CCS NHS Trust Quality Performance Dashboard

Standard/Indicator	Description	2023-24 target Ceiling or Baseline		
SAFETY				
Patient safety Incidents				
	New patient safety incidents including SIs, Never			
Total number of new	Events and medication incidents Severe harm			
Datix incidents reported	Severe narm Moderate harm	No target		
in month	Low harm			
	No harm			
Patient Safety Incident	Patient Safety Incident Investigation (PSII) local	No target		
Response	Patient Safety Incident Investigation (PSII) national	No target		
Never Events	Number of never events reported in month	0		
Incidents awaiting closure	Number of incidents not closed within agreed timescale	No target		
	Number of medication incidents reported (CCS)	No target		
Medicines Management	% CCS medication incidents no harm	No target		
Infection Prevention &	Control			
Clinical Interventions Audit	Compliance with spread of infection indicator	100%		
UV light compliance	All clinical teams	100%		
Outbreaks	No. of new outbreaks declared, e.g. Covid-19,	No target		
Safer Staffing	Norovirus, etc.			
Safer Staffing	Number of escalations (data pending)	No target		
EFFECTIVENESS	Number of escalations (data pending)	Notarget		
Mandatory training				
Overall mandatory	In line with Trust Training Needs Analysis	90%		
training	In line with Trust Training Needs Analysis			
0-6	Level 1: % staff trained	90%		
Safeguarding training (Children)	Level 2: % staff trained	90%		
(children)	Level 3: % staff trained Level 4: % staff trained	90% 90%		
	Level 4: % staff trained Safeguarding induction compliance	100%		
	5 5 I	90%		
	Level 1 Safeguarding Adults: % staff trained Level 2 Safeguarding Adults: % staff trained	90%		
Safeguarding training	Level 2 Safeguarding Adults: % staff trained	90%		
(Adults)	Mental Capacity Act	90%		
	Deprivation of Liberty	90%		
Prevent Basic	% of staff undertaking Prevent training	85%		
Awareness				
WRAP3	% of staff undertaking WRAP training	85%		
Manual handling	% of staff undertaking moving and handling (patients)	90%		
Fire safety	% of staff undertaking fire safety training	90%		
CPR/Resus	% of staff undertaking CPR/Resus training	90%		
IPaC training	% of staff undertaking IPaC training	90%		
Freedom To Speak Up	% of staff undertaking FTSU training	90%		
Information governance	% of staff undertaking IG training	95%		
Defined Ordets Orderburg	Level 1: % of staff undertaking Patient Safety Syllabus	90% by		
Patient Safety Syllabus Training	training (all staff) Level 2: % of staff undertaking Patient Safety Syllabus	March 2024 90% by		
ridining	(all clinical staff)	March 2024		
The Oliver McGowan Mandatory Training on	Level 1: % of staff undertaking training	90% by March 2024		
Learning Disability and Autism	Level 2: % of staff undertaking training (data pending)	90% by March 2024		
Trust induction	% of new staff attending Trust induction within 3	94%		
Safeguarding	months of start date			
Safeguarding		05%		
supervisions (Children)	% eligible staff (ceased reporting in March 2023)	95%		
	No. of adult referrals into local authority (s42) for Luton Adults and MSK (<i>iCaSH and Dental service data to</i>	No target		
	follow)	Notarget		
	No. of MASH referrals – all services (Dental service	No target		
	data to follow) No. of adult escalations – Luton Adults and MSK			
	(iCaSH and Dental service data to follow)	No target		
	No. of children escalations – all services (Dental	No target		
Safeguarding Adults &	service data to follow) No. of incidents linked to safeguarding	-		
Children		No target		
	No. of panel meetings linked to safeguarding incidents	No target		
	No. of Non Accidental Injuries (NIAs)	No target		
	Number of Strategy Meetings	No target		
	Number of Strategy Meetings attended	No target		
	Number of Strategy Meetings not attended with late	No target		
	notice (<2 hours)			
Workforce/HR	Number of Strategy Meetings cancelled	No target		
WORKIOFCE/HR	Monthly sickness absence rate	4.5%		
	Monthly sickness absence rate Short-term sickness absence rate	4.5%		
Sickness	Long-term sickness absence rate	3.6% N/A		
		4.5%		
	Rolling cumulative sickness absence rate	by year end		
Turnover	Rolling year turnover	N/A		
Stability	% of employees over one year which remains constant	85% 92%		
Appraisals	% of staff with appraisals Recommending CCS as place for treatment - Quarterly	-		
Pulse Survey Results	reporting	No target		
(reported in Q1, Q2 and Q4)	Recommending CCS as place to work - Quarterly	No target		
Freedom of	reporting	. is target		
Freedom of Information				
No. of new FOI's		N/A		
received				
Completed on time	FOI requests completed within 20 days	100%		
Still open within time frame	FOI requests still open but within 20 day timeframe	N/A		
Late	FOI requests still open, not actioned within 20 day	N/A		
	timeframe	N/A		
EXPERIENCE				
Patient experience (mo				
Formal complaints	No. of formal complaints received in month	No target		
	Standard complaints - of responses sent in month, no.	No target		
	of complaints responded to within 35 days			
	Complex complaints - of responses sent in month, no.	No target		
		No larget		
	of complaints responded to within 40 days No. of accepted PHSO referrals in month	0 no target		

