East Kent Hospitals University NHS Foundation Trust

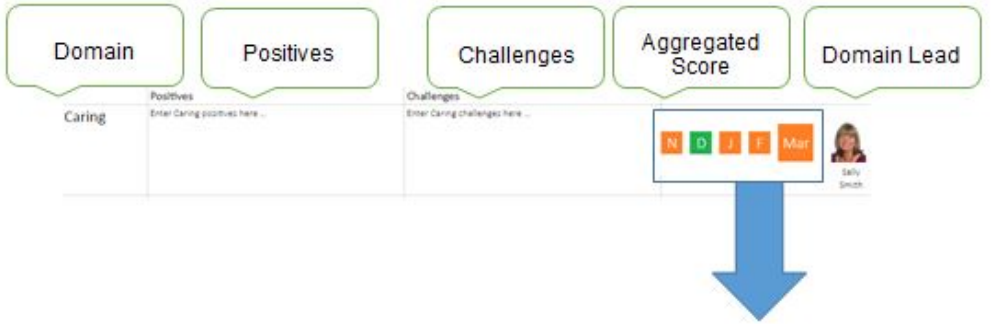
APRIL 2019

INTEGRATED PERFORMANCE REPORT

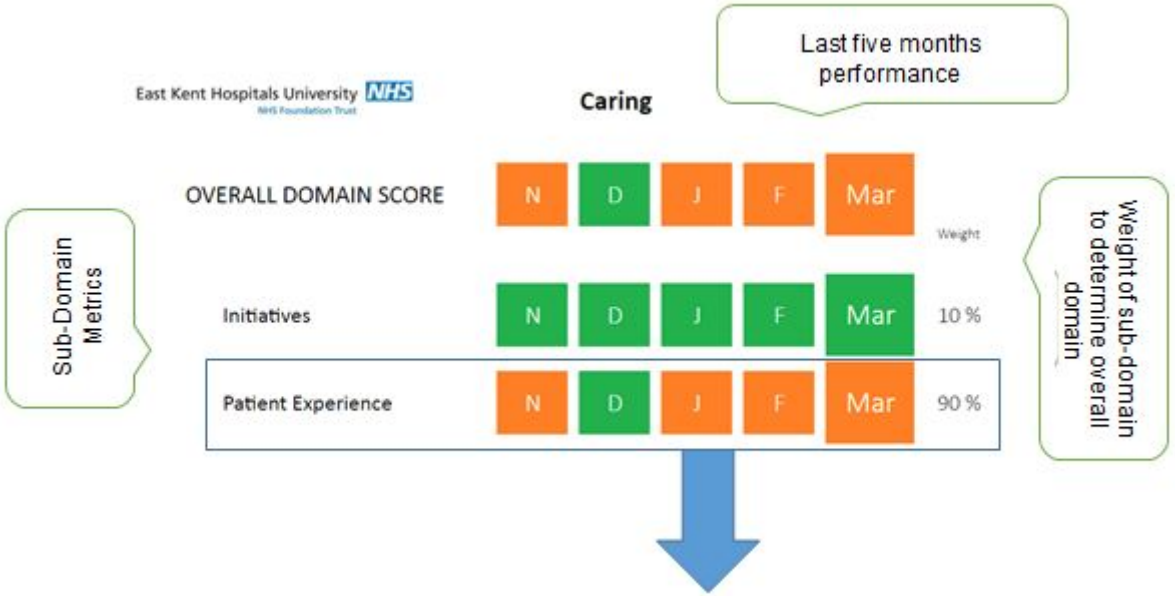
East Kent Hospitals University NHS Foundation Trust

Understanding the IPR

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



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



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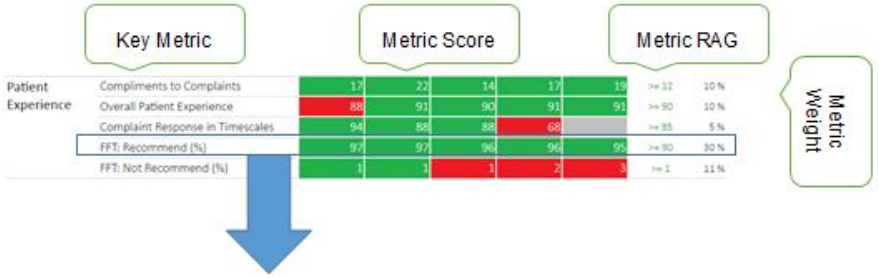
Understanding the IPR

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



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

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

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Strategic Priorities

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Headlines

	Positives	Challenges	
Caring	There has been a very slight increase with respect to patients not recommending the Trust to their friends and family. Rising 0.3% in April to 1.5% .Recommendations by patients improved with respect to outpatient services however fell slightly in inpatients , maternity and ED. Overall the inpatient satisfaction rate remains positive Care, Staff attitude and implementation of care were the top positive themes in April 2019. Care , staff attitude and waiting times were the main causes for complaint. The number of mixed sex breaches in April reduced significantly to 3	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 in the month namely: receiving help to eat meals; awareness of which nurse is in charge of their care. Complaints response times continue to receive targeted improvement.	D J F M Apr  Amanda Hallums

Effective	Beds The number of DTOC (Delayed Transfers of Care) have risen to an average of 97 per day. This deterioration continues to have a detrimental impact on patient flow across all emergency pathways. To mitigate the lack of external capacity there has been an increased focus on reducing internal delays and this has seen a 4% increase in the number of patients discharged before noon, however the lack of community capacity has continued to increase patients waiting for discharge. Readmissions have remained steady during the same period. Demand and Capacity The number of DNA for New and Follow Up patients have remained at 7% and 9% respectively. Productivity Length of stay across elective pathways has improved to 2.9% and non elective days have remained static at 6.6 days. Theatre utilisation is 81% with theatre start times have improved to 46%. The number of non-clinical cancellations is 1.4%. Non clinic cancellation breaches has improved from 24 to 10. The WHO checklist has improved to 100%.	Beds The number of reportable DTOC's has increased to their highest level in the past 6 months to an average of 97 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 serious concern with escalation at CEO level across the health economy. Demand and Capacity The DNA rate for new patients has remained static at 7% with follow up patients also deteriorating to 9%. It remains a priority to continue to reduce DNA's by fully booking out patient appointments. Productivity To maximise theatre capacity to increase productivity. To improve length of stay by reducing internal and external delays.	D J F M Apr	 Lee Martin

Responsive	4 hour Emergency Access Standard. April performance was 80.54% which is a 1% deterioration on March, however it should be noted that there has been a 11% increase in attendances to ED. There have been no 12 Hour Trolley Waits. RTT Performance is 79.15% against a trajectory of 78.00%. The Waiting list position has also improved from 48,695 to 45,867 and the Backlog has also improved from 9,723 to 9,564. The number of patients waiting over 52 weeks for first treatment has continued to improve with the number decreasing further to 3. This is a significant achievement since April 2018 when there were 222 patients waiting. DM01 The standard is compliant for April with a compliance of 99.29% . Cancer April performance for 62 day treatments is currently 78.78%, validation continues until the beginning of June in line with the national timetable. 2ww performance has been achieved at 97.71% against a performance standard of 93%.	4 hour Emergency Access Standard Over 50% of A&E breaches are due to bed availability. This is due to poor patient flow and the high number of patients delayed in hospital 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.	D J F M Apr	 Lee Martin
Safe	April has reported 99.2% harm free care delivery for new harms in our control. We remain below the national average for harms in acute hospitals. VTE assessment recording, although below 95% for the Trust overall, has improved to 93.9% and several areas are now above the 95% target.	All harms (those patients are admitted with) has improved in the month (90.8%) however remains below the national average of 93.76% Work with our community colleagues continues to address this. The number of falls in April has increased by 0.83% to 5.93 per 1000 bed days Medicines management remains an issue and the cross sectional audits this month showed a deterioration in the missed doses metric	D J F M Apr	 Paul Stevens

Well Led	The Trust generated a consolidated deficit in month of £4.7m which is £0.1m better than the planned position. Within this the April CIP target of £1m was achieved. The Trust has secured an aligned incentive contract with the East Kent Commissioning group which reduces income risk for the 2019/20 financial year.	The Trust's CIP target of £30m represents a significant challenge to deliver as it is the maximum the Trust considered achievable and will required concerted efforts on driving efficiency and cost consciousness throughout the Trust. The CIP plan increases throughout the year therefore it is crucial that the Trust continues working up savings schemes for 2019/20 focusing on delivery of planned target and moving Red and Amber schemes to Green. Total cash borrowed has risen to £96.5m.	D J F M Apr	 Susan Acott
Workforce	Recruitment is continuing to gain momentum with Middle grade slots being filled. Care group Clinical Directors have engaged positively and are actively supporting the process. Reductions in use of the temporary workforce and high costs associated with agency spend remain at the forefront and have been reinvigorated with high engagement from Operations Directors via the Agency Reduction Taskforce to implement new (reduced) rates with effect from June 2019.	Whilst recruitment is gaining momentum we are still facing challenges with the speed at which we are able to turn around applications. Capacity to do this at pace is placing an added demand upon their time. The challenge is being met head on and colleagues are working with recruitment with streamlined processes. Sickness absence is a continuing focus as part of a wider workforce challenge to improve the culture and environment and optimise availability of resources. Local interventions are being delivered which build upon the trust wide programmes around respect and resilience in the workplace. These are targeted at delivering improvements in working relationships and improving personal capacity and wellbeing.	D J F M Apr	 Andrea Ashman

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Caring

		Dec	Jan	Feb	Mar	Apr	Green	Weight
Patient Experience	Mixed Sex Breaches	23	34	21	8	3	>= 0 & <1	10 %
	Number of Complaints	64	85	60	77	79		
	AE Mental Health Referrals	93	87	62	87	98		
	IP FFT: Recommend (%)	97	96	97	97	96	>= 95	30 %
	IP FFT: Not Recommend (%)	1.1	1.4	1.0	1.2	1.5	>= 0 & <2	30 %
	IP Survey: Overall, did you get the care	44.4	44.9	43.2	46.8	43.1		
	Number of Compliments	2236	1813	1668	1890	2062	>= 1 & <1	15 %
	Complaint Response in Timescales %	94.6	84.2	90.9	95.5	89.1	>= 85	15 %

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Effective

		Dec	Jan	Feb	Mar	Apr	Green	Weight
Beds	DToCs (Average per Day)	53	54	66	76	97	>= 0 & <35	30 %
	Bed Occupancy (%)	88	92	94	94	94	>= 0 & <92	60 %
	IP - Discharges Before Midday (%)	15	15	15	17	19	>= 35	10 %
Clinical Outcomes	Readmissions: EL dis. 30d (12M%)	3.9	3.8	3.6	3.8		>= 0 & <2.75	20 %
	Readmissions: NEL dis. 30d (12M%)	15.2	16.2	15.7	15.9		>= 0 & <15	15 %
	Audit of WHO Checklist %	99	99	98	99	100	>= 99	10 %
Demand vs Capacity	DNA Rate: New %	7.6	7.5	7.0	7.0	7.1	>= 0 & <7	
	New:FUp Ratio (1:#)	1.9	2.0	1.9	1.9	1.9	>= 0 & <7	
Productivity	LoS: Elective (Days)	3.4	3.2	3.3	3.3	2.9		
	LoS: Non-Elective (Days)	6.2	6.5	6.3	6.3	6.6		
	Theatres: Session Utilisation (%)	77	79	80	81	82	>= 85	25 %
	Theatres: On Time Start (% 15min)	45	40	46	42	46	>= 90	10 %
	Non-Clinical Cancellations (%)	1.3	1.8	1.0	1.4	1.4	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	22	18	16	20	14	>= 0 & <5	10 %

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Responsive

		Dec	Jan	Feb	Mar	Apr	Green	Weight
A&E	ED - 4hr Compliance (incl KCHFT MIUs) %	82.25	77.93	77.56	81.53	80.54	>= 95	100 %
	ED - 4hr Performance (EKHUFT Sites) %	79.36	74.20	73.85	78.23	77.13	>= 95	1 %
Cancer	Cancer: 2ww (All) %	96.73	96.52	98.31	97.87	97.71	>= 93	10 %
	Cancer: 2ww (Breast) %	95.00	97.22	98.31	92.76	93.64	>= 93	5 %
	Cancer: 31d (Diag - Treat) %	97.66	95.63	97.73	96.06	97.19	>= 96	15 %
	Cancer: 31d (2nd Treat - Surg) %	97.22	97.78	96.49	94.74	81.63	>= 94	5 %
	Cancer: 31d (Drug) %	98.85	98.28	97.27	100.00	100.00	>= 98	5 %
	Cancer: 62d (GP Ref) %	82.08	68.21	76.88	81.56	78.78	>= 85	50 %
	Cancer: 62d (Screening Ref) %	87.50	100.00	76.92	82.61	100.00	>= 90	5 %
	Cancer: 62d (Con Upgrade) %	70.00	84.00	86.67	76.47	81.82	>= 85	5 %
Diagnostics	DM01: Diagnostic Waits %	99.56	99.72	99.49	99.59	99.29	>= 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 (%)	72.42	76.10	77.89	80.03	79.15	>= 92	100 %
	RTT: 52 Week Waits (Number)	74	38	27	8	3	>= 0	

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Safe

		Dec	Jan	Feb	Mar	Apr	Green	Weight
Incidents	Clinical Incidents: Total (#)	1,494	1,674	1,428	1,455	1,544		
	Serious Incidents (STEIS)	8	9	9	11	12		
	Harm Free Care: New Harms (%)	98.7	99.4	99.2	99.1	99.6	>= 98	20 %
	Falls (per 1,000 bed days)	5.69	5.02	5.51	5.10	5.96	>= 0 & <5	20 %
Infection	Cases of C.Diff (Cumulative)	32	36	38	42	8	<= Traj	40 %
	Cases of MRSA (per month)	0	0	1	0	0	>= 0 & <1	40 %
Mortality	HSMR (Index)	96	95	95			>= 0 & <90	35 %
	Crude Mortality NEL (per 1,000)	33.5	34.7	35.6	27.5	29.3	>= 0 & <27.1	10 %
Observations	VTE: Risk Assessment %	90.7	92.2	92.5	92.9	93.9	>= 95	20 %

