NHS
East Kent Hospitals University
NHS Foundation Trust

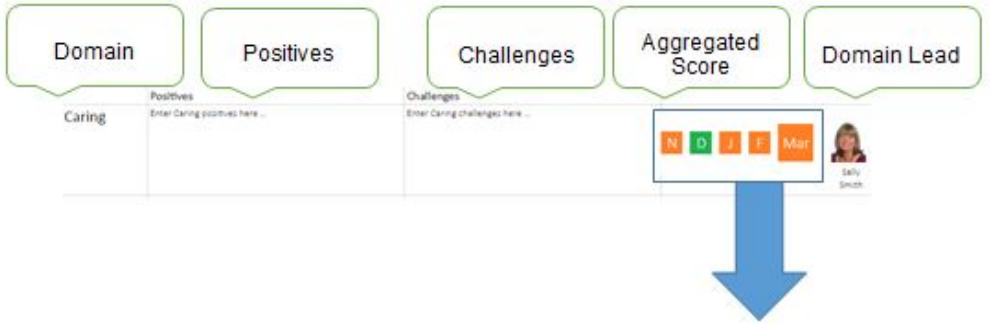
MARCH 2019

INTEGRATED PERFORMANCE REPORT

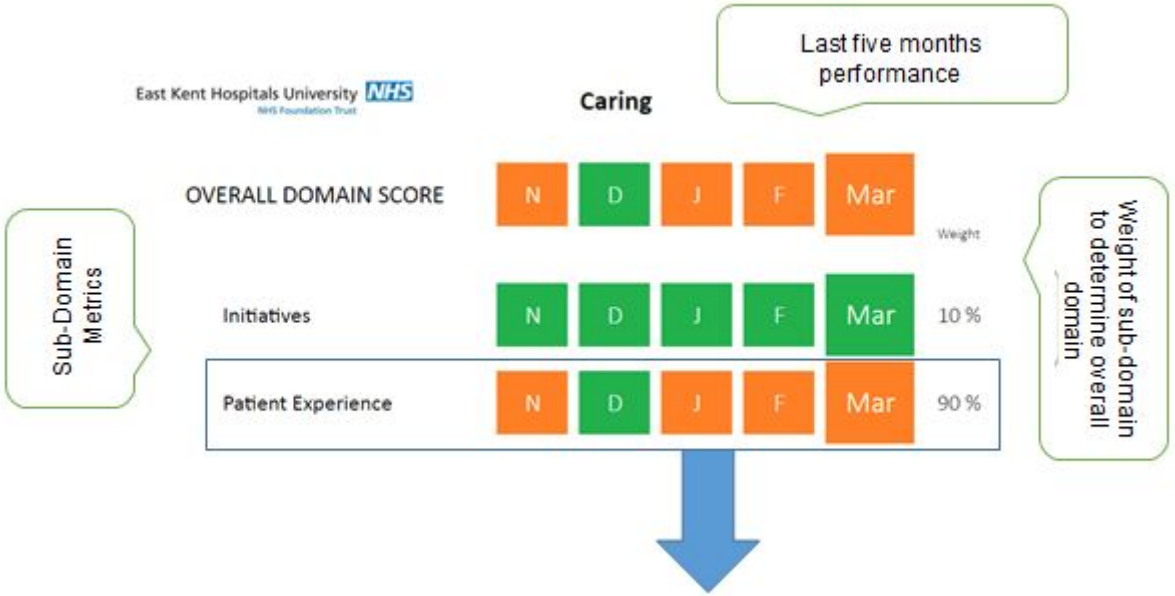
East Kent Hospitals University NHS Foundation Trust

Understanding the IPR

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



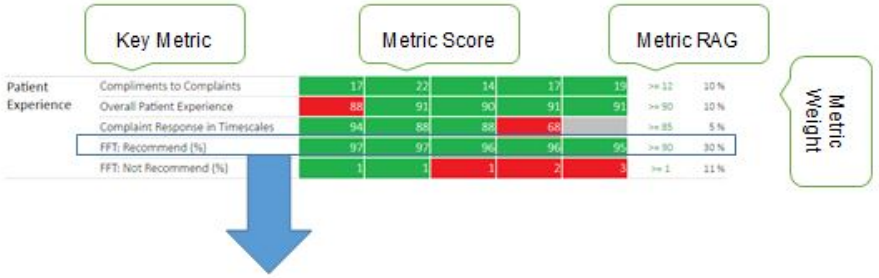
2 **Domain Metrics**: Each domain will have two pages; one showing overall aggregated scores split by sub-domain and another showing a selection of key metrics which help form the sub-domain aggregated metric scores. The first page indicates the sub-domain weighting % which is used to calculate the overall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



East Kent Hospitals University NHS Foundation Trust

Understanding the IPR

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



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

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

NHS
East Kent Hospitals University
NHS Foundation Trust

Strategic Priorities

East Kent Hospitals University NHS Foundation Trust

Headlines

	Positives	Challenges	
Caring	There has been a slight increase with respect to patients not recommending the Trust to their friends and family. The Friends and Family test inpatient satisfaction rate remains positive although we have also seen a reduction in patients not recommending the Trust to their friends and family. Care, Staff attitude and Implementation of care continue to remain the top positive themes in March 2019. Complaints performance has continued to improve in March-19. The number of mixed sex breaches in March reduced significantly to 8.	Although the number of Mixed Sex Breaches has reduced, the reason for the breaches continues to be maintaining flow and safety of patients in the Emergency Departments. We continue to receive daily assurance that safety checks are completed and that safe staffing levels are in place within these areas. An electronic daily check report has been introduced. The real-time patient inpatient survey has improved however we continue to monitor the issues raised last month: cleanliness of wards ; food ; who is responsible for their care ;and receiving the care that matters to them.	N D J F Mar  Amanda Hallums

Effective

Beds
The number of DTOC (Delayed Transfers of Care) have risen to an average of 76 per day. This has had an impact on patient flow across all speciality emergency pathways. To mitigate the lack of external capacity there has been an increased focus on reducing internal delays and this has seen a 1% improvement in bed occupancy to 94% and a 2% increase in the number of patients discharged before noon up to 17%.

Demand and Capacity
All Care Groups have been reviewing their clinic templates and booking arrangements to ensure effective use of out patient clinic capacity. The increased focus on ophthalmology weekend clinics has resulted in improved clinic utilisation.

Productivity
Length of stay across elective and non elective pathways has remained static. Theatre utilisation is 81% with theatre start time at 41%.

The number of non-clinical cancellations has deteriorated slightly to 1.4%. Non clinic cancellation breaches has decreased to 7, which is an improved position.

The WHO checklist has improved to 99%.

Beds
The number of reportable DTOC's has increased to their highest level in the past 6 months to an average of 76 per day. Patient flow has been severely compromised due to low discharge profile for all sites. The reduction in external capacity for supportive discharge continues to cause concern.

Demand and Capacity
The DNA rate for new patients has seen a slight deterioration to 7.9% with follow up patients also deteriorating to 8%. It remains a priority to continue to reduce the number of DNA's by fully booking out patient appointments.

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

To improve length of stay by reducing internal and external delays. To encourage patients to be dressed and mobilising, where possible, to enhance their recovery.

N D J F Mar

Lee Martin

Responsive	4 hour Emergency Access Standard. March performance was 81.53% which is a 4% improvement on February. There have been no 12 Hour Trolley Waits. RTT Performance has again improved to 80.03% The Planned Care Activity Recovery Plan includes a work stream to maximise out patient clinic utilisation and reducing the number of DNA's and cancellations. The number of patients waiting over 52 weeks for first treatment has continued to improve with the number decreasing further to 8. This is a significant achievement since April 2018 when there were 222 patients waiting. DM01 The standard is compliant for March with a compliance of 99.59% . Cancer March performance for 62 day treatments is currently 80.43%, validation continues until the beginning of May in line with the national timetable. 2ww performance has been achieved at 97.85% against a performance standard of 93% and have show a significant improvement over the past five months.	4 hour Emergency Access Standard Achievement of the A&E four hour emergency access standard remains a high priority for the Trust. Over 50% of A&E breaches are due to lack of timely bed availability and results in poor patient experience. This is due to the high number of patients delayed in hospital and who require a supportive discharge. RTT Ensuring that all out patient clinic outcome forms are fully completed and capture all procedures which are performed in an out patient environment. CANCER To continue to reduce the time a patient is seen at their first 2ww appointment to 7 days or below and to also progress patients through their pathway in order to achieve any necessary treatment within the 62 day pathway. To reduce any delays in a patients pathway once they have been referred on to a tertiary centre for on going assessment or treatment. DM01 Maintaining excellent performance consistently across all diagnostic modalities.	N D J F Mar	 Lee Martin

Safe	Mortality rates have come down as expected and HSMR in particular has come down below the lower control limit. March has reported 99.1% harm free care delivery for new harms in our control. We remain below the national average for harms in acute hospitals. We have seen an increase in hand hygiene compliance during March. The falls rate remains below national and has come down to 5.12. C. difficile was below the Department of Health trajectory for the financial year and E.coli bacteraemia rates have again fallen. 2 Care Groups (Cancer and Surgery Head & Neck) are now above 95% for VTE assessment recording for the year.	All harms (those patients are admitted with) has declined again during March despite our good performance for harms in our control. Work with our community colleagues continues to address this. VTE assessment recording throughout the Trust was again 91.9% and the 12 month average although higher at 92.2% remains below 95%.	N D J F Mar  Paul Stevens
Well Led	The Trust delivered £30.4m of efficiency savings for the financial year, which was £0.4m more than the savings target. This over-performance was largely driven by savings in medicines value and workforce supported by Care group and Central schemes.	The Trust delivered a £4.5m deficit (after NHSI adjustments) in Month 12 which was £3.7m behind plan. This brings the YTD position to a deficit of £42.1m which is behind plan by £12.3m (consolidated position including Spencer Wing and 2gether Support Solutions and is after technical adjustments). The key drivers to the deteriorating financial position remain under performance on the elective plan, in year winter pressures and high agency usage. Trust Pay was £2.8m over plan in month and £17.6m over plan YTD. The main overspend is in Agency costs (£17m over plan YTD) offset by an underspend on permanent staffing (£1.7m under plan YTD). The key driver for the overspend against plan are the continuing Medical and Nursing pressures in U&LTC and increased pressures in Medical pay in Surgery. Total cash borrowed has risen to £88.4m.	N D J F Mar  Susan Acott

East Kent Hospitals University NHS Foundation Trust

Caring

		Nov	Dec	Jan	Feb	Mar	Green	Weight
Patient Experience	Mixed Sex Breaches	22	23	34	21	8	>= 0 & <1	10 %
	Number of Complaints	63	64	85	60	75		
	AE Mental Health Referrals	113	93	87	62	87		
	IP FFT: Recommend (%)	97	97	96	97	97	>= 95	30 %
	IP FFT: Not Recommend (%)	1.0	1.1	1.4	1.0	1.2	>= 0 & <2	30 %
	IP Survey: Overall, did you get the care	47.6	44.4	44.9	43.2	46.8		
	Number of Compliments	2477	2236	1813	1668	1890	>= 1 & <1	15 %
	Complaint Response in Timescales %	81.6	94.6	84.2	90.9	95.5	>= 85	15 %

NHS
East Kent Hospitals University
NHS Foundation Trust

Effective

		Nov	Dec	Jan	Feb	Mar	Green	Weight
Beds	DToCs (Average per Day)	55	53	54	66	76	>= 0 & <35	30 %
	Bed Occupancy (%)	87	88	92	94	94	>= 0 & <92	60 %
	IP - Discharges Before Midday (%)	15	15	15	15	17	>= 35	10 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3.5	3.9	3.9	3.5		>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	15.5	15.2	16.0	15.2		>= 0 & <15	15 %
	Audit of WHO Checklist %	99	99	99	98	99	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	8.0	9.1	8.5	7.6	8.1	>= 0 & <7	
	DNA Rate: Fup %	7.7	9.1	8.5	7.6	8.2	>= 0 & <7	
	New:FUp Ratio (1:#)	1.9	1.9	2.0	1.9	1.9	>= 0 & <7	
Productivity	LoS: Elective (Days)	3.0	3.4	3.2	3.3	3.3		
	LoS: Non-Elective (Days)	5.9	6.2	6.5	6.3	6.3		
	Theatres: Session Utilisation (%)	80	77	79	80	81	>= 85	25 %
	Theatres: On Time Start (% 15min)	50	44	40	45	41	>= 90	10 %
	Non-Clinical Cancellations (%)	1.1	1.3	1.8	1.0	1.4	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	23	22	18	16	11	>= 0 & <5	10 %

NHS
East Kent Hospitals University
NHS Foundation Trust

Responsive

		Nov	Dec	Jan	Feb	Mar	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	84.50	82.25	77.93	77.56	81.51	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	81.74	79.36	74.20	73.85	78.23	>= 95	1 %
Cancer	Cancer: 2ww (All) %	93.29	96.75	96.52	98.33	97.85	>= 93	10 %
	Cancer: 2ww (Breast) %	84.03	95.00	97.22	98.32	93.42	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	97.09	97.06	95.52	97.48	95.67	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	97.62	97.14	97.78	96.55	94.12	>= 94	5 %
	Cancer: 31d (Drug) %	97.25	100.00	98.33	97.17	100.00	>= 98	5 %
	Cancer: 62d (GP Ref) %	71.35	82.04	68.30	76.77	80.43	>= 85	50 %
	Cancer: 62d (Screening Ref) %	84.21	87.50	100.00	75.47	79.17	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	85.29	73.91	85.19	87.10	76.47	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.66	99.56	99.72	99.49	99.59	>= 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 (%)	72.16	72.42	76.10	77.89	80.03	>= 92	100 %
	RTT: 52 Week Waits (Number)	102	74	38	27	8	>= 0	

East Kent Hospitals University NHS Foundation Trust

Safe

		Nov	Dec	Jan	Feb	Mar	Green	Weight
Incidents	Clinical Incidents: Total (#)	1,571	1,493	1,669	1,421	1,414		
	Serious Incidents (STEIS)	14	8	9	9	7		
	Harm Free Care: New Harms (%)	98.8	98.7	99.4	99.2	99.1	>= 98	20 %
	Falls (per 1,000 bed days)	5.22	5.69	5.02	5.50	5.12	>= 0 & <5	20 %
Infection	Cases of C.Diff (Cumulative)	26	32	36	38	42	<= Traj	40 %
	Cases of MRSA (per month)	2	0	0	1	0	>= 0 & <1	40 %
Mortality	HSMR (Index)	97	96	95			>= 0 & <90	35 %
	Crude Mortality NEL (per 1,000)	28.2	33.5	34.7	35.6	27.7	>= 0 & <27.1	10 %
Observations	VTE: Risk Assessment %	91.8	90.1	91.8	92.0	91.9	>= 95	20 %

