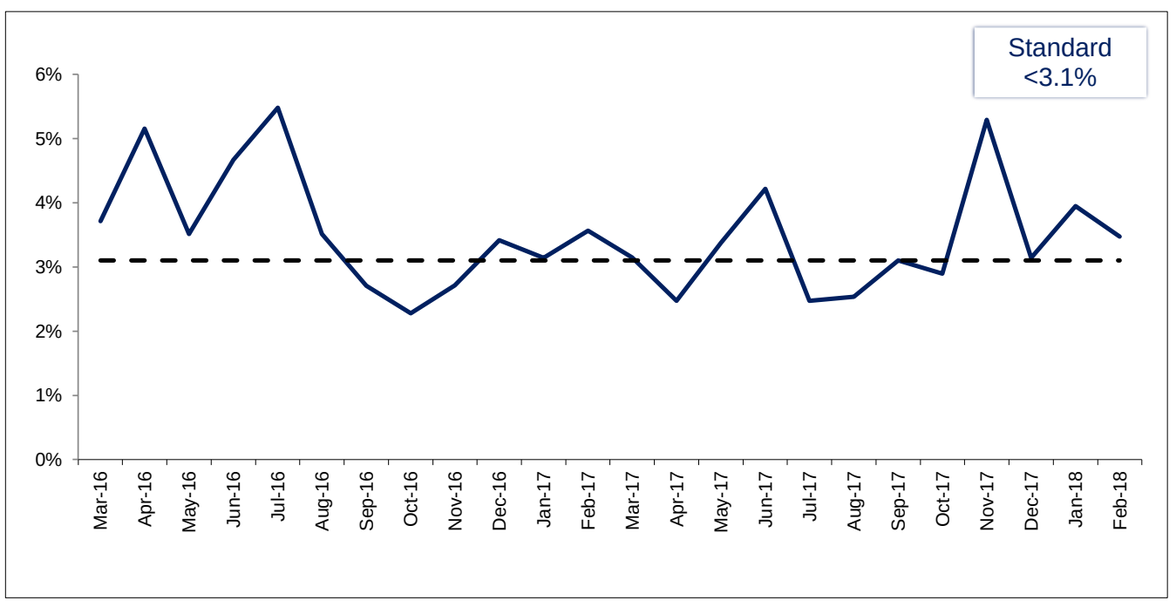
Maternity

February 2018

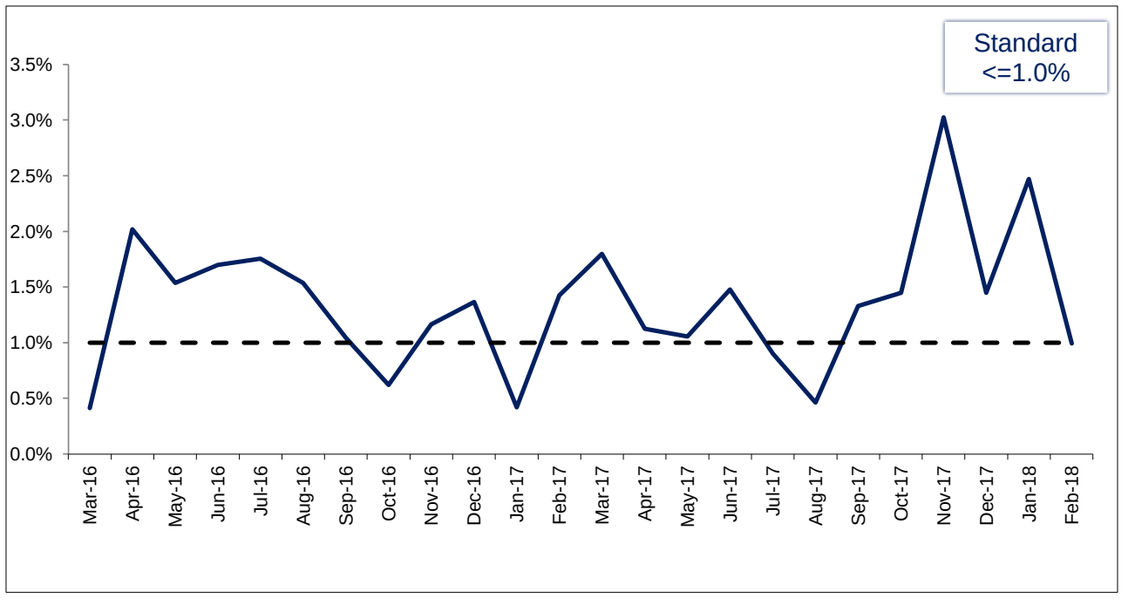
k5.01 | Caesarean section rate



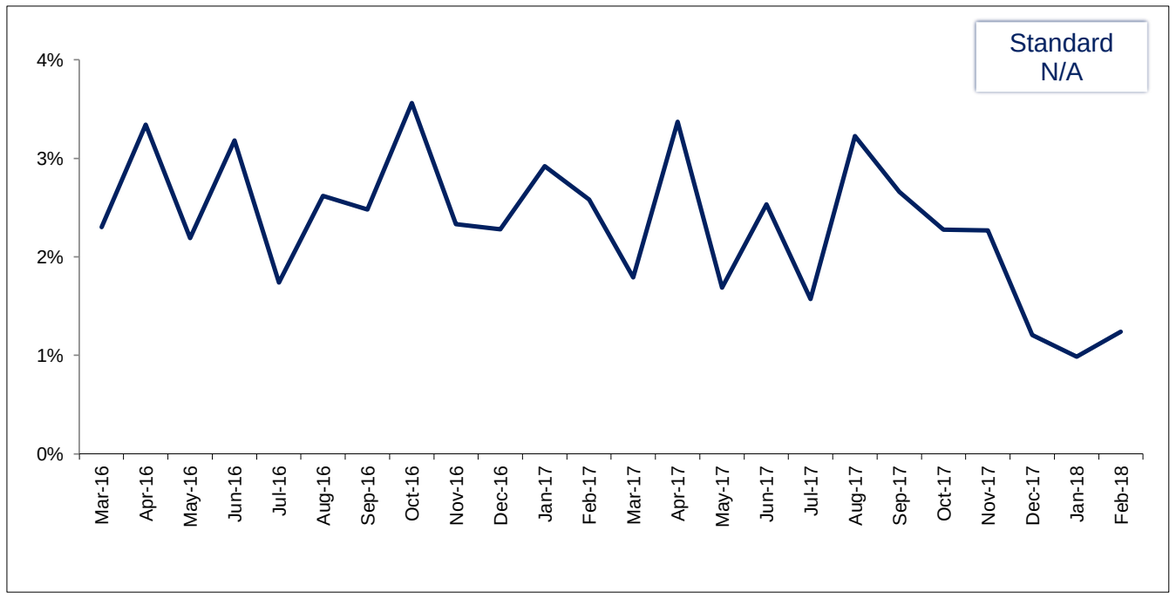
k5.02 | % women with a primary postpartum haemorrhage of 1500ml or more



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



k5.04 | Significant Perineal Trauma



Author: Jane Wilson, Medical Director

Re-Admissions

In view of the rising emergency readmission following emergency admission the Medical Director has undertaken a review of a random sample of cases since November 2017. The aim of the review is to attempt to determine if there were any trends in the readmissions. The review has not identified evidence of unsafe discharge. It has however identified that the cohort of patients most likely to be readmitted are elderly and frequently frail. Failures or changes in care need occur frequently in this cohort. Some patients have multiple readmissions.

A smaller cohort of patients could be deemed planned re-attendances: this includes patients attending AEC and patients returning for orthopaedic procedures. Discussion is underway to determine how these patient episodes are recorded. Data quality issues were identified on occasion, the commonest error being patients being 'readmitted' from a CDU admission to the ward rather than a transfer.

Mortality

The indices for mortality remain good with falling unadjusted mortality and Standardised Mortality ratio.

The processes in line with the National Learning from deaths programme are working well. The Non-Executive lead for Learning from Deaths attended the Trust Mortality Group to gain assurance that the procedures were in place.

The Structured Judgement Review process continues with more reviewers being trained across the Trust. The main themes from the reviews have included documentation issues, late recognition of irreversibility of disease and involvement of palliative care. Examples of good and excellent acre have also been identified.

Sepsis Screening

Quarter 4 data is not yet available.

Safe Storage of Medicines

Author: Joscelin Miles, Head of Clinical Audit and Effectiveness

Safe Storage of Medicines

An inspection by the Care Quality Commission in January 2016 identified improvements required for the safe and secure storage of medicines in outpatients, radiology, theatres, some wards, and the emergency department.

As a result a Quality Improvement Project was undertaken with the aim of ensuring that;
Medicines and prescription pads are securely locked away.
Temperatures are regularly monitored in areas where medicines are stored.
The use of patients own medicines is supported in accordance with Trust policy.
Controlled drugs are managed in accordance with Trust policy.

A monthly audit commenced in inpatient areas in June 2016 and has since been rolled out to maternity, outpatients and departments. The purpose of the audit is to regularly review compliance with Trust policy for storage and security of medicines to enable continuous improvement.

The latest audit report for quarter 3, 2017/18 demonstrates improved performance compared to 2016/17 across all 3 areas and provides assurance that performance is in line with, or exceeding, the target set.

Inpatient areas
Improvements in compliance with Trust policy for the secure and safe storage of medicines achieved in 2016-17 have been sustained in most inpatient areas in quarter 1, quarter 2 and quarter 3, with overall compliance at 85% for the year to date.
This is an improvement from 61% achieved for 2016/17, and is in line with the target of 85%.

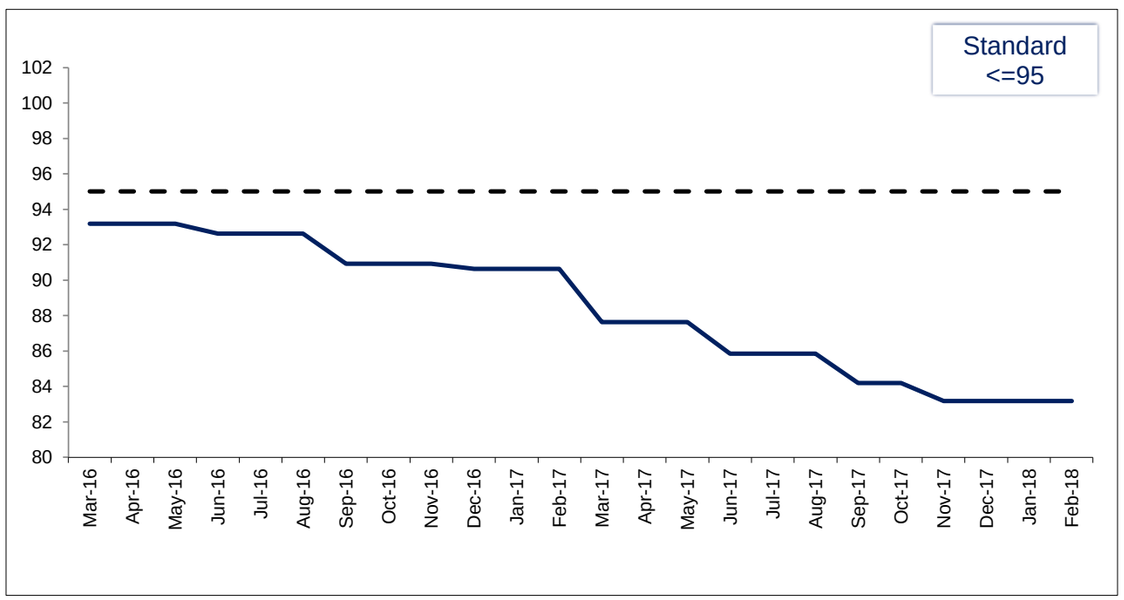
Maternity
Overall compliance in maternity is currently 83% for the year to date.
This is an improvement from 70% achieved for 2016/17, and exceeds the target rate of 75%.

Outpatients and Departments
Compliance in outpatient areas and departments remains relatively high at 91% for the year to date.
This is an improvement from 86% achieved in 2016/17, and exceeds the target rate of 75%.

