

Integrated Quality and Operational Compliance Report

August 2021

Living our values everyday



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Living our values everyday



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

- There was a 12.5% decrease in trust acquired pressure ulcers between July 2021 and August 2021 (8 patients to 7)
- Of the TAPUs identified, 6 were category 2 and 1 was category 3
- 71% of the total number of TA pressure ulcers were judged to have no lapses in care.
- None of the TAPU's identified was device related.
- The Tissue Viability Lead nurse is undertaking a benchmarking exercise with local acute trusts to compare pressure ulcer figures in light of the increase in numbers of pressure ulcers in Quarter 1

Falls:

- There were 34 Falls in August- a slight decrease in number of incidents from July (38), with one fall with harm reported. An investigation is underway through the Moderate Harm process. The wards and departments continue a high level of scrutiny on every Fall using SWARM, and the Falls group continues to share the learning and themes from incidents.

Serious Incidents**Author: Alannah Hayes, Deputy Head of Patient Safety, Governance and Risk**

This report covers the reporting period 1st August 2021 to 31st August 2021.

New: 4 new investigations were declared during the month period: one Maternity incident which was initiated as a local investigation but escalated to an SI when concerns arose around possible deficiencies in care; one missed diagnosis incident in AAU, one Hospital Acquired Infection (COVID-19), and one Paediatric Emergency Department incident which is pending categorisation following investigation.

- **Completed:** One Maternity SI was completed. An overview of the findings are outlined in section 3.
- **Duty of Candour:** Verbal and written Duty of Candour was completed within the timeframes for all 4 new investigations and the completed Maternity investigation.
- **Ongoing:** At 31st August 2021, there were 9 open investigations.
- **Never Events:** None reported for this time period.

The Patient Safety Governance and Risk Team continues to ensure attendance at Service Line and Cluster Level meetings, on a monthly basis, to communicate shared learning from root-cause analysis investigations undertaken with the Service and across the Trust. The findings of completed investigations are shared Trust wide through the monthly 'Safety News and Investigation Learning (SNAIL) Newsletter, which is available on the intranet.

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

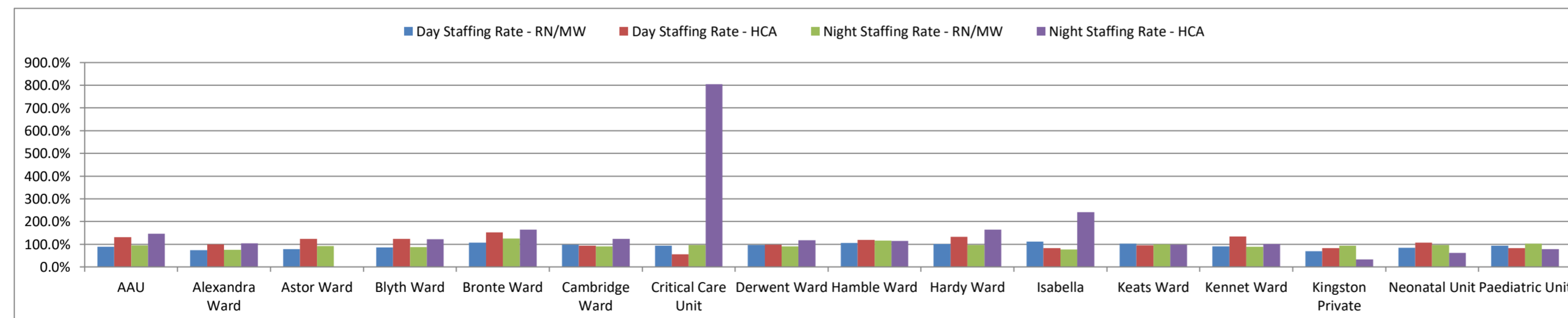
- During August 2021 there were 156 COVID-19 positive cases reported by the Trust.
- Of these there were 152 COCA cases (community-onset community associated, onset within two days) and four HOIHA cases (hospital-onset indeterminate healthcare-associated, onset within three to seven days).
- Out of the reported 156 cases 93 were admitted / in-patients.
- 62 out of the 156 cases had not been vaccinated and 95 were symptomatic. Vaccination data was not available for all cases.
- There were no outbreaks reported this month.
- The community prevalence in Kingston is 165.59 per 100,000 and in Richmond it's 2193.53 per 100,000.

Author: Berenice Constable : Head of Nursing, Unplanned Care:

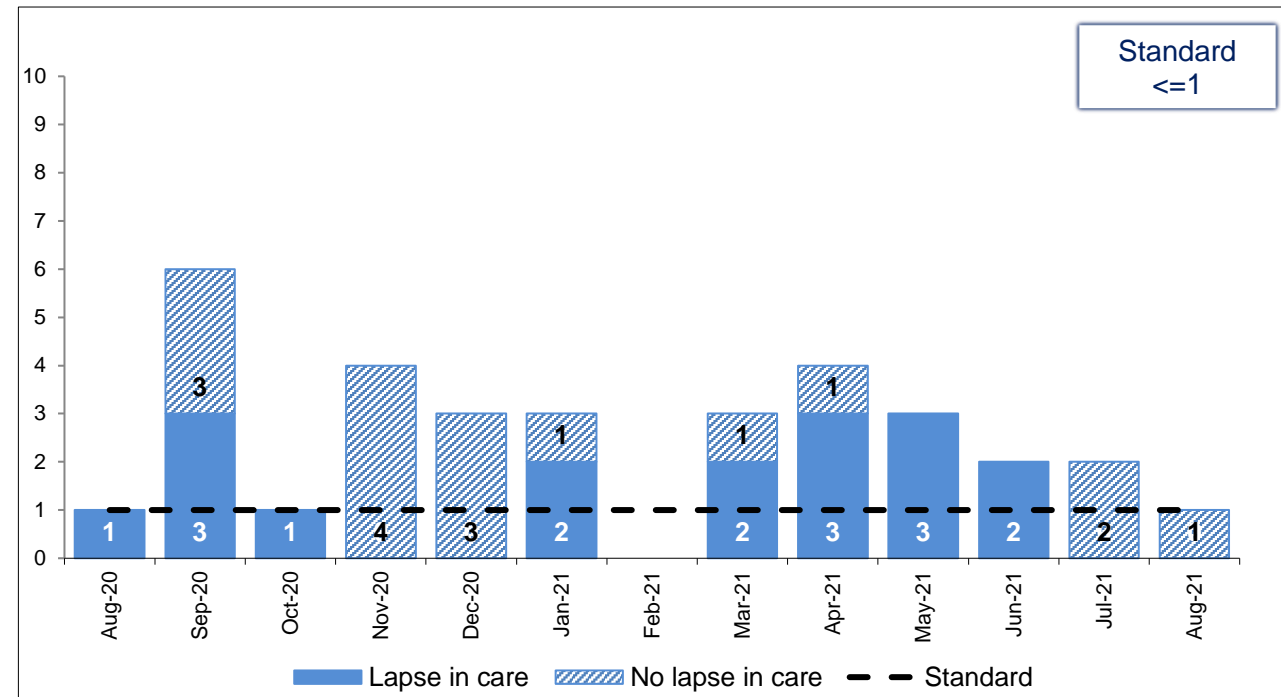
Staffing levels continue to be discussed and monitored daily at the site meetings, and any deviation from the agreed ratios is escalated and discussed with the Heads of Nursing or the Chief Nurse, and as part of the monthly Safer Staffing meeting. Staffing ratios across all areas continued to be monitored to ensure safe staffing, with incident reports completed and Red Flag RCA's discussed at Safer Staffing if levels do not meet the agreed standards, including any adjustments to skill mix related to gaps in registered nurse cover, with backfill provided by HCA's. We continue to actively recruit at all levels, including Healthcare assistants and Registered Nursing Associates.

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	88.8%	130.2%	95.3%	146.7%	8.3
Alexandra Ward	74.3%	99.4%	74.5%	104.5%	9.0
Astor Ward	78.5%	123.8%	91.3%	#DIV/0!	7.1
Blyth Ward	85.4%	123.2%	87.1%	122.5%	5.8
Bronte Ward	107.0%	152.2%	125.2%	164.5%	7.5
Cambridge Ward	97.1%	93.8%	91.0%	123.4%	7.5
Critical Care Unit	93.2%	56.2%	96.3%	804.3%	30.4
Derwent Ward	96.0%	97.8%	90.3%	118.0%	5.7
Hamble Ward	105.7%	119.6%	116.2%	114.0%	6.8
Hardy Ward	101.1%	132.1%	96.8%	164.5%	7.7
Isabella	111.2%	82.2%	77.4%	241.5%	7.3
Keats Ward	103.1%	94.7%	98.9%	98.3%	6.5
Kennet Ward	90.9%	133.6%	89.1%	101.3%	5.9
Kingston Private	69.6%	83.0%	93.1%	32.3%	16.0
Neonatal Unit	84.6%	106.5%	96.8%	61.3%	10.2
Paediatric Unit	93.8%	83.4%	101.6%	78.4%	10.6
Maternity	94.3%	80.6%	88.0%	80.7%	9.7
Trust Average	92.7%	105.9%	93.8%	121.5%	8.3

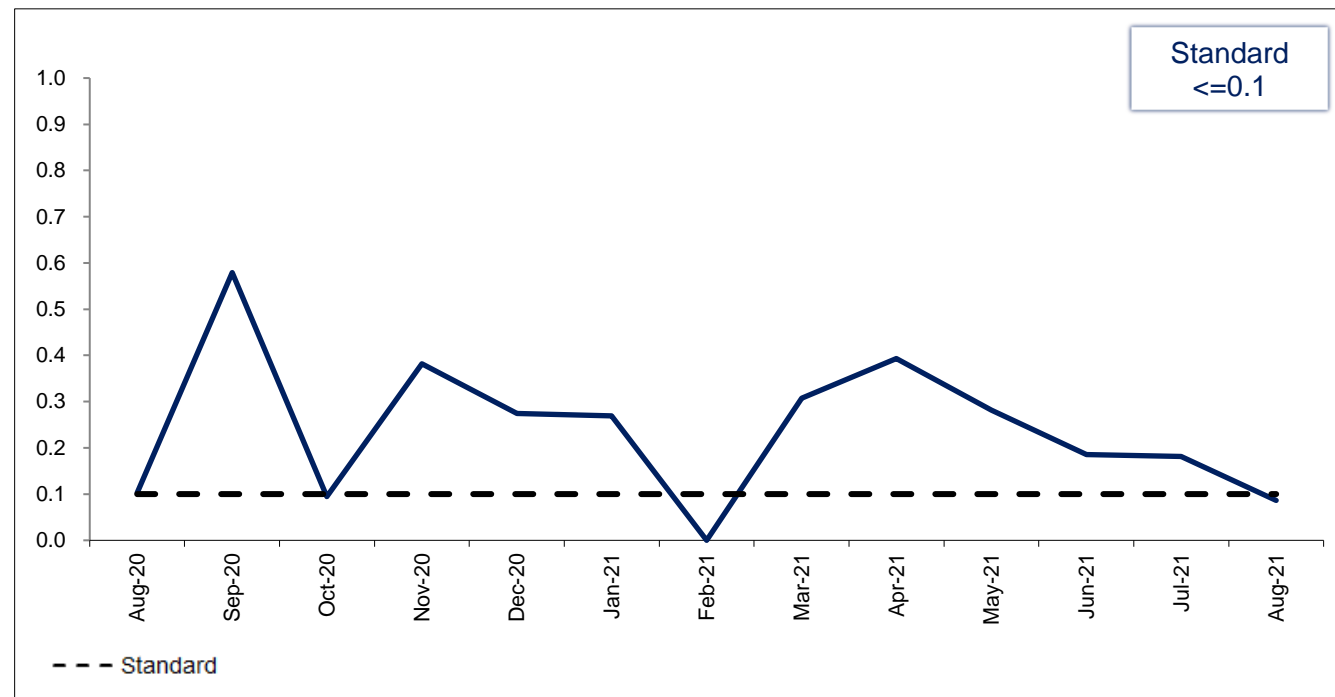
Key	
RN	Registered Nurse
MW	Registered Midwife
HCA	Healthcare Assistant



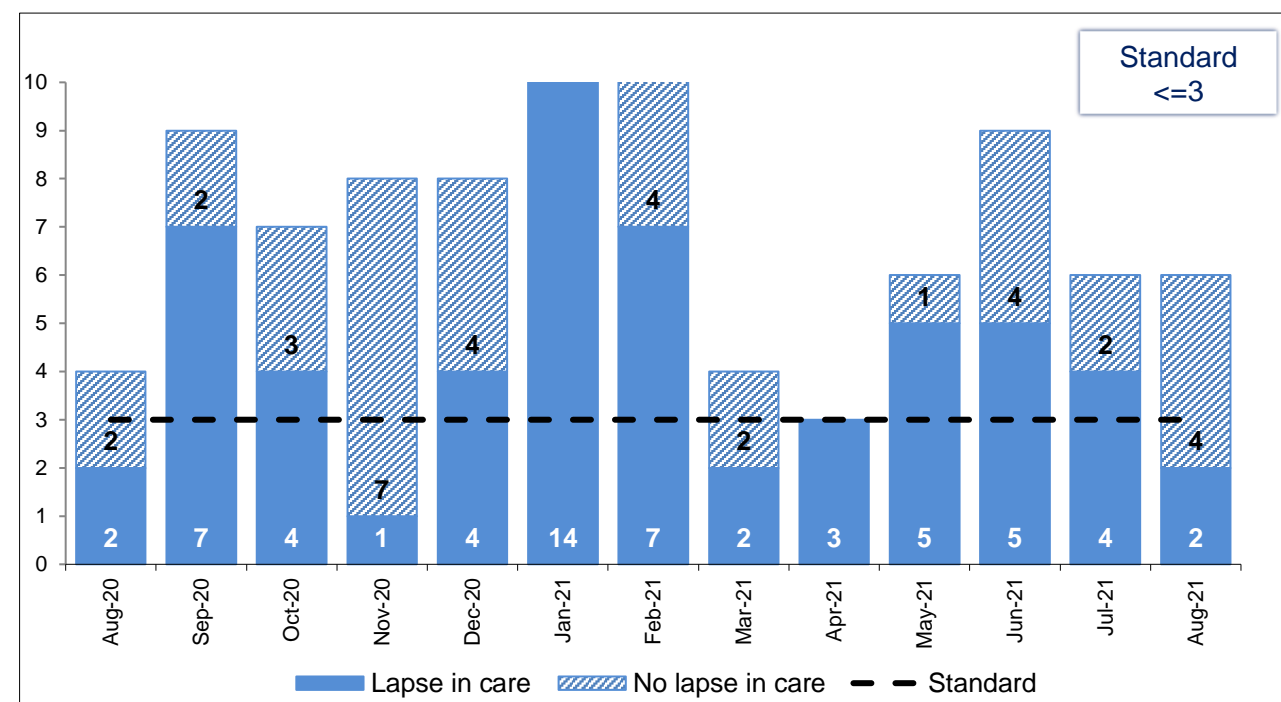
k1.01 | Number of patients with hospital acquired pressure ulcers (Grade 3&4)



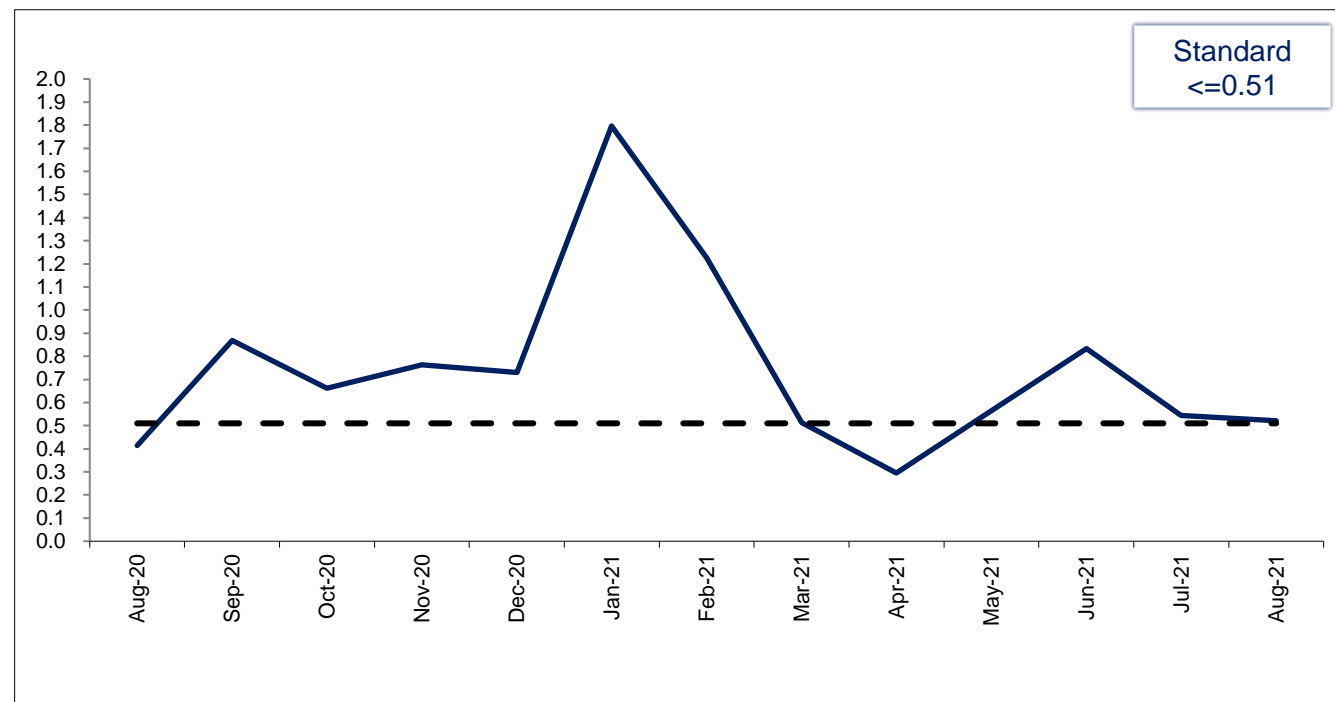
k1.02 | Number of patients with hospital acquired pressure ulcers (Grade 3&4) per 1000 beddays



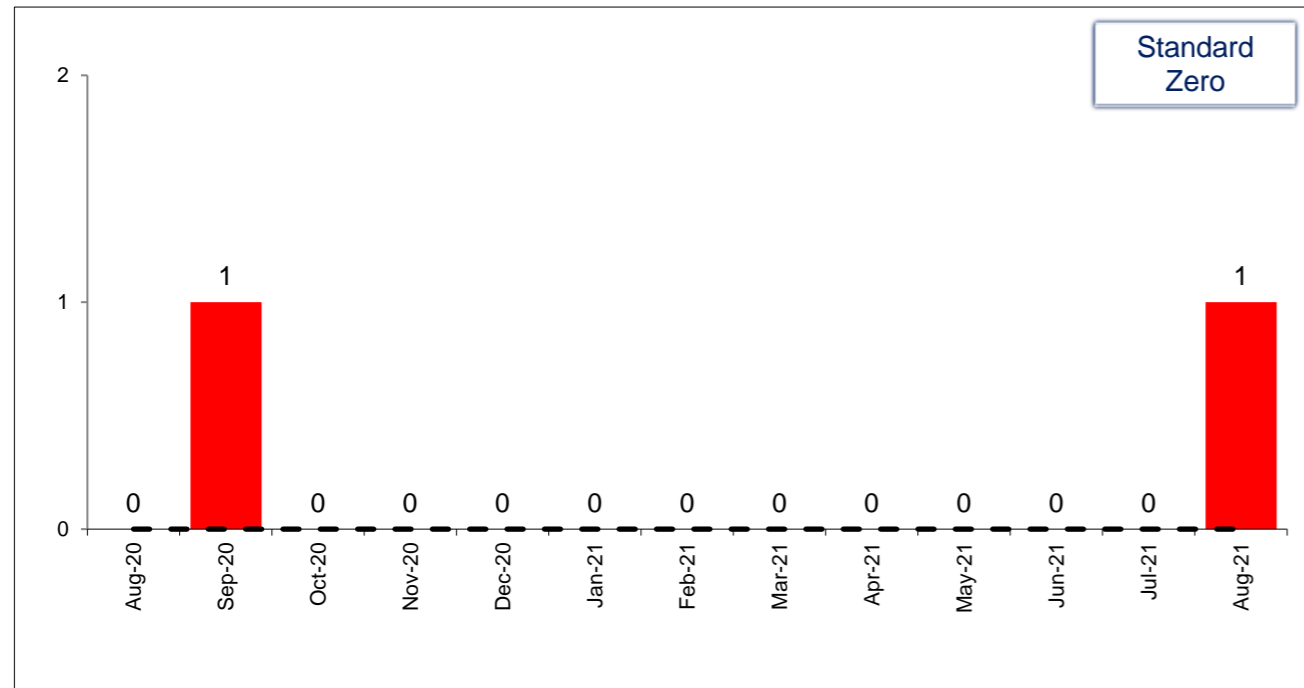
k1.03 | Number of patients with hospital acquired pressure ulcers (Grade 2)



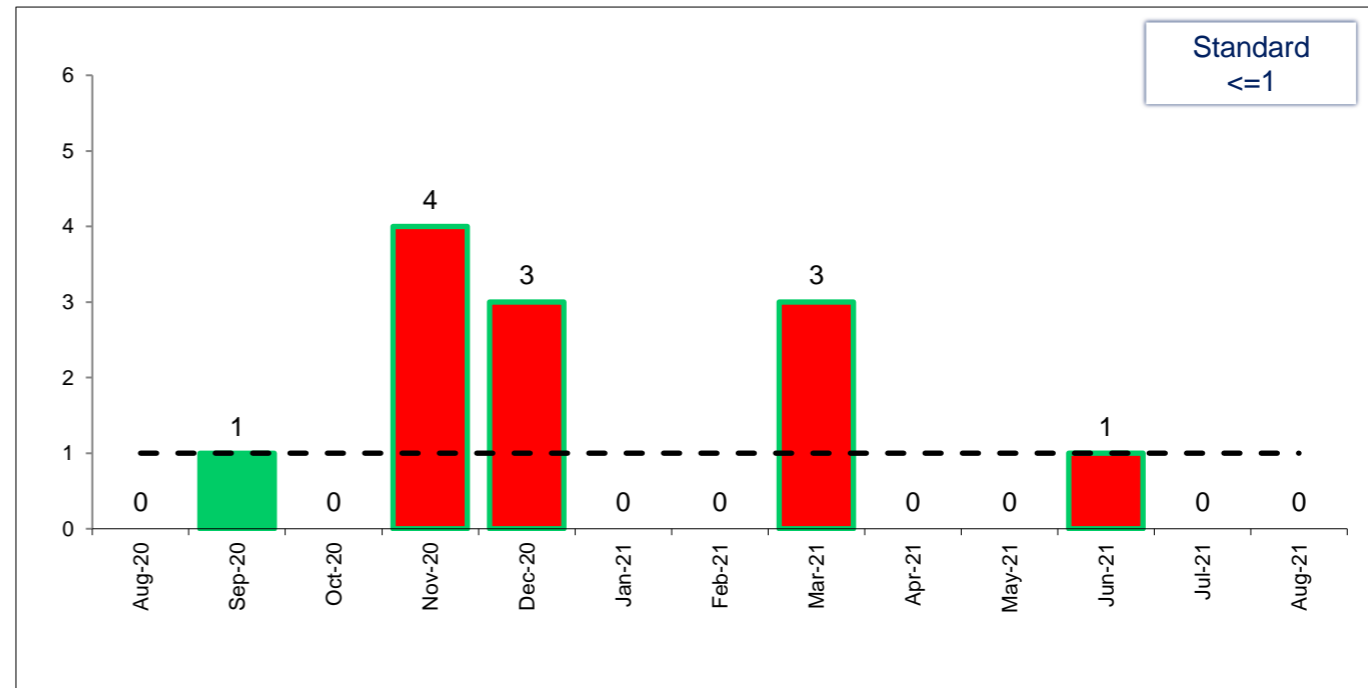
k.1.04 | Number of patients with hospital acquired pressure ulcers (Grade 2) per 1000 beddays



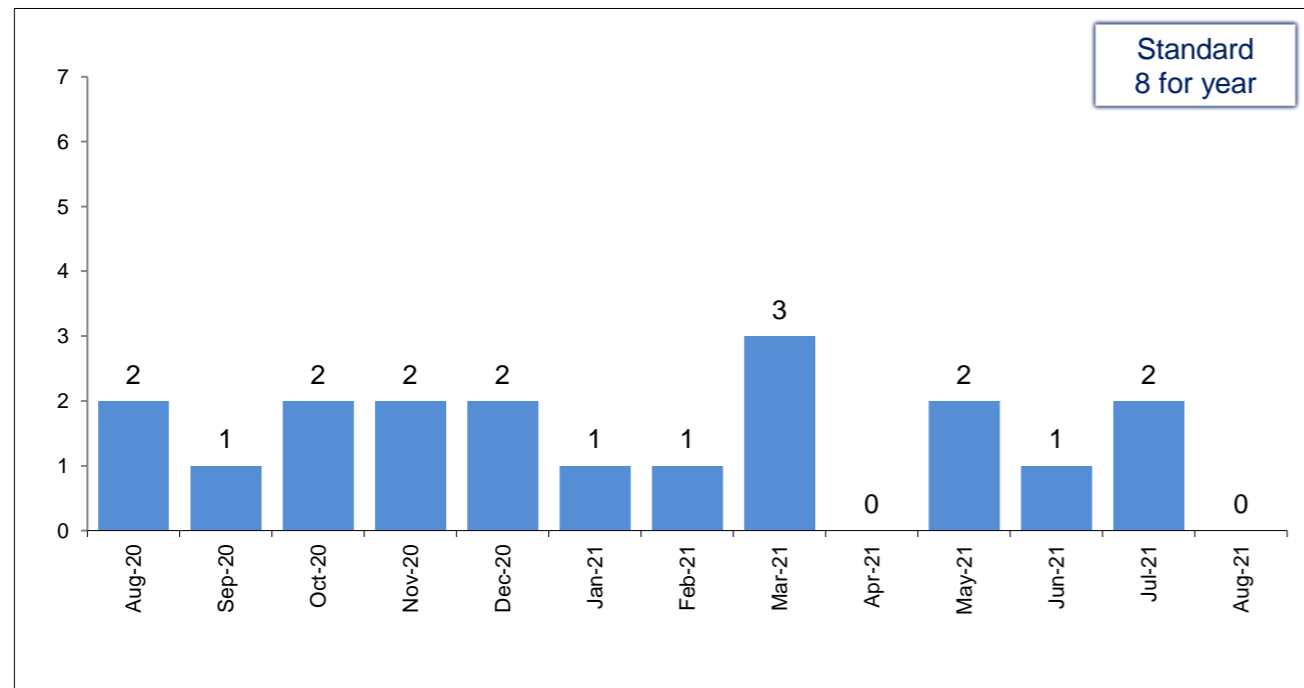
k1.05 | MRSA Bacteraemias (Hospital Assigned)



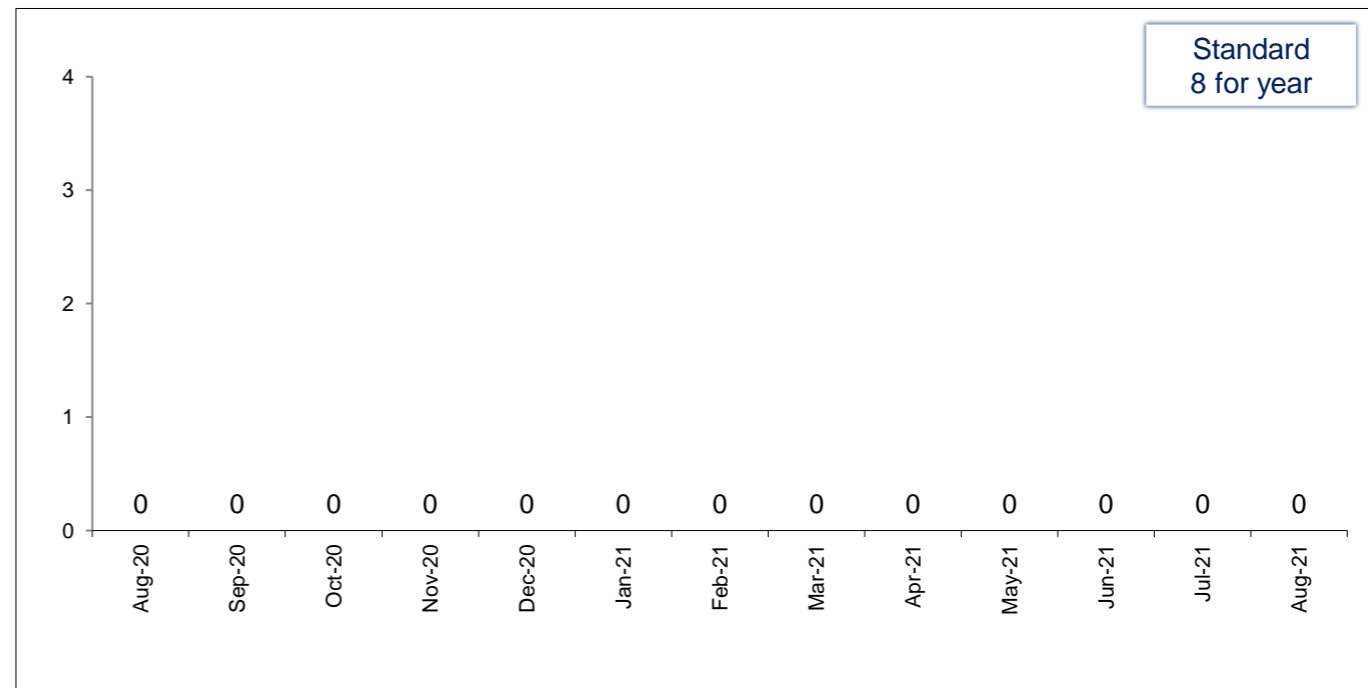
k1.06 | MSSA Bacteraemias (Hospital Apportioned)