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81%	81%	82%	82%	83%	83%	82%	84%	82%	85%	84%	85%	
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			32%	57%	68%	75%	82%	85%	89%	91%	91%	
			36%	58%	69%	76%	82%	86%	89%	91%	91%	
			N/A	N/A								-
			89%	92%	94%	94%	97%	97%	97%	97%	97%	7
85.59%	82.27%	81.72%										
			N/A	3	1	3	2	5	4	5	3	
			N/A	39	22	31	17	29	27	20	тва	\sim
			N/A	N/A	10	10	17	17	7	N/A	0	
											-	
			N/A	N/A	11	16	14	10	6	N/A	13	
			N/A	33	47	26	28	38	35	30	39	
			N/A	1	11	5	6	6	7	6	4	1
						2	1	5 N/A	6 1181	6 N/A	6 1054	
								N/A	1164	N/A	1034	
								N/A	3	N/A	24	
									14	N/A	18	
6.29%	5.82%	5.80%	4.17%	4.90%	4.86%	4.99%	5.17%	5.65%	6.25%	6.10%	6.98%	~
3.28%	3.02%	2.68%	2.36%	2.34%	2.17%	2.50%	1.94%	3.14%	3.18%	3.12%	3.39%	\sim
3.01%	2.80%	3.11%	1.82%	2.56%	2.69%	2.49%	3.23%	2.51%	3.06%	2.98%	3.59%	$\frac{1}{2}$
6.26%	6.32%	6.04%	5.84%	5.80%	5.71%	5.60%	5.71%	5.75%	5.71%	5.66%	5.60%	\sim
14.78% 85.03%	14.40% 85.52%	14.73% 85.38%	14.12% 84.93%	13.98% 86.37%	13.74% 87.04%	13.54% 85.96%	12.81% 86.26%	12.17% 87.04%	11.73% 87.56%	11.57% 87.15%	10.94% 87.59%	\sim
89.47%	88.20%	90.05%	89.81%	89.44%	87.88%	88.23%	89.17%	89.50%	89.78%	90.69%	88.90%	\sim
		85.00%						15			No data collection	
		82.50%						11			in Q3	
										24	32	
										100%	100%	
										5	5	
										N/A	N/A	
7	9	7	11	6	13	4	4	3	9	9	8	~~~
4/4	9 4/5	3/5	2/5	6/7	13 4/8	5/9	4 3/7	3 2/5	9 0/2	9 6/9	8 5/6	
(100%)	(80%)	(60%)	(40%)	(86%)	(50%)	(55.56% \	42.86%	(40%)	(0%)	(66.67%)	(83.33%)	
3/4 (75%)		1/3 (33%)	0/1 (0%)	0/2 (0%)	2/3 (67%)	0\0	1/2 50%	0/1 (0%)	0/0	0/0	1/1 (100%)	
	0	0	0	0	0	0	0	0	0	0	0	
0		-										

	or complaints responded to within 55 days		(100%)	(00%)	(60%)	(40%)	(00%)	(50%))	42.00%	(40%)	(0%)	(00.07%)	(03.33%)	
	Complex complaints - of responses sent in month, no. of complaints responded to within 40 days	No target	3/4 (75%)		1/3 (33%)	0/1 (0%)	0/2 (0%)	2/3 (67%)	0\0	1/2 50%	0/1 (0%)	0/0	0/0	1/1 (100%)	
	No. of accepted PHSO referrals in month	0	0	0	0	0	0	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	0	0	0	0	0	0	
	Average number of days to respond to formal complaints (ceased reporting in November 2022)	No target													
Informal complaints	No. of informal complaints received in month	No target	34	31	15	20	24	32	20	23	36	30	29	31	\sim
Claims	No. of new claims received in month	No target	0	0	0	1	2	0	0	0	1	0	0	0	$\langle \rangle$
Friends & Family test score	Percentage of patients who have a good or very good experience	90%	97.13%	97.40%	97.04%	95.78%	96.48%	96.69%	96.79%	96.78%	97.42%	96.95%	97.95%	95.91%	\sim
	Percentage of patient who have a poor or very poor experience	No target	1.18%	1.30%	1.41%	2.11%	1.87%	2.00%	1.64%	1.20%	1.25%	1.45%	0.98%	1.75%	\mathcal{M}
	No. of responses to FFT	No target	2373	1690	2699	1849	2412	2417	2738	2329	2712	2558	3761	1953	~~~
Patient Feedback	Total number of patients surveyed (ceased reporting in March 2023)	No target	2605	1777	3180										\checkmark
Compliments/positive comments	No. of compliments/positive comments received	No target				2698	3334	3554	4059	3384	3364	3547	2959	2582	\wedge
Co-production	No. of patients involved in co-production - Quarterly data	No target				N/A	N/A	49							
QEWTT (Quality E	arly Warning Trigger Tool)														
QEWTT		25+	0	0	0	0	0	0	3	0	0	0	0	0	
	Number of responses received by scoring threshold	16-24	4	5	4	5	4	7	4	5	4	2	2	3	$\sim\sim\sim$
		10-15	24	23	22	20	20	22	20	18	20	19	23	23	\sim
		0-9	54	55	55	55	57	48	56	60	60	61	60	57	$-\!$
	Number of two consecutive non-responses		0	0	0	1	0	0	0	0	0	0	0	0	
	Number of single non-responses		2	4	2	2	2	5	0	1	0	3	0	2	$\sim \sim$
	Total number of responses received		82	79	81	80	81	77	83	83	85	82	85	83	$\sim\sim$
	Total number of Teams		84	83	83	83	83	82	83	84	85	85	85	85	\sim
N/A	Data usually supplied but not available this month														
	Not relevant/not applicable to this area	1													