

Integrated Quality and Operational Compliance Report

August 2020

Living our values everyday



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Living our values everyday



Author: Berenice Constable, Head of Nursing , Unplanned Care

There is a continued improvement in the management and prevention of falls. In August we had 30 falls in the adult inpatient areas, with only two with Harm- x1 in Cambridge and x1 on AAU. No themes were identified through the RCA process. Work continues through the falls group to review and improve the SWARM forms to ensure it reflects the National Falls Audit information. The Falls group are also supporting the Trust Quality Priority on the management of Delirium, looking at the link between this and in patient falls.

The Trust also received an honourable mention in the National GIRFT report for Geriatric medicine related to our work on PJ Paralysis on the care of the elderly wards. The report stated:

“ There is an MDT approach to this with a culture shift. It is led by a physio and supported by the nursing team an activities coordinator. It started with an individual’s passion following quality improvement training. Due to this, they have measured the improvement over the last year and have data to demonstrate sustained improvement over all three care of the elderly wards. The team are planning to spread this to AAU and orthopaedics. The GIRFT team would like to use this as an exemplar of practice.”

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

There were no Trust-apportioned MRSA / MSSA bacteraemia cases.

There were two HOHA (hospital onset healthcare associated) *Clostridium difficile* toxin positive cases, one in Cambridge ward and one in Blyth ward.

There were three Trust-apportioned E.coli bacteraemias, one in Hamble and two in Blyth ward.

There were three COVID-19 cases who tested positive from swabs taken in ED. One patient was discharged from ED, one patient was admitted to AAU and discharged a few days later, and one patient remains in Hamble ward.

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

This report covers the reporting period 1st August to 31st August 2020.

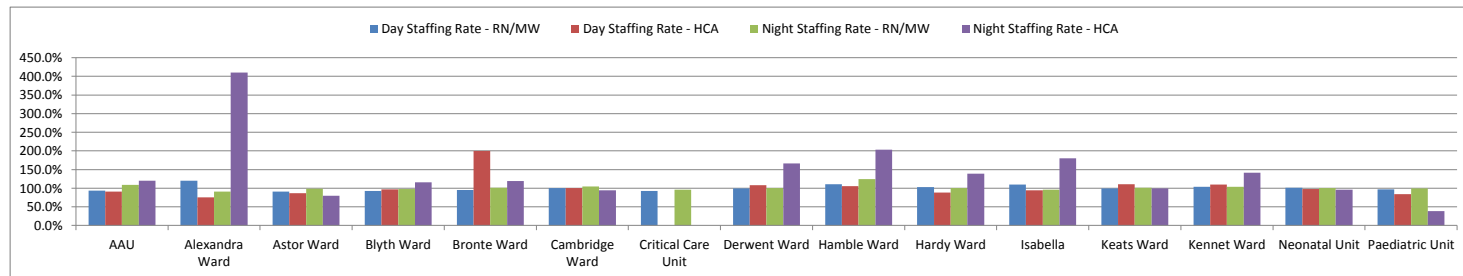
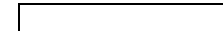
- **New:** One Serious Incident and one Never Event was reported during the period.
- **Completed:** There were no Serious Incidents due to be completed during the time period.
- **Duty of Candour:** Stage 1 completed for both investigations that were declared.
- **Ongoing:** As at 31st August 2020, there were 5 open/ongoing SI investigations.
- **Extension requests:** None required
- **Never Events:** One.

Nicola Kane: Deputy Director of Nursion:

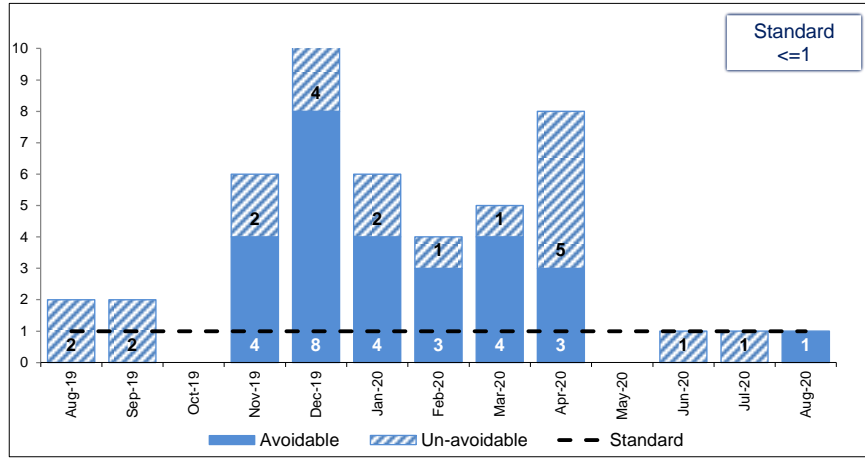
Staffing levels are monitored daily by the Advanced Site Practitioners and the Matrons. Where the data exceeds the 100%, this accounts for patients who have a higher acuity or require 1:1 support. This data is reviewed by the divisional heads of nursing and monthly at the Safer staffing meeting.

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	93.2%	91.2%	109.0%	120.2%	9.4
Alexandra Ward	120.2%	75.8%	90.9%	410.0%	11.7
Astor Ward	91.0%	86.3%	98.8%	79.8%	7.4
Blyth Ward	92.9%	96.6%	98.0%	116.1%	7.2
Bronte Ward	94.8%	199.8%	101.1%	119.4%	6.8
Cambridge Ward	100.0%	100.7%	104.8%	94.4%	8.8
Critical Care Unit	92.5%	N/A	96.1%	N/A	30.5
Derwent Ward	99.5%	108.1%	100.0%	166.1%	7.8
Hamble Ward	110.4%	105.1%	124.6%	203.0%	6.9
Hardy Ward	103.2%	88.6%	100.0%	138.7%	7.6
Isabella	110.1%	94.2%	95.7%	180.3%	8.6
Keats Ward	99.1%	110.7%	101.1%	99.2%	10.1
Kennet Ward	103.4%	109.4%	103.4%	141.9%	6.5
Neonatal Unit	100.8%	97.4%	100.0%	96.0%	10.9
Paediatric Unit	97.2%	84.0%	99.1%	38.5%	18.9
Maternity	98.1%	78.8%	96.2%	77.3%	15.7
Trust Average	98.4%	97.9%	100.2%	111.3%	9.9

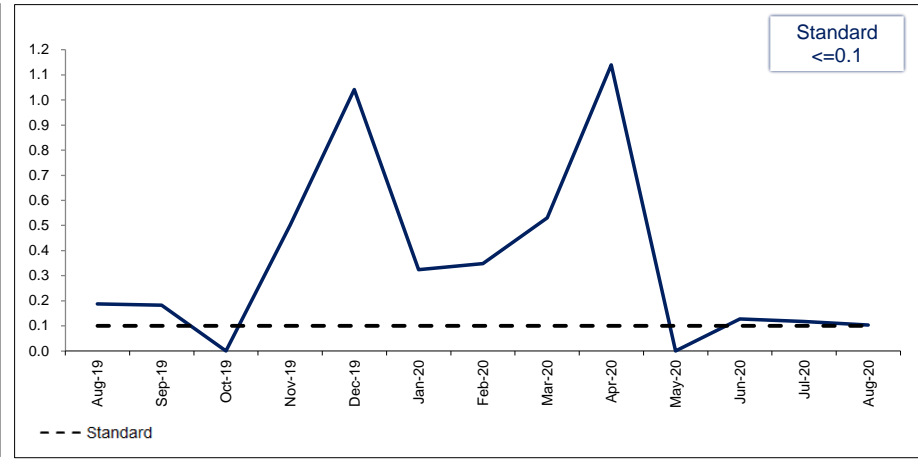
Key	
RN	Registered Nurse
MW	Registered Midwife
HCA	Healthcare Assistant



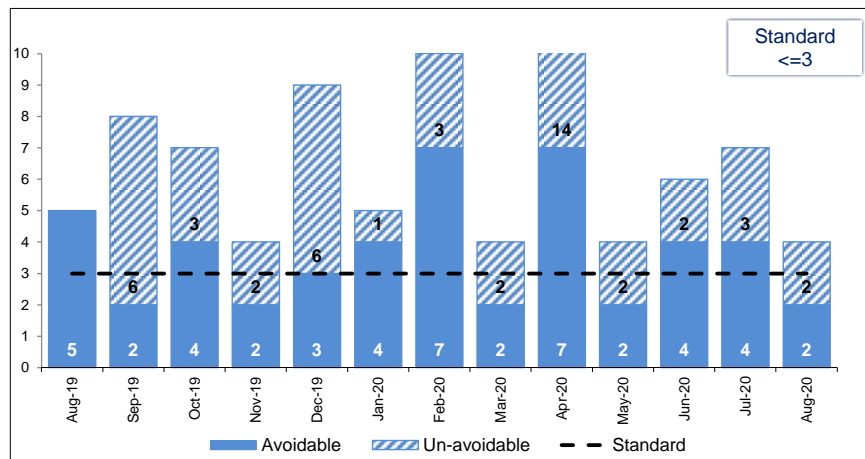
k1.01 | Number of patients with hospital acquired pressure ulcers (Grade 3&4)



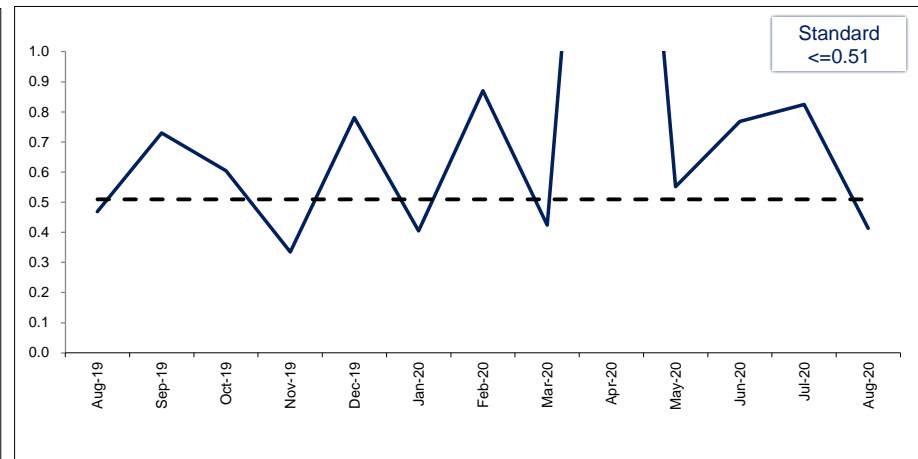
k1.02 | Number of patients with hospital acquired pressure ulcers (Grade 3&4) per 1000 beddays



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



k1.04 | Number of patients with hospital acquired pressure ulcers (Grade 2) per 1000 beddays

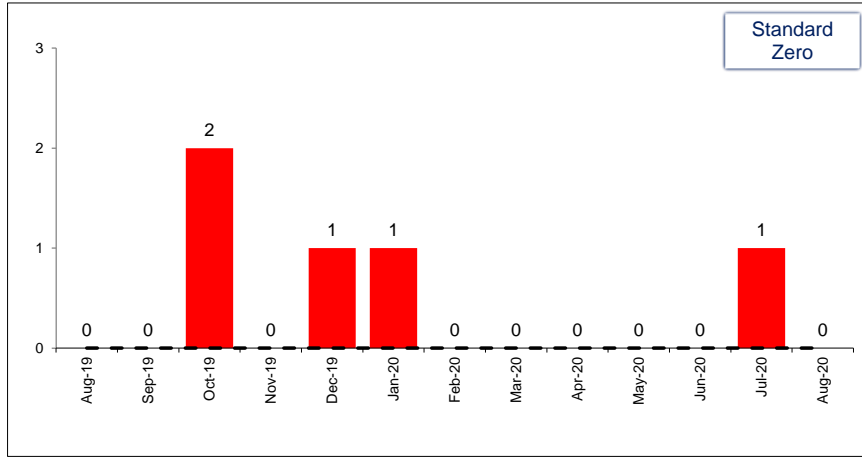


Safe

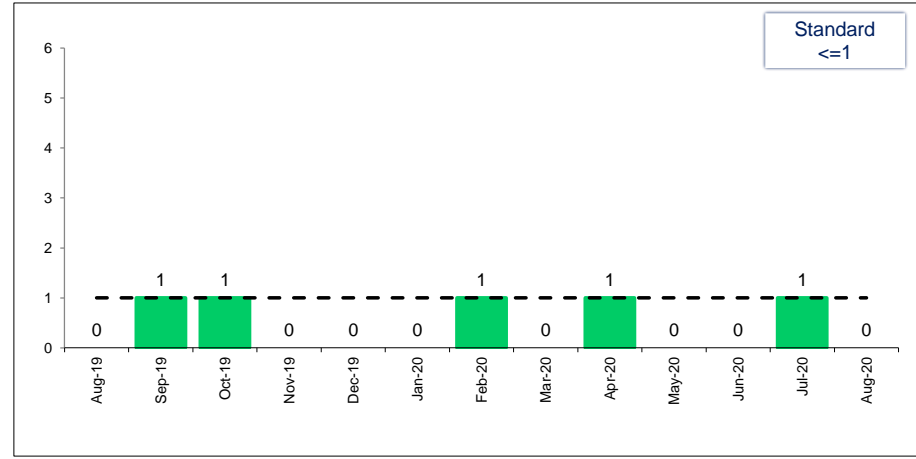
Is Care Safe?

August 2020

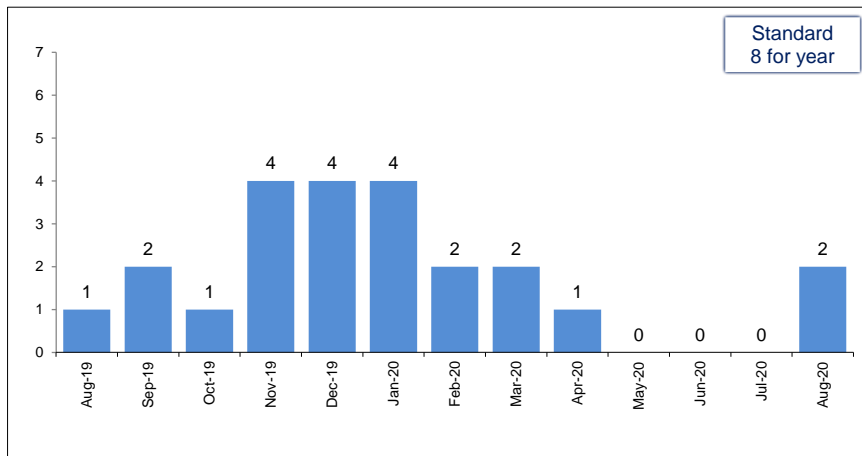
k1.05 | MRSA Bacteraemias (Hospital Assigned)



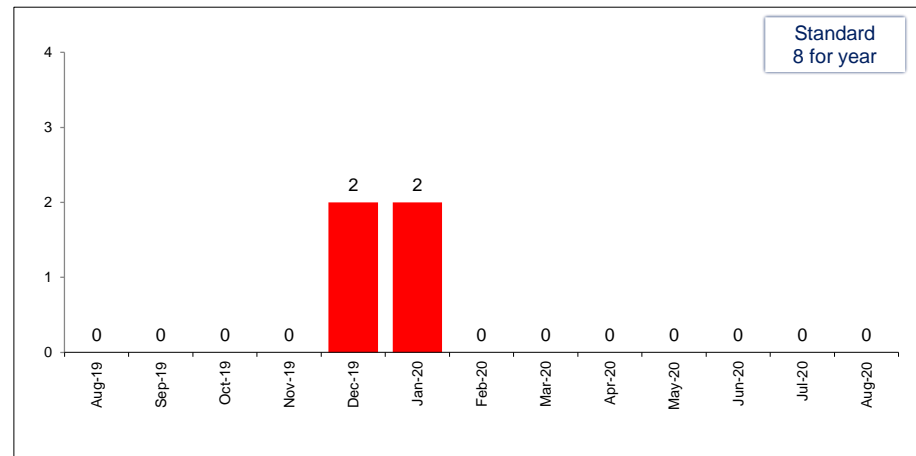
k1.06 | MSSA Bacteraemias (Hospital Apportioned)



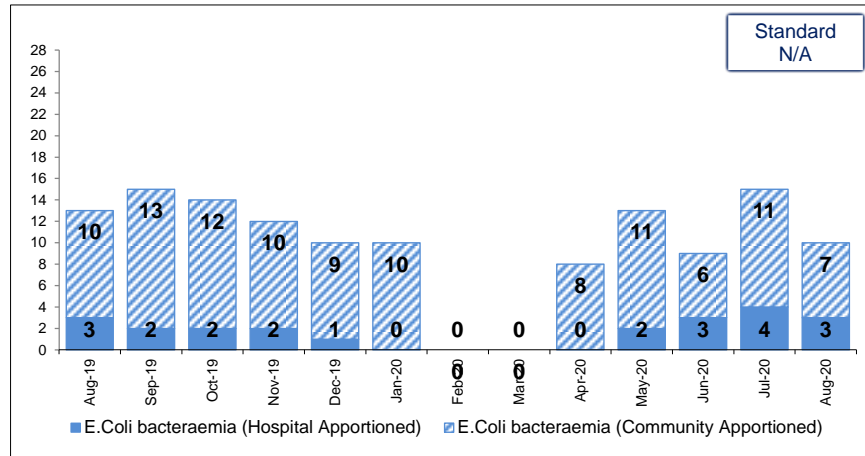
k1.07 | Clostridium difficile infections (Hospital Apportioned)



