NHS
East Kent Hospitals University
NHS Foundation Trust

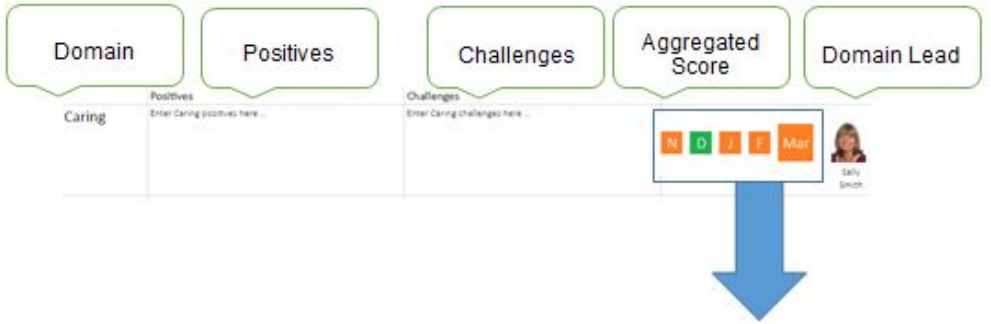
JUNE 2019

# INTEGRATED PERFORMANCE REPORT

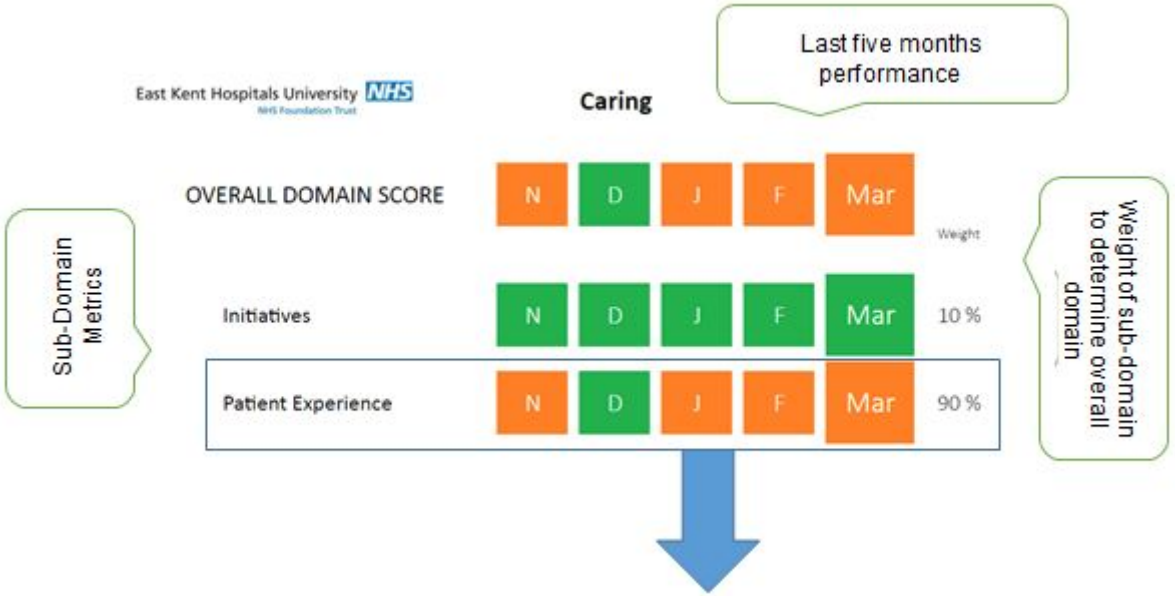
East Kent Hospitals University NHS Foundation Trust

# Understanding the IPR

**1** **Headlines**: Each domain has an aggregated score which is made up of a weighted score derived from their respective sub-domain. There is an overall executive Trust summary followed by more specific commentaries for each of the five domains which are based on the recent Carter review and the way that the CQC organises its inspection into specific areas.



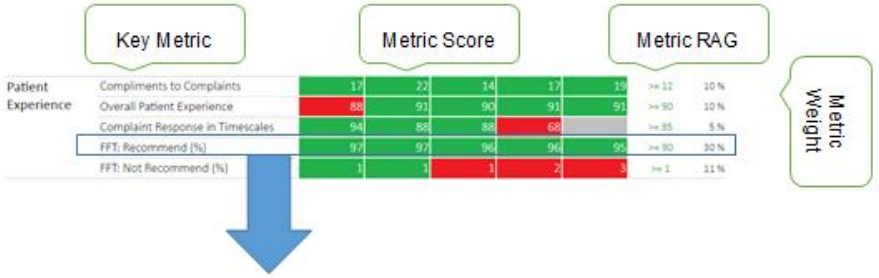

**2** **Domain Metrics**: Each domain will have two pages; one showing overall aggregated scores split by sub-domain and another showing a selection of key metrics which help form the sub-domain aggregated metric scores. The first page indicates the sub-domain weighting % which is used to calculate the overall domain score. The second page illustrates key (but not all) metrics measured within that sub-domain.
This is important as it explains why the sum of each metric doesn't total 100%. A list of all metrics used in the calculation is summarised in the Glossary pages.



East Kent Hospitals University NHS Foundation Trust

# Understanding the IPR

**3** **Key Metrics:** This section provides the actual data that builds up into the domain, the actual performance in percentage or volume terms for any given metric. These metrics are explored in more detail in the next section, Strategic Themes.




**4** **Strategic Themes**: The Strategic Theme pages house key metrics with additional analysis, showing trend over the last 12 months. They show the latest month RAG together with the last 12 months position status (ie improved or worsened % from the previous 12 months plus average metric score). The 12 month positions will either be an average (if a % or index) or total sum (if a number). In addition to this it includes a metric description and data assurance stars which reflects how assured the data is. Description for how the data assurance stars are formulated is explained in the Glossary.


All RAGs are banded as Green, Amber and Red. A grey cell indicates that data is not yet available. The threshold for the green RAG point is indicated in the Glossary pages together with how much weight each metric holds towards the sub-domain.

NHS
East Kent Hospitals University
NHS Foundation Trust

# Strategic Priorities

East Kent Hospitals University NHS Foundation Trust

# Headlines

| | Positives | Challenges | |
|---|---|---|---|
| Caring | The number of mixed sex breaches has been maintained at zero for the second consecutive month.<br><br>Friends and Family Test (FFT) not recommended has significantly improved ( registering 0.9 compared with 1.8 previous month). This is (favourably) the lowest reported in six months. This improvement is triangulated with a statistically significant increase in recommended (registering 97% in June compared with 96% in May).<br><br>Overall patient experience, measured through the Trust Internal Patient Survey questions “did you get the care that matters to you?” also improved for the second consecutive month. | While Friends and Family Test (FFT) inpatient satisfaction rate (including paediatrics) remains green, FFT performance decreased in June compared within the previous month, inpatients. This performance is in the context of improvement noted for maternity, paediatrics and ED.<br><br>There has been a decline in complaints responsiveness. This is in the context of an improving picture noted in Q4 and Q1. This is due in part to the seasonal impact of staff annual leave and the on going development of the governance teams, following restructure. Actions are in place to deliver required improvement and these will be developed further, informed by the outcome of an independent review which will conclude in June. | F M A M Jun<br>  <br>Amanda Hallums |

## Effective

Beds
The number of DTOC (Delayed Transfers of Care) in June have decreased from 94 to an average of 85 per day. The high number of DTOC continues to have a detrimental impact on patient flow. To mitigate the lack of external capacity there has been an increased focus on reducing internal delays with weekly reviews of patients with a length of stay over 21 days (super stranded). The number of patients discharged before noon has dropped from 19 to 18%. Bed occupancy has improved to 92%.

Clinical Outcomes
The percentage of elective readmissions has improved as has the percentage for non elective readmissions, from ~17% to ~15%, which is the highest performance in the past 5 months.

Demand and Capacity
The number of DNA for New patients have remained at static at 7.8%. and with Follow up out patients deteriorating to 11.2%. The increase in DNA's has been due to an internal administrative system issue which has now been resolved. The New : FU ratio is also static at 2.

Productivity
Length of stay across elective pathways is static at 3.1% and non elective at 6.6 bed days. Theatre utilisation has improved to 82%.

The number of non-clinical cancellations has improved to 0.9% which is the best performance in the past 5 months.

Beds
Patient flow continues to be severely compromised due to low discharge profile across all sites and particularly at K&CH. Emergency admissions may be delayed in ED awaiting transfer to a ward which compromises the achievement of the Emergency Access Standard. Escalation is in place at CEO level across the health economy.

Demand and Capacity
To reduce the number of patient cancellations and DNA's and maximise out patient clinic capacity.

Productivity
To maximise theatre capacity and to increase productivity by improving on Theatre on time starts. To reduce the vacancy rate in theatres and reduce the high use of agency staff with substantive recruitment.

To improve length of stay by reducing internal and external delays.

F M A M Jun

Lee Martin

| | | | | |
|---|---|---|---|---|
| **Responsive** | 4 hour Emergency Access Standard.<br>June performance was 84.65% which is static performance and achieved despite a continued 7% increase in attendances to ED and high number of ambulance attendances. There have been no 12 Hour Trolley Waits.<br><br>RTT<br>Performance has improved to 82.06% against a trajectory of 80.00%. The Waiting list has decreased from 46,331 to 46,289 and the backlog has also improved by decreasing from 8964 to 8307.<br><br>The number of patients waiting over 52 weeks for first treatment is 3. This is a significant achievement since April 2018 when there were 222 patients waiting.<br><br>DM01<br>The standard is compliant at 99.60% .<br><br>Cancer<br>June performance for 62 day treatments is currently 72.94%, validation continues until the beginning of August in line with the national timetable.<br><br>2ww performance has been achieved at 96.16% against a performance standard of 93%. | 4 hour Emergency Access Standard<br>To reduce the number of ED breaches due to bed availability and also overnight breaches due to high volumes of patients attending in the evening. To resolve internal delays and reduce the number of patients delayed in hospital over 7days (stranded) and 21 days (super stranded) who require a supportive discharge.<br><br>RTT<br>To maximise out patient capacity and reduce DNA and cancellations.<br><br>CANCER<br>To manage the increase in referrals and identify sufficient capacity to enable the first appointment to be within 7 days.<br><br>To reduce any delays in a patients pathway once they have been referred on to a tertiary centre for on going assessment or treatment.<br><br>To minimise delays relating to diagnostic pathways.<br><br>DM01<br>Maintaining excellent performance consistently across all diagnostic modalities. | F M A M Jun |  <br>Lee Martin |
| **Safe** | June has reported 99.0% harm free care delivery for new harms in our control and we have been at 99.0% or above for the last 6 months. The prevalence of New VTE's; New Pressure Ulcers; Falls with Harm and Catheters and New UTI's with Harm continues to remain below the national average for Acute Hospitals.<br><br>Year to date we have had no MRSA bacteraemias.<br><br>VTE assessment recording has improved to 94.5% | All harms (those patients are admitted with) remains below the national average of 93.76% Work with our community colleagues needs to be continued in order to address this. | F M A M Jun |  <br>Paul Stevens |

| | | | | |
|---|---|---|---|---|
| Well Led | The Trust generated a consolidated deficit in month of £2.9m which was £0.2m better than the planned. This brought the year-to-date (YTD) quarter 1 position to a £10.7m deficit which was £0.3m better than plan. Within this, the Trust delivered £1.7m of CIP in June which was £0.1m higher than the target, bringing the YTD total CIP delivered to £4.6m which is £1m ahead of plan.<br><br>The Trust has secured an aligned incentive contract with the East Kent Commissioning group which reduces income risk for the 2019/20 financial year. | The Trust's annual CIP target of £30m represents a significant challenge to deliver as it is the maximum the Trust considered achievable and will required concerted efforts on driving efficiency and cost consciousness throughout the Trust.<br><br>The CIP plan increases throughout the year therefore it is crucial that the Trust continues working up savings schemes for 2019/20 focusing on delivery of planned target and moving Red and Amber schemes to Green.<br><br>Total cash borrowed increased to £99.5m which will require paying back when the Trust is delivering a surplus. | F M A M Jun |  <br>Susan Acott |
| Workforce | The establishment has continued to grow yet we have seen a reduction in the vacancy rate overall which reflects the positive impact of recruitment as new staff are taking up their appointments. This is reflected in the steady increase in the number of substantive staff ( employed) when set against the temporary workforce, which is a benefit to our patients. We are also seeing an increase in the number of additional shifts filled by our own bank workers rather than agency staff.<br><br>The time to hire has steadied at around 10 weeks but this includes a number of long term medical appointments from overseas. It is expected that this will reduce further. | The increase in sickness absence has not been across the board but a few areas are pushing up the overall figure. This is subject of intensive work in the affected care groups to reduce the level of absence and understand whether any particular issues are underlying causes that need addressing.<br><br>The reduction in appraisal completion rates is a cause for concern and has been discussed within EPRs . The timing of appraisal has been identified as a contributory factor with a suggestion that a two month window for all appraisals is too demanding for areas where there are high numbers of direct reports. This is being reviewed as we endeavour to achieve more meaningful appraisals and influence on personal development needs. | F M A M Jun |  <br>Andrea Ashman |

NHS
East Kent Hospitals University
NHS Foundation Trust

# Caring

| | | Feb | Mar | Apr | May | Jun | Green | Weight |
|---|---|---|---|---|---|---|---|---|
| Patient Experience | Mixed Sex Breaches | 21 | 8 | 3 | 0 | 0 | >= 0 & <1 | 10 % |
| | Number of Complaints | 60 | 77 | 79 | 68 | 76 | | |
| | AE Mental Health Referrals | 62 | 87 | 98 | 75 | 44 | | |
| | IP FFT: Recommend (%) | 97 | 97 | 96 | 96 | 97 | >= 95 | 30 % |
| | IP FFT: Not Recommend (%) | 1.0 | 1.2 | 1.5 | 1.8 | 0.9 | >= 0 & <2 | 30 % |
| | IP Survey: Overall, did you get the care | 43.1 | 46.7 | 42.9 | 45.5 | 45.8 | | |
| | Complaint Response in Timescales % | 90.9 | 95.5 | 89.1 | 84.9 | 75.0 | >= 85 | 15 % |
| | Compliments | 1668 | 1890 | 2946 | 2553 | 3758 | >= 1 | |

NHS
East Kent Hospitals University
NHS Foundation Trust

# Effective

| | | Feb | Mar | Apr | May | Jun | Green | Weight |
|---|---|---|---|---|---|---|---|---|
| Beds | DToCs (Average per Day) | 66 | 76 | 97 | 94 | 85 | >= 0 & <35 | 30 % |
| | Bed Occupancy (%) | 94 | 94 | 94 | 94 | 92 | >= 0 & <92 | 60 % |
| | IP - Discharges Before Midday (%) | 15 | 17 | 19 | 19 | 18 | >= 35 | 10 % |
| | IP Spells with 3+ Ward Moves | 463 | 509 | 469 | 510 | 483 | | |
| Clinical Outcomes | FNoF (36h) (%) | 63 | 61 | 72 | 60 | | >= 85 | 5 % |
| | Readmissions: EL dis. 30d (12M%) | 3.6 | 3.8 | 4.1 | 4.1 | 3.9 | >= 0 & <2.75 | 20 % |
| | Readmissions: NEL dis. 30d (12M%) | 15.7 | 16.2 | 16.7 | 17.7 | 15.7 | >= 0 & <15 | 15 % |
| | Audit of WHO Checklist % | 98 | 99 | 100 | 96 | 100 | >= 99 | 10 % |
| | 4hr % Compliance from Presentation to Stroke Ward | | | 41 | 35 | 25 | | |
| Demand vs Capacity | DNA Rate: New % | 7.4 | 7.5 | 7.6 | 7.7 | 7.9 | >= 0 & <7 | |
| | DNA Rate: Fup % | 8.0 | 8.5 | 8.9 | 9.1 | 11.3 | >= 0 & <7 | |
| | New:FUp Ratio (1:#) | 2.1 | 2.2 | 2.1 | 2.1 | 2.0 | >= 0 & <7 | |
| Productivity | LoS: Elective (Days) | 3.3 | 3.3 | 2.9 | 3.2 | 3.2 | | |
| | LoS: Non-Elective (Days) | 6.3 | 6.3 | 6.6 | 6.5 | 6.6 | | |
| | Theatres: Session Utilisation (%) | 80 | 81 | 82 | 80 | 82 | >= 85 | 25 % |
| | Theatres: On Time Start (% 15min) | 46 | 42 | 46 | 43 | 41 | >= 90 | 10 % |
| | Non-Clinical Cancellations (%) | 1.0 | 1.4 | 1.4 | 1.2 | 0.9 | >= 0 & <0.8 | 20 % |
| | Non-Clinical Canx Breaches (%) | 16 | 17 | 10 | 10 | 11 | >= 0 & <5 | 10 % |

NHS
East Kent Hospitals University
NHS Foundation Trust

# Responsive

| | | Feb | Mar | Apr | May | Jun | Green | Weight |
|---|---|---|---|---|---|---|---|---|
| A&E | ED - 4hr Compliance (incl KCHFT MIUs) % | 77.56 | 81.53 | 80.54 | 84.26 | 84.65 | >= 95 | 100 % |
| | ED - 4hr Performance (EKHUFT Sites) % | 73.85 | 78.23 | 77.13 | 81.22 | 81.40 | >= 95 | 1 % |
| Cancer | Cancer: 2ww (All) % | 98.31 | 97.87 | 97.72 | 96.53 | 96.16 | >= 93 | 10 % |
| | Cancer: 2ww (Breast) % | 98.31 | 92.76 | 93.64 | 93.81 | 86.32 | >= 93 | 5 % |
| | Cancer: 31d (Diag - Treat) % | 97.73 | 96.06 | 97.54 | 95.72 | 92.83 | >= 96 | 15 % |
| | Cancer: 31d (2nd Treat - Surg) % | 96.49 | 94.74 | 84.91 | 94.12 | 91.07 | >= 94 | 5 % |
| | Cancer: 31d (Drug) % | 97.27 | 100.00 | 100.00 | 99.18 | 99.07 | >= 98 | 5 % |
| | Cancer: 62d (GP Ref) % | 76.88 | 81.56 | 79.13 | 80.18 | 72.94 | >= 85 | 50 % |
| | Cancer: 62d (Screening Ref) % | 76.92 | 82.61 | 100.00 | 91.89 | 73.33 | >= 90 | 5 % |
| | Cancer: 62d (Con Upgrade) % | 86.67 | 76.47 | 80.00 | 85.71 | 72.00 | >= 85 | 5 % |
| Diagnostics | DM01: Diagnostic Waits % | 99.49 | 99.59 | 99.29 | 99.45 | 99.60 | >= 99 | 100 % |
| | Audio: Complete Path. 18wks (%) | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | >= 99 | |
| | Audio: Incomplete Path. 18wks (%) | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | >= 99 | |
| RTT | RTT: Incompletes (%) | 77.89 | 80.03 | 79.15 | 80.66 | 82.06 | >= 92 | 100 % |
| | RTT: 52 Week Waits (Number) | 27 | 8 | 3 | 4 | 3 | >= 0 | |

