East Kent Hospitals University NHS Foundation Trust

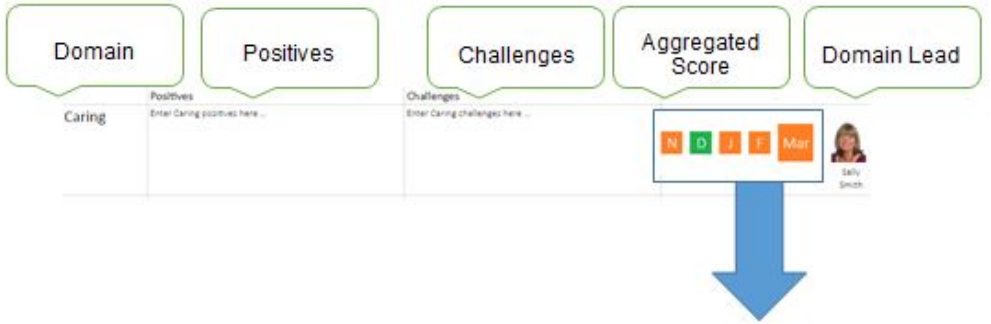
AUGUST 2019

INTEGRATED PERFORMANCE REPORT

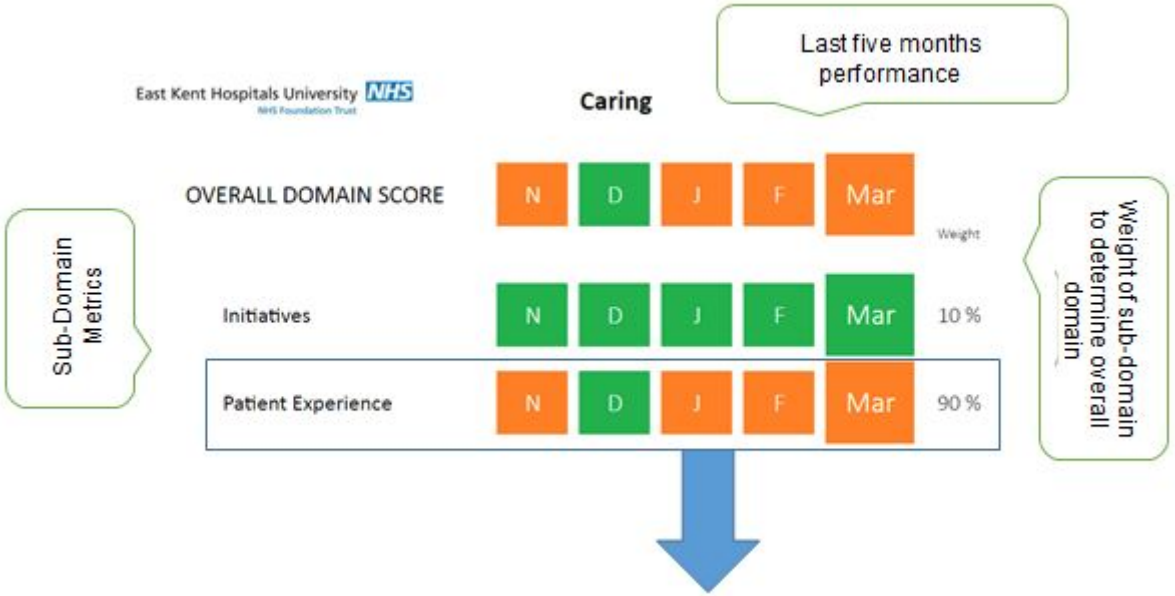
East Kent Hospitals University NHS Foundation Trust

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.



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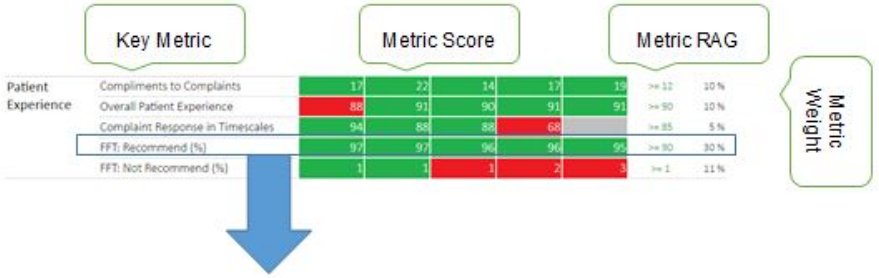
Understanding the IPR

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.

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Strategic Priorities

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Headlines

	Positives	Challenges	
Caring	Friends and Family Test (FFT) a) "recommended" and b) "not recommended" remains green, registering 98% and 0.8% respectively in August. Overall results for the Inpatient Survey question "did you get the care that matters to you?" has improved following a reboot of the survey questions.	Mixed sex accommodation (MSA) breaches remains amber, work remains in place to validate this position. Recovery action continues to be led by the Trusts MSA collaborative action plan. Complaints response within timeframe is registering red in August. This deterioration reflects (in part) a move away from providing extensions to the original timeframes. Following an independent review of the complaints function work is underway to increase the local ownership of complaints, to improve patient experience and timeliness.	A M J J Aug  Amanda Hallums

Effective	Beds The number of patients with a length of stay over 21 days (super stranded) has decreased in month due to the weekly senior MDT review rounds which have been implemented at QEQMH and WHH. K&CH will go live in September. Bed occupancy has improved to 90% from 94%. Clinical Outcomes The percentage of non-elective 30 day readmissions has improved to 14.1% as has the percentage for elective readmissions to 3.6%, which is the highest performance in the past 6 months. Demand and Capacity The number of DNA for New patients has improved to 7.2%. and with Follow up out patients improving from 9.6% to 8.1% in month. The New : FU ratio is static at 2. Productivity Length of stay across elective pathways is static at 3.2% and non elective at 6.5 bed days. Theatre utilisation has remained static at 80%. The number of non-clinical cancellations is 1.2%.	Beds The number of DTOC (Delayed Transfers of Care) in August have increased from 70 to an average of 77 per day. The high number of DTOC continues to have a detrimental impact on patient flow. 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 decreased slightly to 18%. There is a daily focus through the site clinical teams to increase the number of patients who are discharged in the mornings; late diagnostics and waiting for discharge summaries continue to be the key issues for delay. Demand and Capacity To manage an increasing demand in referrals, emergency attendances and admissions which are all 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.	A M J J Aug	 Lee Martin

Responsive

4 hour Emergency Access Standard.
August performance was 83.81% which is a slight deterioration in performance and with a continued 7% increase in attendances to ED year to date. There have been no 12 Hour Trolley Waits.

RTT
Performance of 81.81 % has been achieved against a trajectory of 80.00%.
The number of patients waiting over 52 weeks for first treatment is 1. This is a significant achievement since April 2018 when there were 222 patients waiting.

DM01
The standard is compliant at 99.08% .

Cancer
2ww performance has been achieved at 98.31% against a performance standard of 93%. The number of 2ww referrals has returned to a normal range of 3185, although this may be due to seasonal variation.

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 and retain staff into ED medical and nursing vacancy 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
The Waiting list has increased from 45,292 to 46,121 and the backlog has also increased from 7946 to 8389. It is a priority to maximise out patient capacity, whilst also identifying substantive capacity to meet increased demand in specific specialities.

CANCER
August performance for 62 day treatments is 80.22% against an increased trajectory of 86.31%, validation continues until the beginning of October in line with the national timetable.

To manage the continued 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.

DM01
Maintaining excellent performance consistently across all diagnostic modalities.

To ensure that there is sufficient endoscopy capacity to meet the increasing cancer demand and also the diagnostic 6ww patient demand.

A M J J Aug

Lee Martin

Safe	Infection prevention and control performance has been sustained. 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. Harm Free Care experienced in our care (New Harms only) at 99.47% an improvement to last month (98.28% July-19). The prevalence of New Pressure Ulcers, venous thromboembolism, Falls with Harm and Catheters and New UTI's with Harm continues to remain significantly below the national average for Acute Hospitals. HSMR and RAMI for June 2019 have both shown a significant fall, most probably influenced by improvement in depth of coding.	Overall Harm Free Care (HFC) relates to the Harms patients are admitted to the trust with, as well as those they acquire in our care. The Safety Thermometer for August-19 (90.58%) shows a slight improvement to last month (90.51%) but remains below national average (93.97%). The overall data shows therefore that there is an increase in patients being admitted to our trust with harms. Although there is a low rate of falls with harms the number of falls incidents Trust wide has increased in August. There were a total of 182 patient falls compared with 166 in July 2019. Within this overall figure there has been a decrease on the K&CH and QEQMH sites and a significant increase at WHH. 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 remains plateaued at 94%, just beneath the 95% threshold.	A M J J Aug	 Paul Stevens
Well Led	The Trust generated a consolidated deficit in month of £2.7m which was consistent with the planned position. This brought the year-to-date (YTD) position to a £15.2m deficit which was £0.5m better than plan. Within this position the Trust has delivered £8.7m of CIP year-to-date which was £0.2m 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 £104m which will require paying back when the Trust is delivering a surplus.	A M J J Aug	 Susan Acott

Workforce	The availability of workforce continues to improve with continued improvements in recruitment. This should also be set in the context of a stabilisation of establishment overall, which increases 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 continue to improve within the next reporting period.	A M J J Aug	 Andrea Ashman

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Caring

		Apr	May	Jun	Jul	Aug	Green	Weight
Patient Experience	Mixed Sex Breaches	3	0	0	4	3	>= 0 & <1	10 %
	Number of Complaints	79	68	79	77	70		
	AE Mental Health Referrals	98	75	44	61	61		
	IP FFT: Recommend (%)	96	96	97	96	98	>= 95	30 %
	IP FFT: Not Recommend (%)	1.5	1.8	0.9	1.8	0.8	>= 0 & <2	30 %
	IP Survey: Overall, did you get the care	91.6	91.9	93.0	94.1	93.3		
	Complaint Response in Timescales %	89.1	84.9	75.0	83.3	69.2	>= 85	15 %
	Compliments	2946	2553	3758	3510	3159	>= 1	

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Effective

		Apr	May	Jun	Jul	Aug	Green	Weight
Beds	DToCs (Average per Day)	97	94	85	70	76	>= 0 & <35	30 %
	Bed Occupancy (%)	96	96	94	94	90	>= 0 & <92	60 %
	IP - Discharges Before Midday (%)	19	19	18	19	18	>= 35	10 %
	IP Spells with 3+ Ward Moves	469	510	482	553	495	Lower is Better	
Clinical Outcomes	FNoF (36h) (%)	72	60	60	64		>= 85	5 %
	Readmissions: EL dis. 30d (12M%)	4.0	4.1	4.0	4.0	4.2	>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	16.7	17.8	17.1	16.8	16.3	>= 0 & <15	15 %
	Audit of WHO Checklist %	100	96	100	100	100	>= 99	10 %
	4hr % Compliance from Presentation to Stroke Ward			37	41	33	Higher is Better	
Demand vs Capacity	DNA Rate: New %	6.8	6.8	7.2	7.3	6.5	>= 0 & <7	
	DNA Rate: Fup %	8.6	8.8	11.0	9.2	7.8	>= 0 & <7	
	New:FUp Ratio (1:#)	2.1	2.1	2.1	2.1	2.1	>= 0 & <2.13	
Productivity	LoS: Elective (Days)	2.9	3.2	3.2	3.3	3.2	Lower is Better	
	LoS: Non-Elective (Days)	6.6	6.5	6.6	6.4	6.5	Lower is Better	
	Theatres: Session Utilisation (%)	81	80	82	80	80	>= 85	25 %
	Theatres: On Time Start (% 15min)	46	43	41	43	50	>= 90	10 %
	Non-Clinical Cancellations (%)	1.4	1.2	0.9	1.2	1.2	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	10	10	11	12	29	>= 0 & <5	10 %

