

# Integrated Quality and Operational Compliance Report

**August 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 slight increase in the number of patients developing trust acquired pressure ulcers in August. The total number of patients and those identified as having lapses in care were below the average number. The total number of patients where lapses in care were identified was lower than average number.

Average total number of patients developing trust acquired pressure ulcers using August 2021- August 2022 data is 10. Average total number of patients developing trust acquired pressure ulcers where lapses in care were identified using August 2021- August 2022 data is 6.

Themes identified following investigation showed insufficient documentation to support the required care. Ward based actions have been developed and are monitored via PUMP.

**Falls:**

There were 49 validated falls in August, all of which have been investigated and closed. Common themes continue to be timely and accurate completion of assessments and challenges in bay-based supervision. There was 1 moderate harm and 1 SI declared in this period.

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

- **New:** 6 new investigations were declared in the month period. Two incidents were for patients who fell and came to harm (KPH and Care of the Elderly); a Maternity incident that meets the HSIB reporting criteria; an IM&T incident relating to documents transferring to GP surgeries; a diagnostic incident in ENT that was raised following a complaint; and a Never Event within Anaesthetics.
- **Completed:** 5 investigations were completed during August 2022 across Neurology, Care of the Elderly (2), AAU, and Ophthalmology.
- **Duty of Candour:** The Trust remains compliant with Duty of Candour. Of the newly declared investigations, one investigation is not currently applicable until it has been established whether any patients have been impacted by the incident (IM&T). Of the completed investigations, it was not possible to undertake Duty of Candour.
- **Ongoing:** At the end of August 2022, there were 12 open and ongoing investigations.
- **Never Events:** One Never Event was reported within Anaesthetics under the category 'Wrong Site Surgery'. A patient was due for a local anaesthetic (Sub-tenons) block in their right eye. Pre-operative checklists were completed including marking the correct (right) eye and utilising the 'Stop Before You Block' protocol. However, the block was erroneously applied to the left eye and the error was detected after infiltrating half the intended dose for the block. The patient was informed and the Surgical team agreed to carry on and block the correct (right) eye to enable surgery to take place. The surgery was performed without any complications. The local sub-tenon's block wears off after 3 to 4 hours with no harm to the patient.

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

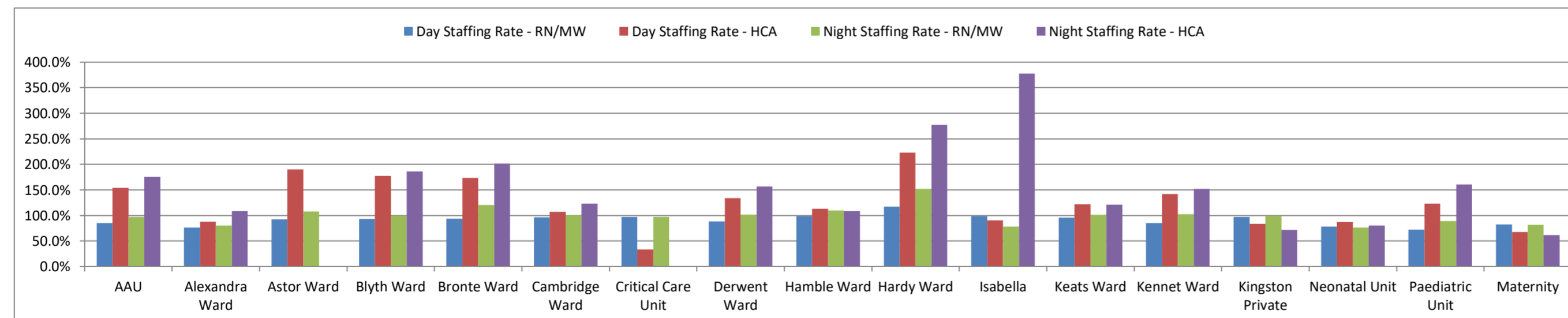
- There were no Trust-apportioned MRSA or MSSA bacteraemia cases.
- There was one HOHA (Hospital Onset Healthcare Associated) Clostridium difficile toxin positive case in Cambridge ward. The PIR is in progress.
- There was one Trust-apportioned E. coli bacteraemia case in Hamble ward.
- There were 15 cases of Influenza A, all diagnosed in ED.
- There were no Norovirus cases.
- There was a decrease in COVID-19 cases this month with a total of 187 cases with 115 of those cases admitted into the Trust. There were 30 HOHA cases (Hospital Onset Healthcare Associated, cases >14 days onset) and nine HOPHA cases (Hospital Onset

**Author: Berenice Constable, Deputy Chief Nurse:**

Staffing levels continue to be discussed and monitored daily at the site meetings, and any deviation from the agreed ratios is escalated and discussed with the Heads of Nursing or the Deputy Chief Nurses on the day, and as part of the monthly Safer Staffing meeting. Staffing ratios across all areas are monitored to ensure safe staffing, with incident reports completed and Red Flag Route Cause Analysis discussed at Safer Staffing if levels do not meet the agreed standards. This includes any adjustments to skill mix related to gaps in registered nurse cover, with backfill provided by Healthcare Assistants. Staffing is reviewed and managed as a whole across all wards and departments, with Band 7's reverting into the numbers to cover any gaps. Escalation beds remained open during this period but reduced in number; The staffing position was much improved across all areas with fewer gaps to cover. Extra HCA's continue on the day and night shifts in ED to support the high numbers of patients waiting for beds every morning. Maternity staffing remains significantly challenged, with the Senior midwifery team supporting clinically and working in the out of hours periods to provide cover. New starters are in the pipeline to start in September.

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	85.2%	153.9%	96.8%	175.7%	8.3
Alexandra Ward	76.6%	87.4%	80.5%	108.6%	6.6
Astor Ward	92.1%	190.3%	107.6%	#DIV/0!	9.1
Blyth Ward	92.9%	177.3%	99.8%	186.2%	7.5
Bronte Ward	93.8%	173.2%	120.6%	201.6%	7.8
Cambridge Ward	96.3%	107.2%	100.3%	123.5%	7.1
Critical Care Unit	96.8%	33.6%	97.3%	#DIV/0!	28.5
Derwent Ward	88.1%	134.1%	101.5%	156.7%	6.7
Hamble Ward	98.6%	113.0%	110.0%	108.6%	6.8
Hardy Ward	117.1%	223.1%	151.8%	277.4%	8.8
Isabella	98.2%	90.1%	78.3%	377.5%	8.7
Keats Ward	95.6%	121.8%	101.1%	121.0%	7.8
Kennet Ward	84.9%	142.2%	102.2%	152.2%	6.6
Kingston Private	96.8%	83.8%	100.0%	71.7%	11.3
Neonatal Unit	78.3%	87.1%	76.2%	80.6%	15.5
Paediatric Unit	72.3%	123.1%	88.7%	160.5%	8.1
Maternity	82.0%	67.4%	81.5%	61.3%	8.7
<b>Trust Average</b>	<b>89.9%</b>	<b>122.3%</b>	<b>94.6%</b>	<b>144.0%</b>	<b>8.5</b>

Key	
RN	Registered Nurse
MW	Registered Midwife
HCA	Healthcare Assistant

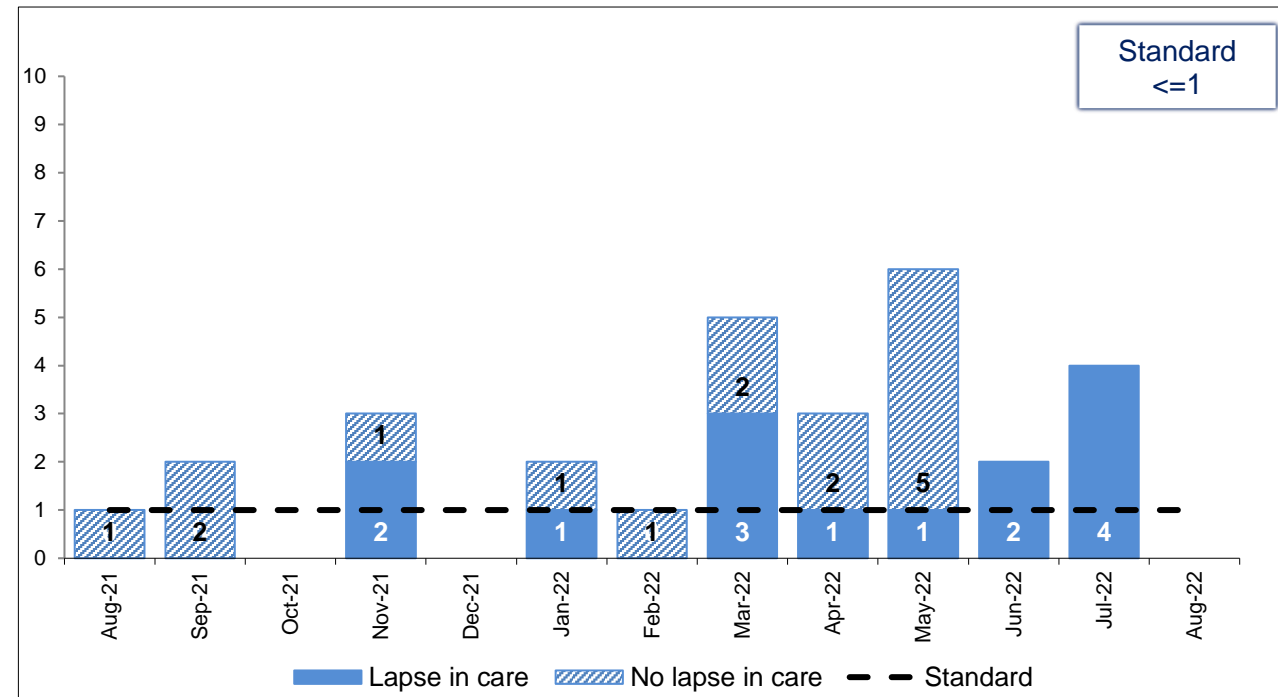


Safe

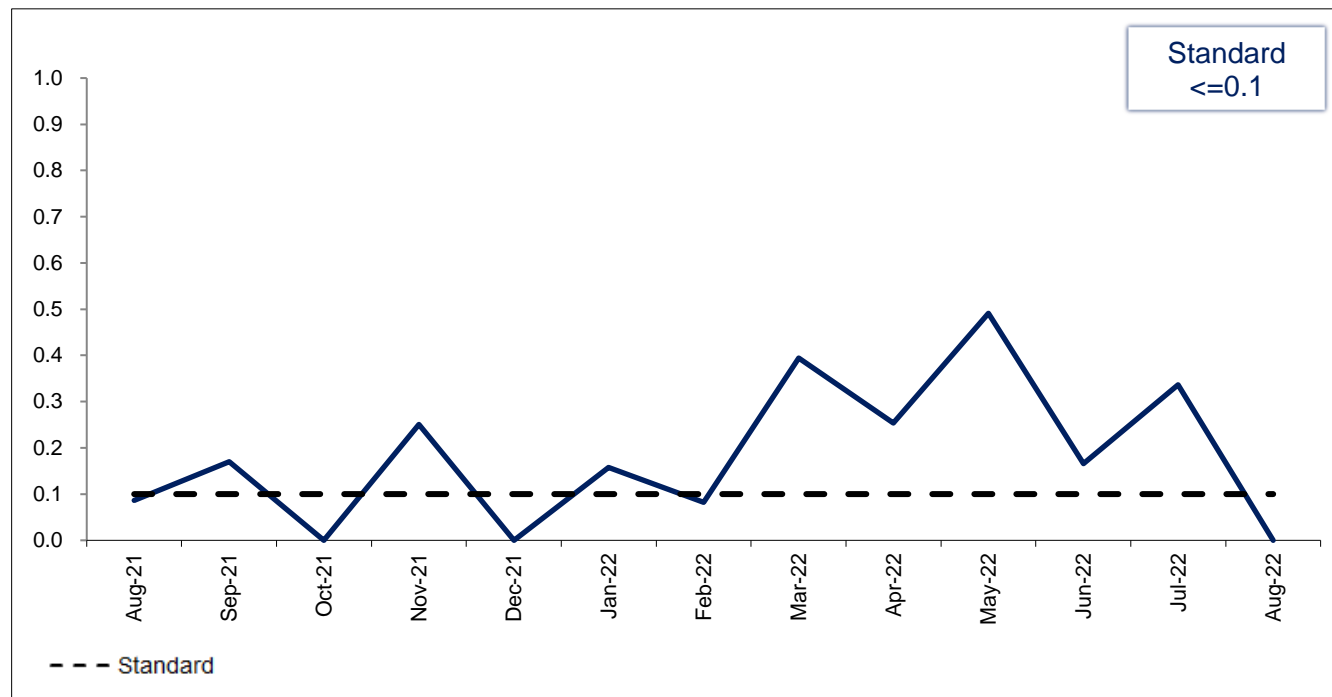
# Is Care Safe?

August 2022

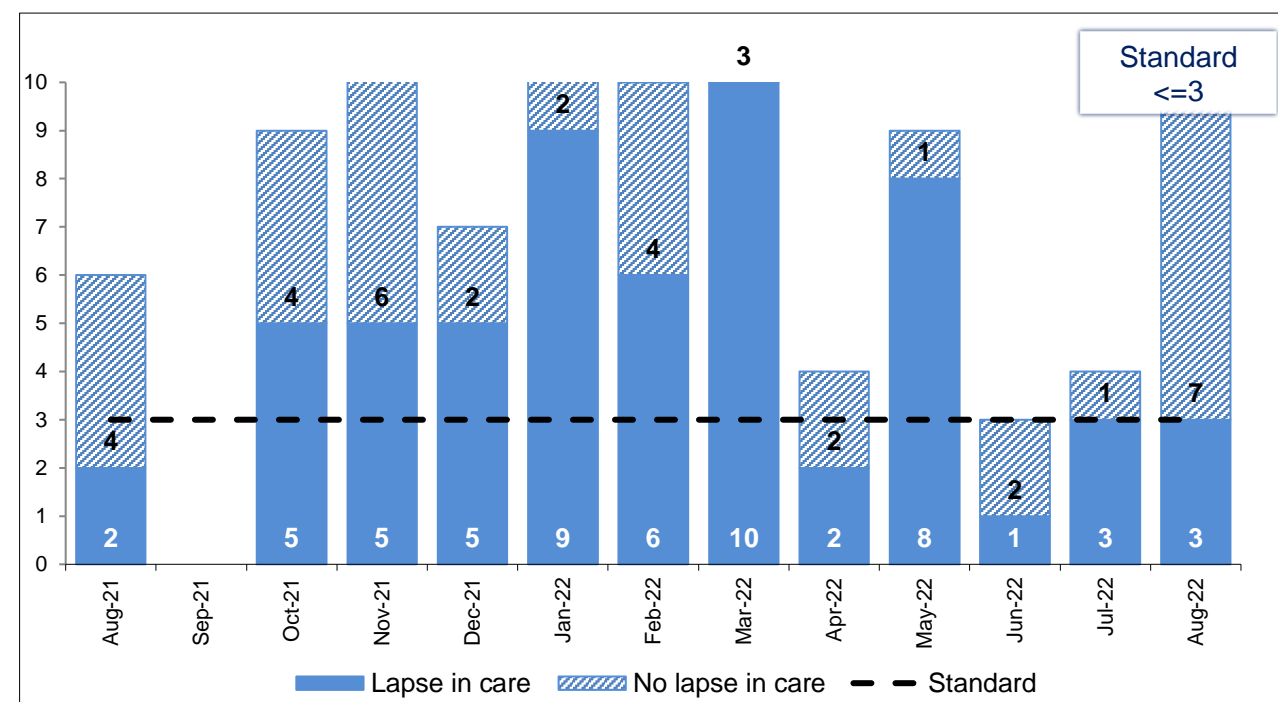
### k1.01 | Number of patients with hospital acquired pressure ulcers (Grade 3&4)



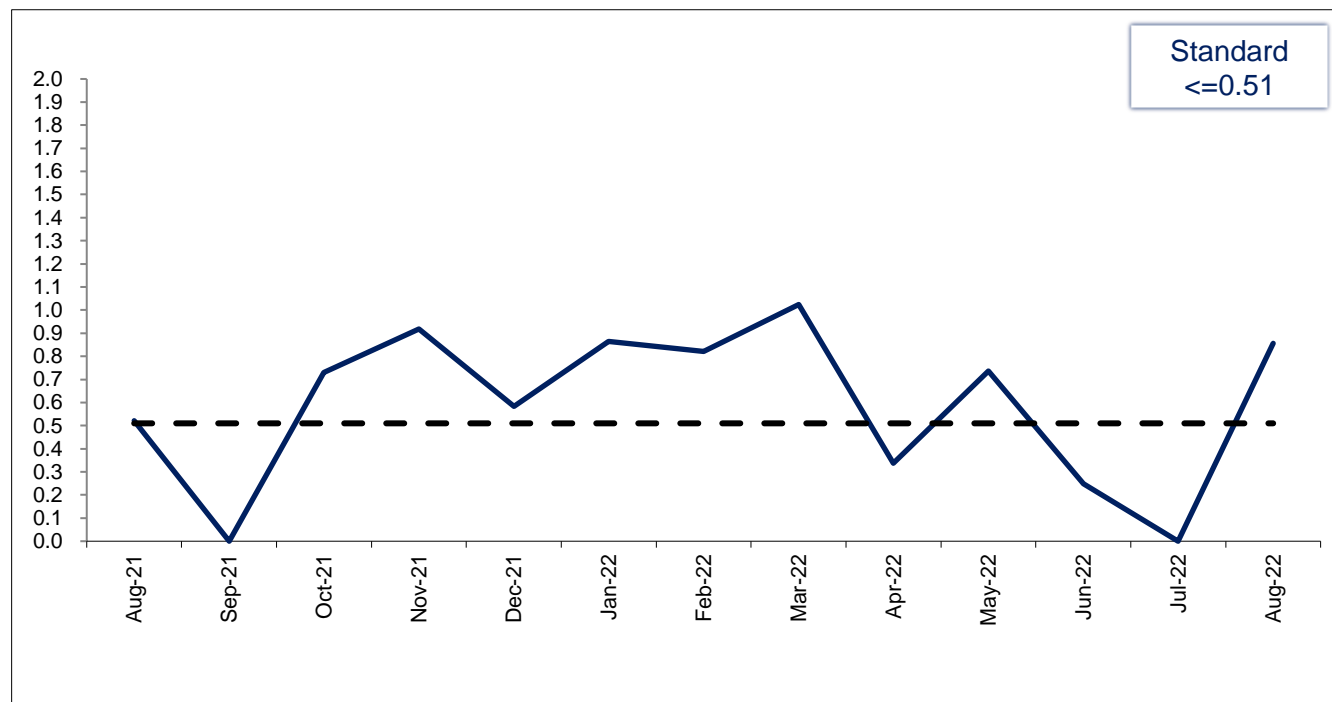
### k1.02 | Number of patients with hospital acquired pressure ulcers (Grade 3&4) per 1000 beddays



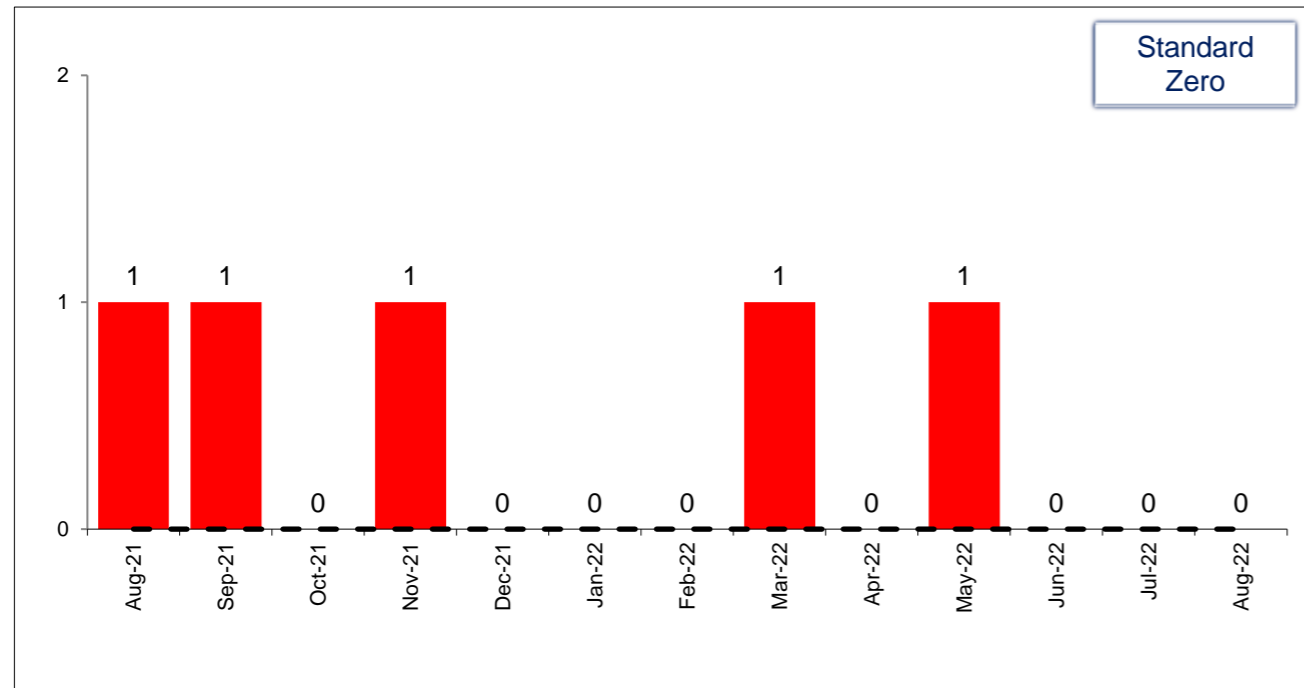
### k1.03 | Number of patients with hospital acquired pressure ulcers (Grade 2)



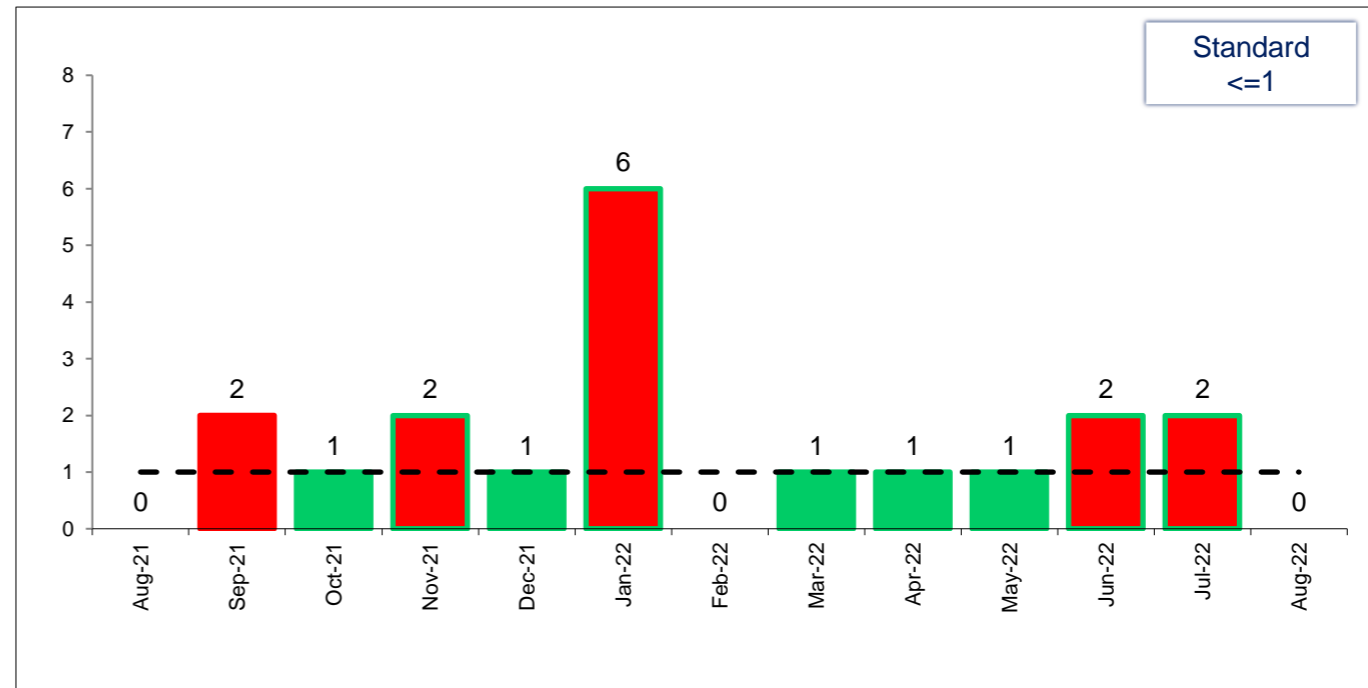
### k.1.04 | Number of patients with hospital acquired pressure ulcers (Grade 2) per 1000 beddays



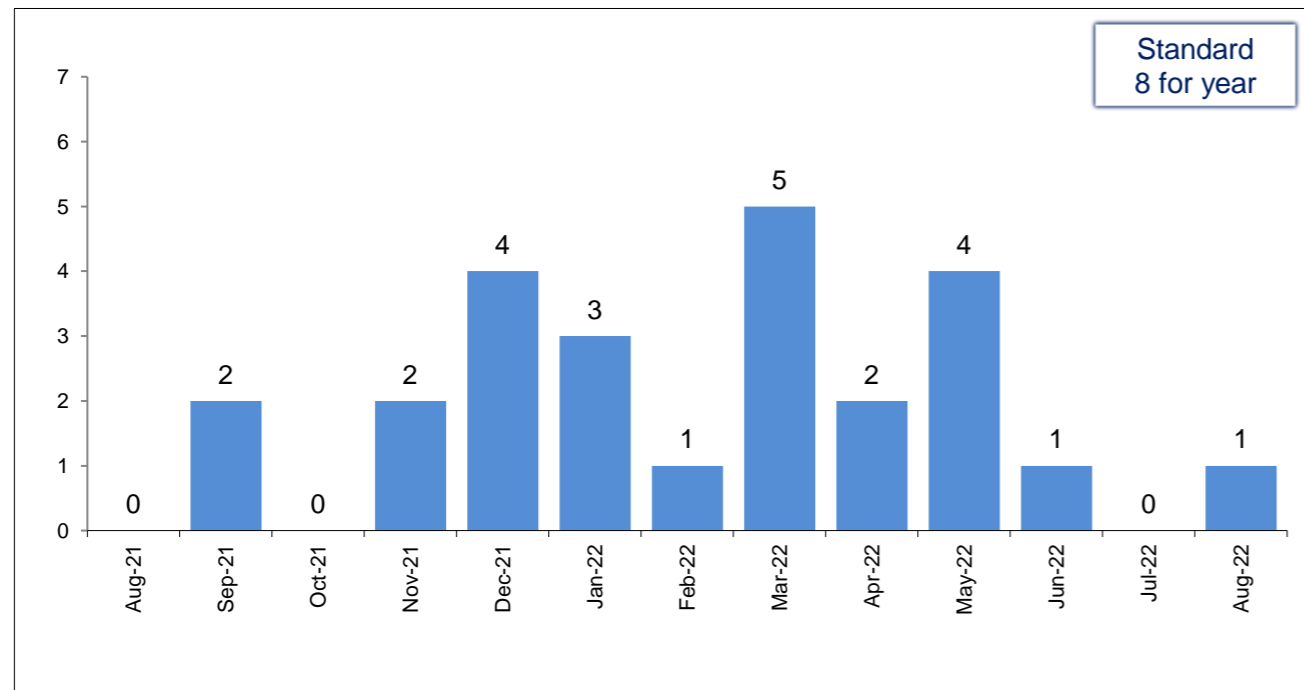
k1.05 | MRSA Bacteraemias (Hospital Assigned)



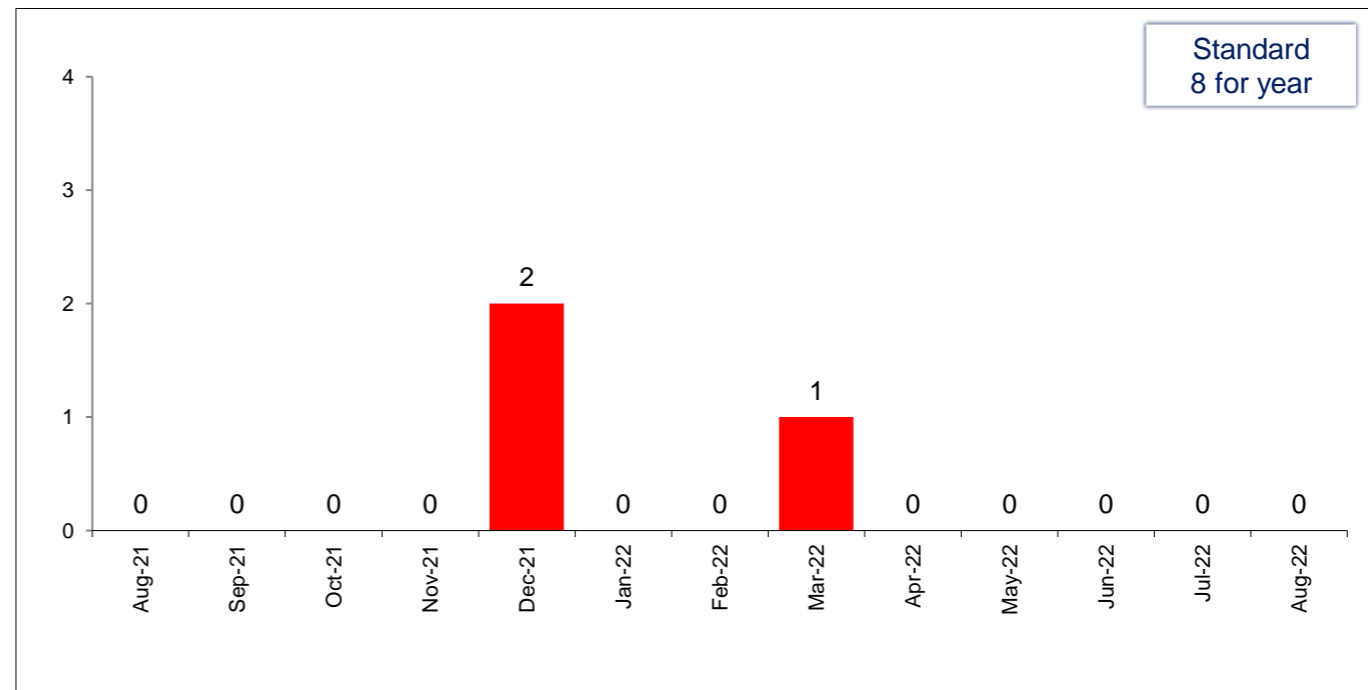
k1.06 | MSSA Bacteraemias (Hospital Apportioned)



