# INTEGRATED PERFORMANCE REPORT

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.
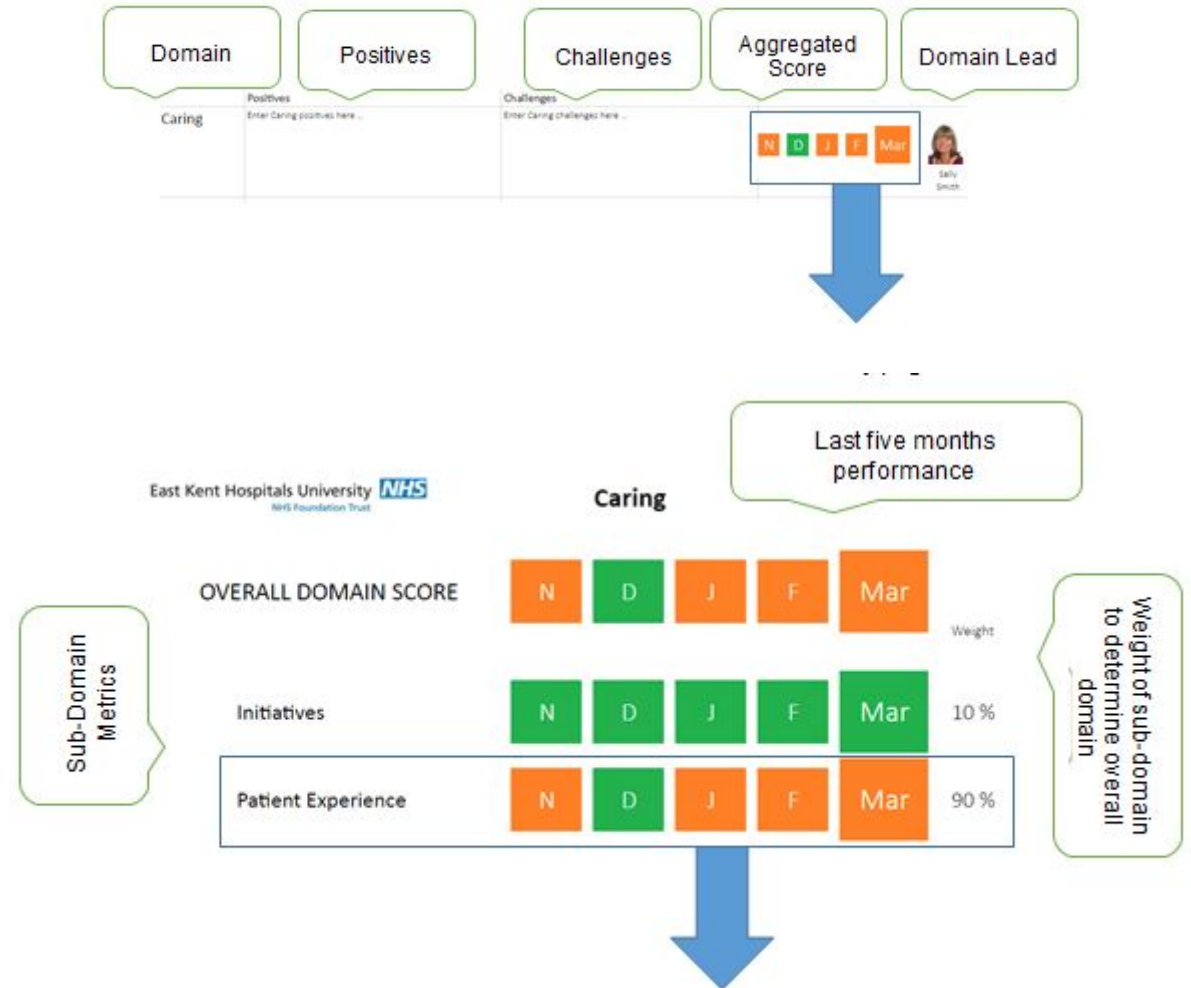
Understanding the IPR

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.

Strategic Priorities

Headlines

	Positives	Challenges	
Caring	The Friends and Family test inpatient satisfaction rate remains positive at 97%. We have also seen a reduction in patients not recommending the Trust to their friends and family. This is the lowest it has been for 5 months. Care, Staff attitude and Implementation of care are the three top positive themes for Febuary-19. Complaints performance has improve in February and is registering at 91% for responses to the client within agreed timescales. The number of patients who are up and dressed has risen again this month, as has help with meals.	In February we reported 3 non-justifiable affecting 21 patients. The reason for the breaches continues to be to maintain safety and flow through the Emergency Departments. We continue to receive daily assurance that safety checks are completed and that safe staffing levels are in place within these areas. We have seen a decline in patient satisfaction via the real-time inpatient survey. Patients have reported a slight lower satisfaction of how clean they perceive the wards to be, the quality of the hospital food, knowing who is in charge and receiving care that matters to them.	O N D J Feb Sally Smith

Effective

Beds

During February the multi disciplinary team daily board rounds have identified patients who will be simple or complex to discharge and with an added focus on patients with a length of stay over 7 and 21 days. There has also been continued focus on discharges before midday with 15% of patients achieving this and a greater number of patients being discharged through the Discharge Lounges.

Demand and Capacity

The DNA rate for new and follow up patients has improved in month to 7.4% respectively, which is the lowest rate of DNS's for the past five months. The Planned Care Activity Recovery Plan includes actions to improve the Trust DNA rates.

Productivity

The Planned Care Activity Recovery Plan includes actions to improve theatre productivity, including pre-assessment, theatre utilisation and productivity to improve patient experience and reduce cancellations.

The number of non-clinical cancellations was 1%, which is the highest performance in the past five months.

Beds

The number of reportable DTOC's has increased to their highest level in the past 5 months to an average of 66 per day. Patient flow has been severely compromised due to low discharge profile for all sites. The significant reduction in external capacity for discharge has caused an increase in site occupancy transfers to Canterbury and over 7 day patients admitted.

Clinical Outcomes

98% of patients have the WHO checklist completed in theatre, which is a 1% deterioration in month.

Demand and Capacity

The number of DNA's has reduced in month, however, it is a priority to continue to reduce the number of DNA's by fully booking out patient appointments; in particular for 2ww cancer pathway patients by ensuring patients.

Productivity

To reduce the number of non clinical and clinical cancellations for theatre whilst increasing theatre productivity.

To improve length of stay by reducing internal and external delays, particularly in February when there has been a reduction in availability of external capacity.

O N D J **Feb**

Lee Martin

Responsive

4 hour Emergency Access Standard
There were no 12 Hour Trolley Waits. The number of patients who left the department without being seen continued to be compliant 3.56%.

RTT
February performance has again improved to 77.89% against an improvement trajectory of 80.87%. The Planned Care Activity Recovery Plan includes a work stream to maximise out patient clinic utilisation and reducing the number of DNA's and cancellations.

The number of patients waiting over 52 weeks for first treatment has continued to improve with the number decreasing further to 27. This is within the trajectory of 115 submitted to NHSI and is a reduction of over 50% since April 2018 when there were 222 patients waiting.

DM01
The standard is compliant for January with a compliance of 99.49% against a trajectory of 99.11% and has maintained a compliant and improving position for the last four months.

Cancer
January performance for 62 day treatments is currently 77.05% against the improvement trajectory of 85.24%, validation continues until the beginning of April in line with the national timetable. There were 8 patients waiting 104 days or more for treatment or potential diagnosis.
2ww performance has been achieved at 98.30% against a performance standard of 93% and have show a significant improvement over the past four months.

All patients on a 2ww pathway and those who are over 73 days are reviewed daily and into patient level detail. There is also a weekly cancer PTL meetings to progress patients pathways.

4 hour Emergency Access Standard
Achievement of the A&E four hour emergency access standard remains a high priority for the Trust. Patient flow delays due to timely bed availability continue to be a challenge due to the high number of patients with a length of stay over 7 and super stranded patients with a length of stay over 21 days. Unfortunately, patient flow has been severely compromised due to low discharge profile for all sites. The significant reduction in capacity for discharge has caused an increase in site occupancy transfers to Canterbury and over 7 day patients admitted.

RTT
Ensuring that all out patient outcome forms capture all procedures which are performed in an out patient environment and are also completed in real time.

It is a key action with the Planned Care Activity Recovery Plan to prioritise the booking of all out patient clinic activity and to ensure that clinic capacity is fully booked and utilised.

CANCER
To continue to reduce the time a patient is seen at their first 2ww appointment to 7 days or below and to also progress patients through their pathway in order to achieve any necessary treatment within the 62 day pathway.

To monitor and progress every patient through their pathway in order to reduce any internal delays in a diagnostic or clinical review pathway.

To reduce any delays in a patients pathway once they have been referred on to a tertiary centre for on going assessment or treatment.

DM01
Maintaining excellent performance consistently across all diagnostic modalities.

O N D J **Feb**

Lee Martin

Safe

February has reported 99% harm free care delivery for new harms in our control. We remain below the national average for harms in acute hospitals.

We have seen an increase in hand hygiene compliance during February.

No avoidable deep ulcers have been reported during February.

The falls rate remains below national.

C. difficile rate remains under the Department of Health trajectory

The Cancer care group have achieved 99.9% for VTE assessment recording and are at 99.9% for the year.

All harms (those patients are admitted with) has declined during February. Work with our community colleagues continues to address this.

VTE assessment recording throughout the Trust was 91.9%.

The seasonal variation in mortality was again apparent for this past month and mortality indices are above the upper control limit for this month.

| O | N | D | J | Feb |

Paul Stevens

Well Led

I&E CIPs in month were £0.5m ahead of plan bringing the YTD position to £1.1m ahead of plan with £27.7m of savings delivered YTD. The forecast is £30.3m for the full year, £0.3m ahead of plan, driven by recent savings in medicines value and workforce supported by Care group and Central schemes.

The Trust delivered a £5.2m deficit (after NHSI adjustments) in Month 11 which was £1.2 m behind plan. This brings the YTD position to a deficit of £37.6m which is behind plan by £8.6m (consolidated position including Spencer Wing and 2geather Support Solutions and is after technical adjustments).

The key drivers to the deteriorating financial position remain under performance on the elective plan, in year winter pressures and high agency usage.

Trust Pay is £1.7m over plan in month and £14.7m over plan YTD. The main overspend is in Agency costs (£16m over plan YTD) offset by an underspend on permanent staffing (£3.1m under plan YTD). The key driver for the overspend against plan are the continuing Medical and Nursing pressures in U&LTC and increased pressures in Medical pay in Surgery.