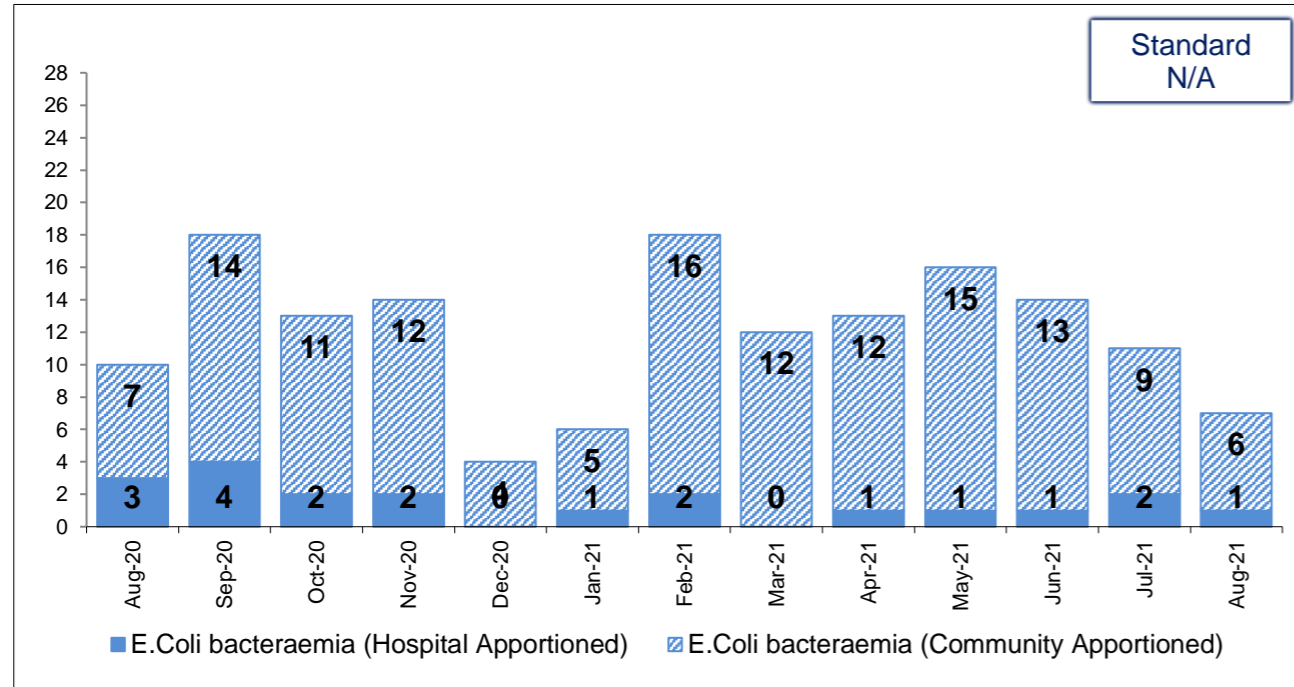
k1.07 | Clostridium difficile infections (Hospital Apportioned)



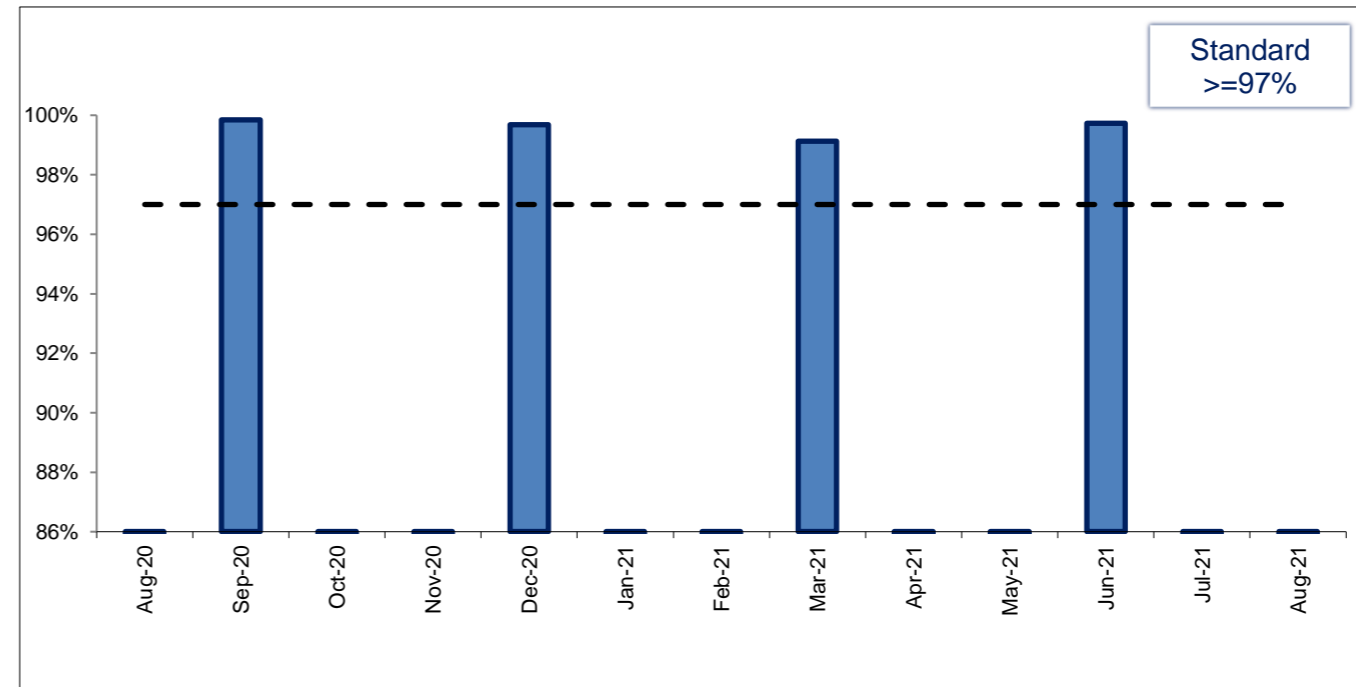
k1.08 | Clostridium difficile infections (Hospital Apportioned) due to confirmed Lapse in Care



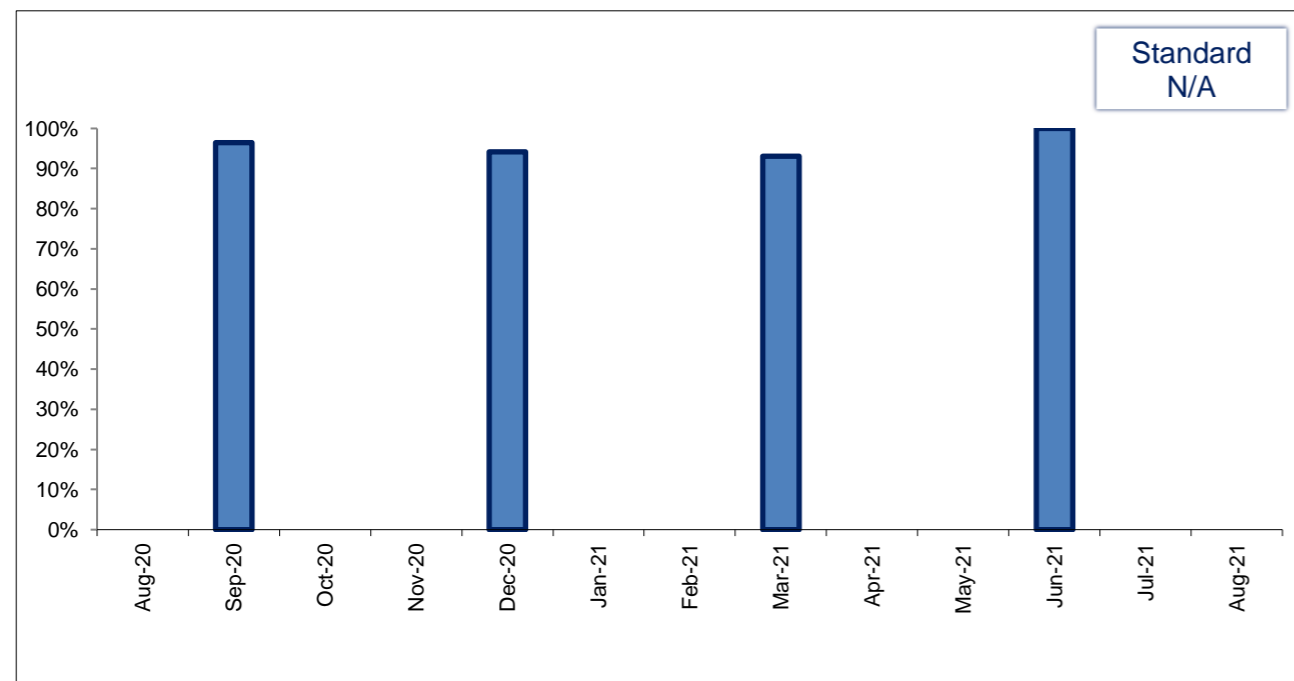
k1.19 | Number of Escherichia (E. coli) bacteraemia



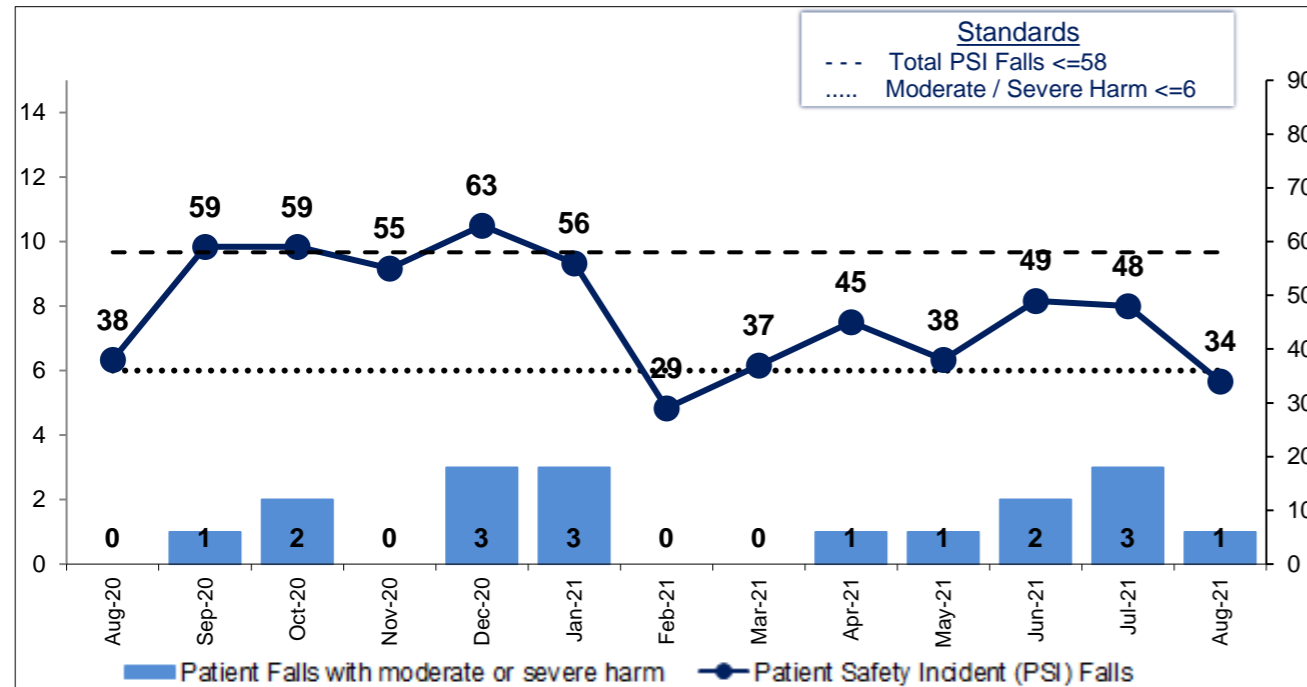
k1.09 | Completed Patient Observations - Adult inpatients (NEWS)



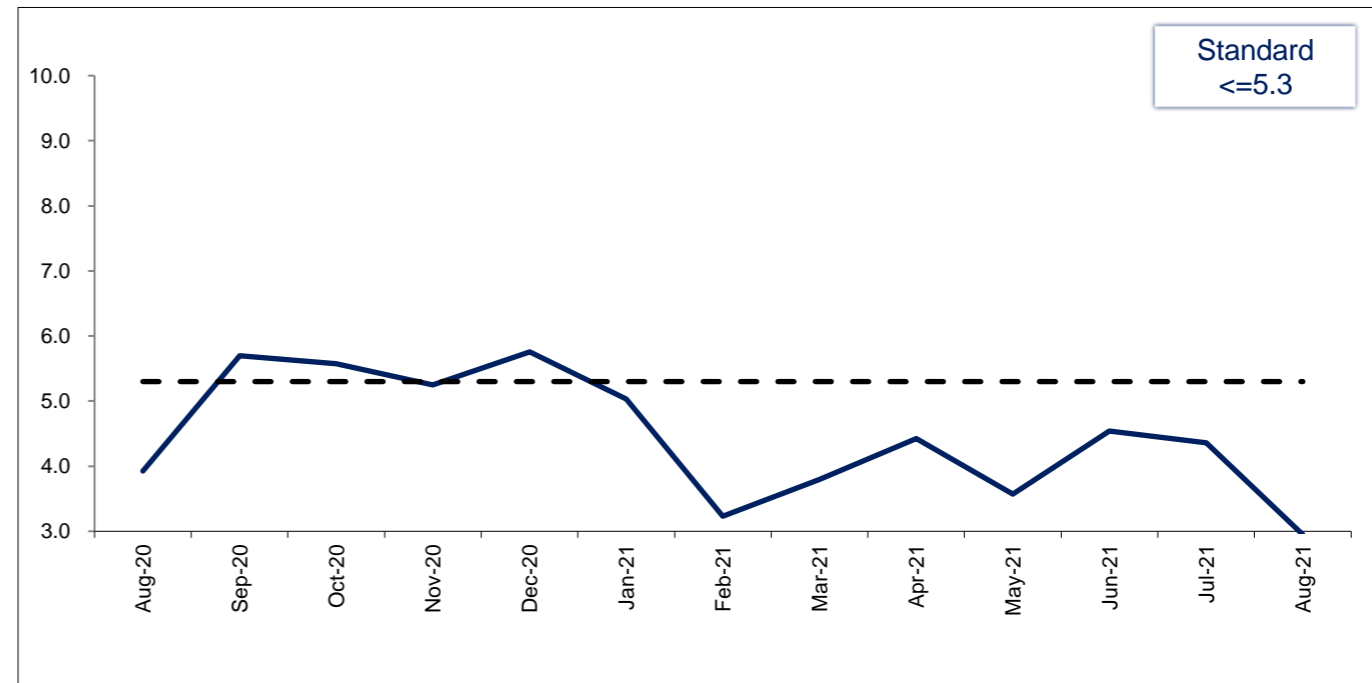
k1.10 | Completed Patient Observations - Paediatric Inpatients (NEWS)



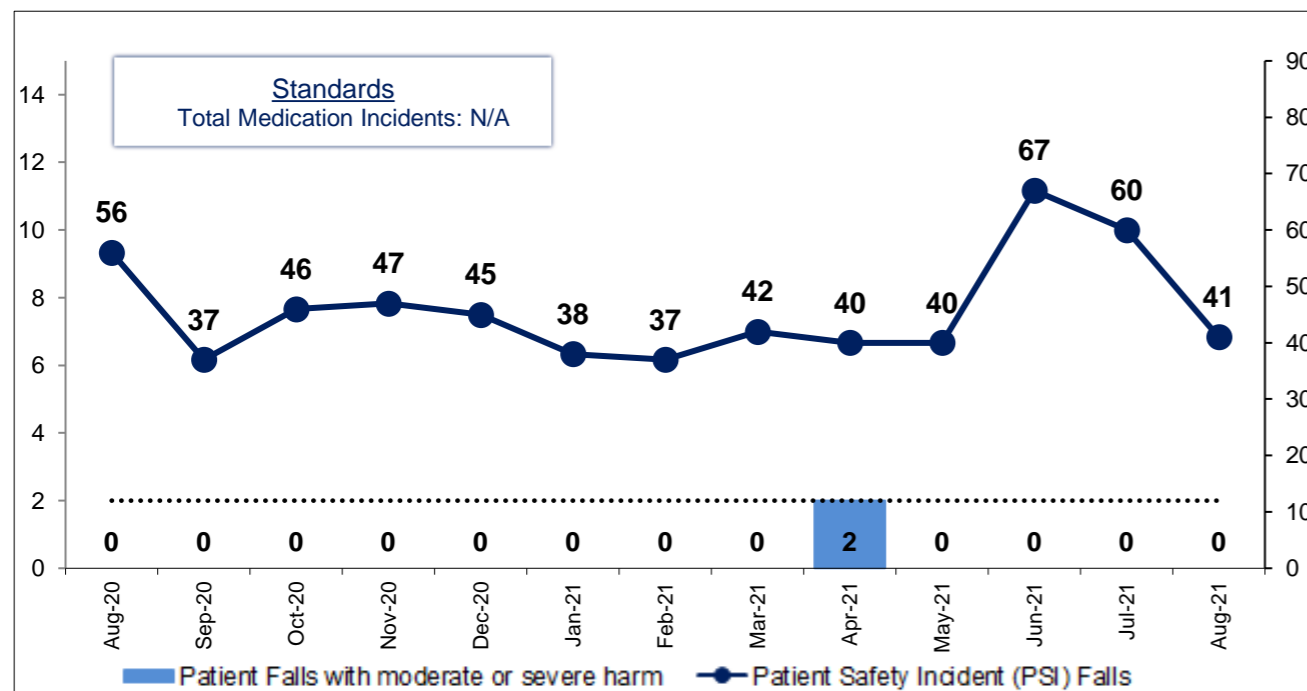
k1.12 | Number of Patient Safety Incident (PSI) Falls



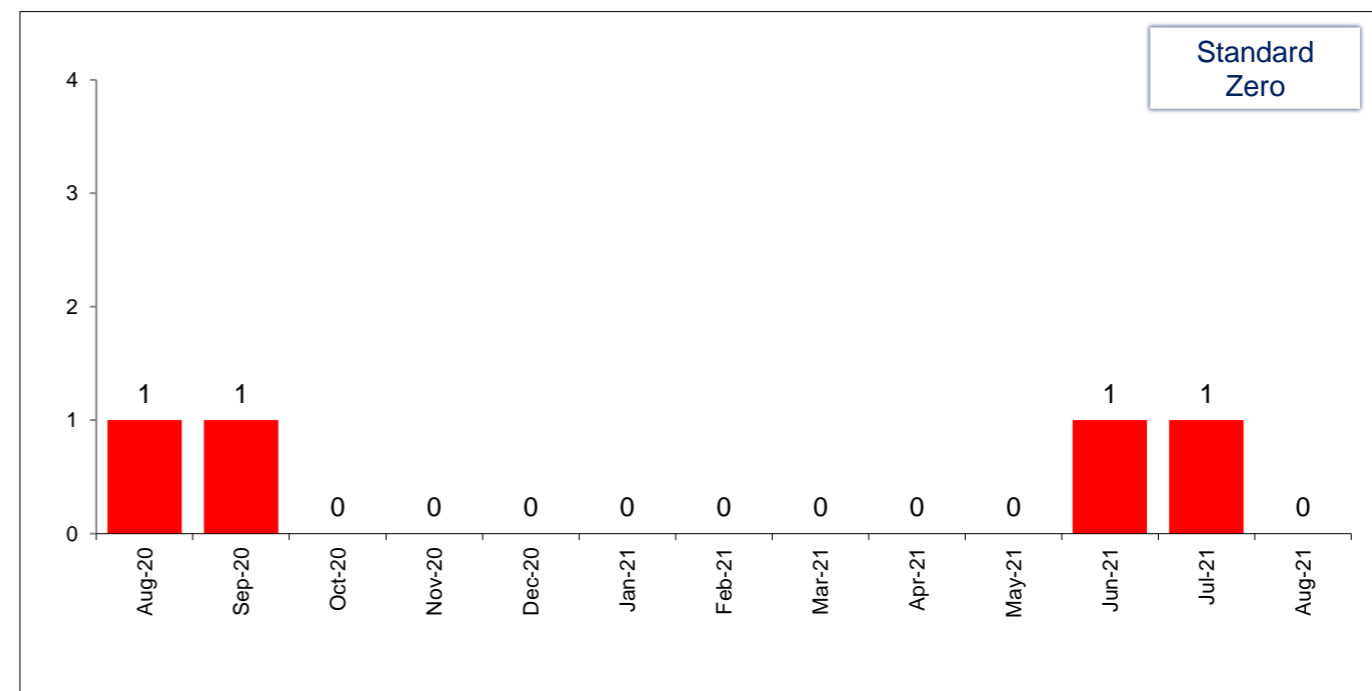
k1.13 | Number of Patient Safety Incident Falls per 1000 G&A beddays



k1.16 | Medication Incidents



k1.15 | Never Events

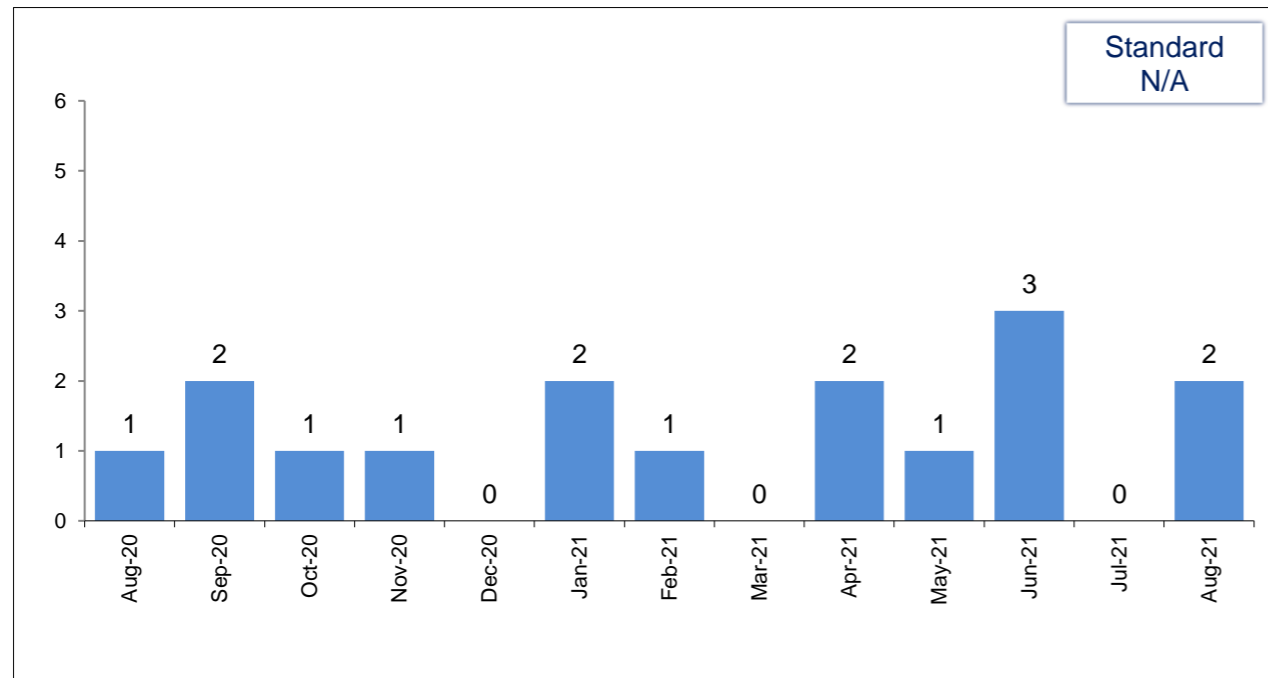


Safe

Is Care Safe?

August 2021

k1.18 | Number of Serious Untoward Incidents

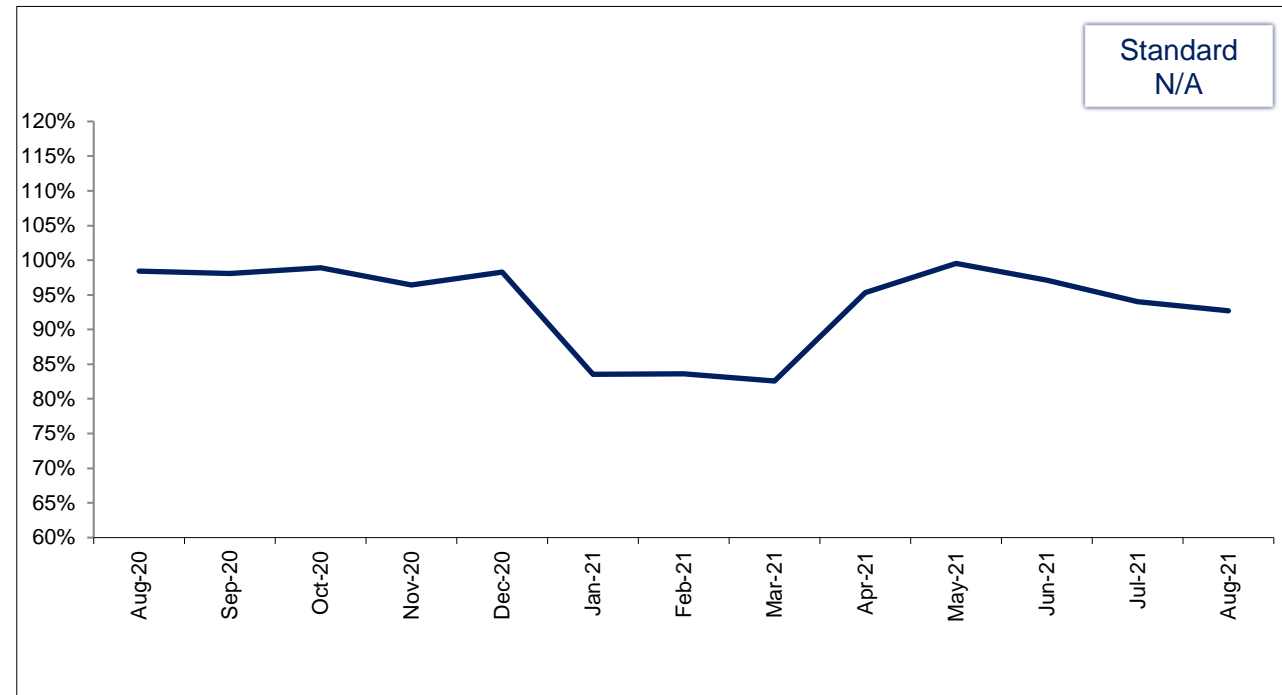


Safe

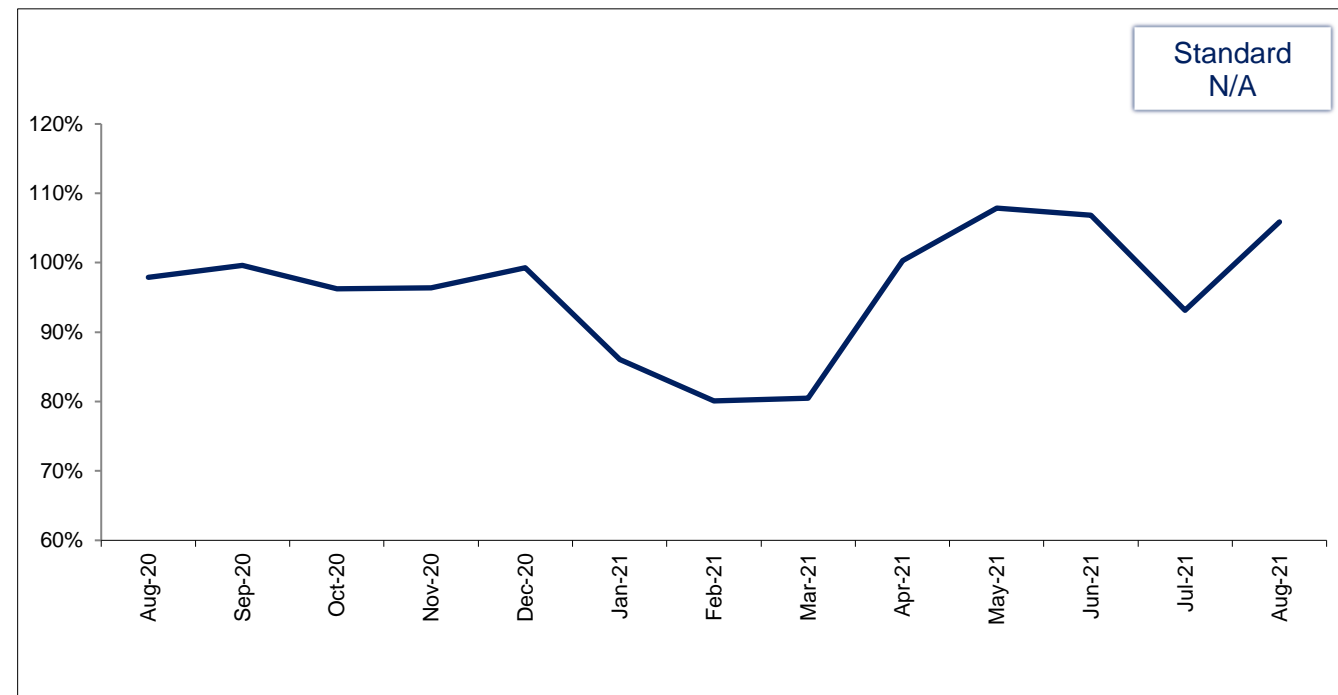
Is Care Safe?