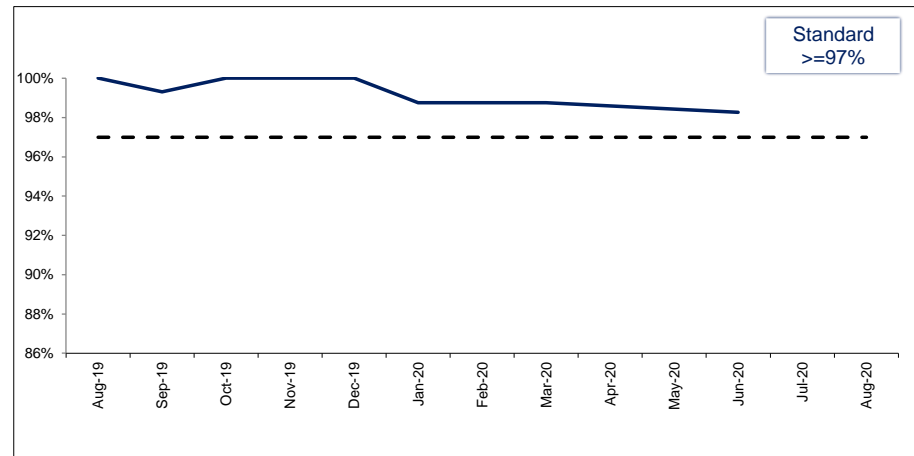
k1.08 | Clostridium difficile infections (Hospital Apportioned) due to confirmed Lapse in Care



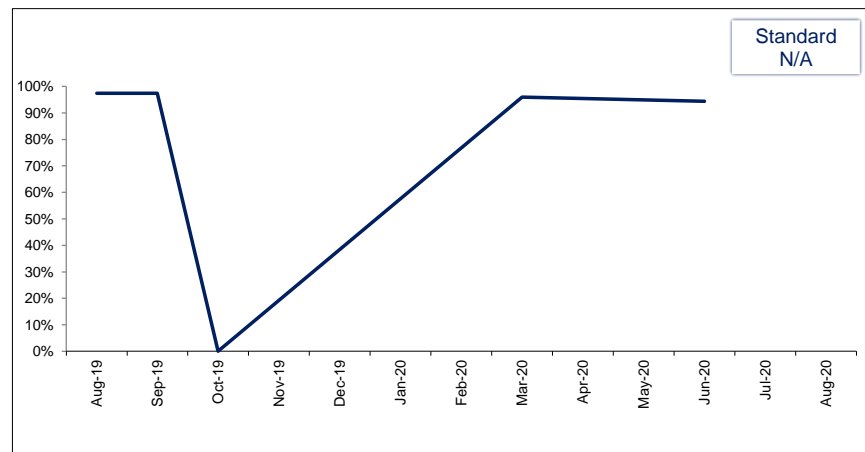
k1.19 | Number of Escherichia (E. coli) bacteraemia



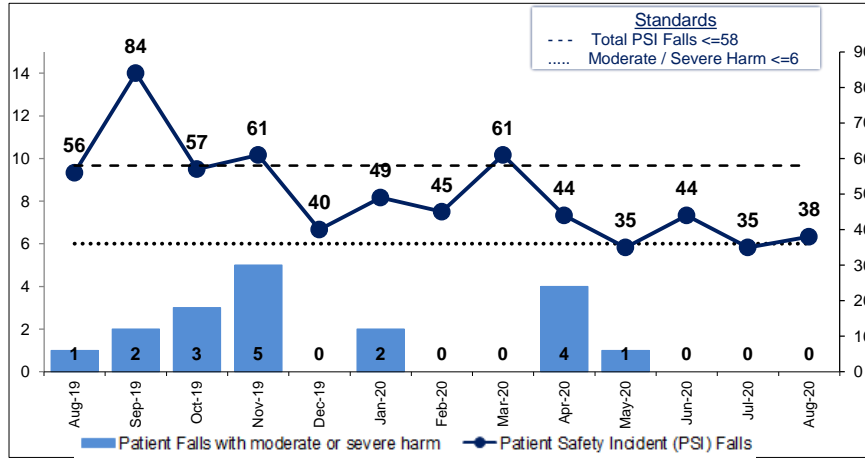
k1.09 | Completed Patient Observations - Adult inpatients (NEWS)



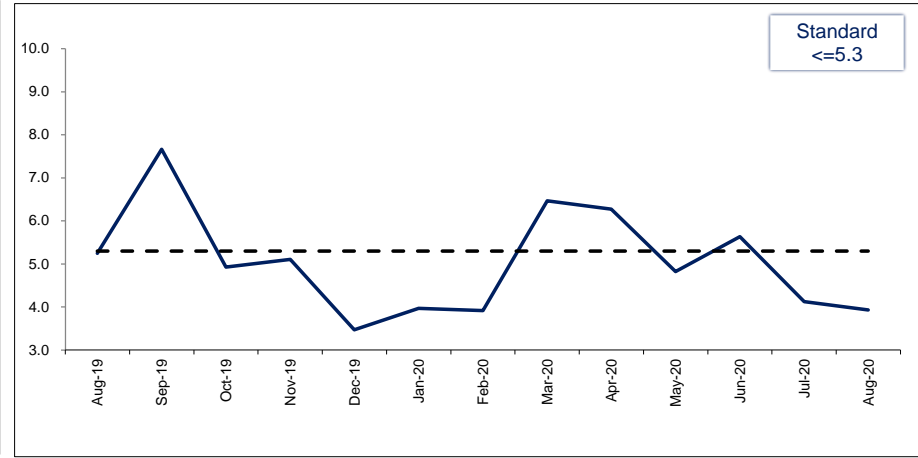
k1.10 | Completed Patient Observations - Paediatric Inpatients (NEWS)



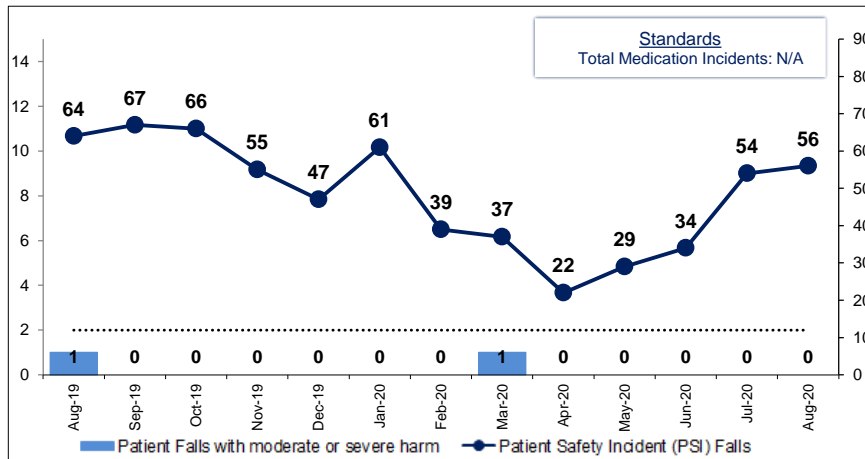
k1.12 | Number of Patient Safety Incident (PSI) Falls



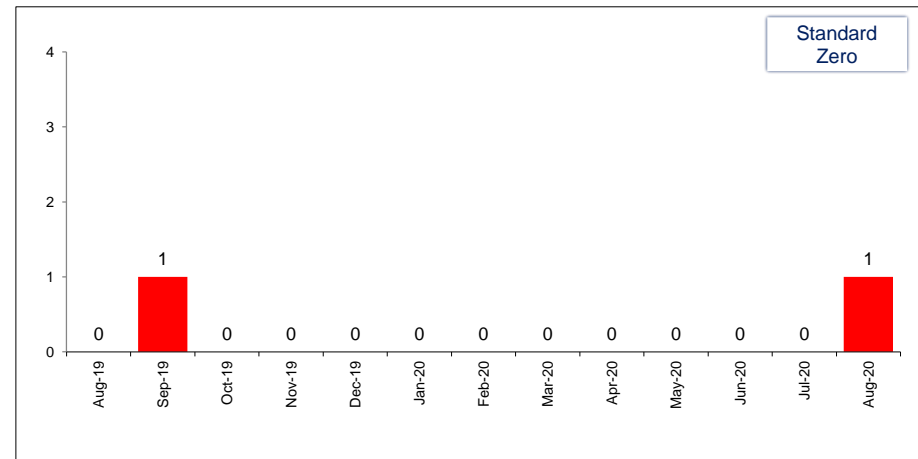
k1.13 | Number of Patient Safety Incident Falls per 1000 G&A beddays



k1.16 | Medication Incidents



k1.15 | Never Events

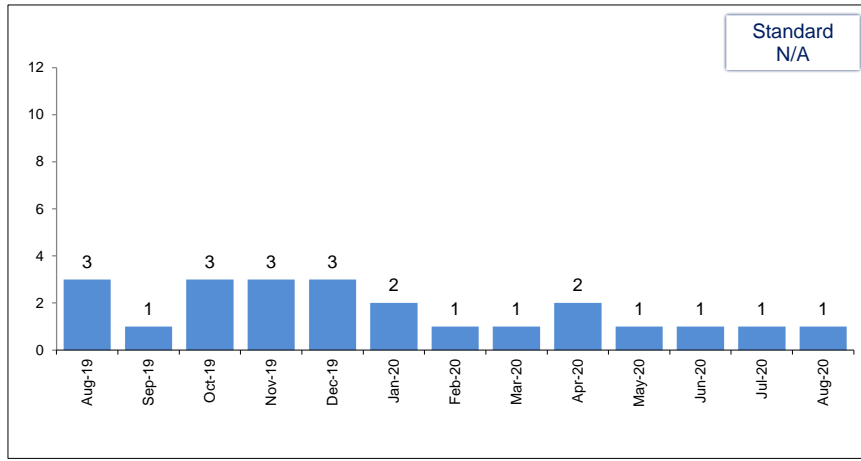


Safe

Is Care Safe?

August 2020

k1.18 | Number of Serious Untoward Incidents

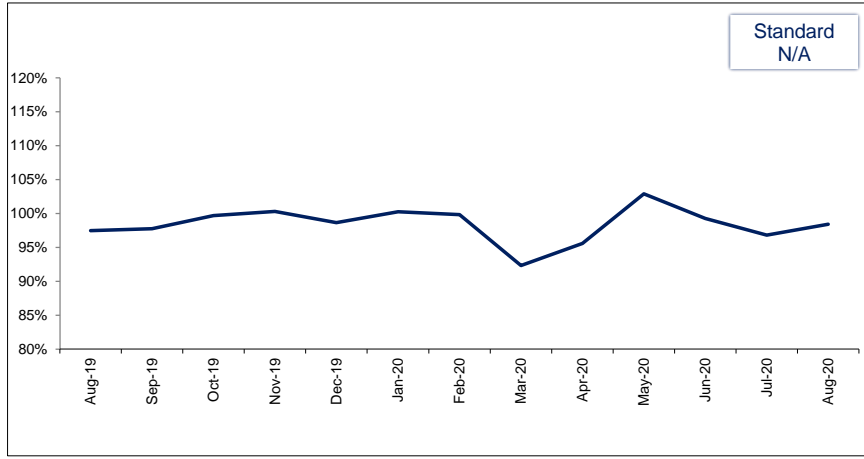


Safe

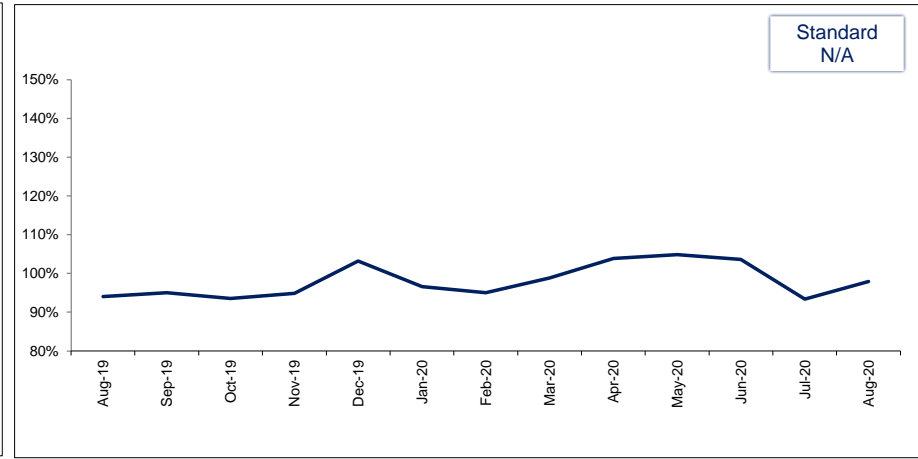
Is Care Safe?

August 2020

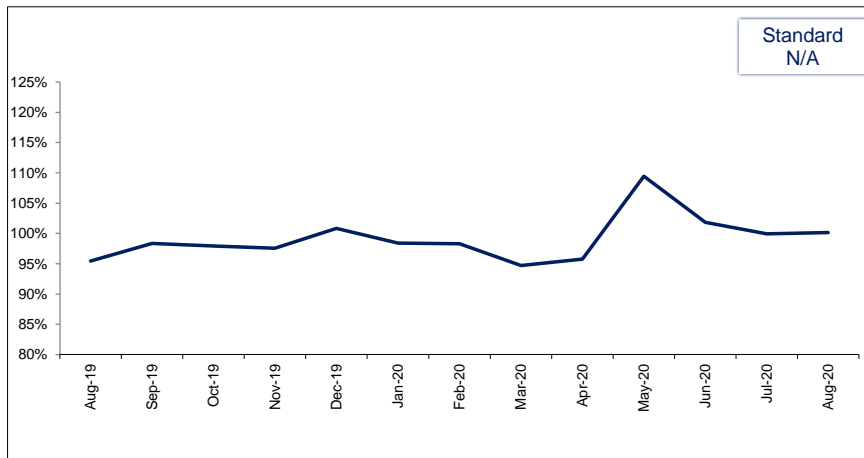
k4.01 | Day - Registered Midwives / Nurses Fill Rate



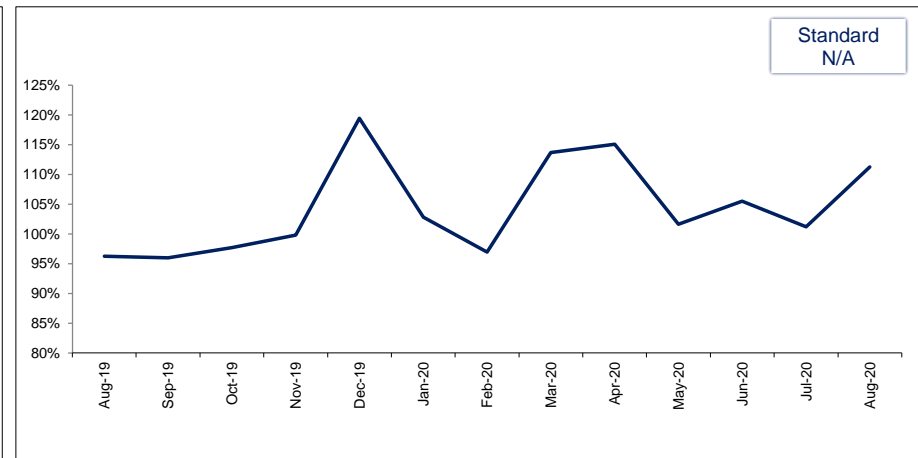
k4.02 | Day - Assistant Fill Rate



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



k4.04 | Night - Assistant Fill Rate

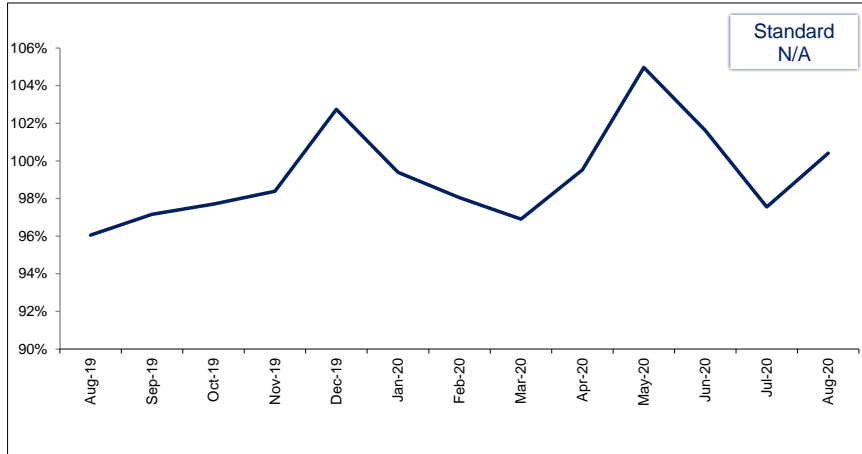


Safe

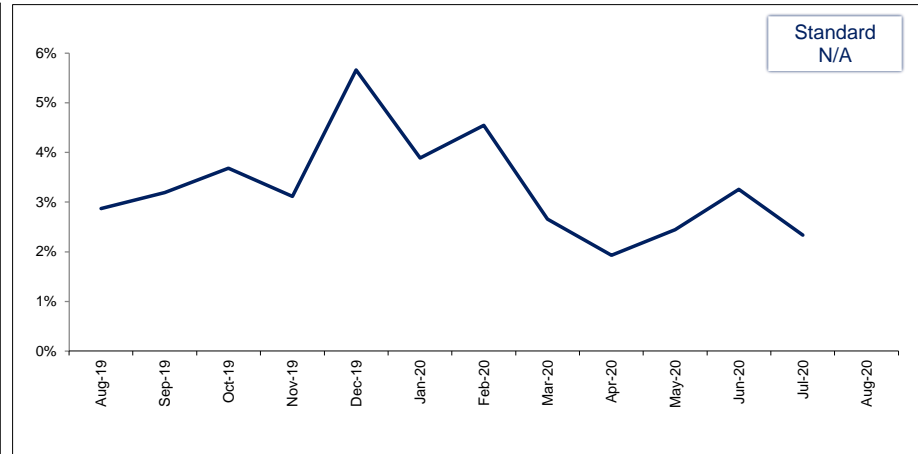
Is Care Safe?

