NHS
East Kent Hospitals University
NHS Foundation Trust

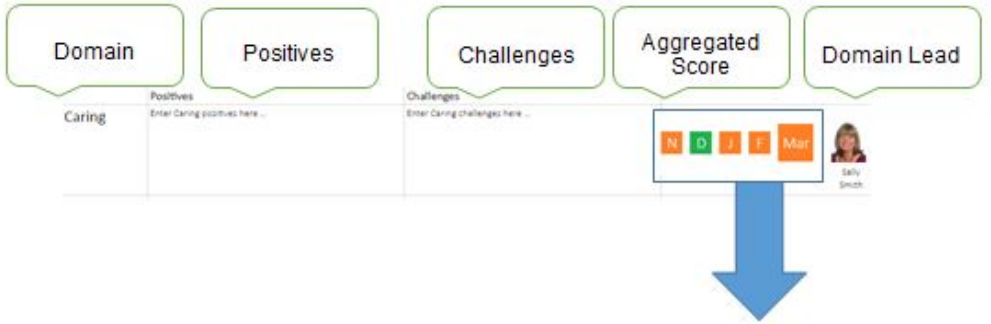
DECEMBER 2019

INTEGRATED PERFORMANCE REPORT

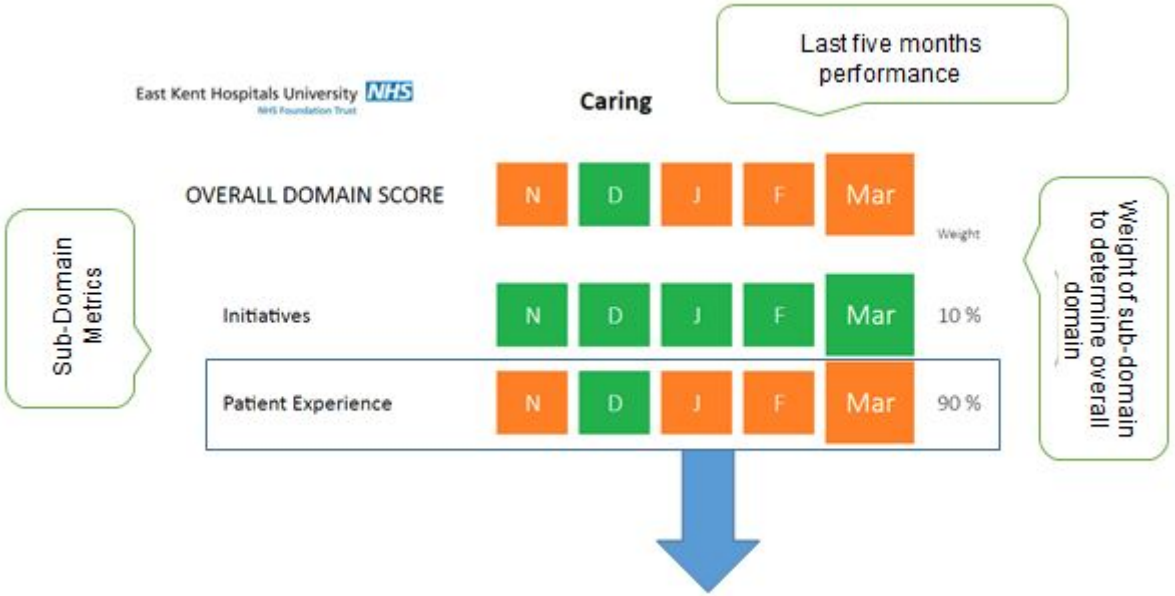
East Kent Hospitals University NHS Foundation Trust

Understanding the IPR

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



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



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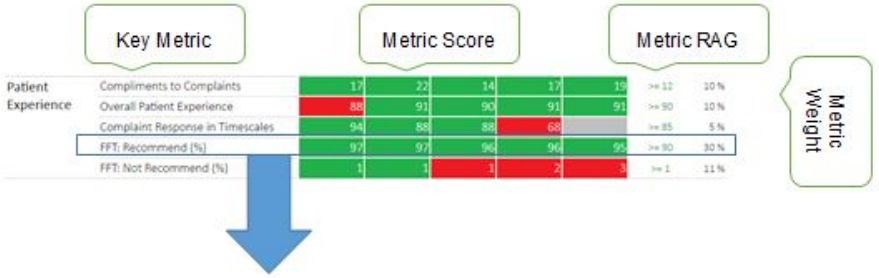
3 **Key Metrics:** This section provides the actual data that builds up into the domain, the actual performance in percentage or volume terms for any given metric. These metrics are explored in more detail in the next section, Strategic Themes.



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

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

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Strategic Priorities

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Headlines

	Positives	Challenges		
Caring	Friends and Family Test a) "recommended" and b) "not recommended" remains green.	Mixed sex accommodation (MSA breaches) continues to register red in December. Seasonal operational pressures have contributed to this increase. Of continued positive note, increased validation of breaches and continued reporting to the daily site safety huddles, supports improvement in data accuracy and staff focus on this important area. Work continues to focus on promoting ownership of complaints management by the care groups and ensuring an appropriate focus on learning. Continuing targeted work to reduce the number of open complaints over 60 and 90 working days is being monitored through fortnightly performance review meetings with Care Groups.	A S O N Dec	 Amanda Hallums
Effective	Beds The weekly review of all patients with a length of stay over 7 & 21 days (super stranded) continues to support and challenge the safe discharge of complex patients. Senior MDT review rounds have been implemented at QEQMH, WHH and K&CH. The number of super stranded patients has decreased since the weekly reviews have been implemented. Clinical Outcomes The percentage of non-elective 30 day readmissions has improved to 13.2%. The percentage of elective readmissions has improed to 3%, which is the highest performance in the past 5 months. Demand and Capacity The number of DNA for New out patients has remained static at 7.5%. and Follow up out patients at 7.5%. The New : FU ratio is static at 2. Productivity Length of stay across elective pathways has improved to 2.7 bed days and non elective has remained static at 6.6 bed days. Theatre utilisation has improved slightly to 80%. The number of non-clinical cancellations is 1.3%. The number of non-clinical cancellation breaches has dramatically improved this month from 13 to 5.	Beds The high number of DTOC continues to have a detrimental impact on patient flow. Patients admitted as an emergency may be delayed in ED awaiting transfer to a ward, which results in a poor patient experience and compromises the achievement of the Emergency Access Standard. Escalation is in place at CEO level across the health economy, together with an increased daily focus on reducing internal and external delays. The number of patients discharged before noon has decreased slightly to 15%. There is a daily focus through the site clinical teams to increase the number of patients who are discharged in the mornings.	A S O N Dec	 Lee Martin

Responsive	4 hour Emergency Access Standard. December performance was 77.79%. This has been delivered with a 11% increase in attendances in month above plan and a continued 7% increase in attendances to ED year to date. Cancer The 62 day standard achieved 85.06% against a trajectory of 86.06%, which is compliant with the national standard, however below the locally agreed trajectory. 2ww performance has been achieved at 98.32% against a performance standard of 93%. DM01 The 6 week diagnostic standard was achieved 99.55% against a 99% standard, there have been improvements in all specialities, particularly endoscopy and lung pathways.	Emergency pathway - to provide more support to length of stay management and discharge planning. To deliver the building plan to increase ED capacity. RTT - to maximise all capacity to deliver RTT agreed trajectory. Cancer - to maximise all capacity to deliver cancer standard. Diagnostic - maintain excellent performance.	A S O N Dec	 Lee Martin
Safe	For new harms experienced in our care for December the harm free rate was 99.49%, an improvement on last month. New Pressure Ulcers; VTE's and catheter associated new UTI's continue to remain below the national average for Acute Hospitals. There were no confirmed category 3 or 4 pressure ulcers this month.	A Never Event was reported of a wrong implant shoulder surgery, there was no associated patient harm or requirement for further intervention. VTE risk assessment recording has slipped below 93%, the lowest for 12 months. Overall Harm Free Care (new harms plus existing harms patients are admitted with) is below national (local 93.3%, national 94.0%). Falls incidents Trust wide have increased in December. Category 2 pressure ulcers and moisture associated skin damage reported have both increased this month, particularly at time of admission to hospital. 19 new Serious Incidents were reported during December 2019.	A S O N Dec	 Paul Stevens

Well Led	The Trust generated a consolidated deficit in December of £3.3m which was £0.4m worse than the plan. This brought the YTD position to a £26.4m deficit which was £0.4m better than plan which is a positive position to report at the end of quarter 3. The year-end forecast remains in line with the plan of a consolidated £37.5m deficit excluding technical adjustments. The Trust has secured an aligned incentive contract with the East Kent Commissioning group which reduces income risk for the 2019/20 financial year.	The Trust's annual CIP target of £30m represents a significant challenge to deliver as it is the maximum the Trust considered achievable and requires concerted efforts on driving efficiency and cost consciousness throughout the Trust. The forecast CIP achievement is £29.8m which demonstrates that further work is required to ensure we identify and deliver the required level of efficiency savings. The CIP plan increases throughout the year therefore it is crucial that the Trust maintains focus on developing and achieving efficiency savings in 2019/20 to deliver the full £30m target and ensure there is no financial pressure carried forward into next financial year. Total cash borrowed increased to£115m which will require paying back when the Trust is delivering a surplus.	A S O N Dec	 Susan Acott
Workforce	The HR metrics continue to reflect positive outcomes with regard to management of recruitment and status of new starters to the trust. There are currently approximately 480 individuals going through clearance processes to join the trust covering a range of roles and job types. Turnover has remained relatively stable with very minor fluctuation which is normal for this time of year. The percentage of substantive staff versus agency workers has improved and this continues to reflect the increase in use of bank workers rather than agency workers. bank workers are mostly drawn from our substantive workforce thereby providing a better standard of patient care and continuity of provision. Statutory training completion remains high and above target showing a high level of compliance.	Sickness absence continues to remain high. Local interventions supported by HR Business Partners and the Employee Relations team have focussed upon return to work interviews, referrals to OH where appropriate and capability management as necessary. This metric will take a period of time to reflect the impact of the range of interventions and support that have been put in place. There is an increasing focus on mental health and wellbeing but the challenging environment and high volume of demand is having an impact upon levels of resilience and capacity of individuals to respond. Appropriate strategies are being employed to support and manage which have been highlighted previously. Appraisal completion has dipped very slightly therefore a renewed emphasis is being placed upon timely completion of high quality appraisals to support individual development and enhance provision of care. It is expected that winter demands will impact these metrics to some extent.	A S O N Dec	 Andrea Ashman

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Caring

		Aug	Sep	Oct	Nov	Dec	Green	Weight
Patient Experience	Mixed Sex Breaches	4	57	183	261	421	>= 0 & <1	10 %
	Number of Complaints	71	55	64	60	41		
	AE Mental Health Referrals	219	251	271	241	241		
	IP FFT: Recommend (%)	98	97	96	97	97	>= 95	30 %
	IP FFT: Not Recommend (%)	0.8	1.3	1.8	1.6	1.1	>= 0 & <2	30 %
	Compliments	3399	3267	3018	4024	5016	>= 1	
	Complaints Open < 31 Days (M/End)					55		
	Complaints Open 31 - 60 Days (M/End)					30		
	Complaints Open 61 - 90 Days (M/End)					7		
	Complaints Open > 90 Days (M/End)					6		

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Effective

		Aug	Sep	Oct	Nov	Dec	Green	Weight
Beds	DToCs (Average per Day)	76	78	69	78	61	>= 0 & <35	30 %
	Bed Occupancy (%)	93	94	94	96	95	>= 0 & <92	60 %
	IP - Discharges Before Midday (%)	18	16	17	15	17	>= 35	10 %
	IP Spells with 3+ Ward Moves	495	471	557	506	502	Lower is Better	
Clinical Outcomes	FNoF (36h) (%)	61	38	55	67		>= 85	5 %
	Readmissions: EL dis. 30d (12M%)	4.4	4.1	4.5	3.8	3.8	>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	18.0	17.8	16.6	17.1	16.5	>= 0 & <15	15 %
	Audit of WHO Checklist %	100	100	100	100		>= 99	10 %
	4hr % Compliance from Presentation to Stroke Ward	40	41	51	43	28	Higher is Better	
Demand vs Capacity	DNA Rate: New %	8.5	8.1	7.2	7.5	7.7	>= 0 & <7	
	DNA Rate: Fup %	7.7	7.6	7.3	7.5	8.1	>= 0 & <7	
	New:FUp Ratio (1:#)	2.1	2.1	2.1	2.1	2.1	>= 0 & <2.13	
Productivity	LoS: Elective (Days)	3.3	3.4	2.9	2.7	3.6	Lower is Better	
	LoS: Non-Elective (Days)	6.5	6.5	6.7	6.7	6.4	Lower is Better	
	Theatres: Session Utilisation (%)	80	80	81	80	79	>= 85	25 %
	Theatres: On Time Start (% 15min)	50	46	44	40	40	>= 90	10 %
	Non-Clinical Cancellations (%)	1.2	1.2	1.5	1.3	1.6	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	29	15	13	22	19	>= 0 & <5	10 %

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Responsive

		Aug	Sep	Oct	Nov	Dec	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	83.81	82.13	83.48	79.11	77.79	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	80.23	78.42	80.36	75.40	73.91	>= 95	1 %
Cancer	Cancer: 2ww (All) %	98.25	97.87	97.67	98.49	98.32	>= 93	10 %
	Cancer: 2ww (Breast) %	95.96	97.26	97.00	97.28	97.58	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	96.72	97.38	99.07	98.80	98.76	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	74.58	94.34	95.16	95.31	97.67	>= 94	5 %
	Cancer: 31d (Drug) %	99.16	100.00	100.00	100.00	100.00	>= 98	5 %
	Cancer: 62d (GP Ref) %	79.72	79.34	88.30	83.14	85.06	>= 85	50 %
	Cancer: 62d (Screening Ref) %	92.59	86.79	84.62	88.24	75.00	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	65.63	90.38	80.65	75.76	83.33	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.08	98.69	99.60	99.80	99.55	>= 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 (%)	81.81	81.62	81.51	81.68	80.32	>= 92	100 %
	RTT: 52 Week Waits (Number)	1	3	3	5	5	>= 0	

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Safe

		Aug	Sep	Oct	Nov	Dec	Green	Weight
Incidents	Clinical Incidents: Total (#)	1,488	1,423	1,527	1,472	1,457		
	Serious Incidents (STEIS)	13	21	13	17	21		
	Harm Free Care: New Harms (%)	99.5	99.4	98.7	99.4	99.5	>= 98	20 %
	Falls (per 1,000 bed days)	5.15	5.22	5.28	4.89	5.32	>= 0 & <5	20 %
Infection	Cases of C.Diff (Cumulative)	39	48	61	67	75		40 %
	Cases of MRSA (per month)	0	0	0	0	0	>= 0 & <1	40 %
Mortality	HSMR (Index)	93.0	92.2	91.7			>= 0 & <90	35 %
	Crude Mortality NEL (per 1,000)	23.6	25.7	25.3	28.2	29.8	>= 0 & <27.1	10 %
Observations	VTE: Risk Assessment %	93.6	93.9	93.5	93.1	92.6	>= 95	20 %

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Well Led

		Aug	Sep	Oct	Nov	Dec	Green	Weight
Data Quality & Assurance	Uncoded Spells %	0.5	0.6	1.4	0.2	0.6	>= 0 & <0.25	25 %
Finance	Forecast £m	-36.6	-36.6	-36.6	-36.6	-36.6	>= Plan	10 %
	Cash Balance £m (Trust Only)	8.8	15.5	15.4	10.8	13.5	>= 5	20 %
	I&E £m (Trust Only)	-3.0	-3.2	-1.7	-2.3	-3.2	>= Plan	30 %
Health & Safety	RIDDOR Reports (Number)	6	2	2	1	0	>= 0 & <3	20 %
Staffing	Agency %	7.1	7.1	7.1	7.1	6.5	>= 0 & <10	
	Bank Filled Hours vs Total Agency Hours	75	74	72	76	77		1 %
	Shifts Filled - Day (%)	97	95	97	100	98	>= 80	15 %
	Shifts Filled - Night (%)	104	104	106	108	107	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	8.5	8.3	8.2	8.0	7.9		
	Staff Turnover (%)	14.9	14.7	14.0	14.1	14.5	>= 0 & <10	15 %
	Vacancy (Monthly) %	10.2	9.5	9.3	8.6	9.0	>= 0 & <10	15 %
	Sickness (Monthly) %	4.0	4.0	4.3	4.4	5.1	>= 3.3 & <3.7	10 %
Training	Appraisal Rate (%)	78.4	80.5	83.4	85.2	84.4	>= 85	50 %
	Statutory Training (%)	94	94	94	94	94	>= 85	50 %

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Strategic Theme: Annual Objectives 2019/20

Theme	Achievement/Trajectory				Commentary	
	Quarter 1 - 19/20	Quarter 2 - 19/20	Quarter 3 - 19/20	Quarter 4 - 19/20	BAF Risk	Assurance
Getting to good					There is one overarching risk to achieving this objective which is within the Board's risk appetite.There is one overdue action but this has an update to advise on progress. There has been no movement in the risk score and this is due to the implementation timescale of the outstanding actions.	There is an adequate level of assurance for this risk. A gap has been identified in delivery of the pressure ulcer, falls and medicines optimisation and this is managed at Care Group meetings and Executive Performance Reviews. Quality Committee receive regular updates on achievement of these annual objectives.
Higher standards for patients					There are 6 risks to achieving this objective 1 of which is outside the Boards risk appetite. This risk relates to the establishment of Urgent Treatment Centres and engagement with the CCG, GPs and the Trust, this risk is being actively managed and updates are provided. One of these risks have reduced in severity over the period which shows good management. All overdue actions have updates on progress.	There is an adequate level of assurance across the risk profile for this objective. The Finance and Performance Committee receives monthly reports on the progress with these objectives and the metrics are also reported in the Integrated Performance Report.
Delivering our future					There are 4 risks to the achievement of this objective all of which are within the Boards risk appetite.The target risk scores have been reduced on two of the risks during the period. All overdue actions have updates to advise of progress in achieving these.	There is an adequate level of assurance over the risks, oversight is through the Finance and Performance Committee and directly at Board in relation to the clinical strategy. There are no limited assurances and no gaps in assurance.
Healthy finances					There is one overarching risk to the achievement of this objective which remains outside the Boards risk appetite for a third quarter. There has been no movement in this risk and given the actions to mitigate the risk are due over the next 3 months this is understandable, in addition winter pressures and EU Exit have been considered. There are a number of actions that were due to deliver in the quarter and updates are provided.	Overall there is adequate assurance over this risk which is overseen by the Finance and Performance Committee. There are a couple of external assurances but of note there are 2 limited assurances. These relate to activity and control of agency. The oversight Committee receives regular updates on both these areas.
A great place to work					There are 3 risks to the achievement of this objective, all of which are within the Boards risk appetite. The risks have been reviewed by the Director of HR and no changes made to the residual risk scores during the period. There are two outstanding action that are overdue and these have an update against them The other actions span to March 2021 suggesting movement in the residual score will be limited.	Overall there is adequate assurance in place and the Strategic Workforce Committee receives update on all aspects of the objectives. Limited assurance is identified in relation to appraisal compliance which is an on-going topic for the Committee.
Right skills right time right place					There is one overarching risk to the achievement of this objective which is within the Boards risk appetite. The risk score remains the same as the Inherent Risk Score which indicates that the actions required are those that will ultimately mitigate this risk. The plans to mitigate this risk span 14 months so rapid improvement should not be expected.	Overall there is adequate assurance over this risk and the Strategic Workforce Committee receive regular updates on the programmes of work focussed on improving the culture. There is one "limited" assurance level in relation to Staff Networks as this requires further embedding. In addition whilst the Staff Survey provides external assurance it also identifies the areas for improvement that then drives the improvement plans.

