East Kent Hospitals University NHS Foundation Trust

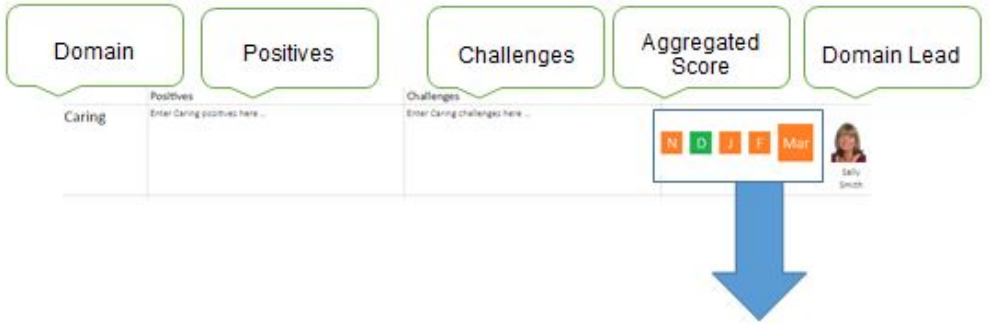
JULY 2019

INTEGRATED PERFORMANCE REPORT

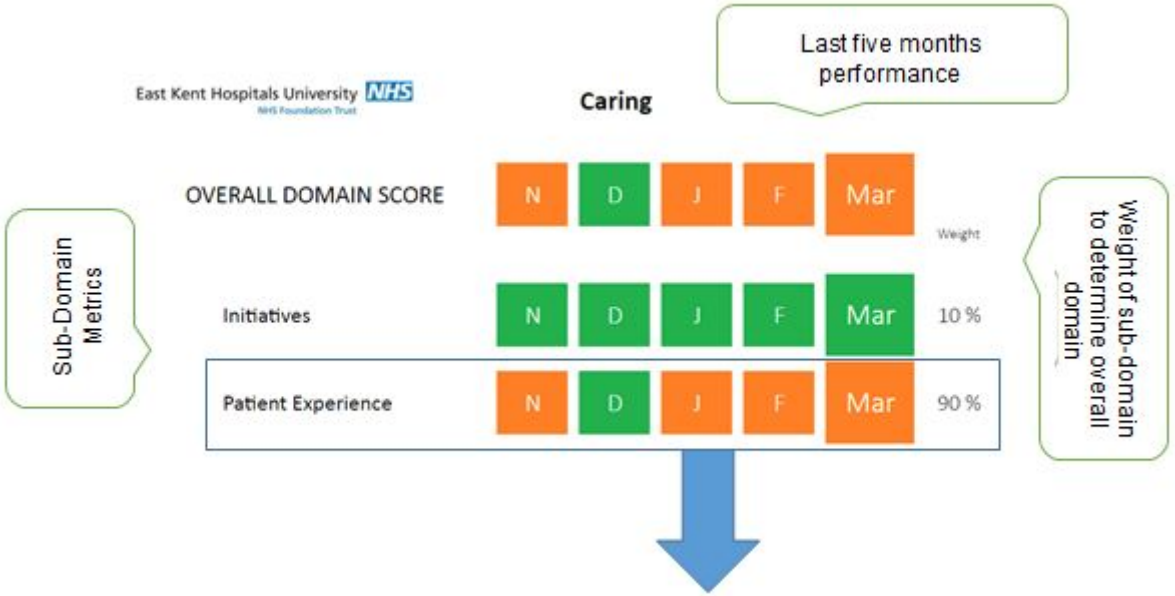
East Kent Hospitals University NHS Foundation Trust

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.



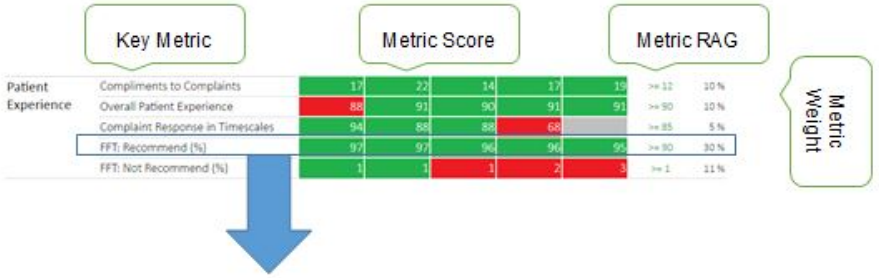
2 **Domain Metrics**: Each domain will have two pages; one showing overall aggregated scores split by sub-domain and another showing a selection of key metrics which help form the sub-domain aggregated metric scores. The first page indicates the sub-domain weighting % which is used to calculate the overall 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

NHS
East Kent Hospitals University
NHS Foundation Trust

Headlines

	Positives	Challenges	
Caring	Friends and Family Test (FFT) a) "recommended" and b) "not recommended" remains green registering 96% and 1.8% respectively in July. Improvement is noted for outpatients and maternity.	There has been an increase in mixed sex accommodation breeches, which has risen above zero in July. Recovery action is led by the Trusts MSA collaborative action plan. Overall results for the Inpatient Survey " did you get the care that matters to you?" has decreased in July compared with June. While action remains in place, it is noted that July performance includes a (positive) increase in performance against the sub metrics "Are you aware of nurse in charge of you each shift? and "Help from Staff to Eat Meals". Although Friends and Family Test (FFT) remains green, a) "recommended" and b) "not recommended" has deteriorated compared with June. Complaints response within timeframe continues to register amber. While performance has improved modestly within month, further work is required recover and exceed the improving trajectory reported previous Q4 and Q1. The results of an Independent review into complaints will be reported this month (August) and the recommendations will be used to support further recovery action.	M A M J Jul  Amanda Hallums

Effective	Beds The number of DTOC (Delayed Transfers of Care) in July have decreased from 85 to an average of 70 per day. Although this is a reduction the 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 the weekly reviews of patients with a length of stay over 21 days (super stranded) having a positive impact. Clinical Outcomes The percentage of non-elective 30 day readmissions has improved to 13.6% as has the percentage for elective readmissions to 3.3%, which is the highest performance in the past 6 months. Demand and Capacity The number of DNA for New patients have remained at static at 8%. and with Follow up out patients improving from11.3% to 9.6% in month. The New : FU ratio is also static at 2. Productivity Length of stay across elective pathways is static at3.2% and non elective at 6.4 bed days. Theatre utilisation has deteriorated slightly to 80% from 82%. The number of non-clinical cancellations is 1.1%.	Beds Patient flow continues to be severely compromised due to low discharge profile across all sites. Patients admitted as an emergency may be delayed in ED awaiting transfer to a ward, which results in a poor patient experience and compromises the achievement of the Emergency Access Standard. Escalation is in place at CEO level across the health economy. The number of patients discharged before noon has remained static at 19%. Bed occupancy has remained static at 93%. Demand and Capacity To manage an increasing demand in referrals which are above plan. Productivity To maximise theatre capacity and to increase productivity by improving on Theatre on start times. To improve length of stay by reducing internal and external delays.	M A M J Jul	 Lee Martin

Responsive	4 hour Emergency Access Standard. July performance was 84.61% which is static performance and achieved despite an additional 2,000 patients attending in July compared to June and a continued 7% increase in attendances to ED year to date. There have been no 12 Hour Trolley Waits. RTT Performance has improved to 82.46% against a trajectory of 80.00%. The Waiting list has decreased from 46,289 to 45,292 and the backlog has also improved by decreasing from 8307 to 7946. The number of patients waiting over 52 weeks for first treatment is 2. This is a significant achievement since April 2018 when there were 222 patients waiting. DM01 The standard is compliant at 99.42% . Cancer July performance for 62 day treatments has improved from 72.94% to 82.80%, validation continues until the beginning of September in line with the national timetable. 31 day performance is compliant across all standards. 2ww performance has been achieved at 98.02% against a performance standard of 93%.	4 hour Emergency Access Standard To reduce the number of ED breaches due to bed availability and overnight ED breaches due to high volumes of patients attending in the evening. To recruit to ED medical and nursing vacancy, particularly at QEQMH and reduce the dependency on agency locums. To resolve and reduce the number of internal delays and reduce the number of patients delayed in hospital over 7days (stranded) and 21 days (super stranded) who require a supportive discharge. RTT To maximise out patient capacity and identify substantive capacity to meet increased demand in specific specialities. CANCER To manage the increase in referrals and identify sufficient capacity to enable the first appointment to be within 7 days. To reduce any delays in a patients pathway once they have been referred on to a tertiary centre for on going assessment or treatment. To minimise delays relating to diagnostic pathways and manage the increase in primary care referrals for MRI. DM01 Maintaining excellent performance consistently across all diagnostic modalities.	M A M J Jul	 Lee Martin

Safe	Infection prevention and control have had a good month. Year to date we have had no MRSA bacteraemias and the MSSA rate is below average for the South of England. The C. difficile count is within our DH trajectory. The falls rate of 4.91/1000 bed days is the lowest its been in the last 12 months and is also well below the national falls rate.	There has been a rise in category 2 pressure ulcers reported and chiefly driven by this our rate of harm free care (new harms) has slipped compared to recent good performance. There has also been an increase in recording of pressure ulcers at time of admission and this too is the chief driver for a slight fall in harm free care (all harms). Despite good performance in VTE assessment recording in some care groups this is not achieved in all care groups and the overall Trust performance in this has plateaued at 94%, just beneath the 95% threshold.	M A M J Jul	 Paul Stevens
Well Led	The Trust generated a consolidated deficit in month of £1.8m which was £0.1m better than the planned position. This brought the year-to-date (YTD) position to a £12.5m deficit which was £0.4m better than plan. Within this position the Trust has delivered £6.7m of CIP year-to-date which was £0.7m higher than the target. 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. 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. Total cash borrowed increased to £101m which will require paying back when the Trust is delivering a surplus.	M A M J Jul	 Susan Acott
Workforce	The availability of workforce continues to improve with a further reduction the vacancy rate. This should also be set in the context of a modest increase in establishment overall which increase the capacity for service delivery. The number of shifts being filled on both days and nights has steadily increased throughout the month. A corresponding reduction in worked overtime has had a positive financial impact and supports the financial strategy in this regard. We have experienced a continuing reduction in the overall time to hire which reflects the efficiencies introduced to our recruitment procedures.	Sickness absence continues to be the target of HR intervention and support with revised policies and toolkits developed for managers to use. It is proposed that the Bradford score is introduced which will be subject to consultation with the unions at the next staff committee. Recent review of appraisal rates with care groups has revealed a number than have been completed but have yet to be uploaded. The compliance rate is expected to improve within the next reporting period.	M A M J Jul	 Andrea Ashman

East Kent Hospitals University NHS Foundation Trust

Caring

		Mar	Apr	May	Jun	Jul	Green	Weight
Patient Experience	Mixed Sex Breaches	8	3	0	0	4	>= 0 & <1	10 %
	Number of Complaints	77	79	68	79	77		
	AE Mental Health Referrals	87	98	75	44	61		
	IP FFT: Recommend (%)	97	96	96	97	96	>= 95	30 %
	IP FFT: Not Recommend (%)	1.2	1.5	1.8	0.9	1.8	>= 0 & <2	30 %
	IP Survey: Overall, did you get the care	46.7	42.9	45.5	45.8	44.4		
	Complaint Response in Timescales %	95.5	89.1	84.9	75.0	83.3	>= 85	15 %
	Compliments	1890	2946	2553	3758	3510	>= 1	