August 2020

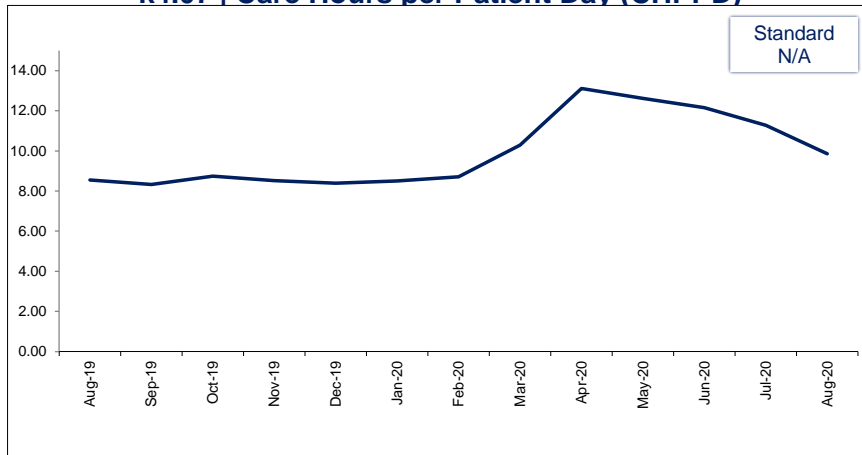
k4.05 | Overall Trust Fill Rate



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



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

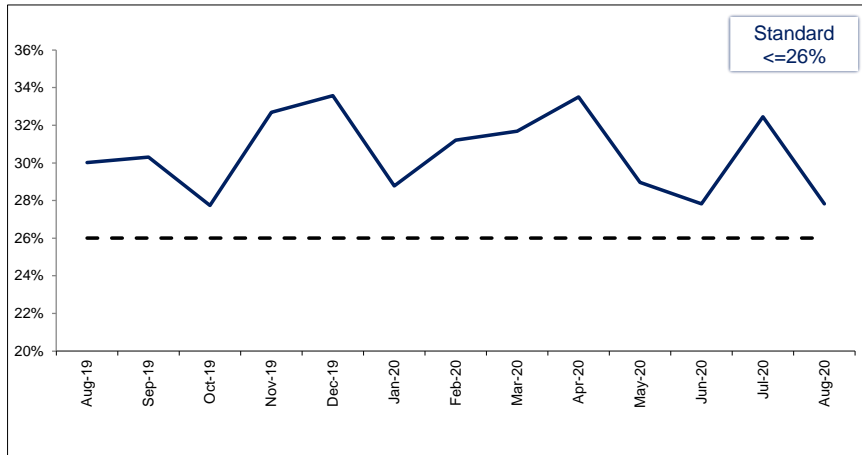


Safe

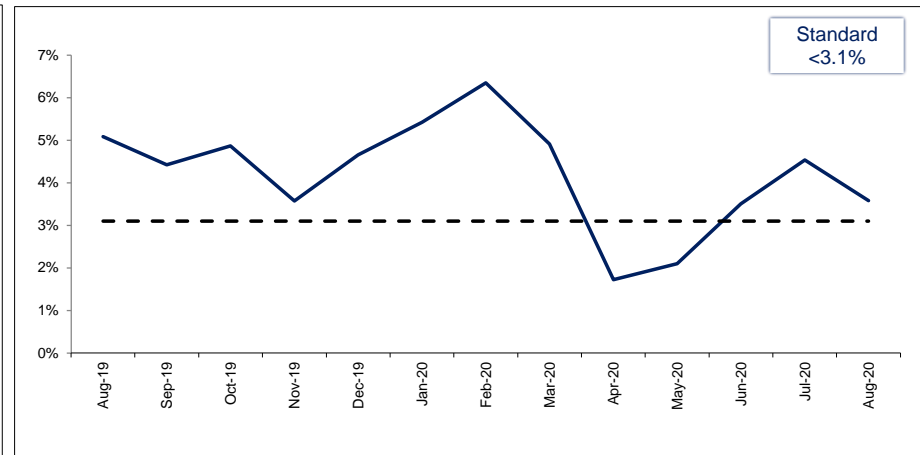
Is Care Safe? : Maternity

August 2020

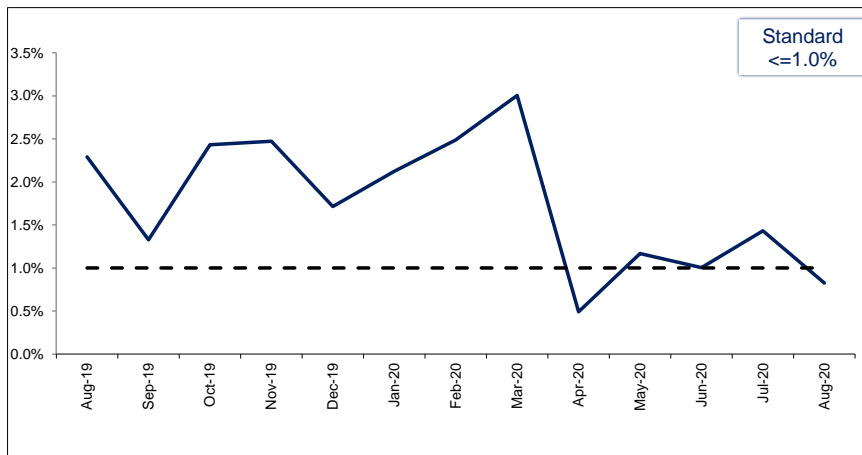
k5.01 | Caesarean section rate



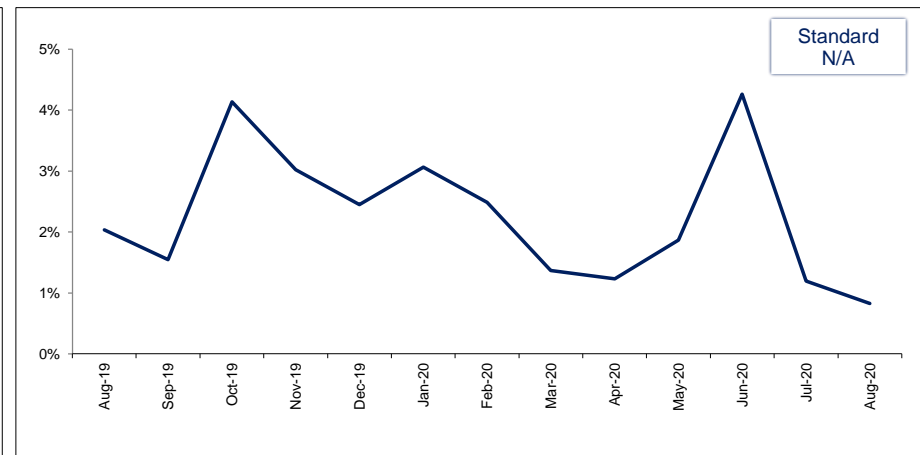
k5.02 | % women with a primary postpartum haemorrhage of 1500ml or more



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



k5.04 | Significant Perineal Trauma



Joscelin Miles, Head of Clinical Audit and Effectiveness

Kingston Hospital improves the identification and treatment of patients with sepsis, improving patient safety and exceeding NHS England target

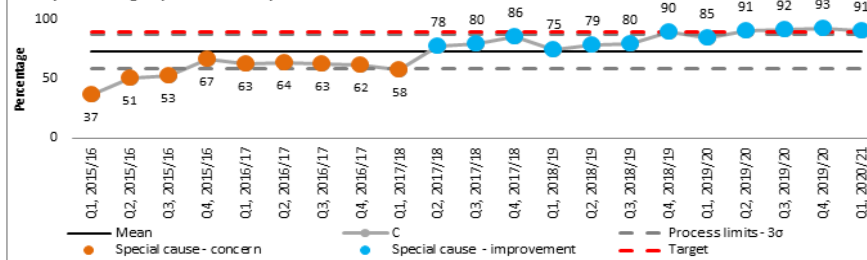
Sepsis and septic shock have a high mortality and morbidity. If sepsis is recognised and patients receive antibiotics and fluids early in their treatment their outcome is improved and this will mean saving lives and reducing harm. It is therefore important that all our staff and our patients know about the risk of sepsis. Through education and improving processes, we can increase awareness of the condition and save lives.

At Kingston Hospital we have focussed a great deal of attention on making sure we recognise and treat patients with sepsis at the earliest opportunity. In 2015/16 a three year improvement project was set up to drive this work, progress with which is monitored via monthly audits presented to the Sepsis Steering Group, and now the Deteriorating Patient Group. The audit focusses on timely sepsis screening and treatment, with NHS England setting a target of 90% for both standards.

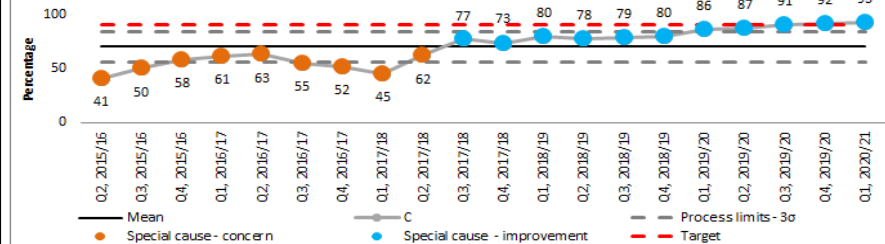
Were we successful?

- Timely screening of patients for sepsis – Yes. Since Q2, 2017-18 we have seen sustained improvement, and since Q2, 2019/20 we have exceeded the NHS target of 90%.
- Timely treatment of patients for sepsis – Yes. Since Q3, 2017-18 we have seen sustained improvement, and since Q3, 2019/20 we have exceeded the NHS target of 90%.
- As a result of this sustained improvement the Deteriorating Patient Group has reduced the risk on the Trust Risk Register from 12 (high risk) to 6 (moderate risk).

Timely screening of patients for sepsis



Timely treatment of sepsis



How did we achieve this success?

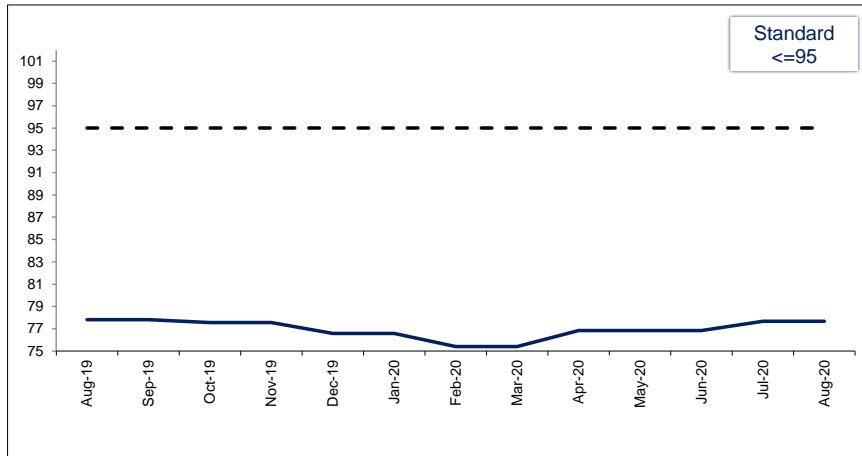
- **Leadership:** Recruited a Band 7 Sepsis Specialist Nurse and Band 6 Paediatric Nurse for 1 year fix-term contract. The adult post was subsequently converted to a permanent post under the title "Sepsis and Deteriorating Patient Nurse".
- **Robust processes:** Updated the Paediatric Sepsis screening tool, and introduced new sepsis symptom, treatment and prevention cards and posters.
- **Use of technology:** Added sepsis alert on CRS for patients who trigger a high NEWS2 score; initially in ED and then rolled out to all adult inpatient areas.
- **Robust education:** Introduced sepsis training in recognition, screening and management for all healthcare professionals, on corporate and nursing induction; simulation training for sepsis; and ward based Sepsis Scenario training with the Practice Development Team and simulation team.
- **Raised awareness:** Held multiple events for World Sepsis Day including Sepsis information stands, new posters/cards, Twitter photo campaign, pop up messages, and messages on patient electronic information boards. More focused teaching updates in ED, paediatrics and maternity. ED and paediatrics held competitions and quizzes, and present audit results in bi-annual Sepsis Newsletter.

Feedback:

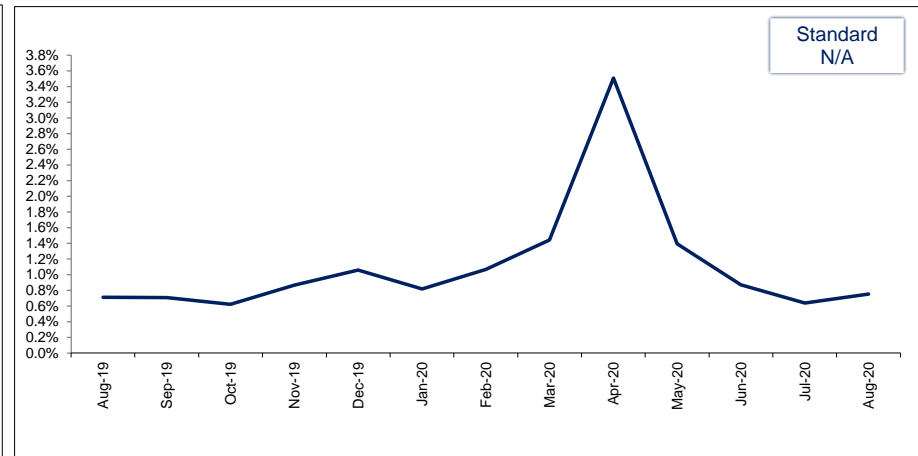
- Amy Heptonstall, Sepsis and deteriorating patient specialist nurse says about the project: "As with identifying patients with sepsis, finding solutions to improving the identification and timely treatment of patients with potential sepsis was not a simple task. It has taken time and lots of effort to see the improvements above. Achieving the national targets and seeing sustained improvement has been wonderful and shows the amount of work done by the front line staff to provide excellent patient safety. Technology has played a large part in the improvement, ensuring there are robust processes in place but this requires the continual education and awareness program to make sure staff understand the importance of these processes. It is worth the effort knowing that as a Trust we are maintaining patient safety and reducing avoidable harm from sepsis by supporting the MDT to identify and manage our deteriorating patients".
- Positive feedback on excellent inpatient sepsis care, provided via "Learning from Excellence"



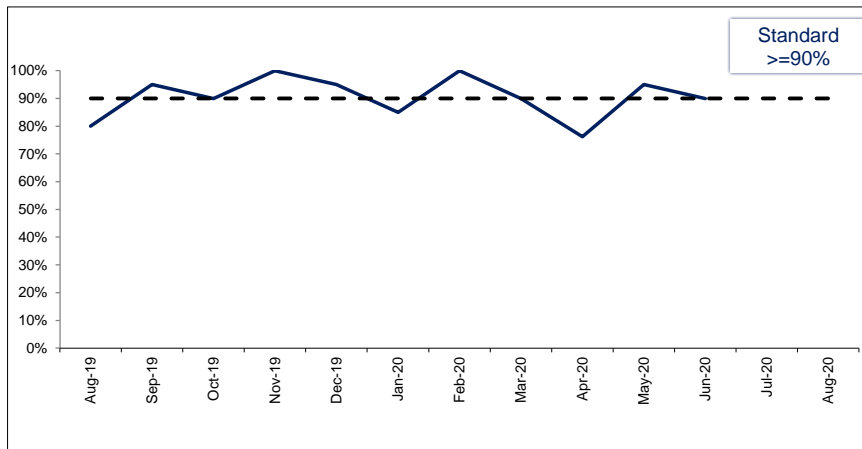
k2.01 | SHMI



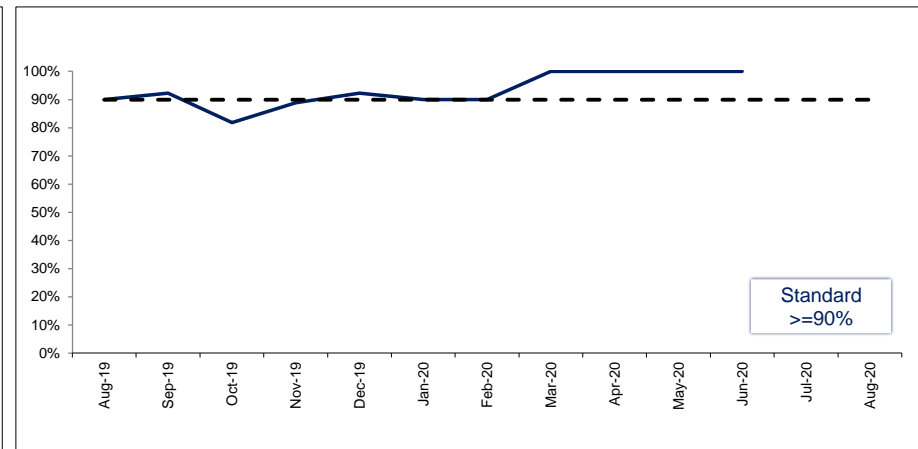
k2.02 | Unadjusted Mortality Rate



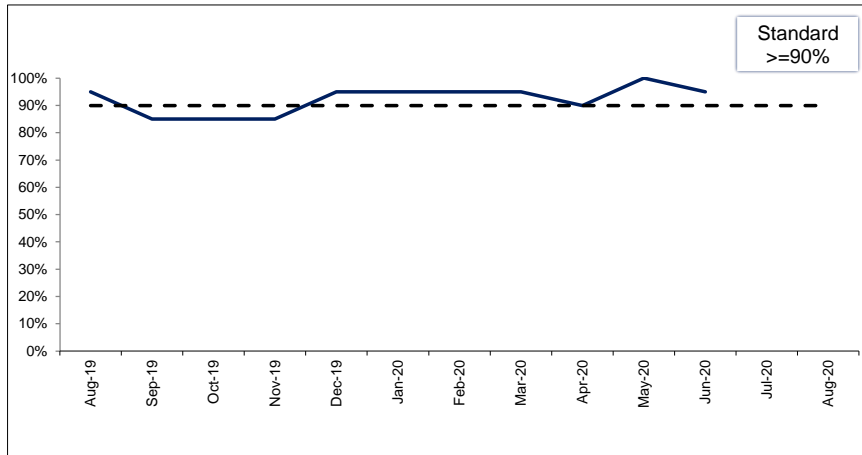
k2.03 | Sepsis - % of eligible patients screened for sepsis - Emergency Department



