

Integrated Quality and Operational Compliance Report

December 2021

Living our values everyday



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Living our values everyday



Falls & Pressure Ulcers**Author: Berenice Constable : Deputy Chief Nurse****Pressure Ulcers:**

There was a 50% decrease in trust acquired pressure ulcers identified from November to December, all were identified as category 2. 5 of trust acquired pressure ulcer were judged to have a lapse in care, and 1 was device related. The Tissue viability team continue to provide training on wards with a focus on accurate documentation

Falls:

There was a total of 52 Falls incidents in December- 41 were due to mechanical fall and the other 10 incidents were attributed to collapse or vasovagal episodes. This is just 1 incident more compared to November 2021. There was 1 incident which resulted in moderate harm, and the investigation is underway.

All incidents are being reviewed using the SWARM, monthly Falls meetings have carried on and themes and good practices is shared. MDT (Move, Drink, and Toilet) campaign will be launched to help reduce number of falls associated with patients trying to go to toilet and address incontinence management, and the launch date of campaign is still to be agreed.

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

- **New:** One Serious Incident was declared in December 2021; this was categorised as a diagnostic incident within Radiology.
- **Completed:** Three investigations were completed.
- **Duty of Candour:** A verbal and written Duty of Candour was completed for the patient involved in the new investigation. Duty of Candour was also completed with the families of the patients involved in the 3 completed investigations.
- **Ongoing:** At 31st December 2021, there were 13 open and ongoing investigations.
- **Never Events:** No Never Events were reported during the month.

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

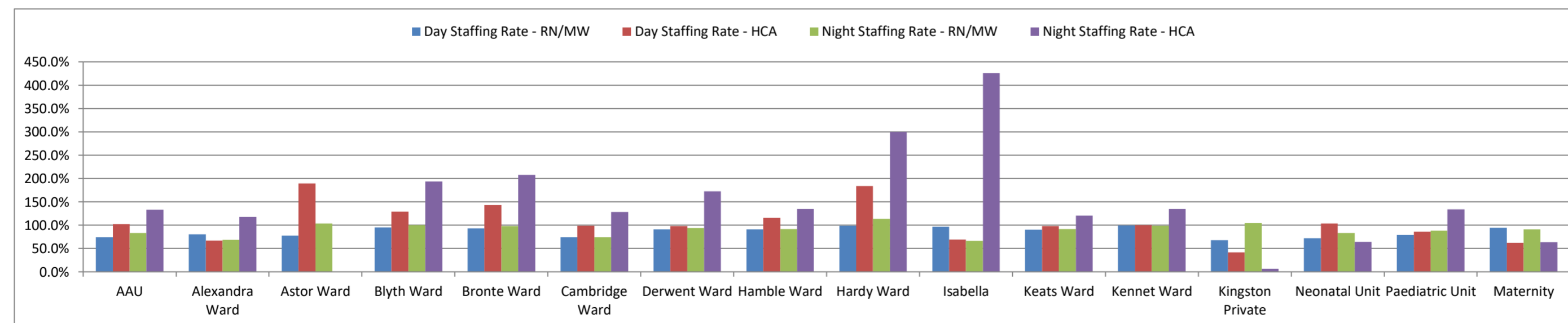
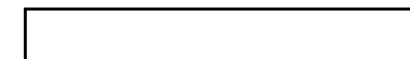
- There were no Trust-apportioned MRSA bacteraemia cases.
- There was one MSSA bacteraemia case in Astor ward.
- There were four HOHA (Hospital Onset Healthcare Associated) Clostridium difficile toxin positive cases in Derwent, Bronte and Alex wards and one in the Kingston Private Unit .
- There were no Trust-apportioned E. coli bacteraemia cases.
- There were 13 seasonal influenza cases, the majority diagnosed in ED except for one in Dolphin ward and one in Isabella ward.
- There were no cases of norovirus.
- There were 353 cases of COVID-19 this month with 199 of those cases admitted into the Trust. There were 12 HOHA cases (Hospital Onset Healthcare Associated, cases >14 days onset) and 24 HOPHA cases (Hospital Onset Probable Healthcare Associated, cases with onset within 8-14 days).

Author: Berenice Constable : Deputy Chief Nurse

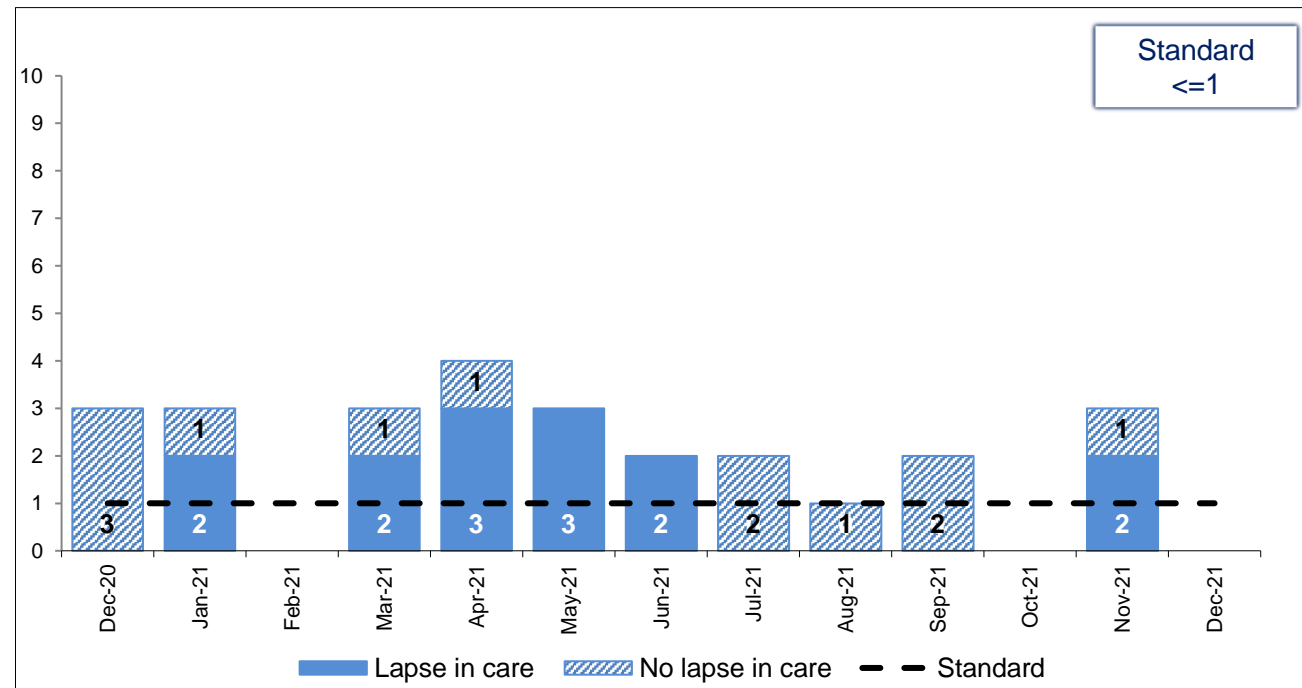
Staffing levels continue to be discussed and monitored daily at the site meetings, and any deviation from the agreed ratios is escalated and discussed with the Heads of Nursing or the Deputy Chief Nurses on the day, and as part of the monthly Safer Staffing meeting. Staffing ratios across all areas are monitored to ensure safe staffing, with incident reports completed and Red Flag Route Cause Analysis discussed at Safer Staffing if levels do not meet the agreed standards. This includes any adjustments to skill mix related to gaps in registered nurse cover, with backfill provided by Healthcare Assistants. Staffing is reviewed and managed as a whole across all wards and departments, with Band 7's reverting into the numbers, Matrons supporting clinically and staff moved from other areas to ensure optimise staffing where possible. Non Clinical staff have also supported on wards at mealtimes and with administration functions during this period. Staffing levels also form part of the daily Executive huddle and HR are monitoring the impact of Covid sickness and Covid isolation on staffing levels for all staff groups. 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	74.1%	102.3%	83.6%	133.0%	7.3
Alexandra Ward	80.3%	67.2%	68.2%	117.4%	4.8
Astor Ward	77.5%	189.5%	103.3%	#DIV/0!	9.5
Blyth Ward	95.3%	128.7%	100.0%	193.4%	6.8
Bronte Ward	92.8%	142.9%	97.8%	207.9%	7.8
Cambridge Ward	74.0%	98.7%	74.0%	128.2%	6.5
Derwent Ward	90.9%	97.8%	93.5%	172.6%	6.2
Hamble Ward	91.1%	115.4%	91.4%	134.4%	6.4
Hardy Ward	99.0%	183.5%	113.2%	300.0%	7.7
Isabella	96.5%	68.9%	66.7%	425.8%	6.9
Keats Ward	90.2%	98.0%	91.4%	120.4%	6.7
Kennet Ward	99.4%	100.0%	98.9%	134.4%	6.4
Kingston Private	67.9%	41.8%	104.7%	6.5%	9.6
Neonatal Unit	72.0%	103.9%	83.0%	64.5%	11.8
Paediatric Unit	79.2%	85.9%	88.4%	133.9%	9.6
Maternity	94.4%	62.1%	91.2%	63.8%	9.7
Trust Average	85.9%	100.1%	88.5%	151.5%	8.2

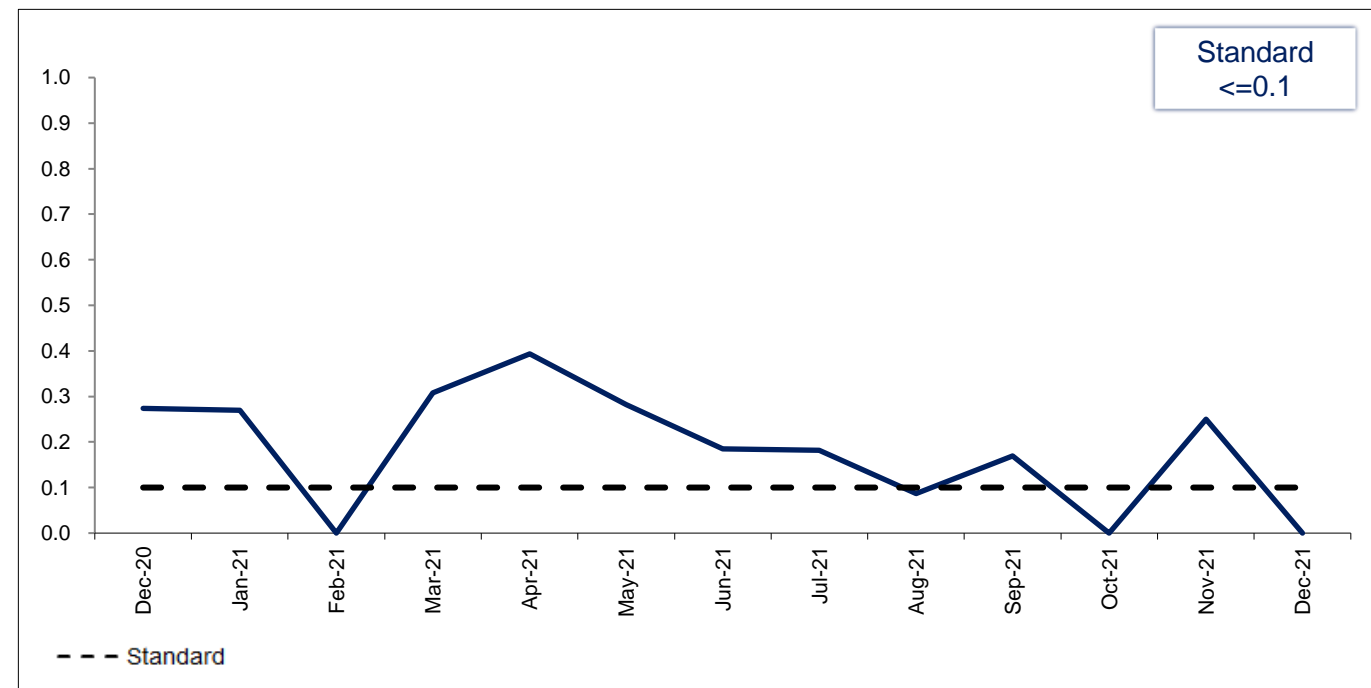
Key	
RN	Registered Nurse
MW	Registered Midwife
HCA	Healthcare Assistant



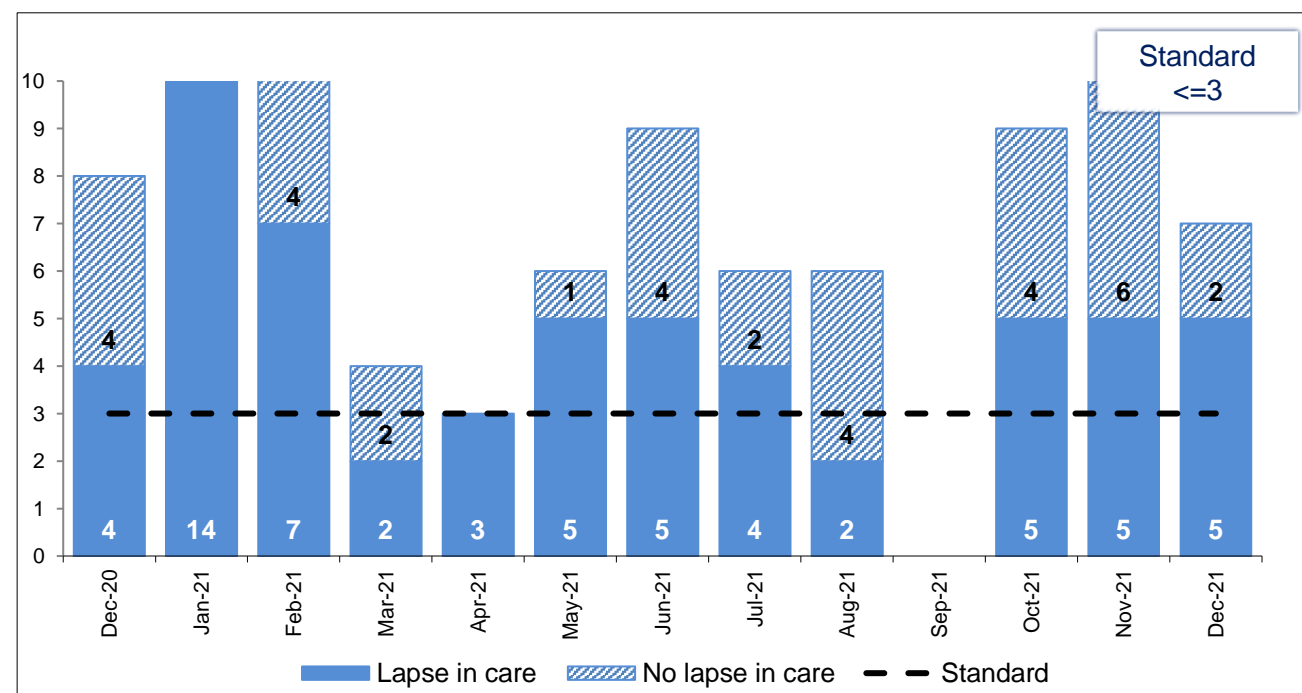
k1.01 | Number of patients with hospital acquired pressure ulcers (Grade 3&4)



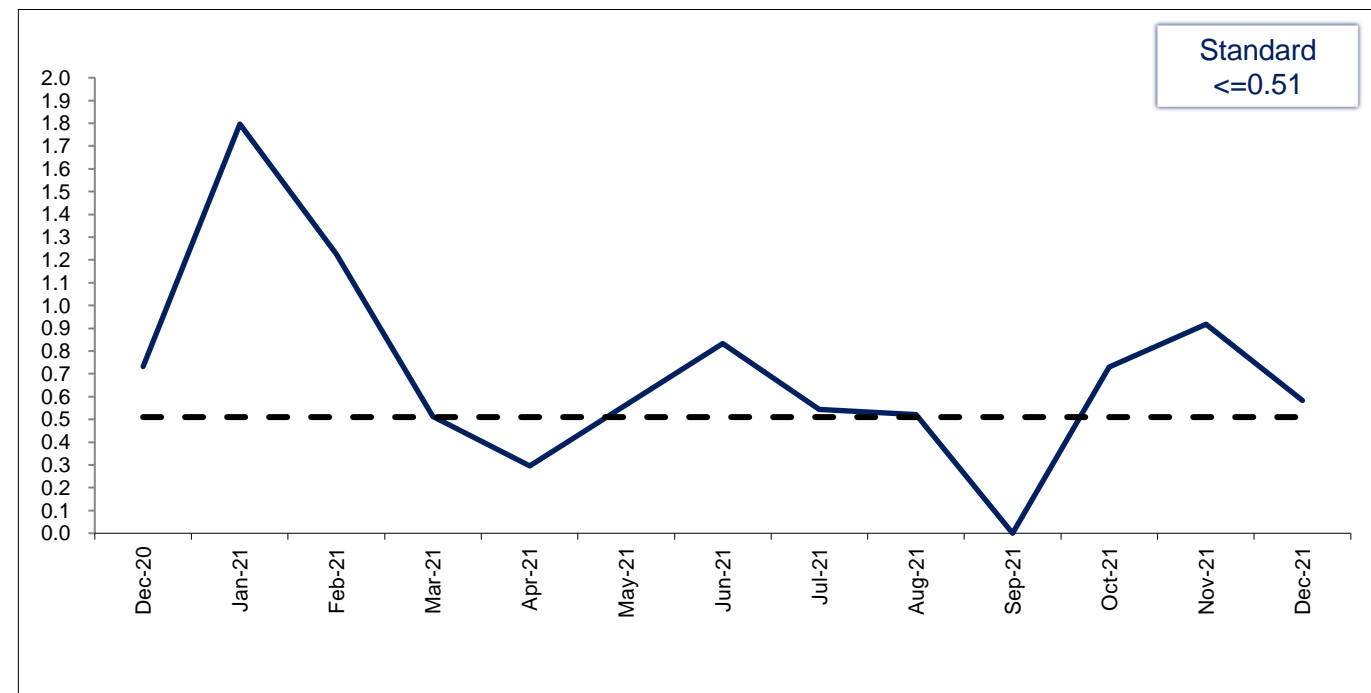
k1.02 | Number of patients with hospital acquired pressure ulcers (Grade 3&4) per 1000 beddays



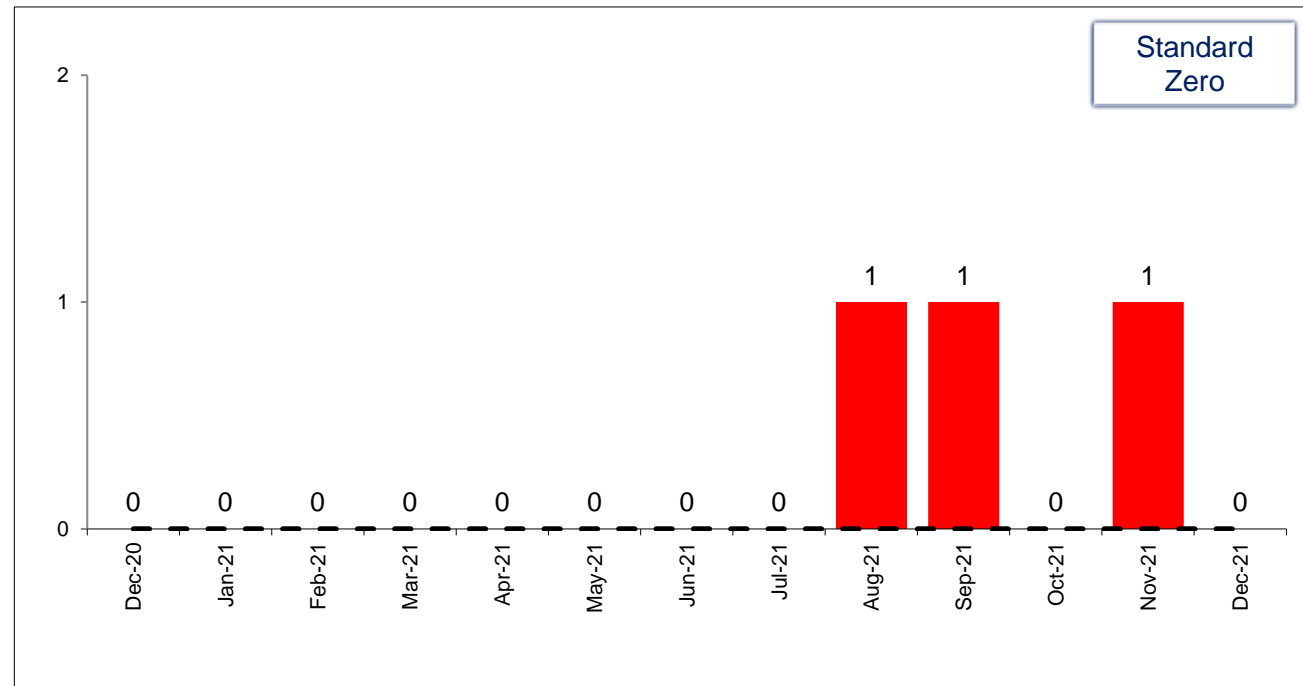
k1.03 | Number of patients with hospital acquired pressure ulcers (Grade 2)



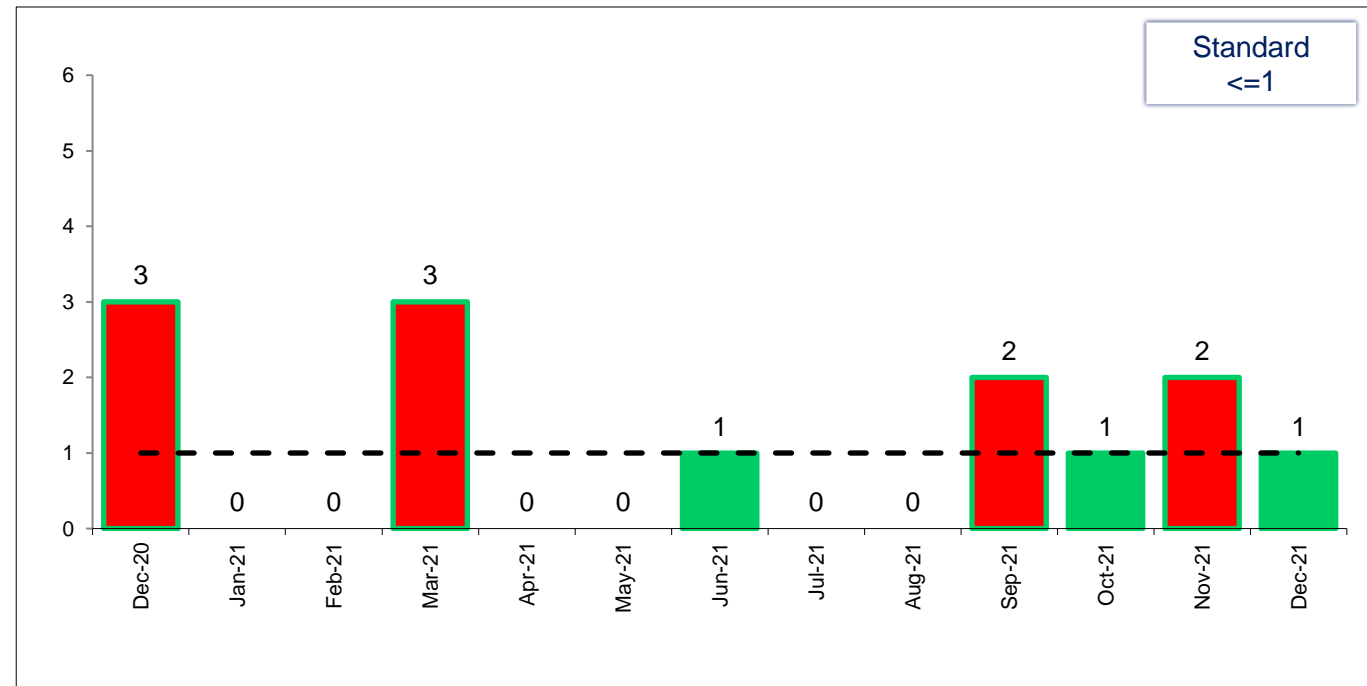
k.1.04 | Number of patients with hospital acquired pressure ulcers (Grade 2) per 1000 beddays



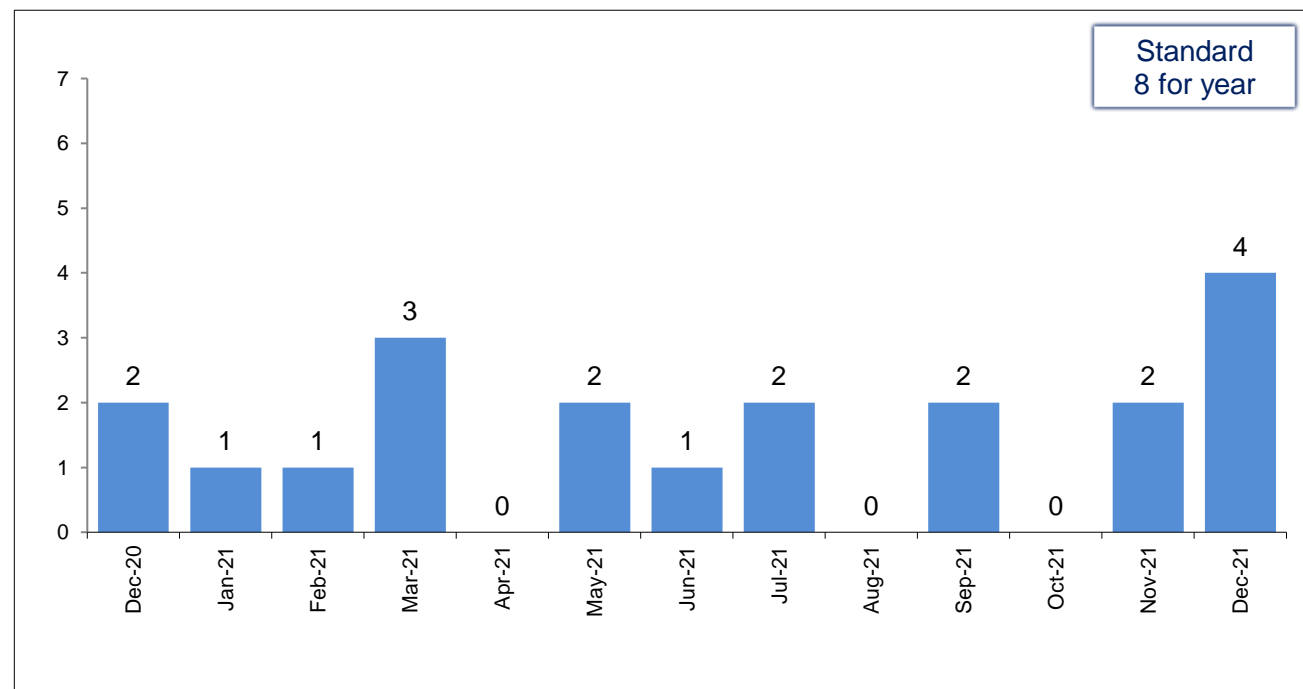
k1.05 | MRSA Bacteraemias (Hospital Assigned)



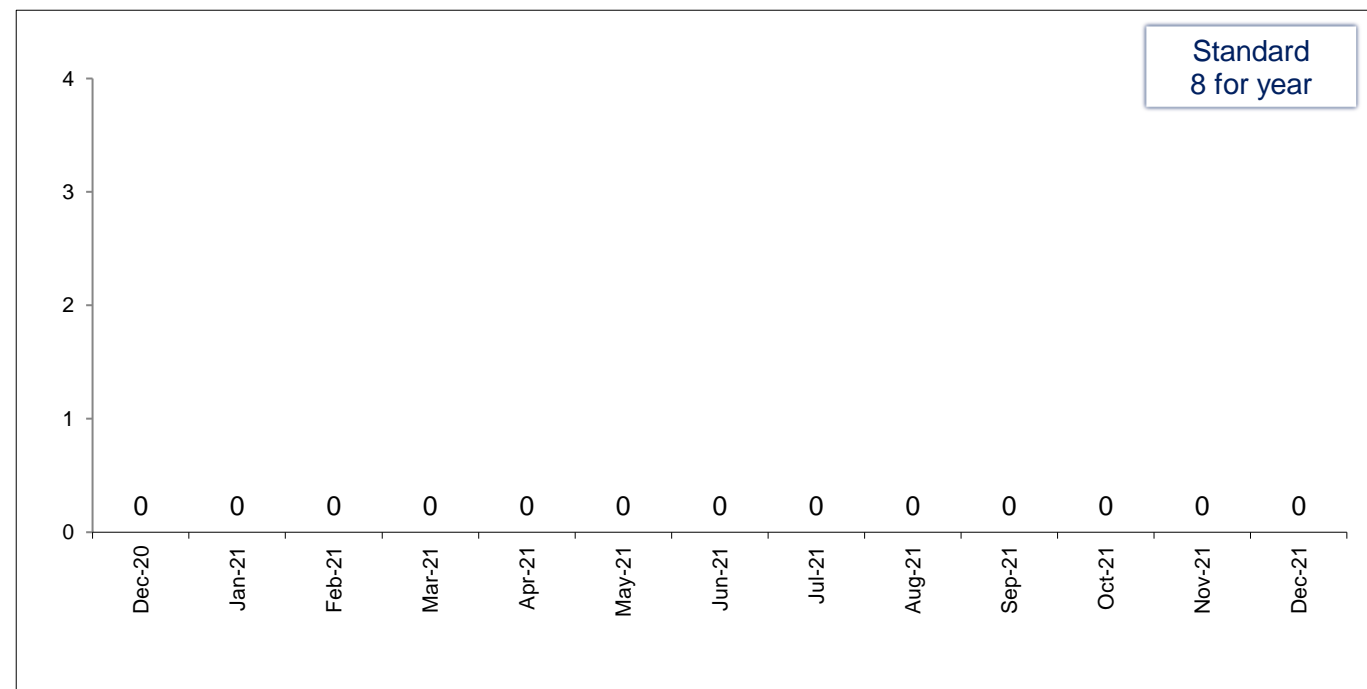
k1.06 | MSSA Bacteraemias (Hospital Apportioned)



