

Integrated Quality and Operational Compliance Report

February 2021

Contents

Domain	Pages
Safe	03 to 13
Effective	14 to 19
Caring	20 to 24
Responsive	25 to 31
Well Led	32 to 34
Domain Scorecard Summary	35 to 38
Glossary	39 to 45

Living our values *everyday*



Covid Update**Sally Brittain: Director of Nursing**

- Community Prevalence of Covid-19 is currently 52.2 per 100,000 in Kingston and 29.57 per 100,000 in Richmond at 17/02/21. This has resulted in a reduction of patients admitted with Covid-19.
- The Trust has experienced 10 Outbreaks of Covid-19 across its wards since 06/11/20 all are now closed.
- The Trust has tracked the rate of probably hospital acquired, and hospital acquired Covid-19 during this wave and taken actions to reduce the amount of nosocomial infection, implementing new guidance and policy as it has emerged.
- The Trust can report a resultant reduction in the rate of nosocomial infection however Infection Prevention and Control remains a priority for the focus of the nursing, midwifery, medical and AHP teams with the Infection Prevention & Control Team integral to all plans to manage Covid -19 into the future.

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

- During this month the Trust reported:
- Zero Trust-apportioned MRSA bacteraemias.
- Zero Trust-apportioned MSSA bacteraemia.
- One HOHA (hospital onset healthcare associated) Clostridium difficile toxin positive case, and one COCA (community onset community associated) case.
- One Trust-apportioned E. coli bacteraemia.
- No norovirus or seasonal influenza cases.

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

We are mindful of the impact that COVID-19 has had on incidents and delays in investigations, however the Trust have maintained a focus on keeping patients and families up to date whilst continuing to learn from incidents. The safety of patients and staff at Kingston Hospital NHS Foundation Trust is our priority, we want to understand and learn lessons from incidents and investigations.

We assess the scale and severity of the actual or potential harm of all incidents. This includes 'near miss' and 'low harm' incidents. Ensuring they are reviewed with the same level of scrutiny. We consider the physical and emotional effects on patients and families as well as the impact on services, such as public confidence in the healthcare system and whether the incident has impacted the Trust's ability to deliver safe and reliable care. We review all incidents for system wide learning associated with safety, acknowledging that some events that occur within very different hospital environments may share underlying care and service delivery issues or contributory factors. We use investigations as an opportunity to learn and improve systems and processes to reduce risks and improve safety, using a criteria for undertaking investigations and share the learning.

Latest performance Highlights:

This summary covers the time period 1st February 2021 to the 28th February 2021. During this time frame:

- We declared 1 Serious Incidents
- We remained 100% compliant with Duty of Candour
- We completed 3 Serious Incidents during this period. 1 within the Medicine and Therapies Cluster, 1 within the Surgery, Anaesthetics and Endoscopy Cluster and 1 within Women's Children's and Sexual Health Cluster. These reports have been shared in line with the stage 2 Duty of Candour.
- As at 28th February there were 4 on-going SI investigations.

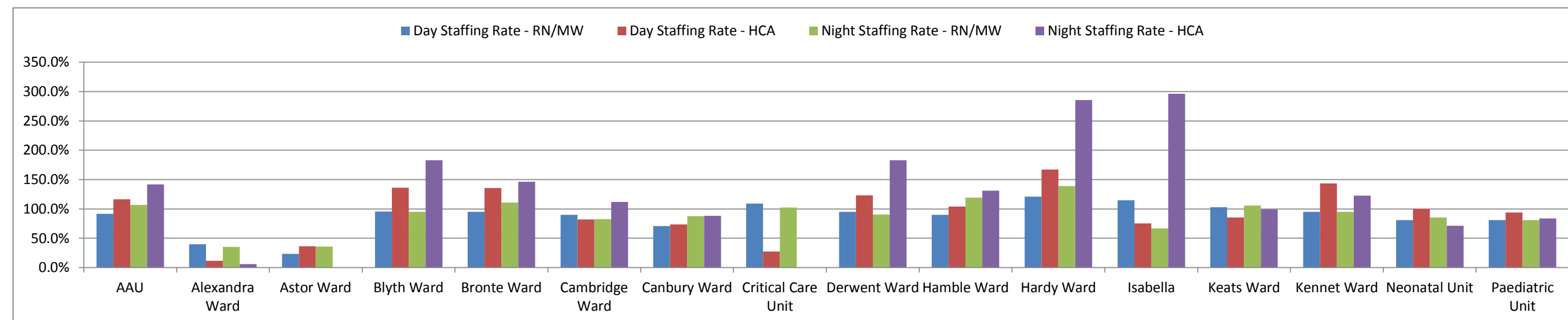
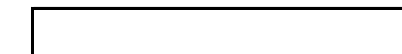
There were 0 Never Events declared. The completion of actions arising from Serious Incidents is scrutinised by SIG on a monthly basis. The learning from all Serious Incidents is shared through the Patient safety, Governance and Risk monthly newsletter, as well as individually through departmental governance.

Nichola Kane: Deputy Director of Nursing:

Safe staffing levels are monitored daily at the bed management meetings and via the Safer Staffing meeting. Staffing ratios on both ITU and general wards are being closely scrutinised to ensure safe staffing. Where staffing is challenged, ward managers are included in the numbers. Where the data indicates over 100% compliance for HCA's this is related to 1:1 and enhanced supervision required for specific patients.

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	91.8%	116.5%	107.1%	142.1%	10.3
Alexandra Ward	39.8%	11.5%	35.3%	6.1%	25.1
Astor Ward	23.5%	36.2%	35.7%	#DIV/0!	42.6
Blyth Ward	95.8%	136.4%	95.2%	182.8%	7.7
Bronte Ward	95.0%	135.5%	110.7%	146.4%	7.5
Cambridge Ward	89.8%	82.3%	82.9%	111.7%	9.1
Canbury Ward	70.7%	73.8%	87.7%	88.3%	7.9
Critical Care Unit	109.3%	27.3%	102.3%	#DIV/0!	35.9
Derwent Ward	94.9%	123.4%	90.5%	183.1%	7.0
Hamble Ward	90.2%	104.3%	119.3%	131.0%	11.2
Hardy Ward	121.1%	167.4%	139.2%	285.5%	9.8
Isabella	114.9%	75.2%	66.7%	296.2%	8.3
Keats Ward	103.0%	85.6%	106.0%	99.1%	7.5
Kennet Ward	94.9%	143.6%	95.2%	122.5%	6.9
Neonatal Unit	81.1%	100.2%	85.7%	71.4%	14.9
Paediatric Unit	81.0%	94.0%	80.9%	83.6%	19.4
Maternity	98.4%	72.2%	98.8%	71.8%	13.1
Trust Average	83.6%	80.1%	82.7%	90.8%	10.8

Key	
RN	Registered Nurse
MW	Registered Midwife
HCA	Healthcare Assistant

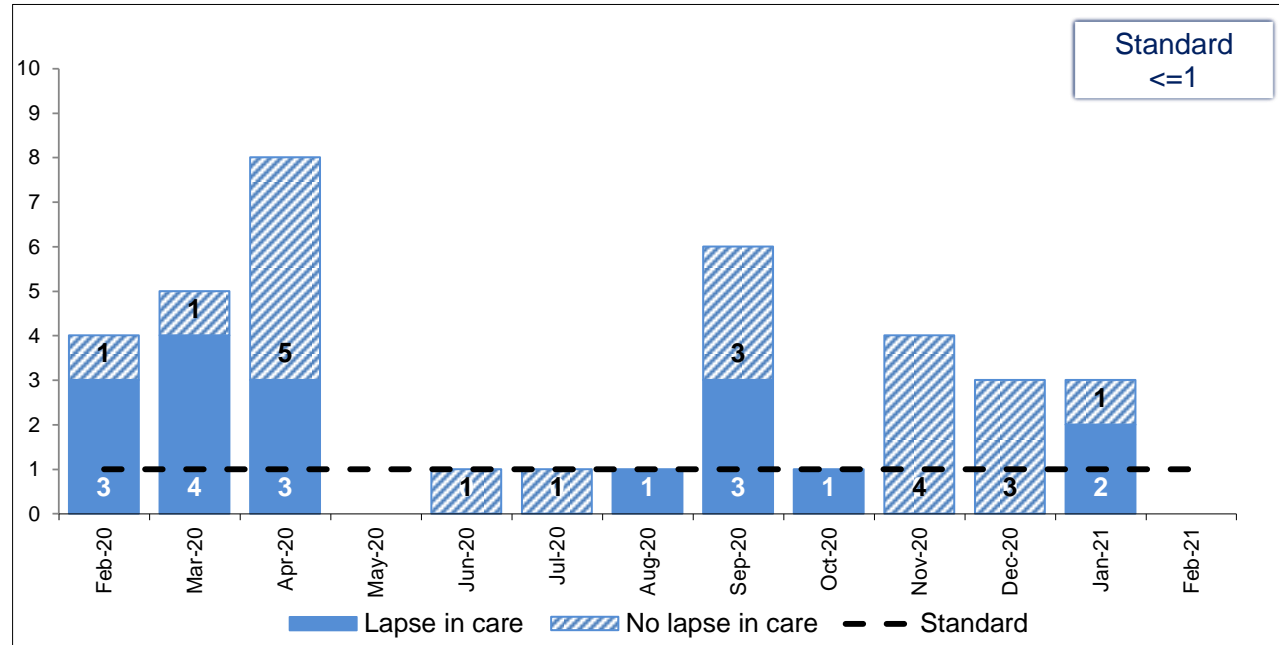


Safe

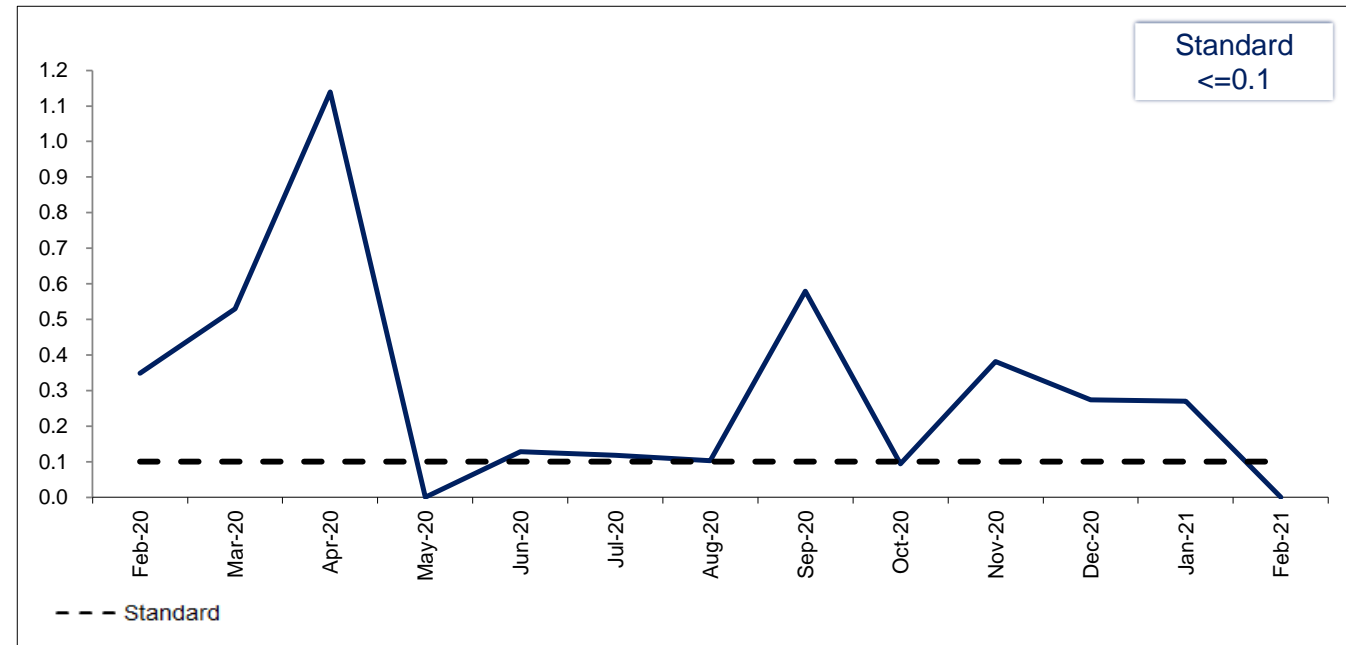
Is Care Safe?

February 2021

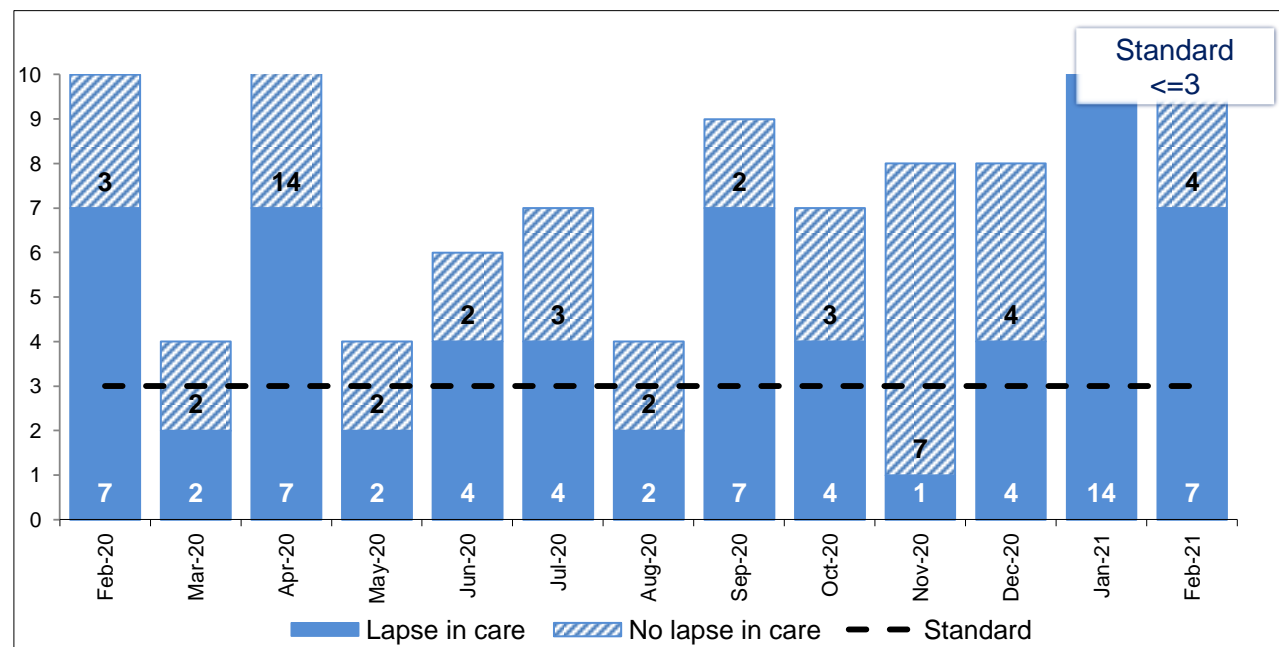
k1.01 | Number of patients with hospital acquired pressure ulcers (Grade 3&4)



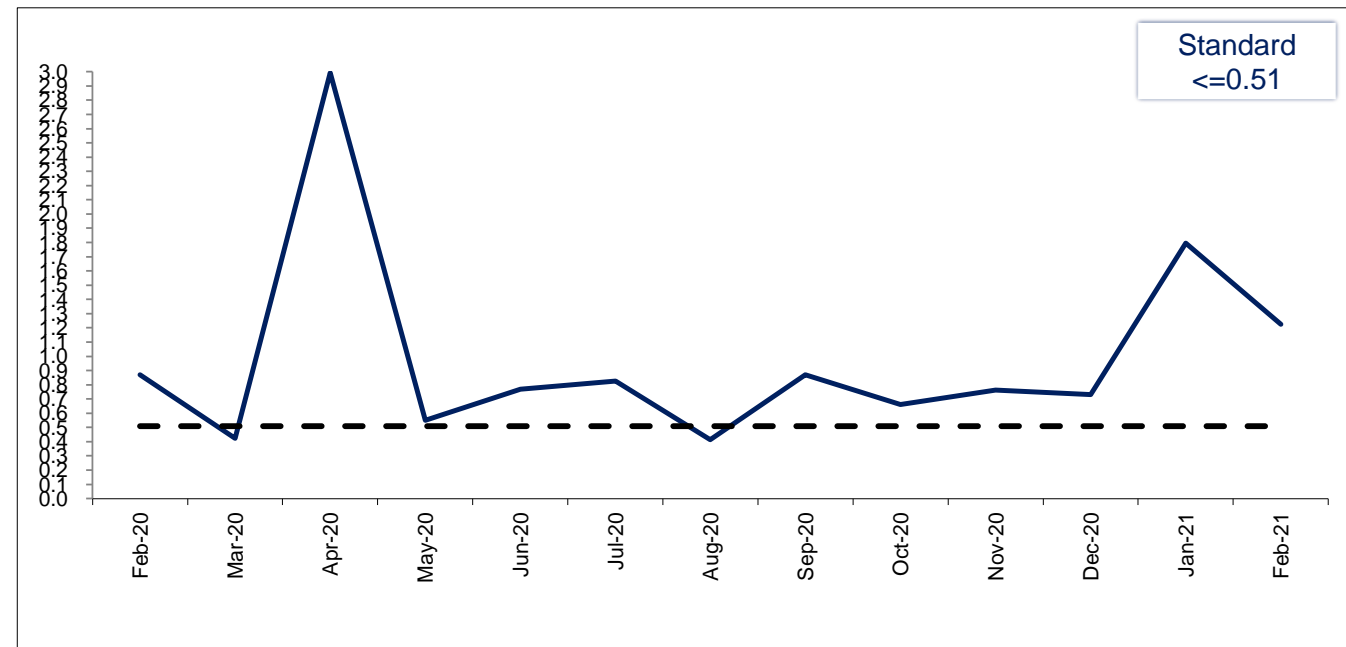
k1.02 | Number of patients with hospital acquired pressure ulcers (Grade 3&4) per 1000 beddays



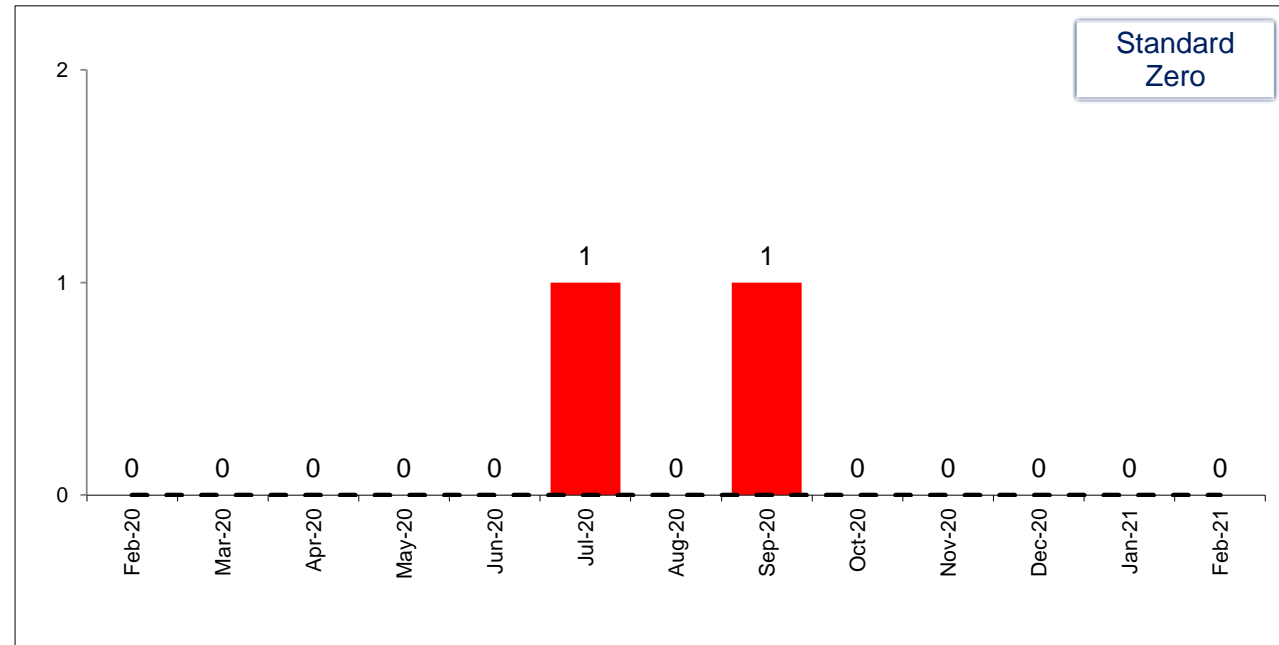
k1.03 | Number of patients with hospital acquired pressure ulcers (Grade 2)



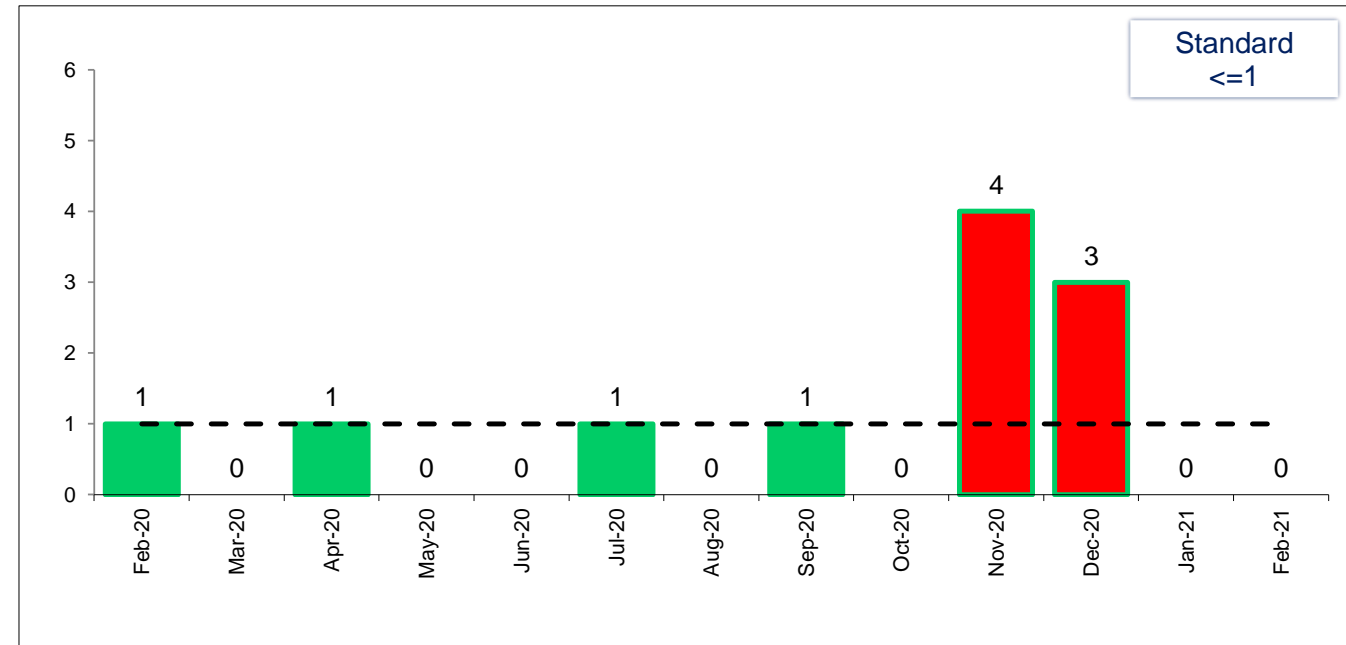
k.1.04 | Number of patients with hospital acquired pressure ulcers (Grade 2) per 1000 beddays



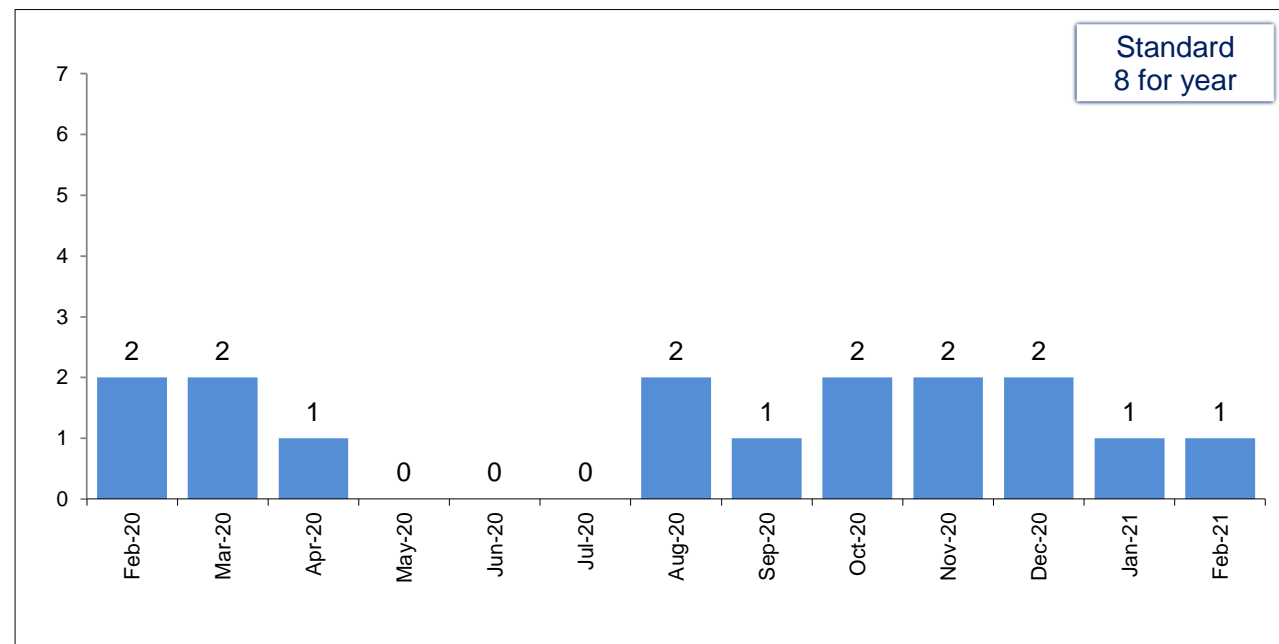
k1.05 | MRSA Bacteraemias (Hospital Assigned)



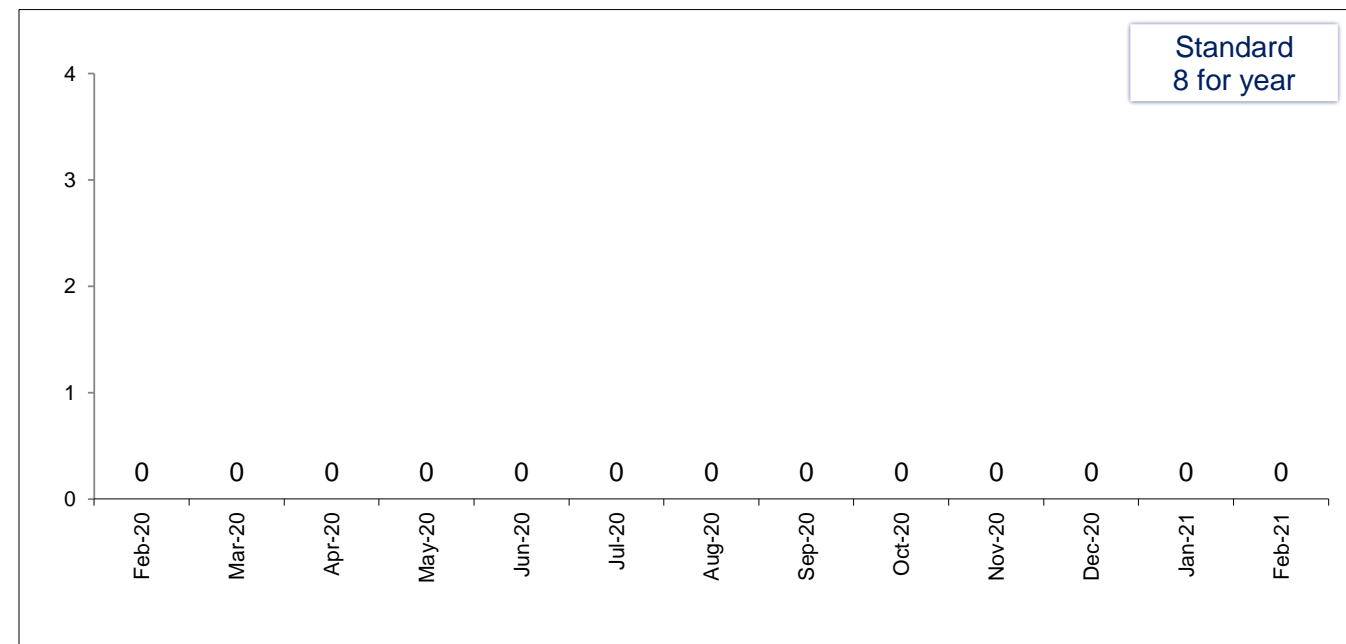
k1.06 | MSSA Bacteraemias (Hospital Apportioned)



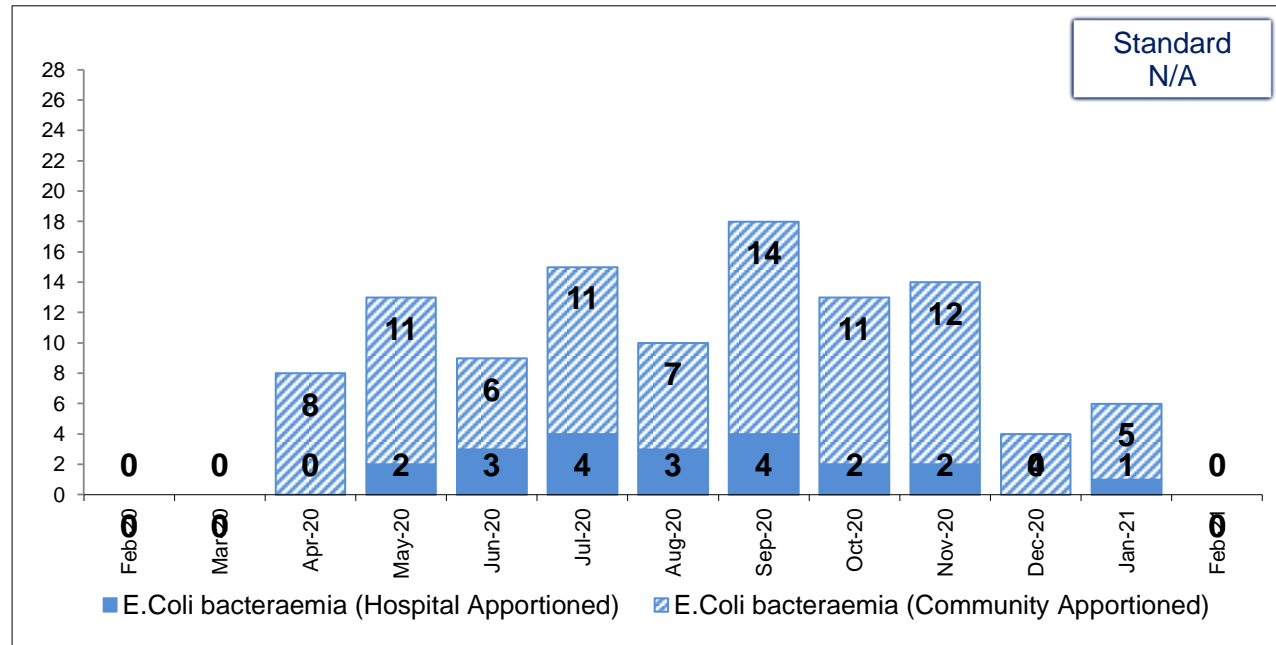
k1.07 | Clostridium difficile infections (Hospital Apportioned)