NHS
East Kent Hospitals University
NHS Foundation Trust

# Safe

| | | Feb | Mar | Apr | May | Jun | Green | Weight |
|---|---|---|---|---|---|---|---|---|
| Incidents | Clinical Incidents: Total (#) | 1,438 | 1,470 | 1,601 | 1,569 | 1,369 | | |
| | Serious Incidents (STEIS) | 9 | 11 | 11 | 14 | 14 | | |
| | Harm Free Care: New Harms (%) | 99.2 | 99.1 | 99.6 | 99.3 | 99.0 | >= 98 | 20 % |
| | Falls (per 1,000 bed days) | 5.55 | 5.12 | 5.96 | 5.29 | 5.43 | >= 0 & <5 | 20 % |
| Infection | Cases of C.Diff (Cumulative) | 38 | 42 | 8 | 16 | 25 | <= Traj | 40 % |
| | Cases of MRSA (per month) | 1 | 0 | 0 | 0 | 0 | >= 0 & <1 | 40 % |
| Mortality | HSMR (Index) | 95.3 | 95.2 | | | | >= 0 & <90 | 35 % |
| | Crude Mortality NEL (per 1,000) | 34.5 | 26.4 | 28.0 | 28.5 | 23.6 | >= 0 & <27.1 | 10 % |
| Observations | VTE: Risk Assessment % | 92.6 | 93.1 | 94.1 | 93.8 | 94.5 | >= 95 | 20 % |

East Kent Hospitals University NHS Foundation Trust

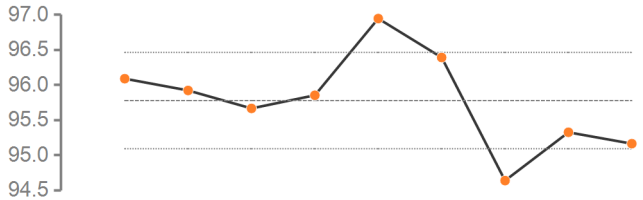
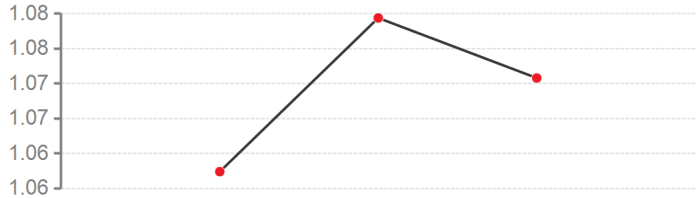
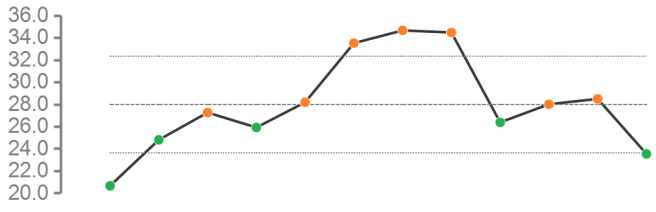
# Well Led

| | | Feb | Mar | Apr | May | Jun | Green | Weight |
|---|---|---|---|---|---|---|---|---|
| Data Quality & Assurance | Uncoded Spells % | 0.4 | 0.6 | 0.4 | 0.4 | 0.8 | >= 0 & <0.25 | 25 % |
| Finance | Forecast £m | -42.2 | -42.1 | -36.6 | -36.6 | -36.6 | >= Plan | 10 % |
| | Cash Balance £m (Trust Only) | 11.8 | 18.7 | 21.6 | 18.8 | 7.4 | >= 5 | 20 % |
| | I&E £m (Trust Only) | -5.6 | -2.9 | -4.9 | -3.2 | -2.4 | >= Plan | 30 % |
| Health & Safety | RIDDOR Reports (Number) | 2 | 4 | 1 | 4 | 0 | >= 0 & <3 | 20 % |
| Staffing | Agency % | 9.0 | 9.3 | 7.5 | 7.3 | 7.4 | >= 0 & <10 | |
| | Bank Filled Hours vs Total Agency Hours | 59 | 61 | 65 | 68 | 70 | | 1 % |
| | Shifts Filled - Day (%) | 96 | 96 | 100 | 99 | 101 | >= 80 | 15 % |
| | Shifts Filled - Night (%) | 105 | 106 | 107 | 105 | 107 | >= 80 | 15 % |
| | Care Hours Per Patient Day (CHPPD) | 11 | 12 | 12 | 11 | 11 | | |
| | Staff Turnover (%) | 14.2 | 14.5 | 14.2 | 14.2 | 14.3 | >= 0 & <10 | 15 % |
| | Vacancy (Monthly) % | 10.2 | 9.8 | 8.7 | 9.3 | 8.8 | >= 0 & <10 | 15 % |
| | Sickness (Monthly) % | 4.4 | 4.2 | 4.1 | 3.6 | 4.2 | >= 3.3 & <3.7 | 10 % |
| Training | Appraisal Rate (%) | 81.1 | 80.4 | 80.7 | 77.2 | 71.8 | >= 85 | 50 % |
| | Statutory Training (%) | 93 | 94 | 95 | 95 | 95 | >= 85 | 50 % |

East Kent Hospitals University NHS Foundation Trust

# Strategic Theme: Patient Safety

## Mortality

| | | | | |
|---|---|---|---|---|
| Jun | HSMR (Index) | 95.8 (2.0%) |  | Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data. |
| Jun | SHMI | 1.07 (4.0%) |  | "Summary Hospital Mortality Indicator (SHMI) as reported via HSCIC includes in hospital and out of hospital deaths within 30 days of discharge. Latest quarter identifies last reported 12 month period. Please note this metric has recently been changed to reflect HSCIC, not CHKS. Arrow indicates average of last 12 months data." |
| Jun | Crude Mortality NEL (per 1,000) | 25.8 (1.9%) |  | "The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." |

Highlights and Actions:

Although crude mortality has fallen this month and HSMR remains below 100 our HSMR is in the 50th to 75th quartile in comparison to peers. Interpretation is still hampered by depth of coding and by palliative care coding.

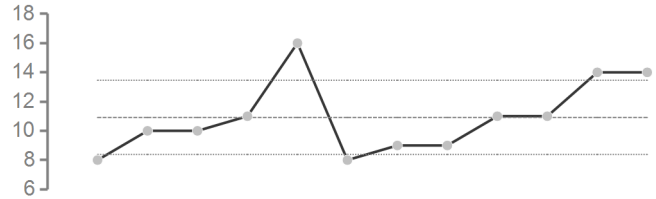
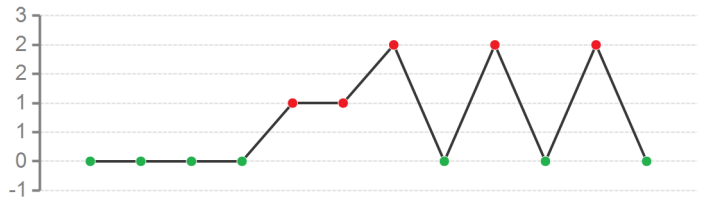
Depth of coding for electives is 3.5 against an England average of 4.6 and for non-electives 3.9 against an England average of 4.8. Palliative care coding is 22% against an England average of 34%. In the SHMI 64% of our deaths occur in hospital against an England average of 70%.

The SHMI model uses the Charlson comorbidity index which in turn is derived from knowledge of ischaemic heart disease, heart failure, peripheral vascular disease, cerebrovascular disease, dementia, obstructive airways disease, connective tissue disease, previous or current history of peptic ulceration, liver disease, chronic kidney disease and current or past history of solid tumour, lymphoma or leukaemia. Together these constitute depth of coding.

We believe that the actions taken by the coding department to increase the depth of coding are having an effect but that will not translate through into the data for a few months yet because the adjusted mortality data lags 3-6 months behind depending on the particular mortality index (SHMI is always reported 6 months in arrears).

# Strategic Theme: Patient Safety

## Serious Incidents

| | | | | |
|---|---|---|---|---|
| Jun | Serious Incidents (STEIS) | 131 (67.9%) |  | "Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months." |
| Jun | Never Events (STEIS) | 8 (33.3%) |  | "Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months." |

Highlights and Actions:

During June 2019, 14 new Serious Incidents (SIs) were reported and 20 SIs closed (this includes two SIs that were downgraded).

At the end of June 2019 there were 93 SIs open, of which 13 were breaching, 8 non-closure responses were required and 27 were awaiting a closure decision by the CCGs. The remaining 45 were within timeframes or extensions had been granted by the CCGs.

The weekly Executive led SI panel continue to support rigorous analysis of SIs and the development of improvement plans focused on systems and mitigation of Human Factors. The panel ensures the Care Groups are managing delays in investigations and responses to the CCGs.

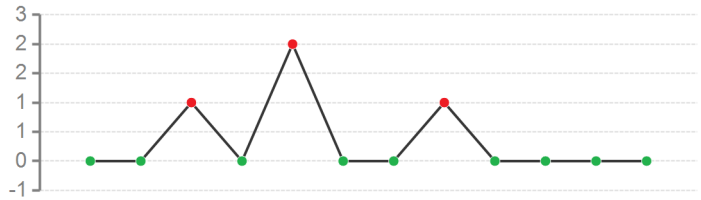
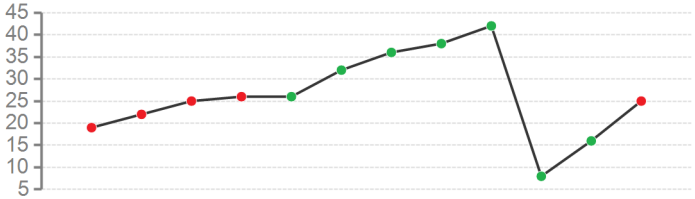
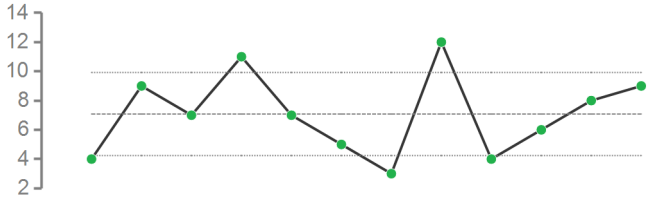
Practical support is provided by the Corporate Patient Safety team to investigation teams to improve the quality of investigations and reduce delays where possible.

Learning from SIs is shared through Lead investigator presentation to the Executive SI panel enabling constructive critique, cross Care Group learning and senior leadership oversight of emerging risks. Newsletters sharing the stories and learning from SIs are shared with staff via Care Group Governance mechanisms and the RiskWise newsletter which is circulated Trustwide. The Corporate Patient Safety team and specialists with a Trustwide remit also share learning when out in practice, during training delivery and at QII hub learning events.

East Kent Hospitals University NHS Foundation Trust

# Strategic Theme: Patient Safety

## Infection Control

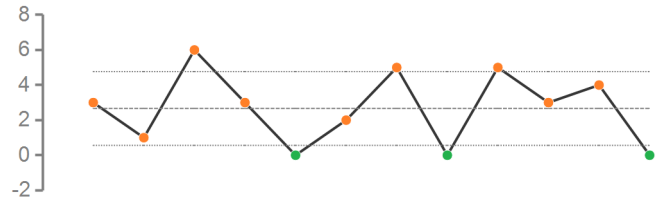
| | | | | |
|---|---|---|---|---|
| Jun | Cases of MRSA (per month) | 4 (-42.9%) |  | Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months. |
| Jun | Cases of C.Diff (Cumulative) | 25 (56.3%) |  | "Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Arrow represents YTD position with the % showing variance against the last month." |
| Jun | E. Coli | 85 (7.6%) |  | "The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." |

# Strategic Theme: Patient Safety

Jun

MSSA

32
(-3.0%)




"The total number of MSSA bacteraemia recorded, post 48hrs.

Highlights and Actions:

C.difficile
C.difficile data is presented as the cumulative number of cases and resets to zero each April. Since April this year the reported numbers now include all C. difficile identified 48 hours or more following admission (not 72 hours as in previous years) plus any patient identified with C. difficile who was previously an inpatient within the preceding 4 weeks. This means that comparative data is absent and that any colour coding is rendered inaccurate.
This financial year to date there have been 25 hospital onset CDI under the new reporting rules, this remains within the DH trajectory.

MRSA
Year to date there have been no hospital onset MRSA bacteraemias.

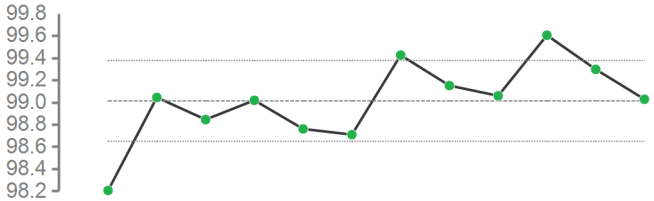
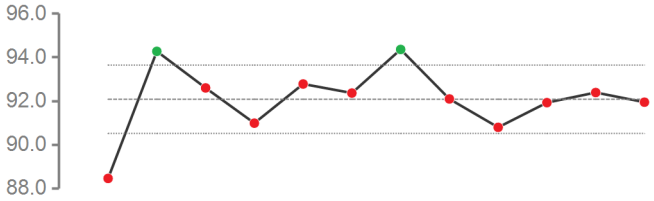
E.coli
The rate of hospital onset E.coli bacteraemia is currently 8.27/100,000 occupied bed days, in comparison the range across the South is 2.62-11.56 per 100,000 occupied bed days with a mean of 6.8.
For all E.coli bacteraemias (hospital and community onset) our rate is currently 46.1, the range across the South is 7.0-67.9 with a mean of 40.5/100,000 occupied bed days.

All actions are as previously reported and include active participation in the Kent & Medway national pilot aimed at reduction of gram negative bloodstream infections.

East Kent Hospitals University NHS Foundation Trust

# Strategic Theme: Patient Safety

## Harm Free Care

| | | | | |
|---|---|---|---|---|
| Jun | Harm Free Care: New Harms (%) | 99.0 (0.5%) |   | Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data. |
| Jun | Harm Free Care:All Harms (%) | 92.1 (0.1%) |   | "Percent of inpatients deemed free from harm as measured by the Safety Thermometer audit ie free from old and new harms: - Old and new pressure ulcers (categories 2 to 4) - Injurious falls - Old and new UTI - Old and new DVT, PE or Other VTE. Data source - Safety Thermometer (old and new harms)." |

Highlights and Actions:

Overall Harm Free Care (HFC) relates to the Harms patients are admitted with as well as those they acquire in our care. The Safety Thermometer for June-19 (91.95%) shows slight fall since last month (92.39%) and remains below national average (93.83%). A review of HFC - All Harms demonstrated that there was a significant rise in patients who acquired PEs whilst in our care, this is under review and will be investigated fully to ensure VTE prevention was followed.
Actions include:

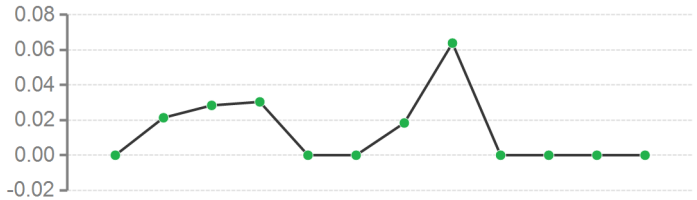
- Review of datix containing Pressure Ulcers reported by KCHFT to look for trends of particular wards of concern.
- Desktop visuals for falls prevention have been created, which include the high impact actions for falls prevention within the falls CQUIN and post fall care are displayed as posters in the QII hubs during June.
- IPC are to choose 2 wards at each site to pilot the National Catheter Pathway paperwork/passport, which will commence and be audited during July.

Harm Free Care experienced in our care (New Harms only) at 99.03% remains similar to last month (99.30% May-19). The prevalence of New VTE's; New Pressure Ulcers; Falls with Harm and Catheters and New UTI's with Harm continues to remain below the national average for Acute Hospitals.

East Kent Hospitals University NHS Foundation Trust

# Strategic Theme: Patient Safety

## Pressure Damage

| | | | | |
|---|---|---|---|---|
| Jun | Pressure Ulcers Cat 3/4 (per 1,000) | 0.01 (133.1%) |   | "Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." |

East Kent Hospitals University NHS Foundation Trust

# Strategic Theme: Patient Safety

Highlights and Actions:

June 2019

There was an overall decrease in reported hospital acquired pressure damage compared to April and May 2019.

• There were a total of 34 category 2 and above reported, a decrease of 25 from May 2019. Twenty six of these were category 2 ulcers, a decrease of 22. The rate has decreased from May 2019 (1.163/1000 in May 2019 0.758/1000 in June).

• There were 2 confirmed category 3 pressure ulcers, equal to last month. There was a slight increase in rate compared to May 2019 (0.056/1000 bed days in May 2019 0.058 in June 2019). Neither of these was identified as moderate harm.

• There were no confirmed category 4 pressure ulcers

• Six potential deep ulcers were reported (4 less than last month). 2 were potential deep tissue injury and 3 were unstageable ulcers. Although unstageble ulcers equalled last month the bed day rate rose slightly (0.083 in May 0.088/100 in June). None were deemed moderate risk an improvement on last month.

