

Integrated Quality and Operational Compliance Report

February 2022

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 15% decrease in the number of patients with trust acquired pressure ulcers identified from January to February 2022 (13 to 11). Of the Trust Acquired Pressure Ulcers, 91% (10) were category 2, with 1 category 3 PU. 6 of the trust acquired pressure ulcer were judged to have a lapse in care. The only category 3 pressure ulcer was identified as having no lapses in care. 3 of the Trust Acquired Pressure Ulcer's identified were device related. Actions have been developed to focus on themes established from pressure ulcer investigations which are being monitored via the PUMP monthly meetings. Themes include the importance of early implementation of pressure relieving strategies and completion of documentation to support the care given.

Falls:

Total number of Falls in February 2022 is 63 which is 6 less compared to January 2022. Four incidents have resulted to moderate harm for which investigation is on-going. All incidents reviewed using the SWARM pro forma. Theme identified relate to difficulties in consistently maintaining bay-based nursing or 1:1 supervision due to staffing challenges on the shift.

Falls Prevention Posters have been distributed to the wards and displayed as reminder to staff of the key actions to mitigate falls. The Falls group have submitted a bid to the charity to purchase Falls alarms for use in toilets and bathrooms and additional falls mats for the whole Trust.

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

- There were no Trust-apportioned MRSA / MSSA bacteraemia cases.
- There was one HOHA (Hospital Onset Healthcare Associated) Clostridium difficile toxin positive case in Isabella ward. There were two COHA (Community Onset Healthcare Associated) cases.
- There were three Trust-apportioned E. coli bacteraemia cases.

- There were seven seasonal influenza cases, all diagnosed on admission.
- There were two norovirus cases, one in AAU and one in Canbury ward.
- There were 306 cases of COVID-19 this month with 158 of those cases admitted into the Trust. There were 8 HOHA cases (Hospital Onset Healthcare Associated, cases >14 days onset) and 8 HOPHA cases (Hospital Onset Probable Healthcare Associated, cases with onset within 8-14 days).

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

- **New:** Five investigations were declared during February 2022; 3 Serious Incidents were declared for hospital acquired COVID infections, one Serious Incident within Maternity, and one Never Event was declared within General Surgery. Further details are outlined below.
- **Completed:** Two investigations were completed and presented to the Serious Incident Group in February 2022; one was a treatment delay within Orthopaedics and one was a hospital acquired COVID infection within Respiratory. Both investigations highlighted factors that contributed to the incidents, and the main actions are focussed on case discussion through Governance meetings and sharing the learning outcomes of the reports.
- **Duty of Candour:** The Trust remains compliant with Duty of Candour. Of the 5 new investigations, Duty of Candour could not be completed for one patient who had no known Next-of-Kin. Of the completed SI's, the Next-of-Kin for one of the cases (Hospital Acquired COVID) did not want to receive a copy of the investigation report. The Next-of-Kin was complimentary of the care their father had received and thanked the Trust for completing the investigation.
- **Ongoing:** At 28th February 2022, there were 16 open investigations.
- **Never Events:** One Never Event was declared in February 2022 within the category 'Wrong Site Surgery'.

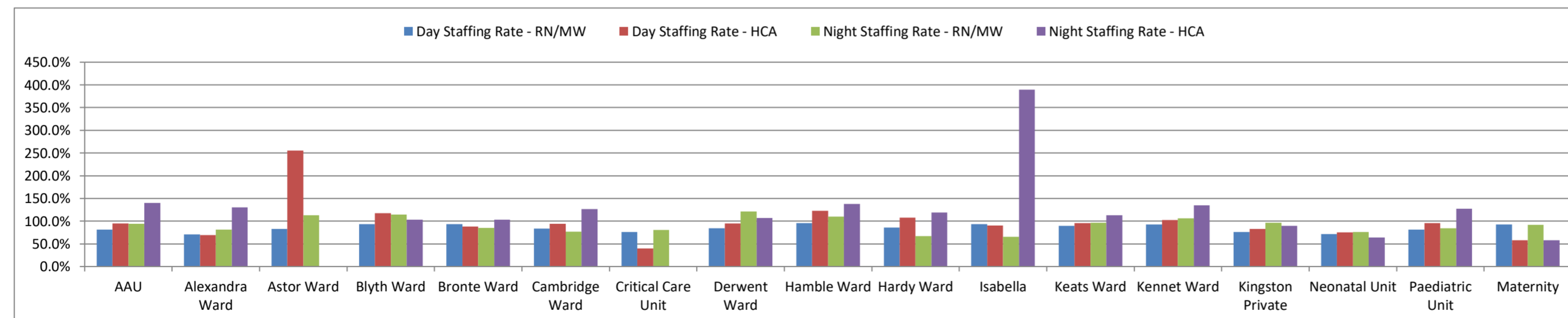
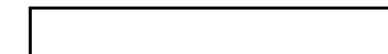
The incident occurred on 27th July 2020 for a patient who was scheduled for a right sided inguinal hernia repair, however this was changed to a left sided inguinal hernia repair on the day of surgery. The incident came to light during a recent follow up appointment that the patient attended. Preliminary enquiries into the incident indicate that a clinical decision was made on the day of surgery to change the procedure, as the patient was acutely symptomatic on the left side. This decision was made in conjunction with the patient and the consent form was signed for a left sided procedure. The clinical decision and rationale, however, was not documented in the patient's notes.

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 has been further challenged by the ongoing use of escalation beds (Bronte and Hardy), and the opening of Canbury ward to minimise ambulance delays in ED. 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. 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	81.1%	95.0%	94.4%	140.1%	7.0
Alexandra Ward	70.5%	69.2%	81.3%	130.0%	4.1
Astor Ward	82.7%	255.4%	113.1%	#DIV/0!	9.6
Blyth Ward	93.5%	117.2%	114.4%	103.5%	5.9
Bronte Ward	93.7%	87.8%	84.8%	103.0%	7.1
Cambridge Ward	83.3%	94.1%	76.6%	126.8%	6.1
Critical Care Unit	76.1%	40.1%	80.2%	#DIV/0!	23.7
Derwent Ward	84.6%	95.2%	121.4%	107.0%	5.8
Hamble Ward	95.9%	123.0%	109.6%	138.1%	7.0
Hardy Ward	86.1%	107.6%	66.7%	119.3%	7.4
Isabella	93.3%	90.3%	65.5%	389.3%	7.1
Keats Ward	89.9%	96.0%	96.5%	112.6%	6.5
Kennet Ward	92.9%	102.7%	106.0%	134.4%	6.4
Kingston Private	75.8%	82.9%	96.4%	89.3%	10.8
Neonatal Unit	71.7%	75.0%	75.7%	64.3%	13.0
Paediatric Unit	81.5%	95.7%	84.3%	127.3%	11.3
Maternity	92.5%	57.6%	91.9%	58.2%	9.5
Trust Average	84.8%	94.8%	89.6%	127.3%	7.9

Key	
RN	Registered Nurse
MW	Registered Midwife
HCA	Healthcare Assistant

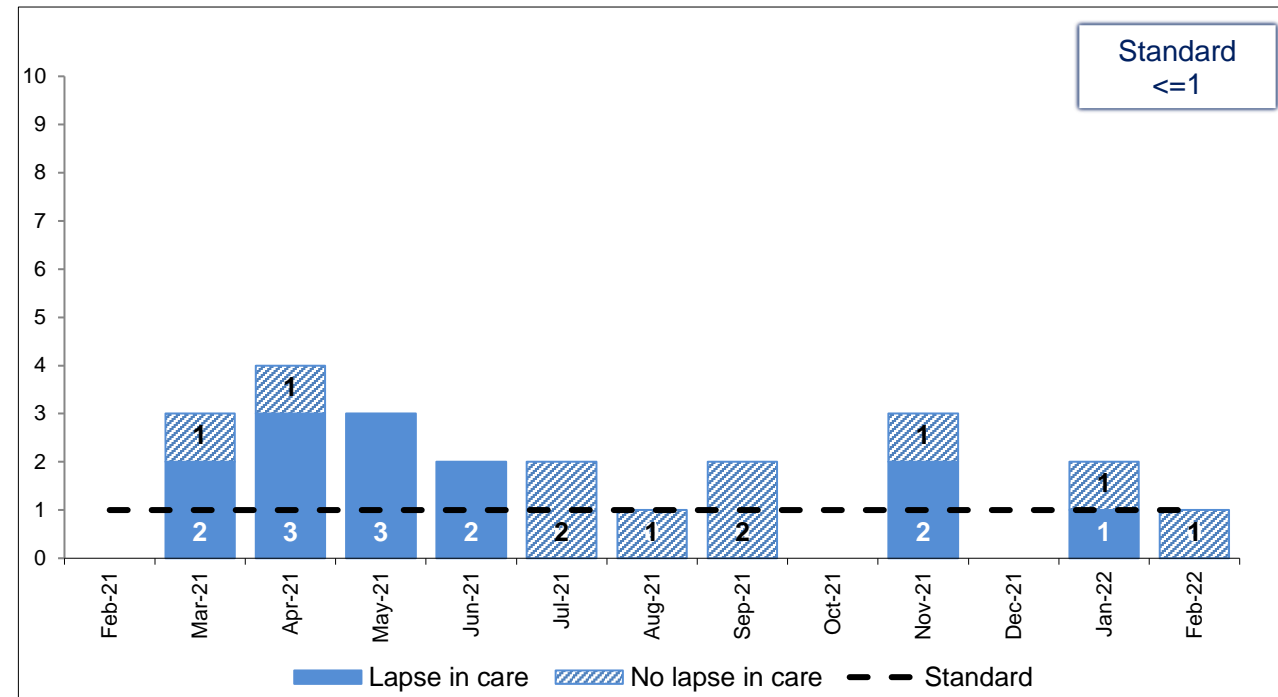


Safe

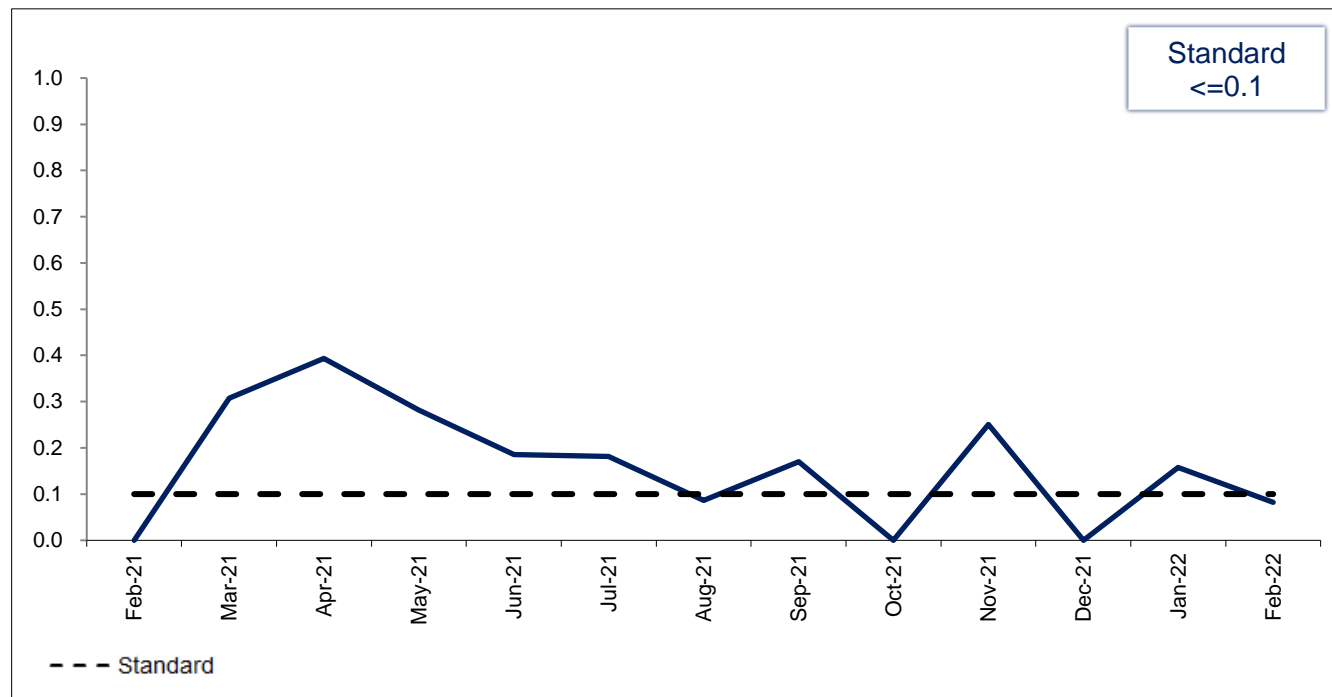
Is Care Safe?

February 2022

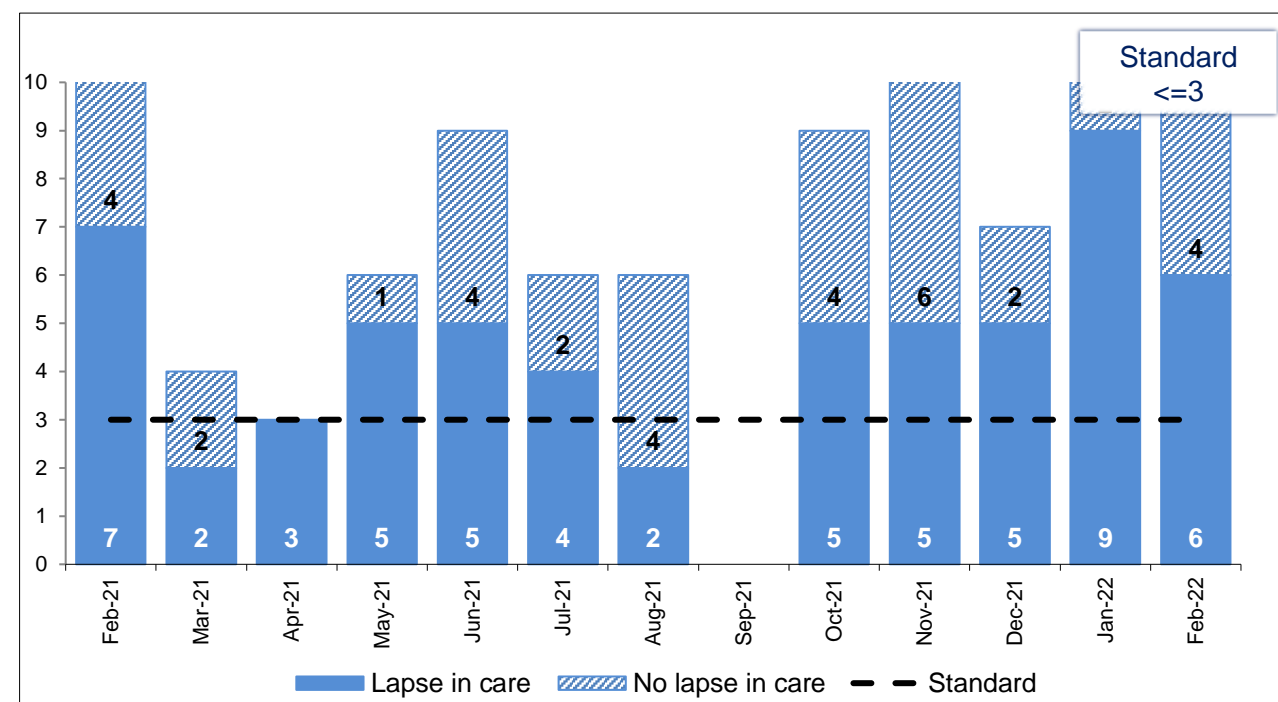
k1.01 | Number of patients with hospital acquired pressure ulcers (Grade 3&4)



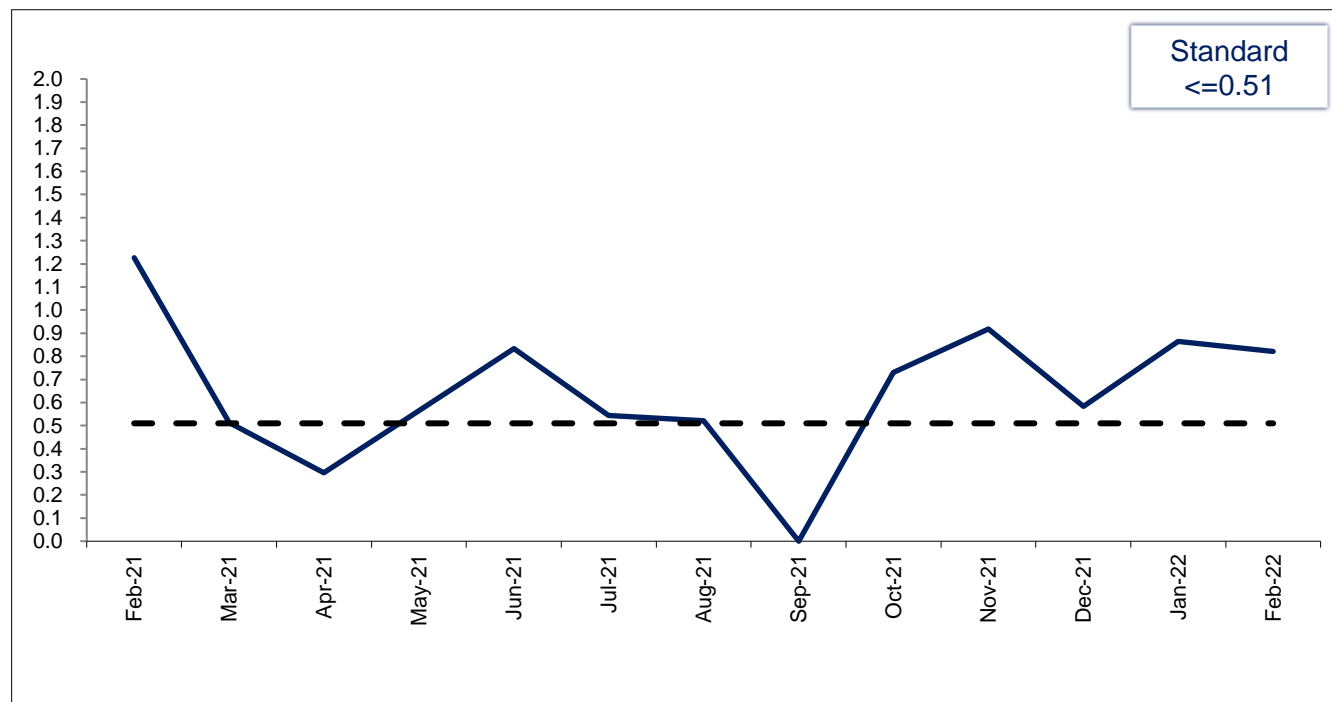
k1.02 | Number of patients with hospital acquired pressure ulcers (Grade 3&4) per 1000 beddays



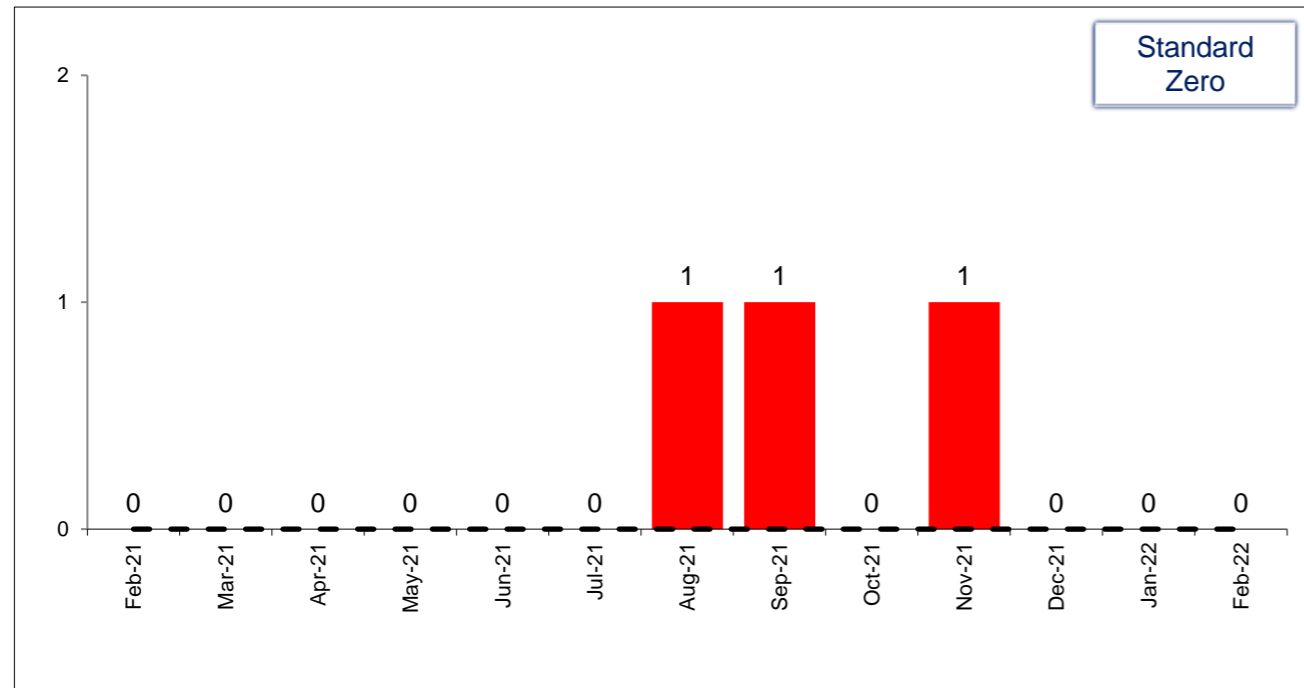
k1.03 | Number of patients with hospital acquired pressure ulcers (Grade 2)



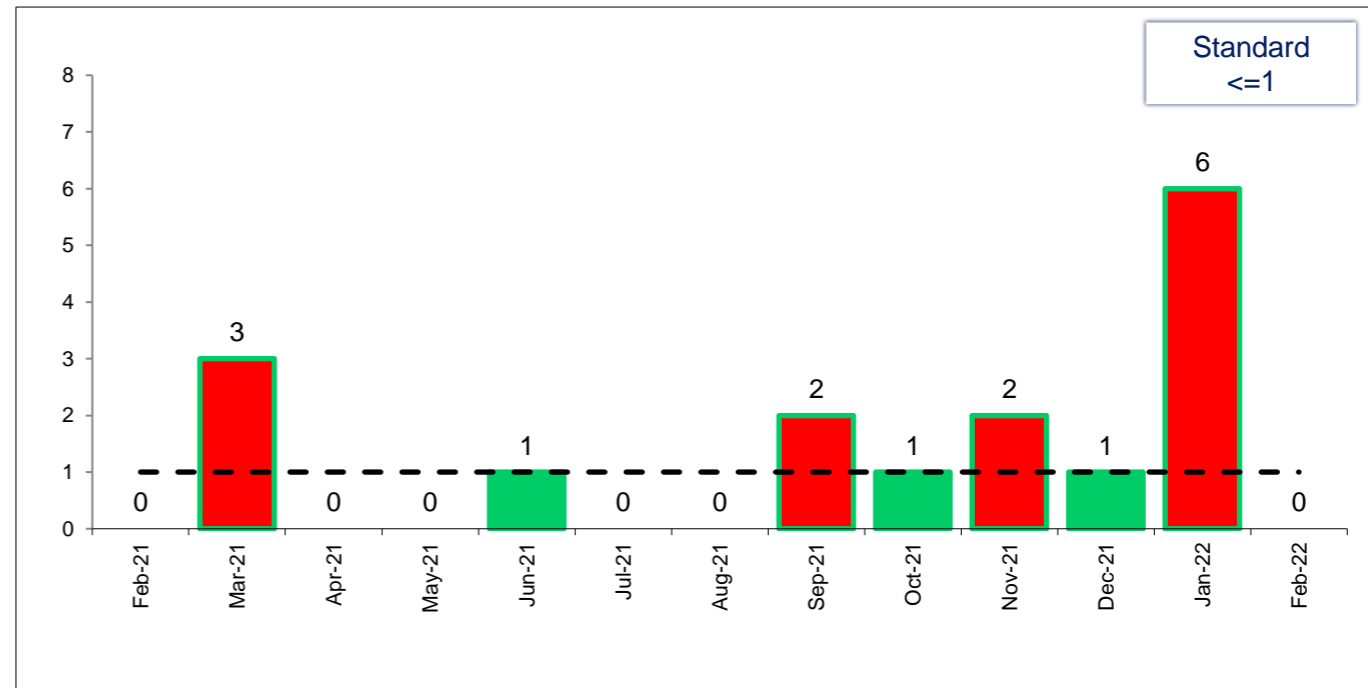
k.1.04 | Number of patients with hospital acquired pressure ulcers (Grade 2) per 1000 beddays



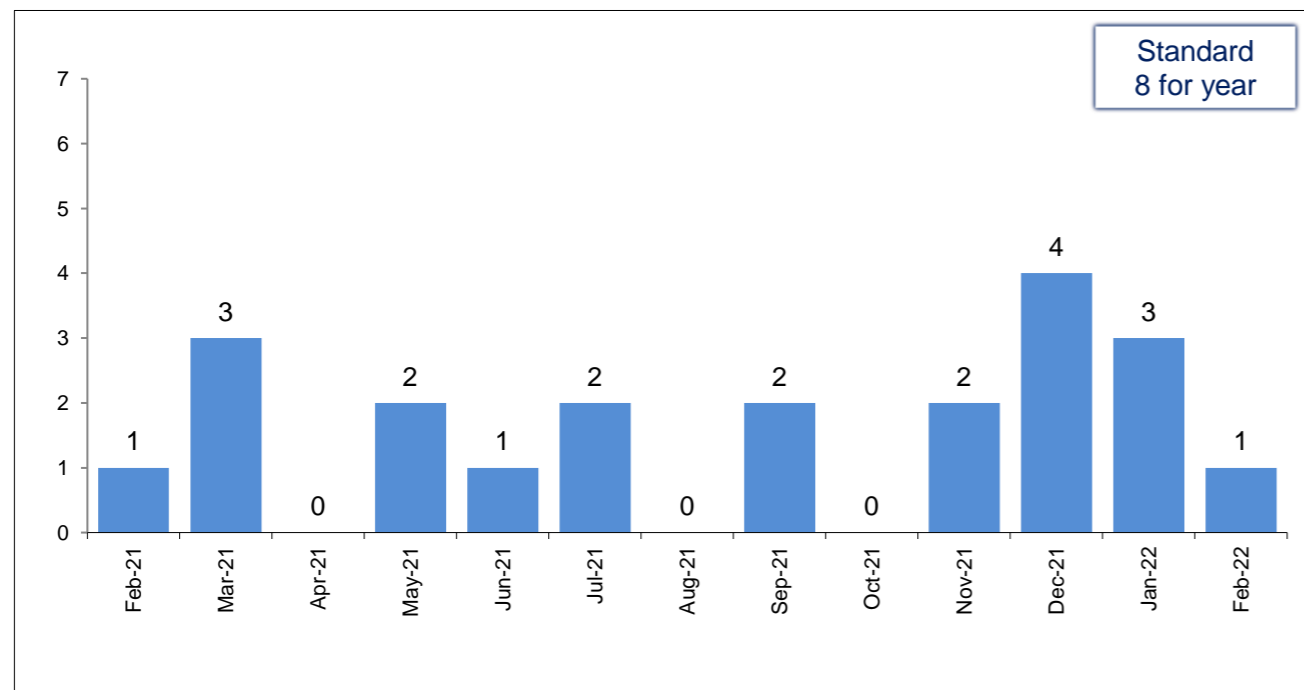
k1.05 | MRSA Bacteraemias (Hospital Assigned)



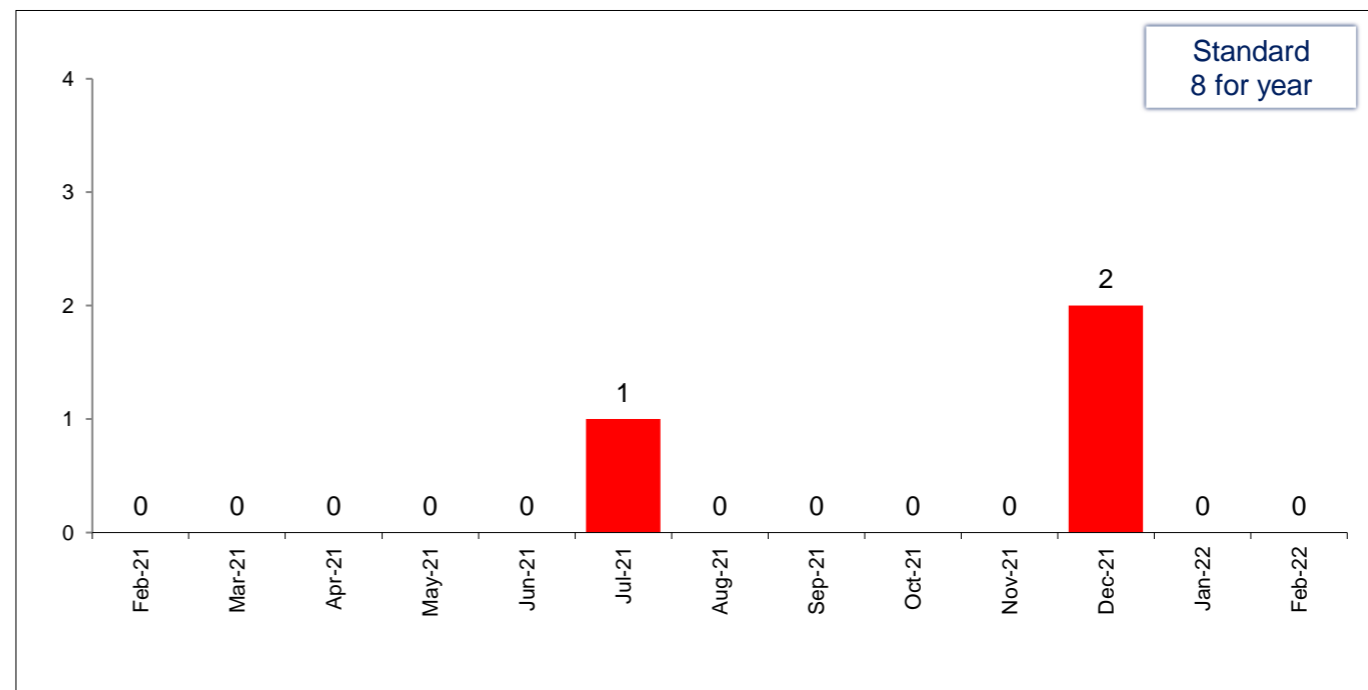
k1.06 | MSSA Bacteraemias (Hospital Apportioned)