Total cash borrowed has risen to £75m.

| O | N | D | J | Feb |

Susan Acott

Caring

Patient Experience		Oct	Nov	Dec	Jan	Feb	Green	Weight
	Mixed Sex Breaches	0	22	23	34	21	>= 0 & <1	10 %
	Number of Complaints	78	63	64	85	60		
	AE Mental Health Referrals	116	113	93	87	62		
	IP FFT: Recommend (%)	97	97	97	96	97	>= 95	30 %
	IP FFT: Not Recommend (%)	1.4	1.0	1.1	1.4	1.0	>= 0 & <2	30 %
	IP Survey: Overall, did you get the care		47.6	44.4	44.9	43.2		
	Number of Compliments	1836	2477	2236	1813	1668	>= 1 & <1	15 %
	Complaint Response in Timescales %	72.1	81.6	94.6	84.2	90.9	>= 85	15 %

Effective

		Oct	Nov	Dec	Jan	Feb	Green	Weight
Beds	DToCs (Average per Day)	48	55	53	54	66	>= 0 & <35	30 %
	Bed Occupancy (%)	84	89	90	94	96	>= 0 & <92	60 %
	IP - Discharges Before Midday (%)	14	15	15	15	15	>= 35	10 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3.6	3.5	3.9	3.9		>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	15.5	15.5	15.2	16.0		>= 0 & <15	15 %
	Audit of WHO Checklist %	99	99	99	99	98	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	8.8	7.9	9.0	8.4	7.5	>= 0 & <7	
	DNA Rate: Fup %	9.2	7.6	8.9	8.4	7.5	>= 0 & <7	
	New:FUp Ratio (1:#)	1.9	1.9	1.9	2.0	1.9	>= 0 & <7	
Productivity	LoS: Elective (Days)	3.4	3.0	3.4	3.2	3.3		
	LoS: Non-Elective (Days)	6.3	5.9	6.2	6.5	6.3		
	Theatres: Session Utilisation (%)	81	80	77	79	80	>= 85	25 %
	Theatres: On Time Start (% 15min)	51	50	44	40	45	>= 90	10 %
	Non-Clinical Cancellations (%)	2.2	1.3	1.3	1.8	1.0	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	0	0	0	0	0	>= 0 & <5	10 %

Responsive

		Oct	Nov	Dec	Jan	Feb	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	83.88	84.50	82.25	77.93	77.55	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	80.89	81.74	79.36	74.20	73.85	>= 95	1 %
Cancer	Cancer: 2ww (All) %	83.54	93.29	96.75	96.52	98.30	>= 93	10 %
	Cancer: 2ww (Breast) %	68.70	84.03	95.00	97.22	98.32	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	97.53	97.08	97.00	95.77	97.74	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	91.67	97.62	97.06	97.78	98.11	>= 94	5 %
	Cancer: 31d (Drug) %	99.21	97.22	100.00	98.32	98.15	>= 98	5 %
	Cancer: 62d (GP Ref) %	77.05	71.35	81.93	68.17	77.05	>= 85	50 %
	Cancer: 62d (Screening Ref) %	87.50	84.21	87.50	100.00	76.36	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	82.14	85.29	73.91	86.21	88.57	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.31	99.66	99.56	99.72	99.49	>= 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 (%)	74.89	72.16	72.42	76.10	77.89	>= 92	100 %
	RTT: 52 Week Waits (Number)	120	102	74	38	27	>= 0	

Safe

		Oct	Nov	Dec	Jan	Feb	Green	Weight
Incidents	Clinical Incidents: Total (#)	1,390	1,507	1,444	1,626	1,372		
	Serious Incidents (STEIS)	12	14	10	9	9		
	Harm Free Care: New Harms (%)	99.0	98.8	98.7	99.4	99.2	>= 98	20 %
	Falls (per 1,000 bed days)	5.64	5.19	5.65	5.01	5.44	>= 0 & <5	20 %
Infection	Cases of C.Diff (Cumulative)	26	26	32	36	38	<= Traj	40 %
	Cases of MRSA (per month)	0	2	0	0	1	>= 0 & <1	40 %
Mortality	HSMR (Index)	96	97	96	95		>= 0 & <90	35 %
	Crude Mortality NEL (per 1,000)	25.9	28.2	33.5	34.7	34.6	>= 0 & <27.1	10 %
Observations	VTE: Risk Assessment %	90.1	91.8	90.1	91.8	91.9	>= 95	20 %

Well Led

		Oct	Nov	Dec	Jan	Feb	Green	Weight
Data Quality & Assurance	Uncoded Spells %	0.4	0.5	0.4	0.3	0.9	>= 0 & <0.25	25 %
Finance	Forecast £m	-29.9	-29.9	-41.8	-42.2	-42.2	>= 0	10 %
	Total Cost £m (Trust Only)	-88.8	-53.0	-53.0	-54.6	-54.2	>= 0	20 %
	Cash Balance £m	6.4	3.4	8.7	8.7	11.8	>= 0	20 %
	I&E £m (Trust Only)	-37.6	-3.4	-6.2	-3.2	-5.6	>= 0	30 %
Health & Safety	RIDDOR Reports (Number)	1	6	2	2	2	>= 0 & <3	20 %
Staffing	Sickness (%)	3.8	3.8	3.9	3.9	4.0	>= 0 & <3.3	10 %
	Agency %	7.6	8.0	7.3	8.4	8.9	>= 0 & <10	
	Bank Filled Hours vs Total Agency Hours	58	59	61	58	59		1 %
	Shifts Filled - Day (%)	97	98	95	98	96	>= 80	15 %
	Shifts Filled - Night (%)	105	106	104	106	105	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	11	11	12	11	11		
	Staff Turnover (%)	14.6	14.5	14.4	14.4	14.2	>= 0 & <10	15 %
	Vacancy (%)	13.2	12.6	13.0	12.5	11.6	>= 0 & <7	15 %
	Total Staff In Post (SiP)	6928	6998	6996	7058	7131		1 %
Training	Appraisal Rate (%)	77.2	75.4	79.6	80.3	81.0	>= 85	50 %
	Statutory Training (%)	97	97	96	98	97	>= 85	50 %

Strategic Theme: Patient Safety

NHS East Kent Hospitals University NHS Foundation Trust

Mortality

Feb	HSMR (Index)	▲ **96** (2.6%)		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. ⭐⭐⭐
Feb	Crude Mortality NEL (per 1,000)	▼ **29.4** (-6.3%)		"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:

The non-elective crude mortality, HSMR and RAMI this month continue to be above the upper control limit. This is an expected seasonal variation and the overall 2 year crude mortality rate remains unchanged at 1.4%. RAMI for the latest 12 month period (January 2018 to December 2018) is 91.5 and sits above the 50th centile in comparison to peer.

HSMR also undergoes seasonal variation and follows the same pattern as crude mortality although interpretation is complicated by the in-year rebasing, nevertheless HSMR is sitting just above the upper control limit. Peer comparison puts the Trust on the 50th centile for the latest 12 month period.

Comparison of the 2 acute sites for crude mortality indicate that crude mortality at QEQMH remains 0.2% higher (2.0% versus 1.8%). However, risk adjusted mortality is lower at QEQMH (92.8 versus 99.4).

The latest data for the national summary hospital mortality index covers up to September 2018. SHMI is not shown on this report but is relevant to understanding overall Trust mortality data.The value of 1.06 is banded as expected. During this latest period 35.2% (1493/4237) were attributed to Out of Hospital Deaths, this is at variance with the England average of 29.1% and is a consistent finding. As previously reported we also have a lower percentage of deaths with palliative care diagnosis coding compared with the England average (24.1 versus 32.9) and a lower depth of coding for both elective (3.4 versus 4.4) and non-elective admissions (3.8 versus 4.6). In the future we will also be able to look at SHMI comparisons between sites.

Further analysis of mortality indices again flags septicaemia and this is also evident in the SHMI indicator.

Actions to be completed
1. Exploration of coding to ensure that all relevant comorbidity for both elective and non-elective episodes is captured together with a review of accuracy of palliative coding. Information have begun to supplement coding from inpatient episodes with data from the hospital data warehouse and report that the depth of coding is increasing accordingly.
2. The repeat in depth analysis of a random sample of deaths coded as septicaemia is in train.

Strategic Theme: Patient Safety

Serious Incidents

Feb	Serious Incidents (STEIS)	**117** (82.8%) ⬆		"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." ⭐⭐⭐
Feb	Never Events (STEIS)	**5** (-28.6%) ⬇		"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:

Total open SIs on StEIS in February 2019: 91 (including 9 new).
SIs under investigation: 46
Breaches: 20
Non-breaches: 26
Waiting EKHUFT non-closure response: 18
Waiting CCG response: 26

Supporting Narrative:
The number of breached cases is 20. Breaches remain due to lack of clinical engagement, delays in commencing the investigation, and gaps in the investigation and the rigour of the analysis. The Executive weekly SI Meeting continues to support completion and the quality of the investigations. This is attended by the Medical Director, Chief Nurse and Chief Operating Officer. The corporate team now attend many of the RCA meetings and are aligned to individual cases to support completion of the analysis and reports. Additionally the corporate team aim to link with the lead investigator early in the process. The Chief Nurse and Medical Director now receive weekly updates on the breached cases and take actions to unblock delays.

Actions:
Performance management of the RCA timelines is being strengthened through the SI panel.
Presentation at the panel of RCAs enables critique and extraction of Trust wide learning to be shared.
Reporting to the Patient Safety Committee is being strengthened.
Collaborative work with the CCGs is in place to ensure more timely closure of cases.
Learning is shared via Risk Wise and the Care Group meetings.

Strategic Theme: Patient Safety

NHS East Kent Hospitals University NHS Foundation Trust

Infection Control

Feb	Cases of MRSA (per month)	7 (-12.5%)		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.
Feb	Cases of C.Diff (Cumulative)	38 (5.6%)		"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."
Feb	E. Coli	82 (-1.2%)		"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."
Feb	MSSA	30 (-6.3%)		"The total number of MSSA bacteraemia recorded, post 48hrs.

Strategic Theme: Patient Safety

Highlights and Actions:

C.difficile

C.difficile data is presented as the cumulative number of cases and resets to zero each April. In the new reporting period since April to date the number of cases as at the 20/3/2019 was 39 against a trajectory set for the year by the Department of Health of 45.

Actions:

1. The IPC nursing team are continuing to undertake a rolling programme of education and training with ward staff particularly with respect to environmental cleaning and appropriate use of the Diarrhoea Assessment Tool.

2. The educational programme for trainee and junior doctors from the microbiologists will be reviewed to ensure consistency in IP&C approach.

3. The IP&C Trust Action Plan has been updated following the recent Kent&Medway stocktake of IP&C.

MRSA

Year to date there have been 6 hospital onset MRSA bacteraemias. How this compares with peers is best looked at by the rate per 100,000 occupied bed days. Our rate this financial year to date is 1.78/100,000 bed days, other acute Trusts in the South region range from 0.00 to 7.02 but the distribution is skewed to lower rates and the average is 1.03/100,000 bed days.

MSSA

The number of Trust apportioned MSSA bacteraemias year to date is 27. Our rate this financial year to date is 7.7/100,000 bed days, other acute Trusts in the South region range from 4.12 to 19.69, average 9.24/100,000 bed days.

Actions:

Staphylococcus aureus, whether MRSA or MSSA, is found on people's skin and in the respiratory tract and therefore easily colonises ulcers and wounds etc. Care of indwelling devices that breach natural defences is therefore an integral part of prevention of both MRSA and MSSA bacteraemias and becomes even more important when bed occupancy rates are in excess of 100%. the key actions are to:

1. Continue to reinforce the basic principles of IP&C in all our clinical areas

2. Continue with implementation of the aseptic non-touch technique and audit of compliance with ANTT guidance for wound care and care of indwelling devices

E.coli

The number of E.coli bacteraemias (hospital onset) is also presented as an SPC run chart and this month has come back above the lower control limit. Our Trust rate per 100,000 occupied bed days this financial year to date is 21.62, the South region range is 7.02 to 30.13 and average 19.97. E.coli bacteraemia in hospital is almost exclusively associated with pathology in the urinary and digestive tracts and other than infection associated with indwelling urethral catheters is largely unpreventable. Of note the community onset rate of E.coli bacteraemia is 135.3/100,000 occupied bed days versus a South region average of 105.3. The underlying causes of community onset E.coli bacteraemia are similar and work to reduce E.coli bacteraemia centres around a collaborative led by the Kent & Medway DIPC aiming to reduce those bacteraemias associated with urinary tract infection through introduction of catheter bundles in the community as well as in hospital.