East Kent Hospitals University NHS Foundation Trust

Effective

		Mar	Apr	May	Jun	Jul	Green	Weight
Beds	DToCs (Average per Day)	76	97	94	85	70	>= 0 & <35	30 %
	Bed Occupancy (%)	95	95	95	93	93	>= 0 & <92	60 %
	IP - Discharges Before Midday (%)	17	19	19	18	19	>= 35	10 %
	IP Spells with 3+ Ward Moves	509	469	510	482	553		
Clinical Outcomes	FNoF (36h) (%)	61	72	60	60		>= 85	5 %
	Readmissions: EL dis. 30d (12M%)	3.8	4.1	4.2	4.0	3.8	>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	16.1	16.7	17.8	17.0	16.0	>= 0 & <15	15 %
	Audit of WHO Checklist %	99	100	96	100	100	>= 99	10 %
	4hr % Compliance from Presentation to Stroke Ward				37	41		
Demand vs Capacity	DNA Rate: New %	7.5	7.6	7.7	7.9	8.1	>= 0 & <7	
	DNA Rate: Fup %	8.5	8.9	9.1	11.3	9.6	>= 0 & <7	
	New:FUp Ratio (1:#)	2.2	2.1	2.1	2.1	2.1	>= 0 & <7	
Productivity	LoS: Elective (Days)	3.3	2.9	3.2	3.2	3.3		
	LoS: Non-Elective (Days)	6.3	6.6	6.5	6.6	6.4		
	Theatres: Session Utilisation (%)	81	81	80	82	80	>= 85	25 %
	Theatres: On Time Start (% 15min)	42	46	43	41	43	>= 90	10 %
	Non-Clinical Cancellations (%)	1.4	1.4	1.2	0.9	1.1	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	17	10	10	11	6	>= 0 & <5	10 %

NHS
East Kent Hospitals University
NHS Foundation Trust

Responsive

		Mar	Apr	May	Jun	Jul	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	81.53	80.54	84.26	84.65	84.61	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	78.23	77.13	81.22	81.40	81.35	>= 95	1 %
Cancer	Cancer: 2ww (All) %	97.87	97.72	96.53	96.16	98.02	>= 93	10 %
	Cancer: 2ww (Breast) %	92.76	93.64	93.81	86.32	96.27	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	96.06	97.54	95.72	92.83	97.66	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	94.74	84.91	94.12	91.07	100.00	>= 94	5 %
	Cancer: 31d (Drug) %	100.00	100.00	99.18	99.07	100.00	>= 98	5 %
	Cancer: 62d (GP Ref) %	81.56	79.13	80.18	72.94	82.80	>= 85	50 %
	Cancer: 62d (Screening Ref) %	82.61	100.00	91.89	73.33	97.14	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	76.47	80.00	85.71	72.00	73.91	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.59	99.29	99.45	99.60	99.42	>= 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 (%)	80.03	79.15	80.66	82.06	82.46	>= 92	100 %
	RTT: 52 Week Waits (Number)	8	3	4	3	2	>= 0	

East Kent Hospitals University NHS Foundation Trust

Safe

		Mar	Apr	May	Jun	Jul	Green	Weight
Incidents	Clinical Incidents: Total (#)	1,475	1,604	1,579	1,384	1,535		
	Serious Incidents (STEIS)	11	11	14	14	14		
	Harm Free Care: New Harms (%)	99.1	99.6	99.3	99.0	98.3	>= 98	20 %
	Falls (per 1,000 bed days)	5.15	5.96	5.29	5.44	4.84	>= 0 & <5	20 %
Infection	Cases of C.Diff (Cumulative)	42	8	16	25	31	<= Traj	40 %
	Cases of MRSA (per month)	0	0	0	0	0	>= 0 & <1	40 %
Mortality	HSMR (Index)	95.1	94.7	95.1			>= 0 & <90	35 %
	Crude Mortality NEL (per 1,000)	26.4	28.0	28.5	23.5	24.3	>= 0 & <27.1	10 %
Observations	VTE: Risk Assessment %	93.1	94.1	93.8	94.5	94.2	>= 95	20 %

East Kent Hospitals University NHS Foundation Trust

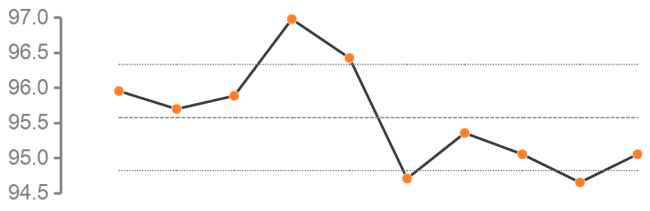
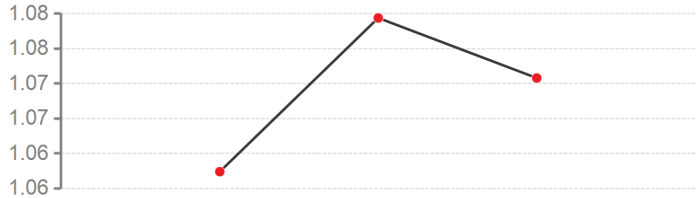
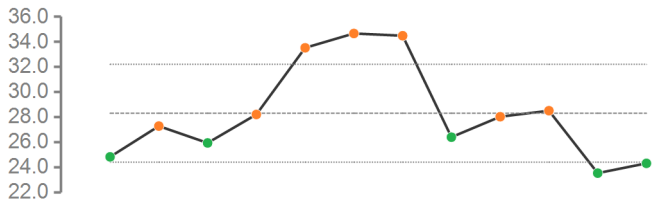
Well Led

		Mar	Apr	May	Jun	Jul	Green	Weight
Data Quality & Assurance	Uncoded Spells %	0.6	0.4	0.5	0.3	1.0	>= 0 & <0.25	25 %
Finance	Forecast £m	-42.1	-36.6	-36.6	-36.6	-36.6	>= Plan	10 %
	Cash Balance £m (Trust Only)	18.7	21.6	18.8	7.4	7.5	>= 5	20 %
	I&E £m (Trust Only)	-2.9	-4.9	-3.2	-2.4	-1.7	>= Plan	30 %
Health & Safety	RIDDOR Reports (Number)	4	1	4	0	0	>= 0 & <3	20 %
Staffing	Agency %	9.3	7.5	7.3	7.4	7.3	>= 0 & <10	
	Bank Filled Hours vs Total Agency Hours	61	65	68	71	71		1 %
	Shifts Filled - Day (%)	96	100	99	101	101	>= 80	15 %
	Shifts Filled - Night (%)	106	107	105	107	107	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	12	12	11	11	11		
	Staff Turnover (%)	14.5	14.2	14.2	14.3	12.5	>= 0 & <10	15 %
	Vacancy (Monthly) %	9.8	8.7	9.3	9.5	9.0	>= 0 & <10	15 %
	Sickness (Monthly) %	4.2	4.1	3.6	3.5	4.4	>= 3.3 & <3.7	10 %
Training	Appraisal Rate (%)	80.4	80.7	77.2	71.8	74.5	>= 85	50 %
	Statutory Training (%)	94	95	95	95	95	>= 85	50 %

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Mortality

Jul	HSMR (Index)	95.6 (1.5%)		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.
Jul	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."
Jul	Crude Mortality NEL (per 1,000)	28.2 (11.2%)		"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:

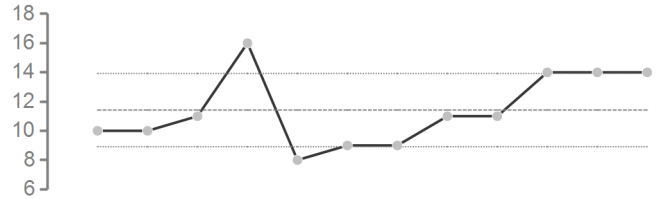
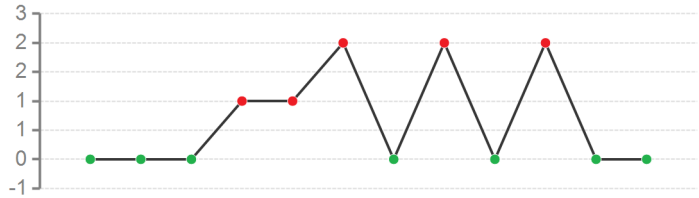
Crude mortality and HSMR continue to exhibit their seasonal variation, the difference between our crude mortality and our peers has not changed over the last 5 years. Although our HSMR remains below 100 it is in the 50th to 75th quartile in comparison to peers. Interpretation is still hampered by depth of coding and by palliative care coding.

Depth of coding is changing but this will take a couple of months to come through in the adjusted mortality figures. Our Trust depth of coding from our CHKS data indicates that in the latest month's data we are close to peer. There continues to be a difference in palliative care coding. Palliative care coding has an impact on HSMR but not on RAMI or SHMI. Depth of coding affects all 3 mortality indices. Enquiry with our peers indicates that they all use the code Z515 as their code encompassing all palliative care whilst we only use this code if a member of the palliative care team's involvement has been clearly documented in a patient's notes. Where such involvement is not documented with use the code Z518. This is an important distinction because adjustment of HSMR is for Z515, not for Z518.

Additional action: clear description of palliative care definitions for all clinical areas to be circulated. Coding "Z515" that stands for "palliative care" is a part of ICD-10; however, it is still used sparingly even though the number of patients who need palliative care is increasing. If it is documented that a patient is receiving specialised palliative care during the current hospital spell, and it is clearly documented in the medical record as specialised palliative care, then the appropriate code is Z515, regardless of which member of the team has provided the specialised palliative care, or when the specialised palliative care package was started. This appears to be the key difference between us and our peers, for us Z515 is applied to around 18% of our finished consultant episodes (FCEs) as opposed to 34% in our peers, Z518 is applied to around 28% of our FCEs as opposed to 16% in our peers.

Strategic Theme: Patient Safety

Serious Incidents

Jul	Serious Incidents (STEIS)	137 (65.1%)		"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."
Jul	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 July 2019, 14 new Serious Incidents (SIs) were reported and 23 SIs closed (this includes four SIs that were downgraded).

At the end of July 2019 there were 84 SIs open, of which 12 were breaching, 6 non-closure responses were required and 26 were awaiting a closure decision by the CCGs. The remaining 40 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.

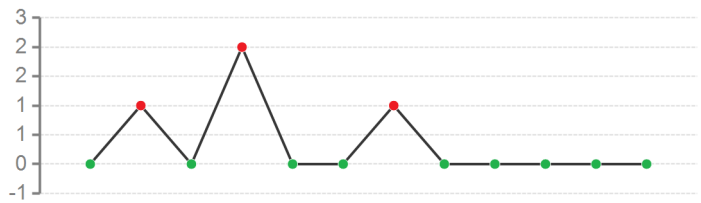
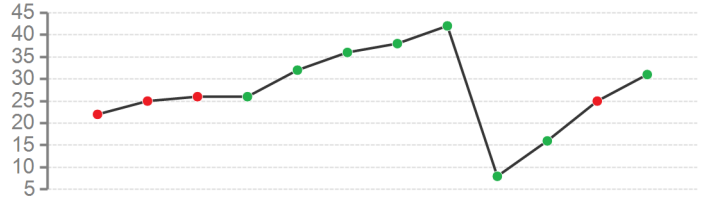
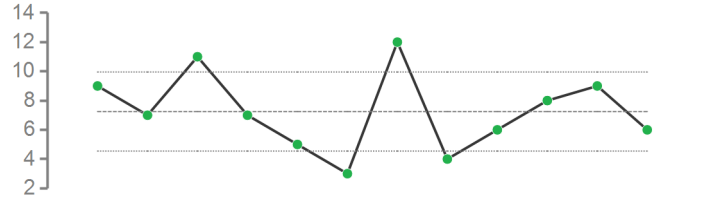
Practical support is provided by the Corporate Patient Safety team to investigation teams to improve the quality of investigations and reduce delays where possible.

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

Jul	Cases of MRSA (per month)	4 (-33.3%)		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.
Jul	Cases of C.Diff (Cumulative)	31 (24.0%)		"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."
Jul	E. Coli	87 (13.0%)		"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."

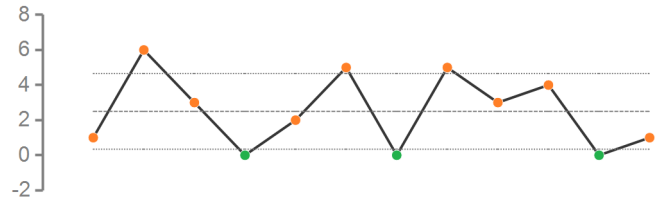
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Jul

MSSA

30
(-11.8%)



"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 identified48 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 preceding4 weeks. This means that comparative data is absent and that any colour coding is rendered inaccurate.
This financial year to date there have been 31 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.

MSSA
Our MSSA bacteraemia rate year to date is 2.66/100,000 bed days, the average across the South of England is 3.65, range 1.31-10.07/100,000 bed days.