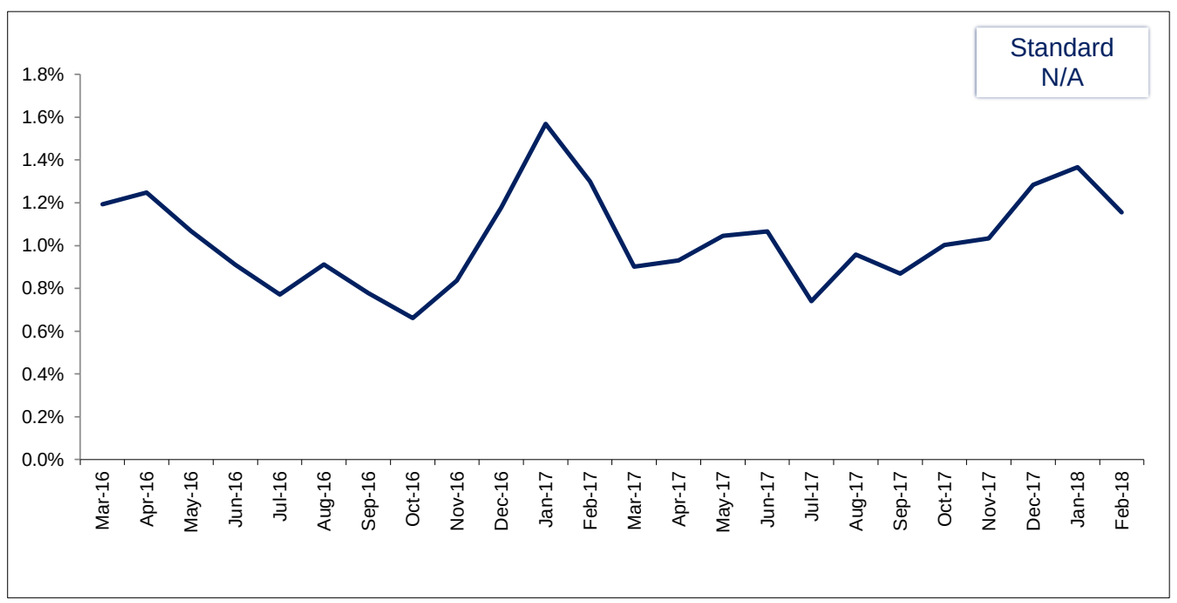
Effective

February 2018

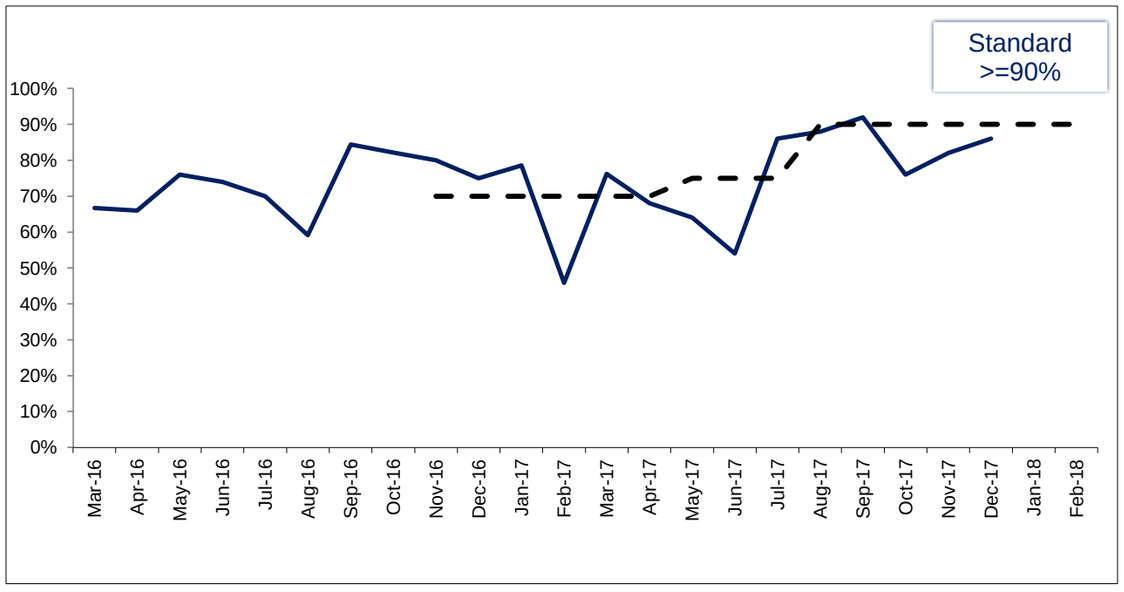
k2.01 | SHMI



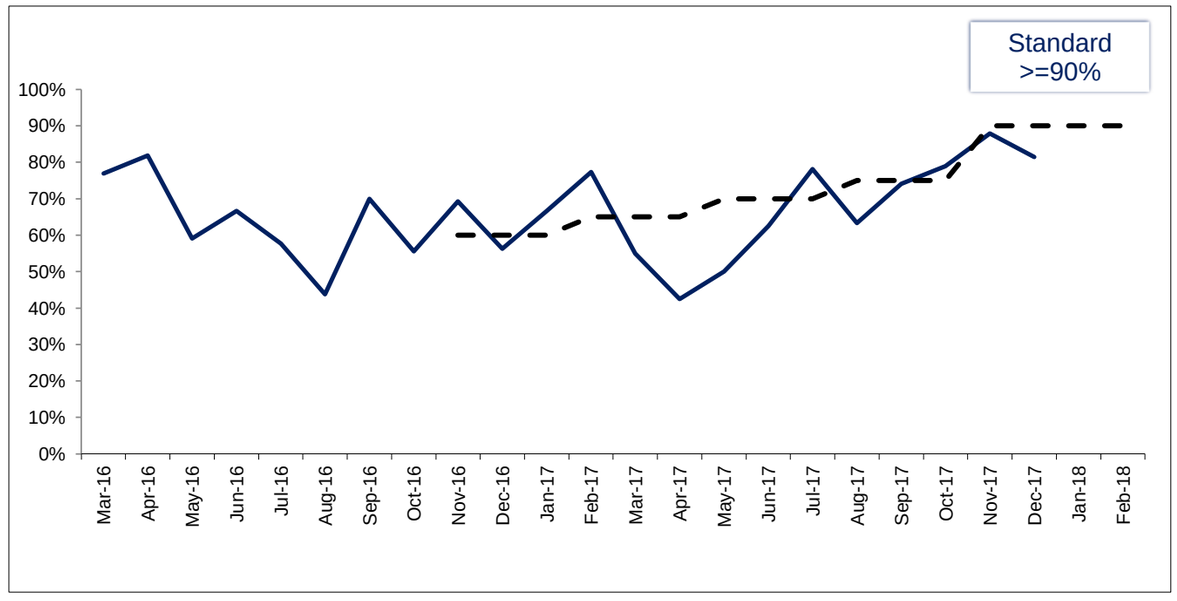
k2.02 | Unadjusted Mortality Rate



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



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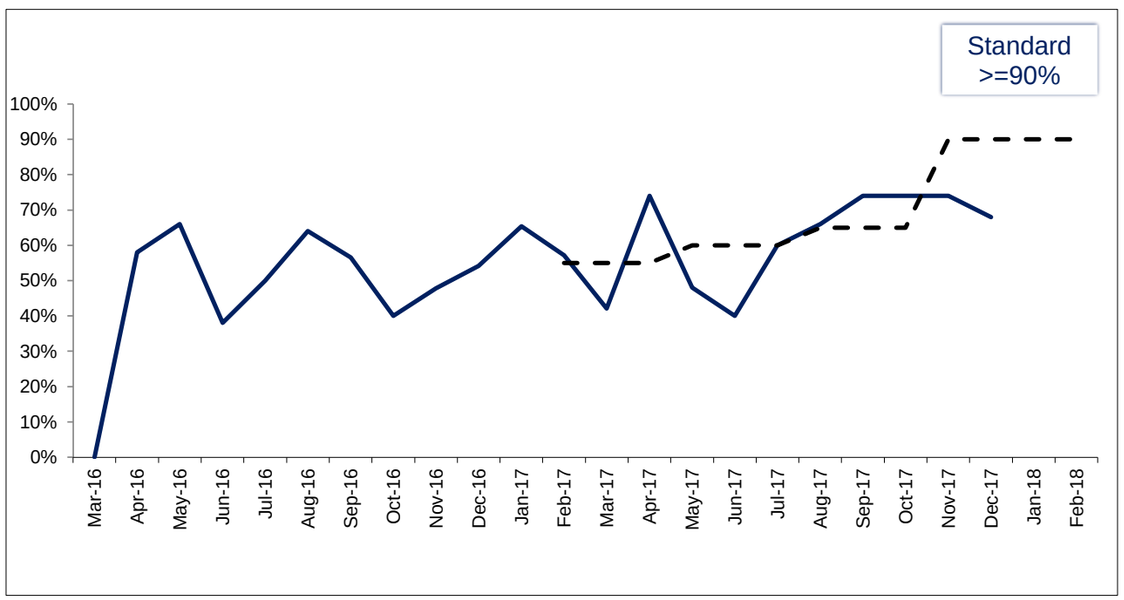
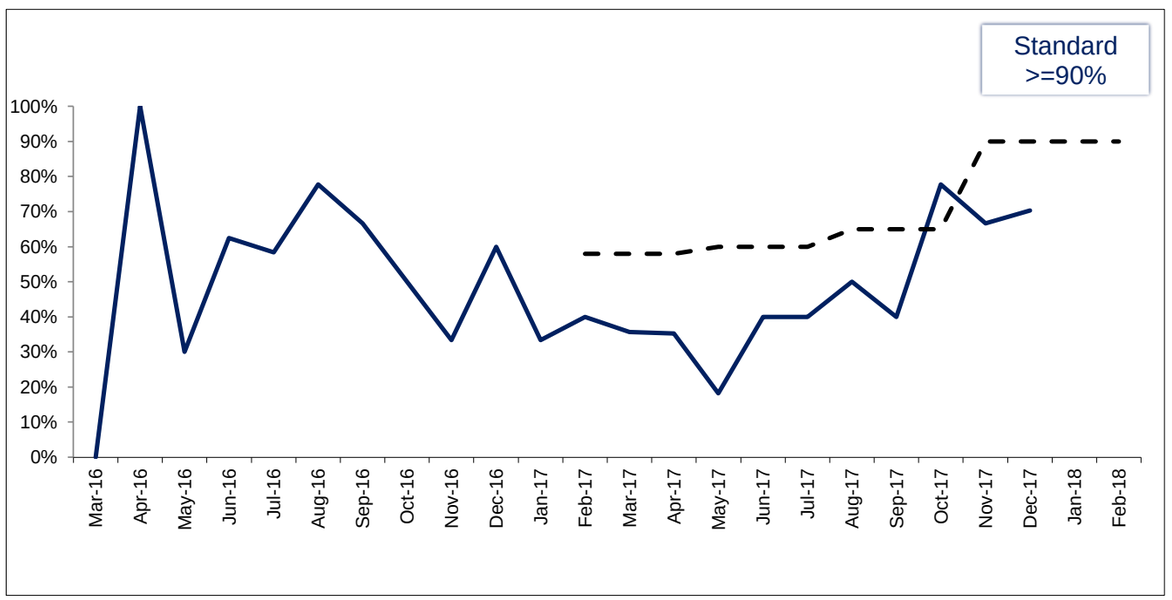
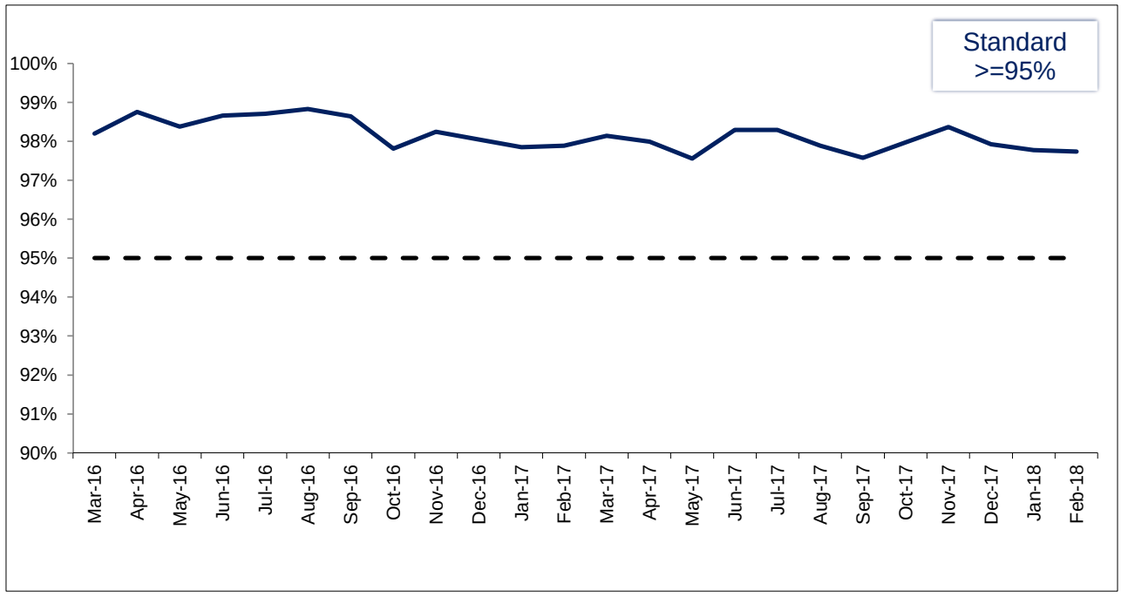
k2.13 | Sepsis - % of eligible patients screened for sepsis - Inpatients



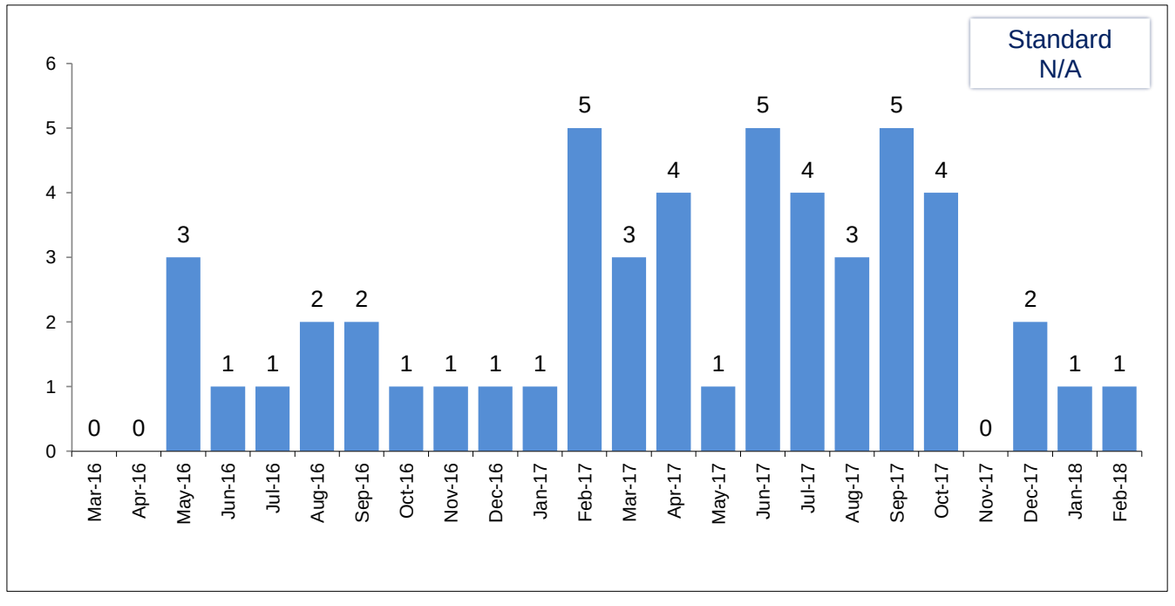
k2.14 | Sepsis - % of eligible patients who received antibiotics within 1 hour - Inpatients



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



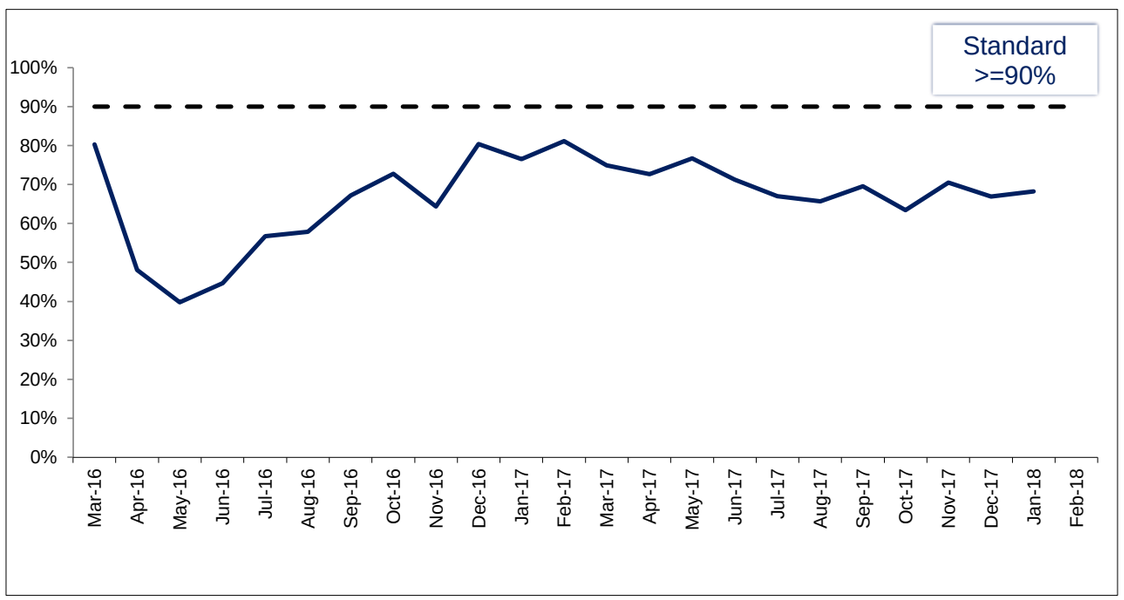
k2.06 | Incidence of Hospital Acquired VTE (HAT)



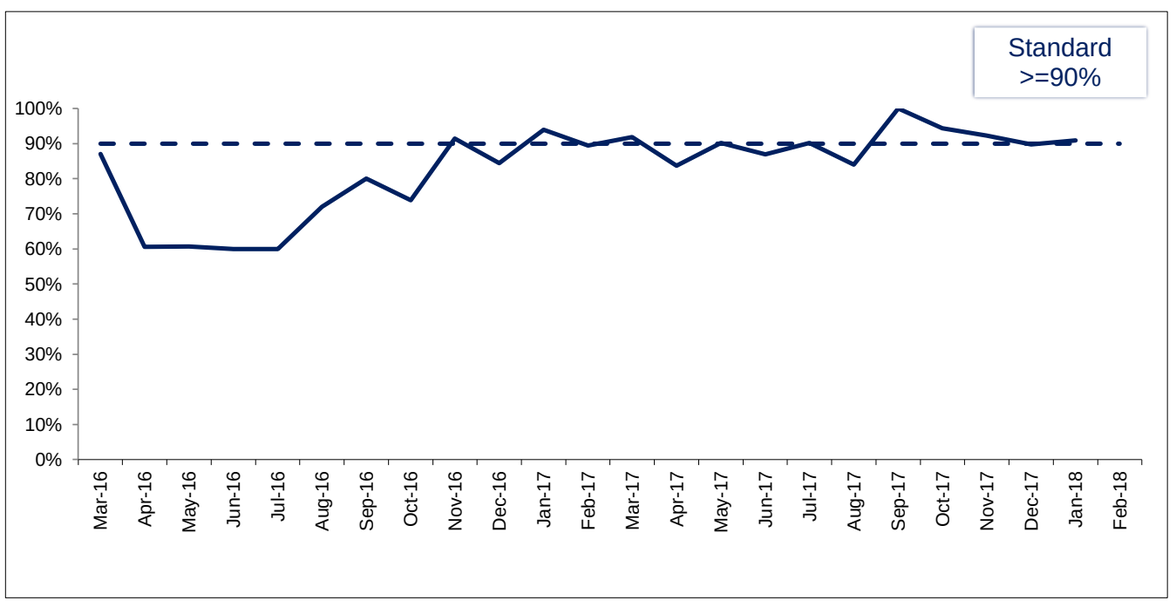
Effective

February 2018

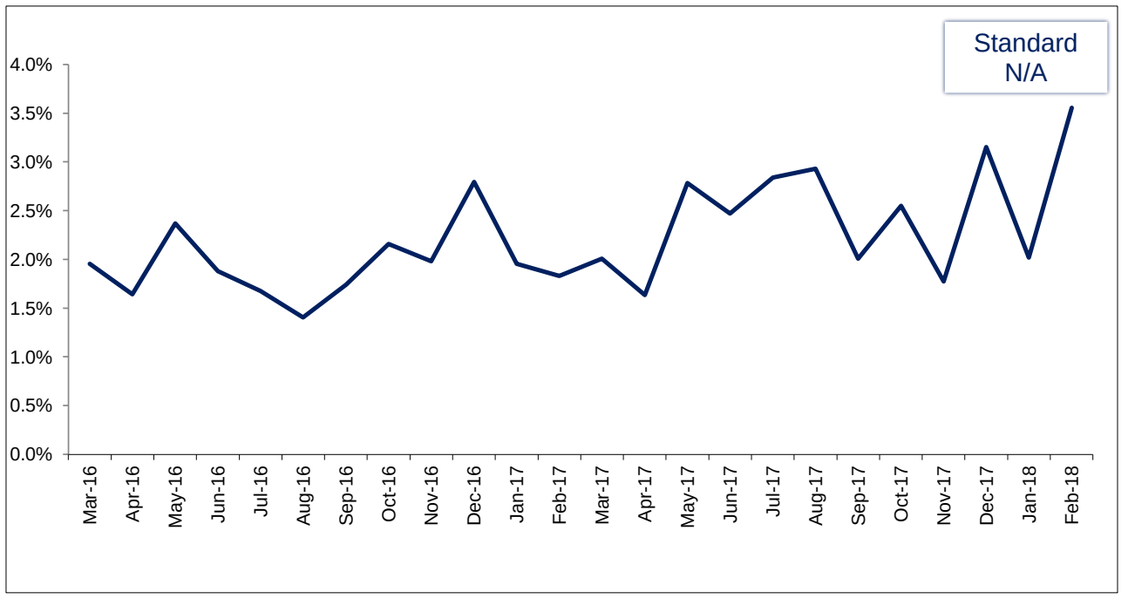
k2.07 | % of eligible patients screened for dementia



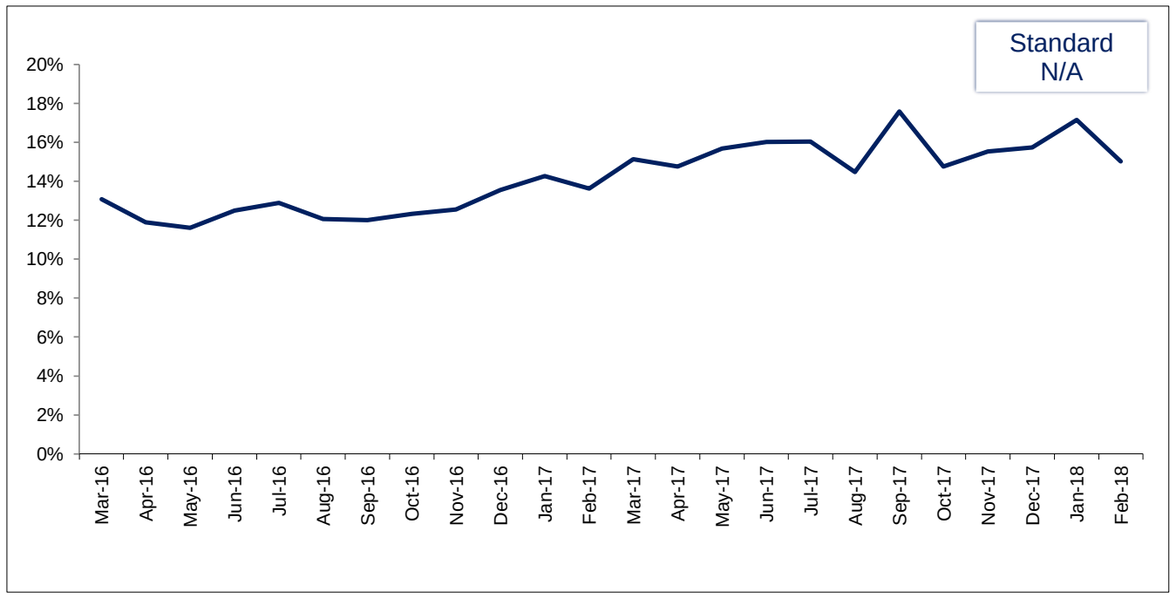
k2.08 | % of patients with dementia who were appropriately assessed



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



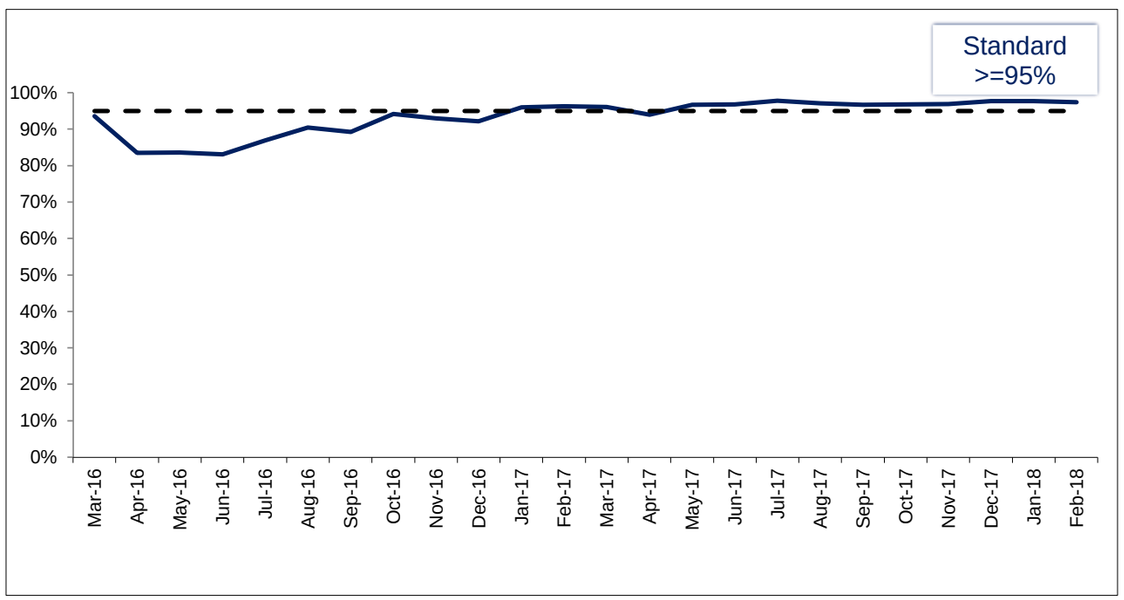
k2.10 | % Emergency Readmissions following an emergency admission - 30 days



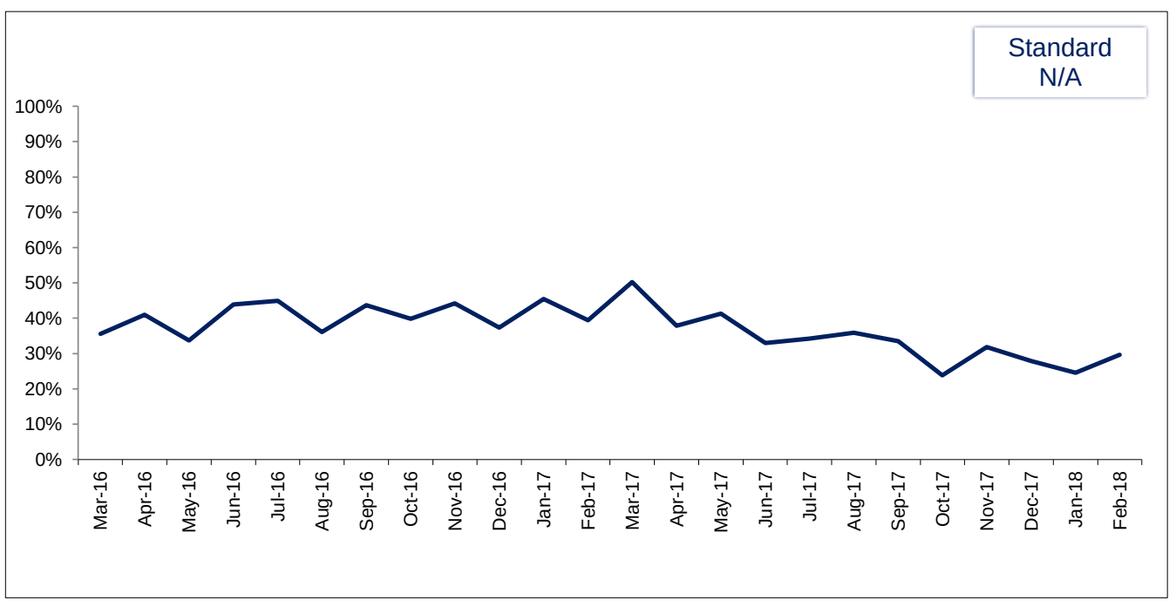
Effective

February 2018

k3.15 | Hand Hygiene



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



Effective

Learning from Deaths

February 2018

Reporting Month	Feb-18

Total Number of Deaths	
This Month	Last month
72	92
This Year (YTD)	Last Year (same YTD)
767	718