• 19 reported incidents were due to Moisture Associated Skin Damage a decrease of 7 from April 2019.

High impact Actions for quarter 1:

- Completion of Hybrid mattress pilot at QEQM. Not only introduces the trust to an improved quality of mattress but has improved availability on the other hospital sites
- QII HUB sessions raising awareness of the correct use of incontinence sheets/pads, equipment processes and pressure ulcer prevention strategies
- Leaflet produced and distributed to assist with staff with pressure ulcers categories and procedures such as obtaining equipment
- Work undertaken with Manual Handling team on the correct use and availability of slide sheets trust-wide
- Increased availability of site based training raising awareness of the correct use of incontinence sheets/pads, equipment processes and pressure ulcer prevention strategies
- Reintroduced Decision form in response to updated NHSI guidance. Pressure ulcers no longer classed as avoidable/unavoidable

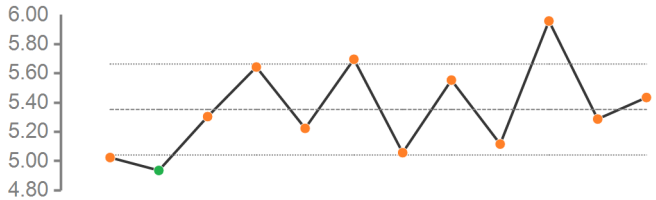
Recommendations:

- To alter SKINS and repositioning regime to make documentation easier for staff to complete
- Continue to work with wards to improve availability of pressure relieving equipment
- Improve availability of active chair cushions
- Reintroduce monthly pressure ulcer panel
- Relaunch monthly tissue viability SKINS audit to allow for more robust information
- Refresh terms of reference of pressure to increase front line engagement (and ownership) of the work led by the Pressure Ulcer Steering Group.

East Kent Hospitals University NHS Foundation Trust

# Strategic Theme: Patient Safety

## Falls

| | | | | |
|---|---|---|---|---|
| Jun | Falls (per 1,000 bed days) | 5.35 (-3.8%) |   | "Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." |

East Kent Hospitals University NHS Foundation Trust

# Strategic Theme: Patient Safety

Highlights and Actions:

Falls incidents Trust wide have decreased modestly in June. There were a total of180 patient falls compared with 184 in May 2019.

Within this overall figure there has been a decrease on the WHH and KCH sites and an increase at QEQM. One incident has been reported as resulting in severe harm (hip fracture). The reasons for the increase at QEQM is the subject of a planned deep dive and assurance action is being led by the Falls Steering group.

Consistent with previous months, the care groups which report the greater number of incidents are Urgent and Emergency care ( n=33 which represents 22.32 per 1000 bed days) and General and Specialist Medicine (n= 115 which represents 5.75 per 1000 beds days). Overall this represents a similar position to that reported in May 2019 (5.19 compared with 5.08 per 1000 bed days in June and May respectively).

High impact actions:

• Deep dive to review QEQM incidents, identify and address themes.

• All patients who had more than one fall were assessed by the Falls Team and measures put in place to prevent falls.

• To support falls CQUIN and post falls care, high impact actions for falls prevention are being displayed as posters in the QII hubs during June.

• Monitoring by the Falls Prevention Team of the compliance with weekly ward based audits to identify areas requiring challenge and support (with triangulation with falls incident data).

• Forthcoming year will continue to focus on the effective engagement of link workers, to further development the capability and confidence of ward based staff.

• Care group engagement and ownership of the Trust improvement to be strengthened through the refresh of the falls steering group terms of reference and operation of the group.

• Focus on FallStop programme

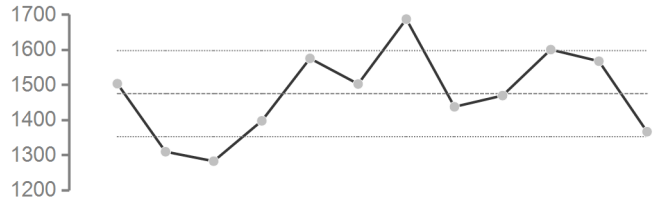
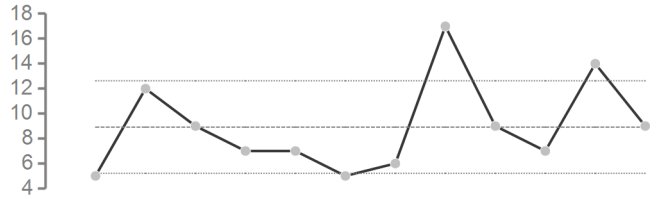
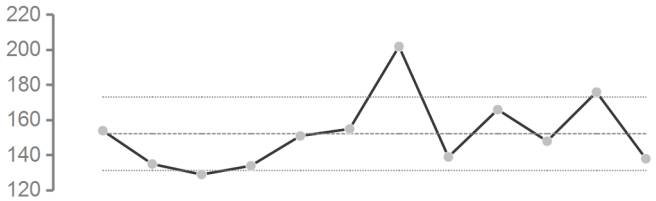
Risks:

The Falls Team have highlighted risk relating to the achievement of the CQUIN, due to the lack of resources to deliver quality improvement via the FallStop programme. A business case was presented to include 2 band 4 practitioners to continue to deliver the FallStop programme, ensuring 7 day cover across all sites and to support the 2019-2020 Falls CQUIN. This is under review by the General and Specialist Medicine Care Group.

East Kent Hospitals University NHS Foundation Trust

# Strategic Theme: Patient Safety

## Incidents

| | | | | |
|---|---|---|---|---|
| Jun | Clinical Incidents: Total (#) | 17,706 (7.3%) |   | "Number of Total Clinical Incidents reported, recorded on Datix. |
| Jun | Blood Transfusion Incidents | 107 (-25.2%) |   | "The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months." |
| Jun | Medicines Mgmt. Incidents | 1,827 (6.1%) |   | "The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months." |

Highlights and Actions:

A total of 1358 clinical incidents have been logged as occurring in Jun-19 compared with 1565 recorded for May-19 and 1361 in Jun-18.
In Jun-19, 14 incidents have been reported on StEIS. Eight serious near miss incidents have been reported. Comparison of moderate harm incidents reported:9 in Jun-19 and 15 in May-19, and 11 in Jun-18.
Over the last 12 months incident reporting remains constant at K&C, but is increasing at WHH and QEQM.

IPR report for Medicine management – June 2019

As of 17/07/2019 the total number of medication related incidents reported in June 2019 was 142. These included 98 no harm, 43 low harm and 1 severe harm incident. The severity of medication related incidents reported in June 2019 shows that 69% of medication related incidents reported were no harm incidents. The number of moderate to death graded incidents up until the end of June 2019 is 11 incidents (For 2018 same period it was 8 incidents). There was no medication related incident reported in June 2019 that required RCA investigation or incidents sTEIS reported.
The data produced by the Medication Safety Thermometer in June 2019 was taken from 29 wards across the sites, and has shown that the percentage of patients with an omitted dose of medication was 18.8% (National 9%) and the percentage of patients with a missed critical medicine was 7.8% (National 5.9%) in June.
The Medicine Patch rotation chart has been piloted on 3 wards in the Trust and has been approved for use on the wards. Some wards have adopted the recommendation that nurses should check charts at the end of the shift and this has had a significant impact on missed doses in that area. A critical medicines list has been approved and circulated to highlight the high risk medicines that should only be omitted if there is a valid clinical reason. Administration of Medicine update has commenced for all staff but will focus initially on senior

nursing staff. Medicine Wise spring edition published and circulated.

Jackie Shaba
Medication Safety Officer

Blood transfusion (submitted by the Blood Transfusion Coordinator)
There were 9 blood transfusion related incidents in June 2019 (13 in May 2019 and 8 in June 2018).

Of the 9 incidents 7 were graded as no harm and 2 as low harm.

Two of the incidents fell in the category 'febrile reaction' both of these incidents were fully investigated and no serological cause for the reaction was identified. In both cases the symptoms were managed and thought to be due to the clinical condition of the patient. A further incident fell in the 'allergic reaction' category. This was fully investigated and found to be due to an underlying cardiac condition.

The only other incident of note was an incident that fell in the 'delay in provision of treatment' category; this was as a result of 2gether not collecting the unit the first two times that the request for collection was made, no harm came to the patient and an apology was given.

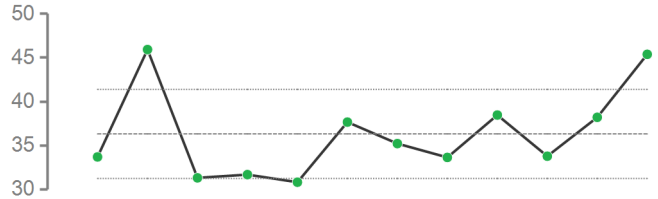
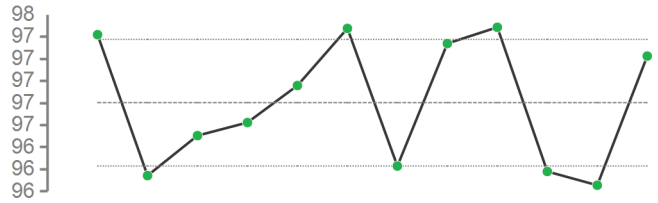
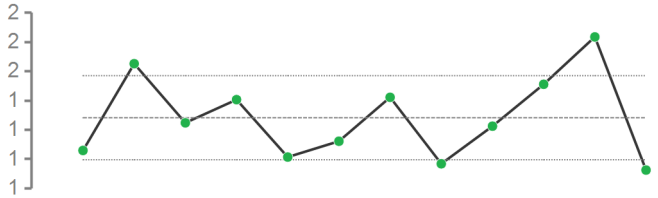
No other themes were identified.

Reporting by site: at 4 QEQM, 3 WHH and 2 at K&CH

East Kent Hospitals University NHS Foundation Trust

# Strategic Theme: Patient Safety

## Friends & Family Test

| | | | | |
|---|---|---|---|---|
| Jun | IP FFT: Response Rate (%) | 36 (2.3%) |  | "The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." |
| Jun | IP FFT: Recommend (%) | 97 (0.1%) |  | |
| Jun | IP FFT: Not Recommend (%) | 1.3 (-13.0%) |  | "Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." |

Highlights and Actions:

A total of 6060 responses were received. Overall response rates improved across inpatients, ED, maternity and day cases. Response rate for the EDs was16.95% (15.78% May-19), inpatients 45.39% (38.21% May-19), maternity; birth only 25.92% (17.09% May-19) and day cases 28.15% (26.56 May-19).

The Trust star rating in June is4.56 (4.54 May-19). 91.03% of responders would recommend us to their friends and family and 5.36% would not. Recommendations by patients improved in inpatients, and daycases, but fell only slightly in ED, maternity and outpatients. Inpatients, including paediatrics, who would recommend our services97.23% (96.06% May-19), EDs 82.18% (82.51% May-19), maternity 98.57% (98.94% May-19), outpatients 92.22% (92.32% May-19) and day cases 95.25% (94.85% May-19).

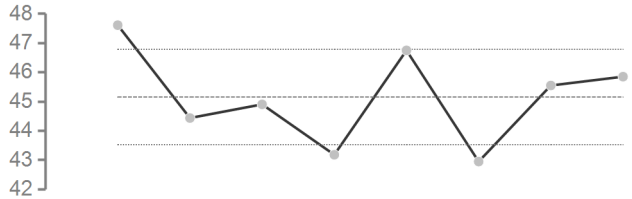
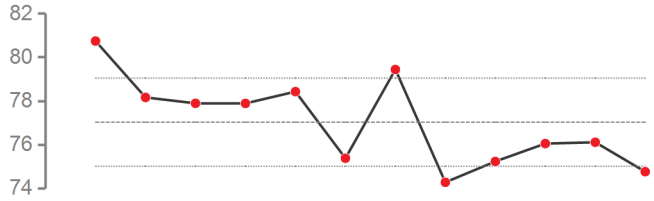
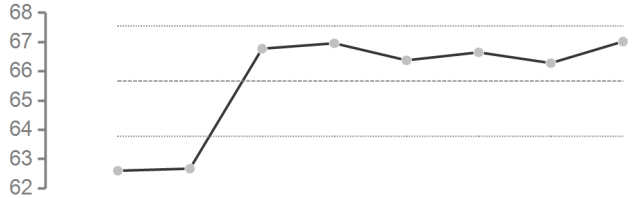
Care, Staff attitude and Implementation of care are the three top positive themes for June-19. The three top negative themes for the trust were Care, waiting times and Staff Attitude demonstrating the importance of good patient communication with a positive staff attitude and improving patient waiting times.

All areas receive their individual reports to display each month, containing the feedback left by our patients which assists staff in identifying areas for further improvement. This is monitored and actioned by Care Group Governance teams.

East Kent Hospitals University NHS Foundation Trust

# Strategic Theme: Patient Safety

## Patient Experience 1

| | | | | |
|---|---|---|---|---|
| Jun | IP Survey: Overall, did you get the care that matters to you? | 44.9 |   | Inpatient Survey: Patients views on if they got the overall care that mattered to them as a % |
| Jun | IP Survey: Are you aware of nurse in charge of you each shift? (%) | 77 (-2.5%) |   | IP Survey: Are you aware of nurse in charge of your care each shift? (%) |
| Jun | IP Survey: Encouraged to get up and wear own clothes (%) | 66 |   | Responses taken from the Inpatient Survey. Question: "Have you been encouraged to get up during your hospital stay and wear your own clothes?" |

Highlights and Actions:

Our inpatient survey enables our patients to record their experience in real-time. This month we received 2619 completed inpatient surveys, a decrease from 3147 last month.

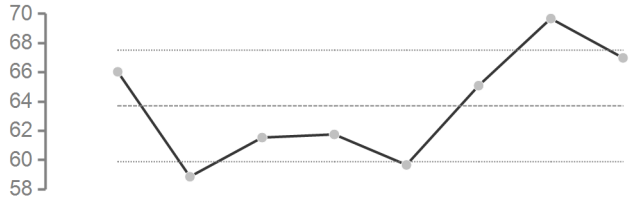
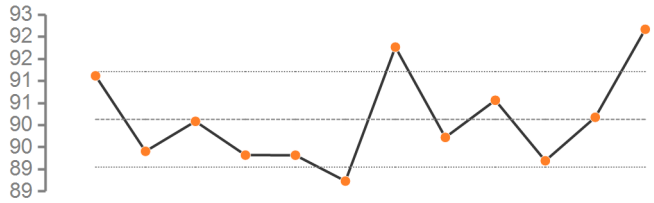
New questions were added into the survey in Nov-18 to enable close monitoring of four key areas where our performance in the 2017 national inpatient survey (published in May-18) was below the national average. Baseline performance in patients getting the care that matters to them, ensuring patients are aware of which nurse is in charge of their care, ensuring patients have been encouraged to get up during their hospital stay and wear their own clothes and ensuring that patients received enough help from staff to eat their meals demonstrated significant opportunity for improvement.

This month improvement is seen in two out of four of these important elements of patient experience. Following the recent publication of the 2018 CQC National Adult Inpatient survey some improvement has been shown across all four of these indicators of patient experience. A detailed action plan will be developed and progressed to achieve improvement priorities.

East Kent Hospitals University NHS Foundation Trust

# Strategic Theme: Patient Safety

## Patient Experience 2

| | | | | |
|---|---|---|---|---|
| Jun | IP Survey: Help from Staff to Eat Meals (%) | 64 |  | Responses taken from the Inpatient Survey. Question: "Did you get enough help from staff to eat your meals?" |
| Jun | Cleanliness % | 90 (-0.6%) |  | Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. |

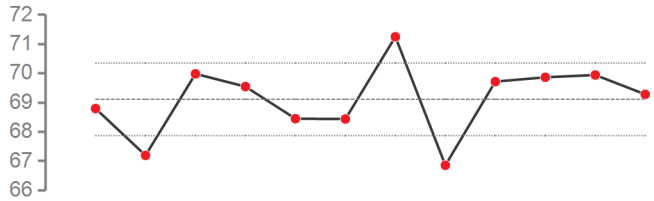
East Kent Hospitals University NHS Foundation Trust

# Strategic Theme: Patient Safety

Jun

Hospital Food? %

69
(-0.7%)




Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

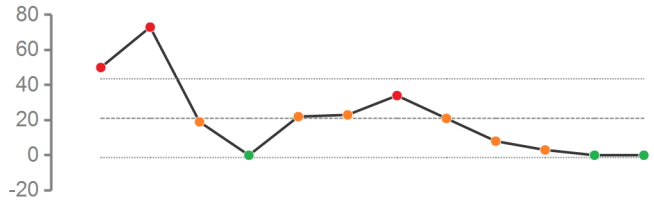
Highlights and Actions:

Patient experience is additionally reported per ward within the heat map and focused work continues to promote this reporting. All wards, except four, have reported their performance (against the patient experience metrics) through the inpatient survey in June-19. 2 wards did not complete due to capacity, 1 ward i pad is not charging which is under investigation and 1 ward had Wi-Fi issues now resolved.

