Kingston Hospital
NHS Foundation Trust

Integrated Quality and Operational Compliance Report

April 2022

Living our values everyday

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Living our values everyday

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

Pressure Ulcers:

In April 2022, there was a 61% decrease in the number of patients with trust acquired pressure ulcers identified from March to April 2022 (18 to 7). Of the 7 patients with trust acquired pressure ulcers (TAPU) identified, 4 were category 2, with 1 category 3 and 2 category 4. Of the category 3 and 4 pressure ulcers, 2 were deemed no lapse, 1 (cat 4) lapse. This is being investigated as a moderate harm incident. 3 of the 7 patients with trust acquired pressure ulcers were judged to have a lapse in care. 1 of the TAPU's identified was device related.

Actions have been developed to focus on themes established from pressure ulcer investigations which are being monitored via the PUMP monthly meetings. The PUMP continues to look at methods of improving documentation to support the care that is being given.

Falls:

There were 43 Falls in April, 2 of which were falls with harm, which are currently being investigated. Work continues to support the End PJ Paralysis initiative but staffing issues in both nursing and AHP's have impacted on opportunities to progress this further. The introduction of the New Band 3 HCA role will support the work needed to improve the focus on this. The Nursing and AHP leads for End PJ Paralysis are introducing this model in the Emergency Dept with a charity bid to purchase riser recliner chairs to support Fit to Sit.

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

- New: Two Serious Incidents were declared in April 2022. One was a 'treatment delay' incident within Ophthalmology that was being investigated as a Moderate Harm incident however was escalated to SI as the patient's vision did not improve despite the interventions offered; the second is a 'slips, trips and falls' incident for a patient on AAU who fell on the ward within 24hours of admission and sustained a catastrophic head injury.
- Completed: One investigation for 'treatment delay' in Respiratory Medicine was completed and signed off in April 2022. An action plan is in place with the highlights including increasing staff exposure to cardiac arrest scenarios on the ward through ward based simulation training, and sharing the learning outcomes with the Deteriorating Patient Group.
- Duty of Candour: The Trust remains compliant with Duty of Candour for the Serious Incident investigations commenced and completed during April 2022.
- Ongoing: At 30th April 2022, there were 14 open and ongoing Serious Incident investigations.
- Never Events: No Never Events were reported during April 2022.

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

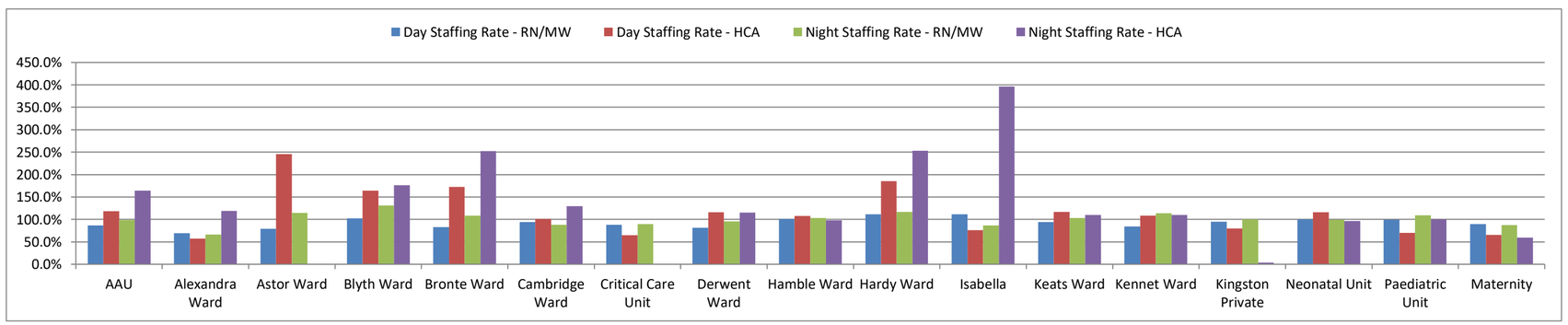
- There were no Trust-apportioned MRSA bacteraemia cases.
- There was one MSSA bacteraemia case in Kennet ward.
- There was one HOHA (Hospital Onset Healthcare Associated) Clostridium difficile toxin positive case in Sunshine ward and one COHA (Community Onset Healthcare Associated) case in ED.
- There were four Trust-apportioned E. coli bacteraemia cases.
- There were 49 cases of seasonal influenza, with the majority diagnosed in ED (37 cases).
- There were five norovirus cases.
- There was a decrease in COVID-19 cases this month with a total of 346 cases with 163 of those cases admitted into the Trust. There was also a decrease in the number of hospital onset cases – there were 6 HOHA cases (Hospital Onset Healthcare Associated, cases >14 days onset) and 13 HOPHA cases (Hospital Onset Probable Healthcare Associated, cases with onset within 8-14 days).

Safe | **Safer Staffing** | **April 2022**

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. There was an improved position in April, with less unfilled shifts and fewer episodes of deviation from ratios. 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. Staffing in ED remains challenging due to the high volume of attendances, particularly into the early evening and night, leading to escalation into areas such as Same Day Emergency Care (SDEC) and Urgent Treatment Centre (UTC), which are traditionally closed from 11pm. This has been managed by requesting extra staff through Bank Partners, and allocating resources from elsewhere in the Trust to support where possible.

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	86.6%	118.4%	98.5%	163.9%	7.9
Alexandra Ward	69.4%	57.0%	66.3%	119.0%	3.9
Astor Ward	79.3%	245.5%	114.6%	#DIV/0!	9.8
Blyth Ward	102.7%	164.2%	130.7%	176.5%	8.0
Bronte Ward	82.9%	172.6%	108.1%	252.6%	7.8
Cambridge Ward	94.4%	101.0%	88.2%	129.2%	7.0
Critical Care Unit	87.7%	64.6%	89.8%	#DIV/0!	26.7
Derwent Ward	81.7%	116.1%	95.6%	115.0%	5.9
Hamble Ward	100.7%	107.8%	103.3%	97.8%	6.2
Hardy Ward	111.7%	185.2%	116.7%	253.0%	7.3
Isabella	111.7%	75.7%	86.7%	396.4%	7.6
Keats Ward	94.4%	116.6%	103.5%	110.0%	7.1
Kennet Ward	84.3%	108.1%	113.5%	110.0%	6.1
Kingston Private	94.9%	79.6%	100.0%	3.3%	7.9
Neonatal Unit	100.2%	115.6%	99.4%	96.7%	12.9
Paediatric Unit	99.0%	70.3%	109.2%	100.0%	11.2
Maternity	89.9%	65.5%	87.2%	59.4%	10.0
Trust Average	**91.0%**	**111.9%**	**96.3%**	**139.9%**	**8.3**

Key	
RN	Registered Nurse
MW	Registered Midwife
HCA	Healthcare Assistant

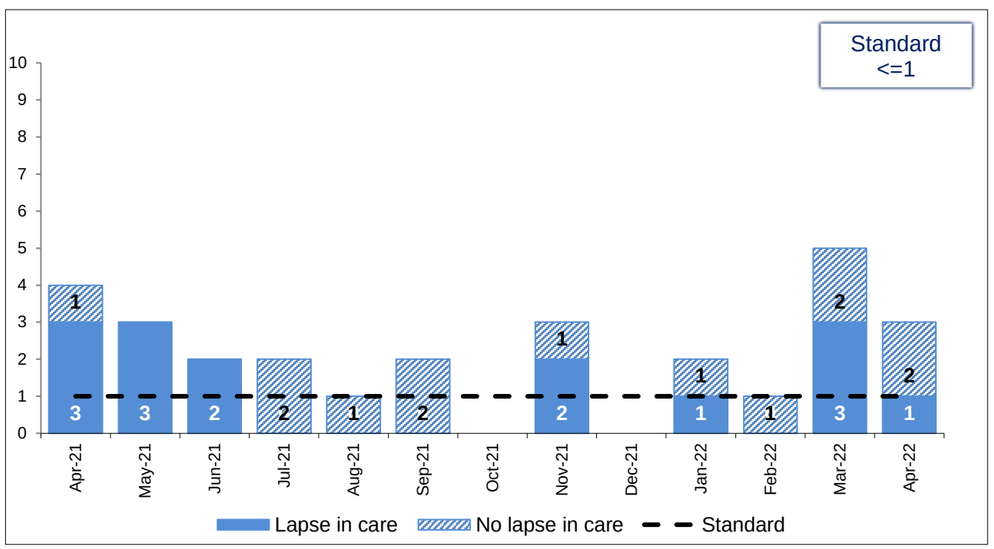


Safe

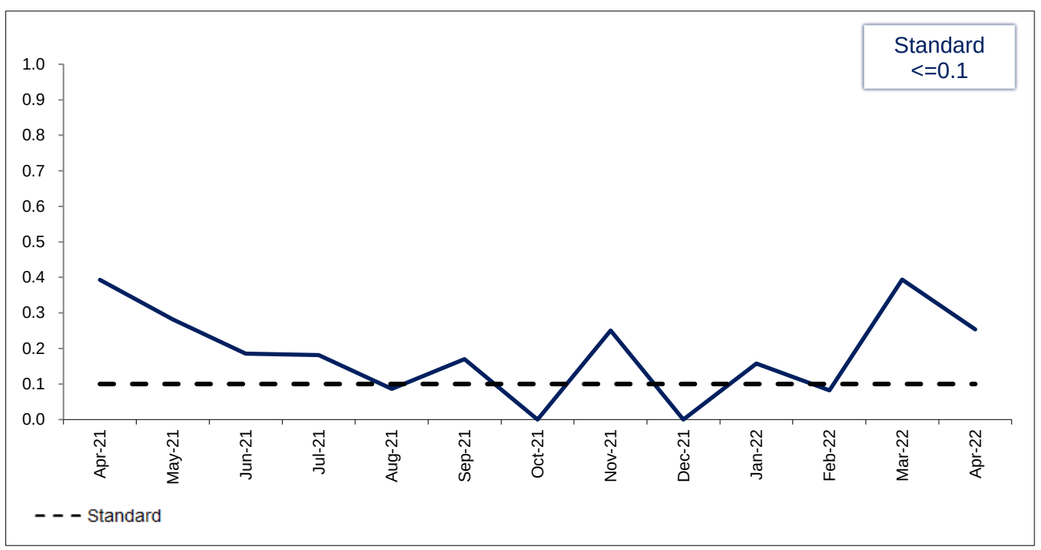
Is Care Safe?

April 2022

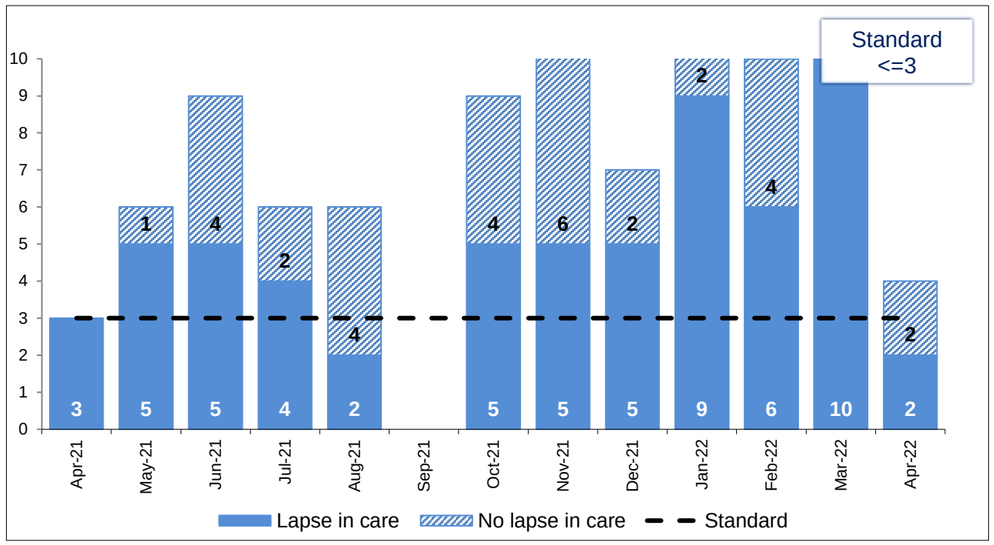
k1.01 | Number of patients with hospital acquired pressure ulcers (Grade 3&4)



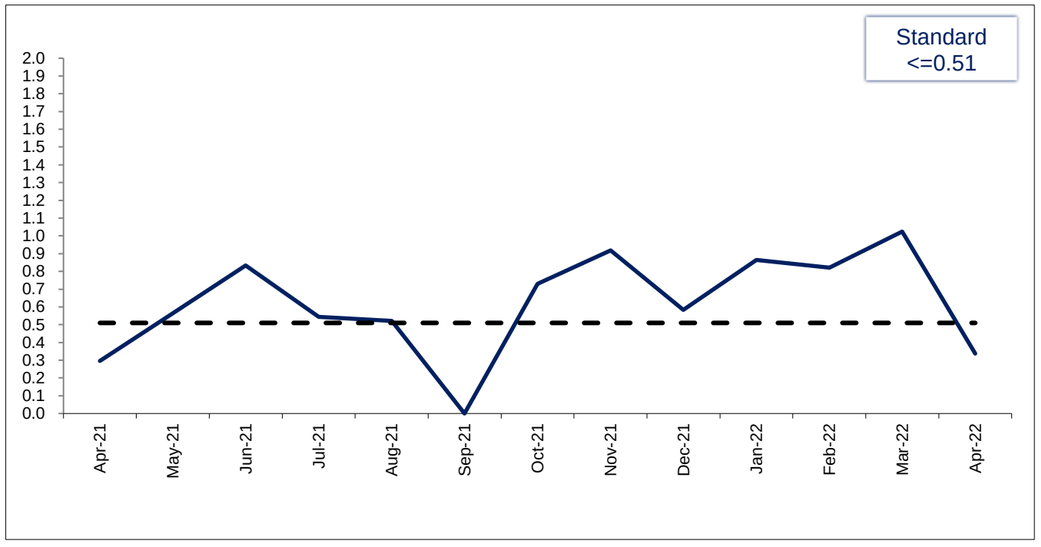
k1.02 | Number of patients with hospital acquired pressure ulcers (Grade 3&4) per 1000 beddays



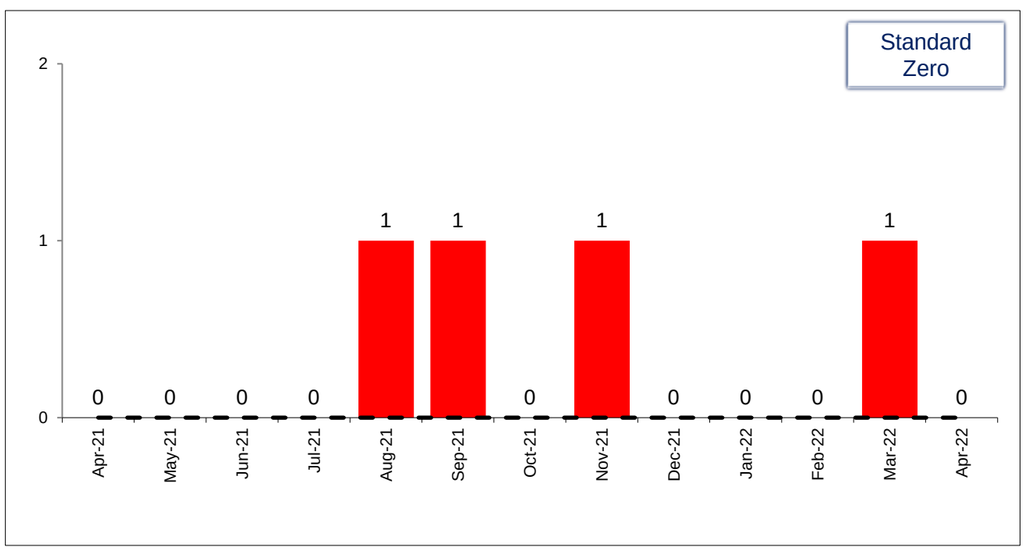
k1.03 | Number of patients with hospital acquired pressure ulcers (Grade 2)



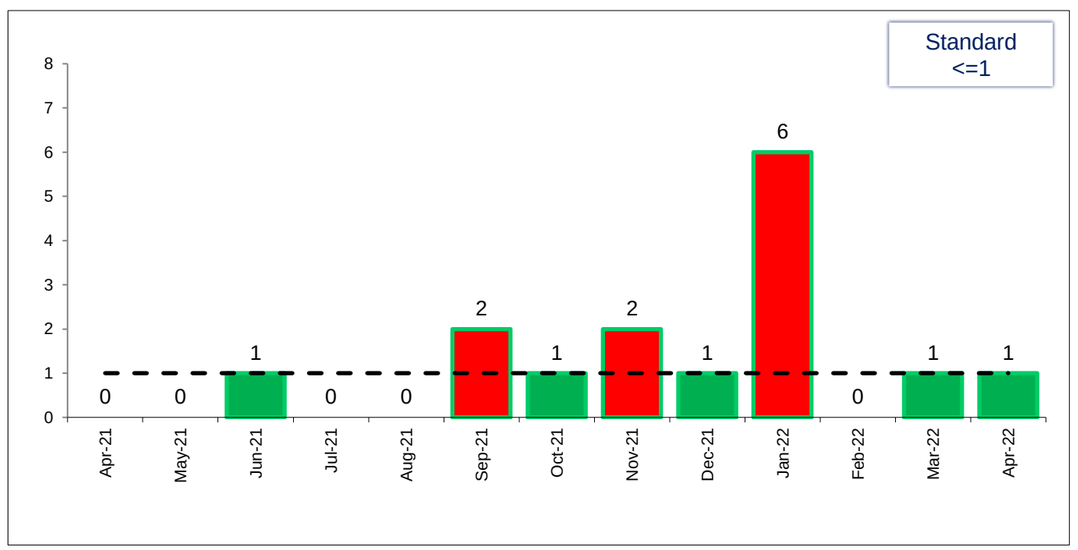
k.1.04 | Number of patients with hospital acquired pressure ulcers (Grade 2) per 1000 beddays



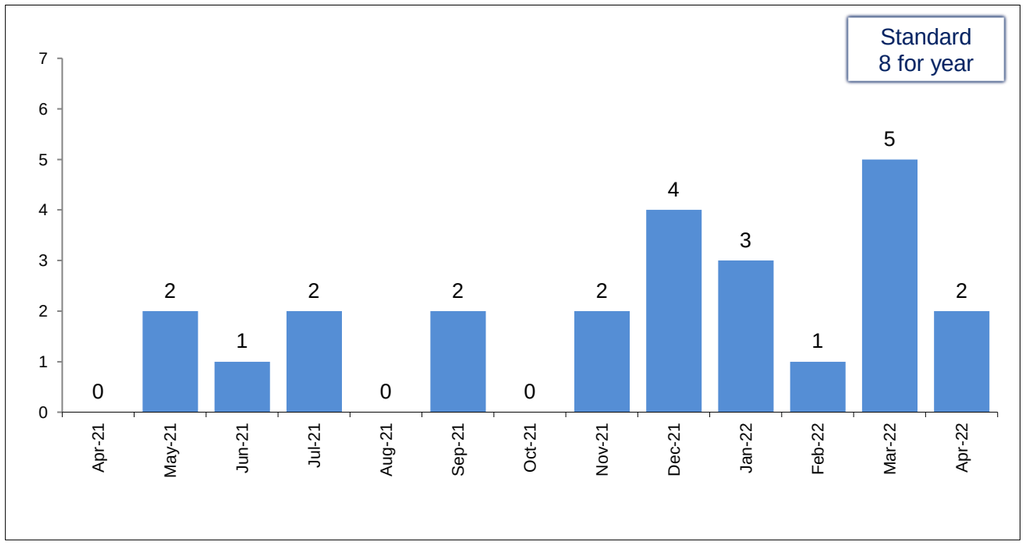
k1.05 | MRSA Bacteraemias (Hospital Assigned)



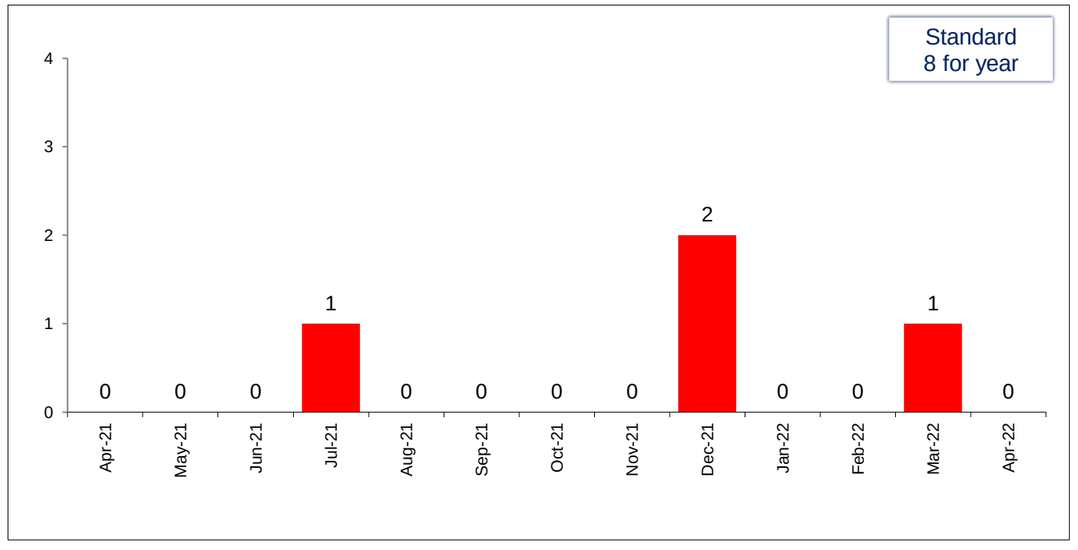
k1.06 | MSSA Bacteraemias (Hospital Apportioned)



k1.07 | Clostridium difficile infections (Hospital Apportioned)