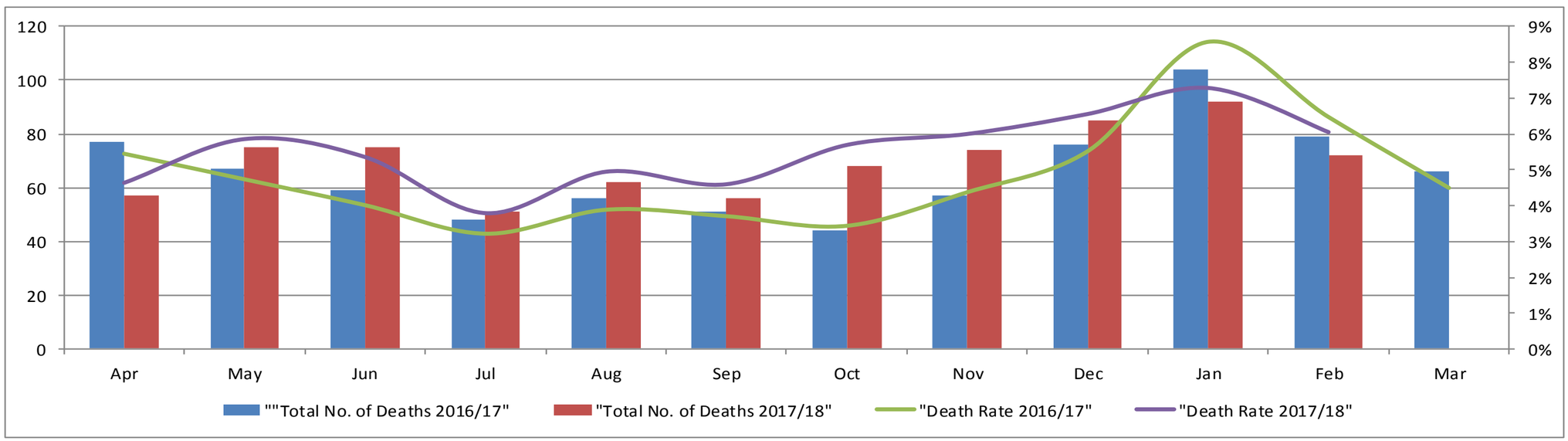
Total Deaths Reviewed	
This Month	Last month
34	57
This Year (YTD)	Last Year (same YTD)
148	0

Death Rate (Trust)	
This Month	Last month
6.05%	7.28%
This Year (YTD)	Last Year (same YTD)
5.5%	4.78%

SJR outcome	
Avoidable deaths (SJR score 1-2)	0
Unavoidable deaths (SJR score >2)	10

Number of Investigations	
SI's	11
SJR's	15

SHMI (July 2016 - June 2017)	
Score	0.83
Excpected Deaths	1422
Actual Deaths	1183
Difference	239



Complaints

Author: Ambreen Yaqoob, Complaints Analyst

The Trust received 30 formal complaints in February 2018 compared to 27 in February 2017. There were an additional 4 car parking related complaints which related to new charges for blue badge holders.

Specialist Services received the highest number of complaints accounting for 57% of the total, followed by Emergency Services (27%), Trust (10%) and Clinical Support Services (7%).

Within Specialist Services, the following Service Lines received complaints in February 2018:

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

Within Emergency Services, the following Service Lines received complaints in February 2018:

Accident & Emergency (3), Elderly Care (2), Cardiology & Haematology (1), Respiratory (1), Gastroenterology & Endoscopy (1).

The most frequent complaint subjects that were received related to communication (20%), estates and care & treatment (17% each), procedure (Incl. surgery/endoscopy/anaesthesia etc.) and appointments (10% each), infection (7%), accidents (Incl. falls/sharps/manual handling), tests/investigations, diagnosis, information governance, infrastructure & resources and maternity (3% each).

Three out of five estates related complaints were about poor car parking facilities generally i.e. not blue badge related, one related to faulty patient bedside facilities in the Accident and Emergency Department and one complaint related to a patient being admitted to an unsafe clinical environment.

Reopened complaints

Three complaints were reopened in February 2018, arising from complaints first received in November 2017 (2) and January 2018 (1).

The reasons for these complaints reopening were:

Further Questions – 3

Ombudsman Referrals

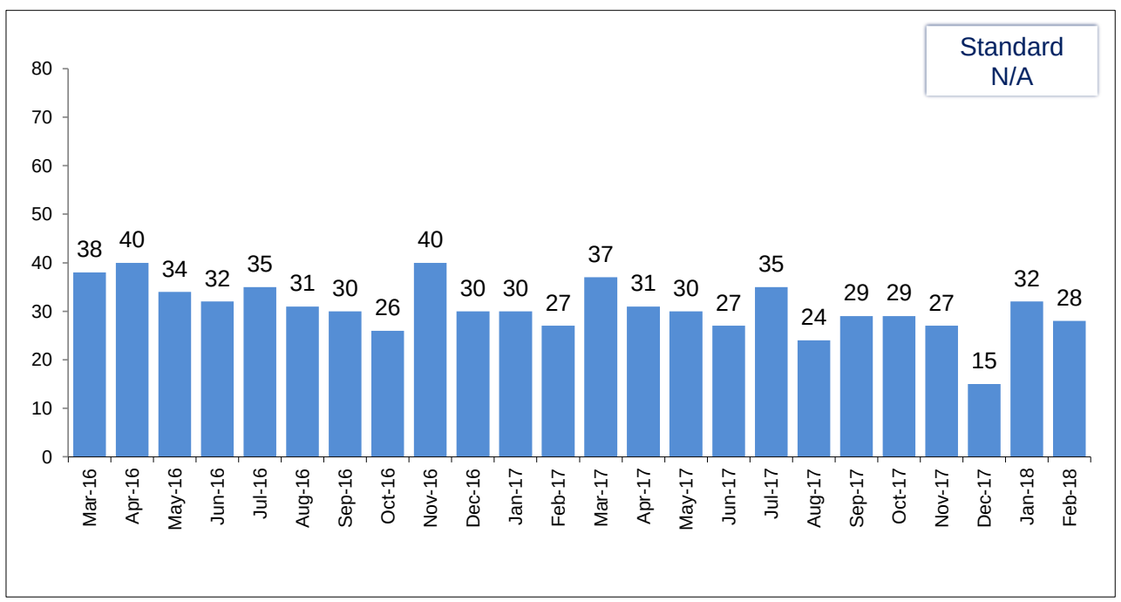
One complaint was referred to the Ombudsman in February 2018.

29502 - The daughter of a deceased patient raised her concerns about the medical and nursing care given. The Ombudsman is currently investigating this complaint.

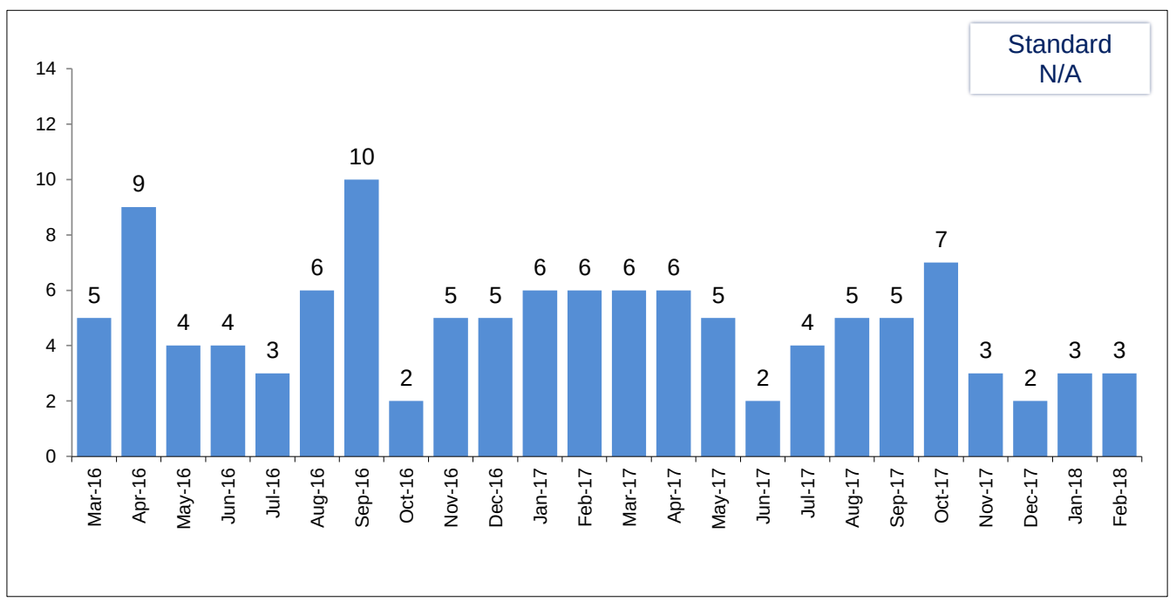
Caring

February 2018

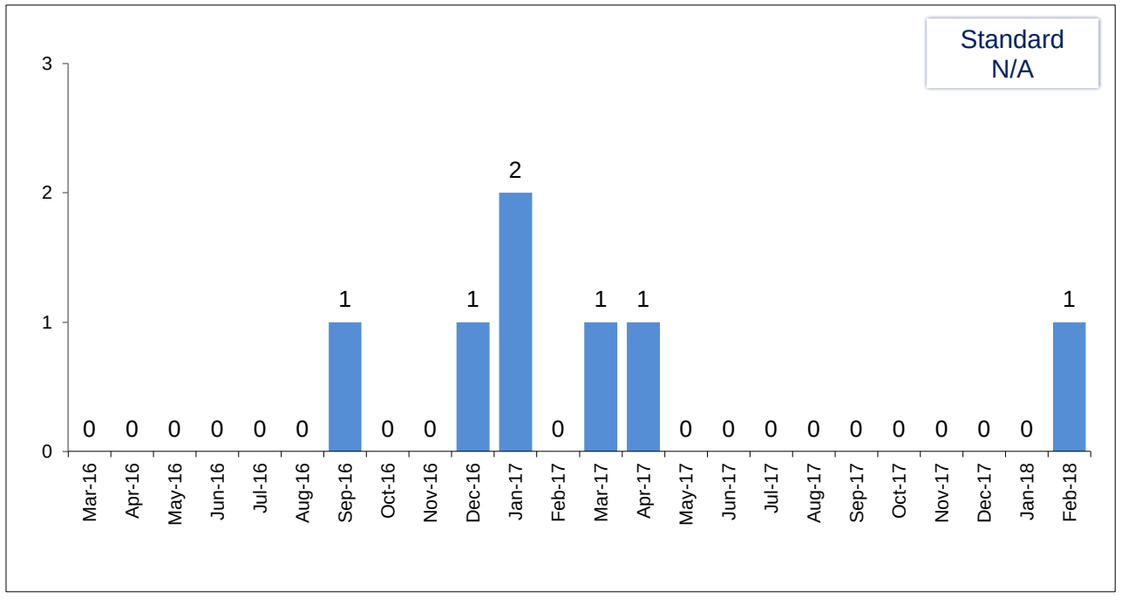
k3.01 | Number of Complaints received



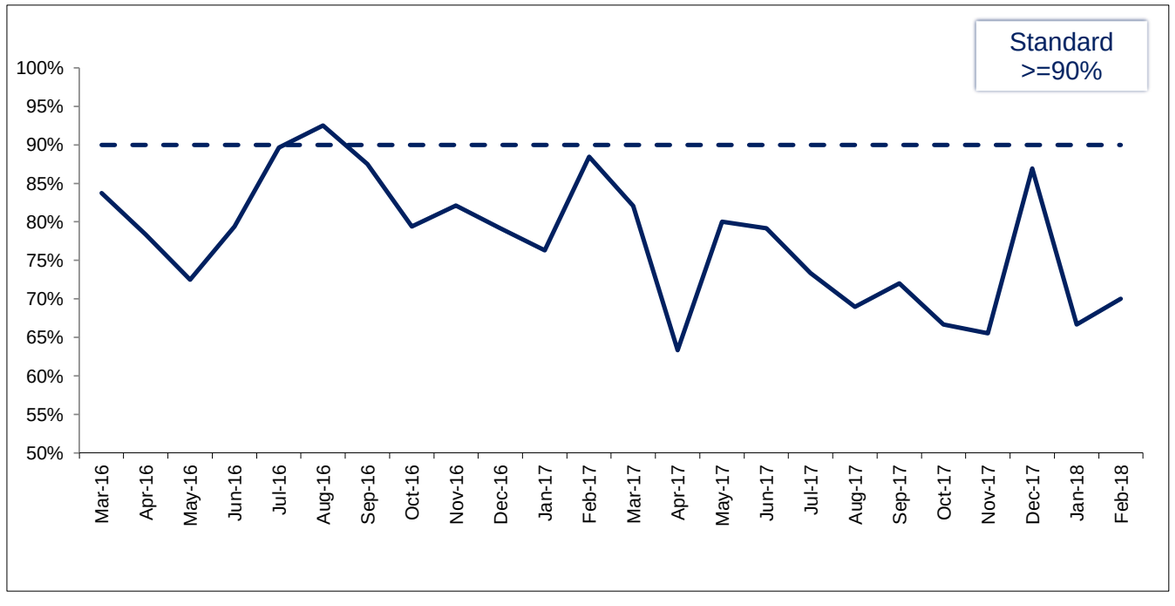
k3.02 | Number of Complaints reopened



k3.03 | Number of Complaints referred to ombudsman



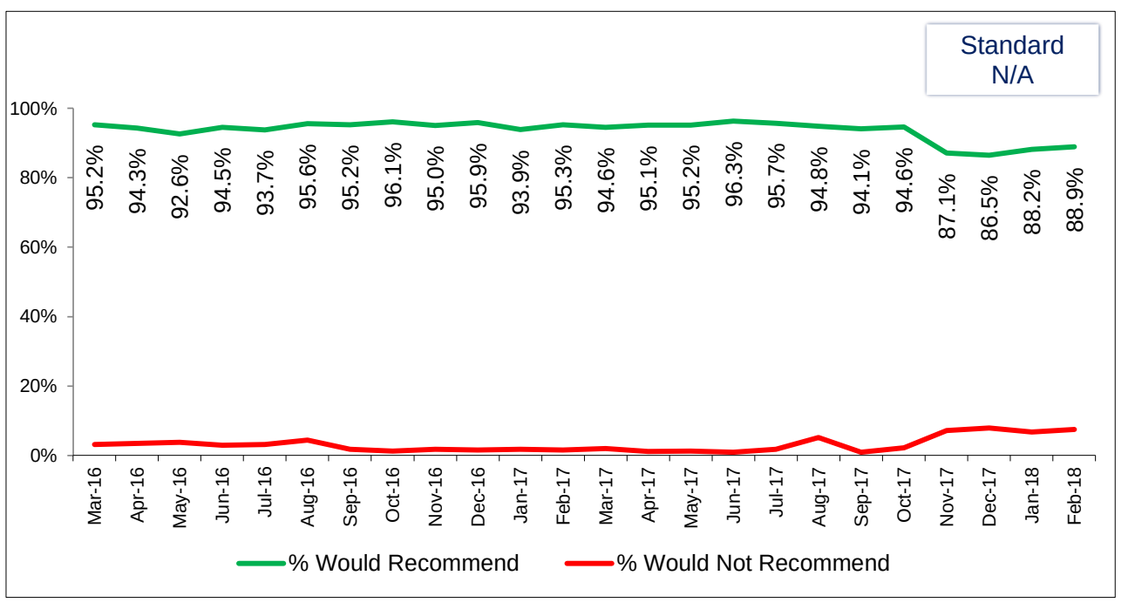
k3.14 | % Complaints responded to within 25 working days or date as agreed with complainant



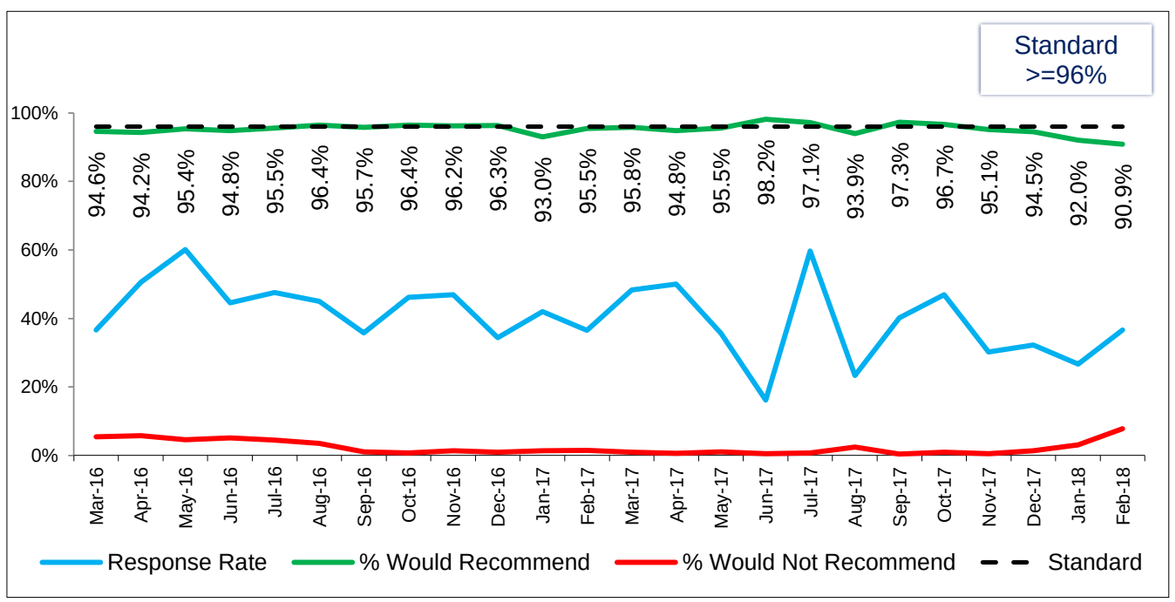
Caring

February 2018

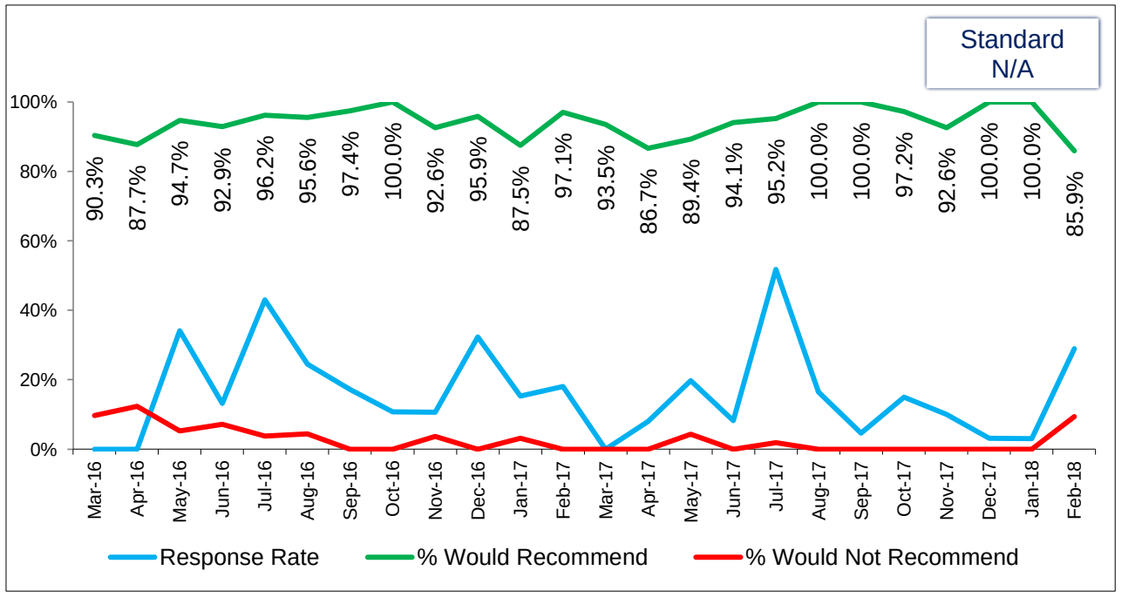
k3.05 | Friends and Family Score - Trust