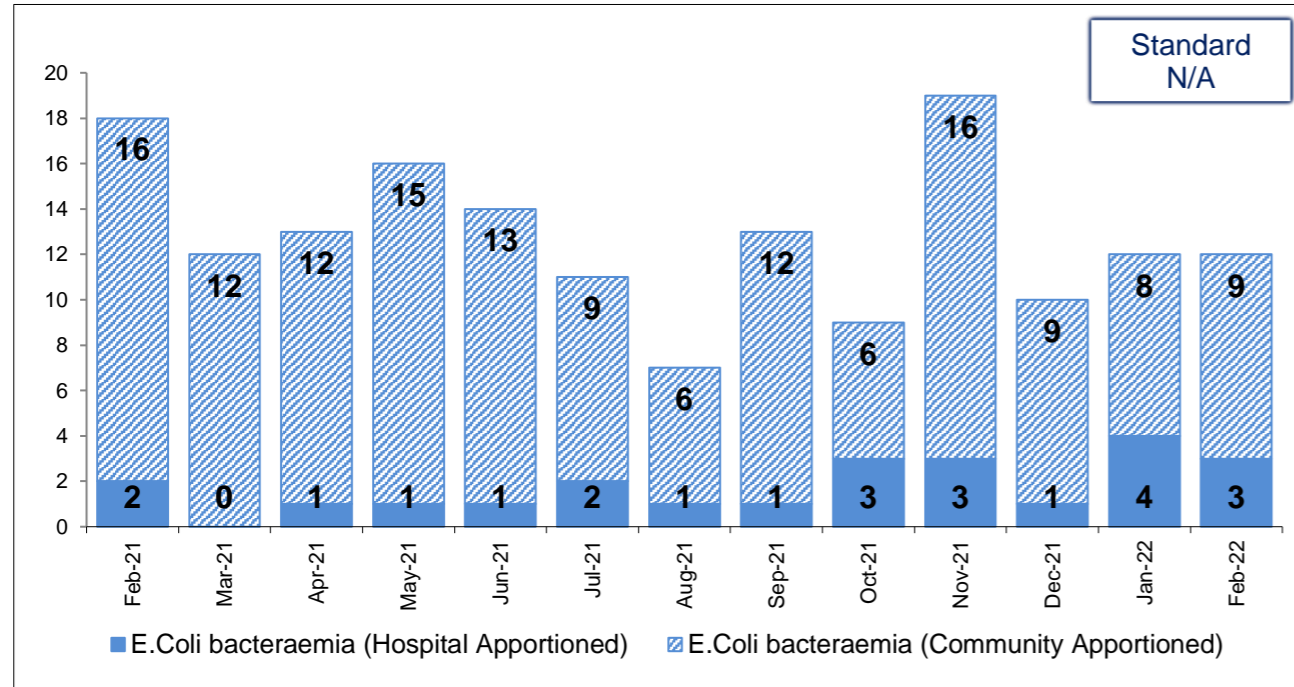
k1.07 | Clostridium difficile infections (Hospital Apportioned)



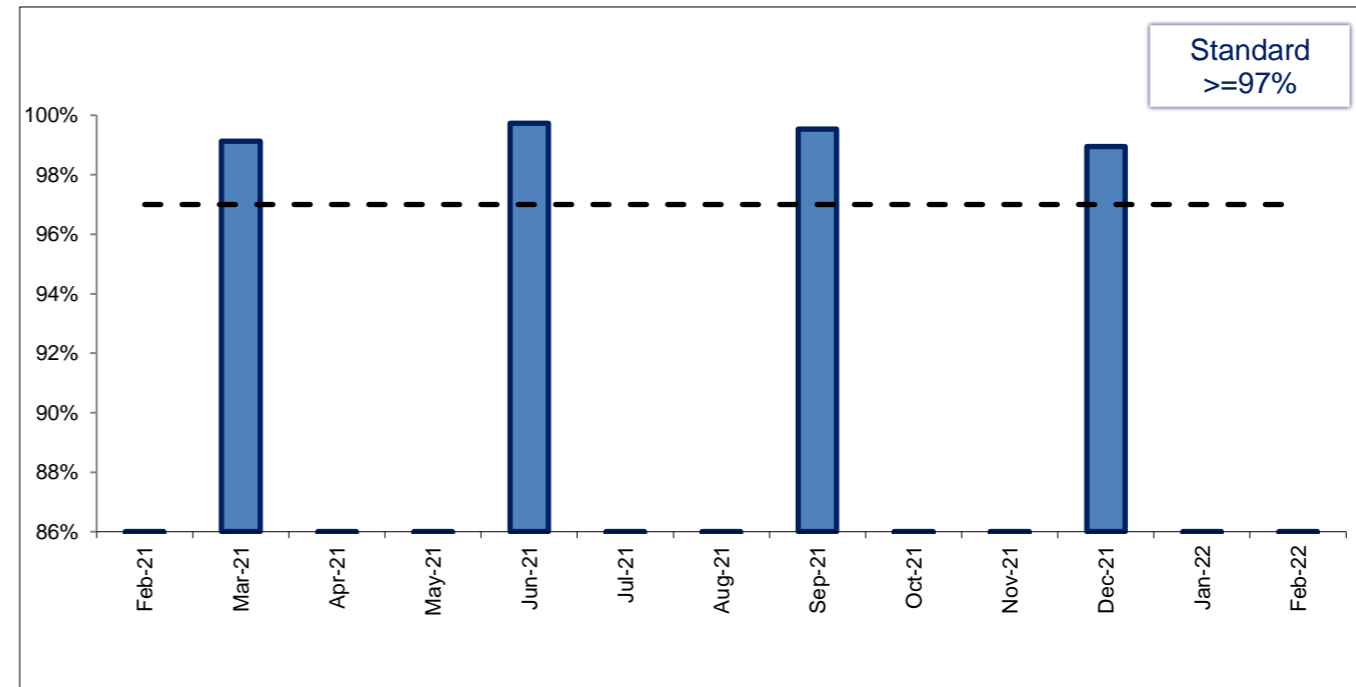
k1.08 | Clostridium difficile infections (Hospital Apportioned) due to confirmed Lapse in Care



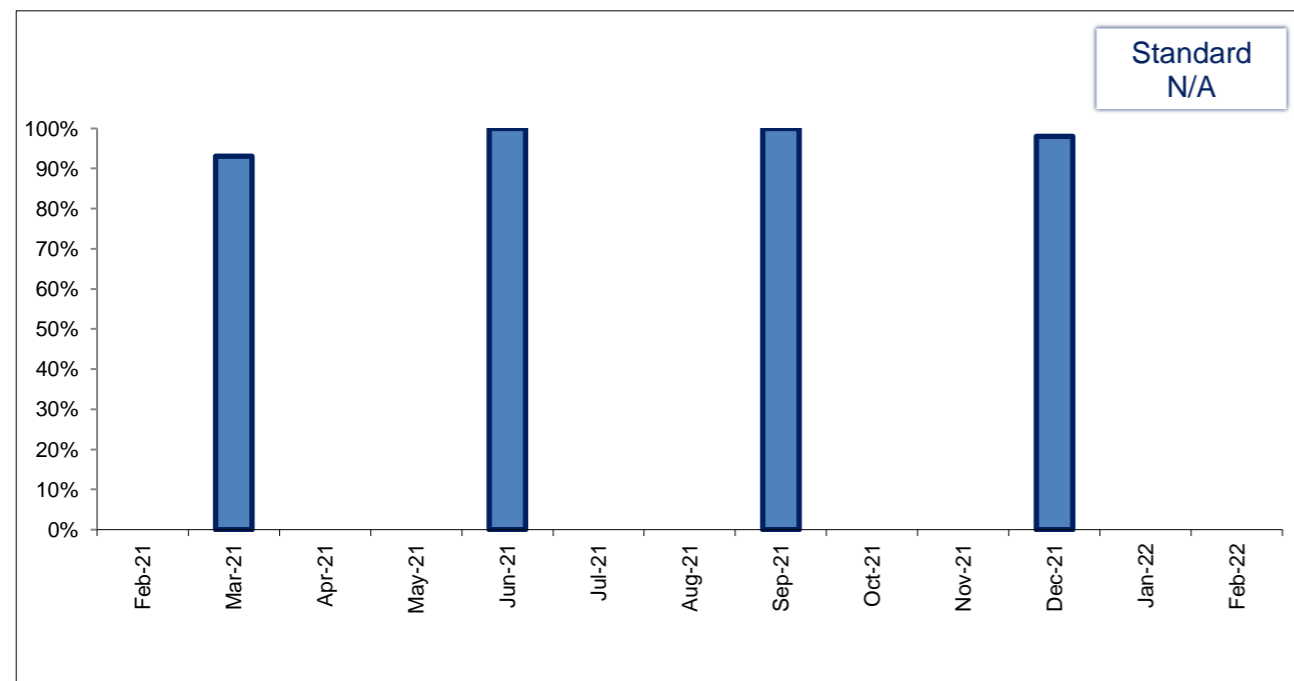
k1.19 | Number of Escherichia (E. coli) bacteraemia



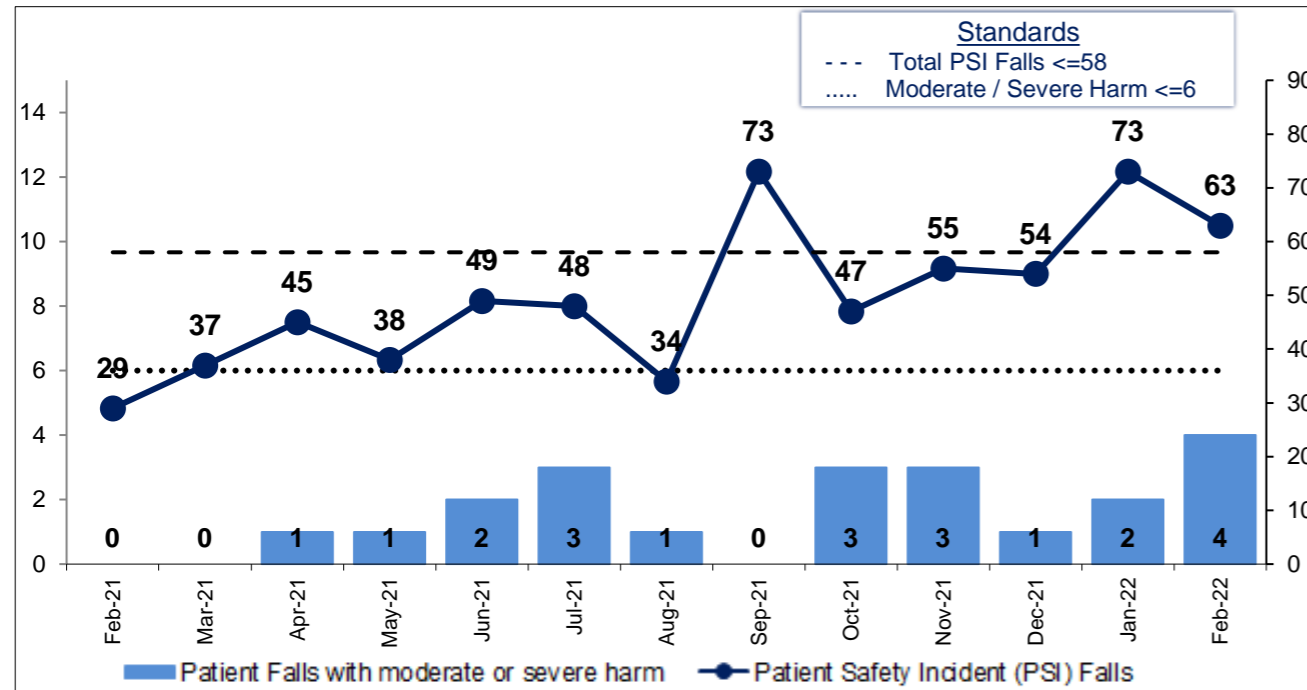
k1.09 | Completed Patient Observations - Adult inpatients (NEWS)



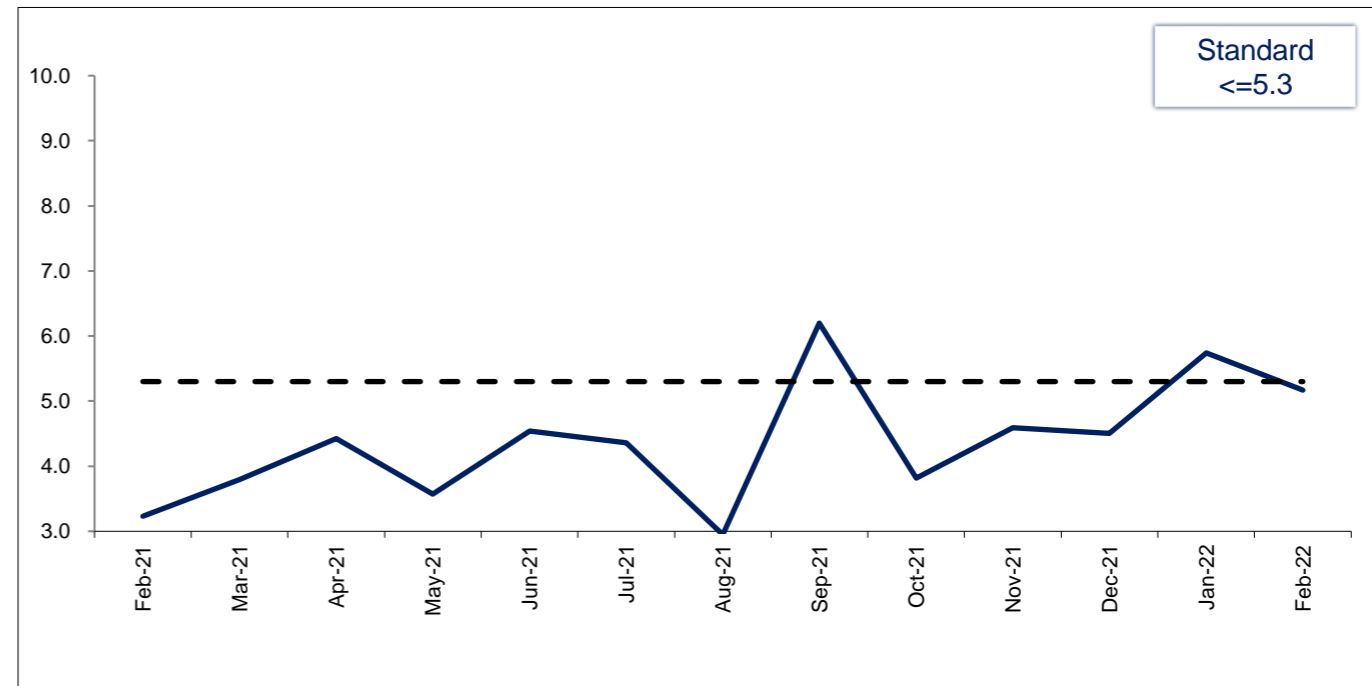
k1.10 | Completed Patient Observations - Paediatric Inpatients (NEWS)



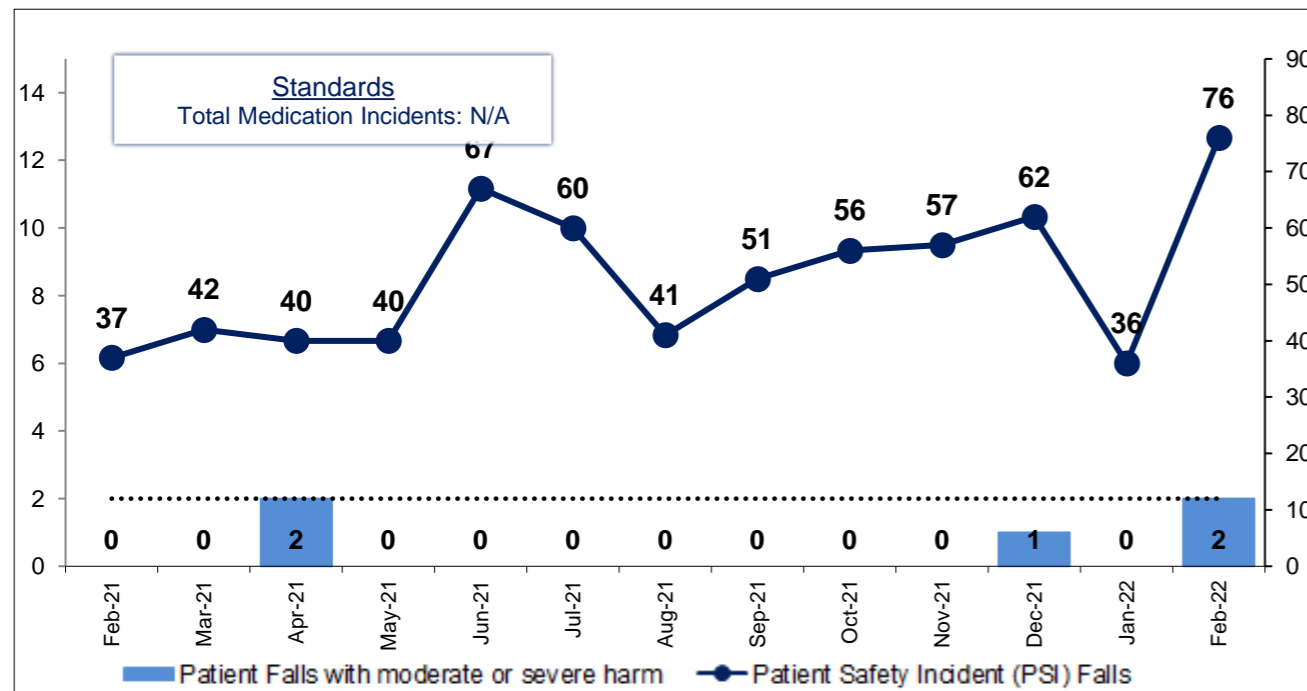
k1.12 | Number of Patient Safety Incident (PSI) Falls



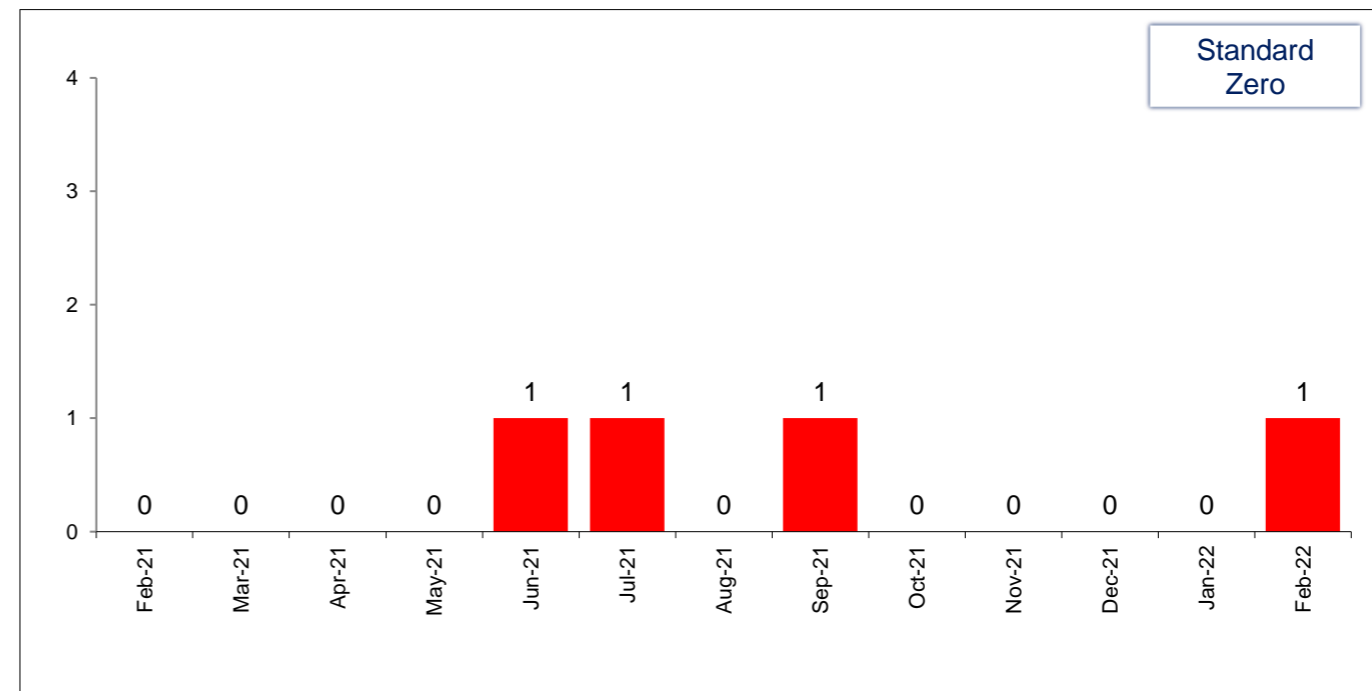
k1.13 | Number of Patient Safety Incident Falls per 1000 G&A beddays



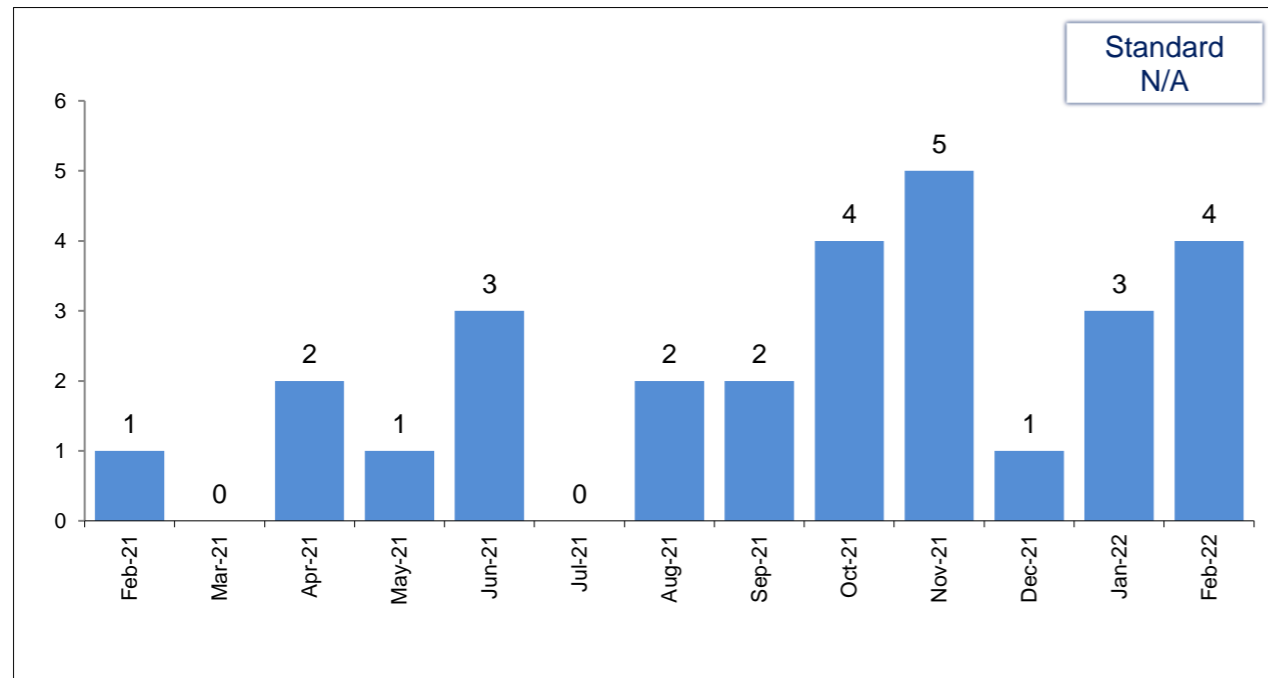
k1.16 | Medication Incidents



k1.15 | Never Events



k1.18 | Number of Serious Untoward Incidents

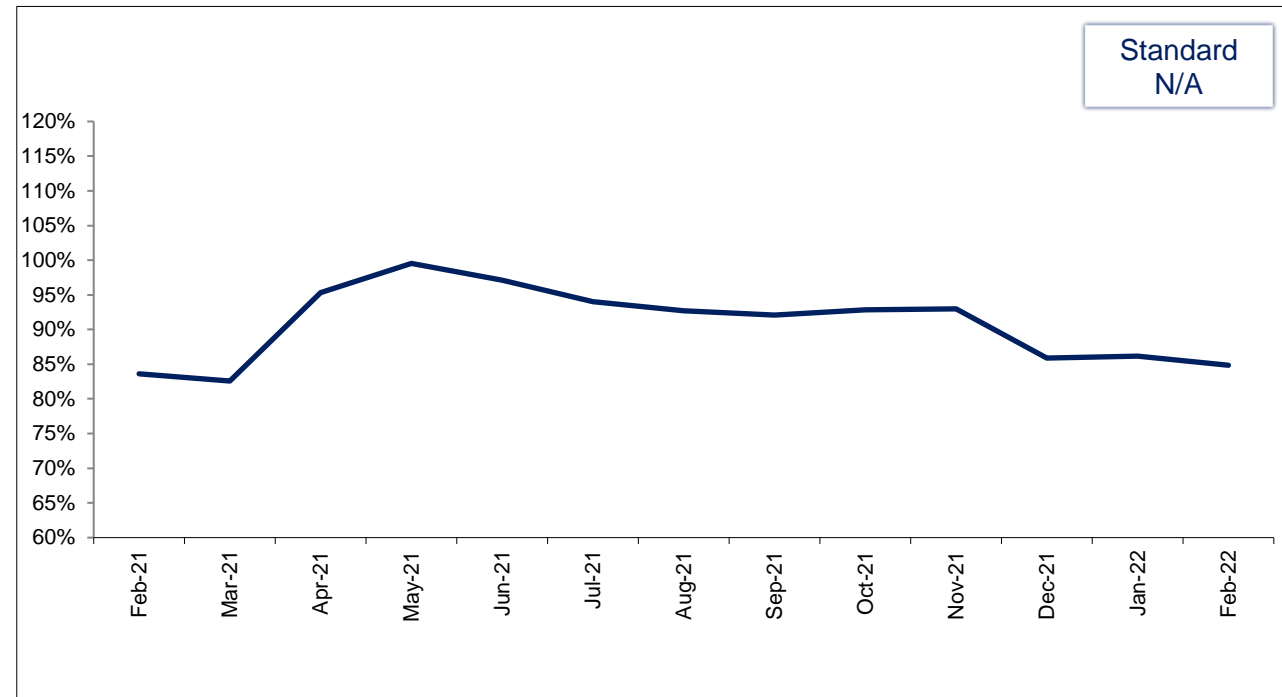


Safe

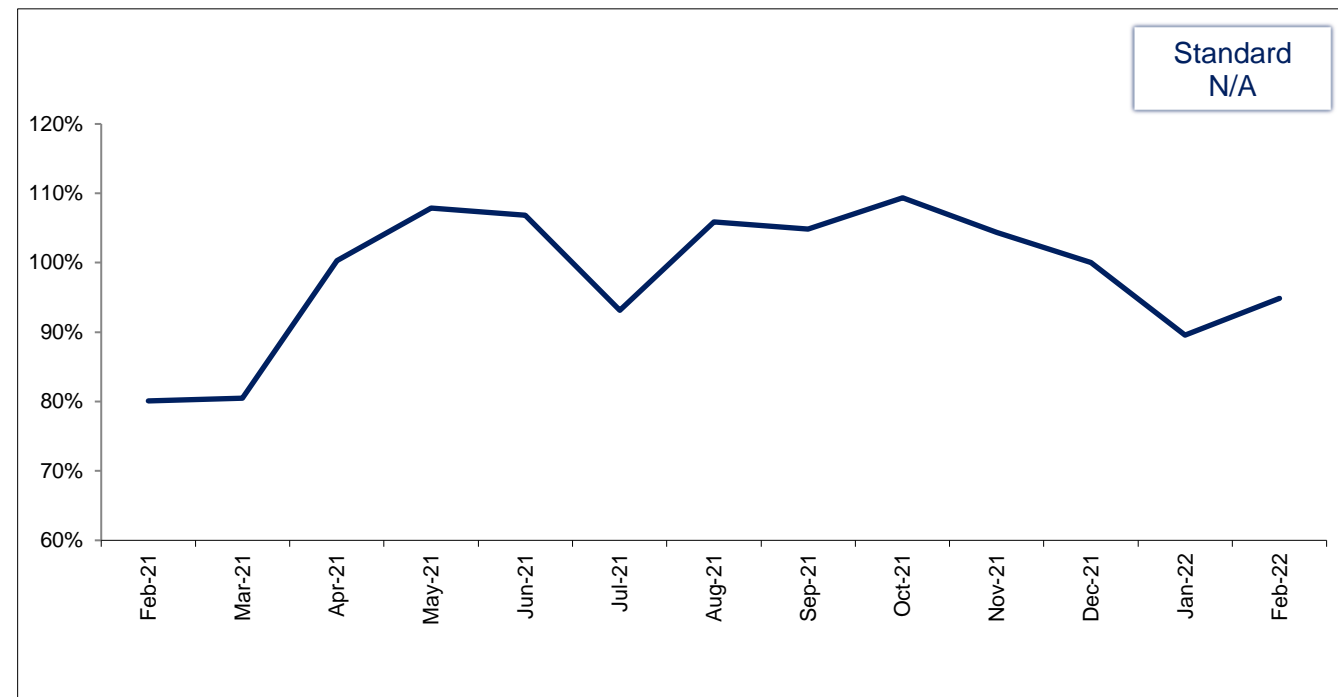
Is Care Safe?