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Responsive

		Apr	May	Jun	Jul	Aug	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	80.54	84.26	84.65	84.61	83.81	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	77.13	81.22	81.40	81.35	80.23	>= 95	1 %
Cancer	Cancer: 2ww (All) %	97.72	96.53	96.16	98.02	98.31	>= 93	10 %
	Cancer: 2ww (Breast) %	93.64	93.81	86.32	96.27	96.00	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	97.54	95.72	92.83	97.66	94.28	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	84.91	94.12	91.07	100.00	74.58	>= 94	5 %
	Cancer: 31d (Drug) %	100.00	99.18	99.07	100.00	98.32	>= 98	5 %
	Cancer: 62d (GP Ref) %	79.13	80.18	72.94	82.80	80.22	>= 85	50 %
	Cancer: 62d (Screening Ref) %	100.00	91.89	73.33	97.14	88.89	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	80.00	85.71	72.00	73.91	63.64	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.29	99.45	99.60	99.42	99.08	>= 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 (%)	79.15	80.66	82.06	82.46	81.81	>= 92	100 %
	RTT: 52 Week Waits (Number)	3	4	3	2	1	>= 0	

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Safe

		Apr	May	Jun	Jul	Aug	Green	Weight
Incidents	Clinical Incidents: Total (#)	1,616	1,591	1,387	1,585	1,445		
	Serious Incidents (STEIS)	11	14	14	14	14		
	Harm Free Care: New Harms (%)	99.6	99.3	99.0	98.3	99.5	>= 98	20 %
	Falls (per 1,000 bed days)	5.96	5.29	5.45	4.85	5.14	>= 0 & <5	20 %
Infection	Cases of C.Diff (Cumulative)	8	16	25	31	40		40 %
	Cases of MRSA (per month)	0	0	0	0	0	>= 0 & <1	40 %
Mortality	HSMR (Index)	94.7	95.0	94.7			>= 0 & <90	35 %
	Crude Mortality NEL (per 1,000)	28.0	28.5	23.5	24.3	23.6	>= 0 & <27.1	10 %
Observations	VTE: Risk Assessment %	94.1	93.8	94.5	94.2	94.1	>= 95	20 %

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Well Led

		Apr	May	Jun	Jul	Aug	Green	Weight
Data Quality & Assurance	Uncoded Spells %	0.4	0.5	0.5	0.3	1.0	>= 0 & <0.25	25 %
Finance	Forecast £m	-36.6	-36.6	-36.6	-36.6	-36.6	>= Plan	10 %
	Cash Balance £m (Trust Only)	21.6	18.8	7.4	7.5	8.8	>= 5	20 %
	I&E £m (Trust Only)	-4.9	-3.2	-2.4	-1.7	-3.0	>= Plan	30 %
Health & Safety	RIDDOR Reports (Number)	1	4	0	0	6	>= 0 & <3	20 %
Staffing	Agency %	7.5	7.3	7.4	7.3	7.0	>= 0 & <10	
	Bank Filled Hours vs Total Agency Hours	65	68	71	71	75		1 %
	Shifts Filled - Day (%)	100	99	101	101	97	>= 80	15 %
	Shifts Filled - Night (%)	107	105	107	107	105	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	11.9	11.2	10.7	10.6	11.4		
	Staff Turnover (%)	14.2	14.2	14.3	12.5	14.9	>= 0 & <10	15 %
	Vacancy (Monthly) %	8.7	9.3	9.5	9.5	9.6	>= 0 & <10	15 %
	Sickness (Monthly) %	4.1	3.6	3.5	3.7	4.9	>= 3.3 & <3.7	10 %
Training	Appraisal Rate (%)	80.7	77.2	71.8	74.5	78.4	>= 85	50 %
	Statutory Training (%)	93	94	94	94	94	>= 85	50 %

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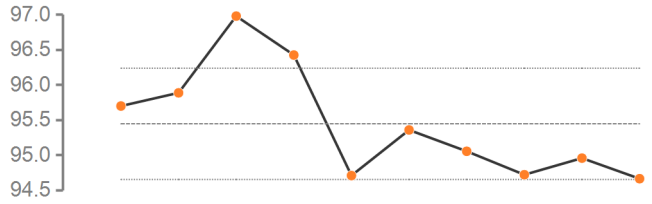
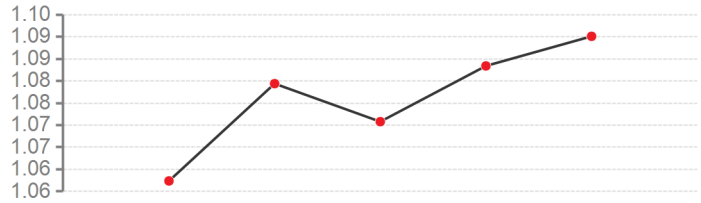
Strategic Theme: Patient Safety

Mortality

Aug	HSMR (Index)	95.5 (1.1%)		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.
Aug	SHMI	1.08 (4.7%)		"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."

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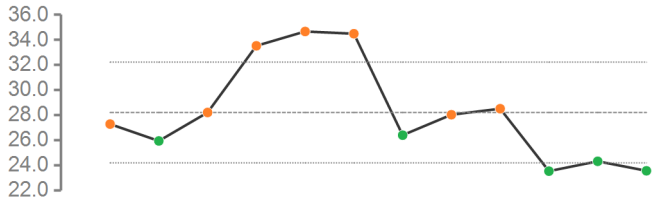
Strategic Theme: Patient Safety

Aug

Crude Mortality NEL (per 1,000)

28.1 (9.1%)



"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, driven by the difference in demographics and comorbidity between the East Kent population and the England average. The Trust rate of 1.38% is 0.14% higher than the peer rate of 1.24% for the 5 year period. Of note the winter peak this year has been lower than previously despite the increase in emergency attendances.

Although our HSMR is in the 50th to 75th quartile in comparison to peers for the latest 12 month period the Trust HSMR was 96.2 and in the latest month for HSMR reporting (June 2019) Trust HSMR was 85.8 compared to an average peer value of 84.6.

Risk adjusted mortality index (RAMI, not shown in this report) shows a similar pattern. For the 5 year period RAMI is in the 50th-75th centile of Acute Trust Peers. For the latest 12 month period the Trust RAMI was 95.1, in the latest month (June 2019) Trust RAMI was 78.5 compared to an average peer value of 90.3.

Summary hospital mortality index (SHMI) in the latest reported data on NHS digital is from the April 2018 - March 2019 period and was 1.09 (0.89-1.12, 95% over dispersion control limits) and is still reported 'as expected'. SHMI is now reported by site and the figures for the 3 sites (all reported 'as expected') were K&CH 0.81, QEQMH 1.08 and WHH 1.14. The monthly variation from CHKS data for the Trust level SHMI suggests a rising trend since 2015 and until the January 2019 data point 9 data points had been above the mean for the latest 5 year time period that data is available. SHMI is also affected by depth of coding. From our population demography and comorbidity depth of coding would be anticipated to be higher than the England average. However the Trust depth of coding for both elective and non-elective admissions is below the England average (3.5 versus 4.6 and 3.9 versus 4.8 respectively). Latest data from CHKS suggests that the Trust depth of coding is now approaching the England average and may partially explain why the Trust HSMR and RAMI have both fallen in the June 2019 data. SHMI data is reported 6 months in arrears and the impact of increased depth of coding will take longer to appear.

The work that has seen an improvement in depth of coding needs to be sustained and additional work is required to ensure that the palliative care code "Z515" is captured as failure to capture this has a negative impact on HSMR. 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.

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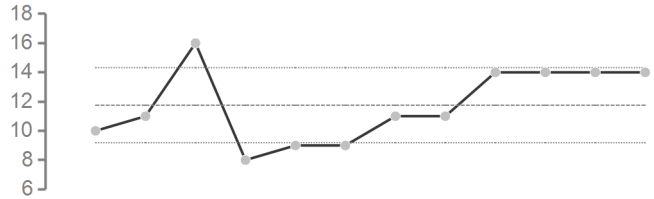
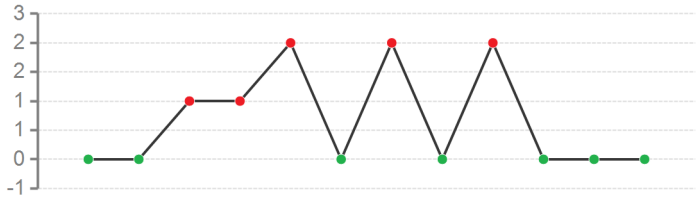
Strategic Theme: Patient Safety

Serious Incidents

Aug	Serious Incidents (STEIS)	141 (58.4%)		"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."
Aug	Never Events (STEIS)	8 (60.0%)		"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 August 2019, 14 new Serious Incidents (SIs) were reported and 10 SIs closed.

At the end of August 2019 there were 88 SIs open, of which 13 were breaching, 11 non-closure responses were required and 21 were awaiting a closure decision by the CCGs. The remaining SIs 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. The Patient Safety team will be fully established by the end of October 2019, therefore the Patient Safety Facilitators will enable additional support and challenge to be provided during the investigation process.

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.

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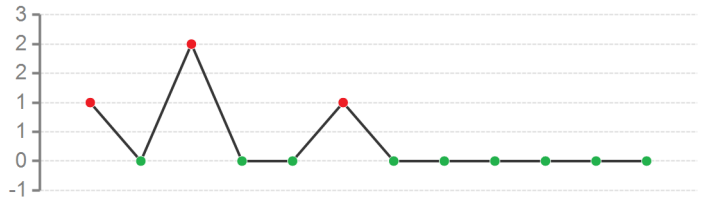
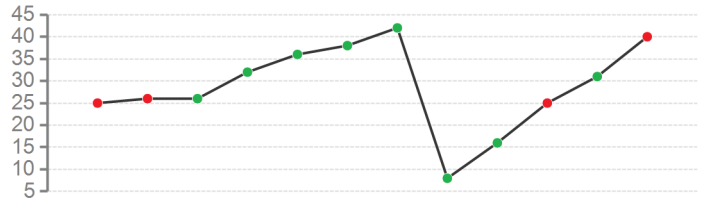
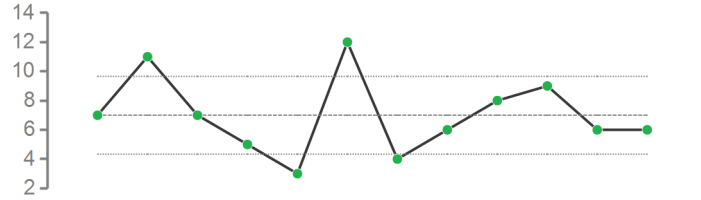
Strategic Theme: Patient Safety

Infection Control

Aug	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.
Aug	Cases of C.Diff (Cumulative)	40 (29.0%)		"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."
Aug	E. Coli	84 (5.0%)		"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."

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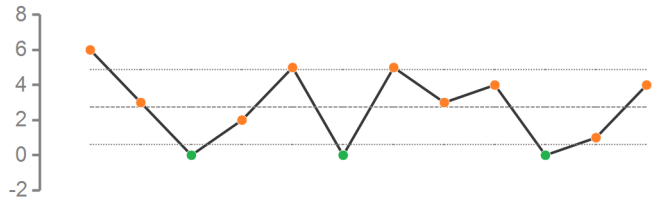
Strategic Theme: Patient Safety

Aug

MSSA

33
(3.1%)



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

Highlights and Actions:

C.difficile
This financial year to date there have been 40 hospital onset CDI under the new reporting rules, this remains within the DH trajectory of 47.

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

MSSA
Hospital onset MSSA bacteraemia rate is below the Southern region average (EKHUFT 3.8/100,000 bed days versus regional average 4.3, range 1.93-11.6).

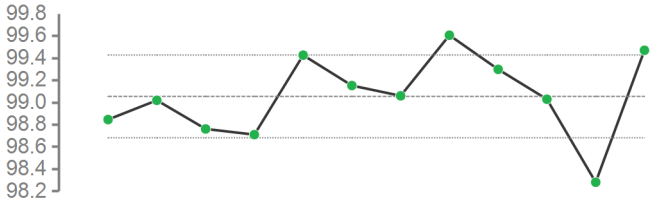
E.coli
E.coli bacteraemia rate for both EKHUFT and Kent & Medway is currently 13.3/100,000 bed days versus Southern region average of 10.8, range 4.6-19.8. Community onset is similarly high, Kent & Medway average 66.1/100,000 bed days versus Southern Region average 55.8.