East Kent Hospitals University NHS Foundation Trust

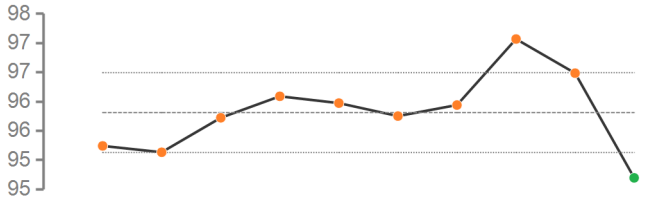
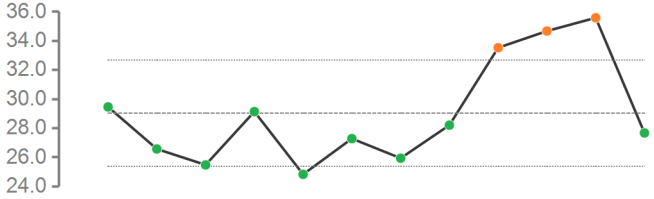
Well Led

		Nov	Dec	Jan	Feb	Mar	Green	Weight
Data Quality & Assurance	Uncoded Spells %	0.5	0.4	0.4	0.3	1.3	>= 0 & <0.25	25 %
Finance	Forecast £m	-29.9	-41.8	-42.2	-42.2	-42.1	>= 0	10 %
	Total Cost £m (Trust Only)	-53.0	-53.0	-54.6	-54.2	-54.3	>= 0	20 %
	Cash Balance £m	3.4	8.7	8.7	11.8	18.7	>= 0	20 %
	I&E £m (Trust Only)	-3.4	-6.2	-3.2	-5.6	-2.9	>= 0	30 %
Health & Safety	Formal Notices	0	0	0	0	0	>= 0 & <1	15 %
	RIDDOR Reports (Number)	6	2	2	2	4	>= 0 & <3	20 %
Staffing	Sickness (12 Monthly Avg) %	3.8	3.9	3.9	4.0	4.1	>= 0 & <3.3	10 %
	Agency %	8.0	7.3	8.4	9.0	9.2	>= 0 & <10	
	Bank Filled Hours vs Total Agency Hours	59	61	58	59	61		1 %
	Shifts Filled - Day (%)	98	95	98	96	96	>= 80	15 %
	Shifts Filled - Night (%)	106	104	106	105	106	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	11	12	11	11	12		
	Staff Turnover (%)	14.5	14.4	14.4	14.2	14.5	>= 0 & <10	15 %
	Vacancy (12 Monthly Avg) %	12.6	13.0	12.5	11.8	11.0	>= 0 & <7	15 %
Training	Appraisal Rate (%)	75.4	79.6	80.3	81.0	80.4	>= 85	50 %
	Statutory Training (%)	97	96	98	97	98	>= 85	50 %

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Mortality

Mar	HSMR (Index)	96 (2.6%)		Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.
Mar	Crude Mortality NEL (per 1,000)	29.0 (-8.2%)		"The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

Highlights and Actions:

As expected all mortality indices (crude mortality, HSMR and RAMI) have significantly fallen this month, in line with seasonal variation. HSMR in particular has come down below the lower control limit and this may reflect work that has been undertaken to improve recording of comorbidity. Peer comparison puts the Trust back below the 50th centile for the latest 12 month period. The red arrow is spurious because the HSMR was rebased in year (rebasing has been explained in previous reports but essentially when the HSMR is rebased it results in a jump in the recorded figure).

Comparison of the 2 acute sites for crude mortality indicate that crude mortality at QEQMH remains 0.2% higher (1.9% versus 1.7%), however risk adjusted mortality remains lower at QEQMH (88.5 versus 88.6).

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

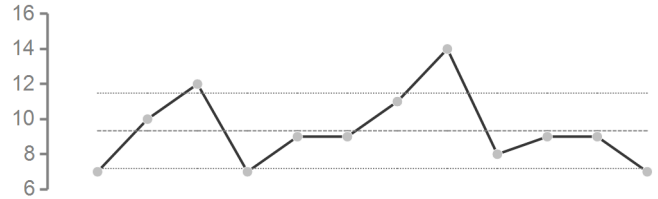
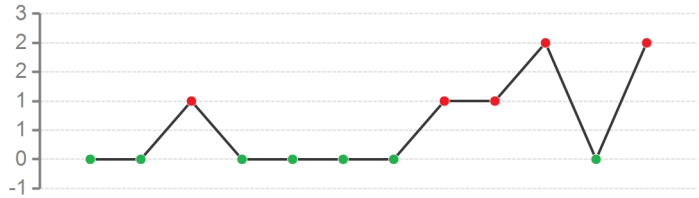
With the next SHMI release we should receive data by site as well as overall Trust data but we wont begin to see an impact form the work on depth of coding for approximately 6 months because the SHMI reports 6 months in arrears.

The in depth sepsis review undertaken as a result of the flagging of sepsis related mortality has been concluded and headline findings were firstly and most important general management of sepsis was good. Secondly, in six of the 36 cases reviewed the diagnosis of sepsis was because of initial screening having triggered the sepsis bundle but this was not the primary diagnosis. This has the effect of increasing the recorded observed deaths from sepsis.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Serious Incidents

Mar	Serious Incidents (STEIS)	112 (93.1%)		"Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."
Mar	Never Events (STEIS)	7 (0.0%)		"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:

Total open SIs on StEIS in March 2019: 88 (including 11 new).
SIs under investigation: 46
Breaches: 14
Non-breaches: 32
Waiting EKHUFT non-closure response: 19
Waiting CCG response: 23

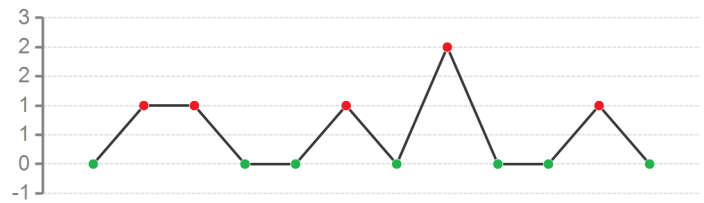
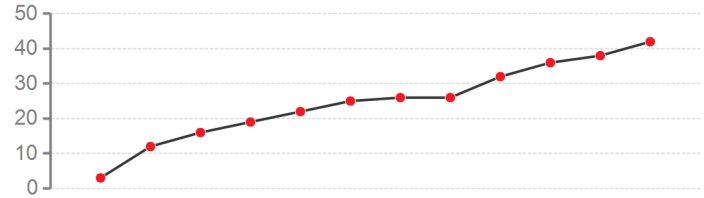
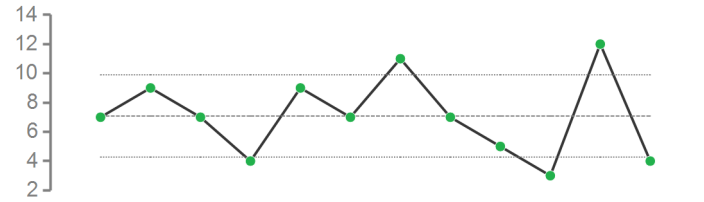
Supporting Narrative:
The number of breached cases is 14. Breaches remain due to lack of clinical engagement, delays in commencing the investigation, and gaps in the investigation and the rigour of the analysis. The Executive weekly SI Meeting continues to support completion and the quality of the investigations. This is attended by the Medical Director, Chief Nurse and Chief Operating Officer. The corporate team now attend many of the RCA meetings and are aligned to individual cases to support completion of the analysis and reports. Additionally the corporate team aim to link with the lead investigator early in the process. The Chief Nurse and Medical Director now receive weekly updates on the breached cases and take actions to unblock delays.

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Infection Control

Mar	Cases of MRSA (per month)	6 (-14.3%)		Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.
Mar	Cases of C.Diff (Cumulative)	42 (10.5%)		"Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Arrow represents YTD position with the % showing variance against the last month."
Mar	E. Coli	85 (3.7%)		"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."

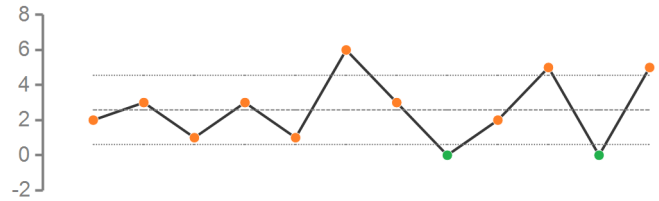
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Mar

MSSA

31
(-13.9%)



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

Highlights and Actions:

C.difficile
C.difficile data is presented as the cumulative number of cases and resets to zero each April. the number of cases at year end was below the trajectory set for the year by the Department of Health of 45. There is no complacency here and the infection control team continue to work with the wards to ensure continued good infection prevention practice and appropriate application of the diarrhoea assessment tool. The next financial year brings both community onset and hospital onset C.difficile cases together in the monitoring and the trajectory set for both for the year (95) is significantly below the combined number of last year's hospital onset and community onset cases. The latter we have no control over.

MRSA
Year to date there have been 6 hospital onset MRSA bacteraemias. How this compares with peers is best looked at by the rate per 100,000 occupied bed days. Our rate this financial year to date is 1.73/100,000 bed days, the Kent & Medway and England averages were 2.22 and 0.83/100,000 bed days respectively.

MSSA
The rate of Trust apportioned MSSA bacteraemias is 9.02/100,000 bed days, this compares with a Kent & Medway average of 10.05 and England average of 9.81/100,000 bed days.

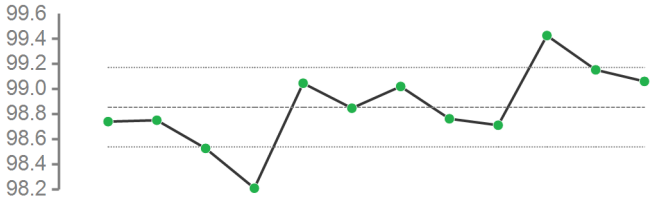
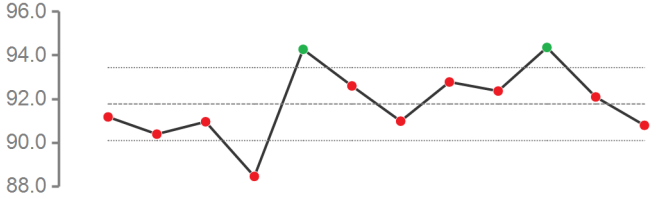
Actions:
Staphylococcus aureus, whether MRSA or MSSA, is found on people's skin and in the respiratory tract and therefore easily colonises ulcers and wounds etc. Care of indwelling devices that breach natural defences is therefore an integral part of prevention of both MRSA and MSSA bacteraemias and becomes even more important when bed occupancy rates are in excess of 100%. The aseptic non-touch technique (ANTT) programme has been rolled out through the Trust and additional ANTT trainers are being trained through a 'train the trainers' scheme.

E.coli
The number of E.coli bacteraemias (hospital onset) is also presented as an SPC run chart and this continues to show improvement. Our Trust rate per 100,000 occupied bed days is 23.24, compared with 25.21/100,000 bed dyas across Kent & Medway and the England average of 22.68.
E.coli bacteraemia in hospital is almost exclusively associated with pathology in the urinary and digestive tracts and early diagnosis of lower urinary tract infection is essential to prevent ascending urinary tract infection and bacteraemia. Of note the community onset rate of E.coli bacteraemia is 135.3/100,000 occupied bed days versus a South region average of 110.5. The underlying causes of community onset E.coli bacteraemia are similar and work to reduce E.coli bacteraemia centres around a collaborative led by the Kent & Medway DIPC aiming to reduce those bacteraemias associated with urinary tract infection through early recognition and introduction of catheter bundles in the community as well as in hospital.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Harm Free Care

Mar	Harm Free Care: New Harms (%)	98.9 (0.3%)		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.
Mar	Harm Free Care:All Harms (%)	91.8 (-0.6%)		"Percent of inpatients deemed free from harm as measured by the Safety Thermometer audit ie free from old and new harms: - Old and new pressure ulcers (categories 2 to 4) - Injurious falls - Old and new UTI - Old and new DVT, PE or Other VTE. Data source - Safety Thermometer (old and new harms)."

Highlights and Actions:

Overall Harm Free Care (HFC) relates to the Harms patients are admitted with as well as those they acquire in our care. The Safety Thermometer for Mar-19 (90.80%) shows a significant fall since last month (92.10%).

A review of HFC - All Harms demonstrated that there was a significant rise in patients who acquired Pressure Ulcers whilst in our care, this has been reviewed. A marked improvement 100% continues in Urgent and Emergency Care (100% Feb-19).
Actions include:

• A review of the incidence of the Pressures Ulcers (7) acquired in our care demonstrated that 1 was unavoidable; 1 was present on admission and the further 5 Pressure ulcers were avoidable. Further work will continue with bespoke teaching to be held in areas of concern; all appropriate care and interventions will be put into place.

• Trust wide Annual Pressure Ulcer audit carried out Feb-19. Results are awaited and a trustwide action plan will be focused on improvement priorities.
• Ongoing Fall Stop training increased to target staff during Trust clinical induction programme. There is now a 2019/2020 CQUIN (CCG7 Three High Impact Actions to prevent Hospital Falls).
• Awaiting publication of national guidance to inform completion of Kent & Medway wide catheter guidelines and catheter passport and to roll out.

Harm Free Care experienced in our care (New Harms only) at 99.06% is similar to last month (99.15% Feb-19). The prevalence of New VTE's; New Pressure Ulcers; Falls with Harm and Catheters and New UTI's with Harm continues to remain below the national average for Acute Hospitals.

East Kent Hospitals University NHS Foundation Trust

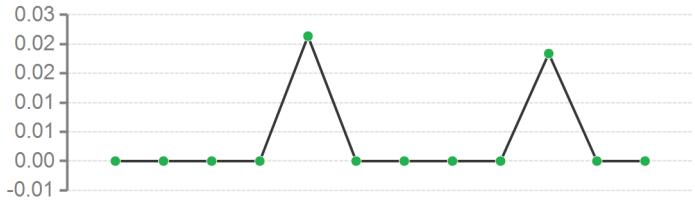
Strategic Theme: Patient Safety

Pressure Damage

Mar

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

0.00
(-57.4%)



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

Highlights and Actions:

March 2019

There were a total of 39 category 2 and above hospital acquired pressure ulcers reported. 32 of these were category 2 ulcers an increase of 11. At time of writing the report the trust was marginally above 0.15 avoidable incidence/1000 bed days this month with a result of 0.168/1000 bed days. However it should be noted that due to retrospective amendments made to PAS records after the event the denominator will alter the avoidable incidence calculation. 6 were avoidable 3 more than last month.

There was 1 confirmed category 3 which requires further investigation. The trust were below the trajectory with a result of 0.028/1000 bed days. There were no confirmed category 4 pressure ulcers.

Six potential deep ulcers were reported 1 less than last month. One of these were avoidable, a decrease of 2 from last month. This was a heel ulcer reported on Cheerful Sparrows Female at QEQM due to lack of evidenced interventions for two days prior to the ulcer developing. The trust were below the trajectory with a result of 0.028/1000 bed days.