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Strategic Theme: Annual Objectives 2019/20

Getting to good

Objective	Measure	Related plan or strategy	What will this mean for patients/staff?	Achievement	Commentary
Quality and safety standards embedded at all levels in the organisation; e.g. pressure ulcers	Pressure ulcers 10% reduction for category 2	Trust Organisational Strategy 2019/ 22 Quality Strategy Exemplar Ward Project Electronic Daily Audits	Improved quality, safety and experience resulting in good and outstanding care; Improved quality and experience of care offered , timely treatment and appropriate interventions; Access to best care consistently; Improved staff job satisfaction through access to information , education and tools to carry out their role		Pressure ulcers - Q3 Milestone target of 0.82 per 1000 bed days In Q3 0.927 incidents were reported per 1000 bed days. NOT ACHIEVED A Trust wide plan is in place to support delivery of better patient outcomes and safety. From Q3 this plan has adopted a strong focus on developing leadership and capability at ward level This includes the development of a Trust wide programme to support the role of link practitioners and ward managers to deliver effective change. This focus is complimented by increased engagement of ward staff and care groups within the PU steering groups to ensure that actions are "owned" by the front line staff and therefore more likely to effect sustained improvement. It is acknowledged that the impact (of this leadership and engagement work) will take a while to be embed. Impact will be monitored closely through the application of PDSA methodology and through ward based and Trust wide audit.
Improved identification, treatment and support of patients at high risk of deterioration	Achieve 98%% of patients having their vital signs recorded accurately to ensure early detection of deterioration and 100% were Early Warning Score (NEWS)	Trust Organisational Strategy 2019/ 22 Quality Strategy Exemplar Ward Project Electronic Daily Audits	Improved quality, safety and experience resulting in good and outstanding care; Improved quality and experience of care offered , timely treatment and appropriate interventions; Access to best care consistently; Improved staff job satisfaction through access to information , education and tools to carry out their role		Trustwide baseline data collection audit of escalation. Baseline review of vitalpac observation data completed. Achieved. Agreed and mandated education programme for next 3 years for medical, registered and non registered staff. Programme in place, (not mandated) - Partially achieved. Education programme in place for RESPeCT. Achieved. All Care groups to report on response to escalation and cardiac arrest data monthly. Not achieved although data is availabe from January and will be reported in monthly Quality and Risk pack.
Deliver the Falls Stop programme and reduction in falls	Programme delivered Falls >= 0 & <5 %	Trust Organisational Strategy 2019/ 22 Quality Strategy Exemplar Ward Project Electronic Daily Audits	Improved quality, safety and experience resulting in good and outstanding care; Improved quality and experience of care offered , timely treatment and appropriate interventions; Access to best care consistently; Improved staff job satisfaction through access to information , education and tools to carry out their role		Falls – Milestone Q3 target is 5.25 falls per 1000 bed days. Q3 average falls rate per 1000 bed days is 4.99. ACHIEVED for Q3 The Falls stop programme is in place. This programme is additionally supported by the development of a Trust wide programme to support the role of link practitioners and ward managers to deliver effective change (the same approach described for PU above).

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Strategic Theme: Annual Objectives 2019/20

Getting to good

Objective	Measure	Related plan or strategy	What will this mean for patients/staff?	Achievement	Commentary
Improved medicines safety	Completion of essential checks and audits; Achieve the required national standards for medicines reconciliation; Report on Staffs view of medication safety via the Trust Medication Safety Self-assessment tool; Medication Safety thermometer; Reduction in omitted doses of medicines to below national benchmarks; Medication incidents; Reduction in harm (by 50%) caused by medication incidents	Trust Organisational Strategy 2019/ 22 Quality Strategy Trust Medication Safety Plan Exemplar Ward Project Electronic Daily Audits Drugs and Therapeutics Committee Hospital Pharmacy Transformation Plan	Improved Medicines Value – i.e. positive health outcomes from effective use of medicines; Improved quality, safety and experience resulting in good and outstanding care; Improved quality and experience of care offered , timely treatment and appropriate interventions; Access to best care consistently; Improved staff job satisfaction through access to information , education and tools to carry out their role		Reduction in ommitted doses of medicines to 9% . Not achieved. (Dec 12.7%. Average for Q3 - 14%).The % of missed doses due to 'not documented' is <15% of all missed doses. Not achieved. (Dec 59%. Average of Q3 - 52%).The percentage of patients of a missed dose of critical medicine is <5%. (Including patient refusal) Achieved Dec 4.9%. Average of Q3 - 5%.The percentage of missed critical medicines is 15% (excluding patient refusal). Not achieved. Dec 51.6%. Averae Q3 - 52%. All wards should have a ward storage audit compliance in each of the 6 metrics >98%. Not achieved. Dec - 96.4%. Average Q3 - 96%.All wards should have CD audit compliance >98%. Not achieved. Dec - 86.6%. Average Q3 - 89%. Medicines reconcilliation rate within 24 hours to be at 30%. Not achieved. Oct 24.6%.Sustained 50% of EDN's to be screened by pharmacist. Not Achieved. Sept 44%
All ward-based audits complete	All wards peer reviewed and consistently exceeding minimum % rating for good / compliance Monthly audits – "green " , zero tolerance of nil returns Mock CQC surveys in all care groups – rating Good	Trust Organisational Strategy 2019/ 22 Quality Strategy Exemplar Ward Project Electronic Daily Audits	Improved quality, safety and experience resulting in good and outstanding care; Improved quality and experience of care offered , timely treatment and appropriate interventions; Access to best care consistently; Improved staff job satisfaction through access to information , education and tools to carry out their role		Q3 milestone - 100% of all clinical areas competing agreed audits in own areas. Not achieved. (59% of all clinical areas have completed the expected audits including matron audit. 77% have completed the expected audits excluding matron audits.) Theer are some data cleansing issues being worked through with IT for resolution by end January 2020
Nutrition embedded at all levels within the organisation	90% improvement from baseline on mealtime matters standard. MUST assessment within 24 hours- 95% and ongoing weekly in all areas 30% of registered nurses and healthcare assistants to have received a MUST training update.	Trust Organisational Strategy 2019/20 Quality Strategy Electronic Nursing and Quality Audits	Improved quality, safety and experience resulting in good and outstanding care; Improved quality and experience of care offered , timely treatment and appropriate interventions; Access to best care consistently; Improved staff job satisfaction through access to information , education and tools to carry out their role		50% improvement from baseline results on mealtimes standards. Not achieved. End of Q3 -complaince 87% (Q3 target - 89%).MUST improvement to 80% on initial and ongoing assessments in all areas. Not achieved. Q3 complaince 63% (MUST at any point in stay). Q3 compliance 38% (MUST within 24 hours).100% of ward/departmental managers to have received MUST update with ongoing training programme for RN's and HCA's. Achieved. Education programme with agreed milestones in place. Achieved

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Strategic Theme: Annual Objectives 2019/20

Higher standards for patients

Objective	Measure	Related plan or strategy	What will this mean for patients/staff?	Achievement	Commentary
Patients pathways improved to reduce the number of attendances at A&E for respiratory conditions	Improvement trajectory of 87.6% by 31 March 2020	Operational Performance and Delivery Plan ED Improvement Plan	Improved patient experience. Timely patient care. Improved patient flow , reduced pressures on ED.		December performance 77.79%, against a trajectory of 91%. Attendances are 11% above plan and ongoing challenges around patient flow. Working internally and with external partners to improve patient flow, >21 day LoS and DToC. Respiratory Steering Group in place - Chaired by CCG. Work programme in place with a number of joint initiatives. Lightfoot data being used to develop respiratory dashboard.
The number of patients waiting longer than 52 weeks for planned care is eliminated	Zero 52 week waiters.	Operational Performance and Delivery Plan	Patients will have their planned care within an appropriate timescale; to reduce the risk of their condition worsening whilst waiting for treatment		5 x 52ww patients were reported in December 2019. All patients have treatment plans. The waiting list has grown and work is being done to reduce the booking agreements. All patients over 35 weeks are routinely reviewed to ensure each patient has an appointment/admission plan in place. Challenged specialties have improvement plans in place.
National Cancer standards for access to cancer care, achieved	Compliant 62 day pathway from January 19 Zero 104 day breaches	Operational Performance and Delivery Plan	Cancer patients will receive their care in a timely way, which will ensure the best possible outcome.		December 62 day performance is currently compliant at 85.06%. Improvement plans for challenged tumor pathways are in place to achieve compliance by the end of March 2020 and sustain a compliant position.
Working with CCGs, co-located Urgent Treatment Centres are established	UTCs to be established by December 2019	Operational Performance and Delivery Plan ED Improvement Plan	Improved patient experience. Timely patient care. Improved patient flow , reduced pressures on ED.		Project plan and Project Team Meetings in place. Deadline for delivery has been extended to March 2020. Works have commenced at QEQM.
Frailty and older people's pathways are integrated	Frailty & older peoples pathways integrated.	Local Care – Integrated Case Management (Dorothy Model)	Ability for acute and community physicians to work in an integrated way to ensure the best possible care for patients. Improved patient experience. Admission avoidance.		FAU's have been implemented. Initial phase 1 will be ongoing quality improvement cycle. The team will use a process of daily and weekly review of pathway to develop stage 2.

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Strategic Theme: Annual Objectives 2019/20

Delivering our future

Objective	Measure	Related plan or strategy	What will this mean for patients/staff?	Achievement	Commentary
Work with partners to establish an Integrated Care System / Integrated Care Provider and new contract arrangement	Successfully working with partners to establish clear contractual arrangements and have a number of services which become integrated within the ICS / P by March 2020	10 Year Plan Organisational Strategy	Improved patient access Reduced length of stay Improved efficiency Fewer barriers for patients Flexible ways of working		A governance structure for the East Kent ICP has been developed that will support the ICP to operate in shadow format from April 2019 and in mature state by April 2020. A series of working groups have been established to support the development of the ICP.
Establish other routine elective surgical procedures that could be undertaken on a planned site/s	Agree through the STP, which surgical specialties will be delivered from the planned site/s. by August 2019	Clinical Strategy	Improved patient access Reduced length of stay Improved efficiency Improved career pathway choice Flexible ways of working		Further work has been undertaken with the CCGs to help the commissioners reach a decision on the future models of care for routine elective surgery. The CCGs are currently considering their position. Agreement has been reached that routine elective surgery will be provided on the Integrated Care Hospital sites, supporting the requirement to seperate elective and non elective surgery. The models of care have been agreed and further work is being undertaken with the CCGs to scope future models by specialty.
Undertake a pilot elective orthopaedic centre for in-patient surgery established	Agree the BC for the pilot EOP including identification of the funding scheme	Clinical Strategy GIRFT	Improved patient access Reduced length of stay Improved efficiency Improved career pathway choice Flexible ways of working		Partial capital funding for the project for 2019/20 has been secured from NHSE/I. A Steering Group is in place, chaired by the Deputy CEO. An accelerated project plan has been produced and the construction programme is on schedule for implementation by 31 Mar 2021.
To produce the first full draft of PCBC completed for review	Finalise evaluation criteria by June. To sign off the PCBC (current CCG timeline) November 2019 for submission to NHSI / E December 2019	Clinical Strategy	Improved clinical sustainability i.e. workforce, estate, clinical adjacencies Improved financial sustainability Improved patient outcomes		The PCBC was submitted in draft form to NHSE/I and the Clinical Senate in November 2019 for initial review. The Clinical senate met on 27th November and the actions identified from the Senate report are being followed up for inclusion in the final draft PCBC. Initial feedback has also been received from NHSE/I. The final PCBC is on track to be submitted ton NHSE/I in line with the agreed timeline.
Undertake a public consultation on short listed options.	DoH approval to commence consultation (currently there is no CCG timeline for this)	Clinical Strategy	Improved clinical sustainability i.e. workforce, estate, clinical adjacencies Improved financial sustainability Improved patient outcomes		The PCBC is on track to be submitted to NHSE/I in line with the agreed timeline. It is anticipated that public consultation will commence in Spring 2020.
'Go live' with phase one of T3 (EHR).	Successful deployment of Sunrise CM™	Digital Strategy	Improved reputation Cost reduction / savings Improved patient experience Releasing clinical time to care;		Phased roll out agreed with first stage being Order Communications & Single Clinical Portal due to commence end March 2020.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Annual Objectives 2019/20

Healthy finances

Objective	Measure	Related plan or strategy	What will this mean for patients/staff?	Achievement	Commentary
1-3 year strategic financial programme developed	Meet planned control total for 2019/20 (measured against the financial plan) Developed plan for 2020/21 & 2021/22	Financial Plan	Improved morale for key vision/ divert financial resource to front line services		Q3 I&E plan is delivered, with forecast annual plan delivered at year-end. LTP 5 year plan is developed including financial recovery trajectory – approved by FPC/Board.
A clear workforce document outlining vacancies, future needs and a recruitment plan by care group	Reduction in the use of agency – measured against the agency reduction trajectory	Workforce Strategy	Reduced agency staffing should lead to improved outcomes for patients and staff		Workforce document has been developed and internally approved for adoption. Agency spend has been reducing throughout the year.
Patient Level Costing, Service Level Reporting, Model Hospital, GIRFT and RightCare in annual business planning and monthly monitoring	Undertake work through Q1/Q2 to identify areas of focus and present to FPC the end of year plan to improve in specific areas – at that point a metric will be agreed	Financial Plan	Will move staffing levels to national best in class		Opportunities from PLICS, Model hospital and GIRFT have been identified & developed by PMO and Finance team to drive efficiency savings, but an overall improvement plan has not yet been presented to FPC for approval.
100% agency/bank and overtime shifts signed off against a robust temp staffing policy	Agency and back reduction trajectory	Workforce Strategy	Staffing levels will be clearly planned for in advance reducing risk to patients		Temporary staffing policy developed and approved by staff committee. Agency spend has been reducing throughout the year.
Nursing and medical rostering effective, 100% sign off and even leave distribution	Trajectories to come from Care Groups by end of Q1 and measuring against them thereafter	Workforce Strategy	Staffing levels will be clearly planned for in advance reducing risk to patients		Erostering tool adopted & used – usage reported at Executive Performance Review meetings.
Finance training rolled out to all care groups	All budget holders to have reviewed and been tested on the SFI's Q3/4 Specific / group training delivered to all budget holders by end of	Financial Plan	Improved staff understanding of budgeting		The SFI's have been formally approved by Trust Board. A finance training programme for managers, clinicians and budget holders including responsibilities under the SFI's is being developed for rollout in Q4.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Annual Objectives 2019/20