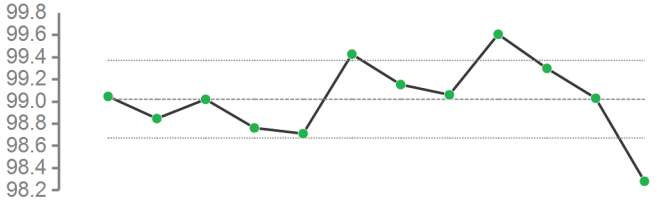
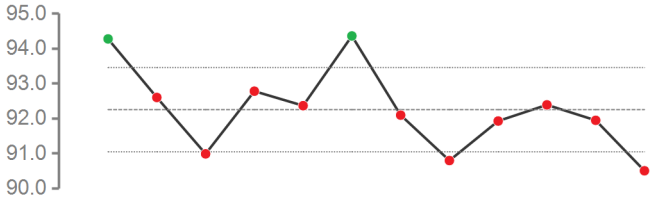
E.coli
The rate of hospital onset E.coli bacteraemia is currently 10.6/100,000 occupied bed days, in comparison the range across the South is 3.65-14.17 per 100,000 occupied bed days with a mean of 8.86.
For community onset E.coli bacteraemias our East Kent rate is currently53.7, the range across the South is 21.9-81.9 with a mean of 46.2/100,000 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.

NHS
East Kent Hospitals University
NHS Foundation Trust

Strategic Theme: Patient Safety

Harm Free Care

Jul	Harm Free Care: New Harms (%)	99.0 (0.6%)		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.
Jul	Harm Free Care:All Harms (%)	92.2 (0.7%)		"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 July19 (90.51%) shows slight fall since last month (91.95%) and remains below national average (93.97%).

A review of HFC - All Harms demonstrated that there was a rise in patients who acquired PUs Cat 2 whilst in our care. A theme emerged showing a particular ward; Kings D Female/Male patients, which had acquired the majority of Cat 2 PU's, this has been investigated and will continue to be reviewed. A marked improvement100% is shown in Urgent and Emergency Care (97.83% June-19).

Actions include:

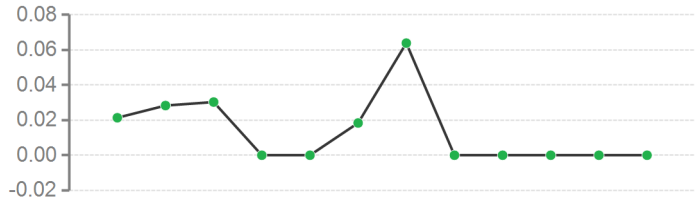
- Work with representative of getting to good group to maximise pressure ulcer prevention actions. Increased availability of site based training raising awareness of the correct use of incontinence sheets/pads, equipment processes and pressure ulcer prevention strategies.
- All patients who acquired PE's whilst in our care in July continue to be investigated to ensure VTE prevention was followed.
- Deep dive to review QEQM fall incidents, identify and address themes - Focus on FallStop programme.
- IPC review of National catheter pathway paperwork/passport completed. Six wards to implement the updated National catheter pathway paperwork/passport in September.

Harm Free Care experienced in our care (New Harms only) at 98.28% remains lower to last month (99.30% June-19). New VTE's (0.91) are higher than the national average for Acute Hospitals (0.67). The prevalence of 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

Jul	Pressure Ulcers Cat 3/4 (per 1,000)	0.02 (325.0%)		"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."

Highlights and Actions:

July 2019

- There were a total of 44 category 2 and above reported, an increase of 7 from June 2019.
- Twenty five of these were category 2 ulcers, a decrease of 1. The rate has decreased from June 2019 (0.758/1000 bed days in June 0.705/1000 bed days in July).
- There were 2 confirmed category 3 pressure ulcers, equal to last month. 1 was a confirmed category 4 but this had been a category 2 on admission and the patient was known to have been on the floor prior to admission, an RCA is underway. There was an increase in rate compared to June2019 (0.058 in June 2019 0.085/100 bed days in July). Neither of Category 3 pressure ulcers were considered moderate harm.
- Eleven potential deep ulcers were reported (6 more than last month). 8 were potential deep tissue injury and 3 were unstageable ulcers. Although unstageble ulcers equalled last month the bed day rate decreased slightly (0.088/100 in June compared to 0.085/100 bed days in July). None were deemed moderate risk an improvement on last month.
- 28 reported incidents were due to Moisture Associated Skin Damage an increase of 11 from June 2019.
- There were 6 medical device related pressure ulcers. All low risk incidents. An unstageable ulcer occurred under a sling and there was a confirmed category3 ulcer on the patella from a cast.

Actions:

- TVNs attended cluster meeting at WHH to highlight risks and discuss equipment issues
- ED teaching commenced at WHH
- Site based study day held on all acute sites
- Ultra low bed and chair cushion show case took place to help improve availability of vital equipment
- Community teaching to raise awareness of pressure ulcer prevention

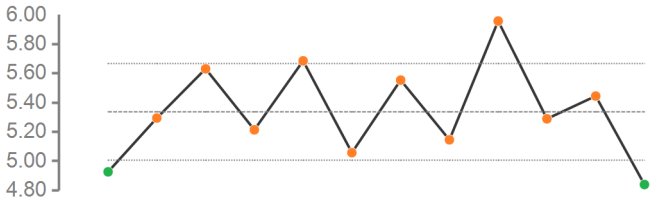
Recommendations:

- Work with representative of getting to good group to maximise pressure ulcer prevention actions.
- Work with Pressure Ulcer Steering group to review SOP for medical device related pressure ulcers.
- Reintroduce pressure ulcer panels to ensure that ALL RCA action plans are robust and effective.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Falls

Jul	Falls (per 1,000 bed days)	5.33 (-2.1%)		"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 in July. There were a total of166 patient falls compared with 180 in June 2019. There were 43 at K&CH, with the highest numbers on Mount/McMaster (11 falls, 1 patient fell 4 times and 1 patient fell twice), Kent (7) and Harbledown (7)/ There were 54 at QEQMH with the highest number on St Margaret's (7). There were 69 at WHH with the highest numbers on Kings C2 (9 falls, 1 patient fell twice) and Oxford (7 falls, 1 patient fell 4 times and 1 patient fell twice).

A fall in the Observational ward at QEQMH resulted in an avoidable hip fracture and another in the Observational ward at WHH resulted in a serious head injury. Rapid targeted interventions are ongoing and FallStop bespoke training has been planned and is underway. Both falls are being fully investigated with RCAs.

Within this overall figure there has been a decrease on the WHH and KCH sites and an increase at QEQM.

Consistent with previous months, the care groups which report the greater number of incidents are Urgent and Emergency care (n=31 which represents 22.65 per 1000 bed days) and General and Specialist Medicine (n= 85 which represents 5.10 per 1000 beds days). Overall this represents an similar position to that reported in June 2019 (5.17 compared with 5.18 per 1000 bed days in July and May respectively).

High impact actions:

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

• 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). Data is now being shared with nominated wards (3 per site per month) with the Falls Team supporting and carrying out Post Fall audits. Wards will be expected to present their own data and actions in future.

• Monthly band 7 meetings are being planned to share data, challenge and action plans.

• 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.

• Continued focus on FallStop programme with additional support for the Observational bays at WHH and QEQMH.

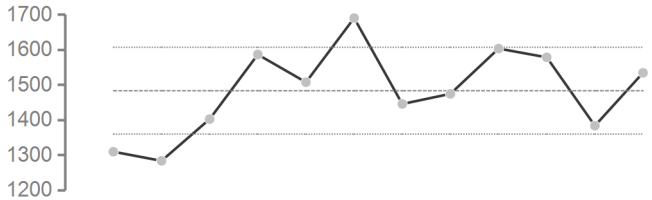
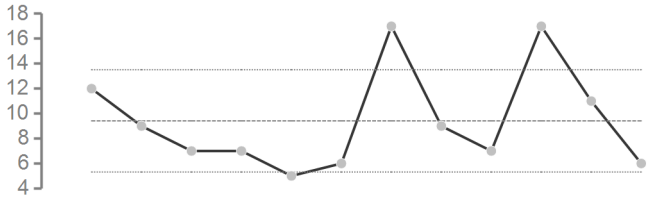
Risks:

The Falls Team have highlighted risks relating to the achievement of the CQUIN and Trust target to reduce the rate of falls, due to the lack of staff 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 and target. This has currently been declined by the General and Specialist Medicine Care Group. The service is undergoing a full review.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Incidents

Jul	Clinical Incidents: Total (#)	17,806 (7.1%)		"Number of Total Clinical Incidents reported, recorded on Datix.
Jul	Blood Transfusion Incidents	113 (-15.0%)		"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."

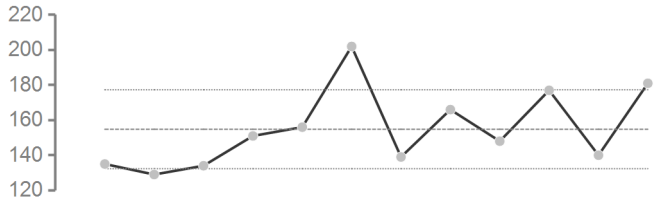
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Jul

Medicines Mgmt. Incidents

1,858 (5.2%)



"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 1526 clinical incidents have been logged as occurring in Jul-19 compared with 1379 recorded for Jun-19 and 1505 in Jul-18.
In Jul-19, 14 incidents have been reported on StEIS. Seven serious near miss incidents have been reported. Comparison of moderate harm incidents reported: 24 in Jul-19 and 9 in Jun-19, and 9 in Jul-18.
Over the last 12 months incident reporting is increasing at K&CH, WHH and QEQM.

Medicine Management – July 2019

As of 16/08/2019 the total number of medication related incidents reported in July 2019 was 189. These included 134 no harm, 53 low harm and 2 moderate harm incident. The severity of medication related incidents reported in July 2019 shows that 70.9% of medication related incidents reported were no harm incidents. There have been to severe harm incidents and no death incidents in 2019. There was no medication related incident reported in July 2019 that required RCA investigation or incidents sTEIS reported.
The themes from incidents reported include over prescribing of opiates, missed doses of critical medicines and patients not being prescribed critical medicines in the Emergency Departments and Acute Medical Units.
The data produced by the Medication Safety Thermometer in July 2019 was taken from 25 wards across the sites, and has shown that the percentage of patients with an omitted dose of medication was 19.4% (National 11.2%) and the percentage of patients with a missed critical medicine was 8.8% (National 6.3%) in June. 60.2% of all the missed doses were blank spaces in drug charts.

Blood transfusion (submitted by the Blood Transfusion Coordinator)

There were 6 blood transfusion related incidents in July 2019 (9 in June 2019 and 5 in July 2018). Of the 6 incidents 3 were graded as no harm and 3 as low harm.

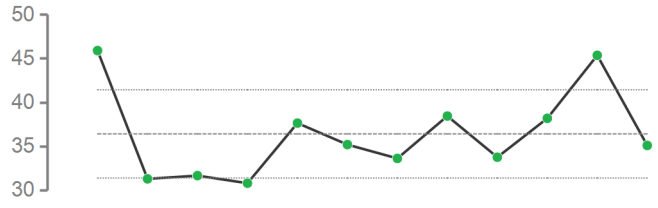
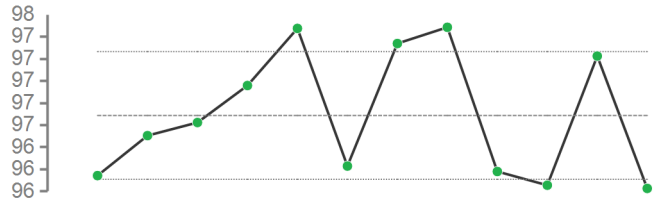
Two of the incidents fell in the category 'delay in provision of component/product' one of these incidents was the failure to administer anti D within the 72 hour window. The other was the delay of blood products for a patient in theatre. This was multifactorial, the initial sample was incorrectly labelled so was rejected, platelets had not been pre ordered and had to be obtained from another site. No harm came to the patient.

Of the other incidents one was a query allergic reaction, however upon medical review it was decided the reaction was due to the clinical condition of the patient and not the blood transfusion.