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

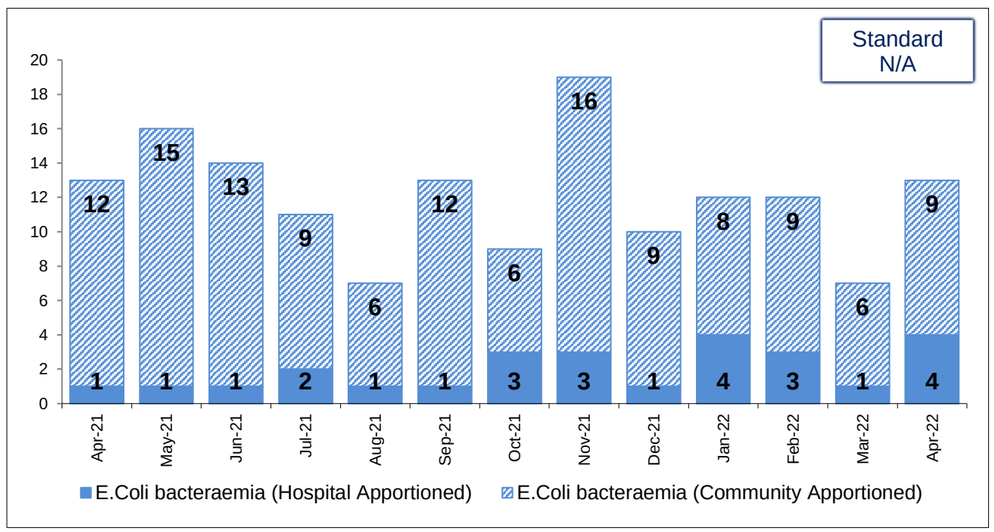


Safe

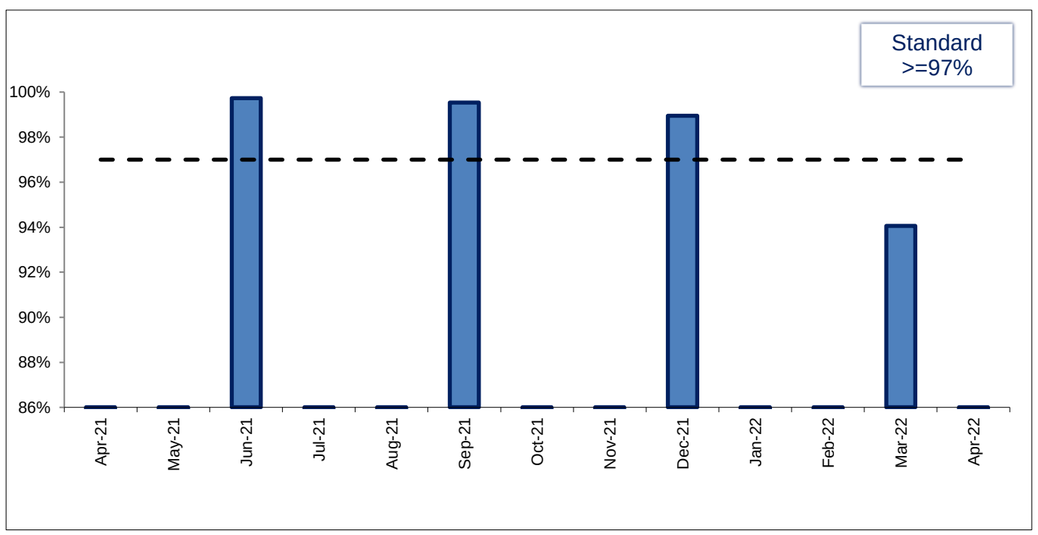
Is Care Safe?

April 2022

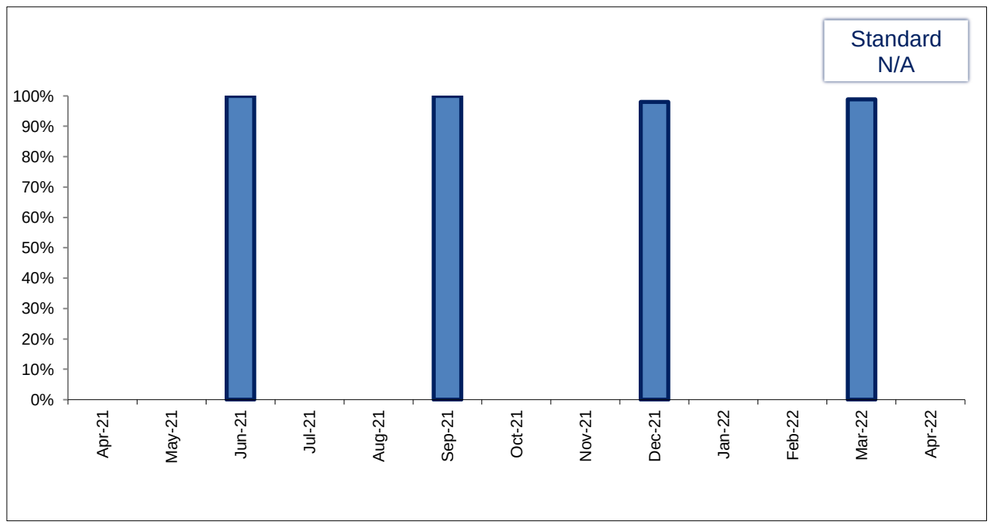
k1.19 | Number of Escherichia (E. coli) bacteraemia



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



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

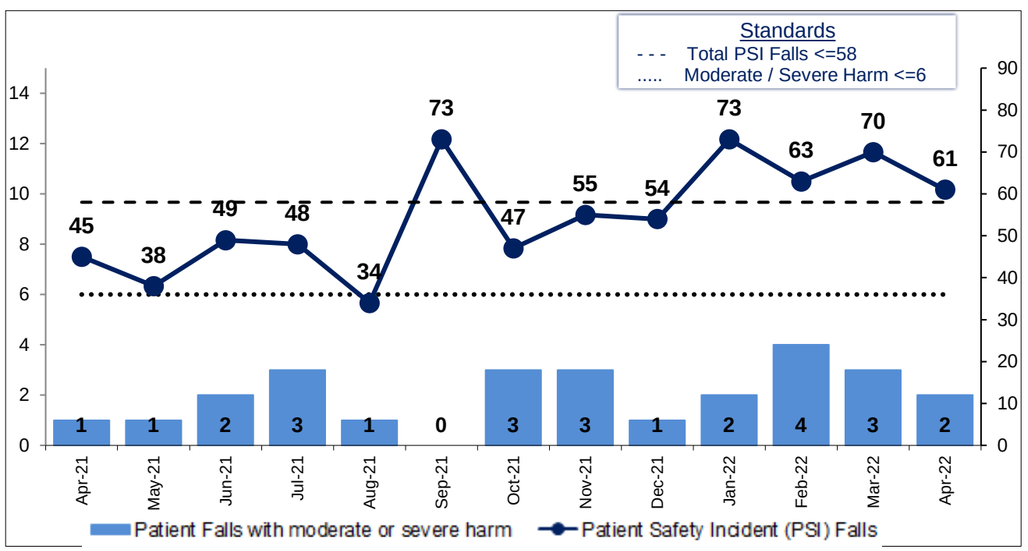


Safe

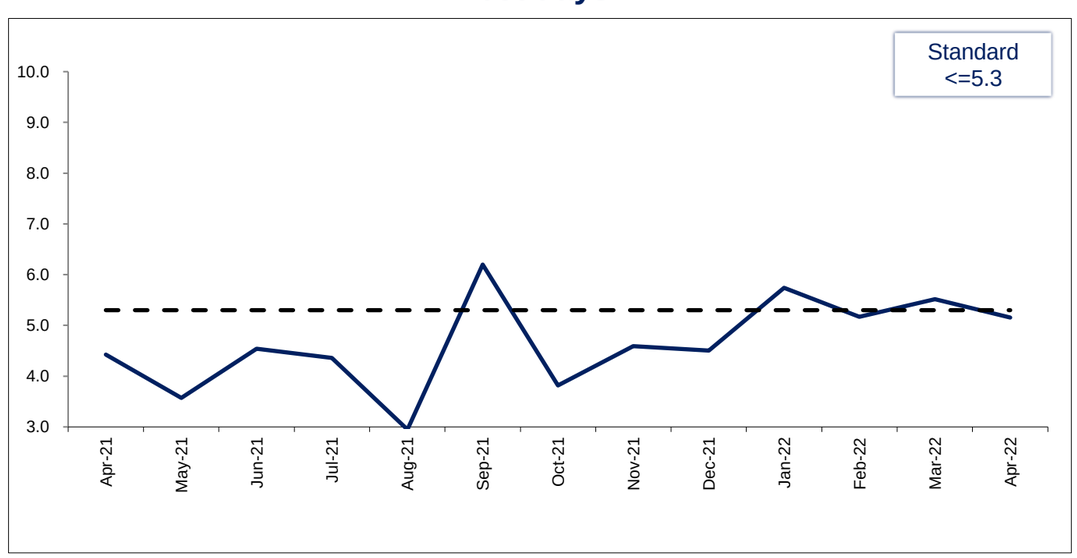
Is Care Safe?

April 2022

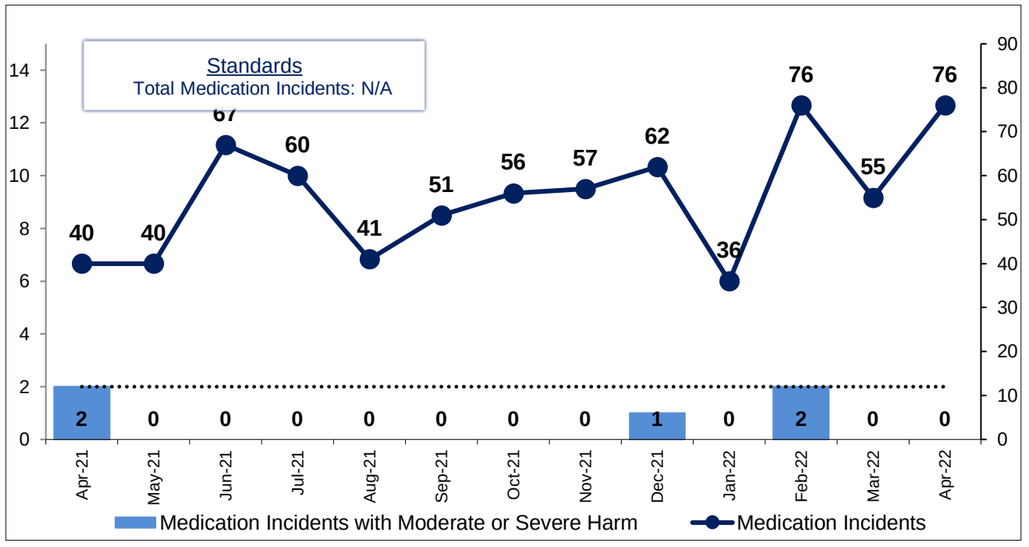
k1.12 | Number of Patient Safety Incident (PSI) Falls



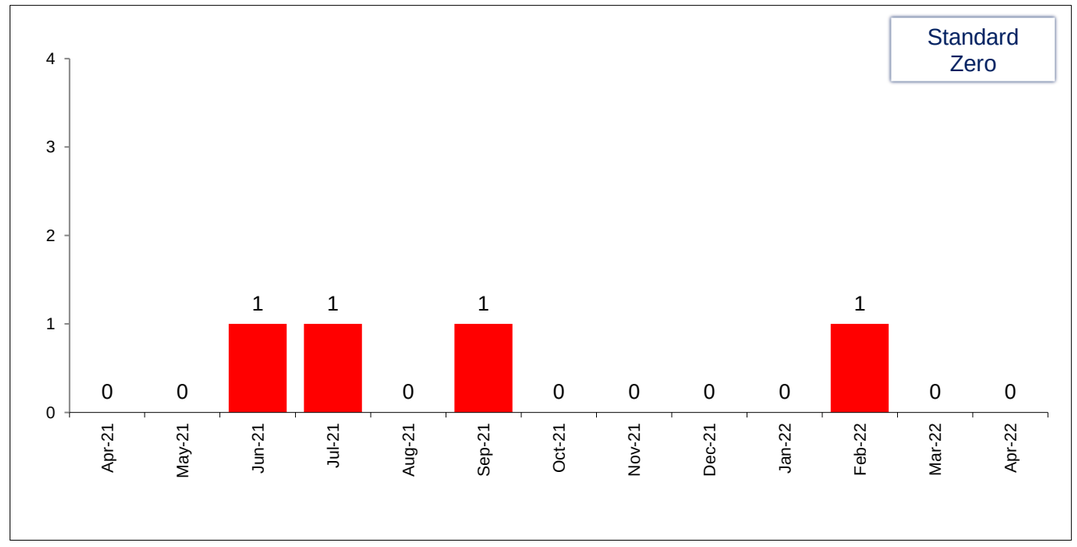
k1.13 | Number of Patient Safety Incident Falls per 1000 G&A beddays



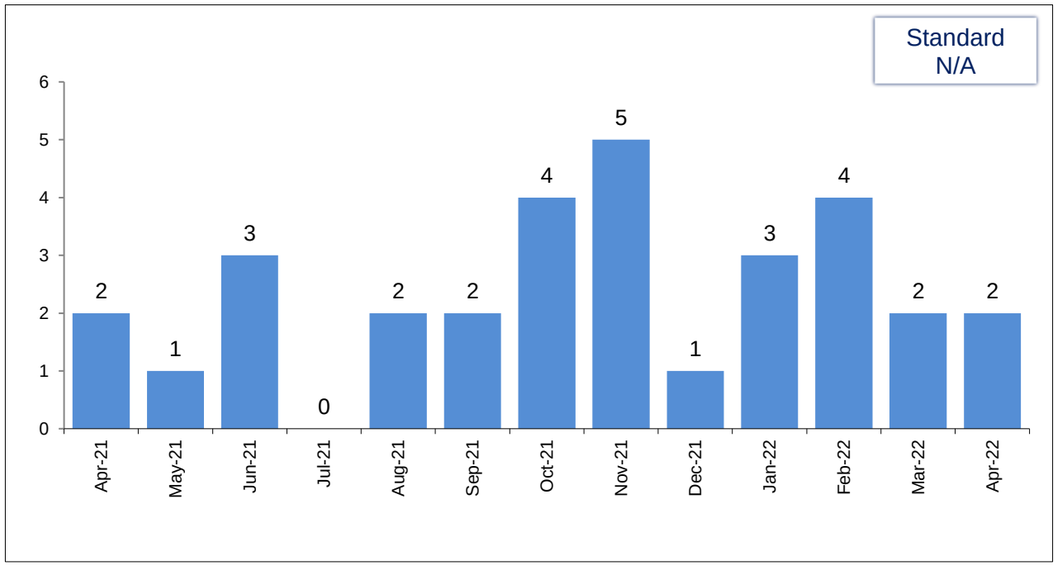
k1.16 | Medication Incidents



k1.15 | Never Events



k1.18 | Number of Serious Untoward Incidents

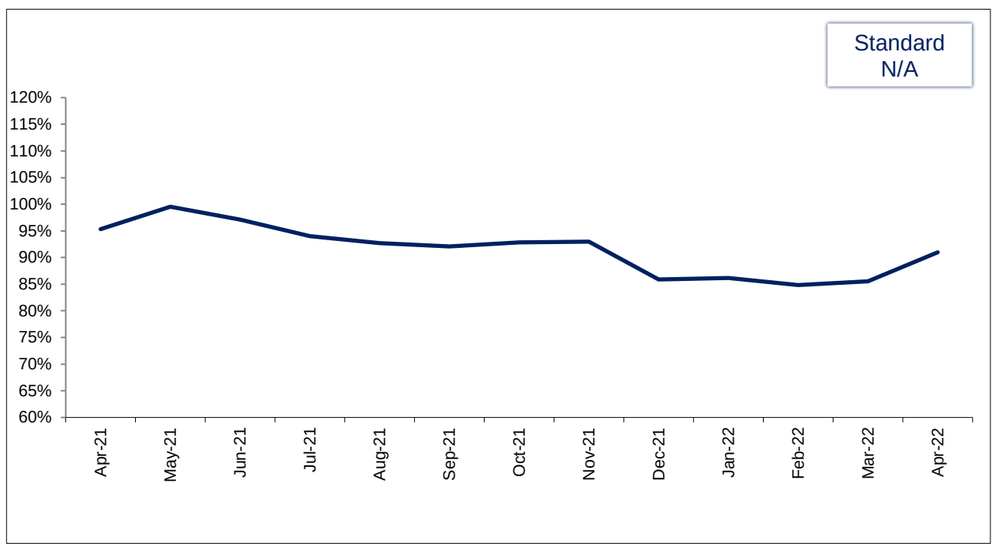


Safe

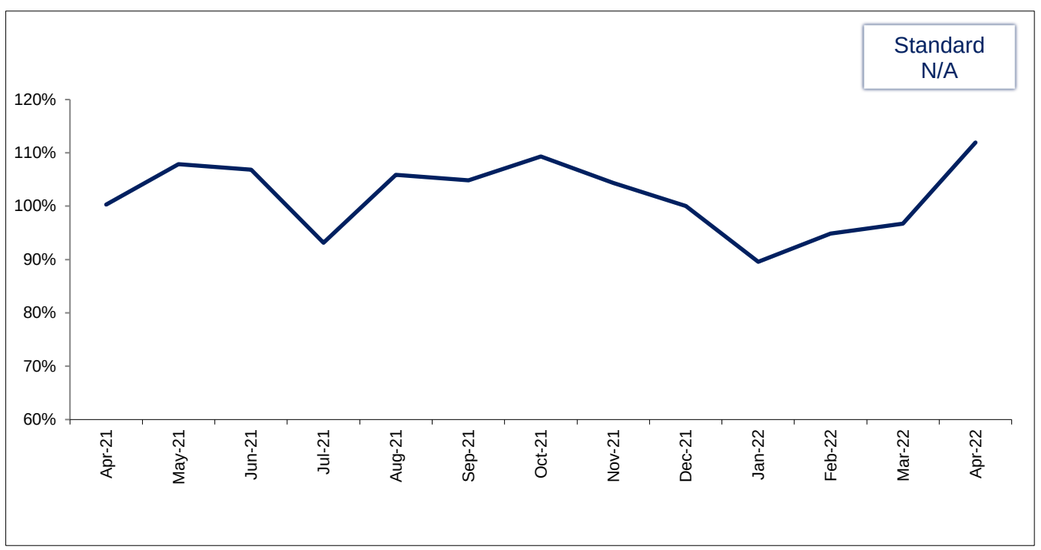
Is Care Safe?