A great place to work

Objective	Measure	Related plan or strategy	What will this mean for patients/staff?	Achievement	Commentary
Respect for each other and our contributions to delivering service excellence in place	Staff survey reduction in number of grievances	People Strategy	Improved communications between staff will facilitate better care		This will be measured in part by the staff survey and numbers of issues raised via employee relations. The Respect campaign has been relaunched and cascaded throughout the care groups during Q1 with ongoing sessions and resililence training being undertaken which should provide staff a vehicle to access support when needed and also restate and reframe our values. Unconscious bias training and managing diverse teams has been delivered to leaders in Q3. Progress against the Q1 &Q2 & Q3 milestones has been achieved with work on track to meet Q4.
Behaviours that are inconsistent with our values, are challenged	Increase in use of freedom to speak up guardians, workplace buddies and use of Vandebilt programme	People Strategy	Improved behaviours will result improve retention and support the retention of experienced staff to provide high quality care for patients		Staff need to feel able to challenge and to be taken seriously. This needs to be at the earliest moment to prevent poor behaviour escalating. The Vandebilt Facilitator Training was undertaken in December 19 and a proposal for roll out is now being developed. Milestones for Q1 & Q2 & Q3 have been reached with Q4 on track.
Organisational Development (OD) framework for consistent leadership standards in place	The OD framework used as the basis for assessment and measurement of performance underpinning personal development plans	Integrated Education Board (IEB) strategy People Strategy including OD and leadership strategy	Well led staff will provide higher standards of care for patients arising from with objectives, expectations and standards of provision		The OD framework and leadership stategy have been developed in conjunction with senior leaders and the levels of leadership are being finalised. The main focus will now be to embed this within the care groups and see the result in the delivery of better patient care.
Meaningful appraisals support staff, their careers and skills acquisition	Personal development plans aligned to skills development opportunities at all levels	People strategy IEB strategy OD / leadership strategy	Patients will benefit from staff who are engaged in a process of continuous professional development with enhanced skills to enable better provision of care.		The first hurdle has been to increase the rate of appraisals. This has steadily improved, but has yet to reach the Trust target which is set for delivery in Q4. The content should be used to support career management and personal development including succession planning. The Trust is also linking in closely with the the regional talent management programme.
Staff supported in first year of employment is embedded	Staff retention within first year improved	People strategy IEB strategy OD / leadership strategy	Increased retention leads to higher experienced staff to patient ratios therefore better care.		Retention overall in key staff groups has improved with voluntary turnover at or around 12%. However early turmover in HCAs has increased . There is a direct correlation with high volume recruitment and early turnover therefore interventions have been put in place to address this a matter of urgency. This includes a different approach to on boarding for this specific staff group with a view to expaning this approach to other groups.
Staff recognition/ reward programme	New elements added to the reward and recognition programme. Increase in staff use of benefits platform	People Strategy	Better staff engagement and motivation, improved attitudes and behaviours evident to patients.		There have been significant additions to the staff benefit programme this year with improved offers that appeal directy to staff. The use of the platform has increased accordingly milestones for Q1 & 2 & 3 achieved.
Infrastructure/capacity to deliver 'quick wins'	Improvement in staff survey results	People Strategy	Some quick wins relate to people, other to physical estate and provision of equipment. Improvements in all areas will enhance the patient experience.		The trust has responded positively to requirements for improvement in the physical aspects of the estate wherever possible This has included some significant changes to patient and staff areas across all site. The number of substantive staff has increased during the last 12 months whilst our reliance on agency workers has reduced. The number of staff benefits has increased together with a drive to provide better leadership and management to support our staff and patients. We have had the highest ever response rate to our annual staff survey which could be an early indication of increased staff engagement. During Q4 focus will be on understanding and responding to staff feedback.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Annual Objectives 2019/20

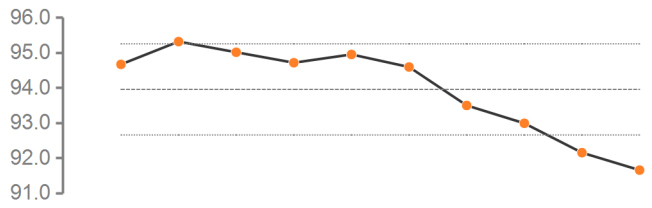
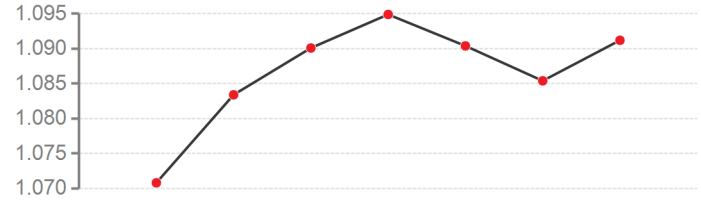
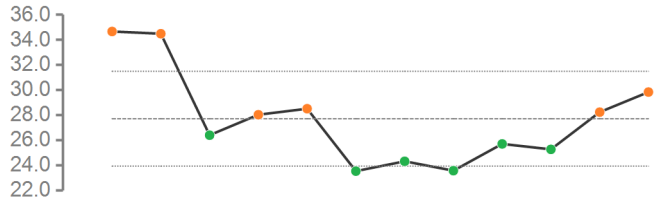
Right skills right time right place

Objective	Measure	Related plan or strategy	What will this mean for patients/staff?	Achievement	Commentary
A robust recruitment pipeline is in place	Reduction in vacancy numbers, reduction in time to hire	Recruitment & Retention strategy	Reduced number of vacancies, reduction in agency / bank workers, more consistent patient care		Q1 & 2 & 3 milestone have been achieved. There is a strong recruitment pipeline in general terms but some roles remain more challenging than others. Our overseas nursing campaign is delivering results and the retention of nurses is at the best level for five years. However, early turnover of HCAs is an area which has been identified with work underway to understand this and develop a specific set of actions to address this. There has been a reduction in agency usage and an increase in Bank usage. The merics are green in terms of measurement but we need to keep under constant review.
We attract staff who haven't traditionally considered a role in the NHS	Increased apprenticeships, wide range of sources of recruitment	Recruitment & Retention strategy People Strategy	Staff employed in non traditional roles and diverse training support providing specialist care		The number of apprenticeships being offerred has increased with a wider variety of roles available . Recruitment events are targeting more school, colleges and universities to make them aware of the broader range of roles available other than the traditional medical & nursing roles. A new work experience policy and programme is in place.
Local Terms and Conditions enable individuals to have flexible working, with financial efficiencies and reduced reliance on temporary staff	Increase in variety of flexible working contracts / informal arrangements reduction in temporary workforce	Recruitment & Retention strategy People Strategy	Reduced number of vacancies, reduction in agency / bank workers, more consistent patient care		Q1 & 2 & 3 milestones achieved The Trust has set of good policies which encourage flexible working and provide a suitable platform for more flexible, non traditional ways to provide services. . On this basis the measure is green but the challenge lies in supporting supervisiors and managers to respond to the changes in ways of working with more flexible approaches to roster managerment. The Trust is exploring a pilot for team based rostering to support and promote greater flexbilities.
A positive approach to mental health, including mindfulness, promotes personal resilience for staff	Increased take up of resilience workshops / mindfulness training or similar, reduction in absence due to mental ill health, staff survey , Friends and family	Occupational Health (OH) strategy People Strategy	Staff have more positive and resilient approach towards patients and co workers		1 & 2 & 3 milestones achieved. There is an increased level of awareness of mental health and wellbeing . Take up of resilience training and mental first aid training is increasing. The Spencer Choose and Book service is now in place.
Kent & Medway Medical School research strategy	Trust R&I Director consulted on drafting KMMS research strategy	Research & Innovation Strategy	Increased opportunities for staff to be employed on joint clinical-academic departments between EKHUFT, KMMS and local Universities		Q1 & 2 & 3 achieved. Greater emphasis now placed upon research opportintites with KMMS as part of more general recruitment to the Trust with a number of joint appointment made with KMMS.
Staff have ready access to support to create a healthy, supportive and caring environment	Reduced absence due to mental ill health, staff survey, friends and Family Test	OH Strategy People Strategy			Staff have access to support but the demand on the service is high. The Trust is currently out to tender to find a partner to extend our Employee Assistance Programme (EAP) to 24/7 cover which should be in place by April 2020. Managers are being developed to understand their role in supporting their team members . The level of absence due to stress related issues is high but appropriate interentions are made available. Not all presentations are due to work related stress but reflect the multiple issues that staff have to juggle.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Mortality

Dec	HSMR (Index)	93.9 (-1.6%)		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.
Dec	SHMI	1.087 (3.2%)		"Summary Hospital Mortality Indicator (SHMI) as reported via HSCIC includes in hospital and out of hospital deaths within 30 days of discharge. Latest quarter identifies last reported 12 month period. Please note this metric has recently been changed to reflect HSCIC, not CHKS. Arrow indicates average of last 12 months data."
Dec	Crude Mortality NEL (per 1,000)	27.6 (7.5%)		"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:

Non-elective crude mortality is rising as expected by seasonal variation but HSMR continues to fall.

Overall crude mortality is 0.1% lower than this time last year (1.3% versus 1.4%) but remains 0.2% higher than our acute Trust peers. HSMR in this reporting period (November 2018-October 2019) is also lower than the previous year (94.8 versus 95.9) but again is higher than our acute Trust peer (89.8).

Site based crude mortality is lowest on the K&CH site 0.3%, and higher on the 2 acute sites (1.8% at QEQMH and 1.42% at WHH. The adjusted mortality follows a similar pattern.

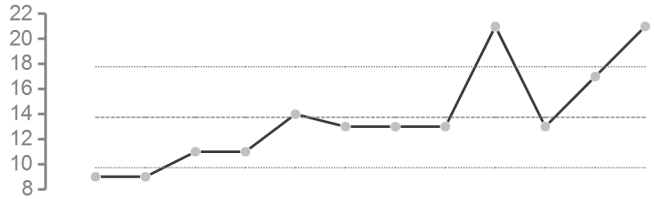
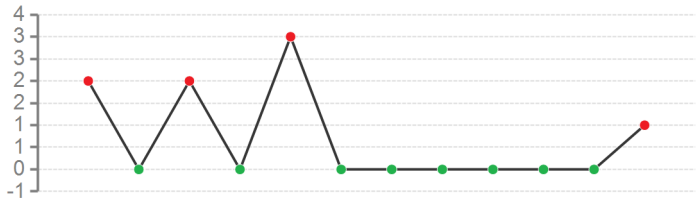
Summary hospital mortality index (SHMI) is effectively unchanged and this too follows the same site pattern. The overall SHMI for the Trust in the latest period (August2018-July 2019) was 1.09 (95% over dispersion limits 0.89-1.13), this remains banded 'as expected'. By site the SHMI was 0.81 (0.82-1.22) for K&CH, 1.07 (0.85-1.18) for QEQMH and 1.15 (0.85 -1.18) for WHH.

This month we conducted an in depth look at the Trust's HSMR, subdivided by care group and diagnosis grouping. Overall mortality from non-elective admissions is reflected in monthly HSMRs that were consistently below peer until November 2018, they were identical to peer until January 2019 but thereafter they have been above peer and in the latest data (November 2019) the Trust non-elective HSMR is 93.9 versus peer 89.7. For surgical specialties HSMR remains consistently below that of our acute Trust peers and follows the same downward trend with time as the acute Trust peers. The differences are seen in General Medicine & specialties where again monthly HSMRs were consistently below peer until November 2018, but thereafter they have been above peer and in the latest data (November 2019) the Trust non-elective HSMR for general medicine and specialties is 99.0 versus peer 91.0. Further examination by disease grouping indicates 5 conditions of concern meriting further examination: septicaemia; pneumonia; chronic obstructive pulmonary disease; acute myocardial infarction; and aspiration pneumonitis.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Serious Incidents

Dec	Serious Incidents (STEIS)	165 (47.3%)		"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."
Dec	Never Events (STEIS)	8 (100.0%)		"Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."

Highlights and Actions:

During December 2019, 19 new Serious Incidents (SIs) were reported and seven SIs closed. A Never Event was reported of a wrong implant shoulder surgery - this is currently under investigation.

At the end of the month there were 110 SIs open, of which 27 were breaching, one non-closure response required and 31 were awaiting a closure decision by the CCGs. The remaining SIs were within timeframes or extensions had been granted by the CCGs.

The weekly Executive led SI panel continue to support rigorous analysis of SIs and the development of improvement plans focused on systems and mitigation of Human Factors. The panel ensures the Care Groups are managing delays in investigations and responses to the CCGs. The newly formed Governance Matron forum is enabling good practice to be shared across care groups regarding investigation process and management of challenges encountered.

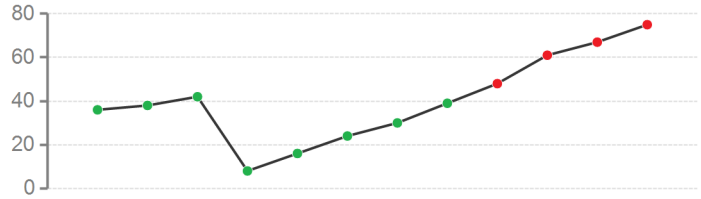
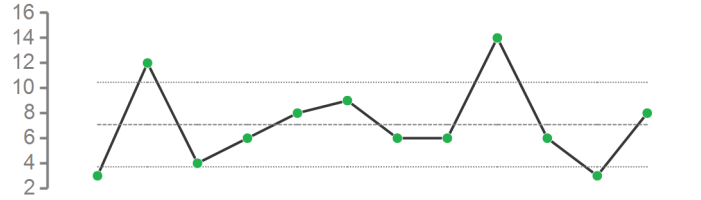
Practical support is provided by the Corporate Patient Safety team to investigation teams to improve the quality of investigations and reduce delays where possible. A Patient Safety Team member is routinely allocated to support each of the SI investigations. The Patient Safety Incident Response project continues with a plan to implement support to the initial review of incidents at the WHH site from January 2020.

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Infection Control

Dec	Cases of MRSA (per month)	1 (-85.7%)		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.
Dec	Cases of C.Diff (Cumulative)	75 (11.9%)		"Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01)."
Dec	E. Coli	85 (-3.4%)		"The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

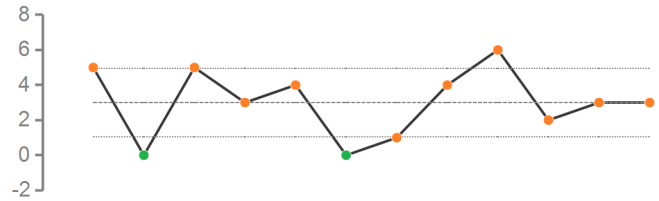
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Dec

MSSA

36
(33.3%)



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

Highlights and Actions:

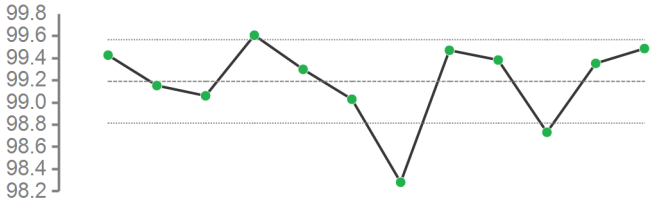
C.difficile
This financial year to date the number of hospital associated cases of CDI is above the set trajectory for this year.
Themes identified again do not suggest cross contamination but are again related to use of the diarrhoea assessment tool, antibiotic prescribing and co-prescription of proton pump inhibitors together with the impact of the new method of reporting.
For perspective our HOHA rate year to date is 14.26/100,000 occupied bed days, the Southern region average is 11.36 with a range of 4.47-23.16. Our COHA rate is 10.84, Southern region average 6.48 and range 2.08-15.71.
MRSA
This reporting period we have recorded our first hospital onset MRSA bacteraemia for this financial year. Across the region there have been a total of38.
MSSA
The number hospital onset MSSA bacteraemias this period is unchanged from last month. Our overall local hospital onset MSSA bacteraemia rate year to date is 7.42/100,000 bed days compared to the Southern region average of 7.93/100,000 bed days (range 3.02-17.8). MSSA has a strong age and gender association and these data are not adjusted for age and gender.
E.coli
E.coli bacteraemia also has a strong association with age and gender. This month our local number of hospital associated E.coli bacteraemias has risen compared with last month. The overall rate for both EKHUFT (20.82/100,000 bed days) and Kent & Medway (22.34/100,000 bed days) is above the Southern region average of 18.58, range 6.79-28.92.
Influenza
We have continued to have cases of both Influenza A (predominantly) and Influenza B. Staff vaccination rates are now77% for clinical frontline staff and 71% for all staff - significantly above the national averages.
Legionella
There have been no Legionella HAIs but there continue to be occasional significant levels of LG type 1 from water outlets in both the acute sites.

Actions related to all HCAIs include continued compliance with hand hygiene and bare below the elbows policies, together with updated training relating to the ANTT programme (aseptic non touch technique). Influenza actions have been recirculated to all areas and advice relating to the newly discovered coronavirus, the Wuhan virus has also been distributed. The IPC team are ensuring that specific actions related to this including 'Fit' testing and use of PPE are reviewed and all areas know their procedures.
Actions targeted at reducing urinary tract infection include hydration and urethral catheter campaigns. Actions aimed at reducing biliary tract infection and infections associated with colonic pathology are targeted at the relevant specialties.
Compliance with the Legionella control actions remains under high scrutiny through the Water Safety Group.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Harm Free Care

Dec	Harm Free Care: New Harms (%)	99.2 (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.

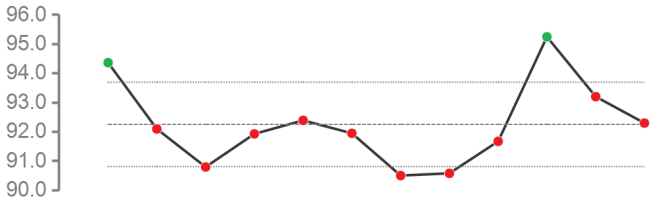
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Dec

Harm Free Care:All Harms (%)

92.2 (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 relates to the Harms patients are admitted to the trust with, as well as those they acquire in our care (New Harms).
The Safety Thermometer for Dec 19 -93.3% (Nov 19 -93.2%). The national average is 94.01%.
Harm Free Care in Dec-19 was 99.49%

New Pressure Ulcers; VTE's Catheters and New UTI's with Harm continue to remain below the national average for Acute Hospitals.