August 2021

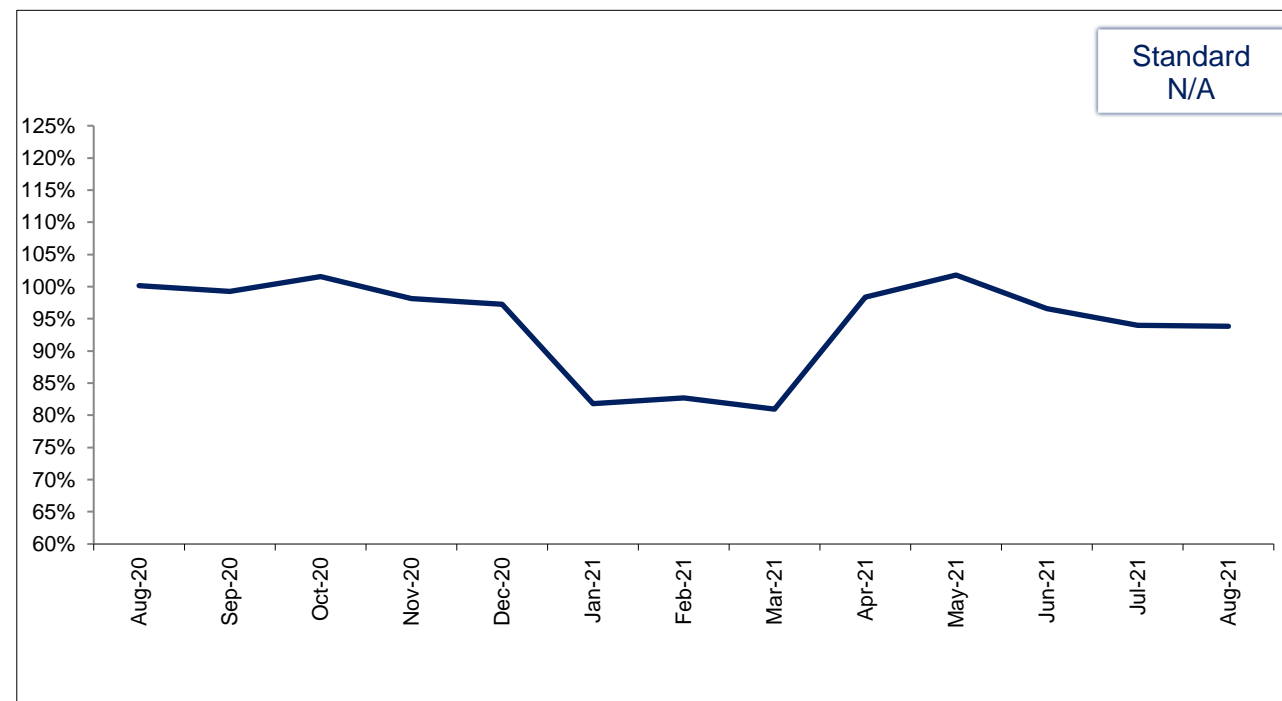
k4.01 | Day - Registered Midwives / Nurses Fill Rate



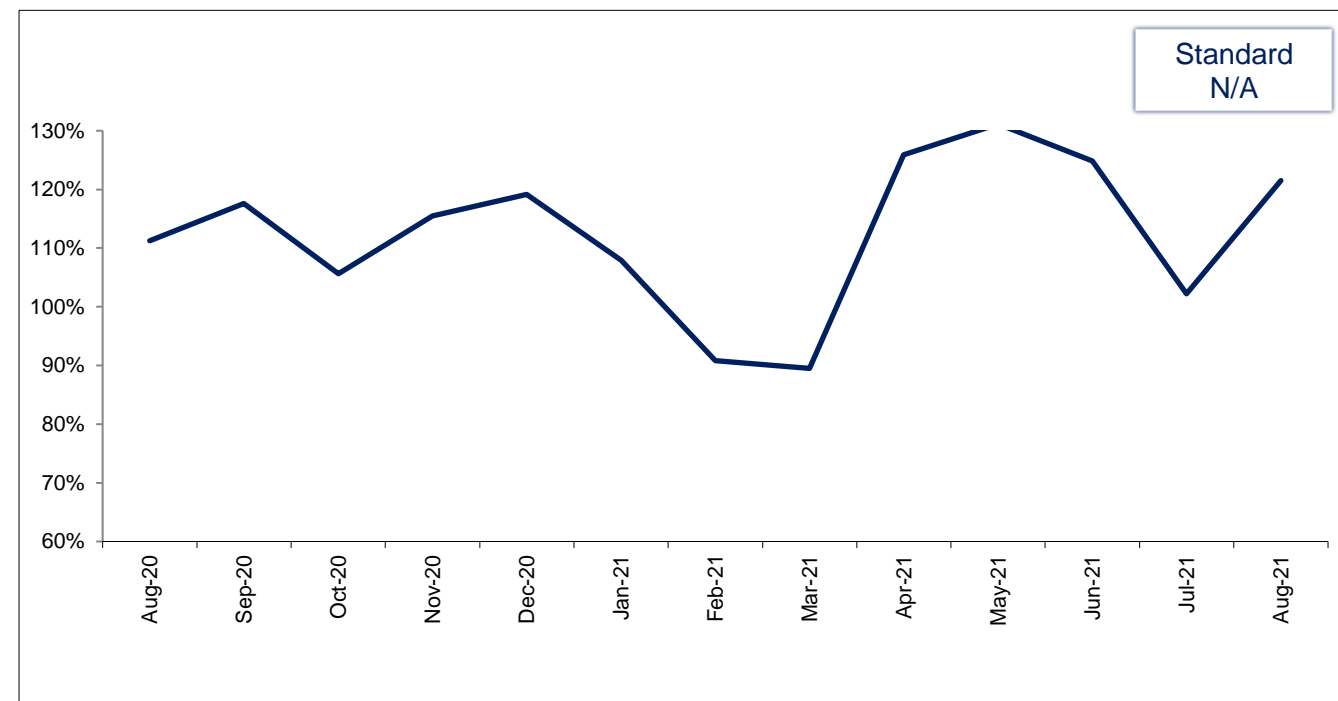
k4.02 | Day - Assistant Fill Rate



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



k4.04 | Night - Assistant Fill Rate

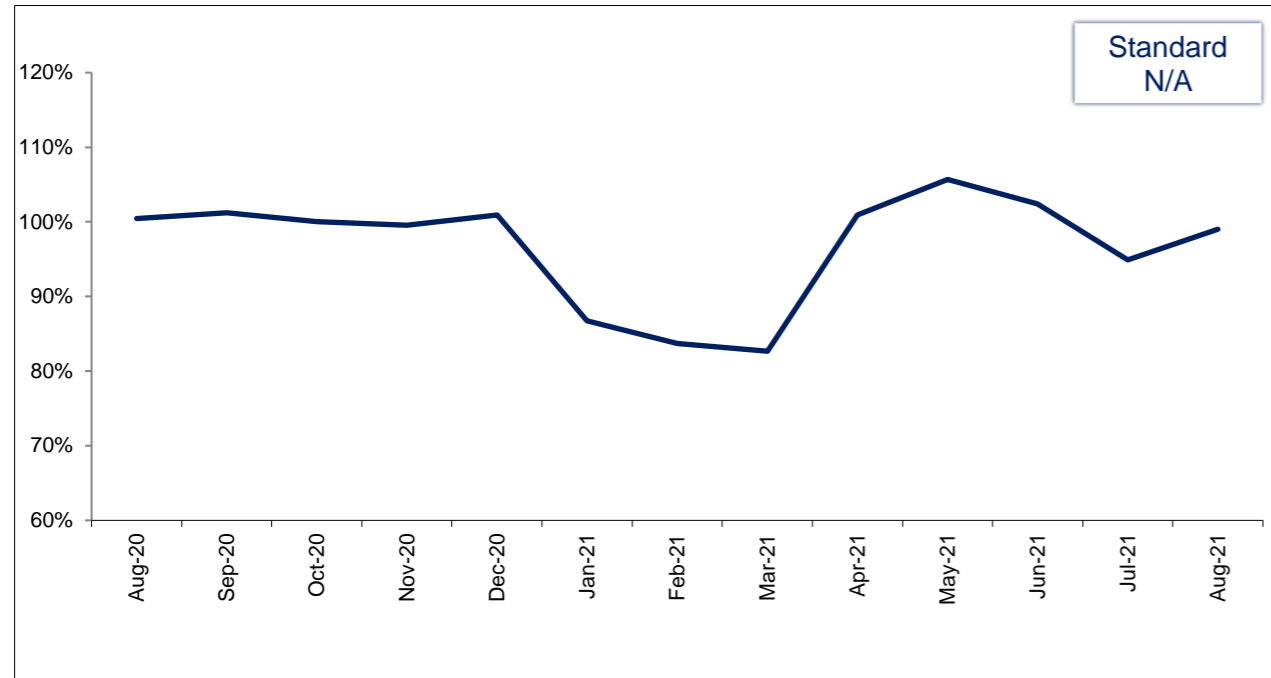


Safe

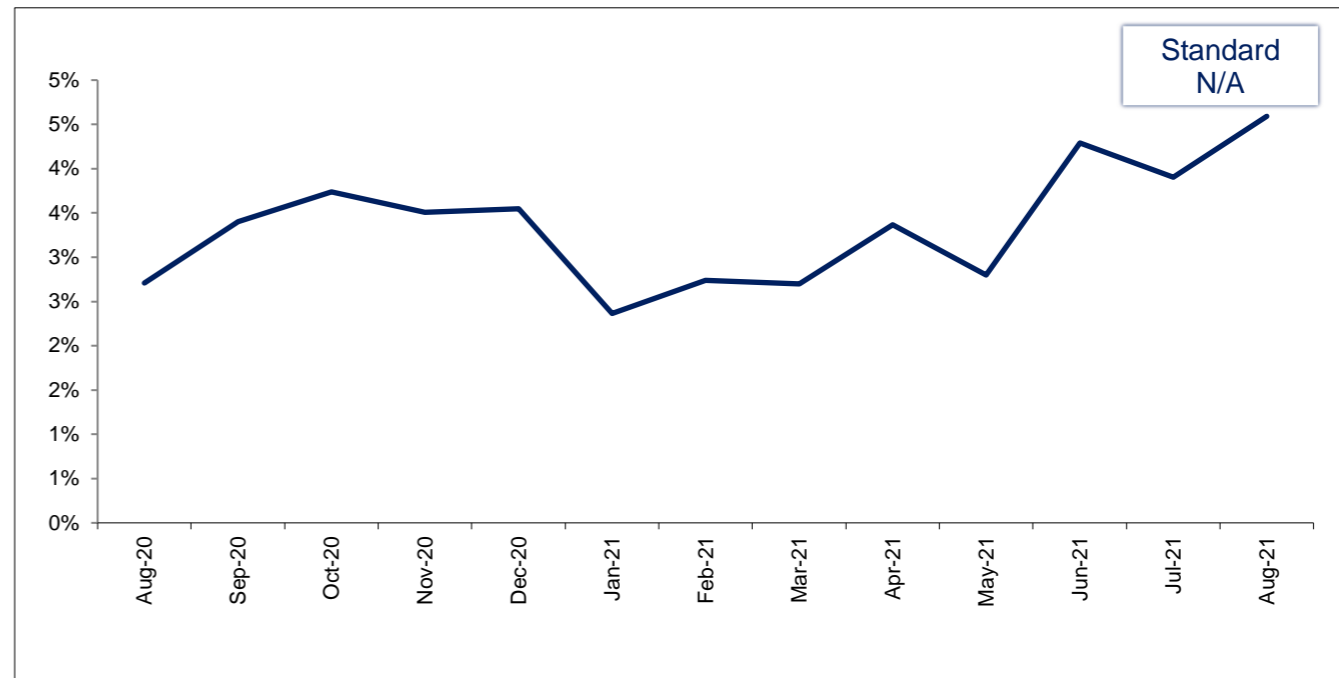
Is Care Safe?

August 2021

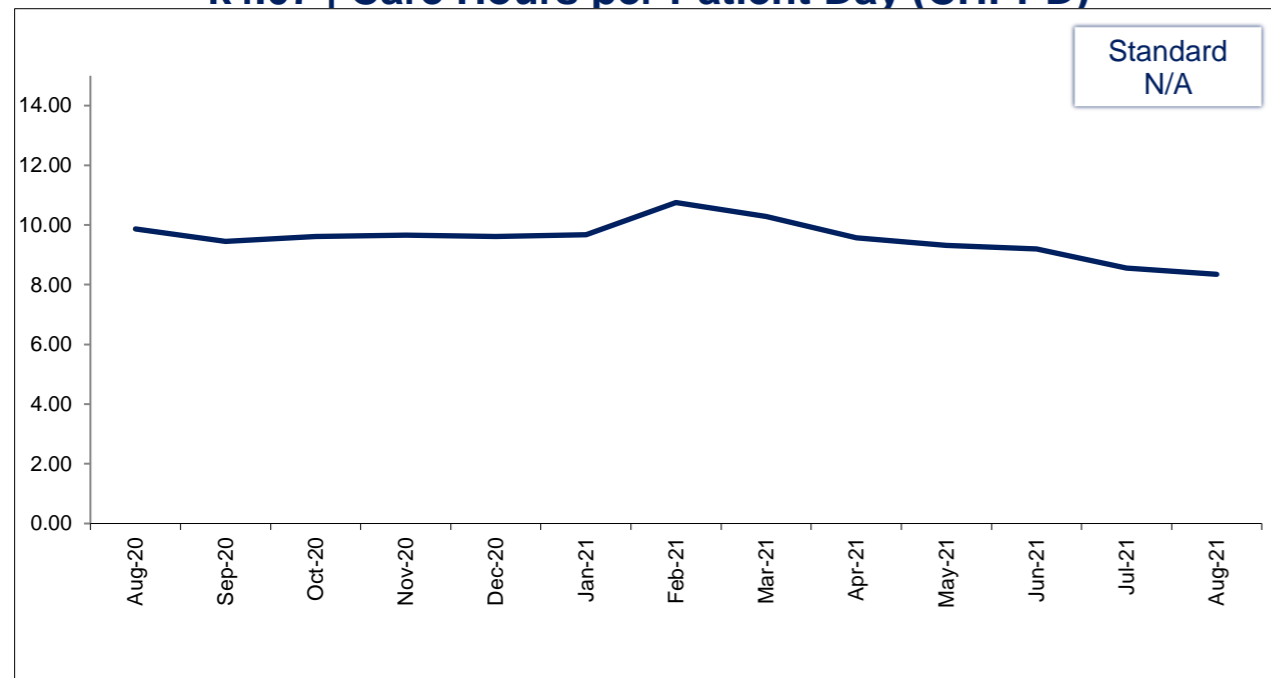
k4.05 | Overall Trust Fill Rate



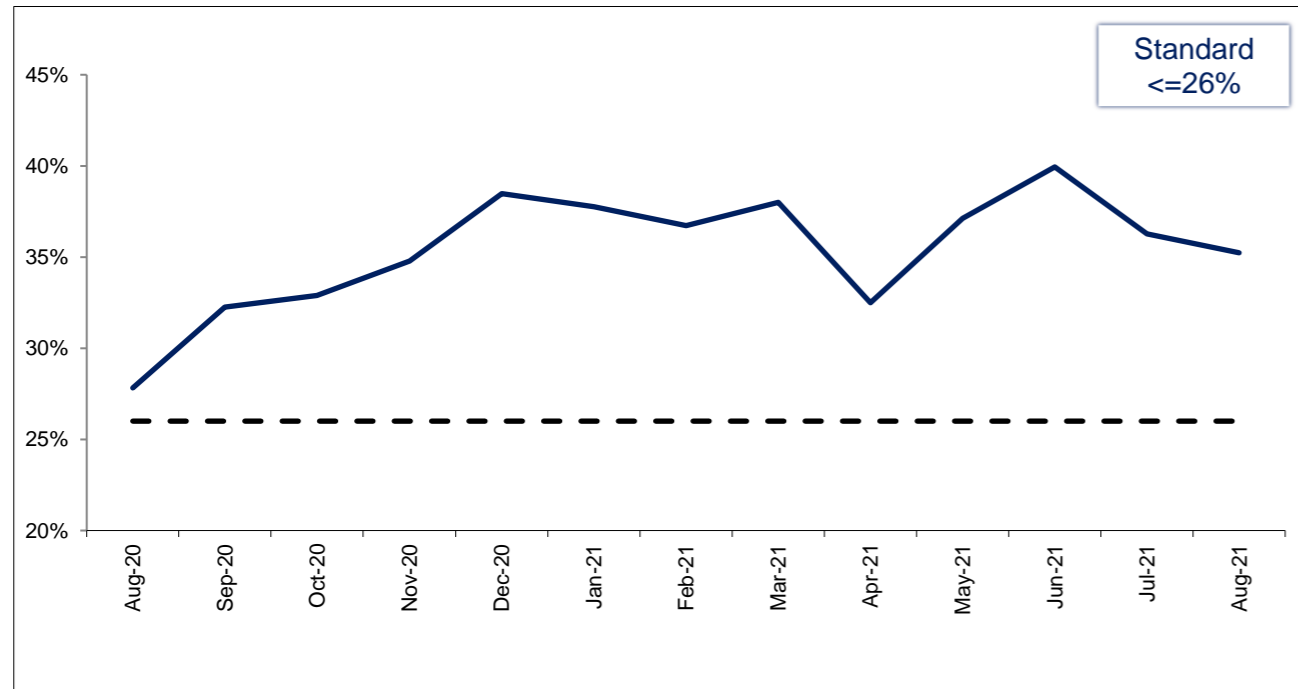
k4.06 | % of Registered Nurse and Midwife Expenditure on Agency Staff



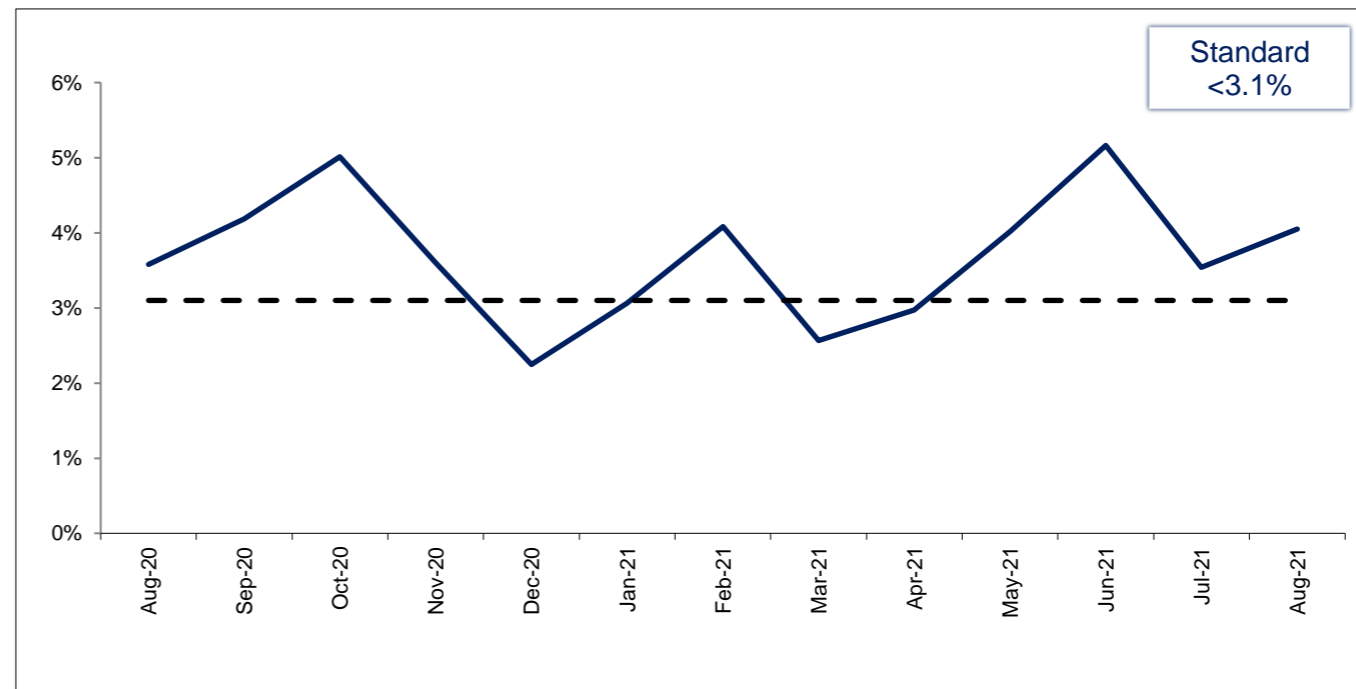
k4.07 | Care Hours per Patient Day (CHPPD)



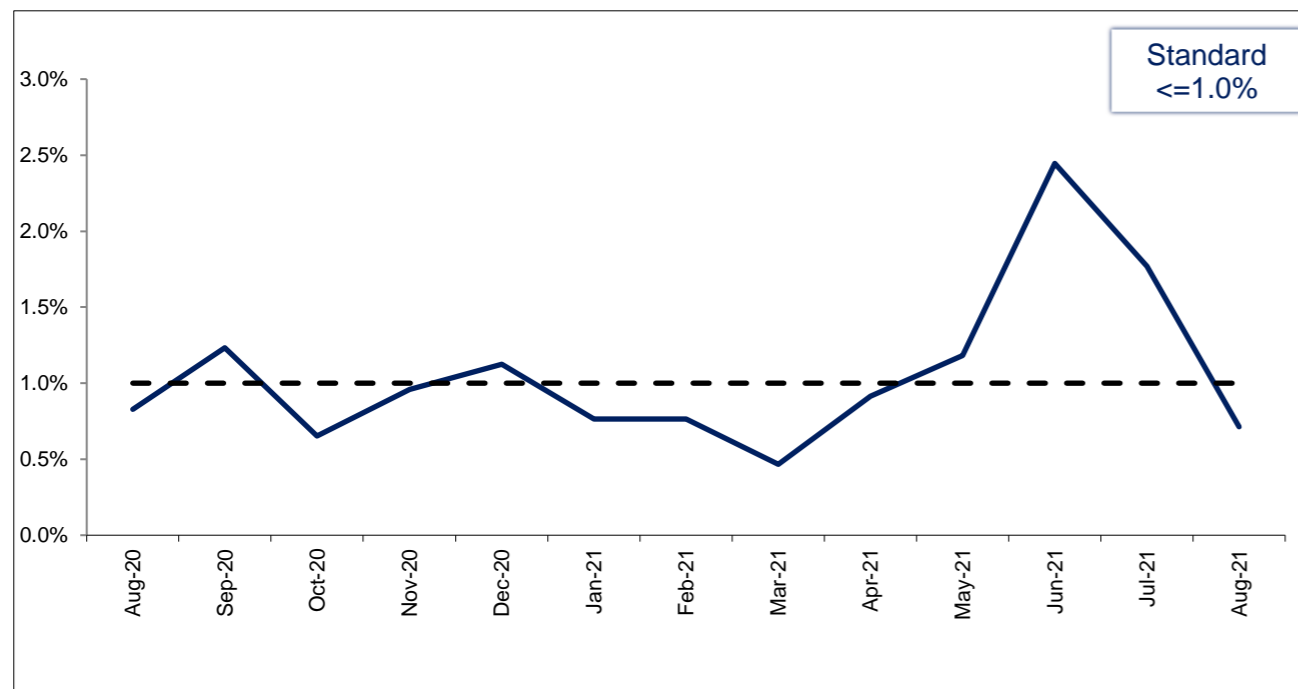
k5.01 | Caesarean section rate



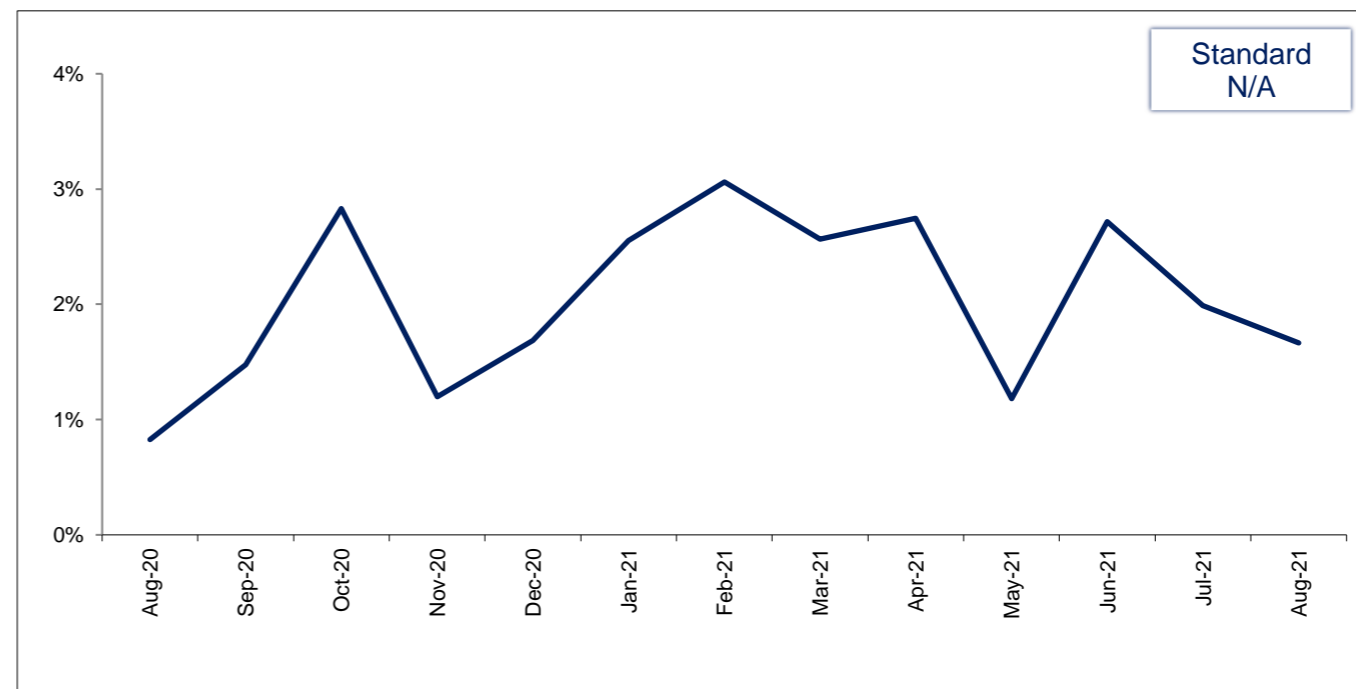
k5.02 | % women with a primary postpartum haemorrhage of 1500ml or more



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



k5.04 | Significant Perineal Trauma



Sophie Calas, Head of Clinical Audit and Effectiveness**Diabetes Service sees an improvement in Trust-wide staff knowledge and awareness of Hypoglycaemia**

Hypoglycaemia in hospitalised patients is associated with significant adverse outcomes, therefore, prompt recognition as well as appropriate and effective management of hypoglycaemia is essential to improve patient outcomes.

The Diabetes team have undertaken an audit of hypo boxes and of staff knowledge since 2016 which has typically demonstrated mixed results, however, recent data demonstrates significant improvements around staff knowledge and awareness relating to the location of hypo boxes and the treatment of hypoglycaemic episodes (hypos) at Kingston Hospital NHS Foundation Trust.

The data below relates to a re-audit carried out by Diabetes Ward Champions across ten inpatient wards (including the Emergency Department) during May 2021.

Latest performance:

- Overall, 96% of staff surveyed (67 out of 70) were able to correctly identify the blood glucose level at which treatment for hypoglycaemia should be given (<4 mmol/L). This demonstrates a significant improvement on previous performance (67% in 2019).
- Overall, 87% of staff surveyed (61 out of 70) were aware of the location of the hypo box on their ward – the box is located on the resus trolley unless otherwise agreed with the department. This again shows excellent improvement on previous performance (76% in 2019). To break this result down, the survey question was answered correctly by 97% of nurses (previously 81% in 2019) and 95% of health care assistants (previously 52% in 2019).
- A review of twelve hypo boxes found that all necessary, perishable items were within their expiry date.

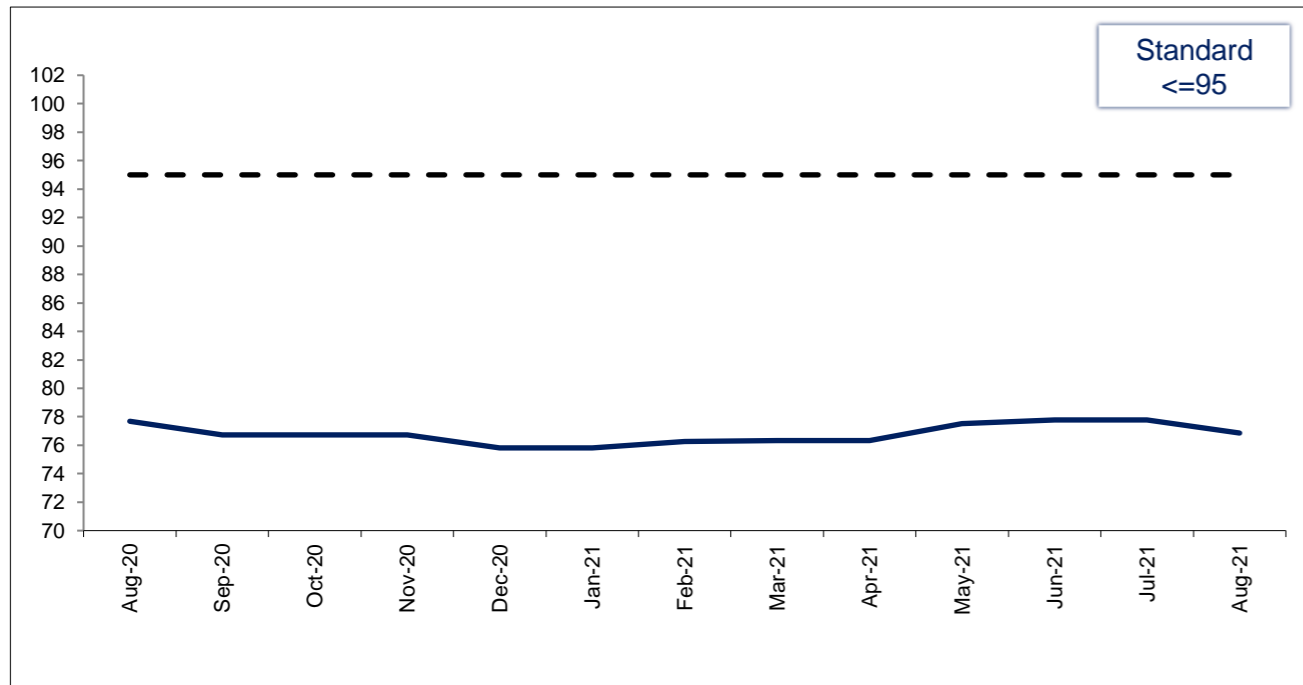
What made this happen?

- New hypo boxes, designed for easy access to simple hypo treatment, were rolled out in 2019. The boxes have been streamlined with new easy to use elevate sachets.
- Continual clinical ward staff training by Diabetes Specialist Nurses and Consultants and the introduction of mandatory safe use of insulin training which encompasses hypo care. The Diabetes team have also rolled out a 'Teach a Ward a Month' programme where each month a ward is selected for twice weekly training (so as to enable all staff to attend). The Diabetes team also attend the junior doctor induction to deliver training.
- The training of three cohorts of Diabetes Ward Champions by Diabetes Specialist Nurses along with the provision of update training days for existing ward champions.
- Frequent participation in the National Hypo Awareness Week where the Diabetes team conduct training and hold staff competitions.
- The introduction of an electronic alert system whereby Diabetes Specialist Nurses are alerted to patient hypos via a CRS connection with blood glucose meters.
- Monthly Trust-wide hypo performance monitoring coordinated by the AAU Matron.
- Senior Management and Patient Safety, Governance and Risk Team support with the risk assessment and risk management process which has enabled the Diabetes team to highlight the importance of the provision of basic hypo care throughout the Trust.

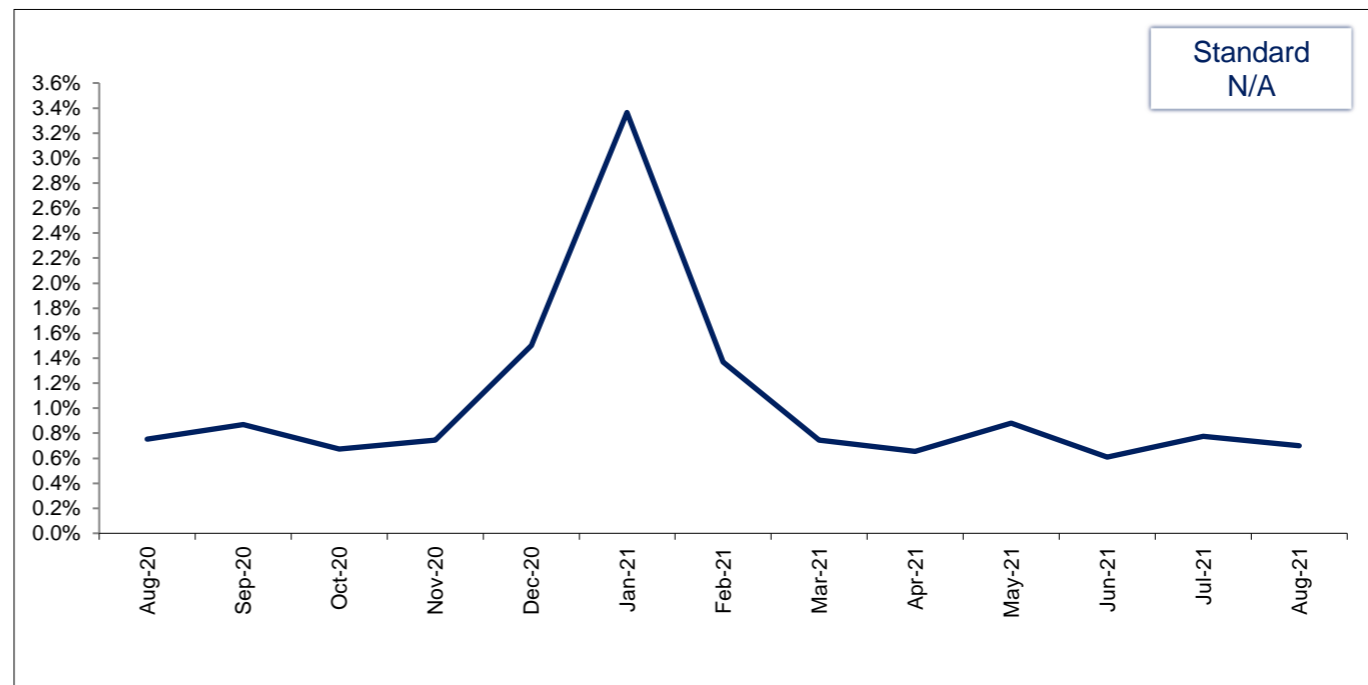
Plans for the future:

- The Diabetes team plan to continue their training of clinical staff throughout the Trust. A fourth cohort of Diabetes Ward Champions has just been recruited with training to start in September 2021 and the team will also organise further update training days for current Diabetes Ward Champions. Furthermore, a hypo awareness banner, designed by a Diabetes Ward Champion following a previous update training day, will be printed and displayed around the Trust.
- The Diabetes team are in the process of recruiting an inpatient Health Care Assistant with funding secured through the South West London Clinical Commissioning Group to support further training and inpatient care.
- The next Hypo Awareness Week has been planned for week commencing Monday 13th September 2021 where further training will take place. A display will also be positioned outside of the restaurant with hypo-related information and freebies.