Reporting by site: at 3 QEQM, 2 WHH and 1 at K&CH

Strategic Theme: Patient Safety

Friends & Family Test

Jul	IP FFT: Response Rate (%)	36 (4.8%) ↑		"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."
Jul	IP FFT: Recommend (%)	97 (-0.2%) ↓		

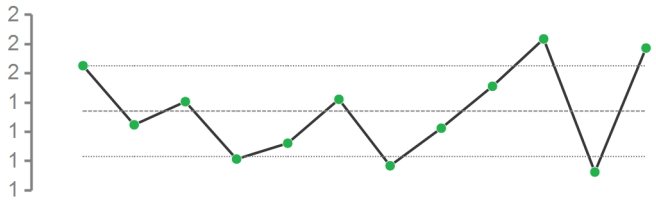
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Jul

IP FFT: Not Recommend (%)

1.3 (-3.4%)



"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:

The Trust star rating in July is 4.52 (4.56 June-19) and a total of 5692 responses were received.
Overall response rates fell across inpatients, ED, maternity and day cases.

Response Rates %

	June	July
ED	16.95%	16.09%
Inpatients	45.39%	35.11%
Maternity	25.92%	16.42%
Day Cases	28.15%	25.04%

90.06% of responders would recommend us to their friends and family and 6.14% would not. Recommendations by patients improved in maternity and outpatients, fell in inpatients, ED's and daycases.

FFT Recommendations

	June	July
ED	82.18%	80.87%
Inpatients	97.23%	96.03%
Maternity	98.57%	100%
Day Cases	95.25%	94.47%
Outpatients	92.22%	92.46%

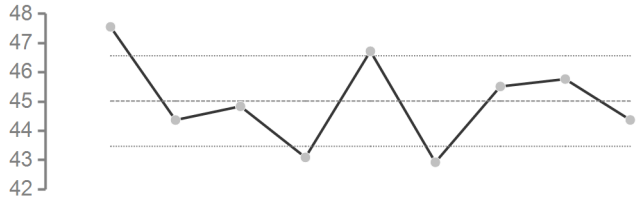
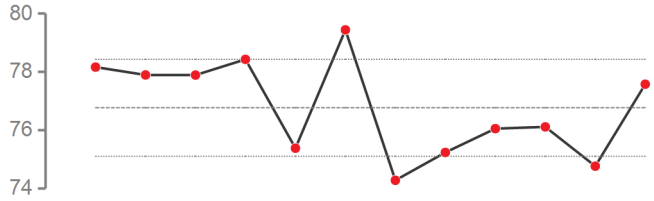
Care, Staff attitude and Implementation of care are the three top positive themes for July-19. The three top negative themes for the trust were Care, Staff Attitude and waiting times demonstrating the importance of good patient communication with a positive staff attitude and improving patient waiting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

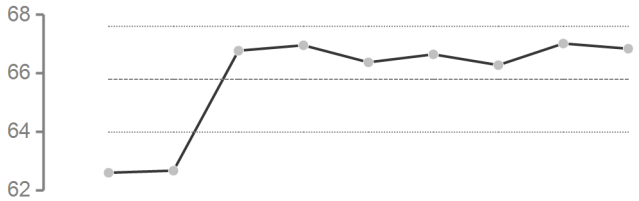
Strategic Theme: Patient Safety

Patient Experience 1

Jul	IP Survey: Overall, did you get the care that matters to you?	44.8		Inpatient Survey: Patients views on if they got the overall care that mattered to them as a %
Jul	IP Survey: Are you aware of nurse in charge of you each shift? (%)	77 (-3.0%)		IP Survey: Are you aware of nurse in charge of your care each shift? (%)

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Jul	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 863 completed inpatient surveys.

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.
- ensuring that patients received enough help from staff to eat their meals.

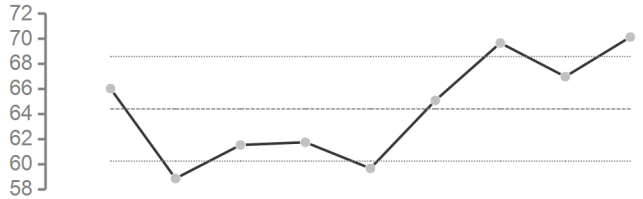
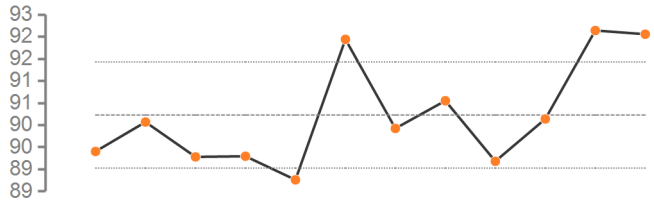
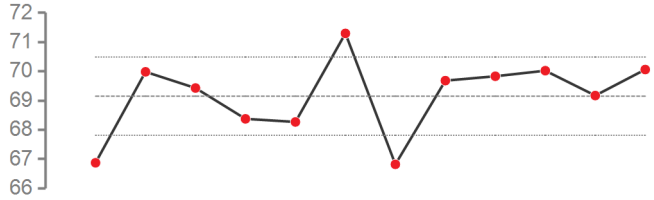
This month improvement is seen in two out of four of these important elements of patient experience.

- ensuring patients are aware of which nurse is in charge of their care.
- ensuring that patients received enough help from staff to eat their meals

Following the recent publication of the 2018 CQC national inpatient survey some improvement has been shown across all four of these indicators of patient experience. A detailed action plan has been developed and progressed to achieve improvement priorities and new questions will be added into the inpatient survey in August 2019.

Strategic Theme: Patient Safety

Patient Experience 2

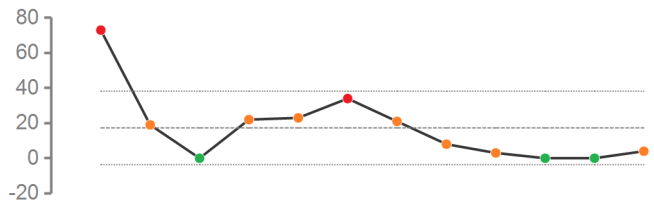
Jul	IP Survey: Help from Staff to Eat Meals (%)	65		Responses taken from the Inpatient Survey. Question: "Did you get enough help from staff to eat your meals?"
Jul	Cleanliness %	90 (-0.5%)		Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room 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.
Jul	Hospital Food? %	69 (-0.1%)		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 inpatient wards within the trust continue to report their performance (against the patient experience metrics) through the inpatient survey this month

Strategic Theme: Patient Safety

Mixed Sex

Jul	Mixed Sex Breaches	207 (-84.1%)		"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:

Mixed Sex Breaches
There were 12 mixed sex accommodation occurrences in total, affecting 104 patients.

Unjustifiable Breaches
Incidence of mixed sex accommodation breaches has increased with 4 unjustified breeches affecting 4 patients, within the WHH AMU B linked to flow.

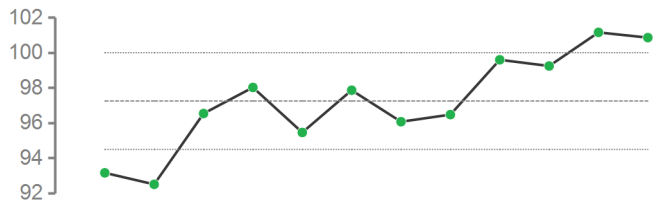
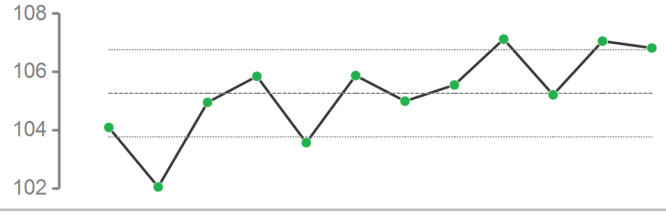
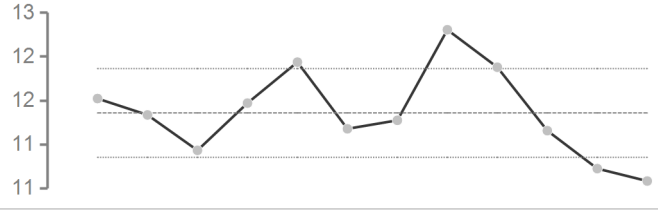
Justifiable Breaches
The remaining incidents occurred in WHH CCU (6), QEQM Fordwich (3) and K&C ITU (1), which were justifiable based on clinical need. This information has been reported to NHS England.

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

Jul	Shifts Filled - Day (%)	97 (-1.3%)		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.
Jul	Shifts Filled - Night (%)	105 (-1.1%)		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.
Jul	Care Hours Per Patient Day (CHPPD)	11 (-1.0%)		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.

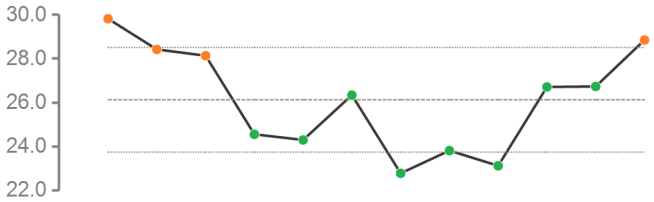
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Jul

Midwife:Birth Ratio (%)

26.1
(-7.4%)



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 of103.1% compared to 103.4% in June-19.

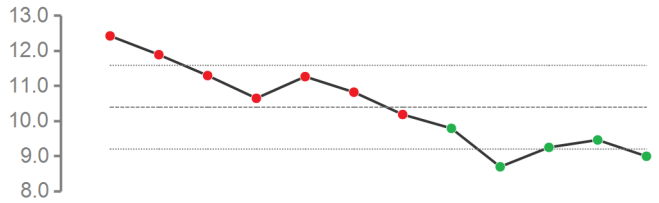
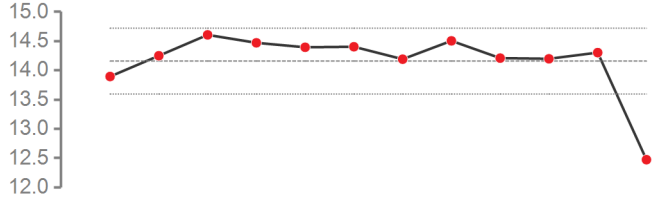
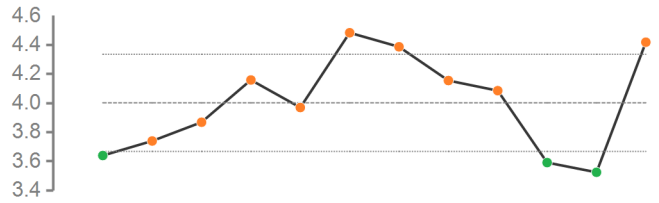
Care Hours per patient day (CHPPD) relates actual staffing to patient numbers and includes registered staff and care staff hours against the cumulative total of patients on the ward at 23.59hrs each day during the month. CHPPD is similar to June-19 and within the control limits. The range is from around 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

Jul	Vacancy (Monthly) %	10.4 (-11.2%)		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."
Jul	Staff Turnover (%)	14.2 (3.6%)		"% 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."
Jul	Sickness (Monthly) %	4.0 (3.8%)		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

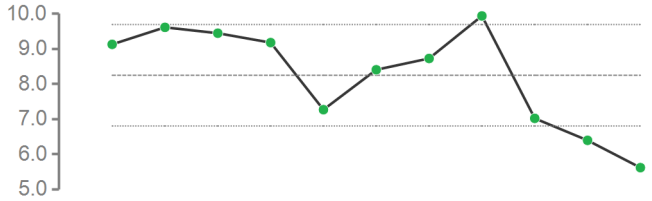
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Jul

Overtime %

8.2
(-7.9%)



% of Employee's that claim overtime.

Highlights and Actions:

Gaps and Overtime

The vacancy rate decreased to 10.4% (last month 10.6%) for the average of the last 12 months, which is an improvement on last month and last year. The monthly rate increased slightly to 8.58% (up from 8.37%). There are currently approximately 690 WTE vacancies across the Trust (670 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.

The Turnover rate, excluding Doctors in training, in month decreased to 11.8% (last month 11.9%), and the 12 month average decreased to 14.2% (14.4% 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 is highest in Clinical Support Services at 15.1%.