April 2022

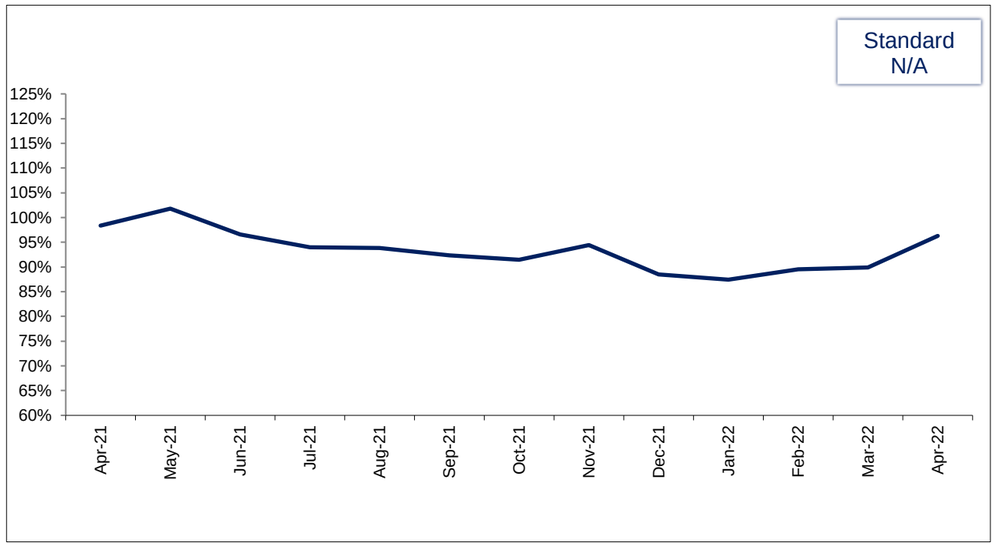
k4.01 | Day - Registered Midwives / Nurses Fill Rate



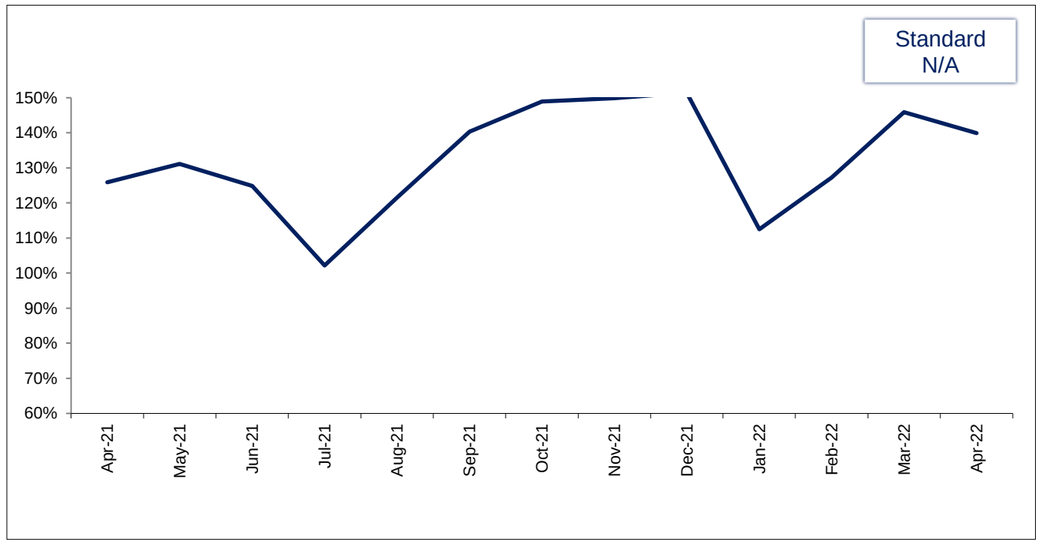
k4.02 | Day - Assistant Fill Rate



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



k4.04 | Night - Assistant Fill Rate

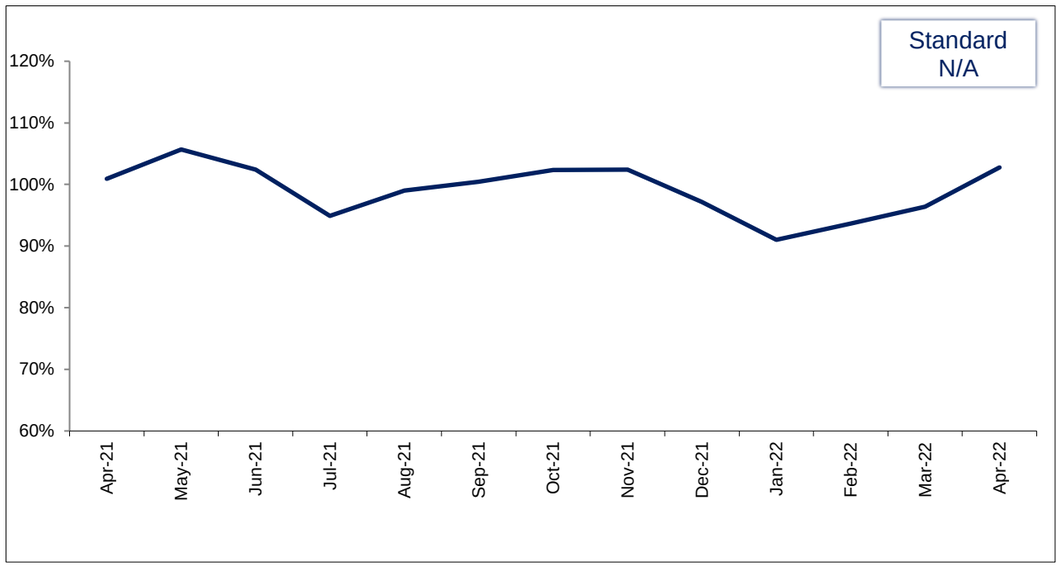


Safe

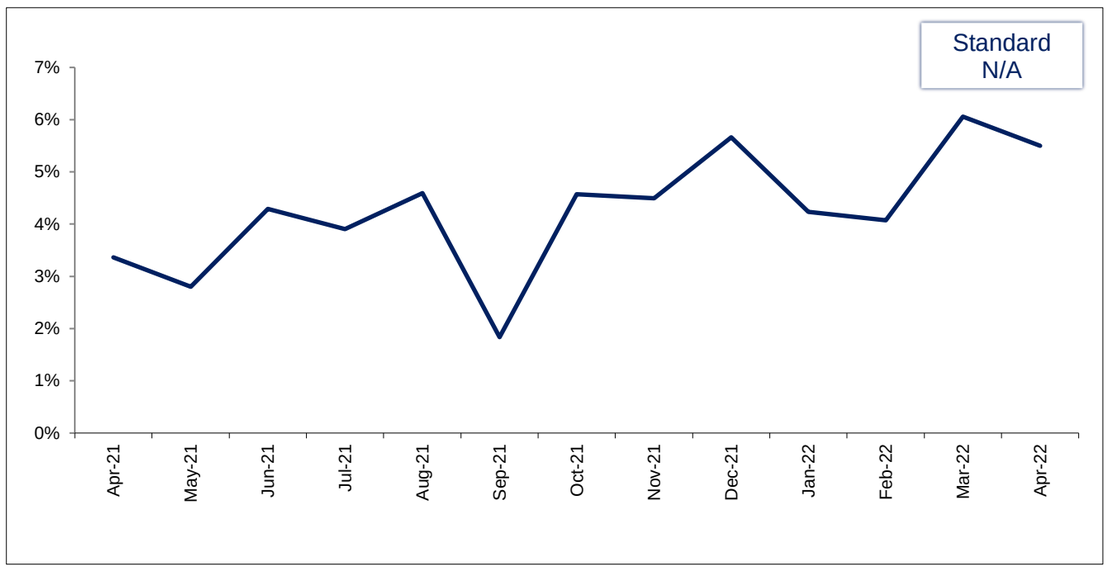
Is Care Safe?

April 2022

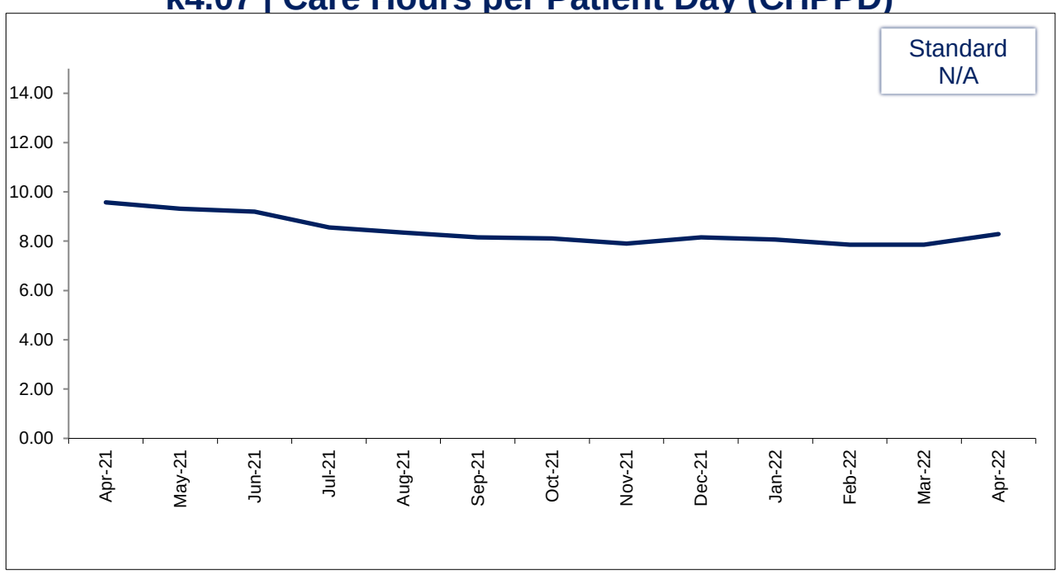
k4.05 | Overall Trust Fill Rate



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



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

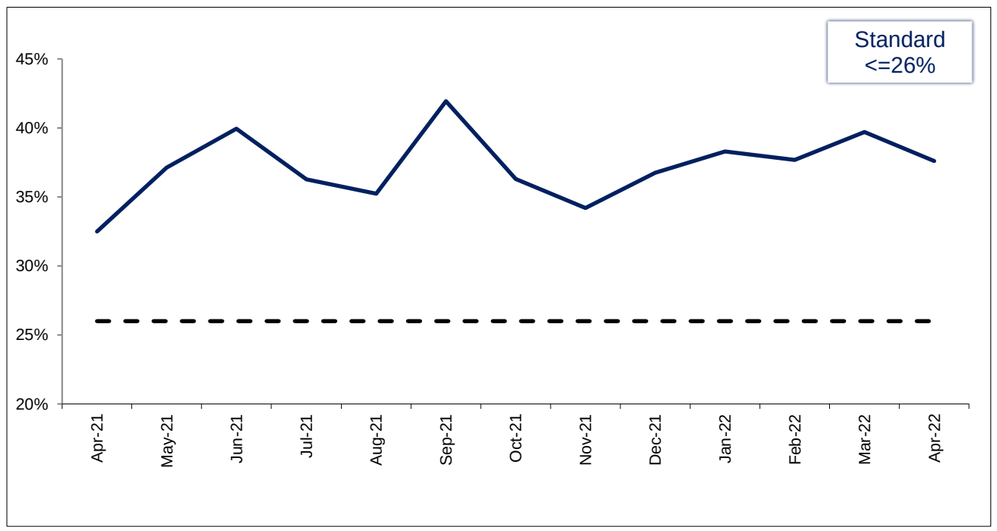


Safe

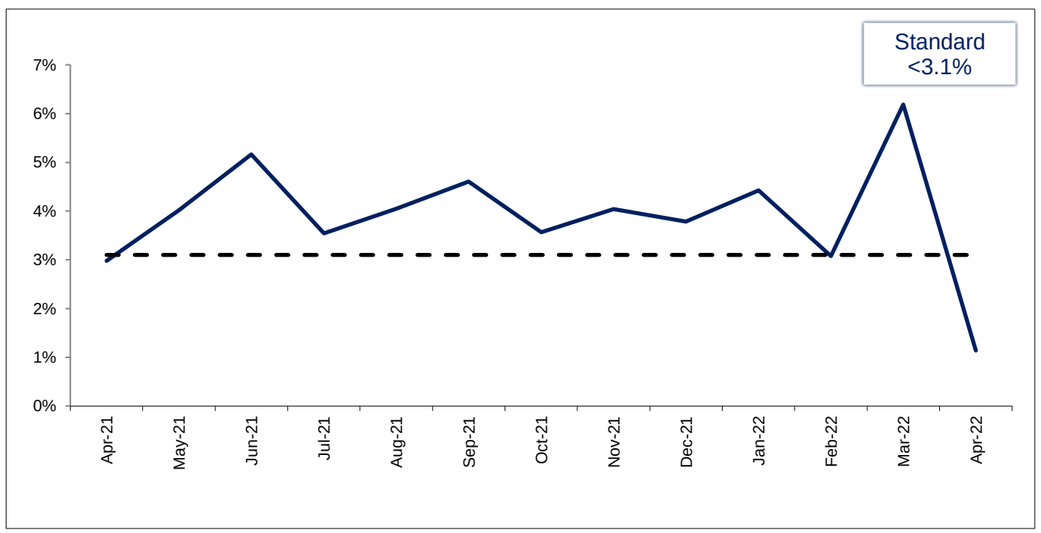
Is Care Safe? : Maternity

April 2022

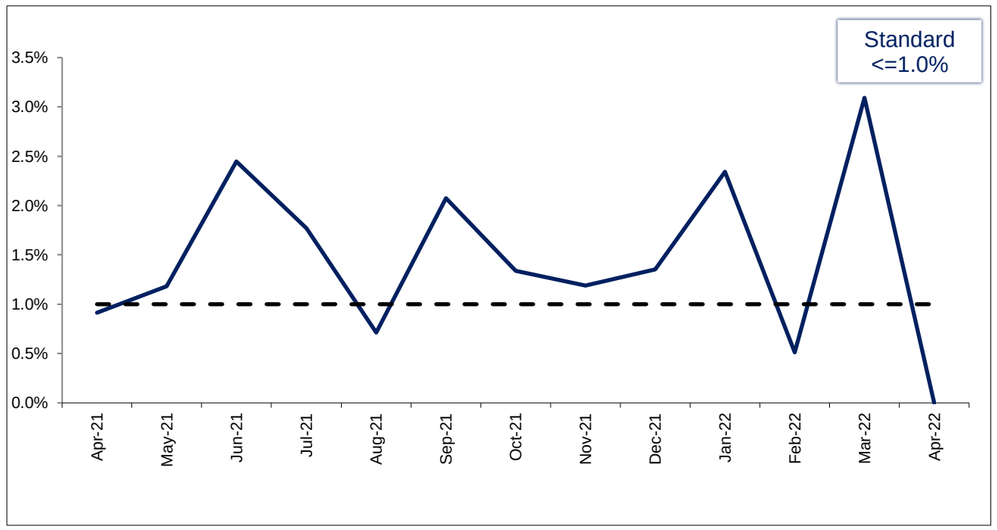
k5.01 | Caesarean section rate



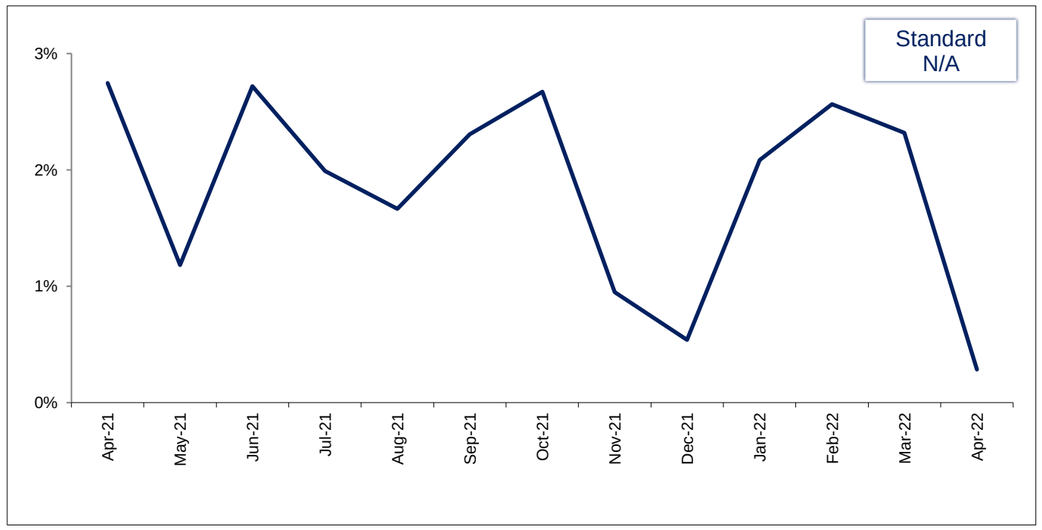
k5.02 | % women with a primary postpartum haemorrhage of 1500ml or more



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:

Clinical Audit at Kingston Hospital NHS Foundation Trust continued to demonstrate excellence in patient care across 2021/22

In 2021/22 staff across Kingston Hospital NHS Foundation Trust endeavoured to improve patient care and outcome by participating in 43 national clinical audit projects, 5 confidential enquiries and 269 local audit projects.

The results of these projects are used to drive appropriate changes that are tested and evaluated in a timely manner, and lead to sustainable improvements that reflect what matters to patients.

This summary highlights some of the many areas of excellence demonstrated by national clinical audits published during 2021/22.

Trauma Audit and Research Network: More trauma patients presenting to the Emergency Department survived compared to those expected to survive based on the severity of their injury.

National Hip Fracture Database: More patients admitted as an emergency with a hip fracture were mobilised out of bed by the day after surgery (91%) compared to the national average (81%). Prompt mobilisation is associated with better outcomes and the Trust is amongst the best performing 25% of hospitals nationally for this measure.

National Audit of Seizures and Epilepsies: The quality of care provided is excellent with performance above the national average for all key clinical indicators relating to:

- Input from a paediatrician with expertise in epilepsies.
- Input from an epilepsy nurse specialist.
- Accuracy of diagnosis.
- Comprehensive care planning.

National Joint Registry: The Trust has been awarded Quality Data Provider certification for two consecutive years. The award scheme recognises Trusts who achieve excellence in supporting the promotion of patient safety standards through their compliance with data submissions.

National Maternity and Perinatal Audit: The quality of maternity and perinatal care has improved compared with previous performance and is better than the national average for all key clinical indicators relating to:

- Unplanned maternal readmission.
- Induction of labour.
- Third and fourth-degree tears.

Society for Acute Medicine Benchmarking Audit: The quality of care provided is excellent with performance above the national average for the three key clinical quality indicators relating to:

- Early Warning Scores recorded within 30 minutes of arrival to hospital.
- Tier 1 medical review within 4 hours.
- Consultant review within the target time.

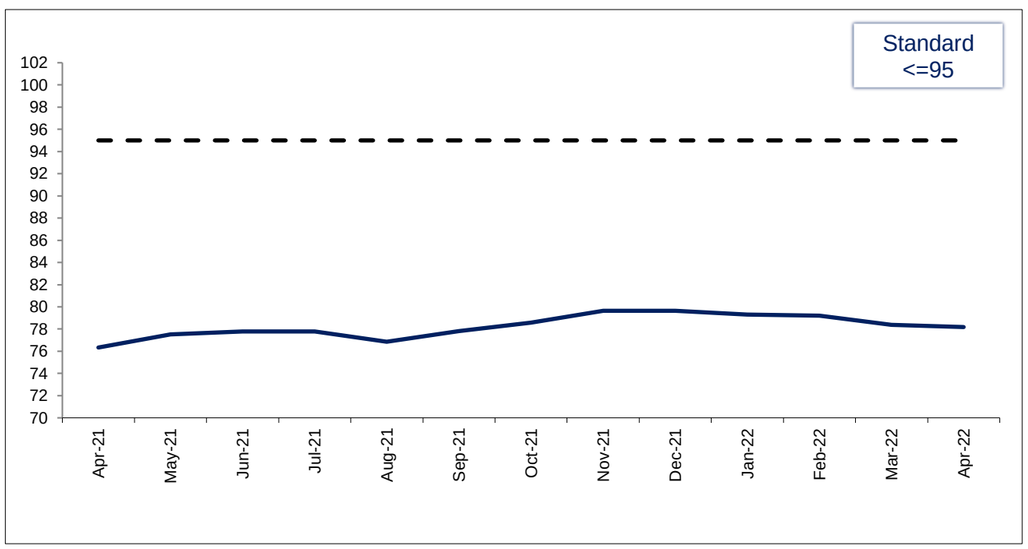
National Emergency Laparotomy Audit: More high-risk patients had a consultant surgeon and a consultant anaesthetist present in theatre (100%) compared to the national average (90%). Emergency laparotomy is often high-risk surgery, and therefore benefits from the expertise of a consultant anaesthetist and a consultant surgeon during the operation.

Effective

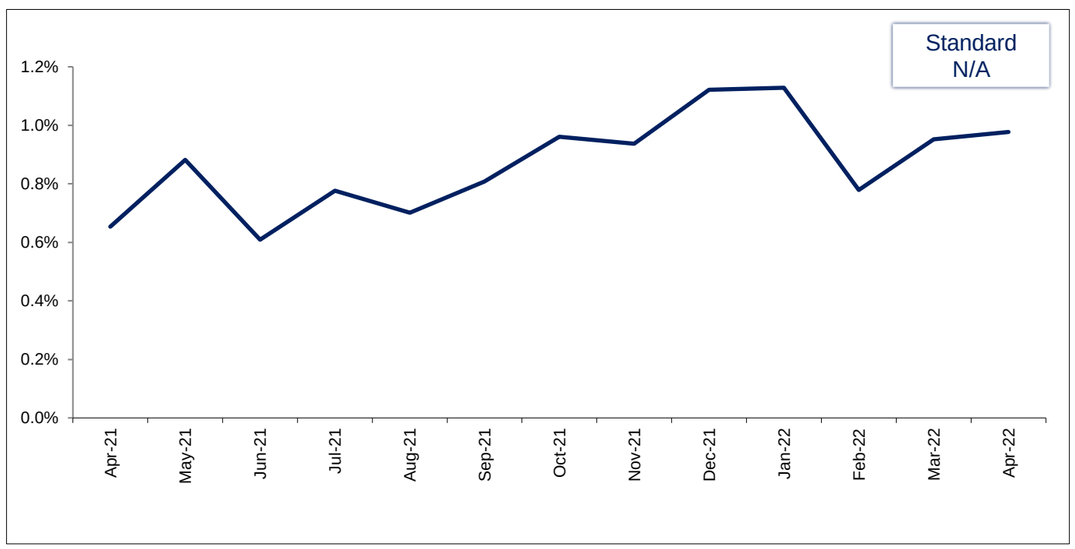
Is Care Effective?

