

CCS NHS Trust Quality Performance Dashboard 2022-23

Overall Trust

Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22

| Standard/Indicator | Description | Contact | Annual target Ceiling or Baseline | CCS Overall | CCS Overall | CCS Overall | CCS Overall | CCS Overall | CCS Overall | Sparkline |
|---|---|-------------------------|-----------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------|
| SAFETY | | | | | | | | | | |
| Incidents | | | | | | | | | | |
| Total number of new Datix incidents reported in month | New patient safety incidents including medication incidents | L Ward | no target | 129 | 164 | 152 | 144 | 142 | 142 | |
| | Severe harm | | | 1 | 0 | 0 | 0 | 0 | 0 | |
| | Moderate harm | | | 11 | 11 | 9 | 3 | 9 | 6 | |
| | Low harm | | | 18 | 26 | 37 | 23 | 18 | 19 | |
| | No harm | | | 99 | 127 | 106 | 118 | 115 | 117 | |
| Serious Incidents | No. of new SIs declared requiring investigation (excluding Safeguarding SIs) | L Ward | no target | 0 | 0 | 0 | 1 | 0 | 0 | |
| | No. of new Safeguarding SIs declared (Adults & Children) | | | 0 | 0 | 0 | 0 | 0 | 0 | |
| Never Events | Number of never events reported in month | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Medicines Management | Number of medication incidents reported (CCS) | A Darvill | no target | 24 | 23 | 11 | 14 | 17 | 13 | |
| | % CCS medication incidents no harm | | no target | 96% | 91% | 91% | 79% | 94% | 100% | |
| Infection Prevention & Control | | | | | | | | | | |
| Clinical Interventions Audit | Compliance with spread of infection indicator | C Sharp | 100% | N/A | N/A | N/A | N/A | N/A | N/A | |
| UV light compliance | All clinical teams | | 100% | 70% | 54% | 73% | 74% | 81% | 81% | |
| Outbreaks | No. of new outbreaks declared, e.g. Covid-19, Norovirus, etc. | | no target | 1 | 1 | 1 | 5 | 1 | 0 | |
| EFFECTIVENESS | | | | | | | | | | |
| Mandatory training | | | | | | | | | | |
| Overall mandatory training | In line with Trust Training Needs Analysis | | 90% | 88% | 92% | 93% | 93% | 91% | 94% | |
| Safeguarding training (Children) | Level 1: % staff trained | J Michael | 90% | 91% | 97% | 96% | 97% | 97% | 97% | |
| | Level 2: % staff trained | | 90% | 97% | 97% | 96% | 91% | 97% | | |
| | Level 3: % staff trained | | 90% | 83% | 88% | 84% | 84% | 85% | 90% | |
| | Level 4: % staff trained | | 90% | 57% | 63% | 100% | N/A | N/A | N/A | |
| Safeguarding training (adults) | Safeguarding induction compliance - data pending | J Michael | 100% | N/A | N/A | N/A | N/A | N/A | N/A | |
| | Level 1 Safeguarding Adults: % staff trained | | 90% | 98% | 98% | 97% | 97% | 97% | 97% | |
| | Level 2 Safeguarding Adults: % staff trained | | 90% | 86% | 93% | 93% | 94% | 90% | 99% | |
| | Level 3 Safeguarding Adults: % staff trained | | 80% | 67% | 72% | 76% | 72% | 74% | 87% | |
| | Mental Capacity Act | | 90% | 86% | 92% | 92% | 90% | 90% | 92% | 92% |
| Deprivation of Liberty | 90% | 92% | 93% | 91% | 92% | 92% | 92% | 92% | | |
| Prevent Basic Awareness | % of staff undertaking Prevent training | | 85% | 96% | 97% | 96% | 96% | 97% | 96% | |
| WRAP | % of staff undertaking WRAP training | | 85% | 97% | 97% | 97% | 97% | 97% | 97% | |
| Moving & Handling | % of staff undertaking moving and handling (patients) | | 90% | 79% | 81% | 80% | 86% | 86% | 89% | |
| Fire safety | % of staff undertaking fire safety training | | 90% | 87% | 94% | 93% | 93% | 92% | 94% | |
| CPR/Resus | % of staff undertaking CPR/Resus training | | 90% | 88% | 90% | 90% | 91% | 87% | 89% | |
| IPaC training | % of staff undertaking IPaC training | | 90% | 95% | 98% | 97% | 98% | 96% | 98% | |