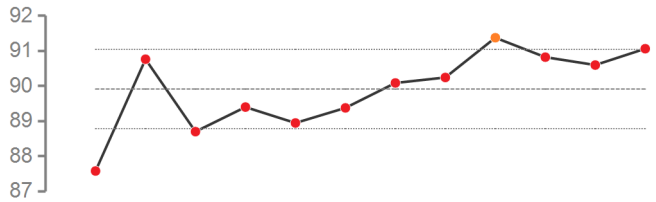
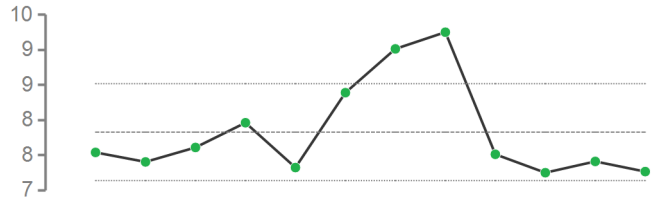
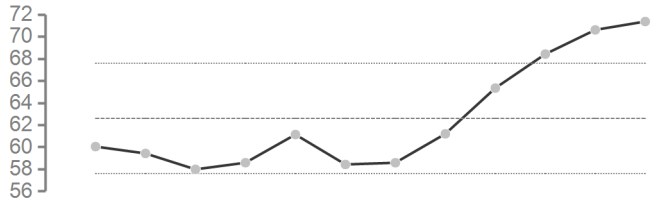
The in month sickness absence position for June was 3.52% - which is an decrease from 3.59% in May. The 12 month average decreased to 4.0%, although still shows an upward trajectory, and work is underway between the Employee Relations team and HRBPs to look into areas of high sickness absence to ensure all cases are being managed effectively. 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 6.5% to 5.5%, and is the lowest rate for the last 12 months. The average over the last 12 months decreased from 8.6% to 8.2%% last month, and shows downward 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

Jul	Employed vs Temporary Staff (%)	89.9 (1.6%)		"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."
Jul	Agency %	7.8 (16.4%)		% of temporary (Agency and Bank) staff of the total WTE
Jul	Bank Filled Hours vs Total Agency Hours	63 (9.9%)		% 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 June to 7388.43 (up from 7350.99 WTE in May), which left a vacancy factor of approx. 690 wte across the Trust.

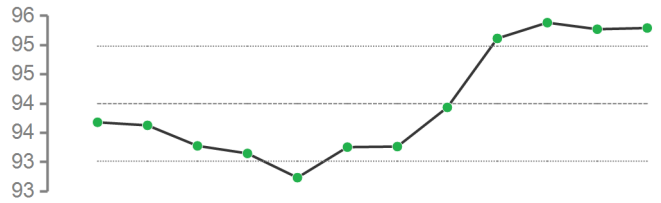
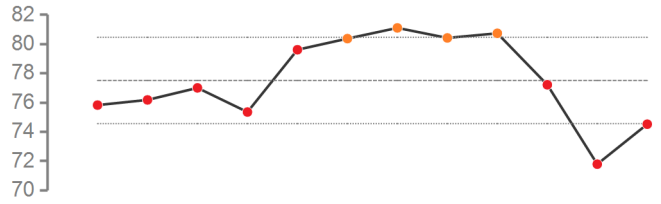
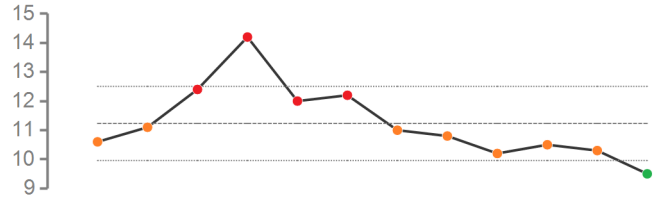
The average percentage of employed staff vs temporary staff over the last12 months increased to 89.9% (89.7% last month), and remains an improvement over the previous 12 months. As a result of this, the percentage of agency staff of the total WTE for the Trust decreased to approximately7%, from 8% in the previous month. This was also partly as a result of an ongoing 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

Jul	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. "
Jul	Appraisal Rate (%)	77.5 (-0.7%)		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.
Jul	Time to Recruit	11 (-20.2%)		"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 was 93% in month for July. 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 over 90% average compliance on statutory training.

The Trust staff average appraisal rate increased to 74% in month for July (74% in June). Surgery & Anaesthetics (87%) and Cancer Services (86%) are above the 85% target. 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, and the annual average remains on a downward trajectory. The Resourcing Team are on track to reduce time to recruit to below 8 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

Jul

	Jul-19				YTD				YTD vs Last Yr				
	Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green
Referral Primary Care	15,374	14,546	828	6%	61,616	59,734	1,882	3%	61,616	59,005	2,611	4%	<=0%
Referral Non-Primary Care	16,918	15,495	1,423	9%	64,289	60,248	4,041	7%	64,289	60,751	3,538	6%	<=0%
OP New	19,903	19,321	582	3%	74,415	69,670	4,745	7%	74,415	74,019	396	1%	>=0%
OP Follow Up	43,039	43,094	(-55)	0%	162,297	159,603	2,694	2%	162,297	163,609	(-1,312)	-1%	>=0%
Elective Daycase	6,755	6,357	398	6%	25,900	24,995	905	4%	25,900	26,051	(-151)	-1%	>=0%
Elective Inpatient	1,218	1,273	(-55)	-4%	4,618	5,101	(-483)	-9%	4,618	5,029	(-411)	-8%	>=0%
A&E	20,801	19,942	859	4%	79,136	74,303	4,833	7%	79,136	74,173	4,963	7%	>=0 & <5%
Non-Elective Inpatient	7,805	7,146	659	9%	30,325	28,156	2,169	8%	30,325	26,977	3,348	12%	>=0 & <5%
Chemotherapy	1,342	1,236	106	9%	5,238	4,927	311	6%	5,238	4,860	378	8%	>=0%
Critical Care	1,974	1,791	183	10%	7,189	7,342	(-153)	-2%	7,189	7,208	(-19)	0%	>=0%
Dialysis	7,539	6,899	640	9%	27,806	27,751	55	0%	27,806	27,166	640	2%	>=0%
Maternity Pathway	1,105	1,207	(-102)	-8%	4,441	4,560	(-119)	-3%	4,441	4,567	(-126)	-3%	>=0%
Pre-Op Assessments	2,967	3,682	(-715)	-19%	12,090	14,757	(-2,667)	-18%	12,090	13,988	(-1,898)	-14%	>=0%
Diagnostic	29,452	27,932	1,520	5%	1,467,732	1,430,703	37,029	3%	1,467,732	1,851,026	(-383,294)	-21%	<=0%
Other	5,034	5,096	(-62)	-1%	20,070	21,007	(-937)	-4%	20,070	20,329	(-259)	-1%	>=0%

East Kent Hospitals University NHS Foundation Trust

July 2019

Summary Performance

Elective Care

In July Primary Care referrals were 6% (+828) above planned levels generating a YTD variance of 3% above plan. Rapid Access referrals are slightly below planned levels YTD, however routine referrals generated a YTD variance of 4% (+2,120) above plan. Non Primary Care referrals are 7% above planned levels YTD.

The Trust achieved the outpatient New plan for the third consecutive month with appointments 3% above planned levels with the YTD variance remaining at +7%. YTD Underperformances were seen in Maxillo Facial (-351), Urology (-303), Ear, Nose and Throat (-296) and Gastroenterology (-292).

The Trust narrowly under-performed the follow up plan in July (-55) but remains above planned levels YTD (+2%). YTD underperformances were seen in Physiotherapy (-967), Ear, Nose and Throat (-714), Community Paediatric Neuro-Disability (-583) and Ophthalmology (-399)

Daycase admissions over achieved the plan and delivered for the third consecutive month generating a YTD performance 4% above plan (+905). Underperformances were seen in key elective specialties Maxillo Facial and Ophthalmology.

Elective Admissions are 9% (-483) behind the plan YTD with General Medicine (-267), Trauma and Orthopaedics (-209) and General Surgery (-105) 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

- To improve RTT knowledge and competency within operational managers.
- Backlog of patients in Ophthalmology.
- Administrative issues resulted in increased DNA in June 19.

Action and timescales

- Advanced and standard RTT training has been completed for over 100 managers in July.
- Ophthalmology Improvement plan, with monitored trajectory has reduced the backlog to 3373 at the end of July.
- DNA administrative issue has been resolved and resulted in improved performance in Follow Ups from 11.3% to 9.6%.

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

81.35%

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
4 Hour Compliance (EKHUFT Sites) %*	80.04%	77.15%	80.89%	81.74%	79.36%	74.20%	73.85%	78.23%	77.13%	81.22%	81.40%	81.35%
4 Hour Compliance (inc KCHFT MIUs)	83.52%	81.02%	83.88%	84.50%	82.25%	77.93%	77.56%	81.53%	80.54%	84.26%	84.65%	84.61%
12 Hour Trolley Waits	0	0	0	0	0	0	0	0	0	0	0	0
Left without being seen	2.44%	3.52%	3.09%	2.77%	3.03%	3.02%	3.56%	3.67%	4.03%	3.49%	3.83%	3.70%
Unplanned Reattenders	9.91%	10.23%	9.82%	9.56%	9.46%	9.59%	9.82%	9.83%	10.70%	9.98%	9.94%	9.54%
Time to initial assessment (15 mins)	91.4%	72.8%	71.4%	70.9%	65.0%	66.3%	66.3%	65.6%	66.9%	68.3%	69.2%	69.5%
% Time to Treatment (60 Mins)	48.1%	45.7%	50.7%	52.7%	48.7%	50.5%	47.9%	44.9%	44.0%	45.9%	45.0%	46.2%

2019/20 Trajectory (NHSI return)

-2.87 %

	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%	81.4%								

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

Summary Performance

July performance for the organisation against the 4 hour target was 81.35%; against the NHS Improvement trajectory of 84.2%. This represents a small reduction in performance compared to the previous month of 0.05% (from 81.40%), and an increase compared to the same month last year (79.18% in 2018). There were no 12 Hour

Trolley Waits in July. The proportion of patients who left the department without being seen was 3.7%. The unplanned re-attendance position remains high at 9.54%. Time to treatment within 60 minutes remained below 50% at 46.2% for the month

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
- 60 minute handover delays, particularly at WHH

Action

- ED streaming upon arrival to increase the number of patients streamed to the GP and minor injuries.
- National weekly >21 day Long Length of Stay Reviews implemented with Director and senior Clinician leadership. QEQMH have reduced the number of over 21 day patients by 50% in July. The number of internal delays have also reduced.
- Daily board round to focus on improving documented management plans and discharge planning.
- Director level site leadership and escalation to external providers for community capacity and care package issues.
- Ambulance handover delay Improvement plan implemented with monthly monitoring. Performance has improved in month with 38 breaches against a trajectory of 30, however there has been a significant improvement since April 19 when there were 150 breaches and June 19 when there were 96 breaches.