East Kent Hospitals University NHS Foundation Trust

# Strategic Theme: Patient Safety

## Mixed Sex

| | | | | |
|---|---|---|---|---|
| Jun | Mixed Sex Breaches | 253 (-80.8%) |   | "Number of patients experiencing mixed sex accommodation due to non-clinical reasons. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." |

Highlights and Actions:

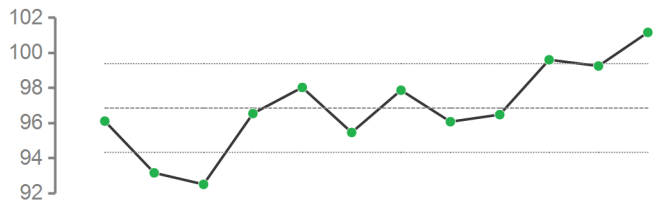
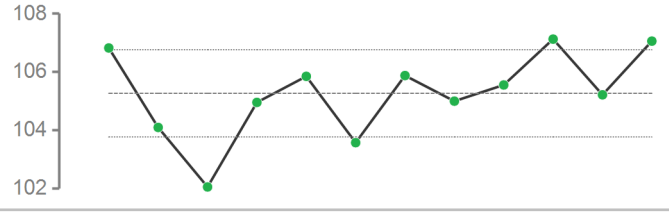
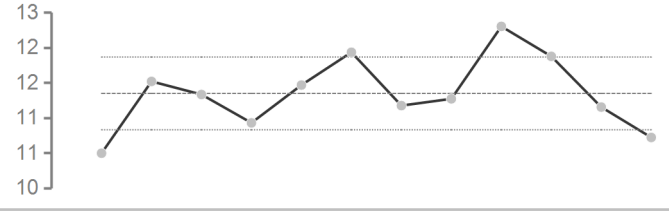
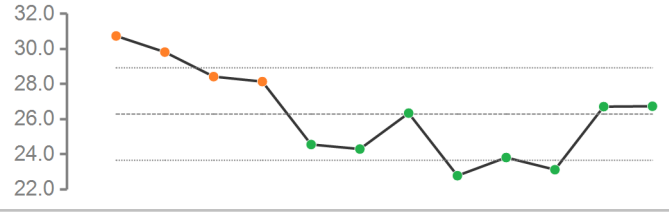
There were 3 justified mixed sex accommodation occurrences in total, affecting 68 patients.
Incidence of mixed sex accommodation breaches occurred in WHH CCU (3) which was justifiable based on clinical need. This information has been reported to NHS England.

Rigorous work continues in achieving compliance with the national definition of mixed sex accommodation. The Privacy and Dignity and Eliminating mixed sex accommodation Policy is updated to reflect National guidance.

East Kent Hospitals University NHS Foundation Trust

# Strategic Theme: Patient Safety

## Safe Staffing

| | | | | |
|---|---|---|---|---|
| Jun | Shifts Filled - Day (%) | 97 (-1.7%) |  | Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. |
| Jun | Shifts Filled - Night (%) | 105 (-1.0%) |  | Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. |
| Jun | Care Hours Per Patient Day (CHPPD) | 11 (-2.3%) |  | Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. |
| Jun | Midwife:Birth Ratio (%) | 26.2 (-7.0%) |  | The number of births compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes. |

Highlights and Actions:

Percentage fill of planned (funded establishment) and actual (filled shifts) by hours is required to be reported monthly by registered nurse and care staff, by day and by night, in line with National Quality Board expectations. Reported data is derived from the Healthroster system which shows an average overall fill rate of103.4% compared to 101.9% in May-19.

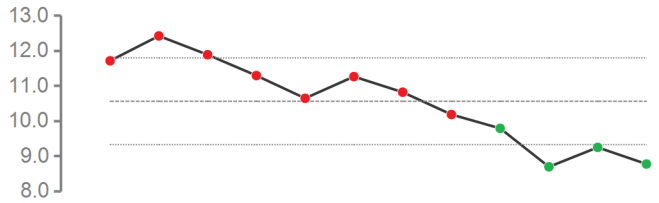
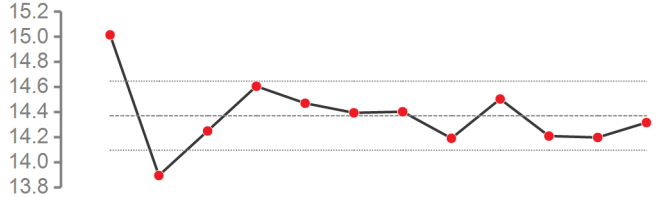
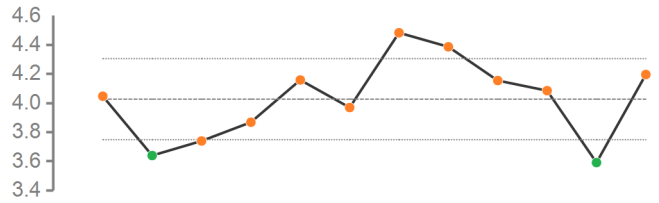
Care Hours per patient day (CHPPD) relates actual staffing to patient numbers and includes registered staff and care staff hours against the cumulative total of patients on the ward at 23.59hrs each day during the month. CHPPD is similar to May-19 and within the control limits. The range is from around 5.0 hours of care per patient on medical wards to over 25 within critical care areas where one to one care is required.

Further detail is provided in the appended paper submitted to the Quality Committee and reported by the Chair at Board of Directors.

East Kent Hospitals University NHS Foundation Trust

# Strategic Theme: Human Resources

## Gaps & Overtime

| | | | | |
|---|---|---|---|---|
| Jun | Vacancy (Monthly) % | 10.6 (-9.3%) |  | Monthly % Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." |
| Jun | Staff Turnover (%) | 14.4 (8.9%) |  | "% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." |
| Jun | Sickness (Monthly) % | 4.0 (6.2%) |  | Monthly % of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the |

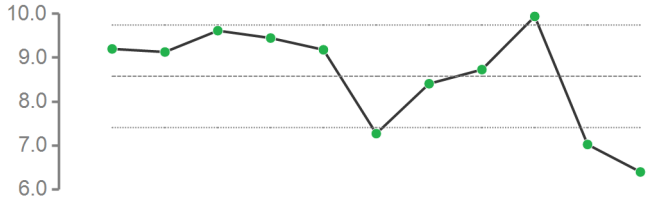
East Kent Hospitals University NHS Foundation Trust

# Strategic Theme: Human Resources

Jun

Overtime %

8.6
(-3.1%)




% of Employee's that claim overtime.

Highlights and Actions:

Gaps and Overtime

The vacancy rate decreased to 10.6% (last month 10.8%) for the average of the last 12 months, which is an improvement on last month and last year. The monthly rate also decreased slightly to 8.37% (up from 8.65%). There are currently approximately 670 WTE vacancies across the Trust (690 WTE last month). More work is being undertaken to target hard to fill vacancies, particularly within nursing and Medical specialties. There are approximately 450 WTE candidates in the recruitment pipeline - i.e. those who have been offered positions and are gaining pre-employment clearances. This includes approximately 200 Nursing and Midwifery staff (including ODPs) and 100 Medical and Dental staff. For information, 59 WTE New Qualified Nurses have also been appointed. The Resourcing team have recruited approximately 1,800 new members of staff in the last 12 months. There were 123 new starters in June alone this year.

The Turnover rate in month increased to 11.9% (last month 11.7%), and the 12 month average increased to 14.4% (14.3% last month). Focus remains on hard to recruit roles to replace agency, but also to identify new ways and methods of attracting to hard to recruit roles. Exit data is reviewed to highlight any areas of concern. Turnover remains highest in Urgent & Emergency Care at 16%.

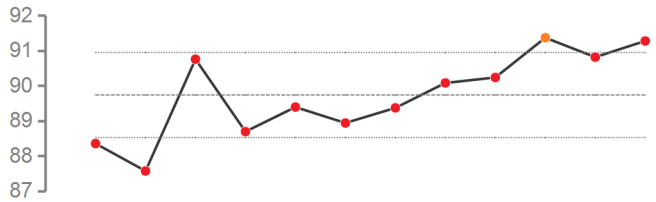
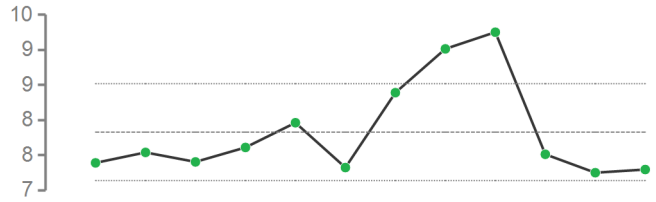
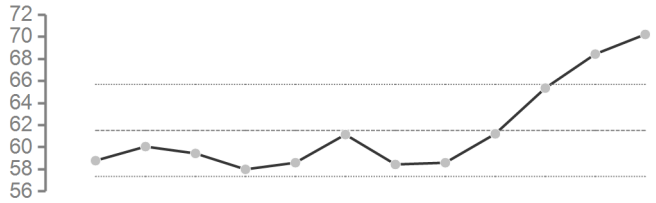
The in month sickness absence position for May was 3.52% - which is an decrease from4.08% in April. The 12 month average decreased to 4.0%, although still shows an upward trajectory, and work is underway between the Employee Relations team and HRBPs to look into areas of high sickness absence to ensure all cases are being managed effectively. May's sickness rate (3.52%) was lower than May 2018 (3.89%). Care Groups have developed sickness absence reduction plans, with a focus on long term sickness absence and an integrated approach to proactively managing absence with Occupational Health through case conferencing and regular contact. This includes supporting stress, anxiety and compassion fatigue through Respect & Resilience workshops, Mindfulness Courses and Mental Health First Aid training.

Overtime as a % of wte decreased significantly last month, from approximately 7.0% to 6.5%, and is the lowest rate for the last 12 months. The average over the last 12 months decreased to 8.6% from 8.8% last month, although continues to show an upward trend. All metrics are reviewed and challenged at a Care Group level in the monthly Executive Performance Reviews.

East Kent Hospitals University NHS Foundation Trust

# Strategic Theme: Human Resources

## Temporary Staff

| | | | | |
|---|---|---|---|---|
| Jun | Employed vs Temporary Staff (%) | 89.7 (1.3%) |   | "Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." |
| Jun | Agency % | 7.8 (18.4%) |   | % of temporary (Agency and Bank) staff of the total WTE |
| Jun | Bank Filled Hours vs Total Agency Hours | 61 (7.5%) |   | % hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff |

Highlights and Actions:

Temporary Staff

Total staff in post (WTE) increased in May to7350.99 (up from 7286.99 WTE in March), which left a vacancy factor of approx. 670 wte across the Trust.

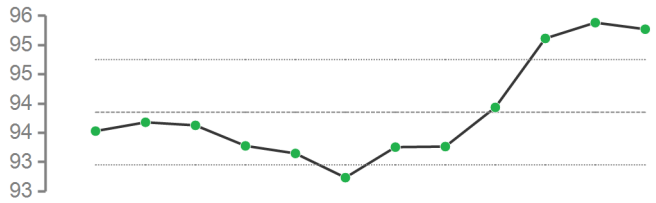
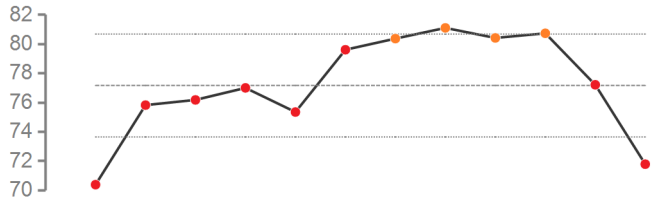
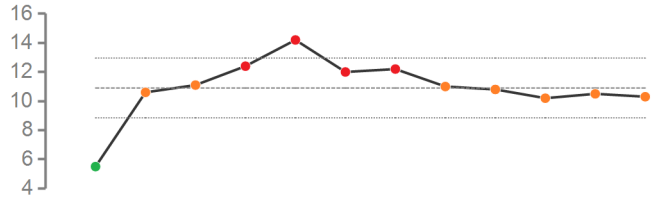
The average percentage of employed staff vs temporary staff over the last12 months increased to 89.7% (89.5% last month), and remains an improvement over the previous 12 months. As a result of this, the percentage of agency staff of the total WTE for the Trust decreased to approximately7%, from 8% in the previous month, and 10% the month before. This was also partly as a result of an increase in Bank filled hours against total agency hours. The 12 month trend still shows an upward trajectory due to high agency usage in January to March 2019.

Agency costs are monitored at EPR and weekly agency meetings, the focus remains on recruiting substantively to the reduce the use of agency. The Agency Taskforce review strategies for reducing agency costs. Divisions are all now monitoring Agency use on a post by post basis through the agency reduction plans in Aspyre with support from HR and Improvement Delivery Teams. These plans identify detailed and specific actions to eliminate where possible spend on agency.

East Kent Hospitals University NHS Foundation Trust

# Strategic Theme: Human Resources

## Workforce & Culture

| | | | | |
|---|---|---|---|---|
| Jun | Statutory Training (%) | 94 (1.7%) |   | "The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. " |
| Jun | Appraisal Rate (%) | 77.2 (-2.0%) |   | Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. |
| Jun | Time to Recruit | 11 (-24.7%) |   | "Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." |

Highlights and Actions:

Workforce & Culture

Average Statutory training 12 month compliance remains on an upwards trajectory, and remains94% in month for June. This remains above the target of 85%. Care Groups are monitored at EPR on how they are addressing those staff who have never completed one or more of the statutory training requirements. All Care Groups have over90% average compliance on statutory training.

The Trust staff average appraisal rate decreased to72% in month for June (77% in May), with all Care Group falling in compliance as Q1 2018 appraisals start to become non-compliant. Care Groups are working on plans to complete outstanding appraisals as well as to avoid a further drop in appraisal rates for those due to be renewed in coming months.

The average time to recruit is 10 weeks, which is an improvement on the previous 12 months. The 12 month average time to recruit was 11 weeks, which is an improvement of 1 week on the previous average. The Resourcing Team are on track to reduce time to recruit to below8 weeks to ensure recruitment time meets the demands of our services. To support this reduction, the team are now fully established and Advisors have been allocated to Care Groups to support improvements.

East Kent Hospitals University NHS Foundation Trust

# Activity vs. Internal Business Plan

## Key Performance Indicators

Jun

| | Jun-19 | | | | YTD | | | | YTD vs Last Yr | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Activity | Plan | Var # | Var % | Activity | Plan | Var # | Var % | Activity | Last Yr | Var # | Var % | Green |
| Referral Primary Care | 14,344 | 15,015 | (-671) | -4% | 45,258 | 45,188 | 70 | 0% | 45,258 | 44,708 | 550 | 1% | <=0% |
| Referral Non-Primary Care | 14,736 | 15,067 | (-331) | -2% | 46,182 | 44,750 | 1,432 | 3% | 46,182 | 45,151 | 1,031 | 2% | <=0% |
| OP New | 17,827 | 17,561 | 266 | 2% | 54,048 | 50,348 | 3,700 | 7% | 54,048 | 54,692 | (-644) | -1% | >=0% |
| OP Follow Up | 38,298 | 39,967 | (-1,669) | -4% | 117,859 | 116,506 | 1,353 | 1% | 117,859 | 121,560 | (-3,701) | -3% | >=0% |
| Elective Daycase | 6,332 | 6,189 | 143 | 2% | 19,165 | 18,637 | 528 | 3% | 19,165 | 19,575 | (-410) | -2% | >=0% |
| Elective Inpatient | 1,156 | 1,190 | (-34) | -3% | 3,404 | 3,828 | (-424) | -11% | 3,404 | 3,717 | (-313) | -8% | >=0% |
| A&E | 19,318 | 18,111 | 1,207 | 7% | 58,270 | 54,362 | 3,908 | 7% | 58,270 | 54,239 | 4,031 | 7% | >=0 & <5% |
| Non-Elective Inpatient | 7,259 | 6,968 | 291 | 4% | 22,322 | 21,010 | 1,312 | 6% | 22,322 | 20,118 | 2,204 | 11% | >=0 & <5% |
| Chemotherapy | 1,172 | 1,197 | (-25) | -2% | 3,822 | 3,691 | 131 | 4% | 3,822 | 3,645 | 177 | 5% | >=0% |
| Critical Care | 1,663 | 1,733 | (-70) | -4% | 5,188 | 5,552 | (-364) | -7% | 5,188 | 5,425 | (-237) | -4% | >=0% |
| Dialysis | 5,342 | 6,837 | (-1,495) | -22% | 18,557 | 20,851 | (-2,294) | -11% | 18,557 | 20,413 | (-1,856) | -9% | >=0% |
| Maternity Pathway | 1,101 | 1,074 | 27 | 2% | 3,316 | 3,352 | (-36) | -1% | 3,316 | 3,362 | (-46) | -1% | >=0% |
| Pre-Op Assessments | 2,817 | 3,779 | (-962) | -25% | 9,061 | 11,057 | (-1,996) | -18% | 9,061 | 10,475 | (-1,414) | -13% | >=0% |
| Diagnostic | 471,351 | 466,633 | 4,718 | 1% | 1,441,095 | 1,402,762 | 38,333 | 3% | 1,441,095 | 1,382,335 | 58,760 | 4% | <=0% |
| Other | 4,851 | 5,144 | (-293) | -6% | 15,022 | 15,853 | (-831) | -5% | 15,022 | 15,326 | (-304) | -2% | >=0% |

East Kent Hospitals University NHS Foundation Trust

**June 2019**

**Summary Performance**

**Elective Care**

In June Primary Care referrals were 4% (-669) below planned levels. The decrease was observed across a number of specialties, most notably in Urology, Ophthalmology and Cardiology. Although Rapid Access referrals are comparable to last year, YTD they remain 4% (-444) below expected levels. Non Primary Care referrals were also below expected levels by 2% (-331) in month.

The Trust achieved the outpatient New plan for the second consecutive month with appointments 2% above planned levels generating a YTD variance 7% above plan. Physiotherapy (-349), Ear, Nose & Throat (-248) and Gastroenterology (-243) continue to underperform the business plan.

The Trust under-performed the follow up plan in June (-4%) but remains above planned levels YTD (+1%). The biggest drivers behind the under-performance are Physiotherapy, Ear, Nose & Throat, Community Paediatric Neuro-Disability and Ophthalmology.

Daycase admissions over achieved the plan and delivered for the second consecutive month generating a YTD performance 3% above plan (+528). Underperformances were seen in key elective specialties Ophthalmology and Maxillo Facial.

Elective Admissions are 11% (-424) behind the plan YTD with General Medicine (-247), Trauma and Orthopaedics (-120) and General Surgery (-78) contributing to the largest underperformance.

**Non Elective Care**

Attendances to the Emergency Departments across the Trust continued to be above plan (+7%), with emergency admissions also being 4% up in month and 6% above plan year to date.