Actions:

- Site based study days held on all 3 main sites highlighting issues discussed above
- Meeting took place with East Grinsted outreach nurse to improve care of complex skin flap surgery patients at William Harvey
- Collaborative strategy meeting was help between Fall, Nutrition, Dementia and Tissue Viability specialities to discuss the improvement of the frailty pathway events are planned
- Wound care passport trial extended to Richard Stevens ward
- System in place for the ordering distributing of pillow which will aid heel offloading

Recommendations:

- Work with clinical areas to continually improve documentation of care. Including altering the SKINS and repositioning regime
- Work with industry to hold ward based ‘trolley dash’ education session trust wide
- Extend education to Multi-disciplinary team ie. Drs and allied health professionals.
- Carry out targeted work on Unstageable ulcers to look at trends and implement bespoke action plan
- Bi-annual Tissue Viability conference planned which will include the discussion of documentation and pressure ulcer prevention
- Refresh SKINS awards to reward areas that continue to follow 12 standards of pressure ulcer prevention

East Kent Hospitals University NHS Foundation Trust

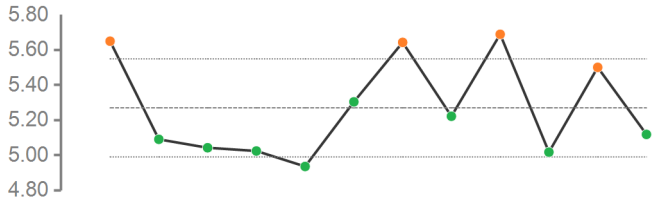
Strategic Theme: Patient Safety

Falls

Mar

Falls (per 1,000 bed days)

5.27 (-5.2%)



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

★★★

Highlights and Actions:

Falls incidents have increased minimally in March (longer month). There were a total of 177 patient falls including 55 at K&CH- 43 in February (41 on wards) , 45 at QEQMH- 46 in February (45 on wards) and 76 at WHH- 82 in February (81 on wards).

QEQM of note:
None
K&CH of note:
8 falls on Harbledown (one patient fell 2 times).
12 falls on Invicta (one patient fell 3 times and 3 patients fell 2 times).
WHH of note:
8 falls on Kings C1 (1 patient fell 2 times).
10 falls occurred on Cambridge L (1 patient fell 2 times).
1 fall on AMU B resulted in a pelvic fracture. This is being investigated and is likely to have been avoidable if the patient had 1 to 1 care. All other interventions were in place as the patient had been assessed as high risk.

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

News: There is a 2019/2020 CQUIN (CCG7 Three High Impact Actions to prevent Hospital Falls). Actions are focussed on lying and standing blood pressures, non prescribing of medication which increases falls and mobility assessment and provision of aids. A plan has been developed to address these. An audit is currently being undertaken to measure current practice of these actions.

A small gap analysis audit is being undertaken to measure actual falls versus reported falls. This will aid understanding of the reporting culture around fall incidents.

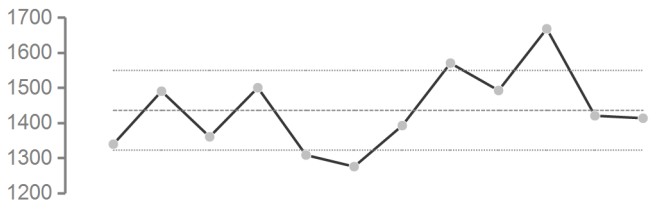
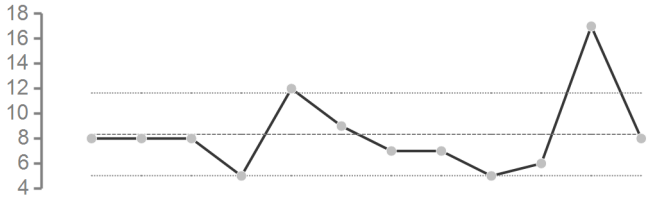
A business case has already been presented to include 2 band 4 practitoners to continue to deliver the FallStop programme, ensuring 7 day cover across all sites. This is awaiting a final decision.

Risks: The Falls Team have a current risk due to the FallStop Practitioner's continued long term sick leave. This impacts negatively the ward support provided and implementation of FallStop at the current time.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Incidents

Mar	Clinical Incidents: Total (#)	17,239 (5.2%)		"Number of Total Clinical Incidents reported, recorded on Datix.
Mar	Blood Transfusion Incidents	100 (-31.5%)		"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."

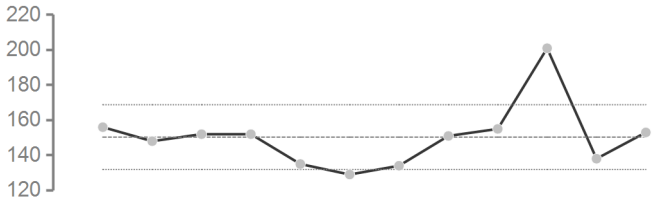
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Mar

Medicines Mgmt. Incidents

1,804 (9.3%)



"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 1369 clinical incidents have been logged as occurring in Mar-19 compared with 1395 recorded for Feb-19 and 1405 in Mar-18.
In Mar-19, 11 incidents have been reported on StEIS. 24 serious near miss incidents have been reported. Comparison of moderate harm incidents reported: 13 in Mar-19 and 10 in Feb-19, and 9 in Mar-18.
Over the last 12 months incident reporting remains constant at K&C and QEQM, but is increasing at WHH.

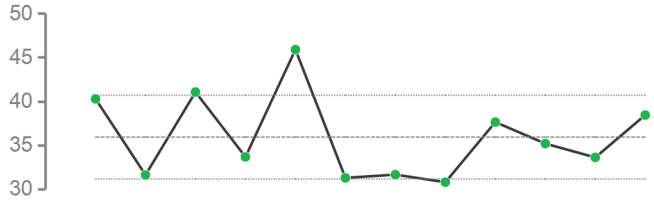
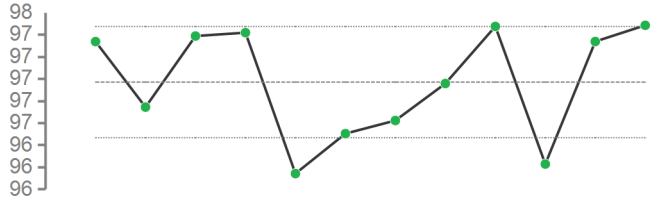
IPR report for Medicine management – March 2019

As of 15/04/2019 the total number of medication related incidents reported in March 2019 was 157. These included 123 no harm, 33 low harm and 1 moderate harm incident. The severity of medication related incidents reported in March 2019 shows that 78.3% of medication related incidents reported were no harm incidents. There was no medication related incident reported in March 2019 that required RCA investigation or incidents sTEIS reported.
There were 34 incidents in March 2019 categorised as 'omitted medicine/ingredient', representing 21.7% of all medication related incidents reported in March. The data produced by the Medication Safety Thermometer in March 2019 was taken from 34 wards across the sites, and has shown that the percentage of patients with an omitted dose of medication was 21.4% and the percentage of patients with a missed critical medicine was 6.2% in March.
The Medication Safety Officer continues to work with the Heads of Nursing and ward nurses to ensure that the checking of drug charts at the end of the shift becomes routine practice to ensure that all medications that have been given are signed for. The outstanding actions for the insulin safety group include finalisation of the business case for additional inpatient diabetes specialist nurses. Evaluation of the actions for insulin safety over the last 6 months will be evaluated through national audits, GIRFT and incident data. The incident data already indicates a reduction in insulin incidents and degree of harm.
Jackie Shaba
Medication Safety Officer

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Friends & Family Test

Mar	IP FFT: Response Rate (%)	36 (0.9%)		"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."
Mar	IP FFT: Recommend (%)	97 (0.3%)		

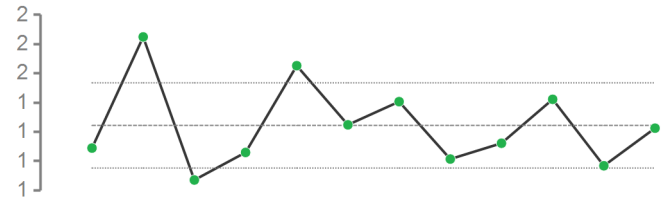
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Mar

IP FFT: Not Recommend (%)

1.2
(-19.9%)



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

Highlights and Actions:

A total of 5971 responses were received. Overall response rates improved for inpatients and day cases; remained similar in ED and fell in maternity day cases and ED's. Response rate for the EDs was 17.6% (17.7% Feb-19), inpatients 38.4% (33.6% Feb-19), maternity; birth only 21.1% (31.3% Feb-19) and day cases 29.1% (28.9% Feb-19).

The Trust star rating in March is 4.53 (4.51 Feb-19). 90.5% of responders would recommend us to their friends and family and 5.8% would not. Recommendations by patients improved in inpatients, ED, outpatients and maternity, however remained the same in day cases. The total number of inpatients, including paediatrics, who would recommend our services 97.4% (96.8% Feb-19), EDs 81.8% (79.2% Feb-19), maternity 100% (97.7% Feb-19), outpatients 91.5% (90.5% Feb-19) and day cases 94.8% (94.8% Feb-19).

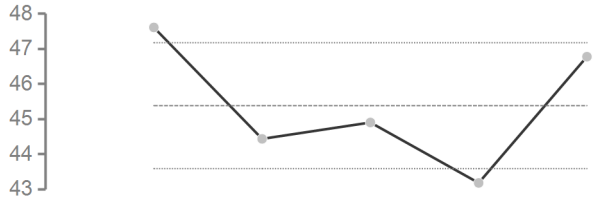
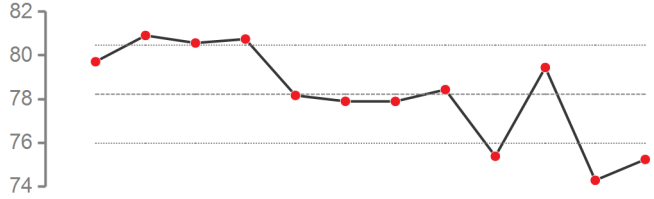
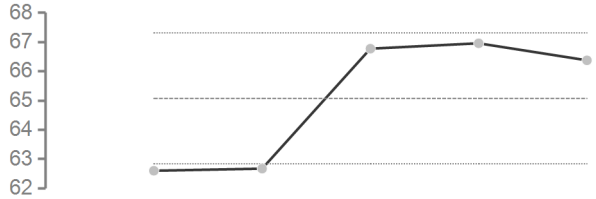
Care, Staff attitude and Implementation of care are the three top positive themes for Mar-19. The three top negative themes for the trust were Care, waiting times and Staff Attitude demonstrating the importance of good patient communication with a positive staff attitude and improving patient waiting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

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Patient Experience 1

Mar	IP Survey: Overall, did you get the care that matters to you?	45.1		Inpatient Survey: Patients views on if they got the overall care that mattered to them as a %
Mar	IP Survey: Are you aware of which nurse is in charge of your care each shift? (%)	78 (0.1%)		IP Survey: Are you aware of nurse in charge of your care each shift? (%)
Mar	IP Survey: Encouraged to get up and wear own clothes (%)	65		Responses taken from the Inpatient Survey. Question: "Have you been encouraged to get up during your hospital stay and wear your own clothes?"

Highlights and Actions:

Our inpatient survey enables our patients to record their experience in real-time. This month we received 2616 completed inpatient surveys, a fall from 2757 last month.

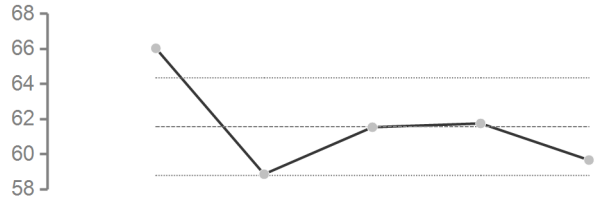
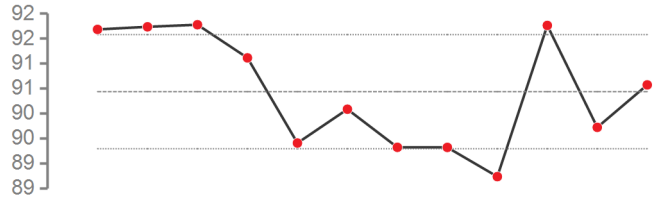
New questions were added into the survey in Nov-18 to enable close monitoring of four key areas where our performance in the 2017 national inpatient survey (published in May-18) was below the national average. Baseline performance in patients getting the care that matters to them, ensuring patients are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

This month a significant improvement is seen in all four of these important elements of patient experience. This local survey supports our improvement priorities, with progress monitored through the Patient Experience Group.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Patient Experience 2

Mar	IP Survey: Help from Staff to Eat Meals (%)	62		Responses taken from the Inpatient Survey. Question: "Did you get enough help from staff to eat your meals?"
Mar	Cleanliness %	91 (0.5%)		Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.

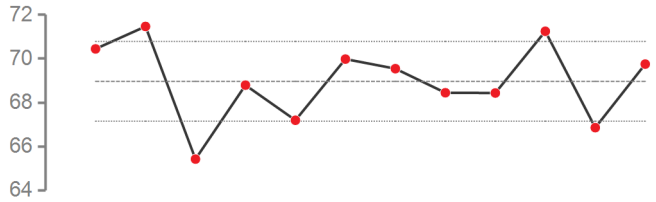
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Mar

Hospital Food? %

69
(-1.1%)



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

Highlights and Actions:

Patient experience is additionally reported per ward within the heat map and focused work continues to promote this reporting. All wards, except four, have reported their performance (against the patient experience metrics) through the inpatient survey in Mar-19. 1 ward has not complied in Feb/Mar-19, this has been escalated to the matron; two wards had I Pad issues that are being investigated, 1 ward had Wi-Fi issues.

East Kent Hospitals University NHS Foundation Trust

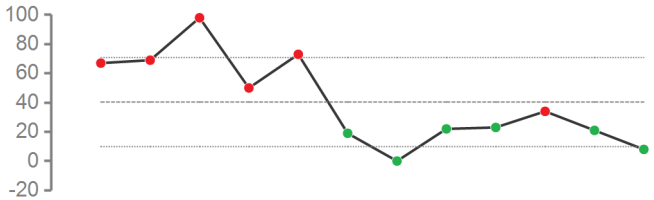
Strategic Theme: Patient Safety

Mixed Sex

Mar

Mixed Sex Breaches

484
(-56.7%)



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

Highlights and Actions:

There were 9 mixed sex accommodation occurrences in total, affecting 76 patients.

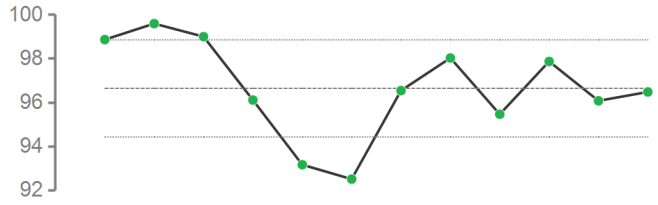
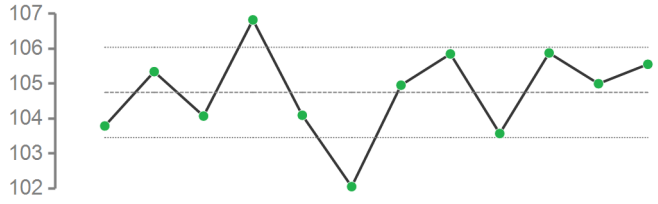
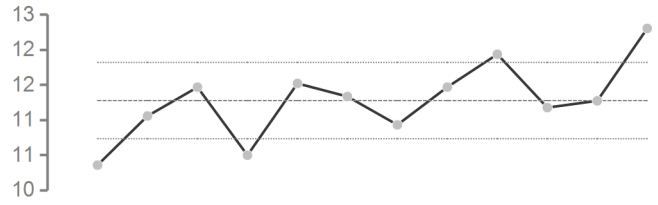
Incidence of mixed sex accommodation breaches decreased Mar-19 with 1 non-justifiable occurrence, affecting 8 patients, within the WHH AMU B linked to flow (1). The remaining incidents occurred in WHH CCU (6) and QEQM Fordwich (2), which were justifiable based on clinical need. This information has been reported to NHS England.