Timescale

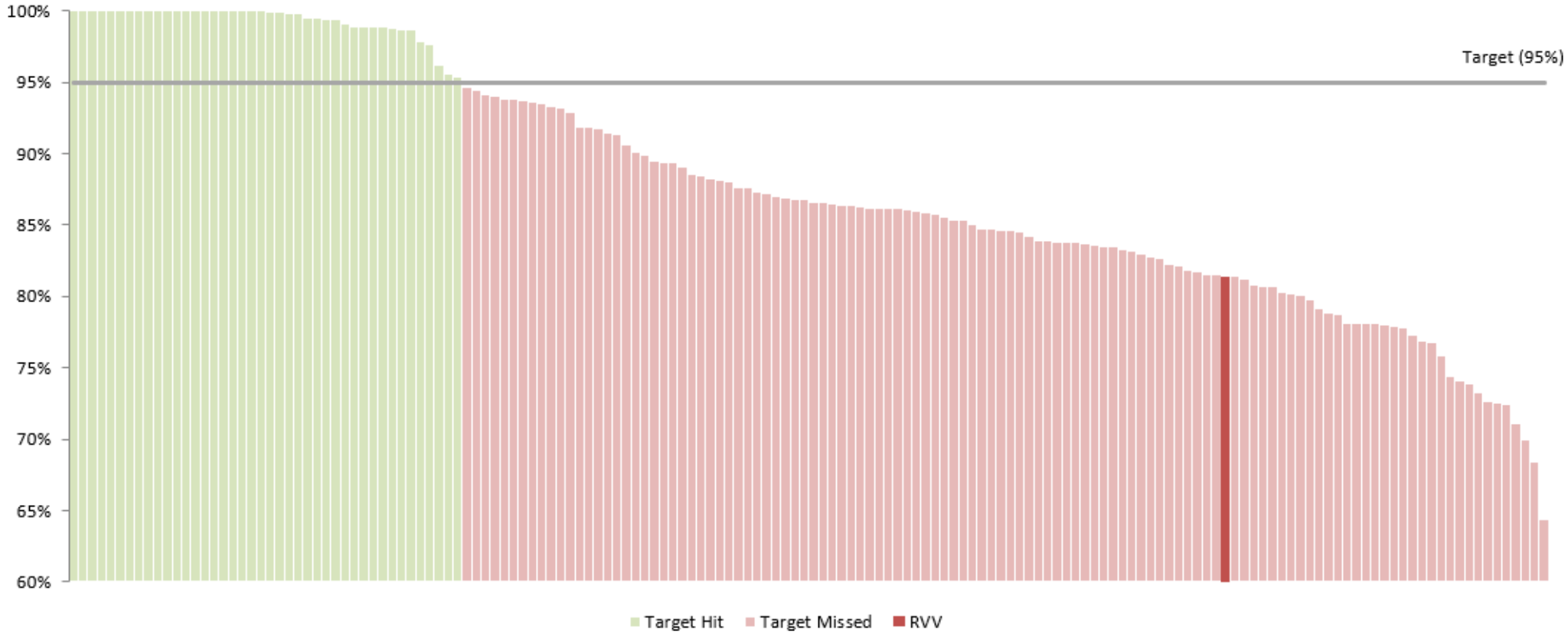
- All actions have been implemented and are being progressed on a daily basis to achieve sustained improvement.

East Kent Hospitals University
NHS Foundation Trust

July 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

82.80 %

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Green
62 Day Treatments	65.79%	68.84%	75.85%	70.95%	82.08%	68.21%	76.88%	81.56%	79.13%	80.18%	72.94%	82.80%	>=85%
>104 day breaches	24	12	9	4	8	10	8	7	10	6	3	7	0
Demand: 2ww Refs	3,100	2,874	3,483	3,308	2,656	3,414	3,230	3,317	3,208	3,435	3,206	3,676	3080 - 3404
2ww Compliance	93.64%	91.08%	83.43%	93.29%	96.73%	96.52%	98.31%	97.87%	97.72%	96.53%	96.16%	98.02%	>=93%
Symptomatic Breast	84.17%	94.39%	68.46%	83.33%	95.00%	97.22%	98.31%	92.76%	93.64%	93.81%	86.32%	96.27%	>=93%
31 Day First Treatment	95.41%	97.50%	97.40%	97.07%	97.66%	95.63%	97.73%	96.06%	97.54%	95.72%	92.83%	97.66%	>=96%
31 Day Subsequent Surgery	95.56%	96.00%	93.33%	100.00%	97.22%	97.78%	96.49%	94.74%	84.91%	94.12%	91.07%	100.00%	>=94%
31 Day Subsequent Drug	98.96%	97.75%	99.19%	98.06%	98.85%	98.28%	97.27%	100.00%	100.00%	99.18%	99.07%	100.00%	>=98%
62 Day Screening	93.94%	87.76%	87.50%	85.71%	87.50%	100.00%	76.92%	82.61%	100.00%	91.89%	73.33%	97.14%	>=90%
62 Day Upgrades	95.24%	72.73%	80.77%	90.00%	70.00%	84.00%	86.67%	76.47%	80.00%	85.71%	72.00%	73.91%	>=85%

2019/2020 Trajectory

-3.17 %

	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%	82.80%									Apr

Last updated: 14/08/2019 *Please note that the latest month will still be undergoing validation*

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

East Kent Hospitals University NHS Foundation Trust

62 Day Performance Breakdown by Tumour Site

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
01 - Breast	80.8%	89.2%	73.9%	72.4%	89.2%	67.4%	84.3%	86.0%	90.0%	76.7%	63.8%	81.5%
03 - Lung	72.3%	57.1%	52.2%	59.4%	93.5%	64.5%	81.8%	93.3%	58.3%	65.5%	76.5%	46.2%
04 - Haematological	13.3%	63.2%	50.0%	71.4%	75.0%	38.5%	33.3%	62.5%	72.7%	54.5%	80.0%	62.5%
06 - Upper GI	66.7%	59.1%	70.6%	64.7%	100.0%	61.1%	75.0%	60.9%	83.3%	69.4%	59.3%	83.3%
07 - Lower GI	75.0%	65.0%	84.8%	41.4%	57.1%	62.9%	73.8%	64.7%	61.5%	72.7%	53.3%	78.6%
08 - Skin	97.1%	100.0%	100.0%	91.7%	96.7%	94.9%	98.2%	100.0%	95.7%	98.1%	97.4%	97.0%
09 - Gynaecological	72.7%	84.0%	69.7%	100.0%	80.0%	80.0%	71.4%	76.5%	80.0%	78.6%	80.0%	93.8%
10 - Brain & CNS		100.0%										100.0%
11 - Urological	51.5%	52.1%	70.5%	67.8%	78.4%	64.8%	81.1%	76.2%	85.5%	87.5%	74.2%	91.0%
13 - Head & Neck	60.0%	56.3%	100.0%	50.0%	85.7%	52.4%	42.1%	92.6%	35.7%	33.3%	41.2%	44.4%
14 - Sarcoma			100.0%		100.0%	50.0%	50.0%		100.0%	0.0%	66.7%	
15 - Other	50.0%	66.7%	0.0%		33.3%	0.0%	40.0%	25.0%	0.0%	33.3%	33.3%	

East Kent Hospitals University NHS Foundation Trust

Summary Performance

July 62 day performance is currently 82.80% against the improvement trajectory of 85.96%, validation continues until the beginning of October in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 3,676 and there were 7 patients waiting 104 days or more for treatment or potential diagnosis.

Issue

- Increased number of referrals on 2ww pathways. Increase of 470 between June and July.
- Capacity for 2ww clinics (workforce and clinics)
- Delays in response from tertiary centres, particularly for Lung and UGI pathways and also oncology and Sabre.
- Internal delays for diagnostics are having an impact on pathways

Action

- Escalation to Commissioners and McMillan GPs regarding increases in referrals.
- Daily review of 2ww capacity with actions to identify out patient capacity to meet demand.
- CEO and COO escalation to partner trusts for delays from tertiary centres. Regular meeting in place between COO for oncology and Sabre delays.
- 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)
- Monthly COO meeting re Oncology capacity and Sabre (July 19)

East Kent Hospitals University NHS Foundation Trust

Over 104 day patients

There are 7 patients waiting 104 days and over for commencement of treatment for cancer as of 31st July 2019. This has increased by 5 since last month.

3 patients have a diagnosis of cancer, all have treatment plans in August following complex diagnostic pathways.

3 patients do not have a diagnosis of cancer, 1 patient has been referred to haematology following a complex diagnostic pathway and we are awaiting a decision from their MDM, 1 patient is due for treatment on 2nd August and 1 patient is awaiting an MDM discussion at Kings.

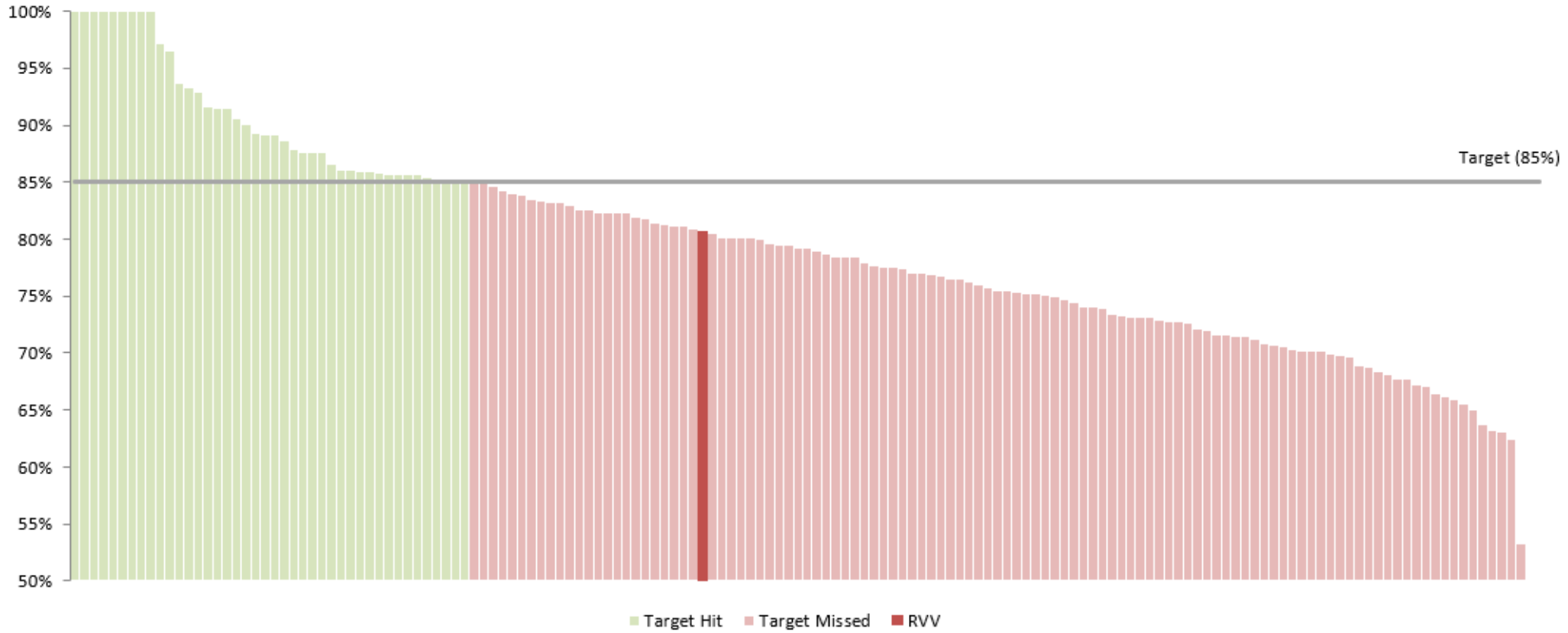
1 patient has been validated off as not having cancer since 31st July.

East Kent Hospitals University
NHS Foundation Trust

June 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



*National Data is reported one month in arrears

East Kent Hospitals University NHS Foundation Trust

18 Week Referral to Treatment Standard

Key Performance Indicators

82.46 %

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Green
Performance	79.06%	76.27%	74.89%	72.16%	72.42%	76.10%	77.89%	80.03%	79.15%	80.66%	82.06%	82.46%	>=92%
52w+	125	129	120	102	74	38	27	8	3	4	3	2	0
Waiting list Size	53,552	54,721	55,610	54,492	53,171	50,134	48,743	48,696	45,867	46,359	46,293	45,292	<38,938
Backlog Size	11,212	12,983	13,966	15,170	14,662	11,984	10,776	9,723	9,564	8,964	8,307	7,946	<2,178

2019/2020 Trajectory

2.46 %

	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%	82.46%									

2

	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	2									

The 18 week performance is above the agreed trajectory, with further reduction in 52 week wait patients (2) and maintenance of backlog size.

NHS
East Kent
Hospitals University
NHS Foundation Trust

Issue

- Long waiting patients: booking agreements are too long.
- Zero tolerance for 52 week patients.
- Challenged specialities have increased waiting times for dated and undated patients.
- 18 week compliance needs detailed management.

Actions and timescale

- Each 52 week patient has an appointment/admission plan in place.
- All specialities are working towards having a plan in place for every patient over 40 weeks.
- Bespoke improvement plans have been requested from challenged specialities
- Referrals have decreased and continued monitoring is in place.