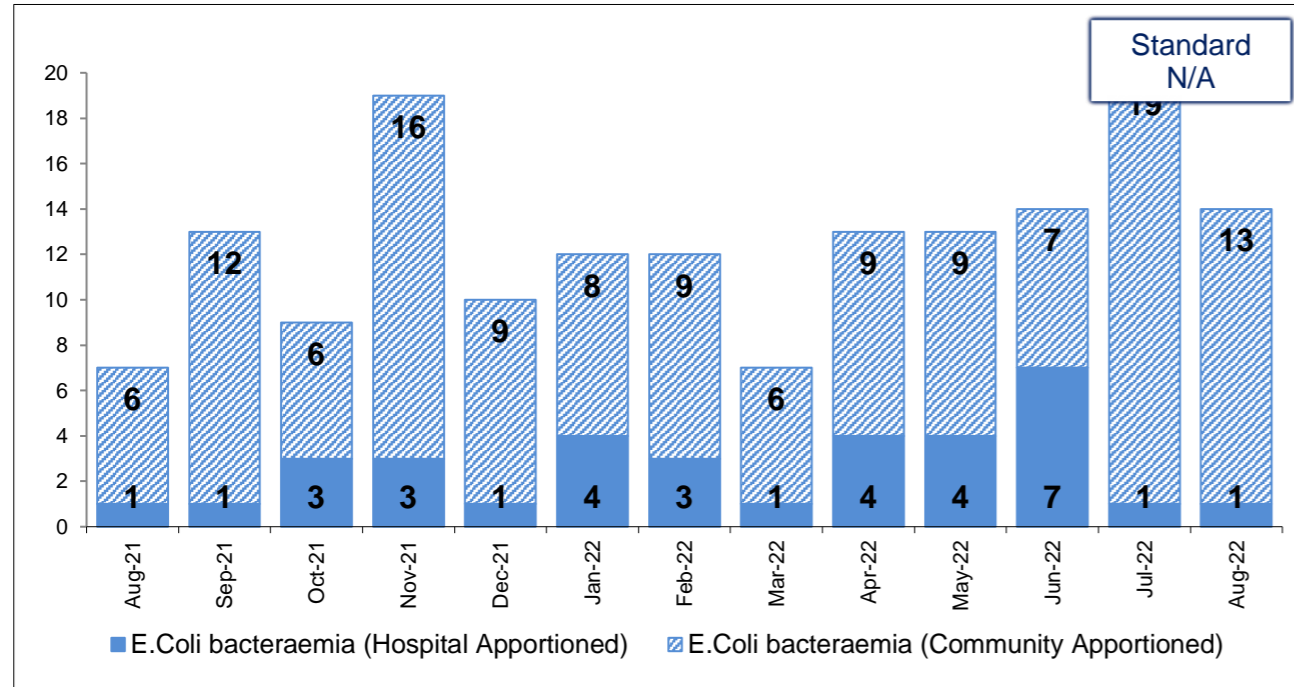
k1.07 | Clostridium difficile infections (Hospital Apportioned)



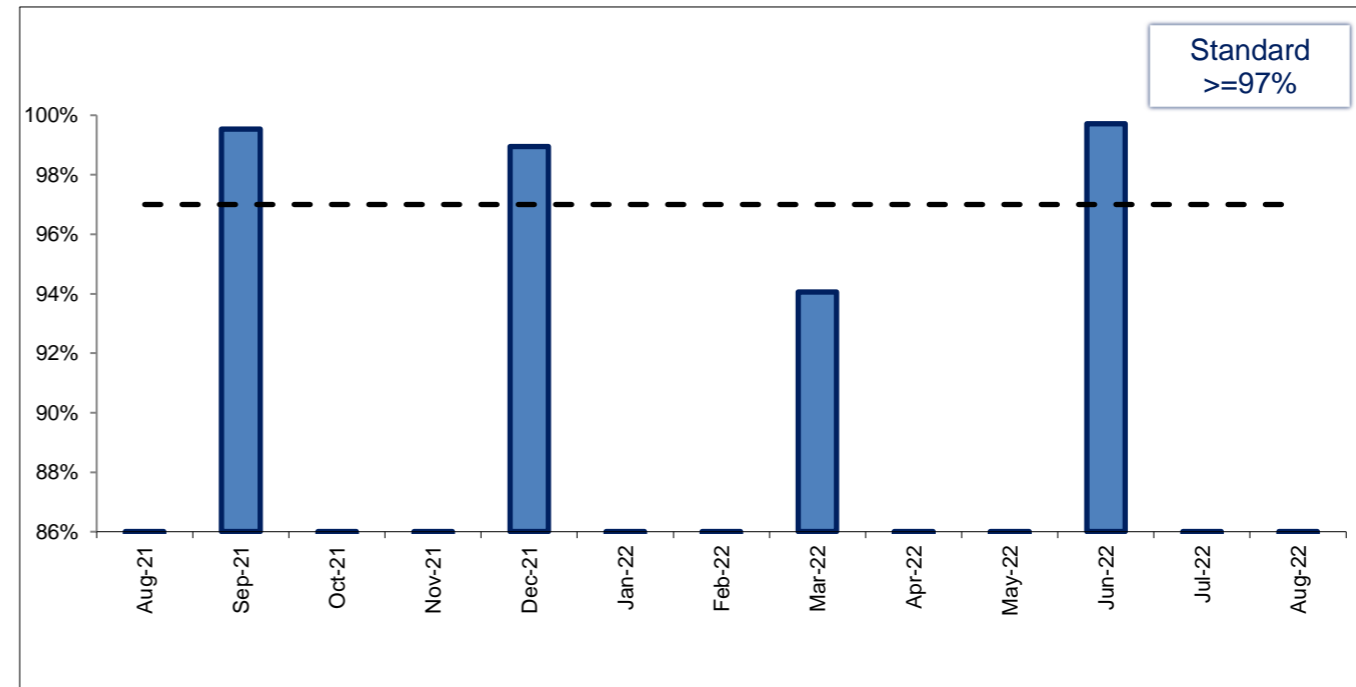
k1.08 | Clostridium difficile infections (Hospital Apportioned) due to confirmed Lapse in Care



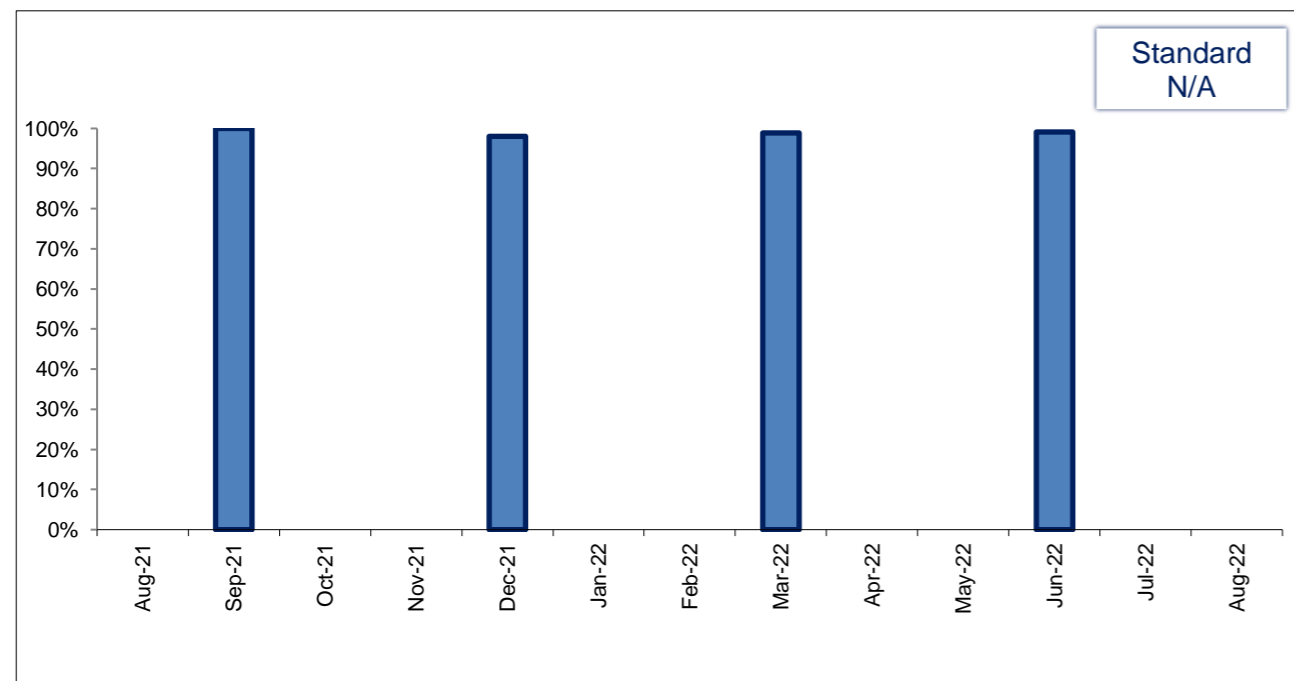
k1.19 | Number of Escherichia (E. coli) bacteraemia



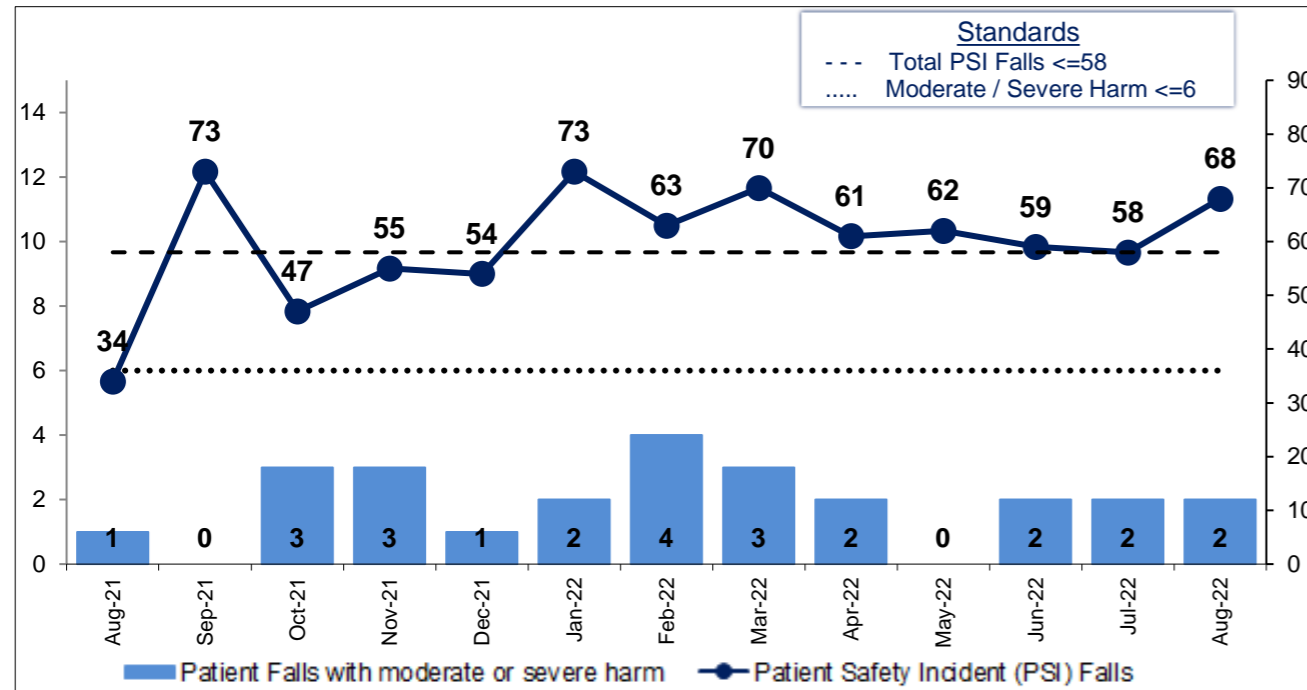
k1.09 | Completed Patient Observations - Adult inpatients (NEWS)



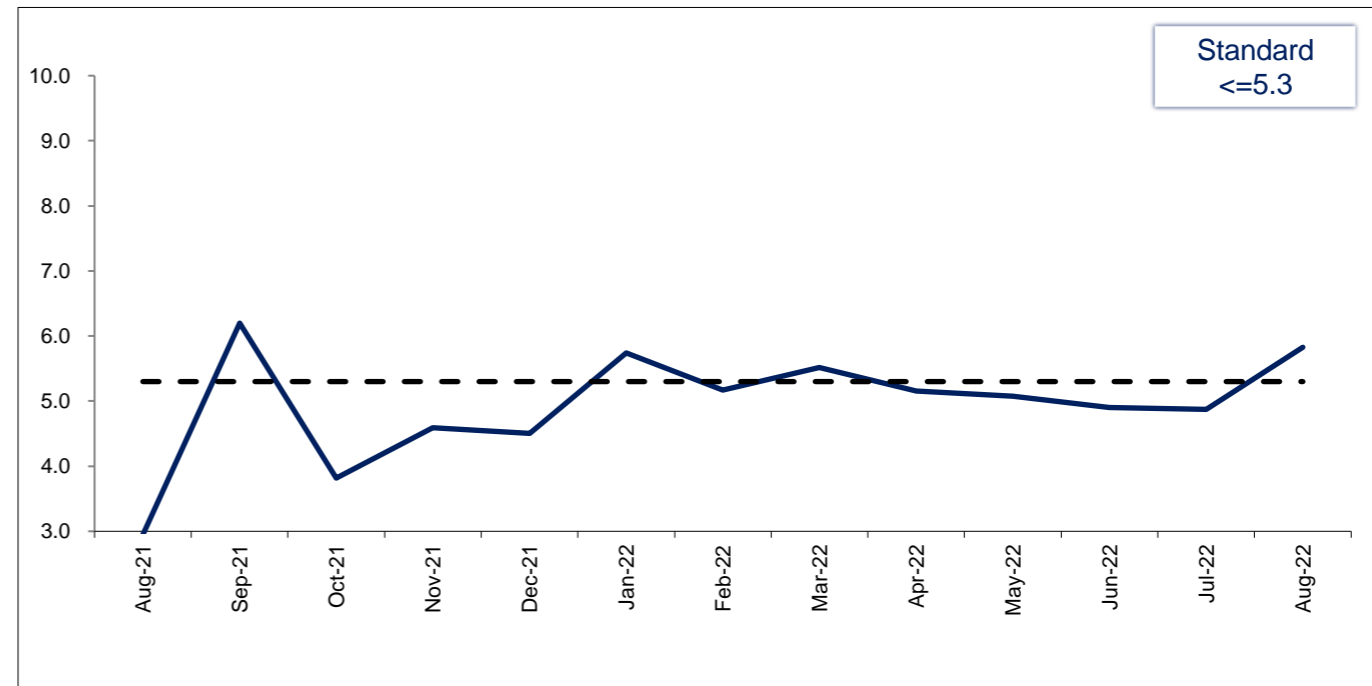
k1.10 | Completed Patient Observations - Paediatric Inpatients (NEWS)



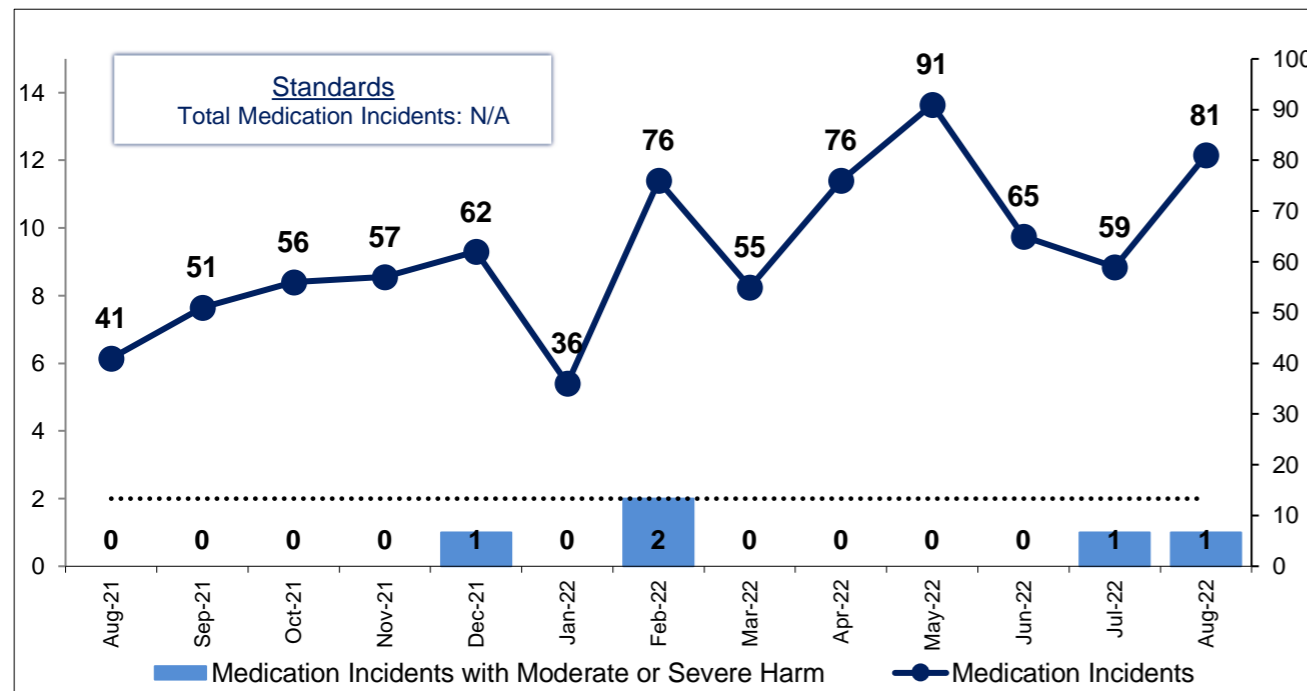
k1.12 | Number of Patient Safety Incident (PSI) Falls



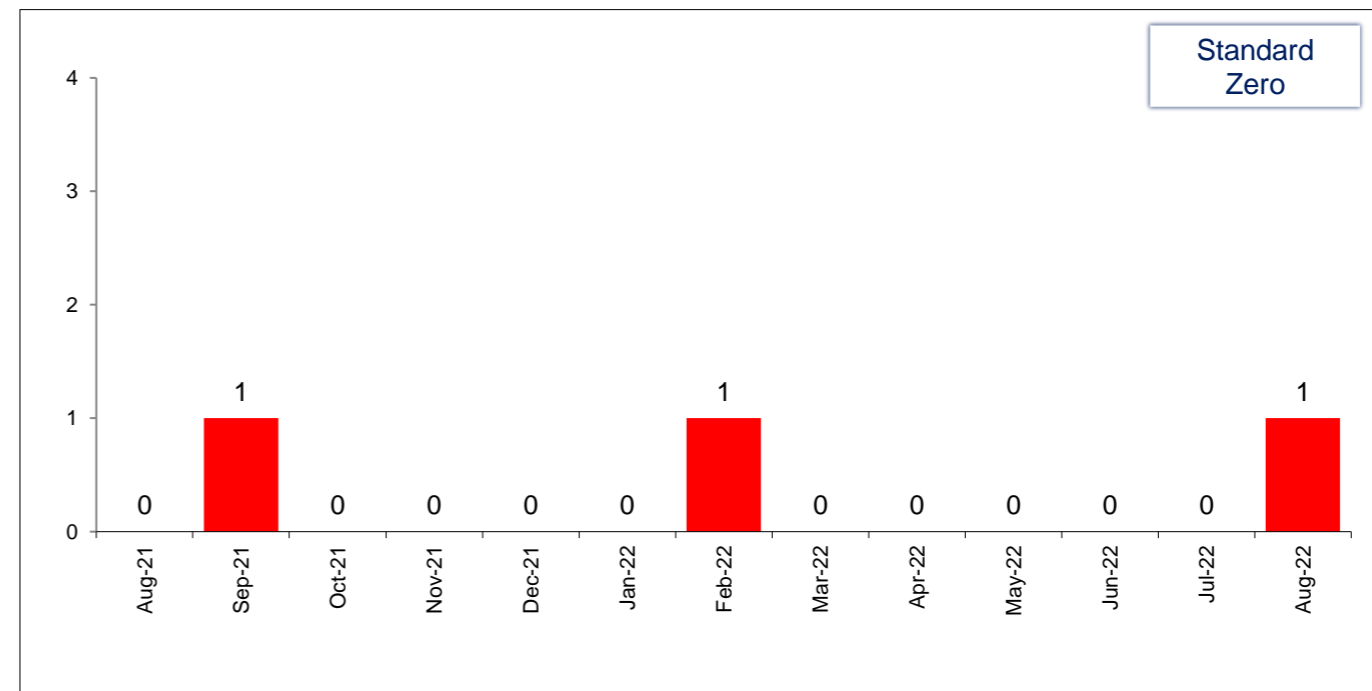
k1.13 | Number of Patient Safety Incident Falls per 1000 G&A beddays



k1.16 | Medication Incidents

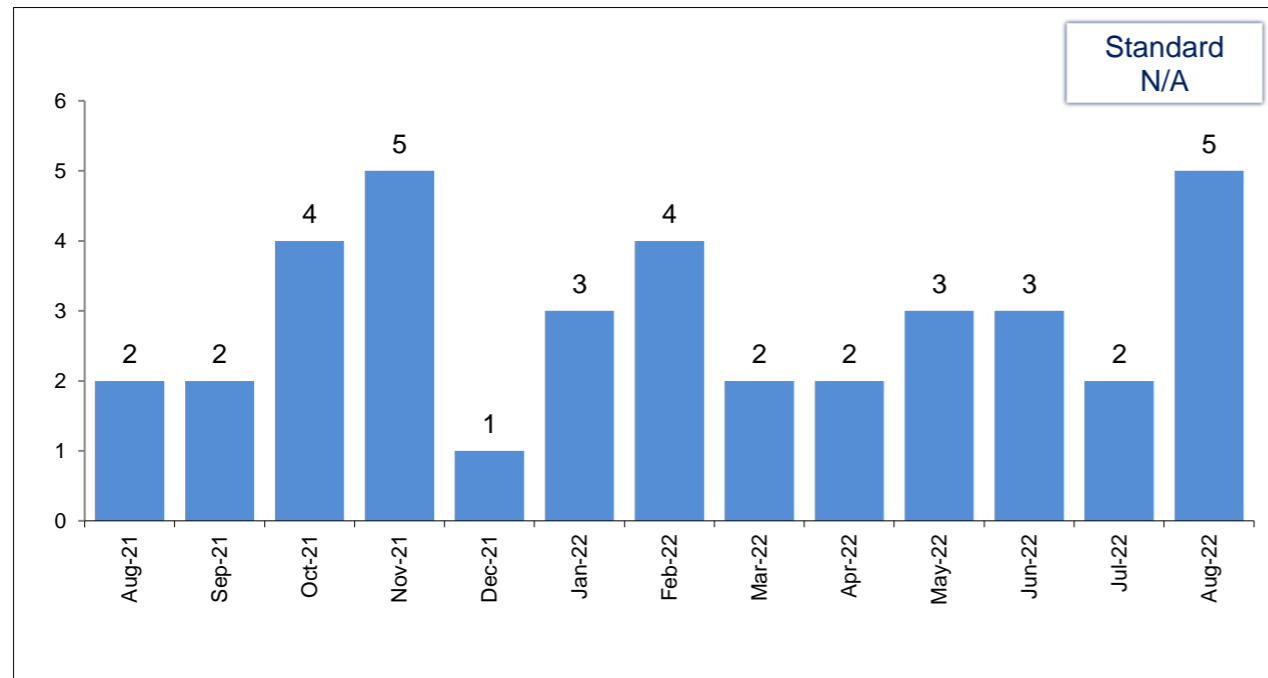


k1.15 | Never Events





k1.18 | Number of Serious Untoward Incidents

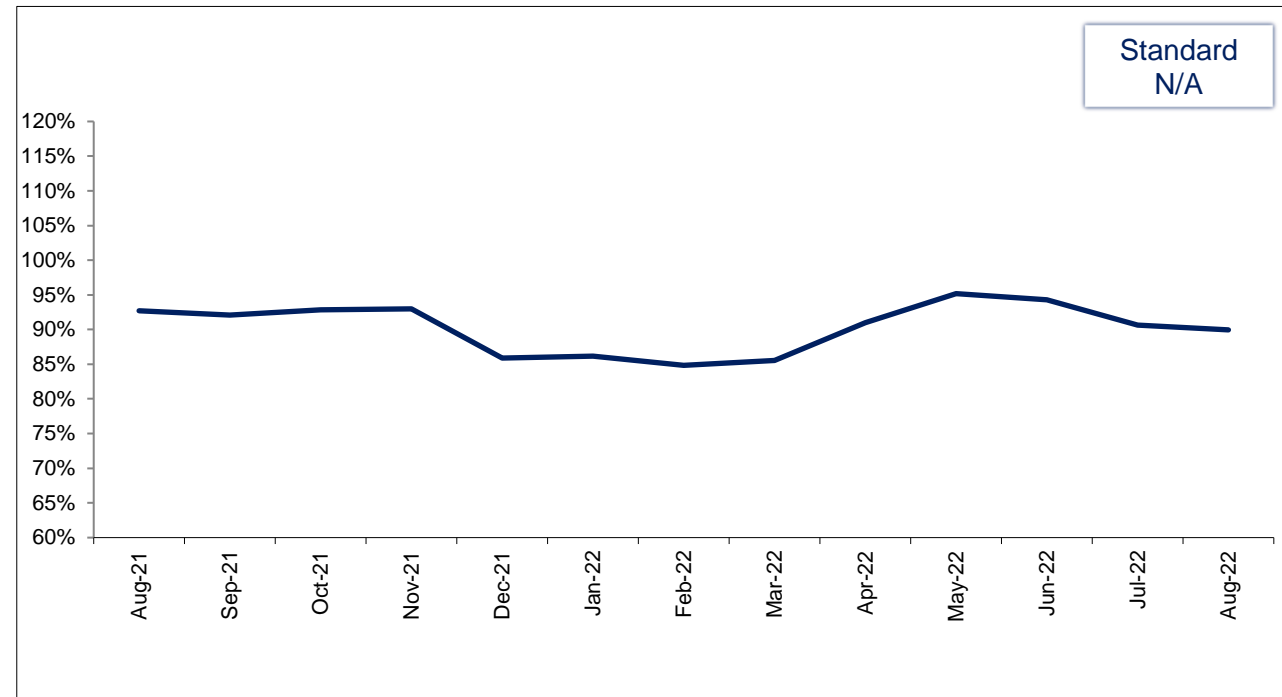


Safe

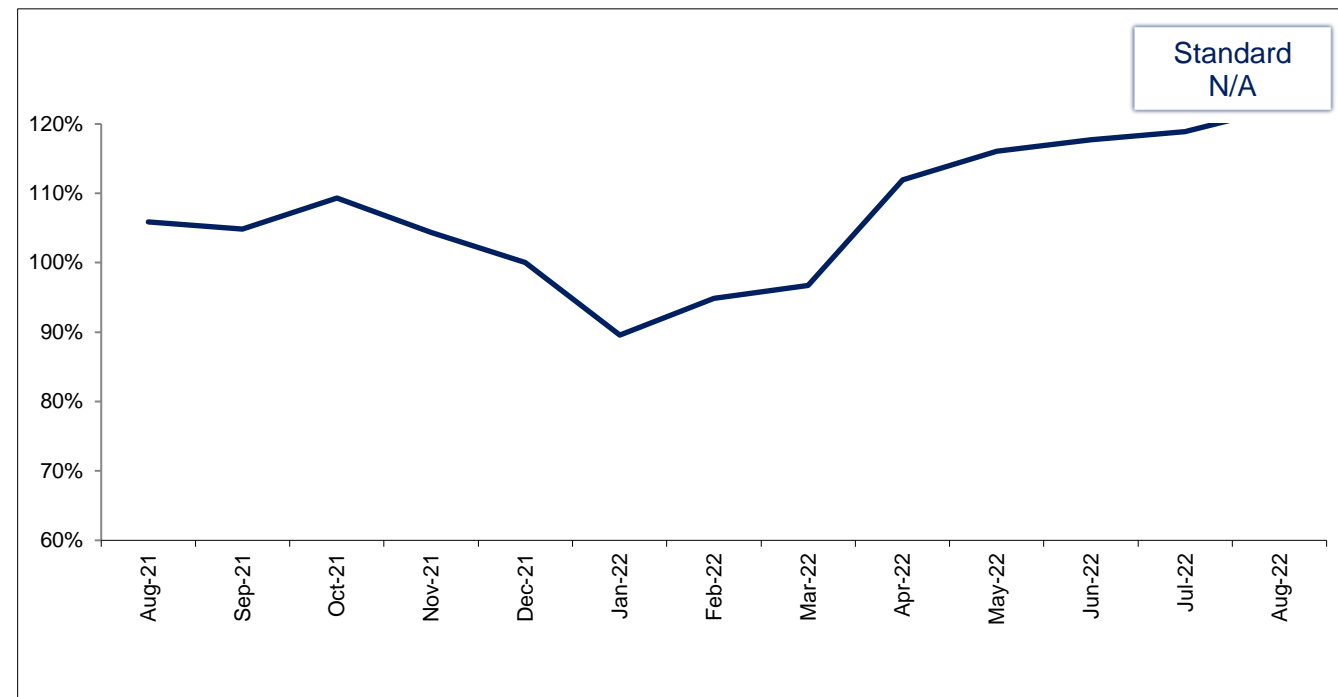
# Is Care Safe?