February 2022

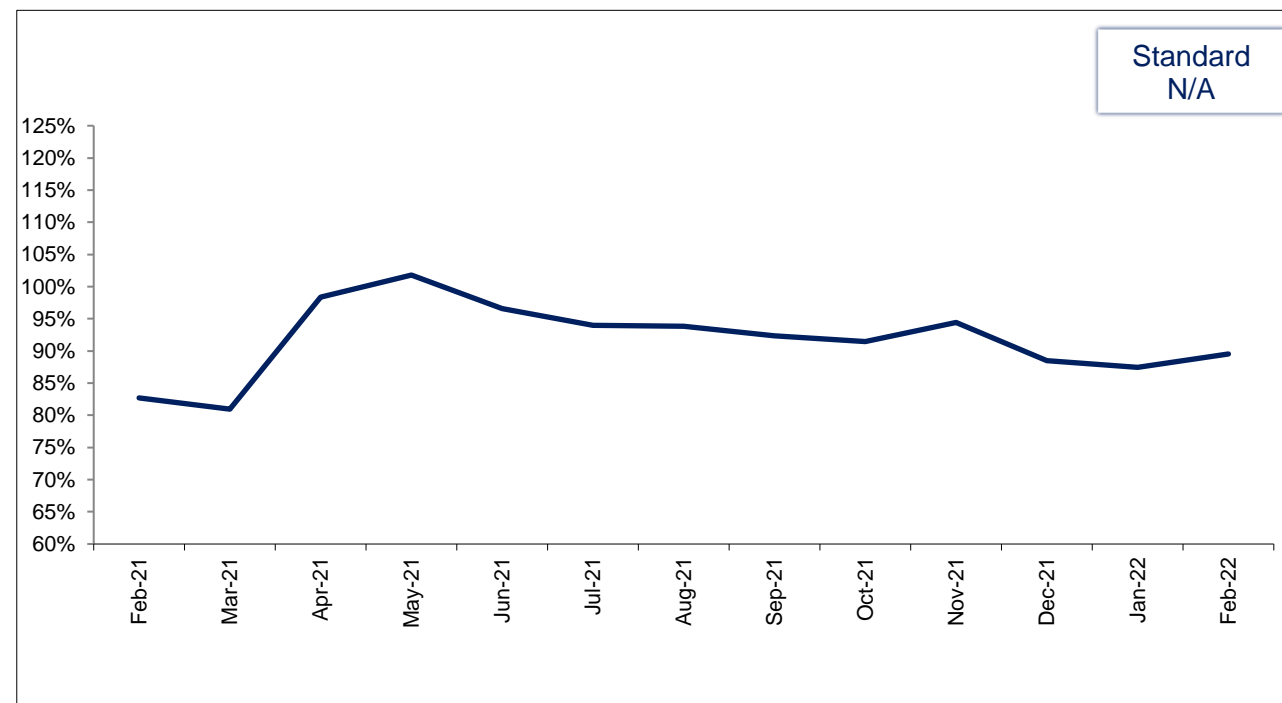
k4.01 | Day - Registered Midwives / Nurses Fill Rate



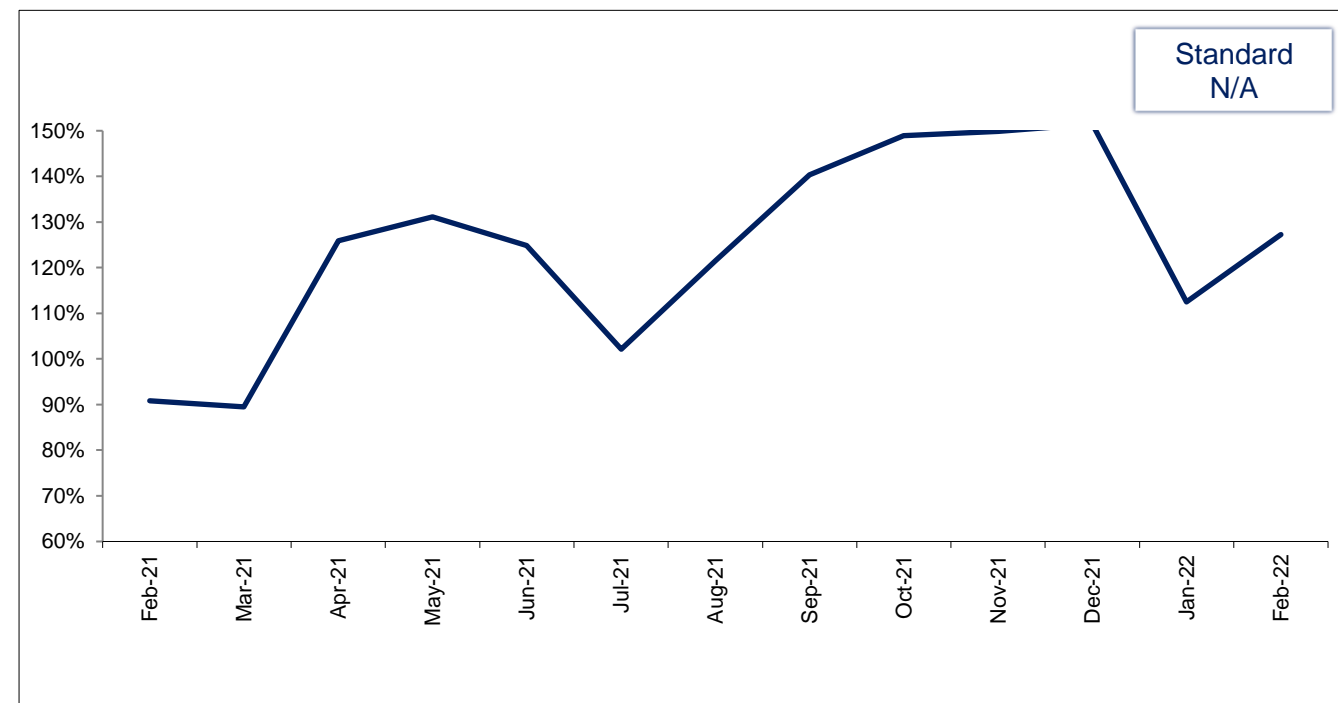
k4.02 | Day - Assistant Fill Rate



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



k4.04 | Night - Assistant Fill Rate

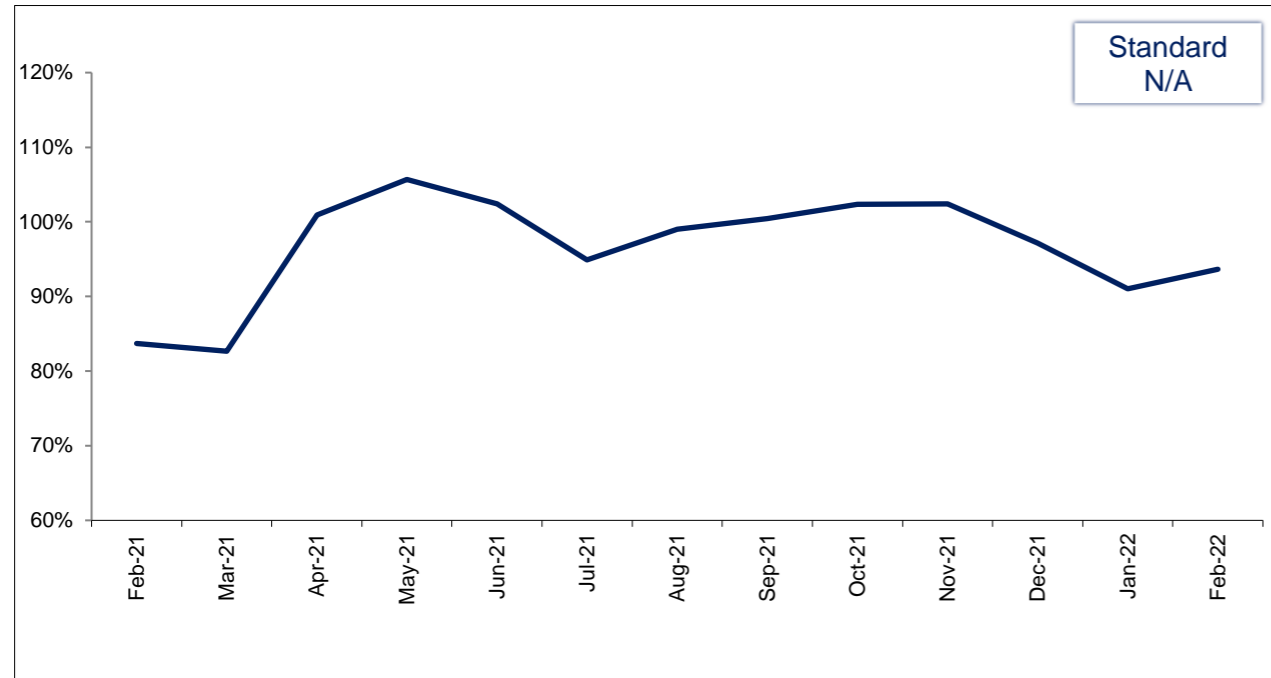


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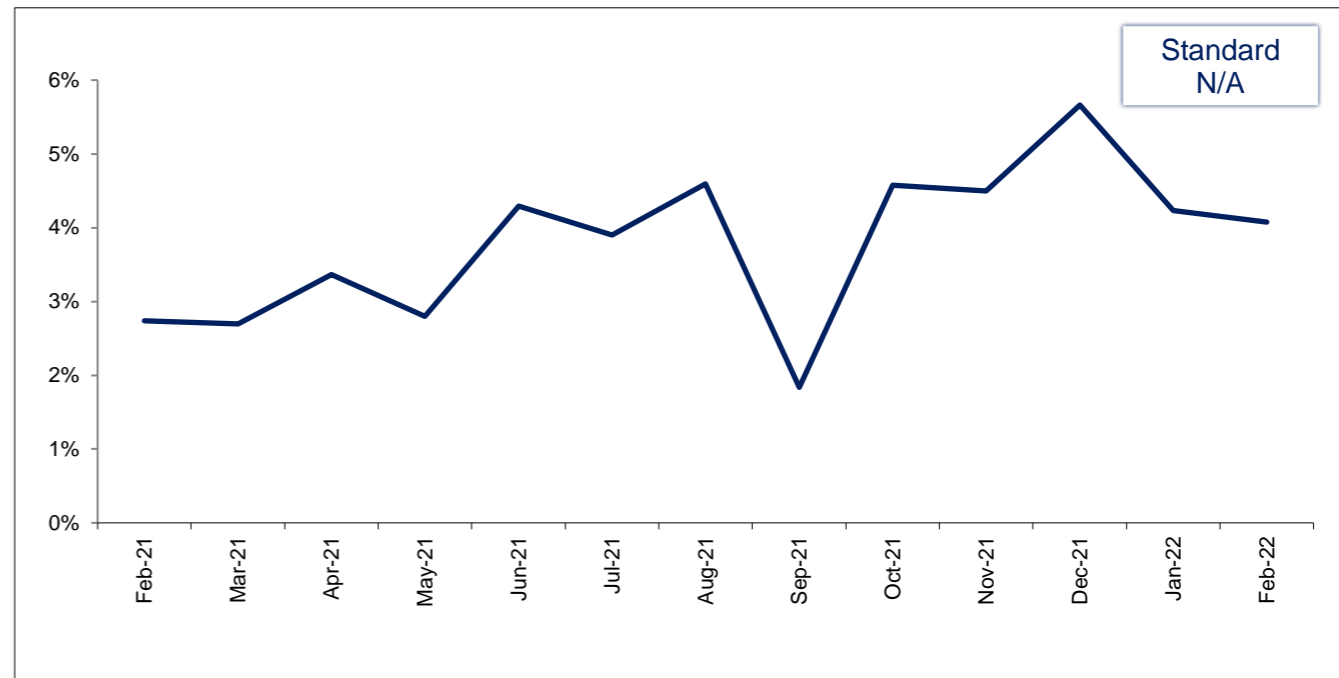
Is Care Safe?

February 2022

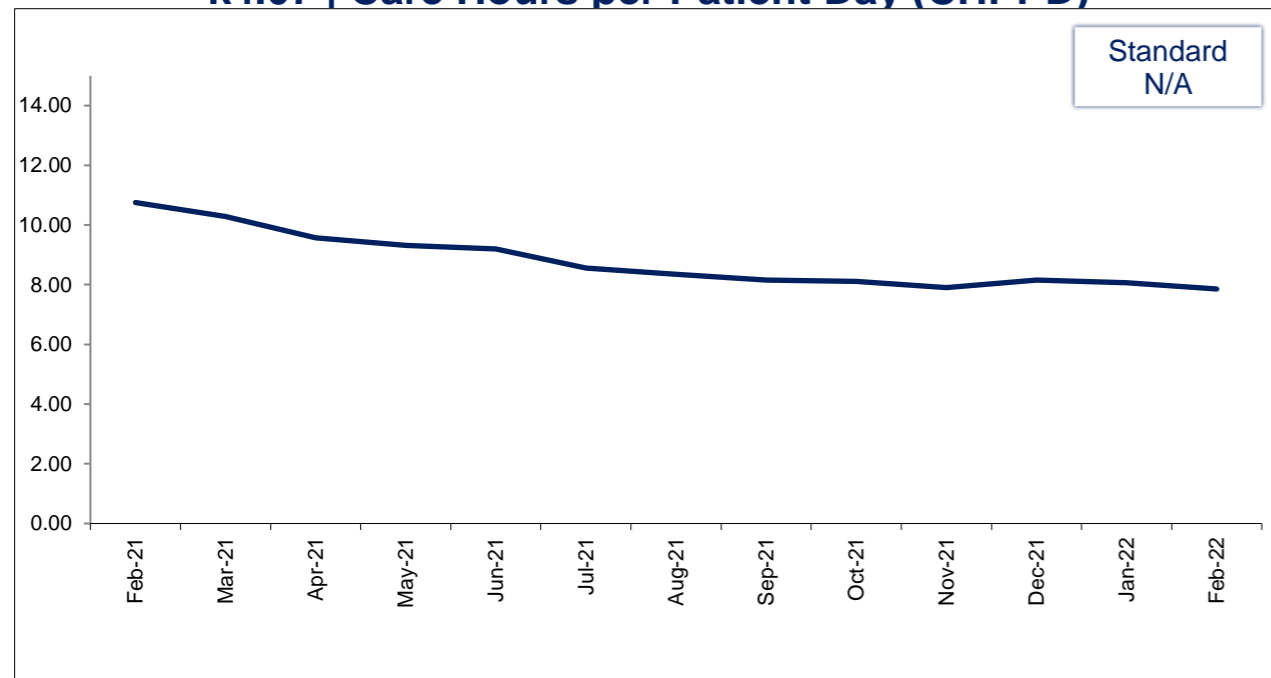
k4.05 | Overall Trust Fill Rate



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



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

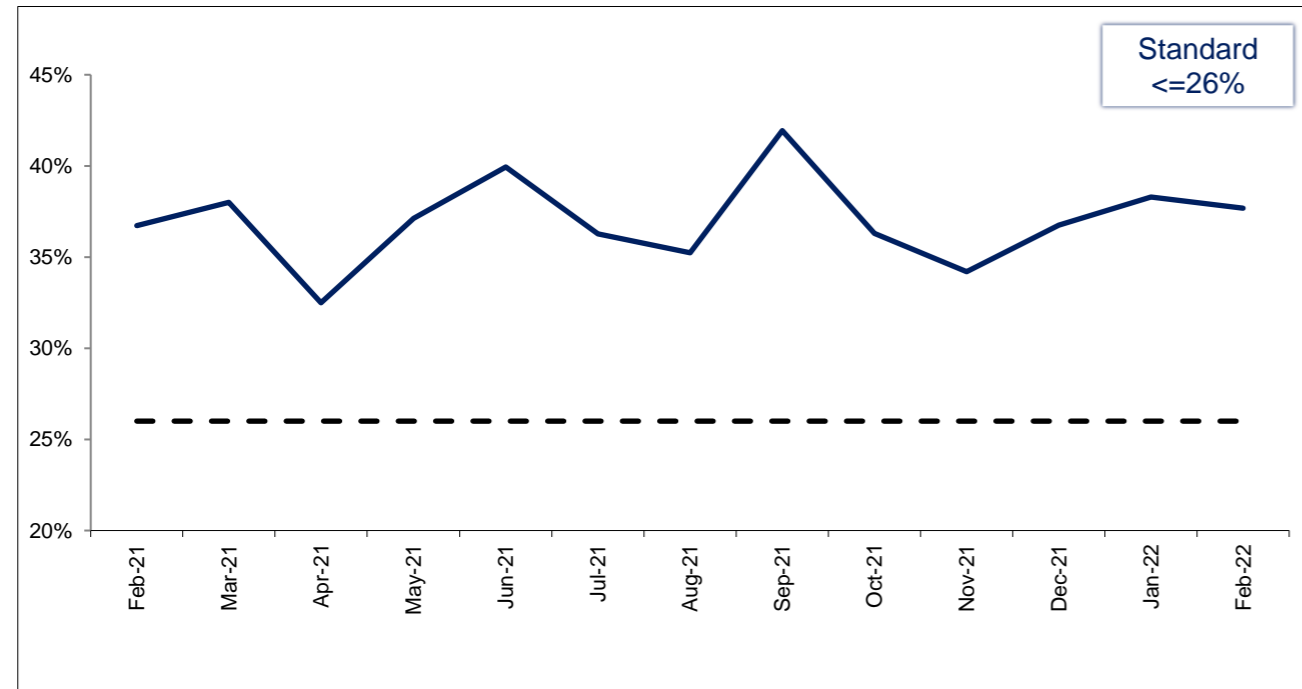


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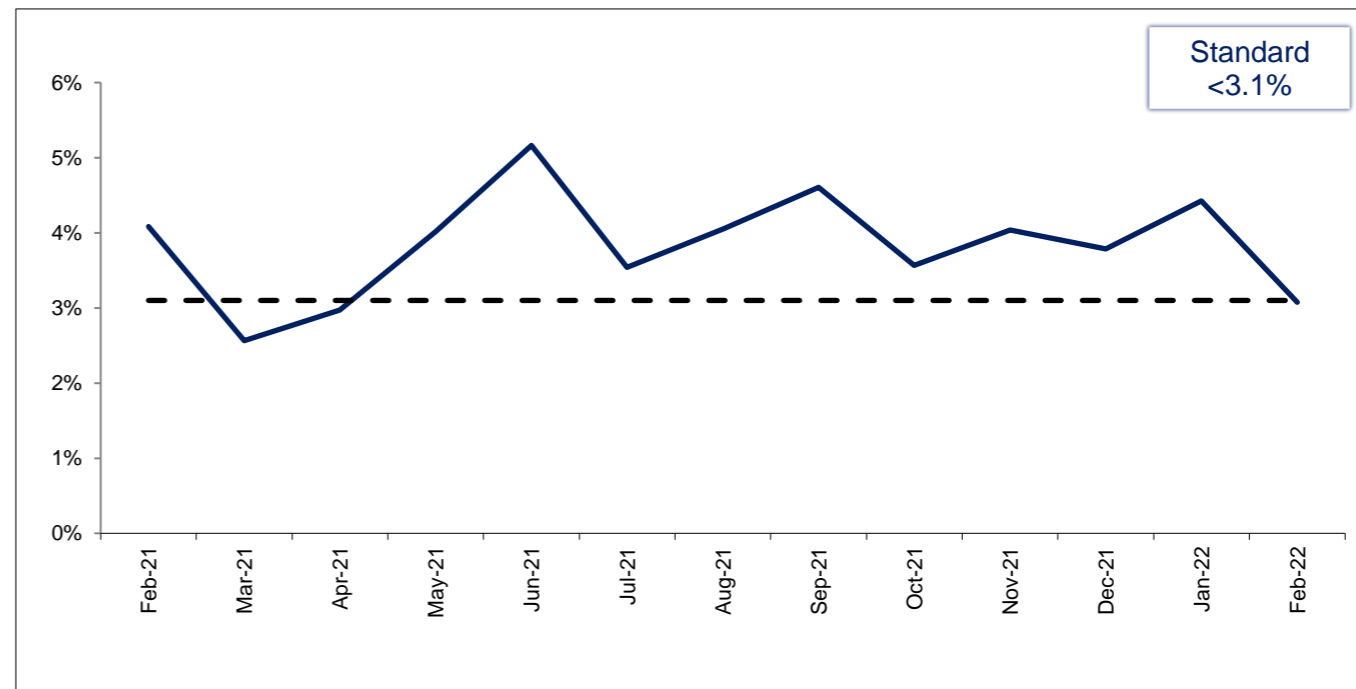
Is Care Safe? : Maternity

February 2022

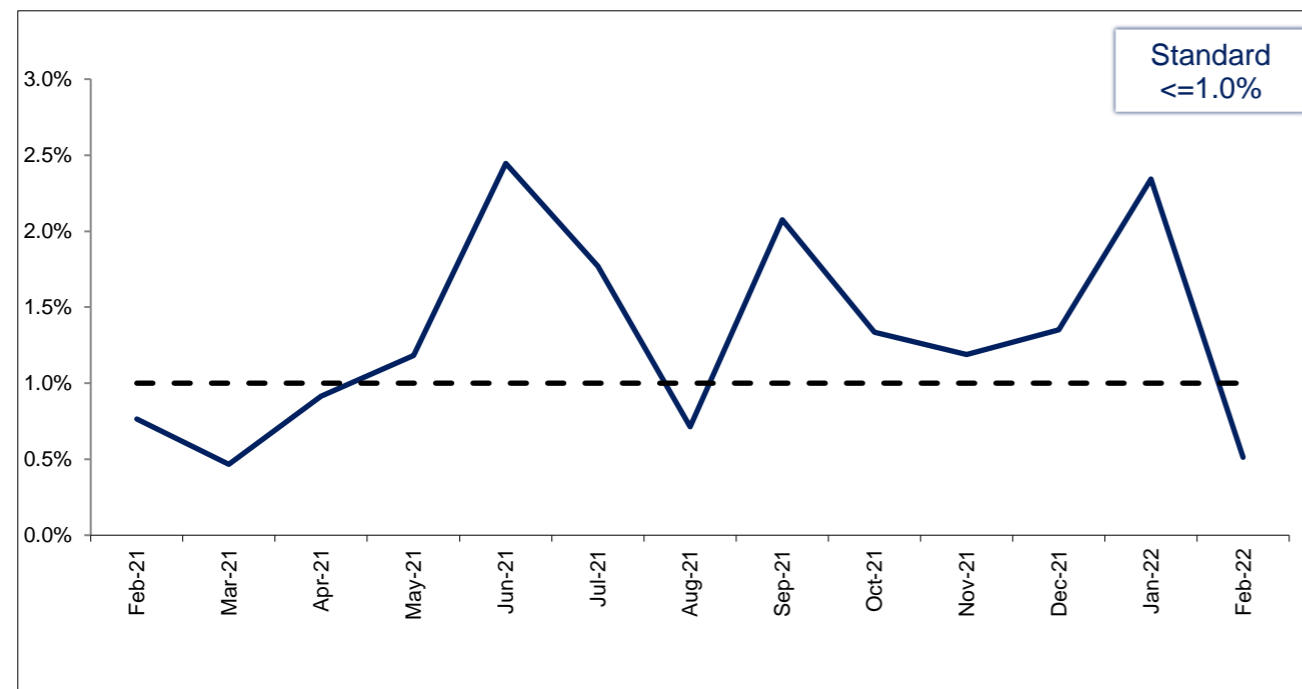
k5.01 | Caesarean section rate



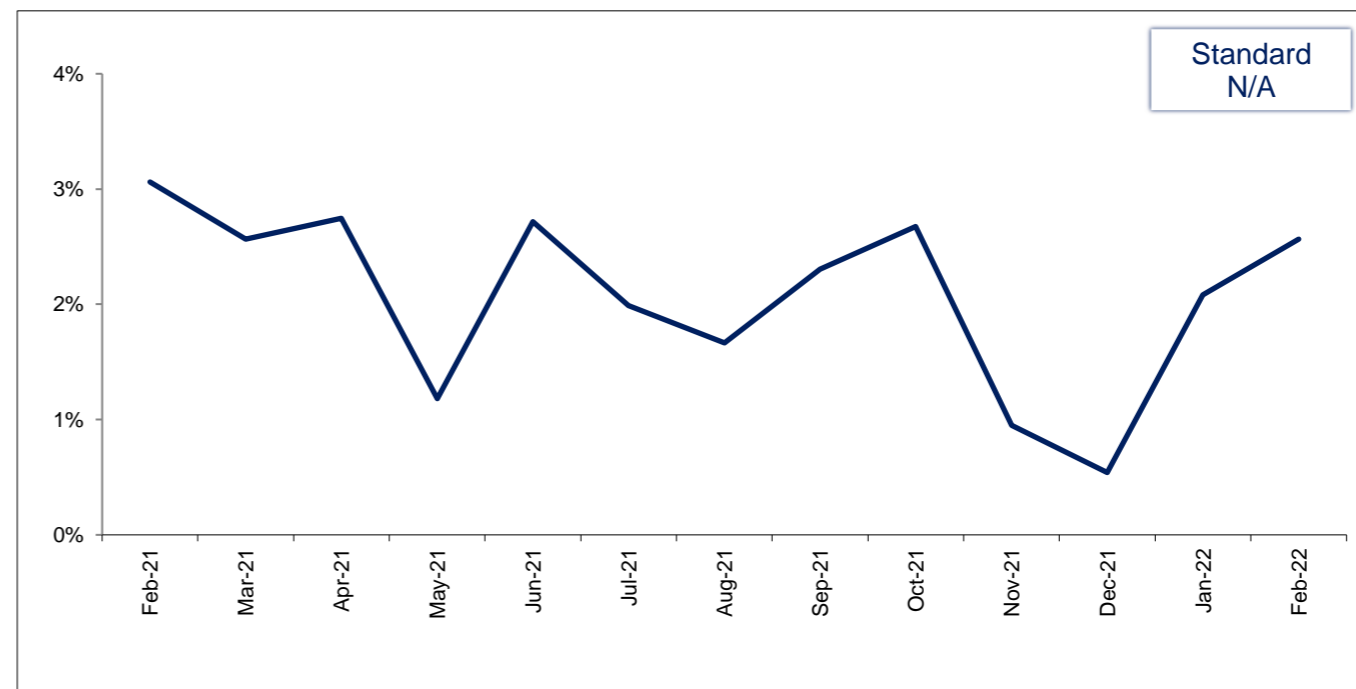
k5.02 | % women with a primary postpartum haemorrhage of 1500ml or more



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:

Society for Acute Medicine's Benchmarking Audit (SAMBA) ID 1120

Kingston Hospital NHS Foundation Trust demonstrates excellent performance against national key clinical quality indicators for care delivered on Acute Medical Units

The Society for Acute Medicine Benchmarking Audit (SAMBA) aims to provide a national snapshot audit of care delivered on Acute Medical Units (AMUs) against three key clinical quality indicators set by the Society for Acute Medicine.

This annual audit has been running since 2012 and allows for individual AMUs to benchmark their performance against other contributors so as to recognise areas of good practice or to identify areas for improvement.

Latest national performance:

The latest SAMBA publication recognises that nationally, 2021 performance is similar to that from 2019, i.e., now comparable to pre-pandemic performance. However, the report notes that referrals to acute medicine via the emergency department have increased nationally, with 70% of medical admissions referred this way. This may reflect ongoing increased pressures on emergency medicine services, and demonstrates the close work needed between acute and emergency medicine, and the importance of ensuring that pathways between emergency and acute medicine can deliver patient care as efficiently and safely as possible.

Latest Trust performance:

Latest data from 2021 demonstrates that the Trust is performing in line with or better than the national average for all 3 key clinical quality indicators:

- 85% of patients had an Early Warning Score recorded with 30 minutes of arrival at hospital (compared to 77% nationally).
- 90% of patients had a tier 1 medical review within 4 hours (compared to 87% nationally).
- 70% of patients had a consultant review within the target time (compared to 68% nationally).

Plans for the future:

The Trust senior clinical lead for SAMBA, Dr Panayiotis Theofanoyiannis, notes that there has been a near doubling of the percentage of patients admitted via the Same Day Emergency Care Unit (SDEC) compared to January 2020 data (17% vs 33%). This demonstrates that SDEC is a viable and safe way to manage (and avoid) medical admissions and needs to be supported further with multispecialty input.

Dr Theofanoyiannis also notes that the service plans to work with primary care and community hub colleagues to try to reduce the static re-admission rate of 30% (compared to 20% nationally).

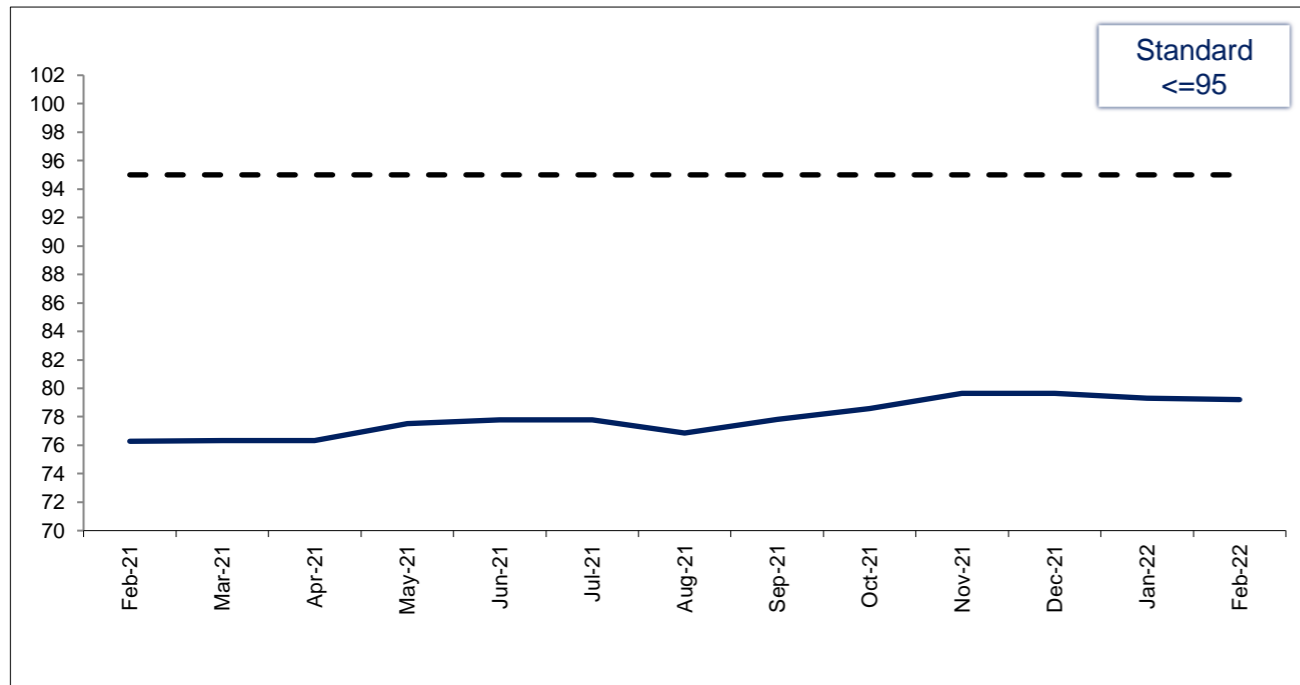
Dr Theofanoyiannis further outlines the issues faced by the service and the wider Trust: *“Currently our main issue remains poor patient flow with large numbers of patient having their post take review in ED and some patient also have their day 2 review in ED too, stretching our consultant/ junior team resource. We are trying to ensure the performance is maintained by constantly adjusting the consultant and junior doctor rota to ensure all patient are reviewed by the most appropriate person in a timely fashion. It is my opinion that we can move towards a ‘right patient, right bed/specialist review’ pattern of patient care as early as day 2 in the patient journey”* which could potentially minimise the patient’s length of stay. Dr Theofanoyiannis adds that *“Unfortunately, we do not manage to have any consultant post take patient reviews in AAU due to lack of empty beds (patient flow) during the working day. This is something we are working to address as a Trust”*

The Trust plans to participate in the next round of the national audit which is due to take place in June 2022.