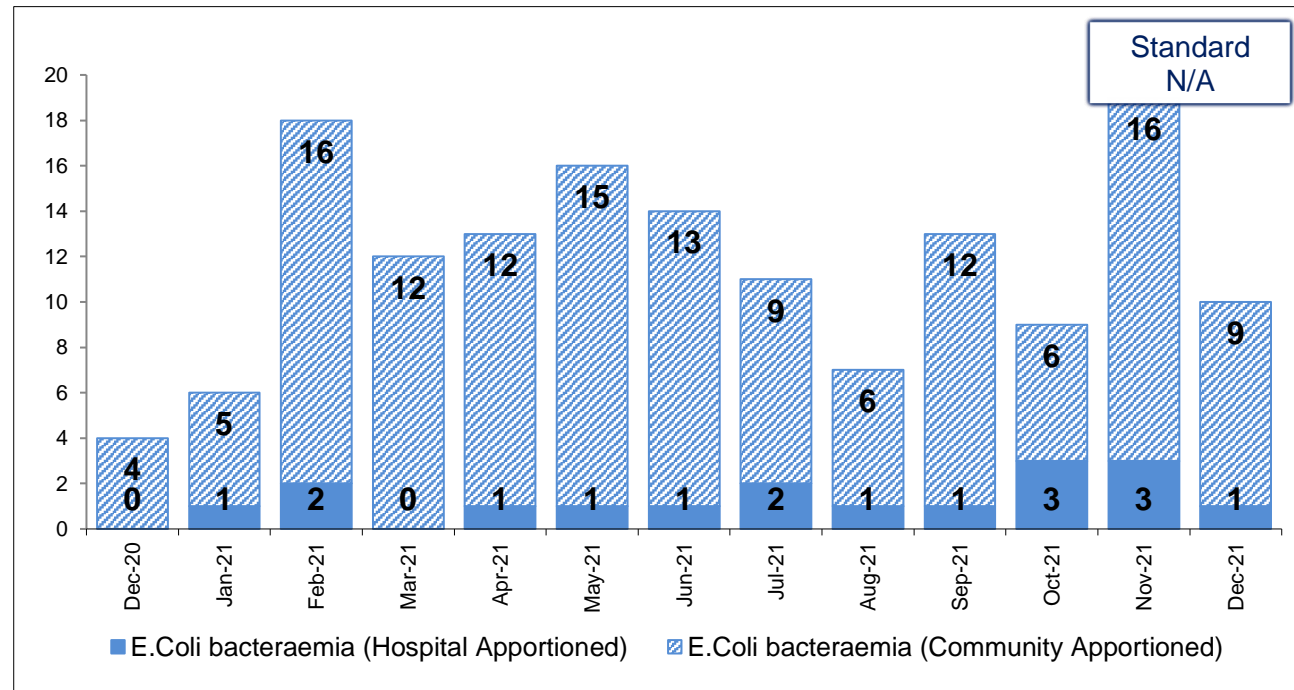
k1.07 | Clostridium difficile infections (Hospital Apportioned)



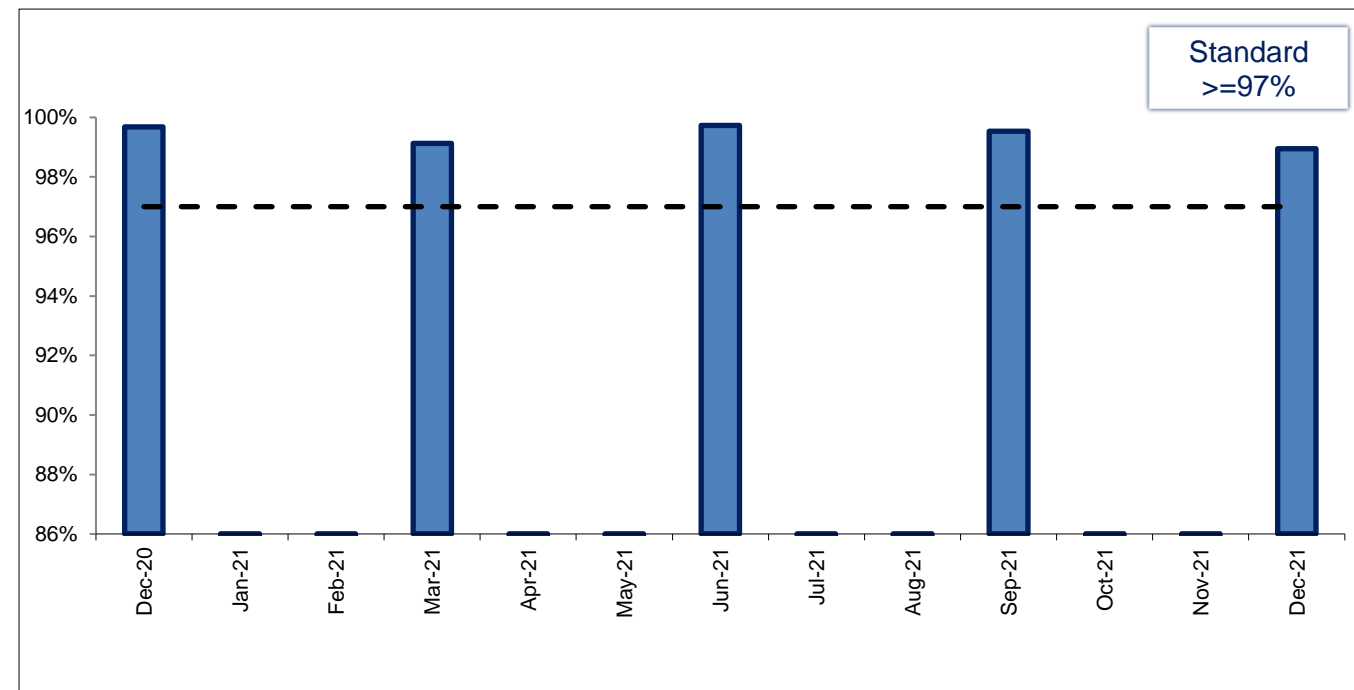
k1.08 | Clostridium difficile infections (Hospital Apportioned) due to confirmed Lapse in Care



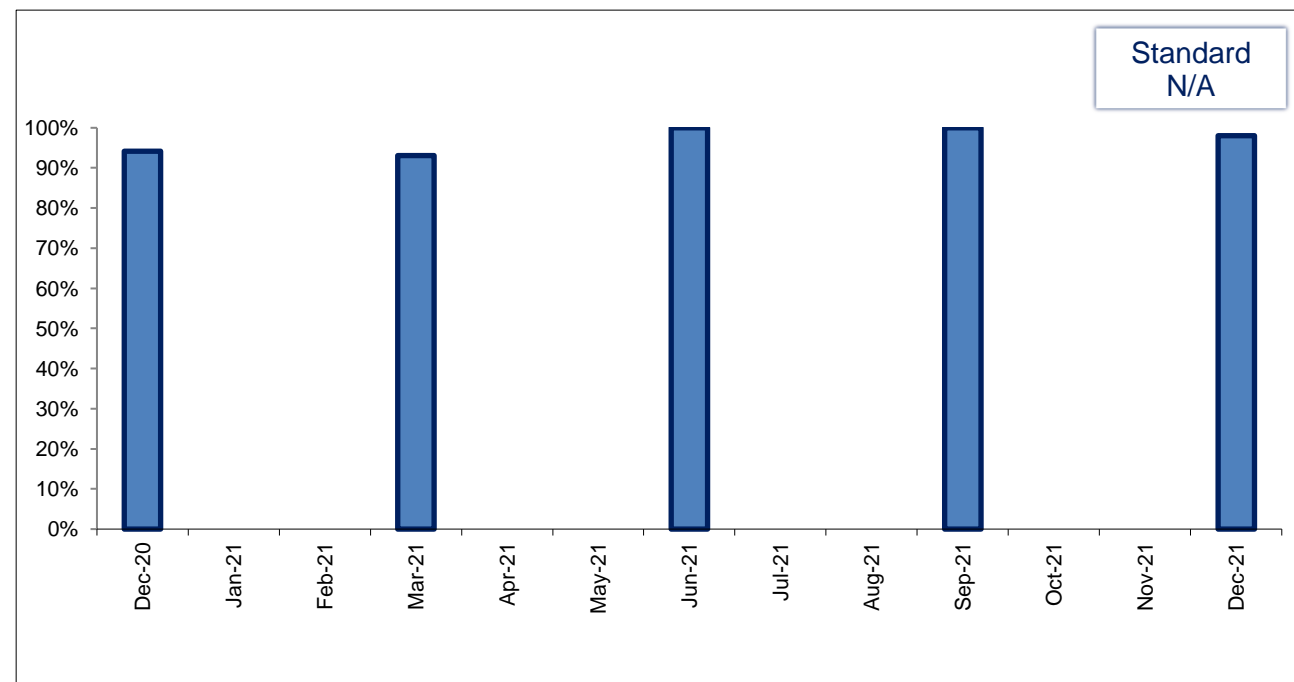
k1.19 | Number of Escherichia (E. coli) bacteraemia



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



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

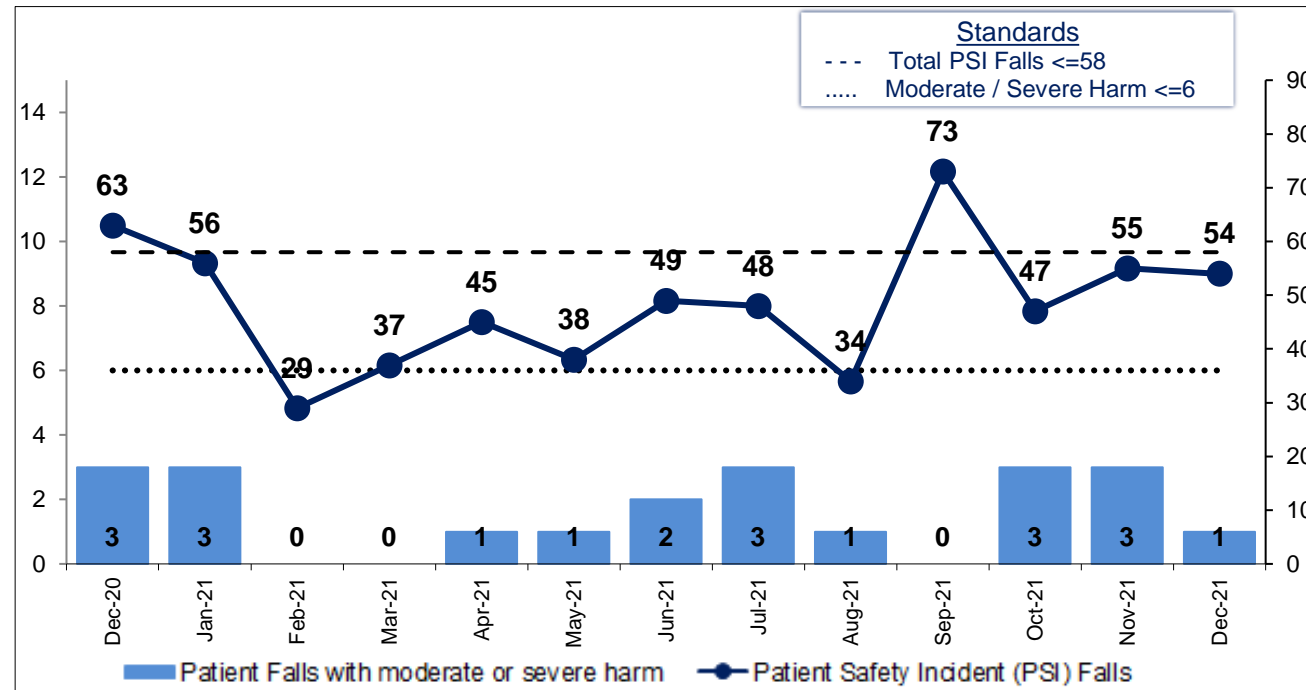


Safe

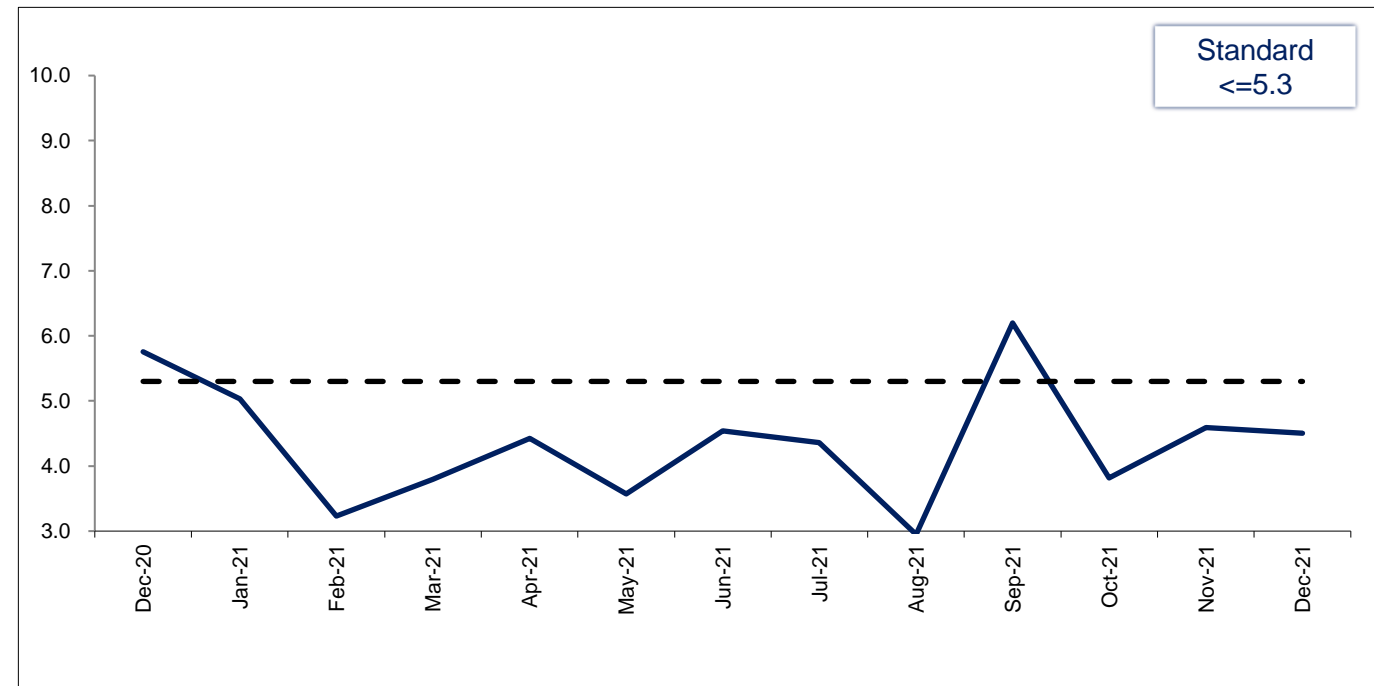
Is Care Safe?

December 2021

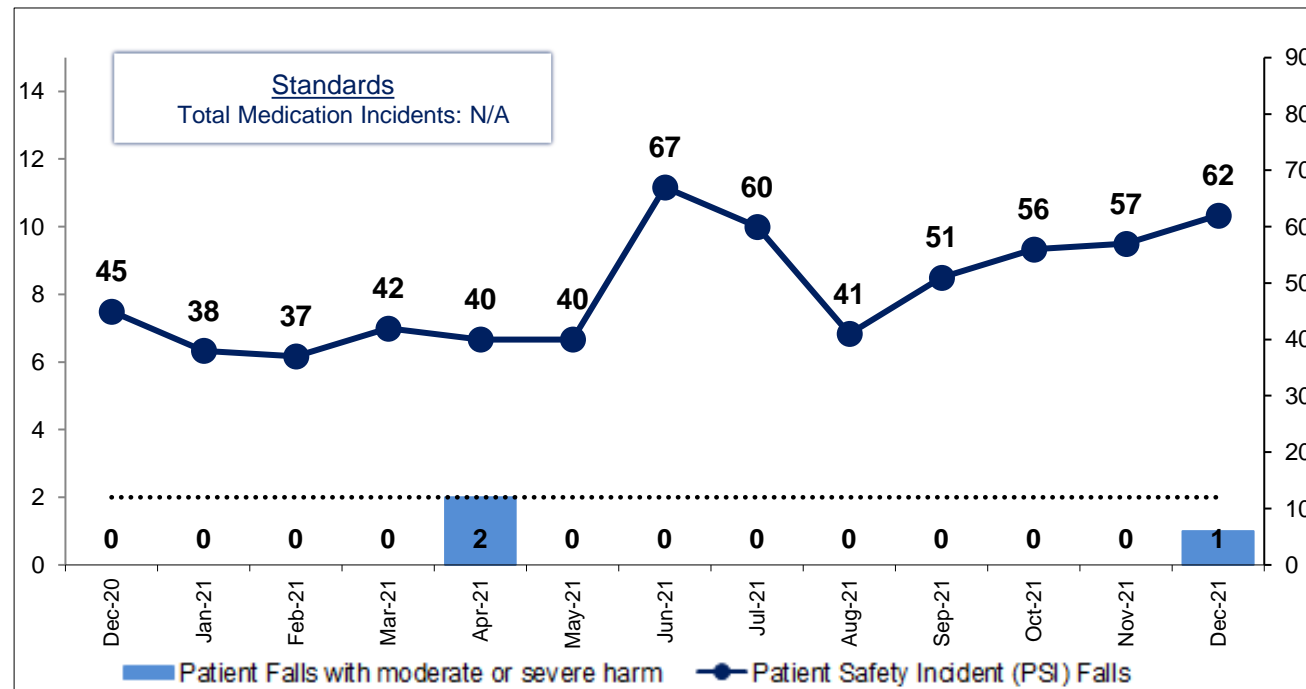
k1.12 | Number of Patient Safety Incident (PSI) Falls



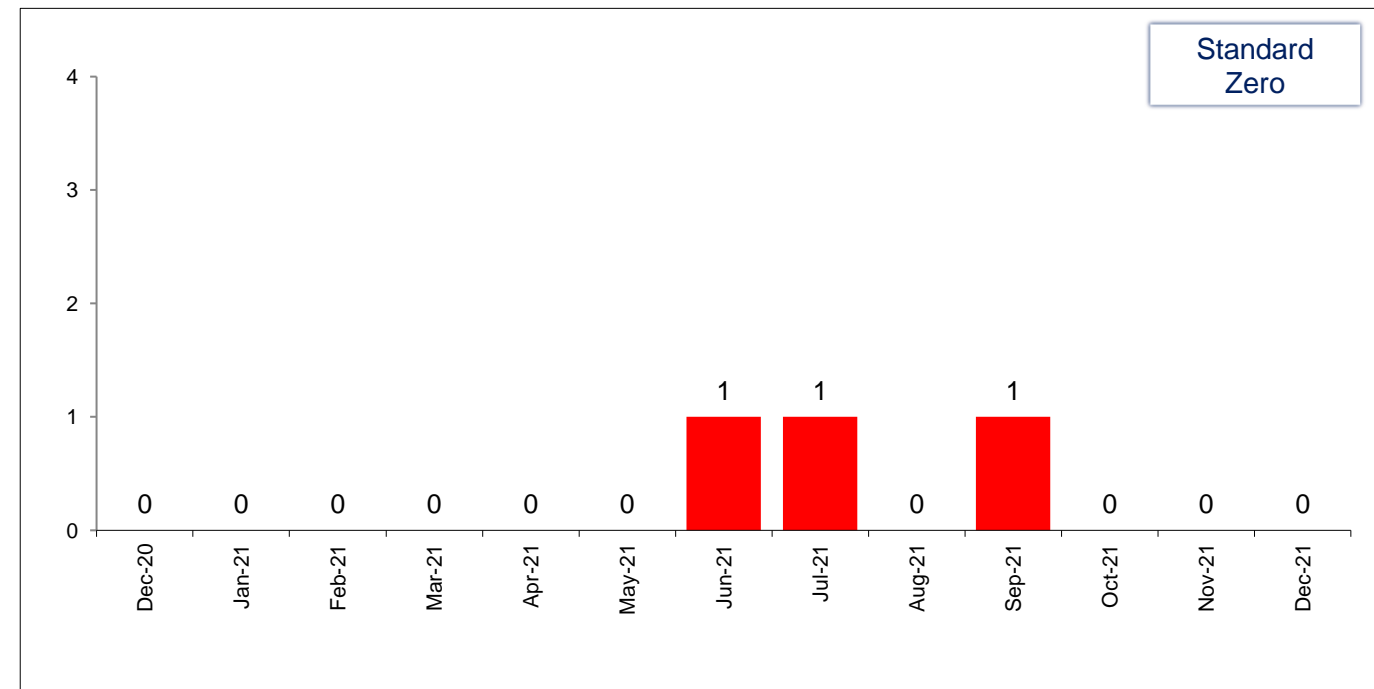
k1.13 | Number of Patient Safety Incident Falls per 1000 G&A beddays



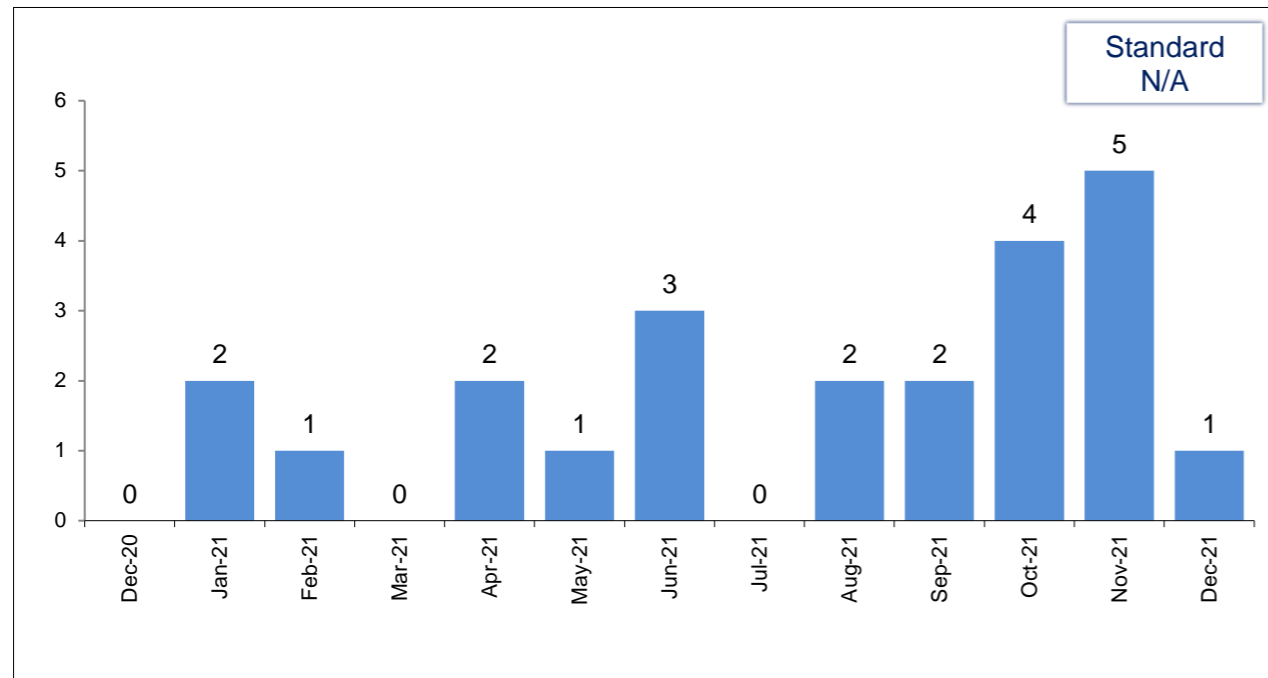
k1.16 | Medication Incidents



k1.15 | Never Events



k1.18 | Number of Serious Untoward Incidents

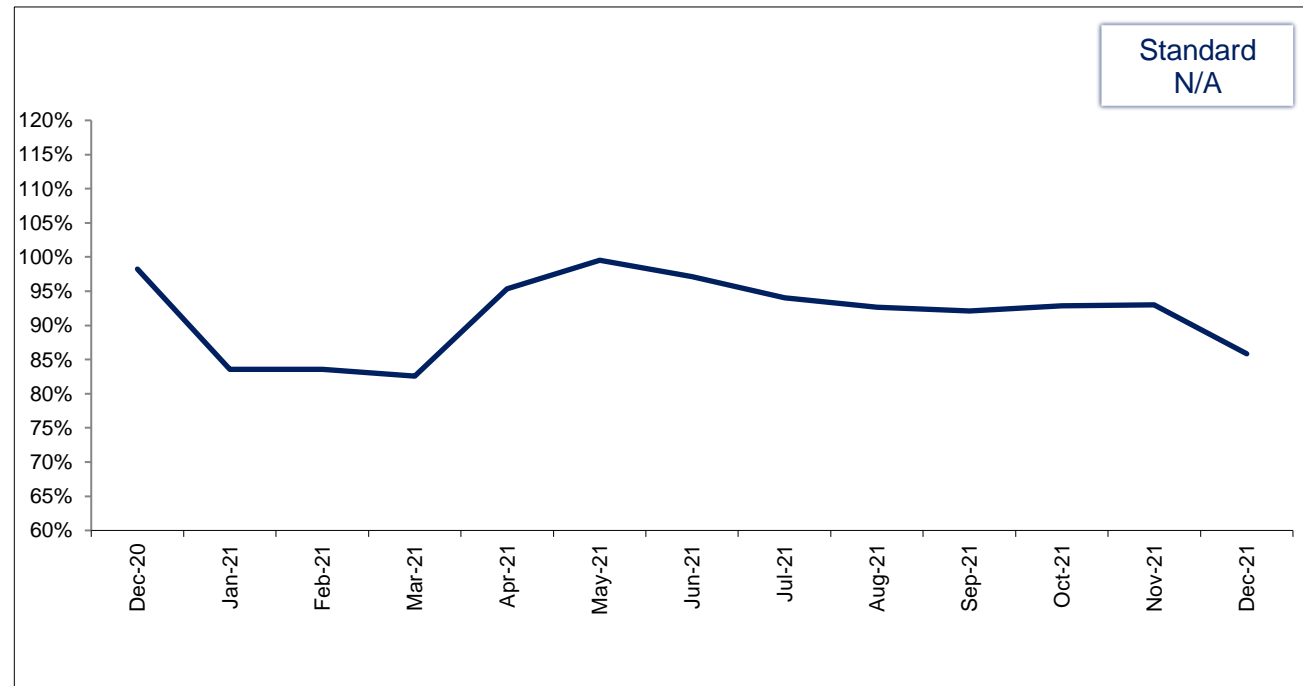


Safe

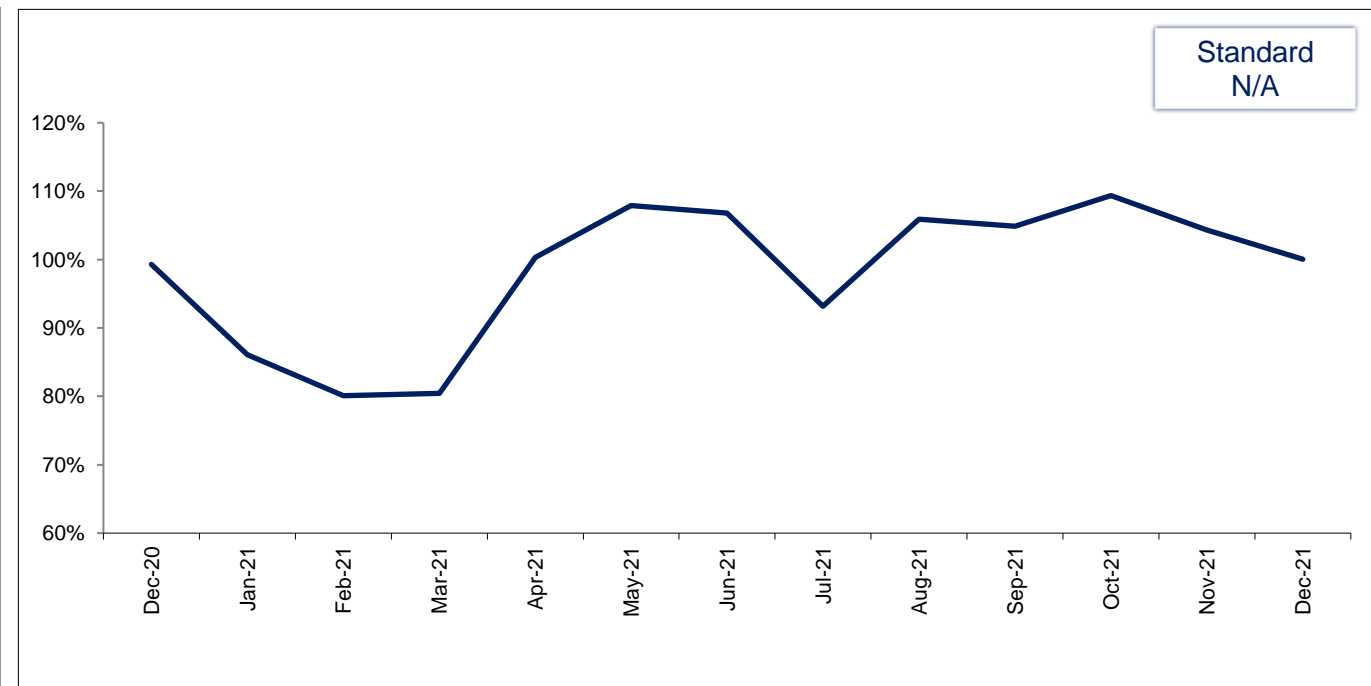
Is Care Safe?