Actions are targeted at reducing urinary tract infection through hydration and urethral catheter campaigns and also through the 'Improving the management of lower Urinary Tract Infection in older people' CQUIN. Actions to reducing biliary tract infection and infections associated with colonic pathology include promotion of 'hot gall bladder' operations and the 'Improving appropriate antibiotic surgical prophylaxis in elective colorectal surgery' CQUIN.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Harm Free Care

Aug	Harm Free Care: New Harms (%)	99.1 (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.

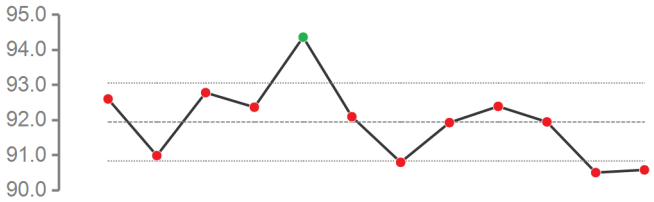
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Aug

Harm Free Care:All Harms (%)

92.0 (0.2%)



"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 to the trust with, as well as those they acquire in our care. The Safety Thermometer for August-19 (90.58%) shows a slight improvement to last month (90.51%) but remains below national average (93.97%).

A marked improvement 93.44% is shown in Surgery & Anaesthetics (92.18% July-19). Work will continue to ensure robust validation of prevalence data to ensure harms are kept to a minimum and that patient safety remains a priority.
Actions include:

• Community teaching to raise awareness of pressure ulcer prevention, to include TVNs attending cluster meetings at WHH to highlight risks and discuss equipment issues.

• Continued VTE staff training programme with, mandatory eLearning (for clinical staff), specific training for healthcare assistants, preceptorship nurses, midwives and junior doctors, unit specific sessions (e.g. theatres, day surgery) plus VTE link worker programme of training. The Trust continues to report accurately on episodes of VTE, risk assessment and thromboprophylaxis and have consistently shown an improvement in risk assessment.

• 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.

• National catheter pathway paperwork/passport education and training to commence within the Quality Improvement Hubs September/October. Six wards to implement the updated National catheter pathway paperwork/passport in October.

Harm Free Care experienced in our care (New Harms only) at 99.47% an improvement to last month (98.28% July-19).

The prevalence of New Pressure Ulcers, VTE's, Falls with Harm and Catheters and New UTI's with Harm continues to remain significantly below the national average for Acute Hospitals. The overall data shows therefore that there is an increase in patients being admitted to our trust with harms.

East Kent Hospitals University NHS Foundation Trust

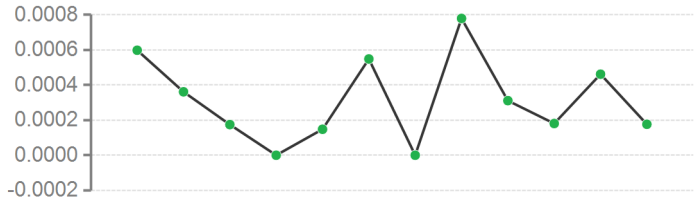
Strategic Theme: Patient Safety

Pressure Damage

Aug

Pressure Ulcers Cat 3/4 (per 1,000)

0.0003 (-21.0%)



"Number of category ¾ 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:

There was an overall decrease in hospital acquired pressure ulcers this month.

- There was a total of 31 category 2 and above reported, a decrease of 12 from July 2019.
- Twenty-one of these were category 2 ulcers, a decrease of 4. The rate has decreased from July 2019 (0.612/1000 bed days in August and 0.707/1000 bed days in July).
- There was 1 confirmed category 3 pressure ulcer, 1 less than last month. No confirmed category 4 ulcers were reported. There was a decrease in rate compared to July 2019 (0.029 in August 2019 and 0.085/1000 bed days in July).
- Two potential deep ulcers were reported (8 less than last month). 1 was suspected deep tissue injury (SDTI) and 1 was an unstageable ulcer. The bed day incidence rate also decreased (0.029/1000 in August compared to 0.085/1000 bed days in July for unstageable and 0.029/1000 in August compared to 0.170/1000 bed days in July for SDTI).
- 27 reported incidents were due to Moisture Associated Skin Damage a decrease of 1 from July 2019.
- There were 7 medical device related pressure ulcers. All currently low risk incidents.

Actions:

- ED teaching commenced at WHH commenced
- Site based study day held on all acute sites
- Work with representative of getting to good group to maximise pressure ulcer prevention actions.
- TV team continue to visit EDs 1-2 times daily to assist with provision of equipment and prevention strategies

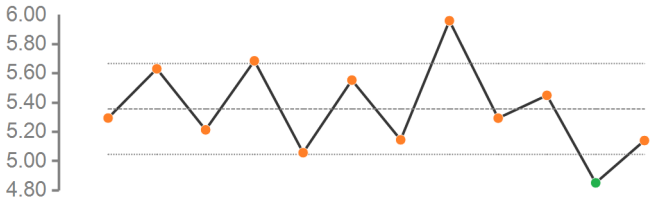
Recommendations:

- Reintroduce pressure ulcer panels to ensure that ALL RCA action plans are robust and effective.
- Trust wide action plan being reconfigured to reflect trust wide priorities
- Commence teaching to all ED staff at QEQM
- Safeguarding training to include elements of pressure ulcer prevention
- TVNs to attend trust induction programme
- Lead TVN to attend cluster meetings on ALL site to capture all areas of good practice

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Falls

Aug	Falls (per 1,000 bed days)	5.35 (-0.3%)		"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 increased in August. There were a total of 182 patient falls compared with 166 in July 2019. There were 35 at K&CH (43 in July), with the highest numbers on Kingston (8) and Harbledown (7)- 1 patient fell twice. There were 50 at QEQMH (54 in July), with the highest number on St Augustine's (7)- 1 patient fell twice. There were 96 at WHH (69 in July) with the highest numbers on Kings CJ (9)- 2 patients fell twice and Richard Stevens Ward (9)- 2 patients fell twice. 6 falls occurred out of ward areas.

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

Consistent with previous months, the care groups which report the greater number of incidents are Urgent and Emergency care (n=29 which represents 18.78 per 1000 bed days) and General and Specialist Medicine (n= 107 which represents 5.38 per 1000 beds days). Overall this represents an slight increase to that reported in July 2019 (4.98 compared with 4.69 per 1000 bed days but remains below the Trust target of 5.0.

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. The Falls Team are also using ward manager meetings and 'cluster' to discuss audit results, falls incidences and ongoing investigations. Where possible this is being supported by the Clinical Governance teams.

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

CQUIN- 3 high impact actions for falls prevention. August results show an 80% compliance with the 3 indicators (lying and standing blood pressures, mobility assessments and non prescribing of pyschotrophic drugs). This had dropped to 40% in July.

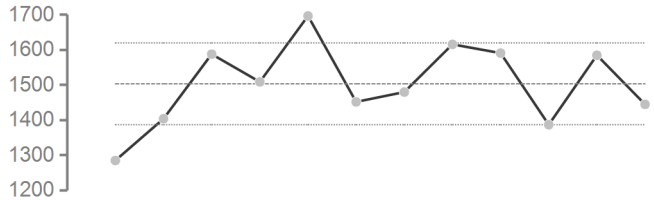
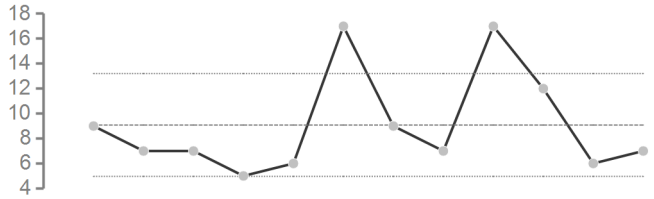
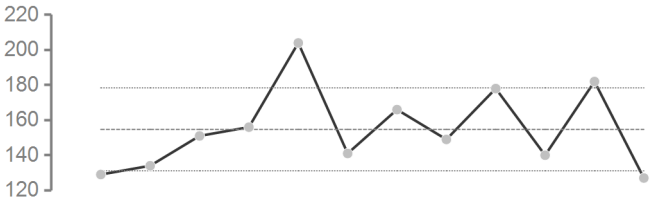
Risks:

The Falls Team continue to highlight 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 further quality improvement via the FallStop programme. A business case for 2 band 4 practitioners for FallStop is being prepared.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Incidents

Aug	Clinical Incidents: Total (#)	18,039 (8.4%)		"Number of Total Clinical Incidents reported, recorded on Datix.
Aug	Blood Transfusion Incidents	109 (-11.4%)		"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."
Aug	Medicines Mgmt. Incidents	1,857 (3.7%)		"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 1430 clinical incidents have been logged as occurring in Aug-19 compared with 1581 recorded for Jul-19 and 1310 in Aug-18.

In Aug-19, 14 incidents have been reported on StEIS. Seven serious near miss incidents have been reported. Comparison of moderate harm incidents reported: 12 in Aug-19 and 26 in Jul-19, and 8 in Aug-18.

Over the last 12 months incident reporting remains constant at K&CH, WHH and QEQM.

Medicine Management - August 2019

As of the 30/08/2019 there were 126 medication related incidents reported in August 2019:
80 No harm, 43 low harm, 3 moderate harm, 0 severe harm and 0 death harm.

The severity of medication related incidents reported in August 2019 shows that 71.3% of medication related incidents reported were no harm incidents. There have been two severe harm incidents and no death incidents in 2019. There were no medication related incidents reported in August that required RCA investigation or reporting as Serious Incident on StEIS.

Strategic Theme: Patient Safety

Over prescribing of opiates continues to be a concern along with prescribing of anti-coagulant medication and patients being discharged without medication.

The data produced by the Medication Safety Thermometer in August 2019 was taken from 36 wards across the sites, and has shown that the percentage of patients with an omitted dose of medication was 13.3% (National 9.5%) and the percentage of patients with a missed critical medicine was 6% (National 6.2%). 52% of all the missed doses were blank spaces in drug charts.

Blood transfusion (submitted by the Blood Transfusion Coordinator)

There were 7 blood transfusion related incidents in August 2019 (6 in July 2019 and 12 in August 2018).

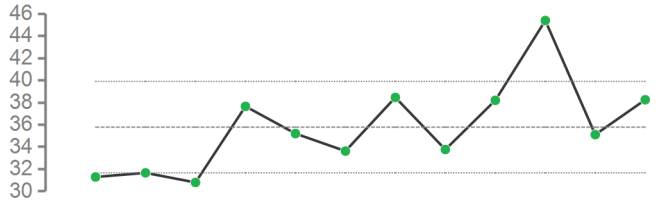
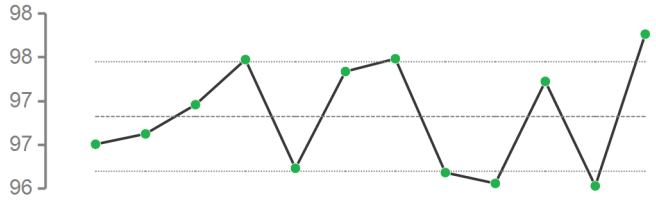
Of the 7 incidents 4 were graded as no harm and 3 as low harm.

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Friends & Family Test

Aug	IP FFT: Response Rate (%)	36 (0.2%)		"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."
Aug	IP FFT: Recommend (%)	97 (0.0%)		

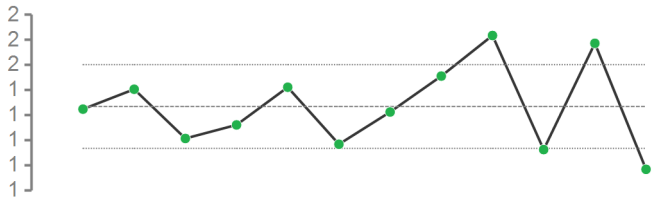
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Aug

IP FFT: Not Recommend (%)

1.3 (-11.9%)



"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:

FFT and Patient/User feedback

The Trust Score in August is 4.55 (4.52 July-19) and a total of 5453 responses were received.
Friends and Family response rates improved for inpatients and daycases, fell in maternity and remained the same in ED. The Trust is awaiting response rates outpatient data output from our providers.