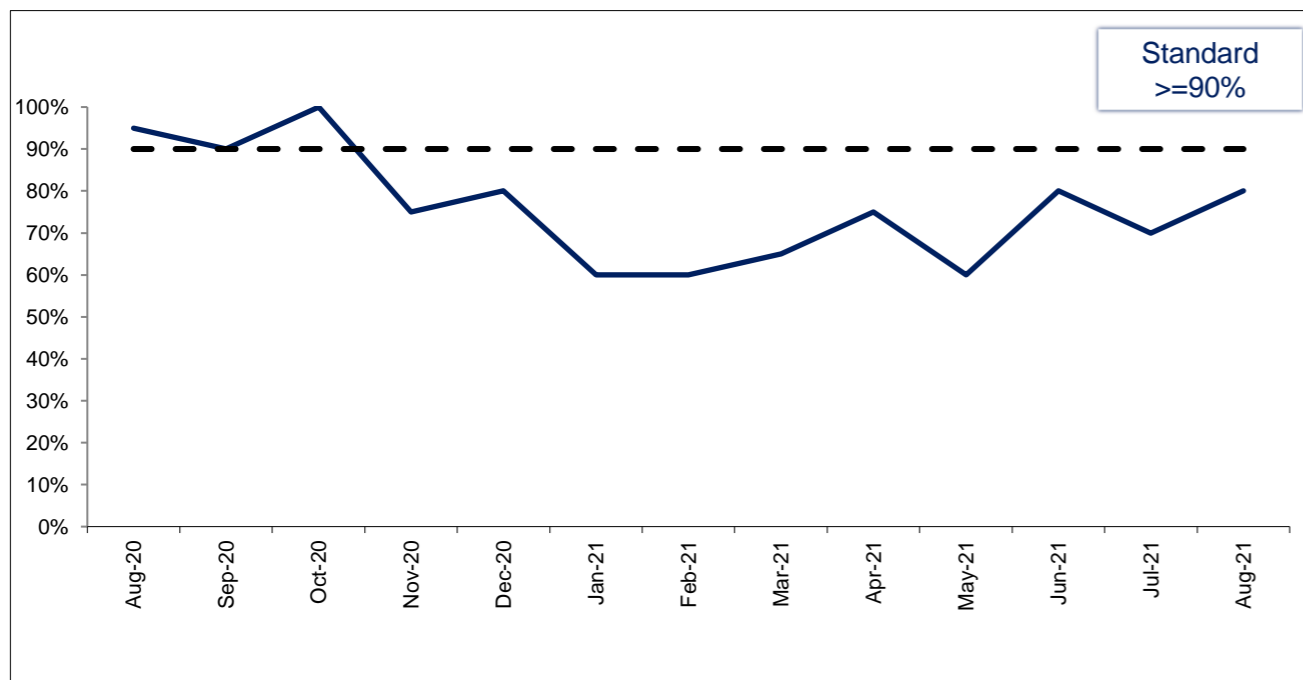
k2.01 | SHMI



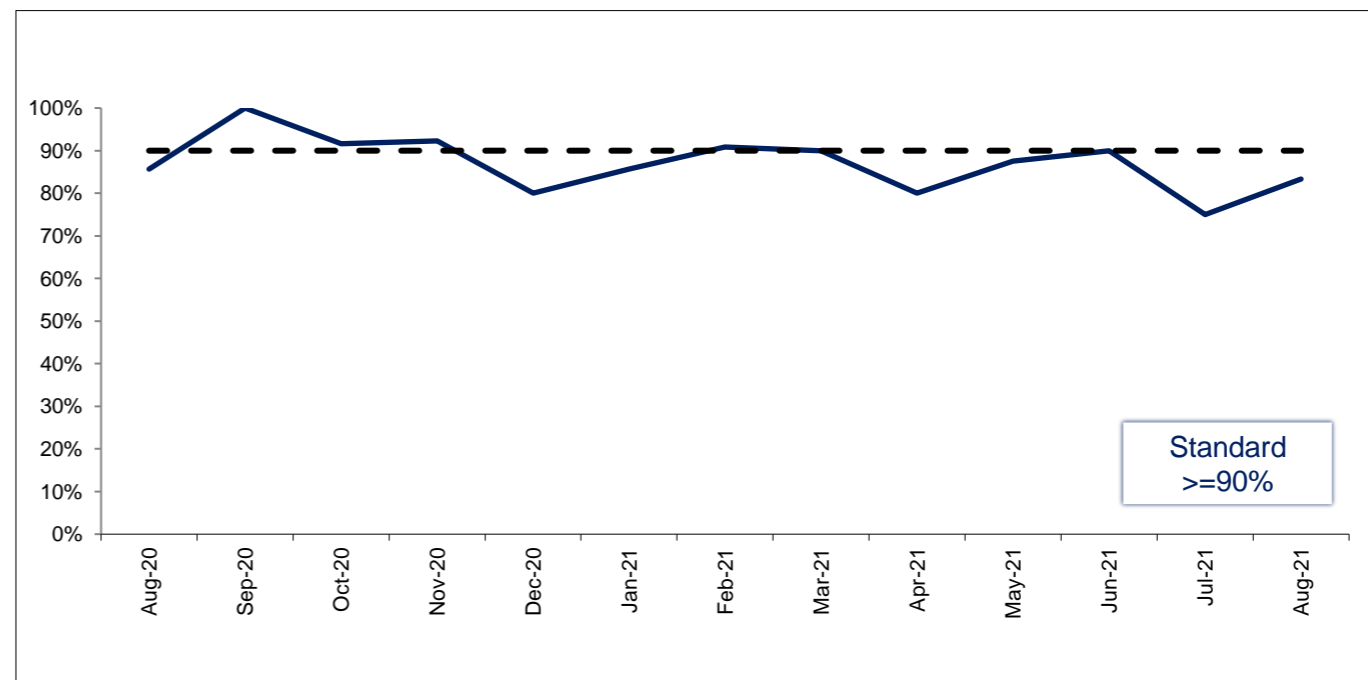
k2.02 | Unadjusted Mortality Rate



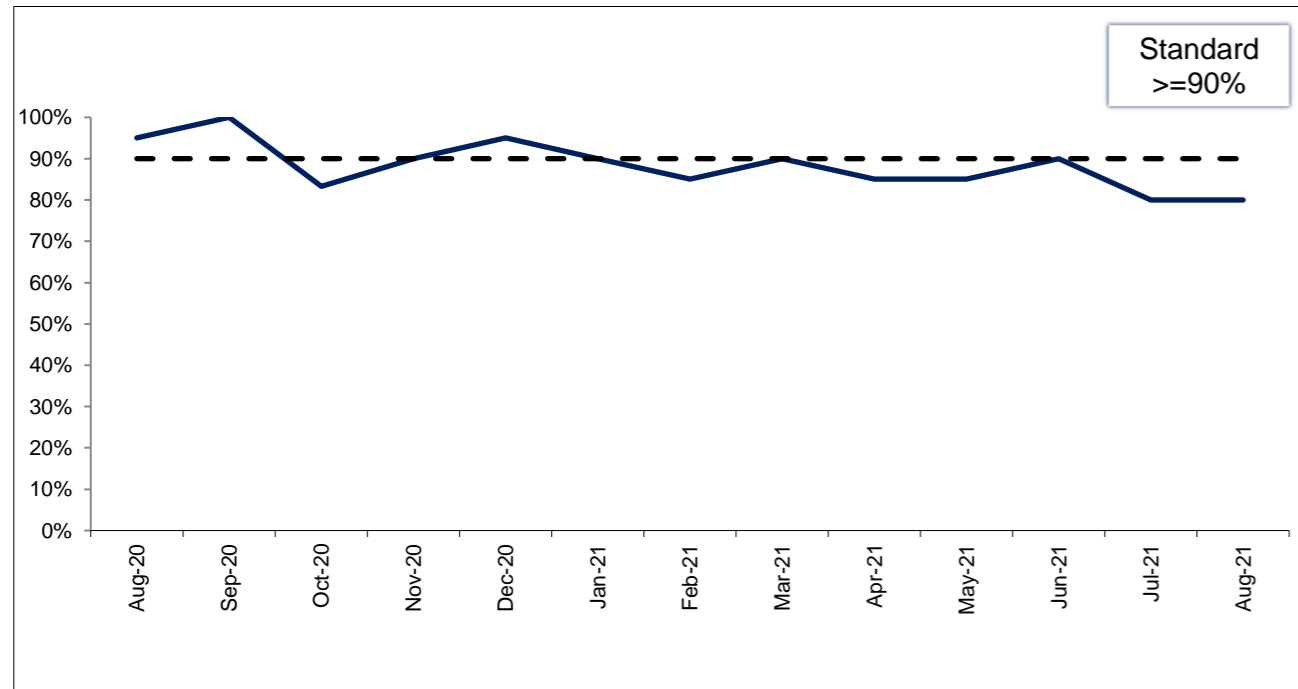
k2.03 | Sepsis - % of eligible patients screened for sepsis - Emergency Department



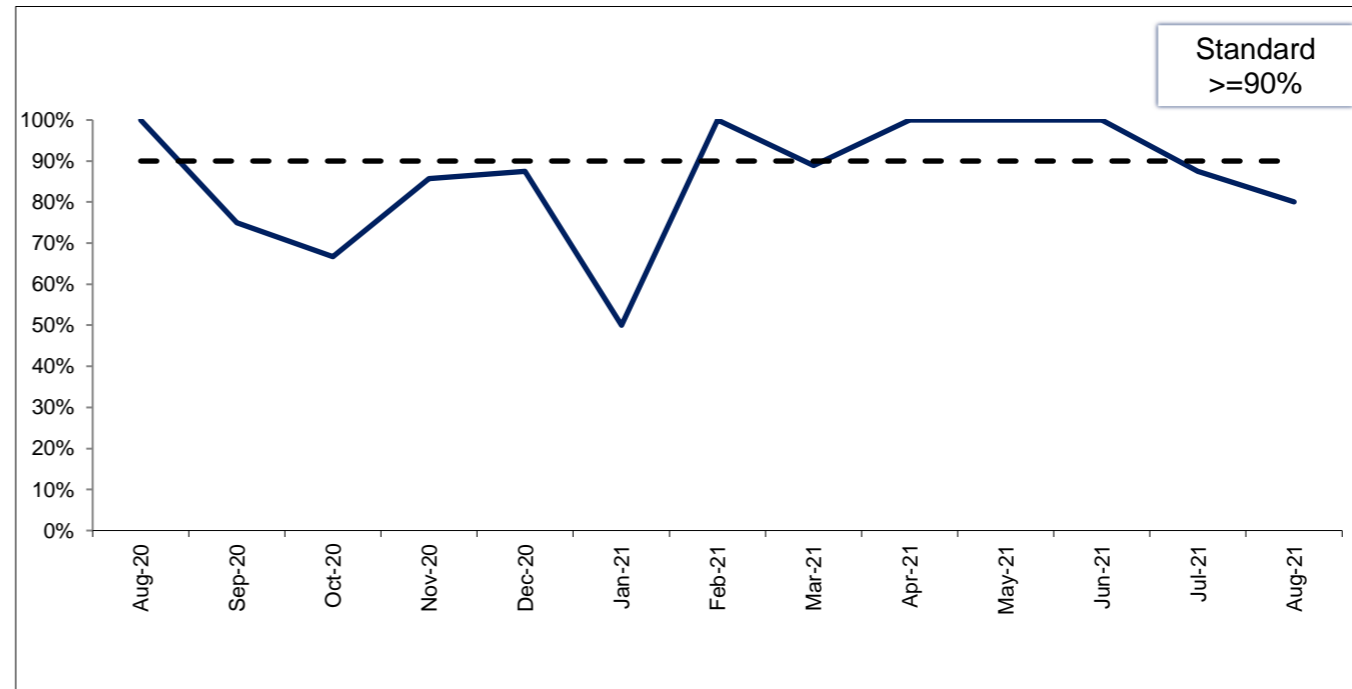
k2.04 | Sepsis - % of eligible patients who received antibiotics within 1 hour of arrival - Emergency Department



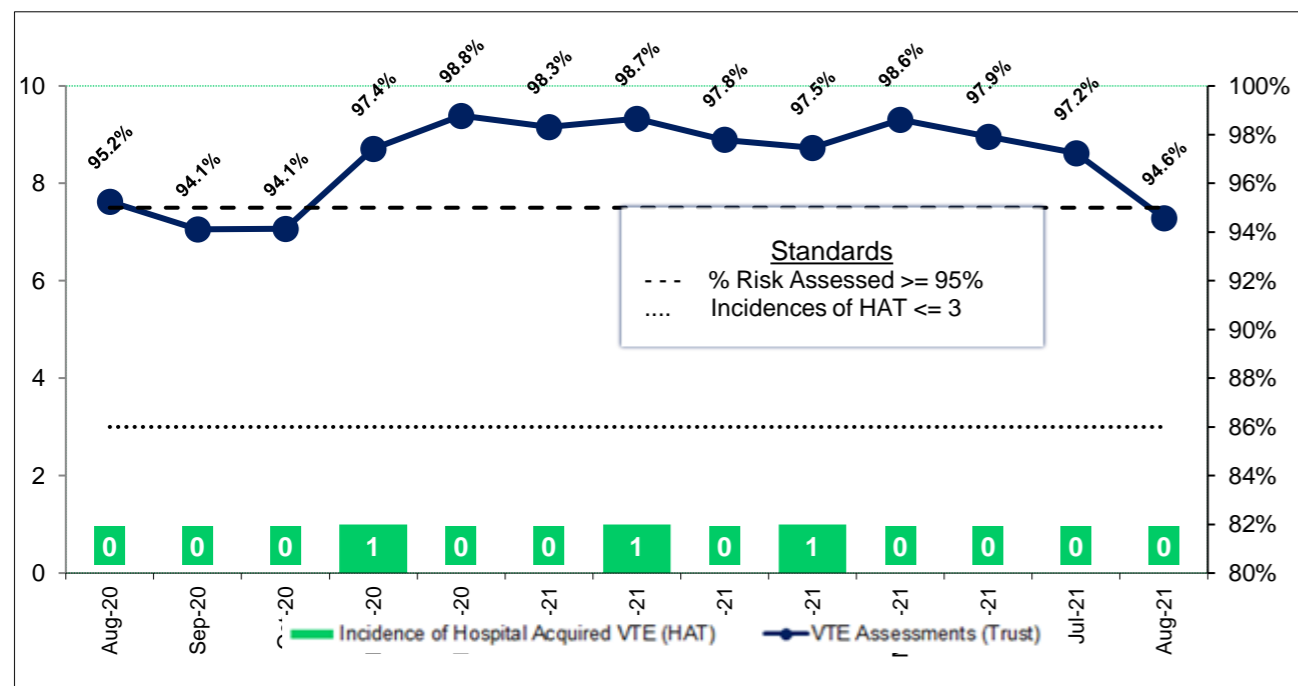
k2.13 | Sepsis - % of eligible patients screened for sepsis - Inpatients



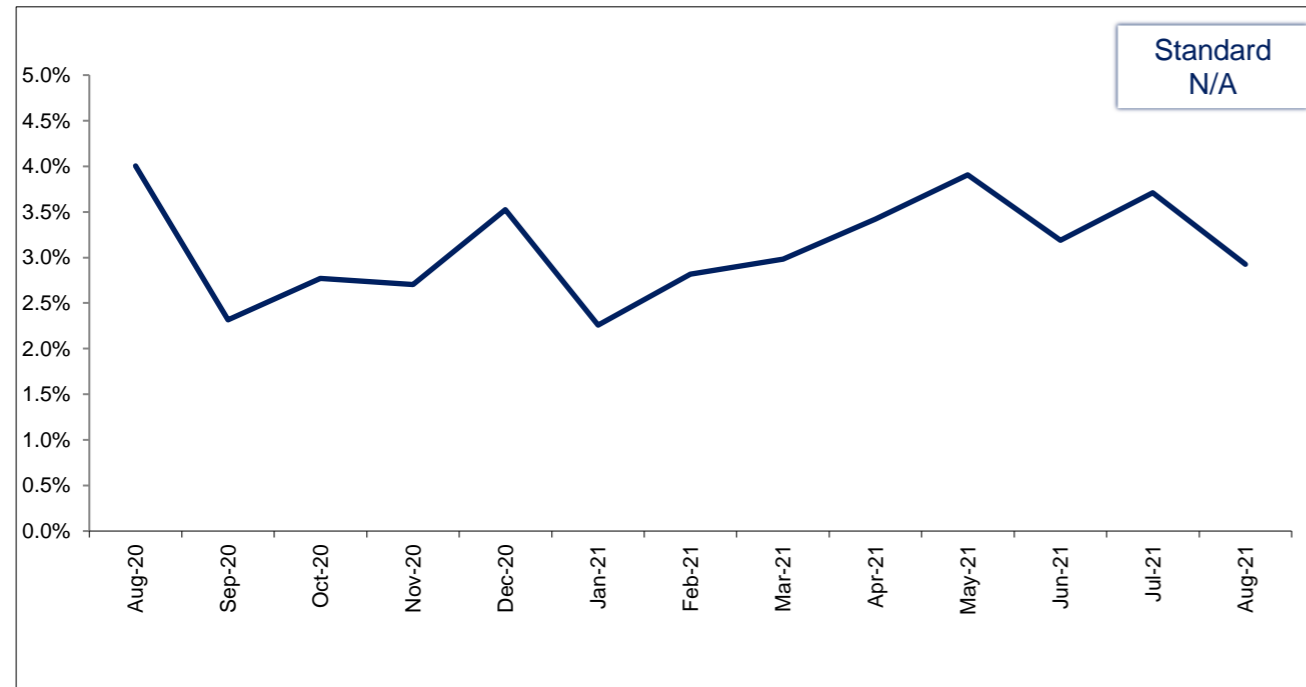
k2.14 | Sepsis - % of eligible patients who received antibiotics within 1 hour - Inpatients



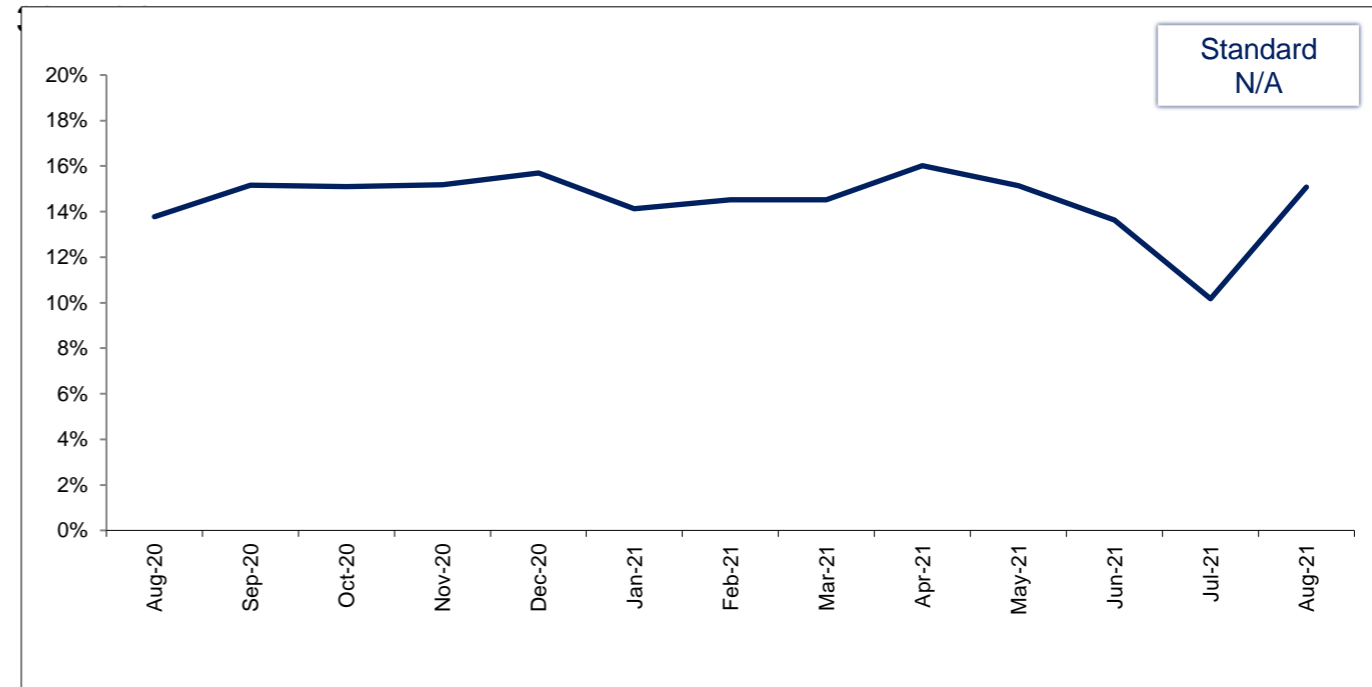
k2.05 | Prevention of Hospital Acquired VTE (% patients risk assessed)
k2.06 | Incidence of Hospital Acquired VTE (HAT)



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



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

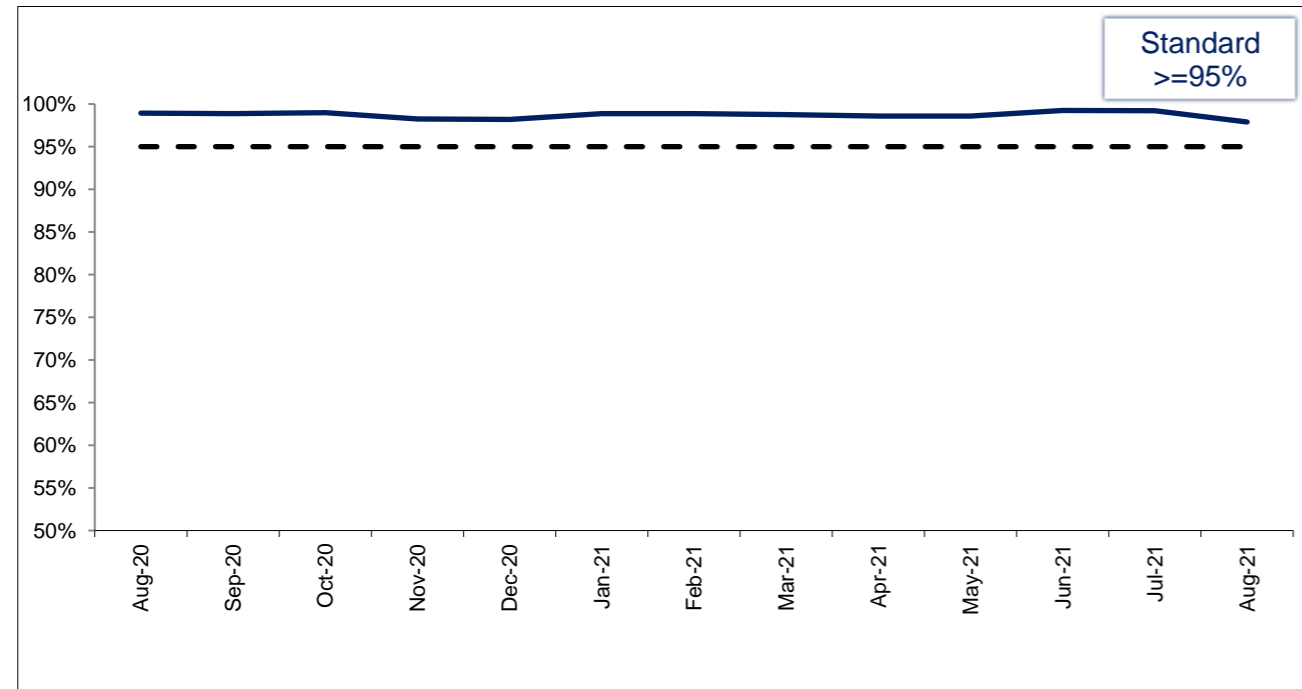


Effective

Is Care Effective?

August 2021

k3.15 | Hand Hygiene



Complaints

Author: Clare Parker, Head of Legal Complaints and PALS

August 2021 Trust Board Wording

The trust received **53** Complaints in August 2021 compared to **18** in August 2021.

Planned Care received the highest number of complaints accounting for 57% of the total received followed by Unplanned Care 34% and Corporate Services 9%.

Within Planned Care the following areas received complaints in August 2021

Trauma & Orthopaedics (7), Maternity (4), Gynaecology (3), Gastroenterology (2), Ophthalmology (2), Cambridge Ward (2), Dermatology & Plastics (1), Endoscopy (1), ENT & Audiology (1), Oral Surgery (1), Paediatrics (1), Urology (1), Alexandra Ward (1), Astor Ward (1), Hardy Ward (1) and Jasmine Unit (1).

The complaints regarding Maternity and Trauma and Orthopaedics have been reviewed and although there are some complaints logged under the same category such as Care & Treatment, Communication and Diagnosis there were no specific trends identified.

Within Unplanned Care the following areas received complaints in August 2021

Accident & Emergency (4), Elderly Care (3), Acute Assessment Unit (3), Ambulatory Emergency Care (2), Derwent Ward (2), Pharmacy (1), Radiology (1), Respiratory (1) and Main OPD Department (1).

Subjects

The most frequent subjects related to were Communication (26%) and Care and Treatment (17%).

Reopened Complaints

Three complaints were reopened in August 2021. The reasons for the complaints being reopened were Further Questions (2) and Lack of Appropriate Actions (1).

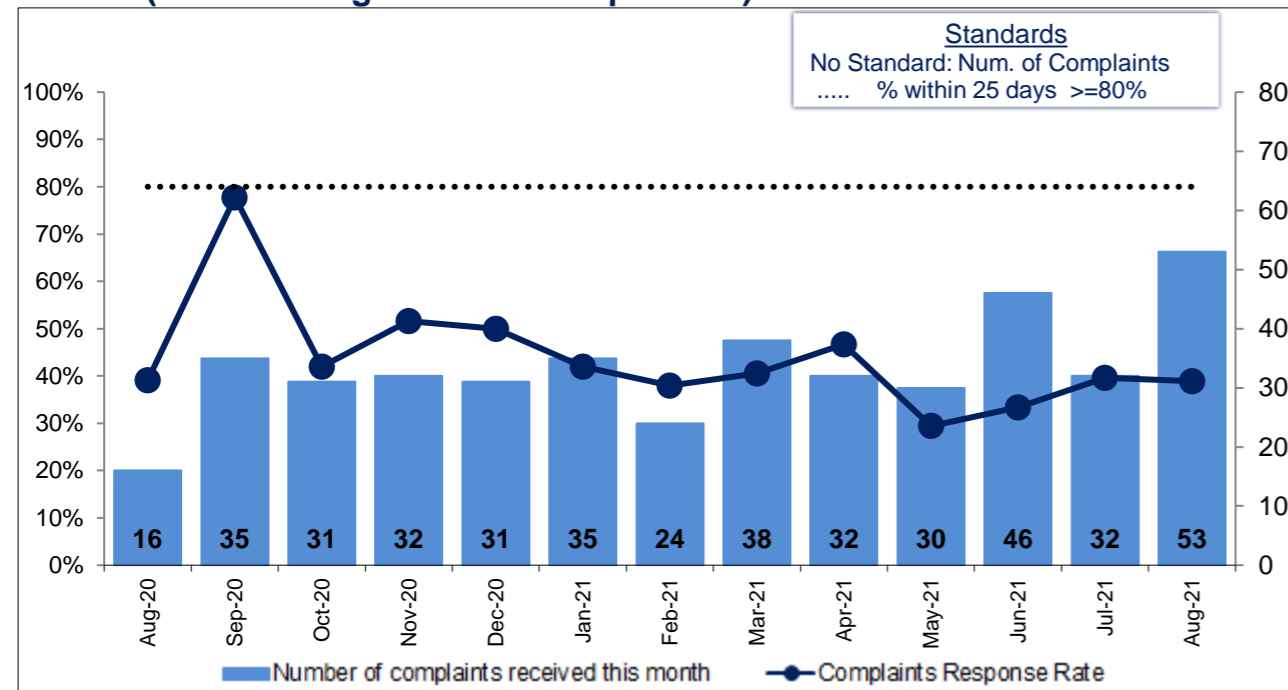
Friends and Family Test

Author: Jane Suppiah Patient Experience & Quality Improvement Lead

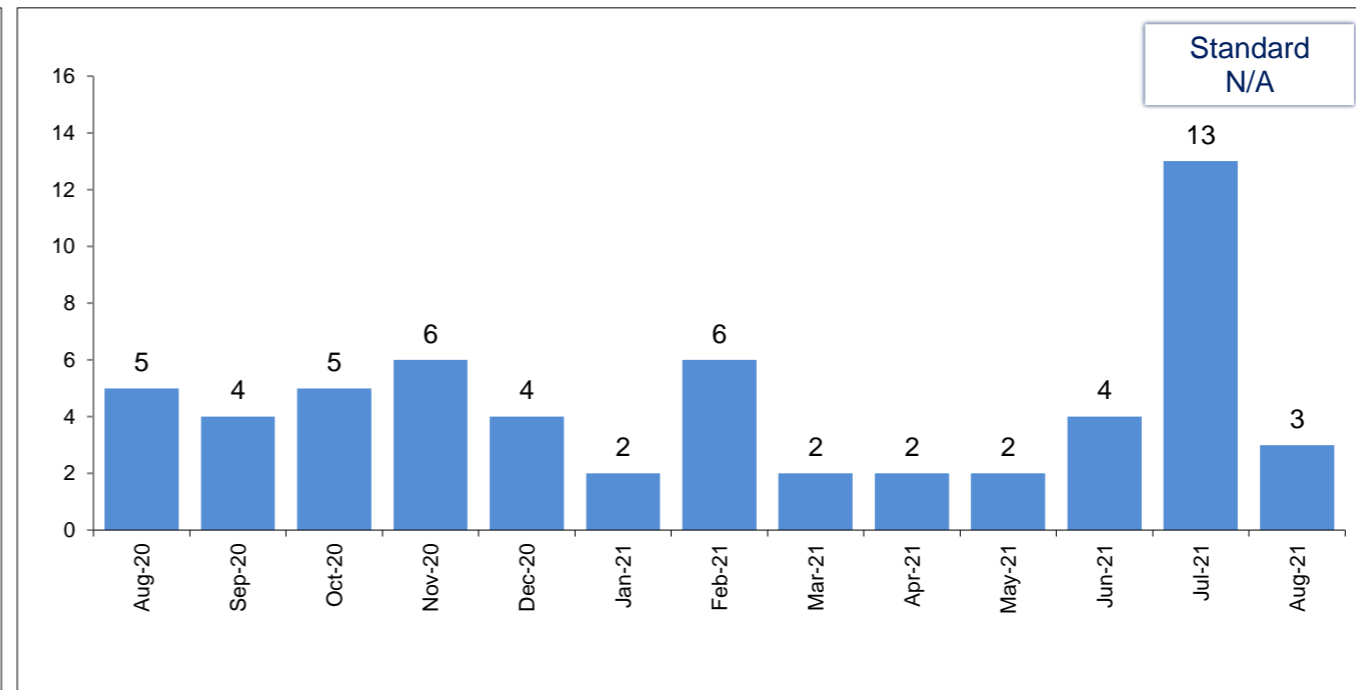
August saw 4,742 ratings (compared with 5,375 in July). 88.65% were positive and 7.38% were negative, largely in line with ratings since May 2021. The top three positive themes continue to be staff attitude, implementation of care and the environment and the most common negative themes are staff attitude, environment and waiting times - as they were also in the last three months reported. The proportion of FFT respondents leaving negative feedback about the main ED has decreased (from 24.3% July-21, 150 respondents, to 20.8% in August-21, 123 respondents). The volume of FFT feedback on inpatient wards continues to be relatively high and positive in line with previous months. In August 367 patients left feedback with 93.5% reporting a positive experience. FFT responses in maternity remain very low. A member of the hospital Patient Experience team is undertaking a quality improvement project with the department to develop the FFT as an opportunity for valued feedback and insight.