Care group	Nov-19	Dec-19	Dec -18
GSM	92.37%	92.26%	89.65%
UEC	94.44%	97.56%	97.75%
Cancer	100%	100%	100%
W&C	95.54%	94.2%	97.74%
S&A	93.54%	90.26%	92.45%

Specific activities contributing to maintaining a safe effective care environment include:

• Pressure Ulcer - Trust wide action plan reconfigured to reflect trust wide priorities
• VTE – Clinical leads maintain focus on prevention and recognition of patients admitted to our care who are at risk of developing VTE., Objectives include the adoption of preventative measure, making an early diagnosis and administration of treatment. Getting It Right First Time (GIRFT) National Thrombosis for VTE new patient admission booklets are in use.
Falls -All patients who had more than one fall are assessed by the Falls Team and measures put in place to prevent falls
Continued focus on delivering the FallStop programme and clinical induction awareness.
Review of FallStop audit compliance
CQUIN- 3 high impact actions for falls prevention. Data collection continues with all f ailed measures reviewed and validated by the Falls Team. Current overall achievement is65%
• UTI's - The National catheter pathway paperwork/passport is in routine use and focused work continues Trust wide.
Order for 50 new active mattresses trust wide, 300 Hybrid mattresses and 100 pumps and 90 active seat cushions has been secured
Medical photography training carried out at QEQM and WHH
TV team continue to visit ED's to assist with provision of equipment and prevention strategies

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Pressure Damage

Dec

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

0.0003 (-30.1%)

"Number of category ¾ hospital acquired pressure ulcers per 1,000 bed days. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

Highlights and Actions:

There was a total of 44 category 2 and above reported, an increase of 12 from November 2019.

• Thirty-one of these were category 2 ulcers, an increase of 4 however 14 of these were classed as no harm incidents meaning that all preventative measures were in place. The trust was under the set 10% reduction trajectory for the first time since July 2019 with a result of 0.0870/1000 bed days. Common themes for low harm category 2 ulcers prolonged stay in the ED and lack of evidenced skin inspection.

• There were 0 confirmed category 3 or 4 pressure ulcers.

• Thirteen potential deep ulcers were reported (6 more than last month). 8 were suspected deep tissue injury (SDTI) and 5 were unstageable ulcers. The trust did not meet the set 10% trajectory for these categories. (Unstageable ulcers missed by 0.004/1000 bed days. One of these ulcers was moderate harm reported at WHH and an RCA is planned. For SDTIs we were over the 10% reduction trajectory for the first time this year with a result of 0.224/1000 bed days however none of these ulcers were classed as moderate harm.

• 44 reported incidents were due to Moisture Associated Skin Damage an increase from November 2019.

Medical Device Related incidents

• There were 3 category 2 medical device related pressure ulcers a decrease of 2 from last month. All currently low risk incidents.

• One SDTI ulcer on the toe was reported at K&C from a TED stocking.

Actions:

• Order for 50 new active mattresses trust wide, 300 Hybrid mattresses and 100 pumps and 90 active seat cushions has been secured

• Medical photography training carried out at QEQM and WHH

• TV team continue to visit ED's to assist with provision of equipment and prevention strategies

Recommendations:

• Reintroduce pressure ulcer panels to ensure that ALL RCA action plans are robust and effective.

• TVNs to attend trust induction programme

• ED pressure relieving mattress trial to mitigate risks in the EDS

• Introduce band 4 pressure ulcer prevention role to enhance effectiveness of TV team trust wide

• TV team to meet with VTE lead nurse to discuss pressure damage under TED stockings

East Kent Hospitals University NHS Foundation Trust

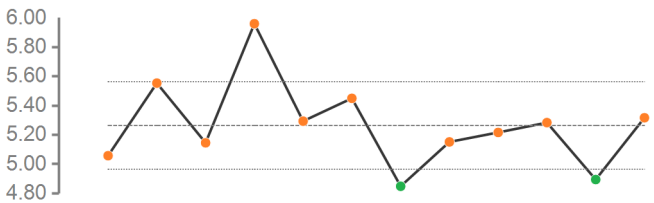
Strategic Theme: Patient Safety

Falls

Dec

Falls (per 1,000 bed days)

5.26 (0.8%)



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

Highlights and Actions:

Falls incidents Trust wide have increased in December:

There were a total of 183 patient falls compared with 163 in October 2019, 5 falls occurred outside of the 3 main sites or ward areas. There was one fall resulting in facial fractures which is being investigated. 2 further falls both caused hip fractures. These are also being investigated.

• There were 32 at K&CH (26 in November) with the highest number on Harbledown (7) where patient fell twice. 1 patient fell twice on Treble ward.
There were 58 falls at QEQM (49 in November) with the highest number on AMU B (9). 6 patients fell more than once, with 4 of these patients falling on different wards.
The number of falls remained similar at WHH with 89 (from 88 in November) with the highest numbers on Cambridge J (14), and Cambridge L (8) . 12 patients fell more than once totalling 24 falls and of these 6 patients fell more than once on different wards.

When analysed on a site basis:

• There has been an increase in the number of falls on each site.

The overall rate of falls per 1000 occupied bed days was

Clinical Support Services remain the Care Group with the highest rate at 25.42, Urgent and Emergency Care at 17.25, down significantly on November from 22.62, General and Specialist Medicine at 5.24, up significantly on November at 4.24, Surgery and Anaesthetics at 4.22, down from 4.52, Cancer Services at 0.0, Upper Surgery, Head, Neck and Dermatology at 2.87, up from 2.11 and Women and Children at 1.10, down from1.39.

High impact actions include:
All patients who had more than one fall were assessed by the Falls Team and measures put in place to prevent falls

- Continued focus on delivering the FallStop programme and clinical induction awareness.
- Review of FallStop audit compliance

- CQUIN- 3 high impact actions for falls prevention. Data collection continues with all failed measures reviewed and validated by the Falls Team. Current overall achievement is 65%

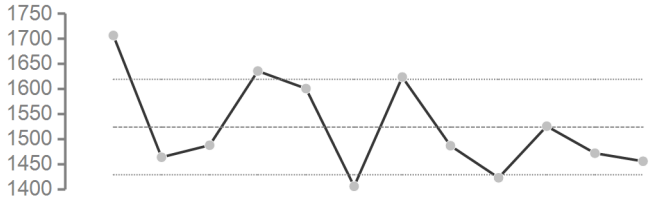
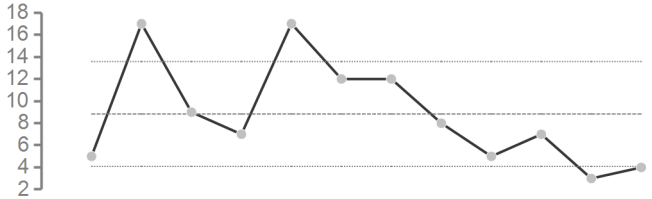
Risks include:

- Ensuring effective deployment of one to one staff to support the needs of patients at high risk of falls.
- The Falls Team continue to highlight risks relating to the achievement of the CQUIN and Trust target to reduce the rate of falls, due to the lack of staff resources to deliver further quality improvement via the FallStop programme. A business scoping document for 2 band 4 practitioners for FallStop has been prepared and is being reviewed.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Incidents

Dec	Clinical Incidents: Total (#)	18,290 (7.5%)		"Number of Total Clinical Incidents reported, recorded on Datix.
Dec	Blood Transfusion Incidents	106 (1.9%)		"The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."

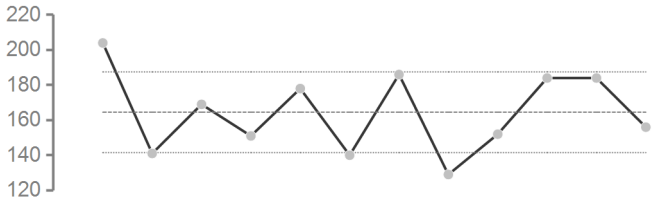
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Dec

Medicines Mgmt. Incidents

1,974 (11.1%)



"The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."

Highlights and Actions:

A total of 1453 clinical incidents have been logged as occurring in Dec-19 compared with 1470 recorded for Nov-19 and 1511 in Dec-18.
In Dec-19, 21 incidents have been reported on StEIS. Twenty serious near miss incidents have been reported. Comparison of moderate harm incidents reported: 9 in Dec-19 and 11 in Nov-19, and 5 in Dec-18.

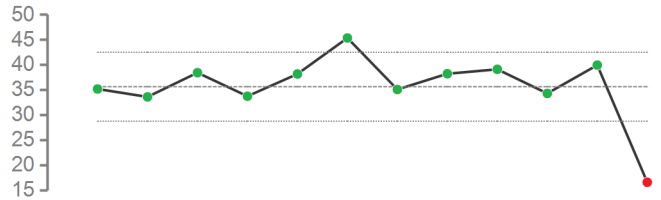
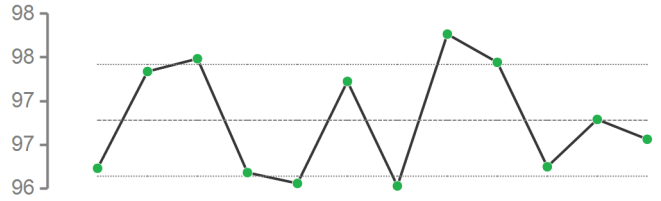
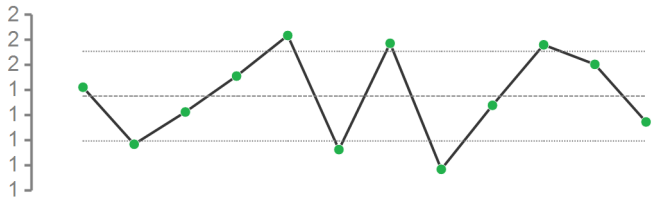
Over the last 12 months incident reporting is declining at all three main sites.

As of 17/01/2020 the total number of medication related incidents reported in December 2020 was 159. These included 116 no harm, 43 low, 0 moderate, severe or death harm incidents. The average number of incidents reported per month has risen in 2019 to 167 per month from 151 per month in 2018. The degree of harm measured by the percentage of no harm incidents was 70.8% in 2019 from 69.5% in 2018.
In 2019 there were a total of 3 medication related incidents requiring an RCA and 14 STEIS reported. In December 2019 there were no incidents requiring RCA and 1 incident reported to STEIS. This was an incident involving the connection of an epidural to a peripheral line. The investigation has highlighted that the current checklist and monitoring form require updating. As well as circulating an article about this in Medicine Wise the training on the relevant wards will be reviewed.
The data produced by the Medication Safety Thermometer in December 2020 was taken from 35 wards across the sites, and has shown that the percentage of patients with an omitted dose of medication was 12.7% (National 11.6%) and the percentage of patients with a missed critical medicine was 4.9% (National 7.9%) in December.

There were 3 blood transfusion related incidents in December 2019 (3 in November 2019 and 5 in December 2018). Of the 3 incidents, all were graded as no harm, two incidents were both recalls of products by the national blood service.

Strategic Theme: Patient Safety

Friends & Family Test

Dec	IP FFT: Response Rate (%)	36 (3.1%)		"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."	★★★
Dec	IP FFT: Recommend (%)	97 (0.0%)			★★★
Dec	IP FFT: Not Recommend (%)	1.4 (0.1%)		"Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	★★★

Highlights and Actions:

The Trust Score Dec-19 4.52 (Nov-19 4.55)
The three top positive themes for the trust;

- Staff attitude
- Care
- Implementation of Care

The three top negative themes for the trust;

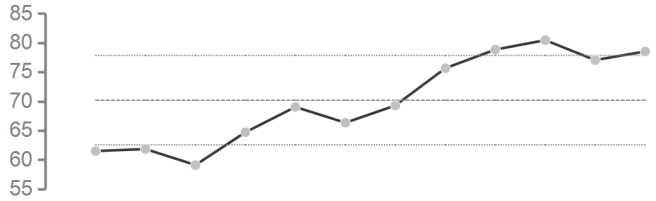
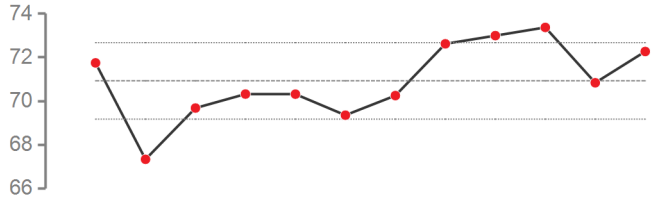
- Care
- Staff Attitude
- Waiting times

All areas receive their individual reports to display each month, identifying areas for further improvement. Work is underway to improve reporting, reports and staff engagement. This is monitored and actioned by Care Group Governance teams.

We are exploring how we can improve our FFT response rates using IT (apps and Website).

Strategic Theme: Patient Safety

Patient Experience 2 - Inpatient Survey

Dec	IP Survey: Help from Staff to Eat Meals (%)	69 (11.4%)		Responses taken from the Inpatient Survey. Question: "Did you get enough help from staff to eat your meals?"
Dec	Hospital Food? %	71 (2.0%)		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:

Our inpatient survey enables our patients to record their experience in real-time.
Completed inpatient surveys Dec -587 (Nov- 725).

Question	Nov-19	Dec-19
Were you able to discuss your worries and fears?	38.56%	41.18%
Has the staff explained your treatment and care to you in a way you could understand?	43.54%	45.83%
Did you feel you were treated with respect and dignity while you were in the hospital?	95.56%	97.44%
Did you feel you received all the information you needed whilst you were in hospital?	38.83%	44.52%
How would you rate the quality of hospital food?	70.84%	72.27%
In your opinion how clean was the hospital room or ward?	91.44%	91.57%
Did you get sufficient help from staff to eat your meals	77.1%	78.58%
Are you aware of which nurse is in charge of your care each shift?	78.83%	81.92%
Are you aware of how to raise your concerns or make a complaint?	76.04%	79.52%
Whilst in hospital did you share a sleeping area with a patient of the opposite sex?	20.88%	25.27%
Were you offered a choice of food?	92.25%	90.88%

Care groups are working toward achieving the agreed Improvement Plan for 2019/20.

Patient experience is additionally reported per ward within the heat map and focused work continues to promote this reporting. All inpatient wards within the trust continue to report their performance (against the patient experience metrics) through the inpatient survey this month.

East Kent Hospitals University NHS Foundation Trust

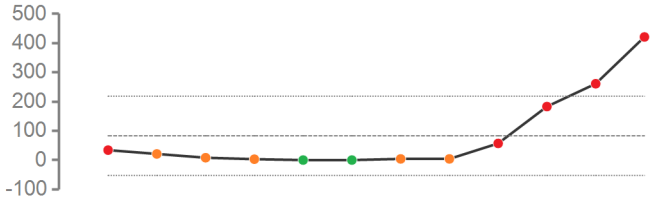
Strategic Theme: Patient Safety

Mixed Sex

Dec

Mixed Sex Breaches

996
(43.9%)



"Number of patients experiencing mixed sex accommodation due to non-clinical reasons (un-justifiable). 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:

Significant scrutiny of accountability, reporting and training in recent months has supported EKHUFT's ambition to improve patient experience through the objective of eliminating mixed sex accommodation. An initial effort toward better reporting and analysis has resulted in an increase in the number of mixed sex breaches reported.
Agreed reporting criteria for each ward will improve accuracy and data quality, working alongside the CCG to ensure a consistent approach across all providers.
In December there were 152 mixed sex accommodation occurrences in total, overall affecting 651 reported patients (Nov-19 there were 122 mixed sex incidents that affected 450 patients).

Date	Justified occurrences	Unjustified occurrences
December 2019	51 (230 patients)	101 (421 patients)
November 2019	41 (189 patients)	81 (261 patients)

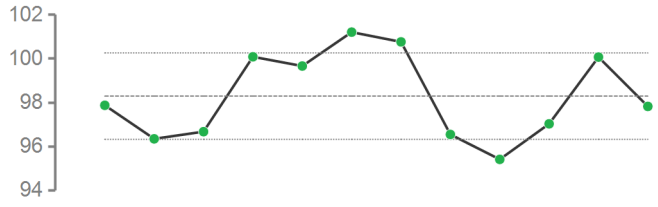
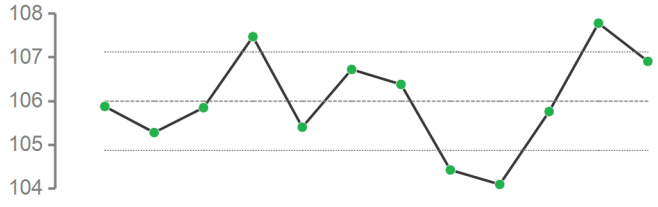
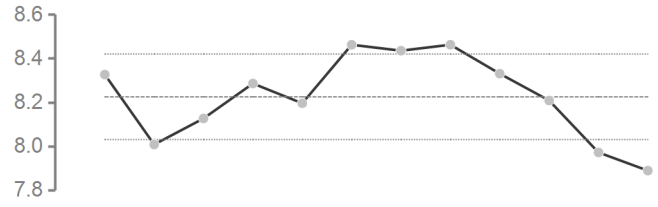
Actions:

- Improved communication and training packages to better engage staff, inform patients and maintain focus on producing quality data.
- Efforts to reflect Trust objective of providing a good patient experience
- Developing and strengthening reporting in accordance with new September 2019 National guidance

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Safe Staffing

Dec	Shifts Filled - Day (%)	98 (1.2%)		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.
Dec	Shifts Filled - Night (%)	106 (0.8%)		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.
Dec	Care Hours Per Patient Day (CHPPD)	8.2		Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

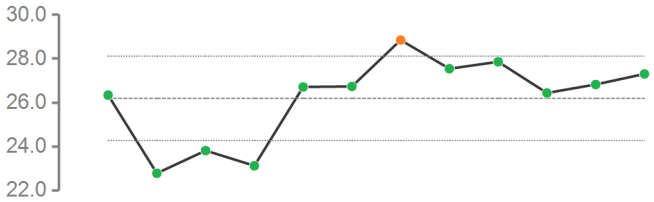
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Dec

Midwife:Birth Ratio (%)

26.2
(-3.2%)



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 overall average overall fill rate of101.3% compared to 102.7% in Dec-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. Average CHPPD is slightly lower than last month and at the lower end control limit. The range is from around5.0 hours of care per patient on medical wards to over 25 within critical care areas where one to one care is required.