Strategic Theme: Patient Safety

Harm Free Care

Feb	Harm Free Care: New Harms (%)	▲ 98.9 (0.4%)		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.	★ ★ ★
Feb	Harm Free Care:All Harms (%)	▼ 91.8 (-0.6%)		"Percent of inpatients deemed free from harm as measured by the Safety Thermometer audit ie free from old and new harms: - Old and new pressure ulcers (categories 2 to 4) - Injurious falls - Old and new UTI - Old and new DVT, PE or Other VTE. Data source - Safety Thermometer (old and new harms)."	★ ★ ★

Highlights and Actions:

Overall Harm Free Care (HFC) relates to the Harms patients are admitted with as well as those they acquire in our care. The Safety Thermometer for Feb-19 (92.10%) shows a significant fall since last month (94.36%). A review of HFC - All Harms demonstrated that there was a significant rise in patients admitted with Pressure Ulcers within Surgery and Anaesthetics. A marked improvement to 100% is seen in Urgent and Emergency Care (98.92% Jan-19).
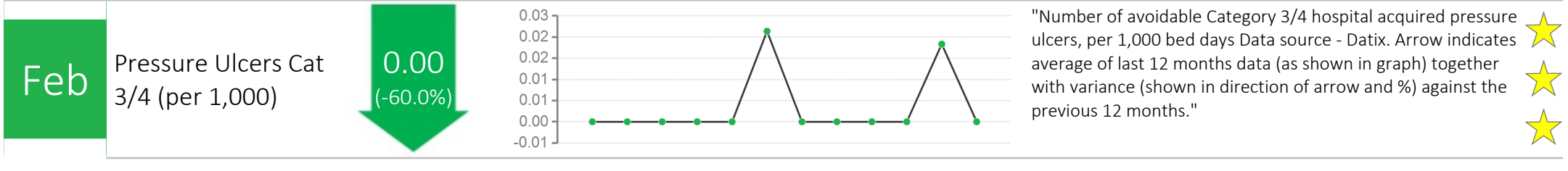
Actions include:
• Annual Pressure Ulcer audit carried on 13th February 2019 with a trust wide action plan formulated according to results
• FallStop February launched with a focus on medication reviews and correct manual handling after a fall.
• Awaiting publication of national guidance to inform completion of Kent & Medway wide catheter guidelines and catheter passport and to roll out.

Harm Free Care experienced in our care (New Harms only) at 99.15% is similar to last month (99.43% Jan-19). The prevalence of New VTE's; New Pressure Ulcers; Falls with Harm and Catheters and New UTI's with Harm continues to remain below the national average for Acute Hospitals.

Pressure Damage

| Feb | Pressure Ulcers Cat 3/4 (per 1,000) | 0.00 (-60.0%) | | "Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." | ⭐⭐⭐ |

Highlights and Actions:

February 2019

There were a total of 30 category 2 and above hospital acquired pressure ulcers reported, 13 less than last month. 21 of these were category 2 ulcers - a decrease of 9. At the time of writing the Trust was below 0.15 avoidable incidence/1000 bed days this month with a result of 0.091/1000 bed days. It should be noted that due to retrospective amendments made to PAS records after the event the denominator will alter the avoidable incidence calculation. 3 were avoidable, 2 less than last month. All affected the sacrum; these were avoidable due to poor documentation and prolonged periods in the chair without repositioning.

There was 1 confirmed category 3 however this was unavoidable. The trust were below the trajectory with a result of 0.028/1000 bed days. The trust reported a confirmed category 4 ulcer at QEQM but this unavoidable due to underlying long-term issues and all appropriate care and interventions were put into place.

Seven potential deep ulcers were reported. Three of these were avoidable, an increase of 2 from last month. These were reported on Cambridge L and Kings A2 due to lack of evidenced heel offloading and one on Kings B on the sacrum due lack of repositioning evidence and inappropriate risk assessment. One was around actions of a patient who lacked capacity. The trust was below the trajectory with a result of 0.091/1000 bed days.
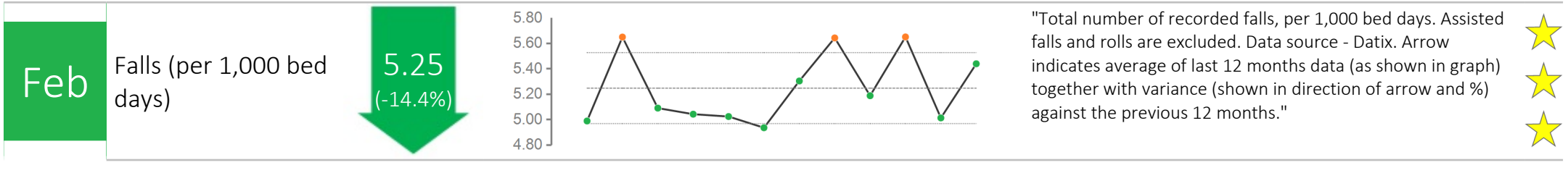
Actions:

• Active mattress trials to commenced involving ITU at QEQM and K&C

• Hybrid trial extended at QEQM which will mean that over 200 mattresses and 100 pumps will be available. This allows active mattresses to be released to the other sites to relieve equipment pressures there.

• Meeting to discuss the update of the trust wide mattress policy to improve the supply and demand of active mattresses

• System has been implemented to improve the supply of pillows and procurement will now order monthly and these will be disseminated by 2gether solutions buffers. This will also improve the ability to offload heels.

• Trust wide annual audit carried out. Results are currently being collated by the audit team.

Recommendations:

• Patient wound care passport trial to be extended to Richard Stevens ward at WHH

• Continue to implement changes as per NHSI document

• Bespoke teaching to be held in areas of concern

• Work with clinical area to continually improve documentation of care. Including altering the SKINS and repositioning regime

• Work with industry to hold ward based 'trolley dash' education session trust wide

• Extend education to Multi-disciplinary team ie. Drs and allied health professionals

Strategic Theme: Patient Safety

Falls

| Feb | Falls (per 1,000 bed days) | 5.25 (-14.4%) | | "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." | ⭐⭐⭐ |

Highlights and Actions:

Falls incidents have remained stable in February. There were a total of 172 patient falls including 43 at K&CH (41 on wards), 46 at QEQMH (45 on wards) and 82 at WHH (81 on wards).

All patients who had more than one fall were assessed by the Falls Team and measures put in place to prevent falls. Actions: 1. Ongoing FallStop training increased to target staff during Trust clinical induction programme. News: There is a 2019/2020 CQUIN (CCG7 Three High Impact Actions to prevent Hospital Falls). Actions are focussed on lying and standing blood pressures, non prescribing of medication which increases falls and mobility assessment and provision of aids. A plan has been developed to address these. A business case has already been presented to include 2 band 4 practitioners to continue to deliver the FallStop programme, ensuring 7 day cover across all sites. This is awaiting a final decision. Risks: The Falls Team have a current risk due to the FallStop Practitioner's long term sick leave. This impacts negatively the ward support provided and implementation of FallStop at the current time.

Strategic Theme: Patient Safety

Incidents

Feb	Clinical Incidents: Total (#)	17,017 (3.9%) ▲		"Number of Total Clinical Incidents reported, recorded on Datix.	⭐⭐⭐
Feb	Blood Transfusion Incidents	107 (-25.2%) ▼		"The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."	⭐⭐⭐
Feb	Medicines Mgmt. Incidents	1,819 (13.1%) ▲		"The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."	⭐⭐⭐

Strategic Theme: Patient Safety

Highlights and Actions:

A total of 1338 clinical incidents have been logged as occurring in Feb-19 compared with 1608 recorded for Jan-19 and 1305 in Feb-18.

In Feb-19, 9 incidents have been reported on StEIS. 13 serious near miss incidents have been reported. Comparison of moderate harm incidents reported: 16 in Feb-19 and 16 in Jan-19, and 9 in Feb-18.

Over the last 12 months incident reporting is declining at K&C and QEQM, but increasing at WHH.

Blood transfusion (submitted by the Blood Transfusion Coordinator)
There were 4 Blood Transfusion related incidents in January 2019 (5 December 2018 and 7 in January 2018).

Of the 4 incidents 3 were graded as no harm and 1 as low harm.

IPR report for Medicine management – February 2019

As of 19/03/2019 the total number of medication related incidents reported in February 2019 was 150. These included 112 no harm, 37 low harm and 1 moderate harm incident. The severity of medication related incidents reported in February 2019 shows that 74.7% of medication related incidents reported were no harm incidents. There was no medication related incident reported in February 2019 that required RCA investigation or incidents sTEIS reported.

There were 40 incidents in February 2019 categorised as 'omitted medicine/ingredient', representing 26.7% of all medication related incidents reported in February. The data produced by the Medication Safety Thermometer in February 2019 was taken from 17 wards across the sites, and has shown that the percentage of patients with an omitted dose of medication was 18.8% and the percentage of patients with a missed critical medicine was 11.1% in February.

The Medication Safety Officer continues to work with the Heads of Nursing to commit to protecting the drug round and avoiding distractions when a nurse is administering medicines, and to checking drug charts at the end of the shift to ensure that all medications that have been given are signed. This will be an integral part of Medicine Management March that will raise awareness of medication safety issues. Hub sessions will be undertaken throughout March to promote the key medication safety messages and ensure that the Medicine Wise bulletin is widely communicated.

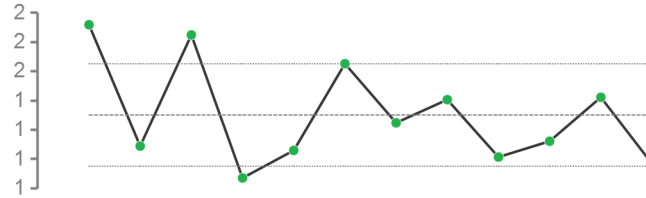# Strategic Theme: Patient Safety

NHS
East Kent
Hospitals University
NHS Foundation Trust

Friends & Family Test

| Feb | IP FFT: Response Rate (%) | 35 (-0.8%) ↓ | | "The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." | ⭐⭐⭐ |
| Feb | IP FFT: Recommend (%) | 97 (0.3%) ↑ | | | ⭐⭐⭐ |

Strategic Theme: Patient Safety

NHS
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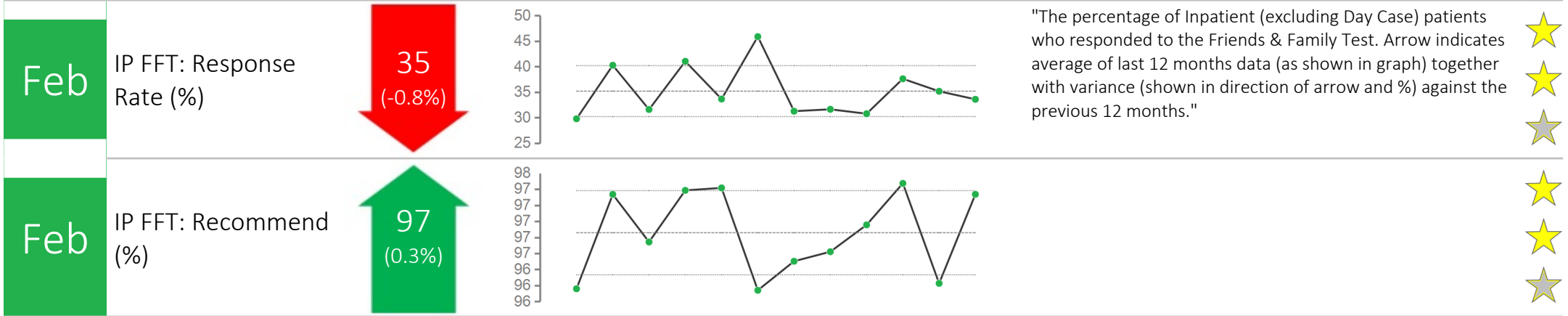
Feb

IP FFT: Not Recommend (%)

1.3
(-19.2%)

"Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

Highlights and Actions:

A total of 8363 responses were received (37% eligible patients). Overall response rates improved for maternity, similar in inpatients and fell in daycases and ED's. Response rate for the EDs was 17.7% (18.6% Jan-19), inpatients 33.6% (33.5% Jan-19), maternity; birth only 31.3% (17.7% Jan-19) and day cases 28.9 (29.3% Jan-19).