90.5% of responders would recommend us to their friends and family and 5.55% would not. Recommendations by patients improved in inpatients, ED and day cases, fell in maternity and outpatients.

The three top positive themes for the trust;
- Care
- Staff attitude
- Implementation of care

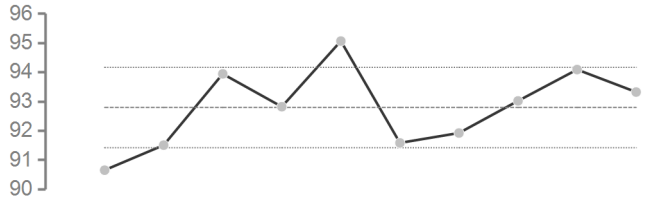
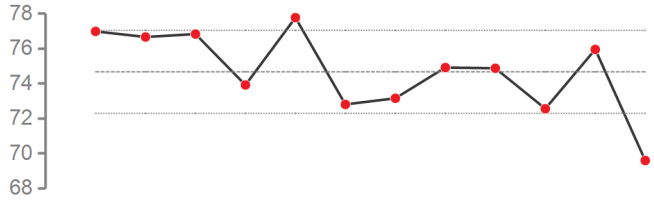
The three top negative themes for the trust;
- Care
- Staff Attitude
- Waiting times

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 - Inpatient Survey

Aug	IP Survey: Overall, did you get the care that matters to you?	92.9		Inpatient Survey: Patients views on if they got the overall care that mattered to them as a %
Aug	IP Survey: Are you aware of nurse in charge of you each shift? (%)	75 (-4.9%)		IP Survey: Are you aware of nurse in charge of your care each shift? (%)

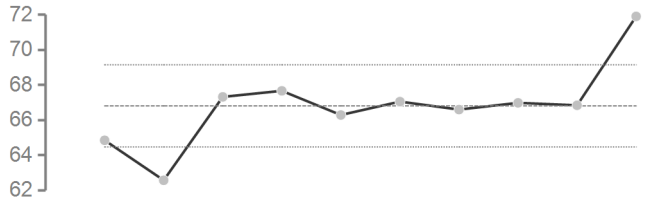
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Aug

IP Survey: Encouraged to get up and wear own clothes (%)

67



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:

Inpatient Survey

Our inpatient survey enables our patients to record their experience in real-time and this month we received 763 completed inpatient surveys.

New questions were added into the survey in Aug-19 to enable close monitoring of four key areas where our performance in the 2018 national inpatient survey (published in June-19) was below the national average.

Baseline performance in patients;

- Are you aware of which nurse is in charge of your care each shift?
- Did you feel you received all the information you needed whilst you were in hospital?
- Has the staff explained your treatment and care to you in a way you could understand?
- Were you able to discuss your worries and fears?
- How would you rate the quality of hospital food?
- Were you offered a choice of food?
- Did you get sufficient help from staff to eat your meals?
- In your opinion how clean was the hospital room or ward?
- Whilst in hospital did you share a sleeping area, bay or room with a patient of the opposite sex (N/A for ED, Intensive Care unit, Stroke unit and Cardiac care)
- Are you aware of how to raise your concerns or make a complaint?
- Overall, did you feel you were treated with respect and dignity while you were in the hospital?

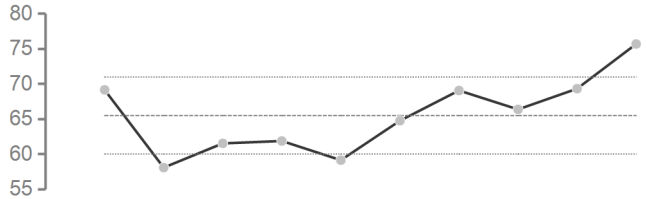
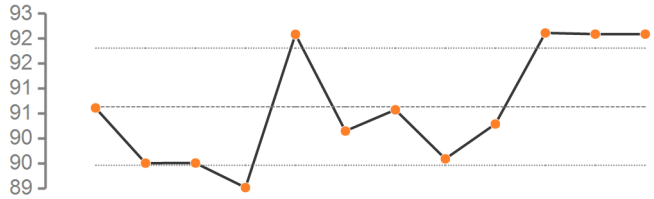
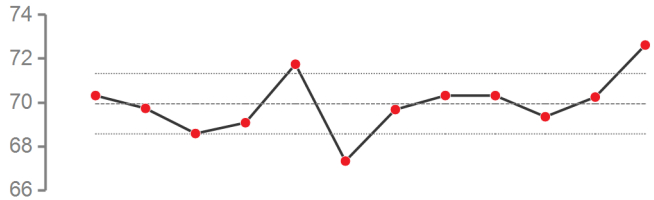
On August 12th these new questions were included within this local survey to reflect improvement priorities, with progress monitored through the Patient Experience Group. Patient experience is additionally reported per ward within the heat map and focused work continues to promote this reporting.

Due to changes in how the data has been captured alongside improved reporting, the question "overall, did you get the care that matters to you?" has seen an increase in compliance which reflects patient views via the Inpatient Survey. This has been known since inception of the reporting and all data has been back dated.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Patient Experience 2 - Inpatient Survey

Aug	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?"
Aug	Cleanliness %	91 (-0.3%)		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.
Aug	Hospital Food? %	70 (0.5%)		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. Apart from one ward which is experience Wi-Fi issues, all inpatient wards within the trust continue to report their performance (against the patient experience metrics) through the inpatient survey this month.

East Kent Hospitals University NHS Foundation Trust

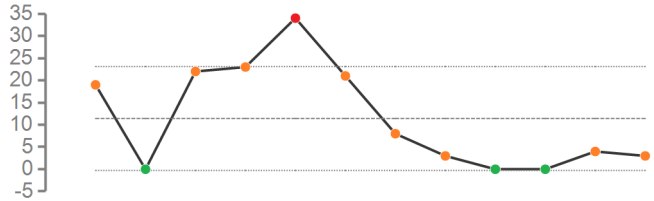
Strategic Theme: Patient Safety

Mixed Sex

Aug

Mixed Sex Breaches

137
(-88.8%)



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

Highlights and Actions:

Mixed Sex Breaches
There were 16 mixed sex accommodation occurrences in total, affecting 116 patients.

Unjustifiable Breaches
Incidence of mixed sex accommodation breaches has increased with 1 unjustified breach affecting 4 patients, within the WHH AMU B linked to flow.

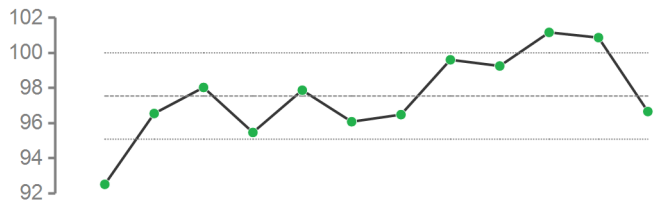
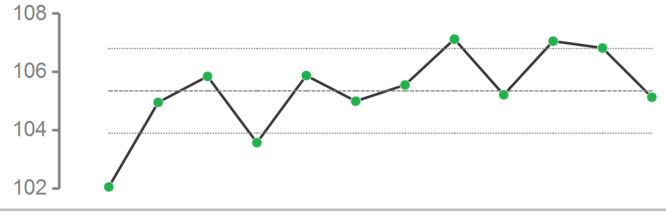
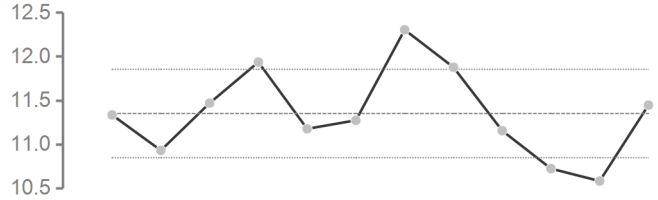
Justifiable Breaches
The remaining incidents occurred in WHH CCU (7), ITU (4) and QEQM Fordwich (4), which were justifiable based on clinical need.

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

Aug	Shifts Filled - Day (%)	98 (-0.8%)		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.
Aug	Shifts Filled - Night (%)	105 (-0.9%)		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.
Aug	Care Hours Per Patient Day (CHPPD)	11.4 (-0.5%)		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.

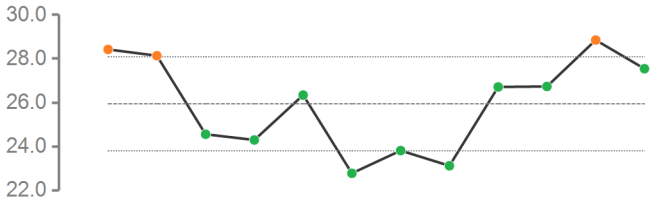
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Aug

Midwife:Birth Ratio (%)

25.9
(-7.7%)



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 of 99.6% compared to 103.1% in July-19.

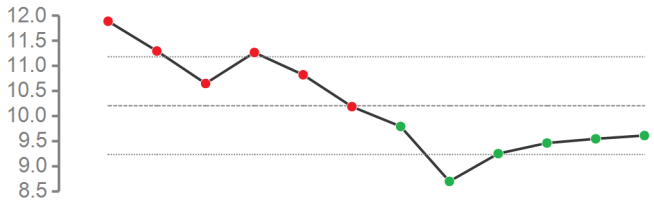
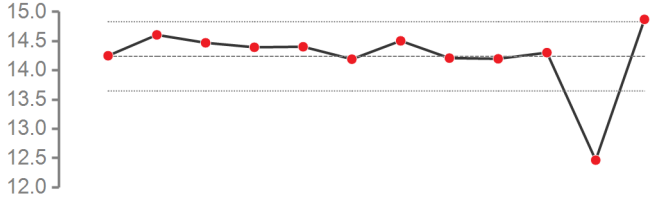
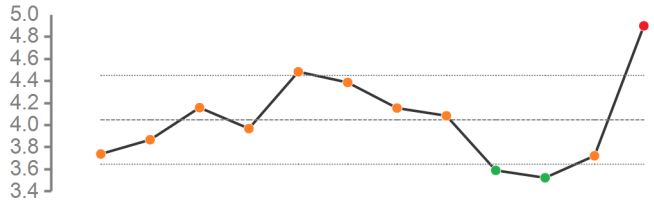
Care Hours per patient day (CHPPD) relates actual staffing to patient numbers and includes registered staff and care staff hours against the cumulative total of patients on the ward at 23.59hrs each day during the month. CHPPD is similar to July-19 and within the control limits. The range is from around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

Aug	Vacancy (Monthly) %	10.2 (-13.0%)		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."
Aug	Staff Turnover (%)	14.2 (3.9%)		"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."
Aug	Sickness (Monthly) %	4.0 (6.2%)		Monthly % of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the

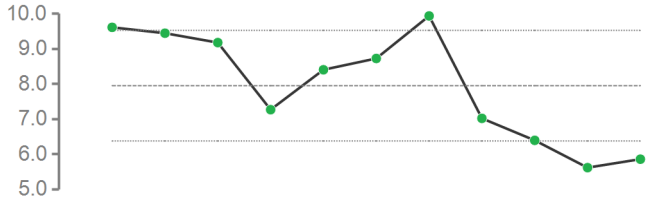
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Aug

Overtime %

7.9
(-11.6%)



% of Employee's that claim overtime.

Highlights and Actions:

Gaps and Overtime

The vacancy rate decreased to 10.2% (last month 10.4%) for the average of the last 12 months, which is an improvement on last month and last year. The monthly rate increased slightly to 9.21% (up from 8.58%), mostly due to increases in the Urgent & Emergency Care and General & Specialist Medicine Care Groups. There are currently approximately 750 WTE vacancies across the Trust (700 WTE last month). More work is being undertaken to target hard to fill vacancies, particularly within nursing and Medical specialties. There are approximately 490 WTE candidates in the recruitment pipeline - i.e. those who have been offered positions and are gaining pre-employment clearances. This includes approximately 100 Nursing and Midwifery staff (including ODPs) and 90 Medical and Dental staff.