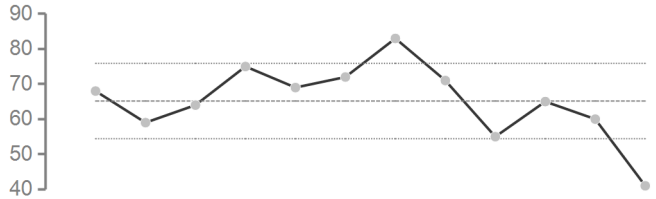
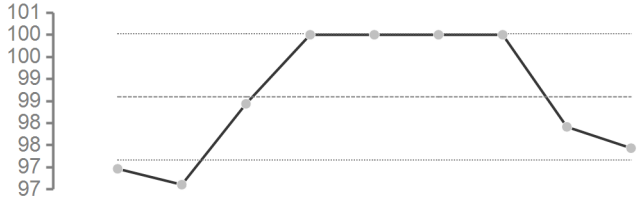
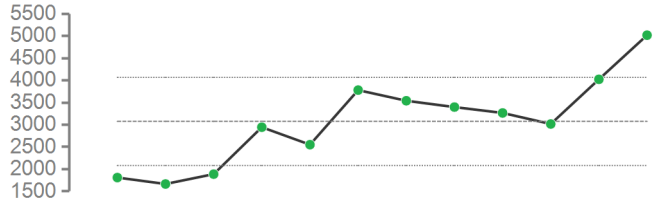
Analysis of our quality metrics and heatmap for November does not show any clear correlation between staffing levels and harm for the wards showing low fill rates with the exception of:
o One ward shows <100% Harm Free Care (Harvey 94.4%) with a category 2 pressure ulcer.
o One ward shows 20% patients not recommending our services to their Friends and Family and six reported falls (Invicta).
o ITU QEQM shows only 87.5% Harm Free Care with a category 2 pressure ulcer with only 80% shifts filled by employed staff versus temporary staff.

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Complaints & Compliments

Dec	Number of Complaints	782 (6.5%)		The number of Complaints recorded overall, including new or returning complaints. Data source - DATIX
Dec	Complaints acknowledged within 3 working days	99		Complaints acknowledged within 3 working days
Dec	Compliments	36917 (45.1%)		Number of compliments received

Strategic Theme: Patient Safety

Highlights and Actions:

43 new complaints received in December 2019 compared to 60 in November 2019, a decrease of 28%. EKHUFT received 54 complaints in December 2018, a decrease of 20%. 97% of complaints received in December (and November 2019) were acknowledged within three working days. PET acknowledged 100% of complaints within three working days for the previous four consecutive months.

Continuing targeted work to reduce the number of open complaints over 60 and 90 working days is being monitored through fortnightly performance review meetings with Care Groups, the Deputy Chief Nurse and Head of PET.

The Trust closed 47 complaints in December 2019; 27 had a 30 working day timeframe. 52% of these were responded to within 30 working days or with an extension granted by the Chief Nurse; compared to 56% in November 2019. There were 13 breaches where the response was not sent out within agreed timeframes. The Care Groups achieved the following compliance for responding within 30 working days in December:

Urgent and Emergency Care 1 of 10 (10%)
General and Specialist Medicine 3 of 3 (100%)
Surgery and Anaesthetics 5 of 8 (63%)
Surgery – Head, Neck, Breast and Dermatology 3 of 3 (100%)
Women's and Children's 2 of 3 (64%)

No complaints were closed with a 30 working day timeframe in December for Cancer, Clinical Support or Corporate.

The remaining 20 complaints had a 45 working day timeframe. 62% of these were responded to within 45 working days or with an extension granted by the Chief Nurse; compared to 59% in November 2019. There were 8 breaches where the response was not sent out within agreed timeframes. One breach was from delays with the Executive team and one breach was a delay in PET reviewing the draft response. The Care Groups achieved the following compliance for responding within 45 working days in December:

Urgent and Emergency Care 2 of 6 (33%)
General and Specialist Medicine 5 of 7 (71%)
Surgery and Anaesthetics 4 of 5 (80%)
Surgery – Head, Neck, Breast and Dermatology 1 of 2 (50%)
Clinical Support Services 1 of 1 (100%)

No complaints were closed with a 45 working day timeframe in December for Cancer, Women's and Children's or Corporate.

The Deputy Chief Nurse is leading on targeted work into reasons why some complaints are not responded to within the agreed timeframes. The Care Groups have been provided with trajectories in January for improvement over the next three months with the aim of Care Groups achieving the KPI of 85% of all complaints being responded to within agreed timeframes or an agreed extension from the Chief Nurse by the end of March 2020. Performance against the trajectories will be monitored through the fortnightly performance review meetings with the Care Groups, the Deputy Chief Nurse and the Head of PET.

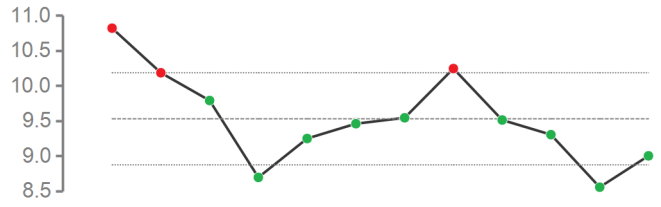
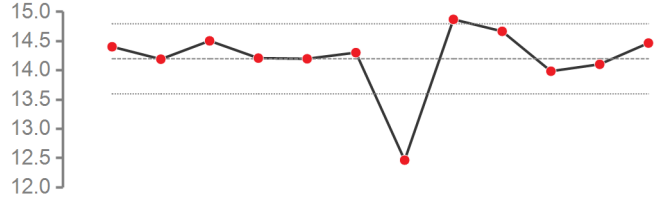
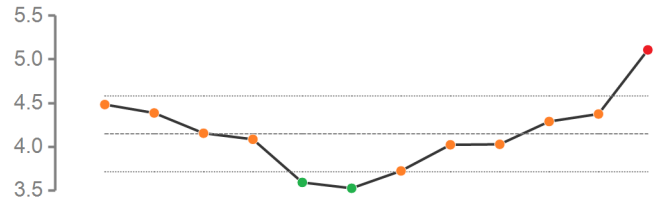
The Trust aims to respond to all complaints within the agreed 30 or 45 working day timeframe.

The Chief Nurse is able to grant extensions, this should only occur in a small number of cases and should not be the norm. The Deputy Chief Nurse is supporting Care Groups to reduce extension requests.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Gaps & Overtime

Dec	Vacancy (Monthly) %	9.5 (-17.4%)		Monthly % Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."
Dec	Staff Turnover (%)	14.2 (1.2%)		"% 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."
Dec	Sickness (Monthly) %	4.1 (7.4%)		Monthly % of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the

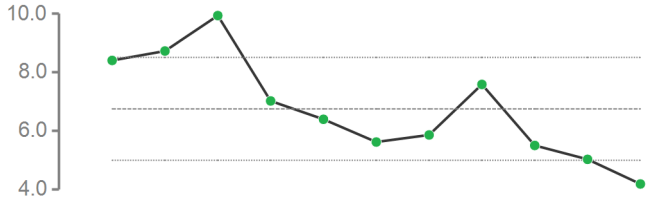
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Dec

Overtime %

6.7
(-24.7%)



% of Employee's that claim overtime.

Highlights and Actions:

Gaps and Overtime

The 12 month vacancy rate decreased to 9.5% (last month 9.7%) for the average of the last 12 months, which is an improvement on last month and last year. The monthly rate increased slightly to 8.66% (up from 8.11%), mostly due to slight increases in vacancy rates across most of the Care Groups. This is a regular occurrence over the Christmas period. There are currently approximately 715 WTE vacancies across the Trust. More work is being undertaken to target hard to fill vacancies, particularly within nursing and Medical specialties. There are approximately 480 WTE candidates in the recruitment pipeline - i.e. those who have been offered positions and are gaining pre-employment clearances. This includes approximately 180 Nursing and Midwifery staff (including ODPs) and 49 Medical and Dental staff.

The Turnover rate, including Doctors in training, in month increased to 14.3% (last month 14.1%), and the 12 month average was 14.2% (14.2% last month). Focus remains on hard to recruit roles to replace agency, but also to identify new ways and methods of attracting to hard to recruit roles. Exit data is reviewed to highlight any areas of concern.

The in month sickness absence position for October was 4.28% - which is an increase from 4.02% in September. The 12 month average remained 4.1% (4.1% last month), but still shows an upward trajectory. Higher than normal short term sickness was observed across the QEQM and WHH wards, with higher than normal sickness in Surgery & Anaesthetics and Cancer Care Groups. Work is underway between the Employee Relations team and HRBPs to look into areas of high sickness absence to ensure all cases are being managed effectively. Care Groups have developed sickness absence reduction plans, with a focus on long term sickness absence and an integrated approach to proactively managing absence with Occupational Health through case conferencing and regular contact. This includes supporting stress, anxiety and compassion fatigue through Respect & Resilience workshops, Mindfulness Courses and Mental Health First Aid training.

Overtime as a % of wte decreased slightly last month, to approximately 5.0% (5.50% last month) , and remains on a downward trajectory for the last 12 months. The average over the last 12 months decreased from 7.4% to 7.0% last month, and shows a downward trend. All metrics are reviewed and challenged at a Care Group level in the monthly Executive Performance Reviews.

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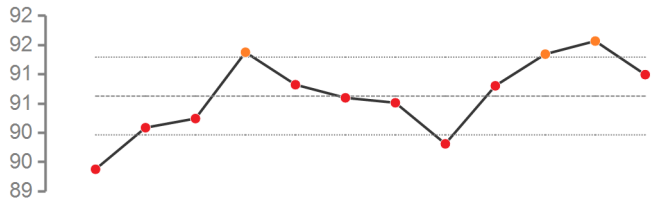
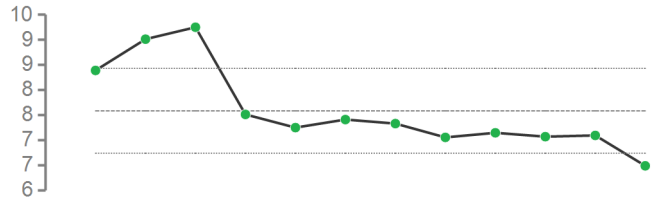
Strategic Theme: Human Resources

Temporary Staff

Dec	Employed vs Temporary Staff (%)	90.6 (2.0%)		"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."
Dec	Agency %	7.6 (5.4%)		% of temporary (Agency and Bank) staff of the total WTE

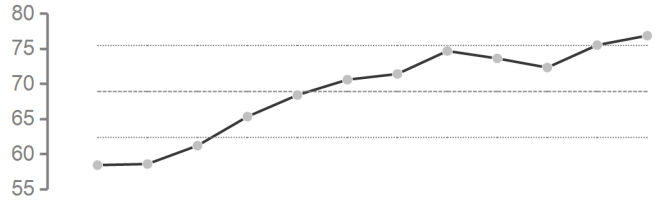
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Dec

Bank Filled Hours vs Total Agency Hours

69 (17.1%)



% 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 December to 7541.42 (down from 7577.34 WTE in November), which left a vacancy factor of approx. 715 wte across the Trust.

The average percentage of employed staff vs temporary staff over the last 12 months increased to 90.6% (90.5% last month), and remains a large improvement over the previous 12 months. As a result of this, the percentage of agency staff of the total WTE for the Trust decreased to approximately 7%, from 7.5% in the previous month. This was also partly as a result of an ongoing increase in Bank filled hours against total agency hours. The 12 month trend still shows an upward trajectory due to high agency usage in January to April 2019.

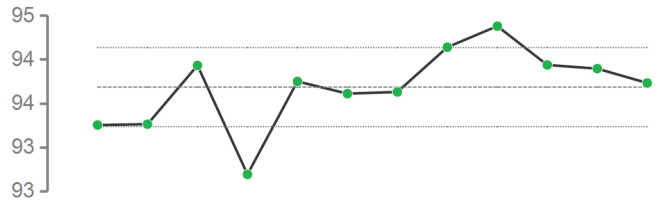
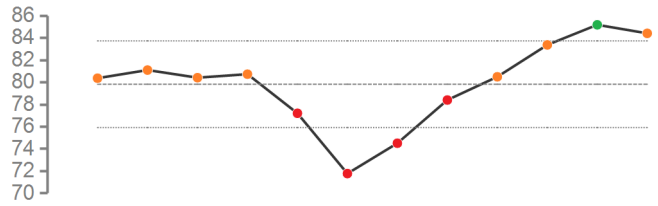
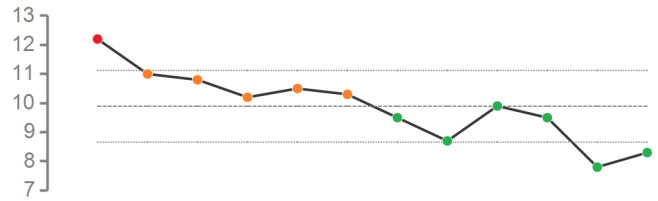
The percentage of hours filled by bank (NHSP) staff against agency staff remained high compared to previous months, and remained over 75%, which is higher than the 69% 12 month average.

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. Care Groups are all now monitoring Agency use on a post by post basis through the agency reduction plans in Aspyre with support from HR and Improvement Delivery Teams. These plans identify detailed and specific actions to eliminate where possible spend on agency.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Workforce & Culture

Dec	Statutory Training (%)	94 (0.5%)		"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. "
Dec	Appraisal Rate (%)	79.9 (4.6%)		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.
Dec	Time to Recruit	10 (-26.2%)		"Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

Highlights and Actions:

Workforce & Culture

Average Statutory training 12 month compliance remains on an upwards trajectory, and was 93% in month for December, and 94% for the 12 month average. This remains above the target of 85%. Care Groups are monitored at EPR on how they are addressing those staff who have never completed one or more of the statutory training requirements. All Care Groups, with the exception of UEC, have over 90% average compliance on statutory training. However, UEC increased to 89% compliance.

The Trust staff average appraisal rate decreased slightly for the first time in 5 months to 84% in month for December (85% in November). Surgery & Anaesthetics (90%), and Cancer Services (90%) are the two Care Groups at or above 90%. Care Groups are working on plans to complete outstanding appraisals as well as to avoid a further drop in appraisal rates for those due to be renewed in coming months.

The average time to recruit is 8 weeks, which is an improvement on the previous 12 months. The 12 month average time to recruit remains 10 weeks, but the annual average remains on a downward trajectory. The Resourcing Team are on track to reduce time to recruit to below 8 weeks to ensure recruitment time meets the demands of our services. To support this reduction, the team are now fully established and Advisors have been allocated to Care Groups to support improvements.

East Kent Hospitals University NHS Foundation Trust

Activity vs. Internal Business Plan

Key Performance Indicators

Dec

	Dec-19				YTD				YTD vs Last Yr				
	Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green
Referral Primary Care	12,158	12,921	(-763)	-6%	136,900	134,575	2,325	2%	136,900	132,684	4,216	3%	<=0%
Referral Non-Primary Care	12,979	13,109	(-130)	-1%	143,963	132,254	11,709	9%	143,963	133,646	10,317	8%	<=0%
OP New	16,673	16,545	128	1%	168,011	159,098	8,913	6%	168,011	160,307	7,704	5%	>=0%
OP Follow Up	35,951	35,938	13	0%	368,981	358,015	10,966	3%	368,981	353,224	15,757	4%	>=0%
Elective Daycase	6,001	5,562	439	8%	57,099	55,011	2,088	4%	57,099	55,840	1,259	2%	>=0%
Elective Inpatient	872	1,145	(-273)	-24%	9,748	11,256	(-1,508)	-13%	9,748	11,438	(-1,690)	-15%	>=0%
A&E	20,099	18,048	2,051	11%	178,611	166,306	12,305	7%	178,611	166,073	12,538	8%	>=0 & <5%
Non-Elective Inpatient	7,611	6,858	753	11%	67,079	63,243	3,836	6%	67,079	60,896	6,183	10%	>=0 & <5%
Chemotherapy	1,302	1,122	180	16%	12,407	11,150	1,257	11%	12,407	10,887	1,520	14%	>=0%
Critical Care	1,748	1,798	(-50)	-3%	15,926	16,261	(-335)	-2%	15,926	16,029	(-103)	-1%	>=0%
Dialysis	7,585	7,412	173	2%	67,624	63,093	4,531	7%	67,624	61,778	5,846	9%	>=0%
Maternity Pathway	1,056	1,027	29	3%	10,010	10,079	(-69)	-1%	10,010	10,131	(-121)	-1%	>=0%
Pre-Op Assessments	2,629	2,843	(-214)	-8%	27,329	31,328	(-3,999)	-13%	27,329	29,666	(-2,337)	-8%	>=0%
Diagnostic	400,384	377,617	22,767	6%	4,314,787	4,162,507	152,280	4%	4,314,787	4,097,174	217,613	5%	<=0%
Other	4,366	4,818	(-452)	-9%	45,033	46,741	(-1,708)	-4%	45,033	44,744	289	1%	>=0%

East Kent Hospitals University NHS Foundation Trust

December 2019

Summary Performance

Elective Care

In December Primary Care referrals were below planned levels with the YTD variance remaining at +2%. Rapid Access referrals remain below planned levels YTD (-2%), with routine referrals 2,321 above plan YTD generating a YTD variance of 2%. Non Primary Care referrals remain 9% above planned levels YTD. Both Primary Care (3%) and Non Primary Care (8%) referrals are up when compared to the same period for the previous year (2018/19).