The Trust star rating in February is 4.51 (4.54 Jan-19). 89.3% of responders would recommend us to their friends and family and 6.2% would not. Recommendations by patients in February improved in inpatients, maternity and day cases, however fell in ED's and outpatients. The total number of inpatients, including paediatrics, who would recommend our services 96.8% (96.5% Jan-19), EDs 79.2% (81.8% Jan-19), maternity 97.7% (96.8% Jan-19), outpatients 90.5% (92.4% Jan-19) and day cases 94.9% (94.4% Jan-19).

Care, Staff attitude and Implementation of care are the three top positive themes for Febuary-19. The three top negative themes for the trust were Care, waiting times and Staff Attitude demonstrating the importance of good patient communication with a positive staff attitude and improving patient waiting times.
All areas receive their individual reports to display each month, containing the feedback left by our patients which assists staff in identifying areas for further improvement. This is monitored and actioned by Care Group Governance teams.

Strategic Theme: Patient Safety
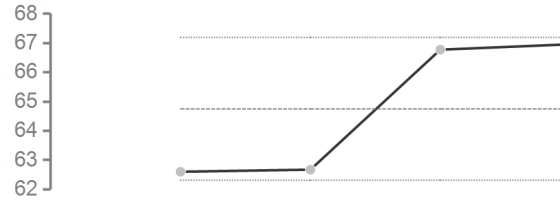
Patient Experience 1

Feb	IP Survey: Overall, did you get the care that matters to you?	44.6		Inpatient Survey: Patients views on if they got the overall care that mattered to them as a %
Feb	IP Survey: Are you aware of which nurse is in charge of your care each shift? (%)	⬆ 79 (0.4%)		IP Survey: Are you aware of nurse in charge of your care each shift? (%)

Strategic Theme: Patient Safety

Feb

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

65

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:

Overall patient experience, as a calculated average of the key questions within the local inpatient survey, which enables our patients to record their experience in real-time. This month we received 2757 completed inpatient surveys, a slight fall from 2766 last month.

New questions were added into the survey on 1st November 18 to enable close monitoring of three key areas where our performance in the 2017 national inpatient survey (published in May-18) was below the national average. Baseline performance in patients getting the care that matters to them, ensuring patients are aware of which nurse is in charge of their care, ensuring patients have been encouraged to get up during their hospital stay and wear their own clothes and ensuring that patients received enough help from staff to eat their meals demonstrates significant opportunity for improvement.

This month a small improvement is seen in two and a fall in two of these three important elements of patient experience. This local survey supports our improvement priorities, with progress monitored through the Patient Experience Group.

Strategic Theme: Patient Safety

Patient Experience 2

|				
Feb	IP Survey: Help from Staff to Eat Meals (%)	62	(graph)	Responses taken from the Inpatient Survey. Question: "Did you get enough help from staff to eat your meals?"
Feb	Cleanliness %	91 (0.5%) ⬆	(graph)	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.

Strategic Theme: Patient Safety

Feb

Hospital Food? %
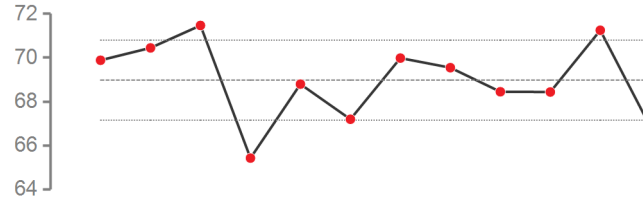
69
(-1.0%)

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

Highlights and Actions:

Patient experience is additionally reported per ward within the heat map and focused work continues to promote this reporting. All wards, except four have reported their performance (against the patient experience metrics) through the inpatient survey in February-19. Two wards had iPad issues that are being investigated, one ward had Wi-Fi problems and the last ward has been reinstated and an iPad is being sourced.

Strategic Theme: Patient Safety

Mixed Sex

| Feb | Mixed Sex Breaches | ⭐ | 567 (-45.7%) ⬇ | | "Number of patients experiencing mixed sex accommodation due to non-clinical reasons. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months." | ⭐ ⭐ ⭐ |
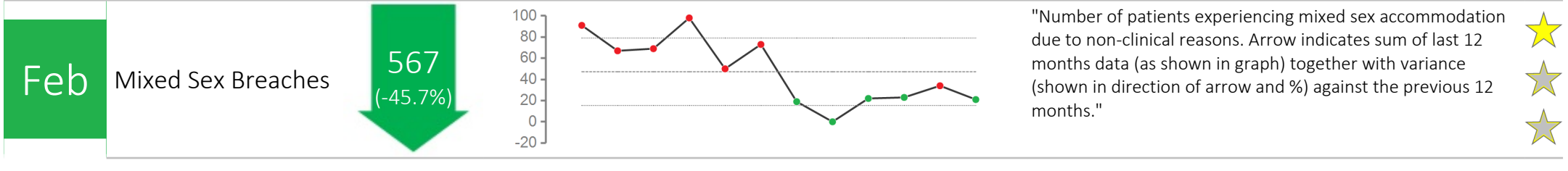
Highlights and Actions:

There were 11 mixed sex accommodation occurrences in total, affecting 75 patients.

Incidence of mixed sex accommodation breaches decreased Jan-19 with 3 non-justifiable occurrences, affecting 21 patients, within the WHH AMU B linked to flow and capacity issues (3). The remaining incidents occurred in WHH CCU (4) and QEQM Fordwich (4), which were justifiable based on clinical need. This information has been reported to NHS England.

Rigorous work continues as the Trust is working closely with the CCGs and NHSI on the Mixed Sex Accommodation Improvement Collaborative. This will support the trust 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.

Strategic Theme: Patient Safety

Safe Staffing

Feb	Shifts Filled - Day (%)	97 (-2.1%)		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.	★★★
Feb	Shifts Filled - Night (%)	105 (-2.5%)		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.	★★★
Feb	Care Hours Per Patient Day (CHPPD)	11 (-2.9%)		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.	★★★

Strategic Theme: Patient Safety

NHS
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Feb

Midwife:Birth Ratio (%)

26.9
(-6.7%)
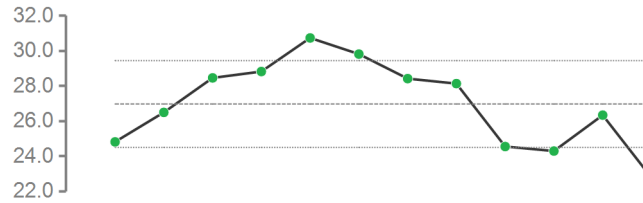
The number of births compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.

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 99.7% compared to 101.3% in Jan-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 slightly higher than Jan-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.

Strategic Theme: Human Resources

Gaps & Overtime

Feb	Vacancy (%)	13.0 (12.9%) ⬆		"% 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."	⭐⭐⭐⭐
Feb	Staff Turnover (%)	14.0 (6.8%) ⬆		"% 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."	⭐⭐⭐⭐
Feb	Sickness (%)	3.9 (-1.3%) ⬇		% 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	⭐⭐⭐

Strategic Theme: Human Resources

Feb

Overtime %

9.2
(0.9%)

% of Employee's that claim overtime.
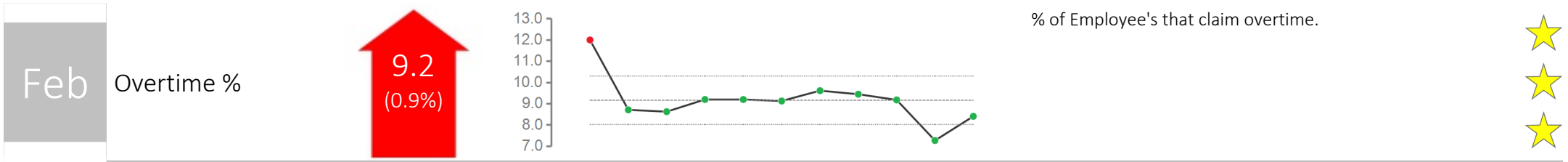
Gaps and Overtime

The vacancy rate remained 13.0% for the average of the last 12 months, which is higher than last year. However, the monthly rate remained below 10% at 8.79% (down from 9.28%). More work is being undertaken to target hard to fill vacancies, particularly within nursing and some Medical specialties. There are currently 435 WTE candidates in the recruitment pipeline - i.e. those who have been offered positions and are gaining pre-employment clearances. This includes approximately 200 Nursing and Midwifery staff (including ODPs) and 60 Medical and Dental staff.

The Turnover rate in month decreased to 11.8% (last month 12.0%), and the 12 month average remained 14.0% (14.0% 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. The Trust has introduced a Refer A Friend scheme, and also a recruitment and retention scheme for medical staff in hard to recruit areas and ED nursing staff. Some areas have seen a large decline in their Turnover in the past 12 months, in particular Surgery and Anaesthetics (from 12.1% to 9.9%).

The in month sickness absence position for January was 4.49% - which is an increase from 3.96% in November. The 12 month average is 3.9%, and remains on a downward trajectory. 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, from approximately 7% to approximately 8%, and remains below the average for the last 12 months. As a result of this, the average over the last 12 months decreased to 9.2% from 9.3% last month. All metrics are reviewed and challenged at a Care Group level in the monthly Executive Performance Reviews.

Strategic Theme: Human Resources

Temporary Staff

Feb	Employed vs Temporary Staff (%)	⬆ 89.1 (0.5%)		"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." ⭐⭐⭐
Feb	Agency %	⬆ 7.5 (23.5%)		% of temporary (Agency and Bank) staff of the total WTE ⭐⭐⭐
Feb	Bank Filled Hours vs Total Agency Hours	59 (0.0%)		% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff ⭐⭐⭐

Highlights and Actions:

Temporary Staff

Total staff in post (WTE) increased in February to 7149.83 (up from 7078), which left a vacancy factor of approx. 689 wte across the Trust (724 wte in January).
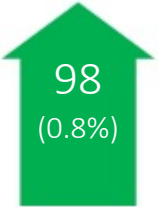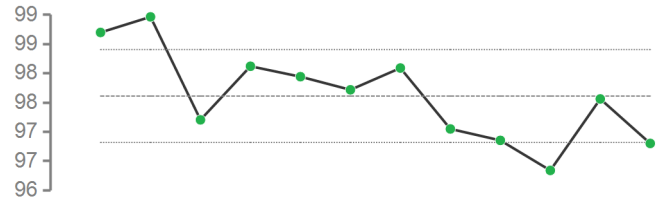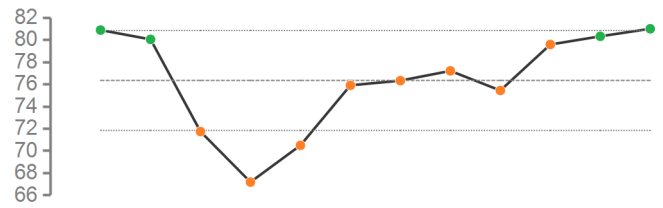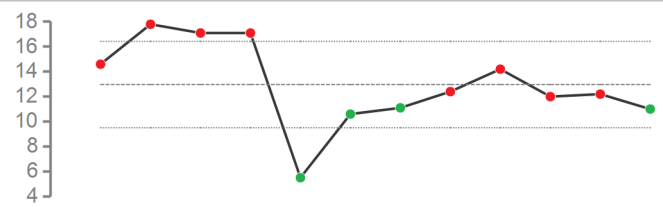
The average percentage of employed staff vs temporary staff over the last 12 months was 89.1% (89.0% last month), and remains lower than the previous 12 months.