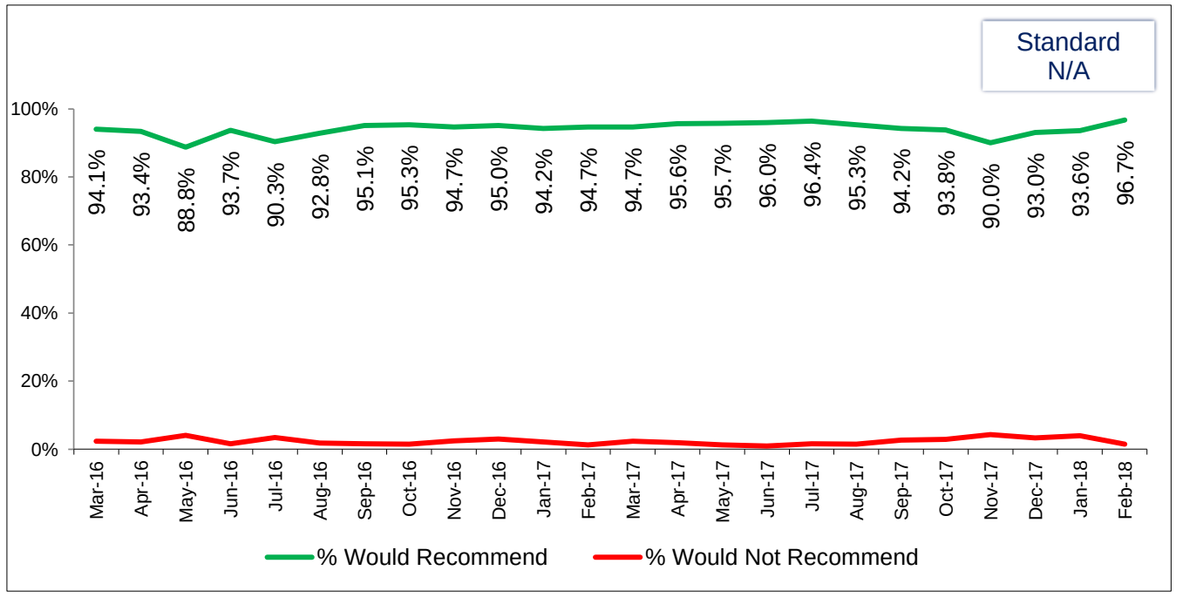
k3.06 | Friends and Family Score - Inpatients (excluding daycases)



k3.07 | Friends and Family Score - Paediatric Inpatient



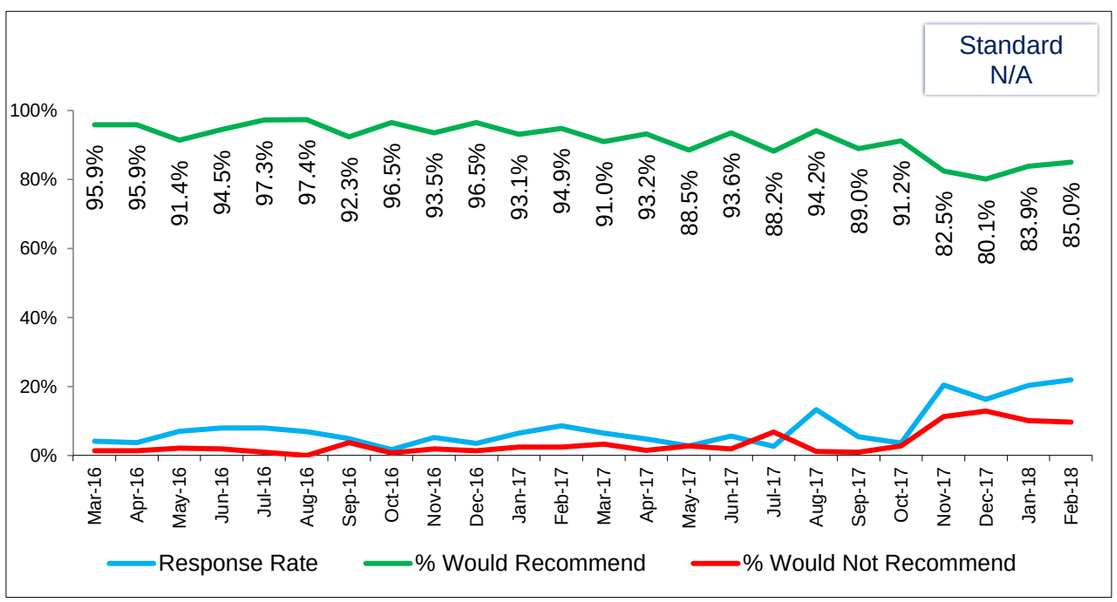
k3.08 | Friends and Family Score - Outpatient



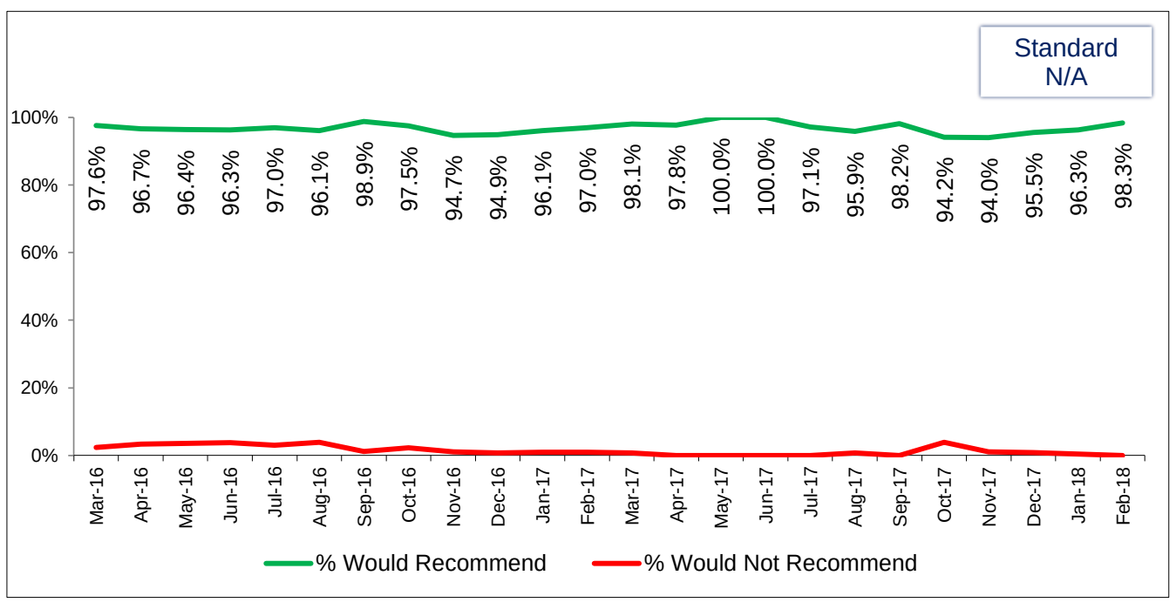
Caring

February 2018

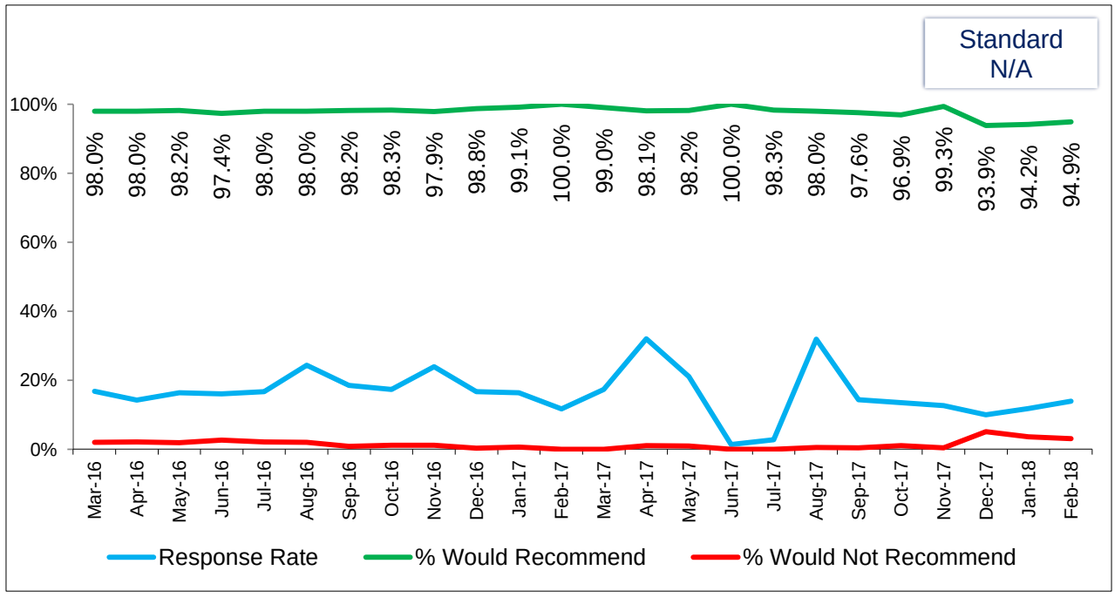
k3.09 | Friends and Family Score - A&E



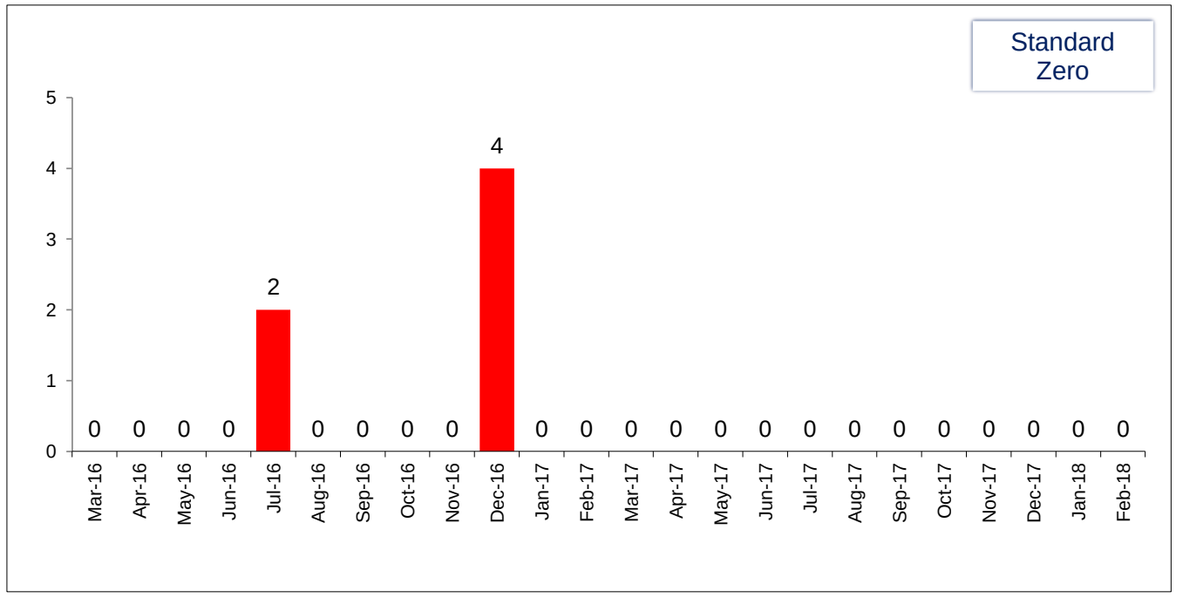
k3.10 | Friends and Family Score - Maternity



k3.11 | Friends and Family Score - Daycases



k3.13 | Number of Mixed Sex Accommodation Breaches



Author: Jo Hunter, Associate Director - Planned Services

Cancer

All cancer targets were met in January with the exception of the 2-week wait breast symptomatic which was 90.8% against the 93% target.

Our 62-day target performance was lower than we have been used to at 91%, but was an improvement from December.

There were no 100-day breaches, which is an excellent achievement given the pressure on the inpatient beds during January.
The February position has not yet to finalised, but it is hoped that all targets will be met.

It should be noted that from April 1st the 38 day target will be live. This target determines the point at which patients have to be transferred to other trusts (if that is their agreed pathway). This is likely to have a negative impact on the 62 day treatment performance at Kingston as we will have a reduced number of total treatments (impacting on the denominator) and and increase in full breaches (rather than shared).

RTT

18 Week RTT Incomplete Pathway – position for February was 94.35% against the 92% target.

REU were compliant for a second month in a row since August 2017 at 92.02%. This gives real confidence that the changes made in the department are being sustained and making a real difference.

Capacity is being better managed and fully utilised. The DNA rate is one of the lowest in the trust.

ENT continue to have a number of breaches due to the transfer of work from St George's Hospital.

Gynae performance was 89.18%. There were two 52 week waiters reported all within the uro-gynae sub-specialty. The team continue to work hard to date the uro-gynae patients for surgery and bring down the long waits.

Emergency Department (ED)

Author: Tracey Moore, Associate Director Emergency Services & Deputy Chief Operating Officer

In February performance against the emergency standard was 84.77%. This was lower than February 2017 although it is important to note that activity in February 2018 was 5.6% higher than it had been in February 2017. Ambulance breaches remained constant at 36 over 30 minute breaches and 3 over 60 minute breaches.

An internal critical incident was declared on 20th February in response to the high number of attendances in ED overnight and the lack of bed capacity. Silver command was established and was effective in maintaining effective communication internally and externally and in managing flow across the organisation. The ED service line team is currently reviewing its rota in light of the increase in activity during the evening/night and assessing whether it is feasible to shift resource in response. Further work is also being undertaken to clarify the roles and responsibilities of the medical and nursing shift leads and the ED coordinator to avoid duplicated effort.

The additional capacity in ED – opened in January – proved invaluable to manage peaks in activity in ED, particularly during the evenings. The DTOC position was 4.49% - representing a loss of 17.9 bed days in the month. This was an increase on the previous month which saw the lowest DTOC rate since March 2016 at 3%. Waits for community rehabilitation beds remained a significant contributor to the delays. Health delays were evenly distributed across the3 broughs of Richmond, Kingston and Surrey Downs.

The work of the emergency care programme board continued with progress against the following

• Preparation for the multiagency discharge event which saw all partners coming together in silver command and a joint assessment and discharge team to expedite discharge delays and to identify gaps in service provision.

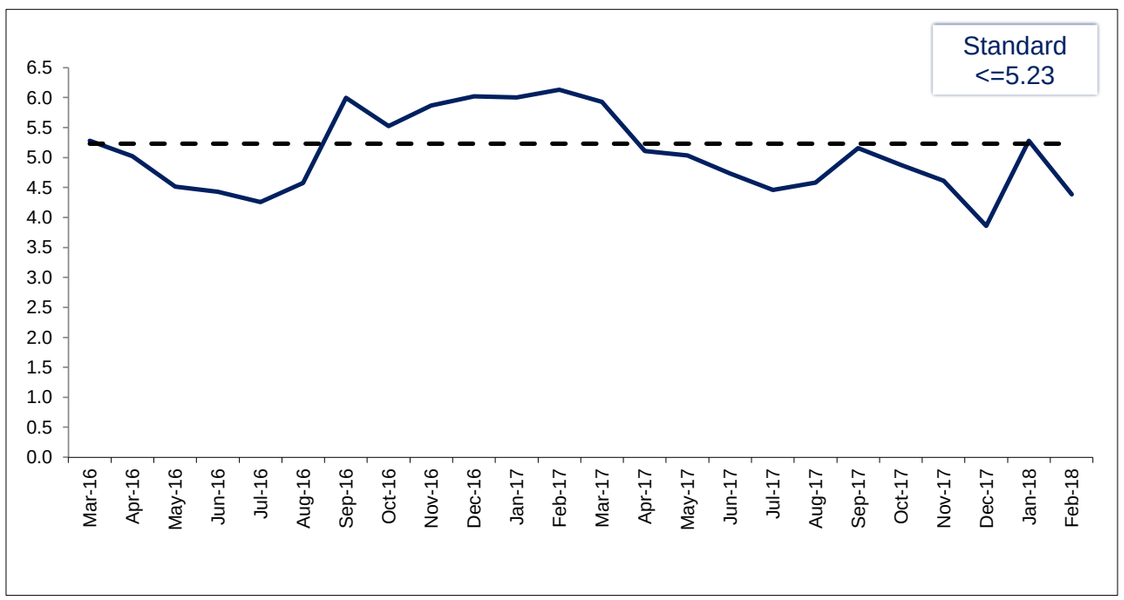
• Pilot on Hamble Ward in the early identification and transfer of suitable patients from AAU-led by the consultant respiratory physicians.

• Management of 35% of emergency department activity through the UTC, during the hours of operation.

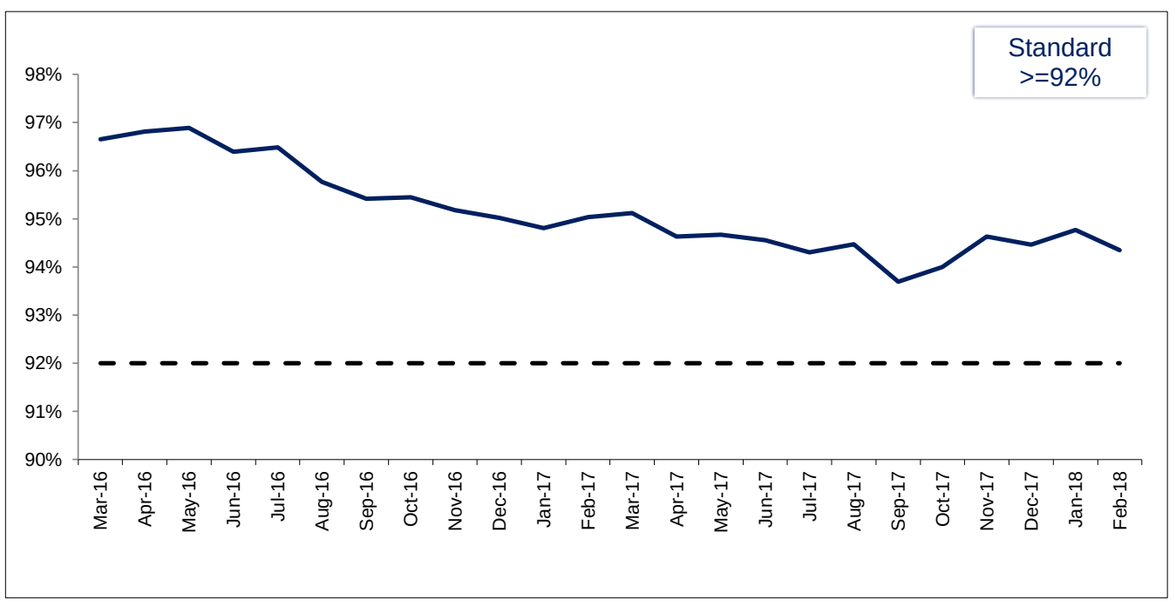
Responsive

February 2018

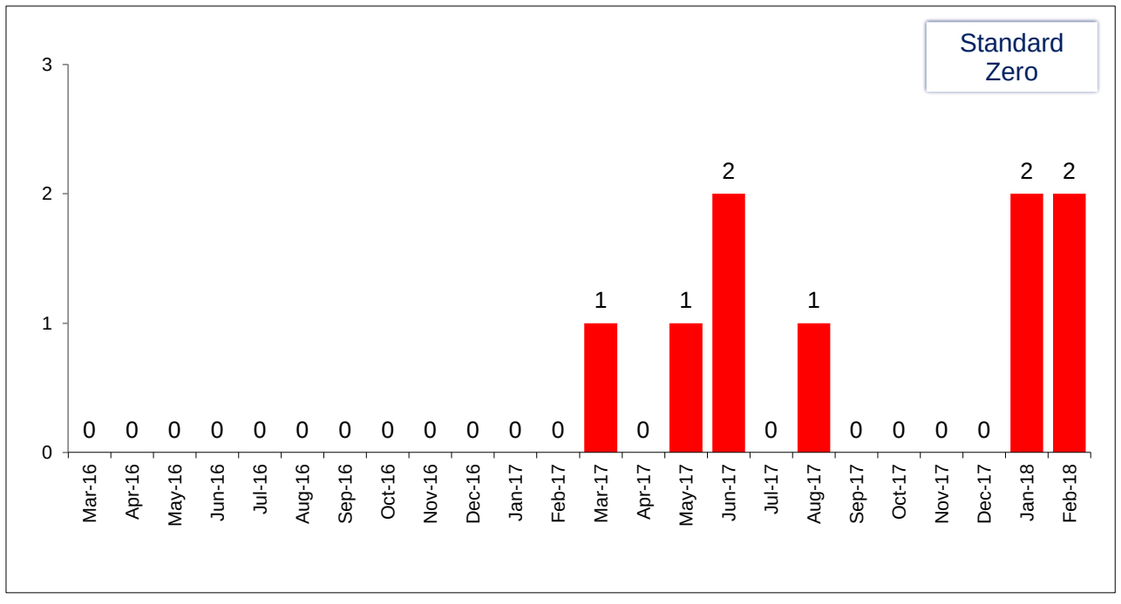
k6.01 | Average length of stay - Emergency Admissions