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Safe Staffing

Mar	Shifts Filled - Day (%)	97 (-2.0%)		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.
Mar	Shifts Filled - Night (%)	105 (-2.2%)		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.
Mar	Care Hours Per Patient Day (CHPPD)	11 (-2.2%)		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.

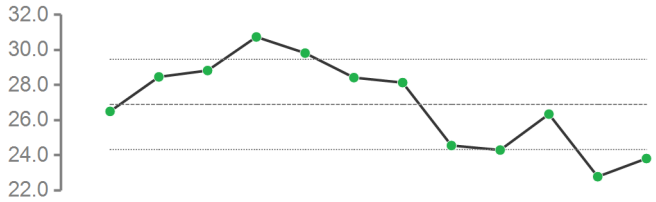
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Mar

Midwife:Birth Ratio (%)

26.8
(-6.3%)



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

Highlights and Actions:

Percentage fill of planned (funded establishment) and actual (filled shifts) by hours is required to be reported monthly by registered nurse and care staff, by day and by night, in line with National Quality Board expectations. Reported data is derived from the Healthroster system which shows an average overall fill rate of 100.1% compared to 99.7% in Feb-19.

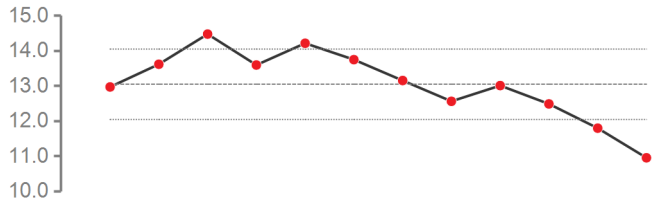
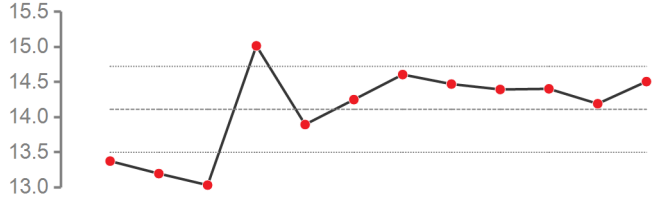
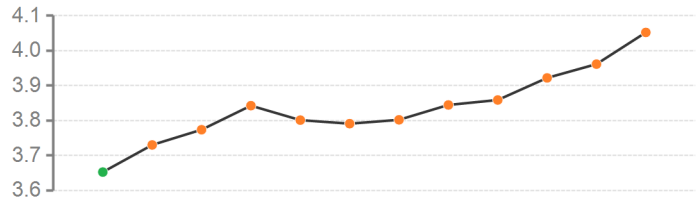
Care Hours per patient day (CHPPD) relates actual staffing to patient numbers and includes registered staff and care staff hours against the cumulative total of patients on the ward at 23.59hrs each day during the month. CHPPD is similar to Feb-19 and within the control limits. The range is from around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

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Gaps & Overtime

Mar	Vacancy (12 Monthly Avg) %	13.1 (12.0%)		"% 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."
Mar	Staff Turnover (%)	14.1 (7.0%)		"% 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."
Mar	Sickness (12 Monthly Avg) %	3.9 (-0.5%)		% 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

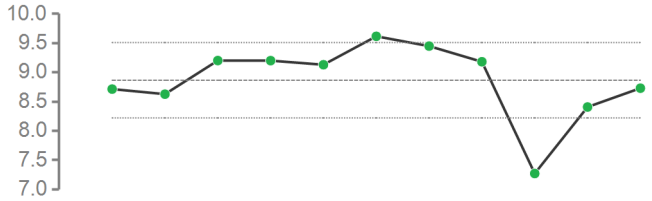
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Mar

Overtime %

8.9



% of Employee's that claim overtime.

Highlights and Actions:

Gaps and Overtime

The vacancy rate increased to 13.1% for the average of the last 12 months, which is higher than last year. However, the monthly rate continued its downward trend to 8.16% (down from 8.79%). There are currently approximately 640 WTE vacancies across the Trust. More work is being undertaken to target hard to fill vacancies, particularly within nursing and Medical specialties. There are currently 422 WTE candidates in the recruitment pipeline - i.e. those who have been offered positions and are gaining pre-employment clearances. This includes approximately 230 Nursing and Midwifery staff (including ODPs) and 70 Medical and Dental staff.

The Turnover rate in month increased to 12.0% (last month 11.8%), and the 12 month average increased to 14.1% (14.0% last month). Focus remains on hard to recruit roles to replace agency, but also to identify new ways and methods of attracting to hard to recruit roles. Exit data is reviewed to highlight any areas of concern. The Trust has introduced a Refer A Friend scheme, and also a recruitment and retention scheme for medical staff in hard to recruit areas and ED nursing staff.

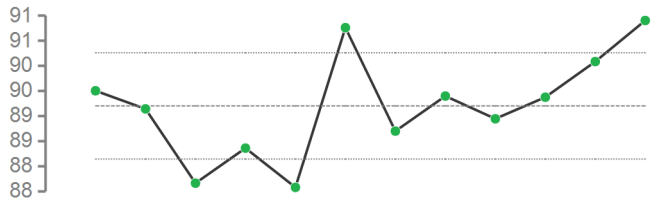
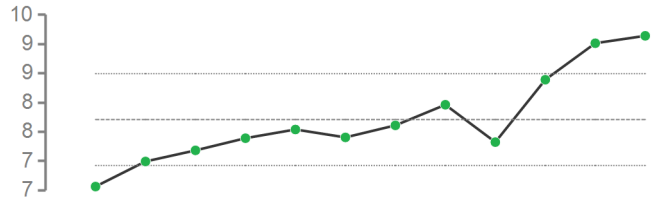
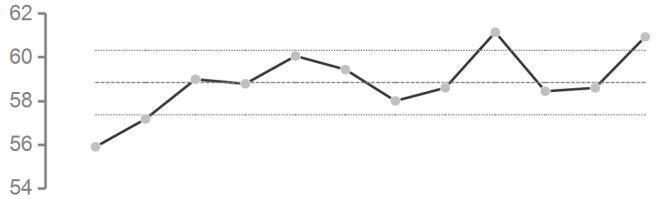
The in month sickness absence position for January was 4.39% - which is an decrease from 4.49% in November. The 12 month average is 3.9%, and remains on a downward trajectory. Care Groups have developed sickness absence reduction plans, with a focus on long term sickness absence and an integrated approach to proactively managing absence with Occupational Health through case conferencing and regular contact. This includes supporting stress, anxiety and compassion fatigue through Respect & Resilience workshops, Mindfulness Courses and Mental Health First Aid training.

Overtime as a % of wte increased slightly last month, from approximately 8% to approximately 8.5%, and remains below the average for the last 12 months. As a result of this, the average over the last 12 months decreased to 8.9% from 9.2% last month. All metrics are reviewed and challenged at a Care Group level in the monthly Executive Performance Reviews.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Temporary Staff

Mar	Employed vs Temporary Staff (%)	89.2 (0.8%)		"Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."
Mar	Agency %	7.7 (24.7%)		% of temporary (Agency and Bank) staff of the total WTE
Mar	Bank Filled Hours vs Total Agency Hours	59 (0.7%)		% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff

Highlights and Actions:

Temporary Staff

Total staff in post (WTE) increased in February to 7215.90 (up from 7150), which left a vacancy factor of approx. 640 wte across the Trust (724 wte in January).

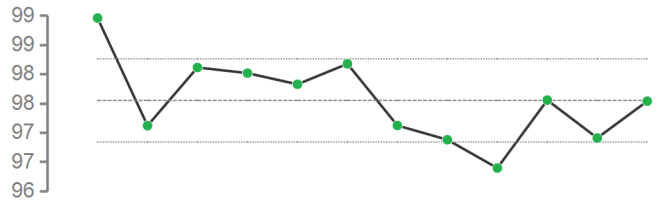
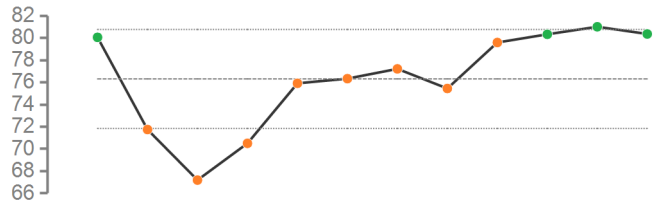
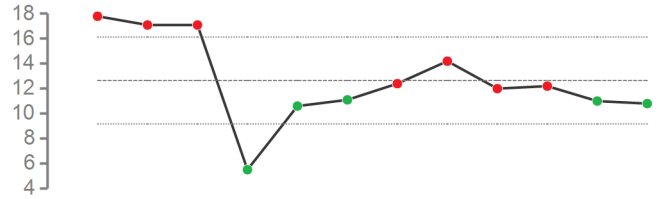
The average percentage of employed staff vs temporary staff over the last 12 months was 89.2% (89.0% last month), and remains an improvement over the previous 12 months.

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Workforce & Culture

Mar	Statutory Training (%)	98 (0.1%)		"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. "
Mar	Appraisal Rate (%)	76.3 (-5.5%)		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.
Mar	Time to Recruit	13 (-2.3%)		"Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

Highlights and Actions:

Workforce & Culture

Average Statutory training 12 month average is 90% and remained 91% in month for March. This remains above the target of 85%. Care Groups are monitored at EPR on how they are addressing those staff who have never completed one or more of the statutory training requirements.

The Trust staff average appraisal rate decreased to80% in month for March, with Surgery & Anaesthetics achieving 91% compliance and General & Specialist Medicine achieving 80% compliance. Women's and Children's is also continuing an improvement, and is close to a Green rag rating at84%. Care Groups are working on plans to complete outstanding appraisals as well as to avoid a further drop in appraisal rates for those due to be renewed in coming months. Targeted work within the Urgent Care and General Medicine Care Groups continues to see the appraisal compliance increase.

The average time to recruit is 11 weeks, which is an improvement on last month, and an improvement on the previous 12 months. The 12 month average time to recruit was 13 weeks. The Resourcing Team are on track to reduce time to recruit to below8 weeks to ensure recruitment time meets the demands of our services. To support this reduction, the team are now fully established and Advisors have been allocated to Care Groups to support improvements.

East Kent Hospitals University NHS Foundation Trust

Activity vs. Internal Business Plan

Key Performance Indicators

Mar

	Mar-19				YTD				YTD vs Last Yr				
	Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green
Referral Primary Care	15,929	14,660	1,269	9%	180,167	169,394	10,773	6%	180,167	173,977	6,190	4%	<=0%
Referral Non-Primary Care	16,008	13,753	2,255	16%	184,293	160,875	23,418	15%	184,293	165,080	19,213	12%	<=0%
OP New	18,326	18,965	(-639)	-3%	216,435	225,126	(-8,691)	-4%	216,435	216,660	(-225)	0%	>=0%
OP Follow Up	40,637	43,022	(-2,385)	-6%	478,663	499,391	(-20,728)	-4%	478,663	478,890	(-227)	0%	>=0%
Elective Daycase	6,523	7,144	(-621)	-9%	75,893	81,397	(-5,504)	-7%	75,893	74,705	1,188	2%	>=0%
Elective Inpatient	1,377	1,383	(-6)	0%	15,326	16,126	(-800)	-5%	15,326	14,779	547	4%	>=0%
A&E	19,663	18,747	916	5%	224,234	211,062	13,172	6%	224,234	210,563	13,671	6%	>=0 & <5%
Non-Elective Inpatient	7,588	6,986	602	9%	82,551	81,013	1,538	2%	82,551	81,034	1,517	2%	>=0 & <5%
Chemotherapy	1,302	1,260	42	3%	14,791	14,144	647	5%	14,791	14,363	428	3%	>=0%
Critical Care	1,773	1,715	58	3%	21,779	19,620	2,159	11%	21,779	22,220	(-441)	-2%	>=0%
Dialysis	7,325	6,950	375	5%	83,804	84,059	(-255)	0%	83,804	84,201	(-397)	0%	>=0%
Maternity Pathway	1,065	1,198	(-133)	-11%	13,610	14,064	(-454)	-3%	13,610	14,302	(-692)	-5%	>=0%
Pre-Op Assessments	3,294	3,857	(-563)	-15%	39,856	41,455	(-1,599)	-4%	39,856	36,707	3,149	9%	>=0%
Diagnostic	496,247	465,275	30,972	7%	5,584,821	5,230,145	354,676	7%	5,584,821	5,298,994	285,827	5%	<=0%
Other	5,036	4,788	248	5%	60,103	57,356	2,747	5%	60,103	58,799	1,304	2%	>=0%

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

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

The capacity levels within the plans should be considered achievable although in many instances will stretch our services beyond their internal substantive capacity, efficiency programmes, workforce recruitments plans and it is anticipated therefore that substantial elements of the plan will continue to be delivered though additional waiting list payments during 2018/19.

March 2018

Summary Performance

Elective Care

In March Primary Care referrals were above planned levels with YTD performance at 6% (+10,773). Non Primary Care referrals were significantly above expected levels, 16% (+2,255) in month and 15% (+23,418) YTD.

The Trust under-achieved the outpatient plan in March with appointments 3% below planned levels, reducing the YTD variance to -4%. As with previous months Urology, Trauma and Orthopaedics, Physiotherapy, Gynaecology and Paediatrics remain the biggest drivers behind the under-performance.

The Trust under-performed the Follow up plan in March (-6%), however the YTD performance decreased to -4%. There remain a number of large underperforming specialties, most notably Physiotherapy, Trauma and Orthopaedics, Rheumatology and General Medicine.

In month the Trust under-achieved the Daycase plan by 621 patients. YTD performance remained at -7%. As with previous months T&O (-2,085), Dermatology (-1,750) and Pain Management (-1,287) continue to underperform the business plan.

Elective Admissions delivered in March hit plan reducing the YTD variance to -5%. Large underperformance remain in the Urology service (-553) and Gynaecology (-471).

Daycase and Elective productivity delivered in March allowed the Trust to clear 373 patients from the Elective waiting list.

However, the actions taken in Q4 to deliver improved activity have improved the end of year plan.

East Kent Hospitals University NHS Foundation Trust

Summary Issues, actions and timescales:

Issue

- Capacity plan not meeting contract or demand.
- Specialty plans not performing against plan.
- Admin processes needing further improvement.
- Data quality.

Action and timescales

- 2019/20 activity plan to be based on actual activity with risks clearly identified (April 2019).
- Specific improvement plans to be in place to deliver agreed pathways and capacity (April 2019).
- OPD improvement plan to be developed (May 2019).
- Training tree with specific tools to be implemented (May 2019).