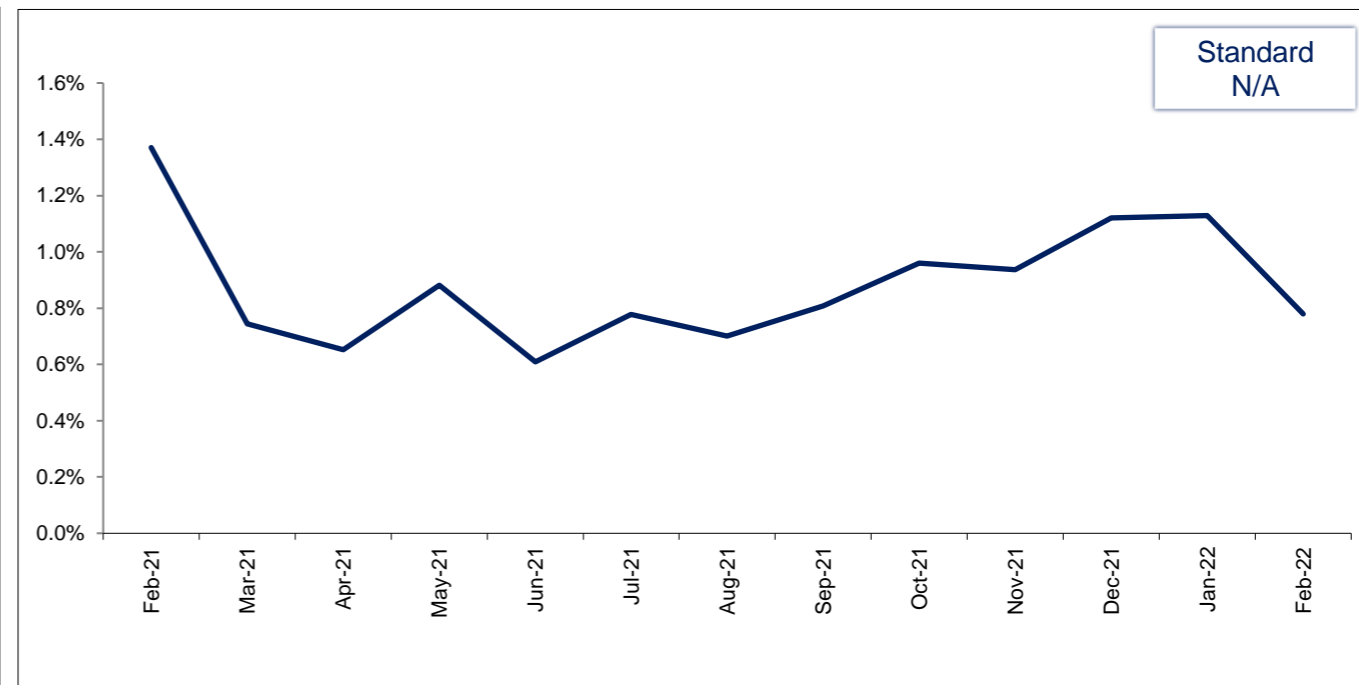
Reference:

SAMBA 2021 Report, available at: <https://www.acutemedicine.org.uk/download/samba-2021-final-report/>

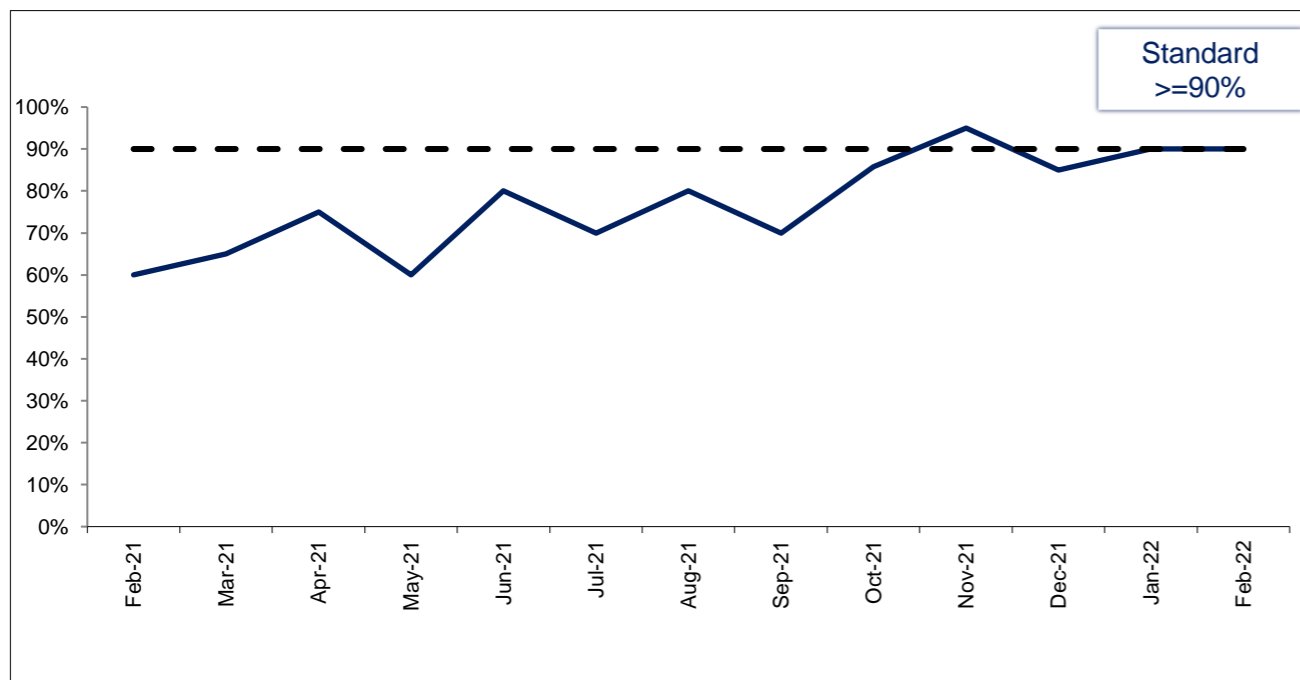
k2.01 | SHMI



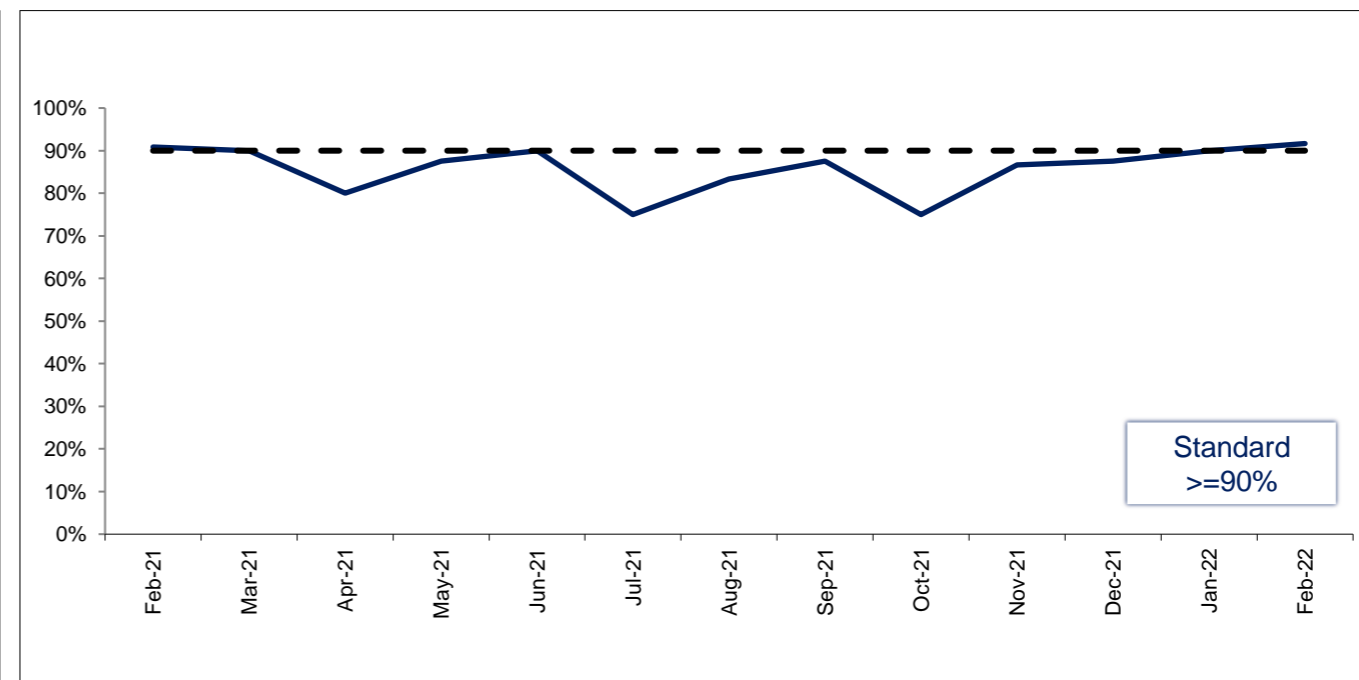
k2.02 | Unadjusted Mortality Rate



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

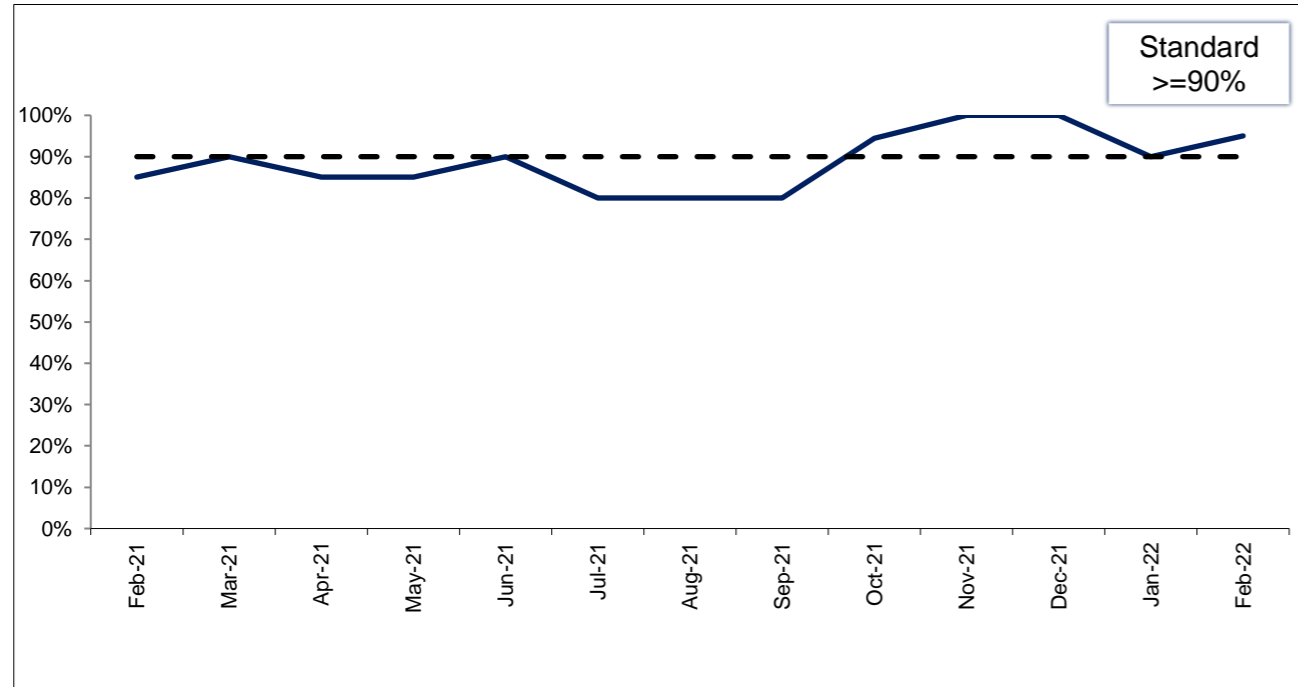


Effective

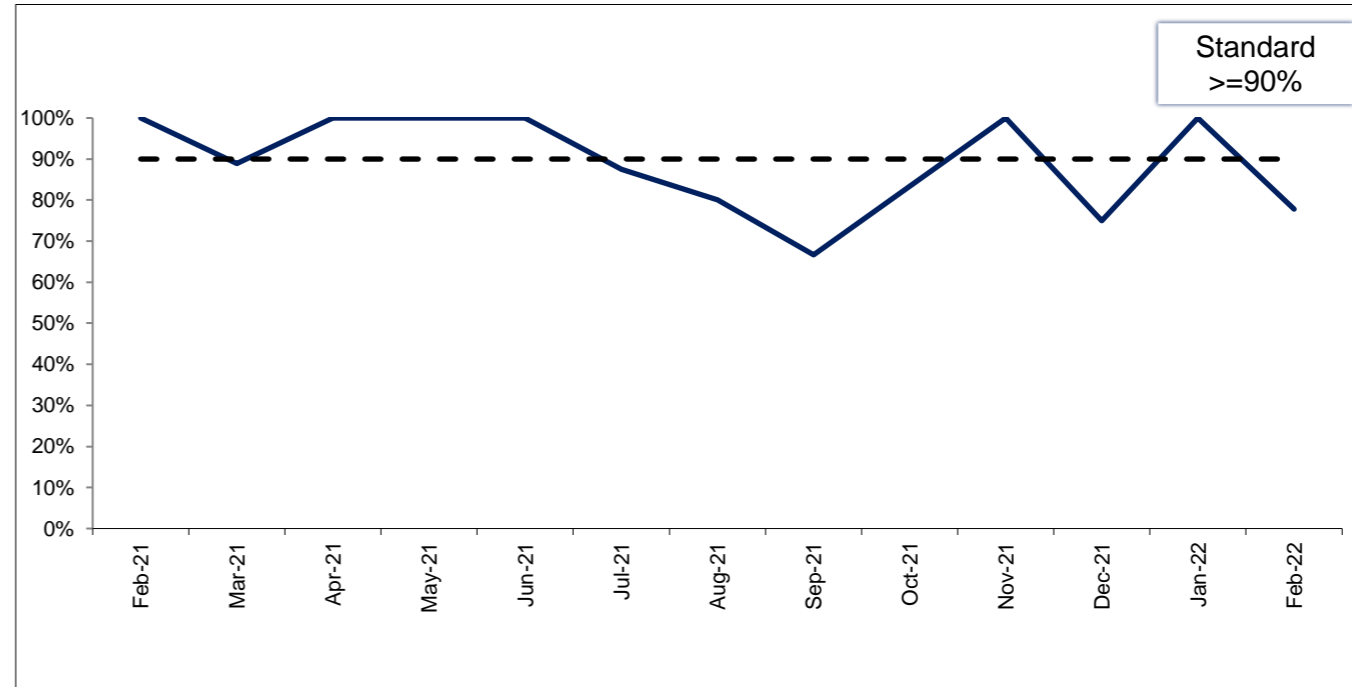
Is Care Effective?

February 2022

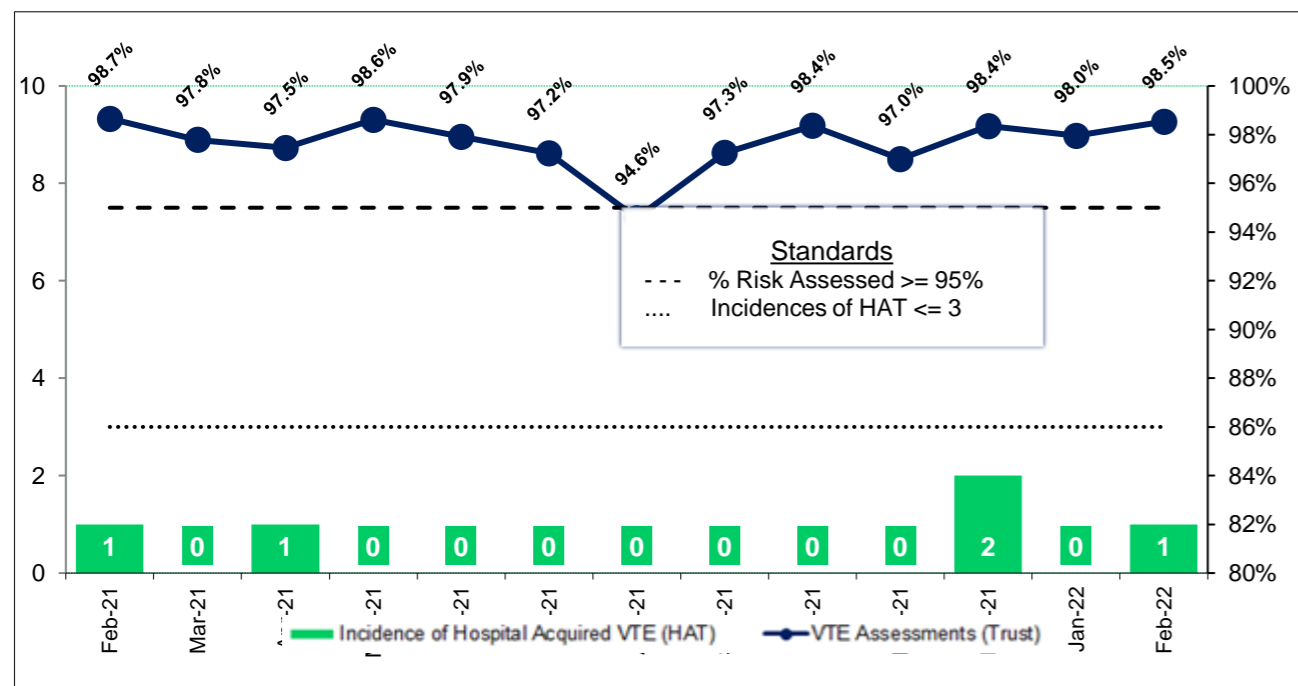
k2.13 | Sepsis - % of eligible patients screened for sepsis - Inpatients



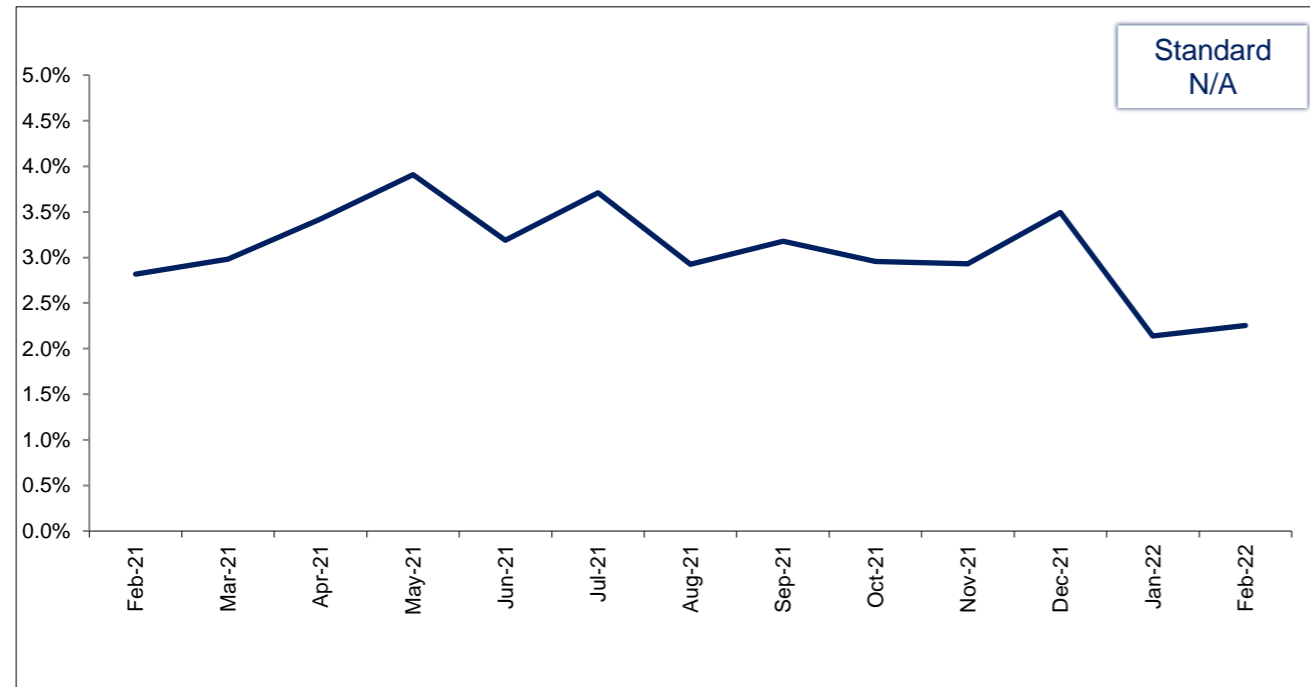
k2.14 | Sepsis - % of eligible patients who received antibiotics within 1 hour - Inpatients



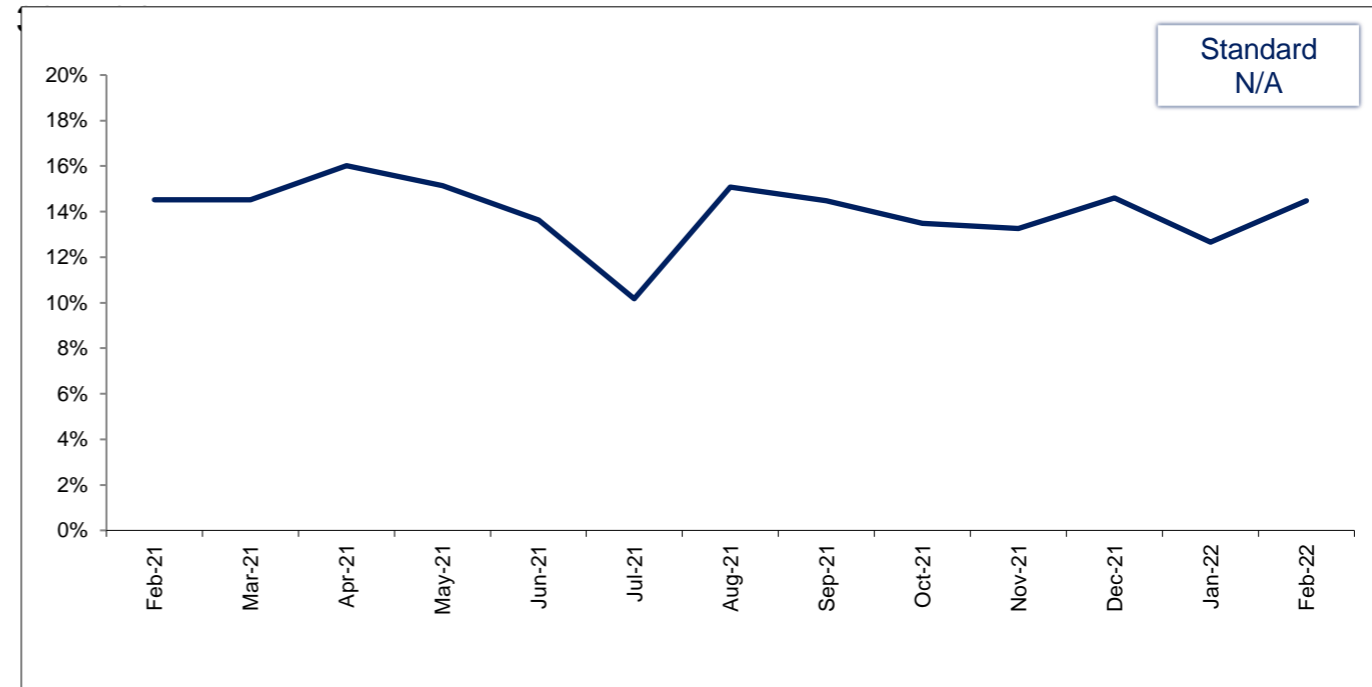
k2.05 | Prevention of Hospital Acquired VTE (% patients risk assessed)
k2.06 | Incidence of Hospital Acquired VTE (HAT)



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



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

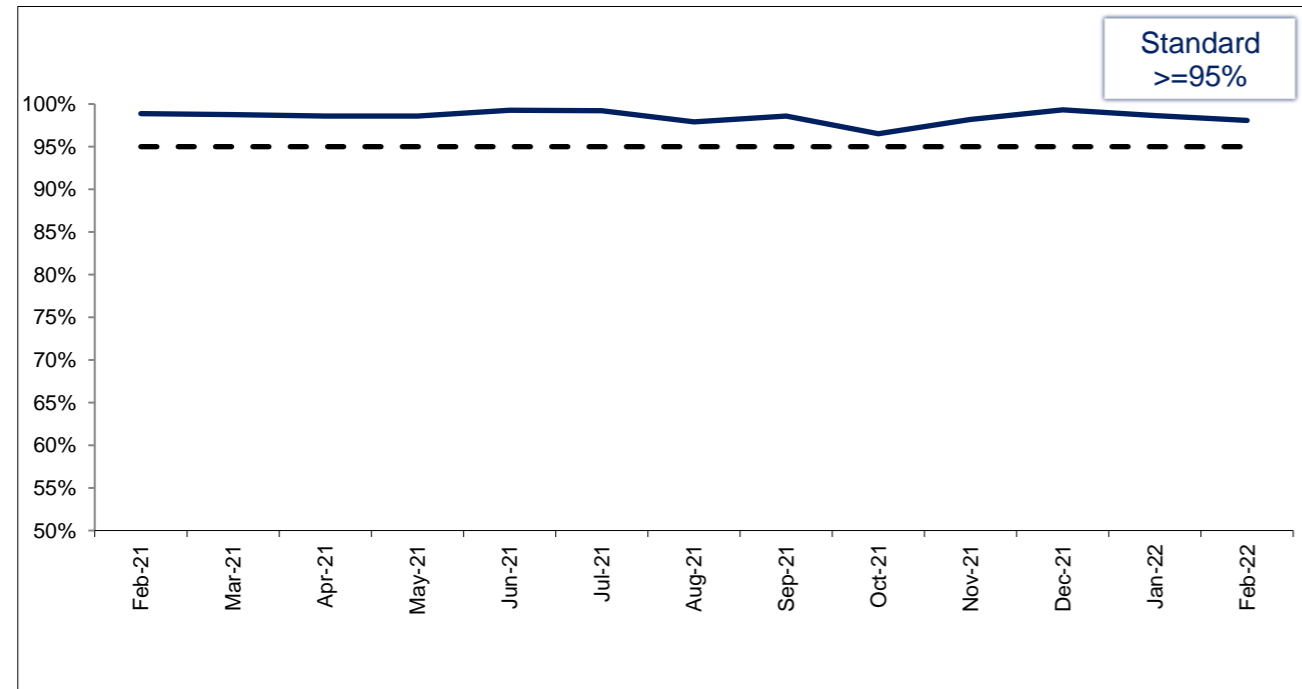


Effective

Is Care Effective?

February 2022

k3.15 | Hand Hygiene



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

February 2022 Trust Board Wording

The trust received **47** complaints in February 2022 compared to **22** complaints in February 2021.

Unplanned Care received the highest number of complaints accounting for 72% of the total received followed by Planned Care 24% and Corporate Services 4%.

Within Unplanned Care the following areas received complaints in February 2022

Emergency Department (13), Radiology (5), Hamble Ward (4), Kennet Ward (2), Acute Assessment Unit (2), Respiratory (2), Cardiology (2), Blyth Ward (1), Bronte Ward (1), Derwent Ward (1) and Neurology (1).

The complaints under the ED have been reviewed, there were three complaints regarding the delay of care and treatment, two complaints regarding poor staff attitude and two complaints regarding a failure in the referral process.

Two of the complaints under Hamble Ward were regarding lost property

There were no trends identified with the five complaints for Radiology.

Within Planned Care the following areas received complaints in February 2022

Day Surgery Unit (2), ENT (1), Breast (1), Cambridge Ward (1), Dermatology (1), Endoscopy (1), Gastroenterology (1), Maternity (1), Phlebotomy (1) and General Surgery (1).

Subjects

The most frequent subjects related to were care and treatment 25%, communication 17% and security (violence, aggression/property/financial loss) 13%.

Five of the six complaints regarding security were lost property concerns whilst the other was an accusation of racial abuse.

Reopened Complaints

10 complaints were reopened in February 2022; no clear theme is apparent, and this appears to be a reflection of the general volume of complaints.

Ombudsman

No complaints were referred to the Ombudsman in February 2022.

De-escalated Complaints

There were 9 formal complaints that were de-escalated and resolved informally in February 2022. The following areas resolved these complaints; Emergency Department (2), Gynaecology (2), Maternity (2), Ophthalmology (1), Cancer Services (1), and Pharmacy (1).

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. We cannot report 25-day compliance currently.

Lee Walsh: **Deputy Head of Patient Experience and Involvement**

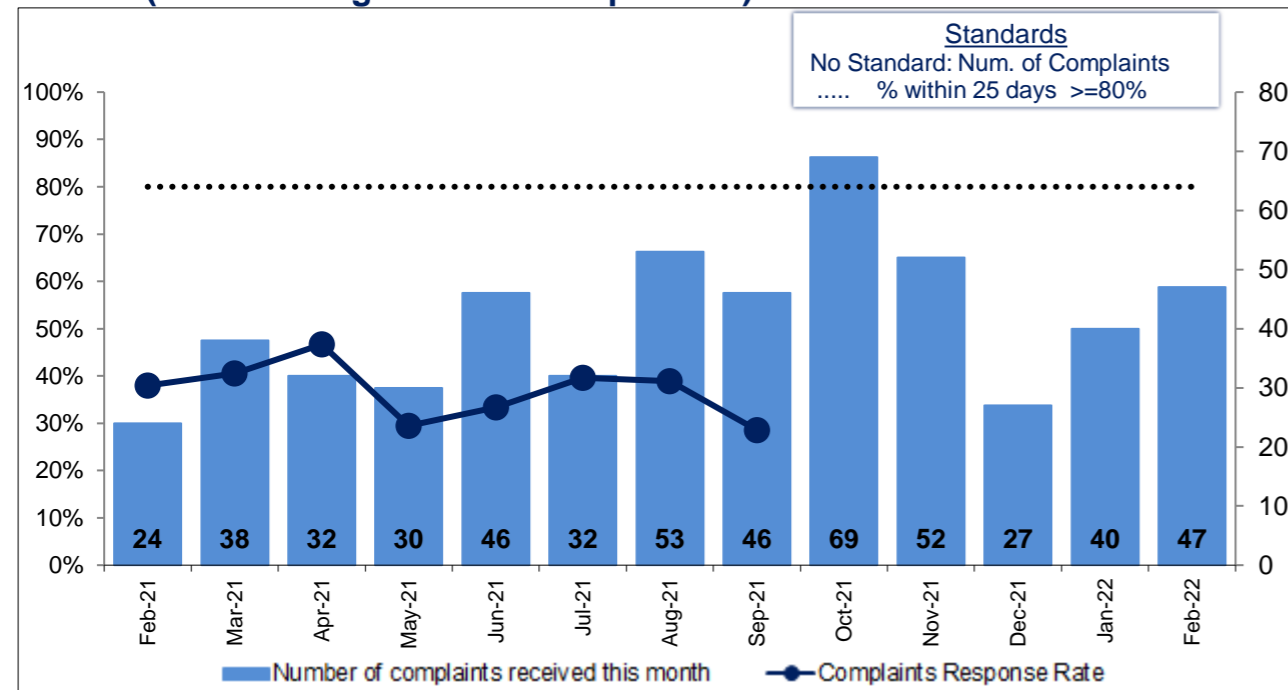
February saw 5,009 FFT ratings across KHFT (compared with 5,143 in January). 88.56% were positive and 7.09% of ratings were negative. The top three positive themes continue to be staff attitude, implementation of care and the environment, and the most common negative themes are staff attitude, the environment and waiting time.

The improved ED positivity rating has been maintained with 77.07% of respondents rating their experience positively in February. The volume of feedback collected across inpatient wards remains low. The Patient Experience and Volunteering teams continue to work collaboratively with inpatient colleagues to explore solutions to ensure FFT data is captured. A new FFT system is planned for mid-2022 and Patient Experience & Involvement team are working on a plan to engage with staff to ensure feedback is accessible and utilised.