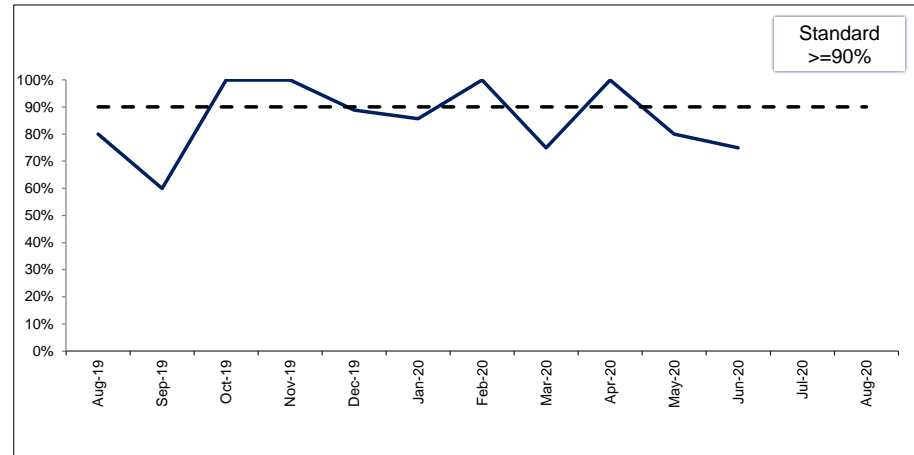
k2.04 | Sepsis - % of eligible patients who received antibiotics within 1 hour of arrival - Emergency Department



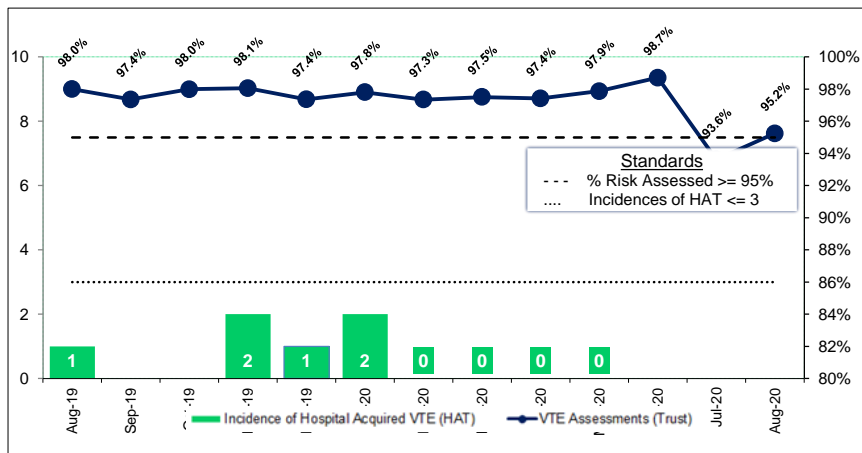
k2.13 | Sepsis - % of eligible patients screened for sepsis - Inpatients



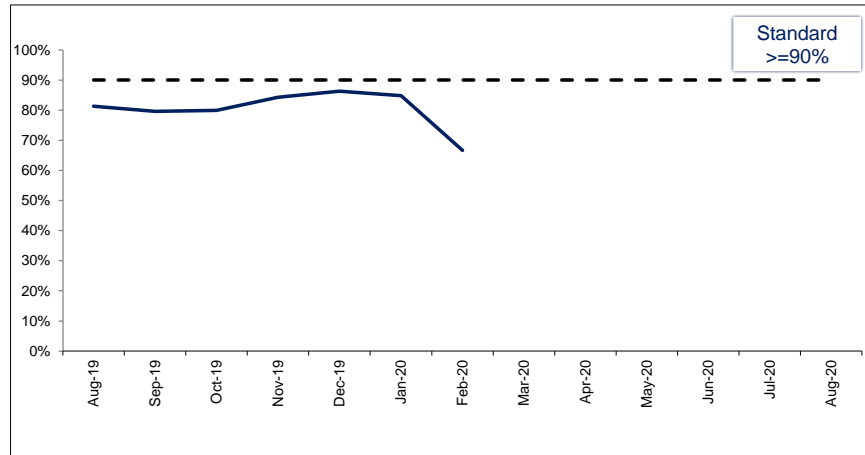
k2.14 | Sepsis - % of eligible patients who received antibiotics within 1 hour - Inpatients



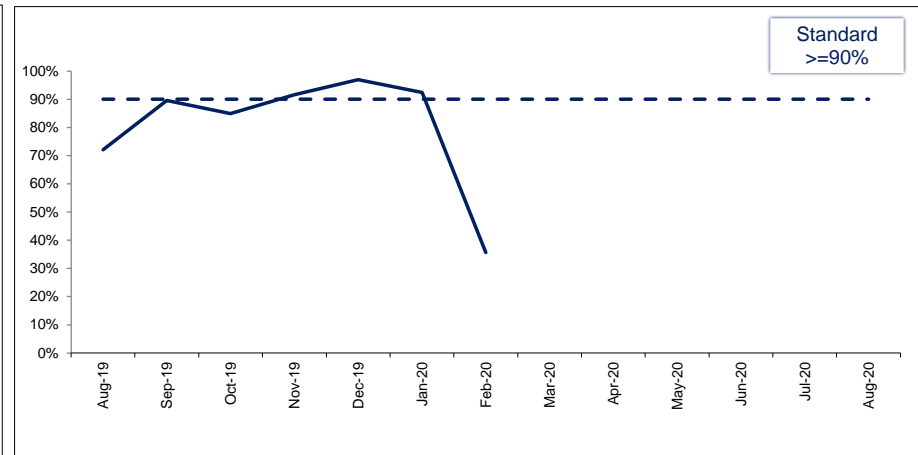
k2.05 | Prevention of Hospital Acquired VTE (% patients risk assessed)
k2.06 | Incidence of Hospital Acquired VTE (HAT)



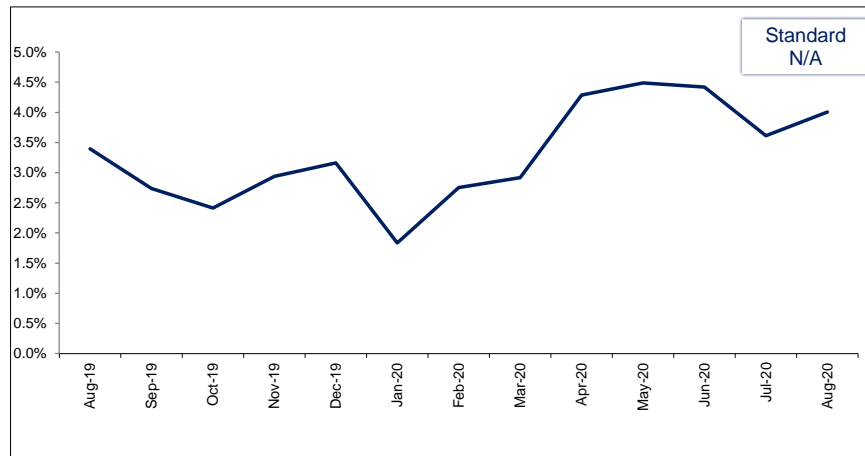
k2.07 | % of eligible patients screened for dementia



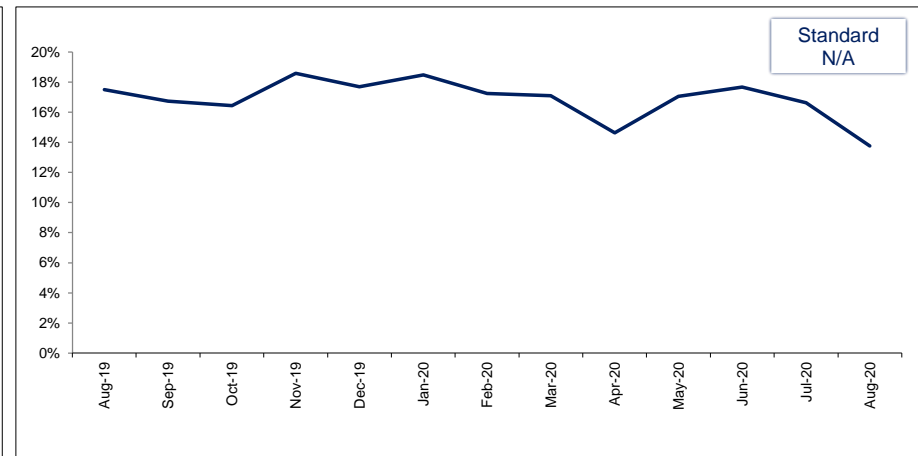
k2.08 | % of patients with dementia who were appropriately assessed



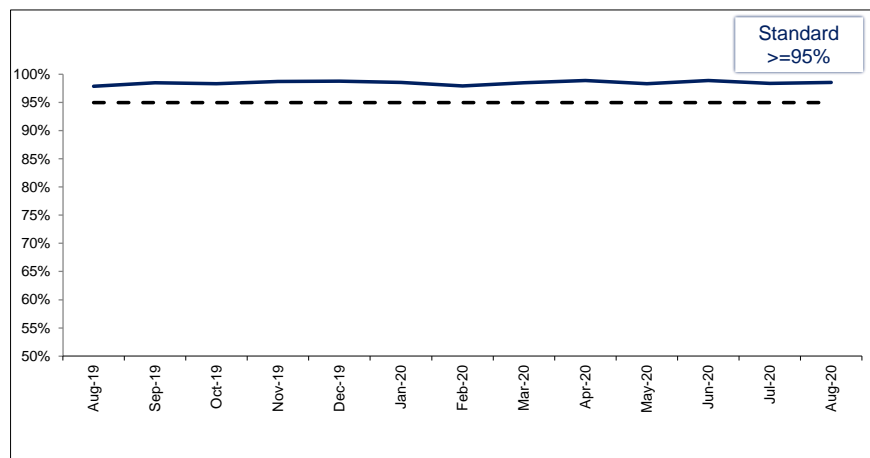
k2.09 | % Emergency Readmissions following an elective admission - 30 days



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



k3.15 | Hand Hygiene



Complaints

Author: Clare Parker, Head of Legal Complaints and PALS

August 2020 Trust Board Wording

The trust received **16** complaints in August 2020 compared to **36** in August 2019.

Unplanned Care received the highest number of complaints accounting for 50% of the total received followed by Planed Care (44%) and Corporate Services (6%).

Within Unplanned Care the following areas received in complaints in August 2020

Accident & Emergency (4), Bronte Ward (3) and Derwent Ward (1).

Within Planned Care the following areas received in complaints in August 2020

Dermatology (1), ENT & Audiology (1), Gastroenterology (1), General Surgery (1), Orthopaedics (1), Urology (1) and Cambridge Ward (1).

Subjects

The most frequent subject related to was Care and Treatment (38%) and Appointments (19%).

Two of the Care and Treatment complaints were patients unhappy with the outcome of their treatment in A&E, no other trends could be identified.

Reopened Complaints

5 Complaints were reopened in August 2020. The reasons for the complaints being reopened were Further Questions (4) and Facts Challenged (1).

Ombudsman Referrals

No complaints were referred to the ombudsman in August 2020

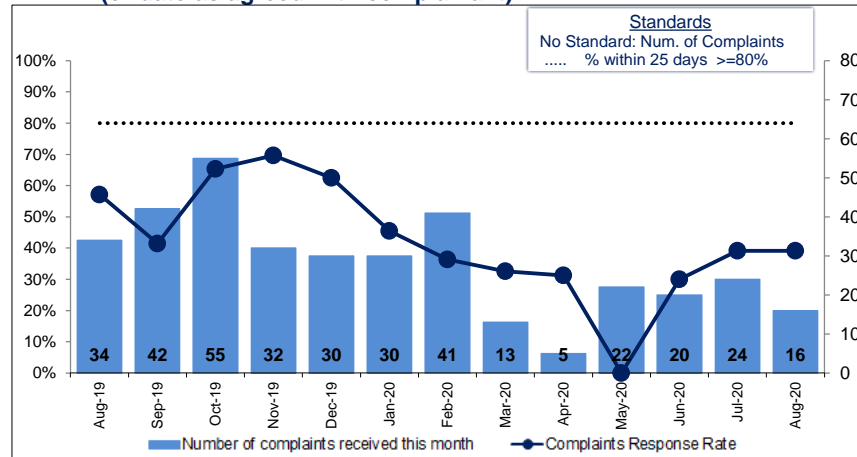
Friends and Family Test

Author: Jane Suppiah Patient Experience & Quality Improvement Lead

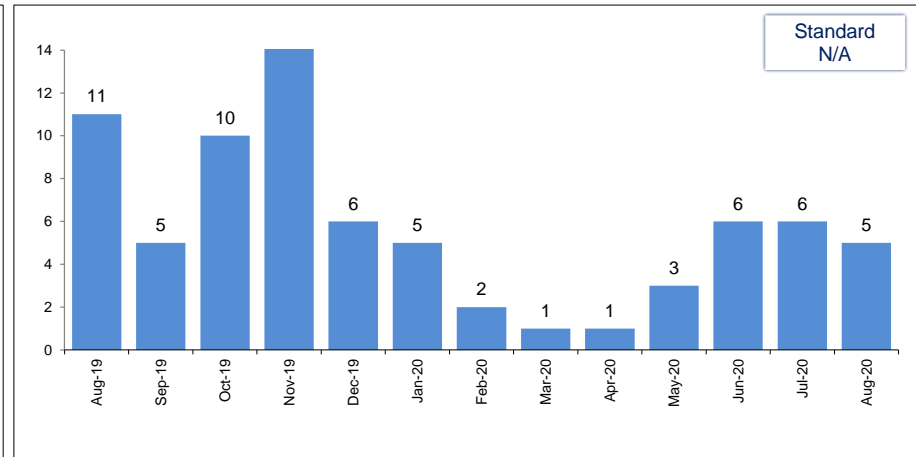
FFT HAS BEEN SUSPENDED BY NHS ENGLAND

k3.01 | Number of Complaints received

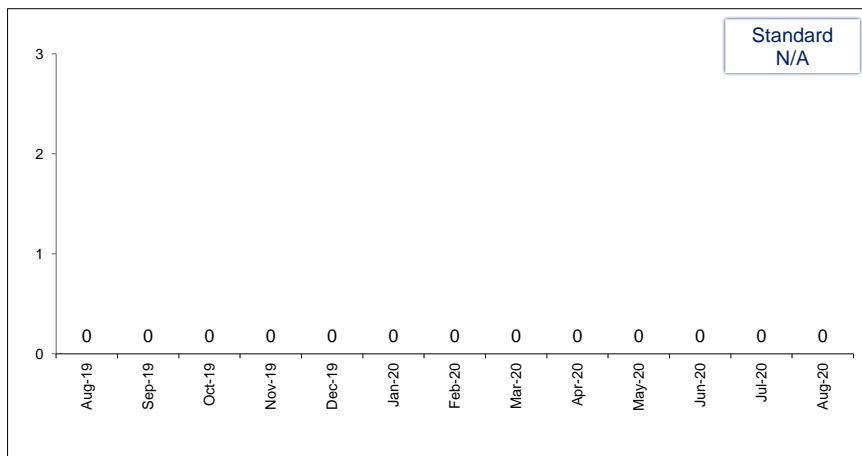
**k3.14 | % Complaints responded to within 25 working days
(or date as agreed with complainant)**



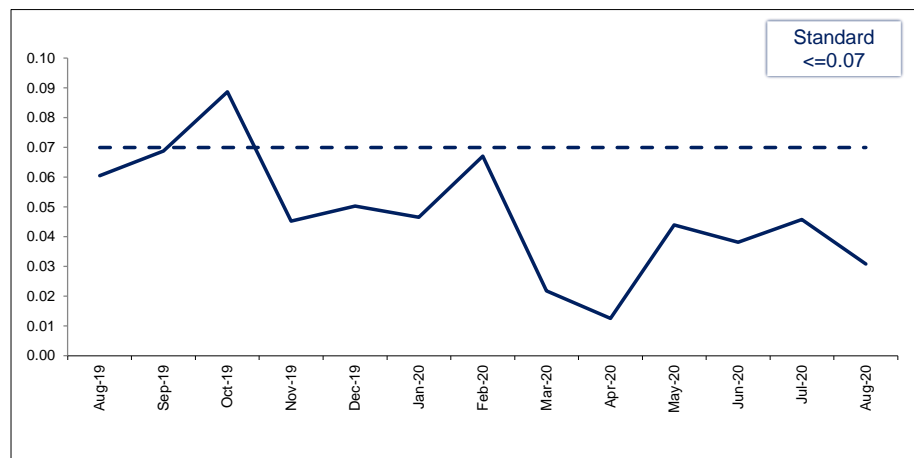
k3.02 | Number of Complaints reopened



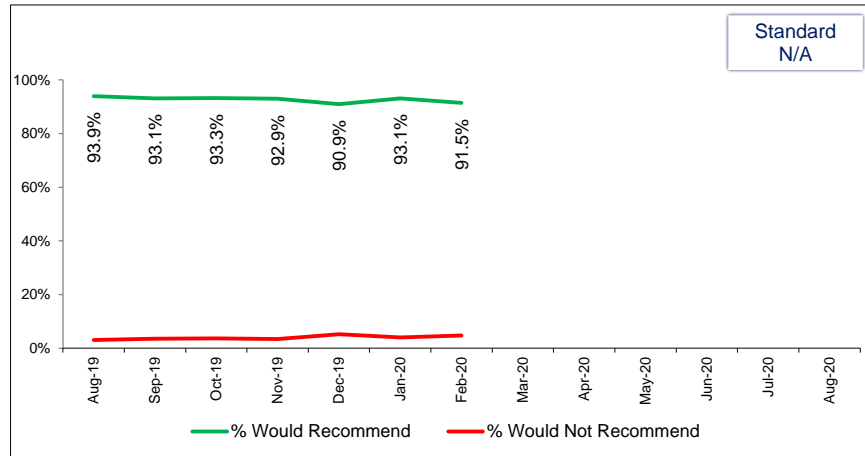
k3.03 | Number of Complaints referred to ombudsman