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Well Led

		Dec	Jan	Feb	Mar	Apr	Green	Weight
Data Quality & Assurance	Uncoded Spells %	0.4	0.4	0.4	0.5	1.1	>= 0 & <0.25	25 %
Finance	Forecast £m	-41.8	-42.2	-42.2	-42.1	-36.6	>= 0	10 %
	Total Cost £m (Trust Only)	-53.0	-54.6	-54.2	-54.3	-54.6	>= 0	20 %
	Cash Balance £m	8.7	8.7	11.8	18.7	21.2	>= 5	20 %
	I&E £m (Trust Only)	-6.2	-3.2	-5.6	-2.9	-4.9	>= 0	30 %
Health & Safety	RIDDOR Reports (Number)	2	2	2	4	1	>= 0 & <3	20 %
Staffing	Agency %	7.3	8.4	9.0	9.3	7.5	>= 0 & <10	
	Bank Filled Hours vs Total Agency Hours	61	58	59	61	65		1 %
	Shifts Filled - Day (%)	95	98	96	96	100	>= 80	15 %
	Shifts Filled - Night (%)	104	106	105	106	107	>= 80	15 %
	Care Hours Per Patient Day (CHPPD)	12	11	11	12	12		
	Staff Turnover (%)	14.4	14.4	14.2	14.5	14.3	>= 0 & <10	15 %
	Vacancy (Monthly) %	11.1	10.7	10.0	9.8	9.0	>= 7	15 %
	Sickness (Monthly) %	4.0	4.5	4.4	4.2	4.7	>= 3.3 & <3.7	10 %
Training	Appraisal Rate (%)	79.6	80.3	81.0	80.4	80.9	>= 85	50 %
	Statutory Training (%)	96	98	97	98	102	>= 85	50 %

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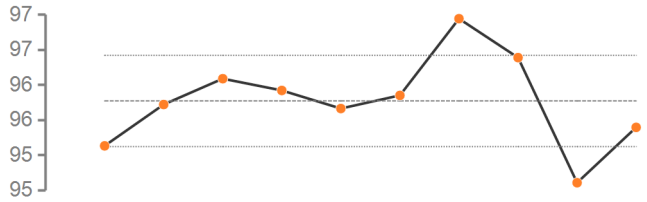
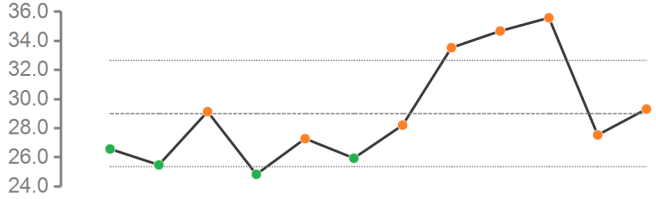
Strategic Theme: Patient Safety

Mortality

Apr	HSMR (Index)	96 (2.4%)		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.
Apr	Crude Mortality NEL (per 1,000)	28.9 (-9.0%)		"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:

There have been no significant changes in mortality indices. HSMR for the reporting period (March 2018 to February 2019) covered 88.9% of hospital deaths. Overall HSMR was lower in the recent winter period in comparison to the same winter period in 2017/2018.

Site differences in mortality indices follow the same pattern as before, the risk adjusted mortality index (RAMI) is lowest on the K&CH site (57.7) as would be expected on a non-acute site. RAMI is 89.9 for QEQMH for this reporting period and 99 at WHH.

Work continues with coding, of note the average number of coded diagnoses per finished consultant episode (FCE) is c. 5.5 on the K&CH and QEQMH sites but 4.7 on the WHH site. The overall average number per FCE for the Trust in comparison to peer remains lower (5.2 versus 5.9)

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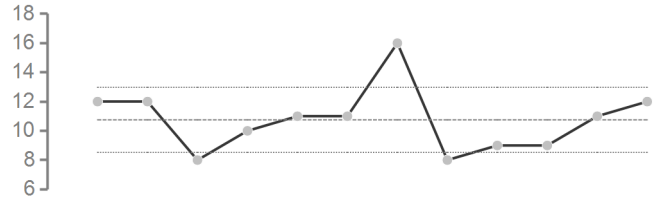
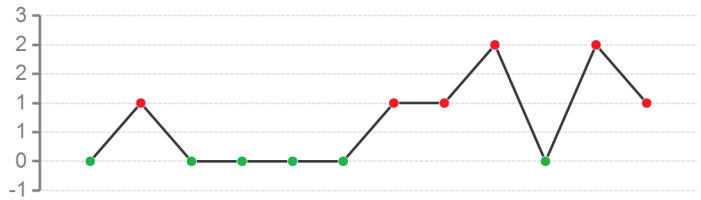
Strategic Theme: Patient Safety

Serious Incidents

Apr	Serious Incidents (STEIS)	129 (92.5%)		"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."
Apr	Never Events (STEIS)	8 (33.3%)		"Monthly number of Never Events. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."

Highlights and Actions:

During April 2019, 11 new Serious Incidents (SIs) were reported, 9 SIs closed and 2 SIs downgraded.

At the end of April 2019 there were 83 SIs open, of which 14 were breaching, 22 non-closure responses were required and 10 were awaiting a closure decision by the CCGs. The remaining 51 were within timeframes or extensions had been granted by the CCGs.

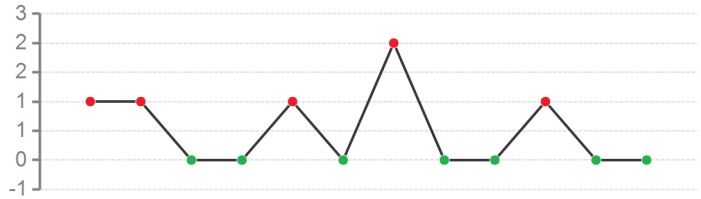
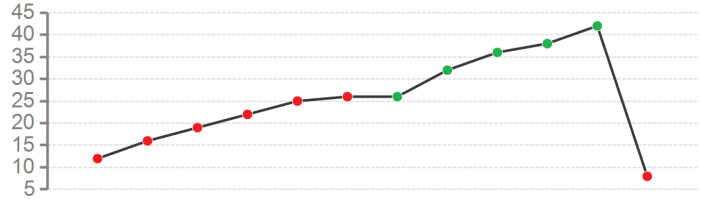
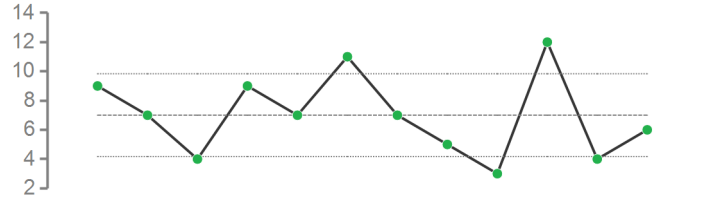
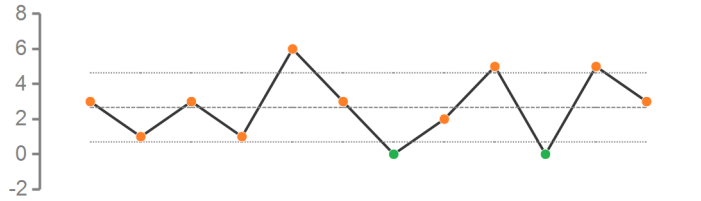
The weekly Executive led SI panel continue to support rigorous analysis of SIs and the development of improvement plans focused on systems and mitigation of Human Factors. The panel ensures the Care Groups are managing delays in investigations and responses to the CCGs.

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

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

Strategic Theme: Patient Safety

Infection Control

Apr	Cases of MRSA (per month)	6 (20.0%)		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.
Apr	Cases of C.Diff (Cumulative)	8 (-81.0%)		"Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Arrow represents YTD position with the % showing variance against the last month."
Apr	E. Coli	84 (7.7%)		"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."
Apr	MSSA	32 (-3.0%)		"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. This new financial year now brings both community onset and hospital onset C.difficile cases together in the monitoring and the trajectory set for both for the year is 95. The number recorded to date is in accordance with this trajectory.

MRSA

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

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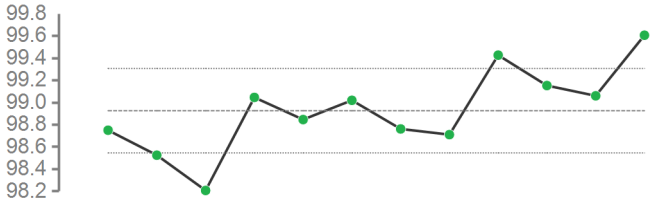
Strategic Theme: Patient Safety

Harm Free Care

Apr	Harm Free Care: New Harms (%)	98.9 (0.4%)		Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data.

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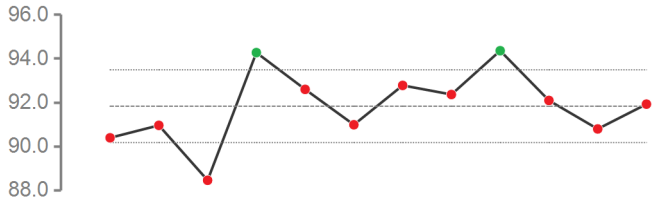
Strategic Theme: Patient Safety

Apr

Harm Free Care:All Harms (%)

91.8
(-0.4%)



"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 Apr-19 (91.93%) shows improvement since last month (90.80%) but remains below national average (93.76%). This is due to a higher than national average of patients admitted with pressure ulcers and catheter related urinary tract infections.
Actions include:

- The Trust wide Annual Pressure Ulcer audit, carried out Feb-19, shows a significant improvement in the completion of risk assessments. The full report is awaited and a trustwide action plan will be focused on improvement priorities.
- Ongoing Fall Stop training has been increased to target staff during Trust clinical induction programme. There is now a2019/2020 CQUIN (CCG7 Three High Impact Actions to prevent Hospital Falls).
- A Kent & Medway wide UTI pathway has been developed following publication of national guidance (PHE, NICE) and implementation will be focused to include roll out of the new catheter passport.

Harm Free Care experienced in our care (New Harms only) at 99.61% has improved since last month (99.06% Mar-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.

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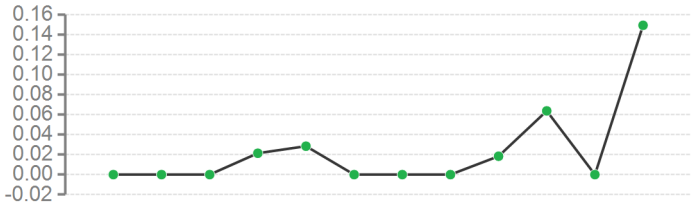
Strategic Theme: Patient Safety

Pressure Damage

Apr

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

0.01 (59.4%)



"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:

April 2019

There were a total of 49 category 2 and above hospital acquired pressure ulcers reported, 10 more than last month. 37 of these were category 2 ulcers an increase of 5. 30 of these were classed as low harm incidents and the lessons identified following investigation were lack of documented prevention strategies.26 were reported on the sacrum. Four on the heel. Five involved medical devices.

There were 5 confirmed category 3 pressure ulcers. 3 of these were identified as moderate harm and require further investigation. There was1 confirmed category 4 pressure ulcer on the neck caused by a Miami J collar at QEQM and an RCA is planned for this. However it should be noted that this ulcer is nearly healed on further review.

Seven potential deep ulcers were reported 1 more than last month. One of these was deemed moderate risk and requires an RCA. Four affected the sacrum however documentation was good in all cases. Two affected the heel and lacked evidence of heel offloading.

24 reported incidents were due to Moisture Associated Skin Damage

Actions:

- Frailty meeting took place involving Tissue Viability, Falls, Dementia and Nutrition leads to improve the frailty patient pathway. Event planned in September
- Training has taken place on areas of concern at WHH
- Bi-annual TV link nurse study took place with over 70 attendees
- ward based 'trolley dash' education session trust wide held by dressing companies to improve care of wounds
- Implemented pressure ulcer decision form to allow for more robust investigations of all hospital acquired pressure ulcers

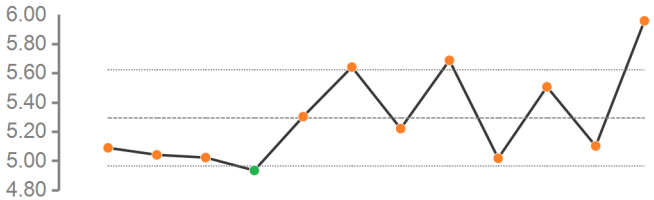
Recommendations:

- To alter SKINS and repositioning regime to make documentation easier for staff to complete
- 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
- Improve communication between community to facilitate more efficient and safe transfer of care and patient pathways
- Reduce all reported pressure ulcers by 10% on all metrics
- Review datixs reported by KCHFT to look for trends of particular wards of con

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Falls

Apr	Falls (per 1,000 bed days)	5.30 (-5.1%)		"Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Highlights and Actions:

Falls incidents have increased significantly in April. There were a total of 199 patient falls (177 in March) including 51 at K&CH (the rate has reduced in April to 7.06 from 7.39), 51 at QEQMH (the rate has increased to 4.00 from 3.63) and most significantly, 96 at WHH (the rate has increased to 6.34 from 4.86). The overall rate has increased to 5.68 from 4.95 per 1000 bed days.

QEQM of note:
An avoidable hip fracture on Quex.