April 2022

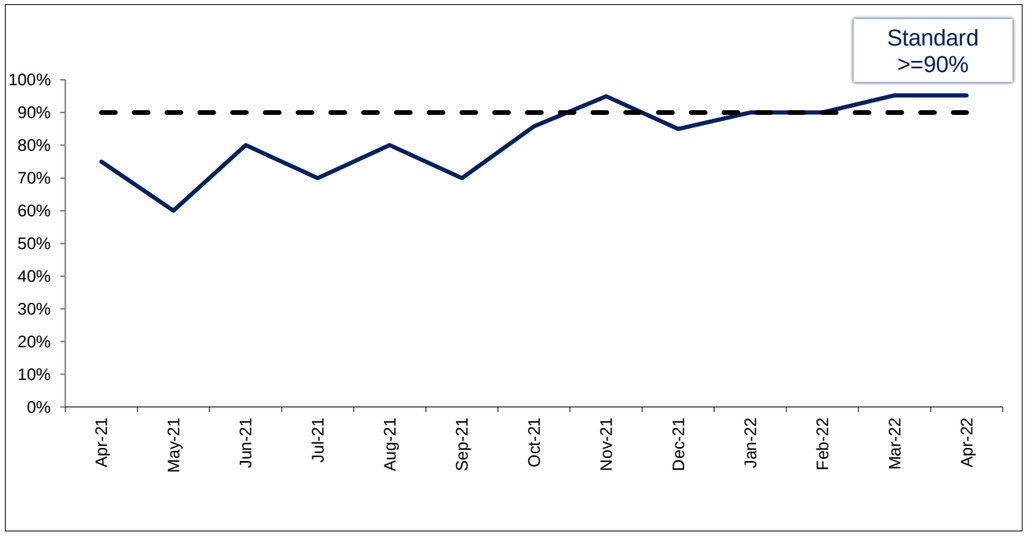
k2.01 | SHMI



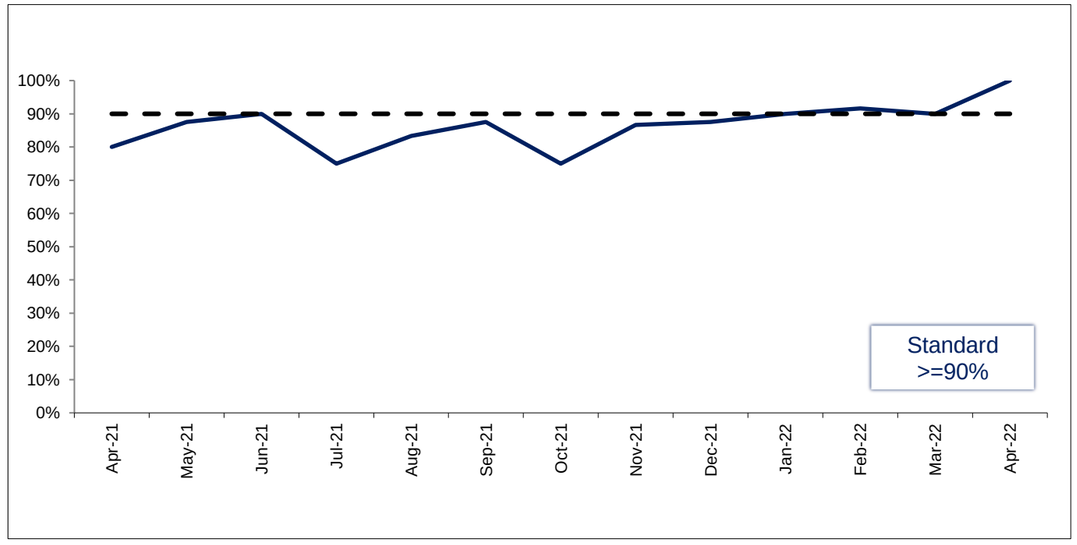
k2.02 | Unadjusted Mortality Rate



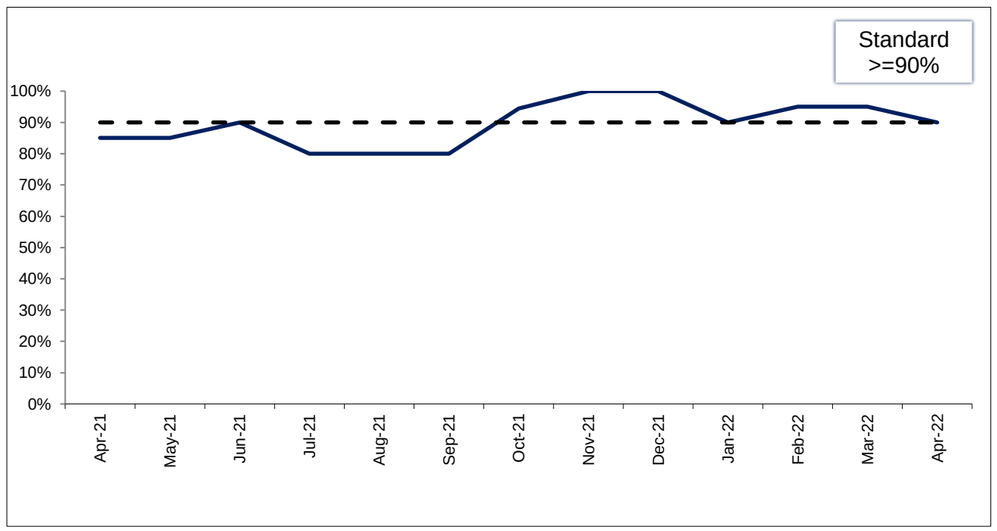
k2.03 | Sepsis - % of eligible patients screened for sepsis - Emergency Department



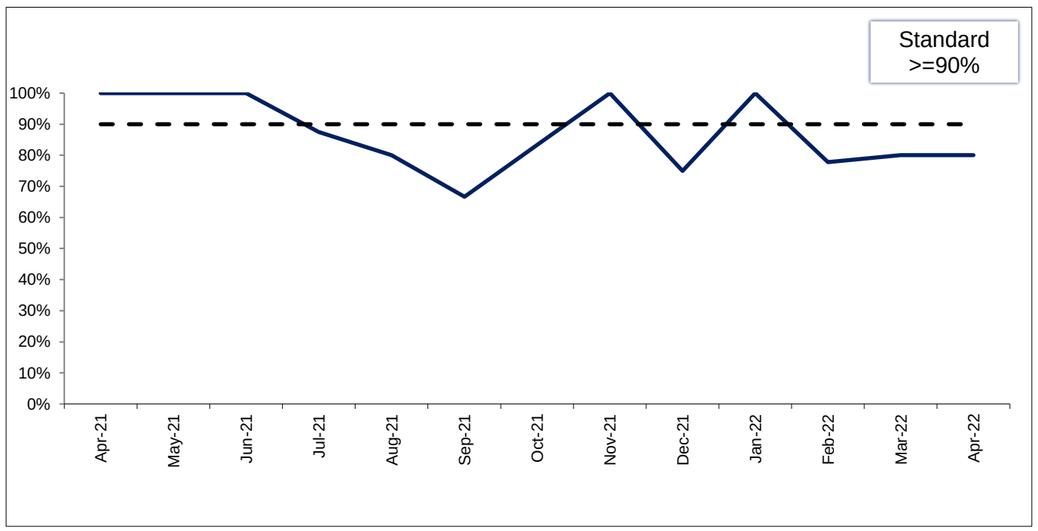
k2.04 | Sepsis - % of eligible patients who received antibiotics within 1 hour of arrival - Emergency Department



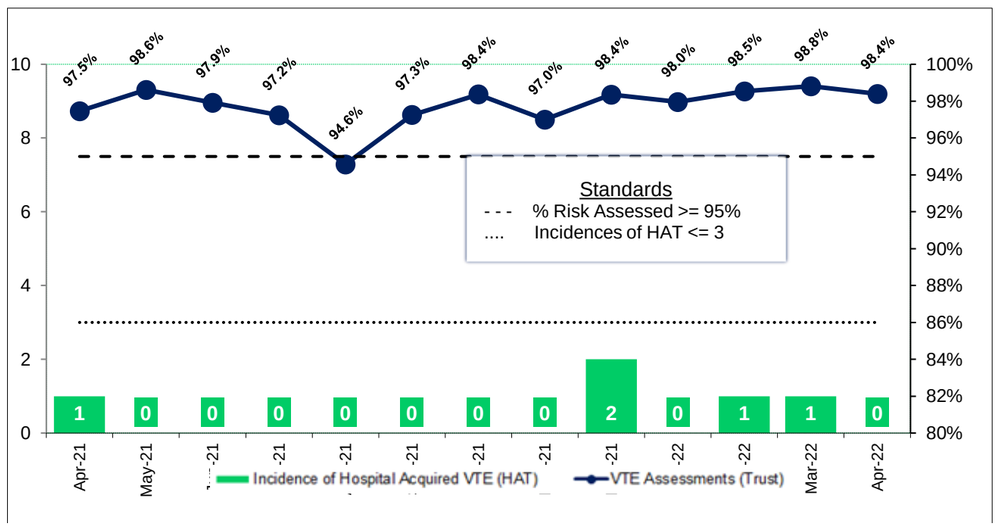
k2.13 | Sepsis - % of eligible patients screened for sepsis - Inpatients



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)

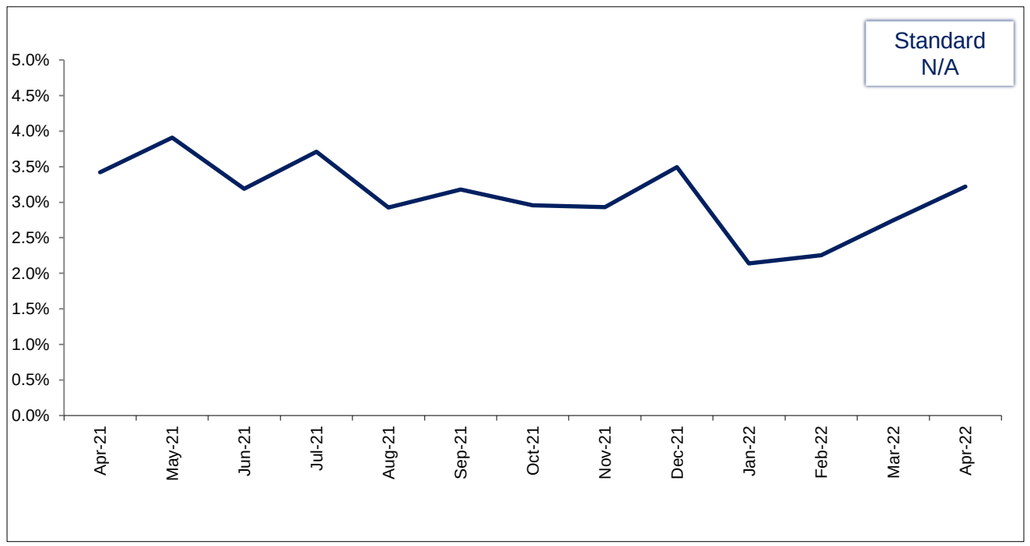


Effective

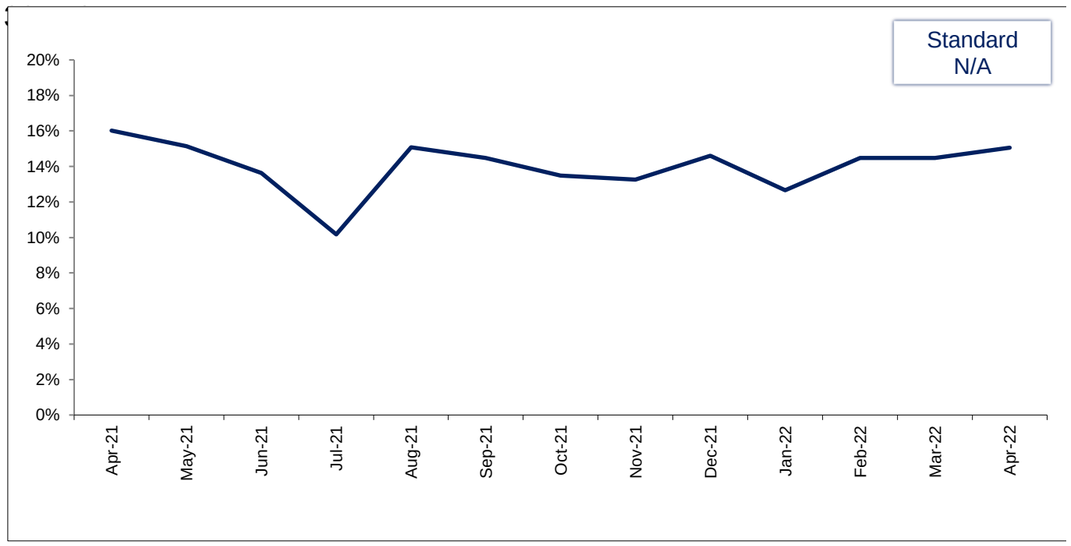
Is Care Effective?

April 2022

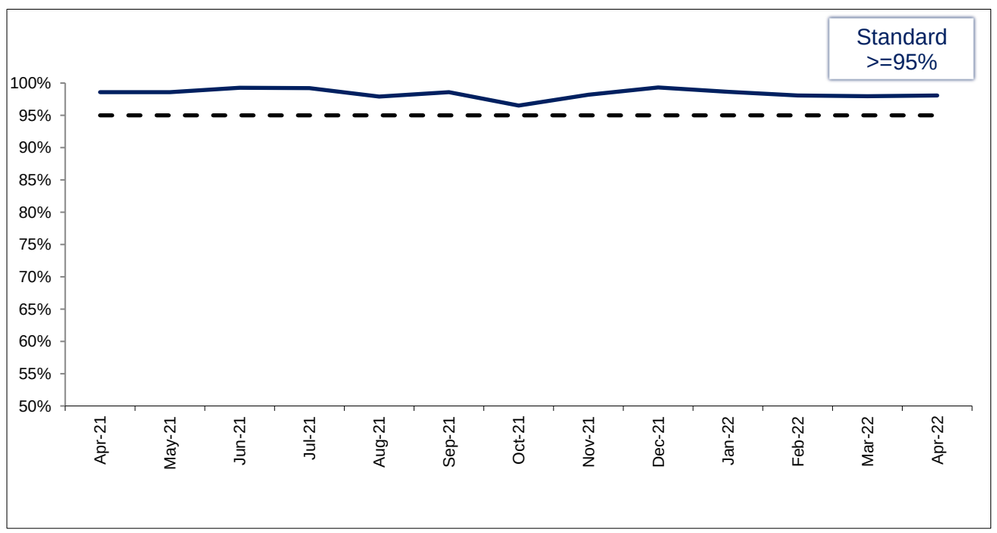
k2.09 | % Emergency Readmissions following an elective admission - 30 days



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



k3.15 | Hand Hygiene



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

April 2022 Trust Board Wording

The trust received **40** complaints in April 2022 compared to **32** in April 2021.

Unplanned Care received the highest number of complaints accounting for 55% of the total received followed by Planned Care 33% and Corporate Services 12%

Within Unplanned Care the following areas received complaints in April 2022

Emergency Department (9), AAU (5), Cardiology (2), Radiology (2), Hamble Ward (1), Kennet Ward (1), Occupational Therapy (1) and Pharmacy/Boots (1).

Three of the Emergency Department complaints were regarding poor care and treatment and there were also two complaints regarding the attitude of staff members.

The AAU complaints have been reviewed and no trends were identified.

Within Planned Care the following areas received complaints in April 2022

Gynaecology (2), Maternity (2), Ophthalmology (2), Gastroenterology (1), General Surgery (1), Dermatology (1), Breast (1), Astor Ward (1), Hardy Ward (1) and Orthopaedics (1).

Subjects

The most frequent subjected related to were Communication (27.5%), Care and Treatment (27.5%) and Admission/Discharge (12.5%)

Reopened Complaints

7 complaints were reopened in April 2022. No clear theme is apparent, and this appears to reflect the general volume of complaints.

De-escalated Complaints

There were 10 formal complaints that were de-escalated and resolved informally in April 2022. The following areas resolved these complaints; Emergency Department (1), AAU (1), Antenatal (1), Cardiology (1), Dermatology (1), ENT (1), Gastroenterology (1), General Surgery (1), Royal Eye Unit (1) and Wolverton (1).

Ombudsman

No complaints were referred to the Ombudsman in April 2022.

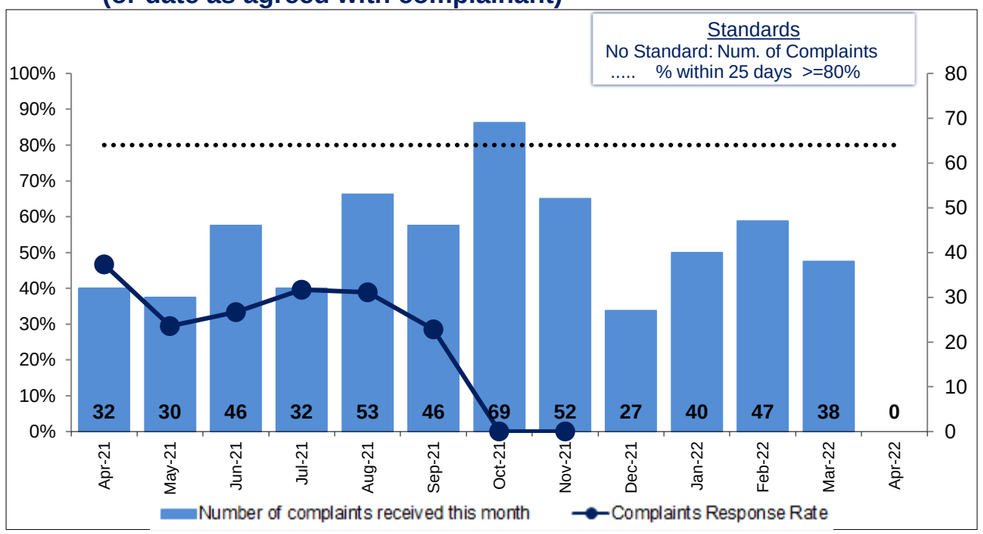
All data from October 2021 onwards is reported from Datix. We have experienced inconsistencies with reporting on Datix and all data should be considered with caution.

Jane Suppiah: Head of Patient Experience and Involvement

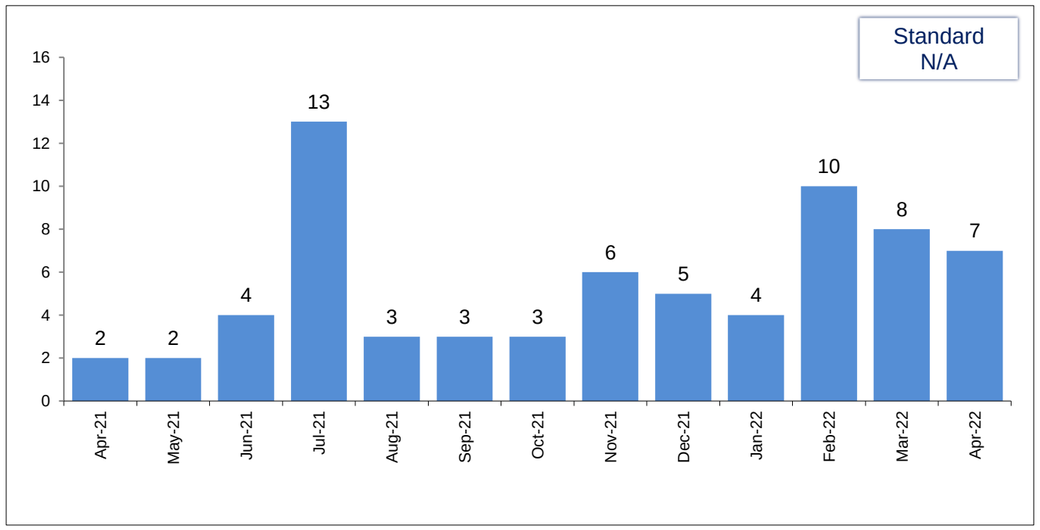
April saw 4,858 FFT ratings across KHFT (compared with 5,426 in March) 86.97% of ratings were positive, broadly in line with March ratings (86.73%). This has halted the declining rate of positive feedback seen in recent months. Negative feedback has fallen slightly, from 8.42% in March to 8.25%. The 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 proportion of ED feedback that is negative has declined in April, (in Majors, 21.8% in April compared with 22.4% in March, and in Urgent Care 15.1% in April compared with 18.2% in March), but it is still significantly above negative rates for February. Positively ratings for other services remain relatively strong, however the volume of feedback collected on inpatient wards and in maternity remains low. Rating changes in these areas a less reliable indicator of changes in experience. KHFT is transitioning to a new FFT system during May and June and there will be disruption to the collection of FFT data while this takes place. Minimal data will be formally collected in May, but we anticipate a return to data collection across all areas by early June.