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.

Strategic Theme: Human Resources

Workforce & Culture

Feb	Statutory Training (%)	↑ 98 (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. "
Feb	Appraisal Rate (%)	↓ 76.3 (-5.9%)		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.
Feb	Time to Recruit	↑ 13 (1.0%)		"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."

Strategic Theme: Human Resources

Feb

Total Staff In Post (SiP)

7131

(1.0%)

Count of total staff in post (WTE)
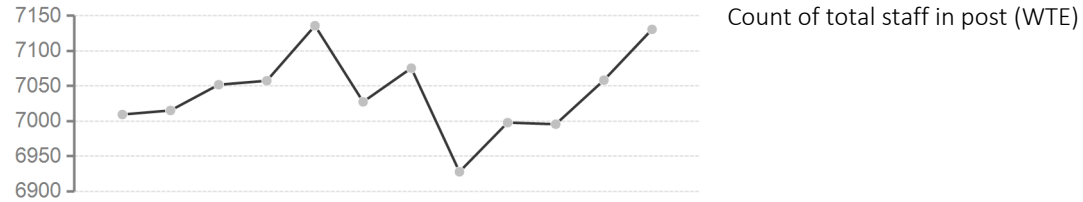
Highlights and Actions:

Workforce & Culture

Average Statutory training 12 month average is 90% and remained 91% in month for February. 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.

The Trust staff average appraisal rate increased to 81% in month for February, with Surgery & Anaesthetics achieving 93% compliance and General & Specialist Medicine achieving 82% compliance, which is the highest compliance rate for this area in the last 12 months.   Women's and Children's is also continuing an improvement, and is close to a Green rag rating at 84%. 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. Targeted work within the Urgent Care and General Medicine Care Groups continues to see the appraisal compliance increase.

The average time to recruit is 11 weeks, which is an improvement on last month, and an improvement on the previous 12 months. The 12 month average time to recruit was 13 weeks. 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.

Activity vs. Internal Business Plan

Key Performance Indicators

Feb		Feb-19				YTD				YTD vs Last Yr				Green
		Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	
	Referral Primary Care	13,510	13,541	(-31)	0%	162,493	154,733	7,760	5%	162,493	158,088	4,405	3%	<=0%
	Referral Non-Primary Care	14,754	12,394	2,360	19%	165,753	147,114	18,639	13%	165,753	149,678	16,075	11%	<=0%
	OP New	16,949	17,710	(-761)	-4%	195,907	206,158	(-10,251)	-5%	195,907	198,551	(-2,644)	-1%	>=0%
	OP Follow Up	36,512	40,414	(-3,902)	-10%	432,672	456,358	(-23,686)	-5%	432,672	435,636	(-2,964)	-1%	>=0%
	Elective Daycase	6,300	6,551	(-251)	-4%	68,916	74,252	(-5,336)	-7%	68,916	68,064	852	1%	>=0%
	Elective Inpatient	1,186	1,212	(-26)	-2%	13,855	14,743	(-888)	-6%	13,855	13,583	272	2%	>=0%
	A&E	17,302	17,191	111	1%	201,840	192,314	9,526	5%	201,840	189,134	12,706	7%	>=0 & <5%
	Non-Elective Inpatient	6,318	6,391	(-73)	-1%	74,239	74,027	212	0%	74,239	73,232	1,007	1%	>=0 & <5%
	Chemotherapy	1,128	1,088	40	4%	13,340	12,883	457	4%	13,340	13,111	229	2%	>=0%
	Critical Care	1,786	1,439	347	24%	19,719	17,905	1,814	10%	19,719	20,007	(-288)	-1%	>=0%
	Dialysis	6,712	6,479	233	4%	75,639	77,110	(-1,471)	-2%	75,639	76,145	(-506)	-1%	>=0%
	Maternity Pathway	1,042	1,088	(-46)	-4%	12,401	12,866	(-465)	-4%	12,401	12,989	(-588)	-5%	>=0%
	Pre-Op Assessments	3,243	3,398	(-155)	-5%	36,247	37,593	(-1,346)	-4%	36,247	33,422	2,825	8%	>=0%
	Diagnostic	458,371	401,362	57,009	14%	5,055,251	4,763,431	291,820	6%	5,055,251	4,782,612	272,639	6%	<=0%
	Other	4,749	4,410	339	8%	54,927	52,533	2,394	5%	54,927	53,731	1,196	2%	>=0%

The 2018/19 Internal Business Plan has been developed at specialty level by our Operational Teams; Demand uses the 2017/18 Outturn as a baseline, growth was applied to all points of delivery for key areas where evidence supports exponential activity growth from referrals. The plan is capped at our total capacity and as such further activity (or demand reduction schemes would be required to achieve sustainable elective services. Further adjustments for patient safety/best practice issues such as reductions or increases in new to follow up rates have been applied. Finally EKHUFT have taken a view on the viability of CCG QIPP schemes achieving a reduction in demand in 2018/19.

It should be noted that this does not reflect demand levels agreed within the 2018/19 contract. All trajectories to support attainment of the Sustainability and Transformation Funding have been based on this activity plan.

The capacity levels within the plans should be considered achievable although in many instances will stretch our services beyond their internal substantive capacity, efficiency programmes, workforce recruitments plans and it is anticipated therefore that substantial elements of the plan will continue to be delivered though additional waiting list payments.

February 2018

Summary Performance

Elective Care

In February Primary Care referrals were at planned levels with YTD performance at 5% (+7,760). Non Primary Care referrals were significantly above expected levels, 19% (+2,360) in month and 13% (+18,639) YTD.

The Trust under-achieved the new outpatient plan in February with appointments 4% below planned levels, holding a YTD variance of -5%. Urology, Trauma and Orthopaedics, Gynaecology and Paediatrics remain the biggest drivers behind the under-performance.

The Trust under-performed the Follow up plan in February (-10%) with YTD performance remaining at -5%. The biggest drivers behind the under-performance are Physiotherapy, Trauma and Orthopaedics, Rheumatology and General Medicine.

In month the Trust under-achieved the Daycase plan by 251 patients with YTD performance decreasing to -7%. T&O (-2,021), Dermatology (-1,553) and Pain Management (-1,210) continue to underperform the business plan.

Elective Admissions remain 6% below plan YTD. Large underperformance remain in the Urology service (-569) and Gynaecology (-456).

Daycase and Elective productivity delivered by the Trust in February allowed the Trust to clear 530 patients from the Elective waiting list.

Summary Actions

- Continue the focus on data quality issues impacting duplicate referrals.
- Patient Service Centre (PSC) to ensure that all outstanding clinic templates have been rebuilt to ensure full clinic utilisation of appointment slots.
- PSC and other areas which book their own appointments are to ensure that all clinics are fully booked, prioritising new outpatient appointments.
- PSC and Care Groups are to ensure that outpatient clinic outcome forms are completed to ensure that outpatient activity is cashed up.
- Care Group leadership team to complete weekly review of production plans to confirm delivery of stated schemes and develop new schemes to close the gap.
- PSC to confirm process for managing Electronic Referral Service (ERS) OPD clinic cancellations.
- Additional internal and external capacity to be sourced.

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)		Significance
130 - Ophthalmology	13,059	14,557	-10%		-1,498
300 - General Medicine	117	1,188	-90%		-1,071
101 - Urology	7,759	7,112	9%		647
104 - Colorectal Surgery	8,546	7,738	10%		808
320 - Cardiology	15,588	14,753	6%		835
420 - Paediatrics	5,940	4,957	20%		983
410 - Rheumatology	3,789	2,767	37%		1,022
103 - Breast Surgery	7,634	6,499	17%		1,135
330 - Dermatology	13,412	11,746	14%		1,666
110 - Trauma & Orthopaedics	10,599	8,237	29%		2,362
Total	**162,493**	**154,733**	**5%**		**7,760**

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)		Significance
320 - Cardiology	28,256	31,545	-10%		-3,289
502 - Gynaecology	7,129	6,507	10%		622
655 - Orthoptics	2,082	1,304	60%		778
191 - Pain Management	1,772	759	134%		1,013
300 - General Medicine	3,578	2,000	79%		1,578
340 - Respiratory Medicine	3,912	2,319	69%		1,593
100 - General Surgery	4,905	2,800	75%		2,105
800 - Clinical Oncology	12,600	10,397	21%		2,203
110 - Trauma & Orthopaedics	21,341	16,699	28%		4,642
130 - Ophthalmology	15,962	11,271	42%		4,691
Total	**165,753**	**147,114**	**13%**		**18,639**

OP New

Specialty	Activity	Plan	Var (%)		Significance
101 - Urology	7,684	9,975	-23%		-2,291
110 - Trauma & Orthopaedics	14,842	17,117	-13%		-2,275
502 - Gynaecology	12,657	14,223	-11%		-1,566
420 - Paediatrics	7,634	9,115	-16%		-1,481
120 - Ear, Nose & Throat	11,971	13,246	-10%		-1,275
650 - Physiotherapy	16,471	17,610	-6%		-1,139
100 - General Surgery	4,590	5,370	-15%		-780
301 - Gastroenterology	6,799	7,564	-10%		-765
320 - Cardiology	5,953	5,081	17%		872
330 - Dermatology	12,984	11,830	10%		1,154
Total	**195,907**	**206,158**	**-5%**		**-10,251**

OP Follow Up

Specialty	Activity	Plan	Var (%)		Significance
650 - Physiotherapy	53,084	58,910	-10%		-5,826
110 - Trauma & Orthopaedics	38,090	43,579	-13%		-5,489
410 - Rheumatology	9,289	12,871	-28%		-3,582
300 - General Medicine	1,902	4,546	-58%		-2,644
130 - Ophthalmology	47,871	49,788	-4%		-1,917
120 - Ear, Nose & Throat	14,780	16,569	-11%		-1,789
400 - Neurology	8,034	9,031	-11%		-997
191 - Pain Management	4,598	5,561	-17%		-963
655 - Orthoptics	8,025	8,935	-10%		-910
101 - Urology	20,618	19,844	4%		774
Total	**432,672**	**456,358**	**-5%**		**-23,686**

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	4,365	6,386	-32%	-2,021
330 - Dermatology	3,203	4,756	-33%	-1,553
191 - Pain Management	2,041	3,251	-37%	-1,210
130 - Ophthalmology	4,368	4,921	-11%	-553
502 - Gynaecology	2,189	2,740	-20%	-551
120 - Ear, Nose & Throat	2,268	2,800	-19%	-532
100 - General Surgery	1,663	1,915	-13%	-252
303 - Clinical Haematology	3,245	2,993	8%	252
301 - Gastroenterology	1,517	876	73%	641
800 - Clinical Oncology	5,524	4,736	17%	788
Total	**68,916**	**74,252**	**-7%**	**-5,336**

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
101 - Urology	2,631	3,200	-18%	-569
502 - Gynaecology	1,055	1,511	-30%	-456
100 - General Surgery	973	1,084	-10%	-111
320 - Cardiology	181	277	-35%	-96
300 - General Medicine	1,696	1,778	-5%	-82
120 - Ear, Nose & Throat	596	672	-11%	-76
811 - Interventional Radiology	172	94	83%	78
104 - Colorectal Surgery	478	381	26%	97
503 - Gynaecology Oncology	369	256	44%	113
303 - Clinical Haematology	226	113	100%	113
Total	**13,855**	**14,743**	**-6%**	**-888**