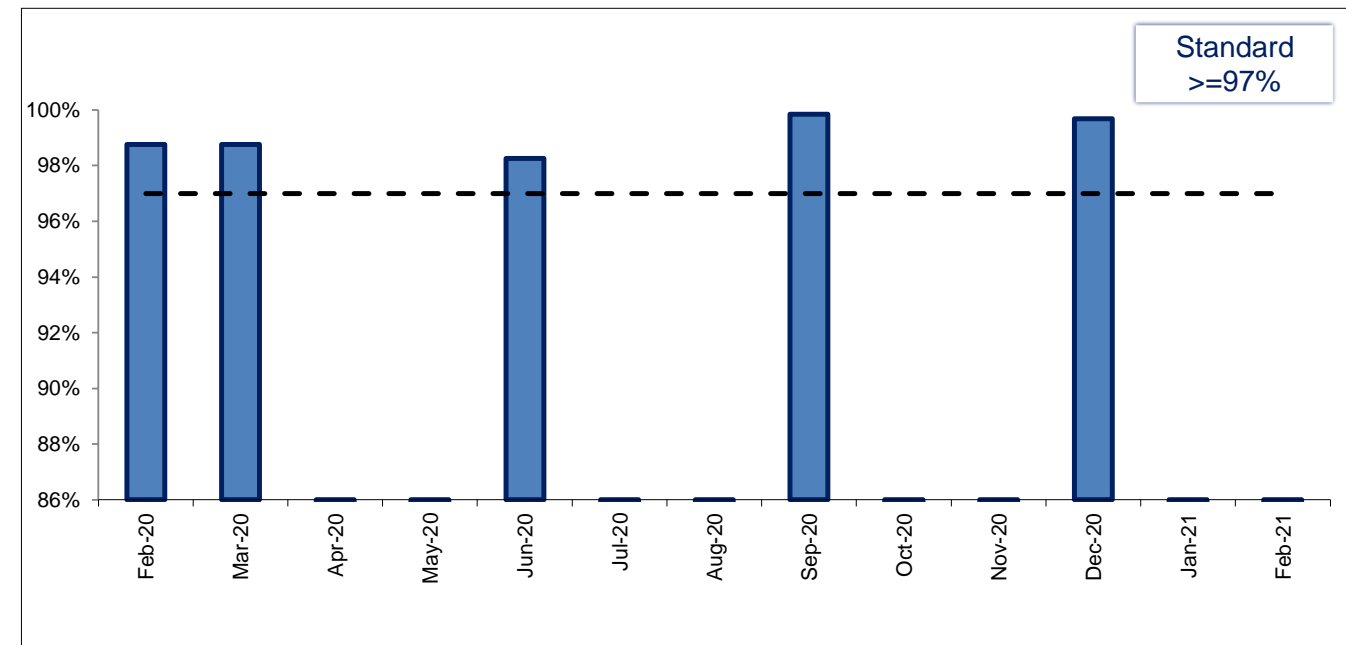
k1.08 | Clostridium difficile infections (Hospital Apportioned) due to confirmed Lapse in Care



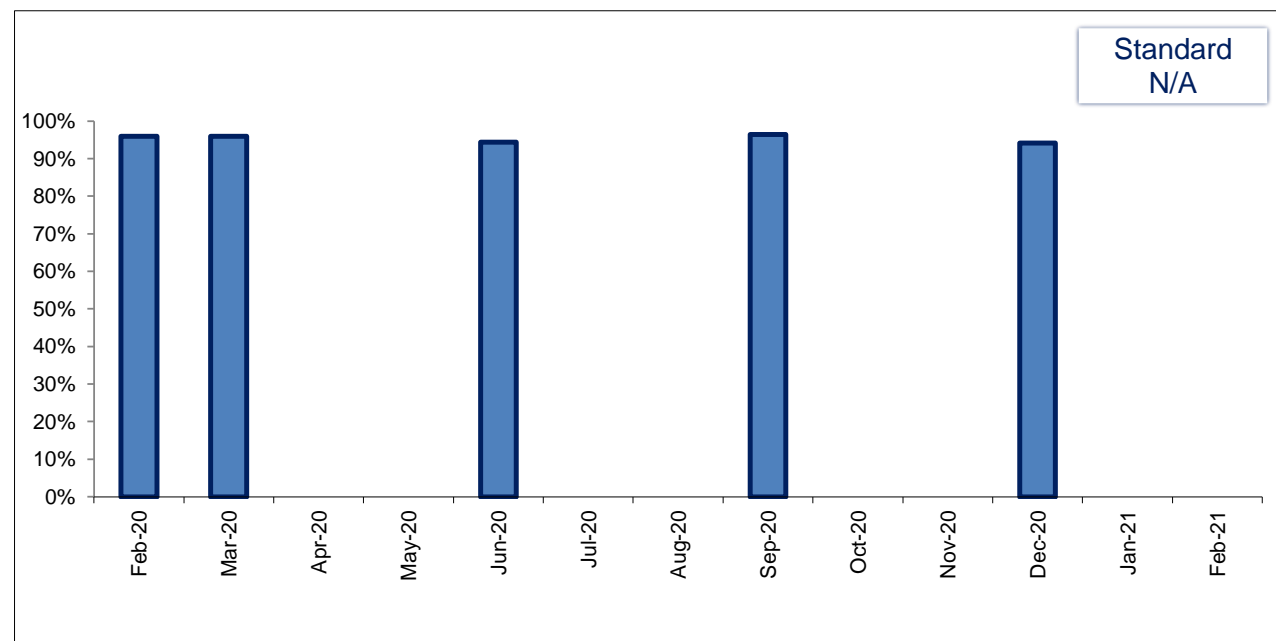
k1.19 | Number of Escherichia (E. coli) bacteraemia



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



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

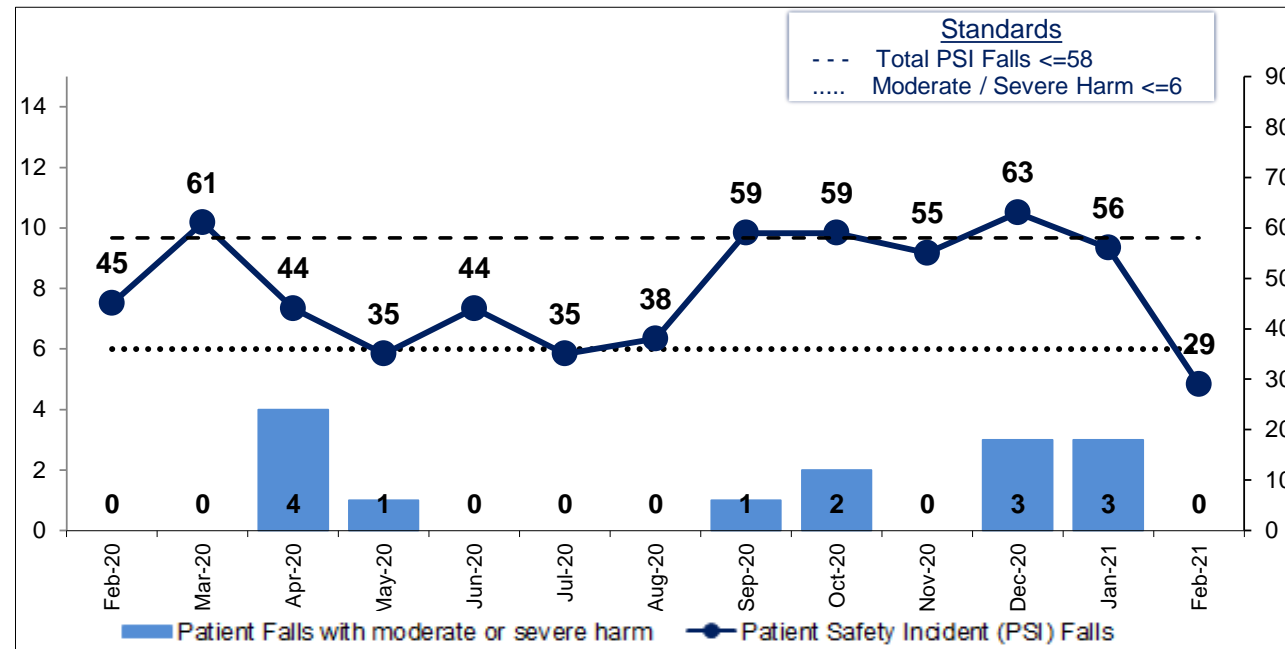


Safe

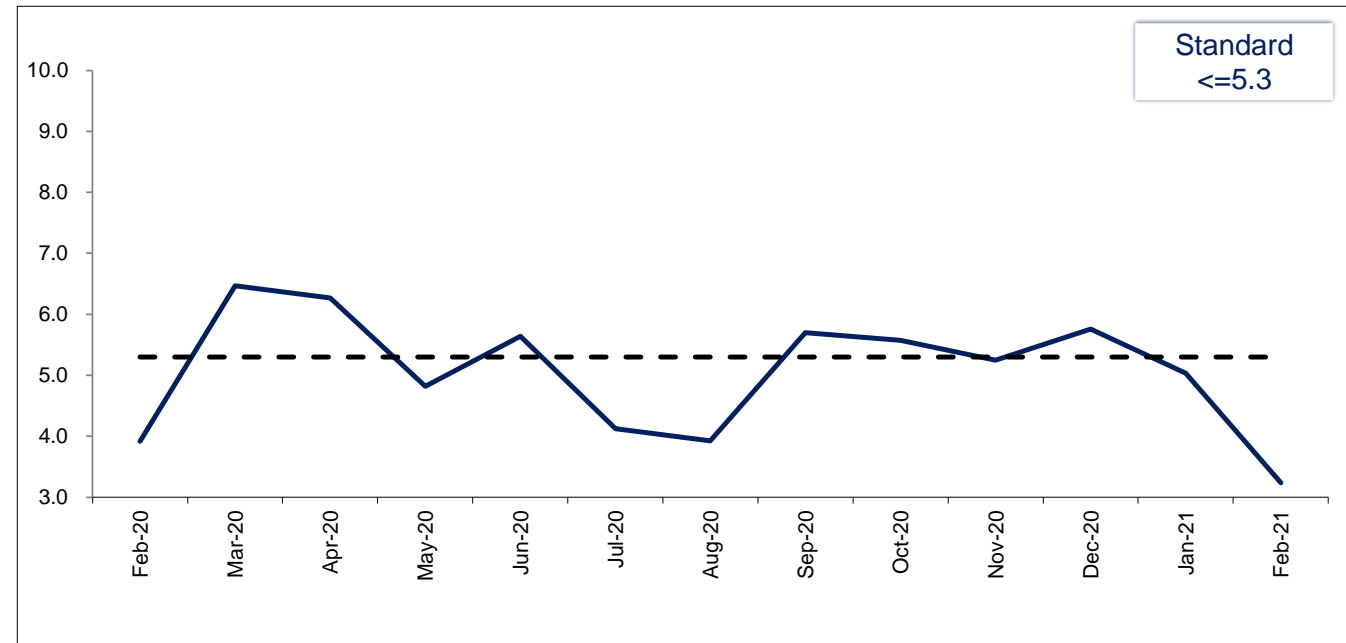
Is Care Safe?

February 2021

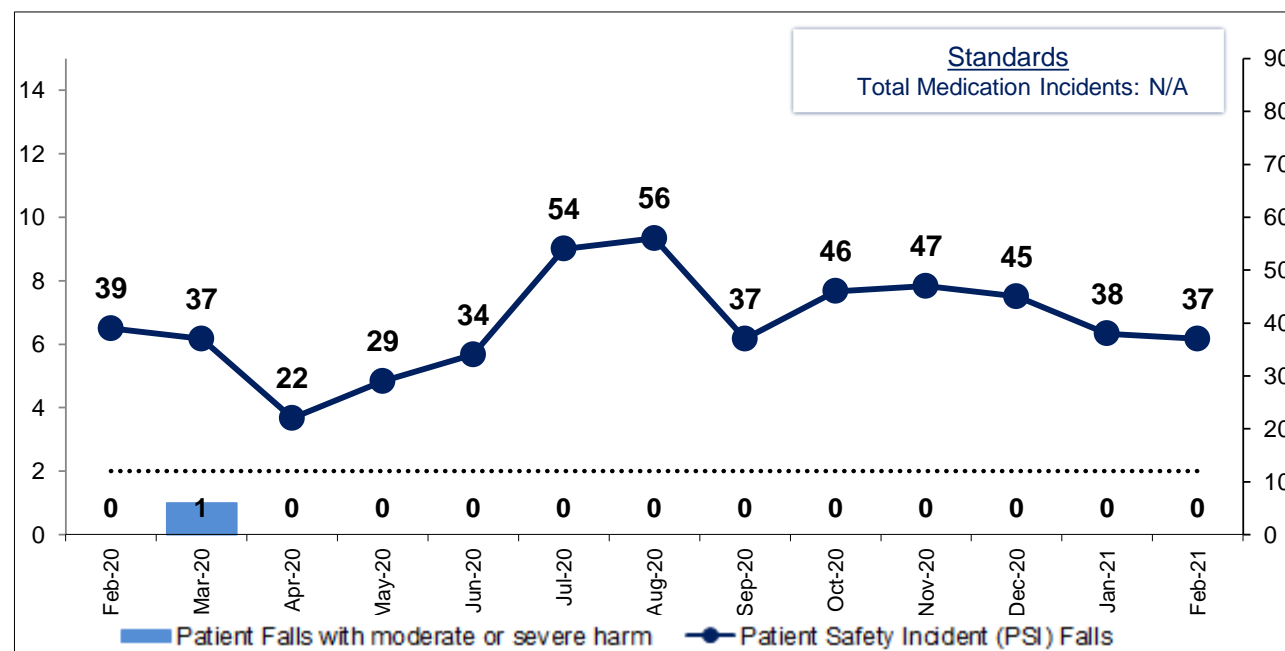
k1.12 | Number of Patient Safety Incident (PSI) Falls



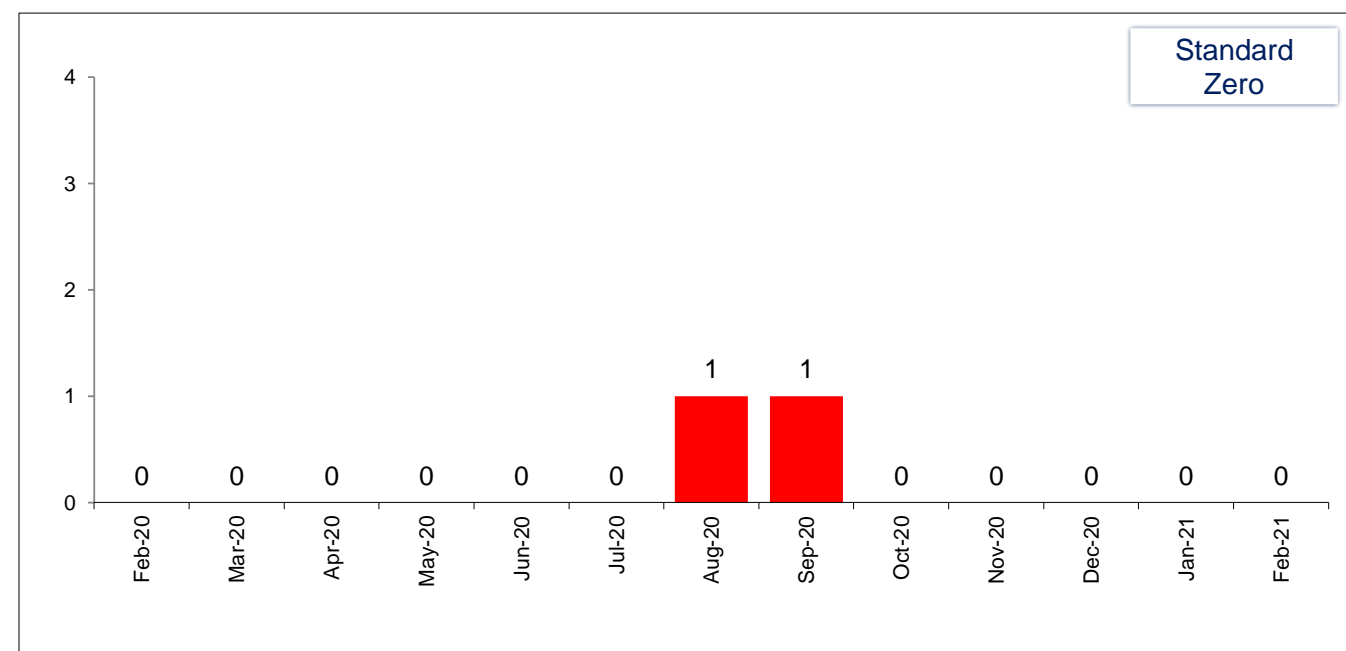
k1.13 | Number of Patient Safety Incident Falls per 1000 G&A beddays



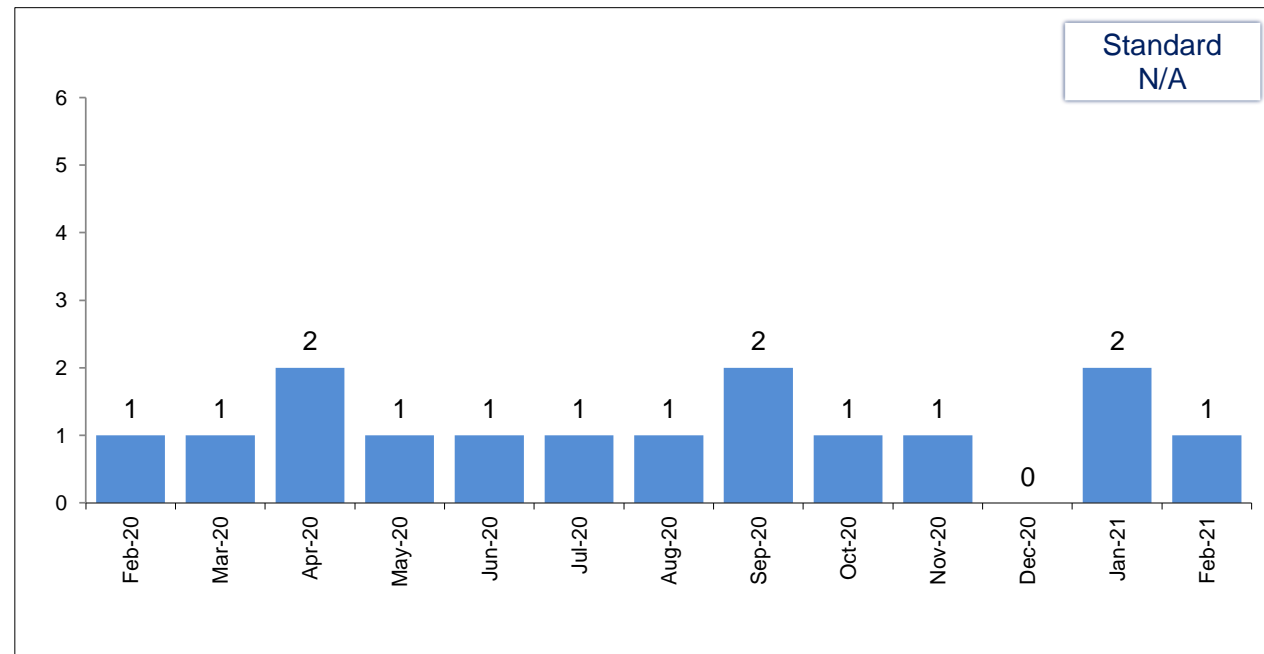
k1.16 | Medication Incidents



k1.15 | Never Events



k1.18 | Number of Serious Untoward Incidents

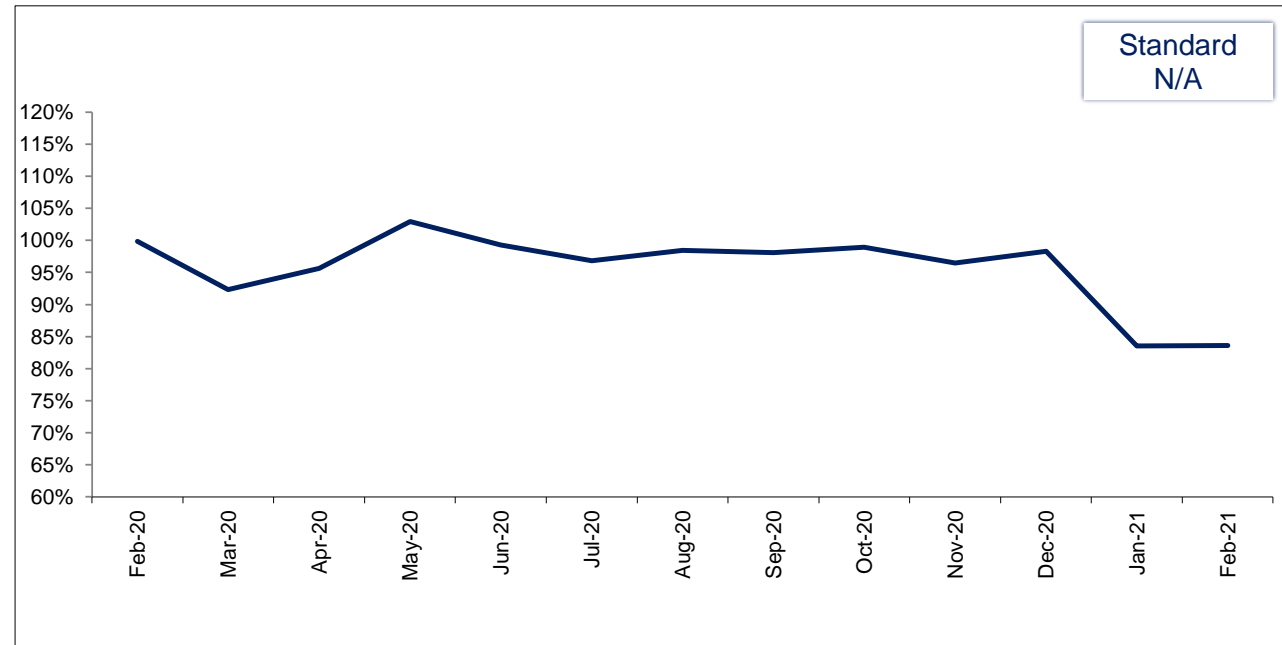


Safe

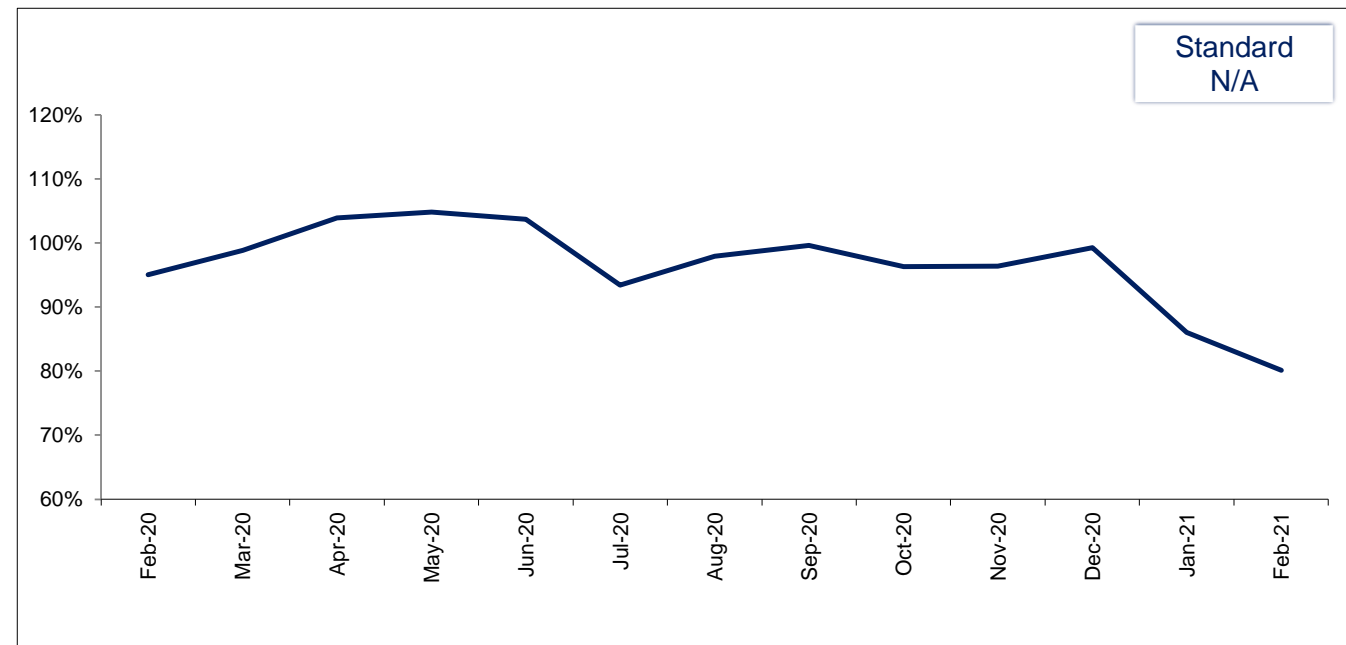
Is Care Safe?

February 2021

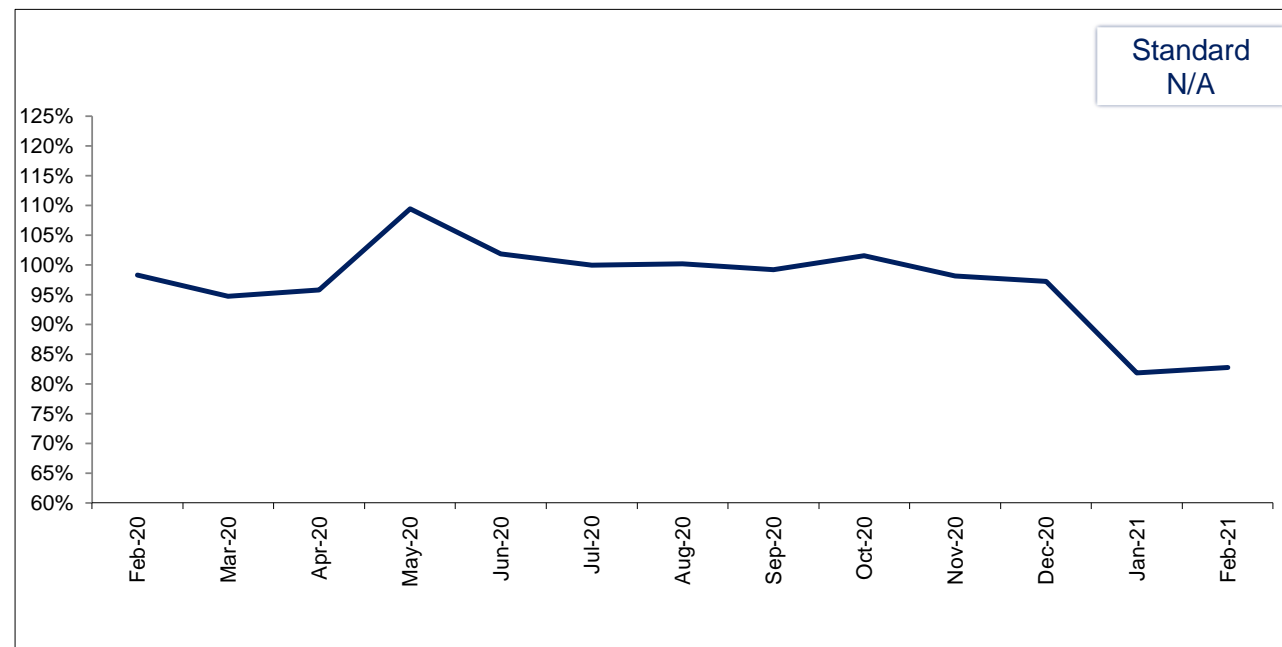
k4.01 | Day - Registered Midwives / Nurses Fill Rate