The Trust delivered the Outpatient New plan for the fourth consecutive month, with appointments 1% above planned levels for December and remain above plan YTD (+6%). YTD Underperformances remain in Ophthalmology (-1,745), Ear, Nose & Throat (-906) and Urology (-773).

The Trust delivered the follow up plan in December with the YTD variance remaining at 3%. YTD underperformances remain in Ear, Nose and Throat (-1,338) and General Medicine (-936).

Daycase admissions achieved the plan and delivered for the eighth consecutive month generating a YTD performance 4% above plan (+2,088). Underperformances remain in key elective specialties Pain Management, General Surgery, Ophthalmology, Maxillo Facial and Ear, Nose & Throat.

Elective Admissions are 13% behind the plan YTD with General Medicine (-724), Trauma and Orthopaedics (-638) and General Surgery (-220) contributing to the largest underperformance.

Non Elective Care

Attendances to the Emergency Departments across the Trust continued to be above plan at +11% in month and +7% year to date. Emergency admissions are also +11% in month and 5%above plan year to date. Emergency activity is up by 10% when compared YTD -v- last year.

East Kent Hospitals University NHS Foundation Trust

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	9,023	10,926	-17%	-1,903
101 - Urology	4,776	6,300	-24%	-1,524
320 - Cardiology	12,353	13,486	-8%	-1,133
301 - Gastroenterology	6,107	6,679	-9%	-572
191 - Pain Management	1,557	886	76%	671
120 - Ear, Nose & Throat	8,867	8,060	10%	807
400 - Neurology	4,532	3,652	24%	880
104 - Colorectal Surgery	7,974	7,006	14%	968
330 - Dermatology	12,234	11,260	9%	974
340 - Respiratory Medicine	5,435	3,810	43%	1,625
Total	**136,900**	**134,575**	**2%**	**2,325**

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	21,611	23,833	-9%	-2,222
800 - Clinical Oncology	6,939	8,736	-21%	-1,797
110 - Trauma & Orthopaedics	16,863	17,540	-4%	-677
420 - Paediatrics	2,575	1,896	36%	679
650 - Physiotherapy	10,226	9,544	7%	682
100 - General Surgery	4,602	3,653	26%	949
101 - Urology	6,842	5,659	21%	1,183
502 - Gynaecology	6,930	5,470	27%	1,460
130 - Ophthalmology	15,090	12,935	17%	2,155
340 - Respiratory Medicine	12,245	2,771	342%	9,474
Total	**143,963**	**132,254**	**9%**	**11,709**

OP New

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	15,994	17,739	-10%	-1,745
120 - Ear, Nose & Throat	9,637	10,543	-9%	-906
101 - Urology	6,222	6,995	-11%	-773
104 - Colorectal Surgery	6,980	6,225	12%	755
420 - Paediatrics	6,813	5,905	15%	908
215 - Paediatric ENT	1,148	180	539%	968
330 - Dermatology	11,507	10,276	12%	1,231
502 - Gynaecology	11,466	10,015	14%	1,451
110 - Trauma & Orthopaedics	13,579	11,594	17%	1,985
650 - Physiotherapy	15,449	13,348	16%	2,101
Total	**168,011**	**159,098**	**6%**	**8,913**

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
120 - Ear, Nose & Throat	12,381	13,719	-10%	-1,338
300 - General Medicine	520	1,456	-64%	-936
301 - Gastroenterology	11,989	10,906	10%	1,083
800 - Clinical Oncology	34,416	33,285	3%	1,131
290 - Community Paediatrics	19,008	17,741	7%	1,267
655 - Orthoptics	7,440	6,127	21%	1,313
502 - Gynaecology	11,979	10,387	15%	1,592
101 - Urology	17,374	15,637	11%	1,737
361 - Renal	15,818	13,547	17%	2,271
330 - Dermatology	16,296	13,628	20%	2,668
Total	**368,981**	**358,015**	**3%**	**10,966**

East Kent Hospitals University NHS Foundation Trust

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
191 - Pain Management	1,384	1,638	-16%	-254
100 - General Surgery	1,075	1,324	-19%	-249
130 - Ophthalmology	3,506	3,731	-6%	-225
140 - Maxillo Facial	1,676	1,897	-12%	-221
120 - Ear, Nose & Throat	1,531	1,725	-11%	-194
110 - Trauma & Orthopaedics	3,650	3,433	6%	217
800 - Clinical Oncology	5,374	4,782	12%	592
101 - Urology	6,528	5,889	11%	639
410 - Rheumatology	966	261	270%	705
301 - Gastroenterology	1,570	737	113%	833
Total	**57,099**	**55,011**	**4%**	**2,088**

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	762	1,486	-49%	-724
110 - Trauma & Orthopaedics	2,238	2,876	-22%	-638
100 - General Surgery	586	806	-27%	-220
400 - Neurology	190	247	-23%	-57
320 - Cardiology	114	171	-33%	-57
120 - Ear, Nose & Throat	459	513	-11%	-54
104 - Colorectal Surgery	372	326	14%	46
420 - Paediatrics	262	196	34%	66
811 - Interventional Radiology	230	125	84%	105
101 - Urology	2,131	2,013	6%	118
Total	**9,748**	**11,256**	**-13%**	**-1,508**

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	16,771	18,486	-9%	-1,715
420 - Paediatrics	5,930	7,208	-18%	-1,278
100 - General Surgery	4,732	5,355	-12%	-623
560 - Midwifery	1,385	1,848	-25%	-463
301 - Gastroenterology	293	495	-41%	-202
110 - Trauma & Orthopaedics	2,941	3,136	-6%	-195
502 - Gynaecology	1,893	1,740	9%	153
101 - Urology	3,683	3,225	14%	458
430 - HCOOP	6,061	5,574	9%	487
180 - Accident & Emergency	13,712	6,074	126%	7,638
Total	**67,079**	**63,243**	**6%**	**3,836**

Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	4314787	4162507	4%	152,280
A&E	178611	166306	7%	12,305
Dialysis	67624	63093	7%	4,531
Pre-Op	27329	31328	-13%	-3,999
Other	45033	46741	-4%	-1,708
Chemotherapy	12407	11150	11%	1,257
Critical Care	15926	16261	-2%	-335
Maternity Pathway	10010	10079	-1%	-69

East Kent Hospitals University NHS Foundation Trust

4 Hour Emergency Access Standard

73.91%

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
4 Hour Compliance (EKHUFT Sites) %*	74.20%	73.85%	78.23%	77.13%	81.22%	81.40%	81.35%	80.23%	78.42%	80.36%	75.40%	73.91%
4 Hour Compliance (inc KCHFT MIUs)	77.93%	77.56%	81.53%	80.54%	84.26%	84.65%	84.61%	83.81%	82.13%	83.48%	79.11%	77.79%
12 Hour Trolley Waits	0	0	0	0	0	0	0	0	1	8	15	12
Left without being seen	3.02%	3.56%	3.67%	4.03%	3.49%	3.83%	3.70%	4.50%	3.90%	3.31%	3.46%	3.42%
Unplanned Reattenders	9.59%	9.82%	9.83%	10.70%	9.98%	9.94%	9.54%	9.69%	9.60%	9.15%	9.72%	9.99%
Time to initial assessment (15 mins)	66.3%	66.3%	65.6%	66.9%	68.3%	69.2%	69.5%	75.3%	85.0%	92.0%	94.5%	93.3%
% Time to Treatment (60 Mins)	50.5%	47.9%	44.9%	44.0%	45.9%	45.0%	46.2%	44.5%	43.7%	46.7%	41.9%	43.0%

2019/20 Trajectory (NHSI return)

-17.09 %

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Trajectory	76.4%	81.9%	85.6%	84.2%	86.6%	85.3%	89.7%	92.1%	91.0%	84.9%	87.5%	86.2%
Performance	77.1%	81.2%	81.4%	81.4%	80.2%	78.4%	80.4%	75.4%	73.9%			

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

Summary Performance

December performance for the organisation against the 4 hour target was 73.91%; against the NHS Improvement trajectory of 91.0%. This represents a decrease in performance compared to the previous month of 1.49%, and a decrease compared to the same month last year (79.36% in 2018). There were 12x 12 Hour Trolley Waits in December. The proportion of patients who left the department without being seen remained at a reduced level below 3.5%. The % of ambulance arrivals receiving initial assessment within 15 minutes remained above the target of 92% for the third month in a row (93.3%). The unplanned re-attendance position remains at a high level at 9.99%. Time to treatment within 60 minutes remained below 50% at 43.0% for the month, a slight improvement on the previous month of 41.9%. December had the highest presentation and admissions at 11% above plan, a number of high peak days occurring with pressure on the whole pathways.

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Issue

- Major increase in number of patients attending ED (11% above plan) and major increase in demand for inpatient beds
- Patient flow is challenged due to high number of complex patients with a length of stay >21 days and also the high number of DTOC.
- Limited community capacity which is limiting and preventing discharge from acute settings.
- Increased emergency demand with high acuity, including a number of confirmed and potential Flu cases, have put pressure on bed capacity.

Action

- Increased focus on ambulatory pathways and primary care stream
- Increased senior clinical support at weekends and holidays period
- Daily board rounds with senior manager and matron in attendance.
- National weekly >21 day Long Length of Stay reviews focussing on resolving internal delays implemented with a senior MDT.
- Ambulance handover delay Improvement plan implemented for WHH with monthly monitoring.
- Daily calls with social care, community trust and CCG.

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December 2019 | National A&E Benchmarking

East Kent Hospitals University NHS Trust ranked 116 of 155 trusts

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

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Cancer Compliance

Key Performance Indicators

85.06 %

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Green
62 Day Treatments	68.21%	76.88%	81.56%	79.13%	80.59%	72.24%	82.81%	79.72%	79.34%	88.30%	83.14%	85.06%	>=85%
>104 day breaches	10	8	7	10	6	3	7	1	2	4	4	6	0
Demand: 2ww Refs	3,452	3,276	3,355	3,250	3,483	3,250	3,747	3,228	3,399	3,861	3,463	3,074	3233 - 3573
2ww Compliance	96.52%	98.31%	97.87%	97.72%	96.56%	96.25%	98.02%	98.25%	97.87%	97.67%	98.49%	98.32%	>=93%
Symptomatic Breast	97.22%	98.31%	92.76%	93.64%	93.81%	86.32%	96.27%	95.96%	97.26%	97.00%	97.28%	97.58%	>=93%
31 Day First Treatment	95.63%	97.73%	96.06%	97.54%	96.15%	94.44%	98.56%	96.72%	97.38%	99.07%	98.80%	98.76%	>=96%
31 Day Subsequent Surgery	97.78%	96.49%	94.74%	84.91%	94.64%	91.53%	100.00%	74.58%	94.34%	95.16%	95.31%	97.67%	>=94%
31 Day Subsequent Drug	98.28%	97.27%	100.00%	100.00%	99.15%	99.04%	100.00%	99.16%	100.00%	100.00%	100.00%	100.00%	>=98%
62 Day Screening	100.00%	76.92%	82.61%	100.00%	87.18%	73.33%	100.00%	92.59%	86.79%	84.62%	88.24%	75.00%	>=90%
62 Day Upgrades	84.00%	86.67%	76.47%	80.00%	85.71%	75.00%	75.00%	65.63%	90.38%	80.65%	75.76%	83.33%	>=85%

2019/2020 Trajectory

-1 %

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Green
STF Trajectory	85.52%	85.71%	85.33%	85.96%	86.31%	85.97%	85.71%	86.19%	86.06%	85.71%	85.51%	85.65%	Apr
Performance	79.13%	80.59%	72.24%	82.81%	79.72%	79.34%	88.30%	83.14%	85.06%				Apr

Last updated: 16/01/2020

Please note that the latest month will still be undergoing validation

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

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62 Day Performance Breakdown by Tumour Site

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
01 - Breast	67.4%	84.3%	86.0%	90.0%	76.7%	64.5%	82.1%	79.4%	75.0%	93.9%	98.2%	95.7%
03 - Lung	64.5%	81.8%	93.3%	58.3%	65.5%	65.0%	46.2%	58.3%	60.9%	59.3%	52.5%	68.2%
04 - Haematological	38.5%	33.3%	62.5%	72.7%	61.5%	80.0%	62.5%	66.7%	60.0%	85.7%	80.0%	100.0%
06 - Upper GI	61.1%	75.0%	60.9%	83.3%	73.7%	61.5%	81.1%	85.0%	71.1%	79.3%	75.0%	94.1%
07 - Lower GI	62.9%	73.8%	64.7%	61.5%	74.3%	51.6%	81.3%	77.1%	66.7%	62.5%	40.0%	40.5%
08 - Skin	94.9%	98.2%	100.0%	95.7%	98.1%	97.6%	97.1%	91.9%	91.8%	97.4%	100.0%	100.0%
09 - Gynaecological	80.0%	71.4%	76.5%	80.0%	78.6%	81.3%	93.8%	80.0%	75.0%	100.0%	90.9%	91.7%
10 - Brain & CNS						100.0%	100.0%	0.0%				
11 - Urological	64.8%	81.1%	76.2%	85.5%	87.5%	73.7%	91.5%	87.9%	86.9%	93.0%	88.7%	96.3%
13 - Head & Neck	52.4%	42.1%	92.6%	35.7%	33.3%	33.3%	44.4%	58.3%	66.7%	100.0%	66.7%	83.3%
14 - Sarcoma	50.0%	50.0%		100.0%	0.0%	50.0%		100.0%	100.0%			0.0%
15 - Other	0.0%	40.0%	25.0%	0.0%	33.3%			0.0%	100.0%	0.0%	100.0%	

Summary Performance

December 62 day performance is currently 85.06% and complaint against the national standard, however is 1% below the locally agreed improvement trajectory of 86.06%. Validation continues until the beginning of February in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,428 and there were 6 patients waiting 104 days or more for treatment or potential diagnosis.

Improvement plans are in place for cancer pathways. The daily reviews of 2ww and 73 day + patients is continuing and enabling director level escalations and actions to be progressed.

Issues:

- Lower GI demand has increased requirement for surgical and endoscopy diagnostic capacity.
- Lung pathway required whole pathway review to improve waiting times.

Actions:

- Review Lower GI pathway, including straight to test.
- Revisit the Lower GI demand and capacity model.
- Operational policy for Lung pathway reviewed in December 19 with positive impact on waiting times.
- Endoscopy action plan is being actively implemented, with new booking arrangements increasing capacity.
- Daily monitoring meetings of 2ww and over 73 day patients continue.
- Weekly Director led meetings to review all patients on cancer pathway by tumour site.

104 Day Breaches

Patient 1 – Complex pathway involving two tertiary centres. Surgery requires 3 surgeons and has been confirmed for 27 January.

Patient 2 – Complex pathways requiring several biopsies prior to diagnosis being confirmed. Treatment commenced 13 January.

Patient 3 - Patient requested several changes to OPA appoitnments which delayed diagnosis.

Patient 4 – Complex pathway with patient sustaining injury which required major surgery and other ongoing infection issues which have delayed his chemotherapy. Patient has been transferred to a surveillance pathway.

Patient 5 – Endoscopy and virtual colonoscopy delay in patients pathway. TCI declined by patient in December. Patient treated on 6 January.

Patient 6 – Delay in colonoscopy. TCI date 31 January.

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November 2019 | National 62 Day Cancer Benchmarking

East Kent Hospitals University NHS Trust ranked 59 of 150 trusts

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

*National Data is reported one month in arrears

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18 Week Referral to Treatment Standard

Key Performance Indicators

80.32 %

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Green
Performance	76.10%	77.89%	80.03%	79.15%	80.66%	82.06%	82.46%	81.81%	81.62%	81.51%	81.68%	80.32%	>=92%
52w+	38	27	8	3	4	3	2	1	3	3	5	5	0
Waiting list Size	50,134	48,743	48,696	45,867	46,359	46,293	45,292	46,121	46,544	47,082	47,445	46,686	<38,938
Backlog Size	11,984	10,776	9,723	9,564	8,964	8,307	7,946	8,389	8,554	8,705	8,690	9,189	<2,178

2019/2020 Trajectory

1.32 %

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Green
Performance Trajectory	78.00%	79.00%	80.00%	80.00%	78.00%	80.00%	81.00%	82.00%	79.00%	80.00%	81.00%	82.00%	
Performance	79.15%	80.66%	82.06%	82.46%	81.81%	81.62%	81.51%	81.68%	80.32%				

5

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Green
52w Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	Apr
Performance	3	4	3	2	1	3	3	5	5				

The 18 week performance is above the agreed trajectory, there are (5) 52 week wait patients, and there has been a small increase of backlog size in month.

Issue:

- Data quality improvement
- Waiting list has grown due to focus on data quality.
- Patient choice allows patients to book appointment outside of 18 weeks.

Actions:

- All patients over 35 weeks are being reviewed by Operational Director weekly with plans progressed as a priority.
- All Specialities have revised recovery plans for Q4.
- Increased and focussed validation to ensure the PTL is up to date
- Identify additional capacity through booking efficiencies to reduce polling ranges.