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	22,305	23,710	-6%	-1,405
430 - HCOOP	8,919	10,043	-11%	-1,124
560 - Midwifery	2,001	2,555	-22%	-554
302 - Endocrinology	161	6	2604%	155
340 - Respiratory Medicine	573	395	45%	178
301 - Gastroenterology	596	353	69%	243
180 - Accident & Emergency	3,890	3,583	9%	307
104 - Colorectal Surgery	415	85	388%	330
101 - Urology	3,972	3,488	14%	484
100 - General Surgery	6,300	5,350	18%	950
Total	**74,239**	**74,027**	**0%**	**212**

Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	5055251	4763431	6%	291,820
A&E	201840	192314	5%	9,526
Other	54927	52533	5%	2,394
Critical Care	19719	17905	10%	1,814
Dialysis	75639	77110	-2%	-1,471
Pre-Op	36247	37593	-4%	-1,346
Maternity Pathway	12401	12866	-4%	-465
Chemotherapy	13340	12883	4%	457

4 Hour Emergency Access Standard

Key Performance Indicators

		Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Green
73.85%	4 Hour Compliance (EKHUFT Sites) %*	75.08%	76.93%	80.80%	82.55%	79.18%	80.04%	77.15%	80.89%	81.74%	79.36%	74.20%	73.85%	95%
	4 Hour Compliance (inc KCHFT MIUs)	78.78%	81.73%	83.95%	85.67%	82.95%	83.52%	81.02%	83.88%	84.50%	82.25%	77.93%	77.55%	95%
	12 Hour Trolley Waits	2	1	0	0	0	0	0	0	0	0	0	0	0
	Left without being seen	2.61%	2.70%	2.39%	2.05%	2.75%	2.44%	3.52%	3.09%	2.77%	3.03%	3.02%	3.56%	<5%
	Unplanned Reattenders	9.11%	9.69%	9.12%	9.31%	9.84%	9.91%	10.23%	9.82%	9.56%	9.46%	9.59%	9.82%	<5%
	Time to initial assessment (15 mins)	94.4%	94.2%	95.3%	92.8%	94.4%	91.4%	72.8%	71.4%	70.9%	65.0%	66.3%	66.3%	90%
	% Time to Treatment (60 Mins)	42.5%	46.4%	49.5%	51.7%	42.7%	48.1%	45.7%	50.7%	52.7%	48.7%	50.5%	47.9%	50%

2018/19 Trajectory (NHSI return 2nd May)

		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
-13.77%	Trajectory	78.6%	77.5%	78.5%	83.9%	85.4%	85.4%	87.4%	89.9%	88.6%	88.4%	87.6%	87.6%	Green
	Performance	76.9%	80.8%	82.6%	79.2%	80.0%	77.1%	80.9%	81.7%	79.4%	74.2%	73.8%		

*The historic 4 Hour compliance position differs slightly from that previously published. While this means that the figures contained here from those submitted nationally, they have been re-stated to be reflective of EKHUFT site performance and in order to align against the NHSI trajectory over 2018-19.

The above table shows the ED performance, including the health economy MIU activity and also with EKHUFT only performance. The Emergency Access Standard is subject to a Contract Performance Notice due to the Trust being unable to achieve compliance against the 4 Hour Standard.

Summary Performance

February performance for the organisation against the 4 hour target was 73.85%; against the NHS Improvement trajectory of 87.6%%.This represents a slight decrease in performance compared to the previous month (74.20%), and a similar level of performance as last year (73.75% in 2018). There were no 12 Hour Trolley Waits in February.

The number of patients who left the department without being seen remained compliant at 3.56%. The unplanned re-attendance position remains high at 9.82%. Time to treatment reduced below 50% to 47.9%.

ED Summary Actions

- Continue to implement ED Improvement Plan and Winter Capacity plan actions.
- Focus on managing patient flow through the Operational Control Centres and Site Clinical Manager leadership.
- Maintain health economy focus on patient flow, in particular for complex discharge.
- Continue the daily focus on internal and external delays to reduce stranded and super stranded patients by identifying whether patients will be complex or simple to discharges to proactively manage discharge plans.
- Prioritise recruitment and retention actions for medical and nursing workforce.

Cancer Compliance

Key Performance Indicators

77.05%		Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
	62 day Treatments	71.88%	66.32%	64.85%	65.79%	65.64%	66.13%	71.14%	77.05%	71.35%	81.93%	68.17%	77.05%
	>104 day breaches	30	27	31	34	36	24	12	9	4	8	10	8
	Demand: 2ww Refs	3,250	3,193	3,406	3,243	3,204	3,100	2,874	3,484	3,306	2,657	3,417	3,234
	2ww Compliance	91.42%	89.06%	93.81%	94.22%	94.94%	93.64%	90.96%	83.54%	93.29%	96.75%	96.52%	98.30%
	Symptomatic Breast	90.28%	75.16%	84.46%	94.12%	93.18%	86.32%	94.39%	68.70%	84.03%	95.00%	97.22%	98.32%
	31 Day First Treatment	96.08%	95.25%	96.43%	96.51%	95.75%	94.61%	96.84%	97.53%	97.08%	97.00%	95.77%	97.74%
	31 Day Subsequent Surgery	89.47%	86.11%	80.95%	82.61%	94.87%	95.65%	96.08%	91.67%	97.62%	97.06%	97.78%	98.11%
	31 Day Subsequent Drug	98.21%	97.96%	98.92%	98.13%	99.20%	98.97%	97.83%	99.21%	97.22%	100.00%	98.32%	98.15%
	62 Day Screening	100.00%	93.75%	84.09%	100.00%	81.63%	94.44%	81.48%	87.50%	84.21%	87.50%	100.00%	76.36%
	62 Day Upgrades	100.00%	89.19%	77.42%	85.29%	85.00%	94.74%	76.00%	82.14%	85.29%	73.91%	86.21%	88.57%

2018/2019 Trajectory

-8.19%		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
	STF Trajectory	65.08%	61.38%	61.13%	55.57%	57.87%	62.76%	73.66%	79.01%	83.12%	85.31%	85.24%	86.17%
	Performance	66.32%	64.85%	65.79%	65.64%	66.13%	71.14%	77.05%	71.35%	81.93%	68.17%	77.05%	

The 62 Day Cancer Standard is subject to a Contract Performance Notice due to the Trust being unable to achieve compliance. A Cancer Recovery Plan is in place with an aim to improve performance and ensure that the cancer standards are sustainably delivered across all tumour sites.

Summary Performance

February 62 day performance is currently 77.05% against the improvement trajectory of 85.24%, validation continues until the beginning of April in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,495 and there were 8 patients waiting 104 days or more for treatment or potential diagnosis.

Summary Actions:

- Continue daily monitoring of 2ww pathways to ensure patients are offered an appointment within 48 hours of referral being received and are offered a first appointment at day 7 ideally.
- Continue daily monitoring of all patients over 73 to 104 days and progress the patients next key event.
- Progress action plans to complete new timed pathways for each tumour site.
- Be sighted on demand weekly at front end of each pathway to mitigate earlier decisions and actions required.
- Continue to progress escalations with Maidstone and Tunbridge Wells to improve brachytherapy and oncology access.

62 Day Performance Breakdown by Tumour Site

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
01 - Breast	100.0%	92.9%	96.6%	92.0%	93.9%	81.5%	86.1%	74.5%	72.4%	89.7%	64.4%	81.1%
03 - Lung	81.0%	62.8%	91.7%	73.0%	70.6%	73.3%	60.0%	56.0%	59.4%	90.9%	63.3%	80.0%
04 - Haematological	33.3%	50.0%	25.0%	54.5%	70.6%	13.3%	61.1%	54.5%	71.4%	75.0%	40.0%	33.3%
06 - Upper GI	73.3%	69.0%	69.2%	79.3%	93.3%	66.7%	62.5%	70.6%	60.0%	100.0%	61.9%	75.8%
07 - Lower GI	63.2%	61.1%	46.5%	64.6%	68.3%	75.0%	68.4%	84.8%	45.2%	55.0%	58.8%	70.0%
08 - Skin	88.9%	88.0%	88.2%	97.2%	97.7%	97.1%	100.0%	100.0%	90.0%	96.8%	95.0%	98.3%
09 - Gynaecological	75.0%	30.8%	32.0%	42.1%	55.6%	75.0%	85.2%	71.4%	100.0%	80.0%	80.0%	71.4%
10 - Brain & Nervous System		100.0%					100.0%					
11 - Urological	63.2%	59.3%	50.0%	38.2%	39.4%	51.0%	52.0%	70.5%	68.5%	76.8%	65.3%	80.3%
13 - Head & Neck	78.6%	20.0%	38.9%	94.1%	50.0%	60.0%	60.0%	100.0%	60.0%	86.7%	57.9%	37.5%
14 - Sarcoma	0.0%	100.0%	0.0%	100.0%	0.0%			100.0%		100.0%	40.0%	
15 - Other		50.0%	0.0%		100.0%	100.0%	100.0%	100.0%		63.6%	55.6%	82.4%

18 Week Referral to Treatment Standard

Key Performance Indicators

		Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Green
77.89 %	Performance	76.08%	76.66%	78.56%	79.02%	79.65%	79.06%	76.27%	74.88%	72.16%	72.42%	76.10%	77.89%	>=92%
	52w+	201	222	218	201	167	125	129	120	102	74	38	27	0
	Waiting list Size	54,519	54,979	54,964	53,411	53,193	53,552	54,712	55,607	54,492	53,169	50,134	48,743	<38,938
	Backlog Size	13,039	12,830	11,785	11,207	10,824	11,212	12,983	13,966	15,170	14,662	11,984	10,776	<2,178

2018/2019 Trajectory

		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
-2.98 %	Performance Trajectory	77.03%	78.20%	79.31%	80.21%	81.02%	81.32%	81.69%	81.84%	81.40%	81.16%	80.87%	80.76%	87%
	Performance	76.66%	78.56%	79.02%	79.65%	79.06%	76.27%	74.88%	72.16%	72.42%	76.10%	77.89%		Sept

		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
-88	52w Trajectory	250	241	225	225	200	175	150	125	150	125	115	99	Sept
	Performance	222	218	201	167	125	129	120	102	74	38	27		Sept

An RTT Recovery Plan has been developed jointly with local CCGs in order to address both short term backlog clearance and longer term increases in recurrent demand. The aim of the plan is to improve performance during 18/19 with a focus on reducing waiting times and decreasing the number of 52 week waits by over 50%.

Summary Actions

- Elective care recovery plan to be delivered.
- Maximise all outpatient clinics to ensure capacity is fully booked and prioritising new outpatient appointments.
- To ensure that outpatient clinic outcome forms are fully completed and to ensure that outpatient activity is cashed up.
- Validation of active 18 week waiting lists to be prioritised.
- Director led review of all 52 week wait patients to progress next key event in the patient's pathways.
- Director led daily review of 6-4-2 theatre booking, to monitor theatre capacity and productivity.
- Maximise theatre capacity, with a focus on Day Cases.
- Additional internal and external capacity to be sourced.