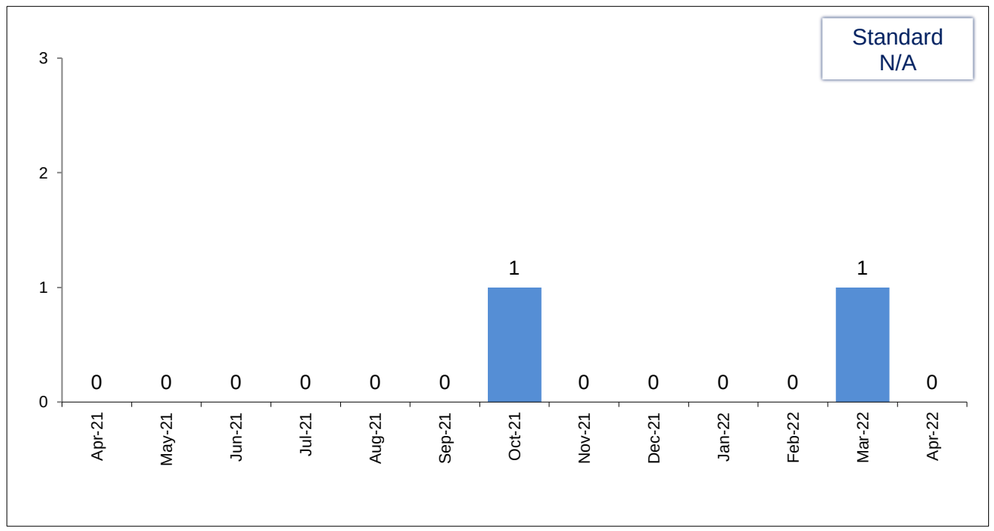
k3.01 | Number of Complaints received
k3.14 | % Complaints responded to within 25 working days
(or date as agreed with complainant)



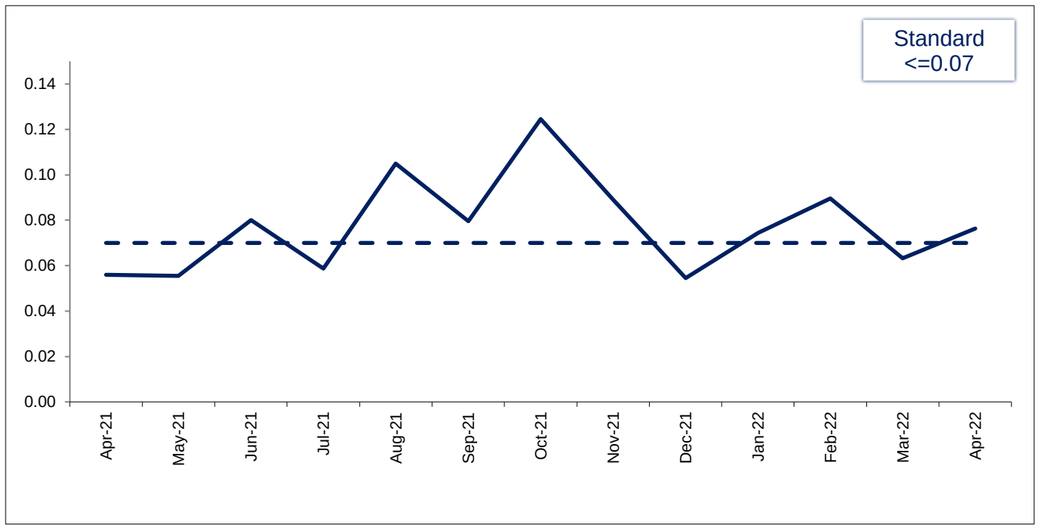
k3.02 | Number of Complaints reopened



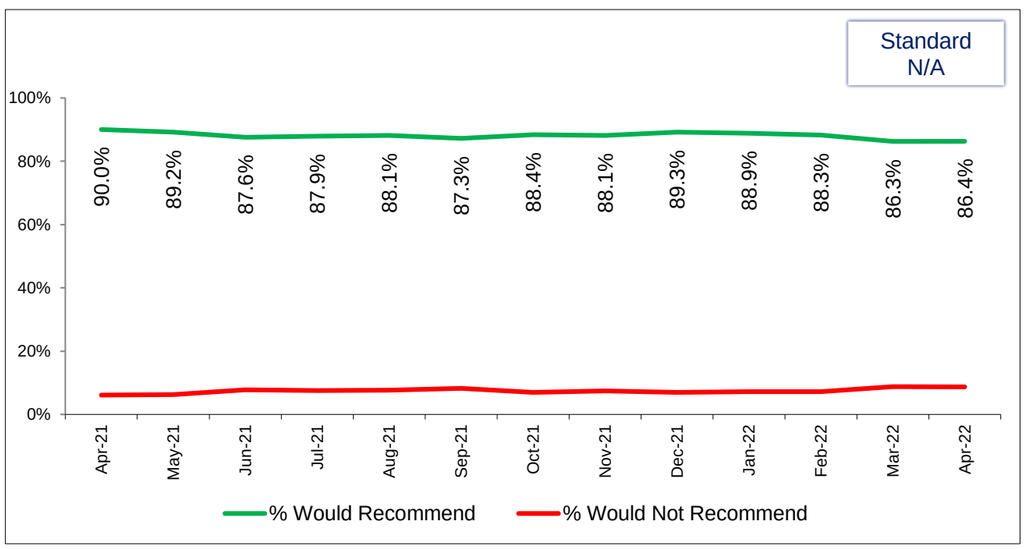
k3.03 | Number of Complaints referred to ombudsman



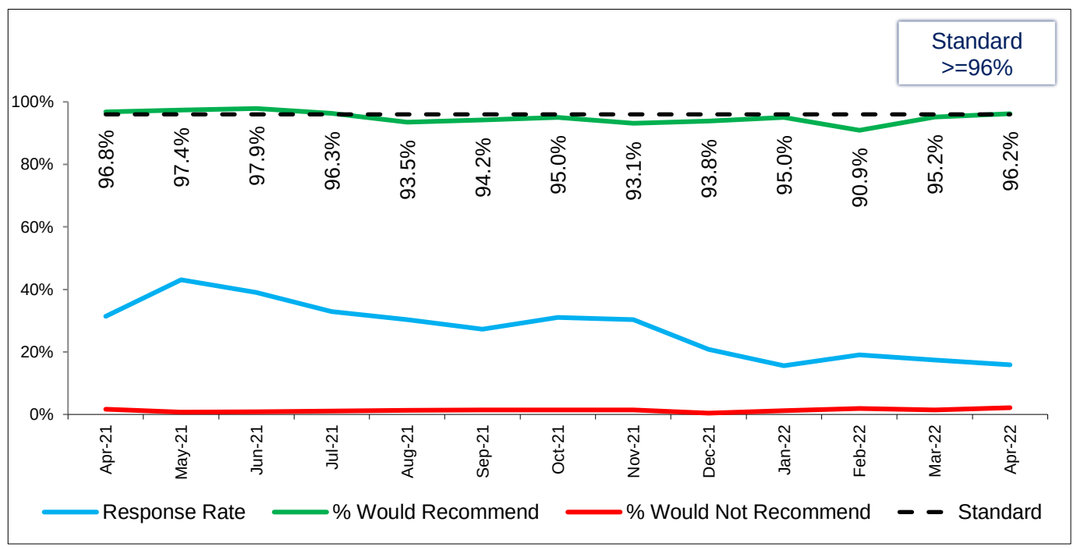
k3.20 | Complaints per 100 patient contacts



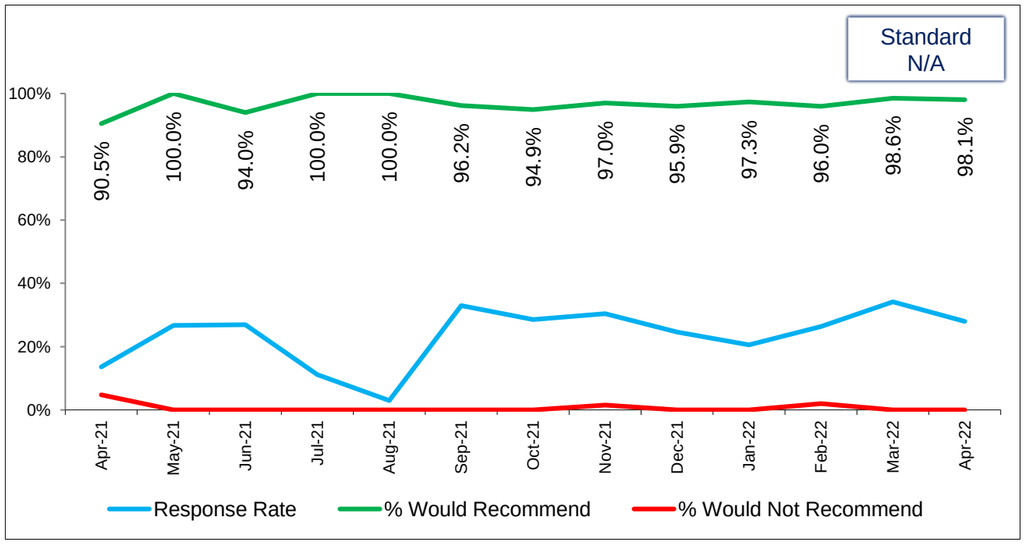
k3.05 | Friends and Family Score - Trust



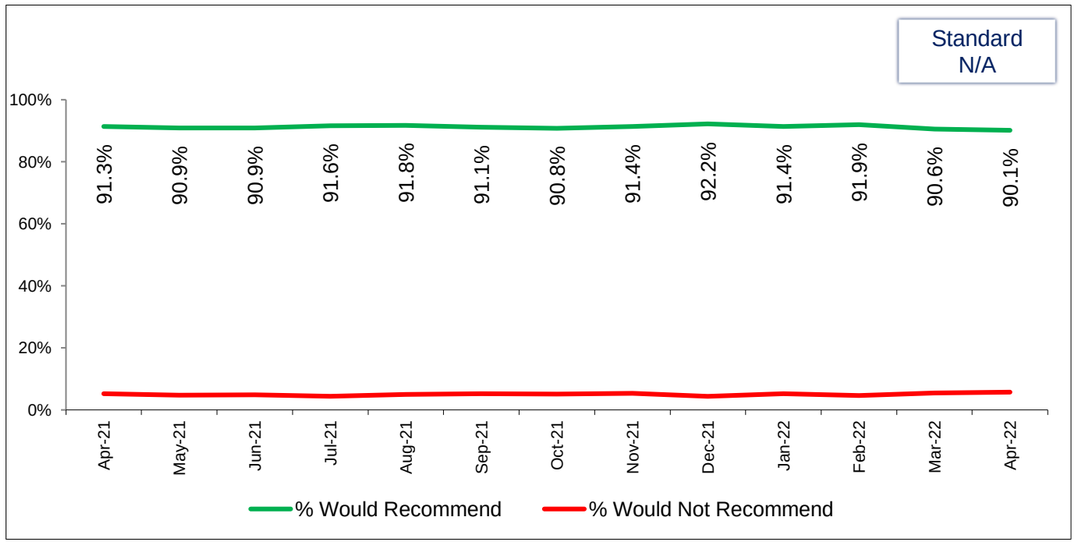
k3.06 | Friends and Family Score - Inpatients (excluding daycases)



k3.07 | Friends and Family Score - Paediatric Inpatient



k3.08 | Friends and Family Score - Outpatient

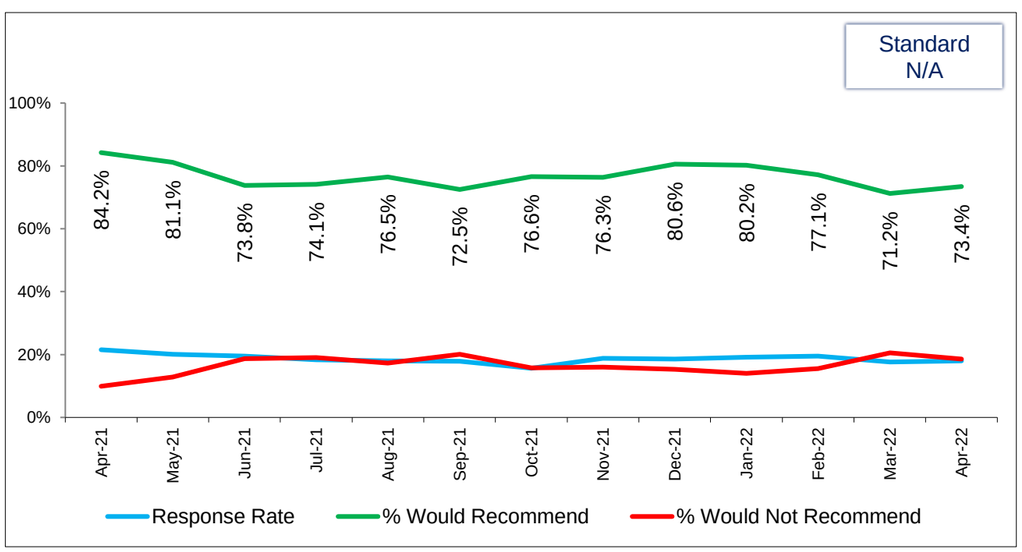


Caring

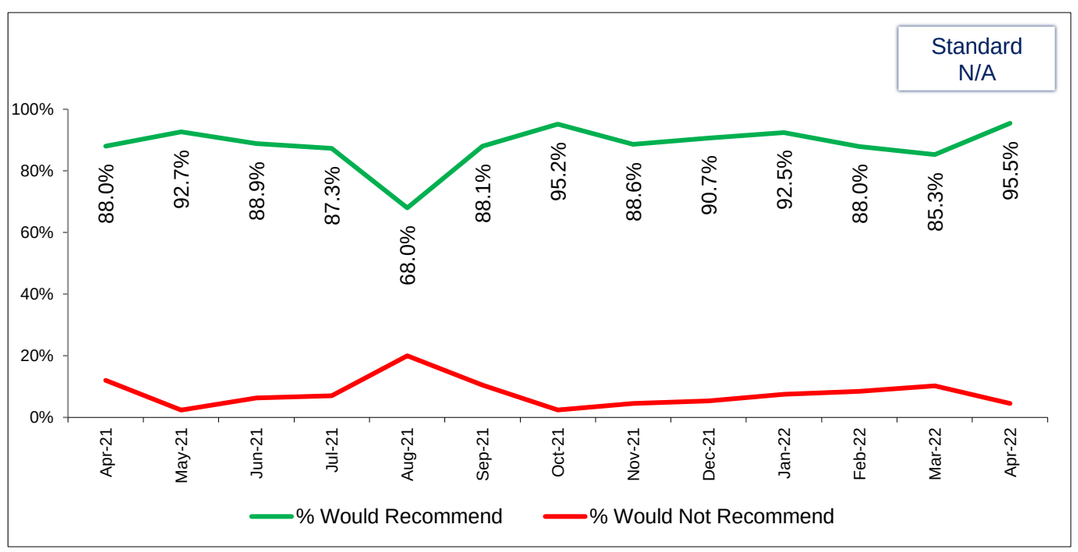
Patient Experience

April 2022

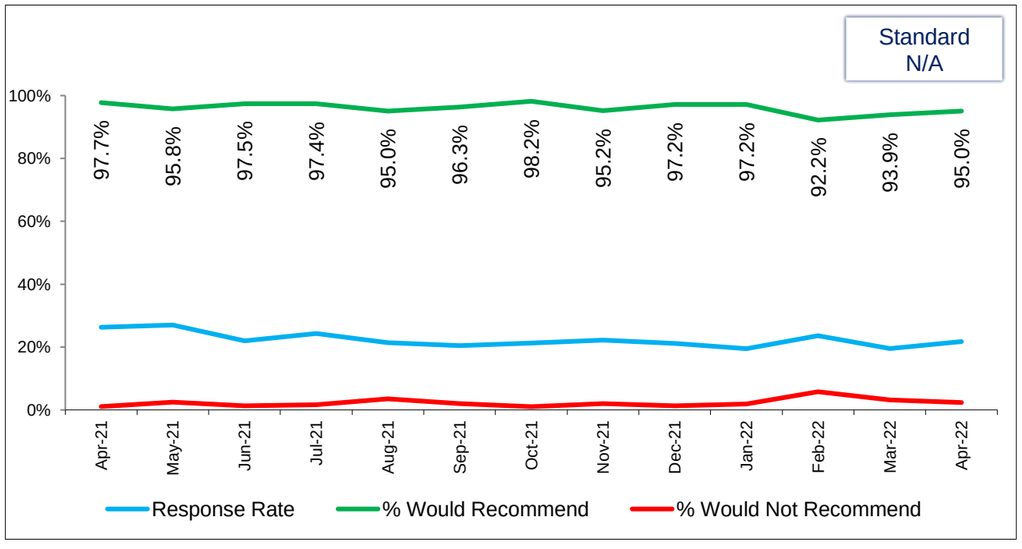
k3.09 | Friends and Family Score - A&E



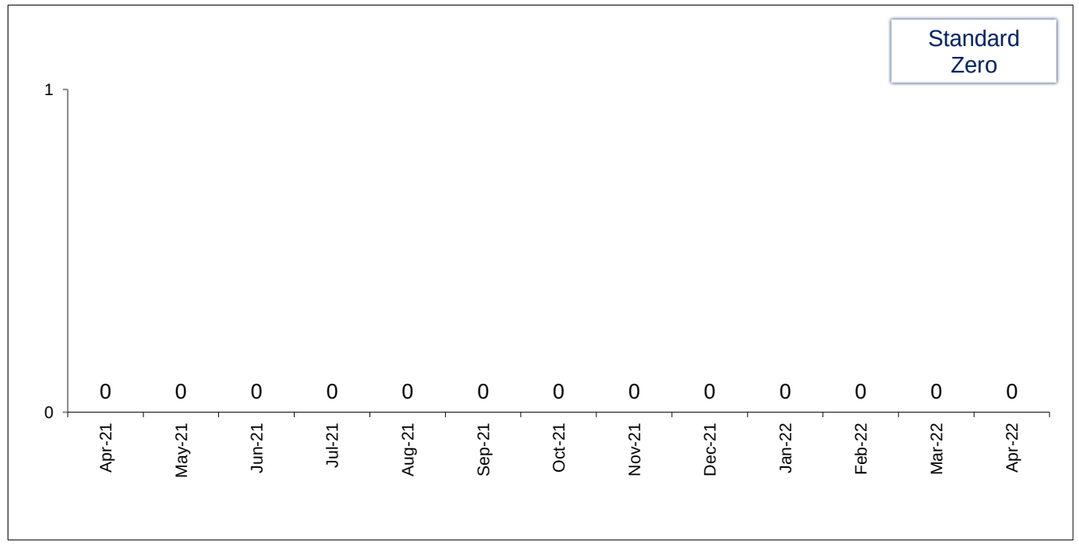
k3.10 | Friends and Family Score - Maternity



k3.11 | Friends and Family Score - Daycases



k3.13 | Number of Mixed Sex Accommodation Breaches



Cancer
Author: Rob Jeffries, Acting Associate Director, Planned care.

The Trust met the core 62 day cancer standard in March after failing the target in February. This meant that the Trust met the 62 day standard for each of the 4 quarters of 2021/22 . Unfortunately, the key drivers that caused the drop in performance in February were still present in April where the Trust is again unlikely to meet the 62 day standard. The Trust continued to perform well on the 28 day faster diagnosis standard, with 86.4% of patients having a confirmed diagnosis or cancer ruled out within 28 days of referral.

The fall in performance against the cancer 62 day standard has led to a range of measures to improve performance, from the release of additional CT-guided biopsy slots; an increase in the number of breast one-stop clinic slots; and also a tightening up on the processes of escalation and performance management. The Trust is anticipating a return to compliance across all key cancer standards from June 2022.

RTT & Diagnostics
Author: Rob Jeffries, Acting Associate Director, Planned care.

RTT:
Month 1 (April 2022) saw a slight fall in compliance against the 18 week standard from 79.56% of patients being treated within 18 weeks in March to 78.61% in April. The wave of covid infections associated with the Omicron variant continued to add pressure to the performance both and the surgical elective capacity continued to be restricted through the reduced footprint of the surgery elective ward due to higher numbers of medical inpatients. The Trust continued to avoid both over 78 and over 104 week waiters, and the number of patients over 52 weeks fell slightly despite the Trust continuing to support other Trust's in South West London through mutual aid and the pressures on elective and outpatient capacity.

Diagnostics:
The proportion of patients receiving their diagnostic test within 6 weeks of request fell slightly from March's position. This was despite an improvement in the performance of non-obstetric ultrasound (from 73.58% to 76.76%). Echocardiography continued to struggle to meet the standard with just 30.78% of patients having the investigation within 6 weeks of request. Endoscopy continued to perform well with just 2 patients waiting more than 6 weeks in Month.

A&E Performance
Author: Tamsin Day, Associate Director, Unplanned care.

Emergency Department (ED):

Performance in April against the 4 hour standard was 70.8 % which is a decline against previous months.

Ambulance handover delays continues to be a challenge but is significantly improved against the previous month.

The role of the Hospital Liaison Officer is being trialled in ED. This is a role provided by the London Ambulance Service and aims to support the management of ambulance arrival and the triage of patients into appropriate parts of ED.

The number of 12 hours breaches improved from 388 in March to 180 in April pressures but remains challenging due to pressure in ED and delays in securing timely discharge for patients requiring large packages of care of nursing home placement.

The Trust led a successful system wide programme of work to prepare for the Easter weekend and to reduce the number of escalation beds. Learning from this event is now being implemented.

Length of stay and discharge:

The stranded and super stranded performance have both remained high - Stranded 204 and Super Stranded 72.

The Trust's Flow group has identified three key priorities around electronic discharge to assess documentation, implementation of electronic whiteboards on the wards and timely and accurate recording of 'Criteria to. The first Whiteboard is operational and currently being trailed on Derwent ward.

Our New Patient Flow role started work during the week commencing 16/05/22, This role focuses on facilitating improved communication with the Transfer of care Hub, the wards and clinical teams.

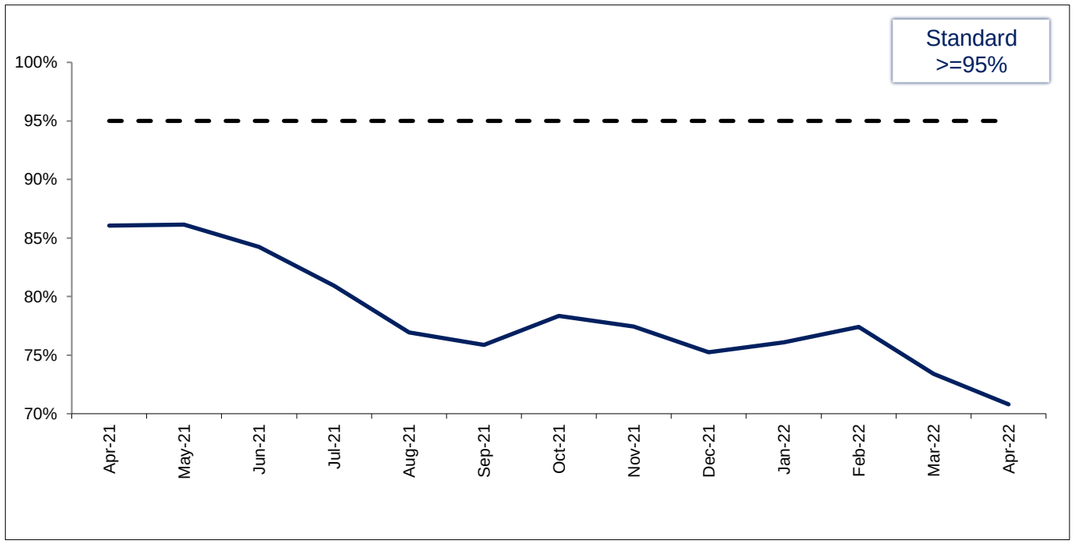
All of these initiatives are expected to support the ward teams in identifying blockages to timely care and discharge and to improve flow.