December 2021

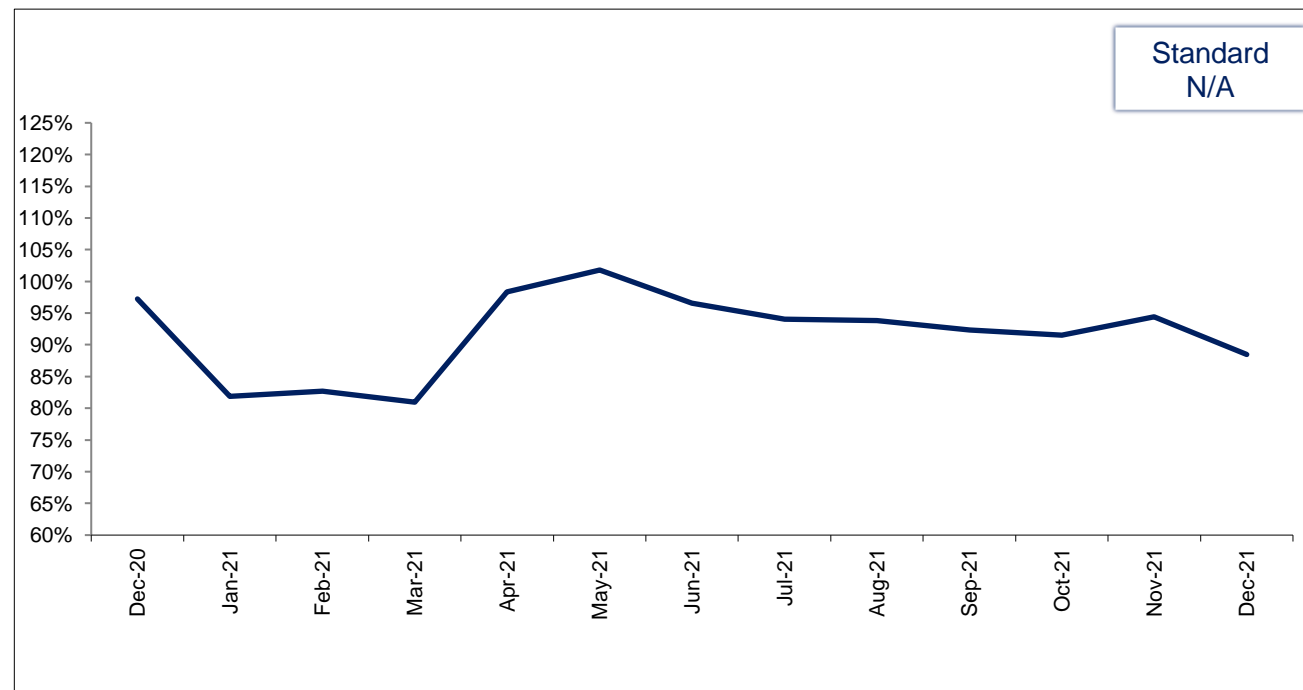
k4.01 | Day - Registered Midwives / Nurses Fill Rate



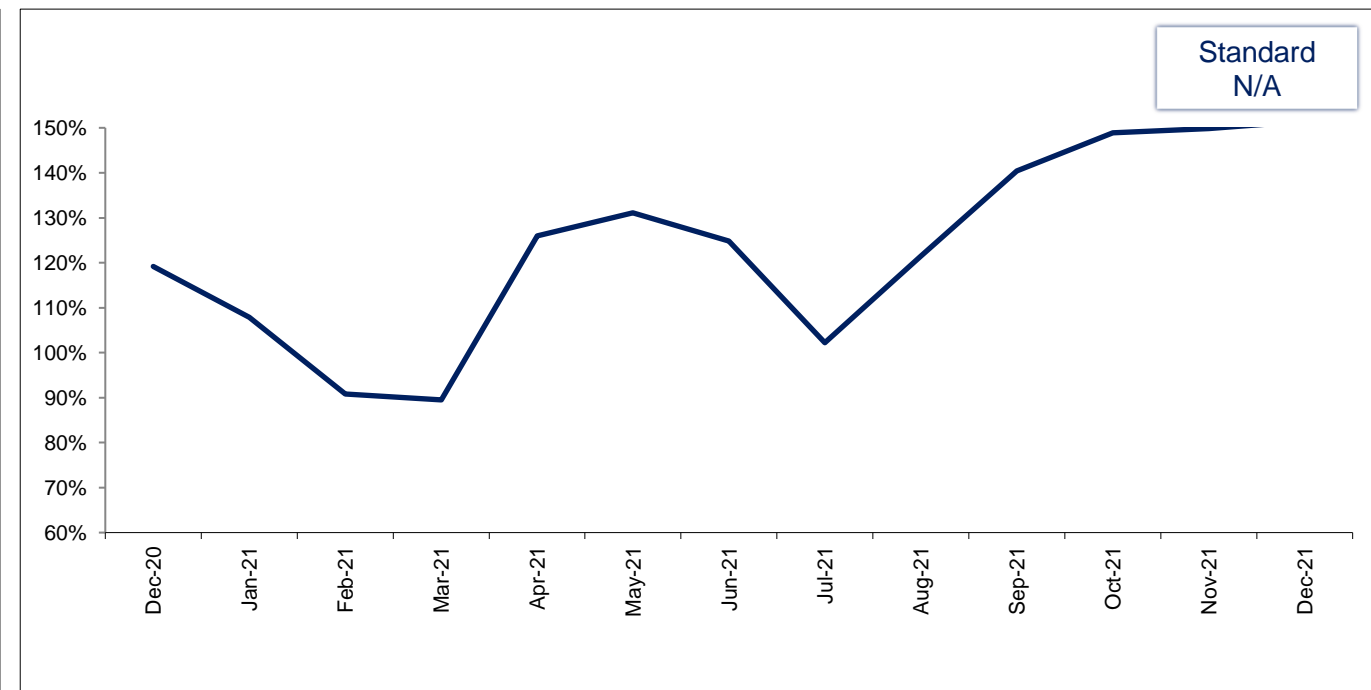
k4.02 | Day - Assistant Fill Rate



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



k4.04 | Night - Assistant Fill Rate

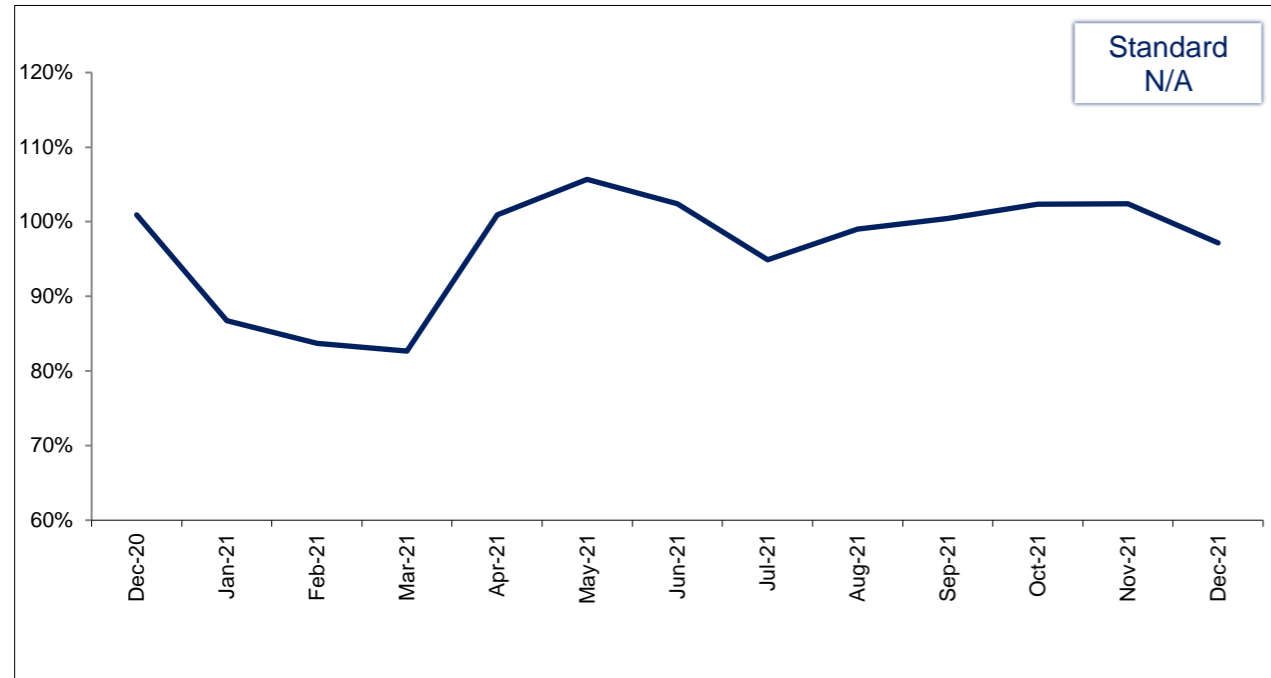


Safe

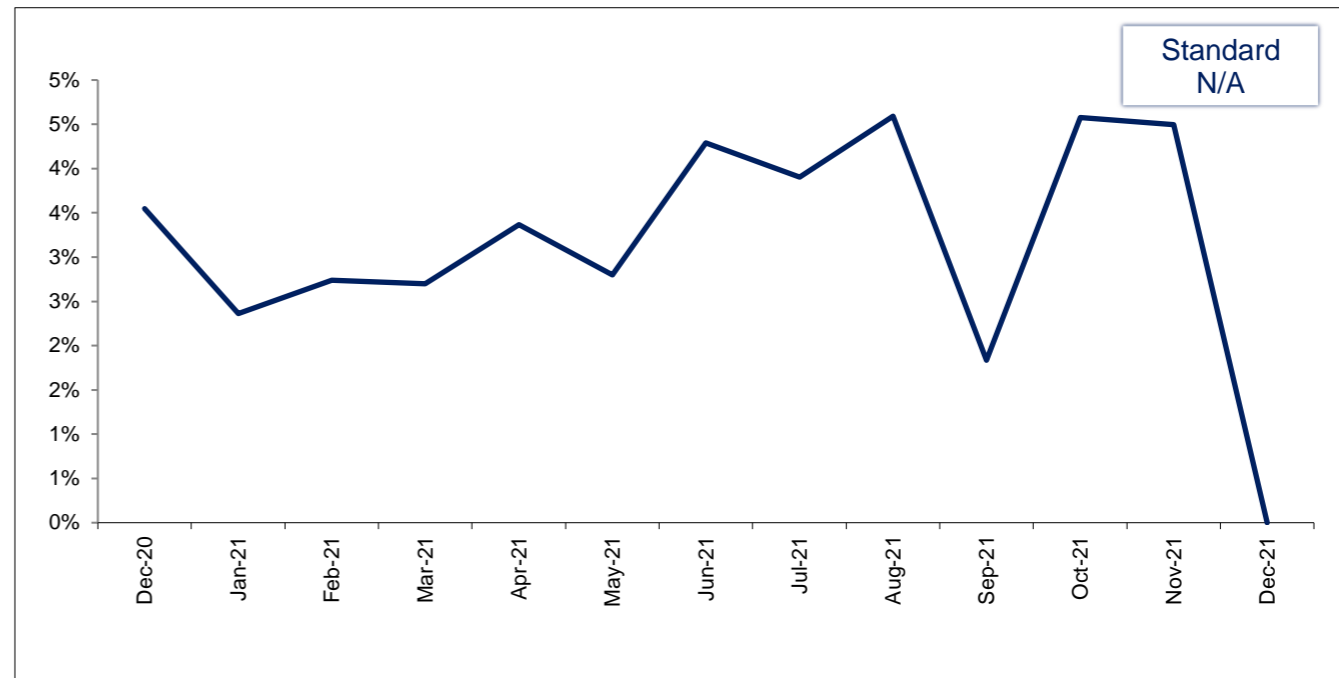
Is Care Safe?

December 2021

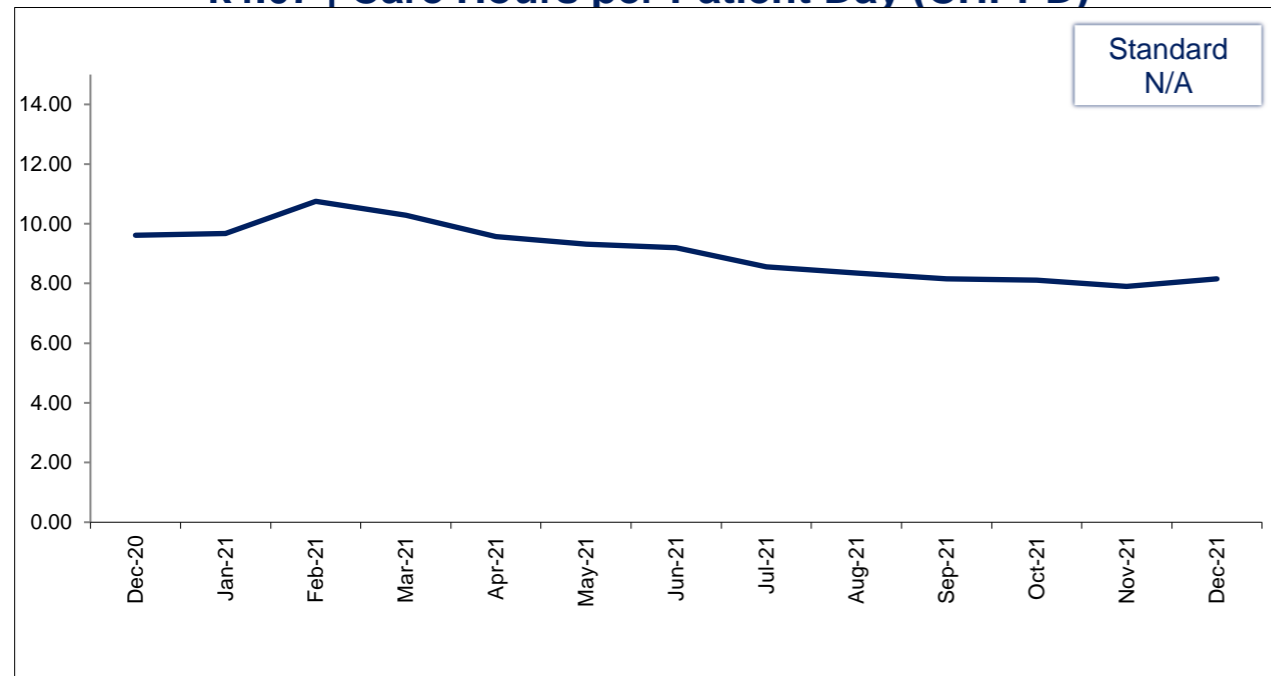
k4.05 | Overall Trust Fill Rate



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



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

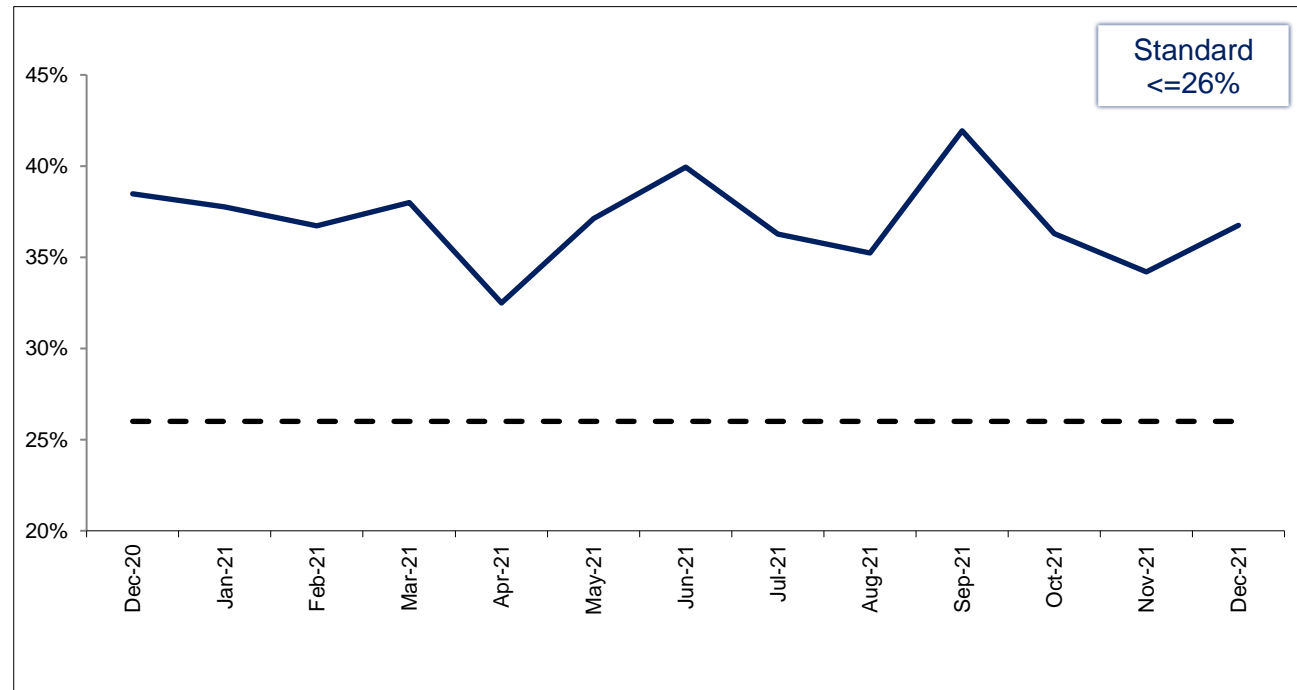


Safe

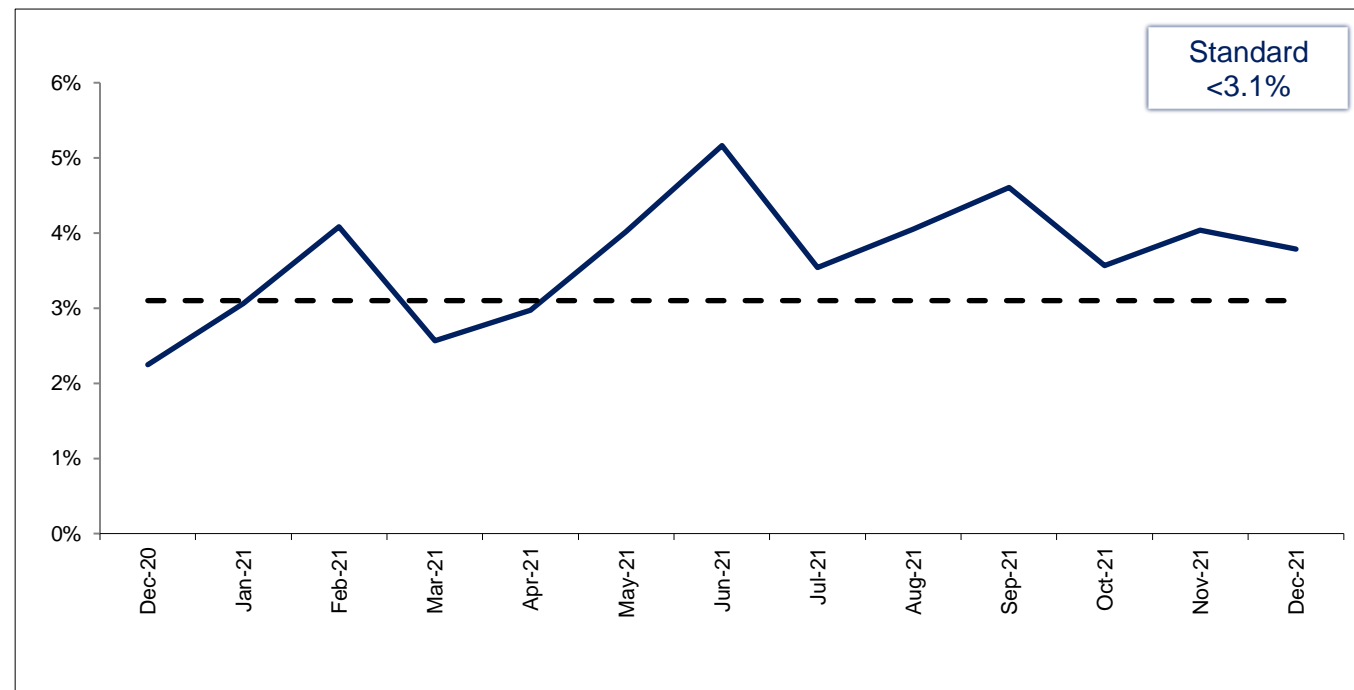
Is Care Safe? : Maternity

December 2021

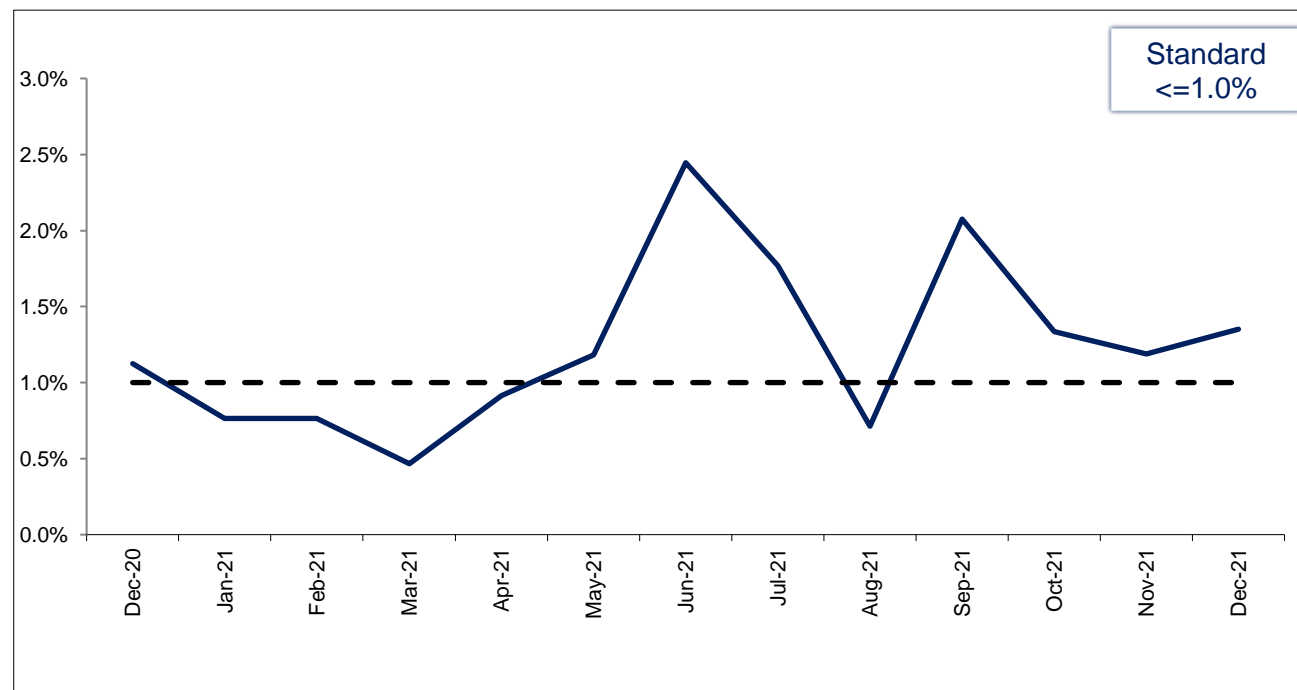
k5.01 | Caesarean section rate



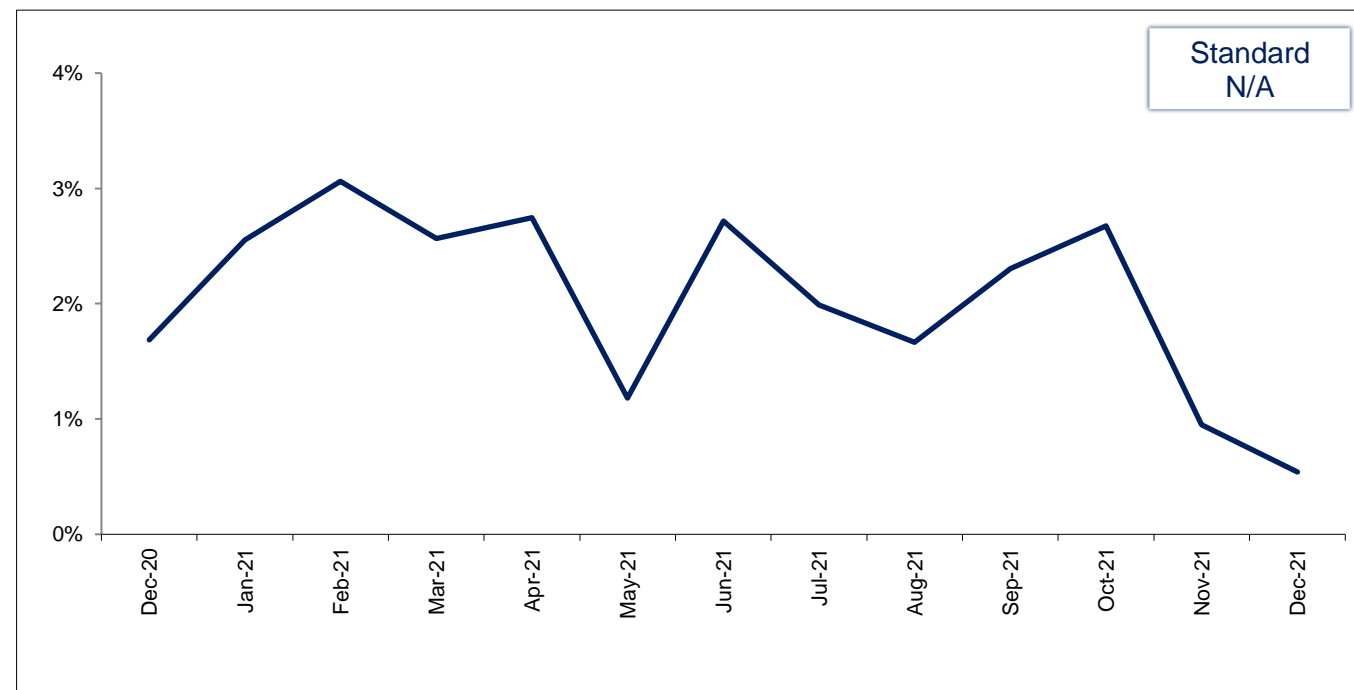
k5.02 | % women with a primary postpartum haemorrhage of 1500ml or more



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



k5.04 | Significant Perineal Trauma



Sophie Calas, Head of Clinical Audit and Effectiveness:

Kingston Hospital NHS Trust recognised nationally for improved rates of dual chamber pacing implants

Pacemakers are electrical devices that consist of a small battery-powered generator and one or more pacing leads that are in contact with the inner wall of the heart's right atrium and/or the right ventricle. They are used to control or replace the heart's intrinsic electrical activity and restore a normal physiological heart rate.

Dual-chamber pacemaker devices are attached to both chambers of the heart and may be used in either dual-chamber pacing mode (in which both the right atrium and ventricle are paced, which mimics the natural pacing rhythm of the heart) or single-chamber pacing mode (where only one chamber of the heart is paced, either the atrium or the ventricle).

Dual-chamber pacing is recommended for the management of symptomatic bradycardia due to sick sinus syndrome, atrioventricular (AV) block (or a combination of sick sinus syndrome and AV block) and for treating symptomatic bradycardia due to sick sinus syndrome without AV block, where clinically appropriate.

Dual chamber pacing is thought to reduce the likelihood of "pacemaker syndrome" (symptoms caused by the loss of AV synchrony), and cardiovascular morbidity, and improve quality of life compared to single chamber ventricular pacing.

Latest performance:

- The Trust met National Institute for Health and Care Excellence (NICE) guidance in 100% of cases eligible for dual chamber pacing in AV block and in 97.8% of cases eligible for dual chamber pacing in sinus node disease without AV block (the national target is 90%).
- 0% re-interventions within 1 year out of 157 cases.

Kingston Hospital NHS Trust's Consultant Cardiologist, Dr Roy Jogiya, was asked to provide the National Audit of Cardiac Rhythm Management (NACRM) with a short case study around Kingston Hospital's significantly improved rate of dual chamber pacing implants. This case study was included in the NACRM national report publication which was released in October 2021:

Kingston Hospital had consistently low rates of dual chamber pacing implants, but now performs extremely well in adherence to the NICE guidance.

Roy Jogiya, Consultant Cardiologist:

"When I joined Kingston, it had been repeatedly identified by NICOR reports as an outlying trust with very low rates of dual chamber pacing for sinus node disease and heart block. We undertook a gap analysis and risk assessment at Trust level. This raised local awareness of the issue. The feedback was very useful and we reflected on this within our own clinical governance structure and we were able to review practice. We used the results in an open and positive light and were successful in appointing another devices specialist as well as setting up formalised multidisciplinary team meetings. The net result is that we now successfully comply with the recommended standards to enhance patient care, and Kingston is now one of the best performers in the UK in this metric."

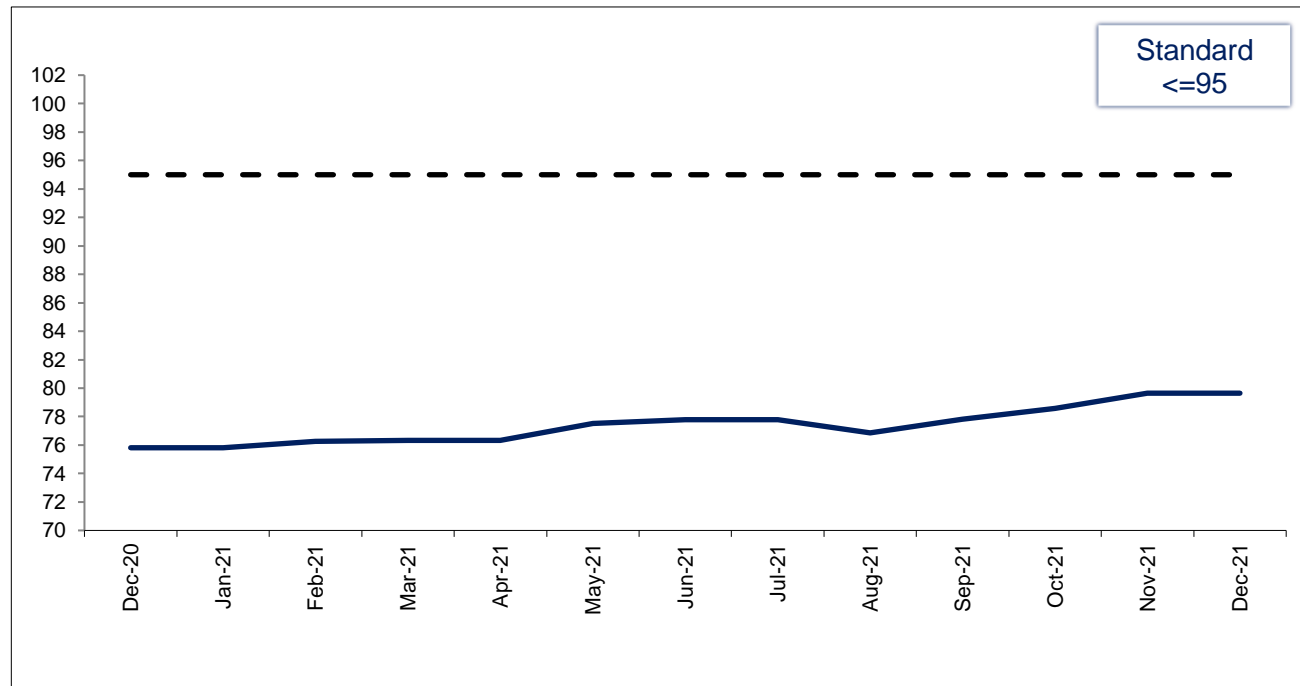
Plans for the future:

- To continue ongoing data submissions to the National Institute for Cardiovascular Outcomes Research (NICOR).
- To ensure that all complications and re-interventions are monitored by the Morbidity and Mortality (M&M) meeting.
- To explore options for a full move to electronic patient records for the cardiology service.

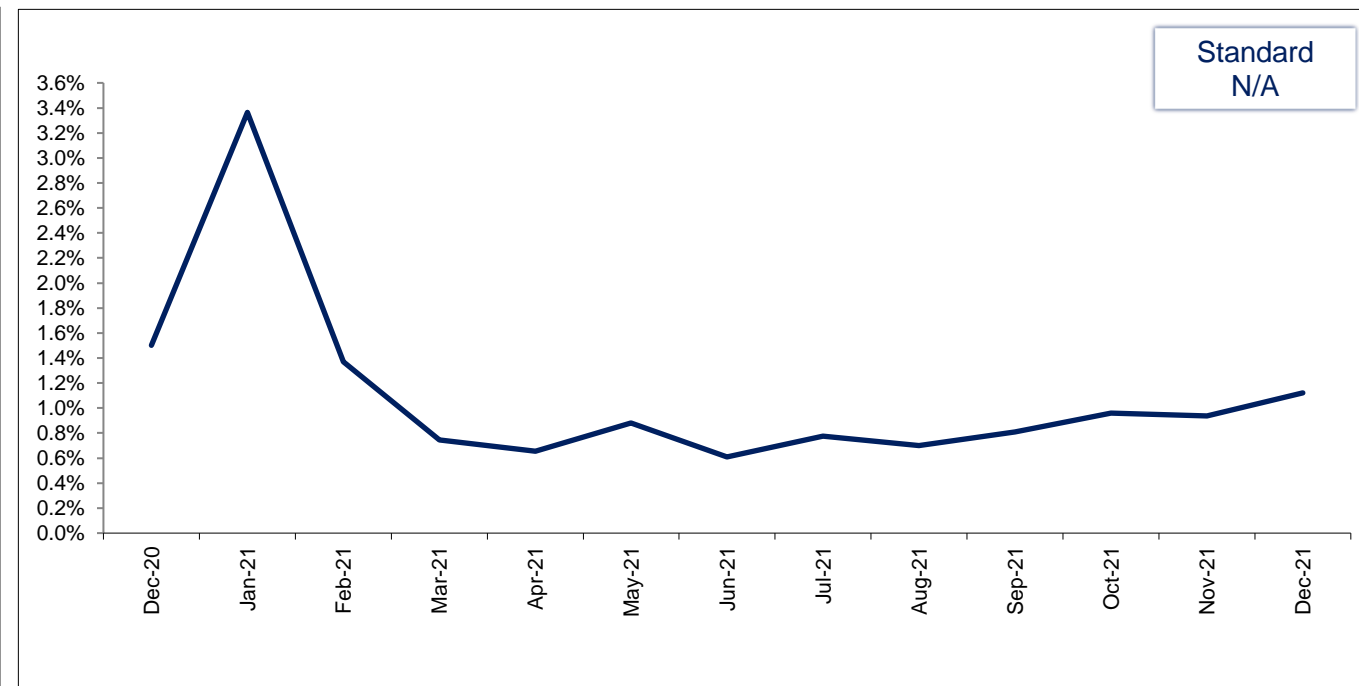
Reference:

- National Audit of Cardiac Rhythm Management (NACRM) Summary Report, 2021. Available at: https://www.hqip.org.uk/wp-content/uploads/2021/10/NACRM-Domain-Report_2021_FINAL.pdf
- Dual-chamber pacemakers for symptomatic bradycardia due to sick sinus syndrome and/or atrioventricular block [TA88], NICE, 2005.
- Dual-chamber pacemakers for symptomatic bradycardia due to sick sinus syndrome without atrioventricular block [TA324], NICE, 2014.
- Dual Chamber Pacing Health Technology Appraisal, NICE, 2003.