6 Week Referral to Diagnostic Standard

Key Performance Indicators

99.49 %		Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Green
	Performance	99.65%	99.38%	99.30%	99.09%	98.44%	98.03%	98.57%	99.31%	99.65%	99.56%	99.56%	99.49%	>=99%
	Waiting list Size	14,174	14,597	15,192	16,350	16,888	15,126	12,750	12,820	13,329	12,235	12,949	14,210	<14,000
	Waiting > 6 Week Breaches	49	91	106	149	264	298	182	88	46	54	36	73	<60
	Average Wait													<4

2018/19 Trajectory

0.39 %		Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
	STF Trajectory	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.11%
	Performance	99.65%	99.38%	99.30%	99.09%	98.44%	98.03%	98.57%	99.31%	99.65%	99.56%	99.56%	99.49%

Summary Performance

The standard has been met for January 19 with a compliance of **99.49%**. As at the end of the month there were **73** patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 9
- Cardiology: 4
- Urodynamic: 54
- Sleep Studies : 0
- Cystoscopy : 1

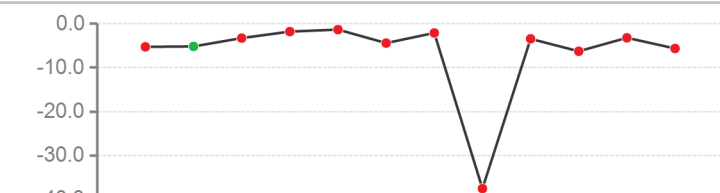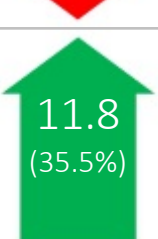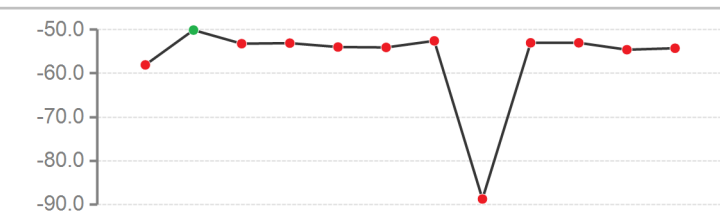- Colonoscopy : 4
- Gastroscopy : 1
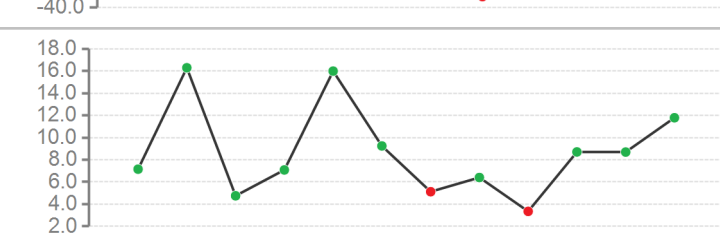
Summary Actions

- Continue to source additional capacity for additional Cardiac CT lists whilst a sustainable solution is developed.
- Review waiting list growth by speciality.
- Maintain performance.

Strategic Theme: Finance

Finance

Feb	I&E £m (Trust Only)	-73.9 (76.7%)		The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.Month 7 includes a £34.3m impairment due to revaluation of Trusts assets prior to transfer to 2Gether. NHSI add back this impairment in evaluating the Trust.	⭐⭐⭐
Feb	Cash Balance £m	11.8 (35.5%)		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.	⭐⭐⭐
Feb	Total Cost £m (Trust Only)	-54.2 (-0.6%)		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.	⭐⭐⭐

Strategic Theme: Finance

Feb

Forecast £m

-42.2
(0.0%)
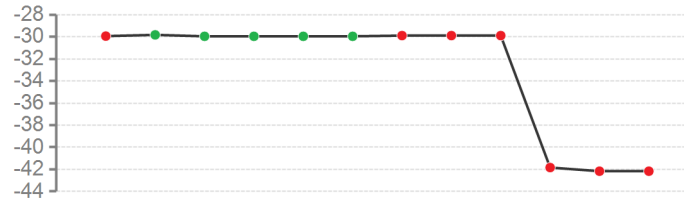
This shows the Normalised Income & Expenditure Forecast as at 31st March 2017. The arrow shows latest monthly figure together with % variance against the last month reported.

Highlights and Actions:

The Trust has generated a consolidated deficit in month of £5.4m (£1.2m behind plan) and a year to date (YTD) deficit of £72.4m which is £42.4m behind plan. A significant proportion of this adverse YTD position is driven by a £34.3m impairment which does not count against control total performance. After removing the impairment and other technical adjustments the Trust's YTD I&E deficit to Month 11 was £37.6m against a planned deficit of £29m, £8.6m worse than plan.

The main drivers of the YTD and in month deficit are the continued operational pressures which led to significant agency spend on medical and nursing staff. The total agency spend YTD is £33.7m, which is £16m higher than the planned position.

A revised full year forecast of £42.2m deficit was been approved by the Board and submitted to NHSI. The M11 YTD position is in line with the expected position therefore the forecast is held at £42.2m.

Trust unconsolidated pay costs in month of £32.1m are £0.3m less than January. Pay is over budget by £1.7m in month and £14.8m YTD. The main driver for the overspend continues to relate to above plan usage of clinical agency and bank staff. All Care Groups contribute to the pay overspend. The pay spend includes c.£4m year to date of pay awards relating to Agenda for change not previously budgeted. Agency costs are now £16m more than plan YTD driven by operational pressures. Permanent staff costs (including Overtime and waiting list work) are £3.1m less than plan YTD driven by all staff groups other than HCA's.

Clinical income was ahead of plan by £1.6m in month. Non-elective income continues to remain higher than planned and over performed by £0.9m in month. Elective income is showing a large adverse variance due to the phasing of CIP schemes which were expected to start in the second half of the year. The majority of the adverse income variances are contained within Electives, Outpatients and Non-PbR. The reduction in outpatient attendances following the implementation of the new PAS system and has continued into Quarter 4 with activity still below plan in month 11.

Other income is £0.8m ahead of plan in month, primarily due to recognising profit on disposal of £0.5m, and above plan by £8.1m YTD, mainly due to the SERCO termination payment and the impact of Trust charges to 2Gether which are offset in expenditure by higher non pay charges from the subsidiary.

Against the full year £30m CIP target, £27.7m of CIPs have been delivered YTD against a target of £26.6m, £1.1m ahead of plan. CIPs achieved in Month 11 were £2.8m, £0.5m ahead of the planned position. While it remains crucial to deliver our planned CIP in M12 to deliver the revised forecast, the main focus has shifted to the development of 2019/20 CIP plans and ensuring as much of the 2018/19 CIPs are recurrently delivered.

The Trust's cash balance as at the end of February was £11.8m, which is £8.9m above plan. The Trust's total cash borrowing is now £75m and is forecast at £88.6m by the year end.

The Trust Board has agreed to change the Trust forecast to a £42.2m deficit. As a result risks have been restated in relation to the new forecast. An estimated £4.4m of risk remains in regard to the revised year end forecast. The main risks relate to CIP delivery and the delivery of elective activity. The Trust is seeking to mitigate these risks as we move through the last few weeks of the year by holding weekly meetings between care groups and executive team members.

NHS East Kent Hospitals University NHS Foundation Trust

Health & Safety 1

Feb	Representation at H&S	721 (-3.5%)		"% of Clinical Divisions representation/attendance at each site's Health & Safety Committee.	⭐⭐⭐
Feb	RIDDOR Reports (Number)	30 (36.4%)		"RIDDOR reports sent to HSE each month.(please note that Riddor uses the Field inc_dnotified (HSE date) rather than inc_dreported (Reported date)	⭐⭐⭐
Feb	Health & Safety Training	96 (-2.4%)		H&S Training includes all H&S and risk avoidance training including manual handling	⭐⭐⭐

Highlights and Actions:

In February 2019 Care Group representation in Health and Safety meetings stabilised although this still remains low overall. The Head of Health and Safety is working with Care Group leads to raise awareness and provide support to their teams to ensure attendance is improved and governance arrangements are in place in each Care Group, i.e. Health and Safety representatives are identified and Link Workers are supported to attend relevant meetings.

There were 2 RIDDORs in month. One at QEQM involved a member of staff tripping on an uneven surface in the car park. One at William Harvey involved a member of staff who slipped on a wet floor in the corridor (signage was in place).

There were no formal notices in February 2019.

Health and Safety Training returned to the normal monthly provision having peaked at a high level in January 2019. The forward plan for Health and Safety Training for 2019/20 is in place and maintains a good provision of training in the organisation. A particular training issue for Nominated Officer for Fire resources is being addressed with additional training programmes planned for March and April. This will resolve the gaps in NOF trained staff for the Canterbury, Buckland and Folkestone Hospital sites.

Health & Safety 2

Feb (green)	Accidents	↑ 451 (20.9%)		"Accidents excluding sharps (needles etc) but including manual handling. ★★☆
Feb (green)	Violence & Aggression	↑ 507 (7.9%)		"Violence, aggression and verbal abuse. ★★☆
Feb (red)	Sharps	↑ 167 (10.6%)		"Incidents with sharps (e.g. needle stick). ★★☆

Highlights and Actions:

The number of accidents decreased in February 2019 returning to the expected monthly average after a spike of incidents in January2019.

However, sharps incidents has increased to higher than acceptable levels which has put this metric into red. 25 have been recorded in total.
Occupational Lead and the Trust's Health and Safety Lead are working together to identify any trends and/or underlying issues. This analysis will be presented at the Strategic Health and Safety Committee in April and actions will be agreed to mitigate any further increase in sharps incidents.

Violence and aggression has decreased and as reported last month the Health and Safety team will continue to monitor this issue. This metric is applicable to staff.

Fire incidents remain low and in the green.

Strategic Theme: Use of Resources

Pay Independent

Feb	Payroll Pay £m	-27.8 (0.5%) ⬇		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.	⭐⭐⭐
Feb	Agency Spend £m	-3.1 (-10.1%) ⬆		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.	⭐⭐⭐
Feb	Independent Sector £k	-626 (-7.0%) ⬆		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:
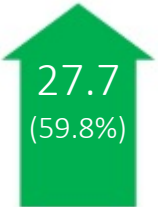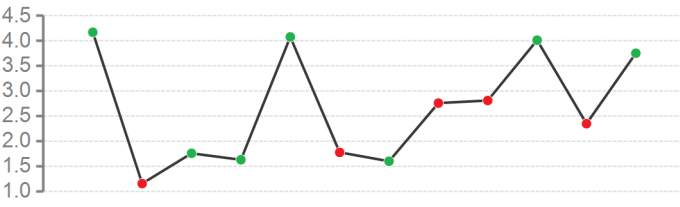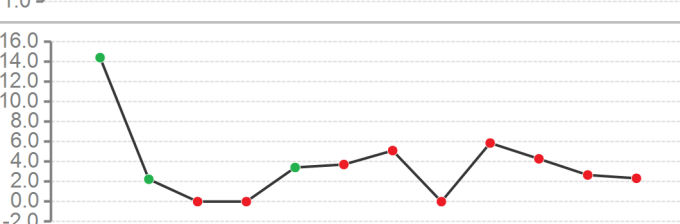
Pay performance is adverse to plan in February by £1.7m and by £14.8m ytd (4%).

The main driver for the pay overspend in month continues to be above plan usage of agency staff for medical and nursing cover in order to ensure the wards and A&E remain safe.

Total expenditure on pay in February was £32.1m, £0.3m lower than January due to fewer working days in the month therefore reduced temporary staff costs.