The Turnover rate, excluding Doctors in training, in month increased to 11.9% (last month 11.8%), and the 12 month average remained 14.2% (14.2% 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 Urgent & Emergency Care at 15.8%.

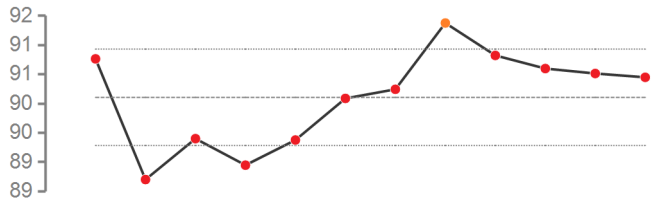
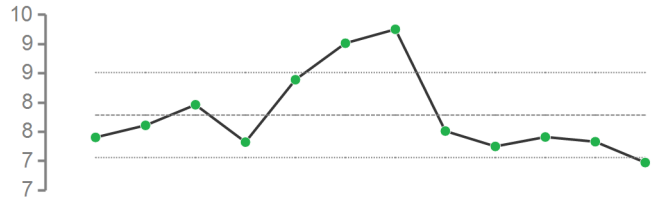
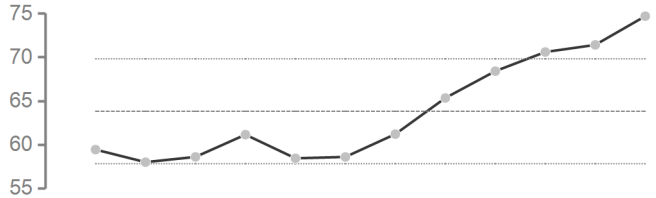
The in month sickness absence position for July was 3.70% - which is an increase from 3.52% in June. The 12 month average remained 4.0%, although still shows an upward trajectory, and work is underway between the Employee Relations team and HRBPs to look into areas of high sickness absence to ensure 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 increased slightly last month, to approximately 6.00%, but remains on a downward trajectory for the last 12 months. The average over the last 12 months decreased from 8.2% to 7.9%% 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

Aug	Employed vs Temporary Staff (%)	90.1 (1.8%)		"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."
Aug	Agency %	7.8 (14.4%)		% of temporary (Agency and Bank) staff of the total WTE
Aug	Bank Filled Hours vs Total Agency Hours	64 (11.6%)		% 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) decreased slightly in August to 7383.12 (up from 7388.43 WTE in July), which left a vacancy factor of approx. 750 wte across the Trust.

The average percentage of employed staff vs temporary staff over the last 12 months increased to 90.1% (89.9% 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 approximately 7%, 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 April 2019.

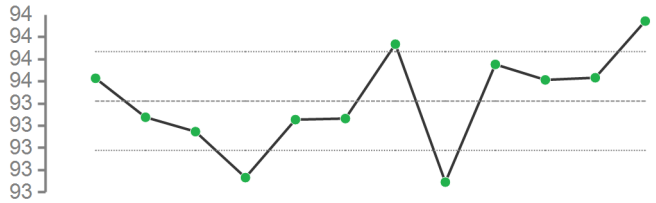
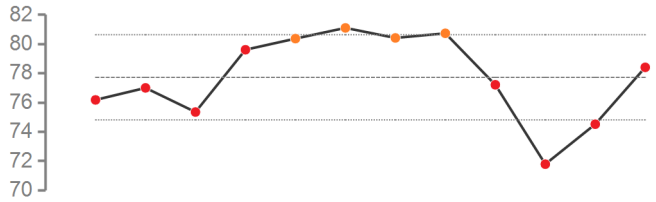
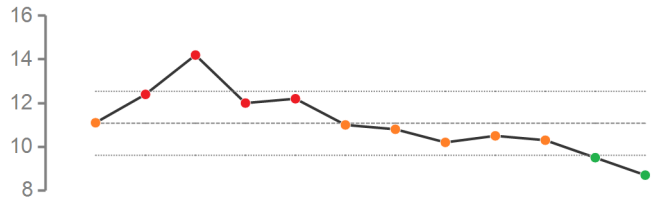
The percentage of hours filled by bank (NHSP) staff against agency staff continued to increased for the 7th month running.

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

Aug	Statutory Training (%)	93 (0.8%) ↑		"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. "
Aug	Appraisal Rate (%)	77.7 (-0.1%) ↓		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.
Aug	Time to Recruit	11 (-20.3%) ↓		"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 92% in month for August. 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 78% in month for August (74% in July). Surgery & Anaesthetics (87%) and Surgery Head, Neck & Breast (88%) 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 9 weeks, which is an improvement on the previous 12 months. The 12 month average time to recruit remains 11 weeks, but 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

Aug

	Aug-19				YTD				YTD vs Last Yr				
	Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green
Referral Primary Care	13,854	13,947	(-93)	-1%	76,385	73,686	2,699	4%	76,385	72,723	3,662	5%	<=0%
Referral Non-Primary Care	15,641	13,818	1,823	13%	81,185	74,068	7,117	10%	81,185	74,748	6,437	9%	<=0%
OP New	16,899	18,020	(-1,121)	-6%	91,701	87,692	4,009	5%	91,701	92,150	(-449)	0%	>=0%
OP Follow Up	36,615	39,288	(-2,673)	-7%	200,169	198,891	1,278	1%	200,169	202,086	(-1,917)	-1%	>=0%
Elective Daycase	6,043	6,035	8	0%	31,966	31,030	936	3%	31,966	32,334	(-368)	-1%	>=0%
Elective Inpatient	1,143	1,176	(-33)	-3%	5,761	6,277	(-516)	-8%	5,761	6,226	(-465)	-7%	>=0%
A&E	19,900	18,688	1,212	6%	99,105	92,992	6,113	7%	99,105	92,819	6,286	7%	>=0 & <5%
Non-Elective Inpatient	7,241	7,046	195	3%	37,591	35,202	2,389	7%	37,591	33,733	3,858	11%	>=0 & <5%
Chemotherapy	1,318	1,287	31	2%	6,634	6,218	416	7%	6,634	6,143	491	8%	>=0%
Critical Care	1,725	1,838	(-113)	-6%	8,935	9,181	(-246)	-3%	8,935	9,051	(-116)	-1%	>=0%
Dialysis	7,558	7,143	415	6%	37,108	34,894	2,214	6%	37,108	34,163	2,945	9%	>=0%
Maternity Pathway	1,135	1,123	12	1%	5,587	5,683	(-96)	-2%	5,587	5,696	(-109)	-2%	>=0%
Pre-Op Assessments	2,456	3,468	(-1,012)	-29%	14,560	18,285	(-3,725)	-20%	14,560	17,313	(-2,753)	-16%	>=0%
Diagnostic	454,923	454,249	674	0%	2,421,677	2,332,773	88,904	4%	2,421,677	2,298,105	123,572	5%	<=0%
Other	5,058	5,456	(-398)	-7%	25,474	26,625	(-1,151)	-4%	25,474	25,574	(-100)	0%	>=0%

East Kent Hospitals University NHS Foundation Trust

August 2019

Summary Performance

Elective Care

In August Primary Care referrals were 1% (-91) below planned levels generating a YTD variance of 4% above plan. Rapid Access referrals remain slightly below planned levels YTD, however routine referrals generated a YTD variance of 5% (+2,914) above plan. Non Primary Care referrals are 10% above planned levels YTD.

The Trust did not achieve the outpatient New plan for the first time this financial year with appointments 6% below planned levels but remains above planned levels YTD (+5%). YTD Underperformances were seen in Maxillo Facial (-541), Ear, Nose and Throat (-473), Urology (-422), and Gastroenterology (-355).

The Trust under-performed the follow up plan in August by 7% reducing the YTD variance to +1%. YTD underperformances were seen in Physiotherapy (-1,491), Ear, Nose and Throat (-901), Community Paediatric Neuro-Disability (-584) and General Medicine (-555). Follow up reduction improvement plans are in place for each specialty.

Daycase admissions achieved the plan and delivered for the fourth consecutive month generating a YTD performance of 3% above plan (+936). Underperformances were seen in key elective specialties Maxillo Facial, Ophthalmology Pain Management and Respiratory Medicine.

Elective Admissions are 8% (-516) behind the plan YTD with Trauma and Orthopaedics (-292), General Medicine (-288) and General Surgery (-103) contributing to the largest underperformance.

Non Elective Care

Attendances to the Emergency Departments across the Trust continued to be above plan at +6% in month and +7% year to date. Emergency admissions are also +3% in month and 7% above plan year to date. Emergency activity in 19/20 is up by 11% when compared to 18/19.

East Kent Hospitals University NHS Foundation Trust

Summary Issues, actions and timescales:

Issue

- To improve RTT validation across all pathways and with a particular focus on gastroenterology.
- Continue to reduce the backlog of patients in Ophthalmology.

Action and timescales

- Gastroenterology operational managers have been focussing on endoscopy validation and booking and will refocus on gastroenterology and endoscopy from September.
- Ophthalmology Improvement plan, with monitored trajectory has reduced the backlog to 2,486 at the end of August.

East Kent Hospitals University NHS Foundation Trust

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	5,123	6,074	-16%	-951
101 - Urology	2,650	3,537	-25%	-887
301 - Gastroenterology	3,178	3,803	-16%	-625
110 - Trauma & Orthopaedics	4,916	4,487	10%	429
330 - Dermatology	6,857	6,404	7%	453
100 - General Surgery	1,678	1,207	39%	471
104 - Colorectal Surgery	4,294	3,784	13%	510
120 - Ear, Nose & Throat	4,985	4,465	12%	520
400 - Neurology	2,561	1,983	29%	578
340 - Respiratory Medicine	2,956	1,915	54%	1,041
Total	**76,385**	**73,686**	**4%**	**2,699**

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	11,906	14,996	-21%	-3,090
800 - Clinical Oncology	4,140	4,867	-15%	-727
430 - HCOOP	904	1,311	-31%	-407
651 - Occupational Therapy	927	1,229	-25%	-302
300 - General Medicine	1,774	1,443	23%	331
101 - Urology	3,779	3,267	16%	512
100 - General Surgery	2,463	1,384	78%	1,079
502 - Gynaecology	3,907	2,737	43%	1,170
130 - Ophthalmology	8,354	6,699	25%	1,655
340 - Respiratory Medicine	7,741	1,271	509%	6,470
Total	**81,185**	**74,068**	**10%**	**7,117**

OP New

Specialty	Activity	Plan	Var (%)	Significance
140 - Maxillo Facial	2,980	3,521	-15%	-541
120 - Ear, Nose & Throat	5,341	5,814	-8%	-473
101 - Urology	3,438	3,860	-11%	-422
301 - Gastroenterology	2,821	3,176	-11%	-355
104 - Colorectal Surgery	3,755	3,294	14%	461
215 - Paediatric ENT	562	97	479%	465
420 - Paediatrics	3,840	3,294	17%	546
330 - Dermatology	6,154	5,607	10%	547
502 - Gynaecology	6,332	5,562	14%	770
110 - Trauma & Orthopaedics	7,275	6,236	17%	1,039
Total	**91,701**	**87,692**	**5%**	**4,009**

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
650 - Physiotherapy	25,780	27,271	-5%	-1,491
120 - Ear, Nose & Throat	6,575	7,476	-12%	-901
291 - Community Paediatric Neuro-Disa	2,126	2,710	-22%	-584
300 - General Medicine	302	857	-65%	-555
301 - Gastroenterology	6,586	6,036	9%	550
101 - Urology	9,621	8,873	8%	748
655 - Orthoptics	3,881	3,036	28%	845
502 - Gynaecology	6,679	5,784	15%	895
330 - Dermatology	8,861	7,916	12%	945
361 - Renal	8,830	7,598	16%	1,232
Total	**200,169**	**198,891**	**1%**	**1,278**