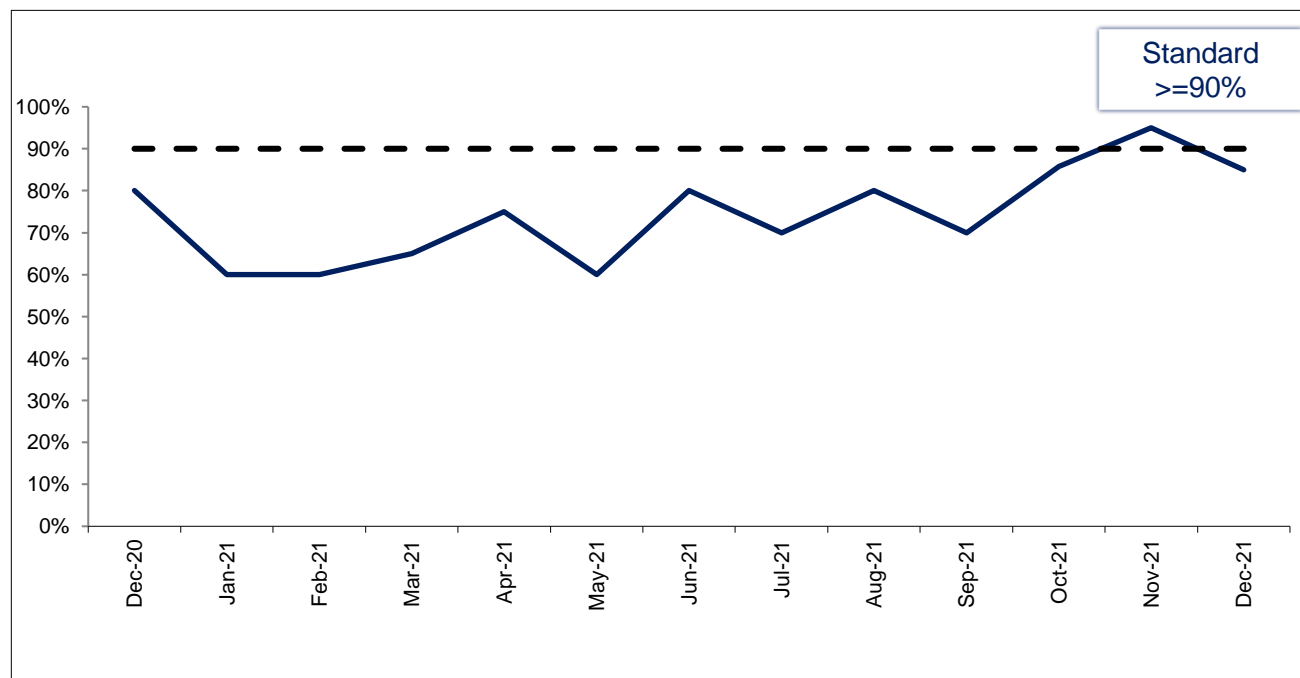
k2.01 | SHMI



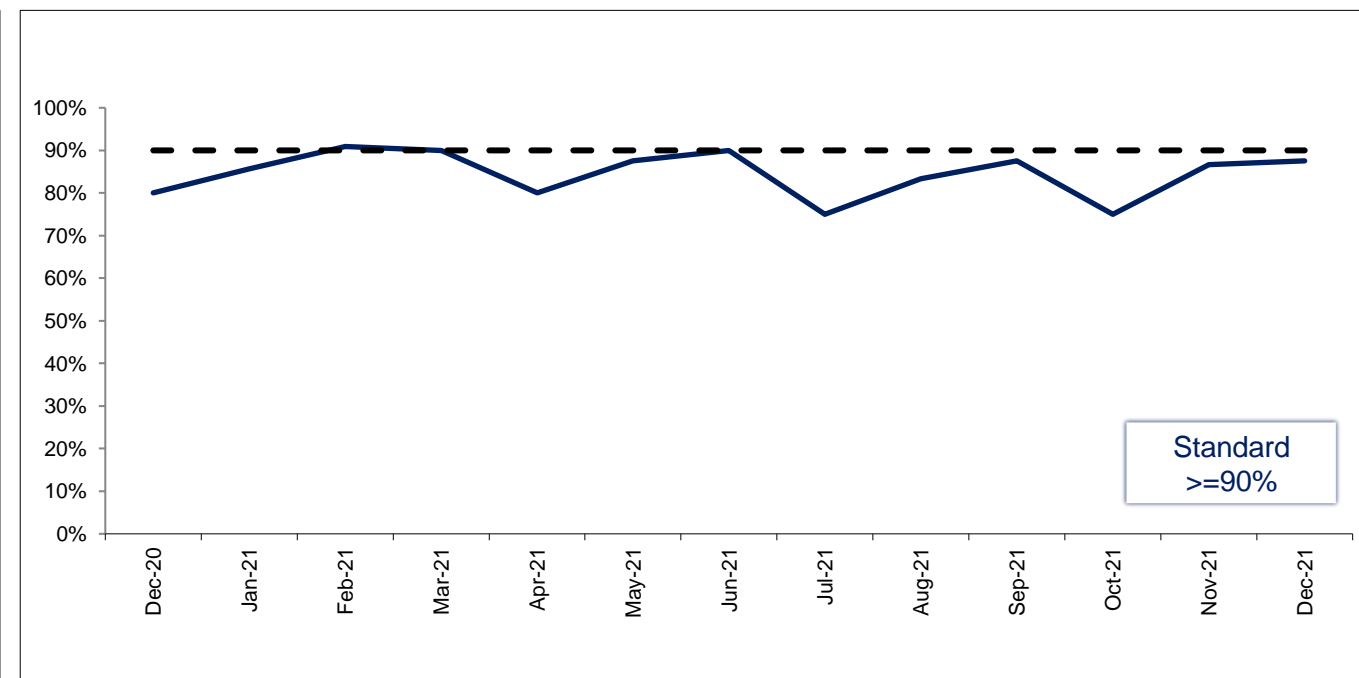
k2.02 | Unadjusted Mortality Rate



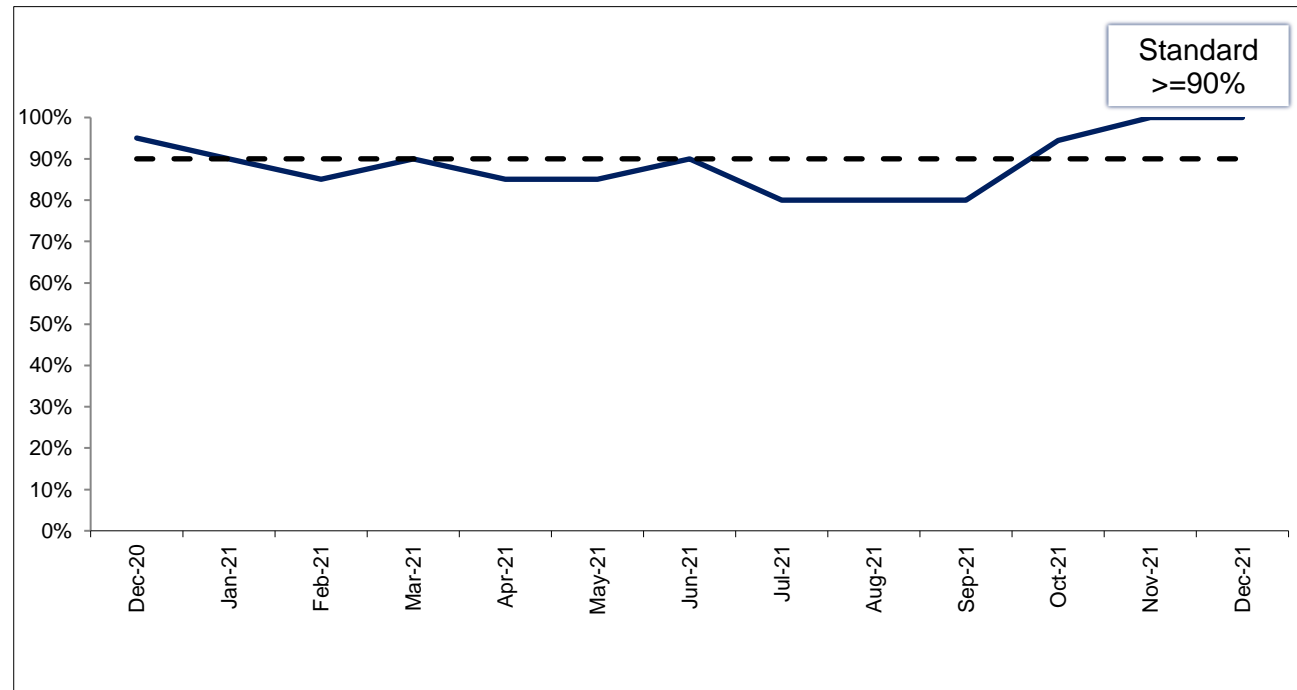
k2.03 | Sepsis - % of eligible patients screened for sepsis - Emergency Department



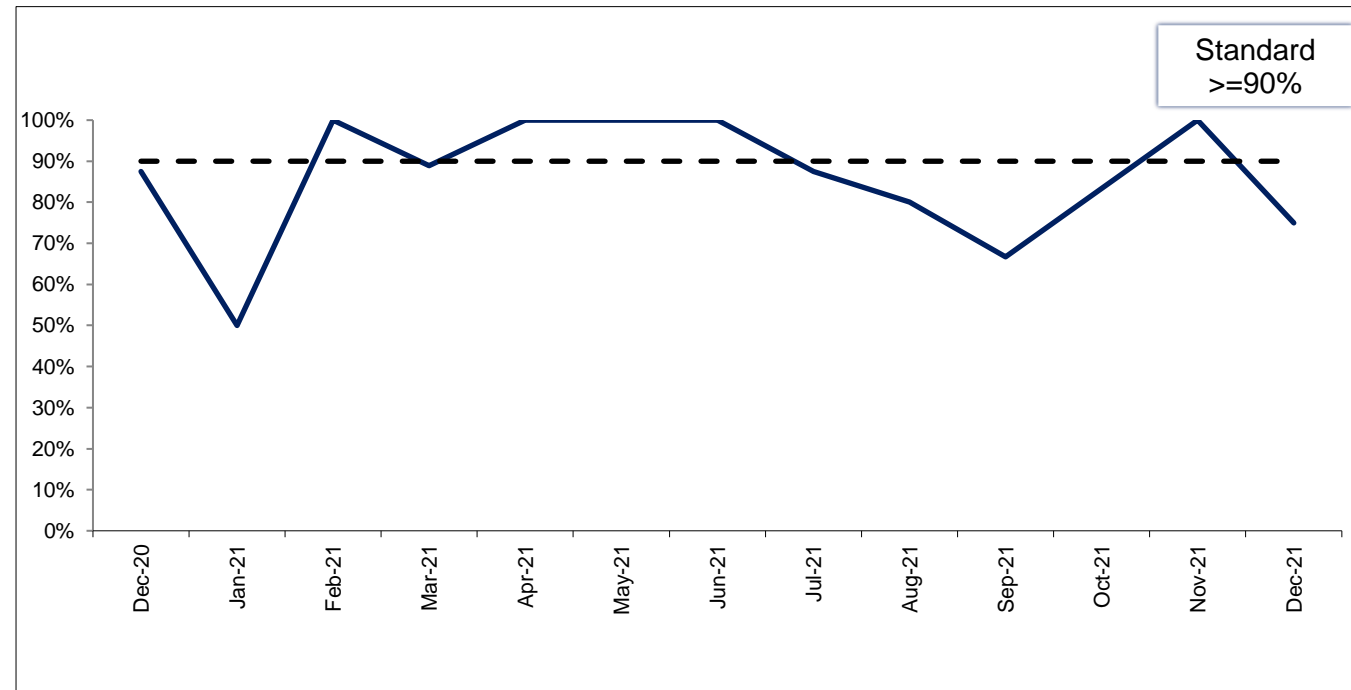
k2.04 | Sepsis - % of eligible patients who received antibiotics within 1 hour of arrival - Emergency Department



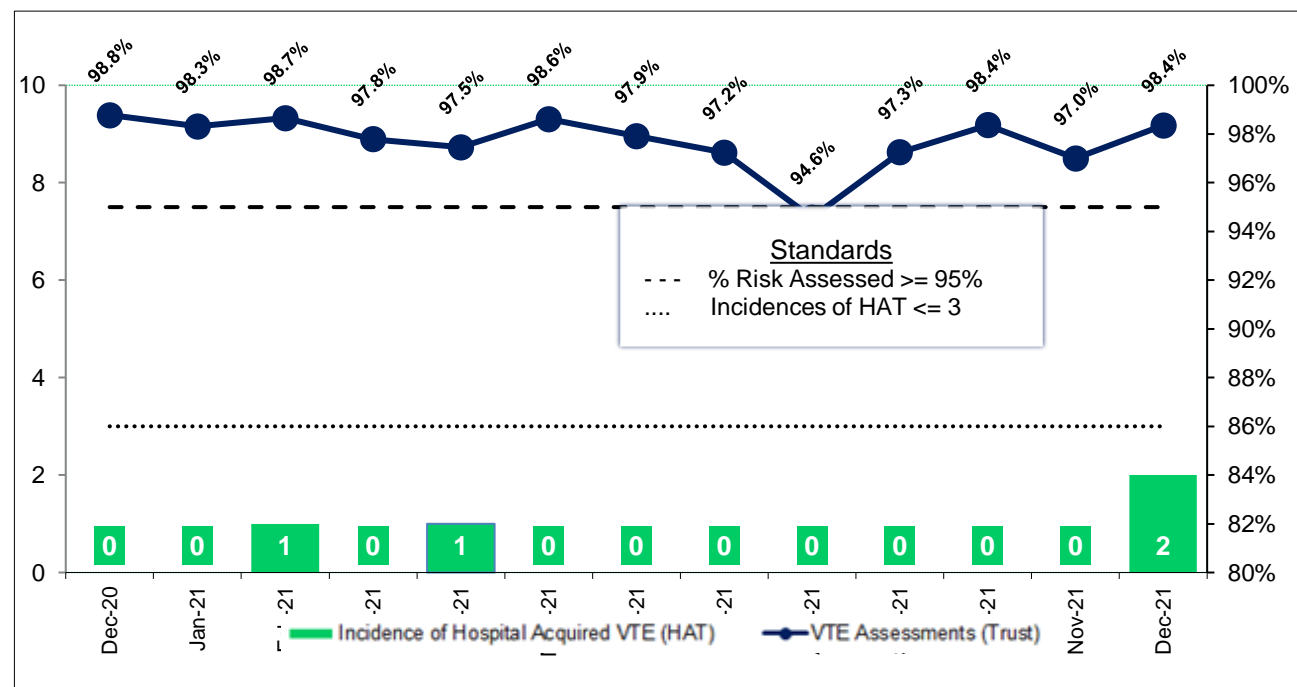
k2.13 | Sepsis - % of eligible patients screened for sepsis - Inpatients



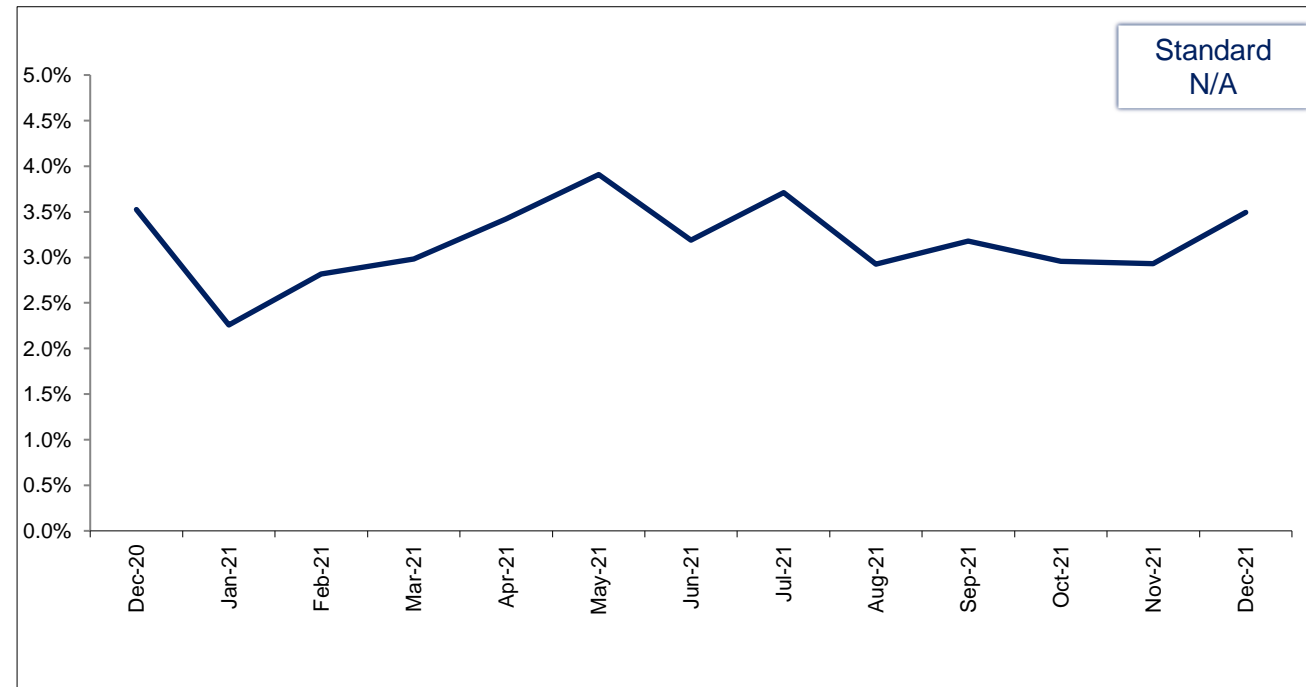
k2.14 | Sepsis - % of eligible patients who received antibiotics within 1 hour - Inpatients



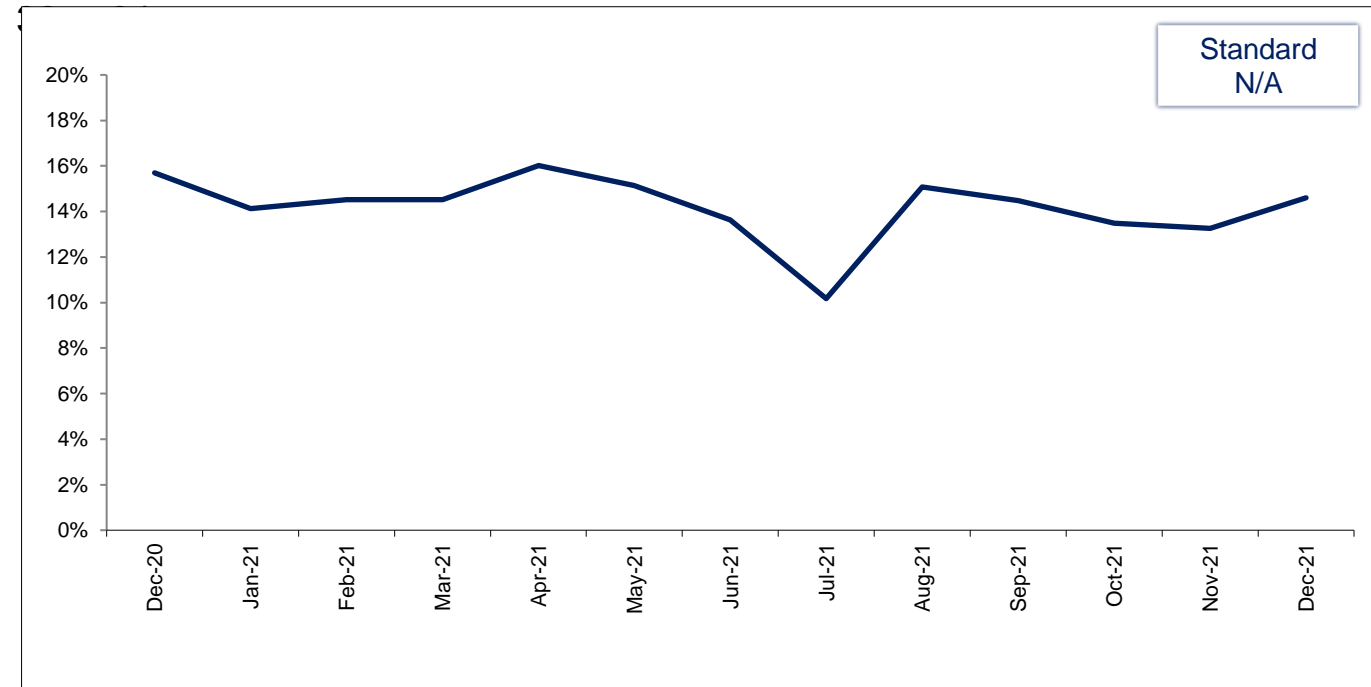
k2.05 | Prevention of Hospital Acquired VTE (% patients risk assessed)
k2.06 | Incidence of Hospital Acquired VTE (HAT)



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



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

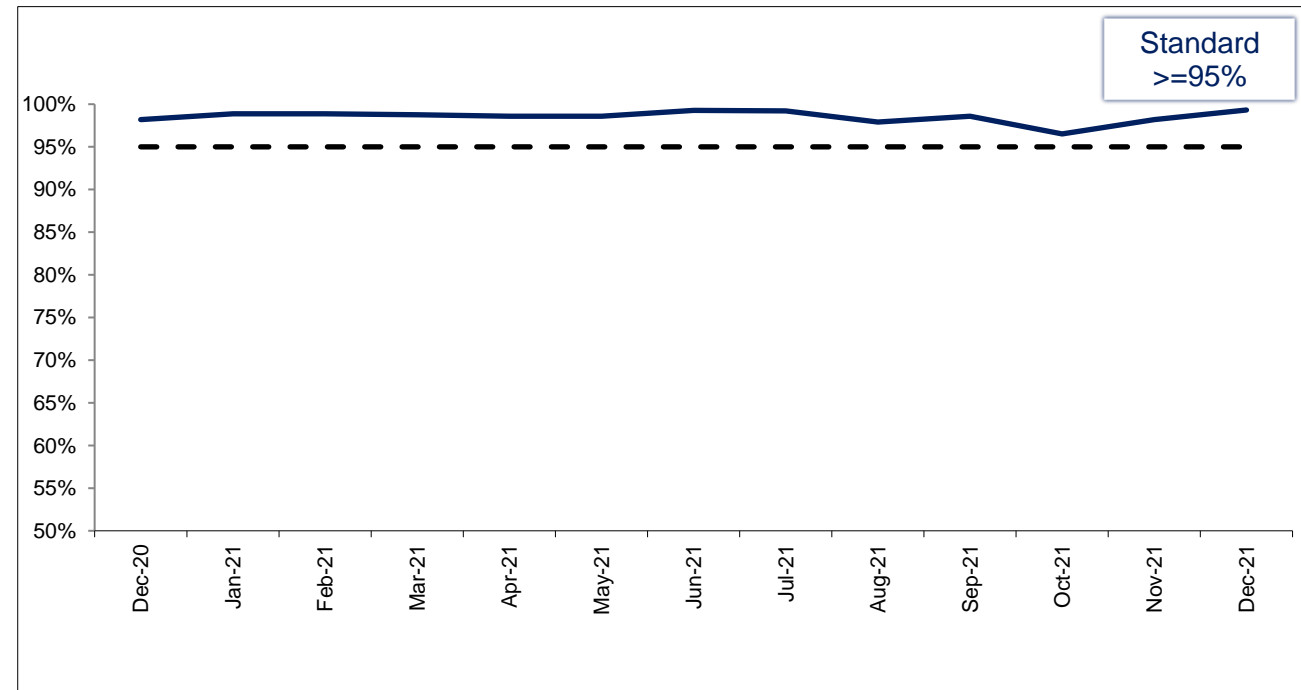


Effective

Is Care Effective?

December 2021

k3.15 | Hand Hygiene



Clare Parker:
Head of Legal, Complaints, PALS/Bereavement

December 2021 Trust Board Wording

The trust received **27** complaints in December 2021 compared to **31** in December 2020.

Unplanned Care received the highest number of complaints accounting for 52% of the total received followed by Planned Care 33% and Corporate Services 15%.

Within Unplanned Care the following areas received complaints in December 2021

Emergency Department (5), Acute Assessment Unit (2), Blyth Ward (1), Cardiology (1), Hardy Ward (1), Intensive Care Unit (1), Keats Wards (1), Neurology Department (1), and Radiology (1).

[4 of the 5 complaints received by the Emergency Department raised concerns about poor staff attitude and communication.](#)

Within Planned Care the following areas received complaints in December 2021

Antenatal Clinic (1), Astor Ward (2), Cambridge (1), Gastroenterology (1), Hardy Ward (1), Paediatrics (1), Ophthalmology (1) and Urology (1).

Subjects

The most frequent subjects related to were care and treatment 33% and communication 22%.

Reopened Complaints

5 complaints were reopened in December 2021; no clear theme is apparent.

Ombudsman

No complaints were referred to the Ombudsman in December 2021.

All data from October 2021 onwards is reported from Datix. This is not fully functional in the complaints module and therefore there are reporting limitations and the data should be considered with caution.

Jane Suppiah:
Head of Patient Experience and Involvement

December saw 4,475 ratings (compared with 6,027 in November). 89.77% were positive, the highest monthly positive rating since May 21 (89.88%). 6.64% of ratings were negative. 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, the environment and waiting time.

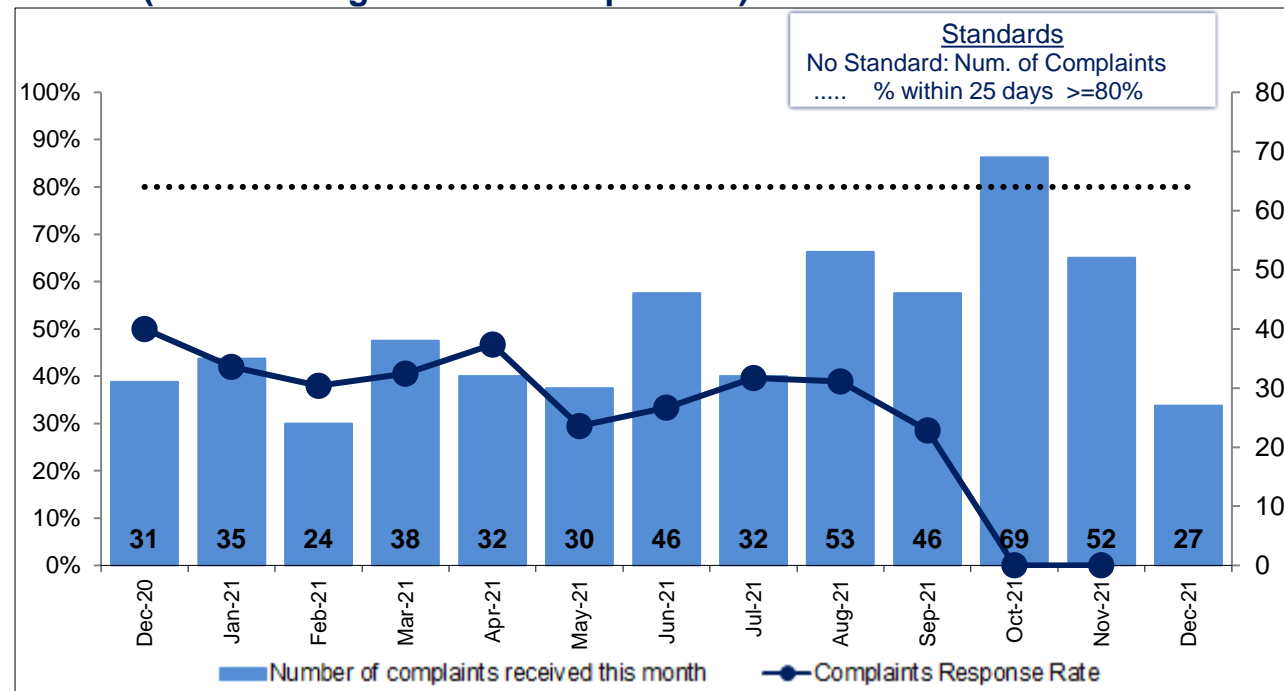
There has been a significant improvement in ED ratings. 76.3% of respondents rated their experience positively in December compared with 69.7% in November. Negative ratings (18.1%) are the lowest since May 21. 97.2% of respondents receiving 'daycase' treatment rating their experience positively with the Haematology Day Unit and Endoscopy attracting 100% positive feedback. The volume of feedback collected across inpatient wards and maternity has understandably dropped given the busyness of these areas. The Patient Experience and Volunteering teams are working collaboratively to support these areas to maintain their feedback levels and the Patient Experience team continues to provide summary analysis and themes to these teams.

'Good service. I have learning difficulties & the nurse Nicola explained everything to me slowly so I could understand the procedure I was having. She was very nice'.