August 2022

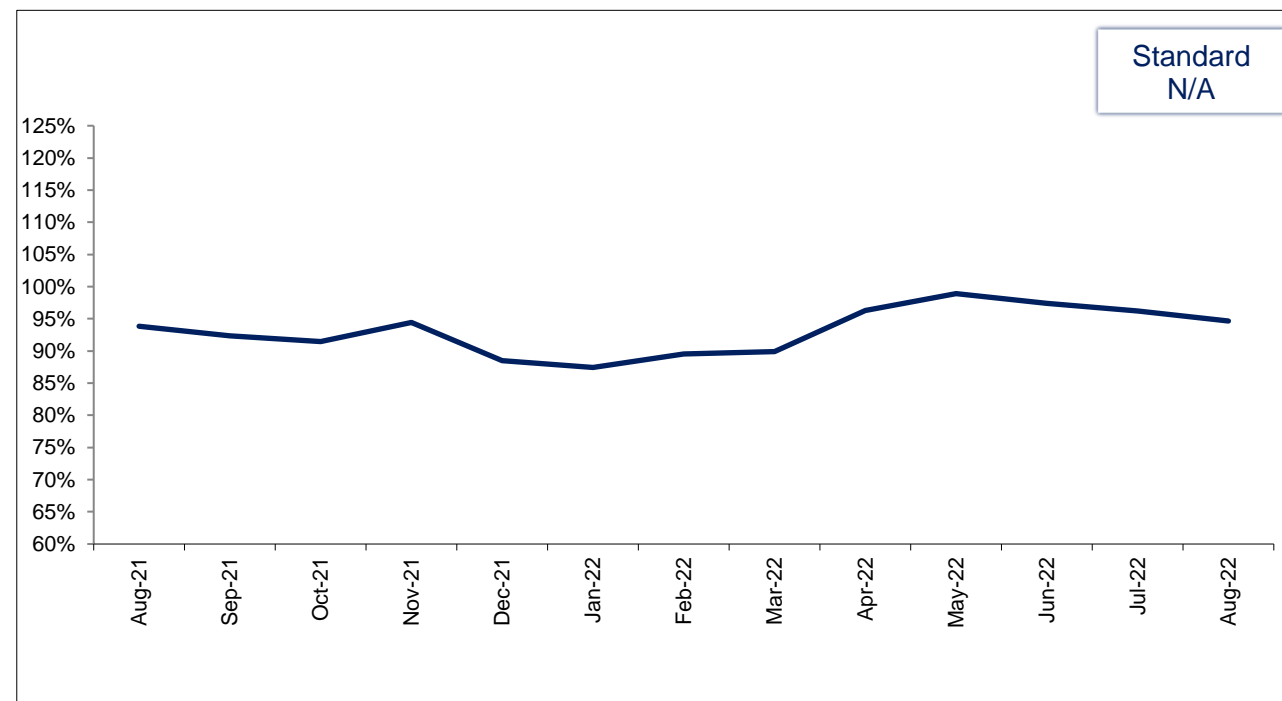
### k4.01 | Day - Registered Midwives / Nurses Fill Rate



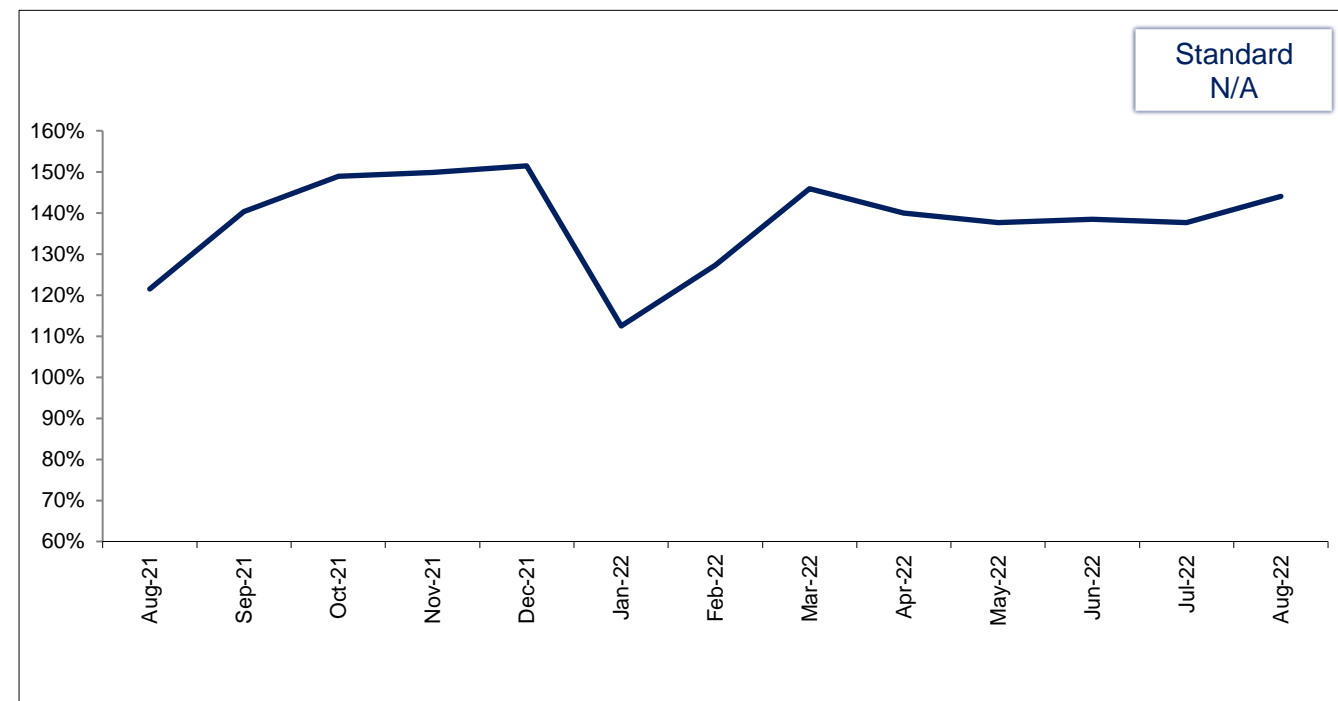
### k4.02 | Day - Assistant Fill Rate



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



### k4.04 | Night - Assistant Fill Rate

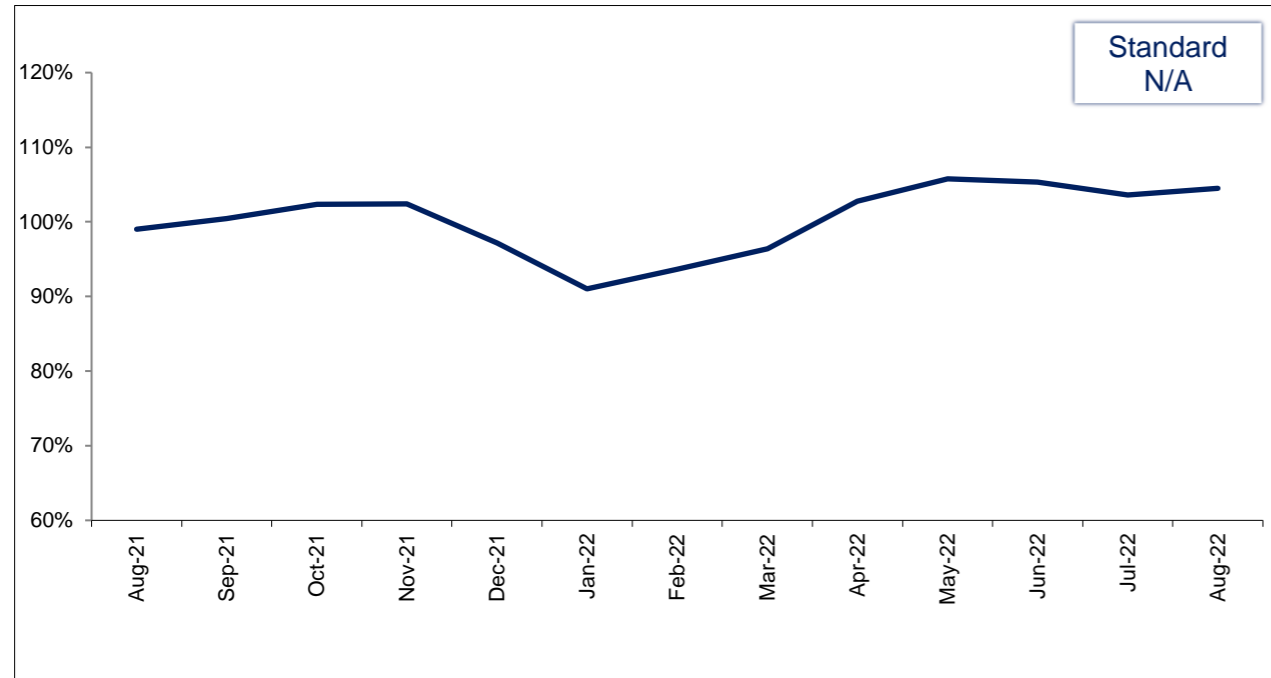


Safe

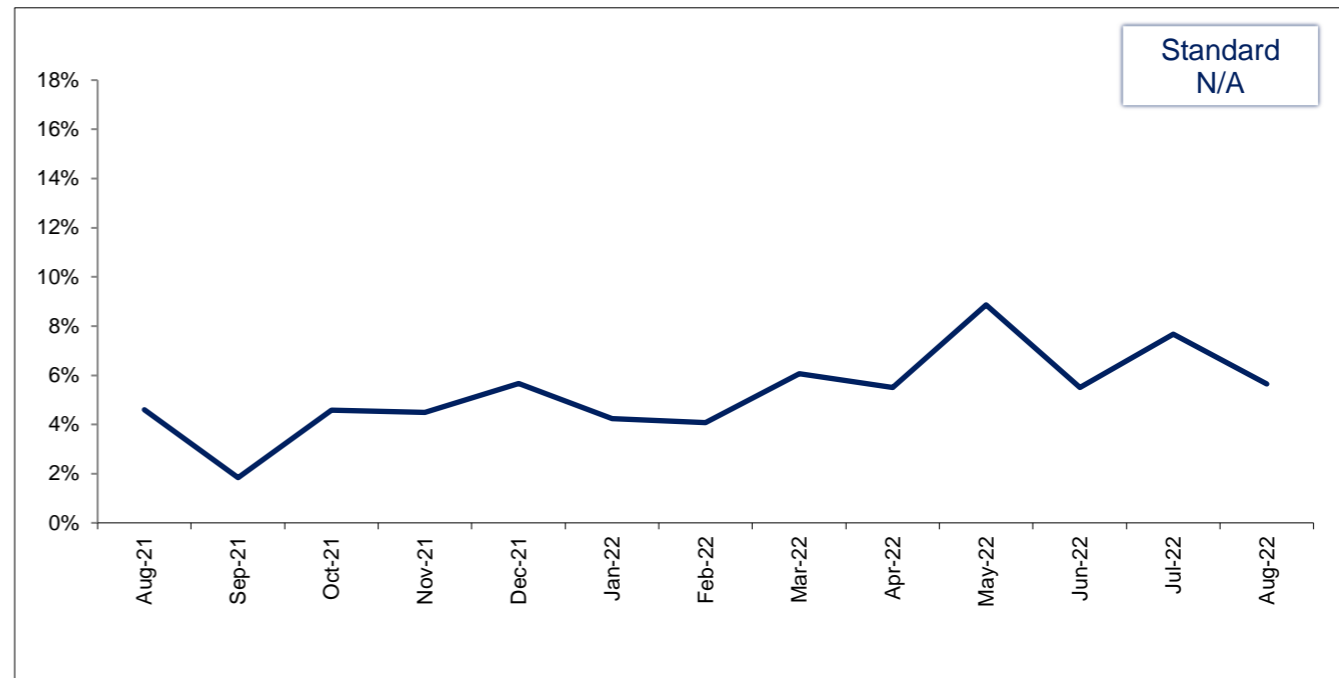
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August 2022

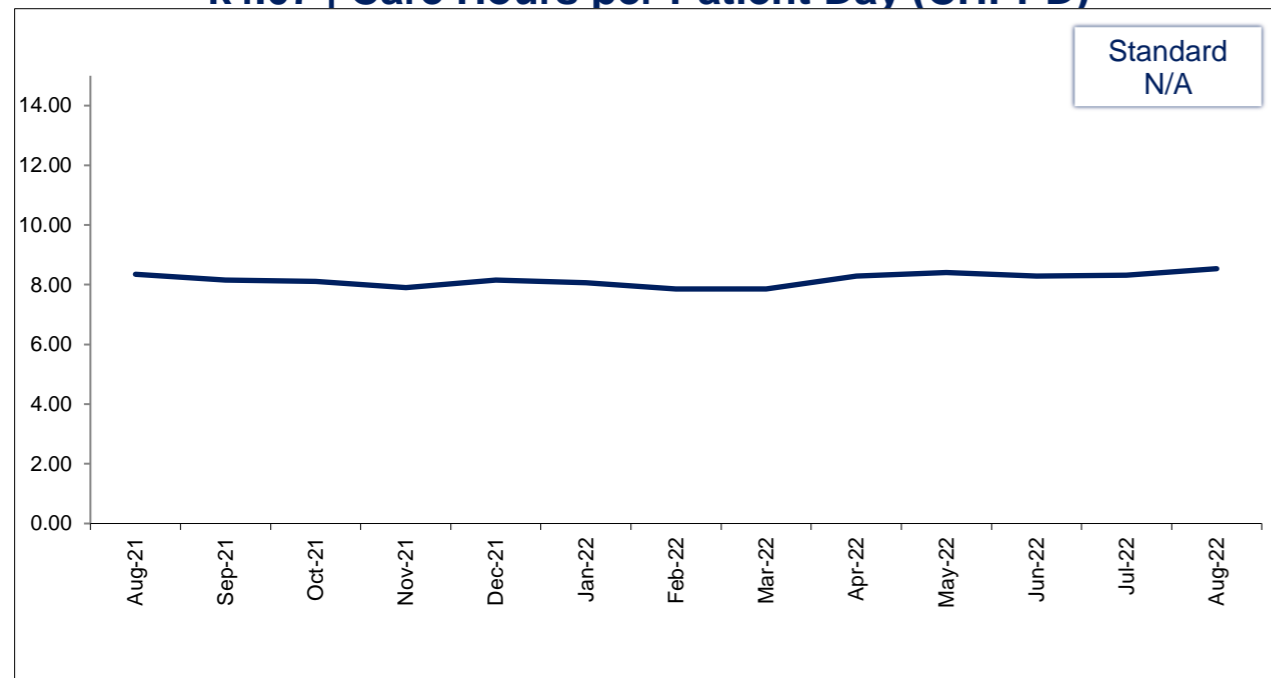
### k4.05 | Overall Trust Fill Rate



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



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

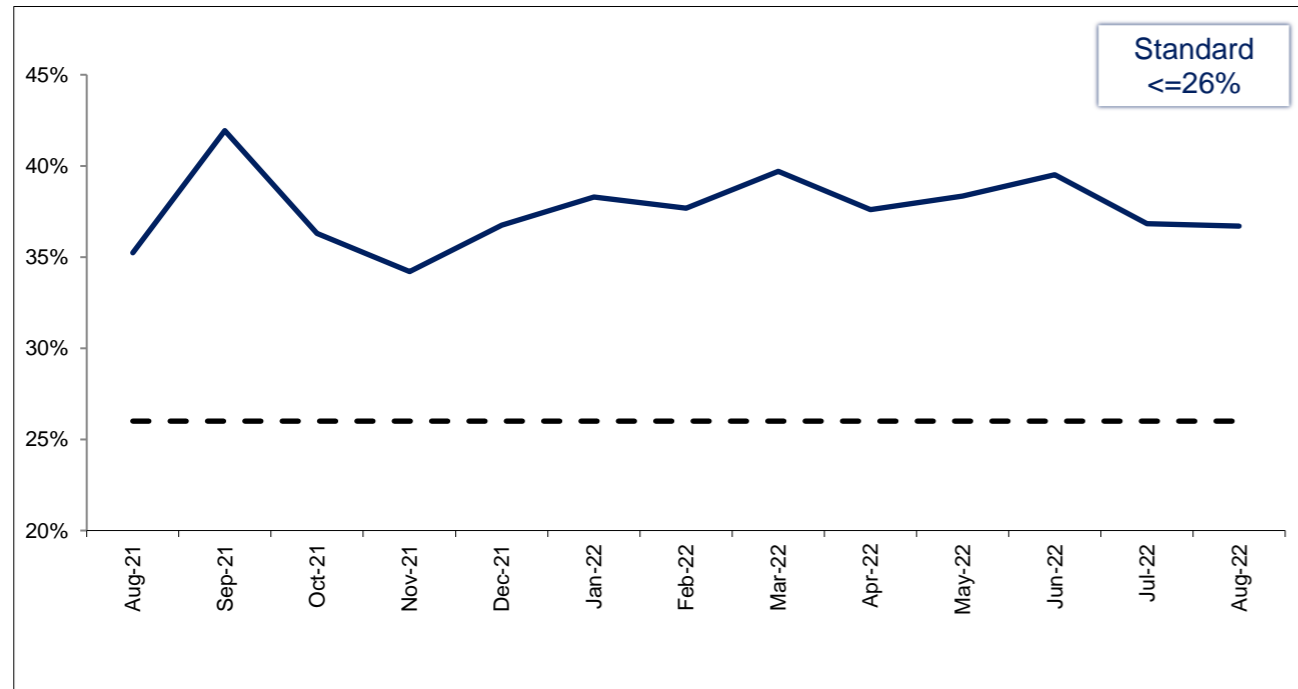


Safe

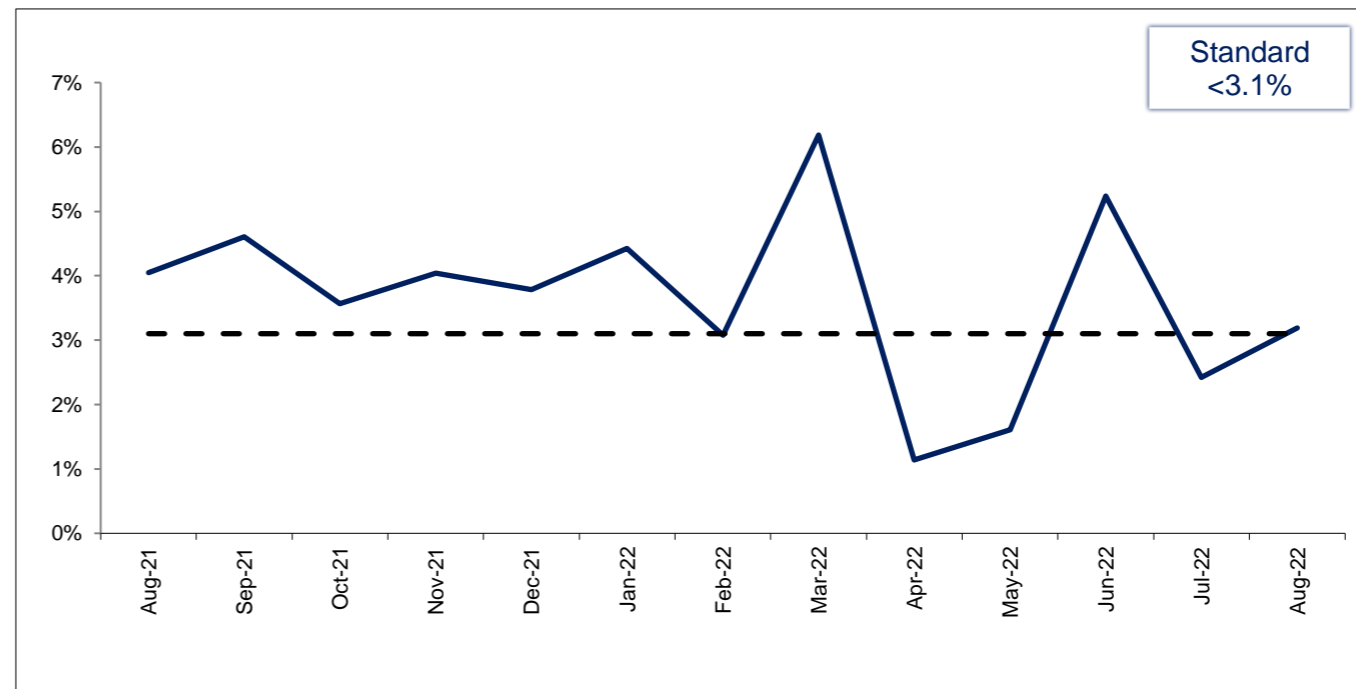
# Is Care Safe? : Maternity

August 2022

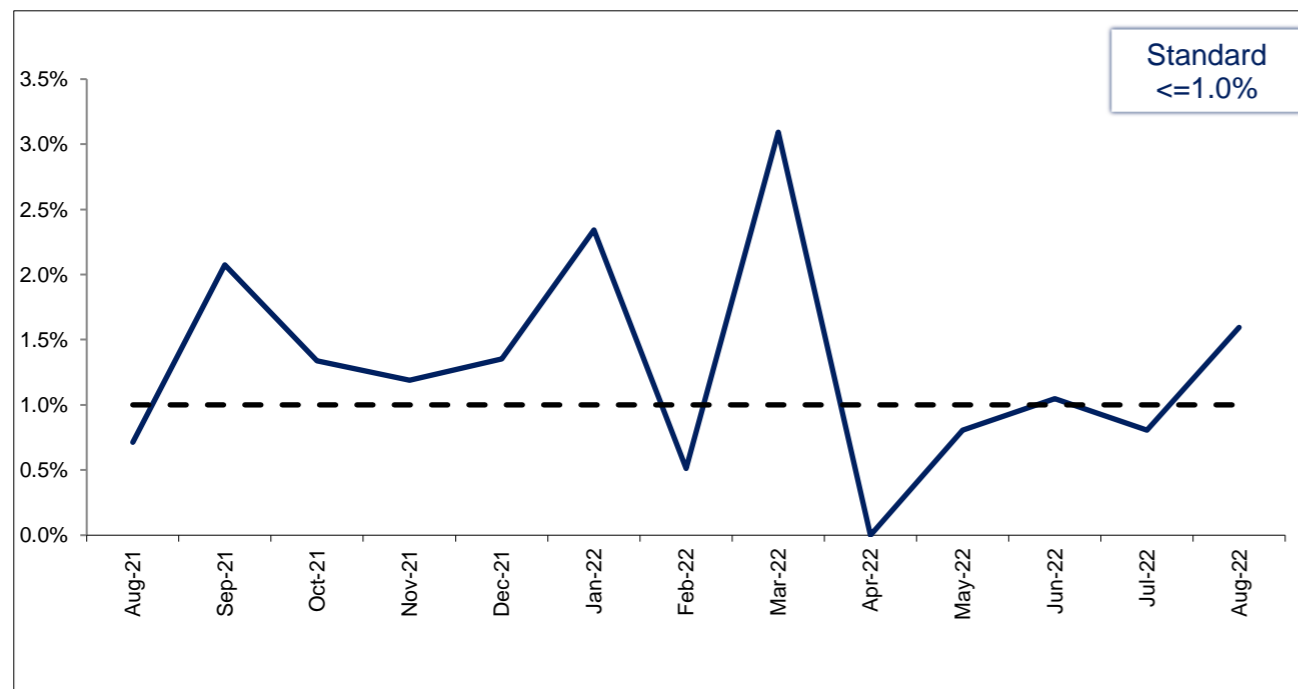
### k5.01 | Caesarean section rate



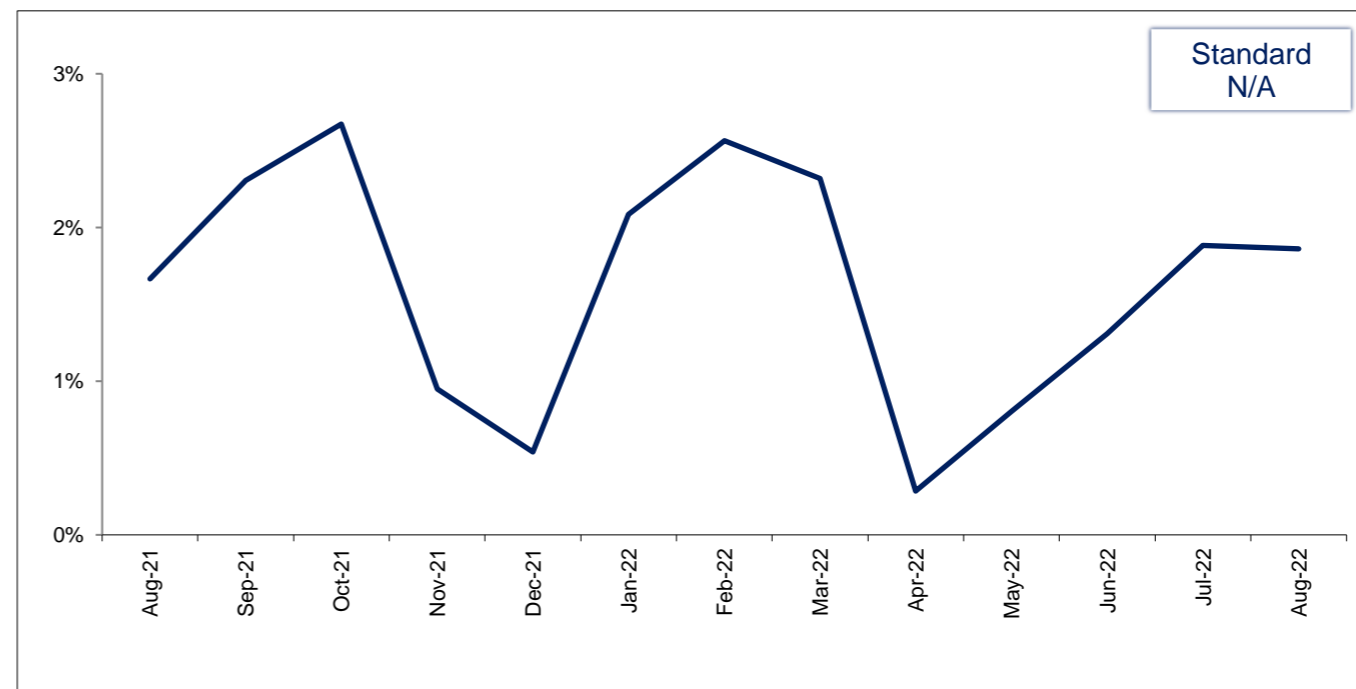
### k5.02 | % women with a primary postpartum haemorrhage of 1500ml or more



### 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:****Breast service demonstrates low rate of unplanned implant removal within one year of surgery between 2017 – 2021 via clinical audit data**

There is always a risk that immediate mastectomy and implant-based reconstructions can result in complications (usually wound healing problems or infections) such that the implant may have to be removed. However, good patient selection and meticulous surgical care should minimise the need for unplanned implant removal.

A report published by Getting It Right First Time (GIRFT) in Feb-21 found that within five years of their initial reconstruction (implant or autologous), 5-7% of women have a further reconstruction, on the same breast but using a different method, suggesting complete failure of the first reconstruction. Additionally, nationwide, the unplanned implant removal rate within one year of surgery is 7% which is higher than the best practice target of 5% (at 90 days) as set in 2012.

A local audit conducted by Miss Chloe Constantinou and Dr Carmen Viski of 154 surgical interventions which took place at Kingston Hospital NHS Foundation Trust between 2017 – 2021 found an unplanned implant removal rate (within one year of surgery) of 1.89%. This rate was compared against a national average of 7% and the best practice target of 5%.

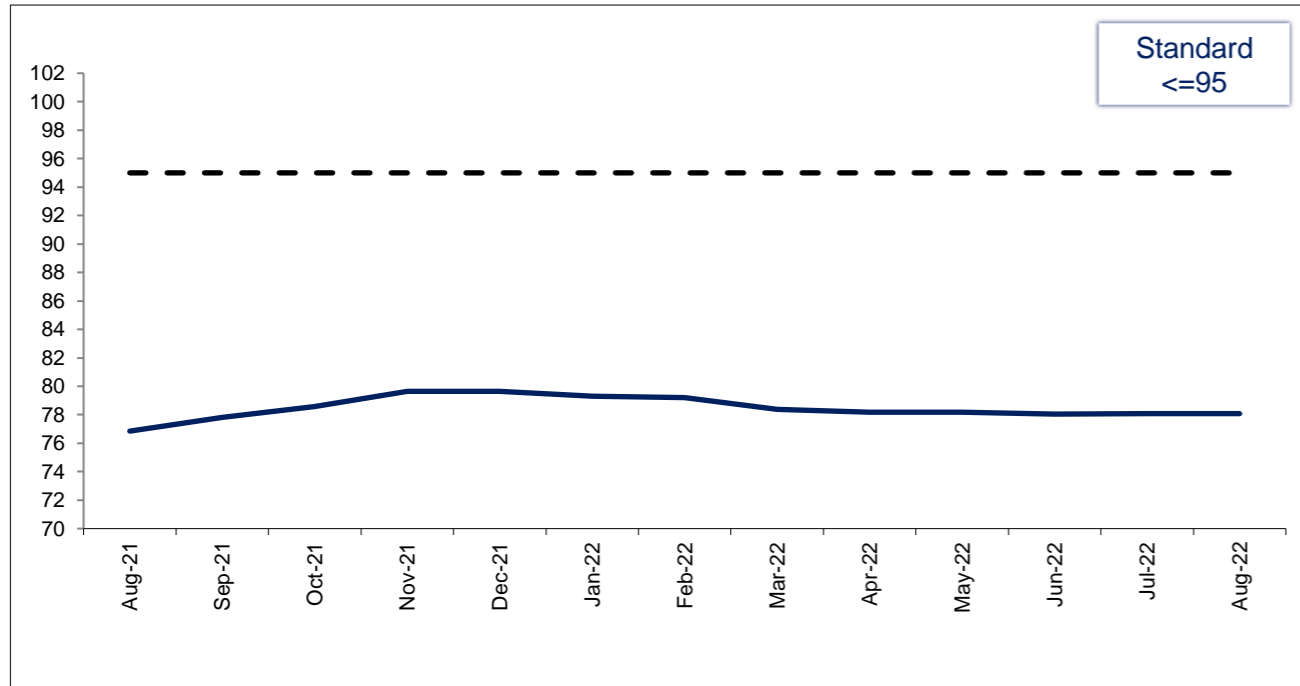
Upon further investigation, it was found that the implant removals identified by the audit occurred during 2017 and 2018, thus demonstrating a removal rate of 0% for three years between 01/01/2019 – 31/12/2021, although, during this period 3 implants were exchanged with expanders.

The service notes that the use of PICO dressings since Jul-20 may be one of the contributors in reducing implant loss as it may preserve the skin envelope in patients with skin flap necrosis and poor healing.