K&CH of note:
8 falls on Harbledown (one patient fell 2 times, one patient fell 3 times).
12 falls on Kingston (one patient fell 3 times and 1 patient fell 2 times). There was one avoidable hip fracture.

WHH of note:
8 falls on Kings C2 (2 patients fell 2 times).
12 falls occurred on Cambridge J (4 patients fell 2 times).
9 falls on AMUB
1 fall on AMU A resulted in an avoidable hip and wrist fracture.

All avoidable fracture incidents are being investigated.
All patients who had more than one fall were assessed by the Falls Team and measures put in place to prevent falls.

A small gap analysis audit is being undertaken to measure actual falls versus reported falls. This is nearing completion and is demonstrating that there is an excellent reporting culture around falls.

New low level beds with integrated sensor alarms are going to be trialled with a plan to purchase more beds with these safety features. Specifications are currently under discussion.

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 walking aids. An audit has be undertaken to measure current practice of these actions, to enable an action plan to address the CQUIN targets, to include therapies and pharmacy. Additional fall practitioner posts (see below) would enable this action plan to be implemented successfully as the Falls Team have minimal time resource to address actions.

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 has been declined but will be resubmitted.

Risks: The Falls Team have a current risk due to long term sick leave. This impacts negatively the ward support provided and implementation of FallStop at the current time. The impact of this has been noted in April at WHH. It has also negatively impacted on the time available to the rest of the team to support wards and training is not currently being provided.

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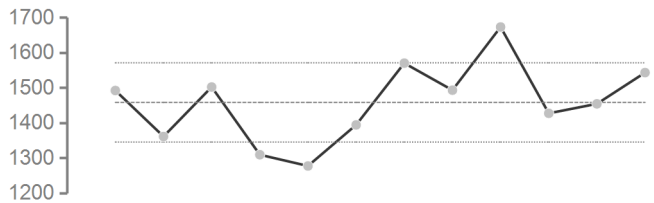
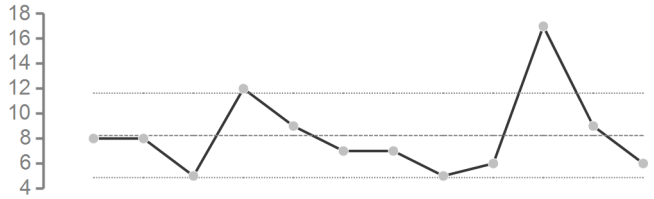
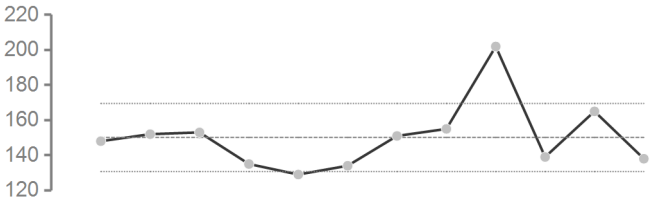
Strategic Theme: Patient Safety

Incidents

Apr	Clinical Incidents: Total (#)	17,507 (6.5%)		"Number of Total Clinical Incidents reported, recorded on Datix.
Apr	Blood Transfusion Incidents	99 (-33.1%)		"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."
Apr	Medicines Mgmt. Incidents	1,801 (6.6%)		"The number of medicine management issues sourced from Datix. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."

Strategic Theme: Patient Safety

Highlights and Actions:

A total of 1498 clinical incidents have been logged as occurring in Apr-19 compared with 1453 recorded for Mar-19 and 1340 in Apr-18.
In Apr-19, 12 incidents have been reported on StEIS. Nine serious near miss incidents have been reported. Comparison of moderate harm incidents reported: 24 in Apr-19 and 14 in Mar-19, and 6 in Apr-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 – April 2019

As of 16/05/2019 the total number of medication related incidents reported in April 2019 was 136. These included 85 no harm, 46 low harm and 5 moderate harm incident. The severity of medication related incidents reported in April 2019 shows that 62.5% of medication related incidents reported were no harm incidents. There was no medication related incident reported in April 2019 that required RCA investigation or incidents sTEIS reported.
There were 33 incidents in April 2019 categorised as 'omitted medicine/ingredient', representing 24.3% of all medication related incidents reported in April. The data produced by the Medication Safety Thermometer in April 2019 was taken from 27 wards across the sites, and has shown that the percentage of patients with an omitted dose of medication was 26.8% and the percentage of patients with a missed critical medicine was 8.8% in April.
There have been a range of Medication Safety posters that have been produced and displayed highlighting the current medication safety issues such as the prescribing of penicillin containing antibiotics to penicillin allergic patients and the warning against prescribing enoxaparin with a Direct Oral Anticoagulant. The Medication Safety Group are working on a Medicine Patch Rotation Chart to reduce the risk of leaving medicine patches on patients. An update on the progress with insulin safety will be produced for the Insulin Safety Week campaign next week.

Blood transfusion (submitted by the Blood Transfusion Coordinator)
There were 6 Blood Transfusion related incidents in April 2019 (9 in March 2019 and 8 in April 2018).

Of the 4 incidents 2 were graded as no harm and 4 as low harm.

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

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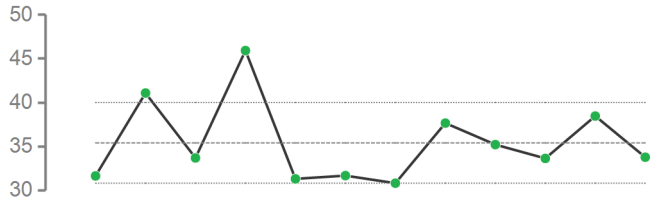
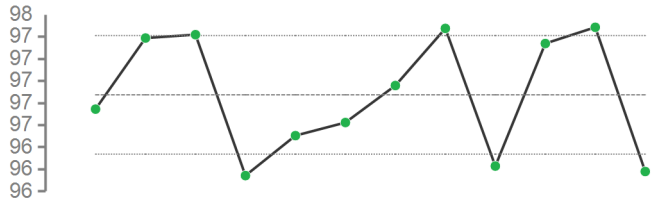
Strategic Theme: Patient Safety

Friends & Family Test

Apr	IP FFT: Response Rate (%)	35 (0.3%)		"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."
Apr	IP FFT: Recommend (%)	97 (0.2%)		

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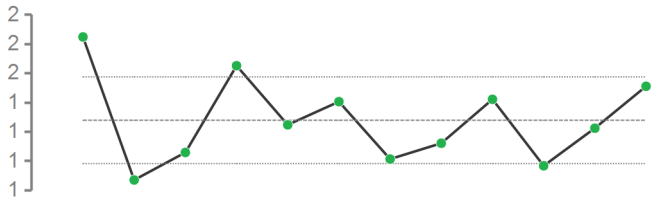
Strategic Theme: Patient Safety

Apr

IP FFT: Not Recommend (%)

1.3
(-14.3%)



"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 5294 responses were received. Overall response rates improved in our maternity units and fell in ED, inpatients and day cases. Response rate for the EDs was 16.23% (17.6% Mar-19), inpatients 33.77% (38.4% Mar-19), maternity; birth only 33.19% (21.1% Mar-19) and day cases 26.06% (29.1% Mar-19).

The Trust star rating in April is 4.54 (4.53 Mar-19). 89.3% of responders would recommend us to their friends and family and 6.5% would not. Recommendations by patients improved in outpatients but fell slightly in inpatients, ED and maternity. Inpatients, including paediatrics, who would recommend our services 96.18% (97.4% Mar-19), EDs 78.7% (81.8% Mar-19), maternity 98.7% (100% Mar-19), outpatients 91.8% (91.5% Mar-19) and day cases 94.57% (94.8% Mar-19).

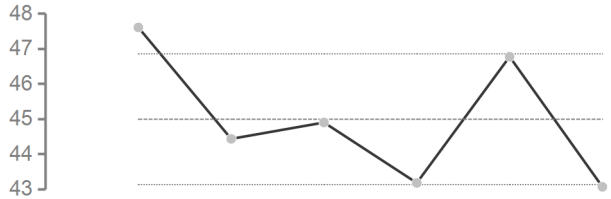
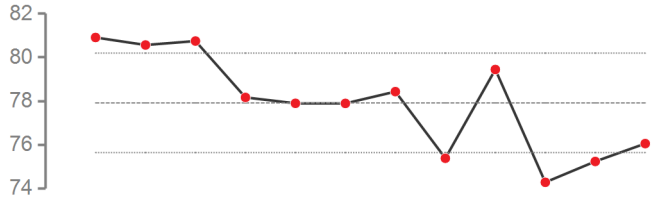
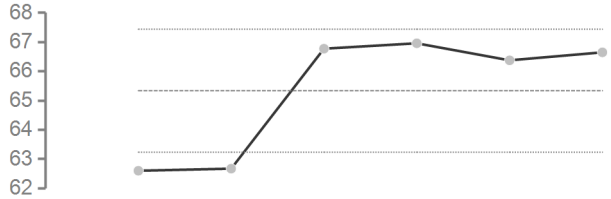
Care, Staff attitude and Implementation of care are the three top positive themes for Apr-19. The three top negative themes for the trust were Care, waiting times and Staff Attitude demonstrating the importance of good patient communication with a positive staff attitude and improving patient waiting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

Apr	IP Survey: Overall, did you get the care that matters to you?	44.6		Inpatient Survey: Patients views on if they got the overall care that mattered to them as a %
Apr	IP Survey: Are you aware of which nurse is in charge of your care each shift? (%)	78 (-0.6%)		IP Survey: Are you aware of nurse in charge of your care each shift? (%)
Apr	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 2958 completed inpatient surveys, an increase from 2616 last month.

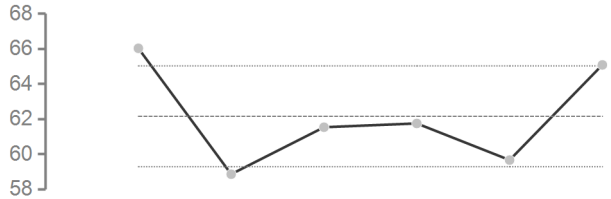
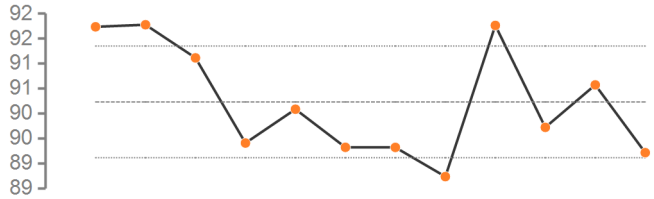
New questions were added into the survey in Nov-18 to enable close monitoring of four key areas where our performance in the 2017 national inpatient survey (published in May-18) was below the national average. Baseline performance in patients getting the care that matters to them, ensuring patients are 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 an improvement is seen in three out of four of these important elements of patient experience. This local survey supports our improvement priorities, with progress monitored through the Patient Experience Committee.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Patient Experience 2

Apr	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?"
Apr	Cleanliness %	90 (-0.1%)		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.

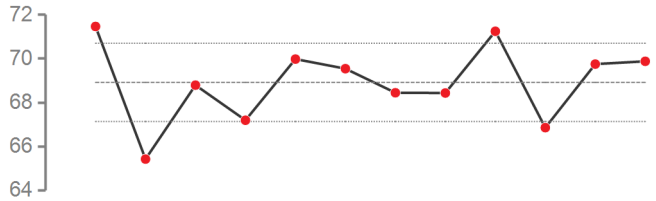
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Apr

Hospital Food? %

69
(-1.2%)



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.

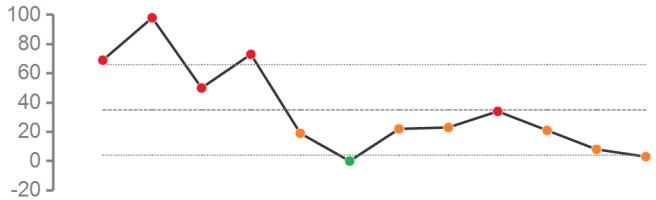
Highlights and Actions:

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Mixed Sex

Apr	Mixed Sex Breaches	420 (-64.3%)		"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 7 mixed sex accommodation occurrences in total, affecting 79 patients.

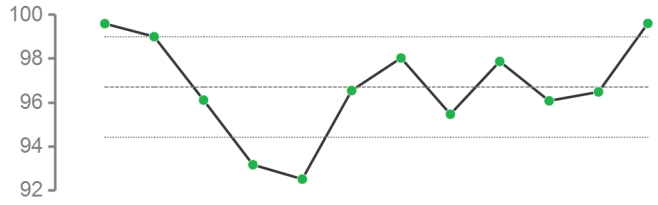
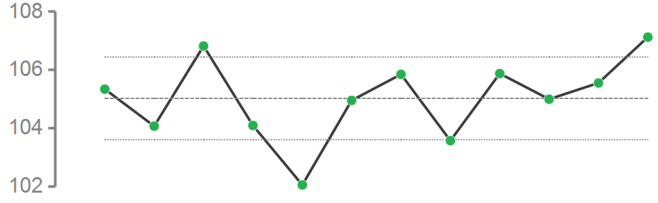
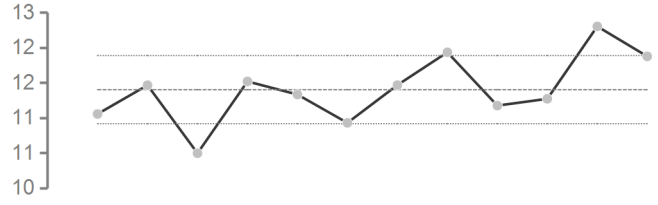
Incidence of mixed sex accommodation breaches has decreased with 1 non-justifiable occurrence, affecting 3 patients, within the WHH AMU B linked to flow (1). The remaining incidents occurred in WHH CCU (5) and QEQM Fordwich (1), which were justifiable based on clinical need. This information has been reported to NHS England.