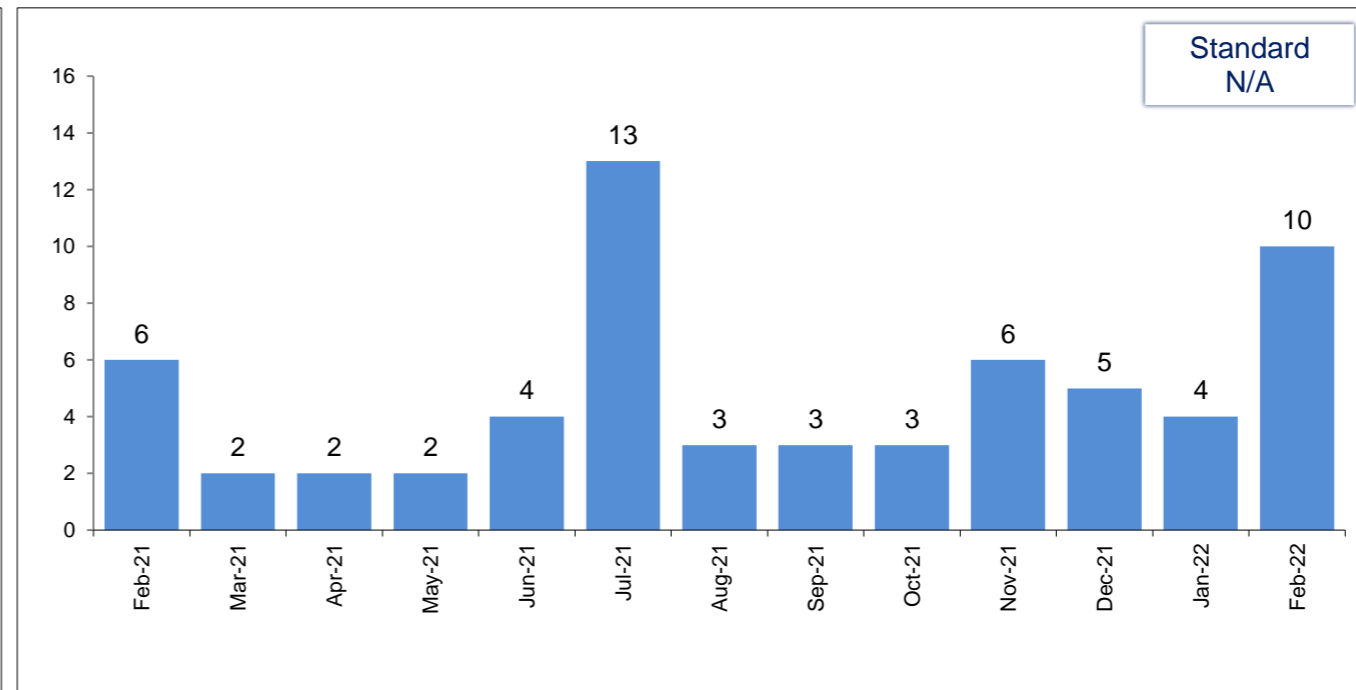
Maternity have collected 84 pieces of feedback on FFT compared with to 97 in January. Maternity maintains its high positivity rating at 88%.

k3.01 | Number of Complaints received

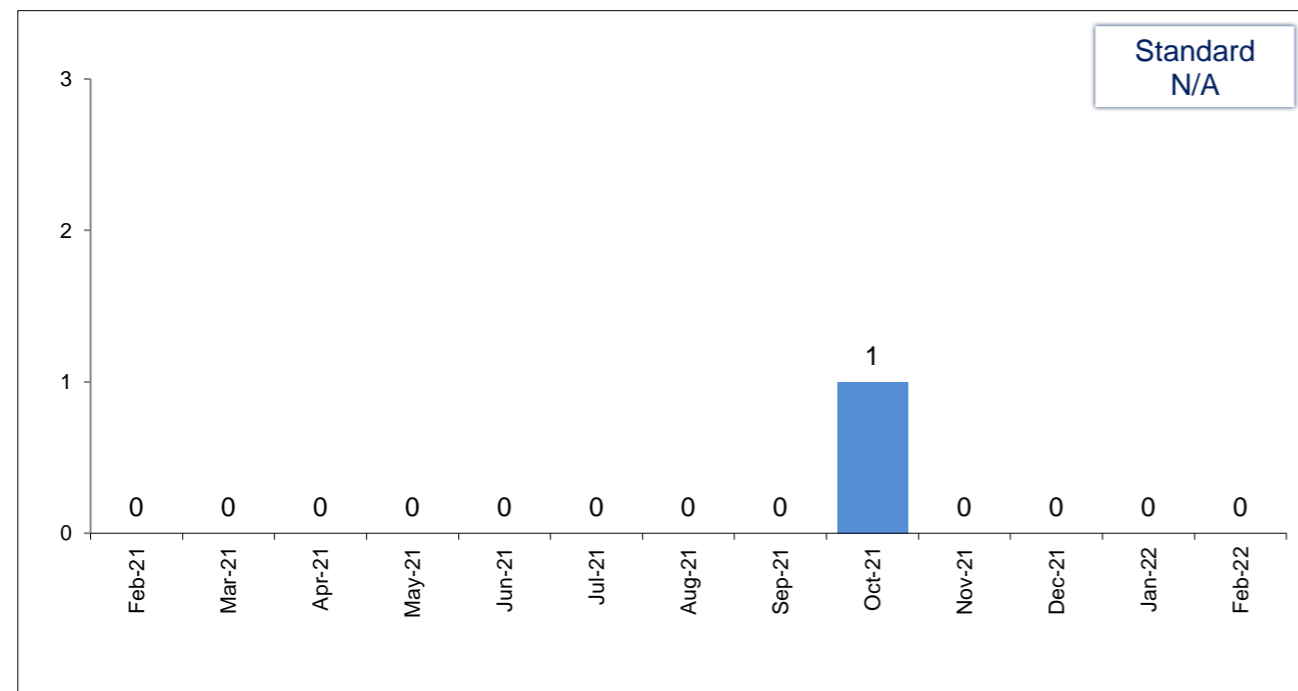
**k3.14 | % Complaints responded to within 25 working days
(or date as agreed with complainant)**



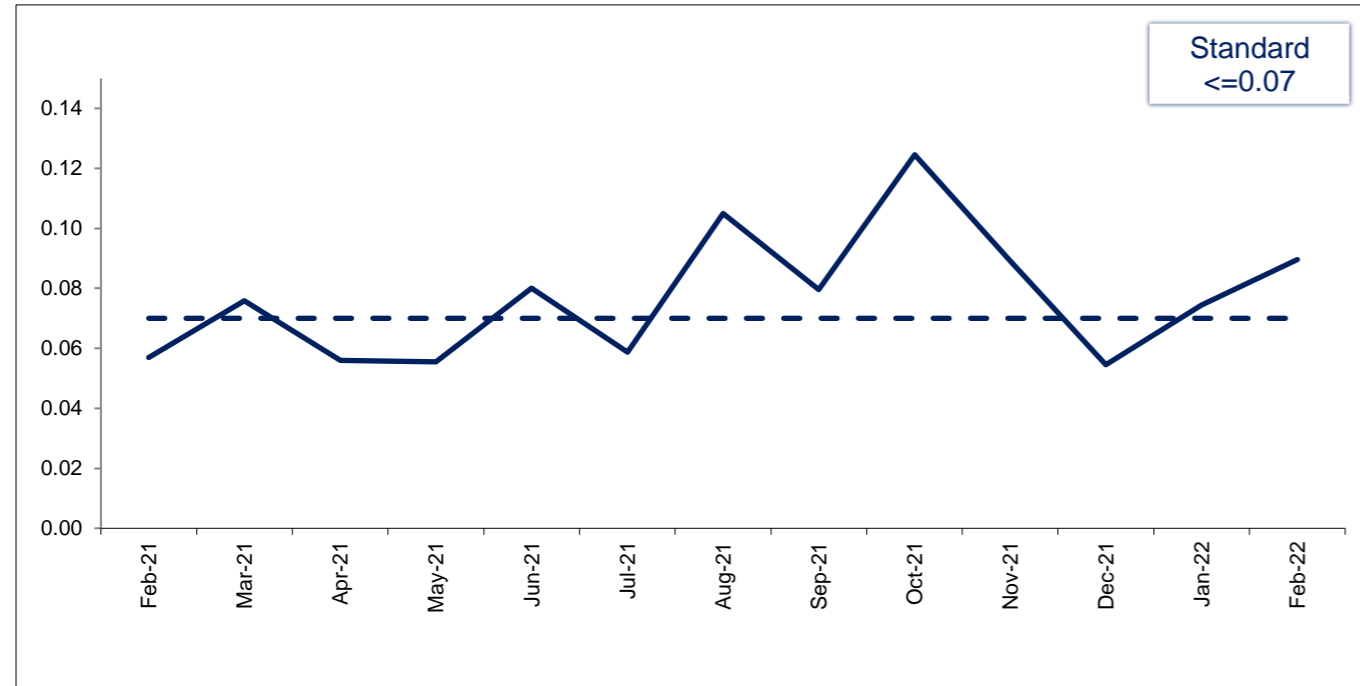
k3.02 | Number of Complaints reopened



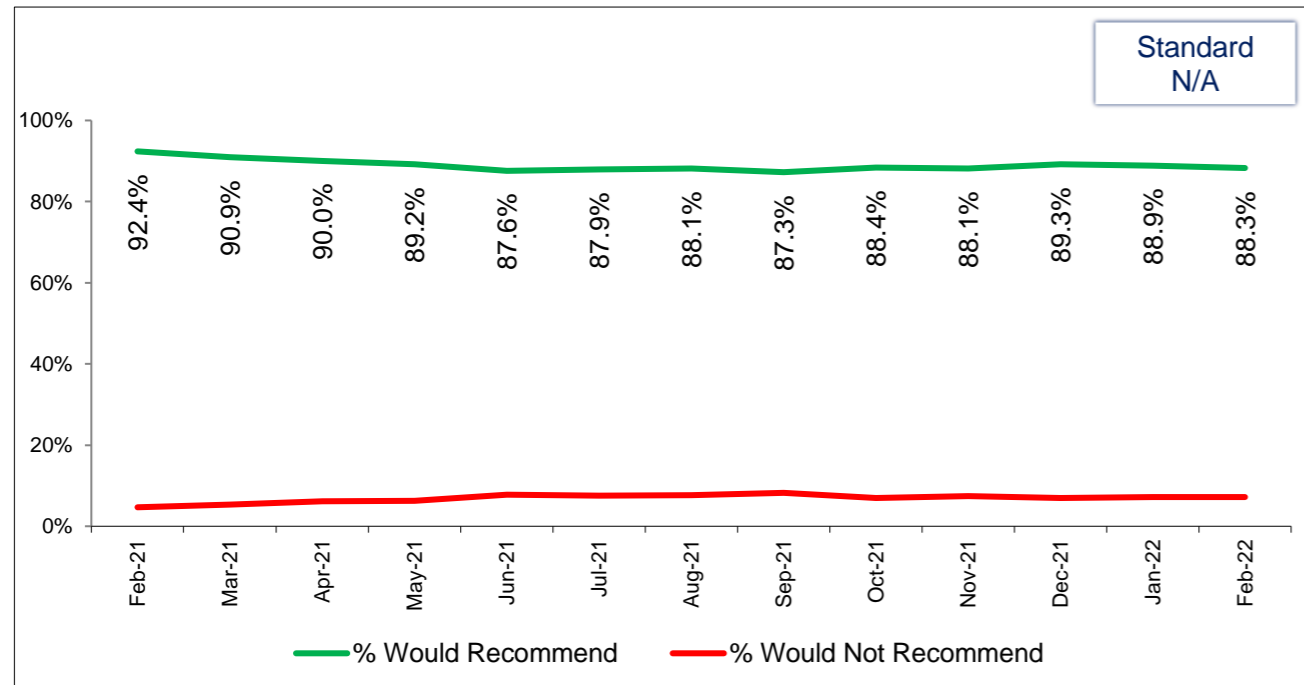
k3.03 | Number of Complaints referred to ombudsman



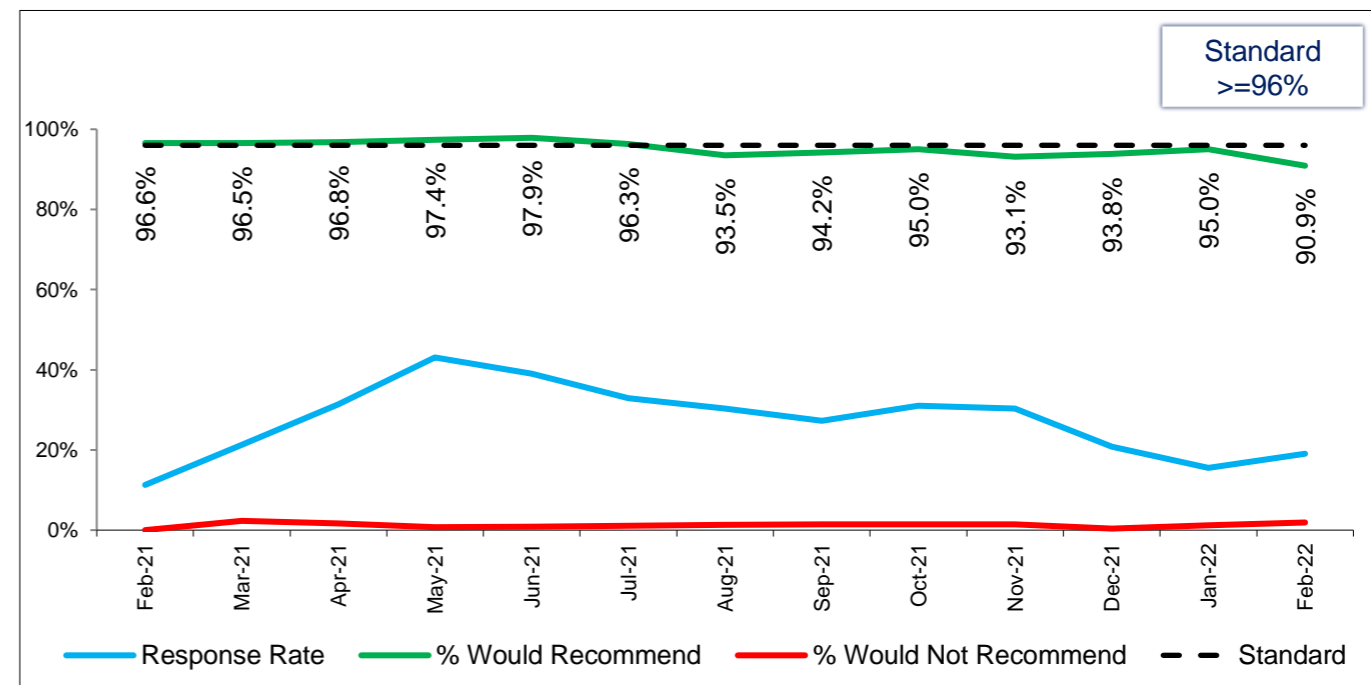
k3.20 | Complaints per 100 patient contacts



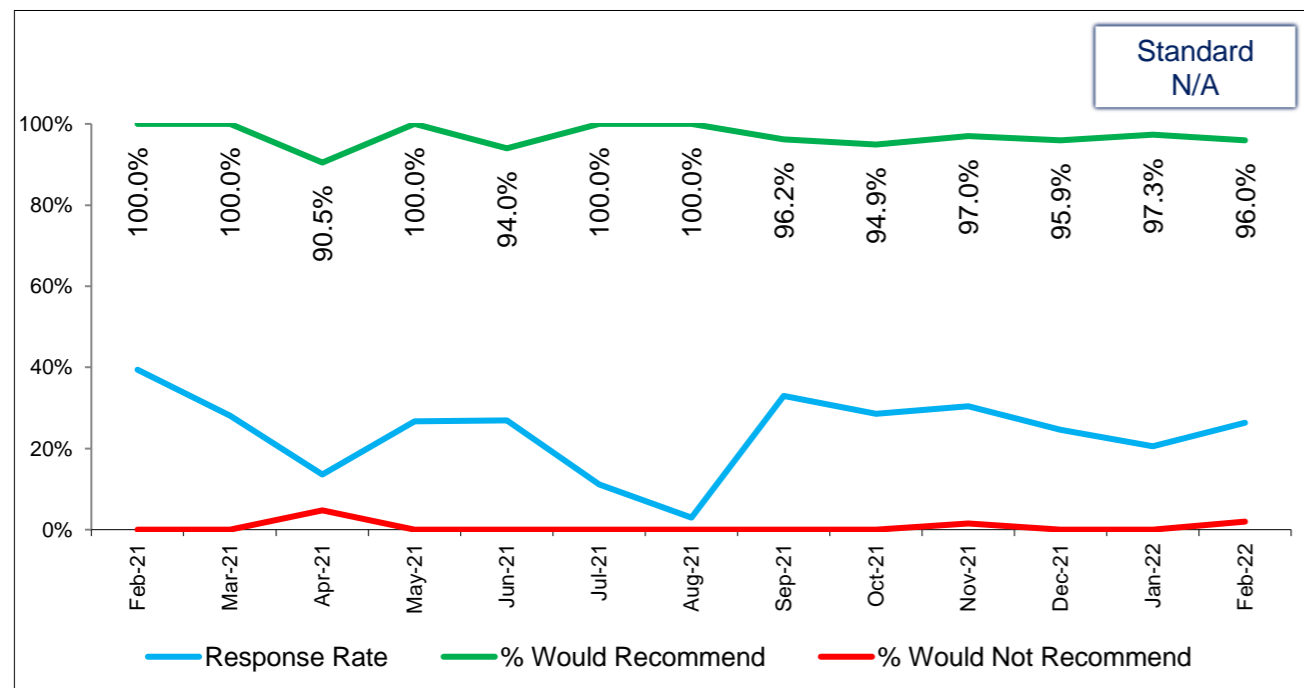
k3.05 | Friends and Family Score - Trust



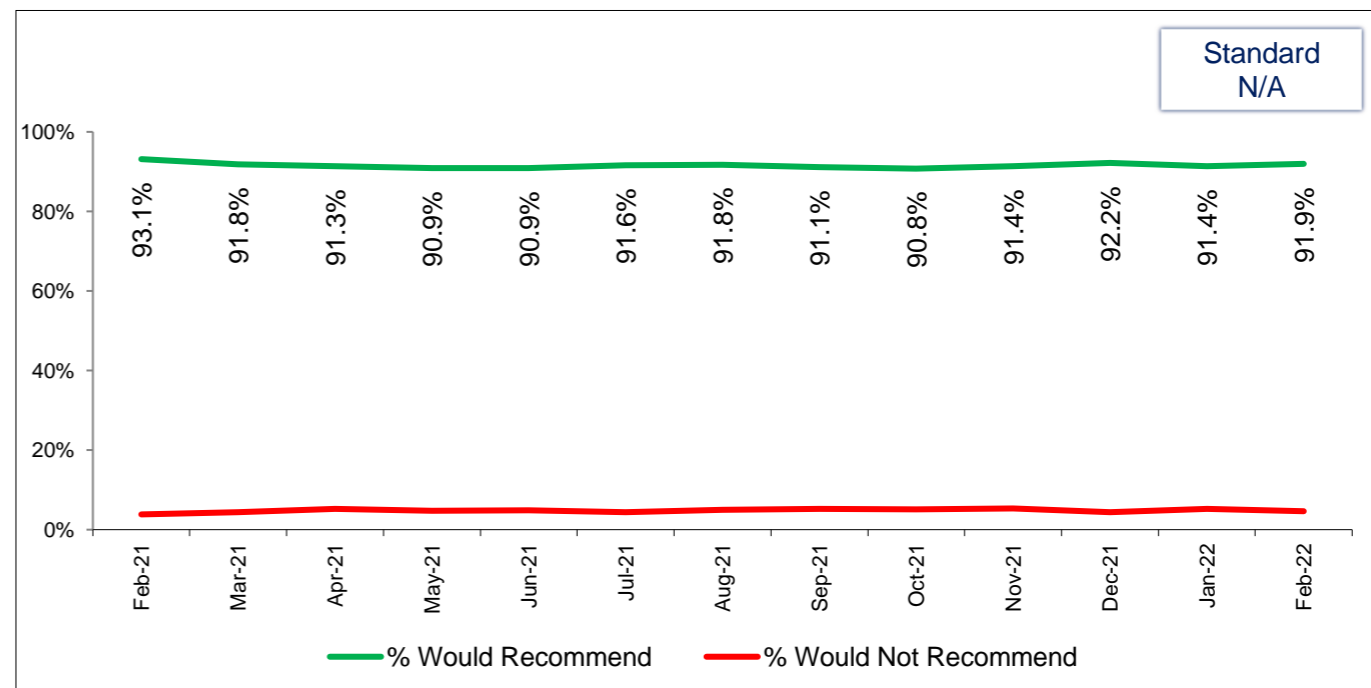
k3.06 | Friends and Family Score - Inpatients (excluding daycases)



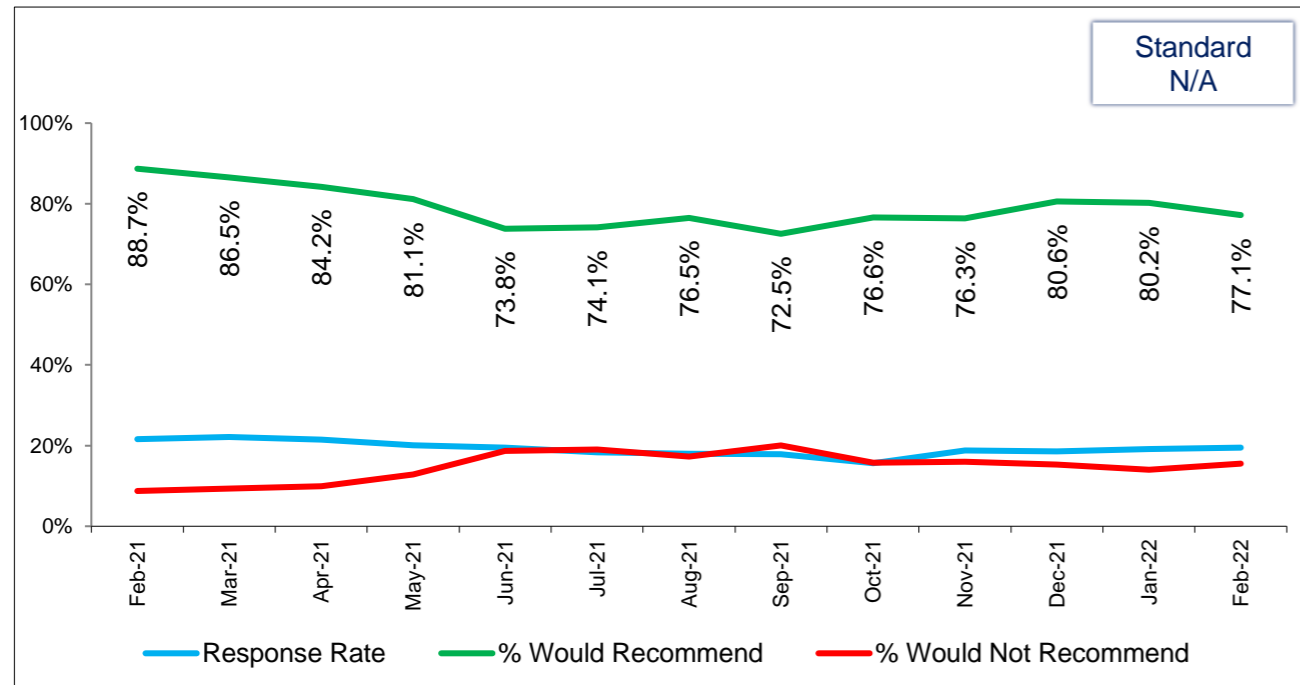
k3.07 | Friends and Family Score - Paediatric Inpatient



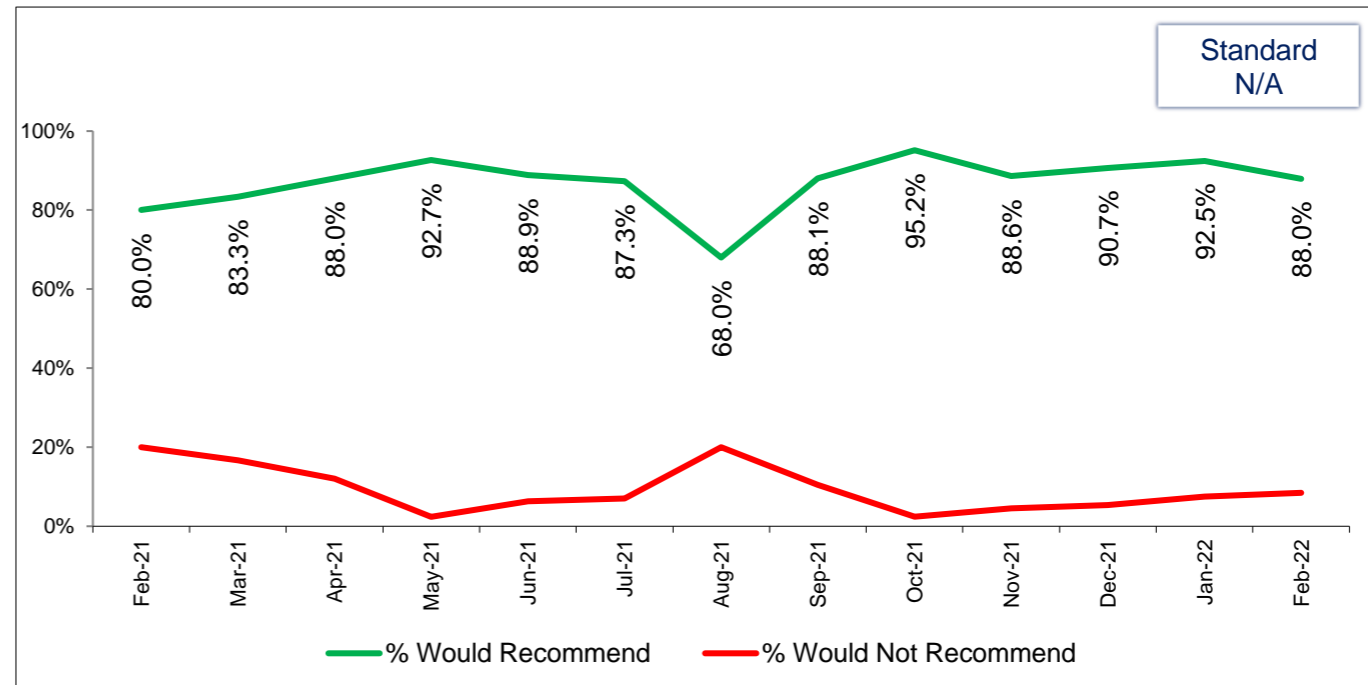
k3.08 | Friends and Family Score - Outpatient



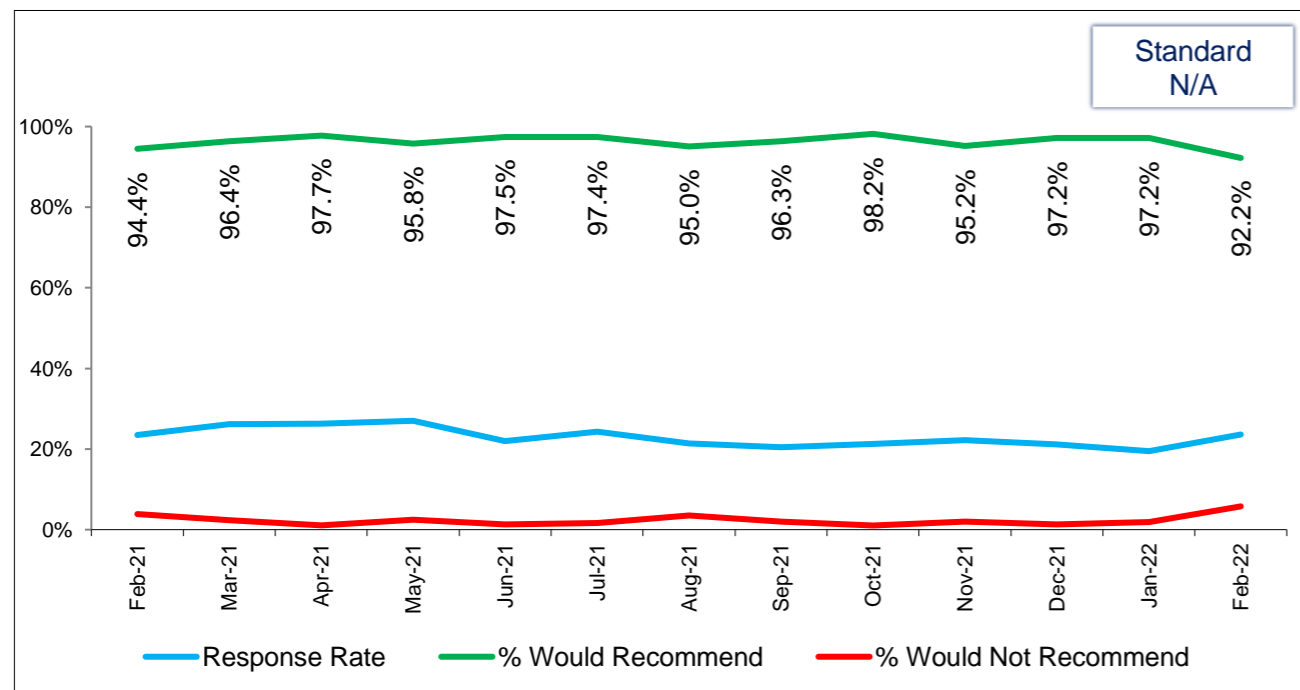
k3.09 | Friends and Family Score - A&E



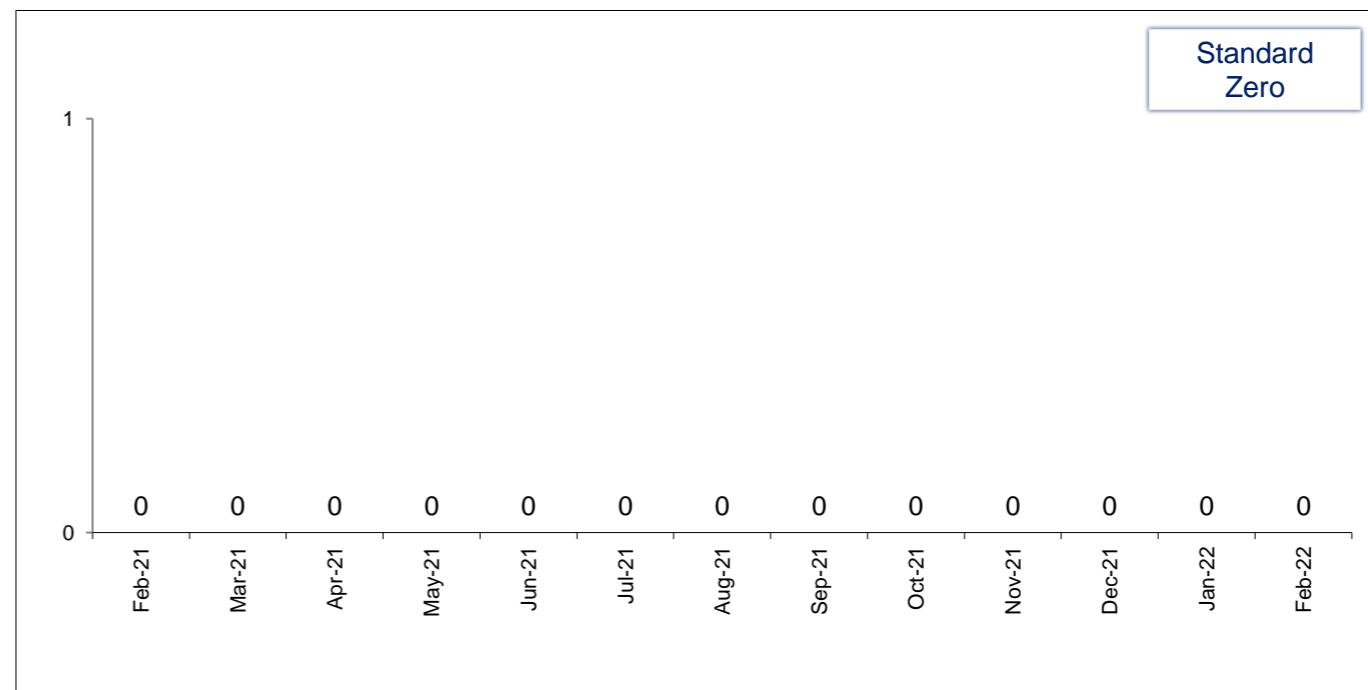
k3.10 | Friends and Family Score - Maternity



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 January, although the performance (89.2%) against the 62 day standard was again lower than it has been for over a year. The Breast service continues to be under significant pressure, with waits for one stop over 20 days for much of the last 2 months. The Trust currently is advertising for additional breast radiologist support, including the use of agency locums, to increase the one-stop capacity in breast.