52 week patient:

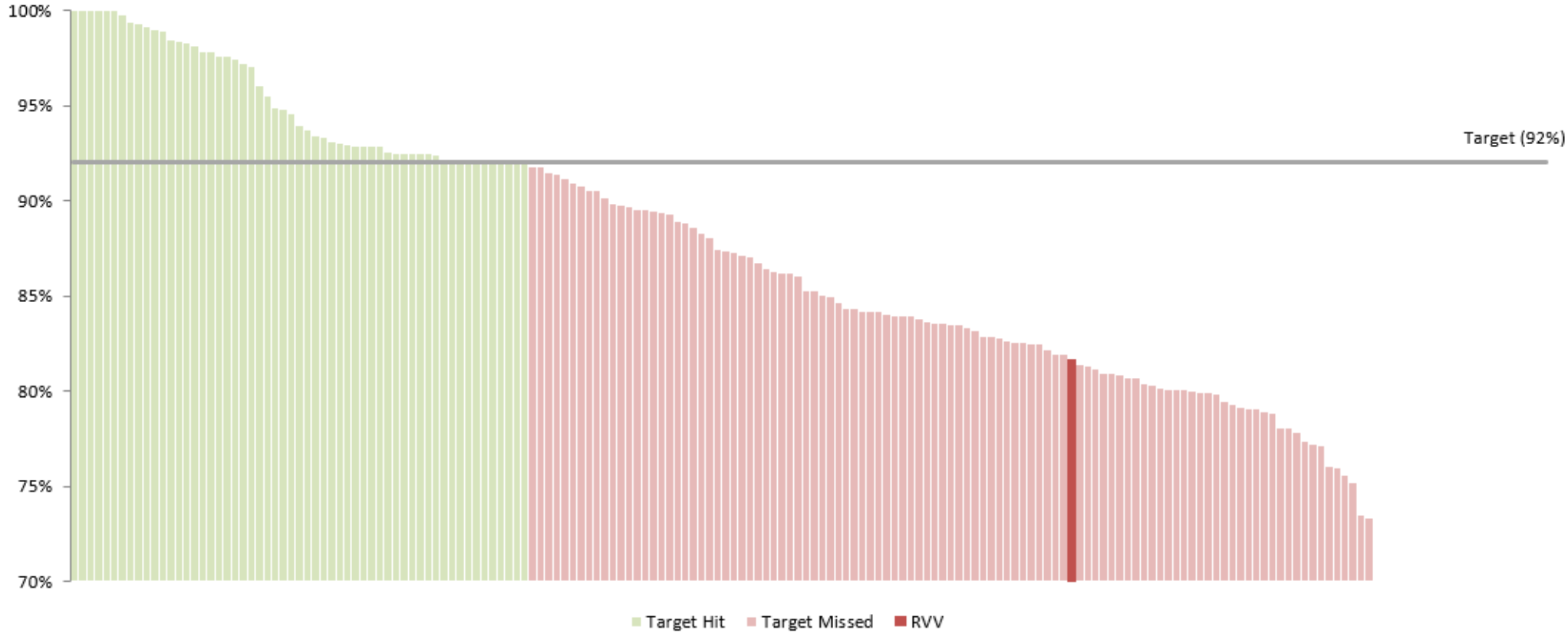
Patient 1 – Incorrect clock stop applied following diagnostic. Found on validation and review of diagnostics. Treatment completed.
Patient 2 - Complex pathway, patient admitted for procedure but was cancelled due to an emergency. TCI date in January.
Patient 3 - Requires a specialist prosthesis which was confirmed late in pathway.
Patient 4 - Incorrect clock stop applied which was found on validation. TCI offered for December but declined by patient. TCI booked in January.
Patient 5 - Complex pathway requiring a wide range of diagnostics involving tertiary centre.

East Kent Hospitals University NHS Foundation Trust

November 2019 | National RTT Benchmarking

East Kent Hospitals University NHS Trust ranked 125 of 167 trusts

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



*National Data is reported one month in arrears

East Kent Hospitals University NHS Foundation Trust

6 Week Referral to Diagnostic Standard

Key Performance Indicators

99.55 %

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Green
Performance	99.72%	99.49%	99.59%	99.29%	99.45%	99.60%	99.42%	99.08%	98.69%	99.60%	99.80%	99.55%	>=99%
Waiting list Size	12,949	14,210	15,058	15,517	15,228	15,548	14,887	14,825	13,614	16,559	16,605	15,621	<14,000
Waiting > 6 Week Breaches	36	73	61	110	84	62	86	137	178	67	34	71	<60

2019/20 Trajectory

0.45 %

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
STF Trajectory	99.11%	99.11%	99.11%	99.11%	99.11%	99.10%	99.10%	99.10%	99.11%	99.11%	99.11%	99.11%
Performance	99.29%	99.45%	99.60%	99.42%	99.08%	98.69%	99.60%	99.80%	99.55%			

Summary Performance

The standard has been met for December 19 with a compliance of **99.55%**. As at the end of the month there were **71** patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 17
- Cardiology: 3
- Urodynamic: 5
- Sleep Studies : 0
- Cystoscopy : 1
- Colonoscopy : 30
- Gastroscopy : 6
- Flexi Sigmoidoscopy : 9
- Neurophysiology: 0
- Audiology : 0

Issue:

- Endoscopy waiting time is above expected .

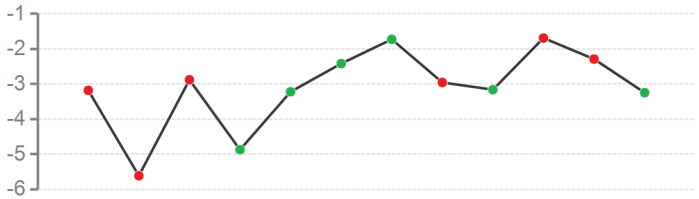
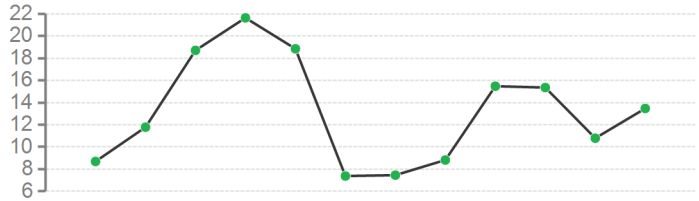
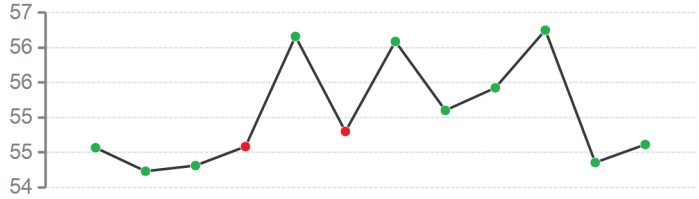
Actions:

- Endoscopy action plan is being implemented.
- Endoscopy compliance is improving and will be monitored to ensure sustainable performance.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Finance

Finance

Dec	I&E £m (Trust Only)	-25.6 (41.9%)		The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.
Dec	Cash Balance £m (Trust Only)	13.5 (24.8%)		Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown in the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.
Dec	Total Cost £m (Trust Only)	54.6 (0.5%)		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.

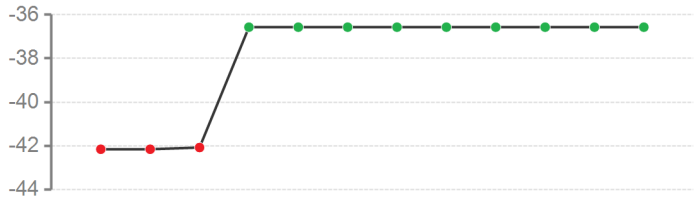
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Finance

Dec

Forecast £m

-36.6
(0.0%)



This shows the Normalised Income & Expenditure Forecast as at 31st March of the relevant financial year. The arrow shows latest monthly figure together with % variance against the last month reported.

Highlights and Actions:

The Trust generated a consolidated deficit in month of £3.3m which was £0.3m worse than the plan. This brought the YTD position to a £26.4m deficit which was £0.4m better than plan, which is a positive position to report at the end of Q3.

The year-end forecast remains in line with the plan of a consolidated £37.5m deficit excluding technical adjustments.

The main drivers of the in-month position were:

- 2gether support solutions delivered a £0.1m profit after tax which was £0.3m adverse to an ambitious in-month plan. The 20/21 plan will benefit from additional understanding of I&E phasing given the duration the company has been established.
- Non-Clinical income over performance of £0.7m primarily due to a combination of £0.3m of AMD drugs supplied to Spencer Wing, which is offset by non-pay expenditure and additional salary recharges and project income totalling £0.2m.
- A pay overspend of £0.3m due to continued medical agency staffing due to ongoing operational pressures from emergency activity. CIP schemes relating to agency staff are behind plan in December by £0.5m and £1.8m behind plan YTD.

The East Kent CCG aligned incentive contract (AIC) remains financially beneficial to EKHUFT, with a year-to-date benefit of £1.6m as compared to a PbR activity based contract.

While the year-to-date financial position in December remains positive, the level of CIP delivery increases significantly throughout the year therefore continued focus on development and delivery of savings efficiencies is crucial to deliver our I&E plan and ensure we are in a good position moving into the new financial year.

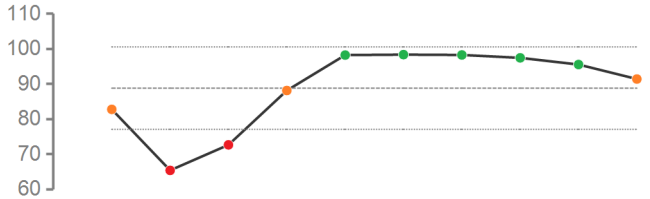
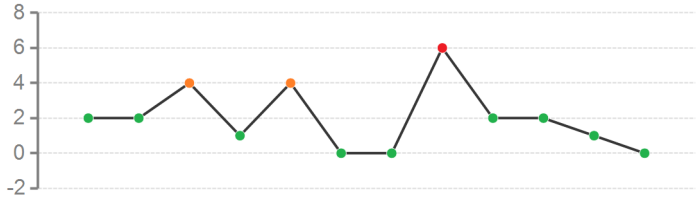
This focus on delivering the financial position is being maintained by a combination of monthly Executive Performance Review meetings and Confirm and Challenge meetings led by the COO and FD. Additionally EKHUFT has developed an internal Financial Special Measures framework to ensure all areas of the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

The Trust's cash balance at the end of December was £13.5m which was £8.3m above plan partly due to positive on-going work to collect historic debt. The Trust borrowed £2.9m in December therefore total Trust borrowings increased to £115m which will require paying back when the Trust is delivering a surplus.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 1

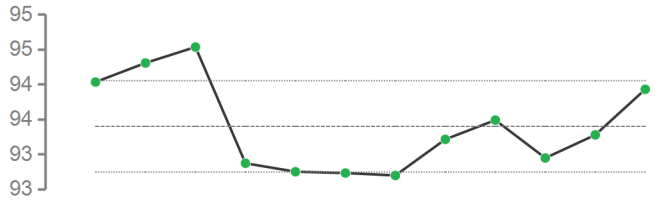
Dec	H&S HASTA All Scores	82 (13.3%)		Overall Health And Safety Toolkit Audit (HASTA) compliance score – by Care Group, Specialty & Site	★★★
Dec	RIDDOR Reports (Number)	24 (-17.2%)		"RIDDOR reports sent to HSE each month.(please note that Riddor uses the Field inc_dnotified (HSE date) rather than inc_dreported (Reported date)	★★☆

Strategic Theme: Health & Safety

Dec

Health & Safety Training

93
(-3.7%)



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

Highlights and Actions:

HASTA

HASTA scores for December 2019 achieved 73% compliance which is a reduction from the November 2019 scores of 88 %. This was caused by poor performing services from 2018/19 being audited in Q3, 2019/20. However, these services achieved improvements in their HASTA audits when compared with2018/19. The overall compliance is 96% year to date.

H&S COSHH Assessments:

Performance in December 2019 was 93.5%, a small improvement of 0.4% from November 2019.

Additional COSHH support sessions are being offered to all services by the Health and Safety team.

H&S COSHH Controls: Performance improved slightly at 96%, up from 95% in November.

H & S COSHH Inventory Audits

COSHH inventory audits also achieved 96% which again is a slight improvement to November 2019. Additional COSHH support sessions are being offered to all services by the Health and Safety team.

H & S Staff Surveillance:

80% compliance was achieved in December 2019.

RIDDOR

There were no staff RIDDOR reports sent to the HSE in December. There are relatively low numbers of RIDDORs throughout the year. The H+S Team and the Patient Safety Team are reviewing the RIDDOR process and will recommend improvements, particularly in the area of patient reportable RIDDOR's.

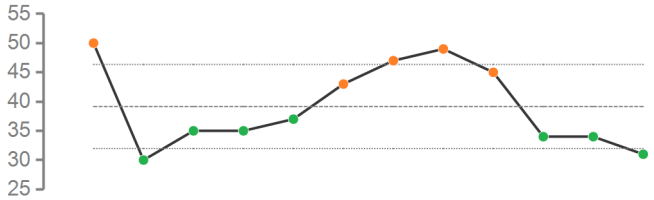
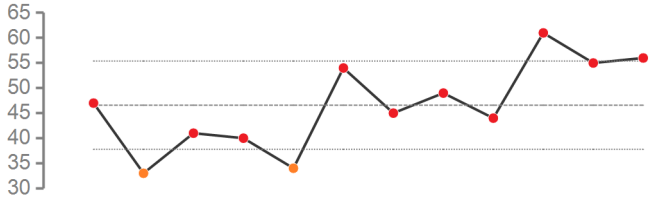
HEALTH AND SAFETY TRAINING

Health and Safety training achieved 93% in December 2019. Training levels remain consistent throughout the year.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 2

Dec	Accidents	470 (10.6%)		Number of Accidents that have occurred, excluding sharps (needles etc) but including manual handling. Data Source: DATIX	★ ★ ★
Dec	Violence & Aggression	559 (11.1%)		Number of cases of Violence, aggression and verbal abuse raised towards Staff. Data Source: DATIX	★ ★ ★

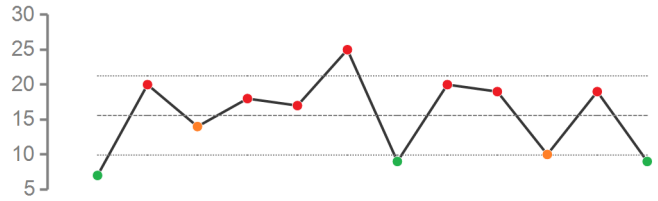
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Dec

Sharps

187
(15.4%)



Number of Incidents raised involving use of sharps (e.g. needle stick). Data Source: DATIX

Highlights and Actions:

Accidents:
There were 28 Accidents for December 2019:
- 3 contact with hot liquid (two hot drinks spills by patient onto staff and one kettle related incident, all events low harm)
- 4 Exposure to blood and body fluids (all low risk severity)
- 1 sharp object cut to finger (not medically related, low harm)
- 5 Hit or knocked by object (2 Oxygen Cylinders falling on feet, one hit by passing wheel-chair, one bumped head on table after bending down)
- 15 Slips Trips and falls (2 fall off chair, 3 slips on floor from spilt liquids or solids, 1 fall during work activity, 6 slips on ice outside areas, 3 trips over objects).

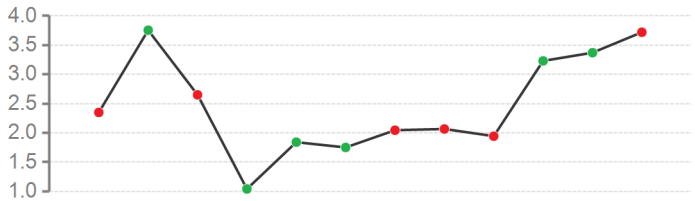
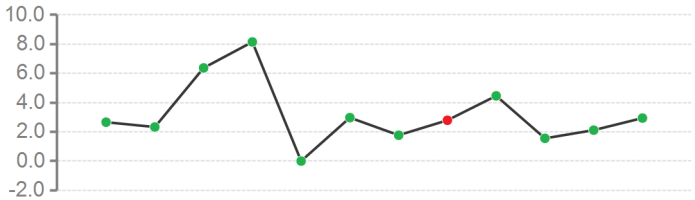
There were 44 reported incidents of Violence and Aggression in December 2019:
- 5 Patient behaviour other – aggressive behaviour (all low risk or no impact)
- 16 Patient behaviour - aggressive behaviour to a member of staff (all low risk or no impact)
- 1 patient to patient event (low risk impact)
- 18 Physical assaults (17 low or no impact, one moderate severity)
- 4 Verbal aggression

Sharps:
There were 11 Datix reported sharps incidents in December 2019:

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Balance Sheet

Dec	CIPS £m	21.0 (10.4%)		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.
Dec	Cash borrowings £m	26.8 (39.0%)		Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.

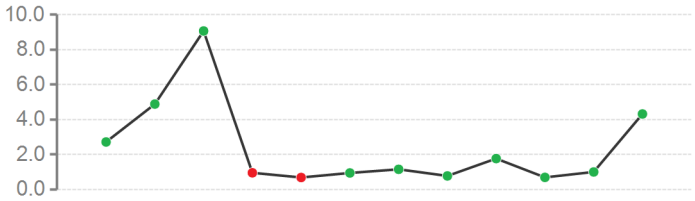
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Dec

Capital position £m

12.3
(331.9%)



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

Highlights and Actions:

DEBT

The level of invoiced debtors remained consistent in December at £14.9m, which represents a reduction of over £10m from the start of the financial year. The largest debtors at 31st December were East Kent Medical Services and NHS England. Progress has been made in recent months streamlining processes to minimise inter-company debt and the EKMS outstanding debt has reduced from previous levels.

CAPITAL

Total capital expenditure at the end of December is £12.3m which is £0.9m (7%) below plan. The main drivers are delays with investments within the Patient Environment Investment Committee (PEIC) and delays implementing fire precautionary work following an external funding grant of £5m. It is anticipated that this expenditure will be back in line with the plan by year-end.

CASH

The Trust's cash balance at the end of December was £13.5m which was £8.3m above plan partly due to positive on-going work to collect historic debt.