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

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Safe Staffing

Apr	Shifts Filled - Day (%)	97 (-1.8%)		Percentage of RCN and HCA shifts filled on wards during the day (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Apr	Shifts Filled - Night (%)	105 (-1.5%)		Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.
Apr	Care Hours Per Patient Day (CHPPD)	11 (-1.8%)		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.

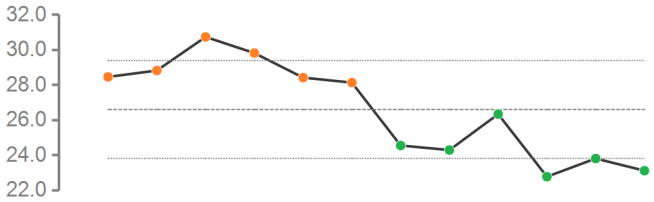
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Patient Safety

Apr

Midwife:Birth Ratio (%)

26.6
(-6.4%)



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

Highlights and Actions:

Percentage fill of planned (funded establishment) and actual (filled shifts) by hours is required to be reported monthly by registered nurse and care staff, by day and by night, in line with National Quality Board expectations. Reported data is derived from the Healthroster system which shows an average overall fill rate of102.9% compared to 99.7% in Mar-19.

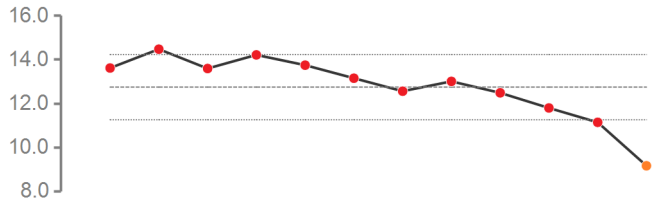
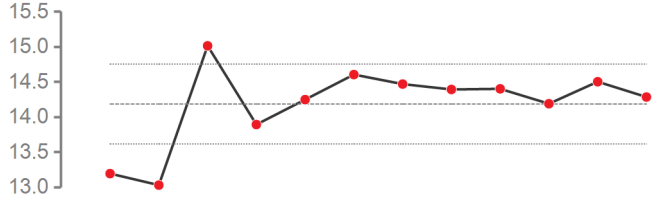
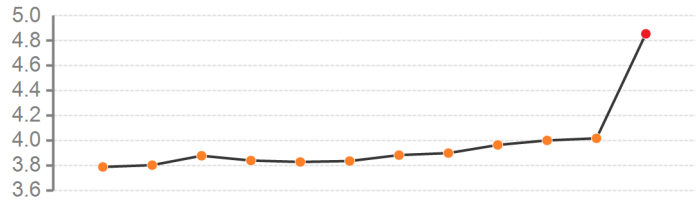
Care Hours per patient day (CHPPD) relates actual staffing to patient numbers and includes registered staff and care staff hours against the cumulative total of patients on the ward at 23.59hrs each day during the month. CHPPD is similar to Mar-19 and within the control limits. The range is from around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

Apr	Vacancy (12 Monthly Avg) %	12.8		"% 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."
Apr	Staff Turnover (%)	14.2 (7.2%)		"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."
Apr	Sickness (12 Monthly Avg) %	3.9		% 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

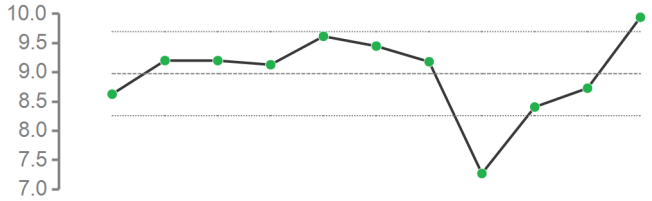
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Human Resources

Apr

Overtime %

9.0
(3.1%)



% of Employee's that claim overtime.

Highlights and Actions:

Gaps and Overtime

The vacancy rate decreased to 12.8% (last month 13.1%) for the average of the last 12 months, which is an improvement on last month but higher than last year. However, the monthly rate continued its downward trend to 7.99% (down from 8.16%). There are currently approximately 630 WTE vacancies across the Trust (640 WTE last month). More work is being undertaken to target hard to fill vacancies, particularly within nursing and Medical specialties. There are approximately420WTE candidates in the recruitment pipeline - i.e. those who have been offered positions and are gaining pre-employment clearances. This includes approximately217 Nursing and Midwifery staff (including ODPs) and 89 Medical and Dental staff. For information,59 WTE New Qualified Nurses have also been appointed.

The Turnover rate in month decreased to 11.8% (last month 12.0%), and the 12 month average increased to 14.2% (14.1% last month). Focus remains on hard to recruit roles to replace agency, but also to identify new ways and methods of attracting to hard to recruit roles. Exit data is reviewed to highlight any areas of concern. Turnover remains highest in Urgent & Emergency Care at 15.5%.

The in month sickness absence position for March was 4.16% - which is an decrease from4.39% in February. The 12 month average remains 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 8.5% to approximately 10.0%, and is above the average for the last 12 months. As a result of this, the average over the last 12 months increased to 9.0% from 8.9% last month. All metrics are reviewed and challenged at a Care Group level in the monthly Executive Performance Reviews.

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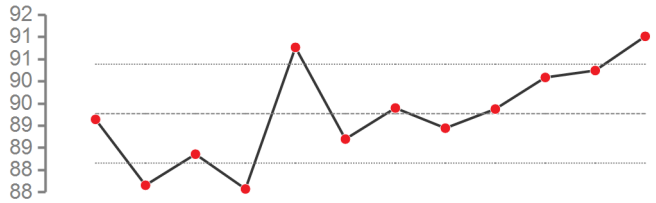
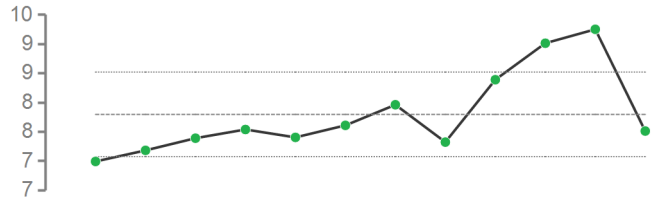
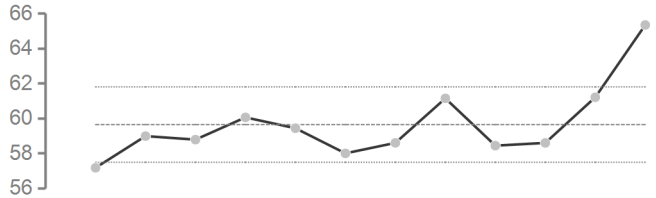
Strategic Theme: Human Resources

Temporary Staff

Apr	Employed vs Temporary Staff (%)	89.3 (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."
Apr	Agency %	7.8 (22.7%)		% of temporary (Agency and Bank) staff of the total WTE
Apr	Bank Filled Hours vs Total Agency Hours	60 (3.0%)		% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff

Highlights and Actions:

Temporary Staff

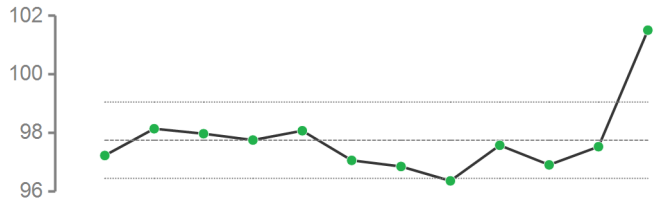
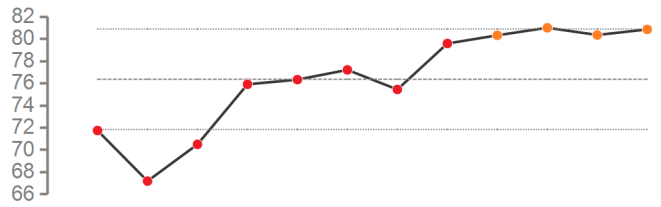
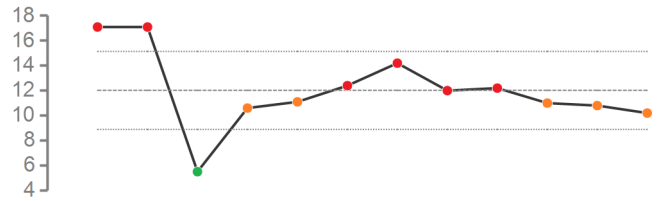
Total staff in post (WTE) increased in April to 7282.99 (up from 7215.90 WTE in March), which left a vacancy factor of approx. 632 wte across the Trust (640 WTE in March and 724 WTE in February).

The average percentage of employed staff vs temporary staff over the last12 months increased to 89.3% (89.2% last month), and remains an improvement over the previous 12 months. As a result of this, the percentage of agency staff of the total WTE for the Trust decreased to approximately8%, fro almost 10% in the previous month. This was also partly as a result of an increase in Bank filled hours against total agency hours.

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

Strategic Theme: Human Resources

Workforce & Culture

Apr	Statutory Training (%)	98 (0.4%)		"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. "
Apr	Appraisal Rate (%)	76.4 (-5.0%)		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.
Apr	Time to Recruit	12 (-10.5%)		"Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."

Highlights and Actions:

Workforce & Culture

Average Statutory training 12 month compliance remains on an upwards trajectory, and increased to 92% in month for April (91% in 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 increased to81% in month for April (80% in March), with Surgery & Anaesthetics achieving 90% compliance and Cancer Services achieving 89% compliance. 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 10 weeks, which is an improvement on last month, and an improvement on the previous 12 months. The 12 month average time to recruit was 12 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

Apr

	Apr-19				YTD				YTD vs Last Yr				
	Activity	Plan	Var #	Var %	Activity	Plan	Var #	Var %	Activity	Last Yr	Var #	Var %	Green
Referral Primary Care	13,980	14,485	(-505)	-3%	13,980	14,485	(-505)	-3%	13,980	14,326	(-346)	-2%	<=0%
Referral Non-Primary Care	13,979	14,113	(-134)	-1%	13,979	14,113	(-134)	-1%	13,979	14,251	(-272)	-2%	<=0%
OP New	16,978	15,241	1,737	11%	16,978	15,241	1,737	11%	16,978	16,248	730	4%	>=0%
OP Follow Up	37,299	36,138	1,161	3%	37,299	36,138	1,161	3%	37,299	37,221	78	0%	>=0%
Elective Daycase	6,090	6,077	13	0%	6,090	6,077	13	0%	6,090	6,272	(-182)	-3%	>=0%
Elective Inpatient	1,079	1,317	(-238)	-18%	1,079	1,317	(-238)	-18%	1,079	1,140	(-61)	-5%	>=0%
A&E	19,067	17,484	1,583	9%	19,067	17,484	1,583	9%	19,067	17,440	1,627	9%	>=0 & <5%
Non-Elective Inpatient	7,313	6,449	864	13%	7,313	6,449	864	13%	7,313	6,580	733	11%	>=0 & <5%
Chemotherapy	1,160	1,179	(-19)	-2%	1,160	1,179	(-19)	-2%	1,160	1,142	18	2%	>=0%
Critical Care	925	782	143	18%	925	782	143	18%	925	2,626	(-1,701)	-65%	>=0%
Dialysis													
Maternity Pathway	1,031	1,117	(-86)	-8%	1,031	1,117	(-86)	-8%	1,031	1,077	(-46)	-4%	>=0%
Pre-Op Assessments	3,054	3,414	(-360)	-11%	3,054	3,414	(-360)	-11%	3,054	3,226	(-172)	-5%	>=0%
Diagnostic	471,833	460,439	11,394	2%	471,833	460,439	11,394	2%	471,833	453,759	18,074	4%	<=0%
Other	4,710	5,172	(-462)	-9%	4,710	5,172	(-462)	-9%	4,710	5,006	(-296)	-6%	>=0%

East Kent Hospitals University NHS Foundation Trust

April 2019

Summary Performance

Elective Care

In April Primary Care referrals were 3% (-505) below planned levels. Non Primary Care referrals were also below expected levels by 1% (-134) in month.

The Trust achieved the new outpatient plan in April with appointments 11% above planned levels. Some underperformances were seen in the Gastroenterology service (-115) Ear, Nose and Throat (-112) and Neurology (-105).

The Trust over-performed the Follow up plan in April by 3%. Ophthalmology (-284), Community Paediatrics (-205) and Community Paediatric Neuro Disability (-171) saw some underperformed against the business plan.

Daycase admissions hit plan and delivered in April, Elective Admissions are 18% below plan with General Medicine (-100) and Trauma and Orthopaedics (-62) contributing to the largest underperformance.

Daycase and Elective productivity delivered in April allowed the Trust to clear 157 patients from the Elective waiting list.