RTT & Diagnostics

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

RTT:

Month 11 (February 2022) saw performance largely unchanged against the 18 week standard. High sickness rates of both staff and patients impacted on the Trust's ability to further bring down waiting times. Surgical elective capacity continued to be restricted through the reduced footprint of the surgery elective ward due to higher numbers of medical inpatients. The focus on reducing longest waits eliminated over 78 and over 104 week waiters, and further reduced the number of patients over 52 weeks despite the Trust continuing to support other Trust's in South West London through mutual aid.

Diagnostics:

The proportion of patients receiving their diagnostic test within 6 weeks of request improved from 71.88% to 79.68% during February. This was driven by a further significant improvement in the performance of non-obstetric ultrasound (from 72.23% to 88.8%). Audiology also saw an improvement (from 39.56% to 56.47% within 6 weeks, whilst endoscopy hit an incredible 100% of patients within 6 weeks for all examinations.

A&E Performance

Author: Tamsin Day, Associate Director, Unplanned care.

Emergency Department (ED):

Performance in December against the 4 hour standard was 77.4 % which is a small increase against the previous month. There were 60 x 30 minute and 30 x 60 minute ambulance handover delays, 148 twelve hour breaches due significant pressures on the inpatient bed base limiting timely admission from the ED. Average daily attendances for were higher than the previous month. The pressure in ED and delayed discharges, resulting in part to reduced nursing home capacity resulted in the opening of Canbury Ward for medical admissions.

The 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 and provide support to the site team.

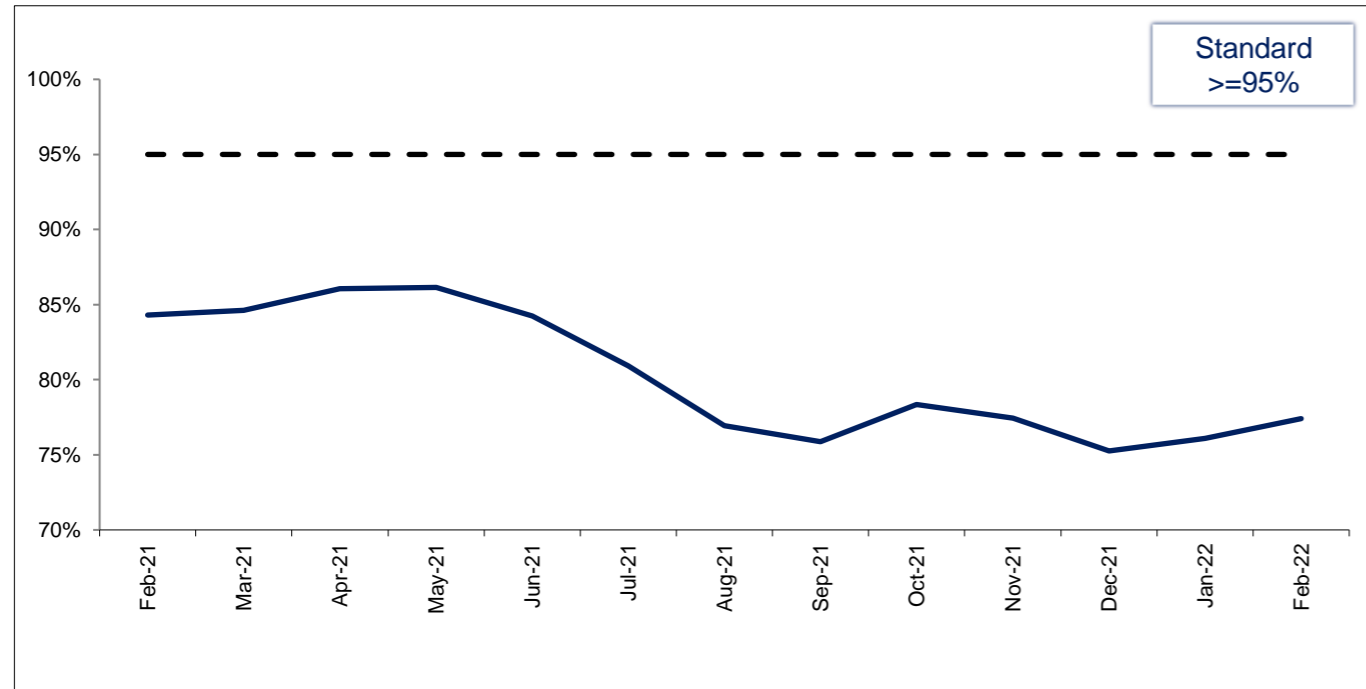
The ED performance group work continued to work on specific internal actions to support of improved performance and flow, including opportunities for streaming at the front door, increasing activity in SDEC and standardisation of processes for ambulance offload. A workshop was also held, including community, primary and secondary care colleagues to consider ways in which the urgent and emergency care pathways can be enhanced. This was well received and work is now underway to develop the themes arising from the session, led by Dr W Oldfield, medical director.

Length of stay and discharge:

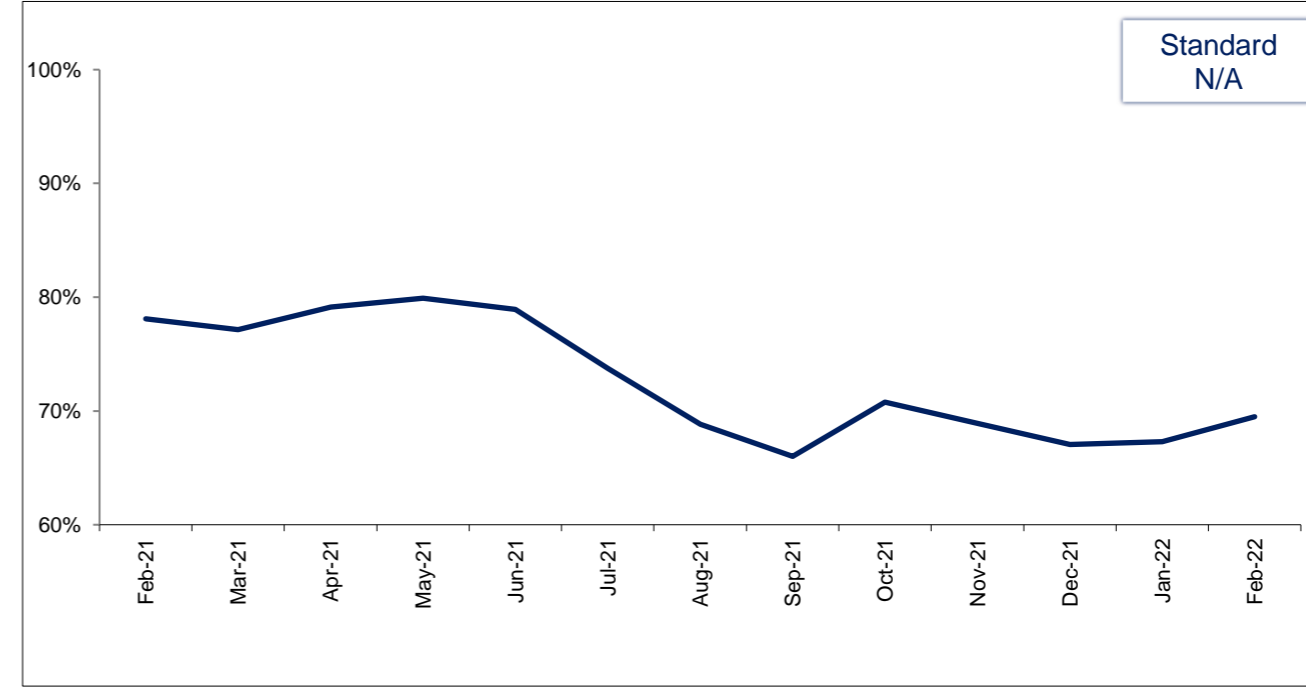
The stranded and super stranded performance have both remained high = Stranded 198 and Super stranded 68.

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 Kingston Discharge Team Lead is also now in post. The Trust's Flow group has identified three key priorities around Electronic discharge to assess documentation, implementation of electronic whiteboards on the wards and supporting wards to ensure 'Criteria to reside' is entered accurately and in a timely way. All of these initiatives are expected to support the ward teams in identifying blockages to timely care and discharge and to improve flow.

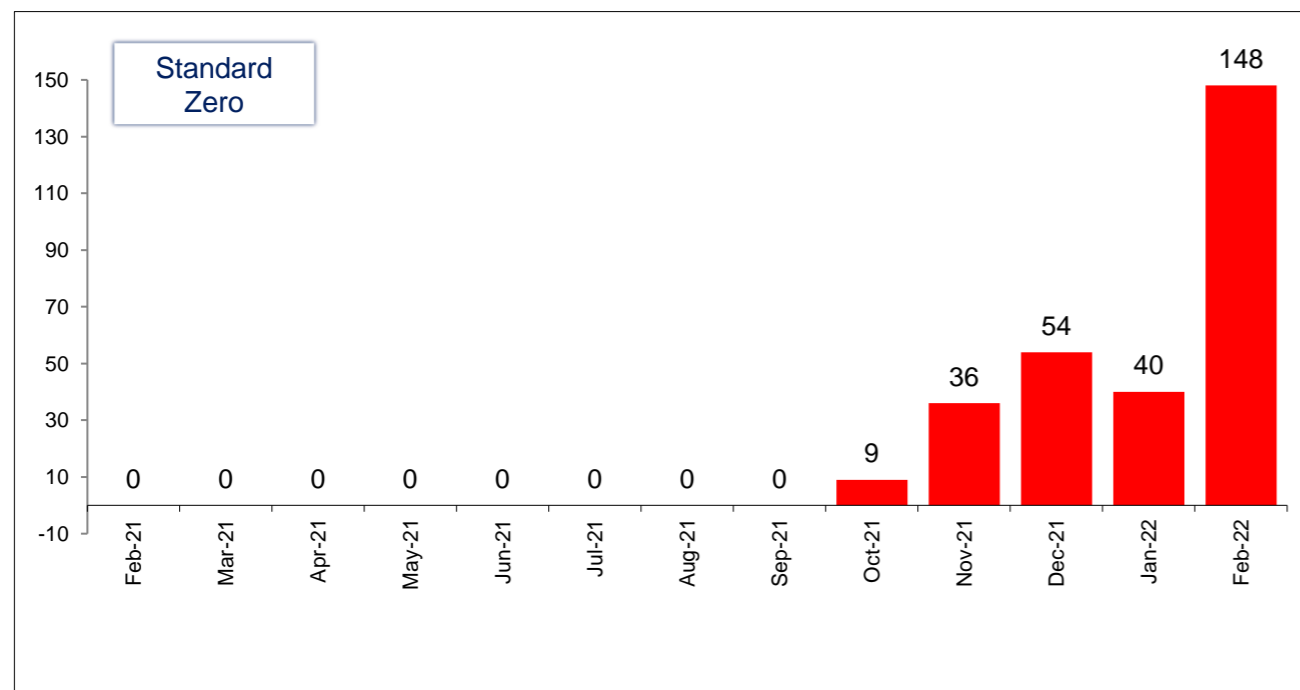
K8.01 | A&E 4 hour waiting time (all types)



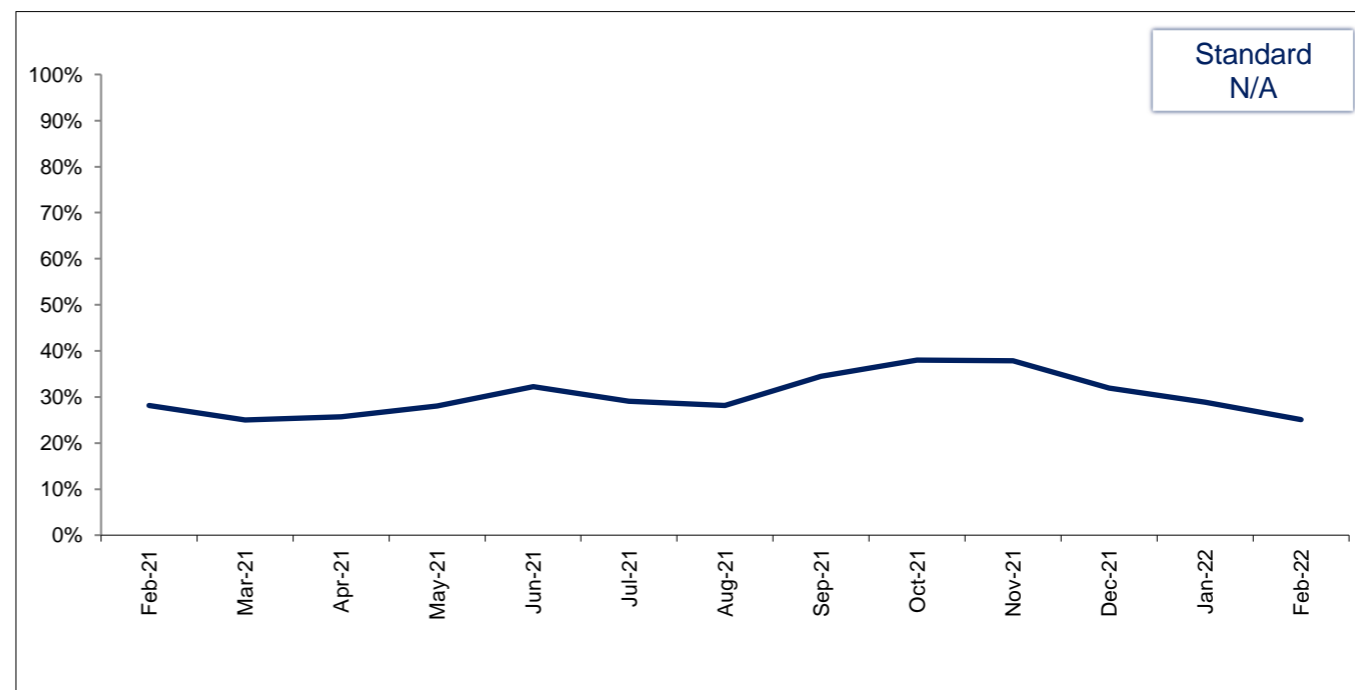
K8.02 | A&E 4 hour waiting time (type I)



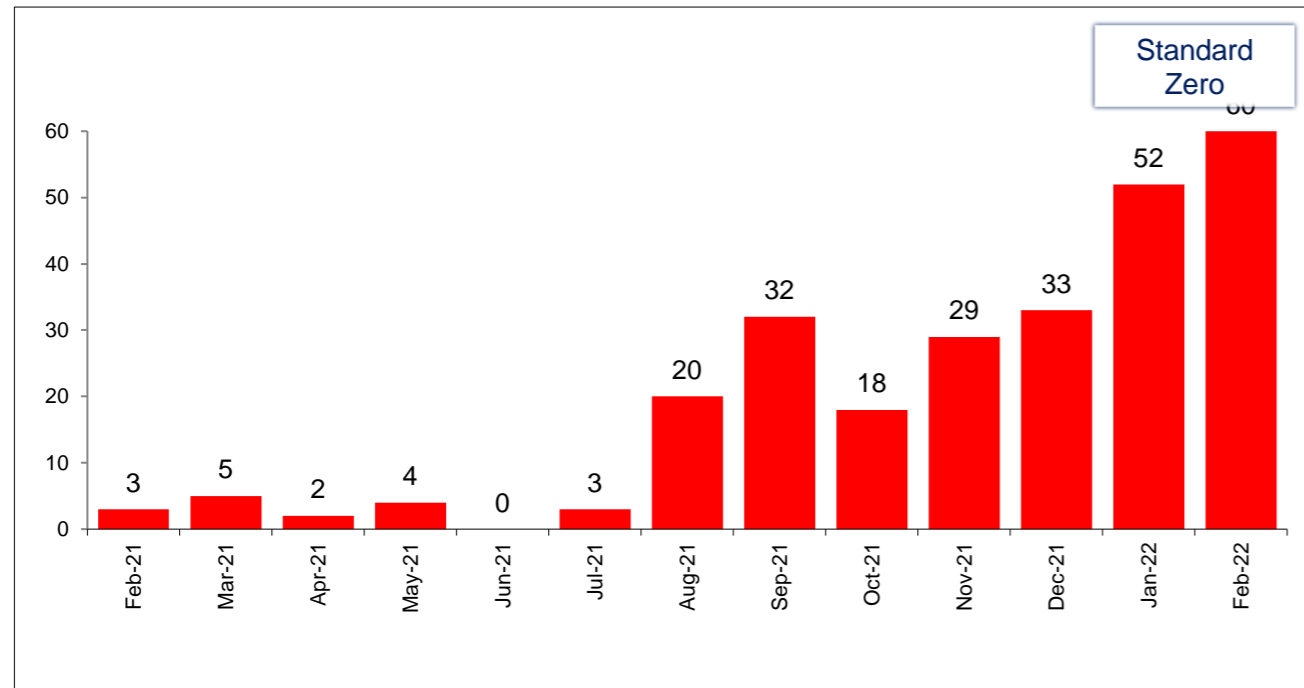
K8.03 | Number of A&E 12 hour trolley waits



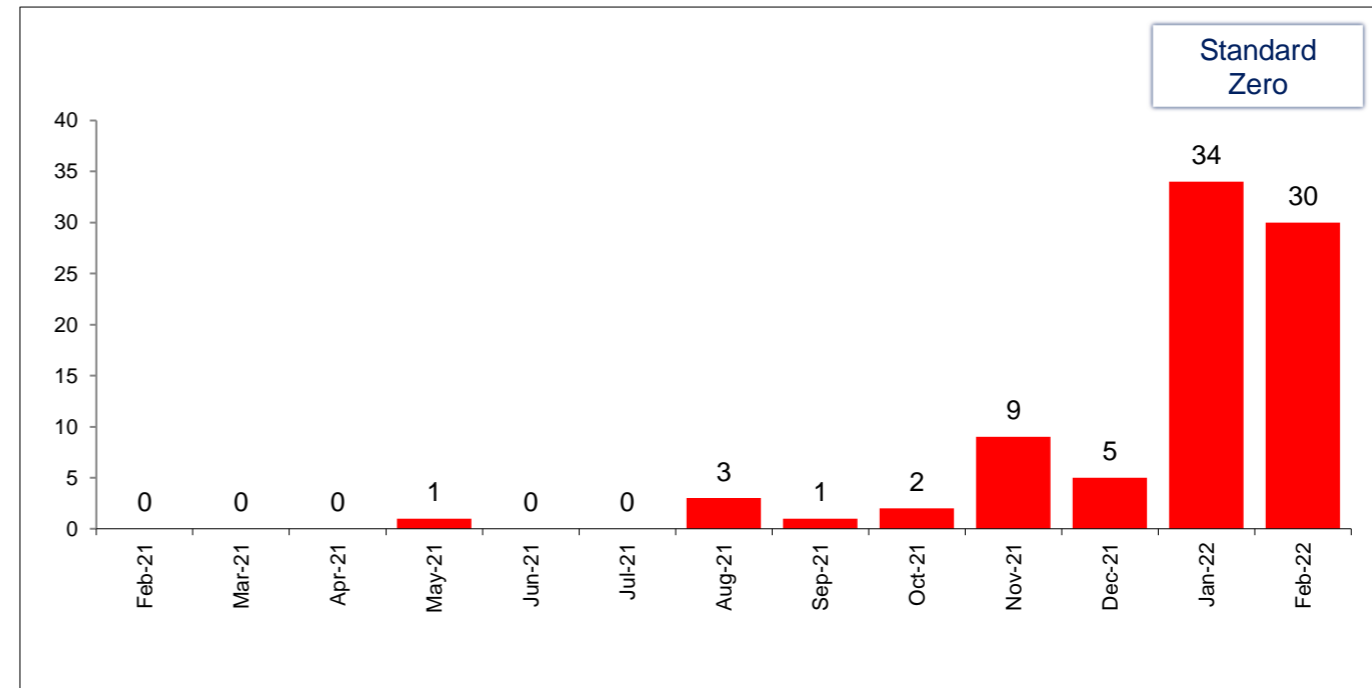
K8.04 | LAS Ambulance Handovers - % within 15 minutes



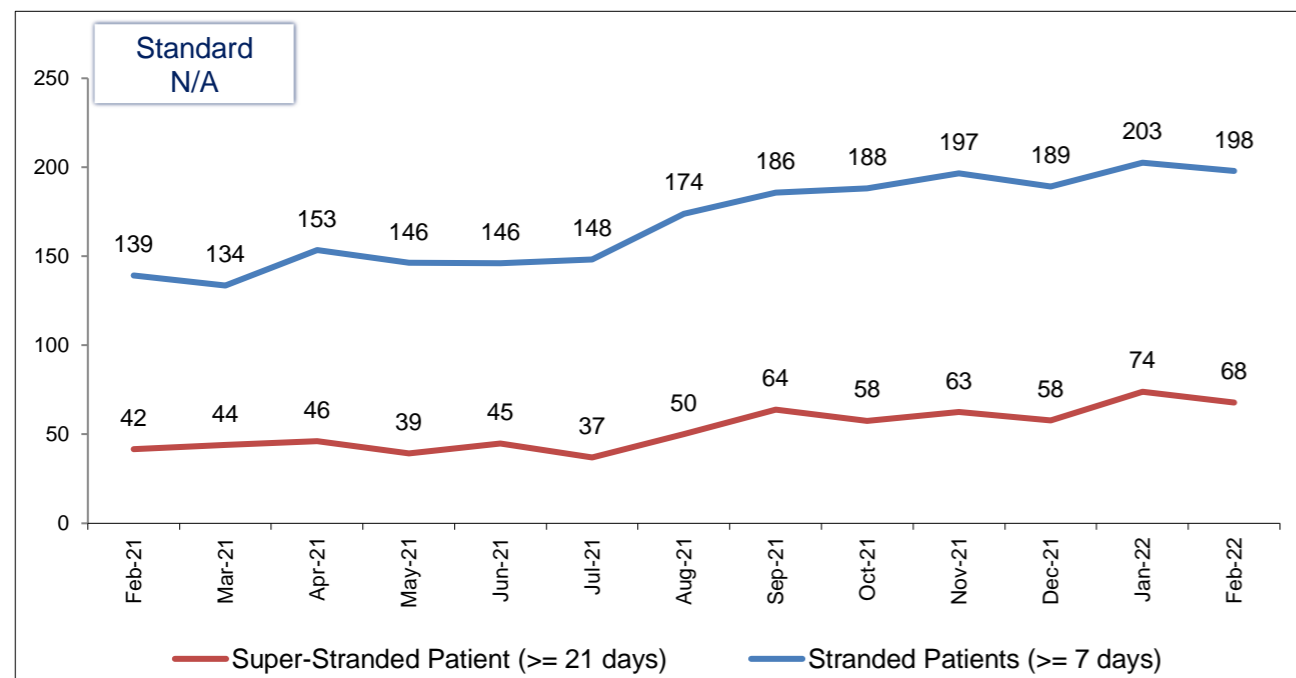
K8.05 | LAS Ambulance Handovers - 30 min waits



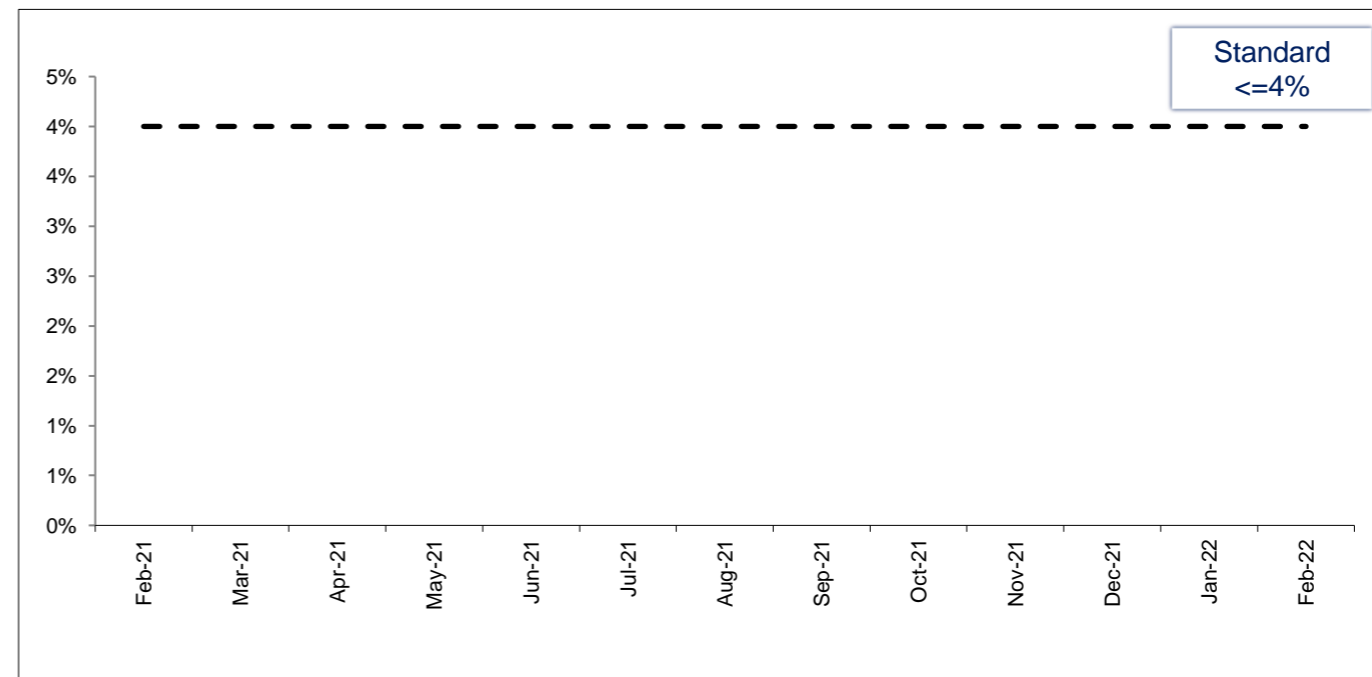
K8.06 | LAS Ambulance Handovers - 60 min waits



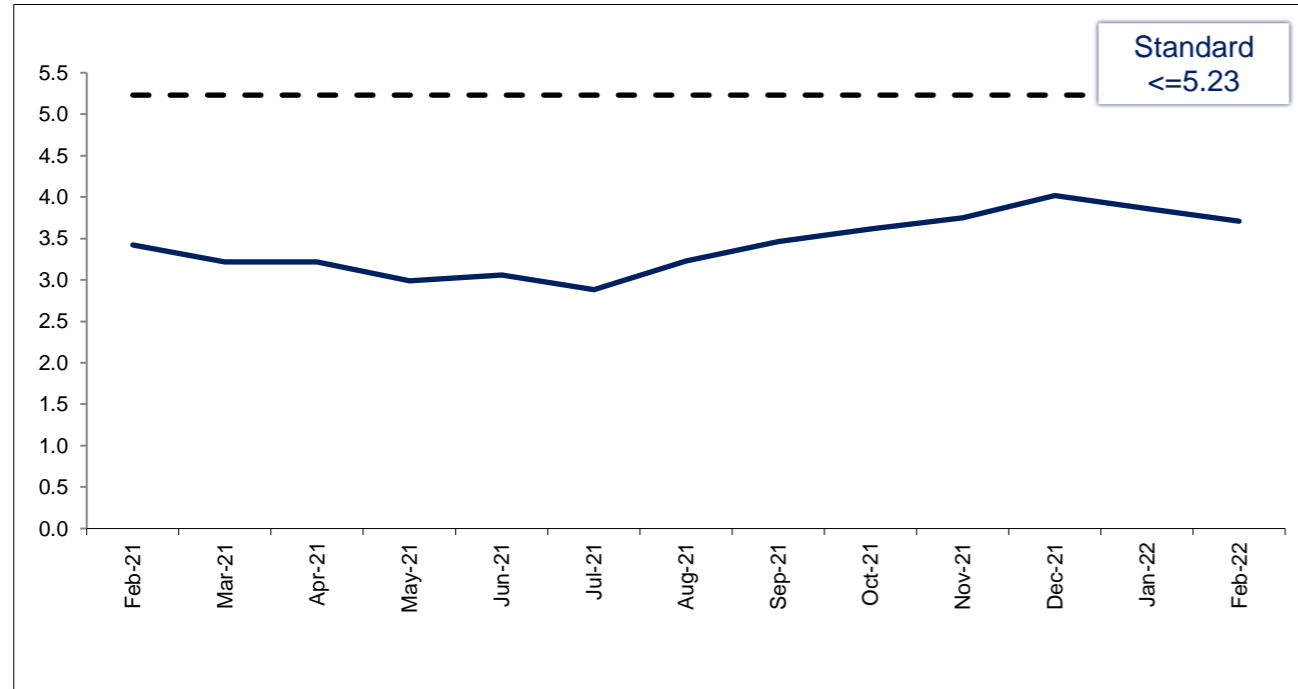
K8.07/08 | Stranded Patients (>=7 days and >=21 days)