East Kent Hospitals University NHS Foundation Trust

**Summary Issues, actions and timescales:**

**Issue**

- High DNA rate issues due to a system issue has been resolved.
- Elective admissions are below plan in General Medicine (-45%) which is due to a change in pathway whereby patients who are admitted into the Observation Bay are admitted under the Emergency Department Consultants.
- Advanced and standard RTT training is planned for over 100 managers in July

**Action and timescales**

- Ophthalmology Improvement plan to be in place to deliver agreed pathways and provide additional capacity – Plan agreed and being implemented with dedicated programme manager support and weekly monitoring.
- OPD, Gastroenterology and Dermatology Improvement Plans are in development (August 19)

East Kent Hospitals University NHS Foundation Trust

# YTD Exception Reporting: Top 10 Outliers

### Referral Primary Care

| Specialty | Activity | Plan | Var (%) | Significance |
|---|---|---|---|---|
| 101 - Urology | 1,741 | 2,277 | -24% | -536 |
| 130 - Ophthalmology | 3,204 | 3,732 | -14% | -528 |
| 320 - Cardiology | 4,032 | 4,540 | -11% | -508 |
| 301 - Gastroenterology | 1,904 | 2,229 | -15% | -325 |
| 420 - Paediatrics | 1,401 | 1,714 | -18% | -313 |
| 104 - Colorectal Surgery | 2,439 | 2,242 | 9% | 197 |
| 120 - Ear, Nose & Throat | 3,023 | 2,824 | 7% | 199 |
| 191 - Pain Management | 597 | 396 | 51% | 201 |
| 400 - Neurology | 1,424 | 1,115 | 28% | 309 |
| 340 - Respiratory Medicine | 1,711 | 1,101 | 55% | 610 |
| **Total** | **45,258** | **45,188** | **0%** | **70** |

### Referral Non-Primary Care

| Specialty | Activity | Plan | Var (%) | Significance |
|---|---|---|---|---|
| 320 - Cardiology | 6,641 | 9,627 | -31% | -2,986 |
| 430 - HCOOP | 404 | 747 | -46% | -343 |
| 800 - Clinical Oncology | 2,669 | 2,876 | -7% | -207 |
| 651 - Occupational Therapy | 567 | 749 | -24% | -182 |
| 328 - Stroke Medicine | 367 | 208 | 77% | 159 |
| 300 - General Medicine | 980 | 756 | 30% | 224 |
| 100 - General Surgery | 1,428 | 825 | 73% | 603 |
| 130 - Ophthalmology | 4,638 | 3,996 | 16% | 642 |
| 502 - Gynaecology | 2,409 | 1,671 | 44% | 738 |
| 340 - Respiratory Medicine | 3,339 | 605 | 452% | 2,734 |
| **Total** | **46,182** | **44,750** | **3%** | **1,432** |

### OP New

| Specialty | Activity | Plan | Var (%) | Significance |
|---|---|---|---|---|
| 650 - Physiotherapy | 4,803 | 5,152 | -7% | -349 |
| 120 - Ear, Nose & Throat | 3,131 | 3,379 | -7% | -248 |
| 301 - Gastroenterology | 1,611 | 1,854 | -13% | -243 |
| 215 - Paediatric ENT | 358 | 54 | 559% | 304 |
| 330 - Dermatology | 3,430 | 3,121 | 10% | 309 |
| 420 - Paediatrics | 2,341 | 1,992 | 18% | 349 |
| 502 - Gynaecology | 3,777 | 3,354 | 13% | 423 |
| 104 - Colorectal Surgery | 2,211 | 1,757 | 26% | 454 |
| 130 - Ophthalmology | 5,278 | 4,790 | 10% | 488 |
| 110 - Trauma & Orthopaedics | 4,139 | 3,447 | 20% | 692 |
| **Total** | **54,048** | **50,348** | **7%** | **3,700** |

### OP Follow Up

| Specialty | Activity | Plan | Var (%) | Significance |
|---|---|---|---|---|
| 650 - Physiotherapy | 14,907 | 16,096 | -7% | -1,189 |
| 120 - Ear, Nose & Throat | 3,732 | 4,248 | -12% | -516 |
| 291 - Community Paediatric Neuro-Disa | 1,198 | 1,651 | -27% | -453 |
| 130 - Ophthalmology | 12,913 | 13,296 | -3% | -383 |
| 502 - Gynaecology | 3,896 | 3,500 | 11% | 396 |
| 140 - Maxillo Facial | 3,147 | 2,705 | 16% | 442 |
| 330 - Dermatology | 5,251 | 4,779 | 10% | 472 |
| 301 - Gastroenterology | 3,900 | 3,411 | 14% | 489 |
| 361 - Renal | 5,206 | 4,629 | 12% | 577 |
| 655 - Orthoptics | 2,225 | 1,436 | 55% | 789 |
| **Total** | **117,859** | **116,506** | **1%** | **1,353** |

East Kent Hospitals University NHS Foundation Trust

**Elective Daycase**

| Specialty | Activity | Plan | Var (%) | Significance |
|---|---|---|---|---|
| 130 - Ophthalmology | 1,128 | 1,281 | -12% | -153 |
| 140 - Maxillo Facial | 547 | 685 | -20% | -138 |
| 340 - Respiratory Medicine | 240 | 341 | -30% | -101 |
| 320 - Cardiology | 750 | 842 | -11% | -92 |
| 104 - Colorectal Surgery | 144 | 71 | 102% | 73 |
| 303 - Clinical Haematology | 1,026 | 914 | 12% | 112 |
| 800 - Clinical Oncology | 1,699 | 1,540 | 10% | 159 |
| 110 - Trauma & Orthopaedics | 1,301 | 1,141 | 14% | 160 |
| 301 - Gastroenterology | 493 | 200 | 147% | 293 |
| 410 - Rheumatology | 337 | 31 | 993% | 306 |
| **Total** | **19,165** | **18,637** | **3%** | **528** |

**Elective Inpatient**

| Specialty | Activity | Plan | Var (%) | Significance |
|---|---|---|---|---|
| 300 - General Medicine | 297 | 544 | -45% | -247 |
| 110 - Trauma & Orthopaedics | 827 | 947 | -13% | -120 |
| 100 - General Surgery | 211 | 289 | -27% | -78 |
| 120 - Ear, Nose & Throat | 138 | 176 | -22% | -38 |
| 320 - Cardiology | 29 | 60 | -51% | -31 |
| 340 - Respiratory Medicine | 7 | 36 | -81% | -29 |
| 140 - Maxillo Facial | 57 | 85 | -33% | -28 |
| 420 - Paediatrics | 93 | 68 | 38% | 25 |
| 811 - Interventional Radiology | 77 | 36 | 113% | 41 |
| 101 - Urology | 728 | 677 | 8% | 51 |
| **Total** | **3,404** | **3,828** | **-11%** | **-424** |

**Non-Elective Inpatient**

| Specialty | Activity | Plan | Var (%) | Significance |
|---|---|---|---|---|
| 300 - General Medicine | 5,662 | 6,039 | -6% | -377 |
| 420 - Paediatrics | 1,996 | 2,283 | -13% | -287 |
| 560 - Midwifery | 497 | 704 | -29% | -207 |
| 501 - Obstetrics | 1,220 | 1,342 | -9% | -122 |
| 320 - Cardiology | 504 | 603 | -16% | -99 |
| 340 - Respiratory Medicine | 157 | 245 | -36% | -88 |
| 110 - Trauma & Orthopaedics | 972 | 1,059 | -8% | -87 |
| 101 - Urology | 1,135 | 999 | 14% | 136 |
| 430 - HCOOP | 2,131 | 1,929 | 10% | 202 |
| 180 - Accident & Emergency | 4,385 | 1,992 | 120% | 2,393 |
| **Total** | **22,322** | **21,010** | **6%** | **1,312** |

**Other**

| Specialty | Activity | Plan | Var (%) | Significance |
|---|---|---|---|---|
| Diagnostic | 1441095 | 1402762 | 3% | 38,333 |
| A&E | 58270 | 54362 | 7% | 3,908 |
| Dialysis | 18557 | 20851 | -11% | -2,294 |
| Pre-Op | 9061 | 11057 | -18% | -1,996 |
| Other | 15022 | 15853 | -5% | -831 |
| Critical Care | 5188 | 5552 | -7% | -364 |
| Chemotherapy | 3822 | 3691 | 4% | 131 |
| Maternity Pathway | 3316 | 3352 | -1% | -36 |

East Kent Hospitals University NHS Foundation Trust

# 4 Hour Emergency Access Standard

## Key Performance Indicators

**81.40%**

| | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4 Hour Compliance (EKHUFT Sites) %* | 79.18% | 80.04% | 77.15% | 80.89% | 81.74% | 79.36% | 74.20% | 73.85% | 78.23% | 77.13% | 81.22% | 81.40% |
| 4 Hour Compliance (inc KCHFT MIUs) | 82.95% | 83.52% | 81.02% | 83.88% | 84.50% | 82.25% | 77.93% | 77.56% | 81.53% | 80.54% | 84.26% | 84.65% |
| 12 Hour Trolley Waits | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Left without being seen | 2.75% | 2.44% | 3.52% | 3.09% | 2.77% | 3.03% | 3.02% | 3.56% | 3.67% | 4.03% | 3.49% | 3.82% |
| Unplanned Reattenders | 9.84% | 9.91% | 10.23% | 9.82% | 9.56% | 9.46% | 9.59% | 9.82% | 9.83% | 10.70% | 9.98% | 9.94% |
| Time to initial assessment (15 mins) | 94.4% | 91.4% | 72.8% | 71.4% | 70.9% | 65.0% | 66.3% | 66.3% | 65.6% | 66.9% | 68.3% | 69.2% |
| % Time to Treatment (60 Mins) | 42.7% | 48.1% | 45.7% | 50.7% | 52.7% | 48.7% | 50.5% | 47.9% | 44.9% | 44.0% | 45.9% | 45.0% |

## 2019/20 Trajectory (NHSI return)

**-4.21 %**

| | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Trajectory | 76.4% | 81.9% | 85.6% | 84.2% | 86.6% | 85.3% | 89.7% | 92.1% | 91.0% | 84.9% | 87.5% | 86.2% |
| Performance | 77.1% | 81.2% | 81.4% | | | | | | | | | |

The above table shows the ED performance, including the health economy MIU activity and also with EKHUFT only performance.

**Summary Performance**

June performance for the organisation against the 4 hour target was 81.40%; against the NHS Improvement trajectory of 85.6%.This represents a slight improvement in performance compared to the previous month of 0.2% (from 81.2%), and an decrease compared to the same month last year (82.55% in 2018). There were no 12 Hour Trolley

Waits in June. The proportion of patients who left the department without being seen was 3.8%. The unplanned re-attendance position remains high at 9.94%. Time to treatment within 60 minutes remained below 50% at 45.0%.

**Issue**

- Continuing increase in number of patients attending ED (7% above plan)
- Patient flow is blocked due to high number of >7 and >21 day patients and also the high number of DTOC patients.
- External care package and community bed capacity is limited and is preventing discharge
- Internal delays are increasing LOS

**Action**

- Weekly review of all > 7 day patients
- National weekly >21 day Long Length of Stay Reviews focussing on resolving internal delays implemented with Director and senior Clinician MDT reviews.
- Ambulance handover delay Improvement plan implemented with monthly monitoring.
- ED Improvement plan to be revised

**Timescale**

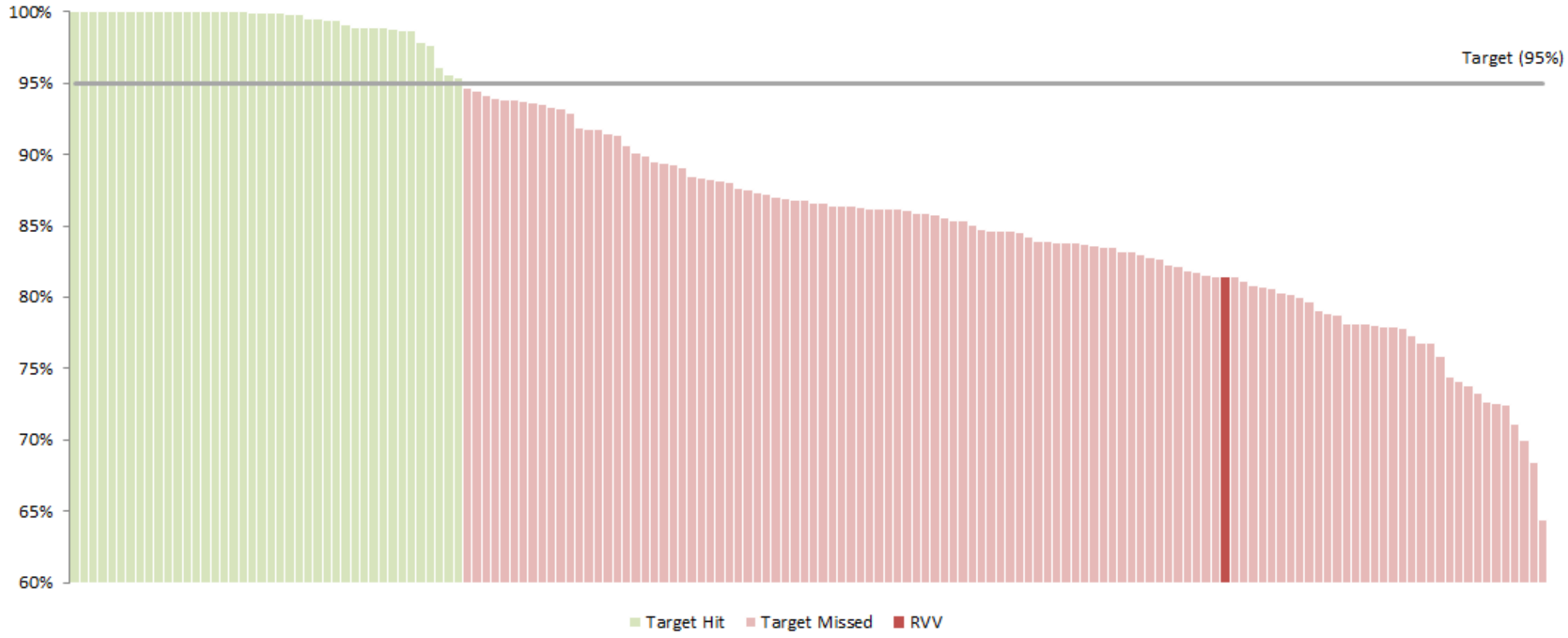
- ED Improvement plan to be updated – August 19

East Kent Hospitals University NHS Foundation Trust

**June 2019 | National A&E Benchmarking**

East Kent Hospitals University NHS Trust ranked 124 of 158 trusts

*Datasource: https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/ae-attendances-and-emergency-admissions-2019-20/*



East Kent Hospitals University NHS Foundation Trust

# Cancer Compliance

## Key Performance Indicators

**72.94 %**

| | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Green |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 62 Day Treatments | 65.38% | 65.79% | 68.84% | 75.85% | 70.95% | 82.08% | 68.21% | 76.88% | 81.56% | 79.13% | 80.18% | 72.94% | >=85% |
| >104 day breaches | 36 | 24 | 12 | 9 | 4 | 8 | 10 | 8 | 7 | 10 | 6 | 3 | 0 |
| Demand: 2ww Refs | 3,204 | 3,100 | 2,874 | 3,483 | 3,308 | 2,656 | 3,414 | 3,230 | 3,317 | 3,208 | 3,437 | 3,208 | 3043 - 3363 |
| 2ww Compliance | 94.97% | 93.64% | 91.08% | 83.43% | 93.29% | 96.73% | 96.52% | 98.31% | 97.87% | 97.72% | 96.53% | 96.16% | >=93% |
| Symptomatic Breast | 93.13% | 84.17% | 94.39% | 68.46% | 83.33% | 95.00% | 97.22% | 98.31% | 92.76% | 93.64% | 93.81% | 86.32% | >=93% |
| 31 Day First Treatment | 95.52% | 95.41% | 97.50% | 97.40% | 97.07% | 97.66% | 95.63% | 97.73% | 96.06% | 97.54% | 95.72% | 92.83% | >=96% |
| 31 Day Subsequent Surgery | 94.44% | 95.56% | 96.00% | 93.33% | 100.00% | 97.22% | 97.78% | 96.49% | 94.74% | 84.91% | 94.12% | 91.07% | >=94% |
| 31 Day Subsequent Drug | 99.15% | 98.96% | 97.75% | 99.19% | 98.06% | 98.85% | 98.28% | 97.27% | 100.00% | 100.00% | 99.18% | 99.07% | >=98% |
| 62 Day Screening | 80.00% | 93.94% | 87.76% | 87.50% | 85.71% | 87.50% | 100.00% | 76.92% | 82.61% | 100.00% | 91.89% | 73.33% | >=90% |
| 62 Day Upgrades | 84.62% | 95.24% | 72.73% | 80.77% | 90.00% | 70.00% | 84.00% | 86.67% | 76.47% | 80.00% | 85.71% | 72.00% | >=85% |

## 2019/2020 Trajectory

**-12.39 %**

| | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Green |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| STF Trajectory | 85.52% | 85.71% | 85.33% | 85.96% | 86.31% | 85.97% | 85.71% | 86.19% | 86.06% | 85.71% | 85.51% | 85.65% | Apr |
| Performance | 79.13% | 80.18% | 72.94% | | | | | | | | | | Apr |

*Last updated: 12/07/2019*

*Please note that the latest month will still be undergoing validation*

A Cancer Recovery Plan is in place with an aim to improve performance and ensure that the cancer standards are sustainably delivered across all tumour sites.