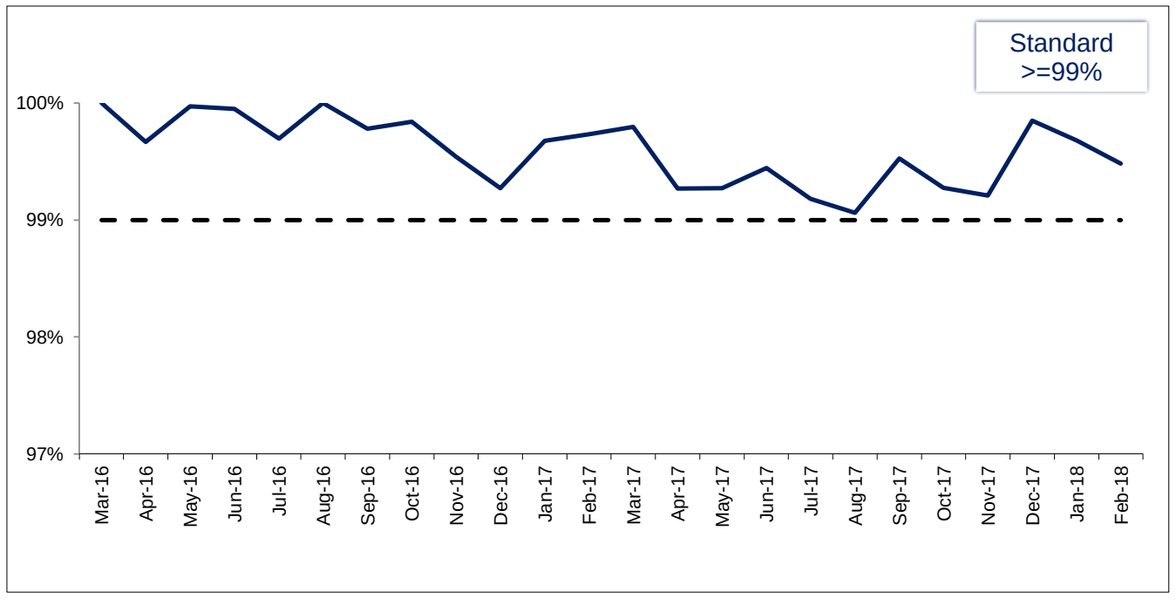
k6.02 | 18 weeks Referral to Treatment - Incomplete pathways



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



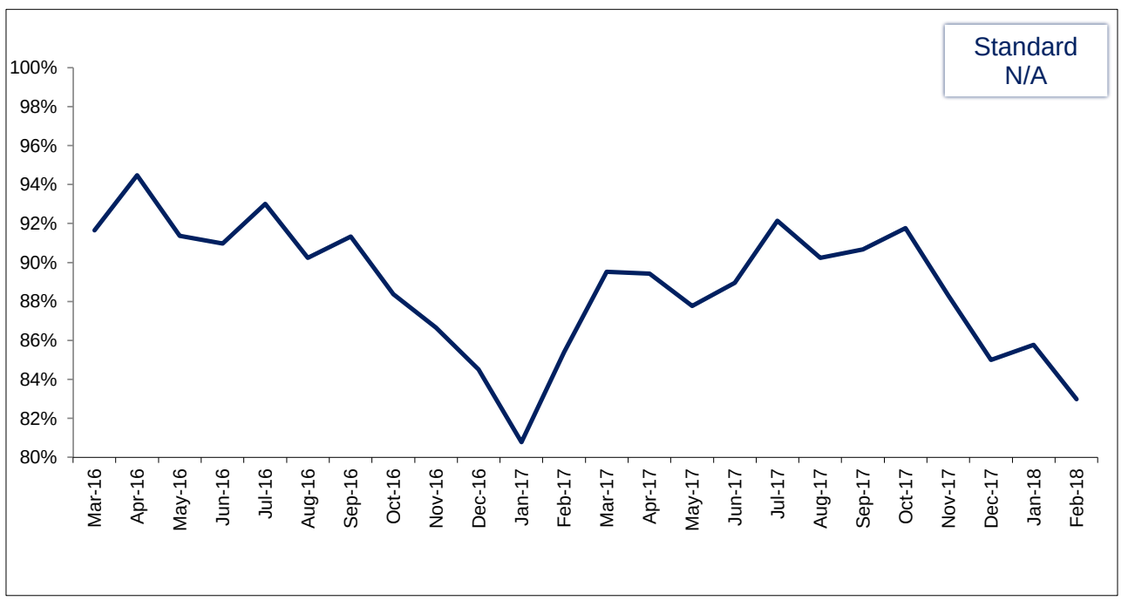
k6.04 | Diagnostic test - % waiting 6 weeks or less



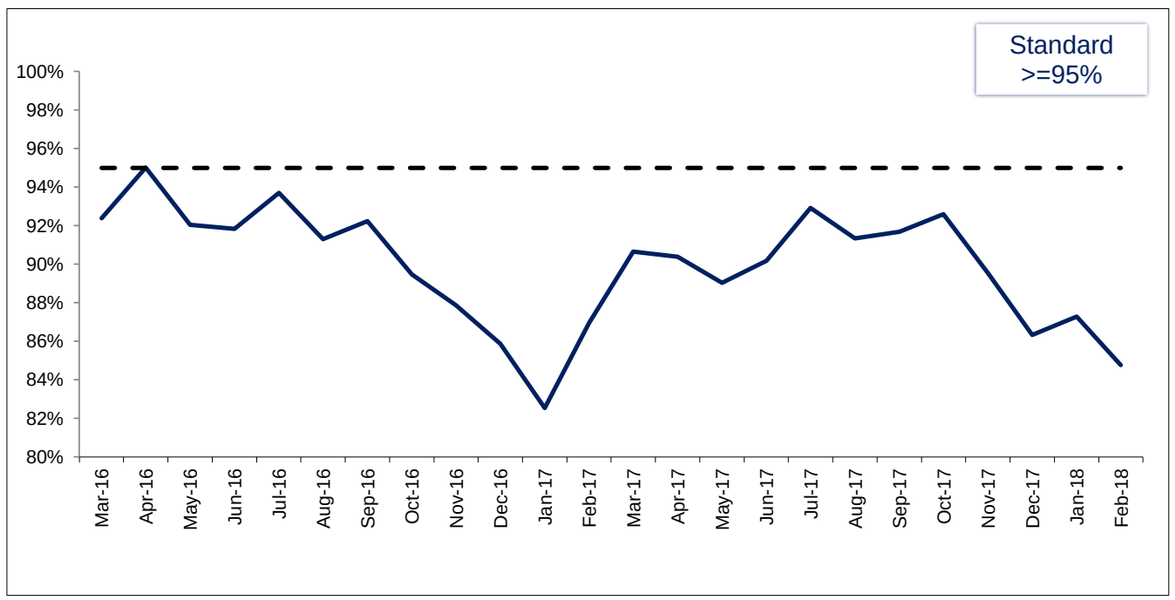
Responsive

February 2018

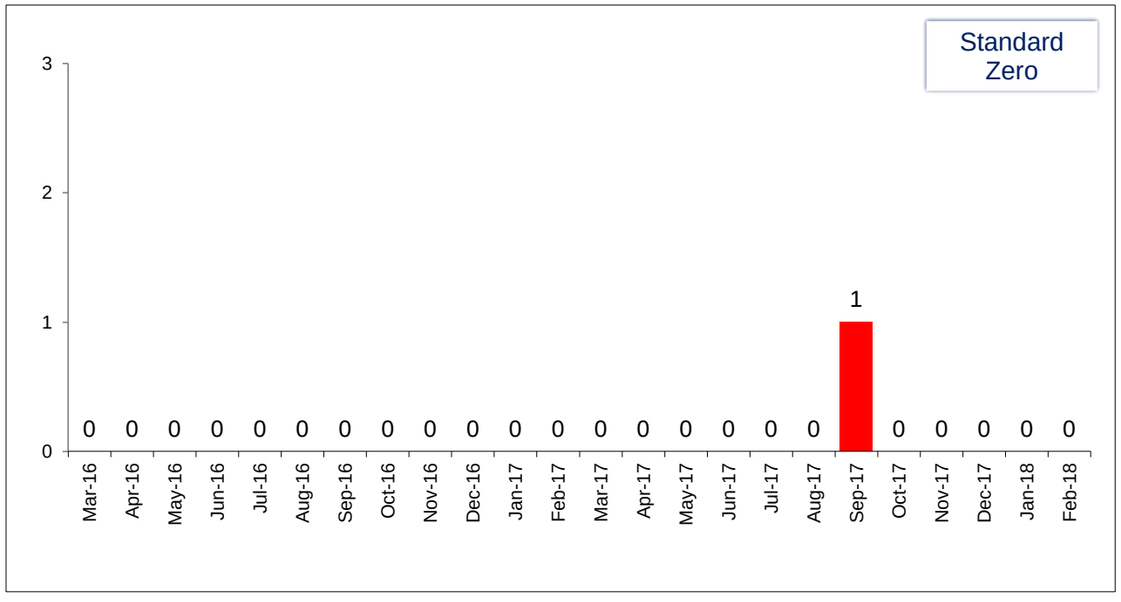
k6.05 | A&E 4 hour waiting time (type 1)



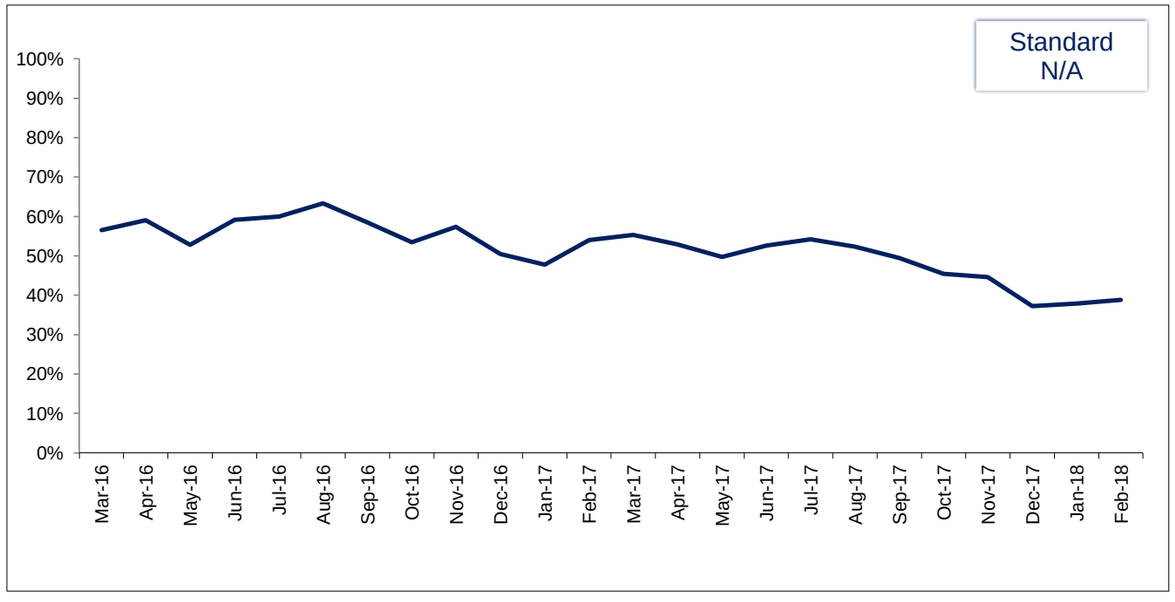
k6.06 | A&E 4 hour waiting time (all types)



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



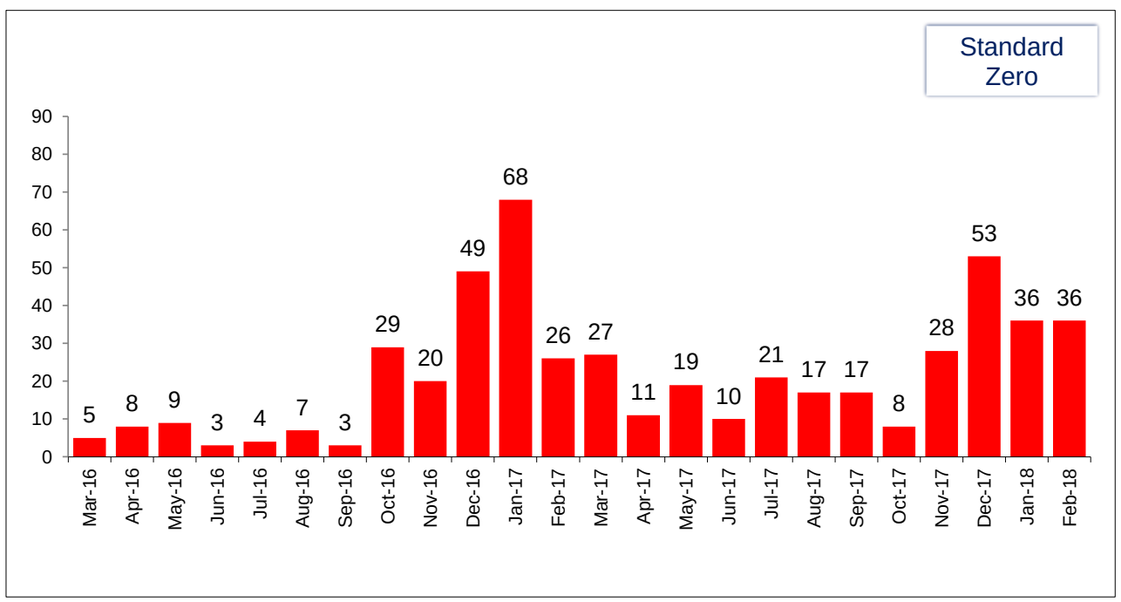
k6.08 | LAS Ambulance Handovers - % within 15 minutes



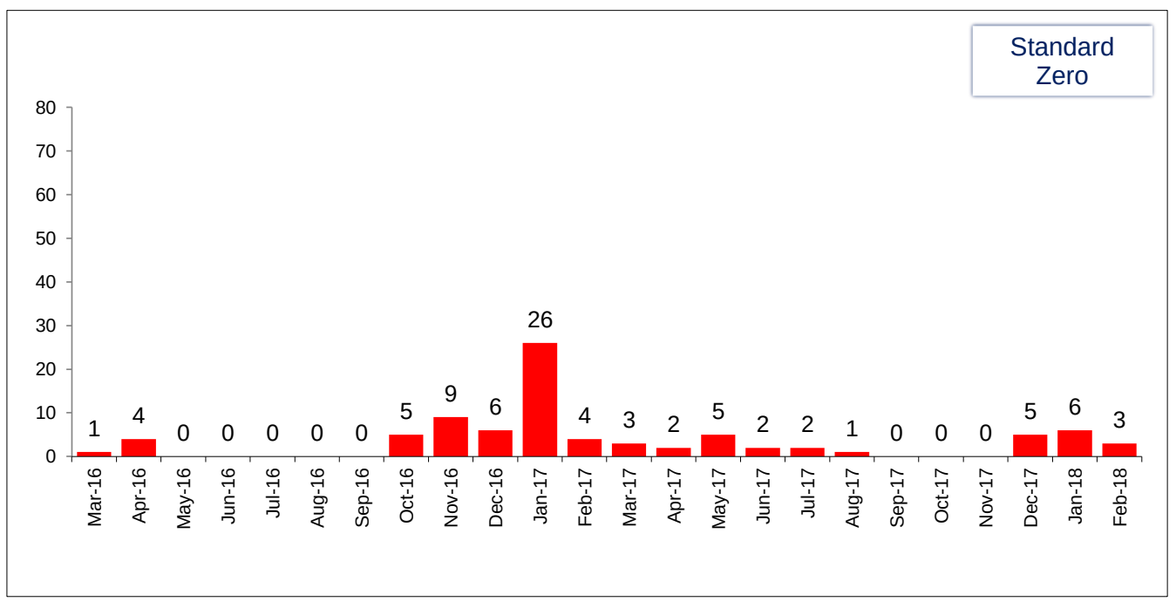
Responsive

February 2018

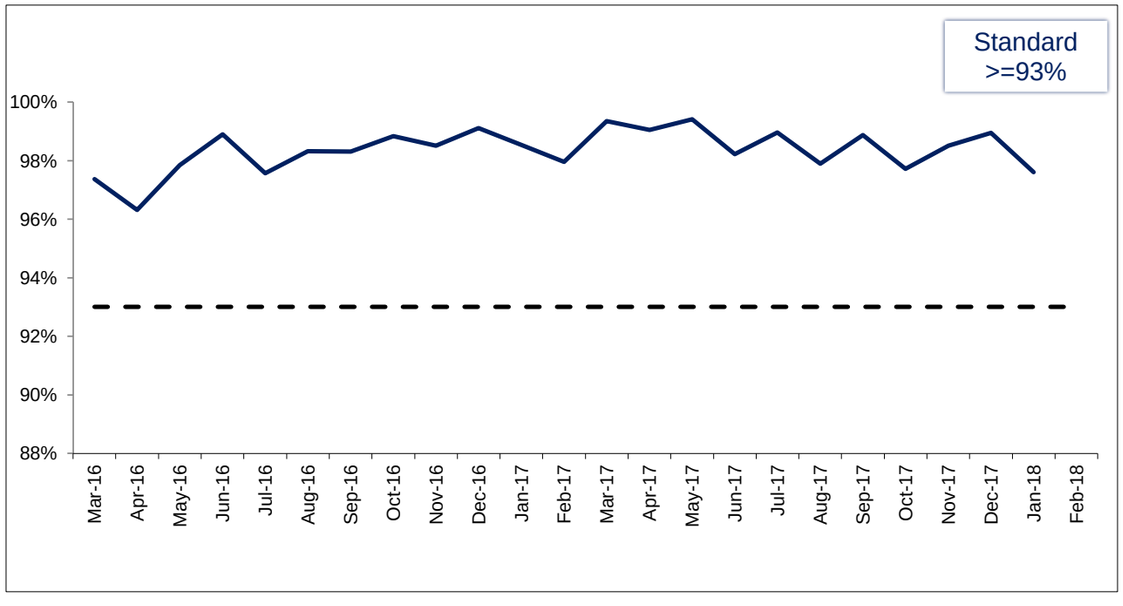
k6.09 | LAS Ambulance Handovers - 30 min waits