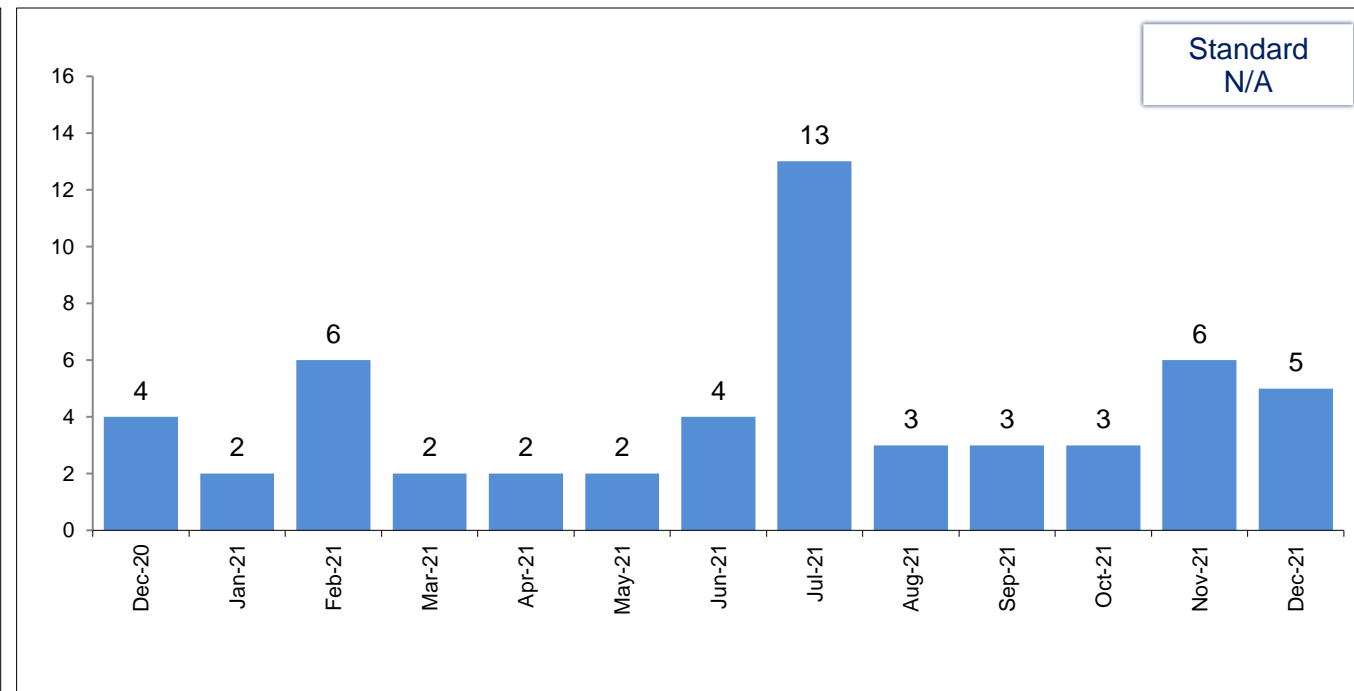
FFT feedback from Endoscopy patient, December 2021

k3.01 | Number of Complaints received

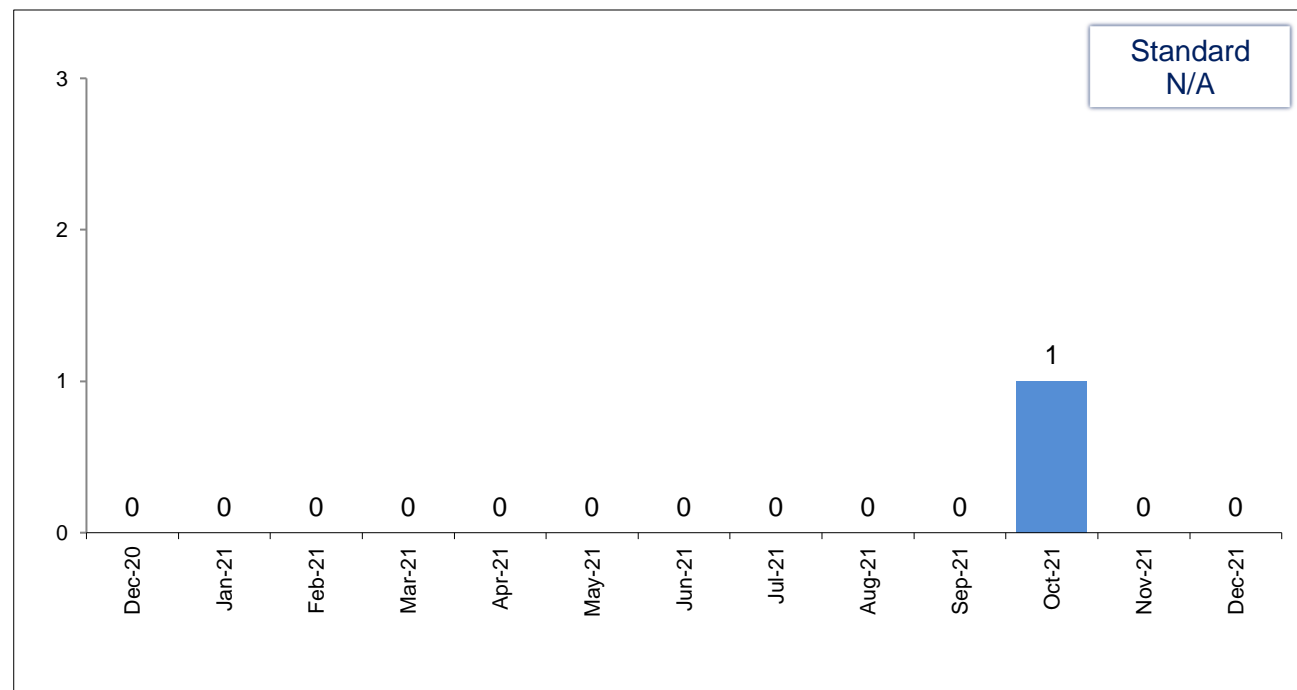
**k3.14 | % Complaints responded to within 25 working days
(or date as agreed with complainant)**



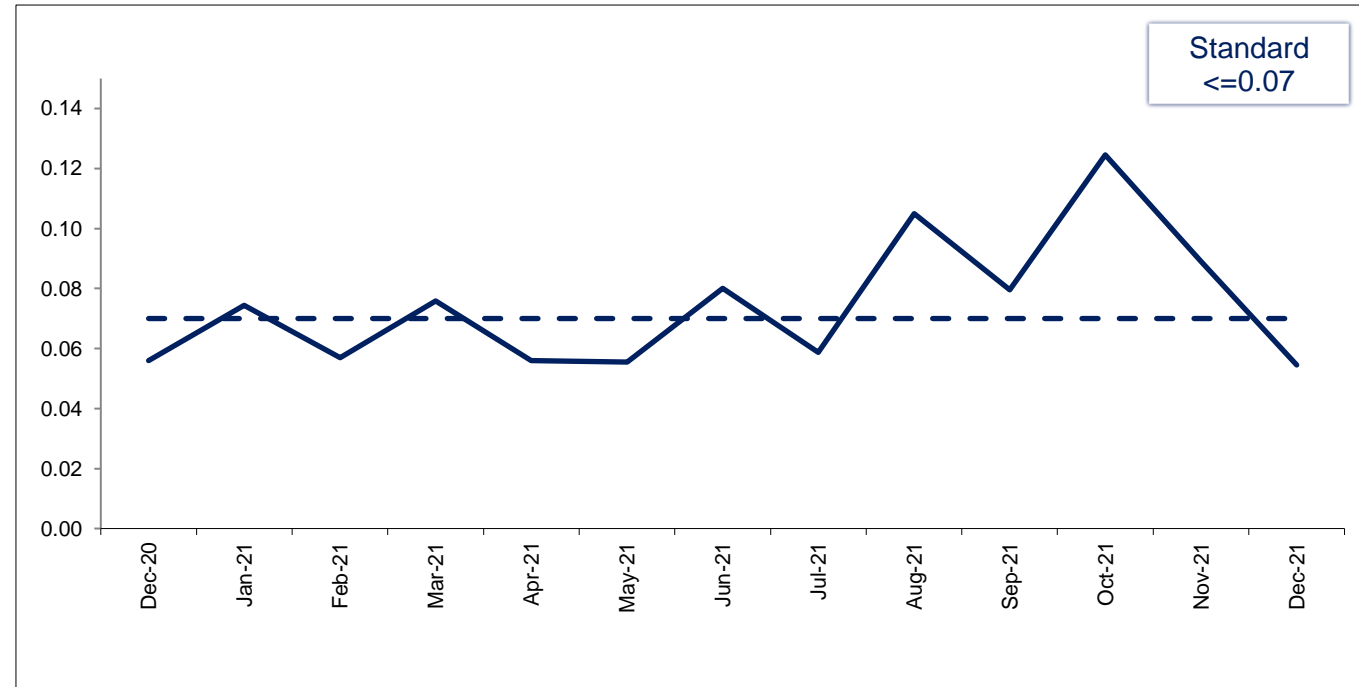
k3.02 | Number of Complaints reopened



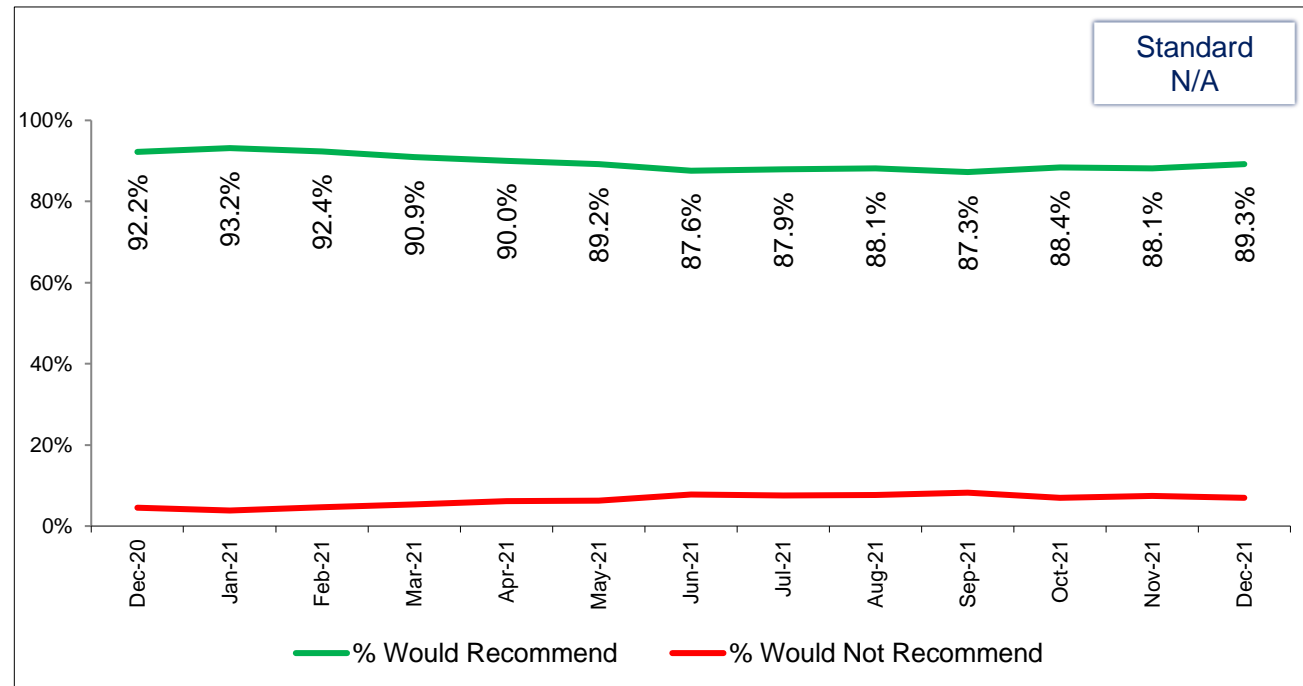
k3.03 | Number of Complaints referred to ombudsman



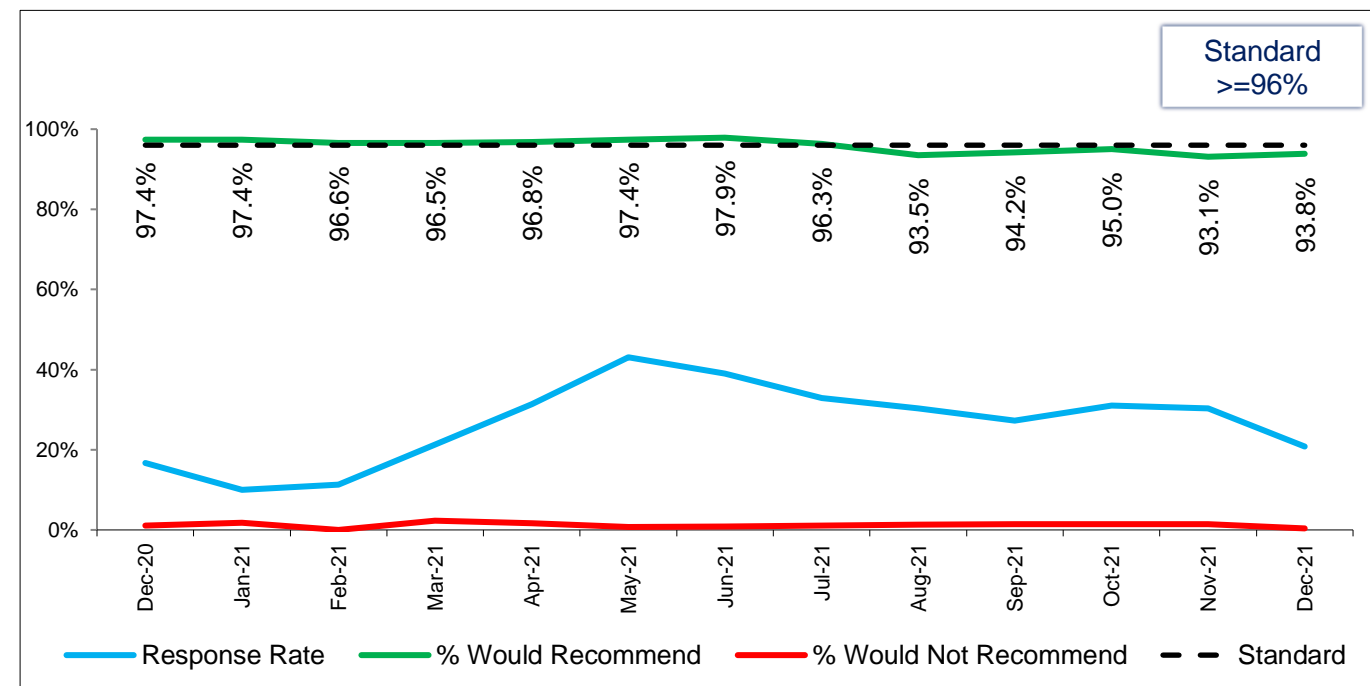
k3.20 | Complaints per 100 patient contacts



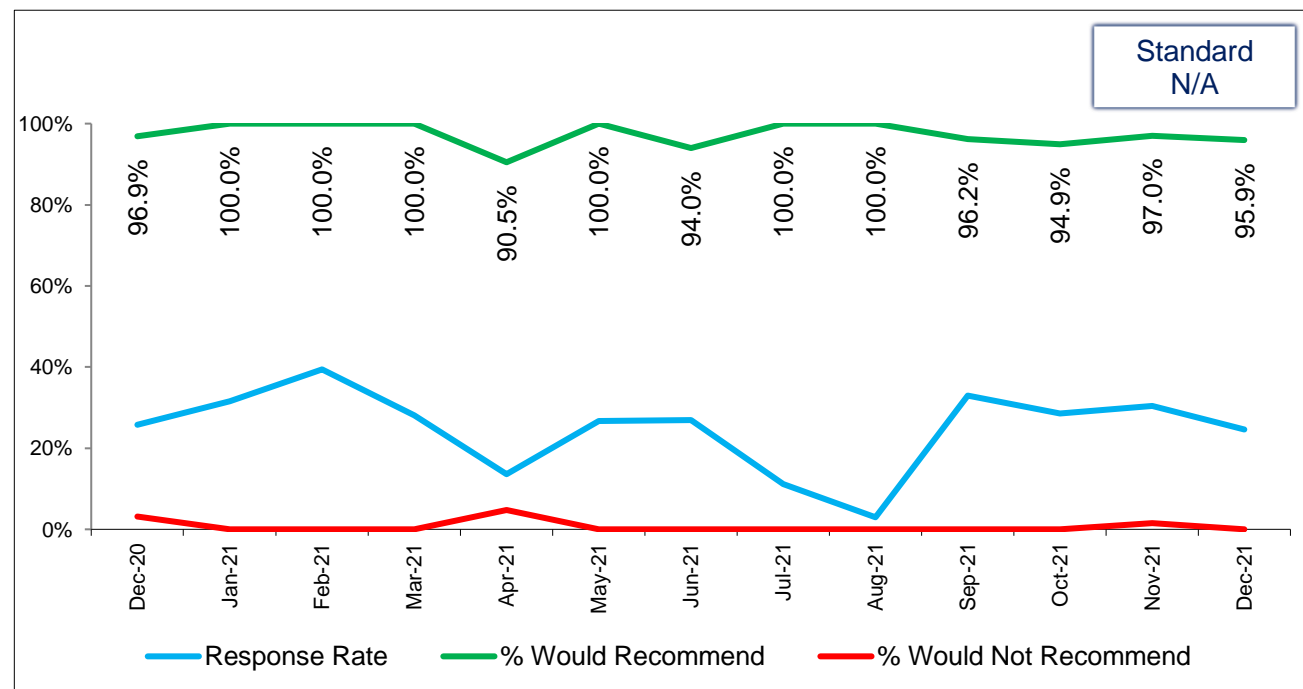
k3.05 | Friends and Family Score - Trust



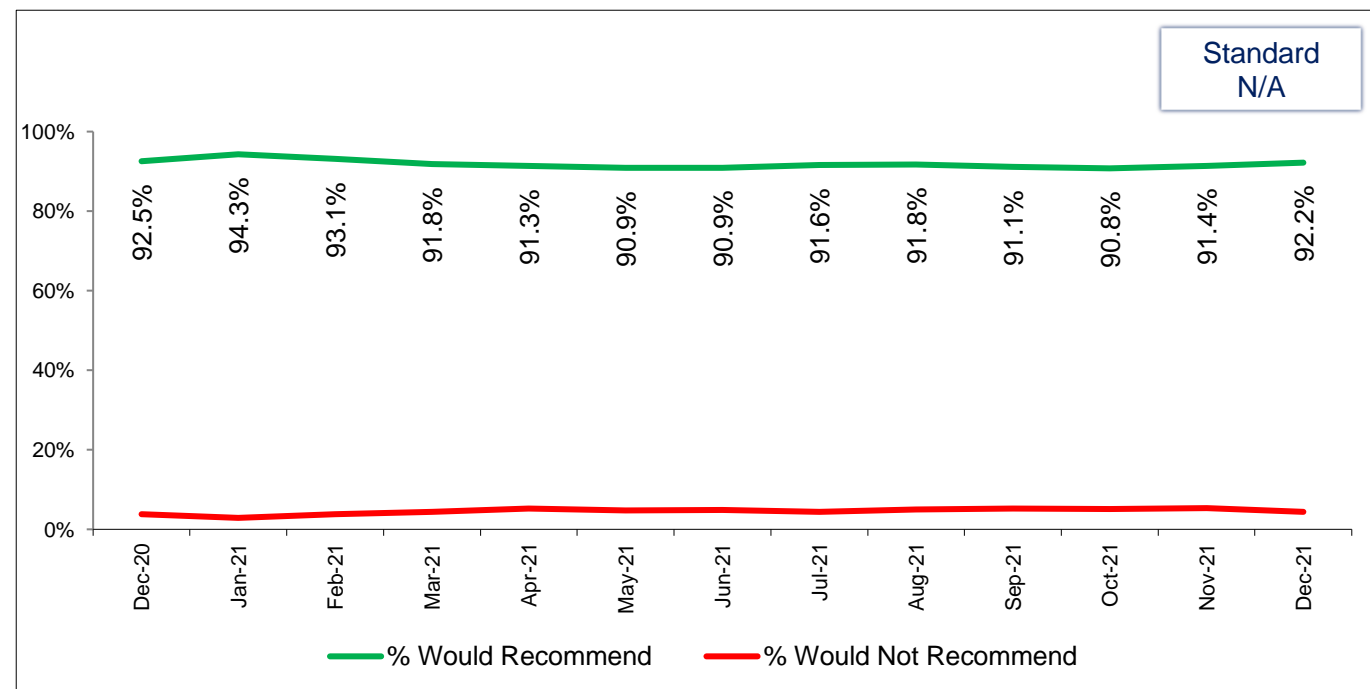
k3.06 | Friends and Family Score - Inpatients (excluding daycases)



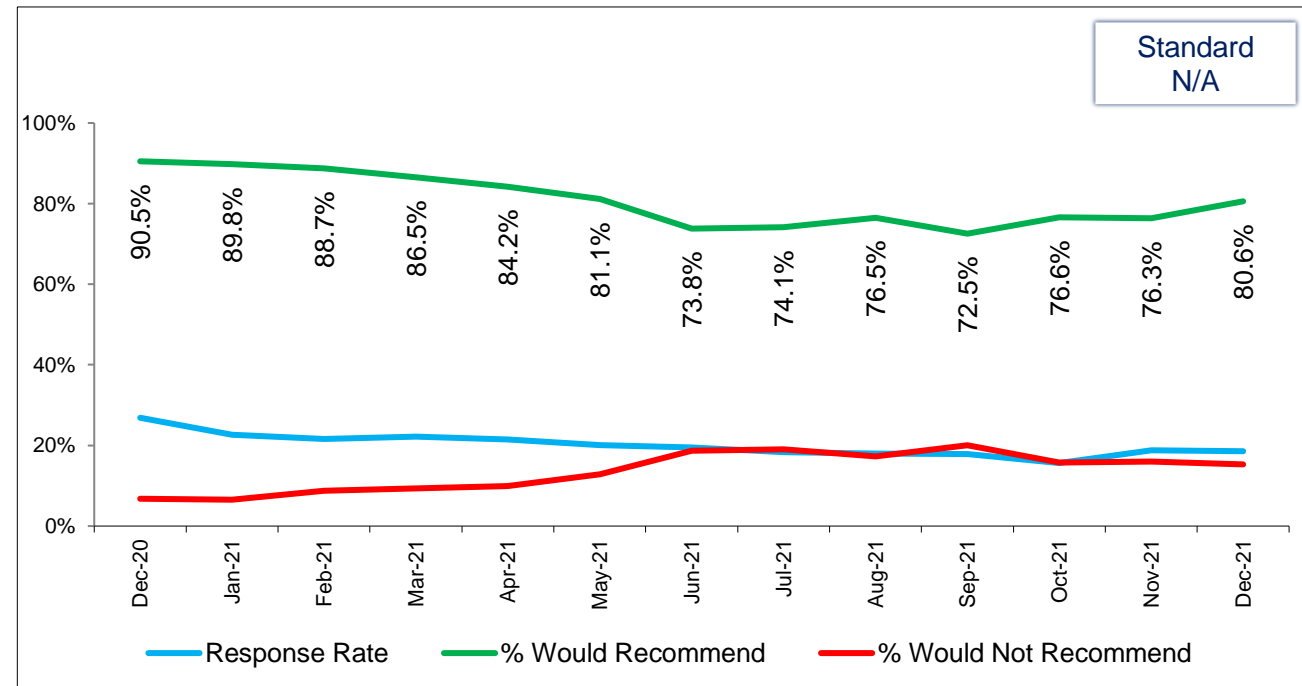
k3.07 | Friends and Family Score - Paediatric Inpatient



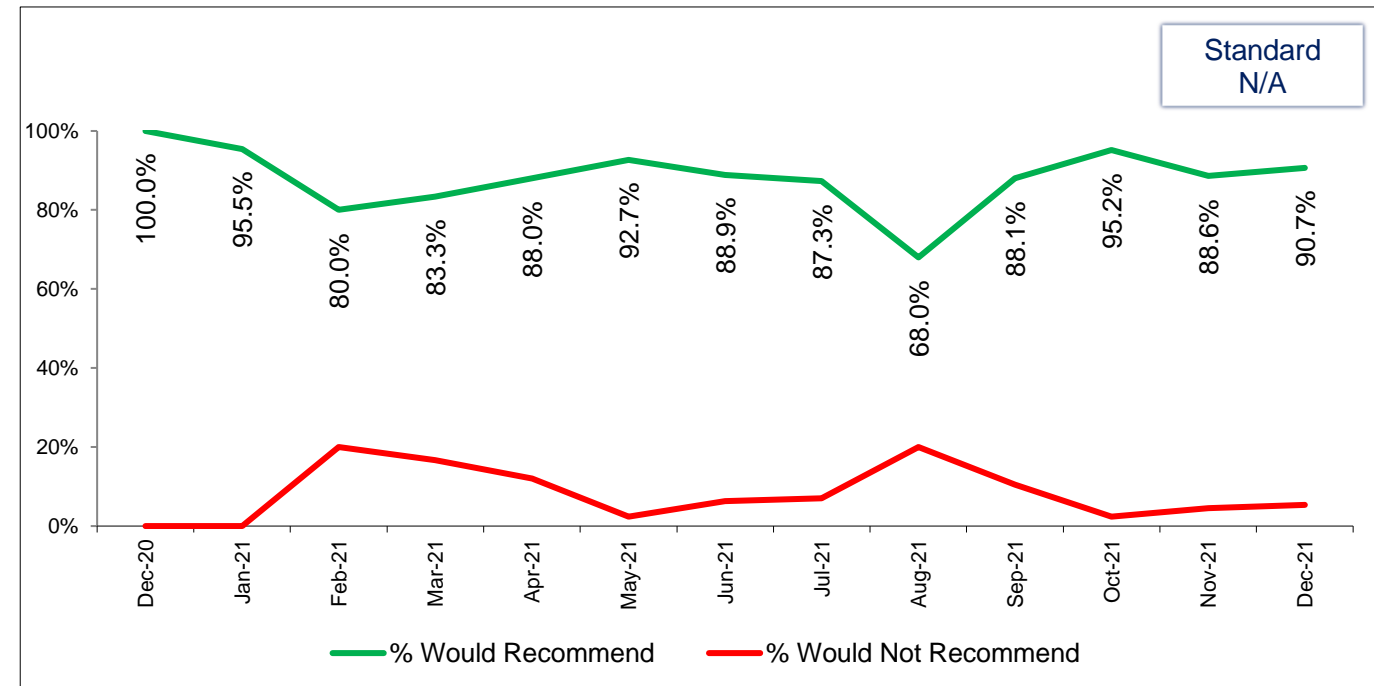
k3.08 | Friends and Family Score - Outpatient



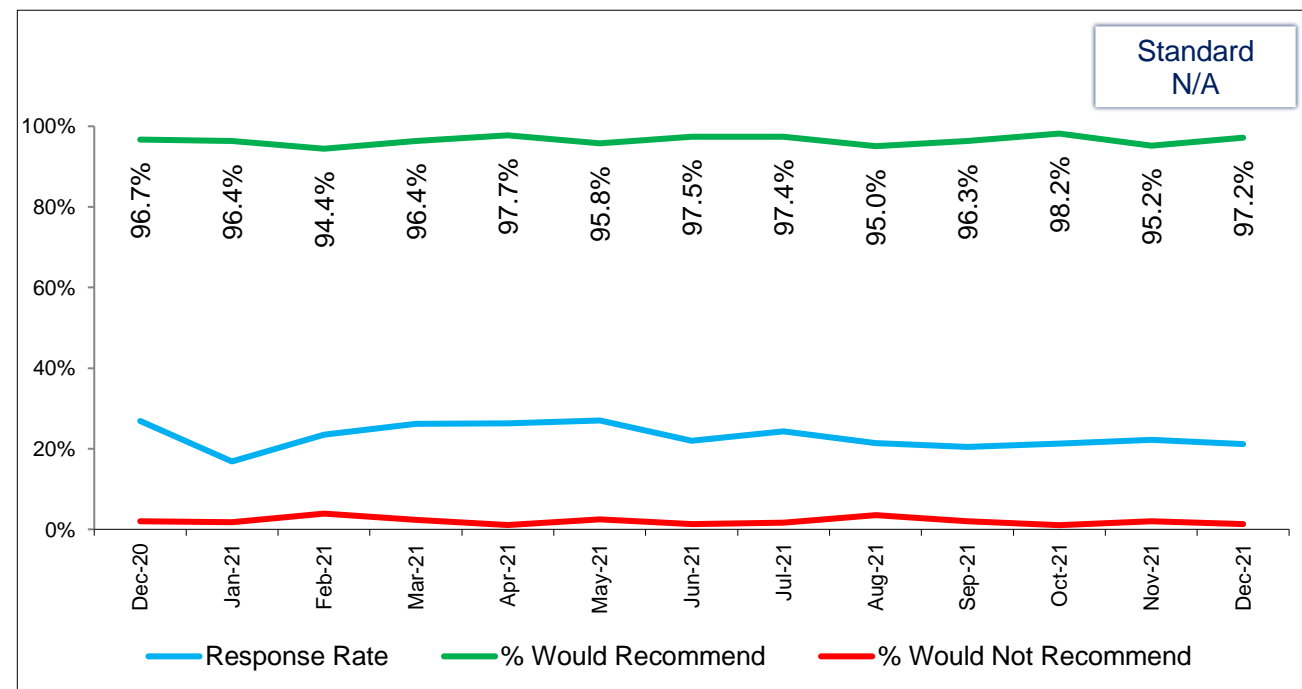
k3.09 | Friends and Family Score - A&E



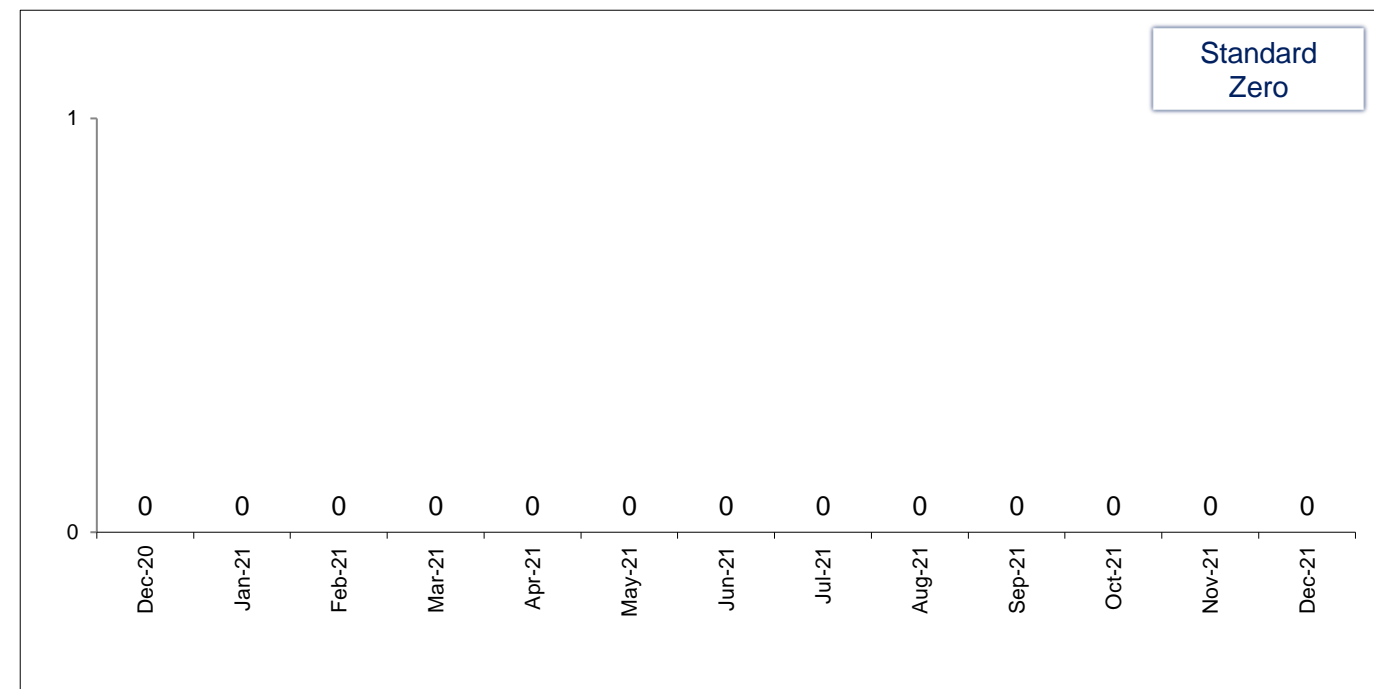
k3.10 | Friends and Family Score - Maternity



k3.11 | Friends and Family Score - Daycases



k3.13 | Number of Mixed Sex Accommodation Breaches



Cancer

Author: Rob Jefferies, Acting Associate Director, Planned care.