NHS
East Kent Hospitals University
NHS Foundation Trust

## 62 Day Performance Breakdown by Tumour Site

| | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 01 - Breast | 93.8% | 80.8% | 89.2% | 73.9% | 72.4% | 89.2% | 67.4% | 84.3% | 86.0% | 90.0% | 76.7% | 63.8% |
| 03 - Lung | 70.8% | 72.3% | 57.1% | 52.2% | 59.4% | 93.5% | 64.5% | 81.8% | 93.3% | 58.3% | 65.5% | 76.5% |
| 04 - Haematological | 70.6% | 13.3% | 63.2% | 50.0% | 71.4% | 75.0% | 38.5% | 33.3% | 62.5% | 72.7% | 54.5% | 80.0% |
| 06 - Upper GI | 90.3% | 66.7% | 59.1% | 70.6% | 64.7% | 100.0% | 61.1% | 75.0% | 60.9% | 83.3% | 69.4% | 59.3% |
| 07 - Lower GI | 68.3% | 75.0% | 65.0% | 84.8% | 41.4% | 57.1% | 62.9% | 73.8% | 64.7% | 61.5% | 72.7% | 53.3% |
| 08 - Skin | 97.8% | 97.1% | 100.0% | 100.0% | 91.7% | 96.7% | 94.9% | 98.2% | 100.0% | 95.7% | 98.1% | 97.4% |
| 09 - Gynaecological | 52.0% | 72.7% | 84.0% | 69.7% | 100.0% | 80.0% | 80.0% | 71.4% | 76.5% | 80.0% | 78.6% | 80.0% |
| 10 - Brain & Nervous System | | | 100.0% | | | | | | | | | |
| 11 - Urological | 39.4% | 51.5% | 52.1% | 70.5% | 67.8% | 78.4% | 64.8% | 81.1% | 76.2% | 85.5% | 87.5% | 74.2% |
| 13 - Head & Neck | 60.0% | 60.0% | 56.3% | 100.0% | 50.0% | 85.7% | 52.4% | 42.1% | 92.6% | 35.7% | 33.3% | 41.2% |
| 14 - Sarcoma | 0.0% | | | 100.0% | | 100.0% | 50.0% | 50.0% | | 100.0% | 0.0% | 66.7% |
| 15 - Other | 100.0% | 50.0% | 66.7% | 0.0% | | 33.3% | 0.0% | 40.0% | 25.0% | 0.0% | 66.7% | 66.7% |

**Summary Performance**

June 62 day performance is currently 72.94% against the improvement trajectory of 85.33%, validation continues until the beginning of September in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,722 and there were 3 patients waiting 104 days or more for treatment or potential diagnosis.

East Kent Hospitals University NHS Foundation Trust

**Issue**

- Joint organisational pathways are too long and are outside of national timed pathways.
- Internal delays for diagnostics are having an impact on pathways
- Capacity for 2ww clinics (workforce and clinics)

**Action**

- CEO and COO escalation to partner trusts
- Deep dive into delays for radiology diagnostics, particularly CT guided biopsy
- Improvement plan for endoscopy to increase capacity and reduce waiting times.

**Timescale**

- Endoscopy improvement plan implemented (July 19)
- Radiology delay review (July 19)

**Over 104 day patients**

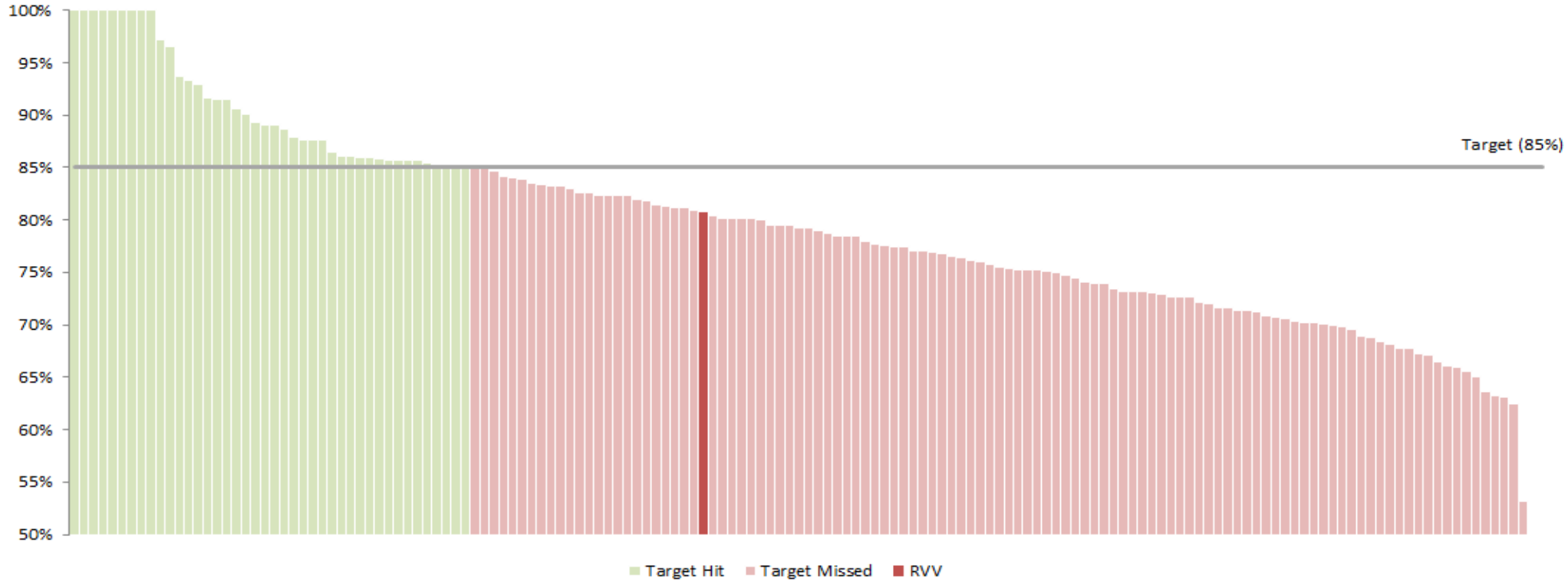
- Patient 1 – Lung pathway – complex pathway sent to GSTT originally for surgery then had cardiac complications so came back for local treatment with chemo – patient treated 05.07.2019
- Patient 2 - Upper GI – sent to tertiary centre before day 38 – investigations undertaken at Kings and then back to East Kent for local treatment – was due for chemo on 28.06 and moved to 10.07 (patient choice) patient now treated
- Patient 3 - Haematology – patient originally referred to haematology and then sent to general surgery for splenectomy – patient now treated and histology returned as not cancer

East Kent Hospitals University NHS Foundation Trust

**May 2019 | National 62 Day Cancer Benchmarking**

East Kent Hospitals University NHS Trust ranked 67 of 155 trusts

*Datasource: https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/Cancer Waiting Times Data Extract (Provider) Provisional*



East Kent Hospitals University NHS Foundation Trust

# 18 Week Referral to Treatment Standard

## Key Performance Indicators

**82.06 %**

| | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Green |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Performance | 79.65% | 79.06% | 76.27% | 74.89% | 72.16% | 72.42% | 76.10% | 77.89% | 80.03% | 79.15% | 80.66% | 82.06% | >=92% |
| 52w+ | 167 | 125 | 129 | 120 | 102 | 74 | 38 | 27 | 8 | 3 | 4 | 3 | 0 |
| Waiting list Size | 53,196 | 53,552 | 54,721 | 55,610 | 54,492 | 53,171 | 50,134 | 48,743 | 48,696 | 45,867 | 46,359 | 46,293 | <38,938 |
| Backlog Size | 10,824 | 11,212 | 12,983 | 13,966 | 15,170 | 14,662 | 11,984 | 10,776 | 9,723 | 9,564 | 8,964 | 8,307 | <2,178 |

## 2019/2020 Trajectory

**2.05 %**

| | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Green |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Performance Trajectory | 78.00% | 79.00% | 80.00% | 80.00% | 78.00% | 80.00% | 81.00% | 82.00% | 79.00% | 80.00% | 81.00% | 82.00% | |
| Performance | 79.15% | 80.66% | 82.06% | | | | | | | | | | |

**3**

| | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Green |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 52w Trajectory | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Apr |
| Performance | 3 | 4 | 3 | | | | | | | | | | |

The 18 week performance is above the agreed trajectory, with further reduction in 52 week wait patients (3) and further reduction in backlog size.

**Issue**

- Improvement plans are in place for challenged specialities with weekly monitoring meetings.
- 18 week compliance required detailed management and monitoring.

**Actions and timescale**

- Each 52 week patient has an appointment/admission plan in place.
- RTT training for managers and administrative staff by NHSI will be delivered to provide further RTT development in July.
- Validation of over 18 week pathways continues.
- All Care Groups hold weekly PTL meetings to monitor and action patients pathways.

**Over 52 week patient breaches**

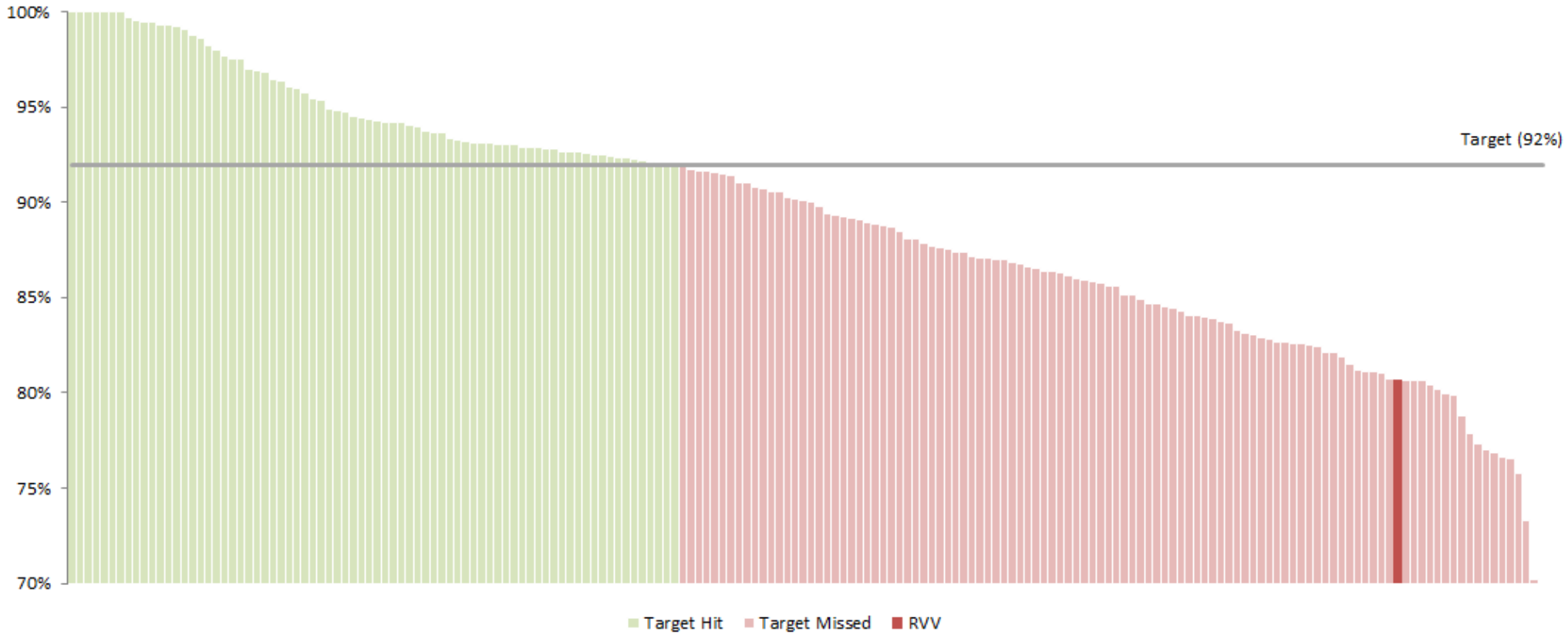
Patient 1 – ENT – delay in first OPA. Patient choice to delay treatment until July.
Patient 2 - General Surgery – delay in first OPA. Patient referred to tertiary centre for specialist diagnostics. Patient now discharged back to GP.
Patient 3 - General Surgery – referral to tertiary centre for specialist diagnostics, patient could not tolerate test and referred to other tertiary test. Issues with patient engagement and choice re timescale for attending tertiary centre. Patient agreed date for diagnostic in August.

East Kent Hospitals University
NHS Foundation Trust

**May 2019 | National RTT Benchmarking**

East Kent Hospitals University NHS Trust ranked 166 of 184 trusts

*Datasource: https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2019-20/Incomplete Provider*



East Kent Hospitals University NHS Foundation Trust

# 6 Week Referral to Diagnostic Standard

## Key Performance Indicators

**99.6 %**

| | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Green |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Performance | 98.44% | 98.03% | 98.57% | 99.31% | 99.65% | 99.56% | 99.72% | 99.49% | 99.59% | 99.29% | 99.45% | 99.60% | >=99% |
| Waiting list Size | 16,888 | 15,126 | 12,750 | 12,820 | 13,329 | 12,235 | 12,949 | 14,210 | 15,058 | 15,517 | 15,228 | 15,548 | <14,000 |
| Waiting > 6 Week Breaches | 264 | 298 | 182 | 88 | 46 | 54 | 36 | 73 | 61 | 110 | 84 | 62 | <60 |

## 2019/20 Trajectory

**0.5 %**

| | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| STF Trajectory | 99.11% | 99.11% | 99.11% | 99.11% | 99.11% | 99.10% | 99.10% | 99.10% | 99.11% | 99.11% | 99.11% | 99.11% |
| Performance | 99.29% | 99.45% | 99.60% | | | | | | | | | |

**Summary Performance**

The standard has been met for June 19 with a compliance of **99.60%**. As at the end of the month there were **62** patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 2
- Cardiology: 59
- Urodynamic: 1
- Sleep Studies : 0
- Cystoscopy : 0

- Colonoscopy : 0
- Gastroscopy : 0
- Flexi Sigmoidoscopy : 0

**Issue**

- Increased demand for inpatient and outpatient echos
- Endoscopists vacancy
- High cancer, routine and surveillance demand for endoscopy.

**Action**

- Endoscopy improvement plan with weekly meetings
- Workforce plan for endoscopy and cardiology
- Cardiology review of echo criteria

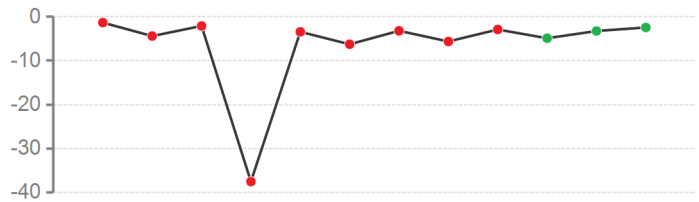
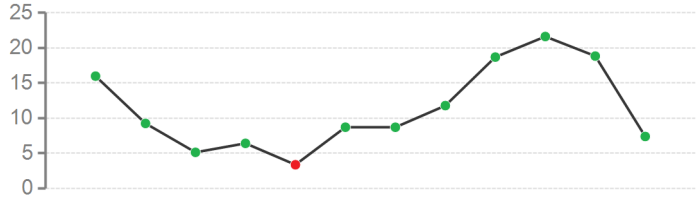
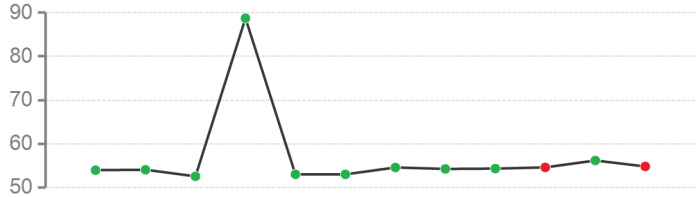
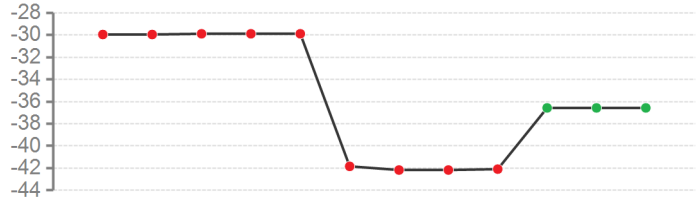
**Timescale**

- July 19

East Kent Hospitals University NHS Foundation Trust

# Strategic Theme: Finance

## Finance

| | | | | |
|---|---|---|---|---|
| Jun | I&E £m (Trust Only) | -10.5 (-24.9%) |  | The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.The significant I&E movement in October 2018 is caused by a £34.3m impairment due to revaluation of Trusts assets prior to transfer to 2Gether which is excluded from our NHSI I&E performance evaluation. |
| Jun | Cash Balance £m (Trust Only) | 7.4 (-60.8%) |  | Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown in the arrow. The arrow shows latest monthly figure together with % variance against the last month reported. |
| Jun | Total Cost £m (Trust Only) | 54.8 (-2.4%) |  | Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.Mth 7 includes a £34.7m impairment, see I&E note above. |
| Jun | Forecast £m | -36.6 (0.0%) |  | This shows the Normalised Income & Expenditure Forecast as at 31st March of the relevant financial year. The arrow shows latest monthly figure together with % variance against the last month reported. |

# Strategic Theme: Finance

Highlights and Actions:

The Trust generated a consolidated deficit in month of £2.9m which is £0.2m better than the planned position. The year-to-date deficit of £10.8m is £0.3m ahead of plan. The final year-end forecast remains in line with the planned position of a consolidated £37.5m deficit excluding technical adjustments.

The main drivers of the in-month position were:
- EKHUFT Clinical income underperformance of £0.4m due to a combination of NHSE specialist activity and bowel scoping below plan which is expected to catch-up later in the year. EKHUFT has an aligned incentive contract with East Kent CCGs which means that any local activity under/overperformance against our agreed plan does not generate an income variance.
- EKHUFT Pay underspend of £0.2m due to £0.7m of overspends in mainly medical agency staffing due to continued operational pressures, being entirely offset by £0.9m underspend in bank & substantive pay categories. CIP schemes relating to agency staff are behind plan in June by £0.3m and by £0.7m YTD.
- The subsidiaries position was on £0.2m ahead of plan on month, but further work is required to ensure that key drivers of the position are understood and described as part of the Finance Performance report.

Overall clinical income was £0.4m adverse to plan, although the CCG aligned incentive contract was financially beneficial to EKHUFT in June due to underperformance within Elective (-£0.6m) and outpatients (-£0.6m) primarily due to lower than planned referral rates. This underperformance was partially offset by £0.4m of overperformance in emergency activity due to 7% higher than planned levels YTD which has led to an increase in admissions driven by the new Observation Bays at QEQM and WHH.

While the financial position at quarter 1 is positive, the level of CIP delivery increases significantly throughout the year therefore continued focus on development and delivery of savings efficiencies is crucial to deliver our I&E plan.