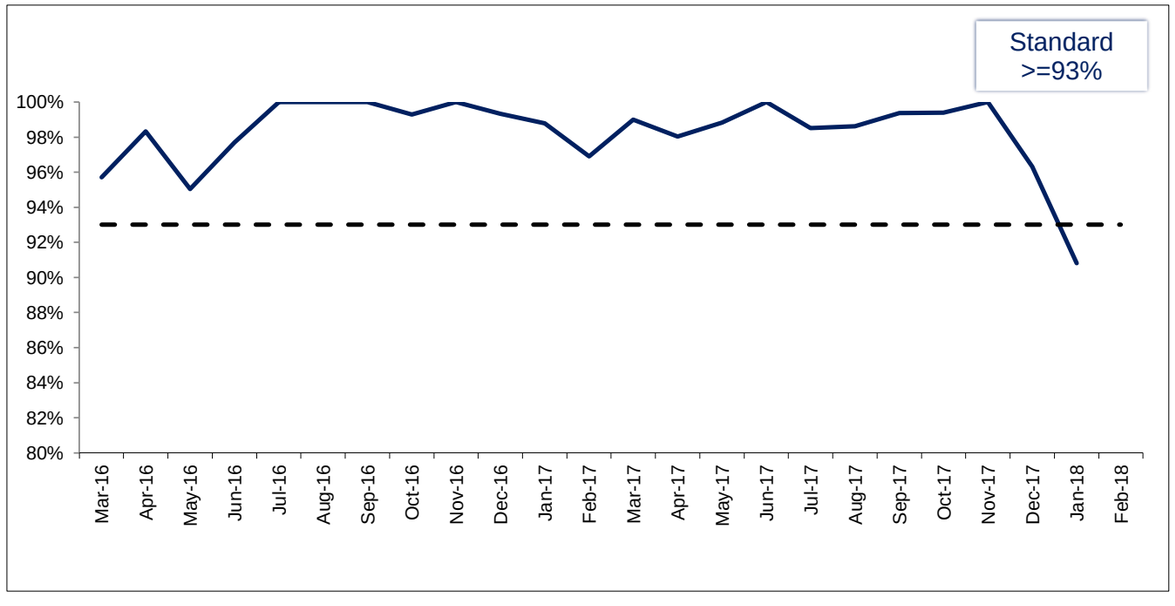
k6.10 | LAS Ambulance Handovers - 60 min waits



k6.11 | Cancer - Two week wait



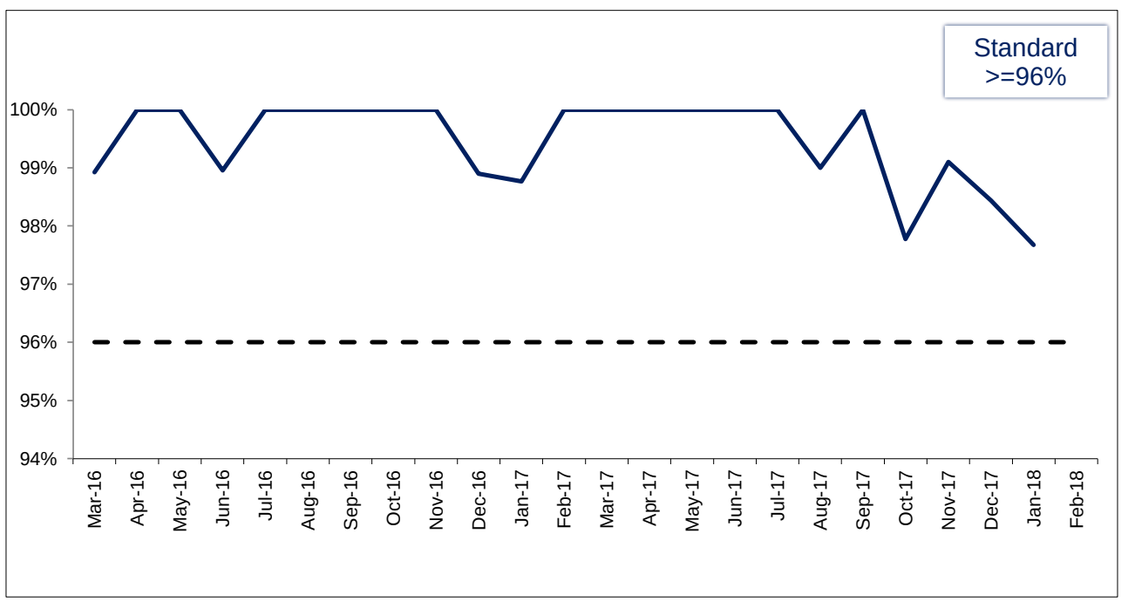
k6.12 | Cancer - Two week referral to 1st outpatient - breast symptoms



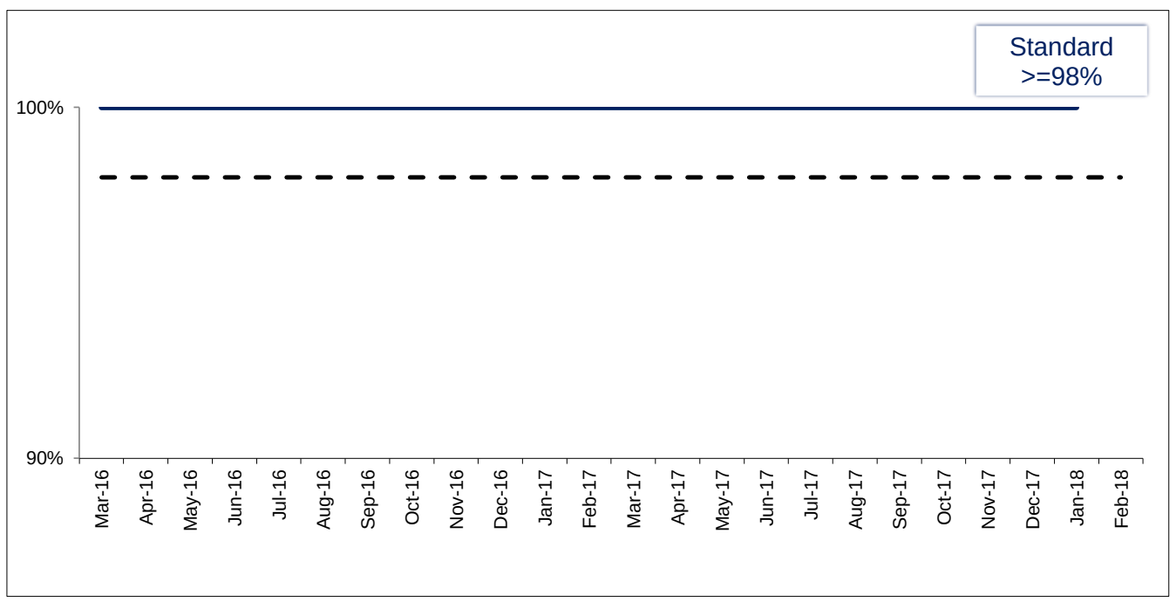
Responsive

February 2018

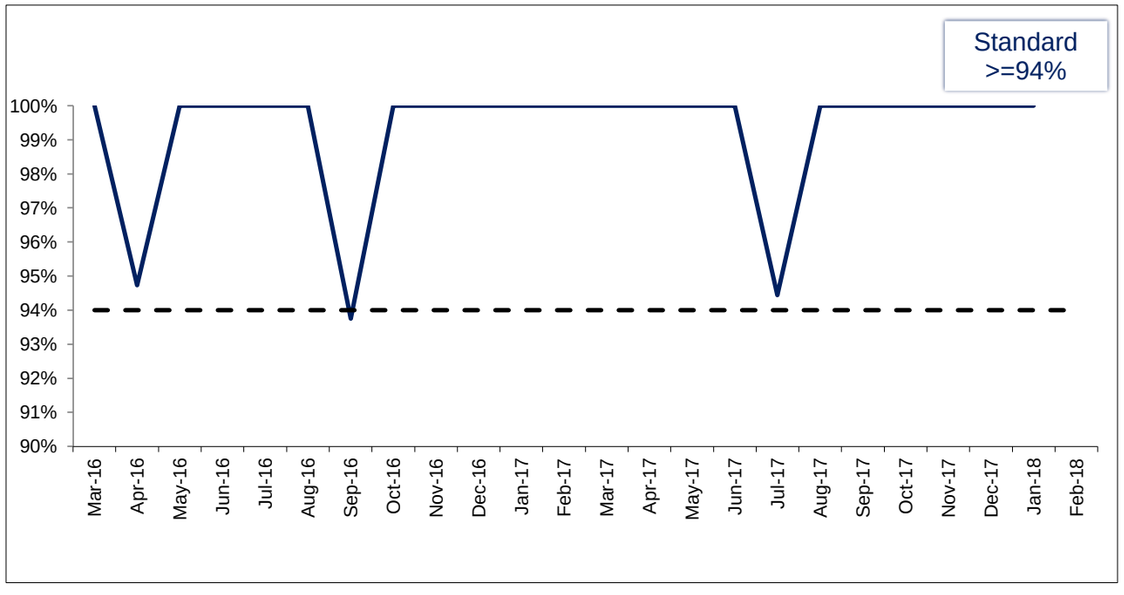
k6.13 | Cancer - Patients receiving first definitive treatment within one month (31 days) of a cancer diagnosis



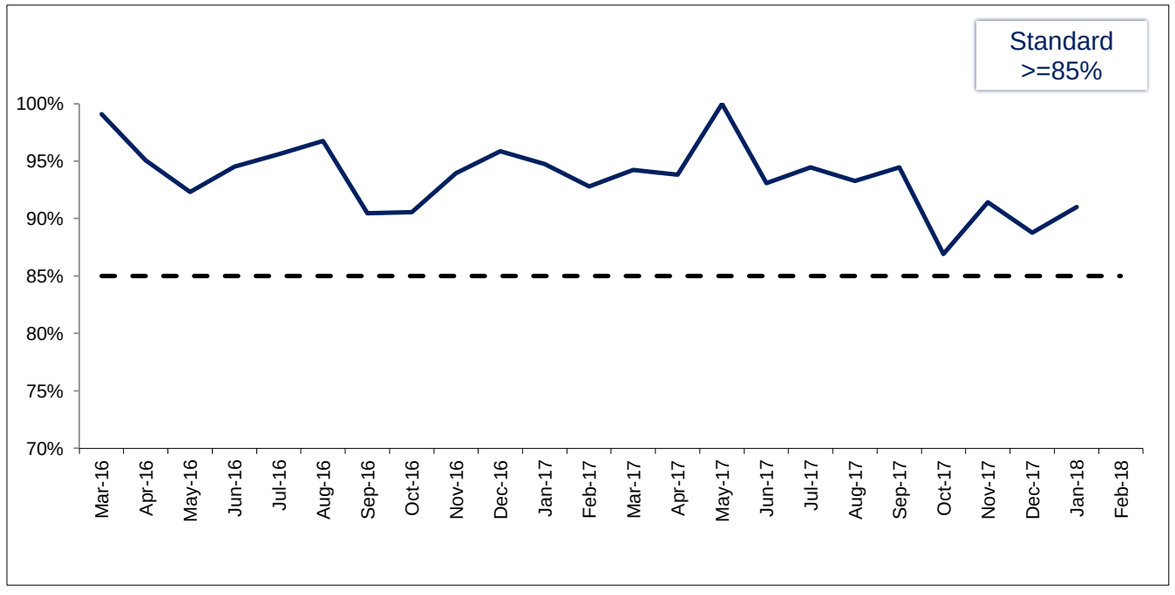
k6.14 | Cancer - 31 day second or subsequent treatment - drug



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



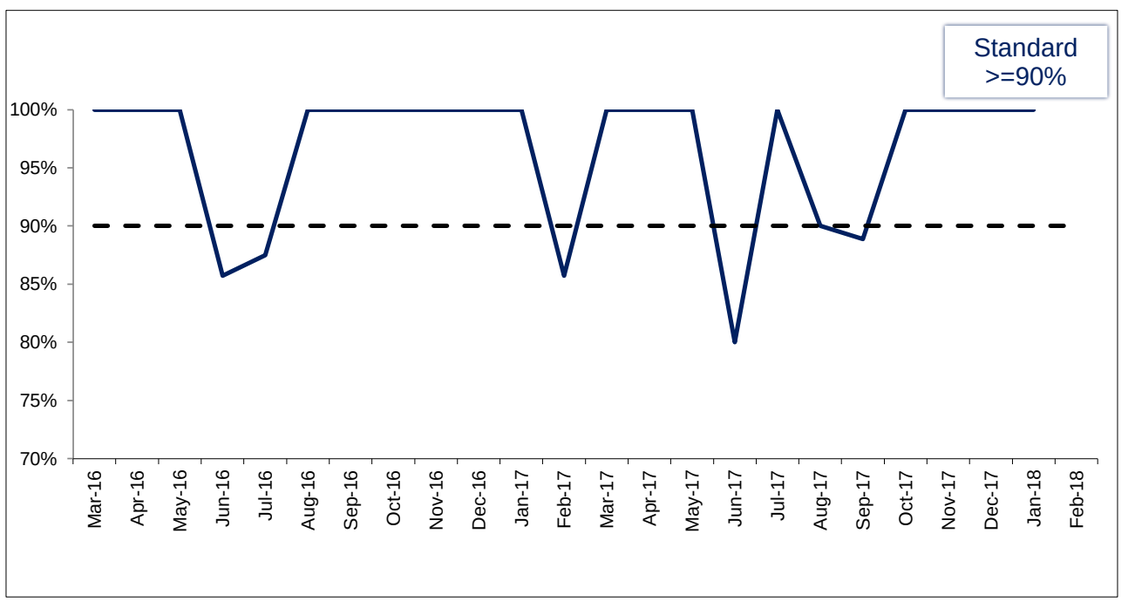
k6.16 | Cancer - Two month urgent referral to treatment wait



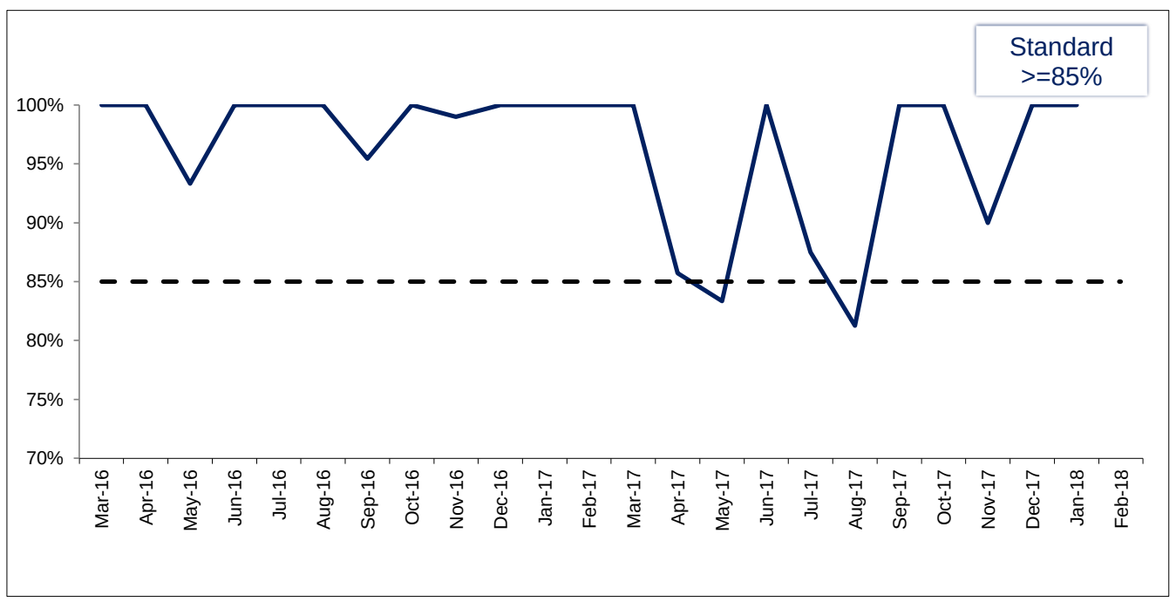
Responsive

February 2018

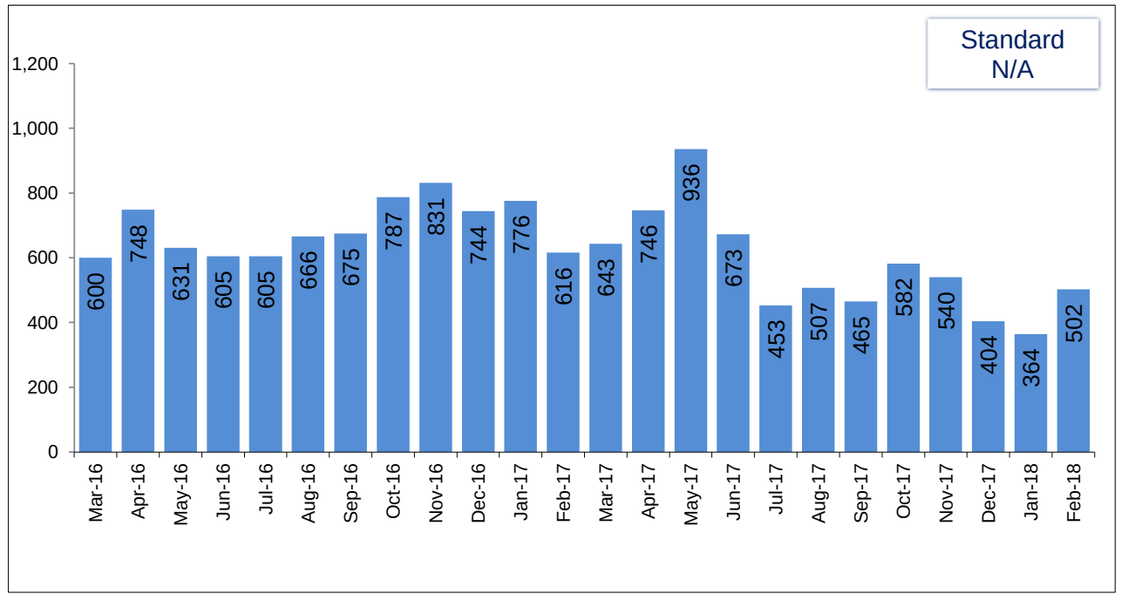
k6.17 | Cancer - 62 day wait for first treatment following referral from a NHS Cancer Screening Service



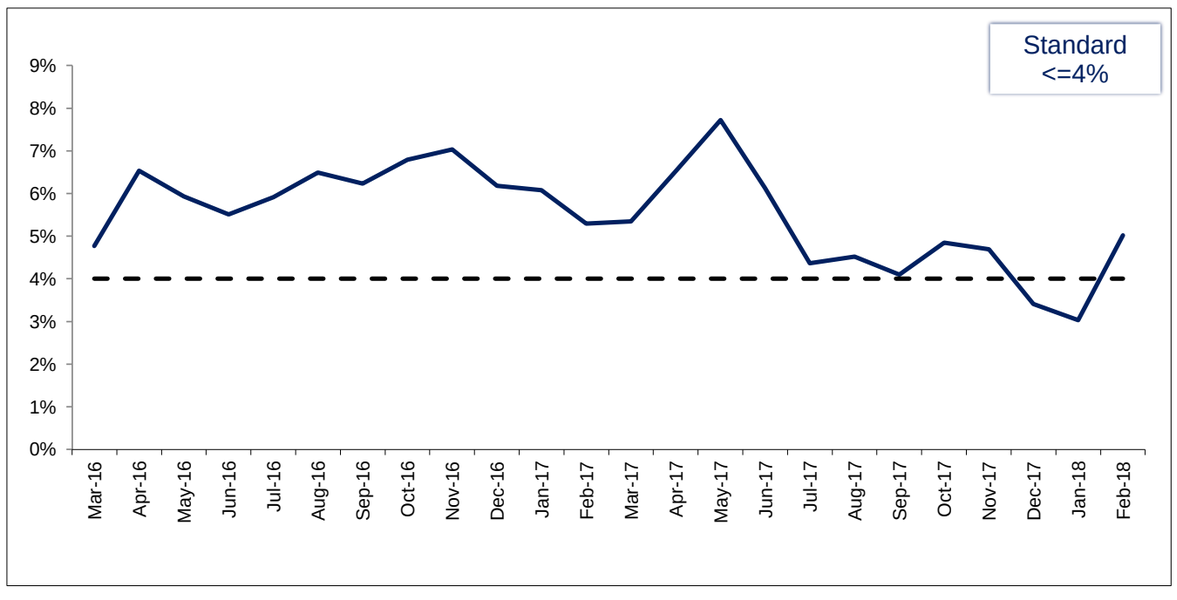
k6.18 | Cancer - 62 day wait for first treatment following consultant upgrade