East Kent Hospitals University NHS Foundation Trust

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
140 - Maxillo Facial	888	1,095	-19%	-207
130 - Ophthalmology	1,993	2,120	-6%	-127
191 - Pain Management	802	912	-12%	-110
340 - Respiratory Medicine	410	512	-20%	-102
120 - Ear, Nose & Throat	886	979	-10%	-93
110 - Trauma & Orthopaedics	2,068	1,929	7%	139
101 - Urology	3,584	3,386	6%	198
800 - Clinical Oncology	2,818	2,604	8%	214
410 - Rheumatology	560	52	977%	508
301 - Gastroenterology	850	337	152%	513
Total	**31,966**	**31,030**	**3%**	**936**

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	1,319	1,611	-18%	-292
300 - General Medicine	540	828	-35%	-288
100 - General Surgery	363	466	-22%	-103
120 - Ear, Nose & Throat	248	290	-15%	-42
503 - Gynaecology Oncology	132	173	-24%	-41
320 - Cardiology	59	98	-40%	-39
340 - Respiratory Medicine	13	48	-73%	-35
420 - Paediatrics	159	111	44%	48
811 - Interventional Radiology	137	65	112%	72
101 - Urology	1,251	1,132	10%	119
Total	**5,761**	**6,277**	**-8%**	**-516**

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	9,575	10,323	-7%	-748
420 - Paediatrics	3,009	3,687	-18%	-678
560 - Midwifery	844	1,170	-28%	-326
100 - General Surgery	2,719	2,950	-8%	-231
501 - Obstetrics	2,089	2,230	-6%	-141
110 - Trauma & Orthopaedics	1,665	1,787	-7%	-122
320 - Cardiology	865	983	-12%	-118
101 - Urology	1,996	1,767	13%	229
430 - HCOOP	3,437	3,166	9%	271
180 - Accident & Emergency	7,768	3,307	135%	4,461
Total	**37,591**	**35,202**	**7%**	**2,389**

Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	2421677	2332773	4%	88,904
A&E	99105	92992	7%	6,113
Pre-Op	14560	18285	-20%	-3,725
Dialysis	37108	34894	6%	2,214
Other	25474	26625	-4%	-1,151
Chemotherapy	6634	6218	7%	416
Critical Care	8935	9181	-3%	-246
Maternity Pathway	5587	5683	-2%	-96

East Kent Hospitals University NHS Foundation Trust

4 Hour Emergency Access Standard

Key Performance Indicators

80.23%

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
4 Hour Compliance (EKHUFT Sites) %*	77.15%	80.89%	81.74%	79.36%	74.20%	73.85%	78.23%	77.13%	81.22%	81.40%	81.35%	80.23%
4 Hour Compliance (inc KCHFT MIUs)	81.02%	83.88%	84.50%	82.25%	77.93%	77.56%	81.53%	80.54%	84.26%	84.65%	84.61%	83.81%
12 Hour Trolley Waits	0	0	0	0	0	0	0	0	0	0	0	0
Left without being seen	3.52%	3.09%	2.77%	3.03%	3.02%	3.56%	3.67%	4.03%	3.49%	3.83%	3.70%	4.50%
Unplanned Reattenders	10.23%	9.82%	9.56%	9.46%	9.59%	9.82%	9.83%	10.70%	9.98%	9.94%	9.54%	9.69%
Time to initial assessment (15 mins)	72.8%	71.4%	70.9%	65.0%	66.3%	66.3%	65.6%	66.9%	68.3%	69.2%	69.5%	75.3%
% Time to Treatment (60 Mins)	45.7%	50.7%	52.7%	48.7%	50.5%	47.9%	44.9%	44.0%	45.9%	45.0%	46.2%	44.5%

2019/20 Trajectory (NHSI return)

-6.42 %

	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%	80.2%							

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

Summary Performance

August performance for the organisation against the 4 hour target was 80.23%; against the NHS Improvement trajectory of 86.6%. This represents a reduction in performance compared to the previous month of 1.12% (from 81.35%), and an increase compared to the same month last year (80.04% in 2018). There were no 12 Hour Trolley Waits in August. The proportion of patients who left the department without being seen increased to 4.5%. The unplanned re-attendance position remains high at 9.69%. Time to treatment within 60 minutes remained below 50% at 44.5% for the month.

East Kent Hospitals University NHS Foundation Trust

Issue

- Continuing increase in number of patients attending ED (7% above plan ytd)
- Patient flow is blocked due to high number of >21 day patients, which results in a continued increase in the number of DTOC patients.
- External care package and community bed capacity continues to be limited and is preventing timely discharge
- ED performance at QE has been challenged due to increased ambulance attendances and lack of external capacity, particularly in the Thanet area.

Action

- Increased streaming of appropriate patients to primary care stream in ED.
- Director and senior clinician led weekly review of all >21 day Long Length of Stay patients, focussing on resolving internal and external delays.
- Director led escalation to Rapid Transfer of Care Team (RTOC) managers and external Directors in Community and Social Care to resolve patient and capacity delays.
- Ambulance handover delay Improvement plan implemented with monthly monitoring.
- QEQMH ED Improvement plan has been developed and will be progressed via weekly senior leadership team meetings.

Timescale

- ED Improvement plan to be updated – August 19 – completed.
- QEQMH weekly ED improvement meetings to be implemented by 1/9/19

East Kent Hospitals University
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August 2019 | National A&E Benchmarking

East Kent Hospitals University NHS Trust ranked 129 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

80.22 %

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Green
62 Day Treatments	68.84%	75.85%	70.95%	82.08%	68.21%	76.88%	81.56%	79.13%	80.18%	72.94%	82.80%	80.22%	>=85%
>104 day breaches	12	9	4	8	10	8	7	10	6	3	7	1	0
Demand: 2ww Refs	2,874	3,483	3,308	2,656	3,414	3,230	3,317	3,208	3,435	3,203	3,674	3,185	3086 - 3411
2ww Compliance	91.08%	83.43%	93.29%	96.73%	96.52%	98.31%	97.87%	97.72%	96.53%	96.16%	98.02%	98.31%	>=93%
Symptomatic Breast	94.39%	68.46%	83.33%	95.00%	97.22%	98.31%	92.76%	93.64%	93.81%	86.32%	96.27%	96.00%	>=93%
31 Day First Treatment	97.50%	97.40%	97.07%	97.66%	95.63%	97.73%	96.06%	97.54%	95.72%	92.83%	97.66%	94.28%	>=96%
31 Day Subsequent Surgery	96.00%	93.33%	100.00%	97.22%	97.78%	96.49%	94.74%	84.91%	94.12%	91.07%	100.00%	74.58%	>=94%
31 Day Subsequent Drug	97.75%	99.19%	98.06%	98.85%	98.28%	97.27%	100.00%	100.00%	99.18%	99.07%	100.00%	98.32%	>=98%
62 Day Screening	87.76%	87.50%	85.71%	87.50%	100.00%	76.92%	82.61%	100.00%	91.89%	73.33%	97.14%	88.89%	>=90%
62 Day Upgrades	72.73%	80.77%	90.00%	70.00%	84.00%	86.67%	76.47%	80.00%	85.71%	72.00%	73.91%	63.64%	>=85%

2019/2020 Trajectory

-6.09 %

	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%	80.22%								Apr

Last updated: 16/09/2019

Please note that the latest month will still be undergoing validation

East Kent Hospitals University NHS Foundation Trust

62 Day Performance Breakdown by Tumour Site

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
01 - Breast	89.2%	73.9%	72.4%	89.2%	67.4%	84.3%	86.0%	90.0%	76.7%	63.8%	81.5%	78.8%
03 - Lung	57.1%	52.2%	59.4%	93.5%	64.5%	81.8%	93.3%	58.3%	65.5%	76.5%	46.2%	50.0%
04 - Haematological	63.2%	50.0%	71.4%	75.0%	38.5%	33.3%	62.5%	72.7%	54.5%	80.0%	62.5%	66.7%
06 - Upper GI	59.1%	70.6%	64.7%	100.0%	61.1%	75.0%	60.9%	83.3%	69.4%	59.3%	83.3%	82.4%
07 - Lower GI	65.0%	84.8%	41.4%	57.1%	62.9%	73.8%	64.7%	61.5%	72.7%	53.3%	78.6%	77.1%
08 - Skin	100.0%	100.0%	91.7%	96.7%	94.9%	98.2%	100.0%	95.7%	98.1%	97.4%	97.0%	91.7%
09 - Gynaecological	84.0%	69.7%	100.0%	80.0%	80.0%	71.4%	76.5%	80.0%	78.6%	80.0%	93.8%	80.0%
10 - Brain & CNS	100.0%										100.0%	
11 - Urological	52.1%	70.5%	67.8%	78.4%	64.8%	81.1%	76.2%	85.5%	87.5%	74.2%	91.0%	87.9%
13 - Head & Neck	56.3%	100.0%	50.0%	85.7%	52.4%	42.1%	92.6%	35.7%	33.3%	41.2%	44.4%	58.3%
14 - Sarcoma		100.0%		100.0%	50.0%	50.0%		100.0%	0.0%	66.7%		100.0%
15 - Other	66.7%	0.0%		33.3%	0.0%	40.0%	25.0%	0.0%	33.3%	33.3%		0.0%

Summary Performance

April 62 day performance is currently 80.22% against the improvement trajectory of 86.31%, 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 2,696 and there was 1 patient waiting 104 days or more for treatment or potential diagnosis.

Issues:

- Increased demand for 2ww referrals, particularly in lower GI which impacts on surgical, endoscopy and CT/MRI diagnostic services.
- Increased demand for 2ww referrals in Dermatology
- Delays on complex pathways for lung cancer and upper GI due to tertiary centre involvement in pathways

- Delays in endoscopy above 10 days due to issues relating to medical workforce vacancy and ability to book JAG Accredited locums who are able to perform the required range of endoscopy procedures.

Action:

- Central Booking Office are implementing 7 day booking capacity to increase the number of patients who are offered an appointment within 48 hours of referral received within the Trust.
- Identify additional capacity for 2ww surgical and dermatology clinics.
- Daily 2ww and 73 day plus patients continue
- Escalations to tertiary centres via Chief Operating Officer (COO) to COO to resolve delays in patients pathways.

104 day breach

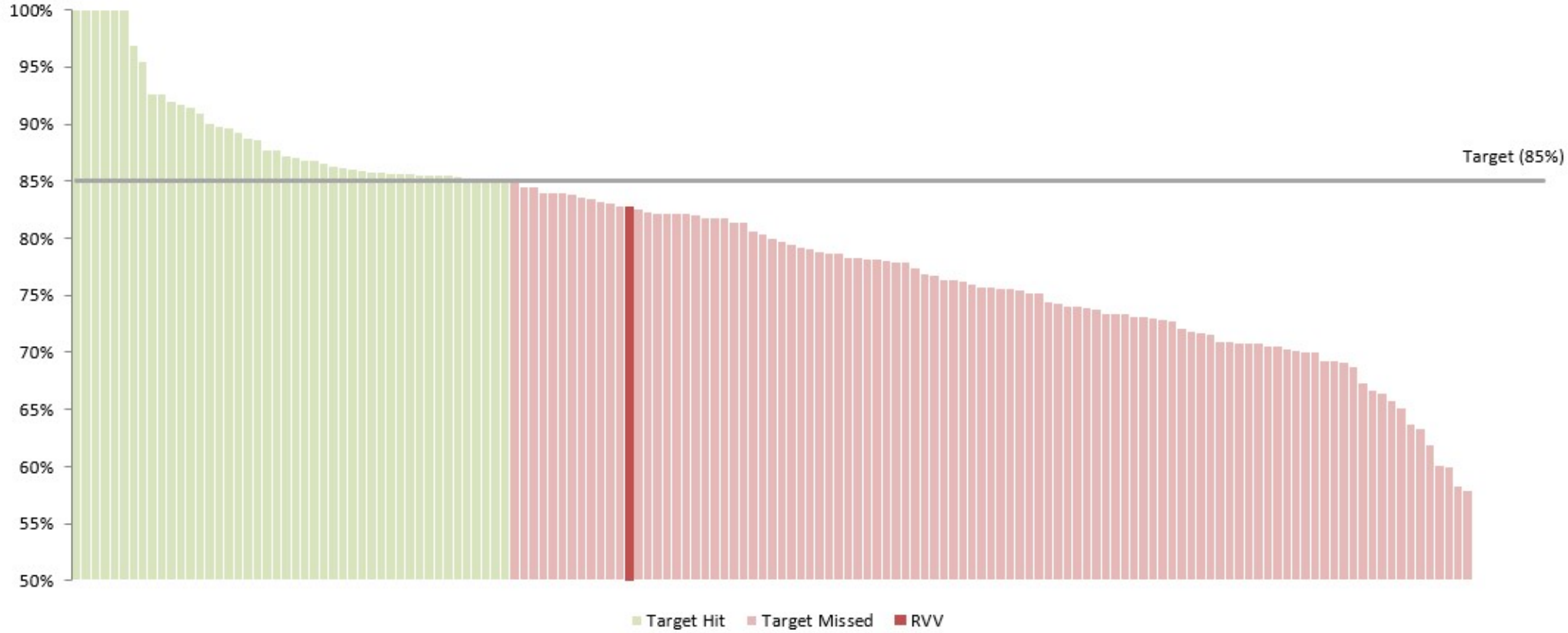
- Patient is awaiting a SABRE test in a tertiary centre which has been booked for September. A COO to COO escalation has been completed to request the appointment to be brought forward.