k3.01 | Number of Complaints received

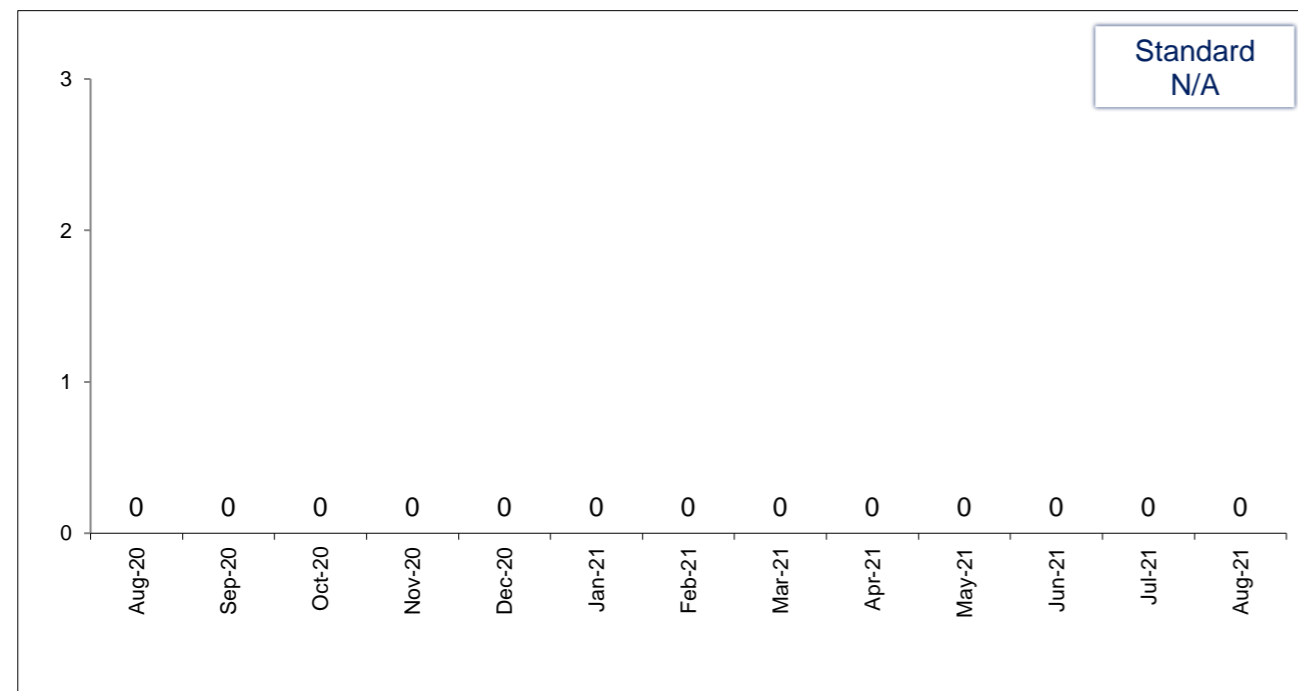
**k3.14 | % Complaints responded to within 25 working days
(or date as agreed with complainant)**



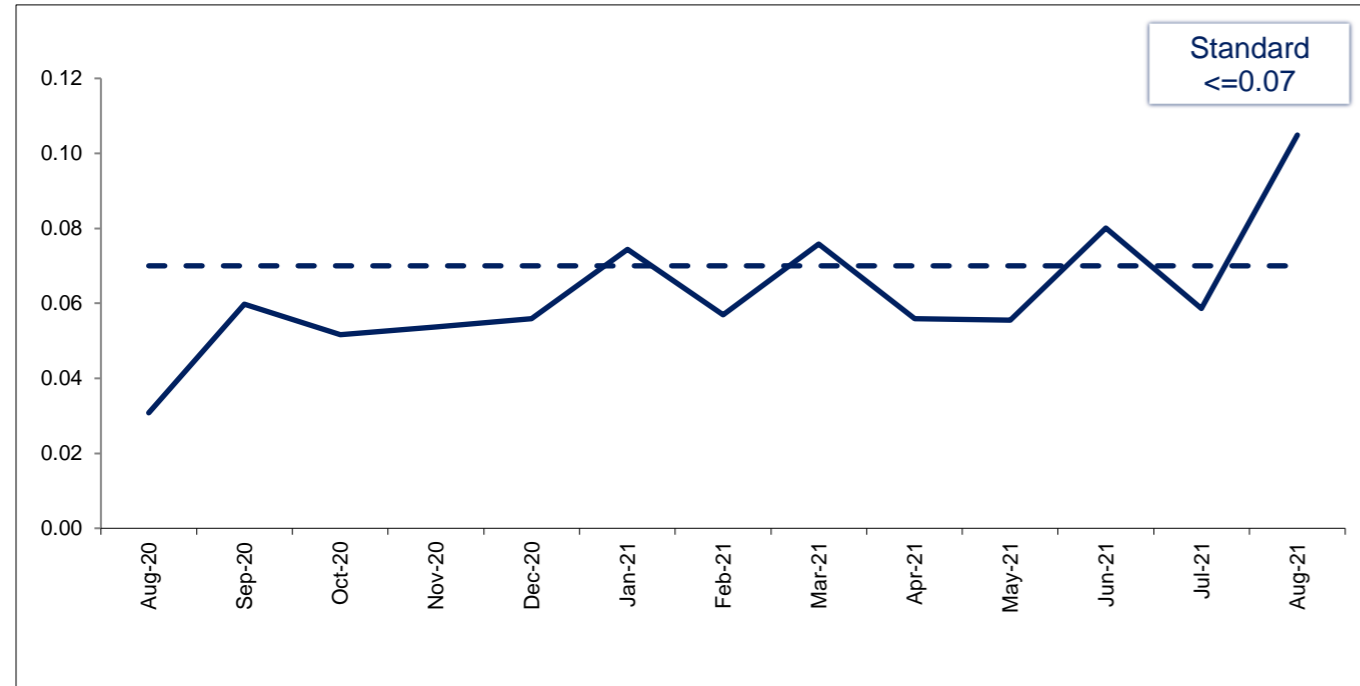
k3.02 | Number of Complaints reopened



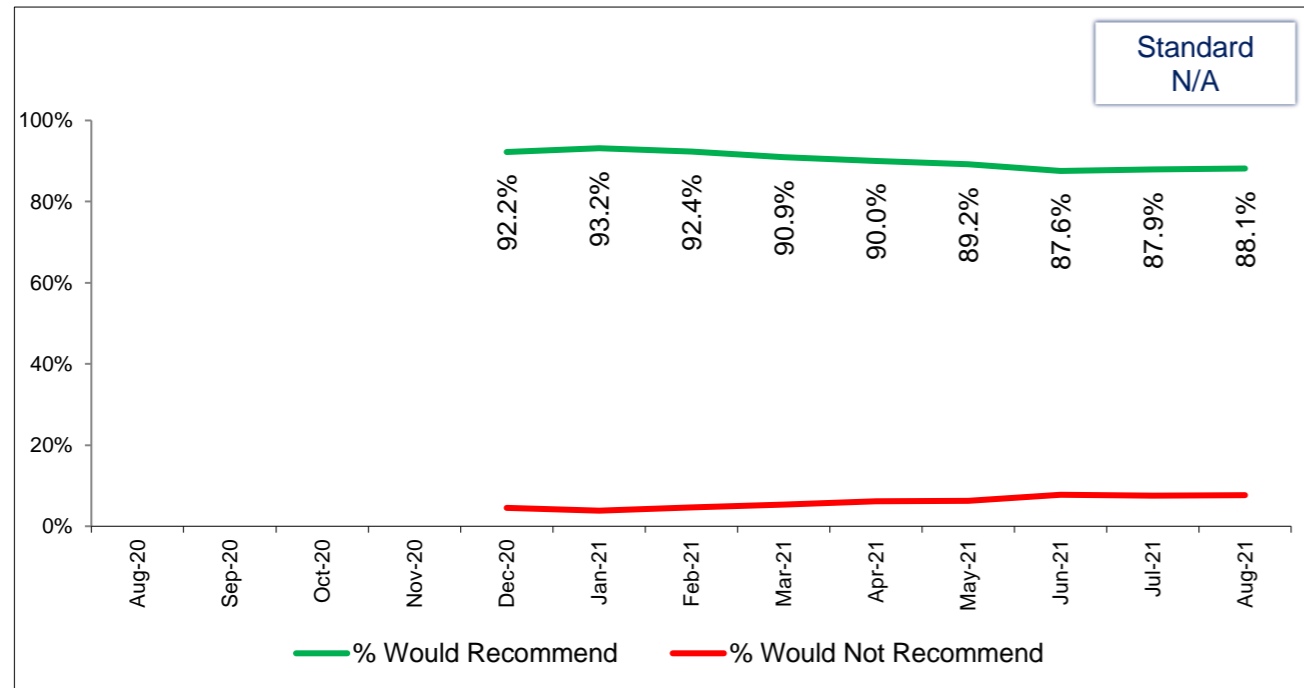
k3.03 | Number of Complaints referred to ombudsman



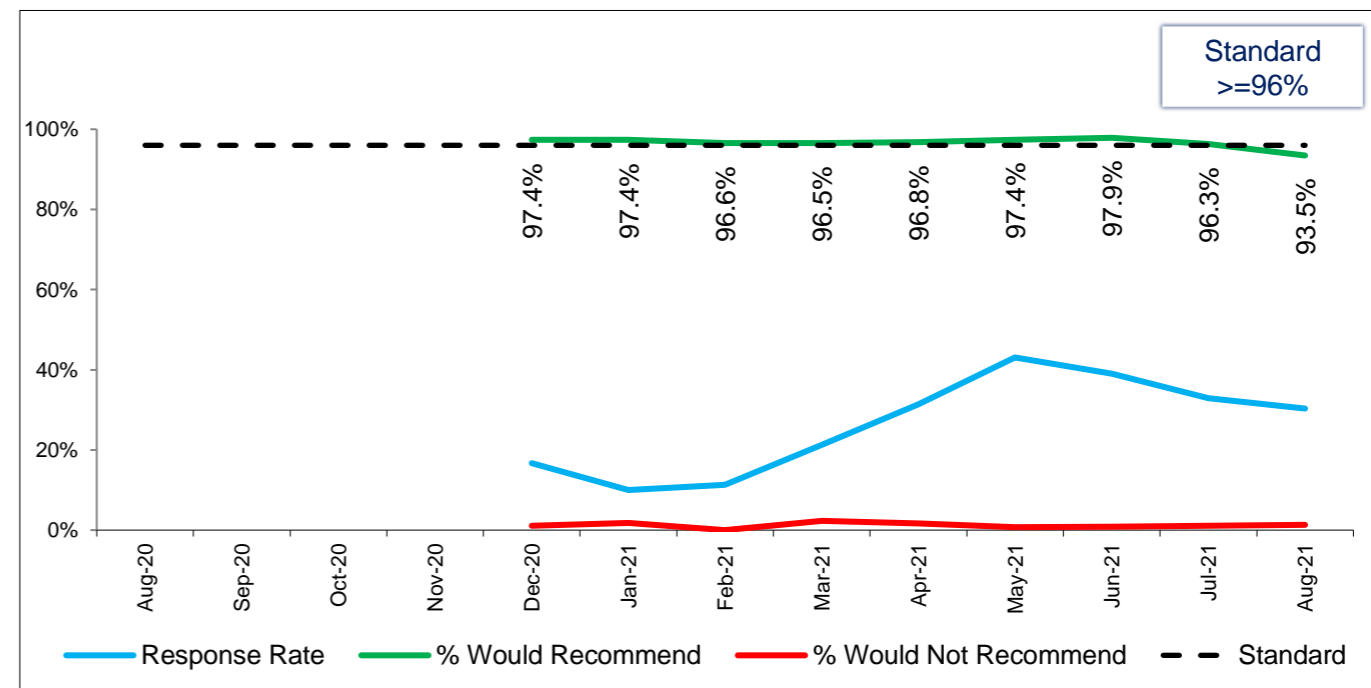
k3.20 | Complaints per 100 patient contacts



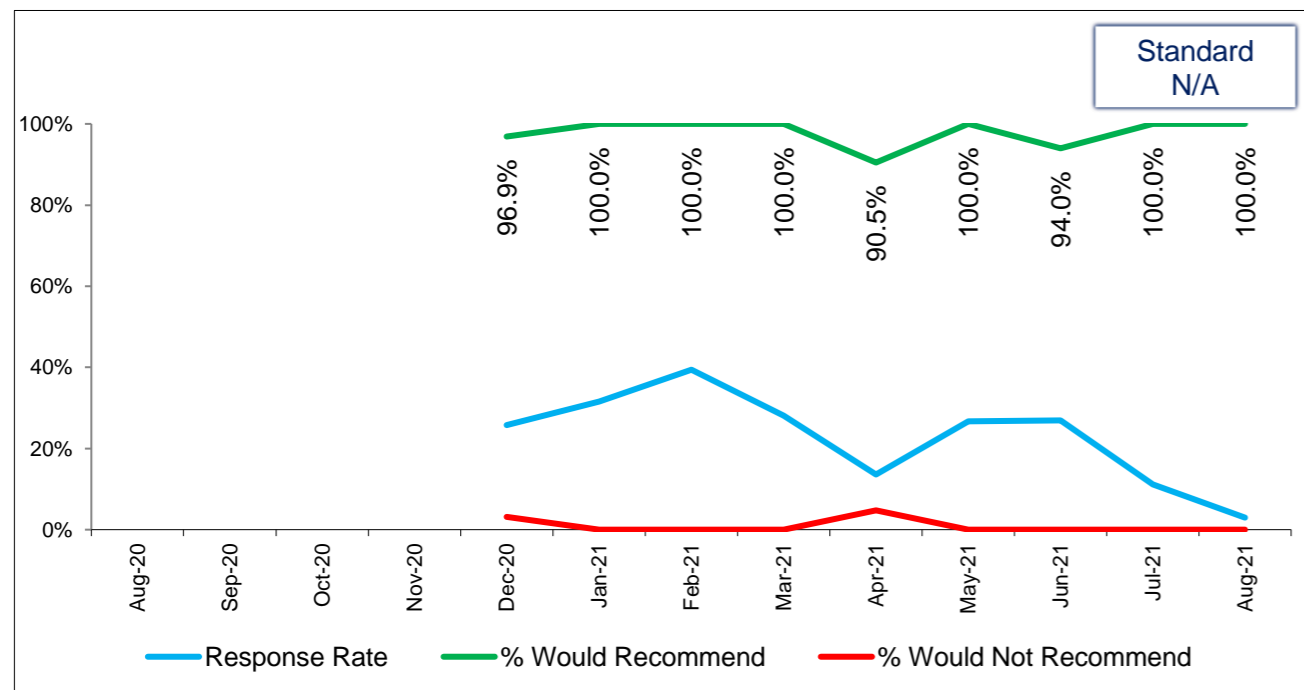
k3.05 | Friends and Family Score - Trust



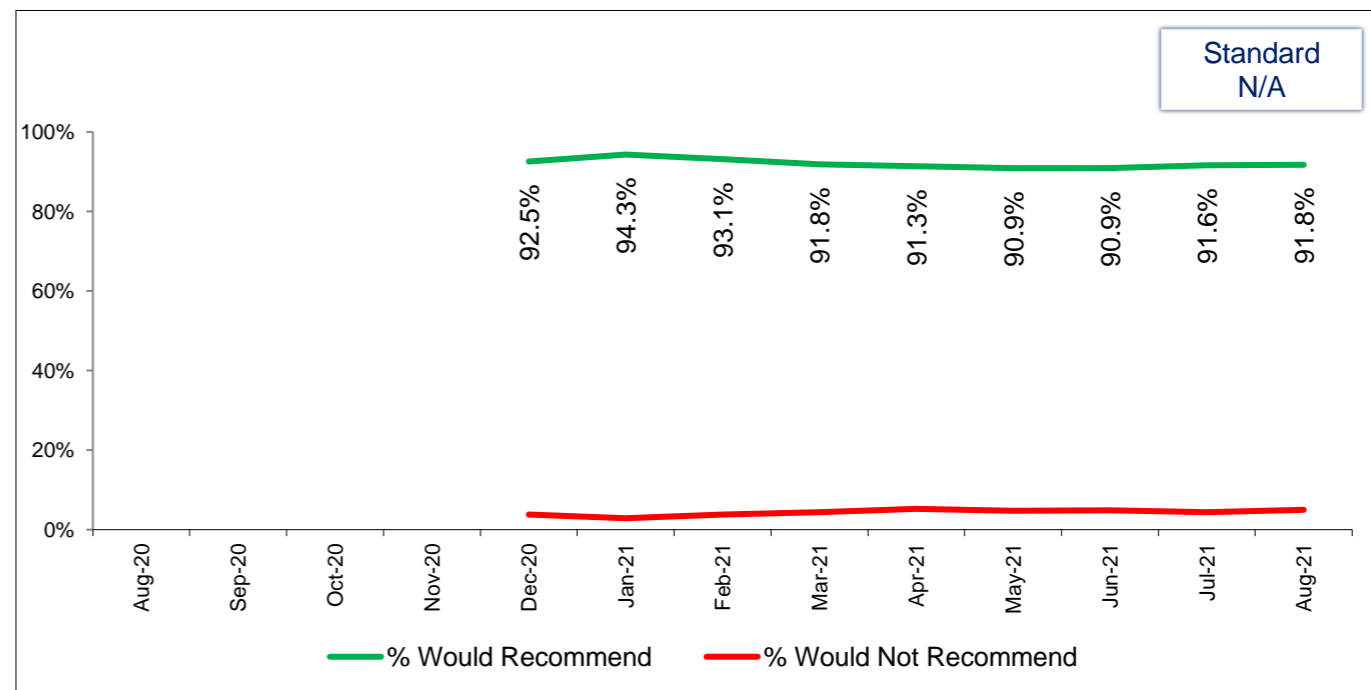
k3.06 | Friends and Family Score - Inpatients (excluding daycases)



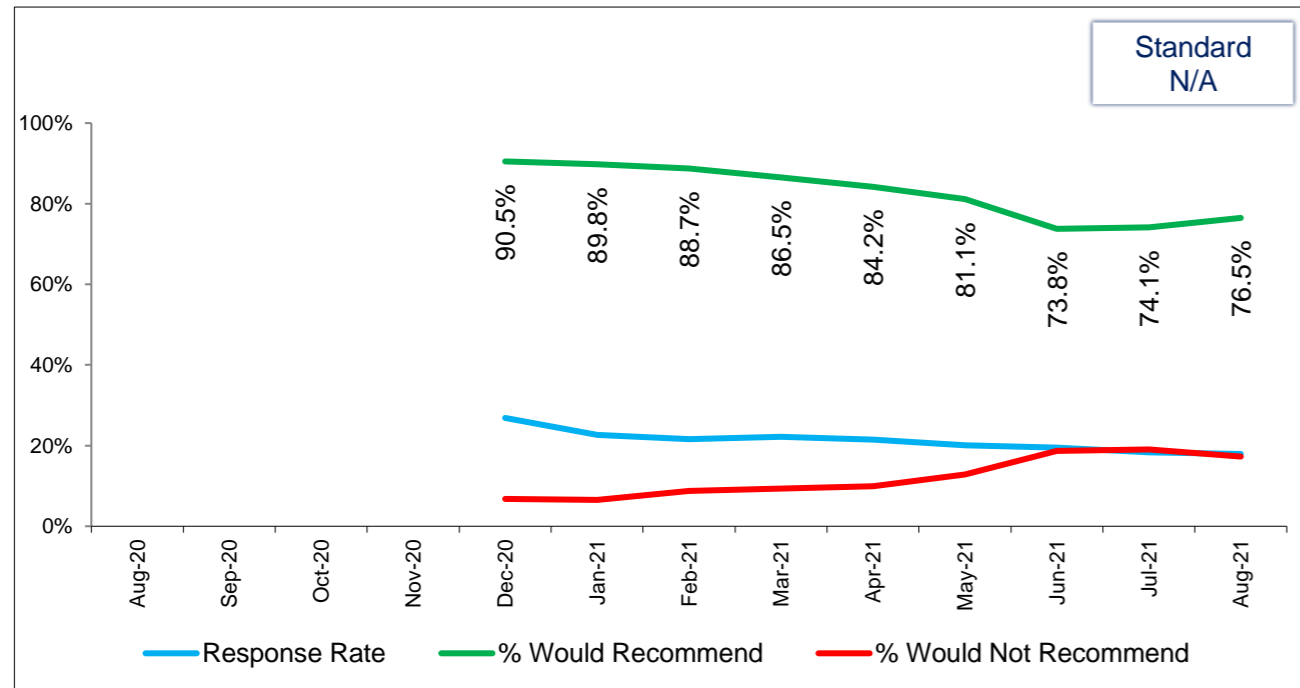
k3.07 | Friends and Family Score - Paediatric Inpatient



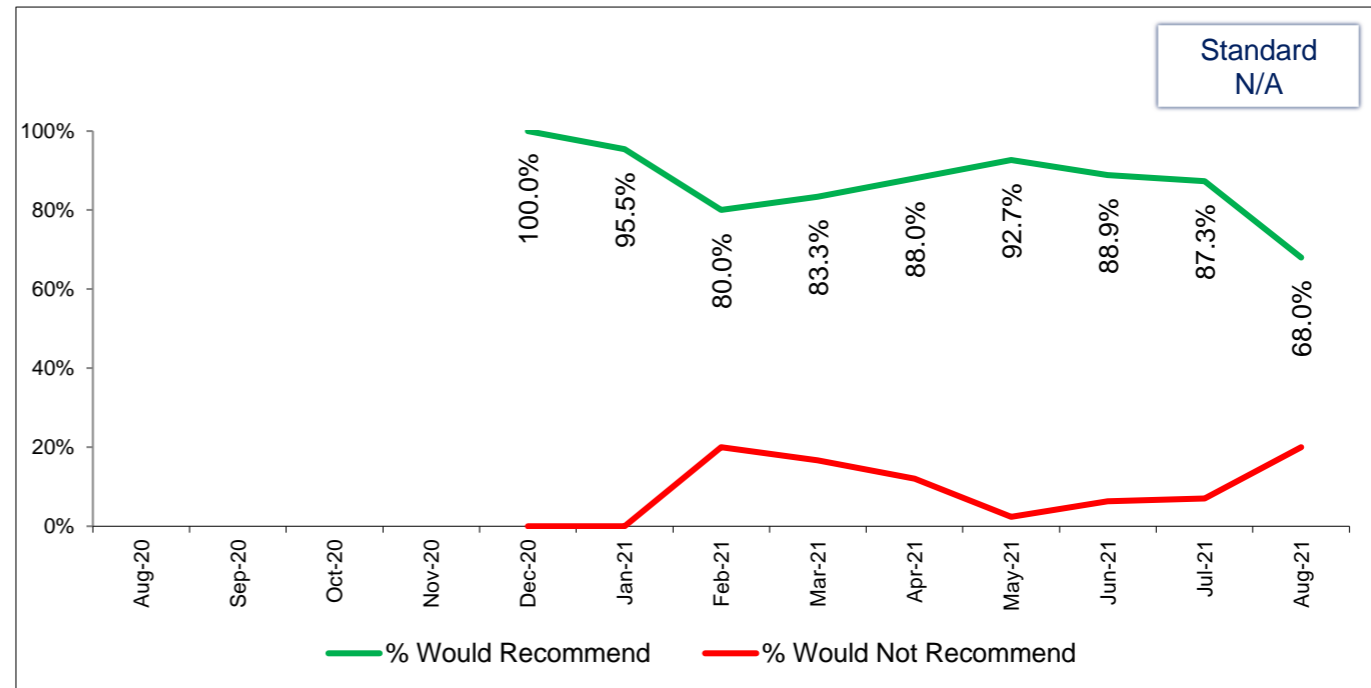
k3.08 | Friends and Family Score - Outpatient



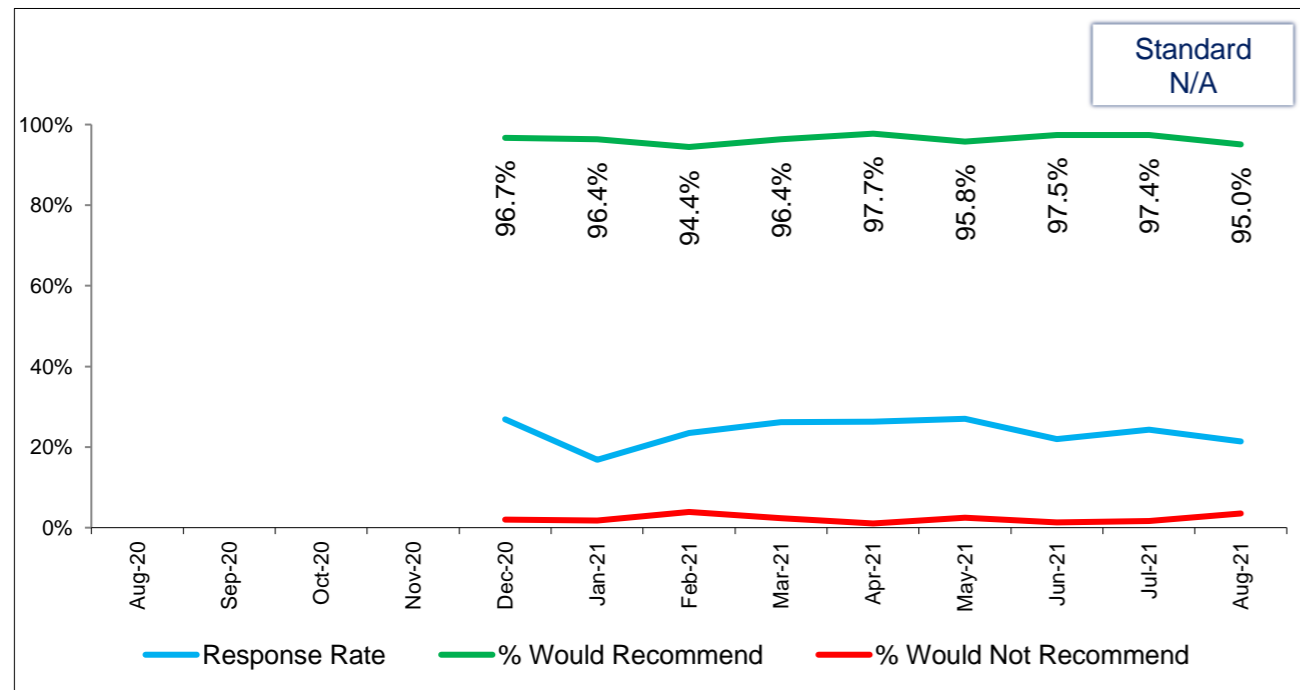
k3.09 | Friends and Family Score - A&E



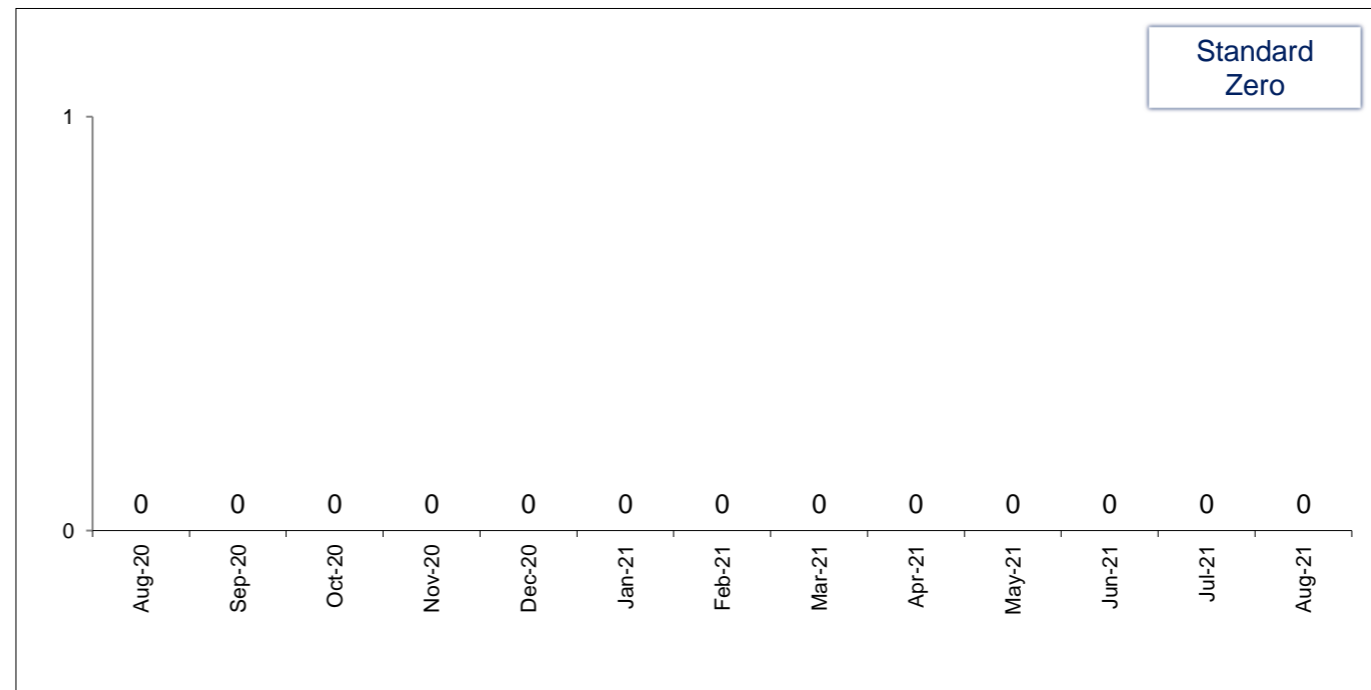
k3.10 | Friends and Family Score - Maternity



k3.11 | Friends and Family Score - Daycases



k3.13 | Number of Mixed Sex Accommodation Breaches



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

The Trust achieved all cancer targets in July, with a strong 62 day performance of 93.6%. There was a significant increase in 2ww referrals in July particularly within the breast and skin pathway, thus putting additional pressure on outpatient and diagnostic capacity. The increase in referrals, coupled with patient compliance, due to the relaxing of the travel restrictions has made achieving cancer performance more challenging. This is likely to have an impact on August and September performance.