Summary Issues, actions and timescales:

<u>Issue</u>

- Capacity plan not meeting contract or demand in Gastroenterology, ENT and Neurology.
- Elective admissions are below plan in General Medicine and Trauma and Orthopaedics.
- 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). *Completed.*
- Specific improvement plans to be in place to deliver agreed pathways and capacity (April 2019). *Ophthalmology and Dermatology improvement plans are being developed.*
- OPD improvement plan developed (May 2019). *In progress and on schedule to meet timescale.*
- Training tree with specific tools to be implemented (May 2019). *In progress and with recommendations on schedule to meet timescale.*
- Gastroenterology full service review and improvement plan are in development. (June 2019)
- Identify additional capacity in ENT and Neurology – (May 2019)

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YTD Exception Reporting: Top 10 Outliers

Referral Primary Care

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	971	1,461	-34%	-490
130 - Ophthalmology	1,067	1,302	-18%	-235
101 - Urology	555	774	-28%	-219
420 - Paediatrics	431	558	-23%	-127
103 - Breast Surgery	628	715	-12%	-87
120 - Ear, Nose & Throat	902	986	-9%	-84
330 - Dermatology	1,120	1,204	-7%	-84
400 - Neurology	412	337	22%	75
340 - Respiratory Medicine	544	307	77%	237
110 - Trauma & Orthopaedics	990	748	32%	242
Total	**13,980**	**14,485**	**-3%**	**-505**

Referral Non-Primary Care

Specialty	Activity	Plan	Var (%)	Significance
320 - Cardiology	1,685	2,852	-41%	-1,167
430 - HCOOP	107	287	-63%	-180
650 - Physiotherapy	999	1,126	-11%	-127
110 - Trauma & Orthopaedics	1,814	1,927	-6%	-113
651 - Occupational Therapy	122	219	-44%	-97
100 - General Surgery	416	255	63%	161
800 - Clinical Oncology	1,106	928	19%	178
130 - Ophthalmology	1,326	1,106	20%	220
502 - Gynaecology	844	581	45%	263
340 - Respiratory Medicine	778	202	284%	576
Total	**13,979**	**14,113**	**-1%**	**-134**

OP New

Specialty	Activity	Plan	Var (%)	Significance
301 - Gastroenterology	473	588	-20%	-115
120 - Ear, Nose & Throat	1,006	1,118	-10%	-112
400 - Neurology	504	609	-17%	-105
420 - Paediatrics	663	558	19%	105
100 - General Surgery	450	331	36%	119
502 - Gynaecology	1,246	1,022	22%	224
110 - Trauma & Orthopaedics	1,263	1,004	26%	259
330 - Dermatology	1,084	810	34%	274
104 - Colorectal Surgery	798	515	55%	283
130 - Ophthalmology	1,525	1,091	40%	434
Total	**16,978**	**15,241**	**11%**	**1,737**

OP Follow Up

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	3,934	4,218	-7%	-284
290 - Community Paediatrics	1,681	1,886	-11%	-205
291 - Community Paediatric Neuro-Disa	389	560	-31%	-171
800 - Clinical Oncology	3,657	3,508	4%	149
301 - Gastroenterology	1,190	1,013	17%	177
410 - Rheumatology	820	627	31%	193
502 - Gynaecology	1,301	1,086	20%	215
140 - Maxillo Facial	887	670	32%	217
330 - Dermatology	1,690	1,452	16%	238
655 - Orthoptics	762	245	211%	517
Total	**37,299**	**36,138**	**3%**	**1,161**

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Elective Daycase

Specialty	Activity	Plan	Var (%)	Significance
130 - Ophthalmology	291	469	-38%	-178
300 - General Medicine	1,550	1,671	-7%	-121
140 - Maxillo Facial	186	261	-29%	-75
340 - Respiratory Medicine	73	127	-42%	-54
330 - Dermatology	204	248	-18%	-44
800 - Clinical Oncology	573	501	14%	72
303 - Clinical Haematology	356	282	26%	74
101 - Urology	735	643	14%	92
301 - Gastroenterology	172	70	146%	102
410 - Rheumatology	124	10	1097%	114
Total	**6,090**	**6,077**	**0%**	**13**

Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
300 - General Medicine	87	187	-53%	-100
110 - Trauma & Orthopaedics	274	336	-18%	-62
502 - Gynaecology	74	101	-26%	-27
100 - General Surgery	80	106	-25%	-26
101 - Urology	220	244	-10%	-24
120 - Ear, Nose & Throat	38	60	-37%	-22
140 - Maxillo Facial	18	31	-42%	-13
501 - Obstetrics	9	0		9
811 - Interventional Radiology	22	10	126%	12
420 - Paediatrics	36	22	66%	14
Total	**1,079**	**1,317**	**-18%**	**-238**

Non-Elective Inpatient

Specialty	Activity	Plan	Var (%)	Significance
420 - Paediatrics	692	760	-9%	-68
300 - General Medicine	1,898	1,965	-3%	-67
560 - Midwifery	148	208	-29%	-60
340 - Respiratory Medicine	44	98	-55%	-54
320 - Cardiology	156	200	-22%	-44
501 - Obstetrics	388	420	-8%	-32
110 - Trauma & Orthopaedics	316	346	-9%	-30
100 - General Surgery	578	556	4%	22
101 - Urology	377	355	6%	22
180 - Accident & Emergency	1,381	173	700%	1,208
Total	**7,313**	**6,449**	**13%**	**864**

Other

Specialty	Activity	Plan	Var (%)	Significance
Diagnostic	471833	460439	2%	11,394
A&E	19067	17484	9%	1,583
Other	4710	5172	-9%	-462
Pre-Op	3054	3414	-11%	-360
Critical Care	925	782	18%	143
Maternity Pathway	1031	1117	-8%	-86
Chemotherapy	1160	1179	-2%	-19
Dialysis				

East Kent Hospitals University NHS Foundation Trust

4 Hour Emergency Access Standard

Key Performance Indicators

77.13%

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Green
4 Hour Compliance (EKHUFT Sites) %	80.80%	82.55%	79.18%	80.04%	77.15%	80.89%	81.74%	79.36%	74.20%	73.85%	78.23%	77.13%	95%
4 Hour Compliance (inc KCHFT MIUs)	83.95%	85.67%	82.95%	83.52%	81.02%	83.88%	84.50%	82.25%	77.93%	77.56%	81.53%	80.54%	95%
12 Hour Trolley Waits	0	0	0	0	0	0	0	0	0	0	0	0	0
Left without being seen	2.39%	2.05%	2.75%	2.44%	3.52%	3.09%	2.77%	3.03%	3.02%	3.56%	3.67%	4.03%	<5%
Unplanned Reattenders	9.12%	9.31%	9.84%	9.91%	10.23%	9.82%	9.56%	9.46%	9.59%	9.82%	9.83%	10.70%	<5%
Time to initial assessment (15 mins)	95.3%	92.8%	94.4%	91.4%	72.8%	71.4%	70.9%	65.0%	66.3%	66.3%	65.6%	66.9%	90%
% Time to Treatment (60 Mins)	49.5%	51.7%	42.7%	48.1%	45.7%	50.7%	52.7%	48.7%	50.5%	47.9%	44.9%	44.0%	50%

2019/20 Trajectory (NHSI return)

0.72 %

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Green
Trajectory	76.4%	81.9%	85.6%	84.2%	86.6%	85.3%	89.7%	92.1%	91.0%	84.9%	87.5%	86.2%	
Performance	77.1%												

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

Summary Performance

April performance for the organisation against the 4 hour target was 77.13% (EKHUFT sites only); against the NHS Improvement trajectory of 76.4%. This represents a 1% decrease in performance compared to the previous month (78.2%). Compliance including KCHFT MIUs reported at 80.54%. There were no 12 Hour Trolley Waits in April.

The total number of patients remains above trajectory spikes in attendance are seen across the week.

The proportion of patients who left the department without being seen was 4.03%. The unplanned re-attendance position is high at 10.7%. Time to treatment within 60 minutes remained below 50% at 44%. The main reason for A&E breaches were delayed to being seen/waiting medical bed (65%).

The Emergency Departments have continued to be challenged due to poor patient flow compounded by a low discharge profile across all sites. The significant reduction in external capacity has continued into April. This has resulted in patients who require a supported discharge being delayed in hospital. The capacity identified does not meet the needs and changing acuity of our patients. A consequence of this is patients who require an emergency admission are delayed in ED, leading to a poor patient experience and at times of high demand, an increased risk of overcrowding in ED.

The Trust has over 100 patients who are waiting for a supported discharge and 90+ patients recorded as delayed transfers of care. Kent and Canterbury Hospital has the greatest proportion of delayed transfers of care recorded and length of stay patients >104 days and >21 days.

ED staff have continue to implement their improvement plan, which includes a staff development programme and workforce plan. The challenges with agency staff availability and short notice cancellations can challenge the skill mix, particularly at night, and is being activity managed at Executive level.

The numbers of patients being streamed through the observation wards at QEQM and WHH is improving.

A referral approach with system partners with a focus on length of stay patients is in progress.

Issue

- Increased presentations to ED – +9% (1583 above plan)
- Increased emergency admissions – +13% (864 above plan)
- Short notice cancellations or vacancies on nursing rota
- Senior decision making earlier in the patient pathway
- Late afternoon and night time breaches
- Skill mix/leadership overnight remains a challenge
- High number of delayed transfers of care

- High cohort of long length of stay patients at Kent and Canterbury

Action and timescale

- To continue to implement and embed use of observation bays 24/7.
- Improve early decision making to get flow earlier in the day.
- Daily East Kent Chief Operating Officer DTOC conference calls are in place to drive reductions in length of stay and delayed transfers of care
- Continue to work with the ART team to prioritising streaming to Primary Care stream in ED. (immediately and ongoing)
- ED leadership team to continue to implement the ED Improvement Plan, which includes ED coordination training. (immediately and ongoing)

East Kent Hospitals University NHS Foundation Trust

Cancer Compliance

Key Performance Indicators

78.78 %

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Green
62 Day Treatments	65.11%	64.88%	65.38%	65.79%	68.84%	75.85%	70.95%	82.08%	68.21%	76.88%	81.56%	78.78%	>=85%
>104 day breaches	31	34	36	24	12	9	4	8	10	8	7	10	0
Demand: 2ww Refs	3,406	3,243	3,204	3,100	2,874	3,483	3,307	2,656	3,414	3,228	3,322	3,210	3043 - 3364
2ww Compliance	93.80%	94.20%	94.97%	93.64%	91.08%	83.43%	93.29%	96.73%	96.52%	98.31%	97.87%	97.71%	>=93%
Symptomatic Breast	84.35%	94.12%	93.13%	84.17%	94.39%	68.46%	83.33%	95.00%	97.22%	98.31%	92.76%	93.64%	>=93%
31 Day First Treatment	96.21%	96.25%	95.52%	95.41%	97.50%	97.40%	97.07%	97.66%	95.63%	97.73%	96.06%	97.19%	>=96%
31 Day Subsequent Surgery	78.95%	82.22%	94.44%	95.56%	96.00%	93.33%	100.00%	97.22%	97.78%	96.49%	94.74%	81.63%	>=94%
31 Day Subsequent Drug	98.84%	99.03%	99.15%	98.96%	97.75%	99.19%	98.06%	98.85%	98.28%	97.27%	100.00%	100.00%	>=98%
62 Day Screening	82.93%	100.00%	80.00%	93.94%	87.76%	87.50%	85.71%	87.50%	100.00%	76.92%	82.61%	100.00%	>=90%
62 Day Upgrades	70.00%	80.65%	84.62%	95.24%	72.73%	80.77%	90.00%	70.00%	84.00%	86.67%	76.47%	81.82%	>=85%

2018/2019 Trajectory

-6.74 %

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Green
STF Trajectory	85.52%	85.71%	85.33%	85.96%	86.31%	85.97%	85.71%	86.19%	86.06%	85.71%	85.51%	85.65%	Apr
Performance	78.78%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	Apr

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.

The Trust is on target to meet 5 of the 8 reportable constitutional standards, subject to validation.

East Kent Hospitals University NHS Foundation Trust

62 Day Performance Breakdown by Tumour Site

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
01 - Breast	96.2%	95.5%	93.8%	80.8%	89.2%	73.9%	72.4%	89.2%	67.4%	84.3%	86.0%	88.9%
03 - Lung	84.8%	76.5%	70.8%	72.3%	57.1%	52.2%	59.4%	93.5%	64.5%	81.8%	93.3%	59.5%
04 - Haematological	25.0%	50.0%	70.6%	13.3%	63.2%	50.0%	71.4%	75.0%	38.5%	33.3%	62.5%	70.0%
06 - Upper GI	66.7%	78.6%	90.3%	66.7%	59.1%	70.6%	64.7%	100.0%	61.1%	75.0%	60.9%	77.8%
07 - Lower GI	48.8%	63.4%	68.3%	75.0%	65.0%	84.8%	41.4%	57.1%	62.9%	73.8%	64.7%	61.5%
08 - Skin	89.5%	97.1%	97.8%	97.1%	100.0%	100.0%	91.7%	96.7%	94.9%	98.2%	100.0%	95.7%
09 - Gynaecological	34.8%	42.1%	52.0%	72.7%	84.0%	69.7%	100.0%	80.0%	80.0%	71.4%	76.5%	80.0%
10 - Brain & Nervous System					100.0%							
11 - Urological	51.7%	38.8%	39.4%	51.5%	52.1%	70.5%	67.8%	78.4%	64.8%	81.1%	76.2%	85.5%
13 - Head & Neck	45.0%	93.3%	60.0%	60.0%	56.3%	100.0%	50.0%	85.7%	52.4%	42.1%	92.6%	40.0%
14 - Sarcoma	0.0%	100.0%	0.0%			100.0%		100.0%	50.0%	50.0%		100.0%
15 - Other		40.0%	100.0%	50.0%	66.7%	0.0%		33.3%	0.0%	40.0%	25.0%	66.7%

Summary Performance

April 62 day performance is currently 78.78% against the improvement trajectory of 85.52%, validation continues until the beginning of June in line with the national time table. The total number of patients on an active cancer pathway at the end of the month was 2,473 and there were 10 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 has been shared with NHSI. The Improvement Plan is being updated for 2019/20 to incorporate ongoing and new actions.

The improvement with 2ww performance has continued. The practice of early patient contact within 48 hours to agree their appointment has become embedded and sustained.

A deep dive has been held with urology services in month by NHSI/E seeking to understand improvements following the Trust receiving additional funding for this service.

The daily reviews of 2ww and 73+ day patients is continuing and enabling director level escalations and actions to be progressed and this has included escalation to the Chief Operating Officer and CEO of tertiary providers.

There are consultant oncology vacancies and some convoluted pathways in breast screening which has compromised delivery in month on 31 day subsequent surgery.

There were 10 patients waiting over 104 days for diagnosis and/or commencement of treatment. Care Groups have carried out potential harm reviews and assurance can be provided that no harms have been reported. Validation will continue until mid-June. 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.