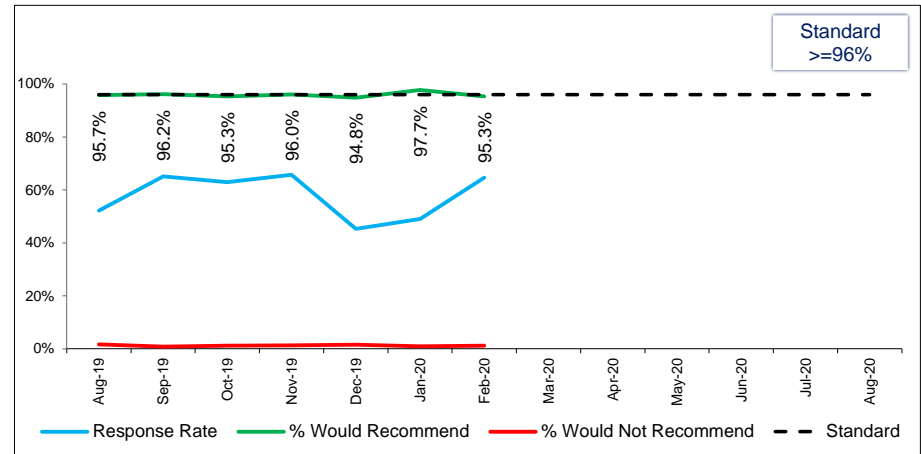
k3.20 | Complaints per 100 patient contacts



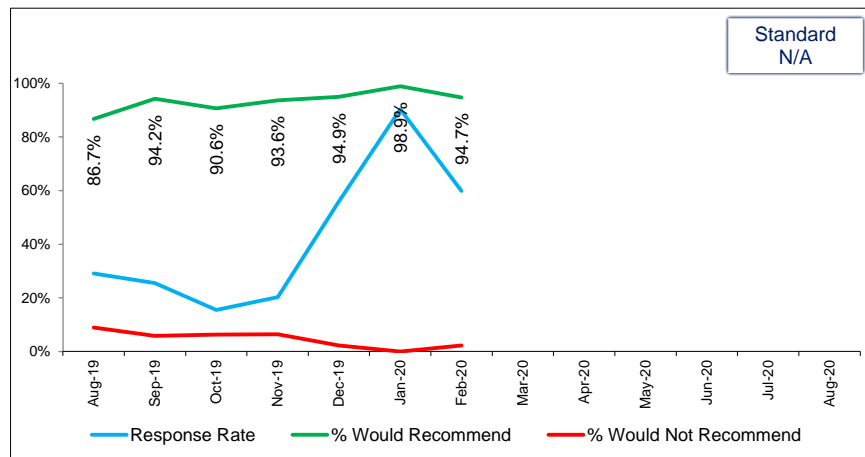
k3.05 | Friends and Family Score - Trust



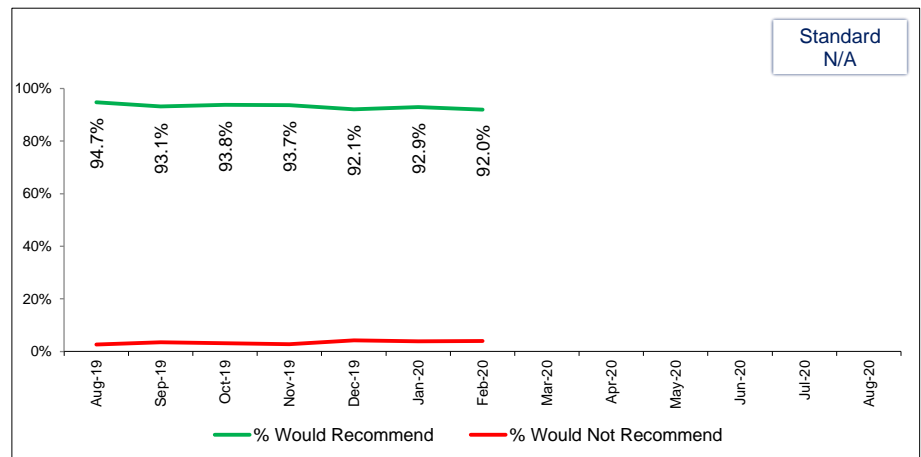
k3.06 | Friends and Family Score - Inpatients (excluding daycases)



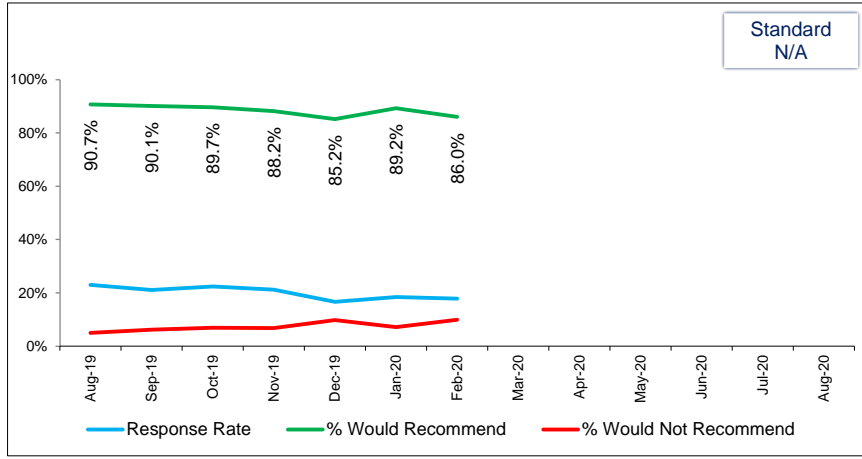
k3.07 | Friends and Family Score - Paediatric Inpatient



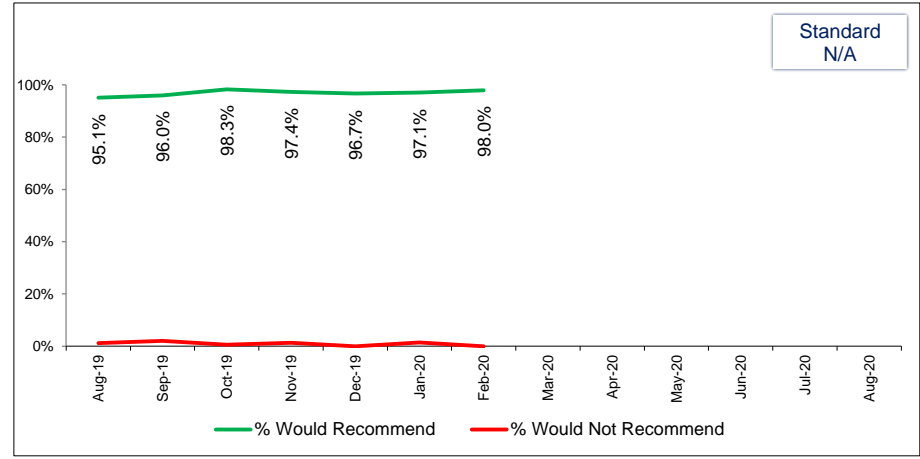
k3.08 | Friends and Family Score - Outpatient



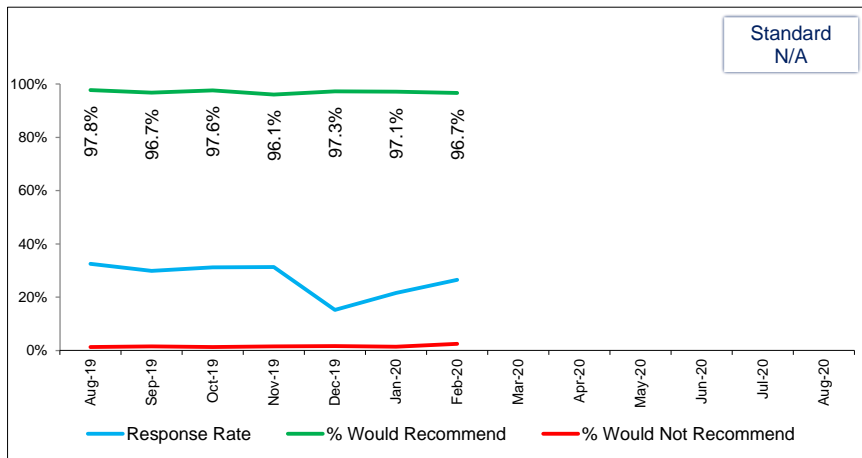
k3.09 | Friends and Family Score - A&E



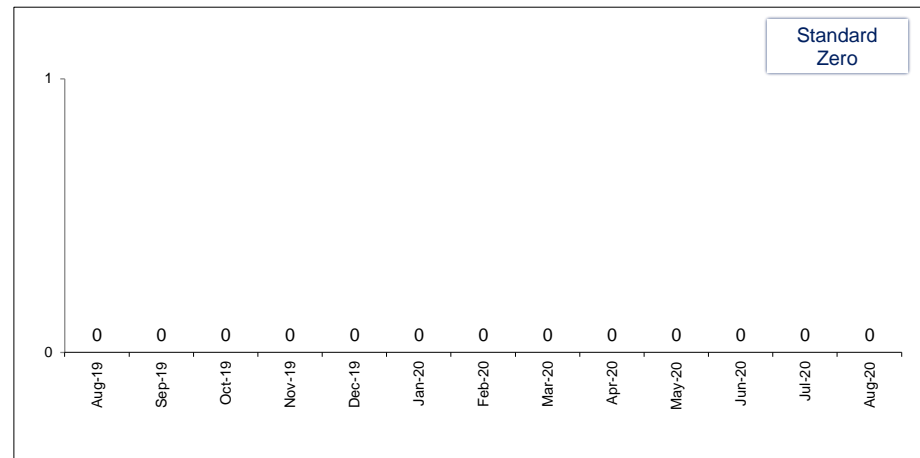
k3.10 | Friends and Family Score - Maternity



k3.11 | Friends and Family Score - Daycases



k3.13 | Number of Mixed Sex Accommodation Breaches



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

The Trust achieved all cancer targets in June. This is exceptional performance, particularly in relation to the 62 day standard. The national position for 62 days was 75.21% and the Trust achieved 93.5%, ranking the Trust as the best performing acute Trust in London.

The number of 2ww referrals are continuing to increase and are more aligned with the expected referral rate following the 2/3 decline in March and April. A significant amount of work is going on across the sector to increase public confidence in accessing health care, as there is significant concern nationally that cancer patients are not presenting.

RTT & Diagnostics**Author: Anna Jebb, Associate Director, Planned care**

August performance against the incomplete RTT 92% standard was 56.4%. This low performance is to be expected given the period of surge during which most elective routine activity did not take place. The performance is improving, and the Trust has an agreed elective catch up plan in place, which aims to ensure the trust is compliant with the 18 week standard within 6 months. The Trust is also being monitored against NHSE business as usual (BAU) targets which aim to ensure that the Trust is doing at least 100% of its normal level of activity.

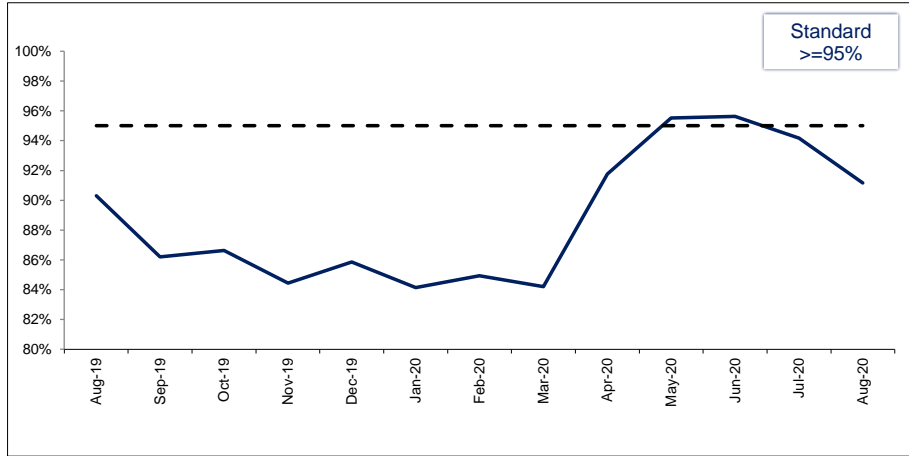
A number of steps have been taken to ensure that a significant number of additional clinics/lists are being put on, focussing on the long waiting patients in the first instance. Performance is monitored on a weekly basis with direct feedback to under-performing specialties.

A&E Performance**Author: Tracey Moore, Associate Director, Unplanned Care**

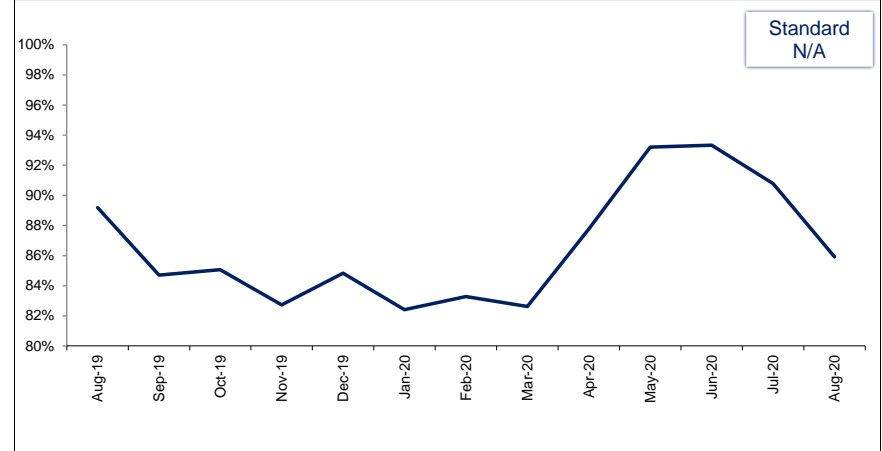
August saw a reduction in performance against the four hour standard. This was impacted by an increase in stranded and super stranded patients, which impacted on flow, and increases in attendance. The requirement for negative test results for patients before transfer to rehabilitation beds and nursing homes resulted in some delays in discharge which in turn impacted on the transfer of patients from the acute assessment unit. This has now been improved through the recent introduction of point of care testing for a small number of patients, which can provide rapid results and is being trialled for those patients waiting discharge to a nursing home or community bed.

The urgent and emergency care programme is progressing with a focus on digital 111 – ie encouraging patients to phone 111 before attending ED to facilitate onward referral to more appropriate services and 111 direct booking into ED and same day emergency care. The Trust is also heavily involved in the community led programme to implement the updated discharge guidance

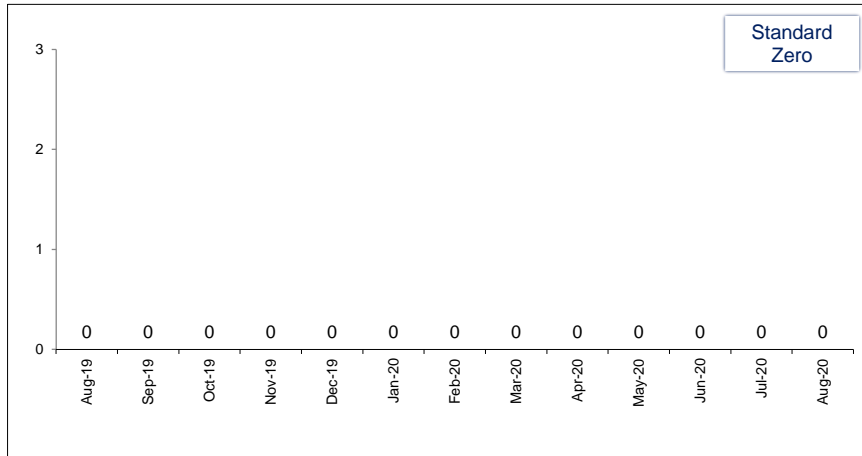
K8.02 | A&E 4 hour waiting time (type 1)



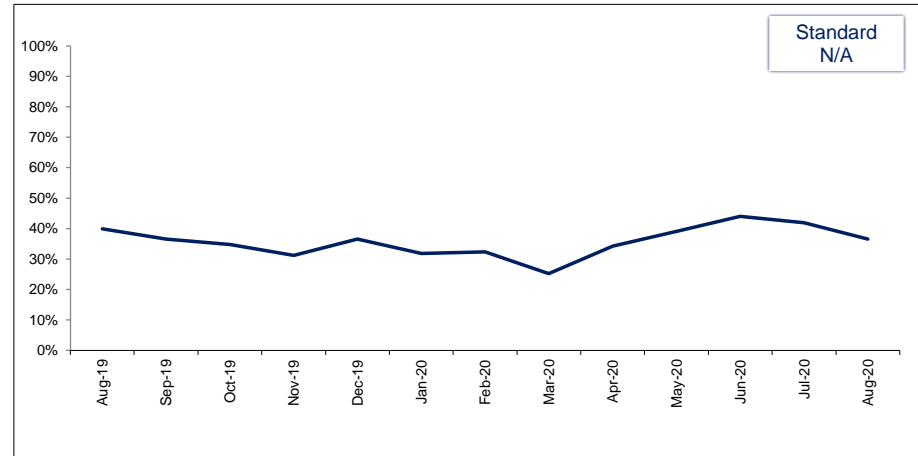
K8.01 | A&E 4 hour waiting time (all types)