RTT & Diagnostics**Author: Rob Jefferies, Acting Associate Director, Planned care,**

There has been continued progress in reducing the number of people waiting more than 18 weeks for treatment, and the number of people waiting over 6 weeks for a diagnostic test. Kingston continues to offer mutual aid to the other Trusts in SW London, and this has impacted on reductions in the longest waiting people as the care of these long waiters is transferred to Kingston. Detailed validation of the waiting lists has continued and this is expected to be completed by the end of September. This list of people awaiting echocardiogram has also been validated, and there has been a marked improvement in echocardiogram waiting times due to this validation, and in line with the recovery plan put together by the service.

A&E Performance**Author: Anna Jebb, Associate Director, Unplanned care,**

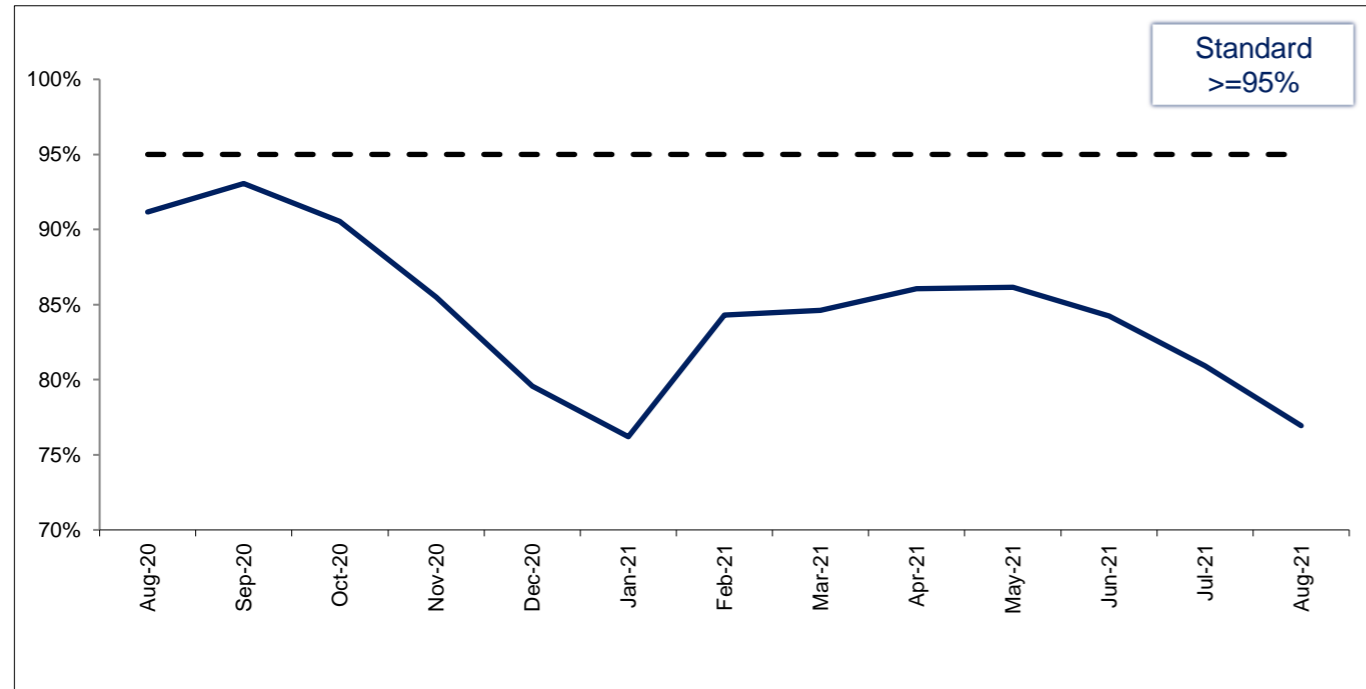
Performance in August against the 4 hour standard was 76.9% which is a decrease in performance from the previous month. There were 20 x 30 min ambulance handover delays, and 3 x 60 min delays. The department has been under a lot of pressure in August, with high attendances, particularly in the evening, which have challenged the system of flow in the department. The reduction in senior staff has affected senior decision making on the floor, and there are 4 new consultants starting over the next 2 months, which will improve the senior cover.

The ED performance project group continues to meet, Chaired by the Chief Medicine, and the NHS 111 Digital front door streaming and redirection tool will go live in August.

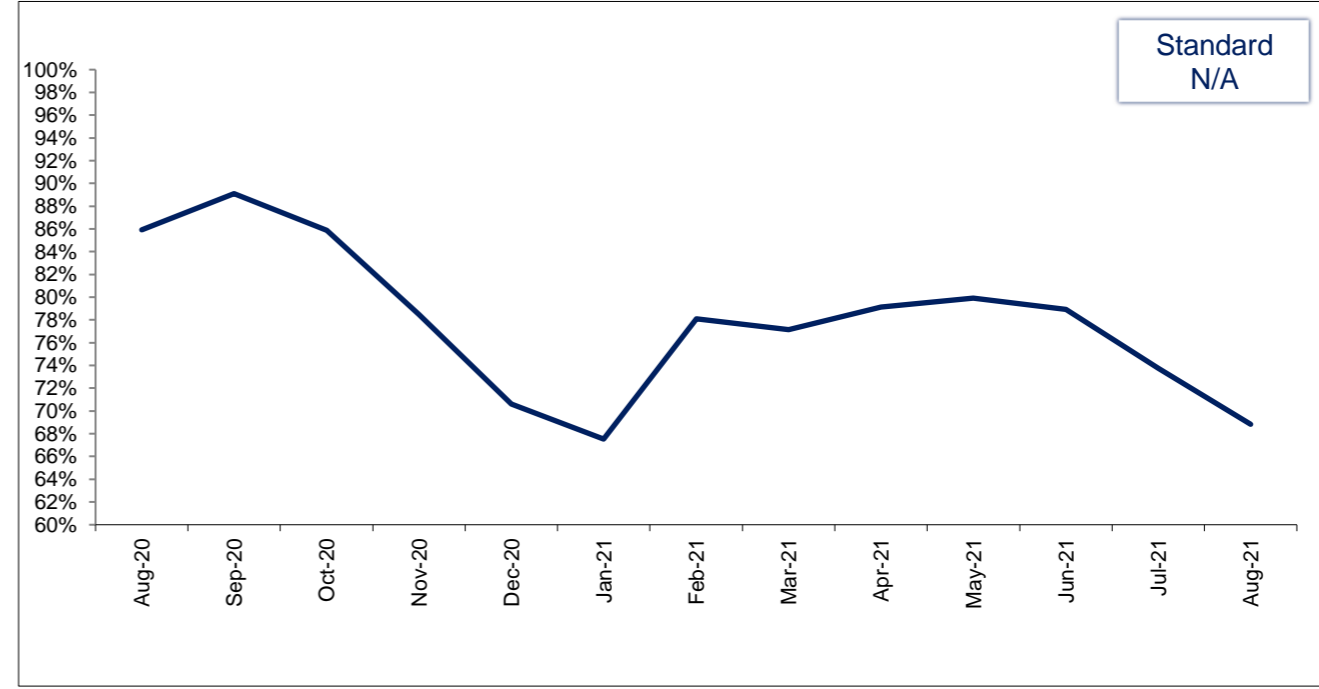
There is good focus with our community partners on the discharge end of the patient (to ensure good flow from ED), and daily Community Bed meetings chaired alternatively by the hospital or the community are in place, with excellent traction on discharge from health and social care.

The Senior Ops and Clinical team are aware of the decrease in performance and in particular the high volumes of patients in the department throughout the afternoon and evening, and are considering next steps in relation to a diagnostic of the flow in the department.

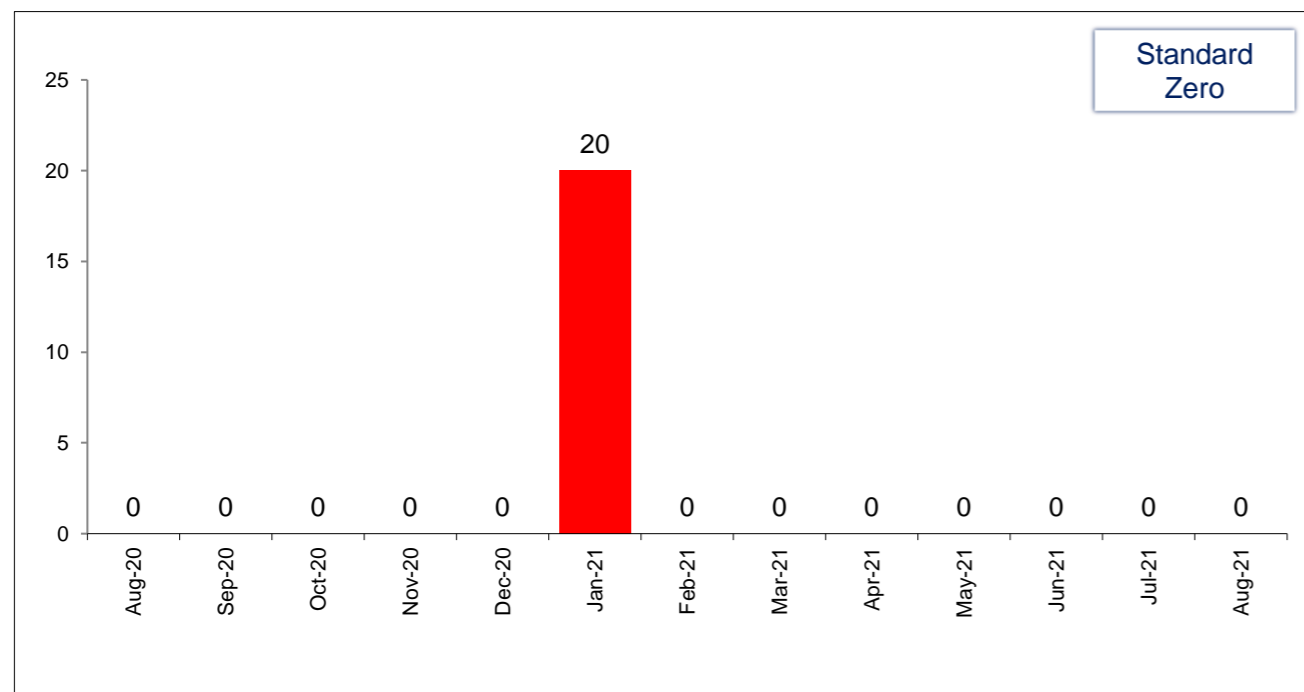
K8.01 | A&E 4 hour waiting time (all types)



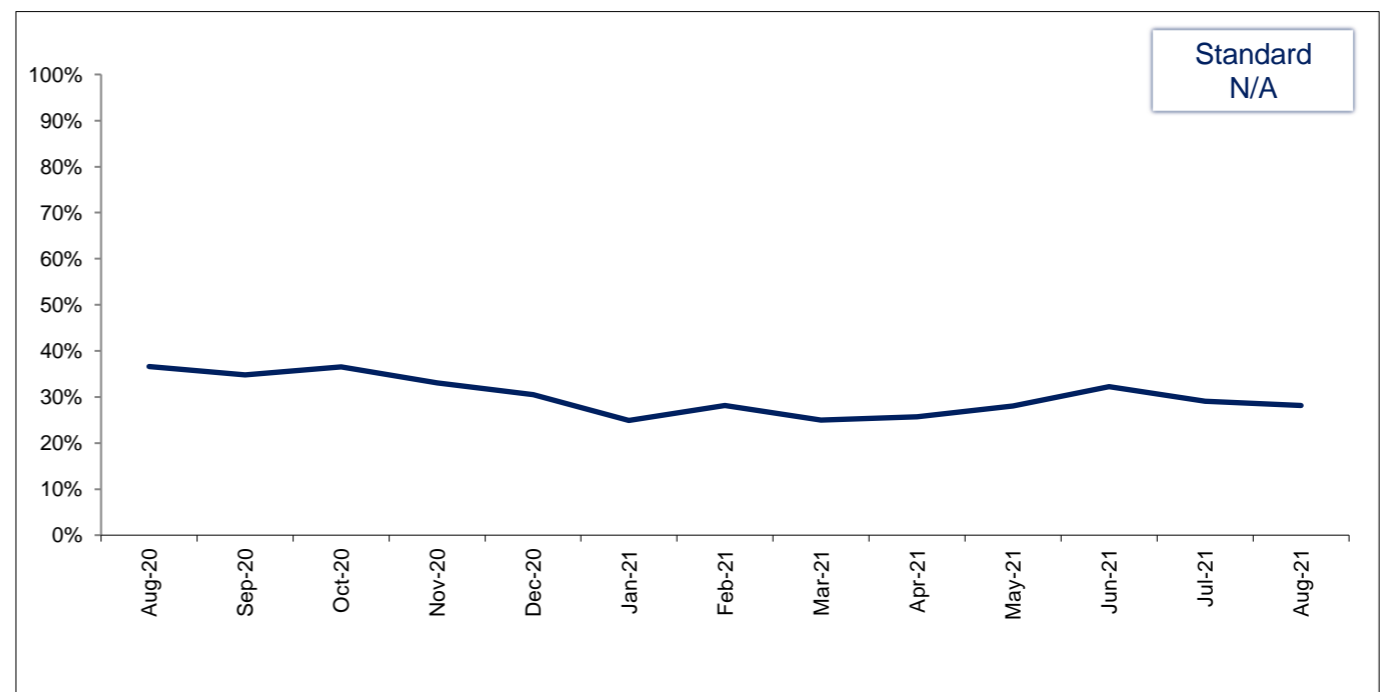
K8.02 | A&E 4 hour waiting time (type I)



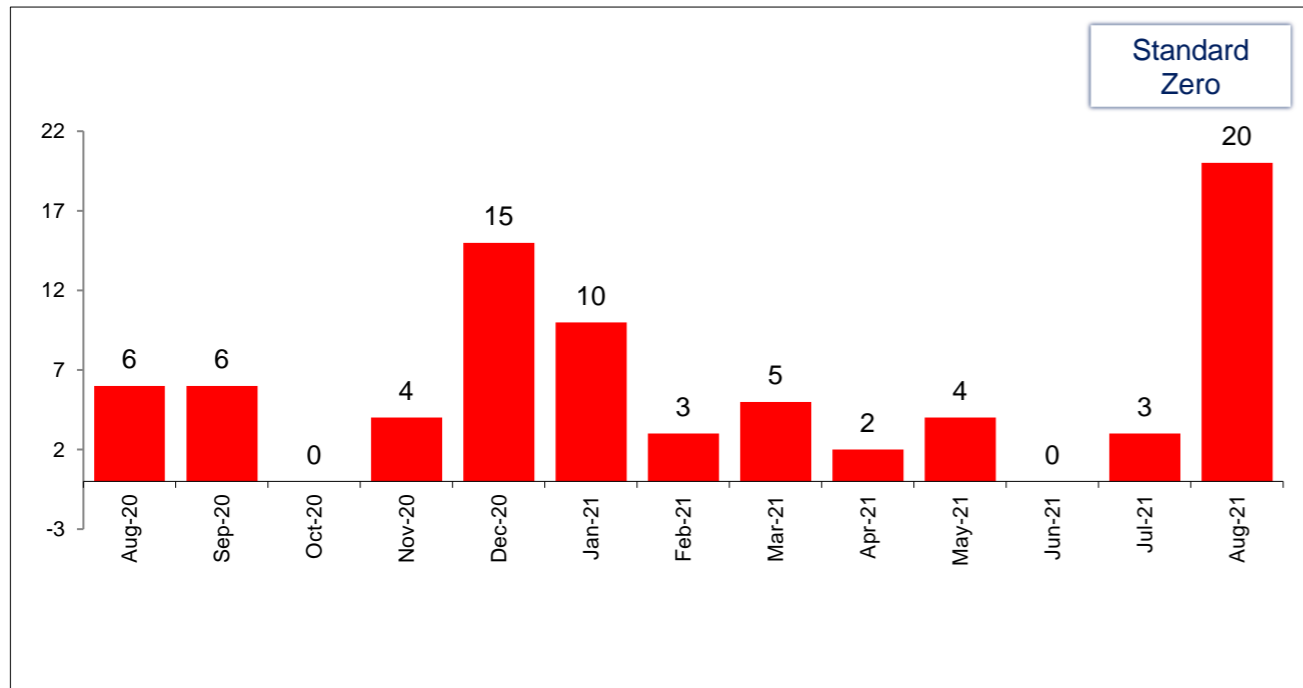
K8.03 | Number of A&E 12 hour trolley waits



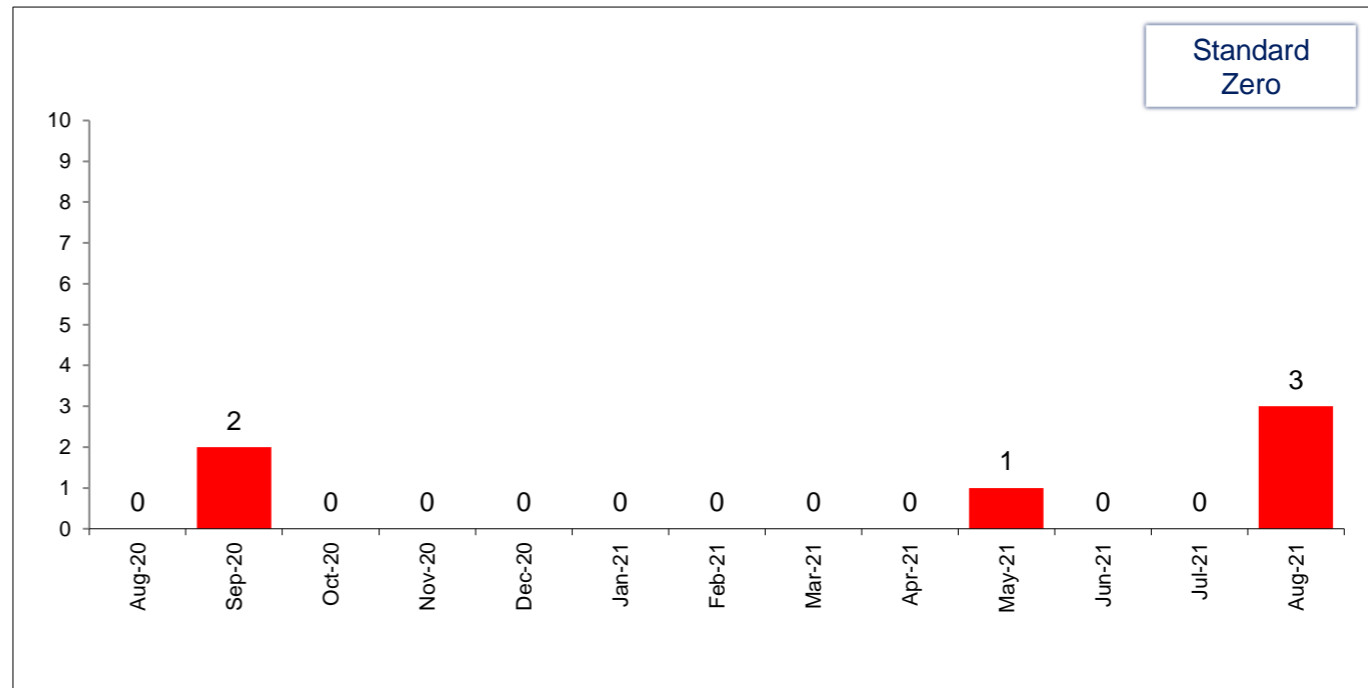
K8.04 | LAS Ambulance Handovers - % within 15 minutes



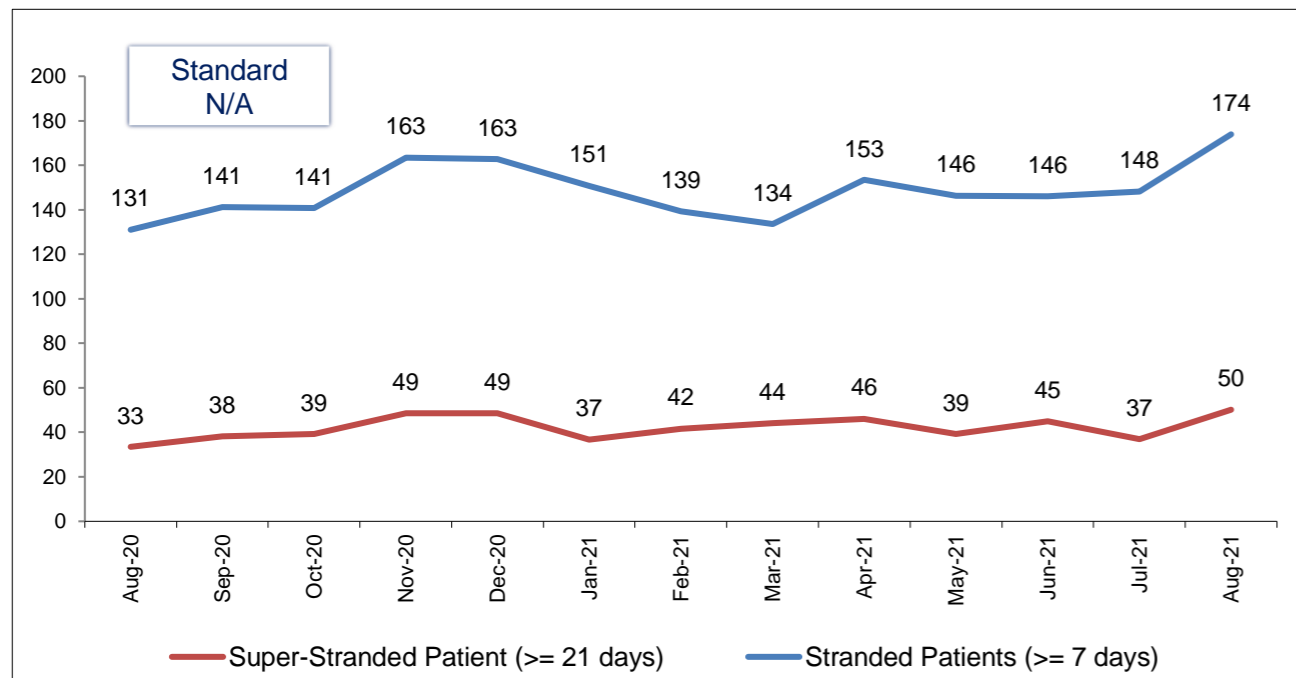
K8.05 | LAS Ambulance Handovers - 30 min waits



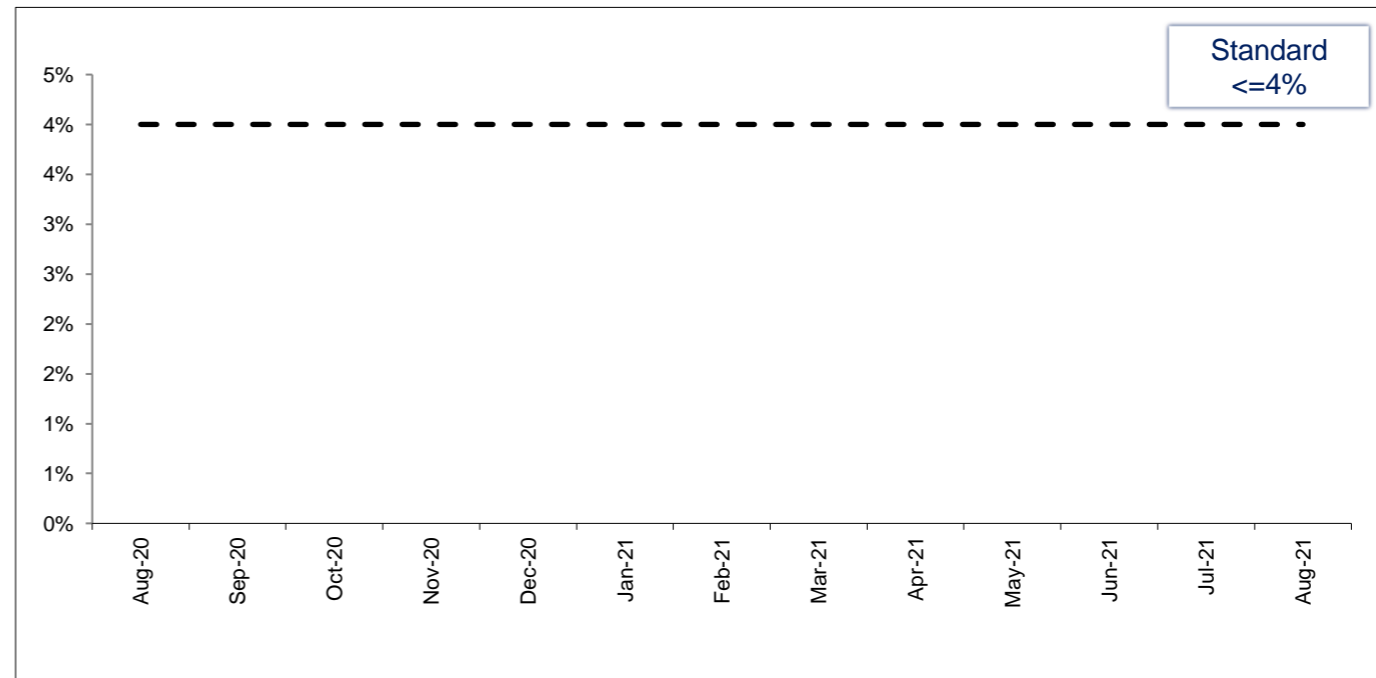
K8.06 | LAS Ambulance Handovers - 60 min waits



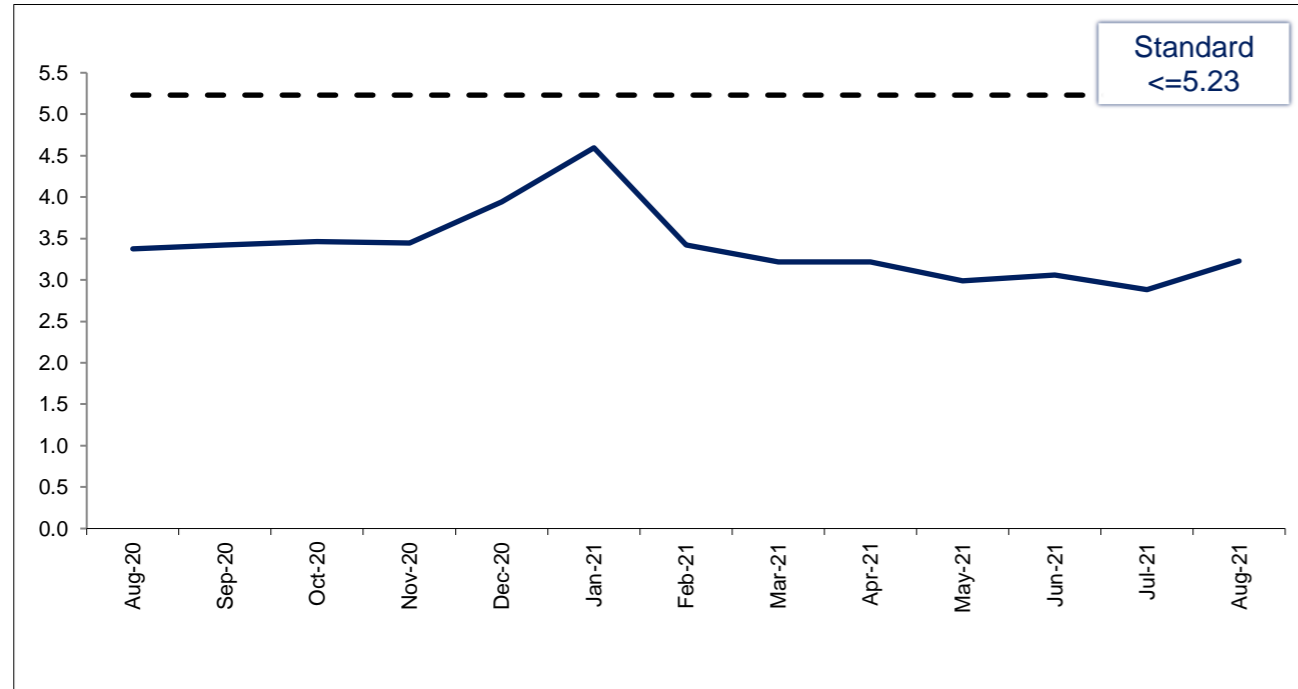
K8.07/08 | Stranded Patients (>=7 days and >=21 days)



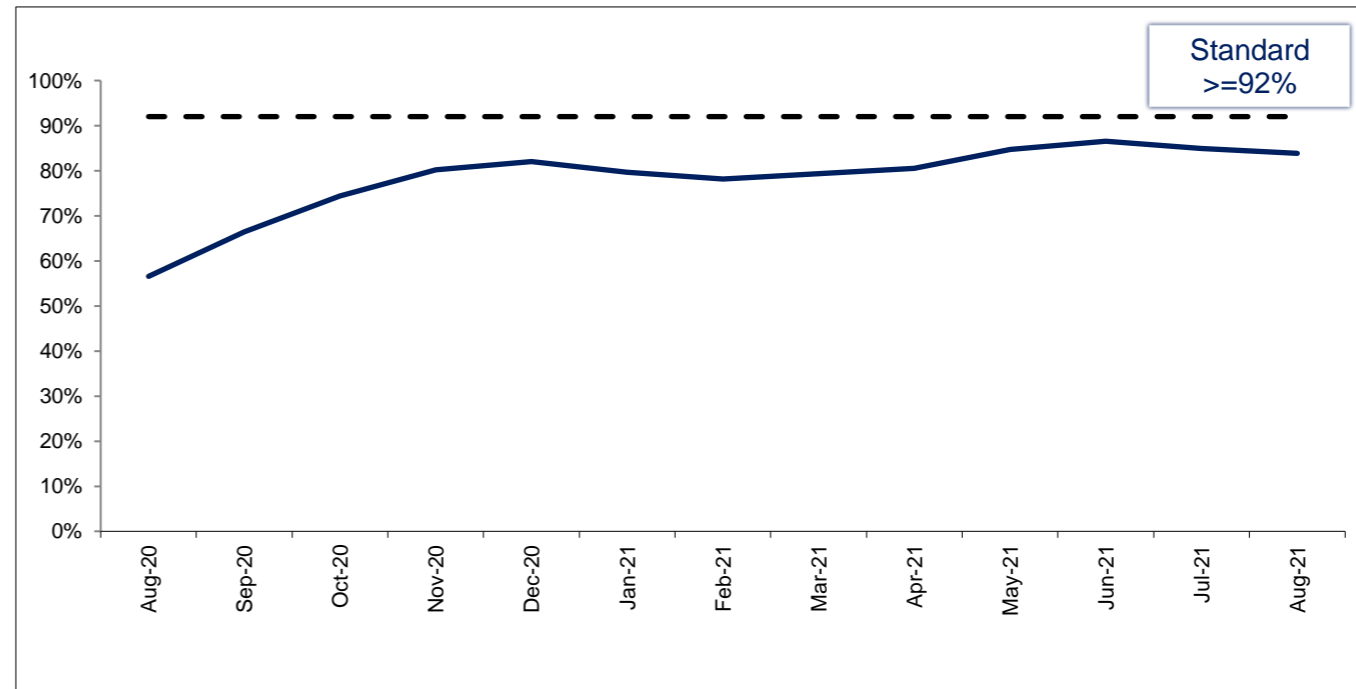
K8.10 | Delayed transfers of care - Rate per occupied bed day