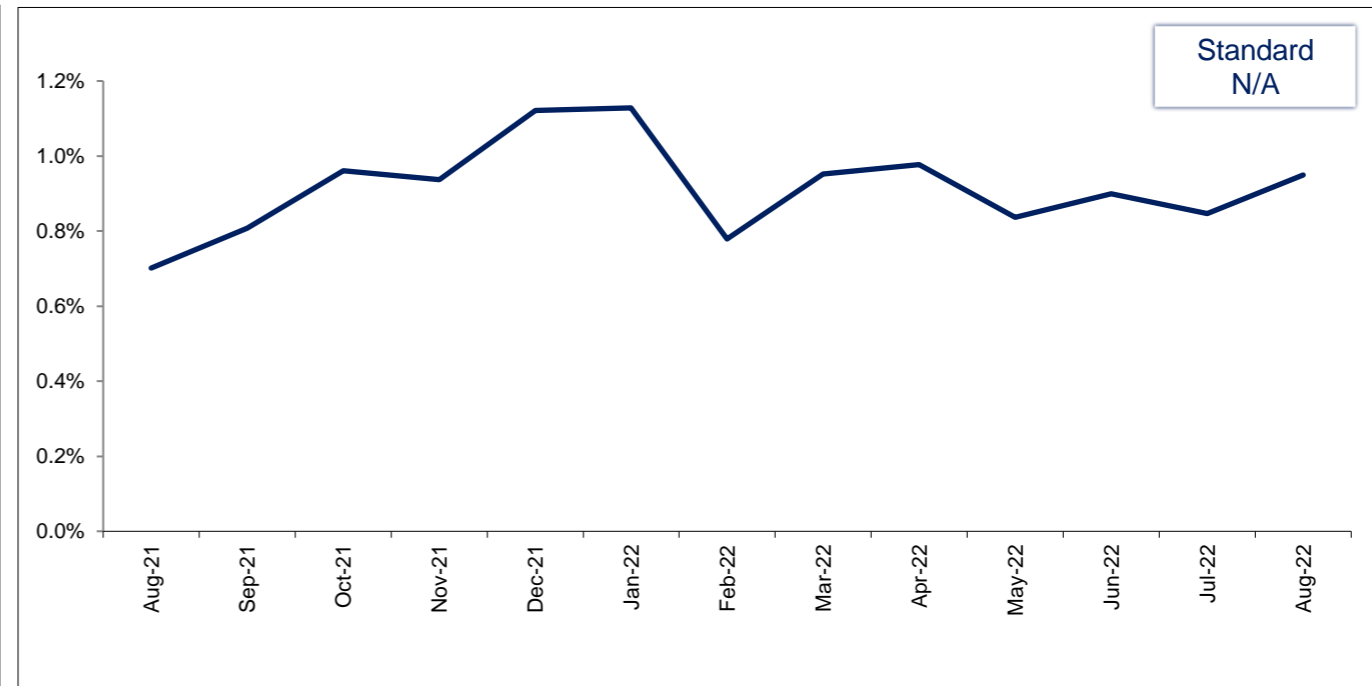
**References:**

- GIRFT National Report for Breast Surgery, Feb-21: <https://www.gettingitrightfirsttime.co.uk/wp-content/uploads/2021/11/Breast-surgery-overview.pdf>

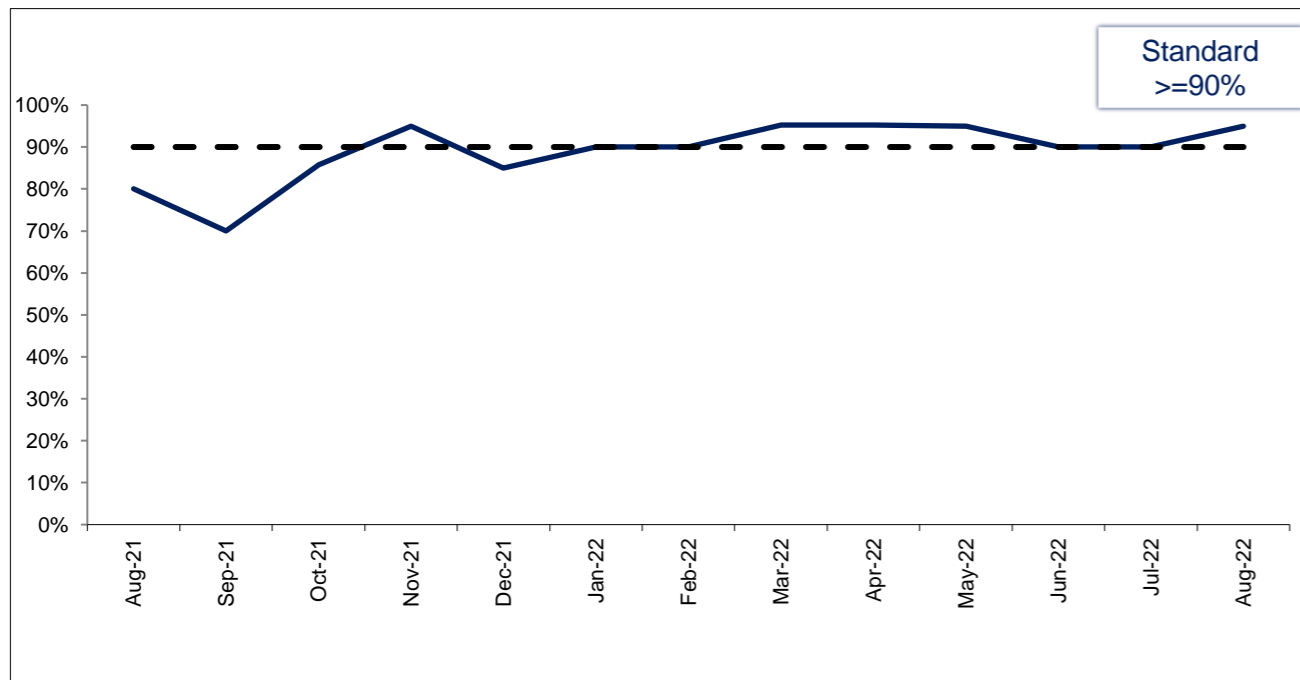
k2.01 | SHMI



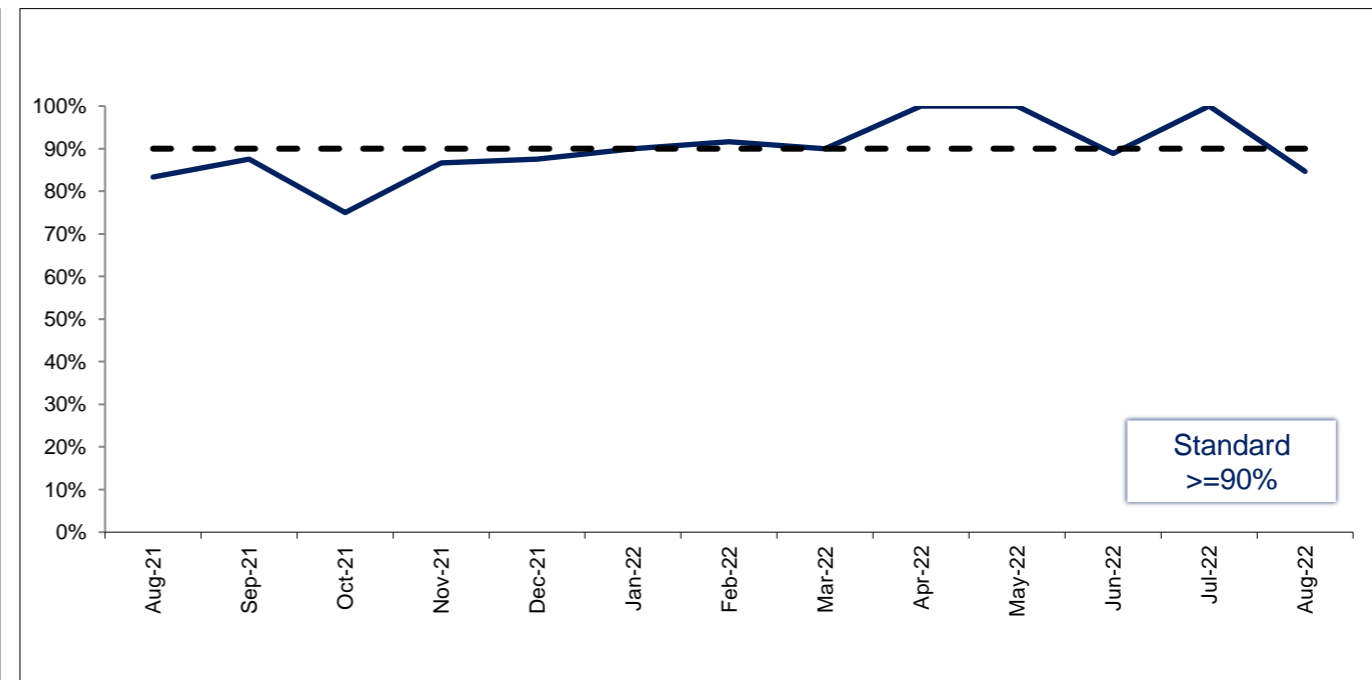
k2.02 | Unadjusted Mortality Rate



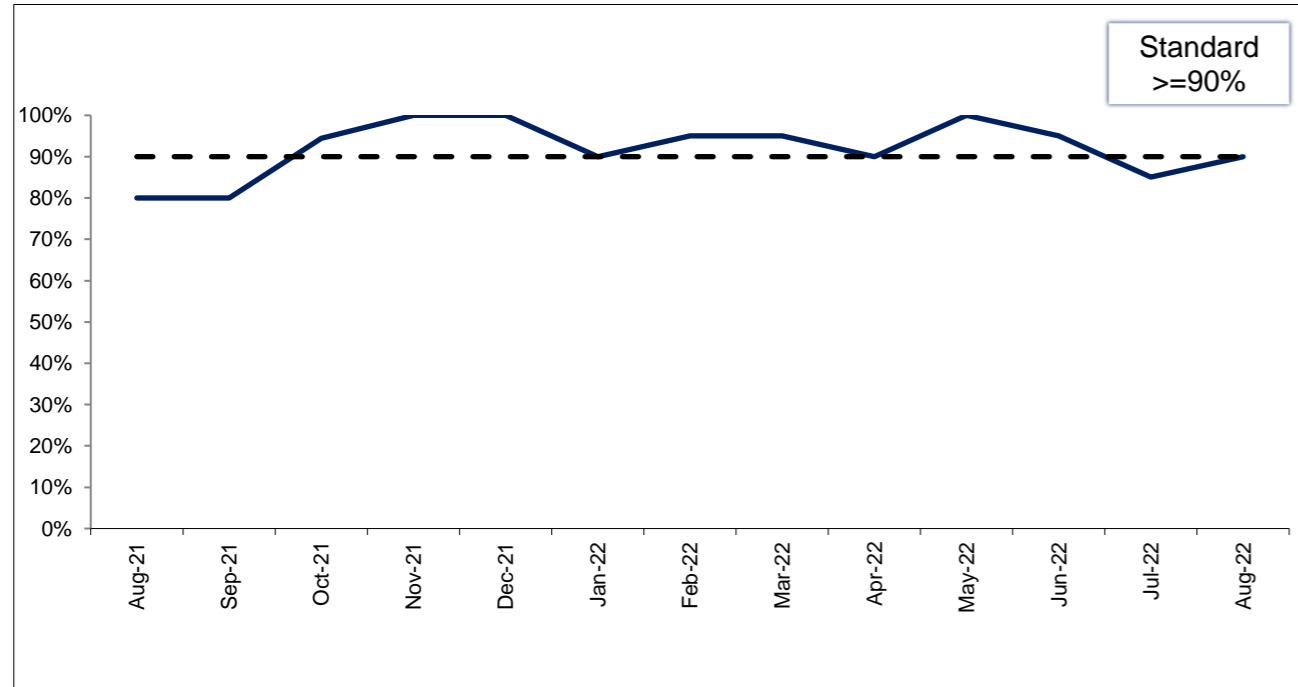
k2.03 | Sepsis - % of eligible patients screened for sepsis - Emergency Department



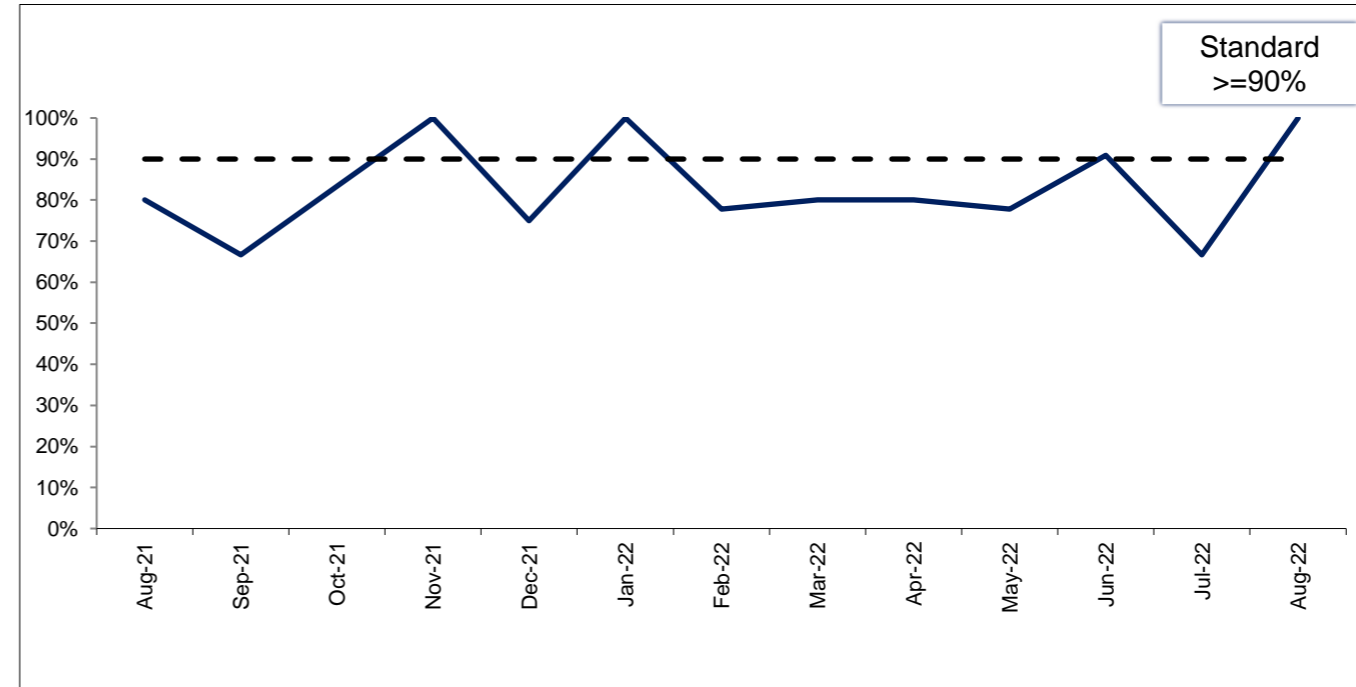
k2.04 | Sepsis - % of eligible patients who received antibiotics within 1 hour of arrival - Emergency Department



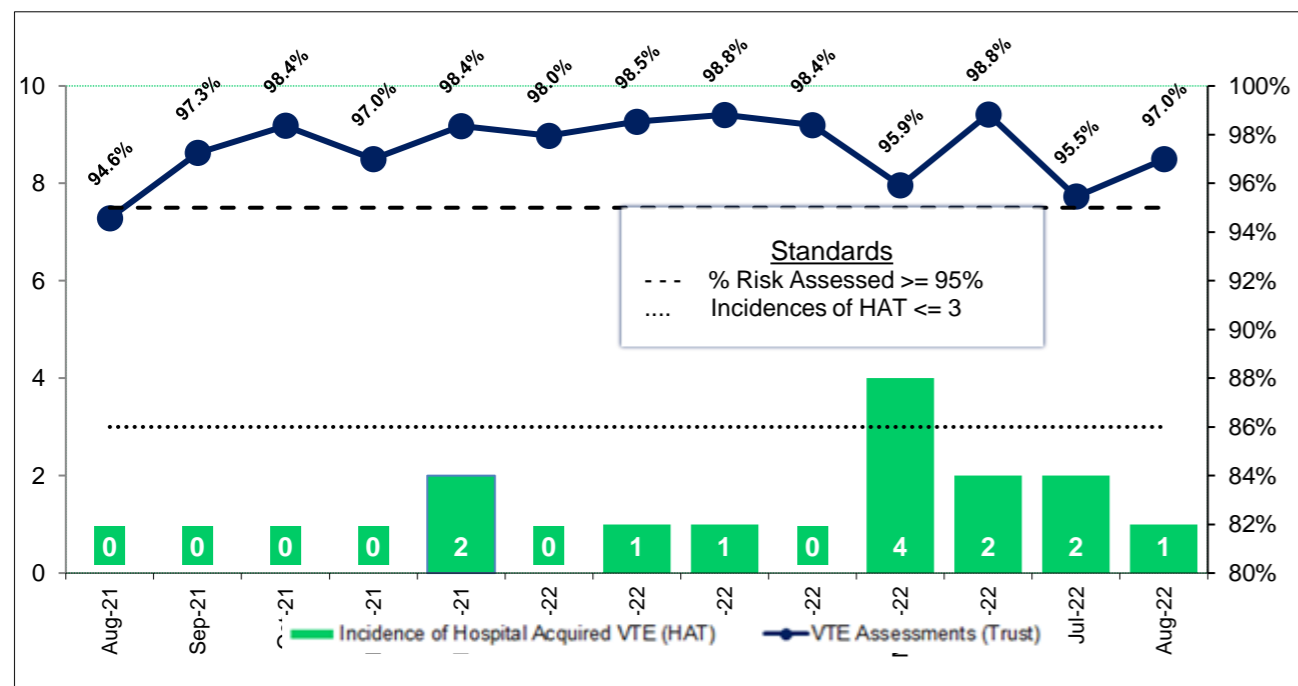
**k2.13 | Sepsis - % of eligible patients screened for sepsis - Inpatients**



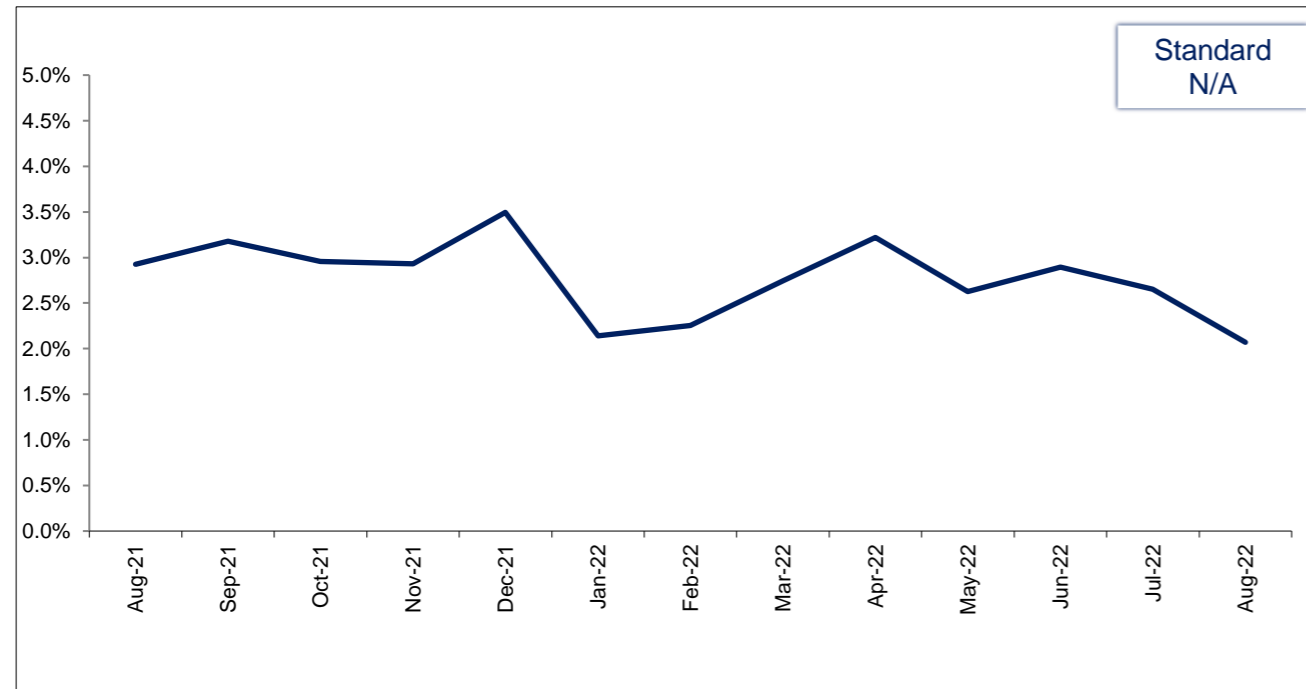
**k2.14 | Sepsis - % of eligible patients who received antibiotics within 1 hour - Inpatients**



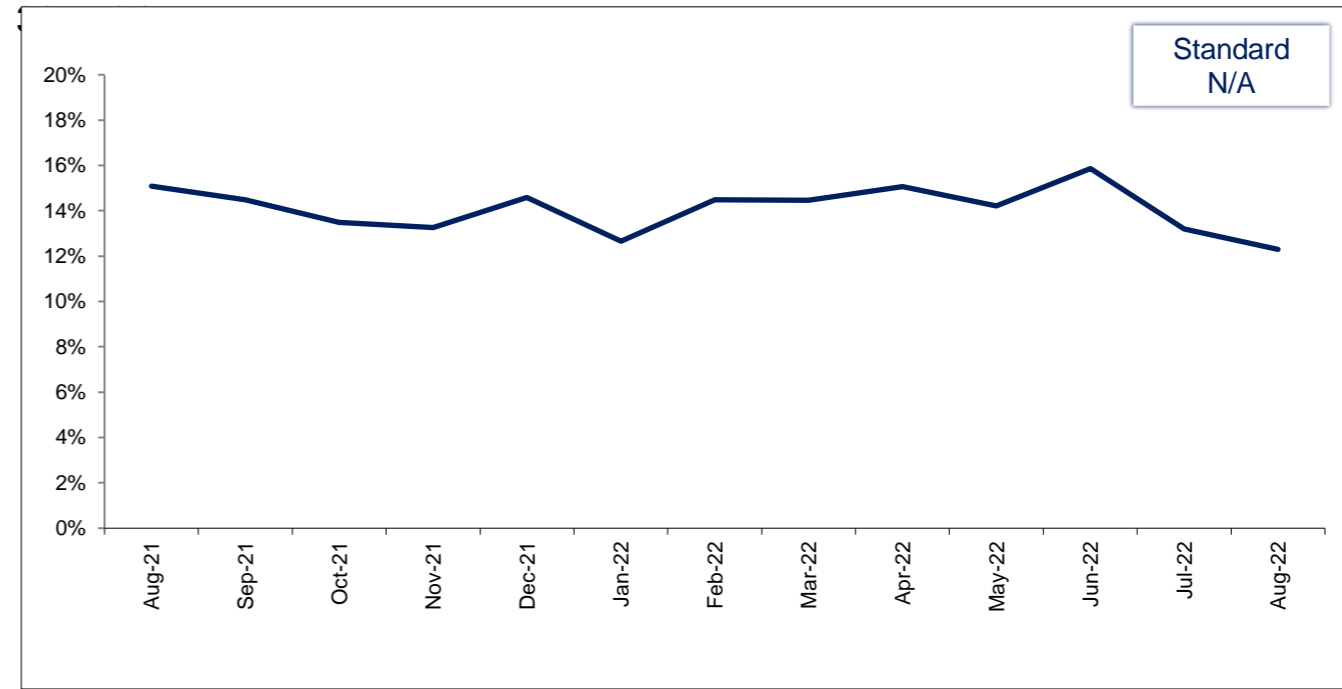
**k2.05 | Prevention of Hospital Acquired VTE (% patients risk assessed)**  
**k2.06 | Incidence of Hospital Acquired VTE (HAT)**



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



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



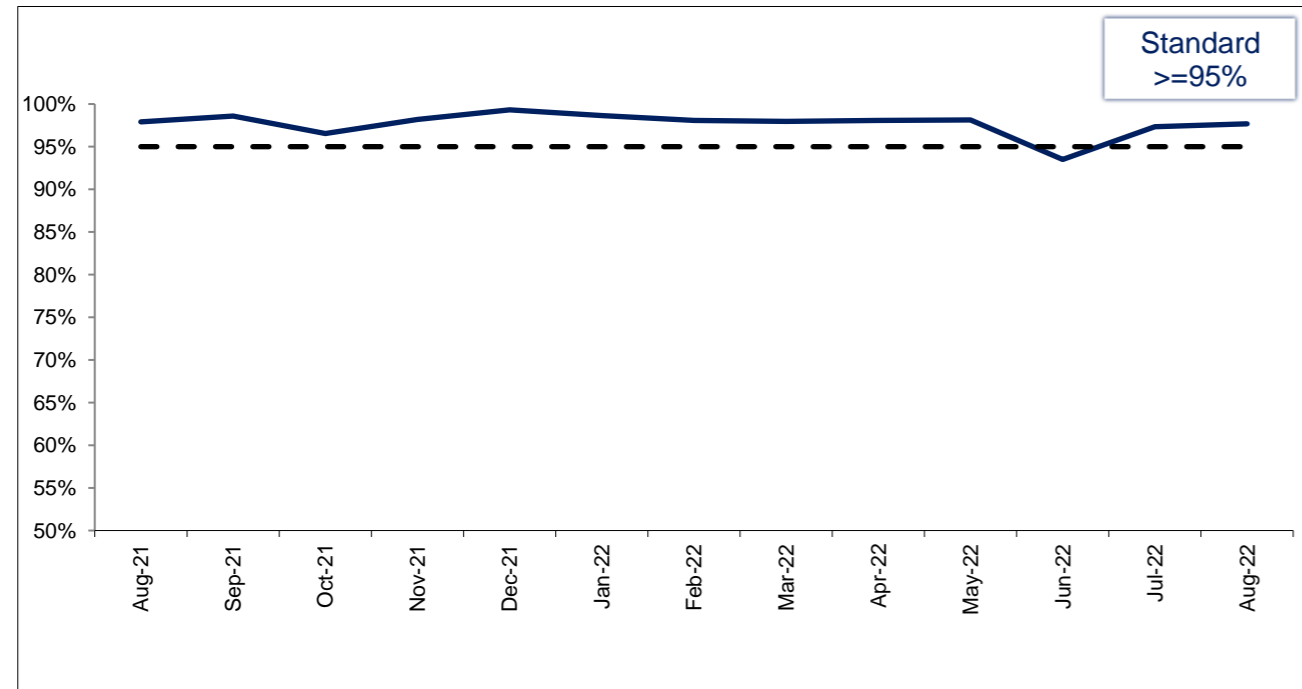


Effective

# Is Care Effective?

August 2022

## k3.15 | Hand Hygiene



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

The trust received **28** complaints in August 2022 compared to **51** in August 2021.

Unplanned Care received the highest number of complaints accounting for 61% of the total received followed by Planned Care 36% and Corporate Services 3%.

**Within Unplanned Care the following areas received in August 2022.**

Emergency Department (6), Acute Assessment Unit (3), Radiology (3), Derwent Ward (2), Blyth Ward (1) and Respiratory (1).

*The complaints under the Emergency Department have been reviewed, three of the complaints were regarding a delay in treatment but no other trends could be identified.*

*No trends were identified for the complaints under Radiology. Two of the three complaints for Acute Assessment Unit were regarding inappropriate discharges.*

**Within Planned Care the following areas received in August 2022.**

Maternity (3), Anaesthetics (1), Day Surgery Unit (1), ENT (1), General Surgery (1), Rheumatology (1), Trauma and Orthopaedics (1), Urology (1).

*No trends were identified with the complaints under Maternity.*

**Subjects**

The most frequent subjects were Care and Treatment (50%), Diagnosis (10%), Communication (10%) and Admission/Discharge (10%).

**Reopened Complaints**

10 complaints were reopened in August 2022.

The reasons for these complaints reopening were Facts Challenged (5), Further Questions (5) and new information received (1). It is recognised that this number of reopened complaints is high. It reflects the increased volume of complaints in recent months and the challenging nature of many complaints.

**De-escalated complaints**

There were 13 formal complaints de-escalated and resolved informally in August 2022. The following areas resolves these complaints; ENT (3), Ophthalmology (3), Breast (1), Cardiology (1), Dermatology (1), Emergency Department (1), Endoscopy (1), Gastroenterology (1), Urology (1),

**Ombudsman**

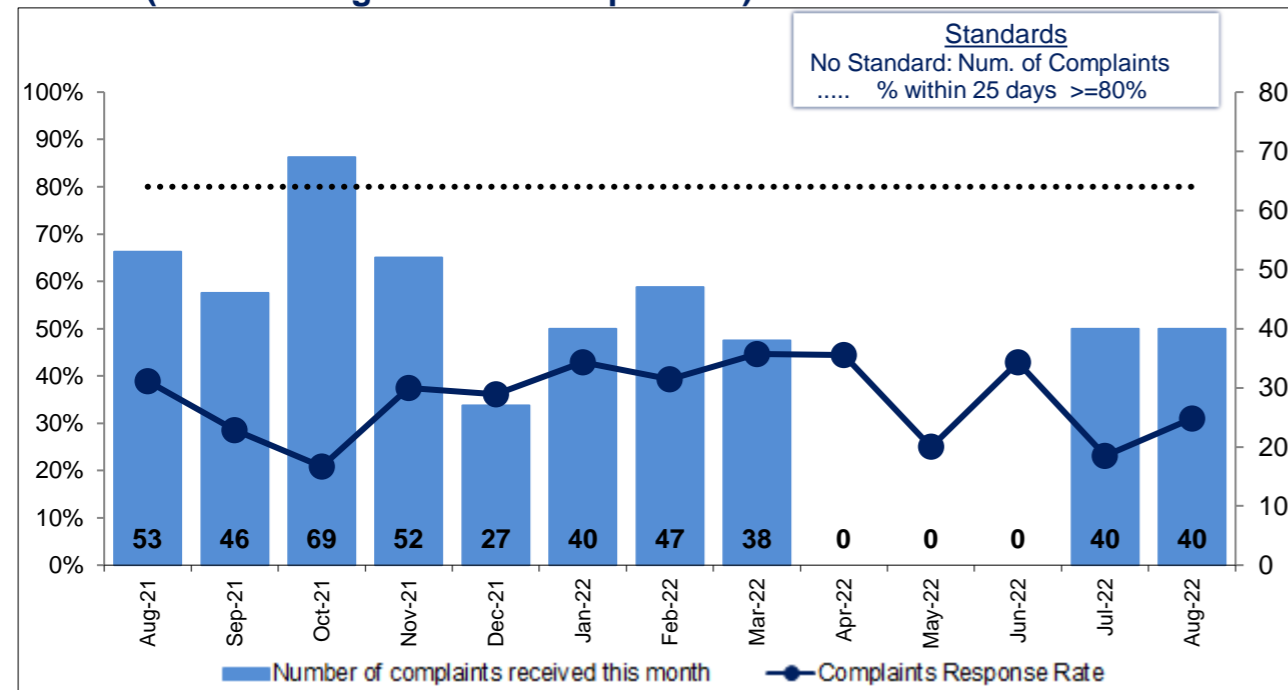
No complaints were referred to the Ombudsman in August 2022.

**Jane Suppiah: Head of Patient Experience and Involvement**

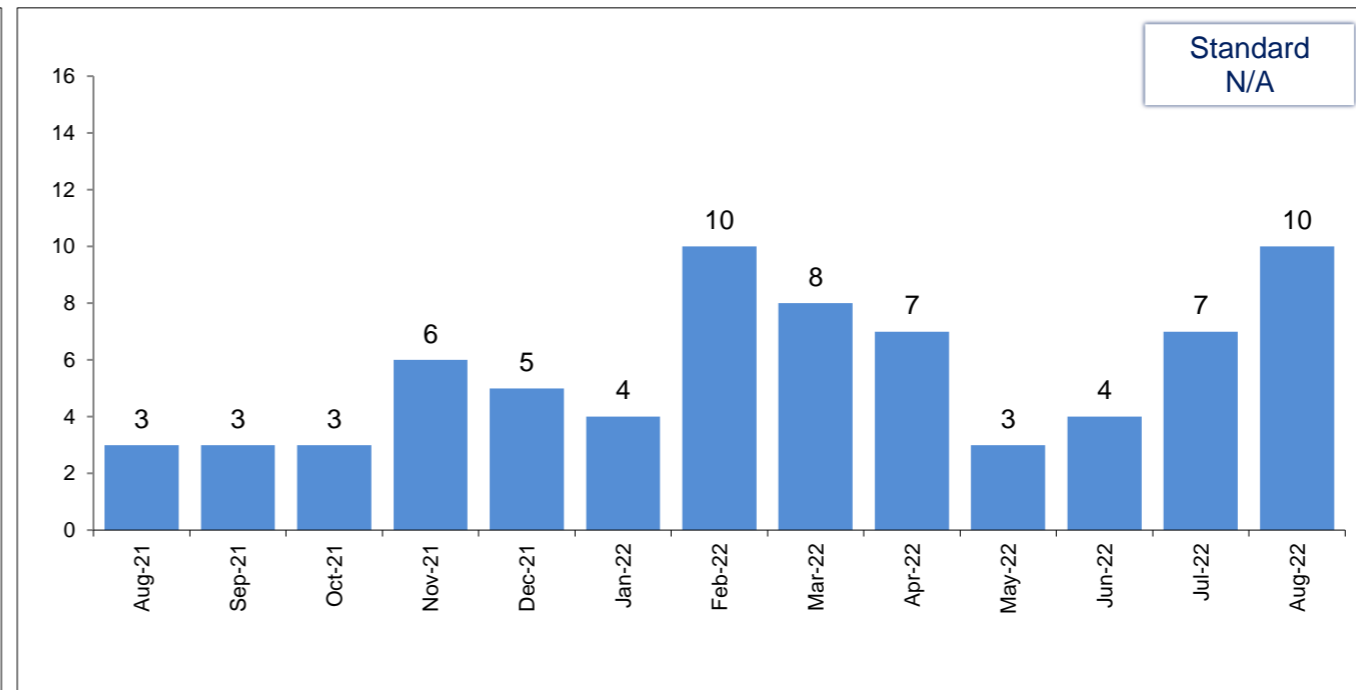
3,112 FFT ratings were collected in August 2022. 90.54% of ratings were positive, a strong improvement on July's figure of 88.75% and the highest positive trust-wide rating since April 2021. Negative feedback at Trust level has continued a downward trend falling from 6.35% in July to 4.9% in August (from a peak in April 2022 of 8.25%). There has been a sharp and significant improvement in patients reported experience in ED Majors (from 61.4% to 76% positivity rating). This has coincided with a range of patient focused improvements in ED including refurbishment (signage, maps, redecorating), improved access to food and drink and the introduction of a charging hub for electronic devices. There is improvement in the positivity of ED Majors patients' comments across all themes and most notably clinical quality of services and communication with patients. 240 patients provided feedback on their care and treatment as a daycase patient with an overall positivity rate of 97.08%. Feedback on gastroscopy, flexible sigmoidoscopy, gynaecology, ophthalmology, and orthopaedic surgery from respondents was 100% positive. Quick anonymous feedback was collected from 65 maternity service users with 95% of respondents rating their experience positively. The patient experience team is working with departments to ensure all staff are aware of how to make feedback opportunities accessible to all patients and offer access and training opportunities for the new FFT and patient experience insight system.