| Freedom To Speak Up | % of staff undertaking FTSU training | | 90% | 90% | 88% | 95% | 95% | 92% | 96% | |
| Information governance | % of staff undertaking IG training | | 95% | 88% | 95% | 95% | 95% | 92% | 94% | |
| Safeguarding | | | | | | | | | | |
| Safeguarding supervisions (Children) | % eligible staff supervised | V Patel/ D Shulver | 95% | 95.69% | 90.93% | 93.01% | 91.30% | 84.24% | 79.25% | |
| Record keeping | | | | | | | | | | |
| Record keeping audit | Compliance against Trust standards for auditing. Quarterly or six-monthly reporting - TBC | H Howe | 100% | | | | | | | |
| Workforce/HR | | | | | | | | | | |
| Sickness | Monthly sickness absence rate | R Moody | 4.5% | 6.23% | 5.43% | 5.63% | 6.32% | 4.97% | 4.99% | |
| | Short-term sickness absence rate | | 3.6% | 3.28% | 2.35% | 2.51% | 3.26% | 2.17% | 2.47% | |
| | Long-term sickness absence rate | | N/A | 2.95% | 3.09% | 3.12% | 3.06% | 2.80% | 2.52% | |
| | Rolling cumulative sickness absence rate | | 4.5% by year end | 5.87% | 6.18% | 6.22% | 6.31% | 6.24% | 6.16% | |
| Turnover | Rolling year turnover | | N/A | 15.07% | 14.92% | 15.24% | 15.10% | 15.18% | 14.92% | |
| Stability | % of employees over one year which remains constant | | 85% | 87.99% | 87.46% | 86.84% | 82.85% | 82.43% | 82.56% | |
| Appraisals | % of staff with appraisals | | 94% | 89.16% | 89.39% | 90.72% | 91.80% | 89.52% | 88.91% | |
| Pulse Survey Results (reported in Q1, Q2 and Q4) | Recommending CCS as place for treatment - Quarterly reporting | | no target | | | 84.31% | | | 79.78% | |
| | Recommending CCS as place to work - Quarterly reporting | | no target | | | 67.64% | | | 74.15% | |
| EXPERIENCE | | | | | | | | | | |
| Patient experience (monthly targets) | | | | | | | | | | |
| Complaints | No. of formal complaints received in month | Patient Experience Team | no target | 4 | 12 | 10 | 5 | 13 | 5 | |
| | Average number of days to respond to formal complaints | | no target | 45.91 | 40 | 55 | 44 | 45 | 58.42 | |
| | No. of accepted PHSO referrals in month | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | No. of complaints partially held or upheld by PHSO in month | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Informal complaints | No. of informal complaints received in month | | no target | 23 | 21 | 28 | 16 | 28 | 28 | |
| Claims | No. of new claims received in month | | no target | 0 | 0 | 1 | 0 | 2 | 0 | |
| Friends & Family Test experience score | % of patients who have a good or very good experience | | 90% | 96.88% | 96.22% | 97.45% | 97.73% | 97.01% | 97.44% | |
| | % of patient who have a poor or very poor experience | | no target | 1.41% | 1.85% | 1.29% | 1.00% | 1.68% | 1.32% | |
| | Total number of responses to FFT | | no target | 1281 | 2221 | 2552 | 2640 | 2440 | 2345 | |
| Patient Feedback | Total number of patients surveyed | | no target | 1458 | 2926 | 2657 | 2733 | 2636 | 2489 | |
| QEWTT (Quality Early Warning Trigger Tool) | | | | | | | | | | |
| QEWTT | Number of responses received by scoring threshold | H Ruddy | 25+ | 1 | 0 | 0 | 0 | 0 | 0 | |
| | | | 16-24 | 7 | 3 | 3 | 4 | 4 | 9 | |
| | | | 10-15 | 26 | 26 | 21 | 22 | 21 | 16 | |
| | | | 0-9 | 44 | 53 | 58 | 55 | 55 | 57 | |
| | Number of two consecutive non-responses | | 0 | 0 | 0 | 0 | 0 | 0 | | |
| | Number of single non-responses | | 6 | 1 | 1 | 2 | 3 | 2 | | |
| Total number of responses received | 78 | 82 | 82 | 81 | 80 | 82 | | | | |
| Total number of Teams | 83 | 83 | 83 | 83 | 83 | 84 | | | | |
| N/A | Data usually supplied but not available this month | | | | | | | | | |
| | Not relevant/not applicable to this area | | | | | | | | | |