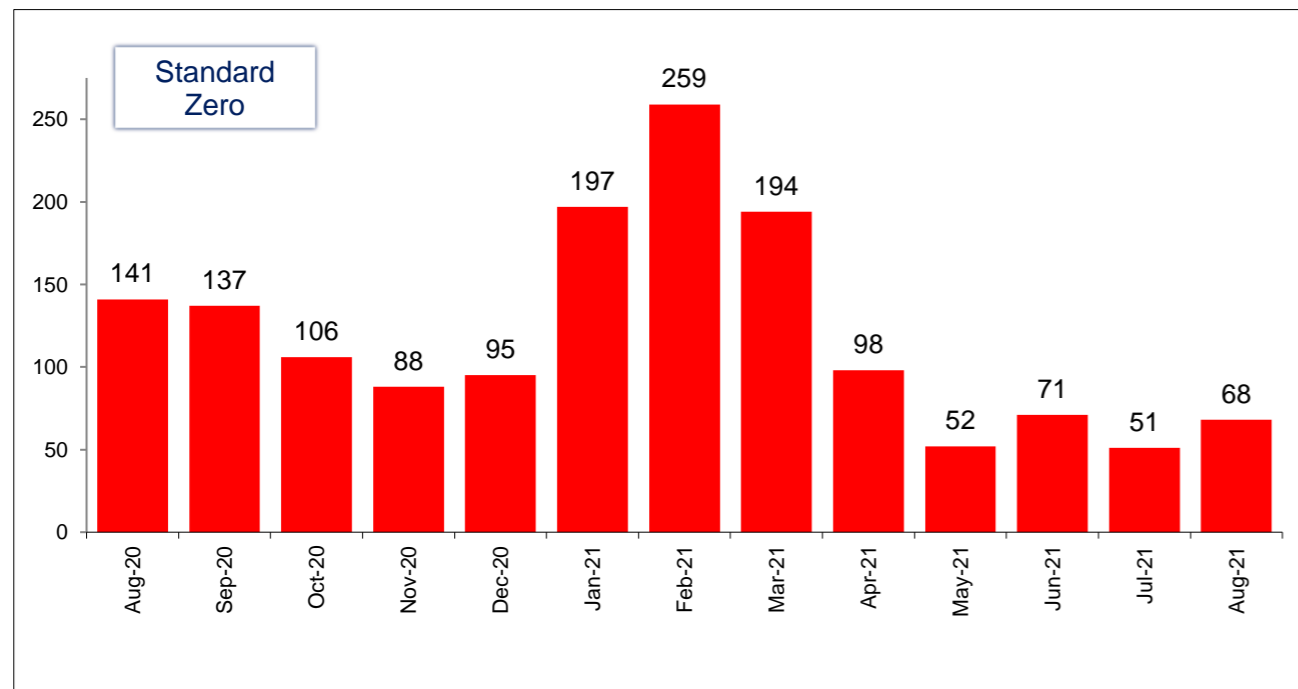
K8.11 | Average length of stay - Emergency Admissions



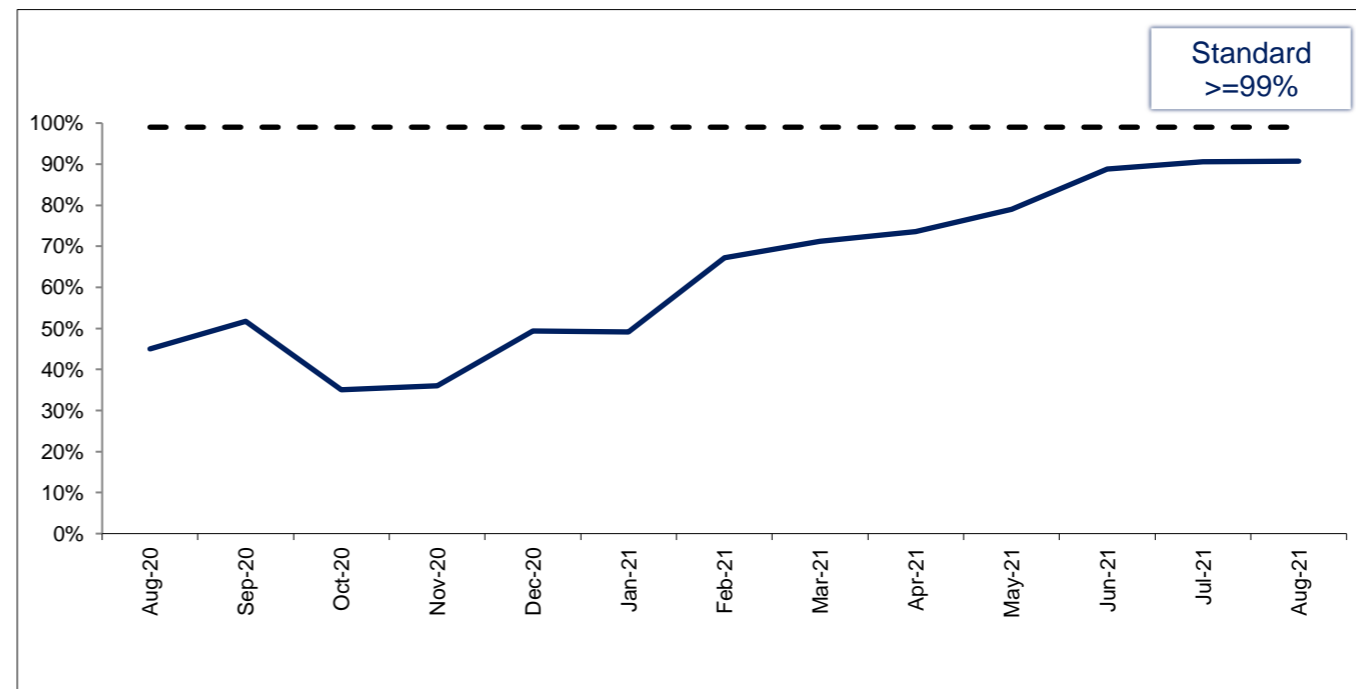
K8.12 | 18 weeks Referral to Treatment - Incomplete pathways



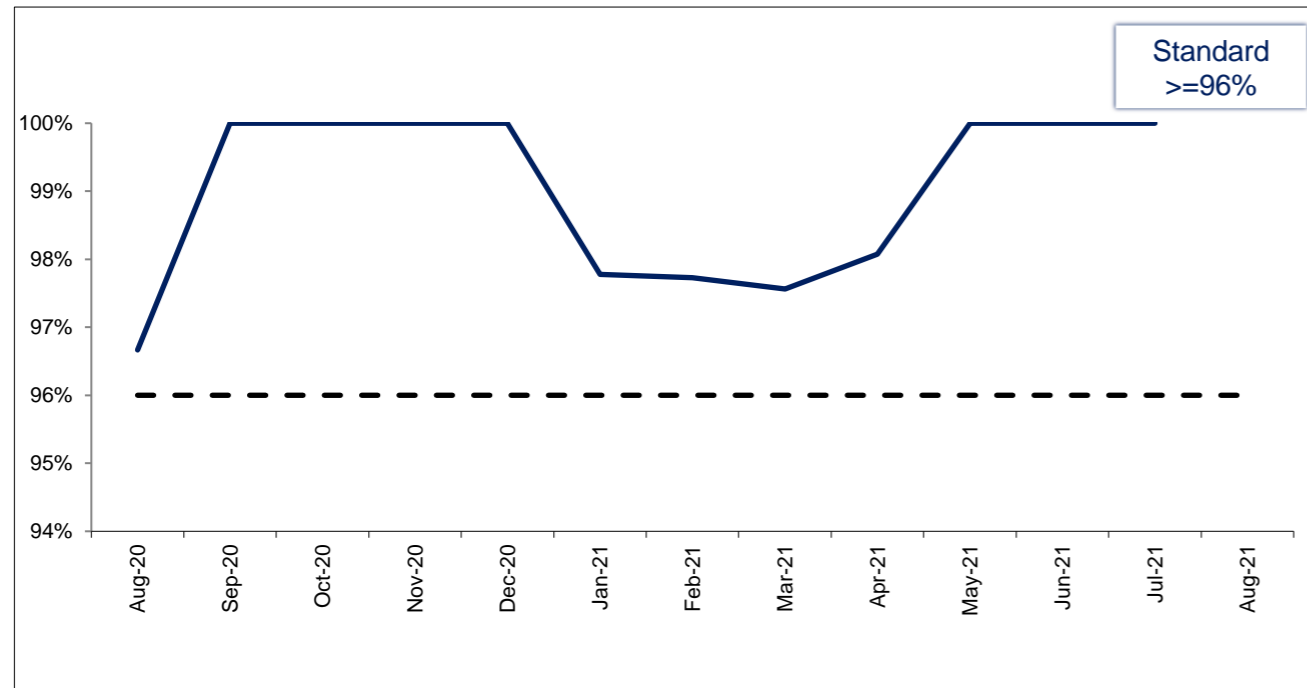
K8.13 | 18 weeks Referral to Treatment - number of incomplete over 52 week waiters



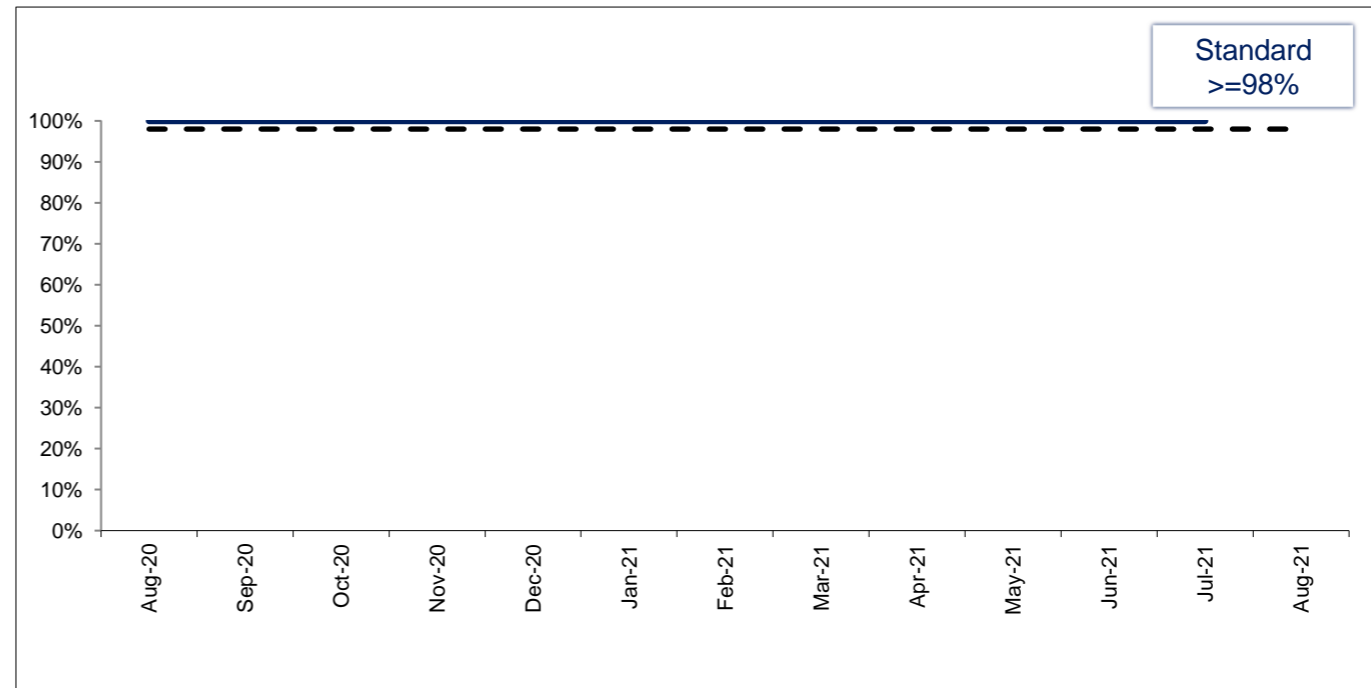
K8.14 | Diagnostic test - % waiting 6 weeks or less



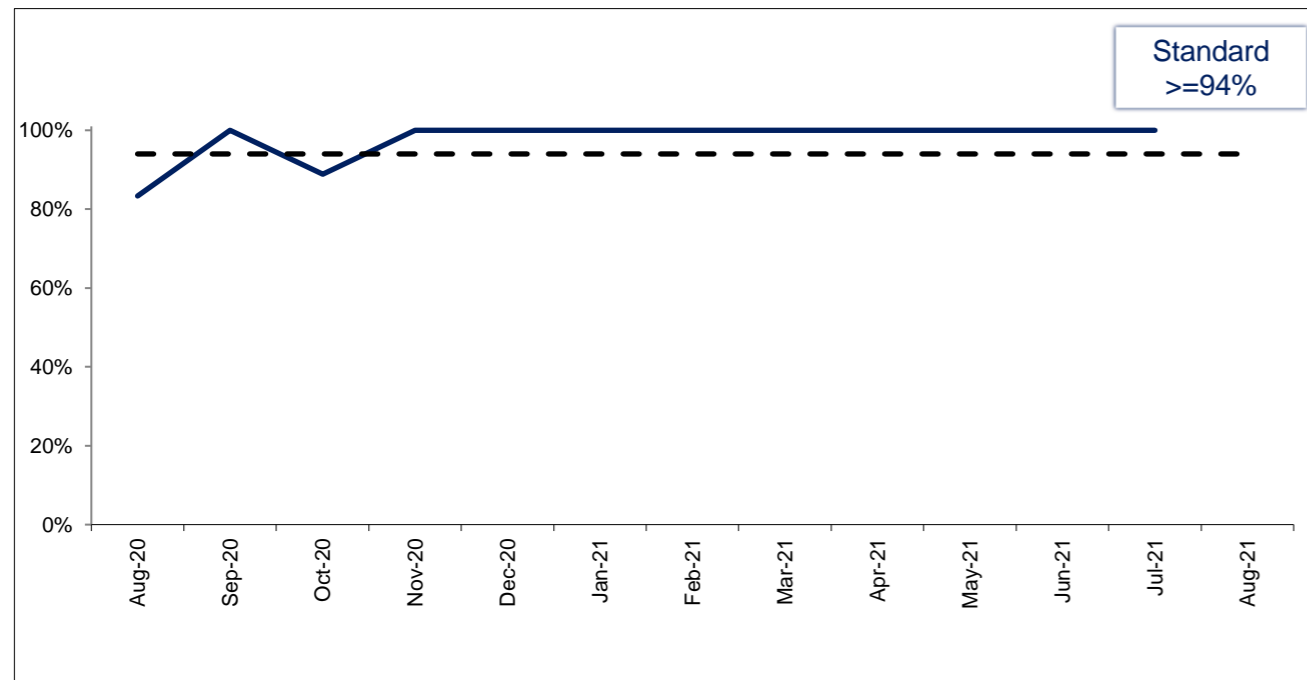
K8.17 | Cancer - Patients receiving first definitive treatment within one month (31 days) of a cancer diagnosis



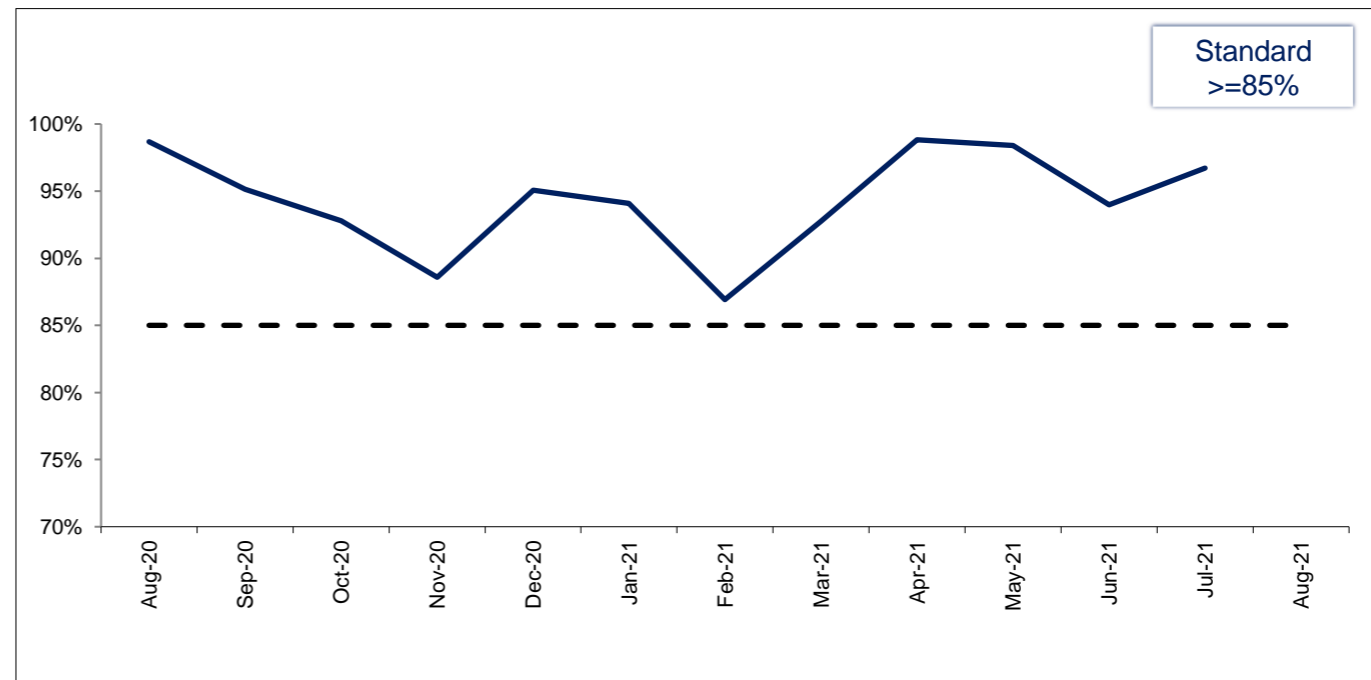
K8.18 | Cancer - 31 day second or subsequent treatment - drug



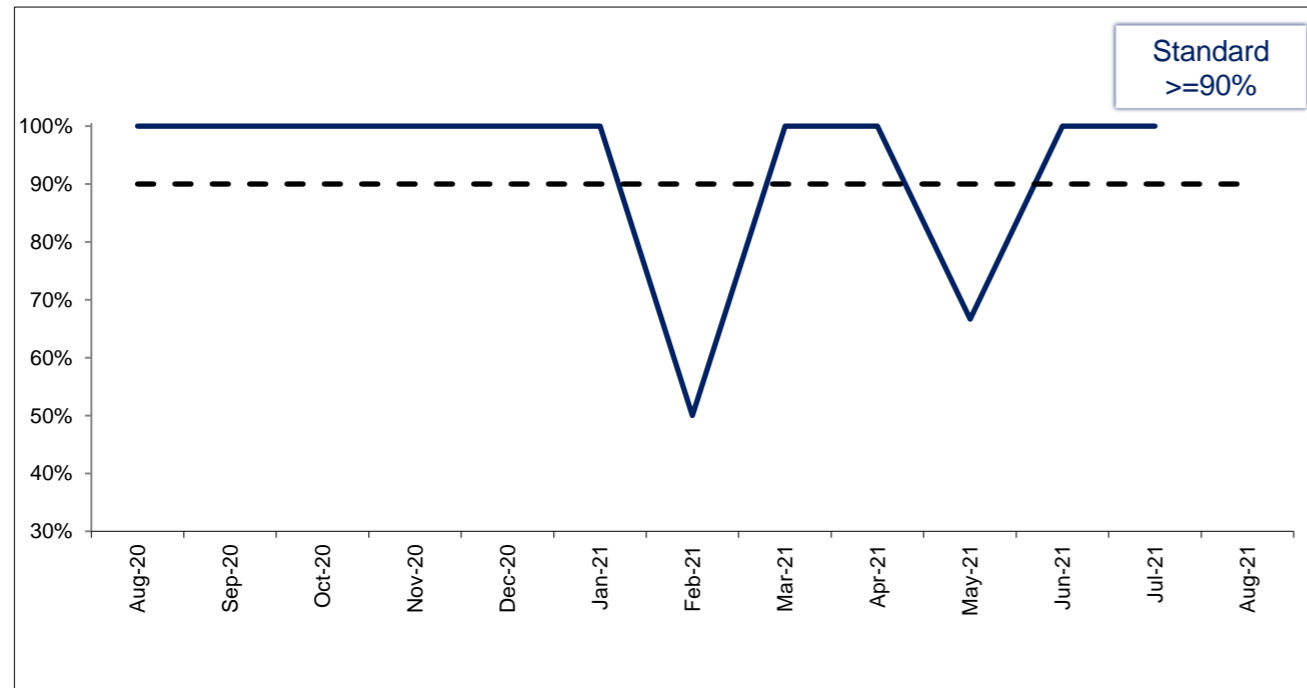
K8.19 | Cancer - 31 day second or subsequent treatment - surgery



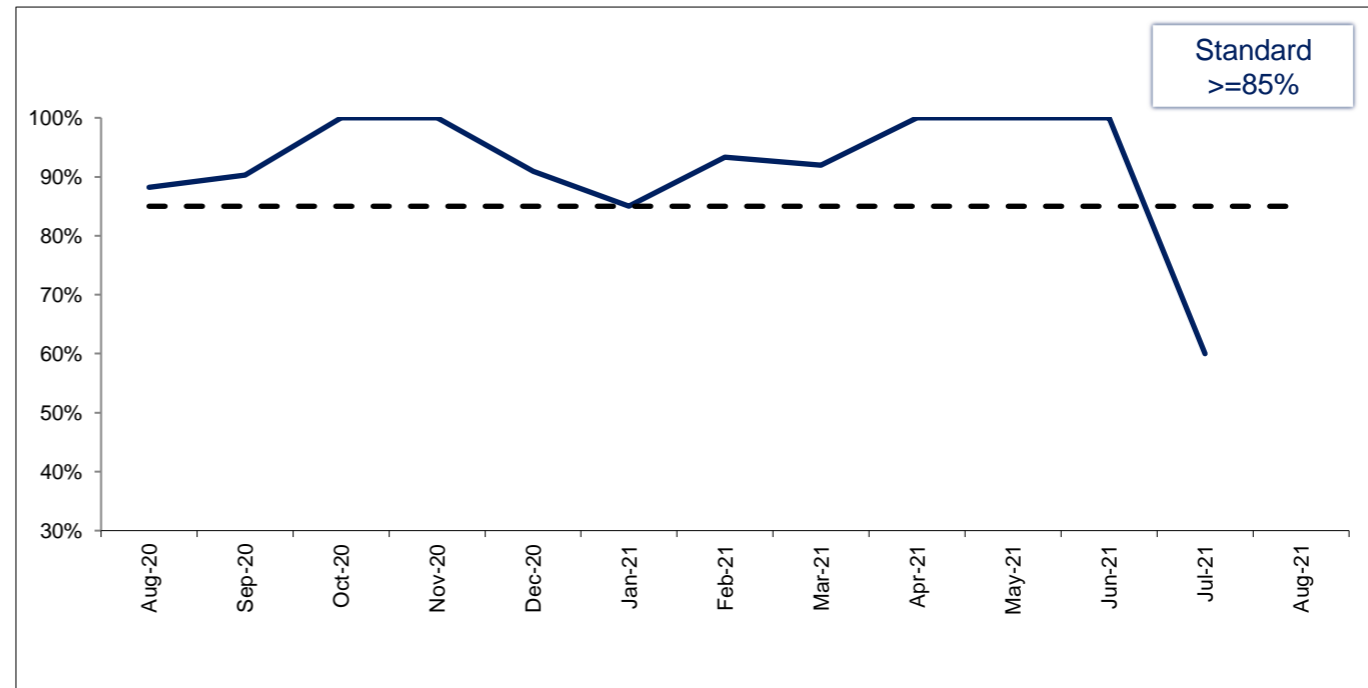
K8.20 | Cancer - Two month urgent referral to treatment wait



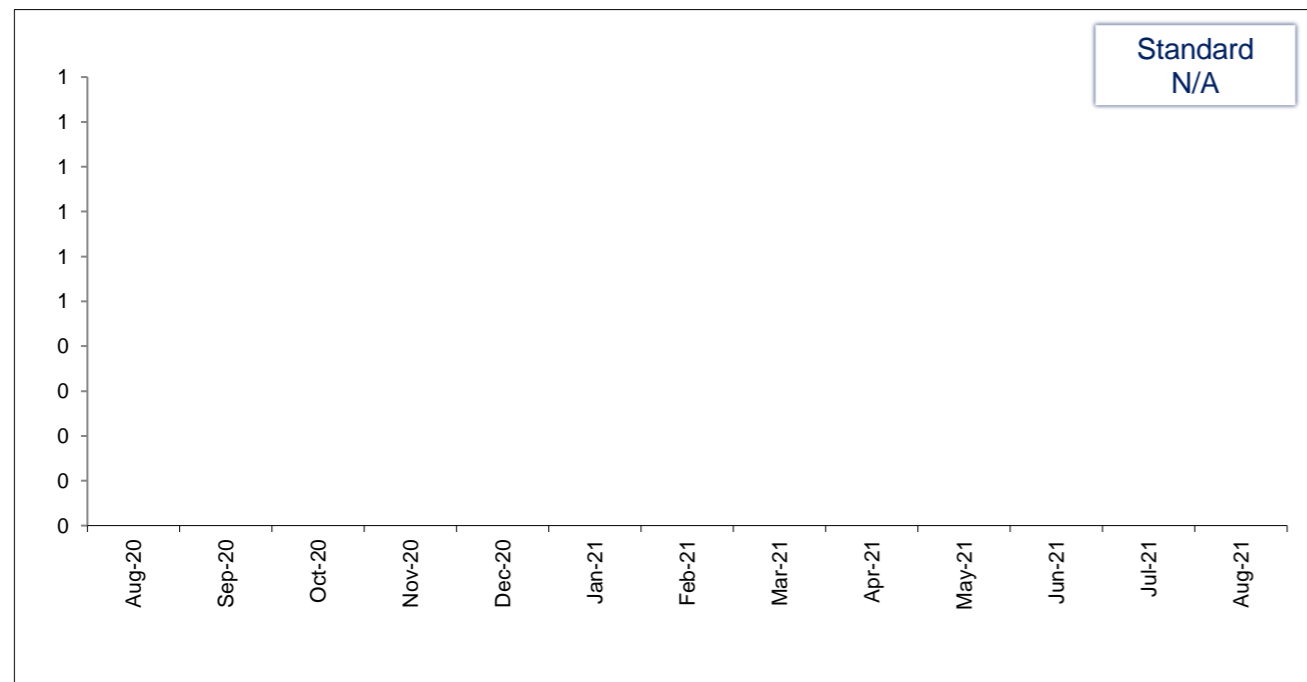
K8.21 | Cancer - 62 day wait for first treatment following referral from a NHS Cancer Screening Service



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 6%)

The vacancy rate has increased this month to **9.37%**, a red rating. To reach target recruitment of 95wte is required. The increase in the vacancy rate will be attributed to the number of leavers over the past two months increasing. The staff groups requiring focus to achieve this are Healthcare Scientists and Allied Health Professionals as these are the groups furthest from target. This month there was an increase in the Allied Health Professionals leavers.

Cohort recruitment continues to take place for Admin staff, which is helping reduce some of the Administrative and Clerical vacancies, however the recruitment taking place is only replacing the number of leavers each month and not making indent into the actual vacancies overall. The combined Central Directorates still records the high rate of the Divisions at 10.82%, this has continued to decrease for the second month. The Service Lines with the largest vacant WTE are: A&E (36.73wte), Elderly Care (32.81wte), Radiology (26.33wte), and Anaesthetics, Theatres & DSU (22.68wte). Compared to the other Trusts in the SWL Hub KHFT remains the Trust with the lowest vacancy rate.

2. Turnover (target 12.50%)

Turnover has increased again this month and is now amber rated at **13.66%**. The highest turnover remains within the staff groups Add Prof Scientific and Technic (18.90%) and Allied Health Professionals (17.48%). Cluster 1 (15.79%) and Cluster 2 (14.31%) are the only red rated clusters. Turnover is rising because the number of leavers each month has increased, particularly over the last 2 months this month; there were 58 leavers in July and 55 in August compared to the normal 33. Planned Care yearly leavers has risen by 10 since April and Unplanned Care has risen by 12. For Planned Care the highest rise is in Cluster 5 and Unplanned Care Cluster 2. If this trajectory continues we may be red rated for Turnover next month. There are now 12 Service Lines that are red rated of these the larger Service Lines are Diabetes (22.75%), Therapies (22.45%), GUM (21.58%), Pharmacy (20.56%), Oral & ENT (19.14%), AAU (16.52%), Intensive Care (15.69%) and A&E (15.38%).

3. Sickness (target 2.90%)

This month the sickness rate has increased is amber rated of **3.43%** for a second month. Sickness continues to remain high, and red rated, in pay Band 2 (6.58%) and Band 5 (3.98%). The staff groups recording the highest percentage of sickness are Additional Clinical Services and Estates and Ancillary 6.22% and 5.50% respectively.

Four Clusters are now red rated for sickness, Cluster 7 (8.98%), Cluster 1 (4.40%), Cluster 3 (4.19%) and Cluster 4 (3.92%). Sickness rates over 5% are in Service Lines; Haematology (9.77%), Plastic & Dermatology, (5.64%), Cancer (5.38%), A&E (5.37%) and Respiratory (5.11%). Apart from A&E and Respiratory, these are all small Services so percentage can appear a little disproportionate. Anxiety, Stress, Depression and other mental health is the top reason for sickness again this month.

4. Mandatory Training (target 90%)

This month the compliance rate has decreased slightly to **85.69%**, this could be due to the summer holidays and staff taking leave. Medical and Dental continues to be the only red rated staff group, and has increased this month to 70.50%, Lowest compliance rates are in Cluster 6 and the Combined Central Directorates at 83.48% and 81.96% respectively. There are only 2 red rated Service Lines which are: Corporate Affairs (69.41%), Human Resources (70.75%). The majority of Service Lines are amber rated and 9 Services are now above the 90% target.