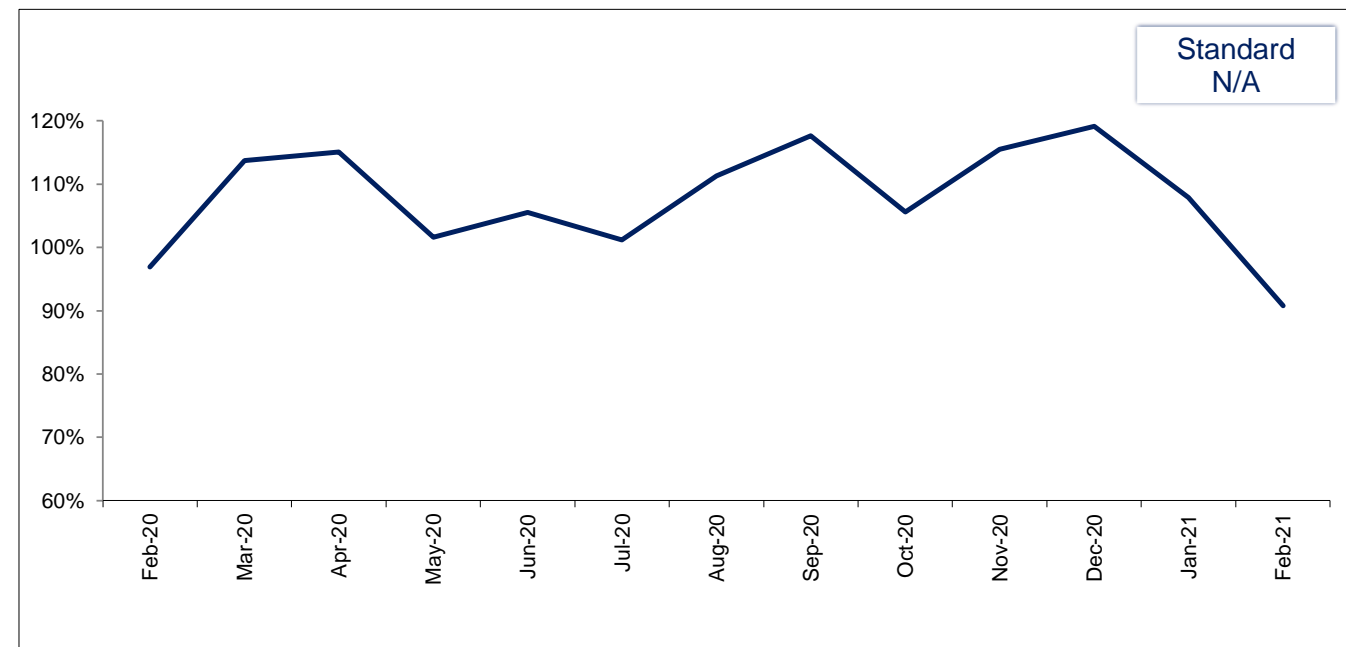
k4.02 | Day - Assistant Fill Rate



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



k4.04 | Night - Assistant Fill Rate

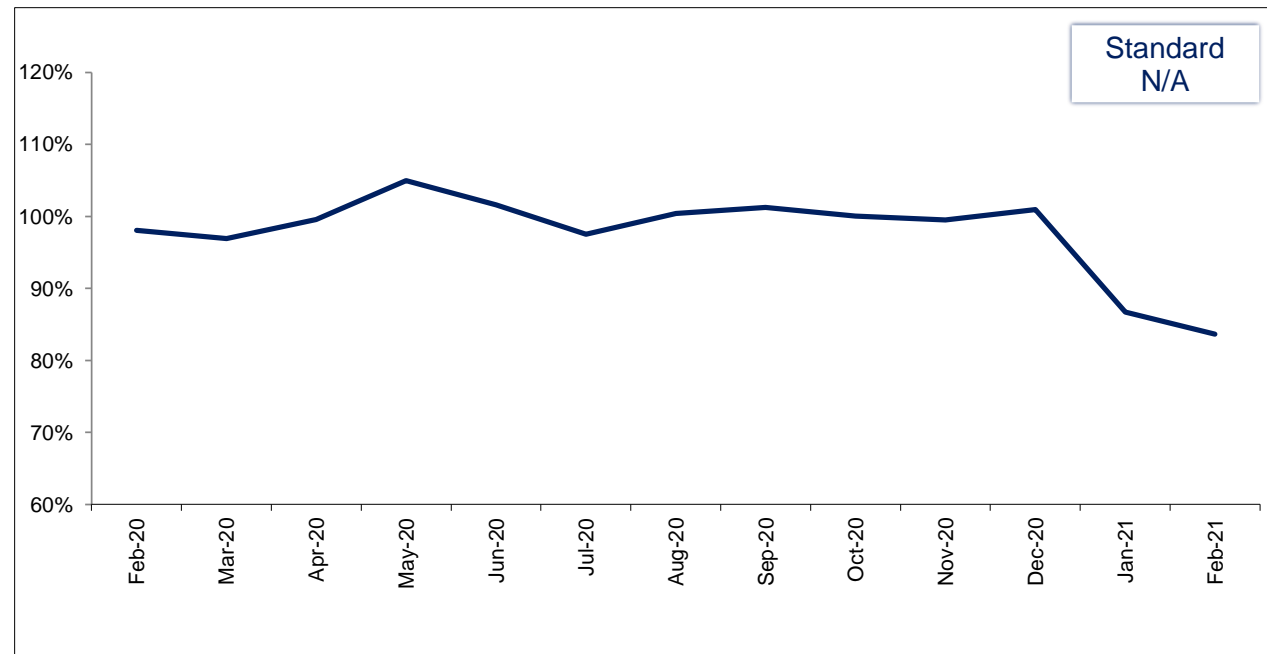


Safe

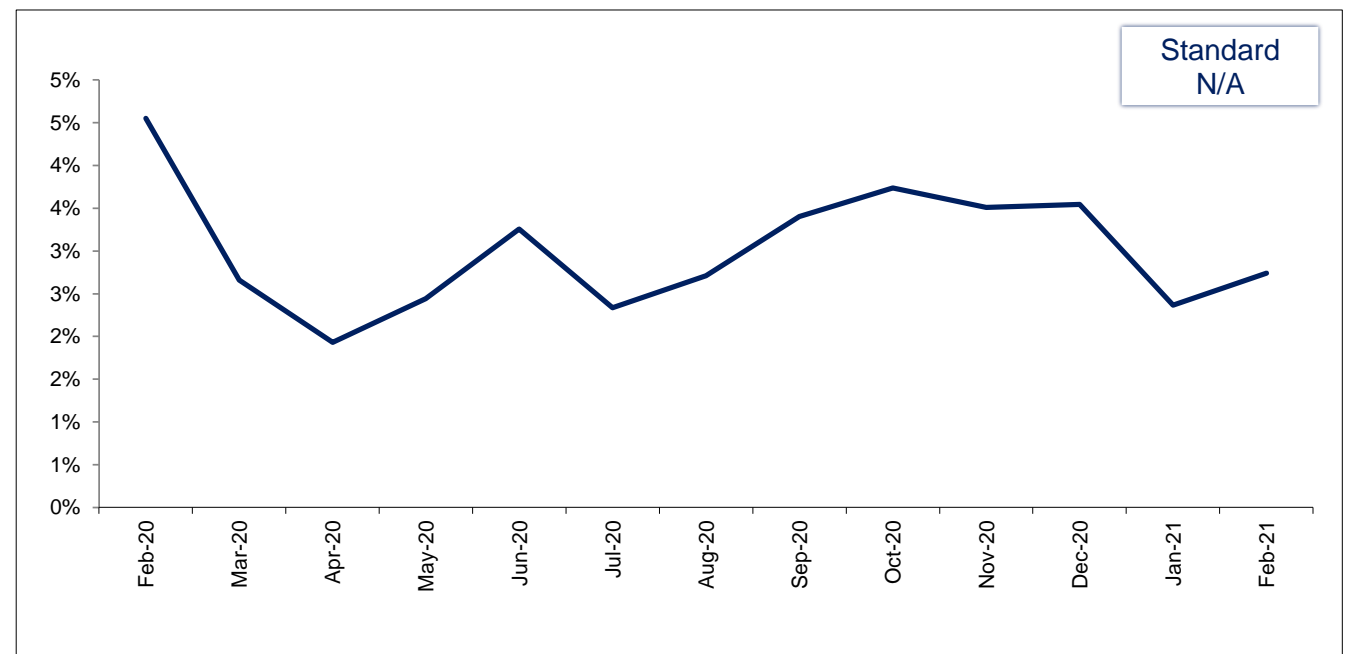
Is Care Safe?

February 2021

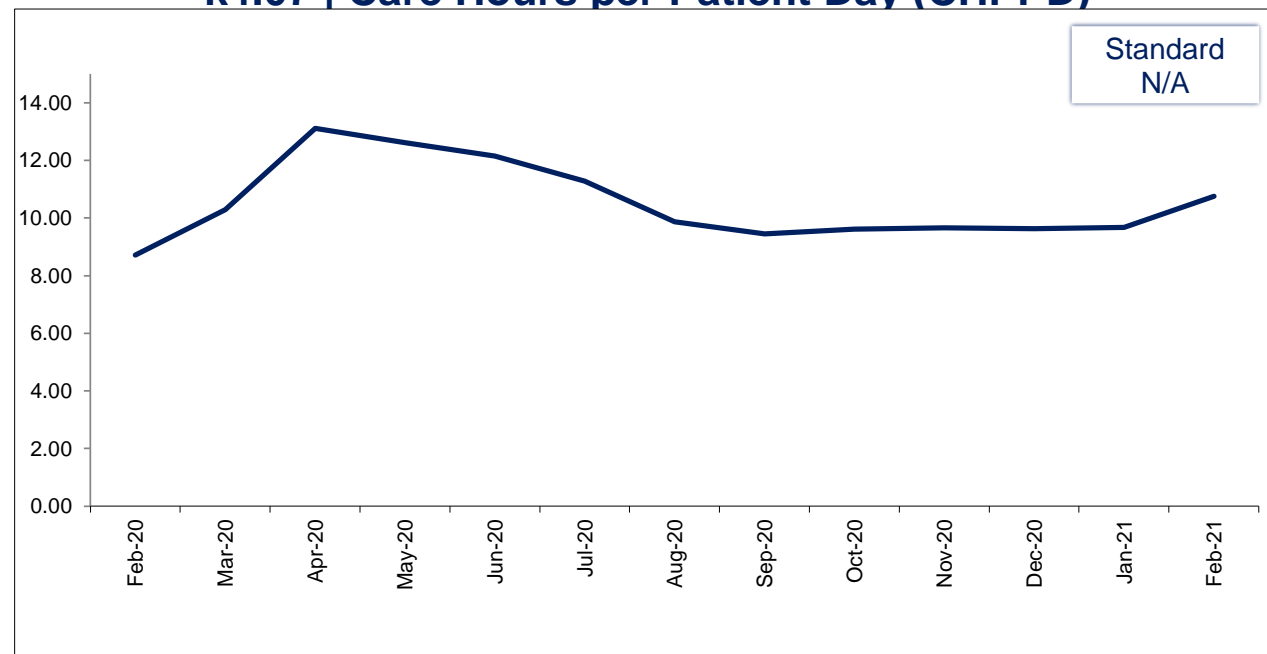
k4.05 | Overall Trust Fill Rate



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



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

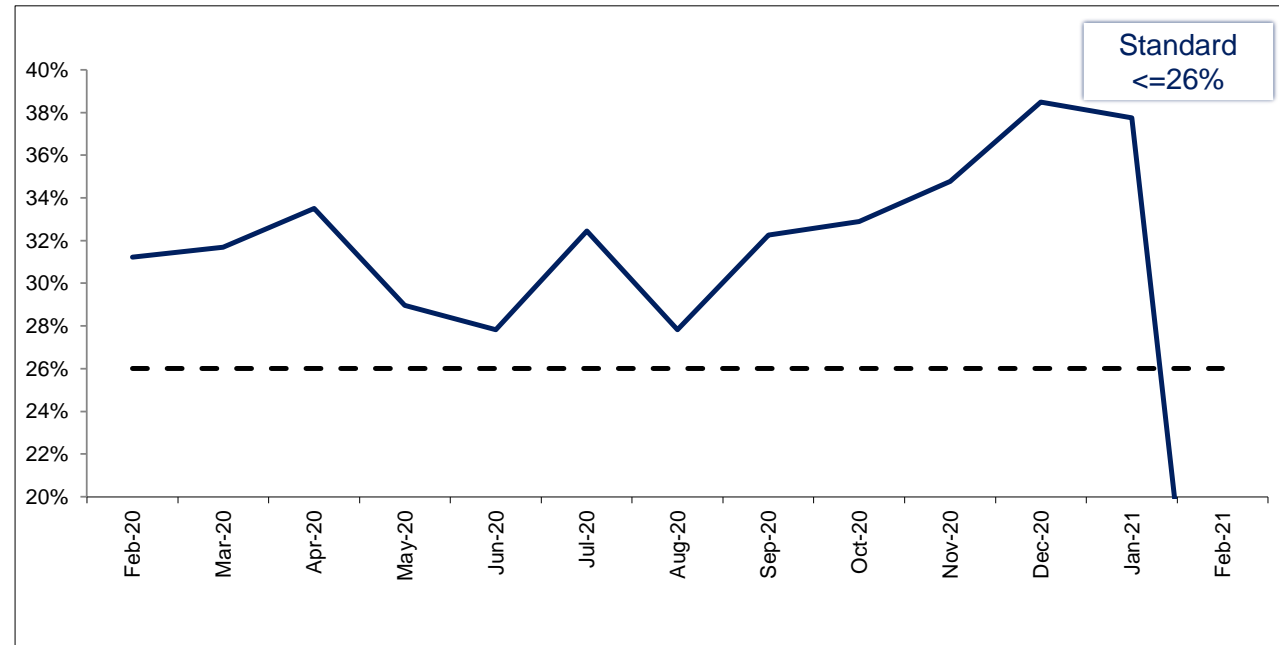


Safe

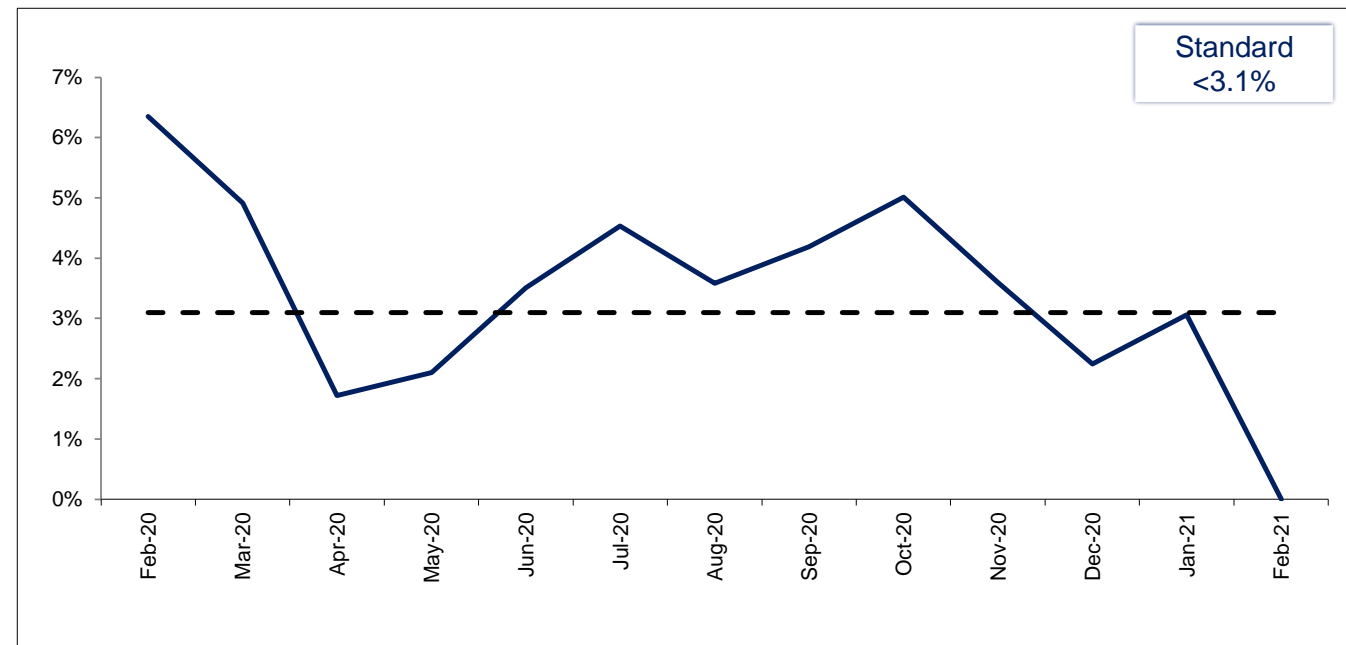
Is Care Safe? : Maternity

February 2021

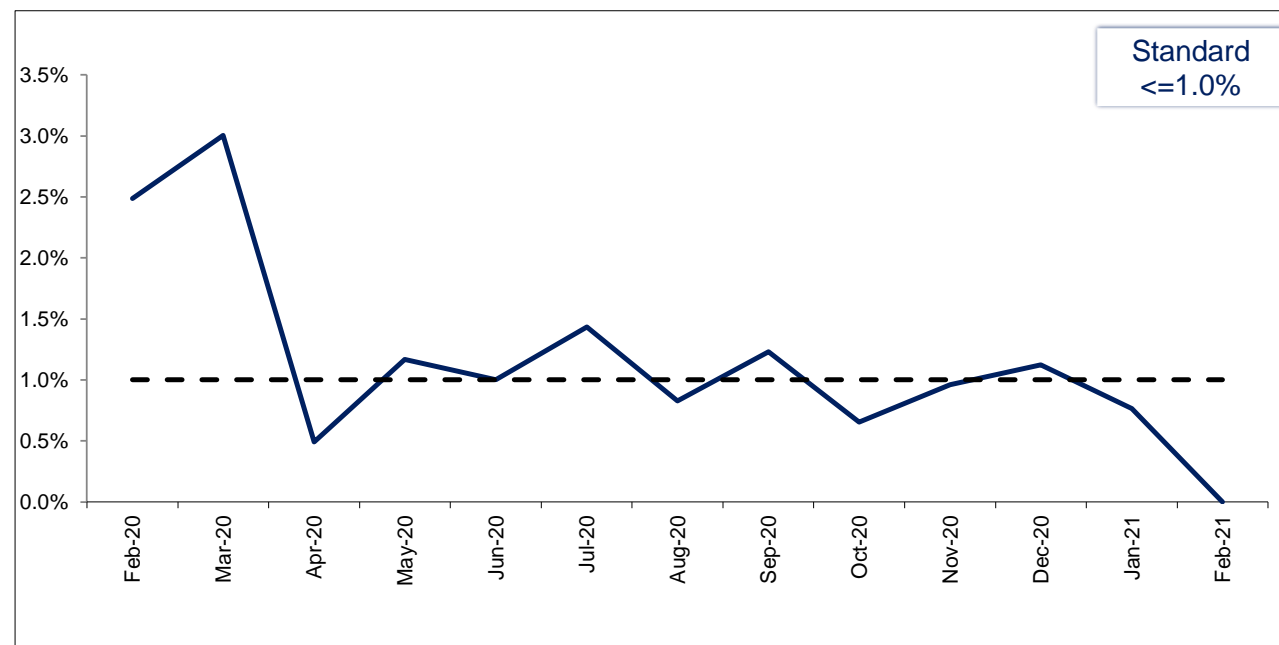
k5.01 | Caesarean section rate



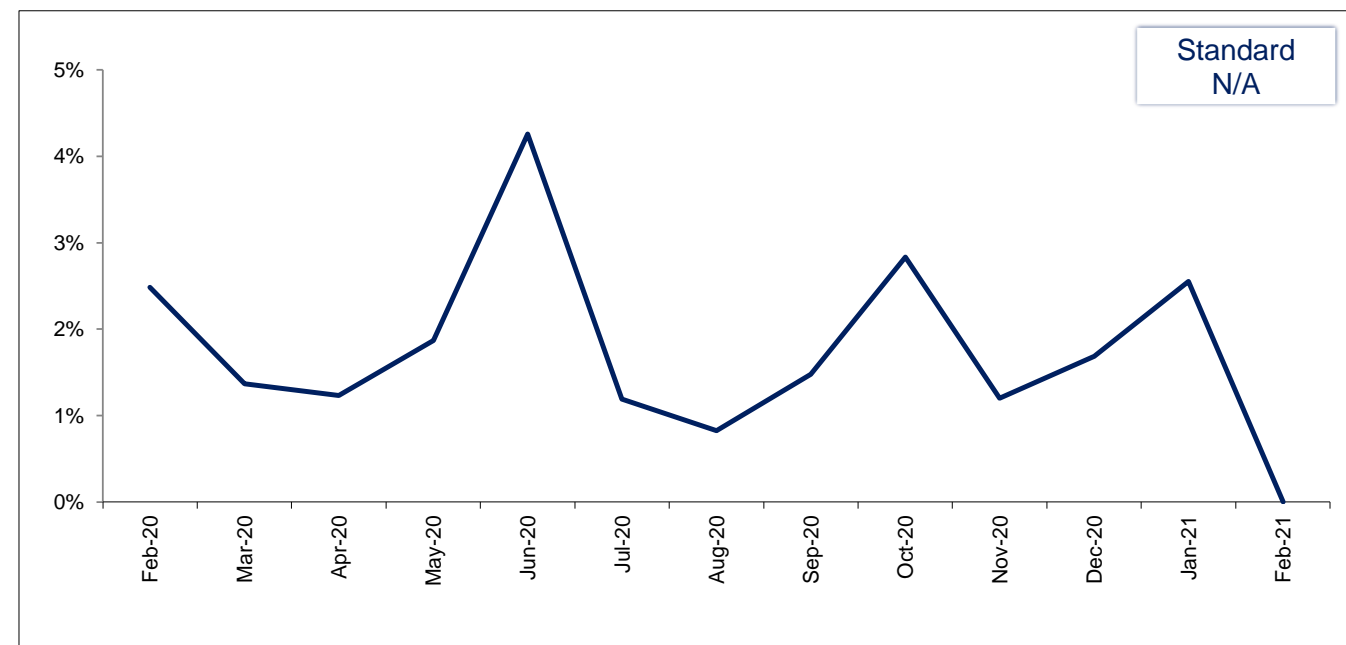
k5.02 | % women with a primary postpartum haemorrhage of 1500ml or more



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's new Outpatient Parenteral Antimicrobial Therapy Service delivers excellent patient safety and experience, and has significantly reduced length of hospital stay, resulting in cost savings.**

Outpatient parenteral antimicrobial therapy (OPAT) is the administration of intravenous (IV) antimicrobial treatment in the community or outpatient setting as an alternative to inpatient care. It is safe and effective for a wide range of infections in adults and children, and is now a routine part of patient care in the UK. It has the potential to deliver cost efficiency savings through a reduction in length of hospital stay, reduction in health care associated infections and improved patient choice and satisfaction.

During the COVID pandemic, the OPAT Service has provided a mechanism to allow patients to be safely treated in their own homes, avoiding prolonged hospital admission and limiting exposure to COVID-19. For these reasons, the service offers numerous benefits to the Trust.

The Kingston Hospital OPAT Service was set up in April 2020 with the aim of facilitating the safe discharge of stable patients requiring IV antibiotic therapy in either an outpatient setting e.g. the Medical Day unit (MDU) or in the patient's home environment supported by Community Nurses.

In November 2020, to ensure that the service is delivering high-quality care and minimises clinical risk, the OPAT Service audited their practice against the British Society for Antimicrobial Chemotherapy (BSAC) good practice recommendations. The audit also looked at patient outcome, clinical interventions and the number of OPAT treatment days, which equate to saved hospital bed days.

Latest performance:

- An audit of the first 6 months of the newly established Kingston Hospital OPAT Service showed compliance with 90% of the relevant BSAC OPAT Good Practice Recommendations. This has now increased to 97% following recruitment of the OPAT nurse and completion of the patient feedback survey in February 2021.
- 78 patients were under the care of the OPAT Team over the 6 month period, resulting in 820 treatment days saved.
 - o Based on NHS England reference costs for an inpatient stay, these saved bed days equate to a total cost saving of between £243,540 to £317,340.
 - o This cost saving does not take into account the costs associated with delivering the OPAT Service. Previous detailed cost analyses of OPAT Services in Scotland have shown that the cost of OPAT equates to approximately one third of inpatient costs, so this is likely to be a significant saving.

- 263 clinical interventions were made by the OPAT Team, contributing to improved patient safety. The OPAT service enables:
 - o Early identification of clinical deterioration. The audit showed relevant patients were appropriately reviewed in a timely manner and re-admission facilitated if necessary.
 - o The team to trouble shoot any issues reported by the community nurses. In some cases this avoided re-admission to hospital.
 - o Make dose amendments based on renal function and therapeutic drug monitoring. Before the launch of the OPAT Service, Kingston Hospital had reported a Serious Incident (SI) due to failure of monitoring Teicoplanin in the community. The SI occurred due to a lack of collaborative working between the community nursing teams, Kingston Hospital and the General Practitioners to support the administration of IV antibiotics in the community. The OPAT Team routinely monitor Teicoplanin levels at least weekly. During the 6 month period, 11 interventions were made relating to therapeutic monitoring of Teicoplanin, demonstrating the important role of the OPAT Service in ensuring patient safety.

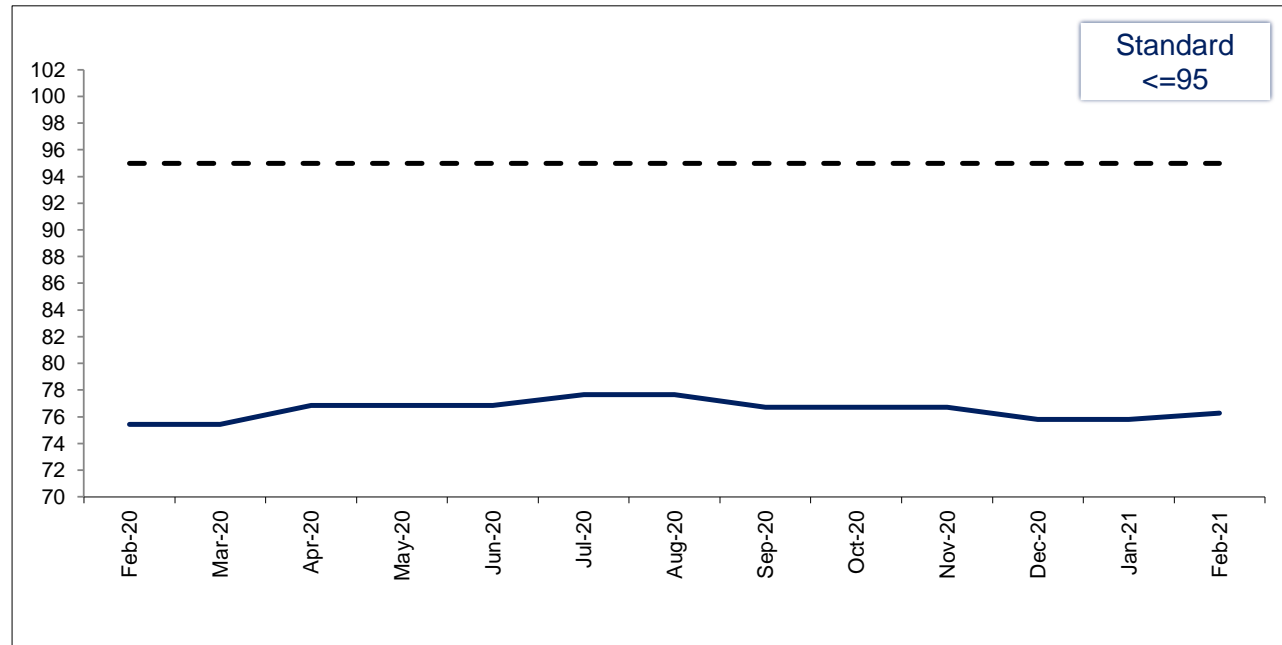
Actions planned to improve the service:

- Funding for an OPAT nurse has been secured for a 6 month trial period and the position was successfully recruited to in February 2021. The OPAT nurse is an essential member of the team and fundamental to the effective running of the Service.
- An OPAT patient feedback questionnaire has been created. This was approved by the Trust Patient Experience Team in January 2021 and is currently in use via freepost or survey monkey online.
- A shared care protocol between the OPAT team, referring clinicians and GPs will be completed for patients that require specific follow up. The team are exploring ways to inform GPs when a patient is discharged from OPAT.
- Going forwards, we aim to explore the use of antibiotics that require twice daily administration.
- The team also strive towards training appropriate patients to self-administer antibiotics in their own homes; to use elastomeric pumps, which will enable treatment to be offered to a wider variety of patients; and to increase patient numbers by improving the referral process, further promoting the service and proactively identifying patients suitable for OPAT.

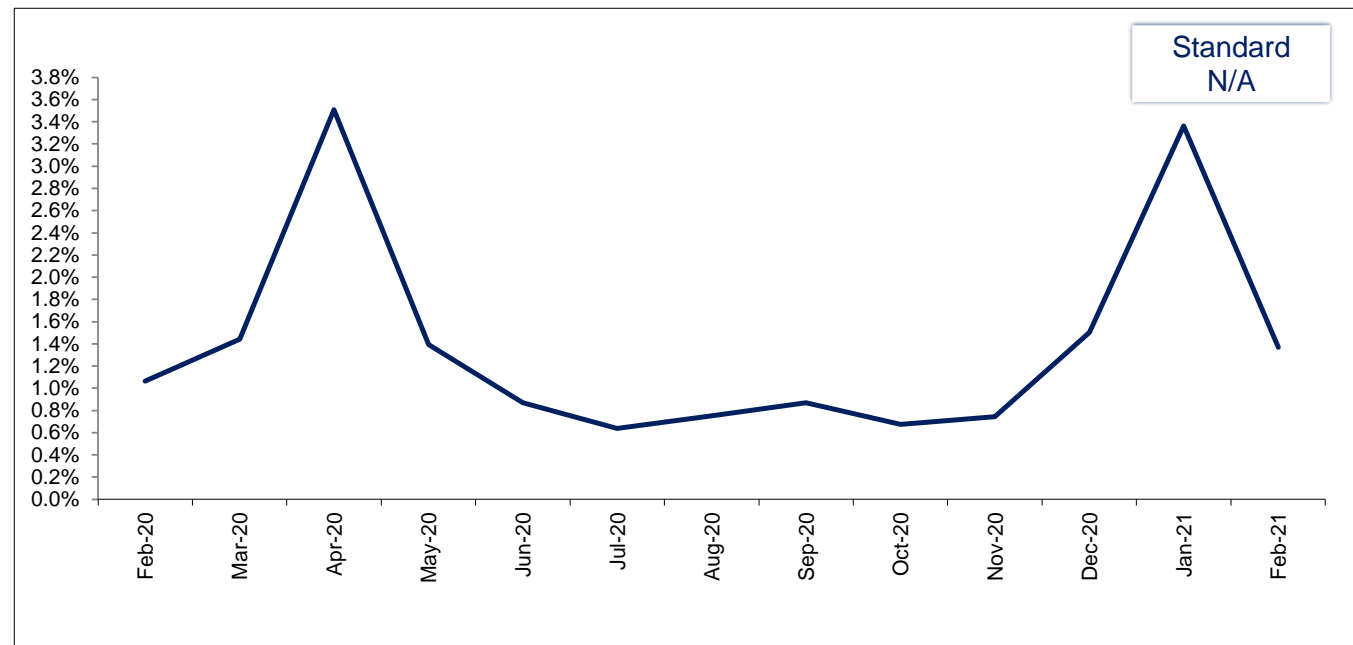
In conclusion:

- The OPAT Service has proved to be safe, efficacious and acceptable for treating a wide range of infections with the ability to improve patient choice, hopefully resulting in improved patient satisfaction. It has shown to significantly reduce length of hospital stay, resulting in cost savings. During the global pandemic this has proved to be an invaluable service, limiting potential exposure of patients to COVID-19 in the hospital environment.