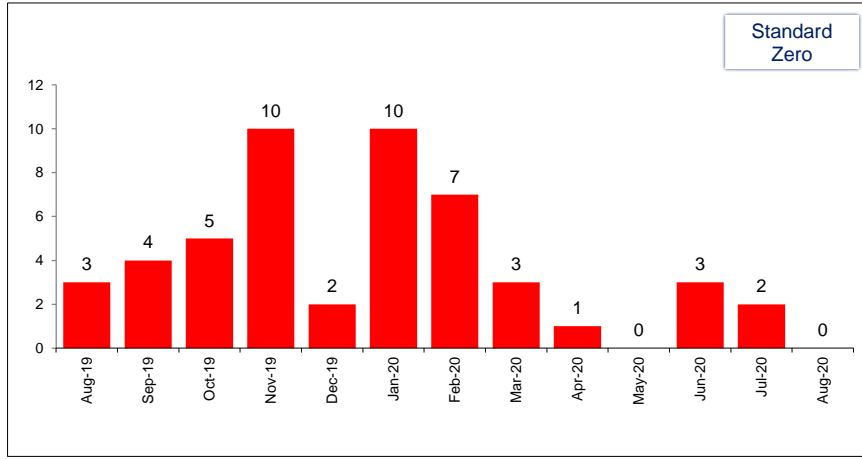
K8.03 | Number of A&E 12 hour trolley waits



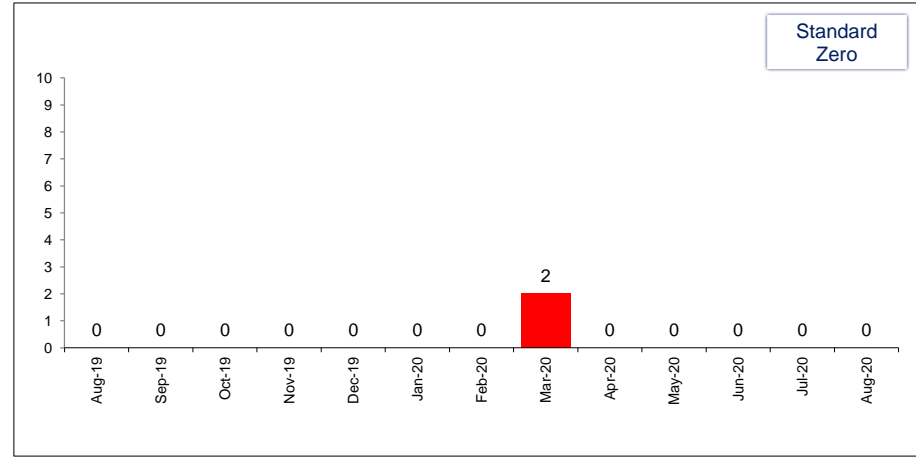
K8.04 | LAS Ambulance Handovers - % within 15 minutes



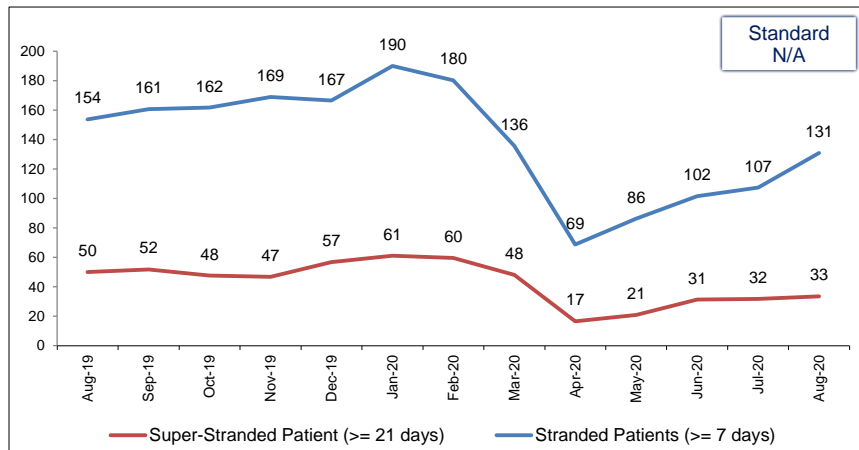
K8.05 | LAS Ambulance Handovers - 30 min waits



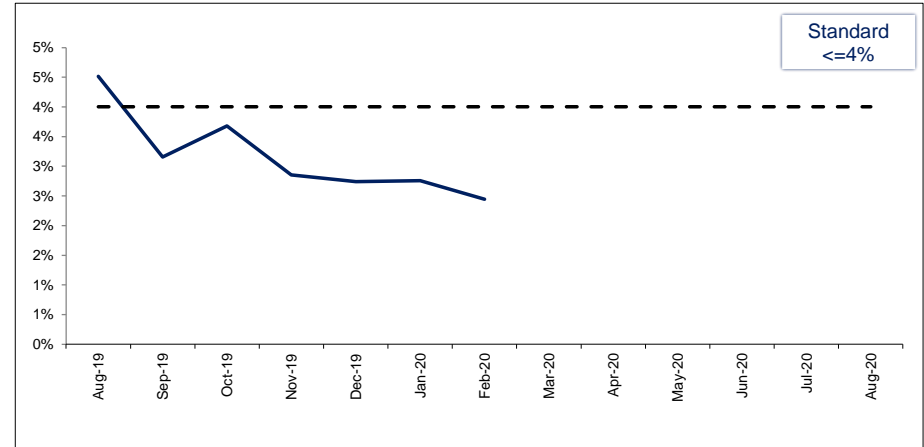
K8.06 | LAS Ambulance Handovers - 60 min waits



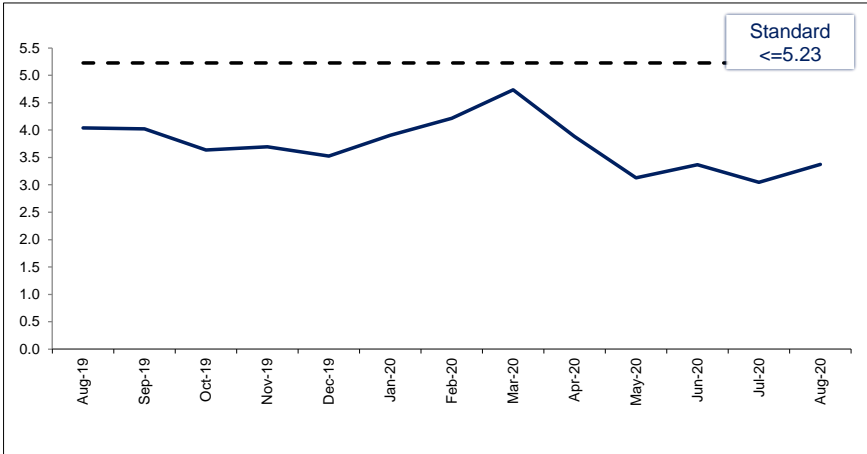
K8.07/08 | Stranded Patients (>=7 days and >=21 days)



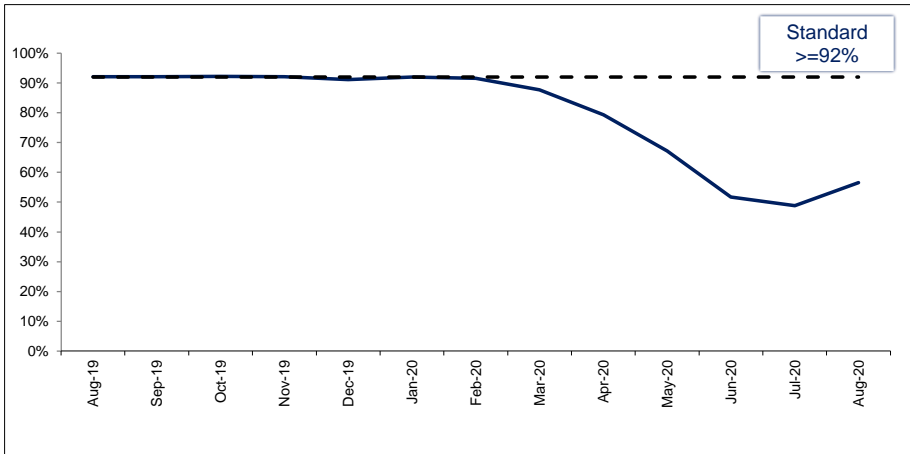
K8.10 | Delayed transfers of care - Rate per occupied bed day



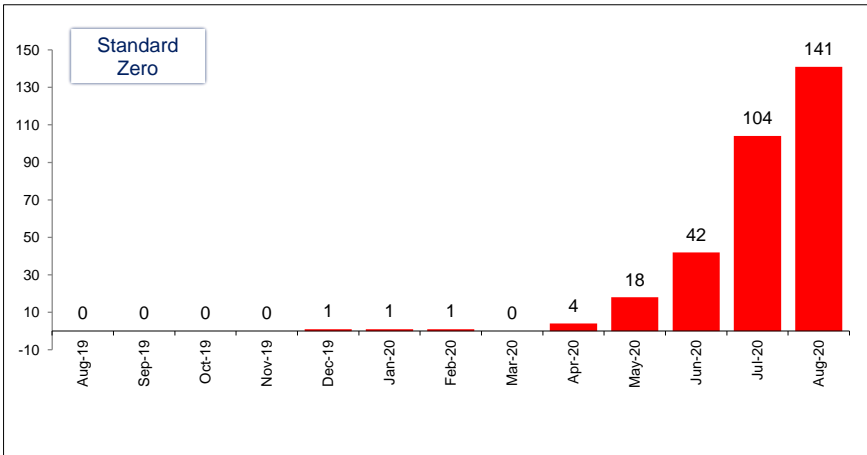
K8.11 | Average length of stay - Emergency Admissions



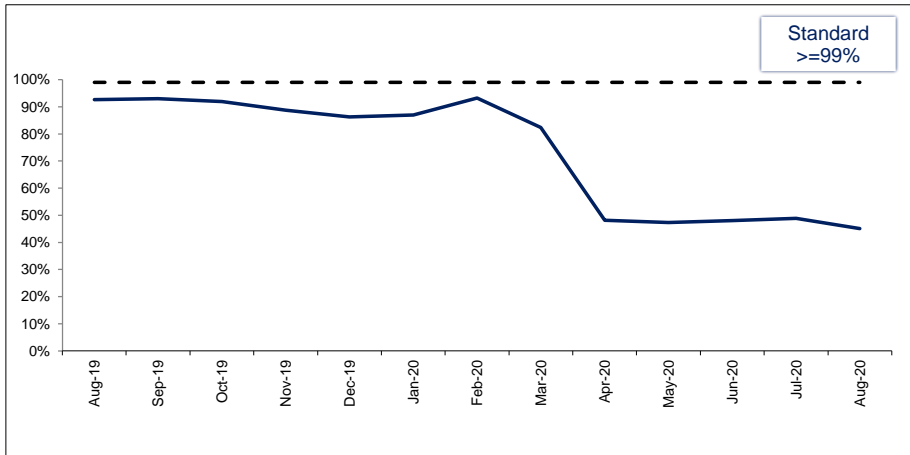
K8.12 | 18 weeks Referral to Treatment - Incomplete pathways



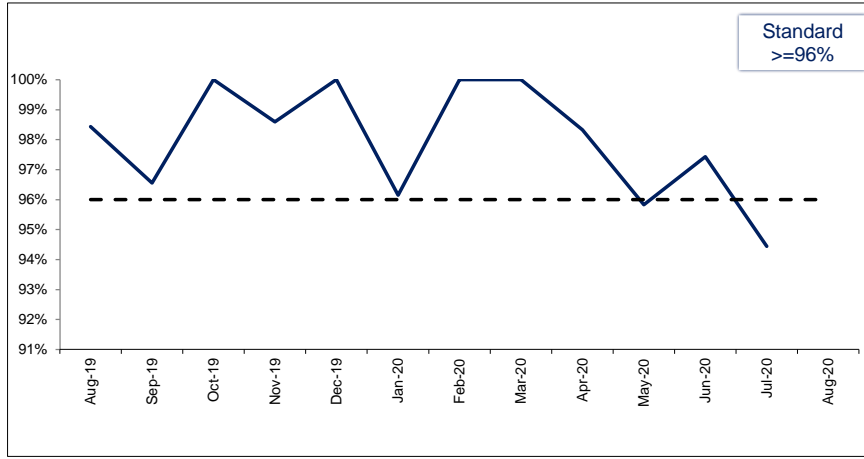
K8.13 | 18 weeks Referral to Treatment - number of incomplete over 52 week waiters



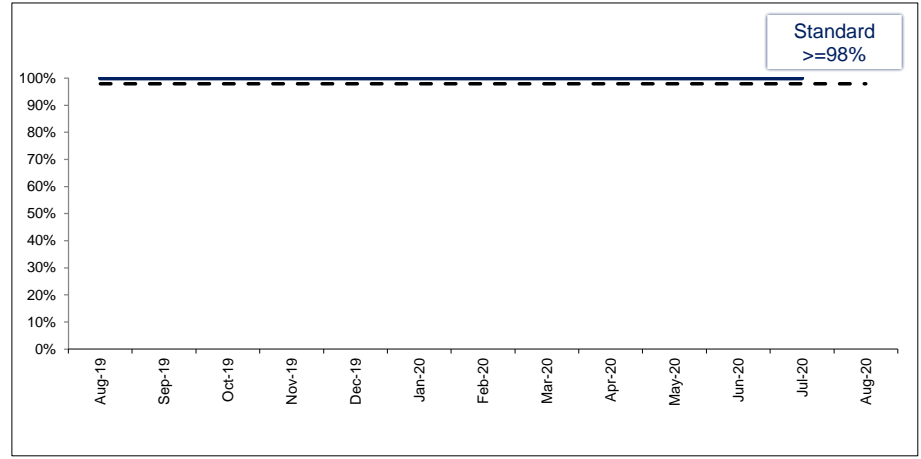
K8.14 | Diagnostic test - % waiting 6 weeks or less



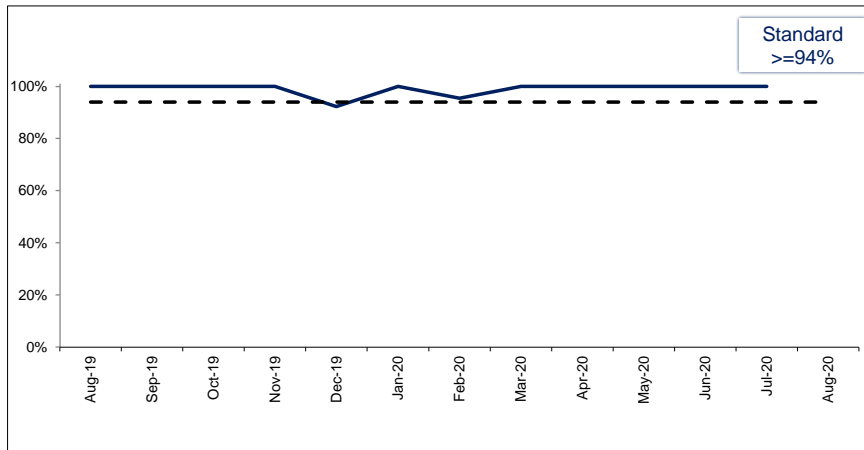
K8.17 | Cancer - Patients receiving first definitive treatment within one month (31 days) of a cancer diagnosis



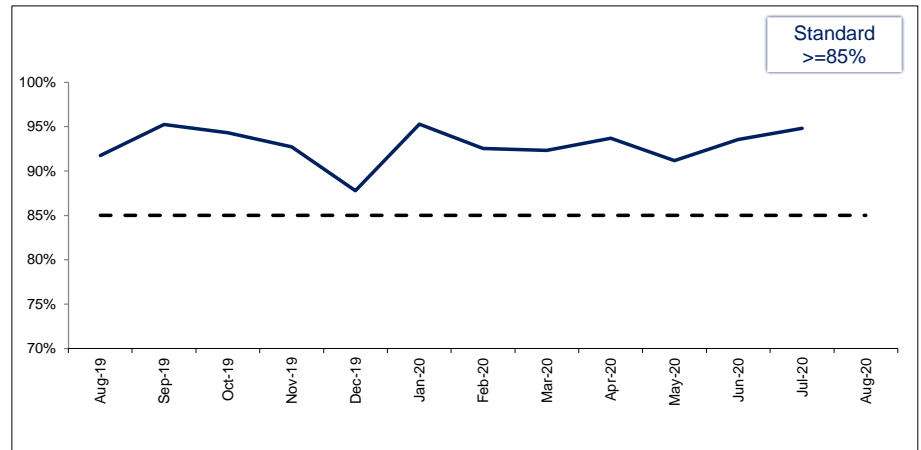
K8.18 | Cancer - 31 day second or subsequent treatment - drug



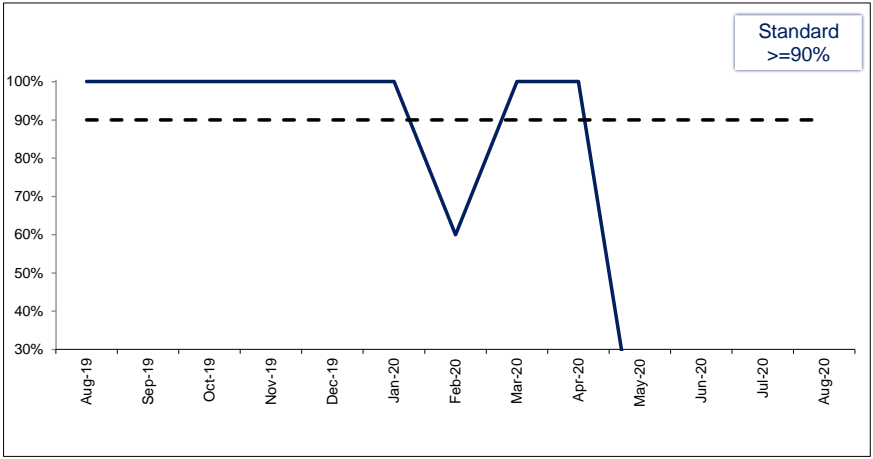
K8.19 | Cancer - 31 day second or subsequent treatment - surgery