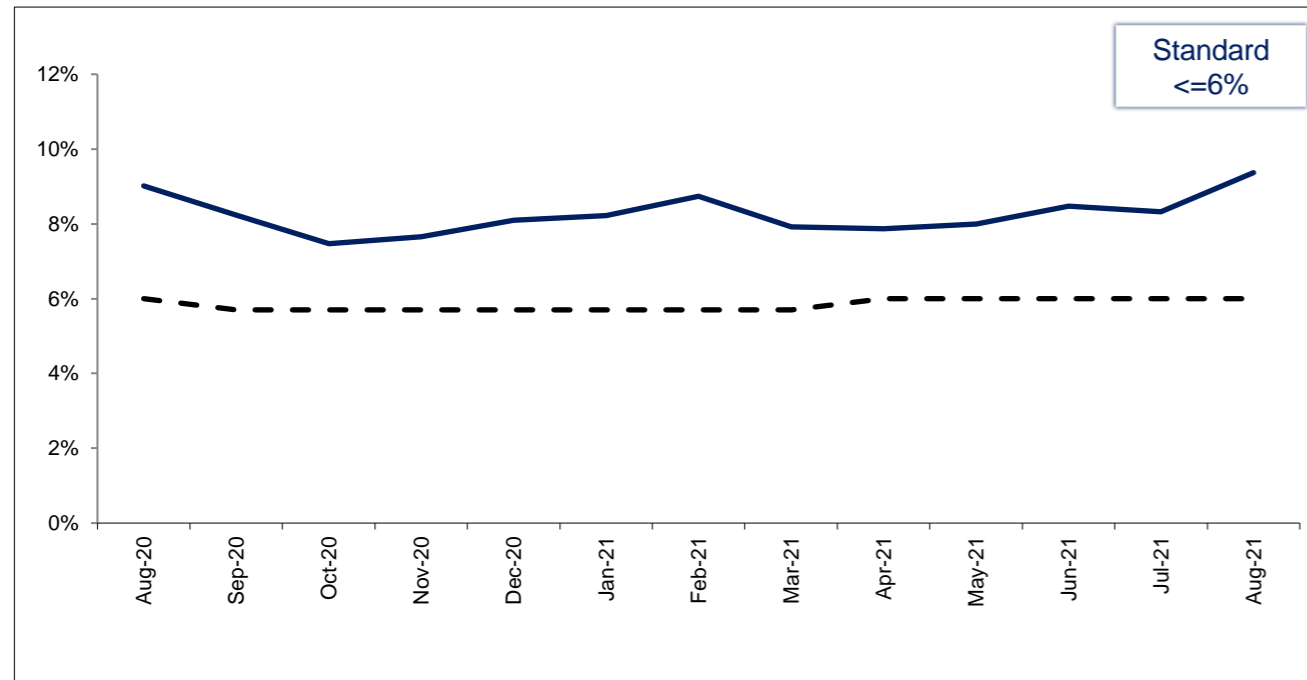
6. Appraisals (target 90%)

Appraisal compliance has increased again this month to **73.96%**, however, it remains red rated and moves very slowly toward the target. The staff group with the lowest compliance is Administrative and Clerical (64.49%) which has been reducing month on month since April and is down by 6%. The Combined Corporate Directorates remains the division with the lowest rate at 56.39% and is the only division that has decreased again this month. Focus on these Corporate areas will really increase the overall compliance rate for both the Staff group and Corporate Divisional rate. Service Lines recording 60% and under are; Operations Directorate (25.00%), Corporate Affairs (34.09%), Human Resources (41.41%), Haematology (43.75%), Strategy (45.71%), Finance (46.15%), Respiratory (47.51%), Cancer (50.00%), Histopathology & SWL Pathology (56.00%) Paediatrics & NNU (57.25%) and A&E (58.04%). 5 Services are now above the 90% target.

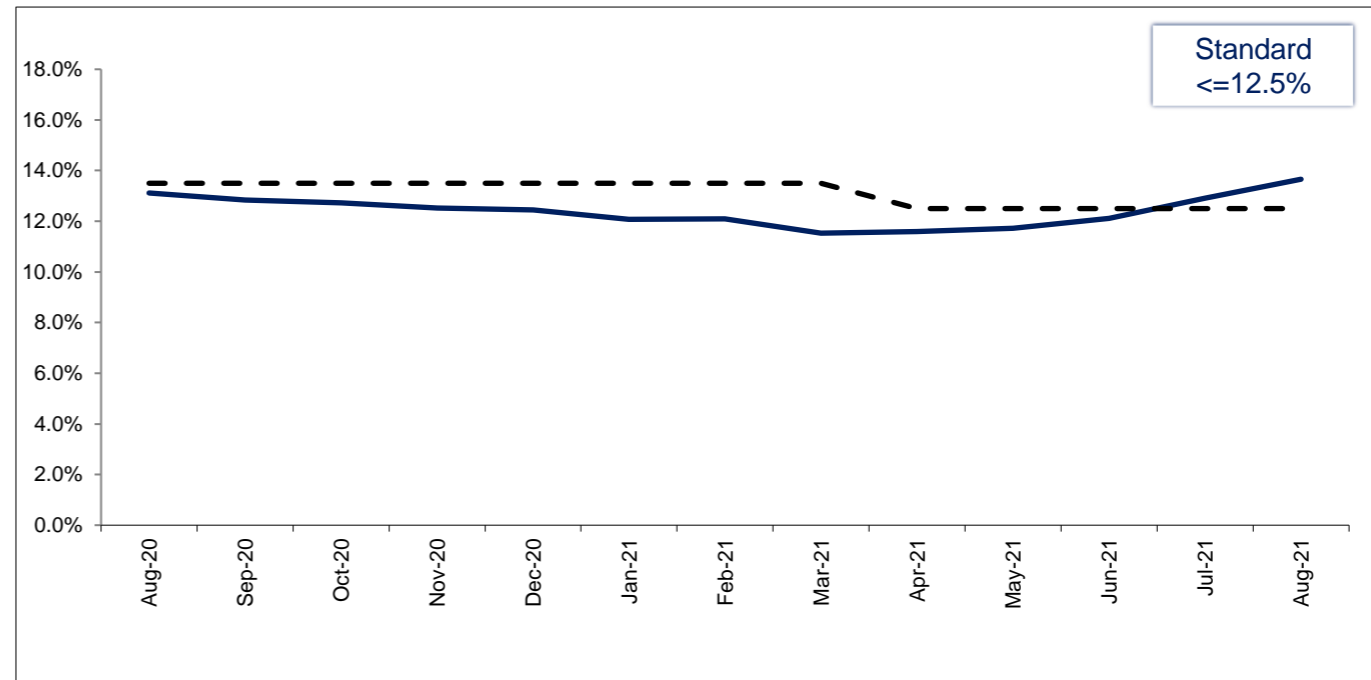
10. Stability (target 90%)

Stability is amber rated at **86.85%**, a slight increase on last month. The least stable staff groups are Add Prof Scientific and Technic and Additional Clinical Services at 80.61% and 80.87% respectively. Cluster 2 is the only red rated cluster at 79.98%. There are 8 Service Lines with a red rating and of those the following have a Stability index less than 76%; Finance (56.76%), Medical Director (64.13%), Pharmacy (71.69%) and Therapies (75.18%). The percentage of staff leaving with less than a years' service has risen to 19% of leavers and the largest percentage of these is in Planned Care.

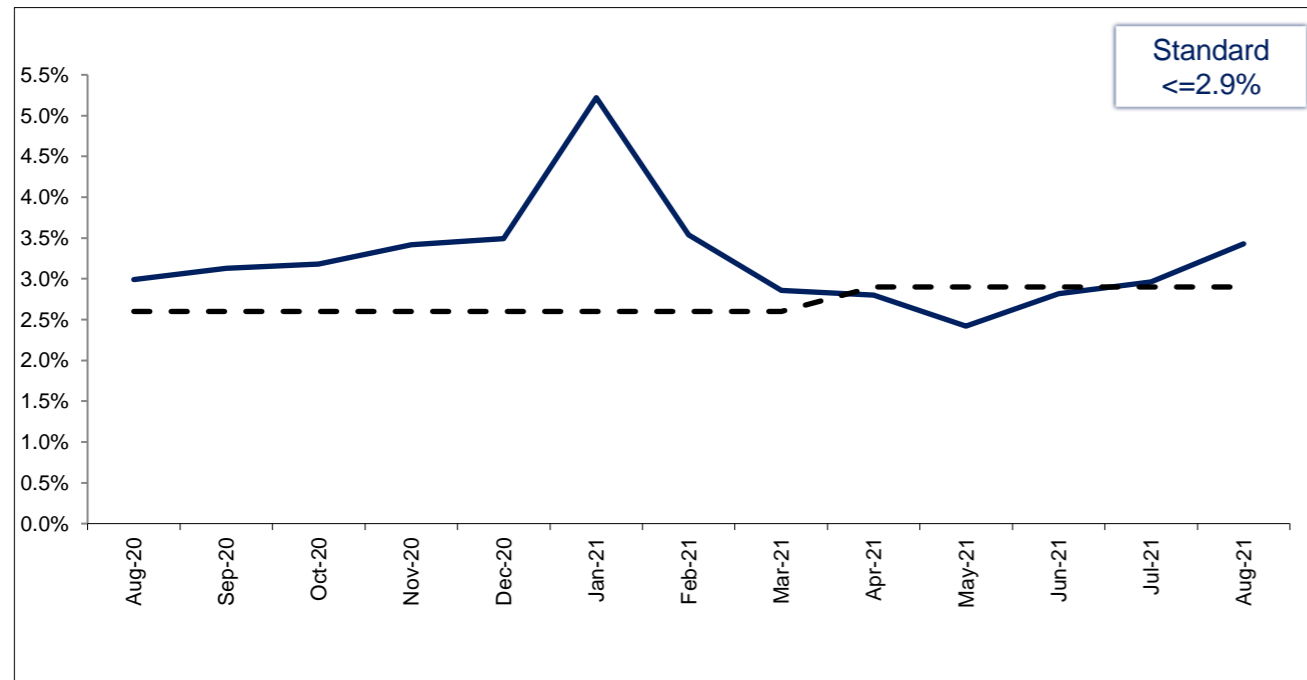
k7.01 | Vacancy rate



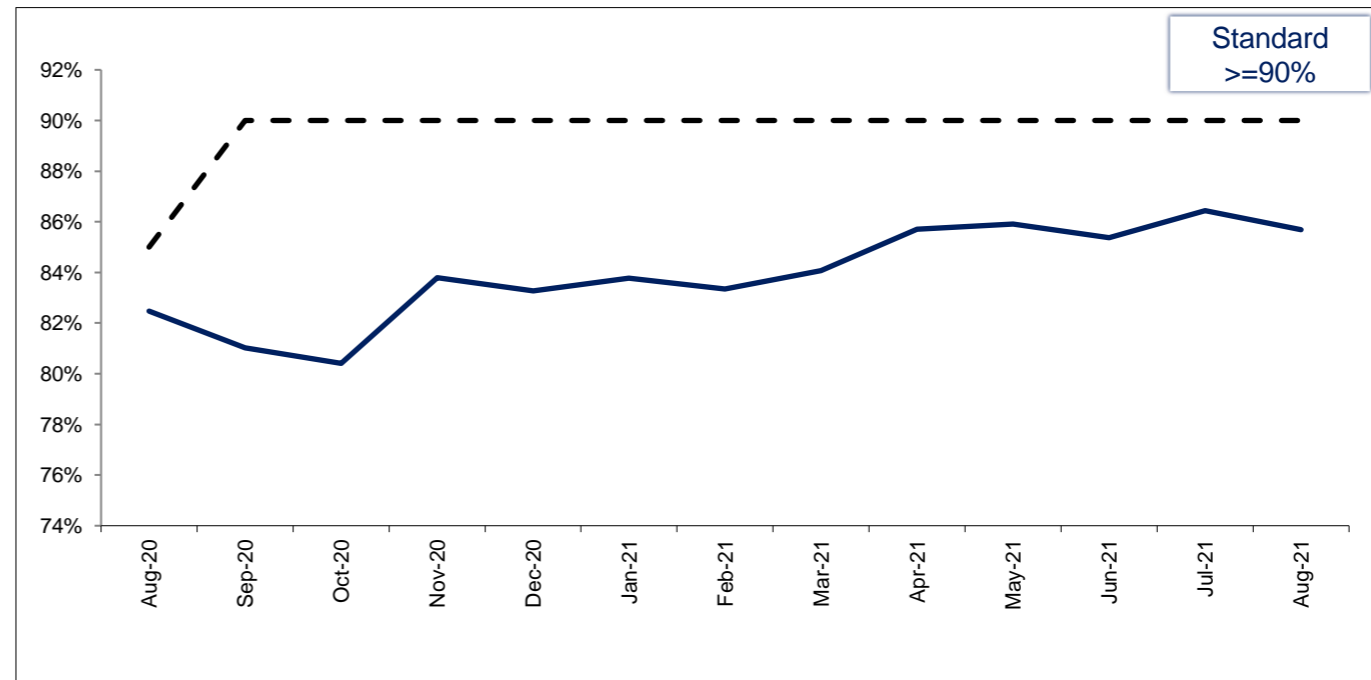
k7.02 | Turnover rate



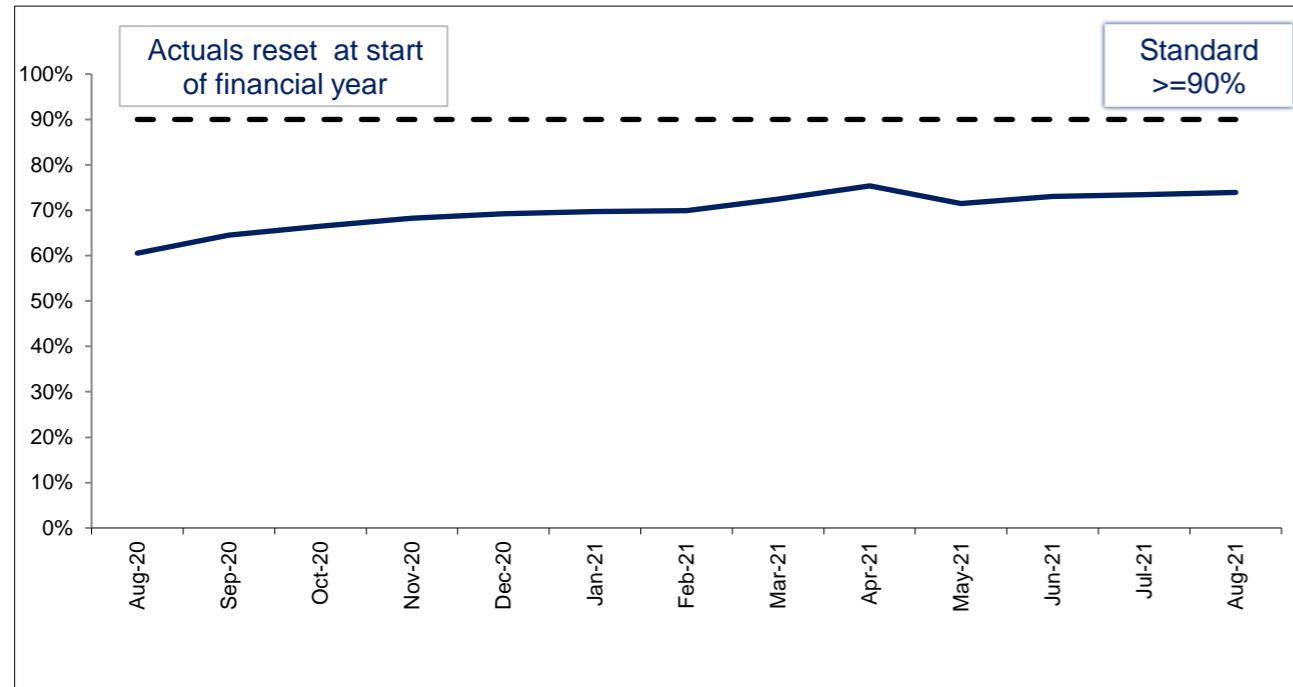
k7.03 | Sickness rate



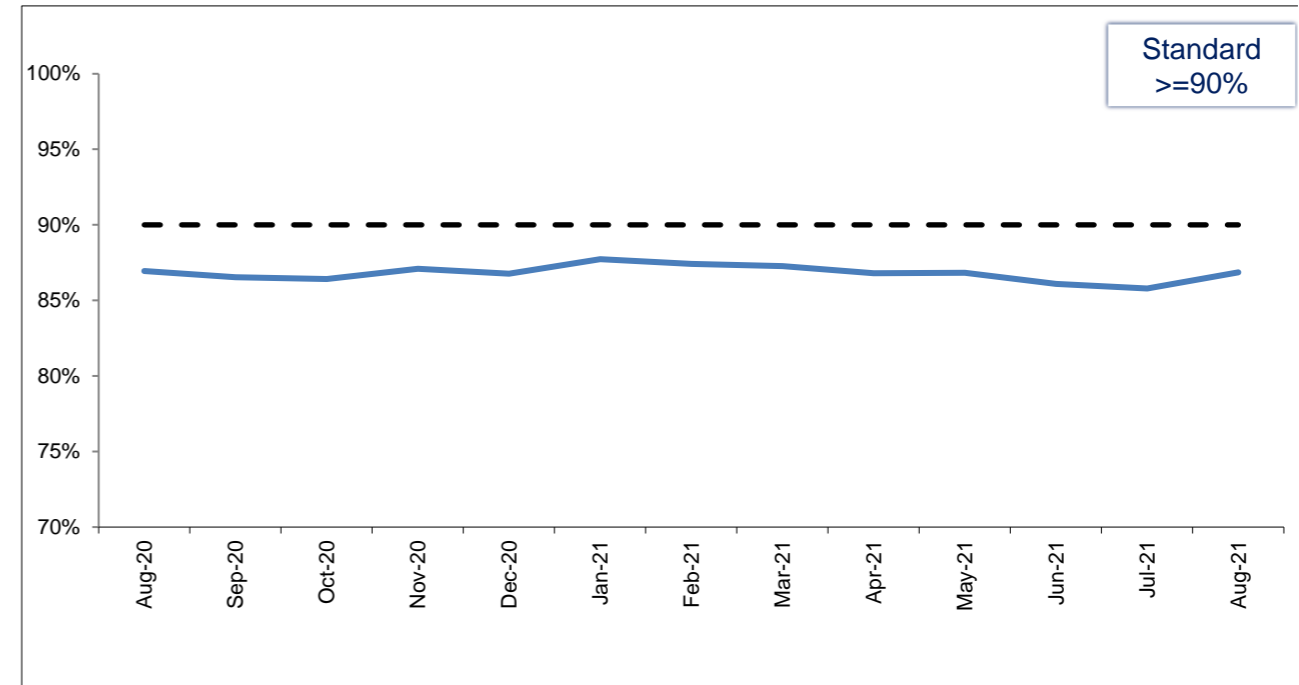
k7.04 | Mandatory training



k7.05 | Appraisals / PDRs completed



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



Staff Group KPIs: August 2021

	Turnover	Stability	Vacancy	Sickness	Training	Appraisal
Target	12.50%	90.00%	6.00%	2.90%	90.00%	90.00%
Add Prof Scientific and Technic	9.40%	81.89%	18.90%	4.45%	88.90%	83.33%
Additional Clinical Services	11.62%	80.87%	16.04%	6.22%	87.73%	80.66%
Administrative and Clerical	9.04%	87.58%	15.19%	2.81%	86.35%	64.49%
Allied Health Professionals	12.32%	80.61%	17.48%	3.18%	88.46%	84.71%
Estates and Ancillary	12.30%	106.12%	2.64%	5.50%	89.64%	87.18%
Healthcare Scientists	15.89%	101.85%	8.78%	2.34%	88.01%	78.21%
Medical and Dental	11.05%	96.73%	5.48%	0.82%	70.50%	
Nursing and Midwifery Registered	6.71%	86.76%	12.52%	3.79%	89.28%	75.11%

KPI	Description	Standard (From Apr '18)	Type	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Safe															
k1.01	Pressure ulcers - Hospital acquired (Grade 3 and 4)	<=10 per month	Number	6	1	4	3	3	0	3	4	3	2	2	1
k1.011	Pressure ulcers - Hospital acquired (Grade 3 and 4) - Lapse in care		Number	3	1	0	0	2	0	2	3	3	2	0	0
k1.012	Pressure ulcers - Hospital acquired (Grade 3 and 4) - No lapse in care		Number	3	0	4	3	1	0	1	1	0	0	2	1
k1.02	Patients with Hospital acquired pressure ulcers (Grade 3 and 4) per 1000 beddays	<=0.1 per month	Rate	0.58	0.09	0.38	0.27	0.27	0.00	0.31	0.39	0.28	0.19	0.18	0.09
k1.03	Pressure ulcers - Hospital acquired (Grade 2)	<=3 per month	Number	9	7	8	8	20	11	5	3	6	9	6	6
k1.031	Pressure ulcers - Hospital acquired (Grade 2) - Lapse in care		Number	7	4	1	4	14	7	2	3	5	5	4	2
k1.032	Pressure ulcers - Hospital acquired (Grade 2) - No lapse in care		Number	2	3	7	4	6	4	2	0	1	4	2	4
k1.04	Patients with Hospital acquired pressure ulcers (Grade 2) per 1000 beddays	<=0.51 per month	Rate	0.87	0.66	0.76	0.73	1.80	1.23	0.51	0.30	0.56	0.83	0.54	0.52
k1.05	MRSA Bacteraemias (Hospital Assigned)	=0 per month	Number	1	0	0	0	0	0	0	0	0	0	0	1
k1.06	MSSA Bacteraemias (Hospital Apportioned)	<=1 per month	Number	1	0	4	3	0	0	3	0	0	1	0	0
k1.07	Clostridium difficile Infections (Hospital Apportioned)		Number	1	2	2	2	1	1	3	0	2	1	2	0
k1.09	Completed Patient Observations - Adult inpatients (NEWS)	>=0.97 per month	%	99.8%			99.68%			99.12%			99.73%		
k1.10a	Completed Patient Observations - Paediatric Inpatients (PEWS)	>=0.97 per month	%	96.47%			94.16%			93.10%			100.00%		
k1.12	Patient Safety Incident (PSI) Falls	<=58 per month	Number	59	59	55	63	56	29	37	45	38	49	48	34
k1.13	Number of Patient Safety incident Falls per 1000 (G&A) bed days	<=5.3 per month	Rate	5.70	5.57	5.25	5.76	5.03	3.23	3.79	4.43	3.57	4.54	4.36	2.95
k1.14	Patient Falls with moderate or severe harm	<=6 per month	Number	1	2	0	3	3	0	0	1	1	2	3	1
k1.15	Never Events	=0 per month	Number	1	0	0	0	0	0	0	0	0	1	1	0
k1.16	Medication Incidents	-	Number	37	46	47	45	38	37	42	40	40	67	60	41
k1.17	% Medication Incidents where Moderate or Severe Harm occurred	<=0.04 per month	%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.0%	0.0%	0.0%	0.0%	0.00%
k1.18	Serious Untoward Incidents	-	Number	2	1	1	0	2	1	0	2	1	3	0	2
k1.19	Escherichia Coli bacteraemia (all)	-	Number	18	13	14	4	6	18	12	13	16	14	11	7
k4.01	Safer Staffing - Day - Registered Midwives / Nurses fill rate	-	%	98.1%	98.9%	96.5%	98.3%	83.6%	83.6%	82.6%	95.3%	99.5%	97.1%	94.0%	92.7%
k4.02	Safer Staffing - Day - Assistant Fill Rate	-	%	99.6%	96.3%	96.4%	99.3%	86.1%	80.1%	80.5%	100.3%	107.9%	106.8%	93.2%	105.9%
k4.03	Safer Staffing - Night - Registered Midwives / Nurses fill rate	-	%	99.2%	101.5%	98.1%	97.2%	81.8%	82.7%	81.0%	98.3%	101.8%	96.6%	94.0%	93.8%
k4.04	Safer Staffing - Night - Assistant Fill Rate	-	%	117.6%	105.6%	115.5%	119.1%	107.9%	90.8%	89.5%	125.9%	131.1%	124.9%	102.2%	121.5%

KPI	Description	Standard (From Apr '18)	Type	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
k4.05	Safer Staffing - Overall trust fill rate	-	%	101.2%	100.1%	99.5%	100.9%	86.7%	83.7%	82.7%	100.9%	105.7%	102.4%	94.9%	99.0%
k4.06	Safer Staffing - % of Registered Nurse and Midwife expenditure on agency staff	-	%	3.4%	3.7%	3.5%	3.5%	2.4%	2.7%	2.7%	3.4%	2.8%	4.29%	3.90%	4.59%
k4.07	Safer Staffing - Care Hours per Patient Day	-	Rate	9.45	9.62	9.66	9.62	9.68	10.75	10.29	9.57	9.32	9.19	8.56	8.35
k5.01	Maternity - Caesarean section rate	<=0.26 per month	%	32.3%	32.9%	34.8%	38.5%	37.8%	36.7%	38.0%	32.5%	37.1%	39.9%	36.3%	35.2%
k5.02	Maternity - % of women with a primary postpartum haemorrhage of 1500ml or more	<0.031 per month	%	4.2%	5.0%	3.6%	2.2%	3.1%	4.1%	2.6%	3.0%	4.0%	5.2%	3.5%	4.0%
k5.03	Maternity - % of women with a primary postpartum haemorrhage of 2000ml or more	<=0.01 per month	%	1.2%	0.7%	1.0%	1.1%	0.8%	0.8%	0.5%	0.9%	1.2%	2.4%	1.8%	0.7%
k5.04	Maternity - Significant Perineal Trauma	-	%	1.5%	2.8%	1.2%	1.7%	2.6%	3.1%	2.6%	2.7%	1.2%	2.7%	2.0%	1.7%

Effective

k2.01	Standardised healthcare mortality index (SHMI) - most recent score	<=95	Index	76.712	76.712	76.712	75.812	75.812	76.277	76.336	76.336	77.510	77.778	77.778	76.852
k2.02	Unadjusted Mortality Rate	-	%	0.9%	0.7%	0.7%	1.5%	3.4%	1.4%	0.7%	0.7%	0.9%	0.6%	0.8%	0.7%
k2.03	Sepsis - % of eligible patients screened for sepsis - ED	>=90% per month	%	90.0%	100.0%	75.0%	80.0%	60.0%	60.0%	65.0%	75.0%	60.0%	80.00%	70.00%	80.00%
k2.04	Sepsis - % of eligible patients who received antibiotics within 1 hour of arrival - ED	>=90% per month	%	100.0%	91.7%	92.3%	80.0%	85.7%	90.9%	90.0%	80.0%	87.5%	90.00%	75.00%	83.33%
k2.13	Sepsis - % of eligible patients screened for sepsis - Inpatients	>=90% per month	%	100.0%	83.3%	90.0%	95.0%	90.0%	85.0%	90.0%	85.0%	85.0%	90.00%	80.00%	80.00%
k2.14	Sepsis - % of eligible patients who received antibiotics within 1 hour - Inpatients	>=90% per month	%	75.0%	66.7%	85.7%	87.5%	50.0%	100.0%	88.9%	100.0%	100.0%	100.00%	87.50%	80.00%
k2.05	VTE Assessments (Trust)	>=95% per month	%	94.1%	94.1%	97.4%	98.8%	98.3%	98.7%	97.8%	97.5%	98.6%	97.92%	97.2%	94.6%
k2.06	Incidence of Hospital Acquired VTE (HAT)	-	Number	0	0	1	0	0	1	0	1	0	0	0	0
k2.09	% emergency readmissions following elective admission - 30 days	-	%	2.3%	2.8%	2.7%	3.5%	2.3%	2.8%	3.0%	3.4%	3.9%	3.2%	3.7%	2.9%
k2.10	% emergency readmissions following emergency admission - 30 days	-	%	15.2%	15.1%	15.2%	15.7%	14.1%	14.5%	14.5%	16.0%	15.1%	13.6%	10.2%	15.1%
k3.15	Hand Hygiene (Infection Control - Core Elements Tool)	>=95% per month	%	98.9%	99.0%	98.3%	98.2%	98.9%	98.9%	98.8%	98.6%	98.6%	99.2%	99.2%	97.9%

Caring

k3.01	Number of complaints received this month	-	Number	35	31	32	31	35	24	38	32	30	46	32	53
k3.02	Number of complaints reopened this month	-	Number	4	5	6	4	2	6	2	2	2	4	13	3
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%	%	77.8%	41.9%	51.6%	50.0%	41.9%	37.9%	40.5%	46.7%	29.4%	33.3%	39.6%	38.9%
k.3.05b	FFT - Trust - % Would Recommend	-	%				92.2%	93.2%	92.4%	90.9%	90.0%	89.2%	87.6%	87.9%	88.1%

KPI	Description	Standard (From Apr '18)	Type	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
K8.19	31-Day Standard for Subsequent Cancer Treatments-Surgery	>=94% per month	%	100.0%	88.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
K8.20	All Cancer Two Month Urgent Referral to Treatment Wait	>=85% per month	%	95.1%	92.8%	88.6%	95.1%	94.1%	86.9%	92.7%	98.8%	98.4%	94.0%	96.7%	
K8.21	62-Day Wait for First Treatment Following Referral from an NHS Cancer Screening Service	>=90% per month	%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	66.7%	100.0%	100.0%	
K8.22	62-Day Wait for First Treatment Following Referral from Consultant Upgrade	>=85% per month	%	90.3%	100.0%	100.0%	90.9%	85.0%	93.3%	92.0%	100.0%	100.0%	100.0%	60.0%	
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	%	8.2%	7.5%	7.7%	8.1%	8.2%	8.7%	7.9%	7.9%	8.0%	8.5%	8.3%	9.4%
k7.02	Turnover rate	<=13.5% per month	%	12.8%	12.7%	12.5%	12.4%	12.1%	12.1%	11.5%	11.6%	11.7%	12.1%	12.9%	13.7%
k7.03	Sickness rate	<=2.6% per month	%	3.1%	3.2%	3.4%	3.5%	5.2%	3.5%	2.9%	2.8%	2.4%	2.8%	3.0%	3.4%
k7.04	Mandatory Training	>=85% per month	%	81.0%	80.4%	83.8%	83.3%	83.8%	83.3%	84.1%	85.7%	85.9%	85.4%	86.4%	85.7%
k7.05	Appraisals / PDRs completed	>=90% year end	%	64.5%	66.5%	68.3%	69.2%	69.7%	69.9%	72.4%	75.4%	71.5%	73.1%	73.4%	74.0%
K7.10	Stability (% Staff Retained >1yr)	>90%	%	86.5%	86.4%	87.1%	86.8%	87.7%	87.4%	87.3%	86.8%	86.8%	86.1%	85.8%	86.9%

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)	Datix	
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) Datix (d) Internal bedstate summary	
	k1.03	Patients with hospital acquired pressure ulcers (Grade 2)	Number of patients with hospital acquired pressure ulcers (Grade 2)	Datix	
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) Datix (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	k1.08b	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	

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
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	Datix	
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) Datix (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	Datix	
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.	Datix	
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	Datix	
Safe	k1.18	Number of Serious Untoward Incidents	Total number of serious untoward incidents reported	Datix	
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	Datix	
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	

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
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 Datix that have been completed within appropriate time frame	Datix	
Patient Experience	k3.01	Number of complaints received this month	Number of complaints received this month	Datix	
Patient Experience	k3.02	Number of complaints reopened this month	Number of complaints reopened this month	Datix	
Patient Experience	k3.03	Number of complaints referred to ombudsman this month	Number of complaints referred to ombudsman this month	Datix	
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.	Datix	
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 Datix	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	

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
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	
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	

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
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	
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	

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
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	
Well Led	k7.02	Turnover rate	Turnover rate	Human Resources	
Well Led	k7.03	Sickness rate	Sickness rate	Human Resources	

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
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)