End of Year Improvements

- 6,915 patients have been removed from the waiting list service since October 2018.

East Kent Hospitals University NHS Foundation Trust

YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	14,514	15,908	-9%	-1,394
300 - General Medicine	120	1,299	-91%	-1,179
307 - Diabetic Medicine	813	199	309%	614
101 - Urology	8,433	7,789	8%	644
104 - Colorectal Surgery	9,510	8,456	12%	1,054
410 - Rheumatology	4,218	3,052	38%	1,166
103 - Breast Surgery	8,464	7,189	18%	1,275
320 - Cardiology	17,601	15,866	11%	1,735
330 - Dermatology	14,715	12,848	15%	1,867
110 - Trauma & Orthopaedics	11,674	9,001	30%	2,673
Total	**180,167**	**169,394**	**6%**	**10,773**

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	31,087	34,442	-10%	-3,355
655 - Orthoptics	2,356	1,425	65%	931
191 - Pain Management	1,830	829	121%	1,001
502 - Gynaecology	8,129	7,119	14%	1,010
300 - General Medicine	3,958	2,224	78%	1,734
340 - Respiratory Medicine	4,897	2,535	93%	2,362
100 - General Surgery	5,551	3,074	81%	2,477
800 - Clinical Oncology	13,993	11,318	24%	2,675
130 - Ophthalmology	17,507	12,317	42%	5,190
110 - Trauma & Orthopaedics	23,509	18,264	29%	5,245
Total	**184,293**	**160,875**	**15%**	**23,418**

OP New

Specialty	Activity	Plan	Var (%)	Significance
101 - Urology	8,360	10,881	-23%	-2,521
110 - Trauma & Orthopaedics	16,390	18,620	-12%	-2,230
650 - Physiotherapy	17,984	19,467	-8%	-1,483
502 - Gynaecology	14,052	15,498	-9%	-1,446
420 - Paediatrics	8,598	9,974	-14%	-1,376
120 - Ear, Nose & Throat	13,197	14,426	-9%	-1,229
100 - General Surgery	5,070	5,918	-14%	-848
301 - Gastroenterology	7,480	8,252	-9%	-772
320 - Cardiology	6,639	5,555	20%	1,084
330 - Dermatology	14,214	12,876	10%	1,338
Total	**216,435**	**225,126**	**-4%**	**-8,691**

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
650 - Physiotherapy	58,293	65,160	-11%	-6,867
110 - Trauma & Orthopaedics	42,144	47,619	-11%	-5,475
410 - Rheumatology	10,121	14,062	-28%	-3,941
300 - General Medicine	2,048	4,954	-59%	-2,906
120 - Ear, Nose & Throat	16,181	18,121	-11%	-1,940
130 - Ophthalmology	53,180	54,210	-2%	-1,030
191 - Pain Management	5,090	6,085	-16%	-995
655 - Orthoptics	8,874	9,762	-9%	-888
101 - Urology	22,582	21,668	4%	914
800 - Clinical Oncology	43,971	43,025	2%	946
Total	**478,663**	**499,391**	**-4%**	**-20,728**

NHS
East Kent Hospitals University
NHS Foundation Trust

Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
110 - Trauma & Orthopaedics	4,828	6,913	-30%	-2,085
330 - Dermatology	3,476	5,226	-33%	-1,750
191 - Pain Management	2,294	3,581	-36%	-1,287
130 - Ophthalmology	4,797	5,369	-11%	-572
502 - Gynaecology	2,410	2,979	-19%	-569
120 - Ear, Nose & Throat	2,504	3,057	-18%	-553
100 - General Surgery	1,804	2,099	-14%	-295
303 - Clinical Haematology	3,615	3,283	10%	332
301 - Gastroenterology	1,695	945	79%	750
800 - Clinical Oncology	6,096	5,175	18%	921
Total	**75,893**	**81,397**	**-7%**	**-5,504**

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
101 - Urology	2,940	3,493	-16%	-553
502 - Gynaecology	1,169	1,640	-29%	-471
300 - General Medicine	1,813	1,959	-7%	-146
320 - Cardiology	190	309	-38%	-119
100 - General Surgery	1,079	1,192	-9%	-113
420 - Paediatrics	283	215	31%	68
811 - Interventional Radiology	204	103	99%	101
104 - Colorectal Surgery	534	415	29%	119
303 - Clinical Haematology	242	121	100%	121
503 - Gynaecology Oncology	402	280	44%	122
Total	**15,326**	**16,126**	**-5%**	**-800**

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	24,551	25,971	-5%	-1,420
430 - HCOOP	9,664	10,995	-12%	-1,331
560 - Midwifery	2,163	2,776	-22%	-613
340 - Respiratory Medicine	632	431	47%	201
301 - Gastroenterology	645	386	67%	259
420 - Paediatrics	9,469	9,202	3%	267
104 - Colorectal Surgery	469	93	406%	376
101 - Urology	4,345	3,811	14%	534
100 - General Surgery	6,895	5,846	18%	1,049
180 - Accident & Emergency	5,311	3,903	36%	1,408
Total	**82,551**	**81,013**	**2%**	**1,538**

Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	5584821	5230145	7%	354,676
A&E	224234	211062	6%	13,172
Other	60103	57356	5%	2,747
Critical Care	21779	19620	11%	2,159
Pre-Op	39856	41455	-4%	-1,599
Chemotherapy	14791	14144	5%	647
Maternity Pathway	13610	14064	-3%	-454
Dialysis	83804	84059	0%	-255

East Kent Hospitals University NHS Foundation Trust

4 Hour Emergency Access Standard

Key Performance Indicators

78.23%

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
4 Hour Compliance (EKHUFT Sites) %*	76.93%	80.80%	82.55%	79.18%	80.04%	77.15%	80.89%	81.74%	79.36%	74.20%	73.85%	78.23%	95%
4 Hour Compliance (inc KCHFT MIUs)	81.73%	83.95%	85.67%	82.95%	83.52%	81.02%	83.88%	84.50%	82.25%	77.93%	77.56%	81.51%	95%
12 Hour Trolley Waits	1	0	0	0	0	0	0	0	0	0	0	0	0
Left without being seen	2.70%	2.39%	2.05%	2.75%	2.44%	3.52%	3.09%	2.77%	3.03%	3.02%	3.56%	3.67%	<5%
Unplanned Reattenders	9.69%	9.12%	9.31%	9.84%	9.91%	10.23%	9.82%	9.56%	9.46%	9.59%	9.82%	9.83%	<5%
Time to initial assessment (15 mins)	94.2%	95.3%	92.8%	94.4%	91.4%	72.8%	71.4%	70.9%	65.0%	66.3%	66.3%	65.6%	90%
% Time to Treatment (60 Mins)	46.4%	49.5%	51.7%	42.7%	48.1%	45.7%	50.7%	52.7%	48.7%	50.5%	47.9%	44.9%	50%

2018/19 Trajectory (NHSI return 2nd May)

-9.37 %

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
Trajectory	78.6%	77.5%	78.5%	83.9%	85.4%	85.4%	87.4%	89.9%	88.6%	88.4%	87.6%	87.6%	
Performance	76.9%	80.8%	82.6%	79.2%	80.0%	77.1%	80.9%	81.7%	79.4%	74.2%	73.8%	78.2%	

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

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

NHS
East Kent
Hospitals University
NHS Foundation Trust

Summary Performance

March performance for the organisation against the 4 hour target was 78.23%; against the NHS Improvement trajectory of 87.6%.This represents an increase in performance compared to the previous month (73.8%), and an increase compared to the same month last year (75.1% in 2018). There were no 12 Hour Trolley Waits in March. The proportion of patients who left the department without being seen was 3.67%. The unplanned re-attendance position remains high at 9.8%. Time to treatment remained below 50% at 44.9%.

Although the performance has improved in month, the Emergency Departments have been challenged due to poor patient flow and a low discharge profile to all sites. The significant reduction in external capacity has continued in March and resulted in patients who require a supported discharge being delayed in hospital. This has resulted in patients who require an emergency admission being delayed in ED, leading to a poor patient experience and at times of high demand, an increased risk of overcrowding in ED.

On a daily basis, across all three acute hospitals there are over 100 patients who are waiting for a supported discharge, this could be a simple care package, complex care package or transfer to a community hospital, residential or nursing home for on-going rehabilitation or long term care.

Internal delays for diagnostics, speciality review or rehabilitation are being challenged and progressed daily to ensure that patient's pathways are being optimally managed and to reduce the risk of patients becoming unwell whilst awaiting the availability of their supported discharge plan. This ongoing pressure continues to put additional strain on all staff groups who are involved in coordinating patient discharges.

Within the ED Departments staff have continued with their improvement and staff development programme; this has included a bespoke training programme for the nurse in charge. The ED workforce plan is successfully coming to fruition with new roles being implemented and staff coming into post. There have been ongoing challenges with agency staff availability and short notice cancellations, which is being actively managed at Executive level.

The WHH Observation Ward opened on 5 March and has greatly improved the flow within the ED and ensured that patients who are awaiting ongoing treatment or assessment are cared for in an appropriate Unit. The QEQMH Observation Ward is becoming established and increasing the number of patients streamed through the Unit.

East Kent Hospitals University NHS Foundation Trust

ED Summary Issues, Actions and Timescales

Issue

- Increased presentations to ED – 6.4% (13,362 patients above plan).
- Inpatient - high number of stranded and super stranded patients.
- Late afternoon and night time breaches.

Action and timescale

- The Chief Operating Officer Group is actively working on increasing the pace of improvements to prevent attendance at ED. For example, Urgent Treatment Centres in place by December 2019, implementation of a frailty model and increased integration of local care.
- The CCG is reviewing contracted capacity to ensure the availability of capacity for over 7 day patients.
- The ED leadership team are reviewing the support to ED coordination in the afternoon and evening.

Year End Improvements

Annual type 1 attendance improved by 7.6% from February 2018 to February 2019.

Improvement is the fourth biggest in England and Wales.

East Kent Hospitals University NHS Foundation Trust

Cancer Compliance

Key Performance Indicators

80.43 %

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
62 day Treatments	66.32%	64.85%	65.79%	65.52%	66.13%	71.14%	77.05%	71.35%	82.04%	68.30%	76.77%	80.43%	>=85%
>104 day breaches	27	31	34	36	24	12	9	4	8	10	8	7	0
Demand: 2ww Refs	3,193	3,406	3,243	3,204	3,100	2,874	3,483	3,307	2,656	3,415	3,231	3,331	2990 - 3305
2ww Compliance	89.06%	93.81%	94.22%	94.94%	93.64%	90.96%	83.57%	93.29%	96.75%	96.52%	98.33%	97.85%	>=93%
Symptomatic Breast	75.16%	84.46%	94.12%	93.18%	86.32%	94.39%	68.70%	84.03%	95.00%	97.22%	98.32%	93.42%	>=93%
31 Day First Treatment	95.25%	96.45%	96.51%	95.76%	94.62%	96.58%	97.54%	97.09%	97.06%	95.52%	97.48%	95.67%	>=96%
31 Day Subsequent Surgery	86.11%	80.95%	82.61%	94.87%	95.65%	96.08%	91.67%	97.62%	97.14%	97.78%	96.55%	94.12%	>=94%
31 Day Subsequent Drug	97.98%	98.92%	98.13%	99.20%	98.97%	97.83%	99.21%	97.25%	100.00%	98.33%	97.17%	100.00%	>=98%
62 Day Screening	93.75%	84.09%	100.00%	81.63%	94.44%	81.48%	87.50%	84.21%	87.50%	100.00%	75.47%	79.17%	>=90%
62 Day Upgrades	89.19%	77.42%	85.29%	85.00%	94.74%	76.00%	82.14%	85.29%	73.91%	85.19%	87.10%	76.47%	>=85%

2018/2019 Trajectory

-5.74 %

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
STF Trajectory	65.08%	61.38%	61.13%	55.57%	57.87%	62.76%	73.66%	79.01%	83.12%	85.31%	85.24%	86.17%	Jan
Performance	66.32%	64.85%	65.79%	65.52%	66.13%	71.14%	77.05%	71.35%	82.04%	68.30%	76.77%	80.43%	Jan

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

NHS
East Kent
Hospitals University
NHS Foundation Trust

62 Day Performance Breakdown by Tumour Site

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
01 - Breast	92.9%	96.6%	92.0%	93.9%	81.5%	86.1%	74.5%	72.4%	89.7%	64.4%	81.1%	85.4%
03 - Lung	62.8%	91.7%	73.0%	70.6%	73.3%	60.0%	56.0%	56.7%	90.9%	63.3%	83.3%	92.9%
04 - Haematological	50.0%	25.0%	54.5%	70.6%	13.3%	61.1%	54.5%	71.4%	75.0%	40.0%	33.3%	62.5%
06 - Upper GI	69.0%	69.2%	79.3%	93.3%	66.7%	62.5%	70.6%	60.0%	100.0%	61.9%	74.2%	57.1%
07 - Lower GI	61.1%	46.5%	64.6%	66.7%	75.0%	68.4%	84.8%	48.5%	55.0%	61.1%	75.6%	61.3%
08 - Skin	88.0%	88.2%	97.2%	97.7%	97.1%	100.0%	100.0%	90.0%	96.8%	95.0%	98.3%	100.0%
09 - Gynaecological	30.8%	32.0%	42.1%	55.6%	75.0%	85.2%	71.4%	100.0%	80.0%	80.0%	77.8%	76.5%
10 - Brain & Nervous System	100.0%					100.0%						
11 - Urological	59.3%	50.0%	38.2%	39.4%	51.0%	52.0%	70.5%	68.5%	77.2%	65.3%	80.9%	74.8%
13 - Head & Neck	20.0%	38.9%	94.1%	50.0%	60.0%	60.0%	100.0%	60.0%	86.7%	61.9%	47.1%	85.2%
14 - Sarcoma	100.0%	0.0%	100.0%	0.0%			100.0%		100.0%	40.0%	0.0%	
15 - Other	50.0%	0.0%	100.0%		100.0%	100.0%	100.0%		63.6%	42.9%	40.0%	72.2%

Summary Performance

March 62 day performance is currently 80.43% against the improvement trajectory of 86.17%, validation continues until the beginning of May in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,616 and there were 7 patients waiting 104 days or more for treatment or potential diagnosis.

Significant improvement plans are in place on all tumour sites and cancer pathways with initiatives are continuing to show improvement. The Cancer Improvement Plan is shared with NHSI and also the Clinical Commissioning Group (CCG) monthly at the Contract Performance meeting. The Improvement Plan will be updated for 2019/20 to incorporate ongoing and new actions.

The improvement with 2ww performance has continued, although there was an in month risk in breast due to the short notice loss of a locum consultant and also sickness within the substantive workforce. The speciality have quickly put mitigations in place to reduce the risk of patient breaches. The practice of early patient contact within 48 hours to agree their appointment has become embedded and sustained.

The daily reviews of 2ww and 73 day + patients is continuing and enabling director level escalations and actions to be progressed. There were 7 patients waiting over 104 days for diagnosis and/or commencement of treatment. Validation will continue until mid-May. The number of long waiting patients is decreasing overall with a continued focus on ensuring patients are being monitored and progressed much earlier in their pathway.