The forecast CIP achievement for the year is £30m, but as the target increases throughout the year the Trust is maintaining confirm and challenge meetings to ensure robust delivery plans are in place. As at the time of reporting 86% of schemes forecast were delivered or 'green' rated. Care Groups, supported by the PMO, continue working up schemes for 2019/20 focusing on delivery of planned target and moving Red and Amber schemes to Green.

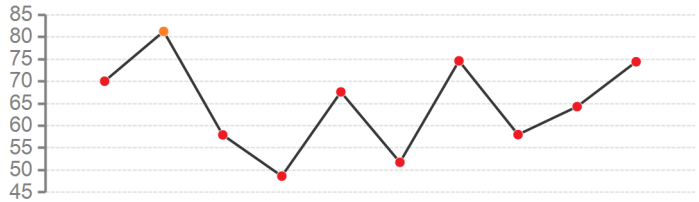
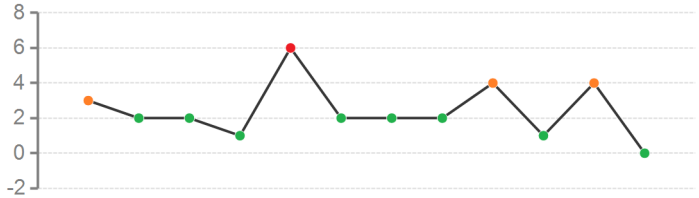
This focus on delivering the financial position is being maintained by a combination of monthly Executive Performance Review meetings and Confirm and Challenge meetings led by the Chief Operating Officer and Finance Director.

The Trust's cash balance at the end of June was £7.4m which is £3.2m above plan. The Trust borrowed £3m in June therefore total Trust borrowings increased to £99.5m which will require paying back when the Trust is delivering a surplus.

East Kent Hospitals University NHS Foundation Trust

# Strategic Theme: Health & Safety

## Health & Safety 1

| | | | | | |
|---|---|---|---|---|---|
| Jun | H&S HASTA All Scores | 63 (-23.1%) |   | Overall Health And Safety Toolkit Audit (HASTA) compliance score – by Care Group, Specialty & Site | ★★★ |
| Jun | RIDDOR Reports (Number) | 29 (16.0%) |   | "RIDDOR reports sent to HSE each month.(please note that Riddor uses the Field inc_dnotified (HSE date) rather than inc_dreported (Reported date) | ★★☆ |

East Kent Hospitals University NHS Foundation Trust

# Strategic Theme: Health & Safety

Jun

Health & Safety Training

95
(-3.5%)


H&S Training includes all H&S and risk avoidance training including manual handling

Highlights and Actions:

HASTA Audits

Scores for the 19/20 HASTA uploaded in June achieved 93% cumulatively. COSHH audits undertaken in June achieved 100% compliance as a result of the change in audit process which is a 'red button' trigger which has been agreed with the Health and Safety Leads.

This is where the Health and Safety audit team attend a ward/department to undertake a HASTA audit and it clear to the auditor that the service is not prepared for the audit to take place. The auditor will contact the appropriate Health and Safety Lead for the area and seek advice on whether the audit should go ahead or be postponed to a mutually convenient alternative date. If the decision to postpone is made the Health and Safety team will then support the service directly to address the shortfalls in compliance. This change in process has been welcomed by the Health and Safety Leads and has clearly made improvements in the HASTA audits undertaken to date.

The annual HASTA audit schedule is now in place and has been signed off at the Strategic Health and Safety Committee. All Care Groups and Corporate areas have now identified their Health and Safety leads. A monthly meeting is now in place to support the new leads in their roles.

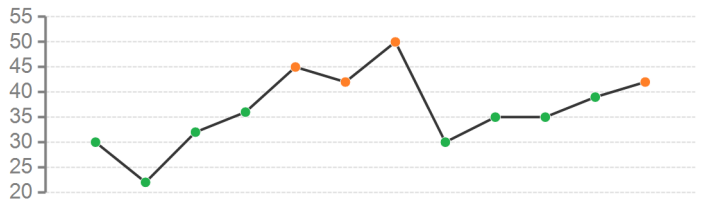
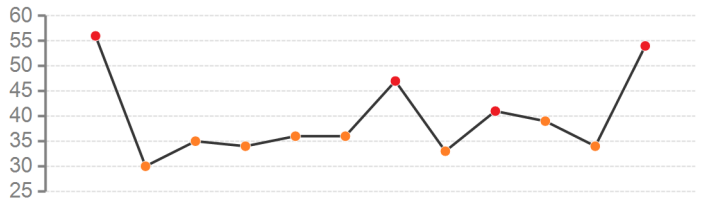
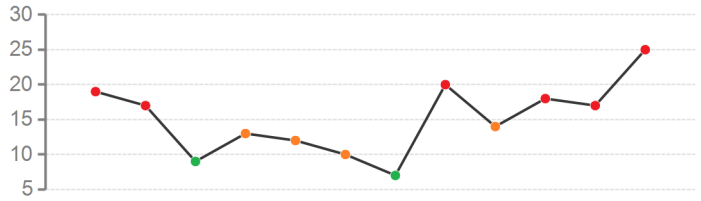
RIDDOR

There were no RIDDOR reportable incidents recorded for June 2019.

East Kent Hospitals University NHS Foundation Trust

# Strategic Theme: Health & Safety

## Health & Safety 2

| | | | | |
|---|---|---|---|---|
| Jun | Accidents | 438 (9.2%) |  | "Accidents excluding sharps (needles etc) but including manual handling. |
| Jun | Violence & Aggression | 475 (-9.9%) |  | "Violence, aggression and verbal abuse. |
| Jun | Sharps | 181 (14.6%) |  | "Incidents with sharps (e.g. needle stick). |

Highlights and Actions:

Accidents

In June there were 42 accidents which was an increase of 3 when compared with May's data.
17 incidents were due to slips, trips and falls with the majority of these incidents being due to liquid on the floors not being cleared up, poor housekeeping and tripping over medical equipment.

Action - A communication campaign will be progressed which will raise awareness of the need to be conscious of housekeeping standards, de cluttering areas and the need to report liquids on the floor. 2gether Support Solutions have been informed of the number of accidents that have occurred in June due to liquid on the floor although it is acknowledged that these accidents may be due to spillages not being reported via the helpdesk rather than a lack of response from 2gether Support Solutions facilities team.

5 incidents were due to exposure of bodily fluid.
5 incidents were due to being knocked by a stationery object

The other incidents were various i.e. spilling hot fluid, staff collapse, misuse of equipment and safety controls not followed.

Violence and Aggression

# Strategic Theme: Health & Safety

In June there were 53 incidents reported which was an increase of 19 compared with May's data.

Patient behaviour - physical assaults on staff =14. These were due to patients with mental health issues lashing out at staff.
Patient behaviour - physical assault on another patient =3
Patient behaviour - verbal abuse to staff =10. A number of patients have reacted adversely to service provision, waiting times and being asked to do something/move by clinical teams.
Patient behaviour - aggression towards staff =9. These incidents were similar to the above comment.
Patient behaviour - telephone/email abuse to staff =9
Visitors and other persons behaviour to staff and or our patients = 7

The Trust's MAYBO training is now in place for 2019/20 with spaces for 200 staff to attend. There are also 3 conflict resolution training sessions in place per month.

The Head of Health and Safety will discuss how violence and aggression towards staff can be reduced with the Deputy Chief Nurse.

Sharps

The number of sharps incidents recorded for June was 25 all of which was from unused sharps.
This is 8 more when compared with May's data.

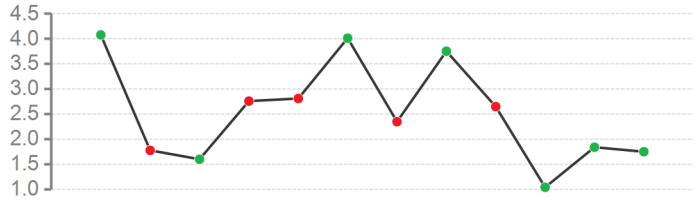
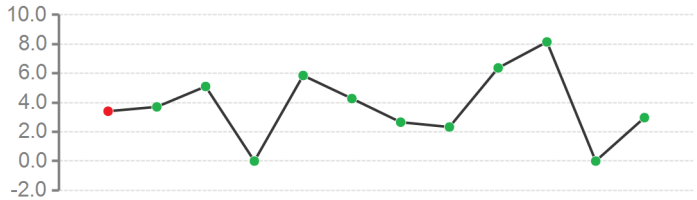
There were 18 incidents recorded in the labour ward, obstetrics, intensive therapies. There were 4 near misses due to needles not being disposed off appropriately and 3 incidents from unused sharps.

All areas are being contacted to the Health and Safety team to see if there are any underlying causes or co-incidences relating to the incidents. Occupational Health will also be reviewing any patterns or trends that may be emerging. A report will be submitted on sharps injuries to the next Strategic Health and Safety Committee.

East Kent Hospitals University NHS Foundation Trust

# Strategic Theme: Use of Resources

## Balance Sheet

| | | | | |
|---|---|---|---|---|
| Jun | CIPS £m | 4.6 (-4.9%) |   | Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month. |
| Jun | Cash borrowings £m | 11.1 |   | Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow. |

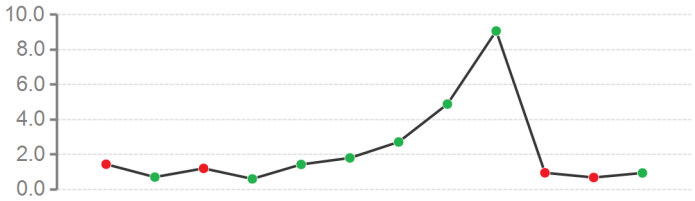
East Kent Hospitals University NHS Foundation Trust

# Strategic Theme: Use of Resources

Jun

Capital position £m

2.6
(38.1%)




Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow.

Highlights and Actions:

DEBT
Total invoiced debtors have reduced in month by£3.7m to £14.5m. The largest debtors at 30th June were 2gether Support Solutions £4.7m and East Kent Medical Services £1.9m. Work is on-going to ensure streamlined processes and minimise intra-company debt.

CAPITAL
Total capital expenditure at the end of June 2019 is £0.7m (21%) below plan. This is mainly due to delays in processing of quotations and purchase order for the Electronic health records upgrade along with other IT projects and is expected to be back in line with plan next month.

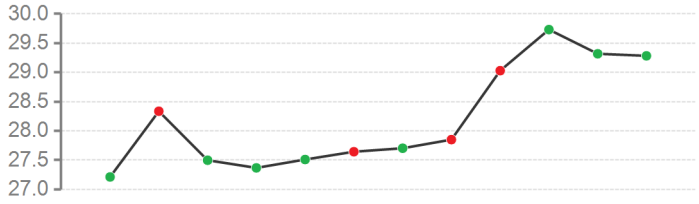
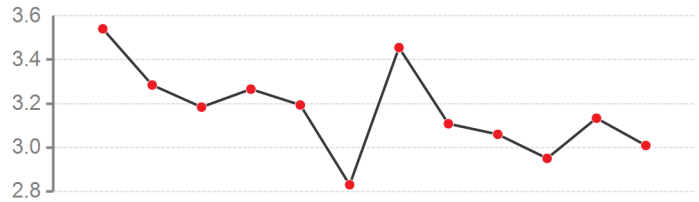
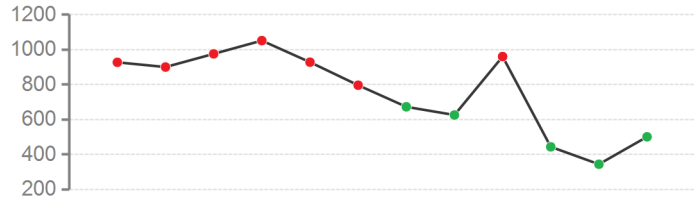
CASH
The Trust's cash balance at the end of June was £7.4m which is £3.2m above plan. The main driver for this position was higher than planned receipts from East Kent CCGs of £2.9m.

FINANCING
The Trust borrowed £3m in June therefore total Trust borrowings increased to£99.5m. The planned 19/20 loan is £37.2m in line with the planned I&E deficit. £924k of interest has been incurred year-to-date in respect of the drawings against working capital facilities.

East Kent Hospitals University NHS Foundation Trust

# Strategic Theme: Use of Resources

## Pay Independent

| | | | | |
|---|---|---|---|---|
| Jun | Payroll Pay £m | 29.3 (-0.1%) |  | Payroll Pay (Permanent+Overtime). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported. |
| Jun | Agency Spend £m | 3.0 (-4.0%) |  | Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported. |
| Jun | Independent Sector £k | 501 (45.7%) |  | Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported. |

Highlights and Actions:

Pay performance is favourable to plan in June by £0.2m driven by £0.7m of overspends in mainly medical agency staffing due to continued operational pressures being entirely offset by £0.9m underspend in bank & substantive pay categories.

Total expenditure on pay in June was £33.4m, a £0.3m reduction from May. In May, lump sum Consultant clinical excellence award costs were paid or accrued totalling £0.3m, although expenditure on substantive staff overall in June has only marginally reduced. The main reduction in spend relates to agency and directly engaged staff which fell by a total of £0.3m.

East Kent Hospitals University NHS Foundation Trust

# Strategic Theme: Improvement Journey

| | | Feb | Mar | Apr | May | Jun | |
|---|---|---|---|---|---|---|---|
| MD02 - Emergency Pathway | ED - 4hr Compliance (incl KCHFT MIUs) % | 77.56 | 81.53 | 80.54 | 84.26 | 84.65 | >= 95 |
| | ED - 1hr Clinician Seen (%) | 48 | 45 | 42 | 45 | 43 | >= 55 & <55 |
| MD04 - Flow | DToCs (Average per Day) | 66 | 76 | 97 | 94 | 85 | >= 0 & <35 |
| | IP - Discharges Before Midday (%) | 15 | 17 | 19 | 19 | 18 | >= 35 |
| MD05 - 62 Day Cancer | Cancer: 62d (GP Ref) % | 76.88 | 81.56 | 79.13 | 80.18 | 72.94 | >= 85 |
| MD07 - Maternity | Staff Turnover (Midwifery) | 13 | 13 | 13 | 13 | 13 | >= 0 & <10 |
| | Vacancy (Midwifery) % | 6 | 6 | 7 | 1 | -1 | >= 0 & <7 |
| MD08 - Recruitment & Staffing | Staff Turnover (%) | 14.2 | 14.5 | 14.2 | 14.2 | 14.3 | >= 0 & <10 |
| | Staff Turnover (Nursing) | 13 | 14 | 13 | 13 | 13 | >= 0 & <10 |
| | Staff Turnover (Medical) | 13 | 14 | 13 | 13 | 14 | >= 0 & <10 |
| | Vacancy (Nursing) % | 14 | 14 | 13 | 14 | 14 | >= 0 & <7 |
| | Vacancy (Medical) % | 8 | 7 | 16 | 15 | 14 | >= 0 & <7 |
| MD09 - Workforce Compliance | Appraisal Rate (%) | 81.1 | 80.4 | 80.7 | 77.2 | 71.8 | >= 85 |
| | Statutory Training (%) | 93 | 94 | 95 | 95 | 95 | >= 85 |

East Kent Hospitals University NHS Foundation Trust

# Glossary

| Domain | Metric Name | Metric Description | Green | Weight |
|---|---|---|---|---|
| A&E | ED - 1hr Clinician Seen (%) | % of A&E attendances seen within 1 hour by a clinician | >= 55 & <55 | |
| | ED - 4hr Compliance (incl KCHFT MIUs) % | No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics | >= 95 | 100 % |
| | ED - 4hr Performance (EKHUFT Sites) % | % of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge for only Acute Sites (K&C, QEQM, WHH, BHD). No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics | >= 95 | 1 % |
| Beds | Bed Occupancy (%) | This metric looks at the number of beds the Trust has utilised over the month. This is calculated as funded beds / (number of patients per day X average length of episode stay). The metric now excludes all Maternity, Intensive Treatment Unit (ITU) and Paediatric beds and activity. | >= 0 & <92 | 60 % |
| | DToCs (Average per Day) | The average number of delayed transfers of care | >= 0 & <35 | 30 % |
| | IP - Discharges Before Midday (%) | % of Inpatients discharged before midday | >= 35 | 10 % |
| | IP Spells with 3+ Ward Moves | Total Patients with 3 or more Ward Moves in Spell | | |
| Cancer | Cancer: 2ww (All) % | Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent GP referral for suspected cancer (CB_B6) | >= 93 | 10 % |
| | Cancer: 2ww (Breast) % | Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected (CB_B7). | >= 93 | 5 % |
| | Cancer: 31d (2nd Treat - Surg) % | Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery (CB_B9). | >= 94 | 5 % |
| | Cancer: 31d (Diag - Treat) % | Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') (CB_B8) | >= 96 | 15 % |
| | Cancer: 31d (Drug) % | Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen (CB_B10). | >= 98 | 5 % |
| | Cancer: 62d (Con Upgrade) % | Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status. | >= 85 | 5 % |
| | Cancer: 62d (GP Ref) % | Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer. | >= 85 | 50 % |