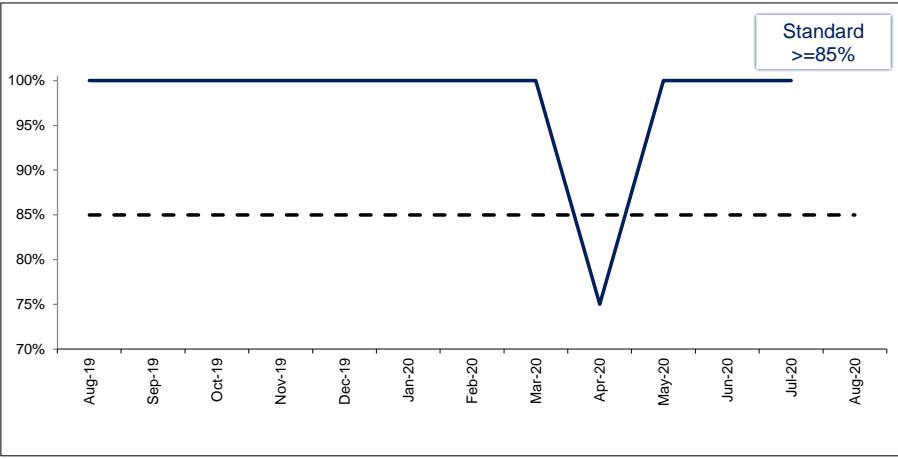
K8.20 | Cancer - Two month urgent referral to treatment wait



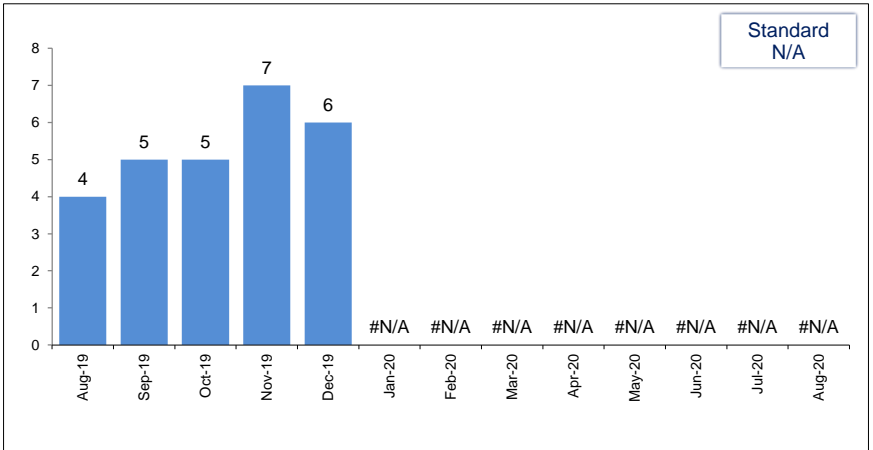
K8.21 | Cancer - 62 day wait for first treatment following referral from a NHS Cancer Screening Service



K8.22 | Cancer - 62 day wait for first treatment following consultant upgrade



K8.24 | Number of cancelled operations



Author: Carolyn Floyd, Workforce Information & Planning Manager**1. Vacancy (target 5.70%)**

Vacancy rates have risen significantly this month to a red rating of 9.02%. This is primarily due to the fact that the staff in post figure has decreased by 57wte. The majority of this WTE is attributed to the fixed term student nurses and student doctors that were recruited to cover during the COVID period and so consequently gave us a better vacancy rate over the last few months. Pay Band 2 and 5 record the highest vacancy rates at 16.56% and 10.11% respectively. Additional Clinical Services continues to be the staff group with the highest WTE vacant as this is the group containing lower pay bands (77.63wte). Service Lines with high WTE vacant are Trauma & Orthopaedics (30.80wte), Elderly Care (27.29wte) and A&E (26.66wte). Cluster 6 has increased its rate from 9.26% to 12.44% as they have had an increased establishment as well as the student nurse and doctor factor. Next month we have a high number of predicted starters as the first cohort of Qualified Nurses are arriving from the Philippines (22wte) as well as recruitment in other staff groups 63wte in total, so rates will improve.

The average vacancy rate for our comparators is 9.63% (Feb-20) which the Trust is better than.

2. Turnover (target 13.50%)

Although turnover has increased this month to 13.12% it is still green rated. The rise can be attributed to the fact that there were more leavers than starters over the past two months. The highest turnover is in the Add Prof Scientific and Technic (23.16%) and Administrative and Clerical (18.57%) staff groups. Administrative and Clerical is not the largest staff group but it does record the highest number of leavers and remains an area of focus. Red rated turnover is only within two pay bands Band 2 (17.33%) and Band 4 (15.89%). The Corporate Directorates combined continues to record a highest turnover rate at 15.71%. Turnover is over 20% in the following Service Lines: Neurology (34.68%), Pharmacy (25.57%), Medical Director (24.31%), Cancer (22.71%), Therapies (21.04%) and Human Resources (20.43%). Some of these Services are very small and so any leaver can inflate the turnover percentages.

The average turnover rate for our comparator's is 13.39% (Feb-20) which the Trust is better than

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.

3. Sickness (target 2.60%)

This month sickness has increased slightly to an amber rating of 2.99%. The highest percentage of sickness falls within pay band 5 (5.99%) and pay band 2 (5.48%). The highest percentage by staff group remains within the Additional Clinical Services and Administrative and Clerical 5.01% and 4.18% respectively. These measures are all red rated. Cluster 4 records the best sickness rate, a green rating of 2.48%. Conversely Cluster 3 is red rated at 3.89%. Service Lines recording a high percentage are Private Patients (13.27%), Outpatients & Records (5.15%), Gynaecology & Breast (4.67%), Pharmacy, A&E & Maternity (4.31%).

The Average turnover rate for our comparator's is currently not available for all Trusts and is heightened by the COVID pandemic.

4. Mandatory Training (target 90%)

This month the compliance rate remains static at 82.48%, an amber rating. The Medical and Dental Staff group continues to have the lowest compliance rate at 62.74% and is the only red rated staff group. Pay Band recording a red rate are Bands 8a and above and Band 3 76.53% and 79.67% respectively. Lowest compliance is within Cluster 4 (78.94%) and Cluster 6 (79.75%) and this is due to low rates in Service Lines: Oral & ENT (77.10%), Surgery & Urology (78.05%), Ophthalmology (78.28%) and Anaesthetics, Theatres and DSU (79.09%).

The average Mandatory Training compliance for our comparator's is 88.36% (Feb-20) which the Trust is worse than.

6. Appraisals (target 90%)

The Appraisal rate has increased this month to 60.54%. Lowest Appraisals rates are recorded in Pay Band 7 (53.71%) and Band 3 (54.51%). All staff groups are red rated with the lowest compliance in Allied Health Professionals (48.82%) and Estates and Ancillary (50%). Then combined Corporate Directorates remains lower than the Clinical Divisions at 50.55%. Service Lines recording under 40% and area of focus are; Estates (30.43%), Gynaecology & Breast (31.17%), Corporate Affairs (33.33%), Therapies (36.04%), Medical Director (36.84%) and Plastics & Dermatology (38.10%)

The average Appraisal compliance for our comparator's is 82.77% (Feb-20) which the Trust is worse than.

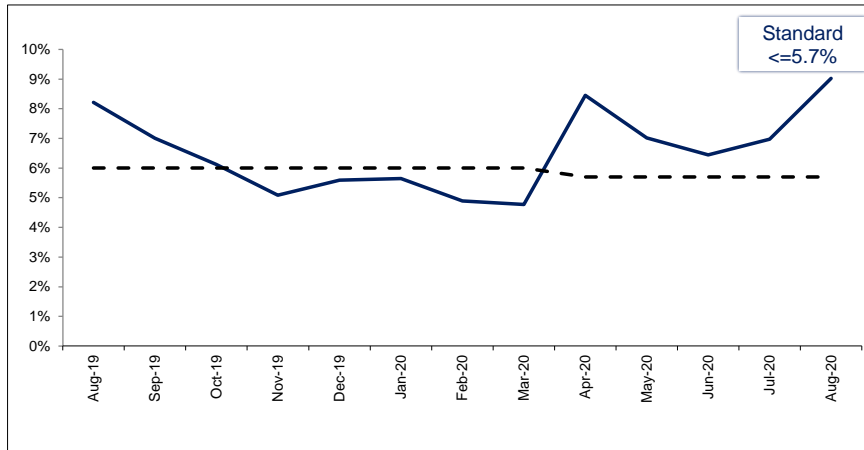
10. Stability (target 90%)

Stability has increased slightly this month to 86.95%. Lowest Stability rates are recorded in Cluster 2 (83.71%) and Cluster 3 (85.94%). Planned Care is the most stable at 88.01%. Red rated stability is recorded in Service Lines: Outpatients & Records (65.77%), Oral & ENT (75.73%), Therapies (78.47%) and Cardiology (79.26%). The Add Prof Scientific and Technic staff group has a red rating of 69.84% but this is a small staff group and so percentages can be slightly disproportionate here.

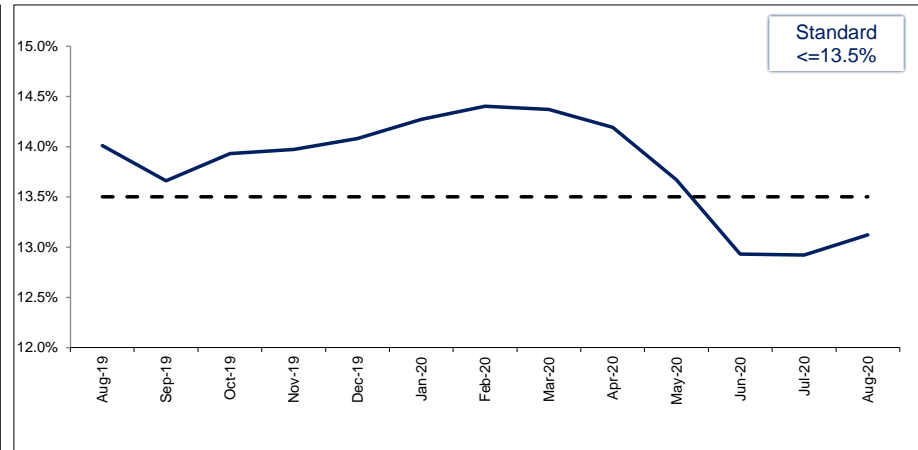
11. Time to Hire (under 20 days)

This month the figure remains static at 20 days for time to hire between advert close and Conditional offer.

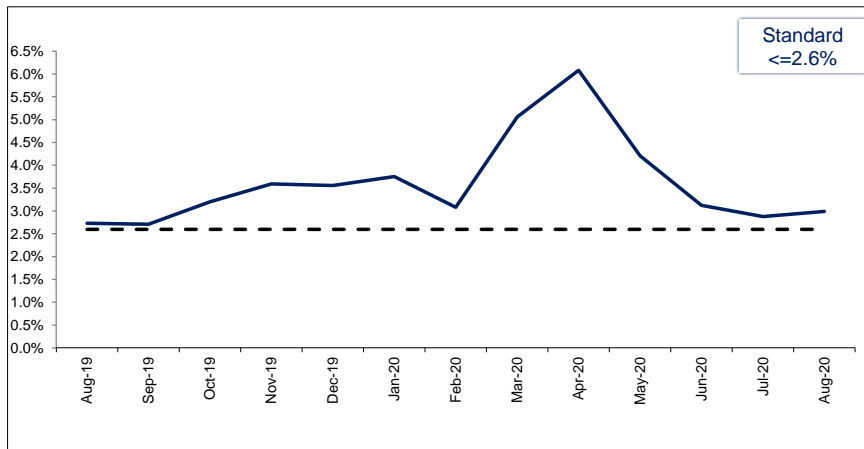
k7.01 | Vacancy rate



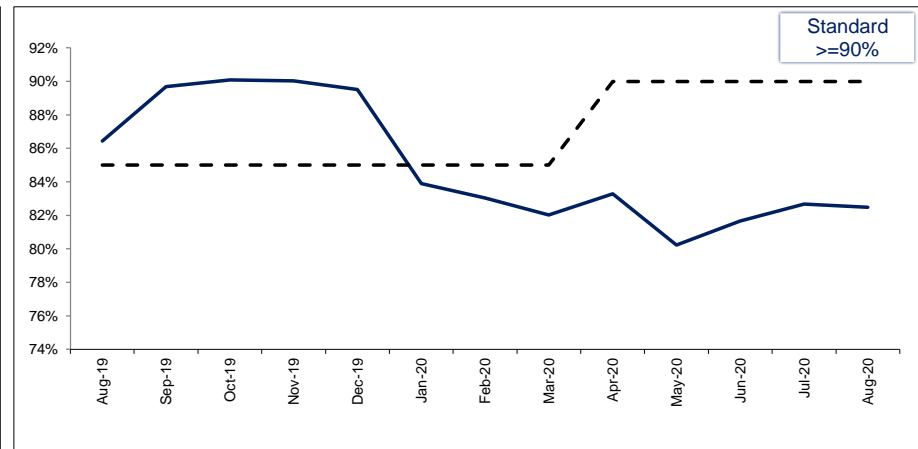
k7.02 | Turnover rate



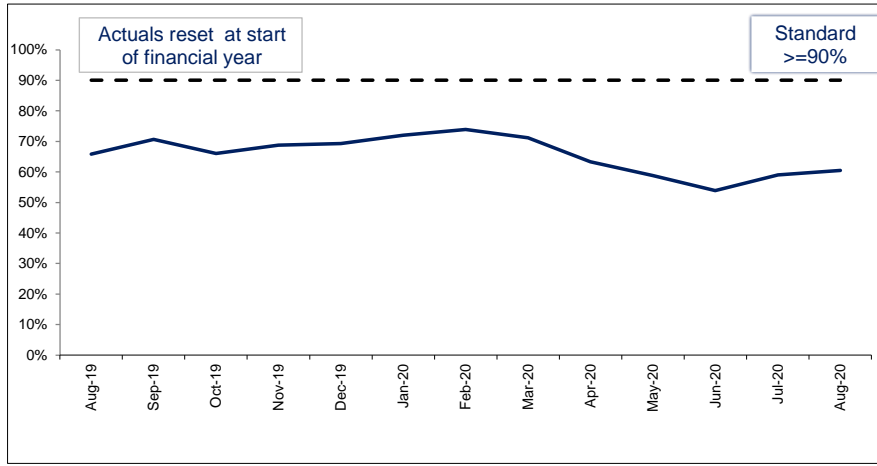
k7.03 | Sickness rate



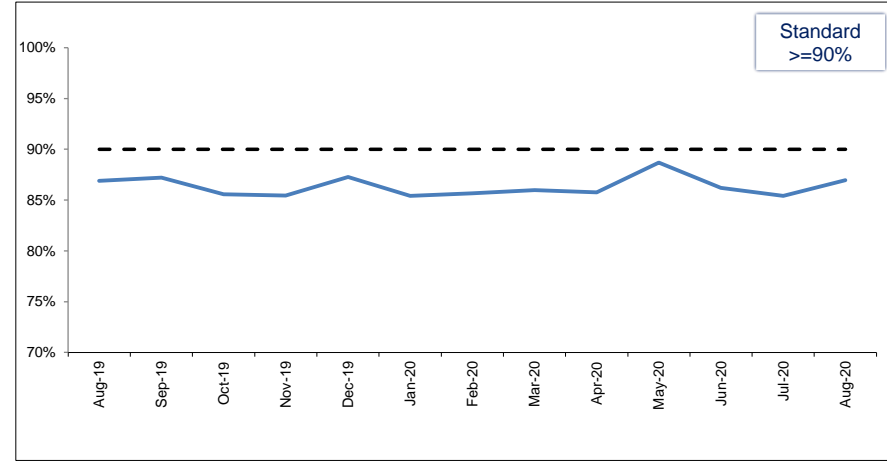
k7.04 | Mandatory training



k7.05 | Appraisals / PDRs completed



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



Staff Group KPIs: August 2020

	Turnover	Stability	Vacancy	Sickness	Training	Appraisal
Target	13.50%	90.00%	5.70%	2.70%	90.00%	90.00%
Add Prof Scientific and Technic	23.16%	69.84%	12.14%	2.28%	80.05%	59.76%
Additional Clinical Services	14.57%	85.39%	14.33%	5.01%	83.75%	66.06%
Administrative and Clerical	18.57%	84.26%	7.71%	4.18%	89.33%	59.27%
Allied Health Professionals	15.16%	87.14%	10.56%	1.59%	83.09%	48.82%
Estates and Ancillary	19.62%	54.13%	21.85%	4.60%	82.20%	50.00%
Healthcare Scientists	12.05%	87.04%	16.23%	2.87%	85.25%	60.27%
Medical and Dental	7.94%	96.01%	8.38%	0.40%	62.74%	
Nursing and Midwifery Registered	10.31%	92.44%	6.37%	2.72%	87.24%	65.37%