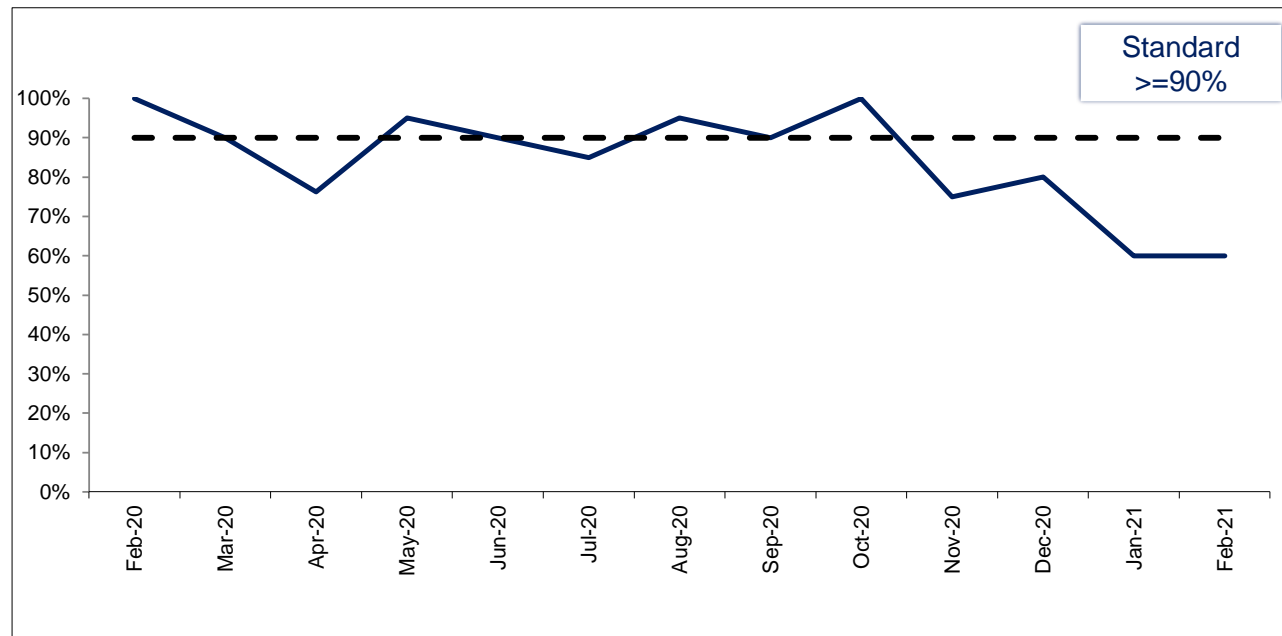
k2.01 | SHMI



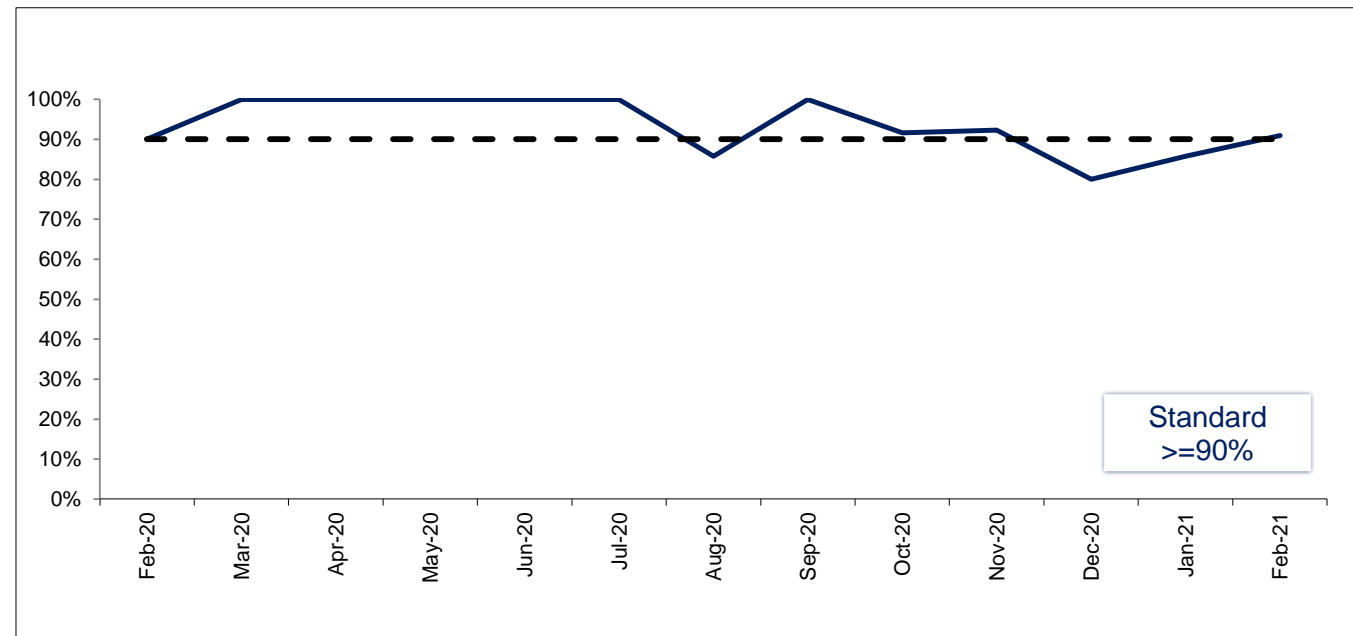
k2.02 | Unadjusted Mortality Rate



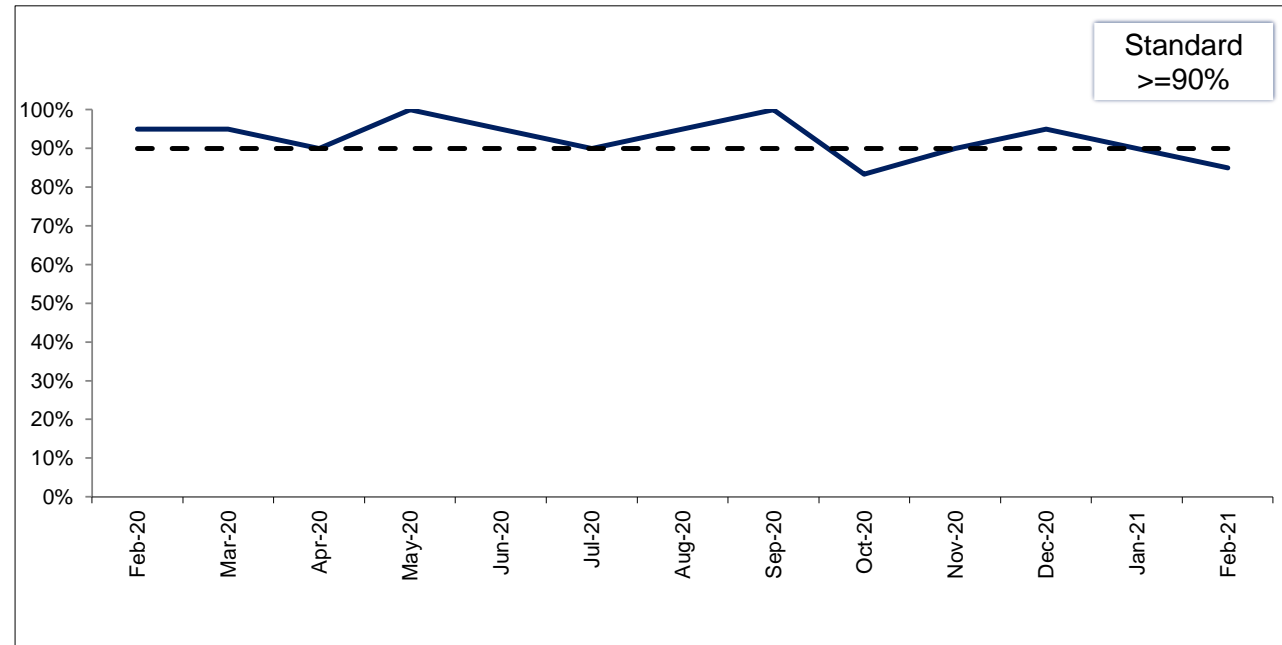
k2.03 | Sepsis - % of eligible patients screened for sepsis - Emergency Department



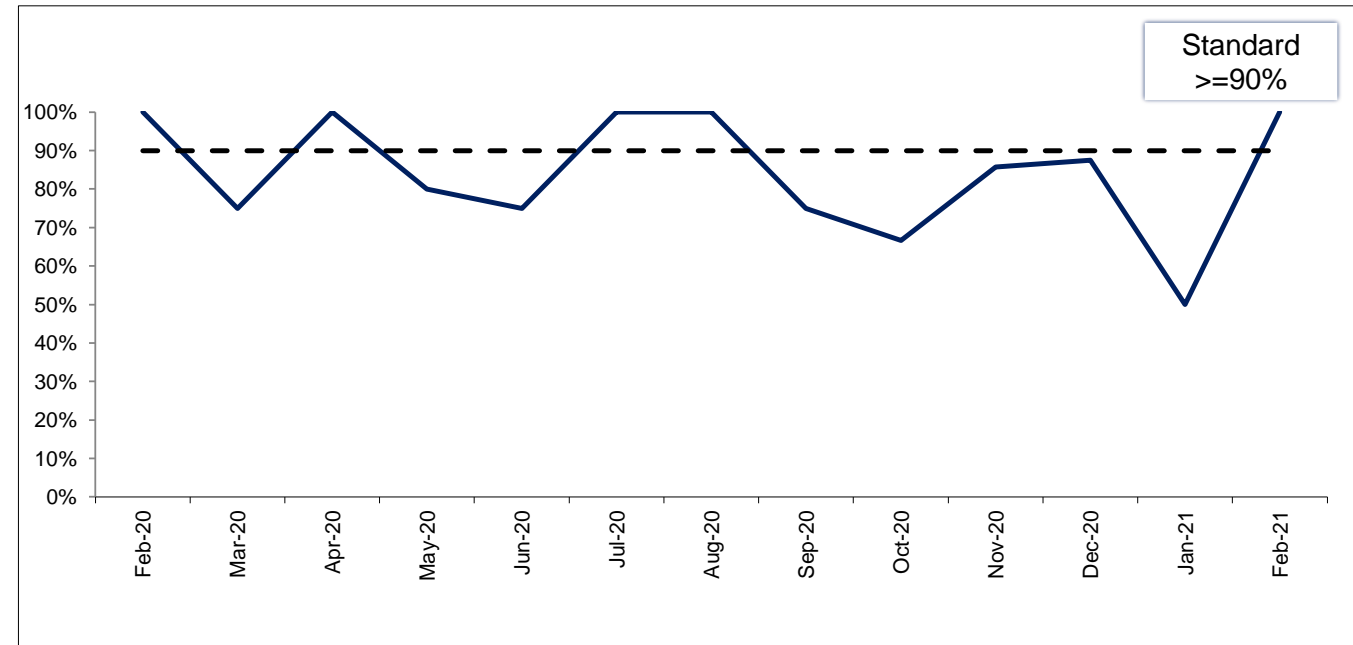
k2.04 | Sepsis - % of eligible patients who received antibiotics within 1 hour of arrival - Emergency Department



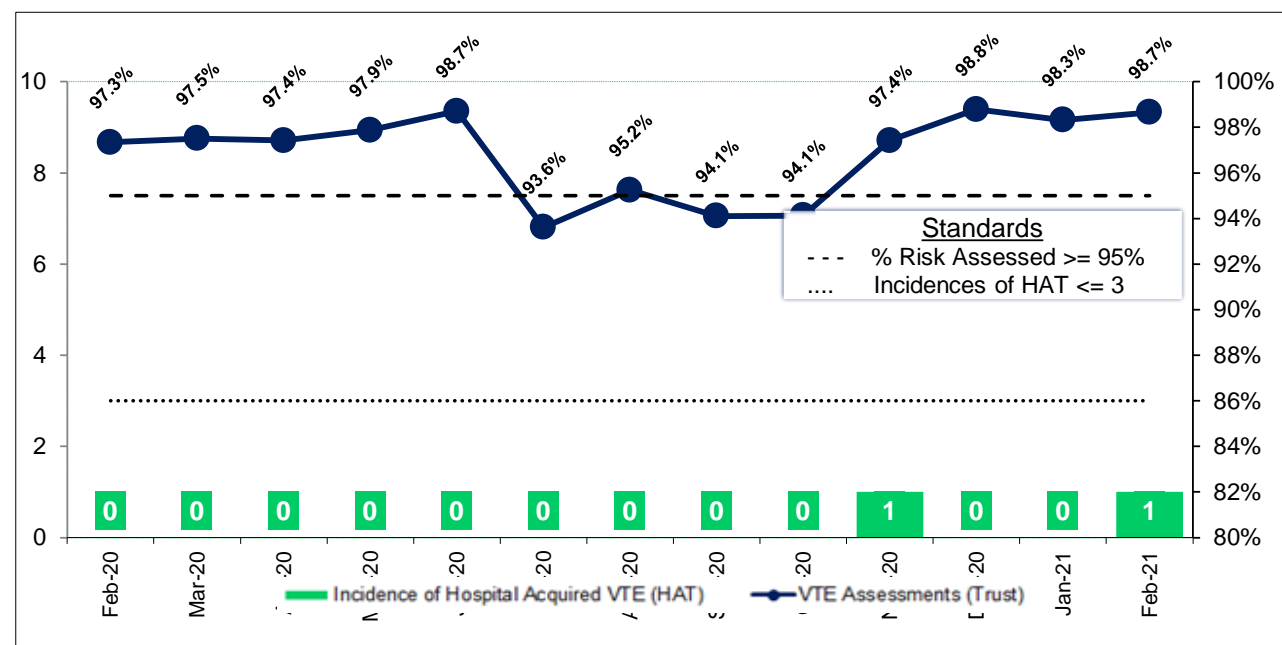
k2.13 | Sepsis - % of eligible patients screened for sepsis - Inpatients



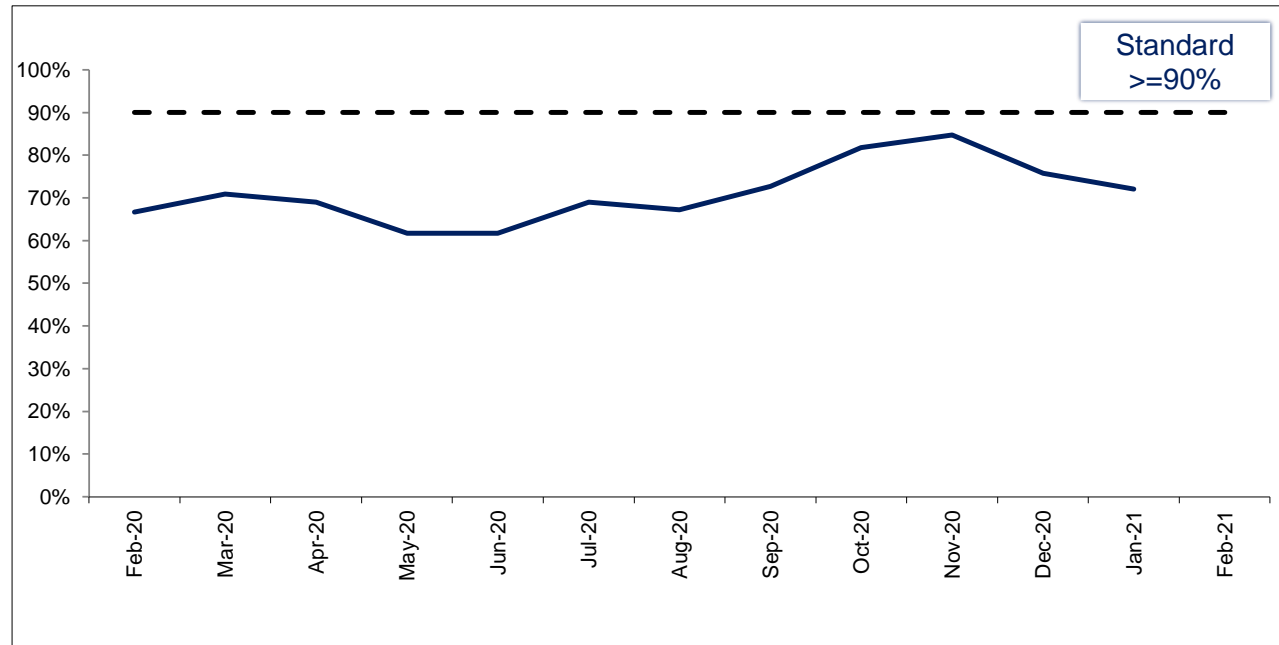
k2.14 | Sepsis - % of eligible patients who received antibiotics within 1 hour - Inpatients



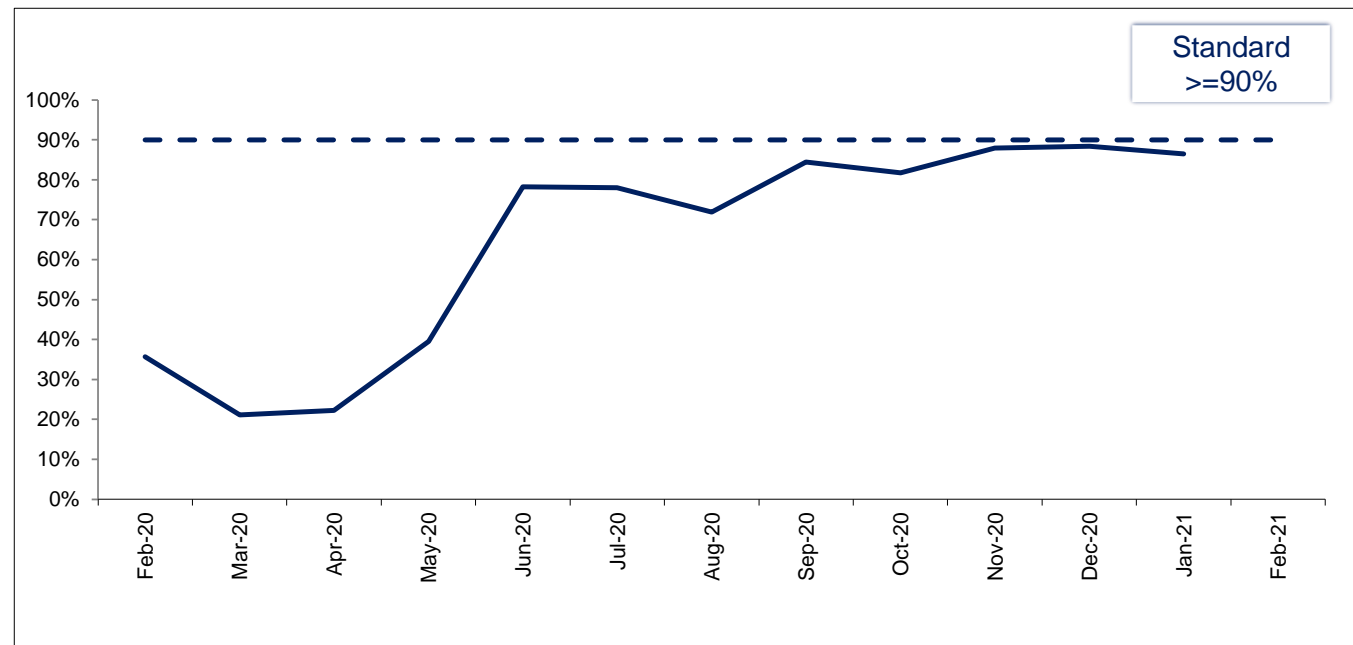
k2.05 | Prevention of Hospital Acquired VTE (% patients risk assessed)
k2.06 | Incidence of Hospital Acquired VTE (HAT)



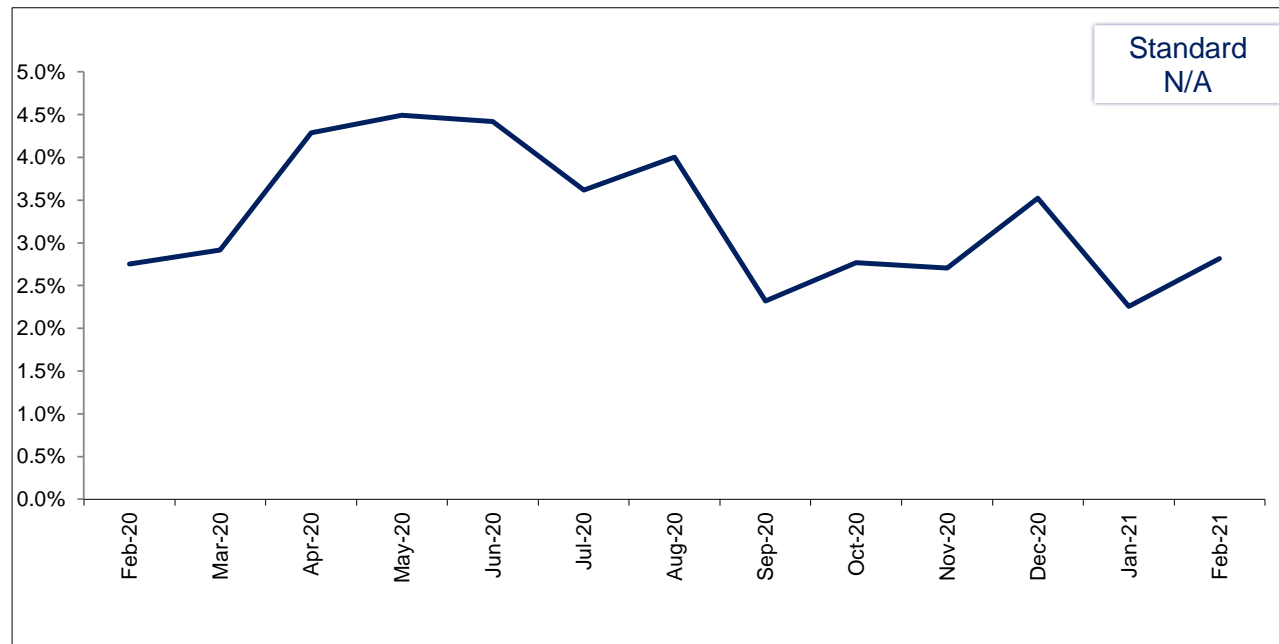
k2.07 | % of eligible patients screened for dementia



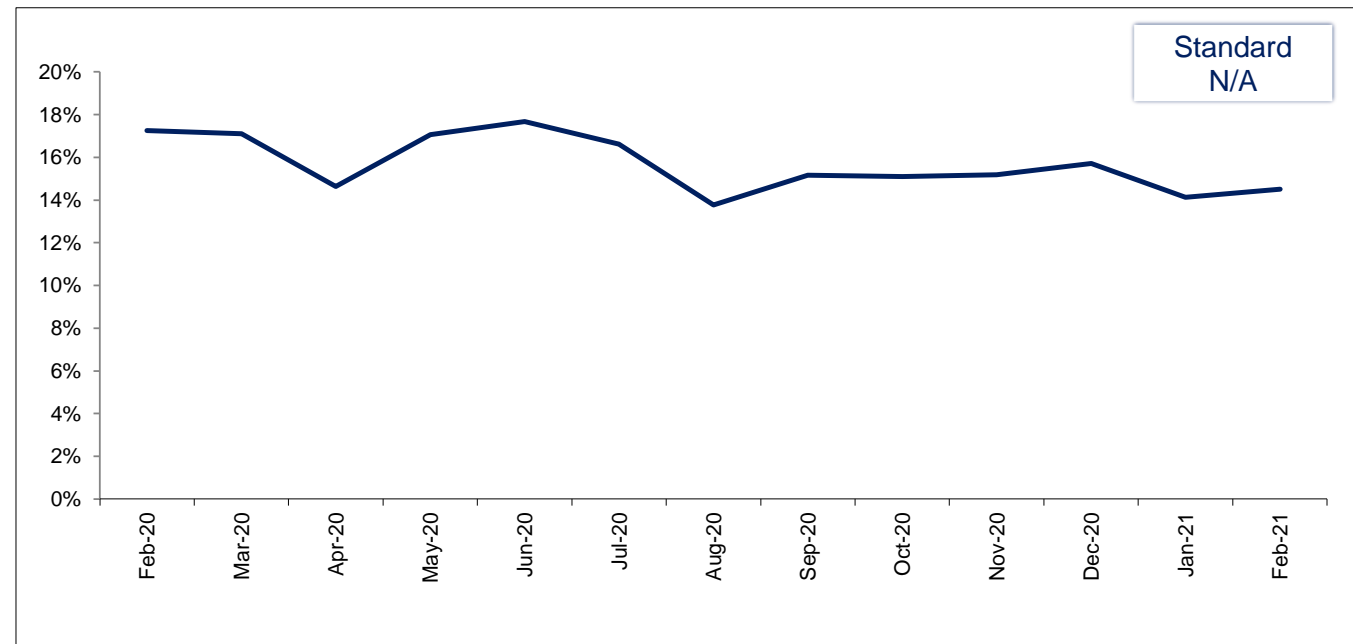
k2.08 | % of patients with dementia who were appropriately assessed



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



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

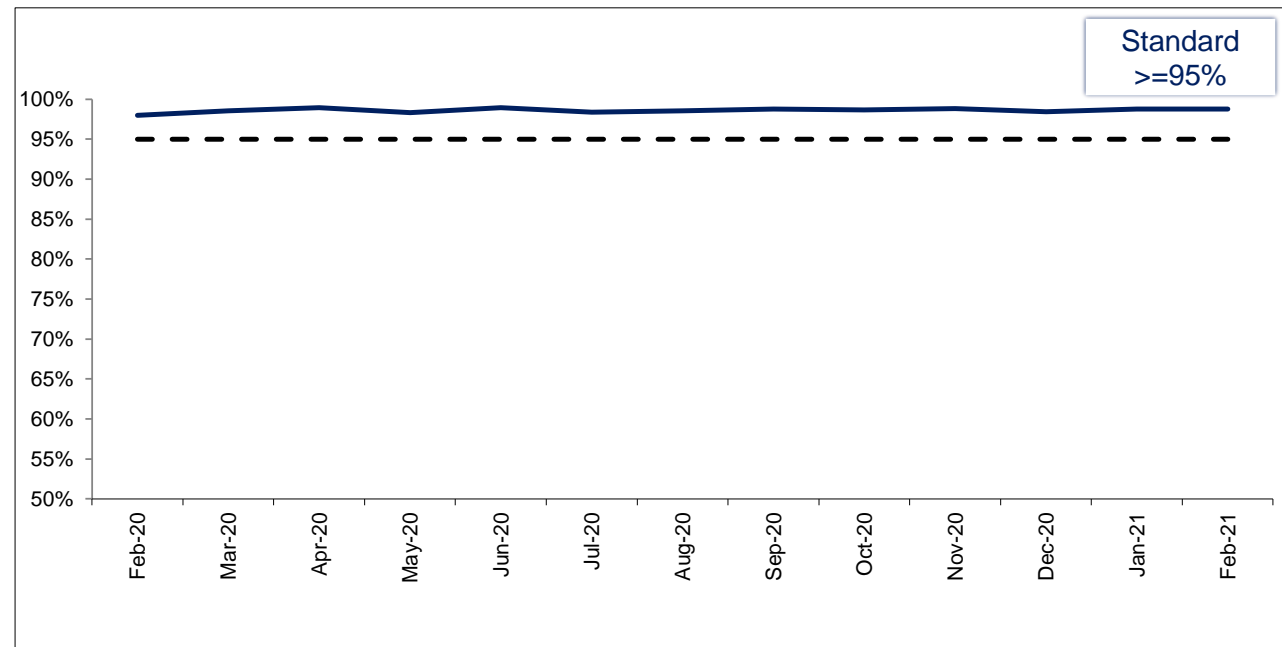


Effective

Is Care Effective?

February 2021

k3.15 | Hand Hygiene



Complaints

Author: Clare Parker, Head of Legal Complaints and PALS

February 2021 Trust Board Wording

The trust received **24** complaints in February 2021 compared to **40** in February 2020.

Unplanned Care received the highest number of complaints accounting for 50% of the total received followed by Planned Care 46% and Corporate Services 4%.

Within Unplanned Care the following areas received complaints in February 2021

Accident & Emergency (2), Bronte Ward (1), Canbury Ward (1), Derwent Ward (1), Hamble Ward (1), Kennet Ward (1), MOPD (1), Mortuary (1), Occupational Therapy (1) and SDEC (1).

Within Planned Care the following areas received complaints in February 2021

Breast (1), Dermatology & Plastics (1), ENT & Audiology (1), General Surgery (1), Gynaecology (1), Maternity (1), Urology (2), Cambridge Ward (1), Endoscopy (1) and Isabella Ward (1).

The complaint received under Corporate Services related to a family member disagreeing with the Transport Assessment Team's decision that a patient was not eligible for hospital transport.

Subjects

The most frequent subjects related to were Care and Treatment (38%) and Communication (25%).

Reopened Complaints

Six complaints were reopened in February 2021. The reasons for the complaints being reopened were Further Questions (5) and Facts Inaccurate (1).

Ombudsman Referrals

In February 2021, the Ombudsman did not investigate any complaints referred to them.

Friends and Family Test

Author: Jane Suppiah Patient Experience & Quality Improvement Lead

February saw 4,315 FFT ratings received (positive 92.56% / negative 4.59%) and 3,226 comments.

The Highest ranked theme for both positive and negative feedback was staff attitude with 1,965 positive and 140 negative comments respectively.

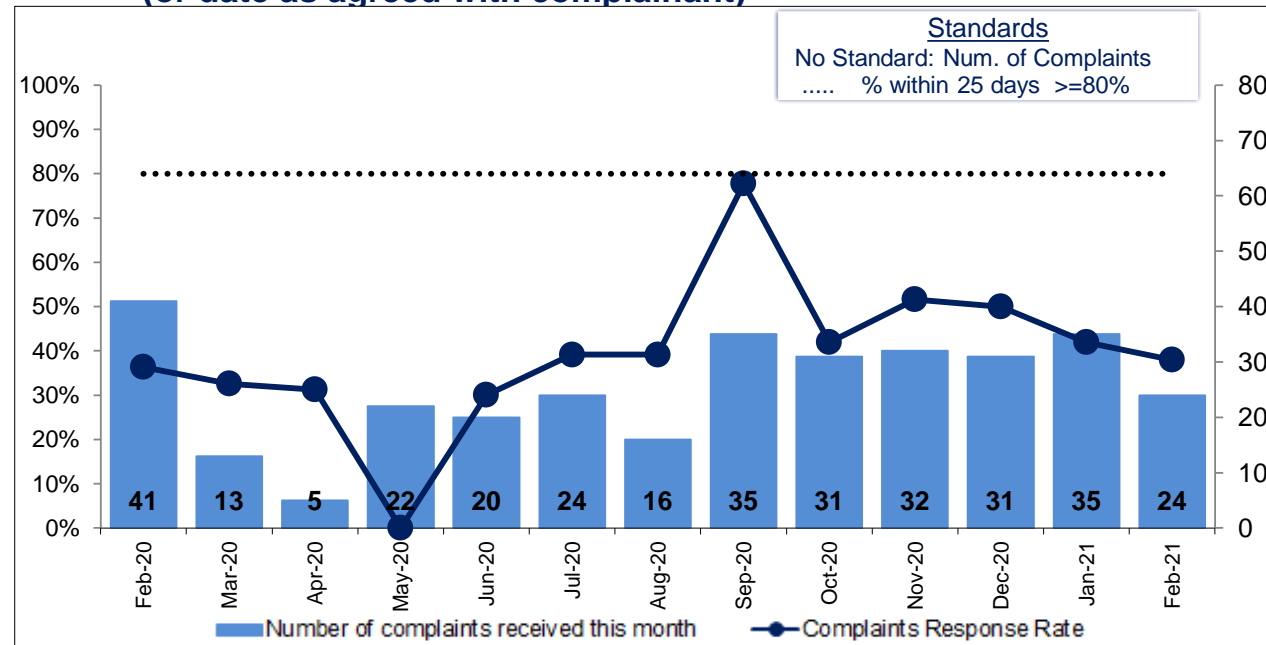
"The doctor who called me was so lovely and put me at ease when discussing a sensitive/embarrassing topic that I had not previously discussed with anyone. She explained everything clearly and concisely and left me feeling confident and clear about what would be happening next. I can't thank her enough and totally understand the effect that COVID has had on the hospital and am pleased that they are managing to keep so many appointments going ahead despite the obvious strain on staff and resources caused by COVID. 10/10.Thank you."

The Patient Experience and Involvement Team are now proactively directing feedback to wards, outpatients, ED, daycase and maternity fortnightly and have started a database of emerging themes. Staff are asked to acknowledge and consider areas highlighted for improvement.