**k3.01 | Number of Complaints received**

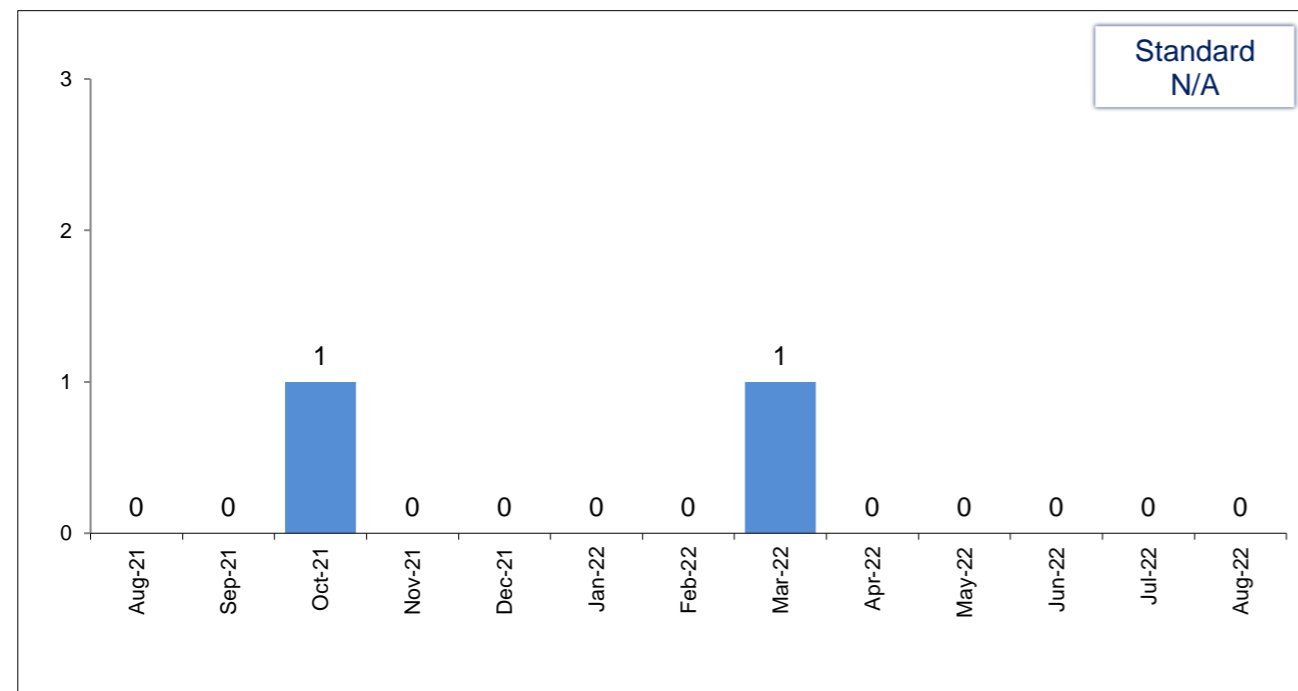
**k3.14 | % Complaints responded to within 25 working days  
(or date as agreed with complainant)**



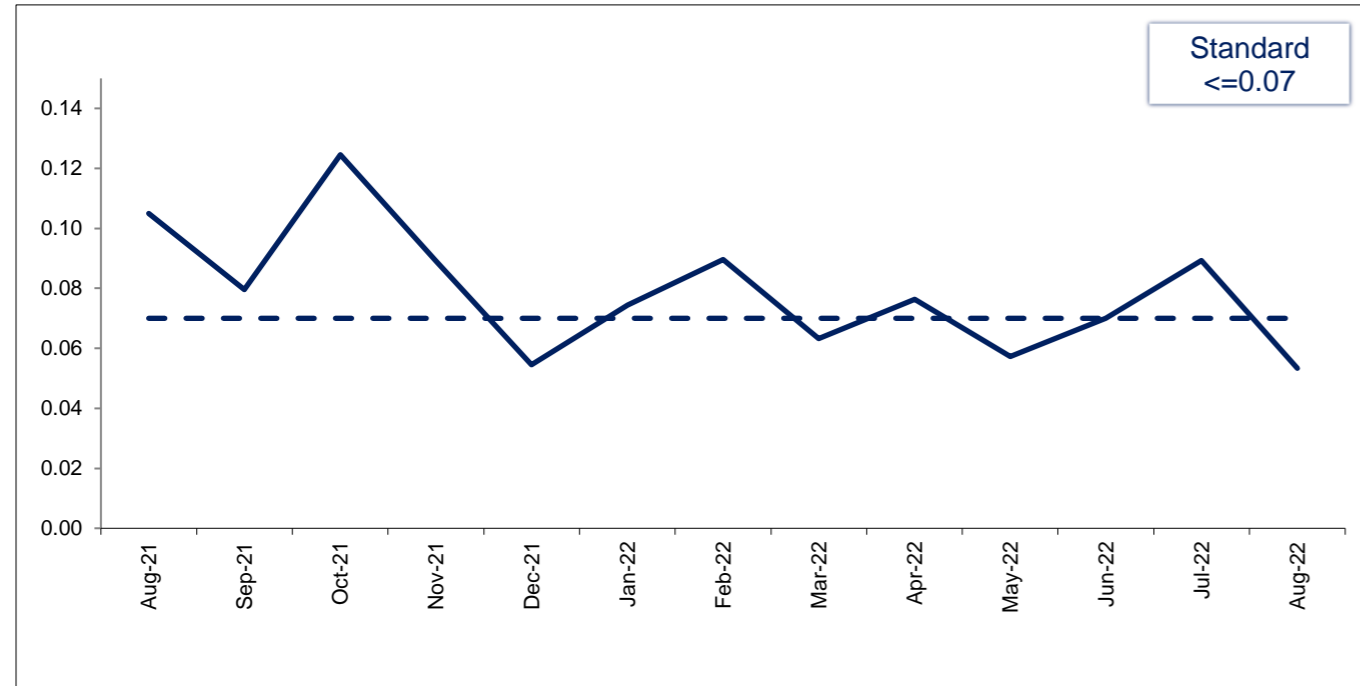
**k3.02 | Number of Complaints reopened**



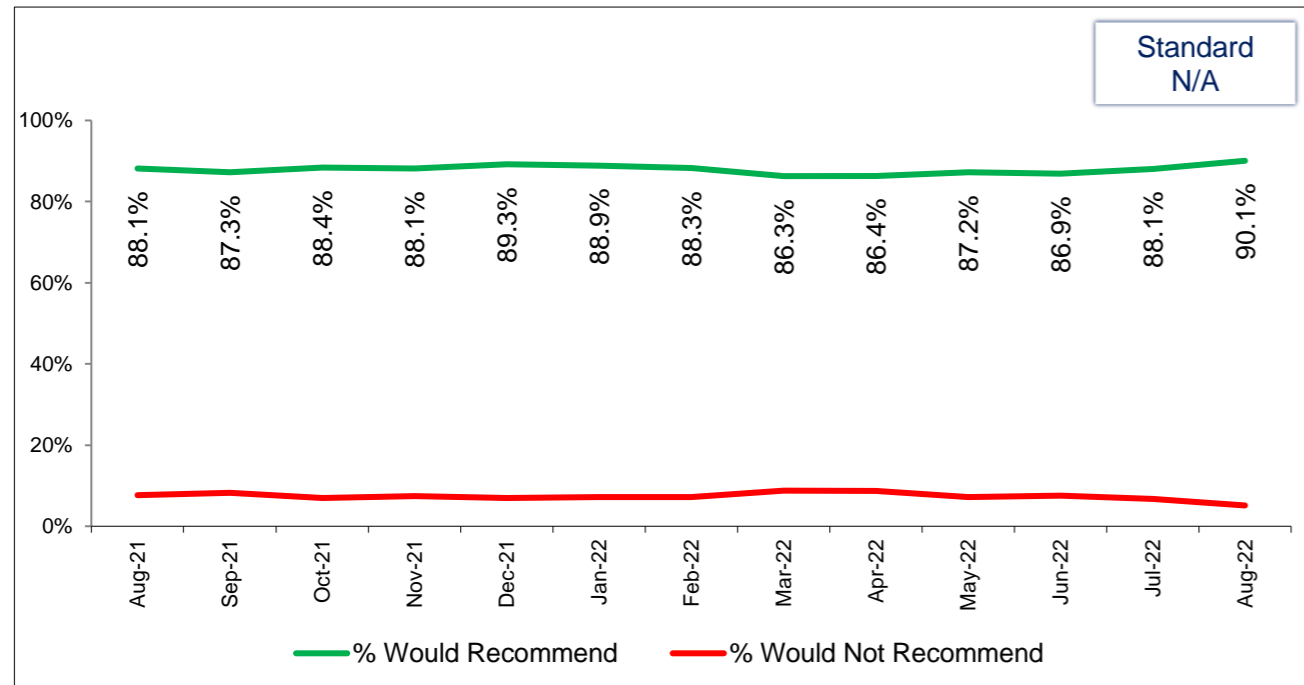
**k3.03 | Number of Complaints referred to ombudsman**



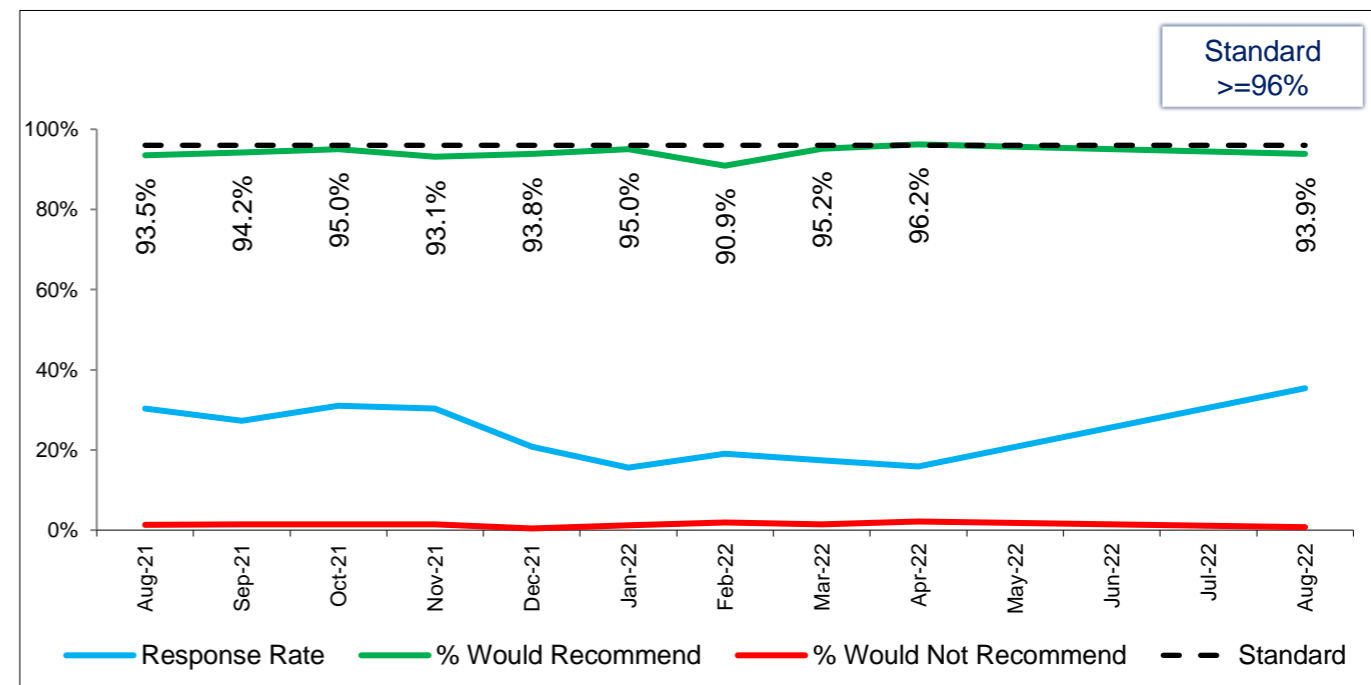
k3.20 | Complaints per 100 patient contacts



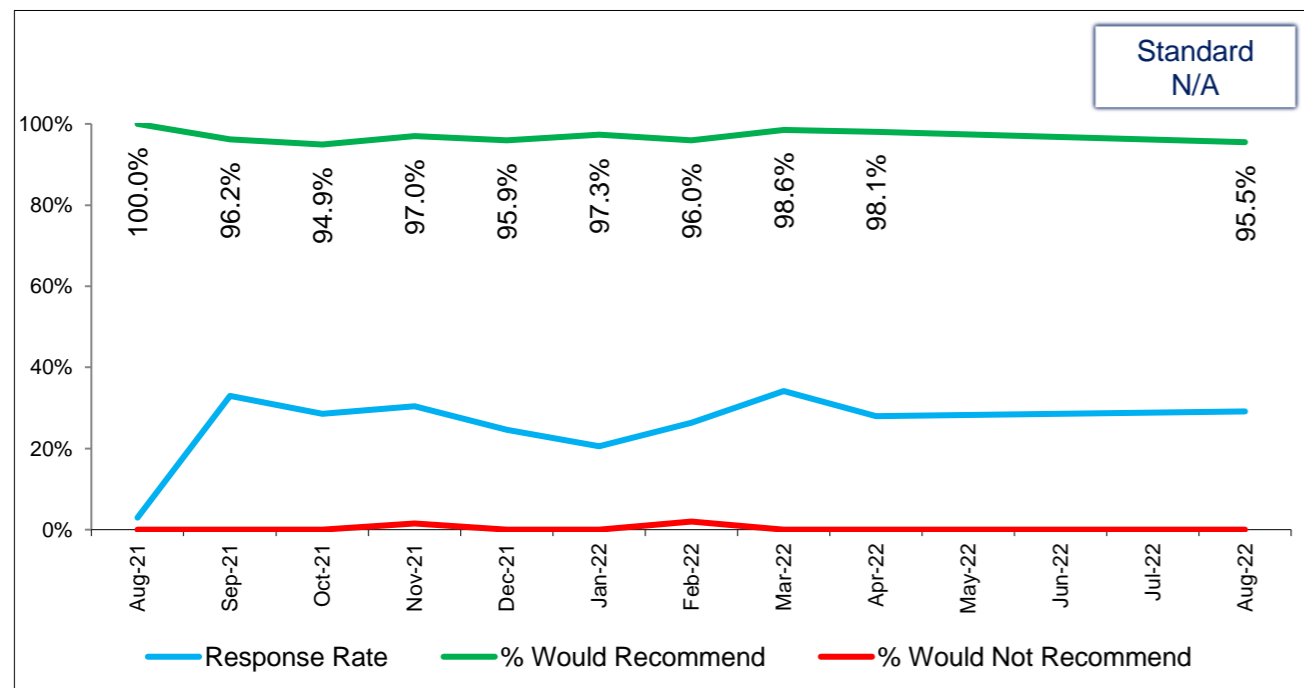
k3.05 | Friends and Family Score - Trust



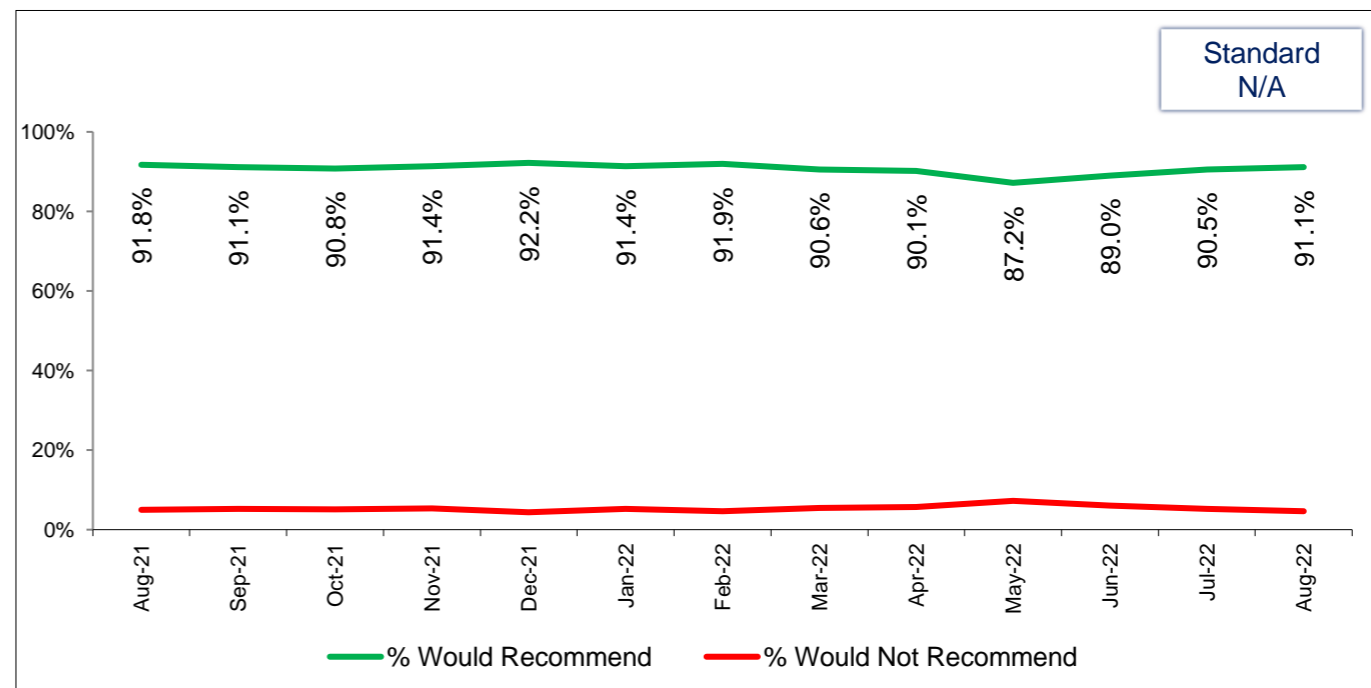
k3.06 | Friends and Family Score - Inpatients (excluding daycases)



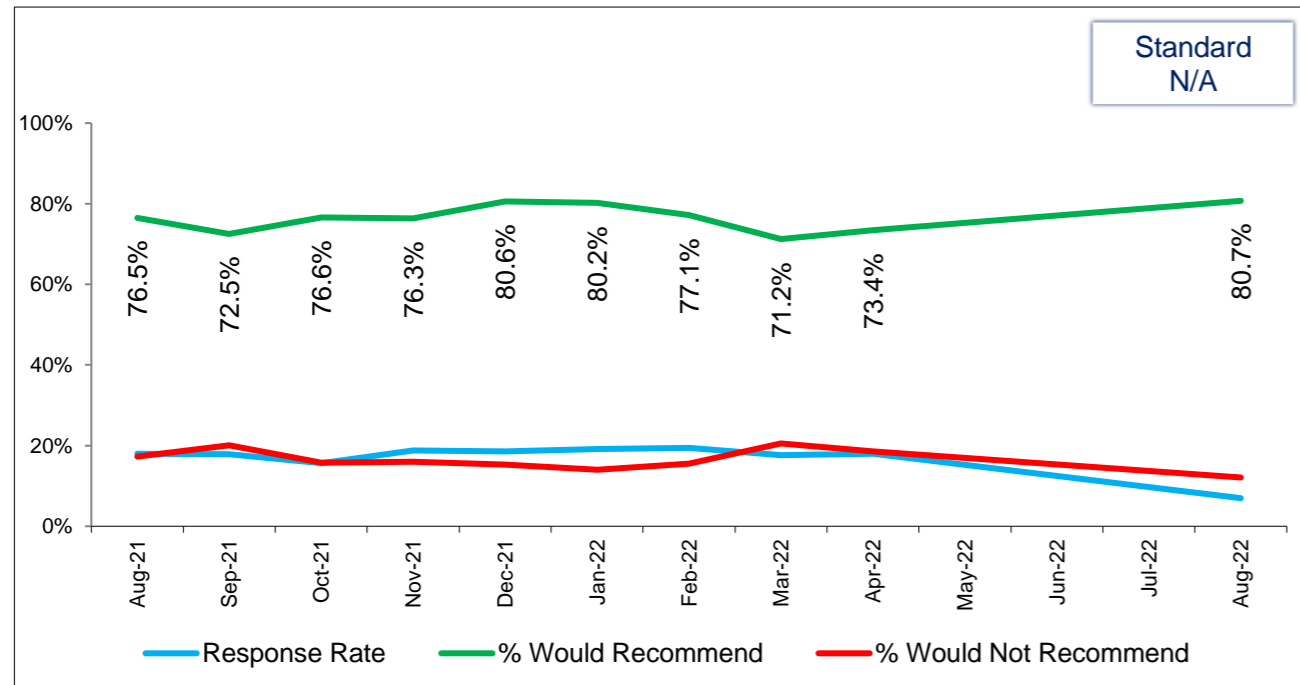
k3.07 | Friends and Family Score - Paediatric Inpatient



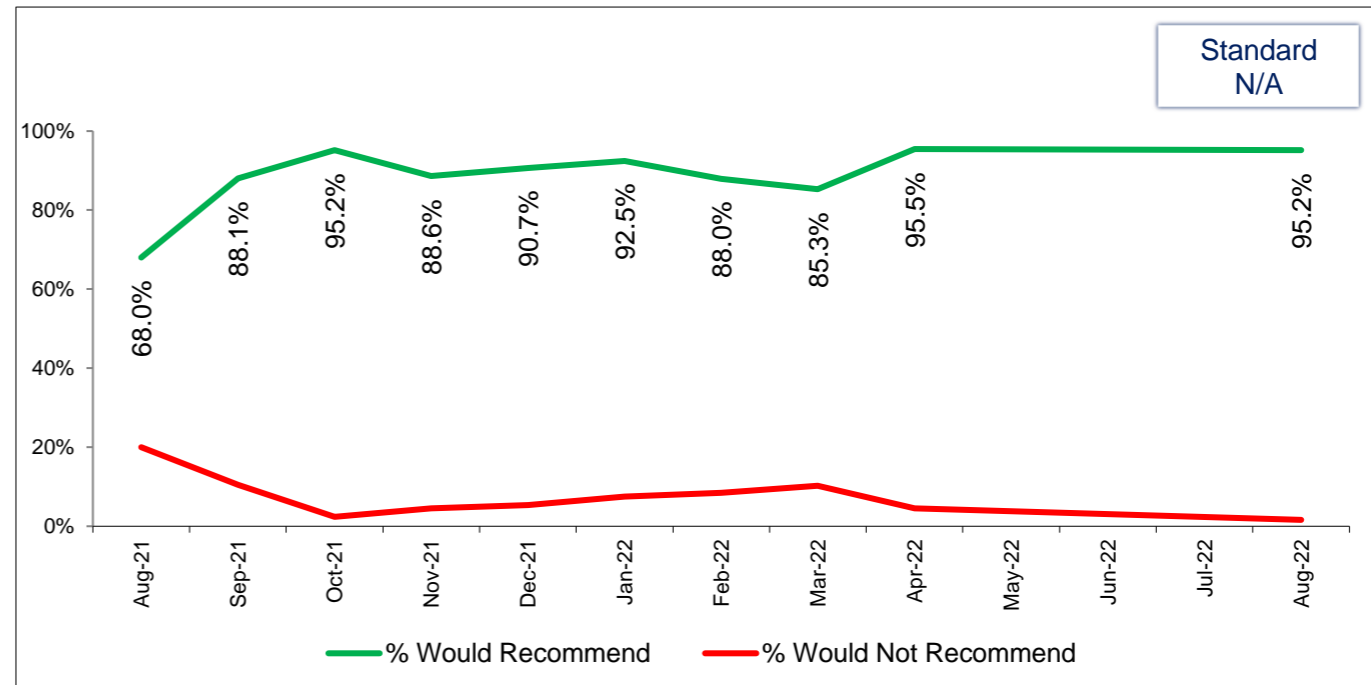
k3.08 | Friends and Family Score - Outpatient



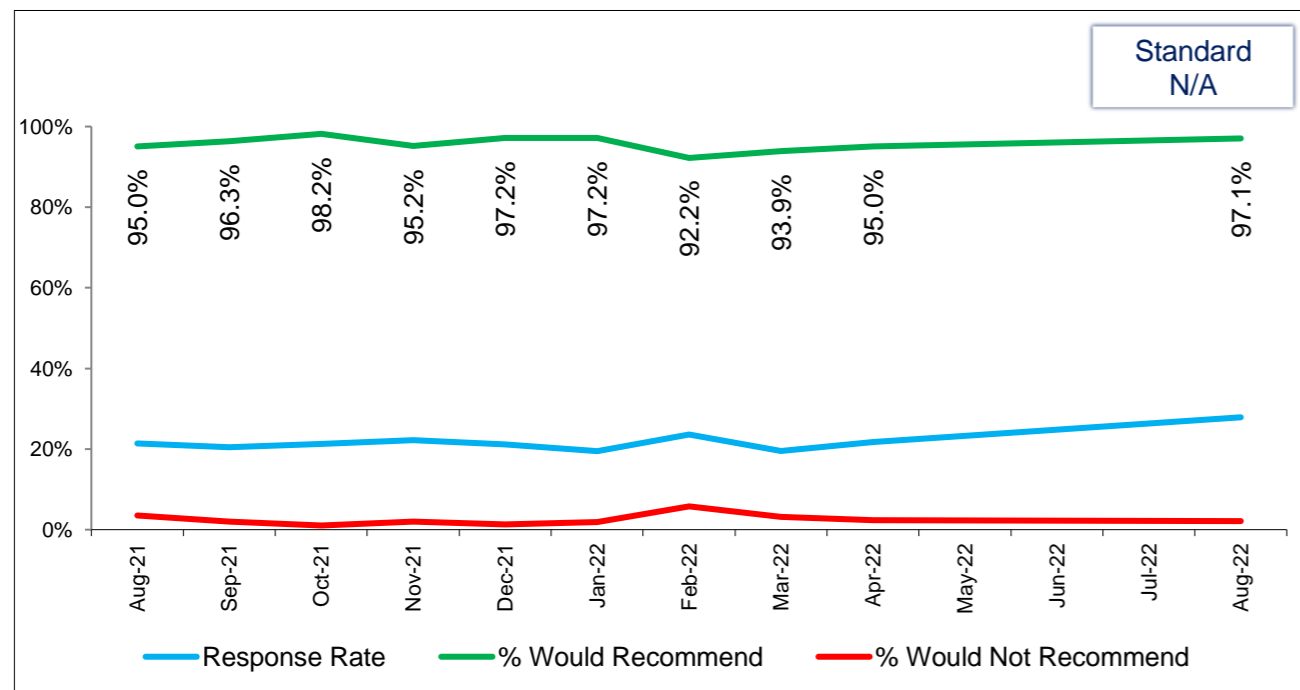
k3.09 | Friends and Family Score - A&E



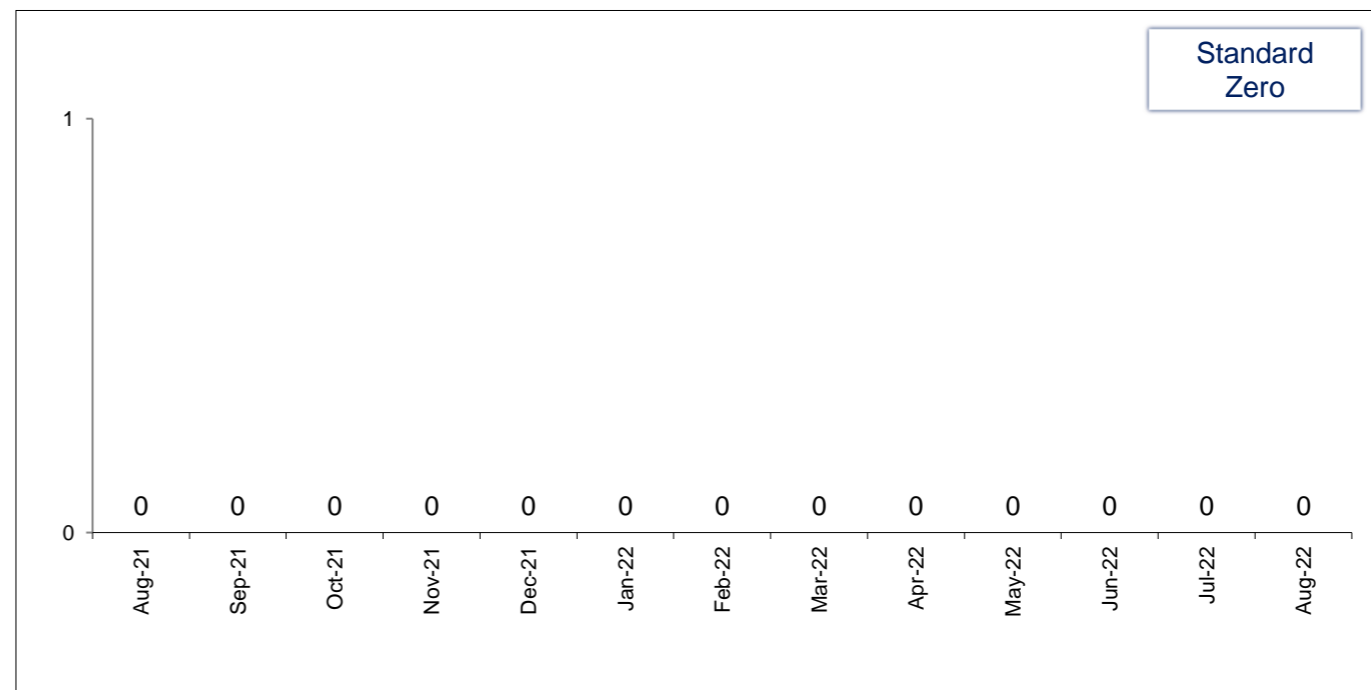
k3.10 | Friends and Family Score - Maternity



k3.11 | Friends and Family Score - Daycases



k3.13 | Number of Mixed Sex Accommodation Breaches



**Cancer**

**Author: Rob Jeffries, Associate Director, Planned care.**

The Trust failed to meet the core 62 day cancer standard in July 2022 (83.6% against a target of 85%). The July performance was impacted by a large number of patient-driven delays as well as the continued delays in imaging-guided biopsy and long waits for diagnostic tests (eg EUS) at the Royal Marsden. There was a continuation in the recovery of the 28 day Faster Diagnosis Standard (FDS), with Kingston achieving 87.9% against a standard of 75%. In addition, Kingston now has the lowest backlog of patients already over 62 days in London, which bodes well for 62 day performance going forward.