Responsive

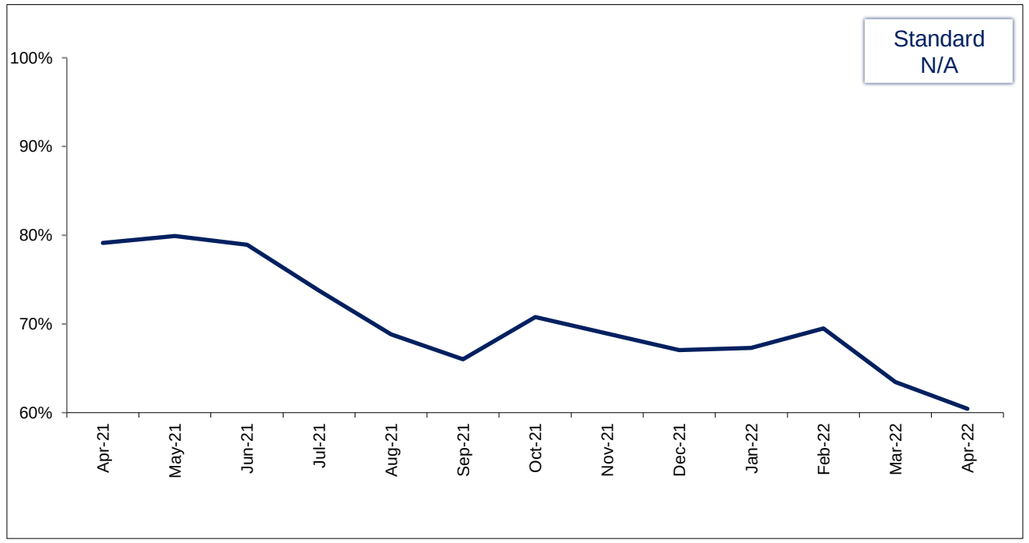
Is Care Responsive?

April 2022

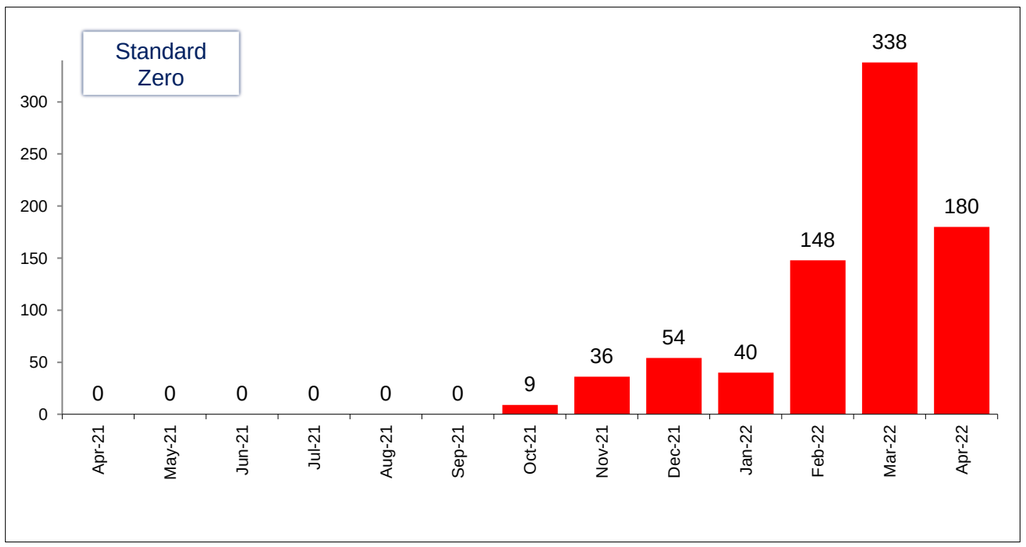
K8.01 | A&E 4 hour waiting time (all types)



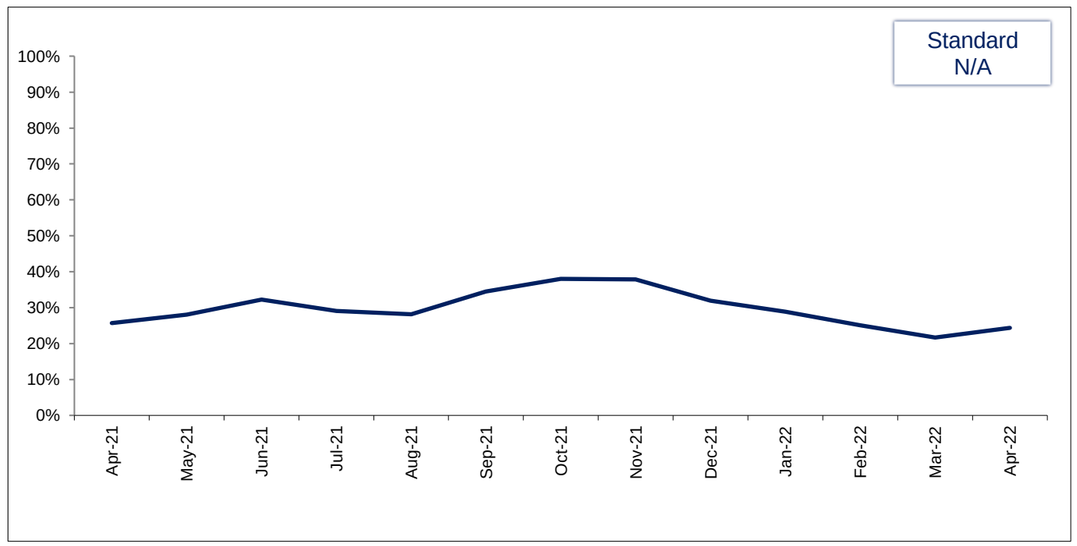
K8.02 | A&E 4 hour waiting time (type I)



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



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

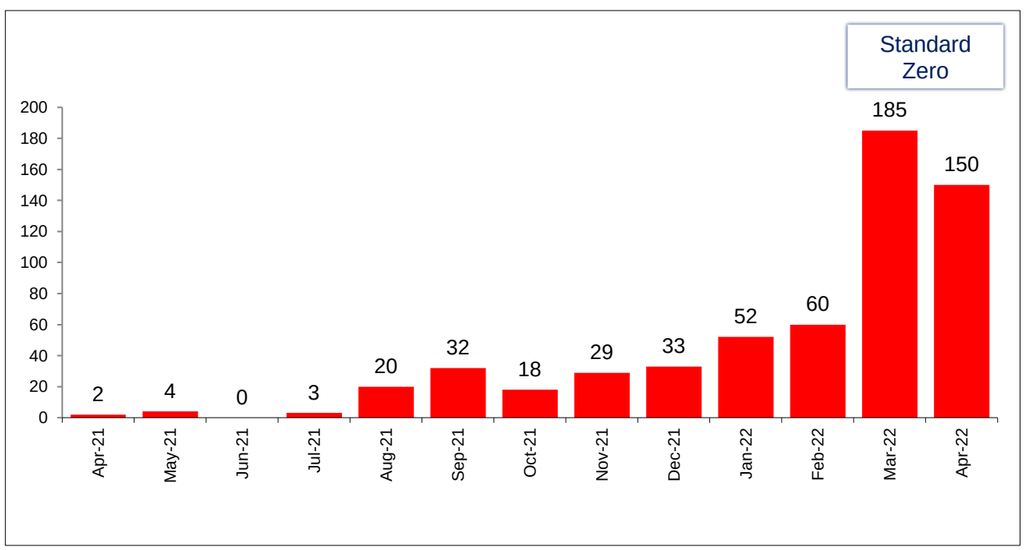


Responsive

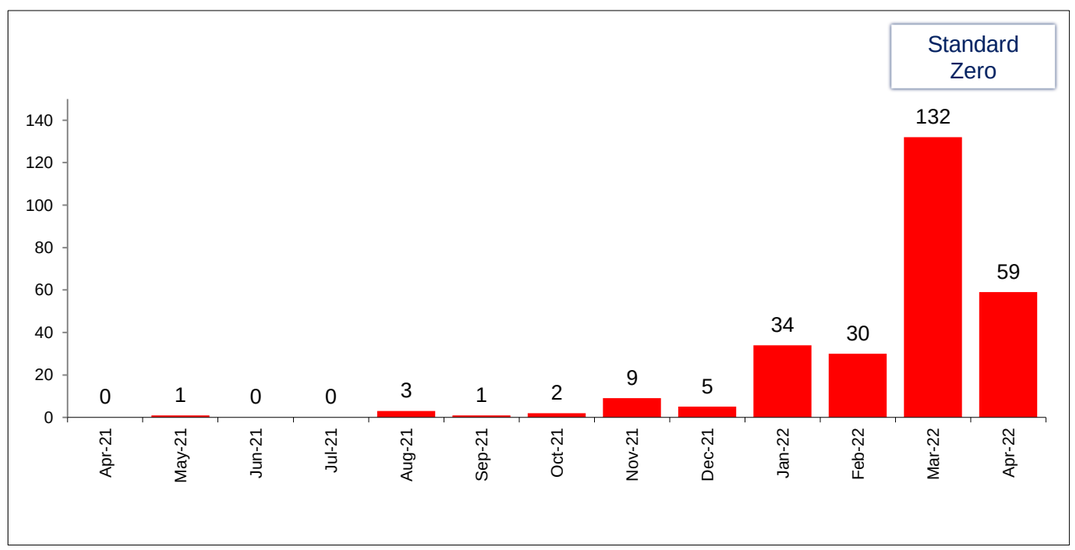
Is Care Responsive?

April 2022

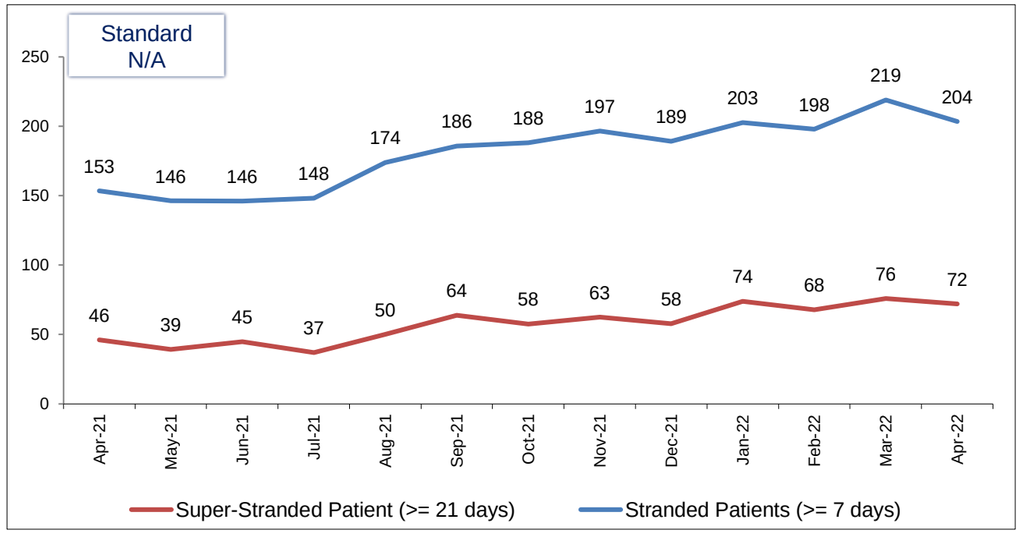
K8.05 | LAS Ambulance Handovers - 30 min waits



K8.06 | LAS Ambulance Handovers - 60 min waits



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

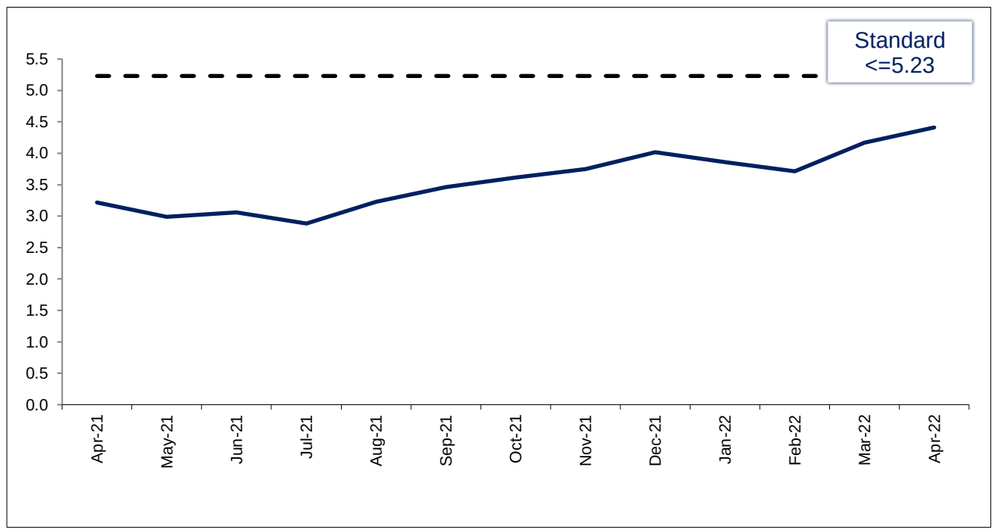


Responsive

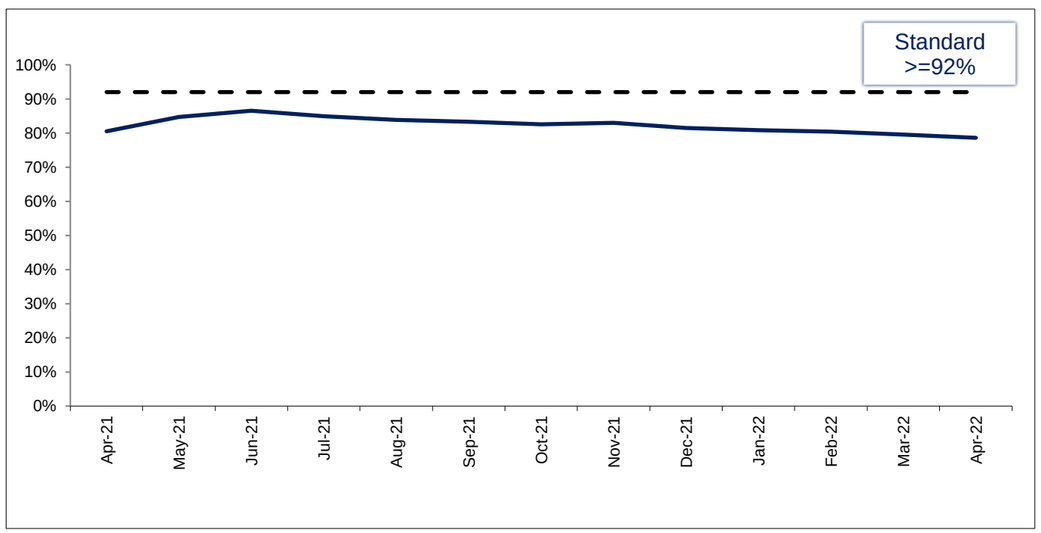
Is Care Responsive?

April 2022

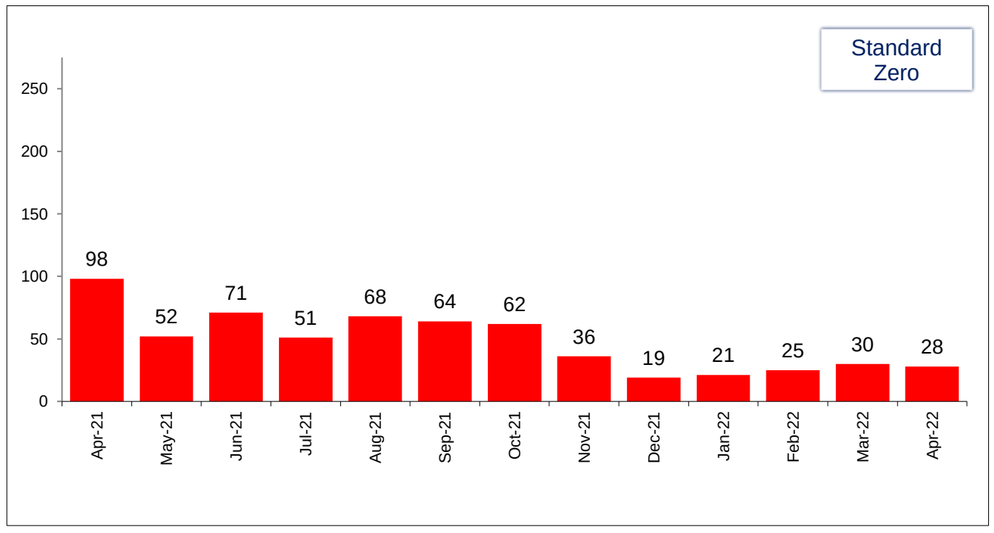
K8.11 | Average length of stay - Emergency Admissions



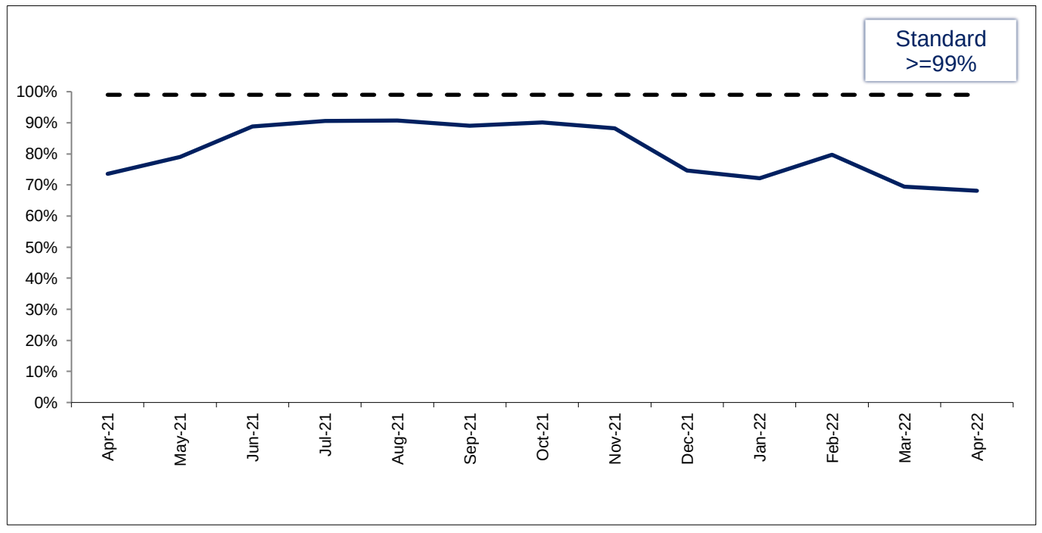
K8.12 | 18 weeks Referral to Treatment - Incomplete pathways



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



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

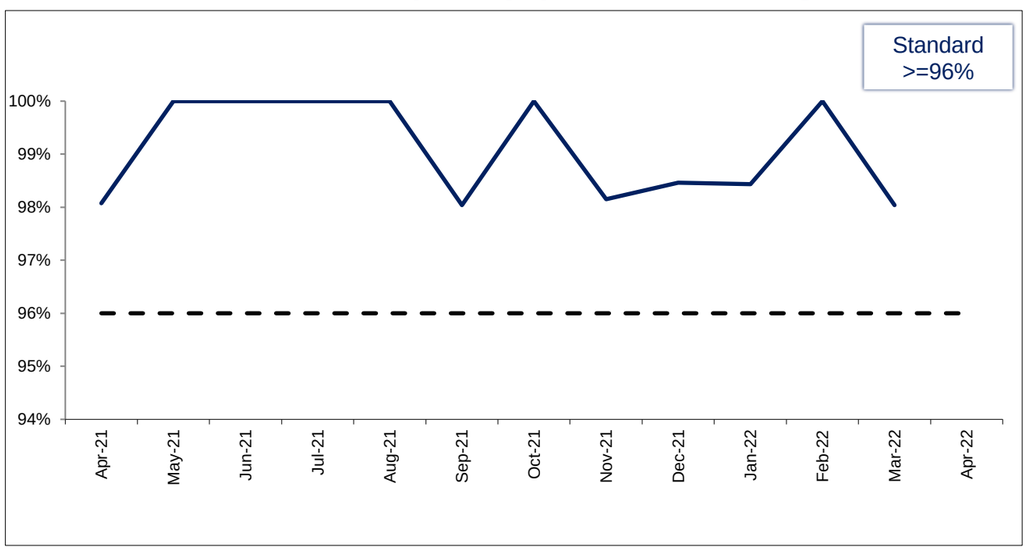


Responsive

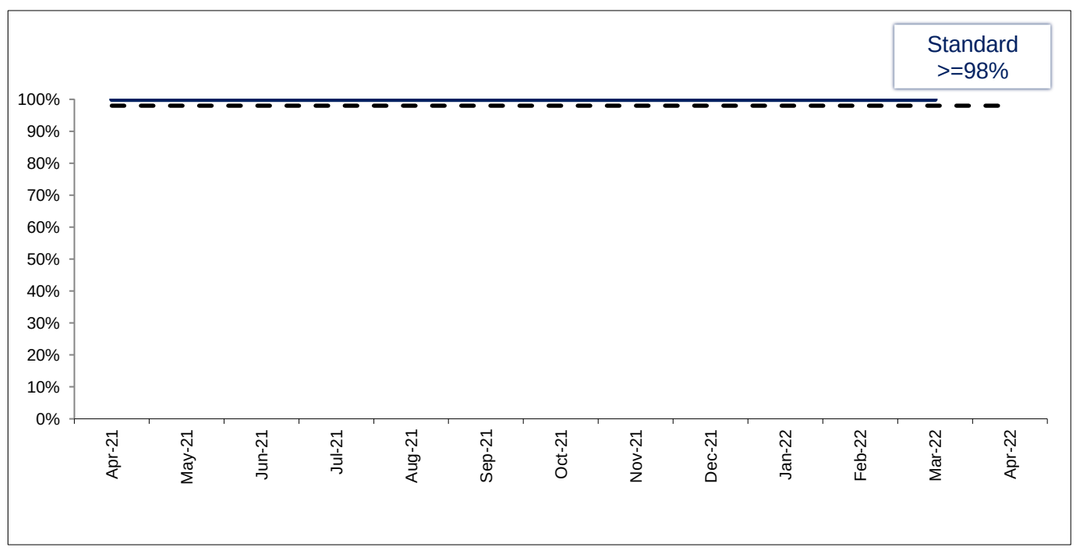
Is Care Responsive?