East Kent Hospitals University NHS Foundation Trust

July 2019 | National 62 Day Cancer Benchmarking

East Kent Hospitals University NHS Trust ranked 59 of 151 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

81.81 %

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Green
Performance	76.27%	74.89%	72.16%	72.42%	76.10%	77.89%	80.03%	79.15%	80.66%	82.06%	82.46%	81.81%	>=92%
52w+	129	120	102	74	38	27	8	3	4	3	2	1	0
Waiting list Size	54,721	55,610	54,492	53,171	50,134	48,743	48,696	45,867	46,359	46,293	45,292	46,121	<38,938
Backlog Size	12,983	13,966	15,170	14,662	11,984	10,776	9,723	9,564	8,964	8,307	7,946	8,389	<2,178

2019/2020 Trajectory

3.81 %

	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%	81.81%								

1

	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	1								

The 18 week performance is above the agreed trajectory, with further reduction in 52 week wait patients (1) and there has been a small increase of backlog size in month.

Issue

- Waiting list size has grown.
- Backlog size has increased
- 18 week compliance needs detailed management in specific specialities, ie surgery, orthopaedics, pain and gastroenterology.

Action:

- Improvement plan to review booking process of waiting list and short notice cancellation of clinics.
- Speciality improvement plans include actions to book longest waiting patients as a priority to reduce the backlog.
- Weekly monitoring at COO led PTL meeting down to patient level detail of undated new out patients over 8 weeks.
- Speciality improvement plans include efficient utilisation of clinic capacity to minimise impact of short notice cancellations and DNA's.

52 Week Breach

- **Patient 1 –** Surgical patient on a complex diagnostic pathway involving a tertiary centre. The patient has now been removed from pathway in early September.

East Kent Hospitals University NHS Foundation Trust

July 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

99.08 %

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Green
Performance	98.57%	99.31%	99.65%	99.56%	99.72%	99.49%	99.59%	99.29%	99.45%	99.60%	99.42%	99.08%	>=99%
Waiting list Size	12,750	12,820	13,329	12,235	12,949	14,210	15,058	15,517	15,228	15,548	14,887	14,825	<14,000
Waiting > 6 Week Breaches	182	88	46	54	36	73	61	110	84	62	86	137	<60

2019/20 Trajectory

-0.02 %

	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%	99.08%							

Summary Performance

The standard has been met for August 19 with a compliance of **99.08%**. As at the end of the month there were **137** patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 14
- Cardiology: 25
- Urodynamic: 0
- Sleep Studies : 0
- Cystoscopy : 0
- Colonoscopy : 57
- Gastroscopy : 26
- Flexi Sigmoidoscopy : 14
- Neurophysiology: 1
- Audiology : 0

East Kent Hospitals University NHS Foundation Trust

Issues

- Endoscopy capacity due to vacancy and increased demand.
- Cardiology capacity

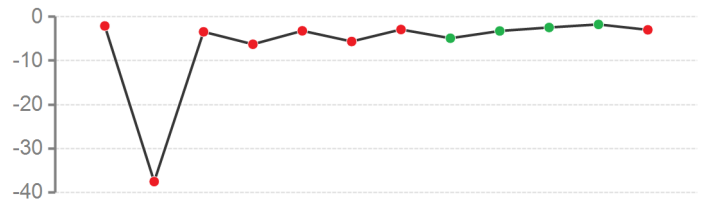
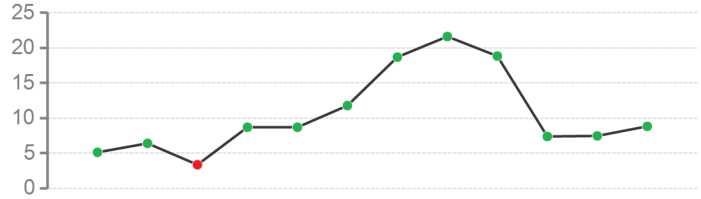
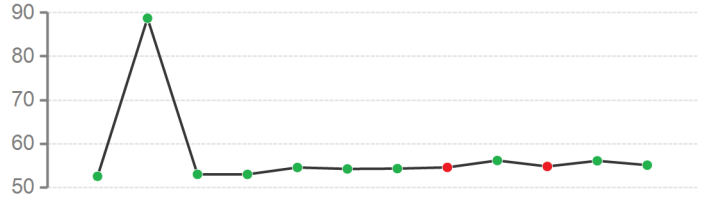
Actions

- Additional endoscopy capacity is being identified via own clinicians and agency locums.
- Weekly endoscopy improvement meetings in place to maximise demand and capacity, including staffing issues
- Additional echo capacity has been identified through job plan reviews within the cardiac departments.
- Cardiac Physiologist recruitment plan in place with new staff joining in autumn.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Finance

Finance

Aug	I&E £m (Trust Only)	-15.2 (71.3%)		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.
Aug	Cash Balance £m (Trust Only)	8.8 (18.3%)		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.
Aug	Total Cost £m (Trust Only)	55.1 (-1.8%)		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.

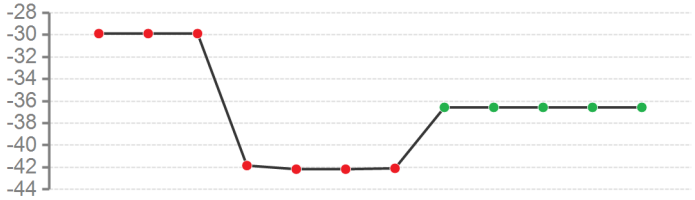
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Finance

Aug

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.

Highlights and Actions:

The Trust generated a consolidated deficit in month of £2.7m which was consistent with the planned position. The year-to-date deficit of £15.2m is £0.5m 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:

• Clinical income over performance of £0.3m primarily due to Cancer drugs Fund and NHSE specialised commissioners with £0.5m over performance in haemophilia blood products and rechargeable high cost and home care drugs, offset by under performance in Cancer MDT and NICU £0.2m.

• Non-pay underspend of £0.6m primarily due to the continued reduction in purchase of healthcare from external organisations which is favourable to plan in month by £0.4m in August, reflecting positive work by care groups to minimise outsourcing of surgical activity.

• A pay overspend of £1.2m due to overspends in mainly medical agency staffing due to continued operational pressures. In previous months this spend has been offset by underspend in bank & substantive pay categories, but in August there was a cost pressure of £0.3m relating to backdated payments to Stroke consultants for following job plan review and £0.1m relating to payments in lieu of notice. CIP schemes relating to agency staff are behind plan in August by £0.4m and £0.3m behind plan YTD.

The East Kent CCG aligned incentive contract (AIC) remains financially beneficial to EKHUFT, with a year-to-date benefit of £1.2m as compared to a PbR activity based contract.

While the financial position in August 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.

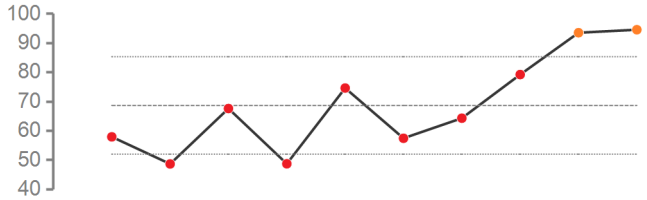
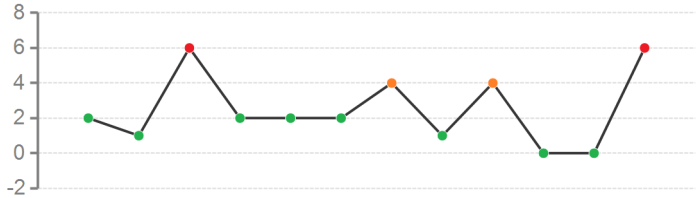
This focus on delivering the financial position is being maintained by a combination of monthly Executive Performance Review meetings and Confirm and Challenge meetings led by the COO and FD. Additionally EKHUFT has developed an internal Financial Special Measures framework to ensure all areas of the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

The Trust's cash balance at the end of August was £8.8m which is £3.8m above plan due to the timing of large value receipts. The Trust borrowed £2.8m in August therefore total Trust borrowings increased to £104m 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

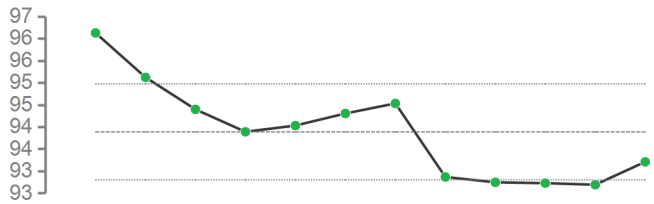
Aug	H&S HASTA All Scores	65 (-18.5%)		Overall Health And Safety Toolkit Audit (HASTA) compliance score – by Care Group, Specialty & Site	★★★
Aug	RIDDOR Reports (Number)	30 (15.4%)		"RIDDOR reports sent to HSE each month.(please note that Riddor uses the Field inc_dnotified (HSE date) rather than inc_dreported (Reported date)	★★☆

Strategic Theme: Health & Safety

Aug

Health & Safety Training

94
(-4.4%)



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

Highlights and Actions:

HASTA Audits August 2019

Scores for the 19/20 HASTA uploaded achieved 94.5% cumulatively in August 2019.
COSHH Assessments achieved 97.3%
COSHH Controls achieved 100%
COSHH Inventory achieved 100%
COSHH Assessments 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.

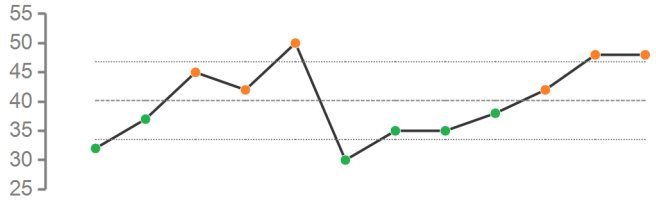
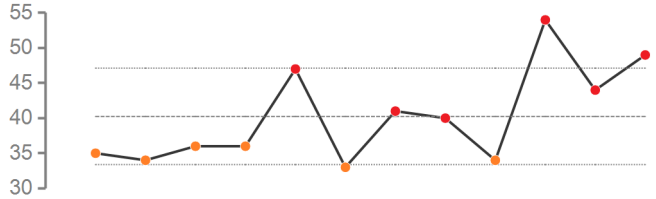
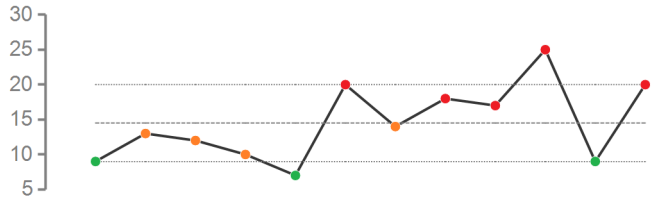
There were 6 RIDDOR reportable incidents to the HSE recorded for August 2019.