| | | | | |
|---|---|---|---|---|
| Cancer | Cancer: 62d (Screening Ref) % | Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service. | >= 90 | 5 % |
| Clinical Outcomes | 4hr % Compliance from Presentation to Stroke Ward | 4hr % Compliance from Presentation to Stroke Ward, as per BPT | | |
| | Audit of WHO Checklist % | An observational audit takes place to audit the World Health Organisation (WHO) checklist to ensure completion. After each procedure, the recovery staff check that each of the surgical checklists have been carried out. This compliance monitors against a random set of 10 patients each day from this process. | >= 99 | 10 % |
| | FNoF (36h) (%) | % Fragility hip fractures operated on within 36 hours (Time to Surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an Inpatient, to the start of anaesthesia). Data taken from the National Hip Fracture Database - selecting 'Prompt Surgery%'. Reporting one month in arrears to ensure upload completeness to the National Hip Fracture Database. | >= 85 | 5 % |
| | Pharm: Drug Cupboards Locked (%) | Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked | >= 90 & <90 | 5 % |
| | Pharm: Drug Trolleys Locked (%) | Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked | >= 90 & <90 | 5 % |
| | Pharm: Fridge Temps (%) | Data taken from Medicines Storage & Waste Audit - percentage of wards recording temperature of fridges each day | >= 100 | 5 % |
| | Pharm: Fridges Locked (%) | Data taken from Medicines Storage & Waste Audit - percentage of fridges locked | >= 95 | 5 % |
| | Pharm: Resus. Trolley Check (%) | Data taken from Medicines Storage & Waste Audit - percentage of resus trolley's checked | >= 90 & <90 | 5 % |
| | pPCI (Balloon w/in 150m) (%) | % Achievement of Call to Balloon Time within 150 mins of pPCI. | >= 75 | 5 % |
| | Readmissions: EL dis. 30d (12M%) | Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure. | >= 0 & <2.75 | 20 % |
| | Readmissions: NEL dis. 30d (12M%) | Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure. | >= 0 & <15 | 15 % |
| | Stroke Brain Scans (24h) (%) | % stroke patients receiving a brain CT scan within 24 hours. | >= 100 | 5 % |
| Culture | Staff FFT - Treatment (%) | Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission. | | 40 % |
| | Staff FFT - Work (%) | "Percentage of staff who would recommend the organisation as a place to work - data is quarterly and from the national submission. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." | >= 60 | 50 % |

| | | | | |
|---|---|---|---|---|
| Data Quality & Assurance | Uncoded Spells % | Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells). | >= 0 & <0.25 | 25 % |
| | Valid Ethnic Category Code % | Patient contacts where Ethnicity is not blank as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts. | >= 99.5 | 5 % |
| | Valid GP Code | Patient contacts where GP code is not blank or G9999998 or G9999991 (or is blank/G9999998/G9999991 and NHS number status is 7) as a % of all patient contacts. Includes all OP, IP and A&E contacts | >= 99.5 | 5 % |
| | Valid NHS Number % | Patient contacts where NHS number is not blank (or NHS number is blank and NHS Number Status is equal to 7) as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts. | >= 99.5 | 40 % |
| Demand vs Capacity | DNA Rate: Fup % | Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments. | >= 0 & <7 | |
| | DNA Rate: New % | New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments. | >= 0 & <7 | |
| | New:FUp Ratio (1:#) | Ratio of attended follow up appointments compared to attended new appointments | >= 0 & <7 | |
| Diagnostics | Audio: Complete Path. 18wks (%) | AD01 = % of Patients waiting under 18wks on a completed Audiology pathway | >= 99 | |
| | Audio: Incomplete Path. 18wks (%) | AD02 = % of Patients waiting under 18wks on an incomplete Audiology pathway | >= 99 | |
| | DM01: Diagnostic Waits % | The percentage of patients waiting less than 6 weeks for diagnostic testing. The Diagnostics Waiting Times and Activity Data Set provides definitions to support the national data collections on diagnostic tests, a key element towards monitoring waits from referral to treatment. Organisations responsible for the diagnostic test activity, report the diagnostic test waiting times and the number of tests completed.The diagnostic investigations are grouped into categories of Imaging, Physiological Measurement and Endoscopy and covers 15 key diagnostic tests. | >= 99 | 100 % |
| Finance | Cash Balance £m (Trust Only) | Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown ir the arrow. The arrow shows latest monthly figure together with % variance against the last month reported. | >= 5 | 20 % |
| | Forecast £m | This shows the Normalised Income & Expenditure Forecast as at 31st March of the relevant financial year. The arrow shows latest monthly figure together with % variance against the last month reported. | >= 0 | 10 % |
| | I&E £m (Trust Only) | The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.The significant I&E movement in October 2018 is caused by a £34.3m impairment due to revaluation of Trusts assets prior to transfer to 2Gether which is excluded from our NHSI I&E performance evaluation. | >= 0 | 30 % |
| | Total Cost £m (Trust Only) | Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.Mth 7 includes a £34.7m impairment, see I&E note above. | >= 0 | 20 % |
| Health & Safety | Accidents | "Accidents excluding sharps (needles etc) but including manual handling. | >= 0 & <40 | 15 % |
| | H&S HASTA All Scores | Overall Health And Safety Toolkit Audit (HASTA) compliance score – by Care Group, Specialty & Site | >= 95 | |
| | Health & Safety Training | H&S Training includes all H&S and risk avoidance training including manual handling | >= 80 | 5 % |

| | | | | |
|---|---|---|---|---|
| Health & Safety | RIDDOR Reports (Number) | "RIDDOR reports sent to HSE each month.(please note that Riddor uses the Field inc_dnotified (HSE date) rather than inc_dreported (Reported date) | >= 0 & <3 | 20 % |
| | Sharps | "Incidents with sharps (e.g. needle stick). | >= 0 & <10 | 5 % |
| | Violence & Aggression | "Violence, aggression and verbal abuse. | >= 0 & <25 | 10 % |
| Incidents | All Pressure Damage: Cat 2 | "Number of all (old and new) Category 2 pressure ulcers. Data source - Datix." | >= 0 & <1 | |
| | Blood Transfusion Incidents | "The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months." | | |
| | Clinical Incidents closed within 6 weeks (%) | Percentage of Clinical Incidents closed within 6 weeks | | |
| | Clinical Incidents: Minimal Harm | | | |
| | Clinical Incidents: No Harm | "Number of Non-Clinical Incidents, recorded on DATIX, per 10,000 FTE hours. Bandings based on total numbers of incidents (corporate level) is: Score1: <= 140, Score2: > 140 & <= 147, Score3: > 147 & <= 155, Score4: > 155 & <= 163, Score5: > 163" | | |
| | Clinical Incidents: Severe Harm | | | |
| | Clinical Incidents: Total (#) | "Number of Total Clinical Incidents reported, recorded on Datix. | | |
| | Falls (per 1,000 bed days) | "Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." | >= 0 & <5 | 20 % |
| | Falls: Total | "Total number of recorded falls. Assisted falls and rolls are excluded. Data source - Datix." | >= 0 & <3 | 0 % |
| | Harm Free Care: New Harms (%) | Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data. | >= 98 | 20 % |
| | Harm Free Care:All Harms (%) | "Percent of inpatients deemed free from harm as measured by the Safety Thermometer audit ie free from old and new harms: - Old and new pressure ulcers (categories 2 to 4) - Injurious falls - Old and new UTI - Old and new DVT, PE c Other VTE. Data source - Safety Thermometer (old and new harms)." | >= 94 | 10 % |
| | Medication Incidents with Harm | Number of Medication Incidents recorded on Datix with a Moderate/Severe/Death Harm | | |
| | Medication Missed Critical Doses | Number of missed doses for critical drugs / medications | | |
| | Medication Missed Doses | Number of missed medication doses recorded on Datix | | |
| | Medicines Mgmt. Incidents | "The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months." | | |

| | | | | |
|---|---|---|---|---|
| Incidents | Never Events (STEIS) | "Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months." | >= 0 & <1 | 30 % |
| | Number of Cardiac Arrests | Number of actual cardiac arrests, not calls | | 0 % |
| | Pressure Ulcers Cat 3/4 (per 1,000) | "Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." | >= 0 & <1 | 10 % |
| | Serious Incidents (STEIS) | "Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months." | | |
| | Serious Incidents Open | Number of Serious Incidents currently open according to Datix | | |
| Infection | Bare Below Elbows Audit | "The % of ward staff compliant with hand hygiene standards. Data source - SharePoint" | >= 95 & <95 | |
| | Blood Culture Training | Blood Culture Training compliance | >= 85 | |
| | C. Diff (per 100,000 bed days) | Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01), recorded at greater than 72h post admission per 100,000 bed days | >= 0 & <1 | |
| | C. Diff Infections (Post 72h) | "The number of Clostridium difficile cases recorded at greater than 72h post admission. Data source - VitalPAC (James Nash)." | >= 0 & <1 | 0 % |
| | Cases of C.Diff (Cumulative) | "Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Arrow represents YTD position with the % showing variance against the last month." | <= Traj | 40 % |
| | Cases of MRSA (per month) | Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months. | >= 0 & <1 | 40 % |
| | Commode Audit | "The % of ward staff compliant with hand hygiene standards. Data source - SharePoint" | >= 95 & <95 | |
| | E. Coli | "The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." | >= 0 & <44 | 10 % |
| | E. Coli (per 100,000 population) | The total number of E-Coli bacteraemia per 100,000 population. | >= 0 & <44 | |
| | Infection Control Training | Percentage of staff compliant with the Infection Prevention Control Mandatory Training - staff within six weeks of joining and are non-compliant are excluded | >= 85 | |
| | MRSA (per 100,000 bed days) | Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT, cases per 100,000 bed days | >= 0 & <1 | |
| | MSSA | "The total number of MSSA bacteraemia recorded, post 48hrs. | >= 0 & <1 | 10 % |
| Mortality | Crude Mortality NEL (per 1,000) | "The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." | >= 0 & <27.1 | 10 % |

| | | | | |
|---|---|---|---|---|
| Mortality | HSMR (Index) | Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data. | >= 0 & <90 | 35 % |
| | Number of Deaths that were >50% Avoidable | Number of deaths that were more than 50% likely to have been Avoidable (Categories: 'Definitely Avoidable','Strong evidence of avoidability','Probably avoidable (more than 50:50)') | | |
| | Number of SJR's Completed | Number of Structured Judgement Reviews (Mortality Case Record Reviews) completed | | |
| | SHMI | "Summary Hospital Mortality Indicator (SHMI) as reported via HSCIC includes in hospital and out of hospital deaths within 30 days of discharge. Latest quarter identifies last reported 12 month period. Please note this metric has recently been changed to reflect HSCIC, not CHKS. Arrow indicates average of last 12 months data." | >= 0 & <0.95 | 15 % |
| Observations | VTE: Risk Assessment % | "Adults (16+) who have had a Venous Thromboembolism (VTE) Risk Assessment at any point during their Admission. Low-Risk Cohort counted as compliant." | >= 95 | 20 % |
| Patient Experience | A&E FFT: Not Recommended (%) | A&E FFT: Not Recommended (%) | | |
| | A&E FFT: Recommended (%) | A&E FFT: Recommended (%) | | |
| | A&E FFT: Response Rate (%) | A&E FFT: Response Rate (%) | | |
| | AE Mental Health Referrals | A&E Mental Health Referrals | | |
| | Cleanliness % | Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. | >= 95 | 5 % |
| | Complaint Response in Timescales % | Complaint Response within agreed Timescales % | >= 85 | 15 % |
| | Complaint Response within 30 days % | Complaint Response within 30 working day timescale % | >= 85 | |
| | Complaints acknowledged within 3 working days | Complaints acknowledged within 3 working days | | |
| | Complaints Closed <= 30 Days | Number of complaints closed in month that were open for less than 30 days | | |
| | Complaints Closed > 90 Days | Number of Complaints closed in month that were open for more than 90 Days | | |
| | Complaints Closed 31 - 60 Days | Number of Complaints closed in month that were open between 31 and 60 Days | | |

| | | | | |
|---|---|---|---|---|
| Patient Experience | Complaints Closed 61 - 90 Days | Number of Complaints closed in month that were open between 61 and 90 Days | | |
| | Complaints received with a 30 Day time frame agreed | Number of complaints received with an agreed time frame of 30 days | | |
| | Complaints received with a 45 Day time frame agreed | Number of complaints received with a agreed time frame of 45 days | | |
| | Compliments | Number of compliments received | >= 1 | |
| | IP FFT: Not Recommend (%) | "Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." | >= 0 & <2 | 30 % |
| | IP FFT: Recommend (%) | | >= 95 | 30 % |
| | IP FFT: Response Rate (%) | "The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." | >= 22 | 1 % |
| | IP Survey: Are you aware of nurse in charge of you each shift? (%) | IP Survey: Are you aware of nurse in charge of your care each shift? (%) | >= 89 | 4 % |
| | IP Survey: Encouraged to get up and wear own clothes (%) | Responses taken from the Inpatient Survey. Question: "Have you been encouraged to get up during your hospital stay and wear your own clothes?" | | 3 % |
| | IP Survey: Help from Staff to Eat Meals (%) | Responses taken from the Inpatient Survey. Question: "Did you get enough help from staff to eat your meals?" | | 3 % |
| | IP Survey: Overall, did you get the care that matters to you? | Inpatient Survey: Patients views on if they got the overall care that mattered to them as a % | | |
| | Maternity FFT: Not Recommended (%) | Maternity FFT: Not Recommended (%) | | |
| | Maternity FFT: Recommended (%) | Maternity FFT: Recommended (%) | | |
| | Maternity FFT: Response Rate (%) | Maternity FFT: Response Rate (%) | | |
| | Mixed Sex Breaches | "Number of patients experiencing mixed sex accommodation due to non-clinical reasons. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." | >= 0 & <1 | 10 % |

| | | | | |
|---|---|---|---|---|
| Patient Experience | Number of Complaints | "The number of Complaints recorded overall . Data source - Patient Experience Team" | | |
| Productivity | BADS | British Association of Day Surgery (BADS) Efficiency Score calculated on actual v predicted overnight bed use– allowing comparison between procedure, specialty and case mix. | >= 100 | 10 % |
| | eDN Compliance | % of patients discharged with an Electronic Discharge Notification (eDN). | >= 80 & <80 | |
| | LoS: Elective (Days) | Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL. | | |
| | LoS: Non-Elective (Days) | Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients. | | |
| | Non-Clinical Cancellations (%) | Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total planned procedures | >= 0 & <0.8 | 20 % |
| | Non-Clinical Canx Breaches (%) | Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total admitted patients. | >= 0 & <5 | 10 % |
| | Theatres: On Time Start (% 15min) | The % of cases that start within 15 minutes of their planned start time. | >= 90 | 10 % |
| | Theatres: Session Utilisation (%) | % of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs. | >= 85 | 25 % |
| RTT | RTT: 52 Week Waits (Number) | Zero tolerance of any referral to treatment waits of more than 52 weeks, with intervention, as stated in NHS Operating Framework | >= 0 | |
| | RTT: Incompletes (%) | % of Referral to Treatment (RTT) pathways within 18 weeks for completed admitted pathways, completed non-admitted pathways and incomplete pathways, as stated by NHS Operating Framework. CB_B3 - the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period. | >= 92 | 100 % |
| Staffing | 1:1 Care in labour | The number of women in labour compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes. | >= 99 & <99 | |
| | Agency % | % of temporary (Agency and Bank) staff of the total WTE | >= 0 & <10 | |
| | Agency & Locum Spend | Total agency spend including NHSP spend | | |
| | Agency Filled Hours vs Total Agency Hours | % hours worked which were filled by the NHSP against the total number of hours worked by agency staff | | |
| | Agency Orders Placed | "Total count of agency orders placed. | >= 0 & <100 | |
| | Agency Staff WTE (Bank) | WTE Count of Bank Hours worked | | |
| | Agency Staff WTE (NHSP) | WTE Count of NHSP Hours worked | | |
| | Bank Filled Hours vs Total Agency Hours | % hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff | | 1 % |

| | | | | |
|---|---|---|---|---|
| Staffing | Bank Hours vs Total Agency Hours | % hours worked by Bank (Staffflow) against the total number of hours worked by agency staff | | |
| | Care Hours Per Patient Day (CHPPD) | Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. | | |
| | Clinical Time Worked (%) | % of clinical time worked as a % of total rostered hours. | >= 74 | 2 % |
| | Employed vs Temporary Staff (%) | "Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." | >= 92.1 | 1 % |
| | Local Induction Compliance % | "Local Induction Compliance rates (%) for temporary employee's to the Trust. | >= 85 | |
| | Midwife:Birth Ratio (%) | The number of births compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes. | >= 0 & <28 | 2 % |
| | NHSP Hours vs Total Agency Hours | % hours worked by NHSP against the total number of hours worked by agency staff | | |
| | Overtime % | % of Employee's that claim overtime. | >= 0 & <10 | |
| | Overtime (WTE) | Count of employee's claiming overtime | | 1 % |
| | Shifts Filled - Day (%) | Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. | >= 80 | 15 % |
| | Shifts Filled - Night (%) | Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. | >= 80 | 15 % |
| | Sickness (Monthly) % | Monthly % of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. | >= 3.3 & <3.7 | 10 % |
| | Stability Index % | Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate– WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage. exclude Junior medical staff, any staff with grade codes beginning MN or MT | | |
| | Staff Turnover (%) | "% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." | >= 0 & <10 | 15 % |
| | Staff Turnover (Medical) | "% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Medical Staff. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in directior of arrow and %) against the previous 12 months." | >= 0 & <10 | |

| | | | | |
|---|---|---|---|---|
| Staffing | Staff Turnover (Midwifery) | "% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Midwives. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in directior of arrow and %) against the previous 12 months." | >= 0 & <10 | |
| | Staff Turnover (Nursing) | "% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Nurses. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." | >= 0 & <10 | |
| | Staffing Level Difficulties | Any incident related to Staffing Levels Difficulties | | 1 % |
| | Time to Recruit | "Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." | >= 0 & <10 | |
| | Total Staff Headcount | Headcount of total staff in post | | |
| | Total Staff In Post (FundEst) | Count of total funded establishment staff | | 1 % |
| | Unplanned Agency Expense | Total expediture on agency staff as a % of total monthly budget. | >= 0 & <100 | 5 % |
| | Vacancy (Medical) % | "% Vacant positions against Whole Time Equivalent (WTE) for Medical Staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." | >= 0 & <7 | |
| | Vacancy (Midwifery) % | "% Vacant positions against Whole Time Equivalent (WTE) for Midwives. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." | >= 0 & <7 | |
| | Vacancy (Monthly) % | Monthly % Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." | >= 0 & <10 | 15 % |
| | Vacancy (Nursing) % | "% Vacant positions against Whole Time Equivalent (WTE) for Nurses. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." | >= 0 & <7 | |
| Training | Appraisal Rate (%) | Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. | >= 85 | 50 % |
| | Corporate Induction (%) | % of people who have undertaken a Corporate Induction | >= 95 | |
| | Major Incident Training (%) | % of people who have undertaken Major Incident Training | >= 95 | |
| | Statutory Training (%) | "The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. " | >= 85 | 50 % |

## Data Assurance Stars