**RTT & Diagnostics****RTT:**

Month 5 (August 2022) saw compliance against the 18-week standard remain steady at 77.36% having waited less than 18 weeks for treatment. The Trust continued to accept mutual aid requests from neighbouring Trusts which meant that Kingston only saw a modest fall in the number of patients waiting over 52 weeks from 36 to 32, which included two over 78 week patients who were transferred to us and who have subsequently been treated in September. The Trust continued to have no over 104 week waiters.

**Diagnostics:**

The proportion of patients waiting for their diagnostic test within 6 weeks of request continued to fall from 62.88% at the end of July to 59.14% at the end of August. Many modalities maintained their July performance levels despite the impact of August holiday taking. However, Audiology saw a big drop in compliance from over 50% to around 40% as a result of staff vacancies compounded by sickness over the period of August. Work is progressing to recruit into these vacant posts.

**A&E Performance**

**Author: Tamsin Day, Associate Director, Unplanned care.**

**Emergency Department (ED):**

Performance in August against the 4-hour standard was 72.7% (a very small increase on July 72.0%)

As part of the ED flow program, we have commenced formal redirection of ambulances into of UTC and SDEC. We continue to work on streaming minor illness into UTC have seen a sustained number of patients seen in SDEC and work continues to understand the impact this is having on waits in the majors waiting room.

Ambulance handover delays continues to be a challenge but have significantly improved in August with 89 x 30 min delays (against 141 in July) and 43 x 60 min delays (against 57 in July).

The number of 12 hours breaches decreased from 544 in July to 415 in August. Flow remains challenging due to pressure in ED and delays in securing timely discharge for patients requiring large packages of care, inpatient rehabilitation, and new nursing home placements. We continue to work with community partners to strengthen the work of the Transfer of Care Hub as part of the System Flow programme.

**Length of stay and discharge:**

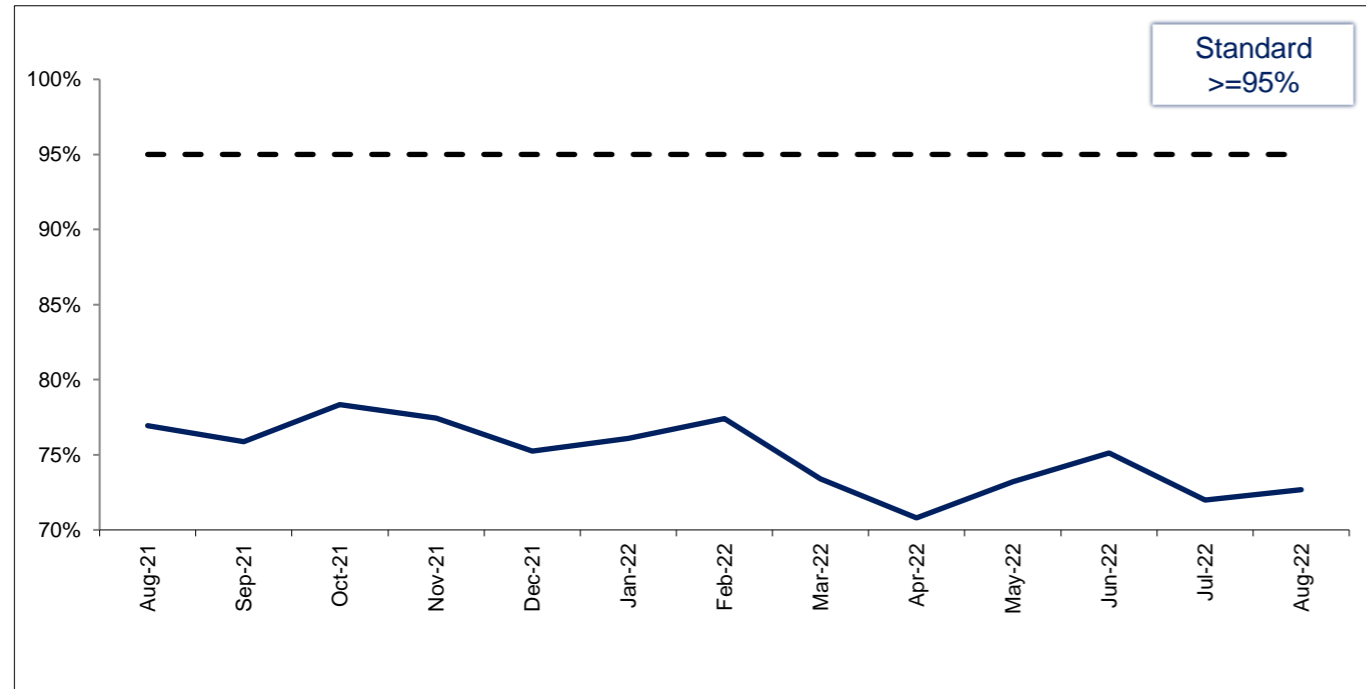
The stranded and super stranded performance have both remained high - Stranded 207 and Super Stranded 87 – an increase for both measures.

The Trust's Flow group continues to work on key priorities including electronic discharge to assess documentation and data quality, implementation of electronic whiteboards on the wards continues with the roll out expected to be complete by mid-October. Accurate recording of Criteria to Reside is a current priority and a focused piece of work as seen this improve during August, this information is being used by the flow managers and the clinical teams to identify ward level discharge actions and progress timely discharge.

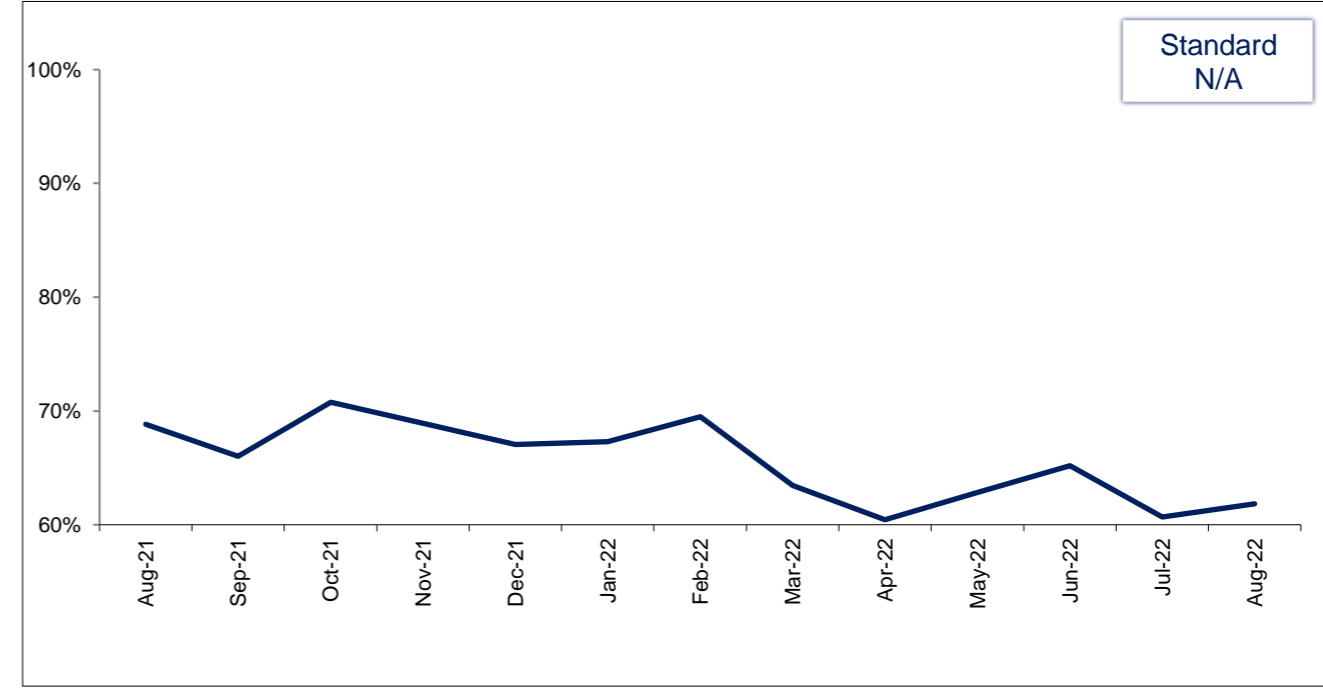
The Trust continues to work closely with community partner is all aspect of discharge planning and we are looking forward to working with our new system discharge lead who is starting with us on the 4th of October.

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

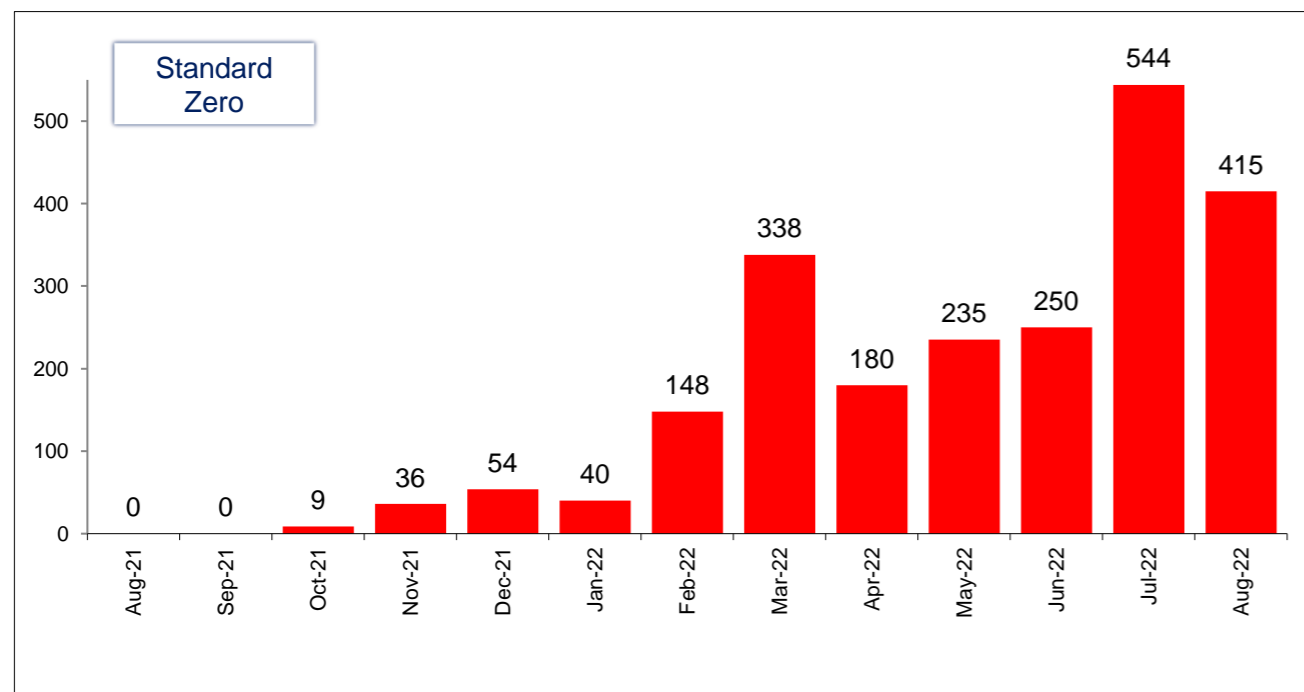
K8.01 | A&E 4 hour waiting time (all types)



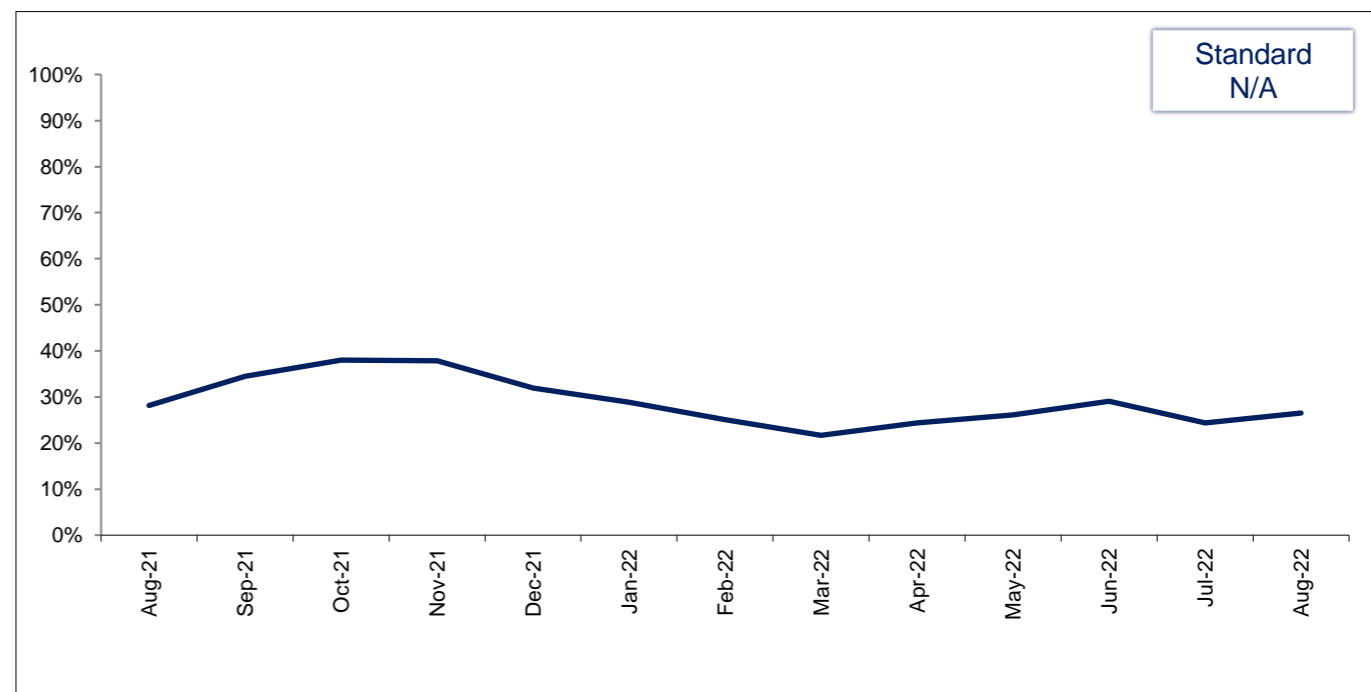
K8.02 | A&E 4 hour waiting time (type I)



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

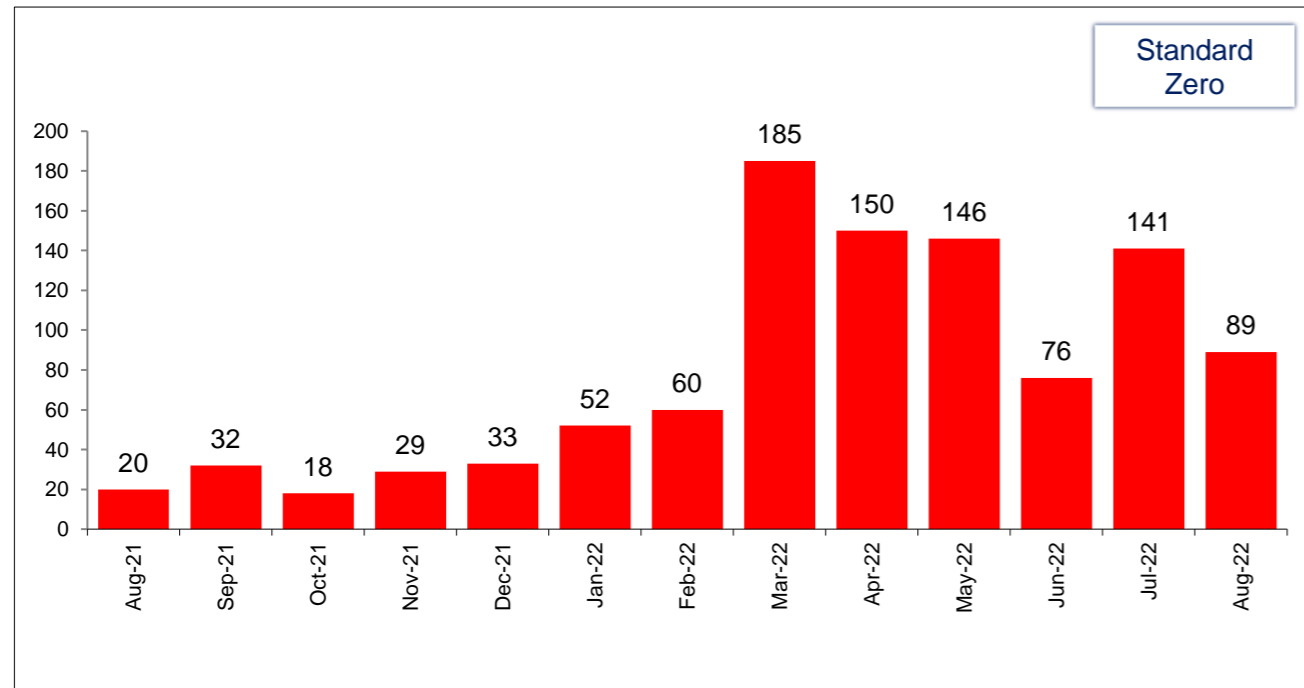


K8.04 | LAS Ambulance Handovers - % within 15 minutes

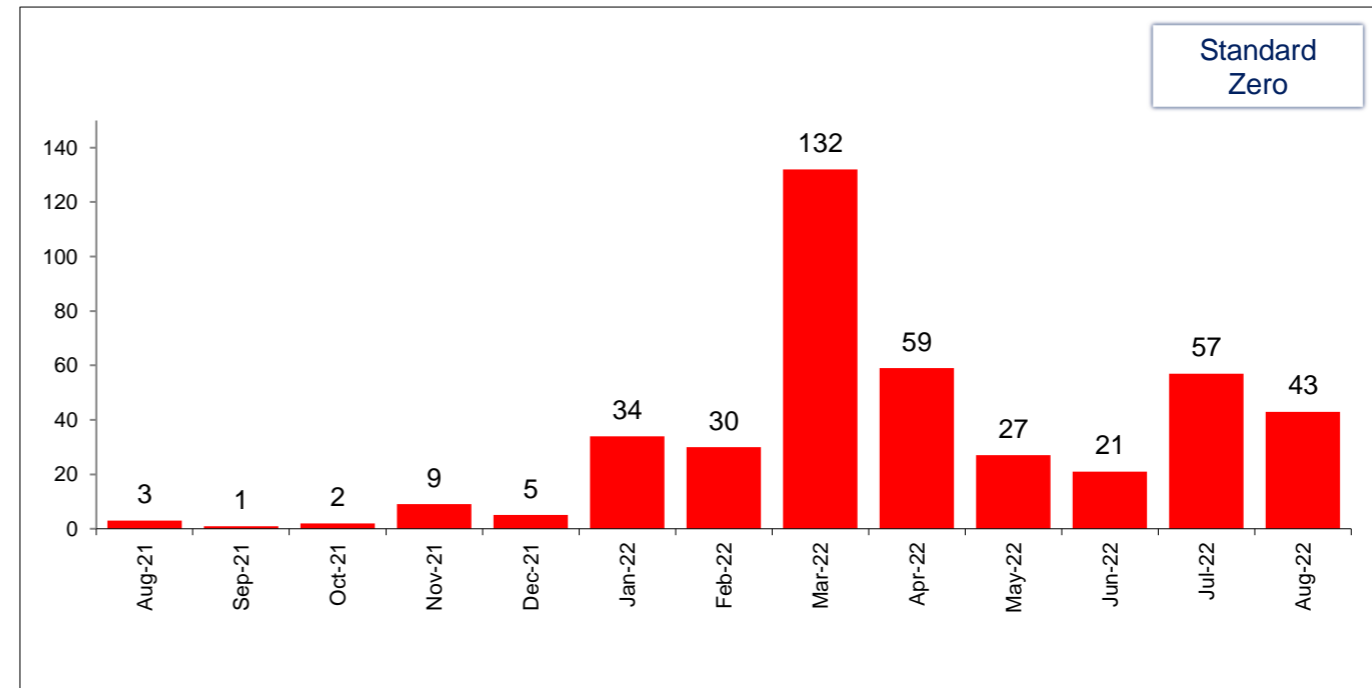




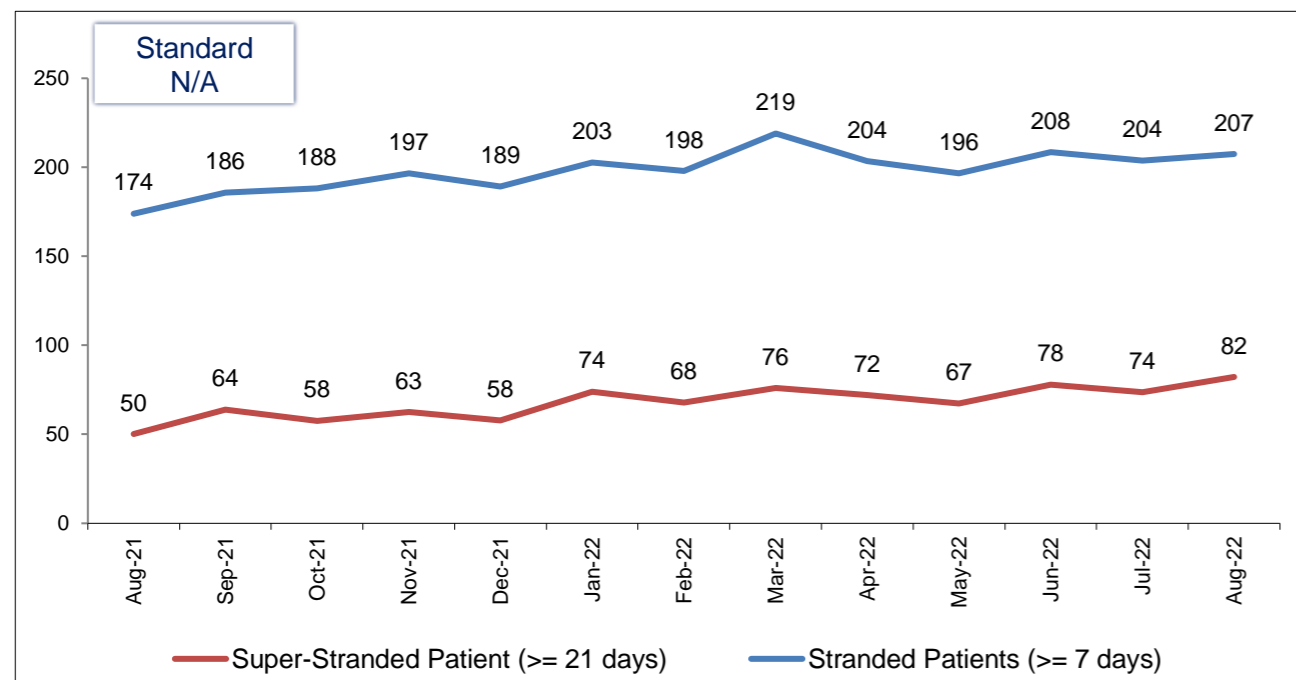
**K8.05 | LAS Ambulance Handovers - 30 min waits**



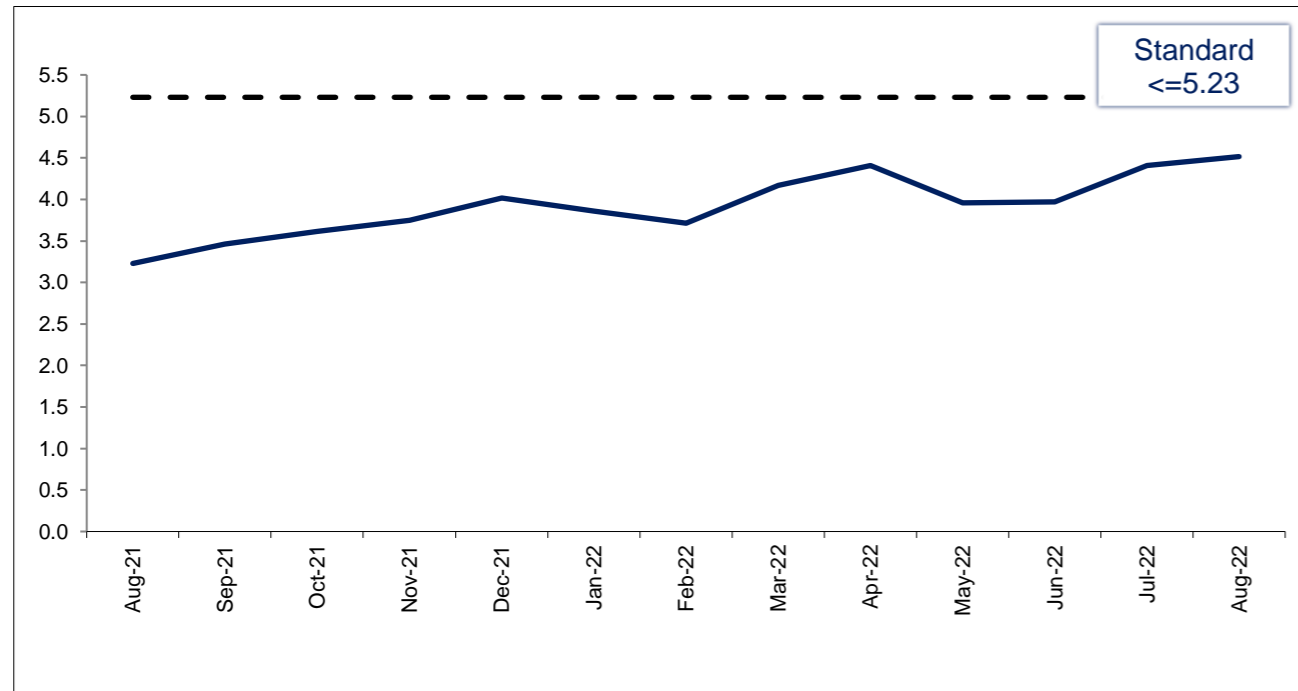
**K8.06 | LAS Ambulance Handovers - 60 min waits**



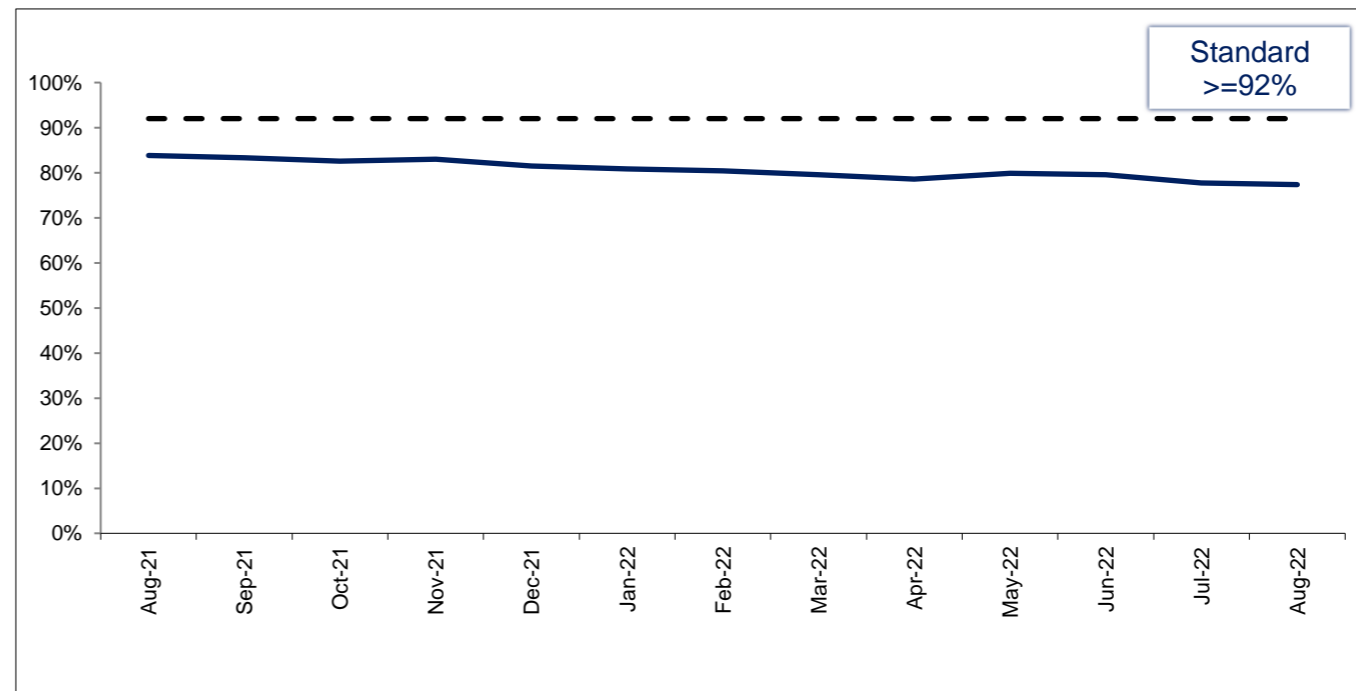
**K8.07/08 | Stranded Patients (>=7 days and >=21 days)**