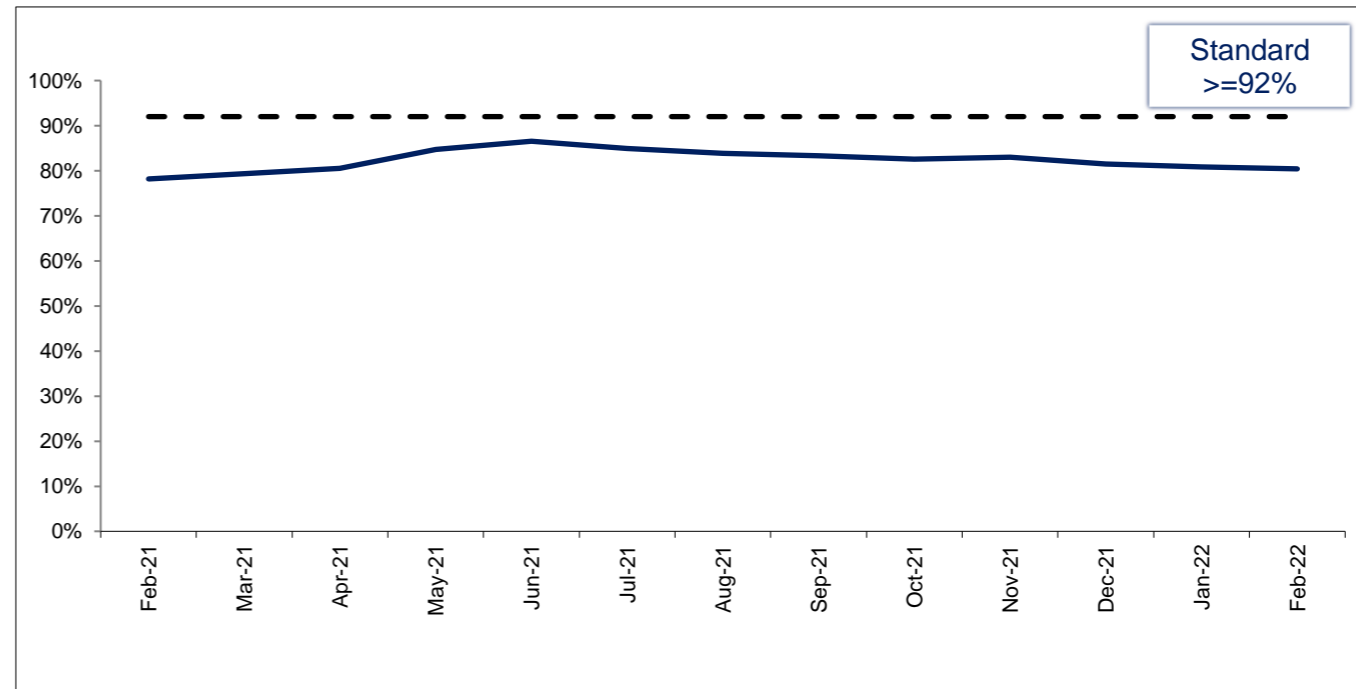
K8.10 | Delayed transfers of care - Rate per occupied bed day



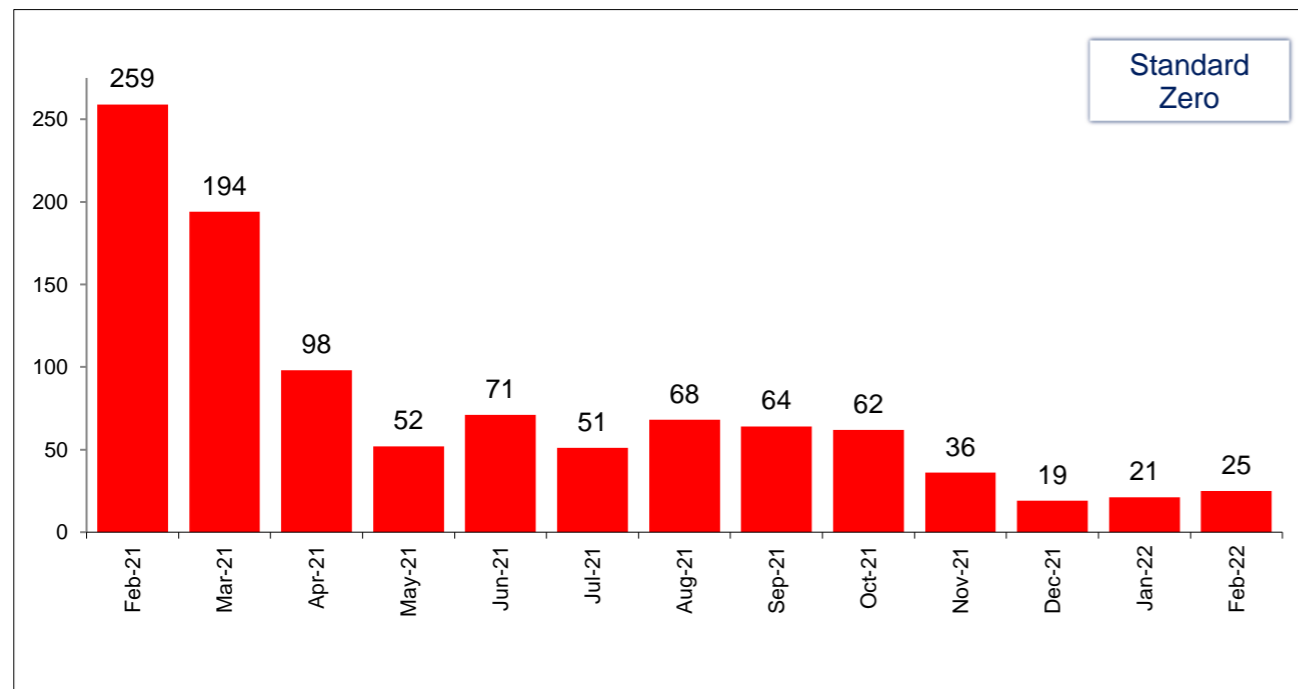
K8.11 | Average length of stay - Emergency Admissions



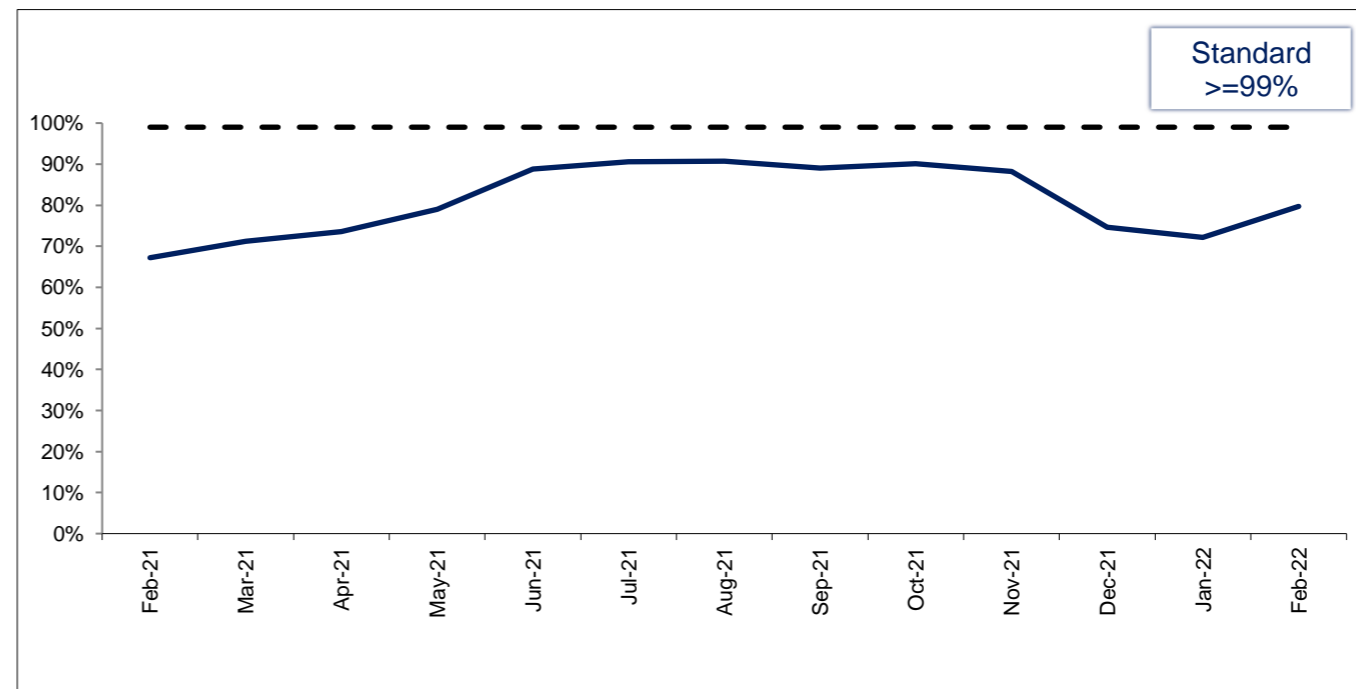
K8.12 | 18 weeks Referral to Treatment - Incomplete pathways



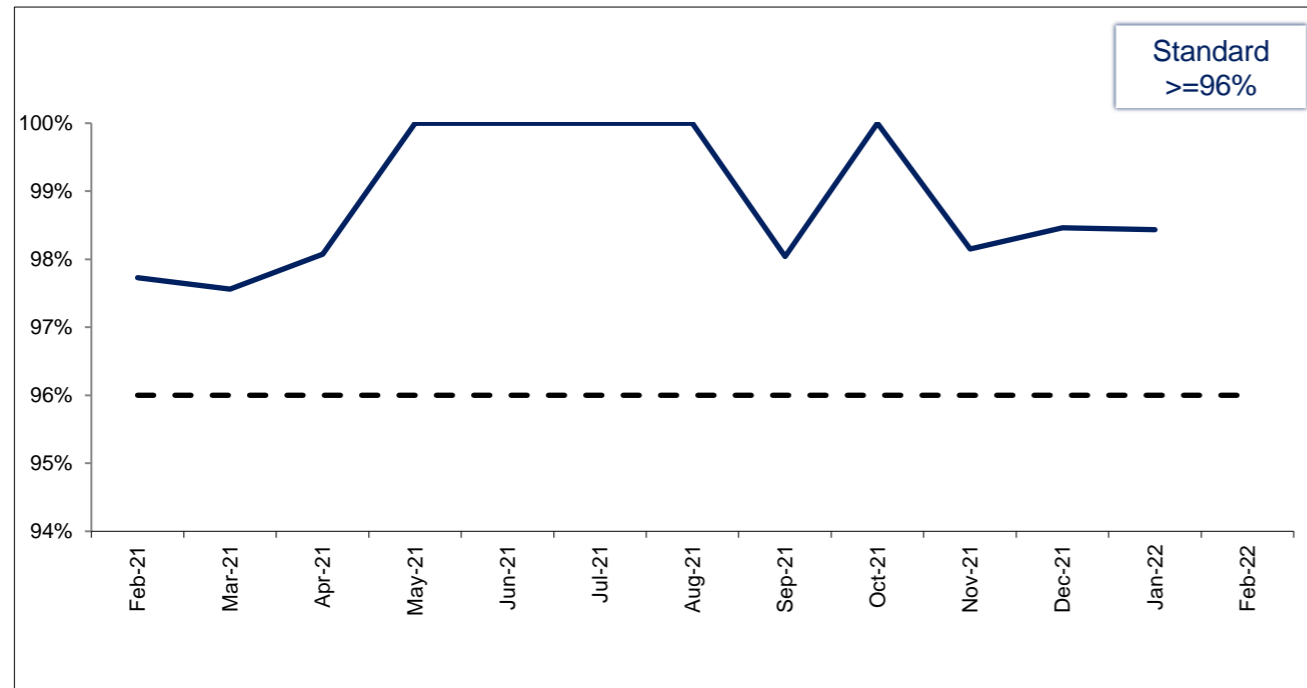
K8.13 | 18 weeks Referral to Treatment - number of incomplete over 52 week waiters



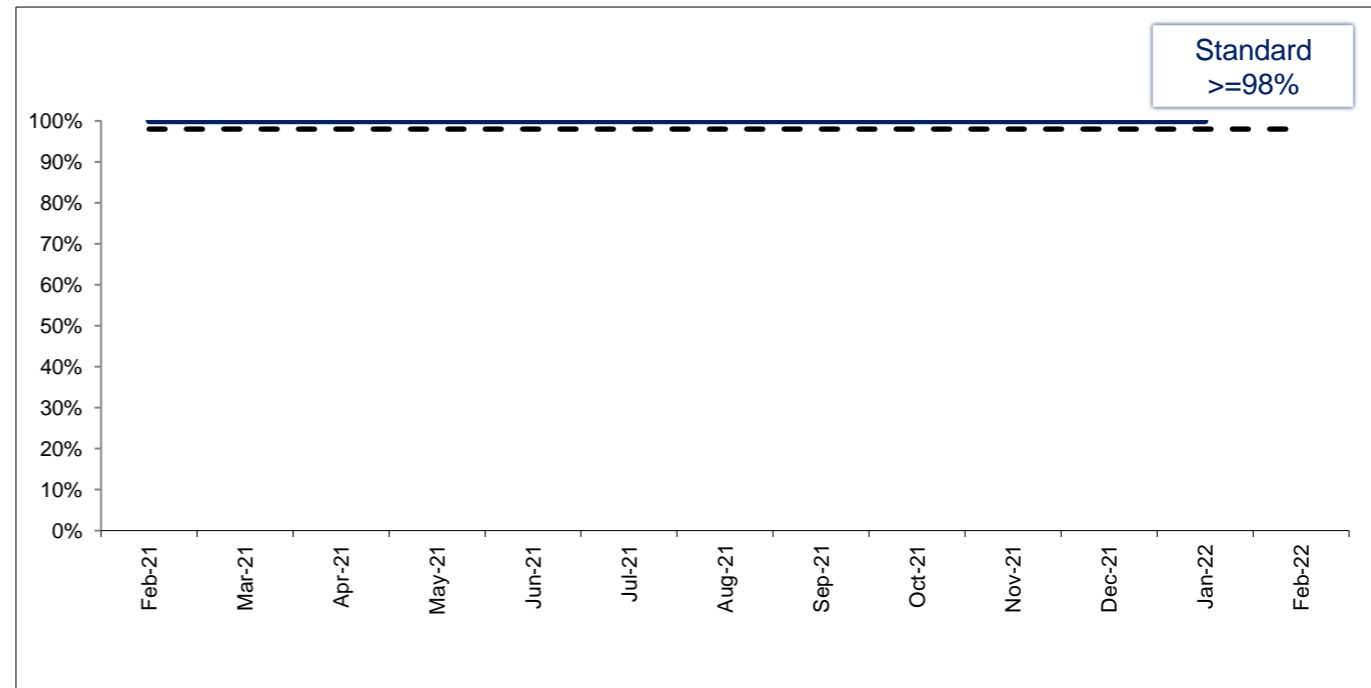
K8.14 | Diagnostic test - % waiting 6 weeks or less



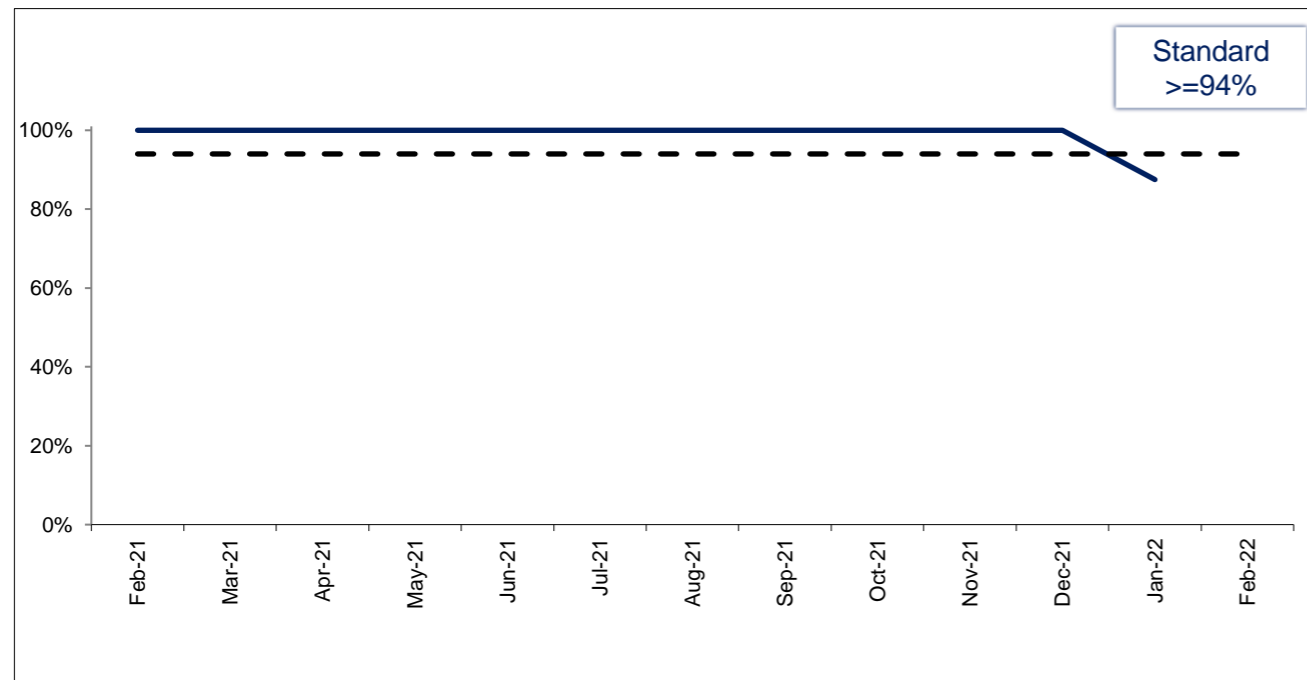
K8.17 | Cancer - Patients receiving first definitive treatment within one month (31 days) of a cancer diagnosis



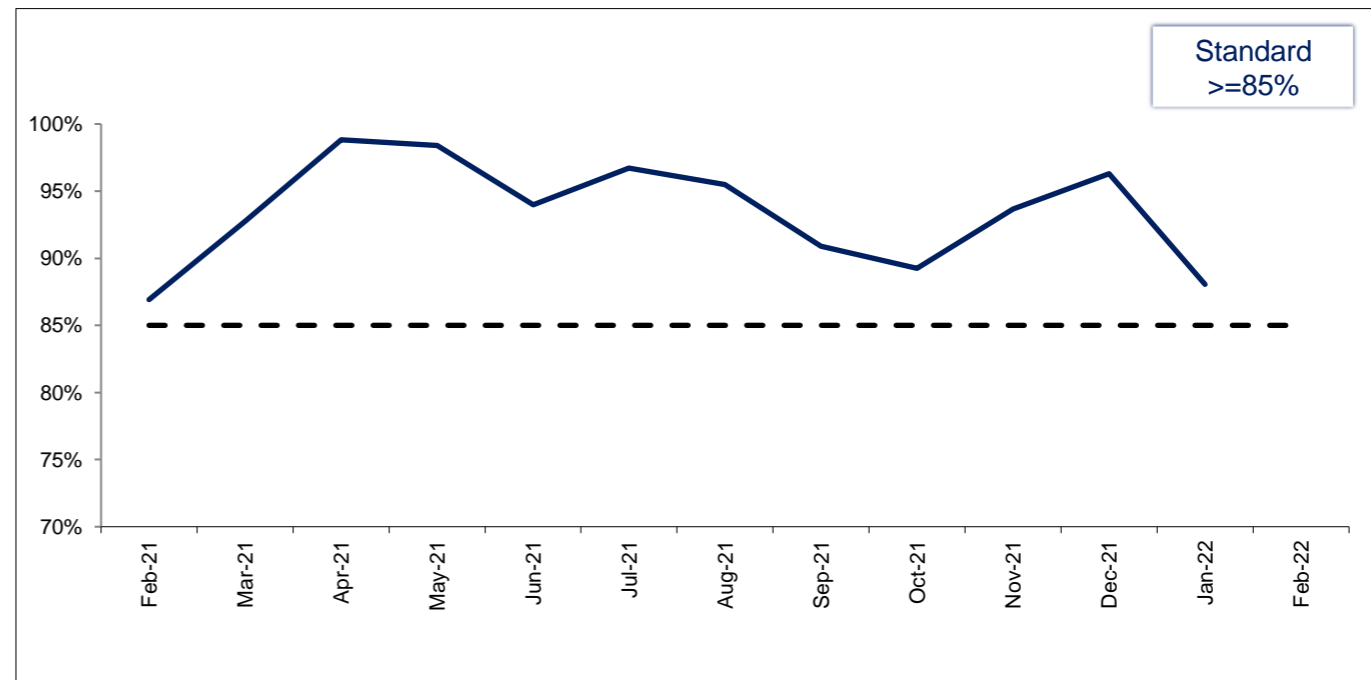
K8.18 | Cancer - 31 day second or subsequent treatment - drug



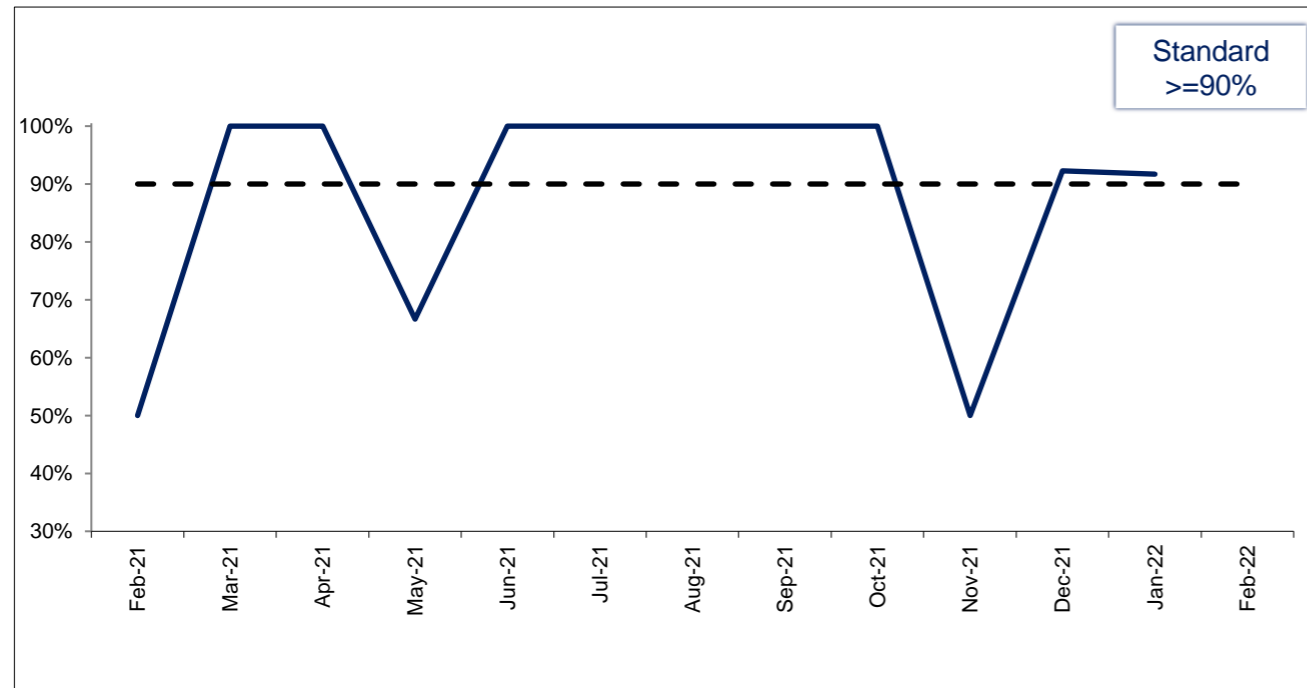
K8.19 | Cancer - 31 day second or subsequent treatment - surgery



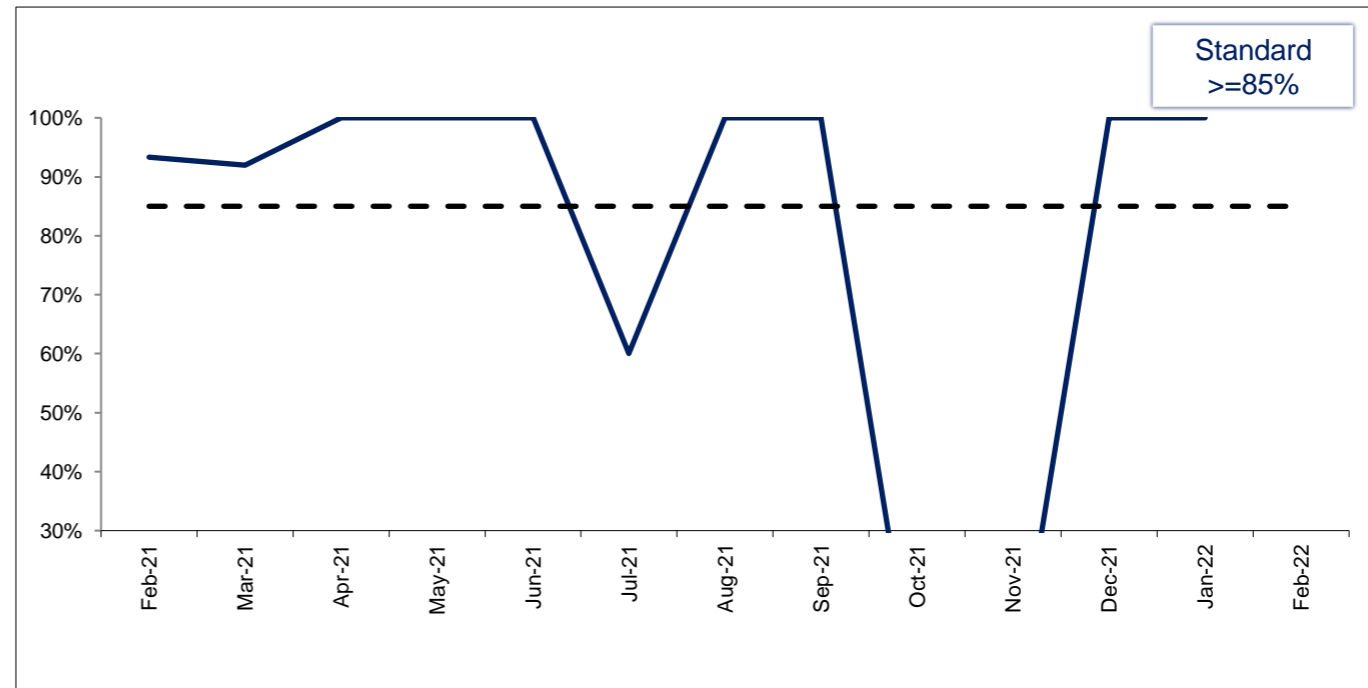
K8.20 | Cancer - Two month urgent referral to treatment wait



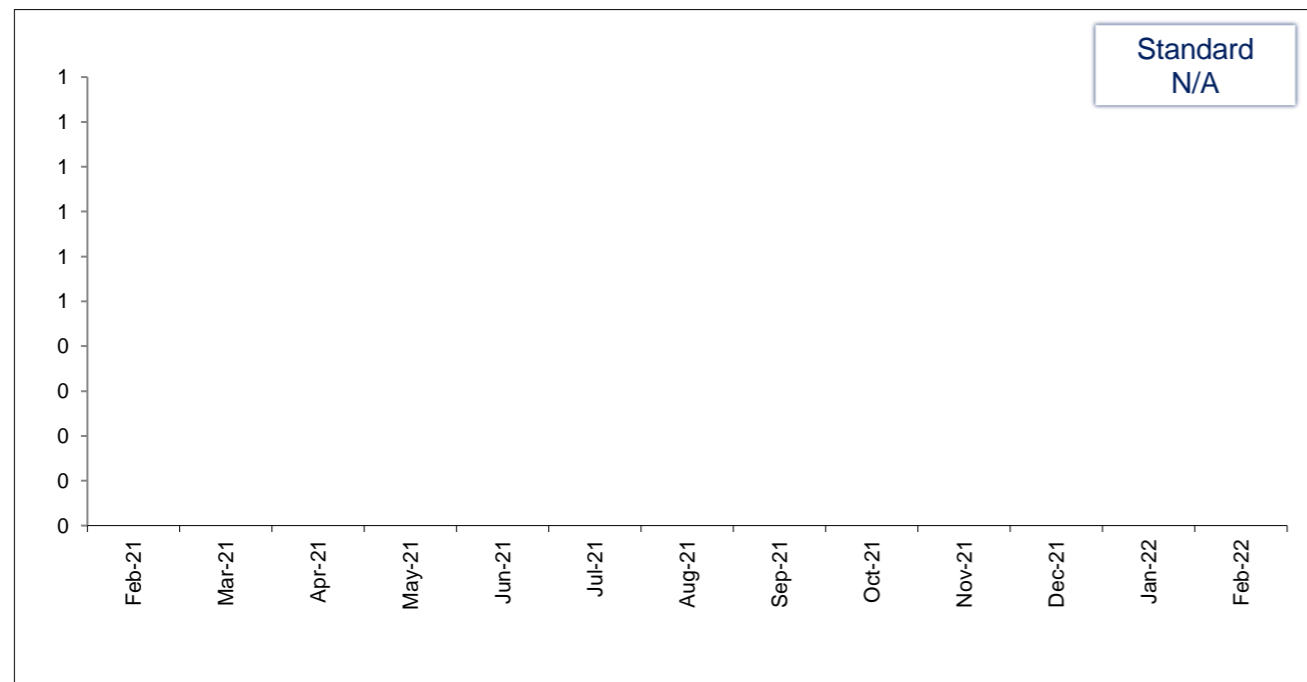
K8.21 | Cancer - 62 day wait for first treatment following referral from a NHS Cancer Screening Service



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%)

A very slight increase in the vacancy rate this month to **8.77%**. Vacancy rates have reached a plateau despite increased recruitment activity. The reason for this is twofold: the number of leavers each month remains high and the establishment has increased since Apr-21 by over 100wte. The staff groups requiring focus to achieve an improved rate are Administrative & Clerical and Additional Clinical Services who are furthest from their target WTEs. Unplanned Care records the highest percentage of the clinical divisions at 10.35% and Planned Care is amber at 7.04%. The combined Central Directorate no longer records the highest rate. The Service Lines with the largest vacant WTE are the same as last month: Elderly Care (44.32wte), Radiology (30.95wte), A&E (28.74wte) and AAU (19.77wte). In comparison to our peers in the SWL hub the Trust continues to record the lowest vacancy rate.

2. Turnover (target 12.50%)

Turnover has increased again this month to **16.30%**. The rate has been rising month on month and has elevated by 4.57% in year, although the rate of the rise has slowed over the last couple of months. The largest turnover is within the staff groups Allied Health Professionals (25.90%) and Additional Clinical Services (20.14%) where over a fifth of staff have left. There is also an increased rate in Nursing & Midwifery Registered (up by 4.09%) and Administrative and Clerical (up by 3.42%). Turnover is rising because the number of leavers is increasing across both the clinical and corporate divisions. Leavers in a rolling year have risen in Unplanned Care by 78, Planned Care by 56 & the Combined Corporate Directorates by 24. There are now 22 Service Lines/Directorates that record a red rate, of these the following seven have lost over a 20% of their workforce: Medical Director (30.90%), Therapies (26.07%), Diabetes (22.91%), Pharmacy (22.83%), Human Resources (22.67%), Cardiology (21.56%) and A&E (20.79%).