Issue

- Breaching 62 days (Lung and Head and Neck reported the lowest compliance and compromised performance in-month). These are very complex pathways.
- Increase in the number of 104 day patients in month.
- Breast screening breaches compromising 31 day subsequent surgery.

Action and timescale

- The actions to reduce >62 day breaches is improving waiting times. This will continue with Director level review (end of May 2019). *(Progressing to timescale)*
- Director level contacts at tertiary centres to reduce >104 day patients (end of May 2019) by the Chief Operating Officer.
- Review breast screening cancer pathway has been reviewed and timed pathways are being agreed.

East Kent Hospitals University NHS Foundation Trust

18 Week Referral to Treatment Standard

Key Performance Indicators

79.15 %

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Green
Performance	78.56%	79.02%	79.65%	79.06%	76.27%	74.88%	72.16%	72.42%	76.10%	77.89%	80.03%	79.15%	>=92%
52w+	218	201	167	125	129	120	102	74	38	27	8	3	0
Waiting list Size	54,964	53,411	53,193	53,552	54,712	55,607	54,492	53,169	50,134	48,743	48,695	45,867	<38,938
Backlog Size	11,785	11,207	10,824	11,212	12,983	13,966	15,170	14,662	11,984	10,776	9,723	9,564	<2,178

2018/2019 Trajectory

1.15 %

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Green
Performance Trajectory	78.00%	79.00%	80.00%	80.00%	78.00%	80.00%	81.00%	82.00%	79.00%	80.00%	81.00%	82.00%	87%
Performance	79.15%												

3

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

The RTT Improvement Plan is being refreshed to continue to improve performance during 19/20 with a focus on reducing waiting times, efficient use of outpatient clinic capacity and eliminating 52 week waits.

During April the Care Groups have focussed on outpatient productivity and ensuring outpatient activity is accurately cashed up. Although performance has dropped by just under 1% in month the total waiting list size and backlog have dropped by 9,097 and 2,221 since May 2019.

A validation exercise took place and the overall size of the waiting list reduced by 2,828 (in month) and by 9,097 year to date. The waiting list size reported at 45,867 for April 2019, the overall backlog position has reduced to 9,564.

The number of patients waiting over 52 weeks for treatment has reduced to 3 and with all Care Groups committed and continued focus to eliminating 52 week breaches. Care Groups have provided information on pathway management and assurance can be provided that no potential harm has been raised by Care Groups.

The Out Patient Transformation Plan is being finalised following attendance at NHSI led event for all STP members in the South Region.

Issues

- Overall size of waiting list
- Validation of pathways required
- Training programme to reduce issues relating to pathway management and duplication.
- Speciality specific issues (workforce, job plans and theatre templates)

Actions and timescale

- Activity meetings to drive OPD and theatre efficiency (April 2019) continue.
- Standardised PTL are in place to highlight next in time patient management (April 2019) – *completed and with ongoing weekly monitoring.*
- Training programme for PAS, including pathway management codes and tools (May 2019) – *on schedule.*
- Speciality level plans are developed and monitored weekly within production plans (April 2019) – *completed and with ongoing weekly monitoring.*
- Validation exercise undertaken by NHSI and NECSU has provided the opportunity to reduce the overall size of the PTL. An action plan has been agreed and will be implemented.
- Review of the Access Policy is being undertaken to aid and support improved decision making for clinicians and managers, to improve tracking of patient waiting and removals. (June 2019).

East Kent Hospitals University NHS Foundation Trust

6 Week Referral to Diagnostic Standard

Key Performance Indicators

99.29 %

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Green
Performance	99.30%	99.09%	98.44%	98.03%	98.57%	99.31%	99.65%	99.56%	99.56%	99.49%	99.59%	99.29%	>=99%
Waiting list Size	15,192	16,350	16,888	15,126	12,750	12,820	13,329	12,235	12,949	14,210	15,058	15,517	<14,000
Waiting > 6 Week Breaches	106	149	264	298	182	88	46	54	36	73	61	110	<60
Average Wait													<4

2018/19 Trajectory

0.19 %

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	
STF Trajectory	99.10%	99.10%	99.10%	99.10%	99.10%	99.11%	99.11%	99.10%	99.10%	99.10%	99.10%	99.11%	Apr-19
Performance	99.30%	99.09%	98.44%	98.03%	98.57%	99.31%	99.65%	99.56%	99.56%	99.49%	99.59%	99.29%	Apr-19

Summary Performance

The standard has been met for April 19 with a compliance of 99.29%. As at the end of the month there were **110** patients who had waited over 6 weeks for their diagnostic procedure, Breakdown by Speciality is below:-

- Radiology: 71
- Cardiology: 2
- Urodynamic: 30

- Sleep Studies : 0
- Cystoscopy : 2
- Colonoscopy : 1
- Gastroscopy : 3
- Flexi Sigmoidoscopy : 1

The standard has been met for April, however the waiting list size has increased by 459 patients due to increased referrals into radiology diagnostics, particularly MRI. The increase in demand reflects an increase in attendances to A&E and also cancer referrals. This increase in referrals has been sustained for three months back to levels of August 2019. In month there were a number of equipment failures which has impacted on MRI capacity. A recovery plan is in place and the Trust is working through to mitigate non delivery of standards for May 2019.

Issues

- Endoscopy demand does not presently meet capacity
- Radiology referral has a high referral rate and requires redesign of pathways.
- Urodynamics requires capacity and pathway redesign to meet demand.
- Cardiology pathways and waiting list management for inpatient and out patients requires improvement.
- Equipment breakdown – static and mobile machines has meant a number of cancellations and rescheduling of patients.

Action and timescale

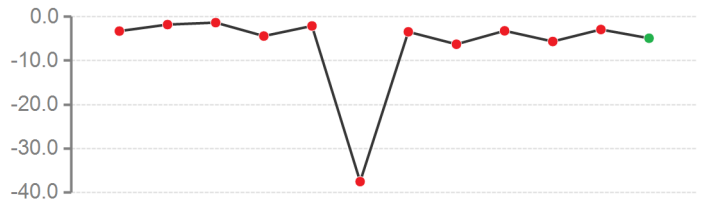
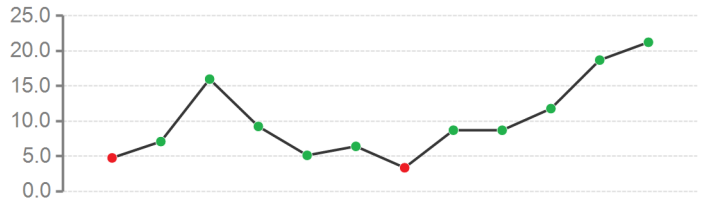
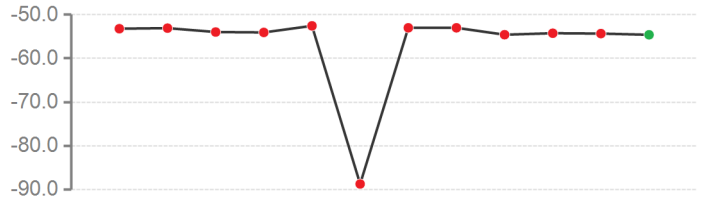
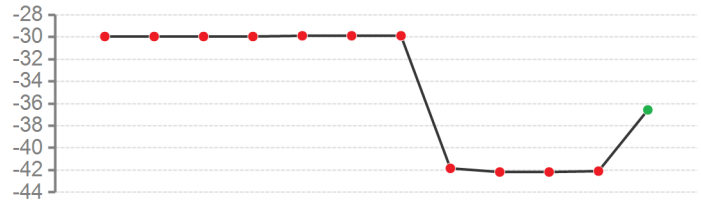
- Comprehensive endoscopy improvement plan is being developed, which will be part of a full service review. (6 months implementation). *Progressing to timescale.*
- Cardiology pathway improvement underway and to be completed by June 2019. *Progressing to timescale.*
- Radiology improvement plan will be developed by June 2019. *Progressing to timescale.*
- Urodynamic pathway redesign and demand and capacity plan is being developed by June 2019. *Progressing to timescale.*

- Care Group Directors have had discussions about MRI equipment failure with suppliers and recovery plans are in place to mitigate non delivery of standards during May, ie additional capacity, outsourcing and rebooking of patients.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Finance

Finance

Apr	I&E £m (Trust Only)	-4.9 (69.2%)		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.
Apr	Cash Balance £m	21.2 (13.6%)		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.
Apr	Total Cost £m (Trust Only)	-54.6 (0.5%)		Total costs (Total Expenditure + Non-Operating Expenses) or "Run Rate". The graph shows the Total Costs (including non-operating expenses) for each month. The arrow shows latest monthly figure together with % variance against the last month reported.Mth 7 includes a £34.7m impairment, see I&E note above.
Apr	Forecast £m	-36.6 (-13.1%)		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.

Strategic Theme: Finance

Highlights and Actions:

The Trust generated a consolidated deficit in month of £4.7m which is £0.1m better than the planned position.

The main drivers of this position were:
- Clinical income underperformance in bowel scoping (£0.1m), cancer drugs (£0.1m), specialist dental work (£0.1m) and insurance claims recovery (£0.1m).
- EKHUFT Pay underspend of £0.1m driven by overspends in agency staffing relating to operational pressure being entirely offset by underspends in bank & substantive pay categories

- EKHUFT Non-pay underspend against plan of £0.6m with a number of key reduction in spend in particular drugs, clinical supplies and purchase of healthcare which total £0.8m positive variance.
- Subsidiaries adverse position of £0.2m which requires further work to understand the key drivers.

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

EKHUFT unconsolidated expenditure is favourable to plan by £0.8m in April with pay showing an underspend of £0.1m and non-pay £0.6m. Underspends on substantive and bank staffing costs totalling £0.5m are offset by overspends on agency and directly engaged staff totalling £0.4m. Pay costs grew by £0.8m in April when compared to March, mainly relating to the 2019-20 pay award.

The East Kent CCGs contract is an aligned incentive contract which means that income (excluding high cost drugs) is fixed at £420m for the year. Drugs expenditure is planned at £20m however this will be monitored and paid on a variable basis depending on actual spend. Any over or underperformance against drugs will have an offsetting effect against expenditure so is neutral to the bottom line. The Trust will continue to report activity and income performance against plan to ensure we maintain focus on delivering access targets and to ensure alignment with the expenditure position.

Overall clinical income was £0.5m adverse to plan, although the East Kent CCG contract was in line with the plan excluding high cost drugs. The main areas of underperformance which drove the income variance was bowel scoping (£0.1m), cancer drugs (£0.1m), specialist dental work (£0.1m) and insurance claims recovery (£0.1m). Non-clinical income was on plan in April.

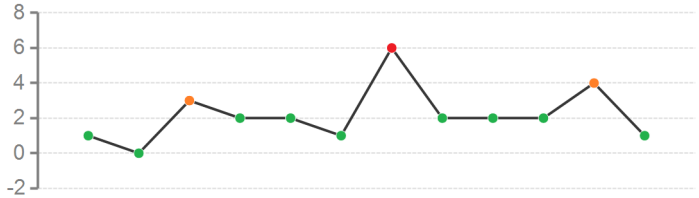
The Trust's CIP target for the year is £30m. As at the time of reporting, c.61% of schemes forecast were 'green' rated. Care Groups, supported by the PMO, continue working up schemes for 2019/20 focusing on delivery of planned target and moving Red and Amber schemes to Green. EKHUFT delivered the £1m of required CIP in April consistent with the plan.

The Trust's cash balance at the end of April was £21.2m which is £3.4m above plan. The Trust borrowed £8.1m cash in month increasing total borrowings to £96.5m.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 1

Apr	H&S HASTA All Scores	74 (-11.2%)		Overall Health And Safety Toolkit Audit (HASTA) compliance score – by Care Group, Specialty & Site
Apr	RIDDOR Reports (Number)	26 (4.0%)		"RIDDOR reports sent to HSE each month.(please note that Riddor uses the Field inc_dnotified (HSE date) rather than inc_dreported (Reported date)

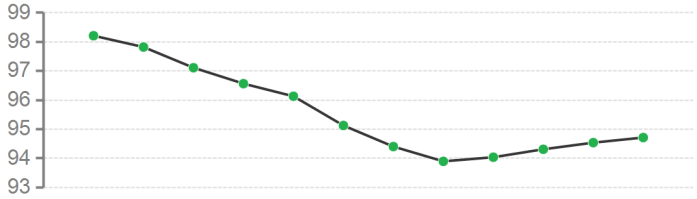
East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Apr

Health & Safety Training

96
(-3.0%)



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

Highlights and Actions:

In April 2019 the Head of Health and Safety worked with the newly appointed Care Group Health and Safety Leads to review the 2019/20 HASTA audit schedules and agreed a training process for the leads and the link workers. This will ensure a more informed approach to audit is embedded in each Care Group. HASTA audits have commenced in the latter part of April and will continue in May covering the following audit questions:

- Does the department or ward have a Health and Safety policy which is relevant to their work activities
- Do staff know where to access Trust Health and Safety polices

The outcome of these audits will be reflected in May's HASTA data.