The Trust continued to meet the core cancer standards of 31 and 62 day maximum waits in November. However, the position in December and January is anticipated to deteriorate with the impact of longer waits for cross-sectional imaging and also the direct (ie staff becoming ill) and indirect (ie patients becoming ill) of Omicron having a significant impact on waiting times for cancer diagnosis and treatment. The Breast service continues to be under significant pressure, with a large increase in demand in the second half of this financial year.

RTT & Diagnostics

Author: Rob Jefferies, Acting Associate Director, Planned care.

RTT:

Month 9 (December 2021) saw a slight reduction in performance against the 18 week standard. The emergence of the Omicron variant had an impact directly on staff available to undertake planned elective and outpatient work, and also impacted on our patients' availability to attend appointments and surgery. However, the focus on the longest waiting patients continued to bear fruit, with a further halving of the number of patients who have waited over 52 weeks for treatment.

Diagnostics:

The proportion of patients receiving their diagnostic test within 6 weeks of request dropped significantly during December. The Omicron variant impacted on the ability of the Trust to see people within 6 weeks. Non-obstetric ultrasound deteriorated significantly due to staff sickness and the mismatch between capacity and demand. There is a recovery plan in place for non-obstetric ultrasound, with improvements anticipated from mid-February 2022

A&E Performance

Author: Tamsin Day, Associate Director, Unplanned care.

Emergency Department (ED):

Performance in December against the 4-hour standard was 75.26 % which is a small decline against the previous month.

There were 33 x 30 min and 5x 60 minute ambulance handover delays, 54 twelve hour breaches. Although there was a drop in overall attendances in ED, staffing challenges – internally and externally – impacted on flow in the hospital and timely discharges. This impacted on the Trust's capacity to open up additional beds and also resulted in reduced capacity in nursing homes and care at home.

Our incident response team of on call managers, directors and EPRR team continued to provide a 7-day service and to work closely with partner organisations to optimise discharges provide support to the site team.

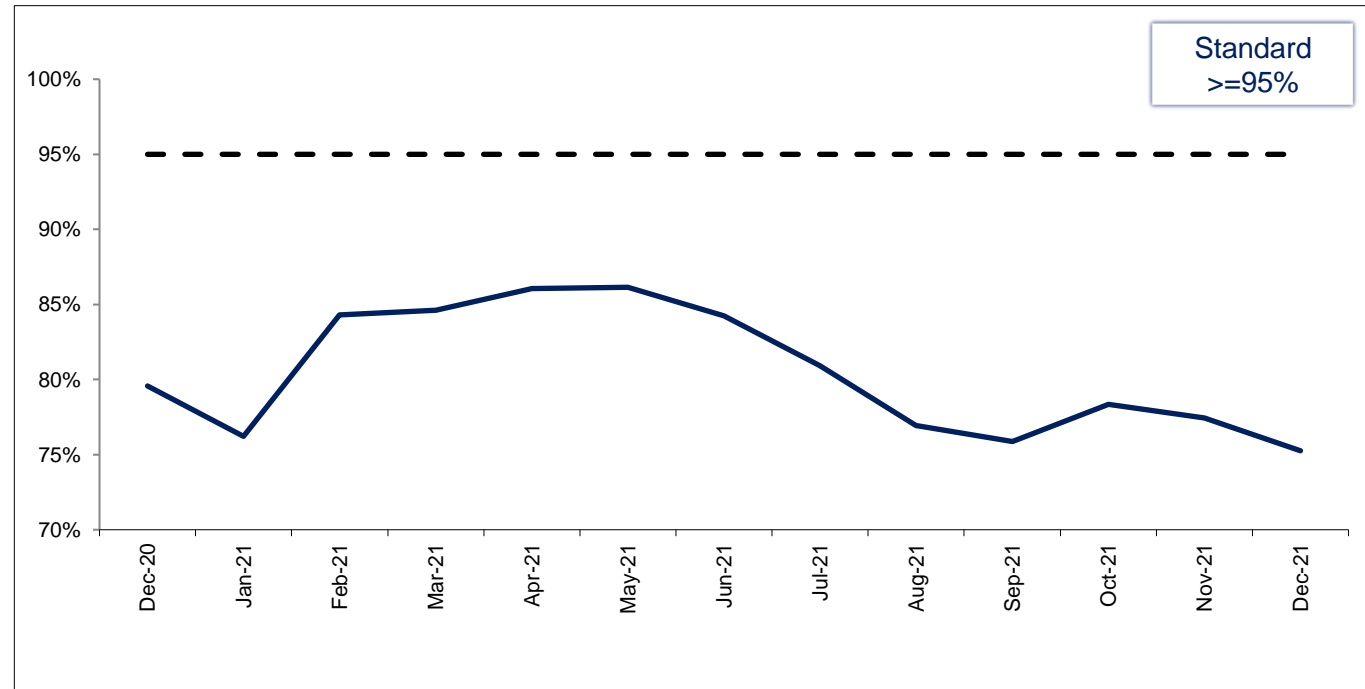
The ED performance group and Trust Flow groups are being refreshed taking learning from our Multi agency discharge events. These groups will continue to work on a number of actions in support of improved performance and flow, including opportunities for streaming at the front door, increasing activity in SDEC and standardisation of processes at ward level. Work is also progressing with the recruitment of consultant posts.

Length of stay and discharge:

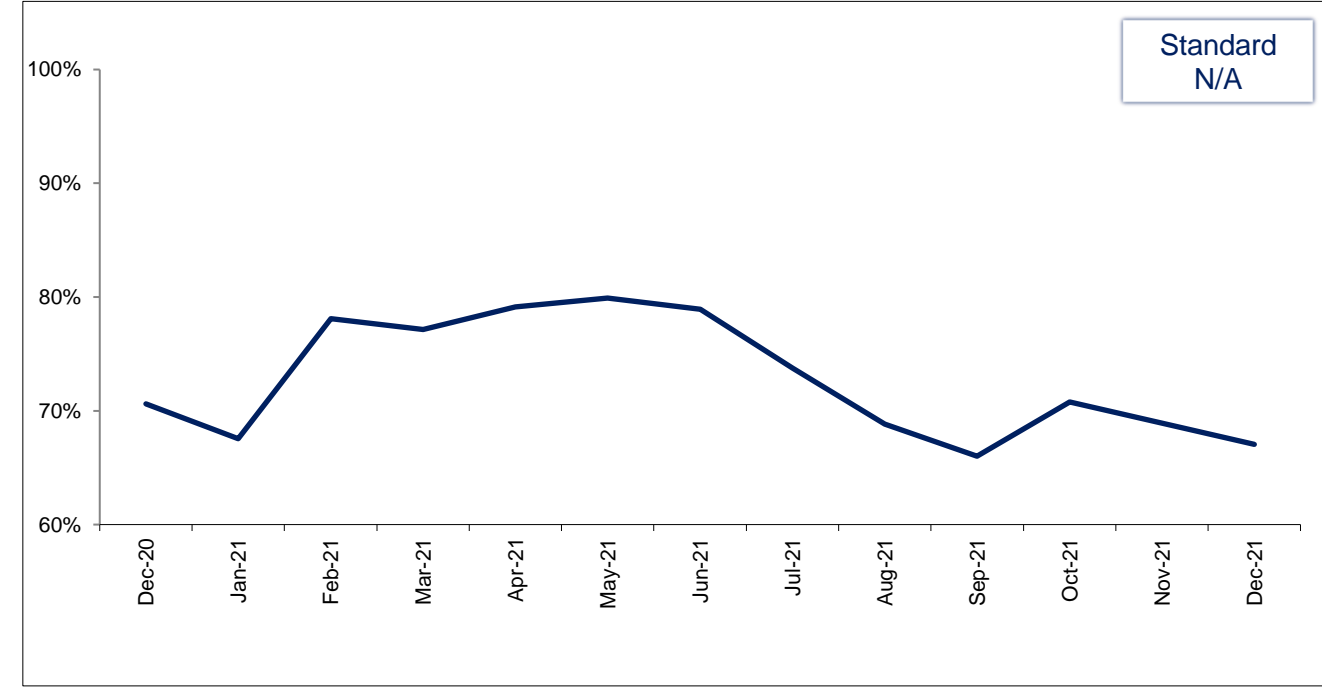
The stranded and super stranded performance have both remained high - Stranded 189 and Super stranded 58 (against 197 / 63 in November).

There continues to be a good focus with our community partners on discharge. The Integrated System Discharge Lead for Kingston & Richmond is in post and the 'Transfer of Care Hub' became operational in November - bringing together community and acute care colleagues (including social workers, discharge coordinators and therapists). The daily community bed meetings are in place, with excellent system traction on discharge from health and social care. Two Multiagency discharge events have been held and have been helpful in identifying further actions which can be taken to improve communication, patient and staff education regarding discharge processes and to expedite patient pathways.

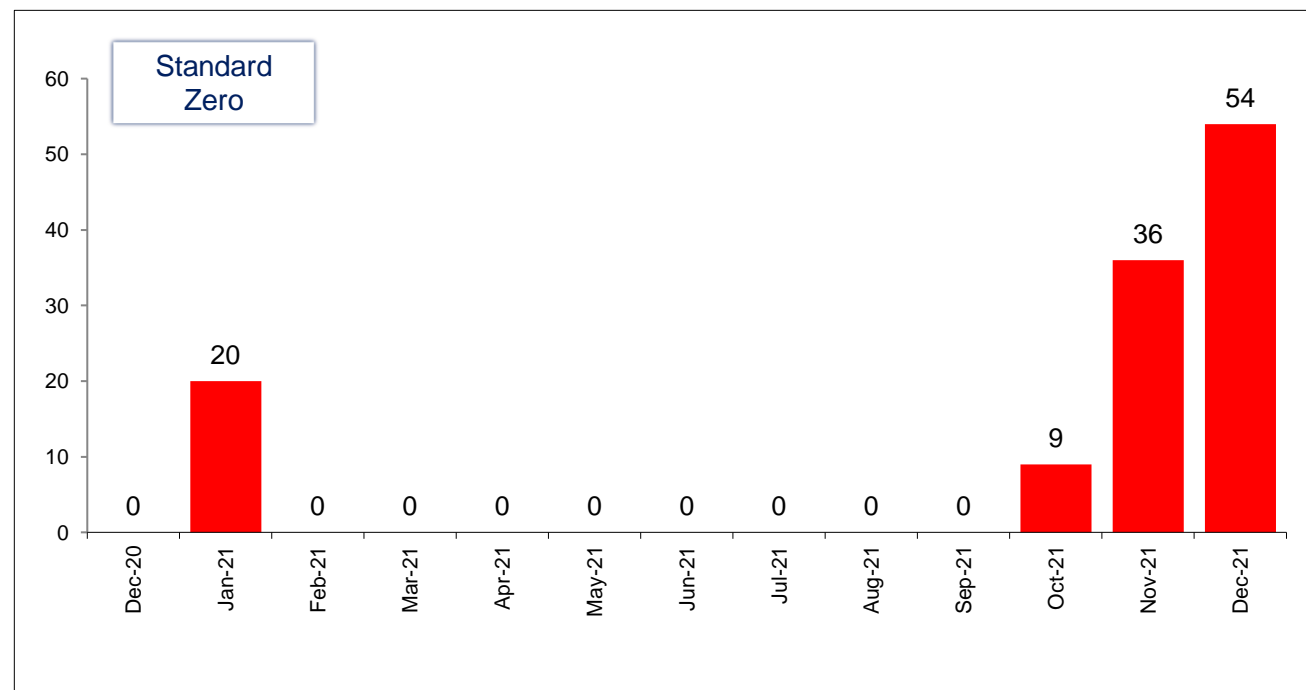
K8.01 | A&E 4 hour waiting time (all types)



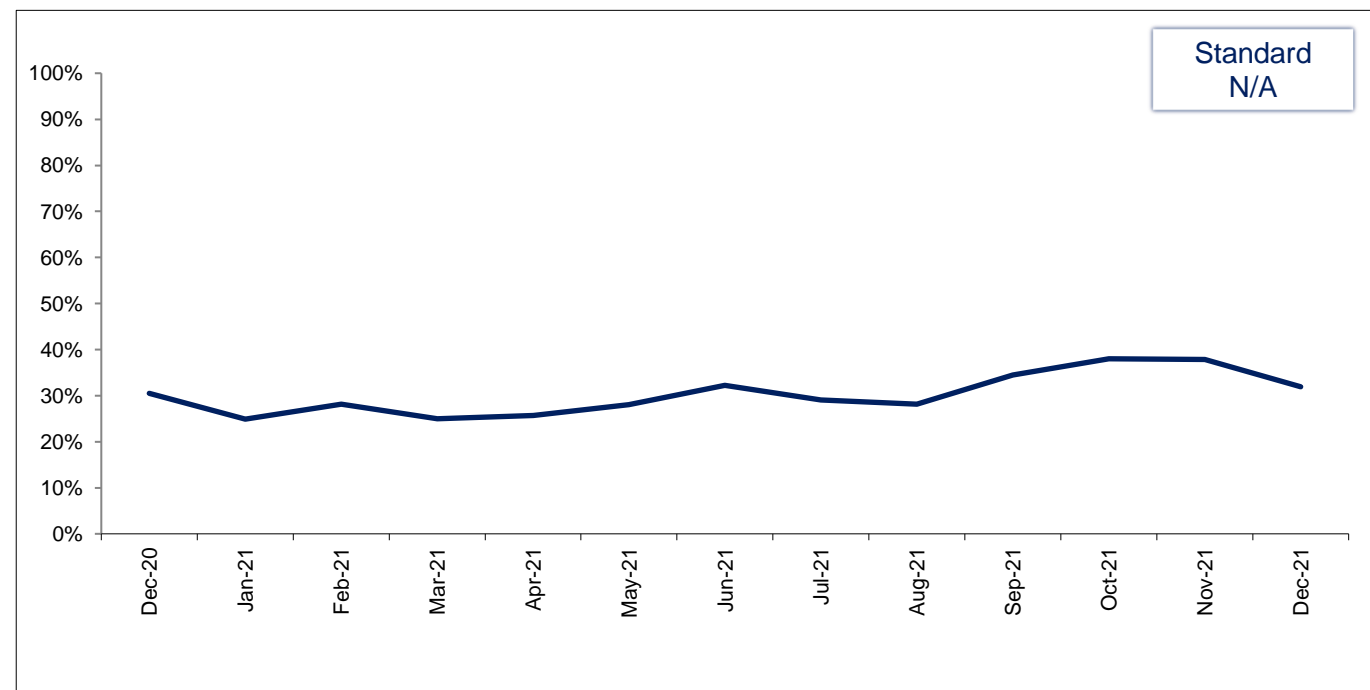
K8.02 | A&E 4 hour waiting time (type I)



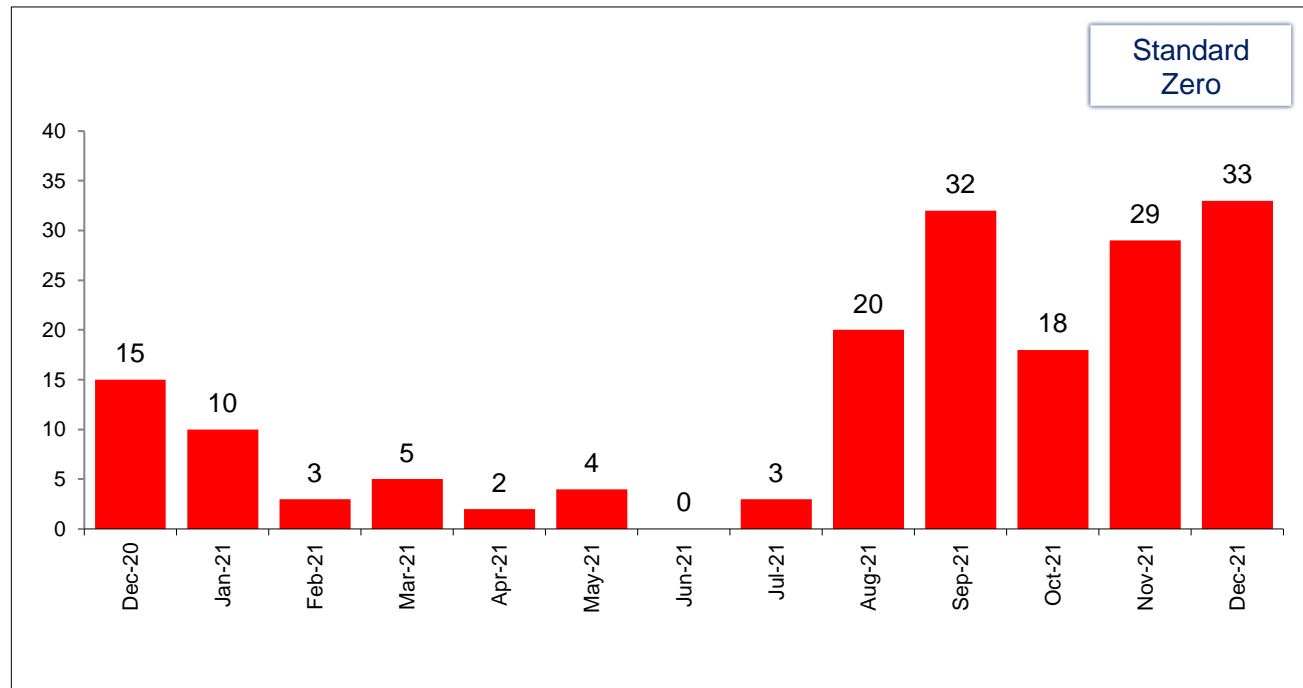
K8.03 | Number of A&E 12 hour trolley waits



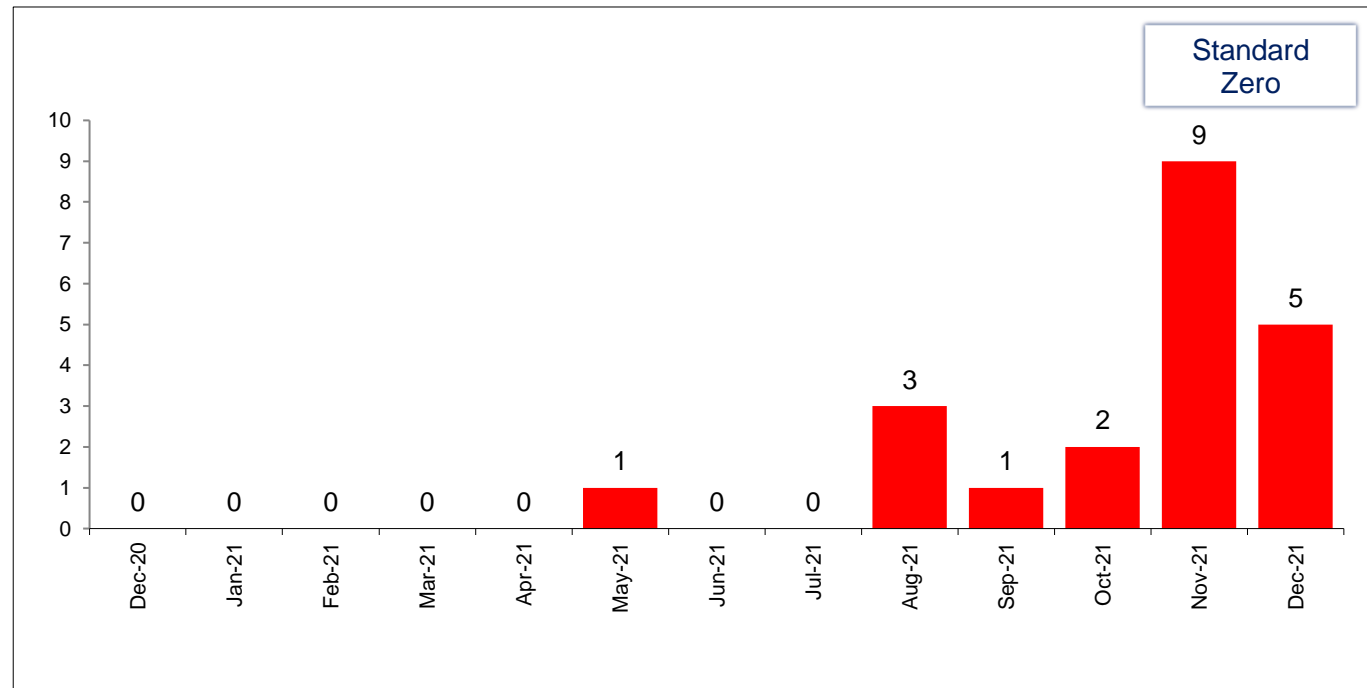
K8.04 | LAS Ambulance Handovers - % within 15 minutes



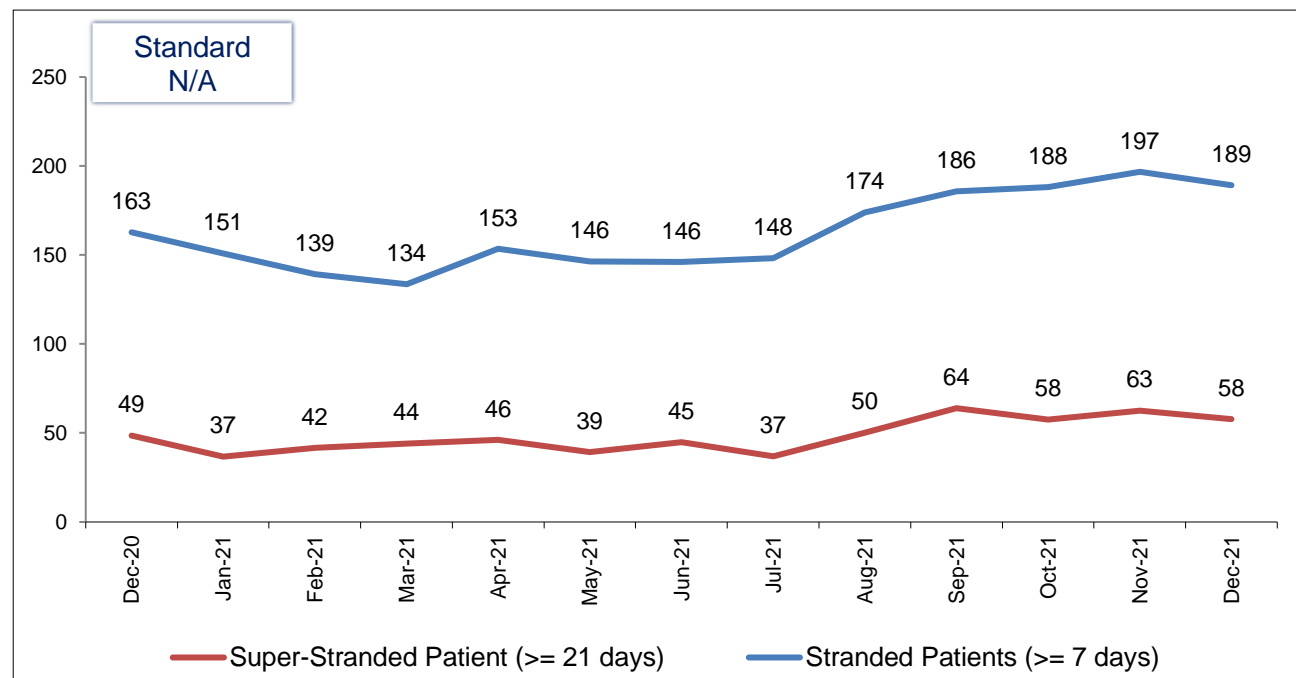
K8.05 | LAS Ambulance Handovers - 30 min waits



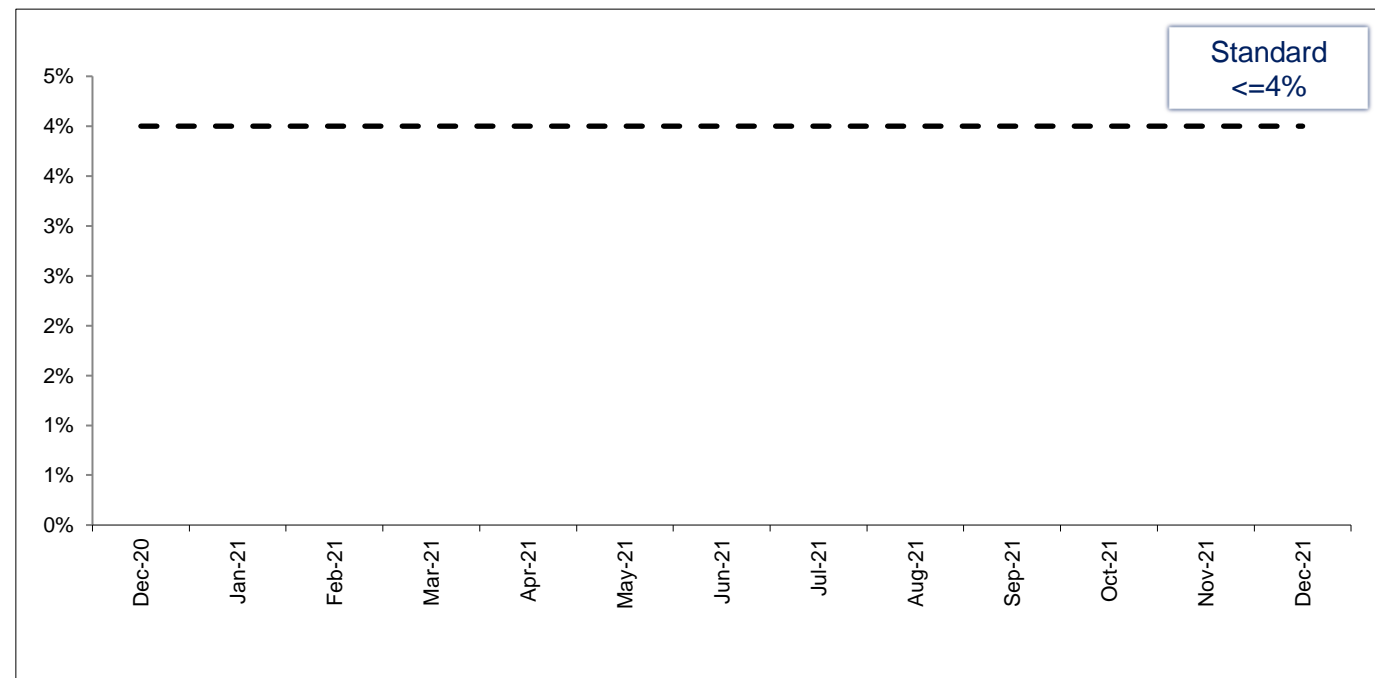
K8.06 | LAS Ambulance Handovers - 60 min waits



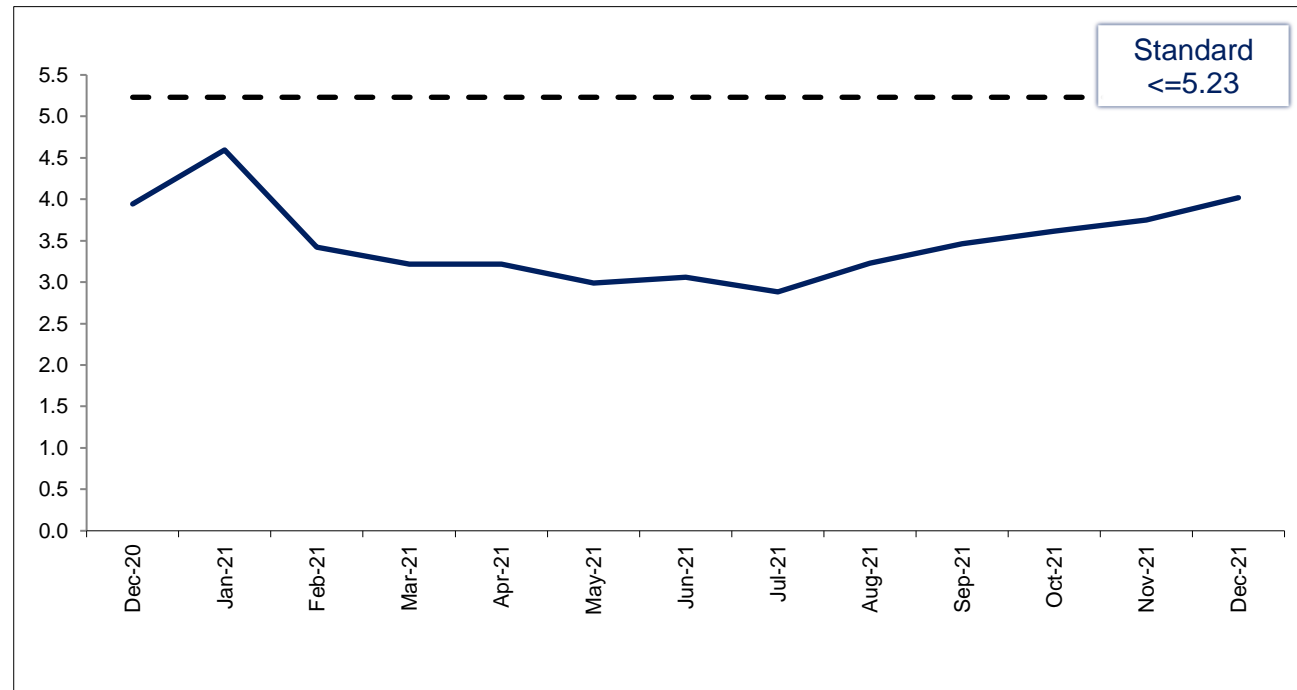
K8.07/08 | Stranded Patients (>=7 days and >=21 days)



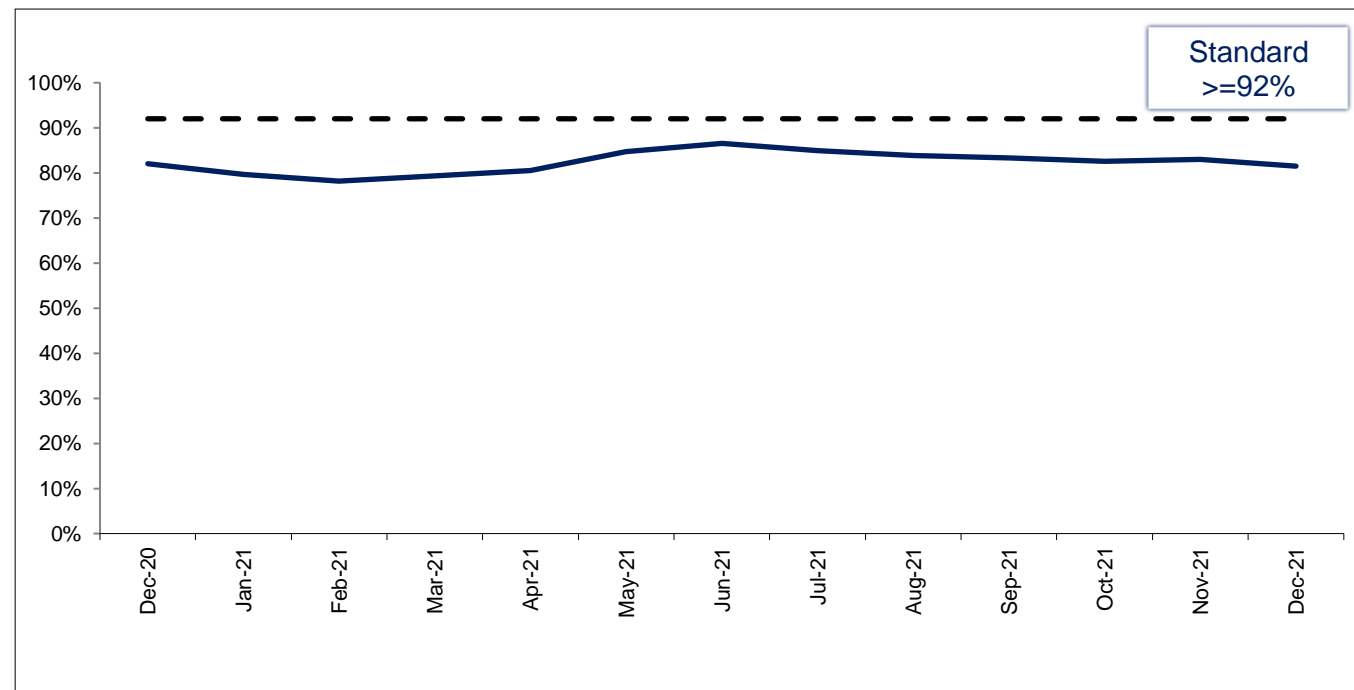
K8.10 | Delayed transfers of care - Rate per occupied bed day