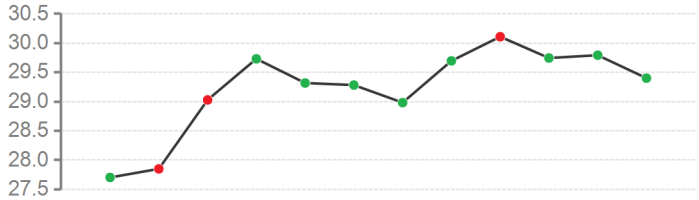
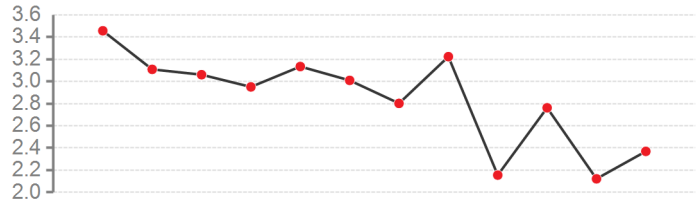
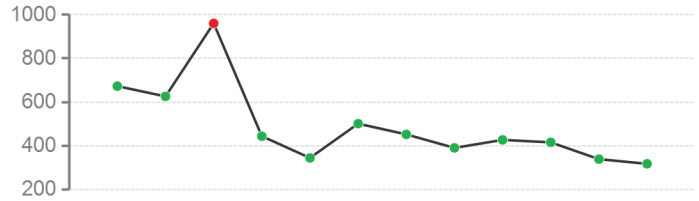
FINANCING

The Trust borrowed £2.9m in December therefore total Trust borrowings increased to £115m which will require paying back when the Trust is delivering a surplus.
£2.8m of interest has been incurred year-to-date in respect of the drawings against working capital facilities.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Pay Independent

Dec	Payroll Pay £m	29.4 (-1.3%)		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.
Dec	Agency Spend £m	2.4 (11.6%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.
Dec	Independent Sector £k	317 (-6.3%)		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 December by £0.3m driven by overspends in mainly medical agency staffing due to continued operational pressures.
Total expenditure on pay in December was £33m, which is a £0.3m reduction from the level of reported expenditure in November. The focus remains on converting as many agency posts to substantive and bank as possible to improve quality of service delivered along with reducing the level of premium cost paid by the Trust.

East Kent Hospitals University NHS Foundation Trust

Glossary

Domain	Metric Name	Metric Description	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge for only Acute Sites (K&C, QEQM, WHH, BHD). No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics	>= 95	1 %
Beds	Bed Occupancy (%)	This metric looks at the number of beds the Trust has utilised over the month. This is calculated as funded beds / (number of patients per day X average length of episode stay). The metric now excludes all Maternity, Intensive Treatment Unit (ITU) and Paediatric beds and activity.	>= 0 & <92	60 %
	DToCs (Average per Day)	The average number of delayed transfers of care	>= 0 & <35	30 %
	IP - Discharges Before Midday (%)	% of Inpatients discharged before midday	>= 35	10 %
	IP Spells with 3+ Ward Moves	Total Patients with 3 or more Ward Moves in Spell	Lower is Better	
Cancer	Cancer: 2ww (Breast) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected (CB_B7).	>= 93	5 %
	Cancer: 31d (2nd Treat - Surg) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery (CB_B9).	>= 94	5 %
	Cancer: 31d (Diag - Treat) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') (CB_B8)	>= 96	15 %
	Cancer: 31d (Drug) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen (CB_B10).	>= 98	5 %
	Cancer: 62d (Con Upgrade) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	>= 85	5 %
	Cancer: 2ww (All) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent GP referral for suspected cancer (CB_B6)	>= 93	10 %
	Cancer: 62d (GP Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	>= 85	50 %
	Cancer: 62d (Screening Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	>= 90	5 %

Clinical Outcomes	4hr % Compliance from Presentation to Stroke Ward	4hr % Compliance from Presentation to Stroke Ward, as per BPT	Higher is Better	
	Audit of WHO Checklist %	An observational audit takes place to audit the World Health Organisation (WHO) checklist to ensure completion. After each procedure, the recovery staff check that each of the surgical checklists have been carried out. This compliance monitors against a random set of 10 patients each day from this process.	>= 99	10 %
	FNoF (36h) (%)	% Fragility hip fractures operated on within 36 hours (Time to Surgery within 36 hours from arrival in an emergency department, or time of diagnosis if an Inpatient, to the start of anaesthesia). Data taken from the National Hip Fracture Database - selecting 'Prompt Surgery%'. Reporting one month in arrears to ensure upload completeness to the National Hip Fracture Database.	>= 85	5 %
	Pharm: Drug Cupboards Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug cupboards locked	>= 90 & <90	5 %
	pPCI (Balloon w/in 150m) (%)	% Achievement of Call to Balloon Time within 150 mins of pPCI.	>= 75	5 %
	Readmissions: EL dis. 30d (12M%)	Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	>= 0 & <2.75	20 %
	Pharm: Drug Trolleys Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked	>= 90 & <90	5 %
	Pharm: Fridge Temps (%)	Data taken from Medicines Storage & Waste Audit - percentage of wards recording temperature of fridges each day	>= 100	5 %
	Pharm: Fridges Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of fridges locked	>= 95	5 %
	Pharm: Resus. Trolley Check (%)	Data taken from Medicines Storage & Waste Audit - percentage of resus trolley's checked	>= 90 & <90	5 %
	Readmissions: NEL dis. 30d (12M%)	Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	>= 0 & <15	15 %
	Stroke Brain Scans (24h) (%)	% stroke patients receiving a brain CT scan within 24 hours.	>= 100	5 %
Culture	Staff FFT - Work (%)	"Percentage of staff who would recommend the organisation as a place to work - data is quarterly and from the national submission. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 60	50 %
	Staff FFT - Treatment (%)	Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission.		40 %
Data Quality & Assurance	Uncoded Spells %	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	>= 0 & <0.25	25 %
	Valid Ethnic Category Code %	Patient contacts where Ethnicity is not blank as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	5 %

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: Fup %	Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments.	>= 0 & <7	
	New:FUp Ratio (1:#)	Ratio of attended follow up appointments compared to attended new appointments	>= 0 & <2.13	
	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	
Diagnostics	Audio: Incomplete Path. 18wks (%)	AD02 = % of Patients waiting under 18wks on an incomplete Audiology pathway	>= 99	
	DM01: Diagnostic Waits %	The percentage of patients waiting less than 6 weeks for diagnostic testing. The Diagnostics Waiting Times and Activity Data Set provides definitions to support the national data collections on diagnostic tests, a key element towards monitoring waits from referral to treatment. Organisations responsible for the diagnostic test activity, report the diagnostic test waiting times and the number of tests completed.The diagnostic investigations are grouped into categories of Imaging, Physiological Measurement and Endoscopy and covers 15 key diagnostic tests.	>= 99	100 %
	Audio: Complete Path. 18wks (%)	AD01 = % of Patients waiting under 18wks on a completed Audiology pathway	>= 99	
Finance	Cash Balance £m (Trust Only)	Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown ir the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.	>= 5	20 %
	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.	>= 0	20 %
	Forecast £m	This shows the Normalised Income & Expenditure Forecast as at 31st March of the relevant financial year. The arrow shows latest monthly figure together with % variance against the last month reported.	>= Plan	10 %
	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.	>= Plan	30 %
Health & Safety	Accidents	Number of Accidents that have occurred, excluding sharps (needles etc) but including manual handling. Data Source: DATIX	>= 0 & <40	15 %
	Sharps	Number of Incidents raised involving use of sharps (e.g. needle stick). Data Source: DATIX	>= 0 & <10	5 %
	H&S HASTA All Scores	Overall Health And Safety Toolkit Audit (HASTA) compliance score – by Care Group, Specialty & Site	>= 95	
	Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %
	RIDDOR Reports (Number)	"RIDDOR reports sent to HSE each month.(please note that Riddor uses the Field inc_dnotified (HSE date) rather than inc_dreported (Reported date)	>= 0 & <3	20 %

Health & Safety	Violence & Aggression	Number of cases of Violence, aggression and verbal abuse raised towards Staff. Data Source: DATIX	>= 0 & <25	10 %
Incidents	Clinical Incidents closed within 6 weeks (%)	Percentage of Clinical Incidents closed within 6 weeks		
	Clinical Incidents: Minimal Harm	Number of Clinical Incidents resulting in Minimal Harm		
	Clinical Incidents: Moderate Harm	Number of Clinical Incidents resulting in Moderate Harm		
	Clinical Incidents: No Harm	Number of Clinical Incidents resulting in No Harm		
	Harm Free Care: New Harms (%)	Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data.	>= 98	20 %
	Medication Incidents with Harm	Number of Medication Incidents recorded on Datix with a Moderate/Severe/Death Harm		
	Medication Missed Critical Doses	Number of missed doses for critical drugs / medications		
	Number of Cardiac Arrests	Number of actual cardiac arrests, not calls, in-hospital		0 %
	Pressure Ulcers Cat 3/4 (per 1,000)	"Number of category ¾ hospital acquired pressure ulcers per 1,000 bed days. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <1	10 %
	Serious Incidents (STEIS)	"Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."		
	All Pressure Damage: Cat 2	"Number of all (old and new) Category 2 pressure ulcers. Data source - Datix."	>= 0 & <1	
	Blood Transfusion Incidents	"The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."		
	Clinical Incidents: Severe Harm	Number of Clinical Incidents resulting in Severe Harm		
	Clinical Incidents: Total (#)	"Number of Total Clinical Incidents reported, recorded on Datix.		
	Falls (per 1,000 bed days)	"Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <5	20 %
	Falls: Total	"Total number of recorded falls. Assisted falls and rolls are excluded. Data source - Datix."	>= 0 & <3	0 %

Incidents	Harm Free Care:All Harms (%)	"Percent of inpatients deemed free from harm as measured by the Safety Thermometer audit ie free from old and new harms: - Old and new pressure ulcers (categories 2 to 4) - Injurious falls - Old and new UTI - Old and new DVT, PE c Other VTE. Data source - Safety Thermometer (old and new harms)."	>= 94	10 %
	Medication Missed Doses	Number of missed medication doses recorded on Datix		
	Medicines Mgmt. Incidents	"The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."		
	Never Events (STEIS)	"Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."	>= 0 & <1	30 %
	Serious Incidents Open	Number of Serious Incidents currently open according to Datix		
Infection	Bare Below Elbows Audit	"The % of ward staff compliant with hand hygiene standards. Data source - SharePoint"	>= 95 & <95	
	Blood Culture Training	Blood Culture Training compliance	>= 85	
	Cases of C.Diff (Cumulative)	"Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01)."		40 %
	Cases of MRSA (per month)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.	>= 0 & <1	40 %
	MSSA	"The total number of MSSA bacteraemia recorded, post 48hrs.	>= 0 & <1	10 %
	C. Diff (per 100,000 bed days)	Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01), recorded at greater than 72h post admission per 100,000 bed days	>= 0 & <1	
	C. Diff Infections (Post 72h)	"The number of Clostridium difficile cases recorded at greater than 72h post admission. Data source - VitalPAC (James Nash)."	>= 0 & <1	0 %
	Commode Audit	"The % of ward staff compliant with hand hygiene standards. Data source - SharePoint"	>= 95 & <95	
	E. Coli	"The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <44	10 %
	E. Coli (per 100,000 population)	The total number of E-Coli bacteraemia per 100,000 population.	>= 0 & <44	
	Infection Control Training	Percentage of staff compliant with the Infection Prevention Control Mandatory Training - staff within six weeks of joining and are non-compliant are excluded	>= 85	
	MRSA (per 100,000 bed days)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT, cases per 100,000 bed days	>= 0 & <1	
Mortality	Crude Mortality NEL (per 1,000)	"The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <27.1	10 %

Mortality	HSMR (Index)	Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.	>= 0 & <90	35 %
	Number of Deaths that were >50% Avoidable	Number of deaths that were more than 50% likely to have been Avoidable (Categories: 'Definitely Avoidable','Strong evidence of avoidability','Probably avoidable (more than 50:50)')		
	SHMI	"Summary Hospital Mortality Indicator (SHMI) as reported via HSCIC includes in hospital and out of hospital deaths within 30 days of discharge. Latest quarter identifies last reported 12 month period. Please note this metric has recently been changed to reflect HSCIC, not CHKS. Arrow indicates average of last 12 months data."	>= 0 & <0.95	15 %
	Number of SJR's Completed	Number of Structured Judgement Reviews (Mortality Case Record Reviews) completed		
Observations	VTE: Risk Assessment %	"Adults (16+) who have had a Venous Thromboembolism (VTE) Risk Assessment at any point during their Admission. Low-Risk Cohort counted as compliant."	>= 95	20 %
Patient Experience	A&E FFT: Not Recommended (%)	A&E FFT: Not Recommended (%)		
	A&E FFT: Recommended (%)	A&E FFT: Recommended (%)		
	AE Mental Health Referrals	A&E Mental Health Referrals		
	Complaints acknowledged within 3 working days	Complaints acknowledged within 3 working days		
	Complaints Open 31 - 60 Days (M/End)	Number of Complaints open for between 31 and 60 days as at the last day of the month (snapshot)		
	Complaints Open 61 - 90 Days (M/End)	Number of Complaints open for between 61 and 90 days as at the last day of the month (snapshot)		
	Complaints received with a 45 Day time frame agreed	Number of complaints received with a agreed time frame of 45 days		
	Hospital Food? %	Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	5 %
	IP FFT: Recommend (%)		>= 95	30 %
	IP FFT: Response Rate (%)	"The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 22	1 %
	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	Number of Complaints	The number of Complaints recorded overall, including new or returning complaints. Data source - DATIX		
	A&E FFT: Response Rate (%)	A&E FFT: Response Rate (%)		
	Complaints Open < 31 Days (M/End)	Number of Complaints open for less than 30 days as at the last day of the month (snapshot)		
	Complaints Open > 90 Days (M/End)	Number of Complaints open for more than 90 days as at the last day of the month (snapshot)		
	Complaints received with a 30 Day time frame agreed	Number of complaints received with an agreed time frame of 30 days		
	Compliments	Number of compliments received	>= 1	
	IP FFT: Not Recommend (%)	"Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <2	30 %
	Maternity FFT: Not Recommended (%)	Maternity FFT: Not Recommended (%)		
	Maternity FFT: Recommended (%)	Maternity FFT: Recommended (%)		
	Maternity FFT: Response Rate (%)	Maternity FFT: Response Rate (%)		
	Mixed Sex Breaches	"Number of patients experiencing mixed sex accommodation due to non-clinical reasons (un-justifiable). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <1	10 %
Productivity	BADS	British Association of Day Surgery (BADS) Efficiency Score calculated on actual v predicted overnight bed use– allowing comparison between procedure, specialty and case mix.	>= 100	10 %
	eDN Compliance	% of patients discharged with an Electronic Discharge Notification (eDN).	>= 80 & <80	
	LoS: Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.	Lower is Better	
	LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.	Lower is Better	
	Non-Clinical Cancellations (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total planned procedures	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total admitted patients.	>= 0 & <5	10 %

Productivity	Theatres: On Time Start (% 15min)	The % of cases that start within 15 minutes of their planned start time.	>= 90	10 %
	Theatres: Session Utilisation (%)	% of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.	>= 85	25 %
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 %
	Midwife:Birth Ratio (%)	The number of births compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	>= 0 & <28	2 %
	Overtime (WTE)	Count of employee's claiming overtime		1 %
	Shifts Filled - Day (%)	Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
	Stability Index %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate– WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage. exclude Junior medical staff, any staff with grade codes beginning MN or MT		
	Staff Turnover (Midwifery)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Midwives. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in directior of arrow and %) against the previous 12 months."	>= 0 & <10	
	Time to Recruit	"Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <10	
	Total Staff Headcount	Headcount of total staff in post		
	Unplanned Agency Expense	Total expediture on agency staff as a % of total monthly budget.	>= 0 & <100	5 %

Staffing

Vacancy (Nursing) %	"% Vacant positions against Whole Time Equivalent (WTE) for Nurses. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <7	
1:1 Care in labour	The number of women in labour compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	>= 99 & <99	
Agency %	% of temporary (Agency and Bank) staff of the total WTE	>= 0 & <10	
Agency Filled Hours vs Total Agency Hours	% hours worked which were filled by the NHSP against the total number of hours worked by agency staff		
Agency Staff WTE (NHSP)	WTE Count of NHSP Hours worked		
Bank Filled Hours vs Total Agency Hours	% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff		1 %
Bank Hours vs Total Agency Hours	% hours worked by Bank (Staffflow) against the total number of hours worked by agency staff		
Care Hours Per Patient Day (CHPPD)	Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.		
NHSP Hours vs Total Agency Hours	% hours worked by NHSP against the total number of hours worked by agency staff		
Overtime %	% of Employee's that claim overtime.	>= 0 & <10	
Shifts Filled - Night (%)	Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
Sickness (Monthly) %	Monthly % of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 3.3 & <3.7	10 %
Staff Turnover (%)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <10	15 %
Staff Turnover (Medical)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Medical Staff. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in directior of arrow and %) against the previous 12 months."	>= 0 & <10	
Staff Turnover (Nursing)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Nurses. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <10	
Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties		1 %

Staffing	Total Staff In Post (FundEst)	Count of total funded establishment staff		1 %
	Vacancy (Medical) %	"% Vacant positions against Whole Time Equivalent (WTE) for Medical Staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <7	
	Vacancy (Midwifery) %	"% Vacant positions against Whole Time Equivalent (WTE) for Midwives. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <7	
	Vacancy (Monthly) %	Monthly % Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <10	15 %
Training	Appraisal Rate (%)	Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	50 %
	Corporate Induction (%)	% of people who have undertaken a Corporate Induction	>= 95	
	Major Incident Training (%)	% of people who have undertaken Major Incident Training	>= 95	
	Statutory Training (%)	"The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. "	>= 85	50 %

Data Assurance Stars


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


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


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