Over 52 week patient breaches

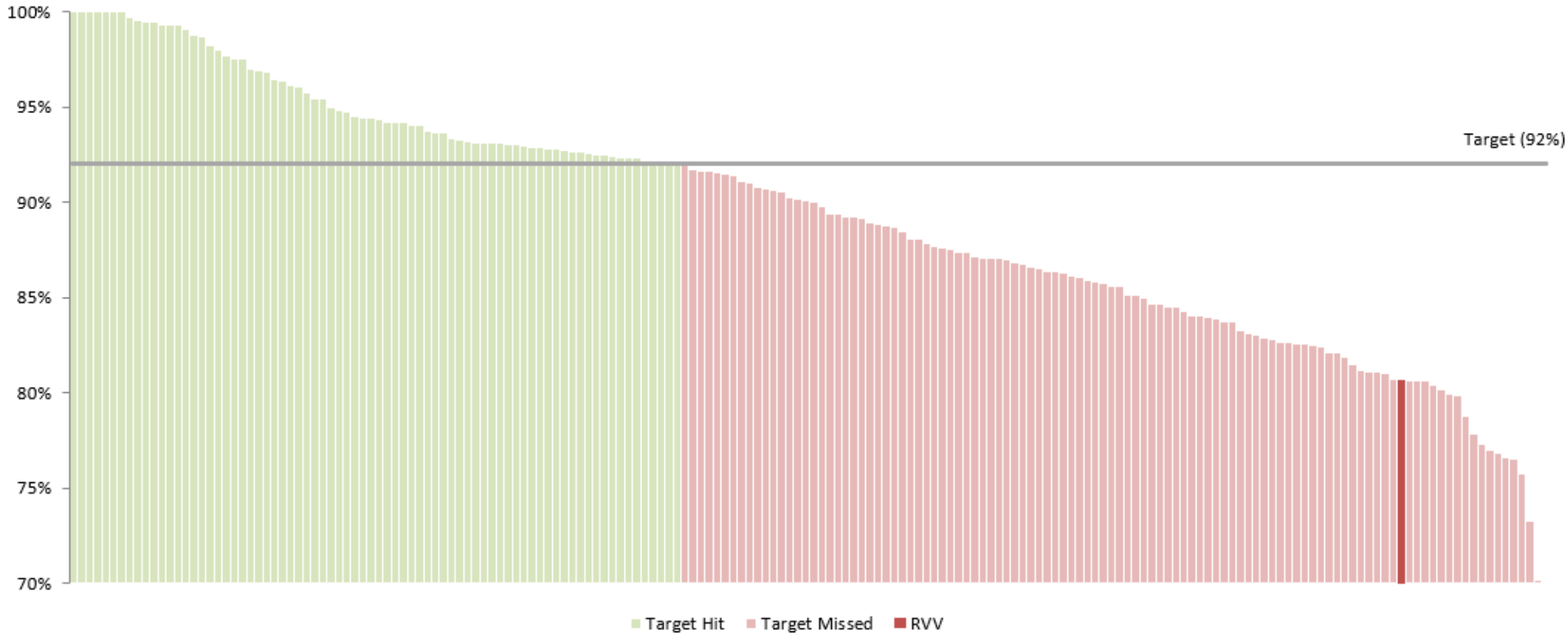
Patient 1 – Surgical patient who has a complex diagnostic test at a tertiary centre in London booked for August at the patients request. Upon receipt of the results a decision will be made as to the treatment plan. (Results have been received on 23/8/19)
Patient 2 - Due to an administrative error an incorrect clock stop was applied. This has now been corrected and the patient has now chosen a TCI date of the 22/8/19.

East Kent Hospitals University NHS Foundation Trust

June 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



*National Data is reported one month in arrears

East Kent Hospitals University NHS Foundation Trust

6 Week Referral to Diagnostic Standard

Key Performance Indicators

99.42 %

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Green
Performance	98.03%	98.57%	99.31%	99.65%	99.56%	99.72%	99.49%	99.59%	99.29%	99.45%	99.60%	99.42%	>=99%
Waiting list Size	15,126	12,750	12,820	13,329	12,235	12,949	14,210	15,058	15,517	15,228	15,548	14,887	<14,000
Waiting > 6 Week Breaches	298	182	88	46	54	36	73	61	110	84	62	86	<60

2019/20 Trajectory

0.32 %

	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%	99.42%								

Summary Performance

The standard has been met for July 19 with a compliance of **99.42%**. As at the end of the month there were **86** patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 18
- Cardiology: 10
- Urodynamic: 0
- Sleep Studies : 0
- Cystoscopy : 0

- Colonoscopy : 36
- Gastroscopy : 6
- Flexi Sigmoidoscopy : 16

Summary Actions

Issue

- Increased demand for inpatient and outpatient echos.
- Endoscopists vacancy, job planning changes and poor quality locum availability impacting on endoscopy capacity.
- High cancer, routine and surveillance demand for endoscopy.

Action

- Endoscopy improvement plan with weekly meetings; including identifying additional capacity.
- Workforce plan for endoscopy and cardiology
- Cardiology review of echo criteria and cardiac MRI demand and capacity underway

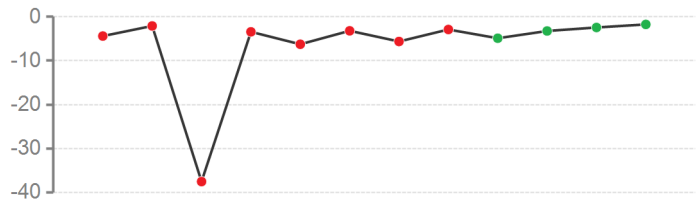
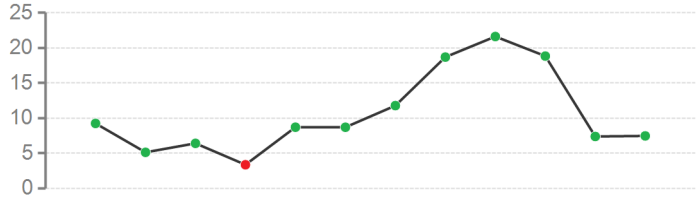
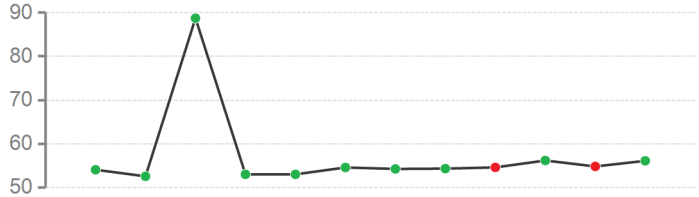
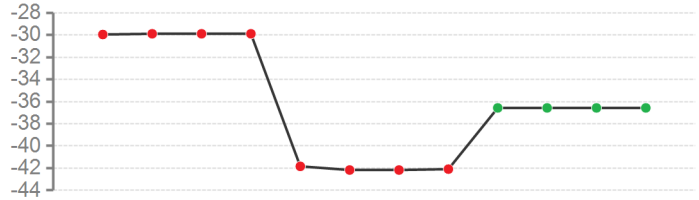
Timescale

- Endoscopy action plan implemented July 19
- Cardiac review to be completed September 19

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Finance

Finance

Jul	I&E £m (Trust Only)	-12.2 (-28.6%)		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.
Jul	Cash Balance £m (Trust Only)	7.5 (1.1%)		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.
Jul	Total Cost £m (Trust Only)	56.1 (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.
Jul	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 £1.8m which is £0.1m better than the planned position. The year-to-date deficit of £12.5m is £0.4m ahead of plan. The 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 overperformance of £0.6m due to a combination of NHSE specialist activity above plan (£0.4m) and non-contract activity (NCA) above plan (£0.1m) where the Trust treated more than planned volumes of UK patients from CCG areas where EKHUFT does not have an established contract.
- Non clinical income is favourable to plan in July by £0.8m with main drivers being non patient care services £0.4m (£0.2m relating to services to Spencer Wing) and education and training income £0.2m above plan.
- EKHUFT non-pay overspend of £1.1m mainly due to operated healthcare facility costs (primarily housing) which were transferred from other expenditure headings following changes to the 2gether contract enacted earlier in the year.
- EKHUFT Pay overspend of £0.1m due to £0.8m of overspends in mainly medical agency staffing due to continued operational pressures, being almost entirely offset by £0.8m underspend in bank & substantive pay categories. CIP schemes relating to agency staff are behind plan in July by £0.2m and £0.1m ahead of plan YTD.

The East Kent CCG aligned incentive contract (AIC) remains financially beneficial to EKHUFT, with a year-to-date benefit of £1.5m as compared to a PbR activity based contract.

While the financial position in July remains 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.

If EKHUFT continued the current financial run-rate by maintaining the average YTD I&E position for the remainder of the financial year, adjusted to reflect the fixed £420m aligned incentive contract, it would generate a year-end deficit of £42m as compared to our £37.5m deficit plan. This demonstrates the required financial run-rate improvement required to deliver the £30m CIP target so having robust plans and controls in place to deliver this remains a key priority.

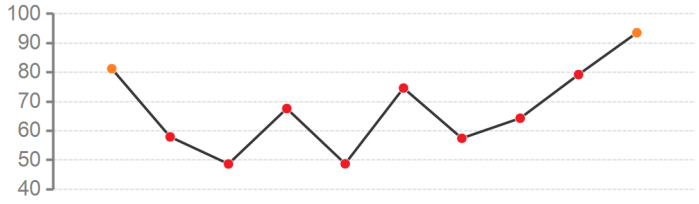
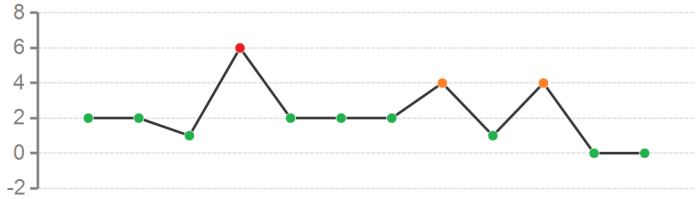
This focus on delivering the financial position is being maintained by a combination of monthly Executive Performance Review meetings and Confirm and Challenge meetings led by the COO and FD. Additionally EKHUFT is developing an internal Financial Special Measures framework to ensure all areas of the Trust are appropriately challenged and supported to deliver their financial plans.

The Trust's cash balance at the end of July was £7.5m which is £3m below plan due to the timing of large value receipts. The Trust borrowed £1.8m in July therefore total Trust borrowings increased to £101m 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

Jul	H&S HASTA All Scores	65 (-19.6%)		Overall Health And Safety Toolkit Audit (HASTA) compliance score – by Care Group, Specialty & Site	★★★
Jul	RIDDOR Reports (Number)	26 (-3.7%)		"RIDDOR reports sent to HSE each month.(please note that Riddor uses the Field inc_dnotified (HSE date) rather than inc_dreported (Reported date)	★★☆

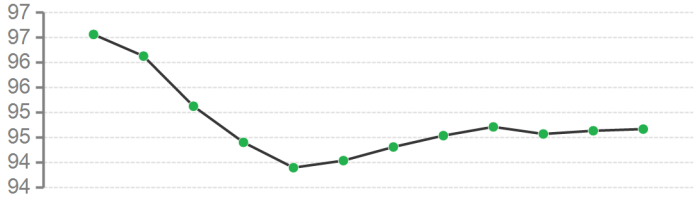
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Jul

Health & Safety Training

95
(-3.6%)



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

Highlights and Actions:

HASTA Audits July 2019

Scores for the 19/20 HASTA uploaded achieved 93.5% cumulatively in July 2019.
COSHH Assessments achieved 97.3%
COSHH Controls achieved 100%

This level of compliance is a result of the change in audit process which is a 'red button' trigger agreed with the Health and Safety Leads for each Care Group. 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 to the HSE recorded for July 2019.