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



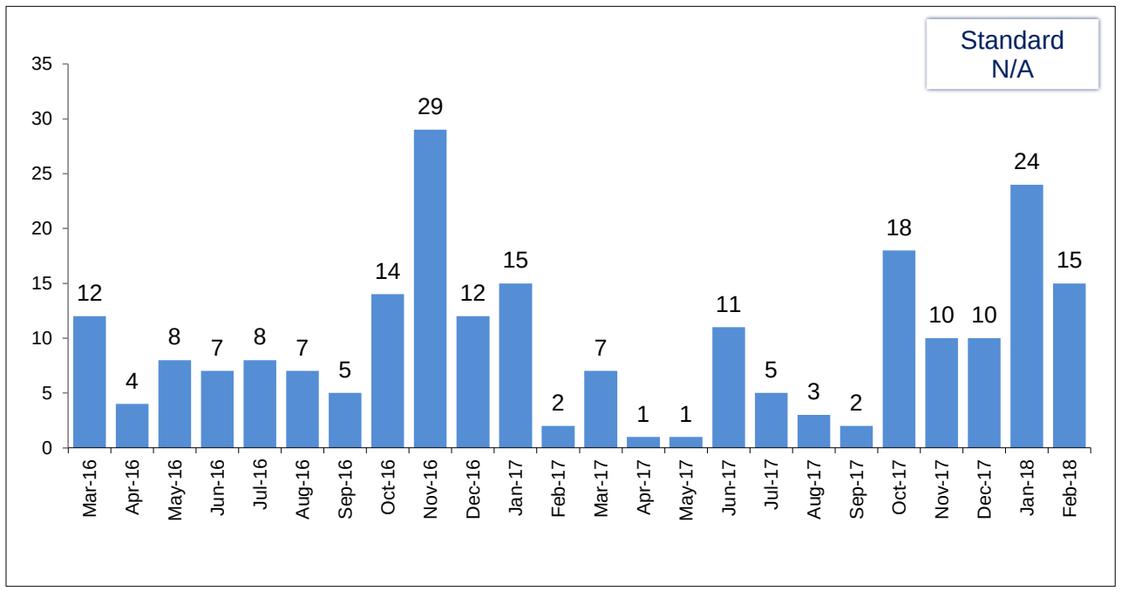
k6.21 | Delayed transfers of care - Rate per occupied bed day



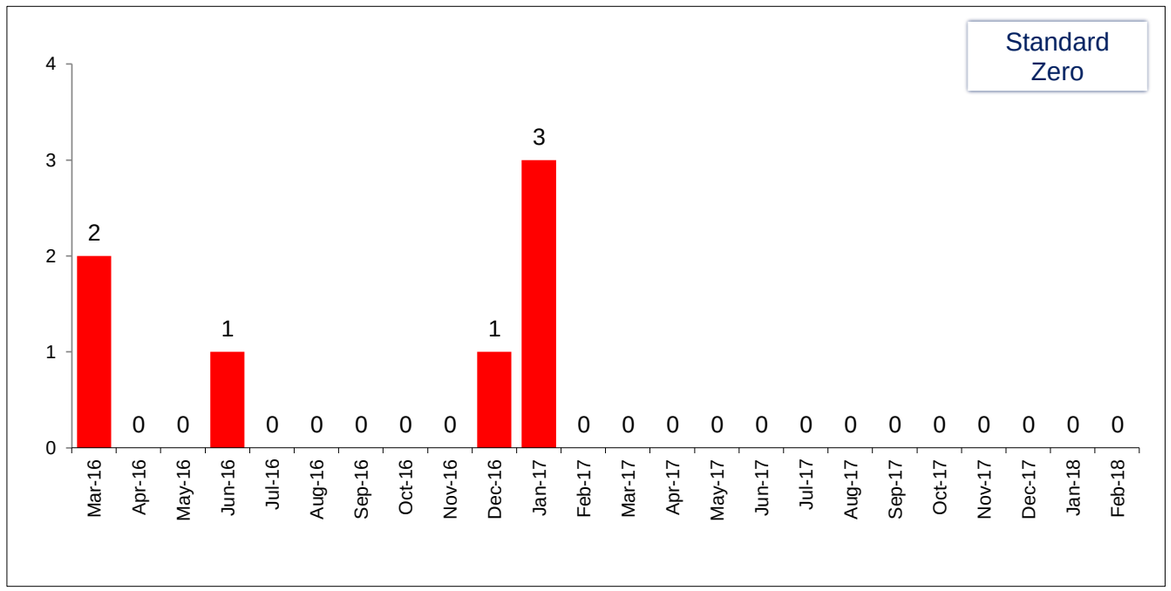
Responsive

February 2018

k6.22 | Number of cancelled operations



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



Well-led

February 2018

Author: Carolyn Floyd, Workforce Information & Planning Manager

Vacancy (k7.01)

The vacancy rate has reduced to 8.32% this month, This is due to a large intake of new joiners (43) and a lower rate of leavers (22) .The highest vacant WTE remains in the Qualified Nursing staff group (94wte) and Admin & Estates (68wte). The Service Line with highest number of vacancies are; Elderly Care (37wte), Anaesthetics, Theatres & DSU (27wte) and A&E (23wte).

The average vacancy rates for our comparator's is 12.34% (Dec-17), which we fall 3.53% below. We are the only Trust that reports below 9%.

Turnover (k7.02)

The Turnover rate has also reduced again this month (15.96%) and is amber rated for the first time this financial year. It is also the lowest rate for the past three years. The past five months has seen the number of leavers reduced and so this should continue to improve the overall turnover figure.

High turnover remains within the Accident & Emergency and Ophthalmology Service Lines and within the Unqualified Nursing staff group. The HR Business Partners are working with Service Lines in 4 deep dive areas to better understand their retention issues and improve the high turnover rates.

The average turnover rate for our comparator's is 14.46% (Dec-17) which we currently sit some way above with only two other Trust record a higher percentage.

Sickness (k7.03)

The Sickness rate has reduced this month to 2.43% with both long & short term sickness decreasing. The Unqualified Nursing staff group remains the group with the highest percentage lost to sickness (4.48%). Service Lines with a high WTE lost to sickness are: Elderly Care (296.51), Maternity (280.45) and Anaesthetics, Theatres & DSU (257.62).

The average sickness rate for our local comparator's is 3.54% (Nov-17), which we fall below.

Mandatory Training (k7.04)

This month the compliance rates have increased to 77.65%. All face-to-face training has lower rates and this needs to be tackled to increase compliance. The new Induction programme was launched last month, and this will go someway to increasing rates too. Staff falling out of compliance need to be completing refresher training in a more timely manner to ensure they remain compliant. This three pronged approach should help increase our overall compliance. Only 6 Service Lines are green rated and 5 amber rated all others are red. Lowest compliance rates are in the Unplanned Care Division and in the Unqualified Nursing staff group.
The average Mandatory Training compliance for our comparator's is 84.86% (Dec-17) and the Trust record the lowest percentage.

Appraisals (k7.05)

Appraisals remains at an amber rating 88.40%, Still 2% off the target There are still 6 Service Lines who are still recording a red rating. Completing Objectives for all new starters within 4 months will also help keep compliance higher.
The average appraisal compliance for our comparators in 74.15% (Dec-17) which we fall above.

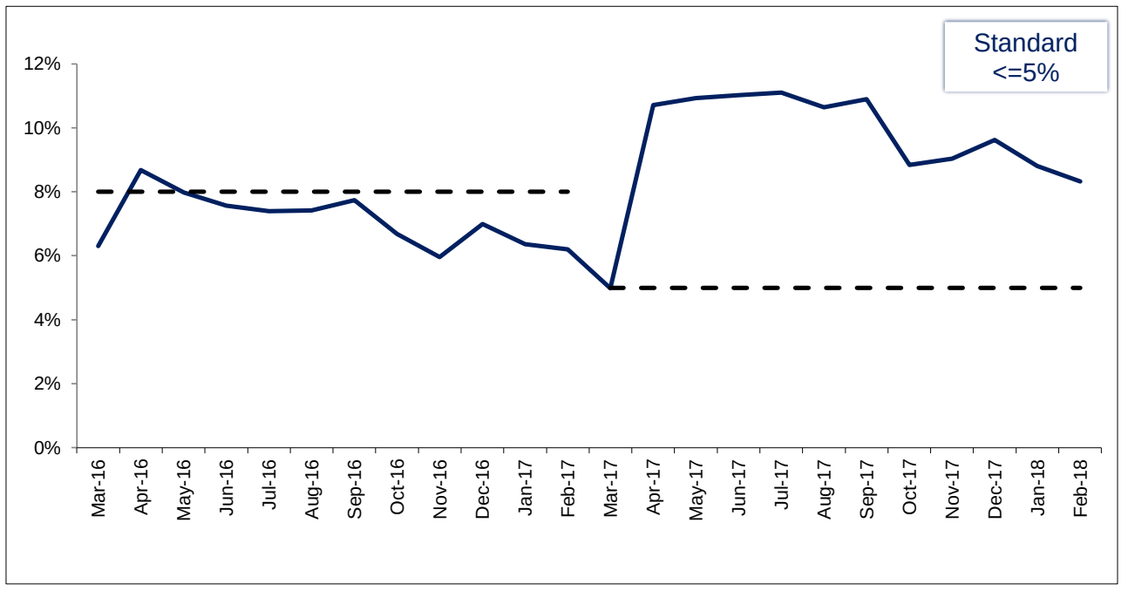
Comparators (14 Trusts):

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.