Summary Issues, actions and timescales:

- Enable 2 week wait patients to receive an appointment date as soon as possible within 14 days.
- Breaching 62 days.
- Long waiters remain.

Action and timescale

- Central booking have changed processes to ensure 2 week wait processes to ensure 2 week wait patients are booked within 48 hours of recept of referral (end of April 2019).
- The actions to reduce >62 day breaches is improving waiting times. This will continue with Director level review (end of May 2019).
- Develop strong Director level contacts at tertiary centres to reduce >104 day patients (end of May 2019).

Year End Improvemnets

- 2 week wait delivered for four consecutive months.
- 62 day performance improved by 15%.
- Overall cancer waiting list improved by 255 (-9%) to 2,654.
- 104 day patients decreased from 35 to 8 patients.

NHS
East Kent
Hospitals University
NHS Foundation Trust

62 Day Performance Breakdown by Tumour Site

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
01 - Breast	92.9%	96.6%	92.0%	93.9%	81.5%	86.1%	74.5%	72.4%	89.7%	64.4%	81.1%	85.4%
03 - Lung	62.8%	91.7%	73.0%	70.6%	73.3%	60.0%	56.0%	56.7%	90.9%	63.3%	83.3%	92.9%
04 - Haematological	50.0%	25.0%	54.5%	70.6%	13.3%	61.1%	54.5%	71.4%	75.0%	40.0%	33.3%	62.5%
06 - Upper GI	69.0%	69.2%	79.3%	93.3%	66.7%	62.5%	70.6%	60.0%	100.0%	61.9%	74.2%	57.1%
07 - Lower GI	61.1%	46.5%	64.6%	66.7%	75.0%	68.4%	84.8%	48.5%	55.0%	61.1%	75.6%	61.3%
08 - Skin	88.0%	88.2%	97.2%	97.7%	97.1%	100.0%	100.0%	90.0%	96.8%	95.0%	98.3%	100.0%
09 - Gynaecological	30.8%	32.0%	42.1%	55.6%	75.0%	85.2%	71.4%	100.0%	80.0%	80.0%	77.8%	76.5%
10 - Brain & Nervous System	100.0%					100.0%						
11 - Urological	59.3%	50.0%	38.2%	39.4%	51.0%	52.0%	70.5%	68.5%	77.2%	65.3%	80.9%	74.8%
13 - Head & Neck	20.0%	38.9%	94.1%	50.0%	60.0%	60.0%	100.0%	60.0%	86.7%	61.9%	47.1%	85.2%
14 - Sarcoma	100.0%	0.0%	100.0%	0.0%			100.0%		100.0%	40.0%	0.0%	
15 - Other	50.0%	0.0%	100.0%		100.0%	100.0%	100.0%		63.6%	42.9%	40.0%	72.2%

East Kent Hospitals University NHS Foundation Trust

18 Week Referral to Treatment Standard

Key Performance Indicators

80.03 %

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
Performance	76.66%	78.56%	79.02%	79.65%	79.06%	76.27%	74.88%	72.16%	72.42%	76.10%	77.89%	80.03%	>=92%
52w+	222	218	201	167	125	129	120	102	74	38	27	8	0
Waiting list Size	54,979	54,964	53,411	53,193	53,552	54,712	55,607	54,492	53,169	50,134	48,743	48,695	<38,938
Backlog Size	12,830	11,785	11,207	10,824	11,212	12,983	13,966	15,170	14,662	11,984	10,776	9,723	<2,178

2018/2019 Trajectory

-0.73 %

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
Performance Trajectory	77.03%	78.20%	79.31%	80.21%	81.02%	81.32%	81.69%	81.84%	81.40%	81.16%	80.87%	80.76%	87%
Performance	76.66%	78.56%	79.02%	79.65%	79.06%	76.27%	74.88%	72.16%	72.42%	76.10%	77.89%	80.03%	Sept

-91

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
52w Trajectory	250	241	225	225	200	175	150	125	150	125	115	99	Sept
Performance	222	218	201	167	125	129	120	102	74	38	27	8	Sept

The RTT recovery plan actions have been implemented with outstanding actions being transferred into the new Planned Care Improvement Plan for 19/20.

During March the Care Groups have focussed on increasing year end delivery of outpatient day care and inpatient capacity and to ensure that long waiting patients are progressed through their pathways in order to continue to reduce patients waiting over 52 weeks. RTT performance has improved by over 2% to 80.03%. The waiting list and overall size has improved.

During the past year the number of patients waiting over 52 weeks has decreased from 222 in March 2018 to 8 in March 2019; this has been achieved through focussed micro management of each of the patient s pathways.

The Planned Care Improvement Plan is being refreshed for 19/20 which will incorporate plans to continue to reduce the size of the overall waiting list and reduce backlog; to improve data quality through a training tree approach to target specific training issues and ensure continuous training and development of staff in PAS. Success will be measured through a reduction in data quality issues and improved staff confidence and shared learning.

The Out Patient Transformation Plan will provide additional opportunity to review how we deliver outpatient services and consider opportunities for telephone or virtual clinics which will benefit patients, particularly those with long term conditions or, for example, patients with dermatology conditions which may be able to be assessed via a virtual clinic using photography.

Summary Issues, actions and timescales:

Issues

- Overall size of waiting list.
- Managemnt of patient tracking list.
- Validation of pathways.
- Specialty specific issues (workforce, job plans and theatre template).

Actions and timescale

- Activity meetings are in place to drive the efficiency of OPD and theatre templates (April 2019).
- Standardised PTL are in place to highlight next in time patient management (April 2019). Training is being developed to increase the correct use o f pathway management codes and tools (May 2019).
- A validation plan is being agreed with the information team. This will be linked to the NHSI validation report and training schedule (May 2019).
- Specialty plans have been developed ad are underway. These are monitored weekly within production plans (April 2019).

Year end improvements

East Kent Hospitals University NHS Foundation Trust

- 96% reduction in patients waiting over 52 weeks for treatment (222 patients down to 8 patients).
- 8% performance improvement observed since November 2018.
- 6,915 patients removed from the waiting list.

East Kent Hospitals University NHS Foundation Trust

6 Week Referral to Diagnostic Standard

Key Performance Indicators

99.59 %

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Green
Performance	99.38%	99.30%	99.09%	98.44%	98.03%	98.57%	99.31%	99.65%	99.56%	99.56%	99.49%	99.59%	>=99%
Waiting list Size	14,597	15,192	16,350	16,888	15,126	12,750	12,820	13,329	12,235	12,949	14,210	15,058	<14,000
Waiting > 6 Week Breaches	91	106	149	264	298	182	88	46	54	36	73	61	<60
Average Wait													<4

2018/19 Trajectory

0.49 %

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
STF Trajectory	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.10%	99.11%
Performance	99.38%	99.30%	99.09%	98.44%	98.03%	98.57%	99.31%	99.65%	99.56%	99.56%	99.49%	99.59%

Summary Performance

The standard has been met for January 19 with a compliance of **99.59%**. As at the end of the month there were **61** patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 3
- Cardiology: 4
- Urodynamic: 46
- Sleep Studies : 0

- Cystoscopy : 0
- Colonoscopy : 4
- Gastroscopy : 2
- Flexi Sigmoidoscopy : 2

Summary Issues, actions and timescales:

Issues

- Endoscopy demand does not presently meet capacity.
- Radiology has a high rate of referrals and requires redesign of pathways.
- Cardiology pathway/waiting list management to be improved with early escalation.
- Urodynamics require capacity.

Action and timescale

- Comprehensive endoscopy plan is being developed which includes workforce, pathway improvement, equipment and patient experience (6 months implementation).
- Cardiology: Pathway improvement underway by end of June 2019.
- Radiology improvement plan is rearing completing which includes workforce, referral and booking pathway, capacity and demand and clinical guidelines.
- Urodynamics pathway and physical environment under review to provide capacity to meet demand.

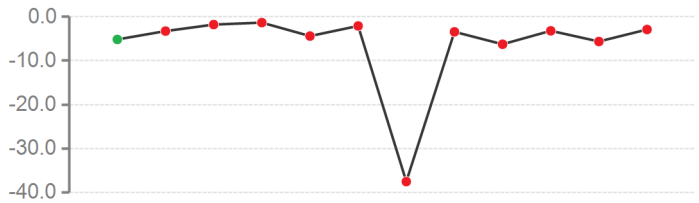
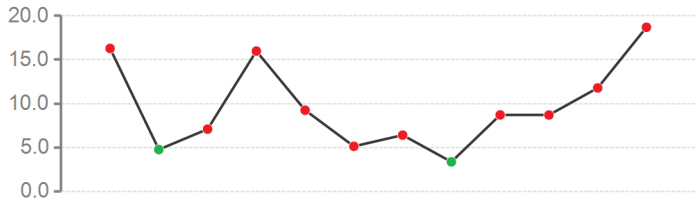
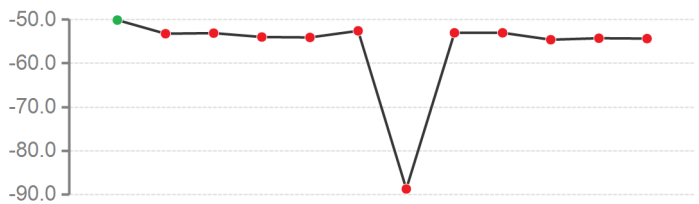
Year end improvements

6 week diagnostic target delivered for 6 months.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Finance

Finance

Mar	I&E £m (Trust Only)	(-48.7%)		The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.Month 7 includes a £34.3m impairment due to revaluation of Trusts assets prior to transfer to 2Gether. NHSI add back this impairment in evaluating the Trust.
Mar	Cash Balance £m	18.7 (58.7%)		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.
Mar	Total Cost £m (Trust Only)	-54.3 (0.1%)		Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.Mth 7 includes a £34.7m impairment, see I&E note above.

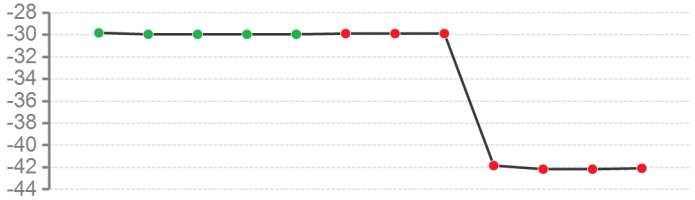
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Finance

Mar

Forecast £m

-42.1
(-0.2%)



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

Highlights and Actions:

The Trust has generated a consolidated deficit in month of £4m (£3.1m behind plan) and a year to date (YTD) deficit of £76.4m which is £45.5m behind plan. A significant proportion of this adverse YTD position is driven by a £34.3m impairment which does not count against control total performance. After removing the impairment and other technical adjustments the Trust's YTD I&E deficit to Month 12 was £42.1m against a planned deficit of £29.8m, £12.3m worse than plan, but slightly ahead of forecast.

The main drivers of the YTD and in month deficit are the continued operational pressures which led to significant agency spend on medical and nursing staff. The total agency spend YTD is £36.4m, which is £17m higher than the planned position.

The final year-end position is slightly ahead the revised full year forecast of £42.2m which was previously approved by the Board and submitted to NHSI.

Trust unconsolidated pay costs in month of £33.2m are £1.1m more than February. Pay is over budget by £2.9m in month and £17.6m YTD. The main driver for the overspend continues to relate to above plan usage of clinical agency and bank staff. All Care Groups contribute to the pay overspend. The pay spend includes £4.5m year to date of pay awards relating to Agenda for change not previously budgeted. Agency costs are now £17m more than plan YTD driven by operational pressures. Permanent staff costs (including Overtime and waiting list work) are £1.7m less than plan YTD driven by all staff groups other than HCA's.

Clinical income was ahead of plan by £2m in month. Non-elective income continues to remain higher than planned and over performed by £0.7m in month. Elective income continues to show a large adverse variance due to the phasing of CIP schemes which were expected to start in the second half of the year. The majority of the adverse income variances are contained within Electives, Outpatients and Non-PbR. The reduction in outpatient attendances following the implementation of the new PAS system continued with activity still below plan in month 12.

Other income is adverse to plan by £0.6m in March and favourable to plan by £7.6m ytd. Income CIPs are marginally adverse to plan in March and favourable to plan ytd by £2.6m. The adverse position in month is driven by the redefinition of 2gether inter-company recharges from income to offset expenditure totalling £1.0m.

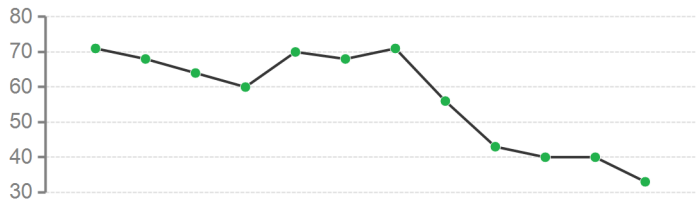
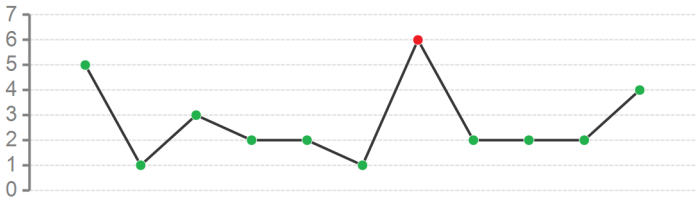
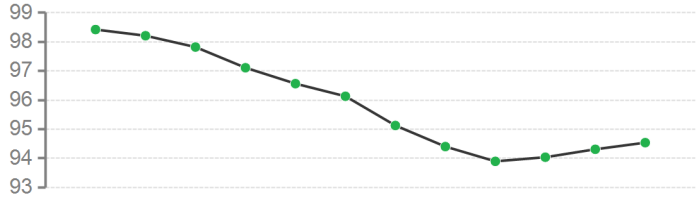
Against the full year £30m CIP target, £30.4m of CIPs have been delivered £0.4m ahead of plan. CIPs achieved in March were £2.7m, £0.7m behind the plan but consistent with the forecast position. While the overall year-end CIP position is positive, the main focus remains on ensuring as much as possible is delivered recurrently along with developing robust new CIP plans for 2019/20.

The Trust's cash balance as at the end of March was £18.7m, which is £11.5m above plan. The Trust's total cash borrowing is now £88.4m slightly below the forecast position.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 1

Mar	Representation at H&S	684 (-10.1%)		"% of Clinical Divisions representation/attendance at each site's Health & Safety Committee.
Mar	RIDDOR Reports (Number)	30 (30.4%)		"RIDDOR reports sent to HSE each month.(please note that Riddor uses the Field inc_dnotified (HSE date) rather than inc_dreported (Reported date)
Mar	Health & Safety Training	96 (-2.7%)		H&S Training includes all H&S and risk avoidance training including manual handling

Highlights and Actions:

In March 2019 the Head of Health and Safety worked with Care Group leads to raise awareness and provide support to their teams to ensure attendance at Health and Safety meetings is improved and governance arrangements are in place in each Care Group. Every Care Group has identified their Health and Safety Leads with the exception of Urgent & Emergency who will be identifying leads in May.
There were 4 RIDDORs reported for March 2019:

2 incidents at the William Harvey Hospital. 1 incident reported due to 10% formalin spillage during pathology transport. 1 incident reported because a member of staff slipped on a specimen bags in a store cupboard while reaching for a stock item.