Health and Safety Mandatory Training achieved 93.2% attendance in August 2019.
Health and Safety Staff Surveillance achieved 100% in August 2019.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 2

Aug	Accidents	482 (23.6%)		Number of Accidents that have occurred, excluding sharps (needles etc) but including manual handling. Data Source: DATIX
Aug	Violence & Aggression	483 (-8.3%)		Number of cases of Violence, aggression and verbal abuse raised towards Staff. Data Source: DATIX
Aug	Sharps	174 (3.0%)		Number of Incidents raised involving use of sharps (e.g. needle stick). Data Source: DATIX

Highlights and Actions:

Accidents

In August 2019 there were 48 accidents which is the same level of accidents when compared with July's data.
11 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.
9 incidents were due to staff coming into contact with sharp objects.
8 incidents were due to exposure to bodily fluids in the laundry bags.
7 incidents were due to staff being knocked by a stationary or moving object.
3 incidents were due to staff trapping hands in a door or window.
1 incident due to contact with a harmful liquid
1 incident due to contact with hot liquid.
1 incident due to restricted access
1 incident due to a motor vehicle accident.
1 incident due to trips and/or fall
5 incidents were classified as 'other' and will be moved to the correct category by the datix manager.
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 August 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.

Violence and Aggression
In August 2019 there were 49 incidents reported which was an increase of 6 incidents when compared with July's data.
Patient behaviour - physical assaults on staff = 27. These were due to patients with mental health issues lashing out at staff.
Patient behaviour - aggression to a member of staff = 7
Patient behaviour - aggression to another patient = 2
Security response time delay = 4
Security knife/weapon related = 1

Staff behaviour towards another member of staff = 5
Visitor of other/person's behaviour t a member of staff = 3

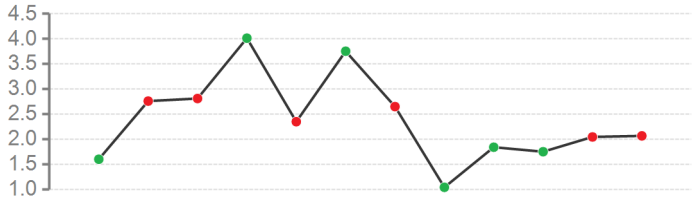
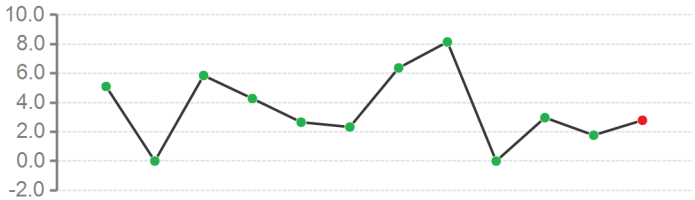
The Trust's MAYBO training is now in place for 2019/20 with spaces for 200 staff to attend. There are also 3 conflict resolution training sessions in place per month.

Sharps
The number of sharps incidents recorded for August 2019 was 20 which was an increase of 11 when compared with July's data.
17 were due to needle stick injuries when the sharp or needle was used
2 were due to contact with an unused sharp
1 was recorded as a near miss.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Balance Sheet

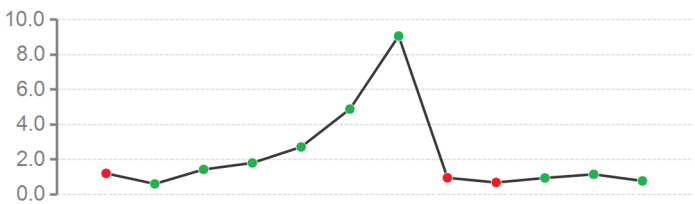
Aug	CIPS £m	8.7 (1.0%)		Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.
Aug	Cash borrowings £m	15.7 (57.8%)		Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.

Strategic Theme: Use of Resources

Aug

Capital position £m

4.5
(-32.9%)



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 £5.1m to £17m. The largest debtors at 31st August were 2gether Support Solutions at £4m although progress has been made in streamlining processes to minimise inter-company debt and this balance has reduced from previous levels.

CAPITAL
Total capital expenditure at the end of August is £1.2m (20%) below plan. The main drivers are delays in identifying & prioritising schemes within the Patient Environment Investment Committee (PEIC) and the T3 ICT project spend being behind planned levels. It is anticipated that this expenditure will be back in line with the planned profile by Q3 and a review and re-prioritisation exercise is planned for September.

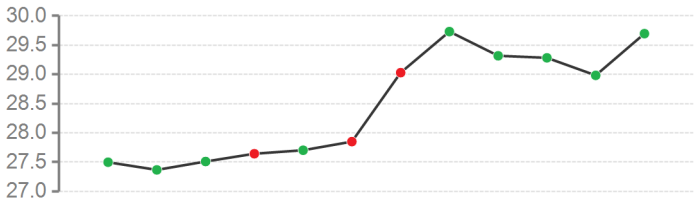
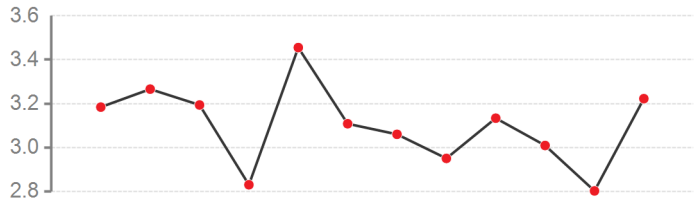
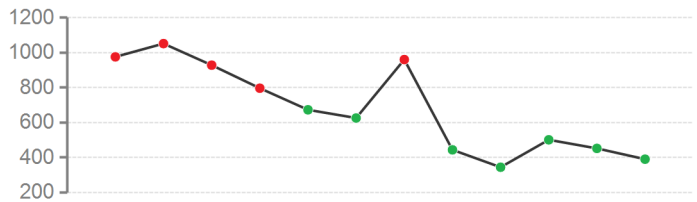
CASH
The Trust's cash balance at the end of August was £8.8m which is £3.8m above plan. The main driver for this position was payments received following work to resolve inter-company balances with 2gether of £2.2m.

FINANCING
The Trust borrowed £2.8m in August therefore total Trust borrowings increased to £104m. The planned 19/20 loan is £37m in line with the planned I&E deficit.
£1.5m 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

Aug	Payroll Pay £m	29.7 (2.5%)		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.
Aug	Agency Spend £m	3.2 (15.0%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.
Aug	Independent Sector £k	390 (-13.7%)		Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.

Highlights and Actions:

Pay performance is adverse to plan in August by £1.2m driven by overspends in mainly medical agency staffing due to continued operational pressures combined with one off backdated pay awards.

Total expenditure on pay in August was £34m, an increase of £0.9m when compared to expenditure in July.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Improvement Journey

		Apr	May	Jun	Jul	Aug	
MD02 - Emergency Pathway	ED - 4hr Compliance (incl KCHFT MIUs) %	80.54	84.26	84.65	84.61	83.81	>= 95
MD04 - Flow	DToCs (Average per Day)	97	94	85	70	76	>= 0 & <35
	IP - Discharges Before Midday (%)	19	19	18	19	18	>= 35
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	79.13	80.18	72.94	82.80	80.22	>= 85
MD07 - Maternity	Staff Turnover (Midwifery)	13	13	13	12	14	>= 0 & <10
	Vacancy (Midwifery) %	7	1	-1	0	0	>= 0 & <7
MD08 - Recruitment & Staffing	Staff Turnover (%)	14.2	14.2	14.3	12.5	14.9	>= 0 & <10
	Staff Turnover (Nursing)	13	13	13	12	14	>= 0 & <10
	Staff Turnover (Medical)	13	13	14	13	14	>= 0 & <10
	Vacancy (Nursing) %	13	14	15	17	17	>= 0 & <7
	Vacancy (Medical) %	16	15	16	16	8	>= 0 & <7
MD09 - Workforce Compliance	Appraisal Rate (%)	80.7	77.2	71.8	74.5	78.4	>= 85
	Statutory Training (%)	93	94	94	94	94	>= 85

East Kent Hospitals University NHS Foundation Trust

Glossary

Domain	Metric Name	Metric Description	Green	Weight
A&E	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 %
	ED - 4hr Compliance (incl KCHFT MIUs) %	No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics	>= 95	100 %
Beds	IP Spells with 3+ Ward Moves	Total Patients with 3 or more Ward Moves in Spell	Lower is Better	
	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 %
Cancer	Cancer: 2ww (All) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent GP referral for suspected cancer (CB_B6)	>= 93	10 %
	Cancer: 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: 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 %
	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 %

Clinical Outcomes	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 %
	4hr % Compliance from Presentation to Stroke Ward	4hr % Compliance from Presentation to Stroke Ward, as per BPT	Higher is Better	
	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 %
Culture	Staff FFT - Treatment (%)	Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission.		40 %
	Staff FFT - Work (%)	"Percentage of staff who would recommend the organisation as a place to work - data is quarterly and from the national submission. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 60	50 %
Data Quality & Assurance	Uncoded Spells %	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	>= 0 & <0.25	25 %
	Valid Ethnic Category Code %	Patient contacts where Ethnicity is not blank as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	5 %

Data Quality & Assurance	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: New %	New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments.	>= 0 & <7	
	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	
	New:FUp Ratio (1:#)	Ratio of attended follow up appointments compared to attended new appointments	>= 0 & <2.13	
Diagnostics	Audio: Complete Path. 18wks (%)	AD01 = % of Patients waiting under 18wks on a completed Audiology pathway	>= 99	
	Audio: Incomplete Path. 18wks (%)	AD02 = % of Patients waiting under 18wks on an incomplete Audiology pathway	>= 99	
	DM01: Diagnostic Waits %	The percentage of patients waiting less than 6 weeks for diagnostic testing. The Diagnostics Waiting Times and Activity Data Set provides definitions to support the national data collections on diagnostic tests, a key element towards monitoring waits from referral to treatment. Organisations responsible for the diagnostic test activity, report the diagnostic test waiting times and the number of tests completed.The diagnostic investigations are grouped into categories of Imaging, Physiological Measurement and Endoscopy and covers 15 key diagnostic tests.	>= 99	100 %
Finance	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 %
	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 in 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 %
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	Number of cases of Violence, aggression and verbal abuse raised towards Staff. Data Source: DATIX	>= 0 & <25	10 %
	Accidents	Number of Accidents that have occurred, excluding sharps (needles etc) but including manual handling. Data Source: DATIX	>= 0 & <40	15 %

Health & Safety	Sharps	Number of Incidents raised involving use of sharps (e.g. needle stick). Data Source: DATIX	>= 0 & <10	5 %
Incidents	All Pressure Damage: Cat 2	"Number of all (old and new) Category 2 pressure ulcers. Data source - Datix."	>= 0 & <1	
	Blood Transfusion Incidents	"The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."		
	Clinical Incidents: 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 %
	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 or Other VTE. Data source - Safety Thermometer (old and new harms)."	>= 94	10 %
	Clinical Incidents closed within 6 weeks (%)	Percentage of Clinical Incidents closed within 6 weeks		
	Clinical Incidents: Minimal Harm			
	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		
	Clinical Incidents: Severe Harm			

Incidents	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."		
Infection	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	
	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	
	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."		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 %
Mortality	Number of SJR's Completed	Number of Structured Judgement Reviews (Mortality Case Record Reviews) completed		

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 %
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: 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 %

Patient Experience	IP Survey: Overall, did you get the care that matters to you?	Inpatient Survey: Patients views on if they got the overall care that mattered to them as a %		
	Maternity FFT: Not Recommended (%)	Maternity FFT: Not Recommended (%)		
	Maternity FFT: Recommended (%)	Maternity FFT: Recommended (%)		
	Maternity FFT: Response Rate (%)	Maternity FFT: Response Rate (%)		
	Number of Complaints	"The number of Complaints recorded overall . Data source - Patient Experience Team"		
	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 %
	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 %

Patient Experience	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 %
Productivity	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 %
	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.	Lower is Better	
	LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.	Lower is Better	
	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 %
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 %

Staffing	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 %
	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 direction 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		

Staffing	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		
	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 direction 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	

Training	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