KPI	Description	Standard (From Apr '18)	Type	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Safe															
k1.01	Pressure ulcers - Hospital acquired (Grade 3 and 4)	<=10 per month	Number	2	0	6	12	4	4	5	8	0	1	1	1
k1.011	Pressure ulcers - Hospital acquired (Grade 3 and 4) - Avoidable		Number	0	0	4	8		3	4	3	0	0	0	1
k1.012	Pressure ulcers - Hospital acquired (Grade 3 and 4) - Unavoidable		Number	2	0	2	4	2	1	1	5	0	1	1	0
k1.02	Patients with Hospital acquired pressure ulcers (Grade 3 and 4) per 1000 beddays	<=0.1 per month	Rate	0.18	0.00	0.50	1.04	0.32	0.35	0.53	1.14	0.00	0.13	0.12	0.10
k1.03	Pressure ulcers - Hospital acquired (Grade 2)	<=3 per month	Number	8	7	4	9	5	10	4	21	4	6	7	4
k1.031	Pressure ulcers - Hospital acquired (Grade 2) - Avoidable		Number	2	4	2	3	4	7	2	7	2	4	4	2
k1.032	Pressure ulcers - Hospital acquired (Grade 2) - Unavoidable		Number	6	3	2	6	1	3	2	14	2	2	3	2
k1.04	Patients with Hospital acquired pressure ulcers (Grade 2) per 1000 beddays	<=0.51 per month	Rate	0.73	0.60	0.33	0.78	0.41	0.87	0.42	2.99	0.55	0.77	0.82	0.41
k1.05	MRSA Bacteraemias (Hospital Assigned)	=0 per month	Number	0	2	0	1	1	0	0	0	0	0	1	0
k1.06	MSSA Bacteraemias (Hospital Apportioned)	<=1 per month	Number	1	1	0	0	0	1	0	1	0	0	1	0
k1.07	Clostridium difficile Infections (Hospital Apportioned)		Number	2	1	4	4	4	2	2	1	0	0	0	2
k1.08	Clostridium difficile Infections (Hospital Apportioned) due to Lapse in Care (confirmed cases)	<=8 per annum	Number	0	0	0	2	2	0	0	0	0	0	0	0
k1.09	Completed Patient Observations - Adult inpatients (NEWS)	>=0.97 per month	%	99.3%	100.0%	100.0%	100.0%	98.8%	98.8%	98.8%			98.26%		
k1.10a	Completed Patient Observations - Paediatric Inpatients (PEWS)	>=0.97 per month	%	97.4%				95.90%	95.90%	95.9%			94.44%		
k1.12	Patient Safety Incident (PSI) Falls	<=58 per month	Number	84	57	61	40	49	45	61	44	35	44	35	38
k1.13	Number of Patient Safety incident Falls per 1000 (G&A) bed days	<=5.3 per month	Rate	7.66	4.93	5.11	3.47	3.97	3.92	6.47	6.27	4.82	5.64	4.12	3.93
k1.14	Patient Falls with moderate or severe harm	<=6 per month	Number	2	3	5	0	2	0	0	4	1	0	0	0
k1.15	Never Events	=0 per month	Number	1	0	0	0	0	0	0	0	0	0	0	1
k1.16	Medication Incidents	-	Number	67	66	55	47	61	39	37	22	29	34	54	56
k1.17	% Medication Incidents where Moderate or Severe Harm occurred	<=0.04 per month	%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.7%	0.0%	0.0%	0.0%	0.0%	0.0%
k1.18	Serious Untoward Incidents	-	Number	1	3	3	3	2	1	1	2	1	1	1	1
k1.19	Escherichia Coli bacteraemia (all)	-	Number	15	14	12	10	10	13	12	8	13	9	15	10
k4.01	Safer Staffing - Day - Registered Midwives / Nurses fill rate	-	%	97.8%	99.7%	100.3%	98.6%	100.2%	99.8%	92.3%	95.6%	102.9%	99.3%	96.8%	98.4%
k4.02	Safer Staffing - Day - Assistant Fill Rate	-	%	95.0%	93.6%	94.9%	103.2%	96.6%	95.1%	98.8%	103.9%	104.8%	103.7%	93.4%	97.9%
k4.03	Safer Staffing - Night - Registered Midwives / Nurses fill rate	-	%	98.4%	97.9%	97.5%	100.9%	98.4%	98.3%	94.7%	95.8%	109.5%	101.8%	100.0%	100.2%
k4.04	Safer Staffing - Night - Assistant Fill Rate	-	%	96.0%	97.7%	99.8%	119.5%	102.8%	96.9%	113.7%	115.1%	101.6%	105.5%	101.2%	111.3%
k4.05	Safer Staffing - Overall trust fill rate	-	%	97.2%	97.7%	98.4%	102.7%	99.4%	98.0%	96.9%	99.5%	105.0%	101.6%	97.5%	100.4%
k4.06	Safer Staffing - % of Registered Nurse and Midwife expenditure on agency staff	-	%	3.2%	3.7%	3.1%	5.7%	3.9%	4.5%	2.7%	1.9%	2.4%	3.26%	2.33%	2.71%

KPI	Description	Standard (From Apr '18)	Type	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
k4.07	Safer Staffing - Care Hours per Patient Day	-	Rate	8.33	8.74	8.51	8.39	8.50	8.71	10.29	13.11	12.62	12.15	11.28	9.86
k5.01	Maternity - Caesarean section rate	<=0.26 per month	%	30.3%	27.7%	32.7%	33.6%	28.8%	31.2%	31.7%	33.5%	29.0%	27.8%	32.5%	27.8%
k5.02	Maternity - % of women with a primary postpartum haemorrhage of 1500ml or more	<0.031 per month	%	4.4%	4.9%	3.6%	4.7%	5.4%	6.4%	4.9%	1.7%	2.1%	3.5%	4.5%	3.6%
k5.03	Maternity - % of women with a primary postpartum haemorrhage of 2000ml or more	<=0.01 per month	%	1.3%	2.4%	2.5%	1.7%	2.1%	2.5%	3.0%	0.5%	1.2%	1.0%	1.4%	0.8%
k5.04	Maternity - Significant Perineal Trauma	-	%	1.5%	4.1%	3.0%	2.5%	3.1%	2.5%	1.4%	1.2%	1.9%	4.3%	1.2%	0.8%

Effective

k2.01	Standardised healthcare mortality index (SHMI) - most recent score	<=95	Index	77.816	77.551	77.551	76.589	76.589	75.415	75.415	76.849	76.849	76.849	77.670	77.670
k2.02	Unadjusted Mortality Rate	-	%	0.7%	0.6%	0.9%	1.1%	0.8%	1.1%	1.4%	3.5%	1.4%	0.9%	0.6%	0.8%
k2.03	Sepsis - % of eligible patients screened for sepsis - ED	>=90% per month	%	95.0%	90.0%	100.0%	95.0%	85.0%	100.0%	90.0%	76.2%	95.0%	90.00%		
k2.04	Sepsis - % of eligible patients who received antibiotics within 1 hour of arrival - ED	>=90% per month	%	92.3%	81.8%	88.9%	92.3%	90.0%	90.0%	100.0%	100.0%	100.0%	100.00%		
k2.13	Sepsis - % of eligible patients screened for sepsis - Inpatients	>=90% per month	%	85.0%	85.0%	85.0%	95.0%	95.0%	95.0%	95.0%	90.0%	100.0%	95.00%		
k2.14	Sepsis - % of eligible patients who received antibiotics within 1 hour - Inpatients	>=90% per month	%	60.0%	100.0%	100.0%	88.9%	85.7%	100.0%	75.0%	100.0%	80.0%	75.00%		
k2.05	VTE Assessments (Trust)	>=95% per month	%	97.4%	98.0%	98.1%	97.4%	97.8%	97.3%	97.5%	97.4%	97.9%	98.7%	93.6%	95.2%
k2.06	Incidence of Hospital Acquired VTE (HAT)	-	Number	0	0	2	1	2	0	0	0	0	0	0	0
k2.07	% of eligible patients screened for dementia	>=90% per month	%	79.6%	79.9%	84.3%	86.3%	84.9%	66.7%						
k2.08	% of patients with dementia who were properly assessed	>=90% per month	%	89.7%	84.9%	91.7%	97.0%	92.5%	35.7%						
k2.09	% emergency readmissions following elective admission - 30 days	-	%	2.7%	2.4%	2.9%	3.2%	1.8%	2.8%	2.9%	4.3%	4.5%	4.4%	3.6%	4.0%
k2.10	% emergency readmissions following emergency admission - 30 days	-	%	16.7%	16.4%	18.6%	17.7%	18.5%	17.3%	17.1%	14.6%	17.1%	17.7%	16.6%	13.8%
k3.15	Hand Hygiene (Infection Control - Core Elements Tool)	>=95% per month	%	98.5%	98.3%	98.8%	98.8%	98.6%	98.0%	98.5%	98.9%	98.3%	98.9%	98.4%	98.5%

Caring

k3.01	Number of complaints received this month	-	Number	42	55	32	30	30	41	13	5	22	20	24	16
k3.02	Number of complaints reopened this month	-	Number	5	10	15	6	5	2	1	1	3	6	6	5
k3.03	Number of complaints referred to ombudsman this month	-	Number	0	0	0	0	0	0	0	0	0	0	0	0
k3.14	Complaints Response Rate	>=80%	%	41.5%	65.3%	69.6%	62.5%	45.5%	36.4%	32.6%	31.3%	0.0%	30.0%	39.1%	39.1%
k3.05b	FFT - Trust - % Would Recommend	-	%	93.1%	93.3%	92.9%	90.9%	93.1%	91.5%						
k3.06a	FFT - InPatients - % Would Recommend	>96% per month	%	96.2%	95.3%	96.0%	94.8%	97.7%	95.3%						
k3.07	FFT - Paediatric InPatients - % Would Recommend	-	%	94.2%	90.6%	93.6%	94.9%	98.9%	94.7%						
k3.08a	FFT - OutPatients - % Would Recommend	-	%	93.1%	93.8%	93.7%	92.1%	92.9%	92.0%						

KPI	Description	Standard (From Apr '18)	Type	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
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Well-led

k7.01	Vacancy rate	<=6% per month	%	7.0%	6.1%	5.1%	5.6%	5.7%	4.9%	4.8%	8.5%	7.0%	6.4%	7.0%	9.0%
k7.02	Turnover rate	<=13.5% per month	%	13.7%	13.9%	14.0%	14.1%	14.3%	14.4%	14.4%	14.2%	13.7%	12.9%	12.9%	13.1%
k7.03	Sickness rate	<=2.6% per month	%	2.7%	3.2%	3.6%	3.6%	3.8%	3.1%	5.1%	6.1%	4.2%	3.1%	2.9%	3.0%
k7.04	Mandatory Training	>=85% per month	%	89.7%	90.1%	90.0%	89.5%	83.9%	83.0%	82.0%	83.3%	80.2%	81.7%	82.7%	82.5%
k7.05	Appraisals / PDRs completed	>=90% year end	%	70.7%	66.0%	68.7%	69.3%	72.1%	73.9%	71.2%	63.3%	58.8%	53.9%	59.0%	60.5%
K7.10	Stability (% Staff Retained >1yr)	>90.%	%	87.2%	85.6%	85.5%	87.3%	85.4%	85.7%	86.0%	85.8%	88.7%	86.2%	85.4%	87.0%

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 <u>fourth</u> day of admission or afterwards.	Infection Control team - as reported to PHE	
Safe	k1.08	Clostridium difficile Infections (Hospital Apportioned) due to Lapse in Care (confirmed cases)	Number of Clostridium Difficile Infections which are attributable to a lapse in care. Only applies to Cliff cases here the patients' first positive test for CDiff was taken on their fourth day of admission or afterwards.	Infection Control team - as reported to PHE	
Safe	k1.09	Completed Patient Observations (NEWS) - Adult Inpatients	The percentage of patients who have received 2 or more completed sets of NEWS observations within a 24 hour period - Inpatients Only (Excluding Paeds)	Clinical Audit	
Safe	k1.10	Completed Patient Observations (NEWS) - Paediatric Inpatients	The percentage of patients who have received 2 or more completed sets of NEWS observations within a 24 hour period - Paeds only	Clinical Audit	
Safe	k1.12	Number of Patient Safety Incident (PSI) Falls	Number of falls reported	Ulysses	
Safe	k1.13	Number of Patient Safety Incident Falls per 1000 G&A bed days	Number of reported falls divided by number of General and Acute (G&A) occupied bed days	(n) Ulysses (d) Internal bedstate summary	
Safe	k1.14	Number of Patient Safety Incident Falls where moderate or severe harm occurred	Includes falls resulting in moderate harm to severe harm/death	Ulysses	
Safe	k1.15	Number of Never Events	"Never events" are very serious, largely preventable patient safety incidents that should not occur if the relevant preventative measures have been put in place.		

Report Glossary

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

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
Patient Experience	k3.03	Number of complaints referred to ombudsman this month	Number of complaints referred to ombudsman this month	Ulysses	
Patient Experience	k3.14	% complaints responded to within agreed timeframe	Percentage of complaints that have received a response within the agreed time frame, based on the month in which the response was due.	Ulysses	
Patient Experience	k3.20	Complaints per 100 patient contacts	The number of patient complaints divided by the number of 'patient contacts' multiplied by 100. KPI defined to be the same as that at Frimley Hospital A 'patient contact' is defined as one of: An inpatient discharge, a outpatient appointment or DNA, or an A&E attendance, or a daycase attendance.	CRS and Ulysses	Added For June 2018's Board Meeting
Patient Experience	k3.05	Friends and Family Score - Trust	Number of patients who would recommend the Trust to friends and family, as a percentage of all respondents.	FFT	
Patient Experience	k3.06	Friends and Family Score - Inpatient (excluding daycases)	Number of patients who would recommend the Trust to friends and family, as a percentage of all respondents.	FFT	
Patient Experience	k3.07	Friends and Family Score - Paediatric Inpatient	Number of patients who would recommend the Trust to friends and family, as a percentage of all respondents.	FFT	
Patient Experience	k3.08	Friends and Family Score - Outpatient	Number of patients who would recommend the Trust to friends and family, as a percentage of all respondents.	FFT	
Patient Experience	k3.09	Friends and Family Score - A&E	Number of patients who would recommend the Trust to friends and family, as a percentage of all respondents.	FFT	
Patient Experience	k3.10	Friends and Family Score - Maternity	Number of patients who would recommend the Trust to friends and family, as a percentage of all respondents.	FFT	
Patient Experience	k3.11	Friends and Family Score - Daycases	Number of patients who would recommend the Trust to friends and family, as a percentage of all respondents.	FFT	
Patient Experience	k3.12	Friends and Family Score - Dementia Carers	Number of carers of patients with dementia who would recommend the Trust to friends and family, as a percentage of all respondents.	FFT	
Patient Experience	k3.13	Number of Mixed Sex accommodation breaches	Number of Mixed Sex accommodation breaches	CRS	
Safer Staffing	k4.01	Safer Staffing - Day - Registered Midwives / Nurses fill rate	Total hours worked by registered nurses and midwives as a percentage of the planned hours - Day shift	HealthRoster	
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	

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
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	K8.11	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	K8.12	Referral to Treatment (RTT) within 18 weeks - incomplete pathways	RTT 18 weeks - incomplete pathway	UNIFY2 / NHS England	
Responsive	K8.13	RTT 18 weeks - incomplete pathway 52+ week waiters	RTT 18 weeks - incomplete pathway 52+ week waiters	UNIFY2 / NHS England	
Responsive	K8.14	Diagnostic test waiting times	Diagnostic test waiting times	UNIFY2 / NHS England	
Responsive	K8.02	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	K8.01	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	K8.03	A&E 12 hour trolley waits	A&E 12 hour trolley waits	UNIFY2 / NHS England	
Responsive	K8.04	London Ambulance Service (LAS) Handovers - % within 15 minutes	Percentage of Ambulance handovers completed within 15 minutes of Arrival at A&E	LAS portal	
Responsive	K8.05	LAS Ambulance Handovers - 30 min waits	LAS Ambulance Handovers - 30 min waits	LAS portal	

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
Responsive	K8.06	LAS Ambulance Handovers - 60 min waits	LAS Ambulance Handovers - 60 min waits	LAS portal	
Responsive	K8.15	Cancer - Two week wait	Percentage of patients seen by a specialist within two weeks of an urgent GP referral for suspected cancer	Infoflex	
Responsive	K8.16	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	K8.17	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	K8.18	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	K8.19	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	K8.20	Cancer - Two month urgent referral to treatment wait	Percentage of patients treated within two months of an urgent GP referral	Infoflex	
Responsive	K8.21	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	K8.22	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	K8.99	Delayed transfers of care (number)	Number of patients whose transfer is delayed at midnight on the last Thursday of the month		
Responsive	K8.09	Delayed transfers of care (bed days)	Number of General and Acute (G&A) occupied bed days		
Responsive	K8.10	Delayed transfers of care (rate per occupied bed days)	Delayed transfers per 1,000 bed days	CRS	
Responsive	K8.24	Number of last minute cancelled operations	Number of operations cancelled within 24 hours of the planned operation		
Responsive	K8.25	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	K8.07	Stranded Patients (>= 7 days)	Daily average number of patients in hospital for over 6 days.	CRS	
Responsive	K8.07	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	

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
Well Led	k7.02	Turnover rate	Turnover rate	Human Resources	
Well Led	k7.03	Sickness rate	Sickness rate	Human Resources	
Well Led	k7.04	Mandatory Training	Mandatory Training	Human Resources	
Well Led	k7.05	Appraisals / PDRs completed	Appraisals / PDRs completed	Human Resources	
Well Led	k7.06	Flu Immunisation	Percentage of staff who have received the flu vaccination	Human Resources	
Well Led	k7.07	Staff FFT (Work) - Score	Percentage of staff who would recommend the Trust to friends and family as a place to work	NHS England	
Well Led	k7.08	Staff FFT (Care) - Score	Percentage of staff who would recommend the Trust to friends and family if they needed care or treatment	NHS England	
Well Led	k7.09	Staff Survey - Response Rate	Percentage of staff who completed the survey, of those who were asked to complete it	Human Resources	Annual Survey
Well Led	k7.10	Stability (% Staff Retained >1yr)	The proportion of permanent staff with a length of service of 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)