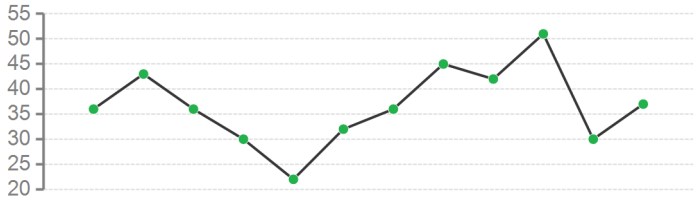
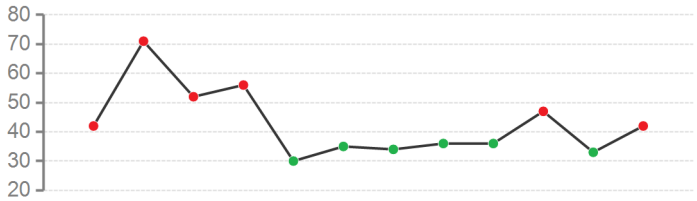
2 incidents at K&CH. 1 incident reported due to a chair moving backwards while a member of staff was sitting down so that she landed on the floor. 1 incident due to a G4S ambulance which hit 2 pedestrians crossing the road outside the fracture clinic. All incidents were reported to the HSE in March 2019.

There were no formal notices in March 2019.

94.54% of mandatory training was recorded for March 2019.

Strategic Theme: Health & Safety

Health & Safety 2

Mar	Accidents	440 (16.7%)		"Accidents excluding sharps (needles etc) but including manual handling.
Mar	Violence & Aggression	514 (10.3%)		"Violence, aggression and verbal abuse.

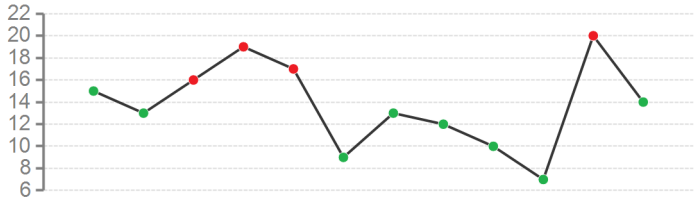
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Mar

Sharps

165
(5.1%)



"Incidents with sharps (e.g. needle stick).

Highlights and Actions:

The number of accidents recorded in March 2019 was 37, the trend is green but the cumulative score is red.

The number of sharps incidents recorded in March 2019 was 14, the trend is green to amber but the cumulative score is red. Occupational Lead and the Trust's Health and Safety Lead are working together to identify any trends and/or underlying issues. This analysis will be presented at the Strategic Health and Safety Committee in April and actions will be agreed to mitigate any further increase in sharps incidents.

Violence and aggression incidents recorded in March 2019 was 42, the trend is amber but the cumulative score is red.

Fire incidents recorded in March was 15 (false or otherwise) in total. Actual fires remains in a green trend with false alarms in amber trend. The overall cumulative score is red.

Incidents were recorded as follows:

2 x actual small fires, 1 x William Harvey residences due to burnt food, 1 x K&CH in a waste bin in a store room in fracture clinic.

3 x fire equipment fault, x 2 due to staff did not understand the intermittent alarm sound and 1 x phone charger overheated.

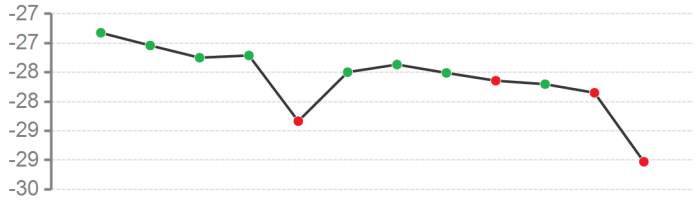
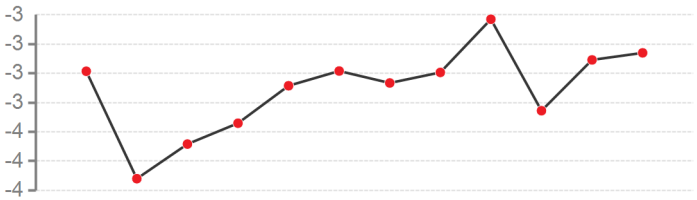
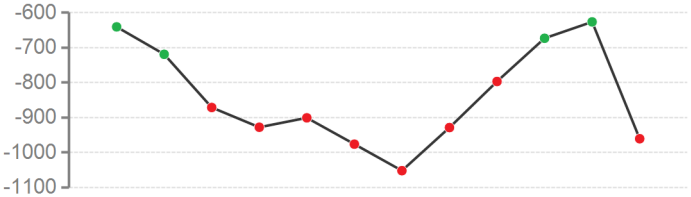
6 x false alarms were reported, mainly due to staff not knowing what to do when the intermittent fire alarm sounds. Face to face training is being rolled out in April and May to raise awareness. This training will be site specific and will include Buckland and Royal Victoria sites.

2 x misuse of fire equipment i.e. break glass being pressed without due cause.
2 x obstructed fire exits (beds and cages obstructing exits)

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Pay Independent

Mar	Payroll Pay £m	-29.0 (4.2%)		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.
Mar	Agency Spend £m	-3.1 (-1.5%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.
Mar	Independent Sector £k	-961 (53.4%)		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 was adverse to plan in March by £2.8m and by £17.6m ytd (4.8%).

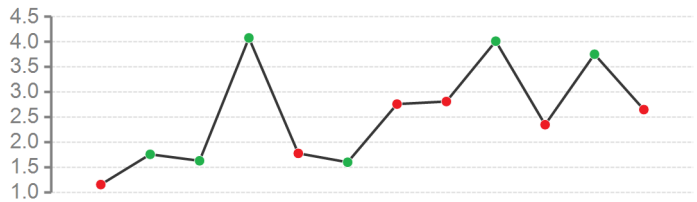
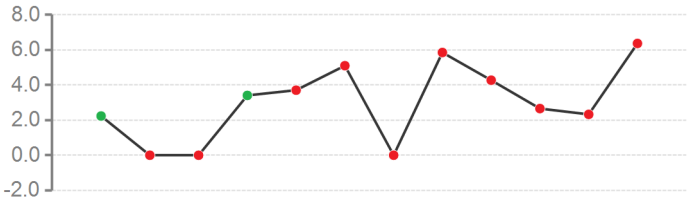
The main driver for the pay overspend in month continues to be above plan usage of agency staff for medical and nursing cover in order to ensure the wards and A&E remain safe.

Total expenditure on pay in March was £33.2m, £1.1m higher thank February mainly due to an increased number of working days in the month therefore increased temporary staff costs.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Balance Sheet

Mar	CIPS £m	(-29.4%)		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.
Mar	Cash borrowings £m	59.4		Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.

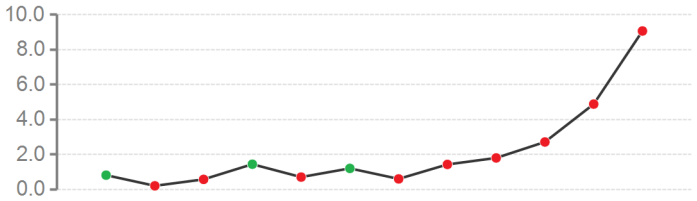
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Mar

Capital position £m

(85.7%)



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

Highlights and Actions:

DEBT
Total invoiced debtors have decreased from the opening position of£28.5m by £8.4m to £20.1m. The largest debtors at 31st March were 2gether Support Solutions £2.7m, NHS England £2.5m and Thanet CCG £1.7m

CREDITORS
Improved cash balances in March enabled the Trust to bring the payment of creditors back to terms (terms plus15 days in February).

CAPITAL
Total YTD expenditure for Mth 12 2018/19 is £25.5m.

EBITDA
The Trust is reporting a year to date deficit EBITDA of£18.5m

CASH
The closing cash balance for the Trust as at 31st March was £18.7m

FINANCING
£3.8m of interest was incurred in respect of the drawings against working capital facilities in the financial year 2018/19

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Improvement Journey

		Nov	Dec	Jan	Feb	Mar	
MD02 - Emergency Pathway	ED - 4hr Compliance (incl KCHFT MIUs) %	84.50	82.25	77.93	77.56	81.51	>= 95
	ED - 1hr Clinician Seen (%)	52	48	50	48	45	>= 55 & <55
MD04 - Flow	DToCs (Average per Day)	55	53	54	66	76	>= 0 & <35
	IP - Discharges Before Midday (%)	15	15	15	15	17	>= 35
	Medical Outliers	49	63	89	94	96	
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	71.35	82.04	68.30	76.77	80.43	>= 85
MD07 - Maternity	Staff Turnover (Midwifery)	14	13	13	13	13	>= 0 & <10
	Vacancy (Midwifery) %	5	5	5	6	7	>= 0 & <7
MD08 - Recruitment & Staffing	Staff Turnover (%)	14.5	14.4	14.4	14.2	14.5	>= 0 & <10
	Staff Turnover (Nursing)	14	14	14	13	14	>= 0 & <10
	Staff Turnover (Medical)	14	14	14	13	14	>= 0 & <10
	Vacancy (Nursing) %	15	15	15	14	14	>= 0 & <7
	Vacancy (Medical) %	12	13	12	11	9	>= 0 & <7
MD09 - Workforce Compliance	Appraisal Rate (%)	75.4	79.6	80.3	81.0	80.4	>= 85
	Statutory Training (%)	97	96	98	97	98	>= 85

NHS
East Kent Hospitals University
NHS Foundation Trust

Glossary

Domain	Metric Name	Metric Description	Green	Weight
A&E	ED - 4hr Performance (EKHUFT Sites) %	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge for only Acute Sites (K&C, QEQM, WHH, BHD). No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics	>= 95	1 %
	ED - 1hr Clinician Seen (%)	% of A&E attendances seen within 1 hour by a clinician	>= 55 & <55	
	ED - 4hr Compliance (incl KCHFT MIUs) %	No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics	>= 95	100 %
Beds	Funded Beds	Snapshot of the number of funded beds at the end of each month		1 %
	Unfunded Beds	Escalation/Unfunded Beds		1 %
	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 %
	G&A Beds (Funded)	G&A Beds (Funded)		1 %
	IP - Discharges Before Midday (%)	% of Inpatients discharged before midday	>= 35	10 %
	Medical Outliers	Number of patients recorded as being under a Medical specialty but was discharged from a Surgical Ward (Patients admitted to a ward which is not related to their clinical reason, mainly due to capacity reasons)		
	Ward Moves (inc. ITU and Endoscopy)	Mean number of times patients were previously move at each ward move. Includes ITU and Endoscopy.		1 %
	Ward Moves (not inc. ITU and Endoscopy)	Mean number of times patients were previously move at each ward move. Does not include ITU and Endoscopy.		1 %
	Ward Moves after 10pm	Ward Moves after 10pm		
	Ward Moves between sites after 10pm	Ward Moves between sites after 10pm		
Beds	Discharges after 10pm	Discharges after 10pm		
Cancer	Cancer: 2ww (All) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent GP referral for suspected cancer (CB_B6)	>= 93	10 %

Cancer	Cancer: 62d (GP Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	>= 85	50 %
	Cancer: 62d (Screening Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	>= 90	5 %
	Cancer: 2ww (Breast) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected (CB_B7).	>= 93	5 %
	Cancer: 31d (2nd Treat - Surg) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery (CB_B9).	>= 94	5 %
	Cancer: 31d (Diag - Treat) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') (CB_B8)	>= 96	15 %
	Cancer: 31d (Drug) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen (CB_B10).	>= 98	5 %
	Cancer: 62d (Con Upgrade) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	>= 85	5 %
Clinical Outcomes	Pharm: Drug Trolleys Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked	>= 90 & <90	5 %
	Pharm: Fridge Temps (%)	Data taken from Medicines Storage & Waste Audit - percentage of wards recording temperature of fridges each day	>= 100	5 %
	Pharm: Fridges Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of fridges locked	>= 95	5 %
	Pharm: Resus. Trolley Check (%)	Data taken from Medicines Storage & Waste Audit - percentage of resus trolley's checked	>= 90 & <90	5 %
	Readmissions: NEL dis. 30d (12M%)	Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	>= 0 & <15	15 %
	Stroke Brain Scans (24h) (%)	% stroke patients receiving a brain CT scan within 24 hours.	>= 100	5 %
	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 %

Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	>= 0 & <2.75	20 %
Culture	Staff FFT - Treatment (%)	Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission.		40 %
	Staff FFT - Work (%)	"Percentage of staff who would recommend the organisation as a place to work - data is quarterly and from the national submission. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 60	50 %
Data Quality & Assurance	Uncoded Spells %	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	>= 0 & <0.25	25 %
	Valid Ethnic Category Code %	Patient contacts where Ethnicity is not blank as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	5 %
	Valid GP Code	Patient contacts where GP code is not blank or G9999998 or G9999991 (or is blank/G9999998/G9999991 and NHS number status is 7) as a % of all patient contacts. Includes all OP, IP and A&E contacts	>= 99.5	5 %
	Valid NHS Number %	Patient contacts where NHS number is not blank (or NHS number is blank and NHS Number Status is equal to 7) as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	40 %
Demand vs Capacity	DNA Rate: New %	New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments.	>= 0 & <7	
	New:FUp Ratio (1:#)	Ratio of attended follow up appointments compared to attended new appointments	>= 0 & <7	
	Babies Born per month	Babies Born per month		
	DNA Rate: Fup %	Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments.	>= 0 & <7	
Diagnostics	Audio: Complete Path. 18wks (%)	AD01 = % of Patients waiting under 18wks on a completed Audiology pathway	>= 99	
	Audio: Incomplete Path. 18wks (%)	AD02 = % of Patients waiting under 18wks on an incomplete Audiology pathway	>= 99	
	DM01: Diagnostic Waits %	The percentage of patients waiting less than 6 weeks for diagnostic testing. The Diagnostics Waiting Times and Activity Data Set provides definitions to support the national data collections on diagnostic tests, a key element towards monitoring waits from referral to treatment. Organisations responsible for the diagnostic test activity, report the diagnostic test waiting times and the number of tests completed.The diagnostic investigations are grouped into categories of Imaging, Physiological Measurement and Endoscopy and covers 15 key diagnostic tests.	>= 99	100 %
Finance	Forecast £m	This shows the Normalised Income & Expenditure Forecast as at 31st March 2017. The arrow shows latest monthly figure together with % variance against the last month reported.	>= 0	10 %
	I&E £m (Trust Only)	The graph shows the Income and Expenditure result for each month. The arrow shows latest YTD figure together with % variance against previous reported position.Month 7 includes a £34.3m impairment due to revaluation of Trusts assets prior to transfer to 2Gether. NHSI add back this impairment in evaluating the Trust.	>= 0	30 %
	Cash Balance £m	Closing Bank Balance. The graph shows the cash balance at the end of each month - the latest cash balance is shown ir the arrow. The arrow shows latest monthly figure together with % variance against the last month reported.	>= 0	20 %