April 2022

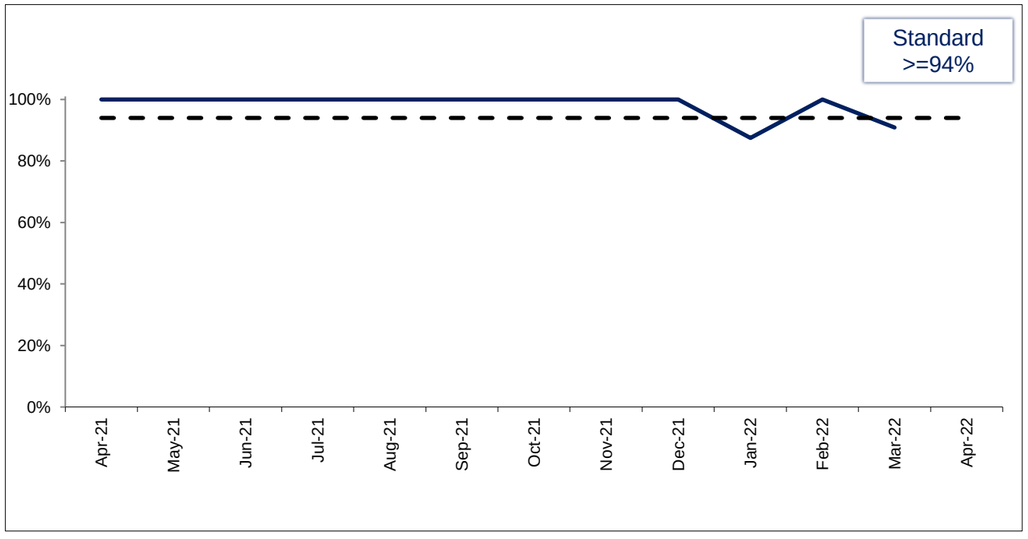
K8.17 | Cancer - Patients receiving first definitive treatment within one month (31 days) of a cancer diagnosis



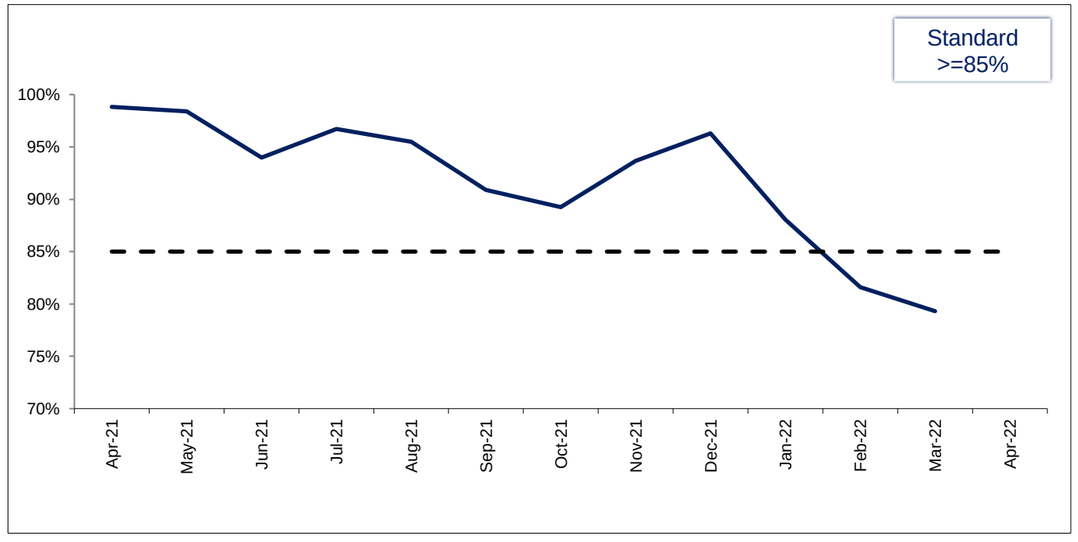
K8.18 | Cancer - 31 day second or subsequent treatment - drug



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



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

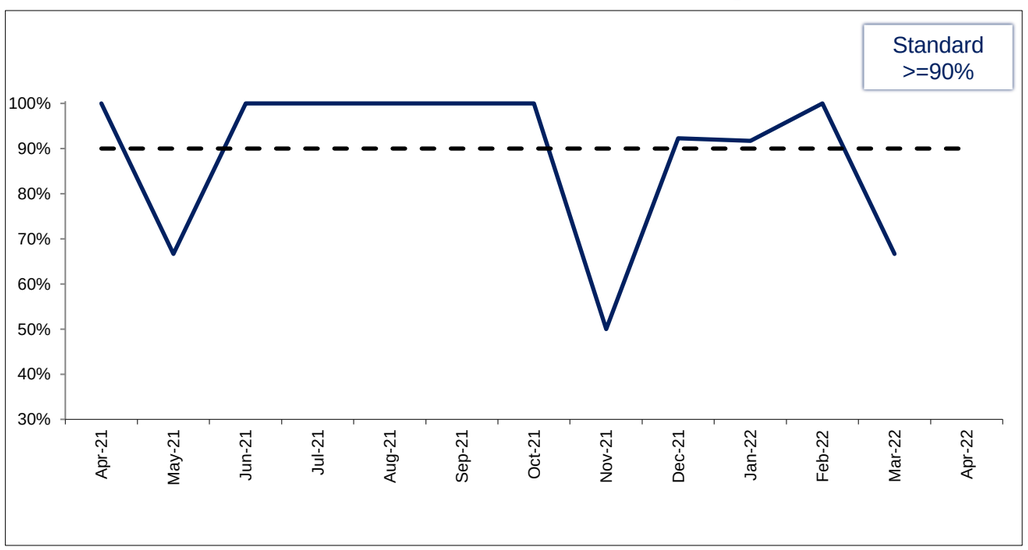


Responsive

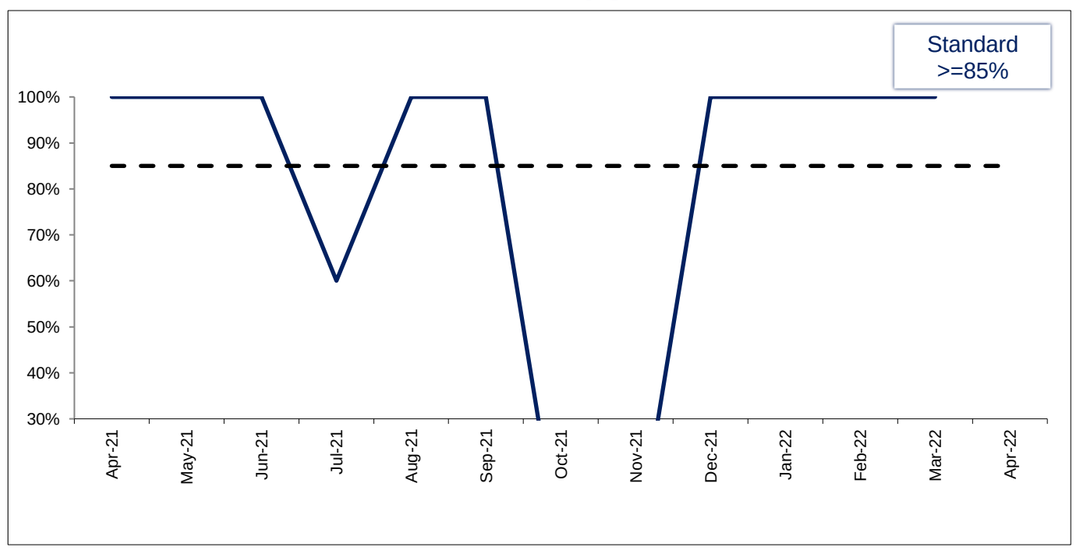
Is Care Responsive?

April 2022

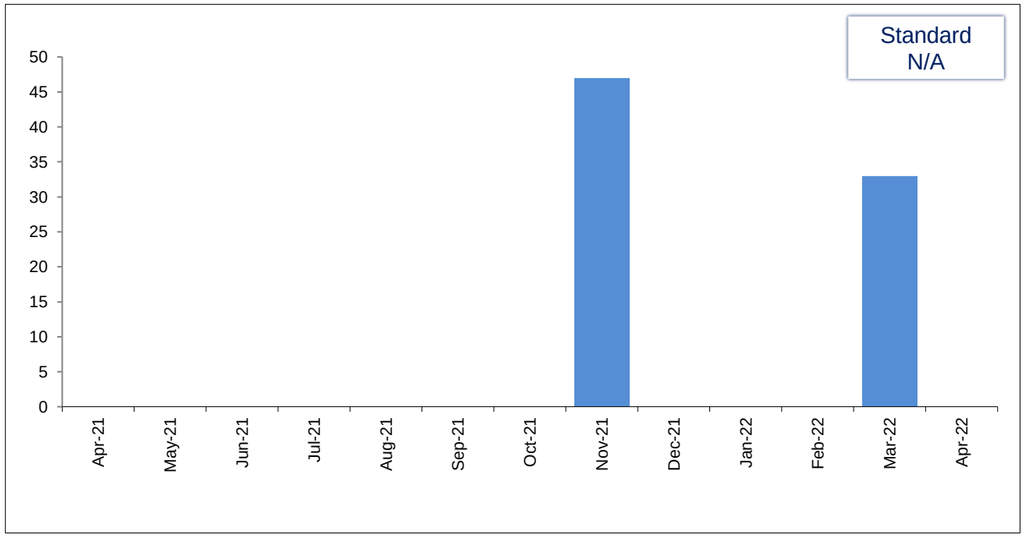
K8.21 | Cancer - 62 day wait for first treatment following referral from a NHS Cancer Screening Service



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



K8.24 | Number of cancelled operations



Well-led

Are we Well-Led?

April 2022

Author: Carolyn Floyd, Head of People Systems & Analytics

1. Vacancy (target 7%)

Vacancy rates have begun the financial year at **8.82%**, an amber rate. The transfer of some financial & accounting services to NHS Shared Business Services has meant the introduction of new account codes and cost centres. There is likely to be some further alignment that will take place over the first few months to ensure this is a completely accurate reflection of vacancies.
The staff groups requiring focus to achieve an improved overall rate are Administrative & Clerical (28wte from target) and Additional Clinical Services (21wte from target).
Planned Care records the highest percentage of the divisions at 9.48%. The Service Lines with the largest vacant WTE are: Elderly Care (40wte), Radiology (35wte), Surgery & Urology (27wte) Trauma & Orthopaedics (19wte) and Maternity (19wte).
This year the target rate has increased for the Trust by 1% to be closer to our peers targets of 10%. In comparison to our colleagues in the SWL hub the Trust continues to record the lowest vacancy rate.

2. Turnover (target 14%)

Turnover has increased again this month to **17.24%**.The rate has been rising month on month since Apr-22, although this month we recorded a lower number of overall leavers. The largest turnover is within the staff groups Allied Health Professionals (23.26%) and Additional Clinical Services (22.92%). Administrative and Clerical & Nursing and Midwifery Registered are also red rated at 17.54% and 16.27% respectively. The highest number of leavers are with Clusters 2 and 5 (116 in the rolling year). There are 17 Service Lines/Directorates that record a red rate, of these the following seven have lost over a 20% of their workforce: Therapies (26.98%), Human Resources (26.05%), Cardiology (23.75%), Diabetes (23.13%), Surgery & Urology (23.07%), Medical Director (20.60%) and Oral & ENT (20.50%).
As Turnover increased by over 5% last year the target rate for this year has increased to 14%, a more realistically achievable goal.

3. Sickness (target 3.50%)

Although sickness remains red rated at **4.67%** this is a decrease of 1% since last month. Four of the eight staff groups are over the threshold: Additional Clinical Services (7.10%), Nursing & Midwifery Registered (5,23%), HealthCare Scientists (4.80%) and Estates and Ancillary (4.80%). High sickness is within the Clinical Divisions, Cluster 1 (6.51%), Cluster 5 (5.43%) and Cluster 6 (5.11%). There are sixteen Service Lines/Directorates recording over 4.5%, the top five being ; Intensive Care (9.68%), Haematology (9.65%), AAU (6.72%), Surgery & Urology (6.56%) and Maternity (6.39%).COVD Sickness is the top reason for sickness again this month comprising of 34% of overall total. This is followed by Anxiety, Stress, Depression and Mental Health at 18%. Whilst COVID still affects our overall sickness rates we have increased the target rate this year to 3.5%.

4. Mandatory Training (target 90%)

This month the compliance rate has decreased slightly to **81.82%.** Medical & Dental remains the only red rated staff group at 72.22%. Lowest compliance rates are recorded in Cluster 2 (78.62%) and Cluster 5 (80.94%). It is Unplanned Care that has the best compliance at 82.16%.There are twelve red rated Service Lines/Directorates the top five being: Corporate Affairs Directorate (65.26%), Human Resources (65.80%), Respiratory (72.07%), Diabetes (72.97%) and Surgery & Urology (72.99%).
Target rates remain the same as last year.

6. Appraisals (target 90%)

Appraisal rated have decreased this month to **65.30%**. The staff groups with the lowest compliance are Estates and Ancillary (31.82%), Allied Health Professionals (62.57%) and Administrative and Clerical (64,42%). The Combined Corporate Directorates remains the division with the lowest rate (60.34%). Focus on these Corporate areas will really increase the overall compliance rate for both the Staff group and Services overall. Cluster 2 has the lowest compliance at 49.77% and Cluster 4 the highest at 80.28%. The majority of the Service Lines/Directorates are red the top five being: Respiratory (26.33%), Diabetes (28.57%), Operations (42.59%), Corporate Affairs (44.68%) and Intensive Care (48%).
Target rates remain the same as last year but a really focus on appraisals this year is require to make up the deficit of 25% to reach compliance.

10. Stability (target 90%)

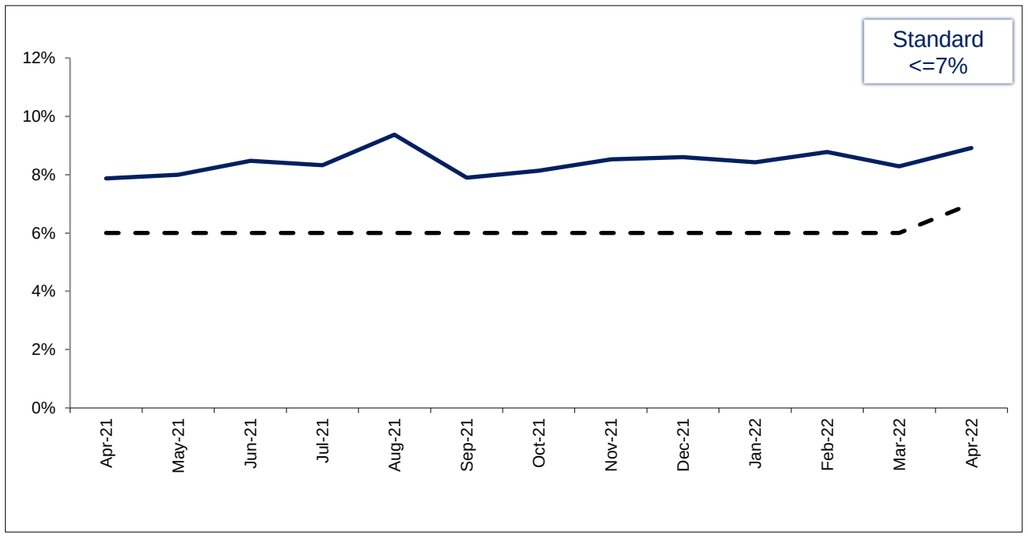
Stability is amber rated at **83.64%**, slightly lower than the rate recorded last month. The least stable staff groups are Ad Prof Scientific and Technic (72.74%) and Additional Clinical Services (79.43%) .There are fifteen Service Lines/Directorates with a red rating the top 5 being: Elderly Care (71.48%), Therapies (72.84%), Pharmacy (75.02%), Diabetes (76.10%) and Medical Director (76.67%),
In the rolling year 145 employees have left with less than a year's service with the Trust (24%). 43% of these leavers are from the Administrative and Clerical Staff Group, 29% from Additional Clinical Services and 16% from Nursing and Midwifery Registered.
The target this year remains the same.

Well-led

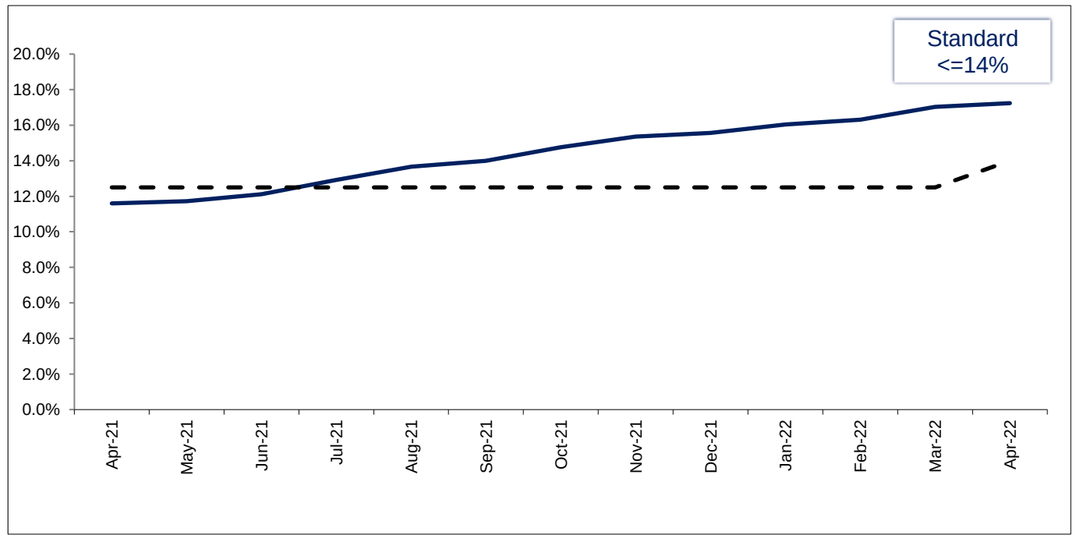
Are we Well-Led?