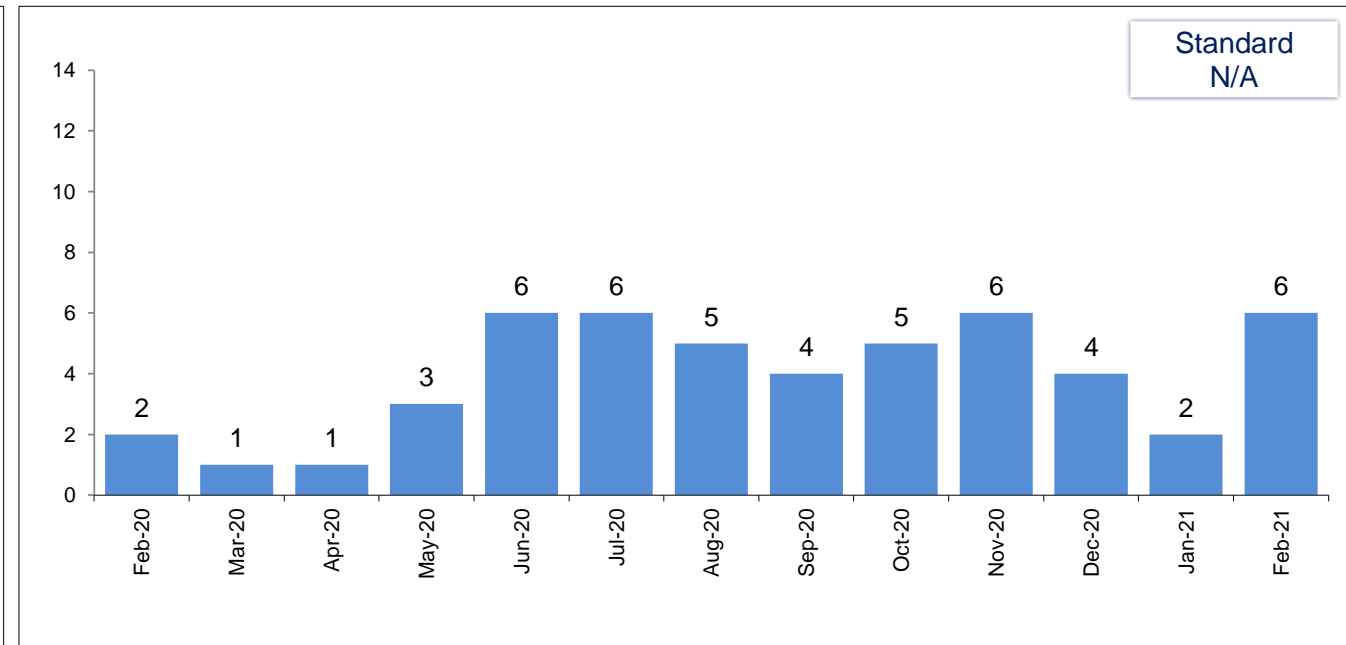
The FFT is now accessible via the Trust website and the roll out of QR codes for services has commenced to provide patients choice in how to respond.

k3.01 | Number of Complaints received

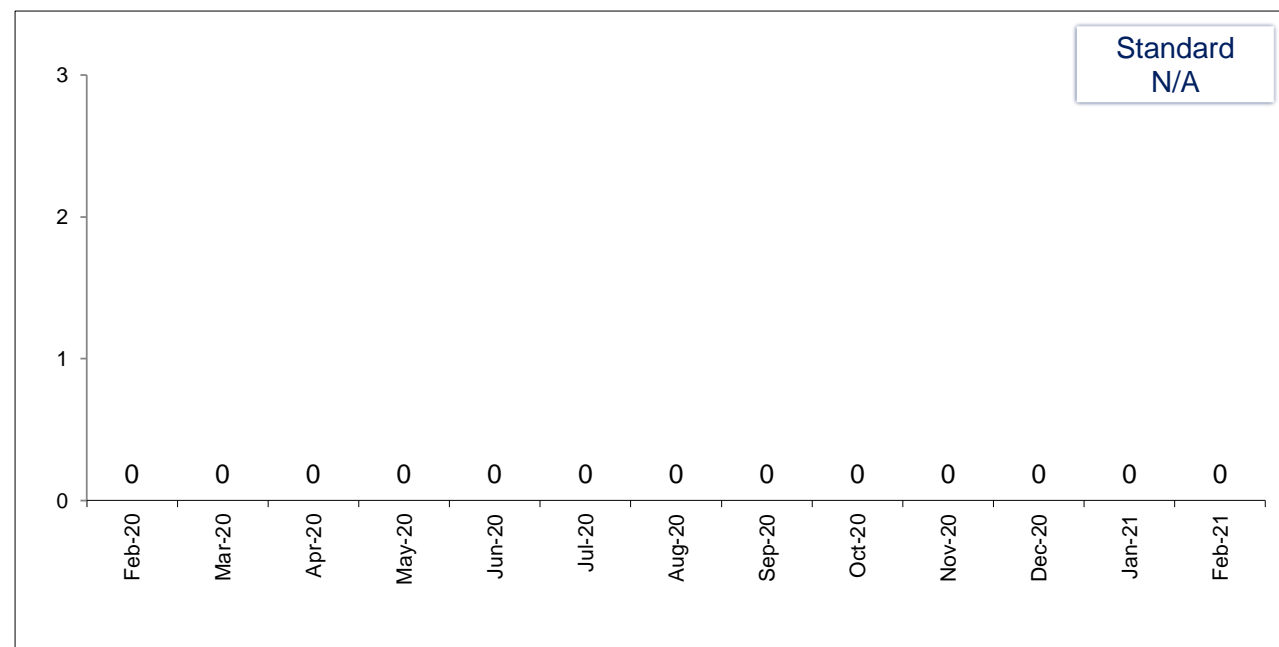
**k3.14 | % Complaints responded to within 25 working days
(or date as agreed with complainant)**



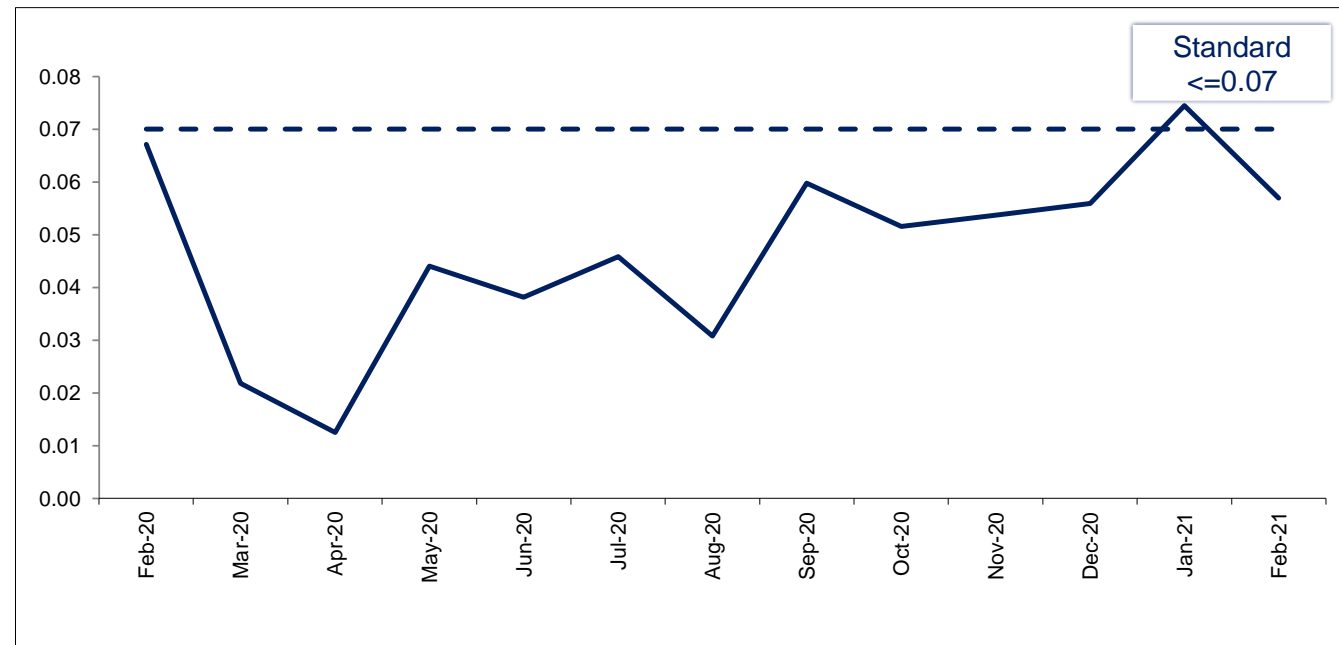
k3.02 | Number of Complaints reopened



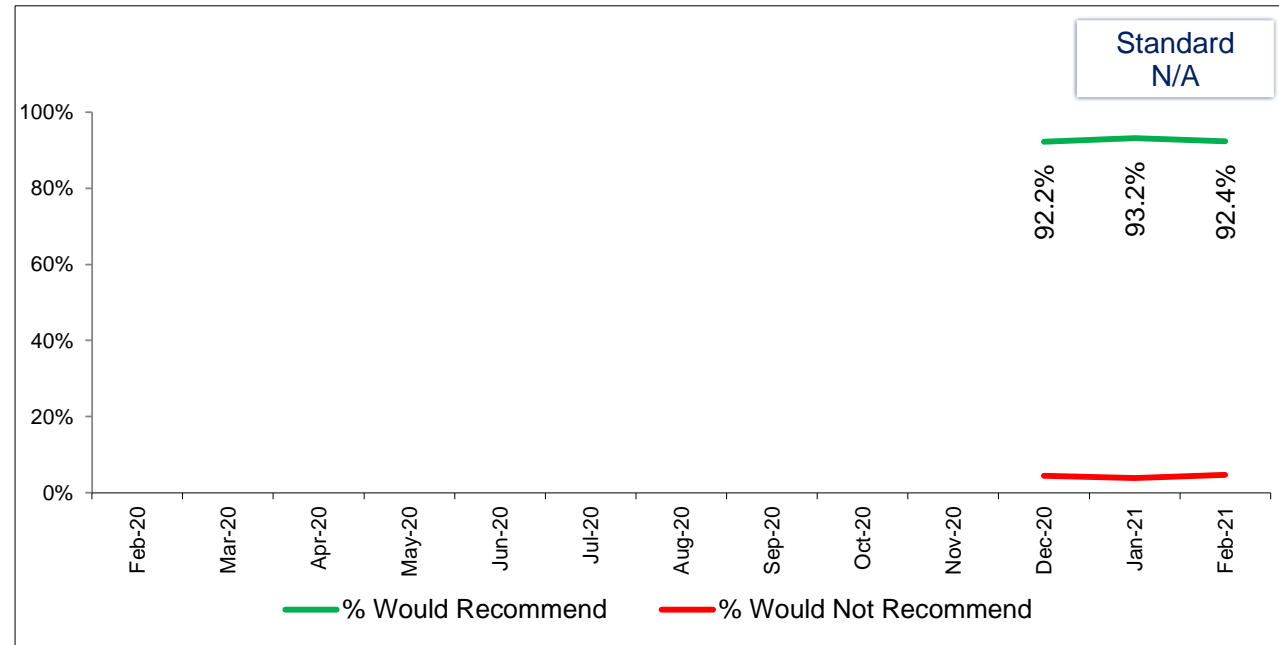
k3.03 | Number of Complaints referred to ombudsman



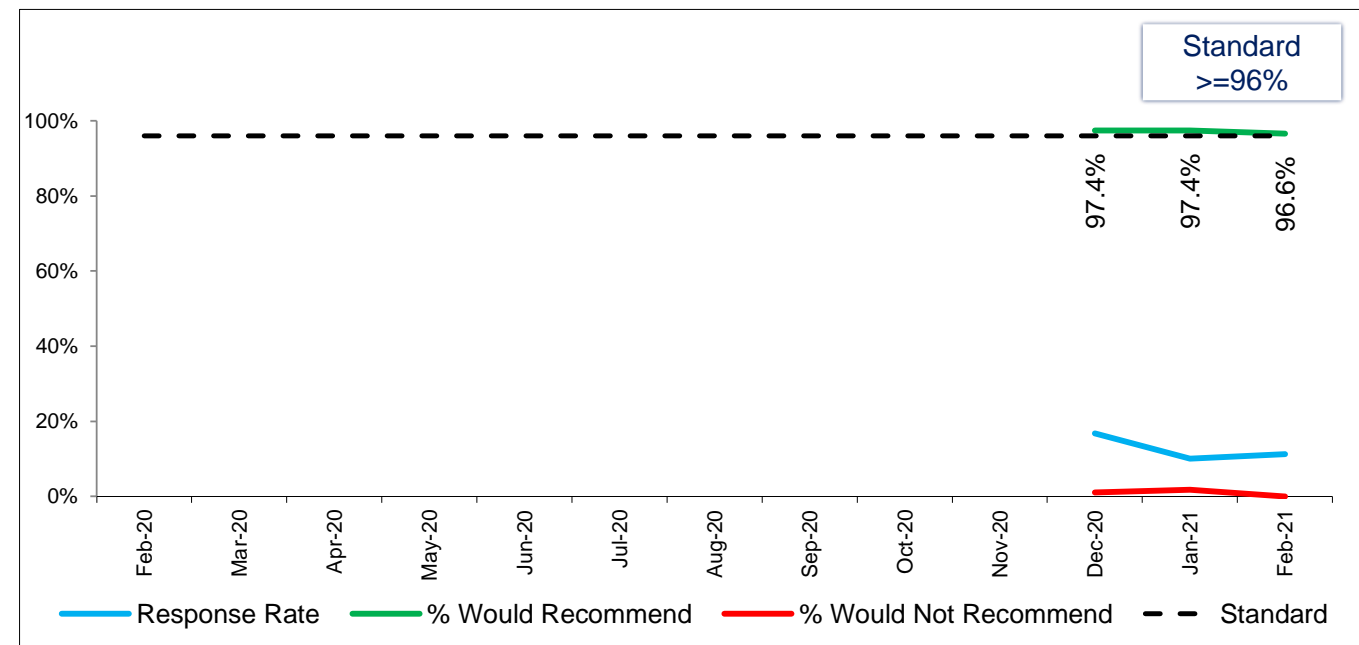
k3.20 | Complaints per 100 patient contacts



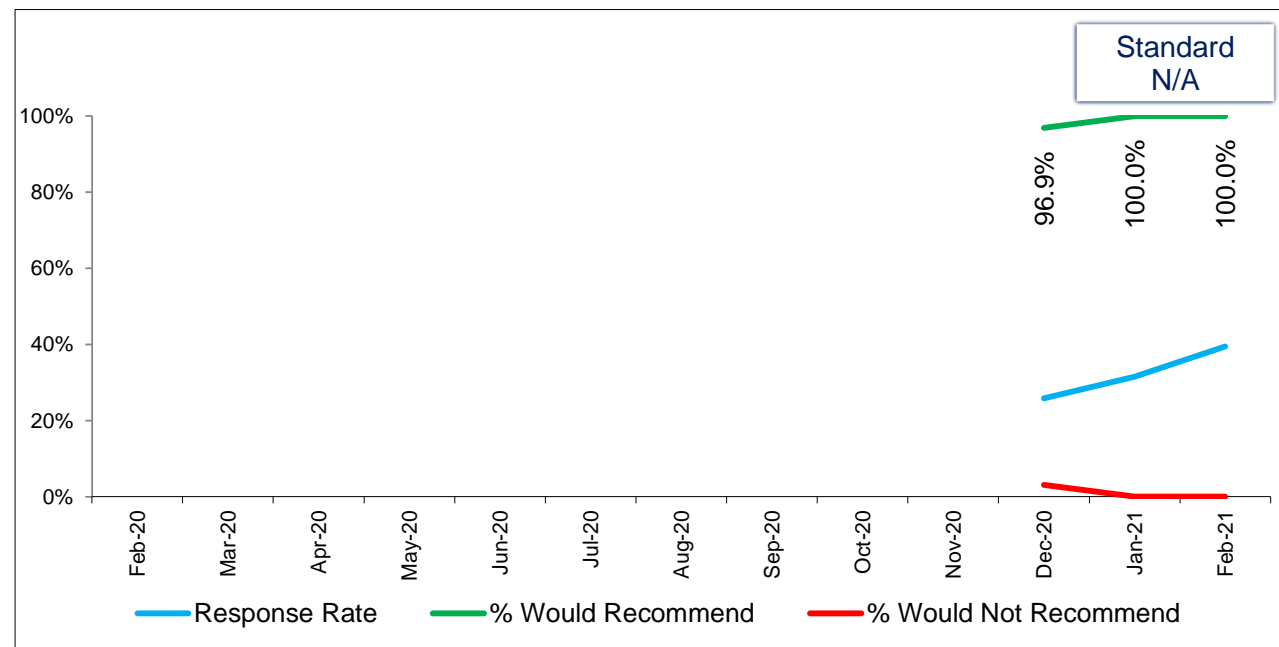
k3.05 | Friends and Family Score - Trust



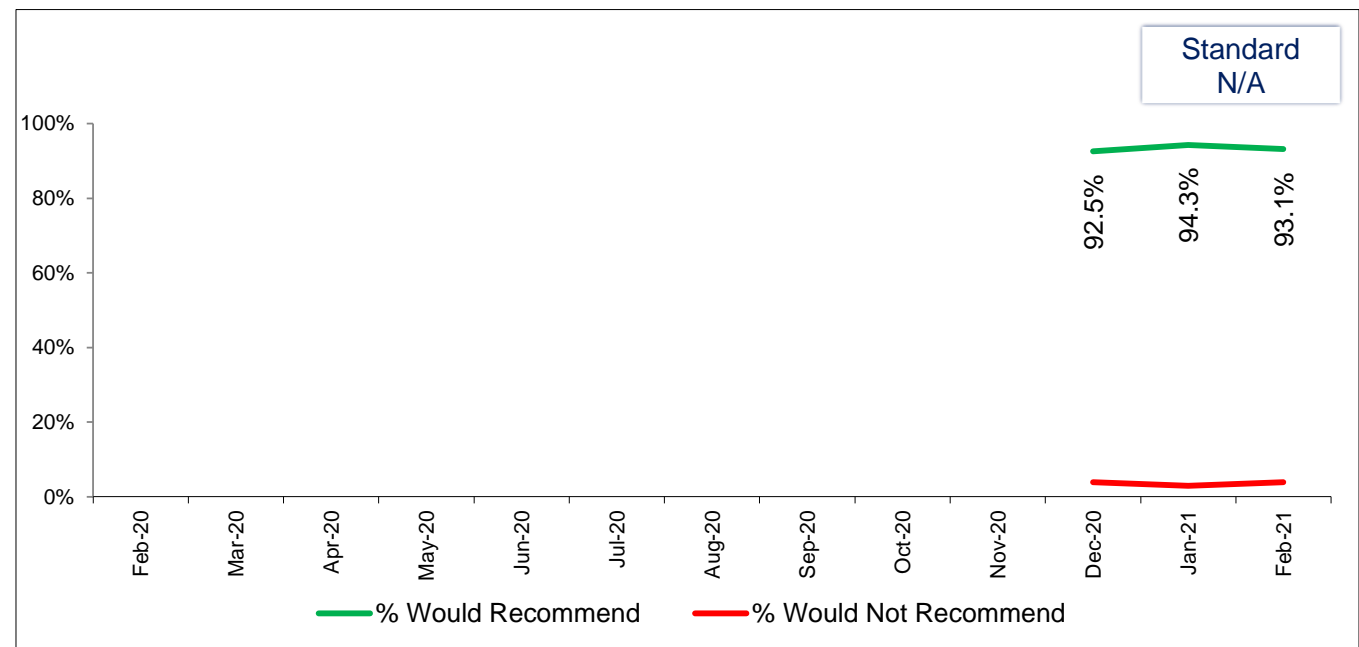
k3.06 | Friends and Family Score - Inpatients (excluding daycases)



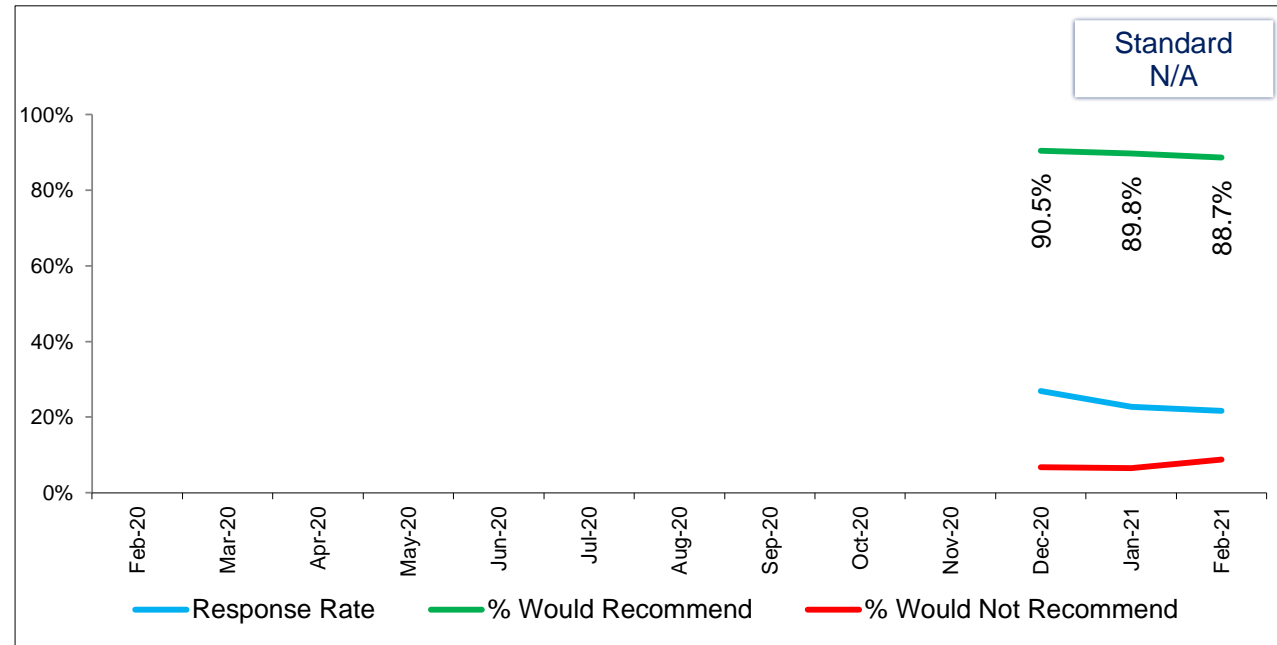
k3.07 | Friends and Family Score - Paediatric Inpatient



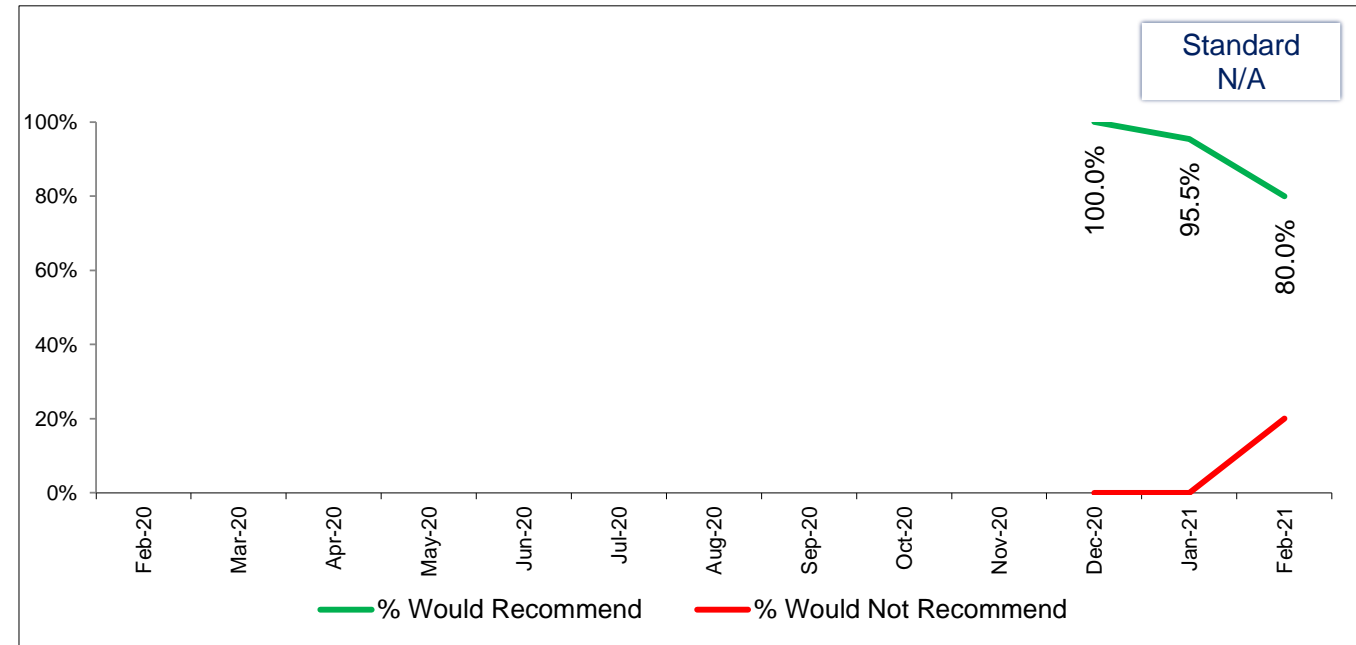
k3.08 | Friends and Family Score - Outpatient



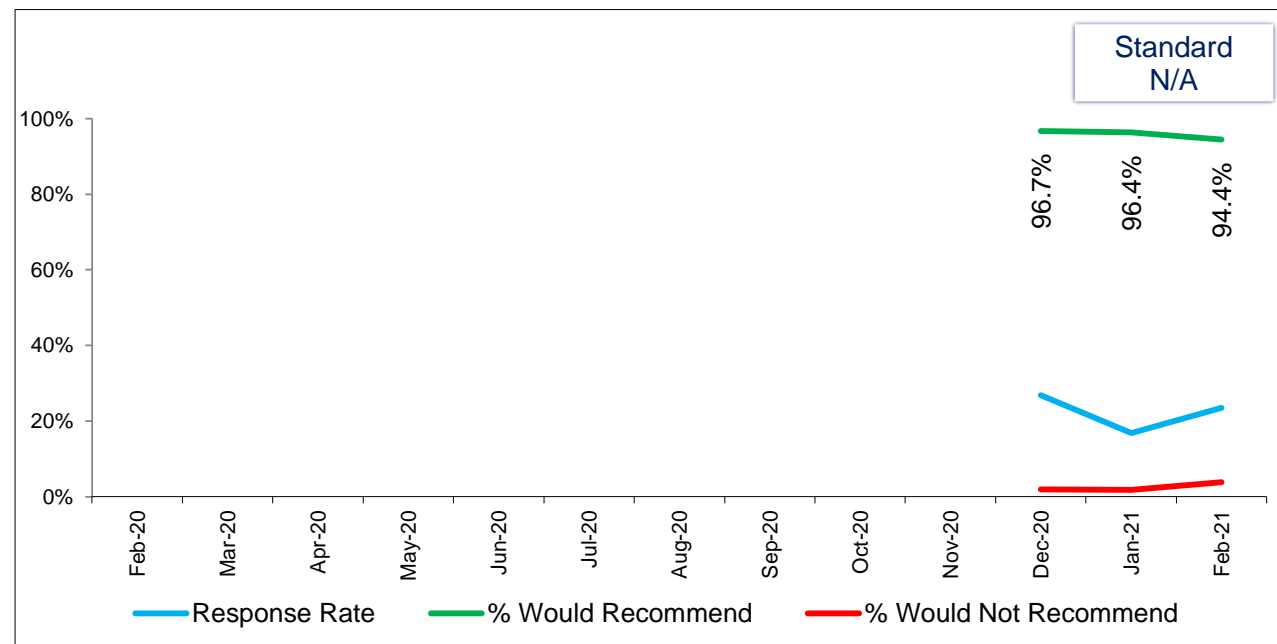
k3.09 | Friends and Family Score - A&E



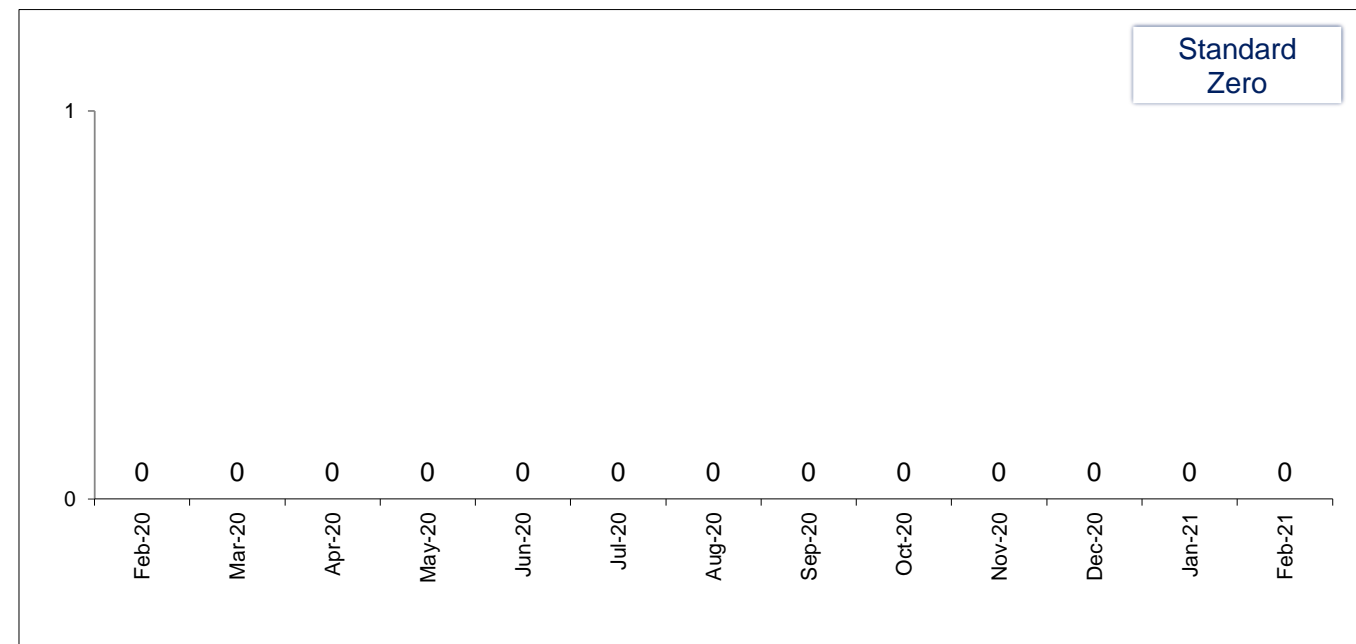
k3.10 | Friends and Family Score - Maternity



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 January and the 62 day position remains strong at 94.1%. The trust will see a dip in 62 day performance in February due to the challenges faced during the second wave of Covid 19. Despite this the Trust is expected to achieve the target. The number of 2ww referrals received in January dropped slightly, although looking ahead they have returned to normal in February. Sustaining cancer performance remains challenging and close monitoring of patients who present as an emergency with cancer is also being scrutinised.

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

The February position for performance against the 18 week RTT target was 78.17% which represents a similar position to last month.

We have 259 patients currently waiting over 52 weeks for treatment, evenly split across outpatient and elective pathways. The longest waiters are in T&O, ENT, Ophthalmology. A recovery plan was presented to the executive, and the ICS is also discussing likely timescales for catch up.

Diagnostics:

February performance against the 6 week diagnostic target was 67.2%, which is a significant improvement on January performance (which was 49.1%). Radiology are following a robust recovery plan and have very few patients now sitting over the 6 week mark. Endoscopy have almost recovered their 6 week diagnostic position. The echo services have a solid plan for mutual aid across SWL, and currently working to offer their patients echo slots at other sites in SWL. This will hopefully see a large improvement on the echo waiting list in the coming weeks. The Audiology diagnostic position has deteriorated slightly as the Audiology team are currently operating from a very reduced footprint with the emergency decant from Roehampton. The division is working hard to secure additional capacity in an off-site location and are currently exploring 2 possible options.