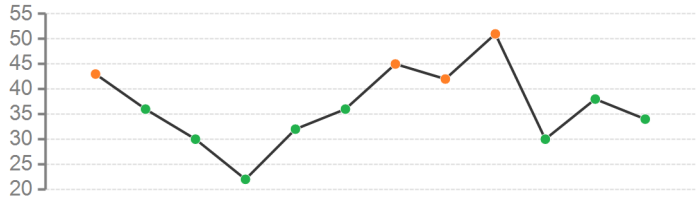
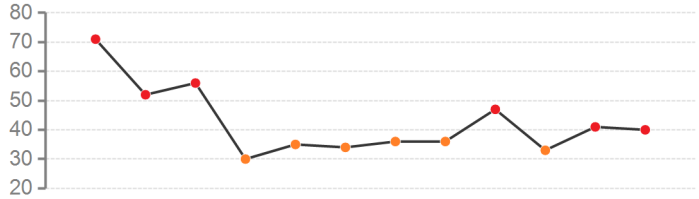
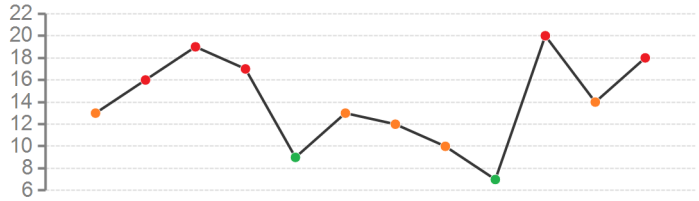
There was 1 RIDDOR reported for April 2019 regarding a staff member sustaining a shoulder injury. Manual handling training was up to date. A Lessons Learnt review is being undertaken by the Care Group.

Health and Safety Training has been consistently achieved in the last calendar year and is currently at 94.7% for April and 95.5% cumulatively.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Health & Safety

Health & Safety 2

Apr	Accidents	439 (12.0%)		"Accidents excluding sharps (needles etc) but including manual handling.
Apr	Violence & Aggression	511 (6.7%)		"Violence, aggression and verbal abuse.
Apr	Sharps	168 (4.3%)		"Incidents with sharps (e.g. needle stick).

Highlights and Actions:

The number of accidents reported for April 2019 was 33 which marginally reduced from March (38) and therefore remain green.

The number of incidents reported due to violence and aggression and verbal abuse decreased from 41 in March 2019 to 40 in April 2019. The majority of these being reported as aggressive behaviour by patients to members of staff.

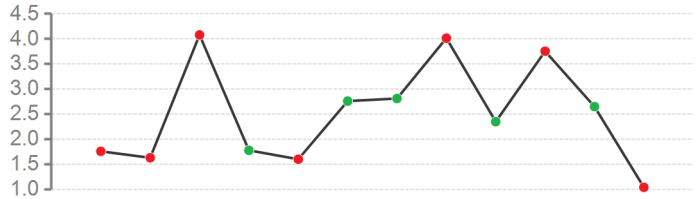
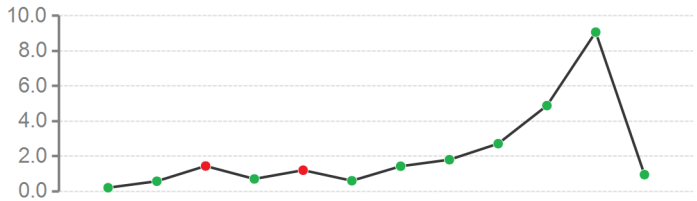
The Trust's MAYBO training is scheduled for 2019 with 3 Conflict Resolution Training courses a month.

The number of sharps incidents recorded in April was 18. A slight increase on the previous month (15). All sharps injuries in April were sustained whilst performing patient procedures, with 3 near misses which are recorded in the data.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Balance Sheet

Apr	CIPS £m	1.0 (-60.8%)		Cost Improvement Programmes (CIPs): Graph shows monthly delivery of savings. The arrow shows the cumulative year to date position with the % change against the previous month.
Apr	Capital position £m	1.0 (-89.5%)		Capital spend. The graph shows the capital spend for each month - the year to date is shown in the arrow.

Highlights and Actions:

DEBT
Total invoiced debtors have increased from the opening position of£20.1m by £1.9m to £22m. The largest debtors at 30th April were 2gether Support Solutions £3.7m, Health Education England £4.4m.

CAPITAL
Total YTD expenditure for April is£952k.

EBITDA
The Trust is reporting a year to date deficit EBITDA of£2.7m

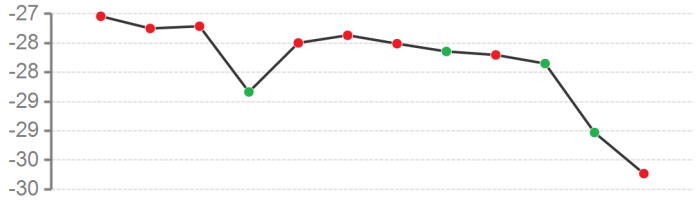
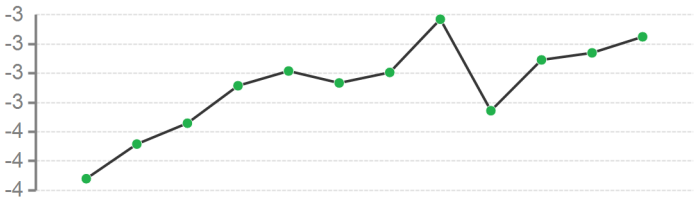
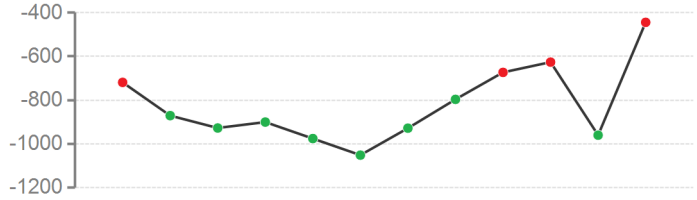
CASH
The closing cash balance for the Trust as at 30th April was £21.2m

FINANCING
£532k of interest was incurred in month 1 in respect of the drawings against working capital facilities.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Use of Resources

Pay Independent

Apr	Payroll Pay £m	-29.7 (2.4%)		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.
Apr	Agency Spend £m	-3.0 (-3.6%)		Agency and Medical/StaffFlow Locum spend by month YTD. The arrow shows latest monthly figure together with % variance against the last month reported.
Apr	Independent Sector £k	-444 (-53.8%)		Independent Sector (Cost of Secondary Commissioning of mandatory services) The graph shows the Independent Sector (cost of secondary commissioning of mandatory services) cost per month for a rolling 12 months. The arrow shows latest monthly figure together with % variance against the last month reported.

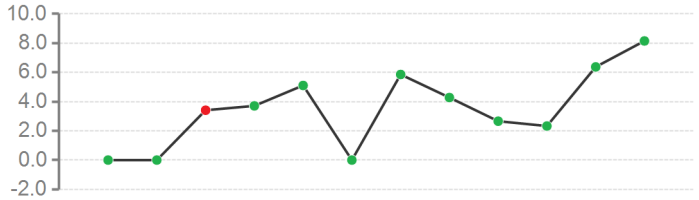
Highlights and Actions:

Pay performance is favourable to April plan by £0.1m. This was driven by an agency overspend of £0.4m due to above plan usage of agency staff for medical and nursing cover offset by underspends on substantive and bank staffing costs of £0.5m.

Total expenditure on pay in April was £33.8m, £0.8m higher than March due to the 2019/20 pay award.

Strategic Theme: Use of Resources

Balance Sheet

Apr	Cash borrowings £m	0.0		Cash borrowings. The graph shows the monthly cash borrowings with the year to date total within the arrow.

Highlights and Actions:

DEBT
Total invoiced debtors have increased from the opening position of£20.1m by £1.9m to £22m. The largest debtors at 30th April were 2gether Support Solutions £3.7m, Health Education England £4.4m.

CAPITAL
Total YTD expenditure for April is£952k.

EBITDA
The Trust is reporting a year to date deficit EBITDA of£2.7m

CASH
The closing cash balance for the Trust as at 30th April was £21.2m

FINANCING
£532k of interest was incurred in month 1 in respect of the drawings against working capital facilities.

East Kent Hospitals University NHS Foundation Trust

Strategic Theme: Improvement Journey

		Dec	Jan	Feb	Mar	Apr	
MD02 - Emergency Pathway	ED - 4hr Compliance (incl KCHFT MIUs) %	82.25	77.93	77.56	81.53	80.54	>= 95
	ED - 1hr Clinician Seen (%)	48	50	48	45	42	>= 55 & <55
MD04 - Flow	DToCs (Average per Day)	53	54	66	76	97	>= 0 & <35
	IP - Discharges Before Midday (%)	15	15	15	17	19	>= 35
	Medical Outliers	63	89	94	96		
MD05 - 62 Day Cancer	Cancer: 62d (GP Ref) %	82.08	68.21	76.88	81.56	78.78	>= 85
MD07 - Maternity	Staff Turnover (Midwifery)	13	13	13	13	13	>= 0 & <10
	Vacancy (Midwifery) %	5	5	6	6	7	>= 0 & <7
MD08 - Recruitment & Staffing	Staff Turnover (%)	14.4	14.4	14.2	14.5	14.3	>= 0 & <10
	Staff Turnover (Nursing)	14	14	13	14	14	>= 0 & <10
	Staff Turnover (Medical)	14	14	13	14	13	>= 0 & <10
	Vacancy (Nursing) %	15	15	14	14	13	>= 0 & <7
	Vacancy (Medical) %	13	12	11	10	10	>= 0 & <7
MD09 - Workforce Compliance	Appraisal Rate (%)	79.6	80.3	81.0	80.4	80.9	>= 85
	Statutory Training (%)	96	98	97	98	102	>= 85

East Kent Hospitals University NHS Foundation Trust

Glossary

Domain	Metric Name	Metric Description	Green	Weight
A&E	ED - 4hr Performance (EKHUFT Sites) %	% of A&E attendances who were in department less than 4 hours - from arrival at A&E to admission/transfer/discharge for only Acute Sites (K&C, QEQM, WHH, BHD). No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics	>= 95	1 %
	ED - 1hr Clinician Seen (%)	% of A&E attendances seen within 1 hour by a clinician	>= 55 & <55	
	ED - 4hr Compliance (incl KCHFT MIUs) %	No Schedule - Snapshots run in the job: Information_KPIs_Run_Unify_Snapshot_Metrics	>= 95	100 %
Beds	Bed Occupancy (%)	This metric looks at the number of beds the Trust has utilised over the month. This is calculated as funded beds / (number of patients per day X average length of episode stay). The metric now excludes all Maternity, Intensive Treatment Unit (ITU) and Paediatric beds and activity.	>= 0 & <92	60 %
	DToCs (Average per Day)	The average number of delayed transfers of care	>= 0 & <35	30 %
	IP - Discharges Before Midday (%)	% of Inpatients discharged before midday	>= 35	10 %
	Medical Outliers	Number of patients recorded as being under a Medical specialty but was discharged from a Surgical Ward (Patients admitted to a ward which is not related to their clinical reason, mainly due to capacity reasons)		
Cancer	Cancer: 2ww (All) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent GP referral for suspected cancer (CB_B6)	>= 93	10 %
	Cancer: 62d (GP Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.	>= 85	50 %
	Cancer: 62d (Screening Ref) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	>= 90	5 %
	Cancer: 2ww (Breast) %	Two week wait (urgent referral) services (including cancer), as stated by The NHS Operating Framework. % of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected (CB_B7).	>= 93	5 %
	Cancer: 31d (2nd Treat - Surg) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is a Surgery (CB_B9).	>= 94	5 %
	Cancer: 31d (Diag - Treat) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat') (CB_B8)	>= 96	15 %
	Cancer: 31d (Drug) %	Cancer 31 day waits, as stated by NHS Operating Framework. % of patients receiving subsequent treatment for cancer within 31-days, where that treatment is an Anti-Cancer Drug Regimen (CB_B10).	>= 98	5 %

Cancer	Cancer: 62d (Con Upgrade) %	Cancer 62 day waits, as stated by NHS Operating Framework. % of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	>= 85	5 %
Clinical Outcomes	Pharm: Drug Trolleys Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of drug trolley's locked	>= 90 & <90	5 %
	Pharm: Fridge Temps (%)	Data taken from Medicines Storage & Waste Audit - percentage of wards recording temperature of fridges each day	>= 100	5 %
	Pharm: Fridges Locked (%)	Data taken from Medicines Storage & Waste Audit - percentage of fridges locked	>= 95	5 %
	Pharm: Resus. Trolley Check (%)	Data taken from Medicines Storage & Waste Audit - percentage of resus trolley's checked	>= 90 & <90	5 %
	Readmissions: NEL dis. 30d (12M%)	Percentage of patients that have been discharged from a non-elective admission and been readmitted as a non-elective admission within thirty days. This 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 %
	Readmissions: EL dis. 30d (12M%)	Percentage of patients that have been discharged from an elective admission and been readmitted as a non-elective admission within thirty days. This is acccording to an external methodology, which has been signed off by the Contract & Procurement Team. This is a rolling twelve month figure.	>= 0 & <2.75	20 %
Culture	Staff FFT - Treatment (%)	Percentage of staff who would recommend the organisation for treatment - data is quarterly and from the national submission.		40 %
	Staff FFT - Work (%)	"Percentage of staff who would recommend the organisation as a place to work - data is quarterly and from the national submission. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 60	50 %
Data Quality & Assurance	Uncoded Spells %	Inpatient spells that either have no HRG code or a U-coded HRG as a % of total spells (included uncoded spells).	>= 0 & <0.25	25 %
	Valid Ethnic Category Code %	Patient contacts where Ethnicity is not blank as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	5 %