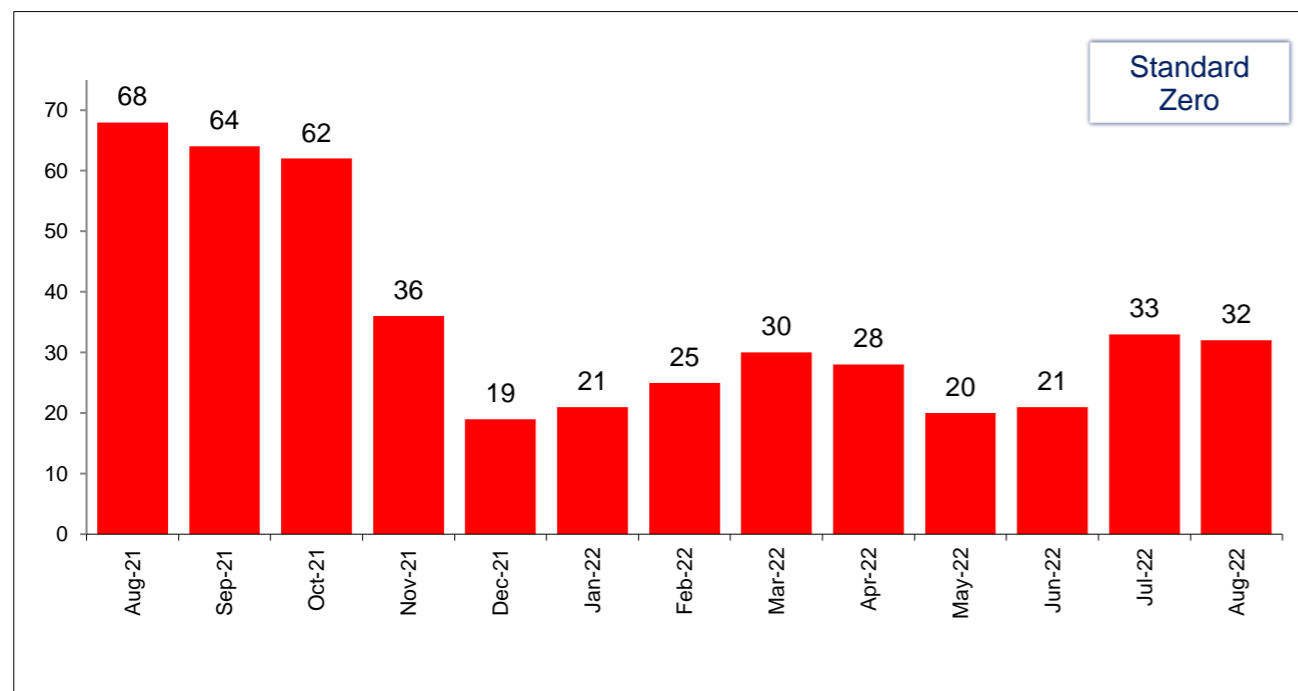
K8.11 | Average length of stay - Emergency Admissions



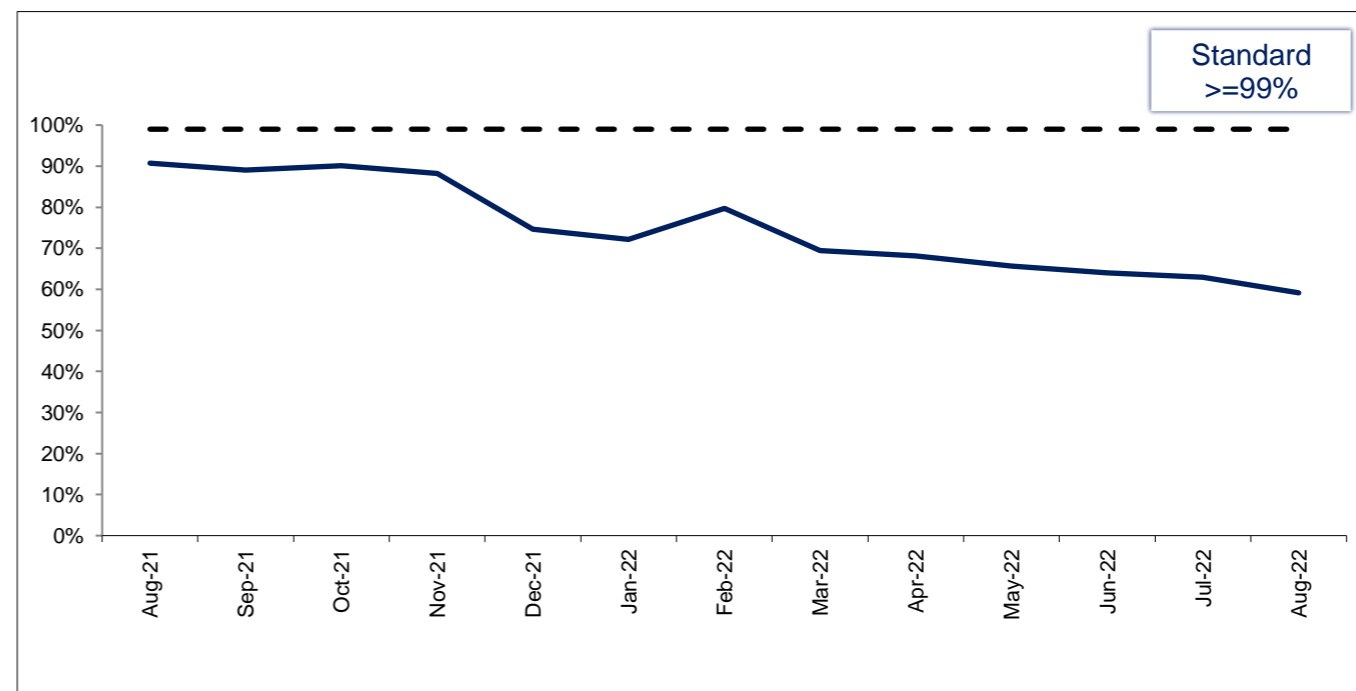
K8.12 | 18 weeks Referral to Treatment - Incomplete pathways



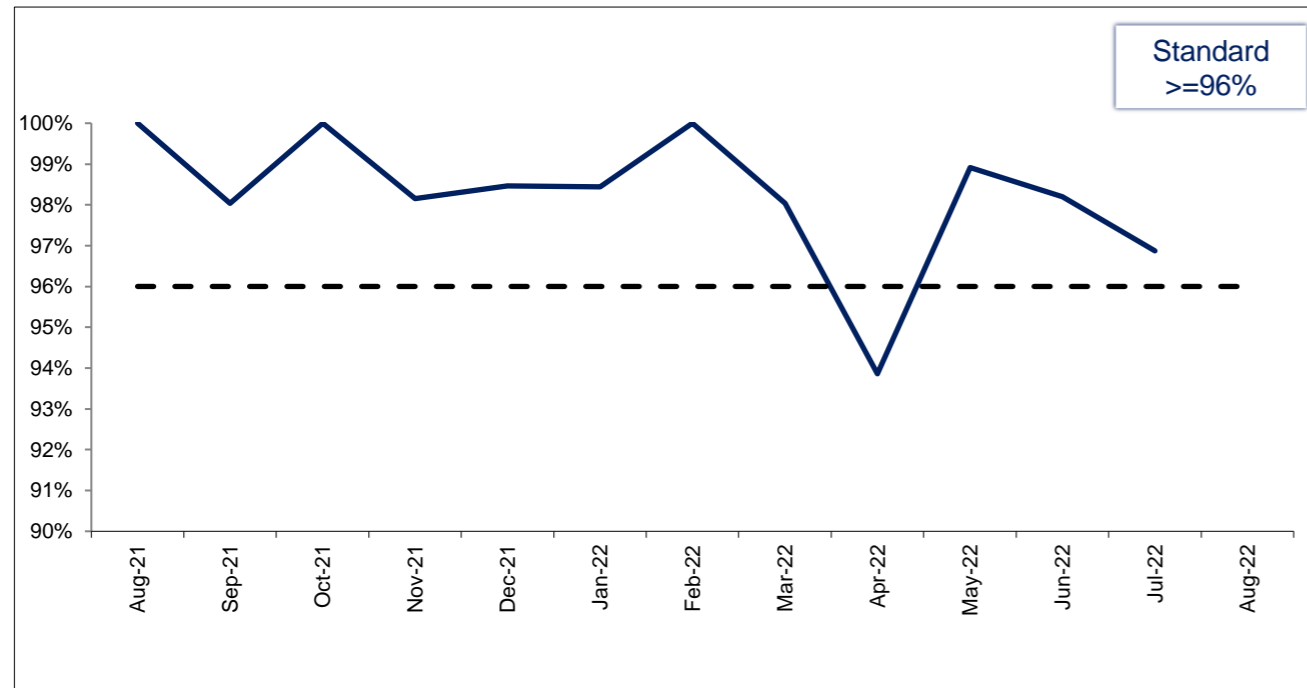
K8.13 | 18 weeks Referral to Treatment - number of incomplete over 52 week waiters



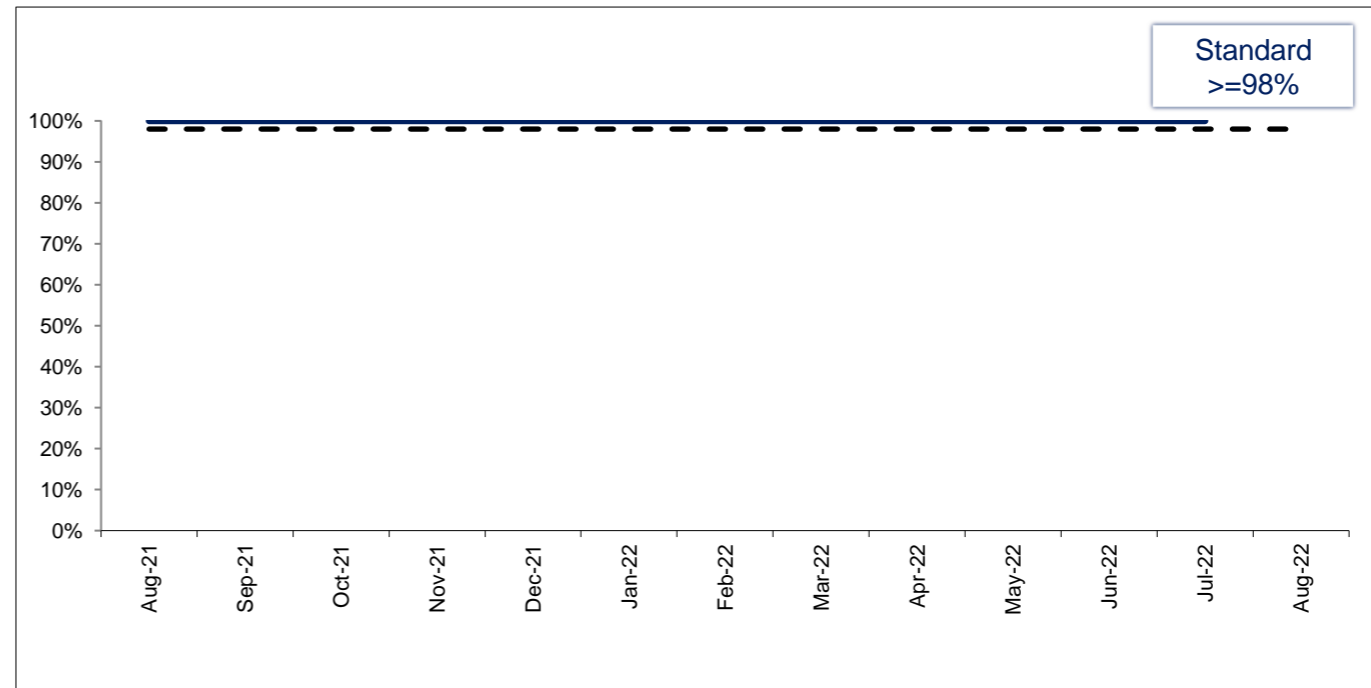
K8.14 | Diagnostic test - % waiting 6 weeks or less



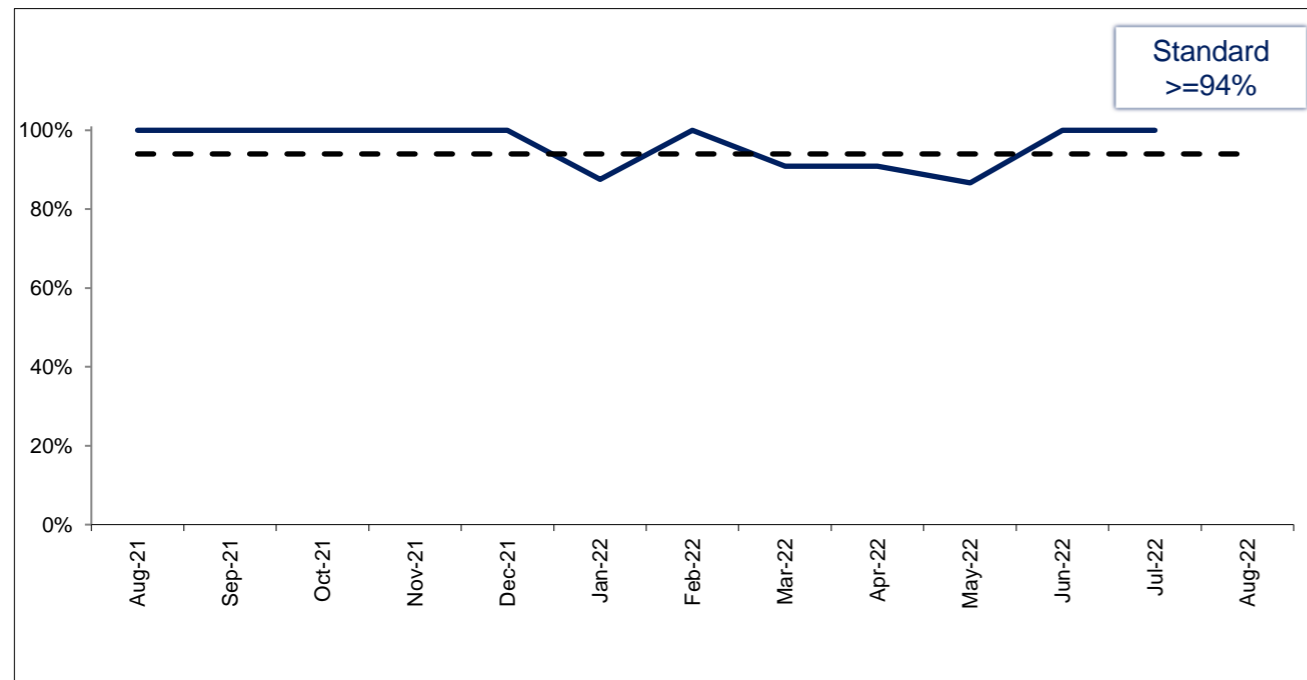
**K8.17 | Cancer - Patients receiving first definitive treatment within one month (31 days) of a cancer diagnosis**



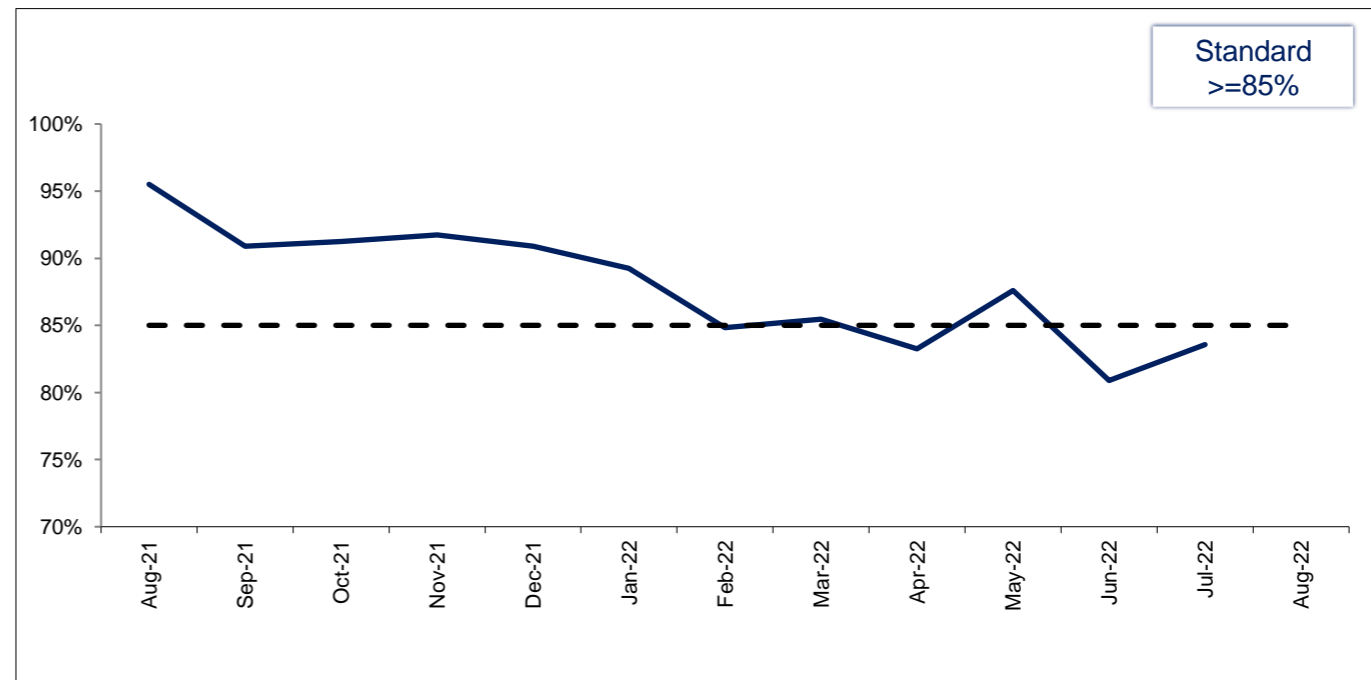
**K8.18 | Cancer - 31 day second or subsequent treatment - drug**



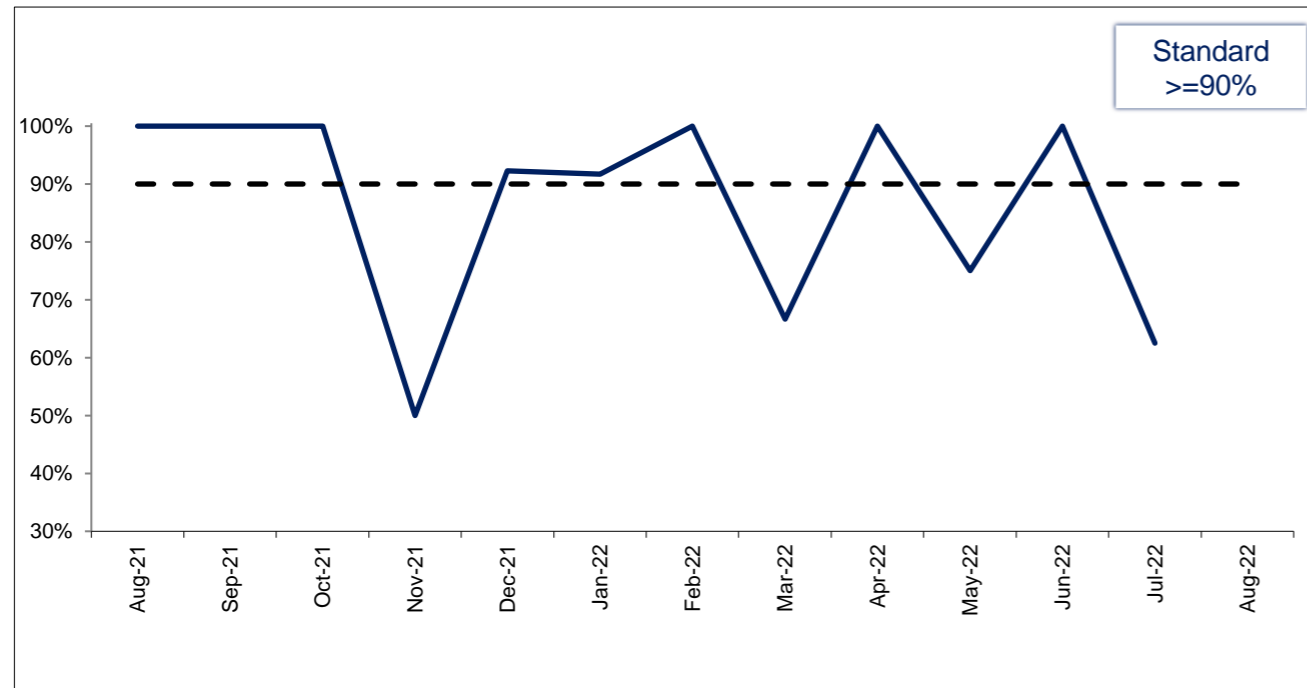
**K8.19 | Cancer - 31 day second or subsequent treatment - surgery**



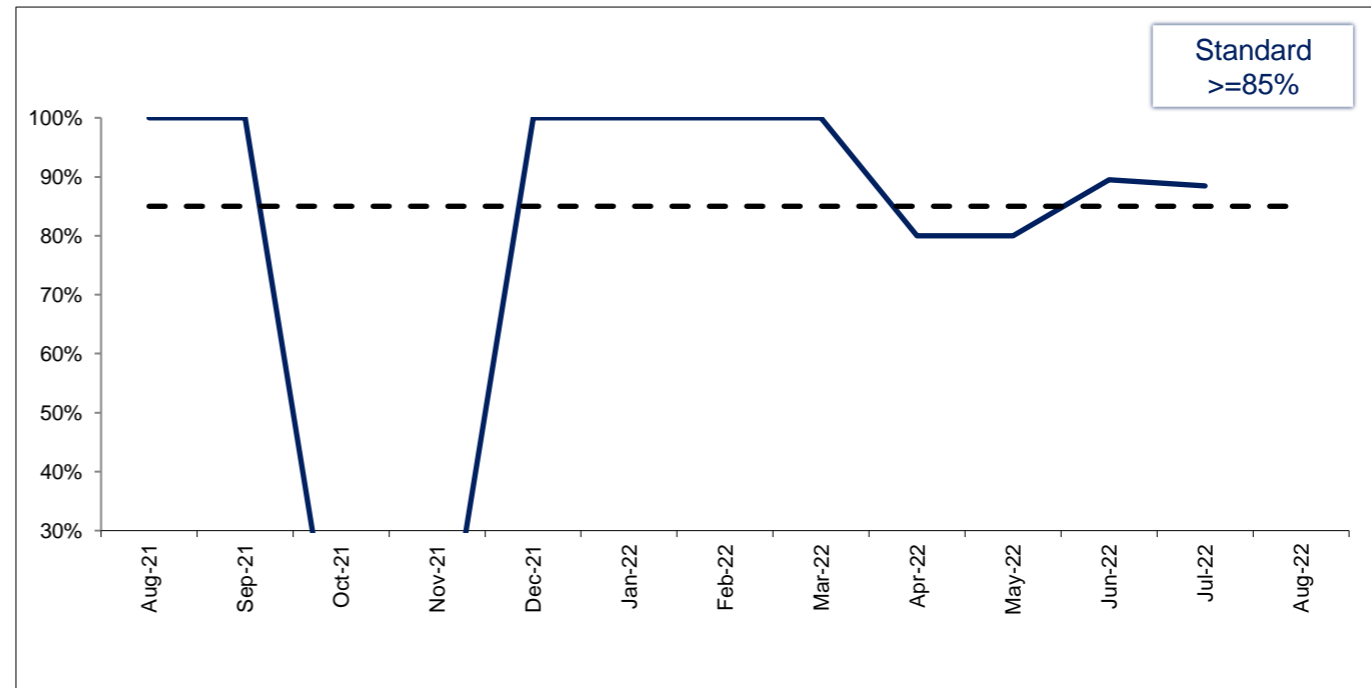
**K8.20 | Cancer - 62 Day Wait - GP Referral (urgent referral from GP to treatment of cancers)**



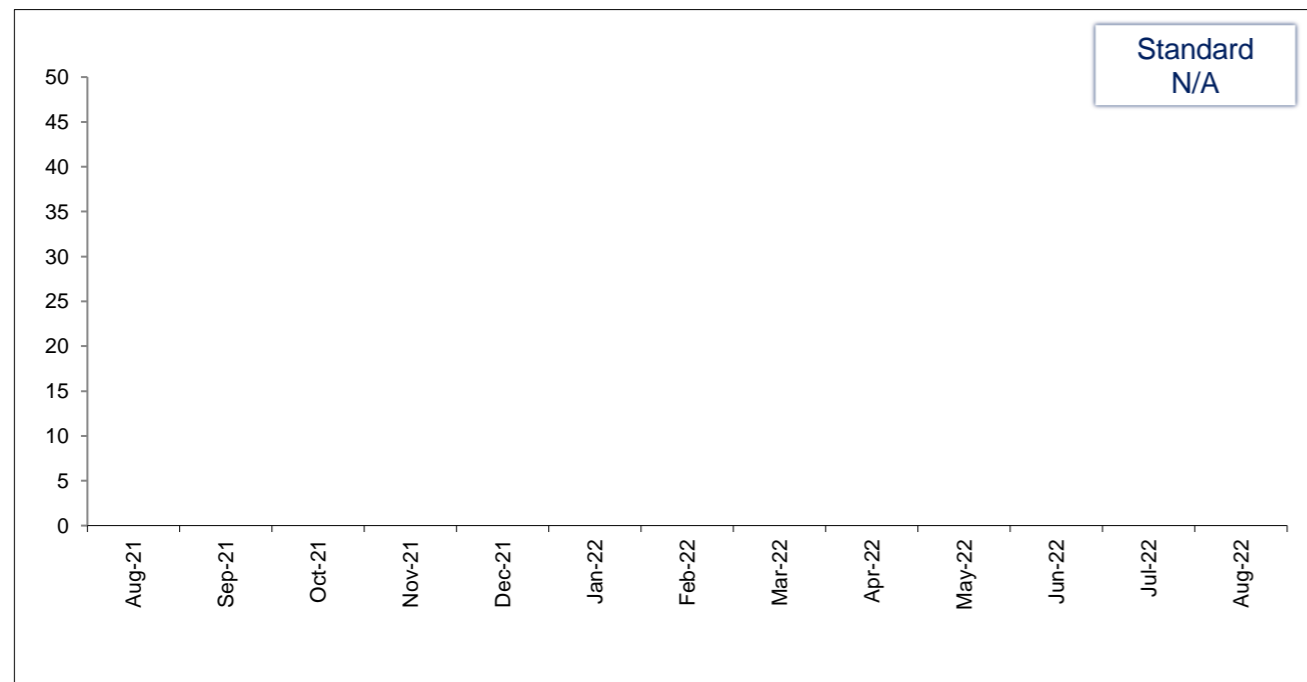
K8.21 | Cancer - 62 day wait for first treatment following referral from a NHS Cancer Screening Service



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 7%)

Vacancy rates have **increased** slightly to **10.42%** this month. Although recruitment activity remains high this is still just plugging the gap left by leavers and not making impact into the vacancy rates itself. This month there were 18 more leavers than starters. The staff groups requiring focus to achieve an improved overall rate are Additional Clinical Services (35wte from target) and Nursing and Midwifery Registered (30wte from target). So it is the Nursing staff group that are most impacted this month. Vacancy rates have risen in 4 of the 9 staff groups, the highest increase being in the Allied Health Professionals group, up by 2.69% to 14.91%. Unplanned Care has the highest rate of the Clinical divisions (11.18%). There are 20 Service Lines/Directorate recording a red rate, the top five with the largest WTE vacant are: Radiology (45wte), Elderly Care (36wte), A&E (30wte), Trauma & Orthopaedics (28wte) and Surgery & Urology (25wte). These are the same Services as last month.

Vacancies are currently **3.42%** above the target rate and in comparison to our colleagues in the SWL Recruitment hub St George's now record the lowest vacancy rate.

### 2. Turnover (target 14%)

Turnover has **decreased** slightly again this month to **17.75%**. The largest turnover is within the staff groups Additional Clinical Services (21.73%), Administrative & Clerical (19.77%) and Allied Health Professionals (19.23%). Despite these high rates the number of leavers has decreased in two of these groups this month, the only increase occurring in the Administrative and Clerical group. The highest number of leavers are within Cluster 5, although the numbers have been decreasing since May-22. Conversely leavers are increasing month on month in Cluster 3, up by 16 since the start of the financial year (20.23%) and an area of concern. There are 23 Service Lines/Directorates that record a red rate, the top 5 being: Medical Director (41.03%), Corporate Affairs (28.50%), Pharmacy (27.47%), Cardiology (25.66%) and Human Resources (24.88%).

Turnover is currently **3.35%** above the target rate.

### 3. Sickness (target 3.50%)

Sickness has **decreased** this month to an amber rating of **4.42%**. Staff groups with the highest rates are Healthcare Scientists (7.93%), Additional Clinical Services (6.89%) and Estates & Ancillary (5.58%) Unplanned Care has highest rate of the divisions at 4.89%, and 4 of the Clusters record a red-rating the highest of which is Cluster 3 (5.44%). There are 15 Service Lines/Directorates recording a red rate, the top five being; Haematology (11.53%), Corporate Affairs (7.52%), AAU (6.85%) Imaging (6.22%) and Data and Analytics (6.19%). The top reasons cited for Sickness this month is Gastrointestinal problems (19%) and COVID (15%).

Long term sickness has reduced to only 11% this month. For Short term sickness Clusters 2, 6 and 5 record very rates, all over 100wte. Sickness is currently **0.92%** above the target rate.

### 4. Mandatory Training (target 90%)

This month the compliance rate has **increased** again to **85.12%**. Medical & Dental continues to be the only red rated staff group at 70.78%, although improvements have been made in this staff group this month. Allied Health Professionals and Healthcare Scientists record a green rating of over 90% this month. Lowest compliance rates are recorded in the Corporate Directorates combined (82.11%), Cluster 1 (83%) and Cluster 5 (83.38%). There are only 6 red rated Service Lines/Directorates now: Human Resources (64.92%), Corporate Affairs (68.27%), Surgery & Urology (75.73%) Data & Analytics (77.38%), A&E (78.16%) and Haematology (78.31%).

Mandatory Training is currently under target by **4.88%**.

### 6. Appraisals (target 90%)

Appraisal rates have **increased** again this month by 6% to **79.89%** and almost an amber rate. The lowest compliance, and only red rated staff group, is Administrative & Clerical (74.73%). It is Cluster 5 & 6 that record the lowest rates in this group. Planned Care records the lowest compliance of the divisions (73.65%). Clusters 5 and 4 record the only red rates for all the Clusters at 62.97% and 78.04% respectively. There are 15 Service Lines/Directorates recording a red rating the top five being: Gynaecology & Breast (54.22%), Finance (56.41%), Corporate Affairs (57.14%), Cancer (57.14%) and Paediatrics & NNU (61.98%).

Appraisals are currently under target by **10.11%**.