A&E Performance**Author: Tamsin Day, Associate Director, Unplanned Care**

ED performance: February performance against the four hour standard was 84.3% (all types) which was an improvement from January (76.2%). Performance continues to be impacted by the need to await Covid test results in ED before placing patients in the most appropriate ward.

12 hour breaches: In February there were no 12 hour breaches.

Ambulance handovers: There were 3 x 15 minute waits for ambulance handover in February and 0 x 60 minute waits.

NHS111 First: Where patients are booked for an appointment within the ED.

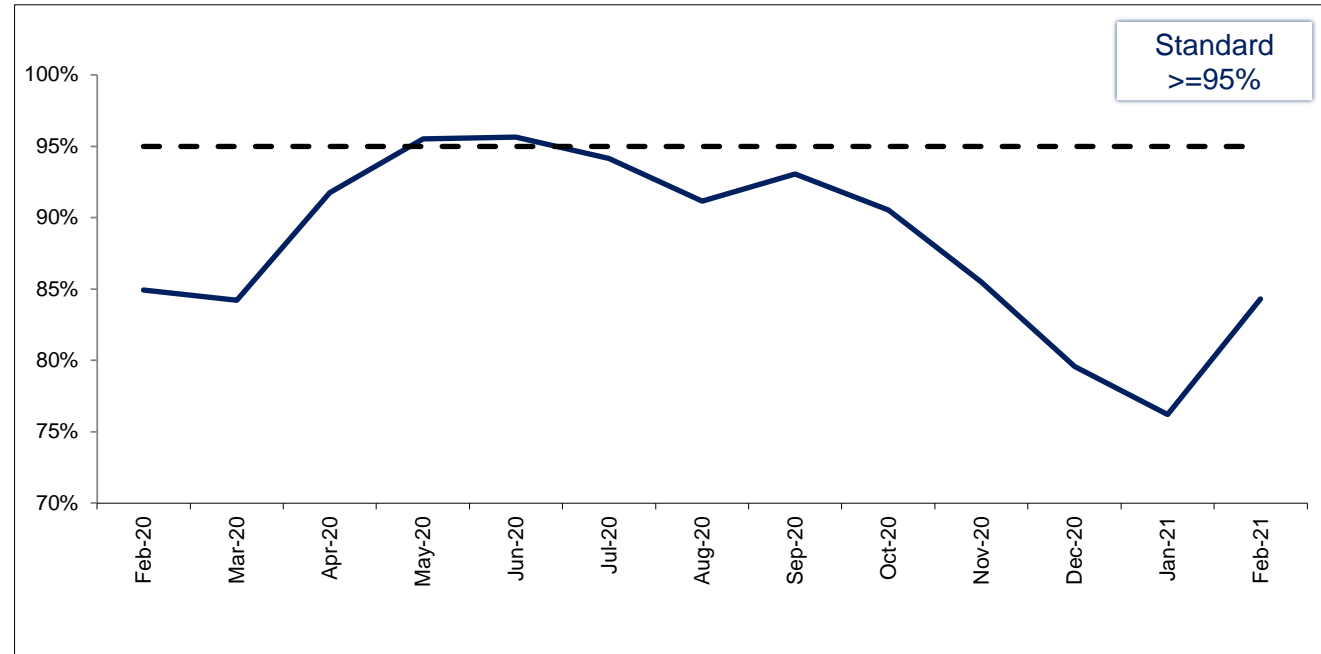
Utilisation of appointment slots averaged at 14.32% which is an improvement on January and is consistent with the SWL sector. The project team is working closely with 111 to improve slot utilisation. From the 15th March slot availability is increased to make slots available 24/7, a total of 126 slots a day will be profiled across the day from 2 per hour up to 8 per hour.

Stranded and Super Stranded patients: There were 139 stranded patients (against 151 in January) and 42 Super stranded (against 37 in January).

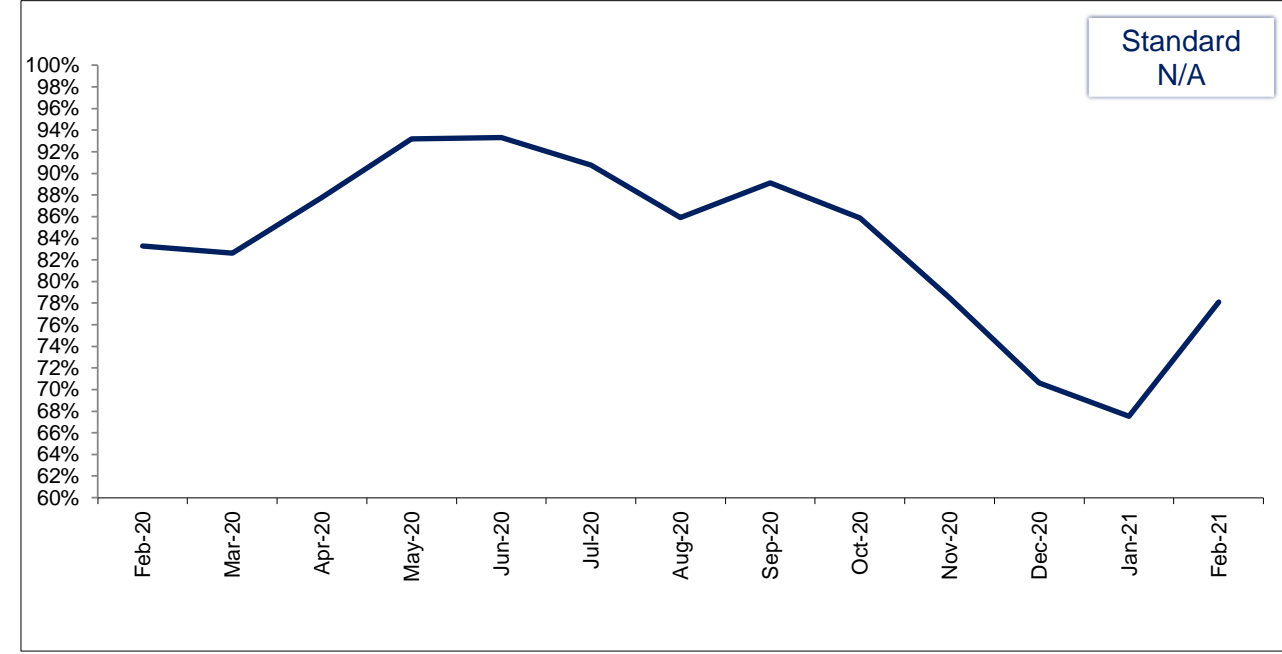
Work has continued to embed improvement in discharge planning through the discharge ward on Canbury ward, the continuation of the rapid decant team and twice Daily and 7/7 Community discharge meetings. Early indications are that these initiatives are having a positive impact on flow and supporting patients during their discharge pathways and the service lines are reviewing options for continuing these models.

ITU: The second ITU remained open on Alex ward in February, providing a total bed capacity of 21 ITU beds. In response to reduced Covid ITU demand Hamble ward reverted to business as usual during February as an amber respiratory ward.

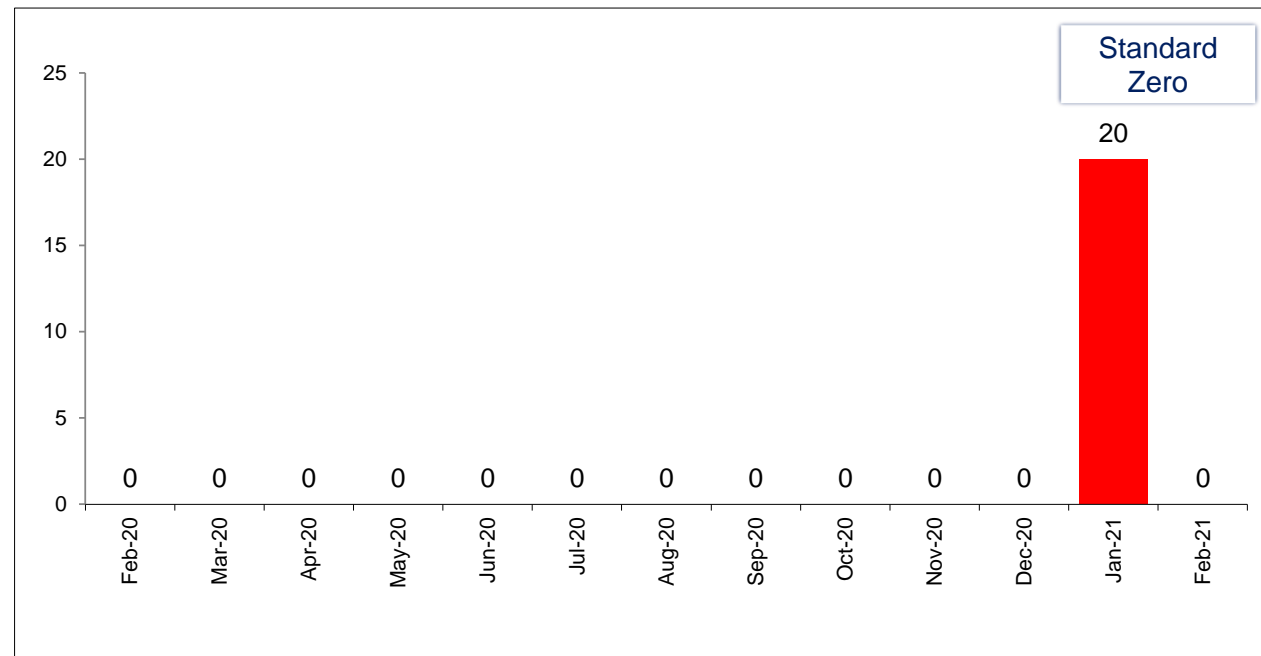
K8.01 | A&E 4 hour waiting time (all types)



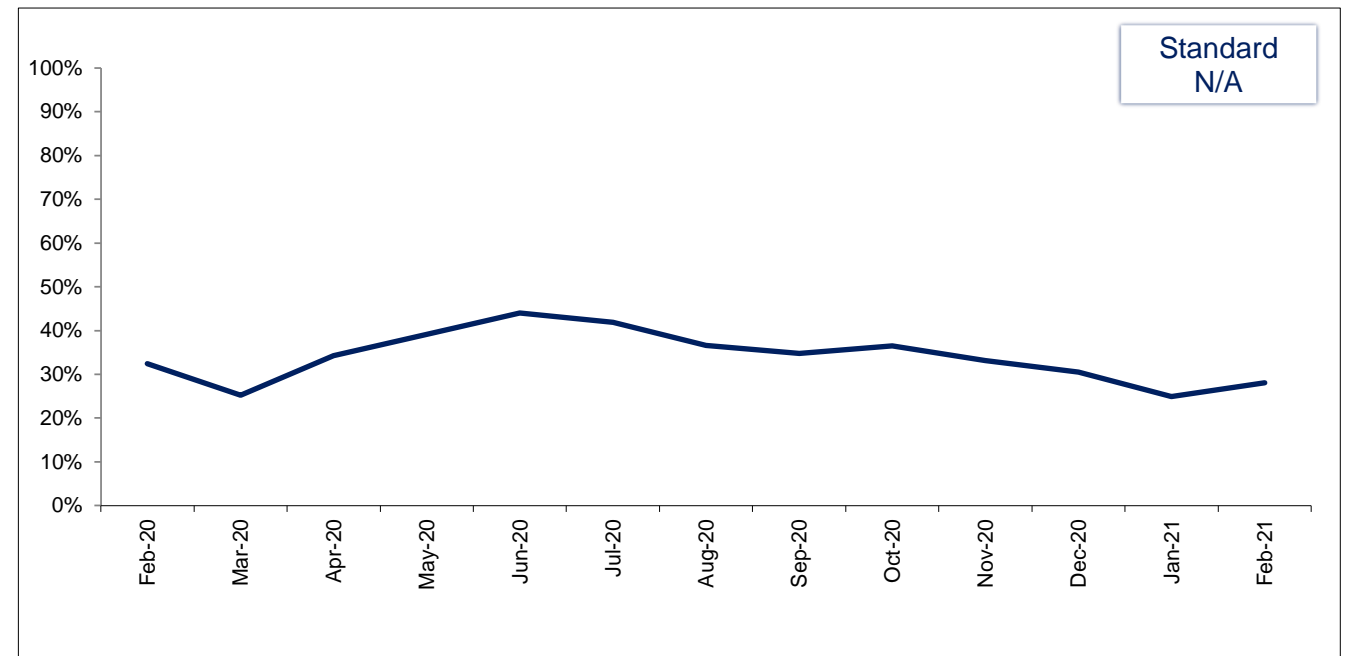
K8.02 | A&E 4 hour waiting time (type I)



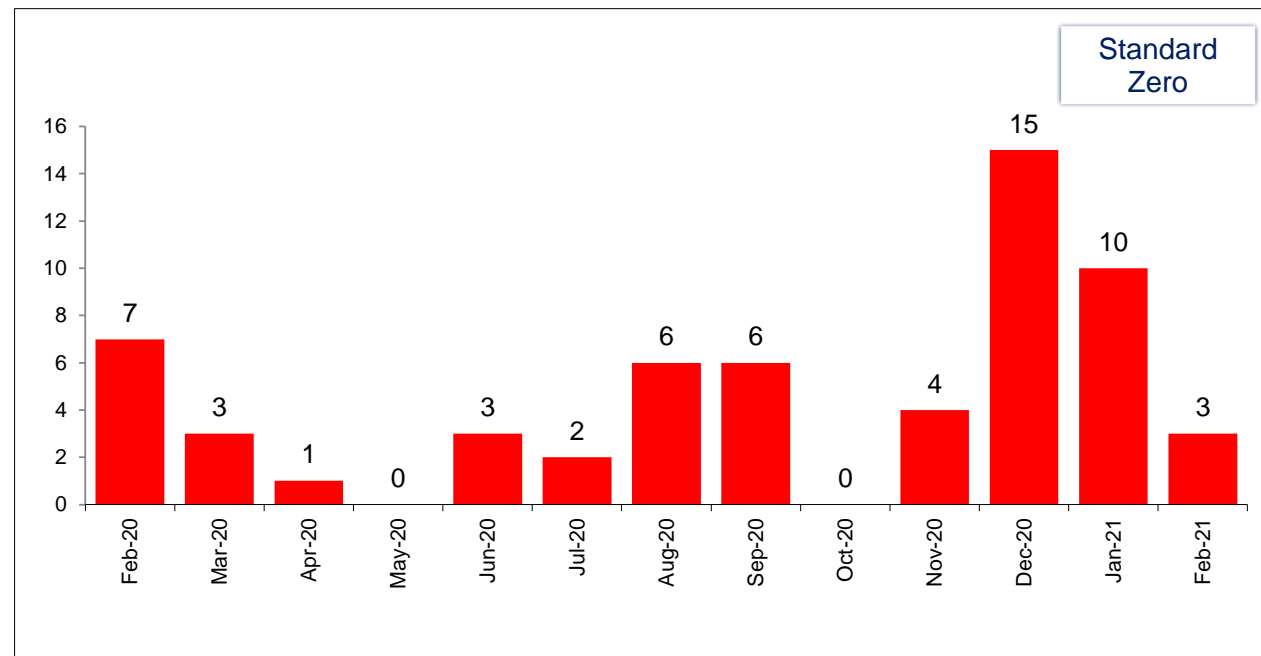
K8.03 | Number of A&E 12 hour trolley waits



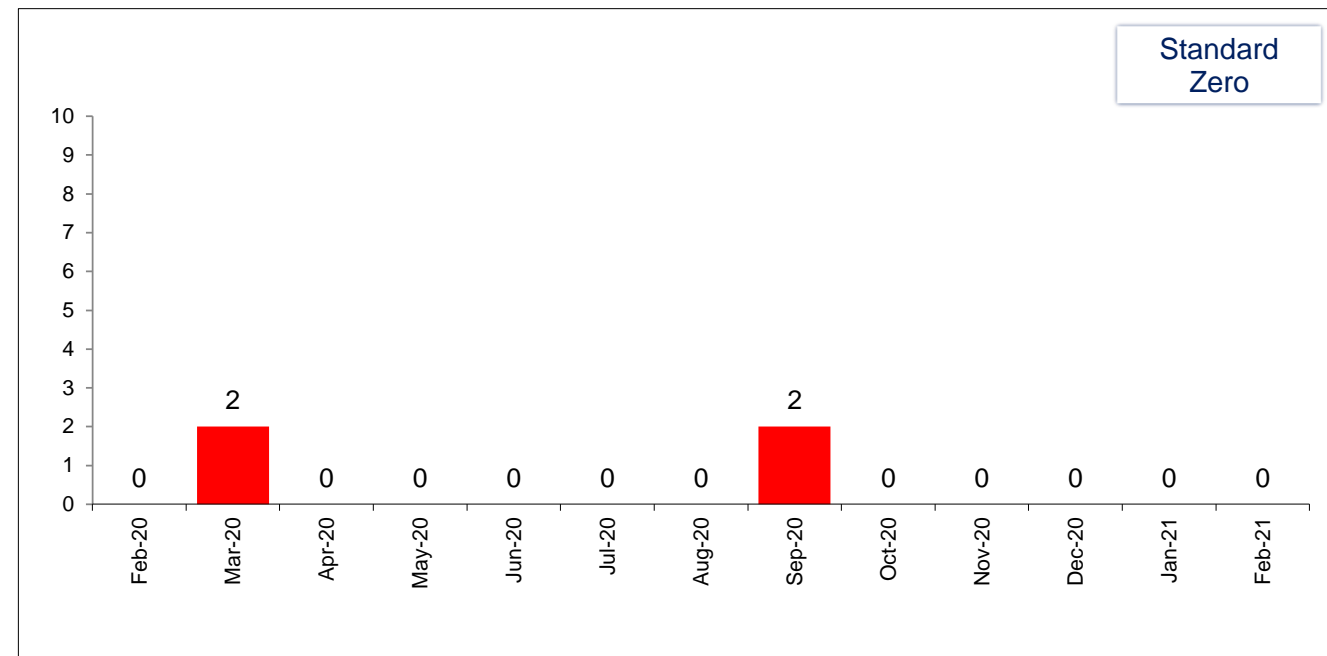
K8.04 | LAS Ambulance Handovers - % within 15 minutes



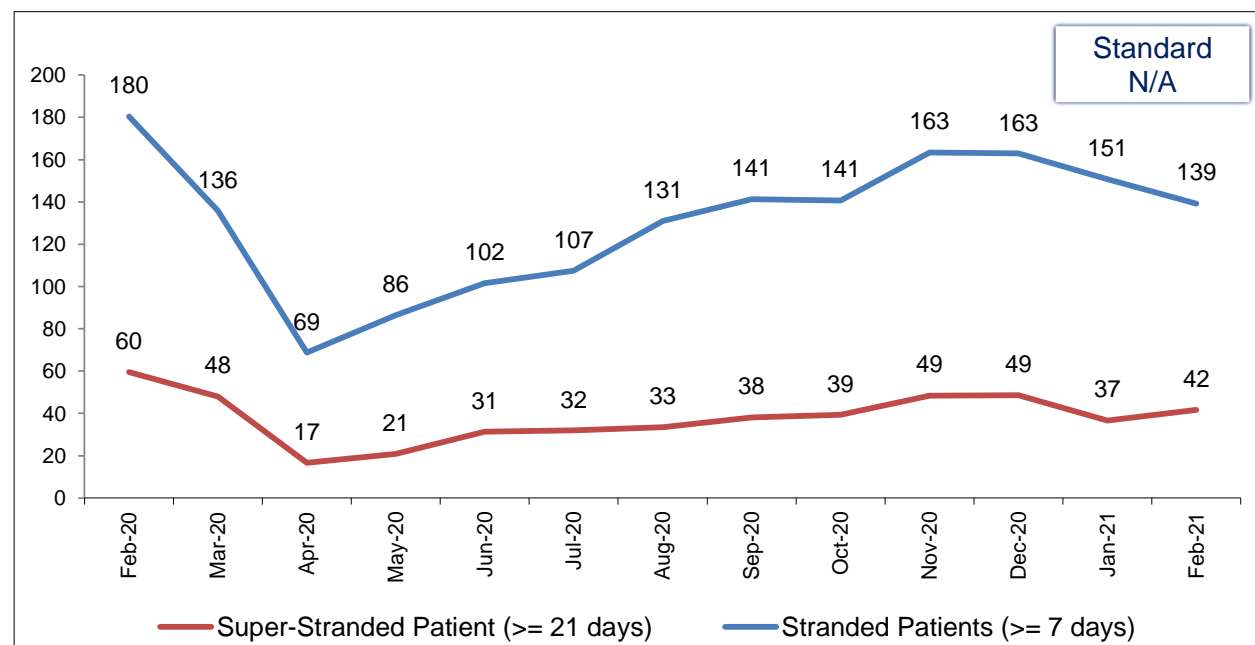
K8.05 | LAS Ambulance Handovers - 30 min waits



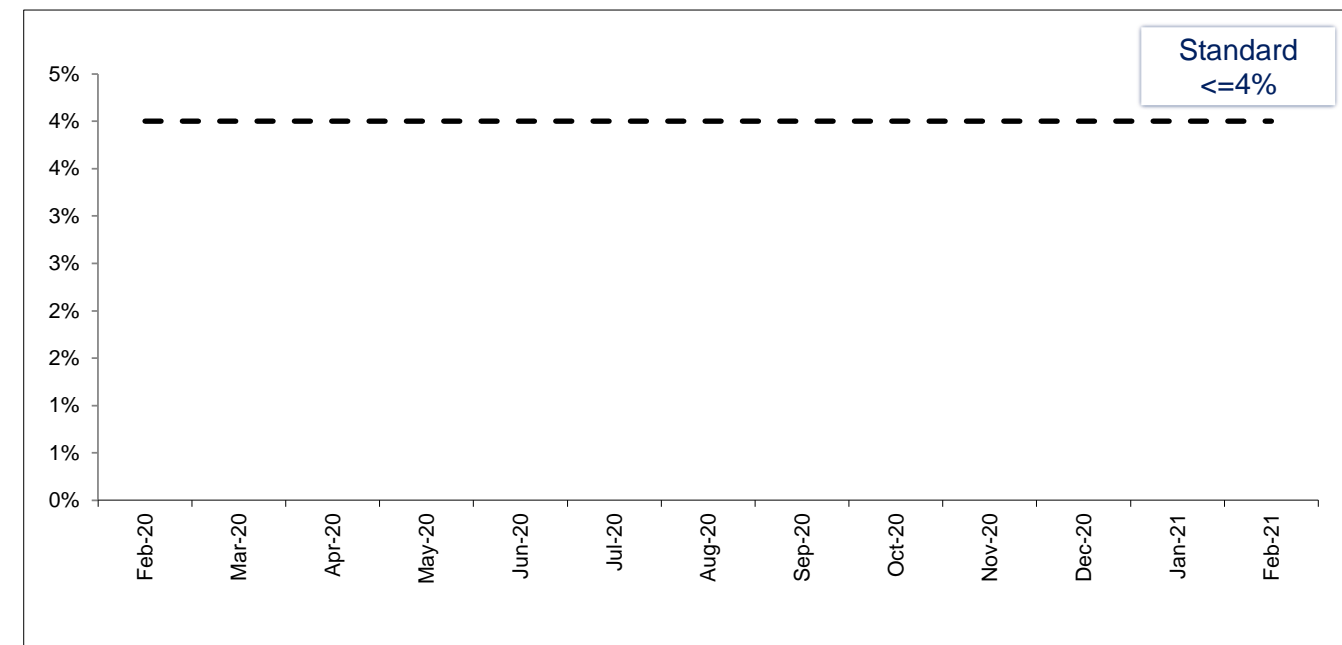
K8.06 | LAS Ambulance Handovers - 60 min waits



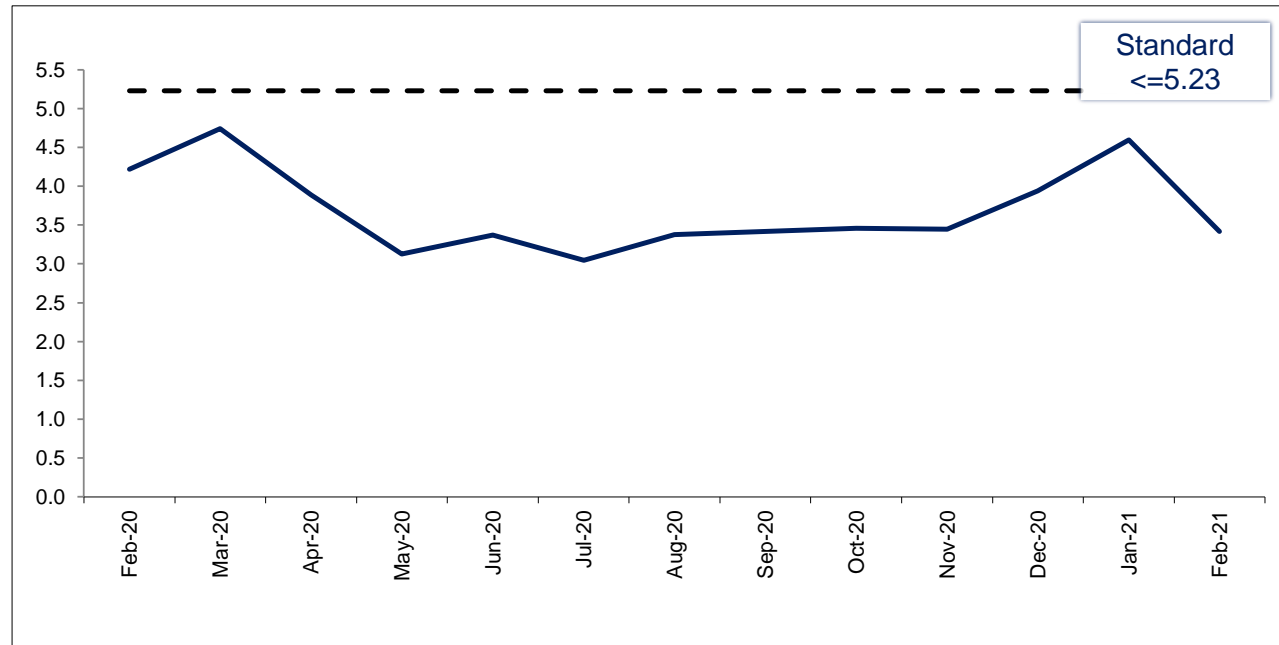
K8.07/08 | Stranded Patients (>=7 days and >=21 days)



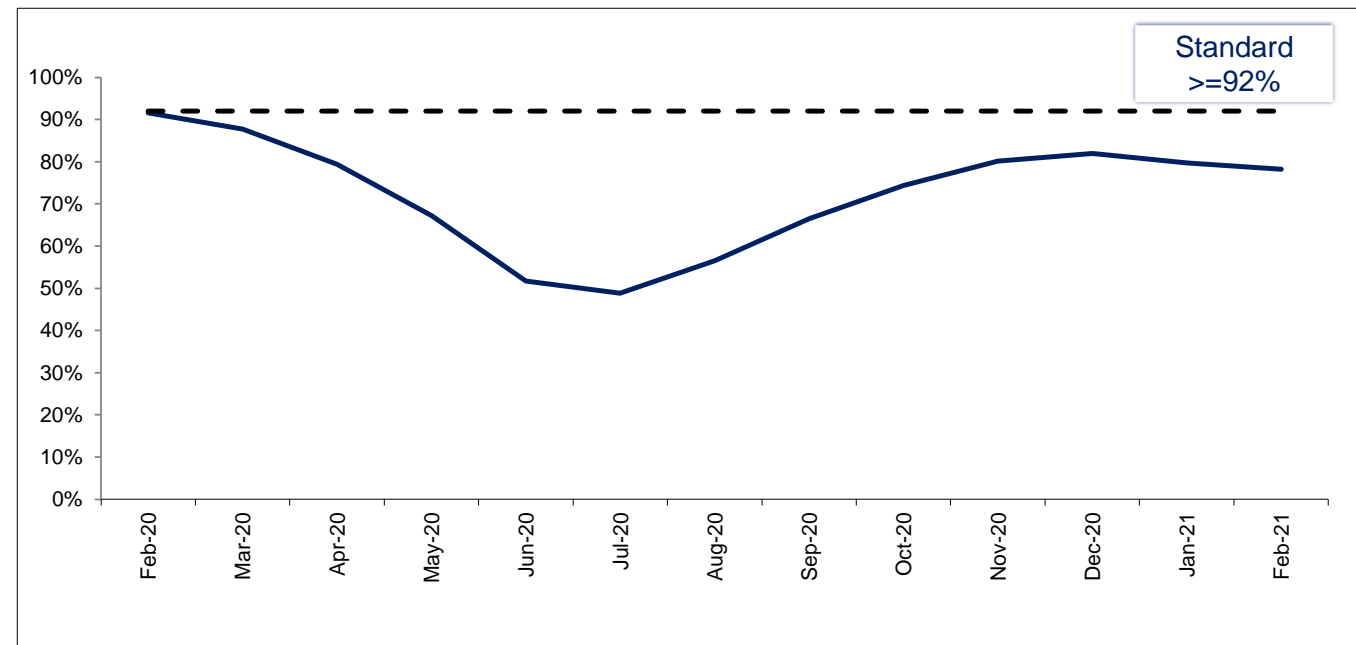
K8.10 | Delayed transfers of care - Rate per occupied bed day



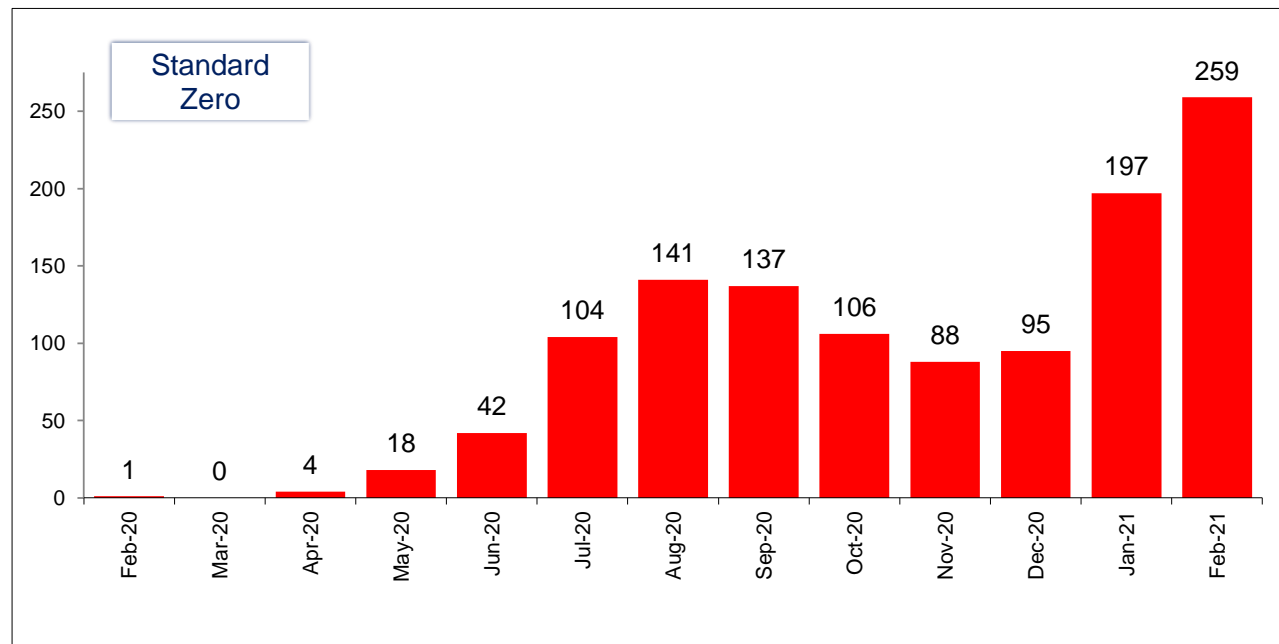
K8.11 | Average length of stay - Emergency Admissions