April 2022

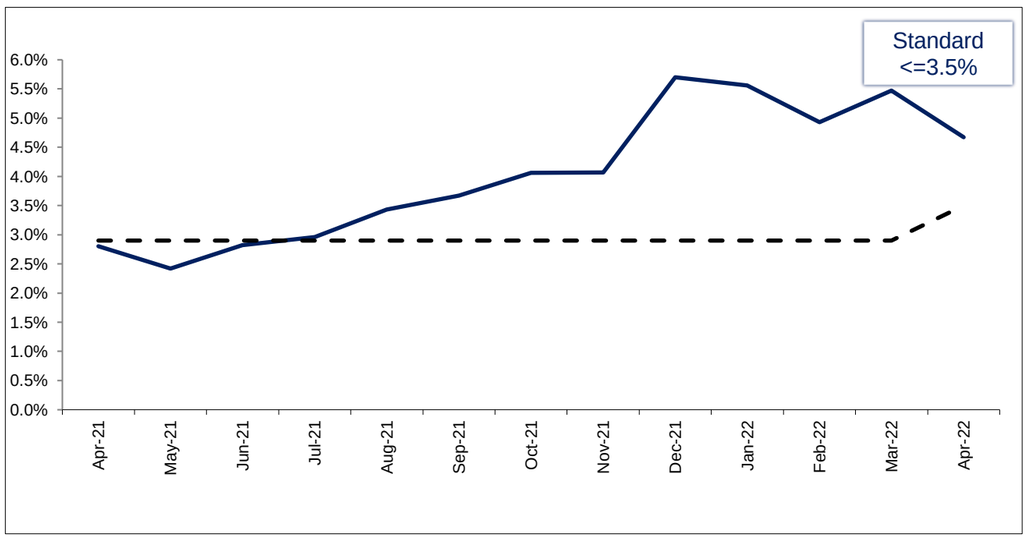
k7.01 | Vacancy rate



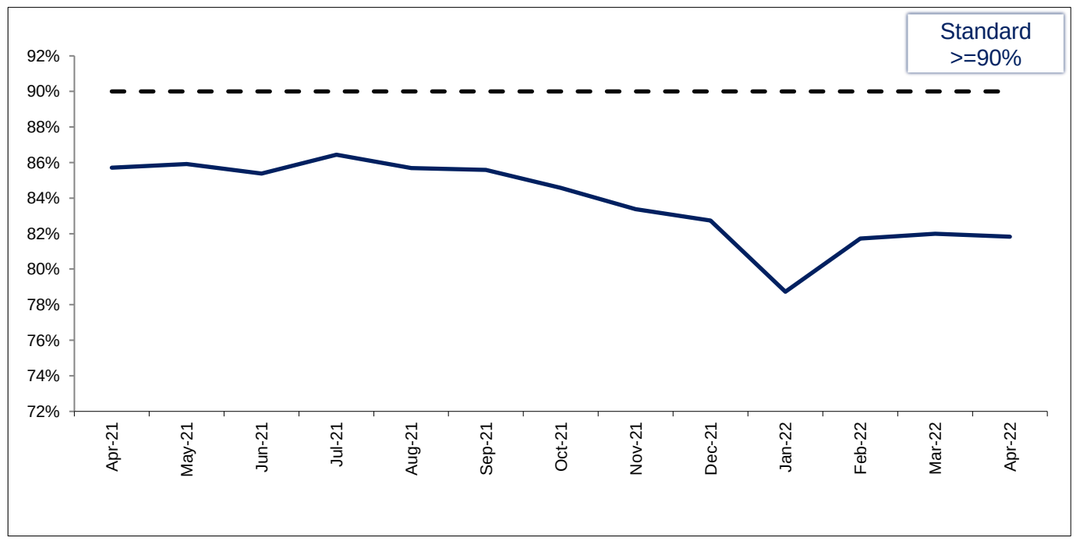
k7.02 | Turnover rate



k7.03 | Sickness rate



k7.04 | Mandatory training

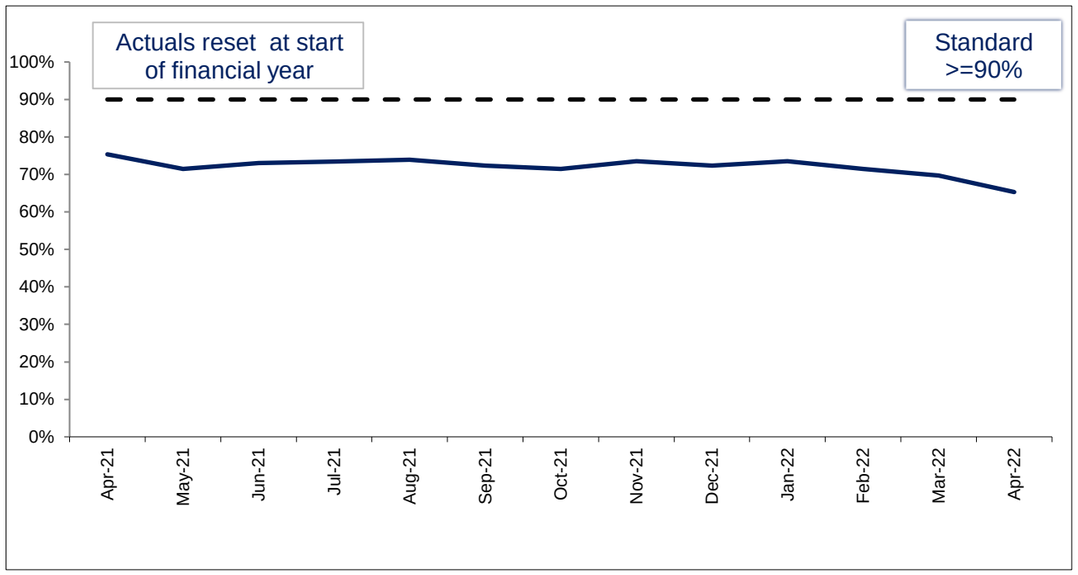


Well-led

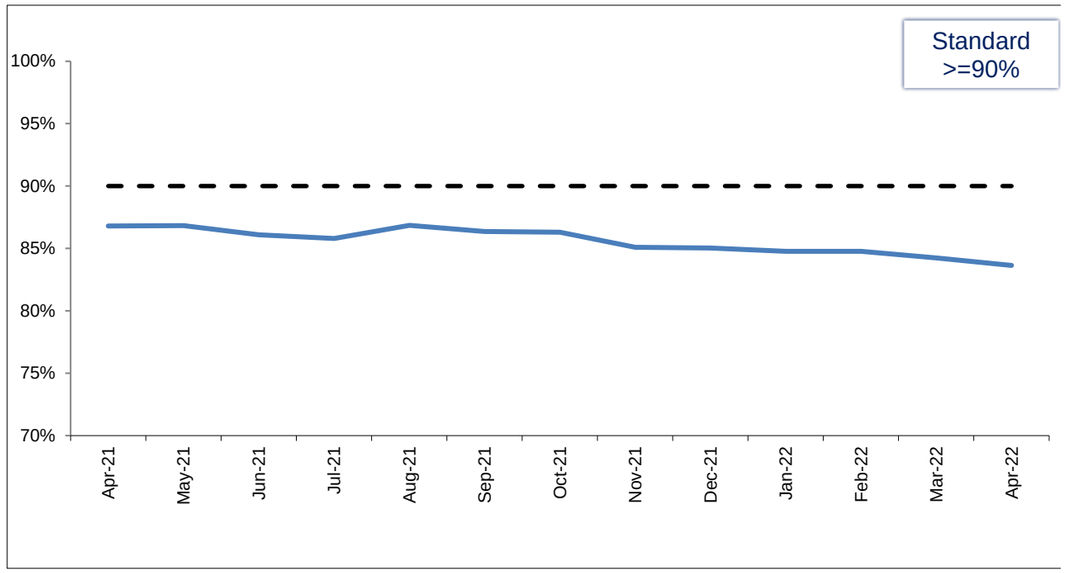
Are we Well-Led?

April 2022

k7.05 | Appraisals / PDRs completed



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



Well-led	Are we Well-Led?	April 2022

Staff Group KPIs: April 2022

	SIP	Turnover	Stability	Vacancy	Sickness	Training	Appraisal
Target		14.00%	90.00%	7.00%	3.50%	90.00%	90.00%
Add Prof Scientific and Technic	76.66	13.46%	72.74%	7.53%	2.06%	88.67%	67.82%
Additional Clinical Services	480.57	22.92%	79.43%	10.92%	7.10%	85.12%	66.91%
Administrative and Clerical	798.47	17.94%	81.94%	10.12%	4.50%	82.17%	64.42%
Allied Health Professionals	181.55	23.26%	85.72%	7.53%	2.44%	83.06%	62.57%
Estates and Ancillary	41.16	9.20%	102.54%	6.03%	4.80%	83.19%	31.82%
Healthcare Scientists	73.59	13.19%	94.11%	20.94%	4.80%	85.24%	83.10%
Medical and Dental	252.04	8.31%	93.26%	7.89%	2.63%	72.22%	
Nursing and Midwifery Registered	1,135.77	16.27%	83.84%	7.15%	5.23%	83.94%	65.75%

Kingston Hospital NHS
NHS Foundation Trust

Domain Scorecard Summary

Rolling 12-Month Scorecard

KPI	Description	Standard (From Apr '18)	Type	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Safe															
k1.01	Pressure ulcers - Hospital acquired (Grade 3 and 4)	<=10 per month	Number	3	2	2	1	2	0	3	0	2	1	5	3
k1.011	Pressure ulcers - Hospital acquired (Grade 3 and 4) - Lapse in care		Number	3	2	0	0	0	0	2	0	1	0	3	1
k1.012	Pressure ulcers - Hospital acquired (Grade 3 and 4) - No lapse in care		Number	0	0	2	1	2	0	1	0	1	1	2	2
k1.02	Patients with Hospital acquired pressure ulcers (Grade 3 and 4) per 1000 beddays	<=0.1 per month	Rate	0.28	0.19	0.18	0.09	0.17	0.00	0.25	0.00	0.16	0.08	0.39	0.25
k1.03	Pressure ulcers - Hospital acquired (Grade 2)	<=3 per month	Number	6	9	6	6	0	9	11	7	11	10	13	4
k1.031	Pressure ulcers - Hospital acquired (Grade 2) - Lapse in care		Number	5	5	4	2	0	5	5	5	9	6	10	2
k1.032	Pressure ulcers - Hospital acquired (Grade 2) - No lapse in care		Number	1	4	2	4	0	4	6	2	2	4	3	2
k1.04	Patients with Hospital acquired pressure ulcers (Grade 2) per 1000 beddays	<=0.51 per month	Rate	0.56	0.83	0.54	0.52	0.00	0.73	0.92	0.58	0.86	0.82	1.02	0.34
k1.05	MRSA Bacteraemias (Hospital Assigned)	=0 per month	Number	0	0	0	1	1	0	1	0	0	0	1	0
k1.06	MSSA Bacteraemias (Hospital Apportioned)	<=1 per month	Number	0	1	0	0	2	1	2	1	6	0	1	1
k1.07	Clostridium difficile Infections (Hospital Apportioned)		Number	2	1	2	0	2	0	2	4	3	1	5	2
k1.09	Completed Patient Observations - Adult inpatients (NEWS)	>=0.97 per month	%		99.7%			99.54%			98.95%			94.05%	
k1.10a	Completed Patient Observations - Paediatric Inpatients (PEWS)	>=0.97 per month	%		100.00%			100.00%			98.02%			98.94%	
k1.12	Patient Safety Incident (PSI) Falls	<=58 per month	Number	38	49	48	34	73	47	55	54	73	63	70	61
k1.13	Number of Patient Safety incident Falls per 1000 (G&A) bed days	<=5.3 per month	Rate	3.57	4.54	4.36	2.95	6.20	3.82	4.59	4.50	5.74	5.17	5.51	5.16
k1.14	Patient Falls with moderate or severe harm	<=6 per month	Number	1	2	3	1	0	3	3	1	2	4	3	2
k1.15	Never Events	=0 per month	Number	0	1	1	0	1	0	0	0	0	1	0	0
k1.16	Medication Incidents	-	Number	40	67	60	41	51	56	57	62	36	76	55	76
k1.17	% Medication Incidents where Moderate or Severe Harm occurred	<=0.04 per month	%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.6%	0.0%	2.6%	0.0%	0.00%
k1.18	Serious Untoward Incidents	-	Number	1	3	0	2	2	4	5	1	3	4	2	2
k1.19	Escherichia Coli bacteraemia (all)	-	Number	16	14	11	7	13	9	19	10	12	12	7	13
k4.01	Safer Staffing - Day - Registered Midwives / Nurses fill rate	-	%	99.5%	97.1%	94.0%	92.7%	92.1%	92.9%	93.0%	85.9%	86.2%	84.8%	85.5%	91.0%
k4.02	Safer Staffing - Day - Assistant Fill Rate	-	%	107.9%	106.8%	93.2%	105.9%	104.8%	109.4%	104.3%	100.1%	89.6%	94.8%	96.7%	111.9%
k4.03	Safer Staffing - Night - Registered Midwives / Nurses fill rate	-	%	101.8%	96.6%	94.0%	93.8%	92.3%	91.5%	94.4%	88.5%	87.4%	89.6%	89.9%	96.3%
k4.04	Safer Staffing - Night - Assistant Fill Rate	-	%	131.1%	124.9%	102.2%	121.5%	140.4%	148.9%	149.9%	151.5%	112.5%	127.3%	145.9%	139.9%

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Rolling 12-Month Scorecard

KPI	Description	Standard (From Apr '18)	Type	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
k4.05	Safer Staffing - Overall trust fill rate	-	%	105.7%	102.4%	94.9%	99.0%	100.4%	102.4%	102.4%	97.2%	91.0%	93.7%	96.4%	102.7%
k4.06	Safer Staffing - % of Registered Nurse and Midwife expenditure on agency staff	-	%	2.8%	4.3%	3.9%	4.6%	1.8%	4.6%	4.5%	5.7%	4.2%	4.08%	6.06%	5.50%
k4.07	Safer Staffing - Care Hours per Patient Day	-	Rate	9.32	9.19	8.56	8.35	8.16	8.12	7.90	8.15	8.06	7.86	7.86	8.29
k5.01	Maternity - Caesarean section rate	<=0.26 per month	%	37.1%	39.9%	36.3%	35.2%	41.9%	36.3%	34.2%	36.8%	38.3%	37.7%	39.7%	37.6%
k5.02	Maternity - % of women with a primary postpartum haemorrhage of 1500ml or more	<0.031 per month	%	4.0%	5.2%	3.5%	4.0%	4.6%	3.6%	4.0%	3.8%	4.4%	3.1%	6.2%	1.1%
k5.03	Maternity - % of women with a primary postpartum haemorrhage of 2000ml or more	<=0.01 per month	%	1.2%	2.4%	1.8%	0.7%	2.1%	1.3%	1.2%	1.4%	2.3%	0.5%	3.1%	0.0%
k5.04	Maternity - Significant Perineal Trauma	-	%	1.2%	2.7%	2.0%	1.7%	2.3%	2.7%	1.0%	0.5%	2.1%	2.6%	2.3%	0.3%
Effective															
k2.01	Standardised healthcare mortality index (SHMI) - most recent score	<=95	Index	77.51	77.78	77.78	76.85	77.83	78.57	79.65	79.65	79.30	79.22	78.39	78.19
k2.02	Unadjusted Mortality Rate	-	%	0.9%	0.6%	0.8%	0.7%	0.8%	1.0%	0.9%	1.1%	1.1%	0.8%	1.0%	1.0%
k2.03	Sepsis - % of eligible patients screened for sepsis - ED	>=90% per month	%	60.0%	80.0%	70.0%	80.0%	70.0%	85.7%	95.0%	85.0%	90.0%	90.00%	95.24%	95.24%
k2.04	Sepsis - % of eligible patients who received antibiotics within 1 hour of arrival - ED	>=90% per month	%	87.5%	90.0%	75.0%	83.3%	87.5%	75.0%	86.7%	87.5%	90.0%	91.67%	90.00%	100.00%
k2.13	Sepsis - % of eligible patients screened for sepsis - Inpatients	>=90% per month	%	85.0%	90.0%	80.0%	80.0%	80.0%	94.4%	100.0%	100.0%	90.0%	95.00%	95.00%	90.00%
k2.14	Sepsis - % of eligible patients who received antibiotics within 1 hour - Inpatients	>=90% per month	%	100.0%	100.0%	87.5%	80.0%	66.7%	83.3%	100.0%	75.0%	100.0%	77.78%	80.00%	80.00%
k2.05	VTE Assessments (Trust)	>=95% per month	%	98.6%	97.9%	97.2%	94.6%	97.3%	98.4%	97.0%	98.4%	98.0%	98.54%	98.8%	98.4%
k2.06	Incidence of Hospital Acquired VTE (HAT)	-	Number	0	0	0	0	0	0	0	2	0	1	1	0
k2.09	% emergency readmissions following elective admission - 30 days	-	%	3.9%	3.2%	3.7%	2.9%	3.2%	3.0%	2.9%	3.5%	2.1%	2.3%	2.7%	3.2%
k2.10	% emergency readmissions following emergency admission - 30 days	-	%	15.1%	13.6%	10.2%	15.1%	14.5%	13.5%	13.3%	14.6%	12.7%	14.5%	14.5%	15.1%
k3.15	Hand Hygiene (Infection Control - Core Elements Tool)	>=95% per month	%	98.6%	99.2%	99.2%	97.9%	98.6%	96.5%	98.2%	99.3%	98.6%	98.1%	98.0%	98.1%
Caring															
k3.01	Number of complaints received this month	-	Number	30	46	32	53	46	69	52	27	40	47	38	0
k3.02	Number of complaints reopened this month	-	Number	2	4	13	3	3	3	6	5	4	10	8	7
k3.03	Number of complaints referred to ombudsman this month	-	Number	0	0	0	0	0	1	0	0	0	0	1	0
k3.14	Complaints Response Rate	>=80%	%	29.4%	33.3%	39.6%	38.9%	28.6%							
k.3.05b	FFT - Trust - % Would Recommend	-	%	89.2%	87.6%	87.9%	88.1%	87.3%	88.4%	88.1%	89.3%	88.9%	88.3%	86.3%	86.4%

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k3.06a	FFT - InPatients - % Would Recommend	>96% per month	%	97.4%	97.9%	96.3%	93.5%	94.2%	95.0%	93.1%	93.8%	95.0%	90.9%	95.2%	96.2%
k3.07	FFT - Paediatric InPatients - % Would Recommend	-	%	100.0%	94.0%	100.0%	100.0%	96.2%	94.9%	97.0%	95.9%	97.3%	96.0%	98.6%	98.1%
k3.08a	FFT - OutPatients - % Would Recommend	-	%	90.9%	90.9%	91.6%	91.8%	91.1%	90.8%	91.4%	92.2%	91.4%	91.9%	90.6%	90.1%
k3.09a	FFT - A&E - % Would Recommend	-	%	81.1%	73.8%	74.1%	76.5%	72.5%	76.6%	76.3%	80.6%	80.2%	77.1%	71.2%	73.4%
k3.10c	FFT - Maternity - % Would Recommend	-	%	92.7%	88.9%	87.3%	68.0%	88.1%	95.2%	88.6%	90.7%	92.5%	88.0%	85.3%	95.5%
k3.11	FFT - Daycases - % Would Recommend	-	%	95.8%	97.5%	97.4%	95.0%	96.3%	98.2%	95.2%	97.2%	97.2%	92.2%	93.9%	95.0%
k3.13	Number of Mixed Sex accommodation breaches	=0	Number	0	0	0	0	0	0	0	0	0	0	0	0
k3.2	Complaints per 100 patient contacts	<=0.07	Rate	0.06	0.08	0.06	0.10	0.08	0.12	0.09	0.05	0.07	0.09	0.06	0.08
Responsive															
K8.01	A&E 4 hour waiting time (all types)	>=95% per month	%	86.1%	84.2%	80.9%	76.9%	75.9%	78.3%	77.4%	75.3%	76.1%	77.4%	73.4%	70.8%
K8.02	A&E 4 hour waiting time (type 1)			79.9%	78.9%	73.7%	68.8%	66.0%	70.8%	68.9%	67.1%	67.3%	69.5%	63.4%	60.4%
K8.03	A&E 12 hour trolley waits	0 per month	Number	0	0	0	0	0	9	36	54	40	148	338	180
K8.04	LAS Ambulance Handovers - within 15 minutes	-	%	28.0%	32.2%	29.1%	28.1%	34.5%	38.0%	37.9%	31.9%	28.9%	25.1%	21.7%	24.4%
K8.05	LAS Ambulance Handovers - 30 min handover waits	=0 per month	Number	4	0	3	20	32	18	29	33	52	60	185	150
K8.06	LAS Ambulance Handovers - 60 min handover waits	=0 per month	Number	1	0	0	3	1	2	9	5	34	30	132	59
K8.07	Stranded Patients (>= 7 days)		Number	146	146	148	174	186	188	197	189	203	198	219	204
K8.08	Super-Stranded Patient (>= 21 days)		Number	39	45	37	50	64	58	63	58	74	68	76	72
K8.11	Average length of stay - Emergency Services (Emergency admissions only)	<=5.23 per month	Rate	2.99	3.06	2.88	3.23	3.46	3.62	3.75	4.02	3.86	3.71	4.17	4.41
K8.12	RTT - incomplete 92% in 18 weeks (NONC)	>=92% per month	%	84.7%	86.5%	84.9%	83.8%	83.3%	82.5%	83.0%	81.5%	80.8%	80.4%	79.6%	78.6%
K8.13	RTT - incomplete 52+ Week Waiters (NONC)	=0 per month	Number	52	71	51	68	64	62	36	19	21	25	30	28
K8.14	Diagnostic Test Waiting Times - Completed within 6 weeks (ALL)	>=99% per month	%	79.1%	88.9%	90.6%	90.7%	89.1%	90.1%	88.2%	74.7%	72.2%	79.7%	69.4%	68.1%
K8.17	Percentage of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat')	>=96% per month	%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	98.1%	98.5%	98.4%	100.0%	98.0%	
K8.18	31 day second or subsequent treatment - drug	>=98% per month	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
K8.19	31-Day Standard for Subsequent Cancer Treatments-Surgery	>=94% per month	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	87.5%	100.0%	90.9%	
K8.20	All Cancer Two Month Urgent Referral to Treatment Wait	>=85% per month	%	98.4%	94.0%	96.7%	95.5%	90.9%	89.2%	93.7%	96.3%	88.0%	81.6%	79.3%	

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K8.21	62-Day Wait for First Treatment Following Referral from an NHS Cancer Screening Service	>=90% per month	%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	92.3%	91.7%	100.0%	66.7%	
K8.22	62-Day Wait for First Treatment Following Referral from Consultant Upgrade	>=85% per month	%	100.0%	100.0%	60.0%	100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	
K8.24	Number of last minute cancelled operations	-	Number								47			33	
K8.25	Number of patients not treated within 28 days of last minute cancellation	=0 per month	Number								3			2	
Well-led															
k7.01	Vacancy rate	<=6% per month	%	8.0%	8.5%	8.3%	9.4%	7.9%	8.1%	8.5%	8.6%	8.4%	8.8%	8.3%	8.9%
k7.02	Turnover rate	<=13.5% per month	%	11.7%	12.1%	12.9%	13.7%	14.0%	14.8%	15.4%	15.6%	16.0%	16.3%	17.0%	17.2%
k7.03	Sickness rate	<=2.6% per month	%	2.4%	2.8%	3.0%	3.4%	3.7%	4.1%	4.1%	5.7%	5.6%	4.9%	5.5%	4.7%
k7.04	Mandatory Training	>=85% per month	%	85.9%	85.4%	86.4%	85.7%	85.6%	84.6%	83.4%	82.7%	78.7%	81.7%	82.0%	81.8%
k7.05	Appraisals / PDRs completed	>=90% year end	%	71.5%	73.1%	73.4%	74.0%	72.4%	71.5%	73.5%	72.4%	73.5%	71.4%	69.8%	65.3%
K7.10	Stability (% Staff Retained >1yr)	>90.%	%	86.8%	86.1%	85.8%	86.9%	86.4%	86.3%	85.1%	85.0%	84.8%	84.8%	84.2%	83.6%

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 fourth day of admission or afterwards.	Infection Control team - as reported to PHE	
Safe	k1.08	Clostridium difficile Infections (Hospital Apportioned) due to Lapse in Care (confirmed cases)	Number of Clostridium Difficile Infections which are attributable to a lapse in care. Only applies to Cliff cases here the patients' first positive test for CDiff was taken on their fourth day of admission or afterwards.	Infection Control team - as reported to PHE	
Safe	k1.08b	Covid HOPHA	Patients who are identified as covid positive between 8 and 14 days into their admission.	Infection Control team - as reported to PHE	
Safe	k1.08c	Covid HOHA	Patients who are identified as covid positive over 14 days into their admission.	Infection Control team - as reported to PHE	
Safe	k1.09	Completed Patient Observations (NEWS) - Adult Inpatients	The percentage of patients who have received 2 or more completed sets of NEWS observations within a 24 hour period - Inpatients Only (Excluding Paeds)	Clinical Audit	

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	

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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	

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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	

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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	

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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 over1 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)