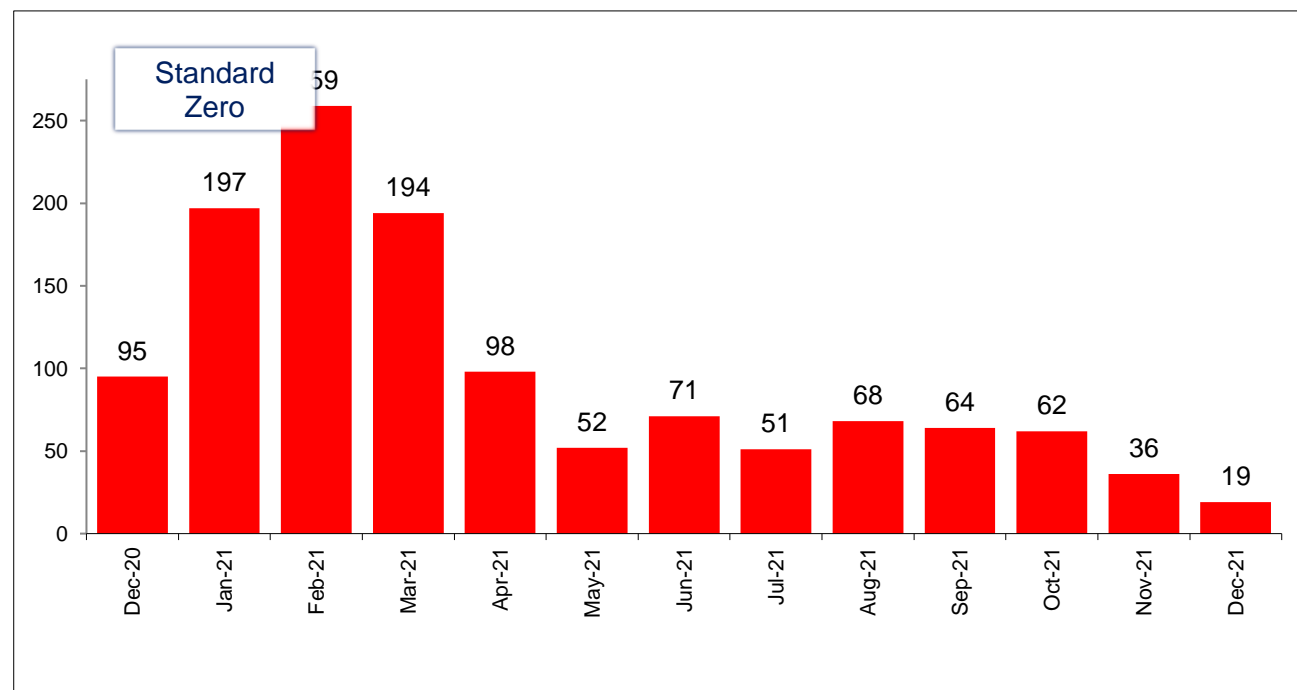
K8.11 | Average length of stay - Emergency Admissions



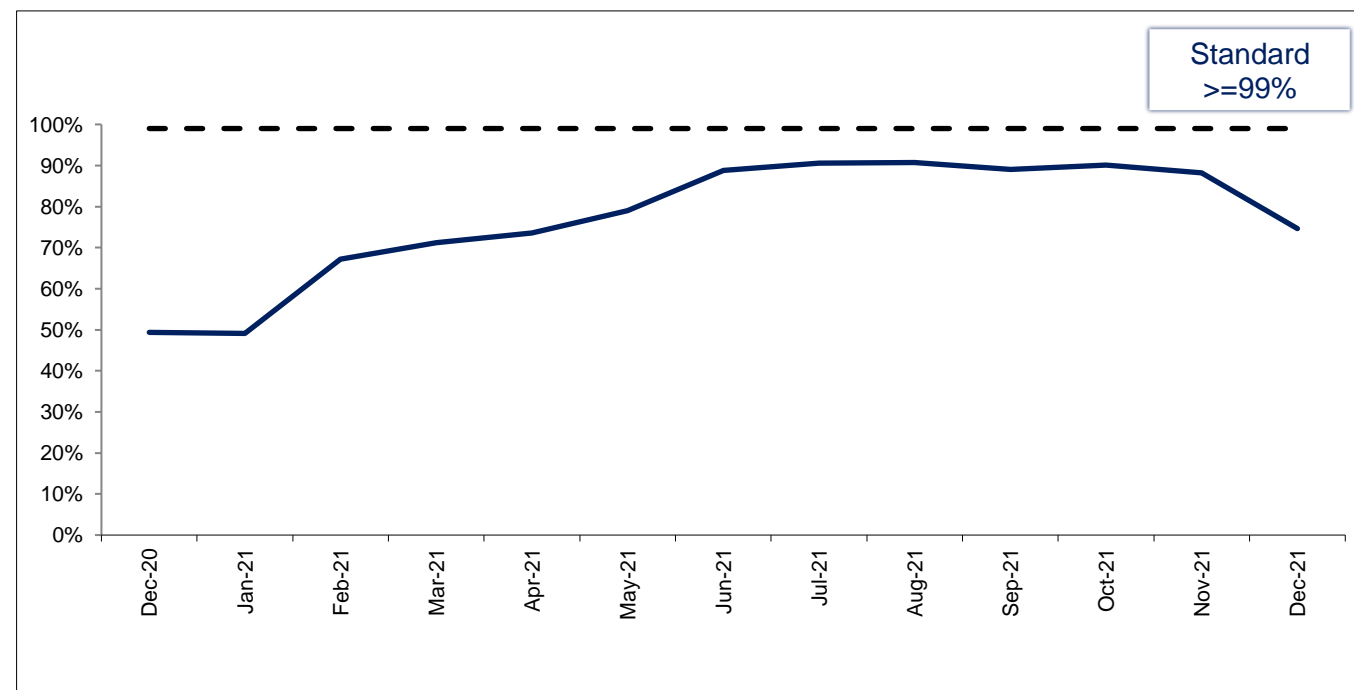
K8.12 | 18 weeks Referral to Treatment - Incomplete pathways



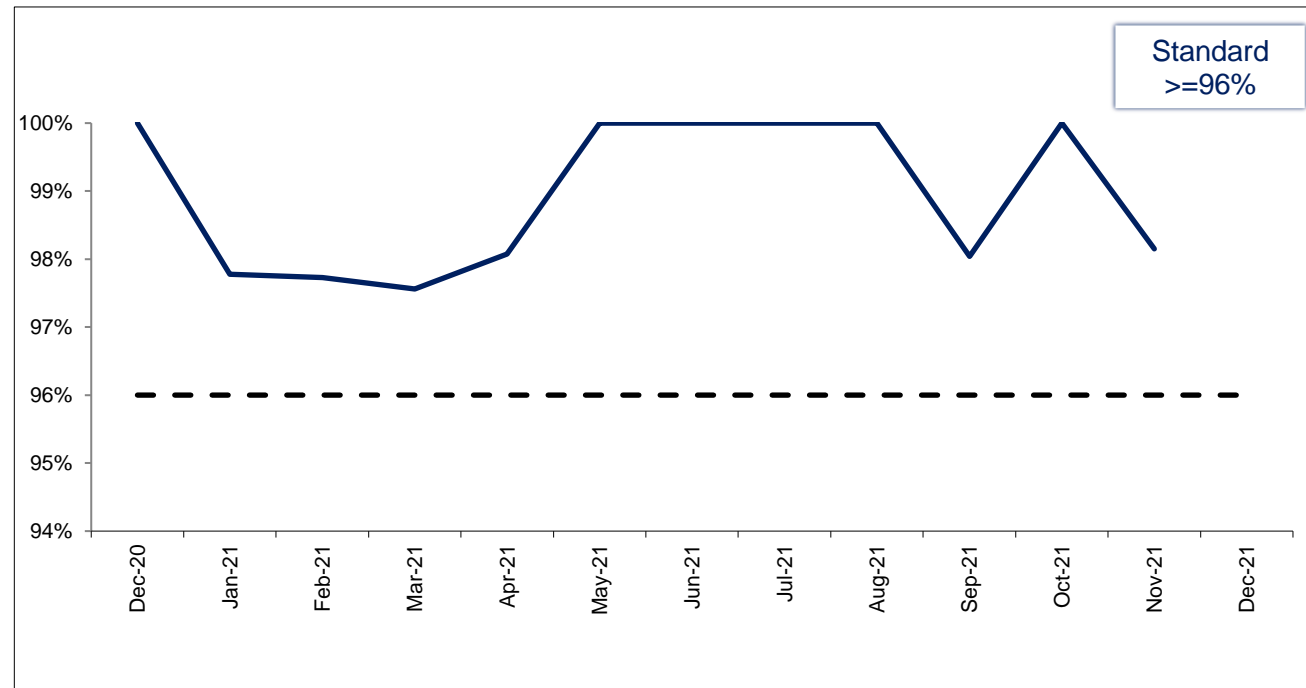
K8.13 | 18 weeks Referral to Treatment - number of incomplete over 52 week waiters



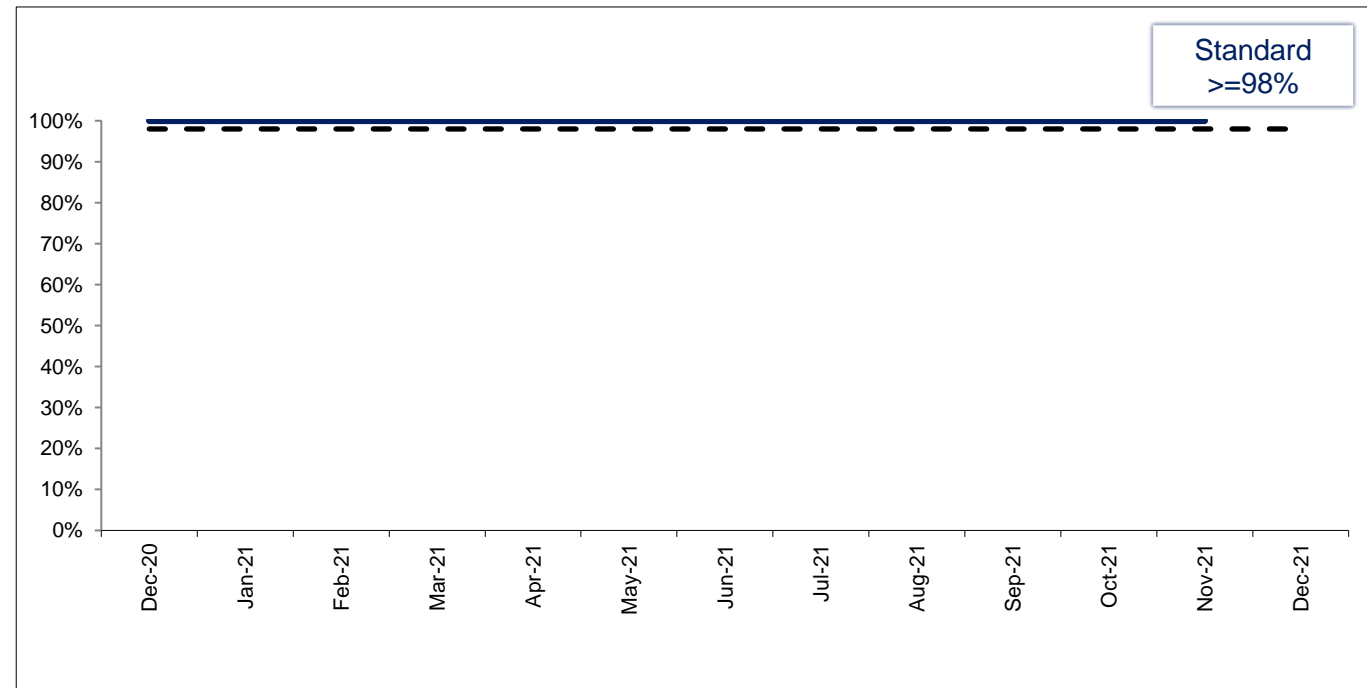
K8.14 | Diagnostic test - % waiting 6 weeks or less



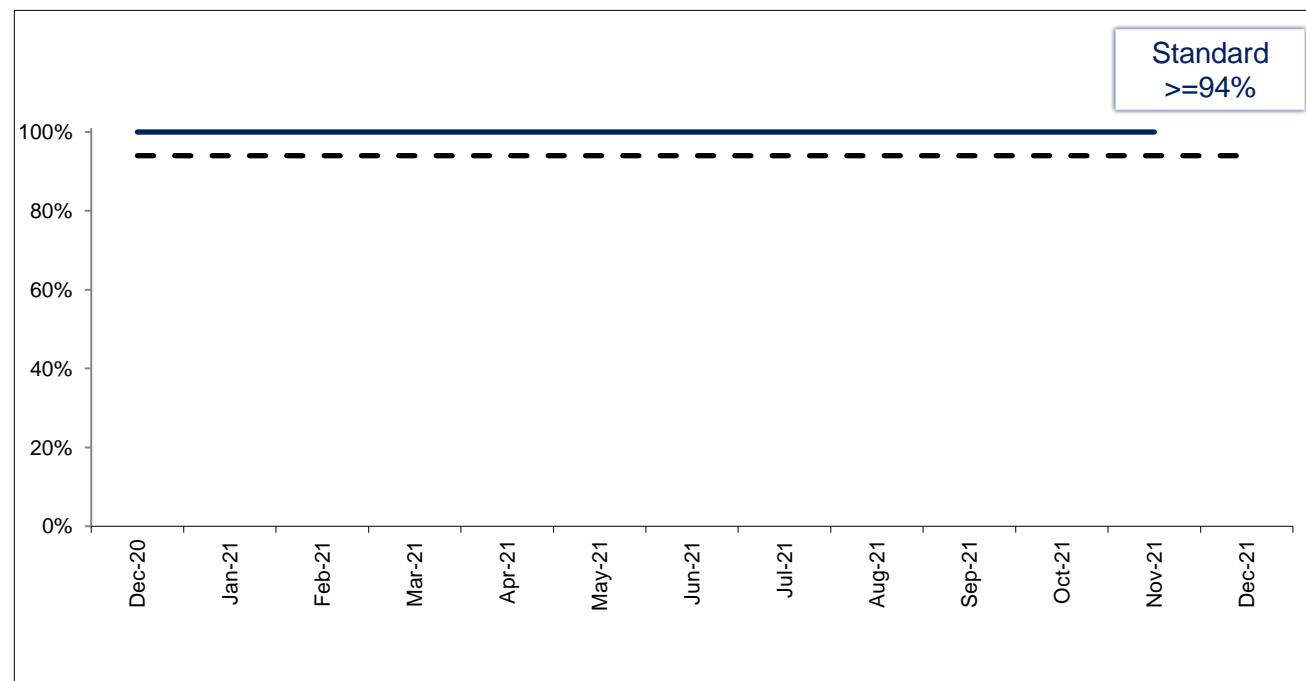
K8.17 | Cancer - Patients receiving first definitive treatment within one month (31 days) of a cancer diagnosis



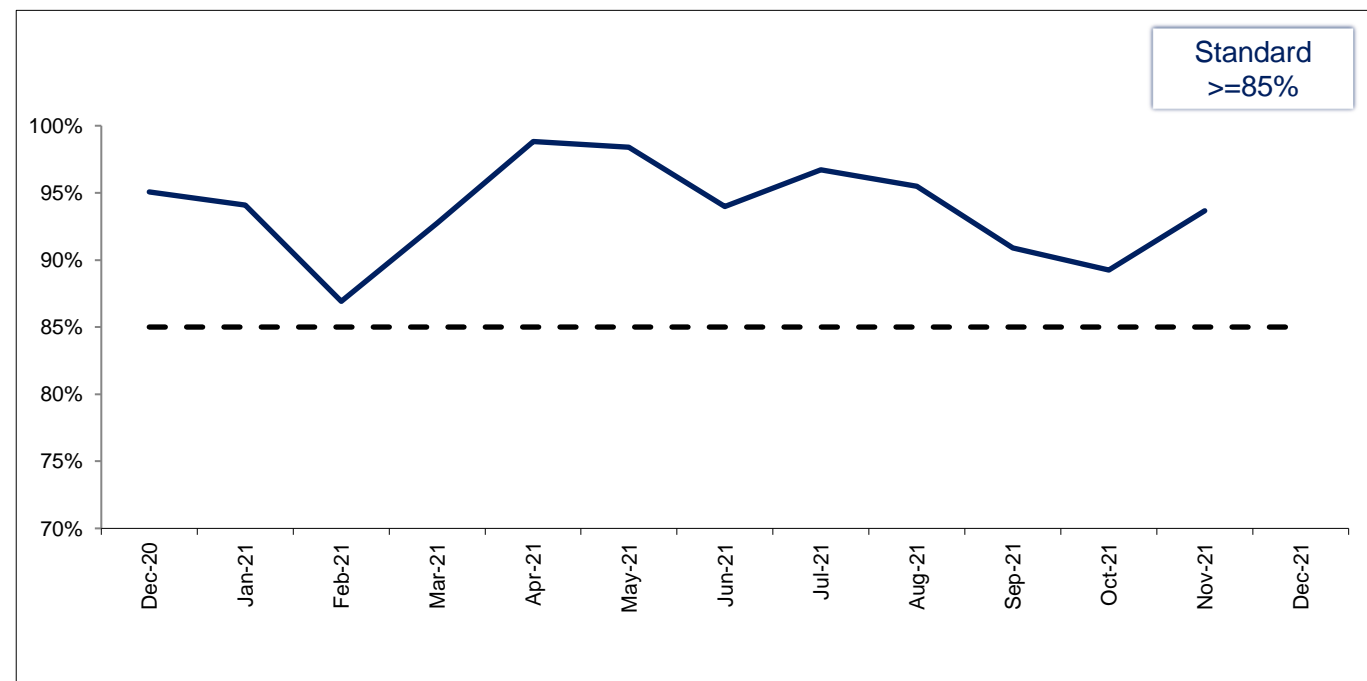
K8.18 | Cancer - 31 day second or subsequent treatment - drug



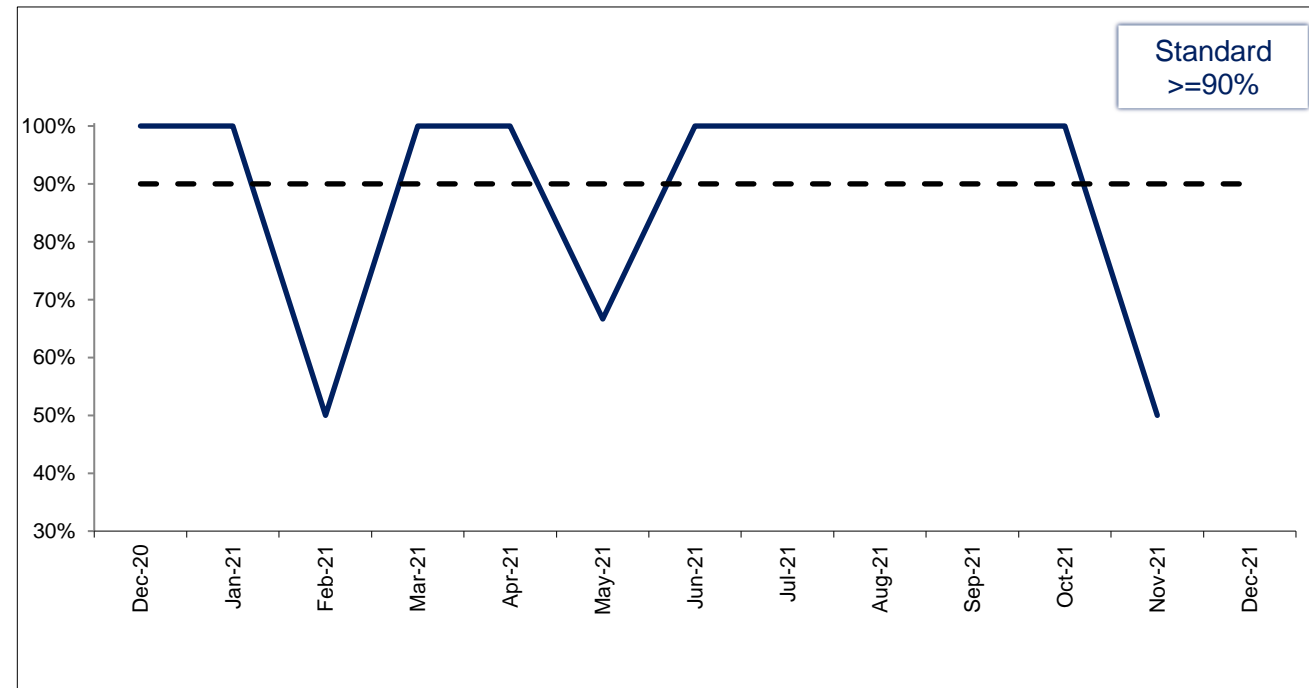
K8.19 | Cancer - 31 day second or subsequent treatment - surgery



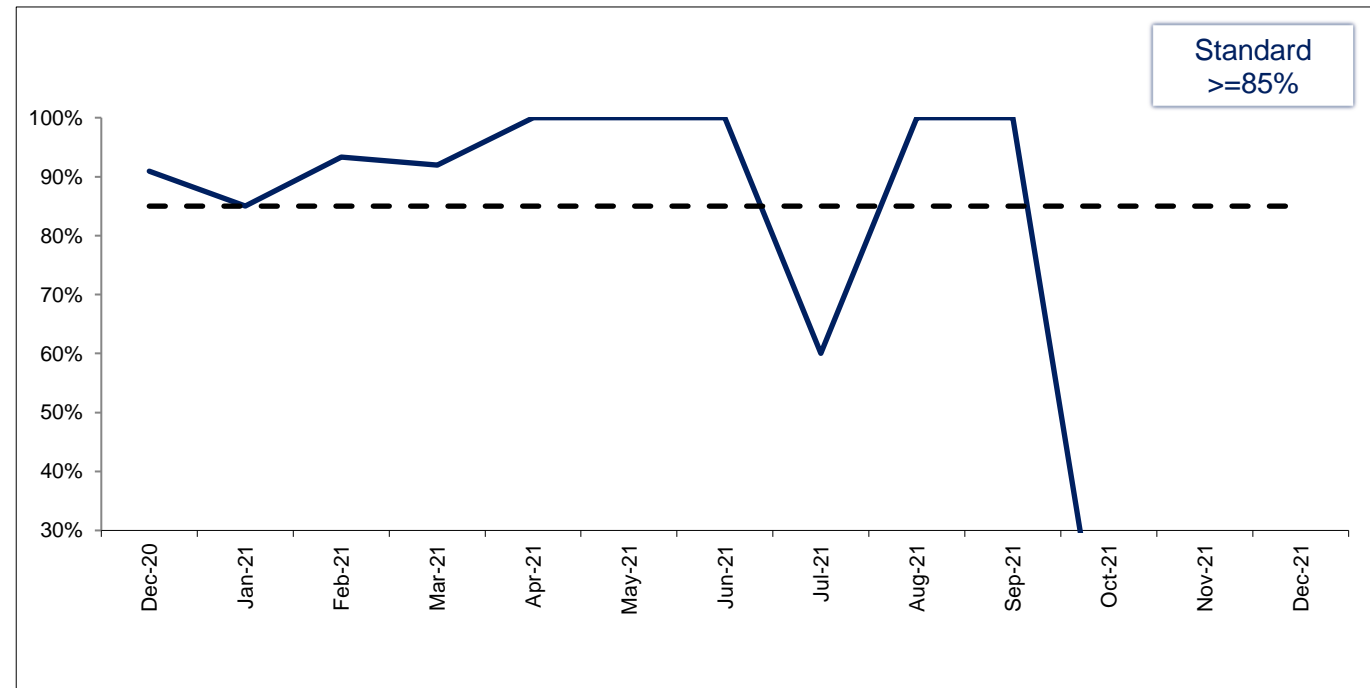
K8.20 | Cancer - Two month urgent referral to treatment wait



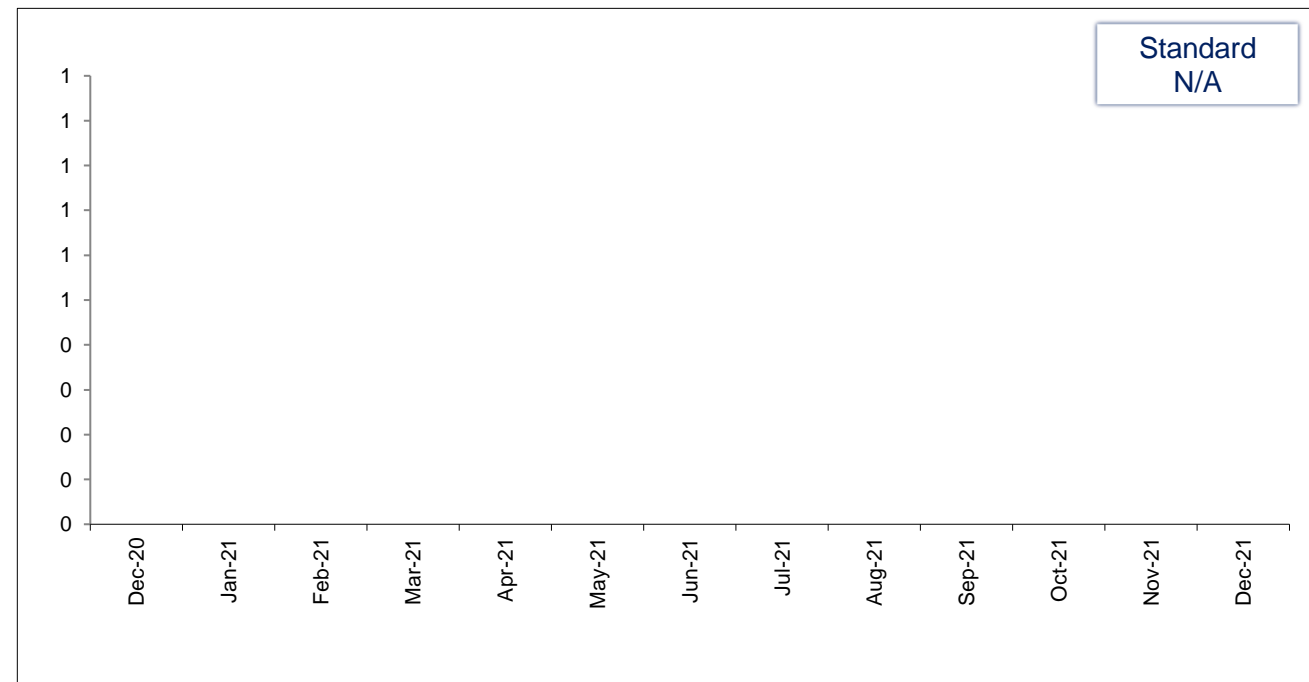
K8.21 | Cancer - 62 day wait for first treatment following referral from a NHS Cancer Screening Service



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



K8.24 | Number of cancelled operations



Author: Carolyn Floyd, Head of People Systems & Analytics

1. Vacancy (target 6%)

The vacancy rate has increased slightly month to **8.60%**, a red rated. This is because the number of leavers each month remains high and active recruitment is just plugging the gap left by these leavers. The staff groups requiring focus to achieve this are Additional Clinical Services and Administrative & Clerical who are furthest from their target WTE rates. The combined Central Directorates still records the highest rate of the Divisions at 10.51%. Planned Care is the only amber rated clinical division. The Service Lines with the largest vacant WTE are: A&E (40.82wte), Elderly Care (28.16wte), Radiology (24.39wte) and Anaesthetics, Theatres & DSU (18.10wte). These are the same four Services as last 5 months so. Despite the increased rate compared to the other Trusts in the SWL Hub KHFT still remains the Trust with the lowest vacancy rate.

2. Turnover (target 12.50%)

Turnover has increased again this month to **15.57%**. Turnover has been rising month on month since Apr-21 and is now 3.83% higher than it was at the beginning of the financial year. The highest turnover is within the staff groups Allied Health Professionals (23.72%) and Additional Clinical Services (18.39%). Five out of the six clusters are now red rated the highest being Cluster 2 (17.50%) and Cluster 1 (16.86%). Turnover is rising because the number of leavers is increasing across both clinical and corporate divisions. Leavers in a rolling year have risen in Unplanned Care by 55, Planned Care by 53 & the Combined Corporate Directorates by 24. For Planned Care the highest rise is in Cluster 6 and in Unplanned Care Cluster 2. There are now 20 Service Lines/Directorates that record a red rate, of these the following seven have lost over a fifth of their workforce: Diabetes (28.50%), Therapies (27.29%), Medical Director (25.21%), Finance (23.72%), Pharmacy (22.86%) and Human Resources (21.84%).

3. Sickness (target 2.90%)

Sickness rates have risen for the fifth month in a row and the measure is red-rated at **5.70%**. The 1.62% increase since last month is primarily to do with increased COVID Sickness due to the Omicron variant. Seven of the eight staff groups record over 4% this month the highest being Additional Clinical Services (7.44%) and Estates & Ancillary (6.83%). All the Nursing staff groups are red rated too with Registered Nurses & Midwives at 6.33% and Unregistered Nurses at 7.06%. The high sickness is largely in the Clinical Divisions. There are 24 Service Lines/Directorates recording over 4%, the top five being ; Haematology (9.98%), Imaging (9.26%), A&E (9.01%), Intensive Care (8.66%) and Gynaecology & Breast (8.11%). COVID Sickness makes up 45% of the sickness this month followed by Anxiety, Stress and Mental health at 11%.

4. Mandatory Training (target 90%)

This month the compliance rate has decreased for a third month to **82.73%**, an amber rating. Both Medical and Dental and Estates & Ancillary are red rated at 72.52% and 78.89% respectively. Lowest compliance rates are in the Combined Central Directorates (77.84%) and Cluster 2 (79.91%). There are seven red rated Service Lines/Directorates: Corporate Affairs (65.15%), Human Resources (67.98%), A&E (75.93%), Neurology (76.79%), Maternity (76.93%), Elderly Care (77.70%) and Finance (79.92%). The majority of Service Lines are amber rated.