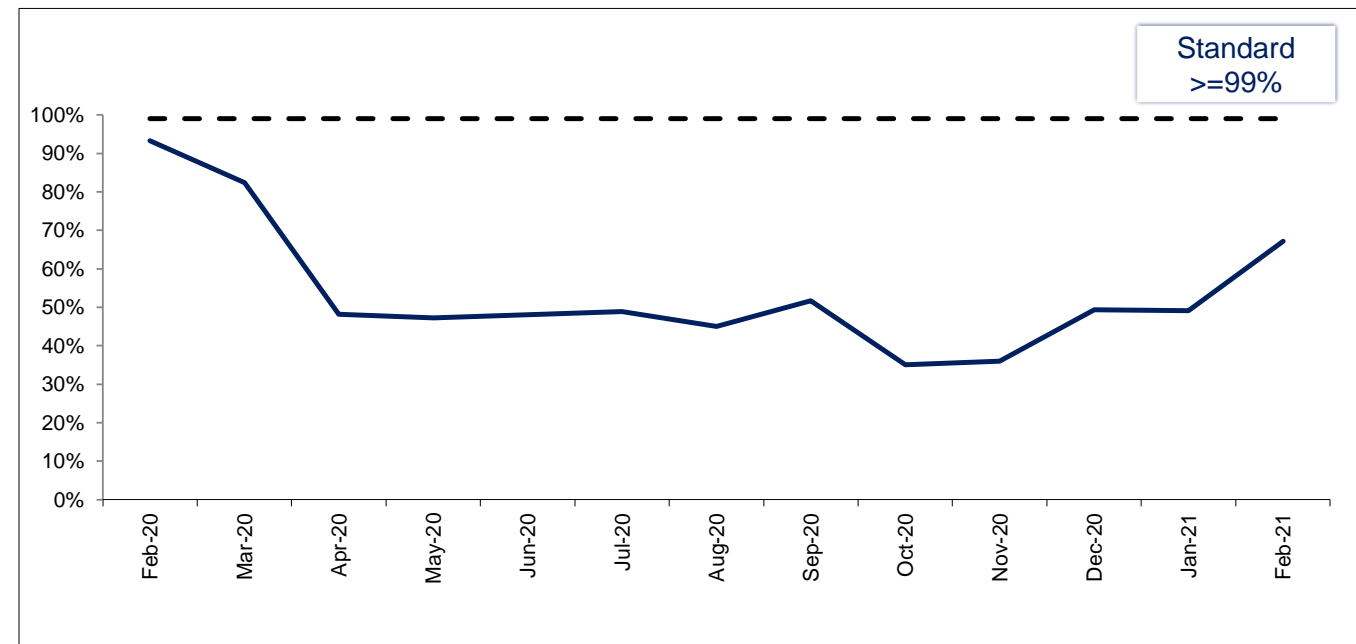
K8.12 | 18 weeks Referral to Treatment - Incomplete pathways



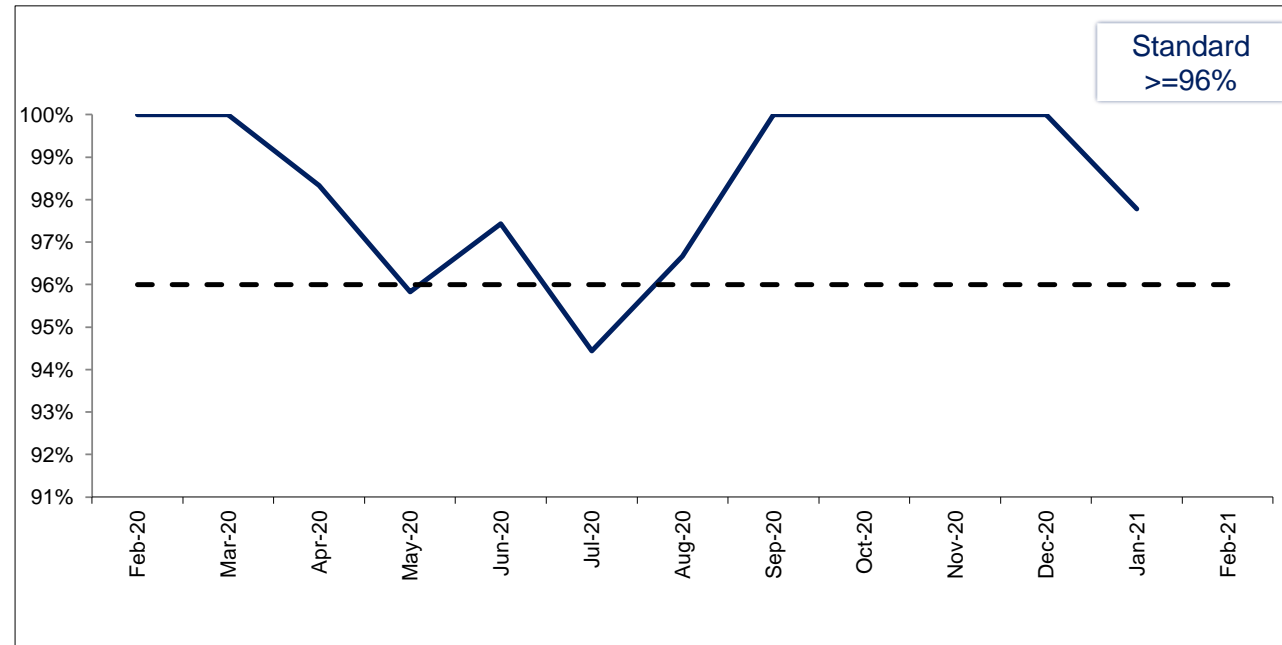
K8.13 | 18 weeks Referral to Treatment - number of incomplete over 52 week waiters



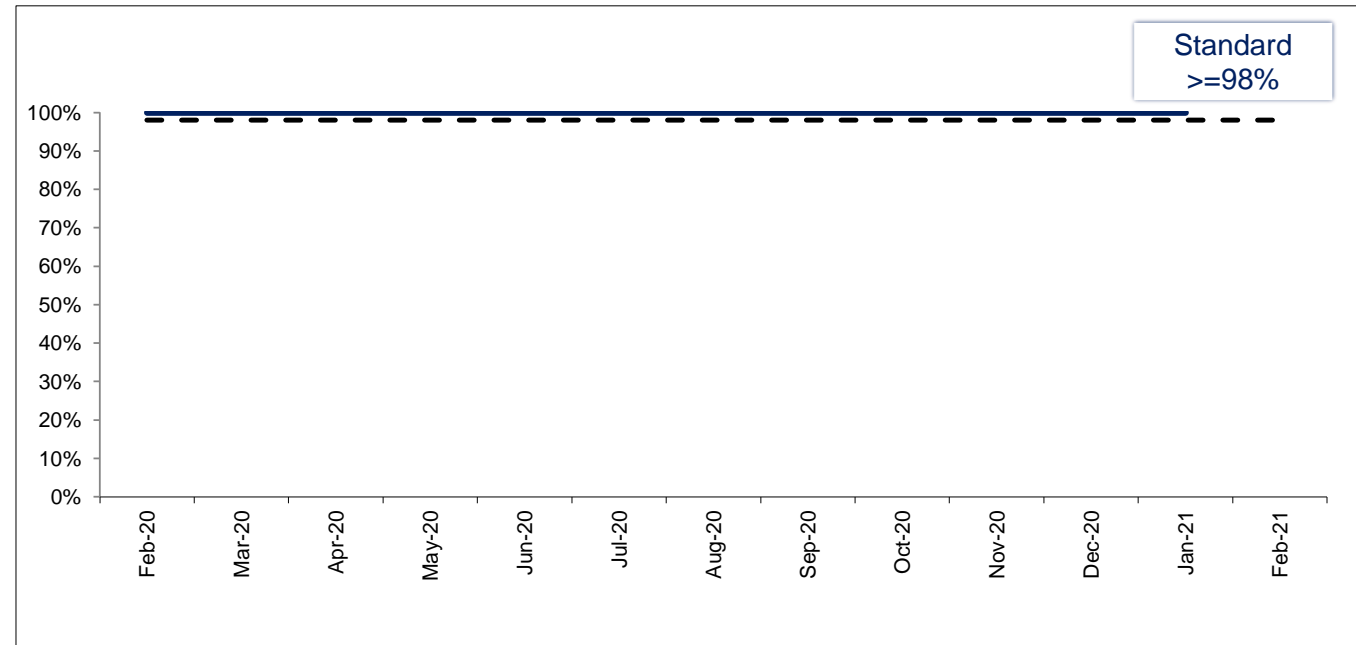
K8.14 | Diagnostic test - % waiting 6 weeks or less



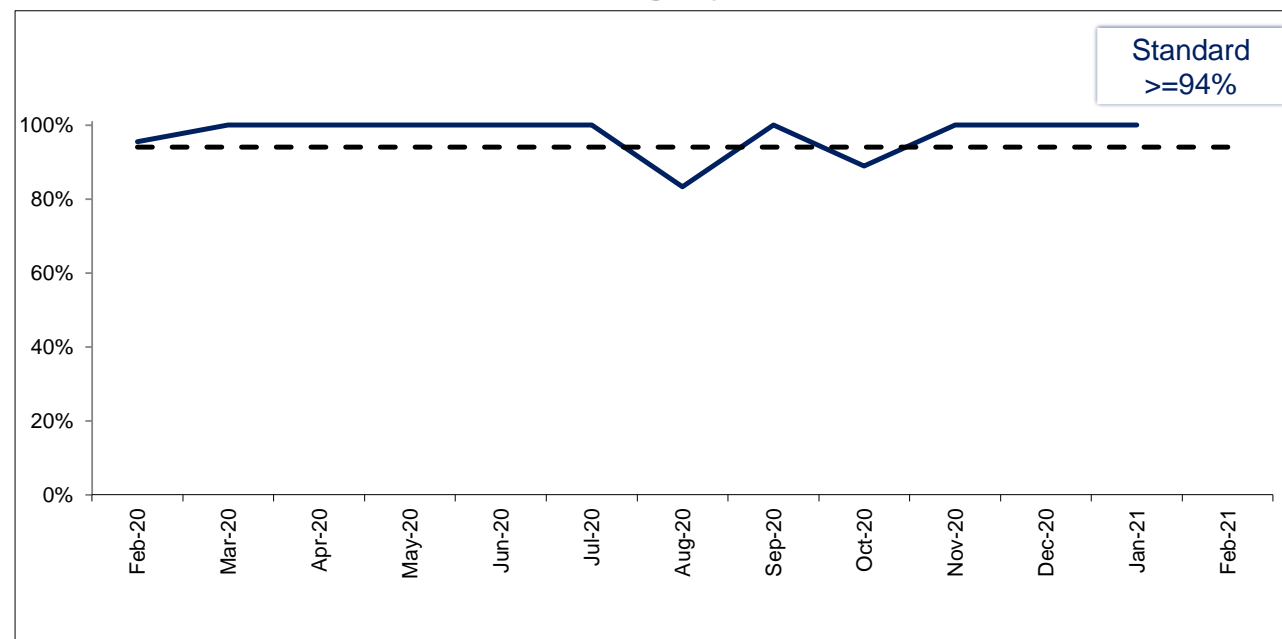
K8.17 | Cancer - Patients receiving first definitive treatment within one month (31 days) of a cancer diagnosis



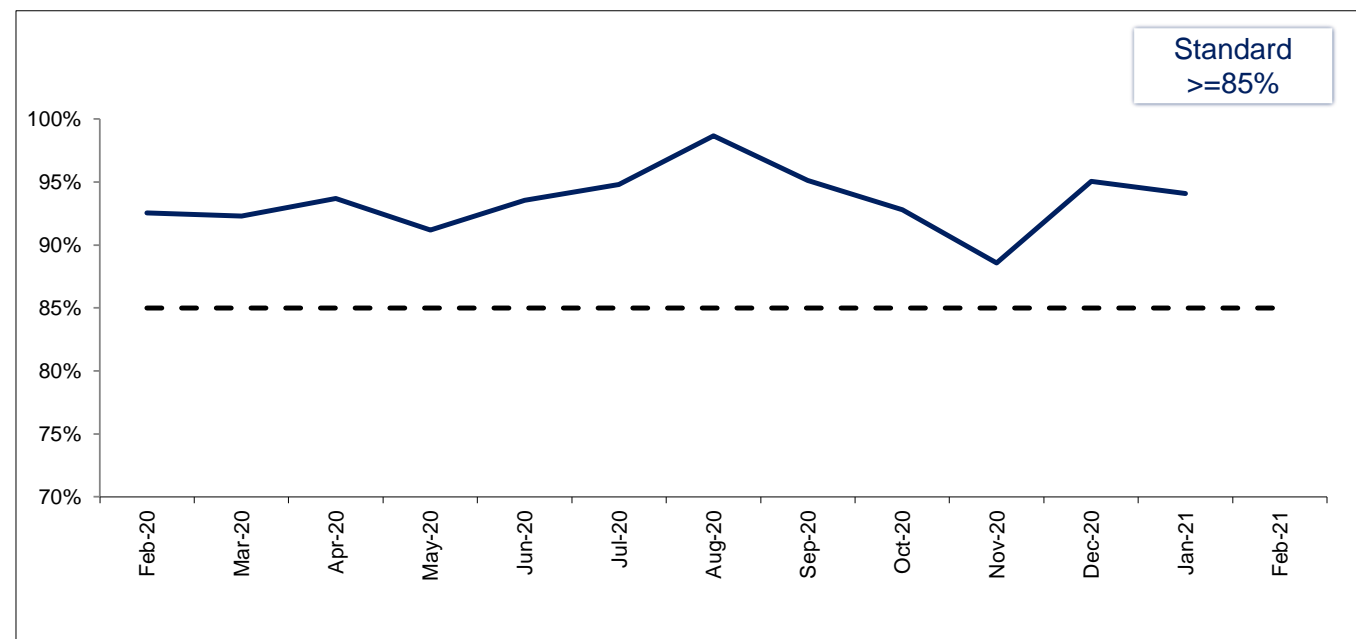
K8.18 | Cancer - 31 day second or subsequent treatment - drug



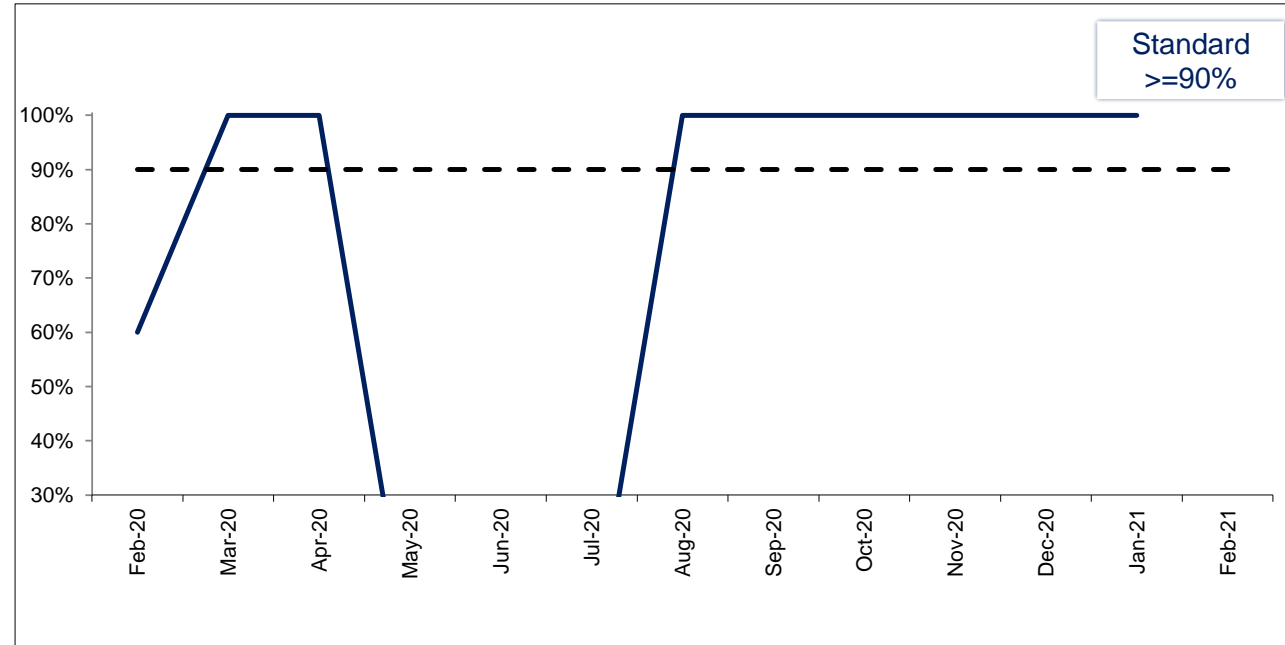
K8.19 | Cancer - 31 day second or subsequent treatment - surgery



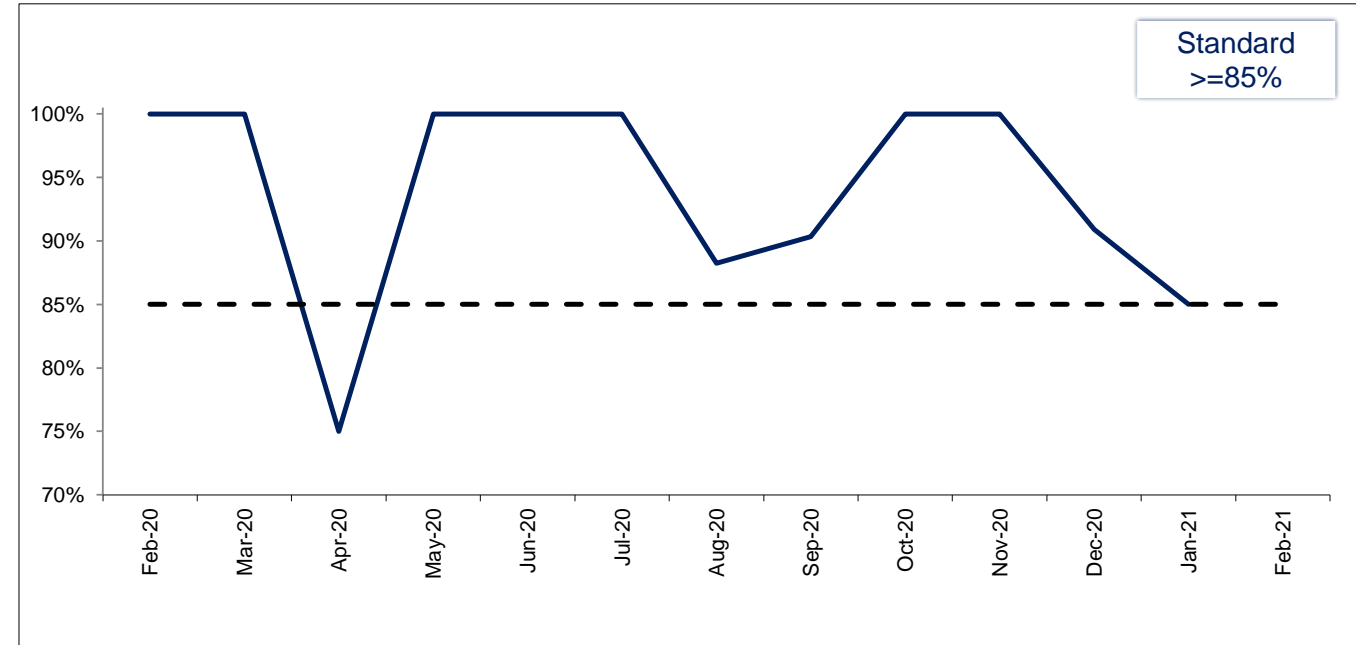
K8.20 | Cancer - Two month urgent referral to treatment wait



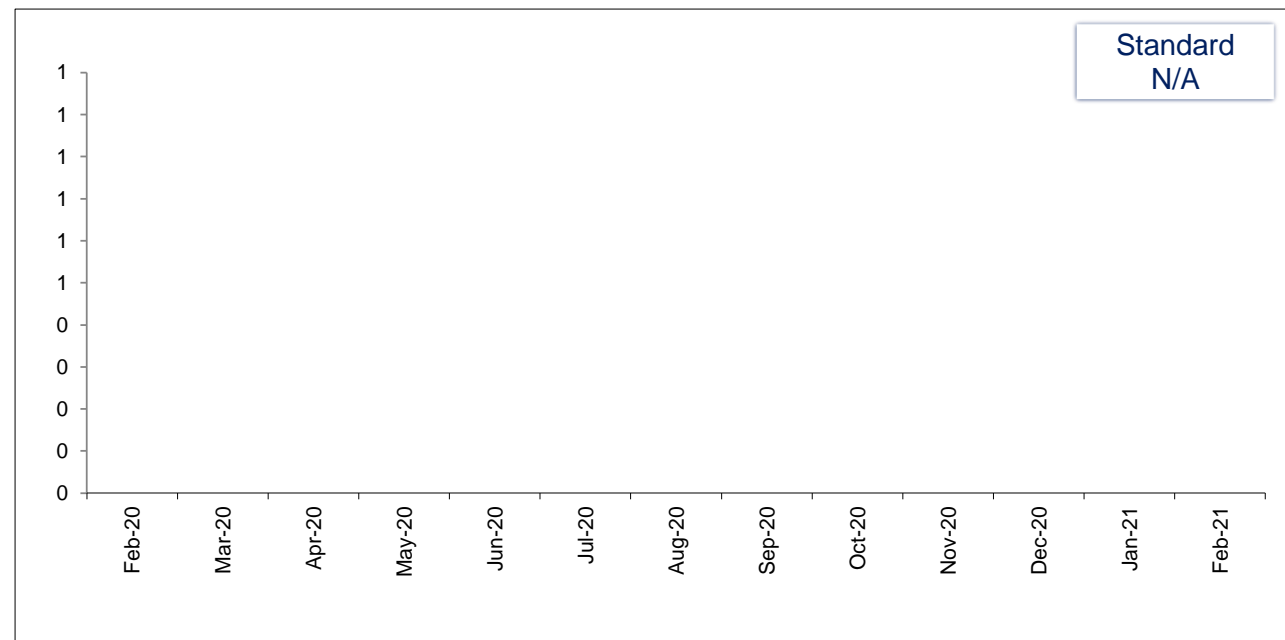
K8.21 | Cancer - 62 day wait for first treatment following referral from a NHS Cancer Screening Service



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 increased slightly again this month to 8.74%, and remain a red rating. This is primarily due to an increase in the establishment. Pay Bands 2 and 5 have the highest percentage of vacancies 16.59% and 10.08% respectively. Additional Clinical Services remains the staff group with the highest WTE vacant (102.37wte) followed by Administrative and Clerical (57.37wte). It is within Cluster 6 that highest vacant WTE is recorded, 72.67wte, and these vacancies are primarily Nursing staff. Service Lines with the highest vacant WTE are: Anaesthetics, Theatres & DSU (30.98wte), Elderly Care (29.15wte) and Surgery and Urology (28.32wte). The combined Corporate Directorates remain the highest division at 9.89%. Predicted starters in the next couple of months only shows a small increase compared to the predicted leavers so the progress towards target remains very slow. Compared to the other Trusts in the SWL Hub KHFT has the lowest Vacancy rate and our target is considerably lower than the other Trusts too.

2. Turnover (target 13.50%)

Turnover remains static this month at 12.09%, a green rated and well below target. The highest turnover remains within the Add Prof Scientific and Technic (24.58%) but this month Allied Health Professionals follows this at 14.68% as the rate in this staff group has increased. Red rated turnover only occur within Band 2 (15.26%) but this is not an unusual trend for this band. All clusters remain green rated with Cluster 2 recording the highest percentage at 12.84%. There are only 9 Service Lines that are red rated and of those the following are over 17%; GUM (25.69%), Pharmacy (21.43%), Cancer (17.92%) and Oral and ENT (17.77%). Most of these services have a small headcount so just 1 leaver will have a large impact on the rates and so percentages can be slightly disproportionate. The highest number of leavers are within the following service: Maternity, Anaesthetics, Theatres and DSU, Elderly Care and Therapies.

3. Sickness (target 2.60%)

This month sickness has reduced significantly to 3.54%, an amber rating. The number of FTE lost to COVID sickness has decreased this month and now only makes up 26% of the overall rate, 22% less than last month. Sickness continues to remain very high in pay Band 2 (7.09%) the highest losses being in Elderly Care, Outpatients and Records and Maternity. Band 5 (4.38%), Band 3 (4.13%) and Band 4 (4.10%) all have red rates too. The staff groups recording the highest percentage of sickness are Additional Clinical Services and Estates and Ancillary 6.56% and 6.43% respectively. Planned Care is the only red rated division this month at 5.16%, Clusters 6 (5.87%), Cluster 5 (4.74%) and Cluster 4 (3.78%) are all red rated. Sickness rates over 6% in Service Lines are; Trauma & Orthopaedics (6.94%), GUM (6.90%), Anaesthetics, Theatres and DSU (6.35%), Surgery and Urology (6.32%) and Medical Director (6.29%).

There are a further 10 services with a red rating.

4. Mandatory Training (target 90%)

This month the compliance rates have remained fairly static at 83.34%, an amber rating. The Medical and Dental Staff group continues to be the group with the lowest rate at 66.58%, Add Prof Scientific and Technical is also red rated at 77.40%. The Agenda for Change pay bands are all amber rated the lowest compliance being within band 8a and above (82.28%) and band 5 (85.99%). For the Clusters lowest compliance is within Cluster 6 (80.48%) and Cluster 2 (80.53%). The red rated Service Lines are: Corporate Affairs (70.15%), Pharmacy (71.35%), Respiratory (75.18%), Cardiology (77.51%), Elderly Care (77.52%), Medical Director: Information and Clinical Coding (77.66%), Surgery and Urology (79.46%) and Imaging (79.98%). The majority of Service Lines sit in the amber rated area.

6. Appraisals (target 90%)

The Appraisal rate also remains fairly static this month at 69.90%, 20% below target. Lowest rates are recorded in Pay band 8a and above (57.99%), Band 4 (66.67%) and Band 7 (68.12%). The Staff Groups with the lowest compliance are Allied Health Professionals (59.76%) and Add Prof Scientific and Technical (62.16%). The Combined Corporate Directorates remains the division with the lowest rate at 66.22%. Cluster 2 (53.63%), Cluster 6 (63.76%) and Cluster 5 (73.62%) are recording the lowest rates. Service Lines recording under 50% and area of focus are; Therapies (39.47%), Diabetes (41.67%), Pharmacy (44.23%), IM&T (36.96%), Anaesthetics, Theatres & DSU (47.89%) and Human Resources (48.51%).

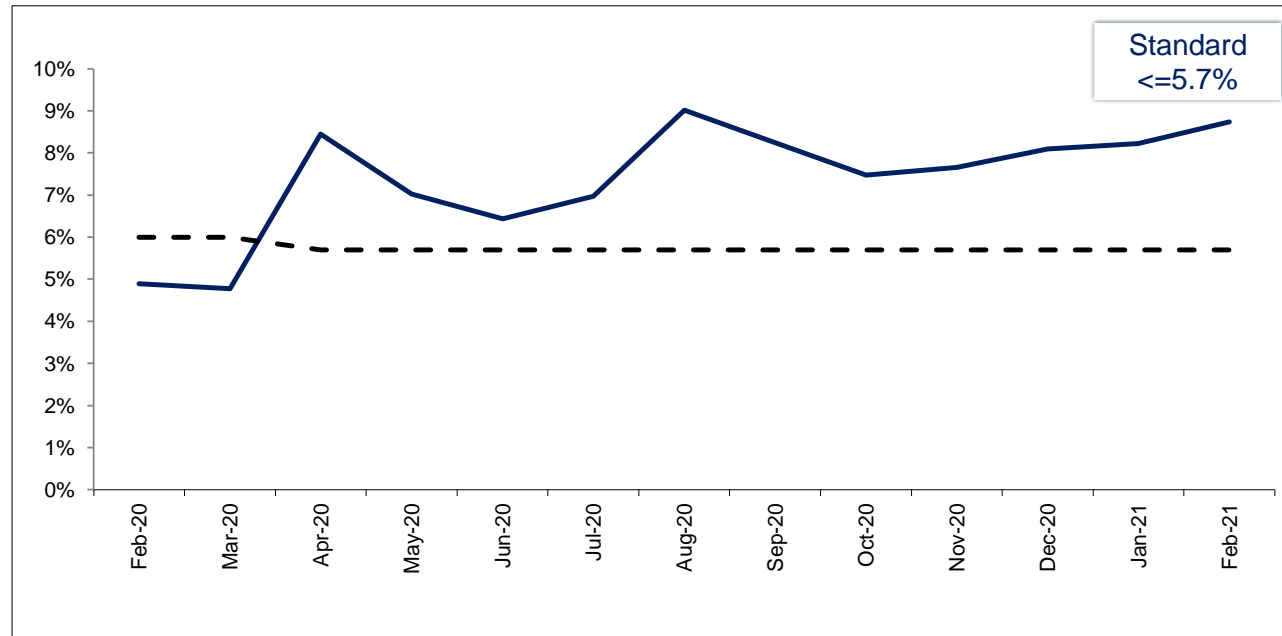
10. Stability (target 90%)

Stability is amber rated at 87.17%. Unplanned Care has the lowest stability at 69.92% and the least stable Cluster are: Cluster 2 (84.62%), Cluster 6 (85.76%) and Cluster 3 (86.93%). Red rated stability is recorded in Service Lines; Finance (59.36%), Medical Director (64.46%), Pharmacy (69.86%) and Oral & ENT (75.90%). The Add Prof Scientific and Technic remains the only red rated staff group at 71.08%. Pay Bands 5 (75.19%) and 2 (75.48%) are the least stable but this is expected because of the nature of the jobs within them.