Finance	Total Cost £m (Trust Only)	Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.Mth 7 includes a £34.7m impairment, see I&E note above.	>= 0	20 %
Health & Safety	Accidents	"Accidents excluding sharps (needles etc) but including manual handling.	>= 0 & <40	15 %
	Fire Incidents	"Fire alarm activations (including false alarms).	>= 0 & <5	10 %
	Formal Notices	"Formal notices from HSE (Improvement Notices, Prohibition Notices).	>= 0 & <1	15 %
	H&S COSHH Controls	Controls arising from the Controls Of Substances Hazardous to Health assessments have been implemented	>= 90	10 %
	H&S Health of Staff Surveillance	If health surveillance is required for staff working in your department, is this fully up-to-date?	>= 90	10 %
	Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %
	RIDDOR Reports (Number)	"RIDDOR reports sent to HSE each month.(please note that Riddor uses the Field inc_dnotified (HSE date) rather than inc_dreported (Reported date)	>= 0 & <3	20 %
	Violence & Aggression	"Violence, aggression and verbal abuse.	>= 0 & <25	10 %
	H&S COSHH Assessments	Controls Of Substances Hazardous to Health assessments from the use and storage of all hazardous substances have been carried out.	>= 90	10 %
	H&S COSHH Inventory	An inventory of all potentially hazardous substances has been compiled and the relevant safety data sheets have been collated	>= 90	10 %
	H&S HASTA All Scores	Overall Health And Safety Toolkit Audit (HASTA) compliance score – by Care Group, Specialty & Site	>= 95	10 %
	Representation at H&S	"% of Clinical Divisions representation/attendance at each site's Health & Safety Committee.	>= 76	20 %
	Sharps	"Incidents with sharps (e.g. needle stick).	>= 0 & <10	5 %
Incidents	All Pressure Damage: Cat 2	"Number of all (old and new) Category 2 pressure ulcers. Data source - Datix."	>= 0 & <1	
	Blood Transfusion Incidents	"The number of blood transfusion incidents sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."		
	C. Diff Infections (Post 72h)	"The number of Clostridium difficile cases recorded at greater than 72h post admission. Data source - VitalPAC (James Nash)."	>= 0 & <1	0 %
	Clinical Incidents: Moderate Harm			
	Clinical Incidents: No Harm	"Number of Non-Clinical Incidents, recorded on DATIX, per 10,000 FTE hours. Bandings based on total numbers of incidents (corporate level) is: Score1: <= 140, Score2: > 140 & <= 147, Score3: > 147 & <= 155, Score4: > 155 & <= 163, Score5: > 163"		
	Clinical Incidents: Total (#)	"Number of Total Clinical Incidents reported, recorded on Datix.		

Incidents	Falls (per 1,000 bed days)	"Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <5	20 %
	Falls: Total	"Total number of recorded falls. Assisted falls and rolls are excluded. Data source - Datix."	>= 0 & <3	0 %
	Harm Free Care:All Harms (%)	"Percent of inpatients deemed free from harm as measured by the Safety Thermometer audit ie free from old and new harms: - Old and new pressure ulcers (categories 2 to 4) - Injurious falls - Old and new UTI - Old and new DVT, PE c Other VTE. Data source - Safety Thermometer (old and new harms)."	>= 94	10 %
	Medication Missed Doses	Number of missed medication doses recorded on Datix		
	Medicines Mgmt. Incidents	"The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."		
	Never Events (STEIS)	"Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."	>= 0 & <1	30 %
	Pressure Ulcers Cat 3/4 (per 1,000)	"Number of avoidable Category 3/4 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <1	10 %
	Serious Incidents Open	Number of Serious Incidents currently open according to Datix		
	Clinical Incidents closed within 6 weeks (%)	Percentage of Clinical Incidents closed within 6 weeks		
	Clinical Incidents: Minimal Harm			
	Clinical Incidents: Severe Harm			
	Harm Free Care: New Harms (%)	Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data.	>= 98	20 %
	Medication Incidents with Harm	Number of Medication Incidents recorded on Datix with a Moderate/Severe/Death Harm		
	Medication Missed Critical Doses	Number of missed doses for critical drugs / medications		
	Number of Cardiac Arrests	Number of actual cardiac arrests, not calls		0 %
	Pressure Ulcers Cat 2 (per 1,000)	"Number of avoidable Category 2 hospital acquired pressure ulcers, per 1,000 bed days Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <0.15	10 %
	Serious Incidents (STEIS)	"Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."		

Infection	C. Diff (per 100,000 bed days)	Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01), recorded at greater than 72h post admission per 100,000 bed days	>= 0 & <1	
	Cases of C.Diff(per month)	Cases of C.Diff		
	Commode Audit	"The % of ward staff compliant with hand hygiene standards. Data source - SharePoint"	>= 95 & <95	
	E. Coli	"The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <44	10 %
	E. Coli (per 100,000 population)	The total number of E-Coli bacteraemia per 100,000 population.	>= 0 & <44	
	Infection Control Training	Percentage of staff compliant with the Infection Prevention Control Mandatory Training - staff within six weeks of joining and are non-compliant are excluded	>= 85	
	MRSA (per 100,000 bed days)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT, cases per 100,000 bed days	>= 0 & <1	
	Bare Below Elbows Audit	"The % of ward staff compliant with hand hygiene standards. Data source - SharePoint"	>= 95 & <95	
	Blood Culture Training	Blood Culture Training compliance	>= 85	
	Cases of C.Diff (Cumulative)	"Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Arrow represents YTD position with the % showing variance against the last month."	<= Traj	40 %
	Cases of MRSA (per month)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.	>= 0 & <1	40 %
	Hand Hygiene Audit	"The % of ward staff compliant with hand hygiene standards. Data source - SharePoint"	>= 95	
	MSSA	"The total number of MSSA bacteraemia recorded, post 48hrs.	>= 0 & <1	10 %
Mortality	Crude Mortality (Number)	how many deaths per month (irrelevant of NEL/EL)		
	Crude Mortality EL (per 1,000)	"The number of deaths per 1,000 elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <0.33	10 %
	Number of SJR's Completed	Number of Structured Judgement Reviews (Mortality Case Record Reviews) completed		
	Crude Mortality NEL (per 1,000)	"The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <27.1	10 %
	HSMR (Index)	Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.	>= 0 & <90	35 %
	Number of Avoidable Deaths > 50%	Number of deaths that were more than 50% likely to have been Avoidable (Categories: 'Definitely Avoidable','Strong evidence of avoidability','Probably avoidable (more than 50:50)')		

Mortality	RAMI (Index)	Risk Adjusted Mortality (via CHKS) computes the risk of death for hospital patients and compares to others with similar characteristics. Data including age, sex, length of stay, clinical grouping, diagnoses, procedures and discharge method is used. Arrow indicates average of last 12 months data together with variance against the previous 12 months.	>= 0 & <87.45	30 %
Observations	Cannula: Daily Check (%)	"The % of cannulas checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC"	>= 50	10 %
	Central Line: Daily Check (%)	"The % of central lines checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC"	>= 50	10 %
	Obs. On Time - 8am-8pm (%)	VitalPac Observations are untaken in a timely manner according to clinical need. Patients who have an early warning score of less than three are excluded, as well as patients on respiratory wards and patients on an End of Life Pathway.	>= 90	25 %
	VTE: Risk Assessment %	"Adults (16+) who have had a Venous Thromboembolism (VTE) Risk Assessment at any point during their Admission. Low-Risk Cohort counted as compliant."	>= 95	20 %
	Catheter: Daily Check (%)	"The % of catheters which were checked daily. Daily checks are calculated on the assumption that a patient's indwelling device should be checked at least once a day. Data source - VitalPAC"	>= 50	10 %
	Obs. On Time - 8pm-8am (%)	VitalPac Observations are untaken in a timely manner according to clinical need. Patients who have an early warning score of less than three are excluded, as well as patients on respiratory wards and patients on an End of Life Pathway.	>= 90	25 %
Patient Experience	A&E FFT: Response Rate (%)	A&E FFT: Response Rate (%)		
	Complaint Response in Timescales %	Complaint Response within agreed Timescales %	>= 85	15 %
	Complaint Response within 30 days %	Complaint Response within 30 working day timescale %	>= 85	
	Complaints received with a 30 Day time frame agreed	Number of complaints received with an agreed time frame of 30 days		
	DC FFT: Recommend (%)	DC FFT: Recommend (%)		
	IP FFT: Not Recommend (%)	"Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <2	30 %
	IP Survey: Are you aware of which nurse is in charge of your care each shift? (%)	IP Survey: Are you aware of nurse in charge of your care each shift? (%)	>= 89	4 %
	IP Survey: Overall, did you get the care that matters to you?	Inpatient Survey: Patients views on if they got the overall care that mattered to them as a %		
	Maternity FFT: Not Recommended (%)	Maternity FFT: Not Recommended (%)		

Patient Experience	Maternity FFT: Recommended (%)	Maternity FFT: Recommended (%)		
	Maternity FFT: Response Rate (%)	Maternity FFT: Response Rate (%)		
	Number of Complaints	"The number of Complaints recorded overall . Data source - Patient Experience Team"		
	A&E FFT: Not Recommended (%)	A&E FFT: Not Recommended (%)		
	A&E FFT: Recommended (%)	A&E FFT: Recommended (%)		
	AE Mental Health Referrals	A&E Mental Health Referrals		
	Cleanliness %	Based on a question asked within the Trust's Inpatient Survey, in your opinion, how clean was the hospital room or ward that you were in? % of inpatients who answered 'very clean' or 'fairly clean'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 95	5 %
	Complaints acknowledged within 3 working days	Complaints acknowledged within 3 working days		
	Complaints Open <= 30 Days	Number of complaints open for less than 30 days		
	Complaints Open > 90 Days	Number of Complaints open for more than 90 Days		
	Complaints Open 31 - 60 Days	Number of Complaints open between 31 and 60 Days		
	Complaints Open 61 - 90 Days	Number of Complaints open between 61 and 90 Days		
	Complaints received with a 45 Day time frame agreed	Number of complaints received with a agreed time frame of 45 days		
	DC FFT: Not Recommend (%)	DC FFT: Not Recommend (%)		
	DC FFT: Response Rate (%)	DC FFT: Response Rate (%)		
	Hospital Food? %	Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	5 %
	IP FFT: Recommend (%)		>= 95	30 %

Patient Experience	IP FFT: Response Rate (%)	"The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 22	1 %
	IP Survey: Encouraged to get up and wear own clothes (%)	Responses taken from the Inpatient Survey. Question: "Have you been encouraged to get up during your hospital stay and wear your own clothes?"		3 %
	IP Survey: Help from Staff to Eat Meals (%)	Responses taken from the Inpatient Survey. Question: "Did you get enough help from staff to eat your meals?"		3 %
	Mixed Sex Breaches	"Number of patients experiencing mixed sex accommodation due to non-clinical reasons. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <1	10 %
	Trust FFT: Trust Star Score	Trust FFT: Trust Star Score		
	Number of Compliments	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge for only Acute Sites (K&C, QEQM, WHH, BHD)	>= 1 & <1	15 %
	OP FFT: Not Recommended (%)	OP FFT: Not Recommended (%)		
	OP FFT: Recommended (%)	OP FFT: Recommended (%)		
	Trust FFT: Not Recommended (%)	Trust FFT: Not Recommended (%)		
	Trust FFT: Recommended (%)	Trust FFT: Recommended (%)		
	Trust FFT: Response Rate (%)	Trust FFT: Response Rate (%)		
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	
	ERS Referral Rate (%)	ERS Referral Rate (%)		
	LoS: Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.		
	LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.		
	Non-Clinical Cancellations (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total planned procedures	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total admitted patients.	>= 0 & <5	10 %

Productivity	EME PPE Compliance %	EME PPE % Compliance	>= 80	20 %
	Theatres: On Time Start (% 15min)	The % of cases that start within 15 minutes of their planned start time.	>= 90	10 %
	Theatres: Session Utilisation (%)	% of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.	>= 85	25 %
RTT	RTT: 52 Week Waits (Number)	Zero tolerance of any referral to treatment waits of more than 52 weeks, with intervention, as stated in NHS Operating Framework	>= 0	
	RTT: Incompletes (%)	% of Referral to Treatment (RTT) pathways within 18 weeks for completed admitted pathways, completed non-admitted pathways and incomplete pathways, as stated by NHS Operating Framework. CB_B3 - the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	>= 92	100 %
Staffing	1:1 Care in labour	The number of women in labour compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	>= 99 & <99	
	Agency %	% of temporary (Agency and Bank) staff of the total WTE	>= 0 & <10	
	Agency 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 (12 Monthly Avg) %	% of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 0 & <3.3	10 %

Staffing	Staff Turnover (%)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <10	15 %
	Staff Turnover (Medical)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Medical Staff. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in directior of arrow and %) against the previous 12 months."	>= 0 & <10	
	Staff Turnover (Nursing)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Nurses. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <10	
	Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties		1 %
	Total Staff In Post (FundEst)	Count of total funded establishment staff		1 %
	Vacancy (Medical) %	"% Vacant positions against Whole Time Equivalent (WTE) for Medical Staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <7	
	Agency & Locum Spend	Total agency spend including NHSP spend		
	Agency Orders Placed	"Total count of agency orders placed.	>= 0 & <100	
	Agency Staff WTE (Bank)	WTE Count of Bank Hours worked		
	Clinical Time Worked (%)	% of clinical time worked as a % of total rostered hours.	>= 74	2 %
	Employed vs Temporary Staff (%)	"Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 92.1	1 %
	Local Induction Compliance %	"Local Induction Compliance rates (%) for temporary employee's to the Trust.	>= 85	
	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 (excl JDs) %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate– WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage. exclude Junior medical staff, any staff with grade codes beginning MN or MT		
	Stability Index (incl JDs) %	Whole Time Equivalent (WTE) staff in post as at current month, and WTE staff in post as 12 months prior. Calculate– WTE staff in post with 12 months+ Trust service / WTE staff in post 12 month prior (no exclusions) * 100 for percentage		

Staffing	Staff Turnover (Midwifery)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Midwives. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in directior of arrow and %) against the previous 12 months."	>= 0 & <10	
	Time to Recruit	"Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <10	
	Total Staff Headcount	Headcount of total staff in post		
	Unplanned Agency Expense	Total expediture on agency staff as a % of total monthly budget.	>= 0 & <100	5 %
	Vacancy (12 Monthly Avg) %	"% Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown ir graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <7	15 %
	Vacancy (Nursing) %	"% Vacant positions against Whole Time Equivalent (WTE) for Nurses. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <7	
	Vacancy (Midwifery) %	"% Vacant positions against Whole Time Equivalent (WTE) for Midwives. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <7	
Training	Appraisal Rate (%)	Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	50 %
	Corporate Induction (%)	% of people who have undertaken a Corporate Induction	>= 95	
	Major Incident Training (%)	% of people who have undertaken Major Incident Training	>= 95	
	Statutory Training (%)	"The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. "	>= 85	50 %
Use of Resources	Capital position £m	Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow.	>= 0	
	Cash borrowings £m	Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.	>= 0	
	CIPS £m	Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.	>= 0	
	Clinical Productivity: Outpatient	Clinical Productivity graph: outpatient sessions v plan		
	Independent Sector £k	Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	>= 0	
	Payroll Pay £m	Payroll Pay (Permanent+Overtime). The graph shows the total pay per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.	>= 0	
	Agency Spend £m	Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.	>= 0	

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