3. Sickness (target 2.90%)

Sickness rates have reduced again this month to below 5% but are still red rated **4.93%**. Four of the eight staff groups record over 4%; Additional Clinical Services (7.54%), Healthcare Scientists (6.47%), Nursing and Midwifery Registered (6.27%) and Administrative and Clerical (4.15%). The high sickness is within the Clinical Divisions, Cluster 1 (6.96%) and Cluster 3 (5.70%) recording the highest percentages. There are 20 Service Lines/Directorates recording over 4%, the top five being; Intensive Care (16.52%), Haematology (10.53%), Cancer (7.20%), Surgery & Urology (6.97%) and Histopathology & SWL Pathology (6.81%). COVID Sickness is the top reason for sickness again this month comprising of 37% of overall total. This is followed by Anxiety, Stress, Depression and Mental Health at 10%.

4. Mandatory Training (target 90%)

This month the compliance rate has increased to an amber rating of **81.72%**. Three of the eight staff groups are red rated: Medical & Dental (69.77%), Estates & Ancillary (79.67%) and Additional Clinical Services (79.79%). Lowest compliance rates are recorded in Cluster 2 (77.68%) and Cluster 6 (80.83%). There are ten red rated Service Lines/Directorates including the following under 75%: Corporate Affairs (66.80%), Human Resources (66.84%), Maternity (70.25%) and Finance (74.77%). The Combined Corporate Directorates also records a red rating of 79.89%.

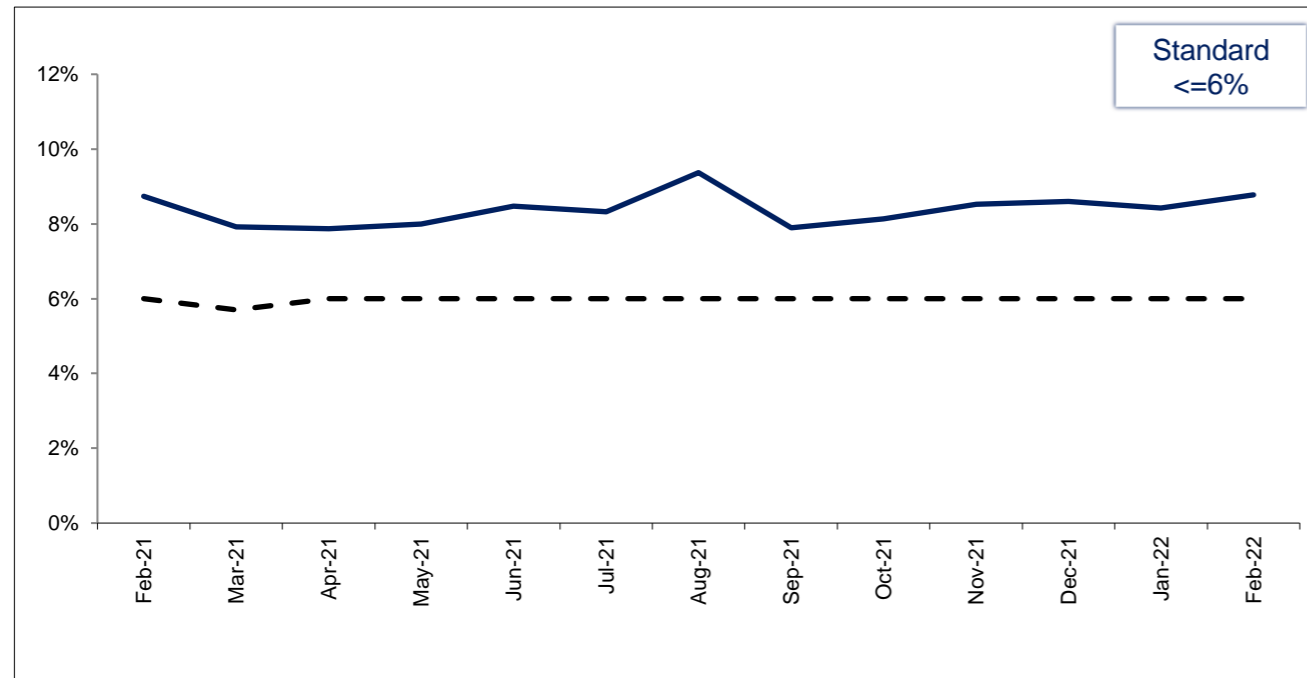
6. Appraisals (target 90%)

Appraisal rates have decreased this month to **71.43%**, the lowest rate recorded in this financial year. The staff groups with the lowest compliance are Estates and Ancillary (44.19%), Administrative and Clerical (62.12%) and Additional Clinical Services (73.58%). The Combined Corporate Directorates remains the division with the lowest rate (50.85%). Focus on these Corporate areas will really increase the overall compliance rate for both the Staff group and Services overall. Cluster 4 has the lowest compliance at 64.43% and Cluster 5 the highest at 95.24%. There are four Service Lines/Directorates recording under 50%; Intensive Care (24%), Corporate Affairs (43.62%), Finance (44.68%) and Operations (48.24%).

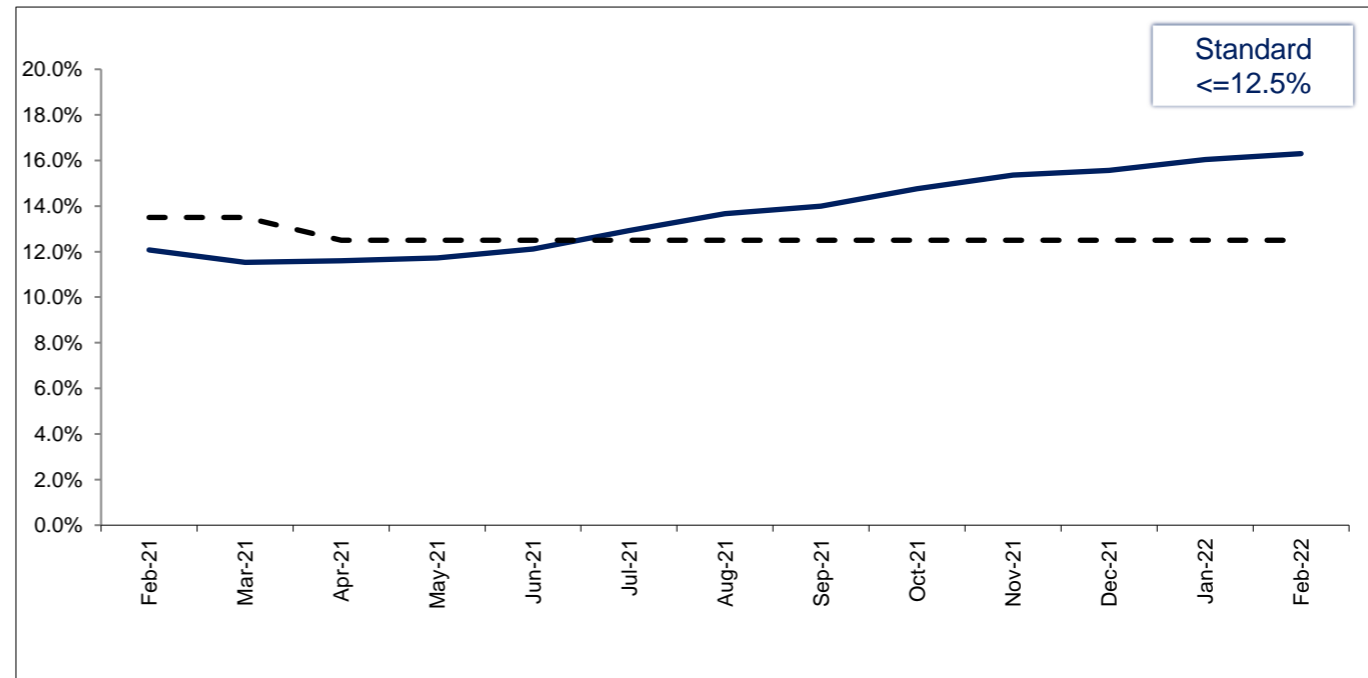
10. Stability (target 90%)

Stability is amber rated at **84.78%**, exactly the same as last month. The least stable staff groups are Additional Clinical Services (75.65%) and Add Prof Scientific & Technic (78.01%). There are seven Service Lines/Directorates with a red rating: the top 5 being; Medical Director (68.21%), Pharmacy (71.19%), Elderly Care (71.56%), Therapies (71.59%), and Respiratory (74.16%). In this financial year 119 employees have left with less than a year's service with the Trust (23%). 43% of these leavers are from the Administrative and Clerical Staff Group, 29% from Additional Clinical Services and 18% from Nursing and Midwifery Registered.

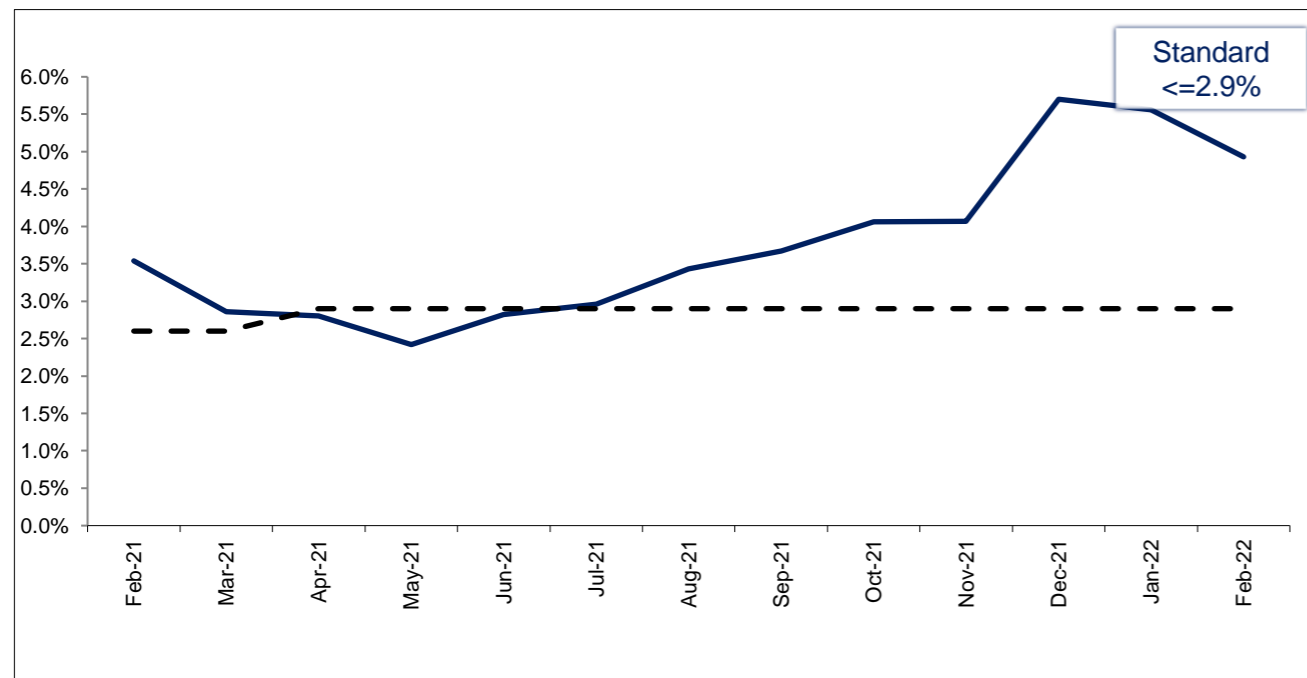
k7.01 | Vacancy rate



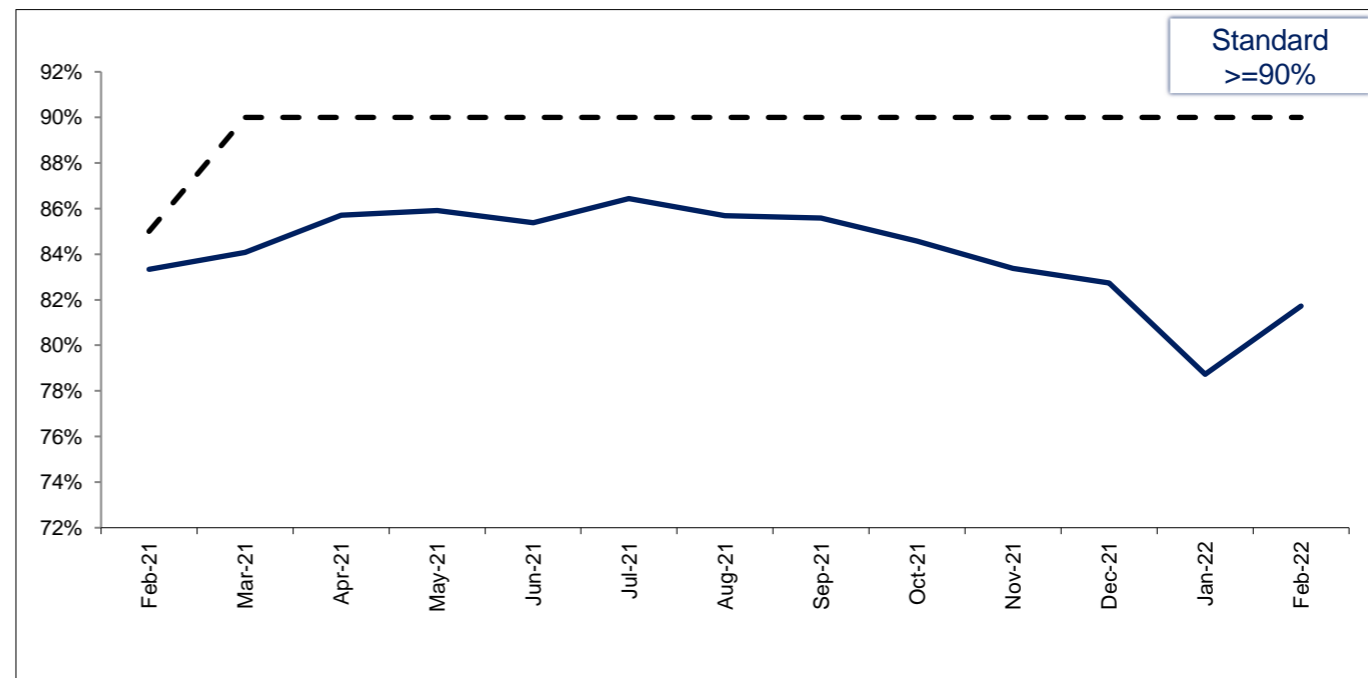
k7.02 | Turnover rate



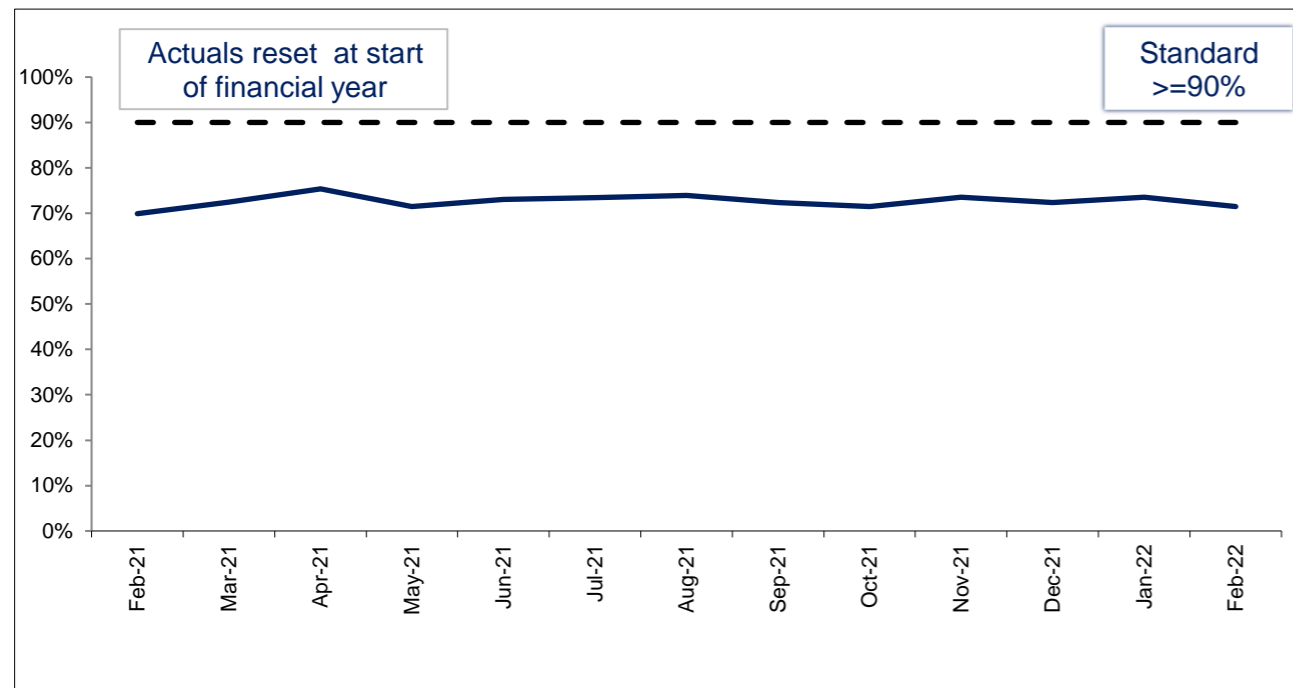
k7.03 | Sickness rate



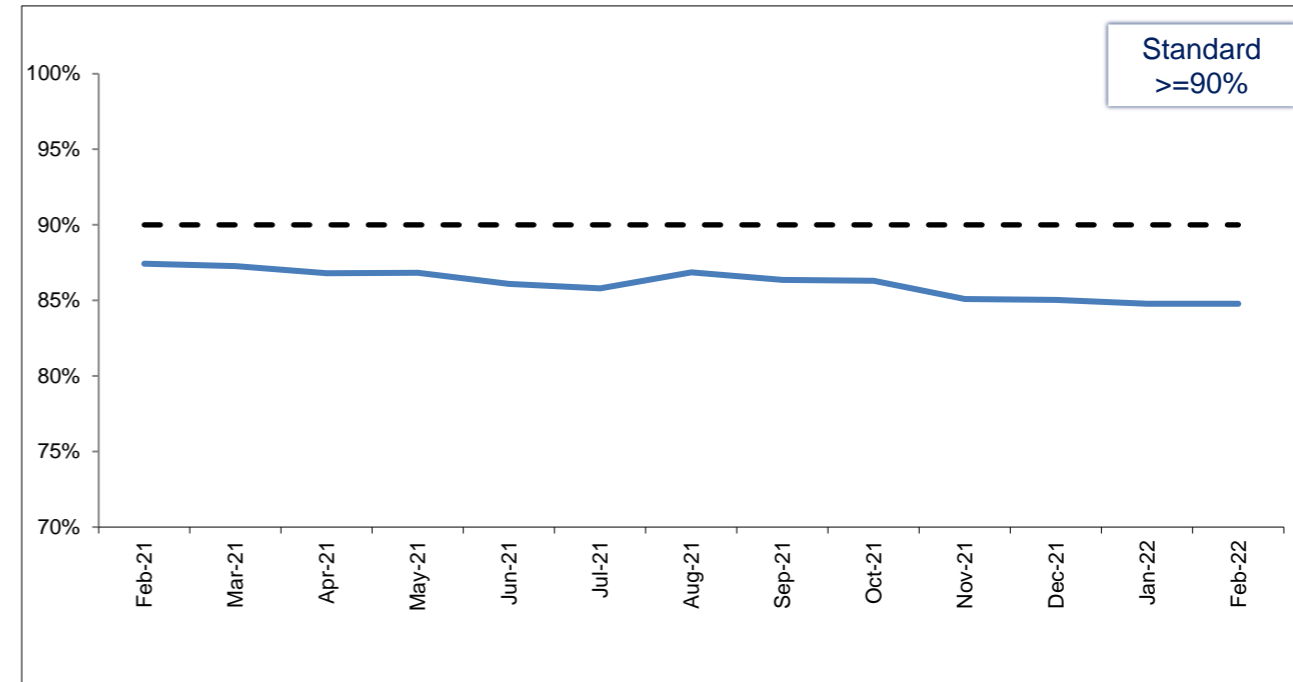
k7.04 | Mandatory training



k7.05 | Appraisals / PDRs completed



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



Staff Group KPIs: February 2022

	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	77.42	15.44%	78.01%	8.85%	3.46%	86.42%	77.78%
Additional Clinical Services	488.85	20.14%	75.65%	11.41%	7.54%	79.79%	73.58%
Administrative and Clerical	782.47	16.98%	86.05%	9.45%	4.15%	80.91%	62.12%
Allied Health Professionals	181.96	25.90%	81.96%	8.64%	3.08%	80.24%	75.58%
Estates and Ancillary	41.29	7.14%	101.78%	7.83%	0.99%	79.67%	44.19%
Healthcare Scientists	73.94	10.94%	94.55%	16.28%	6.47%	87.60%	88.73%
Medical and Dental	544.97	7.28%	95.20%	8.24%	1.85%	69.77%	
Nursing and Midwifery Registered	1,132.84	14.74%	85.54%	6.93%	6.27%	81.85%	76.09%

KPI	Description	Standard (From Apr '18)	Type	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Safe															
k1.01	Pressure ulcers - Hospital acquired (Grade 3 and 4)	<=10 per month	Number	3	4	3	2	2	1	2	0	3	0	2	1
k1.011	Pressure ulcers - Hospital acquired (Grade 3 and 4) - Lapse in care		Number	2	3	3	2	0	0	0	0	2	0	1	0
k1.012	Pressure ulcers - Hospital acquired (Grade 3 and 4) - No lapse in care		Number	1	1	0	0	2	1	2	0	1	0	1	1
k1.02	Patients with Hospital acquired pressure ulcers (Grade 3 and 4) per 1000 beddays	<=0.1 per month	Rate	0.31	0.39	0.28	0.19	0.18	0.09	0.17	0.00	0.25	0.00	0.16	0.08
k1.03	Pressure ulcers - Hospital acquired (Grade 2)	<=3 per month	Number	5	3	6	9	6	6	0	9	11	7	11	10
k1.031	Pressure ulcers - Hospital acquired (Grade 2) - Lapse in care		Number	2	3	5	5	4	2	0	5	5	5	9	6
k1.032	Pressure ulcers - Hospital acquired (Grade 2) - No lapse in care		Number	2	0	1	4	2	4	0	4	6	2	2	4
k1.04	Patients with Hospital acquired pressure ulcers (Grade 2) per 1000 beddays	<=0.51 per month	Rate	0.51	0.30	0.56	0.83	0.54	0.52	0.00	0.73	0.92	0.58	0.86	0.82
k1.05	MRSA Bacteraemias (Hospital Assigned)	=0 per month	Number	0	0	0	0	0	1	1	0	1	0	0	0
k1.06	MSSA Bacteraemias (Hospital Apportioned)	<=1 per month	Number	3	0	0	1	0	0	2	1	2	1	6	0
k1.07	Clostridium difficile Infections (Hospital Apportioned)		Number	3	0	2	1	2	0	2	0	2	4	3	1
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	37	45	38	49	48	34	73	47	55	54	73	63
k1.13	Number of Patient Safety incident Falls per 1000 (G&A) bed days	<=5.3 per month	Rate	3.79	4.43	3.57	4.54	4.36	2.95	6.20	3.82	4.59	4.50	5.74	5.17
k1.14	Patient Falls with moderate or severe harm	<=6 per month	Number	0	1	1	2	3	1	0	3	3	1	2	4
k1.15	Never Events	=0 per month	Number	0	0	0	1	1	0	1	0	0	0	0	1
k1.16	Medication Incidents	-	Number	42	40	40	67	60	41	51	56	57	62	36	76
k1.17	% Medication Incidents where Moderate or Severe Harm occurred	<=0.04 per month	%	0.0%	5.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.6%	0.0%	2.63%
k1.18	Serious Untoward Incidents	-	Number	0	2	1	3	0	2	2	4	5	1	3	4
k1.19	Escherichia Coli bacteraemia (all)	-	Number	12	13	16	14	11	7	13	9	19	10	12	12
k4.01	Safer Staffing - Day - Registered Midwives / Nurses fill rate	-	%	82.6%	95.3%	99.5%	97.1%	94.0%	92.7%	92.1%	92.9%	93.0%	85.9%	86.2%	84.8%
k4.02	Safer Staffing - Day - Assistant Fill Rate	-	%	80.5%	100.3%	107.9%	106.8%	93.2%	105.9%	104.8%	109.4%	104.3%	100.1%	89.6%	94.8%
k4.03	Safer Staffing - Night - Registered Midwives / Nurses fill rate	-	%	81.0%	98.3%	101.8%	96.6%	94.0%	93.8%	92.3%	91.5%	94.4%	88.5%	87.4%	89.6%
k4.04	Safer Staffing - Night - Assistant Fill Rate	-	%	89.5%	125.9%	131.1%	124.9%	102.2%	121.5%	140.4%	148.9%	149.9%	151.5%	112.5%	127.3%

KPI	Description	Standard (From Apr '18)	Type	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
k4.05	Safer Staffing - Overall trust fill rate	-	%	82.7%	100.9%	105.7%	102.4%	94.9%	99.0%	100.4%	102.4%	102.4%	97.2%	91.0%	93.7%
k4.06	Safer Staffing - % of Registered Nurse and Midwife expenditure on agency staff	-	%	2.7%	3.4%	2.8%	4.3%	3.9%	4.6%	1.8%	4.6%	4.5%	5.66%	4.23%	4.08%
k4.07	Safer Staffing - Care Hours per Patient Day	-	Rate	10.29	9.57	9.32	9.19	8.56	8.35	8.16	8.12	7.90	8.15	8.06	7.86
k5.01	Maternity - Caesarean section rate	<=0.26 per month	%	38.0%	32.5%	37.1%	39.9%	36.3%	35.2%	41.9%	36.3%	34.2%	36.8%	38.3%	37.7%
k5.02	Maternity - % of women with a primary postpartum haemorrhage of 1500ml or more	<0.031 per month	%	2.6%	3.0%	4.0%	5.2%	3.5%	4.0%	4.6%	3.6%	4.0%	3.8%	4.4%	3.1%
k5.03	Maternity - % of women with a primary postpartum haemorrhage of 2000ml or more	<=0.01 per month	%	0.5%	0.9%	1.2%	2.4%	1.8%	0.7%	2.1%	1.3%	1.2%	1.4%	2.3%	0.5%
k5.04	Maternity - Significant Perineal Trauma	-	%	2.6%	2.7%	1.2%	2.7%	2.0%	1.7%	2.3%	2.7%	1.0%	0.5%	2.1%	2.6%

Effective

k2.01	Standardised healthcare mortality index (SHMI) - most recent score	<=95	Index	76.34	76.34	77.51	77.78	77.78	76.85	77.83	78.57	79.65	79.65	79.30	79.22
k2.02	Unadjusted Mortality Rate	-	%	0.7%	0.7%	0.9%	0.6%	0.8%	0.7%	0.8%	1.0%	0.9%	1.1%	1.1%	0.8%
k2.03	Sepsis - % of eligible patients screened for sepsis - ED	>=90% per month	%	65.0%	75.0%	60.0%	80.0%	70.0%	80.0%	70.0%	85.7%	95.0%	85.00%	90.00%	90.00%
k2.04	Sepsis - % of eligible patients who received antibiotics within 1 hour of arrival - ED	>=90% per month	%	90.0%	80.0%	87.5%	90.0%	75.0%	83.3%	87.5%	75.0%	86.7%	87.50%	90.00%	91.67%
k2.13	Sepsis - % of eligible patients screened for sepsis - Inpatients	>=90% per month	%	90.0%	85.0%	85.0%	90.0%	80.0%	80.0%	80.0%	94.4%	100.0%	100.00%	90.00%	95.00%
k2.14	Sepsis - % of eligible patients who received antibiotics within 1 hour - Inpatients	>=90% per month	%	88.9%	100.0%	100.0%	100.0%	87.5%	80.0%	66.7%	83.3%	100.0%	75.00%	100.00%	77.78%
k2.05	VTE Assessments (Trust)	>=95% per month	%	97.8%	97.5%	98.6%	97.9%	97.2%	94.6%	97.3%	98.4%	97.0%	98.36%	98.0%	98.5%
k2.06	Incidence of Hospital Acquired VTE (HAT)	-	Number	0	1	0	0	0	0	0	0	0	2	0	1
k2.09	% emergency readmissions following elective admission - 30 days	-	%	3.0%	3.4%	3.9%	3.2%	3.7%	2.9%	3.2%	3.0%	2.9%	3.5%	2.1%	2.3%
k2.10	% emergency readmissions following emergency admission - 30 days	-	%	14.5%	16.0%	15.1%	13.6%	10.2%	15.1%	14.5%	13.5%	13.3%	14.6%	12.7%	14.5%
k3.15	Hand Hygiene (Infection Control - Core Elements Tool)	>=95% per month	%	98.8%	98.6%	98.6%	99.2%	99.2%	97.9%	98.6%	96.5%	98.2%	99.3%	98.6%	98.1%

Caring

k3.01	Number of complaints received this month	-	Number	38	32	30	46	32	53	46	69	52	27	40	47
k3.02	Number of complaints reopened this month	-	Number	2	2	2	4	13	3	3	3	6	5	4	10
k3.03	Number of complaints referred to ombudsman this month	-	Number	0	0	0	0	0	0	0	1	0	0	0	0
k3.14	Complaints Response Rate	>=80%	%	40.5%	46.7%	29.4%	33.3%	39.6%	38.9%	28.6%					
k.3.05b	FFT - Trust - % Would Recommend	-	%	90.9%	90.0%	89.2%	87.6%	87.9%	88.1%	87.3%	88.4%	88.1%	89.3%	88.9%	88.3%

KPI	Description	Standard (From Apr '18)	Type	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
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%	87.5%	
K8.20	All Cancer Two Month Urgent Referral to Treatment Wait	>=85% per month	%	92.7%	98.8%	98.4%	94.0%	96.7%	95.5%	90.9%	89.2%	93.7%	96.3%	88.0%	
K8.21	62-Day Wait for First Treatment Following Referral from an NHS Cancer Screening Service	>=90% per month	%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	92.3%	91.7%	
K8.22	62-Day Wait for First Treatment Following Referral from Consultant Upgrade	>=85% per month	%	92.0%	100.0%	100.0%	100.0%	60.0%	100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	
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	%	7.9%	7.9%	8.0%	8.5%	8.3%	9.4%	7.9%	8.1%	8.5%	8.6%	8.4%	8.8%
k7.02	Turnover rate	<=13.5% per month	%	11.5%	11.6%	11.7%	12.1%	12.9%	13.7%	14.0%	14.8%	15.4%	15.6%	16.0%	16.3%
k7.03	Sickness rate	<=2.6% per month	%	2.9%	2.8%	2.4%	2.8%	3.0%	3.4%	3.7%	4.1%	4.1%	5.7%	5.6%	4.9%
k7.04	Mandatory Training	>=85% per month	%	84.1%	85.7%	85.9%	85.4%	86.4%	85.7%	85.6%	84.6%	83.4%	82.7%	78.7%	81.7%
k7.05	Appraisals / PDRs completed	>=90% year end	%	72.4%	75.4%	71.5%	73.1%	73.4%	74.0%	72.4%	71.5%	73.5%	72.4%	73.5%	71.4%
K7.10	Stability (% Staff Retained >1yr)	>90%	%	87.3%	86.8%	86.8%	86.1%	85.8%	86.9%	86.4%	86.3%	85.1%	85.0%	84.8%	84.8%

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 administrating, 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)