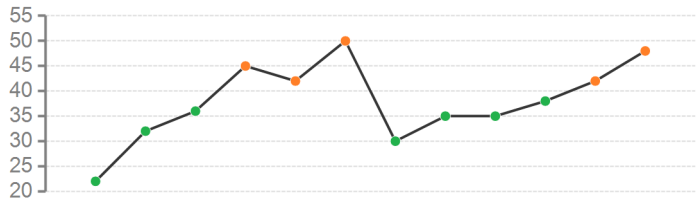
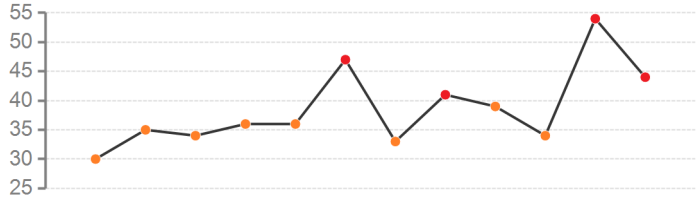
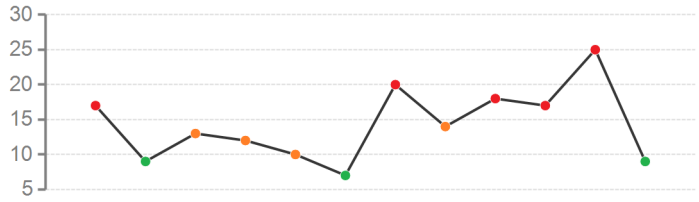
Health and Safety Mandatory Training

Health and Safety Mandatory Training achieved 94.6% attendance in July 2019.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 2

Jul	Accidents	455 (12.1%)		"Accidents excluding sharps (needles etc) but including manual handling.
Jul	Violence & Aggression	463 (-14.1%)		"Violence, aggression and verbal abuse.
Jul	Sharps	171 (4.3%)		"Incidents with sharps (e.g. needle stick).

Highlights and Actions:

Accidents

In July there were 48 accidents which was an increase of 6 when compared with June's data.
12 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 July 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.

7 incidents were due to being hit by a moving object.
6 incidents were due to exposure to blood or bodily fluids some spraying onto faces of staff.
5 incidents were due to being hit by a stationary object.
3 incidents were due to exposure to a harmful substance i.e. overpowering smells in COSHH cabinet.
There has been an incident recorded due to the use of Actichlor which should be kept in tablet form and used in accordance with the Standard Operating Procedure.
4 incidents were due to broken or sharp objects

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

Violence and Aggression
In July there were 44 incidents reported which was a reduction of 10 incidents when compared with June data.

Patient behaviour - physical assaults on staff =8. These were due to patients with mental health issues lashing out at staff.
Patient behaviour - physical assault/aggression on another patient =2
Patient behaviour - verbal abuse to staff =5. A number of patients have reacted adversely to service provision i.e.waiting times
Patient behaviour - aggression towards staff =9 as per comment above.
Visitors and other persons aggressive behaviour to staff and or patients = 10
Security staff knife/weapon related = 1. A knife was found on a sofa in Maidstone and Tunbridge Wells Renal Unit. Security staff were called and the knife was disposed of.
Staff bullying and aggression to other members of staff = 7
The Trust's MAYBO training is now in place for2019/20 with spaces for 200 staff to attend. There are also 3 conflict resolution training sessions in place per month.

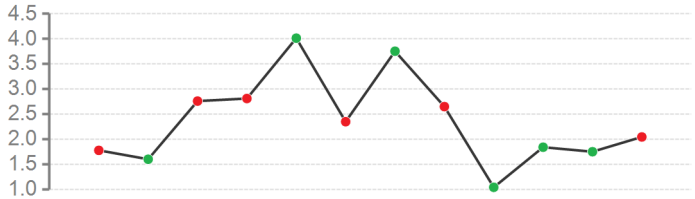
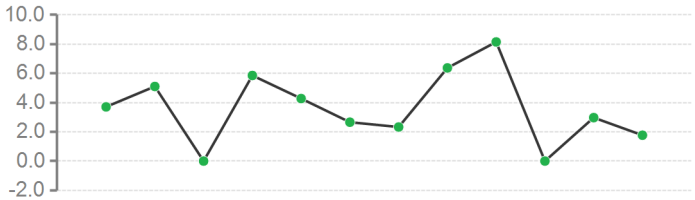
Sharps

The number of sharps incidents recorded for July was 9 which was a reduction 16 when compared with June's data.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Balance Sheet

Jul	CIPS £m	6.7 (16.8%)		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.
Jul	Cash borrowings £m	12.9 (-40.5%)		Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.

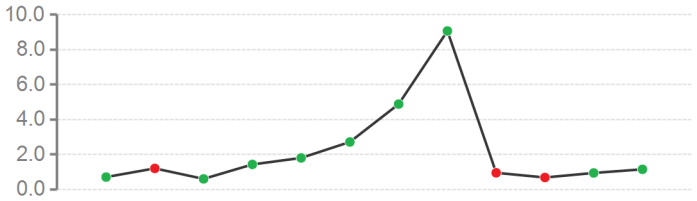
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Jul

Capital position £m

3.7
(22.1%)



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 increased in month by£7.6m to £22.1m. The largest debtors at 31st July were Health Education England £5.3m, which has subsequently been paid, and 2gether Support Solutions £4m. Work is on-going to ensure streamlined processes and minimise intra-company debt.

CAPITAL

Total capital expenditure at the end of July 2019 is £0.7m (15%) below plan. One of the main drivers for this is due to delays in identifying & prioritising schemes within the Patient Environment Investment Committee (PEIC). It is anticipated that this expenditure will be back in line with the planned profile by the end of September.

CASH

The Trust's cash balance at the end of July was £7.5m which is £3m below plan. The main driver for this position was a slight delay in the receipt of £4.5m of Q2 education funding from Health Education England which was subsequently received in early August.

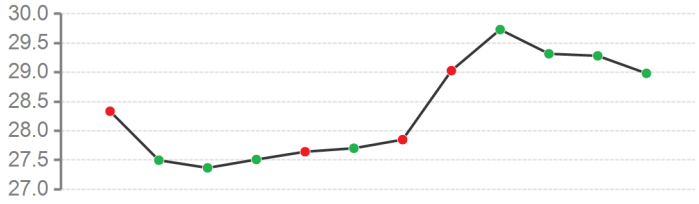
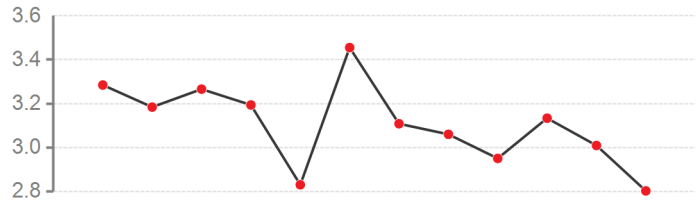
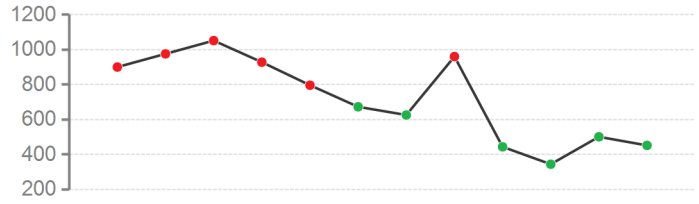
FINANCING

The Trust borrowed £1.8m in July therefore total Trust borrowings increased to£101m. The planned 2019/20 loan is £37m in line with the planned I&E deficit. £1.2m 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

Jul	Payroll Pay £m	29.0 (-1.0%)		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.
Jul	Agency Spend £m	2.8 (-6.9%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.
Jul	Independent Sector £k	452 (-9.8%)		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 adverse to plan in July by £0.1m driven by £0.8m of overspends in mainly medical agency staffing due to continued operational pressures, being almost entirely offset by £0.8m underspend in bank & substantive pay categories.

Total expenditure on pay in July was £33.1m, a reduction of £0.3m when compared to expenditure in June.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Improvement Journey

		Mar	Apr	May	Jun	Jul	
MD02 - Emergency Pathway	ED - 4hr Compliance (incl KCHFT MIUs) %	81.53	80.54	84.26	84.65	84.61	>= 95
MD04 - Flow	DToCs (Average per Day)	76	97	94	85	70	>= 0 & <35
	IP - Discharges Before Midday (%)	17	19	19	18	19	>= 35
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	81.56	79.13	80.18	72.94	82.80	>= 85
MD07 - Maternity	Staff Turnover (Midwifery)	13	13	13	13	12	>= 0 & <10
	Vacancy (Midwifery) %	6	7	1	-1	0	>= 0 & <7
MD08 - Recruitment & Staffing	Staff Turnover (%)	14.5	14.2	14.2	14.3	12.5	>= 0 & <10
	Staff Turnover (Nursing)	14	13	13	13	12	>= 0 & <10
	Staff Turnover (Medical)	14	13	13	14	13	>= 0 & <10
	Vacancy (Nursing) %	14	13	14	15	17	>= 0 & <7
	Vacancy (Medical) %	7	16	15	16	16	>= 0 & <7
MD09 - Workforce Compliance	Appraisal Rate (%)	80.4	80.7	77.2	71.8	74.5	>= 85
	Statutory Training (%)	94	95	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 (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: 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: 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 %
	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 %
	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 %
	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 - 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 %
	Staff FFT - Treatment (%)	Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission.		40 %

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: 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 %
	Audio: Complete Path. 18wks (%)	AD01 = % of Patients waiting under 18wks on a completed Audiology pathway	>= 99	
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 %
	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.	>= Plan	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 %
	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.	>= Plan	10 %
Health & Safety	Sharps	"Incidents with sharps (e.g. needle stick).	>= 0 & <10	5 %
	Accidents	"Accidents excluding sharps (needles etc) but including manual handling.	>= 0 & <40	15 %

Health & Safety	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 %
	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 %
	Violence & Aggression	"Violence, aggression and verbal abuse.	>= 0 & <25	10 %
Incidents	Clinical Incidents closed within 6 weeks (%)	Percentage of Clinical Incidents closed within 6 weeks		
	Clinical Incidents: Minimal Harm			
	Clinical Incidents: Severe Harm			
	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 %
	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		
	Number of Cardiac Arrests	Number of actual cardiac arrests, not calls		0 %
	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."		
	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: Moderate 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: 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 %

Incidents	Falls: Total	"Total number of recorded falls. Assisted falls and rolls are excluded. Data source - Datix."	>= 0 & <3	0 %
	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 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."		
	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 %
	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 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	
	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 %
	MSSA	"The total number of MSSA bacteraemia recorded, post 48hrs.	>= 0 & <1	10 %
	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 %
	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	

Infection	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	
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 %
	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)')		
	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 %
	Number of SJR's Completed	Number of Structured Judgement Reviews (Mortality Case Record Reviews) completed		
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 (%)		
	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 %
	Complaints acknowledged within 3 working days	Complaints acknowledged within 3 working days		
	Complaints Closed 61 - 90 Days	Number of Complaints closed in month that were open between 61 and 90 Days		
	Complaints received with a 45 Day time frame agreed	Number of complaints received with a agreed time frame of 45 days		
	Hospital Food? %	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.	>= 85	5 %
	IP FFT: Recommend (%)		>= 95	30 %

Patient Experience	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: 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 %
	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 %
	A&E FFT: Response Rate (%)	A&E FFT: Response Rate (%)		
	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 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		
	Complaints received with a 30 Day time frame agreed	Number of complaints received with an agreed time frame of 30 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 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: 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 %		

Patient Experience	Maternity FFT: Not Recommended (%)	Maternity FFT: Not Recommended (%)		
	Maternity FFT: Recommended (%)	Maternity FFT: Recommended (%)		
	Maternity FFT: Response Rate (%)	Maternity FFT: Response Rate (%)		
	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	Agency & Locum Spend	Total agency spend including NHSP spend		
	Agency Orders Placed	"Total count of agency orders placed.	>= 0 & <100	
	Agency Staff WTE (Bank)	WTE Count of Bank Hours worked		
	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 %

Staffing	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 %
	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 %
	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 (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	
	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		
	Unplanned Agency Expense	Total expediture on agency staff as a % of total monthly budget.	>= 0 & <100	5 %
	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	
	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 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 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 %
	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.		
	NHSP Hours vs Total Agency Hours	% hours worked by NHSP against the total number of hours worked by agency staff		

Staffing	Overtime %	% of Employee's that claim overtime.	>= 0 & <10	
	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 %
	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	
	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 %
	Total Staff In Post (FundEst)	Count of total funded establishment staff		1 %
	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 %
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


Not captured on an electronic system, no assurance process, data is not robust


Data is either not captured on an electronic system or via a manual feeder sheet, does not follow an assured process, or not validated/reconciled


Data captured on electronic system with direct feed, data has an assured process, data is validated/reconciled