Strategic Theme: Use of Resources

Balance Sheet

Feb	CIPS £m	⭐	▲ 27.7 (59.8%)		Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month. ⭐⭐⭐
Feb	Cash borrowings £m	⭐	75.8		Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow. ⭐⭐⭐

Strategic Theme: Use of Resources

Feb

Capital position £m
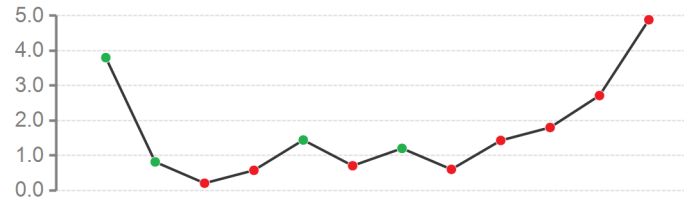
16.4 (79.8%)

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 decreased from the opening position of £28.5m by £12.5m to £16.0m. The largest debtors at 28th February were East Kent CCGs £4.8m (including 18/19 Q2 overperformance) and East Kent Medical Services £2.5m.

CREDITORS
The management of creditors continues to be an issue and in February the Trust commenced paying invoices at 15 days behind creditor terms on average (from 20 days).

CAPITAL
Total YTD expenditure for M11 2018/19 is £16.4m.

EBITDA
The Trust is reporting a year to date deficit EBITDA of £17.2m

CASH
The closing cash balance for the Trust as at 28th February was £11.8m

FINANCING
£1.8m of interest was incurred in respect of the drawings against working capital facilities to 28th February 2019.

Strategic Theme: Improvement Journey

		Oct	Nov	Dec	Jan	Feb	
MD02 - Emergency Pathway	ED - 4hr Compliance (incl KCHFT MIUs) %	83.88	84.50	82.25	77.93	77.55	>= 95
	ED - 1hr Clinician Seen (%)	51	52	48	50	48	>= 55 & <55
MD04 - Flow	DToCs (Average per Day)	48	55	53	54	66	>= 0 & <35
	IP - Discharges Before Midday (%)	14	15	15	15	15	>= 35
	Medical Outliers	57	49	63	89	94	
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	77.05	71.35	81.93	68.17	77.05	>= 85
MD07 - Maternity	Staff Turnover (Midwifery)	14	14	13	13	13	>= 0 & <10
	Vacancy (Midwifery) %	4	5	5	5	6	>= 0 & <7
MD08 - Recruitment & Staffing	Staff Turnover (%)	14.6	14.5	14.4	14.4	14.2	>= 0 & <10
	Vacancy (%)	13.2	12.6	13.0	12.5	11.6	>= 0 & <7
	Staff Turnover (Nursing)	14	14	14	14	13	>= 0 & <10
	Staff Turnover (Medical)	14	14	14	14	13	>= 0 & <10
	Vacancy (Nursing) %	15	15	15	15	14	>= 0 & <7

MD08 - Recruitment & Staffing	Vacancy (Medical) %	13	12	13	12	11	>= 0 & <7
MD09 - Workforce Compliance	Appraisal Rate (%)	77.2	75.4	79.6	80.3	81.0	>= 85
	Statutory Training (%)	97	97	96	98	97	>= 85

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 - 1hr Clinician Seen (%)	% of A&E attendances seen within 1 hour by a clinician	>= 55 & <55	
	ED - 4hr Compliance (incl KCHFT MIUs) %	No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics	>= 95	100 %
Beds	Bed Occupancy (%)	This metric looks at the number of beds the Trust has utilised over the month. This is calculated as funded beds / (number of patients per day X average length of episode stay). The metric now excludes all Maternity, Intensive Treatment Unit (ITU) and Paediatric beds and activity.	>= 0 & <92	60 %
	DToCs (Average per Day)	The average number of delayed transfers of care	>= 0 & <35	30 %
	IP - Discharges Before Midday (%)	% of Inpatients discharged before midday	>= 35	10 %
	Medical Outliers	Number of patients recorded as being under a Medical specialty but was discharged from a Surgical Ward (Patients admitted to a ward which is not related to their clinical reason, mainly due to capacity reasons)		
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	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 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 %
	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 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 %

Category	Metric	Description	Target	Weight
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	
	New:FUp Ratio (1:#)	Ratio of attended follow up appointments compared to attended 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	
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 2017. The arrow shows latest monthly figure together with % variance against the last month reported.	>= 0	10 %
	I&E £m (Trust Only)	The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.Month 7 includes a £34.3m impairment due to revaluation of Trusts assets prior to transfer to 2Gether. NHSI add back this impairment in evaluating the Trust.	>= 0	30 %
	Cash Balance £m	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.	>= 0	20 %
	Total Cost £m (Trust Only)	Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.Mth 7 includes a £34.7m impairment, see I&E note above.	>= 0	20 %
Health & Safety	Accidents	"Accidents excluding sharps (needles etc) but including manual handling.	>= 0 & <40	15 %
	Fire Incidents	"Fire alarm activations (including false alarms).	>= 0 & <5	10 %
	Formal Notices	"Formal notices from HSE (Improvement Notices, Prohibition Notices).	>= 0 & <1	15 %
	Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %
	Violence & Aggression	"Violence, aggression and verbal abuse.	>= 0 & <25	10 %
	Representation at H&S	"% of Clinical Divisions representation/attendance at each site's Health & Safety Committee.	>= 76	20 %

Health & Safety	RIDDOR Reports (Number)	"RIDDOR reports sent to HSE each month.	>= 0 & <3	20 %
	Sharps	"Incidents with sharps (e.g. needle stick).	>= 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."		
	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 %
	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			
	Clinical Incidents: Severe Harm			
	Harm Free Care: New Harms (%)	Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data.	>= 98	20 %
	Medication Incidents with Harm	Number of Medication Incidents recorded on Datix with a Moderate/Severe/Death Harm		
	Medication Missed Doses	Number of missed medication doses recorded on Datix		

Incidents	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		
	Medication Missed Critical Doses	Number of missed doses for critical drugs / medications		
	Number of Cardiac Arrests	Number of actual cardiac arrests, not calls		0 %
	Pressure Ulcers Cat 2 (per 1,000)	"Number of avoidable Category 2 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 & <0.15	10 %
	Serious Incidents (STEIS)	"Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."		
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	
	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."	<= Traj	40 %
	Cases of MRSA (per month)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.	>= 0 & <1	40 %

Category	Metric	Description	Target	Weight
Infection	Hand Hygiene Audit	"The % of ward staff compliant with hand hygiene standards. Data source - SharePoint"	>= 95	
	MSSA	"The total number of MSSA bacteraemia recorded, post 48hrs.	>= 0 & <1	10 %
Mortality	Crude Mortality EL (per 1,000)	"The number of deaths per 1,000 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 & <0.33	10 %
	Number of SJR's Completed	Number of Structured Judgement Reviews (Mortality Case Record Reviews) completed		
	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 Avoidable Deaths > 50%	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)')		
	RAMI (Index)	Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 0 & <87.45	30 %
Observations	Cannula: Daily Check (%)	"The % of cannulas checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC"	>= 50	10 %
	Central Line: Daily Check (%)	"The % of central lines checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC"	>= 50	10 %
	Obs. On Time - 8am-8pm (%)	VitalPac Observations are untaken in a timely manner according to clinical need. Patients who have an early warning score of less than three are excluded, as well as patients on respiratory wards and patients on an End of Life Pathway.	>= 90	25 %
	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 %
	Catheter: Daily Check (%)	"The % of catheters which were checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC"	>= 50	10 %
	Obs. On Time - 8pm-8am (%)	VitalPac Observations are untaken in a timely manner according to clinical need. Patients who have an early warning score of less than three are excluded, as well as patients on respiratory wards and patients on an End of Life Pathway.	>= 90	25 %
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	

Patient Experience	Complaints received with a 30 Day time frame agreed	Number of complaints received with an agreed time frame of 30 days		
	DC FFT: Recommend (%)	DC FFT: Recommend (%)		
	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 which nurse is in charge of your care each shift? (%)	IP Survey: Are you aware of nurse in charge of your care each shift? (%)	>= 89	4 %
	IP Survey: Overall, did you get the care that matters to you?	Inpatient Survey: Patients views on if they got the overall care that mattered to them as a %		
	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"		
	Number of Compliments	% 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)	>= 1 & <1	15 %
	OP FFT: Not Recommended (%)	OP FFT: Not Recommended (%)		
	OP FFT: Recommended (%)	OP FFT: Recommended (%)		
	Trust FFT: Not Recommended (%)	Trust FFT: Not Recommended (%)		
	Trust FFT: Recommended (%)	Trust FFT: Recommended (%)		
	Trust FFT: Response Rate (%)	Trust FFT: Response Rate (%)		
	A&E FFT: Not Recommended (%)	A&E FFT: Not Recommended (%)		

Patient Experience				
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 Open <= 30 Days	Number of complaints open for less than 30 days			
Complaints Open > 90 Days	Number of Complaints open for more than 90 Days			
Complaints Open 31 - 60 Days	Number of Complaints open between 31 and 60 Days			
Complaints Open 61 - 90 Days	Number of Complaints 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			
DC FFT: Not Recommend (%)	DC FFT: Not Recommend (%)			
DC FFT: Response Rate (%)	DC FFT: Response Rate (%)			
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 %
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 %

Patient Experience	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 %
	Trust FFT: Trust Star Score	Trust FFT: Trust Star Score		
Productivity	EME PPE Compliance %	EME PPE % Compliance	>= 80	20 %
	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.		
	LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.		
	Non-Clinical Cancellations (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total planned procedures	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total admitted patients.	>= 0 & <5	10 %
RTT	RTT: 52 Week Waits (Number)	Zero tolerance of any referral to treatment waits of more than 52 weeks, with intervention, as stated in NHS Operating Framework	>= 0	
	RTT: Incompletes (%)	% of Referral to Treatment (RTT) pathways within 18 weeks for completed admitted pathways, completed non-admitted pathways and incomplete pathways, as stated by NHS Operating Framework. CB_B3 - the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	>= 92	100 %
Staffing	Agency & Locum Spend	Total agency spend including NHSP spend		
	Agency Orders Placed	"Total count of agency orders placed.	>= 0 & <100	
	Agency Staff WTE (Bank)	WTE Count of Bank Hours worked		
	Clinical Time Worked (%)	% of clinical time worked as a % of total rostered hours.	>= 74	2 %
	Employed vs Temporary Staff (%)	"Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 92.1	1 %
	Local Induction Compliance %	"Local Induction Compliance rates (%) for temporary employee's to the Trust.	>= 85	

Staffing				
Midwife:Birth Ratio (%)	The number of births compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	>= 0 & <28	2 %
Overtime (WTE)	Count of employee's claiming overtime		1 %
Shifts Filled - Day (%)	Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
Sickness (%)	% 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.	>= 0 & <3.3	10 %
Stability Index (excl JDs) %	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		
Stability Index (incl JDs) %	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		
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		
Total Staff In Post (SiP)	Count of total staff in post (WTE)		1 %
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		

Staffing				
	Bank Filled Hours vs Total Agency Hours	% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff		1 %
	Bank Hours vs Total Agency Hours	% hours worked by Bank (Staffflow) against the total number of hours worked by agency staff		
	Care Hours Per Patient Day (CHPPD)	Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.		
	NHSP Hours vs Total Agency Hours	% hours worked by NHSP against the total number of hours worked by agency staff		
	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 %
	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 (%)	"% 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 & <7	15 %
	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	
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 %
Use of Resources	Capital position £m	Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow.	>= 0	
	Cash borrowings £m	Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.	>= 0	
	CIPS £m	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.	>= 0	
	Clinical Productivity: Outpatient	Clinical Productivity graph: outpatient sessions v plan		
	Independent Sector £k	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.	>= 0	
	Payroll Pay £m	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.	>= 0	
	Agency Spend £m	Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.	>= 0	
	Clinical Productivity: Theatres	Clinical Productivity graph: theatre sessions v plan.		

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