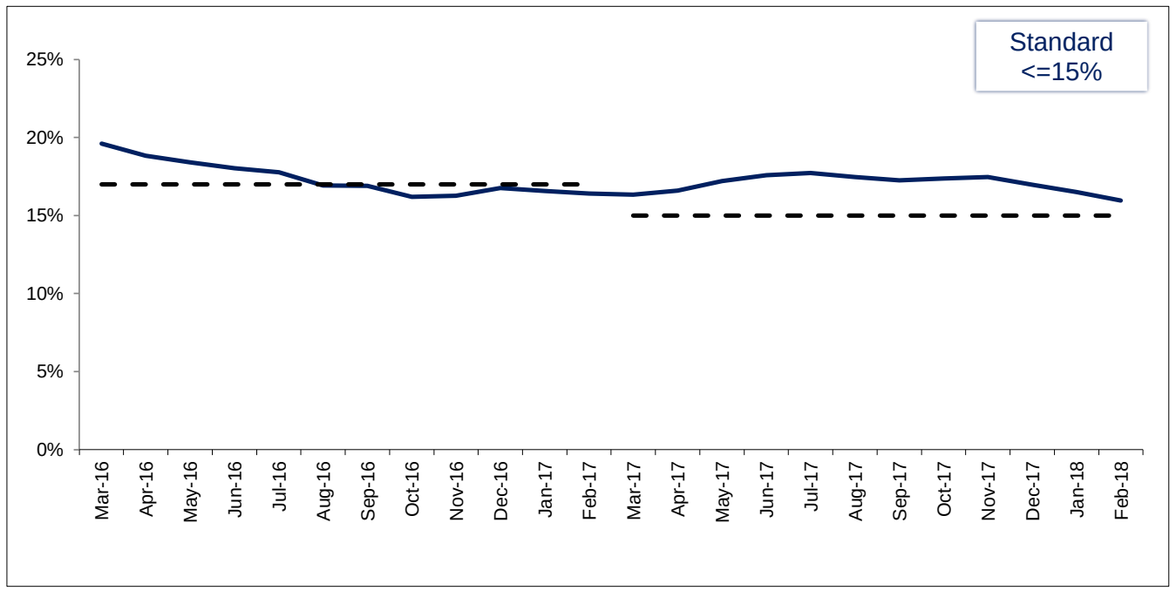
Well-led

February 2018

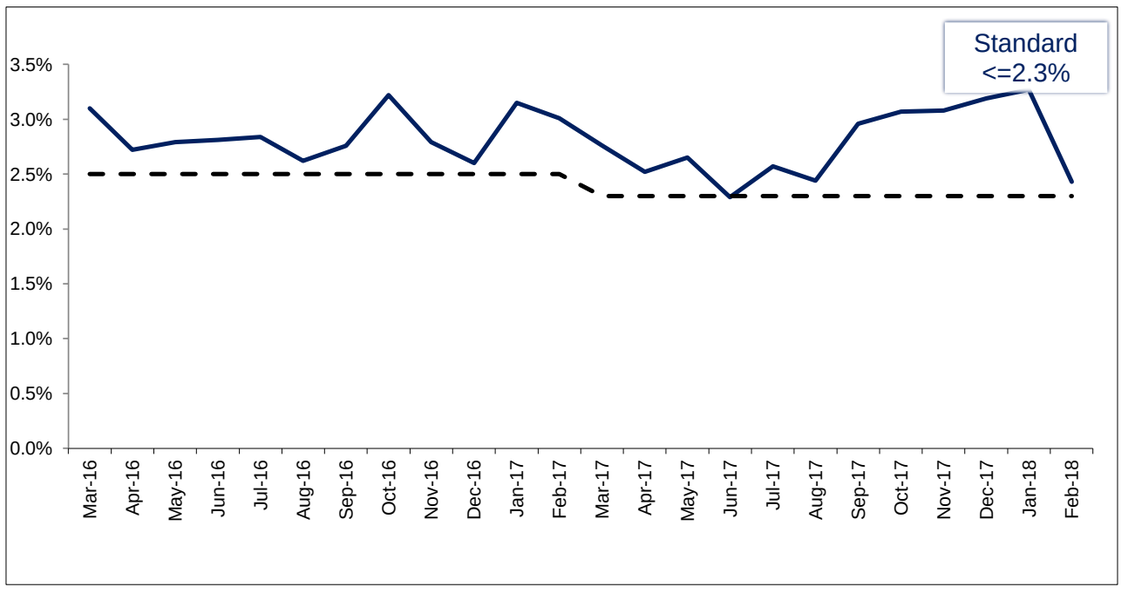
k7.01 | Vacancy rate



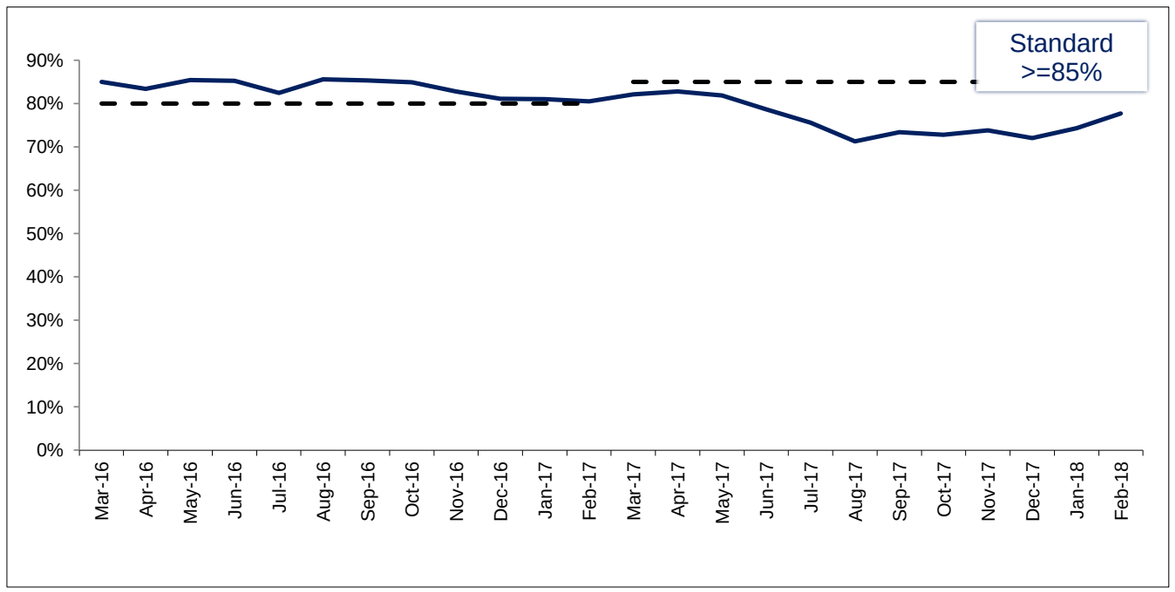
k7.02 | Turnover rate



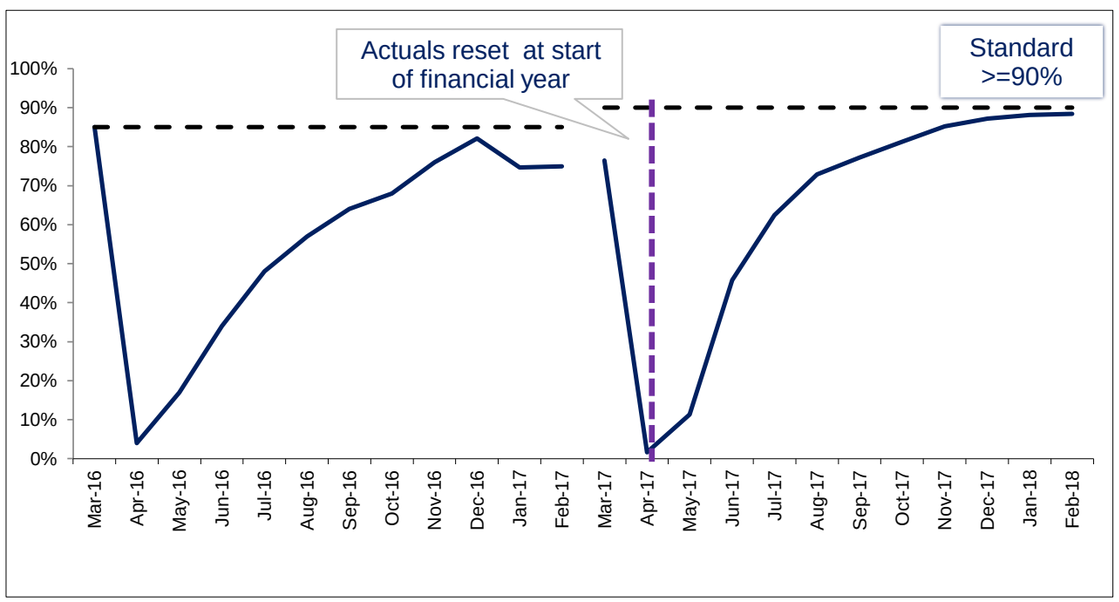
k7.03 | Sickness rate



k7.04 | Mandatory training



k7.05 | Appraisals / PDRs completed



Kingston Hospital NHS
NHS Foundation Trust

Domain Scorecard Summary

Rolling 12-Month Scorecard

KPI	Description	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Standard	Type	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	YTD	2016/17
Safe																													
k1.01	Pressure ulcers - Hospital acquired (Grade 3 and 4)													<=1 per month	Number	6	3	3	0	6	4	1	3	5	1	5	3	34	24
k1.011	Pressure ulcers - Hospital acquired (Grade 3 and 4) - Avoidable														Number	4	2	0	0		2	1	1	3	1	5	2	19	
k1.012	Pressure ulcers - Hospital acquired (Grade 3 and 4) - Unavoidable														Number	2	1	3	0	4	2	0	2	2	0	0	0	14	
k1.02	Patients with Hospital acquired pressure ulcers (Grade 3 and 4) per 1000 beddays													<=0.1 per month	Rate	0.50	0.26	0.25	0.00	0.58	0.36	0.09	0.25	0.43	0.08	0.42	0.30	0.27	0.18
k1.03	Pressure ulcers - Hospital acquired (Grade 2)													<=3 per month	Number	1	2	8	3	3	3	2	6	0	2	8	1	38	28
k1.031	Pressure ulcers - Hospital acquired (Grade 2) - Avoidable														Number	0	0	4	2	1	2	1	4	0	2	7	0	23	
k1.032	Pressure ulcers - Hospital acquired (Grade 2) - Unavoidable														Number	1	2	4	1	2	1	1	2	0	0	1	1	15	
k1.04	Patients with Hospital acquired pressure ulcers (Grade 2) per 1000 beddays													<=0.51 per month	Rate	0.08	0.17	0.66	0.27	0.29	0.27	0.18	0.50	0.00	0.17	0.67	0.10	0.30	0.21
k1.05	MRSA Bacteraemias (Hospital Assigned)													=0 per month	Number	0	2	0	0	0	0	0	1	0	0	1	0	4	3
k1.06	MSSA Bacteraemias (Hospital Apportioned)													<=1 per month	Number	2	1	0	0	0	1	1	1	1	4	0	2	11	5
k1.07	Clostridium difficile Infections (Hospital Apportioned)														Number	1	1	1	1	1	1	1	4	1	1	2	3	17	16
k1.08	Clostridium difficile Infections (Hospital Apportioned) due to Lapse in Care (confirmed cases)													<=9 per annum	Number	0	0	0	0	0	0	0	0	1	1	2	0	4	1
k1.09	Completed Patient Observations - All (same as Adult inpatients)													>=0.97 per month	%	95.79%	99.35%	97.72%	98.42%	95.18%	95.24%	97.79%	97.94%	97.10%	97.81%	96.50%	98.61%	97.39%	95.89%
k1.10	Completed Patient Observations - Paediatric													>=0.97 per month	%	100.00%	98.99%	99.12%	100.00%	100.00%	92.08%	96.55%	98.33%	100.00%	100.00%	100.00%	97.22%	98.41%	94.65%
k1.11	Harm Free Care (All) (PST) - KHT													-	%	94.38%	98.16%	98.52%	98.51%	99.30%	96.64%	98.42%	98.15%	97.66%	93.79%	90.88%	88.65%	96.07%	94.36%
k1.12	Patient Safety Incident (PSI) Falls													<=58 per month	Number	61	41	57	56	64	61	56	52	57	54	77	47	622	697
k1.13	Number of Patient Safety incident Falls per 1000 (G&A) bed days													<=5.3 per month	Rate	5.07	3.59	4.70	5.10	6.16	5.44	4.94	4.33	4.95	4.55	6.42	4.70	4.98	5.11
k1.14	Patient Safety Incident Falls where moderate or severe harm occurred													<=6 per month	Number	1	1	0	2	1	2	0	1	0	1	1	1	10	23
k1.15	Never Events													=0 per month	Number	0	0	0	0	0	0	0	0	0	0	0	0	0	3
k1.16	Medication Incidents													-	Number	46	30	51	75	73	61	55	53	52	54	54	55	613	654
k1.17	Medication Incidents where Moderate or Severe Harm occurred													<=0.04 per month	%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.15%
k1.18	Serious Untoward Incidents													-	Number	3	2	3	2	3	1	3	3	5	1	4	3	30	38
k1.19	Escherichia coli (E. coli) bacteraemia (all)													-	Number	12	14	14	13	13	22	10	14	8	9	9	10	136	168
k4.01	Safer Staffing - Day - Registered Midwives / Nurses fill rate													-	%	98.05%	98.60%	103.91%	95.52%	95.10%	93.07%	92.85%	90.25%	94.35%	90.94%	92.71%	91.39%	94.39%	98.95%
k4.02	Safer Staffing - Day - Assistant Fill Rate													-	%	121.82%	119.52%	130.76%	108.50%	101.08%	99.37%	111.46%	114.55%	114.50%	110.60%	110.96%	117.42%	112.33%	117.31%
k4.03	Safer Staffing - Night - Registered Midwives / Nurses fill rate													-	%	97.41%	97.52%	101.02%	100.73%	125.16%	94.73%	95.81%	91.74%	94.99%	93.27%	99.01%	99.27%	98.76%	99.98%
k4.04	Safer Staffing - Night - Assistant Fill Rate													-	%	127.62%	127.07%	134.22%	103.90%	127.61%	100.28%	111.89%	119.65%	125.98%	114.31%	118.02%	126.47%	118.42%	124.32%
k4.05	Safer Staffing - Overall trust fill rate													-	%	105.28%	105.15%	111.29%	100.55%	107.27%	95.70%	99.77%	99.04%	102.39%	98.28%	101.42%	103.01%	102.05%	105.30%
k4.06	Safer Staffing - % of Registered Nurse and Midwife expenditure on agency staff													-	%	6.38%	5.59%	7.50%	4.82%	1.54%	3.68%	3.46%	3.49%	6.34%	3.13%	4.65%	6.08%	4.61%	7.51%
k4.07	Safer Staffing - Care Hours per Patient Day													-	Rate	7.89	7.66	7.90	7.86	8.30	8.19	8.34	8.02	8.27	7.98	8.05	8.02	8.05	7.82
k5.01	Maternity - Caesarean section rate													<=0.26 per month	%	31.47%	26.97%	25.95%	27.00%	30.79%	32.49%	25.28%	28.57%	30.48%	27.78%	28.40%	27.79%	28.27%	29.98%
k5.02	Maternity - % of women with a primary postpartum haemorrhage of 1500ml or more													<0.031 per month	%	3.15%	2.47%	3.38%	4.22%	2.47%	2.53%	3.10%	2.90%	5.29%	3.14%	3.95%	3.47%	3.34%	3.59%

Kingston Hospital NHS Foundation Trust

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KPI	Description	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Standard	Type	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	YTD	2016/17
k5.03	Maternity - % of women with a primary postpartum haemorrhage of 2000ml or more													<=0.01 per month	%	1.80%	1.12%	1.05%	1.48%	0.90%	0.46%	1.33%	1.45%	3.02%	1.45%	2.47%	0.99%	1.41%	1.35%
k5.04	Maternity - Significant Perineal Trauma													-	%	1.79%	3.37%	1.69%	2.53%	1.57%	3.23%	2.66%	2.28%	2.27%	1.21%	0.99%	1.24%	2.11%	2.58%
Effective																													
k2.01	Standardised healthcare mortality index (SHMI) - most recent score													<=95	Index	87.630	87.630	87.630	85.840	85.840	85.840	84.197	84.197	83.182	83.182	83.182	83.182	83.182	90.921
k2.02	Unadjusted Mortality Rate													-	%	0.90%	0.93%	1.05%	1.07%	0.74%	0.96%	0.87%	1.00%	1.03%	1.28%	1.37%	1.16%	1.04%	1.01%
k2.03	Sepsis - % of eligible patients screened for sepsis - ED													>=90% per month	%	76.19%	68.00%	64.00%	54.00%	86.00%	88.00%	92.00%	76.00%	82.00%	86.00%			77.33%	72.60%
k2.04	Sepsis - % of eligible patients who received antibiotics within 1 hour of arrival - ED													>=90% per month	%	55.00%	42.42%	50.00%	62.50%	78.13%	63.33%	74.07%	78.95%	87.88%	81.48%			69.12%	62.78%
k2.13	Sepsis - % of eligible patients screened for sepsis - Inpatients													>=90% per month	%	42.11%	74.00%	48.00%	40.00%	60.00%	66.00%	74.00%	74.00%	74.00%	68.00%			64.22%	53.60%
k2.14	Sepsis - % of eligible patients who received antibiotics within 1 hour - Inpatients													>=90% per month	%	35.71%	35.29%	18.18%	40.00%	40.00%	50.00%	40.00%	77.78%	66.67%	70.27%			57.38%	51.76%
k2.05	VTE Assessments (Trust)													>=95% per month	%	98.14%	97.99%	97.56%	98.29%	98.29%	97.88%	97.57%	97.97%	98.37%	97.92%	97.77%	97.73%	97.93%	98.31%
k2.06	Incidence of Hospital Acquired VTE (HAT)													-	Number	3	4	1	5	4	3	5	4	0	2	1	1	30	21
k2.07	% of eligible patients screened for dementia													>=90% per month	%	74.92%	72.66%	76.68%	71.21%	66.99%	65.65%	69.55%	63.46%	70.45%	66.87%	68.23%		68.97%	63.15%
k2.08	% of patients with dementia who were properly assessed													>=90% per month	%	91.84%	83.72%	90.24%	86.96%	90.24%	84.00%	100.00%	94.34%	92.31%	89.80%	90.91%		89.80%	75.81%
k2.09	% emergency readmissions following elective admission - 30 days													-	%	2.01%	1.63%	2.78%	2.47%	2.84%	2.93%	2.01%	2.55%	1.77%	3.15%	2.02%	3.55%	2.52%	1.95%
k2.10	% emergency readmissions following emergency admission - 30 days													-	%	15.12%	14.76%	15.67%	16.01%	16.03%	14.48%	17.59%	14.75%	15.52%	15.72%	17.15%	15.02%	15.72%	12.92%
k3.15	Hand Hygiene (Infection Control - Core Elements Tool)													>=95% per month	%	96.11%	94.00%	96.65%	96.82%	97.80%	97.05%	96.64%	96.74%	96.88%	97.71%	97.65%	97.37%	96.84%	91.49%
k2.12	Open Incidents - % of managers reports completed within 10 days													-	%	50.25%	37.82%	41.34%	32.95%	34.20%	35.90%	33.49%	23.81%	31.85%	27.92%	24.59%	29.63%	31.98%	41.95%
Caring																													
k3.01	Number of complaints received this month													-	Number	37	31	30	27	35	24	29	29	27	15	32	28	307	392
k3.02	Number of complaints reopened this month													-	Number	6	6	5	2	4	5	5	7	3	2	3	3	45	66
k3.03	Number of complaints referred to ombudsman this month													-	Number	1	1	0	0	0	0	0	0	0	0	0	1	2	5
k3.14	Complaints Response Rate													-	%	82.05%	63.33%	80.00%	79.17%	73.33%	68.97%	72.00%	66.67%	65.52%	86.96%	66.67%	70.00%	71.77%	81.93%
k3.05	FFT - Trust - % Would Recommend													-	%	94.57%	95.10%	95.19%	96.33%	95.68%	94.81%	94.07%	94.60%	87.08%	86.52%	88.19%	88.90%	92.20%	94.64%
k3.06	FFT - InPatients - % Would Recommend													>96% per month	%	95.79%	94.82%	95.53%	98.16%	97.12%	93.92%	97.27%	96.65%	95.14%	94.48%	92.02%	90.87%	95.39%	95.46%
k3.07	FFT - Paediatric InPatients - % Would Recommend													-	%	93.55%	86.67%	89.36%	94.12%	95.24%	100.00%	100.00%	97.22%	92.59%	100.00%	100.00%	85.94%	93.15%	94.32%
k3.08	FFT - OutPatients - % Would Recommend													-	%	94.70%	95.64%	95.73%	95.98%	96.36%	95.33%	94.21%	93.83%	90.00%	93.00%	93.56%	96.75%	94.86%	93.31%
k3.09	FFT - A&E - % Would Recommend													-	%	91.03%	93.18%	88.53%	93.59%	88.18%	94.23%	89.02%	91.22%	82.50%	80.09%	83.88%	85.05%	86.42%	94.34%
k3.10	FFT - Maternity - % Would Recommend													-	%	98.08%	97.75%	100.00%	100.00%	97.14%	95.86%	98.17%	94.17%	93.99%	95.50%	96.25%	98.35%	96.70%	96.65%

Kingston Hospital NHS
NHS Foundation Trust

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k3.11	FFT - Daycases - % Would Recommend													-	%	99.00%	98.09%	98.23%	100.00%	98.28%	98.02%	97.55%	96.95%	99.34%	93.88%	94.19%	94.93%	97.22%	98.33%
k3.13	Number of Mixed Sex accommodation breaches	●	●	●	●	●	●	●	●	●	●	●	●	=0	Number	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Responsive																													
k6.01	Average length of stay - Emergency Services (Emergency admissions only)	●	●	●	●	●	●	●	●	●	●	●	●	<=5.23 per month	Rate	5.93	5.11	5.03	4.73	4.46	4.58	5.16	4.88	4.61	3.86	5.28	4.39	4.71	5.27
k6.02	RTT - incomplete 92% in 18 weeks (NONC)	●	●	●	●	●	●	●	●	●	●	●	●	>=92% per month	%	95.12%	94.63%	94.67%	94.55%	94.31%	94.47%	93.69%	94.00%	94.63%	94.46%	94.77%	94.35%	94.41%	95.70%
k6.03	RTT - incomplete 52+ Week Waiters (NONC)	●	●	●	●	●	●	●	●	●	●	●	●	=0 per month	Number	1	0	1	2	0	1	0	0	0	0	2	2	8	1
k6.04	Diagnostic Test Waiting Times - Completed within 6 weeks (ALL)	●	●	●	●	●	●	●	●	●	●	●	●	>=99% per month	%	99.79%	99.27%	99.27%	99.45%	99.18%	99.06%	99.53%	99.27%	99.21%	99.85%	99.68%	99.48%	99.37%	99.73%
k6.05	A&E 4 hour waiting time (type 1)													-	%	89.52%	89.44%	87.78%	88.96%	92.14%	90.24%	90.67%	91.76%	88.30%	85.00%	85.77%	82.99%	88.48%	88.99%
k6.06	A&E 4 hour waiting time (all types)	●	●	●	●	●	●	●	●	●	●	●	●	>=95% per month	%	90.66%	90.39%	89.04%	90.17%	92.93%	91.34%	91.69%	92.60%	89.54%	86.33%	87.29%	84.77%	89.67%	90.06%
k6.07	A&E 12 hour trolley waits	●	●	●	●	●	●	●	●	●	●	●	●	=0 per month	Number	0	0	0	0	0	0	1	0	0	0	0	0	1	0
k6.08	LAS Ambulance Handovers - within 15 minutes													-	%	55.30%	52.90%	49.70%	52.60%	54.20%	52.30%	49.40%	45.40%	44.60%	37.20%	37.90%	38.80%	46.60%	55.70%
k6.09	LAS Ambulance Handovers - 30 min handover waits	●	●	●	●	●	●	●	●	●	●	●	●	=0 per month	Number	27	11	19	10	21	17	17	8	28	53	36	36	256	253
k6.10	LAS Ambulance Handovers - 60 min handover waits	●	●	●	●	●	●	●	●	●	●	●	●	=0 per month	Number	3	2	5	2	2	1	0	0	0	5	6	3	26	57
k6.11	All Cancer Two Week Wait	●	●	●	●	●	●	●	●	●	●	●		>=93% per month	%	99.35%	99.05%	99.41%	98.22%	98.96%	97.89%	98.88%	97.72%	98.51%	98.95%	97.61%		98.49%	98.31%
k6.12	2 week GP referral to 1st outpatient - breast symptoms	●	●	●	●	●	●	●	●	●	●	●		>=93% per month	%	99.00%	98.04%	98.83%	100.00%	98.51%	98.61%	99.36%	99.38%	100.00%	96.32%	90.80%		97.87%	98.66%
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	%	100.00%	100.00%	100.00%	100.00%	100.00%	99.00%	100.00%	97.78%	99.10%	98.44%	97.67%		99.18%	99.71%
k6.14	31 day second or subsequent treatment - drug	●	●	●	●	●	●	●	●	●	●	●		>=98% per month	%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%
k6.15	31-Day Standard for Subsequent Cancer Treatments-Surgery	●	●	●	●	●	●	●	●	●	●	●		>=94% per month	%	100.00%	100.00%	100.00%	100.00%	94.44%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		99.30%	99.01%
k6.16	All Cancer Two Month Urgent Referral to Treatment Wait	●	●	●	●	●	●	●	●	●	●	●		>=85% per month	%	94.23%	93.81%	100.00%	93.07%	94.44%	93.28%	94.44%	86.92%	91.43%	88.78%	90.99%		92.70%	93.72%
k6.17	62-Day Wait for First Treatment Following Referral from an NHS Cancer Screening Service	●	●	●	●	●	●	●	●	●	●	●		>=90% per month	%	100.00%	100.00%	100.00%	80.00%	100.00%	90.00%	88.89%	100.00%	100.00%	100.00%	100.00%		95.59%	96.55%
k6.18	62-Day Wait for First Treatment Following Referral from Consultant Upgrade	●	●	●	●	●	●	●	●	●	●	●		>=85% per month	%	100.00%	85.71%	83.33%	100.00%	87.50%	81.25%	100.00%	100.00%	90.00%	100.00%	100.00%		91.38%	98.67%
k6.20	Delayed transfers of care (bed days)													-	Number	643	746	936	673	453	507	465	582	540	404	364	502	6172	8327
k6.21	Delayed transfers of care (rate per occupied bed days)	●	●	●	●	●	●	●	●	●	●	●	●	<=4% per month	%	5.34%	6.53%	7.72%	6.13%	4.36%	4.52%	4.10%	4.84%	4.69%	3.41%	3.03%	5.02%	4.94%	6.11%
k6.22	Number of last minute cancelled operations													-	Number	7	1	1	11	5	3	2	18	10	10	24	15	100	118
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	5
Well-led																													
k7.01	Vacancy rate	●	●	●	●	●	●	●	●	●	●	●	●	<=5% per month	%	4.99%	10.70%	10.93%	11.02%	11.10%	10.64%	10.89%	8.84%	9.04%	9.62%	8.81%	8.32%	9.04%	5.00%
k7.02	Turnover rate	●	●	●	●	●	●	●	●	●	●	●	●	<=15% per month	%	16.33%	16.59%	17.21%	17.59%	17.72%	17.47%	17.26%	17.38%	17.47%	16.97%	16.50%	15.96%	17.47%	17.00%
k7.03	Sickness rate	●	●	●	●	●	●	●	●	●	●	●	●	<=2.3% per month	%	2.76%	2.52%	2.65%	2.29%	2.57%	2.44%	2.96%	3.07%	3.08%	3.19%	3.27%	2.43%	2.89%	2.70%
k7.04	Mandatory Training	●	●	●	●	●	●	●	●	●	●	●	●	>=85% per month	%	82.12%	82.78%	81.81%	78.61%	75.61%	71.27%	73.36%	72.76%	73.79%	72.01%	74.27%	77.65%	73.79%	84.86%
k7.05	Appraisals / PDRs completed	●	●	●	●	●	●	●	●	●	●	●	●	>=90% year end	%	76.42%	1.59%	11.33%	45.77%	62.40%	72.86%	77.25%	81.26%	85.24%	87.23%	88.12%	88.40%	85.24%	68.00%

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
Safe	k1.01	Patients with hospital acquired pressure ulcers (Grades 3 & 4)	Number of patients with a newly hospital acquired pressure ulcers (Grades 3 & 4)	Ulysses	
Safe	k1.02	Patients with hospital acquired pressure ulcers (Grades 3 & 4) per 1000 beddays	Number of patients with a newly hospital acquired pressure ulcers (Grades 3 & 4) divided by number of General and Acute (G&A) occupied beddays	(n) Ulysses (d) Internal bedstate summary	
Safe	k1.03	Patients with hospital acquired pressure ulcers (Grade 2)	Number of patients with hospital acquired pressure ulcers (Grade 2)	Ulysses	
Safe	k1.04	Number of patients with hospital acquired pressure ulcers (Grade 2) per 1000 beddays	Number of patients with a newly hospital acquired pressure ulcers (Grade 2) divided by number of General and Acute occupied beddays	(n) Ulysses (d) Internal bedstate summary	
Safe	k1.05	MRSA Bacteraemias (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 Cdiff 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	k1.11	Patient Safety Thermometer - % Harm Free Care	% of patients audited on Patient Safety Thermometer where no harm recorded. Harms relate to falls, pressure ulcers, hospital-acquired VTE, or UTIs as the result of a catheter	Patient Safety Thermometer	
Safe	k1.12	Number of Patient Safety Incident (PSI) Falls	Number of falls reported	Ulysses	
Safe	k1.13	Number of Patient Safety Incident Falls per 1000 G&A beddays	Number of reported falls divided by number of General and Acute (G&A) occupied beddays	(n) Ulysses (d) Internal bedstate summary	

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
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.		
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	

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
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	
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	k3.05	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	

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
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	
Responsive	k6.04	Diagnostic test waiting times	Diagnostic test waiting times	UNIFY2 / NHS England	

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
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	
Responsive	k6.19	Delayed transfers of care (number)	Number of patients whose transfer is delayed at midnight on the last Thursday of the month		

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
Responsive	k6.20	Delayed transfers of care (bed days)	Number of General and Acute (G&A) occupied beddays		
Responsive	k6.21	Delayed transfers of care (rate per occupied bed days)	Delayed transfers per 1,000 bed days		
Responsive	k6.22	Number of last minute cancelled operations	Number of operations cancelled within 24 hours of the planned operation		
Responsive	k6.23	Number of patients not treated within 28 days of last minute cancellation	Number of patients not treated within 28 days of last minute cancellation		
Enablers	k7.01	Vacancy rate	Vacancy rate	Human Resources	
Enablers	k7.02	Turnover rate	Turnover rate	Human Resources	
Enablers	k7.03	Sickness rate	Sickness rate	Human Resources	
Enablers	k7.04	Mandatory Training	Mandatory Training	Human Resources	
Enablers	k7.05	Appraisals / PDRs completed	Appraisals / PDRs completed	Human Resources	
Enablers	k7.06	Flu Immunisation	Percentage of staff who have received the flu vaccination	Human Resources	
Enablers	k7.07	Staff FFT (Work) - Score	Percentage of staff who would recommend the Trust to friends and family as a place to work	NHS England	
Enablers	k7.08	Staff FFT (Care) - Score	Percentage of staff who would recommend the Trust to friends and family if they needed care or treatment	NHS England	
Enablers	k7.09	Staff Survey - Response Rate	Percentage of staff who completed the survey, of those who were asked to complete it	Human Resources	Annual Survey