Data Quality & Assurance	Valid GP Code	Patient contacts where GP code is not blank or G9999998 or G9999991 (or is blank/G9999998/G9999991 and NHS number status is 7) as a % of all patient contacts. Includes all OP, IP and A&E contacts	>= 99.5	5 %
	Valid NHS Number %	Patient contacts where NHS number is not blank (or NHS number is blank and NHS Number Status is equal to 7) as a % of all patient contacts. Includes all Outpatients, Inpatients and A&E contacts.	>= 99.5	40 %
Demand vs Capacity	DNA Rate: New %	New appointments where the patient did not attend (appointment type=1, appointment status=3) as a % of all new appointments.	>= 0 & <7	
	New:FUp Ratio (1:#)	Ratio of attended follow up appointments compared to attended new appointments	>= 0 & <7	
	DNA Rate: Fup %	Follow up appointments where the patient did not attend (appointment type=2, appointment status=3) as a % of all follow up appointments.	>= 0 & <7	
Diagnostics	Audio: Complete Path. 18wks (%)	AD01 = % of Patients waiting under 18wks on a completed Audiology pathway	>= 99	
	Audio: Incomplete Path. 18wks (%)	AD02 = % of Patients waiting under 18wks on an incomplete Audiology pathway	>= 99	
	DM01: Diagnostic Waits %	The percentage of patients waiting less than 6 weeks for diagnostic testing. The Diagnostics Waiting Times and Activity Data Set provides definitions to support the national data collections on diagnostic tests, a key element towards monitoring waits from referral to treatment. Organisations responsible for the diagnostic test activity, report the diagnostic test waiting times and the number of tests completed.The diagnostic investigations are grouped into categories of Imaging, Physiological Measurement and Endoscopy and covers 15 key diagnostic tests.	>= 99	100 %
Finance	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.	>= 5	20 %
	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 %
	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 %
	H&S HASTA All Scores	Overall Health And Safety Toolkit Audit (HASTA) compliance score – by Care Group, Specialty & Site	>= 95	
	Health & Safety Training	H&S Training includes all H&S and risk avoidance training including manual handling	>= 80	5 %
	RIDDOR Reports (Number)	"RIDDOR reports sent to HSE each month.(please note that Riddor uses the Field inc_dnotified (HSE date) rather than inc_dreported (Reported date)	>= 0 & <3	20 %
	Violence & Aggression	"Violence, aggression and verbal abuse.	>= 0 & <25	10 %

Health & Safety	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."		
	Clinical Incidents: Moderate Harm			
	Clinical Incidents: No Harm	"Number of Non-Clinical Incidents, recorded on DATIX, per 10,000 FTE hours. Bandings based on total numbers of incidents (corporate level) is: Score1: <= 140, Score2: > 140 & <= 147, Score3: > 147 & <= 155, Score4: > 155 & <= 163, Score5: > 163"		
	Clinical Incidents: Total (#)	"Number of Total Clinical Incidents reported, recorded on Datix.		
	Falls (per 1,000 bed days)	"Total number of recorded falls, per 1,000 bed days. Assisted falls and rolls are excluded. Data source - Datix. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <5	20 %
	Falls: Total	"Total number of recorded falls. Assisted falls and rolls are excluded. Data source - Datix."	>= 0 & <3	0 %
	Harm Free Care:All Harms (%)	"Percent of inpatients deemed free from harm as measured by the Safety Thermometer audit ie free from old and new harms: - Old and new pressure ulcers (categories 2 to 4) - Injurious falls - Old and new UTI - Old and new DVT, PE 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			

Incidents	Harm Free Care: New Harms (%)	Percent of Inpatients deemed free from new, hospital acquired harm (ie, free from new: pressure ulcers (categories 2 to 4); Injurious falls; Urinary Tract Infection; Deep Vein Thrombosis, Pulmonary Embolism or Other VTE: Data source - Safety Thermometer. Arrow indicates average of last 12 months data.	>= 98	20 %
	Medication Incidents with Harm	Number of Medication Incidents recorded on Datix with a Moderate/Severe/Death Harm		
	Medication Missed Critical Doses	Number of missed doses for critical drugs / medications		
	Number of Cardiac Arrests	Number of actual cardiac arrests, not calls		0 %
	Serious Incidents (STEIS)	"Number of Serious Incidents. Uses validated data from STEIS. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown by %) against the previous 12 months."		
Infection	C. Diff (per 100,000 bed days)	Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01), recorded at greater than 72h post admission per 100,000 bed days	>= 0 & <1	
	C. Diff Infections (Post 72h)	"The number of Clostridium difficile cases recorded at greater than 72h post admission. Data source - VitalPAC (James Nash)."	>= 0 & <1	0 %
	Commode Audit	"The % of ward staff compliant with hand hygiene standards. Data source - SharePoint"	>= 95 & <95	
	E. Coli	"The total number of E-Coli bacteraemia recorded, post 48hrs. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <44	10 %
	E. Coli (per 100,000 population)	The total number of E-Coli bacteraemia per 100,000 population.	>= 0 & <44	
	Infection Control Training	Percentage of staff compliant with the Infection Prevention Control Mandatory Training - staff within six weeks of joining and are non-compliant are excluded	>= 85	
	MRSA (per 100,000 bed days)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT, cases per 100,000 bed days	>= 0 & <1	
	Bare Below Elbows Audit	"The % of ward staff compliant with hand hygiene standards. Data source - SharePoint"	>= 95 & <95	
	Blood Culture Training	Blood Culture Training compliance	>= 85	
	Cases of C.Diff (Cumulative)	"Number of Clostridium difficile infections (CDIs), as defined by NHS National Operating Framework, for patients aged 2 or more (HQU01). Arrow represents YTD position with the % showing variance against the last month."	<= Traj	40 %
	Cases of MRSA (per month)	Number of Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia, as defined by NHS National Operating Framework (HQU01). Number of MRSA cases assigned to EKHUFT. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against previous 12 months.	>= 0 & <1	40 %
	MSSA	"The total number of MSSA bacteraemia recorded, post 48hrs.	>= 0 & <1	10 %
Mortality	Number of SJR's Completed	Number of Structured Judgement Reviews (Mortality Case Record Reviews) completed		

Mortality	Crude Mortality NEL (per 1,000)	"The number of deaths per 1,000 non-elective admissions. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <27.1	10 %
	HSMR (Index)	Hospital Standardised Mortality Ratio (HSMR), via CHKS, compares number of expected deaths vs number of actual in-hospital deaths. Data's adjusted for factors associated with hospital death & scores number of secondary diagnoses according to severity (Charlson index). Arrow indicates average of last 12 months data.	>= 0 & <90	35 %
	Number of 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)')		
Observations	VTE: Risk Assessment %	"Adults (16+) who have had a Venous Thromboembolism (VTE) Risk Assessment at any point during their Admission. Low-Risk Cohort counted as compliant."	>= 95	20 %
Patient Experience	A&E FFT: Response Rate (%)	A&E FFT: Response Rate (%)		
	Complaint Response in Timescales %	Complaint Response within agreed Timescales %	>= 85	15 %
	Complaint Response within 30 days %	Complaint Response within 30 working day timescale %	>= 85	
	Complaints received with a 30 Day time frame agreed	Number of complaints received with an agreed time frame of 30 days		
	IP FFT: Not Recommend (%)	"Of those patients (Inpatients excluding Day Cases) who responded to the Friends & Family Test and knew their opinion, would not recommend the Trust. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <2	30 %
	IP Survey: Are you aware of which nurse is in charge of your care each shift? (%)	IP Survey: Are you aware of nurse in charge of your care each shift? (%)	>= 89	4 %
	IP Survey: Overall, did you get the care that matters to you?	Inpatient Survey: Patients views on if they got the overall care that mattered to them as a %		
	Maternity FFT: Not Recommended (%)	Maternity FFT: Not Recommended (%)		
	Maternity FFT: Recommended (%)	Maternity FFT: Recommended (%)		
	Maternity FFT: Response Rate (%)	Maternity FFT: Response Rate (%)		
	Number of Complaints	"The number of Complaints recorded overall . Data source - Patient Experience Team"		

Patient Experience	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 %
	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		
	Hospital Food? %	Based on a question asked within the Trust's Inpatient Survey, how would you rate the hospital food? % of inpatients who answered 'very good' or 'good'. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	5 %
	IP FFT: Recommend (%)		>= 95	30 %
	IP FFT: Response Rate (%)	"The percentage of Inpatient (excluding Day Case) patients who responded to the Friends & Family Test. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 22	1 %
	IP Survey: Encouraged to get up and wear own clothes (%)	Responses taken from the Inpatient Survey. Question: "Have you been encouraged to get up during your hospital stay and wear your own clothes?"		3 %
	IP Survey: Help from Staff to Eat Meals (%)	Responses taken from the Inpatient Survey. Question: "Did you get enough help from staff to eat your meals?"		3 %

Patient Experience	Mixed Sex Breaches	"Number of patients experiencing mixed sex accommodation due to non-clinical reasons. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <1	10 %
Productivity	Theatres: On Time Start (% 15min)	The % of cases that start within 15 minutes of their planned start time.	>= 90	10 %
	Theatres: Session Utilisation (%)	% of allocated time in theatre used, including turn around time between cases, excluding early starts and over runs.	>= 85	25 %
	BADS	British Association of Day Surgery (BADS) Efficiency Score calculated on actual v predicted overnight bed use– allowing comparison between procedure, specialty and case mix.	>= 100	10 %
	eDN Compliance	% of patients discharged with an Electronic Discharge Notification (eDN).	>= 80 & <80	
	LoS: Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for admitted elective patients. M.Sakel (NuroRehab) excluded for EL.		
	LoS: Non-Elective (Days)	Calculated mean of lengths of stay >0 with no trim point for non-admitted elective patients.		
	Non-Clinical Cancellations (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations as a % of the total planned procedures	>= 0 & <0.8	20 %
	Non-Clinical Canx Breaches (%)	Cancelled theatre procedures on the day of surgery for non-clinical cancellations that were not rebooked within 28days as a % of total admitted patients.	>= 0 & <5	10 %
RTT	RTT: 52 Week Waits (Number)	Zero tolerance of any referral to treatment waits of more than 52 weeks, with intervention, as stated in NHS Operating Framework	>= 0	
	RTT: Incompletes (%)	% of Referral to Treatment (RTT) pathways within 18 weeks for completed admitted pathways, completed non-admitted pathways and incomplete pathways, as stated by NHS Operating Framework. CB_B3 - the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	>= 92	100 %
Staffing	Agency & Locum Spend	Total agency spend including NHSP spend		
	Agency Orders Placed	"Total count of agency orders placed.	>= 0 & <100	
	Agency Staff WTE (Bank)	WTE Count of Bank Hours worked		
	Clinical Time Worked (%)	% of clinical time worked as a % of total rostered hours.	>= 74	2 %
	Employed vs Temporary Staff (%)	"Ratio showing mix of permanent vs temporary staff in post, by using the number of WTEs divided by the Funded Establishment. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 92.1	1 %
	Local Induction Compliance %	"Local Induction Compliance rates (%) for temporary employee's to the Trust.	>= 85	
	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 %

Staffing

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		
Staff Turnover (Midwifery)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Midwives. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in directior of arrow and %) against the previous 12 months."	>= 0 & <10	
Time to Recruit	"Average time taken to recruit to a new role. This metric is shown in weeks. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <10	
Total Staff Headcount	Headcount of total staff in post		
Unplanned Agency Expense	Total expediture on agency staff as a % of total monthly budget.	>= 0 & <100	5 %
Vacancy (Nursing) %	"% Vacant positions against Whole Time Equivalent (WTE) for Nurses. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <7	
1:1 Care in labour	The number of women in labour compared to the number of whole time equivilant midwives per month (total midwive staff in post divided by twelve). Midwives totals are calculated by the Finance Department using Midwife Led Unit (MLU), Maternity and Community Midwives budget codes.	>= 99 & <99	
Agency %	% of temporary (Agency and Bank) staff of the total WTE	>= 0 & <10	
Agency Filled Hours vs Total Agency Hours	% hours worked which were filled by the NHSP against the total number of hours worked by agency staff		
Agency Staff WTE (NHSP)	WTE Count of NHSP Hours worked		
Bank Filled Hours vs Total Agency Hours	% hours worked which were filled by the Bank (NHSP) against the total number of hours worked by all agency staff		1 %
Bank Hours vs Total Agency Hours	% hours worked by Bank (Staffflow) against the total number of hours worked by agency staff		
Care Hours Per Patient Day (CHPPD)	Total Care Hours per Patient Day (CHPPD). Uses count of patients per day with hours of staffing available. Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.		
NHSP Hours vs Total Agency Hours	% hours worked by NHSP against the total number of hours worked by agency staff		

Staffing	Overtime %	% of Employee's that claim overtime.	>= 0 & <10	
	Shifts Filled - Night (%)	Percentage of RCN and HCA shifts filled on wards at night (split by RCN & HCA). Arrow indicates sum of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 80	15 %
	Sickness (Monthly) %	Monthly % of Full Time Equivalents (FTE) lost through absence (as a % of total FTEs). Data taken from HealthRoster: eRostering for the current month (unvalidated) with previous months using the validated position from ESR. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 3.3 & <3.7	10 %
	Staff Turnover (%)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE). Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <10	15 %
	Staff Turnover (Medical)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Medical Staff. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in directior of arrow and %) against the previous 12 months."	>= 0 & <10	
	Staff Turnover (Nursing)	"% Staff leaving & joining the Trust against Whole Time Equivalent (WTE) for Nurses. Metric excludes Dr's in training. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <10	
	Staffing Level Difficulties	Any incident related to Staffing Levels Difficulties		1 %
	Vacancy (Medical) %	"% Vacant positions against Whole Time Equivalent (WTE) for Medical Staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <7	
	Vacancy (Midwifery) %	"% Vacant positions against Whole Time Equivalent (WTE) for Midwives. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 0 & <7	
	Vacancy (Monthly) %	Monthly % Vacant positions against Whole Time Equivalent (WTE). Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months."	>= 7	15 %
Training	Appraisal Rate (%)	Number of staff with appraisal in date as a % of total number of staff. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months.	>= 85	50 %
	Corporate Induction (%)	% of people who have undertaken a Corporate Induction	>= 95	
	Major Incident Training (%)	% of people who have undertaken Major Incident Training	>= 95	
	Statutory Training (%)	"The percentage of staff that have completed Statutory training courses, this data is split out by training course. Arrow indicates average of last 12 months data (as shown in graph) together with variance (shown in direction of arrow and %) against the previous 12 months. "	>= 85	50 %

Data Assurance Stars