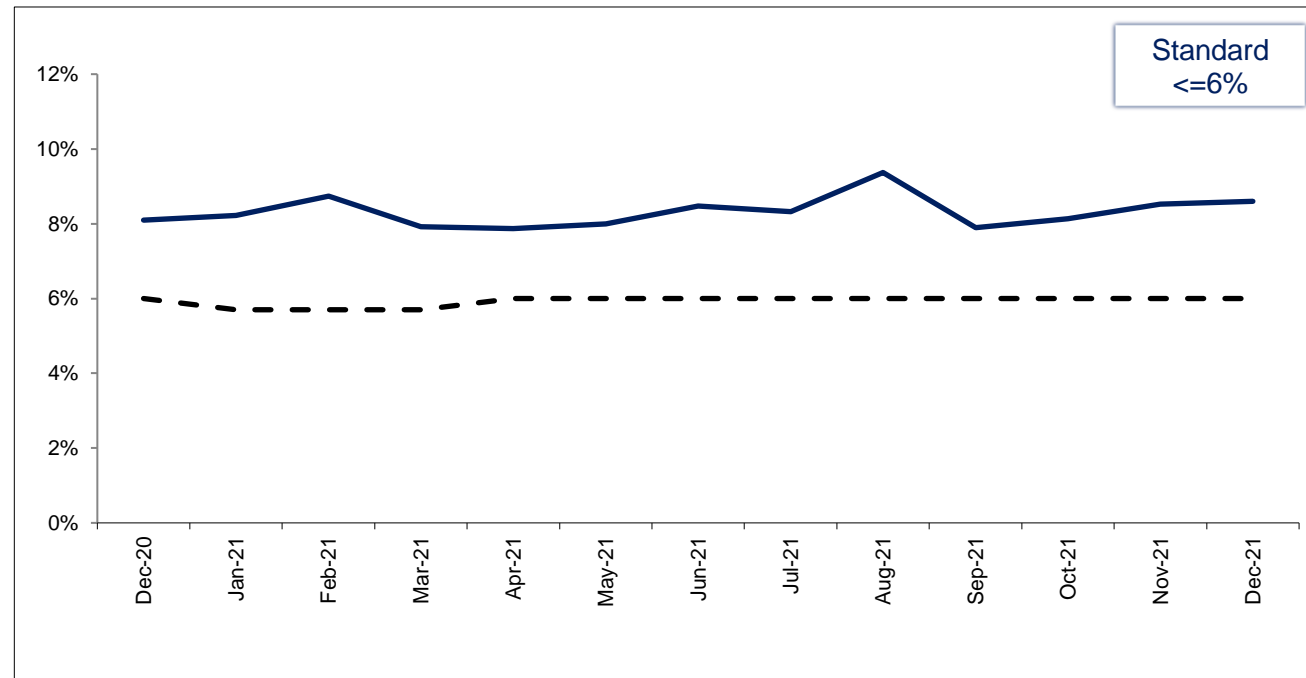
6. Appraisals (target 90%)

Appraisal rated have decreased slightly this month to **72.35%**, a red rating. The staff groups with the lowest compliance are Estates and Ancillary (48.78%) and Administrative and Clerical (63.49%). The Combined Corporate Directorates remains the division with the lowest rate with over half of the staff with no appraisal recorded (46.80%). Focus on these Corporate areas will really increase the overall compliance rate for both the Staff group and the Corporate Divisional rate. Cluster 4 has the lowest compliance at 69.84% and Clusters 3 the highest at 90.01%. There are 4 Service Lines/Directorate recording under 50%; Corporate Affairs (32.99%), Strategy (38.24%), Finance (39.58%), and Human Resources (44.44%). There are four Service Line who are over the target of 90%.

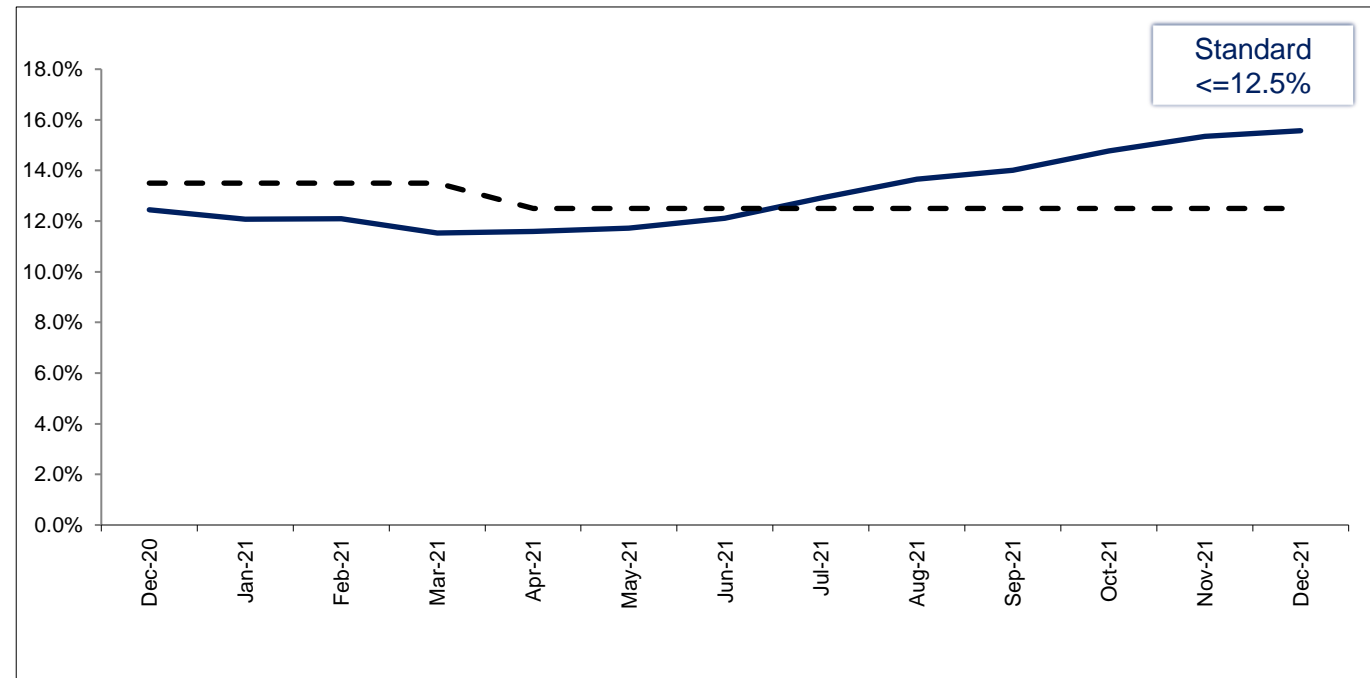
10. Stability (target 90%)

Stability is amber rated at **85.04%**, a slight decrease on last month. The least stable staff groups are Add Prof Scientific & Technic (75.42%) and Additional Clinical Services (77.39%). There are nine Service Lines/Directorates with a red rating; Medical Director (66.38%), Therapies (69.41%), Pharmacy (71.01%), AAU (72.35%), Elderly Care (75.32%), Respiratory (76.34%), Plastics & Dermatology (77.62%), Cardiology (78.26%) and A&E (78.97%). In a rolling year 117 employees have left with less than year's service with the Trust (23%). 46% of the leavers with under a year's service are from the Administrative and Clerical Staff Group and 27% from Additional Clinical Services.

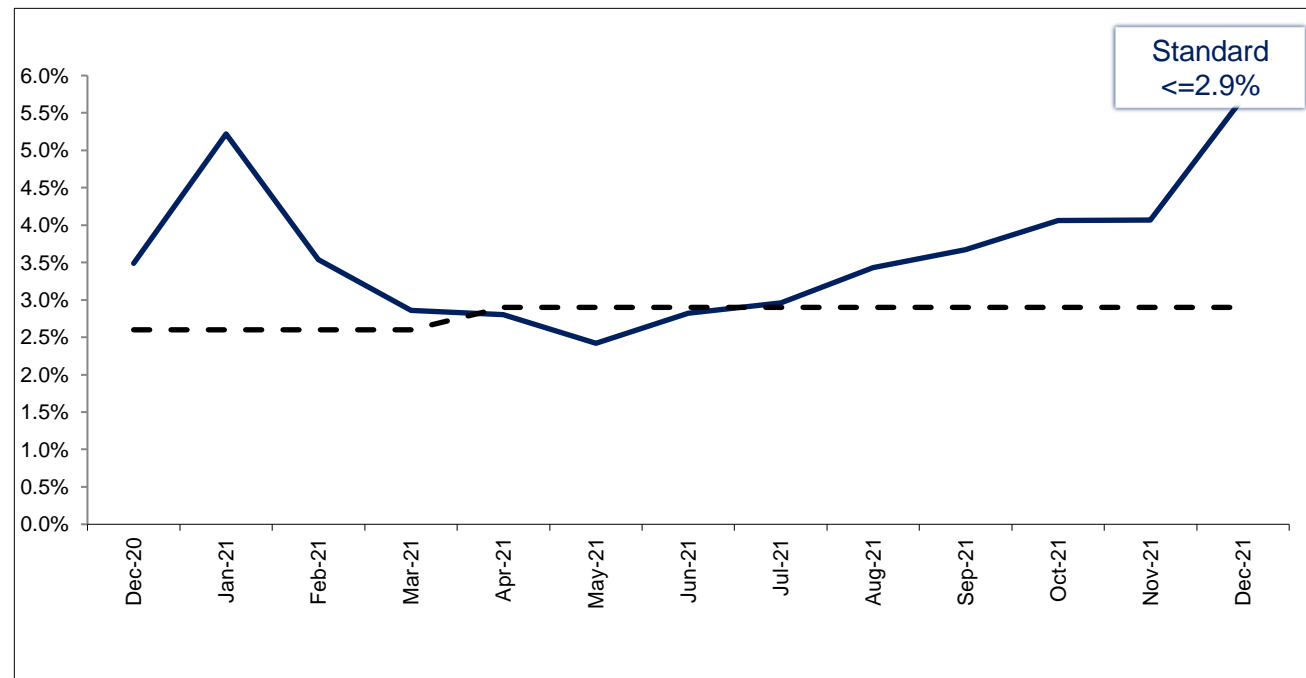
k7.01 | Vacancy rate



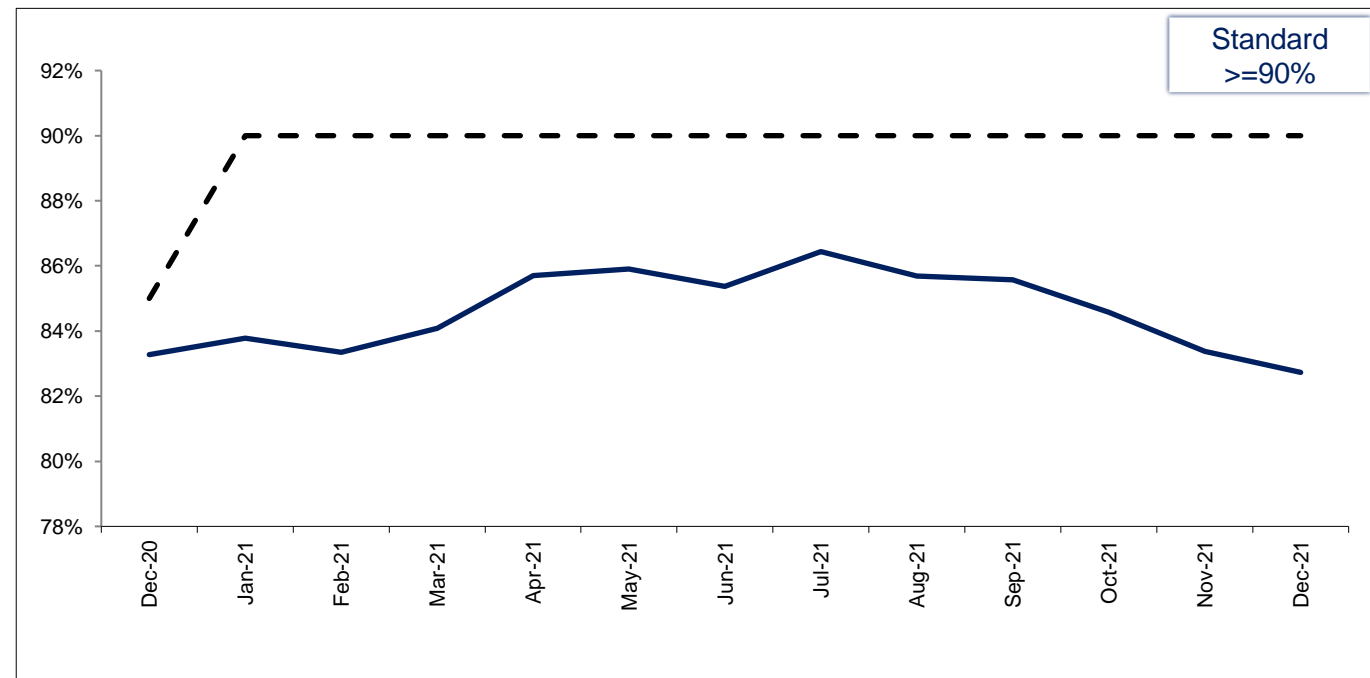
k7.02 | Turnover rate



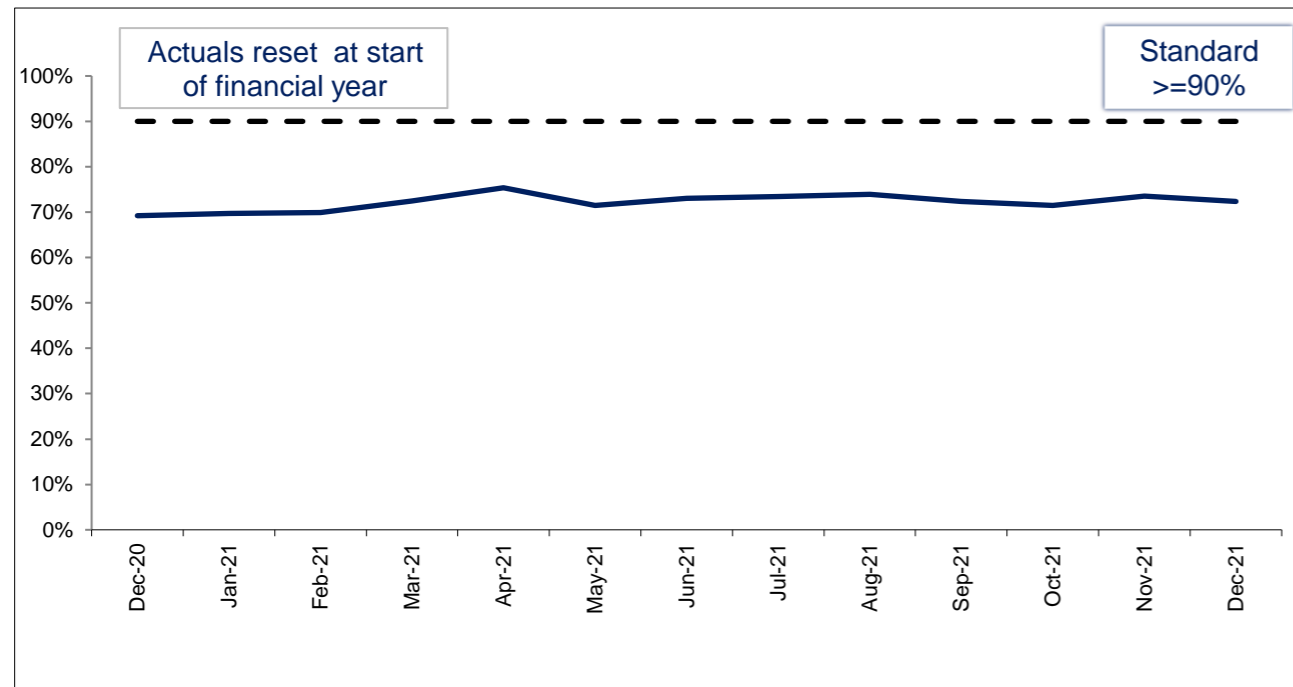
k7.03 | Sickness rate



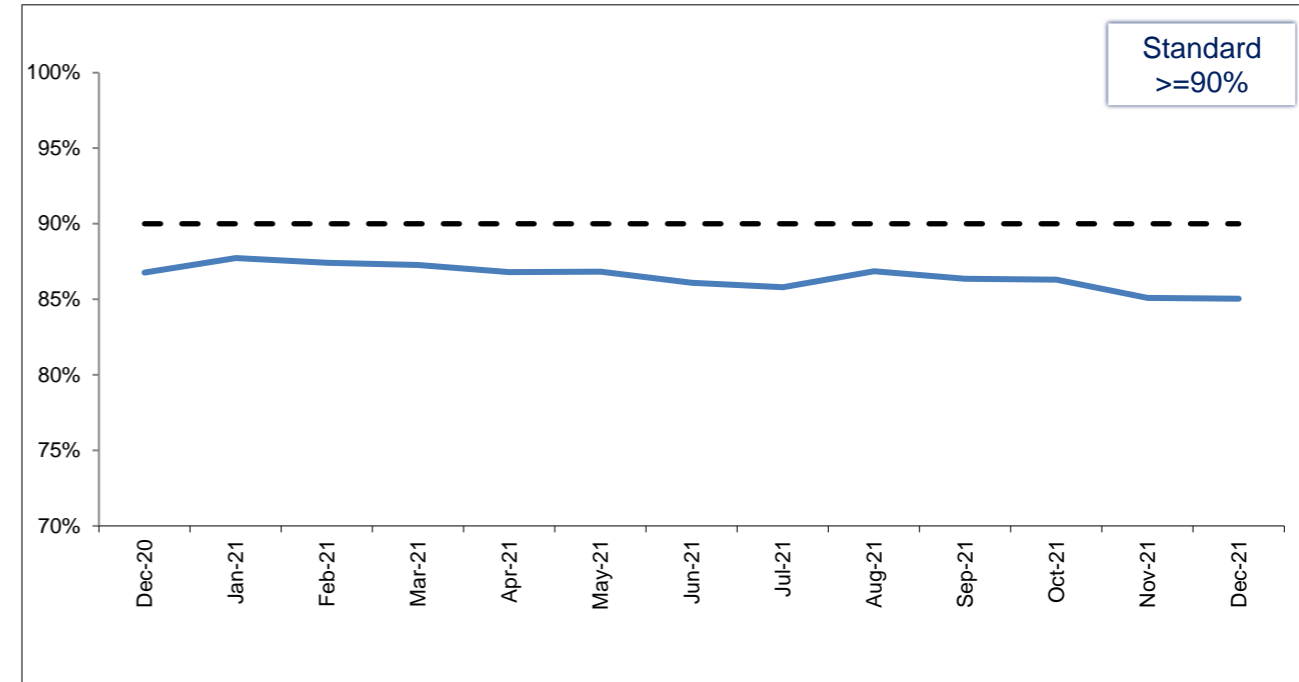
k7.04 | Mandatory training



k7.05 | Appraisals / PDRs completed



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



Staff Group KPIs: December-21

	SIP	Turnover	Stability	Vacancy	Sickness	Training	Appraisal
Target		12.50%	90.00%	6.00%	2.90%	90.00%	90.00%
Add Prof Scientific and Technic	76.02	16.45%	75.42%	9.57%	4.33%	84.71%	73.75%
Additional Clinical Services	490.22	18.39%	77.39%	12.87%	7.44%	86.13%	71.33%
Administrative and Clerical	780.54	16.94%	86.70%	10.07%	6.14%	82.57%	63.49%
Allied Health Professionals	185.15	23.72%	78.42%	7.67%	6.67%	85.16%	82.32%
Estates and Ancillary	40.29	7.42%	100.00%	10.07%	6.83%	78.89%	48.78%
Healthcare Scientists	76.37	4.86%	100.00%	11.89%	4.00%	90.47%	87.01%
Medical and Dental	541.66	7.26%	94.44%	7.38%	2.22%	72.52%	
Nursing and Midwifery Registered	1,117.92	14.65%	85.22%	6.12%	6.33%	85.44%	77.28%

KPI	Description	Standard (From Apr '18)	Type	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Safe															
k1.01	Pressure ulcers - Hospital acquired (Grade 3 and 4)	<=10 per month	Number	3	0	3	4	3	2	2	1	2	0	3	0
k1.011	Pressure ulcers - Hospital acquired (Grade 3 and 4) - Lapse in care		Number	2	0	2	3	3	2	0	0	0	0	2	0
k1.012	Pressure ulcers - Hospital acquired (Grade 3 and 4) - No lapse in care		Number	1	0	1	1	0	0	2	1	2	0	1	0
k1.02	Patients with Hospital acquired pressure ulcers (Grade 3 and 4) per 1000 beddays	<=0.1 per month	Rate	0.27	0.00	0.31	0.39	0.28	0.19	0.18	0.09	0.17	0.00	0.25	0.00
k1.03	Pressure ulcers - Hospital acquired (Grade 2)	<=3 per month	Number	20	11	5	3	6	9	6	6	0	9	11	7
k1.031	Pressure ulcers - Hospital acquired (Grade 2) - Lapse in care		Number	14	7	2	3	5	5	4	2	0	5	5	5
k1.032	Pressure ulcers - Hospital acquired (Grade 2) - No lapse in care		Number	6	4	2	0	1	4	2	4	0	4	6	2
k1.04	Patients with Hospital acquired pressure ulcers (Grade 2) per 1000 beddays	<=0.51 per month	Rate	1.80	1.23	0.51	0.30	0.56	0.83	0.54	0.52	0.00	0.73	0.92	0.58
k1.05	MRSA Bacteraemias (Hospital Assigned)	=0 per month	Number	0	0	0	0	0	0	0	1	1	0	1	0
k1.06	MSSA Bacteraemias (Hospital Apportioned)	<=1 per month	Number	0	0	3	0	0	1	0	0	2	1	2	1
k1.07	Clostridium difficile Infections (Hospital Apportioned)		Number	1	1	3	0	2	1	2	0	2	0	2	4
k1.09	Completed Patient Observations - Adult inpatients (NEWS)	>=0.97 per month	%			99.1%			99.73%			99.54%			98.95%
k1.10a	Completed Patient Observations - Paediatric Inpatients (PEWS)	>=0.97 per month	%			93.10%			100.00%			100.00%			98.02%
k1.12	Patient Safety Incident (PSI) Falls	<=58 per month	Number	56	29	37	45	38	49	48	34	73	47	55	54
k1.13	Number of Patient Safety incident Falls per 1000 (G&A) bed days	<=5.3 per month	Rate	5.03	3.23	3.79	4.43	3.57	4.54	4.36	2.95	6.20	3.82	4.59	4.50
k1.14	Patient Falls with moderate or severe harm	<=6 per month	Number	3	0	0	1	1	2	3	1	0	3	3	1
k1.15	Never Events	=0 per month	Number	0	0	0	0	0	1	1	0	1	0	0	0
k1.16	Medication Incidents	-	Number	38	37	42	40	40	67	60	41	51	56	57	62
k1.17	% Medication Incidents where Moderate or Severe Harm occurred	<=0.04 per month	%	0.0%	0.0%	0.0%	5.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.61%
k1.18	Serious Untoward Incidents	-	Number	2	1	0	2	1	3	0	2	2	4	5	1
k1.19	Escherichia Coli bacteraemia (all)	-	Number	6	18	12	13	16	14	11	7	13	9	19	10
k4.01	Safer Staffing - Day - Registered Midwives / Nurses fill rate	-	%	83.6%	83.6%	82.6%	95.3%	99.5%	97.1%	94.0%	92.7%	92.1%	92.9%	93.0%	85.9%
k4.02	Safer Staffing - Day - Assistant Fill Rate	-	%	86.1%	80.1%	80.5%	100.3%	107.9%	106.8%	93.2%	105.9%	104.8%	109.4%	104.3%	100.1%
k4.03	Safer Staffing - Night - Registered Midwives / Nurses fill rate	-	%	81.8%	82.7%	81.0%	98.3%	101.8%	96.6%	94.0%	93.8%	92.3%	91.5%	94.4%	88.5%
k4.04	Safer Staffing - Night - Assistant Fill Rate	-	%	107.9%	90.8%	89.5%	125.9%	131.1%	124.9%	102.2%	121.5%	140.4%	148.9%	149.9%	151.5%

KPI	Description	Standard (From Apr '18)	Type	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
k4.05	Safer Staffing - Overall trust fill rate	-	%	86.7%	83.7%	82.7%	100.9%	105.7%	102.4%	94.9%	99.0%	100.4%	102.4%	102.4%	97.2%
k4.06	Safer Staffing - % of Registered Nurse and Midwife expenditure on agency staff	-	%	2.4%	2.7%	2.7%	3.4%	2.8%	4.3%	3.9%	4.6%	1.8%	4.58%	4.50%	
k4.07	Safer Staffing - Care Hours per Patient Day	-	Rate	9.68	10.75	10.29	9.57	9.32	9.19	8.56	8.35	8.16	8.12	7.90	8.15
k5.01	Maternity - Caesarean section rate	<=0.26 per month	%	37.8%	36.7%	38.0%	32.5%	37.1%	39.9%	36.3%	35.2%	41.9%	36.3%	34.2%	36.8%
k5.02	Maternity - % of women with a primary postpartum haemorrhage of 1500ml or more	<0.031 per month	%	3.1%	4.1%	2.6%	3.0%	4.0%	5.2%	3.5%	4.0%	4.6%	3.6%	4.0%	3.8%
k5.03	Maternity - % of women with a primary postpartum haemorrhage of 2000ml or more	<=0.01 per month	%	0.8%	0.8%	0.5%	0.9%	1.2%	2.4%	1.8%	0.7%	2.1%	1.3%	1.2%	1.4%
k5.04	Maternity - Significant Perineal Trauma	-	%	2.6%	3.1%	2.6%	2.7%	1.2%	2.7%	2.0%	1.7%	2.3%	2.7%	1.0%	0.5%

Effective

k2.01	Standardised healthcare mortality index (SHMI) - most recent score	<=95	Index	75.81	76.28	76.34	76.34	77.51	77.78	77.78	76.85	77.83	78.57	79.65	79.65
k2.02	Unadjusted Mortality Rate	-	%	3.4%	1.4%	0.7%	0.7%	0.9%	0.6%	0.8%	0.7%	0.8%	1.0%	0.9%	1.1%
k2.03	Sepsis - % of eligible patients screened for sepsis - ED	>=90% per month	%	60.0%	60.0%	65.0%	75.0%	60.0%	80.0%	70.0%	80.0%	70.0%	85.71%	95.00%	85.00%
k2.04	Sepsis - % of eligible patients who received antibiotics within 1 hour of arrival - ED	>=90% per month	%	85.7%	90.9%	90.0%	80.0%	87.5%	90.0%	75.0%	83.3%	87.5%	75.00%	86.67%	87.50%
k2.13	Sepsis - % of eligible patients screened for sepsis - Inpatients	>=90% per month	%	90.0%	85.0%	90.0%	85.0%	85.0%	90.0%	80.0%	80.0%	80.0%	94.44%	100.00%	100.00%
k2.14	Sepsis - % of eligible patients who received antibiotics within 1 hour - Inpatients	>=90% per month	%	50.0%	100.0%	88.9%	100.0%	100.0%	100.0%	87.5%	80.0%	66.7%	83.33%	100.00%	75.00%
k2.05	VTE Assessments (Trust)	>=95% per month	%	98.3%	98.7%	97.8%	97.5%	98.6%	97.9%	97.2%	94.6%	97.3%	98.37%	97.0%	98.4%
k2.06	Incidence of Hospital Acquired VTE (HAT)	-	Number	0	1	0	1	0	0	0	0	0	0	0	2
k2.09	% emergency readmissions following elective admission - 30 days	-	%	2.3%	2.8%	3.0%	3.4%	3.9%	3.2%	3.7%	2.9%	3.2%	3.0%	2.9%	3.5%
k2.10	% emergency readmissions following emergency admission - 30 days	-	%	14.1%	14.5%	14.5%	16.0%	15.1%	13.6%	10.2%	15.1%	14.5%	13.5%	13.3%	14.6%
k3.15	Hand Hygiene (Infection Control - Core Elements Tool)	>=95% per month	%	98.9%	98.9%	98.8%	98.6%	98.6%	99.2%	99.2%	97.9%	98.6%	96.5%	98.2%	99.3%

Caring

k3.01	Number of complaints received this month	-	Number	35	24	38	32	30	46	32	53	46	69	52	27
k3.02	Number of complaints reopened this month	-	Number	2	6	2	2	2	4	13	3	3	3	6	5
k3.03	Number of complaints referred to ombudsman this month	-	Number	0	0	0	0	0	0	0	0	0	1	0	0
k3.14	Complaints Response Rate	>=80%	%	41.9%	37.9%	40.5%	46.7%	29.4%	33.3%	39.6%	38.9%	28.6%			
k3.05b	FFT - Trust - % Would Recommend	-	%	93.2%	92.4%	90.9%	90.0%	89.2%	87.6%	87.9%	88.1%	87.3%	88.4%	88.1%	89.3%

KPI	Description	Standard (From Apr '18)	Type	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
K8.19	31-Day Standard for Subsequent Cancer Treatments-Surgery	>=94% per month	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
K8.20	All Cancer Two Month Urgent Referral to Treatment Wait	>=85% per month	%	94.1%	86.9%	92.7%	98.8%	98.4%	94.0%	96.7%	95.5%	90.9%	89.2%	93.7%	
K8.21	62-Day Wait for First Treatment Following Referral from an NHS Cancer Screening Service	>=90% per month	%	100.0%	50.0%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	
K8.22	62-Day Wait for First Treatment Following Referral from Consultant Upgrade	>=85% per month	%	85.0%	93.3%	92.0%	100.0%	100.0%	100.0%	60.0%	100.0%	100.0%	0.0%	0.0%	
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%	8.7%	7.9%	7.9%	8.0%	8.5%	8.3%	9.4%	7.9%	8.1%	8.5%	8.6%
k7.02	Turnover rate	<=13.5% per month	%	12.1%	12.1%	11.5%	11.6%	11.7%	12.1%	12.9%	13.7%	14.0%	14.8%	15.4%	15.6%
k7.03	Sickness rate	<=2.6% per month	%	5.2%	3.5%	2.9%	2.8%	2.4%	2.8%	3.0%	3.4%	3.7%	4.1%	4.1%	5.7%
k7.04	Mandatory Training	>=85% per month	%	83.8%	83.3%	84.1%	85.7%	85.9%	85.4%	86.4%	85.7%	85.6%	84.6%	83.4%	82.7%
k7.05	Appraisals / PDRs completed	>=90% year end	%	69.7%	69.9%	72.4%	75.4%	71.5%	73.1%	73.4%	74.0%	72.4%	71.5%	73.5%	72.4%
K7.10	Stability (% Staff Retained >1yr)	>90.%	%	87.7%	87.4%	87.3%	86.8%	86.8%	86.1%	85.8%	86.9%	86.4%	86.3%	85.1%	85.0%

Report Glossary

Domain	Indicator reference	Description	Indicator Methodology	Data source	Notes
Safe	k1.01	Patients with hospital acquired pressure ulcers (Grades 3 & 4)	Number of patients with a newly hospital acquired pressure ulcers (Grades 3 & 4)	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)