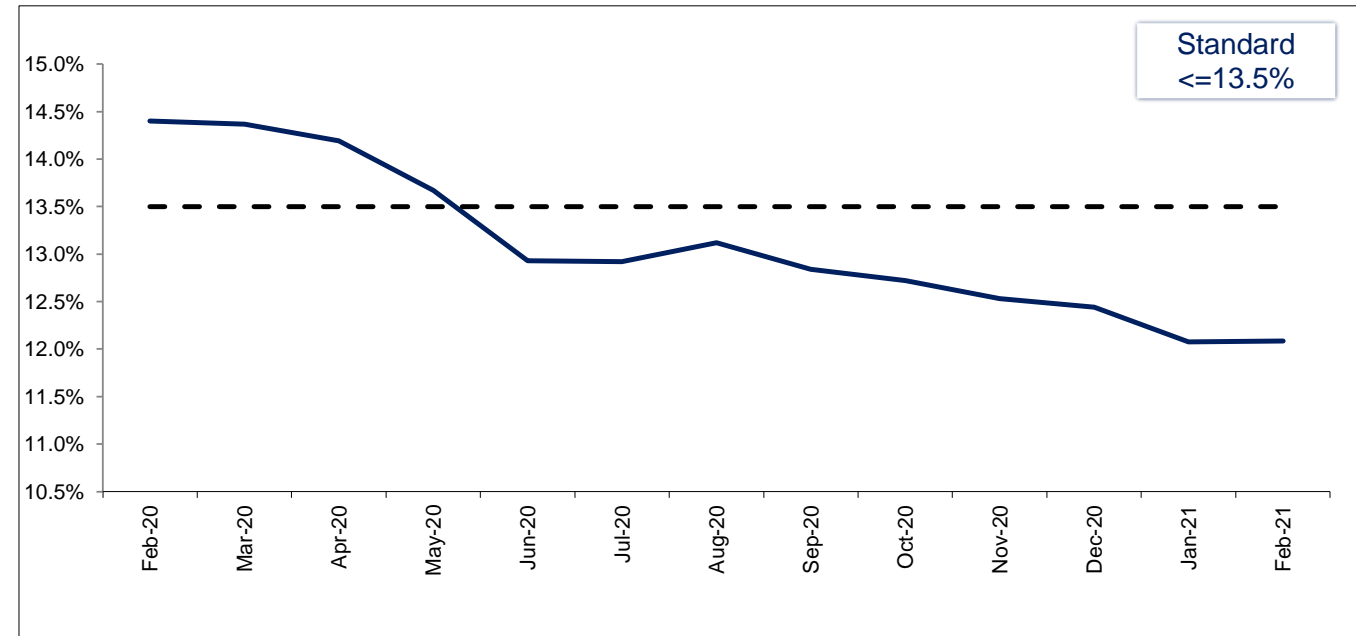
11. Time to Hire

This measure is now monitored on the SWL Collaborative Recruitment Hub Dashboard.

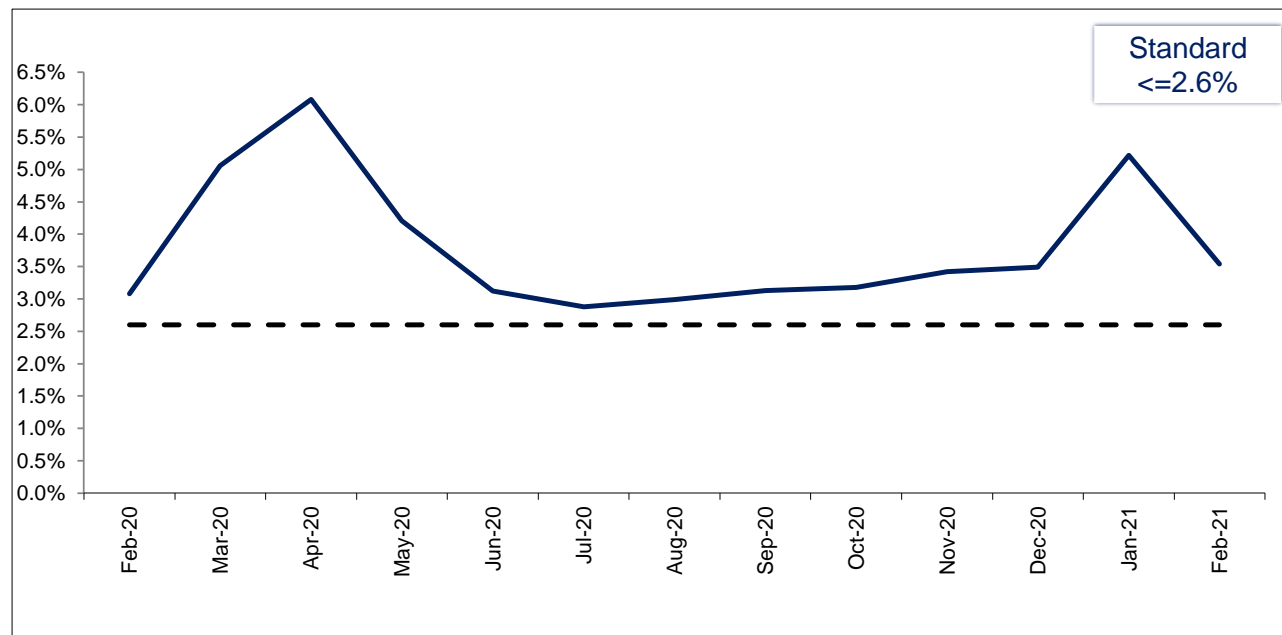
k7.01 | Vacancy rate



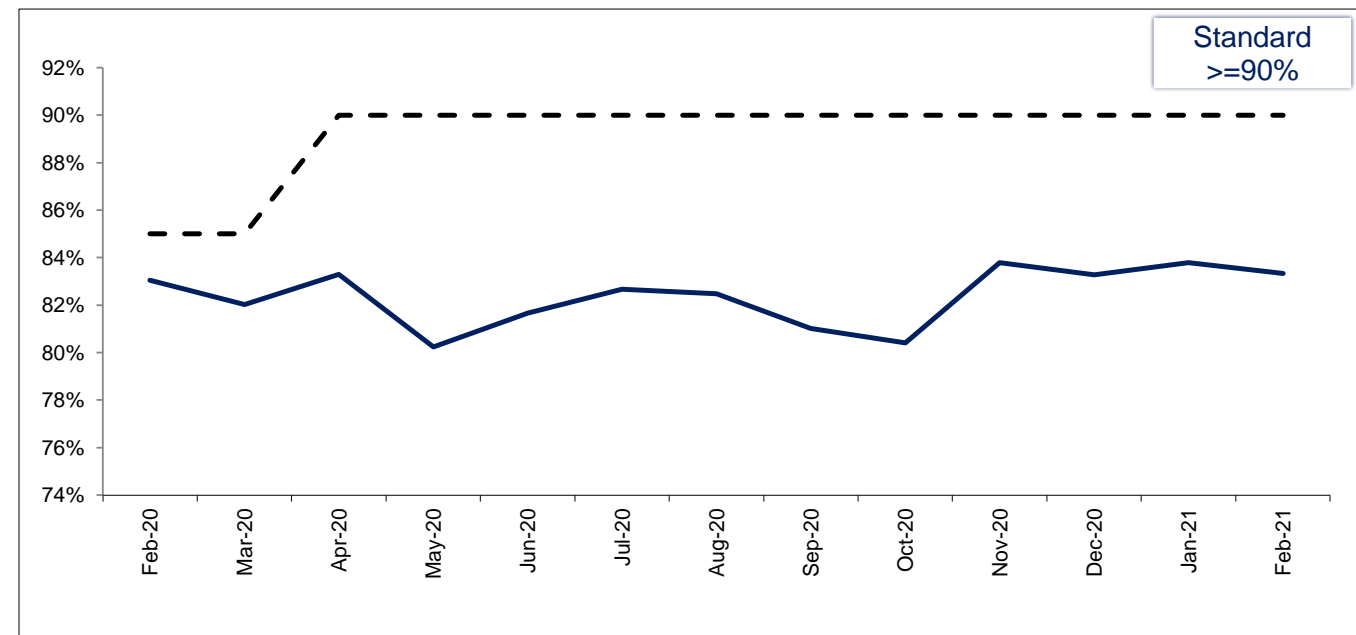
k7.02 | Turnover rate



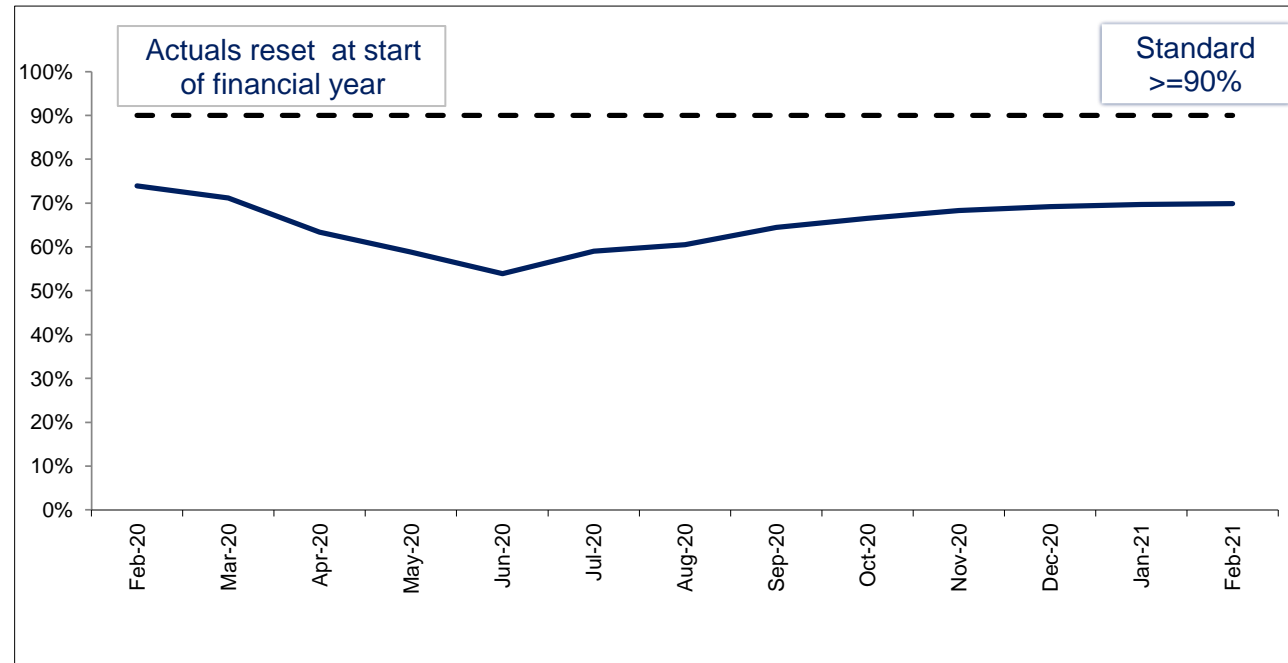
k7.03 | Sickness rate



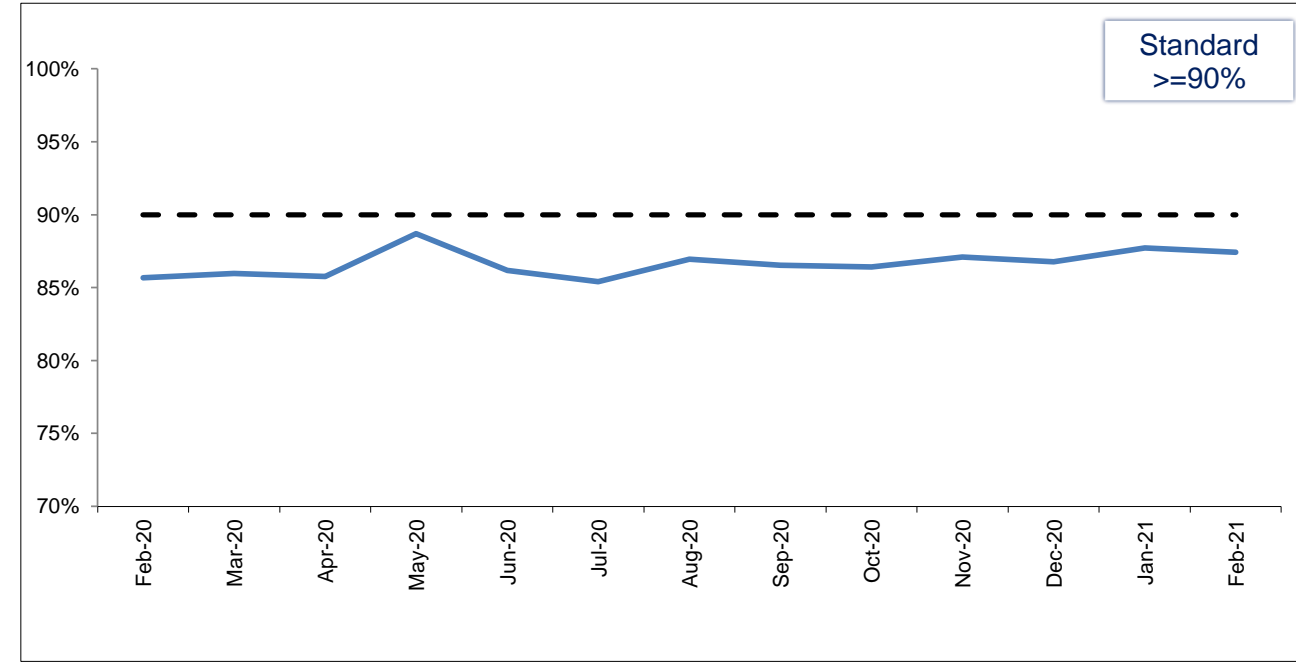
k7.04 | Mandatory training



k7.05 | Appraisals / PDRs completed



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



Staff Group KPIs: February 2021

	Turnover	Stability	Vacancy	Sickness	Training	Appraisal
Target	13.50%	90.00%	5.70%	2.70%	90.00%	90.00%
Add Prof Scientific and Technic	24.58%	71.08%	9.30%	0.87%	77.40%	62.16%
Additional Clinical Services	14.43%	86.06%	17.93%	6.56%	83.63%	70.70%
Administrative and Clerical	14.55%	84.40%	6.97%	3.23%	88.89%	66.44%
Allied Health Professionals	14.68%	87.60%	10.95%	3.34%	88.81%	59.76%
Estates and Ancillary	10.27%	59.24%	18.45%	6.43%	95.00%	85.29%
Healthcare Scientists	10.35%	93.65%	12.66%	2.03%	83.72%	80.00%
Medical and Dental	7.40%	96.72%	8.39%	1.53%	66.58%	
Nursing and Midwifery Registered	10.02%	89.76%	4.73%	3.63%	86.09%	72.97%

KPI	Description	Standard (From Apr '18)	Type	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Safe															
k1.01	Pressure ulcers - Hospital acquired (Grade 3 and 4)	<=10 per month	Number	5	8	0	1	1	1	6	1	4	3	3	0
k1.011	Pressure ulcers - Hospital acquired (Grade 3 and 4) - Lapse in care		Number	4	3	0	0	0	1	3	1	0	0	2	0
k1.012	Pressure ulcers - Hospital acquired (Grade 3 and 4) - No lapse in care		Number	1	5	0	1	1	0	3	0	4	3	1	0
k1.02	Patients with Hospital acquired pressure ulcers (Grade 3 and 4) per 1000 beddays	<=0.1 per month	Rate	0.53	1.14	0.00	0.13	0.12	0.10	0.58	0.09	0.38	0.27	0.27	0.00
k1.03	Pressure ulcers - Hospital acquired (Grade 2)	<=3 per month	Number	4	21	4	6	7	4	9	7	8	8	20	11
k1.031	Pressure ulcers - Hospital acquired (Grade 2) - Lapse in care		Number	2	7	2	4	4	2	7	4	1	4	14	7
k1.032	Pressure ulcers - Hospital acquired (Grade 2) - No lapse in care		Number	2	14	2	2	3	2	2	3	7	4	6	4
k1.04	Patients with Hospital acquired pressure ulcers (Grade 2) per 1000 beddays	<=0.51 per month	Rate	0.42	2.99	0.55	0.77	0.82	0.41	0.87	0.66	0.76	0.73	1.80	1.23
k1.05	MRSA Bacteraemias (Hospital Assigned)	=0 per month	Number	0	0	0	0	1	0	1	0	0	0	0	0
k1.06	MSSA Bacteraemias (Hospital Apportioned)	<=1 per month	Number	0	1	0	0	1	0	1	0	4	3	0	0
k1.07	Clostridium difficile Infections (Hospital Apportioned)		Number	2	1	0	0	0	2	1	2	2	2	1	1
k1.09	Completed Patient Observations - Adult inpatients (NEWS)	>=0.97 per month	%	98.8%			98.26%			99.85%			99.68%		
k1.10a	Completed Patient Observations - Paediatric Inpatients (PEWS)	>=0.97 per month	%	95.90%			94.44%			96.47%			94.16%		
k1.12	Patient Safety Incident (PSI) Falls	<=58 per month	Number	61	44	35	44	35	38	59	59	55	63	56	29
k1.13	Number of Patient Safety incident Falls per 1000 (G&A) bed days	<=5.3 per month	Rate	6.47	6.27	4.82	5.64	4.12	3.93	5.70	5.57	5.25	5.76	5.03	3.23
k1.14	Patient Falls with moderate or severe harm	<=6 per month	Number	0	4	1	0	0	0	1	2	0	3	3	0
k1.15	Never Events	=0 per month	Number	0	0	0	0	0	1	1	0	0	0	0	0
k1.16	Medication Incidents	-	Number	37	22	29	34	54	56	37	46	47	45	38	37
k1.17	% Medication Incidents where Moderate or Severe Harm occurred	<=0.04 per month	%	2.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%
k1.18	Serious Untoward Incidents	-	Number	1	2	1	1	1	1	2	1	1	0	2	1
k1.19	Escherichia Coli bacteraemia (all)	-	Number	12	8	13	9	15	10	18	13	14	4	6	18
k4.01	Safer Staffing - Day - Registered Midwives / Nurses fill rate	-	%	92.3%	95.6%	102.9%	99.3%	96.8%	98.4%	98.1%	98.9%	96.5%	98.3%	83.6%	83.6%
k4.02	Safer Staffing - Day - Assistant Fill Rate	-	%	98.8%	103.9%	104.8%	103.7%	93.4%	97.9%	99.6%	96.3%	96.4%	99.3%	86.1%	80.1%
k4.03	Safer Staffing - Night - Registered Midwives / Nurses fill rate	-	%	94.7%	95.8%	109.5%	101.8%	100.0%	100.2%	99.2%	101.5%	98.1%	97.2%	81.8%	82.7%
k4.04	Safer Staffing - Night - Assistant Fill Rate	-	%	113.7%	115.1%	101.6%	105.5%	101.2%	111.3%	117.6%	105.6%	115.5%	119.1%	107.9%	90.8%
k4.05	Safer Staffing - Overall trust fill rate	-	%	96.9%	99.5%	105.0%	101.6%	97.5%	100.4%	101.2%	100.1%	99.5%	100.9%	86.7%	83.7%

KPI	Description	Standard (From Apr '18)	Type	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
k4.06	Safer Staffing - % of Registered Nurse and Midwife expenditure on agency staff	-	%	2.7%	1.9%	2.4%	3.3%	2.3%	2.7%	3.4%	3.7%	3.5%	3.55%	2.36%	2.74%
k4.07	Safer Staffing - Care Hours per Patient Day	-	Rate	10.29	13.11	12.62	12.15	11.28	9.86	9.45	9.62	9.66	9.62	9.68	10.75
k5.01	Maternity - Caesarean section rate	<=0.26 per month	%	31.7%	33.5%	29.0%	27.8%	32.5%	27.8%	32.3%	32.9%	34.8%	38.5%	37.8%	
k5.02	Maternity - % of women with a primary postpartum haemorrhage of 1500ml or more	<0.031 per month	%	4.9%	1.7%	2.1%	3.5%	4.5%	3.6%	4.2%	5.0%	3.6%	2.2%	3.1%	
k5.03	Maternity - % of women with a primary postpartum haemorrhage of 2000ml or more	<=0.01 per month	%	3.0%	0.5%	1.2%	1.0%	1.4%	0.8%	1.2%	0.7%	1.0%	1.1%	0.8%	
k5.04	Maternity - Significant Perineal Trauma	-	%	1.4%	1.2%	1.9%	4.3%	1.2%	0.8%	1.5%	2.8%	1.2%	1.7%	2.6%	

Effective

k2.01	Standardised healthcare mortality index (SHMI) - most recent score	<=95	Index	75.415	76.849	76.849	76.849	77.670	77.670	76.712	76.712	76.712	75.812	75.812	76.277
k2.02	Unadjusted Mortality Rate	-	%	1.4%	3.5%	1.4%	0.9%	0.6%	0.8%	0.9%	0.7%	0.7%	1.5%	3.4%	1.4%
k2.03	Sepsis - % of eligible patients screened for sepsis - ED	>=90% per month	%	90.0%	76.2%	95.0%	90.0%	85.0%	95.0%	90.0%	100.0%	75.0%	80.00%	60.00%	60.00%
k2.04	Sepsis - % of eligible patients who received antibiotics within 1 hour of arrival - ED	>=90% per month	%	100.0%	100.0%	100.0%	100.0%	100.0%	85.7%	100.0%	91.7%	92.3%	80.00%	85.71%	90.91%
k2.13	Sepsis - % of eligible patients screened for sepsis - Inpatients	>=90% per month	%	95.0%	90.0%	100.0%	95.0%	90.0%	95.0%	100.0%	83.3%	90.0%	95.00%	90.00%	85.00%
k2.14	Sepsis - % of eligible patients who received antibiotics within 1 hour - Inpatients	>=90% per month	%	75.0%	100.0%	80.0%	75.0%	100.0%	100.0%	75.0%	66.7%	85.7%	87.50%	50.00%	100.00%
k2.05	VTE Assessments (Trust)	>=95% per month	%	97.5%	97.4%	97.9%	98.7%	93.6%	95.2%	94.1%	94.1%	97.4%	98.78%	98.3%	98.7%
k2.06	Incidence of Hospital Acquired VTE (HAT)	-	Number	0	0	0	0	0	0	0	0	1	0	0	1
k2.07	% of eligible patients screened for dementia	>=90% per month	%	70.9%	69.0%	61.7%	61.7%	69.0%	67.2%	72.7%	81.7%	84.7%	75.8%	72.1%	67.1%
k2.08	% of patients with dementia who were properly assessed	>=90% per month	%	21.2%	22.2%	39.5%	78.3%	77.9%	72.0%	84.4%	81.7%	87.9%	88.4%	86.4%	89.0%
k2.09	% emergency readmissions following elective admission - 30 days	-	%	2.9%	4.3%	4.5%	4.4%	3.6%	4.0%	2.3%	2.8%	2.7%	3.5%	2.3%	2.8%
k2.10	% emergency readmissions following emergency admission - 30 days	-	%	17.1%	14.6%	17.1%	17.7%	16.6%	13.8%	15.2%	15.1%	15.2%	15.7%	14.1%	14.5%
k3.15	Hand Hygiene (Infection Control - Core Elements Tool)	>=95% per month	%	98.5%	98.9%	98.3%	98.9%	98.4%	98.5%	98.8%	98.6%	98.8%	98.4%	98.8%	98.8%

Caring

k3.01	Number of complaints received this month	-	Number	13	5	22	20	24	16	35	31	32	31	35	24
k3.02	Number of complaints reopened this month	-	Number	1	1	3	6	6	5	4	5	6	4	2	6
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%	%	32.6%	31.3%	0.0%	30.0%	39.1%	39.1%	77.8%	41.9%	51.6%	50.0%	41.9%	37.9%
k3.05b	FFT - Trust - % Would Recommend	-	%										92.2%	93.2%	92.4%

KPI	Description	Standard (From Apr '18)	Type	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	
k3.06a	FFT - InPatients - % Would Recommend	>=96% per month	%											97.4%	97.4%	96.6%
k3.07	FFT - Paediatric InPatients - % Would Recommend	-	%											96.9%	100.0%	100.0%
k3.08a	FFT - OutPatients - % Would Recommend	-	%											92.5%	94.3%	93.1%
k3.09a	FFT - A&E - % Would Recommend	-	%											90.5%	89.8%	88.7%
k3.10c	FFT - Maternity - % Would Recommend	-	%											100.0%	95.5%	80.0%
k3.11	FFT - Daycases - % Would Recommend	-	%											96.7%	96.4%	94.4%
k3.13	Number of Mixed Sex accommodation breaches	=0	Number	0	0	0	0	0	0	0	0	0	0	0	0	0
k3.2	Complaints per 100 patient contacts	<=0.07	Rate	0.02	0.01	0.04	0.04	0.05	0.03	0.06	0.05	0.05	0.06	0.07	0.06	

Responsive

K8.01	A&E 4 hour waiting time (all types)	>=95% per month	%	84.2%	91.8%	95.5%	95.6%	94.2%	91.2%	93.1%	90.5%	85.5%	79.6%	76.2%	84.3%
K8.02	A&E 4 hour waiting time (type 1)			82.6%	87.8%	93.2%	93.3%	90.8%	85.9%	89.1%	85.9%	78.5%	70.6%	67.5%	78.1%
K8.03	A&E 12 hour trolley waits	0 per month	Number	0	0	0	0	0	0	0	0	0	0	20	0
K8.04	LAS Ambulance Handovers - within 15 minutes	-	%	25.2%	34.3%	39.1%	44.0%	41.9%	36.6%	34.8%	36.5%	33.1%	30.5%	24.9%	28.1%
K8.05	LAS Ambulance Handovers - 30 min handover waits	=0 per month	Number	3	1	0	3	2	6	6	0	4	15	10	3
K8.06	LAS Ambulance Handovers - 60 min handover waits	=0 per month	Number	2	0	0	0	0	0	2	0	0	0	0	0
K8.07	Stranded Patients (>= 7 days)		Number	136	69	86	102	107	131	141	141	163	163	151	139
K8.08	Super-Stranded Patient (>= 21 days)		Number	48	17	21	31	32	33	38	39	49	49	37	42
K8.09	Delayed transfers of care (bed days)	-	Number	0	0	0	0	0	0	0	0	0	0	0	0
K8.10	Delayed transfers of care (rate per occupied bed days)	<=4% per month	%												
K8.11	Average length of stay - Emergency Services (Emergency admissions only)	<=5.23 per month	Rate	4.74	3.89	3.13	3.37	3.04	3.38	3.42	3.46	3.45	3.94	4.59	3.42
K8.12	RTT - incomplete 92% in 18 weeks (NONC)	>=92% per month	%	87.7%	79.4%	67.2%	51.8%	48.8%	56.6%	66.4%	74.4%	80.2%	82.0%	79.7%	78.2%
K8.13	RTT - incomplete 52+ Week Waiters (NONC)	=0 per month	Number	0	4	18	42	104	141	137	106	88	95	197	259
K8.14	Diagnostic Test Waiting Times - Completed within 6 weeks (ALL)	>=99% per month	%	82.4%	48.2%	47.3%	48.1%	48.9%	45.0%	51.8%	35.0%	36.0%	49.3%	49.1%	67.2%
K8.17	Percentage of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat')	>=96% per month	%	100.0%	98.3%	95.8%	97.4%	94.4%	96.7%	100.0%	100.0%	100.0%	100.0%	97.8%	
K8.18	31 day second or subsequent treatment - drug	>=98% per month	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
K8.19	31-Day Standard for Subsequent Cancer Treatments-Surgery	>=94% per month	%	100.0%	100.0%	100.0%	100.0%	100.0%	83.3%	100.0%	88.9%	100.0%	100.0%	100.0%	

KPI	Description	Standard (From Apr '18)	Type	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
K8.20	All Cancer Two Month Urgent Referral to Treatment Wait	>=85% per month	%	92.3%	93.7%	91.2%	93.5%	94.8%	98.7%	95.1%	92.8%	88.6%	95.1%	94.1%	
K8.21	62-Day Wait for First Treatment Following Referral from an NHS Cancer Screening Service	>=90% per month	%	100.0%	100.0%	0.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
K8.22	62-Day Wait for First Treatment Following Referral from Consultant Upgrade	>=85% per month	%	100.0%	75.0%	100.0%	100.0%	100.0%	88.2%	90.3%	100.0%	100.0%	90.9%	85.0%	
K8.24	Number of last minute cancelled operations	-	Number												
K8.25	Number of patients not treated within 28 days of last minute cancellation	=0 per month	Number												
Well-led															
k7.01	Vacancy rate	<=6% per month	%	4.8%	8.5%	7.0%	6.4%	7.0%	9.0%	8.2%	7.5%	7.7%	8.1%	8.2%	8.7%
k7.02	Turnover rate	<=13.5% per month	%	14.4%	14.2%	13.7%	12.9%	12.9%	13.1%	12.8%	12.7%	12.5%	12.4%	12.1%	12.1%
k7.03	Sickness rate	<=2.6% per month	%	5.1%	6.1%	4.2%	3.1%	2.9%	3.0%	3.1%	3.2%	3.4%	3.5%	5.2%	3.5%
k7.04	Mandatory Training	>=85% per month	%	82.0%	83.3%	80.2%	81.7%	82.7%	82.5%	81.0%	80.4%	83.8%	83.3%	83.8%	83.3%
k7.05	Appraisals / PDRs completed	>=90% year end	%	71.2%	63.3%	58.8%	53.9%	59.0%	60.5%	64.5%	66.5%	68.3%	69.2%	69.7%	69.9%
K7.10	Stability (% Staff Retained >1yr)	>90%	%	86.0%	85.8%	88.7%	86.2%	85.4%	87.0%	86.5%	86.4%	87.1%	86.8%	87.7%	87.4%

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
Safe	k1.01	Patients with hospital acquired pressure ulcers (Grades 3 & 4)	Number of patients with a newly hospital acquired pressure ulcers (Grades 3 & 4)	Ulysses	
Safe	k1.02	Patients with hospital acquired pressure ulcers (Grades 3 & 4) per 1000 bed days	Number of patients with a newly hospital acquired pressure ulcers (Grades 3 & 4) divided by number of General and Acute (G&A) occupied bed days	(n) Ulysses (d) Internal bedstate summary	
	k1.03	Patients with hospital acquired pressure ulcers (Grade 2)	Number of patients with hospital acquired pressure ulcers (Grade 2)	Ulysses	
Safe	k1.04	Number of patients with hospital acquired pressure ulcers (Grade 2) per 1000 bed days	Number of patients with a newly hospital acquired pressure ulcers (Grade 2) divided by number of General and Acute occupied bed days	(n) Ulysses (d) Internal bedstate summary	
Safe	k1.05	MRSA Bacteraemias (Hospital Assigned)	Number of hospital assigned MRSA bacteraemia. This includes all cases that are assigned through a post infection review (PIR). Any 'hospital apportioned' MRSA cases with an ongoing PIR investigation will also be reported - this includes all MRSA cases that where the patients' first positive test for MRSA was taken on their third day of admission or afterwards.	Infection Control team - as reported to PHE	
Safe	k1.06	MSSA Bacteraemias (Hospital Apportioned)	Number of hospital apportioned cases of MSSA bacteraemia. This includes all MSSA cases that where the patients' first positive test for MSSA was taken on their third day of admission or afterwards.	Infection Control team - as reported to PHE	
Safe	k1.07	Clostridium difficile Infections (Hospital Apportioned)	Number of hospital acquired C diff bacteraemia. Includes all CDiff cases that where the patients' first positive test for CDiff was taken on their fourth day of admission or afterwards.	Infection Control team - as reported to PHE	
Safe	k1.08	Clostridium difficile Infections (Hospital Apportioned) due to Lapse in Care (confirmed cases)	Number of Clostridium Difficile Infections which are attributable to a lapse in care. Only applies to Cliff cases here the patients' first positive test for CDiff was taken on their fourth day of admission or afterwards.	Infection Control team - as reported to PHE	
Safe	k1.08b	Covid HOPHA	Patients who are identified as covid positive between 8 and 14 days into their admission.	Infection Control team - as reported to PHE	
Safe	k1.08c	Covid HOHA	Patients who are identified as covid positive over 14 days into their admission.	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	

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
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.		
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	

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
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	
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	

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
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	
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	

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
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	
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	

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
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	
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	

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
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)