### 10. Stability (target 90%)

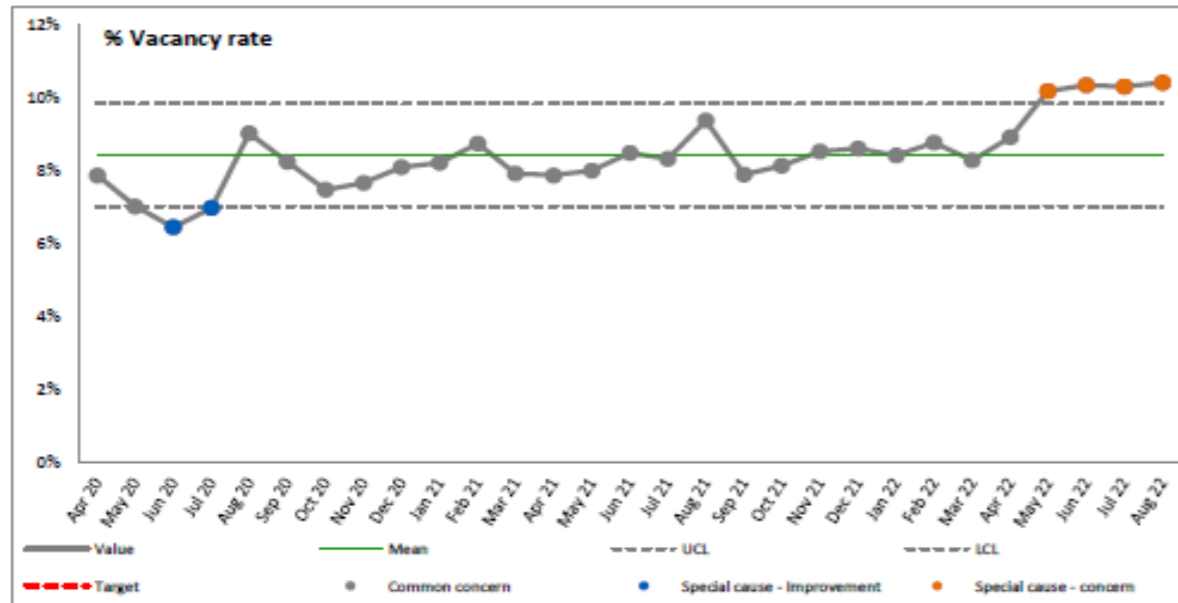
Stability has **increased** this month to an amber rating of **83.33%**. The least stable staff groups, and red rated, are Additional Clinical Services (76.11%) and Allied Health Professionals (78.74%). Unplanned Care records the lowest stability of the divisions (79.73%), a red rating, and Clusters 1, 2 & 3 within this division are all red rated also. There are 17 Service Lines/Directorates with a red rating the top 5 being: Cardiology (70.83%), Pharmacy (70.85%), Strategy (75.62%), Therapies (75.65%) and Elderly Care (76.41%).

In the rolling year 134 employees have left the Trust with less than a year's service (23%). 39% of these leavers are from the Administrative and Clerical Staff Group, 27% from Additional Clinical Services and 21% from Nursing and Midwifery Registered.

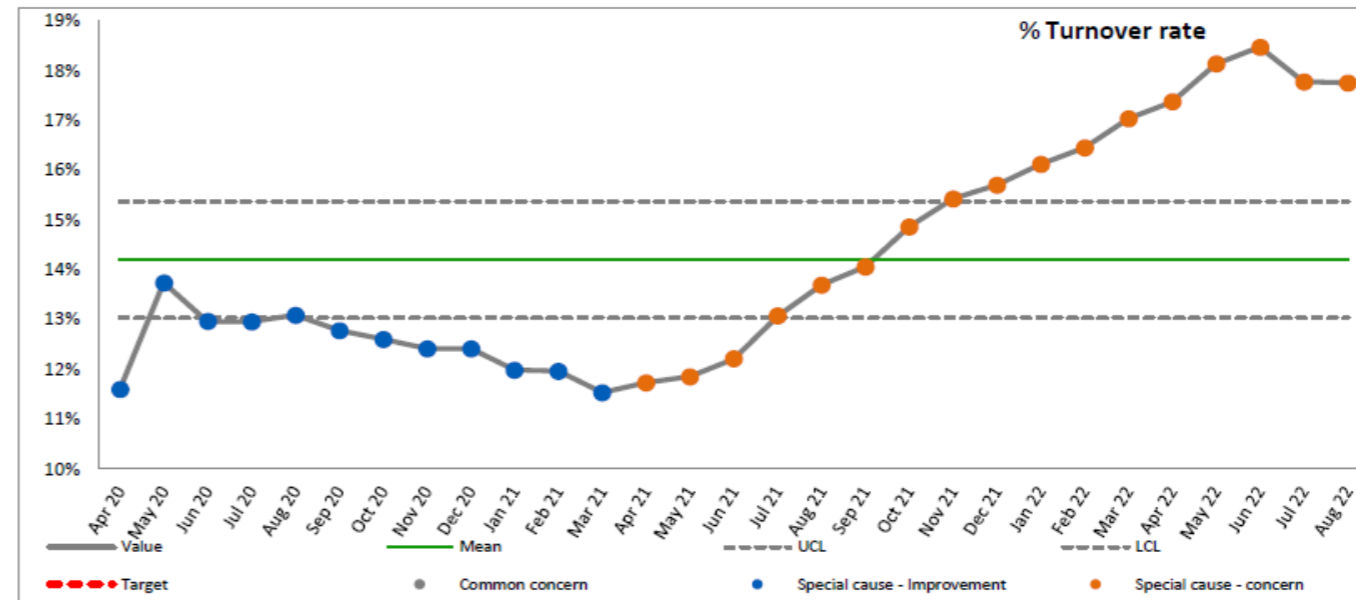
This month 20% of the in month leavers left with under a year's service, which is 6% less than last month.

Stability is under target by **6.67%**.

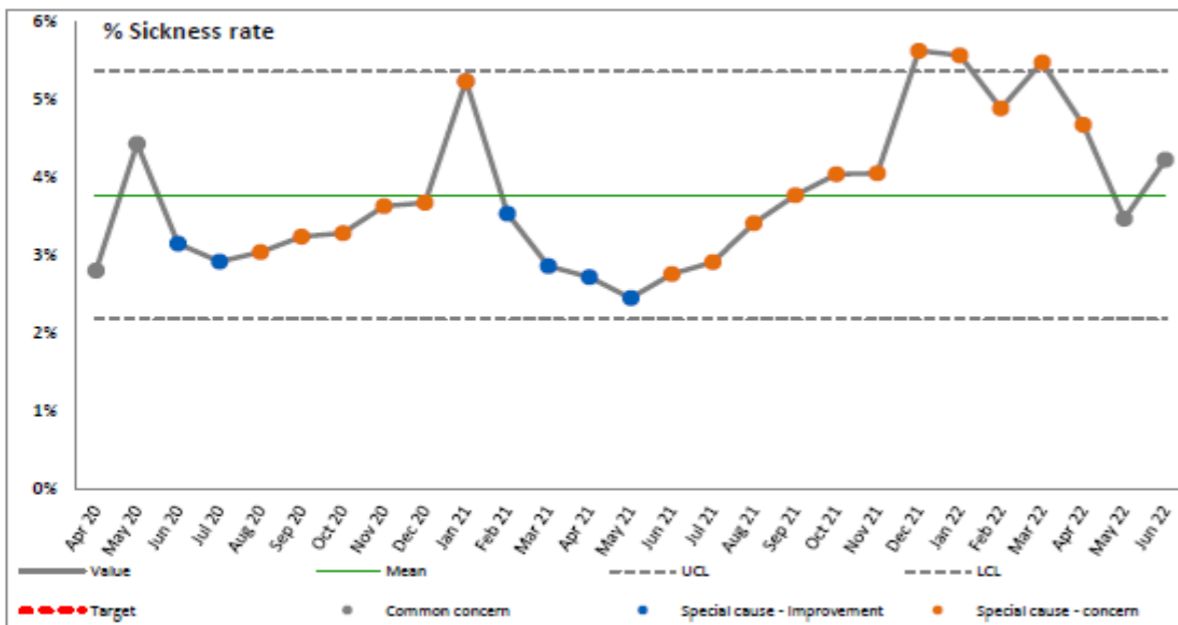
k7.01 | Vacancy rate



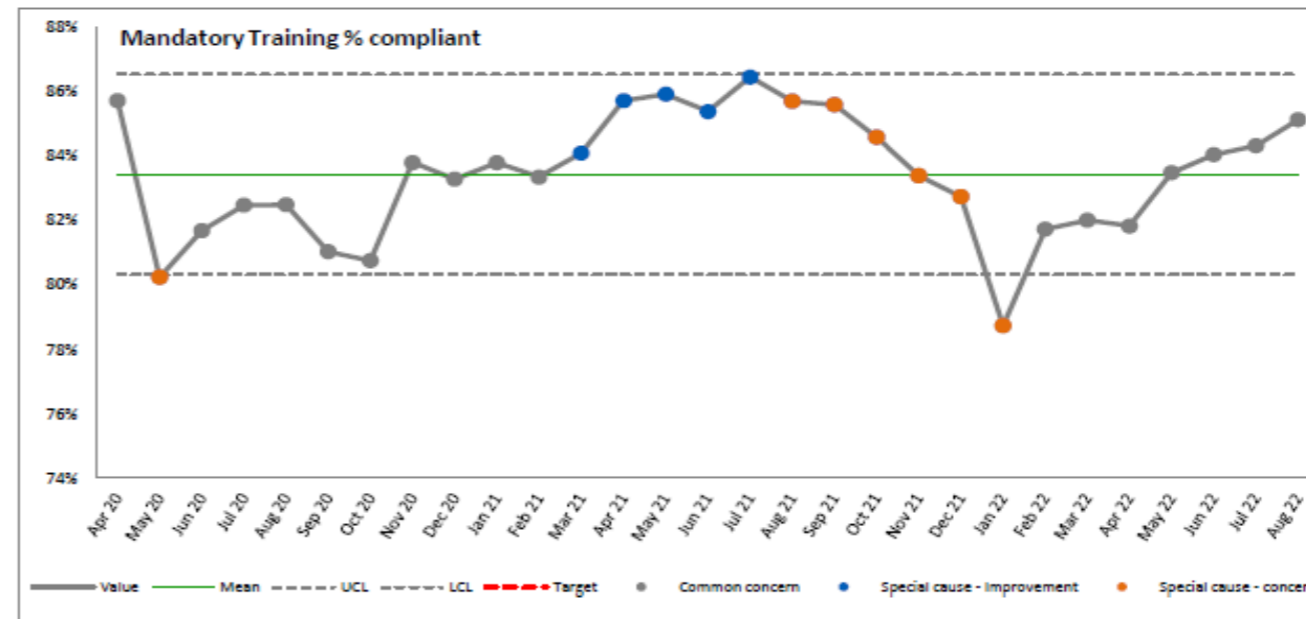
k7.02 | Turnover rate



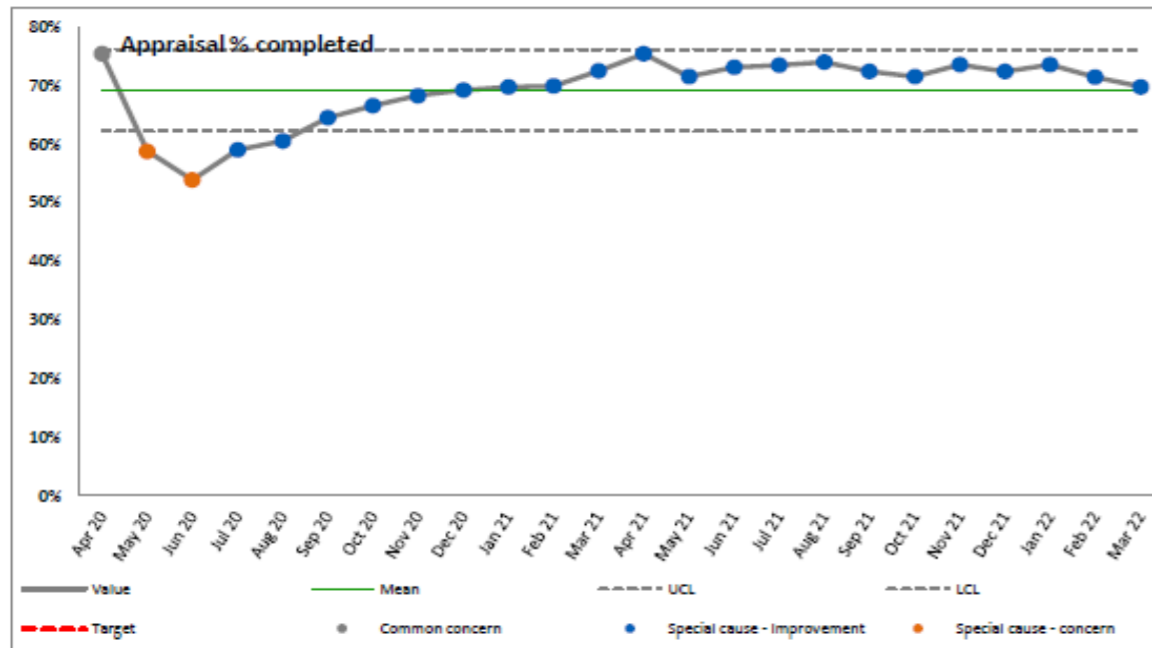
k7.03 | Sickness rate



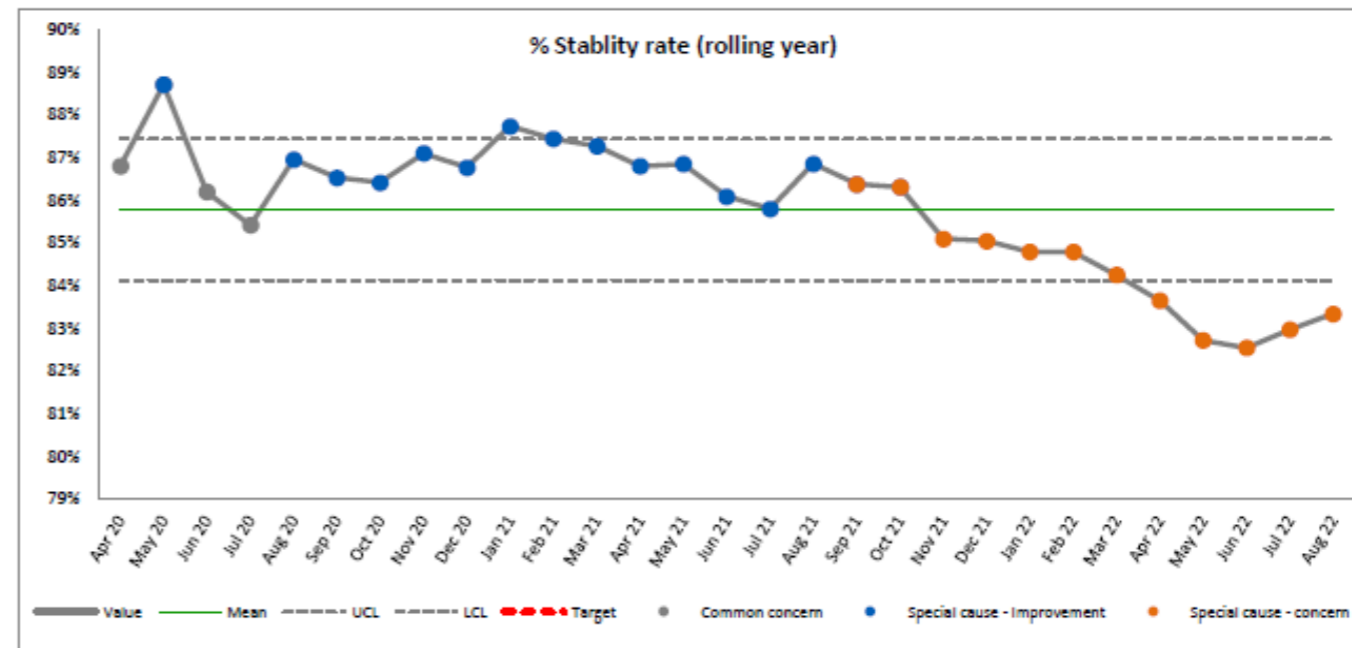
k7.04 | Mandatory training



k7.05 | Appraisals / PDRs completed



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



### Staff Group KPIs: August 2022

	SIP	Turnover	Stability	Vacancy	Sickness	Training	Appraisal
<b>Target</b>		14.00%	90.00%	7.00%	3.50%	90.00%	90.00%
Add Prof Scientific and Technic	94.56	17.23%	87.70%	5.58%	3.77%	88.51%	85.90%
Additional Clinical Services	458.86	21.73%	76.11%	13.51%	6.89%	88.35%	81.46%
Administrative and Clerical	814.39	19.77%	83.20%	9.89%	5.10%	86.09%	74.73%
Allied Health Professionals	177.87	19.23%	78.74%	14.91%	3.05%	91.33%	80.45%
Estates and Ancillary	40.31	13.41%	87.96%	12.39%	5.58%	89.06%	89.74%
Healthcare Scientists	74.59	13.85%	88.91%	18.77%	7.93%	90.68%	89.86%
Medical and Dental	545.51	7.22%	95.39%	8.72%	1.54%	70.78%	
Nursing and Midwifery Registered	1,105.74	17.58%	83.56%	9.47%	4.24%	87.39%	81.82%



KPI	Description	Standard (From Apr '22)	Type	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
<b>Safe</b>															
k1.01	Pressure ulcers - Hospital acquired (Grade 3 and 4)	<=10 per month	Number	2	0	3	0	2	1	5	3	6	2	4	0
k1.011	Pressure ulcers - Hospital acquired (Grade 3 and 4) - Lapse in care		Number	0	0	2	0	1	0	3	1	1	2	4	0
k1.012	Pressure ulcers - Hospital acquired (Grade 3 and 4) - No lapse in care		Number	2	0	1	0	1	1	2	2	5	0	0	0
k1.02	Patients with Hospital acquired pressure ulcers (Grade 3 and 4) per 1000 beddays	<=0.1 per month	Rate	0.17	0.00	0.25	0.00	0.16	0.08	0.39	0.25	0.49	0.17	0.34	0.00
k1.03	Pressure ulcers - Hospital acquired (Grade 2)	<=3 per month	Number	0	9	11	7	11	10	13	4	9	3	0	10
k1.031	Pressure ulcers - Hospital acquired (Grade 2) - Lapse in care		Number	0	5	5	5	9	6	10	2	8	1	3	3
k1.032	Pressure ulcers - Hospital acquired (Grade 2) - No lapse in care		Number	0	4	6	2	2	4	3	2	1	2	1	7
k1.04	Patients with Hospital acquired pressure ulcers (Grade 2) per 1000 beddays	<=0.51 per month	Rate	0.00	0.73	0.92	0.58	0.86	0.82	1.02	0.34	0.74	0.25	0.00	0.86
k1.05	MRSA Bacteraemias (Hospital Assigned)	=0 per month	Number	1	0	1	0	0	0	1	0	1	0	0	0
k1.06	MSSA Bacteraemias (Hospital Apportioned)	<=1 per month	Number	2	1	2	1	6	0	1	1	1	2	2	0
k1.07	Clostridium difficile Infections (Hospital Apportioned)		Number	2	0	2	4	3	1	5	2	4	1	0	1
k1.09	Completed Patient Observations - Adult inpatients (NEWS)	>=0.97 per month	%	99.5%			98.95%			94.05%			99.72%		
k1.10a	Completed Patient Observations - Paediatric Inpatients (PEWS)	>=0.97 per month	%	100.00%			98.02%			98.94%			99.07%		
k1.12	Patient Safety Incident (PSI) Falls	<=58 per month	Number	73	47	55	54	73	63	70	61	62	59	58	68
k1.13	Number of Patient Safety incident Falls per 1000 (G&A) bed days	<=5.3 per month	Rate	6.20	3.82	4.59	4.50	5.74	5.17	5.51	5.16	5.07	4.90	4.88	5.83
k1.14	Patient Falls with moderate or severe harm	<=6 per month	Number	0	3	3	1	2	4	3	2	0	2	2	2
k1.15	Never Events	=0 per month	Number	1	0	0	0	0	1	0	0	0	0	0	1
k1.16	Medication Incidents	-	Number	51	56	57	62	36	76	55	76	91	65	59	81
k1.17	% Medication Incidents where Moderate or Severe Harm occurred	<=0.04 per month	%	0.0%	0.0%	0.0%	1.6%	0.0%	2.6%	0.0%	0.0%	0.0%	0.0%	1.7%	1.23%
k1.18	Serious Untoward Incidents	-	Number	2	4	5	1	3	4	2	2	3	3	2	5
k1.19	Escherichia Coli bacteraemia (all)	-	Number	13	9	19	10	12	12	7	13	13	14	20	14
k4.01	Safer Staffing - Day - Registered Midwives / Nurses fill rate	-	%	92.1%	92.9%	93.0%	85.9%	86.2%	84.8%	85.5%	91.0%	95.2%	94.3%	90.7%	89.9%
k4.02	Safer Staffing - Day - Assistant Fill Rate	-	%	104.8%	109.4%	104.3%	100.1%	89.6%	94.8%	96.7%	111.9%	116.1%	117.7%	118.9%	122.3%
k4.03	Safer Staffing - Night - Registered Midwives / Nurses fill rate	-	%	92.3%	91.5%	94.4%	88.5%	87.4%	89.6%	89.9%	96.3%	98.9%	97.4%	96.2%	94.6%
k4.04	Safer Staffing - Night - Assistant Fill Rate	-	%	140.4%	148.9%	149.9%	151.5%	112.5%	127.3%	145.9%	139.9%	137.7%	138.4%	137.7%	144.0%

KPI	Description	Standard (From Apr '22)	Type	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
k4.05	Safer Staffing - Overall trust fill rate	-	%	100.4%	102.4%	102.4%	97.2%	91.0%	93.7%	96.4%	102.7%	105.8%	105.3%	103.6%	104.5%
k4.06	Safer Staffing - % of Registered Nurse and Midwife expenditure on agency staff	-	%	1.8%	4.6%	4.5%	5.7%	4.2%	4.1%	6.1%	5.5%	8.9%	5.50%	7.68%	5.64%
k4.07	Safer Staffing - Care Hours per Patient Day	-	Rate	8.16	8.12	7.90	8.15	8.06	7.86	7.86	8.29	8.41	8.28	8.32	8.54
k5.01	Maternity - Caesarean section rate	<=0.26 per month	%	41.9%	36.3%	34.2%	36.8%	38.3%	37.7%	39.7%	37.6%	38.3%	39.5%	36.8%	36.7%
k5.02	Maternity - % of women with a primary postpartum haemorrhage of 1500ml or more	<0.031 per month	%	4.6%	3.6%	4.0%	3.8%	4.4%	3.1%	6.2%	1.1%	1.6%	5.2%	2.4%	3.2%
k5.03	Maternity - % of women with a primary postpartum haemorrhage of 2000ml or more	<=0.01 per month	%	2.1%	1.3%	1.2%	1.4%	2.3%	0.5%	3.1%	0.0%	0.8%	1.0%	0.8%	1.6%
k5.04	Maternity - Significant Perineal Trauma	-	%	2.3%	2.7%	1.0%	0.5%	2.1%	2.6%	2.3%	0.3%	0.8%	1.3%	1.9%	1.9%
<b>Effective</b>															
k2.01	Standardised healthcare mortality index (SHMI) - most recent score	<=95	Index	77.83	78.57	79.65	79.65	79.30	79.22	78.39	78.19	78.19	78.04	78.09	78.09
k2.02	Unadjusted Mortality Rate	-	%	0.8%	1.0%	0.9%	1.1%	1.1%	0.8%	1.0%	1.0%	0.8%	0.9%	0.8%	0.9%
k2.03	Sepsis - % of eligible patients screened for sepsis - ED	>=90% per month	%	70.0%	85.7%	95.0%	85.0%	90.0%	90.0%	95.2%	95.2%	95.0%	90.00%	90.00%	95.00%
k2.04	Sepsis - % of eligible patients who received antibiotics within 1 hour of arrival - ED	>=90% per month	%	87.5%	75.0%	86.7%	87.5%	90.0%	91.7%	90.0%	100.0%	100.0%	88.89%	100.00%	84.62%
k2.13	Sepsis - % of eligible patients screened for sepsis - Inpatients	>=90% per month	%	80.0%	94.4%	100.0%	100.0%	90.0%	95.0%	95.0%	90.0%	100.0%	95.00%	85.00%	90.00%
k2.14	Sepsis - % of eligible patients who received antibiotics within 1 hour - Inpatients	>=90% per month	%	66.7%	83.3%	100.0%	75.0%	100.0%	77.8%	80.0%	80.0%	77.8%	90.91%	66.67%	100.00%
k2.05	VTE Assessments (Trust)	>=95% per month	%	97.3%	98.4%	97.0%	98.4%	98.0%	98.5%	98.8%	98.4%	95.9%	98.84%	95.5%	97.0%
k2.06	Incidence of Hospital Acquired VTE (HAT)	-	Number	0	0	0	2	0	1	1	0	4	2	2	1
k2.09	% emergency readmissions following elective admission - 30 days	-	%	3.2%	3.0%	2.9%	3.5%	2.1%	2.3%	2.7%	3.2%	2.6%	2.9%	2.7%	2.1%
k2.10	% emergency readmissions following emergency admission - 30 days	-	%	14.5%	13.5%	13.3%	14.6%	12.7%	14.5%	14.5%	15.1%	14.2%	15.9%	13.2%	12.3%
k3.15	Hand Hygiene (Infection Control - Core Elements Tool)	>=95% per month	%	98.6%	96.5%	98.2%	99.3%	98.6%	98.1%	98.0%	98.1%	98.1%	93.5%	97.3%	97.7%
<b>Caring</b>															
k3.01	Number of complaints received this month	-	Number	46	69	52	27	40	47	38	0	0	0	48	28
k3.02	Number of complaints reopened this month	-	Number	3	3	6	5	4	10	8	7	3	4	7	10
k3.03	Number of complaints referred to ombudsman this month	-	Number	0	1	0	0	0	0	1	0	0	0	0	0
k3.14	Complaints Response Rate	>=80%	%	28.6%	20.8%	37.5%	36.1%	42.9%	39.3%	44.6%	44.4%	25.0%	42.9%	23.1%	31.0%
k.3.05b	FFT - Trust - % Would Recommend	-	%	87.3%	88.4%	88.1%	89.3%	88.9%	88.3%	86.3%	86.4%	87.2%	86.9%	88.1%	90.1%

KPI	Description	Standard (From Apr '22)	Type	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
k3.06a	FFT - InPatients - % Would Recommend	>96% per month	%	94.2%	95.0%	93.1%	93.8%	95.0%	90.9%	95.2%	96.2%		92.8%	94.0%	93.9%
k3.07	FFT - Paediatric InPatients - % Would Recommend	-	%	96.2%	94.9%	97.0%	95.9%	97.3%	96.0%	98.6%	98.1%				95.5%
k3.08a	FFT - OutPatients - % Would Recommend	-	%	91.1%	90.8%	91.4%	92.2%	91.4%	91.9%	90.6%	90.1%	87.2%	89.0%	90.5%	91.1%
k3.09a	FFT - A&E - % Would Recommend	-	%	72.5%	76.6%	76.3%	80.6%	80.2%	77.1%	71.2%	73.4%		72.0%	69.4%	80.7%
k3.10c	FFT - Maternity - % Would Recommend	-	%	88.1%	95.2%	88.6%	90.7%	92.5%	88.0%	85.3%	95.5%		100.0%	81.8%	95.2%
k3.11	FFT - Daycases - % Would Recommend	-	%	96.3%	98.2%	95.2%	97.2%	97.2%	92.2%	93.9%	95.0%		94.2%	98.3%	97.1%
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	0.08	0.12	0.09	0.05	0.07	0.09	0.06	0.08	0.06	0.07	0.09	0.05

#### Responsive

K8.01	A&E 4 hour waiting time (all types)	>=95% per month	%	75.9%	78.3%	77.4%	75.3%	76.1%	77.4%	73.4%	70.8%	73.2%	75.1%	72.0%	72.7%
K8.02	A&E 4 hour waiting time (type 1)			66.0%	70.8%	68.9%	67.1%	67.3%	69.5%	63.4%	60.4%	62.8%	65.2%	60.7%	61.8%
K8.03	A&E 12 hour trolley waits	0 per month	Number	0	9	36	54	40	148	338	180	235	250	544	415
K8.04	LAS Ambulance Handovers - within 15 minutes	-	%	34.5%	38.0%	37.9%	31.9%	28.9%	25.1%	21.7%	24.4%	26.1%	29.1%	24.4%	26.5%
K8.05	LAS Ambulance Handovers - 30 min handover waits	=0 per month	Number	32	18	29	33	52	60	185	150	146	76	141	89
K8.06	LAS Ambulance Handovers - 60 min handover waits	=0 per month	Number	1	2	9	5	34	30	132	59	27	21	57	43
K8.07	Stranded Patients (>= 7 days)		Number	186	188	197	189	203	198	219	204	196	208	204	207
K8.08	Super-Stranded Patient (>= 21 days)		Number	64	58	63	58	74	68	76	72	67	78	74	82
K8.11	Average length of stay - Emergency Services (Emergency admissions only)	<=5.23 per month	Rate	3.46	3.62	3.75	4.02	3.86	3.71	4.17	4.41	3.96	3.97	4.41	4.52
K8.12	RTT - incomplete 92% in 18 weeks (NONC)	>=92% per month	%	83.3%	82.5%	83.0%	81.5%	80.8%	80.4%	79.6%	78.6%	79.8%	79.6%	77.7%	77.4%
K8.13	RTT - incomplete 52+ Week Waiters (NONC)	=0 per month	Number	64	62	36	19	21	25	30	28	20	21	33	32
K8.14	Diagnostic Test Waiting Times - Completed within 6 weeks (ALL)	>=99% per month	%	89.1%	90.1%	88.2%	74.7%	72.2%	79.7%	69.4%	68.1%	65.6%	64.0%	62.9%	59.1%
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	%	98.0%	100.0%	98.1%	98.5%	98.4%	100.0%	98.0%	93.9%	98.9%	98.2%	96.9%	
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%	87.5%	100.0%	90.9%	90.9%	86.7%	100.0%	100.0%	
K8.20	62 Day Wait - GP Referral (urgent referral from GP to treatment of all cancers)	>=85% per month	%	90.9%	91.2%	91.7%	90.9%	89.2%	84.8%	85.5%	83.2%	87.6%	80.9%	83.6%	

KPI	Description	Standard (From Apr '22)	Type	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
K8.21	62-Day Wait for First Treatment Following Referral from an NHS Cancer Screening Service	>=90% per month	%	100.0%	100.0%	50.0%	92.3%	91.7%	100.0%	66.7%	100.0%	75.0%	100.0%	62.5%	
K8.22	62-Day Wait for First Treatment Following Referral from Consultant Upgrade	>=85% per month	%	100.0%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	80.0%	80.0%	89.5%	88.5%	
K8.24	Number of last minute cancelled operations	-	Number				47			33			32		
K8.25	Number of patients not treated within 28 days of last minute cancellation	=0 per month	Number				3			2			2		

Well-led															
KPI	Description	Standard	Type	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
k7.01	Vacancy rate	<=7% per month	%	7.9%	8.1%	8.5%	8.6%	8.4%	8.8%	8.3%	8.9%	10.2%	10.2%	10.3%	10.4%
k7.02	Turnover rate	<=14% per month	%	14.0%	14.8%	15.4%	15.6%	16.0%	16.3%	17.0%	17.2%	18.1%	18.5%	17.8%	17.8%
k7.03	Sickness rate	<=3.5% per month	%	3.7%	4.1%	4.1%	5.7%	5.6%	4.9%	5.5%	4.7%	3.4%	4.2%	5.2%	4.4%
k7.04	Mandatory Training	>=85% per month	%	85.6%	84.6%	83.4%	82.7%	78.7%	81.7%	82.0%	81.8%	83.5%	84.1%	84.3%	85.1%
k7.05	Appraisals / PDRs completed	>=90% year end	%	72.4%	71.5%	73.5%	72.4%	73.5%	71.4%	69.8%	65.3%	63.0%	67.3%	73.9%	79.9%
K7.10	Stability (% Staff Retained >1yr)	>90%	%	86.4%	86.3%	85.1%	85.0%	84.8%	84.8%	84.2%	83.6%	82.7%	82.5%	83.0%	83.3%

## 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)